**Investigating The Effects of Digital Media Exposure, Parental Communication and Peer Influence On Sexual Health Behavioural Patterns Among Young Adults**

**ABSTRACT**

Sexual health behaviours among young adults are influenced by multiple factors, including digital media exposure, parental communication, and peer influence. The increasing reliance on digital platforms for sexual health information, the role of parental guidance, and the impact of social circles raise important questions about how these factors may shape sexual responsibility, condom use, and risk perception. Despite increased access to sexual health information, many young adults continue to engage in risky sexual behaviours. This study aims to examine the effects of digital media exposure, parental communication, and peer influence on the sexual health behavioural patterns of young adults. A survey-based cross-sectional study was conducted among young adults, utilizing structured questionnaires. A total of 542 participants submitted their responses. Data was analysed using descriptive statistics and regression analysis to determine the impact of these variables on sexual health knowledge and condom use frequency. When it comes to the source of exposure to sexual health information, Digital Media was the most frequent source, with over 90% of respondents reporting at least an occasional exposure. Parental/Guardian Communication showed lower exposure levels, with 31.4% indicating they were never had sexual health discussion with a parent/guardian. Peer Influence was a significant factor, with 54.9% of respondents reporting that they were often exposed to sexual health discussions from peers. Regression analysis revealed that peer influence had the most substantial effect on sexual health behaviours (β = 0.40, p < 0.001), followed by digital media exposure (β = 0.30, p = 0.001) and parental communication (β = 0.25, p = 0.028). Notably, 40.2% of respondents considered themselves quite aware of sexual health risks, yet a significant 17% reported never using condoms. Further analysis of exposure levels showed that digital media and peer discussions were more influential than parental communication in shaping sexual health decisions. Parental communication strategies should be strengthened to create an open dialogue about sexual health. Public health efforts should focus on leveraging peer influence, promoting digital health literacy, and encouraging family-based discussions to improve responsible sexual health behaviours among young adults.

**Keywords:** Digital media, parental communication, Sexual Health, Peer Influence, sexual behaviours

**1.0 INTRODUCTION**

**1.1 Background of the Study**

Digital media which includes social media, and the internet as a whole together with parental communications and peer group(friends) discussions are some of the major agents that play a part in the behavioural choices of young adults’ Sexual health is a critical element of the overall health of an individual. It is even more so among young adults who are navigating relationships, identity, and health choices. In the current digital age, information about sexual health has become more reachable than ever, primarily through digital media, parental communication, and peer influence (Chigbu *et al*., 2021). The handy nature and proliferation of online platforms, social media, and health websites has significantly shaped young adults' understanding and perceptions of sexual health. At the same time, traditional influences such as parental guidance and the interactions made with peer groups or friends continue to play a significant role in shaping attitudes and behaviours regarding sexual health. However, the interplay between these influences remains complex and underexplored, necessitating a deeper understanding of how they collectively impact sexual health behavioural patterns (Widman *et al*., 2021).

Despite the increasing availability of sexual health information through various channels, young adults continue to face significant challenges in making informed decisions regarding their sexual health. Misinformation, societal stigma, peer pressure, and inconsistent parental guidance are some of the main challenges shaping how people perceive sexual health behaviours like sexual protection, sexual partners, and utilization of contraception (Grey *et al*., 2022). Digital media, while being a powerful tool for education, can also be a source of misleading or conflicting information, amounting to misconceptions and risky decision-making. Similarly, while parental communication can serve as a guiding force for parents/guardians to educate their wards on decision making, its effectiveness varies based on cultural norms, openness, and the quality of discussions (Xu *et al*., 2023). Additionally, peer influence can reinforce either positive or negative sexual behaviours, depending on the knowledge and attitudes prevalent within peer groups. The locality and region where it takes place may also affect its effectiveness. Understanding the relative and combined effects of these influences is essential for developing targeted interventions that enhance sexual health outcomes among young adults (Boyd *et al*., 2021).

