



Interventions To Improve Parent–Adolescent Communication On Sexual And Reproductive Health: A Scoping Review

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ABSTRACT

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Background: Adolescence is a transitional period marked by significant physiological, psychological, and social changes. During this stage, adolescents are vulnerable to sexual and reproductive health (SRH) problems, including teenage pregnancy and sexually transmitted infections (STIs). Parents play a crucial role as primary sources of SRH information for adolescents; however, communication regarding SRH is often influenced by socio-cultural norms, stigma, and limited parental knowledge.

Method: This scoping review aimed to identify interventions that improve parent–adolescent communication on sexual and reproductive health. Literature searches were conducted in PubMed, ScienceDirect, and Wiley Online Library databases for articles published between 2015 and 2025. The screening process followed predefined eligibility criteria, including studies discussing parent–adolescent communication on SRH, adolescent health programs, or sex education policies. Only full-text articles published in English or Indonesian were included. Study quality was appraised using the Joanna Briggs Institute (JBI) critical appraisal tool. A total of 10 studies met the inclusion criteria and were analyzed. Data were extracted using a charting table including author, year, country, study design, participants, data collection methods, and key findings

Result: The review identified several effective interventions for improving parent–adolescent SRH communication, including digital-based interventions, youth-friendly health services, school-based programs, maternal empowerment initiatives, and formal or non-formal SRH education programs. These interventions improved parental knowledge, communication skills, and adolescent access to accurate SRH information. In addition, the interventions contributed to reducing barriers such as socio-cultural stigma, religious norms, gender-related issues, fear, limited parental education, and the perception that sexuality is a taboo topic.

Conclusion: Interventions involving families, schools, healthcare services, and community-based educational approaches are effective in strengthening parent–adolescent communication regarding sexual and reproductive health. These strategies may contribute to improving adolescent SRH outcomes and reducing socio-cultural barriers that hinder open communication about sexuality.

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INTRODUCTION

The World Health Organization (WHO) defines adolescents as individuals aged 10–19 years (Bekele et al., 2022). Adolescence is a critical developmental stage associated with increased vulnerability to sexual and reproductive health (SRH) problems, including unintended pregnancy and sexually transmitted infections (STIs). Globally, approximately 21 million adolescent girls in low- and middle-income countries experience pregnancy each year, most of which are unintended (WHO, 2025).

In Timor-Leste, adolescent reproductive health remains a major public health concern. The WHO reported an adolescent birth rate of 33.8 per 1,000 girls aged 15–19 years (WHO, 2022). Local reports from Community Health Centers (CHCs) in Dili in 2025 documented 673 cases of adolescent pregnancy at CHC Comoro, 196 cases at CHC Vera-Cruz, and 93 cases at CHC Becora. In addition, data from UNAMET Public School 4 de Setembro showed that six female students experienced pregnancy in 2021.

Parent–adolescent communication on SRH has received increasing attention because effective communication is associated with delayed sexual initiation, fewer sexual partners, and increased contraceptive use among adolescents (Wouango et al., 2025). Parents are considered the primary source of SRH information for adolescents; however, many parents experience difficulties discussing sexuality due to limited knowledge, cultural taboos, religious beliefs, embarrassment, and lack of communication skills.

Several interventions have been developed to improve SRH communication between parents and adolescents. The Information–Motivation–Behavioral Skills (IMB) model has been applied in SRH communication interventions to strengthen parental knowledge, motivation, and communication skills within specific cultural and religious contexts (Seif, Kohi, and Moshiro, 2019). School-based comprehensive sexuality education (CSE) programs involving family participation have also demonstrated positive outcomes in promoting adolescent SRH (Fernandes et al., 2024). In addition, parent-based interventions such as Families Talking Together (FTT) and Families Talking Together Plus (FTT+) have shown effectiveness in delaying sexual initiation, increasing condom use, and reducing risky sexual behaviors among adolescents (Ramos, Benzekri, and Kaiser, 2023).

Despite the growing number of intervention studies, evidence regarding effective approaches to improve parent–adolescent communication on SRH remains scattered. Therefore, this scoping review aims to identify and map interventions that improve parent–adolescent communication on sexual and reproductive health. This scoping review aimed to map evidence on interventions to improve parent–adolescent communication on sexual and reproductive health among parents and adolescents in school and community settings.

