

Chapter Two

Maternal Sexuality Socialization of Kenyan Daughters

Wairimu Muita & Wanjiku Khamasi

Abstract

Young people are at a higher risk of contracting HIV than other population groups in Kenya as is the case elsewhere in sub-Saharan Africa. Kenyan adolescents constitute more than 25.9% of the country's population (KNBS, 2010). Ignorance about human sexuality among adolescents informs their attitudes and risk-taking behaviours. Informal educational interventions that target adolescents can complement school interventions and help protect them from the risks of sexual infections and accidental pregnancies. As a result of biological and socioeconomic factors, HIV has a gender bias that increases the risk of infections among females than males. This research focused on pre-teenage girls how they are socialized with respect to sexuality by their mothers before they became sexually active. The study adopted a quasi-experimental design with a target population of 220 women and their 10-12 year-old daughters. Half of this population constituted the experimental group and the second half the control group. Both groups were subjected to a pre-test, which also served as a diagnostic tool that informed the design of an educational intervention programme. The experimental group received an educational programmatic intervention for a period of six months at the end of which a post-test was carried out to evaluate the impact of the educational programme. The pre-test results revealed no significant differences in the demographic profiles of the experimental and control groups, as well as in the ways the mothers interacted with their daughters during school days, and weekends and in the subjects of their communication. The post-test however showed significant differences between the control and experimental group in favour of the experimental group. A comparative analysis of pre-test and post-test data on mother-daughter communication about sexuality highlighted the importance of educational programmatic interventions, for the pre-teenage girls. The analysis showed that parents can effectively socialize their young offspring about sexuality. Nevertheless, the importance of programmatic interventions should not be downplayed.

Keywords: socialisation, adolescents, human sexuality, reproductive health.

Introduction

The research study focused primarily on the inter-generational transfer of information about sexuality from mothers to their pre-teenage (10-12 year-old) daughters. The aim was to strengthen maternal roles in the sexuality socialization of their offspring, when the latter were still relatively young and impressionable.

Adolescents and young adults between the ages of 15 and 25 years are at greater risk of contracting HIV than older or younger Kenyan populations (National AIDS/STI Control Program [NAS COP], 2009). The study hypothesized that if mothers socialized their young daughters about how their bodies develop and function, and about menstruation and hygiene, human reproduction, boy-girl relationships, responsible behaviour, sexually transmitted infections (STIs) including HIV and AIDS, they would have prepared them significantly for many challenges they would encounter during their adolescence and young adulthood. The young girls would, for example, have been equipped with knowledge and skills that would empower them to protect themselves against the risk of accidental pregnancies and of contracting sexually transmitted infections including HIV.

Kenya is among the countries with highest HIV prevalence and her adolescents, like elsewhere in sub-Saharan Africa, are categorized among groups at highest risk of infection nationwide. Citing the Ministry of Health, Velcoff (2010) reports in her Doctoral Thesis entitled *Mother and daughter communication about sexual health in rural Kenya* that the real effort to combat HIV/AIDS at a national level in Kenya began when AIDS was declared a National Disaster on 1st December 1999. The effort was accelerated in 2002 when the President (Mwai Kibaki) begun the *Total War on AIDS* campaign which brought together both religious and political leaders (Velcoff, 2010). At the time of the Kenya Demographic and Health Survey (KDHS) (2008-09), the country's HIV prevalence was 6 percent which is viewed as undoubtedly high, although there had been a decline of 1 percentage point since the 2003 KDHS (KDHS, 2009). There are no data on HIV prevalence of pre-teenage children. HIV prevalence is higher among Kenyan women of reproductive ages - 15 and 49 (8%) in comparison to that of males of the same ages (4%). This is because females are generally at greater risk than their male cohorts because of biological and social factors. This underscores the urgent need to direct programmatic and other attention to females even before they attain their reproductive ages to empower them to protect themselves against the risk of contracting HIV and of unintended pregnancies. Some young people commence sexual activity relatively early often unprotected against the risk of sexual infections including HIV and pregnancies (NAS COP, 2009; Singh et al, 2005).

Kenya is characterized by a youthful age structure with young people under the age of 15 years constituting 41% the total population (Population Reference Bureau, 2012). Globally, improvements in nutrition, scientific knowledge and technology,

have led to relatively better health, which for girls is marked by a decline in the age at menarche. Prolonged formal education delays age at marriage for both gender, thus creating an elongated bio-social gap between childhood and adulthood, a period when these populations are physically mature to become parents yet immature in all other aspects, and still socially and economically dependent!

