

Exploring the Role of Sociocultural Norms in Shaping Parental Language and Communication Strategies in Sexual Education for Adolescents in Ghana

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Abstract Although researchers have widely studied parent-child communication about sex and reproductive health, few have examined the specific language choices parents use during these conversations, especially in a conservative country like Ghana. Using an explanatory sequential mixed-methods design, this study explored how parents use language in discussions with adolescents about sex and reproductive health, and how it affects adolescents' comfort and understanding. Through an initial survey of 170 undergraduate students aged 17–27 at the University of Cape Coast, and a semi-structured interview with seven purposively selected participants, we found that, many adolescents face significant barriers in initiating open conversations about sex with their parents. This is largely due to the absence of a communicatively open environment at home. Additionally, parents frequently relied on euphemisms, pet names, and metaphors to reference sexual and reproductive topics, which often limited clarity and hindered effective knowledge transmission. This study highlights the need for more direct and developmentally appropriate language in parent-adolescent communication to support adolescents' sexual and reproductive well-being.

Keywords Parent-child communication; Adolescent reproductive health; Sex communication; Theory of reproductive development; Ghana

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Introduction

Sexuality is a critical aspect of healthy development for teenagers, but promoting sexual health education remains a sensitive issue due to differing views on government involvement, parental control, and values like gender equality and personal responsibility (Shtarkshall et al., 2007; Sevilla et al., 2016). Although children show a keen interest in sex-related topics, such as physical differences between genders and reproduction, parents often find it uncomfortable to discuss these subjects with their children, regardless of socio-economic background (Asampong et al., 2013; Baku et al., 2018; Isaksen et al., 2020; Nelson et al., 2024). The responsibility thus falls on parents and other adults to provide accurate information about sex and its potential consequences.

Research indicates that children are more likely to discuss sex with parents who have previously shown a positive attitude towards these conversations (Isaksen et al., 2020; Othman, 2020). After reviewing 116 studies on parent-child sex communication, Flores and Barroso (2017) found that these discussions convey family expectations, societal values, and strategies for sexual health risk reduction. The importance of parents in their children's sexual education cannot be overstated; studies show that parental attitudes strongly influence adolescent sexual behavior, with open and positive communication associated with reduced risky behavior and improved outcomes (Isaksen et al., 2020; Kretchmar-Hendricks, 2017). Such discussions can help prevent teen pregnancy, STIs, and HIV by equipping teenagers with the knowledge and skills to engage in safe sexual practices (Flores & Barroso, 2017). This is particularly crucial in conservative societies like Ghana, where cultural and religious beliefs often make sex a taboo topic at home (Baku et al., 2017; Krugu et al., 2017; Donkor, 2017).

Several studies have explored parent-child sex communication, highlighting the challenges parents face and the benefits for children's sexual and reproductive health (Baku et al., 2018; Sevilla et al., 2016; Isaksen et al., 2020; Manu et al., 2015). Baku et al. (2018) found that parent-adolescent discussions in Accra, Ghana, often focus on topics like physical changes, personal hygiene, abstinence, abortion, and resisting forced sex, with sources of information including books, television, radio, and personal experiences. However, parents often struggle to explain specific sex-related terms, and Baku et al. (2018) suggest that educating parents on how to communicate about these sensitive issues effectively could improve adolescent sexual health outcomes.

Sevilla et al. (2016) examined the dynamics of parent-adolescent communication about sexuality, noting that conversations typically emphasize protection for girls and promote male sexuality, with father-son and mother-daughter discussions being more common. The study identified embarrassment and infrequent communication as significant barriers. Isaksen et al. (2020) found that nonjudgmental attitudes, open communication, and positive demeanor can increase the likelihood of parents discussing sexual topics with their daughters.

While existing literature has extensively covered the challenges parents face and the benefits of these discussions, there has been little focus on the language used by parents in these conversations, especially in conservative contexts like Ghana. Cultural and religious beliefs in such settings may heavily influence the quality of parent-child communication about sex, often limiting open dialogue. This study aims to fill this gap by investigating how parents use language when discussing sex with their children and how this affects adolescents' understanding of the issues. The study seeks to answer the following questions: What is the nature of parent-child communication about sex? How do parents use language in these discussions? Do adolescents have specific expectations about the language their parents should use?

