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FACTORS ASSOCIATED WITH ADOLESCENT-TO-PARENT COMMUNICATION ON SEXUAL AND REPRODUCTIVE HEALTH AMONG SECONDARY SCHOOL STUDENTS IN REDEMPTION CAMP, OGUN STATE

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ABSTRACT: ***(Background):*** *Adolescent-to-parent communication on sexual and reproductive health (SRH) plays a crucial role in shaping healthy attitudes and behaviors among young people; yet it remains limited in many conservative contexts. This study examined the factors associated with adolescent-to-parent SRH communication among secondary school students in Redemption Camp, Ogun State, Nigeria.*

Methodology: *A cross-sectional study was conducted among 259 students selected through a multistage sampling technique. Data was collected using a structured questionnaire and analyzed using the Statistical Package for Social Sciences (SPSS 27) to generate frequencies, means, and inferential statistics, with significance set at $p<0.05$.*

Result: *Findings revealed that personal factors, particularly knowledge (mean = 8.76/10) and self-efficacy (mean = 2.76), significantly influenced SRH communication while environmental factors were not significant predictors. Logistic regression identified self-efficacy as the strongest predictor ($\beta = 0.211$, $p = 0.011$).*

Conclusion: *Although knowledge and SRH education are important, adolescents' confidence and emotional readiness are more crucial in facilitating parent-adolescent communication. Programs that strengthen adolescents' communication skills and equip parents with supportive strategies, particularly through faith-based and community initiatives, are essential for improving SRH dialogue.*

KEYWORDS: Adolescent-to-parent communication, Sexual and reproductive health, Self-efficacy, Parental communication style.

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INTRODUCTION

Sexual and reproductive health (SRH) is an essential component of adolescent well-being, encompassing complete physical, mental, and social health in all matters relating to the reproductive system (World Health Organization, 2019). Adolescence, defined by WHO as ages 10 to 19, is a transitional period marked by significant physical, emotional, and social changes (World Health Organization, 2024). It is during this time that many young people initiate sexual activity, placing them at increased risk of SRH challenges such as unintended pregnancies, sexually transmitted infections (STIs), and HIV/AIDS (Wakasa et al., 2021; Lindberg et al., 2021).

In Nigeria, SRH outcomes among adolescents are a major public health concern, with adolescent pregnancy rates remaining high and HIV prevalence among Nigerian adolescents estimated at 3.5%—the highest in West and Central Africa (Fofana & Mehmet, 2022). Adolescents often face barriers in accessing accurate SRH information, which heightens their vulnerability to negative outcomes. Parental guidance has been shown to be crucial in promoting healthy SRH behaviors, yet communication between adolescents and parents remains limited, especially in conservative and religious communities (Usonwu et al., 2021; Mbachu et al., 2020).

Various studies reveal that cultural taboos, parental discomfort, and restrictive communication styles impede open discussions on SRH topics (Chidinma & Ogubuike, 2024; Bekele et al., 2022). Adolescents frequently turn to peers or unreliable online sources for information, often leading to misinformation and poor health decisions. Factors such as adolescents' self-efficacy, parental education, communication patterns, and broader cultural norms have been identified as influencing SRH discussions within families (Vongsavanh et al., 2020; Malango et al., 2022).

Given the religious and cultural significance of Redemption Camp in Ogun State, Nigeria, and the observed reluctance of adolescents to discuss SRH matters with their parents, there is a pressing need to understand the factors shaping parent-adolescent communication in this setting. Despite the critical role of family-based communication, there is a paucity of research focusing on faith-based communities such as Redemption Camp.

This study, therefore, sought to assess the personal, environmental, socio-demographic, and parental communication factors that influence adolescent-to-parent communication on SRH issues among secondary school students in Redemption Camp. Understanding these dynamics is essential for designing culturally sensitive interventions aimed at strengthening open, supportive, and value-based SRH discussions within faith-based communities in Nigeria.

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RESEARCH METHODOLOGY

Study Design

The study employed a cross-sectional, descriptive design with quantitative data collection methods.

Study Area

The study was conducted at the Redemption Camp of the Redeemed Christian Church of God (RCCG), located along the Lagos-Ibadan Expressway in Mowe, Ogun State. Redemption Camp functions as a large religious and residential settlement, known for its strong Christian values and vibrant community life. It houses several educational institutions, including Redeemer's High School, which served as the study location. The camp's conservative religious environment, coupled with adolescents' exposure to broader societal influences, makes it a unique setting for studying SRH communication dynamics between adolescents and their parents.

