PATTERN AND SOCIO-DEMOGRAPHIC CORRELATES OF PARENT–CHILD COMMUNICATION ON SEXUAL AND REPRODUCTIVE HEALTH ISSUES IN SOUTHWEST NIGERIA: A MIXED METHOD STUDY

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Abstract

The objective of this study was to investigate parental perception, attitude and the influence of socio-economic and demographic factors on the willingness to engage in sexual and reproductive health communication with their adolescents. Both quantitative and qualitative methods were employed in collection and analysis of the primary data. Data analysis for the quantitative aspect was carried out using SPSS statistical package. Univariate analysis was used to determine the perception and attitude of parents while logistic regression was used for multivariate analysis in assessing the factors influencing parent child communication. Focus group discussion (FGD) was used for the qualitative data collection. Four FGD sessions were conducted, with different sessions for educated and non-formally educated parents (both males and females) in each town. An average of eight persons participated in each FGD session. Text Based Beta computer software was employed to analyze the qualitative data. The results showed that almost all parents (97.6%) were of the view that adolescents in secondary schools were sexually active. However (90.4%) did not believe their own adolescent son(s)/daughter(s) were sexually active. Majority of the respondents specified the age of 15 years as the appropriate time for both male (59.6%) and female (65.1%) children to be exposed to parental discussion on reproductive health issues. The proportion that found it to be "very acceptable" for parents to discuss reproductive issues with their children varied from 23.2% at age 10 to 87.3% at age 19 for boys, while for girls it varied from 26.0% at age 10 years to 87.9% at age 19 years. Qualitative analysis also confirmed these findings and even some uneducated parents opined that sexuality issues should not be discussed with children as such would unnecessarily expose them to sex or make them curious about sex. The gender of the parent was the only important predictor of parent-child communication on reproductive health issues ($p<0.01$) and males were two times more likely than females to discuss reproductive health issues with their children. The results clearly portrays the need to sensitise parents to the need for parent-child communication on sexual and reproductive health issues.

Keywords: Parent-Child Communication, Adolescent Sexuality, Sexual and Reproductive Health Communication, Adolescent Sexual Ccounselling

Introduction

Adolescents are increasingly involved in sexual risk behaviour and parents remain one of the important stakeholders in effectively combating this problem. Parent-child communication on sexual issues remains a challenging issue in Nigeria as the social milieu in many traditional communities still constrains such communication. Sexual decision-making and related behaviour have significant implications for the health and development of

adolescents. Among young people, sexual encounters are often unplanned and involve non-use of contraceptives, thereby carrying the risk of unwanted pregnancy (Fatusi 2007). In Nigeria, adolescents constitute over 30% of the total population and they are growing up in an environment that is vastly different from that of previous generations. Not adults and no longer children, adolescents constitute a distinct group with special needs. According to Blum, (2007) they are growing up in a rapidly changing world influenced by mass communication, media and ICT, changing nature of work and fast growing technology, humanization and migration, emerging and resurgent diseases especially HIV/AIDS, changing family structures, conflict and social destruction, harsh economic condition, globalization of trade and economic relationships, spirituality and religiosity. They are also faced with diverse challenges related to their sexuality, health, education, skills development, employment, poverty, peer and parent relationship, gender and social discrimination and even participation in decision-making.

The current study focuses on semi-urban and rural populations in Osun State, Nigeria; it assesses parental perception of and attitude to communication with young people on SRH as well as examines the influence of parents' socio-demographic on their willingness to engage in SRH communication with their adolescents.

