

Determinants of Patterns of Communication on Sexuality between Parents and In-School Adolescents in Agege Local Government Area, Lagos State, Nigeria

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Abstract: Adolescent sexuality communication is very important for improved sexual and reproductive health. This study investigated the determinants of patterns of communication on adolescents' sexuality between parents and in-school male adolescents in Agege local government area, Lagos state, Nigeria. The study employed a cross-sectional survey design and it adopted the purposive sampling with the questionnaire validated. Data collected was analysed using descriptive statistics and inferential statistics. The study revealed that the levels of predisposing factors for knowledge of adolescent at sexuality, both the parents and the adolescent student indicated that among parents, there was good perception about communicating sexuality with parent while only 28.1% of the parents had poor perception. Majority of the respondents (parents and adolescents) reported moderate pattern of communication about sexuality among the adolescents. There was a significant relationship between parents' knowledge on adolescent's sexuality and patterns of communication between parents and in-school male and female adolescents in Agege Local Government Area, Lagos State, ($p < 0.05$). There was a significant relationship between parents' perception on adolescent's sexuality and patterns of communication between parents and in-school male and female adolescents in Agege Local Government Area, Lagos State ($p < 0.05$). The three environmental factors (peers, media and family support) predicts patterns of sexuality communication between parents and in-school male and female adolescents in Agege Local Government Area, Lagos State, Nigeria. The study therefore recommends that parents should pay more attention to their adolescents' sexuality issues and be more opened to communicating with them. Parent should communicate more with their male and female adolescents regarding their sexuality.

Keywords: Adolescents, Communication, Knowledge, Parents, Sexuality

I. INTRODUCTION

The World Health Organization (WHO) defines adolescents as those people between 10 and 19 years of age. It includes the age-based definition of "child", for a person under the age of 18 years where a specific health and developmental needs and rights are sensitive. It is also a time to develop knowledge and skills, learn to manage emotions, relationships, acquire attributes and abilities of assuming adult roles (WHO, 2018). This world is home to about 1.2 billion

adolescents, 70% of whom live in developing countries (Gupta, 2014). This is the fastest growing population especially in the resource limited nations (UNPFA, 2014). Adolescents throughout the world face considerable challenges related to their sexual and reproductive health (SRH). In countries with poor resources, the obstacles preventing a healthy transition to adulthood are the highest, placing adolescents at an increased risk of sexual and reproductive morbidity and mortality. In some countries, social and cultural norms may also create other barriers that prohibit adolescents from obtaining specific and timely SRH information and services (Langer, Meleis & Knaul, 2015). Many young people approach adulthood faced with conflicting and negative messages pertaining to their SRH that are often exacerbated by embarrassment and silence from adults, including parents.

Adolescence is a critical developmental period when youth begin to develop their romantic and sexual identities and is an important time to learn about how to engage in healthy romantic and sexual behavior, which then sets the stage for healthy adult relationships. Additionally, adolescence is a time to focus health promotion efforts on reducing the risk of negative sexual health outcomes, such as adolescent births and sexually transmitted infections (STIs). Research have shown that although adolescent pregnancy and birth rates have declined across all racial and ethnic groups in the U.S. since the early 1990s, rates among black and Hispanic adolescents are still more than twice as high as rates among white adolescents. (Martin, Hamilton, Osterman, Driscoll & Drake, 2016)

The parent-child relationship is fundamental to shaping children's trajectories through adolescence (De Looze, Constantine & Jerman, 2015). Studies that have examined the attributes of the parent-child relationship have generally focused on three main domains: parental support (connectedness), control (regulation), and parent-child communication (De Looze, Constantine & Jerman, 2015). Parent-adolescent sexual communication is increasingly regarded by scholars as a means for reducing sexual risk behavior among adolescents. Parent-child sexual

