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Parents' Attitudes to Adolescent Sexual Behaviour in Lesotho

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ABSTRACT

This study investigated the knowledge, attitudes and opinions of parents on various aspects of adolescents' sexual and reproductive health in Lesotho. The study used a qualitative methodology. Findings reveal that parents are aware that male and female adolescents engage in sexual relationships. Some parents believe that adolescents are too young to initiate sexual activities while others said they don't mind older unmarried adolescents having sex. In addition, parents felt that adolescents do not face discrimination in obtaining family planning services. In relation to passing sexual and reproductive health knowledge to adolescents, there seems to be a dilemma on who should take the responsibility. A number of policy implications have emerged from this study. There should be awareness campaign for parents who are not aware that adolescents engage in sexual relationships. Parents should be encouraged to communicate with their adolescent children on sex-related matters. Government should carry on with the dialogue on introducing sex education in schools curriculum. (*Afr J Reprod Health* 2003; 7[2]: 25-33)

RÉSUMÉ

Attitudes des parents envers le comportement sexuel des adolescents à Lesotho. Cette étude a enquêté sur la connaissance, les attitudes et les opinions des parents sur les aspects différents de la santé reproductive et sexuelle des adolescents à Lesotho à l'aide d'une

méthodologie qualitative. Les résultats ont révélé que les parents sont au courant que les adolescents de sexes masculin et féminin s'engagent dans des rapports sexuels. De plus, les parents ont estimé que les adolescents ne subissent pas la discrimination par rapport à l'accès aux services de la planification familiale. Quand il s'agit de la transmission de la connaissance sur la santé sexuelle et reproductive aux adolescents, il paraît qu'il y a un dilemme pour savoir qui doit pendre la responsabilité. Cette étude a révélé pas mal d'implications pour la politique. Il faut qu'il y ait des campagnes de sensibilisation pour les parents qui ne sont pas au courant que les adolescents s'engagent dans des rapports sexuels. Il faut encourager les parents de communiquer avec leurs enfants adolescents en matières liées à la sexualité. Il faut que le gouvernement continuer le dialogue sur l'introduction de l'éducation sexuelle dans les programmes scolaires. (*Rev Afr Santé Reprod* 2003; 7[2]: 25-33)

KEY WORDS: *Adolescent, sexual behaviour, reproductive health, Lesotho*

INTRODUCTION

The reproductive health of both women and men has received special attention in many African countries in recent times. Many governments are now showing concern for various reproductive health issues of their citizens especially after the International Conference on Population and Development in 1994. Special focus is been directed on the reproductive health of adolescents because of the peculiar consequences they face. Obviously, adolescence is a wonderful period in one's life. It is a period filled with new and exciting things. What happens between ages 10 and 19, whether good or bad, shapes how girls and boys live out their lives as women and men.¹ It is therefore the task of all stakeholders in adolescent reproductive health to make sure that the transition from childhood to adulthood happens under favourable environments.

This study focused on a small country, Lesotho, which is situated in southern Africa and shares all its borders with South Africa. It has approximately two million inhabitants, out of which a quarter are adolescents. Eighty per cent of the Basotho (people of Lesotho) reside in rural areas. The other twenty per cent reside in urban centres. It should be noted, however, that the urban centres in Lesotho are relatively small compared with areas that are classified as urban in large countries. For instance, Maseru, which is the capital city, had only 137,837 inhabitants in 1996.² The majority of Basotho are Christians and almost all of them speak Sesotho. They can, therefore, be classified as a homogenous group in terms of culture and tradition. However, there exists the minority group that has less than one per cent of the total population.

Several studies have examined the reproductive health of young persons in Lesotho. Makatjane assessed premarital childbearing among Basotho using data from a nationally representative sample collected in 1991/92.³ The main finding of the study is that

premarital childbearing is increasing in Lesotho. This is contrary to what Basotho culture advocates in relation to sex and related activities.⁴ Traditionally, the Basotho are not allowed to initiate sexual activities before marriage. There are cultural practices (such as checking a bride's chastity immediately after consummation of marriage) that discourage premarital sex especially for girls. Premarital childbearing is more restricted and children who are born to unmarried women are regarded as illegitimate.⁵ For these reasons some adolescents resort to induced abortion, which is illegal in Lesotho unless performed to save the life of the mother, as a means of avoiding unwanted children.

