

# Mothers and sex education: an explorative study in a low-income Western Cape community

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Using a social constructionist grounded theory method, the investigation reported on in this study explored the role of mothers in their daughters' sex education in a low-income Western Cape community. Mothers were interviewed in order to explore how they viewed their daughters' sexuality and how they interacted with their daughters about it. The mothers were found to be uncomfortable with discussing sexual issues with their daughters; to equate their daughters' sexuality with danger; to attempt to protect their daughters from danger by discouraging sexual exploration, and to have only a limited capability for open sexual discussion. It is argued here that mothers' limiting constructions of female sexuality and sex education should be targeted in sex education programmes in this community.

## Moeders en seksopvoeding: 'n verkennende ondersoek in 'n Wes-Kaapse lae-inkomste gemeenskap

Sosiaal-konstruksionistiese begronde-teorie metode is gebruik om die rol van moeders in dogters se seksopvoeding te verken in een lae-inkomste Wes-Kaapse gemeenskap. Met onderhoude is moeders se persepsies van hulle dogters se seksualiteit, asook hulle interaksies met hulle dogters daarvoor ondersoek. Daar is gevind dat moeders ongemaklik was om seksuele kwessies met dogters te bespreek; gerig was op die gevare verbonde aan hul dogters se seksualiteit; gepoog het om hul dogters teen gevaar te beskerm deur seksuele verkenning te ontmoedig, en beperkte vermoë het vir openlike seksuele besprekings. Dit word beklemtoon dat moeders se beperkende konstruksies van vroulike seksualiteit en seksopvoeding aandag moet geniet in seksopvoedingsprogramme in hierdie gemeenskap.

Statistics indicate that sexual health problems such as HIV/Aids and teenage pregnancy are prevalent among young South African women. Figures from the provincial departments of education show that more than 72 000 girls failed to attend school during 2005 because of pregnancy (Govender 2006: 1), and according to a household survey, the HIV prevalence rate for women aged 15-24 is 12% (Shisana & Simbayi 2002: 48). Although most young South Africans claim to be aware of HIV/Aids, this basic awareness often fails to translate into any meaningful change in behaviour. Recent surveys show that substantial numbers of young people continue to participate in unprotected sexual activity (Eaton *et al* 2003: 151). To curb the prevalence of teenage pregnancy, sexually transmitted disease (STDs) and the growing HIV infection rate among adolescents, health organisations advocate effective risk-reduction programmes targeting the adolescent population group (Crothers 2001: 18-9).

A number of studies (Jaccard *et al* 2003: 85-7) have found that parent-child communication about sex is associated with reduced sexual risk behaviour among adolescents. The importance of mothers in shaping female adolescent sexuality has been specifically demonstrated by research (for instance Sieving *et al* 2000: 13-4). Adolescent girls who are satisfied with their relationships with their mothers are less likely to engage in risky sexual behaviour (Dittus & Jaccard 2000: 268). Furthermore, McNeely *et al* (2002: 64-5) found that mothers influence their daughters' sexual initiation more than they do that of their sons.

However, while these studies link parent-adolescent sexual communication with less adolescent sexual risk-taking, other studies conclude that parent-adolescent communication is related to increased sexual activity among adolescents. According to Romo *et al* (2002: 59), these contradictions may result partly from the use of self-report questionnaires. Although such questionnaires provide useful quantitative information, they tell us little in qualitative terms about how and what parents communicate on the subject of sex. Research on parent-adolescent sexual communication seldom focuses on the impact of specific topics of discussion between parents and adolescents (Jaccard *et al* 2003: 86).

Most studies on parent-adolescent sexual communication have been conducted with European-American families; the applicability of their findings to other population groups is uncertain (Miller *et al* 1998:

218, Romo *et al* 2002: 60). Despite the importance of community-specific information in developing interventions appropriate for specific communities (Brunswick & Banaszak-Holl 1996: 44, Tolman *et al* 2003: 4), little is known about mother-adolescent interaction about sex and how it may shape constructions of sexuality in the various South African population groups. In particular, rural communities in the Western Cape have been neglected by researchers in this field. This study aimed to address the lack of research by exploring the views and interactions of mothers and daughters about sex in a low-income Western Cape Coloured community.

## 1. Method

### 1.1 Theoretical point of departure

A social constructionist perspective served as the theoretical point of departure for this study. This perspective asserts that human sexuality is not a self-contained, separate, independent and consistent experience or entity, but is shaped by social contexts. It emerges in practices and meanings that are organised according to historical time, culture, gender and class (Kelly & Kalichman 1995: 907). People do not respond to an external reality but to their own definition of reality (Ibáñez 1994: 376). Socio-cultural practices and belief systems present the individual with constructs that make her/his experiences meaningful. These constructs are developed in a person's daily interactions in specific relational contexts and are therefore not simply the products of the individual. The way a person makes meaning of experiences is therefore imbedded in her/his context (Wortham 1996: 81). Since studies of women's experiences reveal a varied representation of sexual differences among cultures (Tolman *et al* 2003: 6, Salo 2002: 418), a woman's cultural context plays a key role in her understanding of and attitude towards sexuality.

