

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

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## Valorisation addendum



## RELEVANCE

Parenting of adolescents is challenging for most parents. Sexual socialisation in a context that considers parent-adolescent sexual health communication taboo is an additional challenge for parents [Fuglesang, 1997]. Adolescents in sub-Saharan Africa, including Tanzania are faced with a multitude of risks associated with early sexual debut including unplanned pregnancies, STIs and HIV specifically [Kazaura & Masatu, 2009; Mmbaga, Leonard & Leyna, 2012]. In ensuring that their adolescent children do not engage in sexual activities that could increase the risks associated with early sexual debut, parents in this study were reported to use harsh parenting practices and fear-based messages in communication. Parents have set strict rules at home with the aim of limiting the possibility of their adolescent children to engage in sexual activities. Parents in our study were reported to use spanking and threats to ensure adolescents follow the set rules. While we acknowledge cultural variations in parenting and that some parents may be in favour of punitiveness as a way of protecting their adolescent children from engaging in sexual behaviours, these practices could have a negative effect to adolescent sexual health. Studies have shown that spanking, rejection and fear inducement are associated with low warmth and could further alienate adolescents instead of improving connectedness and information sharing [Darling, Cumsille, Caldwell & Dowdy, 2006; Kajula et al., 2016]. A number of studies on family processes and adolescent sexual behaviour have indicated that parent-child connectedness is associated with reduced adolescent sexual risky behaviours [Miller et al., 2001; Jaccard, Dittus & Gordon, 1996].

Our findings show that parents do communicate with their adolescent children. However, the nature of the communication is uni-directional, ambiguous and fear inducing. Also, the punitive strategies that were reportedly used by parents seemed to further alienate their adolescent children and reduce sexual health communication. Therefore, working with parents and their adolescent children to improve connectedness, enhance sexual health communication and encourage adolescent disclosure is recommended in order to contribute to a delay of sexual debut and encourage safer sexual practices when it happens.

## TARGET GROUPS

Results presented in this dissertation suggest a potential direction in confronting sexual health challenges facing the adolescent population of Tanzania. These efforts would include moving from personal to proximal issues especially the context in which adolescents live.

First are the adolescents themselves. Research from Tanzania has shown a high spike in HIV infection for adolescents after age 15. It is therefore imperative to work

with younger adolescents and improve their action planning to delay sex and improve condom use. From the intervention that has been presented in this thesis, action planning for delayed sex seems to be having a positive effect. Using information from our findings, interventions could be planned with adolescents to increase action planning for delaying sex. Further, while knowledge for HIV/AIDS is quite high for the Tanzanian population including adolescents, sexual protective measures are used at almost 40% [THIMS, 2011-12]. Therefore adolescents need to increase action planning for condom use. This will be a positive direction to reducing early pregnancy, HIV and other STIs when adolescents start having sex. Adolescents would also benefit from learning negotiating skills to enable them to negotiate delaying sex, condom use as well as being able to counter negative peer influence.

Secondly for parents, positive parenting approaches that could lead to better adolescent sexual health outcomes could be useful. Interventions aimed at parents including discussions on the unintentional negative consequences of authoritarian parenting styles and punitive practices could improve parent-adolescent connectedness, which will in turn improve adolescent disclosure. Parents would also be at an added advantage to learn skills in authoritative parenting using a mixture of warmth and control. Communication skills are also important for parents to improve how and what they communicate to their adolescent children regarding sexual health.

Third, for the level of policy makers, two things are to be considered. This is the level where policies are made, leading to budgeting for health programs. Results of this study might be of interest for the Ministry of Health, Gender, Community Development, Elderly and Children of Tanzania, Tanzania (MoHCDGEC), Commission for AIDS (TACAIDS) and National AIDS Control Program (NACP) amongst others. All these organisations and others that work to improve youth sexual health are urged to include parents in sexual health programs for adolescents. Another issue of emphasis for this level is to increase and improve youth friendly services. These services are of added importance since the current school curriculum in Tanzania does not allow condom demonstrations, however engaging youth friendly clinics for the same provides needed services for adolescents.

## ACTIVITY AND PRODUCTS

Findings presented in this study have documented improved action planning for delayed sex and condom use for adolescents. It is therefore recommended to increase implementation of similar activities in other primary schools. The manuals that were produced should be increased in number and the teachers that were trained during the intervention could be engaged to train other teachers. In addition, parent sessions should be adapted from other programs that have reported positive results in Tanzania to improve adolescent sexual health such as the MEMA KWA VIJANA project [Wamoyi et al., 2010].

## INNOVATION

Focusing on action planning will be a new direction since most programs in Tanzania are still keen on improving knowledge. However, since knowledge seems not to be an issue for most Tanzanian adolescents [THIMS, 2011-12], action planning and skill building will mean that adolescents are better prepared to confront challenges in delaying sex, condom use and negative peer influence. The combination of improving sociocognitive factors for adolescents and improving parenting practices will also be an improvement for Tanzania, since most programs focus on adolescents only.

## SCHEDULE AND IMPLEMENTATION

Due to the encouraging findings from our study, implementation to more schools is recommended. An important first step would be to work with municipalities and the ministry of education so that training manuals from the PREPARE project can be adopted. Our team already has experience in working with the Kinondoni municipal in Dar es Salaam, therefore adding other municipalities will be the logical step.

The second step would be to liaise with the Tanzania Committee for AIDS (TACAIDS), National AIDS Control Programme (NACP) and the Ministry of Health, Community Development, Gender, the Elderly and Children (MoHCDGEC) to discuss the possibility of increasing the number of manuals. Due to budgetary constraints, the municipalities are underfunded and therefore cannot afford to increase the number of manuals without further support.

To ensure that the program is carried out as required, monitoring and evaluation should be carried out. Monitoring will also ensure that any challenges in implementation are met before they progress to a worse state.