



East African Journal of Arts and Social Sciences

eajass.eanso.org

Volume 8, Issue 1, 2025

Print ISSN: 2707-4277 | Online ISSN: 2707-4285

Title DOI: <https://doi.org/10.37284/2707-4285>



EAST AFRICAN
NATURE &
SCIENCE
ORGANIZATION

Original Article

The Impact of Parent-Adolescent Communication on Adolescent Sexual Behavior: A Case Study in the Kwaluseni Community

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Article DOI: <https://doi.org/10.37284/eajass.8.1.2734>

Date Published: ABSTRACT

28 February 2025

Keywords:

*Sexual And Reproductive
Health,
Sex Education,
Sexuality,
Sexual Behaviour.*

In Eswatini, both Christianity, the dominant religion, and the prevailing cultural values strongly condemn premarital sex, deeming it immoral and sinful. Chastity is thus highly promoted. In response to this socio-cultural context, a study was conducted to investigate the influence of parent-adolescent communication on adolescent sexual behaviour. This mixed-methods study employed self-administered questionnaires and semi-structured interviews with 120 participants randomly selected. Quantitative data were analyzed using SPSS version 20.0, while qualitative data were analyzed thematically. The findings revealed that effective parent-adolescent communication on sexual and reproductive health (SRH) significantly reduces adolescent sexual activity and promotes healthier sexual behaviours. However, a significant barrier identified was parental fear that sex education would prematurely initiate sexual activity in their children, leading to low levels of parental involvement in SRH discussions. Furthermore, parents often lacked knowledge regarding appropriate timing and effective communication strategies for addressing sexuality with their adolescents. Moreover, awareness of current, accurate, and high-quality sexual health information among parents was limited. Based on these findings, it is recommended that government agencies and relevant organizations collaborate to develop and implement training programs for parents on SRH issues. These programs should focus on effective communication strategies for both sons and daughters, considering potential gender-specific needs and concerns. Moreover, early initiation of open and honest conversations about sexuality with children, ideally before the onset of puberty, is strongly encouraged.

APA CITATION

Mabuza, D. C. (2025). The Impact of Parent-Adolescent Communication on Adolescent Sexual Behavior: A Case Study in the Kwaluseni Community. *East African Journal of Arts and Social Sciences*, 8(1), 274-284. <https://doi.org/10.37284/eajass.8.1.2734>

CHICAGO CITATION

Mabuza, Dumisa C. 2025. "The Impact of Parent-Adolescent Communication on Adolescent Sexual Behavior: A Case Study in the Kwaluseni Community". *East African Journal of Arts and Social Sciences* 8 (1), 274-284. <https://doi.org/10.37284/eajass.8.1.2734>.

HARVARD CITATION

Mabuza, D. C. (2025) "The Impact of Parent-Adolescent Communication on Adolescent Sexual Behavior: A Case Study in the Kwaluseni Community". *East African Journal of Arts and Social Sciences*, 8(1), pp. 274-284. doi: 10.37284/eajass.8.1.2734.

IEEE CITATION

D. C., Mabuza "The Impact of Parent-Adolescent Communication on Adolescent Sexual Behavior: A Case Study in the Kwaluseni Community". *EAJASS*, vol. 8, no. 1, pp. 274-284, Feb. 2025.

MLA CITATION

Mabuza, Dumisa C. "The Impact of Parent-Adolescent Communication on Adolescent Sexual Behavior: A Case Study in the Kwaluseni Community". *East African Journal of Arts and Social Sciences*, Vol. 8, no. 1, Feb. 2025, pp. 274-284, doi:10.37284/eajass.8.1.2734.