In this study, we acknowledge that the mother-daughter relational context is shaped and influenced by various interrelated macro-contexts, including gender, socio-economic circumstances, community and culture/race. Any attempt to understand the participants' context should also take into account that the interrelation between history, race and socio-economic class is pertinent in South Africa, given its past of institutionalised discrimination (Morrell 1998: 605, Luyt 2003: 49).

The authors are mindful that the use of racial categories in South African scholarship is controversial and support the need to move beyond them. These categories are socially constructed, however, and carry important social meanings (Swartz *et al* 2002: 6). Leading South African psychological researchers (cf for instance Walker & Gilbert 2002: 79) have argued that the use of such categories in social research is important because it highlights the impact of apartheid on specific groups of people. In this paper, the category “Coloured” refers to South Africans considered to be of diverse and mixed-race origins. It represents one of the aspects that shape the social contexts of the women who participated in the study and does not suggest the existence of a homogenous Coloured social identity.

The position of Coloured people has always been particularly complex and Coloured identity remains contested and unstable (Laubscher 2003: 133-4). Even the use of the term “Coloured” is controversial because it was used to categorise people of mixed racial origins under the apartheid system and is still used to refer to race or ethnicity.

Coloured women experienced direct and active racial and gender discrimination under the apartheid system, which was also severely patriarchal. Growing up with social and political constructs (imposed by both church and state) of Coloured women as lesser beings who should submit to white people and to men precluded any notions of empowerment and agency.

Research on the social and cultural experiences, the group mores, and the dominant and opposing discourses of gender and sexuality that shape participants’ constructions of sexuality is limited. Although important work is being done on rural Coloured women in the Western Cape (for instance Kruger 2003), research on these women is still limited and unpublished. Given the need for community-specific data to inform sexual health interventions, and the shortage of such data on rural Coloured women, research on these neglected women is crucial.

The semi-rural community in which this study was conducted is located outside a medium-sized town surrounded by farms that require intensive labour. A previous study in this community indicated that the inhabitants are mostly working-class. Many of the adult women have only primary education. The community does not validate a positive female sexuality acknowledging women’s sexual needs, preferences and

pleasure. Religion appears to exert a strong influence on constructions of sexuality. The prominent churches are influenced by a Calvinist orientation. Religious affiliations and regular attendance at church services and events are important social mechanisms of status and reputation in this community. Marriage is a popular and revered institution. Pre-marital sex is considered socially undesirable by religious organisations, despite the frequent occurrence of out-of-wedlock pregnancies (Lesch 2000: 65, 162). The participants in this study live in socio-economic and gender contexts within which they have been and continue to be disempowered. This knowledge informs the analysis of their narratives.

## 1.2 Design

Charmaz's (1990: 1161) social constructionist grounded theory has been used in this study. In this method, data collection and data analysis are not two separate and distinct phases of the research process. Instead of first collecting data and then analysing it, grounded theory uses the emerging theoretical concepts and categories to shape the data collection while it is in process. The researcher makes new discoveries by attending closely to the data at hand; performs theoretical analyses based on interpretations found within the data, and compares the analyses with existing theory and literature pertinent to the area under study (Charmaz 1990: 1162).

In line with a social constructionist grounded theory approach, the objective of the study was first to develop theoretical conceptions directly from the data and then to explore the relevance of existing theoretical perspectives. In keeping with the organic evolution of the social constructionist grounded theory process, the relevant theoretical perspectives will be reviewed after the findings have been reported (Charmaz 1995: 47).

## 1.3 Participants

The study was conducted among low-income Coloured women in a semi-rural community in the Western Cape province of South Africa because available statistics indicated a high incidence of unplanned teenage pregnancies in the area. The study formed part of a larger research project on female adolescent sexuality in low-income rural Coloured communities in the Western Cape. In a previous study (Lesch 2000),

25 sexually active adolescent women were interviewed about their first experiences of sexual intercourse. Analysis of the data indicated that the participants had limited sexual agency: they were generally unable to imagine different options regarding sexual behaviour, or to make choices based on an assessment of the suitability of such options, or to act according to such choices. It was also found that mothers were powerful agents in their daughters' constructions of their sexuality, which was consistent with related research. It was therefore decided to consolidate the previous study's findings by exploring how mothers viewed their daughters' sexuality and interacted with their daughters about that sexuality.

The mothers of the 25 young women who participated in the earlier study were all asked to participate in the follow-up study. Their discomfort with discussions about sexuality was evident even in their responses to this invitation. They articulated feelings of suspicion and unease about the topic of study and most of them declined to participate on these grounds. We surmised that they considered the topic too private to discuss with a stranger. Despite assurances regarding anonymity and confidentiality, they remained concerned about the possibility that such private information could become known to the community. Only nine of the 25 mothers were eventually willing to participate. They were aged between 32 and 55, with an average age of 44. Two of them had completed secondary school, four had discontinued their education during secondary school, and the remaining three had only primary education. Seven of the women were housewives and two did general cleaning work. All of them had more than one child, with an average number of three.

