EMERGING ADULTS' REPORTED COMMUNICATION WITH THEIR PARENTS ABOUT SEXUAL BEHAVIOUR

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Abstract

Parents communication with their children while at adolescent age, particularly on sexual issues has been seen to be quite important in the life of such children, especially as they emerge into adulthood. Studies have shown peer pressure, social and mass media, among other factors, as having significant influence on these behaviors. However, not many studies have been carried out in Iwo, Nigeria, especially on the level of communication between parents and adolescents on sexual matters. This is perhaps due to cultural restrictions that make open discussion of sexual related issues, especially with and among children, to be frowned upon. This study therefore examines the level of the discussions with the parents and adolescents as well as the influence these discussions have had on their sexual lives. Two hundred and thirty-eight students in their final year, from the Faculty of Social and Management Sciences of Bowen University took part in this study by filling out questionnaires. Three focus group discussions were also conducted. Results were analyzed using linear regression and thematic analysis. Results showed that the inadequate discussions, which the emerging adults had with their parents, certainly did predispose them to engaging in sexual behavior during their adolescent years. A number of the participants had found it difficult to talk with their parents on such matters and had obtained distorted information from other sources such as friends and the mass media. The study therefore hopes to add to literature for Nigeria and then provoke further more in-depth studies in the same area of interest.

Keywords: Sexual, adolescents, Iwo, parental communication, sexuality

Introduction

The issue of reproductive health has continued to generate serious concern from among scholars locally and globally_(Raffaelli & Green, 2003; Odeyemi, 2005; Somers & Paulson, 2000,).Research has shown that sexual health problems like HIV/AIDS and unplanned or unwanted pregnancies are prevalent among adolescents in Nigeria, as well as other developing countries and this warrants urgent attention (Aghoja 2010). To reduce the rate of risky behaviors among adolescents, it is vital that adolescents acquire adequate knowledge and well-informed perceptions about reproductive health issues, in this context parent-adolescent relationship plays an indispensable role. Adolescents are increasingly involved in sexual risk behavior and parents remain one of the important stakeholders in effectively combating this problem. The negative consequence of poor sexual health information among adolescents has posed a high risk unhealthy sexual activity, thereby endangering their lives. A Nigerian National Population Commission survey (2000) showed that over 16% of teenage girls had their sexual debut by age 15. The same survey revealed that 13% of the girls and over 27% of the boys reported exchanging money, gifts or favors for sex in the previous 12 months.

Odeyemi (2005) revealed that low level of knowledge of reproductive health among adolescents and limited access of adolescents to friendly health services have been identified as underlying factors contributing to the rising trend of HIV/AIDs in Nigeria. Parents and other family members are in a unique position to help socialize adolescents into Healthy sexual adults, both by providing accurate information about sex and by fostering responsible sexual decision-making skills (Eisenberg, Sieving, Bearinger, and Swain& Resnick 2006). Somers et.al 2004 affirmed that adolescents and children often cite their parents

as their preferred source of education about sex, and organized prevention and education efforts continue to advocate active parental involvement in children's sexual socialization. One parental influence that has received a great deal of attention regarding its relationship to adolescent sexual risk-taking is parent-adolescent communication (Wilson &Donenberg, 2004). Parent-adolescent communication is an appealing source for influencing adolescents' knowledge, attitudes and behavior, because parents are an accessible and often willing source of information for their children. Conversations between parents and adolescents about their sexuality in particular are often difficult for both parents and adolescents (Lefkowitz, Sigman&Au, 2000). Parent-adolescent communication about sexuality is very important in relation to how teenagers behave sexually as well as in the sexual decisions that they make (Lesch & Kruger, 2005). Hence, this study will aim to provide more information on the association between parent-adolescent communication about sexual issues and adolescent sexual risk behavior. This information, in turn, can be used to prevent sexual problems related to adolescence. It may also help to reducethe risk of early sexual debut and prevalence of STIs in Nigeria.

Emerging adults

Arnett (2000) developed the theory of emerging adulthood, where he identifies facets of the development of emerging adults (age period of 18–29), which is an important period for the successful development of romantic or sexual relationships (Arnett, 2004; Arnett & Tanner, 2006). However, it has been observed that many emerging adults use this age period of increased freedom to experiment with different forms of sexual behaviours (Cohen, Kasen, Chen, Hartmark, & Gordon, 2003). Emerging adulthood, therefore involves a period during which individuals explore different sexual relationships and experiences in an effort to examine their own identity.