INTRODUCTION

Parents play a crucial role in shaping their adolescents' sexual health. Open and honest communication about sex, as emphasized by Edwards and Reis (2014), fosters accurate knowledge and healthy attitudes, leading to better decision-making (Widman et al., 2016). However, despite its potential, effective parent-adolescent sexual communication remains elusive. Many parents struggle to initiate these conversations due to various barriers, hindering their ability to positively influence their children's sexual development. Sex education, as defined by Williams et al. (2015) encompasses a wide range of topics, including sexual anatomy, reproduction, relationships, and contraception. It equips adolescents with the knowledge and skills to make informed choices about their sexual health. However, parent-adolescent communication on these issues is often lacking, with parents providing limited information or avoiding the topic altogether. This is particularly prevalent in African countries, where discussing sex is often considered taboo (Lim et al., 2016). This reluctance to address sexuality stems from cultural norms and deeply ingrained beliefs. Overcoming these barriers and fostering open communication between parents and adolescents is crucial for promoting healthy sexual development and reducing negative outcomes among young people.

Problem Statement

In Eswatini, premarital sex is strongly condemned by both Christianity and traditional culture. Despite this, adolescent pregnancy rates are rising, driven by risky sexual behaviours like unprotected sex and multiple partners. While parental absence is often blamed, the 2019 lockdown saw a surge in adolescent pregnancies among students confined at home. This challenges the notion that parental guidance alone prevents such behaviour, highlighting the need for improved sex education and open communication channels within families.

Objectives of the Study

The objectives of the study are to:

- To determine the extent to which parents communicate sexuality with their adolescents
- To explore the nature and type of information communicated.
- To determine the influence of parent-adolescent communication on sexual behaviour.
- To identify the factors that make sex education difficult for parents.

LITERATURE REVIEW

Risky sexual behaviours, such as unprotected sex and multiple partners, are prevalent among Eswatini adolescents, contributing significantly to HIV/AIDS, STIs, and unintended pregnancies

(UNFPA, 2013; Dlamini, 2017). Early sexual debut, age-disparate relationships, and low condom use are major concerns. Fear of rejection, misconceptions about risk, and limited access to comprehensive sexual education hinder safe sex practices (Dlamini, 2017; Humphrey, 2017). Intergenerational sex, where young girls engage with older men, poses a significant risk due to power imbalances and differing perceptions of risk (Govender, 2013).

Parent-Adolescent Sexual Communication

Mothers typically initiate most sexual education, with daughters receiving more open communication than sons (Rosenthal et al., 2008). However, both parents influence adolescent sexual behaviour, with open and receptive communication being crucial (Blake et al., 2001). While parent-adolescent communication about sex is vital in Africa, it often lacks openness and is characterized by fear and inadequate knowledge (Lim et al., 2016; Ogunnowo, 2016). Adolescents may rely on peers for information, leading to misinformation and increased risk of sexual activity, STIs, and unwanted pregnancies (Williams et al., 2015).

Communication Approaches and Tones

Effective communication about sex between parents and adolescents is crucial for their healthy development. However, challenges arise due to factors like relationship dynamics, communication styles (avoidance, reactive, opportunistic, child-initiated, mutually interactive), and tone (Rosenthal et al., 2008). Avoidance, characterized by discomfort and vague language, hinders opening. Reactive communication, triggered by adolescent behaviour, can feel one-sided (Rosenthal et al., 2008). While opportunistic communication utilizes shared moments, it may lack consistent effort. Child-initiated communication, though seemingly beneficial, can be misconstrued as a sign of sexual activity in some cultures (Lim et al., 2016). Mutually interactive communication, where both parties initiate and participate openly, is considered the most effective style for promoting healthy

sexual behaviour (Akintomide & Bada, 2013). However, parental communication often includes threats and warnings, which can stifle dialogue and hinder positive outcomes (Kajula et al., 2013).

METHODOLOGY

Research Design

This study employed a descriptive survey design utilizing a mixed-methods approach. As defined by Creswell (2020), a survey aims to gather data from a population to determine its current status regarding specific variables. This design facilitated efficient data collection from parents and adolescent students within the Kwaluseni constituency. By combining quantitative and qualitative methods, the study comprehensively investigated the influence of parental factors on adolescent sexual behaviour.