Literature Review

Factors associated with the communication pattern had rarely been examined in Nigeria. The few studies available to the researchers had disproportionately focused on urban populations, particularly the major urban centres, whereas at least three-fifths of the Nigerian population lives in rural areas. Findings from various parts of the world indicate that many young people identify their parents as the most influential source in their sexual decision-making (Dittus and Jaccard, 2000). Parental values communication regarding sexual behaviour and good family communication regarding sexual risk behaviour have been associated with less engagement in sexual risk behaviour [Dittus, Jaccard & Gordon, 1997; Fatusi, 2007; Jaccard, Dittus & Gordon, 1996; Jaccard, Dittus & Gordon, 1998; Kirkman, Rosenthal & Feldman, 2002]. Overall higher level of parent-child connectedness, of which communication quality is contributory, has also been reported to be positively associated with adolescents' postponement of sexual initiation [National Campaign to Prevent Teen pregnancy, 2001; Raffaelli, Bogenschneider & Flood 1998; Resnick et.al, 1997] and more consistent contraceptive use if sexually active [Rosenthal & Feldman, 1999; Weinstein & Thornton, 1989]. Aspy et. Al. (2006) investigated Youth-Parent communication and youth sexual behaviour. They found out that youth-parent positive agreement about conversations on specific topic related to sexual risk behaviour were significant after controlling for youth age, race, gender, family structure, parental income and education. They concluded that youth-parent agreement regarding their communication was associated with positive youth behaviours including abstinence and the use of contraception if sexually active.

The dynamics of parent-child relationships and communications are however greatly influenced by the culture and social environment. 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. Initiating conversations about the sexual issues may also be difficult for parents in such communities as they may be unsure as to how to approach such issues, doubt their competence in handling sexuality topics and the questions that may be raised by their adolescence or feel confused about the proper amount of information to offer [Weinster & Thorton, 1989, Whitaker,

Miller, May & Levin, 1999].

It had also been established in literature that teenage pregnancy and childbirth are associated with higher risk of negative maternal and child outcomes [Adepoju, 2005; Ajuwon, 2005; Akinwale et. al., 2006]. Children born to teenage mothers, for example, have a five-fold risk of infant deaths compared to those born to older women [Ajuwon, 2005]. Early childbearing, particularly in situations where access to health care services is poor, significantly increase the risk of severe maternal morbidities such as vesico-vaginal fistula and maternal mortality. Unwanted pregnancy and early childbearing often result in disruption of schooling for young girls thereby threatening their developmental potential and increasing the likelihood of inter-generational poverty particularly in developing countries. Young people are also disproportionately at risk for sexually transmitted infections, including HIV and AIDS, consequent upon their sexual behaviour. Inadequate reproductive health knowledge, resulting from poor exposure to appropriate and factual sexual and reproductive health information in home, school and other components of the social environment, has been identified as one of the underlying reasons for poor sexual decision-making and risky behaviour among adolescents.

Adolescents in Nigeria face enormous reproductive health challenges as reflected in the nation's current health and social statistics and review of health development trends (National Population Commission (NPC) 1999, 2000, 2003, 2004; UNICEF 2000, 2001). Despite the increasing challenge posed by adolescent pregnancy and childbearing in Nigeria [Yowell, 1997; Barone & Wiederman, 1997], very little research focus had so far been given to the issue of parent-child communication and its relationship with adolescent sexual decision-making and behaviour. Most of the few Nigerian studies reported in peer-reviewed literature on the issue of parent-child communication on sexual and reproductive health issues in Nigeria suffer from methodological limitations and had not sufficiently explored possible association with adolescent sexual and reproductive health behaviour (Weinstein & Thornton, 1989; Yowell, 1997; Barone & Wiederman, 1997]. Comparatively, young people in rural environment in Nigeria live under the clime of stronger cultural influence as compared to their urban-based peers; also, they are less likely to have alternative sources for sexual health information.

Objectives

The objectives of the study are to:

i. assess parents' awareness of their adolescents' involvement in sexual activities
ii. examine the attitude of parents to reproductive health education for their adolescents
iii. Identify pattern of communication and issues discussed on reproductive health by parents with their adolescents,
iv. find out the influence of parents' socio-economic and demographic factors on reproductive health communication with adolescents

Methodology

Study setting

The study was conducted in Ile-Ife and Ilesha – the two largest towns in the mainly rural Ife-Ijesha zone of Osun State in southwestern part of Nigeria. These locations are also

two of the largest towns in Osun State as a whole. The two towns are culturally and socio-economically similar. The population is mostly *Yoruba*, the dominant tribe of South-west geo-political setting of Nigeria. A large proportion of the population engage in peasant farming and trading, the communities by the virtue of each of them being host to such institutions such as tertiary institutions of education, teaching hospital, and local government secretariats also have a large population of highly educated and professional groups. Despite the infrastructural advancement that had been witnessed over time in the towns and its implications in terms of modern lifestyles both communities still attach considerable importance to the traditional values of the *Yoruba* culture.

