

**ADOLESCENT–PARENT COMMUNICATION ON SEXUAL AND
REPRODUCTIVE HEALTH ISSUES AMONG SECONDARY SCHOOL STUDENTS
IN MAKURDI METROPOLIS, BENUE STATE-NIGERIA**

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Abstract

Adolescent – parent communication on sexual and reproductive health issues have been a challenge in developing countries where culture and tradition have seemingly embargoed such discussions. The study investigated adolescent – parent communication on sexual and reproductive health issues among secondary school students in Makurdi metropolis, Benue State. The specific objectives were to: ascertain the level of awareness of sexual and reproductive health (SRH) issue, the effects of SRH communication on sexual practices and behavior, and the factors affecting adolescent-parent communication on SRH issues. The study adopted the family communication theory as a theoretical guide and adopted a cross sectional survey design. A total of 394 respondents were selected using multistage sampling. Data were collected with the use of questionnaire. Data were analyzed and hypotheses were tested with the use of SPSS and descriptive statistics utilizing frequency tables and percentages. Findings revealed among others that the level of awareness of sexual and reproductive health (SRH) issues among secondary school students in the area was low; the major effects of SRH communication on the sexual practices and behaviour were increased knowledge and understanding of risky sexual behaviour, delay in early sexual debut, improved contraceptive use and reduced incidences of unplanned pregnancies. Factors affecting adolescent parent communication on SRH issues were identified as cultural and social norms like taboos and generational gap, fear of misconception, negative societal attitudes towards discussing sexuality which create shame and discomfort. The study recommends that parents should improve adolescent – parent communication on sexual and reproductive health issues to ensure the passage of genuine information to adolescents to enable them make informed choices concerning their sexual lives; parents should initiate discussions on SRH issues with their adolescents’ children early in life to ensure that they make the right choices concerning their sexual life. Parents should also forge strong bonds with their children through an atmosphere of friendship and trust, to enable them freely discuss sensitive issues concerning sexual and reproductive health issues.

Keywords: Adolescents; Communication; Health; Parents; Sexuality.

Introduction

Adolescence refers to the period of transition from childhood to adulthood. Adolescents are individuals that fall between the age group of 10 and 19 years (United Nation, 2022). The total world population stood at 7.3 billion in 2022 with 1.2 billion adolescents making up 16 percent of the world's population (UNICEF, 2022). Twenty-three percent of West and Central Africa is made up of adolescents and according to UNICEF projections this population is expected to grow further by thirty-two percent between year 2019 and 2030, from 124 million to 164 million. Nigeria has a population of 202,475,757, with over 30 million Nigerians aged between 10-19 years (Worldometers, 2019; Esiet, 2019; UNICEF, 2019).

Adolescence age is characterized by secondary sexual growth, physical, biological, mental, emotional and hormonal changes (Allen & Waterman 2019). Due to the predominance of adolescents' sexual activities globally and its health consequences among the adolescent population, UNICEF (2019), listed adolescents aged between 10-19 years as contributing to four percent out of the eleven percent of the world's population living with HIV/AIDS. Also, WHO (2019) report shows that more than one million sexually transmitted infections are acquired daily by adolescents. Lack of communication on sexual and reproduction health may account for the rising figure of sexually transmitted infection statistics globally among adolescents.

Globally, studies show that most adolescents have multiple sex partners, an act which endangers their lives as they are made susceptible to STIs/HIV/AIDS, unwanted pregnancy, abortions and other adverse consequences. This was revealed in the study conducted by Azuike, Iloghalu, Emelumadu, Batogun, Ebulue, Obi, Obi and Enweonwu (2015). The authors reported that more than half of the respondents had multiple sex partners and 74.7 percent of the adolescent respondents had unprotected sex during their first sexual intercourse while 83.3% of the females who got pregnant terminated the pregnancies.