If difficulties associated with adolescent reproductive health are to be avoided and/or prevented, attention must be given to younger populations before they attain the age of adolescence. It is imperative that interventions targeting the pre-teens are put in place when their attitudes and values are being formed and before their sexual debut. Well-implemented comprehensive sex education can be valuable in enabling the targeted audience to choose to postpone sexual involvement or take protective measures against pregnancies and diseases (Singh et al, 2005).

As early as 1989, the World Health Organisation (WHO) recommended that informal health education should begin early in life and be incremental upon growth and development. The home therefore offers an ideal environment for sexuality socialisation of children and places parents in a better position than anyone else to undertake the educator role. Parents have a fundamental role to play in the sexuality socialisation of their offspring. They are after all, their children's first educators and, whether they intend to or not, are bound to influence them in one way or another. Parents are undoubtedly well-placed to assist their children in understanding positive views of sexuality which embrace human reproduction, anatomy, physiology, family life education, pregnancy, childbirth, parenthood, sexual response and orientation, contraception, abortion, sexual abuse, STIs and HIV/AIDS (United Nations, 1989).

Parental education if imparted early and progressively can influence the behavioural choices of their young children. Sexual behaviours are neither innate nor instinctive, but are learned and a result of 'taking in' processing and incorporating 'cues and cultural norms' (Feyisetan and Pebley, 1989). Such an education can also help provide young people with an opportunity to question, explore and assess their sexual attitudes in order to develop their own values, increase self-esteem, develop insights concerning relationships with members of either gender and understand their obligations and responsibilities (WHO, 1989, Allen, 2005).

Maternal sexuality socialization is likely to possess greater prospects of instilling and inculcating the desired attitudes and values, particularly when its target group is still unexposed to conflicting and confusing sexual messages and peer pressure to conform to an adolescent sub-culture. Pre-teens (10-12 year olds) might prove to be more malleable and trusting than adolescents (UN, 1989). Such an education intervention has the potential to enhance the mothers' confidence in their own ability to provide sexual guidance to their young offspring.

There are virtually no data available in respect to the roles of mothers in the preparation of their pre-teenage daughters for adolescence. While a great deal is known about

teenage/adolescent reproductive health, little if anything is known about that of pre-teenage children. This study sought to fill in this gap.

Study design and methodology

The study adopted a quasi-experimental research design. The sample comprised 192 mothers and their daughters aged 10-12 year. It is important to note that the study did not escape the attrition of some mothers and their daughters during the 30-month study. A few girls left to join high schools and/or transferred to other schools. Half the sample formed the experimental group and was drawn from Gatundu Division, Thika District, while the second half - the control group – was drawn from the Lari Division of Kiambu District. Gatundu and Lari were originally administrative Divisions in Kiambu District which is today Kiambu County. By drawing the two target groups from different geographical location, the researchers reduced the risk of spill over effects relatively effectively. Only mothers and daughters living in the same household and willing to actively participate in the study were considered eligible.

Data were collected at two levels. During a *pre-test* (base-line) survey, a structured questionnaire was administered to collect information from all the mothers about their knowledge on sexuality, their perceptions about parental roles in imparting sex education, the reasons inhibiting their roles in respect to sexuality socialization, and the extent to which they actually educated their offspring about the subject. The *pre-test* questionnaire was used as a diagnostic tool that informed the development of a mothers' education programme. A second pre-test questionnaire was also administered to collect data from the pre-teenage daughters.

After the *pre-test* observations, half of the mother sample (experimental group) was exposed to a 24-week (one afternoon weekly) educational programme while the other half (control group) was not. The programme covered sexuality-related topics, for example, body development, boy-girl relationships, adolescent sexual behaviour, contraception, drug use and abuse, among others. Working with audio/visual professionals, the researchers also developed a 25-minute video-tape with a story line that would help the audience to view a real-life situation where a mother socialized her biological young daughter in their mother-tongue. The film portrayed to its target audience a real life situation from which they could learn how sexuality socialization could be informally carried out. The mothers were encouraged to progressively use the new information they were gathering to informally educate their pre-teenage daughters about the various topics covered in the programme.

