

**Reproductive health communication  
between parents and adolescents in North Okkalapa Township**

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Adolescents usually get reproductive and sexuality information mainly from their friends and media, mainly popular print and electronic media. In fact, the family members, especially parents, are often influential sources of knowledge, attitudes and values related to reproduction and sexuality. However, they tend to shy away from actively communicating with adolescents mainly because they lack accurate information about adolescent reproductive issues and skills to communicate these sensitively with their children. The objective of the study was to provide the description of level of communication and identify some associated factors of reproductive health communication between their parents and their adolescents. The face-to-face interviews were done with 91 parents who have at least one adolescent (10-19 years old) child. They were interviewed about their communication on reproductive health and their knowledge, perception and practices related to reproductive health. Eighty-seven percent of the parents communicated on reproductive health issues at least 1 time with their adolescent child during last 6 months but only 30% of the adolescent children communicated on reproductive health issues 4 times and more with their parents during that period.

## INTRODUCTION

According to United Nations Demographic Year Book, youths aged 15-24 years constitute about 19% of the total population in Myanmar [1], and 10-19-year-old adolescents form about 20.5% of the population. In Myanmar, the importance of the reproductive health of adolescents and young people is well acknowledged by the government and highlighted in the 'Myanmar Reproductive Health Policy'. There is increasing awareness of the importance of sexual and reproductive health in adolescents worldwide. They are likely to encounter a variety of developmental issues. Among them, reproductive health is one of such major concerns. It is essential that teenagers are equipped with basic knowledge on their reproductive health so that they would be able to make meaningful choices and decisions on matters

concerning their future. Adolescents are vulnerable to sexually transmitted diseases (STDs) including HIV/AIDS and they usually lack accurate information on reproductive health. The Reproductive Needs Assessment (1999) indicated deficiency in RH information among Myanmar adolescents [2].

Most adolescents usually get reproductive and sexuality information mainly from their friends and, to some extent from the media, mainly popular print and electronic media. Nowadays in Myanmar, adolescent reproductive health information and services are being given by various organizations, both private and public, and in most cases the main approach used is peer education. There is a consensus that, to promote the reproductive health, it is needed to address at multiple levels: individual, relational (partner, family), community/institutional and structural (legal, political, economic) [3].

Programme interventions for adolescent reproductive health usually focus on the individual level to increase the knowledge and behaviour change. However, the family level is often overlooked or not properly addressed by the programmes. Expanding the programmatic approach from the individual level to family level may be a more holistic approach, covering the issues like social and relational factors which may be missed when only the individual level is focused.

In fact, the family members, especially parents, are often influential sources of knowledge, attitudes and values related to reproduction and sexuality. Therefore, there is increasing focus on the parents' involvement and their role in adolescent reproductive health. Strong and supportive relationship between youth and parents is essential for emotional and social development of youth. Moreover, parents are role models who shape young people's perception of gender roles and influence the choices that youths make about their own sexual behaviour [4].

However, they feel uncomfortable and tend to shy away from actively communicating with adolescents mainly because they lack accurate information about adolescent reproductive issues and the skills to communicate them sensitively with their children. Conventionally, open discussions do not usually take place between adolescent children and parents/guardians, and parents do not feel free to initiate conversations on sexual and reproductive health even if they think it is necessary to talk with their children regarding these matters. In a study conducted in Myanmar in 1997 on the role of guardians in adolescent reproductive health behaviours, most of the guardians approved of sex education for the adolescents through media, but they did not allow their teens to discuss these matters in front of them or with others [5]. Some 36% were willing to talk with their children about sexual and reproductive health if they were asked. Another study exploring the adolescents reproductive

health needs showed that youths were unlikely to communicate with or receive support from parents [6].

There is some evidence that teens who live in stable family environments and are close to their parents are more likely to remain sexually abstinent, postpone intercourse, have fewer partners, and use contraception [7, 8, 9, 10]. Teens who feel they can talk to their parents in general are more likely to delay sexual intercourse [11].

