

Existing Practices of Parent-child Communication on Sex-related Matters among Households in Ondo State, Nigeria

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Abstract

Adolescents' sexual and reproductive health remain global public health concerns particularly in Sub-Saharan. Undoubtedly, parent-child communication remains a vital means by which parents transmit cultural values and monitor the sexual health of their children. The nature and the quality of sexual conversations that subsist in the family are critical factors in the prevention of sexual risk-taking behaviour among adolescents. Therefore, this paper investigated the existing practices of parent-child communication on sex-related matters among households in Ondo State among the triads of parents and their adolescent children and the implications for adolescents' sexual health in Ondo State, Nigeria. The study elicited data from 483 respondents comprising fathers, mothers and their adolescents; through a multi-stage sampling technique. First, the study found that for most of the respondents (fathers 56.5%, mothers 54.7% and adolescents 60.2%) sexual conversations are occasional; second, mothers often initiate sex-related discussion with children more than fathers; third, sexual conversations are generally not open and receptive; fourth, content of parent-child sexual communication chiefly centre on admonitions against premarital sex; fifth, mothers discuss more sexual topics with the adolescent children than fathers. Sixth, discussion about contraceptive with adolescents is a topic which majority of households in the state avoid. Lastly, many parents still have

inhibitions discussing sex-related issues with adolescents. There's need for interventions that target parents enlightenment and education and addressing cultural norms that impede parent-child sexual conversations; in order to reposition families for parent-child communication that is open, receptive, sequential and time sensitive; conversations about sexual development and decision-making that enhance adolescent sexual and reproductive health.

Keywords: Adolescents, Parent-child, Sexual discussion, Sexual issues and Ondo State

1. Background to the study

Parent-child communication is indispensable in the monitoring of the sexual health (SH) of adolescents. Indisputably, the extent of the qualitative manner in which parents are involved in their children's lives are critical factors in the prevention of sexual risk-taking behaviour among adolescents that compromises their sexual health. Adolescents' sexual health is a global public health concern especially in the developing countries due to increased rate of risky sexual behaviour among adolescents. Several studies have reported increased sexual risk-taking behaviour among adolescents in the last decade (Bastien, Kajula and Muhwezi, 2011; WHO, 2012; Haub, 2013, Burke, Gabhainn, and Kelly, 2018). Much of what we hear about adolescent sexuality are problems of risky sexual behaviour, such as, unwanted pregnancy, abortion, school drop-out as a result of pregnancy and sexually transmitted infection.

Currently, there are 1.8 billion 10-24 year olds young people across the globe, 90 per cent of whom live in developing countries, where they tend to make up a large proportion of the population (Adolescent and Youth Demographics 2022). According to World Health Organisation population in this age group is estimated to continue to increase until the year 2040 (WHO, 2012). Besides, about 16 million adolescent girls between ages 15 and 19 give birth yearly, with 95% occurring in developing countries (WHO, 2012). For many of these adolescents, pregnancy and childbirth are unplanned and unwanted. In addition in many developing countries, pregnancy and childbirth related complications are the chief cause of death among female adolescents aged 15 to 19, with estimated three million unsafe abortions among girls in this age group in 2008 (Sakeah, 2013). Therefore, addressing the SH needs and problems of adolescents is a crucial public health issue. In many parts of the world, particularly in Sub-Saharan Africa that still has the world's highest level of adolescent childbearing (Haub, 2013), the SH needs of adolescents are either poorly understood or not fully appreciated.

While these are of significant concern, it is important to note that sexuality is a normal part of adolescence. During adolescence, the lives of

boys and girls become wrapped in sexuality. Adolescence is a time of sexual exploration and incorporation of sexuality into one's identity (Santrock, 2005). Adolescents have an almost insatiable curiosity about the mysteries of sex (Osei, 2009); they wonder whether they are sexually attractive and think about how to behave sexually and what the future holds for their sexual lives (Osei, 2009, Duell and Steinberg, 2019). Hence, adolescent sexual health is influenced by factors such as the community, religious practices and beliefs, the media, peer influence, biological factors, family characteristics, family process variables, and adolescent attitudes and beliefs (Fisher, 2004). Parents, with the support of community, have the main responsibility for providing adolescents with information they need to protect themselves from sexual ill-health. Providing adolescents with age-specific sexual health information empowers them to make responsible decisions about sexuality, thereby reducing the number of unintended pregnancies and Sexually Transmitted Infections (STIs) incidence, including HIV/AIDs.

Indeed, several factors influence adolescents' sexual health; however, parental factor is indubitably among the most important potential influence on adolescent's sexual health (Wight, Williamson and Henderson, 2006). Although adolescence is a period during which extra family influences such as peers, media, and the community become increasingly important, parents remain a large influence on youths' lives due to the centrality of the family as a socialization agent in the adolescent life course (Santrock, 2005; FMOH, 2012). The first contact of children is with their parents. Hence, we should not fail to accept the fact that the first sex education begins with parents. Parents serve as the first source of sex role learning for their adolescents and often, relationship with parents forms templates for future sexual behaviour. Communication between parents and adolescents is a vital part of adolescents' lives and it is one of the primary means by which parents socialize their children. This explains why children go to school with various backgrounds about sexuality. Some lack the basic knowledge while others are misinformed. Consequently, many develop undesirable sexual attitudes and practices.

