

Adolescents' Sexual Education: Parental Involvement in a Rural Area in Kwazulu-Natal, South Africa

Azwihangwisi Helen Mavhandu-Mudzusi

<https://orcid.org/0000-0002-6916-8472>
University of South Africa
mmudza@unisa.ac.za

B.G. Mhlongo

<https://orcid.org/0000-0003-1955-5017>
University of South Africa
30743982@mylife.unisa.ac.za

Abstract

Parent-adolescent communication on sexuality is one of the key determinants of sexual and reproductive health outcomes of adolescents. Despite parent-adolescent communication on sexuality, statistics show an increase in the number of teenage pregnancies. This interpretative phenomenological analysis explored the perceptions of parents in a rural village in the Umzinyathi Health District in KwaZulu-Natal regarding the provision of sex education to adolescents. Ten parents of adolescent children were purposively selected to participate in the study, and data were collected using face-to-face, semi-structured interviews. Field notes were also taken to complement the audio recordings. Data were analysed thematically using the framework for interpretative phenomenological analysis. The results showed that rural parents face challenges in providing sex education to their teenagers. Sex education provided to adolescents is uncoordinated and haphazard. Parents have inadequate information and they are fearful and embarrassed to initiate sex talks with their teenagers. An age-appropriate, structured, formal, culture-sensitive, community-based sexual education programme aimed at empowering parents with knowledge and skills to provide contextual and age-relevant sex education to their teenage children is recommended.

Keywords: adolescent; parent; perception; rural; sexual education; South Africa



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Introduction

This article presents rural parents' involvement in the sexual education of their adolescent children. Parental involvement refers to providing sexuality education to their children and also supporting their children when they have issues regarding their sexuality. Parent-adolescent communication is key in predicting the sexual and reproductive health outcomes of adolescents. Guilamo-Ramo et al. (2014, 6) confirm that a positive parent-child relationship is associated with positive sexual outcomes. The study conducted by Dessie, Berhane and Worku (2015, 1) revealed that positive reproductive and sexual health outcomes were associated with adolescents who believed that their parents were knowledgeable, willing and able to share knowledge on sexual health with their adolescents. Those parents who were perceived by their adolescent children as having poor knowledge on sexual issues had adolescents who made poor sexual and reproductive health decisions (Dessie, Berhane, and Worku 2015, 1). However, parents themselves also experience challenges when it comes to providing sex education to their adolescent children (Rogers et al. 2015, 7). The major challenge raised is difficulty communicating with their children. The quality of communication between parents and their adolescent children is a strong predictor of the adolescents' sexual behaviour. A study conducted by Edwards, Liu and Dennis (2015, 31) in China revealed that mothers are more involved in sex talks than fathers, placing a huge burden on mothers' lives. Fathers are said to be strict and unapproachable, prohibiting fathers from giving sex education talks to children of both genders (Harris 2016, 13). Despite their perceived strictness, fathers' involvement in their adolescent children's lives was found to be associated with delayed sexual debut, fewer sexual partners and higher use of contraception among their daughters (Payne Purvis, Barnett, and Forthun 2014, 1), which should be an encouraging factor among fathers to teach their children about sexuality.

Other authors have a different view on the effectiveness of an authoritarian approach of parents to sex education. The more authoritative the parent, the more negative the sexual behaviour of the adolescent child becomes (Rogers et al. 2015, 7). Similar findings were documented by Edwards, Liu and Dennis (2015, 29), who mention that the lecturing and authoritative methods of providing sex education to adolescents are associated with poor sexual behaviour outcomes. One of the major barriers to providing sex education to adolescents is parents' belief that they will promote the engagement of their children in sexual activities (Kinaro 2013, 10). Parents are battling poor interpersonal relationships with their adolescents because of the adolescent stage. This, in addition to inadequate information on sexuality, undermines the quality of sex education talks and increases the tension between parents and adolescents (Edwards, Liu, and Dennis 2015, 11).

