

ASSESSMENT OF HOW PARENTS COMMUNICATE SEXUAL AND REPRODUCTIVE INFORMATION WITH THEIR ADOLESCENTS IN KIBERA SLUMS, KENYA

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Abstract

This article discusses the ways in which parents communicate sexual and reproductive information with their adolescent children in Kibera slums in Kenya. It examines how parents expose their adolescents to sex education. This includes the level when exposure to sex education occurred, frequency of receiving or giving Sex Education, topics in sex education, location of sex education sessions, comfort with the location of sex education sessions, and method of discussing sex related issues. The study used mixed method research design. Qualitative data was collected using key informants and focus group discussions. The key informants included the local influential persons and children's department staff who are involved in young people's social welfare, in Kibera slums. The focus group discussion comprised of about 8-10 parents and adolescent participants. Quantitative data was collected using the survey method, during which questionnaires were administered to 116 household heads and 168 adolescents in Kibera slums. The study found out that majority (50.7%) of the adolescents were exposed to sex education while 32.3% of the parents had exposed their children to sex education. The most common method used by parents to discuss sex related issues with adolescents is dialogue or discussion. The study also found out that Parent-adolescent communication on sexual and reproductive information usually takes place at home.

Key words: *Exposure to sex education, Level of sex education, Frequency of sex education, Topics in sex education, location of sex education and methods of sex education*

Introduction

Parent-adolescent communication is an appealing source for influencing adolescents' knowledge, attitudes and behavior, because parents are an accessible and often willing source of information for their children. A US study sought to understand the predictors of father/son sexuality communication and found that fathers were more likely to initiate sexuality communication if they perceived that their son was maturing sexually. The authors of this study suggested that sexual maturity might be a trigger for communication about sexuality (Ferguson et al., 2008). Byers, Sears & Weaver (2008) surveyed over 3000 parents and found that parents reported talking more to girls about five topics: reproduction, puberty, coercion and assault, abstinence, and sexual decision-making (Fingerson, 2005).

Hoffman & Futtermann (1996) have noted that adults often hold ambivalent attitudes towards young people, viewing them simultaneously as ‘small’ adults and as immature inexperienced and untrustworthy children. They have also noted that many adults also have difficulty acknowledging adolescents as sexual beings, and therefore adolescent sexuality is viewed as something that must be controlled and restrained. Miller et al (1998) reckon that parents are in a unique position to help socialise adolescents into healthy sexual adults, by providing accurate information about sex and by fostering responsible sexual decision making skills. Parents can tailor the presentation of information to be consistent with their own values and also relevant to the life circumstances (social and familial context) of the adolescent (Jaccard et al., 2002).

In an initiative to promote SRH communication between parents and young people young parents were trained to be “friends of youths” in a reproductive health youth project in Nyeri Municipality, Kenya. Outcomes included increased communication between youth and parents and other adults on sexual health; delayed initiation of sexual intercourse; increased abstinence among sexually experienced youth; reduced number of sexual partners and increased condom use (Alford et al., 2005).

Ways in which parents communicate sexual and reproductive information with adolescents

Gender differences have been reported concerning young people’s preferences about, and experiences of, communication with their parents, but it is of note that most studies have focused on what young people want, rather than on what parents actually do. Young men consider their parents an important source of information. However, compared to young women, few boys report learning mostly from their parents about sex (Constantine et al., 2007). Communication between parents and their sons is noted to be infrequent. For example, Nolin (2002) reported that only half of the boys in their study had engaged in a conversation with their parents about sex, social issues relating to sex, or contraception. Other studies have reported that the majority of parents had never had a meaningful discussion with their sons about sex, safe sex, sex before marriage or peer pressure (DiIorio et al., 2000; Eisenberg et al., 2006)

A study by Eisenberg et al (2006) that sought to understand boys’ communication with their parents reported that, of the almost 300 college students who were asked retrospectively what their parents had told them about sex, nearly a quarter answered ‘nothing’ (Eisenberg et al., 2006). Of those who did recall discussing sexuality with their parents, the majority responded that the messages were negative and cautionary in nature. The most common message from parents involved the encouragement of contraception and STI protection. The second most common message involved abstinence until marriage and/or until a loving relationship. Participants also reported receiving general advice about how to behave on a date. They also recalled receiving mainly ‘book knowledge’ from their parents, that is, information from educational videos and books about human reproduction ((Eisenberg et al., 2006).

A study by Aapola et al (2005) found out that, while young people related both positive and negative experiences, a number said that they had not benefitted from parental education in sexual health.

The role of fathers in sexuality education with their children has not been extensively researched, but Epstein & Ward (2008), did look specifically at this role. The researchers interviewed family members individually, adolescents, male and female parents and asked them to describe, interpret

and justify family communication about sexual issues. All participants in the research acknowledged that talking about sexuality was difficult, and some young people thought that their fathers avoided the topic. Fathers were characterized by the researchers as frequently being puzzled, confused or concerned about their family communication about sexuality.

