

Parental Interpersonal Communication Skills on Adolescent Reproductive Health

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ABSTRACT

Background: Adolescent reproductive health issues can be prevented and controlled with reproductive health education by families through interpersonal communication between parents and adolescents. In reality, there are still many parents who do not discuss this because the communication skills of parents still lacking. This study aims to obtain an overview of interpersonal communication skills from parents to adolescents regarding adolescent reproductive health in Pajang Village, Surakarta.

Method: This type of research is qualitative research with a case study approach of working parents who have provided reproductive health information to adolescents aged 15-19 years. A total of 15 mothers were involved in this study who agreed to conduct semi-structured interviews as a data collection technique. Fifteen adolescents and 15 husbands also conducted semi structured interviews as triangulation informants. Determination of informants using the Purposive Sampling technique.

Results: The results showed that the communication skills of parents in the Pajang Village were in accordance with interpersonal communication skills which required openness, empathy, positiveness, supportiveness, and equality when communicating with the other person. It's just necessary for parents to have the willingness to start communicating about reproductive health even if teenagers don't ask questions, increase nonverbal empathy, get used to giving praise or appreciation to teenagers for maintaining their good reproductive health, and are expected to be a credible source of information for teenagers by choosing literacy sources.

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INTRODUCTION

Adolescent reproductive health issues include unwanted pregnancy, which leads to unsafe abortion and its complications, pregnancy and childbirth at a young age which increases the risk of maternal morbidity and mortality as well as STI problems including HIV/AIDS.¹ There are 7% of women aged 15-19 years who are mothers with 5% having given birth and 2% being pregnant with their first child, where adolescents who are pregnant are more at risk of experiencing health problems and death related to childbirth than adult women.²

In Central Java Province, 6.84% of HIV-positive cases in males aged 15-19 years and 2.86% in females.³ In 2021, the City of Surakarta had a population aged 15-19 years of 41,093 people with a proportion of HIV cases of 4.3%.^{4,5} Based on data from the Pajang Health Center the prevalence of unwanted pregnancies among adolescents in 2021 is 0.02%. This incident has increased from the previous year. In addition, cases of early marriage still occur every year but have relatively decreased from 2019 to 2021.

Adolescent reproductive health problems can be prevented and controlled; one way to address this is through reproductive health education. In the family environment, reproductive health education can be provided through interpersonal communication between parents and adolescents.^{6,7} Good communication between parents and teenagers has an important role in shaping children's character and sexual behavior. Good communication and mutual trust between parents and adolescents can improve children's coping strategies so that they will have healthier decision-making abilities, including those related to reproductive health and sexuality.⁸ Parents who have good communication skills can guide and provide understanding about sexuality and responsible sexual behavior to teenagers. Parents can also immediately become aware of the problems that occur in teenagers, including sexuality problems, and can help find solutions to the problems they face if they have good communication skills.⁹ Research at SMK YPKK 3 Sleman Yogyakarta, obtained results that poor communication between parents and teenagers had a risk

of 8.12 times for teenagers to behave in high-risk sexual behavior compared to good communication between parents and teenagers.¹⁰

There are still many parents who do not discuss reproductive health with their adolescents. One of them is because parents' communication skills are still lacking in reproductive health.¹¹ The low self-confidence of parents which is influenced by a lack of skills, knowledge, and embarrassment is the reason parents do not provide comprehensive reproductive health information to their adolescents.¹² The lack of communication between parents and teenagers can be attributed to several factors, including the parents' employment status. Working parents tend to have little time to communicate with their teenagers because they are busy meeting family needs. Parents often assume that the main needs that must be provided to children are only material needs and that other needs such as love, socialization, and education receive less attention.¹³ Communication failure between parents and teenagers regarding reproductive health is caused by parents' suspicions if teenagers ask or discuss reproductive health, because parents think their children have made mistakes regarding this matter.¹⁴ Parental suspicion causes teenagers to be less open and reluctant to discuss reproductive health with their parents.⁶

This research aims to obtain an overview of interpersonal communication skills which include openness, empathy, positive behavior, supportive behavior, and the similarity of parents in communicating reproductive health to adolescents as an effort to prevent adolescent reproductive health problems in Pajang District, Surakarta.

