Parent’s Perception regarding the Delivery of parent-adolescent communication (PAC) program on Sexual and Reproductive Health (SRH) in Rwanda: A Qualitative Study

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Abstract

Background: Adolescent sexual and reproductive Health (SRH) remains a public health threat globally, and is a challenge to developing countries compared to the rest of the world. Adolescent communication with parents is paramount to reduce these problems. This study aims to gauge the perceptions of parents towards the delivery of PAC about SRH in the family.

Methods: A Focus group discussion and Interview was conducted from parents in rural Rubavu district, Rwanda. A semi structured questionnaire was developed to run Focus Group Discussion (FGD) among parents of youth from years 14 to 35 both involved in parent-adolescent communication program (PAC), a program developed by Imbuto Foundation in collaboration with Rubavu Youth Centre in 2016. 20 parents of which 10 fathers and 10 mothers of these youth, participated in this study. Data was collected by Imbuto Foundation and Rubavu youth Friendly Center staff and consent was obtained from each participant after six months of training.

Results: Seven themes emerged which included the provision of PAC about SRH, parental involvement with family-based sex communication, sex communication at home, age-appropriate incremental sex education, barriers and facilitators for communication about sex, and perceived ideal version of PAC program. In this study, results showed that an intervention and PAC program had a significant effect on several issues related to reproductive health. Most participants stressed the need to provide PAC training for families.

Conclusions: The results of this study suggest that PAC program about sex and reproductive health improved the parents’ knowledge and attitudes about sexuality and decision-making after the program and that this PAC program is important for parents.

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Introduction

Sexual and reproductive health (SRH) is an important public health issue globally. Young people age 10 - 25 are an important population group with a great potential for physical, mental, and psychological development, and young people in Rwanda are a significant proportion of the population. It is estimated that every year million girls aged 15–19 years and another one million girls under the age of 15 give birth; 95% of these births occur in low- and middle-income countries, with the highest rates in sub-Saharan Africa and south Asia. The World Health Organization (WHO) defines reproductive health as: ‘a state of physical, and mental, and social well-being in all matters relating to the reproductive system. It addresses the reproductive productive processes, functions and system at all stages of life and implies that people are able to have satisfying sex life, and that they have the capacity to reproduce and the freedom to decide if, when, and how often to do so. Reproductive healthcare is defined as the constellation of methods, techniques and services that contribute to reproductive health and well-being by preventing and solving reproductive health problems. It also includes sexual health, the purpose of which is the enhancement of life and personal relations, and not merely counseling and care related to reproduction and sexually transmitted diseases.” Adolescence is a critical developmental period when youth begin to develop their romantic and sexual identities and is an important time to learn about how to engage in healthy romantic and sexual behavior, which then sets the stage for healthy adult relationships. In addition, youth are of particular concern in relation to reproductive health and a time to focus health promotion efforts on reducing the risk of negative sexual health outcomes, such as teen pregnancy and sexually transmitted infections (STIs).

Parent-adolescent communication may be particularly important, especially when it comes to reducing engagement in sexual risk behaviors. Researchers have found that when adolescents—particularly girls—talk to their parents about sexual behaviors, contraception, STIs, and pregnancy prevention (from here on, SRH discussions), they are more likely to engage in safe sexual behaviors, including abstinence and protective behaviors that prevent pregnancy and STIs. On the other hand, factors associated with sexual and reproductive health problems particularly onset sexual intercourse and teen pregnancy include low education level, lack of...
negotiation skills, insufficient parental supervision, not using contraceptive methods, age at marriage, religion, residing in rural versus urban areas, peer pressure, living in households headed by single females or living in dysfunctional families and lower economic status.\cite{5,7,8} It is possible for example, that low income teenagers and young adult lack the resources for appropriate health services and the knowledge to know what is appropriate for maintaining reproductive health.\cite{9} Increased economic problem and exposure to western media through internet in Rwanda may be some of the factors that have eroded traditional cultural and family religious’ values. The latest Rwanda Demographic and Health Survey (RDHS 2014-15) showed that teenage pregnancy rate had increased from 4.1% in 2005 to 7.3% in 2015, with the rate in some regions reaching as high as 15.8%.\cite{10}

