

Parental Communication On Sexual Reproductive Health In Adolescents

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ABSTRACT

Adolescents (10–19 years) are a vulnerable group to sexual and reproductive health problems, including risky sexual behavior, unintended pregnancy, sexually transmitted infections (STIs), and HIV/AIDS. Limited sexual communication between parents and adolescents—due to cultural barriers, feelings of embarrassment, and parents' lack of knowledge—may increase these risks. This literature review aims to analyze the relationship between parent–adolescent communication and adolescents' sexual and reproductive health. The method used was a literature review by searching articles published between 2022 and 2026 in Google Scholar and PubMed using keywords related to adolescents, parental communication, and reproductive health, resulting in 10 articles analyzed narratively. The findings show that parent–adolescent communication about Sexual and Reproductive Health (SRH) remains low in several studies (<40–50%); However, open and effective communication is associated with improved adolescent knowledge and reduced risky sexual behavior. In conclusion, parental communication plays an important protective role in promoting adolescents' sexual and reproductive health, highlighting the need to improve parents' SRH education and communication skills.

Keywords: Adolescents, Parent Child Relations, Reproductive Health

INTRODUCTION

According to the World Health Organization (WHO) and the United Nations (UN), adolescence encompasses the ages of 10 to 19. Meanwhile, Regulation of the Minister of Health of the Republic of Indonesia Number 25 of 2014 states that adolescents are residents aged 10 to 18 years. (Ministry of Health, 2023) Currently, there are 1.3 billion adolescents worldwide, representing 16% of the total global population. In Indonesia, according to February 2024 data, the number of

adolescents aged 15-19 reached 22,122,887.(BPS, 2024)Children aged 18 are protected under the Convention on the Rights of the Child. However, their vulnerabilities and needs are so different from those of other children that they often go unaddressed.(UNICEF, 2024)Adolescence is marked by increased curiosity, including about sexual matters. The development and maturity of reproductive organs as we age can trigger problems such as promiscuous sexual behavior.(Hamidah, H., & Subiyatin, 2022, Zada N., & Devy, 2022).

According to the World Health Organization (WHO)(2021), shows that every year around 21 million adolescent girls aged 15-19 years in developing countries become pregnant, and almost half of these pregnancies (49%) are unplanned.(WHO, 2021). A survey conducted by the Indonesian Adolescent Reproductive Health Survey (SKRRI)(2020)It was recorded that 0.9% of female adolescents aged 15-19 years, 2.6% aged 20-24 years, and 3.6% of males aged 15-19 years, and 14% aged 20-24 years had had sexual relations before marriage.(SDKI, 2020). According to BKKBN(2024)showed that as many as 605 teenagers aged 16-17 and 20% of teenagers aged 14-15 and 19-20 had had sexual intercourse.(BKKBN, 2024).

The problem of free sexual relations among teenagers is a major concern because it has impacts including unwanted pregnancy (KTD), abortion, sexually transmitted infections (STIs) such as warts, chlamydia, trichomoniasis, scabies, syphilis, genital warts (condyloma acuminata), genital herpes, gonorrhea, and the risk of contracting HIV/AIDS.(Awaliyah, R., Muhibah, S., & Handoyo, 2021)The spread of HIV/AIDS remains a global problem. According to the United Nations Children's Fund (UNICEF),(2023)It shows that 36.0-44.8 million people will be living with HIV worldwide in 2023, of which 2.38 million will be children aged 0-19. Every day in 2023, approximately 685 children will be infected with HIV and approximately 250 children will die from AIDS-related causes. 13% of adolescent girls and young women give birth before the age of 18(UNICEF, 2023).

The impact of unprotected sexual intercourse on adolescents is at risk of high blood pressure, anemia, premature birth, low birth weight, and even maternal death.(Rahmayanti, F., & Febriani, 2021). Teenagers' free sex leads to early

marriage(Oktoriny, 2023, Sari, NATN, & Puspitasari, 2022). Marriage at a young age carries a high risk of causing various reproductive health problems, such as increased morbidity and mortality during childbirth and the postpartum period, premature births, low birth weight babies, and susceptibility to stress.(Hamdani, I., & Hikiem, 2024)

