

Communication of Adolescents on Sexual and Reproductive Health Issues with their Parents in Jhapa

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Abstract

Adolescence is a vulnerable period and adolescents are at higher risk of sexual and reproductive health problems, abuse, violence, and suicide. Thus, parents have an influential role in helping them throughout this phase of sexual maturation through open communication. Many studies have shown poor communication in a global context as well as in Nepal. Therefore, the objective of this study was to assess the communication of adolescents on sexual and reproductive health issues with their parents in selected public schools of Jhapa. This study was a descriptive cross-sectional study conducted in 210 students of classes 9 and 10 of Shree Buddha Adarsha Secondary School, Buddhashanti-1 Jhapa, Nepal. Non-probability purposive sampling was used to select the setting and the study population. Self-administered semi-structured questionnaires were used for data collection and data entry was done in SPSS version 16.0. The data was analyzed using descriptive and inferential statistics. The findings of the study revealed that the level of communication of adolescents on sexual and reproductive health with their parents was low in the majority of respondents (90.0%). However, two-thirds (72.4%) of respondents had the average quality of communication followed by a high of 1.0%. Therefore, findings suggested that even though most students were positive towards the importance of sexual reproductive health communication with parents, most of them were not communicating well and topics such as abortion, pregnancy, homosexuality, and fertilization were highly avoided.

Keywords: *Adolescents; communication; health; issues; parents; reproductive; sexual*

Introduction

The World Health Organization (WHO, 2010) states that adolescents are individuals whose age is between 10–19 years. Adolescence is a period of transition from childhood to adulthood during which rapid changes occur in different aspects such as physical, physiological, sexual psychological, cognitive, social, and emotional aspects (Progress for Children, 2012). Different adolescents may react differently to these changes. While some accept the changes positively, some may perceive them as embarrassing and confusing (Shrestha, 2018). According to the Centers for Disease Control and Prevention (CDC, 2019), the involvement of adolescents in several risk-taking behaviors such as early and unprotected sex, and forced sex directly increases the risk for STIs, unwanted pregnancies and abortion related complications. Adolescents involved in substance abuse, or experienced violence (bullying at school or electronically) are at high risk for involvement in unsafe sex, developing mental health issues, and attempting suicide. Besides, these also can harm their academic performance and ultimately ruin their future.

The total population of adolescents in today's world is 1.3 taboos which is 16% of the world's population (The United Nations Children's Fund (UNICEF, 2022). About 360 million 20% population of the South East Asia Region is occupied by adolescents (WHO, 2022). According to the Annual Report published by the Department of Health Service, Nepal (DoHS, 2077/78) adolescents comprise 24% (6.4 million) of the total population of Nepal, among which 17% of girls have either given birth to their first child before the age of 19 years or are pregnant. Only 15% of currently married adolescents use modern contraceptives (DOHS/MOHP, 2019). Adolescents are always seeking proper information on several matters related to reproduction and sexuality from as many sources as possible (WHO, 2015). Parents can play an influential role in helping adolescents throughout this phase of sexual maturation and guide them toward responsible sexual behaviors and making healthy decisions in the future (Yadeta et al., 2014).

There are several barriers such as sociocultural norms and taboos on gender and sex, a lack of knowledge in parents, a sense of morality and the unwillingness of parents to discuss such issues with their adolescents, or a fear of adolescents to communicate. Because of these reasons, most adolescents choose to remain silent rather than ask and express their concerns. Likewise, their parents prefer silence in front of their adolescents on such topics to avoid their feelings of embarrassment. However, a strong relationship between parents and their children is of paramount importance for effective communication to take place (Yadeta, Bedane & Tura, 2014; Tuladhar & Shrestha, 2021).

A cross-sectional study was done on 384 students from grades 9-12 in public schools in Lao PDR in which the mean age of the respondents was 15.7. According to this study, 21.3% of students had discussed at least four of eight topics with their parents during

the last 6 months. Mothers were preferred more than fathers by both male and female adolescents. Males discussed more than females where males and females were 29.2% and 16.1% respectively. Although 94.1% of students think that it is important to discuss SRH issues with parents, the findings of the study show that the frequency of parent-adolescent communication on those issues was low. Sex of adolescents, age of parents, sources of information, and location of school are some factors that affect communication (Vongsavanh et al., 2020).

