

Predictive Roles of Parenting Style, Level of Income and Gender Difference on Adolescents Sexual Behaviour

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ABSTRACT

The study investigated the predictive roles of parenting style, level of income and sex difference on adolescent's sexual behaviour in Abakaliki metropolis, South Eastern Nigeria. A total of 500 participants comprising 265 males and 235 females' adolescents participated in the study. Adolescent sexual behaviour index (ASBI), developed by Williams, Electra and Linda (2013) and adapted by Omoluabi (2000) for Nigerian sample, was used to measure Adolescent Sexual Behaviour and Parental Care Scale developed by Baumrind (1971) and was adapted by Omoluabi (2002) for Nigerian sample was used to measure styles of parenting. Results showed that there was significant difference in parenting style, $F(1, 488) = 8.60$, $P < 0.001$; significance gender difference, $F(1, 488) = 6.41$, $P < 0.001$ and significant difference in level of income $F(2, 488) = 4.51$, $P < 0.001$; Parenting style and gender difference interaction effect was statistically significant $F(2, 488) = 3.30$, $P < 0.001$; parenting style and level of income interaction effect was statistically significant $F(2, 488) = 3.123$, $P < 0.001$; Gender and level of income interaction effect was statistically significant $F(2, 488) = 5.05$, $P < 0.001$; parenting style and gender differences and level of income interaction effect was statistically significant $F(2, 488) = 4.03$, $P < 0.001$. Implication of the study: Parents, counselling psychologist and both government and non-governmental organization should gain the most accurate understanding of the prevalence of adolescents sexual behaviour in our society.

Keywords: Parenting style, gender differences, level of income, adolescents, and sexual behaviour.

INTRODUCTION

The psychological, biological and socio-cultural behaviour of our parents toward the development and upbringing of children, adolescents and young adults in our environment, societies, and communities seem to be creating a lot of social; moral; spiritual; emotional and psychological issues. As a result, uncontrolled sexual cohabitation (sexual behaviour) has given rise to abortion and unwanted pregnancy, HIV/AIDS contact, sexual transmitted infection (STIs) and other unhealthy forms of sexual behaviour such as oral sex, anal sex, condom use and homosexuality. Such psychological issues result to stigmatization on such adolescents as well as children and individuals involved.

Adolescence is a phase with rapid changes when adolescents feel secure, making it easy for them to participate in activities considered risky such as sexual relations [1].

Adolescence encompasses the period, ranging from ages 10 to 21 years. This is a period when young children are developing into adulthood, extending from puberty to independence. It has three stages namely; early adolescent from 10 to 14 years, middle adolescent from 15 to 17 years and late adolescence from 17 to 21 years [2]. It is a period of life cycles between childhood and adulthood with some unique characteristics connected with development and marked by dramatic

challenges that require adjustment to changes in self, in the family and peer groups [3]. In terms of changes in self, the adolescent experiences physical growth, sexual maturation intense emotional, social, cognitive and personal development. This developmental period is described as a time of storm and stress, conflicts and crises of adjustment and a stage of alienation from adult society. Adolescent experience frustration, self-doubt, stress, pressure and feelings of rejection and failure as they go through the physical developmental stages and the search for self. Adolescence stage marks the physical development of primary sex characteristics or reproductive organs such as ovaries and tests among others in girls and boys respectively. [4]. They are also gradual changes in the timbre and pitch of voice, facial and body hairs for boys and development of breast and expansion of hips for girls, referred to as secondary sex characteristics. [5]. Adolescent sexuality refers to sexual feelings, behaviour and development in adolescent and it is a stage of human sexuality. Sexuality is often a vital aspect of teenagers' lives [6]. [7] state that sexual behaviour involves such driving force in human nature towards opposite sex (male and female) and is such an emotionally changing phenomena that adolescents, young adults and children, attitude towards it, is strictly defrauded by the individual, often in terms of an intimate relationship almost in variable in the type of family upbringing content of cultural and religious expectations and values about what constitutes normal personality functioning of the adolescent.

