



Predictors of parent–adolescent communication in post-apartheid South Africa: A protective factor in adolescent sexual and reproductive health



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ABSTRACT

Keywords:

Parent–adolescent communication
Post-apartheid South Africa
Ethnicity
Adolescence
Survey

In the HIV context, risky sexual behaviours can be reduced through effective parent–adolescent communication. This study used the Parent Adolescent Communication Scale to determine parent–adolescent communication by ethnicity and identify predictors of high parent–adolescent communication amongst South African adolescents post-apartheid. A cross-sectional interviewer-administered survey was administered to 822 adolescents from Johannesburg, South Africa. Backward stepwise multivariate regressions were performed. The sample was predominantly Black African (62%, $n = 506$) and female (57%, $n = 469$). Of the participants, 57% ($n = 471$) reported high parent–adolescent communication. Multivariate regression showed that gender was a significant predictor of high parent–adolescent communication (Black African OR: 1.47, CI: 1.0–2.17, Indian OR: 2.67, CI: 1.05–6.77, White OR: 2.96, CI: 1.21–7.18). Female-headed households were predictors of high parent–adolescent communication amongst Black Africans (OR: 1.49, CI: 1.01–2.20), but of low parent–adolescent communication amongst Whites (OR: 0.36, CI: 0.15–0.89). Overall levels of parent–adolescent communication in South Africa are low. HIV prevention programmes for South African adolescents should include information and skills regarding effective parent–adolescent communication.

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Introduction

Adolescent risk in South Africa

South Africa is one of the countries with the highest prevalence of sexually transmitted infections (STIs) in the world (Boily et al., 2009) – 5.6 million people are living with HIV/AIDS (UNAIDS, 2011). New infections in the region are largely driven by

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those aged 15 to 24, who are estimated to account for 50% of the total HIV-infected population (United Nations Programme on HIV/AIDS & World Health Organization, 2009). Interventions have been scaled up and there has been a decrease in the number of new infections among this age group (Shisana et al., 2009), but adolescents continue to engage in risky sexual behaviours (Shisana et al., 2009). Such behaviours include an early sexual debut (Peltzer, 2010; Shisana et al., 2009), drug and alcohol use (Peltzer, 2010; Shisana et al., 2009), inconsistent condom usage (Pettifor, Measham, Rees, & Padian, 2004), multiple sexual partners (Dietrich et al., 2011; Shisana et al., 2009) and intergenerational sex (Shisana et al., 2009). Such behaviours result in unplanned pregnancies, and the transmission of STIs and/or HIV/AIDS (Martino, Elliott, Corona, Kanouse, & Schuster, 2008; Shisana et al., 2009). Parents can play an important role in reducing adolescent risk behaviours while promoting healthy sexual development (Martino et al., 2008). One way in which this outcome can be achieved is through parent–adolescent communication.

Parent–adolescent communication: the global picture

Parent–adolescent communication is a process through which beliefs, attitudes, values, expectations and knowledge are conveyed between parents and adolescents (Jerman & Constantine, 2010). Parents typically have an opportunity to communicate with their children daily, so they are considered a critical formative role player in their children's development (Jerman & Constantine, 2010). The international literature highlights such communication as a protective factor in adolescent sexual and reproductive health (Bastien, Kajula, & Muhwezi, 2011).

Research has shown that where there is effective parent communication regarding sexuality, sexual debuts are often delayed, sexual negotiation skills improve, and there is increased knowledge, improved interpersonal communication and enhanced self-efficacy (DiClemente et al., 2001; Wight, Williamson, & Henderson, 2006). However, findings are inconsistent. Some studies found no association between parent–adolescent communication and adolescent behaviours, attitudes and knowledge (Dilorio, Pluhar, & Belcher, 2003; Fisher, 1988, 1989). Furthermore, Amoran, Onadeko, and Adeniyi (2005) found in a cross-sectional study in Nigeria that earlier discussions regarding sex were reported to encourage early sexual debut. While Miller, Levin, Whitaker, and Xu (1998) found that communication about sex prior to sexual debut promoted condom usage amongst adolescents.

Such evidence is further supported by longitudinal studies which advocate for Parent–adolescent communication. Jaccard, Dodge, and Dittus (2003) highlighted the impact of maternal communication about the consequences of pregnancy upon inner-city African American female adolescents. This was further echoed by the work of Romo, Lefkowitz, Sigman, and Au (2002) which showed that improved maternal communication influences Latino adolescent behaviours and attitudes towards sex. Both Cohen, Richardson, and LaBree (1994), and Jordan and Lewis (2005) found that good general communication delayed the onset of alcohol use (a mitigating factor in sexual risk), while Getz and Bray (2005) found no association. In a systematic review of literature, Ryan, Jorm, and Lubman (2010) suggest that good communication has a positive effect on risky behaviour.

Further to this, the literature highlights a range of socio-demographic characteristics, including socio-economic status (SES), school attendance, parents' level of education, religious affiliation and other household characteristics such as family size, the parents' age and marital status, and parent–adolescent genders (Bastien et al., 2011; Davis & Friel, 2001; Jerman & Constantine, 2010; Miller, 1999) as important factors in the effectiveness of parent–adolescent communication. Race has also been highlighted as a factor in parent–adolescent communication (Coreil & Parcel, 1983). Furthermore, extensive research on interpersonal communication highlights the impact of depression and low self-esteem, both of which can negatively impact upon interactions (Segrin, 1996). A study by Yu et al. (2006) highlights the potential negative impact of these in parent–adolescent communication and risk taking behaviours. While Birndorf, Ryan, Auinger, and Aten (2005) show the protective factors which positive family communication has upon high self-esteem.

Parent–adolescent communication: sub-Saharan Africa

Historically, the taboo nature of discussions on matters relating to sexuality is well documented across sub-Saharan Africa (Amuyunzu-Nyamongo, Biddlecom, Ouedraogo, & Woog, 2005; Paruk, Petersen, Bhana, Bell, & McKay, 2005). Direct parent involvement in sexual socialisation is frequently minimal and authoritarian, with extended family members such as grandparents or aunts playing a key role in communicating sexual knowledge (Bastien et al., 2011; Jerman & Constantine, 2010). These factors are further compounded by the migratory nature of the South African labour force (Coovadia, Jewkes, Barron, Sanders, & McIntyre, 2009), which results in absent parents – in particular fathers, and in children being raised by extended family members. A Department of Health Survey (2003) has shown that as many as 40% of Black households are female-headed, with no cohabiting man. In addition, pervasive gender inequalities across the African continent see many mothers ill-equipped to promote positive and constructive sexual development in their children (Lesch & Kruger, 2005). The combination of poor sexual communication and the high incidence of HIV makes parent–adolescent communication a focus for evidence-based programmes.

Parent–adolescent communication: South Africa

Recently, there has been a move to improve parent–adolescent communication in South Africa. Bhana et al. (2004), Paruk, Petersen, and Bhana (2009) and Phetla et al. (2008) found that the implementation of a parent–adolescent communication

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