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Adolescent-Parent Communication as a Predictor of Adolescents' Sexual Behaviours in Public Secondary Schools in Uasin Gishu County, Kenya

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Abstract

Adolescents' sexual behaviour is a major global concern, as it is associated with life-threatening consequences among young people in both developed and developing countries, including Kenya. The purpose of this study was to examine the predictive effect of adolescent-parent communication on adolescents' sexual behaviours in public secondary schools in Uasin Gishu County, Kenya. The study set out two (2) objectives and consequently two (2) null hypotheses to guide it. The study adopted pragmatic world view, mixed research methods approach and sought theoretical guidance from the Problem Behaviour Theory (PBT). The target population was 27773 respondents comprising of form 2 and form 3 students from 187 public secondary schools in Uasin Gishu County. Using Sloven's formulae, 394 students and 7 teacher counselors were purposefully selected to participate in the study. Adolescent-parent communication and adolescent sexual behaviour were assessed using adapted items from the Parent Child Relationship Scheme Scale (PCRSS 2014) and the Youth Risk Behaviour Survey Scale (YRBS) (CDC, 2014) respectively. Quantitative data was analysed using Pearson's Product Moment Correlation and simple linear regression to establish the relationship and the predictive effect of adolescent-parental communication on adolescents' sexual behaviours at $p <$. 05. Pearson correlation results showed a statistically significant negative relationship between adolescent parental communication and adolescents' sexual behaviour $r(318) = -.733$, $p < .001$. Simple Linear regression results indicated that adolescents' sexual behaviour was predicted by adolescent-parental communication $t(318) = 19.196$, $p < .001$ with $R^2 = .537$. Qualitative data from teacher-counselors was reported verbatim and corroborated the quantitative findings. Based on the Pearson's coefficient (r) and coefficient of determination (R^2), the two null hypotheses (H_{01} & H_{02}) were rejected at $p < .05$. Regression analysis showed that adolescent-parent communication is a useful predictor of adolescents' sexual behaviour $t(19.196)$ in public secondary schools in Uasin Gishu County, Kenya. The study established a statistically significant relationship between adolescent-parent communication and adolescents' sexual behaviour in public secondary schools in Uasin Gishu County, Kenya. This implies that improved communication between parents and adolescents is associated with reduced engagement in risky sexual behaviours among adolescents. The study recommends that Schools, in collaboration with the Ministry of Education and community stakeholders, should implement programs that sensitize and train parents on effective communication skills, particularly concerning sexual and reproductive health matters.

Key Words: *Adolescent-Parent Communication, Predictive Effect, Adolescents' Sexual Behaviour, Public Secondary Schools*

1.0 Introduction.

Adolescents' sexual behaviour has become a critical global public health concern due to its association with severe consequences such as early pregnancies, sexually transmitted infections (STIs), and emotional distress (World Health Organization (WHO), 2023). Globally, adolescence is recognized as a crucial stage of transition that requires guidance to promote healthy sexual development. While many young people demonstrate responsible decision-making regarding sexual matters, a substantial number still engage in high-risk sexual behaviours that compromise their health and wellbeing (Parker et al., 2021). Studies indicate that effective parent–adolescent communication plays a pivotal role in shaping adolescents' sexual attitudes and behaviours, promoting safer practices and delaying sexual debut (Nogueira et al., 2022).

In Western nations, evidence shows that open discussions about sexuality between parents and adolescents are associated with reduced sexual risk-taking and higher rates of contraceptive use. For example, research conducted in the United States and the United Kingdom found that adolescents whose parents engage in consistent, open, and value-based conversations about sexual health are more likely to use condoms and less likely to engage in early or unprotected sex (Robinson et al., 2021; Evans et al., 2023). These findings underscore the importance of family-based interventions in influencing adolescent sexual decision-making.

Across African contexts, however, parent–adolescent sexual communication remains limited due to cultural taboos, religious beliefs, and generational gaps that discourage open discussions about sexuality (Okeke et al., 2022). Studies in Nigeria, Ghana, and South Africa reveal that when communication does occur, it is often vague, fear-based, or moralistic rather than informative, thus reducing its effectiveness in guiding adolescent behaviour (Amoako et al., 2021; Moyo & Mhlanga, 2023).