The findings from this study will enhance the understanding of parent-child communication about sex and provide a reference for future research. It will also guide parents and guardians in adopting communication strategies that align with adolescents' expectations, thereby improving the effectiveness of discussions about sex and reproductive health.

Review of Related Literature

The parent-child bond is a unique relationship that every child and parent should cherish and nurture. Parent-child communication within the family context can be defined as the verbal and non-verbal interaction between a parent and a child at home (Altalib et al., 2024). Parents, whether biological or adoptive, communicate across all ages and developmental stages of the child. Runcan et al. (2008) argued that while parent-child communication is not inherently difficult, it requires effort, skills, availability, and time. She found that if parents learn specific communication skills, are present when needed, and make time for their children, the communication relationship will be more effective. As a result, parents will have easy and successful communication with their children. Cross-sectional and prospective studies have also revealed links between these characteristics and teenage sexual behavior, particularly when parent-child communication is described as open and responsive (Isaken et al., 2020).

Asampong et al. (2013) emphasized that when adolescents feel alienated from their parents, it can negatively impact their sexual and reproductive health. Researchers have hypothesized that adolescents who feel close to their parents may engage in fewer risky sexual behaviors because parent-child closeness fosters prosocial development. However, in the Ghanaian context, talking about sex is often considered a taboo, making it difficult for parents to discuss sexual matters with their adolescent children (Baku et al., 2018; Manu et al., 2015). Adolescents in Ghana, on the other hand, are unable to have open conversations with their parents about sexual matters. Asampong et al. (2013) found that parents' perceptions of the optimal time for adolescents to engage in sexual activities often differ significantly from those of the adolescents themselves.

Challenges fraught with parent-adolescent sex communication

Adolescence is a critical developmental phase marked by substantial physical, emotional, and social changes (Agarwal et al., 2020). One of the most challenging topics for parents and adolescents to address during this period is sex. Studies indicate that effective parent-adolescent sex communication can reduce risky sexual behaviors among adolescents (Baku et al., 2018; Nattabi et al., 2023). Despite the many benefits of such communication, many parents avoid discussing sexual and reproductive health with their adolescent children (Astle et al., 2022). Adolescents who lack adequate sexual education are at a higher risk for sexually transmitted infections (STIs), unintended pregnancies, and other health issues.

In Ghana and many African countries, cultural beliefs and traditions often inhibit the provision of sexual education (Sedgh et al., 2016). For instance, in the Ghanaian context, cultural taboos surrounding sex often prevent parents from discussing sexual matters with their adolescents, fearing that early exposure to such information might encourage promiscuity (Sedgh et al., 2016). Among the Akans (the largest ethnic group in Ghana), for example, discussing sexual issues with adolescents is prohibited, with parents sometimes dismissing the child's interest in learning about sex as premature (Agbeve et al., 2022). To navigate these taboos, parents often use proverbs and euphemisms rather than directly addressing body parts or sexual topics (Krugue et al., 2017; Baku et al., 2017). The effectiveness of parent-adolescent sex communication significantly depends on the parent's ability to convey information appropriately (Agyei et al., 2025).

Studies have also shown that adolescents engage in risky sexual behaviors at younger ages, making them more susceptible to adverse health outcomes (Kourtis et al., 2006). Research indicates that the age of first sexual experience among adolescents is decreasing. For example, Seff et al. (2020), in their survey of adolescents across Kenya, Malawi, Nigeria, Tanzania, and Uganda, found that a significant proportion of adolescents in these contexts experienced early sexual debut, with many initiating sexual activities before the age of 15. Notably, their study revealed that males were more likely to report early sexual debut, except in Nigeria, where female adolescents were more likely to

experience early sexual initiation than their male counterparts. In these cultural settings, factors such as religion, customs, and traditions strongly influence perceptions of sex, often emphasizing morality and abstinence (Agu et al., 2022), which may delay sexual initiation. Researchers have found that the lack of comprehensive sexual education contributes to increase in sexual activity among adolescents.

