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**HOW DO THEY TELL IT TO THEM? PARENT-ADOLESCENT SEXUAL
COMMUNICATION PATTERNS IN NIGERIA.**

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HOW DO THEY TELL IT TO THEM? PARENT-ADOLESCENT SEXUAL COMMUNICATION PATTERNS IN NIGERIA.

ABSTRACT

The study investigated different communication patterns parents adopt in discussing sexual issues with their children, the most prevalent among these patterns, and the relationship between parent-child sexual communication and adolescents' sexual behaviour. A total of 576 school-adolescents and 551 literate parents from three local government areas in Osun state, Nigeria partook in the study. These were selected using multistage sampling technique. Data were collected using two self-developed instruments: "Adolescent Sexual Communication and Sexual Behaviour Questionnaire" (ASCSBQ) and "Parental Sexual Communication Pattern Questionnaire" (PSCPQ). Reliability coefficient of 0.78 to 0.81 was obtained for PSCPQ and 0.80 to 0.85 for ASCSBQ. Data were analyzed using Analysis of variance, chi-square, factor analysis, cluster analysis, simple percentages and weighted average. Results showed that parents adopted four sexual communication patterns; permissible, opportunistic, reactive and avoidant patterns, while the children identified with three of them: permissible, avoidant and reactant. Permissible pattern of sexual communication was the most prevalent among the two groups with 35.94% parent and 39.58% adolescent respondents. The study found a significant relationship between parent-child communication and parents' perception of adolescents' sexual behaviour ($\chi^2 = 30.14, p < 0.05$). The study concluded that the communication patterns adopted by the parents did not have positive influence on the sexual behaviour of the adolescents.

Key words: Parent-child communication, sexual behaviour, sexual communication patterns, permissible, avoidant, opportunistic, reactive

INTRODUCTION

Home is the first contact of every child. Psychologists believe that the nature of communication and training that a child receives at home, especially during the developmental stages goes a long way in determining his behaviour at adult life. The social learning and social cognitive theories explain that human being learn through observation, personal and vicarious experience, and interaction with their environment. Behavioural consequences and feedback from the surrounding social and physical environment, and the way an individual interprets these consequences and feedback, determine future action. As the nature of human being develops, children learn more from their parents and imitate their behaviour. They listen to what parents say and have high dependency on their parents. This is also in line with Sigmund Freud's assertion that a person's unique character type develops in childhood majorly from the nature of parent-child interaction and also from the standard of his/her social class. When such a person becomes an adolescent, he/she is seen to give more attention to and relate with people outside.

Many occurrences in the life of adolescents draw attention to the issue of sexual communication. Taken as a region, the countries of Sub-Saharan Africa have the highest level of early childbearing in the world (Demographic and Health Surveys, 1990; Barker & Rich, 1992). In some African countries, as many as 40 percent of women according to (Mashalaba, 1989) have their first child before age 18, meaning that they are exposed to sexual activities so early in life. Also, Sexually Transmitted Infections (STIs) including HIV are most common among young people aged 15 - 24 and it has been estimated that half of all HIV infections worldwide have occurred among people aged less than 25 years (World Health Organisation, 1995). Nigeria, the third most populous nation in the world with a population of over 150 million, has 40 per cent of

its people in the age bracket of 18-40 years. This age group constitutes the power house of the nation, sociologists say, because of their sheer productivity and the fact that they are the ones to continue from where the old ones stop. In Nigeria, about 3.1 million people are estimated to be HIV positive, with one in 18 said to be between ages 15 and 49 (NACA, 2011; Ayo-Aderele, 2011). Not only that, of the 32.8million global record and 22.5million in Sub-Saharan African countries of people living with HIV, the country is estimated at 3.1million which represents 10% and 14% of the global and sub-Sahara African burdens respectively (USAIDS/NACA, 2011). Of the over one billion youth (ages 15-24) worldwide, some 10 million are living with HIV (UNAIDS, 2004) and of the 15-24 year old young people living with HIV, 63 per cent live in sub-Saharan Africa and 21 per cent live in Asia-Pacific (UNAIDS, 2004). According to the recent United Nations' official list, although the incidence has dropped significantly in sub-Saharan Africa (in figure not in percentage), the region still accounted for 69 per cent of new infections in 2009 alone, with HIV prevalence among population aged 15-24 years. Every day, an estimated 6,000 youth are infected with the virus. Furthermore, Nigeria was reported to have the third highest number of people estimated to be living with HIV/AIDS in the world (3.6 million as of the end of 2003), after South Africa and India (UNAIDS, 2004).

