



Original Research

The perception of parents of high school students about adolescent sexual and reproductive needs in Nigeria: A qualitative study



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ARTICLE INFO

Keywords:

Sexual health
Adolescent reproductive health needs
Parents perception
High school students
Northeastern state
Southwestern state
Nigeria

ABSTRACT

Objectives: Despite the fact that quality and effective services are provided to meet adolescents' needs, the perceptions of parents regarding the delivery of these services must be taken into consideration. This aim of this study was to explore the perceptions of parents of High school students on the sexual and reproductive needs of adolescents.

Study design: The study employed an exploratory research design using a qualitative approach.

Methods: Participants were selected using purposive sampling technique and a total number of 30 participants were recruited in two States in Nigeria. Data collection was done by means of audio-recorded, semi-structured interviews and data were analyzed using content analysis approach. Descriptive statistics were used to generate participants' demographic profiles.

Results: Almost all (28 of 30) of the participants had a basic understanding of the sexual and reproductive health needs of adolescents. Majority (90%) stated that parents have a major role to play in counseling and educating their children on sexual and reproductive health issues and others felt is a joint responsibility of teachers and parents. Furthermore, majority (20 of 30) of the participants are not aware of youth friendly services in their communities. However, most of the parents preferred sex education and counseling services for the adolescents above other youth friendly services, as only a few of the participants were in support of distribution of condoms and contraceptives in schools.

Conclusion: The participants reported that youth friendly health care services are very effective in improving young people's health, thus they are in support of their implementation.

1. Introduction

The World Health Organization (WHO) defines an adolescent as an individual in the 10–19 years age group and usually uses the term “young person” to denote those between 10 and 24 years. In the process of moving toward independence, young people tend to experiment and test limits, including practicing risky behavior [1].

Oyedele (2017) [2] stated that Nigerians live in denial of just how common teenage sex is, due to religious and cultural sensitivities. The glaring reality was revealed by the Demographic Health Survey (DHS) in 2013 where only three in ten women reported to first have had sexual intercourse at the age of 20 or later, while 54% said they had done so before turning 18. A stunning 24% indicated that they had sexual intercourse before age 15. This makes them especially vulnerable to reproductive health problems.

According to the United Nations Population Fund(n.d.), adolescent

and youth friendly health services have proven most effective as they fully involve adolescents in the identification of their reproductive and sexual health needs and as they develop programs to meet those needs [3]. Such programs include education and counseling of adolescents in the areas of sexual and reproductive health issues as well as gender relations and equality, violence against adolescents, responsible and healthy sexual behaviours, responsible family planning information, counselling, practices and methods of contraception, condom promotion and provision, reproductive health, sexually transmitted diseases and their management [4].

Wanje, Masese, and McClelland (2017) [5] stated that the parents of adolescents are expected to be fully involved in every area of their lives including areas of their sexual and reproductive health needs. The education and counseling of adolescents is one of the most important programs provided by adolescent and youth friendly services and it is perceived merely by most parents and families as a means of corrupting

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the young people. Nigerian parents believe that the best way to prevent sexual immorality among youths is by keeping them in complete ignorance of sexual issues [6]. This may be attributed to cultural taboos within the system. This cultural sensitivity on sexuality education is common to the African culture and has been reported by some researchers [7–9].

However, parents need to understand that sex education and other youth friendly services can help inculcate sound moral attitude in the school children thus helping them to be well adjusted to the norms and values of the society and preventing and keeping them protected from health problems such as sexually transmitted diseases, and teaching them positive and responsible attitudes which will not result in abortion, child neglect, etc [6].

1.1. Purpose and objectives of the study

This study aimed to understand the perceptions of parents of high school students on the sexual and reproductive health needs of adolescents in Nigeria. The objectives of the study were to:

1. Explore parents' perceptions of issues related to adolescent sexual and reproductive health.
2. Assess parent-adolescent communication on issues relating to adolescent sexual and reproductive health.
3. Explore parents' opinions about the introduction of youth friendly services to their children.
4. Identify ways of improving the sexual and reproductive health needs of adolescents.