Six months after the 24-week education programme, the two questionnaires used in the *pre-test* observations were administered a second time to the mothers and their daughters in both the experimental and control groups. The mothers' questionnaires for the post-test, contained additional questions specifically on the education programme. During the period between completion of the pre-test observations and the week before the post-test observations, the researchers had no contact with the control group who were not supposed to know about the education programme.

The *post-test* helped to measure the impact of the education programme by comparing the knowledge and attitudes of the mothers and their daughters in the experimental and control groups, and the extent to which the mothers in the experimental group were better able to socialize their offspring about sexuality. The researchers also measured the extent to which there were differences in the number of girls in both groups who were reporting having had sexual intercourse since the *pre-test*.

The data generated from the *pre-* and *post-test* observations of the mothers and their daughters were analyzed using the statistical package from social scientists (SPSS) computer programme. Comparisons of the two observations – *pre-* and *post-test* - were carried at three levels in order to answer the following questions: were there significant differences:

- in the experimental and control groups during the *pre-* and *post-test* observations;
- within each group between the *pre-test* and *post-test* results, and
- between the experimental and control groups following the *post-test* observations.

Research findings

Characteristics of the mothers: The mothers sample spanned a 43-year age-range with a mean age of 35.84 years in the experimental and 38.93 in control groups. Married women dominated both the experimental (79%) and control (80%) groups. Generally, the mothers had relatively low formal educational levels. Slightly over one-fifth (21%) of the control group mothers had no formal education and another 30% only 1 – 4 years of formal schooling in comparison to the one-fifth (19.8%) of the mothers in the experimental group who fell in these two categories. Nearly half of the respondents in the experimental (49%) and one-third of the control groups had no secondary school education. Seventeen percent of mothers with no formal schooling had nevertheless enrolled in an adult literacy class because they could read and write in their mother tongue.

The daughters' profile: A total of 197 girls formed the experimental (104) and control (93) groups respectively. At the commencement of the study, this population was aged between 10 and 12 years. The girls sample had more 12 year-olds than 10 year-olds by 8.6 percentage points. The former were the largest single group (55%) in the experimental category, while 10-year olds formed the control group. The girls were in grades (standard) ranging from four to six at the time of the *pre-test* observations. (This paper focuses on the mother sample. The results of the data collected from the questionnaires targeting the pre-teenage girls will be presented separately in a different publication.)

Mothers' knowledge about HIV/AIDS: A comparative analysis of the performance of the two sample mother groups after the *pre-test* observation showed that the mothers were not entirely ignorant about HIV/AIDS, although there was great

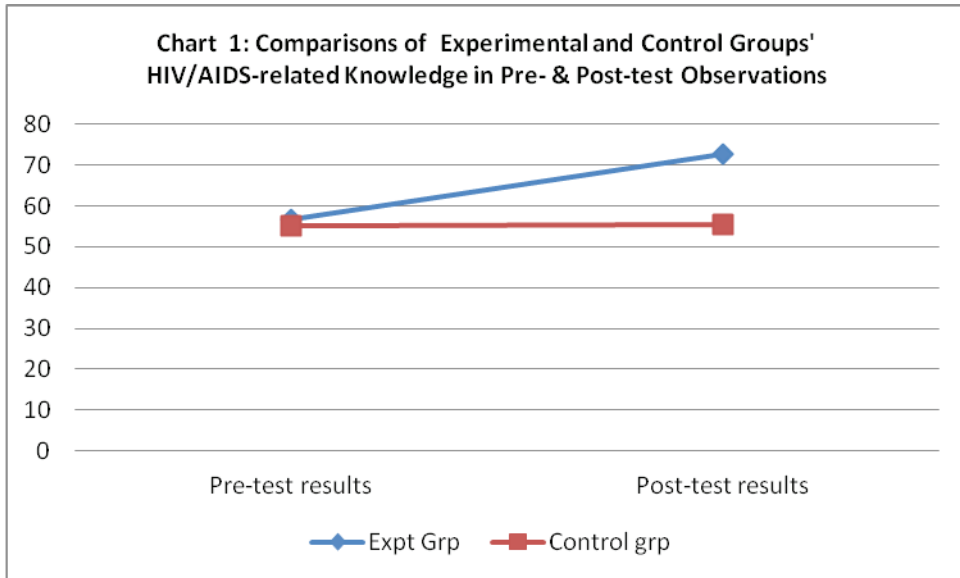
need for improvement. At the pre-test, the differences in the mothers' HIV/AIDS knowledge scores between the experimental (57%) and control (55.4%) groups were negligible (1.6 percentage points). After the educational programme, however, the experimental group's knowledge about the strategies of reducing HIV/AIDS increased significantly, while that of the control group stagnated. Table 1 and Chart 1 present the differences in the performance of the mothers during the programme impact evaluation, within each and between groups.

