



Research Article

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Sexual Communication between Parents and Adolescents: Perception of Secondary School Students in Abeokuta, Ogun State, Nigeria

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Abstract

This study assessed the characterization of parent-adolescents' sexual communication of secondary school students in Abeokuta South Local Government of Ogun State, Nigeria. 411 adolescents were selected using multistage sampling techniques. Quantitative data was obtained with a semi-structured questionnaire. An in-depth interview was carried out to further explore parent-adolescent sexual communication as a representation of the qualitative data. Both quantitative and qualitative data collected were analysed using descriptive and thematic content analyses. Results revealed that most (64.5%) of the respondents had moderate perception of parent-adolescent communication. The findings of the qualitative analysis revealed themes of sexual communication including puberty, abstinence from sex, and HIV/AIDS. Parents' awareness to sexual communication promoting was associated to physical changes during puberty and adolescents' attitudes. Although, adolescents prefer to discuss sexual issues with their mothers, time factor for such discussion was a major constraint. In addition, adolescents perceived unwillingness on the part of parent to initiate or sustain sexual communication issues despite their knowledgeability. Adolescents perceived that their parents are knowledgeable about sexual communication but not willing to communicate sexual issues with them. The study concludes that parents' unwillingness for sexual talk and time factors could pose threats to achieving effective parent-adolescent sexual communication. Hence, it is recommended that parents should engage in timely communication on sexual related issues often during early adolescence phase. It is imperative for fathers also, to create a conducive atmosphere for active sexual communication with their children especially male adolescents.

Keywords: parents, young people, sexual communication, sexual activity, adolescence

1. Introduction

Adolescence phase is the period of life between 10-19 years (World Health Organisation (WHO), 2013). Generally, adolescents are usually regarded as healthy segment of the community with little attention other health (George, 2012) despite health challenges. However, early sexually active could predispose adolescent to health challenges if without precautions.

A complex interaction of factors between adolescents and their surroundings, such as parents, peers, neighborhood, schools, community, health care systems, media, social norms, policies and

laws affects their health, safety and well-being which collectively affect their ability to appropriately make healthy decisions (Interagency youth Working Group, 2007). The family institution is the first arena and medium of socializing children, other institutions are also indispensable. Parents in particular play a cogent role in sexual socialization of their children and in helping them measure the consequences of their behaviours (Interagency youth Working Group, 2007; WHO, 2012).

But historically, providing sex education by parents to their adolescent in Nigeria, is a taboo (Asekun-Olarinmoye *et al.*, 2011). Ogunnowo (2016) found out in a study on parent-adolescent sexual health communication in immigrant Nigeria American families that Nigeria parents in the study viewed sexual communication with children as sensitive, disgraceful and likely to promote promiscuity. Most parents in the study perceived that sexual communication with their adolescents is immoral and against the Nigerian culture which regards such communication as a taboo (Ogunnowo, 2016). This cultural taboo makes adolescents not to freely involve in sexual communication with their parents (Ayalew *et al.*, 2014). The use of direct and indirect means of communication on sexual issues is common between parents and adolescent. According to Nundwe, (2012), parent prefer providing reading materials, an indirect means of communication which is inadequate to provide sexual education while use of threats is the direct communication which could still leave adolescent to ignorance of sexuality.

This study seeks to explore the sexual relationship existing between parents and adolescent in secondary school of Abeokuta-south local government area of Ogun State, Nigeria using a mixed method approach. The objectives examined adolescents' perception of parent-adolescent on sexual communication, the quality of parent-adolescent sexual communication, parents' awareness for the need to communicate sexual related issues to children, and parent capability to communicate sexual related issues to their children.

2. Theoretical Approach

The Information-Motivation Behavioural Model and the Rommetveit and Blakar Communication Model were integrated as theoretical basis to understand parent-adolescent sexual communication. According to Fisher *et al.*, (2013), the Information-Motivation Behavioural Model explained that as far as individuals such as adolescents are well informed, motivated to act, and possess the required behavioural skills for sexual behaviours, they are likely to initiate health-promoting sexual behaviours and experience positive results. In contrast, to the extent that individuals are poorly informed, unmotivated to act, and lack the behavioral skills needed for effective action, they tend to engage in unhealthy sexual behaviours that could be risky leading to negative outcomes. The integration of IMB address the significance of parents communication on sexual issues to their adolescents.. Parents are expected to be the motivate their adolescents so that during the phase of adolescence, good decisions can be taken regarding their sexual behaviours. Meanwhile, when parents do not communicate sexual related issues with their adolescents, they would be poorly informed or get misleading information from peers and as such tends to engage in risky sexual behaviours. The Rommetveit and Blakar communication model on the other hand involves six communication process; production of messages, encoding of messages, decoding of messages, processing and memory of received messages, sender's anticipation of receiver's decoding, and receiver's listening to the premises of the sender (Blakar 1984 as cited by Gathii, 2015). This process of communication is seen as an interaction between two parties, each having the ability to influence one another (Blakar 1984 as cited by Gathii, 2015). This explained how sexual communication between parents and adolescents could influence adolescents sexual behaviour.