Problem Statement

The prevalence of risky behaviors among adolescents has been researched to be on the high side. Adolescent Reproductive Health (2007) revealed that Poor sexual health information from parents has been attributed to exposing these adolescents to the risks of unwanted pregnancy, illegal and unsafe abortion, sexually transmitted infections (STIs), and HIV/AIDS. National population commission (2014) revealed that the incidence of teenage pregnancy and its complications in Nigeria is unacceptably high and the incidence ranges from 2.25% to 21.9%. Aghoja et.al(2010) noted some of the core critical indices to highlight this include increasing rates of liberal sexual behavior, high incidence of STIs including HIV/AIDS, widespread unintended and unwanted pregnancy, and high rates of unsafe abortion. Okonk(2004) affirmed that most parts of Nigeria provide evidence of unprotected sexual exposure and other reproductive health failures like unplanned/unwanted pregnancy, which may ultimately result in unsafe abortion, STIs including HIV/AIDS. Ajuwon, Olaleye, Faromoju, and Ladipo, (2006), submitted that students with low reproductive health knowledge and involvement in risky sexual activities predispose them to undesirable reproductive health an outcome which includes HIV/AIDs, syphilis, gonorrhea etc. This underlines the fact that reproductive health communication needs a serious attention from researchers. Adolescents need information to take certain informed decisions and when this information is not adequately coming from a better source like their parents, they rush in deciding for themselves which indeed lead many adolescents into painful consequences. It is against this background that this study tends to investigates parent-adolescent communication and sexual reproductive health in Ilorin. The study aims to ascertain that parents' communication with their children, during their adolescent years, regarding reproductive health issues is more likely to reduce adolescent risk-taking sexual and health behaviors.

The general objective of this study was to examine the relationship between parents and their adolescent children and sexual reproductive health in Iwo, Nigeria. The specific objectives are:

 An examination of the extent to which emerging adults freely discussed sex related issues with their parents during their adolescent years, and

An assessment of emerging adults' view on the attitude of their parents when discussing sex related issues during their adolescent years.

Literature review

Parent-adolescent Communication

Reproductive health is one of the critical health factors that no society tends to toil with. This is because of the immediate and future effects on the populace and society at large. In most cases adolescents bear the huge consequences of reproductive health related risks before they reach adulthood. In other words, many of these adolescents have been unknowingly exposed to health risk. One of the ways in which the defects can be corrected is found in the family-parents in particular. Jerame and Constantine, (2010), noted that parent-adolescents communication about sexual issues, or sexual communication, is an important aspect of sexual socialization. So, family has a vital role to play in addressing reproductive health and necessary communication needed to help the adolescents as they grow up.

Certainly, parents are regarded as the first point of call when it comes to childhood education and enlightenment. Parents indeed form one of the integral units in the family where communication and information emanate. Jerman and Constantine, (2010), ascertained that communication is a fundamental process through which parents convey ideas, values, beliefs, expectations, information, and knowledge to their children. According to Jermane and Constantine, parents typically have the opportunity to communicate with their adolescents on a daily basis, and as such, parents can play a critical role in shaping their adolescents as they move into adulthood. Dilorio et.al (2003), asserted that family plays an important

and powerful role in the sexual socialization of children and adolescents.

The information and messages that are (or are not) communicated between parents and adolescents have the potential to shape sexual decision making during adolescence, particularly related to HIV/AIDS and risky behaviors. Dilorio et al (2003) submission is not limited to certain health issues; it takes cognizance of other issues such as reproductive health. Burgess et.al (2005) also subscribed to parent-adolescents cordial communication. They found out the essence of adequate communication on reproductive health issues between parents and adolescentsin their study to determine the improving comfort sex communication between parents and their adolescents. Burgess et al, (2005), revealed that adequate communication on sexual reproductive health issues is more likely to curb risk taking behavior in adolescents when initiated by parents. Effective communication regarding sexuality or reproductive health is more likely to reduce adolescent behaviors when combined with effective communication about adolescent sexuality issues. Zhang et.al (2007), submitted that communication concerning sexual matters between parents and their adolescents serves as a protective factor and exerts a favorable influence on adolescents' sexual behaviors. Communications to these scholars were believed to be the underlying tool parents could employ in enlightening their adolescents on matters relating to reproductive health and sexuality. This is to ensure that these adolescent know the nitty-gritty of the matter before they reach adulthood stage when personal decisions could be taken on their own.

