



Parents' Views on Adolescent Sex Education in the Home Setting

Hydrogen Izana Pambi¹, Augustin Kadiata Bukasa^{1*}, Jose Kiala Makola¹,
Emilienne Kulembidila Nsopa¹, Julien Zaya Bwiyi², Roland Yende Mupepe¹,
Angel Andjelani Ngonga¹

¹Section of Nursing Sciences, Higher Institute of Medical Techniques of Kinshasa, Kinshasa, Democratic Republic of the Congo

²Midwifery Section, Nursing Science Section, Higher Institute of Medical Techniques Marie de la Paix in Kenge, Kenge, Democratic Republic of the Congo

Email: *augustinkadiata@gmail.com

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Abstract

Introduction: This study was based on the observation of a lack of information on sexuality among adolescents who nevertheless have a very active sex life, putting their sexual and reproductive health at risk. To this end, the purpose of this study was to identify parents' opinions on sex education in order to prepare adolescents for responsible sexuality. **Methods:** This study is conducted in the Tshinkela district in the commune of Kintambo within the city-province of Kinshasa on the opinion of parents on the sexual education of adolescents in the family environment. It is a descriptive study, the survey is the method of choice to understand the problem and collect data in order to describe and discover the phenomenon from subjects who experience it. We opted for the face-to-face interview as a data collection technique because it allows the expression of each parent, even those who cannot read or write. **Results:** 67% of parents of adolescents have a dialogue with their children. The favorable opinions of the parents of the teenagers are 49% against the unfavorable opinions of the parents of the teenagers who are 51%. **Conclusion:** Opinions on sex education for adolescents in the home environment are weaker. It emerges that parents must adopt strategies integrating family dialogue with their adolescents into preventive care from the age of puberty through counselling, avoiding the taboo but also stigmatizing adolescents who are victims of sexuality.

Subject Areas

Public Health

Keywords

Opinion, Parent, Sex Education, Adolescents, Family Environment

1. Introduction

The life of man is marked by a very important and sometimes very disturbed stage: adolescence. Adolescence is a period of life characterized by the occurrence of physical, biological and psychological transformations that lead to profound changes, particularly in sexual behavior (World Health Organization, 2005). It is also a growth process that is accompanied by very specific reproductive health needs that naturally justify exploratory and experimental behavior that sometimes entails risks [1].

During this stage of preparation for life, many teenagers following the mores of the moment and the environment, indulge in sexual vagrancy, thereby exposing themselves to many problems.

ONU/SIDA (2020) [2], underlines that with adolescence appears the eternal problem of love and sexual relations. Eternal problem, perhaps, but the data have been profoundly modified over the past fifteen years with the change in the status of women, the generalization of contraception and abortion, the tolerance of society which leads to physical relations of increasingly early.

Adolescence remains despite everything the period of romanticism, of dream loves, which leave a nostalgic memory for the rest of life.

The National Program for Adolescent Health, (2016) [3], asserts that the health of adolescents today is increasingly threatened by, for example, HIV/AIDS and unwanted pregnancy. This is an important area in which adolescents need basic information.

Adolescents are extremely vulnerable to Sexually Transmitted Diseases, HIV/AIDS, for many reasons including lack of information, mid-life crisis, power imbalance in sexual relations between women and men, young and old and the greater biological vulnerability of girls [4].

In Africa, emphasizes Alain Braconnier (2007) [5], adolescence leaves incredible damage if the parents do not assume adequate responsibility. Teenagers often seek abortions. The average age at first sexual experience is 15 for boys and 16 for girls. This shows that there is a long period where adolescents are exposed to problems related to sexual life.

With regard to sex education, its purpose is to help adolescents develop their knowledge and skills, such as communication in decision-making and negotiation processes, to transition into adulthood and good sexual health.

Teenagers should be educated to reduce early sexuality. Studies conducted by WHO (2020) [1], have shown that 8% of adolescents are exposed to sexually transmitted infections resulting in sterility, madness, multiple wounds on the skin, the risk of multiple miscarriages, pain in the bottom belly and death.

The same authors continue their ideas by saying that adolescents are also exposed to unwanted pregnancies and which lead to the consequences of rejection of the girl, abandonment of the child, interruption of studies, increase in family responsibilities, prostitution, induced abortions leading to early death and feelings of guilt and fear.