The sexual behaviours of an adolescent are in most cases influenced by their cultural norms and morals, their sexual orientation and the issues of social control such as age of consent laws. In humans, mature sexual desire usually begins to appear with the onset of puberty. Sexual expression can take the form of menstrual or sex with a partner. Sexual interests among adolescent, as among adults, can vary greatly. Sexual activity in general is associated with various risk including unwanted

pregnancy and sexually transmitted disease including HIV/AIDS [8].

Parenting style is another crucial variable in the study. According to [9] parenting style is the psychological methods of bringing up children in the family or environment. This study reveals that the parenting style employed by a parent leads to the overall development of the child. Further-more adolescents with whom parents had discussed family life issues were less likely to be sexually active than those whom parents had never discussed family life issues.

(i). Authoritarian Parenting: Which implies the use of punitive and forceful measure to enforce proper behaviour and it causes anger, resentments, deceit and impair wholesome parent-child relationships [10]. Such parenting style result to child dependency lacking in motivation for girls and causes defiant, risk sexual behaviour for boys. Authoritarian parenting places firm limits and control over the adolescent and allows little verbal exchange, consequently, adolescents from such home acquire socially incompetent behaviours. (ii). Permissive Parenting Styles: Where the parent are non-primitive, loving and accepting, often have children who lack independence and are selfish because they are not taught how their action affect others. These adolescents tend to be impulsive, aggressive and low in taking responsibilities. Permissive parents may be indifferent or indulgent. Permissive indifferent parents exhibit inconsistency in their use of rules they are generally uninvolved in the lives of their adolescents children. Permissive indifferent parenting develops in adolescents, socially incompetent behaviour especially lack of self-control. The permissive indulgent parent is highly involved with their adolescent but place few demands or control on them. The parents allow their adolescent children to do what they want and every request of the child is met by the parents who relate with the children more like peers. This type of parenting can lead to socially incompetent behaviours and lack of self-control.

(iii). Neglecting/Rejecting Parenting Styles: The parents display low

level of both demandingness and responsiveness. If in the extreme, it becomes child abuse which may lead to adolescent sexual behaviour. The adolescents have low self-esteem and display anger towards others, many exhibit deviant, delinquent, sexual behaviour and anti-social behaviour and end up as prostitutes. (iv). Authoritative Parenting Styles: Parents who are nurturing and set, discuss and enforce developmental, appropriate practices. They are the most successful in helping their children become autonomous, independent, self-control, self-confident and cooperatives [11] [12]. These adolescent also are more likely to have high level of competence and high self-esteem during middle childhood and adolescence. They have low deviant, delinquent, anti-social behaviour and sexual behaviour tendency. Authoritative parenting is marked by parental warmth, use of rules and reasoning or induction to promote obedience and keep disciplines. Such parents use verbal and non-physically punitive measures to correct adolescent than physical punishment. They are equally consistent in their words and actions overtimes. Authoritative parenting allows extensive verbal give and take words with their adolescent children. Thus, adolescents from such homes are self-reliant, socially responsible and have socially competent behaviour. [13] dissertation work on "parenting style and adolescents sexual behaviours" find that neglecting/rejecting parenting style adolescents are more prone to engage in sexual behavior than those from authoritarian, authoritative and permissive parenting style, but permissive parenting style adolescents engage more on sexual activity/behaviour than authoritarian and authoritative parenting style, but showed lesser sexual behaviour on authoritarian and authoritative parenting style.

This research integrated level of income also called socio-economic status variable as a component because of varying degree of individuals in society which could determine parenting styles. Socio-economic status refers to parent's educational attainment, occupation, level

