

# BMJ Open Barriers and facilitators influencing parent–adolescent communication on sexual and reproductive health in Indigenous communities in Latin American countries: protocol for a scoping review

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## ABSTRACT

**Introduction** Despite the global efforts to promote adolescent sexual and reproductive health (SRH), many doubts remain on how to ensure universal health access for this population. Many obstacles prevent adolescents from accessing SRH information and services. As a result, adolescents are disproportionately affected by adverse SRH outcomes. Indigenous adolescents are more likely to receive insufficient information and health services due to poverty, discrimination and social exclusion. This situation is compounded by parents' limited access to information and the possibility of sharing this information with younger generations. The literature shows that parents play a crucial role in informing adolescents about SRH, but the evidence remains scarce for Indigenous adolescents in Latin America. We aim to discuss the barriers and facilitators of parent–adolescent communication on SRH for Indigenous adolescents in Latin American countries.

**Methods and analysis** A scoping review will follow the Arksey and O'Malley's framework and the Joanna Briggs Institute Manual. We will include articles published between January 2000 and February 2023 in English and Spanish from seven electronic databases and retrieved references from selected articles. Two independent researchers will screen the articles, excluding duplicates, and extract the data based on the inclusion criteria using a data extraction template. The data will be analysed using a thematic analysis approach. Results will be presented following the Preferred Reporting Items for Systematic reviews and Meta-Analyses (PRISMA) extension for Scoping Reviews checklist and using the PRISMA flow chart, tables and a summary of the key findings.

**Ethics and dissemination** No ethical approval is needed to conduct a scoping review considering the data will be retrieved from previous publicly published studies. The results of the scoping review will be disseminated in a peer-reviewed journal and conferences targeting researchers, programme developers and policymakers that have experience working in the Americas.

**Trial registration number** <https://doi.org/10.17605/OSF.IO/PFSDC>.

## STRENGTHS AND LIMITATIONS OF THIS STUDY

- ⇒ The scoping review will follow the Arksey and O'Malley's methodological framework to map the nature and scope of the evidence across Latin American countries and identify where additional research is required.
- ⇒ The data will be retrieved from seven electronic databases that include peer-reviewed journals and will be completed with hand searches to capture additional articles.
- ⇒ The search will be restricted to articles published from January 2000 to February 2023 to capture the most recent literature.
- ⇒ A limitation of the scoping review is the exclusion of studies published in languages other than English and Spanish, such as, for example, Portuguese, Dutch and French, from Brazil, Suriname and French Guiana due to the language proficiency of the research team.

## INTRODUCTION

Adolescence is defined as the age period between 10 and 19 years<sup>1</sup> and represents approximately 16% of the world's population.<sup>2</sup> This period of life is characterised by several biological, psychological and behavioural changes that directly impact their sexual and reproductive health (SRH).

Worldwide, adolescents are becoming sexually active at an early age.<sup>3</sup> Only a small number of them, however, take precautions to protect their health.<sup>3</sup> Early transition to sexual activity is associated with a greater risk of multiple sexual partners and unprotected sex.<sup>4</sup> As a result, adolescents are disproportionately affected by adverse SRH outcomes, for instance, early pregnancy and maternal

deaths, unsafe abortions and sexually transmitted infections (STIs), including HIV/AIDS.<sup>5</sup>

These adverse SRH outcomes are more notable among Indigenous adolescents than their non-Indigenous counterparts in the Latin American region. The literature suggests multiple underlying factors such as poverty, racial discrimination and social exclusion, lack of access to education and healthcare services, child marriage, forced unions, violence and gender inequalities associated with low contraceptive usage rates, early pregnancy and motherhood, and maternal deaths.<sup>6</sup> The Latin American region accounts for 20% of births to adolescents, the highest rate in the world.<sup>7</sup> Not surprisingly, nearly 49% of pregnancies are unplanned and unwanted.<sup>8</sup> Unfortunately, this, in turn, has been associated with higher rates of suicide, especially among Indigenous youth. For example, in Guatemala, a study conducted in the country reported that 43% of pregnant adolescents who committed suicide were Indigenous.<sup>9</sup> Also, approximately 23% of these pregnancies culminate in unsafe abortions exposing girls to irreversible and lasting health consequences.<sup>5</sup>

