

## SOCIODEMOGRAPHIC PARAMETERS OF PARENTS AND SEXUAL CHARACTERISTICS AMONG MALE TEENAGERS IN OGBOMOSO, SOUTH WEST NIGERIA

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### ABSTRACT

**Background:** Sexuality and sexual education is very important to teenagers. The attendant physical, endocrine and psychological change which occurs at this period makes them particularly prone to challenges at this stage of their lives. Sociodemographic variables have been thought to play a significant role.

**Objectives:** The objective of this study was to determine the relationship between sociodemographic parameters and some sexual characteristics of teenagers in our community.

**Methods:** Of the 182 teenagers who had the questionnaires randomly administered to them in randa area of Ogbomoso, Southwest Nigeria, one hundred and twenty had complete information necessary for analysis. The questionnaire was initially pretested to ensure the components could be easily understood. Completed questionnaires were analysed using SPSS 20.

### INTRODUCTION

Globally, research has been improving in the area of adolescent reproductive health. As a result, there has been several studies of the relation between sexual characteristics, socioeconomic and demographic variables like the financial, educational level of the household, and the influence of the environment [1, 2].

Research work in the past found discrepancy in teenagers and young adults' knowledge safe sexual practices and Human Immunodeficiency Virus (HIV) 3-7, however, it was adjudged that teenagers and young adults seldom use contraceptives on a regular basis, [3,4,8] thereby, making them vulnerable to Sexually transmitted infections (STDs) [9]. Infact, it was observed that young female adults have shown preference for abstinence over condom use, than their male counterparts [10]. In Africa, factors that could influence adolescents' sexual behavior and contraceptive decisions are prevailing gender norms, attitude towards procreation, and fear of STDs especially HIV infection. Previous research have hypothesized that young adults' decision on whether or not to have sex may be influenced by a shared value on the importance of parenthood, and a decision to use condoms may be viewed as a negation of parenthood [11].

It is also pertinent to note that many parents would like to communicate with their children about sexual issues, but they do so superficially or not at all, because they lack necessary communication skills, knowledge or confidence [12,13,14]. The required skill and knowledge to do this may be due to the parents level of education and exposure to sex education. Although previous

**Results:** The mean age of the teenagers was 15.45±1.62 years. One or more sexual exposure had been experienced by 74 (61.4%) of the 120 teenagers, and 38(51.4%) of these teenagers had more than one sexual partners. Ninety three (77.5%) were aware of the methods of preventing pregnancy. There was a statistical significant relationship between family setting, social class and sexual characteristics of these teenagers.

**Conclusion:** Education and socioeconomic empowerment of parents promotes communication between parents and their teenagers, thereby improving the reproductive health of their teenagers.

**Keywords:** Sexual characteristics, Sociodemographic parameters, Teenagers.

research outcomes in different parts of the world on the effects of parental communication on their children's sexual behavior have been conflicting [13]; Several researches have shown that sexual socialization achieved through parental nurturance and involvement is associated with children's remaining abstinent, postponing intercourse, having fewer sexual partners, and using contraception more consistently [13,15,16]. It was observed that sexual communication between parents and children is most likely to reduce children's sexual risk when parents are open, have adequate information, skill and are comfortable in their discussion of sex-related topics [17].

As a result socio-demographic characteristics of parents of teenagers is thought to influence parent-child communication on sexual activities. Gender of the parent and the child has been related to sexual communication, with mothers being more likely to talk with their children about sexual topics than are fathers, and mothers being more likely to talk with daughters than with sons and fathers more likely to talk with sons than with daughters [13, 18]. In a study of Latina mothers and their adolescent children, cultural support versus nonsupport for open discussion about sex in the home was found to play a large role in mother-child conversations about sex [19]. Numerous research work done in the past in Nigeria revealed that sexual activities amongst teenagers is usually poorly

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disclosed, however, it was observed that prevalences vary from 5.7% female teenagers being pregnant in the past [20], 12.6% of secondary school teenagers had sexual activity in the past [21].

The aim of this study is to determine the relationship between sociodemographic variables and some sexual characteristics of teenagers in Ogbomoso, South west Nigeria.

