

Research Article

Parent-Adolescent Communication and Knowledge on Sexual and Reproductive Health Issues Among Adolescents: A Descriptive Cross-Sectional Study from Nepal

Amrit Bist^{1*}; Hema Acharya²; Swikriti Devkota²; Bibhuti Pokhrel²; Dipjyoti Lama²

¹Patan Academy of Health Sciences, Lalitpur, Nepal

²HOPE International College, Lalitpur Nepal

***Corresponding author: Amrit Bist**

Patan Academy of Health Sciences, Lalitpur, Nepal.

Tel: +977-9848836723

Email: amritbist122@gmail.com

Received: December 20, 2023

Accepted: January 26, 2024

Published: February 02, 2024

Abstract

Background: The World Health Organization (WHO) defines adolescents as those between the ages of 10 and 19. Parent-adolescent communication is a fundamental process through which parents convey ideas, values, beliefs, expectations, information, and knowledge to their children. Parents are one of the primary stakeholders who plays important roles in protecting adolescents from risky sexual behaviors such as unsafe sex, unwanted pregnancy, substance use, and violence.

Methodology: A quantitative, descriptive cross-sectional study using self-administered questionnaire was carried out in sundarharaincha municipality of koshi province among 265 adolescent participants. Simple random sampling was used for selecting schools while purposive sampling was used for participant selection. Excel and SPSS were being used for data coding, decoding, and statistical analysis.

Findings: According to the survey, a minority of respondents (31.3%) had inadequate understanding of SRH issues, while the majority (68.7%) had appropriate knowledge of these issues. Additionally, the majority of respondents (70.2%) reported having a sufficient amount of communication with their parents regarding SRH difficulties, whereas the minority (29.8%) reported having a low degree of communication.

Conclusion: The survey indicates that adolescents have a good understanding of sexual and reproductive health and effectively communicate with their parents about health-related issues. To improve parents' adolescent communication, the study suggests conducting community awareness programs and creating a friendly environment between adolescents and parents.

Keywords: Parent-adolescent; Communication; Sexual; Reproductive health; Nepal

Introduction

Adolescence is a transitional phase of growth and development between childhood and adulthood. The terms adolescent, youth and young people are used interchangeably to represent people of young age. According to World Health Organization (WHO), adolescent refers to the age group 10 to 19 where as young people represent the people of age group 10 to 24. Population who falls in the age group 15-24 is considered as a youth. Adolescence is a transitional developmental period between childhood and adulthood characterized by biological, psychological, and social role changes [1]. Moreover, this stage of development is a critical period for the establishment of life-

long positive and risky health-related behaviors [2]. Adolescent Sexual and Reproductive Health (ASRH) has been overlooked historically despite the high risks it has been neglected in our society. Some of the challenges faced by adolescents include early pregnancy and parenthood, difficulties accessing contraception and safe abortion, and high rates of HIV and sexually transmitted infections. Various political, economic, and socio-cultural factors restrict the delivery of information and services; healthcare workers often act as a barrier to care by failing to provide young people with supportive, nonjudgmental, youth-appropriate services [3].

Parent-adolescent communication is a fundamental process through which parents convey ideas, values, beliefs, expectations, information, and knowledge to their children [4]. Parents are one of the primary stakeholders who plays important roles in protecting adolescents from risky sexual behaviors such as unsafe sex, unwanted pregnancy, substance use, and violence. Parents who are open enough for their child with regards to sexuality have better communication which is important to reduce risky sexual behaviors such as early sexual initiation, unwanted pregnancy, and other reproductive health problems. Different factors like cultural taboo feel embraced to discuss on sexual issues, lack of communication skill, belief on sexuality, and knowledge on sexuality affect adolescent parent communication on SRH issues [5]. Effective parent-adolescent communication is important to reduce adolescents' engagement in risky sexual behaviors [6]. Parent-adolescent communication about SRH prevents adolescents from adopting unhealthy SRH practices [7]. Sexual activities begin at early age and rates of sexual initiation during young adulthood are rising or remaining unchanged in many developing countries, high HIV prevalence adds to the risks associated with early sexual activity, thus Parent-adolescent communication plays important role to reduce those risky behaviors [8].