Parents are considered the cornerstone in protecting adolescents from risky sexual behaviours and conveying information and guidance about SRH.<sup>10–12</sup> However, an open conversation about sexuality and reproduction is relatively rare among parents that are reluctant to address this topic with their children, especially in Latin American countries.<sup>13</sup> Communication barriers are partly driven by parents' lack of knowledge, feelings of embarrassment and perceptions that such conversations can promote early sexual intercourse among adolescents.<sup>11 14</sup> Even when parents discuss about sex, they often talk about abstinence and virginity as morally accepted options.<sup>15 16</sup> The gaps in parent–adolescent communication pose severe risks to adolescents' long-term SRH outcomes.

Comprehensive parent–adolescent communication is important in guaranteeing adolescent agency in their SRH choices and practices. The evidence shows that effective parent–adolescent communication enables adolescents to make healthier SRH decisions.<sup>12 17 18</sup> Therefore, parents' willingness to openly discuss SRH information with their children is an effective strategy to guide and support them in their first decisions about their sexual and reproductive life.<sup>19</sup> For example, parental communication about sexual relationships, pregnancy, abortion, STIs including (HIV/AIDS), condom use and violence is positively associated with decreased risky behaviours such as the early onset of sexual intercourse, unprotected sex and multiple sexual partners.<sup>10 11 16 20–22</sup> Additionally, these conversations can reinforce parental values, promote equitable gender roles, prevent STDs, violence and mitigate peer pressure.<sup>12 20</sup>

Recently, there has been an increasing number of published articles about parent–adolescent communication regarding adolescents' SRH.<sup>11 19 23</sup> Most studies have been conducted on specific populations; however, racial, and ethnic groups are often under-represented.<sup>14</sup> To date, much of the literature focuses on rural areas in Africa

and India,<sup>10 11 15</sup> Indigenous adolescents in high-income countries (HIC), such as, Canada and Australia,<sup>20 24 25</sup> or adolescents in HIC, for instance, the USA and Singapore.<sup>14 16 26</sup> In contrast, studies from Latin American countries and Indigenous adolescents are scarce. A few systematic reviews have explored this topic.<sup>27–29</sup> These studies, however, have focused on the USA, mainly among white, black and Hispanic populations.<sup>27</sup> On the other hand, most interventions on parent–adolescent communication have been implemented in Western countries, for example, the USA and England.<sup>27</sup> As a result, there is a tendency to uptake these interventions on parent–adolescent sexual communication that do not necessarily guarantee better access to information and services for Indigenous adolescents in Latin American countries. The evidence suggests promising effects of parent–adolescent communication interventions,<sup>30</sup> but the data remains insufficient for Indigenous adolescents in the Americas.

The objective of this study is to describe the literature reporting the barriers and facilitators of parent–adolescent communication on SRH for Indigenous peoples in Latin American countries. Our results will guide researchers, programme developers and policymakers to tailor interventions to improve parent–adolescent communication on SRH and direct future policies and projects to tailor culturally appropriate strategies in this specific context.

## METHODS

A scoping review will follow the Arksey and O'Malley's methodological framework<sup>31</sup> and the Joanna Briggs Institute Reviewer's Manual to enhance the transparency and rigour of the review process.<sup>32</sup> This study will follow six steps: (1) identifying the research question, (2) identifying the breadth of literature, (3) study selection, (4) charting the data, (5) collecting, summarising and reporting the results and (6) consultation.<sup>31</sup>

We considered adopting a scoping review design because it is the most suitable study for identifying the available evidence and gaps in knowledge, synthesising the data and informing future research projects.<sup>32</sup> The scoping review will provide an overview of the existing literature, including its extent, range and nature<sup>31</sup> in the realm of parent–adolescent communication on SRH for Indigenous peoples from Latin American countries. In addition, it will allow the mapping of evidence across countries to make research-related recommendations.