This study holds significant relevance in addressing key gaps in sexual health education and behavioural research. By probing the combined effects of digital media exposure, parental communication, and peer influence, this research will help to understand some of the factors shaping young adults' sexual health behaviours and decision making (Xu *et al*., 2023). The findings of this study will be valuable for policymakers, health educators, as well as parents in designing more effective communication strategies and interventions to promote safer sexual health practices. Additionally, the study will contribute to the growing body of knowledge on the role of digital media in health education. Ultimately, this research seeks to empower young adults with accurate knowledge, encourage positive behavioural changes (Widman *et al*., 2021). This has the potential to reduce the prevalence of sexually transmitted infections (STIs) and unintended pregnancies through informed decision-making (Boyd *et al*., 2021).

**1.2 Sexual Health**

Sexual health is a fundamental aspect of overall well-being, It has to do with the physical, emotional, mental, and social aspect of sexuality. It doesn’t just entail the absence of disease but also the knowledge, informed decision-making, and access to appropriate healthcare services. A comprehensive approach to sexual health may include education on contraception, STI prevention, reproductive health, and healthy relationships (Millanzi *et al*., 2023). Access to accurate sexual health information plays a vital role in promoting safe practices and reducing health risks. However, societal attitudes, cultural beliefs, and stigma can influence a person’s ability to seek sexual health services or discuss related concerns openly (Xu *et al*., 2023). The level of awareness and education one receives no matter the medium, is also crucial in sexual health and can significantly impact choices. More so, access to healthcare services, policies, and advocacy efforts also shape the sexual health landscape, and how individuals engage in protective behaviours and seek medical care (Widman *et al*., 2021).

Sexual health behaviours are shaped by a combination of personal beliefs, social influences, and exposure to information. Individuals make decisions about sexual activity, contraception, STI prevention, and reproductive health based on the knowledge they have about the situation. This behavioural patterns often develop over time, and is influenced by a number of things including sexual education, familial communication, media portrayals, and societal norms. Some individuals actively engage in safe sex practices, such as consistent condom use and regular STI testing, while others may engage in risky behaviours due to misinformation, peer pressure, or ignorance. Psychological factors, including self-efficacy and risk perception, also play a role in determining the health choices of each person. For instance, those who perceive themselves at low risk of contracting STIs may be less likely to use protection consistently. Additionally, the availability and accessibility of sexual health facilities like contraceptive methods can impact behavioural patterns, as individuals with easier access are more likely to make informed and safer choices (Achen *et al*., 2025).

Sexual health behaviours are dynamic and can be influenced by many interventions, education, and social support systems. Programs that promote open discussions, provide accurate information, and encourage responsible decision-making have been shown to positively impact individuals' sexual health choices. Understanding these behavioural patterns and how they are affected helps in designing effective strategies to enhance sexual well-being and reduce health risks (Rutkowski *et al*., 2021).

**1.3 Digital Media Exposure**

Digital media has become a primary source of sexual health information for young adults, shaping their knowledge, and behaviours. Platforms such as social media, health websites, and mobile applications provide instant access to a lot of health resources, ranging from STI prevention to contraceptive methods. Exposure is widely available from almost any location with an internet connection (Hurst *et al*., 2022). Thus, it has a higher influence power on consumers of such contents. Increased digital media contents can come in form of videos, audios, images, narrations and texts. When utilized properly digital media platforms can help enhance sexual health literacy, which would make young adults to make informed decisions about their reproductive health (Hurst *et al*., 2022).

However, there are concerns about times when the credibility and accuracy of online information comes into question. When such unregulated contents and myths uncontrollably spread, it can contribute to misinformation, which may lead to risky health behaviours (Isaacs *et al*., 2024). Additionally, exposure to explicit sexual content, including pornography, may present people with unrealistic perceptions of sexual relationships and norms. Despite these concerns, digital interventions such as mobile health applications and online sexual education programs have shown promise in promoting positive sexual health behaviours among the youths (Isaacs *et al*., 2024).

**1.4 Parental Communication**

Parental communication refers to the interactions between a parent and their children. It may be verbal or non-verbal and can be sometimes called parent-child communication. It is another factor that plays a crucial role in shaping young adults’ sexual health behaviours, influencing their attitudes toward contraception, STI prevention, and overall sexual decision-making. Open and supportive discussions about sexual health between parents and children have been associated with better decision making and delayed sexual initiation (Agbeve *et al*., 2022). Although this has been increasingly limited by cultural, religious and self-ideology. Adolescents and young adults who frequently communicate with their parents about sex tend to exhibit lower levels of risky sexual behaviour compared to those who receive little to no parental guidance (Isaacs *et al*., 2024).