Some fathers blamed the inadequate education they themselves had received as adolescents, and were angry that they could not overcome what they saw as their limitations with their children. Kirkman et al., (2002) suggested that puberty may disrupt father-child relationships, particularly father and daughter relationships, and that this may be due to the intrusion of sexuality, which complicates their relationships. The authors also draw a distinction between sexuality and intimacy and suggest that many fathers assign anything to do with intimacy to the female parent. They further argue that, if men are to become more effective communicators with their children about sexuality, it may be important to recognize not only the difference between sexuality and intimacy, but also the complex links between them (Epstein & Ward, 2008)

Ferguson et al (2008) sought to understand the predictors of father/son sexuality communication and found that fathers were more likely to initiate sexuality communication if they perceived that their son was maturing sexually. The authors of this study suggested that sexual maturity might be a trigger for communication about sexuality. Byers, Sears & Weaver (2008) surveyed over 3000 parents and found that parents reported talking more to girls about five topics: reproduction, puberty, coercion and assault, abstinence, and sexual decision-making (Fingerson, 2005).

A study by Finkelhor, (1994) reported that around half of 16 to 18 year old students had talked to their parents about sex (47%), contraception (52%), or HIV and STIs (56%). While 69% of students in this age bracket reported they trusted their mother as a source of information about sex, contraception and HIV and STIs, only 56% had actually used them as a source of information. The figures for fathers are much lower, 48% of 16 to 18 year old students reported they trusted their father, but only 31% had actually used them for information. It is the female parent who is more likely to communicate with children in the family about sexuality and relationships (Frankham, 2006). Young people have been found also to prefer to communicate about sex with their mother rather than their father. It should be noted, however, that conversations between parents and adolescents about their sexuality in particular are often difficult for both parents and adolescents (Botchway, 2004).

Parent-adolescent communication on sexual and reproductive behaviour

The reported degree of communication that occurs between parents and adolescents relating to sexuality varies, although broad patterns do emerge in Western countries where such research has been undertaken. Irish data on this issue has emerged in recent years from a number of surveys. For example, MacHale and Newell (1997) found that 37% of respondents cited parents as their primary source of information about sexual matters. Their data were gathered using self-administered questionnaires completed by 2,754 Galway-based pupils (aged 15-18 years). A limited degree of Parent-adolescent communication was also evident in a study on Sexual Health and Relationships (ISSHR) - a nationally representative, retrospective telephone survey of 7,441 adults undertaken in 2004/2005, which provides details of the sexual experiences of those aged between 18-64 years of age. (Rundle and McGee, 2008)

The study found that a minority of men (11.3%), and almost twice as many women (21.2%) received sexual and reproductive health information at home. Notwithstanding the fact that younger respondents reported receiving more parent-adolescent communication at the family level, just 20.8% of young men aged between 18-24 years reported receiving communication on sexual and reproductive behavior at home. This compares to 37.5% of young women aged between 18-24 years (Rundle, Layte and McGee, 2008). Schubotz Rolston and Simpson's (2004) studied the sexual attitudes and lifestyles of young people (aged 14-25 years) in Northern Ireland also reported that friends (80.4%), followed by school (74.4%), were their most important source of sexuality education, with parents providing a good deal less. Data for this study were gathered from 1,013 young people.

Results of a survey conducted in to investigate the sexual health of Scottish school children indicated that just 7.5% of boys and 14.1% of girls identified their parents as their main informants on sexual matters (Todd, Currie and Smith 1999). Another survey conducted in Ireland by Hyde et al., 2009 similarly found relatively low levels of parent-adolescent communication, with almost half of young people (46%) in the survey indicating that they had received 'no' or 'not a lot' of information on sex and relationships from their parents. (Hyde et al., 2009)

A study involving 6,527 undergraduate students who completed a questionnaire about sexuality at a Midwestern university in the US from 1990 to 2006 (cohorts of students taking a particular module were invited to complete the same questionnaire each year over a 17-year period), found that respondents received more sex education from peers and the media than from parents (Sprecher, Harris and Meyers, 2008). Epstein and Ward's (2008) survey of 286 male undergraduates enrolled in a psychology course, also at a Midwestern university in the US, similarly showed that participants reported receiving less sexual and reproductive information from their parents than from either peers or the media. In fact, a significant number of participants (almost a quarter) reported that their parents had told them "nothing" about sex and relationships, and where parents did address sexuality issues, the messages received primarily concerned encouraging the use of contraception when having sex. (Epstein and Ward, 2008)