3. Previous Literature

Evidences from some research has shown that adolescents are involved in sexual practices at an early age (Adeomi *et al.*, 2014; Chukwunonye *et al.*, 2015; Omeonu *et al.*, 2014; Adegoke, 2014). In a study

conducted on sexual risk behaviour among adolescents attending secondary schools in Osun state, it was revealed that the adolescents' mean age for first sexual intercourse was 12.7 years and about 20% of the adolescents had had sexual intercourse before (Adeomi *et al.*, 2014) age 12 years and most of the adolescents in the study said that their first exposure to sex was unplanned; some were drugged, raped, forced, deceived, some did it out of curiosity about sex, and some actually requested sex (Chukwunonye *et al.*, 2015). This early sexual initiation predispose adolescents to sexual risk as the use of contraception among them is low which increases the risk of unwanted pregnancy and sexually transmitted infections (Chukwunonye *et al.*, 2015) and likewise, some engage in unhealthy sexual behaviour like unsafe sex and multiple sex partners (Aji *et al.*, 2013).

Some studies have established a positive association between parent-adolescent communication and adolescent sexual risk behaviour (Gathii, 2015; (De Looze *et al.*, 2015; Shabrina and Nursasi, 2018; Wang, 2009). A study on the influence of parent-adolescent communication on adolescents' risk of sexual issues carried out in Jakarta, Indonesia revealed that there is correlation between parent-adolescent communication and adolescent risk of premarital sex with a p-value of 0.021 (Shabrina and Nursasi, 2018). Although, mothers have been found to be more involved in sexual communication than fathers (Ogunnowo, 2016; De Looze *et al.*, 2015; Manu *et al.*, 2015; Rudi *et al.*, 2015; and Sneed *et al.*, 2013).

Parental-adolescent sexual communication is important for educating adolescents about risks and protective behaviors, offering guidance on value and behavioural expectations, and reducing the probability of adolescents' participation in risk behaviours (Cottrell, 2007 as cited by Kaljee *et al.*, 2011). Adolescents described parents as their primary source of sexual information and knowledge and having the greatest effect on their sex decisions (Azar, 2012). A study on how sources of sexual information relate to adolescents' belief about sex reported that parents are likely to be associated with beliefs that delay sexual intercourse (Bleakley *et al.*, 2009). However, studies have described parent-adolescent sexual communication in Africa as being poor and inadequate (Ogunnowo, 2016; Olusanya *et al.*, 2013; Nundwe, 2012).

Izugbara, (2005) as cited by Emelumadu *et al.*, (2014) argues that most African parents may not be in a good position to provide their children with sex education because the information they provide is often inscrutable and fear-laced, so it does not inculcate trust or protect children from unhealthy sexual practices. However, adolescents do not often engage in sexual communication with parents. A study conducted on Adolescent - parent communication on sexual and reproductive health issues among high school students in Dire Dawa, Eastern Ethiopia revealed that low communication about sexual and reproductive health exist between parents and adolescents as adolescents discussed their sexual issues more with their peers than parents (Ayalew *et al.*, 2014). Much of their shallow knowledge came from the schools teaching mass media, classmates, and a few anti-AIDS clubs. Nevertheless, Bastein *et al.*, (2011), highlight parent-adolescent communication as a protective factor in Adolescent Sexual and Reproductive Health. Also, a study conducted on assessment of adolescents' communication on sexual and reproductive health matters with parents among secondary school students in Ethiopia showed that adolescents accepted that it is important to discuss sexual and reproductive health issues with parents (Shiferaw *et al.*, 2014). Thus, most of the sexual communication between parents and adolescents is seen as expedient and viewed by many as a successful way to persuade adolescents to adopt responsible sexual behaviors (Fine and McClelland, 2006 cited by Harris, 2016).

