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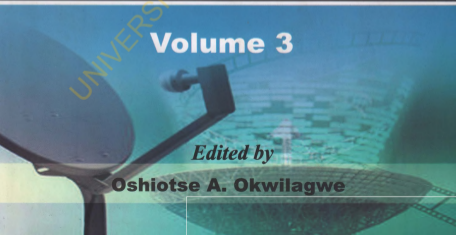
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Social and Entrepreneurial Imperatives

Volume 3

Edited by

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Changing Family-life: Communication Media for Adolescents in Nigeria

Transition of Youths to Adulthood in Traditional Nigerian Society

In many African societies, sexual health information concerning the giving and receiving of sexual pleasure, taboos, rites and cleansing was transmitted in conjunction with formal rituals such as circumcision, initiation and seclusion. Sexual culture thus comprised systems of meanings, knowledge, beliefs and practices that help shape sexuality in a variety of social contexts (Dana, 1997). Among different communities, each society had its unique way of leading its youths to adulthood. In Nigeria and many other developing countries, the transition from one period of life cycle to another was traditionally marked by institutionalised rites of passage. These rites addressed the moral and behavioural code for the next phase of life as well as the physiological changes occurring with the appearance of secondary sexual characteristics to sexual and reproductive maturity.

In parts of Cross River State, girls were kept in seclusion for months to be initiated into adulthood. Young girls in Calabar, Itigidi and other Nigerian cultures stayed in fattening rooms for months to receive training concerning the adult life. This practice existed among the Efik, Ibibio, Urhobo and some Igbo groups, enhancing their attractiveness and roundness of body (Ikpe, 2006). Its practice was associated with the belief that girls were of age to indulge in

sexual relations or be ushered into the marriage life. Girls were expected to emerge from this ceremony intellectually and emotionally capable of dealing with the tasks of adulthood. A related practice by the Yakurr is *kukpo*, which mostly took place when the girl was pregnant and preparing for delivery. It is instructive to note that family life education operated in a context of confirmed maturity by the social institution and when the girl was ready for marriage.

Although, young marriageable girls were trained on issues related to adulthood, there existed an earlier communication gap in sexual and reproductive health. Education of girls occurred when they were exposed to sex, sexual challenges or activities. This delayed information had a negative impact on sexual debut, children ever born (CEB) as well as the general sexual and reproductive health repercussion and wellbeing of girls. The initial information gap might have contributed to the prevalence of maternal and infant morbidity and mortality in traditional societies.

Several reasons made these rites inevitable. Most men in Ekpeye communities of Rivers prefer to marry circumcised girls because of their belief that it would help prevent sexual promiscuity and curb sexual desires (Briggs, 2002). This corresponds to Margaret Mead's work on pre-industrial societies, which indicated that a crisis-free transition from childhood to adulthood was possible, provided adolescents had clear ideas of what their lives would be, were well prepared for these lives, and did not face the anxiety and confusion of making choices (Mead, 1930).

The nature of family-life education is operated in the general belief that sexual intercourse should only take place for procreation, hence, institutionalised rites. Most cultures in Nigeria and sub-Saharan Africa adhered to this, leading to the propagation of abstinence for unmarried youths (Owuamanam, 1995 and Renne, 1993). Premarital sexual activity was considered taboo and using contraception was forbidden among unmarried youths (WHO, 2001). In other settings, girls were disallowed from making choices of marriage partners; instead, parents arranged marriages for them before menarche, which they consummated after

puberty. Readiness for marriage was not an individual decision but involved relatives and neighbours (Baru, 1995).

In essence, sexual communication in pre-colonial societies was consigned to the realms of marriage. It was only to be experienced under marital conditions (Ikpe, 2004). These procedures were a system of 'checks and balances' as parents, extended family members and community were fully involved in the biosexual developmental processes of adolescents. Hence, girls had limited freedom to make independent sexuality decisions outside adults' consents. These became important for promoting positive sexual attitudes and images for safeguarding female reproductive health.