of income and social class placement. Socio-economic status (SES) as measured by family income or educational attainment is associated with many measures of health status including adults and adolescents or child mortality rates, reproductive health outcomes such as unintended pregnancy, adolescent birth rate, and infant mortality [14]. When an adolescent's needs are not properly addressed, his social, mental and moral ability could be affected due to lack of motivation. Families with low socio-economic status, poor sexual communication and weak family bonds have been shown to have a correlation with adolescent development of risky sexual behaviour, aggressive delinquency and sexual behaviour tendency among the adolescents [15]. High SES, as measured by parental education has also been associated with a decrease probability of adolescent pregnancy. Adolescent sexual behaviour rates are strongly associated with poverty. In 2014, 17% of adolescents women aged 15 to 19 years were poor, while 56% of teen birth occurred to young women who were poor. In contrast, higher income adolescents accounted for 56% of the population but only 17% of the birth: The birth rate among poor women aged 15 to 19 years almost 10 times than the rate among higher-income adolescent with low sexual behavior [16] [17] in their research, studied associations between individual and multiple risk behaviours and three measures of socio-economic status in mid-adolescence. Findings indicated strong relationship with decreasing SES across all three measures of SES and criminality, car passenger risk, TV viewing, scooter risk, early sexual behaviour and weekly tobacco use but insufficient evidence of a relationship for physical inactivity, cycling without a helmet and illicit substance use. There was weak evidence of association between SES and hazardous drinking, self-harm, cannabis use and unprotected sex, but this was not consistent across the SES measures. [18] in their study on "the knowledge attitude and opinions of parents in various aspects of adolescents sexual and reproductive health in

Lesotho" findings revealed that parents are aware that male and female adolescents engage in sexual relationships. Some parents believe that adolescents are too young to initiate sexual activities, while others opine that they do not mind older unmarried adolescents having sex. In addition, parents feel that adolescents do not face discrimination in obtaining family planning services. In relation to passing sexual and reproductive health knowledge to adolescents, there seems to be a dilemma on who should take the responsibility.

Researchers have found parents to be the primary sex educator of adolescents [19], also less than 10% of youth reported having had comprehensive sexuality education program, in another setting. Researchers also suggest that adolescents who feel a personal connection to family are at less risk of participating in risky sexual behaviour including early initiation of sexual intercourse [20]. Therefore parents as educators in conjunction with positive family relationships are essential for healthy adolescent's development. [21] in their study on influence of quality of parents-child relationship and parental communication styles among school adolescents in Ondo state, Nigeria "found that, 56.6% of the subjects did not talk about sex with their parents, while 66% indicated that they did get along with their parents and discussed intimately with them. Also the quality of parents-child relationship has a significant relationship with parents' communication style. They also found that parenting style plays a significant role in adolescent's sexual behaviour. The findings further revealed that adolescents are likely to get well along with parents when parents participate and get involve in their children social setting and activities. This is because the majority 73.8% of these adolescents noted that their parents participated and supervised their social setting and activities.

[22] in their study on "parenting practices and adolescent sexual behaviour: A longitudinal study" found that adolescents reporting greater parental disapproval and limits on viewing at wave

1, were less likely to initiate oral sex between waves 1 and 2. Adolescents who reported more sexual communication with parents were more likely to initiate sex. Results for vaginal intercourse were similar to those for oral sex. Co-viewing was a significant negative predictor of initiation of sexual behaviour. Parental attitude and television medication can delay potentially risky adolescent's sexual behaviour. Recent research suggests that youths may be supplanting one form of risky behaviour with other potentially risky sexual behaviour such as oral sex [23]. For example, over half of adolescents aged 15-19 (55% of males and 54% of females) report having ever had oral sex, with a significantly greater proportion of older youth reporting having engaged in oral sex (71%) relative to younger teens (43%) perceives parental attitudes towards pre-marital sex and actual parental attitude towards sexuality and strong predictor of adolescent's sexual behaviour. For example, several studies have found that parent's disapproval of risky sexual behaviour is inversely associated with the initiation of adolescent's vaginal intercourse and frequency of sexual intercourse [24]. [25] in the study on "role of parental communication and gender on adolescents sexual behaviour" found that high parental communication on adolescent sexual behaviour differ significantly with respect to low parental communication on adolescents sexual behaviour. Also, that adolescents whose parent communicate high on sexual behaviour are more likely to be protective against sexually transmitted infections (STIS), unwanted pregnancy, abortion and self-control than adolescents with low parental communication sexual behaviour.

