

MOTHER AND DAUGHTER COMMUNICATION ON
SEXUAL ISSUES IN NAMIBIA

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ABSTRACT

The study describes how mothers and daughters communicate about sex and sex related matters by focusing on four underlying dimensions – content, style, timing, and frequency of communication. A sequential mixed method research design was utilized to gather data from participants. Data analyses of questionnaires were based on a random sample of 32 mothers and 204 teenage daughters from four secondary schools.

Results from analysis of questionnaires revealed that sexual communication among many mothers and daughters are still relatively limited. Mothers generally leave the discussions of sex and sex related issues until quite late in their daughters' lives. When mothers do communicate with their daughters about sex and sex related matters, the topics are generally infrequently discussed. In terms of mothers' style of communication, daughters wish their mothers would communicate about sex and sex related matters directly, openly, supportively and empathically and without being judgmental.

Qualitative research methods were also utilized to gain a more in-depth understanding of mothers' and daughters' perceptions of their communication about sexuality. A structured interview was utilized to discover themes that appear in the discussion of sex and sex related issues between mothers and daughters. The emergent themes included level of comfort and preparedness to talk about sex, the belief that sexual intercourse should be preserved for marriage, tradition/culture as a factor influencing communication on sex, lack of time and apprehension.

This research provides a clearer description of the way in which mothers and daughters communicate about sex and sex related matters. It also reveals the barriers to sexual discussions between mothers and daughters as well as what they perceived would help them have positive conversations about sex and sex related issues.

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DEDICATION

This thesis is dedicated to my Father, the Almighty God, who has provided all my needs and has blessed me and this research in countless ways. I pray I might have the opportunity to use this for your glory all the days of my life.

DECLARATIONS

I, Funmilayo E.S. Akpokiniovo, declare hereby that this study is a true reflection of my own research, and that this work, or part thereof has not been submitted for a degree in any other institution of higher education.

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Date

CHAPTER 1

INTRODUCTION

1.1 INTRODUCTION

This study explores the nature of sexual communication between mothers and daughters in Namibia. Though Namibia is a culturally diverse and multi-ethnic society, attitudes and practices regarding sexuality education may not be significantly different. Sexuality is viewed as a natural part of living but remains a taboo subject in the majority of African cultures. In some cultures, girls do not gain knowledge of menstruation until it occurs and boys know nothing of wet dreams until they have them. If young people are told about sex, it is often put in a disapproving context – penises bite and pre-marital sex is dangerous (Talavera, 2007). As a result, many teenagers are faced with conflicting and warped views of sex. Nature seems to have given mothers the responsibility of teaching their daughters all about sexuality because mothers and daughters are believed to be linked through their common female sexuality. However, it seems that many mothers find the discussion on sex daunting hence some mothers do not bring up the subject. Turner and West (2002) stated that “talking about sex can be a very difficult responsibility for parents and other family members”.

Since independence, there has been an increase in unmarried teenage pregnancies (Hamata, 2001) and 45.4% of women have begun childbearing by the time they reach 19 years of age (Ipinge, 2005). It was further

estimated that 16 percent of youth have sexual debut as early as age 15 (Murtaza, 2007). Additionally, the National HIV Sentinel Surveillance (Republic of Namibia, 2008) reported that out of the 1541 pregnant teenagers identified within the age group 15-19, 46.1% constitute first pregnancy while 5.5 percent already had at least one child. As the rates of early parenting, sexually transmitted diseases, HIV/AIDS, oral sex, unintended pregnancy continue to increase among teenagers (Grunbaum, Kann, Kinchen, Ross, Hawkins, Lowry, Harris et al., 2001; Landers, 2004), the ability to engage in open discussion about safer sex practices becomes increasingly essential. Researchers are trying to establish what factors protect teenagers and lessen their risks. One study after another confirms that parents are the most important source of sexual information and the ones who can make the greatest difference in their child's sexual decisions (Jaccard, Dittus & Gordon, 2000). Despite the general understanding that parents should play an integral role in the sex education of their children, both parents and teenagers find conversation about sex and sexuality challenging (Warren, 1995).

The Namibian Ministry of Education through its Life Skills programmes, "My Future My Choice", and "Star for Life", which reaches youth from 14 to 18 years old through in and out of school activities, is indicative of the concerted efforts directed towards assisting students in developing healthy sexual behaviour. Despite these initiatives, the researcher's interaction with a number of secondary school teenage girls within the Khomas region revealed that teenagers are still grappling with sexual issues that they often wished

could be discussed with their mothers but were withheld because of uncertainties about their mothers' reaction. It thus appears that sexual communication is a formidable task for both mothers and daughters. Against this background, this thesis examines aspects of mother and daughter communication about sex and sex related issues.

1.2 STATEMENT OF THE PROBLEM

Sexual communication between mothers and daughters is an important factor in sexual knowledge, values, attitudes, and behaviours and has been the focus of many studies. Additional research is needed because studies done on parent and adolescent sexual communication were conducted among African-American, Whites and Latinos (Holtzman & Rubinson, 1995). These groups are distinct and unique in their economic, social, and cultural characteristics. It is important to carry out a research that reflects the nature of sexual communication within the African context between mothers and daughters. Secondly, studies done on parents and adolescents' sexual communication have explored different standards of measurement. Most researchers measured existence of communication by asking if communication occurred and the frequency with which sexual topics have been discussed and then correlated these data on sexual behaviour outcomes (Feldman and Rosenthal, 2000; Whitaker and Miller, 2000). More studies need to be done to explore the process of communication in relation to content, frequency, timing, and style. Thirdly, Murtaza (2007) states that children are prepared to discuss sexual matters with elders, mainly mothers, but some mothers do not broach

the subject of sex. By implication it means sexual communication is not taking place (Warren, 1995) in a number of families. The reasons for this are often ignored. The study will therefore explore why communication does not occur as well as seek to understand the difficulties or barriers to communication about sex between mothers and daughters. Fourthly, mothers communicate with adolescents about sex more than fathers, and it is therefore critical to determine the extent to which mothers are communicating with their daughters on important sexual issues.

Finally, most studies on parent and adolescent sexual communication rely on adolescents' self-report (Meschke, Bartholomae & Zentall, 2000). The researcher intends to broaden the focus beyond adolescents to explore mothers' views as well.

1.3 **RESEARCH QUESTIONS**

This study seeks to answer the following questions:

1. What is the nature and extent of sexual communication between mothers and daughters?
2. To what extent do daughters need maternal involvement in their sex education and sexuality?
3. What are the challenges of discussing sexual information in mother-daughter relationships?
4. How can mothers become more involved in the sexual development of the daughters in ways that will benefit their own empowerment and the well-being of their daughters?

5. To what extent do variables such as ethnicity, marital status, educational level, religion and age influence sexual communication between mothers and daughters?

1.4 **SIGNIFICANCE OF THE STUDY**

The purpose of this study is to make input of concrete relevance regarding mother and daughter interactions. No previous study was done on mothers' involvement in their teenage daughters' sexuality development in Namibia. Information from this study may help to find out ways to de-emphasise customs that limit mothers and daughters' effective sexual discussion. Secondly, the study may advance knowledge about sexual communication in an effort to create more ease and filter through the silence that surrounds the discussion around sexual information by bringing understanding about sexual issues to a greater population of readers. Thirdly, it may influence policy decisions at school and state levels by encouraging the adoption of sex education curricula that will support a more comprehensive integration of mothers into school-based sexuality education, which will in turn provide mothers with research-based information that will positively impact their own and their adolescents' sexuality. Fourthly, this may also affect the cycle of influences positively, bearing in mind that the daughters of today will grow up to be parents of tomorrow.

1.5 CLARIFICATION OF TERMINOLOGY

It is necessary to clarify the following terms that are used frequently throughout the study:

1.5.1 SEXUAL COMMUNICATION

This involves a shared conversation between a mother and her daughter on a mutual ground on sex and sex-related issues.

1.5.2 CONTENT OF COMMUNICATION

This refers to a wide range of sexual topics that mothers discuss with their daughters.

1.5.3 STYLE OF COMMUNICATION

This implies the 'how' mothers talk about sex and sex-related issues with their daughters.

1.5.4 TIMING OF COMMUNICATION

Timing of communication in this study implies 'when' it is appropriate for mothers to have discussion on sex and sex-related issues with their daughters.

1.5.5 FREQUENCY OF COMMUNICATION

This refers to the number of opportunities that mothers provide their daughters with to have conversation on sex and sex-related matters.

1.6 **BRIEF OUTLINE OF CHAPTERS**

The primary focus of this study is to investigate the nature of sexual communication between mothers and daughters in Namibia. Chapter 1 gives the background of the study, statement of the problem, research questions and significance of the study. A section dealing with terminology and a brief outline of chapters concludes the chapter. Chapter 2 contains the review of literature and the theoretical framework guiding the study. A review of parent involvement, parent-adolescent communication about sex and a review of the underlying dimensions of sexual communication were done. The chapter also reviewed the influence of culture on sexual communication as well as perceived barriers to parent-adolescent sexual communication. Chapter 3 entails the methodology used in this study. The research design, population, and research sample, a detailed description of the research instrument, pilot study and ethical considerations are issues considered in this chapter. Finally, procedures relating to the collection and analysis of the data are discussed. Chapter 4 presents detailed results of the investigation gathered during the study in relation to questions in the questionnaire as well as the qualitative aspects of the study. Chapter 5 presents the discussions that were derived from the results. It also presents the recommendations made for future research. In conclusion, an evaluation of the study is provided.

1.7 **SUMMARY**

This chapter serves as an introduction and gives the necessary information regarding the rationale for and background to this study. It finds its focus in the statement of the research problem based on the rationale. An outline is provided of the chapters of the thesis, as well as a clarification of terms as they are applied in the study. The next chapter enlarges the views presented here by analysing previous literature and discussing the gaps in parent-adolescent sexual communication literature.

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

Although, there has been a considerable amount of research on parent-adolescent sexual communication and its relationship to adolescent sexuality, sexual communication between mothers and daughters has caught the attention of scholars across numerous disciplines (Dilorio, Pluhar & Belcher, 2003). Few studies on parent-adolescent sexual communication have taken into account the communication dimensions (content, frequency, timing and style of conversation) as enumerated by Jaccard and colleagues. The purpose of this literature review is to categorize the literature into all of these dimensions. The theoretical framework for this study is based on the principles of family system theory. Although family systems theory is not directly being tested, it is being used to inform the research.

2.2 PARENTS AS SEX EDUCATORS

Sexuality is a natural, normal element of individual development, which is shaped by the family (Baldwin & Bauer, 1994). Parents are viewed as a child's primary socialisation agent (Christopher & Roosa, 1991). Rosenthal, Feldman and Edwards (1998) summarized beliefs about the role of parents by writing that parents should play a central role in the sex education of their children because of the principal role in preparing young people for adult life and because sexuality brings with it questions of values and morality.

Sexual communication within the family occurs with different levels of openness. While some family members find it easy to discuss a considerable number of sexual issues with directness, other family members limit the scope of sexual topics as well as control the amount of conversation (Koerner & Fitzpatrick, 2002).

Several studies have established mothers as the primary sex educator for adolescents in the family (Feldman & Rosenthal, 2000; Pick & Palos, 1995) as well as the preferred source of sexuality communication by adolescents (Feldman & Rosenthal, 2000). Consequently, mothers are portrayed in most studies as having a more central and pivotal role in communication about sexual behaviour.

2.3 THEORETICAL FRAMEWORK

Family Systems Theory

The family systems theory proposes that individuals cannot be understood in separation from one another. Families are structures of interconnected and mutually dependent individuals, none of whom can be understood in separation from the system. An attempt to study them individually, that is, the way they interact, their communication, or their uniqueness may be lost. Families arrange themselves to conduct their daily challenges and tasks of life, as well as adjusting to the developmental needs of its members. A general analogy that is often used by family systems theorists or practitioners is found in baking. The cake that comes out of the oven is more than the eggs, flour, oil, baking soda, and vanilla that make up the parts or elements of the

cake. It is how these essentials blend to form something larger than the ingredients that make the cake. This is also true of families (Bertalanffy, 2003).

The following terms are central to family systems theory - family roles, family rules, and homeostasis/equilibrium. A family system develops its own roles – what is expected of each family member. The most basic types of roles are “father,” “mother,” “aunt,” “daughter,” “son,” “grandmother,” etc. What is required from people in each of these positions? Rosenthal and associates (1998) summarized beliefs about the role of parents by writing, “It has always been assumed that parents should play a pivotal role in the sex education of their children because of their primary role in preparing young people for adult life and because sexuality brings with it questions of values and morality (p.727).” Though the term parents have been used, nature seems to have assigned the major role of sexual communication to mothers.

A family system expounds its own string of rules which influence how the family functions – these rules are often unspoken. For example, “how expressive are family members permitted to be with each other”? Who has a say and who is expected to “just go along”. Are there limits on “how much” or in what ways children can disagree with their parents? Families tend to cultivate patterns about these sorts of things and similar things. These patterns become “unspoken rules.” Family members may see these things as “just the way it is” while other families do these things differently (Bertalanffy, 2003).

Essential to family rules is the concept of boundaries. Boundaries control what information may be discussed and with whom. Sexual information is controlled within families depending on the content of information and how personal it is viewed to be. Boundaries regulate the fluidity of information, thus allowing for or limiting the flow of information (Bertalanffy, 2003). Mothers and daughters control the flow of information. They make decisions about what to do with sexual information and whether or not to talk about sex, and if so how and when to release the information.

Systems develop distinctive ways of being, which is consistent and expected whether roles and rules are adaptive or not. The tendency of systems to maintain status quo is known as homeostasis or the system's equilibrium. Another vital assertion to family systems theory is that families are vibrant in nature. The vibrant nature of family assists to ensure that the family can meet the trials associated with daily living and developmental growth of the family members. The idea of stability explains how families strive for a sense of balance between the trials they confront and the resources of the family. Families are continually adjusting, altering, or reacting to daily events as well as more long term developmental challenges and changes. Sex seems to be a topic that is particularly challenging for family members to discuss (Warren & Neer, 1986). It is so difficult for some family members to talk about that it is not discussed at all (Pistella & Bonati, 1999). Mothers and daughters may experience a tension between disclosing and hiding, or being open or closed (Baxter, 1988).

Communication is a key element of the family system's ability to aid change. For the purpose of the proposed study, the family systems theory will guide the researcher.

2.4 **REVIEW OF PARENT INVOLVEMENT IN SEX EDUCATION**

Individuals view parental involvement differently. Jennings (1992) said parent involvement may refer to parent support or empowerment or may be defined in terms of school visitations and volunteer services. Parents' involvement in this case includes the nature and extent to which mothers communicate with their daughters. Bundy and White (1990) surmised that schools have to prepare parents for their role as sexual educators of their children.