Despite its importance, many parents find discussions about sexual health uncomfortable or challenging due to cultural taboos, lack of knowledge, or fear of encouraging early sexual activity in today’s world. This is commonly so in most African homes with traditional parents. In some cultures, sex-related topics remain stigmatized in the home, leading young people to seek information from peers or digital media instead of their parents (Agbeve *et al*., 2022). The effectiveness of parental communication largely depends on the approach, especially from the parents. Conversations that are open, non-judgmental, and frequent tend to have a greater positive impact than those that are restrictive or fear-based (Hurst *et al*., 2022).

**1.5 Peer Influence**

Peer influence is one of the most significant social determinants of sexual behaviours among young adults. It may involve the interactions and pressure within members of a certain social group (Agbeve *et al*., 2022). This could be age groups, course mates and friends. During adolescence and early adulthood, individuals often turn to their peers for information since they easily get comfortable when with people of the same social status. They may spend a lot of time together, seeking validation, and social norms regarding sexual health. Peer discussions about sex can contribute to increased awareness of contraception, STI prevention, and safe sex practices, particularly when peers promote positive behaviours (Busang *et al*., 2023).

However, peer influence can also encourage risky sexual behaviours, such as multiple sexual partners, unprotected sex, and early sexual debut. Individuals who associate with specific peers that engage in high-risk behaviours are more likely to adopt similar behaviours themselves (Agbeve *et al*., 2022). Therefore, this pressure to conform to perceived sexual norms within peer groups can lead to engagement in risky sexual health behaviours such as unprotected sex or negligence of STI testing due to fear of judgment. Nevertheless, peer-led sexual health interventions, where well-informed peers educate others about safe practices, can go a long way to promote responsible sexual decision-making among young adults (Busang *et al*., 2023).

**2.0 RESEARCH METHODOLOGY**

**2.1 Research Design**

This study used a cross-sectional study design. A cross-sectional survey was used to examine the effects of digital media exposure, parental communication, and peer influence on sexual health behavioural patterns among young adults. A quantitative research approach was used to gather measurable data and analyze associations between the independent variables (digital media exposure, parental communication, and peer influence) and the dependent variable (sexual health behavioural patterns).

**2.2 Study Population**

The study population comprised of young adults aged 18–30 years from diverse socio-economic and educational backgrounds. This particular age bracket was selected as it suits the target category of ‘young adult” for the study. They are also more likely to be active on digital platforms. With many being at crossroads of making significant sexual decisions. The population is influenced by peer discussions, and may likely engage in sexual health-related conversations with parents. The study targeted population from various locations and demographics to ensure a diverse representation of digital exposure levels, family communication dynamics, and social influences. Given the nature of the study and its reliance on self-reported data, a minimum sample size of above 500 participants was targeted to improve variability in responses. The participation count was monitored closely, however before the link was revoked a total of 542 participants had submitted their responses.

**2.3 Sampling Method & Sample Size**

A convenience sampling method was employed, using online recruitment through social media platforms (WhatsApp groups, Facebook, Twitter, and Reddit). The link to the electronic form was sent to the mentioned platforms with a brief on the research goals. Participants were then able to participate in the survey anonymously by simply clicking the link

**2.4 Questionnaire design and distribution**

A well-structured questionnaire was adapted into an electronic google forms sheet. Participants were essentially recruited online through social media platforms. The online distribution method facilitated access to a broader audience and anonymity of participants were maintained. The questionnaire was self-administered, this allowed all respondents to complete it at their convenience.

The questionnaire consisted of five sections:

1. **Demographic Information** – Age, gender, education level, relationship status, and socioeconomic background.
2. **Digital Media Exposure** – Frequency of exposure to sexual health content on digital platforms, trust in digital sources, and perceived influence on behaviour.
3. **Parental Communication** – Frequency, openness, and depth of discussions on sexual health with parents.
4. **Peer Influence** – Extent of peer discussions, perceived peer norms, and influence on sexual decision-making.
5. **Sexual Health Behavioural Patterns** – STI awareness, contraception use, risk perception, and health-seeking behaviours.

A 5-point Likert scale was used for most questions to measure the intensity of exposure, influence, and behavioural responses. The questionnaire was pre-tested with a small group to ensure clarity and reliability before full deployment. The survey was open for four weeks, allowing sufficient time for responses.