METHOD

Research Design

This study used a scoping review design to identify and map evidence regarding interventions used to improve parent–adolescent communication on sexual and reproductive health (SRH). The review was conducted following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses Extension for Scoping Reviews (PRISMA-ScR) guidelines and managed using Covidence software.

Eligibility Criteria

The inclusion criteria consisted of articles discussing parent–adolescent communication related to sexual and reproductive health, adolescent health programs, or sex education interventions. Eligible studies were published in English or Indonesian, available in full text, and published within the last 10 years. Exclusion criteria included articles unrelated to parental roles or reproductive health communication, studies focusing solely on economic or policy factors without communication aspects, and articles available only in abstract form.

Information Sources and Search Strategy

The literature search was conducted using three electronic databases: PubMed, ScienceDirect, and Wiley Online Library. Boolean operators (“AND” and “OR”) were used to combine keywords. The PubMed search applied MeSH terms: (“Parent-Adolescent Communication” OR “Parent-Child Communication”) AND (“Sexual and Reproductive Health” OR “Sex Education” OR “Reproductive Health”) AND (Intervention OR “Health Education” OR “Family-Based Intervention”) AND (Adolescent OR Teenager). Similar keywords were adapted for ScienceDirect and Wiley Online Library.

Selection of Sources of Evidence

The study selection process was conducted in accordance with the PRISMA Extension for Scoping Reviews (PRISMA-ScR) guidelines. All retrieved records were imported into Covidence software for screening and management. Duplicate records were removed prior to screening. Titles and abstracts were independently screened according to the predefined inclusion and exclusion criteria, followed by full-text assessment of potentially eligible studies. Discrepancies during the selection process were resolved through discussion among the research team. The detailed study selection process is presented in Figure 1.

Data Charting Process

Data extraction was performed using a standardized charting form developed by the research team. The extracted data included author/year, country, study design, participants, intervention type, and key findings. The included studies consisted of quasi-experimental, randomized controlled trial (RCT), qualitative, and cross-sectional designs conducted in several countries including Zanzibar, Iran, the United States, Senegal, Kenya, Ethiopia, Uganda, Sri Lanka, and Tanzania.

Critical Appraisal

The quality of the included studies was assessed using the Joanna Briggs Institute (JBI) Critical Appraisal Tools according to the study design, including qualitative, cross-sectional, quasi-experimental, and randomized controlled trial studies. Of the 10 included articles, seven studies were categorized as grade A (very good quality) and three studies as grade B (good quality).

Data Synthesis

The findings were synthesized narratively by grouping the evidence into major themes related to interventions, communication factors, and communication barriers. The synthesis identified that family-based interventions, maternal empowerment programs, digital interventions, and school-based approaches improved parent–adolescent communication regarding SRH. In addition, socio-cultural norms, religion, gender roles, fear, and stigma were identified as major barriers influencing communication practices.