Study design

The study was cross-sectional in nature and involved a mixed method in view of the sensitivity and intricacies of sexual reporting, with the quantitative study conducted before the qualitatitive. Findings from qualitative approach were used to triangulate that of the quantitative. Respondents who participated in the quantitative and qualitative were different, although selected from the same schools.

Data collection and analysis: quantitative approach

The study involved a survey of parents of 600 secondary school students in Ife-Ijesa zone of Osun state. The respondents were selected using a multistage sampling technique. At the first stage of the sampling, four local government areas were selected from the zone. These were Ife Central, Ife East, Ilesa East and Ilesa West local government areas using simple random procedure. At the second stage, the list of all secondary schools in the local government areas selected constituted the sampling frame. Schools were stratified into private and public schools. Four schools were selected from each local government areas. A total of 120 students were selected per school. For each of these students, the parents were approached with a questionnaire, which was administered in the household setting.

For the quantitative aspect of the study, data was collected using a self-administered questionnaire. The questionnaire has, among others, sections on socio-demographic characteristics, general pattern of parent-child communication, and parent-child communication on sexuality issues. The questionnaire was pilot-tested in a neighboring local government area before use in the study.

Data analysis for the quantitative aspect was carried out using SPSS statistical package. An association between parental socio-demographic factors and parent-child association was assessed at bivariate level using chi-square analysis while binary logistic regression was used for multivariate analysis. To fit the model for parent-child communication on reproductive health issues the dependent variable was coded 1 if parent discussed reproductive health issues with their children and zero if otherwise. Four socio-economic characteristics of parents were examined in relation to parent-child communication on reproductive issues. These included sex, religious denomination, occupation and educational level.

Data collection and analysis: qualitative approach

Focus group discussion (FGD) was used for the qualitative data collection. The participants for the FGD were selected with the aid of the school leadership, with the criteria being parents that are known to be playing active role in the school affairs (parents-teachers

association) or community development activity. These were pooled across schools in each of the two towns.

Four FGD sessions were conducted, with different sessions for educated and non-formally educated parents (both males and females) in each town. An average of eight persons participated in each FGD session. The FGD was conducted by the social scientists within the study team, using a discussion guide, with an individual serving as a moderator and another as a recorder. The proceedings of the FGD sessions were audio-recorded, and later transcribed and analyzed using the test based-beta Software.

Results

Socio-demographic characteristics

Of the 600 questionnaire distributed, 560 (93.0%) were returned and well completed. Of the respondents, 266 (47.5%) were from Ile-Ife while 294 (52.5%) were from Ilesa. The mean age of the population was 45.3 years with a standard deviation of 9.86. Males constituted 52.7% of the respondents, and almost two-thirds were below the age of 50 years (Table 1). Most respondents were married at the time of the study (82.4%) and only 5.7% were single never-married non-cohabiting parents. In terms of educational status, 64.3% had post-secondary education and only 2.7% had no formal education. Occupationally about a quarter (24.4%) were involved in peasant farming and petty trading, while 5.8% were retired/pensioner, and most of the others were government employees.