**METHODS**

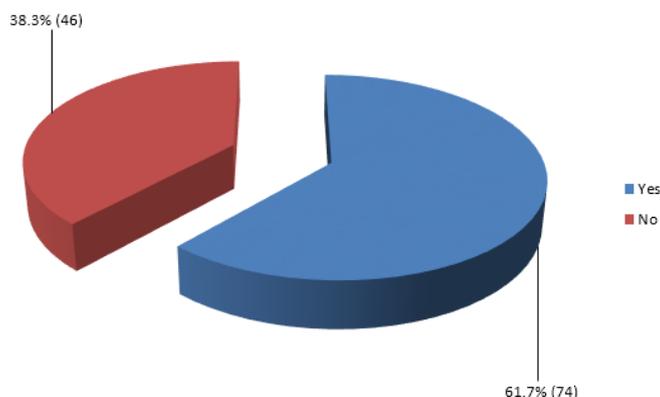
This was a community based survey conducted in Ogbomoso, Oyo State, South west Nigeria. The predominant ethnic group in this area were the Yorubas, Permission to administer questionnaires was sought from the local governing council of the area. Ethical approval was also sought from research and ethics committee of Bowen University Teaching Hospital. Informed consent was obtained from the teenagers. All teenagers who were either in the junior or senior secondary classes were selected while teenagers who were either at primary school or tertiary institutions were excluded. Also teenagers who had lost either of their parents or both are excluded from this study. The study involved the use of structured questionnaire amongst male teenagers. The questionnaires had 16 parameters which were to be answered using a close ended format. The component questions were framed in such a way that it could be easily answered by a teenager. There was an initial pretest of the questionnaires amongst selected male teenagers to ensure that the questionnaires were easy to understand by the target population. The study period was for about three(3) months i.e July to September 2015; this period was chosen because it aligned with the long vacation in the academic calendar year. A total of 182 male teenagers who met the inclusion criteria were selected randomly had a structured questionnaire administered to them. Of the 182 male teenagers, one hundred and twenty had complete information necessary for analysis. The completed questionnaires were analyzed using SPSS 20.

**RESULTS**

The mean age for the study population was 15.45±1.62 years. Majority (68.3%) of these teenagers were from a monogamous family set-up. The highest number of recruited teenagers were Yoruba, others were the Hausas and Igbos as show in Table 1. There was no record of any ethnic minority group recruited. A significant percentage (70.8%) were also of the upper socioeconomic class.

**Table 1:** Socio demographic parameters of Respondents

Socio demographic variables	Frequency (N = 120)	Percent
<b>Age</b>		
Mean ± SD	15.45 ± 1.62	
<b>Class</b>		
JSS 1	12	10.0
JSS 2	27	22.5
JSS 3	21	17.5
SSS 1	22	18.3
SSS 2	21	17.5
SSS 3	17	14.2
<b>Family setting</b>		
Monogamous	82	68.3
Polygamous	38	31.7
<b>Religion</b>		
Christianity	67	55.8
Islam	53	44.2
<b>Social class</b>		
Upper	85	70.8
Middle	9	7.5
Lower	26	21.7
<b>Tribe</b>		
Yoruba	89	74.2
Igbo	8	6.7
Hausa	23	19.2
Others	0	0



**Figure 1:** Previous sexual exposure amongst teenagers

Of the 120 teenagers 74(61.4%) has had one or more sexual exposure in the past (Figure 1). Amongst these 74 teenagers whom have had sexual debut; 38 (51.4%) have had more than one sexual partner; also 56(75.7%) have had sexual intercourse before or at 12 years (Table 2).

**Table 2:** Relationship between social class and some sexual characteristics

Variable	Social class			Total n (%)	χ <sup>2</sup>	p value
	Upper n (%)	Middle n (%)	Lower n (%)			
<b>Previous sexual exposure (n=120)</b>						
Yes	41(48.2)	9(100.0)	24(92.3)	74(61.4)	22.408	<0.001*
No	44(51.8)	0(0.0)	2(7.7)	46(38.3)		
<b>Age at first sexual exposure (n=74)</b>						
≤ 12	25(61.0)	7(77.8)	24(100.0)	56(75.7)	12.549	0.002*
> 12	16(39.0)	2(22.2)	0(0.0)	18(24.3)		
<b>Number of partners (n=74)</b>						
1	29(70.7)	3(33.3)	4(16.7)	36(48.6)	18.675	<0.001*
≥ 2	12(29.3)	6(66.7)	20(83.3)	38(51.4)		
<b>Aware of methods of preventing pregnancy (n=120)</b>						
Yes	77(90.6)	6(66.7)	10(38.5)	93(77.5)	31.679	<0.001*
No	8(9.4)	3(33.3)	16(61.5)	27(22.5)		