According to a community-based cross-sectional study conducted on 397 college students aged 18-19 years in India, 39.5% of adolescents had communicated with either of their parents on SRH at least once during the last 5-year period. While 34% communicated with the mother only 14.8% made communication with the father on SRH. 80% of those who communicated with mothers were female and among the 59 adolescents who preferred their father to communicate, 56% of those were male. Feeling embarrassed and inappropriate to discuss SRH in the family are the major obstacles to developing communication (Sreekumar & Ramakrishnan, 2016). A school-based cross-sectional study was conducted to assess the level and quality of communication between parents and adolescents on SRH among 213 students of grades 9 and 10 in 2 different schools in Sankhu, Nepal. This study shows that the level of communication on SRH was found to be low in around 60% of adolescents. However, the quality of communication was found to be high in 51.2% of adolescents. Some critical topics such as relationships with the opposite sex, abortion, and STIs were never discussed by most adolescents (Tuladhar & Shrestha, 2021).

Material and Methods

A quantitative approach to research was used to assess the communication of school adolescents on sexual and reproductive health issues with their parents. The research design was a descriptive cross-sectional study as data was collected at a single point in time. The study was conducted in Shree Buddha Adarsha Secondary School. It is a government public school situated in Buddhashanti Rural Municipality of Jhapa District in Province No. 1 of Nepal. It's one of the renowned oldest schools in Jhapa district which was established in 2017 B.S. There are 1726 students in the school. The study population was all students in classes 9 and 10 of selected schools using the Census method. Students who were absent on the day of data collection, and who did not want to participate in the research, or did not bring the signed consent from parents were not included in the study. Although it was aimed to include total students (304) in the study by using a complete enumeration method, only 210 students responded due to absenteeism (20% nonresponse rate of calculated sample size). A purposive sampling technique was used to select a setting. Structured self-administered questionnaires were developed based on the adapted "Weighted Measure of Family Sexual Communication Scale" (Fisher, 1987) and "Parent-adolescent communication scale" (Jaccard, Dittus & Gordon, 2000) as per the objective of the study. Questionnaires were

translated into the Nepali language as per the needs of the study population. This part includes fourteen questions to collect information on participants' details such as age, gender, religion, ethnic group, and grade; family status such as size of family, age of parents, education of parents, and occupation of parents. This part includes six questions to assess the general communication pattern and preferred persons to communicate SRH issues by students. It also contains questions related to the reasons for preferring a particular person for SRH communication. This part was developed by adapting "The Weighted Measure of Family Sexual Communication Scale" which was developed by Fisher in 1987. In this scale, the score ranges from 0-3 each indicating the level of communication where 0 indicates never, 1 indicates rare, 2 indicates sometimes and 3 indicates often. This part was adapted from the Parent-adolescent communication scale developed by Jaccard, Dittus, and Gordon. It is a 4-point Likert scale containing 16 items. The scale ranges from strongly disagree 1 to strongly agree: 4. Scores could range from 16-64. The value of each item was reversed for scoring, with a high score indicating low quality and a low score indicating high quality of SRH communication. Before data collection, ethical approval was taken from the Research Management Cell (RMC) of Biratnagar Nursing Campus, Biratnagar. A support letter was obtained from Biratnagar Nursing Campus and administrative permission was obtained from the principal of Shree Buddha Adarsha Secondary School, Buddhashanti-1, Jhapa. Written consent from the parents of each individual was collected by obtaining help from school teachers. After making necessary changes to the tool, data was collected from the study population by the researchers themselves. The data collection process was completed within one month. All instructions about the questionnaires were given before respondents filled out the questionnaires. Students were given 20-25 minutes to fill out the questionnaires. Confidentiality was maintained by using code no. for all questionnaires. Collected data were checked then and there for completeness. After the collection of data, collected data were checked for completeness and accuracy, and coding, classification, and entry were done in the datasheet. Data were analyzed by using both descriptive and inferential statistical methods. In descriptive statistics, frequency, percentage, mean, and standard deviations were calculated to analyze demographic data. Likewise, in inferential statistics, Chi-square and Fisher Exact tests were applied to identify associations. Data processing was done using Statistical Package for Social Sciences (SPSS) version 16.0. Analyzed data was presented in tabulated form.

