

# PARENTS-CHILDREN COMMUNICATION ON SEXUAL REPRODUCTIVE HEALTH: A CASE OF SECONDARY SCHOOL STUDENTS IN KINONDONI MUNICIPALITY, DAR ES SALAAM

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## ABSTRACT

This study was carried out in Kinondoni municipality, Dar es Salaam city in Tanzania. It was prompted by the increased number of adolescents' infection with HIV/AIDS, STIs and STDs despite the knowledge provided at schools, social media and seminars. The study focused on examining children's sources of information on SRH, choices of individuals when discussing SRH issues and factors that hinder parents-children communication on SRH issues. Social Cognitive Theory and Family Communication Patterns Theory were used to guide the study. Cross sectional research design was employed. The study found out that most of children prefer discussing SRH issues with peers rather than parents and that they mostly prefer female than male parents. The study recommends that professionals and government officials such as community development workers, health workers, psychologists and Civil Society Organizations should educate the community specifically parents on the importance of Parent-Children communication on SRH issues.

**Key words:** Parents, Sexual Reproductive Health, Sexual behavior

## INTRODUCTION

### Background information

Bearing children is accompanied by a responsibility to ensure that they grow up and develop physically, mentally, psychologically and spiritually. According to Ceka and Murat (2016), parents have a responsibility including taking care of health, physical development, education, development of children's intellectual affinities as well as creating morals and values. This enables the child to build positive attitudes, habits to a firm and well-behaved cultural relation both in the family and in the society. According to Surarni and Rosita, (2018), parents are expected to see to it that children are food secured, sheltered and are protected from physical and psychological torture. Worth noting that, maturity of the children is accompanied with changes expected

to be noticed by parents as they are the ones who are close to them. This being the case,

parents are expected to explore ways of educating children on the differences to be observed during physical development process.

Among issues that needs to be discussed between parents and children are those related to SRH. Parents-children communication on SRH issues is one of the means that encourages children to adopt responsible sexual behaviors, delay sexual debut or avoid unprotected sexual intercourse (Bushaija et al., 2013). Children often cite parents as preferred source of education in many aspects including SRH (Kinanee and Ezekiel-Hart, 2009; Jaccard et al, 2002). According to Rogers, (2001), parental communication has a strong relationship with the well-being of the children. Cooper et al. (1982), established that, discussions between parents and children significantly facilitate development of higher levels of moral reasoning in children. Grotevant and Cooper (1983), studied the role of communication in the process of adolescent individuals from the family and found that 42% of Latino adolescents reported learning "a lot" about

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sexual health issues from parents compared to White and African American adolescents. Worldwide, communication between parents and children is helpful in reducing adolescent risk-taking sexual behaviors and practices (Burgess et al., 2005 and Nundwe, 2012). Thus, improving the SRH of children is a global priority (UNPFA, 2010). According to Mbugua (2010), interventions which aim at promoting healthy sexual behavior typically also aims at delaying sexual debut, decrease the number of sexual partners and increase use of condoms. However, different studies have shown that most parents shy away from communicating with children on SRH as they view it as uncommon (Magnani et al., 2002 and Svodziwa et al., 2016). Results from Svodziwa et al. (2016), also elaborated that, parents are concerned about their children's transition into sexual life, but are constrained by traditional norms, lack of information and limited skills from communicating with and providing the supportive environment. The adolescent risks related to sexual behavior has attracted a large number of caregivers through civil society organization including Faith Based organizations (FBOs,) and Non-Governmental Organizations (NGOs) (Juma et al., 2015).

Despite the education provided in schools, seminars and mass media on SRH issues, most children are still facing various challenges including early pregnancies, infections including fungal, HIV/AIDS and other STIs and STDs (Lyimo et al., 2017). For instance, Nkata et al. (2019), reported that, in Tanzania limited social, educational and health services results into unwanted pregnancies, unsafe abortion and STIs including HIV/AIDS. Based on this, more education on SRH to adolescents need to be prioritized. This study considered parents as individuals who are close to children and therefore are the best source of knowledge on SRH.

