SHORT REPORT

Mother-Child Communication about Sexual Health, HPV and Cervical Cancer among Antenatal Clinic Attendees in Johannesburg, South Africa

Kendall A. Leser[1] and Shelley A. Francis[2]

[1]The Ohio State University; 1841 Neil Ave, 354 Cunz Hall, Columbus, Ohio 43081. [2]Walden University 100 Washington Avenue South Suite 900 Minneapolis, MN 55401.

* **For Correspondence**: *Email: Shelley.francis@waldenu.edu*

Abstract

Parent-child communication about sexual health is considered an effective strategy for encouraging safe sexual practices among youth. This study used a brief survey to examine mother-child communication among 86 antenatal clinic attendees in Johannesburg, South Africa. Eighty-five percent of mothers reported having enough information to discuss HIV/AIDS prevention with their children, while only 36% reported having enough information to discuss HPV/cervical cancer prevention. Thirty-seven percent of mothers who reported being comfortable discussing HIV/sexual health with their child actually discussed these topics with their child; while 58% of mothers who reported being comfortable did not discuss HIV/sexual health with their child. Future research and program planning efforts should focus on identifying the best strategies to educate South African mothers on HPV and cervical cancer, so that mothers can effectively communicate their knowledge about these topics to their children. *(Afr J Reprod Health 2014; 18[1]: 123-126).*

Keywords: Sexual health, communication, HPV, cervical cancer

Résumé

Communication Parent-enfant sur la santé sexuelle est considérée comme une stratégie efficace pour encourager les pratiques sexuelles sûres parmi les jeunes. Cette étude a utilisé une brève enquête à examiner mère-enfant communication parmi 86 personnes fréquentant les consultations prénatales à Johannesburg, en Afrique du Sud. Quatre-vingt-cinq pour cent des mères ont déclaré avoir suffisamment d'informations pour aborder la prévention du VIH/SIDA avec leurs enfants, alors que seulement 36% ont déclaré avoir suffisamment d'informations pour discuter/HPV cancer du col de l'utérus prévention. Trente-sept pour cent des mères qui ont déclaré être confortable discuter du VIH et de santé sexuelle avec leur enfant a effectivement discuté de ces sujets avec leurs enfants; tandis que 58% des mères qui ont déclaré être confortable n'a pas examiné le VIH et la santé sexuelle avec leurs enfants. Avenir de la recherche et de la planification du programme les efforts devraient se concentrer sur l'identification des meilleures stratégies pour éduquer sud-africains les mères sur le VPH et le cancer du col de l'utérus, afin que les mères puissent communiquer efficacement leurs connaissances sur ces sujets à leurs enfants. *(Afr J Reprod Health 2014; 18[1]: 123-126).*

Mots-clés: la santé sexuelle, la communication, le VPH, le cancer du col de l'utérus

Introduction

Worldwide, cervical cancer is the second most common cancer among women, with 86% of cases occurring in developing countries[1-3]. In South Africa, cervical cancer is the leading cause of death among women[4]. While the global incidence rate for cervical cancer is 15.8 per 100,000 persons each year, in South Africa the incidence rate is 22.8 per 100,000[1]. Currently there are 5,743 new cases of cervical cancer each year in South Africa; however, this number is projected to rise to 7,329 new cases per year by the year 2025[1]. Recent figures suggest that the prevalence of the virus that causes cervical cancer, the Human papillomavirus (HPV), is 21% among South African women[1].

Both HPV and cervical cancer are preventable diseases; however, recent research suggests that knowledge of HPV and cervical cancer is low among South African women[4-5]. While the HPV vaccine has the potential to reduce the burden of cervical cancer, other prevention efforts such as: education, family involvement, and the use of media should be considered as methods to reduce the burden of disease among South African women.

The World Health Organization suggests that families and parents have a role in the primary HPV prevention efforts for their daughters[6]. Previous research has suggested that parent-child communication is an effective strategy for protecting children from participating in high-risk sexual behaviors[7]. In addition, strong parent-child communication has been associated with young people gaining the knowledge and skill set needed to practice safer-sex (e.g. condom use)[8]. Research has also suggested that parents often discuss sexual health with their children after their children are already sexually active, which may be too late for preventing sexually transmitted diseases such as HPV[9]. The research in the area of mother-child communication among South African mothers is limited; therefore, in the present study, we sought to describe sexual health communication between mothers and children, with an emphasis on HPV and cervical cancer.