The challenges of inadequate communication on sexual issues between parents and adolescents are related to factors such as fear, cultural beliefs and limited sources of sexuality information for parents (Asampong et al. 2013, 7–8). Makofane and Odeyemi

(2015, 173) documented that even in South African universities the majority of students (77%) have not learned much from their parents about sexual matters. Most students who had never been informed about sexual practices by their parents were from rural or semi-rural areas in South Africa.

Problem Statement

The provision of sex education to adolescents by their parents is regarded as an important intervention in decreasing the incidence of social ills such as teenage pregnancies, HIV infection and other sexually transmitted infections (Makofane and Odeyemi 2015, 174). However, there is still a high number of teenage pregnancies in the uMzinyathi District, as indicated in Provincial Aids Council report (Mthethwa 2015, 8), which found that 289 learners were pregnant in the first quarter of 2015 in one district. The high pregnancy rate is an indication of engagement in risky sexual behaviour, which may also fuel the spread of HIV and other sexually transmitted infections. Most of these learners who are pregnant are living with their parents on a full-time basis. This raises concerns about the extent to which parents in rural areas are involved in the sex education of their adolescents. If the involvement of parents in their adolescent children's sexuality education is not addressed, the envisaged vision of zero new HIV infections and zero HIV-related deaths by 2030 will not be achieved.

Purpose and Objectives of the Study

The purpose of this study was to gain an in-depth understanding of the involvement of parents in the sexuality education of their adolescent children in a rural village in the Msinga Sub-District. The study's objective was to explore the perceptions of parents in a rural village in the Msinga Sub-District on providing sex education to their adolescent children.

Research Design and Methods

Design

An interpretative phenomenological analysis design (IPA) was used. According to Smith, Flowers and Larkin (2009, 15), IPA assists researchers who study the lived experiences of individuals and how they (individuals) interpret their own experiences. This design was used because it was necessary to understand the parents' views, experiences and behaviours regarding the provision of sex education and interpretation thereof from their own worldview.

Contextual Details

The study's setting was a rural village in the Umzinyathi District of KwaZulu-Natal, South Africa. This area has the highest pregnancy rates among teenagers in the district. In the first quarter of 2015, a total of 289 learners were found to be pregnant (Mthethwa

2015, 8). The district of uMzinyathi has an HIV infection level of 30%, which is very high (Msinga Municipality 2016, 16).

Population and Sampling

The target population for this study was adults above 21 years who have children in the age group of 13 to 19 years. Non-probability snowball sampling was used whereby two known parents were approached who referred other participants who meet the criterion of being a biological parent to a child in the age group of 13 to 19. The snowballing technique was used to reach other parents as the researchers only knew two parents with adolescent children in the area. The final sample size consisted of 10 parents, three fathers and seven mothers, determined by data saturation.

Data Collection

Before data collection, an interview guide was structured in line with IPA and piloted by interviewing two parents who were not part of the sample. The pilot's results showed that the guide was well-structured and relevant for guiding data collection. Data were collected at participants' homes at a time convenient to them from 1 April 2018 to 15 May 2018. Semi-structured, face-to-face interviews were conducted during which IsiZulu participants were probed to speak to ensure more clarification and elaboration on sex education. The interviews were audio-recorded to capture all the information. Field notes were also taken to capture the emotions, facial expressions and home environment, which could not be audio-recorded. The interviews lasted for at least 30 to 60 minutes. Data were collected interactively with data analysis and the process was stopped when category saturation was reached.

Measures to Ensure Trustworthiness

The following measures were observed to ensure trustworthiness, described as the truthfulness of data (Brink, van der Walt, and van Rensburg 2012, 172): credibility was ensured through the use of audio-recording and verbatim transcriptions of data and the use of an independent coder for data analysis. Conformability was ensured by using translators to translate IsiZulu transcripts into English and then back into IsiZulu to ensure that the integrity of the data was not lost. Authenticity was ensured by interviewing the participants in their home language to help them to freely express themselves. Dependability was ensured by using open-ended, in-depth interviews starting with one central question to set the tone. Transferability was ensured by thoroughly describing the setting, participants and data collection and form of analysis used.