Simanski (1998) and Jennings (1992) assert that parents could be the key to helping adolescents make intelligent decisions regarding their reproductive health. When there is uniformity between parents' messages and those given by Life Skills teachers, teenagers are far more likely to absorb them (Jennings, 1992). Bundy and White (1990) suggest that schools are there to complement parents' efforts. School counsellors can extend their programmes to assist parents in fulfilling their role as the primary sex educators of their children.

The National Commission on the Role of the School and Community in improving Adolescent Health (1990) stressed the importance of parent involvement in children's overall education. Hence, parent involvement has taken a key place in the minds of educators, school administrators, and politicians.

The Namibian Ministry of Education Life Skills Subject Policy (2005) suggests in her philosophy that education should include learning in the home and encourage open communication between learners, teachers, parents/providers and the community.

2.5 REVIEW OF PARENT AND ADOLESCENT COMMUNICATION ABOUT SEX

There is a difference between sex education and sexual communication as suggested by Rosenthal, Feldman and Edwards (1999). Sex education entails a top-down discussion, that is, a talk between an authority and a student while sexual communication implies a mutual discussion between two people. This definition is important as we explore the communication relationship between mothers and daughters.

Effective communication is an important factor in cementing family relationships and discouraging risky adolescent sexual. Adolescents whose parents communicated with them about sexual issues were reported to hold more conventional stances towards sexual activity and had similar attitudes to their parents on the issues (Whitaker & Miller, 2000). According to Nolin and Peterson (1992), adolescents who had open communication with parents were also likely to postpone sexual activity. Pick and Palos (1995) also reported that such adolescents were likely to use consistent and effective contraception.

Unfortunately, sex is unusually discussed in many families (Feldman & Rosenthal, 2000). Parental messages to adolescents about sex are perceived to be mainly negative (Moore & Rosenthal, 1991). Some research studies have

reported lack of sexual communication between mothers and daughters (King & Lorusso, 1997; Pistella & Bonati, 1999; Warren, 1992). Parents are often detached when dealing with sensitive issues with their children, while others feel that they are not a reliable source of information, or that to talk about sex matters to adolescents gives an unspoken approval to adolescent sexual activity (Rice, 1995). Adolescents express the desire for parents to be their primary sex educators (Mueller & Powers, 1990) so as to become well-informed in dealing with their anxieties as well as to build better parent and child sex communication (Baldwin & Bauer, 1994; Snergoff, 1995). In a study conducted by Indongo (2007), daughters expressed a feeling of uncertainty about what their mothers' reactions would be if they proceeded with conversations on contraceptives. When parents do not take up this responsibility, adolescents become exposed to inaccurate sex information from their peers. This, to a large extent has been responsible for pregnancy, early parenting and sexually transmitted diseases among adolescents.

Jaccard, Dodge and Dittus (2002) characterised the communication process between parents and adolescents in terms of four communication dimensions namely:

The content of communication;

The style of communication;

The timing of communication; and

The frequency of communication

Each of these is discussed in the next section.

2.6 **REVIEW OF COMMUNICATION DIMENSIONS**

2.6.1 CONTENT OF COMMUNICATION

There is a wide scope of sex related information that could be discussed in the family. Research has identified four content themes in the sphere of communication about sexual behaviour, attitudes, and values. These themes are sexual safety, developmental and societal concerns, experiencing sex, and solitary sexual activity (Rosenthal et al., 1999). However, the content of sexual matters that are discussed varies across families. Heisler (2005) took a qualitative approach by asking participants to list any topic related to sex that had ever been discussed with a parent or child. The themes that emerged were: relationship, pregnancy, morals, general sex talk, HIV/STDs, physical differences, abstinence, emotions, miscellaneous, emotional difference, abuse, timing of sex, self-esteem, homosexuality, infidelity, and peer pressure. Within a family, certain topics are discussed and others are not, indicating that there are different views about different types of sexual information across families. While one can say that sexual communication may be challenging for many, the discomfort level experienced by parents vary across topics.

In a study done by Koblinsky and Atkinson (1982), parents expressed intention to discuss all issues of sexual nature later in life with their preschoolers except for masturbation and abortion. Although Koblinsky and Atkinson (1982) assessed intentions, several studies have investigated what parents actually discussed with their adolescents. Parents have been found to discuss mainly risk, developmental changes, such as puberty, pregnancy, birth control, abstinence, STIs and HIV but topics such as masturbation and relationships were often neglected (Feldman & Rosenthal, 2000, Rosenthal et al., 1999). Some parents consider information that is educational in nature such as reproduction, menstruation, HIV/AIDS and sexually transmitted infections as less private and therefore easier to discuss with adolescents.

Researchers often report on topics that were discussed and rarely report on topics that were not discussed. Rosenthal and associates (1999) provided an exception when they asked adolescent females and males to identify sexual topics their mothers never discussed. Approximately 50 percent females said their mothers never discussed pregnancy, homosexuality, or sex before marriage and over 75 percent males said their mothers never discussed abortion, sexual desire, sexual satisfaction, masturbation, or wet dreams. In other words, information about sexual values or dealing with sexual pressure may cause discomfort because these topics are more complex, and may be perceived as private.

The content of sexual communication also depends on the type of family. A family is likely to include topics such as contraception and STIs in their discussion if the adolescent had been pregnant before (Pistella & Bonati,

1998). It therefore implies that the content of communication and the family environment are crucial factors in determining the effect that parent/adolescent communication would have on adolescents' thinking about sexual behaviour, attitudes and values.

In Namibia, the Ministry of Education Policy on Life Skills (2005) recommends sex and sexuality, personal health, STIs, teenage pregnancy, abortion, abuse, rape, choosing a dating partner, breaking up relationships, marriage, parenthood and homosexuality as topics to be taught.

2.6.2 STYLE OF COMMUNICATION

Studies have shown that the way parents deliver messages about sex influences adolescents' receptiveness to the message itself (Kotchick, Dorsey, Miller & Forehand, 1999). In other words, parental communication styles may affect adolescent sexual behaviour. According to Jaccard, Dittus and Gordon (1998), style is defined as the manner in which sexual information is communicated. Rosenthal and associates (1998) explored the communication style of mothers about sexual matters and the effectiveness of these communication styles. They interviewed 30 Australian mothers of 16 year olds about the style, content, and frequency of their communication with their teenagers. Their qualitative analysis produced five communication styles: reactive, opportunistic, avoidant, child-initiated and mutually interactive.

The reactive group involved mothers who kick off communication and were the principal communicators. The teens in this group were indifferent, impassive and had a low level of comfort. Communication within this group

was rare, and the issues that were discussed entailed the dangers of sex and reproduction. Discussions only occurred when mothers thought there was a serious issue, such as the teens' involvement in a romantic relationship.

Mothers within the opportunistic group were keen to have sexual discussions, but waited for an avenue to prompt conversations. Examples of catalysts were television programmes, information learned in sex education classes in schools, and events among friends.

In the avoidant group, mothers felt awkward talking about sex and therefore did not kick off discussions. They evaded having sexual discussions, but, on the few occasions when they did have sexual discussions, the conversations were about truthful information and were distant.

Child-initiated communicators waited for their adolescents to approach them about sexual matters. The discussions in this group were more productive, but the mothers felt that they had partial influence over what was discussed and how in-depth topics were delved into. Finally, the mutually interactive communication style consisted of mothers and daughters who initiated conversations and were comfortable having sexual discussions about all types of topics.

The findings by Rosenthal et al., (1998) revealed the varied pattern of parent and adolescent sexual communication across families. The description of each communication style revealed that there are rules about how communication occurs. For example, waiting for an adolescent to ask a question is a different rule from approaching a child because of a perceived need. Another significant finding from the study was that few mothers

tackled sensitive or psychological issues and even fewer covered non-penetrative sexual practices such as masturbation, wet dreams, and oral sex. Research on style of communication is important because it taps into the how of communication rather than the what. The acknowledgement of different communication styles shows that parents approach sexual communication differently.

2.6.3 TIMING OF COMMUNICATION

Many parents wonder when it is appropriate to begin talking with their teen about issues of sexuality. Parents believe that high school is an appropriate age to begin talking about sex but sexual behaviour begins in early adolescence, before high school (Guilamo-Ramos, Jaccard, Dittus, Bouris & Holloway, 2007). In a study on intra-familial communication about sex among 1,902 black first year students at a South African University, findings revealed that a small percentage of students learned certain concepts about sex before the age of 10 years and a relatively large percentage learnt about sexual concepts when they were 16 years and older (Nicholas, 1991). Some research literature however suggests that parents should begin talking to their children about sex, love, and relationships before their teens start dating or become sexually active (O'Donnell, Stueve, Wilson-Simmons, Dash, Agronick & JeanBaptiste, 2006). A number of studies indicate that the onset of dating is one of the strongest predictors of sexual activity (Cavanagh, 2004). Hence, parents may begin talking to their children before they begin dating. Some warn that adolescents must receive sexual information before

engaging in sexual activity in an effort to delay sexual activity (Perrino, Gonzalez-Soldevilla, Pantin, & Szapoeznik, 2000). Others recommend an optimal age to talk with adolescents such as 10 or 11 and suggest conversations have the greatest impact when they happen before age 16 (Warren & Neer, 1986). In another study, parents reported that age 12 is best (Jaccard & Dittus, 1991).

2.6.4 FREQUENCY OF COMMUNICATION

The frequency and the depth of conversation between parents and children is a direct measure of the sexual socialization that adolescents receive from parents (Lefkowitz, Boone, Sigman, & Au, 2002). It is important to measure the frequency of conversation because “the channels must be opened sufficiently in order for sex discussion to become an effective part of a family’s communication agenda” (Warren & Neer, 1986). African American mothers see persistent communication between mothers and daughters as an important feature of sexual communication with their daughters (Pluhar & Kuriloff, 2004).

One approach that researchers have used in measuring frequency is to determine the effects of conversations on sexual behaviour. The results of these studies varied showing no correlation, negative effects, and positive effects. For example, studies with Latino youth showed that the more parents talked about specific sexuality-related topics, the more likely it was that adolescents would share similar views with the parents on that topic (Guilamo-Ramos et al., 2007). On the contrary, Clawson & Reese-Weber

(2003) found negative effects of sexual communication. They found that teenagers had early sexual debut and more sexual partners because of the frequency of sexual conversations with fathers or mothers. This finding was in contrast with their hypothesis that more communication would result in fewer risk-taking behaviours. The reason for this inconsistency could be because the sample consisted of late adolescents (18 – 21 years). Data from respondents who reported no sexual communication with parents or reported being virgins were omitted. Not having sex is also a sexual behaviour and a potential outcome of parent and adolescent sexual communication. Thus, frequency of communication is believed to have relevance to the study of sexual communication.

2.7 REVIEW OF THE ROLE OF CULTURE ON SEXUAL COMMUNICATION

Culture has unmatched rules regarding discussion of sexual issues. There is generally a culture of silence surrounding sexuality in many African countries. Similarly, Western culture has certain thoughts about sexuality that guide the management of sexual information in interpersonal relationships. Cultural reserves and puritanical points of view are considered as barriers to open conversation of sexual subjects with adults - “with the arrival of sexuality in the 20th century, came ‘strong guilt, secrecy and psychological qualms woven into its basic fabric’” (Reiss, 1981: pg. 278). Talavera (2007) concurs by asserting that the introduction of Christianity by British (1806), German (1842) and Finnish (1870) missionaries discouraged ‘traditional’

practices and beliefs among Namibians and strengthened the existing silence on gender and sexuality; because new customs were not incorporated within the traditional context.

Children were not told about sex nor do they talk about sex or sexuality with their parents. Some discovered it by playing the 'small houses', hide-and-seek or when playing by the river (Talavera, 2007).

Just as there are co-cultural differences, families also have unique communication cultures (Koesten, Miller, & Hummert, 2001). In a study of white female adolescents conducted by Koesten and colleagues, the researchers noted two themes of family communication culture: (1) open, inclusive, and supportive, or (2) limited opportunities for discussion and negotiation. The cultural situation in many African countries is such that parents are not usually the ones to discuss sex with their children (Kenyon (2006) in Smart, 2006). For example, in Namibia, the transmission of cultural norms, values and ideas are significantly influenced by grandmothers. In the past, girls were usually married off to suitors after the onset of menstruation. Most girls were given basic information by their grandmothers on the different parts of their bodies and before the onset of menstruation on how to lengthen their labia minora through varied traditional methods in preparation for marriage. The influence of Christianity is said to have decreased or eroded discussions with grandmothers about sex (Talavera, 2007).

2.8 **REVIEW OF BARRIERS TO PARENT AND ADOLESCENT SEXUAL COMMUNICATION**

Many parents find it challenging to talk to their teens about everyday matters especially when discussing such an emotional topic as sex. The following factors may pose barriers to effective sexual communication between mothers and teenage daughters.

2.8.1 COMFORT LEVEL

The review of literature showed that parents feel uncomfortable about having sexual discussions with their teenagers (Meschke et al., 2000). Some parents report discomfort in addressing certain topics with their adolescents. In a study by Koblinsky and Atkinson (1982), parents anticipated feeling uncomfortable discussing abortion, masturbation, and homosexuality and were less likely to talk to their children about these topics compared to other sexuality topics.

Many teenagers find it difficult to communicate with their parents about sexual matters for some of the same reasons as their parents. Teens feel similar discomfort and anxiety about having these discussions (Hess, 2004). In a study conducted by Hollander (2002), eight in ten youths were anxious about their parents' reactions if they would talk about sex and believed that their parents would think they were having sex. Two-thirds of the teens believed that their parents would not understand. Some teens may also be concerned about hurting their parents if they do not share or agree with their parents' views about sex (Gossart, 2002).

2.8.2 SEXUAL KNOWLEDGE

Many parents would like to provide information on sexual matters to their children but are hindered by their own uncertainties or lack of knowledge. In a study conducted in the United States by The National Campaign to Prevent Teen Pregnancy (2004), close to nine out of ten adults surveyed said that although they want to talk with their children about sex, they do not know what to say, how to say it, or when to start. These parents needed more information before they can increase their involvement in sex education. Some parents felt they may not have up-to-date knowledge on sexual topics (Meschke et al., 2000) because they themselves obtained poor sex education when they were growing up. King and Lorusso (1997) stated that the lack of parental sexual knowledge makes some parents to feel uncomfortable talking to their children about sexual topics.

Parents prefer and expect to be the primary sources of information to their children in spite of the fact that they reported that their own parents provided them with little information on sexual issues. A higher percentage of parents report that it is only on non-sensitive topics such as birth, menstruation, and body differences that they received information from a parent (Hodson & Wampler, 1988).

