



## Parental Influence on Adolescent Sexual and Reproductive Health Behaviour in Ibadan North Local Government Area, Oyo State

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### Abstract

**Background:** Maintaining Sexual and Reproductive Health (SRH) of adolescents remains a global public health concern. Parents exert a substantial influence on adolescents' health, shielding them from various health hazards. Limited information exists on the parental influence on adolescent reproductive health issues (ASRH). **Objective:** This study assessed the influence of parents on ASRH behaviour. **Methodology:** The study adopted a cross-sectional design and used a quantitative method. Simple random sampling was used to select two hundred and ninety-two (292) adolescents (10-19years) who stayed with their parents or guardians. A semi-structured interviewer-administered questionnaire was used in the KoboCollect application for data collection. Knowledge was measured on a 14-point scale, which was categorised as poor (0-5), fair (>5-10), and good (>10-14). Parental influence was measured on a 24-point scale, with low scores 0-12 and high scores >12-24. Data were analysed using descriptive statistics and inferential statistics at a  $p \leq 0.05$  level of significance. **Results:** Respondents' age was  $15.7 \pm 3.16$  years, 98.6% were single, and 89.4% had secondary education. The majority (76.0%) of respondents have heard about ASRH issues, with 56.3% who reported their teachers as a source of information, while 6.3% have heard from their mothers. A quarter of respondents (25.7%) already had sex, 14.7% were ever pregnant or impregnated someone, with 54.5% of the pregnancies terminated and 45.5% carried the pregnancy to term. About two-thirds of respondents (63.7%) were more comfortable discussing ASRH issues with mothers than fathers (39.0%). Despite the fact that 53.1% had good parental influence, 44.2% of respondents had poor knowledge of SRH. A significant association was found between respondents' sex ( $\chi^2=16.33$ ,  $p < 0.05$ ), level of education ( $\chi^2=12.87$ ,  $p < 0.05$ ) and parental influence. There was no significant association between parental influence and knowledge of sexual and reproductive health. **Conclusion/Recommendations:** Despite the majority of respondents reporting good parental influence, a higher percentage reported poor knowledge of SRH. Health promotion interventions, such as seminars targeting parents and adolescents on ASRH issues and rights, are recommended.

**Keywords:** Adolescents Sexual and reproductive health, parental influence, parental communication.

### Introduction

Maintaining and enhancing the Sexual and Reproductive Health (SRH) of adolescents remains a crucial global public health concern, particularly because approximately 16% of the world's population falls within the 10–19 years age group (WHO, 2018). Adolescents' sexual

and reproductive health (SRH) plays an important role in their overall wellbeing, especially in low- and middle-income countries where the burden of disease is significantly high (Prata, 2020). Adolescence is the period of transition from childhood to adulthood and is typically characterised by secondary physical

growth, physical, behavioural, psychological transformation, emotional shifts, hormonal changes, and cognitive development (Oluyemi et al., 2017; Keto et al., 2020).

Adolescents are most times tempted to engage in early sexual activities, this engagement exposes them to different sexual behaviours such as inconsistent or non-use of condoms, multiple sexual partners, unwanted relationships and other risky behaviours such as, drug abuse, alcohol consumption, smoking among others (Tende, 2020). Globally, communication SRH is influenced by religious, familial norms and socio-cultural. Particularly, parents play a crucial role in shaping their children's understanding of SRH issues. Communication about SRH between adolescents and their parents is widely recognized as an important protective factor against risky sexual behaviors and associated health problems, such as sexually transmitted infections (STIs) and unintended pregnancies (Agyei et al., 2023; Vongsavanh, et al., 2020).

Engaging in sexual risk behaviour (SRB), which includes behaviours like early initiation of sexual activity, unprotected intercourse, and having multiple sexual partners, can lead to various repercussions, affecting both individuals and society as a whole (Dongas and Amzat, 2022). Such behaviour heightens the chances of contracting HIV/AIDS or other sexually transmitted diseases (STDs), as well as unintended pregnancies. Furthermore, it can result in complications during childbirth, miscarriages, illegal or unsafe abortions, child abandonment, psychosocial issues, school dropouts, and an increase in infant and maternal mortality rates (Melesse et al, 2019).

