

Adolescent Sexuality and Culture: South African Mothers' Perspective

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Abstract

This study explores South African mothers' perspective on adolescent sexuality within their cultural prism. Forty-four (44) mothers were purposefully selected for the study. Data was collected through six focus group discussions. The results indicated that culturally embedded reasons inhibited mothers from effectively imparting knowledge about sexuality to their daughters. Insufficient information, lack of role models and fear of sensitising their daughters to sexuality issues were other inhibitory factors.

Keywords: Adolescent, sexuality, mothers, HIV and AIDS, sexual behaviour, culture.

Introduction

Research in South Africa shows that there is a high level of sexual activity among teenagers and also a high rate of teenage pregnancy, with 30 per cent of 19 year olds having already given birth. Research shows also high HIV and AIDS prevalence rates estimated to be between 23-27 per cent for females aged 15-24 and 8-15 per cent for males of the same age (UNAIDS, 2000). Given these statistics, the questions arise: do teenagers have any form of sex education? How do they learn about sex? According to Nduna, Jama, and Jewkes (2001), parents find it very difficult to talk about issues of sex with their children who, as a result, have little option but to seek information elsewhere, normally from their peers. This also raises another question, especially about mothers who are saddled with the most responsibility in the socialization of their children, the female children in particular: how do they perceive the sexual education of their children? This study addresses these questions and attempts to understand sexual socialization

from a cultural perspective. In the context of a high level of sexual activity and high prevalence of teenage pregnancy mentioned above, it becomes important to examine the cultural factors that may influence the attitudes of mothers in terms of the role they are expected to play as 'sexuality' socializing agents. The key assumption of a cultural framework is that senior family members are supposed to be the socializing agents of appropriate behaviours to the children. Children learn appropriate behaviour and societal expectation at home. One thus expects that mothers should assume the role of imparting sexual knowledge to their daughters so that they will be able to make informed decisions about when to start sexual activities and to take precautions to protect themselves against HIV/AIDS. Generally, research has shown that parents' attitudes to sexuality and sexual communication to their children exert significant influences on the children's attitudes towards sexuality, as well as their initiation and participation in sexual activity, and use of contraceptives (Jaccard, Ditus & Gordon, 1998).

Culture and sexuality education

It has been a practice in African societies for adolescents to be educated about sexuality. This has usually been through initiation schools. Senior members of a family also played an important role in educating youth about sexuality. Therefore, one can argue that there has never been silence on issues of sexuality. Schapera reports the following about the Kgatla society in the 1930s, despite considerable exposure to Christianity, "I was continually struck by the open importance they attached to the sexual aspect. Certain standards of decency must be observed in speech and dress but sexual behaviour is not a topic that must be veiled in deliberate obscurity.... the physical relations between men and women are spoken about freely and with relatively little embarrassment even in mixed company for sex are considered a normal factor in human life... nor is any attempt to keep it a sacred mystery where young people are concerned. The ignorance until recently held to be so desirable in European girls before marriage is never looked for among Kgatla girls. From an early age children are familiar with the nature of copulation and much of their play consist of games with a definitely sexual character" (1949:180) cited in Delius and Glaser (2002).

Similar observation has been made about the Pedi; Petje (cited in Delius & Glaser, 2002), who grew up in the Sekhukhuneland, found that in this ethnic group, parents largely ignore forms of sexual play amongst young children. These children often sleep in the same room with their parents and surely become exposed to watching sexual activities between their parents. Among the Zulu, the onset of puberty is marked by rite of passage. In these societies, the onset of puberty called for attention on how to cope with adolescent sexuality that could easily result in pregnancy (Delius & Glaser, 2002). Youth played pretend marriages wherein they learned about relationships and explored sex, although full sexual intercourse was prohibited between boys and girls.