Despite this established system, some girls became deviants as they violated the laid down procedures for sexual behaviour. They found opportunities of living differently, despite the high level of discreteness on sexual issues. Ikpe (2004) observed that some pre-adolescent youths engaged in sexual exploration of the body, including the exploration of their genitals. This took place between girls and boys but not many were involved in this irregularity and those caught in the act were thoroughly beaten.

Since the possibility of self-sexual discovery existed, it was, therefore, pertinent to expose young people to family-life interactions which took place during the popular traditional media of *tales by moon light*. However, the traditional moonlight setting was an important occasion where fondling of the body was made possible. Hence, even with the vigilance and restrictions, there were a few young people who still found opportunities to touch one another to derive sensual pleasure. This indicates that although premarital sex for girls was a taboo, it sometimes took place resulting in pregnancies. The restrictive system, however, curbed some reproductive health crises.

A Moving Communication Culture

The influence of traditional communication on family-life has weakened in contemporary society, reducing the sources of social support and recourse for adolescents with sexual health questions. This paradigm shift is as a result of the introduction of western education and high

social mobility which has changed traditional ways of existence. Education brought in new values about life which in many instances contradicted traditional ones. Consequently, interactive values prohibiting premarital sex, the power of the elders, and other social structures did not make much information sense to the youth.

Colonisation has removed traditional forms of sexual education through initiation rites and premarital counselling by elders to the present point where young people rely mostly on peer information or erotic movies and publications. Demehin (1983) noted that the only remaining avenue is to teach sex education through the school systems. This option is accompanied with its own challenges. A systematic review of the provisions for sex education in primary and secondary schools as well as teachers training colleges seems comprehensive on paper but mere copies of American or Canadian programmes with very little attempt at indigenising them. Parents may also be uncomfortable with this option as they may query the contents, subjects and goals of sexual education. The role of parents in sexual communication still remains the most important in the Nigerian socio-cultural context.

The development of satellite broadcasting has also widened youths' sexuality communication choices and given them access to broader competing and contradicting values. It is rare to find societies where puberty rites are still celebrated. Their disappearance and replacement by western values has contributed to the many reproductive health situations of young people in contemporary society. This is anticipated because youths are known to be adventurous and engage in intense sexual activities due to the changes in many areas of their lives (Moore & Rosenthal, 1993; Lear, 1997). In this changing information and communication culture, they determine their choices and sources of information for easy adaptation to social change.

Expanded Sources of Sexual Information for Girls

Young girls are exposed to diverse information sources that often destroy their dependence on the family for sexual education. Most times, adolescents engage in sexual activities with little information

because adult members of the society failed to provide them with such information. This makes them to rely on various means of acquiring sexual and reproductive information which expose them to behaviours that have diverse effects on their health. The fact that sexuality education is not taught in Nigerian schools, nor is there other formal ways of receiving adequate information further expands the problem. Information received through uncensored sources may be inaccurate, inappropriate or inconsistent with the needs of adolescents. It often does not serve as a platform for informed decision making and action.

Mass media, peer groups, schools, organisations and the Internet are the identified sources of adolescent sexual information. Although, teens are denied accurate information regarding sexuality, there are still a growing number of sexual images bombarding them from diverse media and the Internet. Lack of access to accurate information on sexuality and family planning exposes them to frequent incorrect information usually passed to them by equally misinformed peers, magazines, and foreign movies. The effect of mass media has been tremendous on female sexual perception, attitude and behaviour. Mass media connect individuals around the globe, exposing girls to a profusion of ideas, values and lifestyles that pose as challenges to mothers in preparing their youth for the future (Guttmacher, 1998). Media effect on society is captured by Baran (2002:377):

The media are corrupting influences that undermine the social order and that 'average' people are defenseless against their influence...media are a dangerous drug or a killing force that directly and immediately penetrates a person's system.

