Extended abstract

Mismatch in sexual and reproductive health communication as reported by adolescents and their parents in a border context of Central Uganda

Globally, adolescents age 10-19 years in sub-Saharan Africa (SSA) region bear a disproportionate burden of sexual and reproductive health (SRH) challenges (1). The region accounts for the highest rates in early marriage, adolescent pregnancy, unsafe abortions, complications during pregnancy and childbirth, and HIV transmission (2) which contribute to high maternal morbidity and mortality rates. The World Health Organization estimates that one in 20 adolescents contract a sexually transmitted infection each year (3). In Uganda, 25 % of adolescents aged 15-19 years were already mothers or pregnant with their first child (4).

Access to specific and timely sexual and reproductive information and services is fundamental in improving sexual and reproductive health outcomes for adolescents. Several studies show that young people also prefer obtaining SRH information from parents (5-7). Parent adolescent communication on SRH issues has the potential to prevent children's involvement in risky sexual behaviors, protect them from adverse health consequences and empowering them with decision making skills (8, 9). Despite these benefits, such important communication seldom occurs in many settings in SSA.

Several factors hinder SRH discussions between parents and adolescents. Parents are generally uncomfortable discussing sex-related issues with their children and have inadequate knowledge and skills to communicate effectively on SRH issues (5, 10). A qualitative review on barriers to parent child communication among parents in East Africa found gender differences, parents' level of education, occupations, religion and social cultural norms were key barriers to communication about SRH (11).

Although there is some information on school based SRH education in Uganda (5), studies on family based SRH education and issues addressing parent child discussions on SRH are limited. Wamoyi and colleagues note that exclusive focus on school children misses the opportunity of understanding the parents' context and their influence on young people's sexual behavior (12). These studies were conducted in urban and peri-urban settings, thus, excluding the rural majority. To the best of our knowledge, there are no studies on parent-adolescent communication on sexual and reproductive health at the Uganda-Tanzania border district of Kyotera. The situation in the border districts of Uganda is dire owing to the cross-border trade and transient populations, which elevate the risk of poor SRH outcomes. Furthermore, the first HIV case in Uganda was reported in Kyotera; the district has continued to experience high HIV prevalence rates at 13% compared to the national average of 6.2%. The district has transitioned and the first victims' children and grandchildren are now the parents of adolescents. Several programs have been implemented to reduce the prevalence and incidence of HIV and risky sexual behaviors and none on parent child communication on SRH. This study aims to fill this gap by investigating the practice of SRH communication between parents and adolescents in this border district of Central Uganda. It is also essential to examine community and district level strategies for promotion of SRH communication between parents and adolescents.

Research Questions:

1. What is the prevalence of parent adolescent communication on SRH in kyotera district?
2. What are the approaches to, content and frequency of SRH communication between parents and adolescents in kyotera?
3. What factors influence parent adolescent communication on SRH in Kyotera?
4. What strategies do community and district level stakeholders recommend for improving parent adolescent communication on SRH in Kyotera?

Methods

Study design: A quantitative research design was utilized. Data was collected in May 2023

Study population: A parent –adolescent pair was interviewed. Parents with children age 10-17 years were identified with the help of local leaders in the community. Data for each parent was linked to that of their child.

Area of study: Kyotera district, located in Central Uganda was purposively selected for this study. Kyotera shares borders with Tanzania and has a port of entry (Mutukula border) to Uganda as well as a Landing site (Kasensero fish landing site) on Lake Victoria. Data was collected from both Mutukula and Kasensero. Mutukula has a diverse population comprising of truck drivers, and other transporters, cross-border traders, sex workers, border officials, border town residents, and tourists/visitors. Kasensero mainly has fisherfolk and traders. Populations living in border towns report poorer SRH outcomes such as early sexual debut, high rates of teenage pregnancy and higher HIV vulnerability (22).

Data collection: Quantitative data was electronically collected using computer assisted personal interviewing (CAPI) using ODK software. A questionnaire was developed and translated into the key local languages (Luganda and English). A team of qualified research assistants (female and male) was recruited to collect data. To enable the research assistants, collect data as competently and efficiently as possible, a four days' training was organized. The tool was pre-tested before data collection.

