

Influence of Family Background Characteristics on Parent-Child Sexual Health Communication in South-West Nigeria

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Abstract: Adolescents' sexual health has become a global public health concern especially in the developing countries. Undoubtedly, parent-child communication remains a vital means by which parents transmit cultural values and monitor the sexual health of their children. Indeed, the extent and the quality of the manner in which parents are involved in their children's lives are critical factors in the prevention of sexual risk-taking behaviour among adolescents. This paper investigated the influence of parents knowledge, occupation and religion on their communication of sexual health issues with their adolescents among parents in South West Nigeria. The study elicited information from 721 selected respondents, comprising fathers and mothers who had at least, an adolescent in the household; through a multi-stage sampling technique. The study found that most respondents, 78.2% had proper perception of sexual health communication. Parent-child sexual health communication was significantly associated with parents' occupation ($\chi^2=7.212$), and religion ($\chi^2= 6.850$). In addition, being self-employed and traditional religion were significant predictors of parent-child sexual health communication in their reference category (OR=0.651, P =0.030<0.05 and OR=0.26, P =0.028<0.05 respectively). Socio-cultural factors still greatly impedes parent-child sexual health communication, despite parents' proper perception of the need for it. Emerging interventions by all stakeholders need to focus on repositioning parents for early positive parent-child family conversations on sexual health issues coupled with work life and involvement in religious activities that promote parents' physical and mental preparedness for communication on sexual health

Key words: Parent, Parent-Child Communication, Adolescents, Sexual Health and South West Nigeria.

I. INTRODUCTION

The extent and the manner in which parents are involved in their children's lives are crucial in the overall development of a child and prevention of sexual risk-taking behaviour among adolescents because children are born into the family and their learning process which includes their sexuality begins from there; therefore the family is a central agent of socialization in the adolescents' life course (Fingerson, 2005). Communication is vital in all learning process; parent-child communication is indispensable in the monitoring of the sexual health (SH) of adolescents. Communication can be verbal communication (face-to-face, telephone, and media), non-verbal (body language, sign language, eye contact, gestures and how one dresses or act)

and written communication (letters, e-mails, books, magazines, the Internet or via other media).

Adolescence is one of life's fascinating and perhaps the most complex stage. It is a time when young people take on new responsibilities and experiment with independence. Adolescents search for identity and are filled with excitement and curiosity, desire for sexual release and exploration about the world as well as their body (United Nations Children Fund, 2011). During adolescence, the lives of boys and girls become wrapped in sexuality. They have an almost insatiable curiosity about the mysteries of sex and think about how to behave sexually and what the future holds for their sexual lives (Santrock, 2005). 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 southwest Nigeria, in which they are having sexual intercourse at young ages and also engage in multiple sexual partners. Most adolescents in this region had their first intercourse between ages 10 and 16 years (Federal Ministry of Health, 2012; Aji, Aji, Ifeadike, Emelumadu, Ubajaka, Nwabueze, Ebenebu & Azuike, 2014). Adolescents' sexuality behaviour in Nigeria and sub-Saharan Africa is indeed undergoing great changes from what it used to be in the past. This can be attributed to the effect of westernization caused by industrialization, urbanization, education, exposure and enculturation through importation of various foreign cultures, which were alien to the African culture and Nigerian in particular (Oladebo & Fayemi, 2011). Young people are more willing and eager to experiment various sexual discoveries. In fact, the large numbers of pictorial books combined with licit and illicit movies have contributed in no small measure toward the removal of guilt, fear and shame associated with unconventional activities (Ojo & Fasuba, 2006). Generally, adolescents' knowledge of sexuality comprises 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 and often destroy their dependence on the family for sex education (Santrock, 2005).