communication (PCSC) is one of the most important ways in which parents influence their children's SRH attitudes and behaviours, using it as a means to educate while also transmitting values, beliefs, information and expectations. Youth who have open communication with their parents on SRH have been found to initiate sexual activity later and to exhibit safer sexual behaviour through the use of birth control and condoms (Widman, Choukas-Bradley & Noar, 2016). Adolescent risky sexual behaviours are not only harmful to individuals, but they also have great implications for public health. Acquiring a sexually transmitted infection (STI) increases the risk for other serious health complications such as infertility, cervical cancer, and HIV/AIDS (World Health Organization; WHO, 2013). A lack of parent-child sexual communication may cause youth to turn to questionable sources such as the internet, their peers and social media for SRH information. Structural shortcomings in the parenting of adolescents has been reported to result in low uptake for the reproductive health services utilization among adolescent (Manu, Mba, Asare, Odoi-Agyarko & Asante, 2015). Shortcomings in style of parenting, gender power and cultural norms in discussions around sexuality. Amoo, Igbino, Imhonopi, Olufunmilayo & Ajaero (2018) stated that there are evidences that show that most of parents in African countries do not take part in solving social and structural issues related to reproductive health and this often results in unsafe abortions and more importantly maternal deaths among adolescents.

Morawska, Walsh & Grabski (2015) stated that parents often believe that they should be their children's primary source of SRH information; however, many parents do not talk about important SRH topics with their children before their sexual debut. The barriers that parents face in PCSC include having poor and inaccurate information regarding SRH, feeling discomfort or lack of confidence in talking about sex and sex-related issues, and underestimating their children's readiness to discuss SRH issues by thinking that they are too young (Malacane & Beckmeyer, 2016). Parent-adolescents discussions may be particularly important, especially when it comes to reducing engagement in sexual risk behaviors. Researchers have found that when adolescents particularly girls talk to their parents about sexual behaviors, contraception, STIs, and pregnancy prevention, they are more likely to engage in safe sexual behaviors, including abstinence and protective behaviors that prevent pregnancy and STIs (Widman, Choukas-Bradley, Noar, Nesi, & Garrett, 2016)

Adolescents often avoid talking with their parents about SRH-related concerns due to embarrassment and fear of a negative reaction or punishment. In addition, the perception between parents and adolescents about the quality or frequency of the communication may differ. A recent study found that while most parents reported discussing SRH issues with their adolescents, a much smaller percentage of the adolescents reported discussing such issues with their parents (Grossman, Jenkins & Richer, 2018). These lack of discussions have led to high level of early pregnancies and a

much higher number of unintended pregnancies (Wado, Sully & Munah, 2019). Lots of difficulties have been reported in accessing contraception and intervention programs on Adolescent Sexual and Reproductive Health (ASRH) hence, there have been reports of unsafe abortions ranging from 25 to 30% among adolescent pregnancies globally (Munakampe, Zulu & Michelo, 2018). Recurrently, adolescents in Africa have presented early pregnancy with more than 50% of their pregnancies, un-intended pregnancy is ranges from 18.8% to 19.3% of all pregnancies in all African countries (Wado, Sully & Munah, 2019). It is estimated that 80% of new HIV infections are among adolescents with girls four times more at risks than boys at risk globally (UNAIDS, 2019) & (Morris & Rushwan, 2015), moreover adolescents have presented the highest incidence rate (256 per 1000) of Sexually Transmitted Infections (STI) that is Syphilis, Gonorrhoea, Chlamydial infection and Trichomoniasis.

Structural shortcomings in the parenting of adolescents have been reported to result in low uptake for the reproductive health services utilization among adolescent (Manu, Mba, Asare, Odoi-Agyarko & Asante, 2015). Shortcomings in style of parenting, gender power and cultural norms in discussions around sexuality. Amoo, Igbino, Imhonopi, Olufunmilayo & Ajaero (2018) stated that there are evidences that show that most of parents in African countries do not take part in solving social and structural issues related to reproductive health and this often results in unsafe abortions and more importantly maternal deaths among adolescents.

In light of these, this study will investigate the patterns of communication on adolescents' sexuality between parents and in-school adolescents in Agege Local Government Area.

II. METHODOLOGY

A descriptive survey was employed for this research. In this study, the reference population was in-school male and female SS1-SS3 adolescents and their parents in the selected government secondary schools in Agege Local Government Area, Lagos State, Nigeria. The study used Leslie Kish (1965) formula to calculate the sample size of the population and a sample size of 374 was derived. This study adopted the purposive sampling. In this study both the face and content validity were adopted to authenticate that the study instruments, measures exactly what it was designed to measure. The reliability of the research instrument was conducted using Cronbach's alpha correlation coefficient. Data was collected from in-school male and female adolescent's using a semi-structured questionnaire. The questionnaire were checked for completeness and coded and analysed using statistical package for social sciences (SPSS) version 23.0. Data were presented using descriptive and inferential statistics.

