

Strengthening Parent/Child Communication: An AIDS Prevention Strategy for Adolescents in Mexico City

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In Mexico adolescents are at increasing risk of sexually transmitted diseases (STDs), including HIV/AIDS. Given changing social mores and support structures, programs need to be developed to protect young people from engaging in risk behaviors that lead to infection. While school-based sex education programs are expanding, little attention has been paid to equipping parents to be trusted sources of information and guidance to youth to help them adopt STD/HIV preventive behaviors.

This report presents the findings of an intervention study that compared different strategies for improving parent/child communication about sexuality and STD/HIV prevention.¹ The study built on earlier research conducted in Mexico City that showed that female and male adolescents wanted increased communication with their mothers and fathers on sexual matters. The Phase I study also revealed that parents wanted to talk more with their adolescent children about sexuality (Givaudan et al. 1994). In the Phase II study, findings from the first phase were incorporated into the development of a video for parents and adolescents and a course for parents that aimed to improve communication between parents and their adolescent children about sexual matters.

OBJECTIVES

The objectives of the Phase II study were to:

- 1) Develop a video for parents and adolescents and a course for parents that promote parent/child communication about sexuality and STD/HIV prevention.
- 2) Assess the feasibility of the video and parent course and their acceptability and usefulness for promoting communication among parents and adolescents.
- 3) Compare different levels of treatment (e.g. exposure by parents to the course and/or video) for increasing and improving communication about sexuality and STD/HIV prevention between parents and their sons and daughters.

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¹This intervention study was conducted from 1994 to 1996 as part of the Women and AIDS Research Program of the International Center for Research on Women.

The study was conducted by the Instituto Mexicano de Investigación de Familia y Población (IMIFAP), an NGO that conducts applied research and develops programs and materials to improve adolescent reproductive health. Among the resource materials developed previously and used in this study was a sexuality and family life education curriculum (SFLE) for adolescents entitled, "Planeando Tu Vida" (Planning Your Life). This curriculum is currently being used in schools throughout Mexico and Latin America.

METHODOLOGY

The study population included male and female eighth-grade students from eight schools located in lower middle class neighborhoods of Mexico City, and their parents. Three intervention groups and one control group were formed. In Group 1, the adolescent students received the SFLE course, "Planeando Tu Vida," and were shown the newly-developed video, "Tres Historias de la Misma Historia" (Three Stories of the Same Experience) as part of the SFLE course. The parents of Group 1 students were invited to attend a course designed for them entitled, "Dejar Volar a Tu Adolescente" (Let Your Adolescent Fly) that included the video. Group 2 students received the SFLE course plus the video, but their parents were only invited to view the video. Group 3 students received the SFLE course but their parents did not receive any intervention during the research period. Group 4 was the control group; the students and parents did not participate in any of the interventions during the research period. After the study, the adolescents in Group 4 received the SFLE course and saw the video, and the parents in Groups 2, 3, and 4 were invited to attend the parent course that included the video.

Initially, four secondary schools located in lower middle class neighborhoods were selected for the study. Cri-

teria for selection included interest by the school authorities in the program and similarities in class size and socioeconomic characteristics. The interventions were randomly assigned to a class of third-year students in each school. In the Group 1 and 2 schools, the project team encountered difficulties in recruiting parents to undertake the parent course that included the video or to see the video alone. Therefore, two classes in two additional schools were enrolled in Group 1 and one class in a third school was selected for Group 2. Only the data from those students in Groups 1 and 2 who had one or more parents participate in the corresponding parent intervention (course including the video or video alone) were used in the analysis. The final sample is shown in table 1.

Data Collection

Qualitative and quantitative data were collected via a structured interview schedule, one for students and one for parents. Interviews were conducted prior to the intervention and three months later. Data were collected on the socioeconomic characteristics of the students and their parents, perceptions of the relationship with their parent/child, sources of information about sexuality, and sexual knowledge. The instruments also explored the following variables related to communication: frequency, quality, satisfaction, content, obstacles, and desire for increased communication. Quantitative data, mostly as rating frequencies, were analyzed using the F test for differences in the means between groups by gender for pre- and post-intervention results. Separate, self-administered questionnaires that examined parents' opinions of the course and the video were administered immediately after they participated in the course or viewed the video.

It was very difficult to collect post-intervention data on the parents, particularly those that did not partici-

Table 1: Sample Size According to Intervention Group

	Females	Males	Mothers	Fathers	Student Intervention	Parent Intervention
Group 1	14	21	35	0	FLE/video	Parent's course/video
Group 2	30	18	38	10	FLE/video	Video only
Group 3	17	15	-	-	FLE	None
Group 4	29	24	-	-	None	None

pate in any intervention during the study period.² Because of a lack of follow-up data on the parents, only pre- and post-comparisons of the adolescent data are presented.

