

The context of parent-child communication about sexuality and HIV prevention: The perspectives of high school learners in Gauteng Province, South Africa

Anna Mabunda¹ and Sphiwe Madiba²

Abstract

Although research has demonstrated that parent-child communication influences the reduction of sexual risk behaviors among adolescents, there are limited studies conducted on parent-child communication on sexuality in sub-Saharan African. The study explored the perspectives of adolescents on the context and content of communication with their parents about sexuality. The study conducted focus group discussions with adolescents aged 14-19 years recruited from a high school in Ekurhuleni Municipality, Gauteng Province, South Africa. The findings revealed that communication between parents and adolescents was not planned, was infrequent, and characterized by warnings and threats. The tone of the communication was harsh, ambiguous, and filled with threats and warnings about the dangers of HIV. The adolescents felt that the communication was unidirectional, took the form of a lecture rather than dialogue; the information was at times incorrect, and the consequences of sex were exaggerated. They perceived the tone of the discussions as a barrier to effective communication with their parents. The discussions were triggered by various factors like the perceived undesirable behavior by the adolescents, the parental suspicion of sexual debut, puberty, and menstrual flow. The adolescents perceived the discussion as beneficial, but they desired the discussion to occur in a safe environment which allows them to contribute to the discussion. Interventions to promote parent-child communication should emphasize the importance of a dialogue to prevent the unidirectional process where only parents do the talking. This is particularly important given that the adolescents desire to communicate with parents on sexual issues.

Key words; adolescents, parents, sexuality, communication, triggers, South Africa

¹ School of Public Health, Department of Environmental and Occupational Health
Sefako Makgatho Health Sciences University, Pretoria, South Africa. e-mail: mabundaannah@gmail.com

² School of Public Health, Department of Environmental and Occupational Health
Sefako Makgatho Health Sciences University, Pretoria, South Africa. e-mail: Sphiwe_madiba@embanet.com

Introduction

Communication between parents and adolescents about sexuality is globally recognized as an important strategy to promote safer sex. Parent-child communication in South Africa is particularly important, given the high rates of teenage pregnancy, HIV, sexually transmitted infections (STIs), low uptake of family planning, and early sexual debut (Lebese et al., 2010; MacPhail et al., 2007). Parents have the potential to influence adolescents in decision-making regarding sexual behavior. Communication between parents and adolescents about sexuality is essential to prevent early sexual debut, teen pregnancy, and STIs and HIV (Aspy et al., 2007; Blake et al., 2001). Parent-child communication also contribute to increasing likelihood of condom use among adolescents, particularly if the parent-child discussions are frequent (Ayalew et al., 2014; Namisi et al., 2013). Tenkorang et al., 2009). Frequent communication which involve topic repetition increase adolescents communicate with their parents in general and about sex in particular (Martino et al., 2008)

Despite the documented benefits of parent-child communication, literature suggest that communication between adolescents and their parents on specific sexual related topics is difficult (Namisi et al., 2008). Various barriers are associated with parent-child communication, in the African context, the communication style and the tone of the discussions are the main barriers to effective communication between parents and children (Bastien et al., 2011; Phetla et al., 2008). The parent's confusion about the amount of information to provide and uncertainty about questions that might be raised by adolescents also constrains communication (Crichton et al., 2012; Obono, 2012; Wamoyi et al., 2010). The content, the context, the frequency, the nature, and the quality of the message is crucial for effective communication (Blake et al., 2001; Soon et al., 2013).

There are several aspects that determine the effectiveness of parent-child communication (Soon et al., 2013). The timing of sexual discussions impacts on the effectiveness of communication. When parents communicate with their children at an early age, the adolescent's chances of risky sexual behavior is reduced (Bastien et al., 2011). However, parents are reluctant to initiate sexual discussions with adolescents at an early age, as they believe that this will encourage them to have sex (Aspy et al., 2007; Seif & Kohi, 2014; Yadeta et al., 2014). This belief results in a delay in initiating communication on sexuality, which underscores the importance of the parent-child discussion in shaping the sexual behavior of their children. Often, the parents communicate sexual issues with their adolescents according to the sexual maturity or experience of the child (Beckett et al., 2010). The implication of this approach is that parents are likely to believe that their adolescents are not sexually active while they are already engaging in risky sexual behaviors.

