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Parents' Perception on Provision of Condom Education for Adolescents in the Cape Coast Metropolis, Ghana

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ABSTRACT

Young people below age 24 make up about 56.6% of the Ghanaian population among which are adolescents. Teen pregnancy and HIV infections among adolescents are on the rise in the country. In Ghana, sexuality and contraceptive talk are seen as adult talk and are no-go areas for adolescents. Parents who are first educators and custodians of these adolescents refrain from discussions on contraceptives such as condom use and other sexuality matters confronting these sexual groups though studies worldwide show that parents' have a positive influence on adolescent's contraceptive decision-making. This paper focused on parents' perceptions of providing condom education for adolescents. A descriptive cross-sectional quantitative study was employed using an interviewer-administered questionnaire and stratified sampling technique to sample a total of 398 parents from rural and urban communities in the Cape Coast Metropolis. This paper discovered through parents that some adolescents know about condom use and parental contribution to such knowledge was very minimal (5%) because they do not feel comfortable discussing such topics with their adolescent children. Correlation analysis revealed that the higher a parent's education, the lower the perception that educating adolescents on condom use will have an effect such as initiating them into early sexual experimentation. Given this, the paper recommended that public health education programs should target parents to sensitize them on the essence of communicating and educate their adolescent children on condom use to curb misinformation and misuse about condom usage. This will go a long way to help improve their sexual health now and in adulthood because it is their responsibility.

Keywords: *Adolescent, Parents' perception, Condom education, Early sexual experimentation*

INTRODUCTION

The adolescent period is a critical transition period of an individual's life where major biological developmental processes occur with the onset of puberty which marks the passage from childhood to adolescence. This period is characterized by lots of changes in the adolescent such as hormonal, physiological, psychological, and emotional, where boys show interest in girls in a sexual way and girls also romantically show interest in boys (Adegoke, 2013). The emotional, social, and moral developments during the adolescence phase introduce them to sexual

thoughts, sexual feelings, and sexual choices. The adolescent begins to show interest in sexual images such as movies, photographs of naked people, and other pornographic materials in media (Gruber & Grube, 2000). Some adolescents may choose to remain entirely abstinent from sexual activity while others may actively engage in sexual activity which makes them prey to higher-risk sex and transactional sex (GSS, 2009). Sexually active adolescents may get concerned about the consequences of their sexual activities and may begin researching issues about pregnancy, STIs, and contraceptives. However, those who will remain chaste will still experience sexual thoughts and feelings.

The sexual decisions and behaviors of individuals formed from the adolescence period are vital and this will depend on how the adults help them during this developmental period to make informed choices. Adolescents, therefore, need accurate and comprehensive education about sexuality to enable them to practice healthy sexual behavior now and in adulthood. It is known that if adolescents assume obstacles to having condom education, they are likely to encounter negative outcomes in sexual activity (Felice & Feinstein, 1999). Adolescents who are aware and knowledgeable about their reproductive health tend to have a positive attitude towards the use of condoms as they perceive it to protect them from STIs including HIV/AIDS and pregnancy. Therefore, the education and use of condoms are essential for adolescents since they engage in risky sexual behaviors (Rock et al., 2005) as well as sexual experimentation (Halpern & Reznik, 2009). Condom is the most effective method of STI infection including HIV and pregnancy preventive methods other than abstinence, and its education decreases unwanted pregnancies lower than education on abstinence-only (Kohler et al., 2008).

The family is widely known to be the most prominent and continuing influence in an individual's life, though this phenomenon is quite complex, it is taken that since a child attains the first experience from the family, especially the parents for that matter their influence cannot be ignored in an individual's behavior. As a result, over the years, parents' involvement has been of major concern for policymakers, educators, and researchers (Henderson & Mapp, 2002; Lopez, 2001). Parental communication in a positive way has been found through research to influence condom use among adolescents (Dilorio et al., 2003). Parents identified with problematic parent-adolescent communication had their adolescents being associated with risky behaviors such as substance use, delinquency, and sexual activities. Parents who had knowledge and control of their early adolescent children were able to reduce their risky behaviors in the middle adolescent years (Wang et al., 2013; Koesten et al., 2002).