Table 1: A Comparative Analysis of the HIV/AIDS Knowledge of Mothers by Experimental and Control Groups

Strategies that can reduce HIV Risk	Experimental Group (N=123)			Control Group (N=97)		
	YES	NO	TOTAL	YES	NO	TOTAL
Nothing can	65.5*	34.5**	100.0	57.4*	42.6**	100.0
Abstinence	68.9	31.1	100.0	63.4	36.6	100.0
Use of condoms	67.7	32.3	100.0	51.6	48.4	100.0
Avoiding blood transfusions	66.4	33.6	100.0	40.0	60.0	100.0
Sterilize needles	62.5	37.5	100.0	28.7	71.3	100.0
Mutual faithfulness	90.2	9.8	100.0	92.3	7.7	100.0
HIV-testing	86.2	13.8	100.0	55.8	44.2	100.0
Average Total	72.6	27.4	100.0	55.4	44.4	100.0

* Proportion who knew that there are ways of reducing people's risk of HIV-infection. ** Proportion that did not know that HIV-risk could be reduced.

As indicated in Table 1 above, nearly three-quarters (72.6%) of the experimental group was aware of the strategies that can be used to fight HIV-infections compared to 55% of the control group. A comparative analysis of knowledge level differentials between the *pre- and post-test* is presented in Chart 1.



While there are no significant differences within the control group in the proportions displaying correct responses in the *pre-test* (55.0%) and *post-test* (55.4%) surveys, there are marked differences within the experimental group (an increase of 16 percentage points) as can be seen in Chart 1. The researchers attribute the marked differentials in the *pre-* and *post-test* observations within the experimental group and between the two groups to exposure of the experimental group to an education programme and the deprivation of the control group to the programme. Table 2 presents the same data in detail.

Table 2: Pre-/Post-test Differences by Question Categories between Experimental and Control Groups

Strategies that can reduce HIV Risk	Experimental Group			Control Group		
	Pre-test results	Post-test results		Pre-test results	Post-test results	
Abstinence	74.0	68.9	↓	80.0	63.4	↓
Use of condoms	58.9	67.7	↑	82.0	51.6	↓
Avoid blood transfusions	50.0	66.4	↑	78.7	40.0	↓
Sterilize needles	45.8	62.5	↑	23.1	28.7	↑
Mutual faithfulness	56.3	90.2	↑	47.3	92.3	↑
HIV-testing	55.2	86.2	↑	42.2	55.8	↑

The **downward-pointing** arrows indicate a decline in the proportion of respondents that knew the correct response during the programme impact evaluation since the baseline survey, while the **upward pointing** arrows indicate an increase.

Maternal sexuality socialization of daughters

The study primarily aimed to strengthen maternal roles in socialising their offspring about sexuality-related matters.

Topics related to sexuality: The researchers sought to find out which topics related to sexuality the mothers educated their daughters about. The list included such topics as, the changes occurring in the body during puberty, menstruation and hygiene, hormones and sexual feelings, relationships with the opposite sex, of immense relevance to boys and girls during puberty. Table 3 displays the proportions of the women, from the two groups separately and combined, who had ever discussed any of the listed topics by the time the baseline and diagnostic survey or the pre-test was carried out.

According to the *pre-test* observations, between eight and 38% of all the mothers reported having ever discussed some of these sexuality-related topics with their daughters. There are however variations by topics in the increase of the mothers who had had the discussions with their daughters in the two years following the *pre-test*. There is, for example, no significant change in the proportions of mothers who discussed ‘*sexual feelings*’ with their daughters in comparison to the large increases in the mothers in the experimental group who discussed body changes during puberty (49.6%), hanging out with boys (65.3%), among others as can be seen in Table 3. The effects of history and maturation could explain the increases in the number of mothers in the control groups who were also able to discuss some of the highlighted topics with their offspring although the proportions were relatively lower than those of the experimental group mothers.