Parents often avoid discussing sex with their children due to discomfort, lack of knowledge, or cultural barriers (Mulius et al., 2021). As Evans et al. (2020) observe, even in instances where parents engage in discussions with their adolescents about sex, the content of these conversations typically centers on the risks associated with sexual activity rather than fostering a positive, informed discourse on topics such as safe sexual practices or sexual desire. In many cases, parents' attempts to address sexual matters by using fear-based messages, including threats of eviction in the event of pregnancy or intense, cautionary warnings (Maina et al., 2020). Adolescents often perceive these approaches as lacking substance or relevance, and as a result, they may not view these conversations as constructive or meaningful discussions regarding sex or contraception. Rather than facilitating open dialogue about sexual health and responsibility, such fear-driven interactions may inadvertently contribute to a sense of shame or confusion surrounding sexual matters. Several factors influence the quality of parent-adolescent sex communication, including the gender of both parents and adolescents, the closeness between them, and the parents' knowledge of the discussions (Evans et al., 2020; Zhang et al., 2007). Gender is a significant predictor of the frequency and content of these discussions, with mothers typically communicating more with daughters than sons and fathers being largely absent from these discussions (Zhang et al., 2007). Schouten et al. (2007) suggest that interventions to improve parent-adolescent sex communication should address adolescents' perceptions about discussing sex and its related matters with their parents, considering gender differences in these beliefs.

Positive and negative effects of parent-sex communication

Research on the impact of parent-adolescent sexual communication has yielded mixed results. Some studies suggest that effective communication between parents and adolescents can reduce risky sexual behaviors (McKay, & Fontenot, 2020; Nattabi et al., 2023). Earlier studies, such as that by Diiorio et al. (1999), argued that adolescents who discussed sexual matters with their mothers were less likely to initiate sexual intercourse and were more likely to adopt conservative sexual views. Adolescents who reported a greater number of topics addressed with their peers, on the other hand, were more likely to report early intercourse and more "liberal" sexual ideals. Similarly, Hutchinson et al. (2003) reported that higher levels of mother-daughter sexual communication were associated with fewer instances of sexual intercourse and unprotected sex.

Lefkowitz et al. (2000) also designed a study to change mothers' communication techniques while talking to their adolescent children about sexuality and AIDS. The intervention group of moms spoke less, asked more open-ended questions, acted less judgmentally, and talked about dating and sexuality more than the control group of mothers, according to the observational data. Adolescents in the intervention group reported having more conversations about birth control and feeling more comfortable talking with their mothers daily. There was some evidence that the intervention group's girls gained a better understanding of AIDS.

Despite these benefits, other studies have shown that early parent-child sex communication may have negative consequences on adolescents' sexual behavior. Somers and Paulson (2000) reported that teenagers who engaged in more sexual communication with their mothers and fathers exhibited a higher frequency of sexual activity. Adolescents who reported greater sexual communication with their parents had a younger age of first intercourse, more lifetime sexual partners, and were more likely to have been tested for HIV/AIDS. Clawson and Reese-Weber (2003) also discovered that the timing of sexual conversations was important in predicting sexual risk-taking behavior among teenagers. On-time discussions with fathers and mothers predicted an older age at the time of first intercourse and

fewer lifetime sexual partners, but also a higher likelihood of being or getting pregnant. On-time sexual dialogues between a mother and her adolescent, however, also predicted the usage of more birth control techniques (Clawson & Reese-Weber, 2003).

Theory of reproductive development

This study was conducted through the theoretical lens of the Theory of Reproductive Development. Sexual activity comes from human development, according to the Theory of Reproductive Development (Belsky, et al., 1991). It argues that the family's socioeconomic position, parent-child connections, physical development, and child psychosocial adjustment will all influence reproductive behavior. The basic hypothesis suggests that stressful family living conditions accelerate children's puberty and lower their age at first intercourse.

