



Effects of communication between mothers and their adolescent daughters on sexual health in Sokoto North

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Abstract

Communication between mothers and their adolescent daughters on sexual health has been a difficult task for both mothers and their adolescent daughters. The objective of this study is to find out the existence of the communication between mothers and their adolescent daughters on sexual health, the methods mothers employ and the effect(s) of the communication. Quantitative method was employed in the study, three hundred questionnaires were administered to secondary school girls aged 10-19 from three secondary schools in Sokoto North using systematic sampling. The daughters revealed that their mothers do not communicate with them about issues concerning sexual health, even though they are interested in the discussion. Mothers revealed that they do not discuss issues related to sexual health because it will lead the child to engage in sexual activities. In conclusion the study revealed that the communication between mothers and their adolescent daughters on sexual health does not exist in Sokoto north. The study recommended that sensitization and awareness should be created either by the Government or other institutions to encourage mothers to educate their daughters on issues concerning their sexual health.

Keywords: adolescent daughters, communication, sexual health, sexually transmitted diseases

Introduction

In Africa, communication on sexuality or sexual health is usually labeled as a taboo; mothers and daughters rarely exchange ideas about sexual health usually because of “culture of silence” and “culture of shyness”. Most communities view sexuality as secret which should not be discussed openly except when there is a problem, even then they are discussed in figurative language and among people of same age. Most adolescents in Nigeria are sexually active and complications of pregnancy, childbirth, and unsafe abortions are the major causes of death among girls aged 15-19 years while 15-24 years-old women have the highest rates of sexually transmitted infections (STIs), including HIV (UNICEF, 2001) ^[21].

Children are exposed to so much information about sexuality, relationship and sex, so if parents do not give the right information, they will definitely pick up messages from their friends, the internet, television and magazines (Ogbobine, 2016) ^[16]. According to Agyei, *et al* (1990) ^[1] almost 30% of girls between 15-21 years have been reported to engage in abortions in Kampala. In Nigeria, female Adolescents face similar challenges and the gap in communication increases their vulnerability, because they are socialized against discussing sexuality, so they are unable to insist on condom use which often puts them at the risk of unwanted pregnancies, early marriages *e.t.c* (Kims, *et al* 2001) ^[10].

Talking about sexual issues with children is a difficult task for most parents. Baku, (2014) ^[4] indicated that most parents lack the knowledge, the skills and confidence to discuss sexual and reproductive issues with their adolescents. Myth about sex education: some people have the belief that talking to children about sexuality, relationships and sex is a way of encouraging children to engage in sexual activities. Just because they are

curious about sex does not necessarily mean they are interested in having sex, research has shown that it has quite the opposite effect. Studies have shown that discussing sexual reproductive topics with children early and frequently prevents and delays early involvement in sex (Levine, 2011; Murphy, 2011) ^[20].

According to Ogbobine (2016) ^[16] children need to know that their bodies will be changing, if you talk to your child you will find out what they already know and what they want to know. She also added that teenagers find it much harder to talk to their parents or guardian about sex and relationship than younger children, therefore, parents should open up to their children, show them you understand and you are approachable. Parents ought to enlighten their offspring on sexual risk behaviours and give their children right information about physical and emotional changes, health and unhealthy relationships, consequence of pre-marital sex (pregnancy, abortion, sexually transmitted diseases). Parents should help their children exercise responsibility regarding sexual relationships including abstinence and not given into peer pressure as there are benefits associated with communicating with children about sexuality, (Ogbobine, 2016) ^[16].

In Sokoto there have been several reported cases of sexual assault, amongst many was a recent case reported by the Nigerian Pilot, (2015) “11-year-old girl impregnated by three teachers in Sokoto”. A lot of issues like this have been rumored around town to be happening but cases like these are hardly reported because these young girls are probably afraid of being stigmatized and parents on the other hand may feel ashamed to report the case to proper authorities so as not to go viral.

Training parents to talk to their adolescents about sexual issues will reduce sexual risk behaviours among adolescents and young people, because of the high risk of sexual health problems, there

is a need to explore the roles mothers can play in providing information to their adolescent daughters on the subject of sexuality and sexual health. There is also the need to establish content, context and frequency of communication between mothers and their adolescent daughters.