To obtain informed consent, respondents were informed as to the purpose of the interviews. It was emphasised that respondents could refuse the interview, refuse to answer any particular question or end the interview at any time. Respondents were assured of anonymity. No identification of the subject, except her first name, was made on the audiotape of the interview.

#### 1.4 Interviews

In-depth interviews were conducted with the nine participants. Gender and cultural congruence between the interviewer and the interviewees

was ensured since the interviewer (a trained clinical psychologist and an experienced interviewer) is from a background similar to that of the respondents: female, Afrikaans-speaking and Coloured.

The interviews were semi-structured to the extent that all the women were questioned about the same broad range of topics. These included past and current experiences of their sexuality, their relationships, their personal views on sexuality, their views on their daughters' sexuality and how they communicated with their daughters about sexuality. Although an interview schedule was used as a guide, the style of the interviews was conversational rather than following a question-answer format. The aim was to facilitate open, detailed and spontaneous discussion, rather than to elicit circumscribed answers to predetermined questions.

### 1.5 Limitations of the study

This was an exploratory and qualitative study. The sample was small and is not representative of the community in which the study was conducted. Our findings, however, could be used to inform larger studies in this community, as well as to provide initial suggestions for sexual health programmes in this community.

## 2. Grounded theory analysis: protection that endangers

After *verbatim* transcription, the first interviews were coded, using line-by-line coding. As recommended by Charmaz (1995: 37), processes, actions and consequences rather than topics were coded. Codes identified in the first interviews shaped subsequent interviews, during which these themes were explored in more detail to see whether they were appropriate. These codes were also used when the second stage of interviews were analysed by means of focused coding. Codes resulting from the focused coding phase were compared with one another and organised into conceptual categories (Charmaz 1990: 1168). The following four categories were identified: mothers' discomfort with the subject of sexuality; mothers' equation of their daughters' sexuality with danger; mothers' use of various strategies to discourage their daughters from sexual exploration, and mothers' limited ability to communicate with their daughters about sex. As prescribed by Charmaz (1995: 42), the relationship of each of these conceptual categories was analysed with

the core category: mothers' protective attempts may endanger daughters' sexual health. In the next section, the categories underpinning this core category will be presented and discussed.

## 2.1 Discomfort with discussing sexuality

As indicated earlier, the women's unease with the topic of sexuality was evident as early as when they were asked to participate in interviews. Their disquiet became more evident when they were questioned about their experience of their own sexuality. They were uncomfortable, found it difficult to express themselves and indicated that they saw it as a subject one did not speak about. They also emphasised that they did not engage in sexual intercourse lightly or for reasons of pleasure:

My husband and I [...] we make time for it. But we won't like just do it every evening. There must be respect in it. (MN)

When asked about discussing aspects of their own sexuality with their daughters, the mothers were horrified at the thought. They felt it would be inappropriate and were adamant that they would not discuss it with their daughters:

No, I can't. I feel that sex is a biblical thing [...] how can I put it [...] there is too much respect around it to just tell her about it. (DD)

I can't do that [...] It is not really a thing that one talks about with your children. They are likely to think you are their pal and then [...] they think they can do what their pals do. (GL)

About myself I don't talk because those are personal things that belong in the bedroom and that should not just be discussed like that. (ML)

Talking about their own sexuality was evidently unfamiliar to the women. They lacked the vocabulary to express themselves and struggled to find the right words in the interviews. It was also clear that they lacked a construction of positive adult female sexuality — a sexuality that has an existence outside the heterosexual arena and that can acknowledge female desire. Their own mothers and grandmothers had apparently been a powerful influence in establishing these constructions of sexuality:

My mother was very old fashioned. You weren't allowed even to read love stories. She tore the books up if she found them. She did not even tell me about menstruation. My mother didn't tell me anything. Not even that you need to be careful with men. (JG)



The participants therefore belong to a generation that was socialised into a culture of silence about sexuality, and their own mothers had been instrumental in this process.

## 2.2 Sexuality and danger

For the mothers, the onset of their daughters' menarche signalled the beginning of a dangerous phase in their lives. They could not talk about or acknowledge pleasure and desire as aspects of sexuality:

When she started her menstruation I said: You are now a danger to men [...] you are ripe and if you sleep with a man, you will have a baby. (FC)

The daughter's developing body triggered the mother's protectiveness because she believed that the daughter was too young to protect herself against the dangers her body represented:

I didn't want it (menarche) to happen so soon [...] at that time she was only [...] twelve [...] turned twelve in that year. Oh! It was difficult! [...] I could not believe it [...] She told me that she can look after herself, but the devil is sly. If the young men come, the older ones [...] the man that made M pregnant [...] she was 16 and he was 24. Just look at how he overwhelmed her [...] (LM)