Belsky et al. (1991) articulated the Theory of Reproductive Development in terms of two divergent developmental routes, which are believed to enhance reproductive success within the environments in which they emerge. In childhood, one pathway is marked by a stressful upbringing, the development of insecure attachments to parents, and subsequent behavior problems; in adolescence, early pubertal development and precocious sexuality; and, in adulthood, unstable pair bonds and limited investment in child-rearing, whereas a stress-free upbringing marks the other pathway, the development of secure and positive relationships with parents, and less risky sexual behaviors. Researchers have used various strategies and approaches to test the Theory of Reproductive Development. Previous research has suggested that there is a link between environmental factors, puberty development, and sexual initiation behaviors. The age of puberty onset is strongly linked to the age of first intercourse in the general population (Deardorff, Gonzales, Christopher, Roosa & Millsap, 2005). Early menarche girls are more likely to participate in early intercourse and childbirth (Udry, 1979). In addition, populations living in more deficient environments have a higher proportion of precocious sexual activity (Rwenge, 2000; Varghese, et al., 2002). The age of first sexual intercourse is influenced by a variety of factors in the shared social environment (Dunne et al., 2006). However, the study used this theory as its theoretical basis because it offers a framework for analyzing adolescent risky sexual behavior and understanding how effective parental communication can help reduce irresponsible sexual behavior among adolescents, even in the context of poor socioeconomic family conditions.

Methods

This study employed an explanatory sequential mixed-method design. This method allowed us to get in-depth information about the phenomenon under study through quantitative and qualitative perspectives. The researchers conducted the study in two phases. For the first phase, we conducted a survey among undergraduate students at the University of Cape Coast between the ages of 17-27 to find out their experiences with having sex-related conversations with their parents. Our goal here was to understand the nature of the relationship between these adolescents and their parents at home and the effects of these relationships on children's ability to talk to their parents freely about sex. This was followed up with a semi-structured in-depth interview of 7 participants to get in-depth information about the nature of the language used by parents when communicating with their children about sex and why parents prefer certain language choices over others when talking to their children about sex and related issues.

All adolescent students at the University of Cape Coast were our target population for this study. However, the researchers recorded only 170 respondents at the end of the first phase of this study. We employed simple random and purposive sampling techniques to select study participant. We also employed a simple random sampling technique to select participants for the survey, while they used purposive sampling to choose participants for the in-depth interviews. According to Showkat and

Parveen (2017), in the purposive sampling technique, the researcher uses their judgment to select study participants based on the purpose of the study. Researchers usually use purposive sampling in exploratory research or field cases. The selected cases may not represent the entire population in this research. Its main aim is to select individuals who are relevant to the study. Given this, we used the purposive non-probability sampling technique to select the interview participants. Our purpose was to select participants who were relevant to our study. Due to the coronavirus and safety protocols, the survey and interviews were conducted online.

Data was collected directly from participants via Google Forms and telephone interviews. The survey questions were made up of 20 closed-ended questions geared towards getting responses from participants on the nature of their conversations with their parents about sex and related issues. In comparison, we designed the semi-structured interview guide with 10 open-ended questions to gather in-depth information about how parents use language in such discussions with their children and why they prefer certain language choices over others. The data collected from the online survey was then analyzed using descriptive statistical data. Questionnaire items and their responses were extracted from the online survey and exported into the IBM® Statistical Package for the Social Sciences (SPSS version 22) for analysis. The data collected from the in-depth interviews were transcribed manually without annotations and coded into themes.

Results and discussions

As mentioned earlier, we conducted the study in two phases. Phase 1 involved using quantitative methods to collect data from among the target audience. An online survey (Google Forms) was launched and shared on several students' online platforms for responses. At the end of the survey, 170 participants responded; however, only data from 150 participants were considered valid for analysis. This was because, following our initial screening of the survey responses, we found some internal inconsistencies in about 20 of our survey responses. As such, we excluded these from our analysis. We then conducted a semi-structured in-depth interview with 7 target group members to obtain detailed information about the phenomenon under study. The table below summarizes the demographic details of participants from the survey.

