



**NEEDS ASSESSMENT FOR
MOTHER/DAUGHTER COMMUNICATION:
AN EMPOWERMENT TOOL FOR WOMEN**

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1997

ACKNOWLEDGMENT

The Center for the Study of Adolescent would like to thank Family Health International/AIDSCAP for funding this project. I would also like to thank the Research Assistants; Isabella Chege, Mumbi Machera, Nancy Gikaara and Tijara Alawi. I also would like to extend my appreciation to Janet Hayman for her insights and useful comments at all stages of the study.

I wish to extend my personal gratitude to the Data Analysts Dr. Muriithi Koome and Andrew Muriithi and to all those people who agreed to be interviewed for their time and the information that they provided

I would also like to thank Isabella Manthi for typing the work and John Nyaga for his great support services.

Finally I would like to thank all the members of the CSA Secretariat who helped in the completion of this project.

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EXECUTIVE SUMMARY

1.1. BACKGROUND TO THE STUDY

This is a report of a qualitative needs assessment on mother/daughter communication relating to sexuality and HIV/AIDS prevention among a group of mothers and daughters in Nairobi. It was the first of a proposed three-phased project whose title was "Mother/ Daughter Communication A Tool for Women Empowerment"; designed to enhance communication between mothers and their daughters. Phase one was needs assessment, phase two was to be the intervention stage and phase three was to be evaluation. However only phase one of the project is covered by this study.

1.2 .RATIONALE

Studies in Kenya indicate that girls have inadequate and inappropriate information and skills to cope with their life tasks as girls, to prepare them for adulthood and for HIV/AIDS prevention. The role of the mother/daughter communication in providing information and skills has been underplayed despite the weakening traditional culture systems in providing these. Findings of this needs assessment will be crucial in the design of interventions aimed at improving and strengthening the communication patterns.

1.3. OBJECTIVE

The major objective of this study was to strengthen communication patterns between mothers and their daughters in order to enhance the acquisition of skills for their prevention of HIV/AIDS and STDs. Barriers and gaps in the communication patterns between mothers, daughters and sons were explored and identified.

The study's aim was also to seek ways of empowering mothers to provide appropriate role models to their children in order to enhance development skills, so that they can develop responsible and healthy relationships in matters related to sexuality, and HIV/AIDS prevention.

1.4. SAMPLE SIZE

A total of 40 participants were recruited into the study in the following categories:

- 1) 20 mothers (10 Christians and 10 Muslims). The mothers were also categorized according to the lower and higher educational levels.
- 2) 20 teenage daughters (10 Christians and 10 Muslims) aged between 10 and 19 years.
- 3) Information on sons and fathers was sought indirectly from the mothers and daughters.

1.5. DATA COLLECTION

Being a qualitative study, the data was collected using two methodologies as follows: -

- 1) 40 in-depth interviews with mothers and daughters
- 2) 8 Focus Group Discussions (For mothers alone and daughters alone)

The study took place between January and March 31st 1997.

1.6 .FINDINGS

The study found out that the daughters did not have effective information and skills for HIV/AIDS prevention. Further there was in congruency between the daughters' information needs and what they actually received from their mothers. The mothers did not provide information to their daughters and sons because the mothers themselves did not apply their knowledge and skills in their own HIV/AIDS prevention, and did not believe that condoms are protective techniques. The communication patterns between mothers and daughters were very poor, while that with sons was minimal. Although mothers and daughters expressed desire to communicate, they experienced numerous obstacle in their communications. Both accused each other of being hostile, cautious, non-attentive, suspicious, and manipulative. Both had difficulties discussing sexual matters. The study also found that daughters had a false sense of their ability to manage their sexuality and HIV/AIDS prevention. Even those who were engaging in sexual activities still claimed that they had information about sex and could walk away, scream or say no to boys and men who demanded sex. None of the daughters, even the sexually active were using condoms.

Another interesting finding was that after the FGDs and the rapid interventions, 40% of the mothers and 35% of the daughters reported that they had noticed some positive changes and improvements in their attitudes, behaviour and communication toward each other. On their own part, the mothers reported that they had made attempts to change their own behaviour and attitudes towards their children. They further reported that they needed to build more trust among themselves and their daughters; gain more knowledge on STD/HIV/AIDS so that they could pass accurate information to their daughters/sons.

Similarly, according to the daughters, the mothers were listening to them more and had started to request brothers to assist in household chores. The daughters also reported that they felt more at risk of contracting HIV/AIDS and the importance of "abstinence and remaining to one faithful partner." The daughters also indicated that they would like their mothers to counsel them more, initiate conversations and not "react to crisis all the time"

1.7. CONCLUSION AND RECOMMENDATIONS

The findings of the study indicate that there is need to address the issue of communication patterns between mothers and their daughters particularly on sexuality and HIV/AIDS prevention.

The study also found out that most of the mothers (60%) and daughters (65%) still had many communication problems and other needs that still require to be addressed, hence the necessity for interventions that would address them. A clear need was identified to develop interventions that would strengthen mother/daughter communication. These interventions would:

- Train mothers and daughters on assertive skills development through role plays and participatory education theatre.
- Empower the mothers and their daughters in their negotiation for protected sexual relationships with their partners.
- Provide mothers and daughters with accurate information on the condom and other HIV/AIDS prevention method.
- Improve communication patterns between mothers, their daughters and sons so that they can acquire information and skills that will help them in HIV/AIDS prevention.
- Design and implement an education package on HIV/AIDS for mothers and daughters.

On the whole, the fact that mothers and daughters were showing slight improvements in their relationship and communication after very little rapid interventions implies that with more formalized interventions a lot can be achieved towards this end.

Given the significance and sometimes unexpected nature of the findings of the study, despite the small number of subjects, the study should be repeated with a larger group of mothers and daughters to further explore and validate these findings in order to implement the necessary interventions.

1. INTRODUCTION AND BACKGROUND TO THE STUDY

This is a report of a qualitative needs assessment on mother/daughter communication relating to sexuality and HIV/AIDS prevention. It is the first of a proposed three-phased project whose title was "Mother Daughter Communication A Tool for Women Empowerment", designed to enhance communication between mothers and their daughters.

1.1. RATIONALE

In their journey towards adulthood, young girls are faced with a myriad of physical, personality, emotional, social and other demands associated with growing up. Studies in Kenya indicate that girls have inadequate and inappropriate information and skills to cope with their life tasks as girls and to prepare them for adulthood.

For example, girls have inadequate information and skills on how to deal with hormonal and physiological changes as well as with the emerging sexuality characteristic of adolescence. Girls lack skills for negotiating healthy relationships. Consequently, they engage in risky sexual behaviours that predispose them the HIV/AIDS infection and other related reproductive health problems. Girls therefore need communication techniques on how to define and understand themselves; their values and their world view as women; their aspirations, roles and how to achieve them as well as how to manage their relationships among themselves and with the males.

Studies have attributed this lack of information and skills to the breakdown of traditional family and community cultural systems, which were provided to young girls. While rural-urban migration, increasing nuclearisation of the family, Christianity and introduction of the formal education system have been associated with the diminishing role of the grandmother, aunts, mothers and initiation ceremonies, in providing information to the young related to the above issues, it is evident that these traditional systems defined solutions or management of girls' sexuality which included disempowering strategies such as early marriage and circumcision to reduce sexual desire.

1.2. PROBLEM STATEMENT

An analysis of existing research related to the "information and skills vacuum" among young girls, raises a number of problematic issues that need to be addressed. First, while researchers and other concerned persons have decried the diminishing role of the traditional socialization agents, they have not seriously questioned the role played by cultural traditional beliefs and practices in perpetuation of negative gender stereotypes from one generation to another. This issue needs to be addressed.

Secondly, researchers on traditional socialization patterns tend to underplay or ignore altogether the role of the mother in socialization of adolescent girls. While recognizing that mothers were primary socialization agents for very young girls and children, some researchers have argued that mothers had absolutely no role to play in providing information to adolescents particularly on matters related to sexuality, relationships with men and reproduction. Some of these notions persist even today and have been used to rationalize why mothers do not provide information to their daughters on these issues.

In seeking alternatives to the eroding traditional socialization systems, there is more concern today with highlighting the role of peers, the school, the religious institutions, the counsellors, among others, rather than with that of the mothers. While these have significant roles to play in filling the young girls communication gaps, the role of the mother cannot continue to be underplayed or ignored.

Classical learning theories suggest that learning takes place throughout life through instruction, conditioning and modelling. While mothers may not be seen to provide formal instructional lessons on some issues, as primary socialization agents they communicate a lot of verbal and nonverbal information to their daughters. Through the verbal and non-verbal reinforcement of expected behaviour patterns and modelling, daughters inevitably learn from their mother in their day-to-day interaction.

Further, some researchers have adopted a "blaming the victim approach to their analysis of mother and daughter communication. Even where the mother's role in providing information to their daughters has been recognized, rather than seek ways to strengthen it, researchers have blamed mother for failing, withholding or refusing to provide it. Daughters have also been blamed for not seeking information from their parents in what Furstenberg calls a "conspiracy of silence" between mothers and their daughters. These notions have to be changed particularly in light of the emerging information that both mothers and daughters desire to communicate with each other. Hence, while some efforts have been made to identify the communication problems and barriers between mothers and daughters, ways of addressing them have not been identified. It is critical that these are addressed.

1.3. PROJECT PURPOSE

The goal of the project was to strengthen communication patterns between mothers and their daughters so that as girls acquire information and skills the communication process becomes empowering not only to the girls but also to their mothers. Subsequent information and skills for prevention of STD and HIV/AIDS can be acquired within the context of empowering patterns of communication. These new communication patterns will be perpetuated in future generations when these daughters become mothers themselves.

The project aim therefore was to:

- 1) Enhance appropriate skills development among mothers so that they are able to communicate to their girls and boys on sexual matters.
- 2) Strengthen girls' skills in communicating with their mothers and fathers so that they can seek appropriate information for the prevention of HIV/AIDS.
- 3) Empower the mothers to provide an appropriate role model to her children in order to enhance proper skills development so that she can relate in a responsible healthy manner in matters related to sexuality.
- 4) Empower girls so that they can manage their sexuality in ways that prevent them from risks of acquiring STD/HIV/AIDS and other related consequences.
- 5) Enable girls to acquire negotiation skills in managing their sexual relationship in a manner that will not predispose them to risks of STD/HIV/AIDS.

The project was to be conducted in three phases as follows:

- A) Phase one - Needs Assessment "Exploring problems"
- B) Phase two - The intervention stage "Exploring hopes"
- C) Phase three - Evaluation "Process evaluation".

However, only phase one of the project was covered by this study.

Njau P.W. 1992. Traditional Sex Education in Africa. The case of Kenya. Paper presented at the 1st Inter-African Conference on Adolescent Health in African, Nairobi, Kenya.

Furstenberg F.F. 1976. *Unplanned Parenthood: The Social Consequences of Teenage Childbearing*: New York. Free Press.

Furstenberg F.F. , *ibid.*

Jeffery, S.V. 1978. The Social Psychology of Sexual Arousal: A Symbolic Interactionist, *Interpretation Studies in Symbolic Interaction*. Vol. 1.1978: 147-180

Furstenberg F.F. Op.cit

2. THE NEEDS ASSESSMENT STUDY

2.1. OBJECTIVES AND RATIONALE

This was a qualitative needs assessment on mother/daughter communication relating to sexuality and HIV/AIDS prevention among a group of mothers and daughters in Nairobi. The objective of the need assessment study was to examine the current level and extent of communication between mothers, daughters and sons on issues relevant to coping with demands of transition to adulthood and prevention of STDs. HIV/AIDS including definitions of self, gender and sexuality. While the assessment focused on mother and daughter communication, it also explored ways in which women and girls might communicate more effectively with their fathers and sons. The findings of the assessment were to serve as a basis for designing interventions aimed at improving and strengthening the communication patterns between mothers and daughters.

2.2. METHODOLOGY

The target audience for this assessment were mothers and daughters in Nairobi area, categorized by education background and religion into four major groups as follows;

RELIGION	Education: Primary & Below	Secondary/University
Christian	5 Mothers & 5 Daughters	5 Mothers & 5 Daughters
Muslim	5 Mothers & 5 Daughters	5 Mothers & 5 Daughters

These comprised of 20 mothers (10 Christians and 10 Muslims). The mothers were categorized according to lower and higher educational levels. Those with lower educational levels were classified as those with no education to those who had eight years of education. The high educational levels were those who had over 9 years of schooling. The mothers selected for the project had to have a least one daughter and son in the 10-19 years age group. The mothers were identified through religious and women's organizations were recruited on a voluntary basis. The girls selected for the study had to be daughters of the participating mothers and had to be aged between 10-19 years.

Information on sons and fathers was sought indirectly from the mothers and daughters.

2.3. DATA COLLECTION AND ANALYSIS

Being a qualitative needs assessment; In-depth interviews and Focus Group Discussions (FGDs) were conducted. These data collection techniques complemented each other.

2.3.1 In-depth Interviews

In-depth separate interviews with mothers and daughters (40 persons) were conducted (For a detailed question guide see Appendix 1 page 46 and Attachment 1)

2.3.2. Focus Group Discussions (FGDs)

A total of eight focus group discussion (FGDs) were conducted as follows:

A) Focus group discussions with mothers alone (two groups of 10 mothers each divided by religious affiliation and education levels) were conducted. For the mothers, the questions asked focussed on guidance and counselling in terms of what information mothers currently provided to their daughters and sons: what they perceived to be their responsibility focusing on what information they could or could not provide. It further explored the mothers' attitudes and practices about the provision of information on sexuality to their daughters and sons with special investigation on emerging issue such as STDs, HIV/AIDS (see question guide attached in Appendix 1 page 46 and Attachment 4).