Adolescents often lack basic reproductive health RH information, knowledge, and access to health services for RH [9]. Adolescents' knowledge and access to reproductive health services is important for their physical and psychosocial wellbeing [10]. Inadequate knowledge of health services and negative effects on sexual and reproductive health, such as unintended pregnancies, unsafe abortions, and HIV/AIDS, cause a significant number of deaths among adolescents and young people worldwide between the ages of 10-24 years [11]. The aim of this study is to assess adolescent students' understanding of sexual and reproductive health issues as well as parent-adolescent communication.

Methods

This was a quantitative, descriptive cross-sectional study conducted in sundarharaincha municipality of Koshi province of Nepal among 265 secondary level science and management students. The sample size was determined using single population proportion formula considering the following assumptions: $P=21.3\%$ (proportion of students communicating on SRH issues with parents which was taken from previously done study, (Sexual and reproductive health communication between parents and high school adolescent Global health action 2020) [12]:

$$\text{Sample size } (n) = [z^2pq/d^2]$$

Here, $z = 1.96$ for 95% confidence interval

$$P = \text{prevalence} = 21.3\% = 21.3/100 = 0.213$$

$$q = (1-p) = 1 - 0.213 = 0.787$$

$$d = \text{allowable error } (5\%)$$

According to the formula,

$$\begin{aligned} \text{Sample size } (n) &= [z^2pq/d^2] \\ &= 1.96^2 * 0.213 * 0.787 / 0.05^2 \\ &= 258 \end{aligned}$$

Adding 10% non-respondent rate,

$$= 258 + 258 * 10/100 = 258 + 25.8 = 282.8 = 283$$

The estimated sample size was 283, but 18 respondents deny for the participation thus the actual sample size was 265. (265 data were taken)

Two schools Sukuna Multiple Campus and Sukuna Secondary School of Sundarharaincha Municipality were randomly selected for the study and participants from these two schools were purposively selected. Self-Administered questionnaire was used as a technique of data collection. Self-Administered Questionnaire consists of question related to demographic information and Question related to SRH knowledge and parent-adolescent communication on SRH issues. After collection of data, all responses were check for their completeness, correctness and internal consistency to exclude missing or inconsistent data. Corrected data was entered into the epi data. The data was analyzed by using statistical software namely SPSS (statistical Package for Social Science) version 25. Statistical significance was set at a 95% confidence level and $p < 0.05$. The purposed study was conducted after the ethical approval from IRC. Administrative approval was obtained from the respective college of Sundarharaincha Municipality. Written informed consent was taken from the participants before starting the research. Privacy and confidentiality were ensured.

Result

Table 1 showed that majority of respondents (84.2%) were late adolescents followed by (15.8%) early adolescents. Majority of respondents (54%) were female and remaining (46%) were male. Majority of respondent (61.9%) were Brahmin/chhetri followed by (30.9%) Janajati, (4.9%) Dalit and (2.3%) Others. The majority of respondent father's education (63%) were Secondary level followed by (30.2%) Basic level and (6.8%) University level. Likewise, majority of respondent's mother's education (51.7%) were Secondary level followed by (46%) Basic level and (2.3%) University level.

Table 1: Demographic information of respondent.

Characteristics n=265	Frequency	Percentage (%)
Age of respondent		
Early adolescent (15-16)	42	15.8
Late adolescent (17-19) Mean age \pm S.D = 17.46 \pm 0.925	223	84.2
Sex of respondent		
Male	122	46.0
Female	143	54.0
Ethnicity		
Brahmin/ chhetri	164	61.9
Janajati	82	30.9
Dalit	13	4.9
Others	6	2.3
Father's education level		
Basic level	80	30.2
Secondary level	167	63.0
University level	18	6.8
Mother's Education level		
Basic level	122	46.0
Secondary level	137	51.7
University	6	2.3

Table 2 showed that Majority (95.5%) of respondents heard about Sexual and reproductive health issues and Minority (4.5%) didn't hear about sexual and reproductive health issues. The source of information for most of the respondents was (67.6 %) teacher followed by (56.9%) Radio, TV and internet, (53%) books and newspaper, (37.5%) friends and (26.5%) parents. Out of total respondents most (89.1%) of the respondents heard about pubertal changes and (10.9%) did not heard about pubertal changes.

Table 2: Knowledge on Sexual and Reproductive Health Issues.

