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Parent-Child Communication on Sexuality-Related Matters in the City of Lagos, Nigeria

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Abstract

Several studies have documented how the sexual activities of young people and the social context in which these activities take place heighten youth susceptibility to sexually transmitted infections, including HIV. There are contrasting findings on the role of parent-child communication (PCC) in shaping young people's sexual behaviour. This paper provides answers to questions on gender differentials in parents' involvement in PCC; age and gender differentials in young people's involvement in PCC; and the relationship between exposure to PCC and sexual activities. Using data from a survey of 1,120 young people in the city of Lagos, the study shows that mothers are more involved in discussing sexuality related matters with their children than fathers, and where fathers are involved alone or in conjunction with mothers, the child is likely to be male. The study further shows that while PCC may not prevent or reduce sexual activities among young people, it does not increase it either, but is significantly related to safe sex practice in the population.

Key words: Youth sexuality, young adult sexuality, sexual risk-taking, African sexuality, sexual socialization.

Résumé

Plusieurs études ont apporté des preuves documentaires tendant à établir dans quelle mesure les activités sexuelles des jeunes et le contexte social dans lequel elles se déroulent augmentent la vulnérabilité des jeunes aux maladies sexuellement transmissibles (MST) dont notamment le VIH-SIDA. Les conclusions sont assez contrastées s'agissant du rôle de la communication parents-enfants (CPE) sur ce que devrait être le comportement sexuel des jeunes. Cette étude fournit des réponses sur les différentiels sexuels dans l'implication des parents dans la CPE, les différentiels liés à l'âge et au genre dans l'implication des jeunes dans la CPE et le lien entre l'accès à la CPE et les activités sexuelles. Sur la base des

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données fournies par une enquête portant sur 1 120 jeunes, dans la ville de Lagos, l'étude a révélé que les mères sont plus impliquées que les pères dans les discussions liées à la sexualité de leurs enfants. Et dans les cas où ils sont impliqués seuls ou avec les mères, ces pères discutent plus souvent avec les garçons et non les filles. L'étude démontre par ailleurs que même si la CPE peut ne pas prévenir ou réduire les activités sexuelles chez les jeunes, elle ne les augmente pas non plus. Elle a cependant un impact non-négligeable sur les rapports sexuels protégés au sein de la population.

Introduction

The process of acquiring knowledge about sexuality and safe sex practices is an important aspect of socialization. Studies have shown that unsafe sexual practices contribute to the spread of HIV/AIDS infection which is a leading cause of deaths in Africa. According to UNAIDS & WHO (2007), AIDS remains a leading cause of death and 76 percent of all AIDS related death in the world were recorded in sub-Saharan Africa. The majority of the people infected are young people – given the fact that sub-Saharan populations are largely young (See, Ashford et al., 2006). In spite of the dire need for young people to be given the right knowledge on reproductive health and safe sex practices, parents hardly discuss sexuality with their children in a country like Nigeria (Esiet and Oyebola 2004). This study set out with the aim of unravelling a number of puzzles. First, it seeks to document the proportion of young people in the city of Lagos who see parents as their main source of information on sexuality related matters.

Secondly, the study seeks to explore the relationship between parent-child communication (PCC) on matters of sexuality and real life sexual behaviour. In more specific terms, this second research concern seeks to ascertain if young people who benefit from PCC on matters of sexuality are likely to exhibit a higher level of involvement in real life sexual activities as some have conjectured. Therefore, the study asks if exposure to information about sexuality through parents is likely to make young people take part in sexual experimentation.

In addition to the desire to explore the relationship between parent-child sexuality communication and involvement in sexual activities, the study seeks to establish empirically if there is a relationship between PCC about sexuality and safe sex practice using condom use at last intercourse as an indicator. In addition to these core concerns of the study, involvement of parents in sexuality communication with young people is viewed across the genders both for parents and for children. In order to clearly put these research concerns and the gaps in knowledge in perspective, a brief review of earlier studies on young people' sexuality and PCC on matters of sexuality is presented.

