



# **Mother–daughter communication on intimate relationships: narratives from Mangaung Township (Bloemfontein, South Africa)**

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## **Abstract**

Good communication skills and conversations on intimate relationships between mothers and daughters have a positive influence on young people's intimate relationships, sexual development and behaviour. This study explores conversations on intimate relationships between African mothers and their daughters in Mangaung Township, Bloemfontein, South Africa. The willingness, extent, content, and quality of communication on intimate relationships between daughters and their mothers, are the main focus of this study. The responses of the research are juxtaposed and compared to explore the respective angles, similar or divergent understandings and the barriers encountered in these conversations. This is important because research indicates that women are more vulnerable to sexually risky behaviour with the potential for serious consequences such as unplanned pregnancies or HIV infection. In light of the high prevalence of sexually transmitted diseases, including HIV and AIDs and unplanned pregnancies it is essential to scrutinise the mother–daughter communication on intimate relationships.

This qualitative study is guided by the interpretivist paradigm. Theoretical lenses followed in the study include, phenomenology, existential sociology and feminist perspectives. Nine in-depth interviews were conducted with mothers and their daughters.

These mother-daughter conversations take place in diverse domestic situations and fragile household compositions with the daughters' fathers mostly being absent. In spite of the complex family dynamics, both mothers and their daughters consider their conversations on sex and reproductive health important. However, both parties were reluctant to talk and conversation was often only initiated following a precursory event (e.g. pregnancy or television programmes). The conversations were characterised as didactic, confrontational, and instructional and framed by cultural mores. The mothers' focus was to warn, threaten and discourage their daughters from sexual activities. Certain topics like HIV and AIDS, pregnancy, menstruation were emphasised at the

expense of other topics. Pleasure and emotional aspects of relationships were rarely considered. While the mother is the preferred primary source of information by both mothers and daughters, the latter tend to talk more openly to their friends and felt they received more information during sex education in schools.

The study shows that the mothers often feel poorly equipped to conduct effective discussions on intimate relationships with their daughters because of embarrassment, lack of knowledge and socialisation of silence around sexual topics. Generally in these conversations sex has been reduced to a void and dangerous act and lack aspects such as emotions, love, desire and pleasure and partner choices.

*Keywords: mother-daughter communication, sexual and reproductive health, intimate relationships, sex communication, sex education, HIV and AIDS, unplanned pregnancy, absent fathers.*

## **Samevatting**

Goeie kommunikasievaardighede en gesprekke tussen moeders en dogters oor intieme verhoudings het 'n positiewe invloed op jong mense se intieme verhoudings, seksuele ontwikkeling en gedrag. Hierdie studie ondersoek gesprekke oor intieme verhoudings tussen Afrika moeders en hulle dogters in die Mangaung Township, Bloemfontein, Suid Afrika. Die hoof fokus van hierdie studie is die bereidwilligheid, omvang, inhoud en kwaliteit oor intieme verhoudings tussen moeders en dogters. Die terugwerking van die navorsing is in jukstaposisie en word vergelyk met die onderskeie benaderings, soortgelyke of uiteenlopende verstandhoudings en die grense wat in hierdie gesprekke gevind is. Dit is belangrik, want navorsing toon dat vrouens is meer kwesbaar vir potensiële ernstige nadele soos onbeplande swangerskap of HIV infeskie deur seksuele gewaagde gedrag. Dit is van essensiële belang om moeder en dogter kommunikasie oor intieme verhoudings noukeurig te ondersoek deur die algemeenheid van seksueel oordraagbare siektes, wat HIV en Vigs insluit en onbeplande swangerskap, aan die lig te bring.

Hierdie kwalitatiewe studie is deur die interpretivistiese paradigme geleidelik. Die teoretiese lense wat in die studie gebruik is sluit fenomenologie, eksistensiële sosiologie en feministiese perspektiewe in. Nege indiepte onderhoude was met moeders en hulle dogters gevoer.

Hierdie moeder en dogter gesprekke vind plaas in verskeie domestiese situasies van 'n swak huishoudelike aard waar die dogter se vader afwesig is. Beide die ma en die dogter beskou hulle kommunikasie oor seks en voortplantingsgesondheid belangrik ten spyte van die komplekse familie dinamika. Albei partye was huiwerig om te praat en gesprekke was egter gereeld begin na 'n voorafgaande gebeurtenis, byvoorbeeld swangerskap of TV programme. Die gesprekke was opvoedkundig, konfrontasioneel, instruksioneel en kultuur gebonde norme van aard. Die moeders se fokusse was om hulle dogters te waarsku, dreig en bang te maak oor seksuele aktiwiteite. Sekere onderwerpe soos HIV, Vigs, swangerskap en menstruasie was beklemtoon ten koste van ander onderwerpe. Plesier en emosionele aspekte van verhoudings is skaars oorweeg. Al verkies die moeders en die dogters dat die moeder die primêre bron van inligting moet wees, is die laasgenoemde meer geneig om openlik met hulle vriende te praat en hulle voel hulle kry meer inligting tydens seksvoorligting in die skole.

Die studie wys dat moeders voel soms swak toegerus om doeltreffende gesprekke met hulle dogters oor intieme verhoudings te hê as gevolg van ongemak, 'n tekort aan kennis en die sosiale norm om in nie oor seksuele onderwerpe te praat nie. Gewoonlik word seks in hierdie gesprekke verklein tot 'n leë en gevaarlike daad wat geen aspekte soos emosies, liefde, plesier en keuse van maats het nie.

Sleutelwoorde: moeder-dogter kommunikasie, seksuele en voortplantingsgesondheid, intieme verhoudings, seks kommunikasie, seksvoorligting, HIV en Vigs, onbeplande swangerskap, afwesige vaders.

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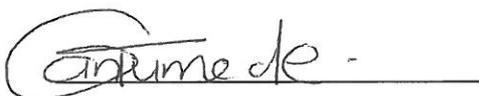
Finally, to my mother Thokozile Rejoice Gumede and my sister Gugulethu Rachel Vabaza, thank you for your constant support, love, strength and believing in me.

## DECLARATION

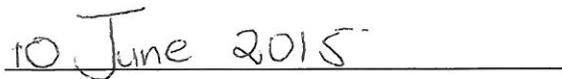
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I declare that this is my own work. All citations and references have been acknowledged. None of the present work has been submitted previously for any degree or examination in any other University. It is being submitted for the degree of Masters of Social Sciences in the Faculty of Humanities, for the Department of Sociology, at the University of the Free State. I further more cede copyright of the thesis in favour of the University of the Free State.

A handwritten signature in cursive script, appearing to read 'Antume de', followed by a horizontal line.

Student Signature

A handwritten date '10 June 2015' followed by a horizontal line.

Date

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## **Chapter 1: Introduction**

### **1.1 Background and rationale**

Extensive literature acknowledges the influential nature of the family in the development of sexual attitudes and behaviours among adolescents and young adults (Hutchinson & Cederbaum, 2011: 550). Notwithstanding the importance of family on sexual attitudes and behaviours of young people; parent-child communication on sexually related issues has been identified as one of the significantly influential processes associated with positive sexual outcomes (Hutchinson & Cederbaum, 2011: 550). Parent-child communication is defined as, “the exchange of verbal and non-verbal expressions of ideas and feelings between a child and parent or guardian” and affects the sexual health of children (Davis, Gahagan & George, 2013: 2). Wilson and Koo (2010: 2) contend that parents are in a unique position to provide accurate information and foster responsible sexual decision-making skills to their children. Parents have the ability to tailor the information they give to their children to be consistent with their own values (Stone, Ingham & Gibbins, 2013: 228-229). This is supported by observations made by Aronowitz and colleagues (2005: 134) that when mothers approach sexual conversations in positive ways and have a close relationship with their daughters, it facilitates the mother’s values and confidence from the daughters to discuss sensitive topics with their mothers.

Moreover, the sustained social practice of characterising youth’s development against a backdrop of variable responsibilities like acquiring formal education training, partaking in the employment sector and establishing the family unit, constitute an important measure of success in the society. However, retaining such responsibilities is often depended, informed and influenced by cultural, socio-economic and political factors. Indeed, the youth in South Africa are organised within the preceding milieu – majority of which are stricken by a towering poverty trap – which retards their financial independence from their parents, stalls formation of marriage institutions and stirs unsafe sexual practices. This is a serious concern.

The previous National Household Surveys in South Africa have shown that South Africa has the highest HIV prevalence globally. The population affected by HIV and AIDS is heterogeneous and variable across race, sex, age, socio-economic status and geographic location (Shisana, Rehle, Simbayi et al., 2014: 1). There is evidence that reproductive health issues in South Africa inform the developmental aspects of young women, with particular reference to the women living in resource poor and historically disadvantaged communities (Lesch & Kruger, 2005: 1072). In South Africa, 28% of young girls are infected with HIV, in part attributed to the increasing number of “sugar daddy” relationships between young females and older males (Besant, 2013). A study in 2010 revealed that amongst the 15-24 year old women, 14% had partners who were five years and older than them, and that 30.8% of males had reported having more than one sexual partner (Stoebenau et al., 2011: 5).

Statistics further indicate that teenage pregnancy and unprotected sex are other crucial problems facing South Africa. More than 33% of all women give birth before the age of 18 and fewer than half of young people consistently practice safer sex (Lesch & Kruger, 2005: 1072; Makiwane & Mokomane, 2010: 18). Informal forms of intimate relationships that involve material exchange for sex, alongside multiple and concurrent sexual partnerships are of concern nationally and internationally. Intimate relationships on the basis of “friends with benefits” also contribute to the spread of sexually transmitted diseases (Fehringer et al., 2013:207) and tend to be marred by unequal distribution of power where intimate partner violence (IPV) is a significant public health problem (Akers, Yonas, Burke & Chang, 2011:216).

Consequently, measures have been put in place to manage and decrease the epidemic and to change risky sexual behaviour. The South African government spends approximately R1, 5 billion annually on HIV and AIDS campaigns, including media campaigns, advertisements, magazines, and TV drama series. Examples of these are LoveLife, Soul City and Mzansi stories (Mtikrakra, 2009: 3). In South Africa, social and behavioural communication interventions are developed and noted as an important component to promoting sexual health. The purpose of these communication strategies

is to help curb the spread of sexually transmitted diseases (STDs) by improving knowledge about how sexually transmitted infections (STIs) are transmitted, viewing and changing socio-cultural determinants of sexual health outcomes and risk perceptions (Peltzer, Parker, Mabaso et al., 2012: 1-2). While there has been progress in the understanding of the extent of the HIV epidemic in South Africa, risky sexual behaviour continues and there is still a marked variation in the prevalence of HIV and unwanted pregnancies in different geographic areas and across race and gender (Shisana et al., 2014:3).

To address these issues, parent-child communication about sexual issues has been promoted by governments and public service announcements (Trinh, Ward, Day, Thomas & Levin, 2014: 1) because research indicates that parent-child communication has a far-reaching effect on a wide range of risk behaviours in conjunction with sexual health (Askelson, Campo & Smith, 2012:439). This is due to communication being an important process, whereby parents transfer information and knowledge, values, beliefs and ideas to their children (Jerman & Constantine, 2010:1164). Mothers in particular play a pivotal role in their adolescent female children's lives, because mothers and daughters are said to communicate at a more frequent rate and with a greater degree of comfortability compared to daughters' communication with their fathers. But this only holds true if the mothers have correct knowledge about responsible decision making and sexuality (Cederbaum, 2012: 555-556; cf. Jaccard et al, 2000, Rosenthal et al., 1998).

Yet, despite the reported advantages of parent-adolescent communication, many parents are reported to have difficulty in discussing sexually related issues with children (Jaccard, Dittus & Gordon, 2000: 188) and studies on mother-daughter communication have focused on developed countries ( Bastien, Kajula & Muwhezi et al., 2011: 2). Open communication about sex between mothers and their daughters, family closeness, support and friendly communication patterns not related to sex; and a generally authoritative parenting style, including co-parenting and monitoring of children's activities have formed the basis of mother-daughter communication in developed countries (Elliot,

2010: 311). Clearly these ideals are at odds with classed/raced roles of parenting and communication practices in South African family contexts.

Studies done in developing countries, including South Africa have shown that mother-daughter communication on sexually related issues is uncommon (Iliyasu et al., 2012: 139; Jejeebhoy & Santhya, 2011: 1). In Sub-Saharan Africa parent-child conversations on sexually related issues are impacted on by socio-cultural norms (Bastien et al., 2011: 2) where discussions on sexual material are taboo (Chikovere et al., 2013: 2). Sexual socialisation has historically been considered the responsibility of the extended family and not a topic of discussion between mothers and their daughters (Bastien, Kajula & Muhwezi, 2011: 2). This has had a follow on effect on the sexual outcomes and decisions made by young people because the information imparted may be inaccurate because parents may not have the necessary skills and knowledge to play an active role in the sexual reproductive health of their children (Chikovere et al., 2013: 2). “In the context of South Africa, mothers are often themselves sexually and socially disempowered and thus unable to assist their children in constructing positive and responsible sexual identities” (Phetla et al., 2008: 506). Thus, the socialisation messages imparted by the parents may not always be unambiguous and include nonverbal communication, which can relay a very different message resulting in unintended actions and consequences (Townsend, 2008: 429).

To address these matters it is imperative to adopt a context-based research approach that looks at statistics, the sexual agency of the individuals within their natural settings, and also the role of the past and present in as far as shaping sexual relations (Lesch & Kruger, 2005:1073). This study will focus on mother-daughter communication on intimate relationships and how it potentially influences the way that daughters view and make decisions regarding intimate partnerships. The quality of mother-daughter relationship and communication influence how children interact and formulate intimate relationships over their lifespan (Miller & Hoicowitz, 2004: 192). Considering the vulnerability of youth to sexually risky behaviour, the role of mother-daughter communication needs to be understood, in terms of the factors that foster and hinder

communication and also the quality of the information imparted by the mothers. It is against this premise that my study attempted to understand the extent, content and quality of mother-daughter communication on intimate relationships.

## **1.2 Research problem and objectives**

Research indicates that African women are more vulnerable than women of other races to sexually risky behaviour, STDs, first sexual experience, and unintended pregnancy (cf. Kanku, 2010; Poulsen et al., 2010, Lehana & Van Rhyne, 2003; Davis et al., 2013; Bhana et al., 2004; Mathew et al., 2006). The information on sexually related issues comes from different sources and may produce mixed messages. Studies have shown that good mother-daughter communication on sexually related issues contributes to a decrease in children's engagement in risky sexual behaviour (Davis et al., 2013: 1). Although there are a number of studies that confirm that parental involvement reduces the risky sexual behaviour, other studies have found no correlation between parental communication and reduction in sexually risky behaviour (Wamoyi et al., 2010: 2; Phetla, et al., 2008: 505). These conflicting findings can be attributed to timing, frequency, content of the information and the relational aspects between mother and daughter (Wamoyi et al., 2010: 2).