Area of Study

The research was conducted in Matsapha, Manzini region, focusing on two high schools (one public, one private). This location was chosen due to the researcher's accessibility. Given the high prevalence of risky sexual behaviours among Eswatini youth in Kwaluseni (Mkhwanazi & Odimegwu, 2015), this setting provided a relevant context for the study. The target population comprised Form 5 adolescent students around Matsapha and the parents from the selected high schools. This is a semi-urban area whose schools attract students from different backgrounds. A simple random sampling method was used to select 50 students and 10 parents from each school, resulting in a total of 120 participants (n=120).

Instrumentation

Data collection instruments included self-administered questionnaires with closed-ended questions and face-to-face interviews. Instruments were validated by experts from the University of Eswatini, Faculty of Consumer Sciences, to ensure content validity and relevance. Reliability was established through pilot testing with 20 adolescents, yielding a Cronbach's Alpha of 0.845.

To ensure the trustworthiness of qualitative data, the study adhered to four criteria: credibility, transferability, dependability, and confirmability. Credibility was enhanced by allowing participants to review interview transcripts. Transferability was ensured by providing detailed descriptions of the study setting and context. Regular communication with supervisors ensured dependability. Finally, confirmability was achieved by meticulously documenting all data collection and analysis procedures.

Data Collection

Questionnaires were self-administered by the researcher. Parent interviews were conducted at their homes. Both quantitative and qualitative data analysis techniques were employed. Quantitative data were analyzed using descriptive statistics (frequencies and percentages). Qualitative data were analyzed through thematic coding, categorizing parent responses into meaningful themes.

RESULTS AND DISCUSSIONS

Parental Communication on Sexuality and Adolescent Sexual Behavior

This study investigated parental communication on sexuality among adolescents. Results showed that 85.1% of participants reported their parents/guardians could discuss sexual issues, and 87.1% had discussed these topics with them. The highest level of parental sexual education occurred during high school. Mothers were the primary educators (58.4%), followed by fathers (19.8%). Most discussions occurred monthly (70.3%). The study found a significant association between parent-adolescent closeness and open communication about sexuality, aligning with Flores and Barroso (2017) who emphasized the importance of parental closeness for emotional connection and behavioural guidance. Furthermore, parental communication style significantly influences adolescent sexual behaviour. Adolescents who discussed sexuality frequently

with their parents were less likely to engage in early sexual intercourse compared to those with infrequent or no discussions (Bushaija et al., 2013). This aligns with research by Whitaker and Miller (2019), which found that frequent and open communication reduced risky sexual behaviours.

The study also highlighted the differential roles of mothers and fathers in sexual education. Mothers were more likely to initiate and engage in these discussions, particularly with daughters. This finding supports research by Flores and Barroso (2017) on paternal involvement and Williams et al. (2015) on the influence of mother-daughter relationships on contraceptive use. In conclusion, open and frequent communication between parents and adolescents about sexuality is crucial for promoting healthy sexual behaviours and delaying sexual debut. Parental closeness and effective communication strategies, particularly from mothers, play a vital role in shaping adolescent sexual attitudes and behaviours.

The Nature and Type of Information Communicated

The parents were asked the state the type of sexual education information they communicate to their children. Results presented in Table 1 generally show that parents rarely communicate sexual information with their biological children ($\bar{x} = 2.33$). Specifically, parents sometimes communicate topics such as How to prevent HIV/AIDs ($\bar{x} = 2.65$); how to prevent STIs ($\bar{x} = 2.66$); puberty ($\bar{x} = 2.87$); marriage and sex ($\bar{x} = 2.57$); abstaining from sex until marriage ($\bar{x} = 3.25$) and menstruation ($\bar{x} = 2.85$).

