

Health Systems Research Unit:
Research Briefs

The HERStory Series

Addressing barriers to open sexuality communication between South African adolescent girls and young women and their mothers to facilitate safe sexual and reproductive decision-making

SUMMARY

- Open and effective parent-adolescent communication around sexuality and sexual and reproductive health enables informed sexual and reproductive health (SRH) decision-making amongst adolescent girls and young women (AGYW).
- However, several barriers to sexuality communication between South African AGYW and their parents exist, including an inability or unwillingness to discuss sex, a generation gap, proscriptive socio-cultural guidelines, and mothers' discomfort, lack of knowledge and self-efficacy, and fear of encouraging promiscuity.
- As a consequence, AGYW make poorly-informed SRH decisions alone. A lack of connectedness and poor quality relations between parents and adolescents is linked with sexual risk behaviour, including early sexual debut, amongst adolescents.
- To enable AGYW to make safe, informed decisions about relationships, sex and contraceptive use, they require accurate information and support.
- Our findings indicate that interventions can be successful in addressing some of these barriers, and that by reducing sexuality communication barriers, AGYW access to contraceptives may be improved.
- Through the provision of sexual and reproductive health and rights education, and activities designed to empower AGYW, interventions can be successful in addressing some of the barriers to open sexuality communication.

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These research briefs were developed by scientists at the South African Medical Research Council's Health Systems Research Unit to share findings from studies conducted by the organisation.

For more information on this study and to see published papers and other research briefs in the series:

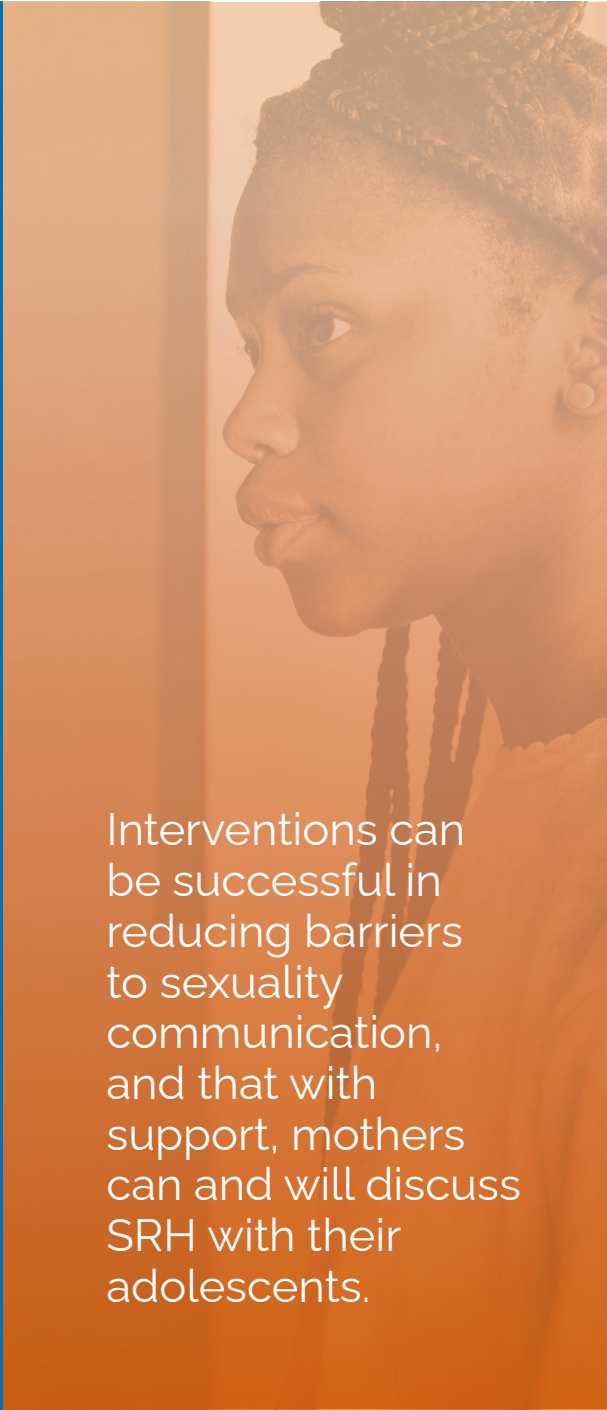
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- It is possible to overcome norms that prohibit open sexuality communication, and in turn provide a more enabling environment for AGYW to make informed decisions about sex.
- Interventions can be successful in reducing barriers to sexuality communication, and that with support, mothers can and will discuss SRH with their adolescents.
- There is a need to leverage AGYW ecosystems to support prevention and risk reduction by addressing communication barriers between AGYW and their parents/caregivers, facilitating more effective support to AGYW in their SRH decision-making.

