
**Dissertation**

**By**

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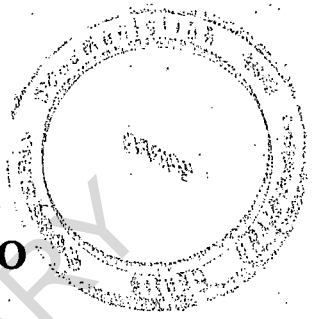
**UNIVERSITY OF IBADAN**

# Mother-adolescent daughter sexuality communication patterns : implications for promoting intra-family sexuality communication

**OCTOBER, 1998**

# MOTHER-ADOLESCENT DAUGHTER SEXUALITY COMMUNICATION PATTERNS: IMPLICATIONS FOR PROMOTING INTRA-FAMILY SEXUALITY COMMUNICATION



BY

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**COLLEGE OF MEDICINE,**
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## DEDICATION

This work is dedicated to the Almighty God,

In whom I live and move and have my being;

The secret and meaning of my existence.

## ABSTRACT

Adolescence is said to be the stormiest period for human sexuality development. Studies have shown that children from high communicating households develop attitudes similar to their parents' and seek peers who confirm these attitudes rather than those who contradict them. However, in view of the unfavourable socio-economic situation and effects of modernization and urbanization on the traditional family system, literature suggest there is widening sexuality communication gap between mothers and their daughters. Yet researchers always recommend intra-family sexuality communication as a primary solution to the frightening picture of adolescent reproductive health problems in the country. (Oladepo, 1994; Olawoye, 1995; Makinwa-Adebusoye, 1996). Unfortunately, specific information on various aspects of this important phenomenon is scanty. Therefore the main objective of this study is to examine the current mother-daughter sexuality communication patterns with a view to suggesting programme approaches that can be effective in closing the sexuality communication gap.

This descriptive study was carried out in three randomly selected cluster communities in Ibadan North Local Government Area. A total of 12 Focus

Group Discussions were conducted (4 among mothers and 8 among daughters) followed by interview of 257 pairs of mothers and their index biological daughters aged 10-19 years (chosen randomly if more than one ). Two sets of pretested questionnaires were used to collect information about their socio-demographic characteristics, types of sexuality issues discussed by each pair (using a list of 35 sexuality issues), the dynamics of their sexuality communication, and their opinion about mother-daughter sexuality communication. Data collected were analysed using the EPI Info version 6 package.

Results from the mothers' perspective showed that all mothers discussed at least one sexuality issue with their daughters. Life goals and personal grooming topped the list of issues discussed. These were indicated by 239 (95.6%) and 205(82.0%) of the mothers respectively. These were followed by growth and development 135 (54.0%) and social relationship issues 135 (54.0%). Less than half of the mothers 119 (47.6%) discussed sexual relationships while marriage issues were discussed by one-third of the mothers 84(33.6%). No significant association was found between mother's educational level, family socio-economic status and level of communication with daughters ($P > 0.05$). Life

goals and social relationship issues were initiated earlier (mean age of 8 years) compared with others (sexual relationships 11.5 years, growth and development 12.9 years and marriage 13.5 years). Majority of the mothers 230(96.2%) indicated that sexuality communication with their daughters was not difficult for them.

Findings from the daughters' perspective revealed no significant difference in the issues indicated as discussed when compared with the mothers' ($P > 0.05$). Eighty-nine percent of the sexually active daughters had communication scores higher than the mean, compared with only 51.8% of the non-sexually active ones. The differences were significant ($P < 0.05$). Besides, the total number of sexuality issues discussed was related to daughter's age ($P < 0.05$) being lowest among the 10-11 year group and consistently increasing with age. Most of the daughters 163(67.6%) preferred discussing sexuality issues with their mothers than with their friends 32(13.3%). One hundred (40.7%) of them indicated that their discussions were prompted by misbehaviour. The daughters indicated that the effect of their discussions included delay in initial sexual intercourse 196(94.2%) and use of contraceptives 3(1.7%). However, a few 4(2.3%) said that it made them to be more sexually active. Most of the daughters 198(83.2%)

did not find sexuality communication with their mothers difficult.

Since most adolescent females prefer their mothers as their primary sexuality educators, improving intra-family sexuality communication would entail implementing programmes to promote early initiation of mother-daughter sexuality communication.

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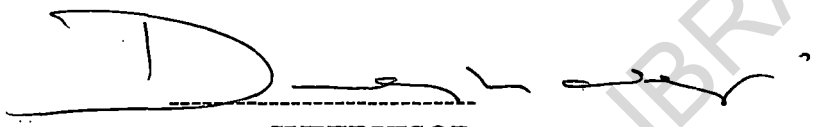
## CERTIFICATION

I certify that this work was carried out by Miss Bridget Omowumi Akin-Otiko in the Sub-Department of Health Promotions and Education, Department of Preventive and Social Medicine, College of Medicine, University of Ibadan, Ibadan, Nigeria.



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## GLOSSARY OF ABBREVIATIONS

| | | |
|---|---|---|
| ADON | - | Association for Development Options In Nigeria |
| AHI | - | Action Health Incorporated. |
| AIDS | - | Acquired Immune Deficiency Syndrome |
| ARFH | - | Association for Reproductive and Family Health |
| ARHEC | - | African Regional Health Education Centre |
| CPO | - | Centre for Population Options |
| FEAP | - | Family Economic Advancement Programme |
| FGD | - | Focus Group Discussion |
| FLE | - | Family Life Education |
| FOS | - | Federal Office of Statistics |
| HIV | - | Human Immunodeficiency Virus |
| IEC | - | Information, Education and Communication |
| KAP | - | Knowledge, Attitude and Practices |
| LGA | - | Local Government Area |
| NDE | - | National Directorate of Employment |
| NECON | - | National Electoral Commission of Nigeria |
| NERDC | - | Nigeria Educational Research and Development Council. |

| | | |
|---|---|---|
| NGTF | - | National Guidelines Task Force |
| PHC | - | Primary Health Care |
| POP/FLE | - | Population/Family Life Education |
| PTA | - | Parents Teachers Association |
| STD | - | Sexually Transmitted Disease |
| STI | - | Sexually Transmitted Infection |
| U.I. | - | University of Ibadan |
| UK | - | United Kingdom |
| UNFPA | - | United Nations Population Fund |
| UNICEF | - | United Nations Children's Emergency Fund |
| U.S or USA | - | United States of America. |
| WGNRR | - | Women's Global Network for Reproductive Rights |
| WHO | - | World Health Organisation |

## OPERATIONAL DEFINITIONS

| | |
|---|---|
| Adolescent daughter | - A girl child aged 10-19 years. |
| Early sexual involvement | - Sexual intercourse before marriage. |
| Index daughter | - The particular adolescent daughter in the family paired with the mother for this survey. |
| Mother | - The woman who gave birth to the girl child |
| Patterns | - The ways in which the sexuality communication process happens or is designed looking at the basic elements of a simple communication process viz - nature of the people involved, what is exchanged, why it is exchanged, how it is exchanged, the problems with the exchange process, influence of the environment, the outcome and the relationship between these elements. |
| Reproductive health | - A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters related to the reproductive system and to its functions and process (Otolorin, 1997). |
| Sexual behaviour | - Refers to sexual activeness, that is, whether sexually active (ever had sexual intercourse), or non-sexually active (never had sexual intercourse). |
| Sexual health | - The enjoyment of sexual activity of one's choice, without causing or suffering physical or mental harm (Greenhouse, 1995). |
| Sexuality | - The totality of physical, emotional and social components of man that is related to his need for identity, relationships and intimacy. |

| | |
|---|---|
| Sexuality Communication | - Verbal exchange of information, feeling or opinions between two or more persons about life goals, growth and development, personal grooming, social and sexual relationships, and marriage in order to produce a particular result which may be immediate or for the future. |
| Sexuality education | - A lifelong process of acquiring information and forming attitudes, beliefs, and values about identity, relationship and intimacy. It encompasses sexual development, reproductive health, interpersonal relationships, affection, intimacy, body image and gender roles (NGTF, 1996). |
| Sexually active daughter | - One who has had sexual experience. |

# CHAPTER ONE

## INTRODUCTION

Adolescence (10-19 years) has been referred to as a period that is filled with changes and choices and is often referred to as the "stormiest" period in life (CPO, 1989; WHO, 1993). This is so because of the challenges of transition from childhood to adulthood which adolescents have to face. These according to Steinberg (1989) include: discovering and understanding who they are as individuals; establishing a healthy sense of independence; forming close and caring relationships with other people; expressing sexual feelings and enjoying physical contact with others; and being successful and competent members of the society.

However, the burden can be reduced through provision of supportive, non-judgemental and open family system that is alive to its responsibility to the children. It has been recognized that the family has great influence on the children because of its prestige and power to distribute love, rewards and punishment (Ogu, 1994) and therefore in a unique position to provide them with sexuality education. Since mother-daughter interaction starts from conception and through uterine life, it is expected that sexuality education role of mothers should start as soon as the baby is born and continue until the child is able to assume full

responsibility for his/her own sexual health. The process of such sexuality education according to NGTF (1996) will involve the acquisition of information that will influence attitudes, beliefs, and values about identity, relationships and intimacy. Others include sexual development, reproductive health, interpersonal relationships, affection, intimacy, body image, and gender roles.

It has been noted however that parents worry more about their children during adolescence than at any other time (Wagman, Cooper and Todd, 1981). Young people often desperately need the opportunity to share their feelings and attitudes, and discuss their moral dilemmas in a supportive and healthy environment (Wagman et al 1981). In many countries, parents have always expressed their inadequacy to discuss the explicit issues of sexuality with their children and in Nigeria, parents have also expressed similar inhibition (NGTF, 1996).

Since comprehensive and accurate information is basic to accepting and successfully executing one's responsibility in every sphere of life, parents need to be knowledgeable about human sexuality in order to understand their own sexuality and those of their daughters. This will enable them carry out their parental roles more effectively. The focus of this study therefore is an understanding of what the present pattern of mother-daughter sexuality

communication is. This is essential for designing relevant educational programmes to promote intra-family sexuality communication.

**Statement Of The Problem**

Young people ages 10-19 years number more than one billion, comprise nearly one-fifth of the world population, and are growing in number. Virtually all of this growth is occurring in developing countries with Sub-Saharan Africa leading the way (McCauley and Salter, 1995) where it is 23%-30% as against 14% in developed countries (WHO et al, 1995; McCauley and Salter, 1995). Nigeria's adolescents number about 18 million, about 20% of the total population (Makinwa-Adebusoye, 1996).

It has been recognized that majority of teenagers are uninformed or misinformed about intercourse, conception, sexually transmitted diseases/AIDS and the resources available to help them (Wagman et al, 1981; NGTF, 1996, Makinwa-Adebusoye, 1996). Viewed against adolescent population, it can be disastrous for such a dependent and significant proportion of any country to be uninformed or misinformed about sexuality issues which have socio-economic and health implications. The young women under 20 years face greater risks (than older women) of hypertension, cephalopelvic disproportion, iron deficiency anaemia and unsafe abortion in pregnancy and during childbirth. Besides, she

faces loss of education, more limited job opportunities and lower earnings (McCauley and Salter, 1995).

Yet adolescent sexual behaviour is shaped by many factors. The social climate of today's society is one in which sexuality is deeply ingrained. The society uses sex on the media, clothing, cars, cards and sourvenirs. All these serve to keep sexual images on the mind (Howard, 1988).

Similarly, life-styles have changed. The urban environment provides adolescents with a large degree of autonomy within the context of relaxed mores on sexuality and dating (Makinwa-Adebusoye, 1996). In this regard, young people have much more free time to themselves with their parents away from home for greater part of the day. Moreover, the sense of community's responsibility for one another has also reduced as people are less concerned about the risky behaviours of their neighbour's daughters.

The working patterns of mothers take most of them out of their homes for hours thus reducing their chances of interacting with these daughters (Howard, 1988; Olawoye, 1995). Atimes, it is the girl who has to go and work after school to augment the family income. This does not only reduce interaction with parents but exposes the girl to dangers of sexual abuse and unintended sexual intercourse. Likewise, according to Makinwa-Adebusoye (1996) adolescents who move from

rural areas to cities, leave behind family and community support, and restraints that help them to avoid early sexual initiation. Examples of these include initiation ceremonies or other cultural practices that served as mechanisms for the transmission of information and values about family life, child spacing and sexuality within the context of which emphasis on premarital virginity was stressed (Oladepo, 1994 quoting CPO, 1992).

It has been stated that it is the principal responsibility of parents to help their children understand the concept of sexuality and to communicate with them at every stage of development (NGTF, 1996). While adolescents prefer to go to their parents mainly for advice on their personality problems, and issues of lasting importance to them (Uka, 1977), parents do not provide adequate information to the adolescents about sexuality for various reasons (Wagman, 1981; Osundare, 1990; NGTF, 1996). These include, lack of knowledge, lack of time, shyness, and their own sexuality education experiences with their parents when they were young.

In a study by Oladepo and Bawa (1994), of adolescents who had unintended pregnancies, only 15.1% (n=306) indicated "parents" as their major source of information on sex education. In another survey of 127 pregnant girls in Nigeria conducted by Orosanye, Ogbeide and Unuigbe (1982) and quoted by

Oladepo (1994), none of the girls had ever talked to her parents about human sexuality. This lack of communication between parents and adolescents is often responsible for lack of effective guidance to children. Yet many parents live together with their adolescent children. Oladepo and Bawa (1994) discovered that 79% of the parents of the adolescents with unplanned pregnancy were living together with their daughters, suggesting that although supportive family exists, poor sexuality communication between the parents and children exists.

The fact that parents do not communicate with their children (especially girls) at all or early enough about sexuality makes the children seek alternative sources of information. According to Bignell (1980), the primary sources of information for teenagers regarding human sexuality are the media and peers. These sources are usually faulty and inadequate to help them cope with the pressures all around them in their world of peers and the media. Consequently, they crash under these pressures, creating the present ugly and unhealthy picture of high teenage pregnancies; sexually transmitted diseases/AIDS; abortions; child abandonment; high maternal mortality; delivery complications; dropping out of schools; and adolescent crimes. It has been reported that once the adolescent girls get sexually involved, they usually find it difficult to stop and their lives are filled with shame and regrets (Hurlock, 1973). Giving this situation, it is important to

equip adolescents early to face the hightening challenges to their sexuality before adolescence and support them during the period.

While many parents do not know what to do, some on the other hand unrealistically restrict their daughters' movement without mutually agreeing on how to prevent sexual involvement (Howard, 1988). This occurs as many parents themselves are products of stringent and repressive pattern of sexual morality enforced by their own parents and the socially built in taboos on sex education (Osundare, 1990). These often affect their perception and value clarification processes, thus restraining their efforts to the traditional manner in which they themselves had been taught sexuality in their adolescent days (Roberts and Holt, 1980). In order for parents to fully appreciate and support sexuality education, they have to be fully oriented or re-oriented on the importance and need for such parent-child sexuality communication.

**Justification For The Study**

Adolescent reproductive health programmers and researchers have always suggested parent-child sexuality communication as one of the main strategies to prevent early sexual involvement and promote healthy sexuality (Oladepo, 1994;

WHO, UNICEF, UNFPA, FMOH, USAID/AIDSCAP, 1995; and Makinwa-Adebusoye, 1996). This is in recognition of the fact that children first begin to absorb and form the attitudes and values that will shape their sexual behaviour as they grow into adults, from the home (NGTF, 1996). However, the effacement of the traditional family and social systems by modernization and urbanization have been noted to affect sexuality information exchange between parents and their children (Oladepo, 1994). Many government and non-governmental agencies promoting reproductive health, school authorities and religious institutions are worried about the widening parent-child communication gap (CPO, 1992; NGTF, 1996). Unfortunately, information on the issue is limited.

This study will therefore provide baseline information for those who need it and enable health educators, Community Development Officers (CDOs) and others concerned with women and adolescents to design programmes that are relevant to the needs of families in Nigeria. These will bring about increased knowledge and understanding of sexuality issues among mothers and their daughters as well as dispel fears and myths surrounding sexuality. Consequently, it will foster positive attitude and parental support for family life education activities in the home and school settings. Furthermore, in view of the paucity of studies on parent-child sexuality communication in Nigeria, this study will

provide answers to the following research questions, thereby contributing to new knowledge in this area.

**Research Questions**

1. When do mothers start formal communication about sexuality with their daughters?
2. Why do mothers communicate with their daughters about sexuality? Is it out of a sense of responsibility or in response to some cues?
3. On what sexuality issues do mothers communicate with their daughters?
4. How adequate is the information shared by parents and daughters? Is there need for more information from alternative sources?
5. What factors hinder or promote mother-daughter communication about sexuality?
6. Are variations (if any) in the type of sexuality issues discussed, the level of sexuality communication, and difficulty with sexuality communication, related to socio-demographic variables such as age, educational level, family type, religion, mother type and daughter's sexual behaviour?
7. What are the beliefs and attitudes of mothers to sexuality communication with their daughters?
8. Of what use can findings be to women and adolescent programme planners.

**Objectives Of The Study**

The broad objective of this study is to examine the current mother-adolescent daughter sexuality communication patterns and suggest programme approaches that can be effective in promoting intra-family sexuality communication.

The specific objectives are to:

1. identify the period when mothers initiate formal sexuality communication with their daughters and the cues to its initiation;
2. identify the types of sexuality issues which mothers discuss with their daughters;
3. determine the adequacy of information received from mothers on different aspects of sexual health;
4. identify the factors that hinder or promote communication about sexuality between mothers and their daughters; and
5. suggest guidelines for the design of educational programmes for mothers and adolescents, based on the findings of the study.

**Hypotheses**

The study is an exploratory study to describe the mother-adolescent daughter sexuallity communication patterns. However, the following hypotheses are being tested:

1. There is no significant relationship between amount of sexuality communication and daughter's sexual activeness.
2. No relationship exists between the amount of sexuality communication and number of daughter's sexual partners.
3. There is no difference in the effect of sexuality communication among daughters in different age groups.

# CHAPTER TWO

## LITERATURE REVIEW

This chapter documents adolescent reproductive health issues and the place of parent education programmes in promoting mother-daughter sexuality communication. The chapter is divided into eight major sections ending with conceptual framework for the study.

**Adolescence And Sexuality:**

The period of adolescence spans through the second decade of life and it is characterized by some major bio-psycho-social changes which have great implications for the life of the adolescent. According to Steinberg (1989), one of the major developmental concerns paramount during this period is sexuality. This is because young people develop the capacity and drive for physical intimacy before their psycho-social growth or experience can provide them with the skills they need to manage it. Hence, the need for parents to support and guide them in this area (Howard, 1988).

Although sexuality begins at birth, the period of adolescence is a very important time in human life for the development of healthy sexuality because it is marked with a lot of changes, choices and challenges. Explaining this further, Steinberg (1989) said, children may be capable of experiencing sexual arousal and

pleasurable sexual feelings, but they are not as aware as adolescents of sexual impulses or of their own sexual desires. Moreover, it is not until puberty that individuals become capable of sexual repoduction. Before puberty, children are certainly capable of kissing, petting, masturbating, or even having sexual intercourse. But it is not until puberty that males can ejaculate semen or females begin to ovulate, and the fact that pregnancy is a possible outcome of sexual activity changes the nature and meaning of sexual behaviour markedly for the adolescent and for others. In other words, it is not until puberty that individuals develop the secondary sex characteristics that serve as a basis for sexual attraction and as dramatic indicators that the young person is no longer physically a child.

It has been reported that boys and girls now experience puberty at younger ages than previous generations, for example, girls enter puberty between ages 8 and 13. This change is often attributed to better health and nutrition (McCauley and Salter, 1995). In view of this development, most young adults reach sexual maturity before they attain emotional or social maturity or economic independence. According to Hurlock (1973), at the time of menarche, many girls have no knowledge about intercourse and many more lack important knowledge about marriage. A study conducted in Southern Italy revealed a consistently high

lack of information and negative beliefs about menarche by many of the girls (11 - 14 years) (Amann - Gainotti, 1986). It therefore becomes clear from the foregoing that the adolescents need some basic preparations in order to have healthy sexuality.

**Adolescent Reproductive Health Problems.**

Many researches have noted that adolescents and college students in particular, are likely to experiment sexually, often with multiple partners, and without using condom on a regular basis (Lear, 1996). Surveys show that sexual activity among the adolescents is usually unplanned. The sporadic sexual activity with multiple partners put female and male teenagers at risk of unwanted pregnancy and sexually transmitted diseases including AIDS (Makinwa-Adebusoye, 1996).

(a) Age of Sexual Initiation:

Ladipo et al (1984) reported a survey in which 51% of the 18 year old female respondents had engaged in sex and the mean age of sexual experience was 16 years. In a more recent study by Brabin, Kemp, Obunge, Ikimalo, Dollimore, Odu, Hart and Briggs (1995), carried out in South Eastern part of Nigeria, almost half (43.6%) of adolescents less than 17 years reported themselves to be sexually active. The mean age

of initiation of sex has come down to 10 - 13 years (Aderibigbe, 1995; AHI, 1996). Adolescents from single parent families, daughters particularly, are more likely to start at a younger age (Miller and Moore, 1990). According to Tripp and Melanby (1994), teanagers of higher educational level in the United Kingdom have a later median age of first intercourse.

(b) Pregnancy and Abortion:

Brabin et al (1995) found out that of girls less than 17 years, 17.8% reported at least one abortion, and abortions were reported by one in five (21.2%) of those aged 17 - 19. The high rate of abortion parallels low contraceptive use as only 5.3% of those who had ever had sex reported ever using a modern contraceptive. However, there were no abortions reported among girls aged 12 and 13. The World Health Organisation estimates that at least 33% of all women seeking hospital care for abortion complications are aged under 20 years (Barnett, 1993). Over 60% of patients presenting at Nigerian hospitals with abortion related complications are adolescent girls (AHI, 1996). In an interview of 192 adolescents admitted to the University of Ilorin Teaching Hospital for septic illegal abortions, 72.5% were between 15 - 19 years old

(Adetoro, Babarinsa and Sotiloye, 1991). Another study in Nigeria found that complications of illegal abortion accounted for 72% of all deaths among teenage women (Lee and Made, 1994).

(c) STDs/AIDS:

Another major problem facing adolescents is sexually transmitted diseases (STD). WHO estimates that worldwide, 1 out of 20 adolescents contract a sexually transmitted disease each year. Also, one-fifth of people worldwide with AIDS are in their 20s indicating that they probably got the AIDS virus during adolescence due to the long latency period of the disease (AHI, 1996). In the study by Brabin et al (1995), 16.2% of those below 17 years and 20.9% of those 17-19 years had STD while 33.3% and 43.8% respectively had reproductive tract infection. Although itching was frequently reported, among adolescents (46.6%), few (2.8%) had sought treatment of any kind, including traditional medicine.

(d) Sexual Offences:

Sexual offences by and against adolescents are common occurrences. Worldwide, young adults and children suffer the physical and emotional traumas of sexual assault and rape. Poverty coerces many young people of both sexes into early sexual activity for money

(McCauley and Salter, 1995). In a study on crimes committed by and against adolescents (between the ages of 11-18 years) in Ibadan, Nigeria, it was discovered that rape of adolescents was common (Aderibigbe, 1995).

(e) Fertility:

High fertility is common among adolescents. The Nigerian Demographic and Health Surveys of 1990 showed that 39% of women aged 15-19 years were married (McCauley and Salter, 1995). Makinwa-Adebusoye (1996) also reported that about 12% of girls have a baby before they are 15 years and about half of the teenagers become mothers before the age of 20 years. 15% of all births are by teenage girls under 18 years. Women in age group 12 - 14 who were married had at least 1.2 children. However, birth rates are lower among teenagers who had attained secondary education and highest among those with no education (Makinwa-Adebusoye, 1996).

High infant and maternal mortality, and morbidity are associated with early childbearing. It has been documented that pregnant girls aged 15 and under have a maternal mortality rate 7 times higher than that of women aged 20 - 24 while those under 20 years suffer more pregnancy

and delivery complications (toxaemia, anaemia, premature delivery, prolonged labour, vesico-vaginal fistula- VVF) than do women aged 20 or more (WGNRR, 1992 quoted by AHI, 1996). Analysis of Nigerian data showed that adolescents aged 10-18 may account for nearly 60% of all cases of VVF while the highest infant mortality rate are among children born to teenage mothers (Makinwa-Adebusoye, 1996).

Highlighting the socio-economic consequences of early child bearing, McCauley and Salter (1995) reported that compared with a woman who delays child bearing until her 20s, the woman who has her first child before age 20 is more likely to: obtain less education, have fewer job opportunities and lower income, be divorced or separated from her partner and live in poverty. In a Nigerian study of 127 pregnant school girls, 52% were expelled from school, 20% were too ashamed to return, 15% could not return because their parents refused to pay tuition and 8% were forced to marry (AHI, 1996, quoting Gyepi-Garbrah, 1985).

**Factors Responsible For Adolescent Reproductive Health Problems:**

A number of factors have been identified in various studies as being responsible for the above picture of adolescent sexuality and reproductive health problems. These factors are similar universally except that in developing countries, poor socio-economic status and child labour are major additional factors.

(a) The media and pornographic materials:

According to Aderibigbe (1995), the mass media has invaded the psyche of young people and exposed them to sex at a much earlier age than it was years ago. The media (television, pornographic magazines, blue films, music) and obscene foreign materials which are uncensored by the government contribute to deviant sexual behaviours (Olawoye, 1995) because the society uses sex on television, movies and public entertainment songs. Although it has been reported that 94.0% of the sexual behaviour on television are acted by people who are not married or people in sexual situation with someone other than their spouse, yet the adolescents spend more time at television, radio and prints than in the classrooms or with their parents (Howard, 1988). In a study by

Makinwa-Adebusoye (1996), a male participant in a Focus Group Discussion in Kano said "The things that make boys meet with girls and girls with boys are too much exposure, music about sex, and also films, our parents also give out their children too early."

Furthermore, clothing is often designed to exhibit body shape and emphasize sexual autonomy while some are lettered with sexual messages. Cars, greeting cards and sourvenirs are decorated with sexual messages. All these serve to keep sexual images on the mind (Howard, 1988). Moreover, condoms are advertised with positive sexual messages and mothers now teach their children to carry condoms, instead of teaching them morality, dignity and self-respect. (Egunjobi and Okpalaeke, 1997).

(b) Changing Traditional Family Systems and Social Norms:

Another obvious factor is the weakening of the many traditional and tribal value system (Oladepo, 1994 quoting CPO, 1992). The effective traditional and cultural education both at home and at school which could have helped to restrain high risk behaviours of girls are lacking (Oladepo, 1994). Olawoye (1995) reported that there is lack of proper care by parents for their children and that parents exhibit non-challant attitude being more concerned about their businesses. This

reduced interaction creates a communication gap between parents and children thus exposing adolescents to early pre-marital sex and psyco-social problems.

(c) Economic Depression:

Besides the weakening traditional norms, the need to earn income is a major cause of pre-marital sexual activity (Makinwa-Adebusoye, 1996). According to Olawoye (1995), the socio-economic predicaments of the society is affecting the family set up and standard of living. A lot of parents cannot afford to feed their children, some have more children than their income can cater for. This has forced out some children as "bread winners" making them susceptible to sexual abuse. Similarly, poverty has led some girls to sell their bodies for money. A female participant in a Focus Group Discussion in Kaduna said "... Money is problem, girls want to be flashy without jobs, so they hawk themselves which is too bad." Another female participant in a similar discussion in Jos said "... the need for money is involved. They go for money in exchange for love making" (Makinwa-Adebusoye, 1996).

(d) Lack of Knowledge:

Lack of adequate information is also a factor responsible for sexual problems among adolescents in the world today. Tripp and Mellanby (1994) opined that teenagers' misconceptions about the risks of sexual activities can sometimes be compounded by their sources of information. Currently in Nigeria, there is a dearth of family life education in schools and other organs of socialization.

Recognizing the unique role of traditional belief systems however, there has been a persistent demand for the restoration of traditional norms and sanctions in the control of adolescent sexual problems (Olawoye, 1995).

**Mother-Daughter Relationship**

It is often expected that mothers and their daughters will live together, but in reality, parents often live apart. Reasons responsible for this situation include job migration, polygamy, divorce, remarriage, and childbearing outside wedlock. It has been reported that in Sub-Saharan Africa, 36% of women aged 40-49 who have ever been married had gone through a divorce or a separation, or been widowed, at least once (Lloyd, 1993). When parents live apart, children cannot live with both biological parents. Even when parents live together, children

sometimes live apart from them, particularly in places where child fostering is common. Data suggest that children in Sub-Saharan Africa may spend more time (than one-fourth of their lives before fifteenth birthday) either away from their mothers, or living alone with mothers who are not currently married (Lloyd, 1993). In a study by Adetoro et al (1991) only 12.5% of the 192 adolescents lived with both parents. This exemplified the break down of the family which traditionally prepared children for integration into the adult society.

Parents'behaviour resulting from the bio-psycho-social processes which they are going through can affect the behaviour of their adolescent girls and vice versa. For instance children may enter adolescence at a time (35-60 years) when many parents themselves may be feeling some upheavals in terms of physical, mental, and emotional adjustment. Sometimes, these adjustments in middle age are diametrically opposed to those experienced by adolescents. While some are parallel some actually are incongruous. These changes can cloud the interactions between parents and their children if neither (parents in particular) is aware of the possible reasons behind their attitudes and feelings (Howard, 1988).

It has also been observed that adolescents tend to be closer to their mothers than fathers and feel more comfortable talking to their mothers about problems and other emotional matters (Youniss and Smollar, 1985).

Interestingly, adolescents also "fight" more often with their mothers than their fathers, but this higher level of conflict does not appear to jeopardize the closeness of the mother-adolescent relationship (Youniss and Smollar, 1985). This preference for mothers may be as a result of mothers' spending more time with their children, or being more emotionally accessible or because of their cultural roles.

Research on the impact of puberty on family relationships has pointed to a more consistent pattern, namely, that puberty appears to increase the distance between parents and children (Steinberg, 1987). Studies have also shown that as youngsters mature from childhood toward the middle of puberty, distance between them and their parents increases and conflict intensifies especially between the adolescent and his or her mother (Hill, Holmberk, Marlow, Green and Lynch, 1985; Steinberg, 1987). Other studies indicate that although conflict may diminish after the adolescent growth spurt, adolescents and their parents do not immediately become as close as they were before the adolescents entered puberty (Steinberg, 1989). Although the importance of peer relationships undoubtedly increases during adolescence, the significance of family relationships does not decline. Contrary to widely held stereotypes about adolescents' social relationships, parents do not cease to be important sources of influence or targets

of intimacy. Throughout adolescence, parents and adolescents remain close. Parents, especially mothers, remain important confidants and both mothers and fathers continue to be significant influences on the young person's behaviour and decisions. It has been noted that in adolescence, being close to one's parents has a more positive impact on psychological health than being close to one's friends (Greenberg, Siegel and Leitch, 1983). Other studies have shown that the quality of the relationship that adolescents have with their parents may have an influence on the quality of the relationship they have with close friends (Gold and Yanof, 1985). Increasingly, psychologists are beginning to realize that family relationships influence peer relationships and vice versa (Steinberg, 1989).

Many parents believe that their children become more argumentative during adolescence. What probably happens is that their children become better arguers. In matters of personal taste, such as styles of dress, preferences in music, and patterns of leisure activity, there is somewhat a gap between the generations. Adolescents are more likely to be influenced by their friends than by their parents in these matters and as a consequence, disagreements and differences in opinion between old and young often result. A mother and her daughter may argue about such things as the daughter's restrictions of what time she could go out, how the daughter spends her spare time, whether the daughter

keeps her room clean enough, or what sort of clothes the daughter wears (Steinberg, 1989).

**Parent-Daughter Sexuality Communication**

(a) Problems confronting parent-daughter sexuality communication:

Policy makers, programme managers, and parents themselves often agree that parents are the preferred providers of sex education, in many societies, yet few parents talk to their children about sex (McCauley and Salter, 1995). Parents indeed have a major role to play in teaching their children how to judge what is right and wrong, and how people should be treated (Wagman et al, 1981). A study of more than 1400 parents of 3-11 years old children to determine the process of sexual learning in the home environment revealed that most children, both boys and girls, took their questions regarding sexual matters to their mothers (Roberts and Holt, 1980). Many adolescents feel that their parents should tell them about sex (Hurlock, 1973). A study by Riddle (1984) suggested that the youngsters preferred their mother or father rather than peers, as the primary source for information on issues of sexuality.

In a traditionally functioning society, the beliefs regarding sexuality and family planning were controlled by elders and family members

(Barker and Rich, 1992). Some sex and family life education is contained in the adult initiation rites of most cultures (Asuzu, Odor, Asuzu and Oyejide, 1989). As traditional cultural influences on adolescent sexuality in Africa have diminished, peer interaction and modern influences have gained in importance (Barker and Rich, 1992). Girls get most of their first information about sex from their mothers and girl friends (Hurlock, 1973). A female FGD participant in Calabar, in August, 1995 said "We talk to our mothers (when we have problems), but our friends are the ones we discuss freely with because they tell us solutions without us fearing them (Makinwa-Adebusoye, 1996).

Communication gap between parents and their adolescents can predispose them to premarital sex and its sequelae for which they are usually unprepared psychologically and emotionally. According to Oladepo (1994) lack of parent-adolescent communication on human reproduction and moral standard for sexual behaviour is a major barrier to be overcome in promoting healthy sexual behaviour among adolescents. Feedback from FGDs for adolescents and parents in Kenya indicated that both young people and their parents are concerned about teen pregnancy, susceptibility to STD, early dropping out of school, the difficulties of early marriage,

the availability and lure of drugs and alcohol, the lack of parental guidance during adolescent's developmental years and the lack of job opportunities amid ongoing cost of living increases in Kenya (John Hopkins, 1995). The same report revealed that adolescents and parents believe that they have poor relationships with each other and are interested in developing skills to improve communication. Some parents specifically requested help in communicating with their adolescents. Similarly, at a meeting of a group of young people conveyed by UNICEF and WHO in 1993, the youth said among other things, that there is lack of communication between parents especially about sex, HIV and AIDS, and that they would like to see communication between parents and their children improve (NGTF, 1996).

Adolescents are very inquisitive and because some parents are shy to tell them what they should know, they go out to seek such information (Aderibigbe, 1995; Olawoye, 1995; Bignell; 1980). While in one family it may be very easy for parents to discuss intimate sexual matters with their children, others may not be able to do so (Howard, 1988). Surveys conducted nationally (Nigeria) show that parents who ought to be primary sexuality educators of their children and communicate to them, specific

values about sexuality, play the least role in this area. They prefer to believe that access to sexuality education will encourage adolescents to become sexually active (NGTF, 1996). Sexuality education is not the same as teaching young people how to make love. Rather it involves helping young people to have a thorough understanding of who they are as boys and girls from birth as well as assist them cope effectively with the physical, emotional and social changes at each stage of development (NGTF, 1996).

Many parents do not feel adequately prepared to teach their children about sexuality. Presenting a catalogue of findings from previous studies, Wagman et al (1981) reported that:

- A survey of Mid Western (USA) parents revealed that only 16% agreed with the statement that "most parents are capable of teaching their children about sex education."
- In a random sample survey of Suburban Illinois parents, 72% acknowledged that they did not provide adequate information to their adolescent children about sexuality.
- Another sample study revealed that only 28% of adolescent males and 30% of females were able to comfortably discuss sexuality

topics with their parents; while still a smaller percentage of these adolescents (17%) were able to actually discuss their own sexual dilemmas and concerns with their parents.

- Others have found that teenagers who are sexually active are least able to discuss their concerns about sexuality and relationship with their parents.

A female FGD participant in Makurdi, August 1995 said "We don't like to confide in our parents rather we will confide in our friends when we have sexually related problems" (Makinwa-Adebusoye, 1996). This may be due to a sense of guilt or because the parents may blame them, while the friends would suggest solutions to them.

(b) Reasons for poor parent-child sexuality communication:

because of lack of knowledge to meet the child's needs (Wagman et al, 1981; Howard, 1988). Fisher (1986) observed that parents who discuss sex with their children appeared to have more accurate information about reproduction and contraceptive than parents who did not talk to their children. On the other hand, some of them believe that access to sexuality education will encourage sexual experimentation. Some parents however

fail to appreciate the implications of the rapidly changing social climate and life styles on adolescent sexuality development.

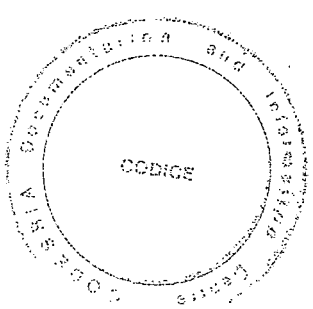
According to Thomson (1997), even the most well-informed parents with good intentions may find it difficult to give their own children, especially adolescents, information about sex. Furthermore, he reiterated that just because one is a health professional does not necessarily mean one will have the words and confidence to discuss the human side of sexuality with one's own children. This may occur because it is often difficult to accept the idea that a dependent adolescent still living in the parental home is becoming sexually active (Thomson, 1997).

Another reason for poor parent-child sexuality communication is that as children enter puberty, parents experience new feelings and attitudes triggered by the changes that their child is experiencing. Parents may not know how to communicate their concerns to their adolescent in ways that will be helpful to the young person. Even parents who may have talked rather freely with their children over the years, answering their questions carefully and honestly, may start feeling new anxiety or concern (Howard, 1988). Some parents, who have never talked with their children about sexuality, feel anxious or concerned by a need to do

something. As young people begin to date, additional urgency is often added to these feelings. Howard (1988) explained that, it is important that parents do something as not doing something may mean that they will first have to talk to their child about sexuality at a much more difficult time. This include when they find out their child is having sex, or find out their child is pregnant or has caused a pregnancy, or when they find out their child has a sexually transmitted infection. According to him, it is never too early to begin talking with a child about sex, and that parents should begin before it is too late.

Researchers have found that healthy adolescent development is associated with particular patterns of verbal interaction (Steinberg, 1989). Hauser, Powers, Jacobson, Noam, Weiss and Follansbee (1984), have drawn a distinction between "enabling" and "constraining" patterns of interchange in the family. Enabling interactions include explanation, problem solving, and empathy. Constraining interactions are distracting, judgemental, or devaluing of a family member's opinion. Ashen (1977) discovered in a study carried out in Ibadan that there was no difference in the mean communication of mothers to their children among the lower socio-economic and westernized groups. However, mothers in the lower





socio-economic group expected more of their children and tended to respond to a child's frustrations and need for help with command or discouragement. Such mothers gave less praise and more negative feedback.

Sometimes, if the teen's opinions are so opposite to what the parent is conveying, it is difficult for parents not to get angry or upset or worried, and attack the teen's ideas. Initiating anything that cuts communication reduces the opportunity for adolescents to do further thinking and talking (Howard, 1988). Cordial relationship between the mother and her children is therefore essential for effective discussion of sex and related matters (Fadeyi, 1989). Although parents can express strong disapproval if the teen fails to meet the expectations, it is essential that she is shown how to make amends. According to Howard (1988), parents should have confidence that their teen, will be able to learn from experiences and make increasingly wise decisions.