Further, parents were found to rarely talk about how pregnancy occurs ($\bar{x} = 2.38$); contraceptives ($\bar{x} = 2.36$); sexual intercourse ($\bar{x} = 2.25$); how to handle sexual pressure ($\bar{x} = 2.21$); the importance of using condoms ($\bar{x} = 2.31$); reproduction ($\bar{x} = 2.06$); mate selection ($\bar{x} = 2.13$); courtship ($\bar{x} = 1.84$); dangers of premarital sexual intercourse ($\bar{x} = 2.48$); wet dreams for boys ($\bar{x} = 1.84$); sexual feelings (\bar{x}

= 1.84). Lastly, parents never talk to children about ways of negotiating safer sex (\bar{x} = 1.37); the overall

standard deviation of 0.41 suggests that there was not much variation in the responses of the parents

Table 1. Type of Information Communicated

| | Topic | Mean | SD | D.E |
|----|--|-------------|-------------|---------------|
| 1 | How pregnancy occurs | 2.38 | 0.46 | Rarely |
| 2 | Contraceptives | 2.36 | 0.44 | Rarely |
| 3 | Sexual intercourse | 2.25 | 0.33 | Rarely |
| 4 | How to handle sexual pressure | 2.21 | 0.29 | Rarely |
| 5 | How to prevent HIV/AIDs | 2.65 | 0.73 | Sometimes |
| 6 | How to prevent STIs | 2.56 | 0.64 | Sometimes |
| 7 | Importance of using condoms | 2.31 | 0.39 | Rarely |
| 8 | Ways of negotiating safer sex | 1.37 | 0.65 | Never |
| 9 | Reproduction | 2.06 | 0.14 | Rarely |
| 10 | Puberty | 2.87 | 0.95 | Sometimes |
| 11 | Mate selection | 2.13 | 0.21 | Rarely |
| 12 | Courtship | 1.84 | 0.85 | Rarely |
| 13 | Dangers of premarital sexual intercourse | 2.48 | 0.56 | Rarely |
| 14 | Marriage and sex | 2.54 | 0.62 | Sometimes |
| 15 | Abstaining from sex until marriage | 3.25 | 0.82 | Sometimes |
| 16 | Wet dreams for boys | 1.84 | 0.77 | Rarely |
| 17 | Menstruation | 2.85 | 0.93 | Sometimes |
| 18 | Sexual feelings | 1.84 | 0.67 | Rarely |
| | Average | 2.33 | 0.41 | Rarely |

This study revealed that parent-adolescent sexual communication primarily focused on sexual risk prevention, particularly abstinence, and puberty/development (Mabuza, Makhanya, Dlamini & Dlamini, 2024).). HIV/AIDS prevention was a major concern, influenced by its prevalence (Wamoyi, 2010). Communication content was gendered, with a stronger emphasis on abstinence and negative consequences for girls, while condom use and STI prevention were more often discussed with boys (Wamoyi et al., 2010).

Crucially, adolescents rarely discussed sexual feelings, handling pressure, safer sex negotiation, courtship, or partner selection. This suggests parents prioritized health development over experiential sexual topics, likely due to their strong desire for their children's sexual abstinence.

The Influence of Parent-adolescent Communication on Sexual Behavior

The data shown in Table 2 shows the extent to which parent-adolescent sexual communication affects the decision-making on sexual behaviour. The table generally indicates that adolescents strongly agree that parent-adolescent sex education or sex communication affects decision-making on sexual activities they engage in (\bar{x} = 5.01). Adolescents were asked to indicate their reaction to how parent-adolescent sexual communication affects the following sexual behaviours. The results specifically show that the adolescents strongly agreed that sexual communication causes them to delay sexual initiation (\bar{x} = 5.52). The results further show that the adolescents agreed that they reduce sexual activities they engage in (\bar{x} = 5.25), that they then use condoms all the time (\bar{x} = 5.39), that they reduce the number of sexual partners (\bar{x} = 4.67), that

they lower risks of pregnancy ($\bar{x} = 5.36$), that they increase self-efficacy to negotiate safer sex ($\bar{x} = 5.10$) and that they improve communication with their partner on sexual issues ($\bar{x} = 4.85$). Lastly, the

results indicate that no matter the sexual communication parents may have with their children, adolescents slightly disagreed that that can cause them to abstain until marriage ($\bar{x} = 3.36$).