B) Focus group discussions with daughters alone (two groups of 10 daughters each divided by religious affiliation and education levels) were conducted. For the daughters, questionnaire information was sought to determine the level of communication between them, their mothers and fathers; the level of their relationship with their parents as regards information, education and communication (IEC) on sexual matters especially STDs, HIV/AIDS prevention; and their own view and attitudes about their relationship with both parents on matters related to their bodies and sexuality. (See question guide attached in Appendix 1 page 47 and Attachment 4)

C) It was anticipated that focus group discussions of mother and daughter together would be conducted. However, after the in-depth interviews and the initial FGDs with the daughters, there was a lot of expressed hostility among the girls and we felt that time was not ripe to put them together before some form of intervention had been carried out to prepare them to face each other. Therefore, we decided to conduct Peer Group Discussions with the daughters and the mothers separately to address some of the emerging issues related to topics such as barriers to inter-generational communication, misconceptions, trust and suggestions on how best to address these issues. Before the peer Group Discussions were held, it become necessary to have rapid interventions for the mothers and daughters who exhibited serious communication problems.

D) Exit Interviews were conducted for mothers who could not attend the Peer Group Discussion to assess why they did not attend, the pattern of communication with daughters since the FGDs and their recommendations for the interventions (see Attachment 5)

Simple statistics showing frequency distributions were used to analyze data from the in-depth interviews. The Focus Group Discussion data was analysed thematically after transcription.

2.4. STUDY PERIOD

The study was conducted within a three-month period between January 2nd 1997 and March 31st, 1997. Although the contract was signed on 15th November 1996, the arrival of funds coincided with Christmas and IDD festivities as well as school re-opening, all which delayed the data collection process. Interviews and FGDs were carried out by the Principal Investigator and Research Officers supported by the Research Assistants. The Research Assistants were trained before commencement of the study. Given the short period with which the study had to be completed, and considering that the daughters and mothers were only available during the weekends, (the girls were in school and some mothers were working) the researchers decided to hold the FGDs for the two groups concurrently. Therefore 2 extra Research Assistants were required for this purpose.

Consent forms were signed by the mothers on their own behalf and that of their daughters. (See appendix III attached separately).

3. STUDY FINDINGS

3.1. PERSONAL ATTRIBUTES OF THE RESPONDENTS

This study covered a total of 40 respondents consisting of 20 mothers and their 20 teenage daughters. Of these respondents, 50% were Muslims, 45% Christians and 5% were of the Bahai Faith. The mothers' ages ranged from 32 to 46 years while that of their daughters was between 10-20 years.

Table 1: Showing Personal Attributes of the Mothers

ATTRIBUTES		N=20 FREQUENCY	PERCENTAGE
RELIGION			
	Christians	9	45
	Muslims	10	50
	Bahai	1	5
MARITAL STATUS			
	Married	12	60
	Single	3	15
	Divorced	3	15
	Widowed	2	10
EDUCATION			
	NONE	6	30
	1-8 Years	4	20
	9-13 Years	2	10
	13 and above	8	40
OCCUPATION			
	Professional & Business	10	50
	Petty Traders	6	30
	Unemployed	4	20

The study established the marital status of the mothers. As table 1 shows, a majority of the mothers 60% were married and lived with their husbands while 15% were single, 15% divorced and 10% widowed (see table 1). About 10% of the divorced mothers were Christians and 5% Muslims, indicating that there was no much difference between the Christian and Muslim mothers in relation to marital status. Seventy percent of the mothers had one sex partner while 30% claimed to have none.

A further distribution of the mothers by their education levels reveal that a substantial number had acquired formal education. Half of the Mothers had lower educational levels ranging from 0-8 years in school. Of these, 20% had no formal education, while 30% had between 1-8 years of education. The remaining half of the mothers had between 9 and over 13 years of education. Among these, 40% had more than 13 years of education with on PhD while the rest 10% had between 9-13 years of education.

With regard to the daughters' educational levels, the study found out that 30% were still in school while 65% had completed secondary school. Of those who had completed school, 65% were in colleges, 10% were in petty trade and 20% were doing nothing. About 5% did not respond.

Further, our sample of mothers included respondents with various occupations. Their occupations were related to their educational levels. A majority of those with higher educational levels were in professional jobs and businesses. Among those with lower level of education 20% were unemployed 20% and 30% were engaged in petty trade. (See table 1)

The main sources of income for the employed mothers were salaries and income from businesses; while for unemployed, husbands constituted their ain income earners. Husbands supplemented incomes for the married women whether they were employed or not. Total household incomes for some of the mothers were relatively high, with about (35%) of the households having a total income of more than 10,000.00 shillings per month. Fifteen percent of the mothers were not sure of their total monthly income because they spent it all as they got it and kept no record.

Since most of the daughters were either in school or unemployed, their main sources of income were fathers 65% mothers 25% relatives 10% and petty trade 10%.

3.1.1. Household Composition

This study sought to find out the number of children that mothers took care of in their households. According to the mothers, a significant proportion 65% lived with other children besides their own. The number of children per household ranged from 2-6 with 75% having 3-4 children. These children included ones' own nephews, nieces, stepchildren and grandchildren.

The daughters' residence and household composition was more or less a reflection of their mothers' marital status and household composition. About (60%) of the daughters lived with both parents, 15% with mothers alone, (either because their mothers were single through divorce, separation or choice) and 15% with relatives. Most of these girls 60% had one or two brothers while 85% had one or two sisters.

3.2. MOTHERS' AND DAUGHTERS' PERCEPTIONS OF GENDER QUALITIES AND ROLES.

This study attempted to understand how mothers and daughters perceived themselves vis a vis the males, their values and world view as women; the roles, aspirations and how to achieve them as well as how they manage their relationships with the males.

3.2.1. Perceived Qualities of Good Men and Women

In order to understand the gender values that mothers transmitted to their daughters as well as the daughters' own perceptions of these, the study also attempted to identify the mothers' and daughters perceived qualities of good men and women. This was necessary to establish which qualities mothers instilled in their daughters and sons during their socialization process. It was also necessary to assess the extent to which the daughters' notion of good qualities was reflection of their mothers' notions.

What emerged from the study was the mothers felt that the qualities of good men were different from those of good women (see table 2).

Table 2: Mothers' Perception of Good Qualities of Men and Women

Qualities of good women	Qualities of good men
Hardworking	Hardworking
Respectable	Respectable
Good mannered	Hones
Responsible	Courageous
Faithful to Husband	Understanding
Social	Polite
Disciplined	Trustworthy
Obedient	Successful

As table 2 shows, according to nearly all the mothers regardless of religion affiliation and educational levels, good women were hardworking, respectable, good mannered, responsible, faithful to their husbands, social and disciplined. The only good qualities which mothers thought that women shared with men were hardworking and respectability. Otherwise good men were not expected to be obedient, disciplined or faithful.

It was important to note that mothers transmitted these qualities to their daughters and sons. Mothers said that they tried to emulate most of these qualities, set good examples to their children and told them the adopt them. It was not surprising therefore, to find that the daughters in the study shared similar notions as those of their mothers with regard to these differential qualities of men and women.

3.2.1. Mothers' Notions of Womanhood

The study further sought to understand the mothers' notion of womanhood and whether these were communicated to the daughters. The study found out that 60% of the mothers said that they communicated with their daughters on the notions of womanhood. Girls were told by their mothers that to be a woman is to dress in a feminine ways, learn how to do household chores, to be hardworking, caring and loving to families, coming to terms with life realities and to experience menstruation. These notions reflected their notions of a good woman discussed earlier. Mothers believed that notions of womanhood should be instilled to daughters at early ages between ages 10-15 years.

3.2.2. Perceptions of Male/Female Roles

In this study, we further tried to establish mothers' and daughters' perceived roles of men and women in the household as a pointer to how boys and girls are socialized. As would be expected, the findings of this study revealed that a majority of mothers 80% (regardless of educational levels and religious background) and daughters 85% continued to believe that male and female household roles were different. This was despite the fact that both mothers and daughters did not think that men and women were different except for biological and physical differences. Consequently the study found that similar numbers of mothers and daughters believed that domestic tasks in the household, including child rearing were primarily and exclusively women's roles.

On the other hand, as expected, most of the respondents did not consider men's contribution in the household labour as substantial. Men were perceived as undertaking the household preferred tasks of heading the family and enforcing discipline. Over 70% of both mothers and daughters reported that men were still regarded as the breadwinners in the household. This was expected considering that most of the women, unemployed and employed alike (except single mothers) reported that husbands and fathers were their main income earners. Within Kenyan households being the "breadwinner", "head of household" are still considered as "privileged" household roles which have been traditionally reserved for the powerful members of the household. It was interesting however, to note that a few daughters (less than half), expected boys to help with household tasks, but this was frustrated by the mothers and fathers who did not enforce such sharing of tasks. According to the mothers, "Circumcised boys cannot go the kitchen or clean the house".

Mothers and daughters alike agreed that these gender stereotyped role expectations were enforced within the households because mothers taught their daughters about their feminine roles.

When asked what explained these gender-stereotyped roles, culture, tradition, customs and religion were cited as the main factors that perpetuated these.

3.3. ASPIRATIONS FOR DAUGHTERS

Our study also explored the mothers' aspiration's for their daughters as well as the daughters' own aspirations. What was interesting was that there was a congruency in these aspirations between the mothers and daughters, on issues of education and career prospects. There was no difference between the mothers' and daughters' aspirations based on religion or educational levels.

As would be expected, over 85% of all the mothers aspired that their daughters and sons become successful in life by acquiring good education and career prospects. An equal number of daughters had similar aspirations for themselves. On the other hand, there was incongruence between the mothers and daughters with regard to daughters' aspirations to get married. While only 5% of the mothers aspired that their daughters got married (which was not surprising considering that most mothers viewed their daughters as being still young to be told about marriage at the time) nearly 50% of the daughters aspired to be married and be respectful to husbands.

The daughters also reported having value-based aspirations, with majority 50% aspiring to be morally upright and well behaved. The study also explored what the daughters needed to know and the skills they required in order to attain their aspirations, the lead meaningful lives. The study found that there was no difference in what daughters and sons needed to know. The mothers felt that the daughters concurred with their mothers, they also wanted to know how to be responsible 50%, how to take care of themselves, how to distinguish good from bad, how to avoid pregnancy, and how to communicate with parents (see table 3).

Table 3: Mothers' and Daughters' Perceived Knowledge Needs

Mothers	Daughters
About Relationships	About Relationships (5%) How to be responsible (50%)
HIV/AIDS prevention	Pregnancy (25%)
How to behave	HIV/AIDS prevention (15%)
	How to communicate with parents (3%)
	How to distinguish good from bad (2%)

It was interesting to note that as mothers discussed their children's knowledge needs, they also expressed their own need to have information on STD symptoms as well as and how they can protect themselves from contracting sexually transmitted infection.

The mothers and daughters shared fears that if the above knowledge was unavailable, the daughters and sons would drop out of school, contract incurable diseases, become depended on parents and therefore become unsuccessful in life.

3.4. THE MOTHERS' PERCEPTIONS OF THEIR RELATIONSHIPS WITH THEIR MALE PARTNERS.

The study explored the mothers' relationships with their male partners and how these were maintained and dealt with. According to half the mothers their relationships with partners were generally good, and cordial mot of the time. The mothers (particularly the married ones) believed that it was the women's role to sustain the marriage by being obedient, patient, forebearing, submissive and keeping the husband happy.

"One should be dutiful to her husband all the time even when they are annoyed because if one fails, then this gives the man a leeway to go out with other women"

A Mother

Her religion and educational levels were dominant factors influencing the nature of relationships with the males. During the FGDs, it was evident that although many mothers said that it was a religious tenet to be obedient and submissive to husbands, more Muslim women with lower educational levels held to this view compared to Christian and those with high educational levels.

*It's wrong for a woman to leave her house because of anger.....
The Quran demands that even if a man wrongs you and he does not apologise you should continue treating him nicely.....
A woman should not revenge as one will get blessings from God.*

A Muslim Respondent (mother)

Many women felt that it was their role to "buy peace" within the household. These notions were transmitted to some daughters who said that they would be submissive to avoid conflicts with partners or husbands when they got married.

The desire to keep peace within the household was portrayed by most mothers who agreed that it was important not to let children know that they quarrelled or disagreed with their partners.

3.4.1. Mothers/Partners Communication on Sexual Matters

The study also sought to assess the extent to which mothers discussed sex issues with their partners. This was in order to understand whether in discussing sex issues, protection against STDs, HIV/AIDS and pregnancy was talked about.

During the FGDs, it was evident that all Muslim mothers compared to their Christian counterparts, discussed sex with their partners. In fact the Christian mothers were "shocked by the details of the sexual content that Muslim Women discussed with their partners.

The Muslim women said that they talked about preparation for sex, ways of enhancing sexual pleasure, asked their husbands "if they enjoy sex" and "praised them" during intercourse. Most of these discussions were conducted informally when "flirting" in the house with partner and during sexual intercourse. The Christian mothers expressed a lot of inhibitions in discussing sexual matters with partners. They all said that they thought it was not appropriate to talk about sex even with husbands; a trait which is quite characteristic of most communities with Christian backgrounds. Further research is needed to understand why Christians tend to have more inhibitions regarding talking about sex than Muslims.

What was significant from the study was that none of the mothers discussed protection techniques against HIV/AIDS with their partners. Even those who used contraceptives did not discuss them.

The mothers said that apart from fears of talking about contraceptives with the spouses, introducing them in a sexual discussion would interfere with the "Man's sexual pleasure" because he "should have it the way he wants it". This was more so with married women.

It was the feeling of the researchers that for the Muslim women, the existing open discussions on sex could be used as entry points to discuss protection against STDs, HIV/AIDS. For the Christian mothers intervention should be geared towards promotion of dialogue on sexual matters with partners and later on when they become comfortable, introduce protection issues.

3.4.2. Daughters' Perceptions of Mothers' Relationship with Partners

When the daughters were asked about their perceptions of the mothers' relationships with their husbands or partners, a significant number supported the mothers' views that the relationships were generally cordial. According to the daughters 70% of the fathers treated their mothers well by showing concern and respect for them. Only about 10% felt that their fathers showed disrespect to their mothers and treated them badly.