The consequences of HIV/AIDS can be far-reaching for young people. Not only does HIV disease have terrible consequences for the individual, causing serious illness and eventual death, it has the potential to trigger negative social reactions such as discrimination, stigmatization and ostracization (Auer, 1996). The danger of untimely death associated with abortion of unwanted and unplanned pregnancy is another factor to reckon with among adolescents. All these life threatening risks are consequent upon adolescents' sexual behaviour. Poor access to appropriate sexual and reproductive health information has been identified as one of the underlying reasons for poor sexual decision-making and risky behaviour among adolescents (Fatusi, 2007), with inadequate and ineffective parental communication as a (likely) major factor in this direction.

Given the significant number of young people living in developing countries (such as Nigeria) who are seriously affected by these risks to their health, it is important that effort should be made to see the roles played by Nigerian stakeholders most especially parents in communicating sexual issues to their children. If necessary steps are not taken to investigate the root cause of unhealthy sexual behaviour among the adolescents and the likely ways there caregivers parents are contributing to the problems and how to ameliorate the situation of things; the future of the African race is in jeopardy.

LITERATURE REVIEW

Many researchers have worked on ways parents communicate with their children under different headings. McLeod and Chaffee (1972) worked on Family Communication Patterns (FCP) and came up with two patterns namely *concept-orientation* and *socio-orientation*. These scholars presented a theory of family communication arguing that family communication patterns reflect the means by which a family perceives and shares social reality. They further argued that one way of creating a shared reality is to discuss ideas or concepts to arrive at shared meaning, which they labeled concept-orientation. An alternative way is to turn to the parents for guidance, which McLeod and Chaffee labeled socio-orientation.

In 1990, Ritchie and Fitzpatrick revised McLeod and Chaffee's Family Communication Patterns instrument. Concept-orientation and socio-orientation were re-conceptualized as conversation and conformity orientations, respectively. The Revised Family Communication Patterns instrument

(RFCP) proved more reliable and valid than the original FCP instrument (Ritchie & Fitzpatrick, 1990).

Conversation orientation refers to the extent to which family members engage in frequent, spontaneous interactions with each other, unconstrained by topics discussed or time spent in discussion. All members of the family are encouraged to participate, and the family environment emphasizes open communication and the exploration of new ideas (Koerner & Fitzpatrick, 1997, 2002a, 2002b). This is similar to the mutually interactive style isolated by Rosenthal et al (1998). Conformity orientation is characterized by a uniformity of beliefs and attitudes within the family. Interactions focus on maintaining harmonious relationships that reflect obedience to the parents, often manifest in the pressure to agree and to maintain the existing hierarchy (Koerner & Fitzpatrick, 1997, 2002a, 2002b).

Looking at communication from mothers' perceptions of the style, content and frequency of communication with their adolescents about sex and sexuality, Rosenthal, Feldman and Edwards (1998) conducted a research and isolated five sexual communication styles. According to them, all the mothers assessed themselves to be effective communicators, but their styles differed in terms of who initiated and maintained sexual communication, the comfort level of mother and of teenager, the frequency of sexual communications, the context in which communications took place and the topics discussed and avoided. The styles isolated were avoidant, reactive, opportunistic, child-initiated and mutually interactive. Rosenthal et al styles were found relevant and were adopted in developing the items of the instruments used for this work with some modifications. For instance during the pilot study, factor analysis merged all the items on child-initiated and mutual interactive styles. With this development, another pattern emerged and it was named *permissible pattern* (further explanation on this pattern is provided under discussion of findings).

The *avoidant style* of communication according to Rosenthal et al (1998) is characterised by both parents and adolescents being uncomfortable with discussing sexual topics and these discussions being avoided, cut short or presented in generalised non-personal terms when they did occur (Moore and Rosenthal, 2006). Parents using this style tend to reassure themselves that adequate sex education had occurred at school.