III. RESULTS AND DISCUSSION OF FINDINGS

The study indicated among the parent majority of the parents was correct adolescent sexuality is sexually related activities

among adolescents between 10-19 years. Most of the parents 89.4% were correct that adolescents are free to explore their sexuality at their age. Also, most of the parents 81.9% were correct they can use of protection prevent adolescents' from HIV, unintended pregnancy and STIs. A larger number of the parents were correct that having multiple sexual partners could lead to having HIV, unintended pregnancies and sexually transmitted infection. Most of the women, 98.1% were correct about the side effect of unprotected sex and sexual exploration before maturity and could lead to dropping out of school, 67.7% reported societal stigmatization, 78.7% also reported depression as one of the side effect, majority of the parents, 68.1% were correct that deprivation of future ambition is one of the side effect.

Among the adolescent students selected for the study, majority of the adolescent 85.2% were correct that adolescent sexuality is sexual exploration of adolescents' between the ages of 10-18 years. Also, 80% of the women were correct that interest in sexual intensifies during the onset of puberty. Most of the adolescent, 81.9% were correct that flirting, kissing and having sex is part of adolescent sexuality. Most of the adolescent were correct that masturbation and wet dreams is a result of sexuality. Most of the adolescent, 69.4% were correct that sexual orientation helps them understand adolescent sexuality. Majority of the adolescents, 67.7% were correct that the risk of sexual intercourse is unintended pregnancies. Also, 78.7% of the adolescents were correct that STI is one of the risk factor. 100% of the adolescent also reported HIV/AIDS while 89.4% were correct about the use of safe sex. Most of the adolescents, 100% were correct dropping out of school as one of the side effect of unintended pregnancy. 68.1% also reported societal stigmatization while also, majority of the adolescents 80.3% were correct about depression and 98.1% were correct about deprivation of future ambition.

This result indicated the levels of predisposing factors for knowledge of adolescent adolescent sexuality, both the parents and the adolescent students. Among the parents, there was good perception about communicating sexuality with parent while only 28.1% of the parents had poor perception. Attitude of women towards the perceptions on community sexuality among adolescent, there was negative attitude about adolescent sexuality while also most of the students, 59.7% of the parents had high self-esteem while 51.9% of the students had moderate level of self-esteem. This result indicated the levels of environment factors across all level of peer influence, media influence and family support. At the level of peer influence, majority of the parents 74.5% reported high level of peer influence, 60.6% also reported high level of peer influence. Majority of the parents and students 71.9% and 69% respectively reported high level of influence of media on sexuality communication. More than sixty percent of the respondents also reported high level of impact of family support on sexuality communication among the adolescents. The result indicated that majority of the respondents (parents and adolescents) reported fair level of impact of enabling

factors on either discouraging or encouraging adolescents in communicating adolescent's sexuality message with their parents. Maximum point obtainable was 28. The result indicated that majority of the respondents (parents and adolescents) reported moderate pattern of communication about sexuality among the adolescents. The result also showed that the maximum point obtainable is 24. The study indicated that majority of the respondents (parents and adolescent) reported positive effect of communicating sexuality with adolescent for the purpose of preventing sexual risk behavior. The result also showed that the maximum point obtainable is 20.

IV. DISCUSSION OF FINDINGS

This section presents the discussion of findings of the study in relation to other empirical works carried out. The result of demographic characteristics of parent is consistent with the findings of Grimsley, (2015) that parent residing in low and middle income countries are predominantly married because of the African centric nature of the family environment. The result is also supported with the view of Jegede, (2018) that in a study conducted on sexual health of adolescents in Ibadan indicated that they are predominantly from the Yoruba tribe main because the study was conducted in the city of Ibadan.

The socio-demographic data of the in-school male and female adolescents revealed that more of the respondents were female as opposed to the male respondents. The adolescents were majorly in SS1 followed by SS3. The ethnicity of the adolescents was mostly Yoruba 39.7 (123), and others 20.3 (63) which tells us that the majority of the respondents were Yoruba, this can be seen as a result of the location of the place of study. Participants' religious inclinations were majorly Christianity. Furthermore, majority of the adolescents live with their parents 40% (124). The result on the demographic characteristics of adolescent students in secondary school is supported with the findings of Jegede, (2018) found that adolescent student selected for an intervention study on HIV/AIDS are predominantly from the Yoruba tribe. This is also supported with the view of Oluwadare, (2017) that adolescents students are often in their last years in the Junior class or first year of the Senior class.

