

Parental Perception and Practices Relating to Parent-Child Communication on Sexuality in Lagos, Nigeria

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Received September 2009; Revised and accepted November 2009

Abstract

Objective: This study aimed at contributing to the promotion of positive communication between parents and children in order to help the children establish individual values and make sexually healthy decisions.

Materials and method: Ninety six out of 300 in-school adolescents previously interviewed were selected for follow-up interview with their respective parents/guardians using a simple random sampling technique. Semi-structured questionnaires were administered on the parents/guardians after obtaining their informed consents.

Results: Of the 93 respondents that freely discuss with their children, the frequencies were: regularly (68.8%); occasionally (28.0%); and (3.2%) could not recall. More of those that discussed about sexuality issues were younger with a mean age of 45.5 years compared to 48.3 years for those who did not ($\chi^2 = 40.91$, $df = 50$, $p < 0.05$). Similarly, younger respondents perceived sexuality education more important than older respondents ($\chi^2 = 61.81$, $df = 75$, $p < 0.05$). Very few discussed HIV/AIDS with their male children while none had such discussion with their female children. About one-quarter of the parents did not believe in children knowing about contraceptives, stating that such exposure is unnecessary because it will initiate the children into early sexual activities. This communication gap was more evident when about one-third of the respondents insisted they will not counsel their children about contraceptives.

Conclusions: Parents should be assisted in developing specific knowledge and skills to support their adolescents' sexual decision making. Intervention programs should target particularly the older ones, who are usually not too comfortable in discussing issues relating to sexuality with their children.

Key words: parental; perception; communication; adolescents; sexuality.

Introduction

Meeting adolescents' needs for sexual and reproductive health information and services is vital

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to their future (1). The social context in which adolescents grow up and become adults influences their choices and their reproductive health behavior and practices (2, 3). In Nigeria, for example, the social production of masculinity and femininity often begins at home through socialization practices which aim at instilling specific personalities and identities into male and female children (3). Programs addressing adolescent sexual and reproductive health

information and services vary widely in what is taught, at what age, in what setting, by whom and in what manner. Often, involvement of parents is low (2). Although most parents want their adolescent children to know about abstinence, contraception, and how to prevent HIV and other sexually transmitted infections (STIs), they often have difficulty communicating about sex (4).

Despite the urgent need for raising public awareness about adolescents' sexual health challenges, cultural and institutional barriers stand in the way. For example, sexuality education for adolescents has long been hampered by adult beliefs that knowledge of sexual health issues will promote promiscuity among adolescents, particularly unmarried ones. However, studies have on one hand shown that sexual health education does not encourage early initiation of intercourse but on the contrary communication concerning sexual matters between parents and their adolescent children serve as a protective factor. It also exerts a favorable influence on adolescents' sexual behaviors, which can delay first intercourse and lead to more consistent contraceptive use and safer sex practices (1, 2, 5-9). On the other hand, studies have similarly shown that lack of parent-child communication about sexuality affects adolescents' behaviors and attitudes with reported cases of emotional distress, lower self-esteem, school problems, drug use, and sexual risk behaviors (8, 10). Moreover, when parents affirm the value on their adolescent children, they more often develop positive, healthy attitudes about themselves. Nonetheless, positive communication between parents and children helps the young people to establish individual values and make sexually healthy decisions (5).

Many issues on sexuality education still need to be resolved while information relating to the extent of parental involvement in communication on sexuality with adolescents is much needed. We present here the second phase of a study earlier carried out on the assessment of parent-child communication on sexuality in Lagos, Nigeria (11). This paper discusses the experiences and basic contents of parent-child communication, how often parents communicate with their children and figure out what support parents need to improve their communication skills.

Materials and method

Study Population: All the participants were drawn from Lagos Mainland Local Government Area of

Lagos State, Nigeria. Ninety six (56.3% males and 43.7% females) out of the three hundred in-school adolescents who participated earlier in the first phase of this study were selected for a follow-up interview with their respective parents/guardians using a simple random sampling technique. In a situation where the selected adolescent had two parents, one of the parents was selected at random for the study. Subsequently, a semi-structured questionnaire was administered by trained field assistants to each of the selected 96 respondents after obtaining their informed consents. In the course of completing the questionnaire, questions asked were with respect to only one parent who was interviewed.