Therefore, the study assessed the characterization of sexual communication between parents and adolescents in secondary school in Abeokuta South Local Government of Ogun State, Nigeria.

4. Methodology

This study was a cross-sectional study using a mixed method research. The study was carried out in selected secondary schools in Abeokuta South Local Government Area of Ogun State. This study area was selected because it covers a large part of Abeokuta Metropolis and due to the perceived rate of

sexual activity among adolescents in this local government. Male and female adolescents within the age range of 12-19 years from public senior secondary schools in Abeokuta South Local Government were the populace for the study. The prevalence rate of parent-child communication in a study conducted in Ogun state 89.7% (Opawale, Animasahun, & Chapman, 2017) guided the sample size selection using $n = \frac{z^2pq}{d^2}$

Therefore, the minimum sample size: $n = \frac{1.96^2 \times 0.897 \times 0.103}{0.03^2} = 394$. The instrument was considered reliable at a reliability coefficient of 0.791

The research instrument consisted of an adapted Parent-Adolescent Sexual Communication Scale using Parent-Adolescent Communication Scale (Jaccard *et al.*, 2000). A four (4) likert-type scale consisting of strongly agree, agree, strongly disagree, and disagree was used to assess adolescents' perception of parent-adolescent communication on sexual related issues. The scale consisted of seventeen (17) items which included questions about communication on; menstruation, wet dream, premarital sexual intercourse, pregnancy, homosexuality, sexually transmitted disease, condom usage, abortion, and among others.

The respondents were properly probed on questions relating to; quality of parent-adolescent communication on sexual related issues, parents' awareness of the need to communicate on sexual related issues, and parents' capability to communicate on sexual related issues.

The in-depth interview conducted to further explore parent-adolescent communication on sexual related issues with use of an interview guide which lasted for thirty minutes Notes were taken during the interview and the interview was also recorded with the respondents' permission.

Quantitative data was analysed using descriptive statistics such as frequency distribution, tables, percentages and mean scores. The Parent-Adolescent Communication Scale (PACS) which is a four likert-type scale were coded and scored as 4, 3, 2, and 1 for strongly agree, agree, disagree, and strongly disagree respectively. The mean for each questions were calculated using the scores. After summing the responses, an index was calculated by grouping respondents into 3 categories (Low, Moderate, and High Communication). The minimum score was 17, and the maximum score was 70 and respondents were classified as in table 1 below.

Table 1: Index Categories for Parent-Adolescent Sexual Communication

Categories	Score Range
Low Communication	17-34
Moderate Communication	35-52
High Communication	53-70

Qualitative study was analysed using thematic content analysis. The stepwise action for the qualitative study were; transcribing of audio-recorded in-depth interview, reading and highlighting of interview script thoroughly for generating codes, labelling codes for emerging themes and sub-themes, and interpretation of result (Bryman, 2012).

4.1 Inclusion Criteria

In-school students that are within the age range of 12-19 years from public senior secondary schools

4.2 Exclusion Criteria

Adolescents not in school; adolescent students younger than 12 years old or that are older than 19

4.3 Ethical Consideration

Permission to conduct the study was obtained from the Ministry of Education through the Zonal Education Office of Abeokuta South Local Government, Ogun State. Informed consents were also

obtained from the respondents. Respondents who do not give their consent were excluded from the study.

5. Results

5.1 Demographic Characteristics of Respondents

Table 2 shows the demographic characteristics of respondents. 50.4% of the total sample size were females while 49.6% were males. The mean age of the respondents was 15.98 with more than one-third (39.7%) within the age range of 12-15 years while 43.8% of the respondents were within the range of 16-17 years and 16.5% within the age range of 18-19 years old. About half (50.9%) of the respondents were from SSS2 class while the rest (49.1%) were from SSS1 class. Majority (92%) of the respondents were from the Yoruba ethnic group while 5.4 % were from the Igbo ethnic group, 1% from the Hausa ethnic group and 1.7% were from Edo ethnic group. More than two-third (66.4%) of the respondent were Christians while about one-third (32.8) were Muslims, and very few (0.7%) practice traditional religion. Majority (95.6%) of the respondents said religion is very important to them while few (4.1%) said religion is important and very few (0.2 %) said religion is not important to them.

More than two-third (69.1%) of the respondents live with their parents. 18.2% were living with only their mother while 4.6% were living with only their father. Just 1% of the respondents were living with siblings while about 7% of the respondents were living with guardians and relatives.