So, a parental intervention study was carried out in North Okkalapa Township in 2007 to assess the effectiveness of adolescent reproductive health training of parents on reproductive health communication between adolescents and their parents. The main component of the intervention was ARH training of parents mainly covering ARH information, communication skills and parenting skills.

Based on the findings of the preintervention assessment of the parental intervention study, this study tries to describe the level and patterns of reproductive health communication between parents and adolescents and identify some factors associated with this communication.

#### *General objective*

- To describe the level of communication and identify some associated factors of reproductive health communication between parents and adolescents in North Okkalapa Township

#### *Specific objectives*

- To determine the level of knowledge of adolescent reproductive health among the parents of adolescents
- To explore attitudes of parents to communication about reproductive health matters with adolescent children
- To describe level of reproductive health communication between parents and adolescents
- To identify some associated factors of reproductive health communication between parents and adolescents

## MATERIALS AND METHODS

### *Study design*

A cross-sectional study was performed among the parents of adolescents in North Okkalapa Township.

### *Sample size*

This study was the pre-intervention (baseline) assessment of an intervention study for parents. The sample size calculation was originally done for assessing the intervention. We used the proportion of parents who communicate with their adolescent child (ren) on reproductive matters as the variable of main interest for assessment. We assume conservatively that this main variable before the intervention, that is,  $P_1$  is 0.50 because we do not find information on the proportion of parents who communicate with their adolescent children on reproductive matters and that proportion will at least 25% higher at the comparison area at the post test (that is  $P_2=0.75$ ).  $P$  will be 0.615  $[(0.75+0.5) /2]$ . If we take alpha error as 5% and beta error as 10%,  $Z\alpha$  will turn out to be 1.96 and  $Z\beta$  1.28. Assuming non-response rate as 15%, the required sample size was 91.

### *Subject recruitment*

We recruited parents for the study from 12 wards of North Okklapa Township, who had at least one adolescent child aged 10 to 19 years. In each ward, we randomly selected 8 households from the list of households with at least one adolescent child. Then from the selected households we recruited into the study either parent (father or mother) who agreed to participate in the study. When we could not get required number of parents in a ward, we recruited more parents from the nearest selected ward. Finally we recruited 91 parents into the study.

### *Data collection*

Data were collected by the trained interviewers during July 2007, using a pre-tested structured questionnaire. The trained interviewers collected data on background characteristics, knowledge of reproductive

health, communication on RH matters between parents and adolescents and attitudes of parents to RH communication between parents and adolescents.

### *Data management and analysis*

The completed questionnaires were checked daily for completeness and consistency by the supervisors during data collection and errors were corrected accordingly. Data from the completed questionnaires were entered into the computer using data checking system. The background characteristics were described with proportions. Knowledge level of adolescent reproductive health of parents, attitudes to reproductive health communication with adolescent children and communication of reproductive health matters between parents and adolescents were calculated using proportions. Knowledge level of adolescent reproductive health of parents was compared between sexes, educational status and income levels.

## RESULTS

### *Background characteristics*

There were 10 fathers (11%) and 81 mothers (89%) participating in the study. About half of the parents were in their forties and most respondents were mothers over 40 years old. Most respondents were middle or higher school level and housewives. Monthly household income was shown in quintiles (one-fifths of population arrayed in ascending order of income amount) and most respondents' household earn lower than 100,000 kyats monthly. The parents in 1<sup>st</sup> income quintile had monthly household income of 15,000-60,000 kyats and those in 5<sup>th</sup> income quintile had monthly household income of 150,001-900,000 kyats.