In 1999, a study was conducted by the author of this article on adolescent sexual behaviour and reproductive health in three districts of Lesotho, namely, Maseru, Bera and Mole's Hoek.⁶ That study aimed at collecting information from unmarried adolescent males and females who were still attending secondary and high schools. The study found that slightly over 20% of adolescent females discuss sex-related matters with their parents. However, the proportion of males discussing sex-related matters with their parents is half that of females. This is because discussing sex-related issues with unmarried children is regarded as a taboo in many African societies. However, when adolescents were asked who they prefer to be responsible in passing information about sex matters to them, a third (highest proportion) mentioned parents. Studies in many countries have found that parents are influential sources of information and advice for their children.⁷

There is therefore a need to conduct research investigating the existing communication barriers between adolescents and their parents and to identify the difficulties experienced by parents in discussing sexual issues with adolescent children. A study of this nature will also assist in understanding the overall opinions and attitudes about adolescents' sexual behaviour. This paper presents findings from parents on what they know, their attitudes and opinions on adolescents' sexual and reproductive health matters.

REVIEW OF LITERATURE

Discussion on sex-related matters is a taboo in Africa. It is even worse if it involves inter-generational communication. Perhaps this is one of the reasons studies on parent-children communication on sexual matters are rare in sub-Saharan Africa. Most of the studies that investigate different ways young people get knowledge on sex-related matters usually focus on school-based family life education, peer education, media, etc. Yet, young people spend a lot of their time at home with their parents discussing other matters pertaining to their life. In most cases parents become role models who shape young people's lifestyles including their sexual behaviour. However, parents are reluctant to talk about reproductive health matters because of a lack of knowledge, or the concern that the discussion will influence adolescents to engage in sexual activity.⁸

In Lesotho, like in many other African settings, adult relatives communicate with young people on sex related matters.⁴ These include aunts, uncles, elder sisters or grandparents but not parents. Many adolescents, especially in rural areas, attend initiation schools where reproductive health matters are discussed. However, these avenues (using elders and initiation schools) have not been available in recent times. There is obviously an existing gap on how to pass information on sexual matters to adolescent boys and girls. This gap needs immediate attention. Recent studies propose a need for introducing family life education in schools curriculum.⁴

Very few studies have specifically addressed the issue of parent-adolescent children communication on sexual matters in Africa. One such study was conducted in Zway, Ethiopia, a rural town that is about 160km south of Addis Ababa. The study targeted mothers and fathers who had children that were aged 10-24 years in 1996-1997. A total of 246 adults were interviewed, out of which 95% were parents. The results indicate that parents were ignorant of reproductive health issues. For instance, approximately 57% and 40% of parents did not know the correct age range for puberty in males and females respectively. In addition, 74% of parents did not know the safe period in the menstrual cycle. This made the authors to conclude that parents are not only the non-preferred source of information, but also are not better knowledgeable on certain reproductive health issues. In fact, among all the specific reproductive health issues examined, the highest proportion of parents who said they communicated with their adult children sometime in the past was only 20%.⁹

Another study that attempted to assess communication between parents and their children from parents' perspective was conducted in Kenya in 1994. This was a nationally representative sample of 2,894 adults aged 20-54 years. A list of topics was prepared and each adult was asked if s/he ever discussed any of those topics in the past 12 months. The topics included school work, future career, alcohol/drug use, AIDS/STDs, boy/girl relationship, sexual behaviour, abortion and contraceptives. The majority of adults reported that they only discuss school work and future career followed by discussions on alcohol and drug use. Unfortunately, reproductive health topics, especially abortion and contraceptive use, were least discussed.¹⁰

Although in general terms parents find it difficult to discuss sex related matters with their adolescent children; differences were observed between mothers and fathers. Speizer and colleagues have assessed differences by gender in adults' perspectives on adolescent reproductive health behaviours in Lomé, Togo, in 1998.¹¹ They found that men are more open than women to their children's request for sexuality information. In addition, the study showed that a high proportion of mothers discuss sexual issues with their daughters whilst fathers discuss with their sons. This review highlights the problems that arise when it comes to parent-children communication on sexual issues in sub-Saharan Africa. Our interest is therefore to explore the situation in Lesotho.