Although, the hypodermic needle theory has been perceived 'obsolete', the presentation of everyday life shows its manifestation in the actions of the growing population whose physiological drivers are not well developed to filter and ward off irrelevant information from the media. Adolescents thus serve as a consumerist population but not all are influenced by the mass media as some adolescents make consumption choices. However, mass media remains the main source of sexual information among girls as over 70 percent obtained sexual information

from television and radio (Zeindenstein & Moore, 1996). Home videos in Nigeria also have strong influence on young people's sexuality. While most videos are loaded with sexuality scripts, adolescents read from papers and books and imitate the values and lifestyles depicted in movies, televisions and music videos. All these have powerful influence on the sexual aspirations and desires of young people (Zeindenstein & Moore, 1996; Guttmacher, 1998).

According to Lewin (1997), many teenagers noted that the casual acceptance of oral sex comes in good part from the media. Undoubtedly, television, cinema, Internet, changes in political structure and international business daily expose the youths to new cultures, values and attitudes. The new media have brought the vision of a 'global village' and 'globalisation', not only of business and finance, but also of cultural influx, leading to culture exchange. Kim (2001: 299) concluded that 'we live in the midst of a rapid cultural change and increasing intercultural connectedness'.

Change in adolescence is also heightened because the media has undergone profound change in polarising itself into the two corners of a global media, with universal and regional programming, displaying global-like content. For its acceptability by the young population, this shift drifts media away from a focus on the country's culture to a more global one. The values displayed changes youth attitudes. The Internet further intensifies this to a potentially global form. With the rise of the Internet, intercultural communications is 'a mouse click away'. It provides intercultural communication experience at low cost, facilitates a wider audience thereby providing adolescents with easy access to both censored and uncensored information.

Friends are also important sources of sex information. This is because college students are most comfortable discussing sexual and reproductive health issues with peers of their own sex rather than parents (Obono, 2008; WHO, 2000). Mothers were only consulted for specific areas pertaining to a daughter's biological growth while information on sexual behaviour is solely obtained from friends. This bifurcation of sexuality communication among parents and friends is indicative of changing trends in adolescent views based on social

change. Mothers are thus identified as the main sources of menstruation and risk of pregnancy while peers deal with sexual relations, contraception and ejaculation. Mothers rarely imparted full information on sex, conception, pregnancy, contraception and disease but the main sources that have profoundly influenced teenagers are friends and the media (WHO, 2000; Passages, 1993).

Young people's sexual information sources also vary from school teachers, health educators and Family Life Education (FLE) programmes. Stewart in Renee (1999) mentioned teachers and health personnel as important sources of respected information. However, teachers sometimes do not share the same misconceptions about female sexuality as those held by other adults in particular localities. Most adolescents who had teachers as information sources rated the information inadequate, adding that they mainly focused on discouraging students from sexual activities without providing explanation for the dangers and consequences of these activities (WHO 2000). Adolescents are neither supportive of parents because they remain very negative about sexuality education in the schools due to the misconception that such education will negatively affect the children (Francoeur *et al.*, 2000). They observed that talking openly about sexuality is regarded as a taboo.

A geographical study of sexual education and discussion in Nigeria by Francoeur *et al* provided the sources of sexual and reproductive information for several ethnic groups in eight geographical regions. While some are traditional, others are modern but with a negative attitude towards sexuality education. Sexual knowledge among the Yoruba is acquired through storytelling, myths, peers, schools, apprenticeship centres, television, films, romantic novels, magazines, and over-heard adult conversations. Most children in these states learn about sexuality through the combined media including peer groups, media, and films.

Among some ethnic groups in the Benue region, sexuality is learnt through peers, storytelling and cultural practices. Sexual knowledge among the Efik and Ibibio is acquired by listening to stories told by elders, eavesdropping on adults and moonlight activities with peers. It is also obtained from older sisters, cousins, household, school peers,

and the electronic and print media. Some of these methods of acquiring reproductive information are similar to ethnic groups in Delta State where adolescents learnt about sexuality from their peers and the media.

In all the Nigerian regions, sexual and reproductive information is regarded sacred. Although, some authors have noted that no deliberate efforts were made by adult members of the family to openly discuss sexual matters with their daughters except under the disguise of story telling, this was operational in traditional society. However, findings from a recent study debunks this long standing claim; the study revealed that sexual communication is quite high among mothers and daughters (Obono, 2008). This high rate indicates that adolescents are now provided with sexual and reproductive information because of the prevalent reproductive health crisis around them. In other words, the changing social situation in Nigeria is impacting on family-life information which is now assessed through integrated modern (exogenous) and non-modern (indigenous) media by conveyance and interactional approaches respectively.