Characteristics (n=265)	Frequency	Percentage (%)
Heard about ASRH issues		
Yes	253	95.5
No	12	4.5
Source of information about ASRH issues (n= 253) *		
Radio, TV and internet	144	56.9
Books and newspaper	134	53.0
Teacher	171	67.6
Parents	67	26.5
Friends	95	37.5
Knowledge on ASRH issues*		
Early pregnancy	130	51.4
Unsafe abortion	90	35.6
Difficulties accessing contraception	55	21.7
STDS and HIV	67	26.5
Sexual violence	120	47.4
Stigma and norms related to menstruation	115	45.5
Heard about pubertal changes (n=265)		
Yes	236	89.1
No	29	10.9

Multiple response*

Table 3: Knowledge on safe abortion.

Characteristics (n=265)	Frequency	Percentage (%)
Knowledge on safe abortion		
Yes	201	75.8
No	64	24.2
Knowledge on safe abortion service site		
Yes	198	74.7
No	67	25.3
Knowledge on places to obtain safe abortion services (n=198)*		
Marie stops	15	7.6
FPAN	94	47.5
All private hospitals	116	58.6
All government hospitals	70	35.4
Listed hospitals/clinics by government	63	31.8
PHCC	40	20.2
Health post	48	24.2
Knowledge on legalization of abortion in Nepal (n=265)		
Yes	143	54.0
No	122	46.0
Importance of Knowledge on SRH issues (n=265)		
Yes	265	100.0
If yes, how much		
Important	5	1.9
More important	55	20.8
Most important	205	77.4

Table 4: Level of Adolescent knowledge on SRH issues.

Level of Knowledge	Frequency	Percentage (%)
Adequate knowledge	175	68.7
Inadequate knowledge	90	31.3
Knowledge mean \pm S.D=21.7 \pm 6.7		

Table 3 showed that most (75.8%) of the respondents had knowledge on safe abortion where (24.2%) did not have knowledge on safe abortion. Majority (74.7%) of respondents had knowledge on safe abortion service site and (25.3%) did not have knowledge on safe abortion service site. Out of the total respondents Majority (58.6%) of the respondents said that they can obtain safe abortion services from all private hospitals followed by (47.5%) FPAN, (35.4%) all government hospital (31.8) listed hospitals/clinics by government, (24.2%) health post, (20.2%) PHCC and (7.6%) Marie stopes. Most of the respondents (54%) had knowledge on legalization of abortion in Nepal and (46%) had no knowledge on it. All of the respondent (100%) said that knowledge on SRH issues was important in their life. Majority of respondent thinks knowledge on SRH issues (77.4%) was most important followed by (20.8%) more important and (1.9%) important. Table 4 showed that majority (68.7%) of respondents had adequate level of knowledge on SRH issues and Minority (31.3%) of respondents had low level of Knowledge on SRH issues.

Table 5 showed that among the total respondents, Most of the respondents (59.2%) had communication practice about SRH issues with parents and (40.8%) have never communicated about SRH issues with parents. Out of the respondents who have communicated with parents about SRH issues, Majority of respondents discussed on (66.9%) mensural hygiene and sanitation management followed by (37.6%) stigma of mensuration, (33.8%) pubertal changes, (32.5%) early pregnancy, (31.2%) sexual violence, (24.2%) contraception and family planning, (22.9%) unsafe abortion, (16.6%) STI and HIV, (10.8%) safer sexual practice and (5.1%) Pre-marital sex. Majority (70.1%) of the respondent feels comfortable to discuss about SRH issues with parents and Minority (29.9%) of them feel uncomfortable. The frequency of times respondent discuss SRH issues with parents were (61.1%) sometimes, (35%) rarely and (3.8%) Frequently.

Table 5: Communication practice on Sexual and Reproductive Health Issues.

Characteristics (n=265)	Frequency	Percentage (%)
Communication practice about SRH issues with parents		
Yes	157	59.2
No	108	40.8
Topic discussed with parents (n=157) *		
Early pregnancy	51	32.5
Unsafe abortion	36	22.9
Contraception and family planning	38	24.2
STI and HIV	26	16.6
Sexual violence	49	31.2
Stigma of mensuration	59	37.6
Mensural hygiene and sanitation management	105	66.9
Pre-marital sex	8	5.1
Safer sexual practice	17	10.8
Pubertal changes	53	33.8
Comfortable to discuss SRH issues with parents		
Yes	110	70.1
No	47	29.9
Discuss SRH issues with parents		
Rarely	55	35.0
Sometimes	96	61.1
Frequently	6	3.8

Multiple response*

Table 6: parent's response on Sexual and Reproductive Health Issues.

