Parent–Adolescent Communication on Sexual Risk-Taking Behaviours among in-School Adolescents in Akure North Local Government Area, Ondo State, Nigeria

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ABSTRACT

Background: Risky sexual behaviour among in-school adolescents remains a major public health concern in Nigeria, where national survey data indicate that about 46% of adolescent girls and 22% of adolescent boys have had sexual intercourse, often without adequate parental guidance on sexual matters (Zulu, 2025). Open parent-adolescent communication on sexual issues has been consistently associated with delayed sexual debut and safer sexual practices, yet such communication remains inconsistent across Nigerian households. This study examined parent-adolescent communication on sexual risk-taking behaviours among in-school adolescents in Akure North Local Government Area, Ondo State.

Methods: A descriptive cross-sectional survey design was adopted. A multi-stage sampling technique was used, beginning with the enumeration of all secondary schools in the local government area, followed by simple random sampling of participants within twelve selected schools. A semi-structured questionnaire covering socio-demographic characteristics, parent-adolescent sexual communication, adolescent sexual risk-taking behaviour, and associated factors was administered to 177 respondents, all of whom were retrieved (100% response rate), and analysed using the Statistical Package for the Social Sciences (SPSS), version 20.0.

Results: Most respondents (58.2%) reported feeling free to discuss sexual behaviour with their parents, and 65.5% identified their mother as the parent they were most comfortable discussing such matters with. Nonetheless, 44.1% of respondents had already been sexually exposed, with more than half of these (53.9%) reporting sexual debut between 16 and 19 years. Peer influence (80.3%) and exposure to pornography (75.0%) were the most frequently endorsed correlates of risky sexual behaviour, and 21.5% of respondents reported having engaged in prostitution, most commonly attributed to peer influence (36.8%).

Conclusion: Sexual risk-taking behaviour among the adolescents studied is shaped by multiple interacting factors, including the quality of parent-adolescent communication, peer influence, exposure to sexual content in media, and socioeconomic circumstances. Strengthening parental capacity for open sexual communication, alongside comprehensive school-based sexuality education, is recommended to reduce risky sexual behaviour in this population.

Keywords: adolescents; parent-adolescent communication; sexual risk-taking behaviour; in-school adolescents; Nigeria

INTRODUCTION

Adolescence, generally defined as the period between 10 and 19 years of age, is a transitional stage of rapid physical, psychological, and social development during which young people begin to explore identity, intimacy, and sexuality (World Health Organisation [WHO], 2021; United Nations, 2020). Adolescents constitute roughly a quarter of the world's population, and the sexual and reproductive health choices made during this period carry consequences that extend well into adulthood, including exposure to sexually transmitted infections, unintended pregnancy, and, in some cases, lifelong psychosocial harm (Okpalaku et al., 2025).

Parents occupy a uniquely influential position in shaping adolescent sexual attitudes and behaviour. From a developmental perspective, parents are typically the first and most consistent source of moral and practical guidance available to a young person, and open, honest parent-adolescent communication about sexual matters has been repeatedly associated with delayed sexual debut, more consistent condom and contraceptive use, and a reduced number of sexual partners among adolescents who receive it (DiIorio et al., 2013; Whitaker et al., 2013). Where this communication is absent, adolescents tend to source sexual information from less reliable channels, including peers, unsupervised media content, and social media, all of which can normalise risk-taking rather than caution (Bailin et al., 2014).

The scale of adolescent sexual activity in Nigeria underscores why this communication gap matters. Nationally representative survey data indicate that approximately 46% of adolescent girls and 22% of adolescent boys in Nigeria have had sexual intercourse, with median age at first sex below 18 years for a substantial proportion of young women (Zulu, 2025; National Population Commission [NPC] & ICF, 2009). Early sexual debut is consistently linked with a higher number of lifetime sexual partners, lower rates of condom use, and greater vulnerability to sexually transmitted infections, HIV, and unintended pregnancy (Alo Chihurumnanya et al., 2016). A study specifically conducted among adolescents in South-West Nigeria found a premarital sex prevalence of 28.3%, a figure that has continued to fuel concern among public health researchers and policymakers alike (Alo Chihurumnanya et al., 2016).