Nature of Sexual Communication among Parents and Daughters

Most information on sexual communication has been derived from surveys and statistical analyses. Communication patterns presented by researchers point to the fact that most reproductive communication among mothers and daughters tended to be negative. This lack of communication has contributed to making adolescents have a higher prevalence of most reproductive health disease (Alubo, 2000; Madunagu, 1998). Adolescents are sexually active but often limited in knowledge. Madunagu, (1998:10) observed that young people are:

Extremely uninformed about their reproductive systems. This ignorance, more often than not, leads them to take risks which can lead to long term damage to their sexual and reproductive health or even death

Although, most mothers and daughters reported prior experience and comfort talking about sexual topics, findings suggest that certain topics like abstinence, reproductive 'facts' and the consequences of sexual

activity were emphasised over other topics like condom use, choosing sexual partners, and masturbation (Obono, 2008). Even when they communicated, mothers framed sexuality largely as negative feelings and behaviours to avoid because of the harmful consequences. Positive aspects of being sexual, such as pleasure, were not discussed. It is observed that roadblocks to sexual communication that may contribute to disconnection include not listening, anger, making assumptions and judgments, and silence. Facilitators of sexual communication that may contribute to connection include early start, persistence, listening, empathising and managing conflict in nondestructive ways.

Adolescent daughters were noted as possessing little knowledge about sexuality from the family because it is still a taboo subject rarely discussed between parents and children (Rodnic, 2000; Francoeur *et al* 2000). In Kenya, 71 percent of parents reported having talked with their children about school work relative to 28 percent that had discussed sexual behaviour. This is because many adults believed for some time that discussing sexuality with children would rather encourage sexual activity. However, poor sexual knowledge about their bodies and lack of sexual health information and services place young people at risks of pregnancy, abortion, STIs, and HIV/AIDS (Casey, 2001).

An upward educational mobility for women is increasingly changing trends in sexuality communication practices, hence, an expanded mother-daughter communication (Obono, 2008). Sexual communication was found to have a relationship with female socio-demographic characteristics. Thus, age, educational level, income and habitation pattern are related to mother-daughter communication of sexual and reproductive matters.

Ikpe (2004) provided further explanation on the nature of sexual communication in traditional society. According to her, it was culturally a taboo to discuss sex and sexual matters outside marriage. In Cross River and Akwa-Ibom, knowledge about sexuality is considered inappropriate for children but acceptable for the married. Sexual education is seen as a way of corrupting the children, thus, people do not discuss sexual topics. Sexuality in Nigeria was approached with

silence and discreteness and it was clothed in languages, which were not explicit to the uninitiated. It was a taboo to discuss sexual matters in front of children until they were ready for their passage into adulthood. Although, children recognised the differences between the genders, they were not expected to know the usefulness of such differences.

Mothers in Benue told their daughters about the consequences of sexual intercourse when they started menstruating. They provided no further information because they were uncomfortable and without positive attitude regarding sexual education (Francoeur *et al*, 2000). Their perception differs with their educational status. Most educated adults see nothing bad in sexual education, but the uneducated say it is an abomination. Although, parents are not in support of sexual communication, youths get exposed to the information because sex is freely discussed in beer parlors, at the home, or during marriage preparation. When compelled to discuss sexuality, the uneducated are very shy and hardly give correct information.

Discussion of sexual topics is also regarded a taboo in some Ijaw, Itsekiri and Urhobo ethnic groups. The topics are avoided because it is believed that discussion will result in promiscuity and the exposure of adolescents to negative influences. The Ibos hold similar views, causing sexual knowledge to emanate from peers. They believe that talk about sexual matters is vulgar and sexuality should never be discussed.