The quality of home instructions depends not only upon the knowledge the parents have but on their willingness and ability to impart this information. Far too many parents believe that they have fulfilled their duties when they tell their children about procreation, when they

prepare their daughters for menstruation and warn them against the dangers of sexual activities. In reality, this quantity of information leaves large gaps in the knowledge the adolescent would like to have (Hurlock, 1973). According to Fisher (1986), when parents and children talk about sex, it is attitudes and values that are conveyed, more than sexual knowledge or contraceptive choice. A survey by Owuamanam (1983) among secondary school students in Nigeria showed that parents provided information on marriage, menstruation and sexually transmitted diseases, while peers and magazines provided information on sexual intercourse, ejaculation, contraception and romance. In a KAP study by Osujih (1986) only 32 girls (7.6%), 24 urban and 8 rural, reported receiving early information from mothers or senior sister about onset of menstruation and risks of premarital pregnancy. Another study by Asuzu et al (1989) showed that 65(60%) of the girls aged 13-19 years had discussed menstruation with their mothers before and only one with the father. In addition, only 26 (24%) ever discussed sex with their mothers and none with their father. In a study to assess communication between parents and their children in 1994 both groups were asked whether they had talked to each other in the past 12 months about any of a list of topics. Results

revealed the parents and their children agreed on the levels of discussion, but most had discussed only school work and careers. Despite their importance to young people's futures, reproductive health topics, particularly contraceptives, were the least discussed (Kiragu, 1995).

(c) What parents need to communicate:

According to the Planned Parenthood Federation of America - PPFA (1993), Pre-teens (8-12) need all the facts about menstruation, and other signs of maturing. They worry about whether they are "normal". They need to be reassured that no two people are the same, and that it is normal to be different. Though there is the need to let pre-teens "fit-in" with their peers, they must be encouraged to think for themselves and not get carried away by the crowd. It has been found that most 12 year olds are ready to know about sex and reproduction (PPFA, 1993) especially about sexual and social relationships. They need to know about STI, birth control, and the consequences of teen pregnancy and how these can affect their lives. Teens (13-19) must learn how to say "no" and understand what safer sex is. They must know how to have relationships without getting hurt and without hurting other people and must also know they are responsible for their choices. There is a need to reassure them that their

sexuality and feelings are normal.

Mothers need to tell their daughters what is happening in their bodies. Such communication should be put within the context of the girl's biological role and her future. In this realm, the mother should find a way to correlate early motherhood with career prospects, give examples of women who are not successful because they got pregnant in school and stress the consequence (Fadeyi, 1989). According to Howard (1988), if parents are only concerned about consequences, worried about pregnancy or an STI, the adolescent may say, "I will use birth control so that I won't be pregnant". This will make sexual intercourse to become a permissive behaviour.

(d) How parents can communicate effectively:

Effective communication is a skillful art. Parent therefore need help to develop the communication skills required to interact with their adolescents. Conversations about values rather than lectures are a more important way to communicate what is wanted. Conversations are two-way, with room for exchange of ideas, feelings, and information (Howard, 1988) Communication attempts that do not seem to work, according to Howard (1988) include: lecturing, blaming, being a matyr, comparing,

making threats, ordering, name-calling. Those that seem to work better are: learning to listen, parents looking for natural opportunities to talk about sex with their teen, showing respect for their adolescent's feelings and the force of his or her sexual feelings, letting their teen express his or her feelings about sex freely, trying to listen to and value their adolescent's opinion about sexual matters, not interrupting their adolescent before he or she has finished talking, sticking to the subject when they talk to their adolescent, not talking to their adolescent as if he or she were younger than he or she really is, keeping their mind on the subject when they are talking to their adolescent, making dear the things they mean to say, asking to hear their adolescent's side of things and listening carefully for hidden feelings, engaging in problem-solving together.

It is important that parents do not give information about sex in an embarassing and half-ashamed way that could upset the adolescent. If the relationship between the adolescent and her parents is at all strained or uneasy, communication will be difficult (Hurlock, 1973). Waszak, Tashakkori and Thompson (1988) found that mothers with restrictive attitudes were more likely to use coersion and values communication while more permissive mothers were more likely to discuss their own and their

children's own sexual behaviour. Fadeyi (1989) believes that parents give warnings that are not enough ammunition against the rising lust of puberty instead of having heart-to-heart, mother-to-child discussion and providing answers to the children's innocent questions.

Evaluation of the effect of a parent programme by Krauss, Tiffany and Goldsamt (1997) also indicated that children are three times more likely to remember conversations if the child and parent are alone together at the time of the conversation. For effective parent-child sexuality communication, NGTF (1996) opined that children should be wanted, loved, and properly catered for. This is because parents' natural actions of display of affection will likely teach the children about love, trust, bonding and relationships. There should be good rapport and interaction within the family which will encourage children to ask questions freely as well as to share experiences and feelings with their parents. Finally, parents need to decide if it is the sexual behaviour itself they most object to or the possible consequences of the sexual behaviour. Then they need to convey the full range of their beliefs to their adolescents since young people need an underlying rationale for their sexual behaviour (Howard, 1988).

**Effect Of Mother-Daughter Sexuality Communication On Adolescent Sexual Behaviour**

Since the child's birth, parents have been helping shape her values, attitudes and behaviours. All along, their sexual attitudes and feelings have been conveyed to their offspring whether they have ever spoken of it or not (Howard, 1988). It has however been documented that individuals and the society benefit when children are able to discuss sexuality with their parents (NGTF, 1996). According to Kiragu (1995), with greater communication, parents and children may discover that they have much in common and can resolve some conflicts. Specifically, parent-child sexuality communication have been shown to have some effects on adolescents' knowledge and attitude about sexuality, sexual initiation and sexual behaviour.

(a) Effect on adolescents' knowledge and attitude to human sexuality:

Although some studies showed that parents may be less successful providing factual information than the schools (NGTF, 1996), probably because of the low level of education of the parents, yet when it come to long term issues involving values, beliefs and ethics, teenagers are primarily influenced by their parents (Steinberg, 1989). While the home may not be the best source of factual information about human sexuality,

it is an important source for the transmission of values and attitudes essential for healthy sexuality (Fisher, 1986; NGTF, 1996). According to Oladepo (1994) quoting (CPO, 1992), information and values about family life, child spacing, and sexuality with emphasis on premarital virginity are transmitted from the elders to the youth, in many traditional African societies. By communicating with their children about sex, parents build in their offspring a strong sense of respect for their body, its reproductive capacity, and its responsible use (Howard, 1988). According to Fisher (1986), by discussing sexuality, parents can effectively transmit traditional sexual values (e.g., abstinence before marriage) to their children. NGTF (1996) remarked that allowing adolescents to live and act in sexual ignorance is destructive. The fear of sexual experimentation by adolescents if parents discussed with them is weakened by Casper's (1990) report of a survey in U.S. in which it was found that parent-adolescent communication about how pregnancy occurs was not related to adolescent sexual behaviour. According to Amann-Gainotti (1986), influences of mothers and culture accounted for positive acceptance of menarche by the young adolescents (aged 11-14) in his study. Similarly, Fisher (1986,1987) observed that correlation between

parents' and children's sexual attitudes in high communication group was significantly higher than that in low communication group in two separate studies he conducted in U.S.A. A study in Nigeria by Owuamanam (1988) showed that all types of sexual contact experiences were increased in students whose main sources of information for value choices were their peers rather than the parents.

(b) Effect on Sexual initiation -

Parent - child sexuality communication also provides the support young people need to manage their sexuality in a changed society. This helps young people postpone sexual involvement until such time as they are older and more clearly able to see for themselves the implications of such behaviours on their future (Howard, 1988). Studies have suggested that children who discuss sexuality with their parents are less likely to be sexually active at an early age (Alter, Baxter Cook, Kirby and Wilson, 1982). The hypothesis that parental communication and monitoring of adolescent children will discourage premarital sexual activity was examined among white 15 and 16 year olds interviewed in the 1981 US National Survey of Children. The group of daughters of traditional parents who had communicated with them about sex or about television

were found less likely to have had intercourse (Moore, Peterson, and Furstenberg, 1986).

(c) Effect on adolescent sexual behaviour and contraception

Examining multiple risk factors affecting adolescent sexual behaviour and pregnancy in New York beginning with early adolescent period, age 12-18 years, Rhodes (1990) reported 2-parent family structures, strong parent-child communication and parental control of adolescent behaviour by curfew setting, as some of the social factors which were protective against risk of sexual activity. For another U.S. study in which it was hypothesized that good parent-child communication would be inversely related to adolescent pregnancy, the univariate analysis revealed that pregnant adolescents had significantly poorer communication with their mothers, they were more accepting of premarital sex, and reported greater use of drugs and alcohol than non-pregnant teens (Adolph, Ramos, Linton and Grimes 1995). According to McAnarney (1993) studies have shown that supervised girls were less likely to engage in problem behaviours than when they were unsupervised by an adult or when their whereabouts were not known to their parents. Alter et al (1982) also observed that when children who discuss sexuality with their

parents become sexually active, they are more likely to use birth control. In a U.S study of 95 college students and both of their parents, contraceptive use for females was significantly related to the extent of parent-child communication about sex reported by the student (Fisher, 1987). Similarly, in 1990, Casper reported that birth control communication significantly influences contraceptive use as family communication about contraception increased its use by adolescents.

Parents who delay sexuality communication with their daughter till she is older or becomes sexually active may not only find it more difficult (Howard, 1988) and tension provoking, but may have to talk more. In the study by Fisher (1989) it was discovered that greater sexual communciation was related to a higher likelihood that females with both liberal and conservative parents had engaged in sexual intercourse.



**Planning Programmes To Promote Intra-Family Sexuality Communication**

The purpose of parent education is to improve parent's knowledge and skills in communicating about sexual matters. Conclusions from a study of 210 couples with a child between 12 and 16 years living with them, were that parent

education programmes are important in promoting responsible sexual behaviour, in helping parents communicate and find an appropriate time to have a discussion, and in teaching parental social skills, effective reasoning, and guides in discussing permissible sex (Jaccard and Dittus, 1991).

According to Hurlock (1973) the characteristics of successful transition to heterosexuality are as follows:

- The adolescent has learned to manage the sex drive so that its energy can be turned into socially approved patterns of heterosexual behaviour.
- The adolescent has developed socially approved values for the selection of a mate and understands the practical aspects of the marital role.
- The person has learned to express love in acts that contribute to the happiness and security of the loved one.

(a) Basic Considerations -

Various factors must be put into consideration when planning sexuality communication programmes for parents. First, such prgrammes must take into consideration how families are organised; their system of values; the role played by different individuals; who the influential family

members are (Simão, 1994). Secondly, it should involve the influential members of the family in designing and implementing such programmes. According to the author, to ignore the influential members of each family is to discharge prominent family members from their duties and strip them of their status in relation to family or household affairs. Programmes must therefore be carefully developed to recognize the diversity of values and beliefs represented in the community and the parents should be involved (NGTF, 1996).

(b) Curriculum -

In respect to the content, the curriculum must be broad-based and not only genital-related. The curriculum should enable parents have a thorough understanding of human beings and why people manifest certain behaviours at different stages of development. Specifically, the curriculum should assist them understand:

- their sexual attitudes and to recall their own education about sexuality,
- the physical, social and emotional development of children,
- the concept of human sexuality and sexual health, and clarify their values about sexuality,

- communication skills as they affect sexuality education, and
- how to handle sexuality issues in the family (NGTF, 1996).

The curriculum should aim at helping parents to be the primary sexuality educators of their children and should address five major concerns viz:-

- Parents' need to address their conflicting feeling about sexuality,
- their need for accurate information,
- their need for communication skills,
- their need to explore their own attitudes and values, and
- their need to specifically address their role as sexuality educator (Alter et al, 1982).

The curriculum should move beyond negative aims of preventing pregnancy, disease, and sexual activity but should develop more fully the positive aims of promoting self-esteem, assertiveness and emotional literacy (Curtis and Thomson, 1995). The curriculum should be concrete, explicit, skills-building, and relevant to local context. It should be comprehensive in substance and duration using participatory and interactive methods (Atwood and Donnelly, 1993; Curtis and Thomson, 1995; MotherCare Matters, 1995; Krauss et al, 1997).

Suggesting a format, Thomson (1997) opined that the presentation of a parent programme curriculum may be in three phases viz (i) expert input; (ii) commentary from parent-peers; and (iii) dialogue with young people, not necessarily the children of the parental audience. He went further to say that the programme should challenge participants with some activities such as: resolving conflicts; negotiating family rules; talking about sex, contraception and AIDS with partner(s) child(ren); getting help outside the family; sharing religious and spiritual feelings, their acceptance or rejection by parents or offspring; loving and letting go of your children and your parents. The management of parent education programmes should be made the responsibility of parent's groups, school committees, religious or community movements (Thomson, 1997).

(c) Evaluation -

Parent education programmes need to be evaluated for effectiveness. Evaluation of parent education programmes to promote parent-child sexuality communication has revealed some success. According to UNFPA (1993), parent education has been found to benefit

parents of teenagers in preventing unplanned pregnancies. Atwood et al (1993) remarked that interventions aimed at promoting parent-child communication around sexual issues have been demonstrated to delay the onset of sexual activity. Another programme evaluated by Alter et al (1982) revealed significant increases in knowledge in areas such as puberty, the probability of pregnancy, myths about sexuality and sex-related health care. There were also increases in agreement that a child has a right to opinions about sex, and a child has a right to discuss sex with parents. The participants improved their listening skills and learned communication skills to enhance an exchange.

A Family Planning Association's (FPA) pilot campaign in United Kingdom, reported in Family Planning Today (1994) generated an excellent response rate. It was to encourage parents to talk to their children about sex. Of the nearly 7,500 copies of the booklet "Answering your child's questions" distributed in response to requests in the first week alone, most requests were from parents (69% mothers, 31% fathers) with one to three children between 7-13 years. Research carried out to gauge public reaction showed overwhelming support for the campaign's message, demonstrating immense need by parents for information in this

area. "Answering your child's questions" was praised for being "open , direct, and easy to follow" (Anonymous, 1994).The indicators used in the studies indicated above should be incorporated into parent-education programmes.

## Conceptual Framework

1. **Health Belief Model (Rosenstock, 1950s)**: -

The Health Belief Model (HBM) is an example of the value-expectancy approach to predicting behaviour. According to Redman (1976) the model was developed in the early 1950s by Rosenstock and it is probably the most complete theory regarding readiness to take health action. The model was originally to explain people's behaviour with respect to getting their children immunized against and screened for Tuberculosis in the United States of America. Its original form says that people are not likely to take a health action unless: (1) they believe they are susceptible to the disease in question; (2) they believe that the disease would have serious effects on their lives if they should contract it; (3) they are aware of certain action that can be taken and believe that these actions may reduce the severity of it; (4) they believe that the threat to them of taking the action is not as great as the threat of the disease itself (Redman,

1976 quoting Rosenstock, 1960). A major addition to the model has been the concept of motivation; a factor that serves as a cue or trigger. Other additions include the modifying factors which refer to the demographic variables, socio-psychological variables and the structural variables. All these affect the perception of the individual.Warning health educators about the limitations of the model, Redman (1976) said there need to be a balance between vulnerability, severity and the psychological benefit/cost ratio as perceived severity can reach such high levels as to be dysfunctional.

Applying this model to the study, mothers who perceive their daughters as susceptible to risky sexual behaviours and their consequences, are likely to have a high degree of perceived threat of pregnancy and termination of their daughters' life goals. Such mothers will accept to communicate with their daughters if they believe that the advantages of doing so outweighs the advantages of not taking action, and the constraints to taking action. (Refer Fig. 2.1) Those who are convinced about the recommended behaviour before taking it are known to continue the behaviour after the initiation stage (Adeniyi, 1997). It is therefore important that mothers' perception and judgement be improved through

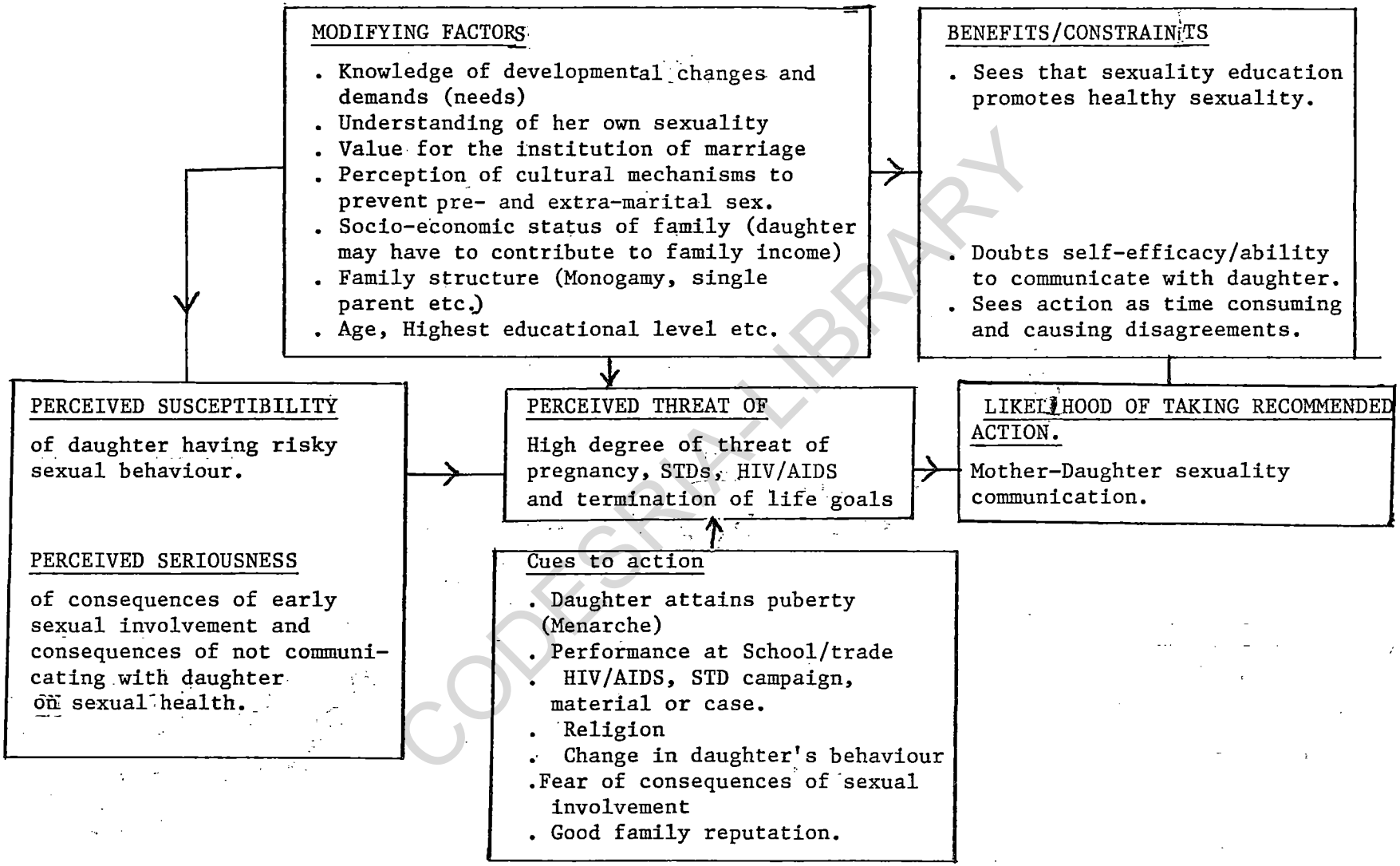



Figure. 2-1: Health Belief Model Applied to Mother-Daughter Sexuality Communication.

relevant parent education programmes. This study seeks to identify what the situation is currently with the mothers, that is, their perception and practise of the behaviour. The findings are to form the basis for planning such programmes.

Most mothers in Nigeria and Yorubas in particular are interested in their children and would want to do anything possible to promote their welfare, especially, if the thing is believed to be effective in producing the desired outcome. In this case, if mother-daughter sexuality communication promotes healthy sexuality, the chances are that mothers will accept programmes to assist them with their communication responsibilities towards their daughters. The recommended action (that is, mother-daughter communication on sexuality issues) must be of a satisfactory quality before it can produce the appropriate or desired results in the life of the daughters. The desired result is the postponement of sexual involvement.

2. **Convergence Model Of Communication (Kincaid, 1979)**

The two basic principles underlying the convergence model are (1) that information is inherently imprecise and uncertain, and (2) that communication is a dynamic process of development over time. This is

different from the linear models which see communication as a transfer of information from sender to receiver assuming that the receiver will understand the message and effect the desired action once message is received. For effective communication, Rogers and Kincaid (1981) believe there should be mutual understanding between the participants.

In the convergence model of communication, Kincaid defined communication as "a process in which the participants create and share information with one another in order to reach a mutual understanding." The cyclical process involves giving meaning to information that is exchanged between two or more individuals as they move toward convergence. Convergence is the tendency for two or more individuals to move towards one point, or for one individual to move toward another, and to unite in a common interest or focus. The model explains further that movement in one direction toward one point, always implies movement away from other points (divergence). It recognizes that communication always has the potential for creating misunderstanding, disagreement, and divergence. Since convergence is always between two or more persons, the model compels us to study relationships, differences, similarities, and changes in these relationships over time. The minimal

unit of analysis is the dyad whose members are linked in some manner through the exchange of information.

Information and mutual understanding are the dominant components of the model. Information-processing at the individual level involves perceiving, interpreting, understanding, believeing, and action, which creates-new information for further processing. When information is shared by two or more participants, information-processing may lead to mutual understanding, mutual agreement, and collective action Figure 2.2. Once the interpretation and understanding of information is raised to the level of shared interpretations and mutual understanding, what once could be considered as individual information-processing becomes human communication among two or more persons who hold the common purpose (if only for a brief moment) of understanding one another (Rogers and Kincaid, 1981).

Figure 2.3 reflects the convergent nature of mutual understanding, and the cyclical nature of information exchange. The communication process always begins with "and then ..." to remind us that something has occurred before we begin to observe the process. Participant A may or may not consider this past before he shares information ($I_i$) with

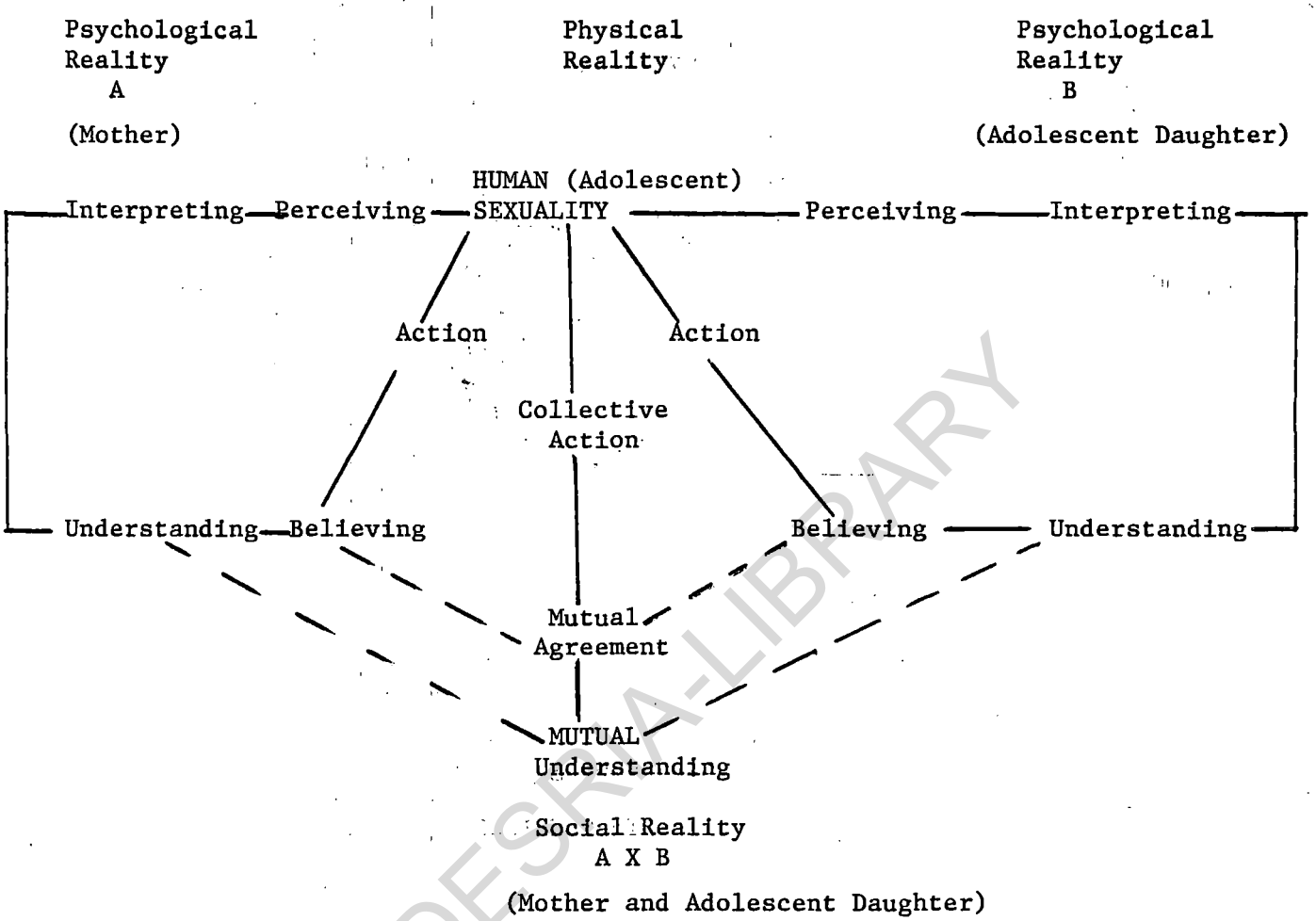



Figure 2.2 Basic Components of the Convergence Model of Communication applied to mother-daughter sexuality communication (Adapted from Rogers and Kincaid, 1981).

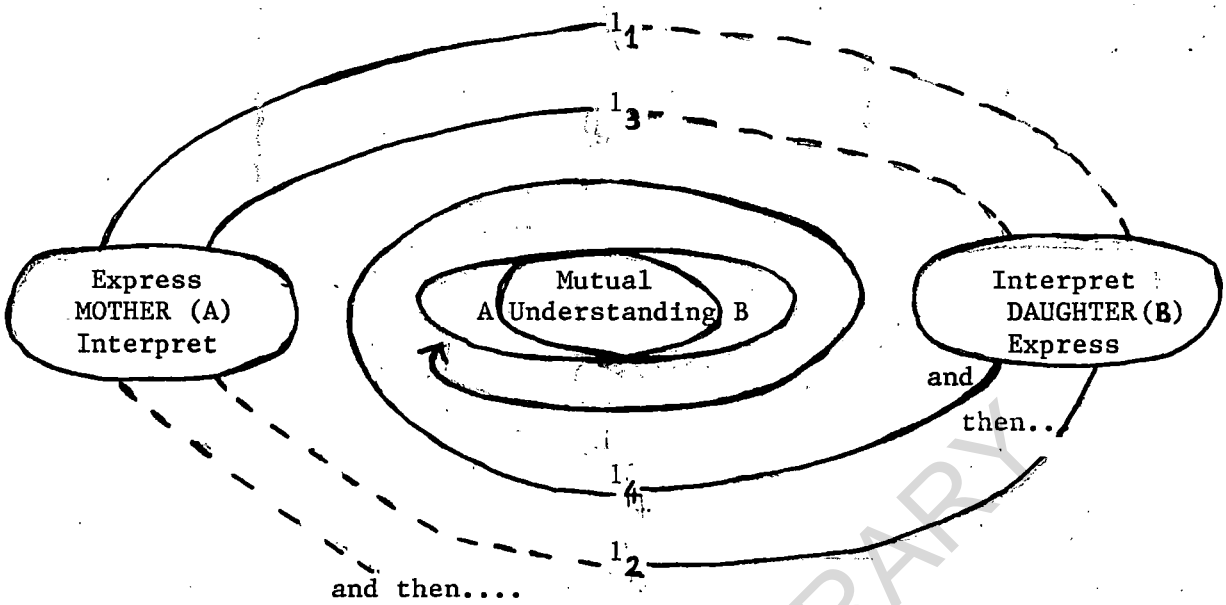



Figure 2.3 A Convergence Model of Communication (Adapted from Rogers and Kincaid, 1981)

participant B. This individual must perceive and then interpret the information which A creates to express his/her thought, and then B may respond by creating information ($I_2$) to share with A. Individual A interprets this new information and then may express himself again with more information ($I_3$) about the same topic. Individual B interprets this information and they continue this process ($I_4$.....$I_n$) until one or both become satisfied that they have reached a sufficient mutual understanding of one another about the topic for the purpose at hand.

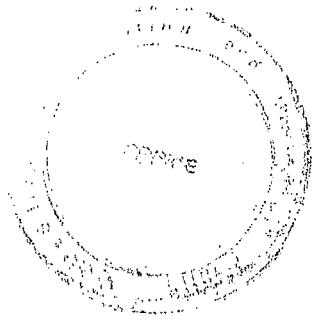
This model therefore makes the need for parents' understanding of their own sexuality and that of their daughters of primary importance if there is to be effective communication ("mutual understanding") between them and their daughters. Parents' increased knowledge and improved skills, through parent education will help them anticipate and reduce the characteristic misunderstanding, disagreement and divergence in parent-child (adolescent) interaction. These problems have often been responsible for parents' sense of inadequacy and fears that prevent them from communicating with their daughters.

The dyad for analysis in this study consists of the mother and the adolescent daughter. Since the model recommends the study of

relationships, differences, similarities, and changes in these relationships over time, this study seeks to examine these elements in mother-daughter interactions with particular emphasis on human sexuality.

3. **Parenting Styles** -

Two aspects of parent's behaviour are considered critical. Using the unpublished work of Diana Baumrind a psychologist and others, Maccoby and Martin (1983) described these two aspects as Parental responsiveness and Parental demandingness. Responsiveness refers to the degree to which the parent responds to the child's needs in an accepting, supportive manner. Demandingness refers to the extent to which the parent expects and demands mature, responsible behaviour from the child. A parent who is very responsive but not all demanding is labeled indulgent, whereas one who is equally responsive but also very demanding is labeled authoritative. Parents who are very demanding but not responsive are authoritarian; parents who are neither demanding nor responsive are labeled indifferent.



DEMANDINGNESS

| RESPONSIVENESS | High | Low |
|---|---|---|
| High | Authoritative | Indulgent |
| Low | Authoritarian | Indifferent |

Figure 2.4 A scheme for classifying parenting types (Maccoby and Martin (1983) quoted by Steinberg, 1989).

(a) Authoritative Parents- These are warm but firm. They set standards for the child's conduct but form expectations that are consistent with the child's developing needs and capabilities. They place a high value on the development of autonomy and self-direction but assume the ultimate responsibility for their child's behaviour. Authoritative parents deal with their child in a rational, issue-oriented manner, frequently engaging in discussion and explanation with their children over matters of discipline.

(b) Authoritarian parents - These place a high value on obedience and conformity. They tend to favor more punitive, absolute, and forceful disciplinary measures. Verbal give-and-take is not common in authoritarian households, because the underlying belief of authoritarian parents is that the child should accept without question the rules and

standards established by the parents. They tend not to encourage independent behaviour and, instead, place a good deal of importance on restricting the child's autonomy.

(c) Indulgent parents - These behave in an accepting, benign, and somewhat more passive way in matters of discipline. They place relatively few demands on the child's behaviour, giving the child a high degree of freedom to act as he or she wishes. Indulgent parents are more likely to believe that control is an infringement on the child's freedom that may interfere with the child's healthy development. Instead of actively shaping their child's behaviour, indulgent parents are more likely to view themselves as resources which the child may or may not use.

(d) Indifferent parents - These parents try to do whatever is necessary to minimize the time and energy that they must devote to interacting with their child. In extreme cases, indifferent parents may be neglectful. They know little about their child's activities and whereabouts, show little interest in their child's experiences at school or with friends, rarely converse with their child, and rarely consider their child's opinion when making decisions. Rather than raising their child according to a set of beliefs about what is good for the child's development (as do the other

three parent types) indifferent parents are "parent-centered" - they structure their home life primarily around their own needs and interests. (Steinberg , 1989).

Implication of parenting styles for mother-daughter sexuality communication -

(a) Authoritative mothers are likely to be formally educated or informed about human sexuality and the characteristic needs at the various stages of human development. They possess communication skills and discuss sexuality issues realistically. Although they are firm and supervise their daughters closely, the daughters are free to ask questions and share their own views even when these are divergent. With greater discussion and explanation, both mother and daughter attain mutual understanding and mutual agreement. Quoting Devereaux (1970), Steinberg (1989) said adolescents from authoritative households are self-directed, autonomous, and self-assured and remain so even in the face of strong peer pressure. Infact, they seek peer groups that reaffirm, rather than contradict, their parents' values. Therefore daughters of authoritative mothers would freely discuss sexuality issues with their mothers and have sexuality communication networks with only those who share similar values with

them and their mothers.

(b) Authoritarian mothers could be formally educated and knowledgeable about human sexuality or not. However, their perceived vulnerability of their daughters to sexual involvement and the seriousness of the consequences of their not talking to their daughters may be dangerously high. As such, they employ the linear approach to send their sexuality information to their daughters without allowing a feedback from the girls. They are coercive in ensuring that their daughters share same views with them about human sexuality and conform. The daughters would be dependent on their rules and regulations, would be passive, not self-assured and lack intellectual curiousity to want to know the rationale behind the restrictions. Such adolescents may conform out of fear when they are with their parents but collapse under peer pressure when away from home, for example to tertiary institution, as there will be no one to continue to force them to comply since they have not been able to develop their own personal set of values.

(c) Indulgent mothers are likely to see the society as changing and apt to think that their children should be allowed to be free to exercise their sexuality needs but fail to provide the required guidance. These mothers believe

their daughters know what to do and have the right to do with themselves whatever they will. They would not actively share their sexuality knowledge, values and feelings with their daughters, they would rather be passive, not continuing to the point of mutual understanding and mutual agreement on sexuality issues. According to Steinberg (1989), adolescents raised in indulgent households are often less mature, more irresponsible, more conforming to their peers and less able to assume positions of leadership.

(d) Indifferent parents are likely to be divorced, remarried, or working outside the home all day and neglect their daughters. Such mothers would rarely discuss sexuality issues with their daughters and would not be bothered even when teachers, neighbours and others inform them about their daughters' sexuality problems. They are more concerned about themselves. If divorced, they would be more concerned about how to have a lasting relationship in another marriage while if she has remarried she would be more concerned and committed to the new marriage. Quoting Pulkkinen (1982) Steinberg informed that adolescents raised in indifferent homes are often impulsive and more likely to be involved in delinquent behaviour and in precocious experiments with sex, drugs and

alcohol.

It is pertinent to note that the daughter's behaviour is also an important influence on parenting practices. Children who are responsible, self-directed, curious, and self-assured elicit from their parents warmth, flexible guidance, and verbal-give-and-take. In contrast, children who are aggressive, dependent, or less psychologically mature in other ways may provoke parents' behaviour that is excessively harsh, passive or distant (Steinberg, 1989). Studies have shown that the quality of relationship between mothers and daughters highly correlates with the amount of discussion about sex, and concluded that sexual communication between mothers and daughters builds on a strong overall relationship (Fisher, 1987).

# CHAPTER THREE

# METHODOLOGY

This chapter contains a description of the study area, the study population and the procedure for data collection and analysis.

## The Study Area:

### (a) Ibadan:

The study was carried out in Ibadan, the capital of Oyo State, Nigeria. It is usually said to be the largest city in Africa, and the most populous in black Africa (Osundare, 1990). It has an estimated population of 1,829,187 (FOS, 1995). The city is in the South-Western zone of Nigeria. There are eleven local government areas in Ibadan (Akinyele, Egbeda, Ibadan North West, Ido, Oluyole, Ona-Ara, Ibadan North East, Ibadan South East, Ibadan South West, Lagelu and Ibadan North). However, the town is usually described along three distinct zonal areas, based on historical progression, as follows:

- The traditional or inner core area;
- The transitional zone; and
- The suburban periphery.

According to Brieger and Adeniyi (1982), the traditional or inner core is

characterised by dense population, congested traditional mud housing, few and poor roads, limited amenities and their associated health problems. The transitional area is not as congested as the inner core. The suburban periphery contains modern low density residential estates, residential communities for institutions of higher learning and even the remains of small villages upon which the city encroached.

(b) **Ibadan North Local Government Area:**

The Ibadan North Local Government Area was selected out of the eleven L.G.As in Ibadan for the study because of its representativeness. The L.G.A. was established by the Federal Military Government on September 27th, 1991. It was carved out of the defunct Ibadan Municipal Government (I.M.G.) along with four others. The L.G. covers the area between Beere Round-about to Gate, Idi-Ape to Bashorun end of Lagos/Ibadan Express-way, Secretariat, U.I. and Agbowo area. The L.G. is bounded on all sides by one L.G. or the other. On the North by Akinyele L.G.; on the West by Ido L.G. and Ibadan North West L.G.; on the South by Ibadan South West L.G. and Ibadan South East L.G. and on the East by Ibadan North East L.G., Egbeda L.G. and Lagelu L.G. The Ibadan North Local Government is delineated into 12 wards (Abayomi & Lawal (1994); Ibadan North L.G. (1997) (Appendix I).

According to the results of the 1991 national census, there are 151,838 males and 149,101 females in the L.G. totalling 300,939 (FOS, 1995). These are predominantly Yorubas though there exists other ethnic groups such as Hausas, Ibos and Urhobos in the area. The main occupation of the inhabitants is civilservice and trading. Some private institutions (financial, industrial etc.) also provide employment for the people. Some also engage in subsistence farming. The three main religion practised by residents in the area are Christianity, Islam and Traditional religion.

The main language of communication in the area is Yoruba, especially in the traditional or inner core area. English and Pidgin English are spoken along with Yoruba in the other two areas because of the rich mixture of non-indigenes. The people have access to the electronic and print media. The National Television Authority (NTA) and a state owned radio have their stations in the L.G.A. Similarly, there are good access roads in the transitional and suburban areas while only major link roads exist in the inner core area where the houses are unplanned and congested. External linkages are strongest in the suburban and transitional areas where most of the residents are non-indigenes having government or private business links and connections with their places of origin. In comparison, external linkages in the inner or traditional core are strong with

preserved netwwork of traditional town leadership, but weak with public agencies. Here, modern ammenities are few and internal resources scarce since most indigenes are small farmers or labourers (Brieger and Adeniyi, 1982).

School and community based adolescent reproductive health services are provided in the area by government and non-governmental agencies. Out of the 313 secondary schools in Oyo State (FOS, 1995) only 22 are among the pilot schools where the NERDC POP/FLE integrated curriculum is being used in the country, 12 of these are in Ibadan and 3 are in Ibadan North L.G.A. This shows the dearth of sexuality education in the schools and the need for the families to do something promptly. Besides the government, international and local voluntary agencies, clubs, P.T.A. and alumni associations also provide adolescent reproductive health services. These include peer education programmes in and out of school, counselling programmes, family planning and STI screening, youth on air programmes, and health talks. Some of the agencies are UNICEF, ARFH, Child Rights, and ADON.

**Yoruba Culture and the girl child:**

Socio-culturally the Ibadan people are Yorubas and majority of the inhabitants of the city are Yorubas as well. The Yorubas traditionally live in extended families and child rearing is seen as the responsibility of all.

There is a Yoruba proverb which says *"Oju meji ni nbi omo, igba oju ni nwo"*. That is, "two people give birth to a child but two hundred will look after him/her". The socialization process starts from when the child is born (with body molding gymnastics and family traditional ceremonies) and continues throughout the various stages of the child's development in life.