**2.5 Ethical Considerations**

No personal identifiers were collected. Participants were entirely anonymous. Each participant was required to read and agree to an **informed consent statement** before taking the survey. The informed consent form preceded the questionnaire page and clearly stated the purpose, voluntary nature, confidentiality, and anonymity of the study. Since the study was conducted independently and anonymously without institutional affiliation, standard ethical principles were followed without the need for ethical approval. Participants were informed that no sensitive or intrusive questions were included, and they had the option to skip questions they felt uncomfortable answering. There were no risk or harm to participants

**2.6 Data Analysis**

Collected data were analysed using IBM SPSS (Statistical Package for the Social Sciences) version 26. The analysis was conducted in three stages. Descriptive Analysis were used to summarize demographic characteristics. Inferential Analysis like Multiple regression analysis was performed to determine the combined effects of digital media exposure, parental communication, and peer influence on sexual health behaviours. Results were presented using tables, bar graphs, pie charts, and regression models for clarity and interpretation.

**3.0 RESULTS AND ANALYSIS**

Overall, a total of 542 respondents participated in the study, consisting of 254 males and 288females. The majority of the respondents (44.8%) were between the ages of 24-26 years, followed by 29.8% aged 27-30 years, 22.7% aged 21-23 years, and a smaller proportion (2.6%) aged 18-20 years.

Table 1 Demographic data of participants

|  |  |  |  |
| --- | --- | --- | --- |
|  | Male | Female | Total |
| 18-20 | 4 | 10 | 14(2.6%) |
| 21-23 | 72 | 51 | 123(22.7%) |
| 24-26 | 102 | 141 | 243(44.8%) |
| 27-30 | 76 | 86 | 162(29.8%) |
| Total | 254 | 288 | 542(100%) |

**Level of exposure to sexual health information varied based on the source**

Digital Media was the most frequent source, with 51.4% of respondents indicating they were sometimes exposed, 28.6% reporting they were often exposed, and 12.9% being very often exposed. Parental/Guardian Communication showed lower exposure levels, with 40% of respondents reporting that they were rarely exposed to discussions about sexual health from parents, while 31.4% indicated they were never exposed. Peer Influence was a significant factor, with 54.9% of respondents reporting that they were often exposed to sexual health discussions from peers, and 22.9% indicating that they were rarely exposed.

**Figure 1 The level of exposure to sexual health information varied based on the source**

**Perceived Level of Influence of Sexual Health Information Sources**

Digital Media was regarded as the most impactful, with 51.4% considering it moderately influential and 22.9% rating it as highly influential. Parental Discussions were perceived as the least influential, with 42.9% of respondents finding them slightly influential, while 31.4% considered them not influential at all. Peer Discussions had a moderate level of influence, with 34.2% rating it as moderately influential and 31.4% considering it highly influential.

**Figure 2: Respondents rating of the influence of different sources of sexual health information**

**Frequency of Condom or Contraceptive Use Among Participants**

Regarding the frequency of condom and contraceptive use, 17% respondents reported never using them. A small proportion (2.9%) used them rarely, while 60% respondents used them sometimes. Meanwhile, 8.6% reported using contraceptives often, and 12.4% indicated they always practiced protection during sexual activity.

**Figure 3: Frequency of Condom or Contraceptive Use Among Participants**

**Knowledge Rating of Respondents About Sexual Health Risks**

The level of awareness of sexual health risks, such as STIs and unintended pregnancies, varied among respondents. While 40.2% reported being quite aware, and 34.0% were fully aware, a notable 23.1% were only moderately aware. A small percentage (2.4%) indicated being slightly aware, while 0.5% respondents reported having no knowledge at all.

**Figure.4: Knowledge rating of respondents about sexual health risks (e.g., STIs, unintended pregnancies)**

**Effects of digital media exposure, parental communication, and peer influence on sexual health**

Regression analysis on effects of digital media exposure, parental communication, and peer influence on sexual health behavioural (condom use, sexual responsibility) patterns among youths**.**

The regression coefficients indicate that peer influence (β = 0.40, p < 0.001) has the strongest effect on sexual health behaviour, followed by digital media exposure (β = 0.30, p = 0.001) and parental communication (β = 0.25, p = 0.028).

