

Assessment of Parental Involvement in Addressing Sexual and Reproductive Health Problems among Adolescents in a Rural Village in Anuradhapura District, Sri Lanka

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Abstract— Adolescent Sexual and Reproductive health (ASRH) is an integral part of wellbeing. The extent and manner of parental involvement in ASRH determine the prevention of adolescents' high-risk sexual behaviours. Objective of the current study was to assess the level of Parental Involvement in addressing selected sexual and reproductive health problems among adolescents. A descriptive study was conducted among adolescents between the ages of 10 to 16 years and their own mothers. Seventy two adolescent – parent pairs were selected by a multistage cluster sampling method in Anuradhapura District, Sri Lanka. Data were collected by an interviewer administered questionnaire which assessed five dimensions of parental involvement. These dimensions were parental communication and monitoring on reproductive health matters, mere awareness on physical and psychological changes, parent child relationship quality, addressing media influence and peers factors. A scoring system was developed to assess the parental involvement level and thereby four parental involvement groups: Low, moderate, high and very high were formed. Thirty five percent mothers had moderate level of parental involvement while 65% had high level of involvement. None of mothers had low or very high parental involvement levels. Hence parental involvement in overall study sample had a 52.13 mean score. Parent child communication on reproductive health matters, media influence and peer influences showed the lowest mean values. This study highlights the importance of measures targeted to improve the parent adolescent communication and to address media and peers influences on ASRH to improve ASRH in Sri Lanka.

Keywords— Parental Involvement, Sexual and Reproductive Health, Sri Lanka

I. INTRODUCTION

Adolescent Sexual and Reproductive Health (ASRH) is an integral part of wellbeing. Adolescents' overall development, especially, mental and social development is influenced by the parents; they attribute values,

traditions and lifestyles directly or indirectly (Nu Oo et al., 2011). Parents have been identified to play a key role in shaping ASRH behaviours (Wayomi et al., 2010). The extent and manner of parental involvement in ASRH determine the prevention of adolescents' high-risk sexual behaviours (Blake, 2001). Many researchers (Baptist (2009), Pearson (2006) and Silk and Romero (2013)) have suggested during their studies to conduct further research related to the Parental Involvement on adolescents' sexual and Reproductive Health. Objective of the current study was to assess the level of parental involvement in addressing selected sexual and reproductive health problems among adolescents in a rural village in Anuradhapura district.

II. METHODOLOGY

A descriptive study was conducted among adolescents between the ages of 10 to 16 years and their own mothers. Seventy two adolescent – parent pairs were selected by a multistage cluster sampling method in Anuradhapura District, Sri Lanka. Data were collected by a pretested interviewer administered questionnaire which assessed five dimensions of parental involvement. These dimensions were parental communication and monitoring on reproductive health matters, mere awareness on physical and psychological changes, parent child relationship quality, addressing media influence and peers factors. Finally it was translated and validated according to the local context. A scoring system was developed to assess the parental involvement level and thereby four parental involvement groups: Low, moderate, high and very high were formed. Initially eligible adolescents were asked about their closest person who guides them and the one whom they share their personal matters. Majority of adolescents had selected their mothers as the closest person in their life. In case of that data collection were conducted with eligible mothers not fathers. Mothers and adolescents were administered a same questionnaire in a different settings. Therefore data collection from adolescents was conducted at their own schools and data collection from mothers was done through the home visits.

III. RESULTS

The level of Parental Involvement in addressing ASRH problems among study units had ranged from moderate to high level (Table 1).

Table 1. Distribution of Parental Involvement levels in addressing sexual and reproductive health problems among adolescents

Parental Involvement Groups	PI level	%
Low Parental Involvement	(0-25)	0
Moderate Parental Involvement	(25-50)	34.7
High Parental Involvement	(50-75)	65.3
Very high Parental Involvement	(75-100)	0
Total		100

Mean =52.13

Thirty five percent mothers had moderate level of parental involvement while 65% had high level of involvement. On the other hand none of mothers had low or very high parental involvement levels. Therefore parental involvement in overall study sample had a 52.13 mean score.

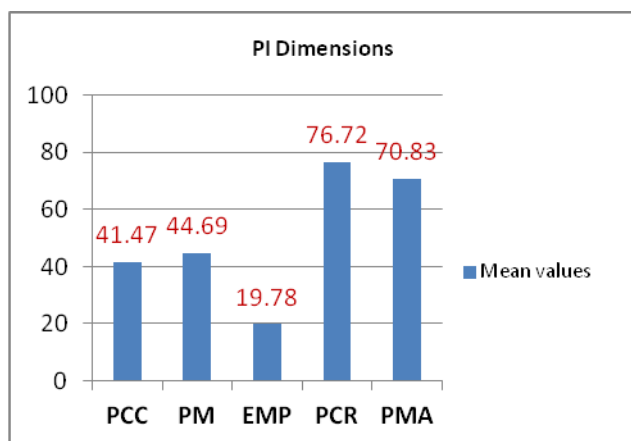


Figure 1. Distribution the levels of dimensions of Parental Involvement (PI)

PCC- Parent Child Communication

PM- Parental Monitoring

EMP- Engagement in addressing Media Peer influences

PMA- Parental Mere Awareness

PCR – Parent Child Relationship quality

Among five dimensions of parental involvement investigated, parents had a high level for the parent child relationship quality (mean= 76.72) and mere awareness of SRH changes (mean= 70.83). Of the live dimensions of parental involvement investigated high mean values were

IV. DISCUSSION

Although the overall parental involvement level in addressing ASRH problems belonged to the high parental involvement group, it was more close to the range of moderate level. So the current parental involvement in that study setting was not in a satisfactory level to address ASRH problems. There is a dearth of researches on assessing the extent and content of parent child communication on sexual and reproductive health in Sri Lanka; Rajapaksa-Hewageegana and others (2014) reported that 34% parents had communicated SRH with their children and level of parent child relationship was 88% (Rajapaksa-Hewageegana et al., 2014). The Findings from this study have been proved that the level of parent child communication is low in this rural setting (mean value= 41.47)

V. CONCLUSION

The parental involvement among the study units in this sample, especially parent child communication level and level of engagement in addressing media and peer influences were not satisfactory, therefore this study highlights the importance of measures targeted to improve the parent adolescent communication and to address media and peers influences on ASRH to improve ASRH in Sri Lanka.

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