As the girl child grows up, she learns how to greet and identifies with the mother in carrying out household chores and trading. The experience of menarche at puberty marks the beginning of womanhood and it is usually celebrated with the killing of a fowl and other initiation rites depending on the community. This provides opportunity for the transmission of information and values about human sexuality to the girl child by the elderly women. These are usually presented in form of rules and regulations, warnings and expectations, with great emphasis on avoidance of premarital sexual intercourse. There is high regard for virginity in Yoruba culture with sanctions on families whose daughters marry without being virgins. According to Egunjobi and Okpalaeke (1997), no matter how advanced society has become, premarital sex is not condoned and there is still the call to stick to the rich moral values

and culture which advocates chastity before marriage and faithfulness in marriage. Various mechanisms are traditionally put in place to help the girl child postpone sexual involvement. These are seen in the approved dressing, company of friends and places she can go to. Although the changing social climate/life styles make it look as if these cultural expectations are no more relevant, one sees that they gain prominence when the children want to settle down in marriage. The parents of the groom scout around for the "decent" girl or insist that the bride be pregnant before marriage. This is because of the belief that early sexual involvement predisposes to infertility, and as far as the Yorubas are concerned, children are the reward and glories of any marriage.

The sexually active girl in Yoruba culture will be ashamed to own up to that fact. This is because sexual intercourse outside the institution of marriage is seen as a shame not only to the child but the entire family. Little wonder then that cases of sexual abuse are not discussed or reported for legal action (Aderibigbe, 1995). The Yorubas also frown at male and female co-habiting without the traditional ceremonies between the two families. However, the ceremony in its simplest form (these times of economic depression and inability to finance an elaborate wedding) confers

on the couple the liberty to co-habit and be regarded as man and wife.

Sexual intercourse is still considered sacred so also are the proper names of the body parts that are related to the reproductive system. However, because of education and exposure of the children to subjects with some family life concepts at school, children today ask questions about human sexuality. They want answers from their parents who are their primary agents of socialization. The parents are often shocked by these questions because of the secrecy around human sexuality issues and discourage their discussion for various reasons. One reason is the belief that it will have a negative influence on the child's performance at school/apprenticeship programme and on the siblings especially if the daughter is the first child of the family. Mothers struggle to make their children good enough for father's acceptance. This is because of the belief that only good children belong to the father while the bad ones are the mother's. Yoruba mothers are therefore usually more responsible for their children particularly in polygamous settings. The mothers thus shy away from the sexuality issues concentrating on giving the child a good future probably failing to see the interrelationship between healthy adolescent sexuality and healthy future. According to Ashen (1977), when

parents fail to provide the required information or their answers are unsatisfactory, the children look for alternative sources which are usually faulty.

**Design And Scope Of The Study**

This is a descriptive study. It examined the sexuality communication patterns between adolescent girls, aged 10-19 years, and their biological mothers. The age limits were based on WHO's definition of adolescence (WHO, 1993) and the expectation that sexuality education should start before the teen years. The study covered mothers and only one (1) of their daughters, in randomly selected communities in Ibadan North Local Government Area of Ibadan. Both qualitative and quantitative data collection methods were employed.

**Sampling Procedure**

(a) Collection of preliminary information

The Community Development Inspectorate (CDI), NECON office, Information Department and Town Planning Department all of the Ibadan North LGA provided the required initial information about the LGA. Other relevant socio-demographic data about the LGA were collected from the Ibadan branches of the FOS and National Population Commission.

After selection of Agbadagbudu, Mokola and the University of Ibadan as the sample communities, the CDI was informed. A community extension worker was introduced to the researcher to assist where necessary. The researcher was then given the approval to conduct the study in the communities with a promise to inform the community representatives from Agbadagbudu at their next meeting. Mokola and the University communities were however said to be free and do not require such prior information from the LGA. The researcher was informed that rapport and individual consent were all that was required at the point of data collection and that a community consent was not required. Mapping out of the communities and household listing were done in Mokola and Agbadagbudu communities with the assistance of the community extension worker. Five hundred and sixteen and 188 households were numbered at Mokola and Agbadagbudu respectively. The Estate Office of the University of Ibadan, the third of the initially randomly selected communities refused to provide required information about the households in the community (map, list of household and those currently occupied). This was said to be for security reason as there had been previous assault and robbery attacks on residents by "fake researchers". A systematic random sampling technic, using the University Calendar which had list of senior staff of the University was suggested by the Chairman of the Committee

in-charge of residents. He was of the view that the selected names will be screened by his office (Appendix XIII and XIV). This approach would not meet the study design for the following reasons:

- Not all senior staff on the list live on campus
- Not all on campus would have eligible pair of mother and daughter
- Screening procedure would introduce bias.

Hence, it would be worthless selecting a sample of non-residents and if resident not eligible or if eligible, biased.

The University College Hospital and Abadina communities which though they are separate communities on the NECON list, are akin to the University and independent of the Estate Office approach were then selected to replace the University community (of senior officers). The map and household lists were provided by the appropriate units of the communities. A total of 314 households were occupied in the two communities (159 UCH and 155 Abadina).

(b) **Sampling**

A multistage sampling procedure was used. The first stage was the selection of Ibadan North Local Government Area out of the eleven LGAs in Ibadan because of its representativeness and size. Apart from being centrally located, it is the largest of all the LGAs and has communities that are typical of

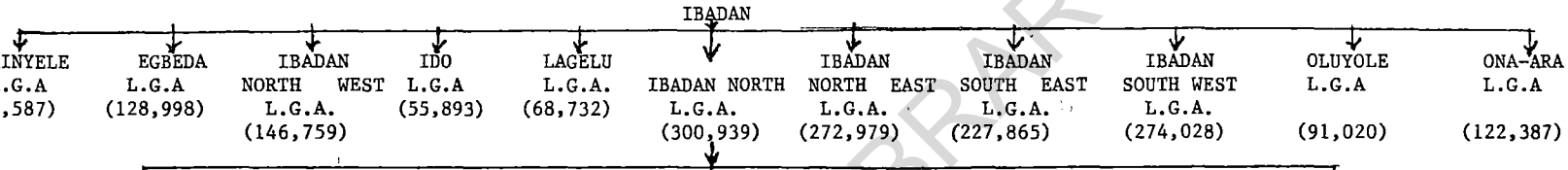
the three descriptive zones of the city (traditional, transitional and suburban periphery) (Figure 3.1). Communities in each ward of the LGA were stratified into the three zones using the NECON ward description and composition of 1996. A community was then randomly selected by balloting, from each zone as follows:

| Zone | Ward | Community |
|---|---|---|
| Inner Core | W1 N2 | Agbadagbudu |
| Transitional | Ward IX N6B | Mokola |
| Suburban Periphery | Ward XI NW8 | University of Ibadan |

However, in view of problems encountered with the University of Ibadan community, other communities on the NECON list that are akin to the University were then selected instead, these are the University College Hospital and Abadina communities.

All the households in the selected clusters of communities were visited but only those with adolescent girls (10-19 years) and their biological mothers were included in the study. Where there were more than one adolescent girl who technically qualified in a household, the adolescents balloted to choose the index child.

For qualitative data collection by FGD other communities, apart from




| WARDS | INNER CORE | TRANSITIONAL | SUB-URBAN PERIPHERY |
|---|---|---|---|
| I | Beere, Oke-Are. Odoye, Kannike, Agbadagbudu* | - | - |
| II | Sapati, Nalende, Oniyanrin, Ire Akari, Ode-Oolo** | - | - |
| III | Adeoyo, Oke Aremo, Isale Afa, Yemetu** | - | - |
| IV | Gbenla, Igosun, Kube (Behind N.T.A.). | Oritamefa. | Agodi- |
| V | - | - | **New Bodija, Kongi, Ashi, Orita-Basorun |
| VI | - | Sabo, Adamasingba | Oluwo Compound. - |
| VII | - | **Oke-Itunu, Oremeji, Cemetery, CAC Sango | - |
| VIII | - | Sango Onirin, Okoro village, Ijokodo** Akere | - |
| IX | | Mokola* | - |
| X | | - | **Old Bodija, Secretariat, UCH* |
| XI | - | Samonda, Sango. | Polytechnic, U.I., Abadina* |
| XII | - | **Agbowo, Bodija Market. | - |

Figure 3.1 Stratification of communities in the Ibadan North L.G.A. Wards into Inner Core, Transitional and Sub-Urban Peripheral zones using the NECON Ward Description and Composition of 1996 (Appendix II)

* - Sample for Questionnaire
** - Sample for F.G.D.
( ) - Population of LGA (FOS, 1995)

those selected above were chosen. These are:

| Zone | Ward | Community |
|---|---|---|
| Inner Core | Ward II N3 | Ode-Oolo |
| | Ward III N4 | Yemetu |
| Transitional | Ward VII N6A | Oke-Itunu |
| | Ward XII NW8 | Agbowo |
| | Ward VIII N6A | Ijokodo |
| Sub-Urban Periphery | Ward V N5B | Bodija |
| | Ward XI NW8 | U.I. |

(Appendix III).

**Sample Size**

A study of adolescent girls 10-19 years by Oladepo and Bawa (1994) revealed that only 15.1% of the respondents mentioned their parents as the major source of their information on human sexuality.

Using the formula for the calculation of minimum sample size for qualitative (discrete) variables, the sample size was then calculated as follows:

$$n = \frac{Z\alpha^2 pq}{d^2}$$ (Bamigboye, 1993; Olawuyi, 1996).

Where (i) $Z\alpha^2$ is related to the chosen confidence interval of 95% therefore $Z\alpha^2 = 1.96^2$

(ii) p = proportional evidence in previous studies which from the above study = 15.1% (0.151)

(iii) q = 1 - p ; = 1-0.151 = 0.849

(iv) $d^2$ = precision limit; for this study it is 0.05

$$n = \frac{(1.96)^2\ 0.151 \times 0.849}{0.05^2}$$

$$= \frac{0.492}{0.0025}$$

$$= 196.99$$

$$= 197 \text{ pairs.}$$

The sampling unit was the household while the unit of enquiry was the pair of mother and one of her biological daughters aged 10-19 years. The selected communities were mapped out and the households numbered. The communities produced a total of 1,018 households from which 257 eligible households were selected for the study.

**Development Of Research Instrument**

(a) **Focus Group Discussion Guides**

The Focus Group Discussion (FGD) Guides were developed by the researcher in close consultation with resource persons in the department

and outside. The instruments had the following sections - introduction, discussion starter, main discussion points, and conclusion (Appendix VII and VIII). The guide for the mothers were designed to collect information about their beliefs, attitudes and practices with regards to general and sexuality communication between mothers and their adolescent daughters, their own experiences with their parents and recommendations on how to promote mother-daughter sexuality communication. The second guide was to collect information about communication experiences of adolescents with their mothers, their expectations, disappointments or satisfaction as well as their recommendations for improvement.

(b) **The Questionnaire**:

Questionnaire was the second type of instrument used to collect data from the mothers and the adolescents. Two questionnaires (one for the mothers, the other for the daughters) were developed by the researcher and supervisor using information from the focus group discussions and literature. The two questionnaires were similar on questions 1-43 but different from 44 to the end of each (Appendix IX and X). Each of them was divided into sections as follows:

- Introduction
- Section A - Demographic Data
- Section B - Sexuality and Reproductive Health Issues discussed.
- Section C - Other comments/Recommendations on how to promote Mother-Daughter communication on human sexuality.

**Validity And Reliability**

(a) **FGD Guides:**

The Focus Group Discussion Guides were pretested on two groups of mothers (one educated and one uneducated) as well as two groups of daughters (one group of daughters of uneducated mothers, the other daughters of educated mothers) all in the Ibadan North West Local Government Area. Necessary deletion, addition and corrections were made before the final guides used for the study were produced. For example, the discussion starter had to be changed, points 2, 3 and 16 were modified while 10, 12, and 13 were added (Appendix VII, VIII).



(b) **The Questionnaires**

A set of 16 questionnaires were pretested in Akinyele Local Government Area on pairs of mothers and one of their index daughters in

the low, middle and high class families. This was to have an idea of the difficulty and complexity which could affect the administration of the instrument. The rate of administration and likely problems in the large scale administration of the instrument were also noted. At the post pretest debriefing, the research assistants reported that it was a bit difficult to get respondents as in some houses their children did not fall within the required age range (10-19 years) while some were not living with their biological mothers. Atimes the research assistants got an eligible daughter but the mother would not be at home and vice-versa. The sense of insecurity in the nation also compounded the problem. In spite of the identification slips and other working materials carried by the assistants, obtaining consent from eligible mothers (sometimes family heads) was not easy as the assistants were seen as intruders. However, those who consented gave their full support. Averagely, the assistants spent 20-30 minutes to gain consent, settle down and interview each pair of mother and daughter using the questionnaires. Less time (15-20 minutes) was spent with the educated and those who gave their consent early. It was also observed that in most families, it would be possible to get the mother and daughter at home together only in the evening/night, others indicated

Saturday (anytime) and Sunday (from afternoon) as the most suitable time. It was therefore estimated that it would be possible for an assistant to administer only 6-7 questionnaires per day if working only in the evenings, and 10-12 on weekends or public holiday. It was also gathered that data collection would be best at the end of June - early July as those daughters in school would be preparing for their promotion examinations thereafter and would not be willing to participate then. Similarly, some of the daughters may want to travel for the long vacation. It was said that generally the daughters responded better than the mothers some of whom did not even want to hear some of the issues mentioned under sexual relationships such as; sexual negotiation, refusal skills, condom, rape, number of sexual partners and contraceptives.

The pretested instruments were analysed and necessary modifications were made. For example; Section A - Questions 12 and 13 - more options were added in line with the findings. Questions 15 and 16 which requested for estimated total income from all sources for mother and father respectively, were deleted because many did not want to disclose it either because they did not know or for fear of taxation. The question on club membership (Question 18) was added (Appendix IX, X).

Section B - Categorization of the sexuality issues was reviewed. The section titled 'Assertiveness' was deleted and the two issues under it "how to resist peer pressure" and "how to postpone sex till married were relocated under social relationship and marriage respectively. Sexual negotiation, condom, refusal skills were deleted from the sexual relationship issues as they were particularly tension provoking and culturally irritating to the mothers. Questions 35 and 36 which read "what makes it easy for you to discuss sexuality issues with your daughter (mother)?" and "what makes it difficult for you to discuss sexuality issues with your daughter (mother)?" respectively appeared to respondents as repetition. They were therefore substituted with Questions 36 and 37 in the new questionnaire (Appendix IX, X).

Similarly, Question 42(a) and (b) and Question 43(a) and (b) which read "what are those issues on reproductive health that you would have wished your daughter (or mother) discussed with you before now? Why?" and "Which ones do you wish were never discussed with you? Why?" respectively, were substituted with Question 42(a) and (b) on the new questionnaire (Appendix IX, X). Finally, the stem of Question 52(a) - (d) on daughter's questionnaire which before requested for expected

effect of mother-daughter sexuality communication on girls generally, was restated as in Question 48(1) - (5). (Appendix X) to reflect the effect on the index daughter in particular.

To ensure reliability of the instruments, both the FGD guides and questionnaires were prepared in English language, and were translated into Yoruba language too. A return translation from Yoruba into English was done again before final adoption of the Yoruba version. This exercise was carried out before and after the pretest that is, on the pretested and final instruments respectively. In the same vein, further questions were asked to reaffirm the choice of a particular option in the preceding question. Examples of such include Questions 8(a), (b) and (c); 17(a) and (b); 28(a) and (b); 29(a) and (b); 31 and 32; 36 and 37; and 45 and 46 (daughters); 48(1) - (5) (daughters) - (Appendix IX and X).

Training Of Research Assistants

Eight research assistants were involved in the administration of the questionnaire. They were student nurses recruited on the basis of their interest in the study, readiness to work at odd times, and good use of English and Yoruba languages among other things. The research assistants were trained by the researcher, on the objectives of the study, importance of accurate data, skills in

communication, interpersonal relationship, interview technique, and most importantly how to administer the questionnaire in both English and Yoruba languages. The training which lasted for ten days included lectures, role plays, group work, field practice and ended with the pretesting of the draft questionnaire. On the average, each training session lasted for 2 hours except for the day of the pretest. Concurrent evaluation of activities was done by the trainer and peers (trainees). A simple training guide used for the training was developed by the researcher and two resource persons in the department. At the end of the post pretest debriefing, all the research assistants still indicated their willingness to participate in the actual study and filled the committment form.

**Data Collection**

**Focus Group Discussions:**

Twelve Focus Group Discussions were conducted. There were four groups of mothers (2 groups of educated mothers and 2 groups of uneducated mothers). For the daughters however, there were eight groups because of the stratification according to age besides mother's educational status. Hence, there were four groups each for daughters of educated mothers and daughters of uneducated mothers; among the four groups in each category, 2 groups were for 10-14 year old daughters and 2 groups for the 15-19 year old girls (Figure 3.2).

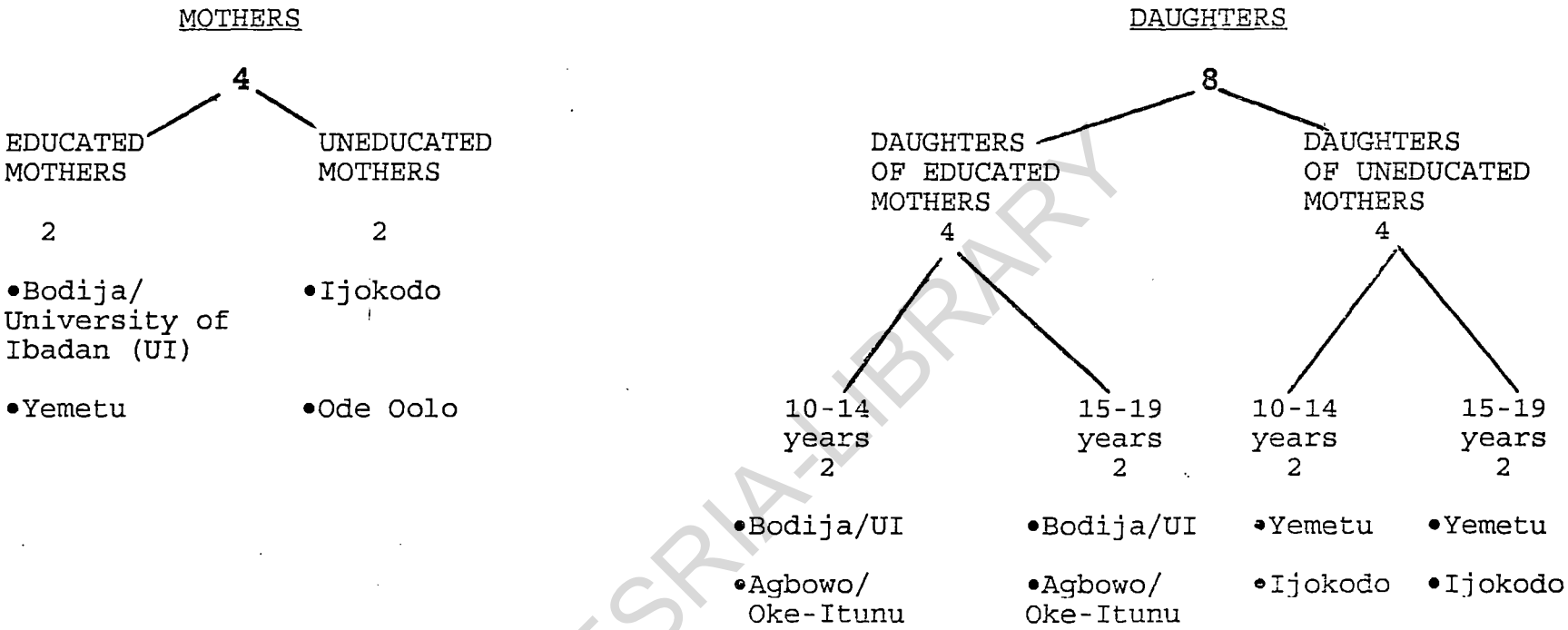



Figure 3.2 - Distribution of Focus Group Discussion Groups.

The researcher moderated all the discussions. Both human and tape recorders were used to document the discussions. The group size was limited to 6-8 members as suggested by researchers (Feyisetan, 1994; Hudelson, 1996). The discussions lasted for 53.75 minutes and 40.75 minutes averagely, among the mothers and the adolescent girls respectively. Data collection through FGDs lasted for three weeks between May and June 1997.

**Questionnaire:**

The eight female research assistants worked in 4 pairs. The interview technique was used to collect data. Maps and household lists of each community were given to each assistant (Appendix IV-VI). A community was visited at a time, street by street and house by house. Two pairs worked on a street at a time with a pair on either side of the street. The other two pairs worked on the next street. At the end of each day, the street/compound covered and the houses were deleted from the map and household lists to avoid visiting a house twice. The communities were covered in this order - Mokola, Agbadagbudu, University College Hospital and Abadina.

All the houses in each community were visited and where there was an adolescent girl aged between 10-19 years and her biological mother around, their consent was sought and if granted, they were involved in the study. Where more

than one pair of eligible mother and daughter existed the index daughter was selected by simple randomization. Both mother and daughter were interviewed separately away from each other simultaneously by a pair of research assistants, one assistant to the mother the other to the daughter.

The researcher accompanied the assistants to the field to monitor the exercise. Based on the preliminary information gathered about each community, questionnaire administration was done in the evenings/night on ordinary days, morning till night on Saturdays and a public holiday; and from afternoon till night on Sundays. The exercise lasted for 10 days in July, 1997.

Two hundred and fifty seven pairs of questionnaires were administered in the three communities. One hundred and sixty-two in Mokola, 54 in Agbadagbudu, and 41 in UCH/Abadina. A total of 251 pairs (97.7%) of the questionnaires were considered suitable for the study as 6 pairs from Mokola were discarded because some mothers abandoned the interview midway and their daughters had to be discarded with theirs. Completed questionnaires were crosschecked on the field for completeness by designated leader of each pair of interviewers. The team met every night to return completed questionnaires to the researcher and collect new ones, update their maps and household lists, discuss problems, and plan the following day's work.

## Methods Of Data Analysis

### (a) Focus Group Discussions (FGDs)

The FGD tapes were transcribed and were used to update recorder's reports. Thematic areas were identified. The results were later used to develop the questionnaires.

### (b) The Questionnaires

A coding guide was developed, and the questionnaires were cleared and coded by the researcher. Data entry and analysis were done in close consultation with the Biomedical Statistics Department, Department of Preventive and Social Medicine, University of Ibadan, using the EPI-Info Version 6 package. Frequencies were generated and cross-tabulation of some variables were done. Literature review revealed a common pattern of classifying parent-child communication which is to segregate the information into high and low communication (Fisher, 1986, 1987). Similar pattern has been used in this study. Tests of significance were done using the Chi square, Fisher's exact test, ANOVA, and Kruskal-Wallis H (non-parametric test) where necessary.

**Limitations Of The Study**

The study focussed on only one parent, the mother, and one of her biological daughters. This does not preclude the fact that some daughters prefer to communicate with their father or son, the mother; neither does it mean that two daughters from the same mother do not differ. Rather, it is to make the study more focussed and manageable in scope in view of the available time and material resources. The selection of the Abadina and University College Hospital communities to replace the University of Ibadan was because of the problems earlier explained although U.C.H. encompasses the College of Medicine, which is the second campus of the University of Ibadan.

# CHAPTER FOUR

## RESULTS

This chapter presents the results of the analysis of data collected by quantitative methods (questionnaire) corroborated by those gathered through qualitative means (FGDs). The results are presented under four main themes viz: Demographic characteristics of the mothers and daughters; Types of sexuality issues discussed; Dynamics of mother-daughter sexuality communication, and Opinions of the respondents about mother-daughter sexuality communication. The results are summarized in tables and diagrams for clarity. Five hundred and two questionnaires representing 97.7% of total questionnaires administered, were adequately completed and analysed. These comprise 251 from mothers and 251 from their biological index daughters.

**Demographic Characteristics Of Respondents (Mothers And Daughters):**

(a) Ethnicity and Religion:

Majority of the pairs of respondents 167(66.8%) were Yorubas, 72(28.8%) were Ibos and 11(4.4%) were Hausas. Majority of the mothers 191(76.4%) and daughters 189(75.6%) were christians, followed by moslems who represented nearly a quarter of the study population (mothers 59(23.6%) and daughters 61(24.4%). Interestingly, 2 moslem

daughters had christian mothers.

(b) Age:

(i) Mothers - Nearly half of the mothers 104(46.2%) were aged 36 - 45 years, followed by 72(32.0%) between 25 - 35 years and 46(20.4%) between 46-55years. Others are shown in Figure 4.1.

(ii) Daughters - Most of the index daughters between 14 - 15 years represented 27.6% of the population, followed by those aged 12 - 13 years (22.4%) and those aged 16 - 17 years (18.8%). (Figure 4.2)

(c) Highest Educational Qualification:

(i) Mothers - About one third of the mothers 93(38.4%) had primary education, followed by 39(16.1%) who had JSS/Modern School and 40(16.5%) with SSS/Technical/Teacher's Grade II education. About one-fifth 50(20.7%) had no formal education. Others are shown in Table 1.

(ii) Daughters - The daughters were more educated than their mothers. The highest educational qualification of most of the index daughters was JSS (36.8%) while 33.6% and 28.8% had SSS and primary education respectively (Table 2).

Fig 4.1 Age of Mothers

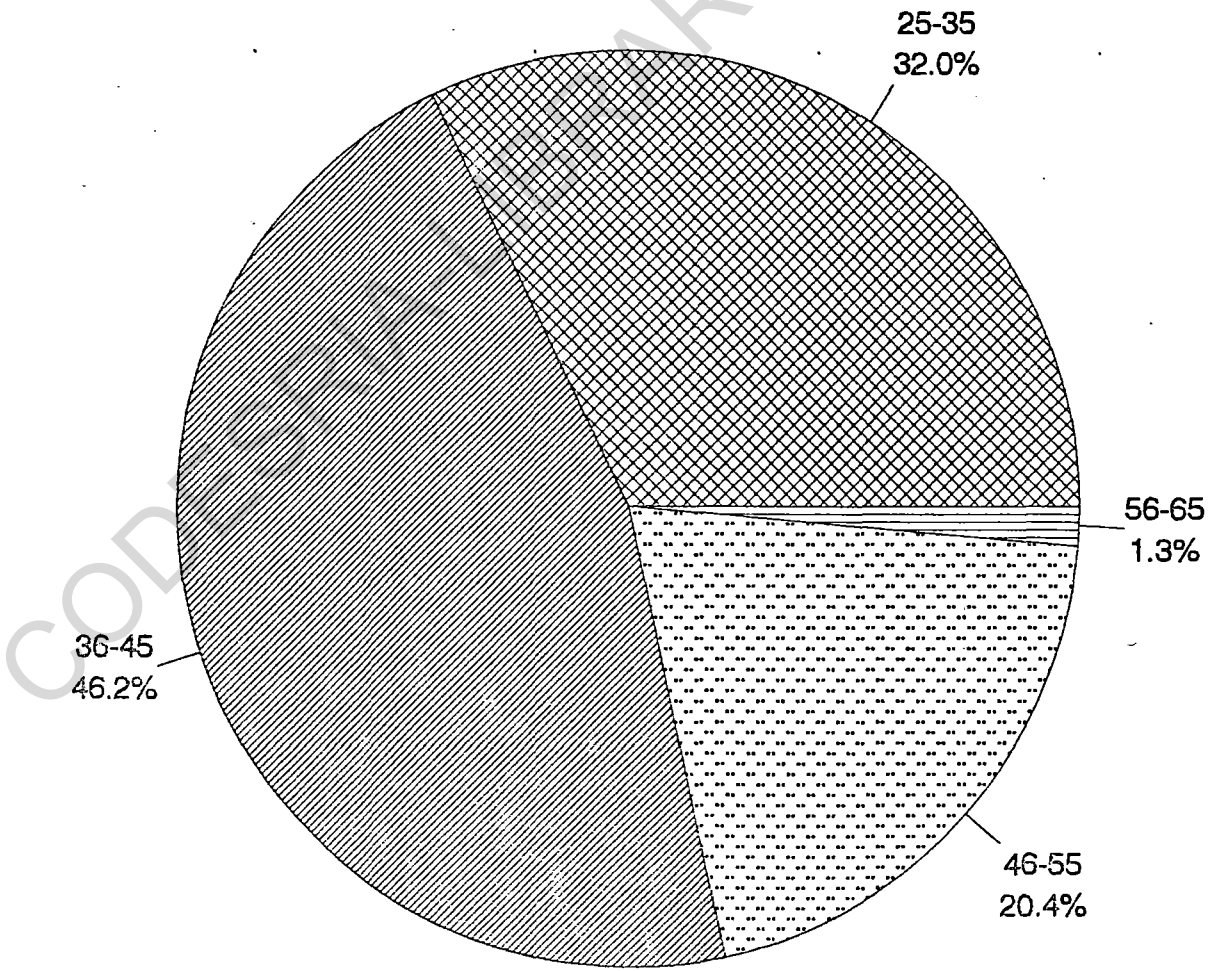


Fig 4.2 : Age of Index Daughters

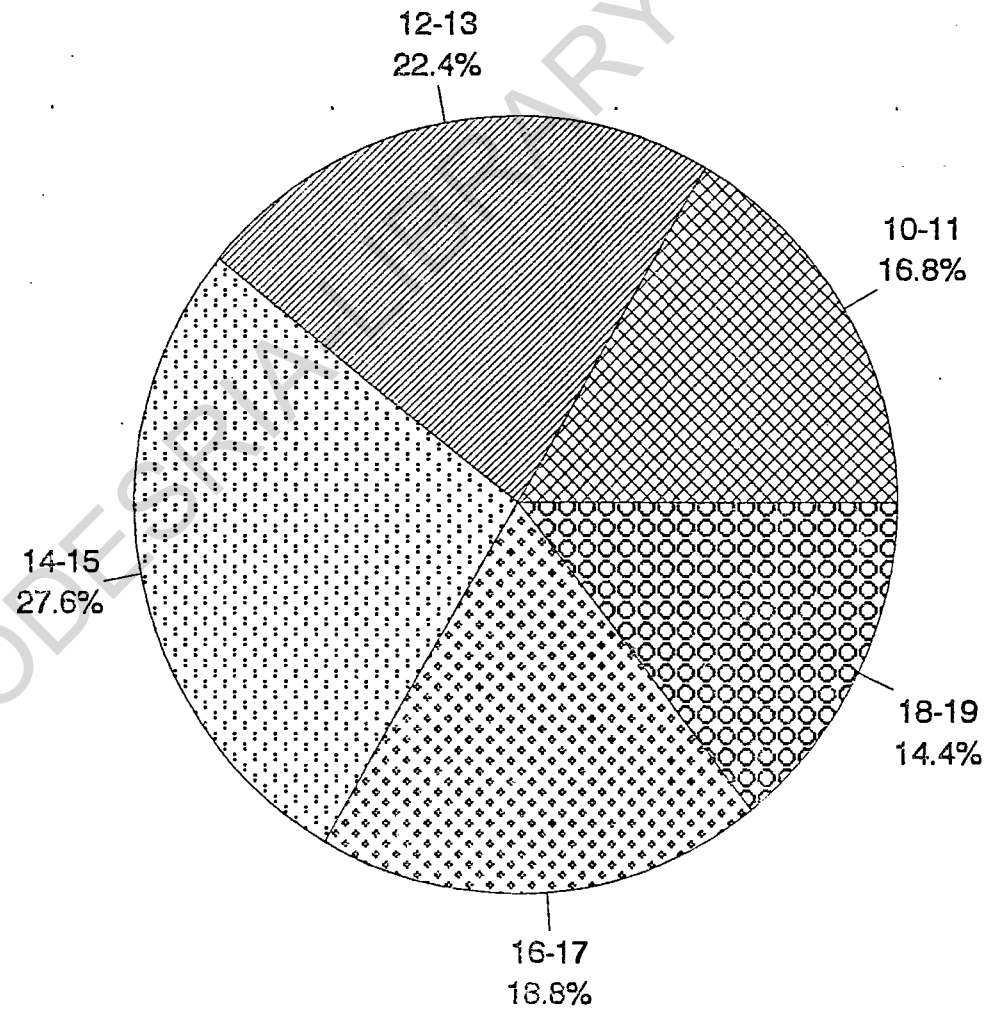


Table 1 - Educational Qualifications of Parents

| EDUCATIONAL QUALIFICATION | PARENTS | |
|---|---|---|
| | FATHER (%) | MOTHER (%) |
| No Formal Education | 20 (9.4) | 50 (20.7) |
| Koranic Education | 3 (1.4) | 1 (0.4) |
| Adult Education | 1 (0.5) | - |
| Primary Education | 65 (30.5) | 93 (38.4) |
| JSS/Modern School | 32 (15.0) | 39 (16.1) |
| SSS/Tech./Grade II | 50 (23.5) | 40 (16.5) |
| Univ./Poly/Professional | 42 (19.7) | 19 (7.9) |
| T O T A L | 213 (100) | 242 (100) |

Table 2 - Educational Qualifications of index daughters

| EDUCATIONAL QUALIFICATION | FREQUENCY (%) |
|---|---|
| No formal Education | 1 (0.4) |
| Primary (1 - 6) | 72 (28.8) |
| JSS (1 - 3) | 92 (36.8) |
| SSS (1 - 3) | 84 (33.6) |
| University Undergraduate | 1 (0.4) |
| T O T A L | 250 (100) |

(d) Occupation:

(i) Parents - Majority of the mothers 182(72.8%) had low income jobs, 65(26.0%) had medium income jobs and only 1(0.4%) had a high income job. Two (0.8%) mothers were unemployed. In respect of the fathers however, most of them (75.4%) had medium income jobs (Table 3).

(ii) Daughter - In comparison to the parents, majority of the index daughters 232(93.2%) were schooling, 7(2.8%) were still on apprenticeship and 4(1.6%) were trading. Others are shown in Table 4.

(e) Mother's Parity and Living Arrangements:

On the average, the mothers had 5 children with a gender ratio of about 2 males to 3 females. Most of the index daughters 67(27.7%) were in the first birth position followed by 43(17.8%) in the third position. The mean birth position was the third position. Majority of the index daughters 244(98.0%) were living with their mothers and most 227(94.2%) for more than 10years. 5(2.0%) of the index daughters were not living with their mothers.

Table 3 - Parents' Occupation

| OCCUPATION | PARENTS | |
|---|---|---|
| | FATHER (%) | MOTHER (%) |
| Low Income Job | 33 (13.3) | 182 (72.8) |
| Medium Income Job | 187 (75.4) | 65 (26.0) |
| High Income Job | 17 (6.9) | 1 (0.4) |
| Unemployed/Late | 11 (4.4) | 2 (0.8) |
| T O T A L | 248 (100) | 250 (100) |

Table 4 - Occupation of Index Daughter

| O C C U P A T I O N | FREQUENCY (%) |
|---|---|
| Schooling | 232 (93.2) |
| Apprentice | 7 (2.8) |
| Awaiting Result | 4 (1.6) |
| Office Work | 1 (0.4) |
| Business | 4 (1.6) |
| Nothing | 1 (0.4) |
| T O T A L | 249 (100) |

(f) Household Economic Indicators:

216(86.0%) and 203(81.0%) of the households had radio and television respectively. 143(57.0%) had refridgerator and 37(14.7%) had car while 25(10.0%) had none of the indicators. 102(40.8%) of the households had 3 of these indicators, 58(23.2%) had 2 and 39(15.6%) had 4. 182(72.8%) had both radio and television.

(g) Socio-economic status:

The socio-economic status of each household was determined by considering three of the demographic characteristics viz - occupation of parents, mother's parity and number of household economic indicators (Appendix XI). The results showed that 136(54.2%) pairs of mother and daughter came from households of average socio-economic status, 82(32.7%) from poor households and 33(13.1%) from fairly rich ones.

(h) Affiliation with Social Organisations:

(i) Mothers - Most of the mothers 162(65.1%) did not belong to any club. Of those who belonged to clubs, 33(37.9%) belonged to only religious clubs, 31(35.6%) to only social clubs and 18(20.7%) to only business clubs.

(ii) Daughters - Similarly, 145(59.2%) of the index daughters did not

belong to any club. Of those who belonged to clubs 42(42.0%) belonged to religious clubs only and 39(39.0%) to academic clubs only.

(i) Mothers' Description of themselves:

Three-quarters of the mothers 175(74.3%) described themselves as traditional while 57(24.0%) saw themselves as liberals and 4(1.7%) as "In-Between" being neither traditional nor liberal.

(j) Reproductive Health Information about the Index Daughters:

(i) Age at menarche - The age at menarche given by 123(49.0%) of the index daughters ranged from 9 -17 years with the mean age at 13.81 years.

(ii) Sexual Activity - About one tenth of the girls 29(11.6%) reported being sexually active. The mean age of initiation of sexual intercourse was 15.26 years (range 13-18 years). Majority of those sexually active were aged 16-17 years (13(44.8%) followed by 18-19 years (12(41.4%), 14-15 (3(10.3%) and 12-13 (1(3.4%). None was aged 10-11 years. ($P<0.05$). (Table 5).

(iii) Number of Sexual Partners:

Out of those that were sexually active 18(64.3%) reportedly had 1 sexual partner at the time of interview 9(32.2%) had between 2-

4 while one had none.

(iv) Contraceptive use - Only 3(10.3%) of the sexually active girls said they use some form of contraceptives. 1 each said she uses Flagyl, Panadol, and a Mixture of Krest and '*Alabukun* Powder.'