The existing communication patterns among mothers and daughters were not effective enough to safeguard daughters' sexual and reproductive health. Ignorance about sexuality and lack of contraception has produced high rates of abortion and infanticide among adolescents (Gueye *et al*, 2001). A study in Kenya found that daughters did not have effective information and skills for HIV/AIDS prevention and that there was an incongruence between the daughters' information needs and what they actually received from their mothers (ARHNC Report, 2004). Their communication patterns were very poor with numerous obstacles.

Communication have been driven by a uni-dimensional and simplified model in which the amount of communication and the communication process is conceptualised as being uni-directional from mother to daughter (Feldman & Rosenthal, 2002; Obono, 2001). Mothers and daughters did not trust or respect themselves during reproductive communication. They accused each other as being hostile, cautious, non-attentive, suspicious, and manipulative (ARHNC Report, 2004). Only a few mothers freely discussed sexual issues with their daughters.

Meanwhile, the attitude of mothers towards sex education has been such that denied daughters of sexual knowledge because of their preconceived notions full of myth and rumours. The 'culture of silence' which is highly celebrated in sub-Saharan Africa is seen as the main impediment to effective mother-daughter sexuality communication. Most mothers feel that sex education can be equated to leading a child to having sex and sexual decivilisation of the young (Passages, 1995; Lennerhed, 1995). Olawale (2004) summarises that society, culture and religious inhibitions continue to debar parents from providing such information to children.

Uche & Vincent-Osaghae (2001) showed the non-existence or negativity of parent-child communication in sexual matters. Discussion concentrated on the possibility of pregnancy and the dangers associated with it. Although, contemporary village society is more open and sexuality is more freely discussed, communication among parents and children remains minimal. Several studies provided reasons why parent-child communication is difficult. Parents feel inadequately informed, embarrassed, and have difficulty finding a suitable time to talk with their daughters (ARHNC, 2004). Parents report that their children are often dismissive of their efforts and unreceptive of the content of their communications (Hockenberry-Eaton, Richman, DiIorio, Rivero & Mailbach, 1996; Warren, 1995). When mothers discuss sexuality, daughters feel uncomfortable and suspect their parents of prying into their private affairs and wishing they stopped (Jaccard *et al*, 2000; Feldman & Rosenthal, 2000).

Parents talk infrequently and inadequately with their children about sexuality because they have considerable difficulty discussing the subject (Warren, 1995; Kirby, 2002). Mothers and their daughters are described as defensive, evasive or being flippant to keep the conversation less personal (Feldman & Rosenthal, 2000). Adolescents thus report less open communications, less closeness with family members, more communication problems, and more power differential between parents and teens.

A study of secondary school students in Ibadan identified mode of dressing, menstruation and avoiding 'men's touch' as the most common sexual topics discussed among mothers and daughters (Obono, 2001). Compared to other communications topics, family-life is indirect and involves more dominance and unilateral power assertion. The communication is less mutual and turn-taking. Adolescent communication involved more contempt, less honesty, and more avoidance (Feldman & Rosenthal, 2000; O'Sullivan *et al*, 2001).

Despite widespread agreement that parents should play a large role in the sexuality education of their children, parents and teenagers find the communication difficult. Discussions are not shared equally by fathers and mothers. Communication styles of mothers were described as being more positive and less negative, relative to those of fathers. Girls evaluated mothers as better sex educators, as more frequent communicators with less negative styles of communication (Obono, 2008; Dehne & Reidner, 2001). Hence, both culturally and in the view of daughters, mothers have an important role to play in family-life education of adolescent girls. This may be related to community sanctions on wives' failure to monitor daughters' behaviour (Orubuloye, 2005). Mothers' attitude may also be related to fear of daughters becoming pregnant before completion of schooling. Mothers enforce premarital chastity on their daughters while sons are given some level of sexual freedom.

It has been identified that communication about relationships, feelings, and sensitive issues remain in the domain of mothers. Warren (2005) observed that mothers communicate sexuality more with

daughters than with sons. Mothers' attitudes toward daughters should be that of care and trust to encourage freedom of speech since adolescents feel intense need for privacy and confidentiality. Studies by the International Centre for Research on Women illustrate the critical role of gender and sexuality in influencing sexual interactions and people's ability to practise safer sexual behaviours. They highlighted the importance of increasing women's access to information and education, skills, services and social support in order to reduce their vulnerability to HIV/AIDS and to improve their reproductive health outcomes. As primary socialising agents, mothers should occupy a significant place in the discourse of female sexuality, addressed in line with social change.

