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# Parent-Adolescent Sexual Health Communication in Immigrant Nigerian American Families

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*Walden University*

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# Walden University

College of Health Sciences

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Modupe Susan Ogunnowo

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Walden University  
2016

Abstract

Parent-Adolescent Sexual Health Communication  
in Immigrant Nigerian American Families

by

Modupe Susan Ogunnowo

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Public Health

Walden University

August 2016

## Abstract

Poor sexual health communication among first generation Nigerian American parents and their adolescent children due to disparities in cultural integration constitutes a barrier to effective parent-child relationships. The purpose of this phenomenological study, which was guided by the acculturative family distancing (AFD) model, was to explore the lived experience of Nigerian immigrant families in the United States regarding communication effectiveness about sex and integration into the American way of life. The research questions addressed cultural bias, parent-adolescent communication effectiveness, strategies employed, resources available to new immigrants, and barriers to their usage. Data collection was by individual interviews of 5 Nigerian-born parents and their adolescent children ages 13 to 17 years who have been in the United States for 10 years or more. Inductive analysis of qualitative data revealed challenges of parenting roles due to differences in cultural beliefs and parents' perceptions of their children's confrontational attitudes; parents' lack of knowledge about safe sex education methods and prevention of sexually transmitted diseases; Nigerian parents' authoritarian views; and parents' belief in the need to listen to the views of their children and relate more closely to them. Parents reported wanting to curtail children's rights, while children reported that their parents did not respect their opinion or privacy, which is a barrier to the cordial relationship they wanted. Most parents recommended orientation classes for parents to help resolve these issues and ease integration challenges. These results may inform policy on integration for new immigrants and promote strategies for improving effective parent-adolescent communication.

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## Dedication

To my late parents Mr. Z. A. & Mrs. C. A. Banjo who showed me the part of life and taught me that “I could achieve whatever I set my mind to do with persistence and hard work, God being on my side”. To my three children, my grandchildren, and lovely husband, for their love and support. To all mothers in the diaspora, who toil day and night to see their children succeed.

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## Chapter 1: Introduction to the Study

### **Introduction**

This qualitative study focused on Nigerian immigrant parents living in the United States and their perception of U.S. cultural influence on effective sexuality communication with their adolescent children. I collected data on strategies used by the Nigerian immigrants for integrating into U.S. culture, especially in relation to sexuality communication with their children. Children, irrespective of their cultural origin and location, have the natural tendency to exhibit "childhood culture" (Kincheloe, 1998, pp. 169-175), and this childhood culture is usually distinctly different from that of an adult. For example, U.S. children experience a pattern of long-term social and emotional developments influenced either positively or negatively by peer experiences in the contexts of public schools (Dishion, Ha, & Veronneau, 2012). Peer interaction can improve a child's academic progress (Veronneau, Vitaro, Brendgen, Dishion, Tremblay, 2010) or promote failure and increased problem behavior, resulting in financial implications to the affected individual and the society at large (Biglan, Brennan, Foster, & Holder, 2004; Kiesner, Kerr, & Stattin, 2004). If parents find it difficult to agree with the uniqueness of the children's culture, conflict may emerge. Effective parent-child communication is paramount to building a child's sense of self-worth, thereby promoting a child's ability to resist peer pressure for sexual promiscuity and prevent unplanned pregnancy, sexually transmitted diseases, and school dropout (Hacker, Amare, Strunk, & Horst, 2000). Some consequences of unprotected sexual intercourse with multiple partners to a teenager are sexually transmitted infections (STIs), human

immunodeficiency virus (HIV), acquired immune-deficiency syndrome (AIDs), and unintended pregnancy (Centers for Disease Control and Prevention [CDC], 2010).

The CDC (2013) reported that sexual risk behavior is one of the six risk behaviors under surveillance by the CDC in the United States (2013). Other risk behaviors are inadequate physical activity; alcohol, illicit drug and tobacco use; behaviors leading to unintentional injury and violence; and unhealthy dietary behaviors (CDC, 2013).

Sexual risk behavior that predisposes adolescents to unintended health outcomes is increasing and is of significant concern in the United States. In a 2013 survey of high school adolescents in the United States, the CDC (2014) reported that:

Approximately 47% had ever had sexual intercourse, 34% had had sexual intercourse during the previous three months and, 41% of this number did not use a condom the last time they had sex. Also, 15% had had sex with four or more people during their life, whereas, 22% who are sexually active had ever been tested for HIV (CDC, 2014, p. 43).

An increasing number of high school students practicing sexual abstinence and increased use of contraceptive by sexually active high school students accounted for the decrease in teen pregnancy in the United States in the past 20 years (Kann et al., 2014; Kost and Henshaw, 2014). Part of the efforts by the U.S. government to sustain this decrease include legislation that supports community projects among vulnerable groups. An example is the Communities of Color Teen Pregnancy Act, 2007, which provides for grant to create awareness, provide school-based education, research, and resources, for teen pregnancy prevention in identified communities (Albert, 2010).

Culture is a vital contributor to the development of attitudes and beliefs (Graham & Hudley, 2005), and immigrants to the United States from different cultures differ in their interpretation and adoption of U.S. cultural practices (Ho, & Birman, 2010). Even within a family, perceptions about acculturation and its interpretation may differ, and this can result in what has been called “acculturation gap deficit” (Chung et al., 2005).

“Acculturation is the process of cultural and psychological changes that result when two cultures meet” (Berry, 2005, p. 698). Simply defined as “cultural modification of an individual, group, or people by adapting to or borrowing traits from another culture; it is also a merging of cultures as a result of prolonged contact” (*Merriam-Webster’s Collegiate online dictionary*, n.d.). According to Berry (2005), acculturation is the complex process of adapting to a new culture by immigrants, which may alter their beliefs, values, and behavior in the new culture. When immigrant parents and their children do not adjust equally to the host culture, acculturation gap distress may occur; this, in turn, may result in family conflict and ineffective parent-child sexual health communication (Chung et al., 2005; U.S. Department of Education, 2005). Immigrant family members who experience stressful relationships due to differences in perception of the culture in the host environment are prone to ineffective communication (Pe-Pua, Gendera, Katz, & O’Connor, 2010).

Teens who receive sex education from parents have been reported to resist pressure for sexual risk behavior more than their peers who do not receive such education (Hacker et al., 2000; Albert, 2007). However, traditional Nigerian cultural beliefs do not permit parents to communicate sexuality issues with their unmarried adolescent sons and



daughters (Ojo, Aransiola, Fatusi, & Akintomide, 2011). Thus, immigrant Nigerian parents are caught between the two cultures.

This chapter explains the research problem, a brief summary of the literature on parent-child communication, adolescent sexual risk practices in Nigeria and the U.S., and acculturation strategies. It also describes the research paradigm, the intent of the study, and the phenomenon of interest. Finally, this chapter describes research questions designed to provide answers about the coping strategies of immigrant Nigerian families regarding parent-child communication and acculturation in the United States

### **Background**

There is little literature, if any, on the African immigrant acculturation experience regarding parent-child sexual health communication. The process of cultural integration differs among immigrant families, and cultural perceptions have a significant effect on people's behavior, particularly parents and their growing children (Viruell-Fuentes, 2007). This study will fill a gap in the knowledge of coping strategies of Nigerian immigrant parents in educating their adolescents on sex related issues that, if left unattended, risk exposing the adolescents to unplanned pregnancy and STIs. Findings from this study may help in planning community interventions for promoting adolescent health and assisting new immigrant families to integrate effectively to the U.S. culture of parent-child communication.

### **Problem Statement**

In Nigeria, as in other conservative countries such as India and China, for parents to provide sex education to their children is a taboo (Asekun-Olarinmoye, Dairo, &

Adeomi, 2011). Nigerian culture prohibits parents from sharing sexuality issues with their children in the belief that doing so will promote promiscuity and premature exposure to sexual activity (Asekun-Olarinmoye, Dairo, & Adeomi, 2009). Albert (2007) and Hacker et al. (2000) both recommend promoting parent-child communication to reduce sexual risk behaviors among teens. The disparities in cultural assimilation between immigrant parents and their children in the host country, and the cultural perception about sexual communication by immigrant Nigerian parents, are the issues of concern in this study. My qualitative phenomenological study elicited the experiences of immigrant Nigerian parents who would love to see their children succeed in life but are concerned about how the dual cultural exposures affect parent-child communication. Improper acculturation can affect the wellbeing of immigrants negatively and adversely affect their health outcomes (Viruell-Fuentes, 2007). This study explored the process of integration into the U.S. system among immigrant Nigerian parents and the impact of dual cultural exposure on sexual health communication with their adolescent children.

In the context of this study, acculturation is the process of cultural and social adjustment by individuals or groups to a dominant culture (Redfield, Linton & Herskovits, 1936). Migration of families worldwide to the United States from 1990 to 2000 was on the increase, mainly due to the desire for a living standard that is above the poverty level and a better future for the children (Amayo, 2009). Immigrant parents in the United States often endeavor to help their children succeed by focusing on the children's academic performance (Amayo, 2009). However, parent-adolescent communication,

especially as relating to safe sexual practices (which impact school performance) is challenging (Chung et al., 2005; U.S. Department of Education, 2005).

Culture contributes to the development of attitudes and beliefs of an individual (Graham & Hudley, 2005), and any taboo topics—for example, religion or sex—affect the parent-child relationship (Action Health Incorporated, 2003). This results in what Freire, in his work *Pedagogy of the Oppressed* (1970), called a "Culture of Silence," in which oppressed and dominated individuals are unable to respond to the culture enforced on them by a dominant culture. There is little research, if any, on the perceptions and experiences of immigrant Nigerian families in the United States on the adverse effect of acculturation on parent-child communication regarding sexuality. Like other adolescents worldwide, over 26 million Nigerian adolescents, irrespective of their location, face challenges relating to rapid social, cultural, and environmental changes, urbanization, and advancing technology (Action Health Incorporated, 2013).

African immigrant parents in the United States encounter two cultures, African and U.S. cultures, that may predispose them to "complex, stressful parenting situations" (Amayo, 2009, p. 85) and challenge effective sexual health communication with their children. This study enquired about ways in which the U.S. cultural environment affects timely and effective sexual health communication within immigrant Nigerian families. The study focused specifically on the impact of cultural differences in Nigeria and the United States on parent-adolescent sexual risk prevention strategies. I examined the extent to which acculturation accompanies the immigration experience (Schwartz,

Montgomery, & Briones, 2006) of the participants and the role of a 'culture of silence' on immigrant Nigerian parent-adolescent sexual health communication.

### **Purpose of the Study**

This phenomenological study was intended to explore and understand the lived experiences of participants through direct information about their integration process into the dominant culture and how they communicate sexual health matters with their adolescents. The overall objectives were (a) to elucidate the lived experiences of immigrant Nigerian parents residing in the United States regarding the effect of acculturation on sexual health communications with their children; (b) to enquire about the process of integration into the U.S. culture and the impact of cultural differences in the integration process; (c) to determine knowledge and usage of available public health resources for fostering smooth integration into the U.S. culture, especially as relating to parent-child sexual health communication; and (d) to engender positive social change by informing policy that would bridge acculturation gaps among the study population. I hope that findings from this study will ultimately inform other research work and contribute to the development of community programs for immigrants that lead to the reduction of adolescent sexual risk behaviors.

### **Research Questions**

The research questions that guided this study are:

RQ1: What are the lived experiences of first generation Nigerian families in the United States regarding parent-child acculturation, cultural bias, and parental communication of sexual health with their adolescent children?

RQ2: What strategies do immigrant Nigerian parents in the United States adopt to ensure effective parent-child communication, and what barriers challenge the strategies?

RQ3: What are the lived experiences of adolescent children of first generation Nigerian United States parents regarding parent-child acculturation, cultural bias, and their communication of sexual health with their parents?

These questions were carefully designed to elicit the lived experiences of immigrant Nigerian parents and adolescent children regarding their coping strategies with the U.S. culture when communicating about sexual health given the differences in Nigerian and U.S. culture. The participants themselves, immigrant parents of adolescents in the United States who have experienced parenting roles in the two cultures and their adolescent children, were able to provide appropriate answers to these questions.

### **Conceptual Framework**

This study focused on the perspectives of first generation Nigerian parents living in the United States on sexual health communication with their first generation Nigerian adolescents in view of cultural disparities between the two countries.

#### **Acculturative Family Distancing.**

In this study, I used acculturative family distancing (AFD), a theoretical construct designed by Hwang (2006) from an acculturation model by Berry (1997). The AFD is a significant framework within which I explored an acculturation gap that results in communication difficulties and cultural value disunity among immigrant parents and children. Hwang used the AFD model to describe the distancing that occurred among

Asian immigrant parents and their children in the United States and the effect of this on the mental health of the children (Hwang, 2006). Differences in mental health were a result of cultural differences and rate of acculturation that affected mainly communication and cultural values. I applied Hwang's AFD construct in this study to understand the rate of acculturation and resultant communication gaps among Nigerian immigrant parents in the United States and their adolescent children. My interviews were focused on eliciting any disparity in cultural perception, and they identified barriers to effective cultural assimilation as well as the effects of these barriers on parent-child communication.

Because Nigerian adolescents and children attend school in the United States, they have close interaction with the U.S. culture, learning to fit into both the host culture and the traditions of their family and community (Amayo, 2009). Research findings suggest that the immigration process may alter hierarchy (Baptiste, 1990), promote distancing (Hwang, 2006), or result in complete separation (Fillmore, 2000) between immigrant parents and their adolescent children. Immigrant adolescents adjust more easily and faster to the host culture than their immigrant parents (Cheung, Chudek, & Heine, 2011; Birman 2006; Telzer 2011). These adolescents therefore learn to adopt more precocious sexual attitudes than they might otherwise have done (Titzmann 2012; Morales & Hanson 2005). On the other hand, parents may not acculturate at the same pace, as some Africans prefer to distance themselves from American culture, which they perceive to promote individualism, violence, racial discrimination, and materialism

(Yenika-Agbaw, 2009). The outcome of the perception is an acculturation gap among parent-adolescent dyads (Schwartz et al., 2012).

### **Nature of the Study**

In this study, I used a phenomenological approach, which focused on the perceptions of participants toward the phenomenon of study without including my experience (Moustakas, 1994). I conducted a purposeful sampling of 10 immigrant Nigerian parents and their adolescent children who responded willingly to be interviewed and duly gave their consent for the study, in Southwest Houston, Texas. I administered unstructured interviews with open-ended questions that explored participants' understanding of the relationship between acculturation and effective sexual health communication in a new cultural environment. Data were analyzed using Moustakas' transcendental phenomenology and analysis methods (epoche); which helps to understand the meaning participants attached to their lived experience while bracketing my own personal experience (Moustakas, 1997). Issues relating to credibility, transferability, dependability, and confirmability of data were addressed with Guba's (1981) criteria for assessing the trustworthiness of qualitative research. Data were coded and reduced to manageable size, to derive patterns in the themes.

### **Operational Definitions**

*Acculturation:* In the context of this study, the process of cultural and social adjustment by individuals or groups to a dominant culture (Red field, et al., 1936, p. 4).

*Adolescent:* In the context of this study, a child between the age of 13 years and 17 years (CDC, 2013) who lives with a parent or parents.

*Culture*: "the collective programming of the mind which distinguishes the members of one category of people from another." (Hofstede, 1984, p. 51).

*Acculturation process*: Intercultural relationship and integration of people from a different culture to a culture of new abode (Berry, 2005, p. 698).

### **Assumptions**

This qualitative phenomenological study is based upon the following assumptions. Recruitment of participants was from Houston, Texas, a large metropolitan city in the United States with a high concentration of Nigerian immigrant families. It was my assumption that participants would understand the research questions and volunteer information based on their lived experiences without being economical with the truth. In addition, it was assumed that the standardized questionnaire and interview methods used were the appropriate research instruments to understand participants' perceptions without possible bias. Finally, it was my assumption that participants showed sincere interest in relaying their lived experiences and perspectives of the matter being investigated.

### **Limitations**

The study is limited to sample population of first generation Nigeria parents in the United States and their adolescent children in a Southwest Houston community in Texas. The sample size was small ( $N=10$ ), and the depth of the interviews could sometimes have been greater, but the data were sufficiently rich to answer the research questions. However, users of the findings would find the results relevant.



### **Scope and Delimitations**

This study is a transcendental phenomenological study of perspectives and lived-experiences of immigrant Nigerian parents and adolescents when communicating sexual risk behavior prevention with the adolescent children. In view of the large number of potential qualifying participants in the study, only parents with recent parenting experiences of 10 years and their adolescent children were included in the study.

### **Significance of the Study**

Findings from this study may contribute to understanding the impact of acculturation on parent-adolescent discussion of sexual health among immigrant Nigerian families in the United States and provide valuable data for use in developing appropriate educational interventions. This is a unique study that intended to elicit how immigrant Nigerian parents in the U.S. communicate with their adolescents about sexual risk behavior prevention in view of the differences in Nigerian and U.S. culture. Acculturation deficit may result in conflict and ineffective parent-child communication (Chung et al., 2005; American Psychological Association, 2013), hindering adolescents of immigrant Nigerian parents from developing self-esteem and skills for effective communication, which are essential tools for avoiding sexual risk behaviors.