These consequences have a particularly significant impact on sub-Saharan Africa (SSA). In 2019, this region accounted for over two-thirds of the global HIV prevalence, and the rate of unwanted pregnancies was approximately 42% higher than the corresponding global prevalence (UNAIDS,

2020). Adolescents in SSA are disproportionately affected by these consequences due to factors such as their relatively lower maturity, hormonal changes, lack of support, and generally heightened inclination for risk-taking behaviour (Dongas et al., 2022). Despite numerous national and international initiatives, the issue of sexual and reproductive behaviour (SRB) among adolescents and its negative health consequences continue to represent a significant global public health challenge that necessitates more targeted interventions aimed at specific age groups (Dongas et al., 2022)

Nigeria stands out as the country with the sixth-largest population of adolescents globally, numbering approximately 41.23 million (Adedini et al., 2021). Paradoxically, it is also disproportionately affected by adverse health outcomes related to sexual risk behaviour (SRB) (Adedini et al., 2021). Despite the preventable nature of many of their health concerns, adolescents encounter numerous obstacles when seeking information on SRH issues (Patton et al., 2016).

Studies from Bayelsa and Niger Delta highlighted early sexual debut, multiple partners, and inconsistent condom use among secondary and university students, underscoring a high-risk environment for STIs, unintended pregnancy, and related harms (Ebuenyi et al., 2021; Nmadu et al., 2020; Temitope et al., 2024). Against this backdrop, parental influence, communication is increasingly recognised as a modifiable protective factor, associated with delayed sexual debut, improved refusal skills, and better contraceptive behaviours (Gatheru et al., 2024; Agbeve et al., 2022; Melese et al., 2024).

The accessibility of reproductive health information for adolescents is not consistent across the world, especially in developing nations. Adolescents' awareness of SRH matters plays a crucial role in their ability to make informed decisions about these issues (Woog

and Kågesten, 2017). Studies show that parental communication with adolescents on SRH is infrequent and usually indirect, with less than 5% of adolescents reporting discussion with parents, and when it occurs, it often involves warning rather than comprehensive sexual health education (Mbachu et al., 2020; Usonwu et al., 2021)

Currently, families exert substantial influence on adolescents' health, shielding them from various health hazards (Akine et al., 2020). In Nigeria, especially in urban low-income settings such as Ibadan, adolescents represent a significant proportion of the population who are at increased risk of engaging in risky sexual behaviours due to economic vulnerability, lack of parental supervision, peer pressure, and limited access to sexual and reproductive health information.

Similarly, the impact of family support on safeguarding sexual behaviours in adolescents and young adults remains inadequately explored, particularly within the Nigerian context. An extensive understanding of the significance of family support and the experience of residing with both parents in relation to protective sexual conduct is indispensable for shaping programs and policies in the on-going efforts aimed at reducing sexually transmitted infections (STIs) and unintended pregnancies among the youth in Nigeria (Ajayi et al., 2019). There is limited information on parental influence on adolescent sexual and reproductive issues hence; this study was conducted to assess the parental influence on adolescent sexual and reproductive health behaviour and their knowledge of SRH.

## **Methodology**

### **Study Area and Study Design**

The study was a cross-sectional design, conducted using a quantitative method in Ibadan North Local Government Area (LGA), Oyo State, located in Southwest Nigeria; this LGA is one of the 33 LGAs in Oyo State, in the Southwest of Nigeria. The LGA has 12wards.

The headquarters of the LGA is in the Bodija district of Ibadan, with postal code 200; the estimated population of Ibadan North LGA is 201,430. English and Yoruba are the commonly spoken languages in the local government area, while Christianity and Islam are the most practised religions in the region.