The *reactive* communicators are parents who bring up sex-related discussions when a pressing need is perceived on the basis of the child's behaviour, for example when the teenager appeared to be getting serious with a romantic partner (Moore and Rosenthal, 2006). Generally, parents do not feel particularly confident about these discussions, they fear alienating their teenager, but are concerned to get a message across. Most times such discussions according to Rosenthal et al (1998) are one-sided.

The *opportunistic* communicators according to Rosenthal, Feldman & Edwards (1998) formed the largest category of mothers in their research. Parents in this category were willing to discuss sex-related topics with their adolescents, but did so infrequently. They sought shared occasions to initiate discussions, such as television programmes, family events and the stimulus of sex education occurring at school. They wove their communication in with other activities (such as preparing meal), bringing up issues almost as incidentals, as a way of dissipating anxiety and embarrassment.

Another style is referred to as *child-initiated*. Parents in this category according to Rosenthal et al (1998), would wait until their adolescents bring up the topic before discussion. They believe that when the child is ready to engage in sex-related discussion, the conversation would be more fruitful than if they are parent-initiated.

Lastly, Rosenthal et al (1998) also isolated the *mutually interactive* style in which sex-related conversations could be initiated by the adolescent or the parent, and both parties will be

comfortable about pursuing the conversations. This pattern is generally characterised by openness, intimacy and emotionally based discussions. Parents work consciously to promote open communication and make time for their children to bring up issues, and to be good listeners.

PURPOSE OF THE STUDY

Considerable research has addressed whether parents' communication with their children about sex actually impacts adolescent sexual activity. Early studies tended to find no significant associations between parent-adolescent communication and risky sexual behaviour, whereas more recent studies have observed such links (Jaccard and Dittus, 1993; and Jaccard, Dodge & Dittus, 2002). The general finding in more recent studies has been that higher levels of parent-adolescent communication are associated with reduced sexual risk taking on the part of the adolescent. A small group of studies have found that higher levels of communication are associated with higher levels of adolescent sexual activity (Darling & Hicks, 1982; and Widner, 1997). Conclusive research on these alternative explanations is lacking.

It is imperative to note that there is dearth of literature evidences on empirical studies to show in clear terms styles or patterns adopted by African parents in breaking the culture of silence on parent-child sexual communication. Parent-child communication on sexual issues remains a challenging issue in Nigeria and many sub-Saharan African countries as the social milieu in many traditional communities still constrains such communication (Ojo, Aransiola, Fatusi & Akintomide, 2011). In the midst of all the constraints to sexual communication within African families, there is need to find out how they tell it to them and how the patterns of sexual communication influence adolescent sexual behaviour. In view of this, this study aimed at providing answers to the following specific questions:

1. What patterns do parents and their adolescent children adopt in communicating sexual issues among themselves?
2. Which pattern of communication is the most prevalent among them?

The study also hypothesized that:

H₀: There is no significant relationship between sexual communication by parents and their perception of adolescent sexual behaviour.

METHODOLOGY

A sample size of 576 adolescent students and 551 parents was drawn from twelve secondary schools in three Local Government Areas (LGAs) in one of the Southwest states of Nigeria using multistage sampling technique. Data were collected using two self developed instruments. The instruments were titled "Adolescent Sexual Communication and Sexual Behaviour Questionnaire" (ASCSBQ) and "Parental Sexual Communication Pattern Questionnaire" (PSCPQ). The two instruments were validated; reliability coefficient of 0.78 to 0.81 was obtained for PSCPQ and 0.82 to 0.85 for ASCSBQ. The consent of the respondents was sought through an official letter addressed to each of the schools and unwritten consent from each student involved in the study. ASCSBQ was administered directly on the selected students by the researcher while a copy of PSCPQ was enclosed in an envelop, sent to and retrieved from each of the parents through the participating students. Data collected were analyzed using Analysis of variance, chi-square, factor analysis, cluster analysis, simple percentages and weighted average. The demographic characteristics of the respondents are presented on table 1 under appendix.

RESULTS

Research Question 1: How do parents communicate sexual issues with their adolescents?