[26] in their study on "pattern and precursor of adolescents antisocial behaviour: types, resiliency and environmental influence" found that neighborhood characteristics such as socio-disadvantage may exert their effects on adolescents, anti-social behaviour in a more indecent manner, for instance, by interfering with parents ability to appropriately discipline, supervise and/or

nurture their adolescents behaviour. [27] in his study on “an exploratory study of parent-child communication, about sex and sexual attitude of early, middle and late adolescents” found that the correlation between parents and children’s attitude were high for all the early adolescents and low for all the middle adolescents. Only among the late adolescents was there a significant difference in the correlations between the sexual attitudes of adolescents and parents in the high communication group being highly correlated and the attitude of adolescents and parents in the low communication group not being significantly correlated. Middle adolescents had significantly more permissive sexual attitude than early and late adolescent.

[28] in their study on parental characteristics and adolescents sexual behaviour in Bida local government area of Niger State, Nigeria “found that more of the adolescents interviewed had sexual intercourse in the month preceding the survey. Less than one fifth of the sexually active adolescents were using a method of contraception to either prevent infections or avoid unwanted pregnancy. Furthermore, adolescents with whom parents had discussed family life issues were less likely to be sexually active than those whom parents had never discussed family life issues. The study also found a negative effect of family instability on adolescent’s sexuality. [29] found divergent effects of SES on pregnancy: higher family income, higher neighbourhood unemployment, and increased adolescent employment were all independently associated with greater risk of a young man impregnating a woman.

So far it has been established through research and studies that high socio-economic status may influence adolescent sexual behaviour. Up until this point, we have argued that one’s position in the SES hierarchy during childhood and adolescent has important implication for adult health. One explanation for this association involves access to and affordability of adequate health care. In many countries, children, adolescent of

low SES parents are less likely than those of more affluent parents to receive necessary and preventive medical care and high sexual behaviour due to their parents inability to pay for these services and take proper care of their adolescent’s needs. Insufficient care during childhood and adolescence could place individual at greater risk for poor health, sexuality, reproductive issues, social and emotional well-being of the adolescence throughout the life course. Despite the plausibility of this explanation, much of the evidence for an inverse association between childhood and adolescent socio-economic conditions and adult’s morbidity and mortality risk has been derived from research conducted in countries that have adopted system of nationalised health care such as Nigeria and great Britain [30]. Complexity is also reflected in the particular influences associated with adolescent sexual activity [31], neighbourhood (Socio-economic status, joblessness) peer (sexually active friends) familial (family instability, single parent household, sibling sexual activity) and individual characteristic (race, gender, age, pubertal status) have all been associated with adolescent sexual outcomes [32].

[33] in their study on “psycho-social predictors of adolescents’ sexual behaviour, found that socio-economic status and social support from parents had a significant effect on adolescent sexual behaviour. [34] asserts that irrespective of national equality of opportunities, adolescent children of parents in higher socio-economic status tend to exhibit low sexual behaviour/activities than adolescents from lower socio-economic status. Also the level of socio-economic status of the parents or family may by extension, affects a child’s emotions, personality, anti-social-behaviour and sexual behaviour tendency. [35], in their study on “the association of sexual behaviour with socio-economic status, family structure and race/ethnicity among U.S adolescents found that poverty and ethnic minority status have been associated with increased adolescents pregnancy and sexually transmitted infections (STI) rates. Lower socio-economic status (SES) may

negatively influence adolescent's health by limiting their social and educational opportunities and access to health care. While lower, SES may be a risk factor for adolescent pregnancy and (STI) infection rates. The impact of SES and race/ethnicity on sexual behaviour is unclear. It becomes imperative that a study on the influence of parenting style and socio-economic status on adolescent sexual behaviour should be investigated in view of the fact that the adolescents are leaders of tomorrow, their social, moral, academic, psychological well-being, reproductive health, emotional and sexual activities, if given the appropriate attention will go a long way in ensuring that their potential are harnessed and put into use for national development.