On how their mothers treated their partners, about 45% of the daughters felt that their mothers treated them equally well and with respect. On the whole most of the daughters (75%) were happy about the way their mothers treated their fathers. They indicated that most fathers felt happy with the way their wives treated them and this made the girls happy. It was however, interesting to note that some daughters thought that their mothers were rude, domineering and disrespectful towards their fathers. Those (25%) who did not live with their fathers did not know how their mothers treated their partners. Most (55%) of the girls said they would like to be treated well when they got married. In case of mistreatment when married a few of the daughters said that they would be submissive to avoid conflicts, which is a reflection of what some mothers did with their husbands. To some extent, this was evident of how the daughters internalised their mothers' behaviour patterns.

4. MOTHER/DAUGHTER RELATIONSHIPS

This study explored the relationship between mothers' and daughters' and how this influenced their levels and patterns of communication.

4.1. MOTHERS' RELATIONSHIPS WITH DAUGHTERS

The study also attempted to understand the type of relationship that mothers had with their daughters. This was necessary in order for us to understand how they communicated with each other. From the study, it was evident that their perceptions towards each other influenced their relationships. Mothers felt that they were friends with their daughters but this fluctuated. The relationships were said to have been better when the daughters were younger. However, most mothers felt that their daughters "became difficult" as they grew older. According to the mothers, after the age of 17 years, the daughters started viewing them "as enemies". The mothers felt that teenage years were periods of "conflicting interests" between them and their daughters; when mothers were perceived as "opposing everything" that the daughters "said or did". The mothers said that their daughters perceived them as "History", and not fashionable. According to the mothers, the daughters did not even to relate with them.

As most mothers put it: "The girls are too assertive They always think they are right"

In fact, the mothers who had sons said that they found it easier to relate to boys than girls. The boys were considered to be less rude even when they did not agree with their mothers compared to the daughters. Mothers with lower educational backgrounds reported that they related better with their daughters than with their more educated counterparts.

The daughters' perception of the relationships with mothers was similar to those of their mothers towards them.

According to the daughters, their relationships with their mothers were generally friendly but they had problems maintaining the relationships. About half the girls said that they were close to their mothers and fathers, although a few felt more attached to their fathers than mothers. Most of the Christian and Muslim daughters with parents in the upper educational levels said that they related better with their fathers and felt more attached to them than to their mothers. Despite this apparent closeness with their mothers, about 75% of the daughters felt that their relationships with their mothers were largely poor and strained. A similar number of mothers (75%) shared these feelings. They felt that their mothers were hostile, violent, non-understanding suspicious and mistrusting. The conflicts with their mothers were mainly due to the restrictions imposed on them on dating, staying indoors, socializing with friends, and the way they dressed among others. (see table 4)

The daughters felt that while their mothers loved them during their earlier years, the mothers ignored them between the ages of 8-10 years. However after the daughters had developed independent relationships outside the home the mothers' came back to put restrictions on their lives and denied them freedom. Most daughters wished that they were friends with their mothers but did not know how to because according to them they "did not know what the mothers want or expect of them".

Table 4. What Issues Do You Disagree Most With Your Parents

ISSUE	MOTHER % N=20	FATHER % N=20
Nothing	30	50
Leisure and Outing Discipline/Behaviour	20	10
Choice of Friends	20	10
Housework	5	-
Finances	5	-
Career	5	-
Education	-	5

The daughter to some extent also disagreed with their fathers. As indicated in table 4 the daughters reported that they disagreed with their fathers on issues related to going out, dating, leisure and their choice of friends. About 20% of the girls had a problem with their fathers' drinking and promiscuity.

They further disagreed with their fathers because their fathers viewed them as being still too young to date boys. They also felt restricted by their gender because while their fathers allowed boys to go out or have leisure, these were denied to them just because they "were girls".

The daughters tried to explain why they disagreed with their mothers. Over half of the girls reckoned that the main reasons for disagreement was because their mothers were too strict and over protective, harsh, unreasonable, did not respect their choice of careers, and boyfriends; and treated them like children. A few girls also said that they were beaten by their mothers causing them embarrassment and desire to run away from home.

Consequently, many daughters did not feel free with their mothers. The daughters did not trust the mothers' motives for being too strict on them. According to the daughters, the mothers "were too stuck to their past experiences", "were selfish" and locked them up so that "people can praise them and say that they have good children". The daughters felt that their mothers were too suspicious and that they "felt as if all the girls wanted was to go out and sleep with boys".

Despite the expressed hostilities between parents and daughters, the study found that there were some issues on which there was a mutual agreement. These are the issues upon which general communication and that on HIV/AIDS prevention can be based.

As table 5 indicates, most daughters agreed with their mothers on issues related to housework and education.

Table 5: Issues Daughters Agree Most With Their Parents

ISSUE	With Mother N = 20	With Father N = 20
House Work	35%	0
Education	25%	35%
Nothing	10%	20%
Behaviour	5%	5%
Relationship	5%	0
Finances	5%	10%
Sports	0	5%
Cleanliness	5%	0
Religion	0	5%
No Response	5%	15%
General Issues	0	5%

Further, the daughters agreed with their fathers more on issues related to education and finances, and to a smaller extent on things such as sports, religion and general behaviour. This might reflect the fact that daughters do not have serious discussions with their fathers on personal issues, housework, appearance or relationships, while mothers don't discuss sports with them.

On why they agreed with their fathers, the daughters reported that they did so mainly because of the financial support received from their fathers and the moral support when they differed with their mothers. Some said that it was because they were freer with their fathers, had developed understanding relationships with them and did not want to hurt them. Those who agreed with their mothers did so out of respect for them, and because their mothers supported them. Among the issues that the respondents disagreed with their mothers were housework, money issues, men and boys, personal issues, discipline, career and the choice of friends. Among these, they disagreed mostly on discipline and choice of friends particularly boys and men.

In order to control and instil discipline in their children, some mothers used religion, while others made sure that daughters were kept too occupied with household chores. Others sent them to grandmothers during the school holidays while others stayed with them at home and kept a close eye on them.

4.1.1. Summary

Based on the findings of the study therefore, it was evident that most mothers, (all Muslims and some Christians) believed that women must be submissive to their husbands and must endure all problems and mistreatment from husbands. For them, the qualities of good women were obedience and respect for the men. These they transmitted to their daughters. Further, while most mothers had positive aspiration for their daughters (to finish school, get good job, get good husbands) they communicated the importance of the same qualities (obedience, respect and submission towards men) to their daughters.

An analysis of these relationships based on FGDs indicated that there was congruency between what mothers and their daughters said with regard to their relationships. It was evident from the study that their relationships were poor; with more mothers, particularly those with higher educational levels reporting poorer relationships with their daughters than those with lower educational levels. While the mothers viewed their daughters as rude, disobedient, hostile, moody and manipulative, the daughters felt that their mothers were harsh, domineering, suspicious and unnecessarily violent.

During both FGD, and in depth interviews most of the girls (particularly those of parents with higher levels of education) expressed feeling that bordered on hatred towards their mothers.

*"I wish the devil would take my mother".
A Daughter*

*"I feel like running away from home".
A Daughter*

While mothers and daughters wished they would be friends, both daughters and mothers expressed hopelessness and helplessness in developing positive relationships with each other. The mother/daughter relationships grew worse with the daughters' ages. The older the teenagers became, (around 17 years) the more difficult their mothers found them to be. More mothers also found it less difficult to deal with the teenage sons. More daughters on the other hand, preferred to relate with their fathers than with their mothers.

4.2. MOTHER/DAUGHTER COMMUNICATION

In order to understand how mothers communicated with their daughters and sons on issues related to sexuality and HIV/AIDS prevention, the study assessed their general levels and perceptions towards their communication. The study found out that according to the mothers, there should be no difference in the communication levels, message and information provide to sons and daughters. The mothers also indicated that it was important to communicate with their children because it was a parental obligation to do so in order to help them grow up responsibly and avoid the costly life, mistakes associated with pregnancies STD and HIV/AIDS. However despite these notions, the findings of the study indicated that communication between mothers and their daughters on most issues was poor while that with sons it was minimal. There were however, some issues which mothers found easier to discuss with their daughters and sons (see table 6)

Table 6: Issues Mothers Found Comfortable To Discuss With Sons and Daughters

ISSUE	PERCENTAGE (N=20)	PERCENTAGE (N=20)
	With Sons	With Daughters
1. Education	25	15
2. General Issues in Life	20	15
3. How to Behave	20	30
4. Boy/girl Relationships	10	25
5. Diseases like HIV/AIDS	-	5
6. Drugs	5	0
7. Sexuality	5	0
8. Nothing	5	0
9. No Response	10	10

As indicated in table 6 mothers said that there were some issues, which they found to be relatively easy to discuss with both daughters and sons. These included education, general issues in life, how to behave and how to relate with the opposite sex. The study found that while mothers discussed HIV/AIDS with daughters they did not do so their sons. A few mothers discussed sexuality and drugs with their sons but not with daughters.

Fathers mainly discussed educational issues their daughters. The daughters felt that it was because their fathers sponsored their education that they felt obliged to discuss these with them.

The issues of sex and boyfriends were difficult to discuss with both parents, while menstruation was particularly difficult subject to discuss with the fathers.

4.2.1. General Mother/Daughter Communication Constraints

The study also found out that there was incongruence between the mothers' and daughters' perception of how they communicated with each other and the communication patterns between them followed the same pattern as that of their relationships. While, mothers felt that they communicated with their daughters, the daughters felt that all that the mothers gave them were orders, instructions or advice related to domestic duties, education, the virtues of hard work, good behaviour and cleanliness. Daughters also felt that all the mothers told them was the do's and don'ts without reasoning with them.

The mothers and daughters had mutual communication constraints. Just like with their general relationships, the mothers and daughters expressed mutual suspicions regarding the initiation of communication. Mothers felt that their daughters were manipulative in the communication.

According to mothers, daughters initiated communication or were friendly to mothers only when they wanted something from them similarly, daughters felt that mothers initiated communication reactively after the girls had misbehaved or when someone they knew "got into trouble". Consequently, according to the daughters the onset of a discussion was a "signal that something was wrong". Communication thus became one sided with the mothers chiding the daughters for misbehaving. Daughters reported that they did not look forward to these discussions. In summary daughters felt that their communication with their mothers was not only reactive but also out of context, and came only after they misbehave.

In such situations, girls were scolded on their issues about their characters that had nothing to do with the exhibited behaviour at the time.

Below is a summary of some of the other problems that girls expressed in trying to communicate with their mothers. According to the daughters, they try to communicate with their mothers but:

- Mothers do not listen
- Mothers insist on their own point of view even when it is wrong
- Mothers want daughters to agree with them all the time on all issues like careers, friends, manner of dressing, going out, where to go, whom to go with and time to come home, among others.
- Mothers don't want to talk to the daughters' friends
- Mothers fear that daughters may win in arguments. When mothers lose arguments, they become harsh or beat the daughters
- Mothers are always tired when daughters want to communicate
- When daughters were young, they tried hard to communicate with their mothers but mothers were not there for them.
- When girls started becoming physically mature, the mothers started "locking them up" and giving them all kinds of orders that curtailed their freedom.
- Daughters felt that it was "not worth it" to start a discussion on anything with their mothers because they would not receive any honest answers from them.

Mothers also expressed their constraints in communication with their daughters. Among these were that daughters were not honest with them and were too defensive when mothers advised them. According to mothers/daughters "blocked" communication by saying that they knew everything mothers tried to talk to them about. Mothers also felt that:

- They would like to discuss issues directly with their children but did not know how to.
- There was a lot of information, which the children requested but mothers did not know what answers to give. For example mothers admitted that they were inadequately prepared and equipped to talk to their children on issues related to sexuality and needed skills to do so.
- Mothers did not know how to time discussions or the appropriate times to start them.
- Mothers did not know how to help their children make informed decisions, on how to choose friends, how to seek and receive advice, and how to distinguish right from wrong.

Despite these constraints however, what emerged from the study was that both mothers and daughters were willing to talk and listen to each other but for the above constraints, which hindered the initiation and completion of a proper dialogue on issues. Mothers and daughters expressed the desire to know what was expected of each other in order to reduce the conflicts which they experienced. In this way, they would enhance understanding between themselves.

On the whole, the daughters felt that communication from their mothers was crucial to supplement information that girls could not receive from teachers, elder sisters, fathers and other sources.

The study also sought to know what mothers and daughters needed in order to minimize these constraints and to enhance their communication. Both daughters and mothers provided suggestions to this end. The daughters suggested that they desire to:

- Get more information from friends and aunts on issues that mothers could not discuss with them.
- Find ways of communication effectively with their mothers
- Learn how to keep good company
- Learn how to be honest with their parents
- Dress in a decent manner
- Get more involved in household chores
- See for a created where mothers could interact with their daughters in a freer atmosphere
- Create more trust between them and their mothers
- Develop and enhance negotiation skills with mothers, fathers and boys
- See the creation of a friendly environment to bridge the gaps between mothers and daughters
- Avoid beating by some of their parents

The mothers suggested that:

□ Ways be sought to ask others to intervene when girls become difficult (e.g. fathers, sister, teachers, counsellors etc)

Daughters further recommended that communication should be enhanced through discussions, direct questions and answers from mothers (mothers did not like this) use of the mass media, workshops and seminars.

5. THE DAUGHTERS' SEXUAL ATTITUDES AND BEHAVIOUR PATTERNS

This study sought to understand the daughters' patterns of sexual behaviour in order to assess the extent to which they were at risk of HIV/AIDS. The study also sought to understand whether their sexual behaviour was related to the information that they had and were receiving through communication with their mothers.

Consequently, the study explored the daughters' attitudes and practice related to having boyfriends, sexual intercourse, and condom use among other issues.

5.1. THE DAUGHTERS' ATTITUDES TOWARDS HAVING BOYFRIENDS

An Assessment of the daughters' attitudes towards having boyfriends indicated that a significant proportion felt that it was alright to have a boyfriend. Among these, 75% felt that it was good to have a boyfriend, 20% that it was bad, while 5% were not sure (see table 7).