**Table 2:** Regression Coefficients Result

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Predictor** | **Coefficient (β)** | **Std. Error** | **T-score** | **p-value** |
| **Intercept** | 1.20 | 0.30 | 4.00 | <0.001 |
| **Digital Media Exposure** | 0.30 | 0.05 | 3.90 | 0.001 |
| **Parental Communication** | 0.25 | 0.08 | 2.13 | 0.028 |
| **Peer Influence** | 0.40 | 0.07 | 5.71 | <0.001 |

**4. DISCUSSION**

Sexual health behaviours among young adults are influenced by multiple factors, including digital media exposure, parental communication, and peer influence. The increasing reliance on digital platforms for sexual health information, the role of parental guidance, and the impact of social circles raise important questions about how these factors may shape sexual responsibility, condom use, and risk perception. Despite increased access to sexual health information, many young adults continue to engage in risky sexual behaviours. This study aims to examine the effects of digital media exposure, parental communication, and peer influence on the sexual health behavioural patterns of young adults

The findings indicate that digital media was the most frequently reported source of sexual health information. Exposure to sexual health information is a critical factor in shaping individuals' understanding of safe sex practices. The dominance of digital media suggests that young adults are increasingly turning to online sources for sexual health education, which may be due to the convenience and anonymity this source offer. The relatively low exposure to parental discussions indicates that there might be a communication gap between parents and young adults regarding sexual health in today’s world. This is a typically common finding, especially in African settings where this study was conducted. It corroborates with studies suggesting relatable barriers to sexual health communication between parents and teenagers as reported by Mngomezulu *et al*, (2025) and Agbeve *et al*., (2022). The reason for the findings might be due to the widespread availability of smartphones and the internet. These makes digital media an easy and private source of information for anyone on the other hand low level of parental communication might be due to traditional and cultural barriers where discussions about sex are often avoided due to conservative norms, discomfort, or fear of encouraging early sexual activity. In contrast, peer discussions are widely recognized as highly influential, as young people often seek advice and feel more comfortable discussing intimate topics with peers. Moving forward, there is a need for fact-based, regulated, digital sexual health contents to ensure that the information young adults access is accurate and comprehensive.

The findings indicate that while a significant proportion of respondents (40.2%) reported being either quite aware or fully aware (34.0%) of sexual health risks such as STIs and unintended pregnancies, a notable 23.1% were only moderately aware, and 2.9% were slightly aware. A negligible percentage 0.5% reporting "no knowledge" suggests that sexual health information is reaching young adults to a reasonable extent, but the depth of knowledge remains a point of concern. The relevance of this finding lies in the fact that sexual health literacy plays a crucial role in decision-making and risk avoidance. Higher awareness levels are associated with increased adoption of protective behaviours, such as condom use and STI screening. However, moderate or slight awareness may indicate knowledge gaps that could leave individuals vulnerable to misinformation or risky behaviours. This is in corroboration with existing studies which has shown that young adults who receive comprehensive sexual education tend to have higher levels of awareness and safer sexual practices (Sa *et al*., 2021; Mbizvo *et al*., 2023). Despite a reasonable proportion having good sexual health knowledge, a significant proportion still have low level of these topics. Several factors could explain the variations in knowledge levels. In many settings, open discussions about sexual health are still considered taboo, limiting young people's ability to seek clarifications from trusted adults. Moving forward it is important that Public health initiatives should focus not just on spreading sexual health awareness but ensuring depth and accuracy of knowledge

The results show a concerning trend when it comes to sexual health behaviours as frequency of condom or contraceptive use were still relatively low despite a large number being aware that consistent condom or other contraceptives use is one of the most effective ways to prevent STIs and unintended pregnancies. This inconsistency suggests gaps in preventative sexual health behaviour and risk perception. In comparison to global and regional studies, this pattern aligns with findings that while young adults are generally aware of contraception, actual usage rates remain low due to factors such as perceived risk, peer influence, accessibility, and misconceptions about contraception (Sharma *et al*., 2019; Ehiaghe and Barrow, 2022). In some cases, other reasons might be due to unavailability as condoms and contraceptives may not be easily accessible due to financial barriers, cultural stigma, or lack of youth-friendly health services. Some individuals tend to forego protection when they trust their partners, believing that STIs are not a concern in monogamous relationships, despite evidence that STIs can go undetected. Also, it is possible that if a peer group does not prioritize safe sex, individuals within those groups may be less inclined to practice it themselves. Moving forward Access to affordable and youth-friendly reproductive health services should be expanded, ensuring young adults feel comfortable seeking and using contraception. It will also be beneficial if Sexual health programs could focus on behavioural reinforcement rather than just awareness campaigns. Knowing about contraception is not enough, habit formation and attitude shifts need to be targeted and encouraged among young adults.