Another important variable in this study is gender difference, which involves the psychological, biological and socio-cultural dimensions of being male or female [36]. Gender role is a set of expectations that prescribe how males or females should think, act, behaviour and feel. In the social roles view, females have less power and status than men to control fewer resources and have lesser sexual behaviour, deviance, delinquency and criminal behaviour tendency than males. The social cognitive theory of gender emphasizes that adolescents' gender development is influenced by their observation and imitation of others gender behaviour, as well as by rewards and punishment of gender appropriate and gender inappropriate behavior [37]. Gender differences are consistently related to intentions to engage in sexual activity and use contraceptive, perceptions of peers, sexual activity, and peer pressure [38].

[39] carried out their study on differences in family interaction and parenting behaviours and their influence on sexual intention among male and female youths aged 18 to 22 years. Results indicated that sexual intention is higher among males compared to females. The influence of family interaction and parenting behaviours on youth sexual decision varied across gender. [40], in their research titled gender, sexual abuse and risk behaviours in adolescents: A cross-

sectional survey in schools in Goa, India and found that gender differences emerged in the type of abuse and the type of perpetrator, whereas boys were typically abused by friends or older boys in their school, girls were more often abused by strangers. The finding suggested that there is a constellation of risk sexual behaviours and poor mental health outcomes associated with sexual abuse. Those who experienced forced sexual intercourse had poorer educational performances and physical and mental health. They also had greater levels of suicidal ideation, higher rates of substance abuse and gambling behaviour. They had poorer relationship with their parents, especially the girls and more active consensual sexual behaviour.

[41]; [42], found that, in general, males tend to have more sexual partners than females, and they also tend to use condoms less frequently than women during vaginal intercourse. In other words, at any given adolescent age, risky sexual behaviour is more likely among males than among females. [43] in their study on gender differences in sexual risk behaviour among adolescents in Catalonia, Spain using 4,653 boys and 4,687 girls with a mean age of 15 years. A total of 38.7% of students had sexual relations at least once and 82.3% of boys and 63.0% of girls were engaged in sexual risk behaviours. The result revealed that sexual relations and risk behaviours was generally higher in boys than in girls, independently of the variable analyzed. Boys had more sexual partners ($P < 0.001$) and used condoms as a contraceptive method less frequently than girls ($P < 0.001$). [44], in their research on implication of racial and gender differences in patterns of adolescents risk behaviour for HIV and other sexually transmitted diseases found that adolescents of a similar median age, males engaged in sexual risk behaviour than their females counterparts [45]. In their study on "difference by gender and sexual experience in adolescent sexual behaviour: implications for education and HIV prevention". Found more frequent condom use among males than females ages 12,13, and 17, also that females were

less likely than males to allow through on intentions to consistently use condoms, and that males had more positive intentions to use condoms with steady partners, though not with casual partners. [46], in their study on “understanding gender differences in adolescent sexuality” found that proportions of boys and girls engaging in sexual activity were similar, age of initiation was earlier for males than females. In addition, males were more likely to intend to have sex before finishing high school or getting married than were females. Males also anticipated more partner pressure for sex than did females. Females have been found to be more likely than males to perceive that a larger proportion of their peers were engaging in sex and using birth control and to perceive less peer pressure for sex and more support for waiting than did males.

Consequently, the major task of this study is to determine how parenting style, gender and socio-economic status play significant role on adolescents’ sexual behaviour. The objective of this study is

to determine the role of parenting style on adolescents’ sexual behaviour and also to determine the role of gender on adolescent’s sexual behaviour. The study will also assess the role of socio-economic status of parents on adolescent’s sexual behaviour. In this study, the statement of problem will attempt answers to the following research questions: (1). Do parenting style, Gender and social-economic status play significant roles in adolescent’s sexual behaviour. Based on the foregoing literature, the following hypotheses were formulated and tested:

- i. There would be no statistical significant difference between parenting styles on adolescents sexual behaviour.
- ii. There would be no statistical significant difference between male and female adolescents on sexual behaviour.
- iii. There will be no statistical significant difference between high and level of income on adolescents sexual behaviour.