The first objective which was to assess the level of personal disposition (knowledge, attitudes, perception, self-esteem) that would predispose parents in Agege Local Government Area to communicating adolescent's sexuality with their adolescents revealed that the parents had a good knowledge about their adolescent's sexuality. The result is consistent with the findings of Adebayo, (2018) that Adequate knowledge and knowledge sharing is a good catalyst to help make healthy decisions as regards adolescents sexual and reproductive health. The adolescent who is knowledgeable knows what is appropriate to do, when to do it, the societal implications and the overall impact on the nation, since this represents his/her own quota to the nation's building. Additionally, Neeru (2015) reported that majority (89%) of the rural parents of these adolescent girls do not feel necessary to impart sex

communication to their children; 75% of the rural parents believed that not much information should be imparted and only negligible percent (3%) of them in favour of imparting full knowledge to their children. The study also reported that 65% of the urban parents believe in verbal communication method while imparting sex knowledge; whereas others use different methods for providing the related information (TV, magazines etc.). Furthermore, the result is supported with the findings of Martina, Olubayo (2019) that parental Attitude towards Adolescent Sexual Behaviour shows that in response to the issues of attitude of parents towards adolescent's sex communication and adolescents having access to reproductive health services, majority of parents (41.6%), had negative and poor attitude. They felt that adolescents should not be encouraged in obtaining reproductive health services because traditionally unmarried adolescents are not expected to initiate sexual activities until they are married. The result is also supported with the findings of Shetty, Kowli, & Patil, (2018) pointed out that the mothers were reluctant to talk about sex communication to their daughters. Although, the mothers perceived that girls should talk only about menstruation and it is necessary for the girls to be aware of intercourse or other important aspects pertaining to sex communication.

The second objective which was to determine the environmental factors (peer influence, media influence and family support) that would reinforce adolescent's sexuality communication between parents and their adolescents in Agege Local Government Area. The result is supported with the findings of Adepoju, (2015) that exuality communication drew its content from social demography, human ecology, family life and sex communication. Details of these contents and the areas of emphasis varied between, and sometimes within, countries in response to the particular requirements of individual cultures and population situations. Additionally, De Graaf et al., (2016) reported that Familial environment is a multidimensional construct comprised of heterogeneous psychological and social factors about sexuality communication among adolescent. The family system and its influences on adolescent sexual behaviour can be divided into two primary categories: family structure variables (single parenting, socioeconomic status, parental education) and process variables (parental monitoring and support, connectedness, communication between parents and child and quality of relationship) (Potard et al., 2018). The result is supported with the findings of There are couple of exact investigations distinguishing the pervasiveness of destructive sexual behaviors among African youths (Shlonsky et al., 2017). Combined with an absence of mainland/national information portraying the quantities of risky sexual behavior by youngsters, an absence of mindfulness about the subject and a hesitance of experts and guardians and parental figures to report these behaviors, it is trying to precisely depict the degree of the issue in Africa.

Boden and Horwood (2017) discovered that bring down confidence at age 15 was related with more serious dangers of taking part in unprotected sex a more prominent number of

sexual accomplices, and a more serious danger of pregnancy at ages 15– 25. Harris and partners (2017) discovered that teenagers who express exclusive standards for their future wellbeing and instruction will see more serious dangers related with participating in hazard behaviors and will keep away from hazard taking.

The third objective which was to Identify the enabling factors, (Policies, social, religion, culture, and infrastructure) that would discourage/ encourage parents in communicating adolescent's sexuality messages with their adolescents revealed that parents agreed that they support the guidelines setup by the authorities of adolescent school as regards sex. The result is supported with the findings of Gabriel, (2018) that building enabling environments so that adolescents realize their SRH and human rights requires interventions that work at multiple levels with adolescents, with families, with communities, and at the societal level. Such interventions tend to be complex and can be challenging to evaluate. The result corroborated with the finding Orubuloye, (2018) that several interventions have focused on economic empowerment and poverty reduction as a way of reducing adolescent girls' and young women's vulnerability to SRH issues and HIV. Additionally, Yinusa, (2018) that this is particularly the case when it comes to communication with adults in the family or communities. Many girls have limited agency and mobility, few possibilities to express them-selves without judgment, and know few persons and places to seek information and support. The lack of a confidential and judgment-free environment can be a barrier to girls obtaining SRH information, learn skills, and feel supported in expressing their concerns related to their lives and SRH issues. Timi, (2018) reported that risk and protective factors for ASRH in low- and middle-income countries found that adolescents currently in school are less likely ever to have had sex compared with those who leave school early. Furthermore, the more years adolescents remain in school, the greater the chances that modern contraceptives would be used.