Parents' awareness of adolescents' involvement in sexual activities

While almost all parents (97.6%) were of the view that adolescents in secondary schools are a sexually active group, most (90.4%) did not believe their own adolescent son(s)/daughter(s) were sexually active (Table 2). The perspectives from FGD sessions support the notion of sexual activities among adolescents and secondary school children. Some participants affirmed as below:

> "*Some of them don't know or understand what sex means, they just go about to grab it. To them sex have priority over every other thing. Girls as young as 13 years or even younger engage in sex nowadays, So also are boys who work to be able to afford gifts for girl friends*" (Female parent, no formal education group, Ile-Ife)

> "*Young people want to be popular among their peer group and the only way to do it is to get engage in sexual intercourse and have many girls' friends in the guise of 'civilization*'". (Male parent, educated group, Ilesa)

Attitude of parents to Reproductive Health Education for Adolescents

Respondents' acceptability of exposure of children to information on reproductive health issues varied according to children's age and it follows similar patterns for both male and female children. The acceptability of parent-child discussion of reproductive health issues to the respondents increased with the age of the children. The proportion that found it to be "very acceptable" for parents to discuss reproductive issues with their children varied from 23.2% at age 10 to 87.3% at age 19 for boys, while for girls it varied from 26.0% at age

10 years to 87.9% at age 19 years. Overall, majority of the respondents specified the age of 15 years as the appropriate time for both male (59.6%) and female (65.1%) children to be exposed to parental discussion on reproductive health issues (Table 3).

When the parents who participated in the FGD sessions were asked whether the adolescents should have access to reproductive health information or not, it is clear that most parents, both educated and uneducated, agreed that the provision of the information is very important to the adolescent in the light of civilization. Typical responses obtained from the FGD included the following:

> "*Yes, youths are supposed to be taught about sexuality to protect themselves so that they will not go astray*"; "*They are supposed to be taught about reproductive health so that they will know their left from right or good from bad*";(Educated Parents, Ife)

> "*Yes, if they are not taught they will get information from the wrong sources*"; "*We are supposed to tell them about everything that has to do with sexuality or reproductive health*"; "*We should not hide anything from them pertaining to sexual and Reproductive health issues because they will get to know somehow anyway*";(Educated Parents., Ilesa)

> "*We should tell them and let them know their boundaries. Tell them to stay away from sex from now because of the dangers and complication of sex*".(Educated Parents, Ife)

The importance of discussing reproductive health issues with children according to the parents who supported such included the belief that such information enables children to understand issues of sexual intercourse and its consequences, so that they will not be embarrassed at certain age at puberty and can avoid negative consequences as children may otherwise see sex as just "fun".

However, some parents, during the FGD, opined that sexuality issues should not be discussed with children as such would unnecessarily expose them to sex or make them curious about sex. Below are some assertions from such parents to support their views;

> "*Reproductive health matters are to be discussed strictly among adults because the adolescents will become more promiscuous if they have more information about it*".(Uneducated Parents, Ife)

> "*The reason for sexual problems we have today is not far fetched, it is because of education. In schools young boys and girls are exposed to sexual information they do not have mature mind to handle it and those who go to school exchange information with those who do not, hence there is explosion of moral decadence in our societies*". (Uneducated Parents, Ilesa)

Pattern of Parents-child Communication on Reproductive Health Issues

As a necessary precondition for parent-child communication on reproductive health issues, it is important that there is good understanding and rapport between a child and his/her parents. The parents were therefore asked whether they discuss freely with their

children ordinarily; 91.1% answered positively. (Table 2). Also, 87.3% expressed that their children freely ask them questions, and 75.2% indicated that they had ever discussed sexual issues with their children. With regards to their level of comfortability in discussing sexual issues with their children, 70.3% stated that they were comfortable to have such discussion with their male children while 69. 5% expressed the same opinion with respect to their female children (Table 2).

Topics that parents mostly discussed with their children aged 10-14 years included: structure of sexual organ (55.6%), functions of sex organ (49.1%), body changes at puberty (49.0%) and menstruation (57.1%). Issues relating to dating (42.9 %) contraception (40.5%), relationship with opposite sex (39.0%) and sexual intercourse (36.8%) were often delayed by parents till when the children were between the ages of 15 and 19 years. On the other hand, more than a quarter of parents delayed the discussions of these topics till older ages (dating 38.4%; contraception 34.1%; relationship with opposite sex (38.4%) and sexual intercourse (27.9%). In contrast, we noted that most parents (97.5%) discussed the issue of abstinence with their children as early as age of 10 years (Table 4).