METHODOLOGY

The study used a qualitative methodology. Data were collected using focus group discussions (FGDs). FGD was used for the study because the topic is explanatory and is focussed on particular opinions, beliefs and experiences. Such information cannot be collected through a quantitative study design. FGD is also a very flexible tool useful for exploring issues about which little is known.¹² Thirty focus groups were conducted with fathers and mothers of adolescents in three districts of Lesotho, namely, Maseru, Mphahle's Hoek and Makhhotlong. All focus groups were conducted during the months of June and July 2000.

Six field workers who had completed at least the third year of their undergraduate studies were recruited for data collection, and most of them were already familiar with the approach used. A one-day intensive training workshop was held on the research instruments used and the whole procedure of data collection. Three research teams were formed, each team consisting of a male and a female researcher. Immediately after training, each of the teams travelled to their respective districts for data collection. The author of this article served as the principal investigator of the study and overall supervisor of the fieldwork.

The question guide covered four topics, namely, social environment of adolescents, knowledge of the perception of adolescents' reproductive health issues, provision of services to adolescents, and opinions on the introduction of family life education into the schools curriculum. Fathers and mothers were made to participate in focus groups separately so that they could discuss issues without reservations. A total of 30 focus groups (15 with mothers and 15 with fathers) were conducted, ten from each study area. Overall, 222 Basotho parents participated in the focus group discussions: 63 in Maseru, 75 in Mphahle's Hoek and 84 in Makhhotlong. Majority of focus groups had between six and ten participants. Responses from the focus groups were audiotaped.

The recorded responses were transcribed by Basotho students at the National University of Lesotho. This resulted in 30 transcripts in Sesotho (local language in Lesotho), which were later translated to English. Data analysis was done using NUD*IST (N4) software, which is specifically designed for qualitative data analysis.¹³

PARENTS' KNOWLEDGE OF SEXUAL BEHAVIOUR OF ADOLESCENTS

One of the issues discussed during the focus groups was parents' knowledge about adolescents' sexual behaviour. The actual question was "Do you know if young people have boy/girlfriends?" Young people in this case referred to males or females aged between 10 and 19 years, while the boy/girlfriend referred to a sexual partner. Since sexual activities are usually done secretly, the parents may not certainly know whether or

not their adolescent children are sexually active. In some cases the responses reflected what they perceived to be happening.

The majority of parents who participated in the focus groups said they knew that unmarried male and female adolescents have sexual partners. This response was given in all focus groups. The focus group participants said they did not obtain information on adolescents' sexual partnerships through parent-children conversation. Parents said they obtained such information by accidentally seeing a love letter, hearing from younger siblings, etc. Some of their responses were as follows:

We know through letters in their pockets or in their books. When searching their clothes or looking at their books, you will find letters written: `nyeo-nyeo darling, (Female parent, urban)

They hide themselves, but once I found a letter from my boy and I asked him if he has a girlfriend. To my surprise he admitted having one and I told him to stop at once. (Male parent, rural)

Some parents in both rural and urban areas said it is easy to know if adolescents have love affairs through their behaviour. Practices such as kissing, which are usually done in private, are now done in public. However, some parents admitted that they suspect sexual relationships among young people but they did not have any proof of it.

Few female and male parents in both rural and urban areas said they knew nothing about adolescents having sexual relationships. Some of them did not have knowledge of such and doubted it; while others said their adolescent children were too young to be involved in sexual relationship. The following are excerpts of some of the responses:

I don't know, because they are young. I have not seen them because I am saying they are very young. For example, my son is 13 years old and so you can't think according to the way things happen, second born is only 10 years old. (Male parent, urban)

Yes, adolescents have girlfriends, but my child is still very young and does not have a girlfriend. (Male parent, rural)

Whom are you talking about? The one who is 11 years old? Young as he is? I haven't seen anything as far as boyfriends and girlfriends are concerned." (Female parent, urban)

My children are still young. I'm not aware of what they can do. What about the one who is aged 12? That one is still young. She just plays

around." (Female parent, rural)

Respondents had mixed feelings about allowing adolescents to have sexual relations before marriage. Some parents felt that adolescents should be allowed, particularly the older group, but some said such relationships should not be allowed. For instance, some parents were concerned with the behaviour of having a "sugar mummy" for male adolescents and a "sugar daddy" for female adolescents. It should be noted, however, that parents' acceptance of sex before marriage was only observed in urban centres. In other words, none of the participants in rural areas supported premarital sexual relations among adolescents. Some of the opinions of parents residing in urban centres are indicated in the following excerpts:

I think there is a problem. Young people of 19 or 20 years have boyfriends or girlfriends. I don't think there is anything wrong in having a boyfriend or a girlfriend. The problem arises when a boy wants to have a 'sugar mummy' and a girl likewise wants to have a 'sugar daddy'. Having sex is part and parcel of these relationships because you can't expect a man who has a family to go out with a 15-year-old for other reasons than sex. The same applies with a married woman who has a relationship with a boy.
(Female parent, urban)

Whether my daughter has a boyfriend or not I don't know. But she has reached a stage where she can have a boyfriend. I mean she is mature enough to have one. (Male parents, urban)

The results indicate that parents are aware that male and female adolescents have sexual relationships. Although they never discussed sexual issues with them, the majority of respondents said without any reservations that they are aware of sexual relationships among adolescents. They got their information from love letters they found, from younger siblings or by observing their movements. There is also an indication that the parents perceived that younger adolescents are less experienced in sexual activities than older ones. It is interesting to note that although Basotho culture is very restrictive about sexual activities amongst unmarried adolescents¹⁴, there are parents who allow their adolescents (at least the older ones) to have sexual relationships. Such parents reside in urban areas. This finding is contrary to adolescents' perception of their parents' attitudes.⁶

PARENTS' ATTITUDES TOWARDS ADOLESCENTS' ACCESS TO REPRODUCTIVE HEALTH SERVICES

During the focus groups, parents discussed issues relating to adolescents' access to reproductive health services such as information on reproductive health issues, family planning services, sexually transmitted infections including HIV/AIDS, and counselling.

Parents are important gatekeepers for adolescents; they are also in regular contact with adolescents. Therefore, they can easily advise and encourage adolescents to use the services. At some reproductive health service centres unmarried adolescents could only access reproductive health services if they were accompanied by their parents or guardian.

The majority of participants in the focus groups felt that there is no discrimination against adolescents obtaining RH services. However, some participants noted that it is traditionally wrong for unmarried adolescents to initiate sexual activities until after marriage. This thus impedes the freedom of unmarried adolescents to visit health centres for RH services; they are usually shy to be found at doing this. Those who are courageous to visit health centres sometimes receive a cold shoulder from service providers. The following excerpts reflect parents' perception of this:

They are not discriminated. You will find them in large numbers there (health centres). (Male parent, urban)

I sometimes hear that when young people go there those ladies who work there refuse to give them services because they argue that the place is not good enough for them but for their parents. (Female parent, urban)

Adolescents are not discriminated in getting access to health facilities especially if parents accompany them. (Female parent, rural)

They are not discriminated. They even go there more frequently than people who have families. Their queue is even longer than ours. (Female parent, rural)

It is most important to note parents' attitudes towards adolescents' access to reproductive health services. Apparently, there is confusion between reproductive health and family planning. Some parents, especially fathers, argue that unmarried adolescents are not supposed to have a family to plan for; therefore, it is not right to provide them with reproductive health services. This shows that parents are ignorant of the fact that reproductive health services do not only include family planning but also other things as information and counselling. In addition, since a lot of adolescents are sexually active there is a need to equip them with adequate knowledge and facilities for practising safe sex.

DO PARENTS DISCUSS WITH THEIR ADOLESCENT CHILDREN ABOUT REPRODUCTIVE HEALTH?

Respondents debated the issue of who should pass knowledge of reproductive health to

adolescents. During the focus groups, parents were asked if they ever discuss sex-related matters with their adolescent children. Some of them reported that they do it freely by discouraging premarital sexual activities. The issue of discouraging premarital sexual activities is sometimes linked to the Bible. Parents, especially those residing in urban areas, argue that it is against the Bible for a person to be involved in premarital sexual activities. This suggests that parents use religion as the main point to discourage premarital sexual relations. The following are some of the typical points raised during the focus groups:

We do discuss about these issues and sometimes quote the Bible. (Female parent, urban)

We talk about blessings from God that enable them to resist temptation. They are not to put themselves in a position that will make boys want to have sex with them. They should also avoid being with boys in the late hours because they will end up sleeping with them. I try by all means to teach them to learn through experience from their peers who had problems such as getting pregnant. I warn them from people who will mislead them by saying that if they don't have sexual relationships they will be mentally disturbed. I say these are just man's ideas and not God's will of how people should live. (Male parent, urban)

Majority of participants in focus groups stated that they discourage premarital sexual relations among adolescents by referring to the HIV/AIDS epidemic. In addition to HIV/AIDS, parents discuss other consequences of having sexual relations such as premarital pregnancies and sexually transmitted diseases. The discussion is usually initiated if there is a live example of unmarried adolescents having problems in the neighbourhood that resulted from sexual relationships.

