ACCSCIENCE PUBLISHING

International Journal of Population Studies

RESEARCH ARTICLE

Parent-adolescent communication about COVID-19 safety precautions in Nigeria: A qualitative research

Aloysius Odii*

Department of Sociology and Anthropology, University of Nigeria, Nsukka, Nigeria

(This article belongs to *Special Issue: Population and Reproductive Health Dynamics under Covid-19 in Sub-Saharan Africa*)

Abstract

Parents remain the primary source of health information for adolescents but their discussions regarding coronavirus disease 2019 (COVID-19) safety precautions have not been systematically explored. This study aimed to qualitatively explore the communication between parents and children regarding COVID-19 safety measures. In-depth interviews with 25 parents from different communities in Enugu State, Nigeria, were conducted. The study revealed that parents obtained information about the severity of the virus and the preventive measures from the media. Then, they persuaded their children, sometimes through threat or force and religious allegories, to comply with the preventive measures. The discussions about safety measures between parents and their children proved to be effective since the parents reported that their children obeyed the rules following their communications. Parent-adolescent communication about COVID-19 also instilled the concept of practicing basic hygiene routines into the adolescents. The implications of the parent-adolescent communication for policy and research are discussed.

Keywords: Parents; Adolescents; Risk communication; COVID-19

***Corresponding author:**
Aloysius Odii
(aloysius.odii@unn.edu.ng)

Citation: Odii, A. (2023). Parent-adolescent communication about COVID-19 safety precautions in Nigeria: A qualitative research. *International Journal of Population Studies*. https://doi.org/10.36922/ijps.363

Received: September 19, 2022

Accepted: December 1, 2023

Published Online: December 19, 2023

Copyright: © 2023 Author(s). This is an Open-Access article distributed under the terms of the Creative Commons Attribution License, permitting distribution, and reproduction in any medium, provided the original work is properly cited.

Publisher's Note: AccScience Publishing remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.

1. Introduction

Upon the declaration of the coronavirus disease 2019 (COVID-19) pandemic, global response and risk communication have been centered around safety precautions to reduce the spread of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) – the virus responsible for COVID-19 (Olarewaju, 2020; Odii *et al.*, 2020a; Nigerian Centre for Disease Control [NCDC], 2020; Otuonye *et al.*, 2021). Some of the most notable precautions preached to the public include regular hand washing, physical distancing of at least one meter, avoiding crowds, face mask wearing, and hygiene maintenance (World Health Organisation [WHO], 2022).

Although older people are at higher risk of contracting and dying from the virus, young people are in no way invincible to it (United Nations [UN], 2020). Among the 4.4 million COVID-19 deaths reported in the MPIDR Coverage database, 17,200 occurred among children and adolescents under 20 years of age, and out of this, 53% occurred among adolescents ages 10 – 19 (UNICEF, 2022). The high COVID-19-related

mortality rate among adolescents can be explained by their high tendency to violate safety precautions, which is prompted by low connectedness with family, increased peer pressure, and impulses to engage in risk-taking attempts (Laursen & Collins, 2009). Given these statistics, it is of utmost importance to make communicating with adolescents about COVID-19 safety precautions a priority in the overall effort to curtail the spread of the virus.

Nigeria is the most populous country in the sub-Saharan Africa, with an estimated population of 206 million (Ebu, 2020). Adolescents constitute a huge part of the population, as more than 1 in 4 people in Nigeria are adolescents aged 10 – 19 years (PMA/2020 Nigeria, 2017). Yet, little attention has been paid to understanding how information about COVID-19 is passed down to them. While most adults are aware of the impact of the virus, most adolescents, especially those in low-and middle-income countries, are at risk of contracting the virus because they are not given adequate information regarding the transmission process and the safety precautions (Ugwu, 2020). A study conducted across 25 health facilities in Nigeria, Ghana, the Democratic Republic of Congo, Kenya, South Africa, and Uganda reported higher mortality rates among children compared to those in developed countries and regions, such as the United States of America (USA) and Europe (Nachega *et al.*, 2022). Therefore, the adolescents in low-and middle-income countries should be properly informed about the virus, especially from trusted sources such as their parents.

Parents are the primary agents of socialization for their children (Chandra-Mouli & Patel 2017), and they are responsible for guiding them on what constitutes the safety protocols for preventing the spread of COVID-19 (Tambling *et al.*, 2021; Ugwu, 2020). Most information regarding COVID-19 is disseminated through the media (NCDC, 2020); therefore, parents can access this information easily and have the responsibility of educating their children. Parents participate in many domains of child raising, including attitude formation, sharing of values and knowledge, and caretaking of health, all of which are achieved by communicating with their children (Bikila *et al.*, 2021; Olusanya *et al.*, 2013). Parent-adolescent communication is the most proper avenue for conveying the needed directions, advice, and guidelines about COVID-19 prevention.

