

# Home-Based Sexuality Education

## Nigerian Parents Discussing Sex With Their Children

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This article explores how and why parents in rural Nigeria discuss sexuality-related matters with their adolescent children. The data presented here demonstrate that parents relegate sexuality to the domain of the dangerous, unpleasant, and unsavory while speaking to their children about it. Family sexuality communications offer parents a veritable cultural space to manage and control young people's sexuality. It is asserted that many Nigerian parents who discuss sexuality issues with their adolescent children compound the difficulties the young people encounter in accessing accurate and adequate sexuality information and in developing the associated power and mastery over their own sexual identity. Interventions that will enable parents to both give and allow their children early access to quality information on matters of sexuality are urgently needed.

**Keywords:** *parents; young people; sexuality; home-based sexuality education; Nigeria*

### The Problem

A majority of young people in Africa have woefully inaccurate sexuality knowledge (Izugbara, 2005a; Mitchell, Halpern, Kamathi, & Owino, 2006; Okediji, 1997; Oshi & Nakalema, 2005). Researchers, sexuality educators, and several other groups working in the field of adolescent sexual and reproductive health in Africa consider poor sexuality knowledge to be the major reason why the triple tragedy of HIV/AIDS, unwanted teenage pregnancy, and unsafe induced abortion continues to have its highest number of victims among young people from the continent (Esiet et al., 2001; Kelly, 2001). One common and oft-given explanation why youth in Africa have deficient sexuality knowledge is that they primarily rely on equally uninformed and

ignorant peers for their education and information on sexuality (O. Adegbola & Babatola, 1999; Ademola, 2003; Araoye & Fakeye, 1998; Esiet et al., 2001; Kinoti, Gaffikin, Benson, & Nicholson, 1995; Population Reference Bureau [PRB], 2001).

To facilitate young people's access to accurate sexuality knowledge, it has been suggested that parents in Africa need to break the cultural silence surrounding sexual matters in the home and assume the responsibility of talking to their children about sexuality (Cornwell & Welbourn, 2000). Underlying this suggestion, however, are the assumptions that parent-child communication does not occur in Africa and that young people will certainly receive adequate and accurate information about sexuality from their parents. But studies conducted in the last 5 years challenge these assumptions. They show that home-based sexuality education is not uncommon in Africa and that young Africans who receive direct parental teachings on sexuality do not necessarily hold or express more accurate sexuality information than those who do not receive it (Ademola, 2003; Izugbara, 2004). The persistence of erroneous and dangerous ideas about sexuality among African young people who have received direct parental teachings on sexuality raises an urgent need to interrogate the form and content of home-based sexuality education in the continent.

The purpose of this study is to explore parent-child communication on sex and sexuality in Nigeria. In the study, parents were interviewed regarding the sexuality issues that they discuss with their children, their motivations in discussing matters of sexuality with their children, and the factors that prompt them to speak to their children about sexuality. I consider the emerging findings critical to gauging the scope that family sexual communication currently offers for supporting Nigerian young people's sexual and reproductive well-being.

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## Literature

The majority of available studies on direct parental teaching of sexuality have been conducted in the global north and have focused on themes such as the factors that influence its occurrence, types of parent–child communication on sexuality and their implications, and gender issues in home-based sexuality education. The brief review that follows highlights some of the key debates on these themes.

### Influences on Parent–Child Communication on Sexuality

Nickelodeon and Henry J. Kaiser Family Foundation (2001) and Wallis and VanEvery (2000) suggested that the major barrier to home-based sexuality education is the cultural framing of the topic of sex as taboo in many parts of the world. They contended that sex is not a popular topic of discussion between many parents and their children because culture determines sexual expression, especially the practices considered proper. Parents tend to be wary of transgressing acceptable cultural practices regarding childrearing. Such cultural inhibitions and puritanical attitudes frustrate family sexual communication by putting parents who raise the theme of sex with their children in an awkward position. Wallis and VanEvery contended that popular constructions of childhood also frustrate family sexuality communication. They argued that the common depiction of children as “innocent” and “corruptible” often makes it necessary to “protect” them from carnal knowledge (see also Gabb, 2004). Authors (including Aaron & Jenkins, 2002; Orgocka, 2004; Pluhar & Kuriloff, 2004; Pugh, De’Ath, & Smith, 1994) have identified other key causes of the lack of family sexual communication such as embarrassment, lack of knowledge, poorly defined values, fears of encouraging early sexual activity or interest in sex, inability to initiate and maintain a conversation on the subject, and cultural norms that make sexual knowledge taboo and depict proper parenting in terms of protecting children from early sex knowledge.

California Alliance Concerned with School-Age Parenting and Pregnancy Prevention (CACSAP; 2003) maintains that globally, less than half of parents of 8- to 11-year-olds ever talk to their child about the basics of reproduction. The report observed that the common themes in parent–child communication were alcohol and violence. In one of the few available studies on the issue of family sexuality communication in Nigeria, Ofuru (2003) observed that fewer than 21% of parents reported talking to their children about sexual behavior. Nickelodeon and Henry J. Kaiser Family Foundation (2001)

observed a similar trend in the United States, where parents were more likely to consider talks about sex, alcohol, drugs, and violence as happening “regularly,” whereas their children often remember having these discussions only a “couple of times.” Parents’ own upbringing, poor self-efficacy, high parental religiosity, low parental education, lack of confidence, and lack of sexual education coupled with inadequate communication skills are other factors that contribute to their difficulties in talking with their own children about sexual matters (CACAP, 2003; Cornwell & Welbourn, 2000; Izugbara & McGill, 2003; Walker, 2001).