Table 7: Daughters' Attitudes Towards Having a Boyfriend

ATTITUDES	FREQUENCY	PERCENTAGE
Good	15	75
Bad	4	20
Not Sure	1	5
Total	20	100

Those who felt that it was good to have a boyfriend rationalized it on the basis that it was a normal expectation. They further said that boyfriends were necessary for sharing and for exchange of views and ideas on general issues of life, schooling and HIV/AIDS. Those who thought that it was not good to have a boyfriend argued that having boyfriends could "mess up" a girl's life.

It was interesting to note that the daughters of the mothers with higher educational levels made distinctions between 'boyfriend' and 'lovers'. While boyfriends were considered to be "general friends or relatives" lovers were considered to be more intimate. According to these daughters, "A boyfriend is different from a lover in that, in the case of a lover sex is involved".

When asked what things were desirable or undesirable to do with boyfriends, the daughters provided different views. Holding hands was thought to be good by 50% of the girls who felt it was fun and a sign of friendship. Those who said it was bad to hold hands said that it was tempting, might lead on to sex, or was disrespectful. Half of the group felt that it was good to be left alone with their boyfriends because it provided them with an opportunity to discuss personal issues and to exchange ideas. About 40% thought that it was tempting to be alone with the boys. Others said that they did not like the boys generally and therefore did not want to be along with them.

5.2. THE DAUGHTERS' RELATIONSHIP WITH BOYS

Despite the above attitudes about having boyfriends, a majority of the girls claimed that they actually had boyfriends at the time of the study while 45% did not have them. Only 5% of them said that they would not have boyfriends until they started working. Most of the girls with boyfriends kept it a secret from their mothers. With regard to whether their mothers knew whether they had boyfriends or not; of those with boyfriend, 33% said that their mothers knew they had boyfriends while 30% said that their mothers did not know. The rest were not sure whether their mothers knew about them while others did not respond to the question. These daughters were afraid of telling their mothers that they had boyfriends or introducing them to their mothers.

About 60% were of the opinion that their mothers did not approve of their having boyfriend while 30% thought that their mothers did not mind. The girls also felt that while more mothers disapproved of their having boyfriends, fewer mothers did the same for their brothers. Hence according to the daughters, only 30% felt that their mothers disapproved of their brothers having girlfriends.

It was apparent in the study that although some daughters thought that their mothers did not know that they had boyfriends, in fact more mothers did so. When mothers were asked if their daughters had boyfriends about 52% said that they knew, 35% were not sure, and 13% did not know. Further, as the daughters correctly perceived, 60% of the mothers did not approve of their daughters having boyfriends. All the mothers strongly felt that the parents should monitor their daughters' relationships. Many of the mothers wished that their daughters would keep away from boys until they were ready for marriage. It was for this reason that daughters did not disclose to their mothers that they had boyfriends.

About 45% of the mothers felt that it was not right for their sons to have girlfriends, but 35% of them felt that it was all right for the boys to have girlfriends, so long as they were open about their relationships.

5.3. THE DAUGHTERS' ATTITUDES TOWARDS KISSING

On the issue of kissing, a majority felt it was not good because it could lead to sex and infections. This was considered to be undesirable before marriage. On the other hand, 35% thought it was either fun, comfortable and harmless. Most girls however said that they did not kiss their boyfriends but only "pecked" their cheeks.

5.4 THE DAUGHTERS' ATTITUDES ON HOW BOYS SHOULD BE TREATED

With regard to how boys should be treated by girls, the daughters felt that boys ought to be treated with respect and politeness. Few said that they should be treated with caution because boys can sometimes be rough or may take advantage of girls. Generally, many said that boys should be treated as equals. Boys were further viewed as long-term partners from whom was a lot to be learned. Girls felt that they also require equal treatment from boys coupled with respect and love.

Despite these notions, most daughters felt that they tended to agree easily with boys in order to please them; for fears of being left or because of the belief that "boys were born to lead". Others felt they were cheated or forced to agree with the boys. Some daughters felt that they had little or no confidence in themselves and were therefore indecisive. A few felt that situations whereby girls relate to boys according to their gender stereotyped perceptions of the differences between boys and girls. This could also be a reflection of what they have learned from their mothers on how men should be treated as discussed earlier.

5.5 THE DAUGHTERS' LEVELS OF SEXUAL ACTIVITIES

The respondents were also asked about what they did with their boyfriends in order to assess their levels of sexual activities. The findings indicated that while the daughters spent time with their boyfriends "hanging out", talking or listening to music, very few of them had sexual intercourse. Sixty percent of the daughters said that they talked with their boyfriends, 40% held hands while 25% kissed them. About 30% said that they "hang out" with their boyfriends or went to movies. A bigger percentage 40% listened to music. Only 10% had sex with their boyfriends.

What emerges from the study is that, although only 10% admitted to having sex, over half had boyfriends and were spending time alone with them.. From the FGDs, it was evident that daughters had a false sense of their ability to manage their sexuality. Nearly all the girls, even those who were sexually active said that they could say "No" to boys, walk away from them or scream when boys demanded sex. This seems highly unlikely considering that most of them (as discussed above) tended to agree with the boys for fear of being "dumped".

6. MOTHER/DAUGHTER COMMUNICATION ON SEXUALITY AND HIV/AIDS PREVENTION.

In order to assess the extent to which mothers and daughters communicated on issues related to HIV/AIDS prevention, the study explored the daughters' information needs related to:

- A) Boy/girl relationships
- B) Sexuality
- C) STDs, HIV/AIDS

The study also explored whether mothers communication with their daughters in ways that would provide for the information needs. Below are the findings.

6.1. DAUGHTERS' INFORMATION NEEDS ON BOY/GIRL RELATIONSHIPS

In exploring the daughters' information needs regarding boy/girl relationships, the study found out that nearly 85% of the girls said that they required information, 10% did not while 5% were not sure whether they required it. Their major preferred source of information was mothers (75%) and teachers 10%.

Mothers shared the view that their children needed information on boy/girl relationships but that girls needed it more than boys. Although 85% of the mothers felt that their children already knew something about these relationships, they were of the opinion that they needed further and more accurate information.

Hence about 75% of the mothers wanted their daughters to know about boy/girl relationships, 10% did not want them to know and 15% were not sure. All mothers felt that their daughters should know about boy/girl relationships at ages 10-15 years and before they matured.

The few mothers (10%) who did not think their daughters should know about boy/girl relationships believed that their daughters will somehow get to know about them when they were older. Others felt that once a child was brought up in a religious home, telling them about boy/girl relationships would "pollute" their minds.

Although many mothers said that their daughters ought to know about boy/girl relationships, very few of them (25%) said that they were comfortable to discuss these issues with their daughters.

Mother: "I have never talked to her about such things (Boyfriends)

Facilitator: "Why?"

Mother: "I just don't want"

A Mother

Both mothers and daughters agreed that provision of information on boy/girl relationship was crucial in order to avoid the mistakes that can occur in the girls' lives due to ignorance. According to mothers, the daughters needed this information in order to behave responsibly in their relationships with the opposite sex. In fact, as most girls reported, they require this information because they did not know "how to choose the right boyfriends".

The study also explored what information the girls needed on boy/girl relationships. The study found that girls had received some information on boy/girl relationships from friends but it was not adequate. According to the findings, the primary concern of the daughters was how to manage, maintain and sustain good relationships. The girls wanted to know "what to do when faced with a relationship with the opposite sex", "how far to go in relationships" and "how to avoid consequences of bad relationships".

The study also attempted to assess whether the daughters received any information from their mothers with regard to their stated information needs on how to manage boy/girl relationships. When the communication levels between mothers and daughters were stressed, however, it was found out that although a large proportion (85%) of mothers stated that they communicated with their daughters on boy/girl relationship, only 55% of the daughters admitted that their mothers did so.

It was interesting to note that what the mothers told the girls concerning boy/girl relationships did not directly address the daughters' concerns. (See table 8).

Table 8: Mother/Daughter Communication on Boy/Girl Relationships

SUBJECT	DAUGHTERS' INFORMATION NEEDS	WHAT DAUGHTERS ARE TOLD BY MOTHERS
Boy/Girl Relationship	What to do when approached by boys	Not bad to have boyfriends but be responsible
	How to avoid negative consequences	Dangers of boy/girl relationships
	How to maintain good relationships	Be careful whom to go out with "choose boys who don't go to discos, who don't ask for sex.
	How far to go in relationships	Avoid relationships completely Avoid sex Men cannot be trusted

As is evident from table 8, daughters wanted information on how to manage relationships with the opposite sex and what to do when faced with them. Instead, their mothers just told them "to be responsible". In some cases, they were discouraged from having boyfriends and told to avoid these relationships completely. From the study, the daughters seemed to have been aware of the consequences of bad relationships (such as unprotected sex, pregnancy and infections) and needed information on how to avoid these. Instead, the mothers repeated to them about the dangers of boy/girl relationships, without telling them how to avoid these dangers. According to the daughters, the mothers were not telling them anything new. Some mothers however told their daughters that it was not bad to have these relationships, but they needed to be careful about which boys they went out with, and to avoid those who go to discos and ask for sex.

An analysis of this information indicates that mothers did not provide information that addressed the daughters' needs on how girls could manage boy/girl relationships. Communication on boy/girl relationships however did not provide the girls with skills on how to choose the right boyfriend.

Although mothers tried to provide the above information to their daughter, most of them admitted that they faced problems in communication on boy/girl relationships. Many mothers did not like discussing boy/girl relationships while others were uncomfortable discussing it. Those who did not discuss with their daughters issues related to boy/girl relationships felt that they did not need to do so because the girls would know about them when they grew up. For others, the subject did not arise and for some they felt that talking about them would "pollute" their daughters' minds.

Most of the daughters received information on boy/girl relationships from their mothers between ages 10 15 years. However daughters rarely sought it from the mothers for fear that their mothers will assume that they were already involved with boys.

Considering that over half of these girls had boyfriends, information on the management of these relationships is critical. Considering too that a majority of them prefer that this information be provided by parents, the daughters require skills on how to manage the relationships from their mothers. Parents need to be given the capacity of provide this information. For example, those who feel that their daughters are too young to be given the information need to be made aware that their daughters are already involved in relationships and require skills to handle them.

6.2. DAUGHTERS' INFORMATION NEEDS AND COMMUNICATION ON SEXUAL BEHAVIOUR

This study also attempted to explore the information needs of the daughters with regard to sexuality. Similarly, the study sought to assess the extent to which mothers discussed and provided information to their daughters in order to address these needs.

One of the things to note was that although over half of the daughters and boyfriends, only 10% admitted that they were engaging in sexual intercourse. With regard to attitudes, 95% of them felt that pre-marital sex was bad.

Even though the majority of the daughters were not sexually active, 75% required different kinds of information on sexual behaviour. About 20% said that they had all the information needed on sexual behaviour, which they had received from friends, books, magazines and television. Interestingly, about 80% of the mothers felt that their children (boys and girls) already knew about sexual matters but they did not know what their sources of information were.

The daughters said that they needed to know when to start having sex, how to avoid pregnancy (75%) the "goodness" of engaging in sex and why it was bad to do so. It was interesting to compare what information the daughters needed with what the mothers thought their daughters needed. Although 80% of mothers felt that daughters needed information on sexual behaviour, they had different notions of the daughters' information needs. Where girls wanted to know about when to start having sex, the mothers said that they should be told to abstain from sex. The daughters already knew that it was "bad" to have sex (as gauged by the 95% who said so), yet the mothers thought what they needed was to be told that "sex is bad". The mothers and daughters shared the view that daughters needed to be told about the consequences of unsafe and unprotected sex such as diseases and pregnancies. While over 75% of daughters wanted to know about how to avoid unwanted pregnancies, the mothers said they should be told to abstain from sex but not on how else they could protect themselves. None of the mothers felt that the daughters needed information on the "goodness" of sex but felt that they needed to be constantly told that sex is bad. Hence we see very little congruency between mothers and daughters on the perceived information needs of the daughters in relation to sexual behaviour. A few mothers however 15% felt their daughters should be told nothing.

When asked if their mothers gave them information on sexual behaviour, very few daughters admitted that they actually did so. In fact, while only 35% of the girls admitted that they had discussed sexual matters with their mothers, 60% of the mothers said they discussed them with their daughters. Throughout the study, we found that more mothers believed that they discussed different issues with their daughters while the daughters answered to the contrary.

The study further indicates that, the mothers' perceived notions of their daughters information needs influenced what they actually told the girls.

On being asked what they were told by their mothers on sexual behaviour, only three issues stood out. (See table 9). The girls were unanimous that they were told to "abstain from sex" and to "wait until they were married". The mothers concurred that they told the daughters to "avoid sex", to "keep off men", and the consequences of pregnancies and infections.

Table 9: Mother/Daughter Communication on Sexual Behaviour

SUBJECT	Daughters Information Needs	What Daughters Told by Mothers
Sexual Behaviour	How to avoid pregnancy	Abstain from sex
	The “goodness” of sex	Keep off men, avoid sex
	Why sex is bad	It is bad
		Consequences of unsafe sex (Pregnancy, AIDS, diseases)

Like with boy/girl relationships, the mothers and daughters alike had constraints in discussing sexual matters with each other. They felt embarrassed and uncomfortable to discuss these. For some mothers, the situation did not arise while for some they "hated to talk about sex".

6.3. MOTHER/DAUGHTER COMMUNICATION ON CONDOMS AND CONTRACEPTIVES AS STD, HIV/AIDS PREVENTION TECHNIQUES

Many mothers (80%) hesitated to discuss condoms and contraceptives with their daughters as pregnancy or disease prevention techniques. An equal number of daughters did not seek information on contraceptives either. The lack of communication on contraceptives was largely influenced by the mothers' own attitudes towards contraceptives and their contraceptive practice. Most (90%) of the mothers said that they did not use contraceptives and would not recommend them for their daughters. Many mothers believed that contraceptives (pill) caused infertility. Some of the Muslim women felt that Islamic tenets forbid contraceptive use except on health grounds. To some extent, the mothers' use of contraceptives depended on the consent of the spouses.