A study by Bankole et al., (2007) on young adolescents in sub-Saharan Africa shows differences in sexual behaviours across selected countries. The study shows that even among very young adolescents within the age bracket of 12–14 years, involvement in different sexual activities such as sexual intercourse, kissing, fondling or 'having a boyfriend or girlfriend' range from between seven percent to about 30 percent. The study further shows that the proportions of the adolescents with correct knowledge of ways of contracting HIV including misconceptions on HIV/AIDS range from two to 20 percent. According to the study, mass media constitute a major source of information on sexuality in sub-Saharan Africa. Parents often are the least mentioned of the sources of information on sexuality among adolescents in the study population. This suggests in a way that parents may not have as much influence on adolescents in their sexual behaviours as do their peers and the media (Makinwa-Adebusoye 1991). In a study of adolescents in Niger state, Nigeria, Sunmola et al., (2002) found that about 23 percent of the respondents said they obtained information about sexual issues from their friends while just 18 percent said their parents supplied them with such information. These studies suggest a low level of PCC on sexuality in Nigeria.

Nationally representative data suggest a high level of sexual activity among young people in Nigeria. The Demographic and Health Survey of 2003 shows that the median ages at onset of sex for men and women generally are 20.4 years and 17.3 years respectively while the median ages at entry into marriage are 26.4 years and 18.5 years for men and women (National Population Commission (NPC) [Nigeria] and ORC Macro 2004). The gap between the age at onset of sex and entry into marriage often makes adolescents vulnerable to sexually transmitted infections as reproductive health services are within some social contexts made available only to people in marital unions and some young people avoid approaching reproductive health centres for fear of being labelled immoral (Senderowitz 1999; Erulkar et al.,005; Wang et al.,007). For this and other reasons, use of condom at first sex is as low as 6.5 percent for girls within the age bracket of 15–19 years and 10.6 percent for boys (NPC and ORC Macro 2004).

The Federal Ministry of Health in Nigeria made similar findings through a survey in 2006, showing further how vulnerable the group is. About forty-one percent and eighty-four percent of young females within the age brackets of 15–19 years and 20–4 years had had sex. Among boys within the 15–19 and 20–24 year age brackets, twenty percent and sixty-three percent had had sex. Among sexually experienced girls within the 15–19 and 20–24 age groups, thirty-five percent and seventy-three percent had had premarital

sex in the last 12 months preceding the study while among boys fifteen percent of those within the 15-19 age group had had sex in the last twelve months and fifty-three percent of young men within the age bracket of 20-24 years had had sex in the last twelve months. The study shows further that among sexually experienced youths (15-19 years), eight percent had contracted STIs in the last 12 months preceding the survey. For the 20-24 age group, one in ten had contracted an STI (Federal Ministry of Health [Nigeria] 2006).

Several studies have explored the nature and impact of PCC about sexuality across the countries of the world. A synopsis of the literature on PCC about sexuality can be viewed under three major sub-themes – contents, correlates of PCC, and effects of PCC. Rosenthal and Feldman (1999) showed through a survey of high school adolescents that parent-child communication about sexuality varies by domains of topics, with issues relating to sexual safety, physiological development and societal concerns receiving greater attention than experiencing sex and solitary sexual activities. In the same vein, Blake et al., 2001) also show that even where adolescents had been exposed to an abstinence-only school curriculum enhanced with parent-child communication, topics remain restricted largely to prevention strategies and consequences of sexual intercourse.

A recent study by Wamoyi et al., 2010) shows that parent-child communication about sexuality is usually initiated by the parents, and is often characterized by warnings or threats of the implications of sexual activities. On the whole, topics discussed often reflect the worries of parents and border on abstinence, unplanned pregnancy and HIV/AIDS. Wamoyi et al., 2010) further show that parent-child communication often reinforces traditional notions of masculinity and femininity which require premarital sexual chastity of the female and sexual prowess and experience from the male. Other researchers have noted that 'parental communication with young persons on sexual matters is often minimal and usually judgmental, restricting the access to sexual and reproductive health information' (Ladipo et al., 2003:1).

Studies have also shed light on the characteristics of parents involved in PCC and the children who benefit from PCC. Some show that mothers are more involved in PCC on matters of sexuality than fathers just as girls receive more parental communication about sexuality than boys (Nolin and Peterson 1992; Rosenthal and Feldman 1999; Raffaelli and Green 2003; Kim and Ward 2007). A recent study by Wamoyi et al., (2010) also shows that grandparents are more comfortable discussing sexual matters with their grandchildren than parents, although grandparents are often limited as they

do not have enough information on HIV/AIDS prevention and modern contraception. The researchers suggest that fathers may not be involved in the sexual socialization of their children if children are aware that their fathers and adult male siblings are having extramarital relationships and their advice may run contrary to practice. This is better understood when the traditional notions of masculinity are put in the picture. Men are judged by their sexual prowess and their sexual experimentation is often ignored. Yet, the prevalence of HIV/AIDS and STIs calls for caution. For this reason, societies are beginning to require of fathers values they do not have.