Results

More than half of the students (52.4%) were from the Brahmin/Chhetri ethnic group whereas only 7.1% belonged to the Madhesi group and the majority (89.0%) were following the Hindu religion, 3/4th of the students (80.5%) had a nuclear family. Regarding the age of parents, more than half of student's fathers (54.8%) were in 40 and 50 years old, whereas age of mothers of 2/3rd students (70%) was between 30 and 40 years, 42.0% of fathers had obtained basic education (1-8), only 5.3% had achieved more than secondary-

level education, more than half of mothers (51.0%) were homemakers by occupation and 30.0% of fathers were engaged in agriculture closely followed by labor 28.5% (Table 1). In terms of sex, female adolescents discussed it more frequently than male adolescents (39.1% versus 14.7%) and the percentage of those who never discussed general issues with their father was slightly higher in males (15.8%) than in females (14.8%) (Table 2). In terms of sex, 2/3rd of females (63.5%) communicated daily, while less than half of males (46.3%) had daily communications with their mother (Table 3). Furthermore, most of the female respondents (94.8%) had positive attitude which is higher than the male comprising 54.7%. In contrast, the percentage of students having negative attitude is higher in male 45.3% than in female 5.2% (Table 4). Among 210 students, 22.9% of respondents had discussed menstruation frequently followed by pubertal changes and relationships with opposite sexes comprising 7.1% and 6.2% respectively. Pubertal changes were also discussed sometimes by nearly one fourth of respondents 22.9% (Table 5). Forty percent agreed that they would feel embarrassed talking to parents about sex and also agreed that they know what they need to know so that they don't need to talk to parents about sex (Table 6). The association between selected socio demographic variables and level of communication has been shown in (Table 7) there is no association between them. The quality of communication had significant association with sex of respondents, perceived the close parent for communication, and attitude towards importance of SRH communication with parents (Table 8).

Table 1*Socio-demographic Characteristics of Students*

n=210

Characteristics	Frequency	Percentage
Age of students		
13-15	114	54.3
≥16	96	45.7
Mean \pm SD=15.50 \pm 1.121		
Gender		
Female	115	54.8
Male	95	45.2
Religion		
Hinduism	187	89
Kirat	9	4.3
Buddhism	8	3.8
Cristianity	6	2.9
Ethnicity		
Brahmin/Chhetri	110	52.4
Dalit	34	16.2
Janajati	51	24.3
Madhesi	15	7.1
Grade		
Class 9	125	59.5
Class 10	85	40.5

Type of family		
Nuclear	169	80.5
Joint	41	19.5
Age of father (n=207)		
30-40	75	35.7
40-50	115	54.8
≥50	17	8.2
Education of father (n=207)		
No formal education	35	16.9
Basic education	87	42.0
Secondary	74	35.7
More than secondary	11	5.3
Age of mother		
30-40	147	70.0
40-50	63	30.0
Occupation of father (n=207)		
Agriculture	62	30.0
Labor	59	28.5
Business	38	18.4
Services*	37	17.8
Foreign employment	11	5.3

Services include government service and private service.*

Table 1 illustrates the socio-demographic characteristics of respondents. The age of students ranges from 13-19 years with mean age of 15.50 (+_1.121) years where more than half (54.3%) of students were between below 16 years of age and similar number of the students (54.8%) were female.

