

Parent and Youth Communication Patterns on HIV and AIDS, STIs and Sexual Matters: Opportunities and Challenges

Seloiwe ES^{1,2*}, Magowe MM², Dithole K² and St. Lawrence JS³

¹Centre for HIV and AIDS Research, University of Botswana, Botswana

²Department of Nursing, University of Botswana, Botswana

³Mississippi State University, USA

*Corresponding author: Seloiwe ES, Centre for HIV and AIDS Research, University of Botswana (UB), Tel: +26773475961; Fax: +2673554538; E-mail: seloiwe@mopipi.ub.bw

Received date: December 19, 2014, Accepted date: April 21, 2015, Published date: April 24, 2015

Copyright: © 2015 Seloiwe ES, et al. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Abstract

Background: This paper describes communication patterns of parents and their adolescent children with regard to sexual matters, HIV and AIDS and other STIs from the perspectives of parents, youth and key informants. The objectives of this study were to determine the sexual communication patterns that young people and their parents used; identify the challenges and barriers to communication between youth and their parents and recommend ways to address these challenges. Data were collected from youth, parents and key informants. Understanding these sexual communication patterns was necessary for the adaptation of an HIV prevention program called BART (Being A Responsible Teen) that was developed in the US to educate youth to delay sexual debut, promote abstinence, prevent teenage pregnancy, HIV and other sexually transmitted infections among this youth.

Methods: Qualitative methods were utilized to investigate communication patterns between parents and their adolescent children on sexual matters. In-depth qualitative interviews were conducted with 40 youth, 20 key informants and 40 parents to yield information on how parents and their adolescents communicated with regard to sexual matters. The study was approved by the University of Botswana Office of Research and the Development Ministry of Education Skills and Development.

Findings: Results indicated that communication on sexual topics between parents and adolescents is limited or non-existent. Both adolescents (71.1%) and their parents (86.6%) preferred that parents should be the ones to teach their children about sexual matters and inform them about the risks that may ensue. However, parents were not comfortable or confident to discuss issues of sexuality and inherent risks with their own children. Some parents indicated that they can discuss these matters with children other than their own. As a result they request relatives to assume a complementary role and ask them to talk to their children on sexual matters. All agreed that there is a need to intervene and educate both parents and adolescents to communicate on these matters and endorsed an educational HIV prevention programme to equip them with communication skills and knowledge.

Conclusion: A communication gap on sexual matters and inherent risks between youth and their parent has been identified. Informants endorsed the need for a primary prevention program addressing adolescents and their families in order to reduce risk behaviours among Botswana youth and to provide them with skills that would assist them to minimise the risk of HIV infection.

Keywords: Sexual risks; HIV and AIDS prevention program; Families; Adolescents; communication patterns; Sexual matters

Introduction and Background

Profound societal changes have presented new challenges for adolescents and youth worldwide. Several studies in Botswana and epidemiological reports over the past years have shown increased sexual activity among youth which predisposes them to HIV infection, with other sexually transmitted infections and unplanned pregnancies.

Communication concerning sexual matters between parents and adolescents can influence adolescents' sexual behaviours [1]. In many societies, parents are expected to provide accurate information about sexual matters and to foster positive sexual values for their adolescents [2].

One challenge is when to start this communication about sexual relationships. Previous studies suggest that the earlier communication begins the better to ensure that before the child starts any relationship they are well informed [3]. Parents have considerable latitude in determining when to start communicating with their children about sexuality and this usually depends on their values, environment, situations and prevailing circumstances at that point in time.

Traditionally, it is taboos for parent to discuss about sexuality with their children [4,5]. In traditional Tswana cultures, sex education was delivered in the village initiation schools at the onset of puberty in tandem with circumcision. However, initiation schools were banned during the colonial era due to unsterile circumcision procedures. It is worth noting that it was not everybody who provided this traditional education. Elders in the society who had the experience delivered the education because they knew how to handle the subject matter.