There is growing evidence showing that various parenting dimensions like connectedness, love, material support, behavioral control, monitoring, and parent-adolescent communication are positively associated with reduced levels of risk-taking among adolescents.\cite{11} The role of parent-adolescent communication about SRH has been widely acknowledged. Ample studies show how comprehensive parent-adolescent communication (PAC) on SRH can be closely associated with many social and economic challenges such teenage unplanned pregnancies, an increase in maternal mortality and infant mortality rates, increase in school drop-out rate and increase the HIV/AIDS prevalence rates.\cite{12} To stay healthy and safe, adolescents need access to high-quality and relevant SRH information from an early age.\cite{11} through parent-adolescent SRH communication. However, it appears to be inadequately practiced in sub-Saharan Africa. Researches showed that parents were often uninformed and preferred that their children learn from teachers or health-care workers, teacher /health care professionals in turn believed that parents should have the primary responsibility for providing information.\cite{13, 14}

A qualitative study using in-depth interviews among young people in South Africa, it was found that most of them had positive attitudes to parent-adolescent communication, wanted parents to talk about sex, but that discussions with parents on sexual behavior topics were rare,\cite{15} and suggested that in order to promote such communication, it may be necessary to address socio-cultural barriers.\cite{11} The sexual and reproductive health knowledge of parents in Rwanda is one of most under-researched aspects in Rwandan population. Little is known about the sexual and reproductive health communication program in Rwanda. PAC about SRH was first introduced by
Imbuto foundation in 2010 due to concerns over teenage pregnancy and STIs in adolescents. Therefore, it is essential to evaluate this program in parents involved in this program. The aim of this study was to evaluate the effectiveness of PAC program on SRH for parents of youth between 14-35 years. The present study evaluates the effectiveness of the PAC program for improving youth sexual and reproductive health.

**Methods**

**Study Design and Subjects.**

This study utilized a qualitative research method to collect data using focus group discussions (FGDs) among parents who had high-school 2.1. Study Design and Subjects. This study utilized a qualitative research method to collect data using focus group discussions (FGDs) among parents who had high-school.

**Sample recruitment**

The study was undertaken in Rubavu district Western province of Rwanda. One site was identified for the fieldwork. The site identified is located at boarder with DRC. Participants are from rural areas of Rubavu district.

**Focused Group discussions(FDGs) and Interview Procedure**

Data were collected in May 2015 by the first author with staff of Imbuto Foundation and Rubavu youth Friendly center. There were 2 FGDs, one for mothers and the other for fathers with total of 20 parents. Interviews with 5 fathers and 5 mothers were also conducted. Participants were invited by Imbuto Foundation for evaluation of the program. Moderation of FGDs and interviews was conducted by the first author and staff of Imbuto Foundation while note-taking was conducted by staff of imbuto Foundation and Youth friendly center who nurses are providing health services to the youth and involved in the training of participants on PAC about RHS. This was to assure FGD participants of the necessary comfort to relate and discuss. Male staff moderated FGDs comprised of male parents and female did the same for FGDs of mothers. Before data collection, participants were reminded about the program and the purpose of the evaluation. Theme identification started during the training on PAC and continued as long as patterns that captured interesting issues were emerging. The process of data collection stopped
when we began to notice repetition of information—almost verbatim—from different study participants. The length of either FGDs or interview ranged from 60–120 min.

**Data Analysis**

Six staff including the first author of Imbuto Foundation and Rubavu youth Friendly center transcribed the FGDs and interviews in Kinyarwanda. The transcribed data were read and re-read by team of staff in the presence of parents to immerse in the data. In doing so, the key categories/themes were identified, and data were summarized under appropriate categories The analysis of this study used thematic analysis. The choice of this method was largely based on its flexibility, as it allows for theoretical freedom yet providing rich and detailed data. Transcripts were translated into English by the first author and checked and verified by colleagues. Themes included awareness and attitudes of students regarding the availability of information on reproductive issues, knowledge of reproductive health issues, ‘frequency of communication about SRH between young adolescents and their parents’, ‘factors limiting parent-adolescent communication on SRH’ and many others as data collection progressed.