While parents never had to worry about the threats of social media in the past, it has become a dangerous place for

children in relation to negative sexual information available on the internet. Yet, most parents have very little or no knowledge of social networking sites, which would be necessary in guiding their children (Neil, Carlson & Donald, 2015). There is the need for parents to be more open with their adolescents because there are social and media pressures on adolescents to become sexually active. It has been observed that school based family life programmes are inadequate, except when parents are involved (World Health Organisation, 2012). Indeed, several factors influence adolescents' sexual health, but parental factor is a potential influence on adolescents' sexual behaviour because of the centrality of the family as a socialization agent in adolescents' life course (Henderson, 2006). Nonetheless, economic hardship and the need to survive under such material hardship have hindered parental supervision and parent-adolescent sexual health communication (Federal Ministry of Health, 2012). Parent-child sexual health communication has been identified as a protective factor for a range of sexual behaviours, but it seems not so in developing countries like Nigeria because communication between parents and adolescents seems to be uni-directional, autocratic and weak, where children are not permitted to express their view (Graaf, Vanwesenbeek, Woertman & Meeus, 2010).

Despite several interventions, much of what is heard and observed about adolescent sexuality is the problem of risky sexual behaviour and its grave negative consequences. The researcher observed that overwhelming influences of other factors on adolescents' knowledge of sexuality is due to the absence of the mediating influence of parental communication on sexual health related matters. Similarly, lack of parental knowledge on sexual health information was reportedly a barrier, as perceived by parents and young people alike. This suggests that pragmatic efforts need to target not only parental knowledge, but their self-efficacy and comfort to communicate with their children about sexuality (Opara, Eke & Akani, 2010; Shams, Parhizkar, Mousavizadeh & Majdpour, 2017).

The teeming population of adolescents remain highly vulnerable to unplanned/unwanted pregnancy, unsafe abortion, maternal mortality and morbidity, contracting sexually transmitted infections (STIs) including HIV/AIDS, which till date have no certified cure. This continued susceptibility of adolescents to unhealthy sexual life does not only seriously compromise positive life chances of young people but also the drive towards national and global youth development as entrenched in the Sustainable Development Goals (SDGs) that adopted by 193 countries on the 25th of September 2015 with the aim of achieving sustainable development for all countries by the year 2030. In order to curb risky sexual behaviour among adolescents, to meet their sexual health needs and to improve their quality of life for a greater tomorrow, adolescents seems to need proper and adequate sexual health information from their parents. They need orientation to help them adjust physically, mentally, psychologically, emotionally, socially and economically as it relates to their

sexual health and sexuality in general. In view of the above outlined Sexual Health (SH) challenges and needs of adolescents, as well as the need for increase in parental communication on sexual health with adolescents, the researcher was interested in examining possible underlying family background factors (namely; parents' knowledge, occupation and religion) that influence parents' communication on sexual health with their adolescents.

Possible factors associated with parents' communication on sexual health matters with adolescents have become an issue of concern globally. Majority of parents among the Yorubas seems to perceive communication on adolescents' sexual health negatively because they believe it initiates young people into sexual relationships (Opara, Eke & Akani, 2012, Odu, Amu, Samson, Aduayi, Owoeye & Eytayo, 2017). Lack of communication has contributed to adolescents' higher prevalence of sexual health disease because sexually active adolescents are often uninformed about their reproductive systems and are also exposed to sexual intercourse at an early age with lack of information and skills on how to handle this exposure (A Moran, Onadeko & Adeniyi, 2005). This ignorance more often than not leads them to take risks which can lead to long term damage to their sexual health and even death. The vulnerability of young people due to lack of information has been linked with poor perception and negative attitudes of parents in family life education (Odu et al., 2017).

It has been observed that parents' education appears to be vital when considering general communication including sexual health communication between parents and adolescents. This refers to knowledge, expert status, and familiarity with the topic by parents of adolescents' on sexual health. It is believed that parents need appropriate and adequate knowledge about sexual health to better educate their children; else, it could be a barrier to discussion on sexual health with their children. It has been observed that there are numerous ways in which religion can affect parent-child communication and adolescent sexuality; it can influence attitudes and beliefs about sexual communication, permissible premarital sexual activities, pornography, contraception, homosexuality and so on. What parents tell their children about sex-related matters; their style of communication and how frequently they have such conversations is often linked with their own religion and attitudes about sex and its appropriateness for adolescents (Bushaija et.al, 2013). Nature of parents' occupation and of course, experiences at the workplace may spill over to the home by influencing their personal well-being, which in turn may lead to less positive family dynamics, including reduced time spent with children, parental knowledge of children's whereabouts and lower quality home environments. Yet parents have the main responsibility of providing adolescents with age-specific sexual and health information that would empowers them to make responsible decisions regarding sexuality. The study is guided by the following research question.