The opinion of the parents, who participated in the FGD sessions, was that there should be parent–child communication on adolescent reproductive health. However, most of the parents in the group with no formal education were of the opinion that this communication should mainly be in form of warnings to the adolescents to desist from any sexual activities. One of the parents in that group, for example, opined that "*It is not good, it will make the children more wayward and some will even say my parent was the one that taught me about how to use contraceptives*"(Uneducated Parents, Ife). Another of such parents expressed the view that "*Reproductive health education for the adolescents should be more of warnings to desist from sexual activities because exposures to some issues such as contraceptive and dating will make the adolescents wayward*"(Uneducated Parents, Ilesa). Also more of the uneducated parents expressed the opinion that mothers are supposed to talk to their daughters while fathers handle their sons while the educated parents generally believed that both parents can talk to both their sons and daughters.

The following extracts from FGD sessions with parents are further statements to support the communication patterns on reproductive health issues between parents and children as evident in this study.

> Extract I: FGD with educated parents, Ilesa
> "*Even before you said it, I use to tell my sons as well as my daughters about reproductive health issues. Since I am their mother, I will feel comfortable to talk to both boys and girls about sexuality and reproductive health issues. It is my job to train them so that they will not go astray in life*".
>
> *Extract II: FGD with uneducated parents, Ilesa*
> "*For me I have not taught my children about contraceptive because I do not use it. Educated parent will be more enlightened to teach them. It is not proper to teach them about contraceptive use because they are not ready to start procreating*".
>
> *Extract III: FGD with uneducated parents, Ile - Ife*
> "*I think women should educate their girls or mothers should educate their daughters for easy understanding since they are of the same sex*".

Influence of Parents Socio-economic and demographic Factors on Reproductive Health Communication

The relative influence of the various factors associated with parents-child communication on reproductive health issues was determined using multivariate analysis (Table 5). Since our dependent variable was dichotomous, logistic regression analysis was employed. The logistic models include calculation of the odd ratio for the variable used as predictors, obtained by exponentiating the beta coefficients.

In the case of dichotomous predictors, these ratios give the odds that the occurrence of the dependent variable will be associated with the presence versus the absence of the predictors. The level of statistical significance of each variable was obtained by using the likelihood ratio method. In each case the results were obtained only after taking into account the effect of other variable in the model.

The relationship of these socio-economic characteristics to the dependent variable showed that the sex of the parent was the only important predictor of parent-child communication on reproductive health issues ($p<0.01$). Males were two times more likely than females to discuss reproductive health issues with their children.

Discussion

This study examined parent-child communication regarding reproductive health issues in Ife-Ijesa zone of Osun State, Nigeria. As a necessary pre-condition for parents' attitudes and behaviour towards adolescents' accessibility to reproductive health education, effort was made to understand the parents' awareness of the adolescents' involvement in sexual activity and to investigate whether they have the knowledge that their own children were involved. It was interesting to note that an overwhelming majority were quite aware that adolescents were sexually active but on the contrary, majority were not aware or believe that their own children were involved in the same act. This confirms the findings that 47% of mothers whose children had already engaged in sexual intercourse were unaware of this and believed that their children were virgin (Jaccard et.al., 1996; 1998). This finding raises some important questions for the community members: who are these sexually active adolescents and where do they come from? Definitely, they are children belonging to most of the parents claiming ignorance about their sexual activities. This calls for pragmatic steps at getting the parents actively involved in sexuality education for adolescents in these communities.

Parental acceptability of sexual education varies with the age of a child and the variation follows similar patterns for both boys and girls. This implies that the younger a child the unacceptable it is for parents attitudes towards reproductive health education for them. It is however important to note that even when it is acceptable to give these children reproductive health education, emphasis is placed more on issuance of threats and warnings as a way to discourage the adolescents from sexual immoralities. This is more peculiar to uneducated parents. Hence, discussions on such issues are usually delayed until when the children are close to maturity or even at maturity.