Indeed, parent-child communication is vital to transition to sexual activity and the prevention of sexual risk-taking behaviour among adolescents (McNeely and Blanchard, 2010; Hagan, Shaw, and Duncan, 2017; Berkel, 2019). Despite several interventions, recent studies showed that adolescent's knowledge of sexuality is made up of distorted, incomplete and unreliable information received from films, peers, novels, music, media, internet and magazines. Such distorted information conveys an approval of adolescent risky sexual behaviour which had been related to higher levels of intention to engage in sexual intercourse and a greater amount of sexual activities in general (Lieberman, 2006; L'Engle, Brown and Kenneavey, 2006; FMOH, 2012). This situation greatly compromises adolescents' sexual health. On the

other hand, several studies conducted in Nigeria and other parts of Africa have reported that many parents still see discussion on sex-related matters between them and their children as improper (Sunmola, Dipeolu, Babalola and Adebayo, 2003; Osei, 2009; FMOH, 2012). Some parents believe that talking to young people about sex will lead to premature sexual activities (Osei, 2009; Bastien, Kajula and Muhwezi, 2011), a few parents give a detailed sex education and many do not mention the topic at all to their children. (Lieberman, 2006; FMOH, 2012). The researcher is of the opinion that overwhelming influences of these other factors on adolescent's knowledge of sexuality is due to the absence of the mediating influence of open and receptive parental communication on sex-related matters. Thus, the researcher evaluated the communication processes that take place among the triads of fathers, mothers and their adolescents with the aim of understanding the nature and the quality of sexual conversations that exist among households in Ondo State.

2. Objective of the study

This study examines parent-child communication and adolescent sexual health in Ondo State, Nigeria. The specific objective is to:
Assess the existing practices of parent-child communication on sex-related matters in Ondo State.

Action theory and conceptual framework

The study adopted Weber's (1949) Social Action Theory. Social action perspectives examine smaller groups within society and are also concerned with the subjective states of individuals. Weber maintained that social actions should be the focus of study in sociology. According to him, social action is an action carried out by an individual to which the individual attached a meaning. Weber identified four types of action that are distinguished by the meanings on which they are based. First, means-ends rational actions. These involve a clear awareness of a goal. Second, value rational actions. These involve the consciousness of a belief; people act in certain ways because of religious, aesthetic, or ethical beliefs even when such action ordinarily appears irrational. Third, affective or emotional actions. According to him, these are actions that are as a result of a person's emotional state at a specific time. Lastly, traditional action; these are actions of people that stem from established practices or customs. People do act in a certain way because of imbibed traditions because overtime things have repeatedly been done that way.

Action theory thus provides a descriptive and explanatory theoretical orientation for understanding interpersonal relationships between human beings. Communication is a social action, there is the need to see sexual communication as an action process among the dyads of parents and their

adolescents. Accordingly, as in Figure 1 (**Variables Influencing Parent-Child Sexual Communication Framework**), from the stand point of action theory all human action is directed by meanings. Therefore whether or not parents will engage their adolescents in open and receptive discussions on sex-related matters and the manner and pattern of such sexual communication will be influenced by the meaning parents attached to such action. Hence, both parents and adolescents subjectivity and inner persuasion are vital in understanding parent-child sexual communication. Means-ends rational action will lead parents for instance to discuss sexual issues with adolescents if convinced that such discussion will equip their children with necessary knowledge or skill to adequately grapple with issues relating to their sexual and reproductive health, the reverse will be the case if they are convinced that such discussion will encourage risky sexual behaviour. Such means-end action will be an outcome of both parents and adolescents attitude. Thus, if the perception of parents is that the outcome of sexual communication with their adolescents is positive, for instance, that such discussion will lead to delayed sexual initiation or the prevention of several risky sexual behaviours, they will have a positive attitude toward parent-adolescent sexual communication. The opposite can also be stated if parent-adolescent sexual communication is thought to be negative in which case for instance, parents perceive such discussion of sexual matters as encouraging sexual intercourse. Similarly, where adolescents are convinced that sex-related discussion with parents is helpful, they will have a positive attitude towards such discussion; while they will have a negative attitude if they perceive otherwise.

