SJ Nursing and Midwifery Africa
Vol. 1 No. 3 (2024): March 2024 Issue
https://doi.org/10.51168/69b3m779
OriginalArticle

ADOLESCENT-PARENT COMMUNICATION ON SEXUAL AND REPRODUCTIVE HEALTH ISSUES IN MBAARE SUB COUNTY IN ISINGIRO DISTRICT.A DESCRIPTIVE STUDY.

Mark Amanyire, Rodrick Tugume, Andrew Natwijuka*
Faculty of Nursing and Applied Health, Bishop Stuart University.

ABSTRACT.

Background:
Improving adolescent sexual and reproductive health continues to be a global public health need. Effective parent–adolescent communication on sexual health issues has been cited as a factor that could influence adolescents toward adopting safer sexual behavior. The study aims to invest the adolescent-parent communication on sexual and reproductive health issues in Mbaare sub-county.

Methods:
It was systematically searched and synthesized qualitative literature. We assessed the methodological quality of the included studies using the Critical Appraisal Skills Programmed (CASP) checklist. We thematically analyzed qualitative data from the included young adolescents who were selected randomly from three parishes of Mbaare Sub County.

Results:
Fifteen studies were included. Social and physiological events act as triggers for initiating discussions. Fear of personal, social, and economic consequences of high-risk sexual behaviors act as drivers for communication but also carry a negative framing that hinders open discussion. Lack of parental self-efficacy and cultural and religious norms create an uncomfortable environment leaving peers, media, teachers, and siblings as important and sometimes preferred sources of sexual health information.

Conclusions:
While mothers recognize their role in adolescent sexual and reproductive health and school-based interventions can act as useful prompts for initiating discussion, fathers are mainly absent from the home-based dialogue. Fear dominates the narrative, and the needs of adolescents remain unarticulated.
Improving adolescent sexual and reproductive health remains an important public health need globally. Effective communication on sexual health issues between adolescents and their parents has been recognized to influence safer sexual behavior among adolescents. This review combined qualitative evidence to understand the nature of and barriers to communication about sex between parents and adolescents in sub-Saharan Africa.

Recommendation:
Researchers should use this information for decision-makers in choosing strategies for improving parent-child communication regarding Sexual and Reproductive Health matters.

Keywords: *Adolescent-Parent, Communication, Sexual and Reproductive Health Issues, Mbaare Sub County, Isingiro District*
Submitted: 2023-11-09 Accepted: 2023-12-19

Corresponding author: *Mark Amanyire**
Email: ***markamanyire196@gmail.com***
Faculty of Nursing and Applied Health, Bishop Stuart University.

BACKGROUND.

According to Dagnachew Adam et al., 2020, Adolescence is the period between 10 and 19 years marking a continuum of physical, cognitive, behavioral, and psychosocial changes characterized by increasing levels of individual autonomy and a growing sense of identity and self-esteem Dagnachew Adam. N et al., 2020
Worldwide, there are about 1.8 billion young people aged 10–24 years, which is the largest youth population ever. According to Sagnia PIG et al.,2020, many are concentrated in developing countries including Africa, where adolescents constitute the larger majority of the population Sagnia PIG et al.,2020. Too many of these young people see their potential hindered by extreme poverty, discrimination, or lack of information Sagnia PIG et al.,2020.
Adolescents' sexual and reproductive health (SRH) is strongly influenced by a range of social, cultural, political, and economic factors and inequalities, which increase

adolescents' vulnerability to SRH risks like unsafe sex, sexual coercion, early pregnancy, and pose barriers to their access to SRH information and service. Svanemyr et al., 2015

The World Health Organization (WHO) report on the analysis of adolescent SRH literature from different parts of the world informs that this concern has been largely driven by the high prevalence Of HIV/AIDS among young people (WHO, 2009)

However, sexual and reproductive health communication between parents and adolescents is the most important way of conveying sexual values and knowledge (Jerman et al,2010). Discussions on sexual and reproductive health issues particularly sex-related matters are unacceptable and shameful in most African countries ((Lengle, 2008). Due to a lack of parental guidance and involvement in sex education, young people between the ages of 1524 remain with limited knowledge and seek information from unreliable sources.

In many parts of the world adolescents, girls in particular, are poorly informed about their health, bodies, sexuality, and physical well-being as a result of cultural and religious sensitivities (Lengle, et al,2008). Adolescent ill health and death constitute a large portion of the global burden of disease. They account for 23% of the overall burden of disease (disability-adjusted life years-DALY) because of pregnancy and childbirth. In Africa, many millions of youth suffer from sexually transmitted infections, which can leave young women infertile and, thus, often stigmatized by their communities and families. While they are legally stable many African women marry and give birth before the age of 20. A large proportion of these pregnancies in this age group are unplanned, and many end in unsafe abortion (Rosen, et al 2004).