In Kenya, adolescent sexual and reproductive health remains a significant challenge, with high rates of teenage pregnancies and HIV infections among youth (Kenya National Bureau of Statistics (KNBS), 2023). The situation is no different in Uasin Gishu County, where socio-cultural constraints, inadequate parental communication, and limited sexual education contribute to risky sexual practices among adolescents (Kiptoo et al., 2022; Cheruiyot & Ngeno, 2024). This underscores the urgent need to examine the predictive influence of adolescent–parent communication on adolescents' sexual behaviour.

1.1. Statement of the problem

The concern of unsafe sexual behaviour among secondary school adolescents in Uasin Gishu County is part of national phenomenon of increase of adolescents who engage in risky sexual behaviours while at school with consequences such as; unwanted pregnancy and early parenthood, abortion and contracting STDs including HIV (Kenya Development Health Survey, 2018). This impacts negatively on their health and education because it can lead to death and high school dropouts therefore negating the millennium goals of vision 2030 on education and health (Bash 2010). In Sub-Saharan Africa, available evidence suggests that parent-child communication about sex-related matters is not very common and at times is fraught with discomfort, especially communication with fathers (Pistella & Bonati, 2015; Wang

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et al, 2014). Furthermore, the association between communication and adolescent sexual behaviour and risk outcomes is not consistent because sexuality is dictated by social cultural issues (Raffaelli & Green, 2014). Research on factors influencing sexuality among secondary school students in Uasin Gishu County indicated that intervention programmes still reach only minority of those in need and a number of prevention targets like adolescents are not being reached adequately (Chelagat, 2018). This study therefore sought to examine the predictive effect of adolescent parental communication on adolescents' sexual behaviour in public secondary schools in Uasin Gishu County.

1.2. Theoretical framework

This study was based on Problem Behaviour Theory (PBT) model (Jessor and Jessor (1977). The PBT theory seeks to explain behavioural outcomes for instance deviancy, substance use and risky sexual behaviours. The model assumes that all behaviour arises out of the structure and interaction of the three systems of psychosocial components. These components include; personality system, environmental system and the behaviour system. Each system is composed of variables that serve either as instigations for engaging in problem behaviour or controls against involvement in problem behaviour. It is the balance between instigations and controls that determines the degree of proneness for problem behaviour within each system.

1.3. Conceptual framework

The study was conceptualized as presented based on PBT (1977) Model and literature on adolescent-parent communication and adolescent sexual.

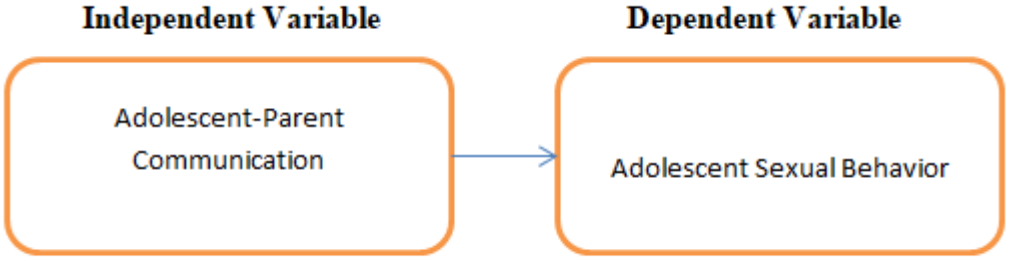

Figure 1: Adolescent-parent communication and Adolescent sexual behaviour

2.0 Literature review

2.1 Adolescent sexual behavior

Adolescence represents a crucial transitional stage between childhood and adulthood, typically spanning the ages of 10 to 19 years, and is marked by profound physical, cognitive, emotional, and social transformations (UNICEF, 2022; World Health Organization (WHO), 2023). Globally, over 1.2 billion adolescents require access to quality education, comprehensive health care, and

