

## Original Article

# Socio-cultural factors affecting parent-adolescent communication on sexuality in the Accra Metropolis, Ghana

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## Abstract

Parents have the responsibility to teach their adolescent children how to deal with sexual problems confronting them by educating them on what they need to do to avoid risky sexual behaviours. This study explored the socio-cultural factors affecting parents' role in educating their young children on sex and sexuality. The study used an exploratory descriptive qualitative design and employed focus group discussions (FGD) and in-depth interviews to explore the socio-cultural factors that affect parents' presentation on sexuality to adolescents. Thirty-four parents made up of two mothers' groups, one fathers' group and a mixed group (mothers and fathers) took part in the FGDs. In-depth interviews were conducted with ten parents who were not part of the FGDs. The data was transcribed and analysed manually. The findings of this study indicated that parents blamed cultural taboos for preventing them from discussing sexuality with adolescents. Parents however supported school sex education for their children and indicated that it would benefit adolescents whose parents could not discuss sexual issues with them. Parents proposed that the school should involve them in school sexual education for them to be acquainted with what the children are taught in school in order to complement it at home. All the parents were worried about the negative influence that the media have on adolescents. In spite of obvious impediments to discussions on sexuality with adolescents, parents saw the need to discuss sexuality with adolescents because of the benefits of such education.

## Keywords:

**Taboos; Sexuality; Adolescents; Communication**

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## Introduction

Knowledge about sexuality is very important in the life of the adolescent. Such knowledge helps adolescents to learn about their bodies and society's expectation in terms of behaviour. Every society has a method for preparing and training adolescents for future life, including their sexuality. In many cultures, this knowledge is passed on through sex education. The aim of such education is to reduce the risky results of irresponsible sexual behaviour, such as unwanted or unplanned pregnancies and sexually transmitted infections (SIECUS, 2010). Sex education also contributes to young people's experiences of sexuality by improving the quality of their relationships and their ability to make knowledgeable decisions over their lifetime (SIECUS, 2010).

Ideally, parents must be the main sex educators of adolescents because traditionally they conduct their children's first stage of socialization. In a study in the United States involving 513 adolescents aged 12 to 17 years, parents were the primary educators (Albert, 2009). The study found that one-third of the adolescents mentioned parents as their most vital influencers when it comes to their decision about sexual choices. Parent-child closeness and parents' communication with adolescents have been associated with sexual abstinence, delay in early sexual activity, fewer sexual partners, reduced pregnancies, and increased contraceptive use (Mitchell, 2009). Many young people reported that they would like their parents to discuss various topics on sexuality with them to increase the normal biological and risk-focused discussions (Feldman & Rosenthal, 2010). Positive parent-adolescent discussions have been found to be helpful in building strong family relationships and discouraging risky adolescent sexual behaviour (Liu & Flay, 2009).

Thus, parents have the responsibility to teach adolescents how to deal with sexual problems confronting them by educating them on what they need to do to overcome sexual risk-taking

behaviours. Despite the need of adolescents to have information about their sexuality, socio-cultural factors have prevented parents from talking with their adolescents about their sexuality. A study in Kenya explored the reason why educated mothers did not educate their daughters on sex and found many

socio-cultural and religious barriers to sexuality discussions. For example, European Christianity is cited to affect the type of language used to discuss sexuality in Kenya; and the metaphors and other indirect approaches used in sexual discussions and the exact language are perceived as dirty (Mbugua, 2007).

Another study in Kenya showed that 38% of parents believed that conversation about sexuality encourages sex (Poulsen et al., 2010). They also believed that talking about sexuality with children would lead to early sexual involvement (Izugbara, 2008; Wamoyi, Fenwick, Urassa, Zaba, & Stones, 2010). In Nigeria, parents did not talk about condoms and contraceptives during sexuality education with adolescents because they felt that it would encourage adolescents to be sexually promiscuous (Izugbara, 2008).

In a focus group discussion in Ghana, adolescents were unwilling to talk about sexuality with their parents because they felt shy and preferred to discuss with their friends. Fear of physical punishment discouraged adolescents from telling parents that they were involved in unprotected sex (Kumi-Kyereme, Awusabo-Asare, Biddlecom, & Tanle, 2007). This study therefore, seeks to explore the socio-cultural factors affecting parent-adolescent discussions about sexual issues among parents in the Accra Metropolis, Ghana. This study is part of a wider doctoral study of the first author.