2. Methods

2.1. Study design

The study employed an exploratory design using a qualitative approach to explore the perceptions of parents of high school students on the delivery of adolescent sexual and reproductive health services (ASRHS) to meet the sexual and reproductive needs of their children in two communities in Nigeria.

2.2. Study setting

This study was conducted in two communities in Nigeria which are: Ado local government Ado-Ekiti, Ekiti State and Jema'a local government, Kaduna State.

Ado local government, Ado-Ekiti, Ekiti State, is located in South-western region in Nigeria while Jema'a local government, Kaduna State, is located in North-western region in Nigeria. Data was collected from the parents of high school students in these two communities. The two communities are in different geopolitical zones in Nigeria. Ado-Ekiti is a capital city of Ekiti State located in the Southwestern region of Nigeria. The people are predominantly "Yoruba's" (*that is of Yoruba ethnic group*), whereas the Jema'a local government is in Kaduna State, located in the Northwestern region of Nigeria. The people in Kaduna State are predominantly "Hausa's" (*that is of Hausa ethnic group*). These two communities are diverse in their beliefs, values and culture. These two ethnic groups (Yoruba and Hausa) are the two of the three ethnic groups in Nigeria.

2.3. Study participants and sampling procedure

The target population for this study is parents of high school students in two selected communities in Nigeria. The inclusion criteria for the study were:

1. Individuals who have the roles as parents to high school students.

2. Parents of adolescents between 10 to 19 years who are also in high school.
3. Parents residing in the two selected communities.

In this study, purposive sampling technique was used in selecting 30 participants on the basis of their roles as parents of high schoolers. The availability of participants and their willingness to participate in the study was ensured prior to the semi-structured interviews which were conducted at the time convenient for the participants.

The sample size was determined by saturation of data which was achieved when 27 participants had been interviewed and 3 additional participants were interviewed to ensure referential adequacy, 27 interviews were analyzed with new categories and 3 were analyzed with no new categories.

2.4. Data collection and analysis

Data was collected from November 2019 to January 2020. A semi-structured interview was used for data collection and it comprises of five sections: Section A contains the demographic data of the participants and the other sections contain the interview questions covering all the objectives of this study. Parents were interviewed based on the questions listed on the interview guide. However, participants were given the freedom to talk about their experiences in a way in which they were comfortable. Each interview lasted for an average duration of 15–40 min. The interviews were recorded with the use of an audio-tape recorder in order for the researcher to accurately capture the data. The interviews were transcribed and analyzed. Data collection took place in the participants' offices, business centers and homes as scheduled prior to the interview because this study seeks to explore and understand phenomena from parents' perspectives.

The individual interview method was used for data collection and the first step used in data analysis was verbatim transcription of each data. Data was transcribed in entirety by making use of an audio-recording device, a notebook and a blank word-processing document and was done simultaneously with data collection. Categorization was done manually via open coding and linking of codes using the template analysis and content analysis. Coding was done without the use of any qualitative data analysis software packages and demographic data of participants were presented with the use of descriptive statistics. Findings were generated by identifying common themes, patterns and relationships within the responses of parents in relation to codes by using techniques such as word and phrase repetitions, primary and secondary data comparisons and the use of metaphors and analogues. In this study, trustworthiness was established by triangulation, trust-building and member checks to ensure credibility, use of inquiry audit in order to establish dependability, and provision of audit trail to establish conformability.

2.5. Ethical consideration

Ethical clearance was obtained from Ethics and Research Committee of Afe Babalola University, Ado-Ekiti. The participants were recruited in the communities. The researcher had a prior appointment with some of the participants to ensure their willingness to participate and to agree on a suitable date, time and venue for the interview, while others agreed to be interviewed on the spot. Prior to data collection, informed consent was obtained from participants. Prior to the interview of each participant, privacy was provided by using a private room, their rights were explained, permission to use audio recorders was obtained from participants.

3. Results

3.1. Demographic profile

Table 1, presents the demographic profile of the study participants. Data saturation was achieved after 30 parents were interviewed and template analysis was done. The age groups of parents were classified into four and 36.7% were above 50 years. Their occupations were classified under three categories and a greater population (83.3%) were civil servants, 10% were entrepreneurs and 6.7% were retired. Most (17 of 30) were women, majority (28 of 30) were married with a greater percentage being multiparous and 70% having one child in high school, 23.3% having two children and a lesser percentage (6.7%) having three children in high school.

