

SELF-DISCLOSURE OF ADOLESCENTS AS THE MOST INFLUENTIAL FACTOR IN THE PROVISION OF REPRODUCTIVE HEALTH INFORMATION TO ADOLESCENTS

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ABSTRACT

Introduction: Adolescents with all their characteristics make them are vulnerable to reproductive health problems. Parents have the responsibility to provide reproductive health information to adolescents, but 52.67% of parents have not conveyed it. **Aims:** This study aimed to analyze the factors that most influence parent-to-adolescent communication regarding reproductive health. **Methods:** This type of research uses cross-sectional, which was conducted offline in 2022 in Jrah Boyolali Village. The population of this study was 422 parents of teenagers, and the sample was 230 parents with adolescents aged 11-19 years. The sampling technique used was proportional random sampling. Data collection was carried out using validated instruments. The independent variables were communication patterns, joint activities, and adolescents' self-disclosure, with parents' behavior in providing reproductive health information as the dependent variable. Data analysis was carried out with multiple logistic regression tests, with a significance level of 5%. **Results:** The study found that adolescent self-disclosure to their parents was the most influential factor in the provision of reproductive health information by parents to their adolescent children (OR=2.537 (95% CI OR:1.423-4.522)). Parents with teenagers who are less open about telling their parents can increase the risk 2.537 times of not communicating reproductive health to teenagers. Adolescents' openness to their parents can increase the closeness between parents and adolescents, making it more possible to discuss reproductive health between the two. **Conclusion:** Parents need to learn communication techniques with teenagers so that teenagers are not embarrassed to discuss things.

Keywords: self-disclosure, adolescents, reproductive health, parents

INTRODUCTION

Adolescents belong to an age group that is vulnerable to reproductive health and sexuality problems (Morris and Rushwan, 2015). Reproductive health problems experienced by adolescents are related to adolescent behavior. Factors from within adolescents, as well as factors from outside adolescents, are factors related to reproductive health behavior in adolescents. Knowledge is one of the factors related to adolescent reproductive health behavior, while social support and the influence of people around, such as friends and parents, are external factors that also influence

adolescent behavior (Triyanto *et al.*, 2019; Murdiningsih *et al.*, 2020).

Parents are one of the parties that can influence adolescents' values and perceptions regarding reproductive health through reproductive health education (Triyanto *et al.*, 2019; Purwanti *et al.*, 2021). However, on the other hand, parents feel they do not have sufficient knowledge because they have never been given training to provide reproductive health information to adolescents. Parents also feel uncomfortable and feel that the topic of reproductive health is a sensitive topic based on societal norms and culture. These limitations are one of the factors that affect

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the delivery of reproductive health information to adolescents, even though parents feel that this material is important for adolescents (Yadeta, Bedane and Tura, 2014; Ram, Andajani and Mohammadnezhad, 2020; Sanjiwani and Pramitaresthi, 2021). Socioeconomic status, religiosity, attitudes, and parents' perceptions regarding reproductive health material are also factors that can influence reproductive health communication to adolescents (Manu, Kotoh and Ankomah, 2016). These factors are internal factors of parents and local culture, so further research is needed to examine aspects of the interaction between parents of adolescents.

When viewed from the perspective of adolescents, adolescents feel that parents have limited communication skills and are unable to create an environment that supports the reproductive health discussion so that adolescents are more open with friends (Yadeta, Bedane and Tura, 2014). However, providing information from friends can run the risk of providing reproductive health information that is not precise and comprehensive to adolescents (Kusumaningrum *et al.*, 2022). The openness of adolescents with friends is something that needs attention, considering that friends do not necessarily have comprehensive knowledge about reproductive health (Fanta *et al.*, 2016).

Research in Indonesia states that parents already have high self-confidence in aspects of their ability to help adolescents solve their reproductive health problems (Kusumaningrum, Suci and Wulandari, 2022). Research in Nigeria also states that parents already understand the need for information on reproductive health in adolescents and have used indirect communication patterns. In this study, it was also said that adolescents need information from their parents, and further research is needed regarding patterns of communication and discussion of reproductive health from parents to adolescents (Aliyu and Aransiola, 2023).