Adolescents are significantly exposed to risks of unintended pregnancies, unsafe abortions, increased STIs including HIV/AIDS, and Child abuse including gender-based violence and sexual abuse. This risk is amplified by parents' reluctance to talk to their adolescents about SRH issues and as a result in Uganda, HIV prevalence among adolescent years is 1.9%for males and 2.3% for girls. About 4% of young men and women aged 15-24 have already been infected with HIV and 25% of teenage girls are either pregnant or have already had their first child. Due to a lack of parental guidance and involvement in sex education, young people between the ages of 1524 remain with limited knowledge and seek information from unreliable sources. Parents are the primary educators of their children, particularly concerning sexuality education. Thus, in the past, young people used to receive sex education from their parents, relatives, and community members. In addition, the cultural institutions have also been promoting the use of indigenous knowledge and engaging traditional systems and structures to disseminate and uphold the observance

Although the Ugandan Ministry of Education has formulated the National Sexuality Education Frame Work to guide the teaching of sex education in institutions of learning, this issue remains controversial among several stakeholders including religious leaders who are not in support of this since 2016. This has sustained a challenge where adolescents have remained sexually active at 36% while experiencing associated effects of early pregnancies and increasing HIV prevalence among adolescents. The study aims to invest the adolescent-parent communication on sexual and reproductive health issues in Mbaare sub-county.

METHODOLOGY.

Study Design.

This was a qualitative approach with a phenomenological descriptive design.

Study Setting.

The study was conducted in the Mbaare sub-county Isingiro district. Isingiro district is located in southwestern Uganda, it is approximately 265 km away from the capital city, Kampala, and 69 km by road southern part of Mbarara which is the largest city in the Ankole subregion. Mbaare Sub County is located in Bukanga near the Bugaango border of Uganda-Tanzania along the southwestern border. The district is bordered by Tanzania in the south Mbarara to the north, Ntungamo to the west, and Rakia to the east. This study area was chosen because it is strategically located near the main road that is Bugaango–Mbarara road and it serves a bigger population of youth in Bukanga county.

Study Population.

The study included adolescents aged 12- 17 attending primary schools in the study area.

Selection Criteria.

Inclusion Criteria.

All adolescent youth aged 12-17 years in the Mbaare sub-country who consented to the study.

Sample Size Determination.

We estimated to have a sample size of around 15 participants like a similar study purposively sampled in sub-Sahara Africa (Usonwu, 2019). The size of the sample was determined by the principle of saturation where the researcher stopped collecting data when the categories (themes) were saturated. (Creswell, 2014).

Sampling Method.

The study used a purposive sampling method to enroll the adolescents aged 12-17 years who are in preparatory

schools in Mbaare Sub County in Bukanga County in Isingiro District in southwestern Uganda.

Study Variables.

Dependent Variable.

Assessment of adolescent-parent communication on sexual and reproductive health matters.

Independent Variables.

Social demographics (Income levels, age, Education level, Occupation)
Perceived factors. (Perceived openness, lack of transparency, and fear)
Lack of information about sexual reproductive health.
Culture.

Primary Outcome.

Communication between parents and adolescents regarding SRH

Secondary Outcome.

Adolescent's source and preference of SRH information
Gender difference in SRH communication
Abstinence from premarital sex Adolescents
Relationships with the opposite sex

Data Collection

Data Collection Tool.

Data was collected through exhaustive dialogues using an interview guide to allow probing of views from the participants. An interview guide was adopted from a similar study in the sub-Sahara in Africa (Osonwu, 2019) and was modified and validated to suit the context of our study setting by translating the interview guide to Runyankole. The questions in the interview guide were linked to the purpose of the study. As interviews continued, new questions were raised from the answers provided by the participants.

Pretest Interviews.

In the context of qualitative research, a pretest interview was conducted to refine the interview guide questions and the interviewing skills of the researchers such as listening, reflecting, probing, paraphrasing, and summarizing (Grove et al., 2013). One participant interviewed in the pretest study meets the inclusion criteria. The study supervisor who has undergone a series of qualitative research training under the ACIPHEM program evaluated the interviewing skills of the researcher and provided advice. No changes were made to the validated interview guide if all the questions came out clear and this data collection was included in the analysis.

Data Collection Procedure.

The research team engaged the relevant Unit personnel together with the rest of the schools and departmental leaders (senior men and senior women) of the school that provide health education to identify and request permission from the pupils before referring them to the researcher. The study participants were adolescents aged 12-17 years who were in the selected schools. A neutral venue for participant interviews was carefully selected before the onset of interviews by the researcher after consulting with the parent per child to get an ascent form by signing the form letter. The area room was separate from where other family members were present to obtain deep views from the pupils because of the top secrecy. The research team ensured that the recorder was in good working order before the interviews with a spare one in case of a technical emergency. Extra care was taken by inviting participants in advance so that they were not disturbed in terms of missing their appointments or losing their place in the queue. Data was collected by group team members within an anticipated time of about one hour from each participant by conducting semi-structured Individual interviews. The groups were having three researchers who collected data each at a different parish from the other making a total of 15 participants because of reaching a saturated level of information.