Although there is a strong indication that parent-child communication influences the reduction of sexual risk behaviors among adolescent girls, the proportion of these discussions in sub-Saharan Africa is low (Emelumadu et al., 2014; Yadeta et al., 2014). Nevertheless, there is some evidence that the number of studies exploring parent-child sexuality communication in sub-Saharan Africa is increasing (Bastien et al., 2011). Findings from studies conducted in Nigeria, Tanzania, and Cameroon showed that parent-child communication on reproductive

health issues was prevalent (Kajula et al., 2014; Obono, 2012). Similarly, a study conducted in Soweto, South Africa, reported that sexual communication between parents and adolescents was acceptable to both (Soon et al., 2013).

However, the content of the discussions message between parents and children and the manner in which it is communicated is under investigated in sub-Saharan Africa (SSA) (Soon et al., 2013). Furthermore, there are limited studies conducted on parent-child communication from the perspectives of both parents and adolescents. This study, aims to examine the perspectives of the adolescents on the context and content of communication with their parents about sexuality and HIV prevention. (Hadley et al., 2009) argue that educational program and interventions must not focus on only the content of what is discussed but also the process of how it is discussed. The study findings will address the gap in the literature but also inform and strengthen the development of interventions to increase parent-child communication as one of the strategies to prevent or reduce risky sexual behavior among adolescents.

Methods

Focus group discussion was conducted with adolescent boys and girls attending a high school in Ekurhuleni Municipality, in Gauteng province, South Africa. Purposive sampling was used to recruit adolescents who resided with either both parents or one parent. The study was conducted between March and September 2014.

Recruitment of participants

The principal researcher (first author) was responsible for data collection for her master's dissertation. The school principal and teachers assisted the researcher in the recruitment of study participants. The researcher sent out information leaflets to parents to explain the purpose of the study and to request permission for their child to participate in the study. The information leaflets were accompanied by an informed consent for parents to sign if they allowed their child to participate in the study. The communication with parents was in English and North Sotho, the local language spoken by the participants, to ensure that parents who are not well conversant with English could respond in their language. Parents who signed the informed consent returned them to school via their child, and only adolescents whose parents signed the consent were selected for the study. The researcher further obtain assent from adolescents who were under 18 years old, and informed consent from those who were 18 years old.

Data collection

The researcher and a trained research assistant conducted focus group (FGD) discussion using a translated focus group guide. The research assistant was trained on conducting FGDs, the FG guide, how to take interview and field notes and other logistics necessary for conducting FGDs. The FGDs were audio recorded after permission was granted by the participants, and lasted for about an hour. The FGD were conducted on Saturdays in the school premises.

Data analysis

The audio files were transcribed verbatim using the language of the interview and translated into English by the researcher. The researcher conducted thematic data analysis under the

supervision of the second author (dissertation moderator). The analysis began with multiple readings of the transcripts to get a good grasp of the data and identify initial emerging codes. The second author read the transcripts and listened to the audio records to validate the data and to ensure that no meaning was lost in the transcribing and translation of the audio files. The initial codes that emerged from the data were used to develop a code book. The code book was developed after some schedule meetings between the authors, and after a consensus was reached on the definition of codes and themes. The transcripts were then uploaded into the NVivo₁₀ software for further coding. The final step in the coding was to organize the data into themes which reflect the adolescent's experiences of communicating with their parents about sexuality. The final write up consisted of summaries, interpretations, and quotations which represented the common themes.

Trustworthiness

To ensure the credibility of the study findings, the researcher recorded the interviews with a good digital recorder, collected extensive field and interview notes, held peer debriefing sessions after each FGD with the second author and transcribed the interviews verbatim. The second author validated the transcriptions by listening to the audio recording. The researcher also kept an audit trail detailing the research process including the full description of the study sample and the process of data collection and analysis.