Excellent and warm communication between youth and their parents, especially regarding reproductive health, will reduce risky sexual behavior in adolescents, which results in unwanted pregnancies and other reproductive health problems (Mekie *et al.*, 2019; Khurun'in *et al.*, 2023). Poor communication patterns between parents and adolescents result in adolescents receiving information from the internet and peers whose accuracy and truth are unknown. When parents understand that good communication patterns with adolescents can prevent adolescents from risky sexual behavior, it is hoped that parents will provide the information to adolescents by maintaining good communication patterns between the two. Other studies have also revealed that the quality of information sharing between parents and adolescents is an essential aspect of supporting the success of reproductive health programs. These advantages increase if parents are connected with their children through several activities or joint activities between parents and teenagers (Sievwright *et al.*, 2023).

Adolescent self-disclosure also has a position that significantly determines whether reproductive health information from parents to adolescents is communicated or not. If teenagers have never spoken about it, parents are also reluctant to start a conversation because it is still considered a taboo subject. Adolescents who are open to discussing matters related to reproductive health tend to do the same to their sexual partners (Saskatchewan Prevention Institute, 2017). This adolescent self-disclosure is not a spontaneous behavior that happens, but several aspects that influence it, such as with whom a person talks or tells himself. Most people can do self-disclosure with people they feel comfortable and can trust, such as parents or close friends (Fachrudin, 2020). The openness of adolescents is needed to increase the activeness of parents to discuss reproductive health with

adolescents (Handriyani and Kusumaningrum, 2023).

This research needs to be followed up considering that conveying reproductive health information from parents to adolescents is the main thing considering that there are 8% of men and 2% of women aged 15-24 years who have had premarital sex (National Population and Family Planning Agency, Central Statistics Agency and Ministry of Health, 2018). Premarital sexual behavior is an entry point for other adolescent reproductive health problems such as unwanted pregnancies, abortions, and sexually transmitted infections such as HIV.

Unwanted pregnancies can also be one of the factors that encourage early marriage among adolescents. There were 2,049 cases of early marriage in 2019 in Central Java. This number has increased to 12,972 cases in 2020. Early marriage can also result in miscarriages in adolescents because the reproductive organs are not ready to experience pregnancy (Febrianty, 2021).

Boyolali is a district in Central Java with a high number of cases of early marriage. The highest cases of early marriage in Boyolali Regency are in Selo District namely, in 2020 there were 74 cases. Other sub-districts with high rates of early marriage are Wonosegoro sub-district with 48 cases, and Ampel sub-district with 41 early marriage cases (Boyolali Ministry of Religion Office, 2021). In Selo District, there is a village with a relatively high number of cases of early marriage, namely Jrahak Village with 19 cases in 2020. Other villages with a high rate of early marriage are Tlogolele Village (17 cases) and Klakah Village (12 cases) (Religious Affairs Office, 2021).

Previous research stated that further research is needed regarding aspects of communication, both communication patterns between parents and adolescents, and adolescent self-disclosure about reproductive health (Aliyu and Aransiola, 2023). Joint activities also need to be

researched because no research specifically analyzes the relationship between joint activities and parent-adolescent communication. Existing research has only been limited to providing a statement that the closeness of adolescent parents through communication can increase profits in preventing reproductive health problems in adolescents (Sievwright *et al.*, 2023). Therefore, this study aims to analyze the factors that most influence parental behavior in providing reproductive health information to adolescents in Jrahak Boyolali Village as seen from communication patterns, joint activities, and adolescent openness.

METHODS

This research was an analytic observational study with a cross-sectional approach. The research was conducted in 2022 in Jrahak Village, Boyolali. The population in this study were parents who had teenage children, both early, mid, and late adolescents (11-19 years old), with 422 parents. The research sample was 230 respondents who were taken by proportional random sampling. Samples per hamlet were Jrahak Hamlet (24), Jero (19), Citran (19), Bangun Rejo (7), Tempel (9), Gesikan (19), Lor Distance (7), Kudul Distance (3), Kajor (36), Sepi (56), Tumut (13), Tosari (15), and Patran (3).

The independent variable in this study was the pattern of communication, which was the style of communication between parents and adolescents in the process of exchanging feelings, desires, needs, and opinions within the family, which were categorized as functional and dysfunctional. The second independent variable was the self-disclosure of adolescents, which was the parents' perception of the openness of adolescents in describing themselves and their relationship with their parents, which were categorized as good and not good. Then, joint activities, this variable was defined as activities carried out by parents

and adolescents in daily activities which were categorized as good and not good.

Then the dependent variable of this study was the behavior of parents in providing information on reproductive health and sexuality, which includes differences between men and women, patterns of family relationships, physical development of men and women, differences in roles and responsibilities of men and women, behavior risky sexual behavior, sexual harassment, how to refuse sexual invitations, the impact of risky sexual behavior such as pregnancy, STI/HIV, and abortion, and the categorization of good and bad behavior.