What is the perception of Parents on adolescents' sexual health communication in Southwest Nigeria?

The study further hypothesized that

1. There is no significant influence of Parents Knowledge of sexual health on communication on adolescents' sexual health in Southwest Nigeria
2. There is no significant influence of Parents' occupation on communication on adolescents' sexual health in Southwest Nigeria.
3. There is no significant influence of Parents' religion on communication on adolescents' sexual health in Southwest Nigeria.

II. AJZEN AND FISHBEIN THEORY OF PLANNED BEHAVIOUR AND PARENTS' COMMUNICATION ON ADOLESCENTS' SEXUAL HEALTH

Theory of Planned Behaviour (TPB) of Ajzen and Fishbein (1980) provides the theoretical framework for the study. This theory explains various psychosocial factors influencing human behaviour which are relevant to the variable of interest in this study. Ajzen and Fishbein (1980) theorised that human social behaviour is guided by three kinds of considerations: Firstly, beliefs that behaviour likely has positive and negative outcomes, known as behavioural beliefs. Secondly, beliefs about the normative expectations of others, called normative beliefs and lastly, beliefs about the presence of factors that may facilitate or impede performance of the behaviour, termed control beliefs. For example, people may believe that the behaviour of exercising, among other things, improves physical fitness and is tiring (behavioural beliefs). Similarly, that their family and friends think they should exercise (normative beliefs), and that time constraints make it difficult to exercise (control belief). Therefore, taken together, the total set of behavioural beliefs produces a favourable or unfavourable attitude toward the behaviour. Ajzen and Fishbein added that the total set of normative beliefs results in perceived social pressure to perform or not to perform the behaviour, or subjective norm. Hence, in their totality, control beliefs give rise to a sense of self-efficacy or perceived control over the behaviour. In relations to parents' communication on sexual health; there is possibility that different background factors of parents have potential relevance to their knowledge and perception of adolescent sexual health information and attitude to sexual health discussion. It is believed that parents intention as regard parent-adolescent sexual health communication could be the combination of influences from parents background factors and parents perception, knowledge and attitude to sexual health discussion, as well as parents-adolescents quality of relationship. Also, there is a possibility of Parents' attitude toward parent-adolescent sexual health communication (which is a constituent of their behavioural belief, evaluations of behavioural outcome, and individual background factors) conflicting with the demand of educating their adolescents on sexual health matters. For instance, if parents' belief that

discussion of sexual health information will lead to delayed sexual initiation or a prevention of risky sexual behaviour, 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. Similarly, there is a possibility of conflict between parents' knowledge of sexual health information and discussion with their adolescents on sexual health matters. Ajzen and Fishbein identified that control beliefs or self-efficacy give rise to perceived behavioural control. While in this study parent control beliefs is their knowledge and skill on sexual health communication, while their perceived behavioural control is the inner and mental adequacy parents feel when they have sexual health communication skill, knowledge, time, and positive ethical reasons for discussion about sex-related matters (self-efficacy) with their adolescents. This will lead to parent-child sexual communication directly or indirectly by strengthening behavioural intention. lastly, there is possibility of conflict between parents' cultural belief or normative belief and the demand of parental communication on adolescents' sexual health at home. For instance if relevant others (cultural belief at family unit 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 behavioural intention 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 behavioural intention.