### **Types of Parent–Child Communication on Sexuality**

When parent–child communication about sexuality occurs, it can be positive or negative (Orgocka, 2004; Pluhar & Kuriloff, 2004; Walker, 2004). Poor and negative home-based sexuality education involves deliberate misinformation to children by parents and the use of the fear-based ideology, which involves the portrayal of sex using scary images and young people’s sexual behavior in terms of immorality and waywardness (F. Adegbola, 1996; Cornwell & Welbourn, 2000). This type of family sexual communication misinforms young people and leaves them floundering in a sea of half-believed ideas, untruths, misinformation, and prejudices. Recipients of poor and negative sexuality education usually lack adequate sexual knowledge and are often incapable of safely negotiating sexual risks (Izugbara, 2004; Whatley & Henken, 2000).

On the other hand, good and positive parent–child communication on sexuality, defined in terms of the transmission of accurate, clear, and timely information about sexuality to children, is beneficial (Aaron & Jenkins, 2002; Halstead & Waite, 2001; Kirby, 1999; Lagina, 2002; B. Miller, 2000; Paechter, 2000; Whitaker & Miller, 2000). Studies have correlated it with delayed onset of sexual activity, high awareness of sexual risk, and low involvement in risky sexual practices. Good communication increases contraceptive use and reduces chances of sexually transmitted infections (STIs) and unplanned pregnancy among young people (Aaron & Jenkins, 2002; F. Adegbola, 1996; B. C. Miller, Norton, Fan, & Christophersen, 1998; K. S. Miller, Levin, Whitaker, & Xlahoe, 1988; Pick & Palos, 1995; Shoop & Davidson, 1994). Family sexual communication that is open and accurate motivates young people to discuss sexuality and sexual risks with their partners and reduces their tendency to conform to peer and popular pressure and expectation on sexual behavior. Thus whereas Johnson, Wadsworth, Wellings, and Field (1994) found that young people from families that are

more accepting and open about issues of sexuality delayed their sexual experience, used more effective contraceptives, and had fewer sexual partners, Adolph, Ramos, Linton, and Grimes (1995) observed higher rates of unintended pregnancies among teens with significantly poor parent-child sexual communication. A recent report by the Centers for Disease Control and Prevention (2003) shows, however, that the benefits associated with home-based sexuality education may not be consistent. The report suggests that unprotected sexual intercourse was more likely to occur among adolescents and teens who have discussed condoms with their mothers than those who have not, which may be because of the limited influence of the family on sexual knowledge and attitudes of teens. Parents are only one of many authoritative sources of knowledge for young people.

### **Gender Issues in Parent-Child Sexuality Communication**

The impact of gender of parents and children on home-based sexuality education has also been explored in the literature. Studies indicate, for instance, that whereas young women are more likely than their male counterparts to be talked to about sexuality, mothers are more likely than fathers to provide home-based sex education to their children (Orgocka, 2004; Pluhar & Kuriloff, 2004; Sex Education Forum, 1997; Walker, 2004). The popular construction of adolescent girls' sexuality in terms of danger and vulnerability has been identified as a major reason why girls are more likely than boys to receive home-based sexuality education (Nickelodeon & Henry J. Kaiser Family Foundation, 2001). On the other hand, parents tend to frame the lives of boys in terms of risk taking and adventure, and as a result they tend to let them experiment with everything, including sex. Walker (2001) pointed out that although a few fathers provide home-based sexuality teachings to their children, the biological sex of the parent and their own experience of sex education clearly influence the sex education they provide. Walker submitted that the popular view of mothers as caregivers and home educators tends to support their readiness to take up the responsibility of home-based sexuality education. Holland, Mauthner, and Sharpe (1996) believed that mothers may also collude, often unconsciously, in marginalizing fathers' involvement. Mothers, they insisted, tend to self-perpetuate their role as home caregivers and educators. Children respond to this by continually bringing their concerns to their mothers rather than to their fathers. It has also been suggested that parents experience more difficulties in talking to their sons about sexual matters and especially in gauging when best to broach the subject (Sharpe, Mauthner & France-Dawson,

1996; Walker, 2001, 2004). On the other hand, the onset of menstruation in girls acted, for parents, as a symbol of girls' potential fertility and sexual development. Such manners did not exist in boys to provide impetus for initiating discussions about sexual matters (Sharpe et al., 1996; Walker, 2004).

Scholars (e.g., Dilorio, Pluhar, & Belchar, 2003; Nwoga, 2000; Pluhar & Kuriloff, 2004; Ward & Wyatt, 1994) have investigated how parent-child sexuality communication occurs, how feelings are conveyed, conversational styles, and communicative strategies. Research shows that both parents and children display feelings of embarrassment, discomfort, and anxiety when discussing sexuality (Jordan, Price, & Fitzgerald, 2002; Kahlbaugh, Lefkowitz, Valdez, & Sigman, 1997; King & Lorusso, 1997; Lefkowitz, Kahlbaugh, & Sigman, 1996; Lefkowitz, Romo, Corona, Au, & Sigman, 2000; Rosenthal & Feldman, 1999). This is largely because of the cultural construction of sexuality as an adult affair and as belonging to the realm of the private. Parents, especially mothers, have been shown to be more dominant in sexuality conversation because they tend to believe that children have little to contribute and therefore only need to listen (Dilorio et al., 2003; Orgocka, 2004; Pluhar & Kuriloff, 2004). Lefkowitz et al. (1996) noted less turn taking and the use of fewer words in mother-child conversation about sexuality compared to other conversations. Nwoga established that some mothers rely on the storytelling technique to carry out sexuality education. To persuade their daughters not to make the same mistakes they made as teenagers, the mothers tell their daughters stories of their past, emphasizing their regrets and how these could be avoided. Whalen, Henker, Hollingshead, and Burgess (1996) noted that communication between mothers and daughters tends to be mutual, whereas it was directive between mothers and sons. In their recent work, Pluhar and Kuriloff supported the view that there are two dimensions of sexuality communication between mothers and daughters—stylistic and affective. These are often determined by the character of the mother-daughter relationship, which could be close or connected.