This education must start at home, the State and the school will take over. Studies conducted recently by Marta Maia (2017) [6], show that parents present 9% with regard to sex education in the family and other parents take it into account. Friends spread more information to each other. It is also important to point out that the parents delegate their educational responsibilities to the grandmother.

The demographic and health survey conducted in the Democratic Republic of Congo reveals that among adolescent girls, an identical proportion (18%) of young girls and boys of the same age had had sexual intercourse before the age of 15 (median age at first sexual intercourse is 16.8 years for girls and 18.1 years for boys) [7].

Parents are often unprepared or unwilling to provide adolescents with information about sexuality or to discuss sexual matters with them.

In the DRC, parents are never interested in adolescent sexuality given the economic situation and the non-admission of young people to family planning services, especially to the IEC (Information, Education and Communication) service [8].

Thierno Ousmane(2017) [9], states that in Kinshasa, adolescents do not need information about sexuality because they are afraid of their parents' aggressiveness few parents talk about sexuality with adolescents and not all young people address this subject.

In Kinshasa, we don't talk about sexuality because parents are embarrassed... adolescents seek to practice early sexuality without the protection of their families, adolescents are more exposed than adults to risky sexual encounters, the prevalence is estimated mortality at 22% in our country as a whole and 19% in the city of Kinshasa.

Aware of this situation and the role adolescents play in the demographic transition, it is important to support awareness-raising activities in favor of adolescents.

In Kinshasa, more specifically in the commune of Kintambo, 21% of girls and 6% of boys have already had sexual intercourse before the age of 15. This high prevalence of sexual intercourse is due to the proportion of money and especially to the poor socio-economic conditions that their parents go through [10].

It emerges from all the above that the care of adolescents requires more involvement on the part of parents. Because parents are the closest people to children. Thus, there is a connection between parents and children, especially when parents fully play their role as educators. The child having learned the first notions of life at home, he has already established a close bond with his parents. This will make him more receptive to what his parents tell him, mostly out of respect.

In addition, the child considers his parents as a reference. This is why a parent is a resource person on questions relating to sexuality. Already at the base, a parent transmits moral values, sometimes religious, human values as well as his

own experiences to his child. The child therefore becomes more willing to receive advice and advice from his parents.

With the development of information, videos on the internet and on television, the child receives various information about sexuality which is not always true. Admittedly, it is true that computers, telephones and the means of disseminating information and communication can provide some answers to children. However, parents should not remain on the sidelines of the child's sex education. When a child reaches a certain age, he needs guidance on his sex life. The parents are at these times of reference for the child. They help children better understand and discern all this information. The other reason why sex education falls to the parents is probably because it is the parents who know their children best. A parent is one step ahead of everyone else when it comes to their child's knowledge. To know him better is to educate him better.

Parents must therefore keep in mind that they are role models for their children. A child is in the image of his parents, which is why they must also take care of their sexuality. This is why it seems to us that this study has a significant place because it will allow us to understand the value judgment that parents make on this role.

The purpose of this study was to determine parents' views on sex education desire to be able to prepare adolescents to have responsible sexuality.

2. Material and Method

2.1. Study Environment

This study was conducted in the Tshinkela district in the municipality of Kinshamba, in the city province of Kinshasa in the Democratic Republic of Congo.

2.2. Target Population and Sample

The study population consisted of 200 parents of adolescents. During our study period, the sample consisted of 100 parents housing adolescents in a family environment.

We considered as criteria for eligibility or inclusion any parent housing the adolescents at home, residing in the Tshikela district, being present on the day of the survey and agreeing to voluntarily participate in the study.

2.3. Data Collection

This study is descriptive, the survey is the method of choice to understand the problem and collect data in order to describe and discover the phenomenon from subjects who experience it. We opted for the face-to-face interview as a data collection technique because it allows the expression of each parent, even those who cannot read or write.

Within the framework of scientific ethics, we resorted to the principle of confidentiality of the data and the anonymity of identity of the parents of the teenagers retained in this study.

2.4. Ethical Consideration

The protocol was approved by the management team. Since our study was descriptive, we obtained authorizations from the Tshinkela district office in the commune of Kintambo. Anonymity and confidentiality were required to process the data collected.