They were allowed to practice a limited form of intercourse without full penetration. Peers monitored each other's relationships and group leaders regulated limitations. One can also argue that this sexual socialization is found in all South African ethnic groups. The practice can be found also in other parts of Africa. In parts of East and Central Africa, traditional rituals of initiation prepared young people for their adult role, including education on the responsibilities of sex, marriage and child-bearing. Because sexuality contributed to social cohesion, communities developed 'rules' concerning the expression of sexuality as well as mechanisms for controlling sexual behaviour. Because sexual behaviour has the potential to both cause harm, infection for example, as well as good, communities developed codes of conduct relating to when, where and with whom sexual relationships might take place. These principles were communicated to young people through initiation ceremonies (Fuglesang, 1997). In Tanzania, for example, initiation rites for girls were led by a ceremonial leader or 'Somo', an older woman recognized as knowledgeable and experienced in child-bearing and rearing. She advised young women from puberty throughout married life. Menstruation and the codes of conduct associated with it were explained to young girls, as well as information about pregnancy and ways of preventing conception. Importantly, sex education was contextualized in terms of preparation for adult life (Fuglesang, 1997). However, these rituals have lost their significance and the transition from childhood to adulthood has been complicated by the development of the phase of adolescence, as well as by the decline of traditional sources of authority, such as an extended family (Balmer, Gikundi, Billingsley, Kihuho, Kimani, Wang'ondu & Njoroge, 1997).

This decline has implications. In Zimbabwe, for example, extended family members, including 'tetes' or paternal aunts, are no longer available for advice to young women, and young men lack the guidance they used to receive from village elders, as a consequence of rural to urban migration and urbanization (Runganga and Aggleton, 1998). According to Petchesky and Judd (1998), parents now seem reluctant to talk to young people about sex and this possibly happens as a result of the fear to encourage sexual activity. Mothers usually withhold important information about sexuality and reproduction from their daughters and instead impart messages of danger, fear and shame. When parents talk about sexuality it is often limited to warnings about associated danger and the importance of preserving honour by maintaining virginity.

Many adults have difficulty acknowledging adolescents as sexual beings and, therefore, adolescent sexuality is viewed as something that needs to be controlled. This seems to apply across societies and cultures worldwide. Families and parents tend to deny young people information about sex and reproduction. For example in India and Nicaragua, parents and children report that they do not talk to each other about sex (George & Jaswal, 1995; Zelaya, Marin, Garcia, Berglund, Liljestrand & Persson, 1997). Often, parents and family members do this with the belief that they are protecting young people from information that they believe may lead to sexual experimentation. However,

evidence suggests that young people who openly communicate about sexuality with their parents, especially mothers, are less likely to be sexually active or, if girls, become less likely to fall pregnant before marriage (Gupta, Weiss & Mane, 1996).

Adolescents' sexual behaviours

In many of these countries, the pattern of sexual activity seems to be similar; the majority of young people are sexually active by the age of twenty and premarital sex is common among those aged 15-24. It has been estimated that half of all HIV and AIDS infections worldwide have occurred among those aged under 25 years (WHO, 1995). Many adolescents are infected with HIV because of physiological vulnerability, peer pressure, their tendency to engage in risk taking behaviour, inability to negotiate safer sex practices and difficulties in accessing health information and services (SAHR, 2000). Adolescents' knowledge on reproductive function and sexuality is generally poor.

A great number of youth are at risk with respect to HIV and AIDS. Sexual behaviour in the early adolescents group is said to be due to early maturation, its accompanying sexual feelings, more permissible societal attitudes and the mass media messages (Durkin, 1995). Therefore, it is important for children to obtain information about sexuality before they reach adolescence. Current intervention programs target preadolescents because, by waiting until adolescence, some of the target population would have been involved in negative risk-taking behaviours, thereby decreasing any effort to curb teenage pregnancy. Children and adolescent need accurate and comprehensive education about sexuality to practice healthy sexual behaviours as adults. Early, exploitative or risky sexual activity may lead to health and social problems such as unintended pregnancy and sexually transmitted infections including HIV and AIDS. This study focused on mothers and sought to investigate the influence of culture in mothers' expected role of teaching sexual issues to their adolescent daughters.

Method

Research Design

The qualitative method was used researchers used because it offers richly descriptive reports of individuals' perceptions, attitudes, beliefs, views and feelings, as well as the meanings and interpretations given to events and experiences (Holloway, 1997; Blanche & Durrheim, 1999). Qualitative research is pragmatic, interpretive and grounded in the lived experiences of the participating mothers, and as such it was a method best suited to pick up the differences in attitudes of mothers towards discussing sexuality issues with their daughters.

Participants and Setting

A purposefully selected sample of forty-four (44) mothers (mean age = 44.1 years; SD = 4.8; age range = 35 to 54 years) who have adolescent daughters aged between 12 and 19 years. The participants were drawn from VhaVenda ethnic group, hence they had similar cultural background. Their level of education ranged from high school (45%) to tertiary (55%). They were grouped according to their age groups and level of education.