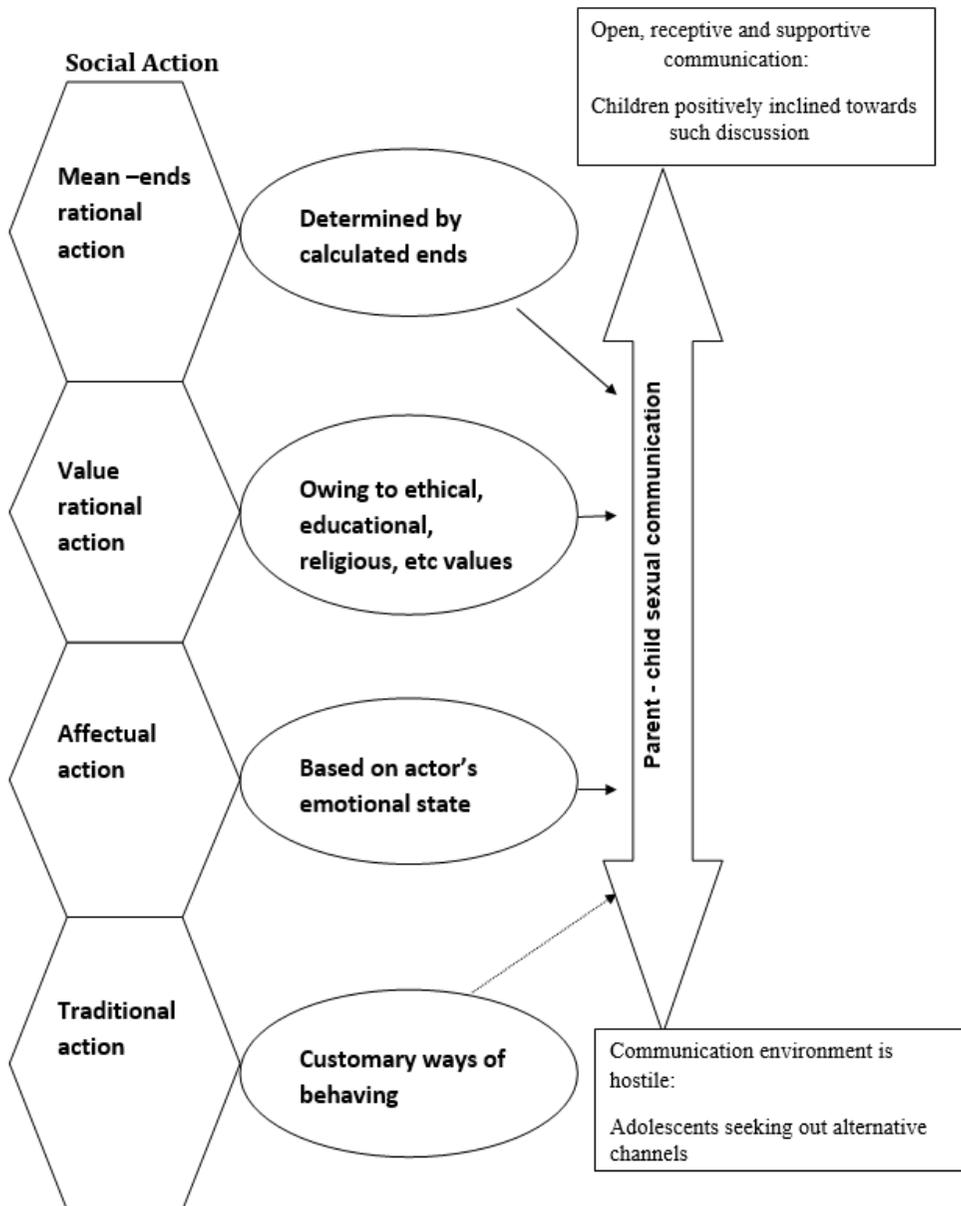
Weber's Value rational action focuses on individual's consciousness of certain religious or ethical beliefs. Accordingly, some parents may openly and receptively discuss sex-related matters with their adolescents not necessarily because of the use such knowledge will be put into, but because they view such action as a moral obligation. For instance, relevant others (both at family unit level and societal level) see parent-adolescent sexual communication as positive and a particular parent is motivated to meet the expectations of relevant others, then a positive subjective value is expected. On the other hand, if relevant others see parent-adolescent sexual communication as negative, for parents who want to meet the expectations of these "others", parent-adolescent sexual communication is likely to be a negative subjective value.

Affective or emotional action implies that, whether or not parents will discuss sexual issues with their adolescents will be a function of their emotion or psychological disposition and not necessarily as a result of the usefulness of such discussions or moral obligation. For instance, when parents feel they have sexual communication skill, time and high comfort level with discussion about sex-related matters with their adolescents, it will lead to parent-child