METHOD

Qualitative research was used in this study with a case study approach that was used to collect in-depth data and information regarding the communication skills of parents who have provided reproductive health information to their adolescents. Determining informants used the Purposive Sampling technique, namely working parents who previously provided reproductive health information to teenagers aged 15-19 years who lived together and were domiciled in Pajang Village, Laweyan District, Surakarta City. This research was carried out from February to March 2023, data collection used interviews, documentation, and triangulation. Semi-structured interviews were conducted with 15 primary informants, namely working mothers and 30 triangulation informants consisting of teenagers/students and husbands. Informed consent was given to mothers, teenagers, and husbands who signed their willingness to become informants. Source triangulation was carried out

by checking data by comparing the results of interviews with 15 working mothers with their husbands and teenagers regarding communication skills. The data obtained in the form of openness, empathy, positiveness, supportiveness, and mother's equality in communication were analyzed using data reduction, data display, and concluding/verification. Ethical clearance was obtained from Dr. Moewardi General Hospital with serial number: 118/I/HREC/2023.

RESULTS AND DISCUSSION

The primary informants in this research were 15 working mothers and 30 triangulation informants consisting of teenagers and husbands of the primary informants. In this study, parents were often exposed to health information, especially regarding reproductive health because their area of residence was designated as a Family Planning Village. This is an opportunity for parents to be able to provide reproductive health information to their adolescents¹⁴. Interpersonal communication is communication that is often done in the family. This communication is a means of establishing relationships between family members. The relationship between parents and adolescents also occurs because of interpersonal communication which is manifested by interpersonal communication skills, namely openness, empathy, positive attitude, support, and similarity of perception between adolescents and parents.

Parental Openness in Interpersonal Communication

Openness in this study is defined as the willingness of parents to explain and discuss their own views and experiences with adolescents and respond honestly. The results of the interviews obtained reproductive health topics that had been conveyed by parents, namely menstruation (maintaining cleanliness and menstrual complaints), consumption of Fe tablets, pregnancy out of wedlock, sexuality (prohibition of intercourse), and dating behavior. Research in Ghana, West Africa states that sexual prohibition and menstruation are included in reproductive health topics that are usually discussed by parents. Although the reasons why this topic is often discussed are not examined, the general trend shows that parents are concerned about the sexual safety of adolescents.¹⁵

Parents are willing to share experiences of puberty in adolescents by sharing menstrual complaints they have experienced, changing sanitary pads, and sharing experiences during courtship. Sharing experiences when communicating is one's self-disclosure to realize effective interpersonal communication.¹⁶ This means that

parents are willing to open communication with adolescents to start discussing reproductive health.

Table 1. Characteristics of the informants

Informants	f
Primary	
Age	
<45	9
≥ 45	6
Education	
Junior high school	7
Senior high school	5
Vocational school	1
Bachelor	2
Employment	
Private	3
Laborer	12
Triangulation	
Teenagers/students	
Age	
15	8
16	3
17	3
19	1
Gender	
Female	12
Male	3
Education	
Junior high school	10
Senior high school	5
Husbands	
Age	
<45	6
≥ 45	9
Education	
Junior high school	4
Senior high school	8
Secondary technical school	1
Diploma	1
Bachelor	1
Employment	
Private	4
Laborer	8
Businessman	2
Craftsman	1

Parents do not change the topic of conversation when teenagers ask about teenage pregnancy by saying that teenage pregnancy occurs due to sexual intercourse between a man and a woman. Parents who convey messages openly and honestly and use language that is easy to understand will bring out the willingness of adolescents to act according to the information provided by parents.⁹

"I often talk about menstruation, changing sanitary pads, and I used to do that since I was a girl so I want my children to do those things." (mother 8, 55 years)

"I often talk about my first courtship, I have never been alone, let alone hold hands. I often give advice not to overdo it when dating. I told my child not to engage in prohibited or out-of-bounds behavior, including not holding hands." (mother 13, 48 years)

"I am happy when my children ask questions, I like to explain sexuality issues, more to give concrete examples such as a neighbor who is pregnant or has an unwanted pregnancy. To open it so that the child wants to tell a story, I usually hook it first, I approach the child so he wants to tell a story" (mother 7, 55 years)