Instrument

There were six focus groups; each has between six and eight women who have adolescent children. The focus groups provided a good context to explore the expected role of the mothers in imparting knowledge about sexuality to their daughters. It is a well-tested method of interview. Due to the nature and the sensitivity of the study, we felt that the participants would feel intimidated by face-to-face interview. Asking them directly how they feel about their expected role in imparting sexual knowledge to their adolescence may be intimidating for them since they might feel challenged. The other reason is that sexuality is a sensitive issue so the rationale for using group interview was to ease the sensitivity by the presence of other people. The fact that several mothers were present at the same time in a room definitely eased some of those concerns.

In sum, we believe that traditional methodologies were not deemed appropriate for this study. The focus group limited the imposition of our ideas and beliefs onto the mothers and amplified their power while also diminishing our influence on the conversations. It allowed us to observe the interaction among the participants and witness how they were building on each other's words, ideas and feelings.

Ethical Issues

The purpose of the study was explained to the participants, so also was the role that the participants were expected to play; the procedures of the meetings were also explained to the participants. The rights of the participants as volunteers were spelt to them. They were given an opportunity to ask questions around their participation or the study. An Informed Consent form was signed by participants to indicate their agreement to participate in the study and that a tape record may be used. The researcher facilitated the groups following the steps proposed by Krueger (1994), namely:

- The researcher introduced herself and welcomed the participants;
- Group members introduced themselves and told a few things about themselves;

- An overview of the topic was given;
- Ground rules were established;
- Uncertainties or concerns from participants were checked;
- Questions were asked; and
- The researcher summarized the proceedings and closed.

Open-ended questions asked during the focus group centered on the following:

- Opinions held about imparting sexual knowledge to adolescents, and the reasons why mothers think their daughter should obtain information about sexuality.
- Feelings about expected role of imparting sexual knowledge to daughters.
- Difficulty surrounding discussion of sexuality topics, and possible solutions to engage in order to make the discussions easier.
- Thoughts around community perceptions of parents who talk to their daughters openly about sex.
- Feelings about being probed by daughters to talk about sex.
- Thoughts around the influence of cultural expectations on the view of a child as a sexual person.

Data Analysis

In qualitative research, the process of data analysis starts during data collection. As data collection went on, analysis of it simultaneously took place. This involved looking at frequently recurring pattern of responses and themes. After the data were collected, the researcher looked at all the protocols and categorized common themes as they appeared. There were major themes and themes that developed as the process of analysis was proceeding.

Transcribed interviews were translated from Venda to English and back, for validation purposes by an external postgraduate student. The data were analyzed using the following phases:

Phase 1: Interpretation of the transcript

The researcher read the protocols several times to get an understanding of the participants' general expression and language. When reading the protocols repeatedly, the question emerged namely, what are these people saying? Responses were then coded.

Phase 2: Logbook

The logbook was used to record all responses according to the topic of interest. Every response was written under specific codes for easy development of themes for later use in the interpretation. The themes were developed by thematic analysis of the responses. After developing the themes, they were conceptualized from English phrases into psychological themes.

Phase 3: Writing the results

The results were written from the logbook, developed themes and also from the notes that were taken while reading the transcripts as a whole. Only responses that were considered important were included in the write up. The emerged themes were discussed as major themes when writing of results of the study.

Phase 4: Interpretation

During this phase of analysis, the researcher specifically looked at the problem that was studied and the results of the focus group. What came up led to the writing of the report and recommendations were made.

Results and Discussion

Descriptive data

Table 1. Demographic details

Group number	Mothers' age	Daughters' age	Residential area	Home Language	Highest level of education	Marital status
1	40-48	12 -19	Makwarela	Tshivenda	Tertiary	Married
2	38-45	12 -19	Vondwe	Tshivenda	Secondary	Married
3	40-48	12 -19	Dzimauli	Tshivenda	Tertiary	Married
4	35-40	12 -17	Tshixwadza	Tshivenda	Tertiary	Married
5	46-52	12-19	Shayandima	Tshivenda	Secondary	Married
6	48-54	12 -19	Thohoyandou	Tshivenda	Secondary	Married

Table 1 shows that the sample consisted of forty-four (44) mothers whose ages ranged between 35-45 years (34%), 40-48 years (36%) and 46-54 years (30%). Their mean age was 44 (SD: 4.8). Participants in the present study shared the same level of education, background and socio-economic status. This was done for the purposes of making the participants comfortable with each other. All the mothers who participated in the study had adolescent daughters aged between 12-19 years.

