

Parental Communication with Adolescent Girls: A Social Work Perspective

*** Smt. Suma K G.** Asst. Professor Dept. of Studies and Research in Social Work
Vijayanagar Sri Krishnadevaraya University Bellary Postgraduate Centre, Nandihalli Sandur.
583119. Karnataka

**** Dr. Ganadhar B.Sonar.** Associate Professor, Department of Social Work, Akkamahadevi
Women's University Vijayapura, Jnanashakti Campus Toravi-586 105, Karnataka

Abstract

This paper is a review based attempt to understand the nature, patterns, frequency and barriers of communication associated with sexual and reproductive health between parents and adolescent girls. It is well identified that adolescence is a crucial phase of shifting from childhood to adulthood, this is a period of rapid changes in terms of physiological, social, and psychological. The sexual and reproductive growth and development is one of the significant processes during this period, parental communication is very important during this period to pass the information on reproductive and sexual health to avoid misconceptions and preventing from risk taking behaviors.

Introduction:

Communication is one of the essential tool in all kinds of interactions and relationships. Proper communication is very crucial when a child attains the phase of adolescence. The girl during adolescence expects a guider or informer when she is growing up as she is not well-known about reproductive and sexual health. Daughter– mother communication is a basic and central for the spreading of growing and learning. The tie between children and their mothers generally has been recognized as peculiar, and basic to behavior modeling and intergenerational learning (Penington B 2004).

The information about adolescents reproductive health, sexuality, risk taking behaviors and physical well-being is not transferring adequately, Adolescent girls in particular are often kept away from knowing and understanding about sexual and reproductive health, due to cultural and religious sensibilities.

Most commonly parents are considered the source of constant pressure in their children's life, parents are in a unique position to influence young people's health and personal development and their transmutation to sexual life (WHO 2007).

Parents have long been considered one of the vital and important socialization mediators of sexual health for their children (Rosenthal & Feldman 1999). Adolescents can gain and learn sexual knowledge from their parents (Somers & Paulson, 2000). Most young adults obtain their primary socialization regarding sexuality from their family-of-origin (Metts & Cupach, 1989)

Definition of the Terms

Adolescent- a person between 10-19 years of age (WHO). World Health Organization describes adolescence as a significant period of human growth and development that appears following by childhood and before adulthood, age of adolescence range from 10 to 19 years (WHO 2015).

Communication- it is the act of transferring information through speech, written word, or more subtle, non-verbal ways from one place to another place, or from one person to another person. In simple terms, it is the act of sharing of ideas and information.

Reproductive health- "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so." (ICPD1994).

Sexuality- Sexuality is complex and extent of a vast range of human experiences, including family relationships, dating, sexual behavior, physical development, sensuality, reproduction, gender, body image (Schalet A 2004). WHO website as "a state of physical, mental and social well-being in relation to sexuality. It requires a positive and respectful approach to sexuality and sexual relationships as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence."

Communication between Parent-adolescent is an appealing resource for influencing adolescents' knowledge, attitudes and behavior, because parents are an accessible source of

information for their children. Conversations between parents and adolescents about their sexuality in particular are often difficult for both parents and adolescents (Botchway, 2004).

The Effective communication regarding sexuality or reproductive health is more likely to decrease adolescent risk-taking sexual behaviors when combined with effective parent–adolescent communication about adolescent sexuality issues (Burgess et al., 2005).

The India’s policies and programmes have recognized reproductive and sexual health topics, as seen in its recent Rashtriya Kishor Swasthya Karyakram (National Adolescent Health Programme), of the need to actively engage parents in enabling their adolescent children to make safe and healthy transitions to adulthood (Ministry of Health and Family Welfare, 2014).

(Jaccard, Dodge & Dittus, 2002) identified five components of communication that may influence how mothers and daughter interact with each other: i. Source of communication. ii. Communication or message factor iii. The channel or medium factors iv. Receiver or audience for the communication v. Context in which communication occurred.