sexual communication. However, when parents feel they do not have sexual communication skill, time and high comfort level with discussion about sex-related matters with their adolescents their action will be such that they avoid such discussion with their children. Weber's affective action has crucial implication for adolescents' action as regards sexual communication with parents. Different relationship experiences can lead to different developmental outcomes for adolescents. Sex related issues are sensitive and intimate, thus transcending parents-child communication, cordial and intimate relationships with parents are important in the adolescent's development because this relationship functions as models or templates that are carried forward over time to influence the construction of new relationship. The nature of parent-adolescent relationship does not depend only on what happens in the relationship during adolescence. Relationships with parents over the long course of childhood are carried forward to influence, at least to some degree, the nature of parent-adolescent relationship. In addition, the long course of parent-child relationships also could be expected to influence, again at least to some degree, the fabric of the adolescent's peer relationships, friendships, and dating relationship. Hence, parent-child communication is as a complex activity constituting of parenting styles, parent-child relationship, parental monitoring, supervision and parent-child general and sexual communication. This communication should promote systematic and dynamic swapping of roles between parents and their adolescents depending on household parenting style. For example, parents in one instance are fathers, mothers, teachers, decision-makers, and care-givers for their adolescents; in another instance they should be friends, listeners, and allowing adolescents to participate in decision-making. Nevertheless, there is limit to the freedom of speech adolescents enjoy in this interaction since such encounters are embedded in some degree of power relations. Hence, parent-child sexual communication, which is actualized through active strategizing, can be compromising, mutual and conflicting. When parents are open receptive and supportive, communication is likely to have positive effects on adolescent's sexual health (i.e, they imbibe parent's values, have good self-esteem and delay sexual initiation) because children are positively inclined towards such discussion. However, when the communication environment is hostile, parent-child communication becomes dysfunctional, because it leads to adolescents seeking out alternative channels like peers, school, media, internet etc. These speedily facilitate reproductive activities such as premarital sex, leading to pregnancy, abortion, STDs including HIV/AIDS, which negatively affect adolescents' sexual health. Hence, the framework shows that the flow of parent-child sexual communication is bidirectional – top to bottom and bottom to top (Parent-Child Sexual Communication Arrow points up and down).

Lastly, Weber’s traditional action considered established customs. For instance, parents may discuss sexual issues with their adolescents because they have always done things that way. However, it must be noted that the customary behaviour in Africa and Nigeria in particular is rather for parents to avoid such discussion with their adolescents, a practice which Nwokocha (2010) described as culture of silence. Hence, the dashed arrow as seen in the conceptual framework.

Figure 1. Variables Influencing Parent-Child Sexual Communication Conceptual Framework



3. Material and Method

The study utilized a triangulation of methods involving a survey and the use of qualitative technique in eliciting information from respondents. A total of 483 respondents comprising fathers, mothers and one of their adolescent were selected through a multi-stage sampling technique in Ondo state. Seven Local Government Areas (LGAs), with highest population in each dialect group were purposively selected, while simple random sampling was used to select twenty-eight enumeration areas (EAs). Finally, 322 parents and 161 adolescents were purposively selected at household level. Data for the study were collected through structured interviews (the Questionnaire) and In-depth Interviews (IDIs). A total of 20 IDIs were conducted. By the means of Statistical Package of the Social Sciences (SPSS) version 20, the quantitative data were analysed using descriptive statistics. Content analysis was employed to analyse data collected from the IDIs.

4. Result and Discussion Frequency of Discussion

Table 1 shows the percentage distribution of the respondents by frequency of Sexual Communication. The table shows the existing practice of parent-child sexual communication in respect of the opinion of each family member about the frequency of parent-child sexual communication.

Table 1. Distribution of Respondents by Frequency of Sexual Communication

Frequency of Sexual Communication	Father		Mothers		Children with either father or mother	
	Freq.	%	Freq.	%	Freq.	%
	Once In Three Months	6	3.7	8	5.0	16
Twice A Month	15	9.3	11	6.8	4	2.5
Once A Month	27	16.8	27	16.8	21	13.0
Twice A Week	2	1.2	8	5.0	11	6.8
Once A Week	20	12.4	19	11.8	12	7.5
Anytime Something Related Comes up	91	56.5	88	54.7	97	60.2
Total	161	100	161	100	161	100

Fathers who opined once in three months were (3.7%), twice a month were (9.3%), once a month were (16.8%), twice a week were (1.2%), once a week were (12.4%) and anytime something related comes up were (56.5%). For mothers, once in three months represent (5.0%), twice a month (6.8%), once a month (16.8%), twice a week (5.0%), once a week (11.8%) and anytime something related comes up represents (54.7%). In a similar vein, children

who indicated once in three months were (9.9%), twice a month were (2.5%), once a month were (13.0%), twice a week were (6.8%), once a week were (7.5%), while anytime something related comes up were (60.2%). The findings reveal the same pattern of response in respect of how frequent parent-child sexual communication between parents and their adolescents in all households in the Ondo state takes place. In all the households, parent-child sexual communication between parents and their adolescents mainly takes place anytime something related to it comes up within the home or the immediate neighbourhood. When related issues comes up on the television, or, for instance, an adolescent got pregnant in the immediate neighbourhood, the child of a family friend was diagnosed with sexually transmitted infection (particularly HIV/AIDs), when a friend of the opposite gender pays children a visit e.t.c. The implication is that parent-child sexual communication in the community is predominantly occasional discussions.

