

ABSTRACT

Introduction

Adolescent sexual and reproductive health is becoming a major public health concern across the world. Lack of awareness is one of the main reasons for sexual and reproductive health issues among adolescents in Sri Lanka. School-based and community-based sexuality education have not shown a significant impact on sexual and reproductive health (SRH) outcome of Sri Lankan adolescents. Parents as the primary educators of adolescents, would be a better source of providing individualized sexuality education to suit the needs of their children and the values of their community.

Objectives

The objective of the study was to assess the existing pattern of mother-daughter communication of sexual and reproductive health (SRH) matters and to evaluate the effectiveness of a work-site based parenting intervention to improve mother-daughter communication of preventing sexual violence among Sinhala adolescent girls aged 14-19 years, and their mothers in Kalutara district.

Methodology

The study consisted of three components. The first component was a descriptive-cross sectional study carried out among a sample of 810 Sinhala adolescent girls, using a SAQ to investigate the pattern of mother-daughter SRH communication. During the second component, six focus group discussions (FGD) were held among a purposive sample of mothers of teenage girls aged 14-19 years, to explore their views and concerns about sharing sexual and reproductive health information with adolescent girls.

During the third component, a quasi-experimental study was carried out in randomly selected two medical officer of health (MOH) areas in Kalutara district, to assess the effectiveness of a work-site based parenting intervention in improving mother-adolescent daughter communication of preventing sexual violence. Baseline surveys were conducted among 135 mothers in both intervention area (IA) and control area (CA), and with their

permission confidential postal surveys were conducted among their adolescent daughters. Mothers and daughters completed the follow-up surveys at six months duration.

The descriptive data was analyzed in frequency and percentages, while significant associations were identified using Chi-square test and Fishers' exact test as applicable at $p < 0.05$. Bivariate logistic regression model was used to determine the independent association of the selected demographic factors with mother-daughter SRH communication. Analysis of mothers' perceptions and concerns over sharing SRH information with adolescent girls mainly followed an inductive approach to thematic principals. Comparison of scores between IA and CA was carried out Mann Whitney U test, while pre and post interventional scores within area was analyzed using Wilcoxon Signed Rank test applying $p < 0.05$ level as the level of significance.

Results

Out of the 810 girls responded, majority of the girls (67.1%, $n=540$) were positive towards discussing SRH matters with their mothers. A greater percentage of the girls (84.8%, $n=687$) recognized mother as a current source of SRH information, while for 78.2% ($n=632$) mother was the most preferred source of SRH information. Issues related to menstrual health (88.4%, $n=701$), keeping body limits (94%, $n=718$) and preventing sexual violence (72.6%, $n=574$), were among the common topics discussed between mothers and daughters. Cultural barriers (46.8%, $n=379$), fear of parental perception (56.3%, $n=456$), mothers' inability to respond to adolescent SRH matters (18.4%, $n=149$), were pointed out as the main barriers to discuss SRH topics with mothers. Bivariate analysis indicated a significant association between adolescent girls' age, religion, status of schooling and family income level with mother-daughter SRH communication at $p < 0.01$.

Qualitative assessment showed that others perceived their role as a primary sex educator to their adolescent children. They were more interested in giving their children an abstinence-only sexuality education, in which they wanted to teach them about the consequences of premarital sex, keeping body boundaries and preventing sexual violence. Many mothers were against providing safe sex information to their adolescents. Mothers were not confident about talking to their adolescents about SRH issues. However, they were prepared to discuss these matters, if equipped with necessary knowledge and skills.

The worksite-based intervention targeted at mothers, was found to be effective in improving the content and frequency of the mother-daughter communication of sexual violence prevention among IA mothers six months following the intervention, compared to the baseline ($p<0.01$). At six months follow up the frequency of communication was higher among the intervention group mothers ($p<0.01$) compared to the controls. The IA adolescents reported a significant increase in mother-daughter communication of preventing sexual violence, six months after the intervention compared to the baseline ($p<0.01$) and compared to the CA adolescents ($p<0.001$).

Conclusions and recommendations

Study showed that adolescent girls identified mother as the most preferred source of SRH information, while mothers were willing to discuss SRH matters with daughters, though they were not confident about their knowledge and skills. Still, mothers preferred abstinence-only education over abstinence-plus education when educating their children about SRH issues. The parenting program implemented at mothers' worksites was found to be effective in improving mother-daughter communication on preventing sexual violence.

The present study recommends to consider parents' contribution as a primary source of SRH information to adolescent girls during the planning of adolescent sexual health interventions, and adopt the present intervention to the existing public health system with necessary modifications. Implementation of parent awareness and skill-building sessions in parallel to the school-based adolescent sexuality education is recommended.

Keywords

Mother-daughter communication, Adolescent sexual and reproductive health, Worksite based intervention, Sexual violence prevention

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