### **Summary**

Sexual risk behavior constitutes a social and economic menace to families and society at large, and is one of the six significant risk practices among adolescents in the United States (CDC, 2013). Immigrant parents in the United States are prone to challenges arising from cultural differences between their home country and the host

country, specifically those relating to communicating safe sexual practices with their adolescents. There are currently few counseling centers for helping immigrants adjust to the culture of the host country. No specific counseling center is dedicated to helping new immigrant Nigerians in Houston, Texas. This study elicited participants' coping strategies and their understanding of the relevance of acculturation in effectively educating their adolescents on safe sexual health practices.

In Chapter 2, I reviewed relevant literature from qualitative, quantitative, and mixed methods studies on parent-child communication to establish the framework for the study. Specifically, the review of literature elicited the significance of acculturation on Nigerian immigrant parents' adjustment to communication strategies in the host community, focusing on parent-adolescent sexuality communication, prevention of sexual risk behaviors, such as those leading to unplanned pregnancy and dropping out of school. Chapter 3 describes the research design, data collection and analysis. In chapter 4, I present the results of interviews with first generation Nigerian American parents and their adolescent children. Chapter 5 presents the summary and interpretations of finding together with discussion, conclusions, and recommendation.

## Chapter 2: Literature Review

### **Introduction**

In chapter 1, I introduced the challenges faced by a subsection of Nigerian immigrant parents of adolescents relating to sexual health communication as they encounter a completely different culture in their new abode, the United States. I also described the research questions, the implication of the study to a healthy family, and societal relations. In this chapter, I explored research on the benefits, methods, and challenges of parent-child communication with a focus on immigrant families and established a framework for the study.

Preventable risk behaviors are the “leading causes of morbidity and mortality among adolescents and young adults” (CDC, 2014, p. 1); these behaviors start in early childhood and develop into adulthood. Studies show the need for parents to be actively involved in educating their children, so they may conform to healthy behavioral and social norms (Byers, & Sears, 2012; Wilson, Dalberth, Koo, & Gard, 2010). However, immigrants to the United States are challenged by sociocultural and environmental factors when attempting to communicate with their Americanized children. This study explored the perceptions and roles of immigrant parents in educating their children on sexual behaviors that predispose the adolescents to unintended pregnancy and sexually transmitted infections. Sexual risk behavior is one of the six types of youth risk behaviors under surveillance by the CDC; other risk behaviors are “behaviors that contribute to unintentional injuries and violence; unhealthy dietary habits; tobacco use; inadequate physical activities; alcohol and drug use” (CDC, 2014, p. 1).

This chapter is in three segments. The first segment provides a review of past and current research related to parent-child communication; this segment describes the meaning and process of communication, required ingredients for effective communication, the benefits of effective communication, steps parents take to ensure effective parent-child communication, and family coping strategies for communication. The second segment discusses immigrant adaptation in the host environment, highlighting (a) resources available through government and nongovernmental social support systems for addressing immigrants' concerns for adjusting to the U.S. culture, and (b) general perceptions of immigrant parents from various cultures about the role of acculturation in effective communication on sexual health matters with their adolescent children. The third segment provides a summary of the experiences and perceptions of immigrant African parents in the U.S. about the effects of dual cultural exposures on relationship with their adolescent children, in the context of cultural disparities between Nigeria and the United States. Areas of interest will include eliciting the lived experiences of immigrant Nigerian families who arrived in the United States in the past 10 years and live with their adolescent boys and girls.

### **General Preview**

The nature of Nigerian culture hinders parents from discussing sexuality matters with their unmarried children, the reason being to prevent promiscuity. As in some other conservative countries, parental discussion about sex with children in Nigeria is a taboo (Asekun-Olarinmoye et al., 2011). Research, however, recommends the need for parent-child sexuality communication to reduce the prevalence of sexual risk behaviors among

teens (Markham et al., 2010). My qualitative phenomenological study will explore the experiences of immigrant Nigerian parents on this issue, with special concern for the effects of dual cultural exposures on parent-child communication. Given that improper acculturation may adversely affect the social, economic, and general wellbeing of immigrants (Viruell-Fuentes, 2007), the role of acculturation is also considered in detail. The results of this study could have significant social change implications.

### **Literature Search Strategy**

A review of scholarly literature was through books, journal articles, doctoral studies, and dissertations from Walden University, using Thoreau search, ProQuest, Academic Search Premier Host, Education Resource Information Center (ERIC), Google Scholar, Pub Med, PsychINFO, and internet government files. Further searches for relevant literature were from references contained in some of the articles reviewed. Search terms included *immigrant, immigration, acculturation, adolescent, adolescent sexual practice, adolescent health, parent-child communication, migrant, Nigerian adolescent sexual health, Nigerian immigrant to United States.*

### **Basic Concepts of Communication**

Communication has varied definitions depending on the perspectives of communication specialists; irrespective of the perspective, however, communication involves “verbal and nonverbal exchange of information between a sender and a receiver through a medium” (Munodawafa, 2008). These exchanges are conducted through the use of words and numbers that are mutually agreed upon by people within a language community, or by symbols that represent these words and numbers (Segrin & Flora,

2005). Communication as an act or process involves the use of behavior, sound, or signs to express ideas, emotion, opinion, facts, attitudes, instructions, or beliefs to others (*Merriam-Webster dictionary online*, n.d.; Grimsley, 2015). Communication is also defined on the basis of some issues addressed by theorists as transactional process from which individuals create, share, and regulate information (Segrin & Flora, 2011).

### **Required Ingredients for Effective Communication**

Human communication involves both digital and analogic codes (Watzlawick, Beavin, & Jackson, 1967). In dial code theory, *digital code* uses words to express the thing referred to, for example, a digital code communication for “no cell phone use while driving” would read, "No cell phone use while driving," while an analogic code would show a picture of a driver with a slanting line across the cell phone to show that cell phones are not allowed. However, these are just examples of the communication of information. Deeper, more effective communication goes beyond spoken words to include eye contact, tone of voice, body language, touch, and physical closeness (Segrin & Flora, 2005).

### **Benefits of Effective Communication**

In the course of socialization, society uses communication strategies to teach a child to develop emotional stability and learn the social skills, values, and behavior patterns necessary for conforming to acceptable social norms and becoming a responsible member of the society (Smetana, 2011). Effective communication promotes interpersonal relationships, provides emotional strength, and enables individuals to achieve maximum effectiveness (Hatem, 2012). In a health care setting for example, the use of effective

communication is significant for providing client satisfaction and desired clinical outcome by healthcare practitioners (Baribeau, Mukovozov, Sabljic, Eva, & Delottinville (2012). Effective communication within the family system promotes strong family ties, mutual respect, and relatively stress-free relationships, and requires a skill that must be learned (Hatem, 2012).

### **Steps Parents Take to Ensure Effective Parent-Child Communication**

Parental attitudes and communication styles vary by culture and social settings, and parental communication styles have significant effect on a child's ability to conform to expected societal norms (Baumrind, 1967). "Parenting style is a stable set of attitudes and beliefs that form the context of parenting practices" (Arnett, 2007, p. 644) with significant indirect but critical effects on a child's development. Parents perform parenting roles by initiating the socialization process with their children immediately after birth through communication, which is bidirectional in nature (Kordi & Baharudin, 2010). Individual children, however, differ in responding to the parental messages. In the course of socialization, a child acquires knowledge, behaviors, and attitudes from their social environment for proper integration into the family and the society at large (Kordi & Baharudin, 2010).

## **Parenting Styles**

### **Baumrind's Theory of Parenting**

Baumrind (1967) theorized four dimensions of parenting, (a) warmth and nurturing, (b) disciplinary strategies, (c) communication styles, and (d) expectation of maturity and control, along with three major parenting styles, (a) authoritative, (b)

authoritarian, and (c) permissive. Each parenting style has implications for a child's development.

**The authoritative parent.** The authoritative parent provides explicit rational directives to a child, describes reasons for policies, and values a child's autonomy by requesting reasons for nonconformity in a nonjudgmental way. An authoritative parent expects fewer failures, acknowledges a child's present quality, but maintains firm control by setting rules for the child's future conduct based on reasoning. The parent provides continuous reinforcement for the child to comply with set objectives and does not regard self as "infallible or divinely inspired" (p.891). Authoritative parenting produces positive outcomes in a child (Baumrind, 1991), provides warmth and affection while instilling discipline (O'Reilly & Peterson, 2014), and gives "moderate discipline, warmth, reason and flexibility" (Kordi & Baharundin, 2010, p. 217). Responsiveness and high expectations are characteristics of an authoritative parent (Maccoby & Martin, 1983).

**The authoritarian parent.** The authoritarian parent has a notion that children are self-willed and strong minded, and should therefore be directed to bend their will to higher authorities such as the church, the school, and parents. To accomplish this, an authoritarian parent tends to control and direct the child's conduct by restricting the child's autonomy, preventing the child from challenging any verbal instruction, and punishing any deviation from set rules and standards (Baumrind, 1967, p. 890). An authoritarian parent expects blind conformity, insists upon unquestioned compliance, and externalizes a child's behavior problems (Kordi & Baharundin, 2010; O'Reilly & Peterson, 2014).



**The permissive parent.** The permissive parent avoids punitive measures and may allow a child to engage in unacceptable activities and indulge in impulsive behaviors. The permissive mother, for example, dialogues with the child regarding policy decisions and family rules, and she makes herself available for the child to consult for advice as needed, but she does not impose any form of rigid rules. She uses "reason and manipulation, but not overt power to accomplish her ends" (Baumrind, 1967, p. 889).

***The neglectful parent.*** The neglectful parent, a fourth type of parenting style, was an expansion of Baumrind's parenting model by Maccoby & Martin (1983) Neglectful parenting is similar to the permissive type, but children in this case do not receive care and nurture from their parents. They are allowed to do whatever they please but are provided with food and shelter by the parents.

### **Parenting Style and Outcome Effect on a Child**

Common goals for parenting among people from different racial and ethnic backgrounds include ensuring moral and economic stability of their children later in life (LeVine, 1988). However, historical and environmental opportunistic and challenging factors such as cultural perspectives, socioeconomic status, and a child's cognition contribute to the balancing and fulfillment of parenting goals (LeVine, 1988).

Irrespective of race or ethnicity, parents encounter varying degree of challenges when attempting to nurture their children to become morally, socially, and economically stable and secure (Smetana, 2011).

## **Parenting Styles and Culture**

Among Mexican American families, cultural isolation is one of the barriers to effective parent involvement in their children's education (Creppy-Hetherington, 2011; Hernandez, 2009). African American parents are noted for communicating with their children about their history, culture, traditions, and possible methods to adopt for dealing with issues relating to racism; whatever method used for communicating such sensitive issues has significant effects on the child's psychological development (Smetana, 2011). In contrast to their American counterparts, African American parents have more tasking parenting challenges as a result of bigotry and historical enslavement that continually resonate with prejudice (Smetana, 2011; Lindsay, et al., 2008).

Society perceives human behaviors differently based on culture, and behaviors that are normative in a particular culture may be viewed as not normative in another culture. This was corroborated by Bornstein (2012) in his account of a cross-sectional study on parenting where he relayed the perspectives of the following scholars on cultural influence on parenting:

Steinberg, Mounts, Lamborn, and Dornbusch (1991) reported that parenting styles by the European American parents of adolescents differ from other ethnic groups such as Latin American, Asian American, and African American parents. European American parents tend to be “authoritative”; they nurture their children to be self-dependent as they become adolescents (Steinberg et al., 1991), whereas other ethnic groups tend to be more authoritarian, enforcing strict discipline measures and compliance with rules and regulations for the children to follow.

In his own study, Chao (1995) compared the typical American parenting style to that of Chinese American parents, finding that most American parents help their children to understand and regulate emotions by encouraging the children to verbalize their feelings and describe the feelings of others, whereas, Chinese American parents tend to discourage their children from expressing their personal feelings in order to promote family unity (1995).

Miller, Fung, Mintz, (1996) and Miller, et al., (1997) reported that US American parents avoid making references to the past bad behaviors of their children to protect the child's self-worth and build their confidence. Whereas, US Chinese parents remind their children of past unacceptable behavior with the perception that the child would learn from the consequences of such previous experience (Miller, Fung, Mintz, 1996 and Miller, et al., 1997).

The few examples cited here suggest the unique ways people adapt to cultural, environmental, and ecological needs, though there are common goals for childbearing but different parenting patterns (Bornstein, 2013).

### **Parenting Style and Socioeconomic Status**

The socioeconomic status of a family contributes to the parents' communication styles, and a child with behavior problems during early and middle childhood will exhibit antisocial behaviors in adolescence (Lindsay et al., 2011). Successful parenting is an important element in promoting children's positive behavior; and both internal resources - individual resilience and mental well-being, and external resources - support systems,

economic status, and social status contribute to the success or failure in parenting (Lindsay et al., 2011)

Low income parents want healthy life and basic human needs for their children but they are challenged by housing and social needs in addition to societal perceptive of their inability to effectively provide proper parenting. This was the finding by Romagnoli & Wall (2012) in a qualitative study in Canada to evaluate a government program - Intensive mothering, designed to help young and low-income parents meet the needs for parenting. The findings corroborate the notion that parents' income and education are powerful predictors of parent-adolescent sexuality education and other parenting issues relating to adolescents (Liu et al., 2011).

### **Parenting Style and Cognition**

A child's intellectual ability is determined not only by social and hereditary factors, but by parenting style (Freeberg, 1967). Parents provide more cordial and warm parenting to children with better cognitive skills; toddlers with richer vocabulary are more responsive to parents, and they enjoy more parental sensitivity than their peers with less vocabulary (Rudasill et al., 2012). Gifted children and adolescents believe their parents provide authoritative parenting styles evidenced by reasonable expectations of the parents for their children (Rudasill et al., 2012).

### **Trends in Risky Sexual Practices Among Young People in the United States**

Risky behavior among adolescents in the United States is one of the leading causes of unintended health outcome (CDC, 2014; Hamilton, Martin, & Ventura, 2012). In the course of rapid physical, social, and cognitive changes during the developmental

stages, adolescents undergo normative developments and they aspire for autonomy, which may present with complex challenges (U.S. Department of Health and Human Services, 2015). Noticeable among the challenges is peer pressure for risk behaviors such as risky sexual practices that predispose the adolescents to STD, HIV, AIDS, and unintended pregnancy with the consequential effect of school dropout. The only protective measure against STD, HIV, AIDS, and unintended pregnancy is 100% abstinence from oral, vaginal, and anal intercourse and use of condom by the sexually active; however, condom use is not 100% guaranty (CDC, 2014).

A report from 40 US States on adolescent health issues in 2009 indicated that more than “8,000 adolescents and young adults aged 13 - 24 years had HIV” (CDC, 2014). An earlier study by Weinstock et al., (2004) indicated that approximately 10 million adolescents and young adults aged between 15 and 24 years were among the yearly new cases of STD (half the total number of yearly new cases of STD). A 2013 National Youth Survey of high school pupils in the US reported that:

“46.8 percent had ever had sexual intercourse, 34.0% had sexual intercourse during the previous three months of the survey, and among currently sexually active students, 40.9% did not use condom during the last intercourse, 6% had sex for the first time before age 13 years, 15% had never learnt about HIV infections and AIDS from school (CDC, 2014, p. 43).

According to a 2013 National Youth Risk Behavior surveillance, 22% of adolescents who engaged in sexual risk behaviors reported “use of alcohol or drugs before last sexual intercourse, and 2% had ever injected illegal drug into their own body”

(CDC, 2014, p. 43). Youth organizations, schools, and family are prominent among government and non-governmental agencies helping youths make healthy choices toward the adoption of lifelong behaviors and attitudes to reduce sexual risk behaviors including STD, HIV, AIDS, and unintended pregnancy (CDC, 2014).

Increase in contraceptive use accounted for the steady decline in abortion rates and birth rates among women aged 18 - 19 years despite increased number of them who reported having ever had sex [61% in 2006-2008, 67% in 2008-2010] (Kost and Henshaw, 2014). Pregnancy rate among teenagers (aged 15 - 19 years) decreased by 15 percent from 2008 to 2010, and there is continued decrease in birthrate among teenagers in 2011 and 2012 according to data on births by the National Center for Health Statistics (Kost & Henshaw, 2014). Despite the general decrease in teenage pregnancy, abortion, and births in the US, Finer and Zolna (2014) reported disparities by race and ethnicity, with women of color having higher rates than their white counterparts in the US (Kost & Henshaw, 2014).

### **Parent-Child Communication Regarding Sexuality**

Parent-child communication promotes healthy family relationships, and there is some evidence that adolescents who communicate with their mothers about sex during early pubertal stage develop healthy sexual relationship during adolescence and beyond (Byers, & Sears, 2012; Wilson, Dalberth, Koo, & Gard, 2010). Thus, for example, parental disapproval of contraceptive use and sex outside marriage has been shown to be effective in preventing unmarried teens from having sex (Lederman, Chan, and Robert-Gray, 2004). Part of this phenomenon may be a result of the confidence developed by

adolescents through intimate connection with their parents, since there are fewer reports of risky behaviors among teens who relate closely to their parents (Dilorio, Kelley, and Hockenberry-Eaton, 1999). However, while parents see the necessity to instruct their children about sexuality (Rosenthal, Feldman, & Edwards, 1998), and many children want to receive sex education from their parents (Brock and Jennings, 1993), the scholarly literature on the effectiveness of sexual health communication between parents and their children mostly refers to European Americans, with little that relates to minority groups (Miller et al., 2010).