The openness of parents in communicating is also evidenced by the awkwardness of parents admitting that they do not have sufficient knowledge. Parents do not hesitate to say they don't know when teenagers ask about wet dreams, kissing behavior during dating, and loss of consciousness during menstruation. Most informants did not experience difficulties in conveying reproductive health information because the topic of discussion was still limited to menstruation. The community service conducted in North Jakarta discussed open communication where the ability of parents to reveal their weaknesses in front of their children is to build a relationship of mutual trust and closeness with their children.¹⁷ Interpersonal communication will not be effective if adolescents are not open to their parents. The results of the interviews show that parents always start the conversation first with teenagers and are willing to share experiences or open up. Parents believe that this habit will make teenagers open and willing to share any problems they face, including reproductive health.

Parental Empathy in Interpersonal Communication

Another effort to foster effective interpersonal communication is empathy. Empathy in the context of interpersonal communication between parents and adolescents is intended for parents to know what adolescents are experiencing, and understand the feelings and thoughts of adolescents, so they can communicate more effectively. Based on the results of research on the form of parental empathy for adolescents, namely listening to adolescent problems and providing solutions or suggestions for the problems they face. Listening is an active process related to the extent to which parents understand what is stated by teenagers.¹⁸ Adolescents will

be happy to discuss reproductive and sexual health problems with their parents who are good listeners¹⁹ and the advice or solutions given by parents with a good reaction will make them happy to follow the advice given.⁹ In this study, adolescents also said that parents often provide solutions with good responses, making adolescents feel calmer in overcoming their reproductive health problems.

"I usually show empathy by trying to listen and be a friend to confide in as much as I can. If my child needs advice then I will explain." (mother 4, 44 years)

"I'm more of a good listener when discussing reproductive health issues with children, I usually find time alone so I can be closer. The atmosphere is conducive to discussing and listening to it." (mother 6, 43 years)

"I prefer to give feedback to my child, such as asking about what is going on, why he looks sad, why he looks weak during menstruation, I prefer to advise to be more patient" (mother 7, 35 years)

"I feel my mother is very kind and always gives a positive response, and is never indifferent so I feel comfortable." (teenager 4, 15 years)

Providing solutions or advice to adolescents is a form of parental empathy verbally, besides that parents can also empathize non-verbally, one of which is by giving appropriate physical contact. Nonverbal empathy is meant to encourage or show parental affection which makes teens feel better.^{9,20}

The positiveness of Parents in Interpersonal Communication

Effective interpersonal communication in addition to openness and empathy, also requires positive behavior. The way parents communicate with adolescents to discuss reproductive health is to use language that is commonly used in everyday life, namely Javanese, with a relaxed and calm tone of voice. It's different if discussing relationships that have the potential to cause risks for parents to seem firm to adolescents as a form of protection from parents. A positive attitude in interpersonal communication is an important element in supporting the success of communication. A positive attitude means thinking positively about other people and not being too suspicious, for example, parents must give teenagers confidence when discussing sexuality to foster self-confidence in teenagers. The results of the interviews found that most parents did not mind teenagers discussing sexuality. However, teenagers have never discussed this

with their parents. Parents consider this attitude because children feel ashamed and taboo.

"When I talked about my sexuality, I was firm but not angry. I explained the risks if having sex before marriage has a serious impact, such as getting pregnant." (mother 9, 42 years)

Teenagers also support this statement by saying they never discuss sex because they feel ashamed, afraid, and confused to initiate communication. Research in Sleman, Yogyakarta explains that taboos and embarrassment in sexual communication will have an impact on adolescents' low knowledge of sexual and reproductive health.⁶ Based on this, parents have an initial role in starting conversations about sexuality even though teenagers have never discussed sex with their parents.²¹

Many parents never give words of praise to teenagers when talking about reproductive health. The principle of a positive attitude must be reflected in the attitudes and behavior of communicators. In this case, parents are to give praise and appreciation.²² A small number of parents have praised their teenagers for being able to keep their reproductive organs clean during menstruation. The words of praise that parents conveyed to teenagers in this study made teenagers feel happy. Praise given by parents will increase teenagers' motivation to do what their parents suggest or suggest.