**Ethical consideration**

Although both institutions work with the government and do have permission to conduct assessment on the effectiveness of the program, the study of community based participatory research on PAC is a part of the first author’s doctoral dissertation. The ethics committee of IST-Burkinfaso, Burkinfaso Environmental Health approved the study proposal and corroborated its ethical considerations.

**Results**

Two FGDs and interviews with both parents (10 fathers and 10 mothers) of youth between 14 and 35 years involved in PAC training participated in this study. Seven themes emerged which are the subheadings including the ideas of the parents are also quoted.

**Provision of PAC program on SRH in family**

Both parents (fathers and mothers in FGDs and Interview) were in favor of the facility of PAC on SRH in families and said that it important to have information on SHR in families. Parents reported that problems around SHR were not discussed in their homes as in many Rwandan
families SHR considered a taboo, and therefore, they felt that the families were an important setting to inform and discuss with youth about SRH related issues such as untended pregnancy particularly teenage pregnancy. Young girls are more vulnerable than boys despite strict measures to prevent increased in number of teen pregnancy such as incarceration to boys and men suspected to be responsible. While boys are condemned by laws, untended pregnancy among girls is associated with stigma not only to the teen but also to their parents. Some people perceived teen pregnancy to be associated with lack of parenting and bring shame to families particularly mothers.

One mother said:” when a girl is pregnant the mother is the second to be ashamed yet the last to know if she is pregnant. …parents particularly mothers should have regular conversation with youth and understand their problems” (Mother in interview). A father in FGD added: “with increased in technology particularly smart phones containing internet, I believe our youth today know better about SHR than their parents, there is a tendency to talk overnight with boys it is difficult to prevent that…we can just do our best to advise them through communication (Father in FGD).

**Benefits of Parental Involvement in PAC delivery on SRH**

For both parents none of them mentioned that they have been trained by any institution apart from Imbuto Foundation concerning the delivery of SRH communication in families; however, all parents reported that they benefited a lot in the workshop. Some parents noted that they were not educated nor trained on how to initiate conversation with their children about SRH issues at home. In workshop parents demonstrated that they were motivated to know what, when and how to communicate with their youth about SHR in families and how they could apply what they have learned in workshop with their children at home. Parents were willing to participate in PAC about SHR with their youth. Parents mentioned that parent-adolescent communication workshops with their children was the only time they learned SRH issues in the presence of their children as often associated with taboo.

**Change in communication with adolescent after training**

When parents were asked” what was the change after training in SRH in your family”? Parents mentioned that issues around SRH were not discussed openly in their families as it is still
considered a taboo, and they felt that PAC program was an opportunity to teach them and their youth at risk of sexual behavior about SRH.

Parents were asked if after training they talk to their adolescents about SRH issues. Majority of participants reported that they have started discussing with their children about sexual and reproduction health issues. Others noted that it was difficult to have such discussion but with PAC training about SRH with our children has reduced the shame and embarrassment linked with discussing about sexual issues. The majority of respondents showed that their awareness and attitudes of regarding the availability of information on reproductive were poor before training and had a remarkable improvement after training. On parent said: “To be honest before this training, I have never in my life talked to my children on these (SRH). I think they know more than particularly with internet they learn a lot” (father in FGD).

Another father added:” I did not know that it is, my responsibility to talk to my son particularly when he is in love with my neighbor’s daughter, but after training I started discussing with him about the danger of being a father while still under care of parents” [Father FGD]. The majority of parents’ discussions centered on unintended pregnancy and HIV/AIDS as illustrated below:

“A father said:” despite the lack of discussing with our children about SRH before, we often want to talk to the children when the problem of untended pregnancy has occurred and often done form of reprimand while it is too late” (Interview with a father).

**Content of messages about SRH**

In general, all participants wished they could communicate with their youth about dangers of unintended pregnancy particularly teen pregnancy and problems associated with premarital sex such as social and economic problems. Despite training received on sexually transmitted infections, abstinence, condom use, and other reproductive health, few reported to limit their message on abstinence. It was difficult for some parents to encourage their children using condom and mention words related to sex in Kinyarwanda when communicating with their youth about SRH problems.