(Population Council India 2014) facts from India about parent-child communication is inadequate, available studies concludes that socialization is gendered and hierarchical. Parent-child communication is limited with regard to sensitive topics such as puberty, physical changes, sex, pregnancy, sexually transmitted infections and HIV.

Studies suggest that parents are not fully informed about SRH matters themselves and that they hold many misperceptions about communicating with their adolescent children on puberty, physical changes, sex, pregnancy, sexually transmitted infections and HIV, many parent’s fears that this type of communication would lead their children astray strong cultural taboos also inhibit parents from discussing sex with their children (Population Council India 2014).

Parent-child communication about sexual and reproductive health is considered as a proximal reproductive health consequence (Evans et al., 2011). Adolescents’ preference for informational sources may be based on their altitude of knowledge, observation and ability to keep privacy (Shivered et al., 2014).

In spite of many socio-cultural obstacles to effective communication between parents and children on sexual and reproductive health issues, adolescents perceive their parents as a key source of information and knowledge (Bankole et al., 2007).

Parent-child sexual communication may occur in the following ways. First of all, a parent may accord initiate sexual communication with his/her child depending on the parent's own characteristics like age and sex. This might happen due to her/his own beliefs, values and orientation towards sexual socialization. Such an individual weighs the advantages of talking against the disadvantages of not talking to the child about sex (Eisenberg et al., 2006).

The Nature and Patterns of Communication:

The patterns of communication between mother or father and adolescent girls determines the effectiveness of transferring reproductive health knowledge to protect reproductive health of adolescent girls, this is when they eventually faces social, psychological, physical and emotional changes.

The communication between parents and Adolescent girls is influenced by several factors, the factors allied with communication pattern had rarely been analyzed through research and it is considered as a neglected area.

Parents typically begin talking with their children about sex during the children's pre-teen years. Although most parents introduce sex-related topics before children are 13 years old, some do not begin these discussions until their children are older, and some parents never discuss sexuality with their children (Warren C, Neer M 1988).

It is found that communication about reproductive and sexual health among mothers and daughters takes place in different shapes, circumstances and levels. Sometimes the communication commences when mother realizes that their daughters are at reproductive health hazard.

Studies state that the context, form, direction and level of communication discloses the adolescent girl's engagement in sexual and reproductive matters. Communication occurred in a confidential and pleasant atmosphere, have a attained higher level of sharing of information on reproductive and sexual health.

Studies show that the most frequent place of communication is the home, which is considered more confidential and peaceful than the outdoor atmosphere. According to most respondents, in different studies discussions that take place in the house are more pleasant with less formality and disagreements.

Sexual and reproductive health communication between parent and adolescent is ineffective, inappropriate, contrary as needed and the focal point is only on less sensitive topics by ignoring sensitive topics(Svodziwa, Kurete & Ndlovu, 2016).

The Frequency of Communication:

The frequency and the depth of discussion among parents and children is a direct dimension of the Sexual Socialization that adolescents obtain from their parents (Lefkowitz et al. 2002).

It is significant to measure the frequency of discussion on sexual health because the channels must be opened sufficiently in order to sexual related discussions to become an effective part of a family's communication agenda" (Warren & Neer 1986).

Sexual and reproductive health is an unusual theme of conversation among parents and children and adolescent sexual education is continued to be a controversial and disputed issue (Zhang, Bi, Maddock and Li, 2010).

The quality and the frequency of communication that positively impacts youth as demonstrated in studies that examined adolescent sexual health (Boyas, Stauss & Murphy-Erby, 2012).

The Frequency of parent child communication about sex is the most general variable used to study about parental impact on adolescents' sexual attitudes and behaviors (Afifi et al., 2008)

The frequency of sexual conversation between parents and children is one of the protective factors that influence communication effectiveness (Somers & Paulson 2000).

Communication regarding sexual matters between parents and adolescents is one of the strategies that could encourage adolescents to delay sexual debut or avoid unprotected sexual intercourse. However, parents and their adolescent children do not often communicate

about sexual matters, and even where discussions occur, parents provide insufficient information about sexual matters (Kimberlee S S 2006).