Furthermore, in South Africa, socio-cultural context contributes to legitimise or deny certain perceptions and expectations on behaviour. As such, there is an unwritten rule amongst some African societies that mother-daughter communication about sexual issues is taboo. And it is for this reason that such norms exacerbate the spread of HIV, multiple and concurrent partnerships, sexual violence and age-disparate and transactional sex (Leclerc-Madlala, Simbayi & Cloete, 2009: 16). Also, the role of mother-daughter communication on sexually related issues regarding regulating sexually risky behaviour remains poorly understood and under-researched especially in the South African context, as most studies have been done in North America, Europe, Australia and other African countries (cf. Bastien et al., 2011). Moreover, most of the research based on sexuality has primarily focused on sexuality as negative

connotations, dealing with issues such as sexual abuse and sexually risky behaviour (Villanueva, 1997). This health related approach to sexuality ignores the subjective experiences and varieties of sexual behaviour. In addition, there is a tendency to view sexuality and sexual behaviour from a cultural and historical view, resulting in the failure to explore the social and emotional aspects of the individual that contributes to the choices (Spronk, 2008: 3).

The key question in this study is: **what is the extent, content and quality of mother-daughter communication on intimate relationships?** To gain insight into this question I will conduct separate interviews with mothers and daughters and use the following objectives:

1. Examine the willingness, extent and content of mothers and daughters sexual conversations, their level of comfortability regarding these conversations and how they understand intimate partner relationships.
2. Explore how the extent and type of difficulties encountered in this communication are narrated.
3. Explore whether there are any other members of their immediate or extended family (by family I include community members who effectively function in a parental role) that provide opportunities for communication about sexual issues.
4. Identify how the narrators portray parental knowledge and its influence on the choices and decisions made by daughters in their sexual and intimate relationships.
5. Explore the perspectives, experiences and understandings of mothers and daughters around intimate relationships.

### **1.3 Methodology**

The overarching theoretical approach in this study is an interpretivist paradigm. The theoretical lenses within the interpretivist paradigm which guide this research are

phenomenology, existential sociology and a feminist perspective. These approaches are relevant to my study in that it will allow me to investigate these women's experiences, perceptions and meanings of their intimate relationships in relation to their communication in general and how this has shaped the daughter's sexual self-concept and sexual behaviour (Morrissey & Higgs, 2006: 162).

This study will follow a qualitative approach because this approach studies people within their natural settings and reality is described from the participants' point of view (Flick, Kardorff & Steinke, 2004: 5). This allows gleaning of social realities that people deal with on a daily basis and the decision-making processes attributed to the meaning that intimate relationships have for them. The research design is based on a narrative approach, which aims to understand individual life-worlds from the perspectives of the people telling the story (De Vos et al., 2011:313). In-depth interviews were conducted in isiZulu, isiXhosa and English with four mothers and five daughters.

#### **1.4 Value of research**

With a high incident of HIV rates among young adults in South Africa, unintended pregnancies, sexual violence and growing concern about the informal sexual relationships, it is important to better understand the role of parent-child communication on intimate relationships and its impact on promoting healthy behaviour. This study examines the content, quality and extent of communication and scrutinise the factors that have a potential to enhance and constrain the communication process.

#### **1.5 Definition of terms**

##### **Intimate relationship:**

Intimate relationships are mutually agreed upon interactions, which may or may not contain expressions of affection and can be sexual or asexual.

##### **Sexual health:**

The World Health Organisation (WHO) defines sexual health as:

“...a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.” (WHO, 2006:5)

### **Sexuality:**

Sexual health cannot be defined, understood or made operational without a broad consideration of sexuality, which underlies important behaviours and outcomes related to sexual health. The WHO provides the following working definition of sexuality:

“...a central aspect of being human throughout life encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, legal, historical, religious and spiritual factors.” (WHO, 2006: 5).

In linking sexuality and intimate relationships, I came up with a definition of intimate relationships suitable to my study. *Intimate relationships* encompass interactions where people negotiate, invest and understand and interpret sexuality.

### **Mother:**

The primary individual responsible for the upbringing of a child (not necessarily biological mother), i.e. guardian, adopted mother, foster mother, aunt grandmother, sister.

**Daughter:**

Is the individual who is under the guardianship of the mother (not necessarily biological).

**Communication:**

Is an interactional process where information, ideas, beliefs and values, both verbal and nonverbal are shared between or among two or more individuals that convey meaning.

**1.6 Structure of thesis**

This thesis is divided into seven chapters. In Chapter Two I outline the theoretical lenses that guide this study. It starts with the interpretivist paradigm as a way of looking at this study. It discusses the underlying theories within the interpretivist paradigm, and their relevance to my study. I then review the literature (Chapter Three) on mother-daughter communications on intimate relationships. I provide an overview of the South African family as well as a socio-historical and modern perspective to highlight the crises in contemporary South African families and how it pertains to the current state of affairs regarding sexual and reproductive health problems and to situate the current study within this context. In Chapter Four I outline the methodology undertaken in the study. I introduce the methods of data collection, as well as the analysis technique and provide the ethical considerations taken in the study. The purpose of this chapter is to contextualise the study within the broader qualitative research design. I then discuss the findings (Chapter Five and Six) in relation to the research question. This thesis concludes with Chapter Seven, where I discuss the findings and provide a general conclusion to the study.

**1.7 Conclusion**

This chapter introduces the research topic, the rationale and objectives of this study. It points out the relevance of the role of the mother-daughter communication on sexually

risky behaviour. The methodology used in this study is also mentioned and why it is chosen to conduct the study. A synopsis of the chapters included in this thesis is given. The next chapter will discuss the theoretical underpinnings of this study.

## **Chapter 2: A theoretical basis for the research**

The purpose of this chapter is to introduce a theoretical backdrop to the study and I illustrate the relevance of the selected theories to the mother-daughter communications on intimate relationships. Firstly, I provide an understanding of the theoretical assumptions of the interpretivist paradigm, which is the overarching theoretical approach that guides my research. Secondly, I will discuss the theories underlying the interpretivist paradigm, including phenomenology, existential sociology, and a particular view of the feminist perspective. The importance of the dialectical relationship between agency and structure to this study is also touched on, as human beings are the creators of their reality while at the same time they are constrained by the social structures and positions they occupy in their relative institutions. The incorporation of these theories into a coherent explanatory framework will assist me in the study of mother-daughter communication on intimate relationships.

### **2.1. Introducing the interpretivist paradigm**

The interpretivist framework is a paradigm or worldview that informs qualitative research. The word paradigm is derived from the Greek word *paradigma* that means pattern, model, and example. It is a theoretical structure that is followed during research (Baillie & Miller, 2003: 220). Kuhn (1962: 175 cited in Baillie & Miller, 2003: 220) describes a paradigm as a set of systemic and formulated knowledge and philosophical beliefs that make up a theoretical structure in which theories can be analysed, evaluated and amended. According to Ritzer (1981: 3) a paradigm provides a fundamental image of the subject matter and guides the researcher in what should be studied, the type of questions that should be asked, how these should be asked, and it makes provisions for the rules that should be followed in answering these questions. Its purpose is to differentiate specific academic communities from one another. Additionally, a paradigm is a map that guides us to explanations that are applicable to particular significant problems, and how to approach these problems. It provides the

outline for solutions to a given scientific community (Baillie & Miller, 2003: 220, Matthews & Ross, 2010: 34).

Interpretivism can be defined as the study of social actors' actions, observed in their natural settings to gain insight and understanding on how social actors create and maintain knowledge in their everyday lives (Calvalcanti, 1995: 1338; Neuman, 2011: 102). It is a perspective that seeks to understand subjective perceptions through interpretations (Lincoln, Lynham & Guba, 2011: 102; Schneider, 2005: 724). Interpretivism has a long history that is rooted in the work of Dilthey's philosophy, Weberian sociology, and George Herbert Mead's social psychology. The interpretivist approach is linked to Max Weber's concept of *Verstehen*, a German word meaning deep understanding with shared meaning, which emphasises understanding when undertaking research within the social sciences (Holloway & Wheeler, 2002:7, Neuman, 2011: 101). David (2010: xxiii) cautions that the concept of *Verstehen* should not be taken as meaning empathy, but as a way to understand the concepts used to systemise experiences of people's world. This means that as researchers we seek not to understand the purely subjective experience of an individual, but rather how people see their world and how these understandings and perceptions inform their interactions and actions (David, 2010: xxii; Neuman, 2011: 101).

The interpretivist model is related to hermeneutics, which is a theory of meaning. A hermeneutical reading of a text allows uncovering deeper insight into the meanings embedded in the text. From a methodical and historical perspective hermeneutics is constrained to the principle of written texts about experience. But because of the recursive and discursive nature of linguistics and non-linguistics, hermeneutics includes conversations, actions and observations (Neuman, 2011: 101; Soeffner, 2004: 95). Drawing on a text, a hermeneutical approach allows studying the subjective experiences of individuals. Text in this instance means conversations, observations, actions and the written words documenting these accounts. This allows the researcher to examine and unpack the text in detail, to understand the various messages. Therefore, hermeneutics is interested in the 'how'. It seeks to understand and discover

patterns, ideas, the different approaches of creating meaning and understanding that are imparted during socialisation (Soeffner, 2004: 95, Neuman, 2011: 101). This search for understanding is the aim of interpretivism.

A chosen theoretical perspective is guided by a researcher's worldview and his/her beliefs. This requires the researcher to make explicit the epistemological, ontological and methodological assumptions before undertaking research (Creswell, 2007: 16). Ontologically, a researcher must consider the nature of reality and how to go about generating knowledge (Guba & Lincoln, 1994: 108). Under interpretivism the ontological assumption of the researcher is that reality is a social construct created by people through their day to day interactions and actions. Reality is experienced on a subjective level, and this reality is thus multiple because it is historically and spatially contingent (Creswell, 2007: 18; Guba & Lincoln, 1994: 108). In relation to mother-daughter communication on intimate relationships, the questions that need to be asked are how things really are, how do these conversations really work? This way, the different perspectives and realities of individuals can be gleaned.

Epistemologically, the researcher must consider the relationship between herself and what is being researched and what can be known (Creswell, 2007: 17). Moreover, the epistemological view must be consistent with the ontological view (Guba & Lincoln, 1994: 111). The interpretive epistemological assumption is that knowledge is generated as the investigation proceeds. The individual stocks of knowledge generated during the investigation play a crucial role in the research process, as interpretivists are interested in the subjective reality, interpretation and meaning of other individuals' worldviews. Actions and performances are contextually bound, thus do not apply to all situations and to everybody and vary because different people will act differently (Lincoln et al., 2011: 102, Guba & Lincoln, 1994: 111).

Methodologically, the researcher has to determine the process of research. This means that a map of the research needs to be drawn up, which clearly depicts the steps to be taken to approach a particular issue under investigation. It includes matters of data

collection and analysis by providing model solutions to answer questions posed by the researcher (Flick, 2004: 146; Creswell, 2007: 19). Under interpretivism, the methodology is often deeply imbedded in hermeneutical and dialectical thinking. Hermeneutical techniques are used to gain a deeper understanding of the meanings individuals infer to given situations and how this meaning is created. Therefore, interpretivism interprets people's constructions of reality and these constructs are contrasted and compared using a dialectical interchange to formulate themes (Guba & Lincoln, 1994: 111).

## **2.2. The objectives of interpretive research**

The basis of interpretive research is that our everyday knowledge is acquired through shared meanings, perceptions, and the use of language which are all social constructs (Rowlands, 2008: 81). Amongst the interpretive sociologists the purpose of research is to uncover what is considered meaningful to people and how people construct meanings in their everyday lives. The researcher engages with the people in their natural settings to try to understand the feelings and interpretations of a given situation or event. The goal is to share the people's perspective (Neuman, 2011: 102).

Interpretivists are interested in meaningful social action, which refers to social action that has an implicit meaning and purpose. Interpretivists align themselves with methodologies directed at uncovering meanings which are constructed through the use of observation and interviews (Thomas, 2010: 296). Moreover, in terms of methodology, interpretive research acknowledges the reciprocal relationship between the researcher and the research participant and the situational limitations influencing the research process. Therefore, the purpose of interpretive research is to construct an understanding of the multiple realities of individuals and how the social context influences phenomena and also how phenomena influence the social context (Rowlands, 2008: 81-82).

Social action that is studied must have a purpose; individuals do attach subjective meaning to actions, and these actions acquire meaning because they are shared by

members of a group. Because these cultural meaning systems are shared by groups of people, this makes it possible to interpret the intended meaning of an expression. The goal of research is to uncover subjective perspectives of individuals; it seeks to understand the multiple realities of the people being investigated, their structural locations within society, and understandings of culture that shape their worldview (Roth & Mehta, 2002: 132, 134).

From an interpretivist perspective the significance of mother-daughter conversations on intimate relationships is derived from the social context within which both the conversations and intimate relationships occurs. To investigate the topic of intimate relationships requires sensitivity to the research participants as well as to my own subjective position as a researcher. The research focuses on how mothers and daughters give meaning to and understand their experiences during interaction and communication. It also relates to how conversations between mothers and daughters are socially constructed. I want to research the meaning attached to and the practical consequences involved in mother-daughter conversations on intimate relationships and I want to indicate how these relationships vary from one situation to the next, from one specific household to the next and from generation to generation.

### **2.3. The social construction of reality**

The interpretivist paradigm emphasises the continuous social construction of reality, where meaning and importance in an individual's life is derived from and influenced by ethnicity, religion, gender, moral ideals and values, and emotional attachments (Neuman, 2007: 43). People's realities are constructed by their perceptions of the world as people engage, interact, negotiate and communicate, while also constantly re-evaluating, revising and deliberating social interactions (O'Dowd, 2003: 42). Interpretivism claims that actions become important to an individual because of the meaning and interpretation attached to them (Flick, 2004: 89) and only through understanding do we make sense of people's actions, sounds and gestures (Neuman, 2011: 102). Therefore, the fundamental nature of interpretivism is that it puts

precedence to the subjective interpretations, understanding of experiences and actions of individuals over objective reality (Matthews & Ross, 2010: 25). This entails an in-depth investigation of people's natural settings in order to gain insight into people's interpretations of their experiences. This allows the researcher to gauge events through the eyes of the individuals being studied (Neuman, 2011: 102).

