Do parents and young people communicate on sexual matters? The situation of Family Life Education (FLE) in a rural town in Ethiopia

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Abstract: As a result of a cultural taboo, adolescents in many developing countries rarely discuss sexual matters explicitly with their parents. Most information for their patchy knowledge often comes from peers of the same sex, who may themselves be uninformed or incorrectly informed. This report is a summary of two surveys carried out on two occasions (November 1996 and October 1997, respectively) on 343 high school students and 246 families who had children 10-24 years of age in a rural town 160 Km south of Addis Ababa. The purpose was to assess the awareness and attitude of both study groups on major Family Life Education (FLE) components and know the level of parent-adolescent communication on matters related to young people's sexuality. Findings suggest that young people's knowledge on aspects of their sexuality is incomplete and not enough to minimise risk-taking. Yet, more than half of them believed that is unacceptable to discuss growth changes and sexual issues with parents during adolescence. Different grade and age levels did not influence the consensus except for a female sex, which significantly favoured this negative attitude. For some who approved discussion (sexual matters and contraception), peers were preferred most. Furthermore, 31.5% of the students were sexually active, and 65.7% of the sexually active ones reported use of some contraception (including calendar method) in the past. Likewise, parents had a partial knowledge regarding adolescent sexual maturation and behaviour or complication of teenage pregnancy. Nonetheless, 93% did not approve premarital sex and ironically, not more than 20% of them reported discussion of growth changes during adolescence, sexuality, and contraception in the past. However, parental education and lower family size positively influenced this attitude and practice. Implications of the study were discussed and recommendations made on future needs to initiate a comprehensive FLE in the school system and increase the responsibility of parents in adolescent sexuality. [*Ethiop. J. Health Dev.* 1999;13(3):205-210]

Background

Family Life Education is the type of education an individual receives to prepare him/her for adult life. It includes education about the family, human growth and development, adolescent problems (health and disease), sexuality, family planning, and responsible parenthood, etc (1). World Health

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Organisation (WHO) defined adolescence (10-19 years) as progression from appearance of secondary sexual characteristics to sexual and reproductive maturity, development of adult mental process and identity, and transition from total socioeconomic dependence to relative independence (2). Adolescents comprise about a quarter or more of developing countries' populations and this figure appears to be on the increase for the next three decades to comeInformation as a valuable

means to delay an early initiation of sex in adolescents should have started early at home by the family and primary school teachers. However, the fact that families in rural communities are either not knowledgable about the subject matter or due to their nature of extendedness, they are not able to give due consideration to the importance of educating young boys and girls on sexuality, parenthood, and other matters. Moreover, such matters are often viewed as a sign of eroded societal values and norms and thus are not welcomed by traditional societies (3,4,5).

Policy-makers and the school community, on the other hand, seem to have understood the difficulties only late. This situation, when coupled with the cultural taboos in poor countries that influence decision-making on sensitive issues, such as adolescent sexuality, makes inclusion of Family Life Education (FLE) into school curricula a tough challenge. It is with such a dilemma that we face horrifying figures on the growing rates of illness and death from clandestine abortions, STI's, and HIV/AIDS, and their remaining social and economic consequences today.

The following report is a summary of two surveys carried out on two different occasions in Zway, a rural town located 160 km south-east of Addis Ababa. It was done on high school students and families who have children in the age range of 10-24 years. The purpose was to assess their awareness status and attitude on adolescent sexuality, teen-age pregnancy and its complication, HIV/AIDS and STI, etc (essential components of FLE). These surveys have also attempted to assess the attitude and behaviour regarding parent-youth communication on reproductive health matters at home environment and level of young peoples' sexuality.

Methods

Two cross-sectional surveys were carried out in November 1996 and October 1997, on high school students and parents (mostly family heads) who had children aged 10-24 years in Zway, a rural town 160km south of Addis Ababa. A statistically representative sample size was calculated with a 95% significant level and a power of 80% in each case. Multi-stage stratified sampling method was used to obtain study subjects from a list of student rosters in the school (students) and kebele (smallest administrative unit) residents registers in the town (parents). Both students and parents were provided with self-administered a structured questionnaire that was filled anonymously. In both cases, an informed consent was initially obtained. Cultural sanctions on the sensitive nature of the issue were taken care of for parents by gender aggregation of the interviewee and interviewers. Data were collected by senior medical students. Analysis was made using EPI-INFO version 6 statistical software.