### **Sample Size and Sampling Strategy**

The sample size for this cross-sectional study was determined using Leslie Fisher's formula. A total samples size of 292 was obtained. A three-stage sampling technique was used to select participants for the study. Simple random sampling by balloting was used to select six out of the twelve wards in Ibadan North Local Government. For the second stage, communities were selected from the six wards using simple random sampling by balloting. Lastly, administration of questionnaires was done at the selected communities.

Two hundred and ninety-two (292) adolescents (10-19years) who stayed with their parents or guardians were included in the study, and those who were ill at the time of data collection and those who did not give their consent were excluded from the study.

### **Data collection**

A pretested, semi-structured interviewer-administered questionnaire was used to interview the adolescents using KoboCollect application. For validity, the instrument was constructed from topics and extensive literature relevant to the subject matter and underwent intensive fine-tuning to meet the stated objectives. To ensure reliability of the instrument, 10% of the sample size was pretested in Ibadan North East Local Government area of Oyo State. It was conducted to allow the investigators and assistants evaluate the effectiveness of the instrument and make necessary adjustments before going to the field for data collection. The Cronbach's alpha correlation of SPSS was used to determine the

reliability coefficient of the questionnaire. A reliability co-efficient of 0.76 was obtained and the outcome of the pre-test was used to correct and modify variables not adequately answered by the respondents.

### **Data analysis**

The questionnaire elicits information on socio-demographic information, knowledge of ASRH, parental influence on adolescent reproductive health behaviour Knowledge was measured on a 14-point scale categorised as poor (0-5), fair (>5-10), and good (>10-14), while parental influence was measured on a 24-point scale and categorised as low (0-12) and high (>12-24). The data was collected using KoboCollect and reviewed to ensure accuracy, consistency, and completeness before the submission was approved. The data was exported from KoboCollect to Excel and then to the Statistical Package for the Social Sciences (SPSS version 20.0) for data analysis. Two hundred and ninety-two questionnaires were used for the data analysis; cross-tabulation of variables was also carried out. Data were analysed using descriptive statistics, such as mean, median, and mode, and inferential statistics (Chi-square) to determine the association between variables at the 5% level of significance. The results obtained from the analysis were summarised and presented in prose, tables and charts.

## **Results**

### **Socio-demographics information**

A total of 292 adolescents aged 10-19 years who stayed with their parents or guardians were recruited for this study. Most respondents' ages fall between 14 and 17 years (47.9%), with a mean age of  $15.7 \pm 3.16$  years. Slightly more than half of the respondents (53.4%) were female, indicating a higher proportion of women than

men. More than half of the respondents (56.5%) practiced Islamic religion. However, most of the respondents (98.6%) were single. More than three-quarters of respondents (77.7%) were from monogamous homes, and Yoruba ethnicity was the most represented among respondents (88.7%). The majority of respondents (89.4%) were in secondary school; about half of the respondents' fathers (49.3%) had a secondary level of education, while more than half of the mothers (55.1%) had a secondary level of education. less than half of the respondents (41.4%) were students. More than half of the respondents (65.1%) reside with both parents, and lastly, sixty-nine (69.9%) earned below thirty thousand naira (See Table 1).

### **Parental Influence on Adolescent Reproductive Health Behaviour**

The majority (80.5%) of respondents reported being closer to their mothers, while (19.5%) are closer to their fathers. Forty-five per cent reported that their father discussed FLE with them. Forty-six per cent of respondents reported that their father discusses with them frequently, and 48.1% reported that their father discusses related topics with them when asked. Seventy-five per cent of the respondents reported that their mother discussed FLE with them. Sixty-six per cent of the respondents reported that their mother discusses with them frequently, and almost half (49.8%) reported their mother discusses with them when asked about a related topic. Forty per cent of respondents reported that their mothers are stringent in monitoring them, while 59.2% reported their mothers are liberal in monitoring. Forty-one per cent reported that their fathers are stringent, while more than half of the respondents (58.2%) reported that they are liberal.