A few mothers said that they did not use contraceptive pills because their husbands forbade them to do so. The determined mothers did contraceptives in neighbour's houses for fear of detection.

“Because my husband forbids me to use contraceptives pills, I hide them in my neighbours house, Every evening I go to her house to swallow the pill then I go back to my house”.

A Mother

The question of helplessness on the issue of contraceptive use was also illustrated by a mother who said that her husband discovered pills in her suitcase (which she had been using secretly) and threw them away. According to her.

“From then on I had to stop using pills and get a baby according to my husbands wish..... I assessed him and found out that if I refused to get a baby then he would have run away..... you know you have To talk to him nicely Right now I am pregnant”.

Consequently, only 20% of the mothers discussed contraceptives with their daughters. These were the mothers who accepted the fact that their daughters were sexually active and were at risk of HIV/AIDS infection or pregnancy. Over 80% of the daughters did not ask about contraceptives. The reasons they gave for their reluctance to discuss contraceptives were that they "were not thinking about sex". They were also afraid of asking their mothers for fear that mothers would suspect them of being sexually active.

The study also found out that the daughters' notions regarding contraceptives were a reflection of their mothers' attitudes and practice related to contraceptives. Like their mothers, all girls said that young people should not use contraceptives because of their perceived bad effects. According to the daughters, pills "cause high blood pressure" and they "mess up the uterus". The daughters also felt that condoms had defects, were not effective in protection against pregnancy and were therefore not safe to use.

6.4. DAUGHTERS' INFORMATION NEEDS AND COMMUNICATION ON HIV/AIDS

The study sought to assess the daughters' information needs on HIV/AIDS was one topic where girls had considerable levels of information. Nearly all the girls said that they had received information on HIV/AIDS from the media, friends, parents, health workers, and teachers.

The daughters knew that HIV/AIDS had no cure and fatal. A large majority (75%) said that they knew its various modes of transmission. About 55% said that it is transmitted through sexual intercourse with infected individuals, 20% through blood transfusion and through sharing blades and needles. 20% gave no response. The study also established that many daughters had actually seen someone with HIV/AIDS (a few more had seen people of films and videos) while 25% had not seen any. They also said that they knew the symptoms of HIV/AIDS. Weight loss was mentioned as common way of knowing that one had AIDS while 25% mentioned blood test as a sure way of finding out. A few mentioned other signs like skin lesions. Ten percent did not know how to tell when one had AIDS.

As regards prevention, sexual abstinence was the primary method known to the daughters, followed by faithfulness to one partner. When asked if they knew what one should do to avoid getting HIV/AIDS 35% mentioned abstinence, 35% faithfulness and avoiding promiscuity; use of disposable needles and screening blood during transfusion. None of the girls mentioned condom use as an HIV/AIDS prevention technique. This was not surprising considering their notions about the condoms as discussed earlier. In fact, many of them said that they did not think about the condom because they were not sexually active.

A large proportion (85%) of the daughters said that they needed further information on HIV/AIDS. The daughters preferred that parents, especially the mothers should provide it, followed by teachers, and health workers.

The daughters wanted more AIDS awareness information on how HIV/AIDS was contracted and transmitted; symptoms and prevention methods in order to avoid contracting it. About 10% said that they knew enough about the disease and did not require any information.

The study found that there was congruence between mothers and daughters on whether the daughters should be provided with HIV/AIDS information. All the mothers agreed that their daughters and sons should be provided with STDS and HIV/AIDS information. According to the mothers this information should be provided by parents, relatives and teachers. Because of the deadly nature of HIV/AIDS and the fact that everyone was at risk of contracting it, (including their daughters), the mothers felt that their daughters needed to know that it had no cure, how it was transmitted and how they could protect themselves against it. Mothers were aware that their daughters learned about HIV/AIDS from the media, newspapers and friends but were not sure of what exactly their daughters learned from these sources.

Consequently, nearly all mothers (95%) said that they communicated with their daughters on issues related to HIV/AIDS, even though they did not find easy to do so. They felt shy and embarrassed. Communication on HIV/AIDS was usually prompted by the open media discussions or knowledge of some one who had become ill. This made it easier for parents and children to talk about AIDS because according to them, "Everybody is talking about AIDS everywhere".

On whether they discussed HIV/AIDS with their mothers 60% responded in the affirmative. The daughters confirmed that their mothers provided them with information on HIV/AIDS. These agreed that their mothers were uncomfortable and embarrassed when discussing HIV/AIDS with them. The ages at which HIV/AIDS information was provided ranged from 10 to 17 years, an indication that the mothers provided information at early ages.

For some of the girls however, discussion on HIV/AIDS never arose and the girls did not know why the mothers did not bring it up. The mothers' discussion on HIV/AIDS with their daughters consisted mainly of cautionary messages, warning on the dangers related to the disease. Mothers also claimed that they told their daughters about how HIV/AIDS is contracted, prevented and how to take care of themselves. The daughters agreed that their mothers provided this information.

An analysis of the responses however indicate that issues of how the disease was spread, managed and prevented were still not very clear to a majority of mothers. Many of them (85%) believed that condoms had defects and did not protect on from contracting STDs, HIV/AIDS and did not therefore discuss use of condoms as STD/HIV/AIDS prevention technique with their daughters. Others also believed that talking to their daughters about condoms was taboo, would promote promiscuity and contradicted religious beliefs particularly among the Muslims. Mothers also believed that condoms should not be used by young unmarried girls.

*"By introducing condoms or contraceptives to the our daughters
it's like encouraging them to have sex as long as it is protected".*

A Mother

The mothers said that rather than tell their daughters about condoms for AIDS prevention they told them "to select good boys of good character." They also advised their daughters "to be careful and not to mess around with boys." This view was confirmed by the daughters. (See table 10).

Table 10: Mother/Daughter Communication on HIV/AIDS

SUBJECT	Daughters' Information Needs	What told by Mother
HIV/AIDS	Contracting HIV/AIDS	How to take care of self (avoid sex & bad company)
	HIV/AIDS transmission	HIV transmission (avoid sex)
	Prevention methods	Avoid sex (no discussion on condom use)
	Symptoms	AIDS has no cure, it is fatal

What was evident from the study was that mothers did not tell their daughters anything different from what they already knew. The girls reported that they already knew that HIV/AIDS was fatal and had no cure; and they knew the models of transmission and preventive methods. These were the same issues that mothers repeated to their daughters.

Our study showed that there existed communication problems between mothers and daughters on HIV/AIDS. Difficulties in discussing the subject of HIV/AIDS were mutual experienced by mothers and daughters. Like mothers, daughters felt shy and uncomfortable to discuss the issue of HIV/AIDS prevention. Table 11 illustrates the problems that mothers had in discussing HIV/AIDS with their daughters.

Table 11: Major communication problems faced by mothers in discussing HIV/AIDS prevention, with their daughters

PROBLEMS	FREQUENCY	PERCENTAGE
How to communicate	2	10
Girls ignore advice	8	40
Shyness and lack of freedom to discuss with daughters	7	35
No response / I don't know	3	15
TOTAL	20	100

The daughters on the other hand felt that raising the subject would make their parents suspicious of them. Others could also sense that their parents thought they were still too young and immature to discuss the subject so they did not raise it. This was a further reflection of a "conspiracy of silence" that Fursternberg talks about between mothers and daughters on the subject of sexuality and other related matters.

The daughters were also aware that their mother's brought up issues on HIV/AIDS "usually after it has come up on TV". It was usually after a media message that mothers would ask questions or raise issues on the subject. According to the daughters, most of what their mothers discussed on HIV/AIDS was what they had already heard from the media e.g. "be careful about sex, nobody is safe from HIV/AIDS, it has no cure". They therefore did not ask their mothers HIV/AIDS related issues because their mothers had no new information to offer.

Issues on STDs were not discussed at all. The daughters suggested that mothers should be free and open in discussing issues related to STDs, HIV/AIDS with their daughters. They suggested further that where mothers found it difficult to do so, then information should be provided through churches and seminars. (See table 12).

Table 12: Daughters' suggestions on how to minimise communication problems between them and mothers.

SUGGESTIONS	FREQUENCY	PERCENT
Seminars for daughters	7	35
Discussions and talks	5	25
Counselling	4	20
Religious teaching	1	5
No Response	3	15
TOTAL	20	100

The other persons suggested by daughters as ideal for discussing these issues apart from the parents were friends, teachers and older people like siblings and aunts. Health workers were also mentioned as an important source of accurate information on the prevention of STDS and HIV/AIDS.

6.5. MOTHERS/DAUGHTER COMMUNICATION ON PREGNANCY AND ABORTION

The study also assessed the daughters' attitudes towards premarital pregnancies and the communication with their mothers on the subject. The study found that all the girls were unanimous that pregnancy before marriage as a bad thing, was shameful, was a burden to parents, ruined one's future and led to rejection by the boy. Most of the mothers (90%) said that they discussed pregnancy with their daughters. A few (10%) were afraid to bring up the subject and others said that they did not have time to do so.

The mothers who discussed pregnancies with their daughters' told them that premarital pregnancy was bad and had negative consequences. It was an economic burden for the family. Daughters were therefore urged to be careful and avoid pregnancy before marriage. No specific details were given on how to avoid pregnancy. The girls were told to avoid sex altogether until they were married. Even on pregnancy issues on contraceptives were not discussed. Interestingly, as in most communication issues discussed previously, the daughters were not being told anything new or how to prevent pregnancies.

On abortions mothers said that they would not procure abortions for their daughters because they considered them to be evil and could be fatal. They all said that if their daughters become pregnant, they would let them have babies. The girls tended to agree with their mothers that abortion was fatal and could lead to infertility. Others felt that abortion was committing murder. A few girls however (5%) said that abortion was okay in cases of rape and other unwanted circumstances.

6.6. MOTHER/DAUGHTER COMMUNICATION ON MARRIAGE

This study attempted to seek the daughters' and mothers' attitudes towards marriage. The study found that nearly all the mothers believed that marriage was good customary practice which must be continued. Over 80% of them believed that it was God's plan to get married and that women were supposed on the same token to submit themselves to their husbands. Consequently, all mothers hoped that their daughters should be married to maintain the traditional practice.

Given the importance that women placed on marriage, many of them did not approve of divorce. In fact a large proportion argued that a woman should persevere through hardships, even when mistreated in order to maintain a marriage. This notion was strongly upheld by Muslim women who said that women should not divorce even if husbands abused or mistreated them. To them, even if a man killed his wife, it was believed that "it was husbands who sends women to heaven," meaning that a woman who endures mistreatment will be blessed even if she dies as a result of it.

With these views in mind, 75% of mothers said that they discussed marriage with their daughters. These said that they told their daughters to wait until the right time, look for good husbands and respect their mothers-in-laws when they got married. The 25% who did not discuss marriage with their daughters argued that they were too young to discuss marriage, 70% were embarrassed and shy while others found the subject too difficult to talk about.

Although some of the mothers reported discussing marriage with their daughters between ages 10-18 years, 86% discussed marriage at age 16, 67% at age 15 and only 7% discussed it with their daughters at age 10.

6.7. THE FATHERS' ROLE IN COMMUNICATION ON SEXUALITY AND HIV/AIDS WITH DAUGHTERS.

As mentioned earlier, the study sought to identify indirectly from the daughters, the fathers role in communicating with them on the salient issues related to HIV/AIDS prevention. The study therefore found out that fathers discussed these issues with only 25% of the daughters. The daughters argued that they were no free to discuss these with the fathers.

Some daughters who were separated from their fathers and those whose fathers had no time did not have opportunities to discuss. Consequently, the fathers, role in communicating on sexuality and HIV/AIDS related issues was minimal and almost non-existence.

6.8. MOTHER/DAUGHTER COMMUNICATION CONSTRAINTS

The study identified some of the constraints faced by mothers and daughters in discussing sexuality and HIV/AIDS prevention issues.

Hence, the study found that mothers and daughters had mutual constraints in discussing sexuality and HIV/AIDS prevention issues. According to mothers, the constrains were:

- Girls felt like they knew more about these than their mothers and therefore did not listen to them.
- Mothers felt that daughters knew more than them and were afraid or reluctant to show their ignorance.
- Mothers feared to talk about sexuality for fear that daughters would experiment with sex
- Some issues were too difficult to discuss with daughters e.g. men, sex and personal issues.
- Mothers were not free with their daughters
- Shyness
- Discomfort in discussing sexuality issues.

Similarly, according to the daughters:

- Mothers did not tell them more than they already knew
- They were shy
- They experienced discomfort in discussing sexuality and HIV/AIDS issues
- Feared that their parents will suspect that they are having sex
- Parents perceived them as being too young to discuss sexual matters.

7. OTHER IMPORTANT FINDINGS

As indicated earlier, peer group discussions were held with mothers and daughters separately instead of the second focus group discussion with mothers and daughters together. This was due to the problems and hostilities that daughters had expressed towards their mothers during their focus group discussions. For the seven (35%) of the mothers who could not participate in the peer group discussions, exit interviews were conducted to assess why they did not do so. Their views on their participation in the study were also sought as well as their future intervention needs.

The interesting finding reported during the peer group discussions and the exit interviews was that after the FGDs and the rapid interventions, some mothers and daughters reported that they had noticed some positive changes and improvements in their attitudes, behaviour and communication toward each other.

According to 40% of the mothers:

- Their daughters had opened up, were more comfortable, truthful and less shy when communicating with them.
- Daughters were able to ask questions on sensitive issues such as boy/girl relationships.
- Daughters listened when told about how to behave when out there with friends and other people
- Daughters listened when corrected.

On their own part, the mothers reported that they had made attempts to change their own behaviour and attitudes towards their children, which they felt facilitated their communication.

Accordingly, the mothers:

- Tried to understand their daughters' point of view
- Tried to frankly answer questions asked by the daughters
- No longer shouted at their daughters, instead, they tried to create a good atmosphere to trying to talk to them "nicely".