### **Benefits of Parental Involvement in Adolescent Sexual-Risk Reduction**

Studies have shown that parent-adolescents connectedness promotes effective communication and helps to reduce adolescent sexual risk behaviors (Burrus et al., 2012; Guilamo-Ramos et al., 2007; Murry et al., 2011; Wang et al., 2014). Albert (2010) used data from National survey in a study to report that 80 percent adolescents believed parents would engage in more honest, influencing, and acceptable communication about sexual risk behavior prevention with them than their peers, teachers, or others in the society. However, most adolescent risk reduction intervention programs intended for promoting parental involvement in adolescent sexual risk communication fail to achieve desired goal due to the lengthy amount of time required to participate by the parents (Baptiste et al., 2009; Wang et al., 2014). Issues relating to recruitment and retention were also identified by Spoth, Clair, Greenberg, Redmond, and Shin (2007) as constraints for parental inclusion in adolescent sexuality education (Dinaj-Koci et al., 2015).

Though the benefit to adolescents is the primary purpose for including parents in adolescent sexual health education, parents also benefit from such education (Dinaj-Koci et al., 2015). However, literature is sparse on the impact of parent-child sexuality education on the parents themselves. A study to examine the impact of a Caribbean health program that focused on improving parent-child sexuality communication, reported higher condom use by the adolescents, improved perception about condom use, and improved communication skills by parents who received treatment than the control group (Dinaj-Koci et al., 2015).

A qualitative study to understand challenges of Latino immigrants in the US regarding parenting challenges reported parents were concerned about the rate of cultural peer influence on their children; and the need for parents to learn the host culture so they can educate their children appropriately (Cardona et al., 2012). Parents in the study also agreed with the need to acquire communication skills in their new abode for effective family interaction and to learn the host culture to help their children who are more exposed to the new culture at school.

### **Sexual Health Disparity Among U.S. Adolescents**

Hispanic adolescents accounts for the largest subpopulation of non-White population in the US, and there is noticeable sexual health disparity among the group according to the US Census Bureau report of 2012 (Smith, 2015). African American and Latino youths are disproportionately affected by sexually transmitted diseases compared to other youths in the US, and the rate of sexually transmitted diseases is two or more times higher among the Latinas than non-Hispanic Whites (CDC, 2010). In 2010,



614,000 teenage pregnancies were recorded out of a 614,000 the US teenage pregnancy. Among an estimated 625,000 pregnant young women aged below 20 years in 2010, 614,000 were teenagers (15 - 19 years) and 11,000 were aged 14 years and younger (Kost & Henshaw, 2014). Latest statistics on the incidence of US teen pregnancy, abortion, and births for 2010 recorded by the Guttmacher Institute showed teenage pregnancy rate was 57.4 pregnancies per 1,000 women (Kost & Henshaw, 2014).

### **Government Resources for Addressing Youth Risk Issues**

Effective youth sexual health program targeted at preventing STD/HIV will (a) delay adolescents' first sexual intercourse, (b) reduce incidence of multiple sexual partners, (c) increase condom use, and (d) reduce unprotected sexual intercourse (DiClemente et al., 2009; Jemmott, Jemmott, and Fong, 2010; Tortolero et al., 2010). In line with the findings, the CDC focuses on three major areas for reducing risky behaviors among US adolescents - improved health education, comprehensive health services, and improved supportive policies (CDC, 2010).

A report from School Health Policies and Programs 2012 (CDC, 2014) showed 69% health education improvement programs were incorporated into regular high school classroom topics, 28% of the topics were 11 required health education courses on STD prevention. Abstinence was taught in 87% required health education courses as the only preventive measure for STDs, HIV, and unintended pregnancy. Other courses included mode of HIV transmission 85%, proper use of condom 39%, and 76% were helpful information on STD, HIV testing and services. Comprehensive health services at school included 45% HIV counseling, testing, and referrals, one-on-one and small group

counseling sessions 45%, services to provide condoms were 5% and 24% provided “health services for gay, lesbian, or bisexual” high school pupils (CDC, 2014). To ensure improved supportive policies, there were 54% policy statements that encourage “students who had HIV infection or AIDS to remain in school if they are able, 45% allow teachers and staff who had HIV or AIDS may work in school if they are capable” (CDC, 2014, p. 43). Non-governmental agencies and organizations also play important roles in youth risk prevention through innovative health programs targeted at the youths and their parents.

### **Innovative Programs for Parent-Child Sexual Health Communication**

Parent-child connectedness and communication about sexual health promote teen self-esteem and help teens protect their own sexual health. This was noted by ‘Advocate for Youths’ (2015), a US based organization that helps adolescents in the areas of reproductive and sexual health, in a study by Hacker et al. (2000). It was further reported in the study that students prefer information on contraception from parents than through teachers, peers, or any other source.

Parents are most important in their children's sexual socialization, and there is need for innovative approach to educating mothers on sexual health communication with their children (Martin and Luke, 2010). Some of the innovative learning method examples are Internet-based interventions (IBIs), helpful, cost-effective learning resources that allow parents to learn effective sexual health communication methods at their own pace (Kenny & Wurtele, 2012). The Talking Parents Healthy Teens (TPHT) program is an “evidence-based program designed to improve parents’ communication skills with their adolescent children, promote adolescent sexual health, and reduce sexual

risk behaviors” (Schuster et al., 2008, p. 337). The TPHT is a one-hour session eight weekly work site based program for parents of adolescents aged 11 to 16 years that taught ways parents can educate the adolescents about various sexuality topics, openness about sexual communication and condom use.

### **Parenting in Nigeria**

As discussed earlier in this literature review, parenting styles vary by geographical, cultural, religious, family belief, and individual parent's personality (Maccoby & Martin, 1983). Authoritarian parenting is common in Nigeria (Akanbi, Adetoro, & Duru, 2013); and in many parts of Africa, including Nigeria, there is strong adherence to cultural beliefs, even with parenting, whereas parents use various control strategies (Baumrind, 1967; Maccoby & Martin, 1983) to ensure children's compliance with parental guidance. Tunde-Ayinmode and Adegunloye (2011) reported finding by Umobong (2010) that corporal punishment is a common disciplinary measure used by African parents; and according to Egbue (2006), fathers are culturally invested with the power to instill disciplinary measures on a child without questioning. In some cases, such corporal punishment results in child abuse, which is a common occurrence in Nigeria but largely ignored (Akinmode and Adegunloye, 2011).

Child abuse is associated with low self-esteem, diminished quality of life (QOL), low academic performance, anxiety, and depression (Al-Fayez et al., 2012; Okhakhume, 2014). A study of the association of adolescent sexual risk behavior with parental characteristics suggested that 18% of sexual risk behavior among the studied adolescents

in selected Kuwaiti high schools is associated with psychological abuse by parents (Fayez et al., 2012).

A cross sectional study of 194 pupils from three high schools in Ibadan, Southwest Nigeria, on the correlation of three variables, parenting styles, self-esteem, and parental involvement to adolescent sexual behavior, showed that approximately 98% of adolescents with less parental monitoring, whose parents use a permissive parenting style, and who have low self-esteem reported sexual risk behaviors (Okhakhume, 2014). In all instances, gender inequality exists in Nigeria parent-child relationships (Ogwo, 2013).

### **Role of Gender in Nigerian Parent-Child Communication**

Gender is a significant predictor of African parent-adolescent sexuality communication. For example, parents give advice to male children to be careful with females but issue warnings to female children about risks associated with sexual relations with boys (Kumi-Kyereme, Awusabo-Asare, Biddlecom, & Tanle, 2007). “African American female adolescents are more likely to discuss sexuality matters with their mothers than their male counterparts” (Dilorio, Kelley, & Hockenberry-Eaton, 1999, p. 186). This agrees with the finding that Nigerian males are less likely to report sexuality communication with parents (Biddlecom, Awusabo-Asare, & Akinrinola, 2009).

In Nigeria, male and female children perceive relationship with their parents differently. Female adolescents are restricted by cultural norms, which impose more responsibilities on women, and adolescent females are strictly monitored and firmly treated than their male counterparts who enjoy more freedom and independence (Ogwo,

2013). It is a common anxiety among parents that female adolescents may become pregnant out of wedlock and drop out of school if not closely and strictly watched, thereby bringing shame to the family.

Parents of both gender on their own part blame inadequate resources, children “too young” to learn about sex, someone else (school, family member) could do it better, and time constraint for not communicating or ineffectively communicating with their children (Wilson, Dalberth, Koo, & Gard, 2010). Parents also perceive sexuality talk with their children as being too sensitive, immoral, shameful, and capable of promoting promiscuity

Study of some middle aged (30-37 years) women's sexuality communication with their parents during adolescence showed parents were vague, non-direct, or skipped sex education discussion with them (Brock & Jennings, 1993). This corroborates a finding by Izugbara (2008) that Nigerian parents prefer to initiate and dominate sexuality communication filled with threats, warnings, and vague terminologies with their children. Parents however, label their children attempting to start such discussion or engage parents in such dialogue as being too 'forward', too bold, or promiscuous (Izugbara, 2008).

### **Adolescents in Nigeria**

Nigeria is in Sub-Saharan Africa; it is the most populous nation in Africa with one hundred and forty million people, according to Nigeria Population Census of 2006 (Projected 188 million people by 2015); one third of Nigerian population is young people aged 10 to 24 years (National Population Commission [NPC], 2014a). In Nigeria

adolescents and young adults face reproductive health risks arising from cultural and parental pressures, inadequate health care services, and lack of education on sexual health, exposing the adolescents to sexual risk behaviors; female children are more affected than males (NPC, 2014b).

Sexual health is more challenging to female adolescents in the northern part of Nigeria, where early marriage is the norm and commonly practiced than other parts of the country. A National Population data in 2013 reported that 45 percent adolescents in northern Nigeria were married at age 15 and 73 percent at age 18 years; in Southwest Nigeria, the “median age in marriage among 25 and 29 year olds was 20.5” (NPC, 2014). According to the United Nation International Children Fund (UNICEF) Nigeria accounted for almost 20% of all global maternal deaths in 2015, approximately 58,000 women (UNICEF, 2015). The Joint United Nations Program on HIV/AIDS (UNAIDS) reported an “estimated 3.6 million people in Nigeria were living with HIV/AIDS as at 2015, approximately 1,600,000 were women aged 15 - 49 years” (UNAIDS, 2015). More than 600,000 women in Nigeria seek abortion yearly, one-third was adolescent, and 80 percent of the adolescents had abortion related complications (NPC, 2014).

### **Sexual Health Practice Among Adolescents in Nigeria**

Sexual activity before marriage exists among women and men in Nigeria. “Nearly one-quarter of women age 25-49 have had sexual intercourse by age 15 and more than half by age 18. The median age at first sexual intercourse is 17.6 years for women and 21.1 years for men age 25-49” (NPC, 2013, p. 4). One out of four Nigerian adolescents is

sexually active; less than half (49.7%) has ever used a condom, and more males use condom than females (Sabageh et al., 2014).

Family structure (monogamy or polygamy) affects sexual risk taking among the adolescents and accounts for increased chances of early adolescence marriage and forced sex (Slap et al., 2005). One in four female adolescents (15 - 19 years) in Nigeria is married, and this has implication for sexual and reproductive health challenges (United Nation Population Fund, 2010). Approximately 33 percent currently married women are married to men who are in polygamous union, 17 percent of currently married men are in a polygamous union, (NPC, 2014).

### **Conceptual Framework**

This study is focused on the perspectives of first generation Nigerian US family on sexual health communication with the adolescents in view of cultural disparities between the two countries. Because Nigerian adolescents and children attend school in the US, they have close interaction with the US culture, learning to fit into both the host culture and the tradition of their family and community (Amayo, 2009). Parents on the other hand may not acculturate at the same pace, as Africans prefer to distance themselves from American culture, which they perceive to promote individualism, violence, racial discrimination, and materialism (Yenika-Agbaw, 2009), resulting in acculturation gap among parent-adolescent dyads ((Schwartz et al., 2012).

Two theoretical models (a) ecological systems theory (EST) and (b) Acculturative Family Distancing (AFD) model were found relevant to the construct of this study.

## **Ecological Systems Theory**

The Ecological Systems Theory (EST) is used extensively to describe how complex structures such as the environment, family, community, and societal settings affect a child's development (Bronfenbrenner, 1974). The word theory refers to “an organized body of concepts and principles used to explain certain phenomenon” (Johnson & Christianson, 2007, p.7). Researchers have used EST to explain how deviation or disunity among structures mentioned earlier can affect other factors that contribute to a child's development (Caprio et al., 2008). The EST could be used to explain how and why immigrant families relate with their host environment and the implication to their integration into the new culture. There are four major ecological systems, namely, microsystem, exosystem, mesosystem, and macrosystem; each system depicts aspects of an individual's life and the connection of the system to the individual.

## **Acculturative Family Distancing Model**

Acculturative Family Distancing (AFD) is a theoretical construct designed by Hwang (2006) from acculturation model of Berry (1997). The AFD model is a significant measure of acculturation gap that results in communication difficulties and cultural value disunity among immigrant parent and children. The AFD model will be more suitable than the EST to predict and describe factors responsible for distancing relationships that affect communication effectiveness between immigrant Nigerian parents and adolescents. Hwang used the AFD model to describe the distancing that occurred between immigrant Asian parents with their children in the United States and the effect on mental health status of the children. Hwang reported mental health status disparity among parents and



their children were due to acculturation and cultural differences that affected mainly communication and culture values (Hwang, 2006). Hwang's AFD construct will be applied in my dissertation to understand the rate of acculturation and resultant communication gaps among immigrant Nigerian US parent and child dyads. My interview will focus on eliciting any disparity in cultural perception, its effect on parent-child communication, and barriers to parental acculturation.

### **Summary and Conclusions**

In this literature review, I described the benefits, methods, and challenges of parent-child communication with particular attention to the effect of parenting styles on immigrant parent-adolescent sexual health communication. According to Viruell-Fuentes (2007) improper acculturation may exert negative effects on immigrants' adjustment in their new abode, consequently affecting health outcomes. First generation Nigerian family in the United States may benefit from quality education towards US culture to reduce parent-child gaps in cultural assimilation that constitute barriers to effective sexual health communication. According to Byers and Sears (2012) and Wilson et al. (2010) parental involvement in a child's education promotes conformity to healthy behavior by adolescents. Markham et al. (2010) suggested parent-child sexuality communication will reduce sexual risk behaviors among teens.

Several reasons support the need for parent-adolescent sexual health communication. The period of adolescence occurs between childhood and adulthood and is crowded with complex challenges such as peer pressure for risky behaviors. "Adolescents (ages 10 – 19) and young adults (ages 20- 24 years) make up 21 percent of

US population” (U.S. Department of Health and Human Services, 2015). Parents are the most-trusted for helping teens make healthy choices about sex and contraception (CDC, 2014). Preventable health problems among adolescents have immediate and long-term financial implications on national income. Approximately 50 percent of yearly new cases of STD (19 million) among young people in the US are adolescents, 46.8 high school pupils have ever had sexual intercourse, and youths of color are disproportionately affected (CDC, 2014). Noticeable challenges for ethnic minority are cultural bias and discrimination, but scholarly literature is sparse on factors affecting sexual health communication among minority family (Miller et al., 2010). One of the research questions seeks to understand the perception of first generation Nigerians family about parent-child dyads acculturation gaps and cultural bias and how they affect sexual health communication between parent and child.

## Chapter 3: Research Method

### **Introduction**

In chapter 2, I reviewed the literature on the benefits, methods, and challenges of parent-child communication with a focus on immigrant families in the United States. Most of the findings relating to challenges were on parenting styles and culture; other findings included socioeconomic and environmental factors. However, little was mentioned about possible discrimination as a barrier to learning the new culture in parent-child communication. In this chapter, I explained the study methodology and ways used to conduct in-depth interview sessions that used open-ended questions to elicit data on the perceptions of participants regarding hindrances to effective parent-child sexual health communication.

### **Research Design and Rationale**

The research design is qualitative using a phenomenological approach in an attempt to help understand the perceptions of participants on the subject matter, which has not been explored in previous research (Creswell, 2007). Unlike a quantitative study, the focus of which is to determine causal relationships (Moustakas, 1994), the main objective of a qualitative study is to explore the complexity of human experience (Moustakas, 1994; Creswell, 2007).

Qualitative methods, like quantitative and mixed methods, have several approaches to inquiry, also referred to as the strategies of inquiry (Creswell, 2007) or research methodology (Mertens, 1998). In a qualitative study, five strategies are

commonly used by social science researchers: narrative research, phenomenology, ethnography, grounded theory, and case studies (Creswell, 2009).

The phenomenological approach was chosen for this study to understand the essence of participants' experiences of the phenomenon being studied, as described in their own words. Researchers can interpret the meaning of experiences by hearing and observing words and descriptions directly from participants (Guenther, 2014). Subjects in a phenomenological procedure are small in number to allow for extensive and prolonged engagement from which the researcher derives "patterns and relationships of meanings" (Moustakas, 1994, cited in Creswell, 2009, p. 13). Creswell (2009, p. 13) reported that a researcher using a phenomenological approach identifies and brackets or sets aside own experience for better understanding of the participants' opinions.

