

Parents' Perceptions of Timing of Initiation of Sexuality Discussion with Adolescents in Anambra State, South Eastern Nigeria



O.F. Emelumadu MBBS, FWACP¹, N.N. Ezeama MBBS¹, C.O. Ifeadike MBBS, FMCPH¹, C.F. Ubajaka MBBS, FMCPH¹, P.O.U. Adogu MBBS, FMCPH, FWACP¹, U. Umeh MBBS¹, U.N. Nwamoh MBBS, FMCPH, FWACP², A.U. Ukegbu MBBS, FMCPH², U.U. Onyeonoro MD, FMCPH^{2,*}

¹ Department of Community Medicine, Nnamdi Azikiwe University Teaching Hospital, Nnewi, Anambra State, Nigeria

² Department of Community Medicine, Federal Medical Center, Umuahia, Abia State, Nigeria

ABSTRACT

Study Objective: This study was aimed at determining the perception of the timing and practice of sexuality discussion among parents in South Eastern Nigeria.

Design: A cross-sectional, descriptive, community-based study.

Setting: The study was carried out in 3 randomly selected Local Government Areas in Anambra State, South Eastern Nigeria.

Participants: The study participants were parents with adolescent children resident in the study areas for at least 2 years.

Results: Most parents opined that sexuality discussion should be initiated after puberty. Only 20% of them discussed reproductive health issues often with their adolescents, while another 20% never discussed such issues with their adolescent children. Topics most commonly discussed bordered on the adverse consequences of sex rather than measures for preventing them. About half of parents were willing to discuss contraception with their adolescent child. Predictors of parent-child communication were age, gender, and educational status.

Conclusion: Common reasons for low parental involvement in sexuality discussions were due to their lack of capacity and the perception that discussing such issues before puberty is ill timed. Therefore, measures should be taken to improve the capacity of parents to engage in such conversations to provide sexuality information to their teens.

Key Words: Adolescents, Parents, Communication, Sexuality, South Eastern Nigeria, Perception, Timing, Timely

Introduction

The World Health Organization (WHO) has defined the ages from 10 to 19 years as the period of adolescence. This is a period in which an individual's personality in terms of culture and health is shaped and the maturity in social, physical, and psychological aspects of life occurs.¹ Among different levels and periods of growth, adolescence is very important and outstanding because changes that happen to an adolescent affect the family and the society as well.² Several studies have reported low as well as gaps in knowledge of puberty and sexuality among adolescents; hence many of them do not have acceptable behavior towards sexuality.^{2,3–5} Accurate knowledge of sexuality is important for healthy sexuality development; it serves as a foundation for adolescents to understand their sexuality better, which in turn influences their sexual behavior and the outcomes.⁶ Historically, families are known to be the primary source of sexuality information for children, but in recent times most interventions to improve adolescent sexual health are largely community-driven. Expanding the

scope of sexuality-focused interventions is important in reducing and reversing the increasing morbidity and mortality associated with adolescent risky sexual behavior.⁷ Globally, there is an increase in the demand for greater involvement of parents in adolescent sexuality education.^{8,9} Many factors have been identified as barriers to parent-child adolescent sexuality conversation, among which are parental lack of capacity, ignorance, feeling of embarrassment, gender, parents' perception of adolescent sexuality, their lack of knowledge of when and how to initiate sexuality discussions and the fear of encouraging sexual activity prematurely.^{7,10} Since parents are the initial foundation of character formation and primary agents of socialization, their role in adolescent development cannot be overemphasized. Parents, particularly mothers, influence sexual attitudes, beliefs, and behaviors of their adolescent children and they do this in a variety of ways, including modelling, maintaining a warm and close relationship that facilitates open communication, monitoring adolescent activities, and encouraging religious beliefs and practices that influence morality and sexual behavior.⁷ In most cases adolescents expect their parents to be the primary source of information on sex and sexuality. More often than not, parents fail in their responsibility of timely transfer of appropriate sexuality information to their children.^{2,11} Previous studies have demonstrated an inverse relationship between parent-adolescent communication and sexual risk taking. Parent-child communication is very

The authors indicate no conflicts of interest.

Location of the Study: Anambra State, Nigeria.