Rosenthal and Feldman's (1999) survey of 298 Australian 16-year-old high-school students examining the frequency and importance of mother and father communication about 20 different sex-related topics, reported an infrequency of reported communication between parents and adolescents on sexuality. (Rosenthal and Feldman, 1999) For 75% of the topics, across four sexual domains, a majority of adolescents reported that these had never been discussed by fathers, or by mothers of sons. Even among mother-daughter dyads, where communication was most frequent, the majority of girls reported that their mothers had never discussed one-third of the topics with them (Rosenthal and Feldman, 1999)

Eisenberg, Sieving, Bearinger, Seain, and Resnick (2006), drawing on data from telephone surveys conducted with 1,069 parents of adolescents (aged between 13-17 years) noted that, of the topics covered in their research, parents were most likely to engage in a "great deal" of discussion about the consequences of pregnancy (49.6%) and the dangers of sexually transmitted infections (STIs) (41.4%). However, relatively few parents had actually discussed with their children, to any great extent, how to obtain condoms (12.3%) or other forms of birth control (11.7%). In fact, while just 6.2% of parents had not discussed at all the dangers of STIs and 6.4% the consequences of pregnancy with their adolescents, 55.1% had not communicated with their teenager about where to get condoms and 56.1%, other forms of birth control. Therefore, while parents most commonly

discussed the possible negative consequences of sexual activity, parents were much less likely to discuss ways of preventing these consequences, with just one in four discussing (to at least a moderate amount) ways to access birth control (Eisenberg, Sieving, Bearinger, Seain and Resnick, 2006).

The broad picture emerging from these studies is that parents do not tend to feature strongly relative to other sources of sexual and reproductive information, namely friends, school and the media.

Adolescents and their desire for parent-adolescent communication

The evidence that parents do not feature strongly as a source of information about sex for young people relative to other sources begs the question as to whether or not young people would like a greater input from their parents on the issue. The available data appears to suggest that they do not particularly want more sexual information from parents. For instance, when asked to identify the sources from which they would like to learn more about sex, the first choice for 40.3% of the young people in Northern Irish study research was the school. This is significantly greater than the number who sought more information from parents; 21.9% of all first-choice answers. (Rolston et al., 2005)

Rosenthal and Feldman's (1999) also raise questions as to young people's desire for parental input on sexual matters, particular in relation to the private aspects of sexual experience. On the whole, while adolescents reported that their parents did not deal with sexual issues, in most cases, they stated that they did not feel it was important for parents to address these issues (Rosenthal and Feldman, 1999). In fact, these adolescents attached very little importance to parental input about private areas of sexuality, including engaging in sex within a relationship and solitary sexual activity. By contrast, parental communication about matters of sexual safety was accorded a more significant role by respondents.

Most of this sample reported that parents were not their preferred source of information or influence concerning sexuality, and by corollary, most parents did not offer themselves in this regard, save (to a small extent) in areas where safety issues arose. For Rosenthal and Feldman (1999), the provision of sexual and reproductive information by parents involves not simply the dissemination of information on the part of parents, but also necessitates receptivity on the part the listener. So, while adolescents may accept advice and information from parents within some sexual domains, most notably in areas concerning sexual safety, within other areas parental input may be perceived as inappropriate and irrelevant (Rosenthal and Feldman, 1999).

Methodology

The study employed a mixed methods design. The essential goal of mixed methods research is to tackle a given research question from any relevant angle, making use where appropriate, of previous research and/or more than one type of investigative perspective. Mixed methods research offers you the best of both worlds: the in-depth, contextualized, and natural but more time-consuming insights of qualitative research coupled with the more-efficient but less rich or compelling predictive power of quantitative research.

According to Mugenda and Mugenda (2003), the advantage of a mixed methods approach is that it balances efficient data collection and analysis with data that provides context. Quantitative data quickly and efficiently captures potentially large amounts of data from large groups of stakeholders.

Qualitative data provides the contextual information and facilitates understanding and interpretation of the quantitative data. (Berg, 2004)

The researcher used two sampling techniques namely; cluster sampling technique and simple random sampling. In cluster technique, the total population is divided into groups (or clusters) and a simple random sample of the groups is selected. Then the required information is collected from a simple random sample of the elements within each selected group. This may be done for every element in these groups or a subsample of elements may be selected within each of these groups (Saifuddin 2009). In addition, simple random sampling is chosen among the objects since it allocates the objects equal opportunity of being sampled (Bryman 2008). Therefore the target constituents population were divided into fourteen clusters according to the 14 villages of the slum (Kianda, Soweto East, Soweto West, Gatwekera, Kisumu Ndogo, Kambi Muru, Lindi, Laini Saba, Siranga, Makina, Mashimoni, Kichinjio, Olympic and Raila) while the target officials into 2 strata (5 local influential persons and 3 out of 10 children's department staff). With a target sample of 384 respondents, 28 households were randomly picked from each village comprising of 1 household head (parent) and 1 adolescent.