METHODS

Participants:

Participants were 500 adolescents who were randomly selected from Army Day Secondary schools and Urban Secondary School, Abakaliki, Ebonyi State South-Eastern Nigeria who have completed at least J.S.S. II. The volunteer participants took part in the study when they were approached in groups in their classrooms and were verbally requested to complete a questionnaire on adolescents’ Sexual Behaviour Index (ASBI) and Parental Care Scale (PCS). 500 participants were selected from JSS I to JSS II through simple random sampling. They comprised a total of 265 males and 235 females. The age range of the participants was 12-19 years, with a mean age of 14.5 years.

Instruments

Demographic Information Form (DIF): The research assessed the socio-economic background of participants through demographic information form. This form contains information such as parents monthly salary, gender, age, total number of family members, parent’s highest qualification, occupation, their status,

type of house, number of room(s) or flat occupied by parents, class of participants (JS 1, JSII, and JS III). The participants were to make a mark (✓) indicating their agreement in front of the box provided for each statement.

Parental Care Scale (PCS): The parental care scale developed by [47] [48] for Nigerian sample was used to measure styles of parenting. The scale assesses 4 dimensions of parenting style (Authoritarian, Authoritative, Permissive, and Neglecting/Rejecting), it is a 20-item questionnaire with 4 items measuring each of the dimensions of the construct. It follows a Yes or No response pattern that ranges from 1=yes, for correct response, 0=No for incorrect responses. Sample items include: “my parent never punished me”, my parents permit me take my decision”, my parents are too strike and too harsh on me”, [49] reported an internal consistency alpha coefficient of 0.86 & [50] obtained a concurrent validity coefficients of 0.73 by correlating PSC and IFR [51].

Adolescent Sexual Behaviour Index (ASBI): was developed by [52] and was adapted by [53] for Nigerian sample, it was used to measure adolescent sexual behaviour/activities. This consists of 13 items scored on 4 point likert scale which was completed by each participant. The sample item includes “Kissing your friends”, “laying down together”, “frequency of sexual intercourse during the previous 30 days” and “putting one’s hands under someone else’s clothing”. Reliability of the instrument had a Cronbach Alpha coefficients of 0.93. The internal consistency was high for females (2=0.94) and males (2=0.93), and for Blacks (2=0.94) and white (2=0.93). Validity of the instrument was 0.537, which indicates that ASBI is a reliable and predictive instrument for measuring adolescent sexual behaviour.

Procedure:

Informed consent was written to the Principal of Army Day Secondary School and Urban Secondary School, all in Ebonyi State, South Eastern Nigeria for allowing the participation of the adolescents in their schools to be involved in the above

research and to assist in the distribution of the questionnaire. They assisted the researcher by providing two research assistants in their various schools. Both questionnaire were distributed to the participants at their various classrooms with the research assistants. To avoid hurried completions, each participant was allowed a time space of 45 minutes to complete the questionnaire. Out of 520 copies of a set of the questionnaire administered, 500 (265 males and 235 females) were properly completed and 20 were discarded as a result of incompleteness of the questionnaire. So, 500 copies of the filled questionnaire were used for statistical analysis.

Design/Statistics

The study employed a survey research, using 4 parenting styles (Authoritarian, Authoritative, Permissive and Neglecting/Rejecting), 2 Genders (male and female), and 2 levels of income (high and low). The major statistic used was three way ANOVA: Descriptive statistics was also used for the mean and standard deviation.

RESULTS

Table 1: Mean (X) Scores and Standard Deviation (SD) on the Role of Parenting style, gender Differences and Levels of Income on Adolescents Sexual Behaviour.

Sources of Variables	Means (X)	Standard Deviation (SD)
Authoritarian	58.81	2.29
Authoritative	58.79	2.20
Permissive	62.04	2.81
Neglecting/rejecting	64.04	3.03
Gender: Male	62.21	2.45
Female	60.00	2.35
Levels of Income: High	61.56	2.73
Low	64.03	3.01

Note: Level of income in this research is the same as socio-economic status.

Table 1 shows that neglecting/rejecting parenting style participants had the highest mean scores (X) and standard deviation (SD), (X=64.04, SD =3.03), followed by the permissive parenting style (X=62.04, SD=2.81), followed by the Authoritarian parenting style (X=58.81, SD 2.29) and the Authoritative parenting style had the lowest (X=58.79, SD=2.20) on adolescences sexual behaviour.