Several studies and research have shown that parents especially mothers exert a greater influence on their children and for that matter individual′s behavior and life in areas of development and decision-making (Harris et al., 2013; Tsvakayi et al., 2010; Sneed, 2008; Calhoun & Friel, 2001). Parents′ socio-economic backgrounds such as locality of stay, gender, cultural norms, educational level, and or religious affiliation play a significant role in their initiating or talking about condoms (Kumi-Kyereme et al., 2007). Perceptions of objects and knowledge or belief about something emanate from the individual′s mind, this is usually influenced by their experiences from the environment, expectations, social setting, and other backgrounds (Thu Ha & Ayda, 2014). Parents′ knowledge, expectations, social setting, and emotions play a vital role in their acceptance of educating adolescents on condom usage. The beliefs formed around adolescents and condoms as being

'good' or 'bad' impacts parents' perceptions of providing education on it. The notion that children are too young and may experiment with sex when they are exposed to condom education makes parents more uncomfortable in providing such education (Ankomah, 2001; O'Regan, 2001).

The Integrative Model (IM) framework developed by Fishbein (2008) aims to enhance decision-making and preventive health behaviors among the general public (Fishbein, 2008; Yzer, 2012). According to this model, an individual's intention to engage in a particular behavior is the most significant determinant of whether that behavior will be executed (Fishbein, 2008). The IM hinges on the fact that several variables such as sex, age, cognitive beliefs, affective beliefs, perceived importance, and subjective norms may in a way influence behaviour. The integrative Model (IM) posits that an individual's intention to perform a behaviour emanates reasonably from some specific beliefs that an individual have about a behaviour. That is if people believe performing a behaviour (provision of condom education) is a good thing, they are more inclined towards performing that behaviour. The IM predicts that people act on their intention based on their perceptions, self-efficacy, the necessary skills they have as well as the environmental factors that do not impose behavioural performance. It generally accepts intentions to be a function of three types of perceptions, which are attitudes, perceived norms, and self-efficacy. Attitudes, perceived norms, and self-efficacy shine an individual's perception of a behaviour (action) and determine an individual's intention to perform a behaviour or action.

Parents' perception of condom education was explored to assess the question:

a) How do parents perceive the provision of condom education for their adolescent children?

It was hypothesized that some background characteristics such as place of stay, sex, education, and religion influence parent's perception, attitude, perceived norm, and self-efficacy in providing adolescents with education on condoms.

METHODOLOGY

Study Area

Cape Coast Metropolis lies within latitudes 5º.07' to 5º.20' north of the equator and between longitudes 1º.11' to 1º.41' west of the Greenwich Meridian. It is located in the west of Accra, the capital of Ghana. It is bounded on the north by the Twifu-Heman Lower Denkyira District, on the south by the Gulf of Guinea, on the west by Komenda / Edina /Eguafo / Abrem District, and on the east by the Abura / Asebu / Kwamankese District. The Metropolis covers an area of 122 sq. km (12,200 ha). The total population of the Metropolis from the 2010 population and housing census is 169,894 of which 82,810 (48%) are males and 87,084 (52%) are females (Smith et al., 2016) with a sex ratio of 95 males per 100 females and an annual growth rate of 3.1%. The Metropolis has 76.7% of its inhabitants living in the urban area and 23.3% in the rural area. It is the smallest metropolis in the country with Cape Coast as its administrative capital.

Research Design

The study employed a cross-sectional study design. In the survey, structured questionnaires were used to solicit information from parents. The set of questions was interpreted from English to Twi, Fante, and Hausa by the researchers on the field for the non-English speaking parents to be able to respond to the questions.

Sample size calculation

The sample size was determined using Yamane's (1967) simplified formula below:

$$\frac{N}{1+N(e)^2}$$

Where **n** is the sample size (required responses), **N** is the population and **e** is the level of significance which is the acceptable sampling error (0.05).

From the 2010 census, the population of persons aged 18 years and above in the Cape Coast Metropolis was 110333. Using this figure, the sample size derived was 398.

Table 1-*Sample distribution*

Type of community	Name of Community	Population size of 18 years and above	Sample quota
Urban population	Adisadel	84,625	305
Rural population	Nkanfoa	25,708	93
Total		110,332	398

Sampling Procedure

The study employed both qualitative and quantitative methods to select the sample; stratified, and random methods. The population was put in strata of urban and rural communities and one community from each stratum was randomly picked. The quota was allocated to each community based on rural and urban percentages in the metropolis. Parents in each community were randomly identified and questionnaires were administered to them.