## Design and Methods

The study used a descriptive exploratory qualitative design to explore the socio-cultural factors affecting parent-adolescent communication on sexuality in the Accra Metropolis, Ghana. The study utilised two qualitative data collection methods to gather information from the parents (in-depth interview and focus group discussion). The study settings were the Osu Klottey and Ablekuma South sub-metropolises in the Accra Metropolis comprising 11 sub-metropolises. The study was conducted at these sites because Osu Klottey is one of the oldest Ga communities in Accra and its inhabitants are mostly fishermen and fishmongers. Ablekuma South, on the other hand, is a newly created sub-metropolis that is cosmopolitan in nature.

## Sampling Technique

The parents were recruited through their adolescents' children in school by simple random sampling.

A parent whose adolescent picked 'yes' from pieces of folded paper, was sent a letter inviting him or her to participate in the study. The parent was either the biological father or mother of an adolescent between 12 and 17 years who attended a public Junior High School and had been living in one of the two selected sub-metropolises for a year. Parents who specified their willingness to participate in the study signed an informed consent form and were enrolled. The in-depth- interviews were conducted with ten parents and thirty-four parents took part in the FGDs. Four FGDs were held comprising of two mothers' groups, one fathers' group and one mixed group (both mothers and fathers) with an average eight parents in each FGD.

### Data Collection

The in-depth interviews (IDIs) were conducted with parents in the comfort of their homes. The FGDs were held in the classrooms of the schools in the study site.

A semi-structured interview guide was used to conduct the interviews and FGDs. Open ended questions were used to generate answers and these were probed until full understanding was achieved. The interviews and FGDs were conducted in English and Twi and audio-taped with a digital voice recorder with the consent of participants. The interviews and FGDs conducted in English were transcribed verbatim and those conducted in Twi were transcribed in English by the first author who understood the Twi language very well. The non-English transcripts were verified by the co-authors to further ensure the right content was reported. Each session lasted between 30 to 60 minutes.

### Ethical Consideration

The study was approved by the Ethical Review Board of the Noguchi Memorial Institute for Medical Research, University of Ghana. Permissions were sought from the Metropolitan Director of Education, Accra Metropolis and head teachers of the selected Junior High Schools to use their students to select the parents for the study. Individual consent was also sought from participants before data collection. Confidentiality and privacy were assured and anonymity was maintained throughout the study. Participants were free to withdraw from the study at any point they felt they were no more interested in the study.

### Data Management and Analysis

The manual analysis of data began with a search for similar ideas; thoughts, recurring words and differences within the data were done by two research assistants concurrently. Codes were created, based on the ideas, thoughts, recurring words and differences within the data. Similar and related codes were grouped to form themes and sub-themes. This process of data analysis is consistent with the principles of content analysis (Miles & Huberman, 1984). Having developed the themes, the report was written using verbatim quotes of participants expressing the views and vivid thoughts of all the participants. An expert in qualitative research also analysed the data and any disparity was discussed for a consensus. Participants were identified with identification codes such as: M1FGDOK (Mother1 in Focus Group Discussion, Osu Klottey), F1FGDAS (Father1 in Focus Group Discussion, Ablekuma South), M1IDI (Mother1 in In-depth Interview) and F1IDI (Father1, in In-depth Interview).

### Rigour of the study

Trustworthiness of the study was achieved through prolonged engagement with participants to make sure that the correct data was collected during the interviews and FGDs. Probing was done to ensure robust and rich that the research findings. The process of member-checking was employed during the interviews to follow up on emerging themes. Participants' characteristics and context were well described to obtain transferability for any researcher who might wish to replicate the study. Dependability was achieved by employing an independent data analyst who analysed and confirmed the findings.

### Results

#### Demographic characteristics

The study participants, made up of 16 fathers and 28 mothers, took part in both the FGDs and IDIs. The age of the participants ranged between 25 and 55 years. Forty- two participants were Christians and two were Muslims. Thirty-eight of the participants were married, four were single and two were divorced. All the participants were educated. Twenty had primary education and 14 had tertiary education. Twenty of the participants were traders, eight worked in the public sector, and six in the private sector and the rest were artisans.