Parental education was also found to be a factor in parent-child communication with communication increasing with education (Raffaelli and Green 2003). Another study by Ojo and Akintomide (2010) found that there is no significant relationship between parental education and parent-child communication. The study revealed, however, that younger parents are better communicators of sexuality-related matters than older parents. Language barriers were also found to be responsible for low parent-child communication about sexuality, although non-verbal cues may be employed in the communication of sexual values (Kim and Ward 2007). Regnerus (2005) draws attention to the role of religious affiliation and other variables such as age, race and gender in PCC about sexuality. On the one hand, outward involvement in religious activities tends to associate with low parent-child communication on sexuality. On the other hand, the researcher shows that parents who affiliate with traditional black protestant churches talk the most about sexuality.

Kim (2008) argues that the relationship between parent-child communication and sexual activity of young people is mixed and no causal relationship can be drawn from studies so far. Somers and Paulson (2000) showed for instance that a high level of parental closeness and parent-child communication are not significantly related to the sexual knowledge, attitudes and behaviours of adolescents. Wilson and Donenberg (2004) suggest that the quality of parent-child communication and not frequency of such communication is significantly related to involvement in sexual risk-taking. The subjects included adolescents in psychiatric care only, however. A recent study of US teens by Albert (2010) shows that adolescents report that parents most influence their decisions about sex. Using an experimental design, Blake et al., (2001) showed that in-school adolescents who receive parent-child communication about sexuality in addition to an abstinence-only curriculum are more likely to report lower intention to have sex before completing high school. The study does not show whether the reports of intents turned out to be true, however.

Another dimension was introduced by Martino et al., (2008) who showed through a study of adolescents and their parents that where parent-child communication about sexuality involves repetition of topics, there is a higher likelihood of positive perceptions about ability to communicate with parents on the part of adolescents. This way, they show what may enhance the quality of PCC about sexuality. In another study by Weinman et al., (2008), PCC about sexuality was found to be a predictor of condom use among adolescents. A study by Kumi-Kyereme et al., (2007) reveals that parent-child communication is effective in checking premarital sexual activities among male adolescents in Ghana while among single female adolescents in the same society, it was found to be significantly related with being sexually active. Yet another study by Slap et al., (2003:15) show that 'sexually active students had lower scores for parent-teen connectedness, parent-teen activities, parental presence, and school connectedness'. Longo et al., (2002) argue that despite the risk posed by unprotected sex, the majority of parents talk very little to their children about sexuality. The researchers aver that factors such as supervision and feeling of warmth, love and care from parents and family are associated with delayed onset of sexual intercourse which is often associated with healthy and responsible sexuality.

Against the backdrop of this assertion, this study documents the proportion of young people in the study population who benefit from PCC. In doing this, the study explores the differences in gender of parents involved in PCC, gender of young people benefiting from PCC and the age factor. It should be noted that 'one of the main fears of parents and other adults is that giving adolescents information about sex will cause them to become sexually active' (Rosen, Murray and Moreland 2004: 6). One may ask then, 'Are young people exposed to communication on sexuality more sexually active than those who are not exposed to communication on sexuality?' This study also provides an answer to this puzzle. Furthermore, the study by Weinman et al., (2008) suggests that adolescents who benefit from PCC are less prone to involvement in sexually risky activities that are often attributed to adolescent years. This study sought also to put this assertion to test.

Methods

Participants

A survey of 1,120 young people, within the age bracket of 10 and 24, resident within the city of Lagos, Nigeria was conducted. The subjects include 587 males and 533 females, who were in-school and out-of-school youths of different ethnic origins in Nigeria. The respondents were selected through a multi-stage sampling exercise in which five Local Government Areas (LGAs) were randomly selected out of 16 LGAs in metropolitan Lagos.