III. METHOD AND MATERIALS

Questionnaire was used to collect data among 721 respondents who were randomly selected from South West, Nigeria. Multi-stage sampling technique was applied to select the sample size for this study. The population for this study was fathers and mothers that have biological or non-biological adolescents as children or ward as at the time of the study in Southwest Nigeria. The first stage was the purposive selection of three states out of the six states of Southwest Nigeria. The states that were purposively selected are Ekiti, Ondo and Osun because these three states in the Southwest Nigeria have the highest percentage of adolescents who have initiated risky sexual activities. (National Population Commission & ICF International, 2014). The second stage was a purposive selection of the state capital in the three states. This was to ensure that the representative sample reflect people of various family background, levels of education, religion, occupation and values according to the variables of interest of the study. The three state capitals selected were Ado Ekiti Local in Ekiti State, Akure in Ondo State and Osogbo in Osun State. The final stage was the use of purposive sampling technique to choose fathers and mothers that meet the inclusion criteria of the study; that is only fathers and mothers that had at least an adolescent as a child or ward. The data collected were analysed using descriptive and inferential statistics.

IV. FINDINGS AND DISCUSSION

IV.I Analysis of the Perception of Parents on Adolescents' Sexual Health Communication in Southwest Nigeria

Table 1: Perception of Parents on Adolescents' Sexual Health Communication

Perception of parents to sexual health Communication	Frequency	Percentage%
Improper Perception	157	21.8
Proper Perception	562	78.2
Total	719	100

The results in table 1 revealed that majority of parents 562 (78.2%) have proper perception of adolescents sexual health discussion while 157 (21.8%) have improper perception. It then implies that parents' have proper perception in discussion of sexual health and sexuality in general with adolescents.

IV.II: TEST OF HYPOTHESES

The three null hypotheses were tested using non parametric statistics of Chi-square (X²) at 0.05 level of significance.

Hypothesis 1: Parents' Knowledge of sexual health will not significantly influence communication on adolescents' sexual health in Southwest Nigeria.

Table 2: Chi square Analysis of Parents' Knowledge of sexual health and Communication on Adolescents' Sexual Health.

Knowledge of sexual health	Parental Communication on Sexual Health			χ ²	P-value	Df
	Poor	Good	Total			
Good knowledge	208(33.4)	414(66.6)	622	0.012	0.207	718
Poor knowledge	37(38.1)	60(61.9)	97			

P>0.05

Table 2 shows that parents' knowledge of sexual health did not significantly influence communication on adolescents' sexual health. (χ² = 0.012, p = 0.207 > 0.05) The null hypothesis was accepted. The magnitude of influence is low and negative. This implies that knowledge of sexual health by parents does not vary with communication on adolescents' sexual health.

Hypothesis 2: Parents' occupation will not significantly influence communication on adolescents' sexual health in Southwest Nigeria.

Table 3: Chi square Analysis of Parents Occupation and Communication on Adolescents Sexual Health

Parents Occupation	Parental Communication on Sexual Health			χ ²	p-value	Df
	Poor	Good	Total			
Government Paid Job	116(29.7)	275(70.3)	391	7.212*	0.008	718
Private Paid Job	42(33.6)	83(66.4)	125			
Self-Employment	82(40.4)	121(59.6)	203			

P<0.05

Table 3 revealed that parents' occupation significantly influenced communication on adolescents' sexual health (χ² = 7.212, p = 0.008 < 0.05). The null hypothesis was rejected. The magnitude of influenced is high and positive. This implies that Parents occupation determined parental communication on adolescents' sexual health.

Hypothesis 3: Parents religion will not significantly influence communication on adolescents' sexual health in Southwest Nigeria.

Table 4: Chi square Analysis of Parents' Religion and Communication on Adolescents' Sexual Health.

Parents Religion	Parental Communication on Sexual Health			χ ²	P-value	Df
	Poor	Good	Total			
Christianity	180(31.2)	397(68.8)	577	6.850*	0.033	718
Islam	30(23.0)	100(77.0)	130			
Traditional	8(66.7)	4(33.3)	12			

P<0.05

Table 4 showed that parents' religion significantly influenced communication on adolescents' sexual health (χ² = 6.850, p = 0.033 < 0.05). The null hypothesis was rejected. The magnitude of influence is high and positive. This implies that parental communication on adolescents' sexual health is determined by religion of parents.