In qualitative data, purposive sampling technique was used to select a sample of 5 local influential persons (village elders, women group leader, Chief, headman) and 3 out of 10 children's department officials. This sample of respondents was used in the key informant guide. Further 10 parents and 10 adolescents were purposively sampled who were divided into five (5) groups who formed focus group discussion.

Qualitative data was collected using key informant interviews and focus group discussions. An interview guide is a tool used to interview a selected group of individuals who are likely to provide needed information, ideas, and insights on a particular subject. Key informants included the local influential persons and children's department staff who are involved in young people's matters. In this research 8 members were interviewed which was done through face to face interviews. This type of method is important because one can get in-depth information.

In the study area, 4 focus group discussions were held. Every focus group discussion comprised of about 8-10 parents and adolescent participants. This was done to facilitate the discussion due to their familiarity and better understanding, especially on sensitive issues such as the changes in lifestyles. The focus group is imperative in any study since it enables the research scientist to compare the outcome of the discussions with the responses given in the questionnaires. This enables the researcher to come out with a consensus. In addition, it enables the researcher to observe the participants' first reactions to sensitive issues (Nachmias, 1996).

Quantitative data was collected through the survey method by use of questionnaires. The questionnaires were delivered and collected after a few days. Both open-ended and close-ended questions were asked. Questions were clearly phrased in order to make clear dimension along which respondent to analyze. Closed ended questions were used to ensure that the given answers were relevant. The questionnaires were used because they allowed the respondents to give their responses in a free environment and help the researcher get information that would not have been given out had interviews been used .The questionnaires were used because they allowed the respondents to give their responses in a free environment and helped get information that would not have been given out through interviews (Bryman, 2008).

Study findings

Exposure to sex education

The study sought to investigate whether adolescents had been exposed to any sex education by their parents and whether the parents they had exposed their children to any sex education.

The findings indicate that majority (50.7%) of the adolescents were exposed to sex education while 32.3% of the parents had exposed their children to sex education. 8.5% of parents and adolescents each had no exposure to sex education.

This implies that adolescents are exposed to sex education. This contrasts the findings by Schubotz Rolston and Simpson's (2004) study of the sexual attitudes and lifestyles of young people (aged 14-25 years) in Northern Ireland also reported that friends (80.4%), followed by school (74.4%), were their most important source of sexuality education, with parents providing a good deal less.

The respondents' adolescents who agreed to have been exposed to any sex education by their parents were requested to indicate at what level the exposure occurred. Similarly, the parents, who agreed to have exposed their children to sex education, were also requested to indicate at what level the exposure occurred. A summary of the findings is as shown in table 1

Table 1: Level when exposure to sex education occurred

Level of Exposure	Percentage (%)			Number of respondents		
	Household head	Adolescent	Total	Household head	Adolescent	Total
Primary School	6.3	3.2	9.5	18	9	27
Secondary school	25.0	29.2	54.2	71	83	154
College level	8.5	23.2	31.7	24	66	90
University level	1.1	3.5	4.6	3	10	13
Total	40.9	59.1	100.0	116	168	284

Source: Researcher 2015

According to the findings, most adolescents (29.2%) were exposed to sex education at secondary school level. This was followed by college level (23.2%), primary school (6.3%), and finally university level (1.1%).

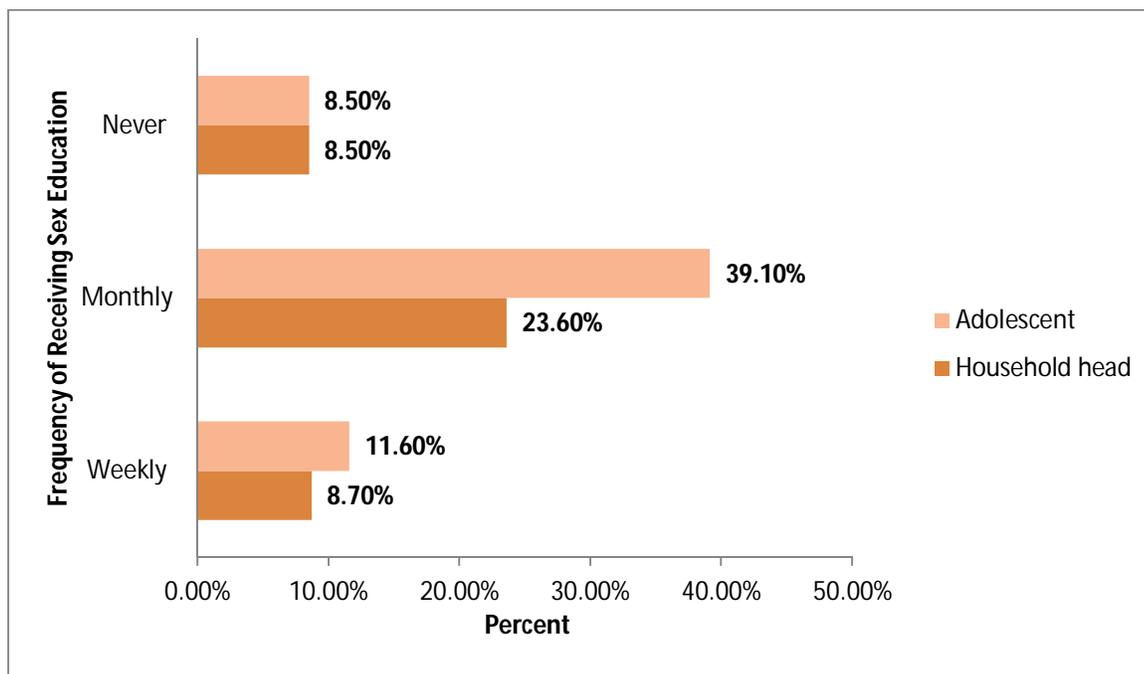
According to the findings, most parents exposed their adolescents to sex education at secondary school level (25.0%). This was followed by college level (8.5%), primary school (3.2%) and finally university level (3.5%).