Despite the clear protective potential of parent-adolescent sexual communication, evidence from across Nigeria shows that such communication remains inconsistent and, in many households, largely absent. A study among in-school adolescents in Port Harcourt found that 21% of parents reported never having discussed sex with their adolescent children (Okpalaku et al., 2025), while a national analysis using data from the Nigeria HIV/AIDS and Reproductive Health Survey found that the prevalence of parent-child communication on specific sexual and reproductive health topics was low, ranging from about 9% for contraception to 37% for HIV/AIDS (Okpalaku et al., 2025). A recent study conducted within Osun State, a neighbouring state to the present study area, similarly found that while 69% of adolescents reported ever having had some form of sexual and reproductive health communication with a parent, the depth and consistency of that communication, measured as a distinct 'level of communication' indicator, was considerably lower at only 31% (Aduloju et al., 2025).

Several structural and cultural factors help explain this persistent communication gap. In many Nigerian communities, discussing sexual matters openly with children is regarded as culturally inappropriate or taboo, and parents themselves frequently lack accurate knowledge or feel embarrassed discussing the subject, a pattern documented across both northern and southern Nigerian settings (Iliyasu et al., 2012; Obono, 2012). Where communication does occur, it disproportionately takes place between mothers and daughters, with father-son and father-daughter sexual communication remaining comparatively rare (Obono, 2012). Gender of the adolescent has also been shown to predict both the frequency and depth of parent-adolescent sexual communication, with girls generally receiving more of it than boys (Zhang et al., 2017; Schouten et al., 2017).

The consequences of inadequate parental guidance are compounded by other risk factors operating simultaneously in adolescents' environments. Community-level risk factors such as low educational attainment, high unemployment, and neighbourhood poverty, alongside family-level factors such as single parenthood, low parental supervision, and permissive parental attitudes toward premarital sex, have all been shown to increase

the likelihood that an adolescent becomes sexually active (Varghese et al., 2015). Peer norms and exposure to sexual content through pornography and social media further compound these risks, with adolescents exposed early to sexual media content shown to be more likely to engage in sexual risk-taking behaviour (Johnson et al., 2019). Sustained advocacy from teachers, parents, and community opinion leaders against premarital sexual activity, risky sexual behaviour among in-school adolescents in Nigeria, including within Akure North Local Government Area of Ondo State, continues to rise, with national and sub-national evidence indicating that a substantial proportion of adolescents initiate sexual activity before the age of 18. In contrast, parent-adolescent communication on sexual matters that could otherwise protect them remains inconsistent, poorly sustained, or absent in many households, a gap this study set out to characterise and explain.

The magnitude of this problem is considerable: nationally representative data show that close to half of adolescent girls and about a fifth of adolescent boys in Nigeria have already had sexual intercourse (Zulu, 2025), yet parent-child communication on specific protective topics such as contraception has been measured at prevalence levels as low as 9% (Okpalaku et al., 2025), and even where general sexual communication does occur, its depth and consistency, as distinct from its mere occurrence, is as low as 31% in a comparable Osun State sample (Aduloju et al., 2025). This mismatch between the scale of adolescent sexual exposure and the depth of protective parental communication available to guide it forms the central problem this study investigated.

LITERATURE REVIEW

Risky sexual behaviour among adolescents encompasses early sexual debut, multiple sexual partners, unprotected intercourse, and transactional sex, all of which increase vulnerability to sexually transmitted infections, HIV, and unintended pregnancy (Okpalaku et al., 2025). In Nigeria, national survey data indicate that adolescent sexual activity is common: approximately half of adolescent girls and about a fifth of adolescent boys report having had sexual intercourse, with early sexual debut associated with a greater number of lifetime partners and lower rates of protective behaviour such as condom use (Zulu, 2025; Alo Chihurumnanya et al., 2016).

Parent-adolescent communication about sex has been widely studied as a protective factor. DiIorio et al. (2013) and Whitaker et al. (2013) argue that parents are uniquely positioned to convey accurate sexual information and model open, honest communication that adolescents may later emulate in their own relationships. However, Nigerian studies consistently document low levels of such communication: a study in Ebonyi State found that most adolescents discussed sexual matters with peers rather than parents (Okpalaku et al., 2025), while a Port Harcourt study found that around one-fifth of parents had never discussed sex with their adolescent children at all (Okpalaku et al., 2025). A recent Osun State study similarly found that although the majority of adolescents reported ever having some sexual and reproductive health communication with a parent, the depth of that communication, distinct from its mere occurrence, was considerably lower (Aduloju et al., 2025).

Gender dynamics shape both who initiates and who receives sexual communication within families. Communication tends to occur predominantly along same-sex lines, with mothers more often discussing sexual matters with daughters than fathers do with sons or daughters (Iliyasu et al., 2012; Obono, 2012), and the gender of the adolescent has itself been shown to predict both the amount and frequency of communication received (Zhang et al., 2017; Schouten et al., 2017).