Table 5 - Daughters' Sexual Behaviour: Ever had Sex By Age

| SEXUAL BEHAVIOUR | AGE OF INDEX DAUGHTER (IN YEARS) | | | | | TOTAL (%) |
|---|---|---|---|---|---|---|
| | 10-11 (%) | 12-13 (%) | 14-15 (%) | 16-17 (%) | 18-19 (%) | |
| Sexually Active | - | 1 (1.8) | 3 (4.3) | 13 (27.7) | 12 (33.3) | 29 (11.6) |
| Not Sexually Active | 42 (100) | 55 (98.2) | 66 (95.7) | 34 (72.3) | 24 (66.7) | 221 (88.4) |
| TOTAL | 42 (100) | 56 (100) | 69 (100) | 47 (100) | 36 (100) | 250 (100) |

**Type Of Sexuality Issues Discussed:-**

Studies on parent-child communication about sex have suggested that both general family communication and discussion about sex are important in the study of family impact on sexuality and not only communication about sex (Fisher, 1987). Therefore, using concepts from literature on Family Life Education (Wagman et al, 1981), Life Planning Education (CPO, 1989) and Comprehensive Sexuality Education (NGTF, 1996), thirty-five (35) sexuality issues were identified and grouped into six categories (including sexual issues), for the purpose of this study. These are:

i. Life goal issues - Studies/Apprenticeship training/ choice of future career and Daughter's role in the family.

ii. Growth and development issues - Body changes (Puberty), first menstruation and monthly menstruation.

iii. Personal grooming - Cleanliness, dressing, hair styles and make-up.

iv. Social Relationship issues - Love, going to parties, receiving gifts from men, type of girlfriends, type of boyfriends, going to film houses, and how to resist peer pressure.

v. Sexual Relationship issues - Relationship with boyfriend, abstinence, sexual intercourse, only one sexual partner, teenage pregnancy, abortion,

STIs/AIDS, contraception, rape, blue films/pornographic materials and keeping late nights.

vi. Marriage issues - How to postpone sex until married, marriage and life time commitments, when to marry, who to marry, pregnancy, childbirth, family life and parenting (Appendix ix, x)

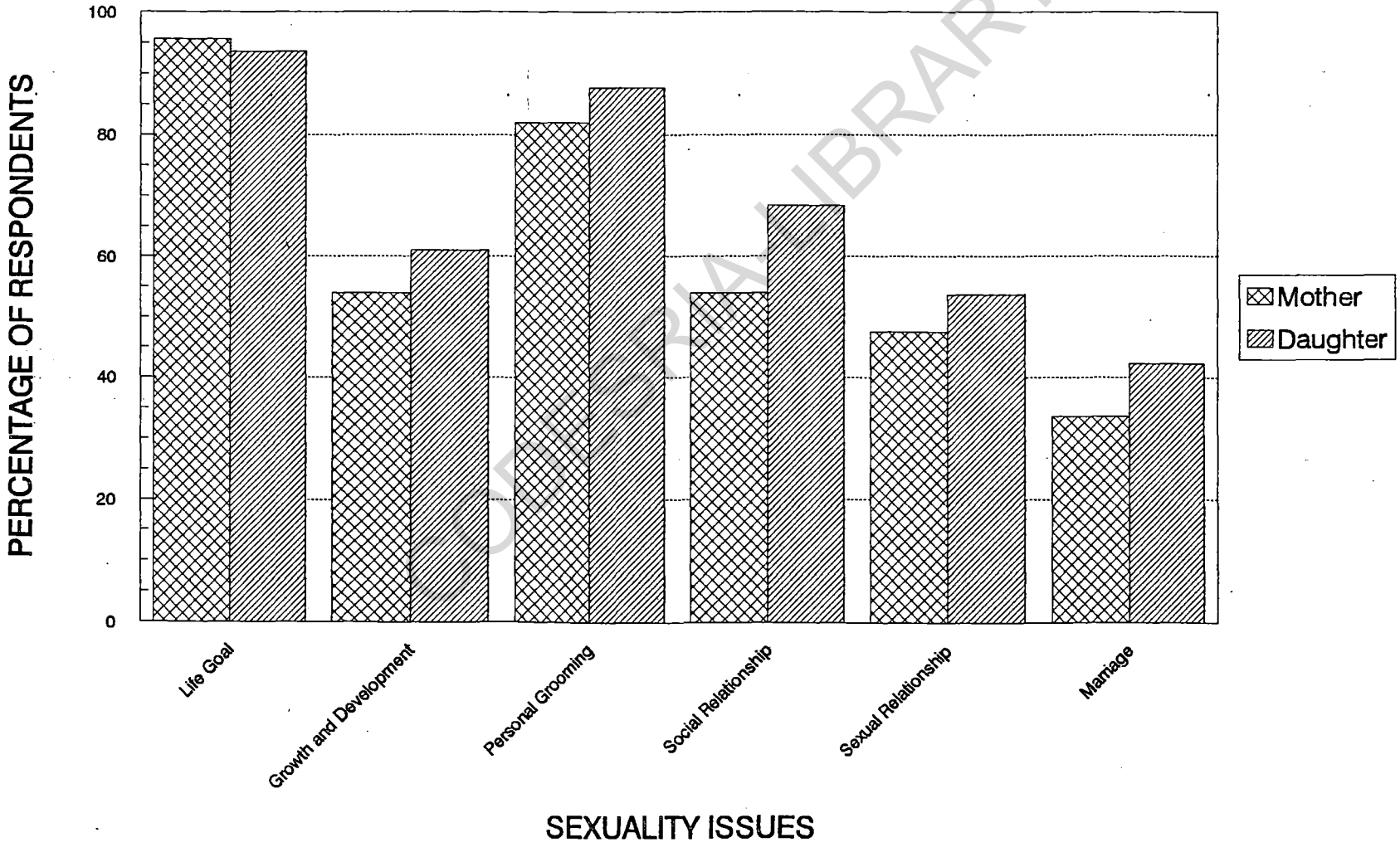
1. Issues Discussed -

Life goal issues topped the list of the issues discussed as indicated by 95.6% mothers and 93.6% of their daughters. This was followed by personal grooming issues (82.0% of mothers and 87.7% daughters). However, marriage issues were only fairly discussed as only about a third of the mothers (33.6%) and 42.3% of the daughters indicated such discussion. Moderately discussed issues include sexual relationships (47.6% mothers and 53.7% daughters), social relationships (54.0%) mothers and 68.4% daughters) and growth and development (54.0% mothers 61.0% daughters). Although more daughters than mothers indicated that they discussed the different types of issues, the differences were only significant ($P < 0.05$) for social relationship issues (Figure 4.3).

2. Variations in issues discussed -

(a) Mothers - There were no significant differences in the type of

Fig 4.3 : Type of Sexuality Issues Discussed with Daughter



issues discussed by mothers in the various age groups with their daughters ($P > 0.05$) (Table 6).

Similarly, type of issues discussed did not differ ($P > 0.05$) with either the family socio-economic status (Table 7) or educational attainment of the mothers (Table 8).

(b) Daughters - The type of sexuality issues discussed was also compared with the age of the daughters. Discussion of life goal issues, personal grooming and social relationship was not related to the age of the daughters, ($P > 0.05$). However, discussion of growth and development, sexual relationship and marriage issues were associated with the age of the daughters ($P < 0.05$) as these issues were discussed with more of the daughters aged 16-19 than those aged 10-15 years (Table 9).

Similarly, discussion of life goals and personal grooming issues was not related to daughter's sexual behaviour ($P > 0.05$) but a significantly greater proportion of the sexually active daughters ($P < 0.05$) discussed growth and development, social relationship, sexual relationship and marriage issues with their mothers than the non-sexually active daughters, (Table 10).

Table 6: TYPE OF SEXUALITY ISSUES REPORTEDLY DISCUSSED BY MOTHER'S AGE

| Sexuality Issues | Age of Mothers (in years) | Those who discussed issues | (%) | Those who did not discuss issues | (%) | Total | (%) | Test of Significance |
|---|---|---|---|---|---|---|---|---|
| Life Goal | ≤ 35 | 69 | (95.8) | 3 | (4.2) | 72 | (100) | |
| | 36 - 45 | 99 | (95.2) | 5 | (4.8) | 104 | (100) | |
| | 46 - 55 | 44 | (95.7) | 2 | (4.3) | 46 | (100) | $X^2$ not valid |
| | 56 - 65 | 3 | (100.0) | - | | 3 | (100) | |
| Growth and Development | ≤ 35 | 42 | (58.3) | 30 | (41.7) | 72 | (100) | $X^2$ 1.30 |
| | 36 - 45 | 59 | (56.7) | 45 | (43.3) | 104 | (100) | Df 3 |
| | 46 - 55 | 29 | (63.0) | 17 | (37.0) | 46 | (100) | P-0.729354 |
| | 56 - 65 | 1 | (33.3) | 2 | (66.7) | 3 | (100) | |
| Personal Grooming | ≤ 35 | 59 | (82.0) | 13 | (18.0) | 72 | (100) | |
| | 36 - 45 | 86 | (82.7) | 18 | (17.3) | 104 | (100) | $X^2$ not valid |
| | 46 - 55 | 39 | (84.8) | 7 | (15.2) | 46 | (100) | |
| | 56 - 65 | 2 | (66.7) | 1 | (33.3) | 3 | (100) | |
| Social Relationship | ≤ 35 | 39 | (54.2) | 33 | (45.8) | 72 | (100) | $X^2$ 0.62 |
| | 36 - 45 | 57 | (54.8) | 47 | (45.2) | 104 | (100) | Df 3 |
| | 46 - 55 | 26 | (56.5) | 20 | (43.5) | 46 | (100) | P- 0.891169 |
| | 56 - 65 | 1 | (33.3) | 2 | (66.7) | 3 | (100) | |
| Sexual Relationship | ≤ 35 | 31 | (43.0) | 41 | (57.0) | 72 | (100) | $X^2$ 2.32 |
| | 36 - 45 | 49 | (47.1) | 55 | (52.9) | 104 | (100) | Df 3 |
| | 46 - 55 | 26 | (56.5) | 20 | (43.5) | 46 | (100) | P- 0.508939 |
| | 56 - 65 | 1 | (33.3) | 2 | (66.7) | 3 | (100) | |
| Marriage | ≤ 35 | 30 | (41.7) | 42 | (58.3) | 72 | (100) | $X^2$ 3.89 |
| | 36 - 45 | 30 | (28.8) | 74 | (71.2) | 104 | (100) | Df 3 |
| | 46 - 55 | 19 | (41.3) | 27 | (58.7) | 46 | (100) | P- 0.273972 |
| | 56 - 65 | 1 | (33.3) | 2 | (66.7) | 3 | (100) | |

Table 7: TYPE OF SEXUALITY ISSUES REPORTEDLY DISCUSSED BY FAMILY SOCIO-ECONOMIC STATUS

| Sexuality Issues | Family Socio-Economic Status | Those who discussed issues | (%) | Those who did not discuss issues | (%) | Total | (%) | Test of Significance |
|---|---|---|---|---|---|---|---|---|
| Life Goal | Poor | 79 | (96.3) | 3 | (3.7) | 82 | (100) | $X^2$ 0.17 |
| | Average | 130 | (95.6) | 6 | (4.4) | 136 | (100) | Df 2 |
| | Fairly Rich | 32 | (97.0) | 1 | (3.0) | 33 | (100) | P - 0.920248 |
| Growth and Development | Poor | 41 | (50.0) | 41 | (50.0) | 82 | (100) | $X^2$ 0.72 |
| | Average | 76 | (55.9) | 60 | (44.1) | 136 | (100) | Df 2 |
| | Fairly Rich | 18 | (54.5) | 15 | (45.5) | 33 | (100) | P - 0.697340 |
| Personal Grooming | Poor | 64 | (78.0) | 18 | (22.0) | 82 | (100) | $X^2$ 1.36 |
| | Average | 114 | (83.8) | 22 | (16.2) | 136 | (100) | Df 2 |
| | Fairly Rich | 28 | (84.8) | 5 | (15.2) | 33 | (100) | P-0.506998 |
| Social Relationship | Poor | 44 | (53.7) | 38 | (46.3) | 82 | (100) | $X^2$ 0.01 |
| | Average | 73 | (53.7) | 63 | (46.3) | 136 | (100) | Df 2 |
| | Fairly Rich | 18 | (54.5) | 15 | (45.5) | 33 | (100) | P - 0.995585 |
| Sexual Relationship | Poor | 41 | (50.0) | 41 | (50.0) | 82 | (100) | $X^2$ 0.34 |
| | Average | 63 | (46.3) | 73 | (53.7) | 136 | (100) | Df 2 |
| | Fairly Rich | 15 | (45.5) | 18 | (54.5) | 33 | (100) | P - 0.845517 |
| Marriage | Poor | 25 | (30.5) | 57 | (69.5) | 82 | (100) | $X^2$ 1.40 |
| | Average | 50 | (36.8) | 86 | (63.2) | 136 | (100) | Df 2 |
| | Fairly Rich | 9 | (28.1) | 23 | (71.9) | 33 | (100) | P - 0.497467 |

**Table 8**: Type of Sexuality Issues Reportedly Discussed by Mothers' Educational Qualification

| Sexuality Issues | Qualification* | Those who discussed Issues | (%) | Those who did not discuss issues | (%) | Total | (%) | Test of Significance |
|---|---|---|---|---|---|---|---|---|
| Life Goal | 1 | 48 | (96.0) | 2 | (4.0) | 50 | (100) | |
| | 2 | 1 | (100) | - | | 1 | (100) | |
| | 3 | 91 | (96.8) | 3 | (3.2) | 94 | (100) | |
| | 4 | 37 | (94.9) | 2 | (5.1) | 39 | (100) | $X^2$ not valid |
| | 5 | 36 | (90.0) | 4 | (10.0) | 40 | (100) | |
| | 6 | 18 | (94.7) | 1 | (5.3) | 19 | (100) | |
| Growth and Development | 1 | 24 | (48.0) | 26 | (52.0) | 50 | (100) | $X^2$ 1.75 |
| | 2 | - | | 1 | (100) | 1 | (100) | Df 4 |
| | 3 | 52 | (55.3) | 42 | (44.7) | 94 | (100) | P - 0.788597 |
| | 4 | 23 | (59.0) | 16 | (41.0) | 39 | (100) | |
| | 5 | 23 | (57.5) | 17 | (42.5) | 40 | (100) | |
| | 6 | 9 | (47.4) | 10 | (52.6) | 19 | (100) | |
| Personal Grooming | 1 | 36 | (72.0) | 14 | (28.0) | 50 | (100) | $X^2$ 9.8 |
| | 2 | - | | 1 | (100) | 1 | (100) | Df 4 |
| | 3 | 83 | (88.3) | 11 | (11.7) | 94 | (100) | P - 0.042536 |
| | 4 | 34 | (87.2) | 5 | (12.8) | 39 | (100) | |
| | 5 | 29 | (72.5) | 11 | (27.5) | 40 | (100) | |
| | 6 | 17 | (89.5) | 2 | (10.5) | 19 | (100) | |
| Social Relationship | 1 | 26 | (52.0) | 24 | (48.0) | 50 | (100) | $X^2$ 1.29 |
| | 2 | 1 | (100) | - | | 1 | (100) | Df 4 |
| | 3 | 54 | (57.4) | 40 | (42.6) | 94 | (100) | P-0.0862872 |
| | 4 | 20 | (51.3) | 19 | (48.7) | 39 | (100) | |
| | 5 | 19 | (47.5) | 21 | (52.5) | 40 | (100) | |
| | 6 | 10 | (52.6) | 9 | (47.4) | 19 | (100) | |
| Sexual Relationship | 1 | 25 | (50.0) | 25 | (50.0) | 50 | (100) | $X^2$ 5.73 |
| | 2 | - | | 1 | (100) | 1 | (100) | Df 4 |
| | 3 | 48 | (51.1) | 46 | (48.9) | 94 | (100) | P - 0.220233 |
| | 4 | 19 | (48.7) | 20 | (51.3) | 39 | (100) | |
| | 5 | 12 | (30.0) | 28 | (70.0) | 40 | (100) | |
| | 6 | 10 | (52.6) | 9 | (47.4) | 19 | (100) | |
| Marriage | 1 | 18 | (36.0) | 32 | (64.0) | 50 | (100) | $X^2$ 3.87 |
| | 2 | - | | 1 | (100) | 1 | (100) | Df 4 |
| | 3 | 24 | (25.5) | 70 | (74.5) | 94 | (100) | P-0.423924. |
| | 4 | 16 | (41.0) | 23 | (59.0) | 39 | (100) | |
| | 5 | 12 | (30.8) | 27 | (69.2) | 39 | (100) | |
| | 6 | 7 | (36.8) | 12 | (63.2) | 19 | (100) | |

* 1 No formal education
2 Koranic education (not included in $X^2$ calculation)
3 Primary Education
4 JSS/Modern School
5 SSS/Tech./Teacher's Grade II
6 University/Polytechnic/Professional

**Table 9**: Type of Sexuality Issues Reportedly Discussed by Daughters' Age

| Sexuality Issues | Age of Daughter (In years) | Those who discussed issues | (%) | Those who did not discuss issues | (%) | Total | (%) | Test of Significance |
|---|---|---|---|---|---|---|---|---|
| Life Goal | 10 - 11 | 40 | (95.2) | 2 | (4.8) | 42 | (100) | $X^2$ 3.16 |
| | 12 - 13 | 50 | (89.3) | 6 | (10.7) | 56 | (100) | Df 4 |
| | 14 - 15 | 64 | (92.8) | 5 | (7.2) | 69 | (100) | P - 0.531411 |
| | 16 - 17 | 45 | (95.7) | 2 | (4.3) | 47 | (100) | |
| | 18 - 19 | 35 | (97.2) | 1 | (2.8) | 36 | (100) | |
| Growth and Development | 10 - 11 | 12 | (28.6) | 30 | (71.4) | 42 | (100) | $X^2$ 46.69 |
| | 12 - 13 | 24 | (42.9) | 32 | (57.1) | 56 | (100) | Df 4 |
| | 14 - 15 | 44 | (63.8) | 25 | (36.2) | 69 | (100) | P - 0.000000 |
| | 16 - 17 | 40 | (85.1) | 7 | (14.9) | 47 | (100) | |
| | 18 - 19 | 32 | (88.9) | 4 | (11.1) | 36 | (100) | |
| Personal Grooming | 10 - 11 | 36 | (85.7) | 6 | (14.3) | 42 | (100) | $X^2$ 1.71 |
| | 12 - 13 | 47 | (84.0) | 9 | (16.0) | 56 | (100) | Df 4 |
| | 14 - 15 | 62 | (89.9) | 7 | (10.1) | 69 | (100) | P - 0.789023 |
| | 16 - 17 | 41 | (87.2) | 6 | (12.8) | 47 | (100) | |
| | 18 - 19 | 33 | (91.7) | 3 | (8.3) | 36 | (100) | |
| Social Relationship | 10 - 11 | 25 | (59.5) | 17 | (40.5) | 42 | (100) | $X^2$ 5.70 |
| | 12 - 13 | 35 | (62.5) | 21 | (37.5) | 56 | (100) | Df 4 |
| | 14 - 15 | 47 | (68.1) | 22 | (31.9) | 69 | (100) | P - 0.222943 |
| | 16 - 17 | 35 | (74.5) | 12 | (25.5) | 47 | (100) | |
| | 18 - 19 | 29 | (80.6) | 7 | (19.4) | 36 | (100) | |
| Sexual Relationship | 10 - 11 | 12 | (28.6) | 30 | (71.4) | 42 | (100) | $X^2$ 67.11 |
| | 12 - 13 | 22 | (39.3) | 34 | (60.7) | 56 | (100) | Df 4 |
| | 14 - 15 | 36 | (52.2) | 3 | (47.8) | 69 | (100) | P - 0.000000 |
| | 16 - 17 | 38 | (80.9) | 9 | (19.1) | 47 | (100) | |
| | 18 - 19 | 26 | (72.2) | 10 | (27.8) | 36 | (100) | |
| Marriage | 10 - 11 | 12 | (28.6) | 30 | (71.4) | 42 | (100) | $X^2$ 18.01 |
| | 12 - 13 | 15 | (26.8) | 41 | (73.2) | 56 | (100) | Df 4 |
| | 14 - 15 | 35 | (50.7) | 34 | (49.3) | 69 | (100) | P - 0.001226 |
| | 16 - 17 | 29 | (61.7) | 18 | (38.3) | 47 | (100) | |
| | 18 - 19 | 15 | (41.7) | 21 | (58.3) | 36 | (100) | |

Table 10: Type of Sexuality Issues Reportedly Discussed by Daughters' Sexual Behaviour

| Sexuality Issues | Daughter's Sexual Behaviour | Those who discussed issues (%) | Those who did not discuss Issues (%) | Total (%) | Test of Significance |
|---|---|---|---|---|---|
| Life Goal | Sexually Active | 28 (96.6) | 1 (3.4) | 29 (100) | Yates' Corrected $X^2$ 0.22 P-0.642579 |
| | Not Sexually Active | 205 (92.8) | 16 (7.2) | 221 (100) | |
| Growth and Development | Sexually Active | 27 (93.1) | 2 (6.9) | 29 (100) | $X^2$ 14.36 Df 1 P-0.000151 |
| | Not Sexually Active | 125 (56.6) | 96 (43.4) | 221 (100) | |
| Personal Grooming | Sexually Active | 25 (86.2) | 4 (13.8) | 29 (100) | Yates' corrected $X^2$ 0.02 P-0.900013 |
| | Not Sexually Active | 194 (87.8) | 27 (12.2) | 221 (100) | |
| Social Relationship | Sexually Active | 25 (86.2) | 4 (13.8) | 29 (100) | $X^2$ 4.81 Df 1 P-0.028252 |
| | Not Sexually Active | 146 (66.0) | 75 (34.0) | 221 (100) | |
| Sexual Relationship | Sexually Active | 22 (75.9) | 9 (24.1) | 29 (100) | $X^2$ 6.54 Df 1 P-0.010564 |
| | Not Sexually Active | 112 (50.7) | 109 (49.3) | 221 (100) | |
| Marriage | Sexually Active | 21 (72.4) | 8 (27.6) | 29 (100) | $X^2$ 12.10 Df 1 P-0.000504 |
| | Not Sexually Active | 85 (38.5) | 136 (61.5) | 221 (100) | |

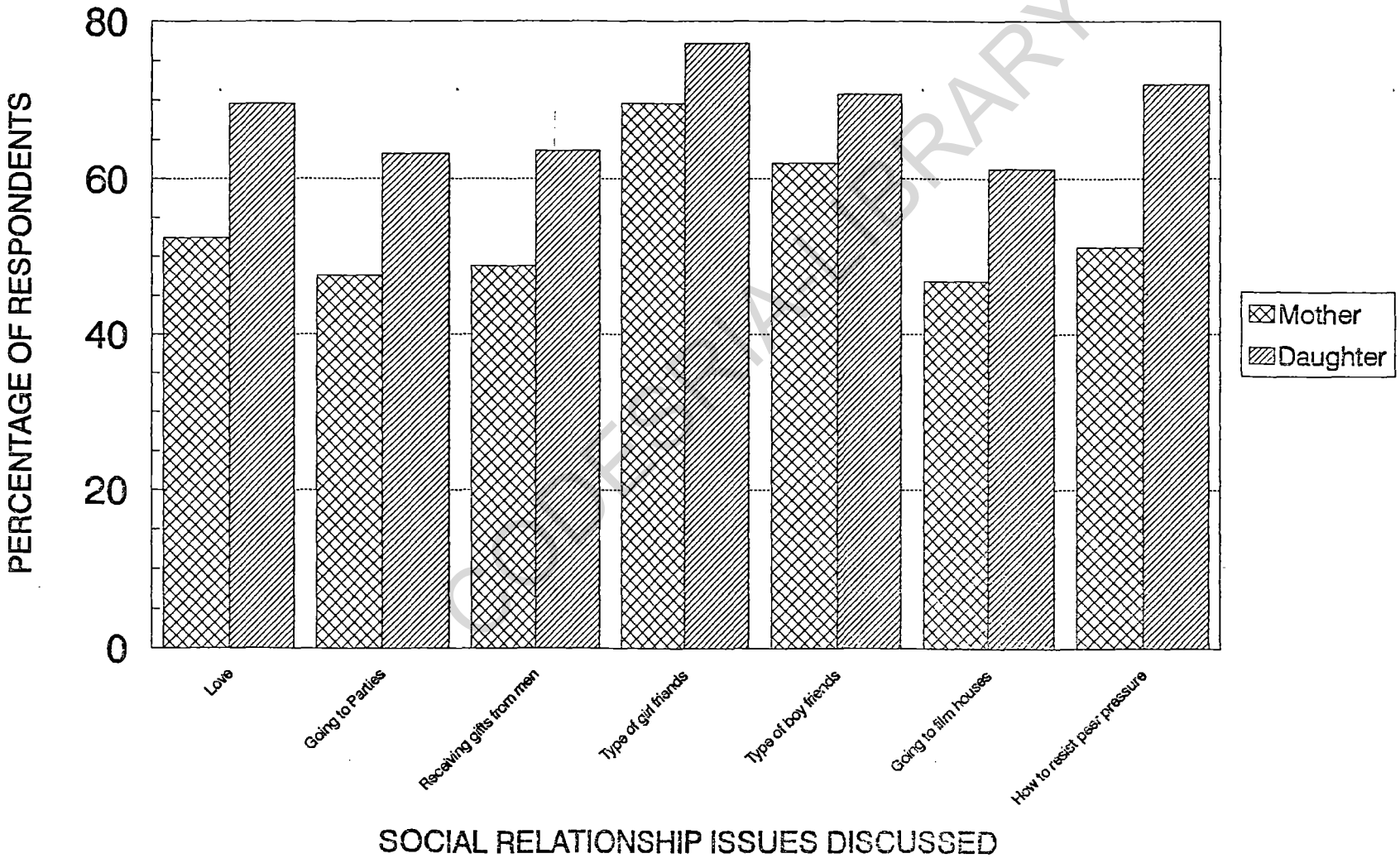
c. Variations within the categories of issues -

Sexuality issues within two of the six categories were not equally discussed. While issues grouped under 'Life goal', 'Growth and development', 'Personal Grooming' and 'Marriage' were discussed by almost the same number of respondents, there were variations in issues discussed under 'Social Relationship' and 'Sexual Relationship'. For example, of all the social relationship issues, Type of girl friends and Type of boyfriends were reportedly discussed by more of the mothers and daughters than the other issues (Figure 4.4). Similarly, among the sexual relationship issues number of sexual partners, abortion, STIs/AIDS, Contraception, Rape, Blue films/pornography and keeping late nights were discussed by less than half of the mothers (Figure 4.5).

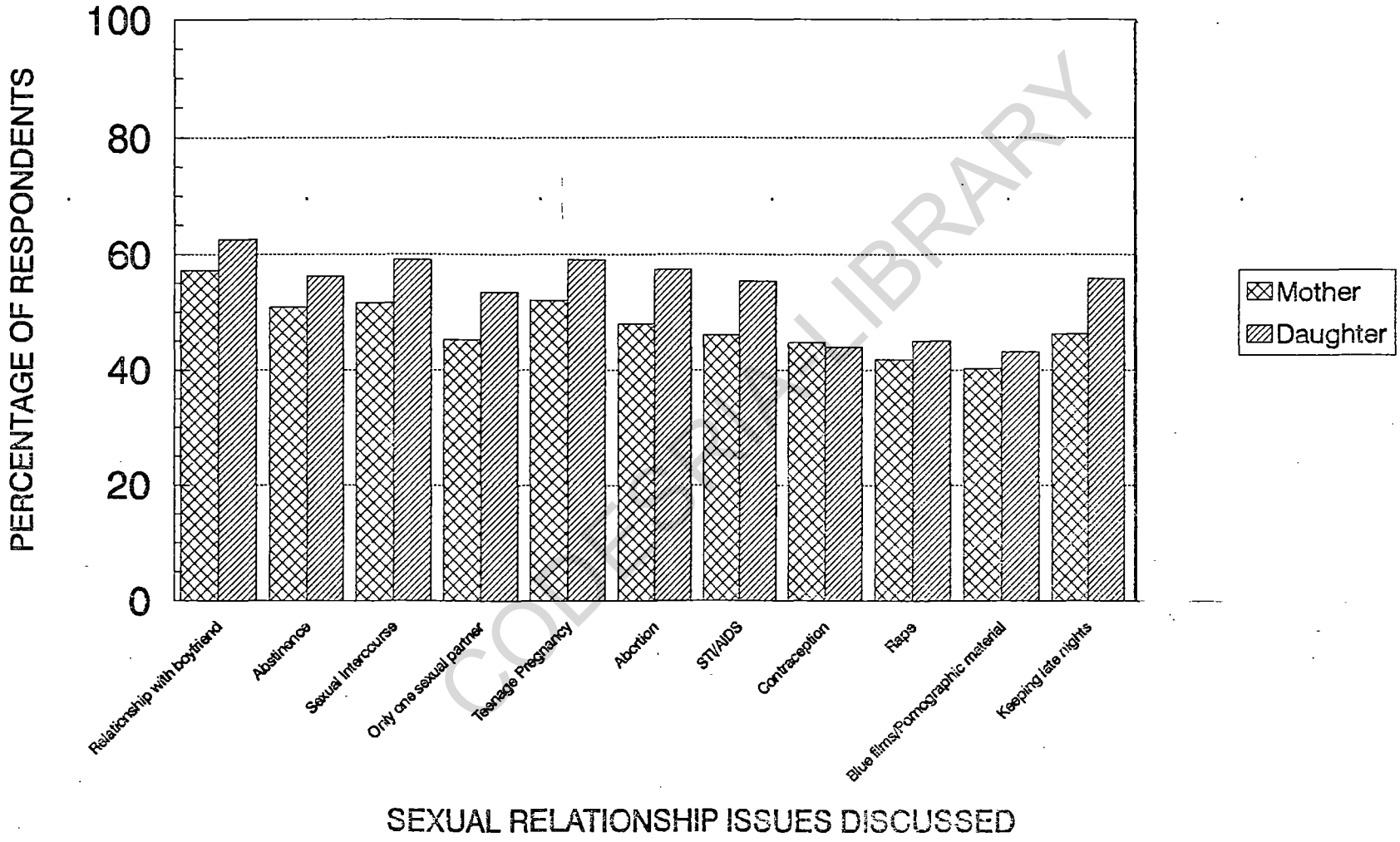
3. Reasons for discussing sexuality issues -

Various reasons were attributed by mothers to discussing different sexuality issues with their daughters. For example, most mothers (88.4%)

Fig 4.4 : Social Relationship Issues Discussed



# Fig 4.5 : Sexual Relationship Issues Discussed



discussed life goal issues so that their daughters can succeed in life and not suffer the same experience they had. A major reason for discussing growth and development issues was to prevent early sexual involvement of daughter (36.4%). Moreover, personal grooming issues were discussed because child is a girl and had to lay good example for sibling 36.4%. Social relationship issues were discussed to prevent daughter from early sexual involvement (54.7%) while prevention of pregnancy was a major reason for discussing sexual relationships (57.4%) (Table 11).

Out of the 21 mothers who did not discuss life goal issues with their daughters, 16 (76.2%) could not identify any reason for not discussing them. However, majority of the mothers 89 (72.4%) did not discuss growth and development issues because they felt the child was too young or will be exposed. The same reason was given by 55(39.0%), 80(49.7%) and 134(77.9%) of the mothers for not discussing social relationship, sexual relationship, and marriage issues respectively. Interestingly, 18 (31.6%) did not discuss personal grooming issues because they felt the daughter knew what to do (Table 12).

Majority of the index daughters on the other hand could not identify reasons why these issues were not discussed, except for marriage

TABLE 11 REASONS WHY SEXUALITY ISSUES WERE DISCUSSED BY MOTHERS AND INDEX DAUGHTERS

| REASONS FOR DISCUSSING ISSUES. | GROUP 1=Mother 2=Daughter | SEXUALITY ISSUES | | | | | |
|---|---|---|---|---|---|---|---|
| | | LIFE GOAL ISSUES | GROWTH AND DEVELOPMENT ISSUES | PERSONAL GROOMING ISSUES | SOCIAL RELATIONSHIP ISSUES | SEXUAL RELATIONSHIP ISSUES | MARRAIGE ISSUES |
| | | % | % | % | % | % | % |
| Mother's Duty/To clarify what daughter hears elsewhere | 1 | 8 (3.4) | 3 (9.1) | 4 (18.2) | 3 (2.6) | - | 1 (16.7) |
| | 2 | 3 (1.6) | 1 (5.6) | 2 ( 7.7) | 5 (5.3) | 1. (1.7) | 1 (14.3) |
| Child is a girl/Daughter to lay good example | 1 | 11 (4.7) | 8 (24.2) | 8 (36.4) | 9 (7.7) | - | 1 (16.7) |
| | 2 | 6 (3.2) | 3 (16.7) | 7 (26.9) | 5 (5.3) | 3 (5.0) | 1 (14.3) |
| Daughter to succeed in life/not suffer same experience as mother | 1 | 206 (88.4) | 4 (12.1) | 7 (31.8) | 30 (25.6) | 12 (22.2) | 1 (16.7) |
| | 2 | 167 (88.8) | 4 (22.2) | 17 (65.4) | 23 (24.5) | 12 (20.0) | 4 (57.1) |
| To prevent early sexual involvement/To avoid bad Company | 1 | 8 (3.4) | 12 (36.4) | 3 (13.6) | 64 (54.7) | 9 (16.7) | 1 (16.7) |
| | 2 | 11 (5.9) | 4 (22.2) | - | 45 (47.9) | 6 (10.0) | 1 (14.3) |
| To prevent STI$^{S}$ and AIDS/ Daughter is sexually active | 1 | - | - | - | - | 2 (3.7) | 1 (16.7) |
| | 2 | - | - | - | 3 (3.2) | 1 (1.7) | - |
| To prevent pregnancy | 1 | - | 6 (18.2) | - | 11 (9.4) | 31 (57.4) | 1 (16.7) |
| | 2 | 1 (0.5) | 6 (33.3) | - | 13 (13.8) | 37 (61.7) | - |
| TOTAL | 1 | 233 (100) | 33 (100) | 22 (100) | 117 (100) | 54 (100) | 6 (100) |
| | 2 | 188 (100) | 18 (100) | 26 (100) | 94 (100) | 60 (100) | 7 (100) |

TABLE 12 REASONS WHY SEXUALITY ISSUES WERE NOT DISCUSSED BY MOTHERS AND INDEX DAUGHTERS

| REASONS FOR NOT DISCUSSING ISSUES | GROUP 1=Mother 2=Daughter | SEXUALITY ISSUES | | | | | |
|---|---|---|---|---|---|---|---|
| | | LIFE GOAL ISSUES | GROWTH AND DEVELOPMENT ISSUES | PERSONAL GROOMING ISSUES | SOCIAL RELATIONSHIP ISSUES | SEXUAL RELATIONSHIP ISSUES | MARRIAGE ISSUES |
| | | % | % | % | % | % | % |
| Mother/Daughter does not like or do it | 1 | - | 2 (1.6) | 5 (8.8) | 45 (31.9) | 41 (25.5) | 2 (1.2) |
| | 2 | - | - | 2 (4.1) | 25 (21.6) | 25 (15.4) | 2 (1.3) |
| Daughter is too young/ will be exposed | 1 | 3 (14.3) | 89 (72.4) | 15 (26.3) | 55 (39.0) | 80 (49.7) | 134 (77.9) |
| | 2 | 3 (9.7) | 34 (32.4) | 3 (6.1) | 32 (27.6) | 51 (31.5) | 81 (51.3) |
| Daughter knows what to do | 1 | 1 (4.8) | 8 (6.5) | 18 (31.6) | 9 (6.4) | 10 (6.2) | 7 (4.1) |
| | 2 | 4 (12.9) | 1 (1.0) | 3 (6.1) | 3 (2.6) | - | - |
| Mother/Daughter does not know what to say or how to start | 1 | - | - | - | 1 (0.7) | - | - |
| | 2 | - | 9 (8.6) | 1 (2.0) | 6 (5.2) | 14 (8.6) | 6 (3.8) |
| Daughter is shy/afraid of mother | 1 | - | - | - | - | 1. (0.6) | - |
| | 2 | 1 (3.2) | 1 (1.0) | - | 1 (0.9) | 2 (1.2) | 1 (0.6) |
| Others are teaching it to child already | 1 | 1 (4.8) | 5 (4.1) | 3 (5.3) | 5 (3.5) | 3 (1.9) | 7 (4.1) |
| | 2 | 1 (3.2) | 3 (2.9) | 1 (2.0) | 1 (0.9 | 1 (0.6) | 3 (1.9) |
| "No reason" | 1 | 16 (76.2) | 19 (15.4) | 16 (28.1) | 26 (18.4) | 26 (16.1) | 22 (12.8) |
| | 2 | 22 (71.0) | 57 (54.3) | 39 (79.6) | 48 (41.4) | 69 (42.6) | 65 (41.1) |
| TOTAL | 1 | 21 (100) | 123 (100) | 57 (100) | 141 (100) | 161 (100) | 172 (100) |
| | 2 | 31 (100) | 105 (100) | 49 (100) | 116 (100) | 162 (100) | 158 (100) |

issues where about half 81(51.3%) indicated that they were too young and were likely to be influenced (Table 12). Focus Group Discussion results seemed to validate the findings from the daugthers as majority of mothers and daughters said they expect all issues to be discussed. Issues mentioned as expected to be discussed include sex education, adolescence, boy-girl relationship, studies, morals, the future and according to a participant in one of the educated mother's groups "...everything about a woman and life."

4. Age of Initiating Sexuality Communication -

According to the mothers, communication about life goal issues, personal grooming and social relationship issues were initiated earlier with the mean age of initiation at 8.1years, 8.68 years and 8.77 years respectively. These are followed by sexual relationship issues at 11.48 years, then growth and development issues at 12.91 years and marriage issues at 13.5 years. This finding is corroborated by those from the FGDs in which majority of the educated mothers said that the appropriate age to initiate sexuality communication with their daughters was from 0-10 years while most uneducated mothers felt sexuality education should begin from 12-13 years when the child attains puberty. As one of the participants

explained ".....because 12 year old, even 8 year old children have sexual intercourse these days."

The age at which sexual relationship issues were first discussed was compared between the sexually active and non-sexually active daughters. The results showed that discussion of sexual relationship issues started earlier, from 5-7 years among the non-sexually active as opposed to 10-12 years among the sexually active. Generally, age 11 appeared to be a latent period for initiating discussions on sexual issues.

**Dynamics Of Mother-Daughter Sexuality Communication**

1. Time of Sexuality Communication:

Many mothers 153(61.2%) and about half of the daughters 136(54.4%) said that discussion of sexuality issues usually takes place at anytime of the day. This is followed by late at night (Table 13) Focus Group Discussions indicated that most of the discussions took place at the weekends, during leisure time, holidays, environmental sanitation days and when the father is not around.

The usual length of most discussions is 5-10 minutes (27.8% mothers and 22.6% daughters) followed by 30 minutes - 1 hour (26.6% mothers and 26.2% daughters). (Table 14).

In response to the question on how often the sexuality issues were

discussed, the issues indicated as discussed daily or at least weekly were life goals, personal grooming and social relationship issues. Others such as growth and development, sexual relationships and marriage issues were discussed less regularly for example, monthly, once in three months or just occasionally.

**Table 13:** **When mothers and index daughters communicate on Sexuality issues**

| TIME | GROUP | |
|---|---|---|
| | MOTHER % | DAUGHTER % |
| Very early in the morning | 29 (11.6) | 22 (8.8) |
| In the afternoon | 5 (2.0) | 29 (11.6) |
| In the evening | 32 (12.8) | 22 (8.8) |
| Late at night | 31 (12.4) | 41 (16.4) |
| Anytime of the day | 153 (61.2) | 136 (54.4) |
| TOTAL | 250 (100) | 250 (100) |

$X^2$ 22.14 Df 4 P-Value 0.00018773

**Table 14** **Estimated Length of Mother - Daughter Sexuality Communication.**

| LENGTH OF TIME | GROUP | |
|---|---|---|
| | MOTHER % | DAUGHTER % |
| Less than 5 minutes | 20 (8.1) | 43 (17.3) |
| 5 - 10 minutes | 69 (27.8) | 56 (22.6) |
| 10 - 20 minutes | 31 (12.5) | 20 (8.1) |
| 20 - 30 minutes | 29 (11.7) | 27 (10.9) |
| 30 minutes - 1 hour | 66 (26.6) | 65 (26.2) |
| More than 1 hour | 33 (13.3) | 37 (14.9) |
| TOTAL | 248 (100) | 248 (100) |

$X^2$ 12.43 Df 5 P-Value 0.02935950

2. Venue of Sexuality Communication:

Majority of the mothers 227(90.8%) and daughters 235(93.6%) said such discussions took place at home. Twenty (8.0%) mothers and 12(4.8%) daughters said it took place anywhere while according to 3(1.2%) mothers and 4(1.6%) daughters it is at the market. Many participants at the FGDs said it was usually in the mother's room or the sitting room.