3.2. Qualitative findings

The findings of this study are presented according to the main themes and initial categories from the data. A summary of the categories has been made, thus describing each theme Table 2.

Theme 1: Initial Sexual education, a responsibility of Parents.

Knowledge on sexual and reproductive health needs (SRH): All of the participants interviewed had an idea of what the sexual and reproductive health needs of adolescent are, but only few (4 of 30) of them were able to make attempts at defining sexual reproductive health needs.

“I will say you start from education. You educate them on everything you think is necessary. Talk to them right from menarche. Let them know what it symbolizes. Do not tell them lies because these days, children start puberty at an early stage. Some at 8, some 9, others 16. What I have told them is abstinence from sex. I told my children that it is the best. I let them know that once you start engaging in sexual activities, there are a lot of risks attached to it- STIs, pregnancy and things that might affect their education”. (Female, 44 years, Ado).

Few (10 of 30) of them mentioned sex education as the most important sexual and reproductive health need of adolescents with others being sexually transmitted infections(STIs), human immunodeficiency virus/acquired immune deficiency (HIV/AIDS), teenage pregnancies, early marriages, vesico-vaginal fistula (VVF), sexual assault, abortion, high and uncontrollable sex drive.

Knowledge on adolescents’ engagement in sexual activities at an

Table 1
Demographic profile of samples from Ekiti State and Kaduna State (n = 30).

| VARIABLE | N | % |
|--------------------------------|----|------|
| AGE GROUP (YEARS) | | |
| 20–30 | 2 | 6.7 |
| 31–40 | 7 | 23.3 |
| 41–50 | 10 | 33.3 |
| Above 50 | 11 | 36.7 |
| OCCUPATION | | |
| Civil servants | 25 | 83.3 |
| Business personnel | 3 | 10 |
| Retiree | 2 | 6.7 |
| GENDER | | |
| Male | 13 | 43.3 |
| Female | 17 | 56.7 |
| MARITAL STATUS | | |
| Single | 2 | 6.7 |
| Married | 28 | 93.3 |
| NUMBER OF CHILDREN | | |
| Primiparous | 2 | 6.7 |
| Multiparous | 19 | 63.3 |
| Grandmultiparous | 8 | 26.7 |
| Great grandmultiparous | 1 | 3.3 |
| CHILDREN IN HIGH SCHOOL | | |
| 1 | 21 | 70 |
| 2 | 7 | 23.3 |
| 3 | 2 | 6.7 |

Table 2
Main themes and categories from data.

| MAIN THEME | CATEGORY | |
|------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| Initial sexual education, a responsibility of parents | Knowledge on sexual and reproductive health needs | |
| | Knowledge on adolescents’ engagement in sexual activities at an early age | |
| | Knowledge on the factors that encourage adolescents’ early initiation into sexual activities | |
| | Awareness of the increasing risk for ASRH problems in Nigeria | |
| | Perceptions on whether these consequences are a major problem among adolescents in this country | |
| | Parents’ encounter with ASRH issues | |
| | Barriers faced in dealing with ASRH issues | |
| | Perceptions on who is responsible for counseling and educating adolescent children about issues of sex and sexual risks | |
| | Beliefs on whether talking to adolescents openly about sex is a means of corrupting them and undermining traditional beliefs | |
| | Socio-cultural beliefs about communicating to adolescents about sexual issues | |
| Counseling and education of adolescents on sexual education, a cardinal function of parents | Knowledge on the reasons for reluctance and fear among adolescents to open up and discuss their sexual and reproductive health concerns or seek appropriate and timely care when faced with sexual and reproductive health conditions that require medical attention. | |
| | Knowledge on how failure to develop a close relationship with children will make them secretive about a lot of things even if they are suffering from any form of sexually transmitted diseases | |
| | Knowledge on youth friendly services and the types of information they make available for adolescents | |
| | Awareness of YFS providers around place of residence | |
| | Perceptions on the emergence of AYFS as a means of promoting the SRH of adolescents | |
| | Disadvantages of the AYFS provided for children | |
| | Opinions on what should be done to help young people protect their SRH | |
| | Youth Friendly Service Providers are knowledgeable and capable of meeting ASRH needs | Knowledge on youth friendly services and the types of information they make available for adolescents |
| | | Awareness of YFS providers around place of residence |
| | | Perceptions on the emergence of AYFS as a means of promoting the SRH of adolescents |
| Disadvantages of the AYFS provided for children | | |
| Opinions on what should be done to help young people protect their SRH | | |
| SRH education, a collective responsibility between religious leaders, parents and youth friendly providers | | Opinions on what should be done to help young people protect their SRH |