Beyond the family, peer influence and media exposure are strongly implicated in adolescent sexual risk-taking. Varghese et al. (2015) identify community poverty, low educational attainment, and family-level risk factors such as single parenthood and low parental supervision as compounding influences on the likelihood of early sexual activity, while Johnson et al. (2019) found that early exposure to sexual content through pornography and social media increases the likelihood of subsequent sexual risk-taking. Sexuality education, whether delivered by parents or through structured school-based programmes, has been shown to reduce sexual risk-taking without increasing sexual activity, contrary to common assumptions, underscoring its value as a complementary, rather than competing, protective strategy alongside parental communication (Furstenberg et al., 2015).

Objectives of the Study

The general objective of this study was to determine the level of parent-adolescent communication on sexual risk-taking behaviours among in-school adolescents in Akure North Local Government Area, Ondo State. The specific objectives were to:

1. determine the level of parent-adolescent communication on sexual risk-taking behaviour among in-school adolescents in the study area;

2. assess the level of sexual risk-taking behaviour among adolescents in the study area;

3. identify the factors associated with parent-adolescent communication on sexual risk-taking behaviour among adolescents in the study area; and

4. identify the correlates of sexual risk-taking behaviour among adolescents in the study area

MATERIALS AND METHODS

Study Design and Area

This study adopted a descriptive cross-sectional survey design. The study was conducted in Akure North Local Government Area of Ondo State, South-Western Nigeria, an area with an estimated population of 131,587 as at the 2016 census, projected to reach approximately 205,007 by 2021. The area is served by 30 public primary schools, 15 public secondary schools, one public hospital, and 30 public primary health care facilities (Ondo State Ministry of Health, 2010).

Study Population and Sample Size

The target population comprised all in-school male and female adolescents in Akure North Local Government Area who had resided in the area for more than one year. Adolescents with health challenges, those unavailable during the study period, or those unwilling to participate were excluded. The sample size was calculated using the Leslie Fisher formula, $n = Z^2pq/d^2$, with $Z = 1.96$, an assumed prevalence (p) of 0.15, and a precision level (d) of 0.05, yielding a sample size of 177 respondents.

Sampling Procedure and Instrument

A multi-stage sampling technique was employed. All secondary schools in the local government area were first enumerated, after which twelve schools were selected, including Anglican Grammar School, Igoba High School, St. Francis Private Secondary School, Homag Secondary School, Alamo Grammar School, Abo Oluwa Private Secondary School, Comprehensive High School Ayede-Ogbese, CAC Grammar School Iju, Igbatoro Community High School, Ilu-Abo High School, Holy Flock Secondary School Isinigbo, and Queen Mary Secondary School Osi. Simple random sampling was then used to select individual participants within each school. Data were collected using a semi-structured, self-developed questionnaire comprising three sections: socio-demographic characteristics, parent-adolescent sexual risk communication, and adolescent sexual risk-taking behaviour, administered personally by the researcher.

Completed questionnaires were checked for completeness before data entry. Data were analysed using the Statistical Package for the Social Sciences (SPSS), version 20.0. Descriptive statistics (frequencies and percentages) were used to summarise socio-demographic characteristics and response patterns.

Ethical Considerations

Ethical approval for the study was obtained from the relevant institutional review committee. Informed consent (and, for minor participants, parental or guardian assent alongside adolescent assent) was obtained prior to data collection, confidentiality of responses was assured, and participation was entirely voluntary.

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RESULTS

A total of 177 questionnaires were administered, and all were retrieved for analysis, yielding a response rate of 100%.

Table 1. Parent-Adolescent Communication on Sexual Behaviour (n = 177)

Variable	Frequency (n = 177)	Percentage (%)
How respondents feel discussing sexual matters with parents		
Feel free	103	58.2
Afraid	33	18.6
Feel shy	30	17.0
Frightened	11	6.2
How often parents discuss sexual matters with their children		
Do so frequently	106	59.9
Never	43	24.3
Considered against tradition	15	8.5
Parental ignorance about the topic	13	7.3
Preferred parent/person to discuss sexual matters with		
Mother	116	65.5
Friends	26	14.7
Father	23	13.0
Other relatives	12	6.8
How respondents feel when parents raise sexual topics		
Ready to listen	77	43.5
Feel shy	54	30.5
Afraid	27	15.3
Feel happy	19	10.7
Preferred setting for discussing sexual matters		
Home	114	64.4
School	30	17.0
Social gathering	17	9.6