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essential life skills to secure sustainable futures for themselves and their communities (United Nations Population Fund (UNFPA), 2021; Carr & Utz, 2020). Despite this, many adolescents remain deprived of adequate sexual and reproductive health information and confidential, youth-friendly health services, leaving them vulnerable to risky behaviors and health complications (Patton et al., 2022). The discourse around sexuality within families remains particularly complex, as conversations about sex and reproductive health are often viewed as taboo or uncomfortable for both parents and adolescents (Morris & Rush, 2023). Recent studies emphasize that adolescence is not only a time for asserting autonomy and developing a personal identity but also a period when young people continue to rely on parental, educational, and community support for emotional, financial, and social stability (Steinberg & Lerner, 2021; Sawyer et al., 2023). This stage is characterized by dynamic physical growth, evolving cognitive capacities, and heightened sensitivity to social and emotional experiences, all of which shape the adolescent's transition into adulthood (Geldhof et al., 2024).

2.2 Relationship between adolescent-parent communication and adolescent sexual behaviour

Communication about sexual and reproductive matters between parents and adolescents is probably the single parenting dimension for which the effects on adolescent sexual risk-taking remain unsettled due to methodological difficulties related to the temporal ordering of exposure and outcome variables. The expectation is that frequent and positive parent–child communication on such matters will lower the probability of sexual risk-taking by promoting more responsible adolescent behavior (Anyanwu et al., 2020). Parents have a unique opportunity to anchor the development of the children sexually (Evans et al., 2020) because of their critical role as immediate sex educators (Holman et al., 2018). In this way, parents are able to tailor sexual behaviours of their children as they mature (Goodrum et al., 2021).

Parent adolescent communication has been identified as a crucial factor influencing adolescents' sexual decision-making and behaviour. Recent research underscores that open and supportive discussions between parents and adolescents significantly affect condom use, attitudes, and beliefs about safe sex (Mabaso et al., 2021). Family communication, as a core element of family functioning, plays an essential role in shaping adolescents' perceptions of sexual norms and promoting responsible behaviour (Motsomi et al., 2023). Contemporary studies reveal that the quality, frequency, and comfort level of communication on sexual and reproductive health topics within families can determine the extent to which young people engage in safe sexual practices (Kassa et al., 2022).

Parenting styles have also been shown to predict adolescents' engagement in risky sexual behaviour. According to Kimani and Njoroge (2020), authoritative parenting that combines warmth and consistent discipline is associated with lower instances of early sexual initiation and unprotected sex among secondary school students, while neglectful and permissive styles correlate with higher risk behaviours. Similarly, Awolowo et al. (2023) reported that adolescents raised in homes with open communication and parental monitoring tend to delay sexual debut and make safer choices regarding contraception.

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Meta-analytic evidence further strengthens these findings. For instance, Widman et al. (2021) synthesized data from multiple international studies and found that adolescents who communicate effectively with their parents particularly about sexual health are more likely to use condoms and other contraceptives consistently. The research concluded that parent–adolescent communication serves as a significant mediator of safer sexual behaviour. Complementary studies have shown that the impact of such communication may vary depending on gender dynamics and family structure. Estrada-Martínez et al. (2022) demonstrated that the effectiveness of parental communication as a protective factor differs according to whether adolescents engage more with mothers, fathers, or other family members, emphasizing that gender-sensitive approaches are necessary for effective interventions.

Recent African studies align with these global trends. For example, Adeyemi and Adebayo (2023) examined the influence of parental monitoring and communication on adolescents' sexual behaviour in southwestern Nigeria and found that frequent, nonjudgmental communication between parents and their children significantly reduced engagement in risky sexual practices. These findings reinforce that fostering open, informed, and supportive dialogue within families is essential for promoting healthy sexual behaviour among adolescents. A significant relationship was found between participants' sexual behaviour and parental communication and parental monitoring ($p<.05$). The study recommended increased parental involvement in communication and monitoring of adolescent sexual behaviour, bearing in mind the consequences of risky sexual behaviours on the adolescents' health and the society at large.