* Address correspondence to: U.U. Onyeonoro, MD, FMCPH, Department of Community Medicine, Federal Medical Center, Umuahia, Abia State, Nigeria; Phone: +234-8038726960

E-mail addresses: u2onyeonoro@gmail.com, hugouche@yahoo.com (U.U. Onyeonoro).

important in shaping adolescent personality including their sexuality perception and orientation.^{3,11,12} The effectiveness of such communication depends on content and timing of the sexuality communication. Izugbara¹³ posits that most African parents may not be in a good position to provide sexuality information to their children because the information they provide is often ambiguous and laced with fear; hence, it does not imbue confidence nor protect children from unhealthy sexual practices. On the other hand, taking into consideration the important role parents play in adolescent development, there is need to identify deficiencies in parent-child sexuality communication and initiate appropriate interventions to address them. In various settings, opinions differ on the most appropriate timing for initiation of sexuality education by parents, even though it is believed that early involvement of parents is important in cultivating healthy sexual behavior. While most parents will want be more involved in the psychosexual development of their teens, they lack understanding of the appropriate timing and what impact their role will have on the child.⁷ Parents' ability to play a more significant role in adolescent sexuality development depends among others on their knowledge and perception of the adolescence process and its implications. Although some studies elsewhere have explored parents' perception of timing of initiation sexuality discussion in relation to age of sexual debut and content of sexuality education including contraception, the same cannot be said of Nigeria.^{14–16} Understanding parents' perception of timing and content of adolescent sexuality communication can help provide an explanation on why parents do not often initiate sexuality discussion early. Moreover, it will aid in the formulation of appropriate interventions and programmes aimed at improving parental involvement in adolescent sexuality communication. This study therefore is aimed at ascertaining parental perceptions of the timing of initiation of sexuality discussion and their practice of adolescent sexuality communication in South Eastern Nigeria.

Methods

This is a descriptive, exploratory study carried out in Anambra State, South Eastern Nigeria between August 2010 and March 2011. The projected total population of Anambra State based on 2006 census figures as of 2010 was 4,670,462; adults of reproductive age group account for approximately 50% of the total population.¹⁷ Sample size was determined based on a reported prevalence of 41%²² of mothers who believed that sexuality education should be commenced before puberty, a margin of error of 5% and a confidence interval of 95%. Using Epi info version 3.3.2, the approximate sample size for the study was 372 patients. Adjusting this figure for approximately 10% nonparticipation and 10% nonresponse, the new sample size was worked out to be 465. Using simple proportion we planned to interview 155 eligible respondents in each of the 3 senatorial zones of the state. However, at the end of the survey 158 respondents each were interviewed in Anambra Central and Anambra South senatorial zones and while 157 respondents were interviewed in Anambra North senatorial

zone giving a total of 473 parents selected by multi-staged sampling technique.

First, 1 Local Government Area (LGA) was selected randomly from each senatorial zone namely, Anaocha LGA for Anambra Central, Onitsha North LGA for Anambra North, and Nnewi North LGA for Anambra South. From the list of wards in each LGA, a ward/community was selected by simple random sampling. Using the modified WHO cluster sampling method, eligible parents (mothers or fathers who have at least 1 child aged 10–19 years and have been resident in the study area for at least 2 years) were selected, while parents who did not have a child aged 10–19 years or has been resident in the study area for less than 2 years were excluded. Responses were elicited from them using a semi-structured, interviewer-administered questionnaire on their biographic data, knowledge of puberty, perception of timing of initiation sexuality discussion, practice of sexuality communication, topics most commonly discussed with adolescents, reasons for not providing sexuality information. Educational status was classified as follows: low education (no formal education or primary education), and high education (secondary or tertiary education). Occupation was classified into 4 groups as follows:

Professional: A highly skilled employee whose work involves skill or competence of extra-ordinary degree and possesses supervisory ability.

Skilled: A skilled employee is capable of working independently and efficiently and turning out an accurate product.

Semi-skilled: A semi-skilled employee has sufficient knowledge of the particular trade or above to do respective work and simple job with the help of simple tools and machines.

Unskilled: An unskilled employee possesses no special training and whose work involves the performance of the simple duties which require the exercise of little or no independent judgement or previous experience although a familiarity with the occupational environment is necessary.

Data collected were analyzed using SPSS version 17. Relevant means were calculated and categorical variables were analyzed in proportions. Knowledge of meaning of puberty was measured and scored using 9 questions as shown in Fig. 1.

Each correct answer was scored 1 and the total score ranked as follows: 0–3 = low knowledge, 4–6 = moderate knowledge, and 7–9 = high knowledge. Parents' perception of timing was determined by ascertaining the stage in child development at which parent-child sexuality discussion should be initiated – before, during or after puberty, as well as their perception of age of sexual initiation and marriage. Test of association between practice of parent-child sexuality communication and socio-demographic characteristics and the knowledge of puberty was done using the Pearson chi-square test while socio-demographic predictors of parent-child communication were measured using binary logistic regression. The level of statistical significance (α)

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