This depicts that parent-adolescent communication on sex issues occurred at the point where the adolescents had enrolled to institutions of learning. Beckett et al., (2010) report that parents report uncertainty about the appropriate times to discuss sexual attitudes and behaviors with their children.

Frequency of receiving and giving Sex Education between parents and adolescents

The study sought to find out how often adolescents and household heads received or gave sex education respectively. The findings are as shown in figure 1 below.

Figure 1: Frequency of receiving/giving sex education



Source: Researcher 2015

From the findings, most (39.1%) adolescents said they received sex education monthly, 11.6% said they received sex education weekly and 8.5% said they never received any sex education. On the other hand most (23.6%) parents said they gave sex education monthly, 8.7% said they gave sex education weekly and 8.5% never give sex education.

Therefore, parent-adolescent communication on sex issues occurs regularly. Rosenthal and Feldman's (1999) survey of 298 Australian 16-year-old high-school students examining the frequency and importance of mother and father communication about 20 different sex-related topics, reported an infrequency of reported communication between parents and adolescents on sexuality.

Topics in sex education

The respondents were provided with a list of topics in sex education. They were asked to indicate which of each topic they had learnt (adolescents) or taught (parents). The findings are as illustrated in table 2 below.

Table 2: Topics in Sex Education

Topics	Household head	Adolescent
	Percent (%)	Percent (%)
Human reproduction	36	43
Issues in becoming sexual active	39	47
The advantages of young people avoiding sexual behavior	40	52
HIV/AIDs	41	55
STIs	41	53
Importance of using protection	25	29
Where to get condoms	18	25
Social issues relating to sex	37	38
Contraception	30	25
Safe sex	34	52
Sex before marriage or peer pressure	38	56
Puberty	39	57
Coercion and assault	37	36

Source: Researcher 2015

According to the findings, most commonly learnt topic in sex education by adolescents was puberty (57%). This was followed by sex before marriage or peer pressure at 56%, HIV/AIDS at 55%, STIs at 53%, and the advantages of young people avoiding sexual behavior at 52%. Issues in becoming sexually active followed at 47%, human reproduction at 43%, social issues relating to sex at 38% and coercion and assault at 36%. Others were; importance of using protection at 29%, where to get condoms at 25% and contraception at 25%.

These findings imply that adolescents have sex education conversation with their parents covering various topics. Puberty is, however, the most commonly discussed issue. Eisenberg, Sieving, Bearinger, Seain, and Resnick (2006), drawing on data from telephone surveys conducted with 1,069 parents of adolescents (aged between 13-17 years), noted that, of the topics covered in their research, parents were most likely to engage in a “great deal” of discussion about the consequences of pregnancy (49.6%) and the dangers of sexually transmitted infections (STIs) (41.4%). However,

relatively few parents had actually discussed with their children, to any great extent, how to obtain condoms (12.3%) or other forms of birth control (11.7%). This means that topics on use of condoms and birth control are rare in sex education conversations between parents and adolescents.

In the case of parents, the most commonly taught topic in sex education was HIV/AIDS and STIs each (41%), the advantages of young people avoiding sexual behavior (40%), puberty (39%), issues in becoming sexually active (39%), sex before marriage or peer pressure (38%), coercion and assault (37%), social issues relating to sex (37%) and human reproduction (36%). Others were; safe sex (34%), contraception (30%), importance of using protection (25%), and lastly where to get condoms (18%).