Isaksen et al., (2020) studied parent-child communication on sexual behaviours. The study established that communication between parents and children was a laudable strategy for minimizing the prevalence of teenage pregnancies, unsafe abortions and the spread of HIV in the region. The research showed that adolescent girls were more comfortable speaking about sexual matters to parents with whom they felt connected and who they perceived to have been comfortable speaking on sexual matters. However, they shunned from communicating with parents who they perceived to be opposed to sexual topics and offered instilled fear as their parenting style.

2.3 Adolescent-parent communication as a predictor of adolescent sexual behaviour

Evans et al. (2020) examined family communication as a critical element of family functioning and its influence on condom use among adolescents. Their analysis revealed that family functioning has some effect on adolescents' attitudes, beliefs, and condom use. The researchers concluded that effective family functioning significantly influences condom use among adolescents by providing a platform for parents to share norms, beliefs, and knowledge related to sex education. While the study was instrumental in highlighting the importance of family influence in reducing adolescents' exposure to risky sexual encounters, it did not specifically examine adolescent-parent communication as a predictor of sexual behaviour.

Fehintola et al. (2021) explored the relationship between adolescent-parent communication and safe sexual behaviour among adolescents in Nigeria. The study found a statistically significant association between the two variables indicating that adolescent-parent communication plays a vital role in promoting safe sexual practices. Recent studies have consistently shown that

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communication between parents and adolescents about sexual matters remains limited, despite its crucial role in reducing risky sexual behaviour. For instance, Jones and Smith (2021) found that only a small proportion of adolescents regularly discuss topics such as contraception, sexually transmitted infections, and abstinence with their parents.

Similarly, Park and Kim (2022) reported that adolescents who engaged in frequent, open, and nonjudgmental communication with their parents demonstrated lower levels of risky sexual behaviour compared to those with minimal dialogue. In another study, Rodríguez et al. (2023) observed that cultural taboos, parental discomfort, and fear of encouraging sexual activity often hinder effective parent–adolescent communication, leading many young people to rely on peers or the internet for information. Collectively, these findings underscore the persistent communication gap between parents and adolescents regarding sexual health, which continues to limit opportunities for promoting informed and responsible sexual decision-making. Similarly, Kusheta et al. (2019) examined adolescent-parent communication on sexual and reproductive health issues and its influencing factors among secondary and preparatory school students in the Hadiya Zone, Ethiopia. The findings revealed that, despite being aware of youth-friendly sexual and reproductive health services, adolescents rarely communicated with their parents about these issues. The reviewed literature underscores adolescent-parent communication as a critical factor influencing adolescent sexual behaviour. However, the question remains whether there is significant relationship and predictive effect between adolescent-parent communication and adolescents' sexual behaviour.

3.0 Materials and methods

3.1 Research design

Survey descriptive design was used in this study to assess the predictive effect of adolescent-parent communication has no statistical predictive effect on adolescent sexual behaviour in public secondary schools. Sequential explanatory typology of mixed methods approach was used to collect both quantitative and qualitative data. Therefore, priority was typically given to quantitative data, whereas the qualitative results were used to complement the quantitative findings of this study (QUANqual).

3.2 Sample

At the time of this study there were 187 public secondary schools in the County with a total student population of 56298 (Uasin Gishu County Education Report, 2018). The study targeted 27773 students from Form 2 and Form 3 classes comprising of 14430 and 13343 respectively. For purposes of data collection Slovene's formula (1991) was used to arrive at a representative sample of three hundred and ninety-four (394) students out of the twenty-seven thousand seven hundred and seventy-three (27773) target population. The six sub-county jurisdictions in Uasin Gishu County were used as strata, and simple random sampling was used to randomly select 1 boys' school, 1 girls' school, and 1 mixed school in each sub county/stratum to participate in the study. Proportionate simple random and purposive sampling techniques were used to select students and teacher counsellors to participate in the study respectively.