2.9 SUMMARY

The content, frequency, timing and style of conversations are central to parent-adolescent sexual communication. These communication dimensions are useful in describing conversation about sex in order to provide an

understanding of what is happening between parents and adolescents and how they may play a role in adolescents' sexual behaviour.

CHAPTER 3

METHODOLOGY

3.1 INTRODUCTION

The aim of this section is to provide a complete exposition of the research methodology that was followed in the study. The research design, population, research sample, research instrument, procedures, pilot study, data analysis and ethical consideration are discussed in this chapter.

3.2 RESEARCH DESIGN

“A research design is a strategic framework for action that serves as a bridge between research questions and the execution or implementation of the research” (Durrheim, 2002). A mixed method research design was used. A sequential mixed method design was followed. A sequential mixed method design is a design in which one type of data (e.g. quantitative) provides a basis for the collection of another type of data (e.g. qualitative). It answers one type of question (qualitative or quantitative) by collecting and analyzing two types of data - qualitative and quantitative (Traynor, 2006). This approach helps to give strength to the research as well as produce more accurate data.

Quantitative research information was gathered via the questionnaires. Both mothers and daughters completed structured questionnaires. Qualitative

research information was gathered via structured interviews for mothers and focus group discussions for daughters.

3.3 **POPULATION**

The population in this study were mothers and their teenage daughters in secondary schools within the Khomas region. The selected schools were located in the semi-urban and urban areas of the Khomas region in Namibia. These schools were targeted because they were geographically accessible to the researcher making it possible to deliver and administer questionnaires personally.

3.4 **RESEARCH SAMPLE**

Sampling is a process of selecting a number of individuals for a study in such a way that the individuals represent the larger group from which they were selected. Although five out of the twenty-five secondary schools in the Khomas region were purposed to be included in the study, the researcher was only able to get four secondary schools to participate in the study. The fifth school could not be reached because it was difficult getting cooperation. The schools were randomly selected using the hat and draw technique. In each of the four selected schools, all grade 11 girls were included in the sample. This gave a sample size of 204 grade 11 girls. This age group was selected by the researcher because sex-related communications are highly relevant to them. Daughters who needed assistance were assisted by the researcher in the completion of questionnaires. Appointments were scheduled with mothers

from the selected class groups after completion of questionnaires. It was expected that at least 20 mothers would be involved in this study because mothers are usually busy and do not attend school functions in good numbers, however 32 mothers participated in the quantitative study. After completion of the questionnaires, daughters in a specific class group who were willing participated in the semi-structured group interview. A total of 12 girls were interviewed - 3 girls within each school participated in the interviews. A total of 12 mothers also participated in the semi-structured interviews. Interviews were held at a location of the participants' choice – 11 mothers were interviewed at home and 1 mother was interviewed in her office. In each instance, the interviews were conducted without interruption and at a time convenient to the participants. Interviews lasted for about 1 hour 30 minutes. The open-ended questions that were directed towards mothers and daughters are listed in Appendix C. The purpose of the study and terms of confidentiality were explained to the participants.

3.5. **RESEARCH INSTRUMENT**

Questionnaires were completed by girls during the Life Skills classes. This was to avoid disruption to the school time-table. Consent was obtained from the different school principals, mothers and students prior to completion of questionnaires. Both mothers and daughters completed a questionnaire. The items in the questionnaires were developed, based on selected themes and topic areas as reported by Rosenthal and colleagues (1988) in their research

on mother and adolescent sexual communication. Emphasis was on frequency, style, content and timing of sexual communications.

Questions were based on the literature review to ensure that it measured mother/daughter communication about sex. Section A of the questionnaire measured mother and daughter characteristics and demographics. In section B, mother's knowledge of sexual issues as well as mothers' and daughters' level of difficulty, and embarrassment in discussing topics of a sexual nature, frequency, style, content and timing of sexual communication were investigated. The questions selected for this analysis used a yes/no format or a four to five Likert scale.

The researcher also conducted interviews with mothers and daughters based on a discussion guide. The discussion guide refers to a research instrument used by the researcher to direct the flow of discussion and to assist the researcher in effectively applying guidelines when writing the final report (Greenbaum, 2000).

3.6 DATA COLLECTION PROCEDURES

Permission was obtained from the principals of the schools involved. A visit was made beforehand to explain the rationale and importance of the study as well as to establish rapport with them. Questionnaires for mothers were sent through daughters and were sent back, sealed in envelopes that were provided by the researcher. Letters scheduling interviews were also sent through daughters. The duration for the meeting was between one and two hours. Questionnaires for daughters were personally delivered and administered

through the Life Skills teachers' assistance at the schools on the agreed date and time during Life Skills class periods.

In order to reduce the chance of error or confusion and provide the most reliable results possible, daughters were assisted by the researcher in completing the questionnaire. The questionnaires were encoded and the data captured for statistical processing.

The researcher also conducted semi-structured interviews with participating mothers at home and at their offices based on appointments. The researcher used an inductive analysis of the mothers' own accounts of how they approached communication about sex-related topics with their daughters.

Notes were taken during the interviews, carefully read and re-read. At the end of interviews, the researcher presented a verbal summary of the content of the discussions, to which the participants was expected to react by means of remarks, additions or corrections where necessary. The participants were also given opportunities to ask questions.

3.7 **PILOT STUDY**

Strydom (2000:211) regards the aim of the pilot study as “an investigation of the feasibility of the planned project and to bring possible deficiencies in the measurement procedure to the fore”.

The researcher conducted a pilot study in one school in the Khomas region. The purpose of the pilot study was to determine the usefulness and feasibility of the questionnaires in terms of the clarity of the terminology and instructions, specific focus of each question, relevance and applicability of

content, format of the questionnaires, and ease of coding, time required for completion and the strategies envisaged for analysis.

After the pilot study, changes were made to questions that were not clearly formulated, to avoid confusion and give clarity. Questions were also regrouped for ease of coding and analysis. These adjustments were subsequently used to finalise the questionnaires.

3.8 DATA ANALYSIS

The data analyses procedures involved the recording and analysis of the data collected. The analyses were based on questions selected from daughters and mothers' questionnaires as well as the semi-structured interviews. For the analysis of quantitative data, frequencies and percentages were found using the Statistical Packages for Social Sciences Programme (SPSS). Chi-square analyses was done to determine to what extent variables such as marital status, age, ethnicity and family relationship influenced sexual communication between mothers and daughters.

For the qualitative analysis, a full and thorough transcription was made. Data was coded and sorted to put relating themes together. The content of every theme was examined in order to discover the meaning and its particular implications for the research questions (Lindlof & Taylor, 2002).

3.9 RELIABILITY AND VALIDITY

An important aspect of mixed method research design involves the trustworthiness of the data. Steps were taken by the researcher to ensure validity, reliability and objectivity as parameters of trustworthiness.

3.9.1 VALIDITY

Validity refers to the “the extent to which an empirical measure adequately reflects the real meaning of the concept under consideration” (Babbie & Mouton, 2002:143). This is known as credibility in qualitative research. The issue of validity was addressed by the researcher by determining the relevant theory and reviewing existing literature on similar studies already conducted. The need for multiple view points was adequately covered by interviewing both mothers and daughters to gain more understanding of the same trend. A pilot study was conducted and the researcher was present throughout the completion of the questionnaires to provide the necessary guidance required as well as get feedback from the participants.

3.9.2 RELIABILITY

“Reliability as an instrument is reliable to the extent independent administrations of it or a comparable instrument consistently yield similar results” (Babbie, 2004:248). This is known as dependability in qualitative research. The researcher ensured this by means of a pilot study. Questions that were not relevant were omitted, vocabulary was replaced with better-

known terms, some questions were rephrased more clearly and changes were made to some regrouping of constructs. The researcher methodology clearly outlined the procedures, including research questions that guided the interview.

3.9.3 OBJECTIVITY

This is known as confirmability in qualitative research. An independent neutral researcher; also an expert in the specific research area, was approached for an opinion on the extent to which the quantitative part of the research complied with accepted research practice.

3.10 ETHICAL CONSIDERATIONS

An important consideration in all research is ethics. The researcher's desire to conduct ethical research was guided by Creswell's (2003) list of ethical issues during data collection. Creswell began with the statement "do not put participants at risk". Data collection for this study had no potential to instil physical harm to the participants. The harm that potentially could occur was the mild discomfort as participants discussed the sensitive topic–sex.

Participants were informed that participation was strictly voluntary and that they could stop filling the questionnaire at any point or skip any question if they felt even slightly uncomfortable with the subject matter. Anonymity of the participants and confidentiality of the results were assured. Responses by

participants were in no way linked with personally identifying information such as name, social security number, or student identification number.

Anonymity of the participants and the confidentiality of the results were assured and participants were also assured that they could withdraw from the research at any time.

3.11 **SUMMARY**

This chapter described the methodology that was used to determine the nature of sexual communication between mothers and daughters. Comprehensive descriptions have been included of the development of the questionnaires and discussion guide, the pilot study and the procedures.

CHAPTER 4

RESULTS

4.1 INTRODUCTION

This chapter presents the results of the investigation gathered during the study. The results are organized in sections corresponding to the research questions addressed by this study and also in relation to the questions in the questionnaire (see appendix 1). First, frequencies were calculated, and then the qualitative aspect of the study was analysed by categorising response into emerging themes. Finally, Chi-Square analyses were done to explore demographic variables in association with constructs chosen from the study.

The study sought to answer the following questions:

1. What is the nature and extent of sexual communication between mothers and daughters?
2. To what extent do daughters need maternal involvement in their sex education and sexuality?
3. What are the challenges of discussing sexual information in mother-daughter relationships?

4. How can mothers become more involved in the sexual development of the daughters in ways that will benefit their own empowerment and the well-being of their daughters?
5. To what extent do variables such as ethnicity, marital status, educational level, religion and age influence sexual communication between mothers and daughters?

4.2 DEMOGRAPHIC INFORMATION ON MOTHERS AND DAUGHTERS

Results relating to the demographic characteristics of mothers and daughters were used to look at how different subgroups utilize mother/daughter sexual communication in their families. The mother demographic variables used include ethnicity, marital status, age, level of education, relationship with daughter and religious denomination while daughter demographic variables used were age, ethnicity, religion, mothers' marital status, and mothers' level of education.

The study sample included 32 mothers and 204 daughters in Grade 11 from four secondary schools in the Khomas region. The majority of mother participants were Ovambos (37.5%), followed by the Damaras (21.9%), Whites (18.8%), Hereros (15.6%) and others (6.3%). Across marital characteristics, 62.5% of the mothers were married, 21.9% fell within the category of single parents/never married/cohabiting while 15.6% fell within the group of separated/divorced/ widowed.

In terms of the educational levels of the mothers, 34.4% had secondary education, 34.4% had diploma/certificate qualifications, and 21.9% had post

secondary education, while 9.4% had primary education. In relation to religious orientation 28.1% of mothers belonged to the Evangelical Lutheran Church in Namibia (ELCIN) denomination, 25% to Lutheran, 12.5% were of the Pentecostal group, 6.3% were Roman Catholic while 28.1% of mothers responded to the category “others”.

Looking at the mother-daughter relationship, the relationship of 78.1% of mothers was with their own child, 12.5% of mothers had relationship with the child of a family member, and 9.4% of mother respondents had their relationship with their step-daughters. With regard to mothers’ age 21.9% of mother participants were between the ages of 25 to 35, 46.9% between the ages of 36 to 45 years; 25% between the ages of 46 and 55, and 6.3% of mother participants were above the age of 55.

Similarly, daughter participants were mostly Ovambos (52.5%), followed by Damaras (9.8%), Hereros (8.3%), Whites (8.3%), Coloureds (7.8%), Namas (2.9%), and others were 10.3%. In terms of daughter participants’ age, 71.1% were in their early adolescence years, that is, between the ages of 15 to 17 while 28.9% were in their late adolescence (18 to 22 years). In relation to religious orientation, the majority of the daughter participants were ELCIN (33.8%), 16.7% were Roman Catholic, 16.2% were Lutheran, 8.3% were Pentecostal, 2.9% were Baptist, 2.5% did not list their religious orientation, and 19.6% responded as others (see table 4.1).

The daughter participants that reported their mothers as married were 57.4%, 21.6% reported their mothers as being single parent/never married, 11.3% indicated that mothers were separated/divorced/widowed, 4.9% stated that

their mothers were cohabiting, and 4.9% indicated “others”. In relation to mothers’ educational level, 45.6% of daughter participants reported that their mothers had secondary education and only about 1.5% never went to school (see table 4.1).

Table 4.1: Demographic information

Demographic Characteristics	Mothers (N=32)		Daughters (N=204)	
	Frequency	Percent	Frequency	Percent
Ethnicity				
Ovambo	12	37.5	107	52.5
Damara	7	21.9	20	9.8
Herero	5	15.6	17	8.3
White	6	18.8	17	8.3
Coloured	0	0.0	16	7.8
Nama	0	0.0	6	2.9
Others	2	6.3	21	10.3
Mother Marital Status				
Married	20	62.5	117	57.4
Single parent/never married/cohabiting	7	21.9	54	26.5
Separated/divorced/widowed	5	15.6	23	11.3
Others	0	0.0	10	4.9
Mother Educational Level				
Never went to school	0	0.0	3	1.5
Primary education	3	9.4	17	8.3
Secondary education	11	34.4	93	45.6
Diploma/Certificate	11	34.4	35	17.2
Degree/Postgraduate	7	21.9	46	22.5
Others	0	0.0	2	1.0
Not reported	0	0.0	8	3.9
Religion				
ELCIN	9	28.1	69	33.8

Roman Catholic	2	25.0	34	16.7
Lutheran	8	12.5	33	16.2
Pentecostal	4	6.3	17	8.3
Baptist	0	0.0	6	2.9
None	0	0.0	4	2.0
Not reported	0	0.0	1	0.5
Others	9	28.1	40	19.6

Table 4.1: Demographic information continued

Demographic Characteristics		Mothers (N=32)		Daughters (N=204)	
		Frequency	Percent	Frequency	Percent
Mother Relationship with daughter					
Own child		25	78.1	0	0.0
Child of a family member		4	12.5	0	0.0
Step-daughter		3	9.4	0	0.0
Age					
Mothers	Daughters				
26 - 35	15	7	21.9	3	1.5
36 - 45	16	15	46.9	28	13.7
46 - 55	17	8	25.0	114	55.9
Older than 55	18	2	6.3	43	21.1
	19			10	4.9
	20			5	2.5
	22			1	0.5

4.3 NATURE AND COMFORT OF SEXUAL COMMUNICATION

4.3.1 EASE OF SEXUAL COMMUNICATION

Sexual communication between mothers and daughters is a crucial factor in sexual knowledge, values, attitudes and behaviour. The first goal of the study was to ascertain whether discussion on sex and sex related issues was perceived by mothers and daughters as easy or difficult. Mothers and

daughters were asked to respond in terms of a 5 point rating scale, ranging from “very easy” (1) to “very difficult” (5). However, for ease of interpretation, the point scale of “very easy, easy and a little difficult were combined as “easy” (1) whereas “difficult” and “very difficult” were combined as “difficult” (2). Results as shown in figure 4.1 revealed that 59% of mothers perceived discussion on sex with their daughters as difficult while 41% perceived it as easy.