early age. All of the participants admitted that they were aware of the engagement of adolescents in sexual activities at an early age.

“Yes. Some are being abused while some follow their peers.” -

(Female, 55 years, Jema’a)

“Considering the type of society we are in now, a lot things are going on where you even see 9-year-olds having sex, so yes.”-

(Female, 44 years, Ado)

Knowledge on the factors that encourage adolescents’ early sexual initiation. Some of the factors identified by the participants as the causes of early sexual initiation among adolescent include: Improper upbringing or lack of parental guidance identified by one-third (10 of 30) of the participants, peer influence identified by 10 of 30 of the participants, poverty and inability of parents to meet the needs of adolescents identified by 5 of 30 of the participants, lack of proper sex education identified by 4 of 30 of the participants, social media(movies and books) identified by 6 of 30 of the participants, curiosity identified by 4 of 30 of

the participants. Others mentioned include sexual harassment, indecent dressing which entices the opposite sex, worldly passion, negligence and non-challant attitudes by parents, lack of awareness through sex education, imitation of the acts of older people. Below are some of their citations.

"Some parents are in laxity when it comes to talking to their children. If you want to control these children, you have to come down to their level so that they will understand you and never run away. Talk to them politely and tell them the disadvantages and advantages of these sexual issues so they will understand". (Male, 52 years, Jema'a).

"They engage in it because of the modern world we live in now. Sometimes it is because of improper care from the parents or because the parents are poor, so they receive advice from their peers to market themselves to earn a living. Sometimes, if their demand cannot be met by their parents, they engage in such activities to satisfy themselves. - (Male, 28 years, Ado).

"Peer groups! I think they are the most influential agents of sexual activities. We also have films, especially pornography." - (Female, 50 years, Jema'a).

Awareness of the increasing risk for ASRH problems in Nigeria. Almost all (29 of 30) of the participants agreed that the rate of unplanned pregnancy, unsafe abortions, sexually transmitted infections and other problems related to pregnancy and childbearing in adolescents is on the increase in Nigeria, except for one participant who believed it is not on the increase. Below are some of what they said.

"Yes! After luring them, the next thing is pregnancy, then they think of abortion which might not be successful. Some die in the process and those that successfully did it will live with the trauma and guilt." (Male, 55 years, Jema'a).

"Yes! It is increasing simply because it is an act being practiced in a hidden way. It is not like they ask for advice before engaging in it. Someone will go out without the parents' knowledge and have sex with someone else whose HIV status is unknown. Some problems like syphilis and gonorrhoea are outcomes and they go into the community and endanger the lives of others they have sex with." (Male, 53 years, Ado).

Parents' encounter with ASRH issues. Most (27 of 30) of them said they had not encountered any problems with their children relating to their SRH but three of the participants said they had seen cases of teenage pregnancy, rape, etc amongst their neighbours, students in school and siblings.

"None. These children tend to hide some things as they grow so you might not know."

- (Female, 35 years, Ado)

"No. We enlighten them and open their eyes to see the dangers."

- (Male, 40 years, Jema'a)

"In the area I'm living, some girls that are barely 13 or 15 have gotten pregnant and gone for abortions." (Female, 30 years, Jema'a).

Theme 2: Counselling and education of children on sexual education, a cardinal function of parents.

Perceptions on who is responsible for counseling and educating adolescent children about issues of sex and sexual risks. Regarding role recognition in counseling and educating adolescents about issues relating to sex, majority (27 of 30) of the participants indicated that parents of the adolescents have the major responsibility of educating and counseling their children about sex and the risks involved. Below are some of their citations.