Table 1 Demographic data of participants from the online survey

Variable	Categories	Frequency	Percentage	Cumulative Percent
Age	18-20	52	34	34
	21-23	86	58	92
	24-26	12	8	100
Gender	Male	76	51	51
	Female	74	49	100
Religion	ATR	20	13	13
	Christianity	114	76	89
	Islam	12	8	97
	Non-Religious	4	3	100

Source: Field data.

RQ1. What is the nature of parent-child communication about sex and its related matters?

Participants were asked a series of questions to unearth the nature of their relationship with their parents and whether the nature of the parent-child relationship could influence how parents-can

communicate effectively with their wards about sex-related issues. When asked which of their parents they felt much closer to, most participants indicated that they felt closer to their mothers than their fathers (See Figure 1 below).

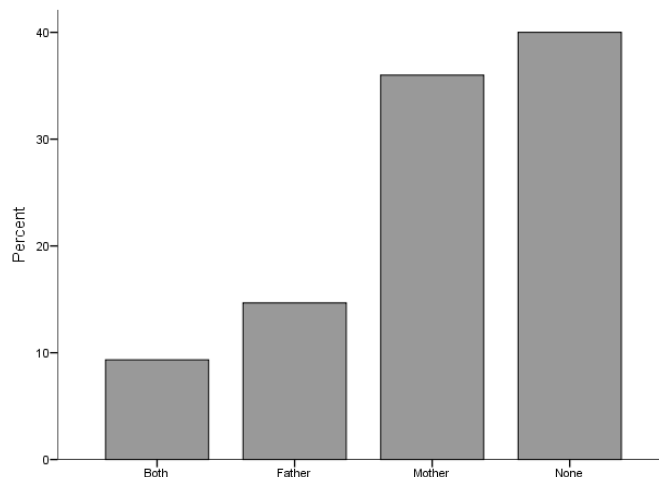


Figure 1 Participants' response on which parent they are much with

However, when asked which of the parents they were able to talk to freely about sex-related matters, more than half of the participants indicated that they were not able to comfortably talk to any of their parents about sex and its related issues. However, those who were able to do so reported that their mothers were their go-to person when they needed to talk about sex and its related issues (See Figure 2.)

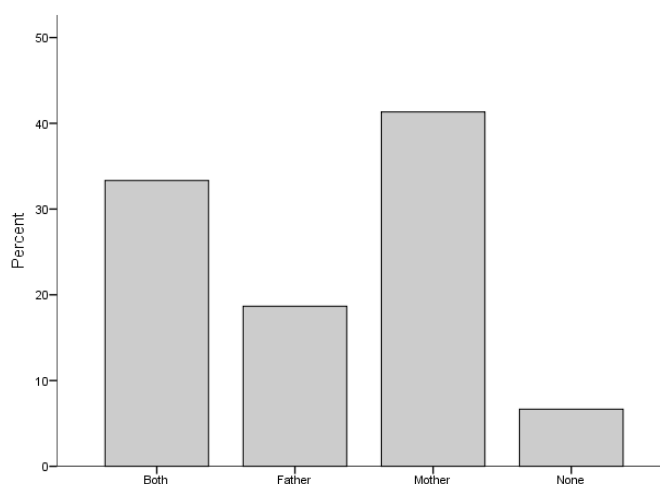


Figure 2 Participants' response to the question about which parent they can comfortably talk to about sex

Figure 2 reveals that most participants are unable to talk to their parents freely about sex. This situation can be worrisome as the participants indicated earlier that they had a bond with either one of their parents specifically their mothers. This suggests that, though most participants may have a bond with either of their parents, there is a poor atmosphere for talking about sex and related matters at home. To further understand the nature of parent-child communication about sex and reproductive health-related issues, we asked the participants to indicate how frequently they could talk to their parents freely about such topics. The table below is a summary of participants' responses to their ability to talk frequently with their parents about sex and reproductive health-related matters (See Table 2).