Themes and sub-themes that came out of the study were religion, culture, school sex education, media and peers as factors that affected parents talking to their adolescents about sexuality.

### **Influence of parental religious beliefs on sexuality education of adolescents**

A parent's religious belief has an influence on sexuality education of the adolescents. In the FGDs, it was realized that some parents' religious beliefs affected the education of their children on sexuality. A pastor in the men's FGDs indicated that in his church they did not talk about sexual issues with the youth. He attributed it to being 'holy' and that the members of the church believed that such issues should not be discussed in church. The church members believed that their children would not indulge in sex. Therefore, it was not necessary to educate them about their sexuality.

*I am a charismatic and a pastor, we don't talk about sexual issues with the youth or the congregation in my church. I can't say whether we don't accept sexuality education or not. It is simply that we don't do it. It is holy, holy. I think it is their belief that such a thing should not be done in the church. They also believe that their children will not indulge in sex so it is not necessary to talk to them about sexuality. What I have observed is that they believe that once they are teaching their children about the word of God, they will lead good lives (F1FGDOK).*

A participant in the women's FGDs indicated that although her religion allowed the discussion of sexuality with adolescents, it did not allow the teaching of modern contraceptives with the youth.

*For us Catholics, the church does not prevent you talking about sexual issues, but when it comes to modern contraceptives for example, condom you are limited. You are not supposed to provide information about modern contraceptives. (M5FGDAS).*

Many of the participants in the IDIs believed that religion should encourage sexuality education of the youth. They specified that most adolescents have no knowledge on sexual issues and that marriages were

breaking down in the churches because couples lack the knowledge on sexuality.

I think the church for instance, does not know how to go about educating the youth about sexual issues. Now, before weddings, the church has started talking about such things because they know that it is affecting young couples. Why are Christian marriages breaking down? It is because of some of these issues on sexuality. We are too 'holy'. If I am a virgin before marriage, at least I should have some knowledge about sexuality? (M3IDI).

### **Culture and sexuality education of adolescents**

Parents were of the view that cultural taboos prevented education of adolescents on sexuality. Among the Akans, it is a taboo to talk about sexual issues with a child because it is believed that the child could be 'spoilt'. Even if the child wanted to find out certain things about sex, they would tell the child that he/she was not matured enough to know about such issues. There are some parts of the body that could not be mentioned because it is considered a taboo to do so. For that matter, they expressed such things using euphemisms. For example, they prefer to call the penis 'manhood'. Another participant in the women's FGDs indicated that some sexual discussions only took place after menarche.

*'It is a taboo for you to talk about sexual issues among the Akans because they believe that if you talk about sex with a child, the child will spoil. Even if the child wants to find out certain things about sex, they will say 'you are not up to that stage yet and when you get there you will know'. There are certain parts of the body you can't mention, so they find a way of saying your 'manhood instead of penis. That is why we can't talk to the children' (M1FGDOK).*

*Some sexual discussions take place only when the girl starts menstruating. That is where the mother focuses on some sort of education that 'you are now a woman and if you have sex you will become pregnant' and that is generally what they say. It is like something sacred and they don't talk about it (M4FGDAS).*

All the parents agreed that culturally, adolescents should be educated on sex-related issues. A participant was of the view that culture was dynamic and should include sexual education. He lamented that taboos of not talking about sexual issues with children had brought problems and poverty to parents. Talking about sexual issues would benefit the adolescents so that they could go to school to be responsible people in future.

*Culture is dynamic so we should include sexuality education into it. Taboos of not talking about sexual issues with children have brought problems such as teenage pregnancy and poverty to us. We have to limit cultural taboos that prevent us from talking to our children about sexual issues. Talking to the children about sexual issues will prevent them from getting pregnant or impregnating someone so that they can go through school and become responsible adults in the future (F2FGDOK).*

Some of the participants believed that, to promote sex education culturally, it should start with the custodians of tradition. They should be educated about the advantages of talking to adolescents about sexual issues and the consequences of not talking to them such as teenage pregnancy and contracting STIs.