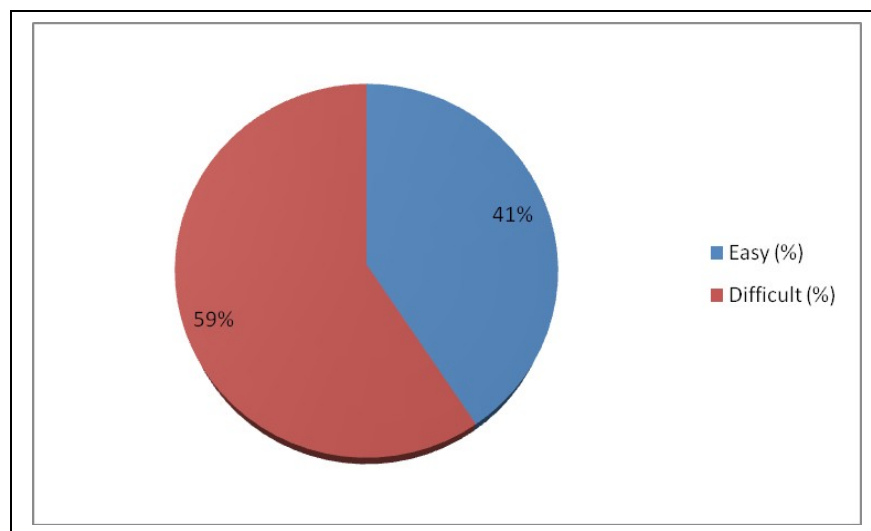


Figure 4.1: Mothers' Level of ease/difficulty of sexual discussion

Similarly, 82% of daughter respondents perceived discussions on sex and sex related issues as difficult while 17% found discussions on sex with their mothers easy and 1% did not respond (see figure 4.2).

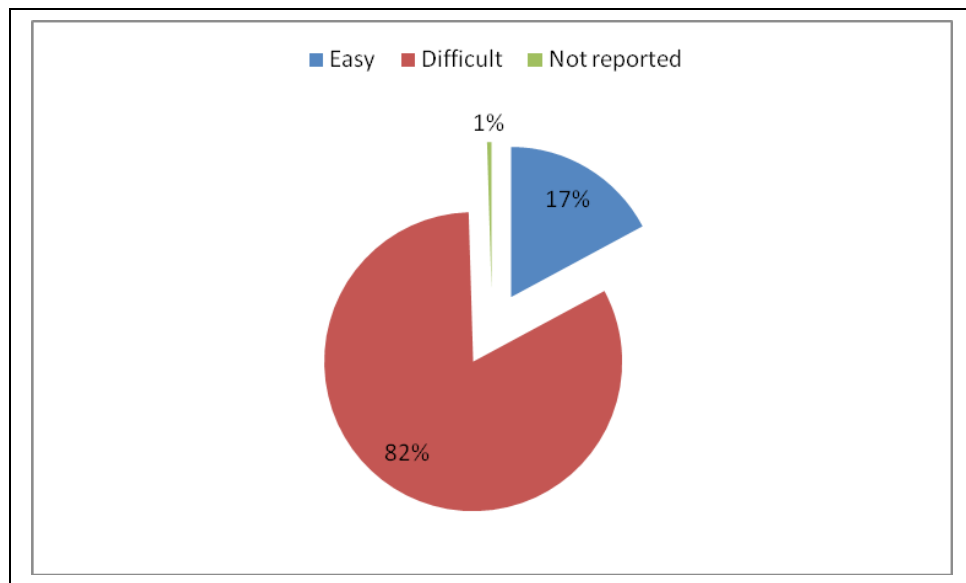


Figure 4.2: Daughters' level of ease/difficulty of sexual discussion

4.3.2 MOTHERS' PERCEIVED COMPETENCE TO DISCUSS SEXUAL ISSUES WITH DAUGHTERS

This study equally examined how knowledgeable and competent mothers were with regard to discussing sex related issues with their daughters. Mothers were asked to respond in terms of a four point Likert scale, ranging from strongly disagree (1) to strongly agree (4). This scale was however recoded for analysis purposes by grouping strongly disagree and disagree as disagree (1) and strongly agree and agree as agree (2). Results indicated that a significant percentage (75.0%) of mothers stated that they did not know enough about sex and sex related issues to discuss these issues with their daughters. Mothers (56.3%) reported that they did not know what was appropriate to discuss with their daughters while 53.1% of mothers stated that they did not know how to start sex discussions with their daughters.

4.3.3 MOTHERS' AND DAUGHTERS' COMFORT LEVEL

Two indicators assessed mothers' level of comfort in discussing sex with their daughters. The results revealed that 71.9% of mothers found discussion on sex with their daughters embarrassing while 31.3% did not see the need to talk to their daughters about sex because they believed their daughters would get sexual information elsewhere as shown in table 4.2.

Table 4.2: Mothers' level of comfort to talk about sex

Level of Comfort	Percent (%)	
	Agree	Disagree
I find discussion on sex with my daughter embarrassing	71.9	28.1
My daughter will get information elsewhere so I do not really need to talk to her about sex.	31.3	68.8

Data was also gathered on how comfortable mothers were at discussing the 22 item topics on sex as mentioned before. Over 90% of mothers responded that they would be comfortable discussing topics such as menstruation (96.9%), choice of a partner/marriage (96.9%), teenage pregnancy (93.8%), STIs and HVI/AIDS (90.6%), and sexual abuse and rape (90.6%). A significant number of mother respondents indicated that they would be uncomfortable discussing topics such as oral sex (71.9%), birth control (68.8%), sexual satisfaction (65.6%), condom use (65.6%), sexual intercourse (59.4%), masturbation (53.1%), managing sexual pressures (50%), pornography (50%), dangers of many sexual partners (46.9%), sexual desires and needs (46.9%), and conception (40.6%).

Interestingly, daughter respondents reported discomfort to similar sexual topics as their mothers and more than 80% of daughters indicated that they would feel more comfortable discussing topics such as STIs and HIV/AIDS (88.2%), and choice of a partner/marriage (83.8%) while more than 60%

indicated comfort at discussing the following topics: teenage pregnancy (78.9%), menstruation (78.4%), dangers of many sex partners (75.5%), sexual abuse and rape (75.5%), moral issues about sex (72.1%), managing sexual pressures (72.1%), abortion (71.6%), birth control (70.1%), dating (69.1%), conception (68.6) and prostitution (66.7%). Data gathered showed that daughter respondents would feel uncomfortable discussing masturbation (83.8%), sexual satisfaction (82.4%), and oral sex (80.9%), sexual desires and needs (75.5%), petting (72.5%), pornography (69.6%), sexual intercourse (61.8%), lesbianism (49.0%), and condom use (48.0%) (see table 4.3).

Table 4.3: Mothers' and daughters views on comfort at discussing sex topics

Topics	Mothers' Level of Comfort (%)		Daughters Level of Comfort (%)	
	Comf.	Uncomf.	Comf.	Uncomf.
Reproduction				
Menstruation	96.9	3.1	78.4	21.6
Birth Control	31.3	68.8	70.1	29.9
Sexual Intercourse	40.6	59.4	38.2	61.8
Conception	59.4	40.6	68.6	31.4
Condom Use	34.4	65.6	52.0	48.0
Psychological Issues				
Dating	81.3	18.8	69.1	30.9
Sexual desires and needs	53.1	46.9	24.5	75.5
Prostitution	75.0	25.0	66.7	33.3
Sexual satisfaction	34.4	65.6	17.6	82.4
Moral issues about sex	78.1	21.9	72.1	27.9
Managing sexual pressures	50.0	50.0	72.1	27.9
Choice of a partner/marriage	96.9	3.1	83.8	16.2
Dangers of many sex partners	53.1	46.9	75.5	24.5
Sexual abuse and rape	90.6	9.4	75.5	24.5
Lesbianism	65.6	34.4	51.0	49.0

Physical Development/Dangers				
Abortion	87.5	12.5	71.6	28.4
STIs and HIV/AIDS	90.6	9.4	88.2	11.8
Teenage pregnancy	93.8	6.3	78.9	21.1
Non Penetrative sexual act				
Masturbation	46.9	53.1	16.2	83.8
Petting	53.1	46.9	27.5	72.5
Oral sex	28.1	71.9	19.1	80.9
Pornography	50.0	50.0	30.4	69.6

4.4 IMPORTANCE OF SEXUAL COMMUNICATION

It was also important to ascertain the sexual topics that mothers and daughters considered important to discuss with their daughters. Mothers and daughters were asked to respond in terms of a 4- point Likert scale, ranging from not important at all (1) to very important (4). This scale was however recoded for analysis purposes by grouping “not important at all and not too important as not important (1) and important and very important as important (2).

Although most mother participants reported all sexual topics as important, an alarming percentage of mother participants did not view topics such as birth control (41%), sexual intercourse (41%), condom use (47%), managing sexual pressures (53%), and dangers of many sex partners (44%) as important (see table 4.4).

When compared to sexual topics that daughters considered important, a significant proportion of the daughters indicated that discussions on most of

the sexual topics were important. However, several of the daughter respondents considered topics such as lesbianism (70.1%), masturbation (61.3%), oral sex (61.3%), petting (50.5%), pornography (53.4%), sexual satisfaction (51.5%), and sexual desires and needs (44.1%) as not so important for discussion with their mothers (see table 4.4).

Eighty percent or more of the mothers considered sexual abuse and rape (93%), teenage pregnancy (93.8%), menstruation (84.4%), choice of a partner/marriage (84.4%), and abortion (84.4%) as important. However, the topics that 80% or more of the daughters considered as important were sexual abuse and rape (91.2%), dangers of many sex partners (88.7%), sexually transmitted infections and HIV/AIDS (88.2%), teenage pregnancy (86.8%), managing sexual pressures (84.3%), choice of partner/marriage (83.3%), condom use (83.3%), sexual intercourse (82.8%), abortion (81.9%), and moral issues about sex (80.4%) (see table 4.4).

Table 4.4: Mothers and daughters' views on the importance to discuss sex topics

Topics	Mothers'		Daughters'	
	Level of Importance		Level of Importance	
	Not Important	Important	Not Important	Important
Reproduction				
Menstruation	15.6	84.4	25	75.0
Birth Control	40.6	59.4	24.5	75.5
Sexual Intercourse	40.6	59.4	17.2	82.8
Conception	28.1	71.9	24.5	75.5
Condom Use	46.9	53.1	16.7	83.3
Psychological Issues				
Dating	25.0	75.0	24.5	75.5
Sexual desires and needs	31.3	68.7	44.1	55.9
Prostitution	31.3	68.7	28.9	71.1
Sexual satisfaction	40.6	59.4	51.5	48.5

Moral issues about sex	28.1	71.9	19.6	80.4
Managing sexual pressures	53.1	46.9	15.7	84.3
Choice of a partner/marriage	15.6	84.4	16.7	83.3
Dangers of many sex partners	43.8	56.3	11.3	88.7
Sexual abuse and rape	6.3	93.8	8.8	91.2
Lesbianism	34.4	65.6	70.1	29.9
Physical Development/Dangers				
Abortion	15.6	84.4	18.1	81.9
STIs and HIV/AIDS	34.4	65.6	11.8	88.2
Teenage pregnancy	6.3	93.8	13.2	86.8
Non Penetrative sexual act				
Masturbation	43.8	56.3	61.3	38.7
Petting	53.1	46.9	50.5	49.5
Oral sex	43.8	56.3	61.3	38.7
Pornography	43.8	56.3	53.4	46.6

4.5 FREQUENCY OF COMMUNICATION

The frequency of conversation between mothers and daughters is a direct measure of the sexual socialization that daughters receive from mothers. Mothers and daughters were asked to respond in terms of a 5- point scale, ranging from “Never” (1) to “Very often” (5). For ease of interpretation, the point scale of “Never” (1) was maintained, “Once/twice” and “sometimes” were combined as “Seldom” (2) and “Often” and “Very often” were combined as “Often” (3). Mothers and daughters in this study did not agree on the frequency of communication. For example, for topics under reproduction, menstruation (53.1%) was the topic that was most often discussed by mothers. Furthermore, under psychological issues choice of a partner/marriage (65.6%), dating (53.1%), sexual abuse and rape (46.8%) and moral issues about sex (43.7%) were topics often discussed by mothers. In addition, under physical development and dangers, more than 40% of mothers often discuss teenage pregnancy (56.2%), abortion (50%), and STIs

and HIV/AIDS (40.6%). On the other hand, 50% or more of mothers never discussed sexual topics such as oral sex (62.5%), petting (56.3%), pornography (56.3%) and masturbation (53.1%) with their daughters.

Thus, there were only a few topics where 50% or more of the mothers reported that they often discuss these with their daughters. These were the choice of partner/marriage (66%), teenage pregnancy (56.2%), menstruation (53.1%), dating (53.1%) and abortion (50%). Topics that were never discussed by 50% or more of mothers were condom use (68.8%), oral sex (62.5%), petting (56.3%), pornography (56.3%), and masturbation (53.1%) (see table 4.5).

Table 4.5: Mothers' and daughters' views on frequency of discussing sex topics

Topics	Frequency of sexual discussions					
	Never %		Seldom %		Often %	
	M	D	M	D	M	D
Reproduction						
Menstruation	6.3	11.3	40.6	41.7	53.1	47.0
Birth Control	15.6	43.6	62.5	32.8	21.9	23.6
Sexual Intercourse	25.0	33.3	56.3	41.2	18.7	25.5
Conception	31.3	28.9	46.9	39.2	21.8	31.9
Condom Use	68.8	39.2	0.0	32.4	31.2	28.4
Psychological Issues						
Dating	12.5	13.2	34.4	39.7	53.1	47.1
Sexual desires and needs	40.6	69.6	40.6	20.6	18.8	9.8
Prostitution	28.1	49.0	50.0	35.8	21.9	15.2
Sexual satisfaction	43.8	77.0	43.8	13.7	12.4	9.3
Moral issues about sex	21.9	31.4	34.4	34.3	43.7	34.3
Managing sexual pressures	31.3	33.8	43.7	37.7	25.0	28.5
Choice of a partner/marriage	12.5	22.1	21.9	34.8	65.6	43.1
Dangers of many sex partners	18.8	30.4	43.8	30.4	37.4	39.2
Sexual abuse and rape	18.8	25.5	34.4	43.6	46.8	30.9

Lesbianism	34.4	69.1	46.9	25.5	18.7	5.4
Physical development/ Dangers						
Abortion	18.8	50.0	31.2	29.9	50.0	20.1
STIs and HIV/AIDS	31.3	17.6	28.1	38.2	40.6	44.2
Teenage pregnancy	6.3	10.8	37.5	43.6	56.2	45.6
Non- Penetrative sexual act						
Masturbation	53.1	79.9	40.6	15.2	6.3	4.9
Petting	56.3	68.6	28.1	21.1	15.6	10.3
Oral sex	62.5	75.5	34.4	15.7	3.1	8.8
Pornography	56.3	72.1	34.4	20.6	9.3	7.4

On the other hand, data in table 4.5 revealed that there were only a few topics where 40% or more of the daughters reported discussion often by their mothers. These were dating (47.1%), menstruation (47%), teenage pregnancy (45.6%), STIs and HIV/AIDS (44.2%), and choice of a partner/marriage (43.1%). More than 60% of daughters reported that topics such as masturbation (79.9%), sexual satisfaction (77%), oral sex (75.5%), pornography (72.1%), sexual desires and needs (69.6%), lesbianism (69.1%) and petting (68.6%) were never discussed by their mothers.