Data collection and analysis: Data from the survey were first checked for completeness by the interviewers and subsequently cross-checked by the field supervisors. This was done in order to reduce data entry error. Following the collection, cleaning and coding, the data were then entered and analyzed using Epi Info 6.04a software version. In making the coding consistent and reliable, responses to the open-end questions in the questionnaire were first sorted and categorized accordingly based on similarities. The generated categories of responses were subsequently assigned codes for computer entry. Univariate, bivariate and multivariate analyses of the data were carried out, cross tabulating important independent and dependent variables in the questionnaire.

Results

Background of respondents: Of the ninety-six respondents interviewed, 64.6% and 35.4% were females and males respectively. Their ages ranged from 30 to 80 years with a mean age of 46 years and a median age of 44 years. Most (95.8%) of respondents had some formal education ranging as follows: primary (18.8%); secondary (51.0%); and post-secondary (26.0%). Only 4.2% had no formal education. While 61.5% were Christians, 38.5% were of the Islamic faith. Most (42.7%) of the respondents were traders. Others were civil servants (33.4%), unskilled workers (10.4%), housewives (6.3%), artisans (4.2%), clerics (2.1%) and professionals (1.0%). The distribution of the respondents according to their marital status showed that most (91.7%) were married while others were widowed (4.2%), divorced (3.1%) and never married (1.0%). The number of children the respondents had in their respective

Table 1: The different issues the respondents often discuss with their children

Issues discussed	n (%)
Puberty	1(1.04)
Unwanted pregnancy	3(3.13)
Contraception (condom use etc)	2(2.08)
HIV/AIDS	1(1.04)
Personal hygiene	3(3.13)
Importance of education	60(62.50)
Moral behaviors	26 (27.08)
Life experiences & about relationship skills	9(9.40)
Influence of bad friends/peer group	25(26.04)

households ranged from 2 to 9 with an average of 5 children and a median of 4 children.

Respondents’ perception, attitude and practices relating to discussing sexuality issues with children:

When the respondents were asked if they freely discuss issues with their children, 96.9% affirmed that they do while 3.1% said they do not. Those that do not discuss any issues with their children at home stated they deemed it not necessary or important to engage their children in any discussion. Of the ninety-three respondents that freely discuss issues with their children, the frequency with which they stated they engage in such discussions were: regularly (68.8%); occasionally (28.0%); and 3.2% could not recall. Weighted average of the different issues the respondents stated they often discuss with their children is presented in Table 1. Child gender significantly affected the different issues respondents often discussed with their children ($\chi^2 = 17.79$, $df = 7$, $p < 0.05$) as illustrated in

Figure 1.

Most (63.5%) of the ninety-six respondents stated that they discuss sexuality issues with their children. Table 2 shows the different sexuality issues the respondents reported they discussed with their children. A larger number (62.3%) of those who reported discussing sexuality issues with their children indicated that they do this regularly. While a few (29.5%) reported discussing such issues occasionally, others (8.2%) could not recall how often the issues were discussed. The reasons for the occasional discussion of sexuality issues with their adolescent children by the few of the respondents were: no time (50.0%); whenever the children misbehave (38.9%); and such issues are not to be discussed always (11.1%). Statistical tests using ANOVA further showed that more of those that discussed about sexuality issues with their adolescent children were younger with a mean age of 45.5 years compared to 48.3 years for those who did not. Significantly, younger respondents were more likely to discuss sexuality issues with their adolescent children than older ones ($\chi^2 = 40.91$, $df = 50$, $p < 0.05$). On the other hand, statistical tests also showed that factors such as gender, education, religion, and occupation of the respondents and child’s gender did not influence their ability to freely discuss sexuality issues with their adolescent children as well as how often such discussions are held ($p > 0.05$).