"Counselling and education of children begins at home and I think it is a primary/cardinal function of the parent because the child stays, I school for 6–8 h and when the child returns, the parent has the vital role of orienting the children. Seminars should be organised for the parents so they can give proper education to their children. Some of them threaten the children- "Angela, if I see you pregnant, I'm going to kill you" instead of talking softly to them. Awareness should be created on how to educate

the children." (Male, 28 years, Ado).

"Parents have the most important roles to play in educating children on sexual relationships because parents are the closest associates of children and if they do not give them that guidance, friends or any other person can give them a different perception of the knowledge about sexual relationships so I think parents are the best". (Female, 50 year, Jema'a).

Few of the participants (5 of 27) that stated that parents were responsible also said that the mothers were more responsible because of the close relationship a greater percentage of children have with their mothers.

"The mother is the one responsible for giving sex education."

-(Female, 53 years, Ado)

Some of the participants (11 of 30) also mentioned teachers especially *teachers of high schoolers* are the second category of people that are responsible for educating adolescents. Others mentioned religious leaders, medical professionals, youth friendly programs, neighbors and friends, have a role to play in educating adolescents on sexual and reproductive needs. Below are some of their quotes

"First, the parents are responsible for counseling their children. The church can do it, sing it in songs and through the word of God and it becomes easy to remember. The medical professionals can counsel them too.

“(Female, 44 years, Ado)

"Teachers, but parents first. Friends can counsel them too because some children have good backgrounds. When they see what their friends are going through, they can advise them against it if it is bad."

(Male, 52 years, Jema'a)

Beliefs on whether talking to adolescents openly about sex is a means of corrupting them and undermining traditional beliefs. Majority (24 of 30) of the participants stated that talking openly to adolescents is not a means of corrupting them.

"No! It is a means of educating them. It is important for them to know the risks and dangers involved in it. It does not undermine my beliefs."

-(Female, 38 years, Ado)

However, few (3 of 30) of the parents said that talking to adolescents about sex corrupts them.

Somehow. Sometimes, when you talk about sex especially in Africa, it is something you do not talk about openly, but if you summon the courage to do so, it is like exposing what is supposed to be kept secret. At that time the adolescents will feel that if the adults can talk about it openly, it is something they can go into."(Male, 50 years, Jema'a).

Socio-cultural beliefs about communicating to adolescents about sexual issues. The participants were asked if they had any socio-cultural beliefs regarding talking to adolescents about sexual issues. While majority (18 of 30) of them said they did not have any, 3 said they were not sure and 9 out of 30 said they had socio-cultural beliefs about talking to adolescents about sexual issues.

"Our culture prevents people from doing so but as the challenges are becoming more pronounced, we will not be helping ourselves so we are forced to address the situation."

(Male, 55 years, Jema'a)

Knowledge on the reasons for reluctance and fear among adolescents to open up and discuss their sexual and reproductive health concerns or seek appropriate and timely care when faced with sexual and reproductive health conditions that require medical attention. Some (12 of 30) of the participants identified *parents'*

relationships with their children as a major reason, some (8 of 30) identified adolescents' *fear of being stigmatized* as another reason, some (7 of 30) identified the *feeling of being ashamed* of the acts they have committed and others mentioned adolescents may be uncertain about parents' reaction on the issue. Below is what one of the participants said.

"The child may be afraid of the reaction of the parents being harsh. Secondly, it is a form of disappointment on the part of the child to the family, so they may want to quietly handle it themselves. Thirdly, the public will look at that family somehow and say maybe the children are being left loose, but being harsh is a problem too."

(Male, 52 years, Jema'a)

Knowledge on how failure to develop a close relationship with children will make them secretive about a lot of things even if they are suffering from any form of sexually transmitted diseases. The participants were asked if they were aware that their relationship with their children determined whether the children would open up or be secretive about issues going on in their lives and all 30 of them responded positively by saying yes.

"Yes. If there is no mutual relationship between a child and the parents, they won't open up. "

(Female, 35 years, Ado)

"Sure. If you are close with your child, there will be no secrecy between you and your child. "

-(Female, 55 years, Jema'a)

Theme 3: Youth Friendly Service Providers are Knowledgeable and Capable of meeting ASRH needs.