One Father said:’ We know that they are aware of these methods than us because of media, what we discuss is just the consequences of premarital sex” (Interviewed father). A mother said:’
despite the increase in number of girls with children either in family and in our communities, it is not easy for many of us to articulate words related to sexual issues and prevention in form of warning and reprimand restricting them to be associated with bad friends either girls or boys and often this happen when there is a girl suspected to be pregnant [Mother in FGD]. A father said: “I think the program helped us to overcome some fear we started discuss with our children about menstrual period and probability to get pregnant… other issues will come as we continue discuss the problem[father in FGD].

Comfort in discussing SRH issues

Both parents indicated that despite the training received, some parents particularly fathers are willing to discuss with youth but many of them felt shy when it comes to discuss topics related to relationships and sex. One father said:” I think many of us feel comfortable talk to the youth about SRH…. however, I think apart from mothers, few fathers are comfortable to discuss with girls particularly with topics related to relationships and sex despite that girls love their fathers than sons” (Father in Interview). On the other hand, however, mothers mentioned that despite that some of children today may be aware of the SRH problems either at school or through media or having started to have sexual intercourse, it is their responsibility to discuss SRH issues with their youth. A mother said: “no matter the relation with our daughters, not one can reveal to parent about her relationship with boys and sex…. we know that they know better than us, but still they need our advice” (Mother in FGD). Another mother added:” Before training I felt shy but as we know that they have many trainers outside putting them at risk I have to be strait and talk to my youth both boys and girls as both are at risk we do not have choice…. When problems happen either being a victim of HIV or undented pregnancy parents are the most affected not only economically but also shame to parents for failure of parenting” and success when getting married [Mother in Interview].

Mode of communicating SRH information

Both parents reported that the most common modes of discussing with their children about SRH were advising and counseling. A father said:’ training on PAC, it was an opportunity to warn my son who used to come late at night and often talk on phone during the night with girls against involving in sexual acts with girls or women as he can be infected with HIV/AIDS or sued for being responsible for teen pregnancy” (father in FGD). However, other parents noted that
changing in one day is not easy, they communicate about SRH to their children in form of threats, and intimidation. women said:” we used to discuss SRH with our children through quarrels because of someone’s pain, anger, bitter experiences, or ignorance as we did not know that the message play in their minds” (Female in Interview).

**Frequency of talking with youth about SRH**

Both parents reported that the frequency of communicating with their youth has increased after being trained about SRH. However, as mothers used to be at home during meal time than fathers, they are the ones that preferred often communication with youth. One father said:” I think mothers are the ones who communicate often with their girls as they are the most at risk than boys” (Father in Interview). Other mothers mentioned that their communication with youth about is needed than before due to increase in number of unintended pregnancies by increased number of unintended pregnancy and related issues such as school dropout. Majority of mothers said that: despite culture barriers to talk to their own child about sensitive things related to SRH they have to…. yes it is embarrassing but we have to choose whether to tell them the truth or leave them at risk” (Mothers in FGD).

**Barriers of adolescent-parent communication about SRH issues**

All participants agreed that there are barriers that prevent them to effectively discuss with their youth about SRH problems. Some parents reported that despite new technology and living with people with different cultures not sharing the same moral and family values they both believed that initiating conversation about sexual issues and prevention strategies such as using condoms would be uncomfortable not only to them but also their children and many of them felt inadequate as reported: “although training was provided to whole family and improved our relationship we still have problem and fear to encourage them using condom in case they are unable to abstain…. it is a problem of culture that need more training to overcome(Fathers parents in FGD). However, both parents in the presence of their youth they all said:” since we benefited from PAC program they started discussing with our girls when they begin their monthly periods not only to respond to their needs in terms of money for hygiene but also to warn them that there are people who are irregular in their monthly period to be at risk of pregnancy in addition to STIs (Both fathers and mothers in FGD).
Discussion