The other four qualitative approaches were not as suitable for describing the meaning of the lived experiences of the participants. For example, the ethnographic approach would be better used to study "an intact cultural group in their natural environment over a prolonged period by collecting interview and observational data about the lived experiences of participants" (Creswell, 2007, p. 179) to explain the causes of their actions.

The grounded theory approach focuses on generating an abstract theory of actions or interactions based on participants' views, through data collected and compared by researchers at different stages (Creswell, 2009). This process is outside the purview of this study and therefore not appropriate for consideration.

The case study approach is used by researchers to enquire deeply into a program, event, or an individual through comprehensive information derived from extensive data sources over sustainable period (Creswell, 2009). My study is about participants' personal experiences relating to sexual communication in their new abode.

The narrative research approach is obviously not appropriate for this study as it entails the researcher asking individuals to tell their life story, which is then retold or re-storied by the researcher into a narrative order of events (Creswell, 2009).

### **Participant Recruitment**

This study used idiographic sampling (Rudestam & Newton, 2015) commonly used in phenomenological studies, in this case focusing on Nigerian immigrant parents and their adolescent children to understand the full complexity of participants' individual experience of communication about sex. I carefully chose participants who met both inclusion and exclusion criteria and were representative of the sample of the immigrant parents and adolescent children needed for this study.

Participants were drawn from a population of first generation Nigerian American parents and their adolescent children from a Southwest Houston, Texas community. For eligible, both parent and adolescent child must live together, must have been in the United States for at least ten years, and must be able to speak English. I performed a purposive sampling of five adults and their five adolescent children participants, ensuring that each household had at least one adolescent child living with the parent. The adolescents aged between 13 and 17 years and their parents were engaged in relatively prolonged interview sessions due to their small number. These age groups of adolescents

were considered for their vulnerability to impulsive behaviors and risk-taking, partly due to rapid chemical changes in their brains (Steinberg, 2008).

Parent participants:

- were born in Nigeria;
- were fluent in English;
- had one or more children aged 13-17 years of age;
- lived in the United States with their child for at least 10 years; and
- volunteered to participate in the research.

Adolescent participants:

- were born in Nigeria or the United States;
- were fluent in English;
- had one or more parent born in Nigeria;
- lived in the United States with parent(s) for at least 10 years; and
- were interested in participating in the research.

Individuals were contacted through flyers distributed via leaders of local faith-based organizations, an African restaurant, and a grocery store. The leaders and owners of these businesses were informed of the nature of the study through personal letters (Appendix B) and flyers (Appendix A) and requested to help in distributing flyers to potential participants. Individuals who voluntarily responded to an e-mail request or called my phone number listed on the flyer to participate were contacted individually for screening to ascertain eligibility and arrange convenient location and time for unstructured interviews using open-ended questions. Participants were duly informed

about the details of the study, I answered questions and addressed their concerns satisfactorily, and gave them letter of acceptance. Each participant received a \$5.00 "Thank you" gift card.

### **Role of the Researcher**

In qualitative research, the inquirer is closely involved in interaction and direct contact with participants, warranting careful ethical considerations (Creswell, 2009). The phenomenological approach allows for extensive and prolonged study of a small number of participants in order to develop themes and patterns from variables. A researcher should identify and guard against the intrusion of personal biases, preferences, and values from the early stages of the study; have good communication and writing skills; be able to collect data as appropriate; be empathic and a good listener; and establish and maintain good rapport with participants (Creswell, 2009).

As a professional nurse and a health educator with a special interest in adolescent health in Nigeria and the United States, I volunteer as a youth educator in faith-based organizations in the two countries. I have been involved in research studies and health education programs on adolescent sexual health practices with international organizations in Nigeria prior to relocating to the United States with my three adolescent children. I understood that my experiences and knowledge of the issue being researched would be of potential positive impact on my relationship with the participants and did not allow my personal experiences to hinder the understanding of the participants' experiences.

According to Creswell (2009), participants should not be related to or be familiar with the researcher; the researcher should make concerted effort at being objective and

positively employ any biases toward viewing and understanding research data and their interpretations.

### **Instrumentation**

The interview questions, which are grounded in the theoretical framework of AFD, are presented in Appendix F for parents and Appendix G for adolescents. They include questions on: perceptions about communication effectiveness, parent-adolescent communication, parenting style, cultural bias, and gender differences in communication.

The AFD construct has proven effective in measuring acculturation gaps that result in communication difficulties and cultural value disharmony between immigrant parents and their children (Hwang, 2006).

### **Test Case**

For this study, I conducted a test case using the interview questions by interviewing four family members among first generation Nigerian parents and adolescents (two each). The participants for test case, who were also from Southwest Houston community, Texas, were excluded from the full research. The test case focused on addressing any difficulty that could be involved in the conduct of interviews, with the goal of testing the questions and making necessary corrections before administering them to participants.

### **Purpose of the Study**

The purpose of the study was to explore and understand the lived experiences of participants through direct information about their adjustment to the dominant culture and how participants address parent-adolescent sexual health communication matters. The



overall objectives were (a) to elucidate the lived experiences of immigrant Nigerian parents in the United States and their adolescent children regarding the effect of varied cultural assimilation on communicating about sexual health; (b) to enquire about the process of adjusting to the U.S. culture and the barriers to effective an integration process; (c) to determine knowledge and usage of available public health resources for fostering a smooth integration into the U.S. culture, especially as relating to parent-child sexual health communication; and (d) to engender positive social change by informing policy that would bridge parent-child acculturation gaps among the immigrant population being studied. I hope that the findings from this study will ultimately inform other research work and contribute to the development of community programs for immigrants on the reduction of adolescent sexual risk behaviors.

### **Research Questions**

Based on the above construct, the research questions guiding this study were:

RQ1: What are the lived experiences of first generation Nigerian families in the United States regarding parent-child acculturation, cultural bias, and parental communication of sexual health with their adolescent children?

RQ2: What strategies do immigrant Nigerian parents in the U.S. adopt to ensure effective parent-child communication, and what barriers challenge the strategies?

RQ3: What are the lived experiences of adolescent children of first generation Nigerian parents in the United States regarding parent-child acculturation, cultural bias, and their communication of sexual health with their parents?"

### **Data Collection Procedures**

Data collection process was done in phases. In the first (screening) phase, participants were briefly informed by telephone of the nature of the study and asked to provide answers to questions relating to the screening criteria above (Appendix C). Those that qualified for the study completed the informed consent and assent forms, and allowed to ask questions to learn more about the essence of the research.

I conducted individual in-person, one-on-one interviews with the parents using the questions in Appendix F, and with the adolescents, using the questions in Appendix G, at locations jointly agreed upon. The in-person interviews were audio recorded, and I also kept pen and paper documentation of body language and any probing questions asked during the interview proceeds.

### **Data Analysis**

In qualitative studies, data collection and analysis often occur simultaneously (Merriam, 2009, p. 170). This study used Moustakas' transcendental phenomenology and analysis methods (epoche), putting my subjective process aside to focus on the conscious experience of participants and the meanings attached to the experience (Moustakas, 1997). Moustakas suggested that experience and behavior are two inseparable subjects. Phenomenological study requires researchers to understand what they expect to discover, and consciously put their ideas aside, (epoche) for systematic analysis of data.

Epoche is a Greek word for avoidance of judgment, and transcendental process allows a researcher to view a phenomenon with an unbiased mind, and as fresh as possible (p. 34). The application of epoche afforded me the opportunity of bracketing my

personal experience. The main reason for my family's relocation to the U.S. was better education and brighter future for our children. I reflected on my parenting experience, which was successful, as each of our children graduated from college as Doctor of Pharmacy, electrical engineer, and an accountant, respectively.

### **Trustworthiness**

The four concepts used by Guba (1981) to assess the worth of a qualitative study, and applied in my study, are described in the next paragraphs.

Credibility in qualitative study is equivalent to internal validity in a quantitative study. To secure this, I performed transcript reviews and member-checking, which are considered crucial techniques for establishing the credibility of findings in qualitative study (Lincoln & Guba, 1985). Participants were requested to confirm the accuracy of the transcripts based on their submissions.

Transferability is equal to external validity in quantitative study. While true generalization may be impossible in qualitative research, I performed thick description by collecting a detailed description of data in context and produced detailed report for readers to make contextual judgment about transferability (Lincoln & Guba, 1985). In addition, I performed a purposive sampling of immigrant Nigerian parents and adolescents around Houston, Texas community.

Dependability, similar to reliability in quantitative study is done to assure audience that consistently replicable method of inquiry with same or similar respondents in the same contexts will produce similar findings (Lincoln & Guba, 1985). I performed inquiry audit, seeking the assistance of two colleagues with similar interest in the study to

evaluate my study findings, results, and conclusions in relation to the data. These two colleagues did not participate in the study. (Cohen & Crabtree, 2006).

Confirmability is the extent to which research findings are dependent upon respondents and devoid of researcher's bias or interference (Lincoln & Guba, 1985). For confirmability, a researcher acknowledges all personal beliefs and assumptions (Trochim, 2006) and describe study methods in detail for ease of reader's appraisal of the result. I performed audit trail, which involves a clear and comprehensive description and documentation of the research process, including description of raw data, summaries of reports, themes, definitions, process notes, and all inquiry proposals (Lincoln & Guba, 1985).

### **Ethical Procedures**

Participants were assured of voluntary participation and ability to withdraw from the study at any stage without any fear of reprimand. Participants were duly informed about ways they would be protected from harm, and assured of confidentiality of their personal information. Being a vulnerable group, the adolescents were assured of confidentiality of information provided, and that information are relating to their sexual health communication with their parents, and they could decline answering any of the questions.

All material with participants' demography and information are secured under lock and key accessible only by me. Demographic information of participants was removed from all documents before sending for data validation. Participants were provided with contact information in the case of any concern or need for assistance

relating to the study. Each adult participant signed consent forms, and provided consent for their adolescent minor in addition to signing informed assent form; all participants completed necessary demographic forms prior to the one-on-one interview session.

### **Summary**

In this chapter, I detailed information on the approach used to achieve the aims of the study guided by the research questions in the previous chapter. Ways for careful selection of participants, data collection, data analysis, and how to address issues relating to dependability, confirmability, credibility, and transferability of research were duly explained. Chapter 4 provides detailed process of the conduct of the research with comprehensive data relating to each research question in the results section.

## Chapter 4. Findings

### **Introduction**

In this chapter, findings from individual interviews with first generation Nigerian-US parents of adolescents and their adolescent children are presented. The chapter presents the settings, demographics, data collection, data analysis, evidence of trustworthiness, and results of data analyses as related to the research questions.

This is a phenomenological study of the lived experiences of participants, focusing on their integration into the dominant culture, and how parents and adolescent children communicate, especially on sexual health matters. The research questions were:

RQ1: What are the lived experiences of first generation Nigerian parents in the United States regarding parent-child acculturation, cultural bias, and parental communication of sexual health with their adolescent children?

RQ2: What strategies do Nigerian immigrant parents in the United States adopt to ensure effective parent-child communication, and what barriers challenge the strategies?"

RQ3: What are the lived experiences of adolescent children of first generation Nigerian parents in the United States regarding parent-child acculturation, cultural bias, and their communication of sexual health with their parents?

Recruitment flyers were placed in designated places determined by me; this included business offices and church premise in Southwest Houston, Texas.

## Demographics

Tables 1 and 2 show the demographic data for the two sets of participants. Table 1 shows the demographic data of first generation Nigerian American parents; these participants aged between 48-56 years. Table 2 presents the demographic data of the adolescent participants; they aged between 13-17 years.

Table 1

### *Parent-Participants' Demographic Data*

Participant	Age	Gender	Years lived in U.S.	# of adolescent(s) living at home	# of times visited Nigeria in the past 10 years	Education
Participant 1	50	Female	16	3	1	College grad
Participant 4	56	Female	15	1	5	College grad
Participant 2	48	Female	13	3	3	Master's degree
Participant 3	52	Male	12	2	1	Master's degree
Participant 5	51	Female	11	2	4	College grad

Table 2

*Adolescent Participants' Demographic Data*

Participants	Age	Gender	Years lived in U.S.	Age of last presence in Nigeria	# of times visited Nigeria in the past 10 yrs.	Current school grade
Participant 1	15	Female	11	4 yrs.	1	10 <sup>th</sup> grade
Participant 2	16	Female	16	Never	0	11 <sup>th</sup> grade
Participant 3	13	Male	13	Never	0	8 <sup>th</sup> grade
Participant 4	15	Male	12	3+yrs	0	10 <sup>th</sup> grade
Participant 5	17	Male	11	6yrs	0	12 <sup>th</sup> grade

**Data Collection**

I collected data from five adult parents and five adolescents. Each parent participant had at least one adolescent child, aged 13 to 17 years that lived at home with the parent. Each adolescent participant who volunteered to be interviewed was chosen from among the adult participants' children.

A total of 25 people called my phone number based on the information on the flyers placed in business offices and church premises within two weeks of distributing the flyers. Initial screening data were collected over the phone in my private study. This screening lasted about 10 minutes each. A total of 12 adults met the inclusion criteria. Formal interview venues and times were scheduled with the five most eligible adults and one adolescent child each. A formal one-on-one interview was conducted with each adult and adolescent child at carefully selected locales such as private rooms in church buildings, private rooms in a public library, and a private office room at an African



restaurant. Careful consideration was given to issues of confidentiality in determining the acceptable interview locations.

I made audio recordings of open-ended interview questions using ACR software and Voice recorder (both Samsung phone recording applications). I also made paper documentation of nonverbal communication. There were no variations in data collection from the plan presented in Chapter 3. The results of data were presented with no names, but with the use of figures to represent each participant.

There were no significant unusual circumstances. However, one of the adolescents was observed to be shy and not willing to talk freely with me at the initial stage despite the assurance of full confidentiality and ensuring privacy. It was then resolved according to a suggestion by the adolescent with the cooperation of the parent that I asked questions over the phone while in separate private rooms in the same building. The strategy was successful, as the participant was forthcoming with relevant responses to all the interview questions. Each interview session lasted 35 to 90 minutes, with an average of 45 minutes.

### **Data Analysis**

This study used Moustakas' transcendental phenomenology for data collection and analysis, including the use of *epoché*, putting my subjective process aside to focus on the conscious experience of participants and the meanings they attached to their experience (Moustakas, 1997). The researcher moved inductively from coded units to larger representations using themes. There were no discrepant cases.

### **Evidence of Trustworthiness**

I used the four elements of trustworthiness (credibility, transferability, dependability, and confirmability) designed by Guba (1981) to assess the trustworthiness of my research. Credibility in a qualitative study is equivalent to internal validity in a quantitative study. I performed transcript review by allowing adult participants to review the typed transcript to clarify the appropriateness of their statements and made necessary corrections. Member checking was done by providing feedback to the adolescents about my interpretation of their contributions (Lincoln & Guba, 1985). I performed transcript review and member-checking during and at the end of data collection by allowing participants to read the transcript of recorded and documented dialogue in which they participated (Rudestam & Newton, 2015; Shenton, 2004). Informants were requested to confirm the accuracy of the transcripts based on their submissions.

Transferability is equivalent to external validity in a quantitative study; The details of the methods described in Chapter 3 show how this was achieved. I collected a detailed data in context and produced a comprehensive report for readers to make a contextual judgment about transferability (Lincoln & Guba, 1985). I performed a purposive sampling of immigrant Nigerian parents and adolescents around a Southwest Houston, Texas community, provided thick, rich description of participants' lived experiences and perceptions on the themes and achieved rich and realistic results to ensure result validity (Creswell, 2009).

Dependability, similar to reliability in quantitative study, was achieved to assure the audience that a consistently replicable method of inquiry with same or similar

respondents in the same contexts would produce similar findings (Lincoln & Guba, 1985). I performed an inquiry audit, sought the assistance of two colleagues with similar interest in the study but who did not participate in the research to evaluate my findings, the results, and conclusions in relation to the data, as recommended by Cohen & Crabtree (2006).

For confirmability, a researcher acknowledges all personal beliefs and assumptions (Trochim, 2006) and describes study methods in detail for ease of the reader's appraisal of the result. In this study, I performed an audit trail, which involved a clear and comprehensive description and documentation of the research process, including description of raw data, summaries of reports, themes, definitions, process notes, and all inquiry proposals (Lincoln & Guba, 1985). However, the generalizability of the result of this study is limited to Houston, Texas, due to the purposive sampling method and the small size of participants.

## **Results**

The themes derived from responses to interview questions, with verbatim extracts from the data, are reported here for each research question.

### **Parents' Experiences**

These are the themes arising from responses relating to Research Questions 1 and 2: What are lived experiences of first generation Nigerian parents in the U.S. regarding parent-child acculturation, cultural bias, and parental communication of sexual health with their adolescent children, and the strategies they adopt to ensure effective parent-child communication?