Although, several scholars believed that discussing reproductive health communication must begin from the family-a mutual communication that must exist between parents and adolescents. Some scholars also argued that the socio- demographic characteristics of these parents must be examined as well. They are of the opinion that creating awareness and educating these adolescent goes beyond just telling them what reproductive health is all about. Certain factors are responsible for why some parents have (or have not)

taking up that obligation in giving their adolescents the ABC on reproductive health.

Determinants of parent-adolescent communication on Sexually related issues (SRI)

Some scholars have justified their arguments on SRI that communication between parents and adolescents is the key. Some scholars were of the notion that communications between parents and adolescence are greatly determined based on some associated socio-demographic attributes of the parents and children. For this reason, Bastein et.al (2011) revealed in their study that a range of socio-demographic characteristics were identified as being associated with parent-adolescentssexuality communication. For instance, sex, age, urban, or rural residence, socio economic status, school attendance, parental level of education, religious affiliation and other household characteristics such as family size and marital status of the parents.

On the instance of educational factor, Parents may determine how well communication is built with the adolescents. Yadeta et.al (2014) found that the probability of discussion was found to be significantly higher among parents who had completed some form of education compared with parents who had no formal education. This case was supported by Berhanuand et.al (2012), Fikre and Betre, (2009), Lagina, (2002), that parents who attended higher level and primary level education were most likely to discuss reproductive health issues with their adolescent children compared to parents who received no formal education. Bushaija, et.al (2013),submitted that educational levels of parents/caretakers was associated with communication practice and the odds of "not communicating" sexual matters were higher among respondents who has less educational level or equal to primary than respondents with vocational education and above. All these presentation point to the fact that the more literate a parent becomes, the more tendency it shows in communicating with the adolescent on reproductive health issues.

Age factor has also been considered as one of the determinant of parent-adolescent communication on reproductive health. Parent-adolescent communication on reproductive health could be confided within the orbit of age range of children and parents respectively on the matter. Swain et al, (2006) submitted that age and gender could become a determining factor as when appropriate period parents could communicate reproductive health issues with their adolescent. Ojo, and Aransiola, (2011), noted that parental acceptability of sexual education varies with the age of a child and the variation follows similar patterns for both boys and girls. On the instance of gender difference, Miller et al, (1998), argued that gender characteristics of either the parent or the adolescent must be considered in parent adolescent communication. Dilorio et.al (1999), submitted that early adolescence (13-15 years old) is characterized by more sex-based discussions with both fathers and mothers. The submissions by these scholars signify that parent-adolescent communication in respect of reproductive health could anchor on gender related factor: male and female adolescent to mother and father as parents. Miller et al opined that mothers communicate more often with their daughters than with their sons, while fathers rarely communicate with their daughters about sex; however mothers and fathers discuss sex with their sons at appropriately equal rates. Eisenberg et al, (2006), unveiled in their study that parent-adolescent communication on reproductive health might be influenced by gender based factor.

Barriers to Effective Parent-adolescent Communication

Parent- Adolescents communication in terms of SRI could have been effective among the adolescents but certain barriers seem to halt this process. Bastein et al, (2011), submitted that lack of parental knowledge was one of the barriers that halt parent-child communication. Womoyi et.al (2010) revealed that due to the consequences of the HIV pandemic, parents were making attempts to communicate with their adolescents about SRI. They were however limited by cultural barriers, and lack of appropriate knowledge. Womoyietal,(2010), further affirmed that in most families, parent-adolescents communication was based on communication that was mainly on same sex basis (mother-daughter and rarely father-son or father-daughter). And in most cases, it usually took a form of warnings, threats, and physical discipline. According to their study, communication was triggered by seeing or hearing something a parent perceived negative and would not like their children to experience. Purdy and Ramsey, (2000) noted that many parents felt uncomfortable talking with adolescent about the subject (reproductive health). Perhaps, they were reluctant to expose their own lack of knowledge about anatomy, physiology, or other related information.