As noted earlier, the preponderance of existing literature on parent-child sexual communication comes from research conducted in the global north. Family sexuality education in Africa remains an under-explored research theme. For instance, in Nigeria, where this study was conducted, the few available studies on the theme (such as those by Ofuru, 2003) have merely sought to establish whether or not parent-child sexuality communication occurs in the country. Questions about how and why sexuality education is discharged, the key issues it covers, who initiates it with whom and when, the styles adopted, and the scope that it offers for young people's sexual and

reproductive well-being in Nigeria are currently unanswered. This article presents a take on these issues.

## Method

### The Study Setting

Eight purposively selected rural Igbo communities in Imo and Abia states of southeastern Nigeria were the specific sites of the study. The Igbo are Nigeria's third largest ethnic group and presently number more than 12 million. Igboland lies between latitudes 4° and 7° north and longitudes 6° and 8° east. This area covers Imo, Abia, Anambra, Ebonyi, and Enugu States and parts of Rivers and Delta States of Nigeria. Neighboring the Igbo on the southeast are the Ijaw, Kalabari, and Itsekiri peoples. The Ogoni and Ikwerre of Rivers State are their southeastern neighbors. Their northern neighbors are the Idoma and Igala of Benue State; eastward they share common borders with the Ibibio, Ekoi, and Yako of Akwa Ibom and Cross River States. Most of Igboland is rural. Only about 38% of Igboland is currently urban.

The true origin of the Igbo is unknown; scholars have merely speculated on it. A possible affinity with the Jews has been hypothesized in some writings about Igbo origin, with commentators suggesting that the name *Igbo* is a corruption of an original and perhaps ancestral family name *Hebrew*. Invaluable artifacts, emerging from recent archaeological work in several parts of Igboland, point to a long, rich, cultural past dating back at least to the 9th century A.D. This may well be evidence that the Igbo have lived where they are presently found for several centuries, if not since the beginning of time, as Acholonu (1987) averred. Several important studies are available on the history and sociopolitical organization of the Igbo, with a good number of them highlighting norms of parenting and childrearing among the Igbo (Achebe, 1962; Izugbara, 2004; Uchendu, 1965). These studies agree that a strong code of silence surrounds the theme of sex among the Igbo. Usually, the Igbo describe sexual parts of the body and sexual activity using ambiguous, imprecise, and indirect words. Sex, sexual activity, and sexual organs are rarely openly mentioned when young people are around, except perhaps in didactic proverbs (Ikpe, 2004).

The Igbo tend to generally speak of the penis and vagina as unseemly and thus usually relegate them to the realm of concealment. They also forbid open mentions of sexual desire and parts of the body in everyday discourse. The

cultural press to remain silent about sex is stronger for young people, and it is a clear mark of waywardness for young people to talk openly about sex or engage in it. In their interactions with young people, adult Igbo people do not usually raise the theme of sex and sexual desire and activity (Cornwell & Welbourn, 2000). Traditional Igbo discourse on parenting and socialization taps strongly into notions of chastity and strongly sanctions young people developing interest in, knowing anything about, and having sex until they get married (Izugbara, 2004, 2005b). Igbo culture constructs adolescent sexual expressions and activities as “deviant.” They are usually associated with danger, moral problems, crime, and psychological disorder. Prevailing norms of childhood and adolescence among the Igbo encourage young people, especially girls, to be innocent about sexual matters (Okanta, 1992). Current empirical studies show, however, that in spite of the cultural press on Igbo parents not to openly discuss sex with young people, some young Igbo persons have confirmed their parents as a key source of information on sex, which is evidence that parent–child communication on sexuality occurs (Izugbara, 2004, 2005a).

### **Study Techniques**

The study presented here was part of an in-depth study of rural Igbo parents’ knowledge of and efforts to address the factors that expose young people to risks of HIV, sexually transmitted diseases (STDs), and unintended pregnancy. The key criterion for including households was the presence of one or more persons between the ages of 10 and 21. Key informants recruited from the study communities carefully identified such households. For the purposes of this study, we defined a household as a group of people living in the same house, answering to the same head, and sharing a common source of income and food. To identify the specific households from which to recruit respondents, we relied on the fishbowl sampling technique (Enoh, 1997). From each village, we targeted 25 parents to obtain a total sample of 200 parents (100 male, 100 female). The first step was to arrange all eligible households in the sampled villages into clusters. The number of participants recruited in each cluster depended on the relative number of clusters against the aggregate number of participants ultimately interviewed in each village. We informed participating parents that the research aimed to investigate what they do to protect their children from exposure to reproductive health risks. Of the 200 male and female parents surveyed, 13 refused to cooperate principally on the grounds of lack of interest or not wanting to discuss sexual matters with strangers. Of the 187



parents who granted us interviews, we identified 73 (39%) as discussing sex with their children. Inclusion criterion was having discussed sexual behavior, contraception, STIs, and reproductive physiology with any of their children (younger than age 21) in the past year. We imposed this period to minimize the possible impact of history on recall.