*We should start the education of the people from the custodians of tradition. We should talk to them on the benefits of talking to children about sexual issues. The consequences of not talking to children on sexuality can lead to teenage pregnancy and acquiring STIs including HIV (F2FGDAS).*

### **School sex education and parents' sexuality education of adolescents**

Many of the parents opined that school sex education of adolescents was good. They agreed that such education at least, would benefit adolescents whose parents could not educate them on sexual issues. Other parents were of the view that school authorities should involve parents in school sexual education programmes so that parents would know what the children were taught at school to complement the effort of the teachers at home.

*School sex education for adolescents is very good. Children sometimes take what their teachers teach them more serious than what parents tell them. If the teacher teaches the child, he/she will take whatever the teacher told him/her seriously. Furthermore, parents who cannot discuss sexuality with their children, the school will at least educate them (M6FGDOK).*

*School authorities need to involve parents in school sex education by giving parents guidelines on what have been taught at school. This way parents know what the children have learnt so as to complement the effort of the teacher at home' (M2FGDOK).*

School sex education should not prevent parents from educating their children about sexual issues. A participant was of the view that parents thought that once their children were in school, the teacher would educate them about sexual issues and stated, "It is because some parents think that when their children go to school, the teacher will teach the child; so, at home, sexuality is not talked about" (F3FGDOK). Therefore, parents did not talk about such issues again at home.

The notion that many parents shirked their responsibility to provide sex education to their adolescent children came up in the discussions. Some of the participants believed that it was the parents' responsibility to educate adolescents about sexuality.

*Parents have the first responsibility to educate their children on sexuality but we are starting from an age where the parents themselves did not have any education on sexuality. So, it will be difficult to put the responsibility totally on parents now because they are not well-equipped to educate their children on sexuality (M3FGDOK).*

Others parents however, were of the opinion that it was a collective responsibility of parents, teachers and health workers to educate adolescents about sexuality because most parents are ignorant about sexual issues.

*It is a collective responsibility because most of the parents are ignorant about sexual issues. Subsequently if we leave everything for parents alone, the adolescents will be lacking somewhere and if we leave everything to teachers too, they may be missing something, so parents, teachers and health workers should come together and teach adolescents about sexuality because they all have different experiences to teach children (M2FGDAS).*

## **The influence of the media on the sexual lives of adolescents**

All the parents were worried about the negative influence that the mass media have on adolescents. Many of the parents were of the view that the media have a great influence on the adolescents because almost every home has a television and probably the internet. Some of the participants pointed out that, parents were too busy about their jobs and had no time to supervise children on what to watch on television and the internet. Parents also blamed the television stations for showing sex-related programmes without recourse to time of day, which permitted children to watch these programmes.

*I think the media have a great influence on adolescents because almost every home has television and some probably the internet. Parents are so busy, they go to work early and come back late and don't have time for their children. When children come home from school, they find comfort in the TV and internet. Unfortunately, there is no control on the kind of things they watch on the TV and internet. The TV stations show romantic programs anytime of the day. When the children see these scenes on the TV, they learn about them. They will say 'oh! this is how it is and the next time I want to try it myself' and they start indulging in sexual activity (M2IDI).*

Some of the participants were of the opinion that parents could not do much about the influence of the media on the lives of adolescents unless parents start educating adolescents at a younger age since when the children become adolescents the media influence might override parental advice.

*There is not much we can do about media influence on adolescents unless we start educating them at a younger age that is when it can have an impression on them. But once they get into adolescence their ears are blocked. Whatever you say is not what they will do; so, we should start educating them at a younger age before they are influenced by the media. (M4IDI).*

The parents suggested how the media could be used to educate adolescents on sexuality. A mother was of the opinion that adolescents were more attracted to the electronic media such as televisions compared to print media. The themes of soap operas shown on televisions, therefore, could be altered to stress on education geared towards adolescents' sexuality because most adolescents like watching such programmes.