According to 143(57.2%) mothers and 162(64.8%) daughters, other people are not usually present during their discussions. This finding is in line with those

found with the question "Do you (Does your daughter) like others being around ..." to which 187(75.7%) mothers and 168(67.5%) daughters said "No." The slight differences in mothers and daughters' responses were not statistically significant. ($P > 0.05$). In a few situations where people are present during discussions, they are usually the other children (siblings). This was indicated by 49.1% of the mothers and 58.6% of the daughters (Table 15). The presence of siblings is also the preference of the daughters (65.4%) (Table 16). Finding from the FGDs also corroborates the above findings. One of the participants in the educated mother's group said, "... others of the same age may be present, atimes other siblings but no visitors." Similarly, a participant in the group of uneducated mothers said, "... mother and daughter alone will be there, if anybody else at all, it will be the father because fathers are more fearful than the mothers, she (daughter) will be gripped with the fear of the father ..."Another participant said "If you want the word to sink into her ears then it should be the two of you."

Table 15 **People usually present during Mother-Daughter sexuality communication.**

| PEOPLE PRESENT | GROUP | |
|---|---|---|
| | MOTHER % | DAUGHTER % |
| Father | 12 (11.1) | 9 (10.3) |
| Siblings | 53 (49.1) | 51 (58.6) |
| Other relatives | 24 (22.2) | 9 (10.3) |
| Mother's friend(s) | 6 (5.6) | 7 (8.0) |
| Daughter's friend(s) | 5 (4.6) | 5 (5.7) |
| Outsiders/Neighbours | 8 (7.4) | 6 (6.9) |
| TOTAL | 108 (100) | 87 (100) |

$X^2$ 5.45 Df 5 P-Value 0.36351349.

Table 16: **People preferred by Index Daughter to be around during mother-daughter sexuality communication.**

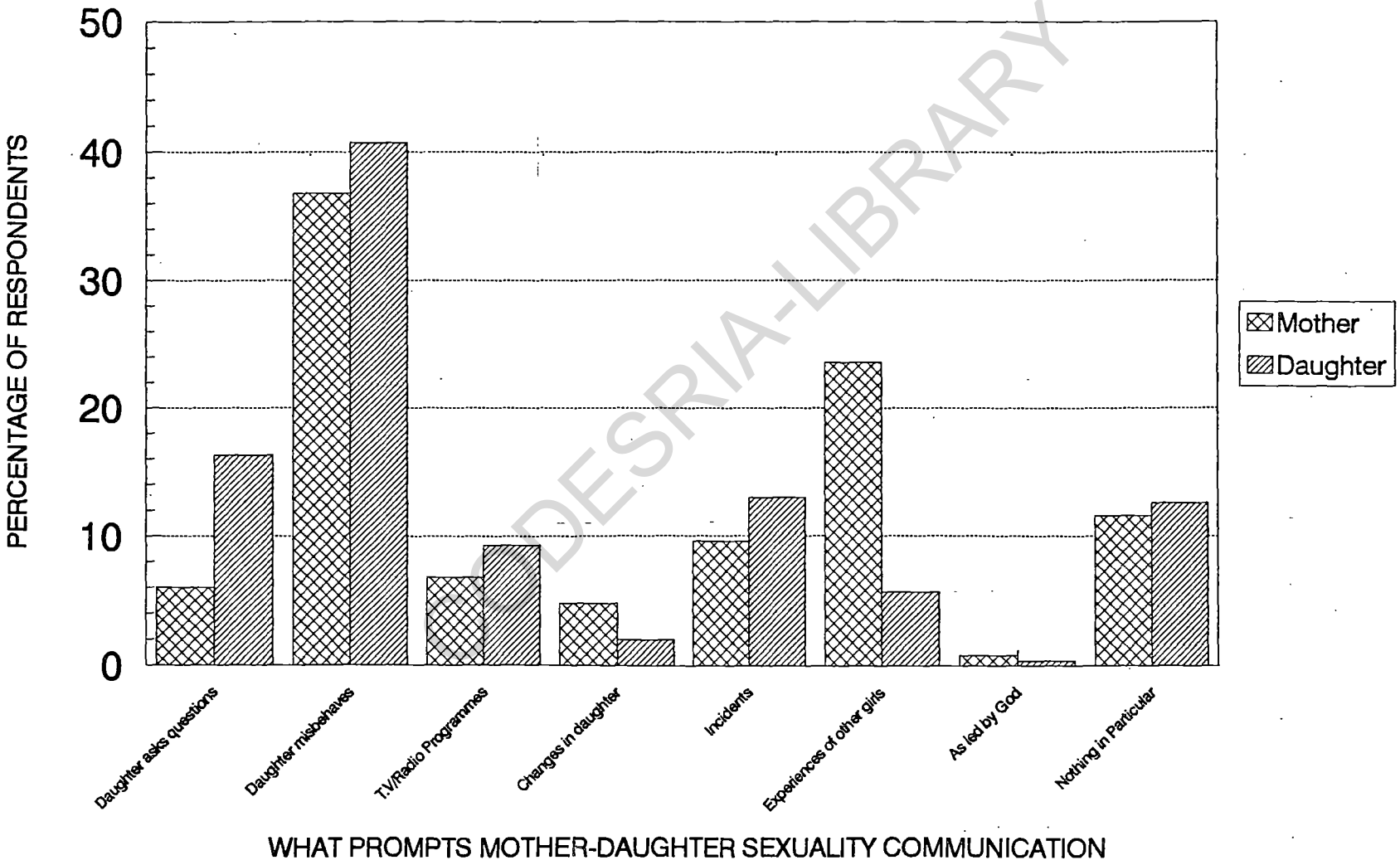
| PEOPLE LIKED TO BE AROUND | GROUP | |
|---|---|---|
| | MOTHER % | DAUGHTER % |
| Father | 4 (6.7) | 7 (8.6) |
| Siblings | 38 (63.3) | 53 (65.4) |
| Other relatives | 8 (13.3) | 5 (6.2) |
| Mother's friend(s) | 3 (5.0) | 4 (5.0) |
| Daughter's friend(s) | 4 (6.7) | 9 (11.1) |
| Neighbours | 3 (5.0) | 3 (3.7) |
| TOTAL | 60 (100) | 81 (100) |

3. **Cues to Sexuality Communication:**

Over one third of the mothers 92(36.8%) and daughters 100(40.7%) said their discussions were usually prompted by the daughter's misbehaviour. This is followed by news of the experiences of other girls as indicated by 59(23.6%) of the mothers. Others are shown in (Figure 4.6). The view that daughter's misbehaviour usually prompts mother-daughter sexuality communication was expressed in 10 out of the 12 FGD groups. What is meant by misbehaviour was explained by the girls as: doing something bad, getting high marks before and now getting low marks, girl goes out without permission, daughter goes out in the morning and comes back late at night, when one invites just anybody into the house, when neighbours start talking about your going about with boys and your mother hears about it, child refuses to run errands for mother, and when daughter abuses the mother.

Nearly two thirds of the mothers 161(65.4%) and more than half of the daughters 137(56.8%) indicated that their discussions are not usually planned while 85(34.6%) mothers and 104(43.2%) daughters said they were usually planned. There was no significant difference in the responses of the mothers and daughters ($P > 0.05$).

Fig 4.6 : What Prompts mother-daughter sexuality communication



4. Content and Adequacy of Sexuality Communication:

As revealed in the FGD results, the content of most mother-daughter communication on sexuality issues include attitude of mothers on the issues, rules, warnings and instructions but not necessarily information or facts about the issues. There was not much difference in responses of the educated and uneducated mothers. An example of sexual relationship discussions between mothers and daughters in the educated group goes thus: "... don't follow any girl to any man's house ... once you get pregnant you have a mark, the life of a girl is delicate ... if a baby comes, you must take care of your baby, you must not throw your baby in the pit latrine ... It is not good to abort ... do not go about with men ..." Comparatively, in the uneducated mother's group, the discussion goes like this, "If you wander about you will bring any kind of pregnancy or a fatherless baby ... don't mess up, if you listen to me I will listen to you, anything you want I will give you but if not and you have a useless pregnancy *(Oyun Iya)*, you have useless intercourse, bear the consequences o! *(maa ran o!)*" When asked how the respondents would rate their discussions on reproductive health issues, 175(74.2%) mothers and 177(74.1%) daughters rated them as detailed and adequate while 61(25.8%) and 62(25.9%) rated them as not detailed/inadequate respectively ($P > 0.05$). Whether or not discussion was perceived as detailed was

compared with the age of the index daughters. Results showed that there is no association between the age of the index daughter and her perception of the discussion ($P > 0.05$). Majority in the different age groups perceived them as detailed (Table 17).

However, to assess the level of communication between the mothers and their daughters, their responses to the 35 sexuality issues considered in this study were graded and scored. An issue mentioned as discussed by each respondent without being prompted by the interviewer carried 3 points; issue later mentioned as discussed by each respondent when prompted by the interviewer carried 2 points; while an issue indicated as not discussed carried 1 point. The scale of obtainable points by each respondent was therefore 35(1 x 35) - 105(3 x 35). Mean communication for the mothers was 55.1 and for the daughters 58.643. The weighted mean for the two groups was 56.9. A score of 35 = No communication, less than the weighted mean = Low communication, and more than the weighted mean = High communication.

More than half of the mothers 141(56.4%) and two fifths 109(43.8%) of the daughters had low level of discussion while 109(43.6%) mothers and 140(56.2%) daughters had high level (Table 18). Interestingly, the level of sexuality communication by 26(89.7%) of the sexually active daughters and their

Table 17 Assessment of depth of sexuality communication by ages of index daughters.

| Assessment of Depth of communication by index daughters | AGE OF INDEX DAUGHTERS (IN YEARS) | | | | |
|---|---|---|---|---|---|
| | 10-11 (%) | 12-13 (%) | 14-15 (%) | 16-17 (%) | 18-19 (%) |
| Detailed/Adequate | 29 (76.3) | 39 (75.0) | 47 (70.1) | 39 (83.0) | 23 (65.7) |
| Not detailed/ Inadequate | 9 (23.7) | 13 (25.0) | 20 (29.9) | 8 (17.0) | 12 (34.3) |
| TOTAL | 38 (100) | 52 (100) | 67 (100) | 47 (100) | 35 (100) |

$X^2$ 3.87 Df 4 P.Value 0.42349589

Table 18: Level of sexuality communication between mothers and index daughters.

| Group | Level of Communication | | Total (%) |
|---|---|---|---|
| | Low (%) | High (%) | |
| Mother | 141 (56.4) | 109 (43.6) | 250 (100) |
| Daughter | 109 (43.8) | 140 (56.2) | 249 (100) |
| Total | 250 (50.1) | 249 (49.9) | 499 (100) |

Uncorrected $X^2$ 7.95 P-value 0.0047995

Mantel-Haenszel 7.94 P-value 0.0048420

Yates' corrected 7.46 P-value 0.0063208

mothers was high compared to 114(51.8%) of the non-sexually active. The differences were significant, ($P<0.05$) (Table 40). Besides, level of sexuality communication was related to daughter's age ($P<0.05$) with only about one-third (35.7%) of the girls aged 10-11 having high level of communication. The proportion of girls with high level of communication increased consistently with age to 72.2% in the 18-19 years group (Table 19). However, in 5 out of the 8 FGD groups for daughters (3 among 10-14 years and 2 among 15-19 years), the girls disclosed that daughters were not receiving enough sexuality information from their mothers.

Sexuality communication between the mothers and their daughters was found to be low among more than half of the mothers regardless of their religion ($P>0.05$) and family socio-economic status ($P>0.05$). The results showed that 107(56.0%) of the christian mothers and 34(57.6%) of muslim mothers had low level of communication. Similarly, 44(53.7%) of mothers from poor socio-economic families, 78(57.4%) from average, and 19(59.4%) from the fairly rich families had low level of communication. Furthermore, levels of communication among the mothers were not related to their educational attainment being generally low among the majority in the different classes except among the group of professionals where more than half of the mothers had high level

communication. The differences were however not significant ($P > 0.05$) (Table 20). When compared among mothers who described themselves as traditional, liberal or in-between in outlook, half of the mothers who described themsleves as in-between had high level communication 2(50.0%), followed by the traditionalists 78(44.6%) and the liberal mothers 23(40.4%). Level of communication among mothers was also not significantly related to their ages. (Kruskal-Wallis H 37.630, Df 29, P-v 0.130797.

**Table 19: Level of sexuality communication and age of index daughters**

| Age of Daughter (In Years) | Level of Communication | | Total (%) |
|---|---|---|---|
| | Low (%) | High (%) | |
| 10 - 11 | 27 (64.3) | 15 (35.7) | 42 (100) |
| 12 - 13 | 33 (59.0) | 23 (41.0) | 56 (100) |
| 14 - 15 | 28 (40.6) | 41 (59.4) | 69 (100) |
| 16 - 17 | 10 (22.2) | 35 (77.8) | 45 (100) |
| 18 - 19 | 10 (27.8) | 26 (72.2) | 36 (100) |
| Total | 108 (43.5) | 140 (56.5) | 248 (100) |

$X^2$ 24.95 Df 4 P-value 0.00005149

Kruskal-wallis H 41.934 Df 9 P-value 0.000000

**Table 20: Level of sexuality communication and mother's educational qualification**

| Mother's Educational Qualification | Level of Communication | | Total (%) |
|---|---|---|---|
| | Low (%) | High (%) | |
| No formal education | 27 (54.0) | 23 (46.0) | 50 (100) |
| Koranic Education | 1 (100) | - | 1 (100) |
| Primary Education | 50 (53.8) | 43 (46.2) | 93 (100) |
| JSS/Modern School | 22 (56.4) | 17 (43.6) | 39 (100) |
| SSS/Technical/ Teacher's Grade II | 29 (72.5) | 11 (27.5) | 40 (100) |
| University/Polytechnic Professional | 9 (47.4) | 10 (52.6) | 19 (100) |
| Total | 138 (57.0) | 104 (43.0) | 242 (100) |

$X^2$ 5.98 Df 5 P.value 0.30799840

## 5. Sexuality Communication Networks:

When the daughters were asked about people preferred to provide them with sexuality education 163(67.6%) indicated their mothers, 32(13.3%) their friends, 14(5.8%) their siblings and cousins, 12(5.0%) both their father and mother, 10(4.1%) their neighbours and 1(0.4%) the mother's friend (Figure 4.7). Preference for mother was highest among daughters from fairly rich background (77.5%) followed by those from poor background (72.5%) and those from average families (61.1%). Preference for friends came second and was highest among the poor 14.5% followed by those from average families 14.4% and the fairly rich 7.5% (Table 21). The person preferred also differed with the age of the index daughter. While most daughters in all age groups still preferred their mothers, the next preference for those aged 10-11 were both father and mother whereas it was neighbours for those aged 12-13 years, and friends for those aged 14-15, 16-17 and 18-19 respectively (Table 22).

Fig 4.7 : Person Preferred by index daughter in the discussion of sexuality issues

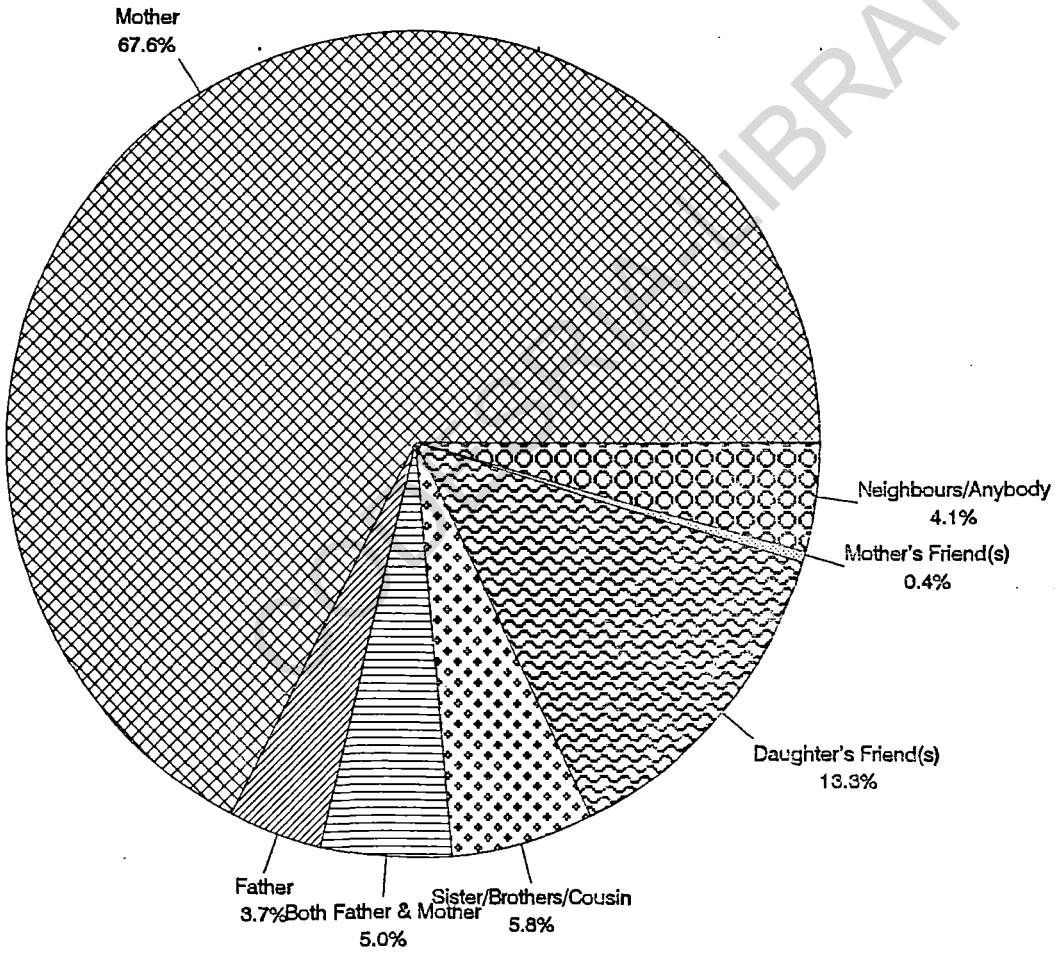


**Table 21: Person index daughter prefers to discuss sexuality issues with by Family Type**

| Person Preferred | FAMILY TYPE | | |
|---|---|---|---|
| | Poor (%) | Average (%) | Fairly Rich (%) |
| Mother | 50 (72.5) | 82 (61.1) | 31 (77.5) |
| Father | 2 (2.9) | 6 (4.5) | 1 (2.5) |
| Both mother and father | 3 (4.3) | 7 (5.3) | 2 (5.0) |
| Sisters/Brothers/ Cousins | 1 (1.4) | 11 (8.3) | 2 (5.0) |
| Daughter's friend(s) | 10 (14.5) | 19 (14.4) | 3 (7.5) |
| Mother's friend(s) | 1 (1.4) | - | - |
| Neighbours/Anybody | 2 (2.9) | 7 (5.3) | 1 (2.5) |
| TOTAL | 69 (100) | 132 (100) | 40 (100) |

**Table 22: Person index daughter prefers to discuss sexuality issues with by age.**

| Person Preferred | AGE OF INDEX DAUGHTERS (IN YEARS) | | | | |
|---|---|---|---|---|---|
| | 10-11 (%) | 12-13 (%) | 14-15 (%) | 16-17 (%) | 18-19 (%) |
| Mother | 22 (61.1) | 43 (79.6) | 46 (68.7) | 31 (66.0) | 20 (55.6) |
| Father | 5 (13.9) | 1 (1.9) | 2 (3.0) | 1 (2.1) | - |
| Both father and mother | 6 (16.7) | 1 (1.9) | 2 (3.0) | 3 (6.4) | - |
| Sisters/Brothers/ Cousins | 1 (2.8) | - | 6 (8.7) | 4 (8.5) | 3 (8.3) |
| Daughter's friends | 1 (2.8) | 4 (7.4) | 8 (12.0) | 7 (14.9) | 12 (33.3) |
| Mother's friends | - | - | - | - | 1 (2.8) |
| Neighbours/Anybody | 1 (2.8) | 5 (9.3) | 3 (4.5) | 1 (2.1) | - |
| TOTAL | 36 (100) | 54 (100) | 67 (100) | 47 (100) | 36 (100) |

Almost all the mothers 247(98.4%) and daughters 226(93.4%) believed that it is the main responsibility of the mother to discuss sexuality with adolescent girls (Table 23). One main reason was that the mother is the parent (38.1% of the mothers and 32.0% of the girls). The second main reason was that they are of the same sex and the mother is experienced (29.1% of the mothers and 41.5% of the daughters). The third major reason was that the mother has more time and she is closer to the child (26.7% of mothers and 16.0% of the daughters). Other reasons are shown in Table 24.



**Table 23: Mothers and index daughters perception of people with major responsibility for adolescent sexuality education.**

| WHOSE MAIN RESPONSIBILITY | GROUP | |
|---|---|---|
| | MOTHER (%) | DAUGHTER (%) |
| Mother | 247 (98.4) | 226 (93.4) |
| Father | 4 (1.6) | 6 (2.5) |
| Sister | - | 6 (2.5) |
| Daughter's friends | - | 4 (1.7) |
| TOTAL | 251 (100) | 242 (100) |

**Table 24: Reasons for selecting people with major responsibility for adolescent sexuality education**

| Reason for choice | Group 1-Mother 2-Daughter | People with lead responsibility | | | | TOTAL (%) |
|---|---|---|---|---|---|---|
| | | Mother (%) | Father (%) | Sister (%) | Daughter's friend (%) | |
| He/she is the parent | 1 | 94 (38.1) | 1 (25.0) | - | - | 95 (37.8) |
| | 2 | 67 (32.0) | 4 (80.0) | - | - | 71 (31.4) |
| They are of the same gender and he/she is experienced | 1 | 72 (29.1) | - | - | - | 72 (28.7) |
| | 2 | 88 (41.5) | - | 3 (60.0) | 2 (50.0) | 93 (41.2) |
| Has more time and closer to the child | 1 | 66 (26.7) | - | - | - | 66 (26.3) |
| | 2 | 34 (16.0) | 1 (20.0) | 2 (40.0) | 1 (25.0) | 38 (16.8) |
| Sincere and time | 1 | 13 (5.3) | 1 (25.0) | - | - | 14 (5.6) |
| | 2 | 21 (9.9) | - | - | 1 (25.0) | 22 (9.7) |
| Feared And obeyed by child | 1 | 2 (0.8) | 2 (50.0) | - | - | 4 (1.6) |
| | 2 | 2 (0.9) | - | - | - | 2 (0.9) |
| TOTAL | 1 | 247 (100) | 4 (100) | - | - | 251 (100) |
| | 2 | 212 (100) | 5 (100) | 5 (100) | 4 (100) | 226 (100) |

Among the daughters who felt their discussions with their mothers were inadequate (62), 21(33.9%) still obtained the missing information from their mothers in due course. Others who provided additional information for them are fathers 11(17.7%), their sisters 9(14.5%), teachers/religious teachers 8(12.9%) and friends 4(6.5%). A breakdown by age showed that about one-third of the girls aged 10-15 years (38.1%) and 25.0% of those aged 16-19 years relied on their mothers for the missing information, 21.4% and 10.0% respectively relied on their fathers, 16.7% and 10.0% on their sisters and 2.4% and 15.0% on their friends. Girls 10-13 years did not mention friends (Table 25).

These findings are supported by those from FGDs with adolescent girls. One of the participants said "it is still our mother ..., as we grow up she tells us or when we ask her about it." Another participant in the 15-19 years group said "only our parents can tell us the truth except however, if it is a friend that is really good herself." In the 10-14years group, a participant said "our school counsellor, or a teacher who we know will not be telling people about ... our teachers because some of our friends when we are discussing some of these things, they don't have the experience."

**Table 25:** **Who provides missing information to daughter if mother-daughter sexuality communication is not detailed or inadequate?**

| Person who provides information | Age of Index Daughters (in years) | |
|---|---|---|
| | 10 - 15 (%) | 16 - 19 (%) |
| Mother | 16 (38.1) | 5 (25.0) |
| Father | 9 (21.4) | 2 (10.0) |
| Sisters | 7 (16.7) | 2 (10.0) |
| Daughter's friends | 1 (2.4) | 3 (15.0) |
| Teachers/Religion teachers | 4 (9.5) | 4 (20.0) |
| Anybody | - | 1 (5.0) |
| Nobody | 5 (11.9) | 3 (15.0) |
| TOTAL | 42 (100) | 20 (100) |

**6. Sexuality Communication Style:**

Usually, mothers initiate communication on sexuality issues. The style employed by the mothers and daughters in sharing their ideas, feelings and information about the sexuality issues could be enabling (promotive) or constraining (restrictive) depending on the issue being discussed, what prompted the discussion and nature of the relationship between the mother and her daughter.

Enabling (promotive) Style - Some mothers in the FGD groups described this style saying, "some mothers will be patient and say it cooly "..." hide any anger" ... "she tries to 'soft pedal' "... she will 'cool temper' "... "and prays." These statements were further confirmed by some girls in the FGD. They said, "some mothers behave nicely" ... "wont want to hurt our feelings" ..." wont want us to be embarrassed" .."they are free with us and say it with love and care" ..."she begs the daughter saying, 'my dear please *(oko mi joo)"* ... "they will be laughing with us" ... "they advise you softly..."

Constraining (restrictive) style - This style was also illustrated by some participants in the mothers FGD who recalled that, "some mothers are harsh, quarelling and shouting" ..."they see that life is not lost if the child is pregnant already, so they endure for nine months and later abandon her to suffer the

consequences." On their own part, the daughters in their FGD groups informed that the mothers, "do as if they are angry, frown their faces" ... "serious and change their voice" ... "they look at you straight in your eyes" ... "tell the child 'it is serious o' if she (daughter) is laughing" ... "some may curse the daughter."

Mother's style of communication elicits commensurate responses from the daughters. Usually the enabling style elicits positive responses while the constraining approach produces negative responses.

Positive responses - The mothers in their FGDs said, "They (daughters) normally feel happy ... say 'mummy thank you" ..."shows she absorbed it all by her looks, dressings and choice of friends" ... "some, it pains them and they will almost be crying" ... "she smiles because she will be surprised, wonders why." These reactions were further corroborated by some of the girls who said, "they are eager to hear what they (mothers) are saying to understand it" ..." one's head will be 'swollen' and will just be crying" ... "be sober" ... "just looking" ... "take to correction" ... "some will just be laughing."

Negative responses - Sometimes, negative reactions are evoked from the discussion of sexuality issues. Many mothers in the FGD groups verbalized the following: "The daughter will shout back unconsciously 'hen you cannot be correcting me everytime. I am old enough, I know what is good" ... "they too

get annoyed" ... "that was your own days' they say, making fun of the mother, 'you have done your own, we are in our own time" ... "some may take dangerous drugs if they are already pregnant." Many girls in the FGD groups also confirmed the mothers' observations saying, "some who don't understand will go and meet their friends and say 'her (mother) own is too much, she's embarrassing me" ..."some walk away (from mother as she talks) ... "sometimes we'll be annoyed" ... "some may feel somehow shy" ... "some will be moving, changing position and adjusting her body in the chair" ... "some may frown" ... "shrug shoulders" ... "abuse the mother in the open, behaving like a hooligan" ... "some may not obey or take to correction" ... "may shout back saying she doesn't want to hear anything therefore may just walk out on the parent saying"I know how to class myself."

Regardless of the reactions by the daughters, some of the mothers felt good. According to majority of educated mothers, "It gives one joy and satisfaction that you are doing what you are supposed to do ...", "... a sense of fulfilment and assurance that in the future, the daughter will not join bad group or be misled".

7. Factors that Promote or Hinder Sexuality Communication:

Sexuality communication between mother and daughter was more difficult for the daughters than the mothers. Although 230(96.2%) mothers and 198(83.2%) daughters do not find it difficult, more daughters 40(16.8%) said that they find it difficult/very difficult compared with 9(3.8%) mothers ($P<0.05$) (Figure 4.8). This was however not related to daughter's sexual behaviour $P>0.05$ (Table 26). Further breakdown by age group showed that daughters aged 16-17 years find it more difficult to communicate sexuality issues with their mothers (25.6%). This was followed by those aged 18-19 years (22.2%) and 14-15 years (18.2%) (Table 27). In respect of mothers, sexuality communication with the daughters was found difficult/very difficult mostly among those aged 36-45 years (7.1%) (Table 28) and those from average families (5.4%) (Table 29). Moreover, it was more difficult for mothers with SSS/Technical/Teachers Grade II (5.3%) and those with University/Polytechnic and professional education (5.3%) (Table 30), as well as those who considered themselves "liberal" (9.1%) (Table 31).

Fig 4.8 : Degree of difficulty experienced in mother-daughter sexuality communication

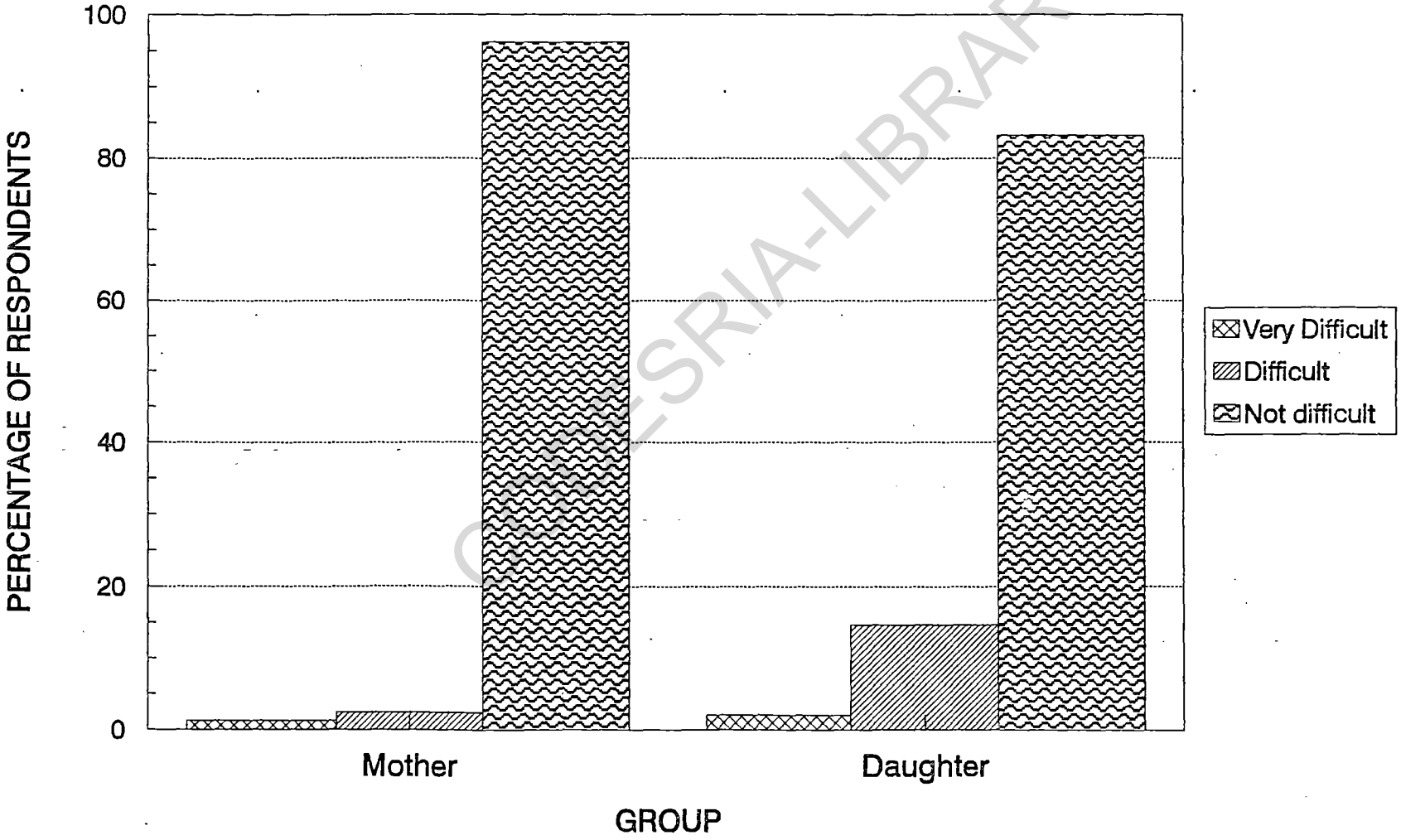


**Table 26:** **Degree of difficulty experienced by daughters in sexuality communication and their sexual behaviour.**

| Sexual behaviour | Degree of Difficulty | | | Total (%) |
|---|---|---|---|---|
| | Very Difficult (%) | Difficult (%) | Not Difficult (%) | |
| Sexually Active | 1 (3.4) | 4 (13.8) | 24 (82.8) | 29 (100) |
| Not sexually Active | 4 (2.0) | 31 (14.8) | 174 (83.2) | 209(100) |
| TOTAL | 5 (2.1) | 35 (14.7) | 198 (83.2) | 238(100) |

$X^2$ 0.30 Df 2 P-value 0.85861977

**Table 27:** **Degree of difficulty experienced by daughters in sexuality communication and their age.**

| Age of daughter (in years) | Degree of Difficulty | | | TOTAL (%) |
|---|---|---|---|---|
| | Very Difficult (%) | Difficult (%) | Not Difficult (%) | |
| 10 - 11 | - | 2 (5.7) | 33 (94.3) | 35(100) |
| 12 - 13 | 1 (1.9) | 5 (9.4) | 47 (88.7) | 53(100) |
| 14 - 15 | 2 (3.0) | 10 (15.2) | 54 (81.8) | 66(100) |
| 16 - 17 | 2 (4.3) | 10 (21.3) | 35 (74.5) | 47(100) |
| 18 - 19 | - | 8 (22.2) | 28 (77.8) | 36(100) |
| TOTAL | 5 (2.1) | 35 (14.8) | 197 (83.1) | 237(100) |

**Table 28:** **Degree of difficulty experienced by mothers in sexuality communication and their age.**

| Mother's age (in years) | Degree of Difficulty | | | TOTAL (%) |
|---|---|---|---|---|
| | Very Difficult (%) | Difficult (%) | Not Difficult (%) | |
| ≤ 35 | 1 (1.4) | - | 70 (98.6) | 71(100) |
| 36 - 45 | 2 (2.0) | 5 (5.1) | 91 (92.9) | 98(100) |
| 46 - 55 | - | - | 44 (100) | 44(100) |
| 56 - 65 | - | - | 2 (100) | 2(100) |
| TOTAL | 3 (1.4) | 5 (2.3) | 207 (96.3) | 215(100) |

**Table 29:** **Degree of difficulty experienced by mothers in sexuality communication and family socio-economic status.**

| Family socio-economic status | Degree of Difficulty | | | TOTAL (%) |
|---|---|---|---|---|
| | Very Difficult (%) | Difficult (%) | Not Difficult (%) | |
| Poor | - | 2 (2.5) | 79 (97.5) | 81(100) |
| Average | 3 (2.3) | 4 (3.1) | 121 (94.5) | 128(100) |
| Fairly rich | - | - | 31 (100) | 31(100) |
| TOTAL | 3 (1.3) | 6 (2.5) | 231 (96.3) | 240(100) |

**TABLE 30:** **Degree of difficulty experienced by mothers in sexuality communication and mother type.**

| Mother Type | Degree of Difficulty | | | TOTAL (%) |
|---|---|---|---|---|
| | Very Difficult (%) | Difficult (%) | Not Difficult (%) | |
| Traditional | 1 (0.6) | 3 (1.8) | 165 (97.6) | 169(100) |
| Liberal | 2 (3.6) | 3 (5.5) | 50 (90.9) | 55(100) |
| In-Between | - | - | 4 (100) | 4(100) |
| TOTAL | 3 (1.3) | 6 (2.6) | 219 (96.1) | 228(100) |

**Table 31:** **Degree of difficulty experienced by mothers in sexuality communication and mother's educational qualification.**

| Educational qualification | Degree of Difficulty | | | TOTAL (%) |
|---|---|---|---|---|
| | Very Difficult (%) | Difficult (%) | Not Difficult (%) | |
| No formal education | - | 1 (2.1) | 47 (97.9) | 48(100) |
| Koranic education | - | - | 1 (100) | 1(100) |
| Primary education | 3 (3.4) | - | 85 (96.6) | 88(100) |
| JSS/Modern School | - | 1 (2.6) | 37 (97.4) | 38(100) |
| SSS/Technical/ Teachers' Gd.II | - | 2 (5.3) | 36 (94.7) | 38(100) |
| University/Polytechnic /Professional | - | 1 (5.3) | 18 (94.7) | 19(100) |
| TOTAL | 3 (1.3) | 5 (2.2) | 224 (96.5) | 232(100) |

Majority of mothers, 167(72.6%) who did not find sexuality communication with their daughters difficult said it was because they perceived sexuality education of their daughters as their responsibility. Data from the daughters however, revealed that 55(33.5%) of them also felt communication was not difficult because they saw it as their mothers' responsibility, this was followed by 33(20.1%) who indicated that it was because of the good relationship between them and their mothers, then 29(17.7%) said it was due to the good and pleasant nature of their mother, and 20(12.2%) said it was their own good nature. Others are shown in Table 32. These findings are supported by those from FGDs. In the FGD groups of the educated mothers, some of the participants revealed why mothers were comfortable discussing sexuality issues with their daughters as follows: "if their 'handiwork' *(ise owo)* is clean, they are good, walking in the right path and the children see they are also doing what they are telling them." ..."when you use your past, both positive and negative experiences as example ..., saying it jokingly "... and " when you talk with them (children) as 'one mother-one-daughter." According to the uneducated mothers however, communication about sexuality issues is usually easy for them if it is the first time and gets more difficult if the reactions are unfavourable. Furthermore, they said it becomes easy if the child makes a mistake and has no choice but to listen e.g. when she has teenage pregnancy or commits an unsuccessful abortion.

**Table 32: Factors that make sexuality communication between mother and inde daughter not difficult.**

| Factors | Group | |
|---|---|---|
| | Mother (%) | Daughter (%) |
| 1. Perceived sexuality education as mothers' responsibility | 167 (72.6) | 55 (33.5) |
| 2. Mother encourages communi-cation on sexuality issues | 4 (1.8) | 12 (7.3) |
| 3. Mother has good and pleasant nature | 3 (1.3) | 29 (17.7) |
| 4. Daugther is old enough to discuss sexuality issues | 1 (0.4) | - |
| 5. Daughter is interested in discussing sexuality issues | 2 (0.9) | - |
| 6. Daugther has good nature | 17 (7.4) | 20 (12.2) |
| 7. Mother and daughter are of same gender | 4 (1.7) | 7 (4.3) |
| 8. Good mother - daugther relationship. | 11 (4.8) | 33 (20.1) |
| 9. Others. | 21 (9.1) | 8 (4.9) |
| TOTAL | 230 (100) | 164 (100) |

Although only few mothers found sexuality communication with daughte difficult; half of them giving reasons for this (3(50.0%) said it was due to their shyness, while 2(33.3%) said it was because their daughters were suspicious of their intentions. Similarly, 13(37.1%) of the daughters who gave reasons for finding sexuality communication difficult said it was due to their shyness, 11(31.4%) said they were afraid of their mothers and 4(11.4%) said it was due to their mother's discouraging nature. Others are shown in Table 33.