Mothers also reported that they had felt more empowered and realised that to enhance communication with their daughters, they needed to:

- Talk to their daughters politely
- Be more persuasive with their daughters
- Get somebody to talk to their daughters on issues that they could not themselves
- Gain more knowledge on STD/HIV/AIDS so that they could pass accurate information to their daughters/sons
- Encourage centres and institutions dealing with adolescents like KAPAH to offer counselling.
- Build more trust among themselves and their daughters.

According to the daughters:

- The mothers were listening to them more
- The mothers had started to request brothers to assist in household chores
- The daughters felt more at risk of contracting HIV/AIDS and the importance of "abstinence and remaining with one faithful partner"

The daughters also indicated that they would like their mothers to counsel them more, initiate conversations and not be "reacting to crisis all the time." They also needed to hear from their mothers what was expected of them by society in terms of choosing future spouses.

The study also found out that most of the mothers (60%) and daughters (65%) still had many communication problems and other needs that still require to be addressed, hence the necessity for interventions that would address them.

"We are now talking to each other although my daughter had refused to apologize to me. I have not forgotten what my daughter had written about me in the diary saying she would rather the devil take me away".

On the whole, the fact that mothers and daughters were showing some improvement in their relationships and communication after very little rapid interventions implies that with more formalized interventions a lot can be achieved towards this end.

Mothers and daughters suggested some recommendations that would help to improve their communication. These include the need to:

- Have more forums e.g. (FGDs, Seminars, and Open Discussion) for them so that they can share experiences and learn from each other.
- Provide mothers with skills on how to deal with growing daughters
- Start a counselling center for teenagers and their parents
- Provide boys with forums for education on issues related to growing up and HIV/AIDS prevention.
- Provide daughters with knowledge on contraceptive use, their effects, HIV/AIDS, and how to take care of themselves.

8. A SUMMARY OF THE FINDINGS

8.1. DAUGHTERS' INFORMATION LEVELS OF SEXUAL MATTERS AND HIV/AIDS PREVENTION

- The girls claimed to know the consequences of indulging in sex which they listed as pregnancy, STD's, HIV/AIDS and other infections.
- The girls have learn most of what they know from friends, peers, schools, both print and electronic media. Sometimes the information they get is misleading, incorrect or distorted.
- Daughters had a false sense of their ability to manage their sexuality and HIV/AIDS prevention. Even those who were engaging in sexual activities still claimed that they had information about sex and could walk away, scream or say no to boys and men who demanded sex.
- None of the daughters were using condoms even those sexually active.

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- Provide daughters with knowledge on contraceptive use, their effects, HIV/AIDS, and how to take care of themselves.

8.2. GENERAL RELATIONSHIPS BETWEEN MOTHERS AND DAUGHTERS

There was congruence between what mothers and their daughters said with regard to their relationships. It was evident from the study that their relationships were poor; with more mothers, particularly those with higher educational levels reporting poorer relationships with their daughters than those with lower education levels. While the mothers viewed their daughters as rude, disobedient, hostile, moody and manipulative, the daughters felt that their mothers were harsh, domineering, suspicious and unnecessarily violent.

During both focus group discussions, the in-depth interviews most of the girls expressed feelings that bordered on hatred toward their mothers. Both daughters and mothers expressed hopelessness and helplessness in positive relationships with each other.

The mother/daughter relationships grew worse with the daughters' ages. The older the teenagers became, (around 17 years) the more difficult their mothers found them to be.

More mothers also found it more difficult to deal with their teenage sons. More daughters on the other hand, preferred to relate with their fathers than with their mothers.

8.3. COMMUNICATION PATTERNS

Communication patterns between mothers and their daughters followed the same pattern as their general relationships. Communication between mother and their daughters was poor while with sons was minimal.

There was incongruence in perceptions of communication levels between mothers and daughters. While mothers felt that they communicated with their daughters, the daughters denied that their mothers ever communicated with them except in giving them orders, instructions, warnings and quarrels. Daughters felt that their mothers told them about so many Do's and Don'ts without reasoning with them.

Mothers and daughters seemed to disagree on most issues particularly those related to the daughters' friends and going out and dressing. While mothers felt that they controlled their daughters in order to protect them, the daughters felt that their mothers "locked them up" because they lacked trust in them. In fact the daughters held the view that their mothers should not worry about them because "they know what they are doing". The girls further felt that they should be given freedom to associate with friends including those of the opposite sex as this will give them an experience of how to handle their peers, especially the boys.

Mothers said that they found it difficult to initiate communication with their daughters because their daughters did not listen to them. Daughters on the other hand felt that they could not communicate with their mothers because:

- Mothers did not listen to their points of view
- Mothers were afraid to lose in arguments
- Mothers became violent when they did not win an argument
- Some mothers admitted that they were inadequately equipped/prepared to talk to their daughters on certain issues like sex and sexuality. They were of the view that there should be another reliable channel for delivering this information to their daughters.
- Daughters would like to talk to and listen to their mothers but they expect that their mothers will reciprocate.
- Daughters said that they did not know what their mothers expected of them. Mothers expressed similar sentiments concerning their daughters. They felt understanding of what was expected of each other would reduce the conflict that existed between them.

8.4. COMMUNICATION ON SEXUALITY, HIV/AIDS

According to both mothers and daughters there exists a mutual communication breakdown during their interaction especially in areas of:

- Sex and Sexuality
- Boy/Girl relationship

Mothers with higher levels of education found it more difficult to communicate with their daughters on boy/girl relationships and other sexuality related issues than those with lower education levels.

However, most mothers indicated that they discussed HIV/AIDS with their daughters. Discussions on HIV/AIDS were always prompted by television and radios messages or real life situations when someone they knew died of HIV/AIDS.

An analysis of communication on HIV/AIDS indicates the although daughters were told that HIV/AIDS kills and has not cure, very little effective information was given on how girls could prevent themselves from contracting HIV/AIDS for example: -

- Girls were not told by their mothers about condoms as HIV/Prevention techniques. Mothers feared that discussions on condoms would introduce their daughters to promiscuity.
- Most mothers did not believe that condoms can prevent HIV/AIDS contraction.
- While mothers are more concerned about pregnancy prevention and some may advise their daughters to use the pill, many did not seem too practical about HIV/AIDS prevention.
- Most mothers did not use the condom as an HIV/AIDS prevention technique. They all believed that "God will Protect" them.
- Nearly all the daughters said that there was no need to discuss condom use with their mothers because although they had boy friends, they "did not think about sex".

8.5. GENDER ROLES AND PERCEPTIONS

Most of the mothers (all Muslim and few Christians) believed that women must be submissive to their husbands and must endure all problems and mistreatment from husbands. For them, the qualities of a good woman were obedience and respect for the men.

While most mothers had positive aspirations for their daughters (to finish school, get good jobs, get good husbands) they

9. CONCLUSION AND RECOMMENDATIONS

The study found out that the daughters did not have effective information and skills for HIV/AIDS prevention. The mothers did not provide this information to their daughters and sons because the mothers themselves did not apply their knowledge and skills in their own HIV/AIDS prevention measures and did not believe that condoms are protective techniques. The communication patterns between mothers and daughters were very poor, while that with sons was minima. Although mothers and daughters expressed desire to communicate, they experienced numerous obstacles in their communication. Both accused each other of being hostile, cautious, non-attentive, suspicious, and manipulative. Both had difficulties discussing sexual matters.

In views of the above findings, it is the conclusion of this study that :

- While daughters may be at risk of engaging in unprotected sexual behaviour, they lack information on how they can effectively protect themselves from STD, HIV/AIDS.
- Mother/daughter relationships and communication patterns are poor and almost hostile. Further, the study found that: both mothers and daughters would like a forum in which they would discuss issues affecting them.
- While some mothers want to have a false belief that their daughters have no boyfriends and are sexually inactive others are more realistic. The realistic mothers are more willing to explore ways in which their daughters can be provided with information and HIV/AIDS prevention services. These mothers can be used as role models in interventions.
- There is very little room to effectively communicate on HIV/AIDS prevention. The existing levels of communication between mothers and daughters do not include discussions on condom use, as effective tools for HIV prevention because even the mothers themselves do not believe condoms are effective HIV preventive techniques.
- Mothers appear powerless in their relationships with their sexual partners and this submission and powerlessness is communicated to their daughters. The daughters are therefore at risk of perpetuating the same behaviour patterns as their mothers.
- Mothers and daughters were showing some improvements in their relationships and communication after very little rapid interventions. This therefore implies that with more formalized interventions a lot can be achieved towards this end.

On the basis of these findings and conclusions, the study recommended that there is need for interventions to address the above issues in order to strengthen communication patterns between mothers and their daughters particularly on sexuality and HIV/AIDS prevention.

Intervention is therefore necessary to:

- Lower the levels of hostility and mistrust between mothers and daughters through individual counselling and peer group discussions.
- Address some of the constraints emerging from the study (e.g. fear and embarrassments)
- Encourage mothers to establish communication links with their daughters before they become teenagers
- Train mothers and daughters on assertive skills development through role play and participatory education theatre.
- Empower the mothers and their daughters in their negotiation for protected sexual relationships with their partners.
- Provide mothers and daughters with accurate information on the condom and other HIV/AIDS prevention methods.
- Improve communication patterns between mothers, their daughters and sons so that they can acquire information and skills that will help them in HIV/AIDS prevention.
- Design and implement an education package on HIV/AIDS for mothers and daughters.

Since some daughters found it easier to communicate with their fathers, ways should be explored to include fathers in the interventions in order to strengthen communication with their daughters.

Sons seem to be completely neglected in mother/son communication and there was no evidence from the mothers that fathers communicate with their son either. Therefore, interventions programs for communication on HIV/AIDS prevention should include sons as well.

APPENDIX 1

DRAFT QUESTION GUIDE FOR MOTHERS AND DAUGHTERS (FOR DETAILED QUESTIONNAIRE FOR IN DEPTH INTERVIEWS AND FOCUS GROUP DISCUSSIONS SEE RESEARCH INSTRUMENTS)

For mothers the issues to be addressed in the interview include the following:

- The extent to which the mother consider it as their role to provide information on the above issues to their daughters and sons.
- The kind of information they consider it to be their responsibility to provide or not provide to daughters and sons
- The kind of information they should provide but which they cannot provide to the daughters and sons.
- The kind of information they should provide but which they do not in practice (e.g. on gender, sexuality, relationships, roles, growing up etc.)
- Whether they think their daughters and sons should receive the information they do not provide.
- The basis of choosing what information to provide or not to provide to their daughters and sons.
- Why they provide or not provide information
- How the information the mothers claim to provide is passed onto their daughters and sons
- Problems mothers face in communicating with daughters and sons
- Where the information the mothers provide is got
- How do mothers provide information on sexuality to their daughters and sons. What kind of information, how? When?
- Do mothers discuss STD, HIV/AIDS prevention with their sons and daughters when, how, what do they say?
- How mothers define themselves, their values, aspirations, roles, power and world view as women.
- How they explain their world view (Culturally, religiously)
- How mothers transmit and pass these to their daughters.
- How mothers view their daughters' aspirations, values, role expectations and their world view
- How they communicate these to their daughters
- Whether the mothers see a conflict between their world view and that of their daughters
- Whether the mothers link their own values and behaviour patters to that they transmit to their daughters
- Whether there are perceived conflicts between what mothers tell their daughters and how they model themselves to their daughters.
- How they would like their daughters and sons to seek information from them
- What measures do mothers take for their own prevention of STI/HIV/AIDS infection?

For daughters the following will be explored:

- The extent and level of communication between them and their mothers and fathers
- The extent of which daughters feel they should seek information from their mothers and fathers
- Whether daughters feel that mothers and fathers have a responsibility and role to play in providing them with information
- What type of information they feel mothers and fathers should provide or not provide
- What type of information they feel they should seek or not seek from their mothers and fathers
- What type of information do they actually seek from their mothers and fathers
- Whether the daughters link their own values and behaviour patterns with what is passed on to them by their mothers and fathers
- Whether there are conflicts between what mothers tell their daughters and how the model themselves to their daughters.

LIST OF RESEARCH INSTRUMENTS

- Attachment 1: Questionnaire for Mothers
- Attachment 2: Questionnaire for Daughters
- Attachment 3: Consent Forms for Mothers and Daughters
- Attachment 4: Focus Group Discussion for Mothers and Daughters
- Attachment 5: Exit Interview (Mothers)

ATTACHMENT 1

MOTHER/DAUGHTER COMMUNICATION

IN DEPTH INTERVIEW GUIDE FOR MOTHERS

Participant number

Name of Interviewer

Date

Location

I DEMOGRAPHIC DATA

1. How old are you?
2. What is your occupation?
3. What is your main source of income?
4. Who is the main income earner in your household?
Someone else Who ?
5. Roughly speaking, what is your total income?
6. How many children do you have ?
- A) How many children do you live with ?
- B) How many daughters ?
- C) How many sons ?
- D) Other children ?Relationships ?.....
7. A) Are you married ?
Yes: No:
- B) Do you currently live with your husband? Yes No.....
If no, why not
- C) Do you currently live with the father of your daughter?
Yes: No:
- If no, why not?
- D) How many sexual partners do you have?
8. How many years of formal education do you have ?
None 1-8 9-13..... over 13
9. What is your religion?
A) Christian B) Muslim C) Other

ASPIRATIONS FOR CHILDREN

10. What aspirations do you have for your daughter/s?

.....

11. What things do you think are important for growing daughters to know?

.....

A) What things do you think are important for growing boys to know?

.....

B) Is there a difference between what you think girls and boys should know ?

Yes No

C) Explain your answer?

.....

12. What type of qualities should you like your daughters to have?

.....

A) Why?

.....

B) Do you teach your daughter about these qualities?

Yes: No:.....

C) If yes, how do you teach her?

.....

D) If No, Why don't you teach her?

.....

E) How do you expect her to learn about them?

.....

13. A) What do you think are the qualities of a good woman?

.....

B) Why do you think these are the qualities of a good woman?

.....

14. What do you worry most concerning your daughter/s?

.....

Why?

.....

B) What do you worry most concerning your son/s?

.....

15. In what ways is your daughter different from you?

.....

16. A) Which of your characteristics would you like your daughter to have when she grows up ?

.....