## Patient and public involvement

Patients and the public were not involved in the conceptualisation of the manuscript. However, the results of the scoping review will be shared with experts in the field to receive feedback and validate the findings to ensure that the research is relevant to Latin America, which is especially important given the unique sociocultural factors that can influence the SRH outcomes in this region.

### Identifying the research question

The scoping review aims to answer the following research question:

- ▶ What are the key barriers to, and facilitators of, parent–adolescent communication on SRH among Indigenous people across Latin American countries?

### Identifying relevant studies

Participants will include adolescents from 10 to 19 years of age. The age range was determined based on the WHO definition of adolescent.<sup>1</sup> The review will also include studies reporting on household members such as parents (mother, father or single-parent couples). It is worth mentioning that Indigenous families do not necessarily organise their relations following a nuclear structure, but biological parents, as well as extended family members, play a role in the youth's socialisation on SRH matters.<sup>25</sup> Therefore, extended family members such as grandparents, uncles, aunts, older siblings and other caretakers will be included.

The core concept of interest we will assess in the scoping review is parent–adolescent communication on SRH. Parent communication on SRH refers to conversations among family members and adolescents on topics related to sexuality and reproduction, including information about sexual relationships, access and use of contraceptive methods, adolescent pregnancy, STIs, including (HIV/AIDS), to address risky behaviours, for instance, early onset of sexual relations, unprotected sex, multiple sexual partners, suicide, abortion and violence. Building on this overarching concept, key barriers and facilitators of communication on SRH will be evaluated. The studies that address communication on SRH from the perspective of parents and adolescents will be included. From the parents' standpoint, it is essential to have both the mother and the father because a growing body of research suggests that communication on sexuality and reproduction is typically gendered.<sup>11 14 15 19 22 26 33</sup> This means that more often, mothers communicate with their daughters

and fathers with their sons. Therefore, it is important to capture these nuances to deepen the understanding of the heterogeneity of voices in parent–adolescent communication and gender-based roles.

The context includes studies in Latin American countries and participants from diverse ethnic groups to provide a broad view of this issue. Latin America has an estimated Indigenous population of 42 million, representing approximately 8% of the population in the region and belonging to over 400 different Indigenous groups.<sup>34 35</sup> The Indigenous people are primarily concentrated in Mexico, Guatemala, Peru and Bolivia who account for nearly 80% of the total Indigenous population in the Americas.<sup>34</sup> These are followed by Colombia, Ecuador, Honduras, Venezuela, Brazil, Chile, Argentina, Nicaragua, Costa Rica and Panama, and the smallest proportion is concentrated in El Salvador, Paraguay, Belize and the Guianas.<sup>34</sup>

The scoping review will include studies published between January 2000 and February 2023 in human subjects reported in English and Spanish. We will include all types of study designs, for instance, qualitative, quantitative and mixed methods and systematic and meta-analysis reviews. We will exclude the following: articles that do not address parent–adolescent communication on SRH and its determinant factors; studies that do not include Indigenous people from Latin America, documents that do not allow full-text access and studies conducted in languages other than English and Spanish.

### Search strategy

An expert librarian helped develop the search strategy encompassing seven electronic databases: PubMed/MEDLINE, EMBASE, Scopus, Web of Science, Global Health, Latin America and Caribbean Health Science Literature (LILACS) and SciELO. The search terms included for the Global Health database are detailed in [table 1](#). The scoping review is an iterative process; therefore, additional keywords will be included to refine the