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Mosque	9	5.0
Church	7	4.0
Parental reaction when adolescent raises sexual topics		
Attentive	108	61.0
Not ready to listen	28	15.8
Impatient	23	13.0
Feel excited	18	10.2
Satisfaction with parents' response		
Fully satisfied	102	57.6
Not really satisfied	37	21.0
Not satisfied	22	12.4
Partially satisfied	16	9.0

Table 1 shows that more than half of respondents (58.2%) felt free discussing sexual behaviour with their parents, and 59.9% reported that their parents discussed such matters frequently. However, nearly a quarter (24.3%) said their parents never did so. The mother emerged as the overwhelmingly preferred communication partner (65.5%), well ahead of fathers (13.0%). When parents raised sexual topics, most respondents (43.5%) were ready to listen, though a combined 45.8% reported feeling shy or afraid rather than comfortable. The home was identified as the preferred setting for such discussions (64.4%), and most respondents (61.0%) perceived their parents as attentive when adolescent-initiated conversations occurred. Overall, 57.6% reported being fully satisfied with their parents' responses to sexual topics, though almost a fifth (21.0%) felt their parents' responses were inadequate.

Adolescent Exposure to Sexual Activity

Table 22. Adolescent Sexual Risk-Taking Behaviour

Variable	Frequency (n = 177)	Percentage (%)
Ever engaged in sexual intercourse (n = 177)		
Yes	78	44.1
No	99	55.9
Age at sexual debut (among the 78 sexually exposed)		
16 – 19 years	42	53.9
13 – 15 years	22	28.2
10 – 12 years	14	17.9
Frequency of sexual intercourse		

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Once in a while	41	52.6
On partner's request	21	26.9
Frequently	9	11.5
Whenever the urge is felt	7	9.0
Circumstances of first sexual intercourse		
Willingly	38	48.7
Out of sexual urge	16	20.5
Out of curiosity	13	16.7
Was raped	11	14.1
Self-rated maturity at first intercourse		
Considered self mature	27	34.6
Not fully matured	21	26.9
Teenage	19	24.4
Under-aged	11	14.1
Practises safe sex		
Yes	48	61.5
No	30	38.5
Style of sexual intercourse practised		
Vaginal	38	48.7
Oral	14	17.9
Lesbian	10	12.8
Heterosexual (other)	7	9.0
Homosexual	6	7.7
Anal	3	3.9
Number of sexual partners		
1 – 2	54	69.2
3 – 4	16	20.5
5 – 6	4	5.1
More than 6	4	5.1

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Table 2 shows that 44.1% of respondents had already engaged in sexual intercourse. Among these, most (53.9%) reported sexual debut between 16 and 19 years, while a concerning 17.9% reported debut as early as 10–12 years of age. Nearly half (48.7%) reported that their first sexual encounter was willing, while 14.1% reported having been raped. Most sexually experienced respondents (61.5%) reported practising safe sex, and the majority (69.2%) reported one to two lifetime sexual partners, though 10.2% reported five or more partners.

Factors Associated with Sexual Risk-Taking Behaviour

Table 3. Environmental and Social Factors Associated with Risky Behaviour

Variable	Frequency (n = 177)	Percentage (%)
Perceived safety of residential environment (n = 177)		
Safe	125	70.6
Ghetto	24	13.6
Unsafe	20	11.3
Riotous	8	4.5
Ever sexually harassed (n = 177)		
No	120	67.8
Yes	57	32.2
Reported trigger of sexual harassment (among those harassed, n = 57)		
Indecent dressing	20	35.1
Rough handling at social events/parties	16	28.1
Rape by a gang	11	19.3
Occurred while intoxicated	10	17.5
Ever engaged in prostitution (n = 177)		
No	139	78.5
Yes	38	21.5
Reported reason for engaging in prostitution (among those involved, n = 38)		
Peer influence	14	36.8
Lack of parental care	11	29.0
Socialization	8	21.1
To meet material needs	5	13.1

Table 3 shows that most respondents (70.6%) perceived their residential environment as safe, while smaller proportions described it as a ghetto (13.6%), unsafe (11.3%), or riotous (4.5%). Just under a third (32.2%)

reported having experienced sexual harassment, most commonly attributed to indecent dressing (35.1%) or rough handling during social gatherings (28.1%). Regarding prostitution, 21.5% of respondents reported ever having engaged in it, with peer influence identified as the leading contributing factor (36.8%), followed by lack of parental care (29.0%). Beliefs and Perceived Correlates of Sexual Risk-Taking Behaviour

Table 4. Respondents' Beliefs About Correlates of Sexual Risk-Taking Behaviour (Agree vs Disagree, n = 177)