These findings are corroborated by those from the Focus Group Discussions. Some participants in the FGD groups of the educated mothers gave reasons for difficulty in sexuality communication as follows: "... some did not have sex education so they can not train their own children." ..."some mothers do not, because it's their upbringing having come from a home where you don't ask questions about sex ... some think it will expose girls to the things." ... "Mothers that are morally wayward don't see anything wrong in what the daughter is doing" ... "Some say it's the father of the child who wants the girl to dress or behave that way" ... " Business people have no time, some just abandon their children and go out from morning and will not come till night". In the FGD groups of the uneducated mothers, more reasons were also given. One of the participants said, "God did not create us equally, you know we are covered with human skin, there are animals there, there are dogs there. There are some, they are just drivers

**Table 33:** **Factors that make sexuality communication between mother and index daughter difficult/very difficult**

| Factors | Group | |
|---|---|---|
| | Mother (%) | Daughter (%) |
| 1. Mother may have misconception about daughter's request for information on sexuality issues. | - | 2 (5.7) |
| 2. Mother has no time | - | 1 (2.9) |
| 3. Mother has discouraging nature. | - | 4 (11.4) |
| 4. Mother is shy | 3 (50.0) | - |
| 5. Daughter's suspicion of mother's intention as she initiates sexuality education. | 2 (33.3) | 1 (2.9) |
| 6. Daughter is shy | - | 13 (37.1) |
| 7. Daughter is afraid of mother. | - | 11 (31.4) |
| 8. Poor mother-daughter relationship | - | 2 (5.7) |
| 9. Others. | 1 (16.7) | 1 (2.9) |
| TOTAL | 6 (100) | 35 (100) |

for their children. '*Danfo*' that goes bye on the road, when she drops a child down does not look back again. The mother that has gone elsewhere, will she appreciate children enough to be talking to them? This causes a lot of nonsense among the girls." Another participant said, "some like their daughters to be social *(gbajumo)*, going out with people is honour to them." These views of the mothers were confirmed by the daughters in their FGD groups. A participant in one of the 10-14 years group of daughters of educated mothers said, "most of the time, it's the mother's fault, they don't lay good examples, carrying boyfriend and manfriend. The daughter will not be free to ask the mother because if the girl asks, the mother may be feeling somehow that its because the girl knew how she's doing that's why she's now asking the question". Another participant said "some mothers divorce and just go leaving the children....".

## Opinions About Mother-Daughter Sexuality Communication

(i) Opinions about Places and People to be involved in adolescent sexuality education -

Only few mothers 68 (27.3%) and daughters 32 (13.1%) were aware of the existence of any centre/agency that provides communication skills on adolescent sexuality and other related problems ($P < 0.05$). Out of these mothers 35 (51.5%) mentioned church while 23(33.8%) mentioned Hospital/Family Planning Clinics. Others are shown in Table 34.

Opinions were split on mothers' willingness to use available services. Some participants in the educated mothers' group indicated that they will be willing to attend such centres if it is a good centre and are convinced that the programme is good. On the contrary, many participants in the uneducated mothers' FGD groups said they would not attend such centres and if they happen to find themselves there they would not open up. One of them said, "... who will go and discuss her daughter's problems outside, it is a private affair. Everybody has her own and you just hide it under (*bo mo abe aso*). I will not even rebuke my daughter in the public for people to put their mouth, life is terrible. I will wait till we get to our room ..."

When asked about who else should be involved in female adolescent

sexuality education apart from the parents, survey results showed that more than a quarter of mothers 69(27.8%) and daughters 78(32.9%) felt the teachers should be involved, followed by siblings (49(19.8%) mothers and 68(28.7%) daughters). Others are shown in Table 35.

**Table 34: Places providing help with sexuality communication and adolescent reproductive health problems.**

| Centre/Agency | Group | |
|---|---|---|
| | Mother (%) | Daughter (%) |
| Non Governmental Organisation | 3 (4.4) | 5 (16.1) |
| Hospital/Family Planning Clinic | 23 (33.8) | 9 (29.0) |
| Church | 35 (51.5) | 5 (16.1) |
| School | 3 (4.4) | 9 (29.0) |
| Media | 1 (1.5) | - |
| Others | 3 (4.4) | 3 (9.7) |
| TOTAL | 68 (100) | 31 (100) |

**Table 35: Other people suggested for inclusion in adolescent sexuality educatio (apart from the parents)**

| People suggested | Group | |
|---|---|---|
| | Mother (%) | Daughter (%) |
| Teacher | 69 (27.8) | 78 (32.9) |
| Religious leaders | 44 (17.7) | 23 (9.7) |
| Aunty | 25 (10.1) | 16 (6.8) |
| siblings | 49 (19.8) | 68 (28.7) |
| Anybody/Married Women/ Neighbours | 26 (10.5) | 22 (9.3) |
| Daughter's friends | 10 (4.0) | 21 (8.9) |
| Mother's friends | 10 (4.0) | 3 (1.3 |
| Health Workers | 1 (0.4) | 1 (0.4) |
| Nobody else | 14 (5.6) | 5 (2.1) |
| TOTAL | 248 (100) | 237 (100) |

$X^2$ 24.23 Df 8 P-value 0.00209999



(ii) Expected Role of Parents in Female Adolescent Sexuality Education

More than half of the daughters 155(63.5%) and mothers 139(55.6%) felt that both parents should decide the reproductive health

issues to be discussed with their daughters. In addition, about one thi each of mothers 90(36.0%) and daughters 81(33.2%) felt it should be the mother only while 21(8.4%) and 8(3.3%) of mothers and daughters respectively felt it should be the father ($P<0.05$).

However, in respect of who should discuss the issues with the daughter, about half of the mothers 126(50.4%) and daughters 120(49.6%) felt it should be the mother while 117(46.8%) mothers and 108(44.6%) daughters felt it should be both the father and the mother. A negligible proportion of mothers 7(2.8%) and daughters 14(5.8%) felt it should be the father only ($P>0.05$).

(iii) Sexuality Issues Wished Never Discussed -

Majority of the mothers (83.3%) and daughters (82.6%) said there was none of the sexuality issues listed in the study that they wished the other (mother or daughter) did not discuss with them. However, the remaining 16.7% of the mothers and 17.4% of the daughters mentioned different issues as shown in Table 36.The reasons given by those who wished issues were never discussed with them include - child is still young, daughter will be influenced/exposed, and the issue is dangerous or not decent.

Table 36: Sexuality Issues that mothers and Daughters wished were never discussed together.

| Sexuality Issues | GROUP | |
|---|---|---|
| | Mother (%) | Daughter (%) |
| Life goal | 3 (1.2) | 2 (1.2) |
| Growth and Development | 1 (0.4) | 4 (2.4) |
| Personal Grooming | - | 1 (0.6) |
| Social Relationship | 6 (2.4) | 8 (4.8) |
| Sexual Relationship | 15 (6.1) | 9 (5.4) |
| Marriage | - | 4 (2.4) |
| All the issues | 16 (6.5) | 1 (0.6) |
| None of the issues | 205 (83.3) | 138 (82.6) |
| TOTAL | 246 (100) | 167 (100) |

(iv) Views in Support of Mother-Daughter Sexuality Communication -

About two fifths of mothers (42.1%) and nearly half of daughters (49.5%) were of the opinion that sexuality issues needed to be discussed between mothers and their daughters because it is the mother's duty. In addition nearly one third of the mothers (30.6%) felt it would be a manifestation of good mother-daughter relationship while 23.0% of the daughters felt it would prevent adolescent sexual problems. Others are shown in Table 37.

**Table 37:** **Opinion of mothers and daughters on why they should discuss sexuality issues together.**

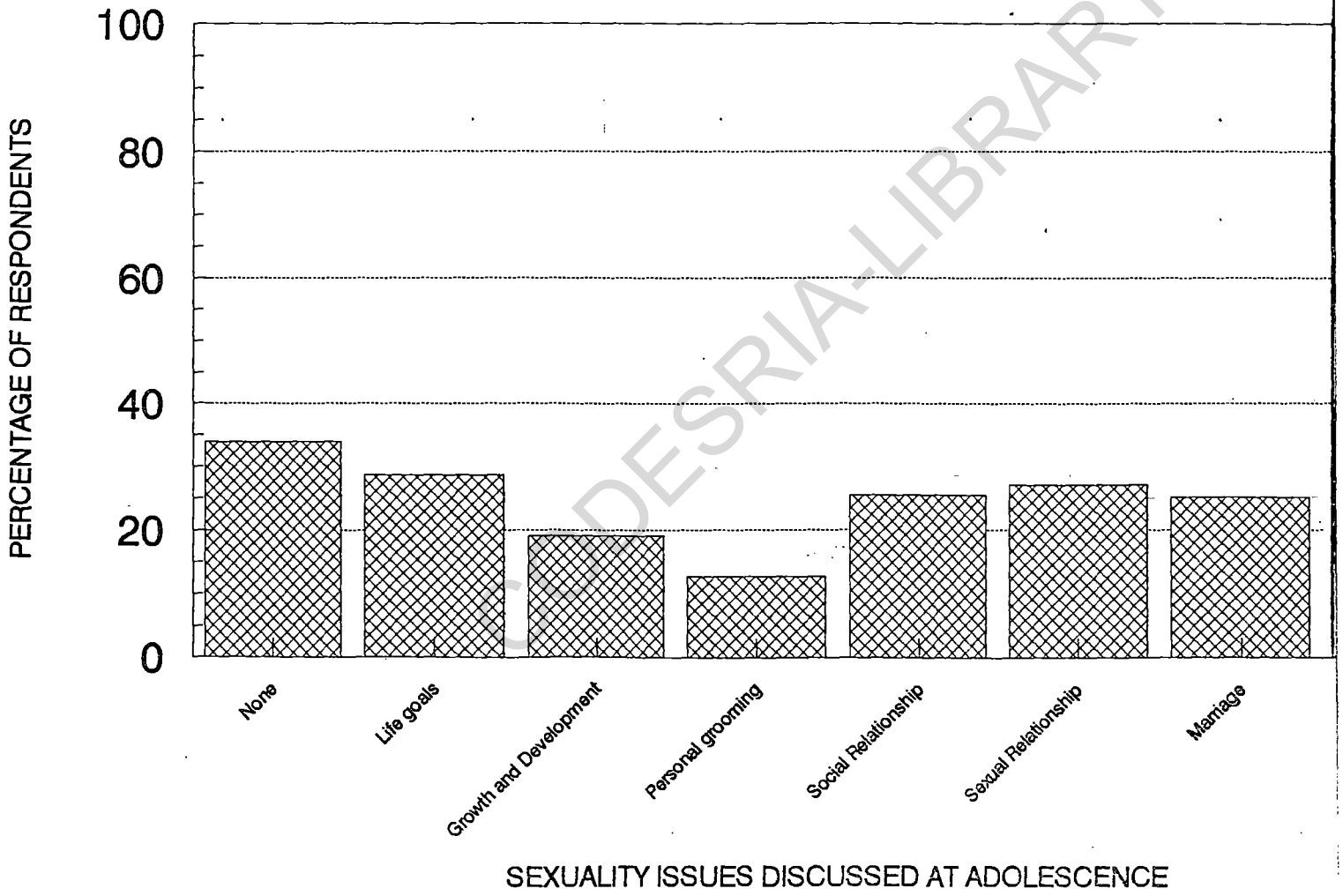
| Opinions | GROUP | |
|---|---|---|
| | Mother (%) | Daughter (%) |
| To avoid early exposure of daughter to sexual intercourse | 1 (0.4) | 1 (0.5) |
| To prevent adolescent sexual problems | 35 (14.9) | 46 (23.0) |
| It is mother's duty | 99 (42.1) | 99 (49.5) |
| It is manifestation of good mother-daughter relationship | 72 (30.6) | 18 (9.0) |
| To provide correct knowledge about sexuality | 8 (3.4) | 8 (4.0) |
| To ensure career and marital success in the future | 17 (7.2) | 28 (14.0) |
| It is religious injunction | 3 (1.3) | - |
| TOTAL | 235 (100) | 200 (100) |

(v) Adolescent Sexuality Education Experiences of Mothers -

To compare sexuality issues that mothers discussed, with those they themselves discussed with their mothers when they too were adolescents, the mothers were asked the question "which of the sexuality issues did your own mother discuss with you when you were about the age of your index daughter?"About one third of the mothers 85(33.9%) said their own mothers did not discuss any of the sexuality issues with them. While 72(28.7%) discussed life goal issues, followed by sexual relationship issues 68(27.1%), then social relationship 64(25.5%), and marriage 63(25.1%). Others are shown in Figure 4.9.

FGD results were more in confirmation of the survey findings that much was not discussed with the mothers in the past. Giving reasons for this situation a participant said, "Not as much as what we tell the girls today because we obeyed quickly. We received training better than today because in our own days we used to understand sign language." Another participant said, "Mothers in the past felt that if you are discussing such a thing, you are exposing the child ... They will discuss sexuality issues with you on the day you see your menstruation. They will kill a fowl for you, they will say 'don't go near men o, anyone who moves near men

Fig 4.9 : Mother's Sexuality Education Experience at adolescence



will be pregnant, don't let people know when you are menstruating." Others said their mothers sometimes presented it in form of abuses while for others it was only talks about good sales.

(vi) Daughter's Opinions about the Effect of Mother-Daughter Sexuality Communication -

Majority of the daughters 196(94.2%) indicated that their mother's discussions with them on sexuality issues helped to delay initiation of sexual intercourse. Three (1.7%) said it encouraged them to use contraceptives while it encouraged 4(2.3%) to be more sexually active. (Table 38).Other effects of mother-daughter sexuality communication mentioned by the daughters are summarized as follows: it helps daughters to behave well, increases child's knowledge, makes child a counsellor, and provides guidance.

**Table 38: Daughter's perception of the effect of mother-daughter sexuality communication.**

| "My mother's discussion with me on sexuality issues has ....." | Yes (%) | No (%) | Total (%) |
|---|---|---|---|
| Helped me to delay initiation of sexual intercourse | 196 (94.2) | 12 (5.8) | 208 (100) |
| Encouraged me to use contraceptives | 3 (1.7) | 174 (98.3) | 177 (100) |
| Encouraged me to be more sexually active | 4 (2.3) | 173 (97.7) | 177 (100) |
| Had no effect on me | 25 (14.1) | 152 (85.9) | 177 (100) |

(vii) How to Promote Mother-Daughter Sexuality Communication -

Mothers and daughters offered suggestions on how sexuality communication between them could be improved. More than a third of the mothers 67(34.0%) and daughters 46(41.1%) suggested that the daughters should create rapport with the mother. This involves obedience which makes the atmosphere warm for discussions. In addition, 37(18.8%) mothers and 24(21.4%) daughters suggested mother's use of positive communication style including the provision of condusive environment for daughter to be able to discuss with her freely. Moreover, about one fifth of the mothers 39(19.8%) and daughters 20(17.9%) said mothers needed to create time for discussion and they should be available at home. Others are shown in Table 39.

The results of this study can be illustrated using the Health Belief Model - HBM (See Figure 4:10).

**Table 39: Suggestions on how to promote mother-daughter sexuality communication**

| Suggestions | GROUP | |
|---|---|---|
| | Mother (%) | Daughter (%) |
| God's intervention | 15 (7.6) | 3 (2.7) |
| Mother's use of positive communication style | 37 (18.8) | 24 (21.4) |
| Availability of material resources to meet daughter's needs | 3 (1.5) | - |
| Mother should create time for discussion | 39 (19.8) | 20 (17.9) |
| Government and others to provide accurate and adequate information through IEC materials and programmes | 19 (9.6) | 5 (4.5) |
| Love and intimacy in family | 17 (8.6) | 14 (12.5) |
| Daughter should create rapport with mother. | 67 (34.0) | 46 (41.1) |
| TOTAL | 197 (100) | 112 (100) |

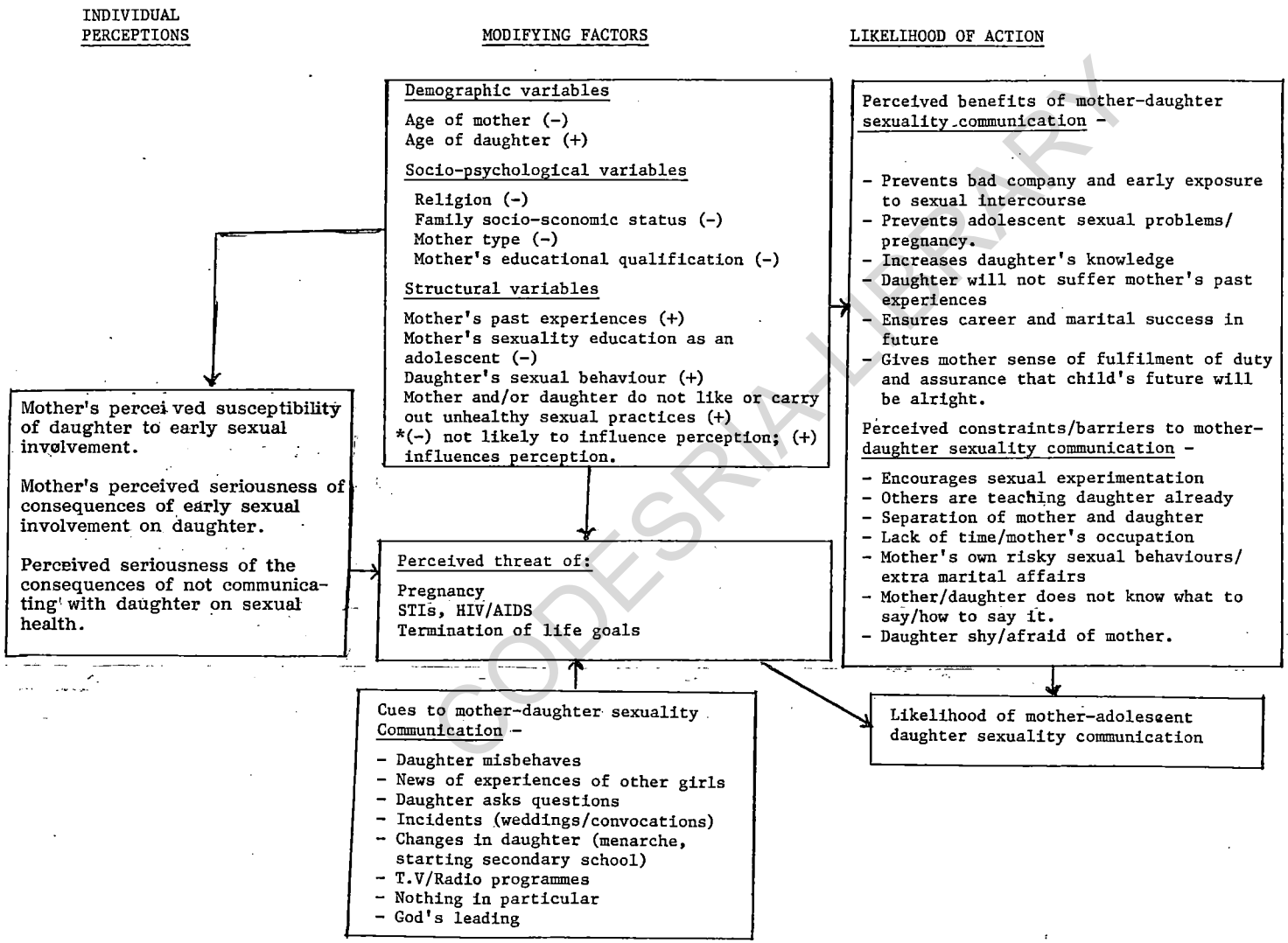



Figure 4.10 Summary of results of the study using the Health Belief Model (HBM) of preventive health behaviour by Rosenstock (Adapted from Redman, 1976).

## Testing Of Hypotheses

### Hypothesis 1

The study sought to test the hypothesis that, there is no significant relationship between amount of sexuality communication and daughter's sexual activeness.

The results showed that one-tenth of the sexually active daughters 3 (10.3%) had low level of sexuality communication with their mothers, while 26 (89.7%) had high level of communication. Comparatively, almost half of the non-sexually active daughters 106 (48.2%) had low level of communication with their mothers and 114 (51.8%) had high level of communication (Table 40).

The statistical tests of significance revealed that $P<0.05$, suggesting a significant relationship between amount of sexuality communication and whether or not daughter is sexually active. The hypothesis is therefore rejected.

**Table 40: Level of sexuality communication and daughter's sexual activeness**

| Sexual Activeness | level of communication | | Total (%) |
|---|---|---|---|
| | Low (%) | High (%) | |
| Sexually Active | 3 (10.3) | 26 (89.7) | 29 (100) |
| Non-sexually Active | 106 (48.2) | 114 (51.8) | 220 (100) |
| Total | 109 (43.8) | 140 (56.2) | 249 (100) |

Test (1) - Chi Square test ($X^2$):-

| | $X^2$ | Degree of freedom (df) | P-value |
|---|---|---|---|
| Uncorrected | 14.9 | 1 | 0.00011313 |
| Mantel-Haenszel | 14.84 | | 0.00011678 |
| Yate's corrected | 13.41 | | 0.00025080 |

Test (2) - Fisher's exact test:-

One - tailed P-value 0.000049;

Two - tailed P-value 0.000088

Test (3) - Kruskal-Wallis H (non-parametric test)

Kruskal - Wallis H 12.912;
Degree of freedom 1
P - value 0.000326.

**Hypothesis II**

The study tested the hypothesis that, no relationship existed between the amount of sexuality communication and number of daughter's sexual partners.

As shown in table 41 below, majority of the sexually active daughters who reportedly have one sexual partner 18 (94.7%) and those with more than one sexual partner 8 (88.9%) had high level of sexuality communication with their mothers, while one each, representing 5.3% of those with one sexual partner and 11.1% of those with multiple partners, had low sexuality communication.

These observed differences were not statistically significant $P > 0.05$, indicating there is no significant relationship between level of mother-daughter sexuality communication and the number of sexual partners the daughter has. This suggests that the hypothesis is true and is therefore accepted.

**Table 41: Level of sexuality communication and number of sexual partners.**

| Number of Sexual Partners | level of communication | | Total (%) |
|---|---|---|---|
| | Low (%) | High (%) | |
| One sexual Partner | 1 (5.3) | 18 (94.7) | 19 (100) |
| More than one sexual partner | 1 (11.1) | 8 (88.9) | 9 (100) |
| Total | 2 (7.1) | 26 (92.9) | 28 (100) |

Test (1) Fisher's exact test:-

Fisher's one-tailed P-value 0.547619
Fisher's two-tailed P-value 1.000000

Test (2) Analysis of variance (ANOVA):-

| Variation | SS | df | ms | F statistic | P-value |
|---|---|---|---|---|---|
| Between | 195.448 | 4 | 48.862 | 1.210 | 0.333382 |
| Within | 928.659 | 23 | 40.376 | | |
| Total | 1124.107 | 27 | | | |

Test (3) Kruskal - Wallis H (non-parameric test):-

Kruskal - Wallis H 5.392

Degree of freedom 4

P-value 0.249354.

**Hypothesis III**

Another hypothesis tested in the study stated that, there is no difference in the effect of mother-daughter sexuality communication among daughters in different age groups.

Almost the same percentage of girls aged 10 - 14 years and 15 - 19 years reported similar effects of sexuality communication with their mothers. For example, 93.8% of girls aged 10 - 14 years and 94.6% of those aged 15 - 19 years indicated that sexuality communication with their mothers delayed their initiation of sexual intercourse. Similarly, among the 10 - 14 years group 1.4% said sexuality communication encouraged their use of contraceptives compared with 1.9% in the 15 - 19 years group. Others are shown in Table 42.

Statistical tests of significance showed there is no significant difference in the reported effects of mother's sexuality communication in the two age groups, $P > 0.05$. The hypothesis is therefore accepted.

Table 42 Effects of sexuality communication by age of daughter

| Effect of sexuality Communication | | Age of Daughter 10 - 14 years (%) | Age of Daughter 15 - 19 years (%) | Tests of Hypothesis |
|---|---|---|---|---|
| 1. Delayed initiation of sexual intercourse | Yes | 90 (93.8) | 105 (94.6) | $X^2$ 0.07; df 1; P-value 0.795394 |
| | No | 6 (6.3) | 6 (5.4) | Fisher's exact test:- |
| | Total | 96 (100) | 111 (100) | One-tailed P-value 0.512777 |
| | | | | Two-tailed P-value 1.000000 |
| 2. Encouraged use of contraceptive | Yes | 1 (1.4) | 2 (1.9) | Yate's corrected $X^2$ 0.09; |
| | No | 72 (98.6) | 101 (98.1) | P-value 0.762665 |
| | Total | 73 (100) | 103 (100) | Fisher's exact test:- |
| | | | | One-tailed P-value 0.627318 |
| | | | | Two-tailed P-value 1.000000 |
| 3. Made daughter more sexually active | Yes | 3 (4.1) | 1 (1.0) | Yate's corrected $X^2$ 0.77; |
| | No | 70 (95.9) | 102 (99.0) | P-value 0.379798 |
| | Total | 73 (100) | 103 (100) | Fisher's exact test:- |
| | | | | One-tailed P-value 0.194006 |
| | | | | Two-tailed P-value 0.308455 |
| 4. No effect | Yes | 11 (15.0) | 14 (13.6) | $X^2$ 0.08; df 1; P-value 0.782239 |
| | No | 62 (85.0) | 89 (86.4) | Fisher's exact test:- |
| | Total | 73 (100) | 103 (100) | One-tailed P-value 0.473619 |
| | | | | Two-tailed P-value 0.828469 |

# CHAPTER FIVE

# DISCUSSION

This final chapter is divided into three sections viz: Discussion of results, Implications for promoting intra-family sexuality communication, and the Recommendations.

## Discussion Of Results

1. Demographic Characteristics:-

The study revealed that three quarters of the mothers 179(76.6%) were aged between 35-60years. This is not surprising as Howard (1988), had observed that many parents themselves are usually between ages 35-60 when their children enter adolescence. This stage of development for many parents are characterized by some physical, mental and emotional upheaval as a result of parental concern for their children, marriage, career, society and future generations. Experts have recognized the necessity at this period for mothers to understand their own sexuality needs too, and acquire skills to prevent the conflicts that could result from the overlap of the adolescent and middle age developmental tasks (PPFA, 1993; Thomson, 1997).

It was found out that although majority of the mothers 200(80.0%) had one form of education or the other, more than half 132(52.8%) did not have up

to senior secondary education. This might have been responsible for the low income jobs held by majority of the mothers. Consequently, the issues most mothers 239(95.6%) discussed with their daughters were those related to their studies, apprenticeship, career and their responsibility to the family. It appears that majority of the mothers did this essentially so that the daughters would not suffer same economic deprivation experiences they had (Table 11). This wish by mothers seemed realistic given the observation that a greater proportion of the daughters (99.6%) had formal education.

Furthermore, the findings revealed that majority of the households were in the average socio-economic level, followed by the poor. This appears to be a reflection of the effect of the national economic depression on family status. Studies have identified unfavourable socio-economic climate of Nigeria as a major factor affecting family stability, and predisposing to child labour, sexual assault and adolescent early sexual involvement (Olawoye, 1995; Makinwa-Adebusoye, 1996). Despite the low income jobs, the mean parity per mother was 5. This shows that most family sizes are larger than the recommended national figure of four children per woman, which has implication for family survival in a depressed economy.

More than three quarters of the households had radio (86.0%) and

television (81.0%). Although they are indicative of household socio-economic status, it also shows that most adolescents have access to the media. Yet, the electronic and the print media have been faulted and blamed by even the adolescents themselves for adolescent sexual problems (Bignell, 1980; Aderibigbe, 1995; Olawoye, 1995). According to Howard (1988), adolescents spend more time at the television, radio and prints than in the classrooms or with their parents in spite of the free use of sex in the media.

2. Reproductive Health Status of the index daughters:

(a) Menarche - Nearly half of the index daughters 123(49.0%) indicated a mean age of 13.8 years (range 9-17 years) at menarche. This confirmed the report in Network En Francais (1991) that in 50 years, the mean age of first menstruation has reduced by 1-2 years to 12-14 years, although higher than Osujih's findings in 1986 in Nigeria where the mean ages at menarche were 12.3years and 12.9years for urban and rural girls respectively. However, McCauley and Salter (1995) reported that girls now enter puberty between ages 8 and 13 years. Usually girls enter puberty, exhibiting the characteristic body changes 2-3 years before the onset of menstruation. This makes the need for sexuality education imperative, years before menarche.

(b) Sexual Activity - About one tenth of the index daughters 29(11.6%) were sexually active. The finding supports other findings that lower proportions of girls are sexually active compared with boys (ARFH, 1996). In 1995, McCauley and Salter reported that in the developing world, majority of young adults, especially young women, are not sexually active. According to the authors, most sexual activity of young people takes place within marriage with 39.0% of women aged 15-19 years in Nigeria married, 16.0% not married but with sexual experience, and 45.0% not married and without sexual experience. This finding is important in educating girls that it is a false assumption that every girl is having sexual intercourse. A survey revealed that young people who thought almost everyone else their age was "doing it" were more likely to have sex themselves (McCauley and Salter, 1995)

(c) Initiation of Sexual Experience - The age at first intercourse was between 13-18 years with a mean age of 15.3 years. This shows only a slight decline when compared with 16.0 reported by Ladipo et al in 1984. According to McCauley and Salter (1995), in most countries, median age at first sex has not changed over the last several decades.

(d) Number of Sexual Partners and Contraceptive use - About one third of

the sexually active girls 9(32.2%) had multiple sexual partners. This confirms Makinwa-Adebusoye's (1991) observation that the youth tended to have multiple sexual partners. Similarly, Lear's (1996) report that adolescents experiment with multiple partners without condom on regular basis was upheld, as none of the sexually active index daughters used modern contraceptives.

3. Type of Sexuality issues discussed by mothers and their daughters -

There were slight differences in the percentages of mothers and daughter who indicated that they discussed various sexuality issues. These differences were however not statistically significant ($P > 0.05$) except for social relationship issues ($P < 0.05$). More daughters indicated that sexuality issues were discussed than the mothers (Figure 4.3). A similar observation was made in Kiragu's (1995) study. This may be related to the ability of the daughters to recall events and issues better than their mothers which may be a function of age, education and being the receiver of such information. Generally, in both groups, the issues most reportedly discussed were life goal issues, followed by personal grooming, social relationship and growth/development. It is to be noted that sexual relationship and marriage issues were not as discussed as the others. Probably because many mothers still feel uncomfortable discussing issues surrounding

sexual relations and intercourse.

(a) Life goal issues - Almost all the mothers 239(95.6%) and daughters 234(93.6%) said they discussed life goal issues together. This confirms the findings by Kiragu (1995) that school work and career were the issues most usually discussed by the youth and their parents. In addition, majority discussed these issues because they want their daughters to succeed in life and avoid unpleasant experiences they went through. This is probably because the society is becoming increasingly appreciative of the importance of education as proximate determinant of social leverage and achievement of life goals. Since it is generally believed by the Yorubas that only children who are achievers belong to the father but unsuccessful ones belong to the mother, many mothers struggle to ensure that their children succeed especially in polygamous family setting. According to Lloyd (1993), when family members are separated for various reasons, in most cases, mothers have to bring up the children alone to ensure the rightful development of the children.

(b) Personal grooming issues - The second most discussed issues were personal grooming issues such as cleanliness, dressing, hair styling and make-up. Since personal grooming is of personal taste, it has been recognized that it is often a common source of disagreement between teenagers and parents especially,

keeping room clean (Steinberg, 1989). Although Uka (1977) found out that the peer was rated higher than adults by girls as source of advice on items such as "what to wear to a party or a big ceremony," "the club to join", and "personal grooming", results of this study showed that 82.0% of the mothers and 87.7% of the daughters indicated that they discussed personal grooming issues. This is probably due to cultural socialization process of the girl child in preparing her for her roles as a wife, mother and keeper of the home in future. According to mothers, such issues are discussed because (being girls) daughters have to lay good example for their siblings. (Table 11).

(c) Social relationship issues - Issues concerning social relationships were the third most discussed issues as indicated by 54.0% of the mothers and 68.4% of index daughters. The most mentioned of these issues were "Type of girl friends" and "Type of boy friends" (Fig. 4.4). This according to the mothers is to prevent daughter's early sexual involvement and bad company. It appears that mothers recognize the role of peers in influencing early sexual intercourse. At the adolescent stage, most girls enter secondary school and are more independent of their parents, spending more time away from home with their peers. Issues like going to parties/films, and receiving gifts from men which are important in decision-making were not discussed by mothers who assume their daughters were

not involved in such activities or because they themselves dislike them (Table 12). However, according to Howard (1988), parents should not wait till their children get involved in these things before they discuss them as it often becomes more difficult and tension provoking as the daughters' age advances. Since FGD results revealed that 10-14 year old girls discuss these issues with their friends, it is therefore important that the issues are verbalized and shared by mothers and daughters so that mothers can correctly guide their children. This is important since the discussion of these issues was significantly related to daughter's sexual behaviour ($P < 0.05$) (Table 10).

(d) Growth and development issues - Growth and development issues which included body changes at puberty, first menstruation and monthly menstruation were discussed by more than half of the mothers (54.0%) and 61.0% of index daughters. Discussion of these issues was related to the age of the index daughter ($P < 0.05$) (Table 9) and is seldomly initiated before menarche. It is therefore not surprising that these issues were discussed with more of the girls aged 16-19 years than those aged 10-15 years. It is of interest that the discussion of growth and development issues was higher among the sexually active (Table 10). This is probably due to the monthly verification of the daughter's menstruation period by mother and renewal of pregnancy prevention messages. It seemed that

the quantity of such discussion does not influence sexual activeness of the girls. This may be due to the observation that such discussion started much later when the girls were already sexually active. While above results show a lot of improvement over Osujih's (1986) result which reported that only 7.6% of the girls discussed onset of menstruation with their mothers, the findings were in agreement with those by Asuzu et al (1989) that 60% of the teenagers discussed menstruation with their mothers. This finding seemed to suggest that sexuality communication between mothers and their daughters are increasing over the years. Interestingly, majority of the mothers who did not discuss the issues felt that their daughters were too young while more than half of these daughters felt there was no reason why such issues were not discussed (Table 12). This is indicative of the readiness of the daughters for sexuality information. Moreover, since issues relating to puberty is taught in schools right from Primary IV through Junior Secondary School (when the child would be about 8-12 years) (NERDC, 1987; 1990), the assumption by some mothers that their daughters are too young for sexuality information can be erroneous. Therefore such mothers need to be targetted for education on their responsibility. According to De Pietro and Clark (1983), communication within the family is necessary for mental elaboration of the content taught at school. In addition, experts believe that girls 8-12 years

need all the facts about menstruation and other signs of maturity because they worry about whether they are "normal" (PPFA, 1993). That one of the sexually active girls initiated sexual intercourse at 13 years (two years before menarche at 15 years) confirms the possibility of sexual involvement before menarche, a cue mothers wait for to commence sexuality education. Delaying discussion on growth and development issues till menarche may therefore mean starting very late, a practice discouraged by Howard (1988).

(e) Sexual relationship issues - These were the second least discussed issues besides those related to marriage. Discussion of sexual relationship issues was found to be related to the daughter's sexual behaviour ($P < 0.05$) being discussed with 75.9% of the sexually active girls and 50.7% of the non-sexually active (Table 10). The main reason for discussing sexual relationship is to prevent pregnancy (Table 11). This finding is not surprising because a sexually active daughter is usually perceived by the mother as more susceptible to pregnancy than the non-sexually active, hence the higher likehood of communicating about sexual issues with the sexually active daughters. While major issues discussed with daughters by about half of the mothers include: relationship with boyfriend, abstinence, sexual intercourse and teenage pregnancy, it is surprising that more than half of

them did not discuss important issues such as number of sexual partners, abortion, STIs/AIDS, contraception, Rape, Pornography and keeping late nights (Fig. 4.5). In 1989, Asuzu et al found out that only 24% of the youth discussed sex with their mothers. The results of this study therefore suggest that mothers discriminate on type of sexual relationship issues they wish to discuss with their daughters. This finding thus confirms Kiragu's (1995) observation that though reproductive health issues were not as discussed as school work or career, contraceptives and abortion were particularly least discussed. These issues were not discussed by mothers because they felt it was too early and the daughter may be influenced. It has however been documented that children who discuss sexuality with their parents are less likely to be sexually active at an early age and even when they become active, are more likely to use birth control (Alter et al, 1982) and to have fewer sexual partners (Fisher, 1987; Casper, 1990). Finally in this study, discussion of sexual relationship issues was also found to be age-related as indicated in previous studies, though it is said that there could be premature transmission of sexual information within the family with the discussion of other issues (Fisher, 1987).

(f) Marriage Issues - Although reports have it that as high as 39.0% of women aged 15-19 years in Nigeria were married (McCauley and Salter, 1995), in this

study, marriage issues were the least discussed between mothers and their index daughters (Fig. 4.3). According to Makinwa-Adebusoye (1996), about 12.0% of girls become mothers before the age of 20 years with 15.0% of all births being by teenage girls under 18 years. In addition, women in age group 12-14 who are married had at least 1.2 children. In this study, discussion of marriage issues was related to daughter's sexual behaviour ($P < 0.05$) (Table 10). This suggests that mothers who did not see their daughters at risk of pregnancy (which could lead to an early marriage and termination of their life goals) may not discuss marriage with them. Majority of mothers felt that discussing marriage issues with their daughters would distract them from their studies or that the daughters were too young. However, whether the daughter is sexually active or not, marriage issues need to be realistically discussed between mothers and daughters so that teenagers do not go into marriage unprepared or deceived. As a long-term measure towards preservation of marriage and promotion of intra-family relationships (including sexuality communication), children need to be prepared for the experiences of marriage and other life time commitments. This is important because in the FGD the collapse of the parent's marriage was cited as one of the major factors responsible for lack of mother-daughter sexuality communication and adolescent sexual problems by the adolescent girls aged 10-14years. Lloyd

(1993) observed that in Sub-Saharan Africa, 36.0% of women aged 40-49 who have ever been married had gone through a divorce or a separation, or been widowed at least once. According to McCauley and Salter (1995), the woman who has her first child before age 20 is more likely to be divorced or separated from her partner.

Issues discussed and level of communication (low or high) did not differ significantly with family socio-economic status, mother's educational level, mother's age, mother-type (traditional, liberal or "in-between"), and religion. In 1977, Ashen too discovered that there was no difference in the mean communication of mothers to their children among the lower socio-economic and westernized groups. Similarly, Fisher (1989) reported that sexual communication was related to a higher likelihood that the daughters had engaged in sexual intercourse and not whether their parents were liberal or conservative.

4. Initiation of Sexuality Communication -

The order in which sexuality issues were initiated by the mothers showed a simple to complex and non-threatening to threatening issues pattern. This is because life goal issues were initiated first at the mean age of 8.1 years, followed by personal grooming (8.68 years) and social relationship (8.77 years). These issues normally form part of the initial socialization process of the growing girl

child in the Nigerian culture. Usually, it is the onset of puberty changes especially menstruation that opens discussion on the other issues such as, growth and development, sexual relationships and marriage. Hurlock (1973) observed that at the time of menarche, many girls have no knowledge about intercourse and many more lack knowledge considered adequate for marriage. The fact that some sexual and family life education is contained in the adult initiation rites of most cultures (Asuzu et al, 1989) was confirmed by finding from the FGDs. Some of the mothers and daughters said it was when the daughter saw her first menstruation (a sign of adulthood) that they talked about sexual matters; thereafter, the mother cross-checks monthly to be sure that her daughter was not pregnant and further discusses the danger of moving near men with her daughter. The fear of many mothers that early initiation of sexuality communication would expose daughters to sexual experimentation seemed unfounded because the age of initiation of discussion about sexual relationship issues started around 5-7 years among the non-sexually active compared with 10-12 years among the sexually active girls. It has been suggested that it is better to initiate discussion of sexuality issues early and before child gets sexually active by which time communication becomes difficult (Howard, 1988).