Table 2. The Extent with Which Parent-adolescent Sexual Communication Influences the Sexual Behaviours.

| | Sexual behavior | Mean | SD | D.E |
|---|--|-------------|-------------|------------|
| 1 | Delay sexual initiation | 5.52 | 0.92 | SA |
| 2 | Reduce sexual activities I engage in | 5.25 | 0.85 | A |
| 3 | Always use condoms/ contraceptives | 5.39 | 0.85 | A |
| 4 | Reduce the number of sexual partners | 4.67 | 0.88 | A |
| 5 | Lower risk of being pregnant | 5.36 | 0.75 | A |
| 6 | Increase self-efficacy and negotiate safer sex | 5.11 | 0.68 | A |
| 7 | Improve communication on sexual issues | 4.85 | 0.63 | A |
| 8 | Abstain until marriage | 3.36 | 0.81 | SLD |
| | Average | 5.01 | 0.79 | A |

This study demonstrates that open communication about sexuality between parents and adolescents significantly influences their sexual decision-making. Adolescents who frequently discuss sexual matters with their parents tend to delay the onset of sexual activity. This communication serves as a crucial platform for parents to transmit their sexual values and provide vital information to their children, ultimately shaping their sexual attitudes and behaviours. The findings indicate that after receiving sex education, a majority of adolescents reported a reduction in their sexual activity levels.

Furthermore, the study reveals a positive correlation between parent-adolescent sexual communication and the increased use of condoms and other contraceptives. Sex education empowers adolescents with the knowledge and confidence to make responsible choices regarding sexual health, encouraging them to consistently utilize protection during sexual encounters to prevent unwanted pregnancies and the transmission of HIV and sexually transmitted infections (STIs). Consequently, adolescents are less likely to engage in risky sexual behaviours, thereby reducing the likelihood of unprotected sex, unwanted pregnancies, and the risk of impregnating others.

Moreover, parent-adolescent sexual communication enhances adolescents' self-efficacy in negotiating safer sex practices. This improved communication facilitates open discussions with sexual partners about safe sex issues, leading to increased condom use and safer sexual behaviours. This aligns with previous research findings that have demonstrated a strong link between parent-child sexual communication and safer sexual behaviours, including increased contraceptive use (Mabuza, 2025 Hadley et al., 2009).

Participants in this study reported that open discussions with parents about sexual issues contributed to a reduction in the number of sexual partners they had. A comprehensive sex education program equips parents with the knowledge and confidence to effectively guide their children. This enables adolescents to gain a deeper understanding of their bodily development, cultivate a greater respect for their bodies, and recognize the potential dangers associated with multiple sexual partners. Ultimately, effective parent-adolescent communication has been proven to foster healthy and responsible sexual lifestyles, enhance self-esteem, and delay the onset of sexual activity (Bushaija et al., 2013; Markham et al., 2010).

However, while parent-adolescent communication about sex and risky behaviours is considered an effective protective measure, a significant portion of the adolescents in this study reported slight agreement with the notion of abstinence until marriage. Moreover, they revealed that their parents rarely discussed sexuality topics, and when they did, the discussions were perceived to be limited in scope.

Factors that Make Sex Education Difficult for Parents.

Inadequate Knowledge of Sexuality

Parents often struggle to discuss sexuality with their children due to a lack of sufficient knowledge on the topic (Bushaija, et al., 2013; United Nations Population Fund, 2015). Many parents, even those with good intentions, feel ill-equipped to address the physical, social, and ethical aspects of sexuality with their children (Kirstie, 2020). This lack of preparedness stems from various factors, including a lack of personal experience with open discussions about sexuality. As one participant stated, *"I have never talked to my adolescent girl about sexuality... I never attended school, so I lack proper information. During my adolescent stage, my mother never taught me about sexuality. What can I tell my child because I lack accurate information?"* (Respondent 5). This intergenerational gap in sexual communication creates a significant barrier, leaving parents unsure of how to approach the topic with their own children and lacking the necessary skills and confidence to do so effectively.