In Africa, adolescent pregnancy remains a major contributor to maternal and child mortality. Pregnancy and childbirth are the leading causes of death among 15-19 years-old girls globally (WHO, 2015; WHO, 2016). Early pregnancy and childbirth could be a result of sexual violence, unprotected sexual intercourse, lack of information and communication on sexual and reproductive health and rights. Adolescent girls could risk challenges ranging from anemia, pregnancy -induced hypertension, premature birth and vesicovaginal fistula (VVF). Some other effects of unprotected sex are increase in school dropout, unsafe abortion, maternal mortality,

systemic infections and injury (WHO, 2018; NPC & ICF, 2019). Communication on SRH between parents and adolescents according to studies has been reported to be low as most adolescents are unaware of the need to use protection during sexual intercourse. Many are unaware of the types of contraception available, how to access such services or how they are used.

In sub-Saharan Africa, some factors have been identified as determinants of adolescent-parent communication on SRH. Some of these factors are; cultural orientation, religious affiliation, parental knowledge on SRH and communication pattern (Atitegeb & Feketo et al., 2016). Vilanculos & Nduna (2017), revealed through their study in 3 South African provinces that cultural and religious constructions of taboo made adolescent-parent communication on SRH difficult. Other factors are family size, place of residence and sex of adolescents (Vilanculos & Nduna, 2017; Titiloye & Ajuwon, 2017)

In Nigeria, the 2018 NDHS reported that 49.6 percent of female adolescents among others, reported cases of STIs and STI symptoms (NPC & ICF Macro, 2019). In the same vein, 39.4 percent and 2.7 percent of female and male respondents, respectively reported bad-smelling/abnormal genital discharges. Knowledge about the modes of HIV transmission and its prevention was reported to be low (46% for women and 45% for men) (NDHS, 2018). According to the National Demographic Health Survey, Benue State recorded almost 50 percent of STIs among adolescents (NPC & ICF, 2019). Azuike & Iloghalu et al. (2015), attributed this to low communication on SRH issues between parents and adolescents. The major factors associated with adolescent-parent communication on SRH need more and greater exploration. This study therefore attempts to examine adolescent-parent communication on sexual and reproductive (SRH) issues in Makurdi metropolis of Benue state

Statement of the Problem

Adolescent-parents communication on SRH means passing information on menstruation, contraception, STIs, adolescent pregnancy, abortion, and sexual abstinence from parents to adolescents. Adolescents need reliable sexual and reproductive health information to make responsible choices. Proper adolescent-parent communication on sexual and reproductive health (SRH) has been identified from studies to contribute positively to adolescents' health and wellbeing (Odimegwu, Solanke & Oyedokun, 2017).

Several studies have been carried out on adolescent-parent communication of sexual reproductive health (SRH) and many of them reported that parents rarely or partly communicate sexual and reproductive health (SRH) issues with their adolescent children (Khamsiah, Raiiah and Hamid, 2016; Aperkor, 2016; Zakaria, Junfang, Farzana & Cheng, 2019). Adolescent-parent communication on sexual and reproductive health (SRH) issues may lead to deferring of sexual gratification. A study by Odimegwu & Solanke et al. (2017), on parental characteristics and adolescent sexual behavior in Bida Local Government Area of Niger State, Nigeria, confirmed that adolescents with whom parents had communicated sexual and reproductive health were less likely to be sexually active than those with whom parents had never discussed SRH issues with. Adolescent-parent communication in most homes center on menstruation and abstinence while barely or completely ignoring contraceptive use as reported by several studies (Nwangwu Ezea, Nwosuji & Achonwa, 2017; Iliyasu, Aliyu, Abubakar, & Galadanci, 2012).

Although there are considerable number of studies on adolescent-parent communication on SRH issues in Nigeria and Benue State, most of them focused only on adolescents. For instance, Azuike, Iloghalu Emelumadu, Balogun, Ebulue, Obi, Obi and Enweonwu, (2015), examined sexual behavior among senior secondary school students in Nnewi South LGA of Anambra State; Ogu, Arinze- Onya & Obionu (2019) also studied parental verbal communication on sexual knowledge of Senior secondary school students in South-East Nigeria while Odimegwu, Solanke and Oyedokun (2017), focused on parental characteristics and adolescent sexual behaviour in Bida LGA of Niger State. However, none of these studies included male and female adolescents. This study is therefore poised to fill the gap by investigating adolescent-parent communication on SRH using both male and female adolescents in Makurdi metropolis of Benue State.