The Interviews.

An introduction of the study topic was given and the objectives were explained to the participant to gain permission. Upon agreement, the participant was requested to sign the informed consent form indicating a willingness to participate in the study. To ensure participant confidentiality, the researcher applied the participant codes on each participant's interview guide form instead of their names. In-depth individual interviews were used. Data were collected by conducting one-on-one interviews with the researcher in the venue that was organized by the researchers in the health facility where the study was taking place. The researcher built a rapport with the respondents as data was collected, and this built trust hence reveal of information was at ease. The interview was recorded using a digital voice recorder to ensure that all data was captured. The open-ended questions were asked in an informal, conversational manner, to allow the participant to talk freely about her experiences and perceptions. Participants were interviewed in either English or Runyankole according to their language of preference in the two languages.

Validity of The Study (Trustworthiness).

Trustworthiness was ensured by following the four principles of trustworthiness described by Lincoln and Guba (1985) in Brink, et al., (2012). Guba's model was used for trustworthiness to establish and maintain overall trustworthiness.

Credibility.

Trustworthiness was ensured by selecting only those participants who would meet the inclusion criteria and by following the interview guide. The researcher will ensure that the participants accurately understand the questions and the research that is being conducted. Applying the strategy of credibility will ensure truth value. Assurance in the truth of the data collected will be established through the techniques of peer debriefing and member checks. Member checking was done during the interviews by asking the participants whether they understood correctly by rephrasing and summarizing. Peer debriefing was done by reviewing the interview transcripts with the mentor.

Transferability.

Generalization was not the aim of this qualitative research, but a detailed understanding of the participants' experience and perceptions. To improve transferability, a purposive sample was used. Purposive sampling enabled researchers to maximize the range of information by the conscious selection of participants in terms of their attachment to the phenomenon under investigation and other background characteristics.

Dependability.

The researchers ensured that the methods were described in sufficient detail by maintaining a step-by-step "audit trail". The supervisor functioned as an auditor to make sure that the information given by the participants was accurately captured. The details of the interviews were recorded using a recorder, documented, and sent to the supervisor for verification.

Conformability.

Conformability was ensured by representing the information provided by the participants in code form and interpretations of the data were not influenced by the researcher's imagination. The researcher will keep all data safe for further analysis and provide enough substantiation that the findings and their interpretation are grounded in the data by making use of verbatim participant quotations.

Data Management and Analysis.

The interviews were recorded using a digital recorder and the researcher listened and relistened to each recording before making transcriptions. The Interviews were transcribed using verbatim in MSWord. A wide margin was left on the transcript for coding and categorizing. The descriptive data analysis was done using Creswell's six-step model sage pub.,2018 which includes data logging, anecdotes, vignettes, data coding, and a thematic network to ensure proper data management and analysis. All information that was collected from the participants through interviews was analyzed by way of gathering and generating the collected data into themes.

Ethics Considerations.

The researcher submitted the proposal to the nursing department and then the faculty research committee of bishop Stuart University for approval and clearance. The researcher was given an introductory letter to collect from the study area by the university research ethics committee. The permission to collect data was obtained from the administration of Mbaare Sub County. The respondents had a right to decide voluntarily whether to participate in the study without risking any penalty or prejudicial treatment. The researcher also considered the privacy, confidentiality, and dignity of the respondents during the research. Codes were used in the questionnaires instead of the participants' names. The study informed consent was signed by each participant to ensure that voluntarily participated in the study. Furthermore, the participants w also had a right to ask questions, refuse to give information, ask for clarifications, and terminate their participation at any time. The researcher clearly explained the purpose objectives and benefits of the study to all participants to encourage their participation before written consent was given.

RESULTS.

Adolescent-Parent Communication on Sexual and Reproductive Health Issues in Mbaare Sub County in Isingiro District.

Interview participants (*n* =15; 10 females, 5 males) were aged between 12 and 17 years. The interviews were conducted in the Mbaare Sub-county area with 15 participants from 3 different parishes of Mbaare picked at random revealing variations in their experiences in adolescent-parent communication on sexual and reproductive health issues. Participants 9 out of 15 were not receiving communication from their parents.

Theme 1: Sources of information.

It has been found out that there have been other ways how they were getting information where 4 out of 5 of the boys

and 6 girls were saying that they were getting information directly from their friends and their science teachers at the school where they are studying. One of the pupils highlighted that her friends are always saying that they have boyfriends who are studying at another school where they are always together during holidays.
"I have my friend who was telling me that she normally meets her boyfriend during the holidays and he takes her to Bugaango market and buys her some good things like pancakes and classes to always think about him (female participant, 15 years)".