From each selected LGA, streets were listed and sampled randomly while households were systematically selected before eligible respondents were randomly drawn. Informed consent was sought and obtained from adolescents 18 years and above while parental consent was obtained for adolescents below the age of 18 years before interviews were conducted. All interviews were conducted outside hearing distance of third parties and only successful interviews (that is, interviews in which reliable data were obtained on the core concerns of the study) were processed for analysis using the Statistical Package for Social Sciences, Version 10.

Procedure

A standardized interview schedule containing questions on respondents' background information, and several themes including youth sexuality and parent-child communication about sexuality was administered to all the respondents in face-to-face interviews. Only respondents who supplied usable answers to key questions were processed for analysis.

Measures

The independent variable in this study is parent-child communication which was measured in binary form (parents discuss sexuality related matters with subject versus parents do not discuss sexuality related matters with subject). Young people were considered as benefiting from PCC if they had such communication in the last six months preceding the survey. The study employs two indicators of the dependent variable – sexual behaviour. The first indicator of sexual behaviour is sexual activity which was also measured in binary form. The two categories of sexual activity are the youths sexually active and youths not sexually active. Subjects who reported experience of penetrative sexual intercourse were categorized as being sexually active while those who reported no experience of penetrative sexual intercourse were categorized as not sexually active. The second indicator of sexual behaviour is the use of condoms at last intercourse. This measure is applicable to sexually active subjects only. Age was measured first as a continuous variable (age in years at last birthday) and then as categories of 'early adolescence', 'mid adolescence' and 'young adulthood' for subjects within the age brackets of 10-14 years, 15–19 years and 20–24 years respectively.

Analysis

The simple frequency and percentage analysis is used in the description of the background characteristics of respondents, their exposure to PCC and involvement in real life sexual activities. Preliminary tests suggest that age and gender are predictors of sexual behaviour in the population. The study shows a Pearson's correlation of 0.455 (significant at 0.01 level) between

age and number of sexual partners ever had (which ranges from zero for young people not sexually active to twenty). Therefore further tests on the relationship between the independent and dependent variables were done controlling for age and gender.

Results

Background Characteristics of Respondents

The study includes 587 young males and 533 young females, accounting for fifty-two and forty-eight percent of the sample respectively. The minimum and maximum ages of the respondents are ten and twenty-four years while the mean age is nineteen years. The respondents were categorized into three developmental stages based on age. The first category is comprised of young people within the age bracket of ten to fourteen years. This category of people in early adolescence accounts for seven percent of the sample. The second category made up of people in mid-adolescence (15-19 years) accounts for forty-one percent of the respondents while the category of young adults (20-24 years) accounts for fifty-two percent of the respondents. About fifty-five percent of the respondents were in-school adolescents at various levels up to the tertiary level. More than seventy-one percent of the subjects had completed secondary school (i.e. twelve years of formal education) and some had higher qualifications. Forty-five percent of the subjects were out of school at the time of the study. Among these out-of-school young people, some were apprentices; some were gainfully employed while others were unemployed at the time of the study. About 98 percent of the respondents were single (never married) at the time of the study. The study shows further that 614 (fifty-five percent) of the respondents had had sexual intercourse at the time of the study.

Parent-child Sexuality Communication and Sexual Behaviour

When asked if either of their parents had ever discussed matters relating to sex with them, sixty-nine percent responded in the affirmative. When asked if they benefited from parent-child sexuality communication in the last six months, however, the proportion dropped to sixty-one percent. Among the youngest of the subjects, forty-eight percent had benefited from recent parent-child communication. The proportion rises to sixty-six percent among adolescents within the age bracket of 15-19 years while fifty-nine percent of young adults said they had benefited from this kind of discussion in the last six months. The study shows that among male youths, there is a significant relationship between age and access to parent-child sexuality communication (with $P < 0.01$). Male adolescents in the middle category are most likely to have experienced recent parent-child communication.

Among females, a similar observation is made with those in the middle category being the most likely to have benefited from parent-child communication, although the relationship for young females is not statistically significant. The study also shows a significant relationship between gender and parent-child sexuality communication with girls having a greater likelihood to benefit from such communication than boys. On the whole, sixty-nine percent of the female subjects benefited from parent-child sexuality communication while only fifty-four percent of the male subjects benefited from recent parent-child sexuality communication (Chi square $p < 0.001$).

