ORIGINAL RESEARCH ARTICLE

Barriers to sexual health communication between parents and teenagers: Perspectives of parents in a rural community in Mpumalanga province, South Africa

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Abstract

Teenagers are affected by negative sexual and reproductive health outcomes because of the lack of knowledge and risky decision-making. This may be worsened by teenagers seeking information from questionable sources such as the internet, and social media. This highlights the need for parent-teen communication on sexual health practices. The study aimed to explore the perspectives of parents regarding the barriers to sexual health communication with their teenagers in the Masoyi rural community, Mpumalanga province, South Africa. This exploratory, descriptive, qualitative study was conducted using in-depth interviews and analyzed using content analysis. Purposive sampling was used to select 14 parents who had teenagers aged 12 to 19 years. Parents revealed that the barriers that hindered parent-teen communication include cultural influences, unavailability of parents and conflicting messages from parents and media, age difference and media (television). Parents need to be confident or comfortable in engaging with their teenagers about sexual health content. *(Afr J Reprod Health 2025; 29 [2]: 35-41).*

Keywords: Barriers; communication; sexual and reproductive health; teenagers; parents

Résumé

Les adolescents subissent des conséquences négatives en matière de santé sexuelle et reproductive en raison du manque de connaissances et de prises de décisions risquées. Cette situation peut être aggravée par le fait que les adolescents recherchent des informations auprès de sources douteuses telles qu'Internet et les réseaux sociaux. Cela met en évidence la nécessité d'une communication parents-adolescents sur les pratiques de santé sexuelle. L'étude visait à explorer les perspectives des parents concernant les obstacles à la communication sur la santé sexuelle avec leurs adolescents dans la communauté rurale de Masoyi, province de Mpumalanga, Afrique du Sud. Cette étude exploratoire, descriptive et qualitative a été menée à partir d'entretiens approfondis et analysée à l'aide d'une analyse de contenu. Un échantillonnage raisonné a été utilisé pour sélectionner 14 parents ayant des adolescents âgés de 12 à 19 ans. Les parents ont révélé que les obstacles qui entravent la communication parents-adolescents comprennent les influences culturelles, l'indisponibilité des parents et les messages contradictoires des parents et des médias, la différence d'âge et les médias (télévision). Les parents doivent être confiants ou à l'aise lorsqu'ils discutent avec leurs adolescents de contenus sur la santé sexuelle. *(Afr J Reprod Health 2025; 29 [2]: 35-41).*

Mots-clés: Obstacles; communication; santé sexuelle et reproductive; adolescents; parents

Introduction

Adolescence is a crucial phase for shaping one's romantic and sexual identities, as well as learning healthy sexual behaviours to avoid unfavourable sexual health outcomes like teen births and sexually transmitted illnesses[1]. South African adolescents remain vulnerable to HIV/AIDS, STIs, and unwanted pregnancy because, in 2016, there were 2.1 million people aged 10 to 19 years were living with HIV[2]. Furthermore, 260,000 adolescents became newly infected with HIV/AIDS, which was a rise of 30% between 2005 and 2016[2]. In response to the report, the South African government developed an integrated school policy to increase sexual health knowledge and skills among teenagers and educators[3]. Evidence in Sub-Saharan Africa has suggested that only 46% and 20% of parents in

Lesotho and Ethiopia had discussed reproductive concerns with their teenagers, respectively[4]. The authors also discovered that in China, one-third of female teenagers discussed sexual subjects with their mothers[4]. In Tanzania, Rwanda and Ethiopia, only 27%, 19%, and 35% of parents engaged in sexual health communication with their teenagers, respectively[5]. This suggests that a high proportion of youth face life-threatening health risks from unwanted pregnancies and sexually transmitted infections (STIs), such as HIV and AIDS[5]. The increased risks may result from teenagers participating in risky sexual behaviours because of the lack of information and sexual health communication. Similarly, most teenagers turn to questionable information sources such as friends, the internet, and social media, putting them at a higher risk of sexual behavior[4].

