

An Assessment of Parent-Child Communication on Sexuality in Lagos, Nigeria

O. P. Akinwale¹, B.D. Omotola¹, O.U. Manafa¹, A K. Adeneye¹, E.T. Idowu¹, M.A. Sulyman¹ and D. B. Adewale¹

Address for correspondence: Dr. Olaoluwa Pheabian Akinwale, Public Health Division, Nigerian Institute Of Medical Research, P.M.B. 2013, Yaba, Lagos, Nigeria. Phone: 234-1-4811590, E-Mail: Pheabian@Yahoo.Co.Uk

Abstract

This study is the first phase of a project designed to help parents acquire skills necessary for comfortable and effective communication about adolescents' sexuality. It assessed parent-child communication on sexuality among the in-school adolescents in Lagos, Nigeria. It was observed that a high proportion of the adolescents interviewed receive information on sexuality from friends and the mass media and also communicate more with their friends on sexuality than with their parents.

Introduction

Adolescence is a period of transition from childhood to adulthood, and as adolescents prepare to enter adulthood, they face enormous challenges. These challenges include coping with the physical, emotional and social changes that accompany this period of transition from childhood to adulthood and inadequate access to appropriate information, education and services to meet their peculiar needs during this transitional period. Although many young people are unprepared to face these challenges, the way they respond to them now can affect the rest of their lives. Adolescents who engaged in effective communication with their parents on sexuality issues were more likely than others to delay initiating sexual intercourse (Steinberg 2001).

Premarital sex is relatively common in many parts of sub-Saharan Africa, such as in Nigeria, where studies have shown that more than 20% of girls have had sex by age 15, while almost 50% have had sex by age 16, and the use of contraceptives is low (Ladipo et al. 1983). This sometimes results in unwanted pregnancies, unsafe abortions, sexually transmitted infections (STIs), including human immunodeficiency virus (HIV), acquired immune deficiency syndrome (AIDS) and death. Although most parents want young people to know about abstinence, contraception, and how to prevent HIV and other STI, they often have difficulty communicating about sexuality.

¹ Public Health Division, Nigerian Institute of Medical Research, P.M.B. 2013, Yaba, Lagos, Nigeria.

Inadequate knowledge about sexuality can be caused by parents' insistence on obedience and absolute abstinence from sex and their delay in talking about sexuality. Initiating conversations about the facts of life may be difficult for some parents because they did not grow up in an environment where the subject was discussed, while some parents may be afraid they do not know the right answers or feel confused about the proper amount of information to offer. Most attempts by parents to impart sexuality information to young people tend to be in a "top down" communication style (Yowel, 1997). Yowel stated that this denies the teens the opportunity to discuss their own thoughts, feelings and desires or to draw links between their own and their parents' perspectives. Some parents present sexuality in a negative way that their children do not find credible, compared to the fantasy their peers tell them about the issue (McCawley and Salter 1995).

At school, adolescents also lack access to the necessary educational processes with decision-making skills that can lead to healthy sexuality, thereby creating a wide gap between the information and services they ought to have and what actually is delivered to them (McCawley and Salter 1995; NGTF 1997). This study assessed the level of parent-child communication on sexuality among the in-school adolescents in Lagos, Nigeria. It is the first phase of a larger project designed to help parents acquire skills necessary for comfortable and effective communication about adolescents' sexuality and reproductive health in Nigeria.

Methodology

Study Population

Structured questionnaires with multiple-choice responses and skip patterns were administered to 300 in-school adolescents from four randomly selected secondary schools in Lagos Mainland Local Government Area (LGA) of Lagos State, Nigeria. A multistage random sampling technique was used to select the 300 respondents. The first stage involved a random selection of four secondary schools from a total of 12 secondary schools in the LGA, following which five classes were randomly selected from each of the four secondary schools. Daily attendance registers of students from the five randomly selected classes were used to select 15 students from each of the classes, yielding a total of 75 students from each school.