Table 1: Percentage Distribution Showing Parent-child Sexuality Communication by Age and Sex (%)

	Benefited from recent Parent-Child Sexuality Communication		
Age categories	Female (N = 533)	Male** (N = 587)	Total (N =1,120)
Early adolescence (10 – 14 years)	62	24	48
Mid adolescence (15 – 19 years)	74	57	66
Young adulthood (20 – 24 years)	67	53	59
Total	**69**	**54**	**61**

** Chi square $p < 0.01$

The results of the study show that parent-child communication on sexuality begins at about age 11 years for the female child while for the male child it begins at about 12 years. Generally, a greater proportion of the female respondents reported that they had ever been involved in parent-child communication on sexuality. Recent parent-child communication on sexuality was highest among 16-year olds for male and female respondents, which provides an insight into the ages parents consider appropriate for parent-child communication on matters of sexuality. Responses to the question on whether one had ever benefited from parent-child communication on sexuality do not show the ages that are targeted by parents as a 24-year old may have been involved at age 14 or at any other time. The study reveals that as adolescents grow into young adulthood, their parents tend to communicate less with them on matters of sexuality.

The study also shows differentials in the sexes of the parents involved in parent-child communication on matters of sexuality. Generally, parents of the female gender were more involved in discussing sexuality related matters

with their children. More than half (fifty-one percent) of those who said they had benefited from parent-child communication on matters of sexuality mentioned their mothers only as the parents involved; about eleven percent mentioned their fathers only; while thirty-eight percent mentioned both parents. For the male adolescents and young adults who reported involvement in parent-child communication on sexuality, thirty-seven percent mentioned mothers as the parents involved in the discussions they had, a fifth mentioned their fathers while 44 percent mentioned both parents. Among the female subjects, 64 percent mentioned mothers, three percent mentioned fathers, while a third mentioned both parents. The study observes that mothers are more involved in the discussion of sexuality related matters with their children. This is more likely to be so when the child is a female child. Even in the socialization of male adolescents and young adults into sexual roles, a greater involvement of mothers than fathers was observed. From these results we can see that 'fathers only' are hardly ever involved in parent-child communication with their female children and that boys are more likely than girls to report involvement of both parents in parent-child communication as shown in Table 2.

Table 2: Gender Differentials in Parents Involved in PCC

	Male (%)	**Female**	**Total**
Mother	133 (36.6)	266 (64.3)	399 (51.4)
Father	72 (19.8)	11 (2.7)	83 (10.7)
Both parents	58 (43.5)	137 (33.1)	295 (38.0)
Total	**363 (100)**	**414 (100)**	**777 (100)**

$\div^2$ = 87.690; df = 2; P – value = 0.000

The study shows that for both sexes, there is no significant relationship between parent-child sexuality communication and sexual experience. Among young males who had benefited from recent parent-child sexuality communication, 63 percent had commenced sexual activities. Among those who had never benefited from parent-child communication on sexuality, 58 percent were found to be sexually active. Among females, about 49 percent of those that had benefited from parent-child sexuality communication were sexually active while 46 percent of those that had never benefited from parent-child sexuality communication had had sexual intercourse prior to the time of the survey. Statistical tests show that these variables are not significantly related. These results provide an interesting perspective

especially in the light of claims made by some scholars and general commentators regarding sex education and the increase in sexual activity among youth. The one question that would have helped clarify this scenario, had it been asked, would be whether parental communication with youth on sexuality was preceded by sexual activity or if it triggered sexual activity. Either way the statistical difference between those who had parental communication on sexuality and reported being sexually active as compared to their counterparts who had not parental communication and reported being sexually active, is not significant.

Table 3: Involvement in Parent-child Communication and Sexual Experience by Gender

		Involved in PCC on sexuality	Not involved in PCC on sexuality	Total
Male respondents	Sexually active	228 (62.8)	129 (57.6)	357 (60.8)
	Not sexually active	135 (37.2)	95 (42.4)	230 (39.2)
Total		**363 (100)**	**224 (100)**	**587 (100)**
Female respondents	Sexually active	202 (48.8)	55 (46.2)	257 (48.2)
	Not sexually active	212 (51.2	64 (53.8)	276 (51.8)
Total		**414 (100)**	**119 (100)**	**533 (100)**

