

Adolescent sexual health communication with parents and peers and the associated parenting practices in Dar es Salaam Tanzania

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Summary

Parent - adolescent relationship remains one of the most influential for adolescent sexual health outcomes. Studies indicate that parent-child connectedness and resulting communication is associated with reduced adolescent risky behaviors. Effectiveness of preventive programs targeting adolescents has been suggested to improve when they include important contextual stakeholders such as parents and peers.

Findings reported in this dissertation focus on two main goals. The first is to describe parenting practices associated with adolescent sexual health while the second is aimed at improving understanding of parent and peer sexual health communication with adolescents. Concerns of parent-adolescent sexual health communication in Tanzania and the associated parenting practices are described in detail. Results from chapters 2-6 suggest that the parent-adolescent sexual health communication reported in this study were mostly uni-directional rather than bi-directional. Parents are reported to mostly use fear-filled messages to dissuade their children from engaging in sex. These messages were also suggested to be vague. Also, parents were suggested to communicate after they suspect that their adolescent offspring are already engaging in intimate relationships. Further, results presented in this thesis suggest that the most prominent parenting practices by parents are prevention, punishment and monitoring of both sexual behaviour and adolescents' close friends. There was also predominance of strictness and a demand for obedience indicative of the authoritarian style of parenting. Furthermore, peer sexual health communication was reported to be happening more frequently than sexual health communication with parents.

Several conclusions on parenting practices and sexual health communication with parents and peers can be drawn from findings reported in this thesis. First, adolescent sexual health interventions need to take into consideration parenting practices to improve parent-adolescent connectedness and communication. Second, for parents to improve their parenting practices, they need to be enabled in adopting more positive techniques with less of harsh parenting which will enhance adolescent disclosure and improve communication. This requires targeted sexual health communication interventions addressing parent adolescent connectedness and alternative means of disciplining. Third, Adolescents may be more willing to engage in sexual health dialogue with their parents if fear of ridicule and punishment from parents is reduced.

Consequently, an important recommendation to be considered in adolescent sexual health interventions is for parents to hold constructive sexual health communication with their younger adolescent offspring so as to delay sexual initiation and engage in safer sex when they start intimate relationships.