The variables in this study were categorized using the cut-off point from the median value because the data were not normally distributed. The median value for each variable is communication patterns (11), adolescent self-disclosure (8), joint activities (4), and behavior (7).

The data in this study were taken using a questionnaire that had been tested for validity and reliability. The results of the validity of the variables of communication patterns, adolescent self-disclosure, and joint activities found that the statements used for research were valid with r count > 0.361. Then, the results of variable reliability were obtained from all reliable variables with reliability values > 0.6. Data analysis in this study was multiple logistic regression tests (level of significance of 0.05).

This research has complied with research ethical rules in that the parents of the teenagers in this research have explained the description of the research carried out (purposes, benefits, and risks). Parents of teenagers also have the right to be willing or refuse to be respondents. Parents in this study also signed consent forms to become respondents. During the research, researchers also continued to consider the safety aspects of respondents and researchers, namely by using masks and washing hands with soap before meeting respondents. This was done because, at that

time, there were still COVID-19 cases. This research has fulfilled the ethical due diligence test number 4192/B.2/KEPK-FKUMS/IV/2022 from the Faculty of Medicine, Universitas Muhammadiyah Surakarta.

RESULT

Respondents in this study were parents with the age characteristics of parents being mostly 40-49 years with the most female. Most parents work as farmers and most have primary school education (Table 1).

Table 1. Characteristics of Parents

Characteristics of Respondents	Frequency (n)	Percentage (%)
Age (y.o)		
20-29	3	1.3
30-39	79	34.3
40-49	93	40.5
50-59	45	19.6
60-69	9	3.9
70-79	1	0.4
The role of parents		
Father	97	42.2
Mother	133	57.8
Job		
Farmer	208	90.5
Housewife	6	2.6
Teacher	1	0.4
others	15	6.5
Education		
No school	20	8.7
Elementary school	160	69.6
Junior high school	38	16.5
Senior high school	8	3.5
Diploma	1	0.4
Bachelor	3	1.3

The characteristics of adolescents are mostly female, and the age is 14-17 years (mid-teens), and their education is high school (Table 2).

Table 2. Characteristics of Adolescents

Characteristics	Frequency (n)	Percentage (%)
Sex		
Male	103	44.8
Female	127	55.2
Age (y.o)		
11-13	49	21.3
14-17	118	51.3
18-21	63	27.4
Education		
Elementary school	24	10.4
Junior high school	89	38.7
Senior High School	117	50.9

In this study, most parents had functional communication patterns, shared activities with adolescents were good, parents' perceptions of adolescent self-disclosure were good, and parental behavior in providing information on adolescent reproductive health tended to be lacking (Table 3).

Table 3. Description of communication patterns, joint activities, self-disclosure of adolescents and parents' behavior

Variable	Frequency (n)	Percentage (%)
Communication Pattern		
Functional	130	56.5
Dysfunctional	100	43.5
Self-Disclosure		
Good	129	56.1
Not Good	101	43.9
Joint Activity		
Good	134	58.3
Not Good	96	41.7

Variable	Frequency (n)	Percentage (%)
Parents' Behavior		
Good	112	48.7
Not Good	118	51.3

The results of the bivariate analysis found that parents whose behavior in providing reproductive health information to their adolescents was good tended to have communication patterns with adolescents who were functional, had good joint activities, and had good self-disclosure (Table 4).

Table 4. The relationship between communication patterns, joint activities, and self-disclosure of adolescents with parental behavior in discussing reproductive health

Variable	Parents' Behavior		p-value (0.05)
	Not Good n (%)	Good n (%)	
Parent-Adolescent Communication Patterns			
Dysfunctional	65 (65)	35 (35)	<0.001
Functional	53 (40.8)	77 (59.2)	
Joint Activities			
Not Good	66 (68.8)	30 (31.2)	< 0.001
Good	52 (38.8)	82 (61.2)	
Adolescent Self-Disclosure			
Not Good	68 (67.3)	33 (32.7)	< 0.001
Good	50 (38.8)	79 (61.2)	

The model is said to be feasible because of the value of the omnibus test ($p = 0.000$). On the coefficient of determination, the independent variables contained in the model can explain parental behavior in communicating reproductive health to adolescents by 17.5%.