Characteristics (n=157)	Frequency	Percentage (%)
Parents response		
Positive	154	98.1
Negative	3	1.9
Fruitful communication		
Yes	150	95.5
No	7	4.5
Benefits gained from discussing SRH issues*		
Gained more knowledge on SRH	118	79.7
Help to identify SRH issue	78	52.7
Clear my doubts of SRH	88	59.5
Increase bonding with parents	86	58.1
Makes aware about SRH issues	80	54.1
Makes aware about SRH	76	51.4

Multiple response*

Table 7: Level of communication.

Level of Communication	Frequency	Percentage (%)
Adequate communication	186	70.2
Low communication	79	29.8
Communication mean \pm S.D=10.44 \pm 3.38		

Table 8: Need of Parent-Adolescent communication on SRH Issues.

Characteristics	Frequency	Percentage (%)
Discuss SRH issues with (n=157)		
With both parents	57	36.3
With father	14	8.9
With mother	86	54.8
Communicate SRH issues other than parents (n=265)*		
Brother	41	15.5
Sister	101	38.1
Friends	202	76.2
Relatives	13	4.9
Need of parent-adolescent communication		
Yes	228	86.0
No	37	14.0

Multiple response*

Table 9: Challenges of Parent-Adolescent Communication.

Characteristics (n =157)	Frequency	Percentage (%)
Challenges faced		
Yes	118	75.2
No	39	24.8
Challenges face on discussing SRH issues (n=118)*		
No proper response from parents	23	19.5
Lack of awareness regarding SRH issues to parents	19	16.1
Shyness to discuss about SRH	58	49.2
Stigma related to SRH	14	11.9
Hard to start the communication with parents	78	66.1
Fear of parents	31	26.3
Reason for not communicating with parents (n=265)*		
Fear to talk with parents	120	45.3
Hesitation	152	57.4
Shyness	166	62.6
No respond from parents	22	8.3
Poor knowledge regarding SRH issues on parents	75	28.3
Low parent's education level	63	23.8

Multiple response*

Table 6 showed that Majority of parents (98.1%) responded positively and (1.9%) responded negatively when the respondents communicated about SRH issues with their Parents. Most of the respondents (95.5%) had fruitful communication with their parents about SRH issues and (4.5%) did not have fruitful communication. The benefit gained by the respondents from discussing about SRH issues with parents was highest (79.7%) gained more knowledge on SRH followed by (59.5%) clear doubts of SRH, (58.1%) increase bonding with parents, (54.1%) makes aware about SRH issues, (52.7%) helps to identify SRH issues and (51.1%) makes aware about SRH.

Table 7 showed that majority (70.2%) of respondent had adequate level of communication with their parents about SRH issues and minority (29.8%) of respondents had low level of communication with their parents about SRH issues.

Table 8 showed that Most of the respondents (54.8%) discuss SRH issues with mother followed by (36.3%) with both parents and (8.95%) with father. Among the total respondents communicated SRH issues other than parents were highest (76.2%) with friends followed by (38.1%) with sister, (15.5%) with brother and (4.9%) with relatives. Majority of respondent (86%) felt need of parent adolescent communication on SRH issues where (14%) didn't feel the need of parent adolescent communication on SRH issues.

Table 9 showed that Majority of respondent (75.2%) faced challenges and minority (24.8%) did not face any challenges during parent adolescent communication on SRH issues. The majority of respondent faced challenge was (66.1%) hard to start the communication with parents followed by (49.2%) Shyness to discuss about SRH, (26.3%) fear of parents, (19.5%) no proper response from parents, (16.1%) lack of awareness regarding SRH issues to parents and (11.9%) Stigma related to SRH. The major reason for not communicating with parent was (62.6%) shyness followed by (57.4%) hesitation, (45.3%) fear to talk with parents, (28.3%) poor knowledge regarding SRH issues on parents, (23.8%) low parent's education level, and (8.3%) no respond from parents.

Table 10 showed that ways of improving parents adolescent communication on SRH issues among majority of respondent was (41.9%) by conducting various awareness program in community followed by (29.1%) creating friendly environment between parents and children, (21.1%) had no idea about it, (4.9%) positive and proper response from parents (1.5%) conducting training on SRH and (1.5%) by changing the thoughts and unnecessary norms of society.

Table 10: Ways of Improving Parent-Adolescent communication.