### *Knowledge of adolescent reproductive health*

Table 1 shows knowledge level of 3 main areas of reproductive health among parents by selected socioeconomic characteristics. High level of knowledge of pubertal changes, contraceptive and HIV/STIs is defined as

Table 1. Knowledge level of adolescent reproductive health (ARH) among the parents by their education and income level, North Okkalapa Township, 2007

	High knowledge of puberty (%)	High knowledge of contraceptive (%)	High knowledge of HIV and STIs (%)	Overall high knowledge of ARH* (%)
<i>Education</i>				
Primary (n=14)	2 (14.3)	1 (7.1)	1 (7.1)	1 (7.1)
Middle (n=30)	6 (20.0)	3 (10.0)	6 (20.0)	4 (13.3)
Higher (n=39)	12 (30.8)	9 (23.1)	4 (10.3)	6 (15.4)
University (n=8)	1 (12.5)	1 (12.5)	1 (12.5)	0 (00.0)
<i>Income quintile</i>				
1st (n=27)	6 (22.2)	1 (3.7)	2 (7.4)	1 (3.7)
2nd (n=11)	3 (27.3)	3 (27.3)	2 (18.2)	3 (27.3)
3rd (n=24)	6 (25.0)	5 (20.8)	2 (8.3)	2 (8.3)
4th (n=15)	2 (13.3)	2 (13.3)	3 (20.0)	2 (13.3)
5th (n=14)	4 (28.6)	3 (21.4)	3 (21.4)	3 (21.1)
Total (n=91)	21 (23.1)	14 (15.4)	12 (13.1)	11 (12.1)

correct answers to over half of 33, 11 and 13 questions on pubertal changes, contraceptive and HIV/STIs, respectively. High level of overall ARH knowledge is defined as correct answers to over half of 57 reproductive health knowledge items. Only a few parents had high level of knowledge on reproductive health. There is no definite linear trend of increase in knowledge level along increasing trend of education level or income quintile. The difference in knowledge levels between varying education levels and income quintiles is not statistically significant at 0.05 level.

#### *Attitudes to communication of reproductive health*

Almost all parents in the study thought that it is a good thing to communicate about reproductive health matters with adolescent children. Most parents believed that their adolescent children would come to them for information on reproductive health matters they want to know. But self-efficacy level of parents in communicating RH matters with adolescents was low (35%) (Table 2).

Table 2. Attitudes to RH communication between parents and adolescents, North Okkalapa Township, 2007

	Fathers (%) (n=10)	Mothers (%) (n=81)	All parents (%) (n=91)
I agree that we should discuss with our adolescent children on reproductive health matters	10 (100.0)	79 (97.5)	89 (97.8)
I think my adolescent children will come and discuss with me if they want to know about some RH matters.	5 (50.0)	64 (79.0)	69 (75.8)
I can discuss well with my adolescent child on RH matters.	4 (40.0)	28 (35.0)	32 (35.2)

Table 3. Communication of parents about reproductive health with adolescent children, North Okkalapa Township, 2007

Communication pattern	Not at all in previous 6 months (%)	1-3 times in previous 6 months (%)	4+ times in previous 6 months (%)
RH communication with adolescent sons (n=62)	36 (58.1)*	20 (32.3)	6 (9.7)
RH communication with adolescent daughters (n=69)	12 (17.4)*	36 (52.2)	21 (30.4)
RH communication with adolescent children (n=91)	12 (13.2)	51 (56.0)	28 (30.8)

\*Chi-squared =23.3, P=0.0001

#### *Parent-adolescent communication*

Table 3 shows the communication of parents about reproductive health matters with adolescent children in previous 6 months. Over 80% of the parents talked at least one time with their adolescent children. But level of communication between parents and their adolescent daughters (82.6%) was much higher than that between parents and their adolescent sons (42%). This finding may partly be affected by the fact that mothers made up the great majority of the study population.

#### *Topics of parent-adolescent communication*

The most frequently communicated topic with adolescent sons was HIV and STIs followed by romantic love, practice of abstinence, condom use, reproductive organs and contraceptives. The most frequently com-

municated topic with adolescent daughters was menstruation followed by HIV and STIs, romantic love, pubertal changes and reproductive health organs. In fact, more important topics for preventive behaviour like condom use and contraceptive use were not common ones for communication between parents and adolescents.