Statement	Agree n (%)	Disagree n (%)
Early age at first sex can make a person promiscuous	128 (72.3)	49 (27.7)
There is a relationship between early sexual activity and early marriage	114 (64.4)	63 (35.6)
Peer influence can lead to risky sexual behaviour	142 (80.3)	35 (19.7)
A person can abstain from sexual activity even after prior exposure	116 (65.0)	61 (35.0)
Sexual immorality can destroy a person's life	130 (74.0)	47 (26.0)
Watching pornography can prompt risky sexual behaviour	132 (75.0)	45 (25.0)
Wearing revealing/sexy dress can lead to sexual harassment	139 (79.0)	38 (21.0)

Table 4 indicates broad agreement among respondents that peer influence is a driver of risky sexual behaviour (80.3%) and that indecent dress can lead to sexual harassment (79.0%). Majorities also agreed that pornography exposure can prompt risky sexual behaviour (75.0%) and that sexual immorality can be personally destructive (74.0%). A smaller, though still substantial, majority believed that early sexual debut is associated with promiscuity (72.3%) and with early marriage (64.4%), while 65.0% believed that abstinence remains possible even after prior sexual exposure.

DISCUSSION

The finding that 57.0% of respondents were aged 15–19 years is consistent with the WHO (2021) and United Nations (2020) definitions of adolescence as spanning 10 to 19 years. It reflects the typical age distribution of in-school populations in Nigerian secondary education. More notably, 58.2% of respondents reported feeling free to discuss sexual matters with their parents, a proportion broadly comparable to findings from Osun State, where 69% of adolescents reported ever having some sexual and reproductive health communication with a parent. However, the depth of such communication was considerably lower in that study (Aduloju et al., 2025). The overwhelming preference for mothers as communication partners (65.5% versus 13.0% for fathers) mirrors the gendered, same-sex communication pattern documented across Nigeria, in which mothers predominantly engage daughters while fathers rarely discuss sexual matters with either sons or daughters (Iliyasu et al., 2012; Obono, 2012).

The proportion of respondents reporting prior sexual exposure (44.1%) is lower than some national estimates, which place the figure closer to half of adolescent girls and about a fifth of adolescent boys (Zulu, 2025). However, the discrepancy may partly reflect the in-school, relatively younger composition of the present sample. Consistent with Furstenberg et al. (2015), who found that adolescents exposed to structured sex education were less likely to be sexually experienced without this reducing their willingness to discuss sex with parents, the present findings suggest that open communication and comprehensive education can be mutually reinforcing rather than competing protective strategies.

The strong endorsement of peer influence (80.3%) and pornography exposure (75.0%) as drivers of risky sexual behaviour aligns closely with Johnson et al. (2019), who found that early media-based sexual exposure increases adolescent sexual risk-taking, and with Varghese et al. (2015), who identified peer norms alongside family and community risk factors as compounding influences on adolescent sexual activity. The finding that peer influence

was the leading reported driver of prostitution involvement (36.8%), ahead of lack of parental care (29.0%), further reinforces the centrality of peer dynamics in shaping risk behaviour in this population, a pattern that has direct implications for intervention design, since parent-focused interventions alone may be insufficient without a complementary peer- and school-based component.

CONCLUSION

This study found that although a majority of in-school adolescents in Akure North Local Government Area feel able to discuss sexual matters with their parents, particularly mothers, a substantial minority experience communication gaps rooted in fear, shyness, or parental avoidance of the topic, and that peer influence, pornography exposure, and environmental factors remain powerful, independent drivers of sexual risk-taking behaviour regardless of the quality of parental communication. Given that nearly half of respondents had already been sexually exposed, often before the age of 16, closing these communication and educational gaps carries urgent public health significance.

RECOMMENDATIONS

1. Parents and caregivers should be supported, through community-based parenting programmes, to engage in more open, non-judgemental communication with adolescents about sexual matters, with deliberate attention to increasing father-adolescent communication alongside the already-dominant mother-adolescent channel.

2. School-based comprehensive sexuality education programmes should be strengthened and delivered in line with national school health education policy, given evidence that structured sex education reduces sexual risk-taking without discouraging parent-adolescent communication.

3. Interventions to reduce adolescent sexual risk-taking should explicitly address peer influence and exposure to sexually explicit media content, given that these emerged as the most strongly endorsed correlates of risky behaviour in this study.

4. Government, non-governmental, and religious institutions should implement integrated adult education programmes on sexuality to strengthen parental knowledge and confidence in discussing sexual matters with their adolescent children.

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