In the same vein, Shiferaw et.al (2014), added that unlike most illnesses and disabilities, sexual and reproductive healfth problems tend to be cloaked in embarrassment, secrecy and shame. Hence, poor parental involvement in preparing adolescents for safe sexual life and good reproductive health was part of the blame for the lack of skills on sexual decision making. Olusanya et.al (2013) revealed that parent-adolescents communication on sexual issues remains a challenging issue in Nigeria as well as in many sub-Saharan African countries. Ikpe (2013) was of the view that discussions pertaining to human sexuality were considered a very sensitive subject matter. As a result, parents cannot directly discuss sexual matters with their adolescents. He noted that it was "regarded as obscene, the words, as well as the subjects, more often than not centre on a resolve around human genitals, sexual desire or sexual acts. Forbidding their indiscriminate use, there are taboos that males sex, on which the reproduction of society depends is

sacrosanct. That is why Mbugua, (2007), even noted that educated mothers do not often give 'meaningful' sex education to their daughters as a result of host of socio-cultural and religious barriers to sexuality communication.

Mbugua (2007) identified four barriers that could hamper parent-child communication. These are residual traditional barriers, inhibitions due to European Christianity, reliance on sex education books and reliance on school teachers. On the basis of residual traditional barriers, Mbugua revealed in the study that majority of mothers interviewed indicated that they had not received puberty or sex education from their own mothers and were thus inhibited to providing it to their daughters. That of course had created a room for residual traditional barriers to strife. European Christianity could cause a barrier between parent-adolescent communications whereby the type of language used is influenced in discussing sexuality with the children. For instance, metaphors and other linguistic devices are used to avoid direct communication because they perceived it as being dirty. Mbugua's assertion was admitted by Olusanya et al, (2013), that parentadolescent open discussion about sexuality matters was regarded as non-conventional among the Yoruba traditional society. Verbal expression of sexuality comes as a rule, in euphemisms. The names of the sexual organs are not mentioned directly. It is a taboo or obscene to mention or identify female or male genitals by their names. Sexuality has been full of silence and discretion whereby sexual discussions between parents and children have not being possible. It was als believed that reliance on sex educational books and school teachers are interrelated as they are seen by parents as a means whereby adolescents could receive sexuality education (Olusanya et al, 2013 & Mbugua, 2007).

There has been an increased sensitization programme in African countries especially by International organizations to break the culture of silence as regards sexual communication. Such efforts include the intervention of UNFPA, USAID, COMPASS, Bill and Melinda Gates in training school counselors, teachers and health care providers on adolescent sexuality, health and development. The output of such effort had been the introduction of family life Education into the Nigerian School curriculum with the aim of improving adolescent reproductive health. International Journal for Cross reported barriers to discussing sexual issues with adolescents including parents feeling embarrassed and being inadequately informed about the topic (Jaccard, Dittus and Gordon, 2000). Sexual issues were regarded as topics for adult discussions only. If curious adolescents dared to ask a question about his or her sexuality, he or she would either be ignored or insulted (Osei et al, 2009).

According to Yusuf, (1999), parents from Hausa land experience constrains in their cultural practice of Kunya or modesty, whereby parents are too shy to impact sexuality education in their adolescents. Kajula et al, (2011), revealed in their study that focus group data from Ghana also show that young people are reluctant to discuss sexuality with their parents since they prefer to discuss these issues with their friends, because they feel shy, and also because they may fear physical punishment for discussing sexuality. Adeyemo and Brieger, (1994), stated in another study conducted in Nigeria that low levels of communication were related to parental perceptions of their child's readiness or maturity, the assumption that their adolescent would have heard about these issues elsewhere, that discussions of contraception for instance should be restricted to married people, and the often cited concern that such discussions may 'corrupt' adolescents or encourage early experimentation. Focus group data from Ghana by Kumi-Kyereme et al, (2000), show that adolescents are reluctant to discuss sexuality with their parents since they tend to prefer to discuss these issues with their friends, because they feel shy, and also because they may fear physical punishment for discussing sexuality. The fear of physical punishment or blame was even said to deter reporting to parents that non-consensual or unwanted sex had occurred.