**Theme 1: Adolescents prefer to learn about sex from their peers instead of parents.** Most adolescents were not willing to learn about sex from their parents. Two parents thought that their children were not willing to learn about sex from their parents. Parent 3 did not see the readiness to learn about sex in his 13-year old son. His son had a whole lot of innocence. He shied away from sexual issues. The parent evaluated his son's knowledge so he could give him appropriate education based on the child's readiness to accept or receive the information. He said, "I saw shyness in his appearance whenever such an issue was mentioned, even on the television."

Parent 4, a mother of three boys agreed with Parent 3. Parent 4 reported that her children did not like her to talk about sex in spite of her cordial relationship with them. She kept open doors in her house, so when educating her older adolescent about the risks of sexual practices, her other children eavesdropped and yelled, "Mom, stop talking to him about sex". Her children never liked to hear about sex topics.

Parent 2 agreed with others. According to Parent 2, it was always difficult to get the daughter's attention when an issue relating to sex was the topic; this was contrary to her experience with her male child, who would listen with rapt attention to similar topics. With her daughter, she did not listen to her or wanted to hear anything about sex. However, she had to talk to her daughter about it anyway. Her daughter avoided talk about sex when she could and said she would not have sex, but the parent told her that they must talk about everything regarding sex.

On probing whether negative responses from the children were due to the parent's manner of approaching the topic, most parents claimed that they did not understand how

to engage better in conversation about sex with their children. Parent 2 said, “I just must talk about it.” Other participants did not see anything wrong with their approaches. This is consistent with the findings in chapter 2 about effective communication.

Parents believe that adolescents prefer to learn from other sources (television, school, and peers). Participant 1 spoke with bitterness in her voice as she believed her children do not respect her words; she expressed resentment at seeing friends of the opposite sex around her adolescent children and was concerned about her children always wanting to go out with friends despite her talk about risks involved. She stated,

When I talk to them, I see friends influence them. When I see friends around them, wanting to sleep over in my house or my children in their friends’ house, I don’t like it, I just can’t take it. I warn my children about wanting to have boy or girlfriends. Girls wanting to get my 18-year old (son’s) phone number from the siblings. See, they like to go out with friends, even at night. I quickly remind them the danger of being alone at night with friends.

Parent 5 did not see any difficulty talking about sex with her child, but she believed the children learned much about sex from external sources before the parents decide to engage the children in such discussion.

Recounting her experience with her son, parent 5 did not have a problem talking about sex with her child, but the children learned so much from TV and friends, and read in books before they even talked about sexual issues. She said,” But you just want to fulfill your parental obligation. I felt free talking about it, but my child was embarrassed

when I started talking about diseases.” She reported that children already learned so much from other sources.

**Theme 2: Parents teach their children abstinence and dangers of contracting STDs.** Most participants thought that their children should not even touch the opposite sex. The most significant and highly relevant themes that emerge from the aggregation of the invariant constituents illustrates that most participants think that their children cannot even touch the opposite sex.

It was obvious that some of the parents lack adequate knowledge of sex education, evidenced by the use of the words that were confusing when talking to the children. When asked to expatiate on “precaution”, parent 5 explained that the son should not go near the opposite sex for any reason. Asked if it would be realistic for the children not to interact with the opposite sex, especially in public schools and other social environment with mixed gender, parent 5 insisted, his son must not have anything to do with the opposite sex. Some of the other parent participants also used strong and indirect words to warn their children against sexual risk behaviors and expected their children not to have any form of interaction with peers of the opposite sex, irrespective of the prevailing environment.

Majority of the parents used extreme words such as “you can’t even touch the opposite sex” as seen with parent 4. Parent 4, a mother of three adolescents started talking to her children from age 12 years about relationships with the opposite sex. At age 12, when parent 4 noticed her child having puberty signs, such as voice change, hair growth, she said that he could not even touch a girl for any reason. Then at age 17 years

when he started driving and she noticed him coming home late, she started discussing issues like risk of STDs, getting a girl pregnant, risk of ending up not loving the impregnated girl.

Other words such as “you are now a woman” was used by another parent in most of the issues discussed with the children, which centered on dangers associated with sexual risk behaviors. For example, parent 2 reported she always reminded her daughter who started her menstrual period at age 14 years, “you are now a woman”, and that the daughter must not touch the opposite sex.

In her response to my questions, parent 2, mother of two adolescents, male 16 years and female 14 years, kept referring to issues about her daughter. When asked if she ever talked to the son, she responded,

Yes, I do. With him, I tell him that if he does have a girlfriend, and wants to start having sex with her, he shouldn't because it is not the right thing to do. I tell him that he's still young and has a lot of potentials and when he has sex, anything can happen. He can get the girl pregnant, and he can become a father that he's not ready to be.

As evidenced by the responses from the parent participants, specific issues discussed with the children centered around discouraging the children, particularly the females from ever touching or moving close to the opposite sex, so as not to get pregnant. This might be difficult to comprehend by the children, who attend mixed school and may have pure motives for relating to the opposite sex.

Parents teach their adolescent children about the dangers of contracting diseases. Two participants talked about dangers of contracting diseases. Parent 5 talked about dangers of contracting diseases such as HIV/AIDS, getting girls pregnant, precautions, implications and how he would not be able to handle it. When asked if the parents taught any form of prevention, all the parents declined, and some of the parents responded that using contraception or prevention, such as condom, would promote promiscuity. The parents insisted their children should wait for marriage before having sex.

Other issues discussed by parents during communication with their adolescent children included the need to remember God's word to guide their behaviors. Parent 3, father of a 13-year old adolescent used the word of God to teach how to go about life with the fear of God. He said, "When mummy or daddy is not present with him at any time, God is there, and he should keep himself pure by avoiding sexual practices."

**Theme 3: Parents use many situations to discuss sex with adolescent children.** Most parents (3/5) discussed issues relating to sex when TV shows reported teen pregnancy, and some parents started talking about sex when their son was in middle school. Some participants reported that their children must not even touch the opposite sex. Many of the participants chose sexual risk behaviors of other adolescents reported on TV or in the community to remind their children not to make similar mistakes. Parent 4 started talking when sexual issues were discussed on TV or in the movie. She used the opportunity to educate her son on how a child of God should behave in similar situation.



Parent 1 agreed with Parent 4. Parent 1 talked to her children about sex when issues such as when an 18-year old boy was doing child Christening. The children then asked questions and she explained to them.

The response by parent 2 was similar to the others, but she added that having information given to the children at school created awareness that reminded her of when to talk about sex with the children. She talked to her children when they were sitting down, and on TV when a kissing scene was shown. It led her to have a discussion with her children about kissing and sex when this happened. She said, "I do not sit them down and talk because they would not want to listen." When they were watching a TV program and she saw a kissing scene, she used that to start the discussion about sex.

Parent 2, like the other parent participants, reported television shows and talks relating to sex as a reminder to when she talked to the children. She recalled a story of a 16-year old reported pregnant on TV. According to parent 2, another pertinent motivational factor for talking to her children about sex was when she noticed signs of hormonal changes and when topics taught in school were sex related, she stated, "usually the school send consent form home for me to sign indicating preparation for sexual health classes".

Some parents started talking when their son was in middle school. According to their responses, the parents have different reasons for choosing the issue to discuss with their adolescent children about sex, evidenced by the various responses given by the participants. Aside from the earlier examples, other reasons given by most parents for

discussing issues relating to sex included when topics related to sex and sexuality arise at school as good times to discuss the issue at home with the children.

Parent 5 initiated sex talk with her adolescent child when the child relayed his experience from school or peers about sexual matters. Parent 5 recalled that it was when the boy was in middle school and told a story about another child from school. Parent 5 started talking when her son was in middle school. Her son came to tell her about his classmate who got pregnant. The other classmate that got her pregnant had gone his way and the girl would not be able to go to school.

In her own way, parent 4 looked for clues that would reveal what the children could be doing in secret, evidenced by items in the children's possession. Parent 4 reported,

I am FBI in the house. I am always looking for clues. I dig into their bags when cleaning their rooms. I sniff around when I gather enough clues is when I talk, like when I find Valentine card, any love letter, or gift.

**Theme 4: Parents use the need for education as a reason to avoid sex.** All the five parent participants described factors such as the importance of their children's education and future success. The first generation Nigerian American parent participants seemed to believe that parent-child communication is important for preventing adolescents' sexual risk behaviors, which could adversely affect the child's academic achievements and future success in life. Parent 5 recalled her son's statement about the benefits of heeding the parent's advice regarding avoiding sexual risk behaviors. Parent 5 reported:

My son said “I have a purpose in life and I’m not ready to disrupt my life’s goal.”

And having grown in church, he was always upset with friends doing things contrary to what they are told in church or at home.

Parent 3 agreed with parent 5. Recounting her own reasons for, and expectations of, talking to her children about issues relating to sex, parent 3 stated,

Talking to him constantly will help him complete his education and focus on his life’s goal. I remind him that all sexual feelings are God-given blessings to every man, but if not appropriately used, and at the right time, they can become a problem, a distraction.

**Theme 5: Parents all share leisure times with their children.** Responses to these questions enabled participants to describe their relationships with their children, considering the parents’ personality. Four parents described their leisure times with children basically included watching TV, watching indoor and outdoor movies, and going to family gatherings when time permitted. Parent 3 reported spending appreciable leisure time with the children with the goal to build cordial relationship. Parent 3 stated, “We go to play basketball a lot, and they tell me things. They always look forward to our outings so we could talk, they tell me things.”

When asked what he meant by, “they tell me things,” Participant 3 reported that the children asked general questions unrelated to sex, but would sometimes ask sex related questions when the school provided such information during sex education classes.

All the interviewed Nigerian American parents perceived that spending time with the children would promote good relationships, but four out of the five parents blamed their inability to have adequate leisure time with their children on time constraint. Parent 4 was a busy mother. She was guilty in that area. She was not an outdoor person. In the house she had popcorn family movie time. She was their friend during movie time. She went real low to their level. They visited friends and family occasionally. They talked about so many things and they saw her as a friend and a parent, depending on the situation.

**Theme 6: The age parents start talking to their children about sex varies.**

Some parents started talking to their children in elementary school (8-12) while other parents started talking to their children in middle school (13). The ages at which three parents reported initiating talk about sex with their children ranged between 8 and 12 years. In his own perception, participant 3 thought that the ability of the children to comprehend a topic is important to what parents should discuss with their children, hence, the child's age should be considered as important when choosing a topic for discussion. Parent 3 responded thusly:

I would say from 8 years old. They are able to comprehend what you say. May not be comprehensive, but based on their understanding. During such discussion, you will be surprised what they already know, what they understand from what the teachers teach.

Parent 1 started talking to her daughter at age 12 years. According to her, a friend's experience with their own child prompted her to initiate the talk with her daughter. She reported,

It was early, because if you don't teach them they teach them at school anyway. I started around age 10 for my girl. When my friend's child started menstruating at age 10, I thought my daughter would start then, but she started later.

To the parents, talking to their children when pubertal signs are noticed is of importance, to prevent the outcome of sexual risk behaviors. Parent 4 in her own perception thought that changes observed in the child's behavior prompted her talking about sex. Parent 4 has been talking to her son about sex.

She said, "You cannot have sex." She started talking to her son at age 12 years, she said, "You have to be a virgin." When he started having puberty signs, voice change, growing hair, she said, "You are a big boy now." She made it to the point that his son could not even touch a girl for any reason. Then at 17 years when he started driving and noticed him coming home late, she started discussing issues like risk of STDs, getting girls pregnant, risk of ending up not loving the impregnated girl. Asked if there were information on how to prevent the risks of STDs and how "not to get girls pregnant," participant 4 re-emphasized that she reminded her son, "you cannot even touch a girl for any reason."

In her own response, parent 5 had a story to tell about an incident that prompted her to initiate sex talk with the son. She started talking to him in middle school. Her son never wanted to hear about sex in elementary school.

Despite the various experiences of other students shared by some of the children with their Nigerian US parents about sexual risk behaviors, the first generation Nigerian US parents did not provide information about safe sex practice other than abstinence to their children. This shows none of the parents believed their children could be victims of such circumstances. It is strongly recommended that the study population receive education on how and what to communicate to their children about sex.

**Theme 7: Some parents are authoritative and some are authoritarian.** Some parents think they are authoritative, while other parents are more of an authoritative parent 3/4, then authoritarian 1/4. Four participants were authoritative. Majority of the first generation Nigerian US parents believed that parents should relate closely to their children, and that the children should be given audience by the parents, particularly when expressing views about issues of importance to the adolescents, such as sexual matters. The ability to relate parenting style to individual parent's approach was helpful for understanding reasons for a child's response to the parent when discussing sensitive issues relating to sex. Parent 3 stated:

I think I am authoritative. I let them see why they have to do what they do. We know knowledge is power; their mother and I join hands to make our children see reasons for what we want them to do, come to their level, sighting our life experience. If they fail to listen and see from our own side based on the knowledge we have, then we set boundaries for them to see the right way.

To further support his perception, parent 3 relayed one of his experiences for being an authoritative parent with a story. He said, “We have obligations as parents and

we cannot leave the obligations to others. This particular son (referring to the oldest adolescent child) is very quiet, but generally, they (children) need to have understanding.” He instructed them on what programs not to watch on the TV, and without setting parental control his children avoid those channels even when he was not there and without coercion. If a channel like that comes up, his children will flip it off without our telling them.

The perception of parent 5 was similar to that of parent 3. She thought she would fit into the authoritative parenting style and suggested that other parents chose different parenting styles possibly due to pride. When she asked her son to do anything, she knew she did not have bad motive. She explained to him why he had to do what she instructs.

Establishing a good relationship with children early in life was a strong requirement perceived as important to maintaining a good line of communication in adolescence. Participant 5 continued:

I have always had a good relationship with my son since he's been growing up. When I see parents forcing their children to do whatever they command them without listening to the children, and they say "I'm your mom," I wonder if that is pride or so. They don't explain why they want them to do the things.

Parent 2 agreed with other parents. Parent 2 perceived she is an authoritative parent; she disagreed with what she regarded as negative African parenting style. In her perception, it is important that parents listen to the viewpoints of their children. Parent 2 scolded her children and at the same time she told them the reason why. If she had to punish them, she did, but she let them understand why. She also listened to her children.

It was good to listen to children because they made sense of things, that's why she listened to her children. She talked a lot with her children.

Parents are more of an authoritative parent 3/4, then authoritarian 1/4. Some of the participants, in their perceptions thought a parent might adopt more than a single parenting style based on prevailing factors, which include child's response to discipline, situation at hand, possible consequences, and pride by parents.

Parent 4 used multiple styles of parenting depending on the circumstances. Her relationship with her kids is fine. She was a very strict mother. When she said something, she wanted it. She could give them the chance to slide on it a little bit. She said, "If you don't do what I want, you will be in trouble."

They had a smooth relationship. Nothing was perfect. She was not perfect. They were not perfect either. She was more of an authoritative parent 3/4, then authoritarian 1/4. She was never a permissive parent. She gave rewards for positive or negative behaviors – goodies or punishment respectively.

**Theme 8: U.S. Laws affect how parents relate to and discipline their children.** The first generation Nigerian parents in the United States reported challenges in parenting resulting from differences in cultural integration among parents and their children. All the five participants perceived that the U.S. laws affect the way most Nigerian parents relate to and discipline their children. Three out of the five parents supported the American system of parenting, which gives a child the right to be heard as against a typical Nigerian way of imposing authority on the child. Some of the themes derived from parents' experiences when talking with their children include child's



emotion, child's identity, child-peer friendship, parent-child friendliness. Parent 3 said, "Emotion and identity of an adolescent matter, their friends also matter. It is better to be their friend early, so they see you as a friend and no one can take that friend from you."

Parent 5 thought that parents who emphasize Nigerian culture only succeeded at confusing rather than educating their children. Parent 5 stated, "Parents here confuse their children talking about their culture, which the children never experienced. You have to listen to your children to make them comfortable talking to you."

Being a parent in the U.S. was considered an arduous task by some of the first generation Nigerian parent participants, who compared their lived experiences back in Nigeria when they were growing up under their own parents to life here with their children.

Parent 2 talked about her experience as a mother of adolescents in the U.S. Where she was from (Nigeria), her parents were very strict, but here she could not be too harsh. She had to be in the middle or she could lose her children. Thus, it was really difficult to train her children here. She tried not to scold them too much. When she scolded them, she pulled them closer to her. She also learnt to say sorry to them, and it helped a lot. She said, "It shows that you're not scolding them to push them away but for their good."

All of the participants felt that the American system influences the way parenting is done in the U.S., and this differs from a typical Nigerian method of parenting. According to participant 5, many first generation Nigerian U.S. parents failed to acknowledge that their Americanized adolescents struggle to understand Nigerian

culture; whereas, the parents expected the children to relate effectively within Nigerian community.

**Theme 9: Parents conform to American culture but prefer Nigerian culture.**

Parents conform to the American culture that respects children, and yet they (Parents) express strong preference for Nigerian culture over American culture. All the participants described a wide difference between Nigerian and American culture. Participants 3, 4, and 5 reported that they conform to the American culture of respect, use of direct words in communication, and active listening with their children. To all the participants, differences in cultural perceptions between parent and child were considered a challenge that constitutes distancing and hinders effective communication in most Nigerian homes. Parent 3, a father, reported,

Cultural difference is a challenge here [in the United States]. If you talk down on them [adolescents] here, thinking because that was how your parents raised you, they think you are bad. They did not experience your own lifestyle. Their own world is what they know. The cultural background is different.