The fourth objective which was to ascertain the patterns of communication on adolescent's sexuality between parents and in-school adolescents in Agege Local Government Area, Lagos State. The result corroborates with the view of Pettifor et al.'s (2016) most pattern of communication are related with interaction with parents and the adolescents. This is also related with the view of Barone et al. (2018), these risks are magnified in the young adolescents who engaging in sexual intercourse. Varghese et al. (2018), the probability that an adolescent will become sexually active is increased by community risk factors (e.g., low rates of educational attainment, high unemployment rates, community poverty, high crime rate), family risk factors (e.g., having a single parent, changes in parental marital status, low level of parental education and income, poor parental support, lack of parental supervision, mother's early age at first sex and first birth, single mother's dating and cohabitation behaviours, permissive parental attitudes about premarital sex or teen sex, older sibling's early sexual behaviour and age of first birth),

and risk factors related to peer attitudes and behaviour (e.g., low grades among friends, sexually active peers).

The findings showed that there is a significant relationship between parents' knowledge on adolescent's sexuality and patterns of communication between parents and in-school adolescents. There is a relationship between parents' perception on adolescent's sexuality and patterns of communication between parents and adolescents, environmental factors (peers, friends, media and parents' socio-economic status) would predict patterns of adolescent sexuality communication between parents and in-school adolescents of Agege Local Government Area, Lagos State, Nigeria. (Smetana, 2011) states that in the course of socialization, society uses communication strategies to teach a child to develop emotional stability and learn the social skills, values, and behavior patterns necessary for conforming to acceptable social norms and becoming a responsible member of the society. Taiwo, Bamidele and Agbana (2017) examines the knowledge had significant on the promotion of sexuality communication on adolescent sexual and reproductive health in Oyo State, Nigeria. The study revealed that the female gender are aware of their pubertal changes, which means the knowledge of the female gender is high concerning sexuality than the male gender. The study also revealed that the teacher and the parents have taught the female and male the importance of abstinence. Girish and Vishwajeet (2018) this study investigated into the knowledge, practices and attitude of secondary school teacher regarding school health and sexuality communication of the students. The study concluded that parents both in the rural and urban schools should be periodically assessed so has to know if they are improving their knowledge bank concerning health communication. The teachers should be opened to continuous learning on the theme of health communication.

The result of hypothesis two indicated that there was a significant relationship between parents' perception on adolescent's sexuality and patterns of communication between parents and adolescents in Agege Local Government Area, Lagos State, Nigeria. The result is consistent with the findings of Motta, Keogh, Elana, Konda, Konda & Caceres (2017) that the sexuality communication policies and their implementation in Peru. The study found that the perception of parent is significantly influenced by the style and pattern of communication between the students and parent. This is also supported with the findings of Vachistaand Rajshree (2016) that parent's perception on adolescent is associated with the pattern of communication. The study recommended that a sex-communication program of sex communication has to be implored in the society due to the religious and cultural belief of people in India. The parents and teacher involvement in sex-communication must be emphasized in the country. The result is consistent with the findings of Kasonde (2019) that perception of teachers to sexuality communication in the Gaborone Secondary Schools in Botswana. Due to the awareness the giving the student accurate sexual communication will aid to delay initiation of sex, reduce the

number of sexual partners and increase the student use of contraceptives even when they eventually decide to engage in it.