Curtailing the risk and spread of the coronavirus is a critical endeavor (Peplak *et al.*, 2021). Evidence indicates that parent-adolescent communication plays a crucial role in safeguarding the health of adolescents. A study conducted in the USA revealed that adolescents who engaged in discussions about sex, dangers of sexually transmitted infections (STI), and contraceptives with their parents were more likely to use condoms during sexual intercourse (Weinman *et al.*, 2008). In a study in Tanzania, adolescent girls who communicated about HIV/AIDs with their parents tended to practice family planning, get tested for HIV, and consistently utilize sexual protection such as condoms (Muthengi *et al.*, 2015). In Nigeria, Odii *et al.* (2020b) found that adolescent undergraduate students who did not discuss sex with their parents had multiple sexual partners and engaged in sex without consistent condom use. In the context of COVID-19, parent-adolescent communication could provide the needed guidelines, persuade compliance, and offer explanation of why complying is important.

However, there is a paucity of knowledge regarding parent-adolescent communications on the topics surrounding COVID-19. The current literature focuses mainly on developed countries. One study conducted in the USA reported that parents play their part by communicating with their children about personal and social hygiene, as recommended by the Centre for Disease Control (CDC), in an effort to prevent the spread of the virus (Tambling *et al.*, 2021). Another study showed that an increased frequency of parent-adolescent communication about COVID-19 strengthened adherence to the relevant safety measures (Peplak *et al.*, 2021). Therefore, there is a need to explore the discussions between parents and their adolescent children about COVID-19 safety precautions in low-and middle-income countries. This study is aimed at filling the literature gap by exploring sources of information regarding COVID-19 safety precautions and how the information is cascaded from parents to their children in Nigeria. The study promises to add to the existing literature on COVID-19 prevention and health promotion among adolescents in Nigeria.

2. Data and methods

2.1. Research design and study area

This study utilized qualitative methods to unravel parents' experiences in communicating COVID-19 safety precautions with their children. The present study was undertaken in Enugu State in Southeastern Nigeria, which has a total land mass of 7,161 km. Enugu state was created in 1991 from part of the old Anambra State. The capital is Enugu, which also is the largest city of the state. Enugu State shares border with Imo, Anambra, Abia, Ebonyi, Benue, and Kogi States. The state has an estimated population of 3.3 million people (National Population Commission [NPC], 2010). Igbo forms the major ethnic group in Enugu State and Southeastern Nigeria. Enugu is among the states with reported cases of COVID-19 in Nigeria, had enhanced surveillance at different airports,

and was locked down at the peak of COVID-19 in Nigeria (Al-Shattarat & Amuda, 2021).

2.2. Study participants and selection

The study participants comprised parents of adolescents in secondary schools located in Nsukka Local Government Area, Enugu, Nigeria. Thus, two major schools (a public and a private school) were purposively selected in Nsukka LGA. The schools were selected with the consideration of population and diversity of students' backgrounds. Then, the school administrators were met and informed about the study, and they offered assistance by providing name lists of adolescents aged 10 – 19 years whose parents have always resided within the community. Secondary schools were determined as the source of study participants because they have a large concentration of adolescents whose parents are easy to trace. Moreover, it was necessary to establish that the study was dealing with parents who were with their children during the peak of the pandemic. Through the assistance of the administrators, balloting was conducted and 35 parents were identified. They were contacted and briefed on the nature of the study and 25 agreed to participate in the study. The other parents who did not participate cited having a busy schedule as the prime rejection reason.

2.3. Instrument and method of data collection

The interview guide was developed by the researcher. It was first pre-tested on two parents before the data collection began. After the pre-test, the tool was strengthened further, especially in line with the objectives. Specific questions on what parents think about COVID-19, their source of information about COVID-19, their discussions with children regarding COVID-19, and how the discussions affected the children's behavior were key in addressing the research objectives.

Data were collected between December 2020 and February 2021, toward the easing of the lockdown. The respondents attended the interview at the time and venue of their preference. The interviews were conducted in English, a language all the participants are fluent in. The research employed the service of a research assistant (a female student from the University of Nigeria, Nsukka) who helped with note-taking during the interviews. The interviews lasted for approximately 34 min. With the permission of each respondent, the interviews were recorded, and the clips were properly labeled and stored on a computer.

