

**THE INFLUENCE OF PARENTAL
COMMUNICATION ON SEXUAL ACTIVITY AMONG UNDERGRADUATES OF
UNIVERSITY OF BENIN**

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DEDICATION

This project work is dedicated to God Almighty, to my family and
to Late Domoh Mcpherson Edate

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ABSTRACT

The study investigated the knowledge of the influence of parent-adolescent communication on teenage pregnancy among undergraduates of university of Benin, Nigeria. The study had three objectives. The first objective was to find out how parents communicate sexual and reproductive information with adolescents and its influence on their behavior. The second objective was to assess the influence of parent-adolescent communication on sexual and reproductive behavior. Lastly the study was to identify the challenges of parent-adolescent communication and their influence on sexual and reproductive behavior. The target population of this study comprised students in the university. Simple Random sampling technique was used to select the students and adolescents who participated in the study. Quantitative data was collected from respondents through the survey method using a questionnaire. It was analyzed using descriptive statistics. The study found out that 50.7%, of the adolescents were exposed to sex education while 32.3% of the parents had exposed their children to sex education.

Parent-adolescent communication on sex issues occurred at the point where the adolescents had enrolled to institutions of learning. Parent-adolescent communication on sex issues was found to occur regularly as thirty-nine percent of adolescents received sex education monthly, twelve percent received sex education weekly however nine percent never received sex education. On the other hand twenty four percent of parents give sex education monthly, nine percent gives sex education weekly but nine percent never give sex education. A slight variance was found to exist on the awareness about adolescent's sexual activeness between household heads and the adolescents. Conversations between adolescents and their parent were found to influence sexual

behavior as fifty one percent of the adolescents agreed that conversations between them and their parents influence their sexual behavior.

This study recommended that parent-adolescent communication should occur more often unlike the current monthly frequency to enhance the observed positive effects on sexual behaviors amongst adolescents. Parent-adolescent topics on sexual and reproductive behavior should also include topics on the sexual activeness of adolescent so as to reduce the variance on the awareness about adolescent's sexual activeness between household heads and the adolescents.

CHAPTER ONE

INTRODUCTION

Background of study

Repeatedly adolescents in Africa have been experiencing early pregnancy by more than 50%, early parenthood by 30% and new HIV infections by more than 80%. Parent - Adolescent communication as an effective strategy on sexual and reproductive health has not been taken up in most of African countries including Ethiopia. The aim of the study was to assess the challenges of Parent - Adolescent communication on sexual and reproductive health practices

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 (Botchway, 2004).

Peer education appears more achievable although it is unlikely to be effective as a single strategy considering a few developmental and social issues affecting young people. According to behavioral psychologists, adolescence is an age category where individuals begin to develop identity and self-image (Cooper, 2002) . This is the stage that they begin to explore concepts of education, career and marriage and examine how their roles fit into their future. Physically young people experience rapid growth and maturation of their sexual organs and become more interested in their sexuality. These physical and emotional changes can be overwhelming and intensify the need for information, support and experimentation (Thompson & Rudolph, 2000).

Communication within the family appears to be particularly important during the adolescent years especially concerning reproductive health issues. Family communication affects adolescent

identity formation and role-taking ability (Cooper, 2002). Cooper et al. suggest that adolescents who experience the support of their families may feel freer to explore identity issues.

Risky sexual behaviors such as inconsistent condom use and sexual intercourse with multiple partners are relatively common among adolescents and youth in Sub-Saharan Africa. This behavior increases the risk of unplanned pregnancies and the infection of sexually transmitted diseases and particularly HIV/AIDS. Parent - Adolescent communications. Mostly communications are stimulated by adolescents' initial attempts at sexual activity. The communications are gender dependent, not planned and not continuous. Intergenerational cultural and taboo limits the initiation of Parent - Adolescent communication. Some parents denies their responsibility to communicate with their adolescents as they fear it will perpetuate early sex practices and embarrassed by the process. Parental knowledge of sexual and reproductive health is reported to be low with parent's perceptions that adolescents are too young for the communications often they are busy for household income.

A major study by Resnick, (2007) showed that adolescents who reported feeling connected to parents and their families were more likely than other teens to delay initiating sexual intercourse. Further, in a recent study by Weinman , (2008), teens who benefited from parental guidance and who reportedly had a "good talk" with parents in the last year about sex, birth control, and the dangers of STDs were two times more likely to use condoms at the last time they had sex than teens who did not talk to their parents as often.

Despite the high awareness of the specific ways in which HIV and AIDS is transmitted and how it can be prevented, AIDS is still a treat with fear and carries many negative symbolic and sexual meanings. It is the social meanings of HIV and AIDS which have made the communication of

HIV and AIDS media messages among the youth a challenge for those involved in interventions (Ndeti, 2011).

The discrepancy noted in contemporary adolescent sexual behavior can be explained within the backdrop of collapsed traditional moral codes and mechanisms that controlled and checked sexual behavior (CSA, 2004); dereliction of responsibilities by parents while other supportive family institutions (grandparents, uncles and aunts) have become evanescent (Kioli, 2010). In the event, the society has had to contend with the entrant of ill-advised peers and a sexualized media. There thus exists a lacuna of knowledge on pertinent issues of sexuality amongst contemporary adolescents, while the knowledge they have is quite fallacious and not accurate.

Consequently, the adolescents are in a vulnerable and accelerated position of being infected with STDS/HIV/AIDS, teenage pregnancies, abortion, school dropout and early maternal deaths.

Informal settlements in Benin lack infrastructure and services, including water, electricity, health services, and law enforcement. Over 50 percent of the population is living below the poverty line (APHRC, 2002), with residents eking out sustenance in whatever manner they can, especially in informal sector activities, such as petty trade or casual labor.

It is in this setting that many adolescents make their transition to adulthood; in fact, increasingly; economically active young men and women are dominating urban areas in Africa (Africa Population and Health Research Center, APHRC, 2002). In addition to adolescents who are born in the slums, Africa's largest cities attract migrants from rural areas, especially those in search of education and livelihood opportunities. While there is increasing interest in informal urban settlements, few studies have focused on the adolescent experience in these environments.

Statement of the problem

Communication of sexual matters between parents and adolescents is one of the strategies that could encourage adolescents to delay sexual debut or avoid unwanted pregnancy.

Strategically parent-child conversations on sexual health facilitate the development of risk reduction behaviors among couples as evidence shows that young people who report previous discussions of sexual matters with parents are seven and a half times more likely to feel able to communicate with a partner about AIDS than those who have not had such communication, (Center for Diseases Control, 2002).

Young people are infected during their teenage years through unprotected sex. There is a gap between sex knowledge and behavior change among adolescents (HIV and AIDS Monitoring Report, 2006). This gap can be attributed to the status of communication between the parents and their adolescents.

Hoffman & Futtermann (2006) have noted that adults often hold ambivalent attitudes towards young people, viewing them simultaneously as ‘small’ adults and as immature inexperienced and untrustworthy children. They have also noted that many adults also have difficulty acknowledging adolescents as sexual beings, and therefore adolescent sexuality is viewed as something that must be controlled and restrained. Parents are in a unique position to help socialise adolescents into healthy sexual adults, by providing accurate information about sex and by fostering responsible sexual decision making skills. Parents can tailor the presentation of information to be consistent with their own values and also relevant to the life circumstances (social and familial context) of the adolescent.

Today, the roles of the family members have changed a great deal and many parents hardly educate their children on this vital subject. Some parents who give sex education to their sons

and daughters do not give all the information required and this lack of complete information might have landed many boys and girls into problems.

However, despite the potential advantages of parent-adolescent communication, many parents worldwide are reported to be uncomfortable talking about issues related to sexuality, especially with their children. It is on this the researcher want to investigate the influence of parental communication in teenage pregnancy in Benin City.

Research questions

The study was guided by the following research questions:

1. What is the influence of parent-adolescent communication on sexual and reproductive behavior?
2. How do parents communicate sexual and reproductive information with their adolescents?
3. What are the challenges of parent- adolescent communication and their influence on sexual and reproductive behavior?

Purpose of the study

The purpose of the study is to assess the **influence of parental communication in teenage pregnancy undergraduates**

Significance of the study

This study is important because its findings will show whether parent-adolescent communication has influence on sexual and reproductive behavior and explain the role of parents in guiding adolescents on sexual and reproductive behavior. The suggestions of the study will contribute

towards improving parent- adolescent communication hence change on sexual and reproductive behavior.

Secondly, the findings and suggestions of this study will be important to the government and policy makers in the Ministry of Health. The policy makers will understand the status of parent adolescent communication in Benin and how this is affecting the prevalence of unplanned pregnancies, sexually transmitted diseases and HIV/AIDS. They will also understand what effective parent-adolescent communication can achieve in informing the development process of health promotion interventions that address adolescent reproductive health in the light of HIV/AIDS prevention in Benin. This will lead to the recognition of important role played by parent-adolescent communication in sexual and reproductive behavior and what is needed to improve this communication.

Scope and Delimitations of the study

The research was confined to a selected area in hall of residence. The study also focused only on communication between parents and children on issues related to sex. However, adequate hostel were sampled for the purpose of this study to make results more generalizable.

The main delimitation of this study was that the topic of sex is quite private and some respondents might feel inhibited to discuss it.

Operational definition of terms

. Adolescence

The term was used interchangeably with ‘teenager’ ‘youth’ and ‘Children’ to refer to a time of life between the ages of 10 and 19.

. Awareness

Refers to having knowledge or experience of something and so being well informed of what is happening in that at present time. In this study awareness will refer to how well adolescents are informed on the topics of sexuality.

. Communication

Communication in this study refers to the exchange and sharing of information, attitudes and ideas among parents and adolescents on sex-related issues.

. Sexuality

The whole way a person expresses himself or herself as a sexual being. It includes reproductive mechanisms, dressing physical and emotional growth and gender roles.

. Sexual acts

Any act, physical, emotional or psychological that may be used to express sexuality. The said acts can either be right or wrong.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

This chapter is organized under the following sub-heads

- Concept of parents communicate in teenage pregnancy
- Parent-Adolescent Communication and Sexual and Reproductive Behaviour
- Degree of Parent-Adolescent Communication on Sexual and Reproductive Behaviour
- Adolescents Desire for Parent-Adolescent Communication
- Influence of Parent-Adolescent Communication on Sexual and Reproductive Behaviour
- Influence of Parent-Adolescent Communication in America
- Summary of Reviewed of Related Literature

Concept Parents Communicate In Teenage Pregnancy

Gender differences have been reported concerning young people's preferences about, and experiences of, communication with their parents, but it is of note that most studies have focused on what young people want, rather than on what parents actually do. Young men consider their parents an important source of information. However, compared to young women, few boys report learning mostly from their parents about sex (Constantine et al., 2007). Communication between parents and their sons is noted to be infrequent. For example, Nolin (2002) reported that only half of the boys in their study had engaged in a conversation with their parents about sex, social issues relating to sex, or contraception. Other studies have reported that the majority of parents had never had a meaningful discussion with their sons about sex, safe sex, sex before marriage or peer pressure (DiIorio et al., 2000; Eisenberg et al., 2006)

A US study that sought to understand boys' communication with their parents reported that, of the almost 300 college students who were asked retrospectively what their parents had told them about sex, nearly a quarter answered 'nothing' (Eisenberg et al., 2006). Of those who did recall discussing sexuality with their parents, the majority responded that the messages were negative and cautionary in nature. The most common message from parents involved the encouragement of contraception and STI protection. The second most common message involved abstinence until marriage and/or until a loving relationship. Participants also reported receiving general advice about how to behave on a date. They also recalled receiving mainly 'book knowledge' from their parents, that is, information from educational videos and books about human reproduction ((Eisenberg et al., 2006).

Two Australian studies reported findings on boys' communication with parents about sexuality.

A qualitative Western Australian study reported that, while young people related both positive and negative experiences, a number said that they had not benefitted from parental education in sexual health. One young man reported: 'I had the talk with my dad, I didn't like it, he yelled at me and said, "If you ever knock a chick up your life will be ruined, especially by me"' (Aapola et al., 2005)

The role of fathers in sexuality education with their children has not been extensively researched, but a small, qualitative Australian study did look specifically at this role. The researchers interviewed family members individually, adolescents, male and female parents and asked them to describe, interpret and justify family communication about sexual issues. All participants in the research acknowledged that talking about sexuality was difficult, and some young people thought that their fathers avoided the topic. Fathers were characterized by the researchers as

frequently being puzzled, confused or concerned about their family communication about sexuality (Epstein & Ward, 2008)

Some fathers blamed the inadequate education they had received themselves as adolescents, and were angry that they could not overcome what they saw as their limitations with their children.

Kirkman et al., (2002) suggested that puberty may disrupt father–child relationships, particularly father and daughter relationships, and that this may be due to the intrusion of sexuality, which complicates their relationships. The authors also draw a distinction between sexuality and intimacy and suggest that many fathers assign anything to do with intimacy to the female parent. They further argue that, if men are to become more effective communicators with their children about sexuality, it may be important to recognize not only the difference between sexuality and intimacy, but also the complex links between them (Epstein & Ward, 2008)

A US study sought to understand the predictors of father/son sexuality communication and found that fathers were more likely to initiate sexuality communication if they perceived that their son was maturing sexually. The authors of this study suggested that sexual maturity might be a trigger for communication about sexuality (Ferguson et al., 2008). Byers, Sears & Weaver (2008) surveyed over 3000 parents and found that parents reported talking more to girls about five topics: reproduction, puberty, coercion and assault, abstinence, and sexual decision-making (Fingerson, 2005). Holstein (2001) and Stanley (2002) found that discussions between parents and children significantly facilitated the development of higher levels of moral reasoning in adolescents.