Pregnancy and the loss of education associated with early pregnancy were the main dangers which mothers associated with their daughters' sexuality. Sexually-transmitted diseases and HIV/AIDS were seldom mentioned, possibly because early pregnancy was a more visible common occurrence in their lives. Five of the respondents had experienced the hardship of early, unplanned pregnancy themselves and wanted something better for their daughters:

I had it difficult and through my pregnancy I lost my education. To get pregnant so young [...] it doesn't work. I talk to my daughters about life and the hardships that I had because I do not want it to happen to them. They must have a good life. (BD)

For the other women, too, early pregnancy and its negative consequences were familiar hardships in their immediate family and community:

I did not want my daughter to be like today's children who have children while they are still at school [...] No, my girl must make something of her life. (SA)

Some mothers did see the beauty of their daughters' developing bodies, but they equated this with the unwanted and dangerous attention of men:

You can make your little girl pretty and buy her the cutest things [...] but when she gets older, you want to hide her beauty because you fear that it will only bring disaster. (SA)

Mothers participating in this study did not permit their daughters to have sex, and certainly did not imagine them desiring or enjoying it. Eight of the mothers refused adamantly to acknowledge the possibility that their daughters might have sexual desires and be sexually active:

No, I can tell you with an assured heart that she won't do such things. (LM)

No! Never! Nothing of the kind. She is still OK. (BD)

For most of the mothers, the thought of their adolescent daughters having sexual desires or having sex was associated with uncleanness and loss of beauty:

It isn't right that young children keep themselves busy with such things. Also [...] then she will not be my beautiful and clean little girl any more because then she will be taken and that I do not want for her. (BD)

Other mothers thought that having sex before marriage would spoil the experience for their daughters:

I told her: Why do you want to be grown-up before your time. Wait until you are married. It is like [...] why do you want to wear a bra before you have breasts. Wait until it is your time then you will be excited about that first bra. And it is like that [...] that one must also be excited about your first time. (MN)

The one mother who had been explicitly confronted with her daughter's sexual desire thought it sinful and abnormal. She did not know how to have a conversation that acknowledged her daughter's sexual need. Her greatest concern was the harmful social consequences of noticeable signs of female sexual desire:

It looks like the child has a need for sex. I genuinely feel that I could just turn away from her. She makes my heart go closed. The other day she came home with a love bite in her neck. I talked to her. I told her that people will think badly of [her]. People will tell stories about [her]. What she is doing is not normal.

## 2.3 Strategies of control and protection

All the mothers appeared to care deeply about their daughters and to be earnest in their desire to protect them. They believed that controlling their sexuality and preventing sexual experience was the only way to protect them from sexual danger. They seemed to employ various strategies in their attempts to inhibit their daughters' exposure to possible sexual interactions. These strategies included warnings ("messages of danger"), threats, checking for signs of sexual activity and suggestions concerning contraception.

### 2.3.1 Warnings

Mothers reported that they constantly warned their daughters to be careful when they were away from home. These warnings were often vague and general, and did not include advice on strategies of protection:

Now when they go out I tell them to take care and be careful. (MN)

They also conveyed messages of danger by emphasising examples of disasters (rape and pregnancy) that had befallen other girls in the community:

I give my own daughter many examples of things happening in the community. I say: G, there is again a child that had to leave the school. And I tell her how the mother cried about her daughter. (LM)

The idea that bad things, over which they have no control, happen to young women is implicit in these messages. Unintentionally, these mothers were reinforcing a construction of women as powerless and lacking agency. They were conveying the belief that women are unable to protect themselves in the world.

### 2.3.2 Checking for physical signs of sexual activity

Some mothers believed that certain visible physical signs would indicate when their daughters had engaged in sexual intercourse:

A parent can see when a child has slept with a man. If your child's buttocks and breasts become flabby then you know she has slept with a man. (BD)

Most of the mothers, however, used the regularity of their daughters' menstruation as an indicator of safety:

When I talk to other mothers they also do it like that. They buy the pads and they put them in the cupboard. When they are not used then they know their children are pregnant. I buy all the pads myself, I keep them, and they must ask me if they need them. This way I know what is happening. (DD)

### 2.3.3 Threats of emotional disconnection

The mothers tried to steer their daughters away from sexual experimentation by implicitly threatening emotional disconnection from them. They suggested that sexual activity on their daughters' part would hurt and disappoint them deeply, and that it would create an emotional rift between them:

I feel, I do not curse my daughter, but [...] I've said to her that what you do unto your parents, will be done unto you. I did it to my mother and now I'm getting the same [...] look, uh [...] I broke my mother's heart, just like my daughter is breaking mine. (GL)

### 2.3.4 Suggestions concerning contraception

Another way in which the mothers tried to protect their daughters was to suggest the use of contraceptives. These mothers often saw contraception as a last resort in their attempts to protect their daughters from the dangers of men and sexuality. Instead of constructing the use of contraceptives as a way in which women can control their own sexual health, they constructed it as a damage control mechanism:

I told G: I think it is time to start you on contraceptives [...] I just thought to myself that with the state the world is in now, one should try to protect where you can [...] because the boys rape and the girls get pregnant. (BD)

Although these mothers supported the idea of contraception, they were ambivalent about actively advocating it to their daughters:

I do not want to put my daughters on contraception, but if you don't put your child on it you never know if she lies to you or not. And then if it happens that the child comes to you with a child, then you think: 'Why did I not put her on it?'