2.4. Data analyses

The data were transcribed verbatim by the researcher, with the assistance of the note-taker. All the transcripts were processed and edited appropriately to remove errors. Thematic analyses, guided by Braun & Clarke (2006), were used for data analyses. Four transcripts were read by the researcher multiple times to achieve immersion in the data. The transcripts were then used to develop codes for the study. The codes were assessed, and in the end, some were merged or removed. The codes were later developed into conceptual categories and later, themes. The remaining transcripts were coded in the same pattern. An example was the decision to code any reference to knowledge or awareness of COVID-19 to the theme of what parents think about COVID-19. The findings are presented thematically in the next section.

3. Results

3.1. Sociodemographic characteristics of the respondents

A total of 25 parents were interviewed (Table 1). Nine of the respondents are males while 16 are females. The respondents have an average age of 44 (31 – 74 years). Five of the respondents have Senior Secondary School Certificates (SSCE), three have diplomas, 12 have degrees while five have higher degrees. All the respondents were married and only two were unemployed.

3.2. What do parents think about COVID-19?

The interviews started with a question on what parents think about COVID-19. This was based on the premise that what parents think about the virus may influence how they discuss it with their children. From the participants' accounts, parents perceived that COVID-19 is a deadly disease that wreak havoc and as such, must be taken seriously. The following are illustrative quotes:

> "COVID is a killer disease, a communicable disease, which demands that we all must be careful. COVID-19 does not differentiate between social status nor does it discriminate… it kills people of different classes and different ages." (Male, 68 years old, unemployed)
>
> "When they started the awareness about COVID-19, I went to Kano. There, they kept saying that COVID is killing a lot of people. So, we decided to go to the general hospital to see for ourselves, right there we saw dead people that are being taken away. Also, we learned that a top official in this administration died as a result of COVID-19. The day he was buried, we saw it on the television, including those that disposed the clothes they wore to the burial because they all know that it is a killer disease." (Male, 55 years old, civil servant)

Participants claimed that they were aware of the high death rates linked to COVID-19. However, some of the

Table 1. Sociodemographic details of respondents

S. No.	Age (years)	Sex	Occupation	Educational level	Marital status
1	68	Male	Unemployed	OND	Married
2	55	Male	Civil servant	SSCE	Married
3	45	Male	Clergy	SSCE	Married
4	35	Male	Artisan	Degree	Married
5	44	Male	Driver	Degree	Married
6	74	Male	Retiree	Degree	Married
7	26	Male	Artisan	Degree	Married
8	56	Male	Businessman	Degree	Married
9	66	Male	Businessman	Higher degrees	Married
10	34	Female	Businesswoman	SSCE	Married
11	44	Female	Civil servant	Higher degrees	Married
12	34	Female	Businesswoman	Higher degrees	Married
13	44	Female	Businesswoman	SSCE	Married
14	54	Female	Petty trader	SSCE	Married
15	44	Female	Health worker	Degree	Married
16	39	Female	Businesswoman	Degree	Married
17	51	Female	Businesswoman	Degree	Married
18	44	Female	Clergy	Degree	Married
19	31	Female	Businesswoman	Higher degree	Married
20	64	Female	Teacher	OND	Married
21	33	Female	Teacher	Degree	Married
22	48	Female	Petty trader	Degree	Married
23	54	Female	Petty trader	Degree	Married
24	34	Female	Unemployed	OND	Married
25	48	Female	Teacher	Higher degrees	Married

Abbreviations: OND: Ordinary national diploma; SSCE: Senior secondary school certificates.

participants had a wishful thinking that although the mortality rate caused by COVID-19 was high in Europe, the similarly grave situation may not replicate in Nigeria, citing that the high temperature in the region could prevent the virus from thriving. Some of the respondents said:

> "My understanding is that it is for white people. It is not for us… the pandemic cannot be equated to the suffering of the Igbos. When you walk around during the day and the sun strikes you repeatedly, the COVID-19 will leave you by force." (Male, 55 years old, civil servant)
>
> "It is a disease from a foreign country, it has too much effect on them because their weather is too cold. We Nigerians are just being deceived by them because I strongly believe that our weather is too hot for it to survive." (Female, 48-years-old, teacher)

Other respondents perceived that the virus may not cause high mortality because "God loves us," believing that God will spare the people he loves from the virus. For example:

> "Forget about those things. What happens is that God loves us a lot because He knows we don't know anything. God loves us. Such diseases are not for us." (Female, 34 years old, businesswoman)

3.3. Parents' major source of information about COVID-19

The data show that the media, predominantly television, were the major source of information about COVID-19. Most of the participants learned about COVID-19 from the television news, broadcasted by international news media, such as Aljazeera and BBC, as well as local news media, such as Channels and Arise TV. The respondents reported that broadcasting media disseminated essential information about the virus, including safety precautions, through various means. For example:

> "They made sure that there were representatives for people who are dumb. They used sign language to pass the information to those who cannot talk. They also

translated these messages into different languages such as Hausa, Igbo and Yoruba to reach as many people as possible. So, as long as you watch television, you will see them disseminating the information to those who are impaired or speak only their native dialects like Igbo, Yoruba and Hausa. So, they did their best in ensuring that the information is properly disseminated. They taught us how to use hand sanitizers, open the tap, and do many other things." (Female, 44 years old, civil servant)

"Everything I know about the virus, I learned from the news media or on television. They showed those who contracted the virus, its signs and symptoms and how to manage it. On TV, they said we have to wash our hands regularly, whenever we touch anything or shake [hand with] someone, we ought to wash our hands. Also, they talked about the need for us to wear face masks." (Female, 44 years old, health worker)

However, the news was phrased in a way that made most respondents develop fatalistic attitude toward the pandemic, and because of the intimidating presence of COVID-19, they feared for the safety of themselves and their family members. One of the respondents, a clergy described his experience as follows:

"I first learnt of it on Aljazeera news media, which I usually listen to. When it (COVID-19) got into America, we saw how devastating it was, we also saw how it killed people in China. Before it even entered Nigeria, we were already afraid after seeing the people it killed in developed countries…, we wondered what becomes of nations like ours." (Male, 45 years old, clergy)

3.4. Initiation of discussion about COVID-19

The findings in this section showcase how parents converse with their children, after learning of the virus outbreak. It was found that discussions about COVID-19 mostly arose after the news coverage of the mortality and prevalence of the virus started to increase. The media images showing those killed by the virus have motivated parents to talk to their children about the virus and safety precautions. Parents initiated the discussions that inspired fear in their children. Some illustrative quotes are as follows:

"It is usually the media that initiated the discussion between me and my child. After watching the news, I called them to inform them to be careful about COVID-19 and that the disease is very deadly and very dangerous. So, the summary of the discussion is for them to be very careful so they don't contract the virus." (Female, 39 years old, businesswoman).

"I know that COVID-19 is bad but I can't say I have come in contact with the person who contracted the virus. I only see them on television. The day I saw someone who was infected by the virus on television, I was afraid especially since people couldn't go close to the body. When I called my children to talk to them about the virus, they were afraid after I explained to them how dangerous it is and how quickly it could take one's life." (Female, 44 years old, health worker)

Some parents who had been apathetic about COVID-19 – despite the sharing from other sources – started to take the potentially dire consequences seriously only after witnessing the gravity of the pandemic from the media. An illustrative quote is given below:

"I first heard about it at the church but then, I didn't take it seriously. Then I watched it on television coupled with images of death and people that are infected then the media also reported that the virus has entered Nigeria. After that, I became afraid and quickly called my children. That was when I started advising my children to be careful." (Male, 35 years old, artisan)

3.5. Content of the discussion between parents and their children about COVID-19 safety precautions

The data revealed that safety precautions were emphasized in the discussions between parents and their children. Parents told their children to comply with the safety precautions, such as wearing face masks, using hand sanitizers, washing hands regularly, and avoiding places with crowds, as presented by the media. Some quotes captured it this way:

"We talked about how to prevent them from contracting the virus, how to wash hands regularly and avoid shaking people and wear facemasks." (Female, 44 years old, health worker)

"We normally tell them to be very careful how they touch or shake people, including talking to people. If you have to talk to anyone you have to maintain some distance from them or social distance to avoid contracting the virus." (Female, 39 years old, businesswoman)

Parents reported that they needed to address the inquiries of their children mostly on how to identify an infected person and how to protect oneself during the discussions. The data showed that parents address these concerns based on what they learn from the media. Some of the parents' quotes are as follows:

"During the discussion, my child asked questions like, "how do you know who is infected with COVID-19?" Then I explained to him based on what I saw on the news that an infected person breathes hard, coughs repeatedly and shows signs of fever." (Male, 53 years old, businessman)

"They asked questions. They wanted to know the signs and symptoms of the virus as well as how to protect oneself from ever contracting it. Then I told them to stay away from people who have fever or sneezes. I told them to not touch or come close to such people because they can contract it in the process… that is what they said on television." (Female, 59 years old, businesswoman)

"Sometimes they ask questions, "mummy how do we prevent ourselves from contracting the virus? How do we secure ourselves from the virus?" When they do, then I advise them to give strangers space and to wash their hands regularly, use hand sanitizer and use face masks so that they will not contract it." (Female, 39 years old, businesswoman)