Parents' and adolescents' responses to the two instruments were subjected to factor analysis with varimax rotation. Four patterns of communication were identifiable from the parents' responses, they were named permissible, avoidant, opportunistic and reactive patterns. The responses from the adolescent group generated three patterns of sexual communication, which are permissible, avoidant and reactive patterns.

In addition to the factor analysis, item-by-item percentile was also employed to examine the percentages of responses to each of the items. The results were as presented on the tables 2 and 3. (*See appendix*)

From the result presented on Table 2, 61.7% of the parents indicated that they created time to discuss sexual issues with their wards while 53.7% reported that their children discussed sexual issues with them. Not only that, 58.8% of the parents agreed that their children initiated discussions on sexual issues most often. In addition to that, 66.4% of the parents reported that they were comfortable discussing sexual issues with their children. Thus, all the parents in this category fell under *permissible* pattern.

Another group is the *avoidant* group. Under this, 36.7% of the parents reported that they didn't feel comfortable discussing sexual issues with their children, 48.3% said they tried to avoid or cut short discussions on sexual issues whenever the discussion came up and 43.9% of the parents said they did not like to discuss emotional things with their children.

Some parents (41.6%) preferred their children learning about sexual issues from their school teachers than discussing such issues with them at home. Though 31.2% of such parents might sometimes be willing to discuss such issues with their wards, but opportunity to do so did not present itself because they did not know how to initiate such discussions. Parents in this category were placed under the *opportunistic* pattern.

Another category of parents were grouped under the *reactive* pattern. These included 47.0% who discussed sexual issues with their children only when they suspected that their children were having dealings with opposite sex, 35.2% of the parents who might not really say anything on sexual issues unless they saw their children exhibit any sexual behaviour with opposite sex and the 53.5% who would only bring up such discussions whenever anything such as TV programme, stimulus of sex education, and so on, steered up such issues. Also in this group were 55.5% of the parents who reported that they could not just stand seeing their children with opposite sex, but would strictly rebuke such children.

Similar to the results on table 2 (parents' responses), table 3 (*see appendix*) also presents item-by-item percentile of the adolescent responses to items of the second instrument. Interpretation of the table is similar to the one presented for table 2.

Research Question 2: Which of these patterns is the most prevalent?

Responses from both parents and adolescents groups were subjected to k-means cluster analysis to group the respondents under the identified communication patterns. The summary of the result was presented on table 4.

From the table above, the parents were classified into four groups and the adolescents into three groups. The members of each group were carefully observed for common characteristics which could be used to place them under the communication patterns earlier identified. Out of the 551

parent respondents, 111(20.15%) identified with opportunistic pattern, 118 which is equivalent to 21.42% belonged to the avoidant group. Reactive pattern had 124 respondents which was equivalent to 22.50% of them and lastly, 198 parents representing 35.94% of the total sample identified with permissible pattern. Based on the results presented, the permissible sexual communication pattern was the most prevalent methods adopted by parents in communicating sexual matters with their children.

From the adolescents' group, Table 4 revealed that 140 adolescent respondents representing 24.31% fell under the reactive pattern, 36.11% (208 respondents) were for the avoidant group while the remaining 228 representing 39.58% identified with permissible pattern. The result from the adolescent group also indicated that the permissible sexual communication pattern was the most prevalent.

Hypothesis: There is no significant relationship between sexual communication by parents and their perception of adolescent sexual behaviour.

The data collected on parents' sexual communication with the children and the parents' perception of their adolescents' sexual behaviour was subjected to a chi-square analysis. The result was as shown on Table 5 (*see appendix*).

The p value is less than 0.05, which indicated that there was a significant relationship between the sexual communication by the parents and the sexual behaviour of adolescents perceived by the parents.

DISCUSSION AND CONCLUSION

Findings from this study revealed that parents adopted four communication patterns in discussing sexual issues with their children while the adolescents identified with three of these patterns. The patterns were named permissible, opportunistic, avoidant and reactive. Three of these patterns, opportunistic, avoidant and reactive, are similar to those identified by Rosenthal et al (1998).