There was a convergence between the quantitative and qualitative data in this respect. Majority (14 of 20) of the parent's respondents reported that sex-related matters are not usually easy to discuss with adolescents. However, the concern about sexually transmitted infection, particularly HIV/AIDs which has no certified cure and the rising tide of teenage pregnancy have become a push-factor for discussing sex related matters with their children. Most respondents stated that they discourage premarital sexual relations among adolescents by referring to HIV/AIDS infection. In addition to HIV/AIDs, parents discuss other consequences of risky sexual behaviour among adolescents, such as unwanted pregnancy and dropping out of school. Although some noted that they do not like such discussion because it may lead to promiscuity among adolescents. Many interviewees commented that the discussions are often times opportune conversations, as for instance after a programme on the television, or if an adolescent in the neighbourhood develops problems as a result of sexual activities, or when the children are taught related issues in school and they mention such at home. The following consensus emerges from some of the household panel survey:

The opportunity I do use to discuss such with my daughter is when she mentions something related that they were taught in school. (46 years old educated mother in Akure Local Government).

Also, an interviewee declared:

The occurrence of an adolescent becoming pregnant normally provide good opportunity to discourage my daughter from premarital sex (54 years old less educated mother in Ondo)

However, it equally important to note that not all respondents reported that discussion about sex related matters was difficult. For instance a discussant testified:

Discussion about sexual issues is a subject parents should readily have with their children, towards the attainment of puberty; I enlightened my children about all it entails (50 years old Less educated mother in Akoko Local Government)

Initiator of Discussion

Table 2 presents the percentage distribution of the initiator of parent-child sexual discussion according to the reports of fathers and mothers. Initiator of parent-child sexual conversation was determined by who initiated the last sexual discussion.

Table 2. Initiator of the Last Discussion of Sexual Issues according to Fathers and Mothers

Initiator of the last Discussion of sexual issues	Fathers		Mothers	
	Freq.	%	Freq.	%
Myself	98	60.9	118	73.3
My adolescent	31	19.2	24	14.9
My spouse	28	17.4	17	10.6
My neighbour	4	2.5	2	1.2
Others	Nil		Nil	
Total	161	100	161	100

The table shows the responses of the respondents in respect of who initiated the last sex-related discussion with the adolescent. The majority (60.9%) of the fathers opined that they did, some (19.2%) noted that their adolescent did, a sizeable number (17.4%) said it was their spouse and lastly, a few fathers (2.5%) indicated that their neighbours did so. For mothers also, the majority (73.3%) noted that they did, some (14.9%) said their adolescent, a small portion (10.6%) of them noted their spouses while just a very few (1.2%) said their neighbour did.

Table 3 presents the percentage distribution of the initiator of parent-child sexual discussion according to the responses of the children. Initiator of parent-child sexual conversation was determined by who initiated the last sexual discussion.

Table 3. Initiator of the Last Discussion of Sexual Issues according to the Children

Myself	67	41.6
My father	14	8.7
My mother	73	45.3
Our Neighbour	1	0.6
Others	6	3.7
Total	161	100

On the contrary, many (41.6%) of the children said they initiated the last discussion on sexual matters, very few (8.7%) noted that their father did, the majority (45.3%) of the adolescent children posited that it was their mother, just an adolescent (0.6%) said a neighbour, and an insignificant number (3.7%) said others (like an aunty, an uncle e.t.c). The responses from the household indeed show many discrepancies which should not be unexpected in a situation like this. First, the incident which the parents may be referring to as the last discussion of sex-related issues may be different from the one the children noted due to the nature of human memory. In addition, there is the possibility that while parents may feel they initiated a particular discussion, the children may feel otherwise. Nevertheless, it is significant to note the children in the study could remember more of the times their mother discussed with them than their fathers. As mirrored in the table, the majority (45.3%) of the children noted that their mother had the last sexual discussion with them. The implication is that while fathers and mothers may both have high positive attitudes to parent-child sexual discussion, because of some factors, mothers initiate sex-related discussion with children more than fathers. These factors were clearly indicated in the qualitative data. A number of fathers said they talk about sex to their adolescents through their mothers because such discussion is the traditional and primary role of mothers; they noted that father's traditional and primary role is to provide for the family. Some argued that fathers are shy to discuss such issues. Some male participants felt that male children will get to know about sex related matters somehow. The following were from the IDIs sessions

I do not discuss such things with my children; however I know that their mother should have a way of doing so (43 years old educated father in Akure South Local Government)

Another interviewee testified:

I cannot remember if my own parents ever had such discussions with me, I had always felt that either through books or teachers in the school a boy

grows up to know these things, until recently. (50 years educated father in Okitipupa Local Government)