5. Dynamics of Mother-Daughter Sexuality Communication -

Majority of the sexuality communication occured at any time of the day and varied in duration just as the situations which prompt them are varied in nature and time of occurrence. However, weekends leisure time, holidays and environmental sanitation days were mentioned as days when such discussions occurred most. This is probably because such periods provide opportunities for increased intra-family interactions.

Mother-daughter sexuality communication was generally considered a private and personal affair, hence most discussions took place at home, especially in the mother's room. Usually, only the mother and daughter were present throughout the discussions although atimes members of the immediate family may be there. This is probably to reduce distraction and provide privacy. The presence of other members of the family, especially siblings during such discussions may be a source of strength, increasing daughter's ability to absorb or reduce tension if any. As revealed during the FGDs, such involvement makes members of the family share information on the issues freely and laugh over some of them together when necessary. However, many girls may not like people being around because the presence of other people may worsen embarrassment and shame if issues are presented by mother in unfavourable way. Krauss et al

(1997) reported that children were three times more likely to remember HIV-related conversations if the child and parent were alone together at the time of the conversation.

This study confirmed the results from previous studies that adolescents prefer their parents as their primary source for sexuality education. Majority of the daughters preferred to discuss sexuality issues with their mothers (Fig. 4.7). Roberts and Holt (1980) observed that both boys and girls took their questions regarding sexual matters to their mothers. Similarly, Riddle (1984) discovered that unlike previous research findings, youngsters preferred their mothers or fathers rather than peers as the primary source for information on issues of sexuality. Later, Youniss and Smollar (1985) reported that adolescents were closer to their mothers than their fathers. According to Hill and Holmbeck (1986), parents and adolescents may bicker more than they did during early periods of development, there is no evidence that this brickering significantly diminishes closeness between parents and teenagers, Steinberg (1989) said that the early psychoanalytic theories of adolescence depicted the period as a time of inevitable family tension because Freud and her colleagues conducted most of their work with adolescents who were having psychological problems. According to him, their observations may apply to the family relationships of psychologically

troubled teenagers, but they appear not to be accurate descriptions of the families of psychologically normal adolescents. The preference for the mother among majority of the index daughters across the age groups and family types thus confirms Asuzu et al's (1989) findings in Nigeria that adolescents prefer their parents especially mothers as their primary source of sexuality education.

Generally, mothers were the most preferred in discussing sexuality issues though preference for friends was higher among the poor and average family types than the fairly rich. One possible explanation is that the former two family types are usually more open than the third. Preference for the father was more among the young girls than the older ones. However, preference for mother remained high in all the age groups though it fell slightly and progressively as both daughters' age and preference for friends increased. This is quite normal and expected going by Erickson's theory of psychosocial development in which the accomplishment of daughter's developmental tasks at this stage to have healthy relationships, is promoted within her world of peers being guided by responsible adults (Barber et al, 1977; Wolf et al, 1979).

Some studies have shown that teenagers who are sexually active are least able to discuss their concerns about sexuality and relationships with their parents (Wagman et al, 1981; Makinwa-Adebusoye, 1996), however, results of this study point to the contrary. Some participants in the FGD groups (among the uneducated mothers)

confirmed this when they remarked that "when a child's response is positive, communication will be easy. Similarly, it is easy when the child makes mistake and comes back home with pregnancy or incomplete abortion." Some of the educated mothers in the FGD group equally recognized that there may be an initial break in communication if the child's sexual behaviour leads her into trouble (infected with STD or gets pregnant) in which case she may go to her mother through a friend of hers. However, once the 'cat is let out of the bag' and the daughter is accepted, the relationship is restored.

Furthermore, the results also revealed that sexuality communication is generally not difficult for the mothers too. This may have some cultural undertone as it is a widely held belief among the Yorubas that the mother is the most important person to a child (she is her mentor and all) therefore, there is nothing they should not be able to discuss together. This is expressed in proverbs such as *"Iya lalabaro omo"* (Mother is the child's confidant/counsellor); *"Iya eni ni alarifin eni"* (It is one's mother that one can talk to anyhow - be free with without limit). It is not suprising therefore that majority of mothers and daughters whose discussions on sexuality were not difficult reported that it was because the mothers perceived sexuality education as their responsibility, encouraged sexuality communication with the daughter, had a good and pleasant nature and that good mother-daughter relationship existed between them. Whereas most of the

girls who found sexuality communication with their mothers difficult/very difficult said that the problem was rather with themselves, being either shy or afraid of mothers (Table 32 and 33).

It is interesting to find out that three quarters of the mothers 175(74.2%) and daughters 177(74.1%) rated their sexuality discussions as detailed/adequate. This is contrary to findings of an Illinois survey quoted by Wagman et al (1981) in which 72% of the parents acknowledged that they did not provide adequate information to their adolescent children about sexuality. This again may imply that there is more sexuality communication today than in the past. However findings from the FGD seemed to confirm Fisher's (1986) report that when parents and children talk about sex, it is apparently attitudes and values that are conveyed not knowledge. Hence, almost all the mothers did not indicate lack of knowledge about what to say, how to say it or shyness as a reason for not discussing sexuality issues as much as they mentioned such things as, "child is too young and would be influenced," "daughter and mother are not involved in such practices," and "no reason " (Table 12)

Enabling (promotive) and constraining (restrictive or coercive) styles of communication were reportedly used by the mothers in presenting sexuality issues. Literature however suggests that only styles that promote further communication should be used. These include explanation, problem solving, empathy, use of natural

opportunities and awareness that conversations should be in two-ways and not only one way (Hauser et al, 1984; Howard, 1988). Kincaid and Rogers (1981) informed that misconception, misinterpretation, misunderstanding, and disbelief may reduce mutual understanding and lead to disagreement and conflict. The authors went further to suggest that one can only know how well someone else understands a situation if the other person also shares information and, vice-versa.

The responsibility for mother-daughter sexuality communication is believed to be that of mothers. The reasons underlying this opinion are expectedly related to the cultural roles of the mother as a parent and a woman (Table 24). It has been documented that adolescents worldwide and in Nigeria desire that their mothers perform this expected role which according to them is currently poorly executed (Howard, 1988; Johns Hopkins, 1995; NGTF, 1996). Interestingly however, majority of the daughters in all ages in this present study, reported positive effects of their mother's conversations with them about sexuality issues (Tables 38,42). This finding seemed to suggest that it is better to initiate sexuality communication early before the girl is sexually active. When sexuality education is initiated early, it builds a strong sense of respect for the body, its reproductive capacity and its responsible use early too (Howard, 1988; NGTF, 1996). This helps young people postpone sexual involvement until they are older and more clearly able to see the implications of such behaviours on their future (Howard, 1988).

6. Opinions about intra-family sexuality communication -

This study revealed that majority of the mothers and daughters felt there was no sexuality issue they wished the other (mother or daughter) did not discuss with them. This suggests an awareness of the need for mother-daughter sexuality communication. Although some mothers in the survey felt their children were too young, yet they did not wish that their daughters never discussed issues with them.

Intra-family sexuality communication was perceived as the duty of both the father and the mother by both groups of respondents. Although the father's duty was more in the area of deciding what to tell the daughter, the mother's duty was more of discussing issues with the daughter. This expected role of the father seemed to be related to his ascribed position as the head of the family and a person to be "feared" by the wife and children. Fathers therefore occupy an influential position in the family and should be included in any intervention programme to promote mother-daughter sexuality communication. According to Simão (1994), influential members of the family, in this case the fathers, should be involved in designing and implementing programmes. Otherwise, it may amount to discharging such prominent family members from their duties and stripping them of their status in relation to family or household affairs.

Moreover, the expressed views of the mothers and daughters revealed that apart from the parents, the teachers, the siblings, and religious leaders should be involved in female adolescents' sexuality education. These people have the potentials for providing major support and influence on the adolescent girl as she develops her own values and attitudes. The bias of the society against health institution-based adolescent sexuality services is reflected in the responses as only one (0.4%) mother and daughter indicated health workers as people to be involved. Results also showed that majority of mothers and daughters are still unaware of where to get help if they wanted it, except for a few who mentioned churches and schools. This may be due to the fact that sexuality education and counselling programmes are relatively new in the country and are also considered sensitive. Moreover, the impact of Non-Governmental Agencies is not significantly known or felt yet in this area of promoting intra-family sexuality communication and meeting other needs of the adolescent. None of the educated or uneducated mothers in the FGD was aware of any agency/centre where she could obtain help although some of the educated mothers indicated they would make use of the facilities provided they are convinced about the type of services provided. Most educated mothers in the FGD strongly disapproved of contraceptive services and 'safer sex' for adolescents but said they would identify with any agency promoting postponement of sexual involvement and teaching mothers how to help their adolescent girls. However,

most of the uneducated mothers would not use such facilities because of their belief that sexuality issues and services are private affairs. Programmers have suggested that adolescent sexuality programmes should recognize such diversities in values and beliefs of the parents and communities and input them into programming (Simão, 1994; NGTF, 1996).

7. Convergencies and divergencies in mother-daughter sexuality communication -

The results of this study confirmed Kiragu's (1995) observation that there is more convergence than divergence in the views of parents and adolescents on sexuality. For example, their views were similar on sexuality issues expected to be discussed; why these issues should be discussed, who should discuss them with adolescent girls; what makes sexuality communication easy or difficult; and how to promote mother-daughter sexuality communication, among other things. On the other hand their views were divergent on why sexuality issues were or were not discussed with daughters, as well as what prompts sexuality communication. However, according to Kincaid and Rogers (1981), the convergence of each participant's understanding with the other is never complete and never perfect since codes and concepts that one has for understanding are learned through experience. Therefore, the conceptual systems that participants use for understanding can only approximate one another within some limited error or uncertainty. The authors were therefore of the opinion that by means of several iterations or cycles of information-

exchange, participants in a communication process may converge toward a more mutual understanding of each other's meaning, obtain greater accuracy, and come within the limits of tolerance required for the purpose at hand. Similarly, Kiragu's (1995) view on the convergence of adult and young people's views was that with greater communication, parents and children may discover that they have much in common and can resolve some conflicts. This is a major thrust of this study which is to promote effective cyclical (not ineffective linear) intra-family, sexuality communication to the point of great overlap of mutual understanding between the participants, for the sole purpose of preventing early sexual involvement and its sequelae.



**Implications Of Findings For Promoting Intra-Family Sexuality Communication**

The study has shown that majority of adolescent females prefer their mothers as their primary source for sexuality information. Although there seemed to be an increase in mother-adolescent daughter sexuality communication, the content (which was usually values, attitudes and feelings of the mothers) did not appear to have changed. Moreover, some mothers used positive communication styles while others were coercive in their approach. Age and sexual behaviour of the daughter were the two major factors observed to affect the type of sexuality issues discussed and the level of sexuality

communication between mother and daughter. Life goals, personal grooming and social relationship issues were not as discriminated against as growth and development, sexual relationship and marriage issues. The study also showed that mother-daughter sexuality communication seemed to have some positive effects on the girls including postponement of sexual involvement. Although majority of the respondents recognized the need for mother-daughter sexuality communication and were doing something already, majority did not know where to obtain necessary assistance with their sexuality communication problems. Given these situations, the major areas of problems which sexuality education need to address are:

1. Sexuality communication skills of mothers and their daughters.
2. Attitude of mothers towards adolescent reproductive health programmes.
3. Sexuality issues mothers discuss with adolescent females.
4. Family socio-economic status.

These needs can be addressed using the following educational approaches:-

1. Use of Print, Local and Mass Media -

Although in this study mothers are quite aware of their responsibilities as sexuality educators of their daughters not all fulfil this responsibility. Information, Education and Communication (IEC) strategies can be used to create awareness in the mothers, of the desire of their daughters to discuss sexuality with them more than with

anybody else and encourage mothers to awake to their responsibility. Songs, poems and jingles on radio and television could be used for this purpose. Fez-caps, T-shirts, badges, posters, car-stickers e.t.c. with calls from children to mothers for sexuality guidance, in English and local languages could be used for this purpose too.

Since knowledge is basic to change in attitude and effective performance of one's duty, and because "one cannot give what he/she does not have," mothers require basic understanding of man and family developmental processes in order to be competent in promoting healthy sexuality development of individual members of the family. Educational materials and methods such as pamphlets, drama, story-telling, small group discussions, role-plays, and question and answer sessions could be used to improve mothers' knowledge about human sexuality. The study revealed that majority of the mothers were either illiterate or poorly educated, therefore materials and methods should be local, simple and relevant to the target group. These materials should be subsidized or sponsored by the Federal Ministry of Health and Social Services (FMOH & SS), FSP, and adolescent reproductive health agencies. Women (mothers) could be reached in their religious, business and social groups and through the television/radio.

The assumptions by mothers that their daughters were too young, were being taught by other people (church, school, siblings) or are not involved in risky behaviours, therefore they do not require some sexuality information, could be addressed through

group discussions, case presentations and serial drama on radio/television or as case presentations in local print media e.g. *"Alaroye."* Radio and television may be cheaper since majority of the households had both or at least one of the two. These should emphasize the need for mother's verbal exchange of sexuality information, attitudes and values with child inspite of the other sources, and the dangers inherent in untrained peers being the main source of such information.

Hints for parents on sexuality needs of adolescents and simple answers to commong questions adolescents ask could be compiled (by experienced mothers and experts in adolescent sexuality) into small booklets with local illustrated examples, cartoons and pictures. These should be in both English and local languages for literate mothers and adolescents to read and acquire more information. In preparing these materials, there should be consideration for the chronological age and developmental needs of the adolescents. On world family day/AIDs day, campaigns and open air rallies, similar to those promoting immunization, could be organized to create awareness, increase reproductive health knowledge and provide facts to guide sexuality communication between young people and their parents.

The modern live phone-in or write-in approach to electronic media communication could be employed by programmers to educate mothers on human sexuality. A short course on human sexuality could be run weekly as part of a women's programme on

radio or television using the local language and encouraging listeners to react by contributing or asking questions from the teacher on radio/television. While lessons should not discriminate against sensitive sexuality issues avoided by many mothers, they should always emphasize the advantages of postponing sexual experience until married by promoting self esteem, assertiveness and emotional literacy in line with the culture of the people. In view of the report by most respondents that intra-family sexuality communication occured mostly on weekends, environmental sanitation days, holidays e.t.c. programmers should consider such days, when family members are likely to be together to further discuss issues raised in such programmes.

Human sexuality IEC activities should not focus on mothers and adolescent daughters alone, the NERDC efforts to incorporate POP/FLE into primary, secondary, and teacher education curricula are commendable. However, a wider coverage should be made to include all educational programmes in tertiary institutions by integrating POP/FLE concepts into the general knowledge courses offered by all students. This will equip men and women with basic knowledge to enable them fulfil their sexuality education roles as fathers, mothers and custodians of young ones in future.

Some mothers believed that early initiation of sexuality communication could lead to sexual experimentation. This can be addressed by incorporating results of this and other studies into IEC programmes or activities to promote mother-daughter sexuality

communication. Such findings include the fact that:

- many children believe mothers have no reason for not discussing sexuality with them;
- delaying discussion of some sexuality isssues until child starts menstruating is risky because some girls initiate sexual intercourse long before menarche;
- sexuality communication was found to have started earlier among the non-sexually active girls than the sexually active;
- what mothers may think their daughters do not know/do, the girls may have learnt about wrongly outside and actually be involved;
- mother-daughter sexuality communication actually delays initiation of sexual activity in majority of the young ones rather than encourage it as feared; and
- those whose daughters are sexually active have had to talk more therefore it is better to talk before sexual initiation and conserve energy.

2. Effective Communication Training Programmes -

In this study many mothers initiated the discussions and talked while the daughters played passive participant's role. In addition, shyness and fear among daughters made sexuality communication with their mothers difficult. Moreover, some of the mothers

were coercive in their communication style, evoking unpleasant reactions from their daughters, while some "beg" and "bribe" their daughters to accept their values and share their own attitudes.

Since mothers remain the preference of female adolescents for sexuality education, mothers and daughters can be assisted to develop effective sexuality communication skills through skills development training programmes. In view of the fact that most mothers have no time and work outside the home for long hours, peer education approach could be used to reach them in their natural groupings. Representatives of women in their natural/social groups could be trained to train other women. For example, representatives of business women, civil servants, teachers, local associations, clubs, cooperative societies and religious groups.

At such training sessions, personal feelings about human sexuality issues should be explored freely and without bias or condemnation. Problem areas should be realistically discussed e.g. mother's lack of time, child labour to support family income, shyness e.t.c. Skills on therapeutic use of self or positive use of self to reduce tension, fear, shyness, misconceptions and make atmosphere condusive for verbal exchange should be taught. Mothers also need to identify and know how to use natural opportunities to promote sexuality communication and prevent suspicion of each other's intentions. Simulations, case presentation, group discussions, demonstrations and return

demonstrations on mother-daughter sexuality communication should be used in teaching sexuality communication skills. Thomson (1997) suggested that the programmes should challenge participants with some activities such as: resolving conflicts; negotiating family rules; talking about sex, contraception and AIDS with partner(s)/child(ren); getting help outside the family; sharing religious feelings, their acceptance or rejection by parents or offspring; loving and letting go of your children and your parents. Furthermore, input into such programmes should be in three phases viz-input from experts, commentary from parent-peers, and dialogue with young people, not necessarily the children of the parental audience. The training programmes should involve the beneficiaries from planning, through implementation to evaluation to make them relevant to local context, acceptable and sustainable. Ministry of women affairs, clubs, government and non-governmental agencies, school committees, religious and community movements could initiate and/or sponsor these programmes.

The need of the minority who prefer to discuss sexuality issues with their fathers should be attended to by organizing training for men (fathers) in their groups and clubs too.

3. Community Mobilization Strategy -

This study found out that educated mothers were willing to utilize facilities if they are convinced about their objectives while their uneducated counterparts were not ready

to use any, because mother-daughter sexuality communication is a private affair. Moreover, educated mothers desired programmes to help them assist their daughters to postpone sexual involvement or discontinue sexual involvement rather than those that hinged on 'safer sex' and contraception.

These problems could be tackled by using community mobilization strategy. Social agents of change such as religious organizations, schools, traditional leaders (women) and welfare officers should be assisted to develop their capacities to provide IEC, training, counselling and support services on intra-family sexuality communication. These social change agents would set objectives and use approaches acceptable to their target people while they continue to enjoy technical assistance from relevant government/non governmental organizations.

Existing NGOs with adolescent concerns should also extend their services to include the other members of the family (fathers and mothers) and should incorporate activities to promote intra-family sexuality communication. They should create awareness of their existence, objectives and services by sponsoring jingles and programmes on the electronic media. This is currently being done by ARFH, Ibadan and AHI, Lagos so that interested mothers, adolescents, groups and societies can make use of their services. Personal contacts could be made by these organizations with target

beneficiaries at their gatherings with permission for promotionals e.g. churches, mosques, schools, club houses, e.t.c. Similarly, they could organize/sponsor some of the campaigns and trainings in (1) and (2) above. They should creatively and positively use the electronic and print media which had hitherto been polluted with things capable of having negative influence on adolescent sexuality.

4. Women Literacy and Economic Empowerment Strategy -

This study found out that most families are either poor or average socio-economically, a situation which makes parents work for long, tiring hours, reducing intra-family interactions and parental guidance. This also predisposes to child labour and early sexual involvement. International (e.g. UNICEF) and national (e.g. FSP, FEAP, PHC and People's Bank) programmes aimed at improving the status of women through women literacy, family economic advancement and birth control activities are commendable. It is hoped that these would provide long term solution to the problem of poor status of families. However, in the interim, there should be an advocacy initiative by women to reach the three tiers of government (Federal, State and Local Government) and solicit cooperation in ensuring that funds for these programmes are used for the specified purposes and that more of the poor and average families benefit from them.

More vocational training centres with integrated sexuality education should be opened by women groups, clubs, FSP e.t.c. for drop outs from schools and older women who want to learn a trade but cannot afford the prohibitive charges in private institutions. Graduates of such schemes should be assisted to secure financial assistance, (for example from FEAP, NDE, Peoples' Bank) to practise their trade and augment the family income. Efforts should be intensified to encourage women to have only the number of children they can cater for not only in terms of feeding but also psycho-socially. Poor families should be assisted to secure financial assistance for their businesses.

## CONCLUSION

The study explored mother-daughter sexuality communication in terms of when mothers initiate sexuality communication with their daughters, type of sexuality issues they share, communication style employed, and factors that make sexuality communication easy or difficult. One of the three null hypotheses tested was significant, suggesting a relationship between level of mother-daughter sexuality communication and daughter's sexual activeness. In summation, the results of this study:

- confirm results of previous studies that adolescent females prefer their mothers as their primary source for sexuality information;
- suggest there is an increase in mother-adolescent daughter sexuality communication, although the content does not seem to have changed much; and
- show that two major factors, age of the daughter and the sexual behaviour of the daughter, affect the type of exuality issues discussed by mother and daughter and the level of their communication.

In order to promote intra-family sexuality communication, there is the need to increase awareness of mothers of the desire of their daughters to have them discuss sexuality together. They also need to be provided with the basic

knowledge to enable them perform this role effectively. Similarly, they need to acquire sexuality communication skills through training, and be assisted with their attitudinal and socio-economic problems through community mobilization and resource linking.

## RECOMMENDATIONS

Based on the findings of this study, the following recommendations are made:

1. The National Policy on Adolescent Health that is being formulated by policy makers in the FMOH & SS should reflect the cultural values and traditional responsibilities of parents in providing sexuality education for their children.
2. Public and private employers of labour should formulate and implement policies that promote family integrity in terms of postings, remuneration and welfare services.
3. NERDC activities towards integration of POP/FLE concepts into primary, secondary, and teacher education curricula in the country should be extended to cover other educational programmes and be implemented as soon as possible in all other educational institutions besides the pilot schools. This will equip men and women to be able to educate their own children on sexuality matters in future.
4. Government agencies and programmes charged with responsibility of improving family income (Ministry of Women Affairs, FSP, FEAP, and People's Bank) should ensure that their services are enjoyed by more women from the socio-economically poor and average families.
5. Ministries of communication, Health and Social Services, and Information Youth and Culture, in collaboration with the law enforcement agencies in

the country, should ensure the enforcement of existing regulations on censorship of print and electronic media materials imported and produced locally that have influence on human sexuality.

6. Women groups and organizations should initiate advocacy to reach policy makers (Federal Government) and solicit cooperation (financial, technical e.t.c.) in addressing intra-family sexuality communication concerns.

7. Ministry of Women Affairs and FSP should sponsor and/or organize IEC activities, welfare and counselling services towards promotion of family integrity and intra-family interactions including sexuality communication.

8. Programmers in public and private adolescent reproductive health concerns should involve other members of the family (fathers and mothers) in programmes aimed at promoting healthy sexuality development among adolescent members of the family. This enables other members to understand and be able to assist with one another's sexuality needs.

9. Family and Reproductive Health agencies should ensure that their programmes are simple, acceptable, accessible and as much as possible participatory by considering the socio-demographic and cultural diversities among target communities and involving the local community members at every stage of the programming cycle viz - planning, implementation, evaluation, and re-planning.

10. Capacities of social groups and organizations that influence family and the members should be strengthened through training and community

mobilization strategies, to provide support in the area of promoting intra-family sexuality communication e.g. religious institutions, PTAs, School counselling units, Women societies, etc. This is in view of the fact that adolescent reproductive health agencies are limited and not known/accepted by majority of mothers and adolescents, but the social groups are linked with families and acceptable to them, therefore such could be helpful if trained.

**Projection For Future Research**

Based on the findings of this study,

1. Pilot intervention studies need to be conducted in local religious communities, exposing mothers and their adolescent daughters to an intervention programme to promote intra-family sexuality communication.
2. IEC materials and activities should increase reproductive health knowledge and decision-making skills among young people and their parents, and enhance parent-child communication. Therefore, baseline information on KAP of parents and adolescents in target community should be collected and used for programme planning and evaluation.
3. Since this study did not consider male adolescents, female adolescents not living with their biological mothers, and adolescents living in the Northern and Eastern parts of the country, future research on intra-family sexuality communication could consider:
   - Mother-daughter sexuality communication in other parts of the

country;

- General parent-child relationships;
- Parental influence on male and female adolescents' sexuality;
- Preferences among male and female adolescents for sexuality education;
- The role of other social institutions in promoting intra-family sexuality communication, and
- Assessment of the effectiveness of parent education programmes.

Findings from these studies will further provide information to guide efforts at promoting intra-family sexuality communication in the country and make such activities relevant to the local context.

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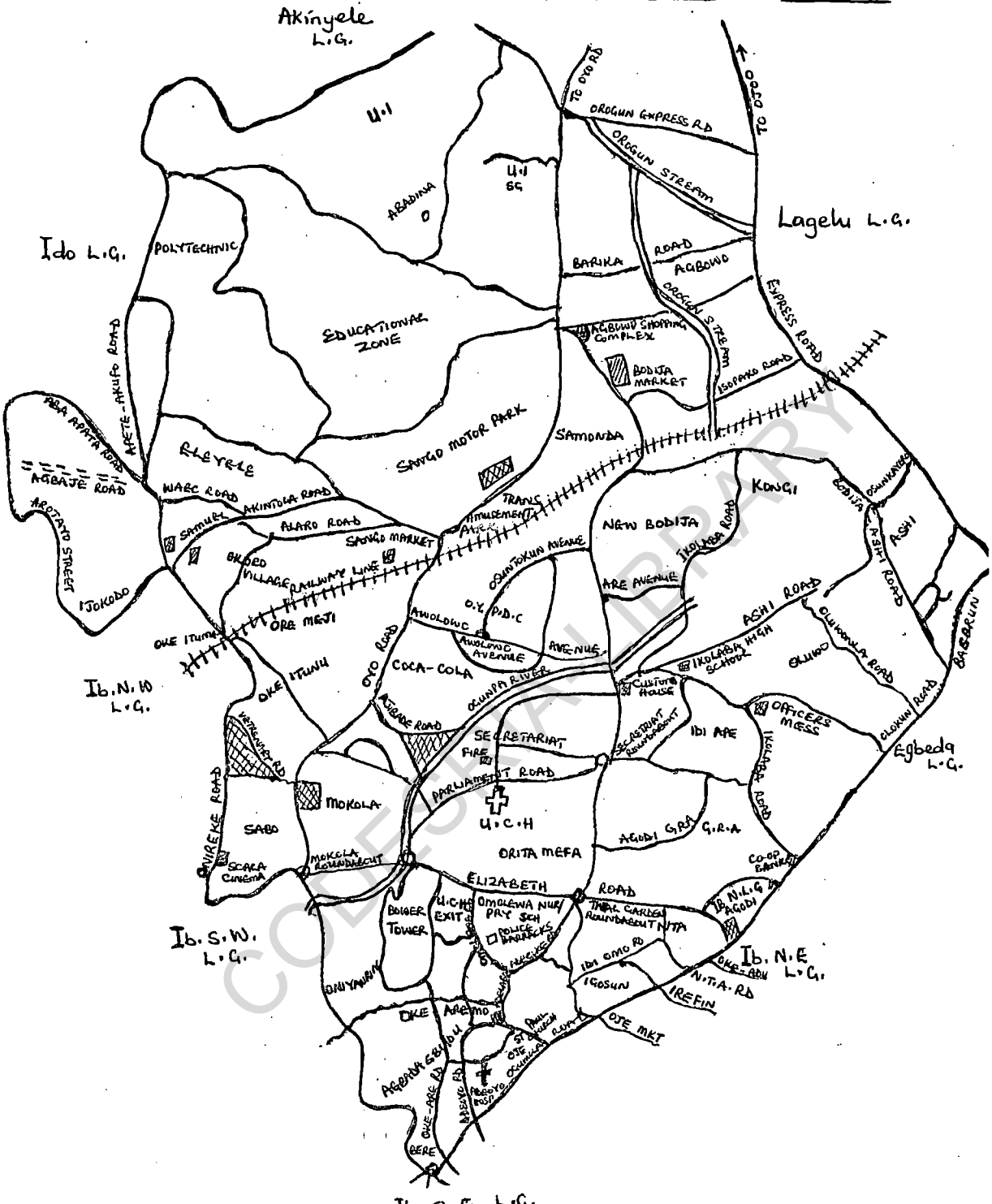
MAP SHOWING IBADAN NORTH LOCAL GOVERNMENT AREA APPENDIX I



Appendix II

NATIONAL ELECTORAL COMMISSION OF NIGERIA

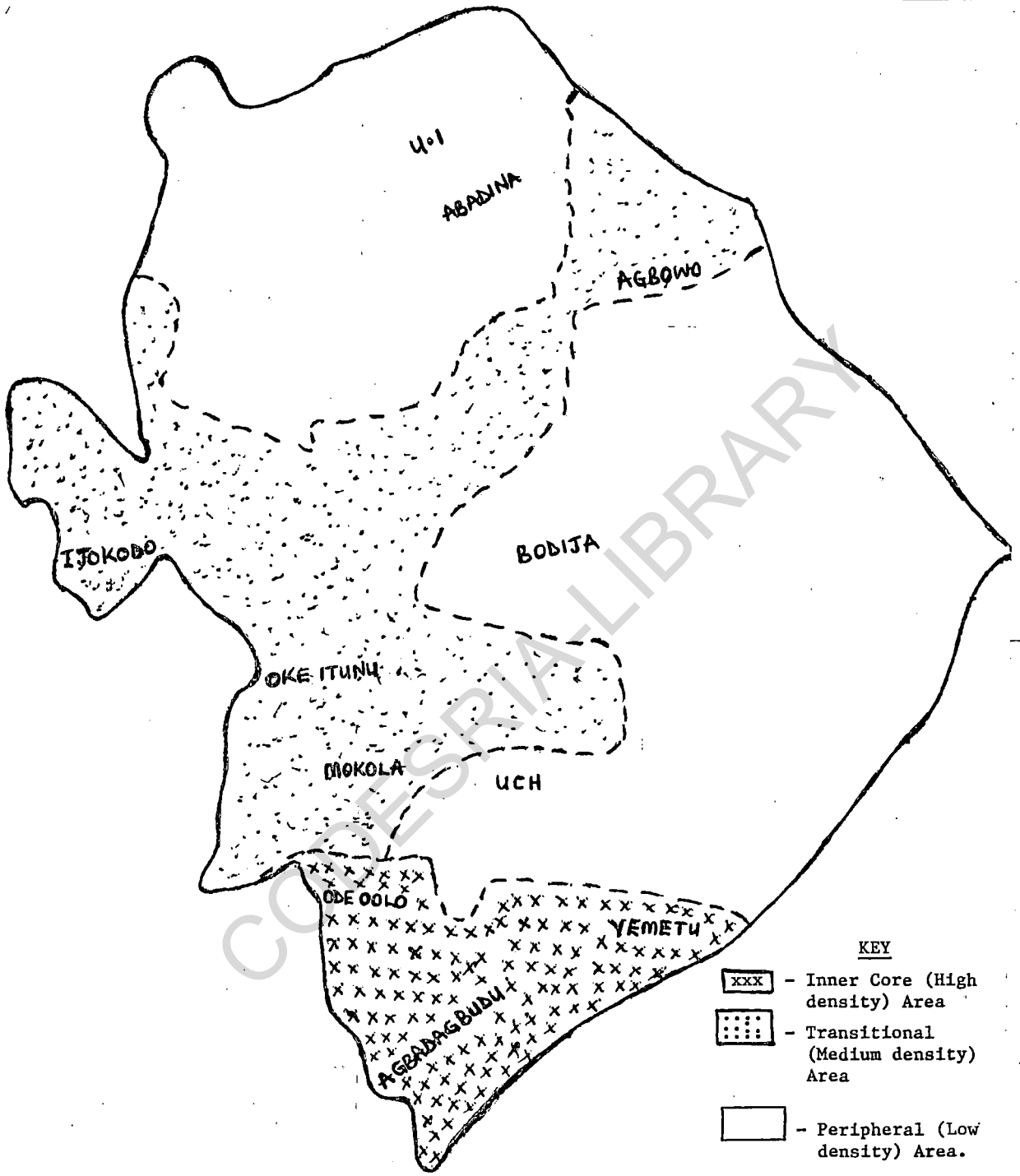
DELIMITATION OF LOCAL GOVERNMENT ELECTORAL WARDS 1996

STATE: OYO

| LOCAL GOVT. AREA | CODE NO. | NAME OF WARD | DESCRIPTION/COMPOSITION |
|---|---|---|---|
| Ibadan North | LG/053/OY | WARD I N2 | BEERE, OKE-ARE, ODOYE, AGBADAGBUDU, KANNIKE |
| | LG/054/OY | WARD II N3 | SAPATI, NALENDE, ONIYANRIN, ODE-OOLO, IRE-AKARI |
| | LG/055/OY | WARD III N4 | ADEOYO, YEMETU, OKE AREMO, ISALE AFA, QUEEN ELIZABETH ROAD |
| | LG/056/OY | WARD IV N5A | GBENLA, IGOSUN, ORITAMEFA, AGODI, KUBE (BEHIND N.T.A.) |
| | LG/057/OY | WARD V N5B | NEW BODIJA, KONGI, ASI, ORITA-BASORUN, OLUWO COMPOUND |
| | LG/058/OY | WARD VI N6A (PART I) | SABO, ADAMASINGBA |
| | LG/059/OY | WARD VII N6A (PART I) | OKE ITUNU, OREMEJI, CEMETERY, C.A.C SANGO |
| | LG/060/OY | WARD VIII N6A (PART II) | SANGO ONIRIN, OKORO VILLAGE, IJOKODO, AKERE |
| | LG/061/OY | WARD IX N6B (PART I) | MOKOLA |
| | LG/062/OY | WARD X N6B (PART II) | OLD BODIJA, SECRETARIAT, U.C.H. |
| | LG/063/OY | WARD XI NW8 | SAMONDA, SANGO, POLYTECHNIC, U.I, ABADINA. |
| | LG/064/OY | WARD XII NW8 | BODIJA MARKET, AGBOWO |

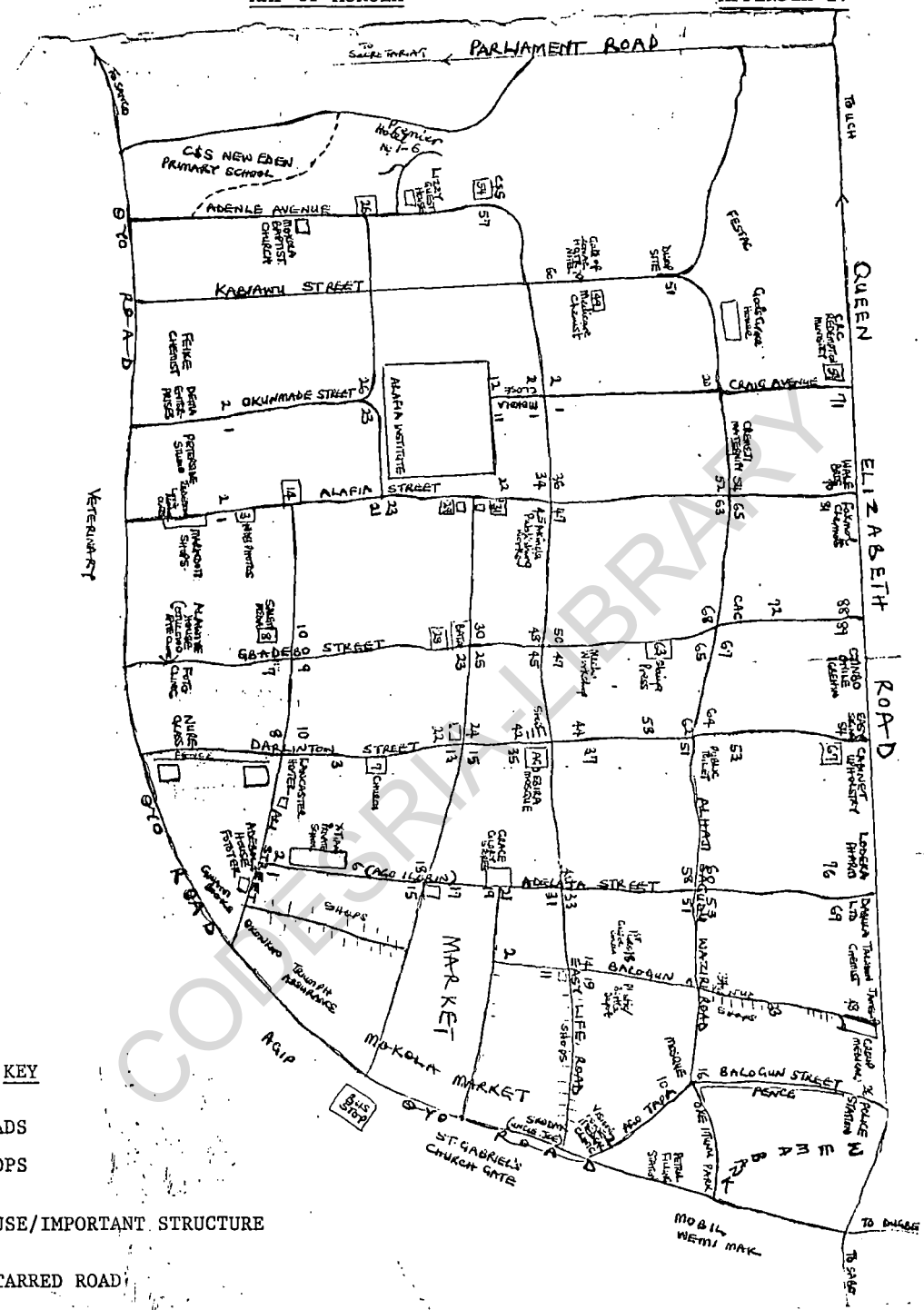
(Source: Ward Description and composition by NECON (1996) Ibadan North Local Government Office).