Participants were included in the sample because they were both Venda speaking and mothers with adolescent daughters between the ages of 12-19. The sample consisted of 45 percent of mothers who had high school qualification and 55 percent who had tertiary education. Below are tables on the demographic details of the participants.

Table 2. Mothers' expressed attitudes towards the use of contraceptives

Responses	Frequency of responses	Frequency of responses in Percentages
Discourage contraceptive use	25	57
Encourage provision of information about contraceptives	28	64
Encourage contraceptive use with a sexual active child	4	9
Encouraging contraceptive use is seen as a bad behaviour	35	80
Discourage providing information about contraceptives	10	23

The most important issue discussed was the belief that encouraging contraceptive use had bad influence on children (80%). However, 64% of the participants were in favour of providing information about contraception. Fifty-seven percent of participants reported that it discourages contraceptive use among adolescents. Interestingly, 23%, which consisted of mothers with high school education only, discouraged providing information about contraception. Only 9% of the participants (tertiary education) reported that it would encourage a child who was sexually active to use contraceptives.

Table 3. Mothers’ perceptions of how the community views sexuality communication

Responses	Frequency of responses	Frequency of responses in percentages
Seen as a taboo ‘muila’	13	30
Wish for something bad to happen	19	43
Jealous because they cannot talk about it	11	25
Seen as irresponsible	4	9
Seen as inciting the child with sexual ideas	18	41
Some no longer see it as a taboo	10	23
See it as a bad influence	11	25
Community criticizes mothers who talk	10	23
Some do not want to change their negative attitudes	4	9
Think it encourages disrespect	7	16

Table 3 shows that society most prominently perceived sexuality communication as inciting a child with sexual ideas and also as a taboo. Forty three percent of the participants reported that society might wish for something bad to happen, with 25% saying that the society is jealous. Participants were hopeful that the society was changing, with 23% saying that society no longer sees communication about sexuality as taboo.

Table 4. Views on adolescent sexuality

Responses	Total no of responses	Frequency of responses in percentages
Acknowledge but with a clear indication of need for abstinence	20	45
Encourage sex only after marriage	27	61
Difficulty in encouraging sexuality	19	23
Difficulty acknowledging sexuality in adolescents	31	70

Table 4 shows that the majority (70%) of the participants in this study reported difficulty in acknowledging that its daughters were involved in sexual activity. Sixty one percent reported that it would rather encourage its daughters to wait until they were married. Forty five percent said it acknowledged that its daughters were involved in sexual activity but there was clear indication of the need for abstinence. Twenty three percent reported difficulty in encouraging sexual activity.

Major themes that emerged from the study

The thematic analysis of all the protocols done revealed the following themes;

Parental concerns, another theme that emerged, was about comfort level in communicating about sexuality, where some participants felt comfortable and others not. Participants seemed to possess conservative attitudes towards contraceptive use among young people.

Participants' perceptions on societal expectations are double bound in that on one hand they expected parents to socialize their children and on the other they criticized parents who communicate openly about sexuality.

Another theme was that participants denied adolescent sexuality as an inevitable phase of development. Additional themes included cultural taboo, lack of role models and insufficient knowledge. The themes will be discussed fully below.

Awareness of reality

Participants in this study appeared to be aware of the harsh realities in their lives as primary socializing agents for their children. They were aware of the generational gap between their daughters and themselves. They were also aware that there is a need for preventive

education, as well as the need to provide information on sexuality before their daughters got involved in sexual issues. The following sub-themes emerged under the present theme:

Generational relevance for the present cultural values

Most participants felt that the generation in which their children live is different from that of theirs in that in their days they could rely on their grandmothers for such education; nowadays children have new value systems calling for a different approach.

'I think it is good these days even though traditionally it was the aunts and the grandmothers who used to talk to the child, I think that the mother should take the responsibility to talk to her child about sexuality issues.'