Mothers who suggested contraception to their daughters also conveyed their own ambivalence. Some made it clear that they saw it as a necessary evil, which they did not condone. Thus, daughters received mixed messages from their mothers:

I made them understand that if you do things that are wrong and if you think you are ready then I suppose you have to go on contraceptives. But I will not encourage them to do it. (ML)

Clearly, contraception was not adequately and affirmatively promoted as a responsible strategy for effective sexual health management. Yet, the mothers believed they had done their duty by raising the possibility of contraception. They appeared unaware of the power of the dissonance between the verbal and the emotional messages they were conveying.

The mothers who participated in the study feared community gossip about their daughters and worried that they would be blamed for allowing them to use contraceptives:

I've wanted to take her to the clinic but you know how people can talk and the stories they can tell about one. (FC)

If you go to the clinic with your card and people see you there then they only think wrong things. (GL)

They also feared that condoning the use of contraceptives would encourage their daughters to become sexually active:

If you put your child on contraception before it is right, then it's almost as if you're saying to your child that it is all right if she becomes a whore. She's likely to think: I can do it, I won't get pregnant, I can just relax. (GL)

## 2.4 Mothers' ability to communicate about sex

The respondents introduced the notion of open communication in the interviews. They believed that open communication was important in sex education, and they evidently wanted to let the researchers know that they knew and implemented this. However, they equated open sexual communication with conveying the possible consequences of sex as graphically as possible:

I often talk to her about these things. I talk openly. I tell it like it is. One must be brutal. I make it clear to her. (FC)

Although the mothers acknowledged that the "open" communication of their own mothers had been largely ineffective, this did not translate into an awareness that they should seek new strategies. They believed that conveying the reproductive consequences of sex constituted adequate sex education. There was no awareness of the importance

of a continuous and interactive process between mother and daughter about sexuality:

I tell them these things very openly, like my mother was open with me. I think it is important that we as parents must be open with our children. It is the best and if the child does not listen and lands in trouble then my conscience is clean. (BD)

These mothers were sincere in their desire and attempts to foster an open relationship with their daughters. They believed that informing their daughters about the dangers of life and sex and telling them about their bodily functions sufficed to initiate such an open relationship. Articulating the reproductive facts very brutally and openly in one final encounter was considered an effective way to encourage their daughters to communicate with them about sex:

I talk to my child about the dangers of life. One must tell one's child about these things. One doesn't want to be blamed one day. She can ask me if she wants to hear about these things. I will listen if she wants to talk to me. (SA)

Some mothers, however, acknowledged the silence between mothers and daughters about sexual issues and also realised that their children would probably not talk to them about sex:

Children like to keep things to themselves — personal things and such. I tell her about the dangers, but she is not likely to talk to me about these things [...] she does not come to me. (SA)

My children [...] sometimes [...] they don't find it easy to say things to me [...] They do not talk as easily as I talk. (ML)

Despite acknowledging their daughters' inability to bridge this gap of silence, the mothers could not think of ways to bridge the gap themselves. Instead of encouraging their daughters on a consistent and regular basis to talk about sex, they put the onus on the daughters to broach the issue:

Not one of them asked me about sex [...] I asked them: Aren't you supposed to come and ask me about these things. It's almost as if they want to keep these things away from me. But it is up to them to ask me. (RA)

Some daughters evidently did try to open up conversations with their mothers about sexual issues by asking indirect questions. The mothers, however, were unable to use these questions to engage in discussions of feelings and difficulties relating to sexuality:

They do ask me questions. They asked me what to do when you are going out with a boy and when is the right time to get pregnant. Then I say to them it is only right when you are married. And then they also asked me but how do you deal with it if your boyfriend does not want to accept this. And then I told them if he loves you he will wait until you are ready someday. (DD)

The mothers also gave contradictory messages about wanting to hear about their daughters' sexuality. On the one hand, they urged their daughters to tell them about their sexual lives and assured them that they could tell them anything but, on the other hand, they conveyed that they did not want to know if their daughters were indeed sexually active:

I'm very open with my daughter and I want her to be open with me, but she must also know what is right and what is expected of her [...] Children must know that they must be careful, but as a parent one must not say too much [...] otherwise you give your child too much rein. (LM)

One must be open. Your child must feel free to come and talk to you [...] I always ask her: Have you had sex yet? And then she says 'No'. And these are the types of things parents and children must talk about. And I told her that she must not lie to me [...] But perhaps she thought that I would hit her if she told me about the sex. (GL)

### 3. Discussion of the findings

Our analysis indicated that the mothers were earnest in their intent to protect their daughters and to act as sexual guides for them. They wanted to teach them about the pitfalls and the dangers of sex and sexual experimentation. It was clear, however, that their ability to act as effective sex educators was limited in important ways.