However, a replacement cultural conduit for sex education has not emerged [4]. The banning of traditional initiation schools has created a void in sex education as there is no cultural conduit remaining to provide this type of education. The matter was relegated to teachers in schools and parents both of whom feel unprepared to address these issues with adolescents [6,7]. Additionally, as families migrated to urban areas for greater economic opportunities, both parents are typically out of the home and the children are left with caretakers who feel equally unprepared to address sexual development and behavior [6,7].

The anticipated Botswana adaptation of BART added a parent component to assist families to fill the vacuum left by cancellation of the initiation schools and the changing family structures.

The responsibility was then relegated to schools and teachers who also did not feel adequate and comfortable in handling the subject and shied away from teaching these children about sexual matters. Maybe we could, here, also note the role played by friends, TV and social media in transmitting sexual information. Teachers also were concerned that parents might feel they were exposing their children to too much sexual information and were confused as to how far they should really delve into the subject.

Although there is a dearth of research on this subject matter in Botswana, several studies in the western world on parent and adolescent communication have shown that increased parent-adolescent communication about sex is associated with delays in sexual initiation and increased condom use [8-10].

Parents can play a very vital role in sex education of their children. They are able to transmit their values related to sexuality and to increase the chance of their children adopting safer and healthier sexual behaviour and practices [3]. However, research literature has yielded contradictory results regarding the relationship between parent-adolescent communication and adolescents' safer sex behaviour. Some studies indicated that more parent adolescent communication was related to less sexual risk taking behaviour [11,12,13], while others found that more communication was related to more sexual risks [14-17]. Still others did not find any association at all; instead they found that other factors such as parental monitoring were more important in predicting adolescents' sexual behaviour than parent-adolescent communication [18,19]. Reasons that could be accounting for these disparities in the findings include; 1) the different methodologies and theoretical frameworks used in these studies. 2) the way the communication is expressed could differ depending on different cultural and social environments 3) what is actually communicated may have differed. Adolescents want to talk to their parents about sexuality. However, parents and children do not feel comfortable to talk about these issues. Discussion about sexuality between parents and their children is limited and it is a source of discomfort and embarrassment for both [14]. It was against this background that this research was conducted to better understand these issues in order to design an interactive sexual communication programme to assist parents and their adolescent children create a forum where they could learn, develop communications skills and practice these skills to gain experiential knowledge in dealing such issues within the family.

Methods

The study was a qualitative approach that used in-depth interviews and an exploratory survey to investigate the ways parents and

adolescents communicated about sexual issues, what facilitated and prohibited this communication and how the participants thought these barriers and challenges could be overcome. In-depth qualitative interviews were conducted with 40 youth (50% females and males), 20 key informants and 40 parents (50% females and males) to yield information on how parents and their adolescents communicated with regard to sexual matters. In addition, n=200 youth (50% males and females) and n=100 parents (50% females and males) responded to a survey questionnaire using ACASI that investigated communication patterns and what facilitated and/or hindered communication between the two groups. The parent questionnaire was translated into Setswana and back translation into English to afford the parents the choice of language they wished to use. The parents' survey also had an audio component to cater for parents who were either illiterate or simply preferred listening to reading as they responded to the questionnaire. For youth the questionnaire was administered in English only as all of them were either secondary school students or had attained high school education and they could comprehend the questionnaire well. The reading level of these questionnaires was at grade 5.

Findings

Forty adolescents (50% boys and 50% girls), 40 parents (1/2 males and 1/2 females) and 20 key informants participated in in-depth interviews to find out how parents and adolescents communicate on sexual matters. In addition, two survey questionnaires were administered for adolescents (n=200) and parents (n=100) on the subject matter. Table 1 below shows the demographic characteristics of youth and parents.

Youth (n=200)		Parents n=100
Characteristic	Children	Parents
Female	45.2%	51.7%
Male	54.8%	48.3%
Average age	16.3	-
Biological parent	-	57.5%
Close relative (aunt/uncle)	-	16.8%

Table 1: Demographics characteristics

The sample comprised of 54% boys and 45.2% girls with an average age of 16.3 years. The age range was between 13-20 years.