The table also show that male participants had the highest mean scores (X) and

standard deviation SD (X=62.21, SD = 2.45) than the female participant (X = 60.00, SD = 2.35), respectively. The table indicates also that high level of income had the lowest mean scores (X) and standard deviation (SD) (X=61.56, SD = 2.73) than the low level of income of mean score (X) and standard deviation (SD) (X= 64.03, SD =3.01) on adolescences sexual behaviour.

Table II: Three Way ANOVA Summary Table on the Role of Parenting Style, Gender Difference and level of Income on Adolescents' Sexual Behaviour

Sources of Variable	SS	Df	Ms	F-ratio
Parenting Style (A)	180.04	1	90.43	8.60
Gender (B)	70.26	1	70.26	6.41
Level of Income (C)	51.07	2	51.07	4.51
(AB)	90.14	2	45.07	3.30
(AC)	35.72	2	17.86	3.12
(BC)	61.31	2	61.31	5.03
(ABC)	88.50	2	44.25	4.03
Error	577.04	488		
Total	588.04	489		

P<0.001

The results in table II indicate that there was statistically significant parenting style on adolescents sexual behaviour, $F(1,488) = 8.60$, $P < 0.001$. There was also statistically significant difference in male and female adolescents on sexual behavior $F(1,488) = 6.41$, $P < 0.001$. The table also showed a statistically significant difference in the level of income on adolescents sexual behavior $F(2,488) = 4.51$, $P < 0.001$. Parenting style and gender difference interaction effect on adolescents Sexual Behaviour was

statistically significant, $F(2,488) = 3.30$, $P < 0.001$. Parenting style and level of income interaction effect was statistically significant, $F(2,488) = 3.12$, $P < 0.001$. Gender and level of income interaction effect on adolescents sexual behaviour was statistically significant $F(2,488) = 5.05$, $P < 0.001$. Parenting style and gender and level of income interaction effect on adolescents sexual behaviour was statistically significant, $F(2,488) = 4.03$, $P < 0.001$.

DISCUSSIONS

The findings indicate that adolescent from the four different parenting styles differed statistically significantly in their sexual behaviour. More prominent was the rejecting/neglecting parenting styled who had the highest mean and standard deviation (SD) of ($X=64.04$, $SD=3.03$) and therefore seemed to engage more on sexual behavior such as oral sex, anal sex and vaginal intercourse. Followed by permissive parenting style with mean and standard deviation scores ($X=62.04$, $SD=2.81$) and perceived to engage less in sexual behaviour. Meanwhile, the authoritative parenting style predicted low sexual behaviour or activities compared to authoritarian parenting style. As a result the first hypothesis H_0 : which stated that there will be no statistically significant difference between parenting styles on adolescent sexual behaviour was rejected. Since there was statistically significant different between the various parenting styles, $F(1,488) = 8.60$, $P < 0.001$. These findings tend to support [54] dissertation and the thesis which reported that adolescent from

parenting style of rejecting/neglecting were more likely to engage in sexual behaviour, deviant, delinquent and adolescents sexual behaviour. Also, [55] in their study on role of parenting style, gender and socio-economic status on adolescents sexual behaviour, found that rejecting/neglecting parenting style are more prone to adolescent sexual behaviour or sexual activities than authoritarian, authoritative and permissive parenting style.

Also, from the findings, adolescents from the two level of income (high level of income and low level of income) differed statistically significantly in their sexual behaviour. It was found that the mean scores (X) and standard deviation (SD) of low level of income of ($X=64.03$, $SD=3.01$) was statistically higher or differed from high level of income mean scores (X) and standard deviation (SD) of ($X=61.56$, $SD=2.73$) and therefore exhibit or engaged on sexual behaviour or activities. This implies that adolescents from low level of income engage in more sexual behaviour for survival and to meet up with the high

level of income adolescent as a result. The second hypothesis, which stated that there will be no statistically significant difference was rejected. $F(1,198) = 6.41$, $P < 0.001$.