Accordingly, for interpretivism reality is not a rigid entity that is predetermined and simply given (Schneider, 2005: 724), rather it is subject to change and is multiple and diverse because of the different social contexts in which people live (Wahyuni, 2012: 71). It postulates that our understanding of the world to an undetermined degree is based on a consensual and negotiated nature of human reality, rather than objective facts (Freud, 1994: 38; Ritzer, 2005: 724). In this world of daily life or life-world (a term used by Alfred Schütz as I will explain later in this chapter), which refers to a taken-for-granted reality, the commonly shared understanding of daily life implies cultural prescriptions, beliefs, assumptions, taboos and activities that have been passed on from generation to generation. As individuals we are born into these prescriptions which have been socially constructed (Lock & Strong, 2010: 9, Calvalcanti, 1995: 1338). For the purpose of my study the following definition of culture is useful: "the cumulative deposit of knowledge, experience, beliefs, values, attitudes, meanings, hierarchies, religion, notions of time, roles, spatial relations, concepts of the universe, and material objects and possessions acquired by a group of people in the course of generations through individual and group striving," (Samovar & Porter, 2003:8). Therefore, culture, which is neither static nor rapidly evolving, forms the basis of our meaning-making framework (Freud, 2004: 38).

Applied to my research topic, one can argue that in intimate communications between mother and daughter what is said and how it's experienced is influenced by what a particular society and time context define, understand and accept as the proper way of doing things. This is the aim of my research, to uncover the underlying patterns of socialisation, and how time and space has influenced the way of imparting knowledge from the mothers to the daughters.

People's actions are guided by motives and relevance and that is why interpretivism focuses on people as having human agency (Neuman, 2011: 104). The importance of interpretivism lies in its ability to bring two perspectives in sociology together, namely structure and agency (Johnson & Melnikov, 2008: 37). The structural perspective draws attention to the importance of concrete social reality, which suggests that social forces and social phenomena are independent of individual choice and individual emotions. The agency perspective is closely related to the focus of the existentialists, who emphasise social interaction. This perspective stresses that people are not passive but active participants in creating and co-constructing reality (Johnson & Melnikov, 2008: 37).

Interpretivism does acknowledge that people are conditioned by structures of society, but it also argues that they are capable of changing and creating their view of the world. This is possible through common sense, which refers to pragmatic knowledge and sets of postulates about the world (Mouton, 2001: 14; Neuman, 2011: 104). This pragmatic knowledge is determined by people's different backgrounds, experiences and assumptions. Their construction of reality depends on the meanings that individuals attribute to a particular act or event (Wahyuni, 2012: 71; Ritzer, 2005: 724; Flick, 2004:89-90). This subjective reality referred to in this approach can be defined as "reality that is socially defined, which refers to the subjective experience of everyday life, how the world is understood rather than to the objective reality of the natural world" (Andrews, 2012, n.p). The life-world and the stock of knowledge provide ways to interpret the past and present experiences and actions, and helps shape the possible outcomes of the future. Hence, the same experience can have different meanings to different people, because of multiple perspectives and numerous consensual truths, as a result of their day to day interactions (Wahyuni, 2012: 71; Ritzer, 2005: 724; Flick, 2004:89-90).

The importance of the social construction of reality is that even though it proposes that people's experiences are socially constructed, it does not consider their experiences inconsequential and that their perceptions are not true depictions of reality (Neuman,

2011: 103). This is because the constructed reality is real to the individuals and this construction of reality is possible through institutionalisation (Neuman, 2011: 103). Institutionalisation can be defined as “a process through which we come to identify parts of our culture as parts of ourselves, especially in relation to ideas such as values and norms that guide decisions about appearance and behaviour” (Johnson, 1995: 145). Known as the Thomas dictum, William I. Thomas (1928) proposed that if people define a situation as real, it is real to them in its consequences. Therefore, through social interactions people make sense of the world and define experiences through categories and patterns of behaviour represented through language, maps, and symbols (Henry, 2007: 1088; Cavalcanti, 1995: 1338). Over time these categories and patterns of behaviour become institutionalised and internalised and become the way of life for members of a group (Flick, 2004: 89-90; Cavalcanti, 1995: 1338; Henry, 2007: 1088:7). Interpretivism acknowledges that knowledge and perceptions of everyday life of individuals are influenced by structural location and social contexts of individuals such as class, community, culture, religion, history and socio-economic standards.

From an interpretivist perspective in mother-daughter communication on intimate relationships, important questions in this research project are: What do the research participants consider as pertinent in their lives? What do they believe to be true? And how do they define their actions? Within the framework of interpretivism I attempt to understand how mothers and their daughters subjectively experience conversations on intimate relationships, and what these conversations mean in their everyday lives. I endeavour to understand how daughters account for their actions within intimate relationships, and what meaning they attach to relationships with members of the opposite sex. This allows me to understand some of their relationship experiences.

#### **2.4. Theoretical lenses within interpretive sociology**

The focus of the various theoretical foundations within qualitative research is the daily actions and interactions of members of society in their respective situations under varying conditions. Next, I introduce three theories within the tradition of interpretivism,

namely phenomenology, existential sociology, and a feminist perspective. These theories are useful because they provide an ontological framework that supplements all the aspects of my chosen design, the qualitative approach.

### **2.4.1 Phenomenology**

Alfred Schütz's work provides one of the most fundamental views on phenomenology (Williams, 2001: 11361). Phenomenology is a branch of the philosophical school of thought that aims to generate knowledge on how individuals bestow meaning, interpret, and construct their reality within their everyday lives (Srubar, 2005: 557). Within the phenomenological perspective social reality- which is the world that surrounds people, is seen as a social construction by members of a given community (Flick et al., 2004: 65). Consequently, the phenomenological perspective is an important constituent part of interpretative approaches for the sociology of knowledge, language, culture, and the theory of action. It seeks to raise the ordinary into the extraordinary, by objectively explaining common sense conceptions (Srubar, 2005: 557; Hitzler & Eberle, 2004: 67; Williams, 2001: 11361).

Phenomenology is the study of social life and processes humans employ in order to understand, interpret and experience their realities (Williams, 2001: 11361). According to Inglis and Thorpe (2012: 86) phenomenology is a term derived from the Greek word phenomenon, which means "that which can be seen" and logos, which means "study". Therefore, phenomenology is the study of how people experience their surroundings. For Edmund Husserl, the founding father of this approach, phenomenology is "the reflective study of the essence of consciousness as experienced from the first person point of view" (Uddin & Hamiduzaman, 2009: 660).

Phenomenology emphasises that individual realities are shaped by the world individuals live in, which is shared with group members but are unique to each individual because experiences are subjective. These lived experiences take place on a daily basis, and only make sense because of the meanings that individuals infer to them (Roberts, Graham & Barter-Godfrey, 2011: 312). Attempting to understand the willingness to

engage as well as the extent and content of conversations on intimate relationships, I investigate the everyday lives of the mothers and daughters. To contextualise these interactions, I also consider their home environment as well as the historical, economic and social influences that play a role when it comes to mother-daughter communication.

Within the tradition of phenomenology lies the need to understand rather than to explain people, because before all else humans are seen as conscious, self-directing and symbolic beings (Babbie & Mouton, 2001: 28). Thus phenomenology studies people's perceptions of their world, how they experience, understand, make sense of, emotionally feel and engage with, and respond to particular phenomena in subjective terms (Inglis & Thorpe, 2012: 86). Phenomenology empirically studies people's realities (Overgaard & Zahavi, 2009: 93-96; Babbie & Mouton, 2001: 28-28; Williams, 2001: 11361) and is particularly relevant to the exploration of mothers and their daughters' experiences of intimate conversations.

#### **2.4.1.1 Intentionality and consciousness**

According to Hitzler and Eberle (2004: 68) the inferring of meaning to experiences is determined by acts of consciousness. To be able to engage in these meaning-making processes people are considered to be conscious beings. This means when we are aware of a certain object or event, it has a particular meaning to us (Overgaard & Zahavi, 2009: 100). Consciousness means the way that people conceive of their world, how it is apprehended, as well as the emotions and feelings they experience when they are engaged in their perceptions (Schutte, 2007: 3402; Gallagher & Zahavi, 2010; Inglis & Thorpe, 2012: 86). To understand the subjectively intended meaning that mothers and daughters relate to their conversations on intimate relationships and the choices made by daughters within and about intimate relationships, I need to turn to the subjective meaning which these conversations have for the mothers and daughters.

To create meanings, people understand the world reflexively (Schutte, 2007: 100). *Reflexivity* means "turning back upon oneself and examining what has been going on, in the context of the situation" (Gason, 2002: 1). Thus through reflexivity, phenomena and

objects are inferred meaning (Schutte, 2007: 3402) and this is termed intentionality (Overgaard & Zahavi, 2009: 100). Intentionality is the ability to formulate representations, to reflect on how symbols and objects can have meaning, and how this is embedded in cultural context, socio-economical, historical background and language (Srubar, 2005: 557; Gason, 2002: 1). The notion of intentionality is related to dimensions of consciousness, such as our memories, ideas, perceptions and fantasies. These dimensions of consciousness make our experiences truly subjective. It provides us with the ability to determine what it is like to have these experiences based on our memories, ideas and perceptions. Therefore, these dimensions of acts of consciousness interpret and mediate our understandings of the world through our senses and are the basis of the human approach to reality (Creswell, 2013; Srubar, 2005: 557; Gallagher & Zahavi, 2010; Brewer, 2003: 228).

#### **2.4.1.2 Intersubjectivity**

Intentionality can be linked to intersubjectivity. Intersubjectivity is defined as the process of two or more people sharing their perceptions about the world through their subjective experiences of their everyday lives (Schutte, 2007: 3402, Munroe, 2007: 2400; Johnson, 1995: 146). In phenomenology, this concept highlights the importance of the subjectivity of the other, as well as our inter-subjective engagement with them (Munroe, 2007: 2400). The way we experience the world is intersubjective because our experiences are not solitary phenomena, but rather we experience the world through and with others. Our human actions are motivated by our thoughts and the entirety of social artifacts and cultural objects are centered on human activity (Wilson, 2002). Duranti (2010: 6) suggests that intersubjectivity is “the assumption that the world as it presents itself to me is the same world as it presents itself to you, not because you can ‘read my mind’ but because I assume that *if you were* in my place you *would* see it the way I see it”. This leaves, however, also other possible views and relations to a given situation or object (Sokolowski, 2008:154). We do not always see things in the same way as do others.

From an interpretivist perspective, meanings and social reality are co-constructed and negotiated through communication (Munroe, 2007: 2401; Nasser, 2010: 1). Hence our understanding of the social world is culturally and historically bound. Within each family there are ideas about life and modes of behaviour influenced by political, religious and traditional notions. These ideologies about life form the platform for shared understanding and expectations between members (Johnson, 1995: 146; Munroe, 2007: 2400; Nasser, 2010: 1). Therefore, intersubjectivity is the sharing and negotiating of experiences (Duranti, 2010: 9) in a similar way to language as the fundamental medium for the construction of reality (Nasser, 2010: 1).

#### **2.4.1.3 Language and meaning**

According to Mellon (2000: 1) all experience becomes known to us through language and communication. Language is a tool that enables us to construct, deconstruct and reconstruct our thoughts and perceptions. It gives us the capacity of introspection and the ability to accrue knowledge. Language is defined as “a system of communication using sounds or symbols that enable us to express our feelings, thoughts, ideas and experiences” (Goldstein, 2008). Communication is an intentional or unintentional exchange of information that “may involve conventional or unconventional signals, may take linguistic or non-linguistic forms, and may occur through spoken or other modes” (de Valenzuela, 1992). In addition scholars postulate that our ability to tell stories, enter into discourse and communicate narratives rather than language add to our ability to construct meaning. This allows humans to understand and share mutually agreed upon perceptions because we use words in order to attach meanings (Mellon, 2000: 1-2).

It is subjective meanings, Schütz proposed, that give rise to an apparently objective social world, which allows us through the use of language and acquired knowledge to characterize others and situations, and to engage in social interactions (Babbie & Mouton, 2001: 29). The importance of language lies in its ability to present or associate

an object, symbol or sign with an experience. The signs and symbols are socio-cultural presentations of meanings (Dreher, 2003: 149).

Sexual socialisation provides sexual norms that include cultural understandings, expectations and specific views of social reality and individual sexual behaviour (Abel & Fitzgerald, 2006: 106). Mother-daughter conversations on intimate relationships rest on the knowledge that mothers and daughters have already acquired the cultural understandings and expectations thus linking the concepts of subjectivity, objectivity and intersubjectivity. This raises the question about where they accrue this understanding of sexual behaviours and practices.

#### **2.4.1.4 Life-world**

The primary and incessant source of knowledge is drawn from our daily surroundings and everyday life (Overgaard & Zahavi, 2009:97). Schütz understands the life-world (Lebenswelt) as “that province of reality which the wide awake and normal adult simply takes for granted as common sense” (Williams, 2001: 11361). Overgaard and Zahavi (2009: 97) expand the definition of the life-world to include “the pre-scientific, experientially given world that we are familiar with and never call into question”.

Thus, the life-world refers to the world which we live- the personal and intersubjective sphere of all experiences and understanding. It is a socially constructed realm (Ritzer, 1983:199) that provides language, a community, culture, ideals and beliefs (Heelan, 2002: 5). It is in the everyday world that people gain insight into daily events and experience (Morrissey & Higgs, 2006: 163) through interactions, communication and interpretations (Srubar, 2005: 560). Because the life-world is taken-for-granted things have come to be unquestioningly accepted in a certain way (Williams, 2001: 11361). To understand the taken for granted life-world, people are said to draw on typifications, which allow them to engage in interactions and actions (Ritzer, 1983: 199; Schutte, 2007: 3402; Williams, 2001: 11362).

#### **2.4.1.5 Typifications and stock of knowledge**

Typifications can be described as “recipes for action that exist in the culture as a whole” (Ritzer, 1983: 197) while Henry (2007: 1086) defines typifications as “ideal typical constructions that serve as working models or representations of the world, which contain recipe knowledge designed to allow them to achieve projected goals and objectives.” Schütz refers to typifications “as schemes of experience and interpretive schemes, thought constructs, abstraction, generalisation, formalisation, idealisation, anonymisation and objectivation, among other terms. These terms all relate to the ‘structurisation’ of our immediate experience” (Kim & Berard, 2009: 265).

Embedded in everyday life, these typifications are known as first order constructs because they are taken-for-granted and intersubjectively shared by members of a group (Schutte, 2007: 3402). Taken-for-grantedness arises from typification of the life-world (Williams, 2001: 11362). This taken-for-granted stock of knowledge is intersubjectively shared by members of a group and it determines how people categorise and perceive relations and things in their environment (Cavalcanti, 1995: 1338; Schutte, 2007: 3402; Williams, 2001: 11362; Overgaard & Zahavi, 2009: 102). Typifications provide a platform for social action and interactions, and they enable people to classify, identify and compare different approaches to actions and interactions (Wilson, 2002: n.p). They are changeable and evolving, and socially and historically contingent. Thus, if typifications are no longer generally accepted there is a need to abandon or to reformulate them (Overgaard & Zahavi, 2009: 104).