Interviews were conducted in Igbo language by 12 (6 male, 6 female) trained Igbo-speaking field assistants recruited from the Abia State University Uturu. All interviews were held in the homes of respondents. The male fieldworkers interviewed male informants, and the female fieldworkers worked with female respondents. We also obtained respondents' permission for the audio recording of their responses and guaranteed them that we would treat all responses confidentially. The qualitative interviews aimed to elicit in-depth descriptions of participants' responses on subjects such as the sex-related issues they discuss with their children, who initiated the discussions, and why and when the discussions were initiated. Other issues covered in the interviews were topics often addressed in family sexuality discussions, how parents feel about discussing sex with their children, the gender of the children with whom they held discussions, and so on. Three researchers on the board of the Cultural Research Consult, an independent research organization headed by a professor of cultural anthropology at the University of Uyo, Nigeria, carefully and independently validated the interview questions.

## **Analysis**

The interviews elicited a rich pool of multi-themed qualitative information. A team of analysts comprising the authors and three other Igbo-speaking anthropologists transcribed the information and carefully reviewed the interviews for critical themes relating to the questions raised in the survey instrument. The team of analysts made copious notes from reading the transcripts and exploring the themes emerging from them (see Straus & Corbin, 1998). In addition, colleagues in the faculty of social sciences, University of Uyo, Nigeria, regularly assessed our analyses to see if they rang true. To illustrate the respondents' views on relevant issues, we sometimes cite their verbatim comments. To guarantee the anonymity of respondents, we have used pseudonyms in the text.

Two major limitations of this study are worthy of mention at this juncture. The study did not investigate parents who do not discuss sexual matters with their children. We did not also investigate children of instructing parents to establish the possible implications of family sex education on their sexual attitudes and behavior. Again, this study relies on data only

from rural areas, where the social control of adolescent sexual behavior is quite high and where the influence of media flooding, peer pressure, population mobility, and extended cultural contact may be very weak. A comparison of trends in urban and rural home education on sexual matters may yet furnish us richer insights into the phenomenon of parent-child sexual communication in Nigeria.

## Findings

### Some Characteristics of the Respondents

Very few parents in our study make efforts to speak to their children about sex. Only 73 (39%) of the 184 parents surveyed have discussed issues of sex with their children in the past year. The analysis that follows is based on information collected only from these 73 parents. The majority of them were women, whereas only 15 (21%) were men. The parents averaged roughly 49 years of age. Sixty-seven (92%) of these parents were currently married, 5 (1%) were widowed, and 1 was divorced. Participants had an average of four children ages 10 to 21 and an average of 6 completed years of formal schooling. They were mostly farmers, homemakers, and petty traders. A few retired and serving civil service personnel were also in the sample. Catholics and Protestants made up 42% and 45% of the sample, respectively. A few respondents self-identified as indigenous worshippers.

Only a few of the parents who confirmed discussing sex with their children could remember receiving sexuality education from their own parents. They regularly attributed this to the fact that little need existed for it then. Respondents generally believed that the times have changed, noting that as young people they were more respectful of traditional values of chastity and abstinence than are present generations of young people. They agreed that the context within which young people currently explore their sexuality is frightening and makes them very vulnerable to infections, deaths, and unwanted pregnancies. Participating parents spoke eloquently of how modernization and Westernization have popularized sexual matters, breaking down the cultural barriers to early interest in sexual matters among today's young people and ultimately making them very wayward, uninhibited, and brazen.

Adolescent sexual activity was frequently framed in terms of danger, waywardness, and unruliness, and early sexual initiation or activity was strongly associated with irresponsibility on the part of young people. Ma

Hannah, one of the respondents, told us that as a young woman she knew next to nothing about sex and had very little interest in sex before marriage. In the longer narrative, Ma Hannah strongly held to the view that today's young people have both unrestricted access to explicit sexual materials and excessive interest in sexual matters, which regularly predispose them to mistakes. She believes, as did many other respondents, that Western education and culture are responsible for this trend.

I think it is modernization and education . . . that have made children wayward and much interested in sex. You can't be sure what they are reading, learning at school, or watching on TV. From very early ages, many of them develop interests in sex and sometimes go on to have it. Things were not like this when we were growing up. . . . They say these are modern times.

### **Advantages in Parent–Child Sexuality Communication**

Participating parents generally felt it was advantageous to talk to young people about sexuality. According to the respondents, parent–child sexuality communication could encourage young people to say chaste and delay sexual activity. It could also protect them from deception and shield them from the corrupting influence of Western media, peers, and other sources of sexuality education believed to be unreliable. Other benefits were protecting them from infections, waywardness, and unplanned pregnancies. One of the female respondents told us, “I do not want any of my daughters to stay in my house and get pregnant. A girl will not get pregnant if she does not have sex. That is why I discuss sex with them from time to time.” Yet another male respondent affirmed as follows: “I have two sons in secondary school. They are very popular and get along with girls. . . . I did not want them to get any girl pregnant. I talk to them frequently about sexual activity and what comes with it.” Parents were primarily afraid that if their female children got pregnant at home they might have to drop out of school, stay unmarried, not marry good husbands, or become seen as wayward in the community. Male children were to be prevented from impregnating girls so that they would not be forced into early marriages, have responsibilities they could not carry, or get hurt by the family members of the girl. Parents also confirmed discussing issues of sex with their children to help them avoid dangerous infections such as HIV/AIDS.