This research was conducted to study parent-children communication on SRH issues at Kinondoni municipality in Dar es Salaam city. The study examined students' sources of information on SRH, choices when discussing SRH issues and factors that hinder parents-children communication on SRH. Answers to

these questions revealed the importance of communication between parents and children on SRH. Answers can also inform the government on the importance of using officials such as health and social workers as well as community development officers to create awareness among parents and adults on the importance of communicating with children on SRH.

### **Theoretical Framework**

The study was guided by two theories selected based on the issues on investigation. The theories are Social Cognitive and Family Communication Patterns, which complements each other as discussed in the following section.

#### **Social Cognitive Theory**

Social Cognitive Theory was developed by Albert Bandura in 1986. It emphasizes on the role of observational learning, values and expectancies in determining behavior. The primary concept in social cognitive theory is reciprocal determinism which is the view that people influence their environment just as their environment influences them. The social cognitive argument is based on the premise that behavior is a result of a combination of expectations regarding environmental or situational variables (variables that lie outside of the person), self-efficacy (individual judgment), expectations (beliefs that one can accomplish certain outcomes), and outcomes. According to Bandura, self-efficacy and outcome expectations work together to determine behavior (Bandura, 1986). The Social Cognitive Theory explains how people acquire and maintain certain behavioral patterns while providing the basis for intervention strategies (Bandura, 1997).

Bandura's (1986), social cognitive theory guides the aspect of parent-children communication specifically when children imitate the parent's actions. Social Cognitive Theory is relevant to SRH communication between parents and children because it deals with aspects of understanding behavioral changes. It describes the nature of communication and human development where children especially the adolescents learn to imitate parent's behaviors which show high

dependency on what parents have to offer (Glanz, 2002). In this case, parents should note that knowledge alone is not adequate in changing the behavior of children. Environment and parents' behaviors should provide a support in alleviating children's risks related to sexual behaviors. Programs that support behavioral changes should be in place and ought to be behavior specific. This means that children should be provided with information on safe and risky sexual behaviors and the related consequences. Parents' encouragement on understanding of risky sexual behaviors enhances children's self-confidence. Consequently, this results in a delay in the children's debut of any sexual behavior. Bandura (1997), explain that children need resources, opportunities and guidance from others within their social networks. Self-efficacy is enhanced when people have the opportunity to perform behavior. However, the social cognitive theory is based on how a child can learn by observing and imitating what parents does in everyday life. On the other hand, the theory is lacking issues of one-to-one communication between parents and children. Therefore, a need to compensate it with family communication patters theory.

#### **Family Communication Patterns Theory**

The theory explains how family can share social realities. It was developed by McLeod and Chaffee in the year 1972-1973. Family Communication Patterns Theory explains how a family can create a model of communication between one person and the other. This is because there are different types of people with