The Communication Styles and Tones of parents on SRI

Several studies identified a vital aspect of sexual issues communication between parents and their adolescent. The communication style and tone of discussion by parents also determines the effectiveness of parent-adolescents communication. Fole and Agokei, (2014), aver that parents who provide warmth/support, monitor behavior, and practice discipline in non-coercive ways; adolescents are more likely to develop interpersonal security and consider boundaries that are involved in sexual activity. Daramola and Ofole, (2012), stated that adolescents' who perceived that they have quality relationship and sexual discussions with their parents are more likely to delay sexual experimentations than their

counterparts whose parents do not discuss sex related matters with them. Reid and Mihalko, (2011) that open dialogue about physical intimacy and health education can generate more self-esteem, self-confidence, humor, and general health. Some scholars are however of the opinion that many parents may not possess adequate knowledge and competencies about reproductive health and that those who may even have the skills do not have adequate time to devote to discussion on reproductive health matters. The consensus of opinion among behavioral scientists is that children rarely receive accurate and non-judgmental information on sexual matters from their parents (Uwakwe, Amusan-Ikpa, Ofole, Akanbi, Ojukwu and Ejiofor, 2014).

In rural South Africa, findings were reported concerning the style of communication which tends to be perceived as being judgmental, proscriptive, and negative towards adolescent's sexuality (Phetlaet.al. 2008). Parent-adolescent communication may effectively decrease sexual risk behavior among adolescents, which includes the frequency of discussions and perceptions of quality and comfort of communication. Frequent interaction improves a positive reproductive health education. The timing of communication is also of importance and is most likely to be effective prior to sexual debut to reinforce protective factors, but may also facilitate behavior change in those already sexuality active (Jones et.al 2011). Studies have also shown that parents who communicate with their children about sex can have positive effects on their adolescent's sexual beliefs, attitudes and behaviors (Eisenberg et al, 2006). In fact, general parenting style and parent- adolescent relationship had long been repeatedly linked to lower level of risky adolescent sexual behaviour (Santrock, 2005).

Population and Sample

The population of the study comprised the final year students at the Faculty of Social, Management Sciences at Bowen University of Iwo, Osun State for the 2017/2018 session. All the students were four hundred and fifty (450) in number and they cut across various Departments in the Faculty including Accounting, Banking and Finance, Business Administration, Economics, Political Science and International Relations, Mass Communication and Sociology. The researcher, along with research assistants met with all the final year students while they were participating in a workshop, and they were informed about the research and their consent sought. A total of two hundred and seventy-five (275) participants were willing to participate in the study out of which two hundred and thirty-eight (238) respondents had their questionnaires completely filled out correctly. Data were analyzed using linear regression. Three focus group discussions were also held, with a total of thirty-one (31) participants – two of the groups had ten (10) participants while the third group comprised of 11 participants.

Results and discussion

Table 1: Characteristics of respondents by parents' communications on sex during their adolescent years

Variable	Frequency	Percentage (%)
	Sex of the respondents	
Male	154	64.7%
Female	84	35.3%
Total	238	100%
	Age of respondents	
18-19	44	
20-21	77	32.3%
22-23	98	41.2%
Above 23	19	8%
Total		4
	Frequency of regular sex	
Very frequently	123	52.7%
Not frequently	101	42.4%
None at all	14	5.8%
Total	238	100%
Pare	nts freely discussed sex related r freely with them	natters
Always	40	16.8%
Sometimes	40	16.8%
Hardly	94	39.5%
Not at all	64	26.9%
Total	238	100%
I	Level of openness of sexually rela communication with parents	
Very open	40	16.8%
Somewhat open	54	22.7%
Not really open	80	34%
Not open at all	64	27.1%
Total	238	100%

Table 1 above revealed that 64.7% (n=154) male respondents were more willing to participate in the study as against their 35.3% (n=84) female counterparts. Also from the study, majority of the respondents, 73.5% (n=175) were within the age range of 20 and 23 years in age, the least age range of 18 to 19 years were 18.5% (n=44) while the highest age range of above 23 years were 8% (n=19). From the table, most of the respondents, 95.1% (n=224) had become sexually active and had been engaged in sexual activities though, at different levels of frequency during their adolescent years. The table also shows that while in their adolescent years, a significantly high number of the respondents did not have adequate discussions with their parents regarding sexual related issues. This is because 16.8% (n=40) of the respondents stating that while they were adolescents, they did have discussions with their parents on a regular basis as regards sexual related issues. Another 16.8% (n=40) admitted that conversations with their parents on sex related issues occurred but not on a regular basis. However, 39.5% (n=94) said they hardly had discussions on sex related issues with their parents while 26.9% (n=64) did not have any such discussions with their parents. Finally, the table showed that parents level of openness in discussing communicating with sex related issues with their adolescent children was on a low, with 34% (n=80) respondents reporting a not really

open mode of discussion and 26.9% (n=64) reporting no form of communication at all. However, a total of 39.5% (n=94) admitted to have experienced some level of open discussion on sex related issues with their parents while they were in their adolescent years.