Study Population

The study population consisted of male and female secondary school students enrolled in Junior Secondary School 3 (JSS3) to Senior Secondary School 3 (SSS3) within a selected secondary school in Redemption Camp. The students were typically aged between 13 and 19 years; however, younger students aged 11 or 12 years who had advanced to the eligible classes were also included. Inclusion criteria were being enrolled in JSS3 to SSS3 and living with at least one parent or guardian. Exclusion criteria were students outside the JSS3–SSS3 class range, married students, or those not living with any parent or guardian.

Sampling Technique

A multistage sampling technique was employed. First, Redeemer's High School was purposely selected from two government-approved secondary schools within Redemption Camp due to its larger and more diverse student population. Students from JSS3 to SSS3 were the target group, from which four arms per class level were randomly selected. The number of participants from each arm was proportionally determined based on class size, and students were then randomly selected during questionnaire distribution to ensure fairness and minimize selection bias.

Sample Size Determination

The sample size was calculated using Cochran's formula, resulting in 247 participants. After adjusting for a 10% non-response rate, the final sample size was 272 respondents. A total of 259 questionnaires were eventually retrieved.

The Instrument for Data Collection

Data was collected using a structured, self-administered questionnaire designed to assess factors associated with adolescent-to-parent communication on sexual and reproductive health (SRH). The instrument covered socio-demographic characteristics; personal factors (knowledge, attitudes and self-efficacy) toward SRH issues; and environmental factors (parental communication styles; Cultural norms; and access to SRH education in schools).

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Knowledge was assessed through questions based on correct responses, while composite scores were generated for constructs such as self-efficacy, attitudes, and parental communication style.

Instrument Reliability

The questionnaire was pre-tested among 20 adolescents in a different secondary school outside Redemption Camp to ensure reliability. Cronbach's Alpha values ranged from 0.714 to 0.886, indicating good internal consistency.

Data Management and Analysis

Data was analyzed using IBM SPSS Statistics version 27. Descriptive statistics such as percentages and frequencies were used to present results, while inferential statistics such as Pearson correlation were used to determine the relationship between variables. Statistical significance was set at $p<0.05$.

Ethics Consideration

Ethical approval was obtained from the Babcock University Health Research Ethics Committee (BUHREC No: 046/25). Informed consent was obtained from all participants. Confidentiality and anonymity were ensured, and participation was entirely voluntary.

RESULTS

Table 1: Analysis of Demographic Characteristics of Respondents N = 259

Variable	Frequency (n=259)	Percentage (%)
Age Group (Years)		
11-12	34	13.1
13-15	175	67.6
16-18	50	19.3
Gender		
Male	127	49.0
Female	132	51.0
Class		
JSS 3	61	23.6
SS 1	70	27.0
SS 2	70	27.0
SS 3	58	22.4
Who they live with		
Both Parents	218	84.2
Mother Only	12	4.6
Father Only	10	3.9
Guardian/Relative	19	7.3
Father's Education Level		
No Formal Education	10	3.9

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Primary School	8	3.1
Secondary School	34	13.1
Tertiary Education	198	76.4
None	9	3.5
Mother's Education Level		
No Formal Education	10	3.9
Primary School	8	3.1
Secondary School	25	9.7
Tertiary Education	208	80.3
None	8	3.1
Religion		
Christianity	242	93.4
Islam	16	6.2
Other (Catholic)	1	0.4

Table 1 shows the socio-demographic characteristics of the respondents. The mean age of respondents was 14.25 years (SD = 1.42), with most participants falling between 13 and 15 years of age. The female respondents were more (51.0%) than male respondents (49.0%). Regarding class level, respondents were fairly distributed across the upper junior and senior secondary school classes, with the largest groups in SS1 (27%) and SS2 (27%). Most of the respondents reported living with both parents (84.2%), while smaller proportions lived with either parents alone or with other guardians. Parental education levels were notably high. Among those who responded, most fathers and mothers had attained tertiary education (76.4% and 80.3%, respectively), reflecting a relatively well-educated sample population. Religiously, the sample was predominantly Christian (93.4%), with a small representation of Muslims and other affiliations.