This finding coincides with international literature, which indicates that parents play an important role in shaping adolescents' sexual behaviour and that many parents would like to provide effective sex education, but that many of them fail to use their influence optimally (cf Lefkowitz *et al* 2000: 1383, Pluhar & Kuriloff 2004: 316-7.) Many American adolescents have indicated that they would prefer to receive their sex education from their parents (cf Miller *et al* 1998: 218, White & DeBlassie 1992: 184). However, in a number of studies a limited number of adolescent respondents reported that parents were a major source of this information (for instance LoveLife 2003: 1, White & DeBlassie 1992: 184). In the same study, adolescents rated their parents

highest in terms of influence on sexual opinions, beliefs and attitudes, but lower than friends, school and books as sources of sexual information (White & DeBlassie 1992: 184). A recent American study also found that, despite certain groups of adolescents reporting close relationships with their mothers, these adolescents reported significantly less sexual communication with their mothers than did the adolescent groups which reported less closeness (Somers & Vollmar 2006: 457).

South African adolescents also report limited sexual information and communication from parents. Setiloane (Macleod 1999: 9) found that 42% of his urban and only 6.85% of his rural sample of pregnant adolescents reported that their parents had informed them about contraceptives. In a previous study in the community under investigation in the current study, 42% of the 558 female adolescents reported that they had received sex education mostly from their mothers, and 36.4% mostly from friends. Approximately half of the respondents indicated that they had never had a discussion about sex with their parents, while only 22.8% had never discussed sex with friends (Lesch 2000: 107-8). It appears therefore that, while the female adolescents in the research community considered their mothers to be the most important source of sex information, friends tended to be the primary source of sexual discussion for them. South African parents' reluctance to discuss sex has been attributed to various factors, such as parents' refusal to acknowledge daughters' sexuality, parents' shyness about discussing sexuality, and religious reasons (Macleod 1999: 9).

The current study also found that the mothers' construction of their daughters' sexuality as dangerous and something they should be protected from curbed their potential to act as sources of open discussion about sexuality. This construction could be traced to an upbringing in a Calvinistic religious context that fostered restrictive constructions of sexuality. The mothers indicated that they had been socialised to believe that visible signs of female sexuality in unmarried young women represented sinfulness. Furthermore, the mothers had apparently learnt from their own mothers that instilling fear in their daughters would keep them safe from the dangers of sex.

Espin (1996: 89-100) emphasises the importance of mothers in the sexual development of daughters, and suggests that the social and cultural construction of sexuality becomes fixed and is carried over from



one generation to the next. Values and beliefs about what constitutes appropriate sexual behaviour are transmitted through the words and the silences that pass between women of different generations. These include ideas about pregnancy, male-female relationships, and women's reproductive health. Mothers provide core cultural values for women through what they say about men and other women, and about what a "good woman" is allowed and forbidden in their culture of origin. Contemporary beliefs and perceptions are therefore inevitably influenced and shaped by the previous generation.

The mothers who participated in this study seemed to believe that women were more likely to be sexually corrupted and/or violated if they did not fear sexuality. According to Gavey (1996: 51-63), extraordinary levels of sexual violence against women do indeed restrict the opportunities women have to protect their health and safety throughout the world. Feminist research in the domain of sexual danger is also receiving increasing attention. However, overemphasising the dangers and hiding the pleasures of sexuality did not make the world safe for women.

The current study highlighted the fact that by focusing on the dangers of sex, mothers may limit their daughters' capacity to explore their sexuality actively and confidently, and may prevent them from obtaining the necessary information and skills to manage their sexual health effectively. Ironically, in their attempts to protect their daughters, mothers may in fact endanger them. Romo *et al* (2002: 60-7) also found in their study of Latino mothers and adolescents that mothers' messages about sexual beliefs and values are often conveyed with cautionary messages or warnings. These authors concluded that more research is needed to understand how adolescents from different cultures interpret and perceive such messages.

The focus on the dangers of sex denies young women an erotic education which would give them a positive and empowering message regarding sex. Authors like Fine (1988: 33) and Tolman *et al* (2003: 6) emphasise the necessity of a sexual discourse that validates desire and pleasure for women, if women's sexual empowerment is to be advanced. According to Fine (1988: 33),

[S]uch a discourse would release females from a position of receptivity, enable an analysis of the dialectics of victimization and pleasure, and would pose female adolescents as subjects of sexuality, initiators as well as negotiators.

Moreover, Marcus (2004) argues that a mother's pride and enjoyment of her own body assists the daughter to claim her body as a source of pleasure. She further argues (2004: 707-8) that

maternal loving stimulation, appreciation for, and enjoyment of the girl's body, maternal approval of the girl's budding sexuality [...] are requisite for the girl's development of a healthy, passionate love life. [...] pleasurable transactions between mother and daughter may play [an important role] in sanctioning and helping to positively shape the daughter's relationship to her sexuality. These transactions [are] opportunities to share a physical closeness that may confer [...] permission for the daughter to enjoy her body in the presence of the mother.