Based on multivariable results, it was found that the variable that most influenced parental behavior in conveying reproductive health information to adolescents was adolescent self-disclosure with OR=2.537 (95% CI OR:1.423-4.522). Parents whose adolescents are less open tend to be at risk of not communicating reproductive health material to their adolescents by 2.537 times compared to parents whose adolescents have good self-disclosure (See Table 5).

Table 5. Multivariate Analysis Results

Variable	p-value	OR (95% CI for OR)
Joint Activities	0.008	2.482 (1.265-4.871)
Self Disclosure	0.002	2.537 (1.423-4.522)
Communication Patterns	0.452	1.297 (0.658-2.553)

Nagelkerke R Square = 0.175
Omnibus Test, p-value= 0.000

DISCUSSION

Adolescent self-disclosure is the most influential factor in reproductive health communication between parents and adolescents. The results of this study are the same as research in Indonesia, which states that the openness of adolescents will make parents try to listen to what is expressed by adolescents (Weinstein, Huo and Itzchakov, 2021; Maimunah, Afiatin and Febriani, 2023). In this study, adolescents have good self-disclosure in the aspect of telling parents about their daily activities, where they go in a day, and their personal lives. A small number of adolescents in this study also told their parents about reproductive health, especially regarding how to keep the reproductive organs clean, how to avoid sexual harassment, reproductive organs, puberty, and reproductive health problems experienced by adolescents. Dating is the

most discussed topic by half of the teenagers in this study to their parents. The results of this study are the same as the results in Thailand, where friendship is the most discussed topic among adolescents (Sanghirun *et al.*, 2020). Research in Switzerland also revealed that adolescents often open up to their parents on specific topics that do not cause negative reactions from their parents. The openness done by the teenager is to maintain the closeness of the relationship between parents and adolescents. Aspects that are not disclosed by adolescents to their parents such as the behavior of drinking alcohol (Baudat *et al.*, 2022).

Parents in this study tended to convey reproductive health information to their adolescents on the topic of personal hygiene of the reproductive organs, age ready for marriage, and ways to avoid sexual harassment. Meanwhile, topics that parents do not convey to their adolescents are regarding premarital sexual behavior and its effects (unwanted pregnancy, sexually transmitted diseases, abortion). The things that parents convey are the same as the topics discussed by teenagers to their parents. This shows that parents and teenagers have the same perception of specific topics that can be discussed.

Parents and adolescents in this research alike do not initiate communication regarding premarital sexual behavior and its effects. This can happen because there are still thoughts from parents that this topic can make their teenage children have the desire to have sex. Meanwhile, from the perspective of adolescents, adolescents feel that talking about this topic will cause a negative reaction from their parents. Research in Ethiopia also states that parents have negative behavioral beliefs in which they believe that discussing reproductive health with their teenage children will make teenagers think about having premarital sex (Yibrehu and Mbwele, 2020; Bekele *et al.*, 2022).

Teenagers need to get a comprehensive reproductive health and sexuality topic. These topics include friendships, sexual behavior, marriage and long-term commitment, gender, sexual harassment, puberty, pregnancy, contraception, STIs, and HIV/AIDS (Unesco. *et al.*, 2018). The results of the study in Surakarta also revealed that it is necessary to provide reproductive health education to adolescents such as skills to prevent sexual harassment and increase the confidence of adolescents to be able to perform premarital sexual abstinence (Nisariati and Kusumaningrum, 2022). Parents need to understand these components so that education is needed for parents regarding this topic and how to convey it to adolescents. Providing this education to adolescents needs to be carried out continuously and not directly in one delivery (Aristyasari, Nisa and Indriastuti, 2021). Education must also be provided using appropriate methods and media according to the topics to be discussed with youth. This effort needs to be supported by an approach to community leaders, bearing in mind that there are still community leaders who do not know about the importance of reproductive health education in adolescents and that this discussion is still taboo in society (Chimatiro, Hajison and Muula, 2020). It is hoped that community leaders can also play a role in influencing public opinion regarding reproductive health education in adolescents.

Community views regarding topics that can be discussed with adolescents also play an important role. The community also still thinks that this topic is taboo material to be communicated to teenagers, thus forming an uncomfortable environment for discussing these topics (Sagnia, Gharoro and Isara, 2020; Yibrehu and Mbwele, 2020; Usonwu, Ahmad and Curtis-Tyler, 2021). Enormous efforts are needed to create an environment that supports efforts to provide information on reproductive health, especially on sub-topics that are still

considered taboo and difficult to communicate due to limited communication skills (Yibrehu and Mbwele, 2020). Campaigns for the community, with the cooperation of various parties who are sources of reproductive health information for parents and adolescents are things that need to be considered for doing. Such collaboration can be carried out with health workers, considering that in this study, parents received more reproductive health information from health workers. Another study in the US also states that health workers in primary health care can be a source of reproductive health information for parents (Mehus *et al.*, 2022).