2.5. Data Analysis

The data collected was analyzed and processed, then entered into Microsoft Excel 2010, and analyzed on SPSS software to determine the frequency.

3. Results

Table 1 shows that 52% of respondents are male and 48% female. In the **Table 2**, we find that 67% of parents actually engage in dialogue with their teenagers. **Table 3** shows us that 49% of parents of teenagers expressed a favorable opinion on sex education for teenagers in the family environment, and on the other hand, 51% of respondents expressed an unfavorable opinion.

Table 4 tells us that 29.4% of parents of adolescents find that family dialogue on sexuality constitutes disorder, 29.4% of parents find that it is to destroy the future of adolescents and 41% of parents find that is shameful.

Table 5 shows us that 100% of parents believe that talking to teenagers about sexuality is preparing teenagers to have responsible sexual relations and finally to avoid harmful consequences; 64% of parents believe it is a way to educate and provide information.

Table 1. Distribution of parents of adolescents according to gender

Sex	Frequency n = 100	%
Male	52	52
Feminine	48	48

Table 2. Distribution of respondents according to the existence or not of parent-child dialogue in the family environment.

Existence of parent-child dialogue (Adolescent)	Frequency n = 100	%
Yes	67	67
No	33	33

Table 3. Breakdown of parents according to their opinions about sex education for adolescents in the family environment.

Opinions of parents	Frequency n = 100	%
Favorable opinions	49	49
Adverse Opinions	51	51

Table 4. Breakdown of parents on the reasons for their unfavorable opinion on family dialogue in relation to sexuality.

Reason for the unfavorable opinion on family dialogue in relation to sexuality	Frequency n = 51	%
It destroys the future of young people	15	29.4
It creates a mess	15	29.4
It's embarrassing to speak out in front of children	21	41

Table 5. Breakdown of parents on the reasons for their favorable opinion on family dialogue in relation to sexuality.

Reason for the favorable opinion on family dialogue in relation to sexuality	Frequency n = 49	%
It is to prepare young people	18 /49	36.7
It is the means of educating and bringing information	31/49	64
It is to allow young people to have a responsible sexuality and avoid the harmful consequences	49/49	100

4. Discussion

Our study shows that 52% of respondents are male and 48% female. We believe that in terms of sex education, favorable trends can be influenced by parents and it is easier for female parents to communicate with girls and vice versa for male parents with regard to their sons. But the attachment to customs can constitute a brake because of the taboo aspect which covers all that is of sexuality. This consideration of the mother is confirmed by a study conducted in Burkina-Faso showing that as far as the opinion of adolescents is concerned, the mother was the person with whom exchanges took place most often: 59% (13/22) of families where the subject of sexuality was discussed. The recourse to the mother was due to the fear of seeing their secret divulged “because if you tell it outside, it can spread, that’s why I prefer my mother. There if there is advice to give, she tells me. The other confidants of the adolescent girls were the eldest (big brother or big sisters), the aunt, the friends. The confidants did not vary according to the school status of the adolescent. Absence of fathers were absent from discussions with adolescent girls. During the exchanges with the adolescent girls, none had mentioned the father as a confidant [11].

As for the existence of dialogue, our study shows that 67% of parents actually engage in dialogue with their teenagers. Parents of adolescents who have a dialogue with their adolescent children are to be encouraged. However, there remains another portion, the third of parents who do not have a dialogue with their adolescents and the concern to know about the level of mastery of subjects relating to the sexual education of adolescents and how to approach them. The WHO (2020) [1] believes that it is necessary for parents to be supported in this mission of educating adolescents so that they can be able to assume their sexual and reproductive health. The majority of adolescents and young people perceive

the merits of sex education as likely to give them essential life skills, including those related to sexual health. However, considering themselves deprived of a training framework allowing them to acquire the expected skills, young adolescents manage with their peers, while others hope to find in pornography, the ideal alternative for learning “the art of sexuality”. This is an attitude encountered among the majority of young people over the age of 15 who prefer to talk about their intimate problems with each other, thus putting their parents away from their sexual preoccupations [10].