Grotevant and Cooper (2003) studied the role of communication in the process of adolescent individuation from the family, where data shows that 42 percent of Latino adolescents reported learning “a lot” about sexual health issues from their parents compared to white adolescents and

African American adolescents. A 2008 national Australian survey of secondary students' sexual health reported that around half of 16 to 18 year old students had talked to their parents about sex (47%), contraception (52%), or HIV and STIs (56%). While 69% of students in this age bracket reported they trusted their mother as a source of information about sex, contraception and HIV and STIs, only 56% had actually used them as a source of information. The figures for fathers are much lower, 48% of 16 to 18 year old students reported they trusted their father, but only 31% had actually used them for information (Finkelhor, 1994). It is the female parent who is more likely to communicate with children in the family about sexuality and relationships (Frankham, 2006). Young people have been found also to prefer to communicate about sex with their mother rather than their father. It should be noted, however, that many young people report feeling uncomfortable about discussing sex with their parents at all.

Parent-Adolescent Communication and Sexual and Reproductive Behaviour

Parent-adolescent communication about reproductive health issues, such as sex, contraception, and HIV and pregnancy risk, is associated with; delayed sexual initiation, reduced sexual activity, improved use of condoms and/or other contraceptives, increased communication between adolescents and their sex partners, a lower risk of pregnancy, and increased self-efficacy to negotiate safer sex (DiClemente et al., 2001; Dutra, Miller, & Forehand, 1999; Guzman et al., 2003; Holtzman & Robinson, 1995; Hutchinson, Jemmott, Braverman, & Fong, 2003; Jaccard et al., 2002; Manlove, Terry, Gitelson, Papillo, & Russell, 2000; Miller, Forehand, & Kotchick, 1999; Miller, Levin, Whitaker, & Xu, 1998). This association has been found among many adolescent subgroups, including multiple racial/ethnic groups, low-income populations, and males and females (Miller, Benson, & Galbraith, 2001; Romer et al., 1999). Serious parent adolescent discussions about sex and condoms can be especially important for adolescents in

13 communicating with sexual partners about sexual risk and condom use (Whitaker, Miller, May, & Levin, 1999) and in preventing adolescents from conforming to more permissive peer norms about sexual risk-taking (Whitaker & Miller, 2000). Adolescents who talked with their parents about sex were more likely to believe that parents, rather than peers, provide the most useful information about sex (Whitaker & Miller, 2000). Two studies by Jemmott and Jemmott, (2000) & Rodgers, (2001), show that when parents make consistent efforts to know their teen's friends and whereabouts, the young people report fewer sexual partners, fewer coital acts, and more use of condoms and other forms of contraception. Benin has been inundated with projects addressing youth health issues especially after HIV/AIDS was declared a national disaster. The projects mainly address prevention of unwanted pregnancy, care and support for HIV/AIDS. This was necessary given the huge resources invested in HIV/AIDS and the urgency to curb the spread of the infection especially among young people. The HIV projects have concentrated on HIV prevention including sexuality and life skills education (LSE) but hardly touching on issues of unintended pregnancy and other issues among youth.

The association between parent-adolescent communication and adolescent sexual and reproductive behaviors may depend on parent values, attitudes, and responsiveness. Adolescents, whose parents clearly express their values and beliefs, including those who communicate strong disapproval of sexual activity or unprotected sex, are more likely to avoid risky sexual behaviors (Jaccard, Dittus, & Gordon, 1996; Romo, Lefkowitz, & Sigman, 2002)

The need to address adolescent sexual health is further emphasized by research which shows that 7 out of 10 adolescents have engaged in sexual intercourse by age 19 and nearly 50 % of adolescents between 15-19 years old have had sex at least once (Guttmacher Institute, 2012).

Despite the decline in adolescent pregnancies over the past twenty years, there are still approximately 750,000 United States females between the ages of 15-19 who become pregnant annually (Centers for Disease Control and Prevention [CDC], 2009). The United States' adolescent pregnancy rate remains one of the highest in the developed world (Guttmacher Institute, 2012). For example, 82 % of adolescent pregnancies are unplanned and make up 20 % of unplanned pregnancies overall that occur annually in the United States (Finer & Henshaw, 2006).

The risk does not end with pregnancy. Among adolescents who are sexually active, almost 35 % report not using a condom and only 20 % describe themselves or their partner as using birth control during their last sexual activity (CDC, 2009). The 2011 Youth Risk Behavior Survey revealed that 47 % of students in grades 9 to 12 have engaged in sexual intercourse and 40 % of currently sexually active high school students did not use a condom at their last sexual intercourse (Eaton et al., 2012). In addition, adolescents, compared to other age groups who are sexually active, have the highest rate of STIs (CDC, 2009; Guttmacher Institute, 2012).

Adolescents represent only 25 % of the sexually active population in the United States, yet “they account for nearly half (9.1 million) of the 18.9 million new cases of STIs each year” due to lack of accurate safe sex information prior to engaging in oral or sexual intercourse (CDC, 2010; Weinstock, Berman, & Cates, 2004, p. 8). Thus, the present study seeks to increase understanding of these health concerns and assess the influence of Parent-Adolescent communication on sexual and reproductive behavior. Positive Parent-Adolescent communication in combination with a strong parent-Adolescent relationship and more traditional parent values may provide the most protective outcomes for adolescents (Jaccard et al., 1996; Miller, 1998).

Degree of Parent-Adolescent Communication on Sexual and Reproductive Behaviour

The reported degree of communication that occurs between parents and adolescents relating to sexuality varies, although broad patterns do emerge in Western countries where such research has been undertaken. Irish data on this issue has emerged in recent years from a number of surveys. For example, MacHale and Newell (1997) found that 37% of respondents cited parents as their primary source of information about sexual matters. Their data were gathered using self administered questionnaires completed by 2,754 Galway-based pupils (aged 15-18years). A limited degree of Parent-adolescent communication was also evident in The Irish Study of Sexual Health and Relationships (ISSHR) - a nationally representative, retrospective telephone survey of 7,441 adults undertaken in 2004/2005, which provides details of the sexual experiences of those aged between 18-64 years of age. According to the Garenne (2003), eleven percent of school girl's drop out of primary and secondary education annually due to pregnancy in Kenya, while over 60% of abortions and related complications occur primarily among people less than 25 years. In a study by CDC (2005), over 60% of new HIV infections among women and 40% of those among men occur during adolescence while 25% of sexually active teenagers get an STD every year. These indicators imply a phenomenal malady about the sexual behavior of the adolescents. One of the highest rates of urbanization in the world; in 1990, 24 percent of lived in urban areas, but by 2000, that figure had risen to 33 percent, with Benin growing by over 7 percent per year (Garenne, 2003).

The study found that a minority of men (11.3%), and almost twice as many women (21.2%) received sexual and reproductive health information at home. Notwithstanding the fact that younger respondents reported receiving more parent-adolescent communication at the family

level, just 20.8% of young men aged between 18-24 years reported receiving communication on sexual and reproductive behavior at home – this compares to 37.5% of young women aged between 18-24 years (Rundle, Layte and McGee, 2008). Schubotz Rolston and Simpson's (2004) study of the sexual attitudes and lifestyles of young people (aged 14-25 years) in Northern Ireland also reported that friends (80.4%), followed by school (74.4%), were their most important source of sexuality education, with parents providing a good deal less. Data for this study were gathered through self-administered questionnaires completed by (a non probability sample) of 1,013 young people.

Results of a large survey (N=1727) conducted in 1998 designed to investigate the sexual health of Scottish school children indicated that just 7.5% of boys and 14.1% of girls identified their parents as their main informants on sexual matters (Todd, Currie and Smith 1999). A British Market Research Bureau (2003) tracking survey similarly found relatively low levels of parent adolescent communication, with almost half of young people (46%) in the survey indicating that they had received 'no' or 'not a lot' of information on sex and relationships from their parents.

U.S and Australian research reveals a similar pattern of relatively low reported rates of input into sexual and reproductive health by parents. A large-scale quantitative study involving 6,527 undergraduate students who completed a questionnaire about sexuality at a Midwestern university in the US from 1990 to 2006 (cohorts of students taking a particular module were invited to complete the same questionnaire each year over a 17-year period), found that respondents received more sex education from peers and the media than from parents (Sprecher, Harris and Meyers, 2008). Epstein and Ward's (2008) survey of 286 male undergraduates enrolled in a psychology course, also at a Midwestern university in the US, similarly showed that participants reported receiving less sexual and reproductive information from their parents than

from either peers or the media. In fact, a significant number of participants (almost a quarter) reported that their parents had told them “nothing” about sex and relationships, and where parents did address sexuality issues, the messages received primarily concerned encouraging the use of contraception when having sex.

Peers, by contrast, were a major source of information about most sexuality topics, including sexual intercourse and contraception. Australian research reflects the broad pattern emerging elsewhere in Western countries (Rosenthal and Feldman, 1999). Rosenthal and Feldman’s (1999) survey of 298 Australian 16-year-old high-school students examining the frequency and importance of mother and father communication about 20 different sex-related topics, reported an infrequency of reported communication between parents and adolescents on sexuality. For 75% of the topics, across four sexual domains (Development and Societal Concerns, Sexual Safety, Experiencing Sex and Solitary Sexual Activity), a majority of adolescents reported that these had never been discussed by fathers, or by mothers of sons. Even among mother-daughter dyads, where communication was most frequent, the majority of girls reported that their mothers had never discussed one-third of the topics with them (Rosenthal and Feldman, 1999:847).

In studies where parents have been asked about their input into their children’s sexuality education, the general picture of relatively low levels of input tends to hold. For example, a component of a British-based questionnaire on parents’ attitudes towards school based sex education (Ingham, 2002), found a discrepancy between parents’ sense that sex education was their responsibility, and their actual behavior in terms of undertaking sex education: while 97% of parents acknowledged that they should discuss “saying no” with their children, just 47% had in actual fact done so. Moreover, while 95% of parents believed that they had a responsibility to

discuss contraception with their children this failed to translate into practice, with just 58% raising the matter with their children.

Eisenberg, Sieving, Bearinger, Seain, and Resnick (2006), drawing on data from telephone surveys conducted with 1,069 parents of adolescents (aged between 13-17 years) in the USA, noted that, of the topics covered in their research, parents were most likely to engage in a “great deal” of discussion about the consequences of pregnancy (49.6%) and the dangers of sexually transmitted infections (STIs) (41.4%). However, relatively few parents had actually discussed with their children, to any great extent, how to obtain condoms (12.3%) or other forms of birth control (11.7%). In fact, while just 6.2% of parents had not discussed at all the dangers of STIs and 6.4% the consequences of pregnancy with their adolescents, 55.1% had not communicated with their teenager about where to get condoms and 56.1%, other forms of birth control.

Therefore, while parents most commonly discussed the possible negative consequences of sexual activity, parents were much less likely to discuss ways of preventing these consequences, with just one in four discussing (to at least a moderate amount) ways to access birth control (Eisenberg, Sieving, Bearinger, Seain & Resnick 2006).

The broad picture emerging from national and international research is that parents do not tend to feature strongly relative to other sources of sexual and reproductive information, namely friends, school and the media.

Adolescents Desire for Parent-Adolescent Communication

The evidence that parents do not feature strongly as a source of information about sex for young people relative to other sources begs the question as to whether or not young people would like a greater input from their parents on the issue. The available data appears to suggest that they do not particularly want more sexual information from parents. For instance, when asked to identify

the sources from which they would like to learn more about sex, the first choice for 40.3% of the young people in Rolston et al.'s (2005) Northern Irish study research was the school. This is significantly greater than the number who sought more information from parents (21.9% of all first-choice answers).

Rosenthal and Feldman's (1999) Australian research, also raises questions as to young people's desire for parental input on sexual matters, particular in relation to the private aspects of sexual experience. On the whole, while adolescents reported that their parents did not deal with sexual issues, in most cases, they stated that they did not feel it was important for parents to address these issues (Rosenthal & Feldman, 1999). In fact, these adolescents attached very little importance to parental input about private areas of sexuality, including engaging in sex within a relationship and solitary sexual activity. By contrast, parental communication about matters of sexual safety was accorded a more significant role by respondents.

All told though, most of this sample reported that parents were not their preferred source of information or influence concerning sexuality, and by corollary, most parents did not offer themselves in this regard, save (to a small extent) in areas where safety issues arose. For Rosenthal and Feldman (1999), the provision of sexual and reproductive information by parents involves not simply the dissemination of information on the part of parents, but also necessitates receptivity on the part the listener. So, while adolescents may accept advice and information from parents within some sexual domains, most notably in areas concerning sexual safety, within other areas parental input may be perceived as inappropriate and irrelevant (Rosenthal and Feldman, 1999).

Influence of Parent-Adolescent Communication on Sexual and Reproductive Behaviour

Using data from the National Survey of Sexual Attitudes and Lifestyles (NSSAL), Wellings, Wadsworth, Johnson, Field and Macdowall (1999) found that the most important factor influencing the chances of becoming a teenage mother was the quality of communication about sexual matters in the home. The survey was based on a random sample of 18, 876 men and woman aged 16-59, and data were extracted from this survey to explore factors associated with teen fertility. Face-to-face interviews were conducted on aspects of health status, family background, sex education and the age of sexual debut. Personal aspects of sexual behavior were gathered in a booklet that respondents completed. Demographic details gleaned for each respondent resulted in the identification of a sub-group of those who had their first child before the age of 20. (13% of the women and 4% of the men fell into this sub-category.) Adolescent motherhood was then examined for any associations with selected variables using bivariate analysis. Subsequently multivariate analysis (through logistic regression models) was used to explore whether these associations held following adjustment for other variables. The low number of adolescent fathers identified meant that the logistic regression models were constructed only for teenage mothers. Teenage motherhood was then analysed in relation to education, the structure of the family of origin, ease of discussion about sex and parental strictness. The options presented with regard to ease of discussion about sex were 'easy', 'difficult' 'didn't discuss' or 'can't remember'.