Description of the Interventions

The SFLE course for adolescents, "Planeando Tu Vida," consists of 12 lessons lasting a total of 24 hours. The course was given to students in Groups 1 and 2 over a two-week period by independent instructors trained by IMIFAP who had previous experience giving the course to adolescents.

The course for parents focused on improving the parent-child relationship and consisted of nine sessions of two hours each. Each session included interactive exercises, such as role-plays and dramatizations, that engaged parents in reflection and discussion. Session topics included: "How can I get along with my adolescent child?"; "Negotiating and establishing limits with adolescents"; "Gender roles"; "Talking to adolescents about difficult topics"; and "Trusting my adolescent child." The session on sexuality aimed to increase parents' knowledge about reproductive physiology, pregnancy, AIDS, and STDs; to increase their awareness of the factors that lead to distance or closeness in the parent/child relationship; and to develop a positive attitude about and skills for communicating about sexuality. The parent course was given once a week over a two-month period. Prior to this study the parent course was piloted with six groups of parents in four Mexican states by IMIFAP and was shown to be well accepted.

The video, "Tres Historias de la Misma Historia" (Three Stories of the Same Experience), shows examples of positive and negative communication about sexuality and risk-reduction between adolescents and their parents. It shows parents and their sons or daughters discussing HIV/AIDS, condom use, and adolescent pregnancy. One vignette shows a mother teaching her daughter how to use a condom.

RESULTS

The students in each group were similar in age (mean age ranged from 13.9 to 14.3), mother's mean age (39.0 to 40.8), and percent living with both their father and mother (68% to 77.3%). The students and mothers in Group 1 differed from their counterparts in two important ways. Compared to the other three groups,

a higher percentage of students in Group 1 were first-born (46% vs. 23% to 26%) and a higher percentage of mothers were housewives (88% vs. 61% to 68%).

In general, both males and females reported getting along well with their parents and said they communicated more with their mothers than with their fathers about sexuality, although girls did so more readily than boys. Girls in all groups found communication with their fathers difficult and felt more uncomfortable and embarrassed than boys when discussing sexuality with their fathers. Both fathers and daughters identified gender differences as affecting communication, as did mothers and sons. Other obstacles to communication included lack of time, embarrassment, the parent's lack of information, and cultural barriers. According to one mother: "I am a woman that has always obeyed orders. I can't take this decision if my husband doesn't agree. I was brought up in a regimen of silence." Some fathers felt it was the mother's responsibility to talk about sexual matters with their daughters. Other fathers noted that their sons never asked them about these issues and felt their sons should concentrate on their studies rather than on sex. There were some parents, particularly mothers, who didn't perceive any obstacles to communication about sexuality with their children. Overall, both mothers and fathers perceived communication with their children to be better than their children did.

For almost all of the quantitative variables that examined adolescents' perceptions of the relationship and communication with their father and mother there was no evidence to suggest that either parent intervention had a statistically significant impact on males' and females' perceptions pre- vs. post-intervention. The lack of pre/post differences is likely due to small sample sizes per group and are, therefore, not presented in this report. However, the qualitative data from the video and course assessments and from the adolescent pre- and post-intervention questionnaire, as well as an analysis of the characteristics of each group's members, suggest some positive outcomes of the intervention and possible explanations for these outcomes.

Acceptability and Usefulness of the Video

Group 1 and 2 parents were asked their opinions about the video. The mothers and fathers agreed that the situations presented in the video were realistic and felt that it was helpful for learning how to communicate more

² Pre-intervention data were collected from 35 mothers in Group 1, 38 mothers and 10 fathers in Group 2, 31 mothers and 10 fathers in Group 3, and 50 mothers and 41 fathers in Group 4.

effectively with their sons and daughters. For example, one mother said: "The video is very useful, it gives me confidence." Another said: "It helps us to see that it is not that difficult to talk with our children." According to one father: "One must talk about these themes because only by doing so can we help our children avoid risks." Mothers of sons found the information about protection, especially condom use, important for helping their children prevent STDs and AIDS. One mother said: "Now the boys are very wild and it is necessary to speak with them about venereal disease and AIDS."

Almost all of the mothers were supportive of the video's depiction of frank communication between mothers and daughters, including demonstrating how to put on a condom. One mother said: "It is very important that our children know about protection methods." Another replied: "It was a very important decision [that the mother made] and it was good for the girl." The mothers also commented about the advantages of talking about sexuality with their daughters: "She must know about everything that can happen these days and protect herself from diseases." and "It is important because, if she doesn't know, how is she going to ask her partner to use one [a condom]." Another mother noted: "If how to use it [a condom] is taught in a responsible way then there are no drawbacks to the video." None of the ten fathers in Group 2 who saw the video responded negatively about the scene. Only one mother said that she thought the daughter was not old enough for such a discussion.