Some of the problems experienced by adolescents often arise from a complex combination of social and environmental factors, as well as psychological changes. First, rapid social changes, including academic expectations and peer pressure, can cause stress and emotional disturbance in adolescents.(Husri, H, et al., 2025; Rahmayani, IP, & Suharsono, 2025)Family factors also play a big role; lack of emotional support and conflict at home can cause teenagers to feel depressed and vulnerable to mental disorders.(Diana, R. N, et al., 2024; Husri, H, et al., 2025). In addition, intensive use of social media and digital devices has been shown to be associated with sleep and attention disorders, as well as increased anxiety and depression if not properly managed, as constant exposure to content and social comparison can exacerbate psychological distress.(WHO, 2025)The school environment also plays a role; high academic competition and a lack of teacher support or mental health facilities at school can increase the risk of chronic stress.(Diana, R. N, et al., 2024; Husri, H, et al., 2025). Finally, external factors such as exposure to traumatic events, violence in society, or negative experiences in everyday life also contribute to the emergence of behavioral and emotional disorders in adolescents.(WHO, 2025).

Lack of sexual communication between parents and teenagers, namely: different types of thinking, different genders, teenagers are more comfortable talking to their peers than their parents, easy access to mass media, and finally, lack of education received by parents regarding sexual behavior problems.(Santoso, 2024)Parents also believe that the topic of sexual communication is uncomfortable to discuss with their children. Parents are also afraid of not being able to explain it properly to their children.(Wiendijarti, 2023)Sexual communication between parents and children aims to provide knowledge, broad perspectives, and information about correct sexual behavior to children.(Susanti, NF, Octaliana, H., & Listya, 2025)

Communication between parents and children plays an important role in instilling values, including an understanding of sexuality.(Maulida, D., & Safrida, 2020)There is a relationship between communication patterns in the family and juvenile delinquency, where low-risk adolescents generally come from families that implement healthy communication patterns.(Imardiani, I., & Pratama, 2022)A family that is communicative, harmonious, and provides a sense of security can support the process of adjustment and social interaction of adolescents.(Andriyani, 2020)Effective communication by parents to their children makes teenagers have low adolescent sexual behavior because teenagers will try to avoid negative sexual behavior.(Fauzy, ZF, & Indrijati, 2014)The purpose of this literature review is to analyze communication between parents and adolescents about sexual reproductive health.

METHOD

This article was written using the Literature Review method by examining scientific articles that discuss the side effects of using hormonal contraception. The method applied in writing this article is a literature review. The process of searching for articles is carried out using Indonesian and English that are relevant to the topic of discussion, through several databases including Google Scholar and PubMed. The keywords used in English are "Adolescent", "Parent Child Relations", "Communication" "Reproductive Health". The keywords used in Indonesian are "teenager", "Parent Communication", "reproductive health". In the PubMed Advance search, Add Term to the query box, then All Fields using MeSH Terms, The keyword strategy used in searching for articles is as follows:

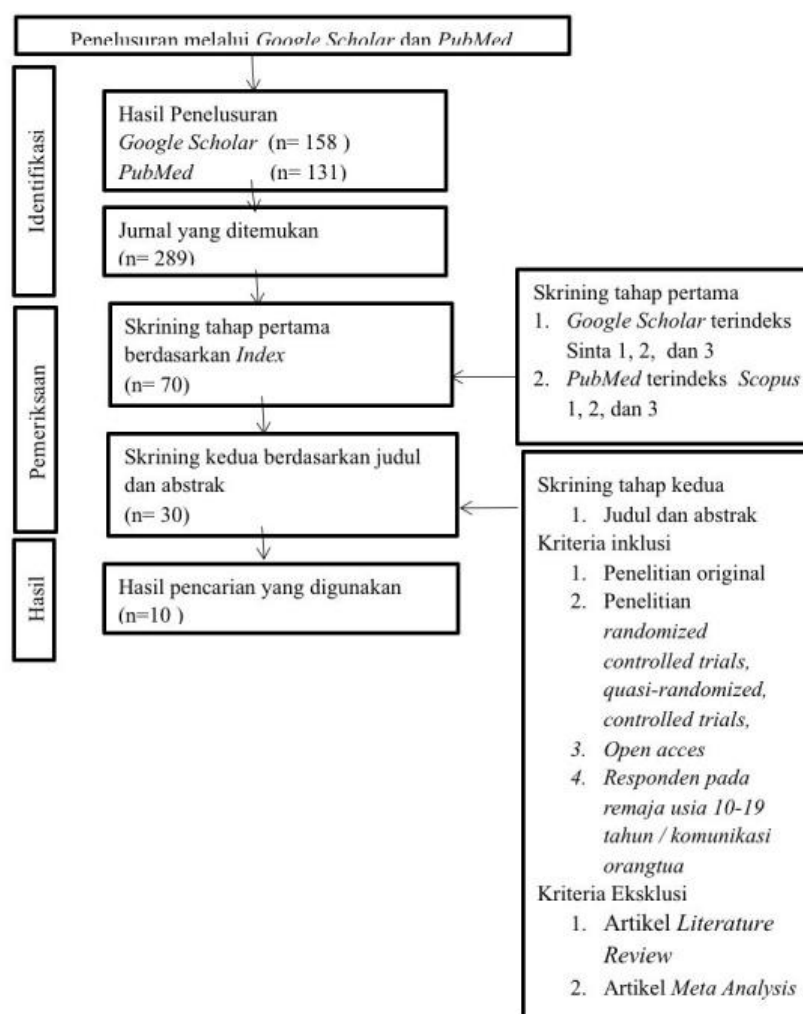
#1 Adolescent[MeSH Terms] OR Adolescence[MeSH Terms]ORTeenagers[MeSH Terms]