Table 2 below shows the parents demographics in terms of their marital status, educational level and employment. As is common in Botswana, most parents are single. A good proportion of families also live together and they are not married. The single headed families may encounter difficulties in raising children nowadays due to the fact that most parents work outside the home and there is nobody to share the child's upbringing with – which can pose a challenge.

Most parents in this sample had attained tertiary education (39.1%). In the qualitative data part of the study, all parents had also attained tertiary education. Therefore, this sample composed of a reasonably well educated people.

Parent Education	Parent employment	Marital Status
Uncompleted primary 4.3%	Work outside home:	Never married 41.2%
Completed Primary 9.6%	No 11.4%	Living together 23.7%
Lower secondary 24.3%	Part time 14.9%	Married 26.3%
Upper secondary 22.6%	Fulltime 73.7%	Widowed 7.9%
Tertiary education 39.1%		Separated/divorced 0.9%

Table 2: Demographics continued (N=100)

Communication patterns

In-depth interview data on the other hand indicated that communication between parents and adolescents is limited or non-existent. Parents do not communicate with their children on sexual matters. Qualitative data further indicated that parents were not comfortable and confident in communicating sexual matters with their children. Adolescents wanted to hear about sexual issues for the first time from their parents. Furthermore, both adolescents (71.1%) and their parents (86.6%) concurred on their preference that parents should be the ones to teach their children about sexual matters.

I think my parents, they are the ones who are the right people to talk to me about sexual issues. Because I believe they are the right people to talk to and learn first about sex from. (YF05).

Key informants also concurred that parents are ideal people from whom adolescents should first learn about sexual matters but they did acknowledge the challenges that parents may encounter. They argued that parents are always with their children every day and every moment and that they are in touch with their children. They argued that teachers only see these children sparingly, sometimes once a week and this time was not adequate enough for them to be entrusted.

“Ideally we should start with the parents. They are the ones who are with the children every day. They are in touch with their kids. These kids, the adolescent, you will be seeing them once in a week, but parents they are there every day” (KIM 01).

“It has already happened to my son. I was supposed to have taught him before so that when they teach him at school, he would know that is something his mum has already mentioned to him” (PF 33).

Although all the groups desire that it should be the parents who should educate their children about sex issues, it is not in our culture that parents can talk of sexual issues with their children. In the traditional Tswana culture, sexual matters belong to the private sphere and they are not talked about let alone even with people of the same age. Both parents and their children still find it very difficult to bring discussions on sexual issues to the public sphere to openly talk and discuss these matters.

“It must be difficult to talk about that. Even myself the way I was raised up it was difficult for me to talk to parents about such issues. I guess this is culturally influenced”. (KIM04)

“From my opinion this issue of sex gives me stress. Sometimes I pray to God that at least my child can start at least when she is 21 because nowadays they start at a young age and you will find that by the time they are 15 some have babies. So I always pray that at least 21”. (PF 20).

“Ideally they are supposed to. But nowadays, they just get that at school. You remember there was this heated issue, debate on moral education lesson where a teacher gave some students assignment to go and find out how sexual gratification was achieved at home. And they were to go and ask their parents. In school we do that. But at home it was a big issue because it is not our culture. Unless we break those rules now. We break those rules and say no, no, no, let’s start. We as parents we need to be put in the right mind so that we can start to talk sex with our kids”. (KIM 01)

“Some of their parents are strict. They can’t allow them to talk about boys or about girls or about sex”. (KIF02).

However, some parents did indicate that they can comfortably and openly discuss these matters with other children other than their own. As a result they would request relatives to play some complementary role sharing to talk to their children on sexual matters on their behalf.