Seventy-five percent of the mothers and fathers in Group 2 (the group of parents which received only the video) thought it was very helpful for giving advice on how to prevent pregnancy. A similar percentage said the same for preventing AIDS and for talking about sexuality. Eighty-one percent felt the video was very helpful for getting along better with their child.

Adolescents found that the lack of communication between parents and children depicted in the video was realistic. According to one female: "There are many adolescents who don't know anything because their parents don't talk to them." One male noted: "The video includes experiences that happen to us because we feel that they don't understand us and we don't want to tell them what is happening." What did not seem realistic to some female adolescents was

the scene where the mother explains condom use to her daughter. Both males and females felt that the information on protection presented in the video was useful, and that the video could facilitate communication with their parents. One male pointed out that the video "gives us an example of a father and son talking." Another noted that "the video says you have to leave behind embarrassment, shame, and fear to talk with parents — that it is something normal and both need to know each others' opinions." A female responded that "in the video we see that it is not that difficult to talk about sex with parents." Some adolescents noted that viewing the video is important for both parents and their children. According to one female: "The video is a great help because we could tell them to explain more about sex and the condom."

Acceptability of the Parent Course

The course used in this study was time intensive, requiring a commitment of once a week for two months. Although both parents in Group 1 were invited, only mothers attended. Even though attendance was voluntary, mothers in Group 1 said they initially felt obliged to attend the course because the school had requested their attendance. Participants stated that they learned a great deal about sexuality, risk behaviors, and safe sex practices, especially about condom use, and about how to more openly communicate with their children. These mothers felt satisfied and no one regretted having taken the course. One mother commented: "Now I know there are different ways of getting along with kids, like negotiation."

When asked about the usefulness of the course (which included the video), 85 percent of the mothers in Group 1 thought it was very helpful for giving advice about how to prevent pregnancy. A similar figure was reported for talking about AIDS prevention. Sixty-nine percent said the course was very helpful for talking about sexuality and 88 percent felt it was very helpful for getting along better with their child.

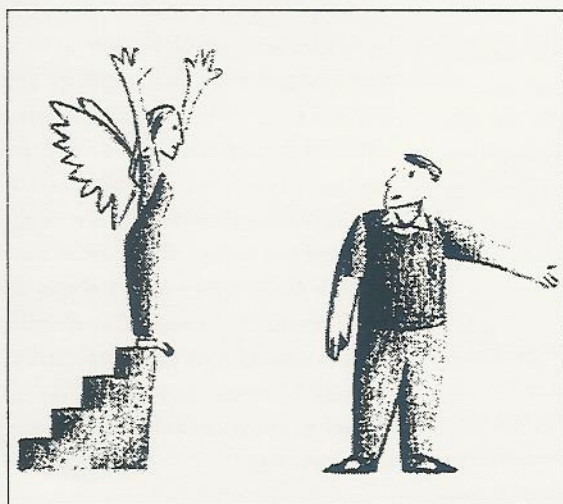
Data from the sessions and the post-intervention interviews indicated that mothers attempted to use the strategies presented in the course with their children. Those who were least likely to find the course useful were those mothers who were not willing to question their own authority as parents or said it would be difficult to change the style of child rearing they used with their older children. According to one mother,

"I already taught my children, for good or bad, some of them are already married, so it is hard to try other things with this child."

Group 1 consisted of more first-born children and mothers who were housewives compared to the other groups. Session attendance was greatest among those mothers whose adolescent enrolled in the study was the oldest. One reason may be that these parents are more disoriented at the beginning of their child's adolescence and that motivation to attend the course may be higher for those parents who are facing this stage and its challenges for the first time.

Qualitative Pre/Post Findings

Group 1. The students in Group 1 received the SFLE course that included the video, and their mothers attended the parent course. When first asked what topics were difficult to discuss with their mothers, the most common responses from female adolescents were sexuality and having a boyfriend. However, many reported that no topic was difficult to discuss with their mothers. At post-intervention, fewer female respondents reported that sexuality was a difficult topic as compared to pre-intervention. When asked how they felt talking about sexuality with their mothers, many reported feeling comfortable. Some, however, reported more positive feelings post-intervention compared to pre-intervention. For example, one girl first said that she felt embarrassed but later noted that she felt normal and not embarrassed. Another reported initially that she felt "a little nervous because it is new for me"



From the parent course, "Let Your Adolescent Fly."

but later replied that she felt "good" about such communication. When asked about obstacles to communication with their mothers, some did not perceive any at pre-test and post-test, whereas others identified embarrassment, lack of time, or lack of trust at both points in time. A few identified an obstacle at pre-test but said there were not any at post-test. Comparison of pre/post responses revealed that, for some female adolescents, the content of communication with their mothers had broadened to include more in-depth communication about relationships, sex, and HIV/AIDS.