People navigate everyday life by drawing on typifications, past experiences (Ritzer, 1983: 197) and practical knowledge, decisions and actions that are also guided by interests and motives. We share interests with others, thus they are not uniquely ours because we are socialised into values, morals and belief systems through family, friends and teachers. Through social interactions we increase the scope of knowledge and as long as knowledge and typifications are in accordance with our aims and goals, interests and motives will remain relatively aligned to those of the groups in which we

associate with (Overgaard & Zahavi, 2009: 102-106; Hughes & Sharrock, 1997). Typifications provide a stock of knowledge and provide the individual with tools to interact with and understand the life-world. In this way the life-world becomes the overall reality, the way things are and are taken-for-granted, and part of individuals' common sense (Cavalcanti, 1995: 1339; Williams, 2001: 11362).

Typifications and stocks of knowledge are embedded in culture, religion, history and serve as tools to consider a possible course of action. Concerning mother-daughter communication on intimate relationships, we can ask how a particular phenomenon is known and if this knowledge is used in daily decision-making processes on intimate relationships. In the conversations between mothers and daughters, each partly draws on different recipes, which on their own do not provide fool-proof outcomes. Actions are often subject to passion and emotion and for this reason I will turn to existential sociology to illustrate the centrality of feelings and emotions to human agency and the construction of reality.

#### **2.4.2 Existential sociology**

Existential sociology is the second approach within interpretive sociology that guides my research. Existential sociology deals with the experiences of the individual, the roles of emotions, the human responsibility, and the irrational aspects of life (Kotarba, 2009: 141). Existential sociology concerns the "study of human experience in the world in all its forms" (Douglas & Johnson, 1977: vii) and includes aspects such as passions and emotions that are often considered to be more irrational. Within this theoretical tradition, inquiry is directed at understanding everyday life, daily actions and the consequences thereof. At its core are people's lives, their feelings and thought processes (Douglas & Johnson, 1977: vii) and it includes emotions that shape the individual reality (Fontana, 1980: 174).

A fundamental feature of the life-world experience is its fluidity that takes place on the social, cultural, economic and individual level (Kotarba, 2007: 1519). To existential sociologists an important feature of experience is change. They contend that people's

lives, perceptions and beliefs about the world are constantly evolving. Therefore, as actors in our everyday lives we are confronted with situations where we are forced and expected to perform. In these situations we may not always have a choice as to how to respond to experiences that are forced upon us (Kotarba, 2009: 140).

Existential sociology concerns the nature of human beings and how the freedom of choice comes with responsibilities (Fontana 1980: 173). A central focus of existential sociology is to relate two components of everyday life, namely structure and agency (Kotarba, 2007: 1520). Structure is the recurring patterned arrangements in society which influences or limits the choices and opportunities available (Barker, 2005: 448; Fuchs, 2003: 142). Agency places emphasis on the centrality of human emotions, choices and responsibilities in as far as the social construction of reality is concerned (Kotarba, 2007: 1520). Given this purpose, existential sociology acknowledges the relative constraints put on individuals by societal structures, but also stress that individual reality is socially constructed. Therefore, individuals have choices, emotions and agency, and they play a role in the construction of meaning and everyday reality (Kotarba, 2009:143).

Choices and responsibilities in my study are important issues. Bhana and Pattman (2009: 69) have pointed out that “. . . we know very little about the world inhabited by young adults, how they see themselves, what they wish for, their desires and passions, their fears and the ways in which the performance of masculinities and femininities are constructed, how it is advantageous and how it can inhibit other potential experiences and how it is vulnerable to diseases.” People have some freedom to decide what to make of their situations and these choices reflect on us and define who we are (Kotarba, 2009: 144-152; Johnson & Melnikov, 2008: 39). Existential sociology therefore places an emphasis on individual action, choice and responsibility. Thus individuals are seen not as passive but rather active participants in creating meaning of their realities (Kotarba, 2009: 142). This research will focus on this aspect.

Existential sociology also emphasises the importance of emotions (Johnson & Melnikov, 2008: 34). Emotions are considered another dimension and source that influence meanings (Johnson & Melnikov, 2008: 34). They shape and underlie human experiences and interactions (Kotarba, 2007: 1521). Existential sociology contends that through interactions we are able to develop a sense of who we are, guided by our emotions and feelings through an on-going process called becoming. Because the life-world is constantly changing, we are forced to make choices and adapt to these changes (Kotarba, 2009: 144-152).

Denzin (1983:404) describes emotion as “a social, interactional, linguistic, and physiological process that draws its resources from the human body, from human consciousness and from the world that surrounds a person.” Douglas (1977: 10) suggests that emotions are powerful forces that often override reason. This indicates how emotions are not entirely constructed by socio-cultural contexts but often override the socio-cultural constraints (Turner, 2009: 314). At times under certain circumstances reason may precede emotional arousal (Turner, 2009: 342). Therefore, reason and feeling usually occur together and each serves as a guide to how people express themselves and make decisions (Kotarba, 2009: 144). Because emotions are part of our everyday interactions (Denzin, 1983: 405-407), emotions and feelings such as love, pleasure, pain, despair, embarrassment, and anger are the foundation of what makes us humans (Kotarba, 2009: 143). The daily choices we make and our behaviours are guided by emotions and these emotions have an essential function in creating and maintaining our existential self (Johnson & Melnikov, 2008: 34).

Regarding the current study Bhana and Pattman (2011: 962) reminds us that “sexuality is not just a domain of danger but also of exploration, agency, sensations and connections. In transmuting sexuality into danger alone, the daily experiences of sexual excitement, thrills, love, romance, desires and action are made invisible.” These are important points and the role of emotions needs to be considered in my study and existential sociology can help us in this respect. The next section on the feminist perspective deals with the power relations in relationships, and how gender role

distinctions can be passed on from one generation to the next during mother-daughter conversations.

### **2.4.3 Feminist perspective**

A feminist perspective provides the third theoretical approach to my study. Feminist theories brought attention to gender construction, social injustices, power imbalances and differences experienced by subjugated groups. Feminist researchers pay particular attention to power relationships in research because social sciences mostly offer “a partial, specific and an androcentric view of social reality” (Stanley and Wise, 1993:162). Consequently, feminists suggest that “without gender being a central analytic category, social life, work, family, the economy, politics, education, religion- cannot be adequately studied” (Winkler, 2010: np). Hence what characterises feminist research is the need to change the status of woman in society and to represent life and human experiences from women’s perspectives (Sarantakos, 2011: 54; Harnois, 2012: 5).

Feminist research is often driven by the supposition that knowledge is mostly class privileged, Eurocentric and androcentric (Doucet & Mauthner, 2007: 36). Feminists thus question knowledge production and critique the assumption that what is true for the dominant group must be equally true for woman and other oppressed groups (Hesse-Biber, 2011: 3). Consequently, feminists aim to generate new knowledge and improve understanding by focusing on women and other marginalised groups (Hesse-Biber, 2011: 3).

Feminists believe that women are oppressed (Stanley & Wise, 1993: 61-62) because groups of people subjugate and subordinate other groups of people to further their own agendas (Lengermann & Niebrugge, 2007: 200). Intersectionality contends that while all women potentially experience oppression, oppression is not a singular framework but rather an intersection of varied social inequalities, such as race, age, structural location, class and sex (Palek, 2007: 2395; Lengermann & Niebrugge, 2007: 204). Thus, feminists view oppression from an individual, institutional, cultural, interactional and structural perspective. This allows feminists to understand and show the fluid nature of

oppression, which accounts for women's different experiences and realities (Palek, 2007: 2395; Lengermann & Niebrugge, 2007: 205). Hence, knowledge production for the feminist must start from women's everyday life to provide a less distorted knowledge claim (Doucet & Mauthner, 2007: 37).

"The woman's movement politicised the idea of everyday life" (Easton, 2007: 1502). The everyday life is seen as the social space for private and personal matters, such as relationships, housework, love, sex and family. It is against the backdrop of this view of the everyday life that feminists reinterpret the everyday life as a social space that also belongs to women (Easton, 2007: 1502). Feminists state that the home and private sphere is where the construction of gender roles takes place. This is where social inequalities manifest and are carried over to the public sphere (Easton, 2007: 1503). Hence feminists consider these constructions of gender roles and inequalities a shared experience among women, and are enacted in relationships and through interactions and forms the basis of power struggles (Stanley & Wise, 1993: 62).

A feminist perspective thus suggests that because women share their accounts of their everyday lives they discover similar problems (for example, inequality) and a process of consciousness raising begins. In order to understand the intersecting variables that foster inequality requires understanding of women's everyday experiences (Stanley & Wise, 1993: 63). Therefore, intersectionality essentially advocates that Black women's collective experiences and group knowledge, the foundation for their taken-for-granted shared knowledge, is generated through dialogical relationships (Collins, 1992:30). This affords black women an exclusive perspective of their experiences and realities (Collins, 1986: s16). As a Black female researcher I share some of these collective experiences, which "locates the feminist researcher on the same critical plane as those she researches" (Stanley & Wise, 1993: 8).

However, Intersectionality also acknowledges that Black women have diverse experiences, which are influenced by their history and social structure. While they share some common worldviews, black women's experiences are not homogenous (Palek,

2007: 2396; Lengermann & Niebrugge, 2007, 206). A feminist approach to mother-daughter communication on intimate relationships recognises privilege and power in intimate relationships and between mothers and daughters relationships. Bojczyk and colleagues (2010: 453) accept that the mother-daughter relationship is an important developmental relationship for both parties. They argue that because women are individuals, their histories, experiences, age and roles effects their perceptions of the relationship. Moreover, they provide evidence that the emerging adulthood of the daughters and experiences thereof, such as love, work, relationships and parenthood has innumerable implications for the mother-daughter relationship (Bojczyk et al., 2010: 454). Bojczyk and colleagues (2010: 464) further extrapolate that as daughter's journey through young adulthood, they attain independence relying less on the mothers nurturing role (Bojczyk et al., 2010). Consequently, perceptions and understandings of sexuality and intimate relationships are socially constructed, historically and culturally contingent and influenced by factors such as education, gender, religion, social class, ethnicity and the environment. Such asymmetrical relationships are also reflective of broader structural inequalities that sculpt individuals' lives (Baber & Murray, 2001: 24).

That is why a feminist intersectional perspective rejects a universalising and ahistorical approach to the interpretation of women's lives, and favours a more localised analysis of women's experiences (Palek, 2007: 2398; Collins, 2000: 28). A feminist agenda raises awareness of the different realities of women's lives. It strives to show how oppression is often concealed and inequalities are constructed and maintained to disempower women (Inglis & Thorpe, 2012: 235-237). It is important to apply a feminist lens to study African women because South Africa is considered a racially and culturally defined society and is also a patriarchal society (Knowles, 2007:26). Also it is crucial to discuss Black mother-daughter interactions within an African family structure, and in terms of African women's roles and positions within society. This leads to the question of how notions about intimate relationships and gender roles, sexual experiences and practices survive from one generation to the next (Baber & Murray, 2001: 24).

In summary, feminist perspectives create discourses where the representation of women's personal experiences and histories are the focal point. In my study the women's accounts and narratives of the experience of mother-daughter conversations on intimate relationships allows me to glean the realities of women from their own perspectives. Their own accounts demonstrate the ways in which these women interpret these discourses, how it affects them and the way they think and act on their sexuality and intimate relationships. A feminist perspective from an interpretivist worldview attempts to expose and demystify the notion of sexuality that binds gender to specific roles. A feminist approach also stresses women's diversity and variation.

## **2.5. Situating interpretivist thinking within the social structure: a summary**

An interpretivist paradigm takes into account the relationship between micro and macro levels of analysis and focuses on how structures (for example, family, culture, economy, environment and politics) define and regulate human interactions. It views social relations as interconnected networks that influence everyday life. The importance of this view is that it takes into account the hierarchical aspects of occupying a position in an institution or structure hence the power struggles in these positions (Bernardi, Gonzalez, & Requena, 2007: 164). In each position an individual is bound by certain criteria (for example, sex, age, socio-economic status) which influence social interactions. Therefore, situating an interpretivist paradigm within the social structure is particularly important for the present study because the agency of both mother and daughter continues to play a central role both within the conversations and the daughter's intimate relationships and practices.

Embedded in an interpretivist perspective and drawing on phenomenological, existential sociological and feminist frameworks allows for multilevel analyses to better understand the mother-daughter conversations on intimate relationships. To contextualise the present study I present relevant literature.

## **Chapter 3: Literature Review**

In this chapter I present literature that is relevant to my study on mother-daughter communication on intimate relationships. These conversations take place within the home and family. Thus, I begin by situating the South African family in a socio-historical perspective. To understand the notion of mother-daughter communication on sexuality, it is helpful to examine some of the major historical changes that have occurred leading to modern African families, with a particular focus on South African families. I then turn to a discussion of youth sexuality in South Africa. This chapter concludes with a summary of previous work on mother-daughter communication on sexuality.

### **3.1 Introduction**

Albeit that numerous socio-political forces have brought about major shifts to the South African social structure, the family still remains a fundamental constituent of society (Amoateng, Heaton & Kalule-Sibiti, 2007: 43). Although societal transformation is evident, the academic discourses around what a family is, have always been ideologically inculcated, namely the westernised, nuclear family (Siqwana-Ndulo, 1998: 407). The family has been characterised as a fixed structure that influences society's structural and organisational functions (Siqwana-Ndulo, 1998: 407; DSD, 2011: 8; Makomane, 2012: 3-6, Gelles, 1995: 40). Developing glorified family ideals leads to the "idealisation of tight, close and emotionally intimate family arrangements" (Siqwana-Ndulo, 1998: 440). Of which most times refers to a mother, father and their children in a functional family that fulfil the standardised notion of what a family should look and behave for example; (1) Provision of resources- such as money clothing, shelter and food; (2) nurturance, support and life skills- provide physical, emotional, social, educational and spiritual development. Also enforces discipline and behavioural standards such as norms and values, and teaches leadership and decision making skills; and how to maintain ascribed roles in the presence of others. (3) Membership and family formation- provides personal and social status, belonging, meaning and direction, also a source of love and intimacy; (4) control of behaviour- the regulation of social and

sexual behaviour, including the restraint of aggression, antisocial behaviour and the infringement of taboos and (5) protection of vulnerable members- provides protection for those of poor health and the weak (Patterson, 2002: 235).

However, in reality contemporary families are considerably more pluralistic, diverse and fluid than in the past (van Eeden-Moorfield & Demo, 2007: 1589) and family forms include nuclear, multigenerational, stepfamilies, polygamous, single-parent households, cohabitation, gay and lesbian couples (Kendall, 2011: 478; van Eeden-Moorfield & Demo, 2007: 1589). These structural changes are attributed to but not limited to, change in sexual and nuptial formations, poverty, HIV and AIDS, absent fatherhood, access to education, increased participation of women in work outside of the home and public sphere (*cf.* DSD, 2012, Holborn & Eddy, 2011; Makiwane, 2011).