Knowledge on youth friendly services (YFS) and the types of information they make available for adolescents. Majority (21 of 30) had an idea of what youth friendly services are but 11 out of the 21 people that knew about these youth programs had a very good understanding of the services provided by YFS. About one-third (9 of 30) of the participants had no idea at all about what youth friendly services are.

"I think these youth friendly associations are ones that are saddled with the responsibility of giving vital information to youth on how to live positive lives. They give them training on self-reliance, entrepreneurship and how to protect themselves to avoid any embarrassments."-(Female, 50 years, Jema'a).

Awareness of YFS providers around place of residence. Majority (20 of 30) of the participants said there were no such organizations around in their community.

"No. Not around our community here. Maybe it is because we tend to shy away from such."

(Male, 50 years, Jema'a)

"No. I have not heard of any."

- (Female, 46 years, Ado)

The remaining 10 participants stated that they had such organizations either in their place of work or around their residences.

"Yes. My child brought a sticker home about youth friendly services and placed it on his door. He told me it was from school and some teachers, pastors, and professors were educating them."

(Male, 52 years, Jema'a)

Perceptions on the emergence of AYFS as a means of promoting the SRH of adolescents. Majority (23 of 30) of the participants liked the idea of the youth friendly services supporting adolescents and felt they were good and needed to be encouraged.

"I think they are encouraging and are helping the young ones"

- (Male, 33 years, Ado)

"They help the society a lot because without them, a lot of menaces will occur. The pregnancy rate will also be reduced."

(Male, 54 years, Jema'a)

"It brings awareness to the youth. It is encouraging and it helps them to know more about what is happening. Some children have been molested at an early age but these youth friendly services have helped them a lot." -

(Female, 42 years, Jema'a)

However, 1 participant did not support the emergence of these youth. This is what she said:

"I do not like them. I do not think they are good for our children." -

(Female, 35 years, Ado)

Disadvantages of the AYFS provided for children. During the interview, the participants were asked if they had any dislikes for the youth programs being provided for their children and few (9 of 30) said they had none while some (7 of 30) stated their dislikes and others mentioned that since they didn't know anything about these organizations, they could not say anything about that. Here are some of their citations

"Maybe by the time you talk about sex openly, some will be corrupted and see it as a go ahead." -

(Male, 50 years, Jema'a)

"I do not like it at all. You cannot do well if you become pregnant as an adolescent in Nigeria. "

-(Female, 35 years, Ado)

"It depends on their objectives. You know some people might hide under the umbrella instead of molding our children, at the end of the day, they will corrupt them. If the objective is purely of molding, it is welcome."

-(Male, 50 years, Jema'a).

Theme 4: SRH education, a collective responsibility between Religious leaders, Parents, Youth Friendly Service Providers, and the Government.

Opinions on what should be done to help young people protect their SRH. About half (14 of 30) of the participants emphasized on sex education, especially by parents and religious leaders at an early age, and the parents being present and creating time to teach the appropriate things to their children, developing a close relationship with their children and meeting the needs of those children. About half (16 of 30) also emphasized on continuous sensitization and awareness by youth friendly services and others stated that the government should encourage and make available youth friendly services since there are places that they have not been able to reach yet. Below are some of their citations:

I feel the churches today should focus more on the youth, give them time and opportunity and also there should be activities in school to know the effects of what the children are going into. The government should also organize some social groups to help them, so they won't form their own groups outside. They will always desire to go to these gatherings to hear more. - (Female, 43 years, Jema'a)

"As parents, we should try to meet their needs and if you cannot, explain and make them understand. Then we should care for them and make them feel comfortable around us. "

- (Female, 44 years, Ado)

“Continuous sensitization. The CBOs should be there with the community, choose community leaders and put them into clusters and get somebody that will be working with them. Make it a continuous process. There should be a communication process and updates should be given.” (Female, 52 years, Jema’a).