Binary Logistic Regression of the Relationship between Selected Significant Independent Variables and Parental Communication on Adolescents' to determine the Independent variable which best predicts Parents' Communication on Adolescent Sexual health

Table 5: Binary Logistic Regression of the Relationship between Selected Independent Variables and Parental Communication on Adolescents' Sexual Health.

Variables	Odd Ratio	P-value	95% Confidence Interval
Perception of parents on sexual health Proper Perception Improper Perception	RC 0.732	0.142	0.483 – 1.110
Occupation Government Establishment Private Establishment Self-employment	RC 0.894 0.651	0.652 0.030	0.550 – 1.454 0.442 - 0.958
Religion Christianity Islam Traditional/others	RC 1.001 0.255	0.998 0.028	0.576 – 1.739 0.075 – 0.866

Table 5 showed the Binary Logistic Regression model testing the relationship between selected variables and parent communication on sexual health. Compared to having proper perception, which is the referent category (RC), having improper perception on sexual health discussion (OR=0.732,

$P = 0.142 > 0.05$) is 27.0% less likely for parents to have good communication on sexual health. However, the relationship is not significant.

Working in the private establishment ($OR = 0.894$, $P = 0.652 > 0.05$) and being self-employed ($OR = 0.651$, $P = 0.030 < 0.05$), compared to working in the government establishment as referent category (RC), are 11.0% and 35.0% less likely for parents to have good communication on sexual health. However, the relationship is significant for working in self-employment only.

With being Christians as a referent category (RC), being Islamist ($OR = 1.001$, $P = 0.998 > 0.05$) and being traditionalist and other faith adherent ($OR = 0.26$, $P = 0.028 < 0.05$), are equally likely and 74% less likely for parents to have good sexual communication on sexual health. The test is, however, only significant for being traditionalist/ other faith and best predicts communication on adolescents' sexual health

The finding of the study revealed that majority of parents in Southwest Nigeria had proper perception. This result negates the finding of Shams et. al (2017) which provided reasons while parent-child communication on sexual matters is difficult. They attributed it to the belief of parents on sexual health information, that parents feel inadequately informed, embarrassed, and have difficulty finding a suitable time to talk with their children. Meanwhile, Obono (2010) has earlier reported that in Nigeria, majority of parents believed that sexuality discussion with adolescents will result in promiscuity and the exposure of adolescents to negative influence; therefore discussions of sex-related matters are regarded as a taboo. The reason for this result could be because parents have being able to see and experience the negative consequences of adolescents risky sexual behaviour today, therefore they may have started believing that communication on adolescents sexual health is important to their sexual health and overall wellbeing. However, there is a difference between having a belief to do a thing and carrying it out. Hence, for parents to sexually socialize their adolescents, it is not enough to have proper perception on sexual health communication but to practice it.

The result of hypothesis one showed that parents knowledge of sexual health did not significantly influence communication on adolescent sexual health. This contradicts the remark of Opara, Eke and Akani (2010), that there is a positive relationship between parents' knowledge of sexual education and their communication of sexual health with adolescents. They posited that parents' knowledge of sexuality education, self-efficacy and enhance to communicate with their children about sexuality, enhance their intention to discuss sexual health with adolescents. The probable reason for this is not farfetched, parents have low comfort level when it comes to discussing sex-related matters with adolescents because social and cultural environments of most African communities are influenced by culture of silence when it comes to discussing sexual issues. This is in line with theory of planned behaviour

by Ajzen and Fishbein (1980), which explained that human social behaviour is also influenced by normative beliefs, which is a perceived social or cultural pressure to perform or not to perform a behaviour. Therefore parents adequate or inadequate knowledge of sexual health does not have any positive relationship with their discussion of sexual health with adolescents.