Table 3 also provides comparative data of the differentials in the proportions of mothers in each of the two (experimental and control) groups who had discussed the various topics with their daughters by the time of the *pre-test* observations as well as the *post-tests*. At the former survey, the two most discussed topics by the experimental group were ‘*hanging out with boys*’ and ‘*AIDS*’, while the ‘*risk of pregnancy*’ was most commonly discussed by the control group mothers. The latter two topics remain the subjects discussed by the highest proportion of mothers in each group in the period preceding the *post-test* observations.

Table 3: Proportions of Mothers who Discussed Specific Sexuality-related Topics with Daughters

Sexuality-related topics	Observations	Experimental Group		Control Group	
		Total Group size (N)	%	Total Group size (N)	%
Menstruation and hygiene	Pre-test	(90)	24.4	(91)	22.0
	Post-test	(125)	64.8	(113)	62.8
Body changes during puberty	Pre-test	(92)	16.3	(95)	22.2
	Post-test	(125)	49.6	(117)	26.3
Sexual feelings	Pre-test	(92)	29.3	(93)	5.4
	Post-test	(125)	24.0	(122)	9.8
Hanging out with boys	Pre-test	(91)	42.9	(91)	14.9
	Post-test	(125)	65.3	(122)	16.4
AIDS	Pre-test	(91)	31.9	(95)	44.2
	Post-test	(125)	86.4	(122)	61.5
Risks of pregnancy	Pre-test	(91)	16.5	(95)	26.3
	Post-test	(125)	73.6	(122)	55.7
Risks of STDs	Pre-test	(89)	24.2	(95)	7.4
	Post-test	(125)	66.4	(122)	41.8
Boy/girl relationships	Pre-test	(89)	11.2	(95)	5.3
	Post-test	(121)	60.5	(122)	29.5
Marriage	Pre-test	(82)	17.1	(89)	10.1
	Post-test	(121)	38.8	(120)	13.3

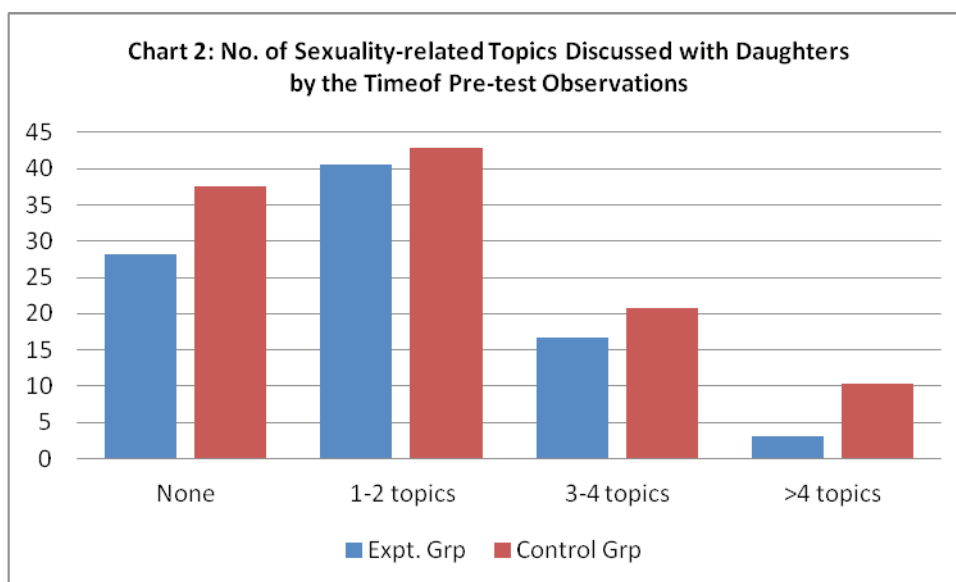
The most marked increase within the control group is in the discussions about ‘*menstruation and hygiene*’ (by 41 percentage points) and ‘*risk of STDs*’ (34 percentage points). The increases are however significantly uniformly high between the two groups in the mothers who discuss about ‘*boy/girl relationships*’ and ‘*menstruation and hygiene*’ with their daughters.