Study Variables

The variable "parents' perception" was derived from responses to statements such as 'condom education affects adolescents, condom education must take place in the school setting', and 'un-comfortabilities in educating adolescents on condoms. Other explanatory variables used were residence, age, sex, education, and religion. Residence was coded as urban or rural.

Data Collection and Analysis

The survey used a questionnaire to collect data from parents. Data for the paper was collected between April and June 2015 using the cross-sectional survey. It involved parents (males and females) residing in Cape Coast Metropolis in the Central Region of Ghana. The questionnaire was put into five sections. These are:

a. Socio-demographic characteristics of parents
b. Parents' knowledge on adolescents' source of condom education
c. Parents-adolescent communication on condom education
d. Parents' perception on condom education for adolescents
e. Parents' intention on the provision of condom education adolescents

Data analyses were performed using IBM SPSS Version 20. Descriptive statistics using frequency distributions and cross-tabulations were employed to summarize socio-demographic data and parents-adolescent communication on condom education by using frequencies and percentages. Pearson's chi-square (X^2) was used to examine parents' socio-demographic backgrounds and their perception of providing condom education for adolescents. Correlation analyses were further employed to see the associations between parents' background and their perceptions of providing condom education for adolescents.

Table 2 - *Background Characteristics of Respondents*

Socio-demographic variable	Category	Frequency	Percentage
Locality type			
	Urban	305	76.6
	Rural	93	23.4
Total		398	100
Age distribution			
	less than 20	1	0.3
	20-29	64	16.1
	30-39	110	27.6
	40-49	110	27.6
	50-59	69	17.3
	60 and above	44	11.1
Total		398	100
Sex			
	Male	185	46.5
	Female	213	53.5
Total		398	100
Level of education			
	No education	80	20.1
	Basic education	105	26.4
	Secondary	109	27.5
	Tertiary	104	26.1
Total		398	100
Occupation			
	Fisherman	11	2.8
	Fishmonger	13	3.3
	Farmer	11	2.8
	Trader/Business	174	43.7
	Teacher	48	12.1
	Health worker	27	6.8
	Civil servant	68	17.1
	Artisan	24	6
	Unemployed	68	17.1
Total		398	100
Religious affiliation			
	Christian	303	76
	Islam	93	23.4
	Traditional	1	0.3
	Hindu	1	0.3
Total		398	100

The table depicts that 53.5 percent of the respondents were females with 46.5 percent being males.

About 20.1 percent of the respondents had no education with 79.9 being educated. The respondents with the highest educational level at the basic made up 26.4 percent, the secondary was 27.4 percent while those with tertiary education were 26.1 percent indicating that the majority of the

respondents were educated. The table also showed that 17.1 percent of the respondents were unemployed with 82.9 percent being employed. About 76.1% of the respondents were Christians and those who professed the Islamic faith made up 23.4 percent. There was one African Traditionalist respondent representing 0.3 percent and one Hindu representing 0.3 percent.

Parent-adolescent communication on condom

The level of parents' and adolescents' communication on condoms was examined using a global single-item (yes/no) measure as well as a detailed explanation for their choice of response. Parents' background characteristics were assessed with their communication with adolescents. About 84.4% of the parents responded negatively to ever communicating on condoms with adolescents while 15.6% showed they never did. Parents expressed that they were never comfortable (57%) bringing up issues on condoms to their children while 22% indicated they were comfortable and 21% showed neutrality. This agrees with the findings by Yadeta et al. (2014) that silence exists between several parents and their adolescent children on reproductive health issues including condom. Table 2 shows how parents' background influenced their communication on condom issues with their children.