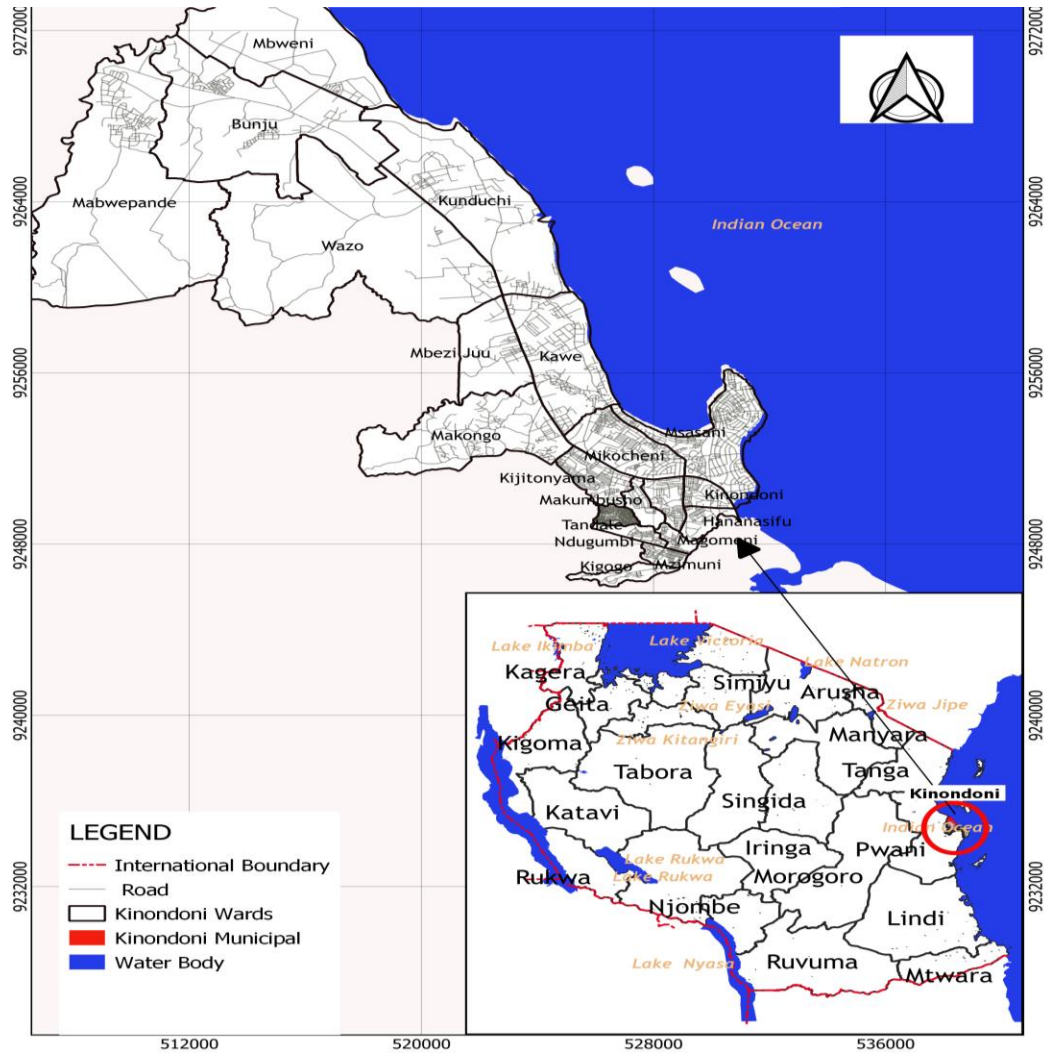
different age in a family, therefore, communication models should also be different. For instance, the way children communicate with siblings is different from the way they communicate with parents. In the same way communication among parents is different from parents and children. Specifically, the theory is interested in explaining how parents socialize with children to process information stemming from outside the family (Koerner & Fitzpatrick, 2006). The communication issue between family members specifically from parents to children makes this theory suitable for this study to compensate the missing aspect of one-to-one communication in the former theory. The theory was thus used to guide SRH communication between parents and children.

Based on the two theories, children are supposed to acquire appropriate knowledge and skills that can change risky sexual behaviors. It is important for children to be aware of inappropriate behaviors. This could be achieved through parent-children communication which can be physical or through observation. Parents can discuss the consequences and rewards of sexual behaviors that are not risky. Parents must make children believe that they are capable of making safer decisions. This helps to develop a sense of self efficacy. Self-efficacy is improved through confidence improving messages. According to Bandura, (1986), children's behaviors can be influenced by what they see and hear through communication.

## **METHODOLOGY**

### **Area of Study**

The study was conducted at Kinondoni Municipality in Dar es Salaam, Tanzania (Map 1).



**Map 1: Location of the case study area in Kinondoni, Dar es Salaam city**

Dar es Salaam city has the highest number of secondary schools compared with other regions in Tanzania (BEST, 2016). Kinondoni Municipality was selected because it has the highest HIV prevalence rates of 4.7% (URT, 2015), among youths and adolescents. Youths in Kinondoni are exposed to risky behavior such as drug abuse, prostitution, alcohol abuse and hooliganism. As such, Kinondoni municipality was selected because it is listed as city hub of sexual commercialization and exploitation of teenagers (Amury & Komba, 2010; Mwangi, 2009). This study covered secondary school students from Mbezi and Tegeta in Kinondoni Municipality. The schools were selected because they are located in the same geographical position.