χ<sup>2</sup>: Chi square; \*: Statistically significant (i.e. p value <0.05)

The mean age at first sexual exposure was 9.97±2.75 years. There was a good knowledge of the methods of contraception as 93 (77.5%) has a good knowledge on modern methods of preventing pregnancy (Table 2). There was statistical significant relationship between sexual characteristics studied, social class and family set-up (Table 2, 3).

Table 3: Relationship between family settings and some sexual characteristics

Variable	Family setting			$\chi^2$	p value
	Monogamous n (%)	Polygamous n (%)	Total n (%)		
<b>Previous sexual exposure (n=120)</b>					
Yes	42(51.2)	32(84.2)	74(61.7)	11.956	0.001
No	40(48.8)	6(15.8)	46(38.3)		
<b>Age at first sexual exposure (n=74)</b>					
≤ 12	26(61.9)	30(93.8)	56(75.7)	10.006	0.002
> 12	16(38.1)	2(6.3)	18(24.3)		
<b>Number of partners (n=74)</b>					
1	30(71.4)	6(18.8)	36(48.6)	20.175	<0.001
≥ 2	12(28.6)	26(81.3)	38(51.4)		
<b>Aware of methods of preventing pregnancy (n=120)</b>					
Yes	73(89.0)	20(52.6)	93(77.5)	19.723	<0.001
No	9(11.0)	18(47.4)	27(22.5)		

$\chi^2$ : Chi square; \*: Statistically significant (i.e. p value <0.05)

This relationship was however not observed with ethnicity and religion (Table 4, 5). It was observed that only 20 (16.7%) of these teenagers had been informed at one time or the other by only their fathers and 35 (29.1%) had been informed by both parents i.e father and mother, while 65 (54.2%) had only been informed by their mothers.

Table 4: Relationship between religion and some sexual characteristic

Variable	Religion			$\chi^2$	p value
	Christianity n (%)	Islam n (%)	Total n (%)		
<b>Previous sexual exposure (n=120)</b>					
Yes	35(52.2)	39(73.6)	74(61.7)	5.704	0.017
No	32(47.8)	14(26.4)	46(38.3)		
<b>Age at first sexual exposure (n=74)</b>					
≤ 12	26(74.3)	30(76.9)	56(75.7)	0.070	0.792
> 12	9(25.7)	9(23.1)	18(24.3)		
<b>Number of partners (n=74)</b>					
1	24(68.6)	12(30.8)	36(48.6)	10.551	0.001
≥ 2	11(31.4)	27(69.2)			
<b>Aware of methods of preventing pregnancy (n=120)</b>					
Yes	62(92.5)	31(58.5)	93(77.5)	19.671	<0.001
No	5(7.5)	22(41.5)			

$\chi^2$ : Chi square; \*: Statistically significant (i.e. p value <0.05)

Table 5: Relationship between tribe and some sexual characteristics

Variable	Tribe			Total n (%)	$\chi^2$	p value
	Yoruba n (%)	Igbo n (%)	Hausa n (%)			
<b>Previous sexual exposure (n=120)</b>						
Yes	56(62.9)	6(75.0)	12(52.2)	74(61.7)	1.538	0.464
No	33(37.1)	2(25.0)	11(47.8)	46(38.3)		
<b>Age at first sexual exposure (n=74)</b>						
≤ 12	45(80.4)	4(66.7)	7(58.3)	56(75.7)	2.892	0.236
> 12	11(19.6)	2(33.3)	5(41.7)	18(24.3)		
<b>Number of partners (n=74)</b>						
1	23(41.1)	5(83.3)	8(66.7)	36(48.6)	5.736	0.057
≥ 2	33(58.9)	1(16.7)	4(33.3)	38(51.4)		
<b>Aware of methods of preventing pregnancy (n=120)</b>						
Yes	70(78.7)	6(75.0)	17(73.9)	93(77.5)	0.266	0.875
No	19(21.3)	2(25.0)	6(26.1)	27(22.5)		