This depicts that of the sex education topics parents talk to their adolescents about, HIV/AIDS and STIs tops the list. Byers, Sears & Weaver (2008) surveyed over 3000 parents and found that parents reported talking more to girls about five topics: reproduction, puberty, coercion and assault, abstinence, and sexual decision-making.

Location of sex education sessions

When the respondents were asked to say where they held most of the sex education sessions, majority of the respondents (69%) said that they held these sessions from home while the remaining 31% said that they held these sessions in school.

These findings mean that the home is the most common location where sex education takes place probably because that is where both parties spend the most time together.

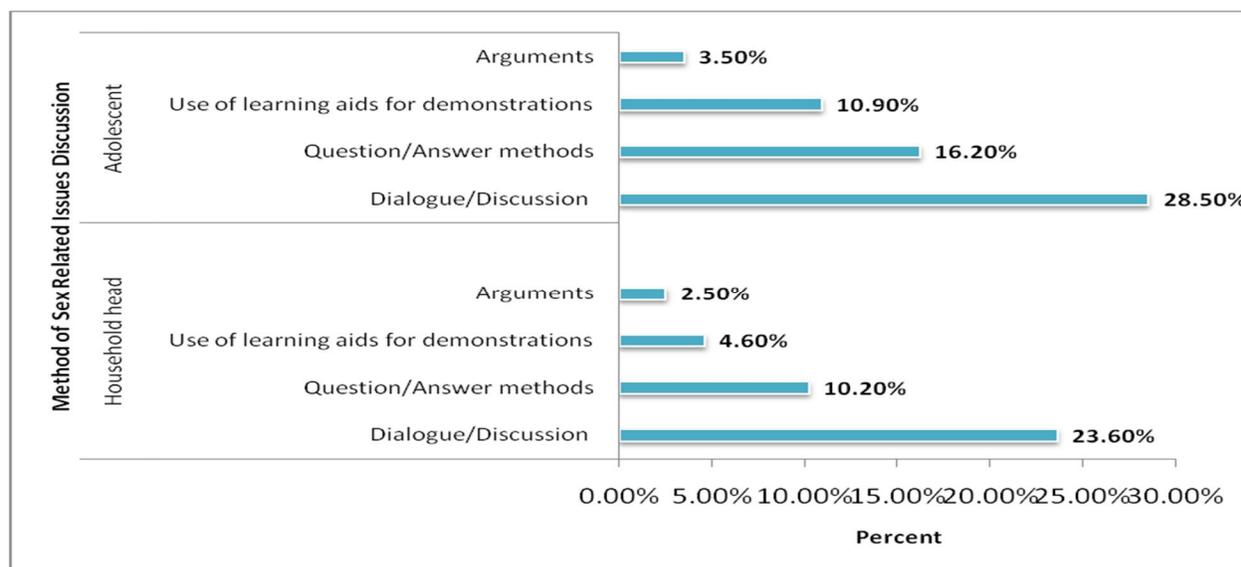
Comfort with the location of sex education sessions

The study further requested the respondents to state if they were comfortable with the place they hold most of the sex education sessions from. All respondents agreed that they were comfortable with holding sex education sessions from home.

Method of discussing sex related issues

The study sought to also find out the method used by parents to discuss sex related issues with adolescents. Figure 2 illustrates the study findings.

Figure 2: Method of discussing sex related issues



Source: Researcher 2015

According to the findings reveal the most common method used by parents to discuss sex related issues with adolescents is dialogue/discussion (28.5% adolescents, 23.6% household head), this was followed by question/answer methods (16.2% adolescents, 10.2% household head), use of learning aids for demonstration (10.9% adolescents, 4.6% household head), arguments (3.5% adolescents, 2.5% household head).

This means that sex related issues are discussed using various methods including dialogue/discussion, question/answer methods, use of learning aids for demonstration as well as arguments. Dialogue and discussion were the most preferred and this can be explained by the fact that it allows both the parents and adolescents to express their views.

A number of key informants were also asked to explain some of the methods that parents and adolescents used to communicate sexual and reproductive information and their association with sexual behavior among adolescents. The following was a Children's' Officer view;

The methodologies used in parent-adolescent communication on sexual and reproductive behavior could be associated with different types of sexual behavior among adolescents. For instance if parents use a quarrel method to communicate on sexual and reproductive with adolescents, this might be met by rebellion by the young people. In the end the adolescents might end up engaging in indiscriminate behaviors. On the other hand, a "consultative" method of parent-adolescent communication on sexual and reproductive issues give adolescents the feeling that they are being heard and their concerns taken into consideration. This might lead to safe sexual behavior among adolescents as they are informed about what is right or wrong and the reasons why.

The finding from the key informant interview mean that even the parents were of the opinion that open and non-judgemental communication with adolescents on issues of sexual behaviour and reproductive behavior may lower the tendencies of adolescents in engaging in different types of sexual behavior.