**Table 1** Search strategy global health (From January 2000 to February 2023)

1	Adolescent.mp/or exp adolescents OR juvenile.mp OR teenager.mp OR young people.mp OR youth
2	Parents.mp OR exp parents OR father.mp/ or exp fathers OR exp mothers/or mother.mp OR single parent.mp OR caregivers.mp OR guardians.mp
3	Sexual and reproductive health.mp OR exp sexual health/ or sexual health.mp OR exp sexual health/or sexual health.mp OR sexuality.mp OR reproductive health.mp/ or exp reproductive health OR sexual education.mp OR sexual behaviour. mp or exp sexual behavior OR sexual partners.mp or exp sexual partners OR sexually transmitted diseases.mp or exp sexually transmitted diseases OR sexual intercourse.mp or exp sexual intercourse OR sexual relationships.mp
4	Adolescent-parent communication.mp OR parent-adolescent communication.mp OR Communication about sex.mp OR communication about contraceptives.mp OR sexuality communication.mp OR conversation about sex.mp OR views about sex.mp OR talk about sex.mp
5	Indigenous people.mp/ or exp Indigenous people OR Indigenous.mp OR Indigenous communities.mp
6	Latin America.mp/or exp Latin America OR Central and South America.mp OR Mexico OR Belize OR Guatemala OR El Salvador OR Honduras OR Nicaragua OR Costa Rica OR Panama OR Colombia OR Venezuela OR Ecuador OR Peru OR Bolivia OR Brazil OR Suriname OR French Guiana OR Paraguay OR Uruguay OR Chile OR Argentina
7	AND 1, 2, 3, 4, 5, 6

search strategy. We will record all adjustments to the search strategy and document it for transparency and trustworthiness. Additionally, we will perform a hand search from selected journals to check the reference list to identify additional documents. No further contact with the authors of primary sources is expected.

### Study selection

The scoping review will use a three-step study selection process: (1) retrieving documents from the databases and excluding duplicates, (2) title and abstract screening and (3) full-text review. We will digitalise the reference list using a software tool (Covidence)<sup>36</sup> and use Microsoft Excel to organise the extracted data. After removing the duplicates, two independent researchers will review the titles and abstracts and select the studies according to the inclusion and exclusion criteria. The third step will assess the full content of the selected articles for acceptance or exclusion according to the pre-established inclusion criteria.

Two independent researchers will reconcile the discrepancies by discussion and consensus during the second (abstract) and third step (full-text review). If the two researchers do not reach an agreement, a third independent researcher will review the article and issue the final decision. We will document the reasons for excluding articles, and the final report will contain a list of studies excluded and the reasons for doing so.

### Charting the data

We will collect data using a data extraction template based on the final list of accepted documents. Then, we will classify the data according to the areas of interest, such as, article information (title, author(s), year of publication and country of study), study information (study design, purpose and setting), methodology (target population, average age, gender, ethnicity, sample size and indicators), results, conclusions and limitations. The data will be analysed using a thematic analysis approach to discuss the key findings.<sup>37</sup> Given the objective of the study, the themes will be organised according to the barriers to, and facilitators of parent–adolescent communication on SRH from parent and adolescent standpoints of view. If other themes emerge during the data analysis, it will be included (see [table 2](#)).

To guarantee consistency among the team members to follow the data extraction template, we will conduct a brief pre-test phase among the first three articles before initiating the data extraction. It will allow improvement of the data extraction template, make the necessary adjustments and refine the format. In addition, the data extraction template will continuously be updated to keep track of and update information. Following this pre-testing phase, the two independent reviewers will conduct the data extraction and meet to compare results and resolve disagreements.

**Table 2** Data extraction template

Item	Information		
1. Article information	Title		
	Author(s)		
	Year of publication		
	Country of study		
2. Study information	Study design (qualitative, quantitative, mixed methods and systematic and meta-analysis reviews).		
	Aim/purpose		
	Setting		
3. Methodology	Target population: <ul style="list-style-type: none"> <li>▶ Adolescents.</li> <li>▶ Parents including extended family members.</li> </ul>		
	Average age (adolescents)		
	Gender		
	Ethnicity		
	Sample size		
	Indicators of the effectiveness of communication between parents and adolescents on SRH, if the articles report it: <ul style="list-style-type: none"> <li>▶ Strengthen parents SRH communication with their children.</li> <li>▶ Promote safe sexual practices among adolescents, such as condom use.</li> <li>▶ Early initiation of sexual intercourse is avoided.</li> <li>▶ Less likely to report STIs, including (HIV/AIDS).</li> <li>▶ Adolescent pregnancy reduction.</li> </ul>		
	4. Results	Themes: <ul style="list-style-type: none"> <li>▶ Barriers of parent–adolescent communication.</li> <li>▶ Facilitators of parent–adolescent communication.</li> </ul>	
		5. Conclusions and limitations	Conclusions and limitations of the scoping review.
			SRH, sexual and reproductive health ; STIs, sexually transmitted infections.