4.6 SUITABLE PERSONS TO DISCUSS SEX RELATED ISSUES

Since data gathered revealed that discussions on sexual issues rarely occurred between mothers and daughters, it was needful to find out if there were persons considered by mothers as suitable to discuss sex and sex related issues with their daughters. Table 4.6 showed that there is a clear disapproval by mothers of males as suitable persons to talk to their daughters about sexual issues. Rather, preference was showed for daughters' school counsellors (81.3%), doctors (81.3%), aunt/female family (69%) and female teachers

(69%). The least preferred persons were uncle/male family member (3.1%), elder brother (9.4%) and male teachers (12.5%).

Table 4.6: Mothers and daughters' views of suitable person to discuss sex topics

Perception of suitable Persons	Not suitable %		Somewhat suitable %		Suitable %	
	M	D	M	D	M	D
Father	31.3	77.5	34.4	10.8	34.4	11.3
Elder brother	68.8	63.7	21.9	13.7	9.4	21.6
Her elder sister	15.6	10.8	25	14.7	59.4	74
Aunt/female family member	12.5	36.3	18.8	19.1	68.8	43.1
Uncle/male family member	78.1	86.8	18.8	6.4	3.1	5.9
Female teachers	9.4	32.8	21.9	20.6	68.8	45.1
Male teachers	65.6	85.3	21.9	6.4	12.5	7.4
School counsellors	6.3	29.9	12.5	21.1	81.3	48.5
Female Friends	43.8	12.3	9.4	10.3	46.9	77.5
Male friends	65.6	41.7	12.5	22.5	21.9	35.3
Doctor	9.4	13.2	9.4	13.7	81.3	72.5

When daughters were asked preferred persons they would want to talk to about sex other than their mothers, 77.5% of daughters indicated their female friends as the most suitable person to talk to, followed by 74% of the daughter participants indicating preference for their elder sisters. Other than their female friends and elder sister, 72.5% of respondents reported their

doctors as suitable persons to discuss sex related matters with. It became clear from the frequency tables that girls did not consider males as suitable persons to discuss sex related issues with. 87% considered male family members such as an uncle not suitable while 85% considered male teachers as not suitable. Fathers and elder brothers were also rated as not suitable by 78% and 64% of girls respectively.

4.7 STYLE AND TIMING OF COMMUNICATION

This section explored how mothers perceived their communication style as well as how daughters perceived their mothers communication style about sexual matters. When mother respondents were asked to rate their communication style, 81.3% of them indicated that they provide honest responses to their daughters' questions on sex, and 65.6% of the mothers reported not being able to discuss sex freely. 78% disagreed that they avoided talking about sex related issues with their daughters whereas 62.5% found it more convenient to talk about sex after sex related issues in a TV show. 59.4% talked about it when there was a pressing issue (see table 4.7).

Table 4.7: Mothers' perception of their style of communication

Mothers' perception of style	Frequency (%)	
	Agree	Disagree
I try to provide honest responses to daughters' questions on sex and sex related issues	81.3	15.6
I listen well by showing understanding and then respond	90.6	6.3
I discuss sex matters only when there is a pressing issue.	59.4	37.5
I discuss sex freely with my daughter.	31.3	65.6
I feel shy and uncomfortable talking		

about sex with my daughter.	31.3	65.6
I avoid conversation about sex and sex related issues.	18.8	78.1
I find it convenient to talk about sex after sex related issues in a TV show.	62.5	34.4
I get irritable when my daughter asks me about a sex topic.	15.6	81.3

*0.5% of mother data was not reported

Daughters reported that their mothers show understanding (54.2%) and provide honest responses to questions on sex and sex related issues (54.9%). They equally reported that mother discusses sex only when there was a pressing issue (72.1%) and avoided sex talk when questions were asked (56.9%). 67.2% stated that their mothers do not talk about sex with confidence. In addition, daughters stated that mothers were uncomfortable (67.6%) and not calm when discussing about sex issues (58.3%). While some daughters perceived irritation in their mothers when they ask questions on sex and sex related issues (20.1%), some perceived that their mothers were against discussing sex openly (54.4%) (see table 4.8).

Table 4.8: Daughters' perception of mothers' style of communication

Daughters' perception of mothers' style	Percent %	
	Agree	Disagree
Mother provides honest responses to questions on sex and sex related issues.	54.9	45.1
Mother shows understanding.	48.0	52.0
Mother listens well.	39.2	60.8
Mother discusses sex only when there is a pressing issue.	72.5	27.5
Mother is calm when discussing about sex issues.	41.7	58.3
Mother talks about sex with confidence	32.8	67.2
Mother is against discussing sex openly	68.1	31.9
Mother avoids sex talk even when I ask questions.	56.9	43.1
Mother's talk about sex is after sex related issues in a	36.8	63.2

TV show		
Mother is indirect in her discussion of sex and sex related issues	76.5	23.5
Mother gets angry and irritable when I ask questions on sex and sex related issues.	20.6	79.4

In examining the timing of communication, mothers were asked when they started discussion on sex with their daughters. The study revealed that most mothers had their first sex talk when their daughters entered high school (28.4%). 27.9% of the mother respondents indicated that they had the talk when their daughters started menstruation while about 23.5% of mothers indicated that discussion on sex had not started. An insignificant proportion of mothers started before age 8 as shown in table 4.9. Similarly, a significant percent (40.6%) of the daughter respondents reported that onset of sexual conversation with their mothers started when they entered high school.

Table 4.9: Mothers' and daughters' perception of onset of sexual talk

Onset of sexual talk	Mothers %		Daughters %	
	Yes	No	Yes	No
Before 5 years old	1.5	98.0	0.0	100.0
Between the ages of 6 - 8 years	4.9	94.6	18.8	81.2
Between the ages of 9 - 12 years	22.0	77.5	25.0	75.0
Entrance into high school	28.4	71.1	40.6	59.4
Onset of menstruation	27.9	71.6	9.4	90.6
Onset of dating	12.3	87.2	0.0	100.0
Onset of questions about sex	7.4	92.1	3.1	96.9
Discussion has not started	23.5	76.0	6.2	93.8

4.8 RESULTS BASED ON THE INTERVIEW DISCUSSIONS

The study also applied a qualitative approach in order to determine possible factors that influence and/or hinder sexual communication between mothers and daughters that may not have been covered through the administration of questionnaires.

Table 4.10: Biographical information of semi-structured interviews with participants

Demographic Characteristics	Mothers (N=12)	Daughters (N=12)
	Frequency	Frequency
Ethnicity		
Ovambo	3	5
Damara	4	2
Herero	1	1
White	2	2
Coloured	0	2
Nama	0	0
Others	2	0
Mother Marital Status		
Married	7	6
Single parent/never married/cohabiting	5	3
Separated/divorced/widowed	0	2
Others	0	1
Mother Educational Level		
Never went to school	0	0
Primary education	0	3
Secondary education	6	5
Diploma/Certificate	5	3
Degree/Postgraduate	1	1
Others	0	0
Not reported	0	0
Mother Relationship with daughter		
Own child	9	0
Child of a family member	2	0
Step-daughter	1	0
Age		
Mothers	Daughters	

26 - 35	15	3	0
36 - 45	16	7	4
46 - 55	17	1	4
Older than 55	18	1	2
	19		2
	20		1
	22		0

The results of the study are presented in the order of interviews and analysis.

In each section results of the mothers' interviews are presented, followed by the results from the daughters' interviews. Mothers were numbered 1 - 12 and are referred to as "M1", "M2", "M3" ... "M12". Similarly, daughters were numbered randomly and were referred to as "D5", "D10", "D15", "D20", etc. while the interviewer was simply identified as "I".

Several themes emerged from the coding and analysis. Some of the themes that emerged were "level of comfort and preparedness to talk about sex", "tradition/culture as a factor influencing communication on sex", and "lack of time". Each of these themes are discussed below, examining mothers, followed by daughters and then a comparison of mothers and daughters.

4.8.1 LEVEL OF COMFORT AND PREPAREDNESS TO TALK ABOUT SEX

Mothers' responses

Mothers varied in their approaches to discussing sex and sex related issues with their daughters. Some mothers stated they were open about the topic, while others expressed reservation in broaching the subject. Responses of mothers who identified themselves as being open on the subject:

M12 – “I am open to it so is my daughter. I can talk any time to my daughter about sex or sex related issues”.

M1 - “I inform her of the danger of sex and its consequences as well as the importance of using a condom. I always advice her not to have sex before marriage and to concentrate on her studies....sex will come after education. I tell her to keep herself busy with her school work and be active with the church activities for a better future”.

Responses of mothers who stated they did not discuss the issue of sex much at all:

M7 - “I was brought up in a home where sex was not discussed. Sometimes even if I want to, I am a little bit shy. My parents did not talk about sex with me and now I find it difficult to talk about it with my daughter”.

M9 - “I can’t go in details.... I use issues around as a platform to discuss. Draw happenings around.... Only talk about dangers of sex. Can’t say exactly what sex is. Sex is only for marriage”.

M11 - “I don’t know how deep I must go. I tell her not to watch movies with sexual connotations. I think I need to sit with her to know how much information she gets from the television”.

One mother stated she never had the sex talk with her daughter.

M10 - “It is an issue that I’m afraid to talk about. I have not spoken openly about sex. I have not gone that far. She may start doing things irresponsibly. I have thought that I will start opening up at a more mature age,

say when she's 18. I know she is aware of all these things. I don't want to actively engage or participate in sex discussion".

Daughters' responses

Like mothers, girls who participated in this study expressed a wide range of responses when asked about their conversations with their mothers regarding sex. Talking about sex is a rare occasion for some of the girls in this study.

Some girls stated that they were not comfortable talking about this subject with their mothers:

D12 - "I would say that if she had been open with me from an early age, maybe things would have been different. Now I'm a grown up girl and it is embarrassing and uncomfortable for me to talk about sex with her".

D13 - "I am not comfortable. I get really scared, shy and embarrassed striking a conversation about sex with my mother".

Responses of girls who did not discuss the topic:

D5 - "I never discuss such things with her".

D6 - "I just don't like it and she does not either".

D7 - "Well, I am not really comfortable talking to my mother about sex because I have already started having sexual intercourse".

D8 - "I wouldn't want to talk to my mother about sex; just don't like the tension".

D9 - "I don't know how to start. I mean, how do I approach her? She may probably become worried".

D10 - "It seems that she doesn't want to talk about it with me because every time I bring up a sex related topic, she keeps quiet or change the topic to something else".

D11 - "She is not open with me. Every time I try to bring up such topics, she avoids it by all means".

Responses of girls who expressed their openness in discussing the subject with their mothers:

D14 - "Nothing hinders me because I'm very close and open with my mother. We usually talk about anything".

D15 - "We are both open to it. She is usually the first person I turn to for information when I have a problem and she never lets me down".

D16 - "I can talk to her about anything and she calmly responds to my questions".

4.8.2 TRADITION AND CULTURE AS A FACTOR INFLUENCING COMMUNICATION ON SEX

On the question of how culture influences discussion on sex, mothers and daughters responded as follows:

Mothers' responses

M2 – "I mean we grew up with the notion that sex is a "sin". We never looked at it as something good. It was never mentioned while we were growing up. It is usually for the adults. I wanted it with my parents but unfortunately it was not that kind of relationship".

Daughters' responses

D9 - "It is a sensitive issue with the Ovambos. They don't talk to us (their children) about such things. They aren't open".

D10 - "It is awkward, she is very traditional".

D15 - "We don't talk about these issues with our parents in my culture".

D16 - "She has a lot of traditional beliefs when it comes to discussing sex and sex related issues".

4.8.3 SAVE FOR MARRIAGE

One of the themes that arose from this study is the value of remaining abstinent from sexual intercourse until marriage. This value was consistently promoted by mothers and echoed by some of the girls.

Mothers' responses

Some of the mothers voiced their desires and hopes that their daughters will "save sex" until marriage.

M8 - "...I hope she avoids sex out of marriage".

M10 - "Sex is only for married people. She should control herself".

M1 - "My husband and I both waited until marriage before we had sex and I hope that my daughter will too....I believe that sex is a gift from God and that it should only be shared between a husband and wife".

M4 - "I remind my daughter about the teachings she's received from the church and hope that she waits until she gets married to have sex".

Daughters' responses

Some of the daughters shared similar expectations for themselves. They believe that sexual intercourse should be saved until marriage.

D6 - "I feel she does not trust me and I know a lot when it comes to sex. I do not practice it because I don't think it is appropriate before marriage".

D9 - "She tells me the negative effects of sex and encourages me to have sex only after marriage which I think is very good for me".

D5 - "I think sexual intercourse is for marriage only".

Some girls are apprehensive about the issue.

D8 - "I know that it is best not to have sex until you're married but things do happen".

4.8.4 LACK OF TIME

Some daughters expressed lack of time as affecting communication about sex.

Daughters' responses

D11 - "My mother is a very busy person and she's always tired by the time she gets back from work".

D12 - "She doesn't have time to talk about it with me and I'm scared that she might be mad at me.

D13 - "If we could spend more time together but she is at work most of the time and usually tired when she gets back home".

4.8.5 APPREHENSION

Apprehension on the part of mothers and daughters was another theme that stood out. Mothers reported not being able to predict their daughters' reaction

should they discuss sex. Similarly, daughters were not sure of their mothers' reaction should they talk about sex. They were afraid of causing tension in their relationships.

Mothers' responses

M8 - "It's somehow awkward, how do I actually open the subject and how do we start off? What if discussion does not turn out as expected?"