Methods

Study design and sample

A cross-sectional study deign was implemented. One hundred and twenty participants were recruited from an antenatal clinic located in a township within Johannesburg, South Africa in the fall of 2008. The study took place over the course of two months. To be eligible for the study, participants were required to be female, be 18 years to 44 years of age, read and speak English, and have at least one child. Eighty-six out of 120 clinic attendees met eligibility criteria. After providing written consent, all eligible women completed a brief sexual health survey in the clinic waiting room. The survey took between 15-30 minutes to complete and participants received $5 US (ZAR 50, South Africa currency) for their participation. The study was approved by both the Witswaterandt and Case Western Reserve University Institutional Review Boards.

The brief survey assessed the following themes:

1. Cervical cancer knowledge, screening, and risk
2. HPV knowledge, screening, and risk
3. Vaccine knowledge & acceptance
4. HPV prevention messages and services, and
5. Mother-child communication

For the purposes of this paper, we will discuss findings from the mother-child communication section. Findings from the other themes have been published elsewhere[4].

Data analysis

Due to the exploratory nature of this study, and because few empirical studies have been conducted with this sample, precise power calculations could not be calculated. Study staff completed all data entry and cleaning under the supervision of the principal investigator (Francis). Descriptive statistics were calculated for each mother-child sexual health communication question. Analyses were performed using Stata 10.0.

Results

The specific aim of this research was to assess mother-child communication about sex, STDs, HPV and cervical cancer prevention.

Participant characteristics

Of the sample of mothers, 34% were between the ages of 18-24, 44% were between the ages of 25-34, and 22% were aged 35-44. Sixty percent of the sample of mothers were single/never married. Fifty-three percent of the sample had daughters between the ages of 9 and 13.

Mothers' self-efficacy

We first sought to assess participants' comfort level talking about sexual health. Thirty-seven percent of mothers who stated that they would feel

somewhat/very comfortable talking to their child about sex/HIV prevention actually talked to their child about sex/HIV prevention; while, 58% who stated that they would feel *somewhat/very comfortable* talking to their child about sex/HIV prevention did not talk to their child about it. Fifteen percent of mothers who stated that they would feel *somewhat/very comfortable* talking to their child about cervical cancer actually talked to their child about cervical cancer; while, 76% who stated that they would feel *somewhat/very comfortable* talking to their child about cervical cancer did not talk to their child about cervical cancer. Finally, 9.45% of mothers who stated that they would feel *somewhat/very comfortable* talking to their child about HPV actually talked to their child about HPV; while, 81% who stated feeling *somewhat/very comfortable* talking about HPV did not talk to their child about HPV. Next, participants were asked to respond to a series of questions regarding sexual communication. Twenty-five percent of the sample *agreed/strongly agreed* with the statement, "*Don't know enough about sex/protected sex to talk to my child."* When asked to rate how they felt about the statement, "*You would be embarrassed to talk to your child about sex/protected sex*," 14% reported that they *agreed/strongly agreed*. In response to the question, *"How do you feel about your ability to talk to your children about sex?"* 20% of participants responded that they *agreed/strongly agreed* that it would be difficult to explain sex. The final statement that participants responded to was, *"Children will get the information from somewhere else, so I don't need to talk to him/her about sex/protected sex"* and 12% of the participants *agreed/strongly agreed* with this statement. The next series of questions explored whether mothers had the proper information to talk about sexual health with their children.

Do mothers have enough information?

Eighty five percent (85%) of the respondents *agreed/strongly agreed* with the statement, *"You have enough information to talk to your child about condoms, sex, HIV/AIDS and other STDs?"* However, only 36% felt that they had enough information to talk to their child about HPV and cervical cancer. The final communication questions sought to identify where participants receive prevention messages.

Sources of Prevention Messages

Participants were asked to indicate where they get information about sex, STDs, and HIV/AIDS (participants were able to select more than one choice). Forty-three percent reported getting information from clinicians, 35% from TV/radio/books/magazines/newspapers, 26% from pamphlets/posters/billboards, 13% from significant others/sexual partners and 2% from traditional healers such as *Inyangas*, *Sangomas*, and birth attendants.