Ethical consideration

Ethical clearance was obtained from the Medunsa Research and Ethics Committee (MREC) of the University of Limpopo. The Gauteng Provincial Department of Education and the School Principal granted permission to conduct the study in the school. The researcher obtained written informed consent from the parents of adolescents under the age of 18 years. Adolescents who were 18 years signed an informed consent while those who were under 18 years provided assent. The parents and adolescents were informed of the voluntary nature of the study.

Findings

Description of study adolescents

Thirty-eight adolescents participated in the study, 10 males and 28 females. Of the 38 adolescents, 18 stayed with both parents, 18 stayed with the mother only, and only two stayed with the father only.

Themes

Five major themes emerged from the analysis of the focus group interviews; the perceptions about parent-child communication, the triggers for the conversation, the timing of the conversation, the content of the conversation, the tone of the conversation, and the frequency of the conversation. Five subthemes emerged under the content of the conversation; conversations about HIV, sex, contraceptives, menstruation, and pregnancy.

The perceptions about parent-child communication

The study findings revealed that communication between parents and adolescents about sexuality occurred, albeit to a low extent. Most of the adolescents stressed the importance of having discussions with their parents about sex and sexuality.

For me, the discussion with my parents was good because it showed that they cared about me and they wanted me to have a good future (Female FGD 01).

The discussion was good because since they talked to me, I am starting to take great care of myself and check what is right and wrong for me (Female FGD 04).

I feel good because she [mother] is teaching me things that I did not know about sex and I was going to do them if she did not teach me (Male FGD 03).

The triggers for the conversation

The adolescents stated that most of the conversation on sexuality with parents was triggered by their change in behavior, parental suspicion that the adolescent is sexual active, and something happening on TV or in the neighborhood

I am friends mostly with boys, and my mom did not want that, she started telling me that I am going to get pregnant; she suspected that maybe I am dating one of the guys and she wanted me to stop the relationship with the boys (Female FGD 03).

My phone had too many pictures of girls, and I was chatting too much on the social network, so they said it is better that they tell me about sex because maybe I have already started to have sex (Male FGD 03).

My mom thinks that everything is all about boys, when you come back from the streets, you are coming from boys when you go to the shops you are going there for boys. So..., she told me that I would get what I want from the streets and I asked her what that is, and she said babies (Female FGD 02).

The timing of the conversation

The adolescents believed that their parents talked to them about sexuality because they wanted to protect them from receiving misleading information from friends.

If your parents talk to you openly about sex, it is very hard for you to believe a friend who tells you that if you have sex for the first time you are not going to fall pregnant, because you already have the basics, you already have information from your parents (Female FGD 04).

The timing of the conversation occurred at different developmental stages for female and male adolescents.

My mom figured that I was reaching puberty and talked to me about the menstrual cycle and contraceptives (Female FGD 04).

I think I was fourteen when she told me that I am getting older and that I should use condoms. She said there are temptations, but I should come to talk to her as my mother (Male FGD 04).

My parents talked with me because they started seeing me having attitudes, being cheeky..., adolescent stage and all that..., and they started saying to me it is that stage and I will get the benefits of going out at night (Female FGD 01).

The content of the conversation

Different topics about sex and sexuality formed the discussion between parents and adolescents. Regarding content, the messages focused on contraception, menstruation, HIV, sex, and unplanned pregnancy as outlined below.

Conversation about sex

The adolescents reported that the content of the message about sex was shallow and lacked detailed. The message focused mainly on the dangers of having sex early and abstinence, the parents advised them to wait for the right time before having sex.

They only tell you about the consequences of sex. They tell you that if you have sex, you are going to get pregnant. That is all they tell us (Male FGD 04).

My parents told me that I should marry first before having sex (Male FGD 02).

My parents told me that I would talk about sex when I am 18 years old after high school..., that is the earliest time to talk about sex (Male FGD 04).