Table 2: Descriptive Statistics of the Respondents' Level of Knowledge, Attitude and Self-Efficacy on SRH Issues

Variable	Mean ± SD	Median	Mode	Frequency (n)
Knowledge Level	8.76 ± 1.76	9.0	9	259
Attitude Level	3.46 ± 0.54	3.60	4	259
Self-Efficacy	2.76 ± 0.86	2.80	2	259

Adolescents' Knowledge of Sexual and Reproductive Health (SRH) Issues

Table 3: Distribution of the Respondents' Level of Knowledge on SRH Issues

Knowledge Statements for consideration	Frequency (Correct)	Percentage (%)
Typical age range for puberty (10-13 years)	150	57.9
Can a girl get pregnant the first time she has unprotected sex?	163	62.9
Menstruation: What is shed? (Endometrium)	18	7.0
Definition of STIs (Infections passed through sexual contact)	229	88.4

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Which is NOT an STI? (Malaria)	242	93.4
Can HIV/AIDS be transmitted through casual contact?	194	74.9
When does pregnancy occur? (Sperm fertilizes egg.)	238	91.9
Meaning of Abstinence	230	88.8
Have you heard about contraception methods?	134	51.7
Meaning of Abortion (Termination of pregnancy)	234	90.3

Tables 2 and 3 above present the respondents' knowledge of sexual and reproductive health. The overall mean score was 8.76, indicating a high level of knowledge among the participants. Most adolescents correctly identified key SRH concepts such as the meaning of abstinence (88.8%), the risk of pregnancy from unprotected sex (62.9%), and the transmission of HIV/AIDS (74.9%). A large majority also recognized common STIs (93.4%) and the process of pregnancy (91.9%). However, some knowledge gaps were evident, particularly around contraceptive awareness (51.7%), onset of puberty (57.9%), and anatomical understanding of menstruation (7%). These findings suggest a need for targeted SRH education that strengthens biological understanding and awareness of preventive measures.

Adolescents' Attitudes toward SRH Communication

Table 4: Distribution of the Respondents' Attitude towards SRH discussions with Parents

Attitude Statements for Consideration	Strongly Disagree (%)	Disagree (%)	Neutral (%)	Agree (%)	Strongly Agree (%)
Talking to parents about SRH is important for making informed decisions.	5.8	9.3	25.9	43.6	15.4
I feel comfortable discussing SRH topics with my parents.	10.4	25.9	34.0	23.2	6.6
It is inappropriate for adolescents to discuss SRH with parents.	20.5	39.4	20.5	16.2	3.5
Discussing SRH with parents helps prevent risky sexual behavior.	3.5	4.6	22.4	45.2	24.3
It is easier to talk about SRH with my friends than my parents.	8.5	13.1	23.9	30.9	23.6

Adolescents' attitudes toward discussing sexual and reproductive health (SRH) with their parents varied. Table 4 presents the distribution of responses across five attitude-related statements on discussing SRH issues with their parents. The overall mean score was 3.46 (SD

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= 0.54), with a median of 3.60 and mode of 4, indicating that most adolescents held a favorable attitude toward discussing SRH with their parents. Although many respondents agreed that SRH discussions are important for making informed decisions and preventing risky behavior, only 29.8% agreed that they felt comfortable discussing SRH topics with their parents 54.5% reported that they preferred talking with peers over parents

Adolescents' Self-Efficacy in SRH Communication

Table 5: Distribution of the Respondents' Self-Efficacy towards SRH discussions with Parents

Self-Efficacy Statements for Consideration	Strongly Disagree (%)	Disagree (%)	Neutral (%)	Agree (%)	Strongly Agree (%)
I feel confident starting a conversation about SRH with my parents.	15.8	30.9	30.1	18.5	4.6
I know how to express my thoughts about SRH topics clearly to my parents.	15.4	23.2	35.5	22.0	3.9
If I had a concern about SRH, I would be able to ask my parents for advice.	12.7	12.4	33.2	33.2	8.5
I feel comfortable asking my parents questions about SRH, even if I don't know their reaction.	15.1	23.6	31.3	25.1	5.0
If my parents seem uncomfortable, I can continue an SRH discussion.	23.2	35.5	20.1	17.4	3.9

Adolescents' self-efficacy toward discussing sexual and reproductive health (SRH) with their parents varied. Table 5 presents the distribution of responses across five attitude-related statements on discussing SRH issues with their parents. The overall mean score was 2.76 (SD = 0.86), with a median of 2.80 and a mode of 2, indicating not all adolescents felt confident initiating SRH discussions with their parents (Table 2). Only about 16.2% scored 4 or above, showing a potential area for intervention. While some adolescents (25.9%) reported confidence expressing SRH concerns and seeking advice (41.7%), the majority (58.7%) felt uncertain or discouraged, especially when anticipating negative reactions from their parents.