I don't discuss directly. I only discuss when one of their age mates has a problem. It is during that moment that I give advice. (Female parent, urban)

I am afraid of facing my daughter with that. But if there is a scandal such a girl has thrown a baby in the toilet or a girl has left the baby in the forest, I will then advise her by saying as follows: 'Do you see the results of bad behaviour? If you are also doing that you will suffer the consequences soon or later'. (Female parent, urban)

I only talk to him (my son) if there is a programme about AIDS on the radio. I try to make him aware that the programme is intended to educate young people. (Female parent, rural)

It is also common practise to talk to adolescents by giving examples that will make sense to them. One such example was reported by a father who teaches his daughter by comparing a girl who sleeps around with boys with an old driving school vehicle.

Yes, I always tell my girl that if she has sexual relationships before marriage, as we know boys are tempting, she will end up being like a driving school vehicle. Before one can buy a new vehicle he starts driving other people's vehicles - usually in a driving school. When the time comes to buy own vehicle, he will never buy the old vehicle he used to drive. The same applies to boys. When he reaches the stage of marriage he will not marry the girl he has been sleeping with. He will go for a girl whom he loves. (Male parent, urban)

It was reported during the focus groups that some parents do not discourage sex directly, but they mention other activities that lead to having relationships or encourage sex-related activities such as going out at night, playing around with boys (for girls), especially if boys touch their private parts. Some parents are only concerned about the act of sex. Other important issues such as the expected changes in the adolescent body or the expected emotional changes are not discussed.

Some parents said they cannot discuss sex-related matters with their adolescent children. Various reasons were given for this. Some parents said they are shy or embarrassed to discuss sex with their adolescent children. Some blamed the tradition, that such issues are not supposed to be discussed especially across generations. Other parents argued that their adolescent children are too young to discuss such issues with them; they feel that discussing with them implies encouraging them to indulge in sexual activities. The following excerpts typify participants' perceptions of the reason parents do not want or fail to discuss sexual issues with their adolescent children:

I never discuss with my children about sex-related matters. The fact that they are still young, i.e., age-wise, I never thought they have started having sexual relationships. (Female parent, urban)

Sex before marriage is not acceptable and, therefore, as parents we cannot encourage it. In other words we cannot teach them about sex because they will develop ideas which they did not have before. (Male parent, urban)

Even if they are grown-ups, I never discuss sex-related issues with them because I am very shy. (Female parent, rural)

Some parents said they discuss sex-related issues directly with their adolescent children, but a number of male parents said they talk to them through their mother. The argument is

that fathers are shy to discuss such issues. Another argument was that there is an arrangement in the household that places the responsibility of talking to children about such issues on mothers. Some fathers also allow their wife to discuss sex-related issues with their children because that is the way they were brought up.

INTRODUCTION OF SEX EDUCATION IN SCHOOLS CURRICULUM

Another item discussed during the focus groups relates to the introduction of sex/family life education into schools curriculum. This is however controversial because of the nature of schools in Lesotho; most of them are owned by the churches. Some of these churches, such as the Catholic Church, are very reluctant to allow adolescents to be taught sex education in schools. Another factor is that of culture. According to the Basotho culture, just like in many other African settings, discussion of sex is a taboo. The ongoing debate in Lesotho about the introduction of sex education in schools has only succeeded in identifying a few trial schools where sex education can be tested. However, the reluctance of the churches, some parents and some teachers has made it difficult even for some trial schools to introduce sex education in their curriculum.

Majority of the people who took part in the focus groups felt that sex education should be introduced into schools curriculum in Lesotho. Responses from the focus groups were very positive that there should be a formal subject dealing with sex-related matters in schools. This opinion was also shared by participants who said sex-related matters should be taught at home. They agreed that such a subject should be taught in schools if it is well designed. Shy parents agreed that this would help them discuss sex as a subject at home. This implies that if a child comes home with questions from what has been taught in class, it would be easier to explain. This is what is happening with other subjects taught in schools. Some parents also recommended that government should make similar arrangements for out-of-school adolescents.