The adolescents focus group also indicated that different methods of parent-adolescent communication on sexual and reproductive behavior are associated with different types of sexual behavior among adolescents.

(Q) Are different methodologies of parent-adolescent communication on sexual and reproductive behavior associated with different types of sexual behavior among adolescents?

P1: Yes, some methods like *kuulizwa maswali* (being asked questions) make one feel as if parents do not respect us. In the long run we become rebellious to them

P2: Yes, I feel confident and trusted when we engage in some dialogue with my parents. This really makes me feel appreciated and I would not like to let my parents down by engaging in irresponsible behavior *kama kuapta ball* (becoming pregnant)

P3: Yes, we do not like being asked questions left right and centre because we are also adults with rights. When we have dialogue with our parents we feel that they understand us and we are able to avoid *maswara* (risky sexual behaviours)

This shows that the adolescents prefer a dialogue when holding sexual and reproductive conversations with their parents.

Likewise, Joffe and Franca-Koh Joffe and Franca-Koh (2001) ,question why high levels of verbal sexual communication, unlike high levels of non-verbal sexual communication, are linked to later onset of sexual activity and higher levels of contraceptive usage, a perspective they invoke by selectively focusing on existing studies that showed positive outcomes for verbal communication. They posit that while verbal communications about sexuality are likely to include messages about responsible sexual behavior and contraception, covert, nonverbal messages on the other hand, serve to model a sense of how the body is regarded. This means that open and non-judgemental communication on sexual and reproductive information leads to positive behavior of adolescents. The adolescents feel that their views are appreciated and therefore they become more receptive to their parents advice.

Discussion of Results

The findings of this study suggest that parents communicate sexual and reproductive information with their adolescents. Participants in the study acknowledged they had given and received sex education on a monthly basis. This indicated that parent-adolescent communication on sex issues occurs regularly. For instance, majority (50.7%) of the adolescents were exposed to sex education while 32.3% of the parents had exposed their children to sex education. Only 8.5% of parents and adolescents each had no exposure to sex education.

It was therefore clear from the findings that adolescents are exposed to sex education by their parents at a considerable degree. This contrasts the findings by Schubotz Rolston and Simpsons (2004) study of the sexual attitudes and lifestyles of young people (aged 14-25 years) in Northern Ireland also reported that friends (80.4%), followed by school (74.4%), were their most important source of sexuality education, with parents providing a good deal less.

It was also important to investigate the level at which parents exposed their adolescents to sex education. Parent-adolescent communication on sex issues occurred at the point where the adolescents had enrolled to institutions of learning. 29% of adolescents were exposed to sex education at secondary school level, 23% were exposed to sex education at college level, 6% were exposed to sex education at primary school, and 1% was exposed to sex education at university level. 25% percent of parents had exposed their adolescents to sex education at secondary school level, 8% percent had exposed their adolescents to sex education at college level, 3% percent had exposed their adolescents to sex education at primary school and 3% percent had exposed their adolescents to sex education at university level.

This depicts that parent-adolescent communication on sex issues occurred at the point where the adolescents had enrolled to institutions of learning. Beckett et al., (2010) report that parents report uncertainty about the appropriate times to discuss sexual attitudes and behaviors with their children. It was evident from the study that parents based their communication of sexual and reproductive information on book knowledge from learning institutions that is, information from educational videos and books about human reproduction ((Eisenberg et al., 2006). This indicated that despite the uncertainty about the appropriate times to discuss sexual attitudes and behaviours, most parents held sex education conversations when their adolescents were enrolled in learning institutions.

Parent-adolescent communication on sex issues was found to occur regularly as 39% of adolescents received sex education monthly, 12% received sex education weekly however 9% never received sex education. On the other hand 24% percent of parents give sex education monthly, 9% gives sex education weekly but 9% never give sex education.

Therefore, parent-adolescent communication on sex issues occurs regularly. Rosenthal and Feldman's (1999) survey of 298 Australian 16-year-old high-school students examining the frequency and importance of mother and father communication about 20 different sex-related topics, reported an infrequency of reported communication between parents and adolescents on sexuality. Hoffman & Futtermann (1996) have noted that adults often hold ambivalent attitudes towards young people, viewing them simultaneously as 'small' adults and as immature inexperienced and untrustworthy children. Parents can tailor the presentation of information to be consistent with their own values and also relevant to the life circumstances (social and familial context) of the adolescent (Jaccard et al., 2002). From the key informant interview it was evident that parents supported open and non-judgemental communication methodologies with adolescents

on issues sexual behaviour and reproductive behavior. This can explain why there was regular parent-adolescent communication on sexual and reproductive information.