Communication between fathers and daughters was much more problematic than between mothers and daughters. When asked what topics were difficult to discuss with their fathers, the most common answer among female adolescents prior to the intervention was boyfriends. After the intervention, the most common answer was sexuality. The word sexuality was rarely used when asked before the intervention. When asked how they felt discussing sexuality with their fathers, there was very little change in how female respondents responded; the vast majority who felt comfortable or embarrassed before did so after.

For males, sexuality and girlfriends were difficult topics to discuss with their mothers both before and after the intervention. Unlike females, there were no males who reported that sexuality was a difficult topic initially but was not at post-test. There also was no change among the males regarding the content of their communication with their mothers, their feelings in talking about sex with their mothers, and their perception of obstacles to communication such as lack of time, embarrassment, or gender differences. For example, at pre-test, one male mentioned as a barrier that his mother was the opposite sex. At post-intervention he said: "I don't like to talk to her because she is a woman and I am a man and I will not understand her."

No changes in the males' perceptions of communication with their fathers were detected. Father/son communication about sex and having a girlfriend was problematic before the intervention and remained so afterward. The adolescents found that uneasiness, time constraints, the father's anger, and fear of the father prevented them from talking more openly with their fathers.

An analysis of the pre- and post-test responses from the adolescents in Group 1 suggest that the intervention had a positive effect on communication with mothers among some female adolescents, but did not affect communication between males and their mothers, despite the course addressing ways in which gender differences can be overcome. Communication with fathers for males and females was problematic initially and remained so. This is not surprising given that no father attended the parent course.

Group 2. The students in Group 2 received the SFLE course and saw the video, and their mother or father viewed the video. Prior to the intervention most male and female students perceived that sexuality and having a boyfriend or girlfriend were difficult topics to discuss with their mothers and there was little change among the students after the intervention. A few girls, but no boys, changed their responses at post-intervention saying that there was no topic that was difficult to discuss with their mothers. When asked how they felt talking about sexuality with their mothers, a few girls changed their responses from being embarrassed or nervous to feeling OK or calm. However, females and males who identified an obstacle beforehand, such as lack of time or embarrassment, did so at post-test. Some males mentioned the mother's sex as an obstacle to communication both before and after the intervention. A few males and females mentioned their mother's lack of knowledge as a barrier after the intervention but did not mention that barrier initially. No change in the adolescents' perceptions of communication with their fathers was detected.

The pre/post findings from Group 2 suggest that the intervention made sexuality less difficult a topic of conversation with mothers for some females but did not affect males' perceptions of their communication with their mothers. Communication with fathers for males and females was problematic initially and remained so, even among the adolescents whose fathers saw the video.

Group 3. The students in Group 3 received the SFLE course but their parents did not participate in any intervention during the study period. When asked which topics were difficult to discuss with their mothers, the female adolescents mentioned sex, boyfriends, and AIDS. Very few changed their answer from identification of one or more problem topics at pre-test to none

at post-test. At post-test a few females reported feeling less embarrassed and more confident when talking to their mothers compared to their feelings at pre-test. Similarly, a few perceived no obstacles to communication with their mothers at post-test whereas at pre-test they perceived there was a barrier such as lack of time or trust.

At both points in time, almost all of the males in this group noted that sexuality was difficult to discuss with their mothers and that they felt embarrassed, nervous, or uncomfortable to do so. There was no change among the males as to whether they perceived an obstacle to communication with their mothers at pre-test but did not at post-test. For males as well as females, mothers' lack of information was mentioned more frequently as a barrier to communication at post-test than it was at pre-test.

All of the females, and the vast majority of the males mentioned that sexuality and/or having a boyfriend/girlfriend were difficult topics to discuss with their fathers at pre-test and remained so at post-test. Respondents mentioned discomfort, embarrassment, and lack of understanding as barriers both pre-test and post-test. A significant barrier for females at both points in time was the father being of the opposite sex. At post-test the father's lack of information was mentioned more frequently as a barrier by both males and females than at pre-test.

Group 4. During the study period, the students and their parents in Group 4 received no intervention. Sexuality, having a boyfriend, and AIDS were noted by female students at pre-test to be difficult topics of conversation with their mothers and fathers and remained so at post-test. Barriers to communication reported by females at pre- and post-test included shame, parents' lack of time, interest, and information, and fear of the mother thinking that her daughter wanted to have sex. When asked how they felt talking to their father and mother about sexuality, some females mentioned feeling fine despite having reported various obstacles to communication. There were no females, however, that identified a problem topic or a barrier to communication at pre-test that did not do so at post-test.

At pre-test, males perceived sexuality, having a girlfriend, and AIDS to be difficult topics to discuss with