Table 2 Participants indicate how frequently they talk to their parents about sex and reproductive health-related topics

Statement	N	Min	Max	Mean	Std. Deviation
How frequently do you talk to your parent(s) about issues relating to pregnancy?	150	0.0	4.0	1.15	1.328
How frequently do you talk to your parent(s) about issues relating to fertilization?	150	0.0	4.0	0.76	1.133
How frequent can you talk to your parent(s) about intercourse?	150	0.0	4.0	1.03	1.133
How frequent can you talk to your parent(s) about menstruation-related issues?	150	0.0	4.0	1.36	1.434
How frequent can you talk to your parent(s) about STIs?	150	0.0	4.0	1.00	1.280
How frequent can you talk to your parent(s) about birth control?	150	0.0	4.0	0.93	1.354
How frequent can you talk to your parent(s) about abortion?	150	0.0	4.0	0.83	1.263
How frequent can you talk to your parent(s) about homosexuality?	150	0.0	4.0	1.09	1.421

Note: 4 very frequent, 3 frequent, 2 rare, 1 very rare and 0 not at all.

Table 2 shows a summary of participants' responses to questions about how frequently they talk to their parent(s) about certain sensitive topics concerning sex and related issues. Participants' response to the question about whether they can talk to their parent(s) frequently about issues concerning menstruation, with a mean score of *1.15*, reveals that they have very rare conversations with their parents about issues concerning pregnancy. Also, participants with a mean of *.76* indicated that they had not discussed fertilization with their parent(s). The situation concerning intercourse was not much different, participants with a mean score of *1.03* indicated that they had very rare conversations with their parent(s) about intercourse. Concerning menstruation, participants with a mean score of *1.36* indicated once again that they had very rare conversations with their parent(s) about the topic. The issue of sexually transmitted infections (STIs) also received a similar response as menstruation with a mean score of *1.00*. Participants with a mean score of *.93* and *.83* also indicated that they had very rare conversations with their parent(s) about the topic of birth control and abortion, respectively. Finally, with a mean score of *1.09*, participants indicated that they had sporadic discussions with their parent(s) about the issue of homosexuality. This topic has received a lot of attention in the Ghanaian media space due to recent activities of the LGBTI+ in Ghana. In effect, participants' responses to the questions concerning how frequently they talked to their parents about sex and reproductive health-

related issues had an average mean score of 1.02, indicating that participants had very rare conversations with their parents about these crucial topics that can affect the sexual and reproductive development of these adolescents. Therefore, we argue that the inability of adolescents to have free conversations with their parent(s) about sex and reproductive health-related issues is due to the lack of a proper atmosphere at the home to have such conversations. Thus, the inability of adolescents to talk freely with their parents about very important topics concerning sex and reproductive health, such as matters of STIs, abortion, pregnancy, menstruation, and intercourse among others. These findings are consistent with those of previous studies on the issue in Ghana, which found that despite recognizing the need for sexual education, parents in most African countries, including Ghana, find it difficult to talk to their adolescent children about sex (Agbeye et al., 2022; Sedgh et al., 2016).

RQ2. How is the language used by parents when communicating with their children about sex and its related matters?

The objective here was to find out from participants the way language is used by their parents(s) when talking to them about sex and reproductive health-related topics. To this end, the participants had to indicate their level of agreement with a series of statements that sought to measure their perceptions about how parents use language to communicate issues about sex and reproductive health. Participants' responses to the statements about the nature of the language used by their parents when talking to them about sex can be seen in the table below (See Table 3).

Table 3 Participants' responses to statements on parents' language about sex

Statements	SD <i>f</i> %	D <i>f</i> %	N <i>f</i> %	A <i>f</i> %	SA <i>f</i> %	Total <i>f</i> %
I can understand the terminologies my parents use when talking to me about sex and its related issues.	12 8	20 13	28 19	50 33	40 27	150 100
My parent/s often use metaphorical language when talking to me about sex and its related issues.	26 17	48 32	32 21	31 21	13 9	150 100
My parent/s often use very simple language when talking to me about sex and related issues.	16 11	20 13	50 33	57 38	7 5	150 100
I wish my parent/s will use more open and clear language when explaining sex-related issues.	12 8	14 9	46 31	52 34	27 18	150 100
I wish my parents will mention things as they are when talking to me about sex and its related issues.	10 7	20 13	40 27	56 37	24 16	150 100

Note: SD-strongly disagree, D-disagree, N-neutral, A-agree, SA-strongly agree (Field data).

