



## Mother–daughter communication about sexual maturation, abstinence and unintended pregnancy: Experiences from an informal settlement in Nairobi, Kenya

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Parental communication and support is associated with improved developmental, health and behavioral outcomes in adolescence. This study explores the quality of mother–daughter communication about sexual maturation, abstinence and unintended pregnancy in Korogocho, an informal settlement in Nairobi, Kenya. We use data from 14 focus group discussions ( $n = 124$ ) and 25 interviews with girls aged 12–17, mothers of teenage girls, and key informant teachers. Many girls and women believed that mothers are the best source of information and support during puberty but only a minority described good experiences with communication in practice. Girls preferred communication to begin early and be repeated regularly. Mothers often combined themes of sexual maturation, abstinence and avoiding pregnancy in their messages. Communication was facilitated by mothers' availability, warmth and close parent–child relationships. Challenges included communication taboos, embarrassment, ambiguous message content, and parental lack of knowledge and uncertainty. Neighborhood poverty undermined some mothers' time and motivation for communicating.

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### Introduction

There is a growing body of literature that demonstrates the significant role parents play in preparing their adolescent children for adult life. Effective communication is an essential aspect of parent–child connectedness, and is associated with improved developmental, health and behavioral outcomes in adolescents (Ackard, Neumark-Sztainer, Story, & Perry, 2006; Boutelle, Eisenberg, Gregory, & Neumark-Sztainer, 2009). Parental social and emotional support with menarche (first menstrual period) contributes to emotional wellbeing during adolescence and positive adjustment to puberty among adolescent girls (Greif & Ulman, 1982; Koff & Rierdan, 1995; McPherson & Korfine, 2004; Ruble & Brooks-Gunn, 1982; Swenson & Havens, 1987). Communication between parents and children also helps young people to acquire the knowledge and skills needed for avoiding sexual risk taking (Short & Rosenthal, 2008; Stubbs, 2008). A large body of literature from the USA reveals that parent–child communication on sex-related topics is associated with greater contraceptive use and ability to delay sexual debut or negotiate safe sex, fewer sexual partners, and reduced risk of unintended pregnancy among young

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people (DiClemente et al. 2001; Hutchinson, Jemmott, Jemmott, Braverman, & Fong, 2003; Miller, Levin, Whitaker, & Xu, 1998). The content, timing, frequency and style of communication play crucial roles in determining whether parents are able to influence their offspring's behavioral intent (Jaccard, Dodge, & Dittus, 2002; Miller et al., 1998).

Parent-child communication is of particular importance in sub-Saharan Africa, where the risk of HIV, STIs, unintended pregnancies and unsafe abortions are high among adolescents (Bearinger, Sieving, Ferguson, & Sharma, 2007) and where other community protective factors such as school-based and traditional forms of sexuality education are often weak (Sommer, 2009; Undie, Crichton, & Zulu, 2007; Wamoyi, Fenwick, Urassa, Zaba, & Stones, 2010). In sub-Saharan Africa, the average annual birth rate for girls aged 15–19 years is 143 per 1000, which is more than double the worldwide average of 65 (Bearinger et al., 2007). Although knowledge about HIV prevention is increasing among young people, less than half can correctly answer five basic questions about HIV in 15 countries with high HIV prevalence (UNAIDS, 2010). Research from Tanzania also suggests that some young people feel they lack guidance and emotional and practical support with the changes they experience during puberty (Sommer, 2009), pointing to the need for further research on how the communicative role of parents can be strengthened.

While the frequency of parent-child communication on sex-related issues varies between different African cultures and contexts, it is generally lower than that of industrialized countries. The proportion of adolescent girls reporting that their parents have discussed sex-related matters with them is 14% in Burkina Faso and 38% in Uganda and Ghana (Biddlecom, Awusabo-Asare, & Bankole, 2009). Less than half of parents reported discussion about sex-related topics in a national survey in Kenya (Kiragu, Obwaka, Odallo, & Van Hulzen, 1996), compared to approximately 90% of parents in the USA reporting such discussions (Eisenberg, Sieving, Bearinger, Swain, & Resnick, 2006). Discussion of contraception is even more rare in sub-Saharan Africa (Biddlecom et al., 2009; Namisi et al., 2009).