“I don’t know...these things. I don’t know and sometimes they know the funny things; my relative will use me to talk to their children and to them it’s not a problem for me to them. But sometimes then I see it as a challenge to talk to my own son, and I think I just said to my sister who is a teacher in counselling to do so. So, I said because I am failing you help this one and I will help you the other side. So that’s how we complement each other”. (PF15).

Qualitative data also indicated that fathers preferred to talk to their sons whilst mothers also preferred to talk to their daughters on sexual matters albeit inadequately. Asked what suggestions they have to ameliorate this situation, the majority of them endorsed an educational programme that could equip them with communication skills and knowledge to enable them to comfortably and confidently discuss such matters without intimidation and trepidation. Although these preferences were expressed, it was still a challenge for parents to discuss sexual issues with their children.

Mothers expressed some difficulties in talking to their sons and expected their husbands will assume the responsibility of talking to their boy child since they were men like them. Some fathers were not just ready to assume this role and it virtually left the child with no one prepared to talk to him. This void and difficulty indicated a need for a program such as the one that was implemented.

“I had an expectation that because he is a boy, his father as a man will be the one who will talk to him before he starts. But he does not like talking and I will be asking him why he does not talk to the boy. Because just last year I realized that my son has grown. I was just sitting and taking things for granted”. (PF 33).

Yes, those are the ones which I do not want to talk to him about, I always ask his father to talk to him because I think he is the right person and its things he has gone through as well. (PF18).

Difficulty for fathers to talk to their sons

Some fathers still had difficulty in talking to their sons about issues of sexuality and felt that they were being taught at school. In certain instances mothers would encourage fathers to talk to their boy child and still they would not be able to.

“That was the time I asked his father to talk to him because there were obviously some changes in his body. But his father says they are being taught at school. He is a shy person. He is probably wondering how our son is going to look at him afterwards but just take the initiative and talk to him because the fact that I saw him naked really upset him”. (PF 33).

Alternative sources of information

Asked who they go to first with sexual concerns, adolescents reported that they go to friends, then mother, father, brother or sister and lastly aunt or uncle as indicated in the table below. This demonstrates that peers play an important role in providing information to others; almost twice as much as that of parents. Probably the peers are the only ones available in the absence of any parent willing to give their child some information in this regard. +The greatest concern here would be that these peers also do not have the most correct information. Therefore the situation would be like the blind leading the blind kind of scenario (Table 3).

Person	Percentage
Friend	35.8
Mother	18.8
Father	6.5
Brother/sister	13.5
Aunt/uncle	7.4

Table 3: Person first consulted by youth who have sexual concerns

Asked whom they preferred to teach them about sexual matters, adolescents stated that they prefer to be taught about sex either by their parents (71%) or at school (58.1%). Uncles and aunts followed with 24.2 % and other adults 13.9%. The village initiation schools came last with 9.5%. This was interesting because the traditional initiation schools have been regarded highly in these matters. Perhaps for the young generation these traditional schools do not matter anymore and it is perhaps time to shift emphasis and let parents take greater responsibility.

Average age at first sexual debut

The average age at first sex (sexual debut) in this sample was 15.1 (n=70, 35%). Those who would like to experience sex stand at 35.4% and those who have touched breasts or allowed someone to do so were 50.7%. Those who have touched someone’s penis were 36.3% and those who allowed someone to touch penis or vagina were 30.5% as described in the table below. These findings were indicative of the fact that children start sexual relations early and parents are often too late to begin sexual discussions with them (Table 4).

Average age at first sex (n= 70, 35%)	15.1 years
Like to have sex to see what it's like	35.40%
Touched breasts or allowed someone to do so	50.7

Touched someone’s penis or vagina	36.30%
Have allowed someone to touch penis or vagina	30.50%

Table 4: Sexual behaviours among adolescents

Other sexual issues

Condom use at last sex (n = 66) was 84.8% while those who said yes to transactional sex were 6.3%. Violence from either sex has been observed in this sample (11.8%). It is also evident that adolescents engage in multiple and concurrent sexual partnerships. The data also indicated that these youngsters have behavioural intentions to engage in sex (12.3%) and felt that they were mature enough to do so (37.4%) in the next year. Hence at this stage they are already engaging in sexual relationships or thinking about doing it. This therefore, attests for communication on sexual matters to begin much earlier than this age so that adolescents can have correct knowledge before they start. The greatest preoccupation was how to assist these parties to transcend these problems. By adapting and implementing an HIV intervention program which included communication on sexual matters for both parents and adolescents was the most plausible solution.