Table 3 shows that most of the participants (60%) claimed they understand the terminologies their parents use when talking to them about sex and its related issues. However, less than half of the participants (49%) agreed that their parents do not often use metaphorical language when talking to them about sex and its related issues, with the remaining (51%) disagreeing or being neutral to the assertion. Additionally, less than half of the participants (43%) agreed that their parents often use very simple language when talking to them about sex, with the remaining (57%) disagreeing or being neutral about the assertion. Regarding participants' expectations about how parents should communicate with

them about sex and its related issues, 52% of the participants expressed a desire for their parents to use more open and clear language, while 53% stated that they would like their parents to speak more directly and explicitly about these matters.

These findings reveal that though the parents might be communicating using what they consider to be familiar terminologies when talking to their children about sex and its related matters, in reality, the parent's choice of language may not be as simple as they may deem it. Participants' response to the question about parents' use of metaphorical language when talking to their children about sex also suggests that the parents might be using some metaphors in their language when communicating with their children, perhaps a reason why many of the participants wished their parents would use more open and simple language when talking to them about sex and its related issues.

To further understand how language is used by parents when discussing matters of sex and reproductive health, we conducted semi-structured, in-depth interviews with some parents and students within the target population to get in-depth information about the situation. From the interviews, we found that though some parents make attempts to discuss issues about sex and reproductive health with their children, they are hesitant about giving too many details or being explicit about things to their children. When asked about the nature of the language parents use when talking to them about sex, some adolescents acknowledge that their parents try to use very simple language. In contrast, others indicated that they do not understand much of what they discuss with their parents about sex due to the parents' hesitance to be straightforward in their conversations. The extract below is some participants' responses to how their parents use language to refer to the genitals when talking to them about sex and reproductive health issues.

They go straight to the point and sometimes use pet names (Student 1)

She (Mom) uses pet names. But my friends say it plainly... (student 2)

She (Mom) uses their real names "kolo"-vagina "Ava"- penis... (Student 3)

She calls the penis "kweku" (A local name for males born on Wednesdays) and the vagina "pudendum" (Pet name)... she tells me those are the real names, it sounds funny in my ears (Student 5)

If it's only me and her, she uses Dagomba (yoli- penis, pani- vagina) but then if my neighbors come around, we use English. (Student 6)

From participants' responses, most parents prefer to use pet names rather than the actual names of the genitals when talking to their adolescent children about sex and reproductive health issues. Based on these findings, we argue that parents often use metaphorical language instead of simple language when talking to their adolescent children about sex and its related matters. This situation can be associated with socio-cultural norms that limit the parents' ability to talk freely and openly about sex with their adolescent children. These findings are consistent with those of Baku et al. (2017) and Krugu et al. (2017), who found that due to certain cultural norms in Ghana, talking about sex in plain terms is considered taboo. As a result, parents often use proverbs, illustrations, and euphemisms when communicating with their children about such things.

Proverbs usually come in metaphors and use formulaic language, the meaning of which often depends on a specific context. Given this, the reader must understand the context in which the proverb is used to grasp its intended meaning. In this context, the speaker uses language to create pictorial descriptions of the scenario being explained. To achieve this, the speaker may employ techniques such as anecdotes, analogies, euphemisms, and other figurative language forms that convey the same sense as the speaker intends without being too blunt. The burden of interpretation then lies on the receiver

to decode the speaker's intended meaning. These language forms are what seems to be present in the speech of most parents when talking to their adolescent children about sex.

It is, therefore, not surprising that most of the participants surveyed indicated that they would wish that their parents used more open and straightforward language when talking to them about sex and its related issues. Therefore, parents should use simpler and more open language when discussing these topics with their adolescent children to help them easily understand the issues.

RQ3. What are the perceptions of adolescent children about how language should be used by parents when talking to them about sex and its related matters?