It also seemed that considerable changes in values has occurred between generations where teenage girls were previously not exposed to sexual material and knowledge as it is presently. Teenagers are these days exposed to sexual material through books, school and media. Such awareness of generational differences made participants acknowledge the difference with a duty-bound attitude to instruct their daughters and to teach them about safer sex behaviour and, where possible, to encourage abstinence. They are reluctant to provide them with information about safer sex behaviour. This aspect will be discussed in the latter parts of the thesis; and

Need for preventive education

The participants also believed that there was need for preventive education as shown in the following quotation:

'I think she should know so that even if she becomes sexually active she would have heard about the consequences.'

'We should be very open to our children about these issues because if we do not tell them they will blame us in the future for having not told them.'

'I think that children should know about sexuality before they become involved in something they do not know about.'

Participants realized that they needed to be proactive in providing information to their daughters. They pointed out the need to talk to their children about the potential dangers of sex before they indulge in self-exploration. Participants pointed out also that they think they should also emphasize abstinence in sexuality communication with their daughters. This was reflected in the following manner:

'I think we have to tell them, especially these days because of HIV/AIDS. We have to tell them to abstain for their own good. We should tell them that sexual intercourse is not good for them and they should abstain.'

'I also told her that she should not get involved in sexual activities because she would fall pregnant.'

'I also think that whatever parents tell their children about sexuality should focus on abstinence.'

Parental concerns

The results of this study indicate that mothers have several concerns when it comes to their daughters and sexual knowledge. Most participants seemed to be concerned about the effect of peer group on their daughters. As mentioned above, the participants recognize the power of peer pressure in influencing the sexual behaviour of the adolescents. Mothers seem concerned that peer group may negatively influence their daughters by providing information that is contrary to what they would like their daughters to know. They were also concerned that other people in their communities might influence their daughters to engage in sexual activities only because those people wish for something bad to happen to their daughters.

The other concern was that the society does not seem to understand that children need to be provided with information about sexuality. The society does not support mothers who are able to talk to their daughters about such sensitive issues. The participants were also concerned that the community criticizes mothers who talk to their daughters about sexuality. These concerns may have a particular effect on sexual communication at home because sometimes it might lead to confusion. A mother might not know what is right and wrong when it comes to communicating about sexuality. This is also linked to the fact that Africans traditionally led a communal life wherein inputs of other people matter a great deal.

Conservative attitudes toward contraception

In all the focus groups, participants appeared to have conservative attitudes towards contraceptive use among adolescents. They strongly maintained that they were against the use of contraceptives by this age group. They also reported that they discouraged their daughters from using contraceptives. However, most of them believed that these adolescents ought to be provided with the information about contraceptives even though others felt that they could not even start talking about them, let alone suggest it to their daughters. The following responses attest to that:

'I will never encourage her to use contraceptives because they are not good especially for young people.'

'I would discourage her to even think about using contraceptives and I will tell her that they are bad.'

'I think I can tell her although not really implying that she should go and use contraceptives...'

'I will never encourage my child to use contraceptives...'

'If she wants to use contraceptives, she can use them but it would be without my approval and my knowledge because if she asked me I will not allow it.'

'We use those opportunities to tell them that contraceptives are not for young people and that they should just abstain.'

'We cannot encourage them to use those things, we just discourage the thought of using them...And by suggesting it to her I am bewitching my own child.'

Even though the prevailing attitude could be classified as being conservative, there were other participants who seemed to have liberal attitudes with regard to providing information about contraception. Although they discouraged the use of contraceptives, most of them believed that they should tell their children about the advantages and the disadvantages of contraception. Most of them emphasized that they would rather focus on discouraging the use of contraceptives. Those with conservative attitudes considered it bad behaviour to encourage contraceptive use and did not even want to suggest it. They saw it as having a bad influence on the child and even regarded the whole exercise as being like 'bewitching your own children.' There was also a position that a child might blame 'you' as a mother in the future if she was unable to conceive'. There was a general belief that mothers should provide adolescents with the information but should not suggest the use of contraceptives.

Mothers' perceptions of societal expectation on sexual communication

Participants seemed to think that some communities still perceived sexual communication as taboo and they generally exhibited negative attitudes towards mothers who talked to their daughter about sexual issues. However, there was an indication that things were changing and that some people no longer perceive it as taboo. Participants also mentioned that some communities criticized and perceived such communication as bad influence and incitement to the child to get involved in sexual activities. Others thought that such communication influences children to have sex and encourages disrespect. The following extracts attest to the perceptions above:

'There are some people who will look at you somehow and think that you are encouraging your daughter to go and experiment'

'Some communities do not understand because they cannot do it and they are like jealous that you are able to talk to your daughter about sexual issues.'