The study shows that there is an association between recent parent-child communication and condom use at last intercourse. Specifically, a significantly greater proportion (seventy-one percent) of sexually active young people who reported involvement in parent-child communication in the last six months preceding the study also reported condom use at last intercourse while less than fifty-eight percent of those who said they had not been involved in parent-child communication reported condom use at last intercourse. In order to take care of some intervening variables further tests were conducted. As stated earlier, there is a significant relationship between sex and parent-child communication, with females reporting greater involvement in parent-child communication on matters of sexuality than males. The study further shows that females reported greater use of condom at last intercourse. Age was also found to be a confounding variable as it

correlates significantly with exposure to parent-child communication. As shown earlier, the relationship is curvilinear with adolescents in the age bracket of 15–19 years reporting the highest amount of involvement in parent- child communication on matters of sexuality.

Further tests were conducted, controlling for age and sex. This creates a distribution too small for any reliable test among adolescents within the age bracket of 10–14 years as only few of them had initiated sex at the time of the study. The test results show that there is no significant relationship between recent parent-child communication and condom use at last intercourse among adolescents within the age bracket of 15–19 years for males and females. Among young adults within the age bracket of 20–24 years, however, the study shows that there is a significant relationship between recent exposure to parent-child communication on sexuality and condom use at last intercourse for both males and females. Among young adult males, seventy-five percent of those who reported recent parent-child communication on sexuality also reported condom use at last intercourse while just about sixty-three percent of those who had not benefited from recent parent-child communication about sexuality reported condom use at last intercourse. Similarly, about sixty-eight percent of sexually active female young adults who said they had benefited from recent parent-child communication reported condom use at last intercourse while only forty-two percent of those who did not benefit from recent parent-child communication about sexuality reported condom use at last intercourse.

Table 4: Recent involvement in Parent-child communication and condom use at last intercourse

	Recent PCC on Sexuality		Total
	Involved	Not involved	
Condom used at last intercourse	260 (71.4)	144 (57.6)	404 (65.8)
Condom not used at last intercourse	104 (28.6)	106 (42.4)	210 (34.2)
Total	**364 (100)**	**150 0)**	**614 (100)**
X^2 = 12.594; df = 1; P-value = 0.000			

Discussion and Conclusion

Statistical tests show that PCC is higher among female adolescents and young adults than male adolescents and young adults. The study shows that among females, age is not a significant predictor of involvement in PCC as female adolescents and young adults across different age categories are relatively highly exposed to PCC. A major reason for this is the physiological landmark of menarche, the onset of menstruation which often necessitates a discussion on how to manage the menstrual cycle and the implication of sexual intimacy with people of the opposite sex. Oral literature abound in Nigeria on how mothers tell their female children at menarche that the meaning of what they have seen (i.e. menstruation) is that they could become pregnant if 'touched' by men. This form of parent-child communication abounds in Nigeria. The simple reason that boys do not experience such a landmark physiological change, may be partly responsible for the gender differentials in involvement in parent-child communication on matters of sexuality. In addition, females are the ones who carry pregnancies. For this reason, parents tend to discuss the implications of sexual intimacy with persons of the opposite sex with them since they fear that they might lose all they have invested in the education of their female children if they become pregnant at the 'wrong time'. It should be noted that pregnancy in adolescence often leads to the girl child dropping out of school even though the male adolescent's education may not be discontinued if he impregnates a girl. This finding agrees with the contributions of earlier studies (See Raffaelli and Green 2003; Kim and Ward 2007).

For male and female adolescents, PCC on sexuality peaks during the period 15 to 19 years and begins to decline although this trend was found to be significant only for the male subjects. Among the females, PCC does not significantly differ across age boundaries. For the male respondents, the reported involvement in PCC declines significantly with age. The decline may be as a result of the assumption that young adults are knowledgeable enough to take care of themselves. It could also be as a result of the fact that the likelihood to be living alone increases with age and many young adults who live alone may not have regular contact with their parents, the result being that their parents cannot discuss with them. The decline in experience of PCC with age for male young adults may also be due to the traditional notion of masculinity that expects a man not to remain sexually inexperienced. For this reason, the sexual activities of the male young adults may be overlooked. The study also shows that mothers are more involved in communicating with their adolescents and young adults on sexuality related matters as several other researches have shown (Nolin and Peterson

1992; Rosenthal and Feldman 1999; Raffaelli and Green 2003; Kim and Ward 2007). This is partly because the responsibility of raising children is considered a woman's responsibility, primarily. Among the South-West people of Nigeria, there is an adage that translates to mean that the wayward child is the mother's child while the well behaved child is the father's. Put differently, a mother is held responsible for the anti-social practices of the child. To avoid being considered a failure as a mother, therefore, women try to influence their children positively through PCC. For this reason mothers are more involved even in PCC with their male children.