Results

General: Three hundred and forty-three students and 246 adult subjects were studied. Table 1 shows some of the sociodemographic characteristics of the parents. Students were from 9th to 12 th grades, constituting 38.8% (9th), 28.6% (10th), 21.9% (11th), and 10.8%

Table 1: **Sociodemographic characteristics of the parents, Zway, 1996-97.**

Variables	Frequency N= 246	Percent
- Relation to the youth under consideration		
Biological (father/mother)	234	95.1
Foster families	12	4.9
- Education		
Illiterate	59	23.9
Primary education	106	43.1
Secondary & above	81	32.9
- Occupation		
Housewives	123	50
Employed(private/gov't*)	46	18.7
Small scale merchants	41	16.7
Others	36	14.6
- Current marital status		

Married	184	74.8
Widowed/divorced/ separated	62	14.6

Age range was 30-69 Yrs.; (69.5% in the age range of 30 to 49 years)
* government

Table 2: **Knowledge and attitude of the students pertaining to important variables on reproductive health, by sex, Zway, 1996-1997.**

Variables	Males (N= 218)		Females (N= 125)		OR(95% CI)
- It's normal & acceptable to have sexual feeling during adolescence	178	(81.6%)	69	(55.2%)	3.6(2.15
- Duration of normal menstrual flow correctly known	122	(55.9%)	108	(86.4%)	5.0(2.72
- Correctly knew the unsafe period in the menstrual cycle	25	(11.3%)	18	(14.2%)	1.19(0.59

(12^{th}). Their age range was 14-25 years (mean age = 17 years). The two groups were homogeneous in terms of their ethnic and religious backgrounds (most were Oromo and Orthodox Christian).

Students: Fifty four percent of the students felt that it's culturally shameful to discuss about physical and psychological changes during adolescence (explained to them using examples), though males were relatively free to discuss compared to the female students (OR= 0.58; 95% CI = 0.36,0.93; P<0.02). There was no significant difference among students of different grades (Chi-square for trend = 0.36; P>0.05). Being a female student negatively influenced the tendency to admit that increased sexual feeling during adolescence is normal and acceptable (Table 3). Seventy five percent of the students preferred to discuss about body changes that occur during adolescence with peers of the same sex, none of them wanted it to be with their parents. Regarding the knowledge on other aspects of human reproduction, 74.9% correctly knew the age at menarche and 67.1% knew the average duration of menstrual flow, with dominance of female students (Table, 3). Senior class students were not better knowledgeable compared to the junior ones (Chi-square for trend = 0.2; P >0.05).

Of the total, only 13.2% knew the unsafe period during the normal menstrual cycle, and even females were not better off in this aspect (Table 3). Grades did not have any effect in discriminating knowledge on safe period of menstrual cycle either (Chi-square for trend = 2.8; P>0.05).

Hundred and eight of the 343 students (31.5%) reported to have had sexual contact before the date of the survey and males were significantly higher in number (OR= 8.3; 95% CI = 4.1,17.3; P<0.000). Seventy one percent of the total knew some form of contraception, most frequently being condoms, Oral Contraceptive Pills (OCPs), Calendar method, and Intra-uterine devices (IUDs) in that order. Among the sexually active, 65.7% reported to have used some form of contraception in the past. Condom and Calendar methods were the most frequently used ones, 69.7% and 24.3% respectively. Female students resisted the idea of use of contraception at their age more than their male counterparts (OR = 3.56; 95% CI = 2.19,5.82; P < 0.000). Two hundred and twenty nine (66.7%) of the respondents said that they never want to discuss issues of contraception with their parents. Fifty four percent of those who approved it preferred peers of the same sex to discuss with. The appropriate age at first pregnancy (18 years) was known by 223 (65%) of the surveyed students, but 64.5% of them (including those who did not know the ideal age) did not give correct answer(s) regarding complications of abortion to the mother.

Ninety five (27.7%) respondents were able to correctly name three commonly known Sexually Transmitted Infections (STIs) (Syphilis, Gonorrhoea, and Chancroid) and 70% and 78.8% of them, respectively, knew the correct routes of transmission and the right action to take whenever infected. The primary source of information for such knowledge was

Table 3: **Comparison of responses given by the parents and the students regarding selected**

Variables	Parents N=246		Students N=343		OR(95% CI)
- Disapproved pre-marital sex	228	(92.70%)	247	(72.0%)	4.92(2.81
- Age at menarche correctly known	148	(60%)	257	(74.9%)	0.51(0.35
- Safe period in menstrual cycle correctly known	65	(26.4%)	45	(13.2%)	2.33(1.49

said to be schools in 54.8%, while parents served as a source of information for only 9.3% of the students.

Parents: Nearly 94% of the 246 subjects admitted that there are some physical and psychological changes that take place during puberty. However, only 148 (60%) of them reported the correct age range for puberty in females, and only 105 (42.7%) knew the corresponding age for males. It is only 65 (26.4%) respondents who correctly told the safe period in the menstrual cycle. Ninety three percent of the parents had a negative attitude towards premarital sex, though later on, 151 (61.4%) approved use of contraception in cases of unprecedented sexual acts in adolescents, and educational levels very much influenced this attitude (OR = 3.73; 95% CI = 1.99, 7.02; P<0.000).