Findings indicated that women who reported that discussion about sex was difficult or nonexistent were more than twice as likely to have become mothers in their teens compared to those for whom it was easy, after controlling for the effects of current age, age at first intercourse, family structure and parental strictness. This finding must be considered in light of

the limitations of the research. Those looking back after years (and in most cases decades) may be more likely to overestimate their ignorance about sexuality as an explanation for their subsequent teenage pregnancy than those who did not become pregnant. Also, the measure of level of difficulty is fairly crude and unrefined, and may be subject to varying interpretations by individuals. Wellings, Nanchahal, Macdowall et al. (2001) reported on a further study, this time a probability sample survey, between 1999 and 2001 of 4,762 men and 6,399 women aged 16-44 in Britain.

One of the issues on which respondents were asked to report was their experience of communication with parents about sex during adolescence. This was reported as either 'Discussed' or 'Not discussed'. The results showed that non-use of contraception was more prevalent among men and women who did not discuss sexual matters with parents and also among those whose main source of information about sexual matters was friends and others. For men, the difference between those who did not use contraception at first intercourse was 10.2% (sex not discussed with parents) and 3.8% (sex discussed with parents). For women, the corresponding figures were 12.8% and 8.7%. With regard to the influence of parental communication on whether respondents experienced first intercourse before or after the age of 16 years, women who reported having discussed sex with their parents were slightly more likely to delay the age of sexual debut; 25.2% of women who discussed sex with parents reported having sexual intercourse before the age of 16 compared to 28.2% who reported not having discussed sex with parents. However, for men, sexual debut before 16 years was slightly higher for those who reported having discussed sex with parents, at 27.8%, compared to 26.3% of those who reported that they had not discussed sex with parents.

The influence of parent-adolescent communication on sexual and reproductive health, was also indirectly gleaned in another British survey of 963 school pupils aged 16-18 years from a variety of social backgrounds (Stone and Ingham, 2002). The study was designed to identify predictors of effective contraceptive use at first intercourse. In this study, a questionnaire was used in which respondents were asked to respond to a seven-point scale indicating the extent to which they agreed with statements that included issues such as having parents who were open to discussing sexual matters and having parents who had portrayed sexual matters in a positive light. For young men in the study, scoring higher - that is, demonstrating greater agreement with the statement - 'I got the impression from my parents that sex was nice/pleasurable,' was a significant predictor of contraceptive use at first intercourse (p.195). No significant relationship was found for this item for young women.

However, Joffe and Franca-Koh's (2001) UK research called into the question the corollary between greater sexual communication on the part of parents and later age of initiation of sexual activity. They explored the link between remembered non-verbal sexual communication at home and current sexual behaviour among 137 (78 female, 59 male) young British adolescents.

Remembered non-verbal sexual communication, defined as openness about nudity in the home, the showing of affection between parents, signs of parental sexual activity and contraceptive use, and finally, awareness of mother's menstruation, was measured through a questionnaire. The researchers found that higher levels of parental non-verbal sexual communication were linked to: (i) earlier onset of sexual activity, (ii) fewer sexual partners and (iii) lower feelings of sexual guilt. Greater openness about nudity in the home, in particular, was linked to earlier onset of sexual activity. In addition, while greater expression of affection between parents was associated with having fewer sexual partners, this had no relationship to contraceptive usage (Joffe and

Franca-Koh, 2001). Joffe and Franca-Koh question why high levels of verbal sexual communication, unlike high levels of non-verbal sexual communication, are linked to later onset of sexual activity and higher levels of contraceptive usage, a perspective they invoke by selectively focusing on existing studies that showed positive outcomes for verbal communication. (They did not themselves measure the effects of verbal communication on sexual outcomes.) They posit that while verbal communications about sexuality are likely to include messages about responsible sexual behavior and contraception, covert, nonverbal messages on the other hand, serve to model a sense of how the body is regarded.

Therefore, witnessing non-verbal openness at home, particularly nudity, is linked to a sense of comfort regarding sexuality and therefore earlier engagement with this activity. Significantly, though, this earlier entry into sexual activity does not correlate with greater partner numbers. The authors note, then, that the assumption that openness in parental-adolescent communication regarding sexuality creates a “healthier” approach to sex may be problematic, if this openness is linked with earlier onset of sexual activity. However, they assert that the negative effects of this earlier sexual activity may be moderated by having fewer sexual partners (Joffe and Franca-Koh, 2001).

Further insights into the effects of parent-adolescent communication on sexual and reproductive health outcomes for young people have emerged from Schubotz et al.’s (2004) study of the sexual attitudes and lifestyles of young people (aged 14-25 years) in Northern Ireland. The measurement of ‘communication with parents about sex’ was gathered by ‘yes/no’ responses to the following: ‘Discussed with mother’; ‘Not discussed with mother’; ‘Discussed with father’; ‘Not discussed with father’. Schubotz et al.’s (2004) research indicated a complex relationship between the impact of parental communication on young men and women. Young men who

discussed sex with their mother were far less likely to report non-use of contraception at first intercourse (42% - sex not discussed with mother; 21.3% sex discussed with mother). The results also indicated a protective effect of father-daughter communication about sex if the desired outcome is delaying the onset of sexual activity and using contraception at sexual debut (19.7% of females in the whole sample who reported having discussed sex with their fathers had experienced sexual debut before the age of 16 years, compared with 27.3% who reported that they had not discussed sex with their father). The results with regard to use of contraception at first intercourse indicated that 18.2% of young women who had not used contraception at first intercourse reported discussing sex with their father compared to 25.3% of those who had not discussed sex with the father.

However, parent-son communication appeared to have little impact on timing of first sexual intercourse for young men. In fact, there was some evidence that young men who reported discussing sexual matters with their parents appeared to be more likely to have had sex before the age of 16 years, although the differences were small (31% who reported having discussed sex with their mother had their sexual debut before the age of 16 years, and 32.3% who had discussed sex with their father; the corresponding figures for those who had not discussed sex with their mother or father were 30.7% and 29.6% respectively (Schubotz et al., 2004:186)).

However, young men who had discussed sex with their mother and father were more likely to report having used contraception at first intercourse, so for this outcome, communication with parents was positive.

US studies have also revealed a haphazard picture, some showing that parental involvement and/or communication is associated with positive sexual outcomes for young people, and other research contradicting this. Hutchinson and Cooney (1998) collected data, using telephone

interviews, from a random sample of 173 young women aged 19 and 20 years, and used an instrument for measuring parent-teen sexual risk communication (PTSRC). Using a range of items, they measured parent-teen sexual communication, comfort with parent-teen sexual communication, condom-use self-efficacy (competence), attitudes and behaviors. Their findings indicated that higher levels of communication with parents about sexual risk was significantly associated with reportedly higher levels of condom-use self-efficacy, and higher sexual communication with sex partners. The authors note the importance of self-efficacy around condom-use, as this has been found to be a significant predictor of safer sex practices among young women.

Positive outcomes of parental communications about sex were also found in a study by Whitaker and Miller (2000). The researchers set out to test the hypothesis that parent-adolescent sexual communication would reduce the impact of peer norms on two aspects of adolescents' sexual behaviour – sexual activity and condom use. Their data were based on face-to-face structured interviews with 388 young men and 519 young women aged between 14 and 16. Data were also gathered from the mothers of participants. Findings indicated that parental communications about initiating sex and about condom-use were associated with less risky sexual behavior among respondents. Those who did not talk to a parent about initiating sex or condom-use demonstrated sexual behavior that related more closely to their peers, and they were, therefore, less protected from peer influences about sex.

However, other studies in the US indicate that parental communication about sexuality does not necessarily delay sexual debut or increase consistent contraceptive-use. In a study designed to improve knowledge of the effect of specific communication about AIDS on the sexual behavior of adolescents, Shoop and Davidson (1994) administered a questionnaire to 40 male and 40

female participants comprised of equal numbers of 15, 16, 17 and 18 year olds. Among the components of the questionnaire was one designed to capture prior discussion of AIDS and sexual matters with parents. Specifically, the research sought to determine whether one's ability to communicate with a partner about AIDS-related issues was linked to communicating with parents on the topic. Two measures were used to establish parent-adolescent communication, namely, the adolescents' reports of discussing sexual topics with parents, and their reports of discussing AIDS specifically. (The exact wording of the questions was not given in the published paper.) A logit specified loglinear analysis was used to test the effect of each variable with respect to partner communication, that is, was communication with parents related to communication with a sex partner. The results indicated that teenagers who reported having discussed sexual matters with parents were 7.4 times more likely to feel able to communicate with a partner about AIDS-related issues compared to those who had not discussed general sexual matters with a parent. For this item, parent communication seemed to have positive benefits, and strongly positive at that. However, when the second item was analysed, that pertaining to the question of specifically discussing AIDS with parents, the results were reversed, teenagers who had not discussed AIDS related issues with parents were 8.25 times more likely to communicate about AIDS related issues with a partner compared to those who had discussed such issues with a parent.

The authors acknowledge this as an unexpected finding, and admit that they can only speculate as to what it means. They posit as a possibility that communication about AIDS from parents may have been prompted by parents who suspected that their adolescent was engaging in risky sexual behavior. If this were the case, then parental communications may have occurred after the adolescent had become sexually active. In another US study by Jaccard et al. (1996), which

aimed to identify the impact of parents on their children's sexual activities and contraceptive use, the focus was on 751 Black young people of both sexes in the age range 14-17 years, with a mean age of 15. Data were gathered via self-administered questionnaires. While a range of issues were measured, the one of concern in our review pertains to discussions about birth control between mother and child. In contrast to other quantitative scales used in other studies, this study used fairly specific measures.

Adolescents were asked "How much has your mother talked to you about each of the following topics?" The extent of mother-child discussions about birth control was then broken down into the following three statements. "We have talked about birth control, in general"; "We have talked about the importance of using birth control"; and "We have talked about specific birth control methods." The items were scored on a four-point scale, with one representing "not at all", two "somewhat", three "a moderate amount", and four "a great deal." Responses to the three items were summed to yield a total score. The results indicated that the higher level of discussion with mothers about birth control predicted an earlier onset of adolescent sexual activity.

However, the study also found that adolescent perceptions of their mothers' disapproval of premarital sex, and higher levels of satisfaction with their relationship with their mother were significantly associated with abstinence from sexual activity, less frequent intercourse and more consistent use of contraception among sexually active teenagers. (These findings, though, must be considered in the context of strong evidence from systematic reviews that abstinence programmes do not work (Swann et al., 2003). In Jaccard et al.'s (1996) study the authors did attempt to identify whether higher levels of sexual activity among the teenagers preceded (and therefore led to) higher maternal discussions about contraception among already sexually-active teenagers. In other words, the researchers attempted to establish whether there was a causal

relationship between the adolescents' sexual behavior and the mothers' increased communications about birth control; if this were the case, one would expect the positive associations between communications about contraception and the initiation of sexual behavior to be reduced to non-significance when maternal perceptions were held constant. However, even when maternal perceptions of sexual activity were partialled out, the coefficients of the logistic regression analysis for all three maternal variables were statistically significant. On this basis, the authors conclude that, 'These results argue against a causal interpretation that adolescent sexual behavior [US spelling] influences maternal attitudes. These results do not affirm the causal influence of attitudes on behavior, but they do lend support to such an interpretation' (Jaccard et al., 1996: 163). The authors acknowledge the limitations of their sample being confined to an inner-city Black population living in Philadelphia.

They also indicate that the type of communication between mother and daughter may have lacked practical information as to how to use contraception effectively (maternal discussion were not found to impact upon the consistent use of contraception for females, but were for males).

From the discussion in the published paper, the authors articulate the need to improve parent based approaches to contraception education to reduce unintended pregnancies, obviating the notion that there may be an abstinence-based agenda underpinning the research. While the relevance of this study to the Irish situation is questionable and must be approached with caution because of the cultural distance, an awareness of these findings is important to providing a fuller understanding of the effectiveness of parental involvement in sexuality education.

A further US study (Widmer 1997) found similar results to those of Jaccard et al. (1996). Widmer's study was a telephone survey that formed part of the Philadelphia Teen Survey, a study designed to establish the effect of extending services at a number of family planning

clinics throughout Philadelphia. (The study was funded by the Robert Wood Johnson Foundation and the author was supported by a grant from the Swiss National Science Foundation, neither of which appear to have a right-wing agenda.) The study involved randomly selected teenagers and their parents. While Widmer's article was primarily about the influence of older siblings on the initiation of sexual intercourse, parental behavior and attitudes towards adolescent sexuality were measured as control variables, mainly to establish that the sibling effect was not a spurious one.

One of the constructs measured in this regard was parent-child communication about sex, in which a six-item scale was employed. The items on the scale asked if they had ever talked (yes or no) with their teens: about the biological facts of sex and pregnancy; about how to decide whether or not to have sex; about different methods of birth control; about where to get birth control; about how to avoid sexually transmissible diseases or AIDS; and about how to use a condom. The results indicated a strong statistical relationship between parents communicating a good deal about sex and adolescent sexually activity. What was not clear from Widmer's study was whether parental discussions preceded or followed the initiation of sexual activity by the teenager. Parents' suspicions or knowledge that their adolescent was sexually active may have prompted their communication about contraception.

Huebner and Howell's (2003) US study aimed to examine the relationship between adolescent sexual risk-taking and the adolescent's perception of several parenting processes, including the frequency of parent-adolescent communication about sex and birth control, among a list of other topics. They found that the frequency of parent-adolescent communication did not demonstrate a direct relationship with sexual risk-taking. The authors highlight that they asked a range of questions about parent-adolescent communication, with the subject of sex and birth control being just one. Their contention that the lack of a relationship between these variables may be because

researchers (themselves included) tend to not ask enough sex-specific questions is very important, and something to which will be dealt in the conclusion of this report.