There have been participants who got information from their parents directly 4 girls only out of 15 participants and the information they got. What motivated them to get such information was that all of them said that they were called by their mother respectively at different times and their mother could tell them superficial information about sexual reproductive health issues. One of the participants younger than all of them was quoted as saying

"She told me that for sure you're still young but you are in your menstruation period any time you play sex with any boy you will be pregnant and become a disgrace to your parents and your entire family so take care, my dear. (15 female aged participants)"

Accessibility of Information.

Many participants highlighted that they were not accessing information from their parents 10/15 just because most of them had differences in their corresponding localities with their parents. One of the participants highlighted that her parents are very far away though they are in the same sub-county so she rarely goes there to visit them for a short time which could be hard to get that information.
"I stay with my relatives here in Kasharara because our home is too far in Nyabusha so accessing my parents is limited I think that's the reason am not getting that information from them (female participant 13 years)"
However, other participants said that they were not getting the information that was incomplete from their parents just because they were shy in delivering this sexual information to them.
One of the participants said that…
"my mother just told me to always avoid boys only and it was after my first menses and I think she left some of the information maybe in the future when our old enough 15 aged girls. "

Theme 2: Understanding of The Adolescents About SRH.

The majority of the participants had little knowledge about sexual reproductive health issues whereby their information obtained was very superficial depending on the increasing occurrences of the outcome. Out of the 5 boys interviewed only 3 boys had some knowledge and 2 of them knew nothing about sexual reproductive issues. One of the boys who knew some information about SRH said that…
"I think that is having a girlfriend (14 male-aged participants)"

Some participants were not aware of the theme whereby they simply never knew what SRH was all about. One of the participants was quoted saying
"no!!!!! What is that? (14 aged male participants)"
However there were girls whose level of understanding was somehow improved but they were claiming to have gotten the information from their friends at school because for them they were in secondary school .6 of the girls defined the theme as a way of having sexual intercourse with the boy and also engaging much in deep relationships, for example, one of them was quoted saying that….
"of course, that is the way of having a boyfriend into a deep relationship characterized with sexual pleasures as a way of enjoying their love between the two but not yet married and when you are still young (17 aged girls)"

Relationships Among Adolescents.

It was found out that 60% of the girls interviewed in the data collection had boyfriends that were staying far away from where they were staying but they said that they were meeting each other during holidays. It was reported that out of them 20 % were still studying but they were accessing their boy at any time they wanted. On the other hand, 40% of boys interviewed 15% of the boys were ignorant about the topic and had no knowledge about sexual reproductive health and 25% of the boys had knowledge but they had not yet engaged in relationships.

5Sexual Intercourse Behavior.

It was recorded that none of the participants engaged in sexual intercourse behavior.
However, according to the information, it was recorded in a shy manner where they could hardly give real information about their personal life. One of the participants was quoted saying….
"Aaaah!!!!!!! I have never done it but I think when I grow up that when I will have it regularly. (16 female participants)"

Link Between Childhood and Adulthood.

There were different views on participants' knowledge about getting sexual reproductive health education views whereby participant said that this information was to be given to the youth who were below the age of 13 years such that to be protected from dangerous results of failure to follow parents' guidance on sexual and reproductive health issues. For example11/15 participants said those

young adolescents should be told the preventive measures for sexual reproductive health challenges.
It was also found that 10 out of the participants were strictly protecting themselves from the Risks of Early Pregnancies and STIs
Few participants had some knowledge about the risks that might be obtained from the malpractice of sexual behaviors. Out of 15 participants, 6 believed that sexual behavior is a risk to some diseases like AIDS, Gonorrhea, and many others. Effective parent-child communication is positively associated with a reduction in risky sexual practices that are detrimental to adolescent health and well-being. However, this topic was underexplored in to estimate SRH discussion between adolescents and their parents, and this is limited in-depth information about triggers of parent-child communication, as well as societal and gender norms around discussing sex-related issues with adolescents. Although I employed qualitative methods to examine how and why these discussions happen, the study was conducted in rural areas alone limiting its transferability to non-rural settings.

Life Style Behavior Knowledge.

Even though the participants lacked information from their parents at a young age, it was believed that 9/15 participants who were between the ages of 15-17 some of them were having little knowledge about the results of sexual reproductive health issues if not properly followed. These young adolescents were not competent enough about the preventive measures that might result from poor follow-up just because for them they knew that the only way to prevent them mostly was to use condoms, as the best way of their understanding. Due to this issue, they had little knowledge of how to wear condoms. Other ways of preventing such reproductive health consequences were ignorant. One of the participants highlighted this issue on how to protect themselves that….
"Probably Aaah I think that we have to use condoms as the best preventive measure to prevent early pregnancy that might disrupt our studies in various ways (16 aged female participants)"

Use of The Acquired Knowledge.