Objectives of the Study

The objectives of the study were to:

- i. Ascertain the level of awareness of sexual and reproductive health (SRH) among secondary school students in Makurdi metropolis of Benue State;
- ii. Determine the effects of SRH communication on sexual practices and behavior among secondary school students in Makurdi metropolis of Benue State
- iii. Examine the factors affecting adolescent-parent communication on SRH in the study area.

Research Hypotheses

- H₀₁.** Parents' educational level has no significant effect on the quality of communication with their adolescent children about sexual and reproductive health.
- H₀₂** There is no significant association between the frequency of parent–adolescent communication and the level of knowledge adolescents have about sexual and reproductive health.
- H₀₂** There is no significant level of awareness of sexual and reproductive health (SRH) issues among secondary school students in Makurdi metropolis.

Literature and Theoretical Framework

Conceptual Review

Adolescence

Adolescence is a critical developmental stage characterized by rapid physical, emotional, cognitive, and social changes. During this transitional period, individuals begin to form their identities, establish autonomy, and develop lifelong habits that influence health and well-being. According to the (WHO, 2022), adolescence spans the ages of 10 to 19 years and is considered a time of both opportunity and vulnerability. Health outcomes during this stage are heavily influenced by factors such as family background, socioeconomic status, education, peer relationships, and access to healthcare.

Sexual and Reproductive Health (SRH)

Sexual and reproductive health (SRH) is a fundamental aspect of overall well-being, encompassing the ability to have a safe and satisfying sex life, the capability to reproduce, and the freedom to decide if, when, and how often to do so. The World Health Organization (WHO, 2022), defines SRH as not merely the absence of disease, but a state of physical, emotional, mental, and social well-being related to the reproductive system. In sub-Saharan Africa, including Nigeria, cultural taboos, gender norms, and inadequate SRH services often prevent young people from accessing accurate information and healthcare. Studies have shown that adolescents with greater SRH knowledge are more likely to engage in protective sexual behavior and seek reproductive health services (Okonofua et al., 2019; UNFPA, 2021).

Level of Awareness of Sexual and Reproductive Health among Secondary School Students

Studies have reported that the level of adolescent parent communication on SRH issues is low. For instance, a study was carried out by Yohannes & Tsegaye (2015) on the barriers to parent adolescent communication on sexual and reproductive health issues among secondary and preparatory school students in Yirgalem, town, South Ethiopia; the study made use of both qualitative and quantitative methods of data collection and a sample population of 684 students taken from 9 - 12 grades. Focus Group Discussions were carried out separately for male and female parents. The result of the study showed that parent-adolescent communication on SRH issues were considered to be low because 59.1 percent discussed SRH issues with their parents. SRH communication is hampered by the culture of silence about sex and sexuality practiced in Africa. Khamsiah, Rafiah & Hamid (2016), conducted a study which examined communication sex- reproductive health issues with adolescents: A taboo among Malaysian parents. The study aimed at examining the sexuality and reproductive health issues that adolescents communicate with their parents and adolescents' views on matters related to the topics. The research data were collected from 504 urban, semi urban and rural geographical school locations zones in Peninsular Malaysia and East Malaysia using a quantitative method of analysis. The result showed that Malaysian teens were found to rarely discuss issues related to sexual and reproductive health with their parents but they would be willing to discuss with them as long as their parents would not turn them down.