*Adolescents are more attracted to the electronic media such as TV compared to the print e.g. newspapers. A lot of Soap Opera that are shown on TV can be made more educative in a way for adolescents because most adolescents like watching these programmes (M4FGDOK).*

The respondents also suggested that the media could reorganize the time allotted for children's programmes to meet the needs of adolescents' sex education as captured in the words of one father "The media should use some of the time they have for children's programmes to teach adolescents about sexuality". (F5FGDAS).

## **Parents' sentiments about peers as the source of sex education to adolescents**

Peers have positive and negative influence on the lives of adolescents. Adolescents tend to adopt the negative influence their peers attached to sexual activities (Choukas-bradley, Giletta, Cohen, & Prinstein, 2015). This may be because adolescents do not share the close relationship they have among friends with their parents. Some of the parents were of the opinion that adolescents felt shy to talk to parents about sexuality but they found it more comfortable to discuss with their friends. The respondents also indicated that the adolescents thought that parents did not have the knowledge about sexual issues so preferred talking to their friends. A participant indicated

that some parents might think that adolescents were indulging in sex that was why they were asking questions about sex.

*'Adolescents feel shy to talk to parents about sexual issues. They find peers more comfortable to discuss such issues with. Some adolescents think that parents don't have the knowledge about sexual issues so will prefer to seek information from their peers rather than their parents' (M1IDI).*

*'Adolescents will prefer to seek information on sexuality from peers because some parents will think that the adolescents are indulging in sex that is why they are asking such questions' (F1IDI).*

Parents proposed ways of overcoming bad peer influence on adolescents. A participant observed that parents should give the right education to adolescents about sexuality at an early age. Whatever information adolescents had from friends later would be an additional information, which they could decide to comply with or not.

*'Parents should give adolescents the right education about sexuality so whatever their peers say will be additional information they can decide to take or not. Thus, it is important to give adolescents the first information on sexuality at an early age before they get the secondary information from their peers' (M5FGDOK).*

## Discussion

Parents' religious beliefs are of great importance and they tend to influence education of adolescents about their sexuality. Some religious leaders discourage the education of adolescents on sexuality (Owusu, 2012). In Ghana, religion is very strict on sex education to adolescents.

Some churches insist on total abstinence until one is legally married (Owusu, 2012). While some parents' religion did not encourage sex education of adolescents, others opined that their religion encouraged it. During the FGDs, parents said some charismatic churches restricted discussions of sexual topics with adolescents. The participants noted that even though

the Catholic Church allowed the discussion of sexual topics with adolescents, it did not allow the discussion of modern contraceptives with the youth. This tendency by religious organizations may place adolescents from such religions at high risk of the negative effects of adolescent sexual promiscuity. This is why such vulnerable adolescents must be targeted for interventions to help prevent risky sexual behaviours among them.

Some cultures may be more tolerant than others regarding discussions of sexual topics with adolescents. In the present study, culture did not appear to be a hindrance to the discussion of sexual topics. While culture in itself was not a direct impediment to discussing sexual topics, some parents in the FGDs cited cultural taboos as impediments to open discussion of sexual issues with adolescents. The cultures maintained that talking to the child about sex would encourage the adolescent to indulge in sex. The FGDs, parents indicated that cultural taboos had made it difficult to talk about sex generally, which was why certain parts of the body were mentioned in euphemism as in the use of expressions like 'manhood' instead of penis. Evidence from Kenya also revealed that traditional taboos are the main obstacles to meaningful sex-education between mothers and their daughters which, had obviously prevented parents from talking about sex with their children (Mbugua, 2007). Ghanaian culture might consider sexuality as too sacred for discussion with children and adolescents. In Ghana, teaching about sex to children is generally perceived as introducing them to early sexual intercourse and subsequent pregnancies. The understanding and tolerance for sex education among Ghanaian parents is limited. Culture thus, accounts for this intolerance for sex education (Owusu, 2012).

Sex education for adolescents in Ghana is school-based and many parents play no role in educating their children. Parents indicated that they are in support of sex education of adolescents in schools because children are likely to take what is taught by their teachers more seriously than what parents teach them. A similar finding in support of school sex education programme was reported in the United States (Bleakly, Hennessy, & Fishbein 2010). The parents in the present study supported sex education programmes in schools, since many of the parents

could not educate their adolescents on sexuality. Respondents were, therefore, grateful that the school was doing it. Even though parents' support for schools' sex education is good, it is important to identify means through which parents are empowered to discuss sexual topics with their adolescents. The adolescents may take what the teacher teaches at school more seriously mainly because such courses are examinable.