The current study also revealed that, although mothers believed in the importance of open sexual communication, their understanding of open communication about sexuality was limited to content and they did not have the interactive skills to initiate a more equal and interactive communication process about sexuality with their daughters. The mothers' support of open sexual communication may have been brought about by current sexual health campaigns (for instance LoveLife 2003: 1) in the popular media that encourage parents to "talk about sex" with their children. The mothers' limited understanding of open communication, however, caused them to dominate conversations. They did most of the talking, giving warnings and focusing on the biological aspects of sexuality. In the previous study (Lesch 2000: 143-8), the adolescent daughters of these mothers confirmed that their mothers lectured them and did not initiate or encourage dialogue about sexual issues. Research on effective parental sexual communication, however, shows that mothers who talk less are more effective in sex education (Lefkowitz *et al* 2000: 1384).

It is also important that children should see their parents as approachable regarding sexual matters. Rather than THE ONE TALK that both parent and child often dread, there should be continuity in sexual communication between parents and their children, starting in the early years (Walker 2004: 246). In one of the few studies which focussed on how mothers and daughters communicate about sex, Pluhar & Kuriloff (2004: 316) found that the process of sexual communication is more important than the actual content. Their findings indicate that effective mother-daughter sexual communication is characterised by an interactive style of communication, as well as by the mother's ability to demonstrate empathy.

Sexual health interventions in the community studied should therefore first teach parents that the affective aspects of sexual communication are more important than content. Secondly, parents should be taught to listen and to connect with their children during discussions about sexuality. They should be willing to listen and to understand their children's feelings (Miller *et al* 1998: 221-2). Lefkowitz *et al* (2000: 1390-2) found that training sessions can help parents to improve their ability to act as sex educators. Their research indicates that just two training sessions in communication skills altered mothers' conversational style in such a way that they were less judgmental in their manner, talked less, discussed sex more, and asked more open-ended questions.

#### 4. Conclusion

Although the group of participants in this study was small, the findings of other studies regarding the role that mothers play in shaping their daughters' sexuality were confirmed. We would like to argue that, although they were not representative of the specific community, the research participants' views on sex education and the strategies they used also emerged in studies conducted in other communities. Our findings may therefore apply to other mothers in this community. For this reason, we want to highlight how our findings may be utilised for further sexual health research and interventions in the specific community.

Mothers' concern for their daughters' well-being should be viewed as a potential sexual health promotion resource which is not effectively utilised at present. To harness this resource, mothers' constructions of their daughters' sexuality, as well as their ideas on what constitutes effective communication about sex, should be addressed. Mothers should be helped to reconstruct their daughters' sexuality by seeing it as a healthy, normal and desirable aspect of the young women's lives. Furthermore, they should be enabled to facilitate a communication space in which daughters can talk about sex without fear of rejection and disappointment. This will be more effective in protecting daughters from sexual danger. Being empowered with the necessary communication skills, mothers will help their daughters to become sexual agents who can both enjoy their sexuality and safeguard their sexual health.

The current study also highlights the importance of further research in this area. We need to gain more information on how parents in various communities construct their role as sex educators and how they can best fulfil this role. This study's findings emphasise that we cannot assume that parents are equipped to act as effective sexual guides and simply urge them "to talk about sex". We also must ascertain which kinds of parental sexual communication are most effective so that we can in turn equip parents to provide effective sexual guidance. The role that fathers can play in sexual education should also be explored.

## Bibliography

- BRUNSWICK A F & J BANASZAK-HOLL  
1996. HIV risk behaviour and the Health Belief Model: an empirical test in an African American community sample. *Journal of Community Psychology* 24: 44-65.
- BURTON L M & C B STACK  
1993. The politics of pregnancy. Rhode & Lawson (eds) 1993: 174-85.
- CHARMAZ K  
1990. 'Discovering' chronic illness: using grounded theory. *Social Science & Medicine* 30: 1161-72.  
1995. *Grounded theory: rethinking methods in psychology*. London: Sage.
- CROTHERS C  
2001. Social factors and HIV/AIDS in South Africa: a framework and summary. *Society in Transition* 32(1): 5-46.
- DITTUS P J & J JACCARD  
2000. Adolescents' perceptions of maternal disapproval of sex: relationship to sexual outcomes. *Journal of Adolescent Health* 26(4): 268-78.
- EATON L, A J FLISHER & L E AARO  
2003. Unsafe sexual behaviour in South African youth. *Social Science & Medicine* 56: 149-65.
- ESPIN O M  
1996. 'Race', racism and sexuality in the life narratives of immigrant women. Wilkinson (ed) 1996: 87-103.
- FINE M  
1988. Sexuality, schooling, and adolescent females: the missing discourse of desire. *Harvard Educational Review* 58(1): 29-53.
- GAVEY N  
1996. Women's desire and sexual violence discourse. Wilkinson (ed) 1996: 51-65.
- GOVENDER P  
2006. Maternity leave for SA's pregnant pupils. *Sunday Times* November 26: 1.
- IBÁÑEZ T  
1994. Constructing a representation or representing a construction? *Theory and Psychology* 4 (3): 363-81.
- JACCARD J J, T DODGE & P DITTUS  
2003. Maternal discussions about pregnancy and adolescents' attitudes towards pregnancy. *Journal of Adolescent Health* 33(2): 84-7.
- KELLY J A & S C KALICHMAN  
1995. Increased attention to human sexuality can improve HIV-AIDS prevention efforts: key research issues and directions. *Journal of Consulting and Clinical Psychology* 63(6): 907-18.
- KRUGER L  
2003. Narrating motherhood: the transformative potential of individual stories. *South African Journal of Psychology* 33(4): 198-205.