The purpose of this qualitative study was to assess the perceptions of parents regarding the delivery of PAC program about SHR by imbuto foundation and the way in which parents could start communicate with their children on SHR issues in their families. This section presents an interpretation of the findings of this study. In this study, parents favored PAC program on sex education. Parents approved of PAC about SHR because they perceived they had limited knowledge on SRH and did not know how to communicate nor have the skills approach their youth to discuss with them sexual issues. Topic on sex issues as social taboo as hindrance for communication about SHR has been in other studies in Africa. Both parents reported that they had made an effort to communicate with their youth sex topic; however, the message delivered is often limited to a reprimand to their children about abstinence and prevention of unwanted pregnancies. The study showed the willingness of parents to be actively in the PAC about SHR in families. Many participants in this study had become aware of the importance communicating with their children on SRH and particularly, in light of increasing number of teen pregnancy, high incidence of HIV/AIDS and other STIs, increased vulnerability of children to sexual abuse and exposure of children to unsafe social media and technology. Both parents were motivated to apply whatever learned in the PAC program at home but communication about SRH were found to be gendered with specific related on SRH and girls. Parents believed that applicability Parent-child communication training has a positive impact on their youth sexual health behavior.

Some parents particularly fathers felt that communication on sex topic is very important, to prevent teenage pregnancy. Both parents acknowledged the difficulty to monitor their children. This study revealed that the majority of parents were hesitant, uncomfortable to discuss sex topics with their youth. This study revealed the same result of study conducted in Ghana where participants reported that the discussions centered on few topics due to demographic and cultural differences.

Both parents explained that mothers are seen as having greater role and responsibility for the prevention of the unwanted pregnancy among their girls than fathers. Mothers reported that they
are socially blamed in case of unwanted pregnancy particularly when their daughters are not married.

This study highlights that it is very important for policy makers and NGOs to involve parents in SRH prevention strategies in Rwanda. Both fathers and mothers showed interest to participate in the promotion of healthy sexual behavior of the youth, which is in line with Rwandan government agenda on the sexual health and wellbeing of young people and prevention of teen pregnancies and HIV/AIDS. Another study by Hall et al. [22] noted that most parents only realize the importance of SRH discussions with their children when they notice undesirable sexual Behavior being portrayed by their adolescents. However, in this study, participants reported that this factor is often used after training to help them initiate the discussion. Other reasons reported by parents for not discussing SRH with their children at home are lack of knowledge on both what to discuss and how to talk about sex topic and they thought that every parents deserve such training. Parents in this study reported that before workshop they were not trained nor did they know how to initiate a conversation about sex with their children, yet they advocated for comprehensive parent-adolescent communication(PAC) about SRH and suggested that other parents be involved or trained them to be trainer of trainee to other parents(TOT) in their rural areas.

**Strengths and Limitation of the Study**

The study has several strengths. This is the first qualitative study in Rwanda on the perception of parents on PAC program about SRH, and thus, it presents a new argument for SRH advocacy. The study reports findings from primary data. The study provides the views of parents involved in PAC program developed by Imbuto foundation in one site of Rubavu. Thus, this study can serve as baseline to assess changes in parents’ perception towards communicating about SRH overtime, should there be a future mandatory implementation of PAC programs on SRH at a national level. In terms of limitations, the two FGD were not representative, there is potential for having more information with many FGDs in both rural and urban areas.

**Conclusion**

The increasing rates of risky sexual behaviors in early adolescents are alarming, so the development of successful parent-adolescent communication program about SRH is a priority.
The study provided insights into the needs, as well as aspirations of the parents, regarding parent-adolescent communication in Rwandan families. Both fathers and mothers supported the delivery of PAC and preferred that it be extended to other families.

Acknowledging that SRH discussion with their children was perceived as a taboo topic at home before training and that parents felt apprehensive, embarrassed, and ill prepared to discuss SRH at home or rather discussion were limited to prevention of premarital sex and abstinence; it is important that prevention strategies in Rwanda be adapted by gender, culture, but the overall concept of creating a family environment where parents are comfortable and confident about discussing sexuality with youth for the future of adolescent sexual health.

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Conflict of interest

There no conflict of interest of interest declared

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