### Research Design

The study adopted cross sectional research design (survey). The selection of the research design was influenced by the nature of the study and the objectives which were; establishing students' source of information on SRH, choices of children' when discussing SRH and factors that hinder parents and children communication on SRH. Cross-sectional research design allows for examining multiple factors and multiple outcomes in one single study (Creswell, 2009).

### Sampling procedure

The study used both probability and non-probability sampling procedures. Purposive sampling procedure was used to select form three and four students. Forms three and four

students were selected because of having more experience on the issues of SRH than those in form one and two. Stratified sampling procedure was employed to select male and female students in the targeted classes. On the other hand, Simple Random Sampling procedure was employed to select number of respondents which made a total of 160 respondents. This was because of the need for homogeneity of the collected data. Purposive sampling procedure was also used to select key informants including teachers, health workers and parents. Among them were school board members. The two sources of information were used for triangulation purposes.

#### **Data collection methods and tools**

The study employed face to face interviews and key informants. The questionnaire with open and closed ended questions was used to collect data from the respondents (students) while a checklist was used to collect information from the key informants. The tape recorder was used to record information from the key informants. On the other hand, the diary was used to document data provided by the respondents specifically when responding on open ended questions.

#### **Data analysis**

The Computerized Predictive Analytics Software (PASW version 18) was used for analysis of quantitative data. This is due to its ability to generate readable descriptive data through tables and graphs. Most data were presented using tables, graphs and pie charts. On the other hand, the information collected through checklist was analyzed through content analysis. The first step in analyzing the qualitative data was listening to the recorded information to be familiar with them ready for transcription. The second step was data transcription whereby the researcher had to listen to the tape recorder and write all that

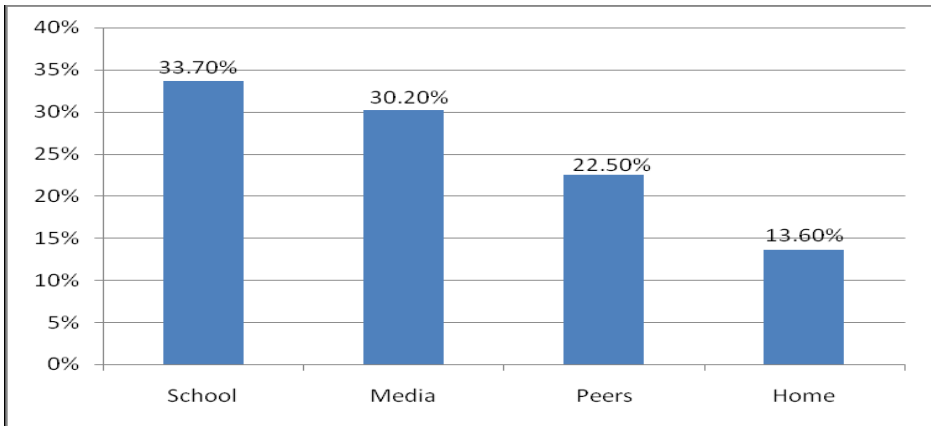
was reported by key informants. The third step was the feedback session where the transcribed data were taken back to the key informants for confirmation. The next step was data coding where different categories were identified. Categories with the same meaning were collected and read together to capture the meaningful information.

## **FINDINGS AND DISCUSSION**

### **Students Source of Information about SRH**

Figure 1 show data on students' sources of knowledge on SRH whereby 33.70% and 30.20% of respondents acquire education on SRH issues at school and social media, respectively. Very few (13%) of the students acquire SRH education from home (parents). Findings from the respondents are also in line with the literatures including for example Tanzania National Policy guideline for reproductive health services of 2002, which indicate the government efforts on providing adolescents with SRH by support young people to have access to SRH education. The government is also engaging NGOs to disseminate information/education on SRH to adolescents including students (Mabuga, 2008). Findings from respondents and the literature confirm that, the role played by parents in communicating with children on SRH issues is minimal. For example, one of the students said;

*“it is difficult for me to take the initiative to talk about SRH with my parents based on how I was brought up. I don't think I will ever get the guts to initiate such talks. I'm afraid that my parents will think that I am practicing sexual activities. I think it would be good if parents initiate the talk”* (17 years male student) Tegeta Secondary School, 2018.