Table 3 - *Parents ever talked to their child/children about condoms by background characteristics*

Background characteristics	Category	Yes (%)	No (%)	X^2	Degree of freedom	P-value
Total (%)		15.6	84.4			
Locality type				7.742	1	0.005
	Urban	15.6	81.4			
	Rural	6.5	93.5			
Sex				0.819	1	0.365
	Male	17.4	82.6			
	Female	14.1	85.9			
Level of education				19.791	3	0.000
	No formal education	8.9	91.1			
	Basic	9.5	90.5			
	Secondary	13.7	86.3			
	Tertiary	28.8	71.2			
Religious affiliation				5.665	3	0.129
	Christianity	15.2	84.8			
	Islam	16.3	83.7			
	Traditional	100	0			
	Hindu	0	100			

Perception of condom Education for adolescents

A global single-item 'yes' or 'no' was used to assess parents' views if their provision of condom education for adolescents will affect them. The majority of parents (65.7%) responded positively that when they provide such education it will affect them. Some stated that it will make them practice sex earlier than when they are supposed to and make them promiscuous.

More parents in the rural as well as mothers perceived condom education will affect adolescents. This finding agrees with fewer mothers communicating with adolescents on condom issues in the metropolis. The study depicted that the higher a parent's level of education the higher the perception that condom education will influence adolescents.

Table 4: *Perception that condom education affects adolescents*

Background characteristic	Category	Yes (%)	No (%)	X^2	Degree of freedom	P-value
Total		65.7	34.3			
Locality type				7.352	1	0.007
	Urban	62.2	37.8			
	Rural	77.4	22.6			
Sex				0.708	1	0.4
	Male	63.6	36.4			
	Female	67.6	32.4			
Level of Education				28.778	3	0.000
	No formal education	45.6	54.4			
	Basic	60	40			
	Secondary	70.6	29.4			
	Tertiary	81.7	18.3			
Religious affiliation				17.446	3	0.001
	Christianity	60.7	39.3			
	Islam	82.6	17.4			
	Traditional	0	100			
	Hindu	100	0			

Correlation analysis of parents' background and perceptions of adolescents' condom education

Correlation analysis was conducted to find associations between parents' background characteristics and the perceptions they have concerning providing condom education for adolescents.

Table 4 shows correlation analyses of the relationship between the background variables (locality type, education, sex, and religious affiliation) of parents and their perceptions of condom education for adolescents. The independent variables considered are locality type (L), education (E), sex (S), and religious affiliation (R). The dependent variables are the parental provision of condom education for the adolescent (C1), parents' belief that condom education affects adolescents (C2), the belief that condom education will lead to early sex (C3), and the provision of condom education in a school setting (C4).

The results show that correlation is significant at a 0.05 alpha level among all the variables with the relationship being either negative or positive. The table depicts a weak positive linear relationship between a parent's locality of stay which was significant at the assumed error of 0.05 (p-value) and parents' provision of condom education as well as the belief that condom education must occur in the school setting.

From the table, a p-value (0.000, 0.000, and 0.011) less than the assumed error for parents' education and the perception that condom education will have an effect on the adolescent such as indulging in early sex showed a weak negative linear relationship. That is the higher a parents' educational level, the lower their perception that condom education for the adolescent will result in any effect or early sex experimentation and the acceptance that the adolescent must be educated on condoms.

Table 5 - *Correlation between background variables (locality type, education, sex and religious affiliation) and perception of condom education for the adolescent*

Background		C1	C2	C3	C4
L	Correlation coefficient	0.292*	-0.136*	-0.032	0.283*
	Sig. (2-tailed)	0.000	0.007	0.523	0.000
E	Correlation coefficient	-0.083	-0.269*	-0.127*	0.043
	Sig. (2-tailed)	0.098	0.000	0.011	0.391
S	Correlation coefficient	0.087	-0.042	0.052	-0.059
	Sig. (2-tailed)	0.084	0.401	0.300	0.239
R	Correlation coefficient	0.141*	-0.179*	-0.357*	0.268*
	Sig. (2-tailed)	0.005	0.000	0.000	0.000

*Correlation is significant at the 0.05 level (2-tailed)

From the table, a p-value (0.000, and 0.011) less than the assumed error for parents' education and the perception that condom education will have an effect on the adolescent such as indulging in early sex showed a weak negative linear relationship. That is the higher a parents' educational level, the lower their perception that condom education for the adolescent will result in any effect or early sex experimentation and the acceptance that the adolescent must be educated on condoms. However, parents' education is not significant with their intention to provide condom education (0.098) and the provision of such education in the school setting (0.391), these two variables have a weak linear relationship with parents' education.