The result of the third hypothesis showed that Environmental factors (peer influence, media influence and family support) would predict patterns of adolescent sexuality communication between parents and in-school adolescents of Agege Local Government Area, Lagos State, Nigeria. The result is supported with the findings of Shlonsky et al., (2017) that combined effort of the environmental variables influence adolescents sexuality communication especially in the absence of mainland/national information portraying the quantities of risky sexual behavior by youngsters. This is also similar to the findings of Eze, Obiebi and Akpofure, (2018) that notwithstanding, distinguished that the Bureau of Statistics recorded wrongdoing information can be valuable in giving a feeling of the degree of these risky sexual behaviors. In spite of the fact that it is hard to successfully set up the commonness of risky sexual behavior, it has been featured as an issue of critical worry in the Africa. Aspy (2018) additionally discovered that inclination associated with school ensured against risky behaviours, for example, early inception of sexual intercourse and liquor utilization in multi-year old understudies. In like manner, low confidence could build the odds of taking part in risky sexual behavior. In a delegate overview of undergrads, Cooper & Shapire (2018) discovered that ladies will probably utilize sex to limit dangers to confidence.

V. CONCLUSION AND RECOMMENDATIONS

The study revealed that knowledge, attitudes, perception, and self-esteem are factors that would predispose parents in Agege Local Government Area to communicating adolescent's sexuality with their adolescents. Policies, social, religion, culture, and infrastructure would discourage/ encourage parents in communicating adolescent's sexuality messages with their adolescents. There is a relationship between parents' perception on adolescent's sexuality and determinants of patterns of communication (The parents discussing the advantages of using protection during sex with their adolescent, the parents not believing that their adolescents have a right to practice or be involved in sexual activity, and also that their decisions as it affects the adolescent are not subject to discussion) between parents and adolescents. Peers, friends, media and parents' socio-economic status would predict patterns of adolescent sexuality communication between parents and in-school adolescents with the media being the most influencing factor.

Based on the outcome of this study, it is hereby recommended that:

1. Parents pay attention to the opinions of their adolescents so as not to push them away.
2. Parents should communicate more with their in-school males and females adolescents as regards their sexuality.

3. There is need for government and other stakeholders in the education and health industries to improve on care and support services for teenage pregnant students in Nigerian secondary schools
4. There is need for improvement on the pattern of sexual and reproductive health education in schools
5. Advocacy to increase awareness towards the need to include sex education into the school's curriculum

REFERENCES

- [1] Amoo E, Amoo EO, Igbinoba A, ImhonopiD, Olufunmilayo O, Ajaero CK, et al. (2018). *Trends, determinants and health risks of adolescent fatherhood in sub-Saharan Africa*. *Ethiop J Health Sci.*;28(4):433–42.
- [2] Manu AA, Mba CJ, Asare GQ, Odoi-Agyarko K, Asante RKO. (2015) *Parent-child communication about sexual and reproductive health: evidence from the BrongAhafo region, Ghana*. *Reprod Health*, 12(1):1–13
- [3] Martin, J.A.; Hamilton, B.E.; Osterman, M.J.K.; Driscoll, A.K.; Drake, P. *Births* (2018): Final Data for 2016; National Center for Health Statistics: Hyattsville, MD, USA.
- [4] Morris JL, Rushwan H. (2015) *International journal of gynecology and obstetrics adolescent sexual and reproductive health: the global challenges*. *Int J Gynecol Obstet.*; 131:S40–2.
- [5] Munakampe MN, Zulu JM, Michelo C. (2018) *Contraception and abortion knowledge, attitudes and practices among adolescents from low and middle-income countries: a systematic review*. *BMC Health Serv Res.*; 18(1):909.
- [6] UNAIDS. *Women and HIV — a spotlight on adolescent girls and young women*. Geneva; 2019. Available from: https://www.unaids.org/sites/default/files/media_asset/2019_women-and-hiv_en.pdf.
- [7] UNFPA. *Adolescents, youth and the transformation of the future*. *State of world population; 2014*. Available from: https://www.unfpa.org/sites/default/files/pub-pdf/EN-SWOP14-Report_FINAL-web.pdf.
- [8] Wado YD, Sully EA, Mumah JN. (2019) *Pregnancy and early motherhood among adolescents in five east African countries: a multi-level analysis of risk and protective factors*. *BMC Pregnancy Childbirth*
- [9] WHO (2018). *Recognizing Adolescence*. *Adolescence: a period needing special attention; 2018*. Available from: <http://apps.who.int/adolescent/second-decade/section2/page1/recognizing-adolescence.html>.
- [10] Widman, L.; Choukas-Bradley, S.; Noar, S.M.; Nesi, J.; Garrett, K. (2016) *Parent-adolescent sexual communication and adolescent safer sex behavior: A meta-analysis*. *JAMA Pediatr.*