M10 - "I don't really see her as wanting to talk about it"

M3 - "I am afraid that she may want to "experience" what we discuss".

Daughters' responses

D5 - "She might say that I like sex and that is the reason for my wanting to talk about sex".

D7 - "I'm afraid of her reaction".

D9 - "She might think that I am sexually active".

D10 - "I think she will react badly and think I am sexually active or I'm trying to have sex while in school".

4.8.6 DAUGHTERS' VIEWS ON WHY SEX DISCUSSIONS WITH MOTHERS ARE IMPORTANT

The researcher asked girls: Why is it important that your mother talks to you about sex and sex related issues? A few main themes emerged from this discussion and these are: that they can learn from their mothers' knowledge and experience in order to know how to handle sex related issues. Daughters

also believed that trust and discussion on sex will help strengthen the bond between mother and daughter.

Learn from mother's experience

D12 - "I would know the appropriate time to have sex and the right thing for me to do and not suffer consequences of stupid decisions".

D5 - "I would have more experience on how to take care of myself, avoid teenage pregnancy, wrong relationships and sexually transmitted infections".

D8 - "I would gain knowledge about dating at an early stage and avoid being sexually active before marriage and early pregnancy".

D7 - "She knows more about it and it is always good to talk about such things with someone who has a lot of experience".

D13 - "It will help me not to make mistakes that I'll regret later".

D9 - "It would help me not to make mistakes should I find myself in a difficult situation".

D11 - "I would be able to make right decisions and if I mistakenly get pregnant, I would know what to do instead of aborting".

D16 - "Maybe for me to learn before I make the biggest mistake in my life ...but we don't really talk about sex".

Trust

D7 - "If she will openly talk to me about it and not criticize it. She only tells me about how wrong it is and since she is a nurse to include illustrations for me to be able to clearly understand".

Strengthen bond

D6 - "I would feel that we have a stronger bond. I will be able to go to her and ask questions instead of going to someone else. She will be able to help me make choices that are best for me".

D14 - "I believe this will help to create a strong bond of trust between the two of us and also help to prepare me for the future".

D15 - "It would bring us closer and probably make our mother-daughter relationship stronger".

D10 - "It would help me in my teenage life experiences. I want her to take every step with me instead of always blaming me".

4.8.7 MOTHERS' VIEWS ON HINDRANCES REGARDING SEXUAL DISCUSSION WITH DAUGHTERS

The following barriers have been articulated by mothers regarding their involvement in the sexual development of their daughters. The main barriers were: lack of knowledge, shyness of mothers and daughters, lack of time, not knowing how to start and which topics to discuss.

Hindrances

M4 - "It would be helpful to know what is in the schools health curriculum.... finding the right time and right topics".

M5 - "I feel embarrassed at times".

M6 - "I lack knowledge about all these topics except menstruation and conception".

M8 - "My daughter is shy".

M12 – “I think it is just how to start the discussion. It is everywhere but I just struggle with it. I don’t know how to be involved”.

M10 - “I am not so well informed but I tell her to be cautious and the dangers of having many boyfriends”.

4.8.8 MOTHERS’ SUGGESTIONS ON FACTORS THE COULD FACILITATE POSITIVE CONVERSATIONS ABOUT SEX AND SEX RELATED ISSUES WITH DAUGHTERS

The following ideas were suggested by mothers as factors that could stimulate positive sexual communication with their daughters.

Training programmes by schools

M2 - “Schools should consider developing more effective ways to involve mothers. They should organize workshops to educate parents on these topics”.

Training programmes by government and NGOs

M6 - “We know the government and non-governmental organizations are doing so much to educate our children. Opportunity should also be created to educate parents so that we can also help our children at home”.

Create support groups/forums for mothers

M1 – “A forum where mothers gather to openly discuss their “fears” in introducing topics or discussing sex related topics with their daughters; another mother’s experience may help me to overcome my fears”.

M10 - “If we can have a specialized centre where parents can openly come to discuss and feel secured. You only go to social workers who already have too much on their hands and are time constrained. Non-governmental organizations should assist schools to have such centres”.

More time and openness

M5 - “Spending more time together; watch movies together and encourage openness and trust.”

M7 - “I have to try to do it on a regular basis may be I’ll get used to it. When it comes to HIV/AIDS and the use of condoms, I am not shy to talk to her. I am shy when I have to talk about other topics. I really don’t know why”.

M12 - “I think I need to establish an open relationship with her”.

Books/guides

M9 - “Some illustrative books that are sensitive but yet not too vulgar may be helpful”.

M3 - “Parents need to be informed. There is a need to have a guide for parents on how to start and what to say to children of different age group’.

4.9 **RESULTS BASED ON CHI-SQUARE ANALYSES**

Chi-Square analyses was done to determine the extent to which mothers’ and daughters’ demographic variables such as ethnicity, marital status, level of education, religion, family relationship, and age influenced sexual communication between mothers and daughters. However, not all the

demographic variables presented a significant relationship therefore only a few of the statistics that showed significant differences are provided.

4.9.1 CHI-SQUARE ANALYSES BASED ON MOTHERS' DEMOGRAPHIC VARIABLES

Based on mothers' reports, the data analyses clearly indicated that mothers' ethnicity, marital status, family relationship as well as mothers' age influenced some aspects of sexual communication with their daughters. However, Chi-Square analyses with regard to mothers' educational level, and religion did not yield any statistically significant differences.

4.9.1.1 Mothers' marital status by ease of sexual communication

Using Chi-Square analyses, the relationship between mothers' marital status and the ease at which they could communicate was investigated. For the purpose of analysis, the constructs single parent/never married/cohabiting will be referred to as single mothers while separated/divorced/widowed will be referred to as previously married. Results revealed that previously married mothers (80%) indicated that they could discuss sex more freely with their daughters as compared to married mothers (20%) and singles mothers (28.6%). This difference was found to be statistically significant ($p < 0.05$) (see table 4.11).

Table 4.11: Mothers' marital status by ease of sexual communication

Marital Status	1 can discuss sex and sex related issues freely			Total
	Agree	Disagree	Not reported	
Married	4 20.0%	16 80.0%	0 0.0%	20 100.0%
Single	2 28.6%	4 57.1%	1 14.3%	7 100.0%
Previously married	4 80.0%	1 20.0%	0 0.0%	5 100.0%
Total	10 31.3%	21 65.6%	1 3.1%	32 100.0%

Chi-square = 10.493; df = 4 p = .033; N = 32

4.9.1.2 Mothers' age by ease of sexual communication and by knowledge about sex

Chi-square analyses showed that there exist a relationship between mothers' age and ease of sexual communication. More mothers in the younger age categories found sex discussions embarrassing than older mothers. For example, data in table 14 indicates that 100% of mothers within the age category of 25 to 35 agreed that they find discussion on sex embarrassing as compared to 73% of mothers aged 36 to 45 and 62.5% of mothers aged 46 to 55. Although there were only two mothers over the age of 55, none of these found discussion on sex embarrassing. This difference was found to be statistically significant ($p < 0.05$) (see table 4.12).

Table 4.12: Mothers' age by ease of sexual communication

Mothers' Age	I find discussion on sex Embarrassing		
	Agree	Disagree	Total
25 to 35	7 100.0%	0 0.0%	7 100.0%
36 to 45	11 73.3%	4 26.7%	15 100.0%
46 to 55	5 62.5%	3 37.5%	8 100.0%
55 thru hi	0 0.0%	2 100.0%	2 100.0%
Total	23 71.9%	9 28.1%	32 100.0%

Chi-square = 8.214; df = 3; $p < 0.042$

Similarly, when mothers' age was crosstab with mothers' knowledge of sex and sex-related issues, mothers within the age category 25 to 35 (100%) indicated that they do not know enough to talk about sex and sex related issues with their daughter. However, as mothers' age increased, mothers within the age category 36 to 45 (80%), 46 to 55 (62.5%) felt more adequate to talk about sex with their daughters. Mothers within the age category 55 and above (100%) felt knowledgeable enough to discuss sex and sex related issues with their daughters. As mothers' age increased, mothers tend to acquire enough knowledge to talk about sex and sex related issues with their daughters. The difference was found to be statistically significant ($p < 0.05$) (see table 4.13).

Table 4.13: Mothers' age by knowledge about sex

Mothers' Age	I do not know enough to talk about sex & sex related issues		
	Agree	Disagree	Total
25 to 35	7 100.0%	0 0.0%	7 100.0%

36 to 45	12 80.0%	3 20.0%	15 100.0%
46 to 55	5 62.5%	3 37.5%	8 100.0%
55 thru hi	0 0.0%	2 100.0%	2 100.0%
Total	24 75.0%	8 25.0%	32 100.0%

Chi-square = 10.392; df = 3; p = 0.027

4.9.1.3 Mothers' family relationship with daughter by sexual communication and by knowledge about sex

Chi-square analyses were used to determine if mother/daughter family relationship had an influence on sexual communication between mothers and daughters. Results clearly indicated that mother/daughter family relationship affected sexual communication. In a mother/step-daughter relationship, all mothers (100%) did not consider discussion about sexual intercourse with their step-daughters important. In a mother-own child relationship, 72% of mothers indicated discussion about sexual intercourse with their own child of high importance while only 25% of mothers considered discussion about sexual intercourse with a child of a family member as important. These differences were found to be statistically significant ($p < 0.05$) (see table 4.14).

Table 4.14: Mothers' family relationship with daughter by sexual communication

Relationship	Sexual Intercourse		Total
	Important	Not Important	
Step-daughter	0 0.0%	3 100.0%	3 100.0%
Own child	18	7	25

	72.0%	28.0%	100.0%
Child of a family member	1 25.0%	3 75.0%	4 100.0%
Total	19 59.4%	13 40.6%	32 100.0%

Chi-Square = 7.996; df = 2; p = 0.018; N = 32

Chi-square analyses also revealed that 100% of mothers agreed that they do not need to talk about sex with their step-daughters because they could get information about sex elsewhere. 50% of mothers agreed that a child of a family member could get information about sex elsewhere and only 20% of mothers agreed that their own child could get information about sex elsewhere. This is indicative that sexual communication may not be happening between mothers and their step-daughters. The difference was found to be statistically significant ($p < 0.01$) (see table 4.15).

Table 4.15: Mothers' family relationship with daughter by knowledge about sex

Relationship	Get information elsewhere		Total
	Agree	Disagree	
Step-daughter	3 100.0%	0 0.0%	3 100.0%
Own child	5 20.0%	20 80.0%	25 100.0%
Child of a family member	2 50.0%	2 50.0%	4 100.0%
Total	10 31.3%	22 68.7%	32 100.0%

Chi-Square = 8.727; df = 2; p = 0.013; N = 32

4.9.1.4 Mothers' ethnicity by sexual communication

Using Chi-square analyses, the relationship between mothers' ethnicity and discussion of sex and sex related issues with their daughters was investigated. With regard to the discussion on pornography, statistics revealed that all Herero mothers (100%) never discussed this issue with their daughters, followed by Ovambo mothers (58.3%), Damara mothers (42.9%) and white mothers (33.3%). Results also showed that only white mothers (50%) discussed pornography often with their daughters. These differences were found to be statistically significant ($p < 0.05$) (see table 4.16).

Table 4.16: Mothers' ethnicity by sexual communication

Ethnicity	Discussion on Pornography			Total
	Never	Seldom	Often	
Damara	3 42.9%	4 57.1%	0 0.0%	7 100.0%
Herero	2 100.0%	0 0.0%	0 0.0%	2 100.0%
Ovambo	7 58.3%	5 41.7%	0 0.0%	12 100.0%
White	2 33.3%	1 16.7%	3 50.0%	6 100.0%
Others	4 80.0%	1 20.0%	0 0.0%	5 100.0%
Total	18 56.3%	11 34.4%	3 9.3%	32 100.0%

Chi- square = 17.751; df = 8; $p < 0.023$

4.9.2 CHI-SQUARE ANALYSES BASED ON DAUGHTERS' DEMOGRAPHIC VARIABLES

Based on daughters' reports, the data analyses clearly indicated that only daughters' age influenced some aspects of sex communication with their mothers. However, Chi-square analyses with regard to daughters' ethnicity, religion, mothers' educational level and mothers' marital status did not yield any statistically significant differences.

4.9.2.1 Relationship between daughters' age and style of sexual communication

Using Chi-square analyses, the relationship between daughters' age and mothers' perceived views of mothers' communication style regarding sexual issues were investigated. Results revealed that with an increase in age, there was also an increase in the number of daughters that perceived their mothers as being indirect in their sexual discussion. While none of the sixteen year olds agreed that their mothers were indirect in their communication, this was the case for 75% to 76% of the 16 to 18 year olds and 100% of the 19 to 20 year olds. These differences were found to be statistically significant ($p < 0.05$) (see table 4.17).

Table 4.17: Daughters' age by perceived communication style

Age	Mother is indirect in her Communication		Total
	Agree	Disagree	
15	0 0.0%	3 100.0%	3 100.0%

16	21 75.0%	7 25.0%	28 100.0%
17	86 75.4%	28 24.6%	114 100.0%
18	33 76.7%	10 23.3%	43 100.0%
19	10 100.0%	0 0.0%	10 100.0%
20	5 100.0%	0 0.0%	5 100.0%
22	1 100.0%	0 0.0%	1 100.0%
Total	156 76.5%	48 23.5%	204 100.0%

Chi-square = 14.776; df = 6; p < .022

4.10 SUMMARY

This chapter presented the results of the research, which included questionnaire surveys and the interviews. The results were organised, analysed and discussed according to the research questions of the study.

CHAPTER 5

DISCUSSION

5.1 INTRODUCTION

This research project was designed to investigate mothers' involvement in the sexual development of their teenage daughters. Mother-daughter sexual communication forms an integral part of daughters' sexual development. The study sought to answer the following research questions:

1. What is the nature and extent of sexual communication between mothers and daughters?

2. To what extent do daughters need maternal involvement in their sex education and sexuality?
3. What are the challenges of discussing sexual information in mother-daughter relationships?
4. How can mothers become more involved in the sexual development of the daughters in ways that will benefit their own empowerment and the well-being of their daughters?
5. To what extent do variables such as ethnicity, marital status, educational level, religion and age influence sexual communication between mothers and daughters?

5.2 **THE NATURE, EXTENT, AND NEED FOR SEXUAL COMMUNICATION BETWEEN MOTHERS AND DAUGHTERS**

In order to answer questions one and two of the study, the researcher investigated which sexual topics were considered important by mothers and daughters; how often these topics were actually discussed; the preferred persons for the discussion of sex related matters; and the timing and style of sex communication between mothers and daughters. Each of these aspects is subsequently discussed.