The result of hypothesis two revealed that parents' occupation significantly influenced communication on adolescents' sexual health. This result agrees with Heinrich (2014), which explained the effect of occupation and work stress on the family and home environment and its further impact on adolescent psychosocial functioning. It is found out that feeling of parental work overload is associated with parental stress and in turn poorer parent-child communication and adolescent problem behaviour. Similarly, Han, Miller and Waldfoegel (2010) and Gershoff et. al (2007) had earlier stated that Positive work experiences and high or medium parental income may help a parent be more relaxed and responsive at home, whereas negative or draining work experiences and low income may do the opposite. On the other hand, the finding of this study contradicts Shonkoff et. al (2012) which pointed out that parents occupation or how much they spend at work do not affect parents interaction with their children, but rather what parents do in the time they spend with their children or how they interact, and the quality of those interactions and other factors are also very important to general and sexual communication and their children's wellbeing.

The result of hypothesis three which revealed that parents' religion significantly influenced communication on adolescents' sexual health is in line with Bastien et. al (2011) and Bushaija (2013). They reported that religious affiliation was a significant predictor of experiencing silence as regard sexual discussion in adolescents' relations with parents or guardians. However, the finding contradicts Mbugua (2007), who found out that parental religion still appears to be less influential on parents-adolescents sexual health communication and adolescents are sexually active regardless of their parents' religion.

On the predictive strength of parents' religion to parental communication on adolescents' sexual health, the traditionalist/other faith predict parents' discussion of sexual health with adolescent than Christianity and Islamic religion. This result is contrary to expectation; the reason could be because the traditional faith does not have daily spiritual involvement that requires members gathering for regular activities like the other type of religion, hence the adherents were able to spend more time with their children than others. It has been observed that traditional religion is less political than the other religion. Hence, the parents have more time for child care, relationship and sexuality communication.

The self-employment type of occupation also predicts parental communication on adolescents' sexual health among the three type of employment examined. This is in line with Heinrich

(2014) who pointed out that parents for whom staying at home has higher opportunity costs (that is, those who are more productive in the workplace than at home) would be more likely to substitute hired child care for their own care of their children because of lack of control over their work. Hence, the self-employed parents have more flexible time schedule and are more available to their children.

Perception of parents did not significantly predict parental communication on adolescents' sexual health. This is in agreement with Poulsen et. al (2010) which submitted that other factors influenced parents willingness to discuss sexuality with their children, such as; readiness of the child to learn about sexuality, parental acquisition of information to assist in educating the child, and finally, having a high level of 'sexual communication responsiveness'. By implication, parents with proper or improper perception on sexual health communication will not necessarily discuss sexual health with their adolescents. There are other factors that have been considered in this study that could cause this, such as the influence of societal norm and the willingness to conform to such norms.

V. SUMMARY AND RECOMMENDATIONS.

The findings of the study revealed that majority of parents 562 (78.2%) had proper perception to discussion of sexual health with adolescents. Parents' knowledge of sexual health did not significantly influence communication on adolescents' sexual health in Southwest Nigeria. While parents' religion and occupation significantly influenced communication on adolescents' sexual health in Southwest Nigeria.

On the basis of the finding of this study, it is recommended that:

Parents should be friends with their adolescents, so that they could freely discuss sexual health issues with them. They should provide enabling environment at home for intimate sexual conversation and supervision.

Guidance Counsellors should understand the implication of the findings of this study to be able to give and execute proper guidance programmes, especially for parents to become more open and receptive in discussing sex-related matters with their children.

In addition, religious institutions are revered by many parents. Such institutions should consider it a decisive responsibility to make parents to be cognitively and psychologically prepared to discuss sex-related matters with their children from childhood.

More than ever before, there is an urgent need for all stakeholders to focus on how the family can be better positioned to play its role in raising sexually healthy adolescents..

Government and private establishments should provide friendly workplace policies and practices that can relief

parents from stressful job conditions and non-flexible working hours, to foster a positive parent-child relationship.

Limitation of the Study

One important limitation is that data was collected from respondents in the capitals of the selected states; it is likely to make representation to be more of urban participants than the rural.

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