**Table 1: Socio-demographics information of the respondents (N=292)**

<b>Socio-demographics information</b>	<b>Frequency</b>	<b>Percentage</b>
<b>Age</b>		
14-17	140	47.9
18-19	98	33.6
10-13	54	18.5
Mean age 15.7±3.16		
<b>Sex</b>		
Female	156	53.4
Male	136	46.6
<b>Religion</b>		
Islam	165	56.5
Christianity	126	43.2
Traditional	1	0.3
<b>Marital status</b>		
Single	288	98.6
Married	4	1.4
<b>Ethnicity</b>		
Yoruba	259	88.7
Igbo	26	8.9
Hausa	3	1.0
Others	4	1.4
<b>Respondents' living with</b>		
Both parent	190	65.1
Mother	48	16.4
Guardian	38	13.0
Father	16	5.5

More than half of the respondents (63.7%) were comfortable discussing family life education with their mothers, while (36.3%) were not comfortable discussing it with their mothers. Thirty-nine per cent were comfortable discussing family life education with their fathers, while more than half of the respondents (61.0%) reported that they are not comfortable discussing with their fathers. More than one quarter of respondents reported that their fathers gave no response to their reproductive health concerns, and 21.9% of the respondents reported that their fathers responded very well to their reproductive health concerns. Forty-seven per cent of respondents reported that their mother responds very well to their reproductive health concern, and (13.8%) reported that their mothers gave no response. Almost one-third of respondents

reported that it is not important for their father to be involved in their daily life and activities, while twenty per cent reported that it is not important for their mother to be involved in their daily life and activities. Sixty-four per cent see their fathers as a role model in terms of health behaviour, while (84.9%) reported that they see their mothers as a role model in terms of health behaviour. More than half of the respondents (54.5%) reported that their fathers had expectations on their sexual and reproductive health, while sixty-nine per cent of respondents reported that their mothers had expectations on their sexual and reproductive health. Parental influence was measured on a 24-point scale and categorised as low (0-12) or strong (>12-24). Less than half of the respondents (46.9%) have low parental influence, and (53.1%) has high

parental influence (Table 2). There was no significant association between parental influence and knowledge of sexual and reproductive health. (Table 3).

**Knowledge of Sexual and Reproductive Health**

Most of the respondents (76.0%) reported having heard of sexual and reproductive health, while fifty-six of the respondents reported their teachers as a source of information about SRH. Sixty-one per cent of the respondents reported they've heard of contraceptive methods. About

half, 45.3% of the respondents reported they know male condoms, and more than half (55.1%) of the respondents reported friends/relatives as their source of information on contraceptive methods. Fifty-nine per cent of the respondents reported that contraceptives prevent pregnancy. Sixty-one per cent reported they had used contraceptive methods, and seventy-six per cent of the respondents had used male condoms. Sixty-four per cent of the respondents reported they have heard of sexually transmitted infections (STIs), and 89.4% reported that STIs mean infection contracted through sex.

**Table 2: Parental Influence on Adolescent Reproductive Health Behaviour (N=292)**

Parental influence grouping	Frequency	Percentage
Low parental influence (0-12)	137	46.9
High parental influence (>12-24)	155	53.1
<b>Total</b>	<b>292</b>	<b>100.0</b>

**Table 3: Association of Parental Influence and Knowledge of Adolescent on Sexual and Reproductive Health**

Parental Influence	Knowledge of Adolescent on SRH			X <sup>2</sup>	df	p-value
	Poor (%)	Fair (%)	Good (%)			
Low (0-12)	64(49.6)	60(47.2)	13(36.1)	2.070	2	0.355
High (>12-24)	65(50.4)	67(52.8)	23(63.9)			

Ten per cent of respondents reported they had experienced unusual or smelly discharge from the vagina/penis. Eight per cent reported having been tested for STIs, while 6% of respondents had received treatment for STIs. Thirty-five per cent of respondents visited a patent medicine store for treatment of STIs, which equals the percentage of respondents who visited a traditional home for treatment; 25.0% visited a health facility for treatment, and 5.0% were treated at home for STIs. Most of the respondents (86.3%) have heard of HIV/AIDS. Forty-four per cent of the respondents had poor knowledge, 43.5% have fair knowledge, and 12.3% have good knowledge of sexual and reproductive health (Table 4).