Table 2

General Communication Pattern of Adolescents with their Father

n=210

General communication pattern	Male	Female	Total
	f (% within sex)	f (% within sex)	f (%)
Daily	14(14.7)	45(39.1)	59(28.1)
Few times a week (2-3 times)	41(43.2)	31(27.0)	72(34.3)
Once a month	25(26.3)	22(19.1)	47(22.4)
Never	15(15.8)	17(14.8)	32(15.2)

Table 2 shows sex wise general communication pattern of respondents with their father. Among 210 students, more than one third (34.3%) of students communicated few times a week. In contrast, 15.5% had no any communication with their father.

Table 3*General Communication Pattern of Adolescents with their Mother*

n=210

	Male	Female	Total
General communication pattern	f (% within sex)	f (% within sex)	f (%)
Daily	44(46.3)	73(63.5)	117(55.7)
Few times a week	32(46.3)	23(20.0)	55(26.2)
Once a month	13(33.7)	10(8.7)	23(11.0)
Never	6(13.7)	9(7.8)	15(7.1)

Table 3 depicts sex wise general communication pattern with their mother. While more than half of students (55.7%) had daily discussions on general matters with their mother, 7.1% had no any discussions. In terms of sex, 2/3rd of female (63.5%) communicated daily, while less than half of male (46.3%) had daily communications with mother.

Table 4*Attitude of Adolescents towards SRH Communication with Parents*

n=210

	Male	Female	Total
Variables	f(%within sex)	f(% within sex)	f(%)
Positive attitude	52(54.7)	109(94.8)	161(76.7)
Negative attitude	43(45.3)	6(5.2)	49(23.3)

Table 4 shows that among 210 adolescent students, three (76.7%) of adolescents possessed positive attitude, whereas less than one fourth (23.3%) had a negative attitude towards the importance of SRH communication with parents

Table 5*Level of SRH Communication of Adolescents with their Parents (in last one month) n=210*

Characteristics	Never	Rarely	Sometimes	Often
	f(%)	f(%)	f(%)	f(%)
Pubertal changes	109(51.9)	38(18.1)	48(22.9)	15(7.1)
Menstruation	89(42.4)	33(15.7)	40(19.0)	48(22.9)
Pregnancy	182(86.7)	12(5.7)	9(4.3)	7(3.3)
Fertilization	180(85.7)	14(6.7)	10(4.8)	6(2.9)
Contraceptives	191(91.0)	13(6.2)	4(1.9)	2(1.0)
Abortion	188(89.5)	14(6.7)	7(3.3)	1(0.5)
HIV/STIs	172(81.9)	17(8.1)	18(8.6)	3(1.4)
Homosexuality	183(87.1)	14(6.7)	8(3.8)	5(2.4)
Relationship with opposite sex	178(84.8)	13(6.2)	6(2.9)	13(6.2)

Table 5 represents the pattern of communication of adolescents on nine different SRH issues with their parents. The majority of respondents had never discussed most of the SRH topics. Contraceptives were never discussed by the majority of students (91.0%) closely followed by abortion (89.5%), homosexuality (87.1%), pregnancy (86.7%), and fertilization (85.7%).

Table 6*Quality of SRH Communication among Adolescents and their Parents*

n=210

Characteristics	Strongly disagree	Disagree	Agree	Strongly agree
	f(%)	f(%)	f(%)	f(%)
I would be embarrassed	27(12.9)	80(38.1)	84(40.0)	19(9.0)
Parents would not want to answer	29(13.8)	101(48.1)	65(31.0)	15(7.1)
Parents would only lecture	23(10.9)	112(53.3)	63(30.0)	12(5.7)
I don't need to talk to parents; I know what I need to know	25(11.9)	76(36.2)	84(40.0)	25(11.9)
Parent/s do/do not know enough	36(17.1)	128(61.0)	35(16.7)	11(5.2)
Parents would not be honest	43(20.5)	107(51.0)	50(23.8)	10(4.8)
Parents are too old	41(19.5)	122(58.1)	34(16.2)	13(6.2)
Parents would be suspicious of me	40(19.0)	98(46.7)	62(29.5)	10(4.8)
It would be difficult to find a convenient time and place to talk	48(22.9)	90(42.9)	59(28.1)	13(6.2)
Parents are just too busy	40(19.0)	102(48.6)	55(26.2)	13(6.2)
Parents would ask too many personal questions	19(9.0)	69(32.9)	99(47.1)	23(11.0)
Parents do/does not want to hear about sex	40(19.0)	118(56.2)	38(18.1)	14(6.7)
Parents and I would only argue	45(21.4)	95(45.2)	53(25.2)	17(8.1)
Parents would be embarrassed	21(10.0)	113(53.8)	59(28.1)	17(8.1)
It to be difficult to be honest about my behavior	26(12.4)	91(43.3)	77(36.7)	16(7.6)
Parents would get angry.	57(27.1)	101(48.1)	38(18.1)	14(6.7)