Fingerson (2005) explored the nature of sexual socialization within families by examining the impact of mothers' opinions on their children's sexual behavior. In total, 9,530 mother-child dyads from a nationally representative survey were assessed. This research found that the more discussion about sex that had occurred within a particular dyad, the more likely the teenager was to have had sex. Nevertheless, while mothers of virgins reported slightly less talk about sex than mothers of teenagers who had engaged in sex, on average, both groups reported high amounts of talk about sexual matters. On average, teens had much more liberal attitudes towards sex than their mothers, who, by contrast, were more likely to be sexually conservative than sexually liberal. However, teens judged parents to be slightly more liberal than mothers reported themselves to be. Consequently, adolescent perceptions, as opposed to parents' actual opinions, were sufficient predictors of sexual behavior - the more sexually liberal adolescents perceived their mothers to be, the more likely they were to have higher numbers of sexual partners.

Fingerson contends that the causality in the transmission of norms is unclear (a weakness commonly identified in this type of research). In other words, rather than teens being socialized by parents, parents could in fact shift their attitudes towards sex on the basis of their adolescents' sexual behaviour.

The complex picture remains in the most recent study to emerge from the UK context. Wight, Williamson and Henderson (2006), a team of researchers from the Medical Research Council in Scotland, conducted a large-scale study on parental influences on young people's sexual behavior. This study of parental influences draws on data collected as an aspect of a randomized trial of a school sex education programme (SHARE). Wight et al. used longitudinal data to

explore two aspects of parental influence: (1) the impact of parental monitoring on the sexual behavior of respondents and (2) the impact of ‘ease of communication about sex’ on the sexual behavior of respondents. (Since our concern is primarily with the issue of parental communication, I will focus mainly on this here.) Data were gathered using a self-completion questionnaire from two successive cohorts of secondary school pupils in Scotland aged 13/14 (time one), and the same participants were followed up two years later (time two). At time one, 7,616 adolescents participated, and at time two, the figure was 5,854. To measure ‘ease of communication with parents about sex’, participants were asked how comfortable they were talking about sex with their mothers and fathers, and a six-point scale was used to measure the degree of comfort with the following options: ‘never have/does not apply’, ‘very uncomfortable’, ‘uncomfortable’, ‘in between’, ‘comfortable’ and ‘very comfortable’.

The effects of parenting influences (both communication and monitoring) were compared against five outcome measures: (1) sexual experience - whether respondents had sexual intercourse by time two; (2) age at first intercourse (before or after fifteenth birthday); (3) number of sex partners; (4) consistent condom use; and (5) consistent contraceptive use (which included condom use). At time one, for males in the study (13/14 year olds), the relationship between levels of comfort in talking to either parents about sex at time one, and outcome measures of sexual experience was U-shaped: Those who reported being either ‘very comfortable’ or ‘very uncomfortable’ communicating with parents about sex were more likely to have experienced their sexual debut than those who rated their comfort levels between the opposite poles. For females, the outcomes were associated with whether the question applied to mothers or fathers, with a U-shaped relationship emerging with regard to ease of communication with fathers only.

Overall, though, for the young women, there was an association between ease of communication about sex and later age of sexual debut, though there was little relationship between this and the number of sex partners or the use of condoms or contraceptives. At time two when participants were aged 15/16, the U-shaped relationship had altered with regard to sexual experience, and results showed that males who reported greater comfort about talking about sex with either the mother or father indicated a greater likelihood of sexual experience. In addition, higher reported comfort levels of males in talking to their fathers about sex was also related to younger age at sexual debut. In the case of females at time two there was no association between comfort levels in talking to mothers with any of the outcomes; however, with regard to ease in communicating with fathers, the U-shaped relationship was found with regard to sexual experience, and there was a positive association with contraceptive use.

The main associations found in multivariate logistic regression were that males who reported feeling uncomfortable talking to their fathers were most likely to use condoms consistently, while (by contrast) girls who were at greater ease talking to their fathers were more likely to report condom use. Wight et al. speculate that for boys high levels of ease in talking to parents “might legitimate sexual activity, and/or not taking precautions, though causation could plausibly be in either direction (2006: 490).” Wight et al.’s findings show a level of consistency with those of both Wellings et al. (2001) and Schubotz et al. (2004) regarding the association between young men’s communication with parents, and their increased likelihood of having sex before the age of 16 years. Overall, Wight et al. conclude that that ease of communication with parents appeared to “bear little relationship to sexual behavior”. Instead, this large, longitudinal research revealed parental monitoring as the variable which exhibited the greatest degree of influence on the widest range of adolescents’ sexual outcomes. Significantly, not only did low parental

monitoring predict early sexual activity for both males and females, but for females, it was also associated with more sexual partners and more inconsistent usage of condoms/other contraceptives.

While methodological difficulties would appear to present the greatest challenges to an accurate understanding of the influence of parent-adolescent communication, it is worth noting that part of the lack of success (in terms of outcomes) of parent-adolescent communication may be to do with the quality and accuracy of parents' own knowledge about contraception. There is some evidence from the US to indicate that the medical or scientific accuracy of the information parents provide their children cannot be assured (Eisenberg, Bearinger, Sieving, Swain & Resnick, 2004).

Eisenberg et al., using a telephone survey, explored parents' beliefs as to the effectiveness, safety and usability of condoms and the pill among 1,069 American parents of 13-17 year olds. They noted that the effectiveness of birth control for the prevention of pregnancy, when used consistently and correctly, is 97% for condoms and 99.9% for the pill. In terms of STIs, the Centre for Disease Control in the United States has concluded that condoms prevent HIV transmission in 98-100% of high-risk encounters (Eisenberg et al., 2004:50). Nevertheless, fewer than half of the respondents believed that correct, consistent use of condoms is highly effective for either STI or pregnancy prevention. Worryingly, then, a substantial portion of parents underestimated the effectiveness of condoms for preventing pregnancy and STIs, with just 47% believing them to be very effective against STIs and 40% for pregnancy prevention (Eisenberg et al. 2004). One may speculate that the lack of effectiveness of parental sexuality education among poorer, predominantly African-American populations (upon which much US research is based)

may be partly accounted for by the poor quality and accuracy of information, especially around birth control, owing to the structural disadvantages and lower education levels of these groups.

Influence of Parent-Adolescent Communication in America

In the US, research and efforts to include parents in youth-related sexual health interventions have been more longstanding than in Kenya (Forehand, Miller, Armistead, Kotchick & Long, 2004). Many US-based studies have empirically demonstrated the importance of involving parents in HIV/AIDS prevention and other sexual risk reduction efforts and emphasize parent adolescent communication.

Carabasi, Greene, and Bernt (1992) conducted an early study on parent-adolescent communication that investigated the knowledge and attitudes of seventh and eighth grade students regarding AIDS. The study included 412 seventh and eighth grade students and assessed them using a questionnaire. Results indicated that, overall, participants tended to report high levels of knowledge and positive attitudes towards people living with HIV/AIDS. It was also found that having discussed AIDS with a parent was directly related to higher levels of knowledge and more positive attitudes about a range of AIDS related issues (e.g., “More medical help should be given to people living with AIDS”).

Miller, Levin, Whitaker, and Xu (1998) also investigated parent-adolescent communication, but focused specifically on mothers. Additionally, while Carabasi, Greene, and Bernt (1992) investigated knowledge and attitudes, Miller et al., (1998) investigated preventive behavior. The study focused on the impact of timing of mother adolescent condom discussions on condom use during adolescents’ first sexual experiences and those thereafter. Time periods for the communications included those prior to first sexual experience, during the year of which the first sexual experience occurred, the year after which first sexual experience occurred, or never.

Participants included 372 sexually active adolescents aged 14 to 17 years residing in the states of New York and Alabama, or Puerto Rico, a US territory. Participants completed a survey that assessed both the age at which they first discussed condoms with their mother along with their age at first sexual intercourse.

A main finding of Miller et al., (1998) was that adolescents that talked with their mother about condoms were significantly more likely to use a condom during their first sexual experience. Moreover, the study also found that adolescents that used a condom during first sexual intercourse were significantly more likely to use a condom from that point onward. Thus, the authors inferred that mother-child communication about condom use that occurred before the year of first condom use had a direct effect of increasing condom use during first sexual experiences. Dutra, Miller, and Forehand (1999) conducted additional analyses on the data collected in Miller et al. (1998). In contrast to Miller et al., (1998), Dutra, Miller, and Forehand (1999) focused on the role of parents in general, as opposed to solely mothers, in order to understand the relationship between parent-adolescent sexual communication and adolescent sexual risk-taking behavior. A subset of participants from the earlier study included 332 African American and Latino/a adolescents aged 14 to 16 years from Alabama, New York, and Puerto Rico whose biological parents were married and residing together. Hierarchical regression analyses were conducted to examine the relationship of parent-adolescent communication and sexual risk-taking behavior.

Sexual risk-taking levels varied from a low of never having had sexual intercourse to a high level of risk based on multiple partners and inconsistent condom use. The main finding was that increased communication with mothers led to decreased frequency of sexual risk-taking behaviors, though this was not the case among fathers. Based on the findings the authors inferred

that adolescent communication with mothers played a key role in prevention of sexual risk-taking behaviors and should be emphasized in interventions. Coupled with the findings from Miller et al., (1998), these findings indicate that communication with mothers increases adolescent preventive behavior and decreases adolescent sexual risk taking behavior.

Kotchick, Dorsey, Miller, and Forehand (1999) investigated the impact of mothers' sexual behavior, attitudes about adolescent sexuality, and communication with their children about sex on adolescent sexual risk-taking behavior. The study also built upon data from Miller et al., (1998), but focused on children residing with single head of household mothers. The participants included 397 African American and Latino/a adolescents and their mothers. Results from a hierarchical linear regression analysis included a weak relationship between levels of mother sexual risk-taking behavior and levels of adolescent sexual risk-taking behavior. However, the quality of communication about sex between the mother and adolescent emerged as a significant predictor of adolescent risk-taking behavior. Specifically, more open and receptive communication was associated with less sexual risk-taking among adolescents. Interestingly, adolescent sexual risk-taking was not associated with the content of the sexual discussions. This prompted the authors to infer that interventions aimed at increasing sex-related communication, in general, were necessary. These findings indicate that it is not solely attitudes of a parent, but more so parent willingness to communicate with their child about sex that impacts sexual risk taking behaviors among adolescents.

Dittus, Jaccard, and Gordon (1999) investigated communication between mothers and adolescents about premarital sexual intercourse to better understand the degree to which maternal influence impacted adolescents' beliefs about sexual behavior. Participants included 751 African American adolescents aged 14 to 17 years and their mothers. A main finding of the study was

that the adolescents tended to adopt beliefs that were similar to their mothers'. Additionally, the study found that the more explicitly a mother discussed the topic, the more likely the adolescent was to endorse the belief. An interesting finding of the study was that mothers' beliefs were a stronger predictor of the adolescents' beliefs than were their sexual communications. In essence, a mother's beliefs could have an impact on the adolescent beliefs, even if the mother did not intend to communicate such values. Findings from this study seem to counter those in Kotchick et al. (1999) which found no relationship between a mother's attitude and an adolescent's sexual risk-taking behaviors. However, Dittus, Jaccard, and Gordon (1999) focused on adolescent's attitudes, whereas Kotchick et al. (1999) focused on behaviors.

Karofsky, Zeng, and Kosorok (2000) also focused on adolescent behaviors. The authors conducted a longitudinal study including 203 adolescents aged 12 to 21 years over period of 5 years. The study compared parent-child communication among adolescents that had engaged in sexual intercourse and those that remained abstinent. Results indicated a correlation between level of parent-adolescent communication (reported by the adolescent) and lack of initiation of first sexual intercourse. Specifically, increased ratings of sexual communication with mothers were positively correlated with abstinence among adolescents in the study. This study lends additional support to the findings presented in Dutra, Miller, and Forehand (1999) with regard to the important role of mothers in adolescent sexual risk reduction efforts.

Importantly all of the aforementioned US-based studies have investigated the impact of parent child (in most cases mother-child) communication on adolescent behaviors. More recently studies have been published investigating the impact of mother-child communication on daughters' sexual risk-taking behaviors. Hutchinson (2002) investigated the influence of both mothers' and fathers' influence on daughters' sexual risk-taking behaviors. The study included

234 Latina, African American, or Caucasian young women aged 19 to 21 years. The study assessed differences in mother-daughter and father-daughter communication, the relationship between timing of parent-adolescent communication and sexual risk-taking behaviors, the impact of the quality of communication on sexual risk-taking behaviors, and the role of ethnicity as a moderator of sexual risk-taking behaviors. A main finding of this study was that the young women were more likely to engage in parent-adolescent communication with their mothers than their fathers. The authors also found that mother-daughter communication prior to the daughter's engagement in sexual activity decreased the likelihood of daughters initiating sexual intercourse and also increased the likelihood of condom use among daughters that did initiate sexual intercourse. Furthermore, condom use increased with the quality of communication.

Hutchinson, Jemmott, Jemmott, Braverman, and Fong (2003) examined the relationship between mother-daughter communication about sex and sexual risk-taking behaviors among urban young women. The authors analyzed survey data from 219 sexually active young African American and Latina women aged 12 to 19 years. Main findings from the study were similar to those of Hutchinson (2002); higher levels of mother-daughter communication decreased the likelihood of engaging in sexual intercourse and increased condom use among young women.