3.6. Use of force, emotions, and religious allegories to enforce compliance

Parents claimed to own a set of strategies at their disposal to make their children comply with the safety precautions. One of the most commonly reported strategies is the use of force. Most of the parents admitted hitting and shouting at their children to make sure they continue to follow the safety measures. This was motivated by the belief that children would hardly follow instructions, except when they are disciplined with corporal and/or verbal punishments. Some illustrative quotes are given below:

"They are not always complying and it's because it is not something they are used to. When I notice that, I correct them using the appropriate ways of handling a child which is harsh voice. It's not everything you tell them that they will put into practice, but as a father, you must keep reminding them." (Male, 44 years old, driver)

"Yes, I do raise my voice at him by saying wash your hands, do this or do that. If I tell him and he does not respond, then I shout at him or even beat him to obey the guidelines that they said [could] protect them." (Female, 51 years old, businesswoman)

"I had to apply force so that they can comply with the measures I talked about to them. I had to flog them, especially the younger ones since they barely listen to instructions until you apply force." (Female, 44 years old, businesswoman)

Some parents also integrate their teachings about the virus with religion to reinforce compliance. An illustrative quote is given:

"I told them that COVID-19 can be compared to the word of God which is an individual thing. If you want to go to heaven, obedience to the word of God is a personal or individual thing. Likewise, complying with COVID-19 safety protocols is a personal or individual thing. So, if you ask someone to wear face masks and they refuse, you leave them. Likewise, if you ask someone to wash their hands with hand sanitizer and they refuse, don't mind them; [just] wash your own hands." (Female, 44 years old, clergy)

Finally, some parents also appealed to the child's emotions by referring to death and its overall implications. A quote related to this strategy is as follows:

"They asked questions about the effect of it and I responded that I am now aged so I don't want them to contract it and die earlier so they should maintain the COVID-19 rules so that they could live up to…, longer and help me. Because if they die young, I would not be able to live long and I am not ready to bury any of my children." (Male, 74 years old, retiree)

3.7. Impact of the conversation on children's behavior

All the parents reported that the discussion about COVID-19 culminated in a positive outcome, where their children abided by the rules or precautions as directed, such as wearing face masks, staying away from crowds, and washing their hands intermittently. The discussions also helped foster the concept of practicing basic hygiene routines among the children.

"After the discussion about COVID-19 with my child, I noticed that he became cleaner. He started washing his hands regularly and stayed away from dirty surroundings because he was afraid of it. (Female, 31 years old, businesswoman)

"How they acted afterward showed me that indeed, they heard what I told them about the virus. They started washing their hands, and wearing face masks…, each time they can't find their facemasks, they refused to go to school until I bought another one for them." (Male, 45 years old, clergy)

The findings also revealed that discussions between parents and their children about COVID-19 made the children vanguards of compliance with safety measures. They reminded each other and their parents whenever they violated the safety measures. The following are some illustrative quotes:

"They behave well… sometimes when we have visitors, they say to us, "mummy, don't hug that person and make sure that whenever you are talking to that person that you are very far from him and make sure that the person washes their hands before entering our house." (Female, 39 years old, businesswoman)

"All my children know about the virus, sometimes, they even remind me that I am not wearing my face masks or that I have not washed my hands." (Male, 35 years old, artisan)

"My children did not know about the virus until I called them together and discussed it with them. It was after the discussion that many of them started reiterating what they have heard from me and even said that they heard it from other sources." (Female, 44 years old, health worker)

4. Discussion

This study explored parent-adolescent communication about COVID-19. The findings support the key role of parents in the effort of curbing the spread of coronavirus. After the parents learned about COVID-19 and the safety precautions, they talked to their children and requested them to comply with the safety measures, strengthening the adolescents' adherence to safety measures and instilling the importance of basic hygiene in their children. It has been shown that frequent parent-adolescent conversations about the pandemic may increase adherence to health-protective behaviors (Peplak *et al.*, 2021).

All the respondents believe that COVID-19 exists and is a deadly infectious disease capable of causing mayhem. The way media describe the COVID-19 informed parents' belief that the virus is dangerous. Although some parents were not aware of the severity of the disease, their commitment to safeguarding their children served as a motivation for them to enforce the safety guidelines. Ilesanmi & Afolabi (2020) also revealed that some people held the view that the virus is an exaggerated event. In this study, some parents reported that high temperature could reduce the severity of the virus. There was also a religious interpretation of the virus, with certain parents believing that the virus could not harm them as they are protected by God. A study by Pieterse & Landman (2019) also found that many people held the view that God is still in control despite the raging pandemic. Despite these diverging views, parents would still ensure that their children were informed about the safety measures, which are designed to protect them from the virus. This underscores parents' protective roles in the face of uncertainties, like the COVID-19 pandemic.