Table 6 depicts that nearly half of respondents (47.1%) agreed that their parents would ask them too many personal questions if they tried to talk with them about sex and the percentage of those who strongly agreed was also higher in same item comprising 11.0% whereas, it was strongly disagreed by 9.0%.

Table 7

Association between Selective Socio-demographic Variables and Level of Communication
n=210

Variables	Level of communication		P-value
	Low (%)	Average (%)	
Sex of student			
Male	87 (41.4)	8 (3.8)	0.488
Female	102 (48.6)	13 (6.2)	
Age of father			
30-40	64 (30.9)	11 (5.3)	0.105#
40-50	108 (52.2)	7 (3.4)	
50 and above	15 (7.2)	2 (1.0)	
Age of mother			
30-40	132 (63.2)	15 (7.2)	0.908
40-50	56 (26.8)	6 (2.9)	
Education of father			
No formal education	32 (15.5)	3 (1.4)	0.951#
Basic education (1-8)	79 (38.2)	8 (3.9)	
Secondary and above	76 (36.7)	9 (4.3)	
Occupation of father			
Agriculture	58 (28.0)	4 (1.9)	0.143#
Labor	50 (24.2)	9 (4.3)	
Business	37 (17.9)	1 (0.5)	
Others	42 (20.3)	6 (2.9)	
Occupation of mother			
Homemaker	94 (44.8)	13 (6.2)	0.290
Others	95(45.2)	8(3.8)	
Close parent for SRH communication			
Mother	102 (48.6)	12 (5.7)	
Father	10 (4.8)	0 (0)	0.533#
Both	20 (9.5)	4 (1.9)	
None	57 (27.1)	5 (2.4)	
Attitude towards importance of SRH communication with parents			
Positive	145 (69.0)	16 (7.6)	1.000#
Negative	44 (21.0)	5 (2.4)	

Significance level at 0.05

Note: # = Fisher Exact Test

Table 7 shows association between selected socio demographic variables and level of communication. It shows that there is no any association between them.

Table 8

Association between Selective Socio-demographic Variables and Quality of Communication
n=210

Variables	Quality of communication			P-value
	Low (%)	Average (%)	High (%)	
Sex of student				
Male	12 (5.7)	63 (30.0)	20 (9.5)	0.006*
Female	2 (1.0)	89 (42.4)	24 (11.4)	
Age of father				
30-40	4 (1.9)	51 (24.6)	20 (9.7)	0.463#
40-50	8 (3.9)	87 (42.0)	20 (9.7)	
50 and above	2 (1.0)	12(5.8)	3 (1.4)	
Age of mother				
30-40	8 (3.8)	109 (51.9)	30 (14.3)	0.495#
40-50	6 (2.9)	43 (20.5)	14 (6.7)	
Education of father				
No formal education	3 (1.4)	27 (13.0)	5 (2.4)	0.451#
Basic education (1-8)	6 (2.9)	66 (31.9)	15 (7.2)	
Secondary and above	5 (2.4)	57 (27.5)	23 (11.1)	
Occupation of father				
Agriculture	3 (1.4)	50 (24.2)	9 (4.3)	0.196#
Labour	6 (2.9)	44 (21.3)	9 (4.3)	
Business	2 (1.0)	27 (13.0)	9 (4.3)	
Others	3 (1.4)	29 (14.0)	16 (7.7)	
Occupation of mother				
Homemaker	7 (3.3)	77 (36.7)	23 (11.0)	0.454#
Agriculture	2 (1.0)	22 (10.5)	8 (3.8)	
Labor	1 (0.5)	16 (7.6)	0 (0)	
Business	2 (1.0)	19 (9.0)	5 (2.4)	
Others	2 (1.0)	18 (8.6)	8 (3.8)	
Close parent for SRH communication				
Mother	2 (1.0)	87 (41.4)	25 (11.9)	0.006#
Father	0 (0)	6 (2.9)	4 (1.9)	
Both	1 (0.5)	18 (8.6)	5 (2.4)	
None	11 (5.2)	41 (19.5)	10 (4.8)	
Attitude towards importance of SRH communication with parents				
Positive	4 (1.9)	123 (58.6)	34 (16.2)	0.000*
Negative	10 (4.8)	29 (13.8)	10 (4.8)	