This result indicated that parenting style, family structures, parental socio-economic status has a greater predictor on the adolescent psychological emotional, social, moral and sexual well-being of adolescent. The result is consistent with [56] who found that adolescents from high socio-economic status tend to have low sexual behaviour or activities, delinquent and adolescents sexual behaviour. The result also indicated that parents' socio-economic status plays a vital role in adolescent sexual behaviour. [57] reported that poor communication, parenting style and weak family bonds are correlated with the development of sexual behaviour, immorality, deviant, delinquent and adolescents' sexual behaviour. She also mentioned how neglecting/rejecting parenting style are associated with sexual behaviour or activities of adolescents, children or adolescents. The result also indicated that there was significant gender difference in adolescent sexual behaviour $F(1,488) = 6.41$, $P < 0.001$. This result is inconcurrence with the research of [58], in their research titled gender, sexual abuse and risk behaviours in adolescents: A cross-sectional survey in schools in Goa, India" found that gender differences emerged in the type of abuse and the type of perpetrator, whereas boys were typically abused by friends or older boys in their school, girls were more often abused by strangers. The finding suggested that there is sameness of risk sexual behaviours and poor mental health outcomes associated with sexual abuse. Those who experienced forced sexual intercourse had poorer educational performances, physical and mental health. They also had greater levels of suicidal ideation, higher rates of substance abuse and gambling behaviour as well, they had poorer relationship with their parents, especially the girls and more active consensual sexual behaviour. [6]; [7], found that in general, males tend to have more sexual partners than

females, and they also tend to use condoms less frequently than women during vaginal intercourse. In other words, at any given adolescent age, risky sexual behaviour is more likely among males than among females. [6], in their study on "gender differences in sexual risk behaviour among adolescents in Catalonia, Spain" using 4,653 boys and 4,687 girls with a mean age of 15 years. A total of 38.7% of students had sexual relations at least once and 82.3% of boys and 63.0% of girls were engaged in sexual risky behaviours. The result revealed that sexual relation and risk behaviours was generally higher in boys than in girls, independently of the variable analyzed. Boys had more sexual partners ($P < 0.001$) and used condoms as a contraceptive method less frequently than girls ($P < 0.001$). [18], in their research on implication of racial and gender differences in patterns of adolescents risk behaviour for HIV and other sexually transmitted diseases found that adolescent of a similar median age, males engaged in sexual risky behaviour than their females counterparts. [20] in their study on difference by gender and sexual experience in adolescent sexual behaviour: implications for education and HIV prevention, found more frequent condom use among males than females ages 12, 13, and 17, also that females were less likely than males to allow though on intentions to consistently use condoms, and that males had more positive intentions to use condoms with steady partners, though not with casual partners.

Implications of the Study

Findings of this study have obvious implications. First and foremost, the present study exposed the roles of parenting styles and level of income as a predictor of adolescent sexual behaviour. The present study may also be regarded as assessment therapy. This is because with the findings of this study, parents will learn the best method of adolescent upbringing. The adolescents will learn how to control their sexual behaviour. With the findings of this study, researchers, psychologist, government and educationists in our society will

promote the practice of parenting style that will reduce the negative activities of adolescent sexual behaviour.

Limitations of the Study

The present study has obvious limitations. Only five hundred adolescents were engaged in the study out of large number of adolescents in Abakaliki Metropolis due to financial constraints. Another limitation is adolescents' reluctance in completing

RECOMMENDATIONS

This study recommends the following: special attention should be paid to rejecting/neglecting parenting style since there was observed higher increase in adolescent sexual behaviour than authoritarian, authoritative and

and returning the questionnaire due to limited time and the population size.

Suggestions for Further Study

Further studies should increase the sample size and other parts of South Eastern Nigeria in order to strengthen generalization of result of the present findings and probably vary the design and statistics. Locality and age differences should be taken into consideration in future research.

permissive parenting style. Parents of low level of income should properly advise or educate their adolescents on sexual behaviour since it is found that low socio economic status encourages or enhanced adolescent sexual behaviour(s).

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