Taken as a whole, all of the US-based studies highlight the important role that Parent-adolescent communication, and particularly mothers, play in relation to adolescents' sexual and reproductive behaviors. Two of the aforementioned studies focused exclusively on mother daughter communication and had strong findings indicating that such communication leads to decreased sexual risk-taking behavior and increased protective behavior. Based on these studies, it is evident that parents, and in particular mothers, can impact daughters' knowledge, attitudes, and ultimately sexual health risk-taking behaviors.

Influence of parent-adolescent communication in Benin

Publications of interventions involving parent-adolescent communication as a mechanism for preventing STIs, including HIV, in sub-Saharan Africa are nearly nonexistent. Two published interventions that focused on parent-child communication in Kenya highlight the Nyeri Youth Health Project and the Families Matter Program (Alford, Cheetham, & Hauser, 2005; Poulsen et al., 2010)

The Nyeri Youth Health Project included Kenyan adolescents of both genders, aged 10 to 24 years, who lived in rural and urban areas. The program involved training young parents that were selected by participating community members on life-planning skills. Life planning skills included linking together the manner in which “knowledge and skills related to values, community, adolescent development, sexuality, gender roles, relationships, pregnancy, STIs, HIV and AIDS, harmful traditional practices, substance use, children’s rights, and advocacy” (Alford, Cheetham, & Hauser, 2005). Once trained, the parent-leaders then worked with adolescents throughout their communities to reduce sexual risk behaviors. The parent-leaders also worked with other parents and school teachers to increase parent-adolescent communication. Evaluations of the program included approximately 14,000 youth aged 10 to 24 years. Each project site was compared with a demographically similar comparison site. Outcomes of the evaluation indicated that the project had the effects of increasing parent-adolescent communication, and other adults in the communities, and the results were significant only for female adolescents. In addition, the project also significantly increased abstinence among sexually experienced female adolescents and significantly reduced the number of sex partners among female adolescents that remained sexually active over a period of three years. While the intervention and evaluation findings of this project did not directly focus on the impact of

biological parent-child communication, the findings did indicate that, particularly among female adolescents, increased communication about sexual health with parent-leaders tended to decrease sexual risk-taking behaviors.

The Families Matter Program (FMP) is a program that was developed for rural Kenya. FMP is an adaptation of a US-based program called Parents Matter (PMP). The PMP was designed for parents of adolescent children to give parents the necessary skills to help their adolescent children avoid sexual risks and develop healthy sexual behaviors. The PMP educates parents on practices that reduce sexual risk among adolescents and helps parents develop communication skills to “effectively convey their values and expectations about sexual behavior, as well as critical messages about HIV, STIs, and pregnancy prevention, to their children prior to the onset of sexual activity” (Poulsen et al., 2010a). Cultural adaptations were made to the PMP using feedback from local stakeholders.

Evaluations of the FMP included 375 parents and guardians of children 9 to 12 years old using a pre/post design. At one year post-intervention FMP was found to significantly increase positive parenting skills, parent-adolescent communication, and knowledge, behavior, skills, comfort, and confidence to talk about sexual issues with their children (Vandenhoudt et al., 2010). By 2009, over 45,000 families participated in FMP (Poulsen et al., 2010a). Other Kenya-based studies that involved findings related to parent-child communication tended to be focused on investigating who youth communicate with on sexual-health matters or barriers that inhibit such communication. Toroitich-Ruto (1997) included a component of the study that assessed adolescent communication. Specifically, the study assessed who adolescents of both genders communicate with about sex-related matters. Young women and men aged 15 to 19 years reported that they found parents most useful in coping with sex-related matters.

Specifically, nearly three-quarters of the participants (73%) indicated that they found parents *very useful*, along with religion (73%), and health professionals (70%). Such findings indicate that in Kenya, as with the US, there is opportunity for parents to play a key role in adolescent based interventions related to sexual health. Another study also found that communication about sex is relatively common in Kenya, but that in-depth communication is less common. Kiragu, et al., (1996) conducted a qualitative study to ascertain the perspectives of both youth and adults on adolescent reproductive health issues. The authors interviewed 1,476 adolescents of both genders aged 15 to 19 years and 2,894 adults aged 20 to 54 years. A main finding of the study was that less than half of the parents and adolescents reported communicating about STIs, AIDS, or sexual relationships. In addition, less than one-third had discussed abortion, contraception, or puberty. The study also found that mothers were more likely than fathers to have discussed reproductive health issues with the adolescents, again highlighting the key role of mothers in sexual communication with adolescents. Additionally, the study also found that the adolescents were most comfortable communicating with a same-sex parent. Based on these findings, the authors advocated interventions aimed at increasing parent-adolescent communication on reproductive health issues.

Juma, Mwaniki, and Maturi (2005) used questionnaires and focus groups to assess 2,444 young women aged 10 to 15 years on the outcomes of an adolescent female peer education program aimed at HIV prevention. The study tapped into parent involvement in reproductive health communication and exposed numerous contrasts. The study found that overall, 29% of participants felt that they had no one to talk to when they needed advice. In addition, when asked whether they had talked about certain topics with their parents in the last three months, most mentioned education (88%), personal hygiene (77%), friends (64%), and HIV/AIDS in general

(56 %). Less had talked with their parents about physical changes related to puberty (44%), sexually transmitted diseases (38%), and boy-girl relationships (31%). In the focus groups, participants were asked why they had difficulty discussing reproductive health issues with parents. A primary theme was that participants felt fear and embarrassment when approaching their parents with such matters. In addition, focus group participants also indicated that they felt their parents did not want to discuss these issues with them. Moreover, some of the participants indicated additional barriers, including that they did not want to make their parents suspicious of their personal lives and that their parents were too busy. A final main theme was that participants talked more with their mothers than their fathers about reproductive health-related matters.

As with Kigaru et al., (1996), Juma, Mwaniki, and Maturi (2005) indicated that parent adolescent communication is relatively common in Kenya, but that in-depth communication is less common. Moreover, findings from both studies highlight the key role that Kenyan mothers play in communicating with their daughters about sexual health.

The reason that adolescents prefer communicating with mothers as opposed to fathers on reproductive and sexual health issues may in part be due to gender roles and norms. However, it may also be due to family dynamics. Specifically, according to the KDHS 2003, in Kenya nearly one-third of households are female-headed (CBS, MOH, & ORC Marco, 2004).

Similar to Juma, Mwaniki, and Maturi (2005), Obare, Agwanda, and Magadi (2005) also assessed mother-daughter sexual health communication. The authors surveyed 1,247 Kenyan girls aged 12 to 19 years and assessed sexual communication. Participants were asked whether they discuss concerns of sexual nature with a variety of individuals (e.g., mother, father, school teacher). The authors found that younger female adolescents preferred talking to their mothers about sexual concerns while older girls preferred to communicate with a peer or friend.

Specifically, among young women aged 12 to 15 years, 53% reported talking to a girlfriend about sexual concerns and 50% talked to their mothers. In contrast, among young women aged 16 to 19 years, 56% talked to a girlfriend, and only 35% talked with their mothers. Additionally, when young women aged 12 to 15 were asked to indicate who they talked to most, they were most likely to indicate their mother (35%). In contrast, young women aged 16-19 years were most likely to indicate girlfriend (29%), followed by boyfriend (20%), then mother (19%).

While Obare, Agwanda, and Magadi (2005) found that young women aged 16 to 19 years were less likely to talk with their mothers than those aged 12 to 15 years, the study did not investigate why communications decreased with age. In Kenya, barriers to sexual health communication are related to the knowledge and cultural views of the mothers. Specifically, Njau and Meme (1997) conducted both focus groups and interviews with twenty Kenyan mothers and their daughters, as a first phase of an intervention project. The study included 10 Muslim mother-daughter dyads, and 10 Christian mother-daughter dyads. Daughters ranged in age from 10 to 19 years. A main finding of the study was related to incongruence between the daughters' information needs related to HIV/AIDS and what mothers provided. Despite that both mothers and daughters who participated in the study expressed desires to communicate, the communication patterns were very poor. A key finding was that many mothers did not have adequate knowledge related to STIs, including HIV. Moreover, it was found that many of the mothers who had *some* knowledge did not apply it to their own lives. Finally, it was also found that many mothers did not believe that condoms were an appropriate STI prevention method. Based on these findings the author advocated for additional studies of Kenyan mothers and daughters to further explore and validate these findings in order to enhance future and existing interventions.

Similarly, Mbugua (2007) explored reasons that Kenyan mothers are unable to provide adequate sexual education to their daughters. The qualitative study included individual interviews with 15 mothers of girls attending high school. The author also infused her experiences in communicating with her mother, as the author grew up in Nairobi. A main finding of the study was that the vast majority of mothers (90%) had not received sex education from their own parents and thus many did not feel that they were capable of discussing sexual matters with their daughters. Moreover, the author also found that many mothers felt inhibition to discussing sexual matters because of their Christian values, and the notion that even sex-related words (e.g., menstruation, intercourse, and names of sexual organs) were not acceptable to verbalize. Instead it was found that most of the mothers assumed that their daughters received adequate reproductive health education from their textbooks. However, in focus groups held with young women aged 17 to 19 years in 1996 and 2003, the author found that this was not the case.

Taken as a whole, these studies indicate that Kenyan mothers can play a key role in decreasing their daughters' sexual risk behaviors. However, many of the aforementioned studies identified that barriers inhibiting mother-daughter communication exist. In particular, it seems that Kenyan mothers may lack education and may hold values that prevent them from engaging in sexual health communication with their daughters. Unfortunately, several key areas related to understanding the manner in which mother-daughter communication can decrease sexual risk behavior among young women in Kenya remain unaddressed.

Challenges of Parent-Adolescent Communication

Even though research supports the important role parents play in talking to their adolescents about sex and sexuality, parents tend to *avoid* engaging in discussions about safe sex practices, general sexual health, or emotions related to sex (Guilamo-Romos, 2008; Warren, 1995). Parents

want to play a critical role in educating their adolescent children about sex, but they doubt their ability to effectively discuss sex with their children (Rosenthal & Feldman, 1999). Parents report embarrassment or anxiety in talking about sex, particularly during their children's later adolescence (age 14-18), when many young people are engaging in sexual behavior (Jerman & Constantine, 2010). Essentially, parents struggle with their own lack of knowledge, perceived self-efficacy as communicators, situational constraints, and what information they should disclose to their children (Jaccard et al., 2002; Jerman & Constantine, 2010; Jordan, Price, & Fitzgerald, 2000).

a) Challenges About What to Say

In a recent statewide study on families with adolescent children, Jerman and Constantine (2010) found that the majority of parents in California reported having difficulty in talking with their child about specific topics related to sexuality and sex. In the open-ended question, "What is the most difficult part for you in talking to your child about sex and relationships?" (p. 1167) parents most commonly reported difficulties related to embarrassment or anxiety, lack of knowledge, age/development issues, general communication problems, and conversations about specific topics (e.g., masturbation, safe sex practices).

In this same study parents and adolescents were asked if they had discussed any of the following sex topics: human reproduction, issues in becoming sexual active, the advantages of young people avoiding sexual behavior, HIV/AIDs or STIs, importance of using protection, and where to get condoms (Jerman & Constantine, 2010). Results showed that 15 % did not discuss any of the topics and only 26 % discussed all six topics. Among those who discussed only some topics, human reproduction, HIV/AIDS or STIs, and avoiding sexual intercourse were the most

commonly reported. Importance of using protection, where to get condoms, and issues in becoming sexually active were the least discussed by parents. In another study, Raffaelli and Green (2003) also found that parents seemed to avoid direct discussions about using birth control because it would require more knowledge about sexual behavior and parents feared it may lead to personal disclosure of their own past experiences.

b) Challenges about When to Communicate

In addition to struggling with content, or what to say, parents also report uncertainty about the appropriate times to discuss sexual attitudes and behaviors with their children (Beckett et al., 2010; Geasler, Dannison, & Edlund, 1995). Beckett et al. (2010) conducted the first detailed description of what parents and adolescents discuss when they talk about sex and what topics coincide with adolescents' age. They found parents and adolescents were fairly consistent on what topics were discussed during adolescent development. For example, during early adolescence (age 10-13) parents commonly talked about puberty and reproduction; during middle adolescence (age 14-16), parents focused more on STIs, pregnancy, and birth control. In later adolescence (age 17-19) or when parents start to think their child may be engaging in sexual intercourse, parents continue to talk about pregnancy, STIs, and go into more detail on how to use condoms and birth control. One important finding in Beckett et al.'s study is that parents tend to keep the sex talk more vague in early adolescence, only becoming more specific when they think their child is sexually active. In other words, many adolescents are not communicating with their parents about key topics (e.g., how to use a condom, or what consent means) until *after* their sexual debut (Beckett et al., 2010).

Beckett et al.'s research added to the understanding of content and timing within the parent adolescent communication, but adolescents were simply asked to check a list of sex-related

topics. Thus, little is still unknown about the influence of parent-adolescent communication on sexual and reproductive health. The current study addresses this gap by further examining adolescents' view of the actual conversations they recall having with their parents, their evaluations of those conversations, and any influence of these conversations on their sexual and reproductive health.

Summary of Review of Related Literature

Sex education is crucial in the present society just as it was in the traditional society. Many writers agree that sex education is subject to many questions for the youth in general and that the questions need to be tackled at the right time at different stages of development. To make sex education at the family level meaningful, the parents and adolescents need to be equipped with proper skills of communicating these sex-related issues. Most studies that have been done have dealt on the negative consequences of sexual behaviour including unwanted pregnancies, school dropouts, HIV and AIDS and other sexually transmitted diseases. There is limited research especially in Africa on communication between parents and adolescents on issues related to sexual and reproductive behavior. There is therefore, need to bridge the gap between sexual knowledge and behaviour change at the point of interaction between parents and adolescents.