Significance level at 0.05 * =Significant association at <0.05 # = Fisher Exact Test

Table 8 presents association of selected demographic variables with quality of SRH communication which shows that quality of communication had significant association with sex of respondents, perceived close parent for communication, and attitude towards importance of SRH communication with parents.

Discussion

In this study, three-fourths of the adolescents (76.7%) possessed a positive attitude toward the importance of SRH communication with parents which was supported by research done in Northwest Ethiopia (78.3%) (Mekonen et al., 2018). It contradicts with the study done in Lao PDR which reported that most of the participants (94.5%) accepted its importance (Vongsavanh et al., 2020). This may be due to the difference in sample size, and cultural and demographic variations. More than half of adolescents (54.3%) expressed that they feel closer to their mother for SRH communication and among more than one-quarter of adolescents (29.5%) who feel closer to neither of their parents, more than half (54.8%) preferred peers, followed by health professional/school nurse (9.5%). The former finding was supported by a similar study done in Sankhu, Nepal according to which 60.1% considered mothers approachable for SRH communication (Tuladhar & Shrestha, 2021). This was also in line with studies done in Dabat town Ethiopia (Dagnachew Adam et al., 2020). This may be due to the fact that many mothers were housemakers and had enough time to talk with their adolescents.

The pattern of communication was found to be at a significantly lower level (average communication in 10%) with 90% having low communication in comparison to a study done in Sankhu Nepal which reported high communication in 44.1%. However, it is in line with the findings that menstruation was the frequently discussed SRH topic, followed by pubertal changes, and topics such as abortion, pregnancy, and fertilization were never discussed by the majority of adolescents (Tuladhar & Shrestha, 2021). In this study the median of the obtained score was used to categorize scores into high and low categories, while in the present study, the tertile method is used to categorize scores into high, average and low categories.

This finding is also consistent with the findings of the study done in Kailali Nepal (Bhatta et al., 2021). Moreover, a similar study conducted in Lao PDR showed that among 384 students 78% never or rarely communicated with their parents on SRH topics (Vongsavanh et al., 2020).

Unlike the study done in Sankhu, Nepal which showed high quality in more than half (51.2%) and low quality in nearly half (48.8%) of adolescents, the result of this study depicted that nearly two-thirds (72.4%) had average quality, 21% had high quality (Tuladhar & Shrestha, 2021). This may be due to the difference in study area, and time and also it may be due to the difference in method of categorization.

In this study, the level of communication had no statistically significant association with selected socio-demographic variables while, quality was associated with the gender of respondents, perceived close parent for communication, and attitude towards the importance

of SRH communication with parents. Research done in Sankhu reported a significant association between the quality of SRH communication with gender and perceived close parents and research done in Northwest Ethiopia is in concordance with the later findings (Tuladhar & Shrestha, 2021; Wudineh et al., 2021).

Conclusion

The findings of this study suggested that even though most students were positive about the importance of SRH communication with parents, most of them were not communicating adequately. Moreover, issues such as abortion, pregnancy, homosexuality, and fertilization were avoided by the majority of respondents. However, the quality of communication was reported as average by a higher number of adolescents.

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