$\chi^2$ : Chi square; \*: Statistically significant (i.e. p value <0.05)

## DISCUSSION

The teenage period is a developmental period marked by sexual discovery and often by sexual risk this is because of the attendant endocrine, physical and psychological changes which are bound to occur. The parent of a teenager plays a key role in his or her sexual health issue. A principal means for transmitting sexual values, beliefs, expectation, and knowledge between parents and teenage children is sexual communication. This communication is most likely to promote healthy sexual development and reduce sexual risk when parents are open, skilled, and comfortable in their discussion of sex-related topics. It is however pertinent to note that, parents begin influencing their children's sexual development through sexual socialization before they begin proactively discussing sexual topics with them, by verbally and nonverbally conveying their standards regarding respect for others, affection, attitudes toward nudity, and so forth [14,22]. Most parents want to be at the forefront in conveying information, and values, about sex and sexuality to their teenagers. The majority of the parents in our sample, however, experienced some type of difficulty in communicating about these topics, and parents' comfort and knowledge in this area appear to be strongly predictive of such communication taking place. Parent-adolescent communication about sex is widely viewed as a key foundation of an adolescent's sexual socialization and sexuality education, and as a positive influence on adolescent sexual health outcomes [20].

This study examined the relationship between the sociodemographic variables and sexual characteristics of teenagers in Ogbomoso, Southwest Nigeria. The mean age of the study population was 15.45±1.62 years. Teenagers were questioned across all age groups i.e. 13 -19 years. Since the study was conducted in a predominantly Yoruba ethnic area of Nigeria it was not surprising that 89 (74.2%) of the respondents were Yoruba. Eighty five (70.8%) respondents were in the upper social class (Table 1). Table 2 showed that there was a statistical significant difference amongst the social classes and variables like previous sexual exposure, age at first sexual exposure, number of sexual partners and awareness of methods of contraception, this was because as the social class improved there was a less likelihood of having previous sexual exposure (P<0.001), more likelihood of a higher age at sexual debut i.e. > 12 years (P=0.002), less likelihood of having multiple sexual partners (P<0.001), and a more likelihood of being aware of a modern method of preventing pregnancy (P<0.001); this may not be unexpected; because findings of previous studies have demonstrated inconsistent outcomes [3-7]. Nevertheless, the outcome of this study has made it possible to infer that teenagers from a higher socioeconomic background have better understanding of sexuality and to a significant extent practice safer sex than their contemporaries in the lower class. Another significant outcome of our study was the fact that teenagers from monogamous family setting were more likely to have a better knowledge and practice of safer sex than their contemporaries from polygamous family setting (Table 3). This finding may be due to the challenge of communication between parents and their

children which is many at times thought to be less in a polygamous setting when compared with a monogamous setting. Locally, extensive research has been done in the area of reproductive health of teenagers, there is paucity of data on the relationship of sociodemographic variables and sexual characteristics of teenagers. Other studies have focused extensively on parent-adolescent communication and different outcomes have been observed [12-17].

It was observed that only 20 (16.7%) of these teenagers had been informed at one time or the other by only their fathers and 35 (29.1%) had been informed by both parents i.e. father and mother, whereas the remaining 65 (54.2%) got information on sex and sexual education from their mothers.

This observation differs from the conclusion of other studies which showed that male teenagers were more likely to be communicated to by their father and female teenagers by their mothers [13, 18].

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The overall finding of this study stresses the importance of parents' communication, their socioeconomic status and the role these factors play in the education of their teenagers on sexual health.

## CONCLUSION

In summary, matters of sexual health and sexuality should be taken with so much seriousness as demanded. Parents have a significant role to play in the sexual health of their teenagers. Nevertheless, teachers and the community at large also have a role to play. Youths programmes should be designed specifically to target teenagers to provide them with adequate knowledge on reproductive and sexual issues, change their attitude about sexual risk and motivate them to understand behavior that reduce sexual risks especially the consistent use of condoms which has a dual purpose of both preventing unwanted pregnancies and also preventing sexually transmitted infections.