Although the participants who were aged 15-17 had little knowledge it was found out that 6 of them had boyfriends and girlfriends and they claimed that it was the best way to fit in the friends' company (peer groups). Even though they had they could meet them during holidays to jazz and be together for some time. One of the girls was quoted saying …
"to me, I have a boyfriend who tells me good stories when am bored but the only problem is I meet him during the holidays because he studies at Mbarara High School and I study from here in Ruteete Primary School. (16 aged female participants)"

However, some of the young adolescents claimed to be using the knowledge acquired mainly from the pastors and the religious leaders of their corresponding religion respectively and they are trying to abstain from sex as a way to maintain their relationships with God. In other words, they are trying to build their spiritual growth because most of them claimed to be born again. 4 of the participants claimed by saying that….
"our pastor for the youth used to tell us that we should always be free from any sin of fornication because it is accompanied by several demons that make us adopt other sins and the result is death which was from the book of Romans 6:23. (14-year-old boy)"

Theme 3: Perception and The Attitude Towards the Information.

Attitude of The Information.

Almost all participants had a positive attitude towards their parents telling them about their sexual reproductive health issues because they gave prominent reasons. It was found out that all these participants wanted their parents to tell them the information such that they could get the original trusted data about their lifestyle experiences which would be of good help to them in their developmental processes to adult stages. Accordingly, they all said that this information about SRH should be mainly told to female adolescents who are prone to their first menarche. One of them said that…
"Yes, they should be told such information but mainly to the young girls who are at the age of receiving their first menstruation period in their lifetime. (17 male aged participants)"
However, 3 of the participants had a negative attitude towards their theme and he claimed that the information should not be given to young adolescents just because it might cause the child to get spoilt in his or her journey of growth toward maturity. One of them highlighted that ….
"When these young adolescents are told of such sexual reproductive issues they might end up being spoilt because they would want to test and see the goodness that could result mainly testing sex so they don't need to be told but to is protected under strict laws from their parents (16 male aged participants)"

Perception Towards Preventive Measures.

Many of the participants had a positive perception of always listening to their parents because they are assured failure to follow the above will force them to have some challenges most of which they said that are irreversible once they are got and could hinder their future and failure to attain what they want in life. They also had a perception of understanding that those SRH issues are for adults only. One of the participants said that...
"For sure if you fail to follow this education from your parents you end up being very early before your life

expectancy and fail to fulfill your dreams. (14 female aged participants)"
However, there was also another participant who said that if you fail to follow your parent's guidelines you end up being cursed and you live a miserable life.
"Ooohh!! If you fail to hear what your parents are telling you are sure you become always cursed in life and already dead while moving (15 female aged participants)"

Theme: 4 Barriers Associated with Adolescent–Parent Communication.

Shyness.

It was found out that 2 of the participants said that their parents mainly their mother were shy and they ended up getting very incomplete information this became a very big barrier in their communication as it was being delivered.
"to assure you the truth is that my mother was shy in telling me some of the information was left undelivered to me.(15-year-old girl participant0"

Always Being at School.

Most of the participants claimed that they are always at school because they are in the boarding section which gives them little time with their parents. This has contributed to the failure to get the required information.
However, others highlighted that even if after school they are always busy with domestic work that keeps them busy with their parents.
"Actually, in my holidays am always grazing cows always no time for that (14 male boys)"

Existence of Orphans.

According to the information obtained, it was found that 10% of the participants were orphans, and they lost their parents when they were not yet told the required information.
However, for those who stay with their other relatives, it's hard to ask about those issues because they see them as not being an important issue.
"You cannot ask my uncle such nonsense (15-year-old boy)."
It was also found that some of the participants were day schooling at schools that were very far and they were staying with their guardians who were near the school so getting that information could be a very big problem.
"My parents are very far and asking my untie is a trouble here in Kihanda"

Reluctance of Both Parents and Adolescents.

It was found that most of the parents were very reluctant to their adolescents about sexual reproductive issues and even the adolescents did not mind these teachings to the extent of trying to ask them it. it was found out that since they get such information from their peers' friends and teachers at school there is no need to get such information from their parents it is like a burden yet some of them no nothing and don't take it to be of very good advantage.
"I already know that one from friends and no need of asking them and even am sure they could tell me little of it (16-year-old girl)"

Right Age Misconception.

Accordingly, it was found out that adolescents are not getting much information just because they have a mentality that these adolescents are very young to be told such information
So they are waiting for them to grow at a certain age mainly 18 years of age. This has come out to be a big barrier in adolescent–parent communication on sexual and reproductive health.
"They think am still young even when am in my periods yet am now old in body functioning (14-year-old girl)"

Theme 5: Needed Interventions to Be Done.

Extension Services to The Communities.

It was found out that the adolescents were suggesting that the government should try to put out adequate extension services to the communities about sexual reproductive health issues to eradicate dangerous results from the wrong practices of sexual issues in young adolescents. They hoped that this could reduce on risks of early pregnancies and school dropouts. Based on the results of the collected data one of the participants said that
"The government should send extension services to the societies for further information on sexual relationships among the adolescents (a 15-year-old participant)."

Abstinence from Sex.