As one of the key agents responsible for the socialisation of children, which includes sharing knowledge and teaching skills in preparation for life and societal demands (Belsey, 2005: 11, 16-17; Mathiti, 2003: 347-8); it is within the family that a person's physical and emotional wellbeing is established (Centre for Social Justice, 2010:6 cited in DSD, 2012: 5). Therefore, these diverse family arrangements have significant implications for the family functions and formation, and the wellbeing of children and its members (Mkhwanazi, 2010; Posel & Rudwick, 2013). Further, this diversity makes it difficult to agree on one definition of what a family entails (Hilliard, 2007: 1574).

My study focuses on contemporary African families, where a family does not necessarily mean blood relations living together or having emotional attachments. Thus, the following definition is a useful starting point for the purpose of this study:

“A societal group that is related by blood (kinship), adoption, foster care or the ties of marriage (civil, customary or religious), civil union or cohabitation, and go beyond a particular physical residence” (DSD, 2012: 11).

It is against this backdrop that I undertake this study of Black mother-daughter communication on intimate relationships. The interpretivist approach used in this study

helps me understand how factors in the wider society and the family affect the individuals (mother and daughter) communication on sexually related issues. The next section presents a review of the traditional African family and factors that have contributed to its current status.

### **3.2. The family in South Africa: socio-historical transition**

The African family system is of interest to the international community (Therborn, 2006:13;) because of the cultural, ethnic and religious traditions that shape family forms in the region and the observers note its importance to the social and economic realities of the region (Takyi, 2011: 1). The African family is mostly characterised by patriarchal traditions, polygamy, social and cultural patterns of kinship, relative sexual permissiveness, fertility and lineage, and institutionalised age cohorts (Kayongo-Male & Onyango, 1984: 5; Therborn, 2006: 13). A traditional African family includes the head of the family (male), his wives, children, grandchildren and also the husband's siblings and their husbands and wives and their children. In some families, it is a group of people who descend from a common ancestor (Isizoh, 2003 cited in Mpedi, 2008: 11).

The African family in South Africa is historically mainly characterised by being extended, emphasizing the importance of the larger kin group (Ziehl, 2001) where several generations descending from a common ancestor live in a compound or in close proximity (Degby, nd). It is also patrilineal, patrilocal and polygamous in nature (Ziehl, 2001). Amongst extended families the individual is not emphasized, but rather the collective (Steyn, 1994; Kayongo-Male & Onyango, 1984: 6). In the traditional African South African family the institution of family, marriage and household revolve around the community, which plays an important role in the care of everyone. Appropriate social behaviour, obligations and responsibilities within the family and society are clearly delineated (Siqwana-Ndulo, 1998: 411); and children are expected to be obedient to the elderly and both women and children to be respectful to the father who is considered the head of the household (Bester, 1994 cited in Pillay, 2010: 12). Thus the position of

being an elder in the community is seen as an aspiration to the young, since the elders were seen as the storehouse of wisdom: respecting the elders earns respect in return (Kanu, 2010:155-156).

The African saying “it takes a village to raise a child” (Kapolo, 2001: 130; Hudgins et al., 1990: 6), and “umuntu ngumuntu ngabantu”- a Zulu saying meaning that a person is a person through other people shows the interdependent relationships of the community. Children are seen as a gift from God, and are a sign of kinship solidarity, thus are often sent to live with relatives, as a sign of willingness to share God’s gift (Kayongo-Male & Onyango, 1984: 7). Therefore, within the traditional family the responsibility of raising a child is not the task of only immediate family members but also of the community, because whatever the children do reflect on the elders and their way of upbringing.

Marriage in African families was traditionally based on the principle of collectivity and interdependence (Siqwana-Ndulo, 1998: 407). In the African family *Lobola*, “the provision of gifts to the parents of a bride, usually in the form of cash or livestock” is a very important aspect of marriage (Ansell, 2001: 2). The function of *Lobola* serves (1) to give the husband’s family right to all the children born by the wife (Kayongo-Male & Onyango, 1984:4); (2) materially, it serves the purpose of distribution of consumable and productive resources; and (3) symbolically, it marks the transition into adulthood and the formation of a new union between families (Ansell, 2001: 2-3). When a couple gets married, the union is also between the two families, thus the death of the husband does not mean the dissolution of the marriage but rather the deceased uncle or brother inherits the widow; this was called levirate or *ukungena* (Tsvere, 2000 cited in Nyoni, 2008:102). This was a way to protect, provide and maintain the widow and preserve the union between the two families (Mswela, 2009: 184). It is permissible for older men to marry young girls (Mswela, 2009: 185). The union between two families was made pertinent by the provision of moral support for the newlyweds by the elders to ensure that the marriage does not dissolve. Disputes between a husband and a wife are often mediated by the elders and relatives (Kayongo-Male & Onyango, 1984: 6).

As already mentioned, African and South African societies are community oriented, thus socialisation is not the sole parental responsibility and in the next section I will focus on the sexual socialisation process of children.

Within traditional South African societies the upbringing and socialisation of children are the responsibility of any adult in the community (Kayongo-Male & Onyango, 1984: 19). African societies provided sexual socialisation to adolescents by means of peer groups, elder siblings and grandparents (Delius & Glaser, 2002: 30). From an early age, children were exposed to sexual behaviours and practices through sleeping in the same room as their parents and also through indiscreet conversation between adults (Delius & Glaser, 2005: 29).

Peer groups and elder siblings were also some of the socialisation agents. Young people could talk about sex amongst their own age group (Kayongo-Male & Onyango, 1984: 20). This group was pro-parental in terms of values and beliefs they instilled in the younger generation. The main disciplinary mechanism was ostracism if one deviated from provided social conduct. The elder siblings' main roles were making sure that sexual codes were upheld (Kayongo-Male & Onyango, 1984: 20). Sexual exploration was a natural phenomenon, and was considered healthy, thus was encouraged as long as actual penetration did not take place (Delius & Glaser, 2005: 29). Initiation schools for both males and females were used as a means to prepare young people for marriage and childbearing and to teach sexually responsible behaviour (Mudhovozi, Ramarumo, & Sodi, 2012: 121). In the Zulu culture, through *umhlonyane*- which is a puberty ritual, young women were prepared for marriage, sex and proper behaviour; this made them eligible to be courted. Amaqhikiza-elder sisters were responsible for the communication on sexual matters, and they also introduced potential husbands to the newly initiated girls. Once a girl has a steady boyfriend and introduced him to the family, called *ukuqoma*, and the lobola paid, she and her fiancé could engage in non-penetrative sex called *ukusoma*. These were precautions taken in order to monitor young people's sexual practices (Harrison, 2008: 178-179). If a girl got pregnant before

marriage they were ridiculed and shunned, sometimes to the extent that they were forced to have abortions or perform infanticide (Delius & Glaser, 2002: 32).

On the other hand young males were allowed some form of sexual outlet, more so than the girls but were still limited. Initiated men were not allowed to have sexual encounters with uninitiated women. And also the early marriage of young initiated women was a means of protection for females from the initiated single men (Delius & Glaser, 2004: 87-88). To accommodate the sexual urges of the single males, provisions were made, where they were allowed to have sexual relations with the young wives of male relatives. This was not seen as adultery, but as means to educate these men in sex, and curbed the seduction of village women (Delius & Glaser, 2004; 88).

Grandparents were another important agent in sexual socialisation (Kayongo-Male & Onyango, 1984: 20). The grandparents' duty was to introduce the younger generation to sensitive topics such as sex and marriage and this was done through songs, narratives and proverbs. The grandmothers did this with their female grandchildren and grandfathers did this with their male grandchildren (Kayongo-Male & Onyango, 1984: 2). Children could also get advice from the aunts and uncles, though often not from their parents (Delius & Glaser, 2005: 29).

Adultery was permissive for men only because this showed male virility while women were beaten by their husbands; however, an extramarital affair was not cause for divorce. A form of prostitution existed with the women referred to as amankazana, idikazi, isifebe and matikatsi (loose women) (Delius & Glaser, 2005: 30). This indicates that traditional African societies were more tolerant of multiple partnerships and adultery.

The next section will deal with the socio-political factors that had an impact on the traditional African family.

### **3.3. Socio-political factors that impacted on the traditional African family**

The African family in the South African context is not easy to describe or understand, its constellation having changed due to the HIV and AIDS epidemic, for example. The Western nuclear family concept has never been able to capture the South African family structures. Africa's incorporation into a capitalistic oriented economy (Amoateng & Heaton, 2007: 2), colonisation, urbanisation, the apartheid system and the migrant labour system have shaped the South African family structure (Holborn & Eddy, 2011: 1; DSD, 2011: 25).

The arrival of the European settlers in 1652 in South Africa was the beginning of the change in the family institution (Amoateng, Heaton & Sabiti, 2007: 43). Indigenous African people were disposed of their land through colonial rules and the discovery of gold and the establishment of the mining industry, where African people were considered a source of cheap labour which further displaced African people (DSD, 2011: 25). Hut tax payable in money was introduced forcing men to seek employment away from home in order to pay for hut tax, thus they were separated from their families for long periods of time. This affected the family resulting in a breakdown of family norms and traditions (Henn, 2005: 11). Consequently, the mining industry led to the industrialisation of the country giving birth to the migrant labour system with men seeking employment in mining towns and leaving their families behind in the homelands (Holborn & Eddy, 2011: 5). The passing of the Native land Act of 1913 restricted native Africans to own land in certain areas, thus people were forcibly removed from these restricted areas, effectively excluding African people from opportunities (DSD, 2011: 26).

The second Anglo-Boer war during 1899-1902 and the formation of the Union of South Africa in 1910, paved the way for White Afrikaans supremacy in the country (van Nierkerk, 2011) and leading the way to apartheid, institutionalised in 1948. African people were discriminated, subjected, racially segregated and deprived of their citizenship that affected all aspects of their lives (DSD, 2011: 26-27).

In 1994 the country's first democratic elections took place, symbolising a new era, hope and equality but the new government inherited an unstable society, with extreme variations in socio-economic status amongst the people of South Africa. It has been 20 years since the first democratic elections took place and African families are still experiencing the aftermath of apartheid (DSD, 2011: 27).

### **3.4. Current state of South African society**

The contemporary family in sub-Saharan Africa is characterised by structural changes with an increase in female headed households, increased number of older person and child-headed households, lower fertility rates, high levels of HIV and AIDS, poverty, increased unemployment especially amongst young people, changing gender roles, changing sexual and nuptial norms, high divorce rates, and weakened intergenerational relations, especially amongst the elderly and the young (Lombard & Kruger, 2009: 120; Meintjies, Hall, Marera & Boulle, 2010: 40; Tayki, 2011: 1). The distinguishable consequences of these structural changes are high levels of family poverty and inequality; reduced influence from extended family members on the individual family's decisions and behaviours, weakened intergenerational relations and increasing work-family conflict (Amoanteng et al, 2007: 44; Holborn & Eddy, 2011: 3; DSD, 2012: 30, Makiwane, 2012: 2). Some of these will be dealt with below.

#### **3.4.1 Poverty, inequality and health**

One of the significant outcomes of the systematic racial segregation, exclusion and sexual discrimination in the past (StatSA, 2008: 21) has been the high poverty and inequality levels in the country; subsequently the majority of Africans live under poor conditions (Shisana et al; 2014: 51). This has impacted on the families and households resulting in the inability to achieve and maintain a basic standard of living and necessities. Consequently, such households and families are facing innumerable problems such as income insecurity, lack of and limited access to social capital, limited access to education, unemployment, inadequate and poor housing and poor sexual and reproductive health (DSD, 2011: 37; StatSA, 2012: 15).

Of significance, is that there is gender, age, geographic and ethnic disparities when it comes to poverty. Poverty still reflects apartheid settlement patterns and virtually all poor households are found in the former Bantustan regions, informal settlements and townships (DSD, 2011: 38, Holborn & Eddy, 2011: 6). Overall, poverty in South Africa is prevalent amongst female-headed households, due to various forms of discrimination in employment opportunities and education, health issues, especially HIV and AIDS. Moreover, because more males are employed in the formal sector than females, this potentially exacerbates gender inequality and especially in the event of a death of a spouse in some instances, women do not have control of the assets (StatSA, 2013: 29).

Furthermore, South Africa has been struggling with employment creation, and this is cardinal amongst the youth. The incapability of young people to gain employment has led to an additional burden of care on the family, increasing the dependency ratio on the household and its members (DSD, 2011: 37). The DSD (2011: 37-38) posits that the continuous disparities in poverty, incapacitate people's ability to access opportunities, further skewing access to resources and poverty alleviation.

The South African national HIV prevalence, incidence and behaviour survey shows that there is a higher HIV prevalence among people living in urban informal areas as well as in the rural formal areas and this is highest amongst the African youth and female population (Shisana et al; 2014: 50). These informal settlements are resource poor and lack basic necessities compared to the formal areas, a distinguishing factor in terms of high and low HIV prevalence. For disadvantaged women, exposure to a consumerism culture helps to shape their aspirations in the formation and development of their social status within their communities (Leclerc-Madlala, 2002: 31). Therefore, sex has become a commodity and means to uplift their social status. For example, women have sex to get a job or to acquire material or economic advantage. This puts them at risk of unwanted pregnancies, STIs and HIV and AIDS (Luke, 2006:321). Therefore, poverty and health issues show underlying structural factors such as wealth disparities and demographic parameters (Shisana et al; 2014: 3).

### 3.4.2 Family structures

The majority of children in South Africa are living in poverty and encounter a number of challenges that impede their access to opportunities and basic living necessities (StatSA, 2012: 4). Based on the results of the General Household Survey 2010, in South Africa, only a third of the children live with both their parents and almost a quarter live with neither mother nor father (Hall & Posel, 2012: 45). Multiple reasons have been found to be responsible for children living separately from either or both of their parents, such as orphanage, low socio-economic status, teenage pregnancy, divorce, separation, migration and cultural practices (Hall & Posel, 2012: 45; Khadiagala, 2004: 8). Table 1 illustrates the structural state of South African families.