Conversation about contraceptives

The adolescents mentioned that though their parents talked to them about contraceptives, the messages were confusing because it focused on the negative outcomes of using contraceptives.

They said if I want to have sex, I must go to the clinic to get contraceptives, but they also said it is not safe because I might not have children for the rest of my life because of contraceptives (Female FGD 04).

She told me that it's not a very wise idea for me to use contraceptives now because my body is still growing and using contraceptives will alter my hormonal balance, and I might end up getting infertile because of that (Female FGD 04).

My mom said if I start having sex I must use a condom because she does not prefer the injectable contraception because it would appear as though she was sending me to sleep around, but she could not afford my pregnancy (Female FGD 03).

Conversations about Pregnancy

The adolescents further indicated that the conversations they had with their parents about sex consisted of warnings about pregnancy.

They said if I fall pregnant, they are going to kick me out of their house so I can find my own place because I am a woman (Female FGD 04).

They say they will not be responsible for my pregnancy; they will chase me away, and I will use the doormat to “Abba my baby (Female FGD 03).

My mom said if I make a girl pregnant and they bring the baby to me, I will have to quit school and get a job and if I do not do that, they will take care of the baby and give up on me (Male FGD 04).

Conversations about HIV/AIDS

Adolescents mentioned that their parents warned them about HIV and encouraged them to use condoms and to test for HIV before having sex.

My mom told me that If I am dating a guy and I want to have sex, I should go to the clinic for a blood test because if I am get infected with HIV, there is nothing they can do. She advised me to protect myself (Female FGD 01).

They just give you guidelines about sex. If you have unprotected sex, you going to get HIV and stuff (Female FGD 04).

Conversations about menstruation

Parents discussed menstruation with both male and female adolescents. The information was about warnings to avoid sex during menstruation, hygiene and keeping menstruation a secret from anyone.

They told me that I should not play with boys during my periods; I should be clean and stay in the house (Female FGD 02).

My mom told me about the basics ..., how to use a sanitary pad and the tampon, and personal hygiene when you are having your periods (Female FGD 04).

My mom told me that if I am dating I should not have sex when I am menstruating and must wait three to four days after menstruating before having sex (Female FGD 01).

The tone of the conversation

Most of the adolescents reported that the conversation they had with their parents was often characterized by screaming and shouting. They also felt that the conversation in most cases was in the form of a lecture without providing them the chance to engage in the conversation and ask questions.

When she is angry, she will scream about it not talk to me about it; she shouts at me about it (Female FGD 01).

They talk to you with the assumptions that you are already having sex with some person somewhere instead of asking first. They keep on generalizing, assuming that we are having sex, assuming that we have condoms in our bags (Female FGD 04).

They use bad examples, for example, my mom would say “look at your cousin she did not go to school because she ran after boys and now she has kids. Do not go and have sex and expect to have a bright future (Female FGD 01).

The frequency of the conversation.

The discussion on sexuality for some of the adolescents occurred frequently because of the triggers of the discussion like the perceived undesirable behavior of the adolescents.

We talk many times; my mother will be busy making noise saying you are coming home late; why does it seem like lately, you always coming home late (Female FGD 03).

My parents always talk about sex; the topic just comes up as we are sitting together and then they will be telling us about sex (Female FGD 01).

Well, my mom and I don't talk. It's like if something is on TV, then she starts telling me that if you do that, you must know the consequences (Female FGD 04).

At home, the discussion about sex happens once in a while because they talk to me only when we are watching TV programs (Female FGD 04).

It is very rare to talk about sex at home because the only time we talk is when a disaster happens (Male FGD 04).

Discussion

The study examined the perspectives of adolescents of the nature and content of the conversations they had with their parents. We found that discussions about sexuality and reproductive health between parents and adolescents happened to some extent. The finding is consistent with other studies (Manu et al., 2015; Wamoyi et al., 2010). While it is encouraging to learn that parent-child communication is occurring, the communication was often a once off event while for most it occurred infrequently. It should however, be noted that a few adolescents reported little or no communication about sexuality with their parents. A review of studies on parent-child communication demonstrated that the frequency of discussions varies greatly (Bastien et al., 2011).