5.2.1 **MOTHERS' AND DAUGHTERS' PERCEPTION ON THE IMPORTANCE OF SEX RELATED TOPICS**

The majority of topics were considered important by most mothers and daughters. Interestingly, sexual abuse and rape, teenage pregnancy, choice of a partner/marriage, and abortion are topics considered as important by more than 80% of both mothers and daughters. However, topics such as dangers of many sex partners, sexually transmitted infections and HIV/AIDS, managing sexual pressures, condom use, sexual intercourse and moral issues about sex are equally of high importance to daughters, but not to mothers. A critical look at the topics that were considered of high importance by mothers and daughters mirrors a response to societal needs; considering the high rate of sexual abuse and rape, teenage pregnancy as well as abortion incidences in Namibia. It thus means to an extent that these environmental factors may determine what topics mothers discuss with their daughters. Of concern is the fact that condom use was not considered an important topic for discussion by mothers in view of the high incidence of sexually transmitted infections (STIs) and HIV/AIDS epidemics in Namibia. Going by the Ministry of Health and Social Services report on estimates and projections of the impact of HIV/AIDS in Namibia (Republic of Namibia, 2008), thirty-nine new infections were estimated per day over the next 5 years and a large proportion of the new infections (44%) were estimated to be among young people ages 15-24; with 77% of this infection occurring among young women ages 15-24. This has serious implications for contracting and transmitting of STIs and HIV/AIDS among daughters. This is an issue of grave concern for mothers to address. This finding is in accordance with Koerner and Fitzpatrick (2002)

who stated that some family members find it easy to discuss a significant number of sexual topics with openness while other family members limit the range of sexual topics as well as restrict the amount of discussion.

5.2.2 FREQUENCY OF DISCUSSION BETWEEN MOTHERS AND DAUGHTERS ON SEX RELATED TOPICS

Mothers overestimated their intentions to discuss sexual topics with their daughters. Even though most topics were rated important by mothers, frequencies of discussions were quite low. Frequency of discussion, as reported by daughters was for most of the more sensitive topics even lower than that reported by mothers.

Generally, when mothers communicate with their daughters about sex and sex related issues, topics such as choice of a partner/marriage, teenage pregnancy, menstruation, dating and abortion are the most frequently discussed. Topics that are of a sensitive or intimate nature such as condom use, oral sex, petting, pornography and masturbation, sexual satisfaction, sex desires and needs, lesbianism, petting, and birth control were not frequently discussed. This finding is consistent with the findings by Rosenthal and Feldman (2000) which claimed that sex is not frequently discussed in families and that topics of an educational or developmental nature are more easily discussed as opposed to topics that are more private such as masturbation.

Mothers choosing what sexual topics to discuss with their daughters are indicative of topic avoidance. This may either be due to the difficulty and complexity of varied sexual topics or lack of appropriate knowledge to

address certain topics. This subsequently determines how much sexual information to disclose. This portrays the absence of general communication, that is mutual dialogue and close interaction between mothers and daughters.

Mother: "I have to try to do it on a regular basis maybe I'll get used to it. When it comes to HIV/AIDS and the use of condoms, I am not shy to talk to her. I am shy when I have to talk about other topics. I really don't know why".

5.2.3 PREFERRED PERSONS, TIMING AND COMMUNICATION STYLE

Mothers and daughters were quite similar in their views with regards to suitable and not suitable persons for discussion on sex. Both mothers and daughters clearly showed disapproval for males as suitable persons to discuss sex and sex related topics with. Though there was preference for doctors as suitable persons by mothers and daughters, daughters showed preference for their female friends and elder sister while mothers showed preference for school counsellors, aunt and female teachers. Further probe through the unstructured interview showed that daughters judge it very important that their mothers explore issues related to sexuality with them. Daughters want to hear from their mothers about their own experiences; how they handled sexual issues when they were teenagers. They believed this would help them to take care of themselves, avoid making mistakes like teenage pregnancy, make well informed decisions, avoid wrong relationships and sexually transmitted infections. They equally believed that this would help create a

stronger bond especially that of trust between them and their mothers, which will help prepare them for the future.

Daughter: "I would know the appropriate time to have sex and the right thing for me to do and not suffer consequences of stupid decisions".

This finding supports the views of Feldman & Rosenthal (2000) and Mueller & Powers (1990), which established mothers as the primary sex educator as well as the preferred source of sexuality communication by daughters in the family.

Timing was discovered to be an important element in discussion of sex and sex related issues. The study revealed that age and grade level of daughters are significant determining factors in the onset of sexual communication. Findings from both mothers' and daughters' questionnaires showed that mothers consider the high school period an appropriate time to begin sexual communication with their daughters. This supports the findings by Guilamo-Ramos et al., (2007) that parents believe that the high school is an appropriate age to start sexual discussions. Since high school period characterises the beginning of puberty, mothers may have considered this period a more mature time for their daughters to handle sexual discussions. This finding supports Kirkman, Rosenthal and Feldman (2005) who affirms that sexual information should be revealed based on maturity and sexual development of the child. However, the implication of this is that daughters may have already turned to peers for information or become sexually active. This view is

supported by the findings of Perrino et al., (2000) who stated that sexual behaviour begins in early adolescence, before high school. The implication of this is that timing is crucial in helping daughters develop healthy sexual attitudes and behaviours. Waiting until high school to begin talking about sex may be too late.

The style of sexual communication also determines the flow of sexual communication that takes place between mothers and daughters. Findings from this study suggested that mothers' waited for their daughters to approach them about sexual issues at which time they would listen and give honest answers; and often sought for catalysts to prompt sexual discussion with their daughters usually after a sex related series on a TV shows. The majority of daughters reported that their mothers discussed sex only when there was a pressing issue; indirect when discussing sex issues; and that their mothers felt uncomfortable talking about sex.

Mothers' communication style could thus be categorised as avoidant, child-initiated, opportunistic and reactive communicators. The avoidant communicators were uncomfortable talking about sex and therefore did not initiate conversations. The child-initiated communicators waited for their daughters to approach them about sexual matters; the opportunistic communicators sought for a catalyst to prompt sexual conversations with their daughters; and the reactive communicators initiated sexual conversation only when there was a pressing issue. This finding replicates the findings by Rosenthal et al., (1998) that categorised mothers into five communication styles. It is pertinent to note therefore that the manner in which conversations

are conducted also makes sexual communication between mothers and daughters difficult.

5.3 CHALLENGES AND BARRIERS WITH REGARD TO SEXUAL COMMUNICATION BETWEEN MOTHERS AND DAUGHTERS

In order to answer question three of the study, the researcher investigated the ease or difficulty and the comfort level regarding sexual communication between mothers and daughters. In addition to this, possible barriers such as mothers' competence and knowledge, their time availability and cultural traditions were also investigated. Findings on these issues are subsequently discussed.

From the results, it became clear that the majority of mothers and daughters found discussion on sex related issues difficult (59% of mothers and 82% of daughters). It was interesting to note that this was the case for even more daughters than mothers. This finding supports by Warren & Neer (1986) who stated that sex seems to be a topic particularly challenging for family members to discuss. Others claim that it is not discussed at all (Pistella & Bonati, 1999). These findings were further supported by results from focus group discussions and interviews where a number of mothers and daughters expressed that discussions about sex and sex related issues were difficult.

Consistent with earlier studies (Feldman & Rosenthal, 2000; Koblinsky & Atkinson, 1982), this study also revealed that discomfort regarding certain topics and embarrassment hindered mothers' involvement in the sexual development of their daughters. The reasons for these feelings of discomfort

and embarrassment may be ascribed to generational and cultural differences. Some mothers were raised in families and cultures where family communication about sex and sex related issues hardly existed.

Mother: I was brought up in a home where sex was not discussed. Sometimes, even if I want to, I am a little bit shy. My parents did not talk about sex with me and now I find it difficult to talk about it with my daughter”.

Consistent with previous studies, mothers did not feel that they were well equipped to discuss sexual issues and did not know what was appropriate to discuss with their daughters. Lack of personal knowledge about sexual topics, time and how to start sexual discussions were other identified barriers (The National Campaign to Prevent Teen Pregnancy, 2004; Meschke et al., 2000; Rice, 1995).

Mother: It’s somehow awkward, how do I actually open the subject and how do we start off?”

Mother: “I lack knowledge about all these topics except menstruation and conception”.

Daughter: “If we could spend more time together but she is at work most of the time and usually tired when she gets back home”.

Daughters on the other hand are hesitant to discuss sexual issues with their mothers because of fear of causing tension, not sure of mothers reaction, and thoughts that mothers may think they were sexually active.

Daughter: “I think she will react badly and think I am sexually active or I’m trying to have sex while in school”.

This finding supports findings by Hollander (2002) that youths were anxious about their parents' reactions if they should discuss sex. It is obvious from findings that lack of effective communication skills is creating discomfort, embarrassment, tension and avoidance of conversation. It is crucial that parents need to feel knowledgeable and comfortable with health topics in order to properly address children's questions (MacGilchrist, 1996).

5.4 **SUGGESTED STRATEGIES TO EMPOWER AND IMPROVE SEXUAL COMMUNICATION BETWEEN MOTHERS AND DAUGHTERS**

In order to answer question four of the study, the researcher asked mothers to indicate possible strategies that could be implemented to assist them in their efforts to become more involved in the sexual development of their daughters. Training programmes by schools, government and NGOs, creation of support groups, more time and openness, and provision of relevant books and guides were factors suggested by mothers that could stimulate positive sexual communication with their daughters.

Mother: Schools should consider developing more effective ways to involve mothers. They should organize workshops to educate parents on these topics”.

○ **THE RELATIONSHIP BETWEEN MOTHERS' AND DAUGHTERS' DEMOGRAPHIC VARIABLES AND SEXUAL COMMUNICATION**

In order to answer question five of the study, the researcher investigated the relationship between mothers' and daughters' demographic variables such as

ethnicity, marital status, level of education, religion, family relationship and age and sexual communication between mothers and daughters. The results clearly revealed that mothers' age influenced sex communication with daughters and it was found that with an increase in age, fewer mothers were embarrassed to talk about sex and more mothers felt knowledgeable about the topic.

Mothers' marital status also influenced ease of sexual communication with daughters. The previously married mothers could discuss sex more freely with their daughters. The circumstances of life may have made this a lot easier for them. Findings also showed the influence of ethnicity on discussion of more sensitive topics such as pornography. White mothers more often talked about pornography than mothers from other ethnicity while Herero mothers never talked about pornography with their daughters.

Mother and daughters family relationship also influenced sexual communication. Mothers did not consider discussion on sexual intercourse of high importance with their step-daughters and were more liberal regarding where their step-daughter access sexual information.

5.6 LIMITATIONS

The sample of mothers looked at in the study was very small. Thus the findings and assumptions made from analysis may not be as reliable and further research is necessary to see if the findings hold up with a larger sample.

Another limitation was the involvedness of the issues raised. Recruiting mothers was challenging because of the nature of the topic as well as scheduling a time to meet. Lastly, the questionnaires and interview questions have opportunity for improvement.

5.7 **RECOMMENDATIONS**

- An important finding of this study is that mothers are restricted by their ignorance, phobias, cultural bias or taboos on the subject of sex and sex related issues. Schools should consider providing mothers with the resources and opportunities to increase their knowledge in the hope that this could facilitate mothers' involvement. This may be achieved through newsletters from school, assignments that students take home and share with mothers. For the concerted efforts of schools on the subject of sex education to be worthwhile, schools should consider developing more effective ways to actively involve mothers as well as making more mothers aware of the opportunities that exist.
- The Ministry of Education, NGOs, and schools can encourage mothers to form focus groups where they can discuss their challenges regarding sex communication with their daughters.
- Counsellors, doctors or other experts should be invited to schools to discuss some of the more sensitive topics with girls at age appropriate times. Mothers can be invited to attend such meetings.
- A restricted website can be established, ran by staff/volunteers where age appropriate girls can register with permission from their mothers. This

website can then function to answer sex-related questions of mothers and daughters.

- Since general communication styles in families precede sex communication style, further research is needed to investigate the general communication style between mothers and daughters.
- Further research should be conducted to determine the association between adoption and mother/daughter sexual communication, Research on mothers/ fathers and sons may also contribute to this body of literature. Fathers' role in the sexual development of their daughters may also be explored.

5.8 CONCLUSION

No previously published research in Namibia has investigated the involvement of mothers in the sexual development of their daughters. It is obvious that daughters are yearning to receive sexual help from their mothers and mothers desire to know how to give the needed help. I believe this study will in no measure help to provide this balance while at the same time contributing to increase the body of knowledge with regards to sexual communication between mothers and daughters. The findings of this study are anticipated to be of benefit to the government, schools, health

professionals, and NGOs as they work with mothers to promote the sexual health of their daughters.

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Appendix A

A STUDY TO INVESTIGATE MOTHERS' INVOLVEMENT IN THE SEXUAL
DEVELOPMENT OF THEIR TEENAGE DAUGHTERS: A CASE OF THE KHOMAS
REGION

Questionnaire number

The purpose of this questionnaire is to gather some facts about what you and your mother think about sexual communication. Please read each question carefully and mark each answer honestly and clearly with an X. Your name need not appear anywhere on the questionnaire. All of your answers are confidential and your participation is entirely voluntary.

Thank you very much for your cooperation.

Section A – Please mark the appropriate block with an X

1. How old are you now?

years

2. Which of the following categories best describes you?

(1) Coloured	(2) Damar a	(3) Herer o	(4) Nama	(5) Ovamb o	(6) White	(7) Other s
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3. What is your religious denomination?

Pentecostal	1	
Roman Catholic	2	
Lutheran	3	
ELCIN	4	
Baptist	5	
None	6	
Others	7	

4. Which of the following categories best describes your mother?

Married	1	
Single parent/Never married	2	
Separated/divorced/Widowed	3	
Not married but live with another person	4	
Others	5	

5. What level of education did your mother complete?

Never went to school	1	
Lower primary (Grade 4)	2	
Upper primary (Grade 7)	3	
Junior secondary (Grade 10)	4	
Senior secondary (Grade 12)	5	
Diploma/Certificate	6	
Degree	7	
Postgraduate degree	8	
Others	9	

SECTION B

6. Attitude - 1-Strongly disagree 2-Agree 3-Disagree 4-Strongly agree

		1	2	3	4
6.1	Talking about sex with my mother is embarrassing.				
6.2	Talking about sex with my mother may cause tension.				
6.3	My mother is too busy to talk to me about sex issues.				
6.4	I do not know how to start sex discussions with my mother.				
6.5	I think my mother does not want to talk to me about sex.				
6.6	I want to talk to my mother about sex but fear that my mother will think I am sexually active.				
6.7	My mother may react badly if she learns that I am having sex.				

7. How easy or difficult is it for you to talk to your mother about sex?

Very easy (1)	Easy (2)	A little difficult (3)	Difficult(4)	Very difficult(5)
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8. Have you had discussions on sex and sex-related issues with your mother?