RESULTS AND DISCUSSION

Results

Study Selection

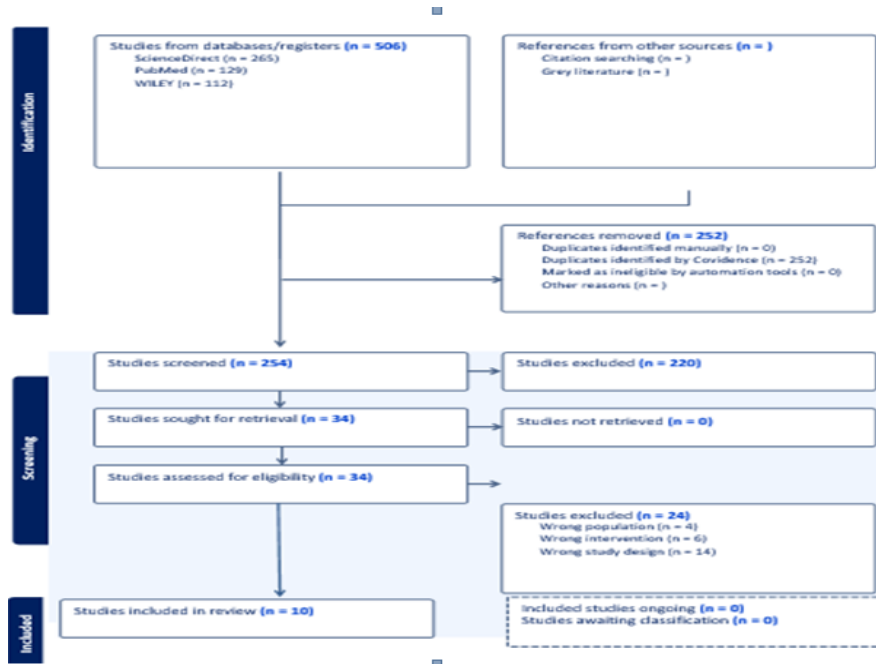


Figure 1. PRISMA-ScR Flow Diagram of Study Selection Process

A total of 506 records were identified through database searching from PubMed, ScienceDirect, and Wiley Online Library. After removing 252 duplicate records, 254 articles remained for title and abstract screening. Following the screening process, 34 full-text articles were assessed for eligibility. Of these, 24 studies were excluded due to inappropriate population ($n = 4$), intervention ($n = 6$), and study design ($n = 14$). Finally, 10 studies met the inclusion criteria and were included in this scoping review. The study selection process is illustrated in Figure 1.

Characteristics of Sources of Evidence

The included studies consisted of quasi-experimental, randomized controlled trial (RCT), qualitative, and cross-sectional designs. The interventions identified in this review included family-based interventions, maternal empowerment programs, school-based sexuality education, digital interventions, and parent-focused communication programs such as Families Talking Together Plus (FTT+). Most interventions aimed to improve parental knowledge, communication skills, motivation, self-efficacy, and adolescent sexual and reproductive health (SRH) awareness.

Critical Appraisal of Included Studies

The quality of the included studies was assessed using the Joanna Briggs Institute (JBI) Critical Appraisal Tools according to the study design. Of the 10 included articles, seven studies were categorized as grade A (very good quality), while three studies were categorized as grade B (good quality).

Synthesis of Findings

Effectiveness of Parent-Based Interventions

Several studies demonstrated that parent-based interventions significantly improved parent–adolescent communication regarding sexual and reproductive health. Seif et al. (2019) reported that communication skills, motivation, and behavioral skills significantly increased after the intervention ($p < 0.05$). Similarly, Peyghan et al. (2025) found significant improvements in mothers' awareness, responsiveness, and self-efficacy following a maternal empowerment intervention. Ramos et al. (2023) also identified Families Talking Together Plus (FTT+) as an effective online parent-based intervention for strengthening adolescent sexual health communication.

Communication Patterns and Barriers

The qualitative studies revealed that communication regarding SRH between parents and adolescents remained limited and selective. Discussions were often restricted to topics such as menstruation, while sexuality and contraception were rarely discussed openly. Fear, embarrassment, cultural taboos, and lack of parental confidence were identified as major barriers to communication. Some parents relied on fear-based communication or delegated SRH discussions to external parties.

Socio-Cultural and Gender Influences

Several studies highlighted the influence of socio-cultural and gender-related factors on parent–adolescent communication. Gender norms, religious beliefs, and media exposure shaped parental attitudes and communication practices regarding SRH. In addition, adolescents often preferred mothers as the primary source of SRH information, indicating the important role of maternal involvement in reproductive health education.

Factors Associated with SRH Communication

Cross-sectional studies showed that parental knowledge and positive attitudes toward SRH were significantly associated with improved communication practices. However, many adolescents reported never discussing SRH topics with their parents, indicating persistent communication gaps within families.

Digital Interventions

One study involving 1,296 parents reported that perceived usefulness and technology quality significantly influenced parents' willingness to use digital tools to support parent–child sexual communication. These findings suggest that digital-based interventions may become promising strategies for improving SRH communication in families.

Discussion

Effectiveness of Interventions to Improve Parent–Adolescent SRH Communication

This scoping review found that various interventions were effective in improving parent–adolescent communication regarding sexual and reproductive health (SRH). Family-based interventions, school-based programs, maternal empowerment approaches, digital interventions, and youth-friendly services (YFS) contributed to increased parental knowledge, communication skills, self-efficacy, and openness in discussing SRH topics with adolescents.

Interventions based on the Information–Motivation–Behavioral Skills (IMB) model significantly improved the quality and frequency of communication between caregivers and adolescents regarding SRH. The intervention enhanced parental motivation, attitudes, and communication skills, indicating that behavioral-based educational approaches may strengthen parents' confidence in discussing sensitive reproductive health issues with adolescents.