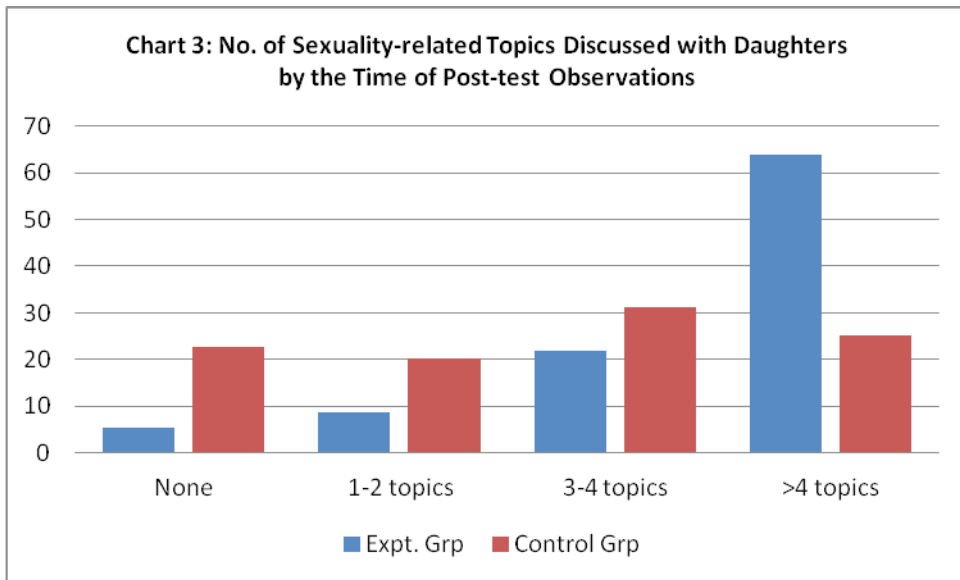
From the onset, one of the primary considerations influencing the selection of the study district (Thika) was the high prevalence of HIV infections. At the time the study was conceptualised, the district had the highest prevalence in the country. It would be erroneous to attribute the increases in the mothers who report discussing the subject with their offspring solely to the education programme, for the control group was not exposed to it. The increases in these mothers are undoubtedly a pointer to

the importance HIV/AIDS has assumed. Rural populations are increasingly aware of the pandemic's ramifications. Many parents are today more cognizant than ever before of the risk to which their offspring are exposed. The most cost-effective and practical strategy open to these mothers is evidently awareness creation, education and dialogue.

The mothers in the experimental group who reported having discussed some aspects of sexuality with their daughters increased from 33% in the *pre-test* observations to 61.3 percent – a difference of 28 percentage points – almost doubling the subject. Among the control groups however, the increase as expected is not as significantly marked.

The differentials between the two observation surveys (*pre-* and *post-tests*) in maternal sexuality topical discussions are presented graphically in Charts 2 and 3. In the *pre-test* observation, the mean number of subjects discussed by the total mother sample is 1.99 topics, which explains the clustering of the highest number of mothers who discussed any of the subjects around 1 – 2 topics. The topics discussed increased moderately, by the time the post-test observation was carried out, to a mean of 3.01 topics. A comparative examination of the same data by experimental/control group reveals important findings about the spread of the topics discussed by experimental and the control cohorts (Charts 2 and 3).





Finally, the 24-week education intervention programme undoubtedly impacted upon the experimental group mothers' attempts to socialize their offspring about sexuality issues. The researchers acknowledge however that it is difficult and impossible to control all the effects of history and other extraneous factors in a social science study. The collaboration efforts of the media, international, governmental and non-governmental agencies, and faith- and community-based organisations have played important roles in transmitting information about sexual and reproductive health including HIV/AIDS. While it is impossible to quantify their impact, the researchers acknowledge their roles.

Factors inhibiting communication

Over 40 and 60 percent of the mothers in the experimental and control groups respectively, reported during the *pre-test* survey never having discussed any of the listed nine sexuality-related topics with their 10-12 year-old daughters, and six and 23% by the *post-test* observation survey. Several reasons were blamed for the failure of the mothers to broach the subject of sexuality with their daughters.

'She is too young'/'It is too early': Almost unanimously, these mothers lamented that their daughters were *'too young or too small'*. A significant proportion of the girls in both experimental and control groups were generally smaller than their ages.