Effects of Adolescent -Parent Communication on Sexual and Reproductive Health

Adolescent parent communication has been noted to promote positive sexual behavior among adolescents. Odimegwu, & Solanke, et al (2017), carried out a study on the parental characteristics and adolescent sexual behavior in Bida Local Government Area of Niger State, which employed a structured interview using 200 adolescents aged 12- 24 years as the sample population. The findings showed that more than 1/3 of the adolescents interviewed had had sexual intercourse in the month preceding the survey period. Also, less than 1/5 of the sexually active adolescents were using a method of contraception to either prevent infections or avoid unwanted pregnancy. Further analysis confirmed that adolescents with whom parents had discussed family life issues were less likely to be sexually active than those with whom parents had never discussed family issues. Family instability was found to harm adolescents.

The main sources of sexual and reproductive health information among adolescents in Nigeria are mostly through peers and mass media while less come from the parents and teachers. A study by Onyenoro & Oshi et al (2015) on the sources of sexuality information and its effect on sexual practices among in school female adolescents in Osisioma Ngwa Local Government Area, South East Nigeria for instance, employed a quantitative survey using a sample population of 304 girls. The result of the findings showed that the primary sources of sexual information among the girls were media and peers as families and school were not involved in provision of early sex education. Knowledge of issues about sex was reported to be low whereas premarital sex, sexual initiations and unprotected sex was common. Unplanned pregnancies and induced abortion was prevalent. Due to late education on SRH many of the adolescents due to ignorance practice unsafe sex while sexual debut starts early in the adolescents' lives. Azuike & Iloghalu et al (2015) also did a study on the behavior of students in senior secondary school students in Nnewi North and South Local government areas of Anambra State, South Eastern Nigeria and utilized descriptive cross sectional study focusing on 394 students aged 12-24 years. The study reported that 24.1% of the adolescent respondents admitted to having their first sexual debut at 12+years. More than half of the adolescents had multiple sex partners while 74.7% did not use condoms during their first sexual intercourse and as much as 83.3% of the females who got pregnant terminated the pregnancies.

Factors Affecting Adolescent - Parent Communication

Some cultures and religions view the discussion about sex as a taboo and this affects communication about sexuality issues. The findings of Iliyasu & Aliyu et al (2012) in their study on sexual and reproductive health communication between mothers and their adolescent daughters in northern Nigeria shows that adolescents and their mothers based their discussions on marriage, menstruation, courtship, premarital sex and sexually transmitted infections and stayed away from other sex education topics.

The level of trust and relationship between parents and their adolescent children can affect their discussions on SRH issues. Parents serve as the first agents of socialization for their children. Furthermore, in the quantitative study carried out among 365 secondary school students aged between 14 – 16years in Abeokuta LGA by Omozusi & Moyosere (2016) on the influence of parental guidance on teenage pregnancy among secondary school female adolescents discovered that adolescents were afraid to discuss some sensitive issues with their

parents and a result (67.9%) revealed that they received sexuality education from friends and (87%) acknowledged that they did not learn from their parents.

According to several studies, sexual debuts among the adolescent population in Nigeria start early. In the quantitative study carried out by Azuike & Iloghalu et al (2015) on the sexual behavior among senior secondary school students in Nnewi South L.G.A of Anambra state among 394 young people aged 12-24 years, it was discovered that 24.1% admitted to previous sexual debut at 12+ years and more than half of the adolescent respondents had multiple sex partners and 74.7% did not use condoms during their first sexual intercourse while 83.3% of the females who got pregnant terminated the pregnancies.

Theoretical Framework

This study utilized the Family Communication Patterns theory. The Family communication patterns theory was developed by Fritze Patrick and Koerner in 2006 and it is a general theory of family communication that focuses on parent-child communication concerned with establishing a shared social reality. Shared reality exists when family members' cognitions concerning an object or issue are seen to be correct and in agreement. Families do this using a combination of two orientations, which include conversation and conformity. The conversation orientation encourages family members to share thoughts, feelings, and opinions to understand one another's view on the topic, while believers of orientation encourage all family members to participate in defining social reality. Social reality, when shared with others, makes it easier to understand and to be easily understood, and reduces misunderstandings and conflicts.