Respondents’ perceived information contents of sexuality education for adolescents:

On one hand, the perceived specific information contents of sexuality education that should be provided adolescent children by the respondents were: life and relationship skills such as discipline and respect (43.8%); sexual health such as sexually transmitted infections (STIs) (29.2%); personal hygiene (8.3%); morals (4.2%) and 14.25% were undecided. On the

Table 2: The different sexuality issues respondents discuss with their children

Sexuality issues	Yes	No	Cannot remember	Total
Human development	49 (80.3%)	9 (14.8%)	3 (4.9%)	61 (100.0%)
Relationships	60 (98.4%)	-	1 (1.6%)	61 (100.0%)
Personal skills	58 (95.1%)	2 (3.3%)	1 (1.6%)	61 (100.0%)
Sexual behavior	54 (88.5%)	3 (4.9%)	4 (6.6%)	61 (100.0%)
Sexual health	57 (93.4%)	2 (3.3%)	2 (3.3%)	61 (100.0%)
Society & culture	58 (95.1%)	1 (1.6%)	2 (3.3%)	61 (100.0%)

other hand, the actual specific issues the respondents have discussed with their adolescent children in the last six months preceding the survey included sexual health (16.7%), sexual behavior (11.5%), relationships (8.3%), society and culture (8.3%), unwanted pregnancy (7.3%), importance of education (5.2%), personal skills (4.2%), and others (2.1%). A few (36.5%) could not recall what issues they discussed with their children.

Statistical tests showed that respondents' gender significantly influenced only their probability of ever discussing or sharing experiences and feelings with their adolescent children on issues revolving around human development. Moreover, education significantly determined the specific issues the respondents have discussed with their adolescent children in ($\chi^2 = 39.79$, $df = 16$, $p < 0.05$) as illustrated in Figure 2. More mothers (83.7%) were more probable of ever doing this than the fathers (44.4%) ($\chi^2 = 19.80$, $df = 2$, $p < 0.05$). Younger respondents with a mean age of 46.8 years were more probable of ever discussing issues on personal skills with their adolescent children than older respondents with a mean age of 56.5 years ($\chi^2 = 6.30$, $df = 2$, $p < 0.05$). Similarly, only religion of respondents significantly affected the pattern of actual sexual issues discussed with their adolescent children. Christians were more probable of discussing issues relating to unwanted pregnancy, personal skills and sexual health than Muslims while Muslims were more probable of doing same only on issues relating to relationships and society and culture ($\chi^2 = 19.08$, $df = 9$, $p < 0.05$).

Respondents' perception and willingness to educate their children on sexuality issues: About 75.0% of the respondents agreed that children should know about sexuality issues while 25.0% were of the contrary view. According to the former category of respondents, the age at which children should be educated on sex and sexuality issues ranged from 7 to 25 years with a mean of 14.6 years and a median of 13.5 years and males should be educated at a mean age of 14.9 years and a median of 13.5 years compared to females at a mean age of 14.3 years and a median of 13.5 years. Statistical test for significance showed that only the age of the respondents had significant relationship. Younger respondents were more likely to agree that adolescent children should know about sex and sexuality issues than older respondents ($\chi^2 = 4.52$, $df = 1$, $p < 0.05$).

Among those who did not believe in children knowing about sexuality education 92.3% were of the opinion that the exposure would give the children the opportunity to practice what they would be told by initiating early sexual activities while 7.7% believed it is not necessary. On the contrary, of the seventy-two respondents who agreed on the need for adolescent children to know about sexuality education, 43.1% argued that the exposure would empower them with the knowledge of how their bodies work, 33.3% posited that sexuality education for adolescent children would equip them with adequate information on how to avoid illicit unprotected sex that could predispose them to sexually transmitted infections (STIs) and 23.6% stated that exposure would give the children the necessary life skills.