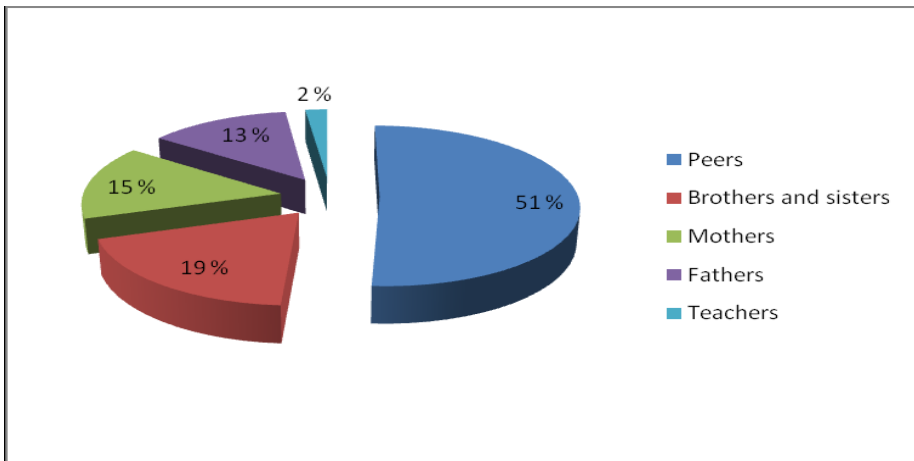


**Figure 1: Distribution of Students' Source of Information about SRH**

The quote above supports the finding that most of respondents are receiving education on SRH at school and social media while very few acquire it from parents. The quote suggests further that children are not free to initiate the conversation on SRH with parents because they fear that parents will reflect that they are already engaged in sexual practices. Children's fear of initiating discussion on SRH is an obstacle in revealing what they fill with regards to sexuality. It is important to understand that parents-children communication on SRH make children understand differences they face in physical and emotional growing process. This is also suggesting that, the family is important in sharing social realities by creating a model of communication between one person and the other as explained in the Family Communication Patterns Theory. In this regard, both parents and children can create a model of communication where SRH can be among the issues to be discussed.

Findings in Figure 2 show kinds of people who are preferred by the respondents when discussing SRH issues. These findings show that more than 50% of the respondents prefer to discuss SRH with peers. This implies that a vacuum left by parents is being filled in by peer groups. It has to be understood that, peer groups may have positive or negative influence on children. This statement has also been supported by one of the key informants who said that;

*"...most of students are going astray because of the influence from their fellows. Some of students have mobile phones which can access internet through which they learn a lot of bad things. As a result, most of students fail their examinations; others are impregnated and they decide to terminate the pregnancy. It is really sad!"* Key informant 4, Tegeta Secondary School, 2018



**Figure 2: Children's Choice of Person to discuss SRH Issues**

Information from the quote above relates with the findings in Figure 2 which shows that many adolescents prefer to discuss sensitive issues including SRH with peers. The key informant explanations also suggest that most of them go astray because of peers' influence. The statement from the key informant is also supported by findings reported by Tome et al. (2012), that peers have a direct influence in adolescents' risk behaviors. This is because an adolescent may not be in a good position to understand the background of the peer he/she is associating with, neither forecasting what will happen later unless he/she has the prior information of the same from other sources.

In view of the above, parents should strive to be the first source of information on social issues including SRH to their children. As such, having a day-to-day communication with a child can build a foundation not only in SRH matters but also on other aspects of life. Finding of this study proves the strength of Social Cognitive Theory which emphasizes on the roles of observational learning, values and expectancies in determining behavior. It also shows the strength of Family Communication Patterns Theory which provides a model of communication between one person and the other.

### **Factors Hindering Parent-children Communication**

There are many factors which hinder parent-child communication. The findings of this study revealed sex, traditional norms, insufficient knowledge and fear as factors that hinder parents-child communication. These factors are further discussed in the following sub sections.