There was high level of awareness among the parents about the role of sexual activity in the spread of STDs. Participating parents mentioned gonorrhea and HIV/AIDS as the common STDs that affected young people.

One participating father said, "You know there are diseases everywhere. Some young people from this community have died, and we hear that AIDS caused it. I talk to my children regularly about sex so that they will not be infected." A mother also noted,

Things have changed. . . . Girls these days are less careful about what they do. If you do not sit them down and tell them how the things they think are sweet, especially sex, can kill them, they may get pregnant or infected with any of these dangerous diseases like AIDS.

Several of the study participants also felt that talking to their children about sex prevented them from being wayward and putting the family name to disrepute. Respondents noted that there was a tendency for parents to be seen as irresponsible and unable to train their children when the children get pregnant outside marriage, get girls pregnant, and/or suffer STDs. Parents also talked steadily of speaking to one's children about sexuality as critical to preparing them for responsible adulthood and parenthood. In a perspective typical of most of the narratives we elicited from the informants, one female respondent noted,

If you do not tell your children about sexual matters, their body and how it works and the need for them to be careful and responsible, they will definitely pick up information from somewhere else. You can trust that the information they will get from these sources is such that will corrupt them, destroy or lead them astray.

### **Who Discusses With Whom?**

All the female parents revealed discussing sex only with their female children. The majority of the participating male parents have also discussed sex only with their male children. Participating parents of both sexes, however, were unequivocal in their belief that, unlike girls, boys were more likely to take care of themselves. Parents generally believed that discussing matters of sexuality with female children was more important than doing so with male children. Whereas young women were generally viewed as very prone to deceptions and likely to make mistakes that could ruin their futures, young men's sexual behaviors were frequently spoken of as likely to put young women into trouble. This is not unrelated to the cultural construction of femininity in terms of danger and vulnerability. More often than not, parents depicted the sexuality of boys in terms of risk taking, adventure, and discovery. Although respondents generally accepted that boys may be

occasionally permitted to go out and experiment with everything including sex and to discover things for themselves, they usually spoke of the sexual being of young girls in terms of vulnerability, danger, and, by implication, inferiority. These are gendered constructions that play out, interestingly, in the fact that women and girls are more likely to be constantly reminded that proper femininity entails passivity and docility rather than (sexual) activity and experimentation. One of the male parents noted that “only girls can get pregnant.” When reminded that there was more to adolescent sexuality than just pregnancy, respondents generally tended to view pregnancy as the most dangerous and embarrassing of the negative outcomes associated with adolescent sexuality.

Although HIV/AIDS was frequently recognized and spoken of as a danger faced by sexually active young people, a great number of the parents largely spoke of it as a disease that mainly affected urban youth. Pa Njobi maintains,

Though HIV is common . . . it is still largely a disease that affects people in the cities. Most persons that have died of AIDS in this village used to live in the cities. They merely returned to the village to die and be buried. Pregnancy is more common among young people in this village. Boys are fathering children they cannot care for and many girls are getting pregnant at very early ages.

Only three of the male parents reported discussing sex with both their male and female children. The majority of the male parents felt that it was wrong for them to discuss issues of sex with their daughters. They agreed that women should do it. “How can a man talk to his daughter about issues of sex? It is not easy. . . . That should be the duty of a mother” observed a 57-year-old man. Another man asked us, “Where would I even start? Mothers should talk to their daughters on issues of sex.” Female parents also felt it was improper for them to talk to male children about sex, arguing also that it was the role of the men. They also noted that they would have a problem of where and how to begin such discussions.

Respondents frequently noted that the constraints parents faced in talking to their children about sexuality were usually more critical when a parent and the child were of different sexes. One of the male respondents noted,

Talking to children about sexual matters is a difficult task. However, it is more difficult when a man is to talk to his daughter about sexuality or a mother to her son. How and where do I start to tell my daughter about sex? It is not easy to do it.

## Initiation of Parent–Child Sexuality Discussion

Interview narratives suggest that home-based sexuality discussions were largely parent initiated and dominated, offering very little room for input from children. There is also evidence that parents discussing sex often use inexact words, which may interfere with the clarity of sexuality messages. Most participants maintained that they would be unhappy if their children were the ones beginning the discussions. Regularly, it was affirmed that this meant that children either have begun to have sex or were interested in doing so. There were a few instances, however, where the respondents acknowledged that their children were the first to ask questions about sexual matters. In one such instance, a mother told us that her daughter came back from school to tell her how one of her friends suddenly began to bleed from her vagina (menstruation) and how the teachers had helped by cleaning her up. Her daughter wanted to know why this happened to her friend. The mother, who told us she believed that curiosity and ignorance drove her daughter to ask, nevertheless seized the opportunity to talk to her daughter about sex, pregnancy, and related matters.

All in all, interview data indicate that whether children or their parents initiated discussions about sexuality, they often became parent directed, with children asking very few if any questions and parents determining what they wanted their children to know and hear. Consequently, many parents told us that whenever they discuss sex with their children, the children are always shy, asking few or no questions. In a manner typical of many of the narratives we collected, one mother stated that it was improper for children to ask too many questions about sexual matters when their parents talk to them about sex. In her words,

The purpose of talking to children about sexual issues is not to teach them about sex but to deter them from engaging in it. Parents should discourage their children from developing interest in sex. They should let them know how dangerous it is for them to engage in premarital sex.