Openness of Sexual Discussion

Table 4 is a data table that depicts the final analysis from the computation of the scale used to measure openness of parent-child sexual discussion among the selected households in the State. The table shows that fathers and mothers had similar perception as regards how open and receptive is the parent-child sexual communication that subsists in the home. The scoring and computation of fathers and mothers responses as reflected in table 3 shows that just (1.9%) and (1.9%) of fathers and mothers respectively had poor level of open and receptive parent-child sexual communication with their adolescents. A good number (48.4%) and (49.7%) of fathers had average and good level of open and receptive parent-child sexual communication with their adolescents respectively. Similarly, for many (48.4%) mothers, parent-child sexual communication with their adolescents was averagely open and receptive and a good number (49.7%) of mothers had good and receptive level of parent-child communication with their adolescent children. However, the children responses widely vary from that of their parents. As seen in the table, the scoring and computation of the children responses reveal that poor level of open and receptive parent-child sexual communication with their parents represents (1.2%), average represents (67.0%) and good level of open and receptive sexual discussion with parents represents (32.9%). Thus, the majority (67.0%) of parents had an average level of open and receptive sexual communication with their adolescents. This finding is quite insightful, particularly with the underpinning that in human communication, it is the receiver of the message that actually can judge whether communication is open and receptive. The finding implies that while many parents may perceive their practice of sexual communication as quite open and receptive their children may not really adjudge it so, particularly because of the element of power that is an integral part of parent-child relationship. For instance Upchurch, Aneschensel, Sucoff, and Levy-Storms (1999) indicated that when teens perceived too much psychological control on the part of parents, they were more likely to have an earlier sexual debut. Hence, it seems parents need not exert excessive psychological control while closely monitoring the lives of their children. Parental warmth or support has also been found to relate to adolescent sexual behaviour (Miller, Benson, & Galbraith, 2001). The view of the adolescent respondents during the IDIs about parent's practice of discussion on sex-related matter was not too different. Majority of interviewees reported that their parents mainly tell them to avoid premarital sex, particularly because of unwanted pregnancy and HIV/AIDS infection; parents barely allow them ask questions or express view points.

Table 4. Distribution of Respondents by Openness of Sexual Discussion

Openness of Sexual Discussion	Fathers		Mothers		Children	
	Freq.	%	Freq.	%	Freq.	%
Poor	3	1.9	3	1.9	2	1.2
Average	80	49.7	78	48.4	106	65.9
Good	78	48.4	80	49.7	53	32.9
Total	161	100	161	100.0	161	100.0

Many of the girls reported that they learnt about menstruation from friends and books. The point here is that in most of the homes, parent-child sexual communication mainly means admonitions against premarital sex instead of open, receptive, sequential and time sensitive conversations.

Content of Sex-Related Discussions

Table 5 which reflects the distribution of parent respondents by the last sexual issue or topic parents discussed with their adolescents further reinforced the fact that in most homes in Ondo State, parent-child sexual communication mainly dovetails to admonitions against premarital sex instead of open, receptive, sequential and time sensitive, conversation about sexual development and decision making. The majority (59.7%) of fathers and (51.6%) of mothers indicated that the last sexual topic they discussed with adolescents was to avoid premarital sex. For fathers, (22.4%) could not remember what they last discussed as regards sex-related matters with their children, (1.2%) discussed sex and puberty, (15.5%) discussed sex education generally, (0.6%) told his girl-child that keeping her virginity gives honour to name of God and another (0.6%) tried to make his adolescents to know the consequences of premarital sex. For Mothers on the other hand, (1.9%) discussed the need to avoid the sharing of sharp objects with anybody, (1.9%) could not remember the topic discussed, (23.5%) discussed sexuality education generally, (0.6%) discussed the danger in using condom, (18.6%) discussed with their female children that they have to live right and keep themselves and lastly, (1.9%) also discussed with their female children about what to do when their period is on (i.e. when menstruating). There was also a convergence in the children responses on this issue. The majority (51.6%) of the children indicated that the last sexual topic their parents discussed with them was boyfriend/girlfriend relationships and avoidance of sex, while all other topics discussed shared in varying percentages the remaining (48.4%).

Table 5. Distribution of Parent Respondents by the last Sexual Topic discussed with their Adolescents

Fathers	Father		Mother	
	Freq.	%	Freq.	%
Boyfriend/girlfriend relationships and avoidance of sex	96	59.7	83	51.6
Cannot remember	36	22.4	3	1.9
Discussion on sex and puberty	2	1.2		
Sex education generally	25	15.5	38	23.5
That keeping her virginity gives honour to name of God	1	.6		
Make them to know the consequences of premarital sex	1	.6		
To live right and keep herself			30	18.6
What to do when their period is on			3	1.9
The danger in using condom			1	.6
Not to share sharp objects with anybody			3	1.9
Total	161	100	161	100

Table 6 displays the distribution of parents and adolescents respondents by content of parent-child communication on sex-related matters. It shows the distribution of the respondents by the shallowness or depth of the nature of sexual discussions they do have with their adolescent children. Responses to the number of sexual issues or topics that parents had discussed with their adolescents were scored and computed to derive the distribution. Some (18.0%) fathers' contents of discussion on sex-related matters with their adolescents was shallow, the majority (42.9%) of fathers were at an average level, while a sizeable number (39.1%) of fathers had sexual discussion with their adolescents that could be described as being deep. Similarly, the level of sexual conversation of a few (10.6%) mothers was shallow, a good number (40.4%) of mothers were at an average level, while the majority (49.1%) of mothers' discussions on sex-related matter with their adolescents could be classified as deep. Again, as with other analyses, the children responses (after scoring and computation) differ from those of their parents. Just (8.7%) of children judged parents as having shallow sexual discussions with them; however, the majority (52.8%) of parents were judged as being at average level of sexual conversation, while a sizeable (38.5%) number of parents were judged to have deep level of sex-related discussions.