Research about the relationships between parent-child communication and behavioral outcomes in sub-Saharan Africa is inconclusive, with some studies finding evidence of positive associations between communication and sexual risk avoidance (Babalola, Oleko Tambashe, & Vondrasek, 2005; Magadi & Agwanda 2009) and others finding no association or mixed associations (Biddlecom et al., 2009; Kawai et al., 2008). Some of these inconsistencies may be due to simplistic measures of communication that only examine the presence or absence of communication or its frequency, without considering the qualities of communication needed to influence behavioral outcomes (Biddlecom et al., 2009; Kawai et al., 2008).

In this paper, we use a conceptual framework by Jaccard et al. (2002) for assessing parent-adolescent communication. We selected this framework because it allows us to assess the quality and effectiveness of communication in influencing an adolescent's behavioral intent. This framework, based on social-psychological theories of attitude change, persuasion and behavior, identifies five aspects of communication that determine its effectiveness: the characteristics of the source (parent) and recipient (adolescent), the content of the message, the way the message is communicated, and the context. In the first area of the framework, parental attitudes, knowledge, skills and confidence have important influences on parent-child communication (Jaccard, Dittus, & Gordon, 2000). Second, communication is likely to be harder when young people are shy, reluctant to discuss issues with their parents, or unwilling to be guided (Jaccard et al., 2000). Young peoples' perceptions of their parents' degree of expertise, trustworthiness and accessibility are particularly important in determining health outcomes (Guilamo-Ramos, Jaccard, Dittus, & Bouris, 2006; Schouten, van den Putte, Pasmans, & Meeuwesen, 2007). In sub-Saharan Africa, perceptions that parent-child discussion about sexual maturation and sex is culturally inappropriate undermine both parents' and children's willingness to communicate (Izugbara, 2008; Mbugua, 2007; Namisi et al., 2009; Wamoyi et al., 2010).

Moving to the third area of the conceptual framework, message content in parental communication relating to sexual maturation is varied and includes developmental and societal concerns, sexual safety, and experiencing sexual activity (Jaccard et al., 2002). As well as conveying facts, messages can involve emotional content, such as parental disapproval about adolescent engagement in sexual intercourse. Fourth, the way the message is communicated, including its timing, frequency and tone, has an important influence on its effectiveness. For example, open, reciprocal and repeated communication may be more effective than dictatorial approaches or a single, 'big talk' (Martino, Elliott, Corona, Kanouse, & Schuster, 2008). Communication can also vary between verbal face-to-face communication, nonverbal communication and modeling behaviors (Jaccard et al., 2002). Parent-child communication in sub-Saharan Africa is often given in the form of punitive or threatening communication tactics rather than reciprocal discussions (Izugbara, 2008; Wamoyi et al., 2010). Such approaches may not address children's concerns, encourage self-reflection or help them to develop skills needed for avoiding sexual risk. Lastly, characteristics of the family context, such as family structure, parenting style, socio-economic status, and broader communication and relationship patterns in the family are under-researched factors that are likely to influence parent-child communication (Jaccard et al., 2002). Community-level factors such as neighborhood poverty may also interact with parenting practices to influence youth health outcomes (Roche et al., 2005).

### Study context

The study was carried out in Korogocho - an informal urban settlement in Nairobi, Kenya. As with other informal settlements in sub-Saharan Africa, Korogocho has high levels of poverty, unemployment, migration, overcrowding, insecurity, low levels of education and poor health outcomes (African Population and Health Research Center [APHRC], 2002). Positive parental communication on sexual maturation is especially important in urban informal settlements, because the risk of poor sexual health outcomes is particularly high. In Nairobi's informal settlements, the median age of sexual initiation is 15 years (Dodoo, Zulu, & Ezeh, 2007). There are high levels of pregnancies among women aged under 20 in these settings, of which

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