Such observations were frequently followed up with comments on the inappropriateness of early sexual knowledge and activity among young people and the need for home-based sexuality education to scare children from sex. Parents in the study regularly reported difficulties in conveying messages about sexual parts of the body during the discussions with their

children. They also frequently resorted to inexact words to describe sexual parts of the body and sexual activity.

Words reportedly used to describe the vagina were *Ihe umu nwanyi* (women's thing), *Ahu nwanyi* (women's body), and *Ihe iyi buru nwanyi* (that which makes a woman). Menstruation was also often described as *Ihe umu nwanyi* (women's thing), *ino n'ezi* (to be outside the house), *Ino na obara* (to be discharging blood), and *Ihu obara* (seeing blood). Although interview responses show that the penis, unlike the vagina, was more likely to be called by its local name, *amu*, parents also often described it figuratively as *Ihe umu nwoke* (men's thing) and *Ahu umu nwoke* (men's body). Sexual activity was also figuratively described as *imeko ihe* (to do something), *ime ihe asoghi anya* (to be involved in an immoral act), and *ihe iberibe* (irresponsible behavior). Participating parents generally tended to believe that their children understood what they meant by those terms. They argued that these terminologies are used in everyday discourse and that children should have little difficulty making sense of them.

Aside from a few respondents who confirmed they often made sure that the issues are well grasped by asking their children if they understood what was being referred to, parents did not mention of any other way through which they gauged if and how their children made sense of what was taught them about sexuality. Reasons for describing sexual parts and activity indirectly included not wanting to corrupt them, not wanting to sound vulgar before one's children, and feeling that it was the best thing to do. One female parent told us,

That is part of the problems associated with discussing sexual matters with your children. You have to find a way to describe such as things as sex. You cannot just mention sex before your own child. The responsible way to go about these things is to use discreet terms. Otherwise, you may end up saying little or too much and thus corrupting the child. Indecent words should not to be used by parents before their children.

Further, emerging narratives indicate that female parents were more likely to report having these discussions "recently" and "regularly" with two or more of their daughters than male parents, who tended to report having these "discussions not long ago" with only one of their sons. In addition to talking to each of their children individually, many of the respondents also confirmed enjoining their older children to regularly speak to their younger siblings about matters of sexuality.

## Onset and Timing of Family Sexual Discussions

Available evidence suggests that the bulk of family sexuality discussions were ill timed. They were often held after children had reached puberty or had already begun to engage in sex. Responses as to why parents delayed home tuitions on matters of sex until puberty elicited several themes that largely centered on the fact that until puberty children were sexually innocent. As one 49-year-old male respondent noted,

At puberty young people become unnecessarily heady. Most of them begin to think of experimenting with sex when they reach puberty. This is the best time to talk to them, to warn them about what life is all about. At this period, they will be able to understand.

In other instances, parents also speculated or feared that discussing issues of sex with children earlier than puberty may inspire sexual imagination among them. In general, parents in the study tended to view puberty as a period during which young people's interest in sex blossomed. They also believed that at puberty, young people were socially and psychologically mature enough to hear about issues of sexuality. For instance, one of the respondents maintained that talking to children about sex before puberty "may make them think that sex is one very important thing. They may even want to experiment with it. This could be dangerous."

The personal experiences of parents were also likely to inform the timing of sexual discussions. One female participant noted that her own mother first talked to her about sex when the mother noticed that the girl had begun her menstruation. Thus, she also felt that puberty was the best time to talk to her daughters about it. Yet another female parent confirmed this, noting that

It was after my first menstruation that my own mother discussed sex with me. It is the right time to talk to your daughters about sex. That is when girls are at risk of pregnancy. Menstruation means they can now get pregnant. They are adults, mature, and likely to become attractive to boys and men. They are susceptible to temptations.

There is also evidence for concluding that some parents in the study began to talk about sex to their children following cues about their child's possible sexual behavior. Specific cues that reportedly prompted



participating parents to openly talk to their children about sex include sudden or increased special attention to their looks, being seen in the company of boys or men (in the case of girls) or girls (in the case of boys), and coming back late. Others prompting factors were attending parties and being found with love letters or other sexually suggestive and explicitly erotic materials, such as pornographic films, books, or magazines. One female parent who stumbled on a letter written to her daughter by a boy also noted, "I didn't believe my girl had gone that far. I did not just believe the content so I called her, sat her down, and we talked about sex and sexual relationships. I have been doing that ever since." There were instances in which parents initiated discussions on sex with their children as the result of receiving reports from neighbors, friends, teachers, and other moral gatekeepers regarding their children's involvement or suspected involvement in sexual activity. There was one participating mother who revealed initiating discussions on sex with her only daughter because she discovered that her daughter had begun to pay excessive and special attention to her looks. She said,

All of a sudden, my daughter began to make up, buy new clothes, and pay much attention to her looks. I felt something was fishy. I sensed she was getting extra money somewhere. I had to call her, sit her down and talk to her about sex and men . . . and since then I've been telling her what sex and men bring; shame, diseases, and ill luck.

In another instance, a male parent told us that the reports he received from his son's teacher about his son's behavior in school prompted him to discuss sexual matters with his son. The teacher, he told us, confided in him that his son had joined a gang of boys who habitually visited sex workers in a brothel near the son's school. Some participating parents also admitted being forced to begin discussing matters of sexuality with their children because they found out that their children were already having sex, had become pregnant or had impregnated someone, or were infected with STIs. The narrative of one female participant is worth citing.