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Association between personal factors and adolescent-to-parent communication on sexual and reproductive health (SRH) among secondary school students in Redemption Camp, Ogun State?

A multiple linear regression was used to examine whether knowledge, attitude, and self-efficacy significantly predict adolescent-to-parent SRH communication.

To assess the overall significance of the regression model, an Analysis of Variance (ANOVA) was conducted. The results are presented in **Table 6**.

Table 6: ANOVA Results for Personal Factors' Role on Adolescent-to-Parent SRH Communication

Source of Variation	Sum of Squares	df	Mean Square	F-value	Sig.
Regression	20.88	3	6.948	6.292	$<0.001^{b}$
Residual	281.581	255	1.104		
Total	302.425	258			

The ANOVA results indicate that the regression model is statistically significant ($F = 6.292$, $p < 0.001$), suggesting that at least one of the independent variables (knowledge, attitude, or self-efficacy) significantly predicts adolescent-to-parent SRH communication.

To determine the relative contribution of each predictor, the regression coefficients were examined. The results are presented in Table 7.

Table 7: Regression Coefficients for Predictors of Adolescent-to-Parent SRH Communication

Variable	B (Unstandardized Coefficient)	SE (Standard Error)	Beta (Standardized Coefficient)	t	p-value (Sig.)
Constant	0.771	0.512	-	1.505	0.134
Knowledge Score	0.090	0.039	0.146	2.307	0.022
Attitude Score	0.205	0.133	0.102	1.542	0.124
Self-Efficacy Score	0.211	0.082	0.167	2.559	0.011

INTERPRETATION OF FINDINGS

The regression analysis provides insights into the role of personal factors (knowledge, attitude, and self-efficacy) in predicting adolescent-to-parent SRH communication.

Knowledge as a Predictor of SRH Communication: Knowledge was found to be a significant predictor of SRH communication ($B = 0.090$, $p = 0.022$). This suggests that adolescents with higher SRH knowledge levels are more likely to engage in discussions with

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their parents. Having accurate information may enhance their confidence in initiating conversations about SRH topics.

Self-Efficacy as a Strong Predictor: Self-efficacy emerged as the strongest predictor of SRH communication (B = 0.211, p = 0.011), with the highest standardized Beta coefficient (0.167). This indicates that adolescents who believe in their ability to discuss SRH issues are more likely to engage in conversations with their parents. Self-efficacy may enhance communication by reducing fear or hesitation in approaching parents about SRH matters.

Attitude Was Not a Significant Predictor: Although attitude had a positive coefficient (B = 0.205), it was not statistically significant (p = 0.124). This suggests that a positive attitude toward SRH discussions alone does not necessarily translate into more frequent communication with parents. Other mediating factors, such as cultural norms, parental openness, and perceived consequences of discussing SRH, may play a more influential role.

Overall Model Implications: The findings suggest that **knowledge and self-efficacy** are key drivers of adolescent-parent SRH communication. Adolescents who possess **accurate SRH information** and **believe in their ability to discuss these topics** are more likely to engage in meaningful conversations with their parents. In contrast, having a **positive attitude** toward SRH discussions does not significantly influence communication frequency or openness.

Association between environmental factors and adolescent-to-parent SRH discussions among secondary school students in Redemption Camp, Ogun State?

Association between Cultural Norms and Adolescent-to-Parent SRH Communication

The mean score for the belief that "My religious or cultural beliefs discourage open discussions about SRH" was 2.46 (SD = 1.15) among adolescents who do not communicate with their parents and 2.33 (SD = 1.16) among those who do, suggesting minimal variation between the groups.

To examine the relationship between cultural norms and adolescent-to-parent SRH communication, a chi-square test of independence was conducted. The results indicated no statistically significant association between cultural norms and SRH communication, χ^2 (4) = 2.389, p = 0.665 (Table 8). This suggests that adolescents' perceptions of cultural norms discouraging SRH discussions are not significantly associated with whether they engage in SRH communication with their parents.