Only 66 (26.8%) of the parents said that teenage pregnancy is associated with difficulties in childbirth. Two hundred and six (83.7%) mentioned two commonest types of STIs (gonorrhoea, and Syphilis), and only 70 (28.5%) believed that STIs predispose a person to HIV/AIDS.

On the assessment of their practice regarding communication on sexual matters with their children, 51 (20.7%) admitted to have discussed about teenage pregnancy and its complications, 31 (12.6%) on contraceptive use, and 26 (10.6%) on physical and psychological changes at puberty, some time in the past. Educational level above primary school very much influenced having positive attitude regarding discussion between parents and the youth on adolescent reproductive health matters (OR = 3.82; 95% CI = 1.7,8.9; P<0.0005). Free discussion on adolescent sexuality and contraception between parents and the youth was relatively seen more among families with fewer size (< 5 people) than larger sized families (OR = 2.28; 95% CI = 0.98,5.36; P= 0.057).

Comparison of the youth and parents on selected knowledge and attitude variables (Table 3) revealed that there are significant differences of practical importance as far as managing reproductive health problems of the adolescents is concerned.

Discussions

This study has shed light on the issue of adolescent sexuality and problems faced to obtain the necessary information that would have shielded them from the brunt of unprotected sex and its socio-economic consequences in the rural Ethiopian context. Similar to what has been described by other investigators (4,5,7-10), the knowledge of young people about different aspects of their sexuality is incomplete and not enough to avoid risk-taking. Further more, the fact that students of different grades did not differ significantly in their knowledge on selected aspects of reproductive health, indirectly indicates that no such education is being provided even at the school setting.

Females were more affected (believed in the shamefulness of discussion on sex, thought that sexual feeling during adolescence is unacceptable, and disapproved contraceptive use during this period) possibly because of the cultural sanction imparted on them by the society. This finding appears to be consistent for other developing countries as well (8,9). However, in some communities where this is not the case, some researchers indicate that female adolescents who practised contraception had a positive image of their parents, with whom they communicated frequently about intimate subjects such as menstruation and avoidance of untimely pregnancies (6,7). Thus, young people disapprove discussing growth changes and sexuality may be just because they belong to the traditional system that considers it as a taboo.

Parents were not only the non-preferred source of information, but also were not better knowledgeable on certain issues such as safe period in the menstrual cycle, the fact that STIs underlie, or predispose to, HIV/AIDS, and problems of teen-age pregnancy. To complicate the issue more, they did not approve of premarital sex and had a negative attitude towards discussion

with their kids on sexual/reproductive health. But families with limited number of children (<5) and better education were comparably more liberal. Similarly, a study in Zimbabwe which involved parents and adolescents blamed lack of communication on issues pertaining to sexuality. In fact, adolescents reported obtaining sexual information, not from adult family members, but primarily from media, schools, and peers. In the same study, it was shown that, although some mothers and adolescent girls reported communicating about menstruation, most parental communication consisted of vague warnings not to "play" with boys or girls, without explaining what this euphemism means (8). Other studies coming from East Africa (Kenya, Uganda, Tanzania), Nigeria, and India also confirm the same problem (2,9,11,12). Finally, comparison of parents and students on selected variables showed some difference which was not consistent.

Conclusion and Recommendations

From the study it could be concluded that adolescents have an incomplete understanding of comprehensive reproductive health and discussion on sexual matters still continues to be a cultural taboo by both the youth and their parents. The youth prefer peers of the same sex to be the primary source of information on matters of reproductive health. In spite of these problems, significant numbers of the youth are currently sexually active, and few were knowledgeable of the means for safe sex.

In addition to the absence of a helpful information from parents, adolescents in school set-up in Ethiopia do not seem to receive comprehensive FLE/reproductive health education from the school system or the health workers at this moment. In spite of their negative attitudes towards its discussion, adults themselves (at least in rural areas) do not have adequate knowledge on adolescent reproductive health problems. However, educational levels of the parents and lower family sizes were positively associated with free discussion on sexual matters between parents and their adolescent children. Based on the study, it's recommended that a comprehensive FLE be initiated for students in Ethiopia (at home, in the school, churches/mosques, health facilities, etc.) with a sense of responsibility assumed by all partners in this endeavour (the family, the school system, health workers, and young people themselves). Parallel to this, there is quite an enormous job waiting for health workers to educate the parents themselves for a better awareness on the issue and change of attitude and practice towards adolescent sexuality.

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