This study shows that the fear that exposure to PCC on matters of sexuality can make young people become sexually active is unfounded as adolescents and young persons who had been exposed to PCC on sexuality were not found to be more sexually active than their peers who had not been exposed to PCC on sexuality. Failure to discuss sexuality related matters with children does not translate to sexual chastity. On the other hand there is an association between PCC on sexuality and safer sex practice using condom use at last intercourse as an indicator. Among young adults in particular, use of condom increases with PCC on sexuality. Although a similar pattern in which people exposed to PCC among adolescents reported greater use of condom at last intercourse was observed among adolescents within the age bracket of 15 to 19 years, the relationship was rather weak. This could mean that young adults who are involved in PCC on sexuality perceive that the society has come to terms with the fact that they are sexually active. Therefore, they perceive greater freedom to use reproductive health services and feel less embarrassed to ask for condoms.

While the association between these variables cannot be taken for causation, this study has shown that adolescents and young persons who are not exposed to PCC on sexuality are less likely to use condoms as a means of preventing sexually transmittable infections and unplanned pregnancies. Insights from the literature reveal, however, that there could be variation in the nature of PCC on sexuality in terms of contents. It might be assumed that parents who communicate with their adolescent children on matters of sexuality talk to them on the need to delay sexual activity while talking to young adults may assume that the young adults are old enough to be sexually active. Therefore, the communication may border on how the young adults should keep away from the troubles of sexually transmitted infections and unplanned pregnancies. This is a plausible reason for the observed differences in how information and practices around sexuality occur in adolescence and young adulthood. Nonetheless, it is important for further studies to explore the effects of contents of PCC on sexuality and adopted PCC styles on the sexual behaviour of adolescents and young people.

References

Ajuwon, A.J., 2005, 'Benefits of Sexuality Education for Young People in Nigeria', *Understanding Human Sexuality Seminar Series*, Vol. 3, Lagos: African Regional Sexuality Resource Centre.

Alpert, B., 2010, 'With One Voice: America's Adults and Teens sound off about Teen Pregnancy', Washington DC: The National Campaign to Prevent Teen and Unplanned Pregnancy.

Ashford, L., Clifton, D. and Kaneda, T., 2006, 'The World's Youth 2006 Data Sheet', Washington DC., Population Reference Bureau.

Bankole, A., Biddlecom A.E., Guiella, G., Singh, S. and Zulu, E., 2007, 'Sexual Behaviour, Knowledge and Information Sources of Very Young Adolescents in four Sub-Saharan African Countries', *African Journal of Reproductive Health*, Vol. 11, No. 3, pp. 28 - 43.

Blake, S.M., Simkin, L., Ledsky R., Perkins, C. and Calabrese, J.M., 2001, 'Effects of a Parent-Child Communications Intervention on Young Adolescents' Risk for Early Onset of Sexual Intercourse', *Family Planning Perspectives*, Vol. 33, No. 2, pp. 52 - 61.

Egbochuku, E.O. and Ekanem, I.B., 2008, 'Attitude of Nigerian Secondary School Adolescents toward Sexual Practices: Implications for Counselling Practices', *European Journal of Scientific Research*, Vol. 22, No. 2, pp. 177 - 183.

Joint United Nations Programme on HIV/AIDS (UNAIDS) and World Health Organization (2007), *07 AIDS Epidemic Update*, Geneva: UNAIDS.

Kim, C.C., 2008, *Teen sex: The parent factor*, Washington DC, The Heritage Foundation.

Kim, J.L. and Ward, L.M., 2007, 'Silence Speaks Volumes: Parental Sexual Communication among Asian American Emerging Adults', *Journal of Adolescent Research*, Vol. 27, pp. 3-31.

Madise, N., Zulu, E. and Ciera, J., 2007, 'Is Poverty a Driver for Risky Sexual Behaviour? Evidence from National Surveys of Adolescents in Four African Countries', *African Journal of Reproductive Health*, Vol. 11, No. 3, pp. 83 - 98.