Characteristics (n=265)	Frequency	Percentage (%)
Improve parent-adolescent communication		
By conducting various awareness program in our community	111	41.9
By conducting training on SRH	4	1.5
Positive and proper response from parents	13	4.9
By creating friendly environment between parents and children	77	29.1
By changing the thoughts and unnecessary norms of society	4	1.5
No idea	56	21.1

Table 11: Association of reason for not communicating with communication practice on SRH issues with parents.

Reason for not communicating with parents		communication practice about SRH issues with parents		P-value
		Yes	No	
		n (%)	n (%)	
Fear to talk with parents	Yes	78(65.0)	42(35.0)	0.83
	No	79(54.5)	66(45.5)	
Hesitation	Yes	90(59.2)	62(40.8)	0.989
	No	67(59.3)	46(40.7)	
Shyness	Yes	103(62.0)	63(38.0)	0.229
	No	54(54.5)	45(45.5)	
No respond from parents	Yes	20(90.9)	2(9.1)	0.002*
	No	137(56.4)	106(43.6)	
Poor knowledge regarding SRH issues on parents	Yes	52(69.3)	23(30.7)	0.036*
	No	105(55.3)	85(44.7)	
Low parent's education level	Yes	46(73.0)	17(27.0)	0.11
	No	111(55.0)	91(45.0)	

*Significant at $p < 0.05$

Table 11, as determined by chi-square analysis, it was found that No respond from parents ($p < 0.002$) and Poor Knowledge regarding SRH issues on parents (0.036) had significant association with communication practice about SRH issues with parents. The above table also showed that fear to talk with the parents, hesitation, shyness and low parents education level did not have any significant association in communication practice with parents about SRH issues.

Discussion

This study showed that (59.2%) had communication practice about ASRH issues with parents. 53.62% of the respondents discussed at least two topics about SRH issues at least with the father, mother, sister, peer, teacher, and other individuals which was prevalence of adolescent communication on sexual and reproductive health matters with their parents as per study done by Tesfaye Shibiru Bikila [13]. Whereas the prevalence of communication practice in this study is quite good (59.2%) when compared with the previous study of Bharat raj Bhatta (43%) conducted in 2021 have communicated about SRH issues with parents. Also in this study the topic discussed was (66.9%) menstrual hygiene and sanitation management followed by (37.6%) stigma of menstruation, (33.8%) pubertal changes, (32.5%) early pregnancy, (31.2%) sexual violence, (24.2%) contraception and family planning, (22.9%) unsafe abortion, (16.6%) STI and HIV, (10.8%) safer sexual practice and (5.1%) Pre-marital sex. which is quite good As compared to the previous study (17.8%), (16.2%), and (14.8%) reported that they discussed about menstruation, pubertal changes, and STI/HIV with their parents, respectively [7]. The topics on menstruation and unintended pregnancy were discussed more often by female students than male students showed by the both research.

DG Yesus conducted a cross-sectional survey in west north Ethiopia in 2010 which shows the most common source of information for sexual and reproductive health issues followed by friends. Three hundred sixty two (88%) respondents believed that it is important to discuss sexual and reproductive health issues/matters with parents [14]. whereas in this study most common source of information for sexual and reproductive health issues followed by (67.6 %) teacher. 86% respondents felt need / important to discuss sexual and reproductive health issues with parents.

In this study, the student ASRH mean knowledge score was 21.7 ± 6.7 as compared to the previous study conducted in 2015,

students ASRH mean knowledge score was 55.3 ± 24 which was quite less in this study [15]. Previous study shows that cultural norms and fear of discussion are the major challenges that affect parent adolescent communication [16] where as hard to start the communication, no proper response from parent and shyness are the major challenges. Reason for not open parent-adolescent SRH communication include feelings of shyness, discomfort and shame, associated socio-cultural taboos, and lack of SRH knowledge [17] which is also shown by this survey. This study cannot be generalized for all setting as it uses non probability sampling in selection of study participants.

Conclusion

The study reveals that adolescents have adequate knowledge on sexual and reproductive health, with nearly all aware of these issues. 3/4 of respondents have knowledge about safe abortion and service sites, and over half were aware of Nepal's legalization of abortion. All respondents agree that understanding these topics is crucial for their lives. The study found that most respondents had adequate communication on Sexual and Reproductive Health (SRH) issues with their parents. Over half discussed topics like early pregnancy, unsafe abortion, STIs, HIV, sexual violence, and menstrual hygiene. Most felt comfortable discussing these issues, and a high proportion of respondents reported productive conversations and benefits from them.