Despite the fact that some parents believed that both parents should be responsible for giving reproductive health education to children, it was interesting to find that men are more likely to do this than women in the study communities. This is in contrast to findings that when sexuality communication occurs it is much more likely to involve the child's mother

than the father (Raffaelli, et al, 1998; Barone, & Wiederman, 1997; Downie, & Coates, 1999; Fisher, 1999; Fox, 1981; Hutchinson & Cooney, 1998). This has also been succinctly described that within the realm of family sex education "fathers were most notable for their lack of cooperation (Fox, 1981) while mothers are more likely than fathers to talk about sex and birth control with their children (Kirkman, et. al. 2002; Raffaelli, et. al. 1998) This strange finding could be because this society is patriarchal and the father was seen as the focus of authority in issues of discipline since their idea of reproductive health education anchored more on discipline, warnings and issues of threats. The findings of many other researches such as Fisher, 1990; Fox, 1981; Hutchinson & Cooney, 1998; had shown that in many households there is little or no communication about sexuality between parents and their offspring.

It is however important to note that this study was conducted in semi-urban communities and this may act as a potential limitation to the generalization of the findings on highly urbanized communities

Conclusion and Recommendation

From the study, various perceptions that need improvement were found out. For instance the perception of parents that adolescents are sexually active but are not sure of the involvement of their son and daughter reflect the need to improve parent child connectedness and communication. Secondly, there is the need to build the capacity of uneducated parents such that they know what sex education is all about and how to communicate with their children. The views of the community members are still dominated by the traditional perspective of issuance of warnings, threats and discipline of erring adolescents. This have effects on the way sexual education is handled. Thus, there is need for a re-orientation of the community members about sexual education. This will lead to the involvement of both parents rather than leaving the responsibility to men alone as women will be more likely to listen and answer the children's questions more than men who give warnings and issue out threats.

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Table 1: Socio-economic and demographic characteristics of respondents

	Frequency	Percentages
Local Government Areas		
Ife Central	117	20.9
Ife East	149	26.6
Ilesa West	149	26.6
Ilesa East	145	25.9
Total	560	100.0
Sex		
Male	294	52.7
Female	264	47.3
Total	558	100.0
Age (Mean age 45.3 years)		
25 – 36	86	16.3
37 – 48	261	49.3
49 – 60	149	28.2
61 – 72	29	5.5
73 – 84	04	0.8
Total	529	100.0
Religious Affiliation		
None	4	0.8
Catholic	44	8.4
Protestants	165	31.5
Pentecostal	228	43.6

Islam	80	15.3
Traditional	02	0.4
Total	523	100.0
Marital Status		
Single parents	32	5.7
Living together	26	4.7
Married	459	82.4
Widowed	29	5.2
Divorced	03	0.5
Separated	8	1.4
Total	557	100.0
Educational Level		
No formal education	15	2.7
Primary	50	9.1
Secondary	131	23.9
Post – Secondary	353	64.3
Total	549	100.0
Occupation		
Teaching	173	34.3
Lecturing	10	2.0
Medical/medical related	71	14.1
Artisan	54	10.7
Farming	11	2.2
Retired/Pensioner	29	5.8

Trading	112	22.2
Civil servant	44	8.7
Total	504	100
Income in Naira		
Less than or equal to 10,000	129	24.5
10,001 – 25,000	157	29.8
25,001 – 35,000	101	19.2
35,001 and above	139	26.4
Total	526	100.0
Respondents types of marriage		
Monogamy	272	88.5
Polygyny	85	11.5
Total	357	100.0

Table 2: Parents Awareness of children's involvement in sexual activities and their Pattern of Communication with Child

Awareness Variables	Frequency	Percentage
Secondary school children take part in some sexual activities		
Yes	490	97.6
No	12	2.4
Total	502	100.0
Son/Daughter involved in some sexual activities		
Yes	41	9.6
No	384	90.4
Total	425	100.0
Pattern of Communication with Children	Frequency	Percentage
Freely discuss with child ordinarily		
Yes	482	(91.1)
No	47	(8.9)
Total	529	(100.0)
Adolescents freely ask you (parent) questions		
Yes	489	(87.3)
No	35	(6.7)
Total	529	(100.0)
Ever discussed sexual issues with child		
Yes	398	(75.2)
No	131	(24.8)
Total	529	(100.0)