**Association between the Respondents' Socio-demographic Information and knowledge of adolescent on Sexual and reproductive health**  
Chi-square test analysis revealed that there was a statistically significant association between knowledge of adolescent on reproductive health and age ( $x^2=12.611$ ,  $df= 4$ ,  $P< 0.013$ ), marital status ( $x^2=5.410$ ,  $df= 2$ ,  $P< 0.0041$ ), and level of education ( $x^2=30.8$ ,  $df= 6$ ,  $P< 0.000$ ). (Table 5).

**Association between the Respondents' Socio-demographic Information and Parental Influence**

The chi-square test examines the association between respondents' socio-demographic characteristics and parental influence. There was a statistical association between sex ( $x^2 = 16.333$ ,

df = 1, P <0.05), respondents' level of education ( $\chi^2 = 12.87$ , df = 3, P <0.05), and parental influence (Table 6).

**Table 4: Respondents' overall Knowledge of Sexual and Reproductive Health (N=292)**

Knowledge grouping	Frequency	Percentage
Poor (0-5)	129	44.2
Fair (>5-10)	127	43.5
Good (>10-14)	36	12.3
Total	292	100.0
<b>Mean score 1.68 ± 0.68</b>		

**Table 5: Association between the Respondents' Socio-demographic Information and Knowledge of Adolescents on SRH**

Socio-demographic Information	Knowledge of adolescent on SRH			X <sup>2</sup>	df	p-value
	Poor (%)	Fair (%)	Good (%)			
<b>Age</b>						
10-13	32(24.8)	17(13.4)	5(13.9)	12.611	4	0.013*
14-17	62(48.1)	66(52.0)	12(33.3)			
18-19	35(27.1)	44(34.6)	19(52.8)			
<b>Marital status</b>						
Single	127(98.4)	127(100.0)	34(94.4)	5.410 <sup>#</sup>	2	0.041*
Married	2 (1.6)	0(1.2)	2(5.6)			
<b>Family type</b>						
Monogamous	106(82.2)	94(74.0)	27(75.0)	2.637	2	0.267
Polygamous	23(17.8)	33(26.0)	9(25.0)			
<b>Level of education</b>						
Primary	10(7.8)	2(1.6)	0(0.0)	30.837 <sup>#</sup>	6	<0.000
Secondary	116(89.9)	119(93.7)	26(72.2)			
Tertiary	2(1.6)	6(4.7)	10(27.8)			
Others	1(0.8)	0(0.0)	0(0.0)			

Significant \* Fisher's Exact Test<sup>#</sup>

**Table 6: Association between the Respondents’ Socio-demographic Information and Parental Influence**

Socio-demographic Information	Low (%)	High (%)	X <sup>2</sup>	Df	p-value
<b>Sex</b>					
Male	81(59.1)	55(35.5)	16.333	1	0.000*
Female	56(22.5)	100(64.5)			
<b>Level of education</b>					
Primary	8(5.8)	4(2.6)	12.867 <sup>#</sup>	3	0.002*
Secondary	127(92.7)	134(86.5)			
Tertiary	2(1.5)	16(10.3)			
Others	0(0.0)	1(0.6)			

Significant \* Fisher’s Exact Test<sup>#</sup>

**Discussion**

**Socio-demographic**

The study focused on adolescents, and there were more female respondents. This finding corroborates a study by Isara et al., 2022, which reported a higher percentage of females to males. More than half of the respondents practised the Islamic religion, in contrast to (Ojo et al., 2021; Isara et al., 2022) who reported Christianity as the most practised religion in the southwest and Benin. Over three-quarters of the respondents were from monogamous homes, supporting the report by (Isara et al., 2022) who stated that (88.6%) of respondents were from nuclear homes. Majority of the respondents in this study reported to be single, this also corroborate with Okunola et al.,2022 who stated that (97.8%) of respondents were single. This also corroborates previous studies, which found that most respondents were from monogamous family structures (Olubunmi, 2011; Onyebuchukwu et al., 2015). Yoruba ethnicity was predominantly represented among the respondents, corroborating (Titiloye et al., 2017; Oluyemi et al., 2017), in which 91% of the Yoruba ethnic group was represented. About half of the respondents’ fathers had a secondary level of education, while a higher percentage of mothers had a secondary level of education, which is in contrast to a study by (Isara et al.,2022), with a higher proportion of the parents having a tertiary level of education, 384 (62.6%) and 335 (55.0%) for fathers and mothers