Early integration into the American culture was the key word used by the three participants. When probed further to give example of the strategy he used with his children, Parent 3 relayed a proverb by his own mother to corroborate the need to listen to the children. He reported “The earlier you start teaching them based on their own world the better. My mother says, “You can force a horse to the river, force its mouth into the water, but you can still not force the horse to drink water, so you need to find out why the horse is not drinking.”

Parent 2 agreed with Parent 3. Parents 2 and 3 responded by referring to the preeminence of God's word over any cultural belief, and suggested blending into the prevailing culture (U.S.) to avoid confusing the children. Parent 5 agreed with others. Parent 5 stated,

In my family, God comes first; we were not controlled by culture, so I try to blend in with others' culture. If I want to insist on my own culture, I rather would go back to my country because the culture here is different from that of Nigeria. Parents here confuse their children talking about their culture which the children never experienced. You have to listen to your children to make them comfortable talking to you

Some parents expressed a strong preference for Nigerian culture over American culture. Parents 1 and 2 preferred Nigerian culture, which in their perceptions gives parents full authority to dictate and control a child's thought as against the permissive culture in the United States that allows children to choose what they like to do irrespective of the parent's opinion. Parent 1 expressed strong preference for Nigerian culture over American culture, she responded,

I love Nigerian culture and no one can take that away from me. I believe Nigerian culture nurtures the child. So many things they do here, even in high school that you cannot do back home, like talking back at the teacher, walking out on the teacher. When my child comes home with such a report, I tell them, if you are in Africa you cannot do that. I make them apologize to their teacher, saying, they are not your peer.

Some of the first generation Nigerian U.S. parents could not comprehend the benefits of living in the cultural ethos their current environment by accepting the culture of their current country of residence; rather, they adhered to their culture of origin after living in the United States for more than 10 years. Lack of cultural integration affects communication in first generation Nigerian U.S. families, and should be addressed by healthcare providers.

**Theme 10: Parents experience communication challenges with their children.**

Parents experience communication challenges with their children mostly because of cultural difference and confrontational attitudes. Parent 2 expressed the initial difficulties she encountered talking with her children. She likened her experience to her own upbringing, reporting,

It is really tough here because where I am from (Nigeria), my parents were very strict but here you cannot be too strict. You have to be in the middle or you could lose your children. So, it is really difficult to train your children here. I try not to scold them too much, and when I scold them, I pull them closer to me. I also learned to say sorry to them and they to me, and it helps a lot. It shows that you're not scolding them to push them away but for their good. In my culture, we (parents) don't like to say sorry, or want to say sorry. I am from Nigeria. As an American parent now, I believe that if I am in the wrong no matter if it's my child or because she's younger, I should say sorry.

All of the parents reported that spending quality time to explain situations and give the children time to be "themselves" had helped to resolve most of the issues. Being

themselves was explained to mean, allowing the children to be “American.” Even when some of the parents did not fully agree with American culture, most issues were resolved when parents dialoged with their children. The participants reported various ways they resolved communication challenges with their children. Parent 1 stated;

I always tell them that American culture is not too good for kids, but rather than beat, shout, talk as authoritarian, I sit them down and talk to them, advise them, make them understand; these are things I pick up from here [in the United States].

Parent 1 mentioned learned behavior from school as contributing factor to parent-child communication challenges. She suggested parents should apply both cultures with wisdom to achieve a successful parenting. She said, “No matter what you do, there are things children pick from school, you have to mix both cultures. Let the two cultures meet at a point.”

The children have both backgrounds, so let the two meet at a point.” She could not go all the way as a Nigerian or an American. The way she felt as a Nigerian did not affect the way she treated her children now. Parent 5 agreed with Parent 1. Parent 5 said that talking about Nigerian culture with their children would confuse the children, she suggested, parents should instead, listen to their children and make the children comfortable talking with the parents.

Parents experience communication challenges with their children because of cultural differences. Parent 3 recalled the following experience he had with his son and how the issue was resolved:

There was a time I picked him late from school, he was so upset, and he coiled himself in a corner, refused to talk to me, unlike the other child whom I picked up with my son, that one was grateful. When we got home, my wife and I allowed him (our son) to get over the grieving moment. I told him of my own experience, trekking to school barefooted, so you need to be grateful having us to come pick you. We then resolved it and he was pleased.

**Theme 11: Parents want to be able to discipline their children without interference.** These parents believe that Nigerian parents should learn the American culture, but some expressed the desire to be allowed to discipline their children without the involvement of Law Enforcement, even if that means that children's rights might be curtailed. Most participants in this study attributed parent-child distancing to cultural differences and wanted Nigerian parents to learn the American culture. Parent 5 stated, "Children have problems," being challenged by struggles to "belong" (be accepted into the American culture). She offered to teach other parents to listen to their children if privileged.

Some parents report that they should be allowed to discipline their children. For example, parent 4 stated that there is, "Too much power in law enforcement." When asked to clarify her statement, she told this story:

An 11-year old child was taken, handcuffed, from her classroom to her mother's house by a police officer because the child was not following directions, disrupted the class session, and refused to be redirected by the teacher. As soon as the child was released to the mother, the mother caned the child severally in the presence of

the police officer to prove a point of the need for parent to openly discipline their children; the mother was immediately arrested for that. The mother then said, “my child was openly ridiculed with handcuffs, but I could not discipline my child?”

Majority of the participants would expect parents to take the lead in the discipline of their children by spending more time at home and being more attentive to the children.

Some parents report that children’s rights should be curtailed, such as Parent 1, who wanted changes to start from the school, where “children learnt to exercise their rights.” She stated,

The school system ... has to start from the school system. The children here have too much power, they know too much about their rights. One day my daughter told me, "You can't touch me." We should take our time to study and train our children. Be around them, they tend to behave better; don't leave them to do what they like.

**Theme 12: Parents spend more time talking to female children than to males.**

Parents spend more time talking to female children than with the males. It was noted that first generation Nigerian parents spent more time talking to female children than with the males, mainly to avoid consequences of sexual intercourse. Parent 3 reported “I am more relaxed with my sons, but if a girl, I would be more firm, as they are more vulnerable, more easily influenced.” Asked to further explain what he meant, parent 3 stated, “such as getting pregnant.”

The risk of school dropout due to pregnancy was the main concerns of all the parents, and this prompted persistent talks with the female children. According to the

participants, male children enjoy more freedom than females, for the same reason mentioned above. The participants reported girls feel jealous of their male siblings for receiving preferential treatment from parents. Parent 1, who has a son and a daughter, reported this conversation with her daughter:

The girl always feels the boy gets a freer hand, which she doesn't like. Like "How can the boy go out and I cannot?" I say because you are a girl you have to be more careful. They want to do what the boys are doing. I don't really allow the boy to do whatever he likes, but the girl has to be very careful.

In her own perception, parent 2, a single mother of two adolescents responded that her adolescent daughter communicates freely with her, but would not talk so freely about sex, she stated,

My daughter tells me everything that happens, such as boys wanting to be their friends, but my son is a reserved person. He tells me things but not everything. I think it is because there is no male figure in the house, that's why my son is reserved [feels shy].

Some parents report that the consequences of impregnating a girl or contracting STDs must be communicated to the boys. Two of the participants (participants 4 and 5) reported that though male children have "negative attitudes" when parents talk about risk of sexual practice, the consequences of impregnating a girl or contracting STDs must be communicated to the boys.



Parent 5 thought boys are more favored and girls are “harder hit” because parents expected boys to know better than indulge in sexual practices. Issue of child support was a concern to participant 4, she stated,

The law of the land, I believe favors girl better here, though a baby mama [teen parent] has a hold on her life for a moment, but afterwards, the baby daddy [teen father], has to cut checks for the baby for a long time, and even if he doesn't marry the lady, his new wife would not be happy having someone else sharing their income due to child support

It is clear that the fear of early pregnancy by female children was more important to the parents, but there is a lack of effective communication skills, hence threats and warnings were issued to their female children than to their male children. The focus should be to discourage sexual risk behaviors, which could affect the health and wellbeing of the adolescents and adversely affect the family and the society at large.

**Theme 13: American culture classes should be available to all.** The majority of the parents interviewed reported the need for parents to learn the American culture, which their children already learned and practice. “When in Rome, you behave like the Romans” (Parents 2 and 3). To them, learning to communicate with the children based on cultural understanding would promote a cordial relationship and improve communication. Parent 3 stated, “The people should learn the culture of this place, be a part of this system, don't just say you are a Nigerian. The children are already here. They learn the culture fast through school and peers.”

Some parents suggested that orientation classes be available to Nigerian immigrants. Use of acceptable language and manners of approach were considered an important part of American culture. Participant parents described Nigerian culture as more informal, especially when adults relate to the younger folks. Parent 2 agreed with Parent 3. Classes on the American way of ‘respect’ were especially important. Parent 2 suggested,

There should be classes to teach the ethics, and morals. Specifically, how you respect people, how you address people, how to say sorry, how to approach people, how you communicate, and how to listen. They (Nigerians) need to learn that.

First generation Nigeria American parents identified yelling, use of curse words, beating, anger, and threats when talking or “correcting” their children as common practices that do not conform to American culture. In respect to communication, Africans tend to shout at their kids, they should learn not to scream but instead call them to your attention and they will listen to you (Parent 2).

Some of the parents suggested that Nigerian parents needed to have and teach their children mutual respect, to improve relationships within and outside the homes. “Orientation classes should teach respect” (Parent 4). To corroborate her suggestion, Parent 4 told stories,

Example of a 5-year-old boy from Nigeria in US, who was enrolled in elementary school but was suspended from school for looking down in girl’s bathroom door. The mother told me she didn’t believe the child should be harshly treated as he

was just a child. I told her it's unacceptable here. Another one, a friend had to send the boy back to Nigeria because of several reports of peer abuse, like cursing, hitting, and yelling at classmates in school.

### **Adolescents' Experiences**

The following themes arose from responses relating to Research Question 3: What are lived experiences of adolescent children of first generation Nigerian parents in the United States regarding parent-child acculturation, cultural bias, and their communication of sexual health with their parents?"

**Theme 14: Some teens are uncomfortable talking about sex with their mother.** Based on the responses from all the adolescents, adolescents prefer talking about sex with their mothers and not their fathers. However, the adolescents would rather talk to their peers whenever they feel uncomfortable talking about sex with their mothers. Three participants reported that even though they were comfortable talking about sex with their mothers, they were sometimes uncomfortable talking about sex with their mothers. Adolescent 2 felt comfortable in certain aspect, depending on the conversation. If a general advice about dangers of having sex, it was okay. However, she said, "If I have a question that is personal, I keep it to myself or search on the internet about dangers of getting pregnant." She did not talk to her parent because though she did not do such things; she would not want them to get on her case. She would rather talk to someone who has had the experience, such as having got pregnant while in school or a person with such an experience.

Adolescent 3 agreed with adolescent 2. Adolescent 3 was comfortable talking about sex with his mother. However, he was sometimes uncomfortable talking about sex with his mother. He stated,

Sometimes it is comfortable. Sometimes it is uncomfortable. It is not the topic but what leads to talking about the topic. Like if I had done something wrong, I feel uncomfortable if I do something wrong and they start warning me about what to do, and what I feel could have gone wrong, like getting HIV, even when I never thought about such things.

Some adolescents feel comfortable talking to their mother and not with their father about sex. Adolescent 5 stated, "I am comfortable with talking to my mum about sex. I don't talk to my dad. Her being an opposite sex doesn't make me uncomfortable. I haven't found anything that may stop me from talking to her about sex."

In like manner, adolescent 1, a female, would like to talk regularly with her mother, but commented thusly:

I have talked with my mom, because I feel if you don't talk to your mom, who else will you talk to? ... But really, in school, talking to your parents, you are not free. I have never talked to my dad about sex.

Most of the adolescents reported that their mothers would always find situations that could lead to discussion about sex with the adolescents. According to some of the participants, their fathers would talk about any other life issues aside from issues relating to sex. The girls reported feeling uncomfortable talking to their father being an opposite sex, whereas the boys would talk with their moms and not their dads about sex.

**Theme 15: Discussions with parents about sex focus on the risk of infection and pregnancy.** Four adolescent participants reported their parents focused on the risk of contracting infection, getting pregnant, impregnating girls, or being raped. They reported that discussions related to sex often came up when issues on sexual risks were discussed on the television, parents warned their adolescents against having sex. Adolescent 4 stated his mother talked about HIV and would cite cases of rape reported on television as an example of the reason not to think of sex as a teenager, Adolescent 4 stated, “They warn me not to do it prematurely. When it comes to talking about risks, she warns me that if I do anything like that, it will cripple the rest of my life.”

Adolescent 1 agreed with Adolescent 4. Adolescent 1 stated,

We talked about girls being raped, how you have to watch out where you go, how you dress because it can cause attention to boys. Not letting anyone push me to do what I don’t want to because they want one thing out of it.

Though the participants reported that they discussed other issues with their parents, issues of sex and pregnancy were often the topic mostly discussed.

To adolescent 5, waiting until after marriage to have sex was the main discussion enjoyed with the parent. Adolescent 5 compared the mother’s advice to the word of God. His mother told him about waiting for marriage. Their discussion revolved around waiting for marriage before having sex. She says, “Also with marriage, you have sex with the right person. Don’t have sex as a teenager.”

Overall, all the participants reported that their parents were the initiators of discussions about sex and that they (adolescents) had never on their own started a

discussion with their parents about sex. “Only when my mom had to talk about it, I have never on my own talked to my mom” (Participant 1). Contrary to that statement, some of the participants thought it would be nice to talk about the issues of sex with their parents, but the adolescents would rather talk to their peers for the fear of what the parents would think about them.

**Theme 16: Most teens enjoy leisure activities with their parents.** Some adolescents enjoy watching television, going to movies, going to parties, going on vacation, and going to restaurants with either of their parents, and one said he had no leisure time. Three out of the five adolescent participants reported that they enjoyed watching television, going to movies, going to parties, going on vacation, and going to restaurants with either of their parents. Adolescent 3 stated, “Sometimes we all (the family) go to movie theater, restaurants... my dad plays basketball with me.”

Most of the adolescent participants reported that their parents took them to social gatherings, particularly Nigerian parties, to learn African culture. Another adolescent responded by saying that he enjoyed going to amusement parks, going to eat, and going on out of state trips for vacation with his parents, because it gave the family time to talk about several life issues. Participant 1, who reported that she enjoys a cordial relationship with her mother, said: “I like going shopping with my mom, going out to eat, hanging out and I look up to her in so many ways.”

Some adolescents reported that they have no leisure time. One of the female participants, however, responded that she had no leisure time with her parents. Adolescent 2 stated, “I don’t really have a leisure time except when cooking with my

mom, when I'm driving from school, and my mom sits by my side. My dad sometimes takes me out to the store to buy things I need.”

**Theme 17: Some teens say parents’ attitudes are barriers to good relationships.** Some adolescents reported that their parents’ attitude towards them serve as a barrier to the relationship they will love to have, and some adolescents reported loving and having a good relationship with their parents. Four participants described their parents’ attitude towards them as a barrier to the relationship they love to have. Nigerian adolescents seem to see their parents as highhanded and not allowing the children to express themselves. Adolescent 2 stated,

My relationship with my parents are somehow okay, but I would want them not to be forceful, to listen to me rather than telling me this is the way things should be done, not allowing me to make my own decisions.

The adolescents believed that the relationship with their parents could be better if the parent would let their adolescent children do things their own way, and not stop them from taking their own decisions. The participants also expressed concern about the way parents react negatively to a bad report about their children even when the truth was not established. Adolescent 3 responded, “Relationship between me and my parents? I can talk to them but not everything. Like when I get in trouble at school. I’m scared how they will react.”

Some adolescents reported loving and having a good relationship with their parents. Adolescent 3 reported that he loves and enjoys his relationship with his parents

for certain reasons. He reported, “My parents are good. They show me how to do things. I enjoy a very good relationship with them.”

According to the participants, there were occasions things did not go well between them and their parents, but adolescent 5 responded that despite such occasions of disagreement, he would still consider the relationship as okay. Adolescent 5 added that even though he quarrels with his parents sometimes, either of them usually end up apologizing to each other and continue to get along well.

**Theme 18: Some teens say their parents do not respect their opinion or privacy.** Four of the adolescent participants reported that their parents never respect their views or privacy. Adolescent 2 stated,

An occasion when I had a quarrel with my mother was when she made me go to church with her without me finishing dressing up. I was not able to fix my hair, but she insisted I come along just the way I was. She made me walk into church with my hair messed up, I was so mad, and she tried to hit me when I argued with her, but I ran.

African parents do not always like to apologize to their children even when it was obvious that the parents were wrong. I asked if this was an experience adolescent 3 has had with his own parents, he affirmed and gave the following example: “When I do something I think is right, they say it’s wrong and they discipline me for that, neither of us wants to say we are wrong, because we think we are right.”