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3.3 Reliability and validity

To determine the reliability of the questionnaire, the test-retest method was employed using data collected from a public secondary school in Nandi County, Kenya. A correlation coefficient of 0.882 was obtained and according to Mohamad et al. (2021), a coefficient of 0.60 or higher indicates an acceptable level of instrument stability. Thus, the instruments demonstrated adequate stability over the two-week interval. In order to establish the internal consistency of the items, inter-item correlation was examined using Cronbach's Alpha and reliability coefficients ranging from 0.902 (Parent to Adolescent Communication) to 0.948 (Parent and Adolescent Children-together) were attained. The internal consistency reliability results exceeded the 0.7 minimum level and were below the 0.95 maximum level of acceptability (Navid, 2020).

Prior to the actual data analysis, a normality test was conducted to assess the robustness of the data and ensure that the assumptions for simple linear regression were met. The assumption of normal distribution for both adolescent-parent communication (independent variable) and adolescent sexual behaviour (dependent variable) was evaluated using skewness, kurtosis, and the Shapiro-Wilk test. The results showed that the skewness and kurtosis coefficients were close to zero, indicating minimal deviation from normality. Furthermore, the Shapiro-Wilk test produced significance values of 0.262 for adolescent-parent communication and 0.267 for adolescent sexual behaviour, both greater than 0.05 ($p > 0.05$), thereby confirming that the data were normally distributed. The fact that the data on the two variables did not deviate significantly from normal distribution was translated to mean that it was safe to run regression analysis.

3.3 Ethical consideration

Ethical authority and consent protocols were strictly observed to ensure the protection and rights of all participants in the study. Prior to data collection, ethical clearance was obtained from the relevant institutional review board, and authorization was granted by the County Director of Education and school administrations. Participants were fully informed about the purpose, procedures, potential risks, and benefits of the study through an informed consent process. For adolescents below 18 years, written consent was obtained from parents or guardians, while assent was sought from the adolescents themselves to ensure voluntary participation. Participants were assured of confidentiality, anonymity, and the right to withdraw from the study at any stage without any penalty. All data collected were securely stored and used solely for academic and research purposes, in adherence to ethical research standards as outlined by the Belmont Report (1979) and UNESCO (2021) guidelines on research involving minors.

4.0 Results and discussion

4.1 Adolescents' sexual behaviours (ASB) on adolescents' sexual behaviours (ASB)

Simple regression analysis was carried out in order to establish the predictive effect of adolescent-parent communication (AP) on adolescent sexual behaviour (ASB) and to test the hypothesis which was set. The results are presented in Table 1, 2 and 3.

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Table 1 Model Summary for Regression of AP on ASB

Model Summary

Model	R	R Square	Adjusted R Square	Standard Error
1	-.733[a]	.537	.535	3.75007

a. Predictors: (constant), Adolescent-Parent Communication

Table 1 showed that R=-0.733[a], which meant that there was strong negative correlation between Adolescent-Parent Communication (AP) and Adolescent Sexual Behaviour (ASB). The model also showed that R^2 (coefficient of determination) was 0.537, which meant that approximately 53.7% of the variation in adolescent sexual behaviour (ASB) was explained adolescent-parent communication (AP) and therefore H_{01} was safely rejected. The F statistic in Table 2 indicated that the model was sufficiently robust to explain the significant effect of adolescent-parent communication (AP) on adolescent sexual behaviour (ASB), $F(1, 319) = 368.48$, $p < .05$. Consequently, the null hypothesis (H_{02}) was safely rejected.

Table 2 Significance Level of Regression of AP on ASB

ANOVA[a]

Model		Sum of Squares	Df	Mean Square	F	Sig
1	Regression	5181.928	1	5181.928	368.479	.000[b]
	Residual	4472.044	318	14.063		
	Total	9653.972	319			

a. Dependent Variable: Adolescent Sexual Behaviour
b. Predictors: (constant), Adolescent-Parent Communication

Table 3 Beta Coefficient of Simple Regression of AP on ASB

Coefficients[a]

Model		Unstandardized		Standardized		
		B	Std. Error	Beta	t	Sig
1	(Constant)	5.260	.811		6.489	.000
	AP	-.214	.011	.733	19.196	.000

a. Dependent Variable: ASB

The t-statistic in Table 3 ($t = 19.20$, $p < .05$) indicated that Adolescent-Parent Communication (AP) was a significant predictor of adolescent sexual behaviour (ASB). Based on the simple linear regression results presented in Table 3, the following model was used to estimate ASB for every unit change in AP:

$ASB = 5.56 - 0.214(AP) + e$

Where:
ASB = Adolescent Sexual Behaviour
AP = Adolescent-Parent Communication
e = Error term"

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4.2 *Qualitative data on adolescent-parent communication (AP) and adolescent sexual behaviour (ASB*)

On interview, teacher-counselors were probed about their opinion on the level of interaction between students and their parents on sexual relationships. Sampled of responses are as follows;

> *"…The sex topic is so sensitive and on cultural perspectives, it is not easy to for parents to discuss sexually related issues with their children. This is even worse when the parent is unable to communicate in English or Kiswahili. Some sexual terms are impossible to pronounce in local dialect." (TC_3)*
> *"It is a taboo in most African communities for the two (parent and child) to discuss about sex. They do not want people to know that they have an idea about sexually related issues, and so they pretend" (TC_6)*
> *"Parents may feel embarrassed to talk about sexual related issues with their children because of the way they were brought up. In most cases they would request so and so to talk to their children on their behalf" (TC_{12})*
> *"Parents are too busy and might not have time to talk to their children. The children equally have too much school work and the closest they can discuss is perhaps performance and homework related" (TC_8)*
> *"Rarely do parents talk to their children so the information they get from them is at the rate of 0-5%. The only time they discuss sex issues is when the girls/boys get into trouble of pregnancy." (TC_4)*
> "*They find it easy discussing with their peers other than their parents because they feel that they are welcomed and understood by their peers unlike parents who harass and mock them" (TC_9)*
> *"Students feel that their parents are 'old school' and feel that they can get better information on sex related issues from their peers and social media" (TC_1)*
> *"Most children prefer to get information from their peers and social media for they think that they have the right information and understand their concerns unlike their parents who give directives and force issues on them" (TC_5)*

The interview responses reveal that discussions on sexual matters between parents and adolescents are deeply constrained by cultural norms, language barriers, and social taboos. In many African contexts, sexuality remains a sensitive and often prohibited topic within families. Parents find it difficult to engage their children in conversations about sex due to long-standing cultural beliefs that such discussions are inappropriate or shameful. Additionally, linguistic limitations, particularly when parents are unable to articulate certain sexual terms in local dialects, further complicate communication. This cultural and linguistic discomfort leads to avoidance, leaving adolescents without the necessary guidance from their parents on critical issues related to sexual health and behaviour.

Moreover, the findings suggest that generational differences and social upbringing contribute significantly to the communication gap. Parents often feel embarrassed or ill-equipped to handle discussions about sexuality, largely due to their own conservative upbringing where such matters were not openly addressed. As a result, they tend to delegate this responsibility to other adults or teachers whom they perceive as more capable of handling the subject. Time constraints also

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emerge as a practical barrier, as both parents and adolescents have demanding schedules that limit meaningful conversations at home. Consequently, communication between parents and children is often limited to academic or general welfare topics, while sensitive issues such as sexuality are neglected until a problem arises, such as an unintended pregnancy.

The data further indicate that adolescents prefer seeking information from peers or social media platforms rather than their parents. They perceive their peers as more understanding, relatable, and non-judgmental, while parents are viewed as rigid, authoritative, or out of touch with modern realities. This reliance on peer groups and online sources, however, exposes adolescents to misinformation and risky sexual practices due to the unreliability of these sources. Overall, the responses underscore a significant communication divide between parents and adolescents, shaped by cultural stigma, generational attitudes, and social dynamics, which collectively hinder effective parental guidance on sexual and reproductive health.

Among the other factors which came up during the interviews was that most parents only have discussions on sex related issues when there is an 'issue'. It also emerged that some parents consider such discussions as being the work of the church and the teachers. There was also the view that some parents assume that their children are not sexually active. However, most of the guidance and counselling teachers were of the view that if the parents and children discuss sex related issues, the sexual behaviour among the children would improve.