#2 Parent Child Relations[MeSH Terms] OR Communication[MeSH Terms]ORParents[MeSH Terms]

#3 Reproductive Health[MeSH Terms] OR Sexual Health[MeSH Terms] OR Reproductive Health Services[MeSH Terms]

#1AND#2AND#3

Next, the filter uses randomized controlled trials, quasi-randomized, controlled trials, and non-randomized. In a Google Scholar search, using the keywords "adolescents", "parental communication", "reproductive health". The search results for the last 5 years (2022-2026) obtained articles. Article screening stages: the first stage is based on Google Scholar indexed by Sinta 1, 2, and 3, PubMed indexed by Scopus 1, 2, and 3. The second stage is based on the title and abstract. Inclusion criteria are original research, randomized controlled trials, quasi-randomized, controlled trials, and open access research as well as exclusion criteria for Meta Analysis and literature review articles. So from the final screening results obtained 10 articles to be analyzed from 8 international journals and 2 national journals. The selected articles are then analyzed descriptively and presented narratively.



Gambar 1. Prisma Flow Chart

RESULTS AND DISCUSSION

Communication between parents and adolescents has been shown to play an important role in the formation of knowledge and behavior regarding sexual reproductive health, because effective communication can increase adolescents' understanding of contraception, STI prevention, and responsible sexual behavior.(Ilmy, NZ, & Safrudin, 2024). Limited parental communication is often caused by cultural barriers, shame, and the perception that sexual topics are sensitive, so that adolescents do not receive adequate information about sexual reproductive health.(Santoso, 2023).

Parental factors are important determinants of sexual reproductive health (SRH) communication with adolescents. Higher levels of parental education have been shown to increase their ability and courage to discuss SRH issues, including the prevention of sexually transmitted infections (STIs) and unwanted pregnancies, as demonstrated in a study by Malango et al.(2022)in Ethiopia, which found that parents with a diploma or higher education had a much greater chance of SRH communication than those with lower education.(Malango, N. T, et al., 2022)In addition to education, socioeconomic conditions such as income and type of employment also influence the intensity of communication, where parents with higher incomes and independent employment status tend to be more active in conveying SRH information to adolescents.(Malango, N. T, et al., 2022; Singh, D. R, et al., 2023)This suggests that economic stability can strengthen parents' role as sources of reproductive health education within the family.

In addition to structural factors, parents' cognitive and affective aspects are also crucial. Good parental knowledge about puberty and reproductive health significantly increases the likelihood of effective SRH communication.(Gedef, G. M, et al., 2025; Melese, M, et al., 2022; Singh, D. R, et al., 2023). Parents' positive attitudes towards sex education also strengthen this communication, even increasing the chances of SRH discussions several times compared to parents with negative attitudes.(Malango, N. T, et al., 2022)On the other hand, authoritative communication patterns, accompanied by shame and concerns that encourage premarital sex, actually limit discussion of sensitive topics such as contraception

and sexual relations, so that information on SRH risk prevention is not conveyed optimally.(Agyei, F, et al., 2025; Wouango, J, et al., 2025)

Adolescent factors also play a role in the dynamics of reproductive health communication and protection. Low levels of parental communication about SRH contribute to low levels of adolescent knowledge regarding STI prevention and unwanted pregnancy.(Melese, M, et al., 2022; Singh, D. R, et al., 2023). Although most adolescents, especially adolescent girls, consider their mothers their primary source of information, the topics discussed are still dominated by biological aspects such as menstruation and personal boundaries, while key risk issues are relatively rarely communicated.(Mataaraachchi, D, et al., 2023)This condition means that adolescents are not fully prepared to face reproductive health challenges comprehensively.