### Collating, summarising and reporting the results

The scoping review will follow the Preferred Reporting Items for Systematic reviews and Meta-Analyses (PRISMA) extension for Scoping Reviews checklist presented in online supplemental file 1.<sup>38</sup> After completing the data extraction, we will summarise the evidence from the included articles using charts (presentation of the PRISMA flow chart diagram presented in online supplemental file 2)<sup>39</sup> and tables in a Microsoft Excel sheet. We will also provide a summary of the key findings according to the main themes related to the research objective and questions and provide a full citation of the documents. It is worth mentioning that although the scoping review will

identify and report indicators that qualify parent–adolescent communication on SRH matters, there will be no critical appraisal of the evidence of the included studies.<sup>31</sup>

### Optional consultation exercise

Considering Arksey and O'Malley's recommendation, we recognise the importance of the experts' consultation exercise as a mechanism to enhance and validate the scoping review findings.<sup>31</sup> Therefore, we intend to consult with experts in the field when we finish summarising the results. The consultation process aims to elucidate additional sources of information, validate the findings and inform future research gaps and opportunities.<sup>40</sup> As recommended by Levac and colleagues, we will use the preliminary results from step five as a foundation to inform the consultation process.<sup>40</sup> We will seek feedback through consultation with the gynaecology chief at the General Hospital Dr Manuel Gea González, in Mexico City.

## DISCUSSION

This protocol outlines the methodological steps for conducting a scoping review to map the existing literature and the gaps relating to the barriers and facilitators of parent–adolescent communication on SRH for Indigenous peoples across Latin American countries. This protocol includes a rigorous and transparent method to collect, analyse and summarise the findings. The review will contribute to a deeper understanding of adolescents' SRH needs and priorities, especially for Indigenous people living in the Americas. This is particularly important because there is a tendency to adopt homogenised Western medical interventions and strategies that undermine Indigenous peoples' ways of knowing, values and cultural norms. In doing so, we hope to shed light on Indigenous adolescents' needs to tailor healthcare in culturally specific ways.

We envision that the scoping review findings will be relevant to a broader audience, including researchers, programme developers and policymakers working with adolescents' SRH in this specific context. Based on our main objective, we consider that the findings will potentially drive towards multiple avenues of action, including strengthening the evidence to inform in a more comprehensive way policy and programming decisions. Also, we expect to inform future research projects and update the evidence to tailor culturally appropriate strategies and interventions for these populations. This is instrumental because Indigenous people's voices are rarely considered in the decision-making process, particularly concerning their health. At the same time, programme developers and policymakers seldom adapt culturally specific ways of delivering healthcare to the populations they plan to serve.

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## Supplementary file 1

Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR)

Developed from: Tricco AC, Lillie E, Zarin W, et al. PRISMA Extension for Scoping Reviews (PRISMA-ScR): Checklist and Explanation. *Ann Intern Med.* 2018;169:467–473.

Section	Item	PRISMA-ScR Checklist	Reported on page #
<b>Title</b>	1	Identify the report as a scoping review.	1
<b>Abstract</b>			
Structured summary	2	Provide a structured summary that includes (as applicable) background, objectives, eligibility criteria, sources of evidence, charting methods, results, and conclusions that related to the review questions and objectives.	1
<b>Introduction</b>			
Rationale	3	Describe the rationale for the review in the context of what is already known. Explain why the review questions/objectives led themselves to a scoping review approach.	2-4
Objectives	4	Provide an explicit statement of the questions and objectives being addressed with reference to their key elements (e.g., population or participants, concepts, and context) or other relevant key elements used to conceptualize the review questions and/or objectives.	4-6
<b>Methods</b>			
Protocol and Registration	5	Indicate whether a review protocol exists; state if and where it can be accessed (e.g., a Web address); and if available, provide registration information, including the registration number.	10
Eligibility criteria	6	Specify characteristics of the source of evidence used as eligibility criteria (e.g., years considered, language, and publication status), and provide a rationale.	5,6
Information sources*	7	Describe all information sources in the search (e.g., databases with date of coverage and contact with authors to identify additional sources), as well as the date the most recent search was executed.	6
Search	8	Present the full electronic search strategy for at least 1 database, including any limits used, such that it could be repeated.	6