Study Objectives

The objectives of the study were to find out the existence of communication between mothers and their adolescent daughters, to explore methods mothers adopt to educate their adolescent daughters on sexual health, to determine the effect(s) of the communication between mothers and their adolescent daughters on sexual health in Sokoto North.

Theoretical Framework

Mother-daughter communication on sexual health can be explained using the Social learning theory. It will be used to explain the topic because it focuses on the social group an individual belongs to, and how the social group influences the individual.

Social Learning theory

This theory is of the view that people learn by observing others, it focuses on the learning that occurs within a social context. It considers that people learn from one another, Bandura (1963) ^[5] posits that learning is a cognitive process that takes place in a social context and can occur purely through observation or direct instruction, even in absence of motor reproduction or direct reinforcement. Bandura (1977) ^[6] behavior is learned from the environment through the process of observational learning, He emphasizes the importance of observing and modeling the behaviors, attitudes and emotional reactions of others. Bandura (1977) ^[6] formulated four Principles of Social Learning; attention, retention, reproduction and motivation.

The social learning theory explains how adolescents learn about sexual health from people around them, their parents, peers, television, school etc. which may be positive or negative. It could take the process of the four principles. How they pay attention to activities around them then retain these activities in their thoughts and then reproduce it which is acting what they had seen previously and then being motivated that is either being punished or rewarded for that activity.

Methodology

The study on effects of communication between mothers and their adolescent daughters on sexual health was conducted in Sokoto north. It employed the use of mixed methods; combination of both quantitative and qualitative research. The research focused on secondary schools in Sokoto north particularly the "only girls" schools and few mothers of children from each of the schools using questionnaires to get information from daughters and in-depth interview (IDI) guide to get information from mothers. The questionnaire was structured into four sections, the first contained the demographic characteristics of respondents', the other three were structured according to the objectives of the research, that is to determine the existence of the communication on sexual health between mothers and their adolescent daughters, the methods they employ and the effects of the communication. Systematic sampling was used for the quantitative study, while for the qualitative, purposive sampling

method, because of the large population, respondents were chosen based on the purpose of the research. Questionnaires were administered systematically to adolescent daughters while in-depth interview was conducted on the mothers. In each class the first student and every third student were administered a questionnaire until the last questionnaire was administered in each school. For the IDI all the Counselors of the 3 schools were interviewed as they were considered mothers. To analyze the data collected from the questionnaire, the use of statistical tools was employed using descriptive analysis aided by statistical package for social sciences (SPSS), frequency, percentages and tables, pie chart and bar charts. While for the in-depth interview, content analysis was used. It is a procedure for the categorization of verbal or behavioral data, for the purpose of classification, summarization and tabulation. This was to make sense of the data collected and to highlight the important messages; features and findings. Prose style was employed to present the data.

Discussion of Findings

The study conducted on communication between mothers and their adolescent daughters on sexual health in Sokoto North revealed some similarities with the literature reviewed also there are areas of divergence. Respondents were adolescents' 10-19 years and mothers of which majority is Muslim. Using the variable: body development, sexual intercourse, pregnancy and abortion to measure sexual health, It can be generalized that daughters do not communicate with their mothers on sexual health this is because majority of them only discussed issues concerning their body development with their mothers' the other three variables were not, as daughters do not communicate with their mothers on sexual intercourse, pregnancy and abortions, this is because many recorded fairly comfortable, shy discussing these issues with their mothers and most of their mothers are usually angry during the conversation, also when they ask their mothers' questions her answers are usually confusing.