This study thus sought to determine the influence of parent-adolescent communication on sexual and reproductive behavior in Benin City, Nigeria.

CHAPTER THREE

METHOD OF THE STUDY

This chapter deals with the materials and method used in carrying out this research work and is discuss under the following sub-heads

- Research Design
- Population of the Study
- Sample and Sampling Techniques
- Research Instrument
- Validity of the Instrument
- Reliability of the Instrument
- Methods of Data Collection

Research design

The descriptive survey research design was used for this study. This design was adopted due to its suitability for a study of this nature as descriptive survey describe an existing phenomenon an it justifies current conditions and practice, Nworgu (2006) states that descriptive survey design is one of best design for describing a situation without manipulation, therefore it concerns with the collection of data and description of event as they exist without manipulation

Population of the Study

The population of the study involves all undergraduate students of various faculties of the University of Benin which comprises of 32,251 (thirty two thousand, two hundred and fifty one) (source: academic planning unit of student affair.

Sample and sampling Techniques

The random sampling technique was used to select respondent for this study. A sample of 100 students in various faculties of the University of Benin was selected through convenient sampling.

Research Instrument

The research instrument used for this study is the questionnaire instrument constructed by the researcher. It consists of section A and section B. Section A consist of the respondent's biodata while section B is made up of the items to be responded to by the respondents.

Validity of the Instrument

The instruments was validated by the researcher supervisor and other two expert in the Department of Health, Safety and Environmental Education Faculty of Education University of Benin their correction and critics was adhere to make a final draft of the instrument.

Reliability of the Instrument

The reliability of the instrument was determined by using test retest methods. This was done by administering the instrument to 20 respondents who was not part of the original respondents after an interval of two weeks.

Methods of Data Collection

Data was collected by the researcher through the administration and collection of the instrument which was done by the researcher. The respondents were asked to respond to questions immediately and return the questionnaire. The respondents were assured that the information provided by them will be treated as confidential and for academic purpose alone.

Methods of Data Analysis

The data was analyzed using frequency count and simple percentages.

CHAPTER FOUR

PRESENTATION OF RESULTS AND DISCUSSION OF FINDINGS

Demographic characteristics This section presents the findings on the demographic background of the respondents.

Table 1: Distribution of Respondents by Sex

Sex	Respondents	Percentage of Respondents
Male	136	136%
Female	220	220%
Total	356	356%

From table 1, it could be observed that 136% of the total respondents were male, while the other 220% of the respondents were female.

Table 2: Distribution of Respondents by Age

Age	No. of Respondents	Percentage of Respondents
15-18	20	20%
19-22	68	68%
23-26	12	12%
Total	100	100%

From table 2, it is evident that 20% of the respondent were between the ages of 10-13 years, 68% of the respondent were age 14-16, while 12% of the total respondent are between the ages of 16 and above.

Table 3: Distribution of Respondents by Marital Status

Status	No. of Respondents	Percentage of Respondents
Single	99	99%
Married	1	1%
Total	100	100%

From table 3, it could be observed that of the respondents were single.

Table 4: Distribution by Religion

Religion	No. of Respondents	Percentage of Respondents
Christian	88	88%
Muslim	12	12%
Traditional	0	0%
Others	0	0%
Total	100	100%

From table 4, it could be observed that 88% of the respondent were Christian, 12% Muslim, 0% traditional and 0% others.

Research Questions

Research question 1: To what extent is the influence of parent-adolescent communication on sexual and reproductive behavior among undergraduates?

Table 5:

S/N	Items	Yes	No
1.	Does ypur parents expose you to sex education	338 (31.9)	288 (68.1)
2.	Do you insist on condom use during sex	113 (26.7)	310 (73.3)
3.	Do you indulge in unprotected sex?	106	317

		(25.1)	(74.9)
4.	Do you have sex for financial or material rewards?	149 (35.2)	274 (64.8)
5.	Your sexual life is influence by Parent communication?	84 (19.9)	339 (80.1)
6.	Have you had sex because of tradition or religion?	84 (19.9)	339 (80.1)
7.	Teenage pregnancy is influenced by parent communication?	120 (28.4)	303 (71.6)
8.	Do you acquire knowledge from parents on teenage pregnancy?	73 (17.3)	350 (82.7)
9.	Do you acquire knowledge from parents on sexual behaviour ?	40 (9.5)	383 (80.5)
10.	Have you had sexual knowledge before?	121 (28.6)	302 (71.4)
11.	I have had unprotected sex	28 (6.6)	395 (93.4)
12.	Teenage pregnancy does not mean anything to me	32 (7.6)	391 (92.4)
13.	Crave for money make me sexually active	38 (9.0)	385 (91.0)
14.	My friends make me to follow men for sex	21 (5.0)	402 (95.0)

The table above reveals the influenced of parenral communication on teenage pregnancy. About 31.9% of the respondents have not heard of knowledge, 68.1% of the response have heard , 26.7% Agreed to use condom during sexual intercourse, 73.3% disagreed to the fact. about 20% agreed that their sex organs (breasts, virginal and penis) have been touched by opposite sex. While about 20% also agreed that they have touched the sex organs of the opposite sex. The table further reveals that, 28.4% of the respondents' brows pornography with their phones, 9.5% have sex partners, 28.6% have engaged in sexual intercourse, 6.6% had sex in the last three months, 7.6% agreed that they use condom during sex, 9% have had sex with more than one person and 5% have sex regularly (i.e. as often as desired).

Research question 2: What is the influence of parent-communication on teenage pregnancy among undergraduate

Table 6:

S/N	Items	Yes	No
15	I hate someone with teenage pregnancy	95 (40.4)	40 (21.3)
16	I like to have sex once a week	79 (33.6)	34 (18.1)

From the result obtained in table 6, 91% of the respondents agreed that they hate someone with teenage pregnancy while 9% disagreed. 63% of the respondents agreed that they have friends who are sexually active, while 37% disagreed 46% of the respondents agreed that they have friends who are already engaging in premarital sex, while 54% of the respondents disagreed. 77% of the respondents agreed that having friends who are already engaging in premarital sex influence one to have sex, while 23% of the respondents disagreed. 64% of the respondents agreed that friends, who always talk about sexual pleasure encourage one to have sex, 36% disagreed.

From the result obtained from table 7, 89%of the respondent agreed that some student engage in premarital sex to make money/ earn a living while 11% disagreed. 78% agreed that student engage in premarital sex for academic purpose while 22% disagreed. 97% agreed that some students engage in premarital sex to get money from their rich boyfriends/ girlfriends, while 3% disagreed. 90% agreed that some student engage in premarital sex because of love of money while 10% disagreed.

Research question 3: To what extent do undergraduates practice pre-marital sex?

Table 7:

S/N	Items	Yes	No
17	Having sex is not a big deal so I have it any time I will not get pregnant	80 (34.0)	26 (13.8)
18	I cannot stay without sex because I have it before I cannot stay without it	123 (52.3)	26 (13.8)
19	Do you have knowledge of sex education?	62 (26.4)	22 (11.7)
20	Does the knowledge of sex education influence you?	64 (27.2)	20 (10.6)

The result obtained from table 8 above state that 92% of the respondent agreed that the desire to experiment lead some student to premarital sex, while 8 disagreed. 87% agreed that some student engage in premarital sex in order to know what other people are enjoying, while 13% disagreed. 85% agreed that some students engage in premarital sex because of what they have heard about sex, while 15% disagreed.

DISCUSSION OF FINDINGS

The findings indicate that majority (50.7%) of the adolescents were exposed to sex education while 335% of the parents had exposed their children to sex education. 288% of parents and adolescents each had no exposure to sex education.

This implies that adolescents are exposed to sex education. This contrasts the findings by Schubotz Rolston and Simpson's (2004) study of the sexual attitudes and lifestyles of young people (aged 14-25 years) in Northern Ireland also reported that friends (80.4%), followed by school (74.4%), were their most important source of sexuality education, with parents providing a good deal less.

The respondents' adolescents who agreed to have been exposed to any sex education by their parents and the parents, who agreed to have exposed their children to sex education, were requested to indicate at what level the exposure occurred. This depicts that parent-adolescent communication on sex issues occurred at the point where the adolescents had enrolled to institutions of learning. Beckett et al., (2010) report that parents report uncertainty about the appropriate times to discuss sexual attitudes and behaviors with their children. The study requested the adolescents and household heads to indicate how often they receive/give sex education respectively. From the findings, most (39.1%) adolescents said they receive sex education monthly, 11.6% said they receive sex education weekly and 8.5% never receive sex education. On the other hand most (23.6%) parents said they give sex education monthly, 8.7% said they give sex education weekly and 8.5% never give sex education.

Therefore, parent-adolescent communication on sex issues occurs regularly. Rosenthal and Feldman's (1999) survey of 298 Australian 16-year-old high-school students examining the frequency and importance of mother and father communication about 20 different sex-related topics, reported an infrequency of reported communication between parents and adolescents on sexuality. This implies that adolescents have sex education conversation with their parents covering various topics, puberty is however the most commonly discussed issue. Eisenberg, Sieving, Bearinger, Seain, and Resnick (2006), drawing on data from telephone surveys

conducted with 1,069 parents of adolescents (aged between 13-17 years) in the USA, noted that, of the topics covered in their research, parents were most likely to engage in a “great deal” of discussion about the consequences of pregnancy (49.6%) and the dangers of sexually transmitted infections (STIs) (41.4%). However, relatively few parents had actually discussed with their children, to any great extent, how to obtain condoms (12.3%) or other forms of birth control (11.7%).

In the case of parents, the most commonly taught topic in sex education was HIV/AIDS and STIs each (41%), the advantages of young people avoiding sexual behavior (40%), puberty (39%), issues in becoming sexually active (39%), sex before marriage or peer pressure (38%), coercion and assault (37%), social issues relating to sex (37%) and human reproduction (36%). Others were; safe sex (34%), contraception (30%), importance of using protection (25%), and lastly where to get condoms (18%).

This depicts that of the sex education topics parents talk to their adolescents about, HIV/AIDS and STIs tops the list. Byers, Sears & Weaver (2008) surveyed over 3000 parents and found that parents reported talking more to girls about five topics: reproduction, puberty, coercion and assault, abstinence, and sexual decision-making.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

Summary

Out of the 384-targeted respondents, 116 household heads and 168 adolescents participated in the study. Cumulatively, most (50.7%) of the adolescents were between 12-19 years while the household heads (32.1%) were between 36-45 years. Additionally, majority of the total respondents were female (51%). However, by gender more female household heads participated in the study (25.0) while more male adolescents (32.0%) participated in the study.

Communication of sexual and reproductive information

The study showed that 50.7%, of the adolescents were exposed to sex education while 32.3% of the parents had exposed their children to sex education.

Parent-adolescent communication on sex issues occurred at the point where the adolescents had enrolled to institutions of learning. Twenty nine percent of adolescents were exposed to sex education at secondary school level, Twenty-three percent were exposed to sex education at college level, six percent were exposed to sex education at primary school, and One percent were exposed to sex education at university level. Twenty-five percent of parents had exposed their adolescents to sex education at secondary school level, eight percent had exposed their adolescents to sex education at college level, three percent had exposed their adolescents to sex education at primary school and three percent had exposed their adolescents to sex education at university level.

Parent-adolescent communication on sex issues was found to occur regularly as thirty-nine percent of adolescents received sex education monthly, twelve percent received sex education weekly however nine percent never received sex education. On the other hand twenty four

percent of parents give sex education monthly, nine percent give sex education weekly but nine percent never give sex education.

The most commonly learnt topic in sex education by adolescents was puberty, this was followed by sex before marriage or peer pressure, HIV/AIDS, STIs, the advantages of young people avoiding sexual behavior, issues in becoming sexually active, human reproduction, social issues relating to sex and coercion, assault, importance of using protection, where to get condoms and contraception.

In the case of parents, the most commonly taught topic in sex education was HIV/AIDS and STIs, the advantages of young people avoiding sexual behavior, puberty, issues in becoming sexually active, sex before marriage or peer pressure, coercion and assault, social issues relating to sex, human reproduction, safe sex, contraception, importance of using protection and lastly where to get condoms.

Sex education sessions were found to be held from home. Both household heads and adolescents were comfortable with the home as the location they hold most of the sex education sessions from.

Sex related issues were found to be discussed using various methods with the most common method being dialogue/discussion, this was followed by question/answer methods, use of learning aids for demonstration and last but not least arguments.

The influence of parent-adolescent communication on sexual and reproductive behavior

A slight variance was found to exist on the awareness about adolescents sexual activeness between household heads and the adolescents. As thirty eight percent of adolescents said they were not sexually active twenty two percent of household heads said their adolescents were not

sexually active. However there was a consensus that most adolescents first indulged in a sexual relationship when they were 18 years or older between the adolescents and household heads.

Fifty six percent of the adolescents said they first indulged in a sexual relationship at the age of while twenty one percent of the household heads said their adolescents first indulged in a sexual relationship at the age of 18 or older.

Influence of parent-adolescent conversations on sexual behavior

Conversations between adolescents and their parent were found to influence sexual behavior as fifty one percent of the adolescents agreed that conversations between them and their parents influence their sexual behavior. Thirty two percent of the household heads agreed that conversations between them and adolescents influence their adolescents sexual behavior.

Most of the respondents feel that the conversations between adolescents and parents on sexual matters were helpful, others felt that the conversations between adolescents and parents on sexual matters were very beneficial.

Effect of parent-adolescent communication on sexual behaviors

Parent-adolescent communication was found to positively affect sexual behaviors amongst adolescents especially in relation to delayed sexual initiation, followed by reduced sexual activity, improved use of condoms and/or other contraceptives and sex with an unknown partner, increased communication between adolescents and their sex partners, a lower risk of pregnancy, increased self-efficacy to negotiate safer sex, communicating with sexual partners about sexual risk and condom use, preventing adolescents from conforming to more permissive peer norms about sexual risk-taking, abstinence and anal sex, masturbation, petting behaviors and oral sex.