Here, the objective was to find out whether adolescent children had preferred language choices they expect parents to include in their conversations about sex and reproductive health-related matters. Our findings revealed that adolescent children indeed have preferred language choices when having conversations with their parents about sex and reproductive health-related matters. However, these preferences cannot be generalized for all the participants as participants' preferences differ from one to the other. When asked about how they expect parents' conversations about sex and reproductive health-related matters to be like most participants from the in-depth interview session indicated they wished their parents would use much simpler and straightforward language when talking to them about sex and its related matters. However, others felt otherwise. Below are some of the responses of participants when asked whether they preferred their parents to use simple language when talking about sex and reproductive health-related matters or otherwise.

...it will be creepy hearing them talk about those things. Again, my mom is super cool, and I can talk to her about sexual activities; it is my grandmother who is the problem.
(Student 1).

I prefer her going straight to the point, using actual words rather than proverbs, since it will be easier for me to understand. (Student 6).

Drawing on the participants' responses and the Theory of Reproductive Development, we argue that the home environment, the adolescent's level of maturity, and their exposure to these topics outside the home influence their preferences regarding how parents communicate about sex and reproductive health. A home environment that fosters open communication and trust allows adolescents to approach their parents with questions about their sexual development without feeling embarrassed. This openness aligns with the need for accurate and age-appropriate information during critical stages of reproductive development. Parents must consider their child's maturity when discussing sexual health, tailoring the information to match the adolescent's developmental stage. Providing the right amount of information, without overwhelming the child, supports their understanding of the biological changes they are experiencing and helps them develop a healthy perspective on sex and reproduction.

Conclusion and recommendations

We sought to investigate the nature of parent-child communication about sex and reproductive health-related matters, outline what should constitute effective parental-child sex communication by finding out from adolescents their perceptions about the language parents use to communicate sex and the preferred language they would wish their parents used in their discussions when talking to them about sex and its related topics. The following were the conclusions drawn from the findings of the study.

Firstly, we found that adolescent children often struggle to have open conversations with their parents about sex and reproductive health due to a lack of an open environment at home. This hinders

discussions on critical topics like STIs, abortion, pregnancy, and menstruation. Additionally, parents may use familiar terminology, metaphors, and pet names—rooted in sociocultural norms—often complicate communication, making it difficult for adolescents to understand the concepts being discussed fully. This complicated discussion expresses the discomfort parents feel about sex communication with their adolescent children. However, we argue that a parent's ability to communicate effectively and appropriately during sex communication may play a significant impact on an adolescent's inclination to perceive the parents' signals as genuine.

Language plays a crucial role in shaping children's understanding of sex and its related matters, particularly in how parents communicate these sensitive topics. Many parents approach discussions about sex with caution, often avoiding the subject altogether due to discomfort or cultural taboos. This cautious approach can lead to vague or confusing messages, where children might receive limited or incorrect information. Some parents, however, choose to use more direct and factual language, believing it helps children develop a healthy understanding of sex, relationships, and their bodies. However, the study's findings suggest that parents' use of language reflects their values, beliefs, and the degree of openness they aim to maintain in their relationship with their children.

From the perspective of adolescents, we also found that there is often a desire for clear, honest, and non-judgmental communication from their parents. Many adolescents perceive that when parents use euphemistic or vague language, it suggests discomfort and may create an atmosphere of secrecy or shame around sex. However, as mentioned earlier, open and honest communication between parents and their teenage son or daughter can help promote healthy sexual choices and behaviors. Thus, our findings complement the Theory of Reproductive Development, which states that adolescent children often struggle to have open conversations with their parents about sex and reproductive health due to a lack of a supportive home environment.

Limitations

We conducted this study during the pandemic, which significantly limited our ability to recruit more survey respondents. Thus, given the limited sample size, the study's findings cannot be generalized to the entire population. However, the views of the sampled participants were relevant to providing insights into the perceptions of adolescents as to how language is used by their parents when talking to them about sex and reproductive health. We offer the following recommendations for future studies on the subject, based on the findings and limitations of the present study. Future quantitative studies on the same subject as the present study can use a larger sample size, which is more representative of the population, to come out with detailed findings and generalizable results. Also, future studies can use a qualitative approach to gain in-depth insights into specific factors within certain Ghanaian cultures that may serve as a hindrance to parents from communicating freely with their adolescent children about sex and its related matters.

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