Therefore, conflicts are eliminated in families that share a social reality and who communicate with one another more accurately. This helps to support or enhance the child's self-esteem and at the same time, lowers the child's sexual risk behaviors (Enejoh et al, 2016). The Family Communication pattern theory is useful in adolescent parent communication as it explains how family members' communication about social realities, such as SRH issues, leads to a better understanding, creates support for adolescents, and raises their self-esteem. Family communication pattern theory was criticized based on the argument that FCPT is neither interpretative nor critical; it claims to describe what family communication is and how it functions, not how it might be interpreted within a given context (Braithwaite et al, 2017).

Materials and Methods

A cross-sectional survey design was employed in eliciting data for this study. Survey is often a suited method for descriptive, explanatory and exploratory purposes (Babble, 2013; Haralambos and Holborn, 2013). The total population of Makurdi local government is projected to be 433, 700, (NPC, 2022), with the population of adolescents 12-19 years is 89,352. The population of the study was adolescents who enrolled in secondary school in Makurdi metropolis at time of the study, so the population of secondary students enrolled in secondary schools in Makurdi metropolis stood at 29,416 as 2023 (State Ministry of Education Register of enrollment 2023). Therefore, our study population is 29,416 secondary school students. Taro Yamane, (1967) formula for sample size determination was used to determine sample size. The sample size was estimated at 0.05 level of confidence.

$$n = \frac{N}{1 + N (e)^2}$$

Where

n = Sample Size

N = Population Size

e = Level of Precision or (limit of tolerable error)

$$n = \frac{29416}{1 + 29416 (0.5)^2}$$

$$n = \frac{29416}{1 + 29416 (0.0025)}$$
$$n = \frac{29416}{1 + 73.54}$$

$$n = \frac{29416}{74.54}$$

$$n = 394$$

This study employed multistage sampling involving cluster, purposive, and simple random sampling. The assumption is that people of similar characteristics tend to cluster or live together in designated residential areas. Using cluster sampling, Makurdi was clustered into the six council wards that make up the metropolis into six clusters. Purposive sampling was used to select adolescents across secondary schools in the six councilwards. The secondary schools selected were both private and government-owned. The schools selected include: Government Secondary School (GSS) in North Bank I, Tilley Gyado College from North Bank II, Anglican Secondary School from Ankpa/Wadata ward, ECWA secondary School from Modern Market Ward, Government Model Secondary School from Central South Mission Ward, and Aggo College from Wailomayo Ward. Quota sampling was used to

select students per secondary school by (dividing the Population of the selected secondary school by the total population of all the schools and multiplying the result by the sample size. Finally, purposive sampling was used to select students in their classes from ages 12 – 19 years who were considered eligible for the study as shown in the table below;

Table 1: Population of sample students per council ward

Council Ward	Number of Sec. Sch. per Ward	Name of Sampled Sec. Sch. Per Ward	Population of the Selected Sec. Sch.	Sample Students per Sch
North Bank I	4	GSS North Bank	480	60
North Bank II	4	Tilley Gyado College	560	70
Ankpa/Wadata	5	Anglican Sec. Sch,	600	75
Modern Market	3	ECWA Sec. School	590	74
Central South Mission	5	Government Model Sec, Sch,	503	63
Wailomayo	5	Aggo College	420	52
Total			3153	394

Source: Field Survey, 2024

The primary source of data collection was used in this study; this was done through questionnaire instrument. Questionnaires were administered to the selected secondary schools including GSS North Bank, Tilley Gyado College, Anglican Secondary School, ECWA Secondary School, Government Model Secondary School, and Aggo College to get data, so that the objectives of the study would be achieved. The questionnaire was self and other-administered. The questionnaire was designed in a structured format to collect data from sample respondents.

This study adopted quantitative technique of data analysis. Data gotten through questionnaire will be analyzed quantitatively using Statistical tools such as tables, frequencies and simple percentages. The One-way Analysis of Variance (ANOVA) was preferred to test the variance of parent’s educational level and quality of communication. This test statistic was significant at 0.05 level of significance (Alpha value) and a 95% confidence interval. Chi-Square Goodness-of-Fit Test was appropriate to test hypothesis two, awareness level.