Data Analysis

The quantitative data from the survey was analyzed using the Epi Info 6.0 software. Prior to the stage of analysis, the questionnaires were checked by the interviewers for completeness and later cross-checked by the supervisors. This was done in order to prevent error in the data entry and guarantee high precision and accuracy in the results of the analysis. Moreover, univariate and bivariate analyses of the data were carried out through the simple frequency tabulation of all the variables and the crosstabulation of some important dependent and independent variables. Also, multivariate analysis of the data was done in order to ascertain the effects of two or more predictor variables on relevant outcome variables.

Results

The students' ages ranged between 10 and 16 years and are made up of 149 (49.7%) males and 151 (50.3%) females. One hundred and eighty-one of them are Christians, 113 are Muslims, while six practice the indigenous religion. Their parents' educational status ranged from no education to postsecondary education, while their occupations ranged from petty trading to civil service. Two hundred and forty-five (81.7%) of the parents are married, 26 (8.7%) separated, 13 (4.3%) divorced, while 16 (5.3%) are single parents and the average number of siblings in all the families is six. While 207 (69%) of the pupils live with their parents, 33 (11%) live with their mothers, 16 (5.3%) live with their fathers, 27 (9%) live with married guardians and 17 (5.7%) live with unmarried guardians.

Among the 300 respondents, 136 (45.3%) have discussed sexuality with their parents/guardians, out of which 82 (27.3%) respondents were males and 54 (18%) were females, while 164 (54.7%), made up of 90 (30%) females and 74 (24.7%) males, have not discussed sexuality with either their parents or guardians before. Out of the 136 respondents who have discussed sexuality with their parents/guardians, 76 (55.9%) of them had the discussions with their fathers/male guardians, while 60 (44.1%) discussed with their mothers/female guardians. When asked who initiated the discussions, 98 (72.1%) of the 136 respondents said it was their parents/guardians, and 38 (27.9%) said they had initiated the discussions with their parents/guardians. Those that had not discussed sexuality with their parents/guardians gave the following reasons: 52 (31.7%), I do not know what to ask; 50 (30.5%), I am afraid to ask; 29 (17.7%), it is not yet time to ask such questions; 25 (15.2%), my parents/guardians are too harsh; 8 (4.9%), my parents/guardians travel a lot.

The respondents were further asked if they had discussed sexuality with someone other than their parents or guardians before. One hundred and eighty eight (62.7%) [116 (38.7%) males and 72 (24%) females] stated that they have discussed sexuality with someone other than their parents or guardians, 62 (20.7%) said that someone discussed it with them, while 50 (16.6%) had not discussed it with anyone before. The respondents' main sources of information on sexuality were identified as follows: 121 (40.3%) from friends, 106 (35.3%) from the mass media, 68 (22.7%) from parents/guardians and 5 (1.7%) from teachers.

Of the 151 female respondents, 80 (53%) disclosed that they have one boyfriend each, 32 (21.1%) have more than one boyfriend, while 39 (25.8%) have not had any. Out of the 149 male respondents, 84 (56.4%) disclosed that they have one girlfriend each, 30 (20.1%) have more than one girlfriend, while 35 (23.5%) have not had any before. Among the 112 female respondents with one or more boyfriends, 46 (41.1%) disclosed engaging in sexual relationships with their partners. The 114 males with one or more girlfriends, 62 (54.4%) also disclosed engaging in sexual relationships. Of the 46 and 62 sexually active female and male respondents respectively, 32 (69.6%) females and 45 (72.6%) males mentioned that they use condoms as a form of contraceptive. However, 122 (40.7%) out of the 300 respondents mentioned the use of condoms as a contraceptive and 82 (67.2%) of the 122 respondents got to know about condoms through the mass media, while 40 (32.8%) knew through their friends. One hundred and twenty nine (43%) of the 300 respondents mentioned age 15 as the appropriate age to engage in sexual activity, 86 (28.7%) mentioned 20 years as the appropriate age and 85 (28.3%) of them said they did not know the appropriate age.