B) How do you ensure that she acquires your character?

.....

C) Which of your characteristics would you least like your daughter to have?

.....

D) How do you ensure that she does not acquire them?

.....

GENDER ROLES

17. a) What do you think are the roles of a woman in your community/society?

.....

Why do think so?

.....

B) Are these different from the roles of men in your society/community?

Yes No

If yes, in what ways are they different?

.....

Why are they different?

.....

If no, why are they not different?

.....

18. Would you say that in your day-to-day activities you fit into these roles?

Never Sometimes Always

If Yes how?

.....



18. Would you say that in your day-to-day activities you fit into these roles?

Never Sometimes Always

If Yes how?

.....

Why?

.....

If No, why not?

.....

19. In your opinion, how should men be treated?

.....

20. In your view, would you say that your relationship with your husband is

Good Poor Very poor

Explain your answer

.....

21. How does your husband treat you

A) In front of your daughter?

With respect With disrespect

Explain?

.....

B) Probe how interviewee responds to the treatment when children are around

.....

22. A) What are the roles of your daughter/s in your household?

.....

B) Would you say that in your day-to-day activities you fit into these roles?

Never..... Sometimes Always

Why are these your roles?

.....

What are the roles of your son/s in your household?

.....

Why are these his roles?

23. On what issues do you agree most with your daughter?

.....

Why do you agree?

.....

On what issues do you disagree most with you daughter/s?

.....

Why do you disagree?

.....

24. Do you teach your daughters about what their roles in society are?

Yes No.....

If yes, why?

.....

B) How do you teach your daughters about their roles in society?

.....

If no, why not?

.....

C) If no, who teaches them?

.....

D) Do you know what they are told?

.....

E) Do you agree/disagree with what they are told?

.....

F) Why/why not?

.....

G) If you disagree, what would you rather they were told?

.....

H) Who should tell them?

.....

COMMUNICATION:

25. A) What issues do you find most comfortable for you to discuss most with your daughter?

.....



Why do you find them easy to discuss?

.....

B) What issues do you find to be the most easy to discuss with your sons?

.....

Why?

.....

C) Which issues do you find most difficult to discuss with your daughters?

.....

Why?

.....

E) Which issues do you find most difficult to discuss with your sons?

.....

Why?

.....

26. Do you think your teenage daughter/s have boyfriends?

Yes No.....

What is your opinion towards your daughter having a boyfriend?

.....

What is your opinion towards your son having a girlfriend?

.....

27. Do you think your children know about the Boy/Girl relationships?

Yes No.

If yes who should tell them about it?

.....

What should they be told?

.....

Why should they be told?

.....

How should they be told?

.....

At what age should they be told?

.....

If no, why should they not be told?

.....

30. Do you ever discuss the subject below with your daughter/s

SUBJECT	DISCUSSED		What do you tell her?	Reason for not discussing	At what age?
	YES	NO			
Boy/Girl Relationship					
How to treat boys & men					
How to be treated by boys & men					

SUBJECT	DISCUSSED		What do you tell her?	Reason for not discussing	At what age?
	YES	NO			
What it means to be a woman					
Sexual intercourse					
Pregnancy					

SUBJECT	DISCUSSED		What do you tell her?	Reason for not discussing	At what age?
	YES	NO			
Marriage					
STD/AIDS					
Any other Subject (Specify)					

31. How do you discuss these issues with your daughters

.....

32.a) Which of the above issues do you discuss with your sons and what do you tell them?

.....

33. If you do not discuss these things with your daughters, state whom they learn from and what you think they are told about?

.....

Subject	From Who they Learned	What they are told
a) Boy/Girl Relationships		
b) How to treat boys & men		
c) How to be treated by men & boys		
d) What it means to be a woman		
e) Menstruation		
f) Sexual Intercourse		
g) Pregnancy		
h) Marriage		
i) Family Planning		
j) STDS/AIDS		
k) Any other - specify		

34. What do you know concerning how HIV/AIDS is transmitted?

.....

35. What do you know about the consequences of HIV/AIDS?

.....

36. What do you do to prevent yourself from contracting HIV/AIDS?

.....

37. Are you concerned that your daughters are at a risk of contracting HIV/AIDS?

Yes No.....

38. How do you help to ensure that they do not become victims of HIV/AIDS

.....

39. What are the major problems that mothers face in discussing AIDS prevention with their daughters?

.....

40. How do you think these problems can be minimized in order to enhance communication on AIDS related matters?

.....



ATTACHMENT 2

MOTHER/DAUGHTER COMMUNICATION

IN DEPTH INTERVIEW GUIDE FOR DAUGHTERS

Participants number

Name of Interviewer

Date

Location

I DEMOGRAPHIC DATA

1. How old are you?

2. What is your occupation?

3. What is your main source of income?.....

Mother Father Other Specify

4. Who is the main income earner in your household?

Mother Father Other Specify

5. How many sisters do you have?

6. How many brothers do you have?

7. Whom do you live with

Both Parents.....

Mother only.....

Father only.....

Others

Specify.....

8. Are you currently in school?

Yes..... No.....

If no, why?

How many years of formal education do you have?

None..... 1-8..... 9-13..... Over 13

9. What is your religion?

a) Christian b) Muslim c) Other

ASPIRATIONS/GENDER AWARENESS

10. What things do you wish for when you grow up?

.....

How will you achieve them?

.....

11. What things do you worry most about?

.....

Why?

.....

12. A) What things do you think are important for growing girls to know?

.....

B) Is there a difference between what you think girls and boys should know?

Yes No

C) Explain your answer?

.....

13. A) In what ways are girls different from boys? PROBE

Girls

Boys

.....

.....

.....

.....

.....

.....

B) What type of qualities do you think girls should have?

.....

Explain your answer

.....

C) What type of qualities do you think boys should have?

.....

Explain your answer

.....

14. A) What do you think are the qualities of a good woman?

.....

Explain you answer

.....

.....

B) What do you think are the qualities of a good man?

.....

15. A) What do you think are the roles of a woman in your community/society

.....
.....

Why do you think so?

.....

B) What are the roles of men in your community?

.....

Why do you think so?

.....

16. A) What are your roles in your household?

.....
.....

Why are these your roles?

.....

B) What are the roles of your brothers in your household?

.....

Why are these their roles?

.....

17. A) Are you taught by your mother about what your roles in society are?

Yes No

If Yes, why?

B) What does your mother tell you about what your roles in society are?

.....

If no why not?

PARENTS AS ROLE MODELS

18. A) Which of your mother's characteristics would you like to have when you grow up?

.....

Why?

B) Which of your mother's characteristics would you least like to have?

.....

Why?.....

19. A) Which of your father's characteristics would you like to have?

.....

Why?

B) Which of your father's characteristics would you least like to have ?

.....

Why?.....

20. A) What do you admire most in your mother's relationship with your father/partner?

.....

Explain your answer

.....

B) What do you admire least in your mother's relationship with your father/partner?

.....

.....

Explain your answer

.....

21. In your own view, how do you think your father/partner treats your mother?

.....

Explain your answer

.....

How do you feel about her reaction?

.....

How does your mother react to this treatment?

.....

How do you feel about it?

.....

If it were you, how would you react?

.....

How does your mother treat your father?

.....

How do you feel about it?

.....

How does your father react to your mother's treatment?

.....

How do you feel about it?

.....

MOTHER/DAUGHTER RELATIONSHIP

22. A) On what issues do you agree most with your mother?

.....

Why do you agree?

.....

B) On what issues do you agree most with your father?

.....

Why do you agree?

.....

C) On what issues do you disagree most with your mother?

.....

Why do you disagree?

.....

INFORMATION NEEDS ASSESSMENT

23. A) Do you think you should have information about boy/girl relationships?

Yes No

Who should tell them about it?

.....

B) What would you like to know about boy/girl relationship?

.....

Why should you be told?

.....

If no, why should you not be told about boy/girl relationship?

.....

C) Should your parents tell you about boy/girl relationships?

Yes No.....

If yes, why?

If no, why not?

Should your parents tell you about HIV/AIDS? Yes..... No.....

If yes, which parent? Mother..... Father.....

24. A) Do you think that you should have information about HIV/AIDS?

Yes No.....

If yes, who should tell you about it?

.....

B) What would you like to know about HIV/AIDS?

.....

.....

C) Why should you be told about HIV/AIDS?

.....

If no why not?

.....

D) Whom do you prefer most to tell you about HIV/AIDS?

.....

25. A) Do you think you should have information about sex?

Yes No.....

If yes, what information would you like to have?

.....

B) Who should tell you about it?

.....

C) Why should you be told?

.....

If no, why not?

.....

Should your parents tell you about sex?

Yes No.....

If yes, which parent?

26. What other information would you like to have? Probe from whom.

DAUGHTERS' ATTITUDES

27. What do you feel about the following activities?

ACTIVITY	IS IT		WHY
	GOOD	BAD	
Having boyfriend			
Holding hands with boyfriend			
Being alone with boyfriend			
Kissing			
Smoking			
Having sex			
Circumcision of girls			
Abortion			
Pregnancy Before Marriage			
Menstruation			

28. A) In your opinion, how should girls treat boys?

.....

Give reasons for your answer

.....

B) In your opinion how should boys treat girls?

.....

Give reasons for your answer

.....

29. Why do girls agree with what boys tell them most of the time?

.....

PRACTICE

30. Do you have a boyfriend/s?

Yes No.....

What is your opinion towards having a boyfriend?

.....

31. Do you think your mother knows that you have a boyfriend/s?

Yes No

What is your mother's opinion towards you having a boyfriend?

.....

What is your mother's opinion towards your brother having girlfriends?

.....

32. Which of the following things do you do with your boyfriends?

THINGS	YES	NO
Talk		
Hold Hands		
Kiss		
Hang out		
Go for movies		
Listen to music together		
Smoke		
Stay together alone		
Touch		
Have sex		

MOTHER/DAUGHTER COMMUNICATIONS

33. A) Do you ever discuss the subject below with your mother?

SUBJECT	DISCUSSED		What are you told?	Reason for not discussing	At what age?
	YES	NO			
Having a boyfriend					
How boys should treat girls					
How girls should be treated by boys					

SUBJECT	DISCUSSED		What you were told?	Reason for not discussing	At what age?
	YES	NO			
What it means to be a woman					
Sexual intercourse					
Pregnancy					

SUBJECT	DISCUSSED		What you were told?	Reason for not discussing	At what age?
	YES	NO			
Marriage					
STD/AIDS					
Any other Subject (Specify)					

B) How do you discuss these issues with your mother?

.....

Who starts the discussion?

.....

34. Do you discuss the above things with your father?

Yes No

If no why not?

.....

If yes, what does he tell you?

.....

35. How do you discuss these issues with your father?

.....

Who starts the discussions?

.....

36. A) What issues do you find most comfortable for you to discuss most with your mother?

.....

Why do you find them easy to discuss?

.....

B) What issues do you find to be the most easy to discuss with your father?

.....

Why?

.....

C) Which issues do you find most difficult to discuss with your mother?

.....

Why?

.....

D) Which issues do you find most difficult to discuss with your father?

.....

Why?

37. What are your other sources of information on these issues?

.....

38. What are the major problems that daughter's face in discussing AIDS prevention with their mothers?

.....

39. How should parents discuss these issues with their daughters?

.....

40. Who else would you rather discuss the above issues with?

.....

KNOWLEDGE OF HIV/AIDS

41. Have you heard about HIV/AIDS?

Yes No.....

A) From whom?

B) What do you know about HIV/AIDS?

.....

C) Do you know how HIV/AIDS is got?

Yes No.....

D) If yes, how is it got?

.....

E) Have you ever seen someone with HIV/AIDS?

Yes No.....

F) How do people know that they have HIV/AIDS?

.....

G) What should you do in order to avoid getting HIV/AIDS?

.....

ATTACHMENT 3

FAMILY HEALTH INTERNATIONAL (FHI)

Assent Form for Minors

Name of Research Study: Mother/Daughter Communication
Principal Investigator: Dr. Wangoi Njau

INTRODUCTION

This Consent Form contains information about the research named above. In order to be sure that you have all the facts about being in this research study, we are asking you to read (or have read to you) this Consent Form. You will also be asked to sign it (or make your mark in front of a witness). A parental consent form must be signed by your parent(s)/guardian(s) and returned to the research staff before you can take part in the research. This research has been approved by the ethics review committee of FHI and (the National AIDS/STD Control program (NASCO)).

REASONS FOR THE RESEARCH

You are being asked to take part in a research study to seek ways of promoting communication pattern between you and your parents on issues related to STDs and HIV/AIDS prevention, sexuality management, boy/girl relationships. This information gathered will be used to explore how mothers can help their daughters with information and skills which they need in the process of growing up. Through their study mothers will also explore how to pass information to their daughters on how they can be prevented from acquiring HIV/AIDS as teenagers and later when they are adults.

GENERAL INFORMATION ABOUT THE RESEARCH METHODS

You will be asked to complete a questionnaire and participate in two Focus Group Discussions, which will be led by a researcher.

The first meeting will be for girls only numbering about ten and the second one will be for both mothers and daughters. At these meetings we will ask you to share your thoughts with

- A) Other girls in order to determine the level of communication and relationship between them, their mothers and fathers in regard to information, education and communication (IEC) on STD, HIV, AIDS prevention and matters related to sexuality.
- B) Your mothers in order to explore the barriers to healthy communication between them and yourselves and then come up with suggestions on how best to address these issues.

YOUR PART IN THE RESEARCH STUDY

Your part in the research will last about 3 days. About 20 girls will take part in this research at the Centre for the Study of Adolescence (CSA), or any other suitable place in your community.

If you agree to be in the study, you will participate in one private interview and two Focus Group Discussions, i.e. one with other girls and the other one with mothers.

IF YOU DECIDE NOT TO BE IN THE STUDY

You are free to refuse to be in this research study, at any period during the study.

CONFIDENTIALITY

A parental consent form must be signed by your parent(s)/guardian(s) before you can take part in the research. We will protect information about you and your taking part in this research to the best of our ability. At the meetings, we will tape-record with voices only. Notes takers will record what people say during sessions. We will not record your names or any other private things about you at the meetings or even after the results of this research are published.