'It is too early': On average three-quarters of the mothers, who had never discussed any subject relating to sexuality were of the view that it was too early to discuss the subject with their daughters.

'Mothers' fears and embarrassment': The second most commonly cited inhibiting factor was maternal fear of *embarrassment* and/or of causing embarrassment to their

daughters. On average 27% and 38% of the mothers in the experimental and control groups respectively, who had never discussed any subject relating to sexuality with their daughters expressed this fear.

'Sexuality discussions are not cultural': Almost a quarter (24%) of the mothers who had never broached the sexuality subject with their daughters (24%) was of the view that inter-generational communication about sexuality was 'uncultural'. During focus group discussions some argued that few if any of them had not been socialized by their own mothers and that this therefore explained why they had problems with the maternal socialization role. *'Sex education is taught in schools' / 'Our daughters know more than we do'*: According to 21 and 10 percent of the mothers in the control and experimental groups respectively, such discussions were unnecessary because their daughters were taught the subjects in school and because purportedly, 'the girls knew more about sexuality than their mothers'. It is unlikely, with a load of more than 50 children in a class, that primary school teachers could afford quality time to meaningfully impart sexuality education, counsel, train them about its applicability and relevance in the pupil's own lives.

These findings highlight the importance of a programmatic intervention to educate, train and expose the mothers to factual information with regard to parenting, parental responsibilities, the dangers threatening the lives and health of their young daughters.

Conclusions

The study findings established that mothers who have received the education programme were more likely than those who had not to discuss the various sexuality-related topics with their daughters. It is of immense importance for ways to be found to sustain the mothers' motivations in the socialization of their young children.

From the findings of the study, the researchers concluded that if Kenyan mothers were exposed to an educational programme that equips them with knowledge and skills using the same dialects as used at home, they would then be enabled to effectively socialize their offspring about important issues touching on their lives. It is important that such a follow-up programme is put in place, to sustain the mothers' motivation levels.

In the past two decades the Government of Kenya has acted on various reproductive health and social research and indeed clarified existing and designed new policies that led for instance, sexually active adolescent to visit family planning clinics for counselling and other services. Such centres are today relatively more youth-friendly than ever before. Whether adolescents actually use these services is outside the scope of this research.

The mothers have an important role to play in the fight against ignorance within their families. Populations, marginalized by poverty and limited formal education, dominate Kenya and must be a target for well-designed and supported programmatic health education, as well as services.

References

- Allen, L. (2005). 'Say everything': exploring young people's suggestions for improving sexuality education, *Sex Education: Sexuality, Society and Learning*, 5 (4), 389-404.
- Feyisetan, B. and Prebley, A. R. (1989). 'Premarital Sexuality in Urban Nigeria.' *Studies in Family Planning*, 20 (6): 343–354.
- Kenya National Bureau of Statistics (2009). Kenya Demographic and Health Survey 2008-2009. Preliminary Report. Nairobi, Kenya
- Kenya National Bureau of Statistics (2010). The 2009 Census Report. Government Printers, Nairobi.
- National AIDS/STI Control Programme Kenya (2009). 2007 Kenya AIDS Indicator Survey: Final Report. Nairobi, NASCOP
- Population Reference Bureau (2012). 2012 World Population Data Sheet. Population Reference Bureau, Washington DC
- Singh S., Bankole, A. & Woog, V. (2005). Evaluating the need for sex education in developing countries: sexual behaviour, knowledge of preventing sexually transmitted infections/HIV and unplanned pregnancy, *Sex Education: Sexuality, Society and Learning*, 5 (4), 307-331.
- United Nations (1989). 'Adolescent Reproductive Behaviour.' *Population Studies* 109/Add./ST/ESA United Nations/ SER/109/ADD/New York.
- Velcoff, J. (December 2010). Mother and Daughter Communication about /sexual Health in Rural Kenya. Theses and Dissertations, DePaul University. University Libraries. College of Liberal Arts and Social Sciences. Chicago, Illinois. <http://via.library.depaul.edu/cgi/viewcontent.cgi?article=1062&context=etd>. Downloaded on 4th January 2013.
- World Health Organization (WHO) (1989). The Reproductive Health of Adolescents: A strategy for action (A Joint WHO/UNFPA/UNICEF Statement) Geneva.

'Juvenile' Toilet Door Posting: An Expression of Gendered Views on Sex and Sexuality