Even though the discussions on sexuality with parents was limited, the adolescents perceived the conversations to be beneficial. They believed that communication with parents on sexuality prepares them for sexual decision making that will protect them from teenage pregnancy, STIs, and HIV infections. These findings are consistent with past studies that

examined parent-child discussion of sexual topics (Namisi et al., 2013; Namisi et al., 2008; Seif & Kohi, 2014). The adolescents further believed that communicating with parents about sexuality improved the relationship with their parents.

Consistent with previous research, the findings showed that the communications between the parent and the adolescents are focused towards a few topics. The most common topics discussed in the current study were about abstinence, menstruation, sex, HIV, contraception, unplanned pregnancy, and puberty (Kajula et al., 2014; Manu et al., 2015; Namisi et al., 2013; Wamoyi et al., 2010). Adolescent girls were warned that menstruation is a sign that they were matured and could fall pregnant should they have sex, and they were subsequently told that they should avoid boys. On the other hand, the boys were informed about protecting themselves during sexual intercourse by using condoms.

The manner in which the communication is conducted and perceived by the adolescents influence effective parent-child communication (Blake et al., 2001; Seif & Kohi, 2014; Soon et al., 2013). Adolescents in the current study and others reported that the parent's tone of the communication was harsh, ambiguous, and filled with threats and warnings about the dangers of HIV. The communication in most cases was unidirectional and took the form of a lecture rather than dialogue. In addition, the information was at times incorrect and the consequences of sex were exaggerated (Guilamo-Ramos et al., 2006; Kajula et al., 2014; Phetla et al., 2008; Wamoyi et al., 2010). The tone of discussions deprived the adolescents an opportunity to engage in a conversation with their parents and ask questions. This observation confirms previous findings that suggested that adolescents desire more opportunities to discuss sexual issues in a safe and positive manner (Soon et al., 2013).

We further found that the tone of the discussions was related to the triggers of the communications between parents and adolescents. Similar to previous research findings, communication was triggered by parental perceptions of risky sexual behavior. Under these circumstances, the parents warned and threatened the adolescents about the consequences of engaging in sex. The findings suggest that parents wait for signs that the adolescent is sexually active before initiating the discussions about sexual health (Wamoyi et al., 2010). This approach has a negative implication for the prevention of early sexual debut since adolescents are likely to hide their sexual activities from their parents. The timing of sexual discussions is important because when parent-child communication takes place at an early age, it reduces early sexual debut and the risk of unplanned pregnancy and HIV infection (Bastien et al., 2011). Parents need to be empowered to initiate sexual discussions with their adolescent children early and have these discussions repeatedly to influence the sexual behavior of the adolescents positively. Consistent with other studies, other triggers for discussion between parents and adolescents was the perceived puberty, menstrual flow, and radio and TV programs (Bastien et al., 2011).

The frequency of the discussions between parents and adolescents was influenced by the triggers of the discussions (Bastien et al., 2011). Adolescents can communicate with their parents in general and about sex in particular when the communication between parents and

adolescents is frequent and the topic is repeated (Martino et al., 2008). In the current study, the trigger of the discussion was often the undesirable behavior of the adolescents. Although the frequency of the discussions intensified, but, because the tone of the discussions remained harsh, the frequent and repeated discussions failed to influence the adolescent's behavior positively. The adolescents reported that when their parents shouted instead of talking, they simply ignored the discussion. This has negative implications for parent-child communication and might explain the reason why adolescents prefer to discuss sexual issues with their friends. The preference of friends will undermine the significant role played by the parents in reducing adolescent's sexual risky behaviors.

Limitations

The study was conducted with adolescents from Gauteng province which is a metropolitan area, therefore the findings cannot represent all the adolescents in Gauteng province and adolescents in rural settings. Furthermore, boys were reluctant to participate in the interviews as a result they are underrepresented in the sample. There is a need for larger sample studies to investigate this topic further to inform interventions to encourage and promote parent-child communication. Due to the sensitivity of the topic, some adolescents might have kept their opinions to themselves due to stigma and social undesirability.