Challenges faced by parents and adolescents in communicating sex-related issues

Fifty three percent of adolescent and thirty seven percent of household head agreed that there is a sex related topic they find easy to discuss. First in ranking was abstinence, this was followed by sex with an unknown partner, petting behaviors, safe sex and masturbation respectively. On the other hand oral sex as well as communicating anal sex were not easy to discuss.

The most common reasons that pose the greatest challenge to parent in discussing sex related topic with adolescents was general communication problems, and conversations about specific topics (e.g. masturbation, safe sex practices). This was followed by comfort in communicating with a same-sex parent, difficulties related to embarrassment, age/development issues, appropriate times to discuss sexual attitudes and behaviors with their children, it may lead to personal disclosure of their own past experiences and anxiety.

Conclusion

The study concludes that parents and adolescents in Kibera slums do engage sexual and reproductive communication especially after the adolescents are enrolled in their institutions of learning. This kind of communication mostly occurs on a monthly basis encompassing sex education topic on puberty, sex before marriage or peer pressure, HIV/AIDS, STIs, the advantages of young people avoiding sexual behavior, issues in becoming sexually active, human reproduction, social issues relating to sex and coercion, assault, importance of using protection, where to get condoms and contraception for adolescents. In the case of parents, the most commonly taught topic in sex education was; HIV/AIDS and STIs, the advantages of young people avoiding sexual behavior, puberty, issues in becoming sexually active, sex before marriage or peer pressure, coercion and assault, social issues relating to sex, human

reproduction, safe sex, contraception, importance of using protection and lastly where to get condoms.

Sex education sessions are held from home with both household heads and adolescents being comfortable with the home as the location they hold most of the sex education sessions from.

The most common method for communicating sex related issues is dialogue/discussion, followed by question/answer methods, use of learning aids for demonstration and last but not least arguments. There is a slight variance on the awareness about adolescents sexual activeness between household heads and the adolescents. However there is a consensus that most adolescents first indulged in a sexual relationship when they were 18 years or older between the adolescents and household heads. Conversations between adolescents and their parent positively influence adolescents sexual behavior. This is because the conversations between adolescents and parents on sexual matters are found to be helpful, the conversations between adolescents and parents on sexual matters are found to be very beneficial.

Parent-adolescent communication positively affects sexual behaviors amongst adolescents especially in relation to delayed sexual initiation, followed by reduced sexual activity, improved use of condoms and/or other contraceptives and sex with an unknown partner, increased communication between adolescents and their sex partners, a lower risk of pregnancy, increased self-efficacy to negotiate safer sex, communicating with sexual partners about sexual risk and condom use, preventing adolescents from conforming to more permissive peer norms about sexual risk-taking, abstinence and anal sex, masturbation, petting behaviors and oral sex.

There are sex related topics that are easy to discuss, they include; abstinence, followed by sex with an unknown partner, petting behaviors, safe sex and masturbation respectively. However topics such as oral sex as well as communicating anal sex were not easy to discuss.

The most common reasons that pose the greatest challenge to parent in discussing sex related topic with adolescents was general communication problems, and conversations about specific topics (e.g. masturbation, safe sex practices). This was followed by comfort in communicating with a same-sex parent, difficulties related to embarrassment, age/development issues, appropriate times to discuss sexual attitudes and behaviors with their children, it may lead to personal disclosure of their own past experiences and anxiety.

Recommendations

Based on the findings discussed, this study recommends that;

1. Parent-adolescent communication should occur more often unlike the current monthly frequency to enhance the observed positive effects on sexual behaviors amongst adolescents.
2. Parent-adolescent topics on sexual and reproductive behavior should also include topics on the sexual activeness of adolescent so as to reduce the variance on the awareness about adolescents sexual activeness between household heads and the adolescents.
3. Since parents and adolescents have a positive attitude towards the teaching and learning sex education, adolescents should be encouraged to utilize any available time that they have to get sex-related information from parents.
4. With regard to challenges faced by parents and adolescents in communicating sex related issues, the government should fund training programmes on communicating sex related issues. Involving the wider community in appreciating the significance of parent adolescent sexuality communication and identifying interventions to enhance communication on sexuality should be considered to overcome challenges to communication.
5. Parents and adolescents should be encouraged to openly talk about issues related to sex.

They should be provided with information and skills to enable them overcome the communication challenges related to talking about sexuality issues. This can be done through involving them in seminars and workshops hence minimizing the cultural bottlenecks related to sexuality communication. This is based on the premise that, in this study, some adolescents mentioned that peer pressure affects sexual and reproductive behavior.

REFERENCES

- Aapola, S., Gonick, M., Harris, A. Young Femininity. Girlhood, Power and Social Change. Palgrave Macmillan, London; 2005.
- African Population and Health Research Center (APHRC) 2002. Population and Health Dynamics in Nairobi's Informal Settlements. Nairobi: African Population and Health Research Center.
- Alford, S., Cheetam, N. and Hauser, D. (2005). Science and success in Developing Countries: Holistic Programs that work to prevent teen pregnancy, HIV& sexually Transmitted Infections. Washington DC: Advocate for youth.
- Amoran, O. and Fawole, O. (2008). "Parental influence on reproductive health behaviour of youths in Ibadan, Nigeria." *Afr J Med Med Sci* 37(1): 21-7.
- Ansuini, C., Fiddler-Woite, J. & Woite, R. (1996). The source, accuracy and impact of initial sexuality information on lifetime wellness. *Adolescence*, 31, 283-289.
- Atekyereza, P. (2001). "Socio-Cultural Change in Uganda: Emerging Perceptions on Bride Wealth." *The Journal of Cultural Studies*, 3(2): 360–384.
- Barbara, E. (2006). *Personality theories and introductions* (7th Ed). New York: Houghton Mifflin Company.
- Bastien, S., Kajula, L. and Muhwezi, W. (2011). "A review of studies of parent-child communication about sexuality and HIV/AIDS in sub-Saharan Africa." *Reprod Health* 8:25.
- Beckett, M. K., Elliot, S. M., Kanouse, D. E., Corona, R., Klein, D. J., & Schuster, M. A. (2010). Timing of parent and child communication about sexuality relative to children's sexual behaviors. *Pediatrics*, 125, 34-42.

- Beuhring, R., Sieving, M., Shew, M., Ireland, L., Bearinger, H. and Udry, J. (1997). "Protecting adolescents from harm. Findings from the National Longitudinal Study on Adolescent Health." *JAMA* 278(10):823-32.
- Bisika, T. and Kakhongwe, P. (1995). Research on HIV/AIDS, STDs and skin diseases in Malawi.
- Blakar, R. (1984). Communication: A social perspective on clinical issues. Oslo: Universitetsforlaget. A literature review. Pp1-95, Center For Social Research
- Bohmer, L. & Kirumira, E. (1997). Access to reproductive health services: Participating research with Uganda Adolescents.' *Final Report and working paper*. Los Angeles: Pacific Institute for women's Health.
- Bohmer, L. & Kirumira, E. (2000). Socio-economic context and the sexual behaviour of Ugandan out of school youth. *Culture, Health, and Sexuality*, 2(3): 269-285.
- Botchway, A. (2004). Parent and adolescent males' communication about sexuality in the context of HIV/AIDS – A study in the Eastern Region of Ghana. Unpublished Master's thesis. University of Bergen, Bergen, Norway.
- Brook, D., Morojele, N., Zhang, C. & Brook, J. (2006). South African adolescents: pathways to risky sexual behavior. *AIDS Education and Prevention*, 18(3), 259-272.
- Carabasi, JM, Greene WH, Bernt FM. (1992). Primary findings from the survey about AIDS for seventh and eighth graders (SASEG) *AIDS Education and Prevention*. 4: 240–250
- Centers for Disease Control and Prevention. (2009). Youth risk behavior surveillance— United States, 2009. *Morbidity and Mortality Weekly Report*, 59, 1–148.
- Central Bureau of Statistics, Ministry of Health, & ORC Marco. (2004).

- Centre for African Family Studies (CAFS) (2006). Monograph on East African Family Transformations. Nairobi: CAFS.
- Centre for Disease Control (CDC) (2005). Youth Risk Behavior. Washington: CDC
- Constantine, N., Jerman, P. and Huang, A. (2007). "California parents' preferences and beliefs regarding school-based sex education policy." *Perspectives on Sexual and Reproductive Health*. Vol. 39 No. 3 P. 167-175.
- Cooper, C., Grotevant, H., Moore, M. & Condon, S. (1982, August). Family support and conflict: Both foster adolescent identity and role taking. Paper presented at the meeting of the American Psychological Association, Washington, D.C.
- DiClemente, R.J., Wingood, G.M., Crosby, R.A., Sionean, C., Brown, L., Rothbaum, B., et al. (2001). "A Prospective Study of Psychological Distress and Sexual Risk Behavior among Black Adolescent Females." *Pediatrics*, 108:e85.
- DiIorio, C., Pluhar, E. & Belcher, L. (2003). Parent-child communication about sexuality: a review of the literature from 1980-2002. *Journal of HIV/AIDS Prevention and Education for Adolescents and Children*, 5, 7-32.
- Dittus, P., Jaccard, J., & Gordon, V. V. (1999). Direct and non-direct communication of maternal beliefs to adolescents: Adolescent motivation for premarital sexual activity. *Journal of Applied Social Psychology*, 29, 1927-1963
- Dutra, R., Miller, K. & Forehand, R. (1999). The process and content of sexual communication with adolescents in two parent families: Associations with sexual risk-taking behaviour. *AIDS and Behaviour*. 3(1): 59-66

- Eisenberg, M., Sieving, R., Bearinger, L., Seain, C. and Resnick, M. (2006). "Parents' communication with adolescents about sexual behaviour: A missed opportunity for prevention?" *Journal of Youth and Adolescence*, 35(6): 893-902.
- Eisenberg, M.E., Sieving, R.E., Bearinger, L.H., Swain, C. & Resnick, M.D. Parents' communication with adolescents about sexual behavior: A missed opportunity for prevention? *Journal of Youth and Adolescence*, 35, 893-902.
- Epstein, M. and Ward, L. (2008) "'Always use protection': Communication boys receive about sex from parents, peers and the media." *Journal of Youth and Adolescence*, 37(2): 113-126.
- Ferguson, R., Vanwesenbeeck, I. and Knijn, T. (2008). "A matter of facts...and more: an exploratory analysis of the content of sexuality education in the Netherlands." *Sex Education*, 8(1): 93-106.
- Fingerson, L. (2005). "Do mothers' opinions matter in teens' sexual activity?" *Journal of Family Issue*, 26(7): 947-974.
- Finkelhor, D. (1994). "Sexual abuse of children." *The Future of Children*, 4(2): 31-53.
- Fisher, T. (1987). Family communication and the sexual behaviour and attitudes of college students. *Journal of Youth and Adolescence*, 16, 481-495.
- Forehand, R., Miller, K.S., Armistead, L., Kotchick, B.A., & Long, N. (2004). The Parents Matter! Program: An introduction. *Journal of Child and Family Studies*, 13(1), 1-3.
- Frankham, J. (2006). "Sexual antinomies and parent/child sex education: Learning from foreclosure." *Sexualities*, 9(2): 236-254.
- Fugglesang, M. (1997). Lessons for the life, past and present modes of sexuality Education in Tanzanian society, *Social Science Medicine*, 44(8): 1245 -1254.

- Garenne, M. (2003). Migration, Urbanization, and Child Health in Africa: A Global Perspective, paper prepared for Conference on African Migration in Comparative Perspective, Johannesburg, South Africa, June 2003.
- Geasler, M. J., Dannison, L. L., & Edlund, C. J. (1995). Sexuality education of young children: Parental concens. *Family Relations*, 44, 184-188
- Guilamo-Ramos, V., Jaccard, J., Dittus, P., & Collins, S. (2008). *Parent-adolescent communication about sexual intercourse: An analysis of maternal reluctance to communicate. Health Psychology*, 27(6), 760-769
- Guttmacher Institute (2012). Special analyses—pregnancies by intention status and outcome HIV and AIDS monitoring report, 2006
- Holstein, C. (1972). The relation of children's moral judgment level to that of their parents and to communication patterns in the family. Readings in child development. New York: Macmillan.
- Huebner, A. J., & Howell, L. W. (2003). Examining the relationship between adolescent sexual risk-taking and perceptions of monitoring, communication, and parenting styles. *Journal of Adolescent Health*, 33(2), 71-78.
- Hutchinson, K. (2002). The influence of sexual risk communication between parents and daughters on sexual risk behaviors. *Family Relations*, 51, 238-247.
- Hutchinson, M.K. and Cooney, T.M. (1998). "Patterns of parent-teen sexual risk communication: Implications for intervention." *Family Relations*, 47, 185–194.
- Hutchinson, M.K., Jemmott JB, III, Jemmott LS, Braverman P, Fong GT (2003). The role of mother– daughter sexual risk communication in reducing sexual risk behaviors among urban adolescent females: A prospective study. *Journal of Adolescent Health*, 33: 98–107