It came to be found out that the participants were also advising their colleagues to always say no to early sex and be straightforward about abstaining from sex to avoid bad results such as early pregnancies, and school dropouts. However, some of the participants said that
"I would say that other youth who are my age should abstain from sex or use condoms (14-year-old girl)"

Attending Churches Regularly.

It was found out that some of the participants were advising their fellow youth that they should always attend church service activities just because the church normally teaches them how to avoid the sin of fornication which is protecting them from sexual activities that might destroy their future. They also concluded that attending church always keeps them from bad acts just because there are always preachments that are always focused on the bad

results of sexual immorality among the youth at large which becomes more beneficial to society. One of the participants highlighted that

"When you attend churches every day and regularly there is an environment that is created that stimulates you to live a righteous life that is free from sins of fornication (a 16-year-old girl)".

Increasing Communication Access To Adolescent from Their Parents.

It was generally found that all the participants most of them got information from the wrong route first which is not good for young adolescents, therefore most of the young adolescents said their parents should continue to tell their children at an increased level of participation that this will increase an improved level of informal sexual education and of which will be of the great advantage to the youth.

One of the participants was quoted saying "It *is good and better for my mother to be the first to tell me this information about the SRH issues after having my menarche (first period) 17-year-old girl).*

DISCUSSION OF THE RESEARCH FINDINGS.

To the best of my knowledge, this study is among the first studies to investigate Adolescent-Parent Communication on Sexual and Reproductive Health Issues in Mbaare Sub County in Isingiro District. This involves lived experiences of adolescents with their parents discussing sexual and reproductive health issues in Mbaare Sub County and the impact it had on their health, social, and lifestyle well-being using qualitative research methods. I summarized my findings into five themes: Sources of information, understanding of the adolescents about SRH, Perception and the attitude towards the information, *Barriers* associated with adolescent–parent communication, and way forward contribution to the SRH.

This study determined the status of adolescent-parent communication on sexual and reproductive health issues in Mbaare Sub County. The findings from this study showed that more than three-fourths of participants knew about common sexually transmitted infections including the current pandemic HIV/AIDS. Eight out of every ten students knew contraceptive methods to prevent unwanted pregnancy Ayalew, M., et al 2014. Students had their first sexual intercourse at the mean age of 15 years old. Approximately seven out of fifteen students disapproved of premarital sexual practice. However, female students slightly higher than male students disapprove of premarital sexual practice. Almost all of the participants discussed sexual and reproductive health issues but peer communication is the predominant one (Ayalew, M., et al 2014). Most of the mothers discussed their adolescent's sexual and reproductive health issues, but none of the male participants discussed menstruation with their daughters. Fathers most of the time discussed with their sons and mothers with daughters due to cultural barriers.

This study finding showed that more than one-third of students have communicated at least two sexual and reproductive health topics with their parents Ayalew, M., et al 2014. Six out of every ten students ever discussed HIV/AIDS-related issues. This is relatively lower than a finding from a study done in Ghana and a systematic review study in South Africa found that approximately three-quarters of students had talked about HIV/ AIDS with parents (Harrison et al, 2010). This may be due to differences in accessing information and the background of a parent.

Discussion about sexual and reproductive health issues was associated with condom use. This is consistent with the study done in Mexico revealed that those students who discussed sexual and reproductive health issues with their parents influenced adolescents' sexual behavior (Gallegos, Esther et al., 2007). Discussing sexual and reproductive health issues and negotiation skills on safer sex significantly associated before controlling for other factors is a similar finding to a study done in Atlanta Georgia (Pulerwitz et al.,2006).

In this study, communication about sexual and reproductive health issues with a parent has an insignificant association with premarital sexual commencement this may suggest that student attitudes on acceptance of premarital sex mediate involvement in sexual activity. Similarly, the educational status of the parent had no association with having communication about sexual and reproductive health issues.

This study is consistent with a systematic review in Sub-Saharan African countries that found that parents reported discussing human growth and development, pregnancy, childbirth, and abortion (Ayalew, M., et al 2014). Half had discussed sexually transmitted infections; contraception was the least discussed. Only four out of fifteen adolescents had discussed all sexual and reproductive health topics with their mothers. Mothers were the most frequent initiators of discussions with their daughters. The frequency of communication increased with a higher level of education of the parents. This finding contradicted a study done in East Welloga, Parent young people's communication about sexual and reproductive health issues was usually initiated by parents, and the communication was positively associated with mothers' and fathers' level of education (Tesso et al, 2012).