Table 1: Proportion of families by type and racial group, South Africa 2005

Type of family	African	Coloured	Indian /Asian	White	Other	Total
Three-generation	19.0	18.2	12.7	3.2	12.1	16.8
Skip-generation	6.2	4.1	0.8	0.7	8.3	5.2
Nuclear	18.6	38.0	48.1	38.0	15.0	23.3
Single parent (unmarried)	11.8	13.1	10.0	5.8	0.0	11.1
Single parent (absent spouse)	4.6	1.6	0.8	0.9	1.8	3.9
Elderly only	2.7	3.5	5.1	17.6	3.4	4.7
One adult only	22.9	9.8	9.7	13.7	51.0	20.4
Child(ren) only	1.3	1.1	0.0	0.0	0.0	1.1
Married couple only	5.2	6.3	7.2	16.2	0.6	6.7
Married couple with adopted child(ren)	0.2	0.3	0.0	0.1	0.0	0.2
One adult with adopted child(ren)	0.6	0.2	0.2	0.1	0.0	0.5
Siblings only (all adults)	2.0	0.4	1.4	0.6	0.0	1.7
Siblings (adults and children)	0.9	0.1	0.0	0.0	0.0	0.7
Other	4.2	3.2	4.1	3.0	7.8	4.0

Source: Department of Social Development (2012)

From the table above, it can be gleaned that overall although 23.3% of families are nuclear, amongst the African population 19% of the families are three generational and 1.9% are child-headed. The high number of three generational families amongst the African population depicts the traditional role of the extended family in the care of children. However, the high rates of child-headed households amongst the African population also illustrates the widespread concern of rapidly increasing child-headed households as a result of parental deaths due to HIV and AIDS (Meintjies, Hall, Marera & Boulle, 2010: 40). Literature argues that the increase in child-headed households is attributed to traditional kinship networks inability to provide support and care to children who have lost their parents (Meintjies, Hall, Maerera, & Boulle, 2010: 40). This is a cause for concern.

Thus when dealing with the South African family it is important to consider that limiting the South African families to nuclear and extended is erroneous because this does not accurately capture the diverse nature of families to be found. It is therefore imperative to include single mothers, caregivers and guardians, reconstituted families, same-sex partners and polygamous relationships in any analysis of the family (Makiwane, Makoae, Botsis & Vawda, 2012:27).

### **3.4.3 Intergenerational relations and support**

South Africa is considered one of the most rapidly ageing populations in Africa. The country in the past years has seen a considerable increase in the number of older people. However, amongst the African families the role of the older generation is imperative as they play a socio-economic and nurturing role to their grandchildren (StatSA, 2012: 2). A key characteristic of African families is the intergenerational provision of support and care and the change in the African family structure has had an impact on intergenerational relationships (Makiwane, 2011: 1). For example, many children have become orphaned due to HIV and AIDS, resulting in grandmothers taking on the role of parenting and provider (Bigombe & Khadiagala, 2004: 8).

According to Makiwane (2010: 3) the proliferation of intergenerational households can be attributed to change in sex and nuptial norms, with an increase in childbearing out of wedlock, more often resulting in the older generation taking on the role of care and provider. Furthermore, the rate of internal migration from rural to urban areas in search for job opportunities by parents and their children has had an influence in the intergenerational relationship within families. This has affected the everyday activities and responsibilities of parents and children resulting in less time spent with the parents, decreasing the transference of skills and values (Makiwane, 2011: 2). Modernisation is another important factor associated with a change in family values and beliefs. As children become more educated, importance is placed on individual economic opportunities and higher wages (Whitehead, Hashim & Iverson, 2005: 13). With better educational opportunities children are exposed to new ideas and values, undermining parent's knowledge and their authority (Henn, 2005: 15). The shift in power balances and authority between children and their parents (Whitehead et al., 2005: 13) demonstrates the intergenerational gaps (Makiwane, 2011: 1).

In the next section I will provide a general description of what is happening amongst the youth in terms of sexual behaviour.

### **3.5. Overview of influences on youth sexual practices in South Africa**

Young people's choices including sexual practices are influenced by their upbringing and external structures which affects them in varying degrees (Weissman et al., 2008: 82). Research indicates that psychological, biological and socio-cultural factors play a role in determining sexual behaviour among youth (Crockett, Raffaelli, & Moillanen, 2003). Young people's changing sexual practices are influenced by migration patterns (particularly from rural to urban, transnational migration and interregional migration) and other factors such as the family, neighbourhoods, peers, socio-economic status, the relaxation of traditional norms that govern premarital sex, and exposure to mass media (cf. Bhana & Pattman, 2011; Holborn & Eddy, 2011; Leclerc-Madlala, 2009;).

### **3.5.1 Socio-economic status and environment**

It is often accepted that adolescents living in poor neighbourhoods are sexually more active and have a higher rate of adolescent pregnancy (Macleod & Tracey, 2009: iii; Crockett et al., 2003: 379). Low socio-economic status increases the potential for young people to engage in sexually risky behaviour because of limited understanding of sexual risks and inability to negotiate condom use, and limited resources and opportunities for a better life (Mtikrakra, 2009: 13). Research done in Africa has indicated that women often lack control and negotiation power, more so if they are dependent on the man's economic resources (Luke & Kurz, 2002: 25). Subsequently, women are exposed to HIV and AIDS, physical and emotional abuse and unintended pregnancies, potentially jeopardising their health and wellbeing (Luke et al., 2011: 1050; Petiffor et al., 2005: 1532; Luke, & Kurz, 2002: 25; Sprecher, 1998). This stance is illustrated by a sex worker in Durban who suggested that "It's better to die in fifteen years' time of AIDS than to die in five days of hunger" (Preston-Whyte, 1999:184 cited in Mtikrakra, 2009: 15). This illustrates the socio-economic challenges that limit social mobility especially for women, resulting in risk taking decisions such as random sexual encounters with the possibility of meeting a life partner in the hope of escaping the living conditions (Jewkes et al. 2001: 735).

Makiwane and colleagues (2012: 48) found that teenage pregnancy, unemployment and substance abuse in communities were partly responsible for the distress and risky behaviour amongst the youth. According to Majied (2013, 268) social and community factors for example substance abuse, gangsterism, crime, culture, religious values, stereotyping, role models, media influence, body image, sexual orientation, family values, culture and religion, peer pressure, media images and advertising, substance use, community health services and school/community counselling programmes play a role in the constructions of love, sex and intimate relationship and may influence and contribute to the shaping of young people's sexual practices (Majied, 2013: 268).

Poverty, structural inequalities in sexual practices, lack of education and family violence may also diminish the capacity and resources to provide adequate information on sexually related issues by African parents to their children (Majied, 2013: 269; Bhana & Pattman, 2011: 962). For mothers in particular being socially and sexually disempowered themselves makes them unable to help their children construct positive and responsible sexual identities (Phetla et al, 2008: 506). This may have an influence on the socialisation messages imparted by the parents, which may not always be unambiguous. These messages and unspoken communication may relay a very different message resulting in unintended actions and consequences (Townsend, 2008: 429). This makes the African youth more likely to engage in risky sexual activity because they have to rely on information they receive from their surrounding environments to make inferences regarding intimate relationships (Majied, 2013: 269).

### **3.5.2 Media**

The media is an important source identified as being influential on how young people understand love and intimate relationships and provides them with a stock of knowledge (Kehily, 2012: 255; Panday et al., 2009: 10). In a study done by Mtikrakra (2009: 15) girls discussed the influence of music videos, television, movies and the internet on their perception of intimate relationships. Promiscuous sexual practices shown in movies and violent music videos have the potential to glorify risky sexual practices which then are replicated by young people (DeLamater & Hasday, 2007: 262; Crocket et al., 2003: 375). A study has shown that children between the ages of 12-14 years who have been exposed to sexual content through the media are twice as likely to have engaged in sexual intercourse (Mtikrakra, 2009: 15).

Based on the South African National HIV Prevalence, Incidence and Behaviour Survey, 2012, television was the most prevalent source of sexually related information (66, 7%), followed by radio programmes, then newspaper and leaflets (Shisana et al., 2014: 98). Talking to friends and family members is also important amongst the age group 15-24yrs (16, 5%) (Shisana et al., 2014: 98).

### 3.5.3 Peers

Intimate relationships are an important part of adolescent peer group and social cultures (Gevers, Jewkes, Mathews & Flisher, 2012: 1132). It is suggested that peer pressure influences adolescent sexual behaviour (Crockett, et al., 2003:328) to gain recognition and social status, respect, and avoid ridicule amongst their peers (Selikow et al., 2009: 108-109). The influence of peers on intimate relationships and sexual behaviour operates on multiple levels: they provide settings where sex can take place (cars, parks, bedrooms, for example), they impact on the partner selection, when to initiate or terminate a relationship, and sexually more experienced friends may serve as role models. Together with curiosity, peer pressure leads to young people engaging in sexual activity to avoid being ridiculed (Gevers et al., 2012; Selikow et al., 2009; Crockett et al., 2003). A national study in South Africa (Parker, Makhubele, Ntlati, & Connolly, 2007: 44) reported the influence of peer pressure in casual sex is linked with acceptance by one's peers and is a sign of masculinity for boys (Mtikrakra, 2009: 14). Thus peer pressure has a far reach amongst young people.

Thus literature suggests that young people's concept and perception about sexuality is an intersection of a number of factors, from an individual, cultural, social and political context. Despite the demonising of the young people's sexuality, young people are in a protracted struggle about their sexual and reproductive health. Young people are faced with the challenge of coming to terms with the meanings, sexual philosophies and decisions they have to and do undertake about their sexual and reproductive health. In an attempt to understand the meanings and social and cultural constructs which are inherently part of their lives, young people often look at the social context to glean appropriate sexual behaviours. This begs the question, what are the prevalent sexual patterns amongst young people in South Africa? The next section discusses the prevalent sexual patterns amongst young people in South Africa. In doing so, I describe how some features of the current context puts young people at increased risk of experiencing serious sexual health and social problems.

### 3.6. Prevalent sexual patterns

Sexual and gender-based violence, social acceptance of the sugar daddy phenomenon, men's fear of HIV and AIDS leading men to seek sex from younger women and entrenched norms about male dominance are unique features of the African setting and these influence the high prevalence and incident rate of HIV and AIDS in the continent (Leclerc-Madlala, 2002: 23-24). The Human Sciences Research Council (HSRC) states that of the five million people in South Africa infected with HIV, more than 50% become infected by the age of 25. In the age group of 15-24 years 8,6% are infected and this is more evident amongst the females, where females between the ages of 25-29, 32% were found to be HIV positive in 2008 (Bhana & Pattman, 2011: 962).

Research in South Africa indicates that African youths<sup>1</sup> are more likely to be sexually active and engage in sexually risky behaviour than any other group in the country (Reddy, et al., 2003: 52). The HIV prevalence amongst African youths is 11.8% compared to 2.0% of white, 3.8% coloured and 0.9% Indians (Anderson et al., 2007: 4). This was also found in a study done between 2009 and 2010 by the Centre for Disease Control (CDC) amongst African Americans. African American youth compared to Hispanic and White youths engaged in more risky behaviour, compared to Hispanic and White youths. These sexual activities included sex with multiple partners, and first sexual intercourse before the age of thirteen was higher (Majied, 2013: 268). The reason for more sexual risky behaviour amongst the African youth is because of parental communication and practices (what parents say or do not say; how parents behave and negotiate intimate relationships) (Majied, 2013: 268; Parkes, Henderson, Wight & Nixon, 2011: 31). This speaks to youths first sexual encounters.

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<sup>1</sup> The National Youth Policy 2009-2014 is used inclusively to refer to young people as those falling within the age group of 14 to 35 years. This is based on the mandate of the National Youth Commission Act 1996 and the National Youth Policy 2000. This inclusive approach takes into account, both historical as well as present-day conditions.

### **3.6.1 First sexual encounter**

In South Africa approximately 50% of youth are sexually active by the age of 16 years (Makiwane & Mokomane, 2010: 17). Early sexual debut is defined as “having sex before reaching the age of 15 years” (Shisana et al., 2014: 65). The National HIV Prevalence and Incident Behaviour Survey 2012 shows that in the age group of 15-24, more males than females, 16.7% and 5% respectively, have had sex before the age of 15. The trend is highest amongst Africans, with 11,1% being sexually active before the age of 15 years compared to the other groups (Shisana et al., 2014: 66). Early sexual encounters potentially increase the risk of being exposed to sexually transmitted diseases and also set the guidelines for future sexual encounters (Pettifor, O'Brien, MacPhail, Miller & Rees, 2009: 82). Moreover, often social norms dictate that men decide when sexual intercourse takes place and if condom usage will occur (Pettifor et al., 2009: 82). Literature identifies transactional or age disparate and cross generational relationships as responsible for such disparities in sexual relationships.

### **3.6.2 Sugar daddies: Transactional / age disparate / cross generational sex**

I begin this section by defining the various terms. Transactional Sex (TS) “is the informal exchange of money or gifts for sex that takes place outside of formalised prostitution” (Luke, 2006: 319). Age-disparate relationships generally refer to a sexual relationship between a young person and a person five or more years older (Leclerc-Madlala, 2008: S18). Sexual relationships between individuals ten or more years apart in age are referred to as “intergenerational” or “cross-generational” relationships (Leclerc-Madlala, 2008: s18). A sexual relationship between two people with at least a ten year age difference is more commonly referred to as a “sugar daddy relationship” (Population Service International, 2005: 1).

Based on the National HIV prevalence and Incident Behaviour Survey 2012, amongst the age group of 15-19 years, 19,8% engaged in age-disparate sex, where 33,6% of the females have engaged in age-disparate relationships compared to 4,1% of males (Shisana et al., 2014: 69). In terms of HIV prevalence and age-disparate sex, 10,1% of

those individuals in age-disparate relationships were HIV positive, and 11% of the females were HIV positive (Shisana et al, 2014: 69). Qualitative studies suggest that the reason behind transactional and cross-generational sexual relationships is (Frost, 2011: 2; Chatterji, Murray, London, Anglewicz, 2005: 56) because of economic survival, peer status and to establish long term life chances (Luke & Kurz, 2002: 20).

Girls from rural and urban areas provide different reasons for engaging in these forms of sex. Amongst rural girls, lack of employment, poverty, education and health services were the main drivers of intergenerational and transactional sex (Leclerc-Madlala, 2008: 19). While amongst urban young women, material gain, fun, and high status among peers was the reason behind these forms of informal relationships (Leclerc-Madlala, 2008: 19). Cross-generational and transactional relationships are usually characterised by power dynamics that put young women at risk as they lack power, experience and skills to negotiate safe sexual practices and because of the transactional value of the relationship gender based violence is common (Frost, 2011: 2-3, Luke & Kurz, 2002: 25-26). This usually renders women powerless with an inability to negotiate safe sex practices.

### **3.6.3 Multiple and concurrent relationships/partnerships**

The term concurrent partnerships is used to define “a situation where sexual partners overlap in time, either where two or more partnerships continue over the same time period or where one partnership begins before the other ends” (Parker, Makhubele, Ntlabati & Connolly, 2007: 12). Multiple and concurrent relationships/partnerships (MCP) is defined as indicating the total number of sexual partners and whether these are male or female in the past twelve months (Shisana, et al., 2014: 69). These types of relationships have been described as on-going in nature, where the main partner is overlapped with, for example, co-wife/husband, mistress, colloquially called ‘Small house,’ sugar daddy/mummy, ‘nyatsi,’ ‘lishende,’ ‘makhwapheni, etc. (UNAIDS, 2009: 11). However, the definition of MCP includes occasional sexual encounters such as prostitutes or “hooking up”. Within these sexual relations varied levels of

communication, intimacy, commitment, condom use and transmission of HIV exists (UNAIDS, 2009: 11).