Table 2: Demographic Characteristics of Respondents (N=411)

Variables	Frequency	Percentage	Mean/S.D
Sex			
Male	204	49.6	
Female	207	50.4	
Total	411	100	
Age			
12-15 years	163	39.7	15.98 (1.53)
16-17 years	180	43.8	
18-19 years	68	16.5	
Total	411	100	
Class			
SSS1	202	49.1	
SSS2	209	50.9	
Total	411	100	
Ethnic			
Yoruba	378	92.0	
Igbo	22	5.3	
Hausa	4	1.0	
Edo	7	1.7	
Religion			
Christianity	273	66.4	
Islam	135	32.8	
Traditional	3	0.7	
Total	411	100	
Importance of Religion			
Very important	393	95.6	
Important	17	4.1	
Not important	1	0.2	
Total	411	100	

Variables	Frequency	Percentage	Mean/S.D
Live with			
Both parent	284	69.1	
Mother only	75	18.2	
Father only	19	4.6	
Siblings	4	1.0	
Relatives	14	3.4	
Guardians	15	3.6	
Total	411	100	

5.2 Respondents' Perception of Parent-Adolescent Sexual Communication

Table 3 shows the respondents' perception of parent-adolescent communication on sexual and reproductive health using a Likert-type scale. The respondents feel comfortable talking about menstruation/wet dream with their parent ($\bar{x}=3.08$) and they reported that their parent talk to them about pre-marital sexual intercourse ($\bar{x}=3.00$). Respondent also reported that their parent talk to them about pregnancy ($\bar{x}=2.89$), homosexuality ($\bar{x}=2.69$), sexually transmitted disease ($\bar{x}=2.99$), and the issue of abortion ($\bar{x}=2.53$). However, respondents disagreed with the statement that parent talk to them about condom usage ($\bar{x}=2.22$).

Also, respondents said that they would be embarrassed talking to their parent about sex ($\bar{x}=2.63$). However, respondents disagreed that their parent does not know enough for them to talk with them about sex ($\bar{x}=2.28$), would not be honest with them if they talk with them about sex ($\bar{x}=2.35$), too old ($\bar{x}=1.96$) and too busy ($\bar{x}=2.13$) to be able to relate with them about sex. Also, respondents said it is not true that their parents do not listen to them when it comes to sex ($\bar{x}=2.16$) and that their parent would be embarrassed talking to them about sex ($\bar{x}=2.14$). Respondents also disagreed that they might likely not be honest about their behaviour with their parent if they were to talk about sex ($\bar{x}=2.42$) and that their parent would get angry if they tried to talk to them about sex ($\bar{x}=2.21$). However, respondents agreed that their parent taught them how to protect themselves from sexual harassment ($\bar{x}=3.26$). Parent-Adolescent Communication Index as shown in figure 1 below shows that respondents' perception of parent-adolescent sexual communication is moderate. However, figure 2 below shows the comparison of mother and father frequency of sexual communication. The figure shows that mother communicated frequently more than father.

Table 3: Respondents' Perception of Parent-Adolescent Sexual Communication (N=411)

STATEMENTS	SA	A	D	SD	X	S.D
Comfortable talking about menstruation/wet dream with parent	174(42.3)	137(33.3)	58 (14.1)	42 (10.2)	3.08	0.99
Parents talk about premarital sexual intercourse	154(37.5)	155(37.7)	48(11.7)	54(13.1)	3.00	1.01
Parents talk about pregnancy	159(38.7)	115(28.2)	70(17.0)	67(16.3)	2.89	1.10
Parents talk about homosexuality	122(29.7)	114(27.7)	100(24.3)	75(18.2)	2.69	1.08
Parents talk about sexually transmitted disease	168(40.9)	122(29.7)	69(16.8)	52(12.7)	2.99	1.04
Parents talk about condom usage	72(17.5)	78(19.0)	129(31.4)	132(32.1)	2.22	1.08
Parents discuss the issue of abortion	113(27.5)	91(22.1)	108(26.3)	99(24.1)	2.53	1.13
Embarrassed talking to parents about sex	120(29.2)	99(24.1)	110(26.8)	82(20.0)	2.63	1.11
Parents does not know enough to want to talk with them about sex	75(18.2)	96(23.4)	110(26.8)	130(31.6)	2.28	1.10
Parents would not be honest with me if I talked with them about sex	86(20.9)	103(25.1)	90(21.9)	132(32.1)	2.35	1.14
Parents are too old to be able to relate to me about sex	47(11.4)	53(12.9)	146(35.5)	165(40.1)	1.96	0.99
Parents are just too busy to talk to me about sex	56(13.6)	82(20.0)	134(32.6)	139(33.8)	2.13	1.03
Parents do not listen to me when it comes to sex	71(17.3)	72(17.5)	121(29.4)	147(35.8)	2.16	1.10
Parents would be embarrassed talking about sex	64(15.6)	70(17.0)	138(33.6)	139(33.8)	2.14	1.06
Might not be honest about my behaviour with my parents if we were to talk about sex	85(20.7)	113(27.5)	103(25.1)	110(26.8)	2.42	1.09
Parents would get angry if I tried to talk to them about sex	175(42.3)	82(20.0)	110(26.8)	144(35.0)	2.21	1.11
Parents taught me how to protect myself from sexual harassment	210(51.1)	133(32.4)	34(8.3)	34(8.3)	3.26	0.93