On the other hand, good quality SRH communication has been shown to contribute to the formation of safer sexual attitudes and behaviors among adolescents. Studies in the United States have shown that adolescent SRH communication is associated with increased safer sex practices, such as the use of protection, thus serving as a protective factor against the risk of STIs and unintended pregnancy.(Thiele, J, et al., 2024)Similar findings were also shown in research in Indonesia, which stated that there was a significant relationship between parental communication patterns and low levels of risky sexual behavior in adolescents.(Ekayamti, E, et al., 2024)

In addition to individual factors among parents and adolescents, other factors such as social norms, culture, and family characteristics also influence the effectiveness of SRH communication. Cultural taboos, shame, and social norms that consider discussing sexuality forbidden remain major barriers in various cultural contexts, resulting in SRH communication often being selective or even non-existent.(Gedef, G. M, et al., 2025; Wouango, J, et al., 2025)Family structure also plays a role, where a larger number of adolescent children can increase opportunities for communication due to parental experience, but a family size that is too large can actually reduce the quality of individual SRH discussions.(Gedef, G. M, et al., 2025; Singh, D. R, et al., 2023). Thus, adolescent reproductive health communication is the result of a complex interaction between parental factors,

adolescent factors, and sociocultural factors, which collectively determine the level of adolescent protection against reproductive health issues.

Communication between parents and adolescents has a significant impact on sexual reproductive health, particularly in providing information on preventing STIs, unwanted pregnancies, and risky sexual behavior. Research in Bernai Village, Sarolangun District, showed that parental communication was significantly related to risky sexual behavior in adolescents, as statistical test results showed a p-value of 0.000 (<0.05), meaning the more effective parental communication is, the lower the risk of risky sexual behavior in adolescents.(Risdayanti, K, et al., 2025). This study also reported that the majority of adolescents experienced ineffective parental communication (55.4%), while the majority of adolescents experienced high risk of risky sexual behavior (51.4%), which confirms that lack of good communication is related to increased sexual reproductive health risks in adolescents.(Risdayanti, K, et al., 2025)

In addition, findings in Indonesia found that parental communication patterns were significantly related to efforts to prevent risky sexual behavior in adolescents with a p value = 0.036, and the role of parents was also very significantly related ($p = 0.000$) to these prevention efforts, indicating that good communication between parents and adolescents is related to safer sexual behavior and more responsible SRH decision-making.(Ekayanti, E, et al., 2024). Other findings in Indonesia also show that parental communication patterns are predominantly authoritative (56%) and 63% of respondents have low-risk sexual behavior, and there is a significant relationship between parental communication patterns and adolescent risky sexual behavior (Spearman's $r = -0.239$, $p = 0.000$), which strengthens the evidence that effective family communication helps protect adolescents from unhealthy sexual behavior.(Cindy Wahyu Agustina, Sulistiawati, 2022)

Findings by Singh et al.,(2023), showed that only 40.9% of parents in Nepal communicated with their children about Sexual and Reproductive Health (SRH) and factors that increased communication included puberty knowledge (OR 2.2; 95% CI 1.2–3.9), self-employed work (OR 2.4; 95% CI 1.3–4.0), and having ≥ 2 adolescent children (OR 2.0; 95% CI 1.1–3.6), indicating that family knowledge

and characteristics can improve communication, thereby strengthening adolescent protection against Sexual and Reproductive Health (SRH) risks. The findings by Malango et al.,(2022), found that only 25.7% of parents in Sawla town, Ethiopia discussed ≥ 2 SRH components, and significant factors for communication included diploma or higher education (AOR 22.33; 95% CI 9.49–32.56), income >2000 Birr (AOR 2.40; 95% CI 1.30–4.55), good knowledge (AOR 2; 95% CI 1.14–3.50), and positive attitude (AOR 4; 95% CI 1.57–10), confirming that low communication puts adolescents at risk of lacking SRH preventive guidance.

Communication style also influences educational effectiveness. Findings by Agyei et al.,(2025), showed that parental communication patterns varied from open-proactive to authoritative, and open communication was more helpful for adolescents in obtaining information on STI and pregnancy prevention, while authoritative patterns tended to limit education. Findings by Cindy Wahyu Agustina et al.,(2022), showed that 56% of adolescents experienced authoritative communication patterns, and 63% showed low-risk sexual behavior, and a significant relationship was found between parental communication patterns and risky sexual behavior ($r = -0.239$; $p = 0.000$), which indicates that communication patterns remain protective if consistent and accompanied by supervision. Findings by Ekayamti et al.,(2024), added that the majority of adolescents have good communication patterns (55%) and moderate parental roles (81%), and the Spearman test shows that communication is significantly related to efforts to prevent risky sexual behavior ($P=0.036$) and parental roles are very significant ($P=0.000$), confirming the quantitative relationship between parental communication and adolescent sexual behavior.