Ethical Considerations

Ethical clearance was obtained from the University of South Africa's Department of Health Studies Research Ethics Committee (Reference number: HSHDC 728/2017). Permission was obtained from the Mayor of Msinga Municipality and the ward

councillor to conduct the study. Each participant was thoroughly briefed about the study to obtain informed consent, and ensure confidentiality and respect for human rights; the issue of voluntary participation was upheld throughout the study. The local social worker was kept on standby to counsel the participants in case they became emotionally affected by participating in the study. However, none of them needed counselling, only debriefing, which was done after each interview.

Data Analysis

The audio-recorded IsiZulu data were transcribed verbatim immediately after each interview and integrated with field notes. The IsiZulu transcripts were translated into English and then translated back into isiZulu by a different translator to ensure the data's integrity. The transcripts were analysed manually, using Smith, Flowers, and Larkin's (2009) IPA framework for data analysis. The following steps were followed:

- Reading and rereading each transcript;
- Cataloguing the emerging codes;
- Searching for patterns in the codes;
- Formulating patterns into themes (themes are recurring patterns of meaning—ideas, thoughts, feelings) throughout the text;
- Grouping similar themes under much broader themes called superordinate themes and sub-themes;
- Formulating the master table consisting of superordinate themes, themes and evidence from the text to back up the themes through quotations from the data transcripts.

The final table comprised three superordinate themes, with themes and sub-themes.

Results

Biographic Data

The participants were seven mothers and three fathers. Their demographic data are presented in Table 1, using pseudonyms to ensure confidentiality.

Table 1: Demographic data of participants

Participant	Number of children	Gender	Number of teens raised	Marital status
MaMthembu	3	Female	2	Married
MaNtsele	7	Female	3	Unmarried
MaBhengu	3	Female	2	Widowed
KaMavuso	3	Female	1	Unmarried
MaZungu	5	Female	2	Unmarried
MaNdlovu	4	Female	2	Unmarried
MaJobe	4	Female	2	Unmarried
Zingelwayo	3	Male	2	Married
Sihayo	5	Male	3	Unmarried
Njoloba	3	Male	1	Unmarried

Perceptions of Rural Parents with regard to Providing Sex Education to Their Adolescent Children

Three superordinate themes emerged from the data analysis: (1) views of rural parents on the provision of sex education to adolescent children, (2) feelings of parents about providing sex education to their adolescent children, and (3) the sex education practices of rural parents.

Views of Rural Parents on the Provision of Sex Education to Their Adolescent Children

This superordinate theme has two themes, namely, shifting responsibilities between parents, and shifting responsibility to government departments.

Shifting Responsibilities between Parents

Although both parents accept the importance of providing sex education to their adolescent children, the fathers do not consider themselves responsible for this education and shift the responsibility to the mothers. As one participant revealed:

I am usually afraid of talking to my daughters about sexual matters, but I tell their mother to speak to them. I tell my wife to inform our daughters to use condoms as boys are not trustworthy. I am not sure their mother ends up conveying the message. (Zingelwayo)

The mothers, on the other hand, shift the responsibility to the fathers, as shown by the following quotation:

You cannot say anything to these children as a mother. They only listen to their father. Their father just says one word, and they stop all the nonsense they are doing. With me they think I am joking. (MaMthembu)

Shifting the Responsibility to the Government

Besides shifting the responsibility to each other, some parents assume that it is the government's responsibility to provide sex education to their children:

The Department of Health of and Education including the teachers should tell our children about sexual education. It is their duty as they are trained to do so. (MaBhengu)

The reasons for shifting the responsibility might be related to how the parents feel about providing sex education.