One of my daughters got pregnant and tried to abort it without my knowledge. . . . She almost died. They brought her back to me unconscious. . . . It is something I find hard to forget. I promised myself I would not allow this to be repeated. . . . These children have sex earlier than we know . . . so and[and how] now I regularly talk to them about sex how it can ruin them.

## Common Themes in Parent–Child Sexuality Communication

Evidence that rural Nigerian parents rarely speak to their children positively about sexuality is emerging from interview data. Respondents in the study frequently reported that their key goal in discussing sex with their children was to scare them away from sexual activity. A commonly addressed theme in parent–child discussions on sexuality was therefore the dangers of sex. Parents (both male and female) reported regularly talking to their children about the meaning of puberty, focusing primarily on the fact that pubertal changes mean they can father children or get pregnant if they have sex. They emphasized that they often impressed on their children the implications of puberty for their fertility and reproductive capacity. One male parent told us,

I tell my sons that puberty means that they are now men and that whatever *gun* they *shoot* at a woman will get her pregnant and I know mothers also tell their daughters that whatever *gun* men *shoot* at them now can get them pregnant.

The need to abstain from sex, remain chaste, or avoid sexual intercourse were also frequently mentioned issues that the parents touched on with their children during home tuitions on sex. Participating parents reported discussing with their children issues such as how premarital sex was a sign of waywardness and how it could ruin their lives and future and even lead to their deaths by getting them pregnant or infected with STDs, making them young parents, or forcing them to drop out of school. As one female parent told us, she takes time to talk to her daughters about “the outcomes of premarital sex, unintended pregnancy, having illegitimate children, contracting diseases, shame, bleak future, and a bad name.” Another female parent said, “I always talk to my two daughters about sex. . . . I do it because I do not want them to become pregnant or wayward. If they get pregnant or wayward, they will not see good husbands.” Yet another female parent says,

The shame and blame they will bring will ultimately be borne by you as a mother. People will say you did not train them your daughters well. There may be no greater shame than that. Therefore, to avoid all these, I discuss sexual matters with my daughters.

Whether children have had sex, when, where, and with whom were mentioned as other issues parents frequently raised while discussing sex with children. Many (about 70%) participating parents confirmed having

deliberately misinformed their daughters about the realities of sex to discourage their interest in sexual matters. One woman revealed that she tells her daughters that if they ever allowed a man see or touch such parts of their body as the breasts, buttocks, and stomach, they would become pregnant. Another woman reported telling her daughters that if they saw a man's penis, they would become pregnant. When probed further, she revealed telling them this to make them avoid men and remain chaste. A male parent also confirmed telling his sons that if they had premarital sex, they would waste all their "seed" and therefore not be able to father children when they get married. There is also evidence that during home-based sexuality discussions, parents regularly told their children fear-arousing tales about the consequences of premarital sex to drive home the need for children to remain chaste and abstain from sexual contact. These included scary stories of people who had died of AIDS, messed up their future, dropped out of school, and become mad, ostracized, poor, and hopeless owing to premarital sex. Condoms, contraceptives, and abortions were rarely positively mentioned in parent-child sexual communications. Indeed, although most of the parents we worked with were aware that condoms could prevent infections and unintended pregnancies, they rarely admitted encouraging their wards to use them. We found only two parents who have positively discussed the use of condoms and other contraceptives with their children. One of them was a woman, who told us,

Our children these days are stubborn. If you tell them, "do not do this" immediately you turn your eyes they will go and do those things. I am educated so while telling them about abstinence, unintended pregnancy, and STDs, I also discuss safe sex, boyfriends, condoms, and contraceptives with them. You may not believe it but I tell them if they ever get pregnant, I should be the first to hear it. This way I do not lose much sleep over them.

The other, a retired male senior federal officer, also reported,

I have realized that I cannot be with my children everywhere they go. I was a young man myself. . . . Therefore, I have taught them about the dangers of premarital sex, but I know young people may not find it easy to abstain. I discuss condoms with them. I take my time to teach them how to use it. I even buy condoms for them and leave it in their room . . . I prefer them alive.

In the majority of the narratives, parents confirmed refraining from mentioning condoms and contraceptives during discussions on sexuality with their children, because they felt it would encourage young people to be sexually wayward and promiscuous. "How can I tell my own daughter or son to

use condoms when s/he wants to have sex? If I tell her/him this, I am invariably encouraging her/him to be wayward,” asserted one male respondent. There were also those who associated condoms and contraceptives with modernity and felt that teaching one’s own child about condoms was against traditional norms of childrearing. Such views were often followed up with comments alluding to the dangers of modernization and Westernization and condoms as a one of those Western products aimed at corrupting children. Another important reason many parents gave for not discussing condoms and contraceptives with their wards or encouraging their wards to use them was the belief that they were less effective than chastity and abstinence in preventing infections and unintended pregnancies among young people. One female parent poignantly noted,

I do not believe that condoms and contraceptives are effective protections against diseases and pregnancy. Do not mind what you hear on radio and TV. Those are mere advertisements by people who make and sell condoms and contraceptives. . . . Young people should be taught to control themselves. That is what is good for them.