respectively. The majority of respondents reside with both parents, as in (Isara et al.,2022). Somefun et al. (2018) reveals that family structure, specifically whether young people live with one or both parents, is connected to their sexual behaviour.

**Parental Influence on Adolescent Reproductive Health Behaviour**

This study establish that majority of the respondents reported to be most close to their mother than their father, (Mbachu et al., 2020) also noted the significant of connection between parents and their children which is impactful and a meaningful relationships in the lives of the adolescents, finding from this study also corroborate with (Oluyemi et al., 2017) which reported that 63% of the respondents were closer to their mother, this rests on previous research conducted by (Phrases et al., 2009) which submits that adolescents are closer to their mothers than their fathers as a result of warmth and affection associated with mothers and the longer time mothers spend with their adolescents than fathers. Just under half of the respondents reported that their fathers discuss FLE with them; this coincides with a study (Amoran et al., 2008) that reported that 16.8% of respondents had had comprehensive FLE from their father. Significantly more than half of the respondents reported that their mothers discuss FLE with them; this result contrasts with (Amoran et al.,

2008), which reported that 40.9% of respondents had discussed FLE with their mother. Less than half of respondents reported that their mothers are stringent in monitoring them, while more than half reported that their mothers are liberal in monitoring. Less than half of respondents reported that their fathers are stringent, while more than half of the respondents reported that their fathers are liberal; this corroborates (Amoran et al., 2008), which reported 77.7% of respondents' fathers have a liberal attitude towards them on sexual activities.

More than half of respondents reported being comfortable discussing FLE with their mother, while more than one-third were comfortable discussing it with their father. This shows that the respondents see their mother as a confidant. Additionally, open communication and a mother's approachability might make adolescents feel more comfortable discussing sensitive topics with them. Social and cultural norms can also play a role, as well as individual family dynamics. One-quarter of respondents reported that their fathers responded very well to their reproductive health concerns, while almost half reported that their mothers responded very well. Comparing the responses of the respondents, this indicates that both parents need to show more concern about adolescents' sexual and reproductive health. More than half of the respondents reported that their fathers had expectations on their sexual and reproductive health, while most of the respondents reported that their mothers had expectations on their sexual and reproductive health. This indicates that mothers have more expectations on adolescents' sexual and reproductive health, relating this to a study conducted in Uganda that explored each role assigned to both sexes and the expectations that their parents have. It was discovered that the tasks assigned to girls are restrictive and protective, such as cleaning, cooking, and washing clothes, which prepares them to be submissive and good, whereas boys were given freedoms that allow them to explore (Muyinda et al., 2001). There was no association between parental influence and

knowledge of adolescent reproductive health (Table 3).

### **Knowledge of Adolescent on Sexual and Reproductive Health**

In this study, one-third of the respondents reported having heard of sexual and reproductive health, which is similar to a study conducted (Isara et al., 2022). More than half of the respondents reported their teachers as a source of information on sexual and reproductive health matters. A higher proportion of respondents reported friends/relatives as their source of information on contraceptive methods, in contrast to (Omobola et al., 2021) which reported mass and social media as the source of information. Sixty-four per cent of the respondents reported they have heard of sexually transmitted infections (STIs); this is similar to a study in Ethiopia, where more than half of respondents knew about common sexually transmitted infections (Emelumadu et al, 2014).