Digital-based interventions also demonstrated promising results. Parents showed positive acceptance toward digital tools such as applications and websites to support communication about sexuality with adolescents. Digital platforms were perceived as useful for reducing awkwardness and providing reliable SRH information. These findings suggest that technology-based interventions may become innovative strategies for strengthening family communication regarding adolescent reproductive health.

In addition, school-based interventions and Youth Friendly Services (YFS) played an important role in supporting adolescent SRH education. School health programs and comprehensive sexuality education created supportive environments for adolescents to access accurate reproductive health information. Similarly, YFS interventions improved adolescents' access to SRH services, counseling, and health education through adolescent-friendly approaches.

Maternal empowerment interventions were also found to improve mothers' awareness, responsiveness, and self-efficacy in discussing sexual health topics such as puberty and menstruation. Likewise, the Families Talking Together Plus (FTT+) intervention demonstrated the potential of parent-based programs delivered through online platforms to improve parent–adolescent communication and reduce risky sexual behaviors among adolescents.

Factors Influencing Parent–Adolescent SRH Communication

This review identified several factors influencing communication regarding SRH between parents and adolescents. Socio-cultural norms, religious beliefs, gender expectations, and media exposure were consistently reported as major determinants of communication practices. In many communities, discussions about sexuality remain culturally sensitive and are often restricted, particularly for unmarried adolescents.

Parental education and family openness were also associated with better communication practices. Mothers with higher educational levels tended to communicate more openly about SRH issues. Adolescents who experienced supportive family environments and had prior exposure to SRH information from schools or media were more likely to discuss reproductive health issues with their parents.

Although cultural and religious norms often limited discussions about sexuality, evidence from Zanzibar demonstrated that parents could successfully adopt the role of SRH educators when provided with adequate support and communication training. These findings highlight the importance of culturally sensitive interventions that consider local beliefs and social contexts.

Barriers to Parent–Adolescent SRH Communication

The review also identified multiple barriers that hinder effective communication regarding SRH within families. Shame, fear, stigma, limited parental knowledge, and discomfort discussing sexuality were the most commonly reported barriers. Sexuality was frequently perceived as a taboo topic, resulting in limited and selective communication between parents and adolescents.

Gender norms and social expectations further influenced communication patterns, with girls more likely than boys to engage in discussions about SRH. In several developing countries, deeply rooted socio-cultural and religious norms discouraged open communication about sexuality and reproductive health. Parents often prioritized academic achievement and discipline rather than discussions related to adolescent reproductive health.

In addition, some parents relied on fear-based communication or delegated SRH discussions to external individuals due to lack of confidence and communication skills. Limited time, lower educational background, and inadequate access to SRH information also contributed to communication barriers within families.

Overall, the findings of this review suggest that interventions aimed at strengthening parental knowledge, communication skills, and family openness are essential to improve parent–adolescent communication regarding sexual and reproductive health. Future interventions should incorporate

culturally sensitive approaches and involve families, schools, healthcare providers, and digital platforms to support effective and sustainable SRH communication.

CONCLUSION

This scoping review identified that family-based interventions, school-based programs, digital interventions, maternal empowerment approaches, and Youth Friendly Services (YFS) were effective in improving parent–adolescent communication regarding sexual and reproductive health (SRH). Interventions based on behavioral and communication models, such as the Information–Motivation–Behavioral Skills (IMB) model and Families Talking Together Plus (FTT+), demonstrated positive effects on parental knowledge, motivation, communication skills, and self-efficacy.

The findings also highlighted that socio-cultural norms, religious beliefs, gender expectations, stigma, fear, and limited parental knowledge remain major barriers to open communication about SRH within families. Therefore, culturally sensitive interventions that involve parents, schools, healthcare providers, and communities are essential to strengthen effective communication between parents and adolescents.

This review further suggests that structured sexuality education programs should be implemented through schools, healthcare facilities, and community-based services to support parents as primary sources of SRH information for adolescents. In addition, digital-based interventions and online delivery platforms may provide accessible and scalable approaches for improving SRH communication, particularly in settings with geographical and logistical limitations.

Future studies are recommended to use rigorous research designs, including randomized controlled trials (RCTs), and to evaluate the long-term effectiveness of interventions. Further research should also consider direct observation methods to reduce self-report bias and adapt intervention content to local cultural and social contexts.

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