MAP OF IBADAN NORTH LOCAL GOVERNMENT AREA SHOWING STUDY AREA APPENDIX III



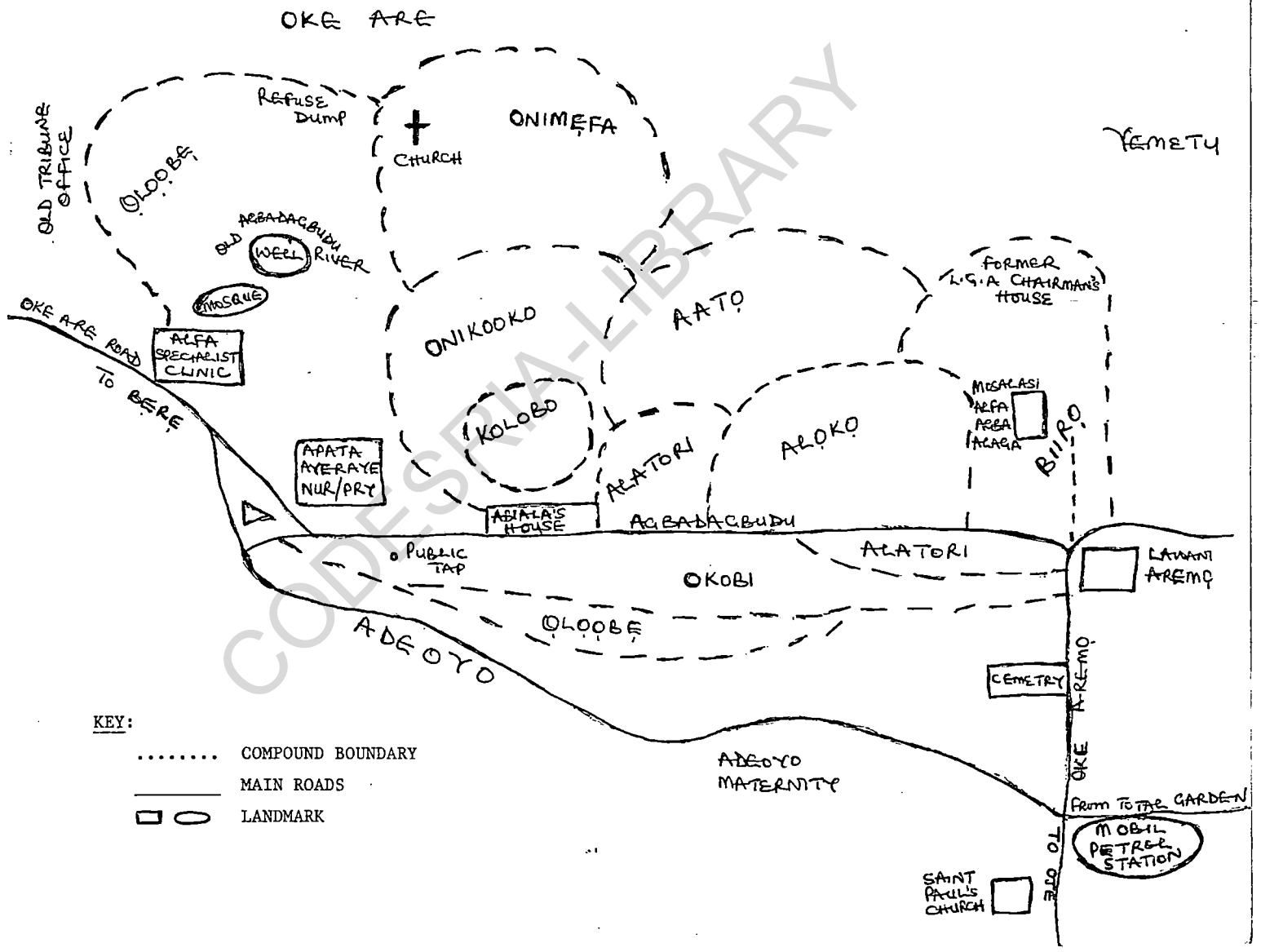
MAP OF MOKOLA

APPENDIX IV



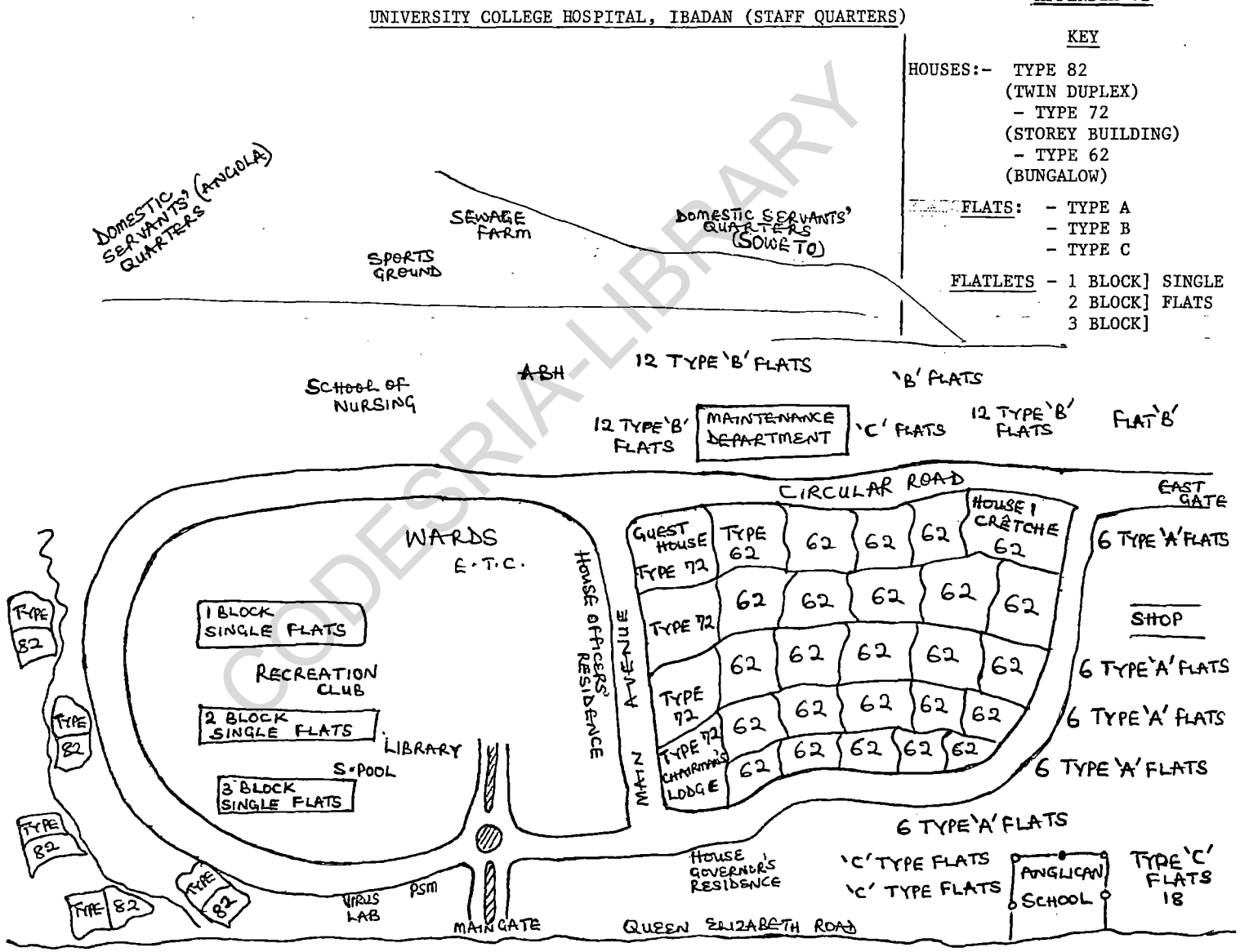
MAP SHOWING AGBADAGBUDU

APPENDIX V



APPENDIX VI

# UNIVERSITY COLLEGE HOSPITAL, IBADAN (STAFF QUARTERS)



Appendix VII

## A FOCUS GROUP DISCUSSION GUIDE FOR MOTHERS OF ADOLESCENT FEMALES

### A. INTRODUCTION

Good day. I am Miss/Mrs. ..... and my colleagues' names are ....., We are from the College of Medicine, University of Ibadan. We invite you to come and share your views with us on issues relating to communication between mothers and their daughters i.e. their daughters aged between 10 and 19 years only.

In this discussion there are no right or wrong answers , all we need are your honest views or perceptions about the issues that will be raised for discussion. Please, make contributions brief since we would not want to take too much of your time. There is no order of speaking. Each person should feel free to speak whenever she has something to say.

We request your permission to write and tape record the discussion so that we can always remember the views you will share with us today. Do you agree, please?

We assure you that whatever you tell us will be made confidential and will only be used to design educational programmes relating to

communication between mothers and their female children. So, feel free to air your views. For the avoidance of doubts your names will not be written down or tape recorded.

Thank you.

B. PARTICIPANTS' INTRODUCTION:-

Now we will like to give you opportunity to introduce yourselves. Please, tell us your name and where you live; what you do for a living and any other information which you want others to know about you.

C. **DISCUSSION POINTS:**

| S/N | QUESTIONS | PROBES |
|---|---|---|
| 1. | What proportion of female adolescents aged 10 to 19 live with their parents? | In what situations do most of them live outside their parents' home? |
| 2. | What can you say about the relationship between mothers and daughters of different age groups? | |
| 3. | What type of issues or things are expected of mothers and daughters aged 10-19 years to discuss and why? | Probe for issues not expected to be discussed and why. |

| | | | |
|---|---|---|---|
| 4. | When do most mothers have time to be with their daughters? | | How does the amount of time differ with the ages of the children? |
| 5. | What issues or things do mothers and their daughters aged 10-19 years usually discuss when they are together? | | Probe for situations in which these are discussed. |
| 6(a) | If issues about human sexuality are raised, ask "what is human sexuality and why mothers discuss with their daughters about them?" | i | What are the things involved in human sexuality? (supply the missing ones). |
| | | ii | Are discussions on human sexuality usually pre-planned or not? |
| | | iii | What usually prompts such discussions? |
| | | iv | Where does the discussion usually take place - is privacy provided? |
| | | v | What is the usual reaction of mothers during such discussions? |
| | | vi | What is the usual reaction of daughters during such discussions? |
| b) | If issues about human sexuality are not raised, ask "what about human sexuality?". | | |

| | | | |
|---|---|---|---|
| 7 | What is your view about mothers discussing sexuality with their daughters 10-19 years old? | i<br>ii | What makes some do & others not?<br>What can be done to promote communication between mothers and their adolescent daughters on sexuality issues? |
| 8. | Who should initiate such discussions on human sexuality? | | What makes you think so? |
| 9. | What are your opinions about the appropriate age for mothers to initiate discussions about human sexuality with their daughter? | | i. What issues should she initiate at specific ages?<br>ii What makes you have this opinion? |
| 10. | Are mothers comfortable discussing sexuality issues with their daughters aged 10-19 years? | | i What makes them comfortable?<br>ii What makes them uncomfortable? |
| 11. | Who among the parents do adolescent girls 10-19 years prefer to discuss sexuality issues with their father or mother? | | i If mother is mentioned or not, probe into what makes it or not.<br>ii If father is mentioned or not probe what makes it so or not.<br>iii Whose primary role is it? |
| 12. | Do you feel mothers are communicating enough to their daughters? | | What makes you think so? |
| 13. | To what extent did mothers in the past talk to people of our own age (people like us) about sexuality when we were at ages 10-19 years? | | |

| | | |
|---|---|---|
| 14. | What type of help do mothers need so that they can discuss sexuality issues with their daughters? | i. Where can they get such help?<br>ii. Who should provide the help? |
| 15. | Are there special centres where mothers can be taught issues relating to sexuality in this neighbourhood or in this town? | i. Should mothers go to such centres?<br>ii. If so, what are your reasons?<br>iii. If not so what are your reasons? |
| 16. | Who else, apart from parents, should be involved in the discussion of sexuality issues with female adolescents? | i. School - who there?<br>ii. Churches - who there?<br>iii. Mosques - who there?<br>iv. Social Groups - which ones and who there? |

D. CLOSURE:-

We thank you very much for your contributions, (summarize, highlighting areas of differences and similarities without being judgemental) ..."If any one wishes to add any view, please feel free to do so ....."

Once again we say thank you for your precious time and views shared with us. We wish you the very best in all your endeavours. Amen.

Appendix VIII

## A FOCUS GROUP DISCUSSION GUIDE FOR ADOLESCENT FEMALES

### A. INTRODUCTION

Good day. I am Miss/Mrs. ..... and my colleagues' names are ..... We are from the College of Medicine, University of Ibadan. We invite you to come and share your views with us on issues relating to communication between adolescent girls aged 10-19 years and their mothers.

In this discussion there are no right or wrong answers. All we need are your honest views or perceptions about the issues that will be raised for discussion. Please, make your contributions brief since we would not want to take too much of your time. There is no order of speaking. Each person should feel free to speak whenever she has something to say.

We request your permission to write and tape record the discussion so that we can always remember the views you will share with us today. Do you agree, please?

We assure you that whatever you tell us will be made confidential and will only be used to design educational programmes relating to communication between mothers and their female children. So, feel free to air

your views. For the avoidance of doubts your names will not be written down or tape recorded.

Thank you.

B. PARTICIPANTS' INTRODUCTION:-

Now we will like to give you opportunity to introduce yourselves. Please, tell us your name and where you live; what you do for a living and any other information which you want others to know about you.

C. **DISCUSSION POINTS:**

| S/N | QUESTIONS | PROBES |
|---|---|---|
| 1. | What proportion of female adolescents aged 10 to 19 live with their parents? | In what situations do most of them live outside their parents' home? |
| 2. | What can you say about the relationship between girls of different age groups and their mothers? | |
| 3. | What type of issues or things are expected of girls of our own age group and their mothers to discuss and why? | Probe for issues not expected to be discussed and why. |
| 4. | When do most girls of our own age group have time to be with their mothers? | How does the amount of time differ with the ages of the children? |

| | | | |
|---|---|---|---|
| 5. | What issues or things do girls aged 10-19 years and their mothers usually discuss when they are together? | Probe for situations in which these are discussed. | |
| 6(a) | If issues about human sexuality are raised, ask "what is human sexuality and why do daughters aged 10-19years discuss with their mothers about them? | i | What are the things involved in human sexuality? (supply the missing ones). |
| | | ii | Are discussions on human sexuality usually pre-planned or not? |
| | | iii | What usually prompts such discussions? |
| | | iv | Where does the discussion usually take place - is privacy provided? |
| | | v | What is the usual reaction of mothers during such discussions? |
| | | vi | What is the usual reaction of daughters during such discussions? |
| b) | If issues about human sexuality are not raised, ask "what about human sexuality?". | | |
| 7 | What is your view about girls aged 10-19 years discussing sexuality with their mothers? | i | What makes some do and others not? |

| | | | |
|---|---|---|---|
| | | ii | What can be done to promote communication between adolescent daughters and their mothers on sexuality issues? |
| 8. | Who should initiate such discussions on human sexuality? | | What makes you think so? |
| 9. | At what age should mothers initiate discussions about human sexuality with their daughters? | i<br>ii | What issues should she initiate at specific ages?<br>What makes you have this opinion? |
| 10. | Are girls of our own age group comfortable discussing sexuality issues with their mothers? | i<br>ii | What makes them comfortable?<br>What makes them uncomfortable? |
| 11. | Who among the parents do adolescent girls aged 10-19 years prefer discussing sexuality issues with - their father, mother or both? | i<br>ii.<br>iii | If mother is mentioned or not, probe into what makes it so or not.<br>If father is mention or not, probe what makes it so or not.<br>Whose primary role is it? |
| 12. | Do you feel daughters are receiving enough from their mothers? | | What makes you think so? |
| 13. | (Mothers only) | | |
| 14. | What help do daughters need so that they can discuss sexuality issues with their mothers? | i.<br>ii. | Where can they get such help?<br>Who should provide the help? |

| | | | |
|---|---|---|---|
| 15. | Are there special centres where girls aged 10-19 years can be taught issues relating to sexuality in this neighbourhood or town? | i.<br>ii.<br>iii. | Should adolescents go to such centres?<br>If so, what are your reasons?<br>If not so, what are your reasons? |
| 16. | Who else, apart from parents, should be involved in the discussion of sexuality issues with female adolescents? | i.<br>ii.<br>iii.<br>iv. | School - who there?<br>Churches - who there?<br>Mosques - who there?<br>Social Groups - which ones and who there? |

D. CLOSURE:-

We thank you very much for your contributions, (summarize, highlighting areas of differences and similarities without being judgemental) ..."If any one wishes to add any view, please feel free to do so ....."

Once again we say thank you for your precious time and views shared with us. We wish you the very best in all your endeavours. Amen.

# QUESTIONNAIRE (MOTHER)

## INTRODUCTION

This questionnaire is designed to study communication patterns between mothers and their adolescent daughters aged 10 - 19 years in respect to growing up. The findings will be used in organising educational programmes to promote mother-daughter communication. Your honest responses to the issues raised in the questionnaire are important for the success of the programme and they shall be treated with confidentiality. Your names are not required, please. Thank you.

## SECTION A:- (DEMOGRAPHIC INFORMATION)

1. Mother's Identification Number .....1

2. Daughter's Identification Number .....2

3. Mother's occupation ..... ☐

4. Father's occupation..... ☐

5. Ethnic group

   1. Yoruba
   2. Ibo
   3. Hausa
   4. Others (specify).... ☐

6. Mother's religion

   1. Christianity
   2. Islam
   3. Traditional
   4. Others (specify)..... ☐

7. Daughter's religion

   1. Christianity
   2. Islam
   3. Traditional
   4. Others (specify)..... ☐

8(a) Number of children by the same mother..... ☐

(b) Number of males..... ☐

(c) Number of females..... ☐

9. Position of Index daughter among children born by the mother ☐

10. Age of Mother ..... ☐

11. Age of Index daugther ..... ☐

12. Occupation of Index daughter ..... ☐

13. Highest Educational level of index daughter ..... ☐

14. Highest Educational level of Father ..... ☐

15. Highest Educational level of Mother ..... ☐

(14-15):
1. No formal education
2. Koranic education
3. Adult education
4. Primary education
5. JSS/Modern School
6. SSS/Technical/Teacher GD. II
7. University/Polytechnic/ Professional
8. Not known.

16. Which of the following does your household have?

1. Radio
2. Television
3. Refrigerator
4. Bicycle
5. Motocycle
6. Car
7. Satellite dish

17(a) Does the Index daughter live in the same house with you?

1. Yes
2. No.

(b) For how long? (in years).....

18(a) Do you belong to any Club/Society/Association?

1. Yes
2. No

(b) If Yes, specify .....

SECTION B: (SEXUALITY AND REPRODUCTIVE HEALTH ISSUES DISCUSSED)

19. What do you and the index daughter discuss about?

| SEXUALITY ISSUES<br>(1) - (4) General<br>(5) - (6) Reproductive Health | 19<br>ISSUE EVER DISCUSSED | 20<br>AGE FIRST DISCUSSED | 21<br>WHY DISCUSSED | 22<br>HOW OFTEN DISCUSSED | 23<br>WHO INITIATES DISCUSSION | 24<br>WHY NOT DISCUSSED |
|---|---|---|---|---|---|---|
| 1. Life Goals | | | | | | |
| 1. Studies/Apprenticeship training/choice of future career. | | | | | | |
| 2. Daughter's role in the family | | | | | | |
| 2. Growth and Development | | | | | | |
| 1. Body changes (puberty) | | | | | | |
| 2. First menstruation | | | | | | |
| 3. Monthly menstruation | | | | | | |
| 3. Personal Grooming | | | | | | |
| 1. Cleanliness | | | | | | |
| 2. Dressing | | | | | | |
| 3. Hair scyles | | | | | | |
| 4. Make-up | | | | | | |
| 4. Social Relationships | | | | | | |
| 1. Love | | | | | | |
| 2. Going to parties | | | | | | |
| 3. Receiving gifts from men | | | | | | |
| 4. Type of girlfriends | | | | | | |
| 5. Type of boy friends | | | | | | |
| 6. Going to film houses | | | | | | |
| 7. How to resist peer pressure | | | | | | |
| 5. Sexual Relationship | | | | | | |
| 1. Relationship with boy friends | | | | | | |
| 2. Abstinence | | | | | | |
| 3. Sexual intercourse | | | | | | |
| 4. Only one sexual partner | | | | | | |
| 5. Teenage pregnancy | | | | | | |
| 6. Abortion | | | | | | |
| 7. STIs/AIDS | | | | | | |

KEYS

(21) WHY DISCUSSED

1. Mother's duty
2. The child is a girl
3. To succeed in life
4. To lay good example for siblings
5. To clarify what daughter hears elsewhere
6. To prevent early sexual involvement
7. Daughter is sexually active
8. To prevent STIs/AIDS
9. To prevent pregnancy
10. To avoid bad company
11. So that daughter may not suffer same experience as mother.

(22) HOW OFTEN DISCUSSED

1. Once a year
2. Once in 6 months
3. Once in 3 months
4. Once a month
5. Once a week
6. Everyday
7. Just occasionally

(23) WHO INITIATES DISCUSSION

1. Mother
2. Index daughter.

| SEXUALITY ISSUES (Contd.) | 19 ISSUES EVER DISCUSSED | 20 AGE FIRST DISCUSSED | 21 WHY DISCUSSED | 22 HOW OFTEN DISCUSSED | 23 WHO INITIATES DISCUSSION | 24 WHY NOT DISCUSSED |
|---|---|---|---|---|---|---|
| 8. Contraception | | | | | | |
| 9. Rape | | | | | | |
| 10. Blue-films/Pornographic materials | | | | | | |
| 11. Keeping late nights | | | | | | |
| 6. Marriage | | | | | | |
| 1. How to postpone sex until married | | | | | | |
| 2. Marriage and life-time commitments | | | | | | |
| 3. When to marry | | | | | | |
| 4. Who to marry | | | | | | |
| 5. Pregnancy | | | | | | |
| 6. Childbirth | | | | | | |
| 7. Family life | | | | | | |
| 8. Parenting | | | | | | |

KEYS (Contd.)

(24) WHY NOT DISCUSSED

1. Mother does not do or tolerate it
2. Daughter is too young
3. Daughter will be exposed
4. Daughter is not sexually active
5. Daughter does not do or like such things.
6. Daughter knows what to do
7. Does not know how to start
8. Does not know what to say.
9. Daughter shy/ ashamed
10. Daughter afraid of mother
11. Mother will think daughter is sexually active/ have bad friends
12. Not necessary
13. Teacher's duty
14. Taught already in places of worship.
15. There is nothing bad in it.
16. No reason
17. "Discussed" after prompting.

25. When do you usually discuss together?

1. Very early in the morning
2. In the afternoon
3. In the evening.
4. Late at night
5. Anytime of the day

26. On the average (generally) how long does your discussion last?

1. Less than 5 minutes
2. 5 - 10 minutes
3. 10 - 20 minutes
4. 20 - 30 minutes
5. 30 minutes - 1 hour
6. More than 1 hour.

27. Where does the discussion usually take place.

1. At home
2. In the market/office/school
3. On the way
4. Any where

28.(a) Are other people usually present when you are discussing?

1. Yes
2. No

(b) If Yes, specify who

1. Father
2. Elder brother
3. Elder Sister
4. Younger brother
5. Younger sister
6. Other relatives
7. Mother's friend(s)
8. Daughter's friend(s)

29.(a) Does your daughter like others being around?

1. Yes
2. No.

(b) If Yes, specify who

1. Father
2. Elder brother
3. Elder sister
4. Younger brother
5. Younger sister
6. Other relatives
7. Mother's friends
8. Daughter's friends.

30.(a) How will you rate the discussion on reproductive health issues between you and the index daughter?

1. Detailed/Adequate
2. Not detailed/Not adequate

(b) If Not Detailed/Not Adequate, who provides the missing information?

1. Mother
2. Father
3. Sisters
4. Daughter's friends
5. Teachers
6. Nobody
7. Others (specify).....

31. Are your discussions usually planned?

1. Yes
2. No

32. What usually prompts the discussion?

1. Daughter asks questions
2. Daughter misbehaves
3. T.V./Radio programmes
4. Changes in daughter (birthday, body changes, first menstruation)
5. Incident (wedding, convocation, loss of a dear one etc.)
6. News about experiences of other girls
7. Nothing in particular.

33. Who does the Index daughter prefer to discuss sexuality issues with?

1. Mother
2. Father
3. Daughter's friends
4. Sister
5. Mother's friend
6. Neighbour
7. Religious leaders
8. Others (specify).....

34. Whose main responsibility is it to discuss sexuality with adolescent girls?

1. Mother
2. Father
3. Sisters
4. Mother's friends
5. Daughter's friends
6. Religious leaders
7. Teachers

35. Please, give reason(s) for your choice in 34 (Tick responses given without prompting)

1. Owns/gave birth to the child
2. It is his/her duty
3. They are of the same sex and features
4. Experienced and knows/explains better
5. Closer to female children
6. Interacts freely with the girl
7. Provides for other needs of the girl to
8. Has genuine love and concern for the girl's future
9. He/she alone can tell the girl the truth.

36. How difficult do you find discussing sexuality issues with your daughter?

1. Very difficult
2. Difficiult
3. Not difficult

37. Please, give reason for your choice in 36 .....
.....

38(a) Are you aware of any centre providing help for adolescents and/or their mothers?

1. Yes
2. No

(b) If Yes, specify .....

39. Who else should be involved in female adolescent sexuality education apart from the parents?

1. Teacher
2. Religious leaders
3. Mother's sister (Aunty)
4. Father's sister (Aunty)
5. Sisters
6. Brothers
7. Married women
8. Mother's friend
9. Daughter's friend
10. Neighbous

40. In your own opinion, who should decide what to tell daughter on reproductive health?

1. Father should decide
2. Mother should decide
3. Both father and mother should decide

41. Who should discuss reproductive health issues with daughter?

1. Only father
2. Only mother
3. Both father and mother.

42. (a) What are those issues on reproductive health that you wish were never discussed with you by your daughter?

.....

(b) Why? .....

.....

43. What in your opinion are the reasons why your daughter should discuss reproductive health issues with you? .....

.....

44. Which of the sexuality issues (1) - (6) did your own mother discuss with you when you were about the age of the Index daughter?

.....

.....

45. How would you describe yourself?

1. Traditional 2. Liberal

SECTION C:- OTHER COMMENTS/RECOMMENDATIONS on how to promote Mother-Daughter communication on human sexuality.

.....

.....

.....

Street/Compound .....House Number .....

Language used for interview English - Yoruba - Both

Day/Date/Time .....

Name of Interviewer .....

Signature .....

Family status

Community

Group

Appendix X

## QUESTIONNAIRE (DAUGHTER)

### INTRODUCTION

This questionnaire is designed to study communication patterns between adolescent girls (10 - 19 years) and their mothers in respect of growing up. The findings will be used in organising educational programmes to promote mother-daughter communication. Your honest response to the issues raised in the questionnaire are important for the success of the programme and they shall be treated with confidentiality. Your names are not required, please. Thank you.

### SECTION A:- (DEMOGRAPHIC INFORMATION)

1. Mother's identification number ..... 1

2. Daughter's identification number ..... 2

3. Mother's occupation..... ☐

4. Father's occupation..... ☐

5. Ethnic Group:-
   1. Yoruba
   2. Ibo
   3. Hausa
   4. Others (specify) ☐

6. Mother's religion:-
   1. Christianity
   2. Islam
   3. Traditional
   4. Others (specify)..... ☐

7. Daughter's religion:-
   1. Christianity
   2. Islam
   3. Traditional
   4. Other (specify)..... ☐

8(a) Number of children by the same mother ..... ☐

(b) Number of males..... ☐ (c) Number of females..... ☐

9. Position of Index daughter among children born by the mother.... ☐

10. Age of mother ..... ☐

11. Age of index daughter ..... ☐

12. Occupation of Index daughter ..... ☐

13. Highest educational Level of Index daughter ..... ☐

14. Highest educational Level of father ..... ☐

15. Highest educational level of mother ..... ☐

16. Which of the following does your household have?

| | | | |
|---|---|---|---|
| 1. | Radio | 5. | Motorcycle |
| 2. | Television | 6. | Car |
| 3. | Refridgerator | 7. | Satellite dish |
| 4. | Bicycle | | |

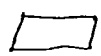
17(a) Do you live in the same house with your mother?

1. Yes 2. No

(b) For how long? (in years) .....

18(a) Do you belong to any Club/Society/Association?

1. Yes 2. No



(b) If yes, specify .....

SECTION B: (SEXUALITY AND REPRODUCTIVE HEALTH ISSUES DISCUSSED)

19. What do you and your mother discuss about?

| SEXUALITY ISSUES<br>(1) - (4) General<br>(5) - (6) Reproductive Health | 19<br>ISSUE EVER DISCUSSED | 20<br>AGE FIRST DISCUSSED | 21<br>WHY DISCUSSED | 22<br>HOW OFTEN DISCUSSED | 23<br>WHO INITIATES DISCUSSION | 24<br>WHY NOT DISCUSSED |
|---|---|---|---|---|---|---|
| 1. Life Goals | | | | | | |
| 1. Studies/Apprenticeship training/choice of future career. | | | | | | |
| 2. Daughter's role in the family | | | | | | |
| 2. Growth and Development | | | | | | |
| 1. Body changes (puberty) | | | | | | |
| 2. First menstruation | | | | | | |
| 3. Monthly menstruation | | | | | | |
| 3. Personal Grooming | | | | | | |
| 1. Cleanliness | | | | | | |
| 2. Dressing | | | | | | |
| 3. Hair styles | | | | | | |
| 4. Make-up | | | | | | |
| 4. Social Relationships | | | | | | |
| 1. Love | | | | | | |
| 2. Going to parties | | | | | | |
| 3. Receiving gifts from men | | | | | | |
| 4. Type of girlfriends | | | | | | |
| 5. Type of boy friends | | | | | | |
| 6. Going to film houses | | | | | | |
| 7. How to resist peer pressure | | | | | | |
| 5. Sexual Relationship | | | | | | |
| 1. Relationship with boy friends | | | | | | |
| 2. Abstinence | | | | | | |
| 3. Sexual intercourse | | | | | | |
| 4. Only one sexual partner | | | | | | |
| 5. Teenage pregnancy | | | | | | |
| 6. Abortion | | | | | | |
| 7. STIs/AIDS | | | | | | |

KEYS

(21) WHY DISCUSSED

1. Mother's duty
2. The child is a girl
3. To succeed in life
4. To lay good example for siblings
5. To clarify what daughter hears elsewhere
6. To prevent early sexual involvement
7. Daughter is sexually active
8. To prevent STIs/AIDS
9. To prevent pregnancy
10. To avoid bad company
11. So that daughter may not suffer same experience as mother.

(22) HOW OFTEN DISCUSSED

1. Once a year
2. Once in 6 months
3. Once in 3 months
4. Once a month
5. Once a week
6. Everyday
7. Just occasionally

(23) WHO INITIATES DISCUSSION

1. Mother
2. Index daughter.

| SEXUALITY ISSUES (Contd.) | 19 ISSUES EVER DISCUSSED | 20 AGE FIRST DISCUSSED | 21 WHY DISCUSSED | 22 HOW OFTEN DISCUSSED | 23 WHO INITIATES DISCUSSION | 24 WHY NOT DISCUSSED |
|---|---|---|---|---|---|---|
| 8. Contraception | | | | | | |
| 9. Rape | | | | | | |
| 10. Blue-films/Pornographic materials | | | | | | |
| 11. Keeping late nights | | | | | | |
| 6. Marriage | | | | | | |
| 1. How to postpone sex until married | | | | | | |
| 2. Marriage and life-time commitments | | | | | | |
| 3. When to marry | | | | | | |
| 4. Who to marry | | | | | | |
| 5. Pregnancy | | | | | | |
| 6. Childbirth | | | | | | |
| 7. Family life | | | | | | |
| 8. Parenting | | | | | | |

KEYS (Contd.)

(24) WHY NOT DISCUSSED

1. Mother does not do or tolerate it
2. Daughter is too young
3. Daughter will be exposed
4. Daughter is not sexually active
5. Daughter does not do or like such things.
6. Daughter knows what to do
7. Does not know how to start
8. Does not know what to say.
9. Daughter shy/ ashamed
10. Daughter afraid of mother
11. Mother will think daughter is sexually active/ have bad friends
12. Not necessary
13. Teacher's duty
14. Taught already in places of worship.
15. There is nothing bad in it.
16. No reason
17. "Discussed" after prompting.

25. When do you usually discuss together?

1. Very early in the morning
2. In the afternoon
3. In the evening
4. Late at night
5. Anytime of the day

26. On the average (generally) how long does your discussion last?

1. Less than 5 minutes
2. 5 - 10 minutes
3. 10 - 20 minutes
4. 20 - 30 minutes
5. 30 minutes-1 hour
6. More than 1 hour

27. Where does the discussion usually take place?

1. At home
2. In the market/office/school
3. In the way
4. Any where

28(a) Are other people usually present when you are discussing?

1. Yes
2. No

(b) If yes, specify who

1. Father
2. Elder brother
3. Elder sister
4. Younger brother
5. Younger sister
6. Other relatives
7. Mother's friend(s)
8. Daughter's friend(s)

29(a) Do you like others being around?

1. Yes
2. No

(b) If yes, specify who

1. Father
2. Elder brother
3. Elder sister
4. Younger brother
5. Younger sister
6. Other relatives
7. Mother's friend(s)
8. Daughter's friend(s)

30(a) How will you rate the discussion on reproductive health issues between you and your mother?

1. Detailed/Adequate
2. Not detailed/Not adequate

(b) If Not detailed/ Not Adequate, who provides the missing information?

1. Mother
2. Father
3. Sisters
4. Daughter's friend(s)
5. Teachers
6. Nobody
7. Others (specify) .....

31. Are your disucssions usually planned?

1. Yes
2. No

32. What usually prompts the discussion?

1. Daughter asks questions
2. Daughter misbehaves
3. T.V./Radio programmes
4. Changes in daughter (birthday, body changes, first menstruation)
5. Incidents (wedding, convocation, loss of a dear one, etc)
6. News about experiences of other girls
7. Nothing in particular

33. Who do you prefer to discuss sexuality issues with?

1. Mother
2. Father
3. Daughter's friends
4. Sister
5. Mother's friends
6. Neighbours
7. Religious leaders
8. Others (specify) .....

34. Whose main responsibility is it to discuss sexuality with adolescent girls?

1. Mother
2. Father
3. Sister
4. Mother's friends
5. Daughter's friends
6. Religious leaders
7. Teachers

35. Please, give reason(s) for your choice in 34 (Tick responses given without pormpting).

1. Owns/gave birth to the child
2. It is his/her duty
3. They are of the same sex and features
4. Experienced and knows/explains better
5. Closer to female children
6. Interacts freely with girl
7. Provides for other needs of the girl too
8. Has genuine love and concern for the girl's future
9. He/she alone can tell the girl the truth

36. How difficult do you find discussing sexuality issues with your mother?

1. Very difficult
2. Difficult
3. Not difficult

37. Please, give reason for your choice in 36 .....
.....

38(a) Are you aware of any centre providing help for adolescents and/or their mothers?

1. Yes
2. No

(b) If yes, specify .....

39. Who else should be involved in female adolescent sexuality education apart from the parents?

1. Teacher
2. Religious leaders
3. Mother's sister (Aunty)
4. Father's sister (Aunty)
5. Sisters
6. Brothers
7. Married women
8. Mother's friend
9. Daughter's friend
10. Neighbours

40. In your own opinion, who should decide what to tell daughter on reproductive health?

1. Father should decide
2. Mother should decide
3. Both father and mother should decide

41. Who should discuss reproductive health issues with daughter?

1. Only father
2. Only mother
3. Both father and mother

42(a) What are those issues on reproductive health that you wish are never discussed with you by your mother?
.....

(b) Why? .....
.....

43. What in your opinion are the reasons why your mother should discuss with you?
.....
.....

44 - 48: (DAUGHTER'S REPRODUCTIVE HEALTH BEHAVIOUR)

44. At what age did you start menstruation? .....

45. At what age did you have sexual intercourse for the first time?
.....

46(a) How many sexual partners have you ever had? .....

(b) How many sexual partners do you have now? .....

47. Do you use contraceptives?

1. Yes 2. No

48. My mother's discussion with me on sexuality issues has (Tick all that apply).

1. Helped me to delay initiation of sexual intercourse

   1. Yes 2. No

2. Encouraged me to use contraception

   1. Yes 2. No

3. Encouraged me to be more sexually active

   1. Yes 2. No

4. Had no effect on me

   1. Yes 2. No

5. Other (specify) .....

SECTION C: OTHER COMMENTS/RECOMMENDATIONS on how to promote

Mother-Daughter communication on human sexuality.

.....

.....

.....

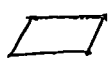
Street/Compound ..... House Number .....

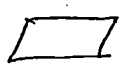
Language used for interview English ..... Yoruba ..... Both .....

Day/Date/Time .....

Name of interviewer .....

Signature .....

Family status ..... 

Community ..... 

Group ..... 

Sexual Behaviour ..... 

Appendix XI

## COMPUTATION OF FAMILY SOCIO-ECONOMIC STATUS

| TYPE | NUMBER OF CHILDREN BY MOTHER | NUMBER OF HOUSE-HOLD ECONOMIC INDICATORS | PARENTS' OCCUPATION | | STATUS |
|---|---|---|---|---|---|
| I | ≥4 | 0 - 1 | Low | Low | POOR |
| II | ≤4 | 0 - 1 | Low | Low | |
| III | >4 | 2 | Medium | Low | |
| IV | ≤4 | 2 | Medium | Low | AVERA-GE |
| V | >4 | 3 | Medium | Low | |
| VI | ≤4 | 3 | Medium | Low | |
| VII | >4 | 3 | Medium | Medium | |
| VIII | ≤4 | 3 | Medium | Medium | FAIRLY RICH |
| IX | >4 | 3 | High | Medium | |
| X | ≤4 | 3 | High | Medium | |
| XI | >4 | 4 | High | Medium | |
| XII | ≤4 | 4 | High | High | VERY RICH |
| XIII | >4 | 5 | High | High | |

APPENDIX XIII

University of Ibadan
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22 - 417135

Head of Sub-Department
Professor Joshua D. Adeniyi

African Regional Health Education Centre
Sub-Department of Health Promotion & Education
Department of Preventive & Social Medicine
University College Hospital
Ibadan, Nigeria.

Date 12th March, 1997

The Chairman,
Housing Allocation Committee,
University of Ibadan,
Ibadan.

B.O AKIN-OTIKO, MASTER OF PUBLIC HEALTH STUDENT:

This is to introduce the above named student of this department who is carrying out a research on "mother - daughter sexuality communication patterns". The University of Ibadan campus has been selected as one of the areas to be covered and she would need a list of the households on the campus to obtain a sample.

I shall therefore appreciate your assistance in allowing her have access to the list of households in the Estate Department of the University.

Thanks for your cooperation.

Prof. J.D. Adeniyi,
Head, Sub-Dept. of H.P. & E.

APPENDIX XIV

University of Ibadan
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22 - 417135

Head of Sub-Department
Professor Joshua D. Adeniyi

African Regional Health
Education Centre
Sub-Department of
Health Promotion &
Education
Department of Preventive & Social Medicine
University College Hospital
Ibadan, Nigeria.

Date 18th March, 1997

The Chairman,
Housing Allocation Committee,
University of Ibadan,
Ibadan.

B.O AKIN-OTIKO, MASTER OF PUBLIC HEALTH STUDENT.

This is to introduce the above named student of this department who is carrying out a research on "mother - daughter sexuality communication patterns". The University of Ibadan campus has been selected as one of the areas to be covered and she would need a list of the households on the campus to obtain a sample.

I shall therefore appreciate your assistance in allowing her have access to the list of households in the Estate Department of the University.

Thanks for your cooperation.

Prof. J.D. Adeniyi,
Head, Sub-Dept. of H.P. & E.

Dear Akin-Otiko,

Ordinarily as an academic, one would be very happy to assist a student in any way possible. The issue of given out a list of staff members resident on Campus does Legal implication regarding their SECURITY. We do not have just names but the addresses of their Quarters are also against peoples names. There are at least 4 to 5 families that have been attacked repeatedly by unknown persons and we have had to relocate for their security. I believe you will appreciate the issue. Meanwhile you can select names from the Univ. Calender and come back to us to confirm whether they are our tenants or not. This we can do. Good luck.