Conclusion

The study findings showed that the communications between parents and adolescents were not planned, infrequent, unidirectional, characterized by warnings and threats, and limited to a few topics. The adolescents perceived the harsh and ambiguous tone of the discussions as a barrier for effective communication with their parents. The discussions on sexuality were triggered by various factors particularly, the perceived undesirable behavior by the adolescent and parental suspicion of sexual debut. The triggers of the discussions further influenced the frequency of the discussions between parents and adolescents. Since the communication was mostly triggered by the undesirable behavior of the adolescents, the tone of the discussions remained harsh and failed to influence the behavior of the adolescents positively.

Despite the challenges that affected open discussions between parents and adolescents, the adolescents perceived the discussion as beneficial as it prepares them for informed decision-making regarding sex and sexuality in the future. However, they desired to discuss sexual issues in a safe and positive manner, which allow them to contribute to the discussion. The study findings have indicated that parent-child communication is happening, despite the problems with the tone and packaging of the discussion messages. It is important that parents are empowered with the necessary skills to communicate openly and free with their adolescent children. Interventions to encourage and promote parent-child communication should emphasize the importance of allowing children to ask questions and to have a dialogue with their parents to prevent the unidirectional process where only parents do the talking. Encouraging open discussions between parents and adolescents is particularly important, given that the adolescents desire to communicate with their parents on sexual health issues. Furthermore, research has demonstrated that adolescents in many settings chose parents as the preferred source of information about sexual topics.

References

- Aspy, C. B., Vesely, S. K., Oman, R. F., Rodine, S., Marshall, L., & McLeroy, K. (2007). Parental communication and youth sexual behaviour. *Journal of adolescence*, 30(3), 449-466.
- Ayalew, M., Mengistie, B., & Semahegn, A. (2014). Adolescent-parent communication on sexual and reproductive health issues among high school students in Dire Dawa, Eastern Ethiopia: a cross sectional study. *Reproductive health*, 11(1), 1.
- Bastien, S., Kajula, L., & Muhwezi, W. W. (2011). A review of studies of parent-child communication about sexuality and HIV/AIDS in sub-Saharan Africa. *Reproductive health*, 8(1), 1.
- Beckett, M. K., Elliott, M. N., Martino, S., Kanouse, D. E., Corona, R., Klein, D. J., & Schuster, M. A. (2010). Timing of parent and child communication about sexuality relative to children's sexual behaviors. *Pediatrics*, 125(1), 34-42.
- Blake, S. M., Simkin, L., Ledsky, R., Perkins, C., & Calabrese, J. M. (2001). Effects of a parent-child communications intervention on young adolescents' risk for early onset of sexual intercourse. *Family Planning Perspectives*, 52-61.
- Crichton, J., Ibisomi, L., & Gyimah, S. O. (2012). Mother–daughter communication about sexual maturation, abstinence and unintended pregnancy: Experiences from an informal settlement in Nairobi, Kenya. *Journal of Adolescence*, 35(1), 21-30.
- Emelumadu, O., Ezeama, N., Ifeadike, C., Ubajaka, C., Adogu, P., Umeh, U., Nwamoh, U., Ukegbu, A., & Onyeonoro, U. (2014). Parents' Perceptions of Timing of Initiation of Sexuality Discussion with Adolescents in Anambra State, South Eastern Nigeria. *Journal Of Pediatric And Adolescent Gynecology*, 27(5), 294-300.
- Guilamo-Ramos, V., Jaccard, J., Dittus, P., & Bouris, A. M. (2006). Parental expertise, trustworthiness, and accessibility: Parent-adolescent communication and adolescent risk behavior. *Journal of Marriage and Family*, 68(5), 1229-1246.
- Hadley, W., Brown, L. K., Lescano, C. M., Kell, H., Spalding, K., DiClemente, R., Donenberg, G., & Group, P. S. S. (2009). Parent–adolescent sexual communication: Associations of condom use with condom discussions. *AIDS and Behavior*, 13(5), 997-1004.
- Kajula, L. J., Sheon, N., De Vries, H., Kaaya, S. F., & Aarø, L. E. (2014). Dynamics of parent–adolescent communication on sexual health and HIV/AIDS in Tanzania. *AIDS and Behavior*, 18(1), 69-74.
- Lebese, R., Davhana-Maselesele, M., & Obi, C. (2010). Sexual health dialogue between parents and teenagers: An imperative in the HIV/AIDS era. *Curationis*, 33(3), 33-42.
- MacPhail, C., Pettifor, A. E., Pascoe, S., & Rees, H. V. (2007). Contraception use and pregnancy among 15–24 year old South African women: a nationally representative cross-sectional survey. *BMC Medicine*, 5(1), 1.