Selection of sources of evidence†	9	State the process for selecting sources of evidence (i.e., screening and eligibility) included in the scoping review	7,8
Data charting process‡	10	Describe the methods of charting data from the included sources of evidence (e.g., calibrate forms or forms that have been tested by the team before their use, and whether data charting was done independently or in duplicate) and any processes for obtaining and confirming data from investigators.	8
Data items	11	List and define all variables for which data were sought and any assumptions and simplifications made.	8,9
Critical appraisal of individual sources of evidence§	12	If done, provide a rationale for conducting a critical appraisal of included sources of evidence; describe the methods used and how this information was used in any data synthesis (if appropriate).	9
Summary measures	13	Not applicable for scoping reviews.	N/A
Synthesis of results	14	Describe the methods of handling and summarizing the data that were charted.	9
Risks of bias across studies	15	Not applicable for scoping reviews.	N/A
Additional analyses	16	Not applicable for scoping reviews.	N/A
<b>Results</b>			
Selection of sources of evidence	17	Give numbers of sources of evidence screened, assessed for eligibility, and included in the review, with the reasons for exclusion at each stage, ideally using a flow diagram.	9
Characteristics of sources of evidence	18	For each source of evidence, present characteristics for which data were charted and provide the citations.	9
Critical appraisal within sources of evidence	19	If done, present data on critical appraisal of included sources of evidence (see item 12).	N/A
Results of individual sources of evidence	20	For each included source of evidence, present the relevant data that were charted that relate to the review questions and objectives.	9
Synthesis of results	21	Summarize and/or present the charting results as they relate to the review questions and objectives.	9
Risk of bias across studies	22	Not applicable for scoping reviews.	N/A
Additional analyses	23	Not applicable for scoping reviews.	N/A
<b>Discussion</b>			
Summary of evidence	24	Summarize the main results (including an overview of concepts, themes, and types of	9



		evidence available), link to the review questions and objectives, and consider the relevance to key groups.	
Limitations	25	Discuss the limitations of the scoping review process.	9
Conclusions	26	Provide general interpretation of the results with respect to the review questions and objectives, as well as potential implications and/or next steps.	9
Funding	27	Describe sources of funding for the included sources of evidence, as well as sources of funding for the scoping review. Describe the role of the funders of the scoping review.	11

JBIG = Joanna Briggs Institute; PRISMA-ScR = Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews.

\* Where sources of evidence (see second footnote) are compiled from, such as bibliographic databases, social media platforms, and Web sites.

† A more inclusive/heterogeneous term used to account for the different types of evidence or data sources (e.g., quantitative and/or qualitative research, expert opinion, and policy documents) that may be eligible in a scoping review as opposed to only studies. This is not to be confused with information sources (see first footnote).

‡ The frameworks by Arksey and O'Malley (6) and Levac and colleagues (7) and the JBI guidance (4, 5) refer to the process of data extraction in a scoping review as data charting.

§ The process of systematically examining research evidence to assess its validity, results, and relevance before using it to inform a decision. This term is used for items 12 and 19 instead of "risk of bias" (which is more applicable to systematic reviews of interventions) to include and acknowledge the various sources of evidence that may be used in a scoping review (e.g., quantitative and/or qualitative research, expert opinion, and policy documents).

**Supplementary file 2**

## PRISMA Flow Chart Diagram for Scoping Reviews

Developed from: Peters M, Godfrey CM, McInerney P, et al. The Joanna Briggs Institute Reviewers' Manual 2015: Methodology for JBI Scoping Reviews. 2015.