Multiple sexual partnerships are common in South Africa especially amongst youths with males in 2002, 2005 and 2008, 23%, 27, 2% and 30, 8% respectively reported having had more than one sexual partner in the past twelve months. The number for females was lower (8, 8%, and 6% for 2005 and 2008) (Makiwane & Mokomane, 2010: 18). In the 2012 survey 12,6% of the population had MCPs, with five times more males than females having MCPs. Younger respondents had more sexual partners in comparison to older respondents with the distribution being 22.4% for the 15-24 age group of , 25-49yrs (11,2%) and 50+ (4,2%) (Shisana, et al., 2014: 70).

“There are many underlying factors to this phenomenon but for the most part it involves an intersection between socioeconomic and cultural contexts that are intertwined with individual psychological factors related to self-esteem and fatalism” (Parker et al., 2007: 6). A study done in Lesotho showed that the main motivating factors for engaging in MCPs were due to precarious living conditions, daily struggles and an apparent uncontrollable male virility (UNAIDS & USAID, 2009: 7). A Soul City analysis of attitudes towards MCP in ten Southern African countries in 2007 found that people who engaged in MCPs were influenced by socio-cultural norms, low perceptions of risk, emotional, sexual and physical dissatisfaction, alcohol, socio-economic status, and peer pressure (UNAIDS, 2009: 14). More importantly it seemed that finding love, being in a committed relationship, finding out HIV status and using condoms consistently was not supported by social norms, rather these issues are manipulated into new meanings that take into account present lived experience (UNAIDS & USAID, 2009: 7).

Therefore, to address MCPs requires extensive comprehension of how people conceptualise the meaning and roles of intimate relationships in their lives and how it influences their lived realities. The importance of mother-daughter communication has been emphasised in promoting healthy sexual behaviour amongst youth; the next

section introduces and expands on what is known about mother-daughter communication and its impacts on sexual behaviour.

### **3.7. Mother-daughter communication**

Globally, there has been increased attention on familial interventions regarding improving sexual and reproductive health of young people (Bastien et al., 2011: 1, Phetla et al., 2008: 504). Findings from developing countries suggest that sexuality education has potential to positively impact knowledge, attitudes, norms and intentions, although sexual behaviour change has been more limited (Bastien et al., 2011: 1; Wamoyi et al., 2010: 2). Conversations on sexuality between parents or caregivers and children have been identified as having a potential influence on the sexual behaviours of young people (Bastien et al., 2011: 1) because communication facilitates interaction between people and is an essential everyday constituent between parents and their children (Shinn, 2005: 1). Intra-familial communication is considered an important process and plays a critical role in shaping children's identity and role-taking responsibility (Jermain & Constantine, 2010: 1164; Barnes & Olsen, 1985: 438). Parent-child communication, including the passing on of knowledge, beliefs, ideas, expectations, values and norms, has a significant influence on the reasoning of adolescents (Barnes & Olsen, 1985: 438).

Interpersonal communication contends that meaning is created through interaction with others (Monsour, 2006: 58). Interpersonal communication is defined as "the creation of meaning through verbal and nonverbal messages exchanged by individuals in a relationship. This process is dynamic, systemic and takes place on content and relationship levels" (Monsour, 2006: 58). Therefore, communication between people is context bound and the relationship to each other determines the comfort levels in the sharing of our lived experiences with other people (Wood, 2009: 32-34).

Research on communication has provided evidence that people create informational boundaries within interpersonal conversations, and these boundaries control with whom people will share their personal and private information (Crohn, 2010: 350).

Informational boundaries convey closeness, are used for conflict avoidance, maintenance of privacy, avoiding embarrassment, expressing autonomy and maintaining and preserving relationships (Crohn, 2010: 350). Within each relationship formed informational boundaries apply, and depend on the type of relationship with a person, the context of the conversation and personal motivation (Crohn, 2010: 350). Because parent-child communication on sexual issues is a sensitive, complex and emotional exchange of information where the parent and the child alternate between listener and communicator (Brown, 2011: 9); the different variables within conversations have an impact on the messages conveyed by parents (Brown, 2011: 9).

Discussing sexuality related topics between parents, caregivers and children has been recognised as being a protective factor and having a positive influence on young people's sexual behaviours, such as delayed sexual debut, increased knowledge in relation to decision making about sexual relationships (Bastien et al., 2011: 1; Namisi et al., 2009: 66; Phetla, et al., 2008: 504; Jaccard et al., 2000: 187). Research has shown that positive and frequent communication between parents and their children has a positive impact on the sexual attitudes and behaviours of young adults (O'sullivan, Jaramillo, Moreau & Meyer-Bahlburg, 1999: 448). Kapungu and colleagues (2010: 261) found that open and frequent communication between mothers and their daughters, was associated with adoption of safer sex practices. This was linked to the daughter beliefs that their mothers were protecting them from consequences of unprotected sex. Taris and Semin (1998: 69) also mention how mutual understanding between the parent and the child has an influence on the sexual behaviour of children. This is supported by Ramos and colleagues (2012: 795) in a study in rural India, who found that daughters had adopted the parental values, as one daughter says: "The parents' name will get spoiled".

One consistent finding in parent-child communication is that the quality and frequency thereof are influenced by the gender of both parent and child, such that young people prefer to disclose personal information to same-sex parents (Morgan, Thorne & Zurbriggen, 2010: 140; Crohn, 2010: 351). This is especially true for mothers and their

daughters, where open and honest communication with daughters fosters strong connections between mother and daughter and thus daughters develop a strong sense of their sexuality and of themselves. Therefore, it becomes highly likely that daughters will make informed, responsible choices about their sexual activities (Dennis & Wood, 2012: 205). But other studies have shown that communication between mother and daughter is at most limited, indirect, and uncomfortable and focused on the biological aspects of sex rather than sexual decision-making (Rosenthal, Feldman, & Edwards, 1998:727). Kapungu and colleagues (2010: 262) found that ambiguous messages often resulted in daughters engaging in unprotected sex. The available literature also reveals that parents are more likely to report that sexuality topics have been discussed. According to Wyckoff and colleagues (2008: 652) this difference in perceptions is due to the parents including the overall attempts at communication and the ambiguity of the messages, which the daughters did not consider as sex education.

Although there is evidence that parents support the idea of providing sexually related information to children, talking about sex related topics remain a taboo in sub-Saharan Africa (cf. Bochow, 2012: S16; Iliyasu et al., 2012: 139; Bastien et al., 2011: 2). According to Iliyasu and colleagues (2012: 139) 85% of the world's youth live in the developing countries and these youths are more prone to negative sexual and reproductive health outcomes because of lack of accurate information. In some countries in sub-Saharan Africa, the involvement of the parents in the sexual socialisation of their children has been minimal and sexual socialisation has been the job of the extended family, such as aunts, uncles and grandparents (Bastien et al., 2011: 2).

In societies where sexual issues are considered taboo, polite terminology is used to describe genitalia and sex (Ndinda et al., 2011: 2). Bochow (2012: 17-18) found similar results amongst the Kumasi people of Ghana, where speech is seen as a form of social conduct. Social control is placed on the content, with whom to speak, and the way you speak. These linguistic mechanisms, are centered on age and gender, thus conversations on sexuality related issues are determined by your place in the social

hierarchy (Bochow, 2012: S17-S18). This was also found amongst the indigenous cultures of Southern Africa, where they all possess a language of respect (Mchunu, 2005: n.p). However, because of the breakdown and evolution of traditional customs, such as initiation schools, this has affected the transitions and socialization of adolescent into adulthood. These transformations have removed previous means of communication on sensitive issues (Namisi et al., 2009: 65).

Nonetheless, parents are said to have the responsibility to provide sexually related information to their children. However, studies on Black mother-daughter communication report that these conversations are usually unplanned and sometimes do not take place at all (Dennis & Wood, 2012: 206). Most parents in previous studies have indicated that they would like to be the primary source of information, but feel that they are ill-equipped to take on the conversations (Afifi, Joseph & Aldeis, 2008: 690; O'Sullivan et al., 1999: 462). Consequently, parents usually delay the initiation of the conversation in the fear that their children might view the conversation as permission to engage in sexual activities (Angera, Brookins-Fisher & Inungu, 2008: 168). Further, even when conversations do take place, they are the cause of external triggers such as change in daughters' behaviour or suspicion that the daughter is sexually active (Dennis & Wood, 2012: 206). Studies have also shown that this usually takes place after their children have started experimenting with sexual activities (Dennis & Wood, 2012: 206).

Research suggests that when parents do not talk to their daughters about such issues there is a perception of uncaring and uncomfotability, leading to young people turning to their peers for such information. This has implications in that the daughter are more likely to adhere to peer norms about sexual behaviour (Angera et al., 2008: 167).

A common explanation for the lack of knowledge resulting in unintended consequences is that, African youths tend to rely on peers for information, which may be misleading and misinformed (Iliyasu et al., 2012: 139). With all this being said, sexual issues being sensitive of nature, the question is what makes a mother decide to engage in such conversation with her daughter.

### **3.7.1 Triggers for and factors associated with mother-daughter sexual communication**

A number of factors have been identified as triggers of mother-daughter communication. Amongst these are media programmes, witnessing a change in behaviour, and perceived risky behaviour in young people, or health-related issues (Bastien et al., 2011: 9; Wamoyi et al., 2010: 9, Rosenthal et al., 1998: 733). Davis et al., (2013: 7) found that though parents recognise the importance of parent-child communication on sexually related issues, they are often at times ambivalent and unprepared for such conversation because they themselves never had such conversation with their parents. Therefore, the integration of technology is a means to conduct such conversations. In particular radio and TV programmes on HIV and AIDS and the prevention of STDs were catalysts for mother and daughter conversations (Wamoyi et al., 2010: 9). In a study of African mother-daughter communication, Dennis and Wood (2012: 217) found that communication on sexually related issues was prompted by external factors. Mtikrakra (2009: 47) found that in South Africa, educational programmes such as Soul City and Soul Buddies were sources of initiation as they tackled problems faced by young adults (Mtikrakra, 2009: 47). In a study in America amongst African-American mothers and daughters, Black Entertainment TV (BET) was identified as the trigger for such conversations, which often took place when the whole family gathered for dinner (Davis et al., 2013: 6; Wamoyi et al., 2010: 9; Mtikrakra, 2009: 47). These conversations tended to take place in the presence of a visitor because adult visitors did not fear talking about such issues if their children were not present (Wamoyi et al., 2010: 9). Reliance on media as a facilitation tool for conversation has been commended and condemned by health professionals. Health professionals believe that reliance of children on media as a source of information is detrimental to the face-to-face conversations between parents and their children (Davis et al., 2013: 6).

Mothers have a tendency to seek opportunities and cues for the initiation of sexual communication with their daughters and these conversations usually take place in a context where sexual communication is not the only discussion to prevent anxiety in

both parties involved (Rosenthal et al., 1998: 734). Rosenthal and colleagues (1998: 734-734) found that these reactive and opportunistic communicators tended to discuss a few topics because of the limitation based on waiting for cues to conduct such conversations.

Peers were also recognised as catalysts for conversations. In terms of peers parents sometimes feel that their daughters are friends with people who have sexually advanced experiences and knowledge and felt the need to protect them, because the information they might receive from their peers could be misleading. This fear for their daughters receiving incorrect information results in the need to initiate the conversations to curb sexually risky behaviour (Davis et al., 2013: 8). For young people peers were a source of information when parents and school did not cover topics young people felt they needed (Davis et al., 2013: 7). The community environment and behaviour thereof was also a means to start conversations; parents used incidents, such as pregnancy, alcohol, use of drugs and involvement in gangs, which occurred in the neighbourhood, to educate their daughters (Mtikrakra, 2009: 48).

Lack of information is also identified as an influence in initiating conversations. Parents mention how if they talk to their children certain questions are asked by their children and this makes them aware that their children have a shortage of information and are not aware of certain things. An example of this is the question: “can I get HIV and AIDS from sharing toilets with other students at school?” Parents consider this dangerous because these are the type of perceptions that make people ignorant, discriminate and stigmatise people. Also such minimal knowledge leads to risky behaviour because children do not understand the implication of such acts (Mtikrakra, 2009: 46). Jerman and Constantine (2010: 1165) further argue that parental perceptions on sexual knowledge and levels of comfort are also indicators for the commencement of sexual conversations. In a study done in South Africa, parents indicate the need to change social norms, especially that discussions about sex as being a taboo. Parents mention their upbringing as influential to their lack of knowledge and inability to conduct conversations with their children (Phetla et al., 2008: 514). Indeed, a salient factor that

has resulted in parental attempts to talking with their children is the alarming rates of HIV and AIDS incidence and teenage pregnancies amongst young people (Mtikrakra, 2009: 45). Thus a change in parenting style is raised as a fundamental factor in the protection of children in light of the risks and dangers associated with sexual experimentation (Phetla, et al., 2008: 513).

Social status is also identified as a determinant of conversation, where social status is measured by the parents' education level. Sprecher, Harris and Meyers, (2008: 24) found that the educated parents are more prone to have conversation with their children attributed to their knowledge and comfortability on sex related information. In a multi-site study conducted in South Africa and Tanzania educational level, and higher socio-economic status was associated with more frequency in communication between parents and their children (Namisi et al., 2009: 66). Consistent with these findings a study in Nigeria reported a higher frequency of communication between parents and children with a higher socio-economic status (Bastien et al., 2011: 9). Further, in a study done in Tanzania the educational level of the children is associated with the willingness to engage in communication (Wamoyi et al., 2011: 13). Similarly, in Nigeria and Kenya higher educational level of the parents is associated with the higher communication occurrence (Bastien et al., 2011: 9).

However, amongst low income families, for example, in a study done in Zimbabwe in a rural district, the parents felt that school based sex education encouraged sexual activity (Chikovere et al., 2013: 2). But this was not the case in a study done in Nova Scotia, Canada amongst low income Black mother and theirs daughters. The parents felt that because their children are exposed to sexually explicit information through the school system, there was a need to talk to their children (Davis et al., 2013: 6). Chikovere and colleagues (2013: 2) term this inconsistency the 'hybridity' of society where multiple perceptions exist to inform the general perception about provision of sexual information to children. Although a number of factors have been identified as facilitators of conversations between mothers and their daughters, there are still factors that hamper

effective communication between mothers and daughters, and these will be discussed next.