Feelings of Parents regarding the Provision of Sex Education to Their Adolescent Children

This superordinate theme has four themes: feelings of powerlessness, discomfort, fear, and embarrassment.

Feelings of Powerlessness

Parents show powerlessness when it comes to providing sex education to their adolescent children. One participant explained:

Every time I think of talking about sex to my daughter, I feel so powerless. I tried several times but could not say anything until I was just shocked of her pregnancy. (MaNtsele)

Besides powerlessness, some parents have a mental block when it comes to providing sex education to their children because of fear.

Fear

Some parents find it daunting to provide sex education to their adolescent children, which results in them not discussing anything related to sex with their adolescent children. A participant said:

When I think of giving education about sex to my child, I feel so frightened. I am afraid that, instead of making my child not to become sexually active, I will be sending the child to start engaging in sex. That is why I am so scared to even know where to start. (MaBhengu)

Besides fear, embarrassment hinders some parents from providing education on sex and sexuality.

Embarrassment

Embarrassment is one of the reasons that keep some parents from providing sex education to their adolescent children. One participant explained:

The other day I tried, but I felt so embarrassed, especially because my child just laughed and said, mommy, what you think of me and continued to laugh hysterically. (MaJobe)

The feelings parents have concerning providing sex education to their adolescent children affect how they provide education related to sex to their adolescent children.

The Practices of Rural Parents When Providing Sex Education to Their Adolescent Children

This superordinate theme displays the ways in which parents provide sex education to their adolescent children. Their practices range from direct and indirect talks to refraining completely from providing sex education, and also concern the timing of their talks and the topics covered.

Indirect

Several participants revealed that they are unable to directly provide sex education to their adolescent children. Some mention that they give education in the form of a joke:

I usually raise the education as if I am joking like this: Sex is not a child's game, if one plays it one will always lose. If one tries it, one will wake up from the grave as HIV will not leave any person alone. (MaNtsele)

While some raise sexual issues as a joke, others just shout at their children for no apparent reason, just to make sure that they send the message. One participant said:

What I do, if I suspect that my child might be doing something funny, I will shout at everyone saying, a person will die if engaging in sex and we are not even to bury the person. (MaNdlovu)

Though some parents only mention sexual aspects indirectly, others are brave enough to confront their children directly.

Direct Confrontation

Some participants speak directly to their children using different approaches. Some introduce sex education to their children in a respectful manner. A participant explained:

I have learnt that children need to be respected in order to understand what is being communicated to them. So, when I want to talk about issues of sexuality, we sit down and tell my child that, as an adolescent, I know you are grown up. Now I want us to talk about the issue of sexual activities and the dangers entailed. (MaMthembu)

While some parents provide sex education in a respectful manner, others mentioned that they discuss the issue in a threatening manner, as the following quotation illustrates:

I tell them that I will not take care of their children if they ever fall pregnant. Sometimes I will say, no person will stay in my house if they fall pregnant or be infected with HIV if they are sexually active. (MaNdlovu)

Apart from the approach that is adopted to provide sex education, the results also indicated that parents do not simply provide education but also consider their timing when doing so.

The Timing of Talks

The introduction of sex education seems to be a challenge to most parents in that they try to consider appropriate times to initiate discussions. Some parents capitalise on their children talking about a pregnant classmate. One participant noted:

When they talk maybe about that, there's a child maybe in their class who is pregnant, then I tell them that if you fall in love with a boy, it will be like that even to you. (KaMavuso)

Other parents initiate the talk immediately when their daughter reaches menarche, as the following quotation reveals:

The day my daughter told me that she has started menstruating, I found the opportunity to tell her that menstruating is a sign that she is a grown-up woman. I further told her that if she sleeps with the boys, she will fall pregnant and also develop adult diseases which come because of sex. (MaZungu)

When it comes to male children, some parents consider post-circumcision the most suitable time for initiating sexuality education. A parent explained:

When my son came back from the circumcision school, I find the best way to start giving him sexuality education. (MaZungu)

However, some parents only provide sex education to their adolescent children when they ask questions. One parent said:

I only provide sexual education when responding to the question asked. I then take responsibility to even add other information in addition to what was asked. (MaNtsele)

In addition to timing, specific topics are covered by the parents when providing sex education.