Barriers to communication

Adolescents reported that there are several barriers to communication on sexual matters with their parents. They feared to discuss sexual issues with their parents . They stated that sometimes their parents threatened or scared them saying that if they engaged in sexual activities they would fall pregnant or acquire STI or HIV infection. Still others think that their parents do not talk to them about these issues because they are shy and are not comfortable to discuss such issues. Key informants also shed some light into some of the barriers that prohibit parents to discussing sexual matters with their adolescent children mentioned that parents lacked information to educate their children. Asked if their parents ever provide them with sources of where they could get information on sexual matters they denied this ever happening.

Parents advanced a number of reasons why they do not talk to their children about sexuality issues. They thought perhaps the adolescents were still too young to discuss these matters. Some thought that they would be encouraging them to engage in these acts. Others would start to talk to them about issues of puberty but would not really touch on issues of sex and its consequences. Sometimes parents do not just know where to start or how to begin such a conversation.

I see it as a good idea because many of us parents never really know where to start when you want to talk to your child, like now my child is 16 and I never know where to start when it comes to me to talk to her. Some things I am even afraid to mention to her and I think I need some education. (PF 20)

Parents also reported that they did not feel comfortable or confident to talk to their children because these children were not like them, they knew too much and that they are far ahead with information. The key informants who were mostly teachers concurred that parents and children do not discuss sexuality issues. The parents do not talk with their children they just threaten them all the time. Because they always say:

“You will fall pregnant if you have sex, you will get STIs or HIV if you sleep with boys. These are just threats and no communication. Communication is a discussion where you allow children feel free,

open up to ask questions and you talk to them in a levelled manner not where you are authoritative. These issues are private and secretive so a parents needs to be gentle and tactful". (KIM 01)

May be if we can give them, should I say, like, communication skills, that you don't just pass a remark when you talk to your child. A person just bursting and saying you will fall pregnant and it will be up to you! You will see how you manage. You see how it is. You see there should be some discussions not threats and intimidation. We need some communication skills so that children should be free and open up, and on how should you talk to your daughter or your son. They need those communication skills. (KIM 01).

They don't have you know, to be honest, only a few because I have seen it, most of the parents even those who come here, you will realize that, even the communication, just to communicate with the child. It's an issue. They don't communicate, the other thing, the parent cannot even break the ice to start any topic to try and address the risk behaviour. And thirdly, may be is because they don't have the information. They need that information to help them talk to their children about sex and risks. You know these issues are sensitive and parents need the right information. Sometimes they feel that their children even know more than they know so sometimes is really fear of whether as a parent am I going to say the right thing. You see there is some intimidation right there your child knowing more than you do. so the best thing is to keep quiet and not talk. (KIF 03).

Some they actually talk to their parents. Sometimes you find that it would be the parent who might have initiated the talking so that they make their child, to start the platform, so that even as the child grows, they know they will be in this stage, and in this stage this is what happens, there is nothing wrong with them falling in love or dating but as long as they take care of themselves. I think some parents do talk to their children about these issues. But usually it is those that are literate. Those that have been to school. (KIM 07).

But for us traditionally, culture is the one that is killing us because if you go down in the rural places, you hardly find parents talking to their children about sexual reproduction, education, there and there but insignificant, insignificant. Really I would say it's not enough. Yes they are talking to them but it's not enough. (KIM 09).