#### **Sex**

In finding out sex as a hinderance of parent-child communication on SRH, respondents were asked to mention one of the parents with whom they can be free to communicate with. The findings show that most of the respondents (74.5%) are freer to discuss SRH issues with female parents (mothers) than male parents

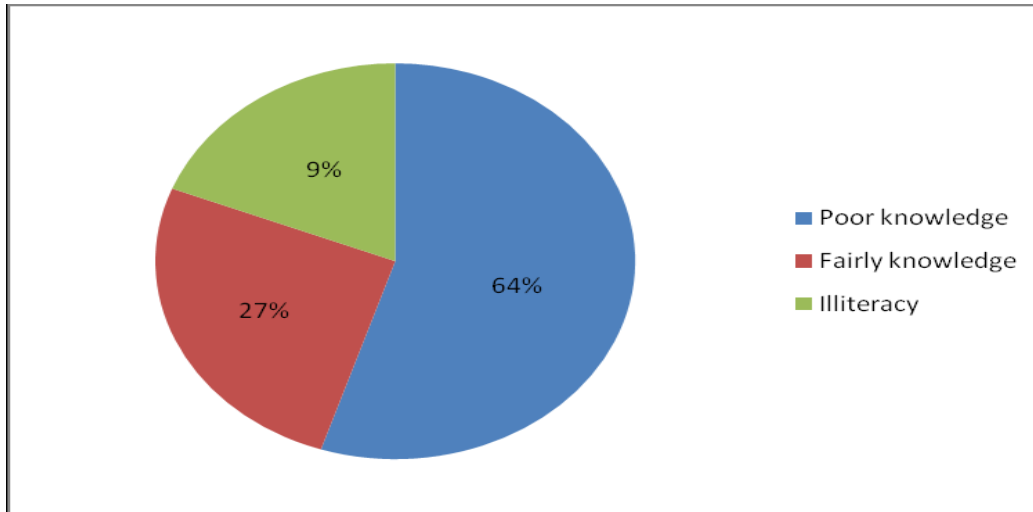
(fathers). Some of the respondents indicated that, they can discuss the said issues with the mother because she is always with them and that they are more used to mothers than fathers. In additions, most of male key informants suggested that, it is disgraceful to discuss SRH issues such as STIs, condom use, HIV/AIDS and physical development with children. One of the key informants reported that;

*"...It is the mother's responsibility to discuss sexual matters with adolescent children..."- 58 years male parent, Mbezi Secondary School, Dar es Salaam, 2018*

Findings of this study depicts a minimal and/or no role of a male parents in discussing social issues including SRH with children. This is in spite of the fact that, discussing social issues including SRH with children create a bond which helps children to learn through conversation and actions as suggested by Social Cognitive Theory. The theory emphasizes on the roles of observational learning, values and expectancies in determining behavior and the Family Communication Patterns Theory which again stresses on the need of creating a model of communication between one person to the other. Therefore, the gap which is created by male parents has implication on children. At the end of the day the other side (male parents) may complain that they are being isolated while in reality they are the source of the problem. According to Sandstrom & Huerta (2013), children demonstrate more negative behaviors when they lack the emotional support at home that they need to smoothly handle a family transition.

#### **Parents Knowledge on SRH**

Information on parents' knowledge on SRH was collected by enquiring parent's level of knowledge on SRH. Findings presented in Figure 3 indicate that most of parents (64%) in the study area have relatively poor knowledge on SRH issues.



**Figure 3: Parents’ Knowledge about SRH**

Most of them reported that they find it difficult to discuss issues of SRH with children because they have little knowledge on this issue. In supporting this statement, one parent said;

*“My children are more knowledgeable on sexual matters because they have higher level of education than me; hence, I do not know how I can advise them”* (40 years key informant 2 (female parent), Mbezi Secondary School, 2018).