Topics Covered

The results indicate that several topics are covered during sex education. The use of condoms is one of the topics covered by almost all the parents, as the following quotation shows:

When my children came back from circumcision school, I talk with them about condoms. I emphasise the importance of using a condom as some people assume that when a person is circumcised they will not get HIV, which is very wrong because I know a lot of people who died of AIDS while I know that they were circumcised. (MaZungu)

Some parents go beyond condom usage by also advising their children on the right time for having sex. Parents advise their children concerning the right time for sexual debut. They encourage their children not to have sex before they get married. One parent related advising the following:

You must never have sex now. You must get married first. Or else if you do not get married then stay until you finish school, work and have money then you can get a child. (MaZungu)

The reason for encouraging abstinence is mostly related to the prevention of pregnancy, which is one of the topics focused on most, as a parent revealed:

I tell him, if he impregnates the girl, he will leave school and go and work for his child. That will be the end of his future. (MaZungu)

While some parents are concerned about pregnancy, others emphasise the risk of being infected with HIV:

I tell her that if you have sex with the boy you must know you are walking next to death because of HIV. Boys will always give you HIV and that does not have a cure. (MaJobe)

While some parents attempt to provide sex education to their children, others refrain from talking about sex with their children. One of the reasons provided is the difficulty in introducing sex-related topics to the children. A parent shared:

I have never talked to my children about sex; I do not even know how to start as this is very difficult for me. (Sihayo)

For some parents, the reluctance to provide sex education stems from the assumption that adolescents know everything about sex. One participant said:

Children nowadays know everything about sex. They watch television, they have phones and are even taught about sex at school. And there is nothing new to tell them. (KaMavuso)

Discussion

The results indicate that parents are aware that it is their responsibility to provide sex education to their children. Similar findings where parents consider it their responsibility to provide information on sexual matters to their children were

documented by Edwards, Liu and Dennis (2013, 151). However, the fathers shift the responsibility to the mothers and vice versa. The views differed in terms of which parent should be speaking to which adolescent: boy or girl. Mothers assume that the fathers should be the ones to provide sex education to the children, since fathers are respected. On the other hand, fathers assume that it is the responsibility of the mothers to provide sex education to the children. In most instances the mothers are the ones providing sex education in rural areas, since they spend time with the children while the fathers are migrant workers in other provinces. The same findings were documented by Edwards, Liu and Dennis (2015, 31) in China: mothers are more involved in sexual talks than fathers, which may place quite a burden on the mothers. Muhwezi et al. (2015, 7) also noted that the mothers speak more frequently with female adolescents than with males. According to Muhwezi et al. (2015, 7), fathers are not regarded as primary providers of education to adolescent children, because they are perceived to be strict and unapproachable. However, Payne Purvis, Barnett and Forthun (2014, 1) mentioned that fathers' involvement in the lives of adolescents is associated with delayed sexual debut, fewer sexual partners and higher use of contraception among their female children.

Apart from shifting the responsibility for sex education to the other parent, some parents consider it the responsibility of external structures, such as Departments of Health and Education. The parents assume that it is the responsibility of teachers to provide sex education to adolescent children. The issue of parents shifting responsibility to other people contributes to adolescents not receiving relevant information, since at school they may give general information that might not be contextually relevant to the adolescent's situation. This supports the finding by Kinaro (2013, 12) who mentions that schools have failed to intervene in providing sex education to children.