The permissible group are characterised by open communication in which all members of the family are encouraged to participate and any topic could be discussed. The atmosphere at home gives room for sexual discussions which could be initiated by either the child or the parent. This pattern shares the features of both child-initiated and mutually interactive styles identified by Rosenthal et al (1998).

From the on going, permissible sexual communication pattern was the most prevalent among parents and the adolescents, with 35.94% parents and 39.58% adolescents identifying with the pattern. Most parents reported that they allowed and created time for discussions on sexual issues with their adolescents. This result is contrary to what Moore et al (2006) obtained in a similar study where most of the parents fell under the opportunistic communication style. Since things are changing, perhaps it might be that parents especially the younger ones, now see reasons why they should be involved in the sex education of their children. They might have realised that there was need for every parent to create enough room to discuss sexual issues with the adolescents

Furthermore, the results revealed that there was significant relationship between parent-child sexual communication and adolescent sexual behaviour as perceived and reported by the parents. Most parents rated themselves as moderate or high sexual communicators and invariably perceived sexual behaviour of their adolescents as low or moderate in terms of risk. Consequently, parents by implication, agreed that their sexual communication had a positive influence on sexual behaviour of their adolescents. This result was in agreement with some studies that found more parent-adolescent sexual communication to be related to fewer sexual behaviors (Fox & Inazu, 1980; and Pick & Palos, 1995) though some other studies found that more parent-adolescent sexual communication was related to more sexual behaviors (Pistella &

Bonati, 1998; and Somers & Paulson, 2000). Adolescents who experience parent-adolescent sexual communication in the opinions of Kahn, Smith & Roberts (1984); and Pick & Palos (1995) were more likely to delay sexual intercourse, use contraceptives more frequently (Fisher, 1987), and report fewer sexual partners (Darling & Hicks, 1982; and Kallen, Stephenson, & Doughty, 1983).

Parents reported that they communicated sexual matters with their children and the children also confessed that they engaged in risky sexual behaviours. It would therefore be reasonable to conclude that the sexual communication patterns adopted by the parents did not have positive influence on the sexual behaviour of the adolescents.

On this note, it is recommended that there should be programmes of intervention for parents on how to improve on their sexual communication with their children. Such programmes could include advocacy for sex education through the media, short or part time courses for adult on sexuality and sexual communication. Government could encourage this kind of programme by providing sponsorship or subsidy on the course fee. Also, school counsellors should from time to time, be actively involved in group and individual counselling of students on sex education. They should also counsel parents on the need to be seriously involved in their children's moral development and also educate them on timeliness of sexual discussions. School authorities should reach out to the parents through their Parent-Teacher Association meetings and fora on the need to be actively involved in updating their knowledge on current trends in adolescent issues and effective sexual communication with adolescents.

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APPENDIX

Table 1: Respondents' Demographic Characteristics

Parents (N = 551)			Adolescents (N =576)		
Variable	Freq	%	Variable	Freq	%
<u>Age</u>			<u>Age</u>		
< 40 years	100	18.15	10 – 13 years	248	43.06
41 – 50 years	338	61.34	14 – 17 years	296	51.39
51 – 60 years	86	15.61	18 – 20 years	26	4.51
Above 60 years	27	4.90	21 years & above	6	1.04
<u>Sex</u>			<u>Sex</u>		
Male	282	51.2	Male	259	45
Female	269	48.8	Female	317	55
<u>Occupation</u>			<u>Class</u>		
Farming	38	6.9	SSS1	47	8.2
Trading	217	39.4	SSS2	493	85.6
Artisans	16	2.9	SSS3	36	6.2
Company Work	49	8.9			
Civil Service	121	22.0			
Teaching	69	12.5			
Others	41	7.4			
<u>Educational Qualification</u>					
Primary	67	12.16			
Secondary	231	41.92			
Tertiary	253	45.92			