More than one-third of the respondents visited a patent medicine store for treatment of STIs, which equals the percentage of respondents that visited a traditional home for treatment of STIs; this corroborates a study in Owerri, South East Nigeria, which reported that most of the respondents obtained treatment from a patent medicine store (Okereke, 2010); this also corroborates with (Ravindran and Govender, 2020; Newton-Levinson et al., 2016) which indicated that certain adolescents in Nigeria have indicated that they resort to seeking sexual and reproductive health (SRH) care from unqualified practitioners, including medicine vendors and traditional healers. A few respondents reported they have been pregnant and impregnated someone, which resulted in termination; this finding also resonates with a study (Isara et al., 2022) that documents that more than half of the pregnancies resulting in termination, which shows that termination of pregnancy is still high among adolescents. A higher percentage of respondents have poor knowledge; more than one-third have fair knowledge; and less than one-

quarter have good knowledge of sexual and reproductive health. Age, marital status and respondents' level of education were significantly associated with respondent knowledge of sexual and reproductive health (Table 5).

### **Conclusion**

Although the majority of the respondents had good parental influence, a higher percentage of respondents had poor knowledge of sexual and reproductive health. The findings of this study underscore critical challenges in sexual and reproductive health that demand immediate attention and strategic interventions among adolescents. The lack of parental communication on these matters indicates a crucial need for targeted health promotion initiatives to empower parents, especially fathers with the knowledge and skills to engage in open and informative discussions with their children.

### **Recommendations**

**To Parents:** Firstly, there is need to train parents on how to effectively discuss and communicate age-appropriate SRH matters comfortably with their adolescents at home. Secondly, community training workshops should be organized for parents (especially fathers) where accurate sexual and reproductive health information are disseminated using religious centres, schools and community leaders as platforms. Lastly, promotion of parental (both father and mother) communication and involvement with adolescents on SRH matters, where parents deliberately create time with their adolescent to foster avenues for discussion about reproductive health challenges facing them

**To Educators:** Comprehensive and culturally appropriate sexuality education should be introduced which should go beyond abstinence to include contraceptives, STIs and healthy relationships

**To the community:** Firstly, adolescent-friendly SRH health centres should be established in Ibadan North LGA, with non-judgemental staffs

to ensure confidentiality. Religious leaders and community influencers should be engaged in interventions on SRH matters among adolescents

To policymakers, policies in support of adolescent SRH education should be advocated for and there should be collaborations with non-governmental organizations (NGOs) working on reproductive health to fund parental and community health education programmes

### **Professional implications of the study**

Professional implications of the study are presented under three (3) domains, which are: **Educational Curricula:** Both secondary and tertiary institutions could adopt comprehensive sex education with parental involvement to further complement formal instruction. **Health Promotion:** Health promoters can leverage the study's findings to develop novel interventions that engage parents, with the aim of improving adolescents' sexual and reproductive health and wellness. Such interventions should provide parents with necessary communication skills to transfer information to their adolescents on SRH issues with teachings on age-appropriate and culturally sensitive manner of discussion on SRH. The production of Information, education and communication (IEC) materials like pamphlets and guides to communication skills will be helpful. All of these will help reshape parents from authoritarian figures to trusted educators.

**Policy Developments:** Outcomes of the study will guide both the government and Non-Governmental Organizations to holistically design sexual and reproductive health programs that are family-centred.

**Limitation of this study:** The data used was self-reported

**Funding:** Nil

**Ethical approval:** Ethical approval was obtained from the Oyo State Ministry of Health Research Ethics Committee (Reference: AD 13/479/586) before data collection in the field. Also, a written informed consent was attached to the

questionnaire. To ensure the confidentiality of research participants, identifiers such as names and other information that could reveal their identities were not included in the research instruments. The nature of the study, its benefits, and its objectives were explained to the respondents, and they were assured that the information provided would be treated with the utmost confidentiality. Respondents were also informed that they had the right to withdraw from the study at any time; hence, participation was voluntary.

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**Future Research:** A mixed method study utilizing both quantitative and qualitative approach could be conducted to determine reasons why knowledge on sexual and reproductive health matters is low among adolescents despite the good parental influence observed. Further study to examine gender differences/roles in sexual and reproductive health communication among parents

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