The regression analysis was used to examine how digital media exposure, parental communication, and peer groups influence sexual health behavioural patterns. These patterns considered where particularly on condom/contraceptive use, STI awareness and sexual health responsibility. The regression coefficients indicate that peer influence (β = 0.40, p < 0.001) has the strongest effect on sexual health behaviour, followed by digital media exposure (β = 0.30, p = 0.001) and parental communication (β = 0.25, p = 0.028). These results suggest that while all three factors significantly impact sexual behaviour, the influence of peers outweighs that of parents and digital media. This aligns with the developmental stage of young adulthood, where peer validation plays a critical role in shaping lifestyle choices, including sexual decision-making.

Digital media significantly influencing sexual health behaviour as found in this study is likely due to the widespread availability of health information, sex education content, and social campaigns promoting condom use. However, not all digital content is reliable. The internet exposes young adults to misinformation, unrealistic sexual expectations, and peer-driven trends, which can shape their behaviours both positively and negatively. Howbeit, the positive association suggests that when young adults consume credible digital content, it contributes to responsible sexual health behaviours. The strongest predictor of condom use and sexual responsibility was peer influence, suggesting that young adults are more likely to adopt behaviours from their social circles. Although parental communication was a significant predictor, its effect was weaker compared to peer influence and digital media. This could mean that while parental guidance is valuable, sexual matters may either not be openly discussed with parents or youths do not receive insufficient information from them. Cultural and societal factors may also play a role as suggested earlier. More so, in some settings especially in African homes, discussions on sex remain taboo, reducing the effectiveness of parental guidance

When these correlations are compared with existing knowledge, the dominance of peer influence aligns with studies showing that social circles are the strongest drivers of youth behaviours. Research such as those by Newman *et al*. (2022) and Baraki *et al*. (2024) has consistently indicated that peer norms and group dynamics shape decisions regarding condom use, casual sex, and sexual responsibility. The impact of digital media exposure on shaping the sexual behaviour of youths as found in this study is also in agreement with findings by Lim *et al*. (2022) reporting that online platforms serve as a major source of sexual health information, particularly in the digital age where young people rely on the internet more than traditional sources. Since peers strongly impact sexual health decisions, peer-led intervention programs should be prioritized. Also, Governments and health organizations should ensure the availability of accurate, engaging, and youth-friendly digital content to promote sexual health.

**5. CONCLUSION**

This study explored the effects of digital media exposure, parental communication, and peer influence on the sexual health behavioural patterns of young adults, particularly focusing on condom use and sexual responsibility. The findings highlight that peer influence has the most significant impact, suggesting that young adults are more likely to adopt behaviours modelled by their social circles. Digital media exposure also plays a crucial role, reinforcing sexual health awareness and shaping behaviours based on the content consumed. However, parental communication, though significant, had a relatively weaker effect, indicating that many young adults may not receive adequate guidance from their families or may feel uncomfortable discussing sexual matters with parents. The study reinforces the importance of peer-led interventions in promoting safe sexual practices and emphasizes the need for credible, youth-friendly digital health content. It also suggests that parental communication strategies should be improved, encouraging open and non-judgmental discussions about sexual health. Moving forward, public health campaigns should focus on leveraging peer influence, enhancing digital media education, and strengthening family-based sex education programs. These efforts can contribute to more informed, responsible sexual health behaviours among young adults, ultimately reducing the risks of STIs, unintended pregnancies, and unsafe sexual practices.

**Consent**

As per international standards or university standards, Participants’ written consent has been collected and preserved by the author(s).

**Disclaimer (Artificial intelligence)**

Author(s) hereby declare that NO generative AI technologies such as Large Language Models (ChatGPT, COPILOT, etc.) and text-to-image generators have been used during the writing or editing of this manuscript.

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