While some parents expressed their support for school sex education programmes, other parents indicated that schools needed to involve parents by providing guidelines of what the schools teach. The call for parents to be involved in schools' sex education of their children has been expressed by Mitchell (2010). Schools involving parents in sex education programmes will allow the parents to be abreast of what their children are learning to complement what the school is teaching. In support of this, Akers, Holland, and Bost (2011) found that school sex education programmes prevent sex risk-taking among adolescents and promote healthy sexual lifestyles. Parents should be allowed to join school sex education programmes organised for students to contribute towards discussions on what is being taught in the schools.

The Media serves as an agent for sexual socialization to adolescents (L'Engle, Brown & Kenneavy, 2006). Adolescents acquire both positive and negative forms of sexual information from the media. In the in-depth interviews, parents were concerned about the negative effects that the media, especially television and the internet, have on the sexual lives of adolescents. Television stations were blamed for showing sex provoking movies during the day, which young people watched and copied. Results of a prior study in the United States found that adolescents acquired sexual messages and ideas about sex from the television, movies and the internet (Peter & Valkenburg, 2008). Wilson, Dalberth, and Koo (2010) also found from FGDs in the United States that parents blamed the television and the internet for the risky sexual behaviour of children. They expressed their frustration about children's easy access to pornography on the internet and cable TV, as well as the negative role models on television, open sexual content of music and video games and sexual overtones of advertising.

Although the mass media was blamed for its negative influence on adolescents, it was also highlighted as a means of promoting healthy lifestyles among adolescents. Parents in the FGDs suggested that the soap operas shown on television, for instance, could have stronger sex education components since adolescents enjoyed watching such programmes. This is in agreement with the findings of Grabe, Ward, and Hydes (2008) which promoted healthy sexual behaviour. Adolescents obtained information from media sources such as magazines, which have the potential of promoting healthy adolescent sexual awareness. Due to media proliferation and divergence of views, parents will need to help adolescents make choices regarding choice of programmes to view to prevent exposures to those that can provoke adverse sexual outcomes in adolescents.

Adolescents usually seek information on sexuality from peers, as they seem to understand each other better. Consistent with the finding of an earlier study, it was found out that adolescents prefer to seek information from their peers instead of from parents (Teitelman, Ratcliffe, & Cederbaum, 2008). The IDIs showed that lack of sexual communication between parents and their adolescents made adolescents turn to their peers for information on sexuality. This lack of communication may be primarily because they feel more comfortable discussing such issues with their peers than their parents. Alternatively, adolescents may be talking to peers rather than parents because some parents would not tolerate adolescents' questions about sex or have time to discuss such issues with their adolescents. This notion is also confirmed by a study undertaken by the Palo Alto Medical Foundation (2013) which observed that adolescents who had problems with or felt uncomfortable discussing issues with their parents turned to their peers for advice. This presents a challenge as adolescents may be exposed to wrong information from their 'seemingly knowledgeable' colleagues that might lead to avoidable negative sexual outcomes. It is necessary that parents seek expert advice on performing the task of educating their adolescents on sexual topics if they feel incapable to do so. Parents can also make use of available training materials and programmes that offer the necessary skills required for more open, comfortable and frequent parent-adolescent sexual communication that will yield positive sexual outcomes in adolescents. **Implication for Nursing Practice**

Nurses, especially those in reproductive health, should educate parents on how to discuss sexual issues with their children. Faith-based institutions, such as churches and mosques should be encouraged to organise programmes to educate parents on adolescent reproductive health issues so that they become adequately well-informed to facilitate discussions with their children on sexuality.

## Conclusion

Even though socio-cultural factors, especially cultural taboos, have affected discussions between parents

and adolescents on sexual issues, parents have seen the need to educate their adolescents about sexuality to prevent issues like premarital sex, unwanted pregnancy and STIs including HIV/AIDS.

## Conflict of Interest

The authors declare that there is no conflict of interest.

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