Poor Interpersonal Relationships Between Parents and Their Children

Poor parent-adolescent relationships significantly hinder effective communication about sexuality, particularly for step-parents. Respondent 8 exemplifies this, citing difficulty discussing sexual issues with their stepdaughter due to a lack of closeness and trust. As stated by a participant;

"What I have seen it is difficult for me to disclose sexuality issues to my stepdaughter because of a poor interpersonal relationship. We are not close to one another, the quality of our relationship is not strong no bond, no warmth just no connectedness. If I see some suspicious behaviours, I report it to her father and other participants said children turn to be independent when they reach adolescence and my child doesn't need my help anymore resulting in a low relationship." (Respondent 8).

This aligns with research findings, which emphasize that strong interpersonal relationships are crucial for successful communication and attitude change regarding sexual health. When parents and adolescents lack closeness, trust, and warmth, communication becomes strained, and adolescents are less likely to accept or retain information. Conversely, positive relationships foster open dialogue, encourage trust, and increase the likelihood of healthy sexual decision-making. A study by Kirstie (2020) supports this, highlighting the importance of parental bonds in facilitating effective communication. Conversely, negative relationships, characterized by conflict and communication gaps (Williams, Pichon & Campbell, 2015) can lead to mistrust and ineffective communication, hindering adolescents' ability to make informed decisions about their sexual health.

Fear of Encouraging Sexual Activity

This study highlights a significant barrier to effective sexual and reproductive health (SRH) communication between parents and adolescents: the fear of encouraging sexual activity. Many parents expressed concern that discussing SRH topics, including contraception and HIV/AIDS prevention, would lead their children to experiment sexually. They believed that providing information on condoms and other methods would increase the likelihood of sexual engagement. Consequently, many parents solely emphasized abstinence as the

only "safe" and "100% effective" method, avoiding discussions on more realistic and comprehensive approaches to SRH. *"When I talk to my adolescents on how to prevent early and unwanted pregnancy and STIs I tell her that abstinence is the best and 100% effective method. I don't tell her the other methods because I don't want her to experiment with them."* (Respondent 1).

This fear aligns with findings from previous research (Dessie, 2015), which demonstrated that parents often avoid contraceptive discussions due to concerns about encouraging experimentation. These findings underscore the critical need for interventions that address parental anxieties and equip them with effective communication strategies to support their adolescents' SRH needs.

Embarrassment in Parent-Child Sexual Health Discussions

Parents in this study frequently expressed discomfort discussing sexual issues with their children, citing embarrassment and fear of being misinterpreted. They worried about appearing sexually interested in their children, particularly fathers discussing sex with daughters. The age gap between parents and adolescents exacerbated this, with adolescents perceiving their parents as out of touch and conversations as awkward. *"I think we experience some hardship and feel uncomfortable to say the exact words, you find that most siSwati words are too deep some consider them vulgar. This topic is private when we mention some of the words in SiSwati language our children don't understand what we are saying"*. (Participant 9).

Parents also felt ashamed using accurate anatomical terms, finding them too private and potentially confusing for their children. Cultural norms further complicate the issue, with some parents believing sex education is the responsibility of grandparents, who are perceived as having more knowledge and experience with children. The study highlights the challenges parents face in navigating these sensitive conversations, including embarrassment about their

own knowledge, fear of their children's embarrassment, and cultural beliefs that restrict open communication about sexuality. These findings align with previous research that emphasizes the impact of generational differences and cultural norms on parent-child communication about sexual health (Gumede, 2011).

Gender Difference

Discussion on sexual reproductive health is limited by gender. This study found that gender significantly impacts sexual communication between adolescents and parents. Mothers are often perceived as the primary sex educators, primarily due to their greater involvement in daily child care and household activities. Respondents emphasized this, stating, *"Mothers are primary parental sex educators since they spend more time with them doing household activities. While teaching the children different household activities she must also discuss sexuality issues with them."* (Respondent 7).