I think I support that because all the methods that have been used have failed, most of them take it as a joke. It will be different if they are taught at school because they will be assessed and that will make them concentrate.
(Female parent, urban)

I agree with that. Children could be able to socialise with teachers since parents have failed. They could be able to demand help from us for their assignments. This will also enable parents to be involved. (Male parent, urban)

I think it should be included as one of the subjects. Secondly, I think something should be organised for adolescents who don't attend school.
(Male parent, rural)

Few participants in the focus groups were not happy with this suggestion. They argued that teaching adolescents about sex is equivalent to allowing them to go ahead with sexual activities. Most of the participants who were against introducing sex education in schools curriculum were fathers; only one mother was against the idea. The following excerpts explain the position of those who were against the idea of establishing sex education as a formal subject:

I think it is going to worsen the situation because they will be given a lesson as a group. It will take two years for the whole world to be destroyed.
(Female parent, urban)

I don't agree with the idea at all because when you talk of sex issues, that is exactly what excites young people. Even Satan, the devil, gets excited because his followers are increasing in number. We will hear people say that many teachers are involved with our children. Talking about these issues makes young people feel like doing it after class. Talking about sex in class makes them loose concentration of other subjects that are important.
(Male parent, urban)

My whole body is shaking! Corruption is going to emerge from this. They will want to experience what they have been told in order to prove some of the issues. I don't encourage it at all. (Male parent, urban)

The majority of parents felt that introducing sex education in schools curriculum in Lesotho is a good idea. They argued that if sex education is taught as a formal subject in schools, teachers would take the lead in passing the knowledge to adolescents. But parents will also be involved by helping adolescents with their homework. In other words, parents would discuss sex education at home the way they discuss other subjects like mathematics and science. Few parents did not like this idea because they think teaching sex education in schools is equivalent to encouraging promiscuity. However, literature does not support this type of relationship. UNAIDS has reviewed 53 reports that evaluated the intervention of sexual health education on young people's sexual behaviour and found out that in three studies increases in sexual behaviour was associated with sexual health education. In 27 studies, young people did not change sexual behaviour and there was delay in onset of sexual activity, reduced number of sexual partners and reduced unplanned pregnancy and STDs rates in 22 studies. Based on these results, UNAIDS concluded that there is no evidence that sex education promotes promiscuity.¹⁵

CONCLUSION

The findings in this study have a number of policy implications. The issue of awareness amongst parents of adolescents' reproductive health needs need to be addressed seriously.

The majority of parents are aware that adolescent males and females are experiencing sexual relationships, which is a very important point in understanding the reproductive health problems facing adolescents. It is imperative, therefore, for the policy to target the group of parents who are unaware of the fact that adolescents are engaged in sexual activities. In addition, parents are expected to know that unmarried adolescents have the right to visit the family planning clinics. Parents need to be advised to encourage unmarried adolescents to seek reproductive health services whether they are sexually active or not.

The problem of communication between parents and their adolescent children has come out very clearly in this study. Parents are either shy to discuss sex-related issues with their adolescent children or they think the discussion would encourage them to indulge in sexual activities. The same notion applies to the introduction of sex education in schools curriculum. Although some parents support the idea, others are against it because they think by teaching them it would encourage promiscuity amongst adolescents. However, empirical studies have shown that communication of sex-related matters or teaching sex education in schools does not lead to promiscuity. On the contrary, this has been found to delay age at initiation of sexual activities, reduce the rate of unwanted pregnancies, reduce the rate of illegal induced abortions, and reduce the rate of sexually transmitted infections including HIV/AIDS.

This study supports the initiative by the government of Lesotho to establish sex education in schools curriculum. All interested stakeholders should be involved in this exercise. Mturi and Hennink have discussed details of the importance of introducing sex education in schools curriculum in Lesotho.¹⁶ Further studies should focus on how this could be done and how parents can play active role. Meanwhile, parents should be encouraged to discuss sex-related issues with their adolescent children at home. Government may attempt to use the village chiefs to encourage parents to talk to their adolescent children.

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