Adolescent 1 reported a similar experience with her parents, whereas the participant was refused her wish, for reasons best understood by the parent, but did not



make any sense to this participant at the initial stage. After much discussion, she later agreed with her parent. Adolescent 1 narrated the incident,

When she said I could not sleep at my friend's house. My friend has only one brother who is 3 years old, I told her nothing can happen to me, because my friend has a younger brother who is 3 years, he's still a baby, not grown, but she still didn't let me go. I ended up not going because she was making some good points like "what if something bad happens to you, I'm not there, I have to protect you, God gave you to me, you are my only girl, and I will never forgive myself if something bad happens to you."

Adolescent 5 responded somehow different from others. According to him, the cause of a disagreement with his mother was stress and frustration on both sides. There was a time he and his mother were packing up to go to a convention. His mother had just got back from work, but he could tell that she was stressed out. She was acting irrationally, and even though he knew she was stressed out, he was aggravated and he yelled at her.

**Theme 19: These teens want parents to listen more and respect their wishes.**

All the adolescents would like parents to listen more and to respect their children's wishes. They would like their parents to avoid the word "no." Two of the participants did not suggest any change to the way their parents talk to them. For example, participant 5 said, "to be honest I like how my parents are. I like how my mom is to me now."

Adolescent 1, a 15-year-old female agreed with Adolescent 5. Adolescent 1 responded that she was satisfied with the way her parents talk to her, as she now

understands better than when she was younger; then, she was always having conflict with her parents. She responded:

I couldn't have understood when I was younger, every information she ever told me was useful, and it makes me to be a responsible young lady. So I feel like she knows what she was talking about. Although I don't like the word "no," no child likes the word no, they always do so for our protection.

The difference in cultural integration between the parents and their children were reported as a major factor that the adolescent would want the parents to consider when communicating with the children. According to Adolescent 2,

Being very calm, not raising their voices when talking to me, they yell to get their power. They need to understand that adolescents growing up in two cultural backgrounds are bound to behave differently from typical Nigerian. We are not in Nigeria, they should understand we are not in Nigeria, and Nigeria is not the only culture.

Adolescents would like parents to listen more. One adolescent participant would like his parents to listen more. The adolescents liked to be heard and not to be judged by everything the parents thought they did wrong, as they (the adolescents) would not intentionally disobey their parents. Adolescent 4 stated,

Sometimes they don't really listen to what I'm saying, they talk, and when I talk, they think I'm arguing with them. I like for them to listen more, when I talk, is not that I'm arguing with them if I try to explain something to them, that they just listen to my side.

Adolescents would like parents to respect their wishes. In his brief but informative response, Adolescent 3 said, “I want my parents to respect my wishes, to explain things more for me to do it.”

**Theme 20: There are gender differences in how parents relate to teens about sex.** Some adolescents reported gender differences in the way parents relate to them regarding sex, and some adolescents reported no differences or preferences regarding gender. Three participants responded that gender affects the way their parents relate with them and communicate to them about sex. Some of the participants reported that gender also affects the way their parents relate to them generally. One of the participants responded that she could not understand why her parents restrict her from moving freely like her brother. Adolescent 2, a 16-year-old female responded,

Parents don't behave harshly with boys. Boys are not gated as girls. Girls are restricted more. I don't understand why girls are gated and boys are not. When I asked my parents, they tell me not to ask them.

Adolescent 4 agreed with Adolescent 2. Adolescent 4 gave an account of his parents' expectations of him, which in his perception were based on his gender, and how that affected the way they communicated with him about sex and other matters. According to him,

Well, it affects it a little bit, because as a boy they expect I should behave more maturely and know more of the right thing to do even though my sister is older. If we went through the same thing at the same age, I'm supposed to react better than

she did at that age. So if I do the same wrong thing as she did, the punishment I would receive would probably be more than she would receive.

When probed further to explain if there were things he thought the sister would do differently when relating to their parents that could affect their parents' expectations, Adolescent 4 responded that he likes doing things more his own way.

Another female participant also gave a similar response, stating that parents talk more with the male children about general issues. Adolescent 1 stated,

She talks to them [the boys] more, because boys are hard-headed and they don't see things the way they should, they just take it in the wrong way and get mad. I understand what no is, boys don't understand, they just get mad.

Adolescent 1 agreed with adolescent 4. Adolescent 1 recounted reasons her parents talked more with her on issues relating to sex when compared to her male siblings. Her comment about gender difference in sexual communication by the parents was because she would suffer the consequence if she gets pregnant,

She talks to me more about sex than my brothers, because am a girl and at school, she knows am around a lot of people, she's not there with me when am at school, that's the only place she is not with me. She has to make sure I know what I need to know. I'm a girl, it's easy for me to get pregnant if I get pregnant so boys don't get pregnant, they can get someone pregnant, although they can mess up their reputation, am a girl, I have to be carrying the baby around, is more on girls than the boys.

Some adolescents reported no differences or preferences regarding gender. Adolescents 5 and 3 thought their parents had no preferences to gender when communicating with their children on all issues. Adolescent 3 responded based on general knowledge because he does not have a female sibling. He said, "I don't believe parents treat boys and girls differently." Whereas, adolescent 5 stated, "She doesn't really talk to me much about sex. Sometimes I have to be the one asking her questions about sex. She doesn't really talk to my sister much about sex either."

There is a gender difference in communication among African families, but according to the participants, it was for reasons beyond communication about sex. Other pertinent reason was personality of the adolescent male gender.

### **Summary of Findings**

The data for this study were derived in two phases. The first phase was data from individual interview sessions with first generation Nigerian U.S. parents of adolescents selected for the study. The second phase was data from interview sessions with adolescent children of the adult participants who voluntarily participated in the study. Themes that emerged from the interviews were helpful in answering the three research questions for this study.

Research Questions 1 and 2 addressed the theme: lived experiences of first generation Nigerian parents in the U.S. regarding parent-child acculturation, cultural bias, parental communication of sexual health with their adolescent children, and the strategies they adopt to ensure effective parent-child communication. The following themes emerged from the analysis: Adolescents are unwilling to learn about sex from their

parents, Adolescents prefer to learn from other sources (television, school, and peers), Parents teach their adolescent children not even to touch the opposite sex, Parents teach their adolescent children about the dangers of contracting diseases, and Some parents report that God is there. Furthermore, the following themes emerged: Most parents discussed issues relating to sex when TV shows reported teen pregnancy, some parents started talking when their son was in middle school, parents regard their adolescent children's education and future success as very important by avoiding sexual risk behaviors.

Another set of themes that emerged from the analysis were: Parents described their leisure times with children basically included watching TV, watching indoor and outdoor movies, and going to family gatherings when time permitted, Parents started talking to their children in elementary school (8-12), Parents started talking to their children in middle school (13). Parents think they are authoritative, and Parents are more of an authoritative parent 3/4, then authoritarian 1/4, and The U.S. laws affect the way most Nigerian parents relate to and discipline their children, and the need for parents to learn the American culture, and orientation classes should teach respect.

Further themes that emerged were: parent's conformity to the American culture of respect, and strong preference for Nigerian culture over American culture; (a) cultural difference, and (b) confrontational attitude. Parents should learn the American culture, discipline, and children's rights should be curtailed. Persistent talks with the female children, and the consequences of impregnating a girl or contracting STDs, must be communicated to the boys.

Research question 3 addressed the following themes: My parents' attitude towards me, and I love and enjoy the relationship with my parents. (a) Disrespect and (b) Stress and frustration. I would like my parents to listen more, respect my wishes, and to avoid the word "no," and I do not suggest any change to the way my parents talk to me.

Some of the female adolescents believed that gender affects the way their parents relate with them and communicate to them about sex, whereas, few adolescents, boys and girl reported that there were no preferences to gender.

Chapter 5 include an overview of an interpretation of the research study findings, insights on the findings, recommendations for future research in this area, implications for social change, and the conclusion of the research study.

## Chapter 5: Discussion, Conclusions, and Recommendations

### **Introduction**

Adolescence is described as “the period of human growth and development that occurs after childhood and before adulthood, from age 10 to 19.” (WHO, 2016), and is crowded with complex challenges such as peer pressure to engage in risky behaviors” (U.S. Department of Health and Human Services, 2015). According to CDC (2014), parents are the most-trusted persons for helping teens make healthy choices about sex and contraception. According to Byers and Sears (2012) and Wilson et al. (2010), parental involvement in a child’s education promotes conformity to healthy behavior by adolescents. Markham et al. (2010) suggested parent-child sexuality communication will reduce sexual risk behaviors among teens. Improper acculturation may exert negative effects on immigrants’ adjustment in their new abode, consequently affect health outcomes (Viruell-Fuentes, 2007). Due to the negative impact of acculturation, it is important to understand the process of integration by first generation Nigerian parents and the strategies used to communicate with their adolescent children.

The purpose of this study, therefore, was to examine the lived experiences of first generation Nigerian parents and their adolescent children in the United States regarding parent-child integration and communication about sexual health. The goal was to understand key factors that could promote effective communication among parents and their adolescent children in a Southwest Houston, Texas community and reduce family distancing resulting from acculturation differences. It was my assumption that participants would understand the research questions and respond accordingly and that



my opinion as a health educator who regularly interacts with immigrant families in my profession as a registered nurse would not in any way affect the result of the study. The study used a phenomenological approach focusing on the perceptions of participants toward the phenomenon of study (Moustakas, 1994).

I interviewed a purposeful sample of five immigrant Nigerian parents and five adolescent children in Southwest Houston, Texas, who voluntarily agreed to participate in the study and duly gave their consent. I used open-ended questions to explore participants' understanding of the relationship between acculturation and effective sexual health communication in a new cultural environment. Data were analyzed using Moustakas' methods to understand the meaning participants attach to their lived experience while bracketing my personal experience (Moustakas, 1997).

### **Research Questions and Emerging Themes**

This chapter discusses the themes arising from each of the three research questions.

#### **Parents' Perceptions**

Research questions 1 and 2 asked: What are the lived experiences of first generation Nigerian families in the U.S. regarding parent-child acculturation, cultural bias, parental communication of sexual health with their adolescent children, and the strategies adopted to ensure effective parent-child communication? The following themes arose from their responses.

- Theme 1: Adolescents prefer to learn about sex from their peers instead of parents.

- Theme 2: Parents teach their children abstinence and about the dangers of contracting STDs.
- Theme 3: Parents use various situations to discuss sex with adolescent children.
- Theme 4: Parents use the need for education as a reason for adolescents to avoid sex.
- Theme 5: Parents all share leisure times with their children.
- Theme 6: The age at which parents start talking to their children about sex varies.
- Theme 7: Some parents are authoritative and some are authoritarian.
- Theme 8: U.S. laws affect how parents relate to and discipline their children.
- Theme 9: Parents conform to the American culture but prefer Nigerian culture.
- Theme 10: Parents experience communication challenges with their children.
- Theme 11: Parents want to discipline their children without interference.
- Theme 12: Parents spend more time talking to female children than males.
- Theme 13: American culture classes should be available to all.

### **Adolescents' Perceptions**

Research question 3 asked: What are the lived experiences of adolescent children of first generation Nigerian parents living in the United States regarding parent-child acculturation, cultural bias, and their communication of sexual health topics with their parents? The following themes arose:

- Theme 14: Some teens are uncomfortable talking about sex with their mother.
- Theme 15: Discussions with parents about sex focus on the risk of infection and pregnancy.
- Theme 16: Most teens enjoy leisure activities with their parents.
- Theme 17: Some teens say parents' attitudes are barriers to good relationships.
- Theme 18: Some teens say their parents do not respect their opinion or privacy.
- Theme 19: These teens want parents to listen more and respect their wishes.
- Theme 20: There are gender differences in how parents relate to teens about sex.

### **Interpretation of the Findings**

#### **Parents' Perceptions**

Most of the parents in this sample would like to educate their children but were not easily able to talk about sex with their children. Most of the parents thought that their children should not even touch the opposite sex. It was evident that some of the parents lack adequate knowledge of sex education as evidenced by the use of words that were confusing when talking to the children. Most parents discussed issues relating to sex when TV shows reported teen pregnancy.

The above findings agree with the findings by Wilson et al. (2010) that it is good for parents to communicate with their children about sex, but not many parents do so. Reasons given for this include a belief that the children are somehow always "too young" to learn about sex, or that someone else (school, family member) could do it better, or

that there are inadequate resources to enhance parents' competence in teaching sex education.

Nigerian parents in this study perceived sexuality talk with their children as being "sensitive," "immoral," "shameful," and "likely to promote promiscuity." These statements corroborate a finding by Izugbara (2008) that Nigerian parents prefer to initiate and dominate sexuality communications with their children by using threats, warnings, and vague terminologies, while children who attempt to start such discussions are regarded as too "forward" or "too bold" or "promiscuous."

Despite these obstacles, the age some parents in my sample reported initiating talk about sex with their children ranged between 8 and 13 years. This finding is in line with a National Population data in 2013, which reported that 45 % of adolescents in northern Nigeria were married at age 15 and 73 % at age 18 years; in southwest Nigeria, the median age for marriage among 25 and 29-year-olds was 20.5 (NPC, 2014). The perception of most parents in this study was that talking about sex with their teenage children is "immoral" and is contrary to Nigerian culture, which regards sex talk with adolescents as taboo and capable of promoting promiscuity. Most of these parents reported initiating talk about sex with their children as early as age 13.

Nigeria is one of the countries in the world with the highest number of maternal deaths with "approximate 58, 000 (UI 42, 000 to 84, 000) maternal deaths (19%) in 2015" (UNICEF, 2015, p. 21). In 2005, approximately 1.6 million of an "estimated 3.6 million people living with HIV/AIDS in Nigeria were women aged 15 - 49 years" (UNAIDS, 2015). More than 600,000 women in Nigeria seek abortions yearly, one third

or whom are adolescents, and 80 % of adolescents have had abortion-related complications (NPC, 2014). Most parents in this study were concerned about the future of their children. The parents issued warnings about the consequences of sexual risk behaviors, such as STD, HIV/AIDS, and having babies while in school, which could disrupt the children's education and prevent them from becoming a person of substance in life. Parents in this study wanted their children not to "even think about having sex." This saying is evidence of a lack of adequate knowledge about sex education and possible cultural bias. Nigerian cultural norms equate having sex in adolescence to promiscuity.

Both parent and adolescent participants in this study believed that most first generation Nigerian US parents are authoritarian, unlike American parents, who tend to be more authoritative. This is in line with the findings of Akanbi et al., 2013 that authoritarian parenting is common in Nigeria. In many parts of Africa, including Nigeria, there is strong adherence to cultural beliefs, that parents should use various control strategies to ensure children's compliance (Baumrind, 1967; Maccoby & Martin, 1983). Findings in literature also suggest that Nigerian fathers have vested power to give corporal punishment to a child without questioning (Egbue, 2007). Majority of the parents in my sample believed that they should relate closely with their children, and that the children should be given audience by the parents, particularly when expressing views about issues of importance to the adolescents, such as sexual matters. This finding contradicts the perceptions of first generation Nigerian parents, who used harsh words to threaten and coarsen their children against having any relationship with the opposite sex.

The finding suggests a conflict in the parents, who struggle to do what they think they should.

These first generation Nigerian American parents seemed to understand that parent-child communication is important for preventing adolescents' sexual risk behaviors, which could adversely affect the child's academic achievements and future success in life. All five parents spoke of the importance of their children's education and future success, and of the challenges in parenting resulting from differences in cultural integration between them and their children. First generation Nigeria American parents perceived that the U.S. laws affect the way most Nigerian parents relate to and discipline their children, and are concerned about the adverse effect on the children's emotion, identity, child-peer relationship, and parent-child friendliness. These findings support the finding in the study of Nesteruk (2015). Thus, findings confirm knowledge in the discipline. Nesteruk (2015) performed qualitative analysis; randomly selected 30 Nigerian immigrant parents and interviewed them. Nesteruk (2015) found that the first generation Nigerian U.S. parents reported challenges in parenting resulting from differences in cultural integration among parents and their children.

Most Nigerian parents conform to the American culture of respect, and yet they express strong preference for Nigerian culture over American culture. All the participants described a wide difference between Nigerian and American culture. Participants (Parents and adolescents) believed that Nigerian parents experience communication challenge with their children because of cultural difference and confrontational attitude. Some parents report that they should be allowed to disciple their children, and some

parents report that children's rights should be curtailed. This finding is in line with the findings by Akinmode and Adegunloye (2011), who reported findings by Umobong 2010 that corporal punishment is a common disciplinary measure used by African parents; and according to Egbue 2006, fathers are culturally invested with the power to instill disciplinary measures on a child without questioning. In some cases, such corporal punishment results in child abuse, which is a common occurrence in Nigeria but largely ignored (Akinmode and Adegunloye, 2011).

Some of the adolescents in my study reported that they are uncomfortable asking questions about contraception from their parents even for knowledge's sake because the parents would judge them wrongly as practicing sex. The adolescents reported they would rather ask questions relating to sex and contraception from their friends and peers who live in shelter and are provided with contraception at the school clinics than ask their parents. This finding supports the finding by Fayez et al., (2012). In a study of the association of adolescent sexual risk behavior with parental characteristics, Fayez et al., suggested that 18% of sexual risk behavior among the studied adolescents in selected Kuwaiti high schools is associated with psychological abuse by parents. Parents spend more time talking about sex with female children than the males, though some parents did report that the consequences of impregnating a girl or contracting STDs must be communicated to the boys. Parent report that the main reason why they spent more time talking to female children than males was to avoid the consequences of sexual intercourse. This confirms the finding of Scott (2005) who interviewed 3286 African American parents and adolescent children and found that parents spent a lot of time

talking to female children about the consequences of sexual activity and the importance of abstinence. Scott also found that African American parents experience communication challenges with their female children because of cultural difference and the girls' confrontational attitudes (Scott, 2005).