The study found that the media remain the major source of information about COVID-19 for parents. This is similar to the findings of Apuke & Omar (2021) who found that the media paid adequate attention to the issues of coronavirus. Parents regularly tune in to the television to get updated with the news about the coronavirus (Ugwu, 2020). According to these parents, stories about COVID-19 could also be derived from other sources (*e.g.*, religious organizations), but it was the media showing the severity of the disease that compelled them to take the whole situation seriously. This motivated them to initiate the conversation about the virus with their adolescent children. Mbachu *et al.* (2020) similarly found that parents are often triggered to talk about sex-related matters with their adolescent children by the unpleasant or tragic news revolving around pregnant adolescents or abortion-related death. However, parents' decision to initiate health-related discussions only when they are inundated with tragic news can have disastrous consequences and delay intervention.

Fear is centered on the discussion between parents and adolescents about the virus. The media coverage of the COVID-19 pandemic has intimidated many parents. The panicking parents in turn aroused fear in their child during the discussions about the virus. Apuke & Omar (2021) similarly reported that television stations in Nigeria tended to cover the news about coronavirus using negative and alarming tones; however, such tones are perhaps uncalled for if it is not necessary to draw the attention nationwide to the severity of the pandemic. However, the fear- or horror-infused news can incite irrational actions in some audiences. In this study, the fear and panic factor may explain why parents hit or shout at their children to enforce compliance with the safety measures publicized by the media. It may also explain why parents approached the discussion desperately using emotions and religious allegories to enforce compliance with the safety measures.

Furthermore, the discussion between parent and adolescent was mostly horizontal, top-down fashion where the parent assumes the role of the teacher while the child acts as the passive listener. Parents can assume the teaching role if they do not trust their children can efficiently comprehend information (Putnam *et al.*, 2002) or if the parents are not educated enough to answer their children's queries. Occasionally, as this study found, the parents were only able to respond to queries regarding safety measures even if their children's inquiries were concerned with other aspects of the pandemic. This once again emphasizes the need for media to exude professionalism in their coverage of the pandemic. Additionally, parents ought to consider the emotional needs of their children when communicating sensitive issues, such as those related to the pandemic (Peplak *et al.*, 2021).

Taken together, parent-adolescent discussions about COVID-19 influenced the children's compliance with safety measures as well as instilled in them the basic hygiene concept. Parents reported that after the discussions, the overall hygiene of their children improved, face mask wearing became more frequent, physical distancing was practiced, and hand washing became more regular. This is significant for the effort to control the spread of the virus because the children also, in turn, reminded their parents whenever they fail to adhere to the measures they proposed. Ugwu (2020) similarly reported that during the peak of the pandemic,

children often reminded their parents to keep their distance and change clothes after visiting a public space.

4.1. Implications for policy and research

Very little attention has been paid to the risk communication of COVID-19 for young people. In fact, at household level, parents contributed to alleviating the spread of COVID-19 by instilling safety precautions to their children and persuading them to comply, after learning about the safety measures from the media. While parents have made significant strides in promoting COVID-19 prevention measure, it is not advisable to rely on parents solely for the task of communicating safety measures. Instead, it is crucial to recognize that parental discussion with their children underscores the necessity of designing more effective strategies for communicating risk with younger individuals, all while minimizing potential psychological and emotional consequences.

As the major source of information regarding COVID-19, the media and other stakeholders can design risk communication strategies aimed at improving parent-adolescent discussions about the virus. The current strategies employed by parents may evoke emotional distress in adolescents whose emotional and psychological states have already been adversely impacted by the pandemic. Hence, parents need to practice sensitivity to the emotions and psychological state of their children during discussions about COVID-19 and other health issues.

4.2. Study limitations and future directions

One prominent limitation of the present study was the small sample size used, which was not sufficient for broader generalizations or interpretations. In light of this, there is a need for large-scale quantitative studies to provide further corroborating evidence on parent-adolescent discussions about COVID-19. Future studies should consider including adolescents as study participants, a population not included in the current study. These may pave way for the formulation of more effective risk communication strategies and healthier discussions between parents and their children.

5. Conclusion

This study demonstrates that parents a play pivotal role, as part of the collective effort, in curbing the spread of COVID-19. Their role extends beyond merely providing information, as they also enforce compliance to the safety measures. As long as there is up-to-date and accurate information disseminated by the media, parents can continue to significantly contribute to mitigating the impact of the pandemic and ensuring the safety of their families and communities. This underscores the need for public health campaigns and intervention strategies to not only target adolescents but also to engage with and support parents as important allies in the fight against COVID-19.