Results

Analysis was based on 379 questionnaire copies that were retrieved from the field.

Table 2: Socio-demographic Attributes of Respondents

Gender	Frequency N=379	Percent %
Male	178	47.0
Female	201	53.0
Respondents Age		
12 – 13	80	21.1
14 – 15	123	32.5
16 – 19	176	46.4
Class		
JSS 1 – 3	125	33.0
SSS 1 – 3	254	67.0
Religion		
Christianity	351	92.6
Islam	28	7.4
Traditional	-	-

Source: Field Survey, 2024

Data presented in table 2 show that 47.0 (178) respondents were male while 53.0% (201) respondents were females. This implies that more female respondents participated in the study.

Respondents' ages were categorized into three broad groups. The categories were; 12-13, 14-15 and 16-19 years. Majority of the respondents 46.4% (176) were between ages 16-19 followed by 32.5% (123) were between 14-15 years old. Then 21.1% (80) were between ages 12-13 years. The majority were the ones who were matured and had the knowledge to openly discuss sexual and reproductive health.

Data on class of respondents show that majority of respondents, 67.0% (254) were in SS 1-3 classes, while 33.0% (125) were in JSS 1-3 classes. This data implies that the majority of respondents are in senior secondary school classes and their ages determined their participation in the study.

Data on religious affiliation showed that majority of the respondents were Christians, represented by 92.6% (351).

Table 3: Level of Awareness of Sexual and Reproductive Health (SRH) Issues among Secondary School Students.

Response	Frequency	Percentage (%)
Low	175	46.2
Moderate	99	26.1
High	57	15.0
Don't know	48	12.7
Total	379	100

Source: Field Survey 2024

In table 3 majority of the respondents, 46.2% (175) averred that the level of awareness of sexual and reproductive health (SRH) issues among secondary school students in Makurdi metropolis was low. 26.1% of the respondents reported it was moderate.

Table 4: Effects of SRH Communication on the Sexual Practices and Behaviour among Secondary School Students

Effects	Valid N	Mean	Percent	Std. Error of Mean
Increase knowledge and understanding of risky sexual behaviour	379	4.37	59.2	.058
Delay early sexual debut	379	3.45	52.6	.064
Improve contraceptive use	379	4.04	43.8	.070
Reduced unplanned pregnancies	379	3.43	44.2	.076
Enables and improve negotiations for safer sex	379	4.57	64.5	.050
Improve confidence in communication skills on the sexual issues with the opposite sex	379	4.04	43.8	.065
Increase awareness rights	379	3.49	53.4	.055
Prevent long term chronic health conditions	379	2.91	36.9	.067
Improves health relationships	379	3.62	40.6	.060
Improves open discussion with parents and their children	379	3.45	45.0	.057

Note: 1–1.8= strongly disagree, 1.81–2.60= disagree, 2.61–3.40= undecided, 3.41–4.20= agree, 4.21–5.0= strongly agree.

As shown in table 4, majority of respondents $X = 4.37$, 59.2% strongly agreed that, increase knowledge and understanding of risky sexual behaviour is one of the effects of SRH communication on the sexual practices and behaviour among secondary school students. Majority of respondents $X = 4.04$, 43.8% agreed with improve contraceptive use. Majority of respondents $X = 4.57$, 64.5% agree with enables and improve negotiations for safer sex $X = 4.04$, 43.8% also agree with improve confidence in communication skills on

the sexual issues with the opposite sex among others. As observed, results were reliable and consistent with the sample, hence the estimated standardized error of all means across the variables were ≤ 1 . This implies that estimates from sampled responses are consistent with population parameters, thus results reflect the reality of effects of SRH communication on the sexual practices and behaviour among secondary school students in Makurdi metropolis.