This study showed that female adolescents disapproved of premarital sex more than male students. This finding is in line with a study done in Kenya that found that there was a significant difference between males and females towards premarital sex. Males had premarital sex than female adolescents. Adolescents had a conservative attitude towards, unwanted pregnancy, induced abortion, and contraceptives [Panda, A et al.,2023]. A study done by Ayalew, M., et al 2014) states that similarly, a systematic review of Latin American and Caribbean

Literature on parent-adolescent sexual communication seemed to be more protective for females than males. It investigated the direct relationship between teenage parent sexual communication and adolescent sexual and reproductive health outcomes (Ayalew, M., et al. 2014).
Overall, there was only sufficient evidence to support a protective association between parent-adolescent sexual communication and early sexual debut (Marcham et al 2010).
Cultural taboos, shame, and lack of communication skills in adolescent make them not discuss openly with their parent about sexual and reproductive health issues which is similar to other studies (Ayalew, M., et al 2014). This is because sexual conversations are deemed a taboo subject in many African communities, for example in Ghana, Sierra Leone, Nigeria, and South Africa, The preference of students to discuss sexual issues depends on the same sex. This is consistent with the study done in Hawassa among high school students and a study done in China among adolescents where significant gender differences in the pattern of sex communication with parents (Ayalew, M., et al 2014). This finding is in line with the study done in East Welloga stated that the reasons for not discussing sexual and reproductive health with their parent are fear of parents, embarrassment, taboo attached to sex, parent's failure to give time to listen, and parents' lack of interest to the discussion Tesso et al 2012). This study's focus group discussion results also reveal that mothers are more comfortable talking to their daughters than fathers are with their sons. (Ayalew, M., et al. 2014).
According to Muhwezi W.W. et al., adolescents mostly obtain information about SRH issues from peers in school and the media. It is possible that parents could play a larger role in assisting adolescents in synthesizing this knowledge and ensuring that what adolescents learned from the discussion was true and factual (Muhwezi, W. W et al., 2015).
The disadvantage of gathering information from the media or other people is the chance of receiving inaccurate information. Muhwezi W.W et al., stated that Indeed, talks with adolescents revealed a variety of misconceptions concerning the risks of delayed sexual debut and condom use (Muhwezi, W. W. et al., 2015).
Secondly, adolescents trusted that their parents were more likely to give them accurate and good advice, a fact already established in another study by Muhwezi, W. W et al., 2015. It is therefore vital to improve discussions between adolescents and their primary caregivers about SRH issues.

During data collection, instances of misconstruing the researchers as designated representatives of a bilateral partner seeking to bolster the financial base of participating schools were noted. According to Muhwezi, W. W et al., 2015, the reception often extended was cordial and anticipatory. Therefore, it is possible that participants' responses could have been influenced by the desire to please the researchers for a secondary gain. The researchers had to assure study participants about who they were and the purpose of the research. Muhwezi, W. W et al., 2015.

GENERALIZABILITY.

It is not possible to make definitive generalizations from a study like this since the focus was on only four schools, and given the study design, this is untenable.

LIMITATION.

We acknowledge this as a limitation by not selecting study participants from privately-run secondary schools because of differences in parent-adolescent interaction dynamics.

CONCLUSION.

Parents need to understand that when young people ask questions about relationships, sex, or condoms it is not necessarily because they are planning or are already engaged in relationships and sexual activity. They should instead encourage them to ask questions and seek clarifications since in doing so, the adolescents will be able to access more accurate information and dispel many of the misconceptions and incorrect information that surround the sexual use of condoms.
The study showed that perhaps, conversations on SRH issues between children and their parents could start when children become aware of their sexuality and body parts. Waiting for adolescents to start the discussions is too late since there are many other sources of information on relationships and sex some of which are incorrect. Parents need to understand that keeping silent, does not necessarily mean that other agents of socialization are not communicating with their children.
Young people could be exposed to wrong information depending on the source of information. Consistent with the purpose of the PREPARE project, information from this formative research was vital in the understanding of context and ensuring that the intervention which was ultimately developed addressed barriers and facilitators to the promotion of adolescent-parent communication on SRH issues (findings from PREPARE intervention are in an upcoming paper reported elsewhere).

RECOMMENDATION.

To the Government.

This paper provides new knowledge to the government sectors mainly on the Ministry of Health on whether and how parents/caregivers communicate sexual and reproductive health-related matters with adolescents in rural and urban areas. It highlights the contents of this discussion, when it happens, including topics that are considered taboos, and factors that trigger such communication to improve adequate extension services to

the villages and urban centers about sexual reproductive health.

It also examines gendered perceptions of the roles of parents in communicating sex-related matters with adolescents.

To the Researcher.

Researchers should use this information for decision-makers in choosing strategies for improving parent-child communication regarding SRH matters. Implementation scientists may also find this paper useful for designing strategies to improve adolescents' access to sexual and reproductive health information.

Future research can do better by enlisting more groups of study participants, more schools including some privately owned ones, and using more methods to collect and analyze the diverse data.

To the Nursing Education.

The majority of adolescents preferred their peers over parents to discuss all SRH issues; so, incorporating a peer-to-peer sexuality education program into the school curriculum is needed and should be done.

ACKNOWLEDGMENT.

I am humbled to acknowledge the Almighty God for the blessings, protection, wisdom, and knowledge He has rendered to me since day one when I started this journey.