Acknowledgments

The paper was presented at the Conference on Population and Reproductive Health Dynamics Under COVID-19 in Sub-Saharan Africa that was hosted by the University of the Witwatersrand, South Africa through its Demography and Population Studies Programme. The Conference was supported under the auspices of the Science Granting Councils Initiative in Sub-Saharan Africa (SGCI) and administered by South Africa's National Research Foundation in collaboration with Canada's International Development Research Center (IDRC), the Swedish International Development Cooperation Agency (Sida), South Africa's Department of Science and Innovation (DSI), the Fons de Recherche due Quebec (FRQ), the United Kingdom's Department of International Development (DFID), the United Kingdom Research and Innovation (UKRI) through the Newton Fund.

Funding

None.

Conflict of interest

The author declares no competing interest.

Author contributions

This is a single-authored article.

Ethics approval and consent to participate

The study was approved by the research ethics committee of the University of Nigeria Teaching Hospital. The study's process and purpose were explained to the respondents before the interviews commenced. The terms set forth in the consent sheet were explained to the respondents, encompassing the risks and benefits of participating in the study. The respondents were also informed that if they chose to participate, their responses would be kept anonymous. Additionally, they were informed that they could discontinue the interview any time and disregard any questions. Those who agreed to participate had signed the informed consent form.

Consent for publication

Participants were informed that the findings were for research and would be published.

Availability of data

Supporting data can be obtained from corresponding author following formal request.

References

Al-Shattarat, B., & Amuda, Y.J. 2021. Comparative report of compliance to precautionary measures against COVID-19 in Nigeria and Jordan. *Heliyon*, 7(8):e07793.

https://doi.org/10.1016/j.heliyon.2021.e07793

Apuke, D.O., & Omar, B. 2021. Television news coverage of COVID-19 pandemic in Nigeria: Missed opportunities to promote health due to ownership and politics. *Sage Open*, 11:1-13.

https://doi.org/10.1177/21582440211032675

Bikila, T.S., Dida, N., Bulto., A., Debolo, B.T., & Temesgen, K. 2021. Adolescents' communication on sexual and reproductive health matters with their parents and associated factors among secondary and preparatory school students in Ambo Town, Oromia, Ethiopia. *International Journal of Reproductive Medicine*, 2021:6697837.

https://doi.org/10.1155/2021/6697837

Braun, V., & Clarke, V. 2006. Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3:77-101.

https://doi:10.1191/1478088706qp063oa

Chandra-Mouli, V., & Patel SV. 2017. Mapping the knowledge and understanding of menarche, menstrual hygiene and menstrual health among adolescent girls in low-and middle-income countries. *Reproductive Health*, 1:30.

https://doi.org/10.1186/s12978-017-0293-6

Ebu, F. 2020. Nigeria's Population Now 206m, Says NPC. The Guardian. Available from: https://guardian.ng/business-services/industry/nigerias-population-now-206m-says-npc [Last accessed on 2020 Dec 09].

Ilesanmi, O., & Afolabi, A. 2020. Perception and practices during the COVID-19 pandemic in an urban community in Nigeria: A cross-sectional study. *PeerJ*, 8:e10038.

https://doi.org/10.7717/peerj.10038

Laursen, B., & Collins, W.A. 2009. Parent-child relationships during adolescence. In: Lerner, R.L., & Steinberg, L. (eds.). Handbook of Adolescent Psychology. 3rd ed. New York: John Wiley and Sons.

Mbachu, C.O., Agu, I.C., Eze, I., Agu, C., Ezenwaka, U., Ezumah, N., *et al.* 2020. Exploring issues in caregivers and parent communication of sexual and reproductive health matters with adolescents in Ebonyi state, Nigeria. *BMC Public Health*, 20:77.

https://doi.org/10.1186/s12889-019-8058-5

Muthengi, E., Ferede, A., & Erulkar, A. 2015. Parent-child communication and reproductive health behaviors: A survey of adolescent girls in rural Tanzania. *African Population Studies*, 29(2):1887-1900.

https://10.11564/29-2-772

Nachega, J.B., Sam-Agudu, N.A., Machekano, R.N., Rabie, H., Van der Zalm, M.M., Redfern, A, *et al.* 2022. Assessment of clinical outcomes among children and adolescents hospitalized with COVID-19 in 6 Sub-Saharan African countries. *JAMA Pediatrics*, 176(3):e216436.

https://doi:10.1001/jamapediatrics.2021.6436

National Population Commission. 2010. Priority Table, Volume Four: Population Distribution by Age and Sex. Abuja: National Population Commission.