Table 5: Factors affecting Adolescent parent Communication on SRH issues among Secondary School Students

Factors	Valid N	Mean	Percent	Std. Error of Mean
Cultural and social norms like taboos and generational gap	379	3.88	49.1	.055
Lack of knowledge and communication skills	379	3.06	41.9	.061
Fear of misconception	379	3.66	53.8	.048
Cultural and religious beliefs	379	3.50	49.4	.064
Negative societal attitudes towards discussing sexuality can create shame and discomfort	379	3.88	49.1	.055
Adolescents and parents may feel embarrassed or awkward discussing intimate sexual issues	379	3.45	45.0	.047
Concerns about confidentiality may prevent open dialogue, especially if adolescents fear judgment or punishment	379	3.49	40.0	.069
In some cultures, gender roles dictate that certain topics should be discussed by specific genders, making communication challenging	379	3.96	41.9	.058
Expectations about what is appropriate for boys versus girls in terms of SRH discussions can be a barrier	379	4.23	59.8	.072
A positive, trusting relationship between parents and adolescents fosters open communication	379	3.57	44.0	.073
Parents and adolescents may have busy schedules, leaving little time for meaningful conversations	379	3.56	45.1	.056

Parental and adolescence educational background determines the level of sexual communication	379	3.96	41.9	.058
Lack of access to resource like internet, books and media	379	2.18	58.4	.052

Note: 1–1.8= strongly disagree, 1.81–2.60= disagree, 2.61–3.40= undecided, 3.41–4.20= agree, 4.21–5.0= strongly agree.

Table 5 shows common responses found among respondents as regards the factors affecting adolescent parent communication on SRH issues among secondary school students in Makurdi metropolis. This result revealed that an average of $X = 3.88$, 49.1% of respondents agreed with cultural and social norms like taboos and generational gap as a factor. An average of $M = 3.88$, 49.1% of respondents agree that negative societal attitudes towards discussing sexuality can create shame and discomfort. Also an average of $X = 4.23$, 49.8% agreed that expectations about what is appropriate for boys versus girls in terms of SRH discussions can be a barrier among others.

Test of Hypotheses

The first hypothesis for this study proposed that:

- H₀.** Parents' educational level has no significant effect on the quality of communication with their adolescent children about sexual and reproductive health.
- H₁:** Parents' educational level has a significant effect on the quality of communication with their adolescent children about sexual and reproductive health.

Having met the required statistical conditions of normality and reliability of distribution of variables, and given the nature of this hypothesis, the One-way Analysis of Variance (ANOVA) was preferred to test the variance of parents' educational level and quality of communication

Table 6: Descriptive Statistics for ANOVA

Educational Level	N	Mean Comm. Score	Std. Deviation
No formal education	70	4.2	1.8
Primary education	95	4.9	2.0
Secondary education	110	5.6	1.9
Tertiary education	104	6.4	1.7
Total	379		

Source: Field Survey 2024.

The mean score value of both variables differs significantly, and this suggests a considerable difference in the level of education and effect on quality of communication between parents and adolescents.

Table 7: One-way ANOVA Test Result

Source of Variation	Sum of Squares	df	Mean Square	F-Statistic	p-value
Between Groups	282.45	3	94.15	26.71	< 0.001
Within Groups	1316.25	375	3.51		
Total	1598.70	378			

Source: Researchers Desk, 2024

Since $p < 0.001$, we reject the null hypothesis (H_0). This means that parents' educational level has a statistically significant effect on the quality of communication with their adolescent children about sexual and reproductive health.

Hypothesis Test Two

The second hypothesis of this study proposed that:

- H₀:** There is no significant level of awareness of sexual and reproductive health (SRH) issues among secondary school students in Makurdi metropolis.
- H₁:** There is a significant level of awareness of SRH issues among secondary school students in Makurdi metropolis. This statistical analysis was significant at 0.05 level of significance (Alpha value) and a 95% confidence interval.