The study found that over half of respondents discuss Sexual and Reproductive Health (SRH) issues with their mother, while 3/4 discuss it with friends. Most respondents felt the need for communication with parents but found it difficult. Sophistication was the main reason for not communicating. To improve parents' adolescent communication, the study suggests conducting community awareness programs and creating a friendly environment between adolescents and parents.

Author Statements

Conflicting Interest

There are no competing interests exist.

Acknowledgements

We would like to thank all participants involved in this study for their availability and contribution.

References

1. Blum RW, Bastos FIPM, Kabiru CW, Le LC. Adolescent health in the 21st century. *Lancet*. 2012; 379: 1567-8.
2. Holmbeck GN. A developmental perspective on adolescent health and illness: an introduction to the special issues. *J Pediatr Psychol*. 2002; 27: 409-16.
3. Morris JL, Rushwan HJI. JoG, obstetrics. Adolescent sexual and reproductive health. *Global Chall*. 2015; 131: S40-S2.
4. Sexual A. Reproductive Health toolkit for Humanitarian Settings. A companion to the interagency field manual on reproductive health in humanitarian settings. united nations population fund and Save the Children USA. 2009.
5. Pathak RS, Pokharel TJNPJ. Sexual and reproductive health status of adolescents and youth in Nepal. 2012; 17: 131-3.
6. Mekie M, Addisu D, Melkie A, Taklual WJI. JoP. Parent-adolescent communication on sexual and reproductive health issues and its associated factors in Ethiopia: a systematic review and meta-analysis. 2020; 46: 1-13.
7. Bhatta BR, Kiriya J, Shibanuma A. Jimba MJPo. Parent-adolescent communication on sexual and reproductive health and the utilization of adolescent-friendly health services in Kailali. *Nepal*. 2021; 16: e0246917.
8. Ayalew M, Mengistie B. Semahegn AJRh. Adolescent-parent communication on sexual and reproductive health issues among high school students in Dire Dawa, Eastern Ethiopia: a cross sectional study. 2014; 11: 1-8.
9. Tegegn A, Yazachew M, Gelaw YJTE. JoHD. Reproductive health knowledge and attitude among adolescents: a community based study in Jimma Town, Southwest Ethiopia. 2008; 22.
10. Kyilleh JM, Tabong PT-N, Konlaan BBJ. Bih, rights h. Adolescents' reproductive health knowledge, choices and factors affecting reproductive health choices: a qualitative study in the west Gonja District in northern region, Ghana. 2018; 18: 1-12.
11. Dagnachew Adam N, Demissie GD, Gelagay AAJ. JoE, health P. Parent-Adolescent Communication on Sexual and Reproductive Health Issues and Associated Factors among Preparatory and Secondary School Students of Dabat. Town, Northwest, Ethiopia. 2020; 2020: 4708091.
12. Vongsavanh V, Lan VTH, Sychareun V. Sexual and reproductive health communication between parents and high school adolescents in Vientiane Prefecture, Lao PDR. *Glob Health Action*. 2020; 13: 1785145.
13. Bikila TS, Dida N, Bulto GA, Debelo BT, Temesgen K. Adolescents' communication on sexual and reproductive health matters with their parents and associated factors among secondary and preparatory school students in Ambo Town, Oromia, Ethiopia. *Int J Reprod Med*. 2021; 2021: 6697837.
14. Yesus DG, Fantahun MJE. JoHD. Assessing communication on sexual and reproductive health issues among high school students with their parents, Bullen Woreda, Benishangul Gumuz Region, North West Ethiopia. 2010; 24.
15. Bam K, Haseen F, Bc R, Newman MS, Chaudhary AH, Thapa R, et al. Perceived sexual and reproductive health needs and service utilization among higher secondary school students in urban Nepal. 2015; 3: 36-45.
16. Wasike HN. Parent-adolescent communication on sexual and reproductive health among secondary school students in Sirisia sub-county. Kenya: Masinde Muliro University of Science and Technology. 2017.
17. Al Zaabi O, Heffernan ME, Holroyd E, Jackson M. Parent-adolescent communication about sexual and reproductive health including HIV and STIs in Oman. *Sex Educ*. 2021: 1-17.