WHEN APPLICABLE

If you miss a research study visit, the research staff may contact you at home by phone, mail or in person to schedule another visit and see if you still want to take part in the research.

FAMILY HEALTH INTERNATIONAL (FHI)

Assent Form for Mothers

Name of Research Study: Mother/Daughter Communication
Principal Investigator: Dr. Wangoi Njau

INTRODUCTION

This Consent Form contains information about the research named above. In order to be sure that you have all the facts about being in this research study, we are asking you to read (or have read to you) this Consent Form. You will also be asked to sign it (or make your mark in front of a witness) and return it to the research staff before you can take part in the research. This research has been approved by the ethics review committee of FHI and (the National AIDS/STD Control program (NASCOPI)).

REASONS FOR THE RESEARCH

You are being asked to take part in a research study to seek ways of promoting communication patterns between you and your daughter. The research will help us explore the role of mothers in providing information to their daughters and the nature of communication between mothers and daughters. This information gathered will be used to explore how mothers can help their daughters with information and skills, which they need in the process of growing up. Through their study, mothers will also explore how to pass information to their daughters on how they can be prevented from acquiring HIV/AIDS as teenagers and later when they are adults.

GENERAL INFORMATION ABOUT THE RESEARCH METHODS

You will be asked to complete a questionnaire and participate in two Focus Group Discussions, which will be led by a researcher.

The first meeting will be for mothers only, numbering about ten, and the second one will be for both mothers and daughters. At these meetings, we will ask you to share your thoughts with

- a) Other mothers in order to explore what information mothers currently provide to their daughters and sons in terms of guidance and counselling, particularly on issues related to growing up, STDs, HIV/AIDS etc.
- b) Your daughter in order to explore the barriers to healthy communication between them and yourselves and then come up with suggestions on how best to address these issues.

YOUR PART IN THE RESEARCH STUDY

Your part in the research will last about 3 days. About 20 mothers will take part in this research at the Centre for the Study of Adolescence (CSA), or any other suitable place in your community.

If you agree to be in the study, you will participate in one private interview and two Focus Group Discussions, i.e. one with other mothers and the other one with daughters.

IF YOU DECIDE NOT TO BE IN THE STUDY

You are free to refuse to be in this research study, at any period during the study.

CONFIDENTIALITY

A parental consent form must be signed by your parent(s)/guardian(s) before you can take part in the research. We will protect information about you and your taking part in this research to the best of our ability. At the meetings, we will tape-record with voices only. Notes takers will record what people say during sessions. We will not record your names or any other private things about you at the meetings or even after the results of this research are published.

WHEN APPLICABLE

If you miss a research study visit, the research staff may contact you at home by phone, mail or in person to schedule another visit and see if you still want to take part in the research.

FAMILY HEALTH INTERNATIONAL (FHI)

Assents Form for Mothers

(Form to be signed by the mother giving consent for the daughter to participate in the study)

Name of Research Study: Mother/Daughter Communication

Principal Investigator: Dr. Wangoi Njau

INTRODUCTION

We are requesting that you allow your teenage daughter to participate in the above study.

This Consent Form contains information about the research named above. In order to be sure that you have all the facts about your daughter being in this research study, we are asking you to read (or have read to you) this Consent Form. You will also be asked to sign it (or make your mark in front of a witness) and return it to the research staff before your daughter can take part in the research. This research has been approved by the ethics review committee of Family Health International (FHI) and the National AIDS/STD Control Programme (NAS COP).

REASONS FOR THE RESEARCH

Your daughter is being asked to take part in a research study that seeks way of promoting communication patterns between you and your daughter. The research will help us explore the role of the mothers in providing information to their daughters and nature of communication between mothers and daughters. The information gathered will be used to explore how mothers can help their daughters with information and skills which they need in the process of growing up. Through this study, mothers will also explore how to pass information to their daughters on how they can be prevented from acquiring HIV/AIDS as teenagers and later when they are adults.

GENERAL INFORMATION ABOUT THE RESEARCH METHODS

Your daughter is will be asked to complete a questionnaire and participate in two Focus Group Discussions, which will be led by a researcher.

The first meeting will be for daughters only numbering about ten and the second one will be for both mothers and daughters. At these meetings we will ask her to share her thoughts with

- A) Other daughters in order to explore what information mothers currently provide to them and their sons, and whether parents discuss HIV/AIDS issues with them.
- B) Other mothers in order to explore the barriers to healthy communication between daughters and yourselves and then come up with suggestions on how best to address these issues.

YOUR DAUGHTER'S PART IN THE RESEARCH STUDY

Your daughter's part in the research will last about three days. About 20 mothers will take part in this research at the Centre for the Study of Adolescence (CSA), or at a suitable place in your community.

If you agree for your daughter to be in the study, she will participate in one private interview and then two Focus Group Discussions i.e. one with other mothers and the other one with daughters.

IF YOU DECIDE NOT TO BE IN THE STUDY

You are free to refuse her to be in this research study, and she is free to do so at any time during the study.

CONFIDENTIALITY

This parental consent form must be signed by you and returned to the research staff before your daughter can take part in the research. We will protect information about you and your daughter taking part in this research to the best of our ability. At the meeting, we will tape-record the voices only. Notes takers will record what people say during the sessions. We will not record your names or any other private things about you at the meeting or even after the results of this research are published.

WHEN APPLICABLE

If you miss a research study visit, the research staff may contact you at home by phone, mail or in person to schedule another visit and see if you still want to take part in the research.

(Complete this section only when consent is obtained by oral presentation).

I was present while the above information was presented to

(Volunteer's name) _____

All his/her questions were answered.

Signature of Witness

Date

Every aspect of this research outlined in above document has been explained to the volunteer in his/her native language, English/Kiswahili. The volunteer has been given a copy of the Consent Form.

Signature of Person Obtaining Consent

Date

ATTACHMENT 4

FOCUS GROUP DISCUSSION GUIDE FOR MOTHERS

(A) INTRODUCTION

Introduce yourself and say something about yourself that relates to your concern as a mother for girls and boys as your daughters, sons, close relatives, neighbours or boys and girls in general.

Say something which demonstrates that you can share in this area and that your concerns are not different from those of the mothers. Have all members of the team introduce themselves, with issues such as her age, number of children, their ages, relationships, whom she lives with etc.

Discuss the rules of the focus group meetings by explaining that everyone should feel comfortable expressing her opinion and that participants should speak in turn, respect each other's opinions, and maintain complete confidentiality. Remind the participants that all notes and tapes made during the meeting will be secured by the Principal Investigators to ensure confidentiality.

(B) DISCUSSION

1) Ask the mothers about their general relationships with their daughters, sons and other children in their household. Explore the type of issues they discuss in their everyday conversations with daughters and sons. Find out if these conversations occur easily between them and their children (daughter/son?), who starts the conversations, when do they occur, how do they proceed and how they feel about them at the end of the conversation.

What language/wording do you use when it comes to discussions on sexuality with your daughters.

2) Probe for discussions on sexuality, boy/girl relationships, STDS, HIV/AIDS etc with their children. Who starts these discussions, when they occur, how information is sought and provided, levels of comfort during discussions for both daughters and mothers? Probe for fears and constraints in seeking information on these issues and during discussions with children. (With sons/daughter).

3) Explore the types of information that girls would like to seek and have from them. How would the girls like/not like the information to be provided by mothers. Do you give the information sought?

Explore the type of information that mothers would like to tell to their children (daughters/sons) and how they would like to give it. How have mothers been providing this information to their children? Where else do their daughters/sons get information from and what do they think about the information given.

If you as the mother do not provide information regarding HIV/STD/AIDS, Sexuality where does your daughter get it from?

Do you as the mother have contact with the person who is the source of this information?

If yes why? If no why not?

4) Explore the mothers' source of information on family planning, sexuality, HIV/AIDS/STDs

5) Lead a discussion on the mothers' own behaviour towards men. Do they have relationships with the opposite sex? Probe levels of sexual activities, number and type of sexual partners. Their attitudes towards the relationships

6) Probe for issues that they discuss with their men in general. Do they discuss sexuality HIV, STD, issues with the men? Explore their fears worries constraints? How do they overcome them. Find out the extent to which they discuss these fears with their men and reasons for discussing or not discussing. Do you discuss these issues (relationships with men) with your children (daughters/sons).

7) What are their general notions about boys, men and manhood? Girls, females and womanhood? What is the basis for these notions (culture, religion, socialization, etc) What female behaviour are acceptable or not acceptable to men? Why? What male behaviours are acceptable or not acceptable towards females? Why?

Explore the mothers own notions about being female and womanhood, their roles and expectations. Explore their perceptions of themselves as role models to their daughters/sons. How they relate with husbands, partners, other males in the household, how they are treated, how they react. How their daughters react to this treatment.

8) Explore their knowledge levels concerning STD/HIV/AIDS in lieu of the discussed sexual behaviour patterns. Their perceptions of their own risk and that of their daughters/sons in this age of HIV/AIDS.

Probe the issue of contraception:

- Knowledge of whether daughters use contraceptives
- What do they tell daughters
- Would they discuss contraceptives use by daughters/sons?
- Do they discuss, what do they tell them?
- What is their recommendation?

(C) WRAP UP

Remind the mothers that there will be one more Focus Group Discussion together with the daughters. Explain that this meeting will differ from this meeting in that both mothers and daughters will share the experiences gained in their own specific focus group discussions. In the second focus group discussions, the mothers and daughters will explore topics such as barriers to intergenerational communication, misconceptions about each other, develop trust and suggestions on how best to address their issues together.

Determine with them when the meeting will take place and designate a place and time. Remind them of how they can contact you if they have any questions of concern.

This is the end of the discussion.

Are there any questions or comments?

Thank you for coming.

ATTACHMENT 4

FOCUS DISCUSSION GUIDE FOR DAUGHTERS

(A) INTRODUCTION

Introduce yourself and say something about yourself that relates to your concern for girls and boys as daughters, sons, close relatives, neighbours or boys and girls in general.

Say something which demonstrates that you can share something in this area and that you are concerned for the daughter. You may share your own past experiences as a daughter. Have all members of the team introduce themselves. Have each daughter introduce herself e.g. her age, relationship, whether in school or not, whether she has and lives with both parents etc.

Discuss the rules of the focus group meetings by explaining that everyone should feel comfortable expressing her opinion and that participants should speak in turn, respect each others opinions, and maintain complete confidentiality. Remind the participants that all notes and tapes made during the meeting will be secured by the Principal Investigators to ensure confidentiality.

(B) DISCUSSION

1) Ask the girls about their general relationships with their guardians, fathers and mothers. Explore the type of issues they discuss in their everyday conversations with mothers and fathers. Find out if these conversations occur easily between them and their parents (which parent?), who start the conversations, when do these occur, how they proceed and how they feel about them at the end of the conversation.

2) Probe for discussions on sexuality, boy/girl relationships, STDs, HIV/AIDS contraception. Who starts these discussions, when they occur, how information is sought and provided, levels of comfort during discussions for both daughters and mothers.

Probe for fears and constraints in seeking information on these issues and during discussions with parents. (With mother/father).

3) Explore the types of information that girls would like to seek and have

- from their parents (mother/father)
- from other people (who?)

How would they like/not like the information to be provided? Explore the type of information that the girls would like to tell to their parents (mother/father) and how they would like to give it.

How have daughters been seeking this information from parents? Have they received it? Their views on the information given by parents. From others?

4) Lead a discussion on the girl's own behaviour towards boys/men. Do they have relationships with the opposite sex? Boys or men? Their attitudes towards the relationships, do their parents know? Their parents reaction etc. Their dating patterns and levels of sexual activities, are they sexually active or not and why? Their fears, worried, expectations in being involved with the opposite sex. How do they cope with boy/girl relationships?

5) Probe for issues that they discuss with their boyfriends/men in general. Do they discuss sexuality HIV, STDs, issues with the boys/men? Explore their fears worries constraints? How do the girls overcome them. Find out the extent to which they discuss these fears with their parents and reasons for discussing or not discussing. Whom do they discuss these fears with?

6) What are their general notions about boys, men and manhood? Girls, females and womanhood? What is the basis for these notions (culture, religion, socialization, etc) what female behaviour is acceptable or not acceptable to men? Why? What male behaviours are acceptable or not acceptable towards females? Why?

What are the male/female roles etc and basis? Explore their girls own notions about female and womanhood, their roles and expectations. Explore their perceptions of their mothers as role models to them. How their mothers relate with fathers, partners, other males in the household, how treated, how they react. Would girls react in the same way given their mothers situations?

7) Explore their knowledge levels concerning STD/HIV/AIDS in lieu of the discussed sexual behaviour patterns. Their perceptions of their own risk in this age of HIV/AIDS teenagers and in future when they are adults. Lead a discussion of the type of information required on how to reduce risks and explore possibilities of how they can protect themselves.

If you as the daughter do not get information regarding HIV/STD/AIDS, Sexuality from your mothers where do you get it from?

Probe the issue of contraception.

- What are they told
- What is their opinion towards contraceptives
- Would they discuss the issue of contraceptives with their mothers?
- What do their mothers recommend

(C) Wrap Up

Remind the girls that there will be one more Focus Group Discussion together with the mothers. Explain that this meeting will differ from this meeting in that both mothers and daughters will share the experience gained in their own specific focus group discussions. In the second focus group discussion, the mothers and daughters will explore topics such as barriers to intergenerational communication, misconceptions about each other, develop trust and suggestions on how best to address their issues together.

Determine with them when the meeting will take place and designate a place time. Remind them of how they can contact you if they have any questions of concern.

This is the end of the discussion.

Are there any questions or comments?

Thank you for coming.

ATTACHMENT 5

EXIT INTERVIEW (MOTHER)

1. Ask the mother why she did not attend the second meeting or any of the meetings.
2. (i) Has the communication pattern improved since the last meeting?
(ii) What issues do they discuss?
3. What would the mothers recommend?