Table 8: Chi-Square Test Results

Response	Observed (O)	Expected (E)	$(O - E)^2 / E$
Low	175	94.75	67.95
Moderate	99	94.75	0.19
High	57	94.75	15.03
Don't know	48	94.75	23.08
Total	379	379	106.25

Source: Field Survey, 2024

Since the calculated chi-square value (106.25) is greater than the critical value (7.815), we reject the null hypothesis and accept the alternative hypothesis. Therefore, there is a statistically significant variation in the level of awareness of SRH issues among secondary school students in Makurdi metropolis. This suggests that a larger proportion of students have low awareness, indicating a gap that may need targeted intervention.

Discussion

Empirical finding revealed that level of awareness of sexual and reproductive health (SRH) issues among secondary school students was low. This finding agrees with Yohannes & Tsegaye (2015), on the barriers of parent-adolescent communication on sexual and reproductive health issues among secondary and preparatory school students in Yirggalem, town, South Ethiopia; that parent-adolescent communication on SRH issues were low because 59.1 percent discussed SRH issues with their parents. Also, Atitegeb, Feketo & Getachew (2016) argue that young people's parental discussion about sexual and health issues and its associated factors in Awabel Woreda, North East Ethiopia showed that communication on SRH between parents and young people is very poor and very low. Parents lack of interest in discussing SRH matters, shame, and cultural prohibitions about SRH also deter young people from discussing SRH with parents.

Another finding revealed that, effects of SRH communication on the sexual practices and behaviour among secondary school students in Makurdi metropolis include; increased knowledge and understanding of risky sexual behaviour, delayed early sexual debut, reduced unplanned pregnancies, among others. This finding is in line with Odimegwu, & Solanke, et al (2017) that on the parental characteristics and adolescent sexual behaviour showed that more than 1/3 of the adolescents interviewed had had sexual intercourse in the month preceding the survey period. Also, less than 1/5 of the sexually active adolescents were using a method of contraception to either prevent infections or avoid unwanted pregnancy.

Finding also revealed that, the factors affecting adolescent parent communication on SRH issues among secondary school students in Makurdi metropolis were: cultural and social norms like taboos and generational gap, fear of misconception, negative societal attitudes towards discussing sexuality may create shame and discomfort among others. This finding also agrees with Musibau & Ajuwon (2017) that communication on SRH among adolescents and their parents was as low as 21% and further concluded that due most African parents failed in the communication of SRH issues with their children as the method utilized are usually to instill fear and always center on the negative implications of sexual practices. Omozusi & Moyosere (2016) opined that the level of trust and relationship between parents and their adolescent children can affect their discussions on SRH issues.

Parents serve as the first agents of socialization for their children. Hypotheses tests results confirmed that parents' educational level has a statistically significant effect on the quality of communication with their adolescent children about sexual and reproductive

health. Also, there is a statistically significant variation in the level of awareness of SRH issues among secondary school students in the area.

Conclusion

Sexual and reproductive health (SRH) is a major challenge for the young people all over the world. Parent-adolescent communication on SRH issues is crucial in increasing adolescent awareness of SRH and reducing their involvement in risky sexual behaviour. The study concluded that, the level of awareness on SRH should be improved among adolescence, increased knowledge and understanding of risky sexual behaviour, delayed early sexual debut, reduced unplanned pregnancies, factors like taboos and generational gap, fear of misconception should be abolished to establish clear adolescence parent communication on SRH.

Recommendations

Based on the findings of the study, the following recommendations are made;

- i. There should be improved adolescent – parent communication on sexual and reproductive health issues by the parents, by creating quality time to talk to the adolescents on SRH. This will ensure that genuine information are passed down to the adolescents to enable them make better choices concerning their sexual lives.
- ii. Parents should initiate discussions on SRH issues with their adolescents' children early in life. This will ensure that, the adolescents made right choices concerning their sex life.
- iii. Parents should create strong bond with their children and create the atmosphere of friendship and trust so that their children will trust them enough and feel free to approach them and discuss sensitive issues concerning their sexual and reproductive health issues.
- iv. Schools, hospitals, religious organization, and NGOs should complement the efforts of the parents in communicating SRH issues to the young people.
- v. Sexual and reproductive health should be integrated into local, State and National government programs (orientation, education and advocacy programs) to reach out to many young people.

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