Discussion

Parents are considered to be very vital in transmitting information about sexual issues and sexual related values to their children and by so doing they can be instrumental in preventing their children from engaging in social activities that put them at risk of contracting sexually transmitted infection including HIV and AIDS, teenage pregnancy etc. Literature is replete with information that suggests that communication between parents and their adolescent children on sexual matters is limited if not non-existent [4,5]. However most of these studies were conducted in the western world and very few were done in the developing countries, in particular Botswana. This study sought to understand the cultural nuances around communication regarding sexual matters, HIV and AIDS and other STIs and teenage pregnancy so as to design an intervention to address the gap in communication. The findings indicated that children wanted to hear about sexual matters first from their parents. However, parents themselves were not comfortable or confident in transmitting this information to their children. Parents shy away because in Setswana culture sexual matters are very private and never talked about. It even becomes more difficult to discuss such with one's own children. These

are culturally embedded norms and ways of doing things. The parents also desired that their children should first hear about these matters from them but it was just difficult for them to discuss such matters. This problem was quite widespread in the sample because even those with higher educational level whose level of understanding could at least permit them to comprehend and transcend the hindrances around these issues were equally not comfortable in talking about these issues. Therefore the level of education did not influence one to freely discuss these matters. Although parents were not comfortable to discuss sexual issues with their children, it should be noted that HIV and AIDS was not present during the time when they actually started their sexual debut so they may lack the knowledge and information on how to address issues around this world health issue.

How parents talk to their children and discuss certain issues is a social and cultural process which has to be ingrained in one's upbringing. This then allows would-be parents to bring up their children in the way they have been brought up and almost mimic their own parents in bringing up their own children. Therefore, if something had never been done, this will run in the family as a culture and a way of doing things in that particular way in that family.

It is apparent that parents use the transitions that occur in their children to start talking to them about issues of sexuality such as body changes, which are indicative that a child has reached puberty or menarche. At this point, parents know that their children are now mature because they can either become pregnant or make someone pregnant. Tragedies such as early teenage pregnancy and HIV and AIDS provide opportunities for parents to initiate discussions on these matters. However, parents should not wait for tragedies to occur before they can talk to their children about sexual issues.

Parents in this sample experienced some discomfort, lack of confidence and shyness to talk about sexual issues to their children. Adolescents on the other hand were fearful to initiate such discussions with their parents. These uncertainties created an environment where no one was prepared to initiate a discussion on these issues. The result was that the adolescents become the victims because they end up having no option but to rely on their peers who also lack correct information on sexual issues. Consequently, this places adolescent at higher risk of contracting HIV and AIDS, other STIs and teenage pregnancy.

Traditionally in Setswana culture, it was the member of the extended family or an elder in the community who was responsible for educating adolescents on sexuality. Due to societal changes, parents will have to assume this responsibility and educate their own children about sexual matters but they need some education on how to do it. Nowadays children are exposed to many sources of information and parents must be on the lookout to ensure that their children get and use information correctly. Media is a very powerful source of information nowadays. Not only do children watch television, listen to radio, read papers and magazines but they also use electronic media which most parents do not understand because some were born before computers and now have to deal with a generation born after computers, which have become their way of life. Children are also exposed to many information outlets unlike in the past such as Internet, Facebook Twitter, Email, What's App; many modes of communication which most parents do not know how to use nor even understand. Because of this complicated situation and because parents do not know what sort of information their children will come across, it becomes even more important than ever before that they should prepare their children for this complex world. They need to equip them

with skills that can enable them to survive. Despite these many sources of information, children still preferred that their parents should inform them about sexual matters. Thus it became even more apparent to develop interventions that seek to increase knowledge and the degree of openness between parents and their children to increase the degree of comfort and confidence for both parties to freely talk about such issues.

Conclusion

Times have changed, so are societal values and organizational structures. Many adolescents start sexual activity at a very early age and mature much faster. This necessitates discussions on sexual matters very early so that they are given appropriate information before they start sexual relationships. Parents have expressed discomfort and lack of confidence in educating their children on these matters and they have to be assisted to break this barrier. Parents are very central in providing their children with correct information. Limited communication among parents and their children is limited in most cultures of the world. Zhang et al. [20] also found that Chinese parents lacked skilled on how to communicate sexual matters with their children and that need to be better informed and skilled to be involved.