Family-Level Sexual Communication in a Changing World

In many societies, the family and immediate community members traditionally provided young people with information and guidance about sex and sexuality. The provision of information was formalised as part of initiation into adult roles. Socialisation was a vital process by which people learnt the attitudes, values and actions appropriate to individuals of a particular culture. Mothers and other family members became socialising agents through human interaction and shaping self-images. Socialisation impacts peoples' personalities, attitudes, needs, characteristics and behaviour. Although, there are different agents of socialisation, the mother plays the major role in achieving this primary role at a time of social change.

Family background variables such as race, religion and gender of household head are significant predictors of sexual communication. There is a strong positive association between family religion and early communication, although this may reflect a cautionary conservatism about children's sexual development. Mothers who were heads of households were more likely to communicate with daughters about sex than mothers in male-headed homes (Obono, 2008). Two most important predictors of frequent communication are the pattern of early mother-daughter communication and the quality of the relationship. Communication about sensitive topics is less difficult in the adolescent

years if it is built upon a pattern of open communication. These findings support programme initiatives that seek to strengthen families, and especially women in their role as mothers.

In many developing countries, it is up to parents to meet the reproductive health needs of adolescent sons and daughters. Pregnancy is common among school girls, but most abort due to fear that a pregnancy carried to term will result in the termination of education and disgrace of having a child out of wedlock. Reproductive health experts believe that sexually active adolescents should be encouraged to use contraception to prevent unwanted/mistimed pregnancy. A sample-surveyed parents of pregnant adolescents in Port Harcourt showed that a greater proportion did not favour the use of contraceptives among adolescents. In southern Nigeria, mothers vehemently opposed its use by unmarried girls because of its reproductive consequences associated with maternal infertility and death (Obono, 2008).

The study further revealed that most parents initiated communication after a realisation that girls have become sexually active. Adolescents are thus exposed to diverse reproductive health crises before parents begin sexuality discussion, thereby implicating their sexual choices and behaviour. When parents found that their daughters were sexually active, most advised them to stay away from men. Delaying family-life education to sexually-active adolescents is hazardous, as lifelong process of learning begins shortly after birth since even newborns can hear, see, smell, taste and feel hot, cold and pain (Schaefer, 1989).

Sex training, according to Hake (1972), is almost non-existent in many Northern Nigerian families. It is considered sinful or corrupting to speak such matters in the family. Adolescent boys are especially given little or no information about the reproductive changes taking place in their bodies. Most males stated that no one in their family told them about sex and its proper use. Although, more female subjects were talked to, they were not armed with proper information. While information was provided to males primarily by older brothers rather than parents, mothers were the main informants for females. Elder

sisters, aunts and grandmothers also assisted in providing reproductive information to daughters.

Reproductive change among daughters has led to significant outcomes, threatening female sexual and reproductive health. Change has been attributed to the exposure of girls to alternative sources of sexual information. Both culturally and biologically, it is assumed that the mother sees to the training and moral fitness of her daughter. This is because she acquires certain attributes that make this function inevitable. The expectation is that they easily absorb values taught early in life, especially those pertaining to cultural assumptions of gender differences and roles.

According to Talcott Parsons, when discussing the basic and irreducible functions of the family, the two basic processes involved in primary socialisation are the internalisation of society's culture and the structuring of personality. Being a 'factory producing human personalities', mothers are essential for structuring daughters through communication channels, which require a context that provides warmth, security and mutual support. This is important because psychiatrists trace many personality difficulties to childhood lack of suitable parental models (Parsons, 1947; La Pierre & Farnsworth, 1949).