Table 2: Model Summary of regression analysis

Model	R	R Square	Adjusted Square	Std. Error of the Estimate
1 .462 ^a		.213	.210	.537

a. Predictors: (Constant), Parent - Child discussion sex related issues

Table 3: Regression Coefficients of parent-adolescent communication and sexual behavior of university students in Iwo

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	В	Std. Error	Beta		
(Constant)	2.027	.097		20.982	.000
Parent – Child discussion sex related issues	265	.033	462	-7.993	.000

a. Dependent Variable: Involvement in sexual behavior

From the analysis it was observed that parent – child discussion on sexual related issues did not deter the respondents, when they were adolescents, from sexual activities. For instance, Table 2 shows that R = .462; in other words, due to the little sex-related communication level the adolescents had with their parents, 46.2% of respondents had engaged in sexual behavior in their adolescent years. The R square = .213; which shows that parent – child discussion on sexual related issues have 21.3% effect on adolescents' engagement in sexual behavior. This is also proven in the coefficient analysis (β = -.462; p < 0.05) in Table 3. The analysis therefore shows that parent-adolescent discussions on sex related issues are quite low and this could in turn predispose the adolescents to sexual relations. The data shows that parents seem to withhold sensitive and important information relating to sex while discussing with their children. When children do not have sufficient information from their parents, they are then likely to seek for information elsewhere, thereby receiving distorted information on such issues.

A total of thirty-one (31) respondents participated in focus group discussions involving three groups with a minimum of ten (10) participants in each group. The following is a presentation of some of the data reported, guided by three major themes. These include: source of information on sex-related issues (SRI); level of communication with parents on sexually related issues

as well as perception of attitudes of parents towards discussing sex-related issues with adolescents (the real names of the participants have been changed for research purposes).

Source of information on SRI

Some of the respondents admitted that they had learned about sex not from home, but from their friends. for example.

Martha, a 23 year old female said:

"My parents were not so much into talk about sex with me.... What I know, I learned from my friends when I was in secondary school. They used to talk a lot about their boyfriends. I used to think it was all rubbish and lies till I too started having sex..."

Ade, a 22 year old female said:

"What I know about sex in my adolescent years, I learned from my friends. They would talk freely about sex with boys and talk about what they watched on pornographic movies, but I would only listen. Eventually, I too started watching along with them in movies and I ended up having several boyfriends with which I had sex several times."

Level of communication with parents on sexually related issues

A number of the respondents reported that their parents had some talk with them, while others stated that their parents did not talk about sex-related issues with them, such discussions were not in-depth enough and therefore did not help in them in becoming more cautious about sex. For instance;

John, a 22 year old male said:

"I had experienced sex since I was 17 years old. My parents never talked to me about sex. In fact, it was a topic never discussed at home. Probably they felt it was too sensitive to talk about or they did not want us (children) to engage in it. But, I already had started getting information from my friends. They taught me things....."

Martha, a 21 year old female said:

"I have had sex. I started when I was 16. Even though my dad never talked about it, my mum did. She always would tell me not to come home pregnant... although, she didn't really go much into details of what to expect when it came to sex, she talked largely of abstinence all the time, saying I should wait for the right man and the right time - after marriage "

Ade, a 19 year old female said:

"My parents have talked to me about sex, but only maybe once or twice. Although mum always told me to run to her anytime I had a question. I never did. It felt just kind of strange talking about that with parents...

Nonso, a 20 year old male said:

"I have never had sex. My parents never talked about it with us, but then, I grew up with strict parents. The fear of failing in school was there for us to see....it prevented me from even conceiving thoughts of sex, especially because I knew it could easily lead to pregnancy.....