Table 6. Distribution of the respondents by Content of communication

Content of communication	Fathers		Mothers		Children	
	Freq.	%	Freq.	%	Freq.	%
Shallow	29	18.0	17	10.6	14	8.7
Average	69	42.9	65	40.4	85	52.8
Deep	63	39.1	79	49.1	62	38.5
Total	161	100.0	161	100.0	161	100.0

This finding implies that while parents may think or feel they have indeed discussed some sex-related issues with their adolescents, the children may not perceived them to have done so. In some other situations, the parents might not have satisfied the children's curiosity or quest for quality information. Possibly, the parents gave vague answers or threw an air of mystery around sex-related discussion. This kind of situation is usually very unhealthy for adolescents as it becomes a push-factor to seek information from unmediated sources such as friends, internet, magazine e.t.c. This compares favourably with earlier studies (Osei 2009, Duell and Steinberg, 2019). The study thus further examined the number of parents who do not have inhibition and are comfortable discussing sexual issues with their children.

Table 7 shows the percentage distribution of the parents by inhibition and comfort towards parent-child sexual communication in the State.

Table 7. Distribution of Parent Respondents by Inhibition and Comfort toward Parent-Adolescent Sexual Discussion

Item	Fathers		Mothers	
	Freq.	%	Freq.	%
Inhibition toward Parent-Adolescent Sexual Discussion				
Parents who have inhibition	82	51.0	85	52.8
Parents who don't have inhibition	79	49.0	76	47.2
Comfortability with Parent-Adolescent Sexual Discussion				
Parents who are Comfortable	82	51.0	100	62.1
Parents who are not comfortable	79	49.0	61	37.9

As seen in the table, the number of fathers who had inhibition and those who do not were almost equal (51.0%) and (49.0%) respectively. The indication is that most of the fathers had inhibitions discussing sexual issues with their adolescents. A similar situation holds for mothers as (52.8%) noted that they have inhibitions and (47.2%) noted that don't have inhibition

discussing sexual issues with their children. As to whether fathers are comfortable discussing sex-related issues with their adolescents, most (51.0%) of fathers opined that they are comfortable while many (49.0%) observed that they were not comfortable with such discussion. For mothers, the majority (62.1%) opined that they were comfortable with sexual discussion, while a sizeable number (37.9%) said they were not comfortable with sexual discussion with their adolescents.

The implication of this findings or the most probable explanation is that while the generality of parents still have inhibition discussing sexual issues with adolescents and the general norm being to discuss limited topics because of inhibitions about discussing certain sex-related topics with their children, the number of sexual topics mothers are probably comfortable discussing with the children are more than those of fathers.

The study probed further to investigate the possible differences in the sexual topics fathers and mothers discussed with their adolescents in the community. This is displayed in table 8. As seen in the table, some (33.5%) noted that they had discussed the reproductive organs with their adolescents, while the majority (66.5%) of fathers had not done so. Most (53.4%) mothers too said they had not discussed the reproductive organs with their children, but many (46.6%) indicated that they have discussed it with their adolescents. Again, the majority (62.1%) of father respondents had not discussed monthly period with their daughters, nonetheless, some (37.9%) of them had had such discussion. For mother respondents on the other hand, some (34.2%) noted that they had not discussed it with their adolescents, but the majority (65.8%) had discussed it. A sizeable number (32.3%) opined that they had discussed wet dreams with their adolescent boys, however, the majority (67.7%) of fathers had not discussed wet dreams and the possible causes with their adolescent boys. Similarly, the majority (62.7%) of mothers had not discussed wet dreams and the possible causes with their adolescents, while some (37.3%) had done so. As regards masturbation, the majority (65.8%) of fathers had not discussed this with their adolescents, while a sizeable number (34.2%) noted that they did. In the same vein, good number (39.8%) of mothers affirmed that they had discussed it, although the majority (49.7%) of mothers had not discussed masturbation with their adolescents. The majority (51.6%) of fathers had discussed the emotional and physical changes of puberty with their adolescent, while many (48.4%) of fathers had not discussed it. Similarly, the majority (54.7%) of mothers had discussed the emotional and physical changes of puberty, but a sizeable number (45.3%) had not discussed it. For discussion about boy/girl lover, a good number (44.1%) of fathers had discussed it with their adolescent, while the majority (55.9%) of fathers had not discussed it. In the same vein, many (47.8%) of the mothers had discussed

about boy/girl lover with their adolescents, while most (55.2%) of them noted that they had not discussed it.