Yes	1		No	2	
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9. Frequency

How often has your mother talked to you about these topics?

1-Never	2-Once or twice	3-Sometimes	4-Often	5-Very often					
	PHYSICAL DEVELOPMENT/REPRODUCTION				1	2	3	4	5
9.1	• Menstruation								
9.2	• Birth control								
9.3	• Sexual intercourse								
9.4	• Conception								
9.5	• Condom use								
	PSYCHOLOGICAL ISSUES				1	2	3	4	5
9.6	• Dating								
9.7	• Sexual desires and needs								
9.8	• Prostitution								
9.9	• Sexual satisfaction								
9.10	• Moral issues about sex								
9.11	• Managing unwanted sexual pressures								
9.12	• Choice of a partner and marriage								
9.13	• Dangers of many sex partners								
9.14	• Sexual abuse and rape								
	PHYSICAL DEVELOPMENT/DANGERS				1	2	3	4	5
9.15	• Abortion								
9.16	• STIs and HIV/AIDS								
9.17	• Lesbianism								
9.18	• Teenage pregnancy and consequences								
	NON-PENETRATIVE SEXUAL ACT				1	2	3	4	5
9.19	• Masturbation								
9.20	• Petting								
9.21	• Oral sex								
9.22	• Pornography								

10. Content

Which of these topics are do you find comfortable to discuss with your mother?

1- Very uncomfortable

3- Comfortable

2- Uncomfortable

4- Very comfortable

	PHYSICAL DEVELOPMENT/REPRODUCTION				1	2	3	4
10.1	• Menstruation							
10.2	• Birth control							
10.3	• Sexual intercourse							
10.4	• Conception							
10.5	• Condom use							
	PSYCHOLOGICAL ISSUES				1	2	3	4
10.6	• Dating							
10.7	• Sexual desires and needs							
10.8	• Prostitution							
10.9	• Sexual satisfaction							
10.10	• Moral issues about sex							
10.11	• Managing unwanted sexual pressures							
10.12	• Choice of a partner and marriage							
10.13	• Dangers of many sex partners							
10.14	• Sexual abuse and rape							

15.5	• Condom use				
	PSYCHOLOGICAL ISSUES	1	2	3	4
15.6	• Dating				
15.7	• Sexual desires and needs				
15.8	• Prostitution				
15.9	• Sexual satisfaction				
15.10	• Moral issues about sex				
15.11	• Managing unwanted sexual pressures				
15.12	• Choice of a partner and marriage				
15.13	• Dangers of many sex partners				
15.14	• Sexual abuse and rape				
	PHYSICAL DEVELOPMENT/DANGERS	1	2	3	4
15.15	• Abortion				
15.16	• STIs and HIV/AIDS				
15.17	• Lesbianism				
15.18	• Teenage pregnancy and consequences				
	NON-PENETRATIVE SEXUAL ACT	1	2	3	4
15.19	• Masturbation				
15.20	• Petting				
15.21	• Oral sex				
15.22	• Pornography				

16. I would have delayed sexual intercourse if my mother had had an early and open discussion with me about sexual issues?

Yes	1	
No	2	
Not sure	3	
I have not had sexual intercourse yet	4	

17. I would have used a condom or any birth control during sexual intercourse if my mother had had an early and open discussion with me about sex issues?

Yes	1	
No	2	
Not sure	3	
I have not had sexual intercourse yet	4	

18. I want my mother to talk to me about sex in an open way?

Yes		
No		
Not sure		

19. I ask my mother for her opinion regarding sexual problems?

Yes		
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No		
Not sure		

20. Mother's style: How does your mother discuss sex and sex-related issues with you?

1-Strongly disagree 2-Agree 3-Disagree 4-Strongly agree

		1	2	3	4
20.1	Mother provides honest responses to questions on sex and sex related issues.				
20.2	Mother shows understanding.				
20.3	Mother listens well.				
20.4	Mother discusses sex only when there is a pressing issue.				
20.5	Mother is calm when discussing sex and sex related issues.				
20.6	Mother talks about sex with confidence.				
20.7	Mother is against discussing sex openly.				
20.8	Mother avoids sex talk even when I ask questions.				
20.9	Mother's talk about sex is after sex related issues in a TV show.				
20.10	Mother is indirect in her discussion of sex and sex related issues.				
20.11	Mother gets irritable when I asked questions on sex and sex related issues.				

21. How suitable do you think the following persons are for you to talk to about sex?

1-Not suitable at all 2-Not suitable 3-Somewhat suitable
4-Suitable 5-Very suitable

		1	2	3	4	5
21.1	Father					
21.2	Elder brother					
21.3	Elder sister					
21.4	Aunt or other female family member					
21.5	Uncle or other male family member					
21.6	Female teachers					
21.7	Male teachers					
21.8	School counsellors					
21.9	Friends (female)					
21.10	Friends (male)					
21.11	Doctor					

Thank you very much for your assistance.

Appendix B

A STUDY TO INVESTIGATE MOTHERS' INVOLVEMENT IN THE SEXUAL DEVELOPMENT OF THEIR TEENAGE DAUGHTERS: A CASE OF THE KHOMAS REGION

Questionnaire number

The purpose of this questionnaire is to gather some facts about what mothers and their daughters think about sexual communication. Please read each question carefully and mark each answer honestly and clearly with an X. Your name need not appear anywhere on the questionnaire. All of your answers are confidential and your participation is entirely voluntary.

Thank you very much for your cooperation.

Section A – Please mark the appropriate block with an X

1. Which of the following categories best describes you?

(1) Coloured	(2) Damar a	(3) Herer o	(4) Nama	(5) Ovamb o	(6) White	(7) Other s
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2. Which of the following categories best describes you?

Married	1	
Single parent/Never married	2	
Separated/divorced/Widowed	3	
Not married but live with another person	4	
Others	5	

3. What is your age?

25 and younger (1)	26 – 35 (2)	36 – 45 (3)	46 – 55 (4)	Older than 55 (5)
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4. Which of the following categories best describes your level of education?

Never went to school	1	
Lower primary (Grade 4)	2	
Upper primary (Grade 7)	3	
Junior secondary (Grade 10)	4	
Senior secondary (Grade 12)	5	
Diploma/Certificate	6	
Degree	7	
Postgraduate degree	8	
Others	9	

5. Which of the following categories best describes your relationship with your daughter in Grade 11?

Step-daughter (1)	Own child (2)	Adopted child (3)	Child of a family member (4)
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6. What is your religious denomination?

Pentecostal	1	
Roman Catholic	2	
Lutheran	3	
ELCIN	4	
Baptist	5	
None	6	
Others	7	

SECTION B

7. How easy or difficult is it for you to talk to your daughter about sex?

Very easy (1)	Easy (2)	A little difficult (3)	Difficult (4)	Very difficult (5)
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8. Attitude - 1-Strongly agree 2-Agree 3-Disagree 4-Strongly disagree

8.1	Talking about sex and related issues would encourage my daughter to be sexually active.	1	2	3	4
8.2	Sex should not be discussed openly				

8.3	My daughter knows about sex so I do not have to talk about sex.				
8.4	I do not talk to my daughter about contraceptives because I am against it for unmarried girls.				
8.5	I find it difficult to find time to talk to my daughter about sex.				
8.6	I fear I may provide too much sexual information if I discuss sex with my daughter.				

9. Knowledge - 1-Strongly agree 2-Agree 3-Disagree 4-Strongly disagree

9.1	I really do not know enough about sex and other sex-related issues to talk about them with my daughter.	1	2	3	4
9.2	I do not know what is appropriate to discuss with my daughter.				
9.3	I do not know how to start sex discussions with my daughter.				

10. Comfort Level - 1-Strongly agree 2-Agree 3-Disagree 4-Strongly disagree

10.1	I find discussion on sex with my daughter embarrassing.	1	2	3	4
10.2	My daughter will get information somewhere else so I do not really need to talk to her about sex and sex-related issues.				

11. Have you had discussions on sex and sex-related issues with your daughter in Grade 11?

Yes	1		No	2	
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12. Content

Which of these topics are did you find comfortable do discuss with your daughter?

- 1- Very uncomfortable 2- Comfortable
3- Uncomfortable 4- Very comfortable

	PHYSICAL DEVELOPMENT/REPRODUCTION	1	2	3	4
12.1	• Menstruation				
12.2	• Birth control				
12.3	• Sexual intercourse				
12.4	• Conception				
12.5	• Condom use				
	PSYCHOLOGICAL ISSUES	1	2	3	4
12.6	• Dating				
12.7	• Sexual desires and needs				
12.8	• Prostitution				
12.9	• Sexual satisfaction				
12.10	• Moral issues about sex				
12.11	• Managing unwanted sexual pressures				

12.12	• Choice of a partner and marriage				
12.13	• Dangers of many sex partners				
12.14	• Sexual abuse and rape				
12.15	• Lesbianism	1	2	3	4
	PHYSICAL DEVELOPMENT/DANGERS				
12.16	• Abortion				
12.17	• STIs and HIV/AIDS				
12.18	• Teenage pregnancy and consequences				
	NON-PENETRATIVE SEXUAL ACT	1	2	3	4
12.19	• Masturbation				
12.20	• Petting				
12.21	• Oral sex				
12.22	• Pornography				

13. Timing: As far as you can recall, when was the first time you had sexual discussions with your daughter? 1- Yes 2- No

		1	2
13.1	Before she was 5 years old.		
13.2	When she was between the ages of 6-8 years.		
13.3	When she was between the ages of 9 – 12 years.		
13.4	When she entered high school.		
13.5	When she started menstruation.		
13.6	When she started dating.		
13.7	When she started asking questions about sex and sex related issues.		
13.8	I have not started.		

14. Who starts discussions on sex since after the first time?

I	1	
My daughter	2	
Both of us	3	
We don't talk about sex	4	

15. Who keeps discussions on sex going?

I	1	
My daughter	2	
Both of us	3	
We don't talk about sex	4	

16. Who ends discussions on sex?

I	1	
My daughter	2	
Both of us	3	
We don't talk about sex	4	

17. Frequency

How often do you talk about these topics with your daughter?

1-Never 2-Once or twice 3-Sometimes 4-Often
5-Very often

	PHYSICAL DEVELOPMENT/REPRODUCTION	1	2	3	4	5
17.1	• Menstruation					

18.12	• Choice of a partner and marriage				
18.13	• Dangers of many sex partners				
18.14	• Sexual abuse and rape				
18.15	• Lesbianism	1	2	3	4
	PHYSICAL DEVELOPMENT/DANGERS				
18.16	• Abortion				
18.17	• STIs and HIV/AIDS				
18.18	• Teenage pregnancy and consequences				
	NON-PENETRATIVE SEXUAL ACT	1	2	3	4
18.19	• Masturbation				
18.20	• Petting				
18.21	• Oral sex				
18.22	• Pornography				

19. Style: How do you discuss sex and sex-related issues with your daughter?

1-Strongly agree 2-Agree 3-Disagree 4-Strongly disagree

		1	2	3	4
19.1	I try to provide honest responses to questions on sex and sex related issues.				
19.2	I listen well by showing understanding and then respond.				
19.3	I discuss sex matters only when there is a pressing issue.				
19.4	I discuss sex freely with my daughter.				
19.5	I feel shy and uncomfortable talking about sex with my daughter.				
19.6	I avoid conversation about sex and related issues with my daughter.				
19.7	I find it convenient to talk about sex after sex related issues in a TV show.				
19.8	I get angry when my daughter asks me about a sex topic.				

20. How suitable do you think the following persons are to talk to your daughter about sex?

1-Not suitable at all 2-Not suitable 3-Somewhat suitable
4-Suitable 5-Very suitable

		1	2	3	4	5
20.1	Her father					
20.2	Her elder brother					
20.3	Her elder sister					
20.4	Her aunt or other female family member					
20.5	Her uncle or other male family member					
20.6	Female teachers					
20.7	Male teachers					
20.8	School counsellors					
20.9	Friends (female)					
20.10	Friends (male)					
20.11	Doctor					

Thank you very much for your assistance.

Appendix C

Dear principal,

PERMISSION FOR RESEARCH PROJECT

As a postgraduate student in the Faculty of Education, I am currently busy with a research project: “**Mother and Daughter Communication on Sexual Issues in Namibia**”.

The purpose of this study is to better understand the nature of sexual communication between mothers’ and daughters and the possible challenges that restraints effective sexual communication between mothers and daughters.

I am planning to obtain the necessary information for this research project through the use of questionnaires and interviews. The questionnaires and interviews will take place during the Life Skills class. Therefore, I kindly request you to oblige me the opportunity to use your school as one of the study centres.

Please note that the identity, all identifying information of the school and students as well as their responses will be kept strictly confidential and will remain anonymous. There will also be no financial implication for the school and the school timetable will not be affected in any way by the research project.

Please contact me at 0812774584 should you require more information.

Thank you for your co-operation.

Yours faithfully,

Funmilayo Akpokiniovo
Postgraduate student

Please complete the following in order to confirm your willingness to allow your school to participate in the research project:

I, _____ hereby give my informed consent to allow my school to participate in the above-mentioned research project.

Date: _____

Signed: _____

Appendix D

Dear mother,

PERMISSION FOR RESEARCH PROJECT

As a postgraduate student in the Faculty of Education, I am currently busy with a research project: “**Mother and Daughter Communication on Sexual Issues in Namibia**”.

The purpose of this study is to better understand the nature of sexual communication between mothers’ and daughters and the possible challenges that restraints effective sexual communication between mothers and daughters.

I am planning to obtain the necessary information for this research project through the use of questionnaires and interviews. Therefore, I kindly request you to complete a questionnaire that will not take more than 30 minutes of your time. The time for the interview will be scheduled for a time most convenient for you.

Please note that the identity, all identifying information of the school and students as well as their responses will be kept strictly confidential and will remain anonymous. There will also be no financial implication for the school and the school timetable will not be affected in any way by the research project.

Please contact me at 0812774584 should you require more information.

Thank you for your co-operation.

Yours faithfully,

Funmilayo Akpokiniovo
Postgraduate student

Please complete the following in order to confirm your willingness to allow your school to participate in the research project:

I, _____ hereby give my informed consent to participate in the above-mentioned research project.

Date: _____

Signed: _____

Appendix E

DISCUSSION GUIDE

1. How would you describe your sexual communication with your daughter/mother?
2. What have you done as a mother to prepare your daughter sexually?
3. How do you talk to your daughter about sex and sex-related issues?

4. What influence does culture have on your sexual communication with your daughter/mother?
5. What hinders you from talking to your daughter about sex and sex-related issues?
6. What do you think would help you as a mother to have good sexual communication with your daughter?
7. Why do you think it is important that your mother talks to you about sex and sex-related issues?