Comfortability of Parent to discuss sexual issues with male child		
Very comfortable	346	(70.3)
Slightly comfortable	78	(15.9)
Not comfortable	68	(13.8)
Total	492	(100.0)
Comfortability of Parent to discuss sexual issues with female child		
Very comfortable	337	(69.5)
Slightly comfortable	69	(14.2)
Not comfortable	79	(16.3)
Total	485	(100.0)

Table 3: Attitudes of Parents to Reproductive health education for children

Discussing sexual issues with adolescents	N	Not Acceptable		Slightly Acceptable	Very Acceptable
Boys					
10	456	265 (58.1)		85 (18.6)	106 (23.2)
12	451	179 (39.7)		119 (26.4)	153 (33.9)
15	455	86 (18.9)		98 (21.5)	271 (59.6)
17	449	52 (11.6)		58 (12.9)	339 (75.5)
19	471	30 (6.4)		30 (6.4)	411 (87.3)
Girls					
10	454	246 (54.2)		90 (19.8)	118 (26.0)
12	453	158 (34.9)		111 (24.5)	184 (40.6)
15	453	80 (17.7)		78 (17.2)	295 (65.1)
17	448	50 (11.2)		45 (10.0)	353 (78.8)
19	472	32 (6.8)		25 (5.3)	415 (87.9)

Table 4: Distribution of respondents by issues discussed and the age at discussion.

Issues	N	Age			
		<10	10 – 14	15 – 19	≥20
Structure of sexual organ	153 (35.6%)	23 (15.0)	85 (55.6)	29 (19.0)	16 (10.5)
Functions of sexual organ	165 (38.4)	14 (8.5)	81 (49.1)	44 (26.7)	26 (15.8)
Body changes at puberty	314 (70.6)	12 (3.8)	154 (49.0)	100 (31.8)	48 (15.8)
Menstruation	303 (66.4)	8 (2.6)	173 (57.1)	82 (27.1)	40 (13.2)
Masturbation	98 (23.9)	98 (100)	-	-	-
Erection and wet dream	119 (29.2)	119 (100)	-	-	-
Abstinence	276 (62.9)	116 (97.5)	-	-	3 (2.5)
Contraceptive	126 (30.5)	2 (1.6)	30 (23.8)	50 (40.5)	43 (34.1)
Sexual intercourse	185 (42.2)	7 (3.8)	57 (30.8)	68 (36.8)	53 (28.6
Relationship with opposite sex	308 (67.5)	13 (4.2)	89 (28.9)	120 (39.0)	86 (27.9)
Dating	198 (45.2)	4 (2.0)	33 (16.7)	85 (42.9)	76 (38.4)

Table 5: Parents Socio-economic characteristics and Parent-child communication on reproductive health issues

	B	SE	DF	OR
Sex				
Male	0.752	0.250	1	2.122**
Female	RC	-	-	1.000
Religious Denomination				
Catholic	-1.947	1.997	1	0.143
Protestants	-2.541	1.664	1	0.079
Pentecostal	-2.629	1.633	1	0.072
Islam	-2.154	1.624	1	0.116
Traditional	RC	-	-	1.000
Occupation				
Lecturing	0.334	0.408	1	1.396
Medical/Paramedical	-5.817	12.659	1	0.003
Artisan	-0.838	0.541	1	0.432
Farming	-0.558	0.529	1	0.572
Retiree	-0.074	0.899	1	0.929
Trading	0.218	0.651	1	1.244
Civil Servant	RC	-	-	1.000
Educational Level				
Primary education	0.314	0.890	1	1.368
Secondary education	0.594	0.479	1	1.810
Post Secondary	RC	-	-	1.000

Key ** Significant at < 0.01; RC-reference category; B-Beta; SE-Standard error from beta; Df-degree of freedom; OR- Odd ratios.

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