In black rural South African families, parents view sex talks with adolescents as inappropriate, and this affects sexual health communication[6]. Cultural and religious beliefs seem to be a contributing factor to high rates of negative sexual practices among teenagers in South Africa. Parents believe that teenagers are too young to discuss sexual health issues as this will encourage teenagers to experiment with sex at an early age. Culture prohibits parents from engaging with their children about sexual and reproductive health issues[7]. Effective parent-child communication may positively impact risky sexual practices that are detrimental to teenage health and well-being. However, most parents do not discuss sexual and reproductive health and practices with their teenagers. In another study, teachers were asked to give their views on teenage pregnancy and teenage mothers, the findings revealed that teachers' assistance for pregnant teenagers and teenage mothers could help to moderate the harmful implications of early pregnancy[8].

Furthermore, nurses can also use their expertise and skills to improve adolescent sexual and reproductive health[9]. Teachers spend a significant amount of time with their learners, they may find it easier to incorporate reproductive health education into their teaching activities[10]. As a result, schools become an ideal and trustworthy environment to offer reproductive health education to the young population. However, for this to happen, teachers must first be trained with the essential knowledge and abilities to properly provide reproductive health education[10]. The purpose of the study was to explore the perspectives of parents regarding the barriers to sexual health communication in the Masoyi rural community, Mpumalanga province, South Africa. The current study findings might be used to contribute towards the promotion and involvement of parents in sexual discussions of teenagers. This may influence the reduction in STIs, HIV and AIDS among teenagers because they will have sufficient information to make better sexual and reproductive health decisions

Methods

An exploratory, descriptive qualitative research approach was used in this study to provide the fundamental reasons, motivations, and opinions of the study[11]. This approach was most appropriate to deploy in carrying out the study, as it provided meaningful insights into the barriers to sexual health communication between parents and teenagers. The parents narrated their experiences and perceptions about sexual health communication with teenagers. The study was conducted in the Masoyi rural community, which is in Mbombela municipality, Mpumalanga province. The area is situated about 43, 6 km from Nelspruit which is the capital city of Mpumalanga province. The area consists of different types of families such as nuclear families, extended families, single-parent families, and child-headed families. The Masoyi community consists of cultures such as Zulu, Tsonga, Setswana, Venda, and Pedi and Swati. The target population for the study was parents of any gender who had teenagers aged 12 to 19 years. In this study, parents refer to all caregivers, same-sex parents, stepparents, fathers, and mothers of teenagers aged between 12 and 19 years who were responsible for taking care of those teenagers. A purposive sampling method was used to select parents who were regarded as knowledgeable about sexual health communication with teenagers. 14 parents were selected to participate in the study; therefore, the sample size was 14 participants. The study sample was determined by saturation data. Data were collected using in-depth individual interviews. In-depth interviews were applied to the study to explore and describe in-depth information from parent's points of view, experiences and feelings concerning the barriers to sexual health communication. An in-depth interview guide was used as the data collection tool. The interview guide contained one

central question, followed by probing questions. The central question read as follows: '*What are your perceptions regarding sexual health communication with teenagers?*'

The study was approved by the Tshwane University of Technology Research Ethics Committee (REC2023-12-069, Science). Before data collection, the ward counsellor of the Masoyi community granted permission to conduct the study. The researcher then consulted with the counsellor to arrange with the participants. The participants were provided with pertinent information about the study so that they could make an informed decision about participating. Before the interviews, the participants signed a consent form. Permission to use the audio tape recorder to record the interviews was obtained from all participants. The interviews were conducted at an early learning centre in a private room. The interview lasted about 30-45 minutes. The data were analyzed using the qualitative content analysis method. Following the interviews, complete data analysis was carried out utilizing a coding technique to divide the data into themes and subcategories. The process of assigning meaning included analysis, assembly, coding, and labelling of the data. The collected data were processed and analyzed by evaluating all comments and notes and organizing them into emerging themes. Once the data had been grouped into themes, major findings were written, with verbatim quotes from Siswati and IsiZulu translated into English. Furthermore, coding was used to arrange data gathered during the interviews, and the material was coded or divided into manageable codes for analysis.

Results

The participants were between the ages of 33 and 50 years, 11 females and 3 males. Of the 11 female participants, 10 were single mothers and one was married. There was one single father and two married men. The participants either had 1 child or two children, Pseudonyms were used to protect the identities of participants to provide anonymity and confidentiality. The participants expressed different opinions on the barriers that hindered parent-teen communication. These barriers included culture, gender and age difference, unavailability of parents, conflicting messages from parents and media (television).