Table 8: Chi-Square Test for Cultural Norms and Adolescent-to-Parent SRH Communication

Test	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	2.389	4	0.665
Likelihood Ratio	2.494	4	0.646
Linear-by-Linear Association	0.594	1	0.441
N of Valid Cases	259		

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Association between Parental Communication Style and Adolescent-to-Parent SRH Communication

The study examined the parental communication style used in discussing sexual and reproductive health (SRH) with adolescents. Parental communication styles were categorized as authoritarian, authoritative, permissive, or uninvolved based on students' responses. The results revealed that the authoritarian communication style was the most prevalent among parents (n = 152, 58.7%). This was followed by the uninvolved communication style (n = 56, 21.6%). Only 30 students (11.6%) reported having parents with an authoritative communication style, while the permissive style was the least common (n = 21, 8.1%). These findings suggest that most parents in the study population adopt a restrictive or non-communicative approach to discussing SRH topics with their adolescents. Table 9 presents the distribution of parental communication styles.

Table 9: Distribution of Parental Communication Styles

Parental Communication Style	Frequency (n)	Percentage (%)
Authoritarian	152	58.7
Uninvolved	56	21.6
Authoritative	30	11.6
Permissive	21	8.1
Total	259	100.0

These findings indicate that most adolescents perceive their parents as either highly restrictive (authoritarian) or uninvolved in discussions about SRH. The low percentage of authoritative and permissive communication styles suggests that open, supportive, and guiding SRH conversations are relatively uncommon among the study population.

To assess whether parental communication style is significantly associated with adolescent-to-parent SRH communication, a Chi-Square test was conducted. The results showed no statistically significant association between parental communication style and adolescent-to-parent SRH communication, χ^2 (3) = 0.441, p = 0.932.

The results are summarized in Table 10 below:

Table 10: Parental Communication Style and Adolescent-to-Parent SRH Communication

Parental Communication Style	No SRH Communication (%)	Yes SRH Communication (%)	Total (%)
Authoritarian	59.5%	56.5%	58.7%
Uninvolved	21.1%	23.2%	21.6%
Authoritative	11.1%	13.0%	11.6%
Permissive	8.4%	7.2%	8.1%
Total	73.4%	26.6%	100.0%

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Association between Access to SRH Education and Adolescent-to-Parent Communication

A Chi-square test was conducted to examine the association between access to SRH education in school and adolescent-parent communication on SRH topics. The results showed no statistically significant relationship between the two variables, χ^2 (1) = 0.206, p = 0.650. This suggests that access to SRH education in school does not significantly influence whether adolescents engage in SRH discussions with their parents.

Table 11: Chi-Square Test Results for Access to SRH Education and Adolescent-to-Parent Communication

Variable	χ^2 (df)	p-value	Interpretation
Access to SRH Education & Adolescent-Parent Communication	0.206 (1)	0.650	No significant relationship

SUMMARY OF FINDINGS

The findings in Tables 8 to 11 highlight key patterns related to environmental factors and their influence on adolescent-to-parent communication on sexual and reproductive health (SRH). Although the chi-square tests showed no statistically significant associations, the descriptive results are insightful. Regarding parental communication styles, most adolescents (58.7%) identified their parents' approach as authoritarian, while 21.6% described their parents as uninvolved. Only 11.6% and 8.1% reported authoritative and permissive styles, respectively. This distribution suggests that most adolescents experience either restrictive or passive communication environments, with limited exposure to open and supportive SRH discussions. In terms of cultural norms, the mean score for the belief that "religious or cultural beliefs discourage SRH discussions" was 2.46 among non-communicators and 2.33 among communicators, indicating minimal variation. The chi-square test revealed no significant association (p = 0.665), suggesting that while cultural beliefs may influence perceptions, they do not significantly affect actual communication behaviors. For access to SRH education, 72.2% of students reported having received SRH education in school. However, this was not significantly associated with communication at home (p = 0.650), indicating that school-based education alone may not be sufficient to stimulate family discussions.

Overall, these findings suggest that although formal education on SRH is available and cultural beliefs are moderately held, the dominant parental communication styles remain a key barrier. Strengthening family-based communication strategies, especially promoting authoritative and supportive parental approaches, could enhance SRH dialogue between adolescents and their parents.

***Hypothesis*:**

There will be a significant relationship between parenting communication style and adolescent-to-parent SRH communication among secondary school students in Redemption Camp, Ogun State.

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Association between Communication Style and SRH Communication
Table 10 presents adolescent-to-parent SRH communication by parental communication style. The proportion of adolescents reporting communication did not vary significantly across styles.

A Chi-Square test of independence was performed to determine whether parental communication style was associated with adolescent-to-parent SRH communication. The results showed no statistically significant association between parental communication style and adolescent-to-parent SRH communication, χ^2 (3) = 0.441, p = 0.932.