Nigerian Centre for Disease Control. 2020. Risk Communication and Community Engagement Strategy COVID-19 Prevention and Control in Nigeria. Available from: https://covid19.ncdc.gov.ng/media/files/updated_rcce_strategy_web_version.pdf [Last accessed on 2022 Mar 10].

Odii, A., Atama, C.S., Igwe, I., Idemili-Aronu, N.J., & Onyeneho, N.G. 2020b. Risky sexual behaviours among adolescent undergraduate students in Nigeria: Does social context of early adolescence matter? *The Pan African Medical Journal*, 37:188.

https://doi.org/10.11604/pamj.2020.37.188.22968

Odii, A., Ngwu, O.M., Aniakor, C.M., Owelle, C.I., Aniagboso, C.M., & Uzuanwu, W.O. 2020a. Effect of COVID-19 lockdown on poor urban households in Nigeria: Where do we go from here? *Ianna Journal of Interdisciplinary Studies*, 2(1):75-85.

Olarewaju, K. 2020. *COVID-19: Nigeria* Announces Lockdown of Major Cities. World, Africa. Available from: https://www.aa.com.tr/en/africa/covid-19-nigeria-announceslockdown-of-major-cities/1784358 [Last accessed on 2022 Apr 12].

Olusanya, O.O, Arijesuyo, A.E., & Olusanya, O.A, 2013. Parent-child communication and adolescent sexual behavior among the Yoruba ethno-cultural group in Nigeria. *Research on Humanities and Social Sciences*, 3(14):79-84.

Otuonye, N.M., Olumade, T.J., Ojetunde, M.M., Holdbrooke, S.A, Ayoola, J.B., Nyam, I.Y., *et al.* 2021. Clinical and demographic characteristics of COVID-19 patients in Lagos, Nigeria: A descriptive study. *Journal of the National Medical Association*, 113(3):301-306.

https://doi.org/10.1016/j.jnma.2020.11.011

Peplak, J., Klemfuss, J.Z., & Yates, T.M. 2021. Parent-adolescent conversations about COVID-19 influence adolescents' empathic concern and adherence to health protective behaviors. *The Journal of Adolescent Health*, 69(6):925-932.

https://doi:10.1016/j.jadohealth.2021.08.013

Pieterse, T., & Landman, C, 2021. Religious views on the origin and meaning of COVID-2019. *HTS Theological Studies*, 77(3):a6283.

https://doi.org/10.4102/hts.v77i3.6283

PMA/2020 Nigeria. 2017. Adolescents and Young Adults Health Brief. PMA2017/Nigeria-R4. Available from: https://www.pmadata.org/sites/default/files/data_product_results/

PMA2020-nigeria-national-R2-adol-brief.pdf

Putnam, S.P., Sanson, A.V., & Rothbart, M.K. 2002. In: Bornstein, M.H. (ed.). Handbook of parenting. Mahwah, NJ: Lawrence Erlbaum Associates.

Tambling, R.R., Tomkunas, A.J., Russell, B.S., Horton, A.L., & Hutchison, M. 2021. Thematic analysis of parent-child conversations about COVID-19: "Playing It Safe". *Journal of Child and Family Studies*, 30(2):325-337.

https://10.1007/s10826-020-01889-w

Ugwu, C.F. 2020. Impact of Covid-19 lockdown on the Socio-psychological wellbeing of children: A personal experience in Nigeria. *Journal of Social Work in Developing Societies*, 2(3):23-28.

UNICEF. 2022. Child Mortality and Covid-19. United States: Unicef. Available from: https://data.unicef.org/topic/child-survival/covid-19 [Last accessed on 2022 Jul 27].

United Nations. 2020. Young People 'Not Invincible' in COVID-19 Pandemic: WHO Chief. United Nations. Available from: https://news.un.org/en/story/2020/07/1069301 [Last accessed on 2022 May 07].

Weinman, M.L., Small, E., Buzi, R.S., & Smith, B.P. 2008. Risk factors, parental communication, self and peers' beliefs as predictors of condom use among female adolescents attending family planning clinics. *Child and Adolescent Social Work Journal*, 25:157-170.

https://doi.org/10.1007/s10560-008-0118-0

World Health Organisations. 2022. Advice for the Public: Coronavirus Disease (COVID-19). Geneva: World Health Organisation. Available from: https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public#:~:text=Keep%20physical%20distance%20of%20at,rub%20or%20soap%20and%20water [Last accessed on 2022 Jul 28].