SA-Strongly Agree; A-Agree; D-Disagree; SD-Strongly Disagree; X-Mean; S.D.-Standard Deviation

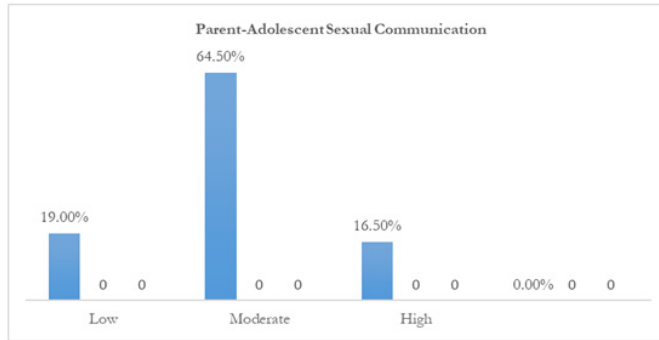


Figure 1: Parent-Adolescent Sexual Communication Index

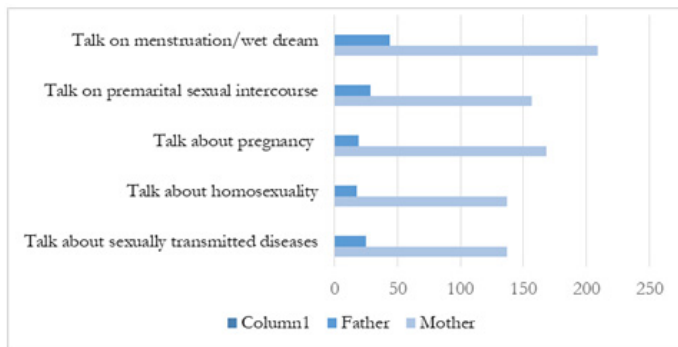


Figure 2: Comparison of Mother and Father Frequency of Sexual Communication

5.3 Thematic Content

For the qualitative findings, sixteen adolescents comprising of eight boys and eight girls aged 15-19 years participated in the in-depth interview to seek their opinion on sexual communication with parents. Three broad themes emerged including existence, awareness and importance, and parents' capability to communicate

5.3.1 Existence

In understanding the existence of sexual communication between adolescents and parents, five subthemes emerged – initiation of sexual communication, age of adolescent, perceived age of parent-adolescent sexual communication, responsible figure, sexual discourse and atmosphere. A common view amongst the interviewees was that the age at which parents first started communicating sexual issue was between 13 and 14 years. Six out of the eight females interviewed reported that their parents communicated with them on sexual related issues while just four males reported experiencing such. A recurrent theme in the interview was a sense amongst interviewees that their mothers remain the responsible figure for communicating with them on sexual related issues. Although, concerns were expressed by interviewees as the perceived age of sexual communication initiation. As one interviewee put it:

“...10 years because by that time, the child would have matured enough to reason and understand what the parent is saying. (Grace, a 15 years old girl, ID1).”

The perception of all interviewees on the appropriate age for the initiation of sexual

communication was within the ages of 8-13 years giving their reason;

Another theme that emerged from this was the content of parent-adolescent sexual communication which were puberty, abstinence from sex, avoiding relationships with opposite sex, pregnancy, STI, and HIV/AIDS.

"She said I should not move with guys that I should face my studies. That I should not play with boys (pseudonym Janet, a 15 years old girl, IDI)."

