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Exploring issues surrounding Adolescent-Adult Communication gap in sexual and reproductive health in Ghana

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Background:

Studies reporting gaps in parent-child communication about sexual and reproductive health in sub-Saharan Africa have generally highlighted the views of adolescents on the inability of parents and adults to discuss issues with them. Using social change as explanatory factor, the general thesis has been the breakdown of the traditional system of communication on sexual and reproductive health which revolves around other adults rather than parents. Rarely have the views of parents and other adults been sought on the observed gap and the challenges they face. This paper presents evidence on the adolescent-adult communication gap from the perspectives of both young people and adults in Ghana and the implications for sexual and reproductive health programmes.

Methods:

Data for the study are from a national representative household-based survey of 12-19-year olds conducted in 2004, in-depth interviews with 102 young people and 60 adults undertaken in 2004 and 2005 respectively. Adults interviewed were parents, teachers, community leaders and health care workers. The analysis, based on the bio-ecological model, argues that parents and adults as actors in the microsystem for socialization should be able to provide positive and reinforcing feedback to adolescents on sexual and reproductive health issues.

Results

Various patterns emerge on the adult-adolescent communication interface, ranging from positive to negative reports. The reasons given for adolescents for the gap are the moralizing and uncompromising attitudes of parents as well as tradition of separateness and adults cite 'culture' and attitude of adolescents for their inability to communicate with young people. Parents in urban areas were more likely to interact with children than those in rural areas and mothers with sons and daughters than fathers. Some parents also reported being comfortable talking to other children but not their own about condoms. Both sides recognize sexual and reproductive health communication gap.

Conclusion

It is not possible to recapture the past system of relying on family members for information on sexual and reproductive health. Teachers and health care workers are emerging as professionals trusted by young people; and the mass media is the most widely available and most preferred source of information on sexual and reproductive health. Though useful, the mass media is devoid of inter-personal contact which people need for reinforcement and support. This calls for the establishment of structures that combine aspects of the traditional system and the emerging ones. The approach will be to involve professional sources such as teachers, health care workers and the mass media within a system that also assures parents.

As agents within the microsystem of adolescents, parents and adults will continue to play important roles in the sexual and reproductive health needs of their children and wards. Therefore, parents, other adults and communities will need to be sensitized in order that they can provide conducive atmosphere for their children/wards. It will also be necessary to provide them with avenues for learning so that they will support and reinforce the emerging system through which young people receive sexual and reproductive health information and services.