- Ingham, R. (2002). "The role of parents in sex education", in Health Education Board of Scotland(ed.) *Young people and sexual health: Report of a deliberative Seminar. Edinburgh: Health Education Board for Scotland, P. 21-25.*
- Jaccard, J. (1996). Adolescent contraceptive behavior – the impact of the provider and the structure of clinic based programs. *Obstetrics and Gynecology, 88(3): Suppl. 57S-64S.*
- Jaccard, J., Dittus, P. and Gordon, V. (1996). "Maternal correlates of adolescent sexual and contraceptive behaviour." *Family Planning Perspectives, 28(4), 159- 185.*
- Jaccard, J., Dodge, T. & Dittus, P. (2002). Parent-adolescent communication about sex and birth control: a conceptual framework. *New Directions for Child and Adolescent Development, 97, 9-41.*
- Jerman, P., & Constantine, N. A. (2010). Demographic and Psychological predictors of parentadolescent communication about sex: A representative statewide analysis. *Journal of Youth and Adolescence, 39, 1164-1174.*
- Joffe, H. and Franca-Koh, A. (2001). "Parental non-verbal sexual communication: Its relationship to sexual behaviour and sexual guilt." *Journal of Health Psychology, 6(1), 17-30.*
- Juma, M., M. Mwaniki, and C. Muturi. (2005). Evaluating the Kenya Girl Guides Association's HIV/AIDS peer education program for younger youth: Baseline results. Horizons Research Update. Nairobi: Population Council.
- Karofsky, P.S. Zeny, L. & Kosorok, M.R. (2000). Relationship between adolescent parental communication and initiation of first intercourse by adolescents. *Journal of adolescent health, 28, 41-45.*

- Kenya Demographic and Health Survey (2003). Calverton, Maryland: CBS, MOH, & ORC Macro. Centers for Disease Control and Prevention. Condoms and STDs: Fact Sheet for Public Health Personnel. Retrieved August 23, 2010 from <http://www.cdc.gov/-condomeffectiveness/latex.htm>.
- Kenya Demographic Health Survey (KDHS), 2008-09
- Kim, J. & Ward, L. (2007). Silence speaks volumes: parental sexual communication among Asian American emerging adults. *Journal of Adolescent Research*, 22, 3-31.
- Kioli, F. (2010). The Sexual Behaviour of Adolescents among the Akamba People of Kenya. Saarbruken, Germany: Lambert Academic Publishers
- Kiragu, K., Obwaka, E., Odallo D., & Van Hulzen, C. (1996). Communicating about sex: adolescents and parents in Kenya. *Sexual Health Exchange*, 3, 1-4.
- Kirkman, M., Rosenthal, D. & Feldman, S. (2002). Talking to a tiger: fathers reveal their difficulties in communicating about sexuality with adolescents. *New Directions for Child and Adolescent Development*, 97, 57-74.
- Linchwe, K. (1989). The subject of traditional teaching and socialization practices on the incidence of teenage pregnancy. Report of the proceedings of a conference on teenage pregnancy in Botswana, 9-10 February 1989, National Institute of Development Research and Documentation, pp: 13-6.
- Lupilya, C. (1992). Trends in Women's Age at First Marriage and Associated Factors: A Case study of Dodoma in Tanzania. Msc Thesis. University of Dar es Salaam Main Library.
- MacHale, E. & Newell, J. (1997). Sexual behaviour and sex education in Irish school-going teenagers. *International Journal of STD and AIDS*, 8: 196-200.

- Mbugua, N. (2007). Factors inhibiting educated mothers in Kenya from giving meaningful sex education to their daughters. *Social Science Medical Journal*, 64(5): 1079–89.
- Miller, B., Benson, B., & Galbraith, K. (2001). Family relationships and adolescent pregnancy risk: A research synthesis. *Developmental Review*, 21, 1-38.
- Miller, K. S. et al. (1998). Family communication about sex: what are parents saying and are their adolescents listening? *Family Planning Perspectives*, 30, 218-222.
- Miller, K., Levin ML, Whitaker DJ, Xu X. (1998). Patterns of condom use among adolescents: The impact of maternal-adolescent communication. *American Journal of Public Health*, 88:1542–1544
- Nachmias, F. (1996). *Research Methods in the Social Sciences*: St. Martin's Press National Aids Control Council. (2006). Kenya HIV and AIDS Monitoring and Evaluation Annual Report. Nairobi: NACC.
- National Christian Council of Kenya (2000). Family life education for pre- adolescents and adolescents. Nairobi: NCKK
- Ndeti, N. (2013). *Interpersonal Communication and HIV/AIDS: Influencing Behavioral Responses to HIV amongst students*. Nairobi: Nairobi Academic Press
- Neema, S. & Bataringaya, D. (2000). Research on Adolescent sexual and reproductive health in Uganda. A document review.
- Njau, W., & Meme, J. (1997). Needs Assessment for mother/daughter communication: An empowerment tool for women. Nairobi, Kenya: Centre for the Study of Adolescents.
- Nolin, M., Peterson K. (1992). Gender differences in parent-child communication about sexuality: an exploratory study. *J Adolesc Res*, 7(1): 59–79

- Nyamwaya, D. (1996). *AIDS in Kenya: Perceptions and responses*. Development and cooperation. *Contributions to development policy*, 2: 8-9
- Nyanjui, J. (1994). The Nature and Patterns of Adolescent Friendship in Five Secondary Schools in Uasin Gishu District. M. Phil Thesis in Educational Psychology. Margaret Thatcher Moi University.
- Obare, F., Agwanda, A., & Magadi M. (2005). Gender-role attitudes and reproductive health communication among female adolescents in South Nyanza, Kenya. *African Population Studies/Etude de la Population Africaine*, 21(1), 37-54.
- OXFAM Malawi (2001). Main Content issues from qualitative field research. Phiri, C. T. (2000) Factors affecting the provision of sex education to adolescents by Parents
- Poulsen, M., Miller, K., Lin, C., Fasula, A., Vandenhoudt, H., Wyckoff, S., Ochura, J., Obong'o, C. (2010). Forehand R. Factors associated with parent-child communication about HIV/AIDS in the United States and Kenya: A cross-cultural comparison. *AIDS Behavior*; 14(5): 1083–94.
- Raffaelli, M., & Green, S. (2003). Parent-adolescent communication about sex: Retrospective reports by Latino college students. *Journal of Marriage and Family*, 65, 474-481.
- Raffaelli, M., Bogenschneider, K. & Flood, M. (1998). Parent-teen communication about sexual topics. *Journal of Family Issues*, 19, 315-333.
- Resnick, M., Bearman, P., Blum, R., Bauman, K., Harris, K., Jones, J., Tabor, J., Rosenthal, T., Senserrick, T. & Feldman, S. (2001). A typology approach to describing parents as communicators about sexuality. *Archives of Sexual Behavior*, 30, 463-482.
- Resnick, M.D. et al. (1997). Protecting Adolescents from harm: Findings from the National Longitudinal study on Adolescent Health. *JAMA*, 278(10): 823-832

- Rodgers, K. (1999). Parenting processes related to sexual risk-taking behaviours of adolescent males and females. *Journal of marriage and the family*, 61, 99-109
- Rolston, B., Schubotz, D. and Simpson, A. (2005). "Sex education in Northern Ireland schools: a critical evaluation" *Sex Education*, 5(3), 217-234.
- Romo, L.F., Lefkowitz, E.S., Sigman, M., & Terry, K. (2002). A Longitudinal Study of Maternal Messages About Dating and Sexuality and Their Influence on Latino Adolescents. *Journal of Adolescent Health*, 31, 59-69.
- Rosenthal, D. & Collis, F. (1997). Australian parents' beliefs about adolescent sexuality and HIV/AIDS. *Journal of HIV/AIDS Prevention and Education for Adolescents and Children*, 1, 57-72.
- Rosenthal, D. & Feldman, S. (1999). The importance of importance: the differentiated nature of parent adolescent communication about sexuality. *Journal of Adolescence*, 22, 835-852.
- Rundle, K., Layte, R. and McGee, H. (2008). *The Irish Study of Sexual Health and Relationships, Sub-Report 1: Learning about Sex and First Sexual Experiences*. Dublin: Crisis Pregnancy Agency.
- Schubotz, D., Rolston, B. and Simpson, A. (2004) "Sexual behaviour of young people in Northern Ireland: first sexual experience." *Critical Public Health*, 14(2), 177-190.
- Schultz, D. (2009). *Theories of personality*. USA Wadsworth: Cengage Learning. Sendagi, M. (1997). *Coping Capacities of People Towards the Changing Family Roles: A Case of Rubaga North Sub-Country*. Bachelor of Social Work and Social Administration Dissertation, Makerere University.

- Shoop, D.M. and Davidson, P.M. (1994). AIDS and Adolescents: The relation of parent and partner communication to adolescent condom use. *Journal of Adolescence*, 17(2): 137-148.
- Sprecher, S., Harris, G. and Meyers, A. (2008). "Perceptions of sources of sex education and targets of sex communication: Sociodemographic and cohort effects." *Journal of Sex Research*, 45(1), 17-26.
- Swann, C, Bowe K, McCormick G, Kosmin M (2003). Teenage Pregnancy and Parenthood: A review of reviews. London: Health Development Agency.
- Todd, J., Currie, C. and Smith, R. (1999). *Health behaviour of Scottish school children, technical report 2: sexual health in the 1990s*. Edinburgh: Health Education Board for Scotland.
- Toroitich-Ruto C. (1997). The determinants of teenage sexuality and their understanding of STDs/HIV/AIDS in Kenya. *African Population Studies*, 12: 39–50.
- UNAIDS (2008). Report on the global AIDS epidemic-Kenya
- UNAIDS (2010). Report on the global AIDS epidemic-Kenya
- United Nations Population Fund (2000). Lives together, worlds apart; Men and Women in a time of change. Geneva: UNFPA
- Vandenhoudt, H., Miller, K.S., Ochura, J., Wyckoff, S.C., Obong'o, C.O., Otwoma, N.J., Poulsen, M.N., Menten, J., Marum, E., & Buve, A. (2010). Evaluation of a U.S. evidence-based parenting intervention in rural Western Kenya: From Parents Matter! To Families Matter! *AIDS Education and Prevention*, 22(4), 328-343.
- Warren, C. (1995). Parent-child communication about sex. In T. J. Socha & G. H. Stamp (Eds.), *Parents, children, and communication: Frontiers of theory and research* (pp. 173-201). Mahwah, NJ: Lawrence Erlbaum.

- Weinstock, H., Berman, S., & Cates, W. Jr. (2004). Sexually transmitted diseases among American youth: Incidence and prevalence estimates, 2000. *Perspectives on Sexual and Reproductive Health*, 36(1), 6-10.
- Wellings, K., Nanchahal, K., Macdowall, W. et al. (2001) "Sexual behaviour in Britain: early heterosexual experience" *Lancet*, 358(9296), 1843-1850.
- Wellings, K., Wadsworth, J., Johnson, A., Field, J. and Macdowall, W. (1999). Teenage fertility and life chances. *Reviews of Reproduction*, 4, 184–190.
- Whitaker, D. J., & Miller, K. S. (2000). Parent-adolescent discussions about sex and condoms: Impact on peer influences of sexual risk behavior. *Journal of Adolescent Research*, 15, 251-273.
- Whitaker, D., Miller, K. S., May, D., & Levin, M. (1999). Teenage partners; communication about sexual risk and condom use: The importance of parent-teenager discussions. *Family Planning Perspectives*, 31, 117-121.
- Widmer, E.D. (1997). Influence of older siblings on initiation of sexual intercourse *Journal of Marriage and the Family*, 59: 928–938.
- Wight, D., Williamson, L., & Henderson, M. (2006). Parental influences on young people's sexual behaviour: A longitudinal analysis. *Journal of Adolescence*, 29(4), 473-494.
- Wingood, G. and DiClemente, R. (2000). Application of the theory of gender and power to examine HIV-related exposures, risk factors, and effective interventions for women. *Health Education & Behavior*, 27(5), 539–565.

APPENDIX

QUESTIONNAIRE

**DEPARTMENT OF HEALTH, SAFETY AND ENVIRONMENTAL EDUCATION,
FACULTY OF EDUCATION, UNIVERSITY OF BENIN, BENIN CITY, EDO STATE.**

**The Influence of Parental Communication on Sexual activity among
Undergraduates of University of Benin**

Dear Respondents,

I am a final year student of the above named department. I am conducting a research on The Influence of Parental Communication on Sexual activity among Undergraduates of University of Benin. I solicit for your cooperative response in completing this questionnaire. The questionnaire is strictly for academic purpose and all responses will be treated with utmost confidentiality.

Yours faithfully,

EBOIGBE EIGBE EHILEONOMEN

SECTION A: RESPONDENTS BIO-DATA

Instruction: Please tick (✓) in the item that best represents you or your opinion

Sex: Male () Female ()

Age: 15-20 years () 21-25() 26-30 ()

Educational Qualification:NCE() OND/HND() BSC/MS() PHD() Others()

Marital status: Single () Married () Divorced ()

Religion: Christianity () Islam () Traditional () Others ()

SECTION B

Instruction: Please read each of the following statements and indicate the extent to which these statements describe your opinions.

Keys: “Yes” or “No”

S/N	Items	Yes	No
1.	Does your parents expose you to sex education		
2.	Do you insist on condom use during sex		
3.	Do you indulge in unprotected sex?		
4.	Do you have sex for financial or material rewards?		
5.	Your sexual life is influence by Parent communication?		
6.	Have you had sex because of tradition or religion?		
7.	Teenage pregnancy is influenced by parent communication?		
8.	Do you acquire knowledge from parents on teenage pregnancy?		
9.	Do you acquire knowledge from parents on sexual behaviour ?		
10.	Have you had sexual knowledge before?		
11.	I have had unprotected sex		
12.	Teenage pregnancy does not mean anything to me		
13.	Crave for money make me sexually active		
14.	My friends make me to follow men for sex		
15.	I hate someone with teenage pregnancy		
16.	I like to have sex once a week		
17.	Having sex is not a big deal so I have it any time I will not get		

	pregnant		
18	I cannot stay without sex because I have it before I cannot stay without it		
19	Do you have knowledge of sex education?		
20	Does the knowledge of sex education influence you?		