Parental Supportiveness in Interpersonal Communication

Building effective interpersonal communication relationships requires mutual support between parents and adolescents. Support will make it easier for reproductive health information that is conveyed to be well received. Parental support, namely allowing adolescents to study reproductive health, seeking information from the internet, and supporting adolescents to participate in Youth PIK activities.

Parents facilitate teenagers with information obtained from the internet. Research conducted on millennial mothers in Indonesia explains that millennial mothers prefer to use the internet to find information because of its easy access so it doesn't require a lot of money and time to leave the house.²³ Apart from this convenience, parents also need to have good digital literacy skills to choose wisely the information that will be conveyed to adolescents about reproductive health.

"I provided information from me anyway, so if I want to convey something I search for it first, and then I will convey it to the child... I once asked "Mom, how come I haven't had my period this month, my friend's periods are

regular" like that. I'm trying to explain, so I've read it before, yes, I read it at a glance, so I'll tell you" (mother 2, 46 years old)

"Parents need to know about reproductive health because the first thing is if the parents understand, the parents can convey this information well to their children. Then if the child understands that it is also good for himself so he knows that doing this will have the following consequences" (mother 6, 43 years)

Communication between parents and adolescents is common during leisure; gathering to eat or watch television with other family members. Research in Eastern Ethiopia shows that communication made while watching television can be used as a moment to discuss sexual issues that are usually broadcast on television.²⁴ Parents who communicate about reproductive health when they are alone with their adolescents, for example in bed, while accompanying them to study, and when their husbands are not around because they do not want their children to feel ashamed and judged. The results of community service in Sleman, Yogyakarta explain that the right, relaxed, and comfortable atmosphere when communicating will make children more open and freer to tell stories without worry, fear, or shame.²⁵

Parental Equality in Interpersonal Communication

Equality or it can also be interpreted as equality is also needed in interpersonal communication. The equality in this study means that parents accept and agree that adolescents become interlocutors to discuss reproductive health. Equality in interpersonal communication realizes that everyone has the opportunity to convey something to others. In this study, parents said that reproductive health needs to be understood by parents and adolescents. Reproductive health is considered important to avoid association that risks damaging the future of adolescents.

The results of interviews with parents said that most of them positioned themselves as friends of teenagers when discussing reproductive health even though on sensitive topics parents became more assertive. Parents act as teenagers' friends for sharing, such as discussing interests with the opposite sex in a casual way, sharing experiences when they menstruate for the first time, and listening to teenagers' events about school activities. In interpersonal communication when you become friends, parents and children will be open to each other about various things and feel comfortable and not feel afraid or worried.²⁵

"I position myself like a friend, I am more relaxed when I am invited to talk about anything." (mother 2, 46 years)

Equality is a way of responding to opinions between one another, in this study, parents are willing to accept if teenagers share reproductive health information obtained with their parents even though many of them have never shared this information. Based on the research results only a small number of parents said that teenagers had provided reproductive health information, namely the consumption of Fe tablets. Parents also said they accepted the difference in understanding between parents and adolescents regarding reproductive health but would try to harmonize perspectives.

CONCLUSION

Parental openness when providing reproductive health information is good enough. Parents have also been empathetic to listen well and provide solutions or advice on problems experienced by adolescents. The positive behavior of parents when providing reproductive health information is reflected in the relaxed and calm way parents speak and respond well to the topic of sexuality. Many parents do not give praise or appreciation to teenagers who are already able to maintain reproductive health. Parents' supportive behavior can be seen from the support given to meet the information needs of adolescents on reproductive health and to create a relaxed and non-rigid atmosphere when communicating. The similarity in communication between parents accepting adolescents as interlocutors by assuming that both parents and adolescents need to understand reproductive health, parents also position themselves as teenagers' friends when discussing and are willing to accept opinions and information from adolescents.

Overall parents' communication skills regarding adolescent reproductive health follow the theory of interpersonal communication skills. Parents also need to have the will to start conversations, enhance nonverbal empathy, get used to saying words of praise or appreciation to adolescents when they can maintain their reproductive health, and choose credible sources of information to be given to adolescents.

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