THE ISSUE

- The disproportionate HIV risk faced by AGYW can be attributed to a number of structural and environmental factors including gender inequality, gender-based violence, gender discrimination, gender norms, and taboos about sexuality, which combine to negatively impact the ability of AGYW to protect themselves from HIV and other sexually transmitted infections (STIs), prevent unintended pregnancy, seek health services, and make informed decisions about their sexual and reproductive health.
- Protecting AGYW from the risks of early pregnancy, STIs, and HIV requires a holistic approach, which addresses the social, economic, and structural factors preventing them from practicing safe and consensual sex.
- Parents, as key players in the sexual socialisation of adolescents and young people, are in a position to communicate with their children about sex. However, socio-cultural norms restricting sexuality communication impede open discussion of SRH matters between adolescents and young people and their parents in South Africa.
- Sexuality communication between parents and adolescents in the sub-Saharan African region tends to be punitive, focusing on abstinence, rather than information about contraceptives and/or condoms.



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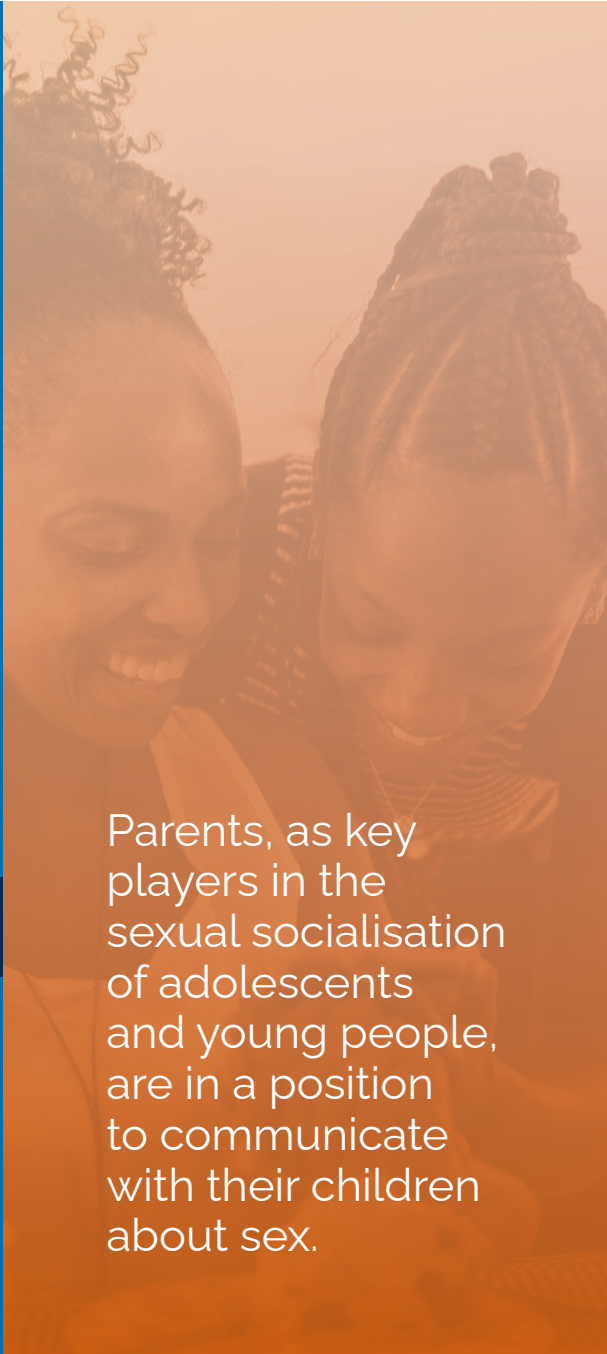
THE CONTEXT

- South Africa's National Strategic Plan (NSP) for HIV, TB, and STIs has prioritised the provision of comprehensive targeted combination prevention interventions. In addition to access to HIV treatment and services, the NSP specified that targeted interventions should include the provision of appropriate social support which specifically includes information and emotional support from people including parents.
- The Global Fund invested in a South African combination HIV prevention intervention for AGYW in ten South African districts purposively selected to include some of the most vulnerable AGYW in the country, with the highest HIV incidence. The intervention was implemented 2016–2019, and comprised an intensive, comprehensive package of components aimed at reducing new HIV infections and rates of teen pregnancy amongst AGYW through the provision of HIV, TB, and SRH services, counselling, and education.

RESEARCH OVERVIEW: THE HERSTORY STUDY

The HERStory¹ study was an evaluation of the intervention, which aimed to assess how the intervention and its impacts were perceived by AGYW and their communities, describe the factors that determined these perceptions, and describe the successes and failures of the intervention. The findings presented in this brief derive from the qualitative evaluation. Further information about the intervention and the overall evaluation can be found at: <https://www.samrc.ac.za/intramural-research-units/HealthSystems-HERStory>.