Sample size: A multi-stage stratified sampling design was used. Two sub-counties were selected. Two enumeration areas or villages were selected using simple random sampling. From each enumeration area, simple random sampling was applied to select households for the survey. A total of 450 parent-child dyads were interviewed. The sample size was determined using the Kish formula (1967), taking into account the design effect of 2, at 95% confidence level. In each household, only one parent/caregiver (male of female available at the time of interview) and one child/adolescent (the oldest), that is, parent–child pair was eligible for interview. In cases where both parents/caregivers are available, the father/male caregiver was interviewed since they are rarely at home. To ensure confidentiality and good data quality, Interviews was conducted in a private but open place. Parents and adolescent were interviewed separately

Preliminary findings

Table 1 depicts the mismatch in SRH as reported by adolescents and their parents. Nearly 70% (68.4%) of the parents indicated a mismatch (parent either said yes, they have ever discussed while the child said no and vice versa). In contrast, about a third (31.6%) of the adolescents reported disagreement.

Table 1 Mismatch in SRH communication as reported by adolescents and their parents

	Disagreed	Agreed
SRH communication from adolescents perspectives	31.6	62.2
SRH communication from parents perspectives	68.4	62.2

Table 2 depicts the percentage distribution of the sample by selected background variables along with depicting proportion of mismatch as reported by parents.

Table 2 Parents who disagreed (mistmatched) to ever have discussed sexual and reproductive health issues

	Disgreed	Agreed	Altogether	p-value
Sex of Parent				0.691
Male	12.9	11.9	12.1	
Female	87.1	88.2	87.9	
Age of parent				0.861
18-29	11.2	13.9	13.1	
30-44	60.2	56.6	57.6	
45-54	20.1	20.2	20.2	
55+	8.6	9.3	9.1	
Are you currently married or living together with a person as if married?				0.229
Yes, currently married	47.1	58.5	55.3	
Yes, Living with a person	17.8	14.5	15.4	
No, not married	35.2	27.0	29.3	
What is the highest level of education you attended?				0.759
No education	11.9	11.7	11.7	
Primary	57.7	61.0	60.1	
Secondary	27.5	25.1	25.8	
Post-secondary /Diploma/University (after S.6)	2.9	2.2	2.4	
What is your religion?				0.819
Catholic	46.2	48.9	48.1	
Anglican	13.0	11.9	12.2	
Muslim	19.4	20.1	19.9	
Pentecostal	19.5	18.2	18.6	
Other Christian	1.9	0.9	1.2	
What is your ethnic background?				0.920
Muganda	61.2	57.8	58.7	
Munyanko	16.6	18.2	17.8	
Other	22.2	24.0	23.5	

	Disgreed	Agreed	Altogether	p-value
Have you done any work (for pay) in the last 12 months?	82.8	73.1	75.8	0.071
Sex of child [[p202]]				0.112
Male	48.9	43.5	44.9	
Female	51.1	56.6	55.1	
Age of child [[p202]]	13 [10,17]	13 [10,17]	13 [10,17]	
Relationship of child [[p202]] to the respondent				0.725
Son	40.2	37.1	38.0	
Daughter	45.3	45.2	45.2	
Relative	11.0	14.1	13.2	
Other	3.5	3.6	3.6	
Does anybody in your household have a mobile phone?	93.8	93.4	93.5	0.900
Have you ever discussed sexual and reproductive health issues with any of your children?	68.4	62.2	63.9	0.443
What have you ever discussed? [multiple response, select all that apply]				0.119
Body changes / Physical and sexual development	37.9	46.3	43.8	
Abstinence	85.1	87.7	86.9	
Conception	9.2	17.2	14.8	
Contraception	1.2	3.5	2.8	
Condoms	4.6	4.4	4.5	
STDs/ HIV/AIDS	65.5	70.4	69.0	
Sexual pleasure	17.2	13.8	14.8	
Bad touches	33.3	44.8	41.4	
Personal hygiene	43.7	52.7	50.0	
Other	5.8	3.0	3.8	
Are you comfortable discussing sexual and reproductive health issues with your child?	54.9	55.5	55.3	0.942
Which approach do you use to talk to your child about SRH issues?				0.377
Friendly	64.2	77.5	73.9	
Fear based communication	28.4	19.7	22.0	
Strict/ harsh	7.4	2.9	4.1	