## Discussion and Conclusion

Although the results of the interviews with these rural Igbo parents may not be necessarily representative of the views of the larger population of parents in Nigeria, they do highlight a number of issues surrounding parent-driven sexuality education for young peoples. Emerging results show that very few rural parents discuss issues of sex with their children. Only 39% of 187 parents surveyed admitted having held discussions about sexuality with their children. The ambivalent attitude of the Nigerian society toward sex education and knowledge may be responsible for this. Most Nigerian cultures frame good parenting in terms of parental ability to shield children from early sexual knowledge. Parents thus make serious efforts to regulate their children’s sexual knowledge. Cornwell and Welbourn (2000) argued that words in common use by adults to describe sex, sexual activity, and desire in many sub-Saharan African societies are often inexact, ambiguous, and couched in parables, allusions, and indirect statements aimed at ensuring that young people do not make full sense of what is said. Consequently, in many parts of Nigeria, as other writers affirm (e.g., Ashford, 2001; Igbal, 1998; Izugbara, 2004, 2005a; Oladepo & Brieger, 2000), talking openly about sex, desire, and sexual activity remains a strong taboo. Even currently,

despite the adoption in 2000 of a comprehensive sexuality education curriculum for use in Nigerian pretertiary schools, a fierce debate continues to rage among teachers, policymakers and implementers, religious leaders, parents, and so on, as to the usefulness and appropriateness of teaching young people about sexuality. In many states, specifically in northern Nigeria, teachers who teach schoolchildren about sexuality risk losing their jobs. Most Nigerians also continue to speak of sexuality as an adult business, too dangerous and corrupting for young minds to wander into (Anyanwu, 2004).

Further, there is little to suggest from the data previously presented that even those parents who talk to their children about sexuality do them much good. To start with, the narratives show that home tuitions on issues of sex were mostly ill timed. There is a consensus in the literature that teaching young people about sex is best begun before puberty, as sexual activity begins earlier than puberty for many teens (Aaron & Jenkins, 2002). One evident negative outcome of the late commencement of home-based sexuality education by the parents in the study was that many of them had to talk to their children after the children had suffered an episode of sexual health crisis (e.g., STDs, unintended pregnancy) or had begun sexual relations.

A clear pattern involving reference to local norms of parenting and childrearing, female chastity, and family honor to justify why parents hold back discussions on sex with their children emerges from the narratives. Nevertheless, whether appeal is to the need to help young people avoid STDs and unintended pregnancy or to safeguard the family name, the narratives point to parental efforts to discourage young people's interest in sexuality. As available data show, these efforts were generally based on the belief that young people will be better off if they know nothing about sexuality. So in the small spaces that parental narratives acknowledged sexuality in their children's development, the sexuality tended to be associated with immorality, waywardness, and danger. As a result, the predominantly discussed issues of sex aimed at highlighting it as dangerous. It is also obvious that the discussions focus primarily on themes that stigmatize sex and sexual information. Themes commonly raised in discussions were those most likely to scare children rather than provide them comprehensive information about the realities of sex. Focus on themes that instill fear in children have the potential to reduce their opportunities for learning, sexual knowledge, pleasure, and mastery and power over their own sexuality (Bhana, 2006).

It is also clear from the information presented that while discussing sexual matters with their children, parents often carefully accommodated certain

issues and left out others. Issues frequently accommodated were those that will discourage children from developing interests in sexual matters, whereas issues (such as condoms) that are likely to encourage sexual agency and mastery over sexuality were usually left out. Evidently, the content of home tuitions on issues of sex kept faith with an unwritten code of cultural conduct seeking to regulate not only young people's sexuality and sexual knowledge but also their interest in sexual matters. However, by shielding children from adequate sexual knowledge parents inadvertently expose them to risks, encouraging them to go elsewhere early on, especially to equally uninformed peers for sexual knowledge (Renold, 2005).

Many of the parents also reported that their children often felt uncomfortable, felt shy, and refused to ask questions during the discussion session, suggesting that the contexts of the discussions may not have been without stigmatization and shame. There is evidence, however, that parents recognize the importance of their children's sexual behaviors and make connections between young people's sexual behaviors and their general well-being. This recognition partly explains parents' interest in regulating their children's sexual behaviors. This important orientation can be immensely useful for the effective integration of parents in young people's sex education programs but also in fostering sustainable community-based youth health initiatives.

To conclude, very few rural parents in Nigeria discuss sex with their children, as talking openly about sex and desire remains a strong taboo in many parts of Nigeria. Most parents fear that sex education will inspire sexual imaginations in young people. Parents are thus often opposed to frank and open discussions on sexual matters with young people. Consequently, when they attempt to discuss issues of sex with their children, the parents aim primarily to regulate young people's sexual awareness and knowledge. They try to achieve this by deliberately misinforming children about sexual issues, creating a scary image in the minds of children, and focusing on themes that depict young people's sexual behaviors in terms of deviance, immorality, and waywardness. However, in trying to regulate young people's access to sexual knowledge and interests in sexuality, parents invariably limit their access to information critical to their successful negotiation of sexual risks. Overall, they leave children floundering in a sea of misinformation, prejudices, and untruths about sex, sexuality, and sexual desires, which creates the objective conditions for their vulnerability to risks associated with STDs, HIV/AIDS, and unwanted pregnancies.

There is a critical need for interventions aimed at improving the role of parents in the sexuality education of young people, as the parents play

important and early roles in the general socialization of the young. To achieve this, we need to develop parent-outreach components of adolescent sexuality education programs with the aim of facilitating parents' learning about young people's sexuality. Such a program will also aim at helping parents better appreciate young people's need for quality sexuality and reproductive health information and boost their willingness and capacity to give and allow young children early access to correct information on issues of sex and sexuality.

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