Meanwhile, the gradual emergence of a distinct youth lifestyle has consistently been associated with the gradual breakdown of traditional family life, the diminishing role of parents and an increasing role of peers (WHO, 2001). The characterisation of early sexuality of young women is related to elders' loss of control in authoritative knowledge over young people (Renee, 1999). This is particularly true when adolescent knowledge, based on western education, is privileged over elders'. The family is thus becoming far less important in the individual development of young people (Dehn & Riedner, 2001) due to fundamental changes that have led to the emergence of a 'globalised' youth (Caldwell *et al*, 1998). Although, young people tend to be generally well informed, they have only patchy knowledge of sexuality issues. It is important that the family fills the gap by providing family-life education.

The International Planned Parenthood Federation attributed the sexual behaviour of youths to the insensitivity and indifference of parents who withhold vital information regarding youth sexuality. This was hinged on the belief that sexual education promotes sexual activities based on children's exposure. In other words, they would develop sexuality interest through such information exposure. However, sexual education does not lead to earlier or increased sexual intercourse; rather, it encourages higher levels of abstinence, contraceptive use and fewer partners (Action Health Incorporated, 1999).

Evidence from the World Health Organisation and UNAIDS commissioned research did not support this view about information-related increased sexual activity. It is thus important that mothers provide daughters with the information to enable them make informed and meaningful decisions about their reproductive health in this changing global world, since sexual outcomes affect the entire family in diverse forms. The family thus has a great responsibility to train up their young ones in order to avert sexual and reproductive consequences. Once parents recognise the importance of their own role in the education process, programmes can focus on providing information and helping parents develop approaches for talking with their children (UNFPA, 2000).

As a group, adolescents can be appropriately reached with sexual and reproductive information and services. Part of the increasing interest derives from the concern with reproductive health problems such as unintended pregnancy, maternal mortality, and sexually transmitted diseases, including HIV/AIDS. The concern stems from the fact that adolescents are associated with high rates of reproductive health problems evidenced as unintended pregnancy, maternal mortality and STDs which are much higher among this segment than others (Usman, 1997). There is therefore a need to reach youths with sexual and reproductive information as part of efforts for their development and the resolution of reproductive health problems through family-level communication in a changing world of diversified family-life communication media.

Conclusion

The collapse of traditional communication media of sexual information among adolescents is both a challenge and an opportunity to adolescent reproductive health. Adolescents often lack basic reproductive health information and skills in negotiating sexual relationships, and access to affordable confidential reproductive health services. Many do not feel comfortable discussing these concerns with parents or significant adults. Although, the traditional rites of passage were an opportunity at providing family-life education, the structure is at the verge of collapse as it has been overtaken by other sources, modern and non-modern. Parents were unwilling to communicate sexuality with children but evidence from research shows a paradigm shift as communication has transcended cultural prescriptions due to social change.

Healthcare workers and educators were also identified as being unable to provide complete, accurate, age-appropriate reproductive health information to young people. This is due to their discomfort about the subject and the fact that in most developing countries, the full range of reproductive health services is unavailable to all, especially young people. The most widely available to adults are family planning counselling information and services and prenatal, safe delivery and post-natal care which are considered unnecessary for adolescents. In addition to STI and pregnancy risks, many young people who are sexually active have been forced into sexual relationships either through violence or for economic reasons.

Adolescents have thus faced diverse challenges in terms of information and services on the belief that providing them with the information will increase sexual activity. They are, however, frequently bombarded with contradictory values and messages through the media, Internet and peers. Having limited access to formal channels of sexuality information exposes them to rely on peers. Sexuality and reproductive health practices are thus influenced by interrelated factors like the nature of information received, peer and economic pressures, as well as other social parameters. These challenges encompass issues of individual behaviour, group values, institutional support and societal factors.

Media structures and strategies that offer accurate information on reproductive health and the motivation of young people to protect themselves can make a difference. Adolescents are a central resource for the country's health and development. They have the basic human right to receive information and services necessary to protect themselves from STIs, early pregnancy and other sexual and reproductive health outcomes. Targeting young people with family-life information can be a gateway to promoting healthy behaviours. The integration of parents, traditional communication channels, social institutions, as well as exogenous media channels will scale up young people's information base for healthy and responsible transition to adulthood through the changing family-life communication media.

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