4. Discussion

In the process of moving toward independence and adulthood, young people tend to experiment and test limits, including practicing risky behaviors which have dire consequences (10). From this study, all of the parents had an idea of Adolescent Sexual and Reproductive Health (ASRH) problems but very few had an in-depth knowledge of them. Majority reported consequences such as teenage pregnancy, STIs, HIV/AIDS, early marriage, vesico-vaginal fistula, abortion, etc as major problems among adolescents in Nigeria. These findings are similar to the findings from previous studies by Morris & Rushwan (2015) [10] who reported that ASRH comprises a major component of the global burden of sexual ill health.

In this study, 90% of parents mentioned the most effective ways to prevent adolescent Sexual and reproductive health problems is by parents educating their children (especially the mothers) at a very early age, developing a very close relationship with them and meeting their needs. Previous studies have similar findings where strong parental influence on adolescence is associated with a decrease in sexual risk behavior and this similarity can be attributed to the fact that parents have come to realize that they have a very important role to play in the lives of their children [11]. On the contrary, some researchers have reported that parents of adolescents, due to culture, are unable to discuss freely with their children on issues of sexuality. Some of this parents avoid open discussion with their adolescent on sexual and reproductive needs as a result of culture and religion [7,8]. Although, it is believed that parents are very influential on their children but rarely provide the type of information that schools or health programs do to enhance ASRH, particularly in the African culture [7,9].

Health programs are provided by youth friendly organizations and in this study, parents supported them and mentioned how effective they are in the delivery of services that help adolescents model their lives and improve their SRH but identified some things they disliked about them. They stated that some of the providers might take advantage of the adolescents, thus corrupting them instead of helping them make better decisions. This study findings is contrary to the findings of Dienye(2011) [12], which revealed that parents would rather leave their children in ignorance in order to maintain their innocence than allow them to gain knowledge of sexual topics which they believe will lead to moral deterioration. However, 66.7% of parents complained that these services are unavailable around their residencies. This is similar to a study conducted in 2018 by Ogu et al. [13] which revealed that the implementation of youth friendly health services remains minimal and are yet to be rolled out across all primary health centers in Nigeria.

From this study, the fear of stigmatization and discrimination was reported as a barrier to young people’s use of youth friendly services which causes a deterioration of their health in the future. Similarly, a study carried out by Morris and Rushwan (2015)¹¹, corroborated this view by showing that the stigmatization of sexual health concerns and the judgmental attitudes about sexual activity by the society are barriers that prohibit good sexual and reproductive health for adolescents. Therefore all forms of stigmatization must be curtailed and the implementation of more anti-discrimination laws would be a way to commence just like when the Nigerian President Jonathan in 2015, signed the HIV/AIDS Anti-Discrimination law. Likewise, nurses and midwives should be more informed about different ways to encourage adolescents to seek immediate care and advice from medical facilities and primary health cares without being scared of being stigmatized especially when faced with serious conditions that can destroy their reproductive systems if left untreated for a long time.

Although many of the parents desired to have youth friendly services in their communities, however, many of the parents were not in support of distribution of condoms and contraceptives in schools.

Nigeria has been described as a "closed society" where issues pertaining to sex and contraceptives are not discussed freely [2,14]. As a result many adolescents have no knowledge or are misinformed about issues relating to sex. Sex education is essential in reducing unwanted pregnancies and teenagers ought to be properly informed about issues relating to sexual activities [15,16].

4.1. Limitations

This study was limited to parents whose children were in secondary schools only, therefore the perceptions of parents generally could not be taken since the samples were purposely selected.

5. Conclusion and recommendations

The criterion of acceptability of youth friendly services has been met from this study since the participants reported that youth friendly health care services are very effective in improving young people’s health, thus they are in support of their implementation. On the contrary, the criterion of accessibility remains unmet as unavailability of youth friendly services in so many places was one of the major barriers mentioned by parents. Therefore, more youth friendly services should be implemented and there should be collaboration with Community Based Organization (CBOs) on making sensitization a continuous process in issues relating to adolescents sexual and reproductive health.

Ethical approval statement

Ethical clearance was obtained from ethics and research committee of Afe Babalola University, Ado-Ekiti. Informed consents was also obtained from participants before commencement of the study.

Declaration of competing interestCOI

The authors declare that they have no competing interest.

Funding statement

No special funding or grant was received for this study.

Acknowledgement

We appreciate all the parents who participated in this study.

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