'Some might think that you are strange and this is because they think it is a taboo to talk to your own daughter about sexuality...'

'Sometimes you find that they might think that as a mother you are inciting your daughter to go and experiment with those things that are telling her...'

'There are some people who are always looking at you and wishing that something goes wrong so that they will laugh at you.'

However, there are other communities that do not see it as a taboo anymore, that is, they are changing their general attitude.

Denial of adolescent sexuality as an inevitable phase of development

It appears that participants acknowledged that their daughters are sexual beings but that they found it difficult to condone sexual activity before marriage. They mentioned that even though they understood that daughters are sexual people with sexual ideas, feelings and fantasies, they should wait until they were married to explore those ideas and feelings. They maintained that they found it very difficult to encourage sexual activity even if the adolescent appeared physically mature. However, there were some participants who found it difficult to acknowledge that their daughters were sexual beings. They put it this way:

'Even though I acknowledge that my daughter is a sexual being I will never encourage her to get involved in sexual activities. I think she will always be a child who should abstain from sexual activities'

'Sometimes you can understand that the child might get a boyfriend at university and they may want to try it but it is not something that you will encourage and like but by then you will not be able to tell her what to do and what not to do. Then she will be old enough to make her own decisions but you will still guide her'

'We do acknowledge that culturally teenagers were not seen as sexual beings because soon after their first menstruation they got married, but these days they delay marriage because they have to go to school and they become sexually active before they got married. There is a stage where as a mother you will acknowledge that she is now old enough to have sex but do not encourage it'

'I think that as Vendas we find it difficult to acknowledge that children should get involved in sexual activities'

'It is a difficult thing to do as a mother, you wish that your daughter would remain virgin until she got married and you will always emphasize that she should abstain. You cannot encourage her to have sex'

Cultural taboo

Cultural issues that emerged during those discussions were that, because of culture and the way the participants were socialized, they still found sexuality a difficult topic to discuss. This was found to be due to their religion. They also found it very difficult to recommend the use of contraceptives to their daughters, let alone to talk about safer sex practice.

'In our culture, the child is encouraged to grow and maybe go to school before she can get involved in such activities. We like a child to grow and become mature before she gets married and a child remains a child until she gets married, she is not given that freedom to be on her own before she gets married.'

They also mentioned that they focused on teaching their daughters about the virtues of virginity and that they should forget about sexual activities until they were married. They believed that they should concentrate on telling their daughters to remain virgins until marriage because that will secure their husbands and make them proud of themselves. This has been a cultural practice among Africans, and especially the Vendas, i.e. children should be taught about the importance of remaining virgin.

The participants seemed to have understood that even if they respected their cultural standards, some things forfeited cultural consistency with present demands. They acknowledged that the times have changed and, consequently making, mothers solely responsible for talking to daughters about sexual issues.

Previously discussed research indicated that it was difficult for mothers to talk about sexuality with their daughters because mothers thought that daughters would think that they are prying or that they talked too much (Hollander, 2000). In this study, mothers seemed to have a concern that their daughters sometimes think they talked too much when alluding to issues of sexuality but this did not discourage the mothers.

Inadequate levels of competence resulting in cultural role models

The other issue that emerged was that participants did not feel completely comfortable to talk to their daughters about sexuality because they lacked role models, as they themselves were not told about sexuality when they grew up. The following quotes attest to the above statement:

'It is difficult because we do not know how to talk to them and what to tell them'

'The problem is that we ourselves were not told anything about sexuality when we grew up'

The participants thought that it was important to talk to their daughters about sexuality even though they were not told about it themselves. Research reflects that some parents' lack of role models was reason enough for them not to talk to their daughters about sexuality issues (Hollander, 2000). Although the participants in this study indicated lack of role models in talking to their children about sexuality, it should be noted that there are some cultural practices among other ethnic groups, such as among the Zulu ethnic group, wherein some rituals are performed to welcome girls into adulthood. This ceremony is called '*Umemulo*' and it is a symbolic gesture to signal to the young girl that now she has come of age and she can start courting. During this ceremony the lady goes through physiological, social and moral training. Even though participants did not know how much information to tell their daughters, they still took the responsibility on themselves to talk to their daughters about consequences of sexual activities at a young age.