Theme 1: Cultural influences

The findings of this study revealed that culture is one of the barriers that makes parents fail to talk with their teenagers about sexuality. Some parents are discouraged from having open communication about sex with teenagers because of culture, regarding it as a taboo. Moreover, one parent admitted that culturally it's like she is sending or instructing her daughter to have sex. Parents stated the following:

"It is difficult to communicate sexual health practices with my daughter because as a black woman, according to my culture, it seems like I'm sending or instructing her to have sex" (P1: 33-year-old mother: 13-year-old girl)

"*According to My culture contraceptives are not good and I don't like them because it's like I'm encouraging her to have sex"* (P8: 40-year-old mother: 14-year-old girl)

Theme 2: Gender and age difference

The participants expressed that gender and age differences are barriers to communicating sexual health with teenagers. A male participant who is a pastor mentioned that his wife does not allow him to communicate with teenagers, especially the girls. Moreover, one single mother who had 2 teenage boys highlighted that communication with her boys was restricted due to gender differences. This study indicates that parents struggled to communicate with teenagers of the opposite sex on sexual issues. This problem affects parents of both sexes because mothers prefer to talk to their daughters and fathers prefer to talk to their sons. Some of the narratives were as follows:

"My wife does not allow me to communicate with my teenage girls. My wife prefers to be the one communicating with the teenagers, especially the girls". (P6: 49-year man (Pastor): 12 and 13-year-old girls)

"There are barriers such as gender difference since I am a female and I'm having teenage boys, they don't take me seriously, they used to ask me, how do you know this mom because you are a female, have

you ever experienced wet" (P11: 41-year-old mother: 18 and 21-year-old boys)

A female participant mentioned age difference as a barrier on its own and it hindered her from communicating with her daughter. One teenager explained to her mother that she finds it easier to discuss these issues with her grandmother while on the other hand, a mother reported that her teenager prefers to discuss these issues with her sister. For them, the grandmother and the sister would understand them better and would be free to disclose anything regarding sex. The following narratives evidence this:

"The age gap between us is a barrier on its own because my daughter thought it's a joke yet I know what I'm talking about and I have gone through it" (P1: 33-year-old mother: 13-year-old girl)

*"Well, my daughter does not ask me any questions during the discussion, but she always asks her grandmother instead they are so close" (*P8: 40-year-old mother: 14-year-old girl)

"I can see that she is scared of communicating with me and she prefers to communicate with my sister" (P4: 37-year-old mother: 14-year-old girl)

Theme 4: Unavailability of parents

The participants revealed the unavailability of parents as a barrier. One of the parents mentioned that he works night duty and during weekends, which restricts time for discussions. Even the Pastor mentioned time restrictions because after work he normally goes to church. Sometimes when he comes back home, the children are already asleep. Some of the participants reflected that it is difficult to communicate with their teenagers because they are always busy with their phones. The following are some of the narratives:

"I am working, and I don't have enough time to communicate with my son. I come from work exhausted most of the time. I'm working the night shift, so during the day I will be sleeping and resting and by that time my son is at school. After school my son will go and play with other kids so there is not enough time" (P14: 38-year-old father: 15-year-old son)

"Shortage of time since I'm working and after work I normally go to church or playground, and I came late already the kids are studying or sleeping sometimes. I'm always busy there is no time to communicate with them" (P6: 49-year man (Pastor): 12 and 13-year-old girls)

One of the participants further stated that when he has the chance to speak to his child, the child is always preoccupied with his phone, he stated the following:

"I'm not working some of the weekends, but my son used to be busy with his phone during the weekends and on Sunday he normally goes to the playground and plays soccer and comes late to the house, by that time he is already exhausted, he will bath and rest" (P14: 38-year-old father: 15-year-old son)

Theme 5: Conflicting messages from parents and media

Some participants revealed the issue of media as a source of information to their teenagers. They stated they their children spend plenty of time on media such as television and cell phones. Their teenagers don't ask them anything concerning sexual health practices because they get information from the media. However, parents complained about the misinformation they get from the media. Most participants believed that family members are the most reliable source of information, not the media. Parents also reflected that experimentation occurs due to being exposed to videos they watch at night on the television. These videos sometimes expose them to sexual content. The following narratives support the above statements:

"I have started the discussion after seeing them watching old night videos and when they saw me, they switched off quickly" (P10: 47-year-old man: 2 girls aged 16 and 18 years)

"The second barrier is television, after playing with his friends, he will watch television sometimes until late, my son used to be busy with his phone during the weekend" (P14: 38-year-old father: 15-year-old son)

Discussion

The purpose of the study was to explore the perspectives of parents regarding the barriers to sexual health communication with teenagers in the Masoyi rural community, Mpumalanga province, South Africa. The current study revealed that culture was one of the barriers identified in discussing sexual-related matters with teenagers. Another study revealed that parents in some African communities regarded discussing sexual health matters with teenagers as taboo, mainly because it made them uncomfortable[12]. Similar findings reflected that some parents were hesitant to discuss such matters with their teenagers, citing a culture of shame surrounding sexual and reproductive health issues[13]. Conversely, parents in Sub-Saharan Africa avoid discussing sexual content with teenagers because of their culture and tradition[14]. In this study, parents highlighted their culture prohibited them from sharing sexual content with teenagers because it was encouraging them to engage in sexual activities. Similarly, findings in another study revealed that parents feared that language related to sexual and reproductive health was obscene and would expose teenagers to unsuitable knowledge, maybe leading to sex experimentation or early sexual behaviour[15]. Contrarywise, some religions do not forbid sexual reproductive health education, thus, this form of education is both acknowledged and expected[16]. Parents are perceived as facilitators in overcoming the culture of shame and taboos surrounding sexual reproductive health[16].

A few parents in the current study indicated that fathers were less likely to discuss or initiate sexual reproductive health communication with their teenagers and mothers preferred to be the ones communicating with their daughters instead of their fathers. Similar to this finding, another study found that parents were ashamed and shy when discussing sexual reproductive health matters with teenagers of the opposite sex[16]. In contrast to the current study findings, a study conducted in the Middle East highlighted that most fathers were comfortable discussing sexual matters with their sons and mothers perceived themselves to be a safe space for their teenagers[17]. Furthermore, family members are more likely to talk to female teenagers about sexual matters than males because it is assumed that girls are disproportionately vulnerable to the negative effects of early sexual activity[18]. This includes unsafe abortions, sexual violence, school discontinuation and early marriage[18]. There is a need for unambiguous talks and discussions between parents and their teenage children to help reduce sexual risk behaviour and promote healthy sexual development. The current study revealed that age difference is a barrier to sexual health communication. Some teenagers prefer talking to family members such as grandmothers, aunts and their older siblings.

Growing up with siblings makes a difference in sexual health communication because some teenagers may find it easy to communicate with their siblings[19]. Moreover, elderly members of the family are accountable for discussing sexual and reproductive health issues with children[7]. The unavailability of some parents due to work commitments was also found to be a barrier to parent-teen communication in this study. This is consistent with the findings of another study which asserted that parent-teen communication on sexual health was hindered by parents' busy schedules[15]. Most parents leave early in the morning for work and may return late in the night. Therefore, this limits the time for empowering communication regarding sexual behaviours and practices. On the contrary, self-employed parents might have adequate time to share with their teenagers[20]. Furthermore, knowledgeable parents understand the importance of sexual health communication with teenagers[15]

Conclusion

The purpose of the study was to explore the perspectives of parents regarding the barriers to sexual health communication in the Masoyi rural community, Mpumalanga province, South Africa. The study found that culture, gender and age differences, unavailability of parents and conflicting messages from parents and media inhibit sexual health communication between parents and teenagers. This study identified a gap in parent-teen communication on sexual health issues based on the barriers identified in this study. This is similar in other African countries because parent-teen communication on sexual health is not a common practice because of taboos, cultural views, gender domains as well as parental knowledge of sexual and reproductive health[21]. Parent-teen communication has been identified as a protective

mechanism for teenagers' sexual and reproductive health. Interventions to promote parent-teen communication should attempt to improve parents' capacity to discuss sexual and reproductive health issues, as well as deconstruct social norms around teen sexuality[22].

Contribution of authors

NMM conceptualized and conceived the study and drafted the manuscript.
MEM-C supervised the study and drafted and edited the manuscript.
TNR supervised the study and drafted and edited the manuscript

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