Topics of communication:

The beginning of menstruation phase among the girls provides an opportunity for discussion on sexual and reproductive health matters with their mothers (Chimbetwe, 2001).

Dolorio (2003) Parental discussions on sexually related topics with their adolescents were important in preventing contraction of sexually transmitted diseases including HIV/AIDS.

Parent-adolescent communication can be used by parents to make the social environment of adolescents more supportive so that they are able to resist the pressure that they experience from their peers to practice unsafe sexual behaviours (Kajula, 2005).

Some of the issues of conversation between mothers and female adolescents were defensive oneself from HIV/AIDS and STDs, and avoiding unwanted pregnancy. Mothers highlighted on safe and late sexual engagement to avoid unwanted pregnancies and pregnancy outside marriage (Dindili, 2014).

Adolescents whose parents' sexual discussions includes more subjects which were more likely to be equipped with the requisite knowledge to make sound sexual decisions than adolescents whose parents restricts their sexual discussion to fewer topics (Martino et al., 2008).

Content of sexual health communication is determined by the initiator of communication: whether child-initiated or parent-initiated, if communication is parent-initiated, then the contents, accuracy and the extent of discussion with children will depend on the sexual knowledge and background experiences of the parent concerned (DiIorio et al., 1999).

Menstruation and contraception are among the first sex-related topic's mothers discuss with their daughters; other topics discussed between mothers and daughters include dating and boyfriends, sexual morality, conception, and sexual intercourse (Fox and Inazu 1980)

Barriers of communication:

It noticed across globe that the adolescents are inadequately informed about their health, sexuality, and physical well-being. Adolescent girls in particular are often kept away from learning about sexuality and reproductive health issues because of cultural and religious practices. (Ragab and Mahmoud, 2006).

Parents report embarrassment or anxiety in talking about sex with their children predominantly during later adolescence (age 14-18), this is the time when adolescents engaging in sexual behavior (Jerman & Constantine, 2010).

Many Parents struggle to communicate due to their own lack of knowledge, perceived self- efficiency as communicators, situational limits, and what information they should disclose to their children (Jaccard et al., 2002).

Communication barriers between parent and children have been reported extensively transversely, several studies include lack of accurate information on sexual and reproductive health matters, embarrassment, discomfort, lack of knowledge and skills to carry out sexual discussions, within these barriers, embarrassment and discomfort have been broadly cited as major challenges and barriers(Poulsen et al., 2010).

Non-cooperative attitudes and behaviour of Children compound parental difficulties in sexual discussion with their children. Whereas some children tells their parents that they have already known what they need to know about sexual matters (Jaccard et al., 2000).

However, adolescent communication about sexual and reproductive health (SRH) issues is affected by a large number of social norms and taboos that are related to gender and sexuality. These factors create a culture of silence, particularly for adolescent girls, in asking, obtaining information, discussing, and expressing their worries about sexual and reproductive health (Svanemyr J et al 2015.)

Cultural and religious beliefs and practices of parents that adolescents are too young to discuss about sexual issues and non supportive atmosphere for discussion obstruct adolescent-parent communication about sexual health issues (WHO 2009).

Lack of parent-adolescent communication on human reproduction and the moral standard for sexual behavior is a major barrier to be overcome in promoting healthy sexual behavior among adolescents (Oladepo 1994).

Even the most well-informed parents with good intentions may find it difficult to communicate sexuality with their adolescent children's due to lack of confidence (Thomson 1997).

Conclusion: Parental communication with adolescent girls is one of the major act of transferring knowledge and information on reproductive and sexual health, especially physiological, social and psychological changes, which occurs during adolescence. Across the globe and in India it is found in many studies that there is a gap in communication between parent and adolescent girls, the nature and pattern of communication is determined by many factor such as the type of family, education of parents and influence of familial factors, the topics of communication are not covered micro topics of reproductive and sexual health due to various hindrances. Frequency of communication is also one of the prominent factor in delivering key information and guidance, frequent communication may lead to prevent adolescents from risk taking behaviors.

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