Although the authoritarian style was the most prevalent, the proportion of adolescents reporting SRH discussions with their parents did not vary significantly across communication styles. This finding implies that other factors, such as cultural norms, parental attitudes, and adolescent self-efficacy, may play a more crucial role in shaping SRH communication rather than communication style alone.

DISCUSSION OF FINDINGS

Personal Factors Association with Adolescent-to-Parent SRH Communication

The study found that personal factors—knowledge, attitude and self-efficacy—play a significant role in shaping adolescent-to-parent SRH communication.

The average knowledge score among respondents was 8.76 out of 10, indicating a high level of awareness. Notably, 88.4% correctly identified the meaning of STIs, 91.9% understood when pregnancy occurs, and 90.3% correctly defined abortion. These findings align with Michael (2024) and Bikila et al. (2021), who also found a positive link between SRH knowledge and willingness to communicate with parents.

Attitudes were generally positive, with a mean score of 3.46 out of 5. Over 68.9% of respondents agreed that talking to parents helps prevent risky behavior. However, only 29.8% felt comfortable discussing SRH with their parents, while 36.3% disagreed, indicating that emotional discomfort remains a barrier.

Self-efficacy had a mean score of 2.76, reflecting moderate confidence. For instance, only 23.1% felt confident starting SRH conversations, while 46.7% expressed a lack of confidence. Self-efficacy was the strongest predictor of communication in the regression model (B = 0.211, p = 0.011), reinforcing Bandura's Social Cognitive Theory, which posits that confidence is essential to initiating behavior.

These results highlight that increasing SRH knowledge is not enough; programs must also focus on building communication confidence among adolescents.

Environmental Factors Association with Adolescent-to-Parent SRH Communication

Surprisingly, environmental factors—cultural norms, parental communication style, and access to SRH education—were not significantly associated with adolescent-to-parent SRH communication in this study.

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Cultural norms, measured by belief statements, had a mean score of 2.46 (for non-communicators) and 2.33 (for communicators), showing only a slight difference. The chi-square test confirmed no significant relationship ($p = 0.665$). This finding challenges assumptions in the literature (e.g., Nilsson et al., 2020; Mbachu et al., 2020) that cultural and religious norms directly hinder communication. It may suggest that adolescents are navigating these norms with more independence, possibly due to peer and media influence.

Regarding school-based SRH education, while 83.8% of students reported exposure, this did not translate into more frequent communication with parents ($p = 0.650$). This supports Aliyu and Aransiola (2023), who noted that formal SRH education may not lead to behavioral changes unless reinforced by family-based strategies.

The dominant parental communication style was authoritarian (58.7%), followed by uninvolved (21.6%), with authoritative being least common (11.6%). However, communication style did not show a significant association with SRH communication ($p = 0.932$), suggesting that even within restrictive or avoidant styles, other factors like adolescent confidence may mediate communication behavior.

Parental Communication Style association with the frequency and Quality of Adolescent-to-Parent SRH Communication

Although parental communication style was not statistically linked to the frequency or quality of SRH communication, trends were observed. Adolescents with authoritative parents had slightly higher mean ranks for discussion frequency (148.18) compared to authoritarian (123.10) and uninvolved (138.56) styles. Moreover, 57.1% of adolescents reported that their parents provided clear rules and explained the reasoning behind them—hallmarks of the authoritative style. These patterns align with Segrin & Flora (2018), who found that empathy and open dialogue foster better communication outcomes. These findings suggest that parenting programs promoting empathy and structure may improve communication, even if the direct statistical effects are not yet evident.

CONCLUSION AND RECOMMENDATION

This study highlights the multifaceted nature of adolescent-to-parent SRH communication. While personal awareness and exposure to SRH education were relatively high, actual communication with parents was often hindered by emotional discomfort, fear, and restrictive parenting styles.

Improving SRH communication requires more than information delivery. Adolescents must be equipped with confidence and communication skills, and parents must be supported to adopt empathetic, responsive styles. Reinforcing perceived benefits and leveraging external cues like school programs and media campaigns can further encourage meaningful SRH discussions at home. A holistic, multi-level approach that addresses knowledge, behavior, and family dynamics is essential for creating an environment where adolescents feel safe, informed, and empowered to engage in SRH communication.

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Suggestions for Further Research

1. Longitudinal Studies on Adolescent-to-Parent SRH Communication: A long-term study could assess how communication patterns change over time and how interventions impact them.

2. Exploring Parent Perspectives: Future research could focus on understanding the barriers parents face in discussing SRH with adolescents to design more targeted interventions.

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