Martino, S.C., Elliott, M.N., Corona, R., Kanouse, D.E. and Schuster, M.A., 2008, 'Beyond the «Big Talk»: The Roles of Breadth and Repetition in Parent-child Communication about Sexual Topics', *Pediatrics*, Vol. 121, No. 3, pp 612 - 618.

Moore, A.M., Biddlecom, A.E. and Zulu, E.M., 2007, 'Prevalence and Meanings of Exchange of Money or Gifts for Sex in Unmarried Adolescent Sexual Relationships in Sub-Saharan Africa', *African Journal of Reproductive Health*, Vol. 11, No. 3, pp. 44 - 61.

Nolin, M.J. and Peterson, K.K., 1992, 'Gender Differences in Parent-Child Communication about Sexuality: An Exploratory Study', Vol. 7, pp. 59 - 79.

Ojo, O.D. and Fasubaa, O.B., 2005, 'Adolescent Sexuality and Family Life Education in South-western Nigeria: Responses from Focus Group Discussions', *Journal of Social Science*, Vol. 10, No. 2, pp. 111 - 118.

Ojo, O.O. and Akintomide, A.G., 2010, 'Who Breaks the Ice in Parent-child Sexual Communication – Counseling Implications for Adolescent Health and

Development' *International Journal for Cross-Disciplinary Subjects in Education*, Vol. 1, No. 2, pp. 88 - 92.

Raffaenelli, M and Green, S., 2003, 'Parent-adolescent Communication about Sex: Retrospective Reports by Latino College Students', Faculty Publications, Department of Psychology, Paper 83 Available online at http://www.digital commons.unl.edu/pshychfacpub/83.

Regnerus, M.D., 2005, 'Talking about Sex: Religion and Patterns of Parent-Child Communication about Sex and Contraception', *The Sociological Quarterly*, Vol. 46, pp. 79 - 105.

Rosen, J.E., Murray, N.J. and Moreland, S., 2004, 'Sexuality Education in Schools: The International Experience and Implications for Nigeria', Policy Working Paper Series, No. 12.

Rosenthal, D.A. and Feldman, S.S., 1999, 'The Importance of Importance: Adolescents' Perception of Parental Communication about Sexuality', *Journal of Adolescence*, Vol. 22, pp. 835 - 851. Available online at http:// www.idealibrary.com.

Senderowitz, J., 1999, 'Making Reproductive Health Services Youth Friendly', *Research Program and Policy Series*, Washington DC: FOCUS on Young Adults.

Somers, C. and Paulson, S., 2000, 'Students' Perception of Parent-adolescent Closeness and Communication about Sexuality: Relations with Sexual Knowledge, Attitudes, and Behaviours', Vol. 25, No. 5, pp. 629 - 644.

Ugoji, F.N., 2008, 'Self-concept and Locus of Control as Correlates of Reproductive Health Knowledge of Students in Nigerian universities', *The Social Sciences*, Vol. 3 No. 2, pp. 88 - 95.

Wamoyi, J., Fenwick, A., Urassa, M., Zaba, B., and Stones, W., 2010, 'Parent-child Communication about Sexual and Reproductive Health in Rural Tanzania: Implications for Young People's Sexual Health Interventions', *Reproductive Health*, Vol. 7, No. 6, Available online at: http://www.reproductive-health-journal.com/content/7/1/6.

Wang, B., Li, X., Stanton, B., Kamali, V., Naar-King, S., Shah, I. and Thomas, R., 2007, 'Sexual Attitudes, Pattern of Communication, and Sexual Behaviour Among Unmarried Out-of-school Youth in China', *BMC Public Health*, Vol. 7, pp. 189.

Weinman, M.L., Small, E., Buzi, R.S. and Smith, P.B., 2008. 'Risk Factors, Parental Communication, Self and Peers' Beliefs as Predictors of Condom use Among female Adolescents Attending Family Planning Clinics', *Child Adolescent Social Work Journal*,Vol. 25, No. 3, pp 157 - 170.

Wilson, H.W. and Donenberg, G., 2004, 'Quality of Parent Communication About Sex and its Relationship to Risky Sexual Behaviour Among Youth in Psychiatric Care: A pilot Study', *Journal of Child Psychology and Psychiatry*, Vol. 45, No. 2, pp. 387 - 395.