LAUBSCHER L R

2003. Suicide in a South African town: a cultural psychological investigation. *South African Journal of Psychology* 33(3): 133-43.

LEFKOWITZ E S, M SIGMAN & T K AU

2000. Helping mothers to discuss sexuality and AIDS with adolescents. *Child Development* 71(5): 1383-94.

LESCH E

2000. Female adolescent sexuality in a coloured community. Unpubl PhD in Psychology. Stellenbosch: University of Stellenbosch.

LOVELIFE

2003. Love them enough to talk about sex.  
<[http://www.lovelife.org.za/parents/parent\\_talk/index.html](http://www.lovelife.org.za/parents/parent_talk/index.html)>

LUYT R

2003. Rhetorical representations of masculinities in South Africa: moving towards a material-discursive understanding of men. *Journal of Community and Applied Social Psychology* 13: 46-69.

MACLEOD C

1999. The 'causes' of teenage pregnancy: review of the South African research, 2. *The South African Journal for Psychology* 29(1): 8-16.

MARCUS B F

2004. Female passion and the matrix of mother, daughter and body: vicissitudes of the maternal transference in the working through of sexual inhibitions. *Psychoanalytic Inquiry* 24(5): 680-712.

MCNEELY C, M L SHREW,

T BEUHRING, R SIEVING,  
B C MILLER & R W BLUM

2002. Mothers' influence on the timing of first sex among 14- and 15-year-olds. *Journal of Adolescent Health* 31(3): 256-65.

MILLEER K S, B A KOTCHICK,  
S DORSEY, R FOREHAND & A Y HAM

1998. Family communication about sex: what are parents saying and are their adolescents listening? *Family Planning Perspectives* 30(5): 218-23.

MORELL R

1998. Of boys and men: masculinity and gender in Southern African studies. *Journal of Southern African Studies* 24(4): 605-30.

PLUHAR E & P KURILOFF

2004. What really matters in family communication about sexuality? A qualitative analysis of affect and style among African-American mothers and adolescent daughters. *Sex Education* 4(3): 303-321.

RHODE D L & A LAWSON

1993. *The politics of pregnancy*. New Haven, CT: Yale University Press.

ROMO L F, E S LEFKOWITZ,  
M SIGMAN & K TERRY

2002. A longitudinal study of maternal messages about dating and sexuality and their influences on Latino adolescents. *Journal of Adolescent Health* 31(1): 59-69.

- SALO E  
2002. Condoms are for spares, not the besties: negotiating adolescent sexuality in post-apartheid Manenberg. *Society in Transition* 33(3): 403-19.
- SHISANA O & L SIMBAYI  
2002. *South African national HIV prevalence, behavioural risks and mass media: household survey 2002*. Cape Town: HSRC.
- SIEVING R, C S McNEELY & R BLUM  
2000. Maternal expectations, mother-child connectedness, and adolescent sexual debut. *Archives of Pediatrics & Adolescent Medicine* 154: 809-16.
- SOMERS C L & W L VOLLMAR  
2006. Parent-adolescent relationships and adolescent sexuality: closeness, communication and comfort among diverse US adolescent samples. *Social behaviour and personality* 34(4): 451-60.
- SWARTZ L, K GIBSON & T GELMAN  
2002. Introduction. Swartz *et al* (eds) 2002: 1-7.
- SWARTZ L, K GIBSON & T GELMAN (eds)  
2002. *Reflective practice: psychodynamic ideas in the community*. Cape Town: HSRC.
- TOLMAN D L, M I STRIEPE & T HARMON  
2003. Gender matters: constructing a model of adolescent sexual health. *The Journal of Sex Research* 40(1): 4-12.
- WALKER J  
2004. Parents and sex education — looking beyond 'the birds and the bees'. *Sex Education* 4: 239-54.
- WALKER L & G L GILBERT  
2002. HIV/AIDS: South African women at risk. *African Journal of AIDS Research* 2: 75-85.
- WHITE S D & R R DEBLASSIE  
1992. Adolescent sexual behaviour. *Adolescence* 27(105): 183-91.
- WILKINSON S (ed)  
1996. *Feminist social psychologies: international perspectives*. Bristol: Open University Press.
- WORTHAM S  
1996. Are constructs personal? *Theory and Psychology* 6(1): 79-84.