Respondents who were interviewed revealed that the reasons why mothers do not communicate with their adolescent daughters in Sokoto North is because it is against the tradition of the people to talk to younger ones on issues concerning sexual health, as people are not used to it, because they only look at the negative side of the conversation. This can be linked to Biu, (2014:92) ^[7] who reported that parents generally, avoid any mention of sex in their day-to-day relationship with their children as sex education is still considered a taboo subject in the Nigerian society. Majority of the respondents in Sokoto North, who said they have discussed with their mothers issues concerning sexual health revealed that their mothers' initiated the conversation on sexual health when they started menstruation as this is in line with Obono, (2012) ^[15] report that most mothers initiated the talk when their daughter started menstruation. Most of the respondents prefer to talk to their mothers on issues concerning sexual health, followed by those who prefer to talk to their friends unlike Yesus and Fantahun, (2010) ^[24] who reported that most adolescent students would rather prefer to discuss reproductive matters with their peers than parents, also Sentumbwe *et al.*, (1993) ^[19] only few of the adolescent mentioned having ever discussed sexual matters with their parents and according to his report most of his respondents discuss such matters with their friends and this is because they are shy to discuss it with their parents. This is in line with the respondents in Sokoto North as Majority of the

respondents reported shy and this also was confirmed by one of the mothers in an interview. Few respondents revealed that they prefer to talk to their fathers on issues concerning sexual health and this is in contrast to what a mother revealed during the qualitative research that girls do not like to talk to their fathers' issues concerning their sexual health. Also majority of the respondents in Sokoto do not want to keep quiet about their sexual health unlike previous studies which recorded that adolescents do not want to talk to anybody on issues concerning their sexual health.

Discussing issues concerning sexual health with adolescents according to respondents encourage them to go into such acts, this is in line with most previous studies that communication with mothers and adolescents on sexual health will lead the adolescent to wanting to experiment what they have discussed even though one of the mothers interviewed discarded this idea, saying that it is not true, that when daughters know the repercussion of an act they try as much as possible to refrain from that action.

The method of communication thus determines the collaborative or conflicting outcomes while some mothers discuss calmly, others do not and this has implication for effectiveness of messages.

Majority of mothers in Sokoto north do not discuss with their mothers on sexual health, they had no idea on methods mothers adopt to communicate with their adolescent daughters on sexual health, but the few who have had the conversation before with their mothers said their mothers preferred to talk to them directly, this is in line with mothers interviewed that yes they prefer to talk to their daughters' directly and that they could not give them magazines to read or send them to counselors for counseling because majority of the mothers in Sokoto north are illiterates as only a few revealed that their mothers encourage them to listen to radio and T.V programs. Some also added that mothers teach their children using their experiences and that of others to educate them on sexual health, this is in line with encouraging their daughter to listen to radio and T.V programs about sexual health. Some also send them to their aunts for sex education, they also provide them with relevant books and magazines and some talk to them directly, some also send their daughter to a counselor, and some also did not assist their daughter to get necessary information and this is in line with Sentumbwe *et al.*, (1993)^[19] who reported that mothers also reported that they assist their adolescent daughters in a number of ways to access information about sexual health such as encouraging their daughter to listen to radio and T.V programs about sexual health.

The adolescents in Sokoto North revealed that for them, the communication between mothers and their adolescent daughters on sexual health does not necessarily safeguard the daughters' sexual health this is in contrast to Obono, (2012)^[15] who noted that the transfer of reproductive health translates to safeguarding adolescent sexual and reproductive health. They also do not agree that daughters who did not discuss issues on sexual health with her mother have a high tendency of engaging in sexual risk behaviours. Also they think that it does not reduce the rate of teenage pregnancies.

The mothers interviewed in Sokoto north agreed with Ogbobine (2016)^[16] that it would reduce the rate of teenage pregnancies, abortions, also they (two out of the three respondents) noted that there is a negative part in this communication, that it can lead a child to experimenting it but one mother interviewed rejected this

view that communication between mothers and adolescent daughters on sexual health only have positive effects, that when the adolescent knows the outcome of an action, they prevent themselves from being victims.

Conclusion

The study of the effect of communication between mothers and their adolescent daughters on sexual health in Sokoto north can be said to have presented almost same result as previous studies carried out in Kaduna state, Uganda, Tanzania etc. the communication between mothers and their adolescent daughters on sexual health revealed the perception of mothers and adolescent daughters have towards communication and the effects of the communication. The communication between mothers and their adolescent daughters on sexual health does not exist in Sokoto north. The daughters do not appreciate the importance of the communication even though they will not mind having discussion with their mothers on sexual health. The mothers are not interested as it is against the tradition and for them the negative effect outweighs the positive effect of the communication between mothers and their adolescent daughters on sexual health.

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