Discussion

In this study, it was observed that about 136 (45.3%) of the 300 respondents have discussed sexuality with either their parents or guardians. This is an advancement over what used to be the norm in a typical southwestern state of Nigeria, where parents are wary of discussing sexuality with their wards due to their religious inclination or fear that such discussions may elicit adventurous tendencies from the adolescent, thereby promoting sexual activities among the adolescents (Langhaug et al. 2003). It was also observed that more males discuss sexuality with their parents/guardians than do females and more males also admitted to having sexual partners and being sexually active. This is in agreement with the observations made by Jegede and Odumosu (2003), who stated that this could be related to the beliefs of parents who still see the discussion of sexuality as a taboo and a reflection of male dominance.

The study also observed a communication gap between the parents and their adolescent children, as a high proportion of the respondents depend on friends and the mass media for information on their sexuality. This could lead them to receiving and also passing on wrong information amongst peers and giving in to peer group pressure since they lack appropriate knowledge and beliefs about sexuality and necessary life skills. One hundred and eight (36%) out of the 300 respondents disclosed that they are sexually active, while 62 (20.7%) of the sexually active ones stated that they have more than one sexual partner. The number of the sexually active ones may likely be higher than these due

to the fact that adolescents in Nigeria are still not used to opening up on their sexuality to people, especially adults, other than their peers. The likely danger in this is that they would be closed to information on sexuality, thereby limiting their knowledge and making them to be prone to STIs, including HIV and unwanted pregnancies.

Use of a condom was the only contraceptive method mentioned by 40.7% of the respondents. The mass media and friends were identified as the only sources of this information. It is important to note that only 77 out of the 108 sexually active males and females with one or more sexual partners use condoms as a contraceptive method. The implication of this is that the sexually active ones stand the risks of contracting and spreading STIs, including HIV. Taffa et al. (2003) also observed in Addis Ababa that though young people differed in their sexual risk-taking, they were equally uninformed on reproductive health matters related to puberty and sexuality.

Programs seeking to promote reproductive health of adolescents should take into account the various channels through which these young people currently obtain sexuality information, and strive to tap into and strengthen the full range of these channels. Increased involvement of parents in providing sexuality information to adolescents seem indispensable; hence, youth-oriented reproductive health programs, which will involve and encourage the parents on the need for effective communication between them and their adolescent children should be implemented by governmental and nongovernmental organizations. This will reduce the prevalence of sexuality and reproductive health problems among adolescents, and enable healthy development of adolescents, guiding them against increased cases of STIs, HIV and unwanted pregnancies.

References

- Jegade, A.S. and O. Odumosu. 2003. "Gender and Health Analysis of Sexual Behavior in South-Western Nigeria." *African Journal of Reproductive Health* 7: 63–70.
- Ladipo, O.A., D. Nichols, J. Paxman, G. Delano, S.E. Kelly and E.O. Otolorin. 1983. "Sexual Behavior, Contraceptive Practice and Reproductive Health Among the Young Unmarried Population in Ibadan, Nigeria: Final Report." Research Triangle Park, NC: Family Health International.
- Langhaug, L.F., F.M. Cowan, T. Nyamurera, and R. Power. 2003. "Improving Young People's Access to Reproductive Health Care in Rural Zimbabwe." *Aids Care* 2: 147–57.
- McCauley A.P. and C. Salter, C. 1995. "Meeting the Needs of Young Adults." *Population Reports* 23(3). Baltimore: Johns Hopkins University of Public Health, Population Information Program.
- National Guideline Task Force. 1997. Guidelines for Comprehensive Sexuality Education in Nigeria, Lagos. Action Health Incorporated.
- Steinberg, L. 2001. "We Know Some Things: Parent-Adolescent Relationships in Retrospect and Prospect." *Journal of Research on Adolescence* 11:1–19.
- Taffa, N., J. Sundby and G. Bjune. 2003. "Reproductive Health Perceptions, Beliefs and Sexual Risk-taking Youth in Addis Ababa, Ethiopia." *Patient Education and Counseling* 49: 165–69.
- Yowell, C. M. 1997. "Risks of Communication: Early Adolescent Girls' Conversations with Mothers and Friends About Sexuality." *Journal of Early Adolescence* 17: 172–96.