References

1. Dilworth JEL (2009) Parents as co-educators: do effective sex education programs include parents? *Family Science Review* 14: 58-66.
2. Jerman P, Constantine NA (2010) Demographic and psychological predictors of parent-adolescent communication about sex: A representative statewide analysis. *J Youth Adolesc* 39: 1164-1174.
3. Schouten B, van den Putte B, Pamas M, Meewesen L (2007) Parent-adolescent communication about sexuality: The role of adolescents' belief, subjective norm and perceived behaviour control. *Patient Education and Counselling* 66: 75-83.
4. Denbow J, Thebe PC (2006) *Culture and customs of Botswana*. London: Greenwood Press.
5. Ntsayagae E, Sabone M, Mogobe KD, Seboni NM, Sebego M, et al. (2008) Cultural considerations in theories of adolescent development: a case study from Botswana. *Issues Ment Health Nurs* 29: 165-177.
6. Bock J, Johnson SE (2008) Grandmothers and the HIV and AIDS pandemic. *Journal of cultural Anthropology* 16: 221-236.
7. Mbengwa LR (2012) The family in a changing world. *Proceedings of the IFHE Conference*. University of Botswana Gaborone.
8. Aspy CB, Vesely SK, Oman RF, Rodine S, Marshall L, et al. (2007) Parental communication and youth sexual behaviour. *J Adolesc* 30: 449-466.
9. Lieberman LD (2006) Early predictors of sexual behavior: implications for young adolescents and their parents. *Perspect Sex Reprod Health* 38: 112-114.
10. Atienzo EE, Walker DM, Campero L, kLamadrid-Figueroa H, Gutierrez JP (2009) Parent-adolescent communication about sex i Morelos, Mexico: does it impact sexual behaviour? *European Journal of Contraceptive Reproductive Health Care*, 14: 111-119.
11. DiIorio C, Kelley M, Hockenberry-Eaton M (1999) Communication about sexual issues: mothers, fathers, and friends. *J Adolesc Health* 24: 181-189.
12. Kotchick BA, Dorsey S, Miller K, Forehand R (1999) Adolescent sexual risk taking behaviour in single parent ethnic minority families. *Journal of Family Psychology*, 13: 93-102.
13. Hutchinson MK, Jemmott JB, Sweet-Jemmott L, Braverman P, Fong GT (2003) The role of mother-daughter sexual risk communication in reducing sexual risk behaviours among urban adolescents female: a prospective study. *J Adolesc Health* 33: 98-107.
14. Somers CL, Paulson SE (2000) Students' perceptions of parent-adolescent closeness and communication about sexuality: relations with sexual knowledge, attitudes, and behaviors. *J Adolesc* 23: 629-644.
15. Clawson CL, Reese-Weber M (2003) The amount and timing of parent-adolescent sexual communication as predictors of late adolescent sexual risk-taking behaviors. *J Sex Res* 40: 256-265.
16. Huebner AJ, Howell LW (2003) Examining the relationship between adolescent sexual risk-taking and perceptions of monitoring, communication, and parenting styles. *J Adolesc Health* 33: 71-78.
17. Fisher TD (1986) Parent-child communication about sex and young adolescents' sexual knowledge and attitudes. *Adolescence* 21: 517-527.
18. Li X, Stanton B, Feigelman S (2000) Impact of perceived parental monitoring on adolescent risk behavior over 4 years. *J Adolesc Health* 27: 49-56.
19. Raffaelli M, Green S (2003) Parent-adolescent communication about sex: retrospective reports by Latino college students. *Journal of marriage Family* 65: 474-481.
20. Zhang L, Li X, Shah IH, Baldwin W, Stanton B (2007) Parent-adolescent sex communication in China. *Eur J Contracept Reprod Health Care* 12: 138-147.