- Manu, A. A., Mba, C. J., Asare, G. Q., Odoi-Agyarko, K., & Asante, R. K. O. (2015). Parent-child communication about sexual and reproductive health: evidence from the Brong Ahafo region, Ghana. *Reproductive Health, 12*(1), 1.
- Martino, S. C., Elliott, M. N., Corona, R., Kanouse, D. E., & Schuster, M. A. (2008). Beyond the “big talk”: The roles of breadth and repetition in parent-adolescent communication about sexual topics. *Pediatrics, 121*(3), e612-e618.
- Namisi, F. S., Aarø, L. E., Kaaya, S., Onya, H. E., Wubs, A., & Mathews, C. (2013). Condom use and sexuality communication with adults: a study among high school students in South Africa and Tanzania. *BMC Public Health, 13*(1), 1.
- Namisi, F. S., Flisher, A. J., Overland, S., Bastien, S., Onya, H., Kaaya, S., & Aarø, L. E. (2008). Sociodemographic variations in communication on sexuality and HIV/AIDS with parents, family members and teachers among in-school adolescents: a multi-site study in Tanzania and South Africa. *Scandinavian Journal of Public Health*.
- Obono, K. (2012). Patterns of mother-daughter communication for reproductive health knowledge transfer in Southern Nigeria. *Global Media Journal, 5*(1), 95.
- Phetla, G., Busza, J., Hargreaves, J. R., Pronyk, P. M., Kim, J. C., Morison, L. A., Watts, C., & Porter, J. D. (2008). They have opened our mouths: Increasing women’s skills and motivation for sexual communication with young people in rural South Africa *AIDS Education and Prevention: Official Publication of the International Society for AIDS Education, 20*(6), 504.
- Seif, S. A., & Kohi, T. W. (2014). Caretaker-Adolescent Communication on Sexuality and Reproductive Health: My Perceptions Matter; A Qualitative Study on Adolescents’ Perspectives in Unguja-Zanzibar. *Health, 6*(21), 2904.
- Soon, C. N., Kaida, A., Nkala, B., Dietrich, J., Cescon, A., Gray, G., & Miller, C. L. (2013). Adolescent experiences of HIV and sexual health communication with parents and caregivers in Soweto, South Africa. *SAHARA- Journal of Social Aspects of HIV/AIDS Research Alliance, 10*(3-4), 163-169.
- Tenkorang, E. Y., Rajulton, F., & Maticka-Tyndale, E. (2009). Perceived risks of HIV/AIDS and first sexual intercourse among youth in Cape Town, South Africa. *AIDS and Behavior, 13*(2), 234-245.
- Wamoyi, J., Fenwick, A., Urassa, M., Zaba, B., & Stones, W. (2010). Parent-child communication about sexual and reproductive health in rural Tanzania: Implications for young people's sexual health interventions. *Reproductive Health, 7*(1), 1.
- Yadeta, T. A., Bedane, H. K., & Tura, A. K. (2014). Factors affecting parent-adolescent discussion on reproductive health issues in Harar, Eastern Ethiopia: a cross-sectional study. *Journal of environmental and public health, 2014*.