Discussion

The current study was one of the first studies to examine mother-child communication on the topics of HPV and cervical cancer in South Africa. The key findings from this study indicate that in general: (1) mothers report having high self-efficacy about their ability to talk to their children about sexual health issues, (2) mothers need more information in order to talk to their children about HPV and cervical cancer and (3) mothers get their sexual health information from a multitude of sources.

In general, it appears as if mothers have the self-efficacy needed to discuss sexually related health topics (sexual health/HIV prevention, cervical cancer, HPV) with their children, but that very few are actually talking to their children about these sexual health topics. Perhaps one explanation for these findings is that parents have very limited knowledge about HPV and cervical cancer and therefore are not talking to their children about these topics because they lack the information they need. In addition, another possible explanation for high self-efficacy among mothers is because there has been a significant amount of HIV prevention/social media messaging campaigns in South Africa over the past couple of decades, which may have led mothers to indicate having higher levels of self-efficacy towards discussing all types of sexual health topics with their children[10]. Previous research has suggested that parental-child communication is an effective

prevention strategy for protecting children from participating in high-risk behaviors and encouraging safer practices of high-risk behaviors[7-8]. Therefore, it is imperative for mothers to become educated on the topics of HPV and cervical cancer, so that they can translate their knowledge on these diseases to their children, especially because reported self-efficacy for discussing sexual health with children was high in this study. Future research and program planning efforts should focus on identifying the best strategies to educate South African mothers on HPV and cervical cancer, as well as, teach mothers how to talk to their children about these sexual health issues. The major limitation of the current study is that a small convenience sample was used, which limits our ability to generalize our findings. However, a major strength of this current study is that it allows us to describe and better understand mother-child communication about HPV and cervical cancer among this particular community of antenatal clinic attendees in South Africa.

Contribution of authors

Kendall Leser wrote the manuscript as part of a research course and helped with re-running data analyses. Dr. Shelley Francis was the Principal Investigator for the study, analyzed the data and helped with the preparation of the manuscript.

Acknowledgments

The South Africa Women's Health study is supported by an investigator initiated award from Merck Pharmaceuticals Inc. The contents of this presentation are solely the responsibility of the authors and do not necessarily represent the official views of Merck Inc. The authors would like to thank Dr. Soji Shogun, his clinic staff, and the study participants for providing so much insight.

References

1. World Health Organization. Human papillomavirus and related cancers: South Africa. Geneva: World Health Organization, 2010. http://apps.who.int/hpvcentre/statistics/dynamic/ico/country_pdf/ZAF.pdf (accessed 15 November 2011).
2. Anorlu, R. Cervical cancer: the sub-Saharan Africa perspective. Reproductive Health Matters 2008; 16(32): 41-9.
3. Harries J, Moodley J, Barone M, Mall S, Sinanovic E. Preparing for HPV vaccination in South Africa: key challenges and opinions. Vaccine 2009; 27(1):38-44.
4. Francis SA, Nelson J, Liverpool J, Soogun S, Mofammere N, Thorpe, RJ. Examining attitudes and knowledge about HPV and cervical cancer risk among female clinic attendees in Johannesburg, South Africa. Vaccine. 2010; 28(50).
5. Pillay A. Rural and urban South African women's awareness of cancers of the breast and cervix. Ethn Health 2002; 7(2):103-14.
6. World Health Organization. Preparing for the introduction of HPV vaccines: Policy and programme guidance for countries. Geneva: World Health Organization, 2006. http://www.rho.org/files/WHO_HPV_vac_intro_2006.pdf (accessed 15 November 2011).
7. Blake S, Simkin L, Perkins C, Calabrese JM. Effects of a Parent-Child Communications Intervention on Young Adolescents' Risk for Early Onset of Sexual Intercourse. Family Planning Perspectives. 2001; 33(2):52.
8. Miller K, Levin ML, Whitaker DJ, Xu X. Patterns of condom use among adolescents: the impact of mother-adolescent communication. American Journal of Public Health. 1998; 88(10).
9. Eisenberg M, Sieving R, Bearinger L, Swain C, Resnick M. Parents' Communication with Adolescents About Sexual Behavior: A Missed Opportunity for Prevention? Journal of Youth Adolescence 2006; 35(6):893.
10. Jacobs S, Johnson, K. Media, Social Movements and the State: Competing Images of HIV/AIDS in South Africa. African Studies Quarterly, 2007; 9(4).