Some parents in my sample reported a need to learn more about American culture, and suggested that orientation classes should teach 'respect.' Most reported that their children had already learned to practice this. One of the parents reported that Nigerian American parents should realize they are no longer in Nigeria, but in America, and one should "behave like a Roman when in Rome", since learning to communicate improves communication and relationships. These findings support the AFD model, which states that a distancing occurs in relationships between immigrant parents and their adolescent children, and this affects their communications (Hwang, 2006). It also aligns with the findings of Murry, Berkel, Pantin, and Prado (2011) who, in a meta-analysis of over 200 studies, found that immigrant parents in the U.S. feel distanced from their children and believe that the way to reduce this distance is by themselves learning more about the American culture.

### **Adolescents' Perceptions.**

Some of the adolescents in this sample were comfortable talking about sex with their mothers, others were not. Most reported that their mothers would find situations that could lead to discussion about sex with the adolescents, and some reported that their fathers would talk about any life issues except sex. The girls reported feeling uncomfortable talking to their father about sex, since he is a male, whereas the boys, who



seldom talk about sex with either of their parents would talk with only their moms and not their dads on any few occasions they had to talk. These findings are similar to those of Dilorio, Kelley, & Hockenberry-Eaton (1999) who found that African American female adolescents are more likely to discuss sexuality matters with their mothers than the male adolescents. The findings also agree with the finding that Nigerian males are less likely than their female counterparts to report sexuality communication with either of their parents (Biddlecom, Awusabo-Asare, & Akinrinola, 2009).

Some adolescents report their parents' attitude towards them as a barrier to the relationship they will love to have, and some adolescents report loving and having a good relationship with their parents. Four participants described their parents' attitude towards them as a barrier to the relationship they love to have. Nigerian adolescents seem to see their parents as highhanded and not giving the children enough space to express themselves.

Most adolescents believed that their parents never respect their opinion or privacy, unlike their American friends, who their parents allow to "date," go out with friends, and use contraception. One adolescent believed that the cause of a disagreement with his mother is stress and frustration on both sides. Adolescents would like parents to listen more. Adolescents would like parents to avoid the word "no". Some adolescents did not suggest any change to the way their parents talk to them. These findings support the AFD model that states that there are communication difficulties and cultural value disunity among immigrant parent and children. These findings also support Hilliard's (1997) meta-analysis, which included 2000 studies and found that African American

adolescents reported their parents' attitude towards them as a barrier to the relationship they would like to have. Hilliard's (1997) found that African American adolescents thought their parents never respected their opinion or privacy.

Some adolescents reported gender differences in the way parents relate to them regarding sex, and some adolescents reported no differences or preferences regarding gender. Three participants responded that gender affects the way their parents relate to them and communicate to them about sex. Some of the participants reported that gender also affects the way their parents relate to them on general issues. Some of the parents in my study reported that they warned their daughters not to relate with boys or even go out with any friend without the parents being present. Parents believed that their female children would suffer more consequences of carrying a pregnancy and caring for babies, thereby disrupting their education. Some of the female adolescents on their part, reported that their parents "gate" them but allowed their brothers to go out freely. One of the adolescents reported that when she asked for reasons why the parent treat her differently than the brother, her mother told her not to ask her any such question. This finding supports the findings by Ogwo (2013) that male and female children perceive relationship with their parents differently in Nigeria; female adolescents are restricted by cultural norms, which impose more responsibilities on women, and adolescent females are strictly monitored and firmly treated than their male counterparts who enjoy more freedom and independence. The finding also agrees with that of Kumi-Kyereme et al. (2007) that parents give advice to male children to be careful with females but issue warnings to female children about risks associated with sexual relations. Kumi-Kyereme also reported

that it is a common anxiety among parents that female adolescents may become pregnant out of wedlock and drop out of school if not closely and strictly monitored, thereby bringing shame to the family.

### **Strengths and Limitations of the Study**

The strength of this study was its rich description of the lived experience of first generation Nigeria American parents and their adolescent children regarding communication about sex. The report and experiences shared by the parents and their adolescent children represented truthful account of their challenges when communicating about sex. Sampling bias was minimized by ensuring that participants in the study were representative of the population studied, and met the inclusion criteria. Such criteria as, speak English, have lived in the US for 10 years or more, parents were born in Nigeria and had at least one adolescent child who lives at home with the parent, and volunteered to participate in the study.

This study was limited to a sample population of first generation Nigeria U.S. parents and their adolescent children in Southwest Houston community in Texas. The sample size was small, only five parents and five adolescent children. The sample size was limited to a small number of participants due to time constraint and financial reasons. However, the sample size was sufficiently rich to provide adequate data to ensure qualitative analysis of the themes of first generation Nigerian U.S. parents and adolescents' perceptions and experiences of communication about sex. Although the results of the findings are not generalizable to a larger population, the phenomenological approach used in this study helped to derive consistently persuasive reports that could be

reliably used as a basis for a larger study. Also, users of the findings would find results relevant for their usage.

### **Recommendations**

Before this study, there was a paucity of studies that examined the lived experiences of first generation Nigerian families in the U.S. regarding parent-child acculturation, cultural bias, and parent-child communication of sexual health. The present study has now done this. A next step would be for researchers to measure if parent-child acculturation significantly affects immigrant Nigerian adolescent children's communication of sexual health with their parents, controlling for gender and age. Another recommendation is that future research should use a longitudinal research design to examine the impact of parent-child acculturation on immigrant Nigerian adolescent children's communication of sexual health with their parents. Particular attention might be made to gender differences, since future research may show that parent-child acculturation has a particularly potent effect on female Nigerian adolescents' communication of sexual health with their parents. The recommendation for research addresses gaps in the research and expounds upon the findings of the study by examining the impact of parent-child acculturation on female Nigerian adolescent children's communication of sexual health with their parents. Future research should also examine the impact of parent-child acculturation on male Nigerian adolescent children's communication of sexual health with their parents.

Future research should examine the impact of parent-child acculturation on minority adolescent children's communication of sexual health with their parents. Parents

may appreciate minority adolescent children who can improve their communication of sexual health with their parents. The recommendation for research addresses gaps in the research and expounds upon the findings of the study by examining the impact of parent-child acculturation on minority adolescent children's communication of sexual health with their parents.

In future quantitative studies, it would be helpful to examine the impact of cultural bias on immigrant adolescent children's communication of sexual health with their parents. The variables such as cultural bias and immigrant adolescent children's communication of sexual health with their parents might yield useful data. Future research may bridge the gap by examining the impact of cultural bias on immigrant adolescent children's communication of sexual health with their parents. Future research may show that cultural bias significantly affects immigrant adolescent children's communication of sexual health with their parents.

The final recommendation is related to a need for a quantitative study that examines the impact of parent-child acculturation on adolescent children's communication of sexual health with their parents internationally. Future research may bridge the gap in literature by examining the impact of parent-child acculturation on adolescent children's communication of sexual health with their parents internationally. Future research may show that parent-child acculturation significantly affects adolescent children's communication of sexual health with their parents internationally. The recommendation for research addresses gaps in the research and expounds upon the findings of the study by examining the impact of parent-child acculturation on adolescent

children's communication of sexual health with their parents internationally, which is reducing sexual risk behaviors and preventing STDs, HIV/AIDS, and school dropout.

### **Implications**

#### **Positive Social Change**

This study has the potential impact of positive social change by examining the lived experiences of first generation Nigerian families in the U.S. regarding parent-child acculturation, cultural bias, and parental communication of sexual health with their adolescent children. Also, the lived experiences of adolescent children of first generation Nigerian U.S. parents regarding parent-child acculturation, cultural bias, and their communication of sexual health with their parents. The study will provide first generation Nigerian parents insight about their adolescent children. The social change implications of the study will be the knowledge gained that can be utilized to understand the impact of acculturation on parent-adolescent discussion of sexual health among immigrant Nigerian families in the US.

The result of the study is significant in understanding the social environments of which first generation Nigerian parents communicate with their children. Understanding experiences of first generation Nigerian parents in the U.S. regarding parent-child acculturation, cultural bias, and parental communication of sexual health with their adolescent children is significant. The study is significant because it enables researchers to understand lived experiences of first generation Nigerian families in the U.S. regarding parent-child acculturation, cultural bias, and parental communication of sexual health with their adolescent children. The study also enables researchers to understand the lived

experiences of adolescent children of first generation Nigerian U.S. parents regarding parent-child acculturation, cultural bias, and their communication of sexual health with their parents.

The study can be beneficial to any institution that seeks to improve communications between first generation Nigerian U.S. adolescent children and their parents. The study can be a blueprint to examine factors that enable first generation Nigerian U.S. adolescent children to communicate with their parents. Parent-child proper acculturation and integration can enable first generation Nigerian U.S. parents to communicate more effectively with their children.

The study is relevant to a wide range of fields. First generation Nigerian community and high schools that relate with first generation Nigerian families are likely to benefit from the study. This study also has social change implications for many faith communities that take active role in promoting sexuality and relationship education among youths at events and youth leadership retreats. In addition, the study has social change implications for churches associated with Nigerian population and provide parent-child relationship strengthening activities, example is the Redeemed Christian Church of God in North America.

### **Theoretical Implications**

The present study is guided by the AFD model. According to the AFD model, there are communication difficulties and cultural value disunity among immigrant parent and children. The AFD model was appropriate for describing factors responsible for

distancing relationships that affect communication effectiveness between immigrant Nigerian parents and adolescents.

In the study, disparity in cultural perception was shown to affect parent-child communication. In addition, it was clear that there are significant barriers to parental acculturation. As a result, there are communication gaps between immigrant Nigerian American parents and their children.

### **Recommendations for Future Practice**

#### **Recommendations to Nigerian American Teachers and Community Leaders**

Teachers and Nigerian community leaders should have good relationships with first generation Nigerian adolescent children. There is a significant relationship between disparity in cultural perception and parent-child communication. Teachers and community leaders in the Nigerian American community, including religious organizations, should comprehend how to develop relevant strategies to address parent-child communication patterns and the disparity in cultural perception between parents and their children, and use the results of this study to assist in taking the following actions:

1. Evaluate first generation Nigerian adolescent children's communication strategies.
2. Examine how first generation Nigerian adolescent children might communicate more effectively with their parents.
3. Develop training courses that help parents understand their adolescent children.



4. Develop training courses that help adolescent children communicate with their parents more effectively.

### **Conclusion**

Parent-child acculturation, cultural bias, and parental communication of sexual health with their adolescent children are important to first generation Nigerian parents and their children. Insights from the first generation Nigerian parents and their children may enable policy makers and researchers to plan for projects by improving parental communication of sexual health with their adolescent children. Insights from participants may in addition, enable policy makers to implement policy to benefit first generation Nigerian parents and their children and adoption of such policy by other immigrant families beyond Nigerian community.

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## Appendix A: Flyer

**RESEARCH STUDY**

**ARE YOU A NIGERIAN PARENT WITH AT LEAST  
ONE CHILD AGED 13 - 18 YEARS LIVING AT  
HOME WITH YOU?**

IF YOU WERE BORN IN NIGERIA ...

AND IF YOU and your child HAVE BEEN IN THE United States FOR 10 YEARS ...

Then YOU and your adolescent child MAY BE ELIGIBLE TO PARTICIPATE IN RESEARCH ON  
PARENT-ADOLESCENT SEXUAL HEALTH COMMUNICATION.

**INTERESTED?**

**CALL US!**

**PLEASE CONTACT SUSAN OGUNNOWO (832)607-  
3896**

**OR**

**EMAIL: [susan.ogunnowo@waldenu.edu](mailto:susan.ogunnowo@waldenu.edu)**

**VOLUNTEERS WHO COMPLETE THE INTERVIEW  
SESSIONS WILL RECEIVE \$5.00 THANK YOU GIFT  
CARD**

## Appendix B: Letter to Faith-Based Organizations, African Restaurants, and Grocery

Stores

Date:

Name: .....

Dear.....

My name is Susan Ogunnowo. I am a doctoral candidate at Walden University. I am conducting research on First generation Nigerian US parent-adolescent communication about sexual health. There is dearth of scholarly study on the topic, and in my study, I am seeking answers to identified gaps in existing few studies.

Your assistance in distributing flyers for this very important study is highly needed. It is hoped that improving parent-adolescent communication about sex will reduce sexual risk behaviors among our adolescents thereby meeting the goal of Healthy People 2020 aimed to improve the healthy development, health, safety, and well-being of adolescents and young adults as it affects immigrant adolescents in Houston Community. I would be glad to come in to address Nigerian American family, to discuss the nature of the study. Participants would be parents who have lived in the US for up to 10 years with their adolescent boy or girl ages 13 to 18 years living at home with them, and must be fluent in English. The parent and their children are free to decline participating in the study, and are free to withdraw from the study at any point. The researcher promises to maintain absolute confidentiality of all information collected during the study.

Please feel free to contact me for further information relating to this study through the following means:

Telephone: (832)607-3896

E-mail: susan.ogunnowo@waldenu.edu

Sincerely,

Susan M. Ogunnowo

Doctoral Candidate

Walden University

## Appendix C: Screening Interview Questions by Phone

Date: -----

Name of Interviewee: -----

This interview is to determine if you are eligible to take part in a research study of "Parent-Adolescent Sexual Health Communication in Immigrant Nigerian American Families."

To be eligible, parent participants must have:

- (a) been born in Nigeria;
- (b) fluent English;
- (c) one or more children who are now aged 13-18 years of age;
- (d) lived in the U.S. for 10 years with their child for at least ten years; and
- (e) be willing to participate in the research.

Adolescent participants must have:

- (f) been born in the US;
- (g) fluent English;
- (h) one or more parent born in Nigeria;
- (i) lived in the U.S. with your parent for at least ten years; and
- (j) be willing to participate in the research.

1. Where were you born?
2. How long have you lived in the U.S.
3. Please describe your role in the family
4. Do you envisage any obstacle in completing the interview sessions when scheduled, and if so, how may I help you?
5. What is your age?



## Appendix D: Interview Questions with Parents

### **Perceptions Regarding Parent-Adolescent Communication**

1. I am interested in knowing about your communication about sex with your child. Can you tell me briefly how it feels to talk to your child about sex?
2. What specific issues do you discuss?
3. How do you decide what you will discuss with your child about sex?
4. Of what benefit to you or your child are the issues discussed?

### **Perceptions Regarding Parenting Style**

5. Are there leisure activities that you enjoy with your child?
6. If yes, please tell me what they are.
7. At what point/age did you start talking to your child about sex?
8. How would you describe your relationship with your adolescent child?

### **Perceptions Regarding Cultural Bias**

9. What are your experiences of being a parent in the US?
10. In what ways do your cultural beliefs affect your communication with your child?

11. Since you arrived in the US from Nigeria, explain one of the instances you experienced communication challenge with your child and how you addressed the situation
12. If you had the choice, what would you change about being a parent here?

### **Perceptions about Gender Differences in Communication**

13. As a parent of adolescents, what is your experience communicating with them?
14. Is it different communicating with a boy and a girl?
15. If yes, then how?

### **Cues to Action**

16. What would you like healthcare providers to do to help new immigrant family adjust to the culture of their new abode?
17. Would orientation classes for new immigrant families help you learn the US culture of communication about sex with children?
18. If yes, what should be taught in those classes?

## Appendix E: Interview Questions with Adolescents

### **Perceptions about Communication Effectiveness**

1. Where do you get information about sex?
2. Which of these sources do you consider most helpful and why?

### **Perceptions Regarding Parent-Adolescent Communication**

3. I am interested in knowing about your communication about sex with either of your parents. As a male/Female child can you tell me briefly how you feel when you are talking to your father about sex? What about with your mother?
4. What specific issues do you discuss?
5. What are your reasons for discussions on such issues?
6. Could you describe those discussions that have been most helpful to you?  
Why were these discussions helpful?

### **Perceptions Regarding Parenting Style**

7. What leisure activities (if any) do you enjoy with your parent?
8. At what age did you start talking to your parent about sex (if you did)?
9. How would you describe your relationship with your parent?
10. Which of your parents are you more comfortable asking questions about sex?

**Perceptions Regarding Cultural Bias**

11. What common practices among the adolescents including you do you think can result in health problems?
12. What do you know about sexual risk behaviors?
13. Describe one of the reasons you think caused disagreement between you and your father/mother?
14. Describe one of the times you and your mother/father disagreed about your behaviors. How did you settle it?
15. What would you like changed about the way your father/mother talk with you?

**Perceptions about Gender Differences in Communication**

16. In what way does being a boy/girl affect the way your father/mother communicate sexual matters with you?

**Cues to Action**

17. What would you like healthcare providers to do to help new immigrant family adjust to the culture of the US?
18. Would orientation classes for new immigrant families help you learn the US culture of communication about sex with parents?
19. If yes, what should be taught in those classes?