The quote above is also supported by Wamoyi et al. (2010), who reported that, parents have limitation because of lack of knowledge and cultural norms that restricts interactions between opposite sex. This is also supported by findings in Figure 3 which shows that most of parents in the study area have relatively poor knowledge on SRH. The quote reveals that, parents assumes that children are more aware of SRH because they are more educated. This is an indication of existence of numerous hindrances on parents – children communication with regards to SRH. This is also hindering provision of informal education including morals and values of the communities. Moreover, failure of parent-children communication on SRH issues open windows for misinformation the same by others including peers. Hence, the study proves the strength of Social and Cognitive Theory that, behavior is a result of a combination of

expectations regarding environmental or situational variables.

**Parents’ Fear of Discussing SRH with their Children**

The discussion with parents revealed that most of them are not comfortable to discuss SRH with children. For them, discussing SRH with own children could be among ways of exposing them to sexual life which can lead to engaging in sexual relationships. This was clarified by one of the parents who reported that;

*“It is very difficult for me as a parent to tell my child about consistent condom use, STIs and HIV prevention and early pregnancy prevention because when I teach her/him ways of preventing her or himself, it is like I will be directing him/her to practice sex”* (48 years’ female parent, Mbezi Secondary School, 2018).

This suggests that most of the parents believe that educating children on SRH brings negative results. This is also supported by findings reported by Wamoyi et al. (2010) that, communication between parents and children on SRH was based on fear of what happened to others as a result of sexual intercourse such as contacting HIV/AIDS and pregnancies. This is because educating children on SRH issues has many advantages. For example, Breuner, (2016), has shown that sexual education helps to prevent and reduce the risks of adolescent

pregnancy, HIV, and STIs for children and adolescents with and without chronic health conditions and disabilities in the United States.

### **Tradition Norms as a Hindrance to Parent-Children Communication on SRH**

All the interviewed key informants indicated that traditional norms were not friendly to discuss puberty issues with children because it was related to sexual discussion. The participants of this study believed that, they were not the right people to talk with their children about SRH because their cultural norms allowed this activity to be handled by senior or elders like grandfathers, grandmothers, aunts and uncles. This was revealed when key informants including parents who were asked to provide views on whether tradition can be a barrier for parent-child communication on SRH issues. One of them reported that;

*“I can’t talk with my child about any sex and puberty issues because my traditional norms prohibit me as a father to do so”* key informant 3 (54 years male parent) Tegeta Secondary School, 2018.

This quote coincides with the majority views that tradition prohibits parents from discussing sexual issue with children. This is also supported by Kamangu (2017), who reported that, parents’- adolescents’ communication on SRH issues in most of African countries is restricted by various factors among them being traditional norms. However, few of the respondents indicated that it is difficult to find the responsible family members to talk to the children on SRH as traditional demands. This is because of the separation of family members due to economic (employment) and social i.e. marriage among other reasons. One of the respondents recommended that;

*“Parent should learn how to talk to children on SRH issues, waiting for the grandmothers/fathers and aunties will put the children in danger because they hardly meet them.”* Key informant 6 (a teacher), Tegeta Secondary School, 2018.

This is an indication that, although tradition prohibit parents from talking to children, the current situation where related people are living

separately makes it difficult for children to be taught SRH issues. This is also supported by the Family Communication Patterns Theory which explain how family can share social realities by creating a model of communication between them.

## **CONCLUSION AND RECOMMENDATIONS**

### **Conclusions**

The study concludes that, although parents are playing a huge role in bringing up the children, most of the children are not discussing SRH issues with parents, but the peers. This result into children being misguided. As a result, they end up in engaging in negligent sexual behavior. The study also concludes that communication between parents and children is hindered by many factors including parents whereby a mother is mostly preferred by children to discuss sexual issues with rather than the father. The study further concludes that, tradition and norms which directs a person to discuss SRH issues with the children is hardly applicable in the current situation where people or relatives are living apart.

### **Recommendations**

Professionals and government officials including community development workers, health workers, psychologists, CSOs and others should play a role of educating the community specifically parents on the importance of informal discussions on SRH with children. Education can be provided through seminars, mass media and workshops among others. The government and other stakeholders such as FBOs, NGOs and community-based organization should create awareness for parents on the importance of impacting informal education including morals and values to children. This will create the foundation of formal education that is taught schools. It will also provide children with the capability to choose what to learn in the future life.

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