Based on the results of this study, it was also found that adolescents tend not to initiate conversations about reproductive health with their parents. The topic was started by the parents who started the conversation with their teenage children. Parents always try to start conversations with their teenagers every day, both about health and non-health. The results of this study are in line with research in Malaysia, which revealed that parents have been open to their children, so they have started conveying reproductive health information. This is done by parents so that their children are also more open to them (Fideyah *et al.*, 2020). However, the openness of adolescents is also important considering that the results of research in Ethiopia revealed that the initiation of discussions on reproductive health was awaited by parents so that discussions on these topics would be more intertwined (Bekele *et al.*, 2022). In this study, the behavior of providing reproductive health information was better for parents who were female or mothers. A study in Ethiopia also revealed that mothers are more comfortable providing reproductive health information to their teenage girls (Zakaria *et al.*, 2019; Bekele *et al.*, 2022). Then girls are also more open than boys. However, when viewed based on gender similarity between parents and children when providing reproductive health information, it is found that the

percentage of parental behavior in providing reproductive health information is more significant in communication between mothers and adolescent girls than fathers and adolescent boys. The results of this study are the same as in Ethiopia, where fathers are usually more comfortable providing reproductive health information to their teenage boys (Sleshi *et al.*, 2022). Based on research in Bangladesh, it was also stated that the sources of reproductive health information were mostly mothers, and mothers were also the first to provide reproductive health information to their adolescents (Zakaria *et al.*, 2019).

In the aspect of adolescent self-disclosure, it was found that the percentage of adolescent self-disclosure between male and female adolescents was not too much different, namely 57.3% for male adolescents and 55.1% for female adolescents. While research in Ethiopia found that young girls mostly did reproductive health communication (Toru *et al.*, 2022). This research found that adolescents would be more open to discussing general matters and their reproductive health if there were gender equality between parents and adolescents. The openness of mothers regarding reproductive health has an impact on the knowledge of their teenage girls (Richards *et al.*, 2020). The study in Ethiopia added that people who start discussing reproductive health are influenced by their belief that this behavior is indeed beneficial for them (Wudineh, Chekole and Tesfu, 2021).

Joint activities also affect reproductive health communication between parents and adolescents. In this study, parents and adolescents tend to spend time together on activities such as having dinner and praying together. While other activities related to the educational process such as attending health seminars, watching TV health programs, and accompanying children to study, are activities that parents and their teenagers rarely carry out. The amount of time spent by parents on

activities with their adolescents will increase the closeness between parents and adolescents and provide reproductive health information to adolescents (Nyirandegeya, Rugema and Katende, 2022). The time parents provide for joint activities with adolescents is needed by adolescents. In research conducted in Sukoharjo, Indonesia, it was found that the desire of adolescents to open up to discuss reproductive health with their parents is due to the time that their parents have to discuss (Handriyani and Kusumaningrum, 2023).

CONCLUSIONS

Patterns of communication, adolescent self-disclosure, and joint activities between parents and adolescents tend to be good, but reproductive health communication between parents and adolescents is not optimal. Some topics are not discussed with teenagers, and vice versa. These topics include sexual behavior and the impact of premarital sexual behavior. Teenagers are reluctant to talk about this because they are afraid to start a conversation. Adolescent self-disclosure is the most influential factor in providing reproductive health information from parents to adolescents. Some parents start to initiate talking about reproductive health with their teenage children. Some teenagers initiated reproductive health discussions with their parents. This openness tends to make parents and teenagers feel reluctant to disappear when they try to be more open with their parents. Efforts are needed to provide communication skills to adolescent parents so that they can optimally educate reproductive health with their teenage children. Further research should also examine the belief in reproductive health education behavior from the perspective of adolescents, which is associated with adolescent self-disclosure to discuss reproductive health with their parents. Efforts are also needed from the government to address adolescent reproductive health problems from various

aspects, such as by providing education to parents of adolescents regarding reproductive health and approach techniques to adolescents so that adolescents are open with their parents regarding health topics, especially reproductive health.

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