The most commonly learnt topic in sex education by adolescents was puberty. This was followed by sex before marriage or peer pressure, HIV/AIDS, STIs, the advantages of young people avoiding sexual behavior, issues in becoming sexually active. Other topics included human reproduction, social issues relating to sex and coercion, assault, importance of using protection, and where to get condoms and contraception.

In the case of parents, the most commonly taught topic in sex education was HIV/AIDS and STIs, the advantages of young people avoiding sexual behavior, puberty, issues in becoming sexually active, sex before marriage or peer pressure, coercion and assault, social issues relating to sex, human reproduction, safe sex, contraception, importance of using protection and lastly where to get condoms.

This depicts that of the sex education topics parents talk to their adolescents about, HIV/AIDS and STIs tops the list. Byers, Sears & Weaver (2008) surveyed over 3000 parents and found that parents reported talking more to girls about five topics: reproduction, puberty, coercion and assault, abstinence, and sexual decision-making. Risky sexual behaviors such as inconsistent condom use and sexual intercourse with multiple partners are relatively common among adolescents and youth in Sub-Saharan Africa. This behavior increases the risk of unplanned pregnancies and the infection of sexually transmitted diseases and particularly HIV/AIDS (Brook et al., 2006). This clearly indicated why most parents preferred to talk about HIV/AIDS.

Sex education sessions were held from home. Both household heads and adolescents were comfortable with the home as the location they hold most of the sex education sessions from. The young people in urban slums are at the adolescent stage characterized by confusion, vulnerability, feelings of self-worthlessness while at the same time full of fantasies of issues related to sex. They seek admiration, love and appreciation of others. They attach a lot of importance to what the adults around them say to them. Since they spend considerable time at home, their objects of idealization are their parents. This idealization, if well utilized, can help the adolescents fully understand themselves and their sexuality. Effective communication between adolescents and their parents is thus a vital tool for promoting positive sexual and reproductive behavior.

This contrasts the findings by Layte et al (2006), a nationally representative, retrospective telephone survey of 7,441 adults undertaken in 2004/2005, which provides details of the sexual experiences of those aged between 18-64 years of age. The study found that a minority of men (11.3%), and almost twice as many women (21.2%) received sexual and reproductive health information at home.

Sex related issues were found to be discussed using various methods with the most common method being dialogue/discussion, this was followed by question/answer methods, use of learning aids for demonstration and last but not least arguments. From the Rommetveit and Blackar communication model, dialogic communication yields positive behavior since it enhances mutual trust and confidence between the sender and receiver.

Likewise, Joffe and Franca-Koh Joffe and Franca-Koh (2001) question why high levels of verbal sexual communication, unlike high levels of non-verbal sexual communication, are linked to later onset of sexual activity and higher levels of contraceptive usage, a perspective they invoke by selectively focusing on existing studies that showed positive outcomes for verbal communication.

They posit that while verbal communications about sexuality are likely to include messages about responsible sexual behavior and contraception, covert, nonverbal messages on the other hand, serve to model a sense of how the body is regarded.

Conclusion

The findings indicate that parents and adolescents in Kibera slums do engage sexual and reproductive communication especially after the adolescents are enrolled in their institutions of learning. This kind of communication mostly occurs on a monthly basis encompassing sex education topic on puberty, sex before marriage or peer pressure, HIV/AIDS, STIs, the advantages of young people avoiding sexual behavior, issues in becoming sexually active, human reproduction, social issues relating to sex and coercion, assault, importance of using protection, where to get condoms and contraception for adolescents. In the case of parents, the most commonly taught topic in sex education was; HIV/AIDS and STIs, the advantages of young people avoiding sexual behavior, puberty, issues in becoming sexually active, sex before marriage or peer pressure, coercion and assault, social issues relating to sex, human reproduction, safe sex, contraception, importance of using protection and lastly where to get condoms.

Sex education sessions are held from home with both household heads and adolescents being comfortable with the home as the location they hold most of the sex education sessions from

The most common method for communicating sex related issues is dialogue/discussion, followed by question/answer methods, use of learning aids for demonstration and last but not least arguments. Indeed, this is quite helpful in enhancing the adolescents self worth where they feel that their views are heard. Parents should be encouraged to mirror their adolescents in their talks in order to prevent peer pressure.

A policy recommendation of this study is that campaigners should design sexual and reproductive health messages that enhance parent-adolescent communication and disseminate adequate information to empower adolescents to seek information from their parents.

Parent-adolescent communication should occur more often unlike the current monthly frequency to enhance the observed positive effects on sexual behaviors amongst adolescents.

Further, parent-adolescent conversations on sexual and reproductive behavior should also include topics on adolescents engaging in sexual activities so as to reduce the variance on the awareness about adolescents engaging sexual in sexual activities between household heads and the adolescents.

There is need to educate the parents on the importance of sex education for their children. This will help the parents communicate sexual and reproductive information to the adolescents more efficiently.

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