Perception of attitudes of parents towards discussing sex-related issues with adolescents

Jude, a 23 year old male said:

"On one or two occasions when I tried to raise the question of sex with mother, she would hurriedly tell me that I was not ready for such discussions, that I should wait till I was much older. My parents avoided any talk on sex like a

Lydia, a 21 year old female:

"We did talk about sex at home. My parents were easy to talk to on almost everything. We had that bond. Although, they were a bit uncomfortable the first times sex discussion came up. My mum would talk about it with me while dad pretended to read the newspapers but then after some time, he too started to put in a word or two. We did not go into the nitty-gritty of sex itself, just basically what I should not let any male do to me and importance of abstinence and the like ... "

Discussion of findings

There is a growing interest from parents in talking with their adolescent children about sex-related issues. This current research attracts research-based educational opportunities for parents in Nigeria on the need to as well as how to communicate with their children about sex and sexuality matters. Overall, the findings of our study suggest that parents may not be talking much to younger children about sex-related issues and /or the adolescent children are not relying on other sources of information, which may not even be sufficient to address their curiosity and interests. Because of the manner in which sex is being portrayed in many media forms, and most especially the easy way by which adolescents have easy access to the internet, there is a great likelihood that children will be exposed to sex-related issues in wrong manners and will have access to wrong or distorted information.

Findings from this study revealed that although parents of the respondents did have some discussions on sexually related issues during their adolescence, such communication seemed not to be in-depth enough to have prepared the respondents for what they must have encountered, as it did not do much to deter them from sexual activities while they were adolescents. This agrees with the findings of Daramola and Ofole ,(2012), who stated that adolescents' who perceived that they have quality relationship and sexual discussions with their parents are more likely to delay sexual experimentations than their counterparts whose parents do not discuss sex related matters with them. In addition, Longo et al., (2002) had argued that despite the risk posed by unprotected sex, the majority of parents talk very little to their children about sexuality. Also, Uwakwe et al. (2014) were of the view that children rarely receive accurate and nonjudgmental information on sexual matters from their parents. The argument of Reid and Mihalko (2011), also is relevant to this present study. They found that open dialogue about physical intimacy and health education can generate more self-esteem, self-confidence, humor, and general health, thus preventing them from indiscriminate sexual activities. The researchers aver that factors such as supervision and feeling of warmth, love and care from parents and family are associated with delayed onset of sexual intercourse, which is often associated with healthy and responsible sexuality. As was found in this study, parents were not so keen on discussing sex-related issues with their children. Yusuf (1999) had stated parents from Hausa land experience constrains in their cultural practice of Kunya or modesty, whereby parents are too shy to impact sexuality education in their adolescents. Even Kajula et al, (2011), found that young people are reluctant to discuss sexuality with their parents since they prefer to discuss these issues with their friends, because they feel shy, and also because they may fear physical punishment for discussing sexuality. Their studies were similar to Adeyemo and Brieger, (1994), who stated that low levels of communication were related to parental perceptions of their child's readiness or maturity in Nigeria. Kumi-Kyereme et al, (2000), show that adolescents are reluctant to discuss sexuality with their parents since they tend to prefer to discuss these issues with their friends, because they feel shy, and also because they may fear physical punishment for discussing sexuality. The fear of physical punishment or blame was even said to deter reporting to parents that non-consensual or unwanted sex had occurred.

Conclusion

This research discussed the influence of communication with parents about sex-related issues. That parents were not so willing to discuss sex-related issues with their adolescent children or t even discuss in-depth on such issues does affect-how the child will eventually develop in the area of sex. Closely-knitted families, particularly with strong parental bonds can be conducive atmosphere and situations for the child to learn and develop knowledge on sensitive issues and thus affect how he will make rational choices in life. An understanding what children of young age retain from conversations with parents serves as an important foundation for helping parents engage in healthy, age-appropriate discussions with their children about the increasingly distorted and pervasive sex-related issues.

Recommendations

One problem that parents face is their concern about what their children are talking about, particularly with friends. Parents do not have specific or deep discussions with their children about sex-related issues. And

when this happens, their discussions have no significant positive impact on the child. The findings of this study suggest several directions for further research in this line of inquiry. First, demographic factors, which have major influence on parenting, are encouraged to examine whether selected variables, such as level of education, occupation of parents, and religious affiliation, are associated with children's reported discussions about sex-related issues with parents. Future studies could also include children that are currently in their adolescent age. Second, it is recommended that further research does not limit the conversations to just the adolescents, but to also include parents. This may reveal differences between what the parents discuss with their children regarding sex and what the children actually retain from such conversations. Third, using more in-depth qualitative analyses would certainly enrich findings on parentadolescent communication on sex-related issues.

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