*SSS: Senior Secondary School

Table 2: Percentage Analysis of Parental Sexual Communication Patterns

Sexual Comm. Patterns	Items	Yes		No	
		Freq.	%	Freq.	%

Avoidant	1	I don't feel comfortable discussing sexual issues with my child	202	36.7	349	63.3
	3.	I try to avoid or cut short discussions on sexual issues whenever such discussions are coming up at home	266	48.3	285	51.7
	4	I don't like discussing emotional things with my children	242	43.9	309	56.1
Opportunistic	2.	I prefer my children hearing about sexual issues from their teacher in school than from me	229	41.6	322	58.4
	8.	I am willing to discuss sexual issues with my child but I don't know how to start it most times	172	31.2	379	68.8
Reactive	5.	I can't stand seeing my child with opposite sex, I strictly rebuke him/her	306	55.5	245	44.5
	6.	Sexual issues are only discussed most of the time when I suspect that my child is having a dealing with opposite sex	259	47.0	292	53.0
	7.	I may not really say anything on sexual issues unless I see my child exhibit any sexual behaviour with opposite sex	194	35.2	357	64.8
	9.	Discussions on sexual issues will not start ordinarily unless there is something to bring it up e.g. TV programme, stimulus of sex education, etc	295	53.5	256	46.5
Permissible	10	My child most times open up discussions about sexual issues himself/herself	324	58.8	227	41.2
	11	My child takes questions concerning sexual issues to me for discussions	296	53.7	255	46.3
	12	Any body is free to bring up discussions on any issue (including sexual issues) in my family	355	64.4	196	35.6
	13	I create time to discuss sexual issues with my children at home	340	61.7	211	28.3
	14	I feel comfortable discussing sexual issues with my children at home	366	66.4	185	33.6

Table 3: Percentage Analysis of Adolescent Sexual Communication Patterns

Sexual	Yes	No
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Comm. Patterns	Items	Freq.	%	Freq.	%
Avoidant	1. I don't feel comfortable discussing sexual issues with my parents	307	53.3	269	46.7
	2. I prefer to hear about sexual issue from my school teacher or through other means than from my parents	244	42.4	332	57.6
	3. I try to avoid or cut short discussions on sexual issues whenever they are coming up at home	287	49.8	289	50.2
	4. I don't like my parents discussing emotional things with me	206	35.8	370	64.2
	9. Discussions on sexual issues will not start ordinarily unless there is something to bring it up e.g. TV programme, stimulus of sex education, etc	323	56.1	253	43.9
Reactive	5. My parents always rebuke me whenever they see me with opposite sex	358	62.2	218	37.8
	6. Sexual issues are only discussed most of the time when my parents suspect I have a dealing with opposite sex	235	40.8	341	59.2
	7. My parents will not say anything on sexual issues unless they see me exhibit any sexual behaviour with opposite sex	198	34.4	378	65.6
	8. I am willing to discuss sexual issues with my parents but most times I don't know how to start it	283	49.1	293	50.9
Permissible	10. I start up discussion about sexual issues with my parents most times	143	24.8	433	75.2
	11. I take questions concerning sexual issues to my parents for discussions	264	45.8	312	54.2
	12. Any body is free to bring up discussion on any issue in my family either myself or my parents	398	69.1	178	30.9
	13. My parents create time for discussions on sexual issues and other discussions at home	307	53.3	269	46.7
	14. I feel comfortable discussing sexual issues with my parents	240	41.7	336	58.3

Table 4: Percentage of prevalence of the sexual communication patterns from the respondents

Cases in each Cluster			
		Parents	Adolescents

Cluster No	Identification	Frequency	%	Frequency	%
1	Opportunistic	111	20.15	-	-
2	Avoidant	118	21.42	208	36.11
3	Reactive	124	22.50	140	24.31
4	Permissible	198	35.93	228	39.58
Valid		551		576	

Table 5: Relationship between sexual communication and perceived sexual behaviours of adolescents

Perceived Adolescent Sexual Behaviour	Parents' Sexual Communication			Total	df	χ^2	P
	Low	Moderate	High				
Low Risk	17 (7.08%)	119 (49.58%)	104 (43.33%)	240 (100.00%)	4	30.14	0.000
Moderate risk	16 (8.47%)	153 (80.53%)	21 (11.05%)	190 (100.00%)			
High risk	26 (21.49)	25 (20.66%)	70 (57.85%)	121 (100.00%)			
Total	59	297	195	551			

$\chi^2 = 30.14$, $df = 4$, $P < 0.05$