Fathers, often absent due to work commitments, are less involved in sex education. This is further exacerbated by societal norms that place the responsibility of sex education solely on mothers. This gendered division of labour and responsibility hinders open and effective communication between fathers and their children on sexual health issues. Consequently, adolescents, particularly boys, may rely on other, potentially less reliable, sources of sexual health information Famutimi & Oyetunde, 2014). This highlights the crucial need to challenge traditional gender roles and encourage fathers to actively participate in their children's sexual health education.

Cultural Beliefs of Parents

Parents in this study reported difficulty discussing sexuality with their children, citing deeply ingrained cultural beliefs as a significant barrier. This aligns with previous research demonstrating parental conservatism regarding sex education (Nudwe, 2012). Participants described how traditional

ceremonies like Umhlanga and Lusekwane, where elders, particularly traditional leaders, addressed sexual matters with young people, historically fulfilled this role. These cultural norms, passed down through generations, have shaped parental expectations, leading them to believe that discussions about sexuality are the responsibility of elders within specific cultural forums like liguma and lisango. This reliance on traditional practices hinders open communication between parents and their children on issues of sexual and reproductive health. To address this, leveraging cultural events like Umhlanga and Lusekwane as platforms for comprehensive sexual and reproductive health education, with active participation from traditional leaders, could be a valuable approach.

This study investigated parental communication on sexuality among adolescents, revealing that 85.1% of participants reported their parents/guardians could discuss sexual issues, and 87.1% had engaged in such discussions. Mothers were the primary educators, with most discussions occurring monthly. A significant association was found between parent-adolescent closeness and open communication about sexuality, aligning with previous research emphasizing the importance of parental closeness for emotional connection and behavioural guidance. Additionally, parental communication style significantly influences adolescent sexual behaviour. Adolescents who discussed sexuality frequently with their parents were less likely to engage in early sexual intercourse. This aligns with research by Clark et al. (2015) and Whitaker and Miller (2019), which found that frequent and open communication reduced risky sexual behaviours.

SUMMARY AND RECOMMENDATIONS

The study highlighted the differential roles of mothers and fathers in sexual education. Mothers were more likely to initiate and engage in these discussions, particularly with daughters on contraceptive use. Open and frequent communication between parents and adolescents

about sexuality is crucial for promoting healthy sexual behaviours and delaying sexual debut. Parental closeness and effective communication strategies, particularly from mothers, play a vital role in shaping adolescent sexual attitudes and behaviours. Analysis of the type of information communicated revealed that adolescents rarely discussed sexual feelings, handling pressure, safer sex negotiation, courtship, or partner selection. This suggests parents prioritized health development over experiential sexual topics, likely due to their strong desire for their children's sexual abstinence.

The study further investigated how parent-adolescent sexual communication affects adolescent sexual behaviour. Adolescents strongly agreed that parent-adolescent sex education positively influences their sexual decision-making. This communication empowers adolescents to make informed decisions regarding sexual health, encouraging them to consistently utilize protection during sexual encounters. Consequently, adolescents are less likely to engage in risky sexual behaviours, thereby reducing the likelihood of unprotected sex, unwanted pregnancies, and the risk of impregnating others.

However, the study also identified several factors hindering effective sexual communication between parents and adolescents: inadequate parental knowledge, poor interpersonal relationships, fear of encouraging sexual activity, embarrassment, cultural beliefs and gender differences.

Based on the findings of the study, it is recommended that parental knowledge be enhanced through programs that equip them with the necessary skills and information to effectively communicate about sexuality with their children. This, in turn, will address parental anxieties regarding discussing sexuality, emphasizing the importance of open and honest communication for adolescent sexual health. Furthermore, promoting gender equality by encouraging fathers' active participation in their children's sexual health education challenges traditional gender roles and

promotes shared responsibility. Integrating cultural norms by leveraging cultural events and traditions as platforms for comprehensive sexual and reproductive health education, involving both parents and traditional leaders, can effectively deliver this information. Finally, developing age-appropriate resources and educational materials on sexuality provides valuable tools for both parents and adolescents.

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