The shifting of responsibility is related to their feelings about sex education. The study findings indicated that some parents find it daunting to provide sex education and others feel powerless. The feeling of powerlessness is based on not knowing what to say to the children or how to introduce sex education. The same finding was reported by Asampong (2013, 32), who mentions that parents feel powerless because they do not know what to say to their children. Other parents, although they have information, feel embarrassed and do not know how to communicate about sexual issues with their children. The source of embarrassment is that parents feel communications concerning sexuality with children are considered a taboo. Feelings of embarrassment connected to discussing sexual issues with children, even if the parents are health professionals, were reported by Shams et al. (2017, 4). It must be even more embarrassing for a layperson, such as a rural parent.

Parents' feelings about providing information on sex to their adolescent children affect the way in which they provide such information. This was indicated by the different approaches used by parents when providing sex education. Some parents try to find indirect means of providing sex education to their adolescent children. The findings indicate that some parents communicate sexual facts as a joke, while others shout at

everyone involved in the discussion about the consequences of unsafe sexual practices in general instead of referring directly to a relevant individual. The practice of shouting at and threatening everyone without being direct was also reported by Asampong et al. (2013, 10). However, some parents provide the information directly.

Those who have some information provide sex education directly, although the information is on the consequences of unprotected sex, such as pregnancy and HIV, but not what should be done to be safe. This approach may also not be beneficial because children consider information to be useful if it is rational. The study conducted by Dessie, Berhane and Worku (2015, 1) revealed that positive reproductive and sexual health outcomes are associated with adolescents who believed that their parents were knowledgeable, and willing and able to share the knowledge on sexual health with them, which confirms the benefit of being rational with them.

The findings also highlighted that parents wait for the most convenient moment to introduce sex education. Some parents initiate sex education the moment the children start talking about someone who is pregnant at school, while others initiate the topic as soon as their adolescent children report their first menstrual period. Parents of male adolescents mentioned that they provide sex education when children return from circumcision school. Other parents only discuss sex in response to questions asked by their children. All these circumstances where parents wait for an opportune moment reveal how difficult it is for the parents to provide sex information to their adolescent children without any prompting. This indicates that parents do not prepare for sex education with their adolescent children, a finding that is in agreement with Dessie, Berhane and Worku (2015, 23) who mention that most sexual talks are usually unplanned and disorganised.

The findings indicated that the parents focus on topics such as abstinence, discouraging sex before marriage, and condom usage to prevent contracting HIV and unwanted pregnancies. The topics that the parents mentioned they cover when providing sex information to their adolescent children are not unique to this study. Most of the literature also mentions some or all of these topics. HIV is by far the most popular topic in many studies, probably because of it being a public matter. Parents in rural areas also find it comfortable to discuss HIV, which is in line with what has been found in other African studies. HIV seems to be a topic frequently discussed even in communities that are very culture conscious (Mudhovozi, Ramarumo, and Sodi 2012, 1).

Conclusion

The findings of this study indicate that parents with adolescent children find it challenging to provide sex education. This is indicated by their views on the provision of sex education. Some parents feel that other people should provide sex education, not them. This indicates a lack of preparedness to provide such information, which is also demonstrated through waiting for cues from their adolescents that they need information on sex. This illustrates that without those cues, parents may never initiate sex education.

The direct or indirect approaches used by parents to offer sex education also indicate the challenges parents have in dealing with sex education. The findings further show that the parents usually provide superficial information that might not have any impact on behaviour change or adherence to positive sexual practices.

Recommendations

Based on the findings, the researchers recommend the development of an age-appropriate, culture-sensitive communication strategy to empower parents to communicate freely with their adolescent children. There is also a need for healthcare professionals to equip the parents of adolescent children with correct and current information related to sexuality so that they will have confidence to provide sex education to their children. The researchers further recommend quantitative research focusing on adolescents' attitudes towards sexuality education provided by their parents.

Limitations of the Study

The study was conducted in a rural setting where most fathers work away from home; the majority of the participants were therefore females. Owing to the sensitive nature of the topics, most participants were reluctant to share their experiences despite conducting the interviews in their own language. However, this could be overcome by repeatedly assuring confidentiality and the purpose of conducting the study.

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