Also, adolescents reported the atmosphere of communicating about sexual related issues is for parents to communicate with them as friends, frequently, and when everywhere is silent like twilight.

"...As for me, the best time is twilight, the mother will come to me and wake me up to talk to me (pseudonym Peace, a 16 years old girl, IDI)."

5.3.2 Parents Awareness

One of the theme that emerged from this was parent prompting for sexual communication which were physical changes of puberty, situational influence, adolescents' attitude and behaviour, and concern for adolescents' well-being.

"Because there are many things that happened in our environment like 16 years old girl getting pregnant (pseudonym Mercy, an 18 years old girl, IDI)."

Another theme that emerged from this was awareness of parent to communicate on sexual related issues which revealed that some parents were aware, some not aware, while some were aware but do not have time for such communication.

"I think most parent are aware but most of them are sometimes too busy to talk to their children on sexual related issues (pseudonym Janet, a 15 years old girl, IDI)."

5.3.3 Parents' Capability to Communicate Sexual Related Issues to Adolescents

Themes that emerged from this were; preferred parent on sexual related communication, comfortability talking to parent on sexual related issues, parent knowledge on sexual communication, parent willingness to communicate on sexual related issues, and parent reaction to questions related to sexual issues. Most of the adolescents reported that they preferred their mother for sexual communication as their mother is more understanding when compared to their father. However, one of the girls reported otherwise that she preferred her father for sexual communication as her mother does not have time for her.

"I prefer my father because my mum is careless, all she knows how to do for a child is for the child to eat and go to school. There are times I doubt if she is my mother (pseudonym Peace, a 16 years old girl, IDI)."

6. Discussion

Majority of the respondents are from the Yoruba ethnic group (92%) and this is because the local government for the study area is located in a city in South Western part of Nigeria and Yoruba is the largest ethnic group in South West. About two-third of the respondents are Christians (66.4%) and all most all the respondents said religion is important to them. This is similar to the findings of Opawale et.al (2016) in a study conducted at Sagamu where 92.3% of the respondents were from Yoruba tribe and 67.9% were Christians. More than two-third of the respondents live with both parents and this also corroborates the findings of Opawale et al., (2016) which reported that more than half of the respondents live with both parents. Respondents' perception of parent-adolescent sexual communication revealed that respondents feel comfortable talking about menstruation/wet dream with their parent. This agrees with the findings of Nurachmal et al (2018), in a study which revealed that both mothers and daughters reported feeling comfortable talking about puberty including mensuration. Also,

the findings of this study showed that parent do not talk to their adolescents about condom usage. This may be due to societal norms and beliefs and some parents may feel that telling their adolescent about condom usage may expose them to sexual risk behaviours. This corroborates the findings of Nundwe (2012) in a study which showed that parents fail to communicate with their adolescent children on sensitive issues of sexuality like condom use. Generally, perception statements showed that adolescents' level of communication with parents on sexual issues is moderate. Overall, it was revealed from the study that adolescents communicate more with their mothers than with their fathers. The in-depth interview also confirmed this as most of the participants reported it was their mothers that communicated with them on sexual related issues and that they preferred that their mother should talk to them. This is similar to the findings of Ogunnowo (2016), De Looze *et al.*, (2015), and Manu *et al.*, (2015) where it was reported that mothers discuss sexuality with adolescents more often than fathers. It however differs from the findings of Neme and Olana, (2019) when they found out in their study that more than half of the respondents who are adolescents received information on sexual and reproductive issues from school followed by media, and peers.

Findings from the in-depth interview showed how the respondents perceived the quality of parent-adolescent communication. From the major themes that emerged under this, it was revealed that parents communicated with females than their male counterparts. This may be because it is perceived that females are more vulnerable and that the female child bears most of the consequences of sexual risk behaviour such as teenage pregnancy. This also corroborates the findings of De Looze *et al.*, (2015) where it was found out that mothers and fathers are more likely to talk to their daughters as compared to their sons. This however differs from the findings from the quantitative study as there is no significant difference in male and female perception of parent-adolescent sexual communication.

The study concludes that parents' unwillingness for sexual talk and time factors could pose threats to achieving effective parent-adolescent sexual communication. Hence, it is recommended that parents should engage in timely communication on sexual related issues often during early adolescence phase. It is imperative for fathers also, to create a conducive atmosphere for active sexual communication with their children especially male adolescents.

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