Although most adolescents are willing to discuss SRH with their mothers, the level of discussion on sensitive topics remains low. Findings by Mataraarachchi et al.,(2023), showed that 67.1% of adolescents were willing to discuss SRH with their mothers, but only 38.6% discussed preventing unwanted pregnancies and 21% discussed homosexuality, indicating that even though communication exists, protection against major SRH risks is not optimal. The findings of Wouango et al.,(2025), encountering communication barriers such as cultural taboos, embarrassment, and parental discomfort, so that SRH communication is often

selective or non-existent, especially regarding sexuality and contraception, increasing the risk of SRH problems in adolescents.

Predictors of successful parental communication include knowledge, positive attitudes, number of children, employment, and socioeconomic status. Findings by Melese et al.,(2022), showed that only 39.5% of parents in Gondar, Ethiopia engaged in SRH communication, with significant predictors being good knowledge (AOR 4.45; 95% CI 2.90–6.84) and positive attitudes (AOR 1.62; 95% CI 1.15–2.28), while cultural barriers reduced communication, potentially leaving adolescents with less guidance in dealing with SRH risks. Findings by Thiele et al.,(2024), showed that parental communication was related to protected sexual behavior in American Indian adolescents, suggesting that effective communication increases protection even though adolescents may engage in sexual activity.

Low parental communication (<40–50%) risks adolescents receiving less education on Sexual and Reproductive Health (SRH) prevention. Open and proactive communication patterns have been shown to increase adolescent protection against STIs, unintended pregnancy, and risky sexual behavior, while cultural barriers and shame are key barriers. Therefore, interventions that improve parental literacy and SRH communication skills are important strategies for protecting adolescent reproductive health.(Gedef, G. M, et al., 2025; Melese, M, et al., 2022; Singh, D. R, et al., 2023).

Barriers to SRH communication can be classified into cultural, individual, and family structural factors. Cultural factors were the dominant barrier in Agyei et al.'s qualitative research.(2025)and Wouango & Delvaux et al.(2025), where sexuality is seen as taboo, shameful, and inappropriate to discuss openly. This norm is reinforced by parental concerns that SRH communication could encourage premarital sexual behavior.

From an individual perspective, low parental knowledge and negative attitudes have been statistically proven to be major barriers. Singh et al.(2023), showed that parents with good puberty knowledge were 2.2 times more likely to communicate about SRH. This finding is consistent with Malango et al.(2022), who reported that parental education of at least a diploma increased the chances of

communication up to 22 times, and Melese et al.(2022)and Gedef et al.(2025), which shows that knowledge and a positive attitude increase the chances of communication by four times.

Family structural factors also play a significant role. Parents with higher incomes and fewer children tend to have better SRH communication, while larger families and economic constraints reduce the intensity of communication.(Gedef, G. M, et al., 2025; Singh, D. R, et al., 2023). Furthermore, almost all studies show that SRH communication occurs more frequently between mothers and daughters, while fathers' roles are relatively minimal. This situation has the potential to create an information gap, especially for adolescent boys.

CONCLUSION AND SUGGESTIONS

Communication between parents and adolescents has been shown to play a crucial role in shaping adolescents' sexual reproductive health knowledge, attitudes, and behaviors, particularly in preventing sexually transmitted infections (STIs), unwanted pregnancies, and risky sexual behavior. Various studies have shown that the effectiveness of SRH communication is strongly influenced by parental characteristics, particularly educational attainment as the most dominant factor, followed by knowledge, positive attitudes toward sexual education, and the family's socioeconomic status. However, communication topics tend to be limited to biological aspects such as puberty and menstruation, while important issues such as contraception, STI prevention, and sexual relations are rarely communicated due to cultural barriers, shame, authoritative communication patterns, and the perception that sexuality is a taboo topic. Other barriers stem from structural family factors, such as economic constraints, large family size, and minimal father involvement in SRH communication, which can potentially create information gaps, particularly for adolescent boys. Therefore, ongoing efforts are needed to improve parental literacy and communication skills through family-based education and strengthening the roles of both parents.

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