I express my sincere and heartfelt appreciation to my dear father and mother for being there for me all the time, May God continue blessing them abundantly.

Lastly, I extend my heartfelt appreciation to my mentor Mr. Andrew Natwijuka who tirelessly has rendered his efforts to mentor me in this research Journey.

LIST OF ACRONYMS.

SRH Sexual Reproductive Health
HIV Human Immunodeficiency Virus
AIDS Acquired Immune Deficiency Disease Syndrome
WHO World Health Organization
UBOS Uganda Bureau of Statistics.
MOH Ministry of Health
MOE Ministry of Education

SOURCE OF FUNDING.

The study had no funding.

CONFLICT OF INTEREST.

The author declares no competing interests.

REFERENCES.

1. UNFPA, Adolescent Sexual and Reproductive Health: A Companion to the Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings, UNFPA, New York, NY, USA, 2009.
2. Svanemyr, Joar & Amin, Avni & Robles, Omar & Greene, Margaret. (2015). Creating an Enabling Environment for Adolescent Sexual and Reproductive Health: A Framework and Promising Approaches. The Journal of Adolescent Health: official publication of the Society for Adolescent Medicine. 56. S7-S14. 10.1016/j.jadohealth.2014.09.011
3. Rosen JE. Adolescent Health and Development (AHD): A Resource Guide for World Bank Operations Staff and Government Counterparts. 2004.
4. Promoting adolescent sexual and reproductive health through schools in low-income countries: an information brief. Geneva: WHO; 2009
5. Jerman P, Constantine AN. Demographic and psychological predictors of parent-adolescent communication about sex: a representative statewide analysis. J Youth Adolescence. 2010; 39:1164-. PubMed | Google Scholar
6. L'engle KL, Jackson C. Socialization influences on early adolescents' cognitive susceptibility and transition to sexual intercourse. Journal of Research on Adolescence. 2008;18(2):353-78. Google Scholar
7. Harrison, M. Newell, J. Imrie, and G. Hoddinott, "HIV prevention for South African youth: which interventions work? A systematic review of current evidence," BMC Public Health, vol. 10, no. 102, pp. 1–12, 2010.
8. Dagnachew Adam, N., Demissie, G. D., & Gelagay, A. A. (2020). Parent-Adolescent Communication on Sexual and Reproductive Health Issues and Associated Factors among Preparatory and Secondary School Students of Dabat Town, Northwest Ethiopia. *Journal of environmental and public health*, *2020*, 4708091. https://doi.org/10.1155/2020/4708091
9. Sagnia PIG, Gharoro EP, Isara AR. Adolescent–parent communication on sexual and reproductive health issues amongst secondary school students in Western Region 1 of The Gambia. Afr J Prm Health Care Fam Med. 2020;12(1), a2437. https:// doi.org/10.4102/phcfm. v12i1.2437
10. Gallegos, Esther & Villarruel, Antonia & Gómez, Marco & Onofre-Rodríguez, Dora & Zhou, Yan. (2007). Research Brief: Sexual Communication and Knowledge Among Mexican Parents and Their Adolescent Children. The Journal of the Association of

Nurses in AIDS Care: JANAC. 18. 28-34. 10.1016/j.jana.2007.01.007.

11. Pulerwitz, Julie & Dworkin, Shari. (2006). Give-and-Take in Safer Sex Negotiations: The Fluidity of Gender-Based Power Relations. Sexuality Research and Social Policy. 3. 40-51. 10.1525/srsp.2006.3.3.40.
12. Tesso, D.W., Fantahun, M.A. & Enquselassie, F. Parent-young people communication about sexual and reproductive health in E/Wollega zone, West Ethiopia: Implications for interventions. *Reprod Health* 9, 13 (2012). https://doi.org/10.1186/1742-4755-9-13
13. Panda, A., Parida, J., Jena, S. *et al.* Perception, practices, and understanding related to teenage pregnancy among the adolescent girls in India: a scoping review. *Reprod Health* 20, 93 (2023). https://doi.org/10.1186/s12978-023-01634-8
14. Christine M. Markham, Donna Lormand, Kari M. Gloppen, Melissa F. Peskin, Belinda Flores, Barbara Low Dr.P.H, and Lawrence Duane House. (2010) Connectedness as a Predictor of Sexual and Reproductive Health Outcomes for Youth.
15. 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), 77. https://doi.org/10.1186/1742-4755-11-77
16. Muhwezi, W. W., Katahoire, A. R., Banura, C., Mugooda, H., Kwesiga, D., Bastien, S., & Klepp, K. I. (2015). Perceptions and experiences of adolescents, parents, and school administrators regarding adolescent-parent communication on sexual and reproductive health issues in urban and rural Uganda. *Reproductive health*, *12*, 110. https://doi.org/10.1186/s12978-015-0099-3
17. Research Methods, Statistics & Evaluation Spring 2018. Sage pub. com https://us.sagepub.com/en-us/nam/home

Publisher details.