This great task must also be shared with other educational environments for the well-roundedness of adolescents (thy) as evidenced by a study carried out in Fiji, which revealed that in an interview with the parents of adolescents, Seven themes had emerged from discussion, including provision of school-based sex education, parental involvement in school-based sex education, home-based sex education, age-appropriate progressive sex education, ethnic variations regarding sex education, barriers and facilitators for school-based sex education delivery and the perceived ideal version of sex education [12]. But then, sex education still remains a controversial and sensitive topic in several regions in Africa, because African culture in general inspires fear of shameful matters and contains too many restrictions [13]. It is the case of Malaysia that a category of people like students with disabilities who should be protected from anything related to sexuality due to their lack of maturity and intellectual understanding of the subject. For this reason, non-formal education by the parent is very important to fill this necessary gap [14]. For this, several studies argue in favor of funding. This is the case of a study in the United States which proves that federal funding for more comprehensive sex education reduced teenage birth rates at the county level by more than 3% [15].

Considering parents’ opinions, our study found that 49% of parents of teenagers expressed a favorable opinion on sex education for teenagers in the home setting. These parents who approved sex education evoke 100% that talking about sexuality to adolescents is to prepare adolescents to have responsible sexual relations and finally to avoid harmful consequences; 64% of parents believe it is a way to educate and provide information. Several studies agree on the importance of this therapeutic education. In North Carolina, parents overwhelmingly support sex education in public schools (91%). Among these respondents, the majority (89%) are in favor of comprehensive sexuality education. Parental education level was inversely related to support for specific sex education topics and comprehensive education, although these differences were small in magnitude. Over 90% of respondents believed that parents and public health professionals should determine the content of sex education and opposed the involvement of politicians [16].

This political influence is apparent in a study in the United States where parents who identified as Democrats were more likely than those who identified as Republicans to support the inclusion of the topics of healthy relationships, birth control, STDs and sexual orientation in college and high school. However, a

strong majority of Republican parents want all of these topics included in sex education. Sex education that includes a wide range of topics represents an area of strong agreement between parents from both political parties [17]. In the study by Eisenberg *et al.* (2008) [18] the vast majority of parents were in favor of teaching both abstinence and contraception (comprehensive sex education [CSE]; 89.3%), and support was high across all parent demographics. All specific sexuality education topics received majority support (63.4% - 98.6%), even those that are often seen as controversial. Parents believed that most subjects should first be taught during the college years. Parents had slightly more favorable opinions of the effectiveness of ESC compared to abstinence-only education, and these opinions were strongly associated with support for ESC (odds ratio [OR] (ESC) = 14.3; OR (abstinence) = 0.11). However, these studies highlight a mismatch between the opinions and preferences expressed by parents and the actual content of sex education as it is currently taught in the majority of public schools.

Also in our study, almost half of the parents, 51%, expressed an unfavorable opinion, raising the reasons why family dialogue on sexuality constitutes disorder, it is to destroy the future of adolescents and it is ashamed. This position also appears among parents in North Carolina, less than a quarter of parents oppose the teaching of a specific subject, including those generally considered more controversial, such as discussions on orientation sex, oral sex and anal sex [16].

These opinions on the sex education of adolescents make it possible to better identify individual differences. This is the first step towards a better understanding of adolescent sexuality on the part of parents. We believe that the content quality of opinions on adolescent sex education is a strength in contributing to adolescent sexual maturity.

This opposition also appears in some adolescents. Without major demarcation between cities, and not spontaneously, all young people and adolescents recognize that they have needs in terms of sexuality and reproductive health. These needs relate to a certain intimacy and are therefore not shared with just anyone for the sake of discretion and for fear of being stigmatized or of being treated as “less serious”. The majority of teenagers aged 10-14, whether schooled or not, expressed needs essentially oriented towards support in affective and romantic relationships. However, apart from a few observable differences between the sexes, the majority of young people aged 15 - 19 and 20 - 24, whether in school or not, has similar needs in the three sites. The majority of respondents expressed the desire to benefit from sex education and to have a respondent with whom to talk about sexual problems, while respecting confidentiality [19].

5. Conclusions

Opinions on sex education for adolescents in the home environment is 49%. It emerges that parents must adopt strategies integrating family dialogue with their

adolescents into preventive care from the age of puberty through counselling, avoiding the taboo but also stigmatizing adolescents who are victims of sexuality.

It is necessary to talk to adolescents about the consequences of early sexuality since parents must assume their responsibilities in order to lead adolescents toward responsible sexuality.

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Conflicts of Interest

The authors declare no conflicts of interest.

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