Table 8.Distribution of Parent Respondents by Sexual Topics Discussed with Children

Sexual Topics	Fathers				Mothers			
	who had discussed it		who had not discussed it		who had discussed it		who had not discussed it	
	Freq.	%	Freq.	%	Freq.	%	Freq.	%
Reproductive Organs Monthly Period	54		107	66.5	75	46.6	86	53.4
	61	33.5	100	62.1	106	65.8	55	34.2
Wet Dreams and Possible Causes with my Boy Masturbation	52	32.3	109	67.7	60	37.3	101	62.7
	55	34.2	106	65.8	64	39.8	97	60.2
Emotional and Physical Changes of Puberty	83	51.6	78	48.4	88	54.7	73	45.3
Boy/Girl lover Emotional and Physical Consequences of Sexual Involvement Condom and Prevention of Conception and STIs	71	44.1	90	55.9	77	47.8	84	52.2
	84	52.2	77	47.8	93	57.8	68	42.2
	50	31.1	111	68.9	58	36.0	103	64.0

NB: The total (n) for each category of sexual topic discussed is 161 for fathers and 161 for mothers

The majority (52.2%) of fathers had discussed the emotional and physical consequences of sexual involvement with their adolescent, while a sizeable number (47.8%) had not done so. Just as with fathers, the majority (57.8%) of mothers had discussed the emotional and physical consequences of sexual involvement with their adolescents, but some (42.2%) mothers had not discussed it. Lastly, the majority (68.9%) of fathers had not discussed condom and prevention of conception and STIs with their adolescents, though some (31.1%) noted that they had discussed it with their children. For mothers also, the majority (64.0%) had not discussed condom and prevention of conception and STIs with their adolescents, while some (36.0%) had discussed such with their children.

Table 8 indicates that for each sex-related topics discussed with the adolescents among households in the state, the percentage of mothers who have had such discussion with the children exceed that of fathers. This means that in most households in the community, mothers discuss more sexual topics with the adolescent children than fathers. The findings reverberates the submissions of DiIorio, Kelley and Hockenberry-Eaton (1999) that mothers generally talk more than fathers to both sons and daughters about most sexual topics. However, it is also significant to note that the majority (57.8%) and (52.2%) of both fathers and mothers respectively had never discussed condom and prevention of conception and STIs with their adolescents. An indication that discussion about contraceptive is a topic which majority of households in the state avoid. The finding implies that as much as parents discuss sexual issues with their adolescents, they avoid discussing topics they perceive could encourage sexual permissiveness among adolescents. On the other hand, the focus on protective and moral goals could in itself reduce the importance of sexuality communication in family socialization, increase silence on sexual discussion, and thus lead to less mention of the subject. This could be a possible explanation for the observed high levels of silence experienced by adolescents with regard to parents in respect of parent-child sexual communication

The analysis on the table further indicated that when compared to all other sex related topics, the emotional and physical consequences of sexual involvement was the chief topic fathers discussed with their adolescents (it had the highest percentage (52.2%). This finding is very significant. The implication of this finding is that fathers are preoccupied with the prevention of sexual involvement than any other issue during parent-child sexual communication. While mothers are equally concerned, since mothers' percentage (57.8%) for this sexual topic was higher than that of fathers' (52.2%); yet, mothers highest percentage (65.8%) was indicated under discussion about monthly period otherwise called menstruation with the children. Nonetheless, this probably might be due to the fact that there were more female adolescents in the study. These findings support the submission of Libati and Mwale (2019) that parents are as expected concerned that teaching adolescents about sex might encourage early sexual activity among them; hence, parents often use admonitions which they described as "fearful messages" during parent-child sexual conversations to uphold abstinence and discourage early involvement in sexual activities by adolescents.

5. Conclusion and Recommendations

The study revealed that the existing practices of parent-child communication on sex-related matters in Ondo State. It demonstrated that parent-child sexual communication is occasional, mothers initiate sex-related

discussion with children more than fathers, sexual conversations are generally not open and receptive, content of parent-child sexual communication chiefly centres on admonitions against premarital sex. Furthermore, mothers discuss more sexual topics with the adolescent children than fathers and discussion about contraceptive with adolescents is a topic which majority of households in the state avoid. Lastly, many parents still have inhibitions discussing sex-related issues with adolescents. There's need for interventions that target parents enlightenment and education and addressing cultural norms that impede parent-child sexual conversations; in order to reposition families for parent-child communication that is open, receptive, sequential and time sensitive; conversations about sexual development and decision-making that can help adolescents avoid sexual risk taking behaviour and transit to healthy members of society.

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Ethical Issues: After due ethical approval, the study was conducted in a way that upholds the ethics of human subject research.

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