Table 4. Associated factors for parental communication with adolescent children, North Okkalapa Township, 2007

Characteristics	Number of parents who communicated RH matters with adolescent children (%)	p value
<b>Sex</b>		
Fathers (n=10)	8 (80.0)	0.50
Mothers (n=81)	71 (87.7)	
<b>Age (years)</b>		
30-39 (n=13)	11 (84.6)	0.53
40-49 years (n=51)	46 (90.2)	
50+ years (n=27)	22 (81.5)	
<b>Education</b>		
Primary (n=14)	14 (100)	0.16
Middle (n=30)	26 (86.7)	
Higher (n=39)	31 (79.5)	
University (n=8)	8 (100)	
<b>Income quintile</b>		
1 <sup>st</sup> (n =27)	25 (92.6)	0.52
2 <sup>nd</sup> (n =11)	10 (90.9)	
3 <sup>rd</sup> (n =24)	19 (79.2)	
4 <sup>th</sup> (n =15)	12 (80)	
5 <sup>th</sup> (n =14)	13 (2.9)	
<b>Knowledge of reproductive health</b>		
Low (n=80)	69 (86.3)	0.6
High (n=11)	10 (90.9)	
<b>Self-efficacy to communicate with adolescent children</b>		
Low (n=59)	47 (79.7)	0.006
High (n=32)	32 (100)	

#### *Associated factors for parental communication with adolescent children*

Table 4 shows association between parental communication with adolescent children and some selected characteristics. Age, sex, education level, income level and knowledge level of reproductive health have no significant association. But high level of self-efficacy of parents to communicate with

adolescent children was significantly associated with high level of communication with adolescent children on reproductive health matters.

## DISCUSSION

In Myanmar society, parents and children rarely discuss on reproductive health issues as this is perceived as an inappropriate thing to talk and is culturally sensitive. This study tried to find out the level of communication between parents and their adolescent children on reproductive health, as part of an intervention to promote the RH communication among the family members. The findings indicated that most parents in the study talked with their adolescent children about reproductive health matters. They talked more with adolescent daughters on reproductive health matters than with adolescent sons. This finding is partly attributable to the fact that most parents in the study were mothers. Maybe one explanation is that mothers think daughters are more vulnerable to bad consequences of inappropriate reproductive decisions and are more likely to communicate reproductive health issues with daughters.

Traditionally, mothers talk with their daughters about nature of menstruation, how to keep clean and to make it unseen and unknown to male members of the family. And this seems to be the least sensitive RH issue to talk between mother and daughter. Expectedly, this study also found out that menstruation is the most frequently discussed topic with the adolescent girls (84.2%) followed by the topic on HIV/AIDS (26.3%). With the adolescent boys, HIV/AIDS is the most discussed RH issue followed by romantic love and abstinence.

The high overall level of parental communication about reproductive health (over 80%) is mainly due to the discussion of HIV/STIs in boys and menstruation in girls. Level of communication about other important topics like condom and contraceptive use and pubertal changes was low. So their

reproductive health communication did not cover all important areas of adolescent reproductive health. A study conducted in Mandalay between father-son pairs in 2005 also revealed that only 23% of fathers talked about condom during sex to their sons [12].

All parents felt the need that they should discuss with their adolescent children on reproductive health matters. However, their knowledge of reproductive health and their self-efficacy about communicating with adolescent children was low. Only 12.9% of the study population had high ARH knowledge, however, the study revealed that there is no association between the level of knowledge and communication. Majority of parents with low level of knowledge are found to be communicating with adolescents on RH issues.

These findings indicate that parents need informational support and communication skills building to successfully communicate correct reproductive messages to their adolescent children. So, it is clear that it is necessary to introduce innovative parental interventions that equip them with essential adolescent reproductive health information and communication skills with adolescents to contribute to healthy and happy development of adolescents.

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