Insufficient knowledge

Insufficient knowledge about sexuality on the part of the mother was another issue that was raised in the group discussions. Most participants were not knowledgeable about what information they should share with their daughters. This insufficient knowledge could be attributed to lack of role models on the part of the mothers. It could also be attributed to the fact that most parents were not comfortable about sexuality and that they might not try to find out more about sexuality than the myths that they held about sexuality. This makes the task of educating their daughters about sex daunting and consequently leads to the difficulty that most participants reported.

It was also found that participants have negative attitudes toward contraceptive use by their daughters. They seemed to fear that talking to their children about birth control might incite them towards premature use of birth control and sexual activity. This is consistent with Klein and Gordon (1992), who maintained that the inconsistency and incongruity that exist between parents acknowledgement of the importance of sexuality education for their children and what they practice, emanate from fear that talking about sexuality or teaching about AIDS or birth control might give their children ideas. There is also a belief by parents that by withholding information on sexuality they will protect young people who may otherwise indulge in premature sexual experimentation. Most participants from this study did not appear to take pre-emptive action to assist young people to obtain contraceptives when they become sexually active. For instance, one of the mothers said:

'I will never encourage my child to use contraceptives but if she has a child I can talk to her about using them because she would have had a child by then.'

This is a demonstration of an absurdity where mothers would rather talk about contraceptives after their daughters had already fallen into the trap to have children as a result of lack of guidance. This attitude may be perpetrated by the extent to which children or fertility is valued in the African culture where the use of contraceptives might be feared to have consequences of infertility (Garenne, Tollman, Kahn, Collins and Nwoga, 2001).

When asked if they acknowledge that their daughters were sexual beings some participants responded negatively. However, there were others who seemed to acknowledge that their children were sexual persons even though it was with clear indication of the discouragement of sexual activity. According to Jaccard and Dittus, (1991), most parents do not acknowledge that their daughters are biologically ready to have sex with need for basic information on safer sex and therefore view their children as being sexually immature.

Mothers seem not to be prepared to encourage sexual activities. One participant said:

Even if my daughter were 21 years old, I do not think that I would ever encourage her to go and have sex, to me she will always be a child and in my opinion children are not supposed to have sex before they are married.

Adults discourage young people from becoming sexually active by upholding virtues of virginity and by discouraging the use of contraceptives (Ponton, 2001). In the present study the findings revealed that participants strongly emphasized abstinence until marriage and undoubtedly encouraging virginity. According to Rosenthal and Feldman, (1999), most parents feel that it is appropriate for them to instruct young people to abstain from sexual activities.

During the focus group discussions, participants maintained that sometimes the society thinks that by providing sexuality information might lead to incitement of the youth with sexual ideas and subsequent experimentation. This finding is consistent with findings by Friedman (1993) who maintained that some adults believed that young people are by their nature sexually promiscuous and by providing young people with sexual knowledge they will become sexually active.

It became apparent that seeing sexual matters as taboo by some mothers was predominant among older parents and who had teenagers as their last born daughters. They reported that their difficulty to see things differently as being the result of their own upbringing. They seemed to believe that by talking to their daughters about sexual matters they might be giving them ideas and that their daughters would probably laugh at them or do not take them seriously. The other issue that seemed to be of vital concern was that some mothers think that by talking to their daughters about sexuality, their daughters would lose respect for them.

Conclusion

In conclusion, mothers in this study seem to have difficulties in talking about sexuality issues with their teenage daughters. This is so because they feel they are not well prepared themselves to handle these matters due to lack of role models, lack of information and also their own understanding of sexual behaviour. The other prominent factor was the fear of inciting them with sexual ideas. We would like to comment further on educational programme that such efforts have failed to equip youth with the requisite information and skills necessary to handle complex developmental tasks at a younger age, leaving youth ill prepared and vulnerable to the negative consequence of sexual behaviour (Croft & Asmussen, 1992). Adolescents possess some knowledge of HIV/AIDS and sexuality, but misinformation abounds.

Hutchinson (2002) maintained that although all sexually active persons are at some risk for negative sexual outcomes or sexual risk, adolescents are, as a group at great risk.

Recent studies have challenged popular beliefs that parents have no influence over the sexual behaviour of the adolescent children. Some studies (Jaccard, Dittus & Gordon, 1998) found that parents' sexual values and sexual communication with their children exert significant influences on adolescents' attitudes toward sexuality, their initiation and participation in sexual activity and their use of condoms and contraceptives.

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