Only 30.2% of the respondents indicated their willingness to counsel their adolescent children about contraceptives while 69.8% were unwilling. A large number (38.8%) of the latter category of respondents believed adolescents are too young to be introduced to contraceptive use while 29.9% feared the predisposition of the children to unwanted pregnancy considering the reported failure of contraceptive use such as condom breakage among adults. Moreover, 13.4% were fatalistic with the view that it is against the word of God because it would promote promiscuity among the children as reported by 11.8%. However, 6.0% did not respond. Statistical tests showed that only the age of the respondents influenced their willingness to counsel or allow their adolescent children to use contraceptives. Younger respondents with a mean age of 43.9 years were more willing to counsel or allow contraceptive use among their adolescent children than older respondents with a mean age of 47.2 years. On the contrary, respondents' gender ($\chi^2 = 1.66$, $p > 0.05$), education ($\chi^2 = 0.55$, $df = 4$, $p > 0.05$), religion ($\chi^2 = 0.59$, $p > 0.05$), occupation ($\chi^2 = 4.77$, $df = 8$, $p > 0.05$) and child's gender did not affect their willingness to counsel or allow their adolescent children to use contraceptives.

Respondents' perception of the importance of parent-child communication on sexuality: Figure 3 illustrates the perception of the importance of parent-child communication on sexuality. Younger respondents were more likely to perceive sexuality education for adolescent children more important than older respondents ($\chi^2 = 61.81$, $df = 75$, $p <$

0.05). Other factors that did not influence the respondents' perception of the importance of sexuality education for adolescent children included: age, gender, education, religion, and occupation ($p > 0.05$).

Opinions of respondents on how to promote parent-child communication on sexuality issues:

When the opinions of the respondents were sought on how they thought parent-child communication on sexuality issues could be enhanced in the society, a little over half (51.1%) of the respondents opined that parents should be courageous to interact with their children. Other opinions from the respondents revolved around the perceived need for: government intervention (30.2%); and mass education in the community (5.2%). Few (13.5%) of the respondents were however undecided.

Discussion

This study examined the perceptions and ability of parents to comfortably and effectively communicate with their children about sexuality issues, with the aim of contributing to the promotion of positive communication between parents and children in order to help the children establish individual values and make sexually healthy decisions. Most respondents interviewed reported they freely discuss sexual health issues with their children at home regularly. This is very encouraging and is similar to an earlier finding (12). There was no significant gender difference in the pattern of communication as reported by the parents interviewed. This is in contrast to the finding in China (9). The general and different issues the respondents stated they often discuss with their children as presented in Table 1 leave much to be desired in relation to the promotion of sexuality education. It is not encouraging that a very few of the respondents discussed the issue of HIV/AIDS with their male children while none had such discussion with their female children. On the other hand, it is disturbing that about one-quarter of the parents interviewed did not believe in children knowing about sexuality education, particularly about contraceptives, with the impression that such exposure is unnecessary at the children's age in life because it would give the children the opportunity to practice what they would be told by initiating early sexual activities. This communication gap was more evident when about one-third of the respondents stated they were unwilling to counsel their children

about contraceptives. Ironically, the fear of the parents interviewed is out of place considering the earlier findings where 36.0% of their children earlier studied were sexually active, 40.7% were already using condoms and majority of the children identified the mass media and friends as sources of their sex-related information (11). It is pertinent at this juncture in making the parents realize the lack of merit in their arguments for not willing to counsel their children about sexuality issues.

However, to build on the positive perception of the importance of sexuality education for adolescent children among the respondents, taking cognizance of the opinion of most of the respondents that parents need to be courageous to communicate with their children, particularly the females, about sexuality issues as a vital way of enhancing the practice in the society, it needs be emphasized that such courage could only be developed by the parents if they are empowered with adequate and appropriate sexual health information. The results therefore suggest the need for health care providers to assist parents in developing specific knowledge and skills to support their adolescents' sexual decision-making as emphasized earlier in the studies on sexual communication and knowledge among American and Mexican parents and their adolescent children respectively (12, 13).

In view of these findings, it is important that more efforts be geared towards developing intervention programmes targeting different categories of parents, particularly those with little or no education and the older ones, who are usually not too comfortable in discussing issues relating to sexuality with their children in the home. They need be made to realize that adolescents are vulnerable to HIV infection, hence require adequate and appropriate information relating to HIV/AIDS and how to prevent infection.

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