Research activities took place in 5 districts in 6 South African provinces: Klipfontein, Cape Town (Western Cape), Uthungulu (KwaZulu Natal), Gert Sibande (Mpumalanga), Bojanala (North West), and Nelson Mandela Bay (Eastern Cape). All five districts are characterised by high HIV prevalence, and high rates of teenage pregnancy. Between August 2018 and March 2019 we conducted 63 in-depth interviews (IDIs) and 24 focus group discussions (FGDs) with a total of 237 AGYW aged 15–24 years.



Parents, as key players in the sexual socialisation of adolescents and young people, are in a position to communicate with their children about sex.

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WHAT WE FOUND

- Despite the recognised need for communication about sexuality, substantial barriers to communication exist between South African AGYW and their mothers.
- Barriers to sexuality communication include reluctance amongst parents to talk to their adolescent children about SRH – mostly due to the fear that communication will encourage early initiation of sexual activity.
- Parents, especially maternal figures, fail to recognise the contribution of their own behaviours and motivations on AGYW risk behaviour, failing to consider the implications of their daughters' fear of discussing sex and contraception with them.
- Conversations around sexuality create feelings of discomfort and whereas adolescents may fear reprimand from parents, parents may also lack courage and/or information, and fear that talking about sex will be interpreted as encouragement.
- A lack of knowledge and skills, combined with generational and educational gaps between parents and adolescents, contribute to parents' sense of disempowerment, lack of self-efficacy, and reluctance to discuss SRH with adolescents.
- Although parental SRH knowledge alone is insufficient to influence the communication behaviour, it is an important prerequisite. Self-efficacy is a significant predictor of communication around sexual behaviour.

IMPLICATIONS FOR PRACTICE

- Interventions for AGYW SRH in South Africa need to be sensitive towards socio-cultural norms, and the traditional morals and expectations of the older generation, while emphasising the importance of communication across generational boundaries.
- Parent-delivered SRH information, education and support may be an efficacious strategy to prevent unintended pregnancies and HIV infection amongst AGYW. Future interventions should incorporate more meaningful engagement of parents in adolescent SRH.

The combination HIV prevention interventions were funded by the Global Fund to Fight AIDS, TB and Malaria, and implemented in 10 districts in South Africa by a range of government departments and civil society organisations that were appointed by the organisations responsible for the management of the AGYW programme. The programme was aligned with the She Conquers campaign and was implemented with support from the South African National AIDS Council (SANAC) through the Country Coordinating Mechanism (CCM) and the CCM Secretariat.

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Improve parents' communication skills

- Parents should be equipped with communication skills, and taught how to engage in positive parenting styles which encourage open, attentive, and responsive communication about sex in order to overcome adolescents' resistance to and discomfort in communicating about SRH with their parents.

Improve parents' self-efficacy by enhancing knowledge and skills

- In order to address barriers relating to parents' self-efficacy, interventions should include strategies that provide parents/caregivers with a knowledge base and skill-set, to enhance their motivation and confidence in communicating around SRH topics with their adolescents, and create opportunities for communication and collaboration among parents/caregivers.
- Provision of knowledge must be combined with efforts to empower parent/caregivers, validating and addressing their potential discomfort towards talking about sex, and working to build their courage in discussing SRH, which will in turn increase their ability to be responsive to the needs of adolescents and support them to make safe and informed decisions about sex.

Bridge the empathy gap

- In order to reinforce positive behaviours amongst AGYW, there is a need for empathetic support networks that provide holistic advice and support for managing relationships and SRH overall, rather than focusing only on HIV prevention.
- There is a need to 'bridge the empathy gap' by helping parents/maternal figures to understand the AGYW context and the implications of their attitudes and communication style on AGYW decision making.

Contextually relevant interventions

- Within South African cultural frameworks, maternal figures are expected to play the role of sexuality socialising agents of appropriate behaviours to girl-children, and are thus in a position to provide accurate SRH information to their daughters, and equip them with the knowledge and skills necessary for safe-sex competence, empowering them with the ability to make informed decisions regarding the engagement in protective behaviours.
- Interventions need to be designed and implemented in a manner that recognises the importance of communication across generational boundaries, is sensitive to generational norms, culturally and linguistically appropriate, and works to address socio-cultural norms and religious beliefs that may create resistance to open, inter-generational communication around sex.

Suggested citation:

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Paper that this brief is based on:

Zoe Duby, Wilmé Verwoerd, Katja Isaksen, Kim Jonas, Kealeboga Maruping, Janan Dietrich, Ashleigh Lovette, Caroline Kuo & Catherine Mathews (2022) 'I can't go to her when I have a problem': sexuality communication between South African adolescent girls and young women and their mothers, SAHARA-J: Journal of Social Aspects of HIV/AIDS, 19:1, 8-21.

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