Parent's locality of stay is significant with parents' provision of condom education (0.000), their belief that such can affect the adolescent (0.007), and their acceptance that the education should be done in the school setting (0.000). There is a positive linear relationship (0.292, 0.283) between parents' place of stay and their attitude toward providing condom education and also approve that the school should provide such education. However, the locality of stay is not significant with the belief that condom education will lead to early sex among adolescents (0.523) and have a weak linear relationship. This implies that the environment within which a parent finds him/herself greatly influences their attitude and perception of the provision of condom education for the adolescent.

Preferred level of adolescents and educators of condom in schools

Parents perceive that the adolescent child should receive condom education at the Junior High School level. The data showed 46 percent of parents agreeing to the JHS level being the most preferred level with 25.6 percent for the primary level, 19.1

percent at the Senior High School level, and 9.3 percent suggesting that the adolescent is given condom education at the tertiary level. Figure 1 shows parent views in percentage. Out of the 398 respondents, 269 representing 61.3 percent indicated their choice of female teachers to educate adolescents on a condom while 14.3 percent of the respondents want male teachers to teach the topic with 18.1 percent preferring both sexes to teach it. Figure 1 shows parents' preference for the sex of the teacher to teach their adolescent children issues regarding condoms.

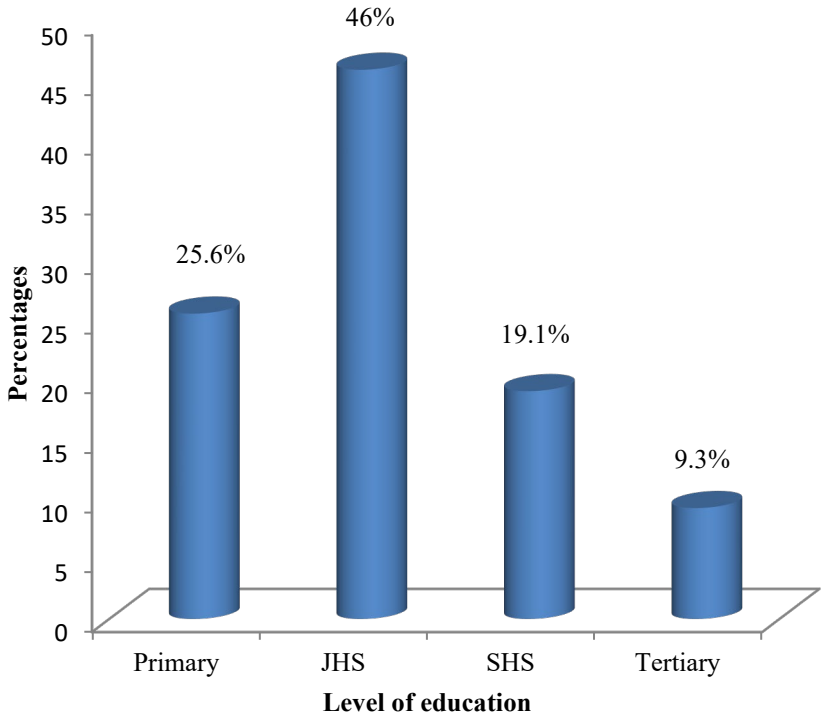

Figure 1: Preferred level to educate adolescents on condom

DISCUSSION

The paper focused on assessing parents' perception of their provision of condom education for their adolescent children because parental communication positively influences condom use among adolescents (Ebersole et al., 2014; Malcolm et al., 2014; & Dilorio et al., 2003). The study examined some background characteristics of parents and how they influenced their perception of condom education for their children conforming to a study by Jerman and Constantine (2010) on parent's socio-demographic factor's influence on parent-adolescent sexual communication. The main background characteristics used were locality type, sex, education, and religious affiliations of parents.

The paper found that the majority of the parents, more than 95 percent of those examined had knowledge of condoms and were also aware of the adolescent's knowledge about condoms by which they provided the various sources of information the adolescents get their knowledge. The parents showed that they contribute only 5.1 percent to the source of adolescent condom knowledge. The major sources of adolescents' condom knowledge were billboards (74%), radio (11.9%), and

friends (7.8%). Thus other factors outside the home setting are the main educators of condom issues for adolescents agreeing with the findings of Yadeta et al. (2014) and Osei (2009) that silence exists between several parents and their adolescent children on reproductive health issues including condom issues.