4.3. Predictive effect of adolescent-parent communication (AP) on adolescent sexual behaviour (ASB)

Communication about sexual and reproductive matters between parents and adolescents is expected to lower the probability of sexual risk-taking by promoting more responsible adolescent behavior. From the literature review, this study adopted the Parent Child Relationship Scheme Scale (2014) to measure adolescent parental communication. Simple linear regression was used to determine the predictive value of Adolescent Parental Communication on Adolescent Sexual Behaviour. The findings showed that Adolescent Parental Communication was a significant predictor Adolescent Sexual Behaviour, $t\ (318) = 19.196$, $p = .000$ with an $R^2 = .537$. The coefficient of determination (R^2) indicated that 53.7% variation in Adolescent Sexual Behaviour could be explained by Adolescent Parental Communication. The findings of the present study were reinforced by interviews with teacher-counsellors, which affirmed that effective parent–child communication significantly reduces adolescents' engagement in risky sexual behaviours. These results align with those of Widman et al. (2021), who conducted a longitudinal study and found that consistent, open communication between parents and adolescents over time contributes to safer sexual decision-making and a decline in unprotected sexual activity. Similarly, the findings are consistent with those of Kimani and Njoroge (2020) and Awolowo et al. (2023), who reported that positive and supportive parental communication styles serve as strong predictors of responsible sexual behaviours among adolescents. The results also corroborate the conclusions of Mensah and Adjei (2022) and Duarte et al. (2023), who found that parental involvement and open discussions about sexuality and reproductive health play a crucial role in preventing risky sexual practices. Moreover, the findings support those of Adebayo and Olatunji (2021), Kassa et al. (2022), and Rodríguez et al. (2023), who demonstrated that adolescents whose parents engage

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them in continuous and value-based discussions about sex tend to delay sexual debut and, when sexually active, are more likely to adopt protective behaviours such as consistent condom use.

5.1 Conclusion and recommendations

This study sought to establish the predictive effect of adolescent parent communication on sexual behaviour among adolescents in secondary schools in Uasin Gishu County, Kenya. The review of literature has shown that on adolescent sexual behaviours have attributed variance in such behaviours to family related factors. However, there is scanty literature on the quantitative predictive role of the adolescent parent communication on adolescent sexual behaviour. The empirical findings of this study have shown that adolescent parent communication has statistically significant predictive effect on adolescent sexual behaviour.

Based on the findings and conclusions of the study, the following policy recommendations are proposed to strengthen adolescent–parent communication and promote responsible sexual behaviour among adolescents:

i. The Ministry of Education, in collaboration with the Ministry of Health, should develop and implement structured parental communication training programs through schools. These programs should equip parents with culturally appropriate skills and confidence to discuss sexuality, reproductive health, and life skills with their children. Schools can organize regular parent sensitization forums, workshops, and guidance sessions led by trained counsellors and health professionals to enhance parental engagement in adolescent health issues.
ii. Policymakers should review and expand existing sexuality education policies to include a strong component on family-based communication. The curriculum should emphasize the importance of parent–adolescent dialogue as a preventive strategy against risky sexual behaviours. Family life education should not only target adolescents but also provide parents with accessible learning materials translated into local languages to help bridge the communication gap created by cultural and linguistic barriers.
iii. County governments, religious institutions, and community-based organizations should initiate community-level awareness campaigns aimed at reducing the stigma and cultural taboos surrounding discussions on sexual and reproductive health. Engaging local leaders, faith-based organizations, and cultural elders can help promote open, respectful dialogue on sexuality, making it more acceptable for parents to communicate with their children about these issues within traditional contexts.
iv. Schools should establish structured parent teacher partnerships focused on adolescent wellbeing. Guidance and counselling departments can work with parents to design joint mentorship programs and adolescent health clubs that encourage value-based discussions on relationships, responsible sexual behaviour, and self-control. By fostering consistent collaboration between parents and educators, adolescents will receive unified and reinforced messages that promote healthy decision-making and reduce exposure to misinformation from peers and social media.

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Conflict of Interest Statement
The authors declare no conflict of interest.

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