Though it was found that the majority of the parents in Cape Coast Metropolis did not feel comfortable engaging their adolescents in condom communication as they are unspoken words in a typical Ghanaian home (Osei, 2009), the place of residence and level of education of parents influenced such communication. Parents living in urban areas communicated more about condoms to their adolescent children than those in rural areas. The higher the level of education of the parents, the higher the likelihood that such a conversation will occur conforming to previous studies that parents with high levels of education communicated well with adolescents on condom use (Luis et al.,2011; & Guilamos-Ramos et al., 2006). This does not imply that parents do not talk about condoms at all. It is interesting in this paper that though few parents have ever talked about condoms with their children, more fathers talk about condoms than mothers supporting the evidence that mothers encounter difficulty in discussing sexuality issues concerning condom use (Ramarumo et al., 2011). However, this contradicts numerous studies that mothers are more likely to communicate on sexual issues including condom usage and they play a significant role in preventing teen pregnancy (Harris et al., 2013; Tsvakayi et al., 2010; Sneed, 2008; Hutchinson & Montgomery, 2007; Calhoun & Friel, 2001).)

Parents' perception of the provision of condom education for adolescents emanates from their attitudes and self-efficacy towards adolescents and condoms. They generally perceive it will have some effect on adolescents, therefore, is not favorable, it will lead them into early sexual experimentation, or make them promiscuous. They believe that such education should be done in the school setting and preferably a female teacher must provide such education. More parents in rural areas than urban areas as well as more mothers and high-level parents in education perceive condom education will affect adolescents. The results show that correlation is significant at a 0.05 alpha level among all the variables with the relationship being either negative or positive. The table depicts a weak positive linear relationship between a parent's locality of stay and the provision of condom education, the belief that it will affect adolescents, as well as such education, must occur in the school setting. Thus the place of residence of parents positively influences the perceptions they have on adolescents and condom education.

From the table, a p-value (0.000, 0.000, and 0.011) less than the assumed error for parents' education and the perception that condom education will have an effect on the adolescent such as indulging in early sex showed a weak negative linear relationship. That is the higher a parents' educational level, the lower their perception that condom education for the adolescent will result in any effect or early sex experimentation. The findings showed that the education of parents does not influence the perception that it is the responsibility of the school to provide condom education. Thus parents have the responsibility to provide their adolescent children with such education. It was found that parent's sex does not have an impact on their perceptions about adolescent condom education. Parents' religion influenced all perceptions identified in the study. There was a negative linear association between parents' religion and the belief that educating adolescents on condoms will have an effect on them and lead them into early sexual experimentation. Thus the

more religious a parent is the higher the perception and will therefore not favor educating adolescents on condoms. However, there was a positive linear association with the perception that condom education must be done in the school setting. That is parents' religion does not encourage them to provide condom education therefore the school must undertake.

CONCLUSION

Based on the findings of this paper, the following conclusions have been identified. Parents are aware that adolescents have some knowledge of condoms but their main source of such knowledge is billboard advertisements and parents provide minimal information. Also, the majority of parents in Cape Coast Metropolis have never talked to or provided any form of education to their adolescent children. That is there is a lapse in parents' communication on condom issues with adolescents. They perceive that providing such education will have an effect on them or may initiate them into early sexual experimentation, however, they prefer the school and a female teacher to provide such education starting at the Junior High Level. It can also be concluded that some background characteristics such as locality/place of stay, sex, education, and religious affiliation of parents influence their perceptions of the provision of condom education. Rural dwellers, mothers, and educated parents have the perception that condom education will affect adolescents. However, the higher a parent's education, the lower the perception that condom education will have an effect on them such as initiating them into early sexual experimentation. Religious parents view condom education as having effects such as initiating them into early sex but they believe the school should provide such education. This paper recommends that public education should focus on parents to raise awareness about the importance of communication and to instruct their teenage children on the correct use of condoms to combat misconceptions and improper use of condoms. This approach is crucial for enhancing their sexual well-being both currently and in the future, as it falls within their domain of responsibility.

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