### **3.7.2 Barriers to communication**

In previous research, parents have indicated that they would like to be the primary source of information for their children, but it has been found that avoidance by both parents and young people is common (Sprecher et al., 1998: 18). Crohn (2010: 350) mentions how communication scholars have found that topic avoidance on such sensitive issues is to be expected. Topic avoidance refers to how people employ subject selective mechanisms when talking to people. Research indicates that self-disclosure, which is the sharing of personal information and lived experiences is associated with relational satisfaction (Crohn, 2010: 350). According to Afifi and colleagues (2008: 691) disclosure of sensitive information makes people vulnerable and thus people put allegorical boundaries on what and to whom to disclose such information. The more people perceive a trustful and receptive relationship with an individual the more likely a person will disclose information about themselves (Afifi et al., 1998: 691). Afifi and colleagues (2008: 691) mention that because of the sensitive nature of sexual topics, people are motivated by self-preservation, and this is also the case for the children. The children's reluctance to speak to their parents about sexual issues is because they fear judgment from their parents and tarnishing their image. Thus, avoidance is a means to develop and maintain autonomy with their parents. Similarly, Jaccard et al., (2000: 204) found that children avoid such conversations because they fear that parents would ask them personal questions and that showing interest in sexual topics will be interpreted as evidence of sexual activity.

Overall, a number of studies done on mother-daughter communication had similar results in terms of barriers to communication. The reluctance for mothers to engage in communication with their daughters' was related to the fear of their ability to handle the questions asked by their daughters, about the timing of the conversations and their lack of communication skills and knowledge on issues around sexual matters (Afifi et al.,

2008: 693). Also embarrassment, discomfort, not being taken seriously and the fear of their children not being honest with them were other factors (*cf.* Afifi et al., 2008; Jaccard et al., 1998; Rosenthal et al., 1998).

A study conducted in Australia revealed that both mothers and their daughters avoid topics on sexuality because of discomfort. Topics discussed tend to focus on the biological and factual. Mothers report that the reasons for avoidance are because they often feel they lack the communication skills to conduct such conversations, they are ambivalent about the proceedings of the conversations, and that the school provided sexually related information. Therefore, there is not a necessity to deal with such topics (Rosenthal et al., 2008: 732). This is also found in Northern Nigeria, where mothers consider the discussions unnecessary, they are uncomfortable, they lack adequate skills to conduct conversation and also their daughters are too young to receive such information (Iliyasu et al., 2012: 146). Discomfort is also linked to socio-cultural and religious beliefs. In studies done in India, Kenya, Tanzania and South Africa socio-cultural factors were mentioned as barriers to communication on sexual issues. Sex talks between parents and children are seen as shameful and uncomfortable. The discomfort for the parents comes from perceptions of inadequacy because they were not taught about sexual issues when growing up thus they feel that they would misinform their children if they try to talk to them (*cf.* Bastien et al., 2011; Jejeebhoy & Samthya, 2011; Wamoyi et al., 2010; Phetla et al., 2008). In terms of religion, some surveys show that those who identify premarital sex as wrong often belong to traditional-religious and politically conservative groups (Fingerson, 2005: 950). A study in Kenya found that the use of metaphors and euphemistic words to describe sex or private parts were linked to religion where the use of the actual words was considered unclean (Bastien et al., 2011: 11).

In a study done in South Africa the main barrier to communication between mothers and daughters is the communication style (Phetla et al., 2008: 515). Parents tend to be judgemental, proscriptive, use imprecise terminology and employ warnings and threats to discourage sexual activity (Phetla et al., 2008: 515). This is also found in the USA

where daughters report that they avoid such topics because of the way the mother reacts and delivers these messages. They therefore do not want to disappoint their mothers, do not want to worry their mothers too much, and feel that their mothers would be disappointed and angry (Crohn, 2010: 357).

Conversely, in Nigeria parents do not communicate with their children because they perceive their children to have the necessary knowledge to protect themselves and that if they talk to them it would encourage sexual experimentation (Bastien et al., 2011: 11). Similar results were found in India (Jejeebhoy & Samthya, 2011; 29). However, although parents reiterate the importance and need for their children to have the necessary information to protect themselves from risky sexual behaviour parents do not see the need to provide such information as this is provided for by sex education in school (cf. Bastien et al., 2011; Jejeebhoy & Santhya, 2011; Wamoyi et al., 2010; Phetla et al., 2008).

Although there is overwhelming evidence on the importance and potential impact of communication between mothers and their daughters on the daughters' decision making on sexually related issues, there have been conflicting findings on the effects of such communication on young people's sexual behaviour (Wamoyi et al., 2010: 2). The question is what is the content and quality of these conversations and how do mothers approach sexual topics between them and their daughters.

### **3.7.3 Content**

Studies have shown that the content, quality and the process of communication have a significant role in influencing young peoples' sexual attitudes and practices. Phetla et al., (2008: 505) indicated that mothers are more likely to be involved in the conversations compared to fathers. This is attributed to mothers being better communicators (Phetla et al., 2008: 505). However, Afifi et al., (2008: 691) note that generally, young people prefer comfortable and free communication to judgmental lectures from parents (Phetla et al., 2008: 505). Studies confirm that daughters feel that conversations between them and their mothers are restrictive, random and explicit

(Davis et al., 2013: 7). In a series of studies it has been found that mothers initiate the conversations and this is usually a unidirectional conversation with the mothers warning their daughters on having sex. Daughters also mention that these conversations are ambiguous in that the verbal and non-verbal cues are contradictory (Critchon et al., 2012: 26; Pluhar & Kurloff, 2004: 304).

Research done on mother-daughter communication relating to sexual issues, confirms that such communication is usually limited, indirect and uncomfortable. Daughters report that communication on sexual issues usually focuses on biology (Rosenthal et al., 1998: 727). The most frequently discussed topics between mothers and daughters are the dangers and safety measures of sex, sexual behaviours, pregnancy, abstinence, menstruation and dating (Lekowitz & Espinosa-Hernandez, 2007: 17). According to Dennis and Wood (2012: 207) if African mothers do talk about sex, this is delivered in warnings such as “don’t have sex” and instillation of fear about the consequences of early sexual debut. Issues such as birth control, commitment, jealousy, sexual pleasure and desire, partner choice, sexual peer pressure and sexual satisfaction, notions of love are not discussed by parents as the parents deem it unnecessary (Dennis & Wood, 2012: 207; Lekowitz & Espinosa-Hernandez, 2007: 17; Rosenthal et al., 1998: 739;). This is where the rule of silence stems from amongst Black women (Dennis & Wood, 2012: 207) and that is why parents tend to focus more on the negative aspects of sex.

A study in Tanzania reported that conversations were about HIV and AIDS, unintended pregnancies, abstinence, and marriage focused on children obtaining an education (Wamoyi et al., 2011: 14). This is corroborated by a study in Canada, where conversations focused on the negative aspects of sex. No discussions took place about STIs, relationships and sexual development (Davis et al., 2013: 7). Interestingly, in a multisite study in Tanzania and South Africa, HIV and AIDS, abstinence and condoms were the least talked about topics. This was because of cultural beliefs on sex topics being taboo in these areas (Namisi et al., 2009: 72). In a study in Kenya it was found that although topics about pregnancy and sex were discussed, no details were provided

on how a girl can get pregnant and that unprotected sex increases chances of STIs. Mothers told their daughters to 'avoid playing with boys', but no explanation was provided as to why (Critchon et al., 2012: 27).

Conversely, Critchon and colleagues (2012: 27) found that family contexts, such as trust and availability and neighbourhood poverty had influences on the content of the information imparted by the mothers. Poverty was identified as an influence on what the mothers said to their daughters. The daughters believed that stress, precarious work and work-family conflict affected the mothers' ability to attain and provide accurate information. According to the same study, daughters indicated that mother's excessive alcohol usage and neglect was influential to the content of the communication (Critchon et al., 2012: 27).

Thus the focus on the biological and negative aspects of sexuality, the use of fear appeals impacts on the conversations between mothers and their daughters. Consequently, daughters sought alternative resources for information.

#### **3.7.4 Other sources of information**

Although mothers have been identified as the preferred source for sexually related issues, they are not the only source of sexual socialisation. Research also indicated that peers, educators and other family members are important sources of information in research (Namisi et al., 2009: 66).

In the USA silence from the mothers was identified as a block to communication consequently, other family members were sources of information such as aunts for the daughters (Pluhar & Kurloff, 2004: 312). In Canada, fathers, brothers, school nurses, books and internet were alternative sources for young adults (Davis et al., 2013: 8). With increased access to the internet and TV programmes with sexual content, daughters are able to obtain information through internet discussion groups and health education sites (Sprecher et al., 2008: 24). In terms of the media though it is seen as a barrier to communication between mothers and their daughters, and may provide

harmful and inaccurate information, it provides information on issues such as HIV and AIDS and sexual health (Davis et al., 2013: 8; Sprecher et al., 2008: 18).

Peers have been identified as an important socialisation agent in sexual matters. Media exposure to sexual issues occurs in the presence of peers and that is why the importance of peers as alternative sources of information has increased (Davis et al., 2013: 8; Sprecher et al., 2008: 24). During adolescence young people shift their orientation from their parents to their peers. As young people go through the developmental stages they seek to attain autonomy and develop close relationships with the same sex peers. Therefore, peers become influential in sexual decisions (L'Engle & Jackson, 2008: 256), because of being in the same age group and their experiences are similar (Sprecher et al., 2008; 18).

According to L'Engle & Jackson (2008: 256) peers transmit sexual information that is more acceptable and influential than the standards advocated by the parents. And when young people internalise the information they receive from their peers this increases the probability of engaging in early sexual activity. In a study done in Ghana because of the taboo nature of sexual discussions between mothers and daughters, such conversations took place amongst peers, where conversations are not restricted. In these discussions between peers sexual experiences, expectations and perceptions on sexually related issues are shared (Bochow, 2012: S23-S24). However, while peers are identified as a source of information, certain issues are reserved for mother-daughter conversations and others for peers. Topics on dating, behaviour, feelings, emotions and reproductive health are more frequently talked about with friends, while topics such as HIV, rape and abstinence are less likely talked about with friends (Lekowitz & Espinosa-Hernandez, 2007: 17).

A number of factors have influenced the African family, thus having an impact on the historically available structures of sexual socialisation. Because life is a dynamic and evolving process changes and adaptations have had to be made by both parents and children to survive and protect themselves. Mother-daughter communication is one of

these mechanisms that promote a healthy sexual and reproductive health. To gain insight into Black mother-daughter communication on intimate relationships, a qualitative approach was followed guided by the interpretivist approach. In-depth interviews were employed to glean the subjective experiences of the participants and this is discussed in the next chapter

## **Chapter 4: Methodology**

### **4.1. Introduction**

This study is about mother-daughter communication on intimate relationships and a qualitative approach is more suitable than a quantitative approach to unpack the taken-for-granted and to understand participants' experiences. A qualitative approach is also in line with a phenomenological inquiry that allows to engage with the participants and to explore the mother-daughter interactions on the sensitive topic of intimate relationships.

I start this chapter with a brief outline on qualitative research and how this fits with the theoretical frameworks outlined in Chapter Two. I discuss the research, elaborate on the pilot study which led to the modification of the interview schedule. I then discuss the recruitment criteria and strategies before offering the data collection procedure. In the last section of this chapter I provide the tools I used for the data analysis.

### **4.2. Research designs**

My theoretical orientation that informs my study is an interpretive paradigm, which aims to understand the everyday lives of individuals. Its focus is on the human experience and how people create and maintain meanings of their actions and experiences (Brinkmann, 2012: 18). I chose an interpretivist paradigm because it takes into consideration the social, cultural and individual dimensions that influence people's lives. The need for clarification, questioning and understanding is at the basis of an interpretivist approach and this theoretical orientation has methodological implications.

A research design refers to the steps taken by the researcher to go about doing research (Creswell, 2013: 5). This includes the selection of participants, the content of questions and how to ask them, the means of data collection, data analysis procedure and the manner in which the researcher reports the findings (Marvasti, 2004: 9; Creswell, 2013: 5).

Quantitative research methods were originally developed in the natural sciences to study natural phenomena. Qualitative research methods were developed in the social sciences to enable researchers to study social and cultural phenomena. Neither of these methods is intrinsically better than the other the suitability of which needs to be decided by the context, purpose and nature of the research study in question (Flick, 2009: 26, Marvasti, 2004: 7; *cf.* Brysman & Burgess, 1999; Creswell, 2013).

Quantitative research aims to generalise findings, thus it requires the sample to be randomly selected to make the selected statistical variables applicable and representative of the general population. This contextually strips phenomena, thus excluding meaning and purpose of actions taken by actors (Brinkmann, 2012: 20; Guba & Lincoln, 1994: 106). For qualitative researchers the selection of participants is based on the theoretical considerations of the research project, which allows for the acquisition of contextual information (Guba & Lincoln, 1994: 106).

Another important distinction between qualitative and quantitative research is the presentation of data. Quantitative research presents data in the form of numerical or statistical data, while qualitative research presents data as narrations and attempts to understand phenomena and peoples' experiences in their natural settings (Denzin & Lincoln, 2011: 9).

#### **4.2.1 Qualitative research approach**

In this study I employed a qualitative research approach because I am interested in exploring and understanding the extent, content and quality of the communication between mothers and their daughters on intimate relationships. To gain insight into these questions the following objectives were sought:

- To explore what fosters or hampers conversations on intimate relationships.
- To determine who else imparts knowledge about intimate relationships.

- To explore how parental understanding has influenced the choices and decisions made by daughters in their sexual and intimate relationships.
- To examine the perspectives and understanding of intimate relationships.

Thus, to gain insight into these phenomena it was appropriate to employ a research design that centralises the meaning and interpretation of individuals.

The qualitative approach implies “a form of systematic empirical inquiry into meaning” (Shank, 2002: 5 cited in Ospina, 2004). This means that it is a methodical and ordered process, grounded in the everyday context of experience, in order to understand how individuals make sense and infer meaning to their experiences (Flick, van Kardoff & Steinke, 2004: 8). Qualitative research is based on a specific set of assumptions and with the use of particular theoretical frameworks, it sets out to understand and represent the actions and experiences of individuals in their natural settings and the meanings they ascribe to their experiences (Creswell, 2007:37). Qualitative research interviews are useful in that they are related to interpretive sociological approaches and make it possible to openly inquire about meanings and motives for actions in a given situation, thus a researcher is able to better understand and interpret the data collected (Hopf, 2004: 203).

The essence of qualitative research relates to the social meaning that people attribute to their daily circumstances, situations and experiences (Hesse-Biber & Leavy, 2011: 4). Qualitative research “describes life worlds ‘from the inside out’, from the point of view of the people who participate” (Flick et al., 2004: 5). This allows understanding of the social realities that people create daily. Therefore, qualitative research enables researchers to pursue emergent ideas and the exploration of processes effectively during research (Ospina, 2004). Moreover, qualitative research is reflective and interpretive; the researcher participates and becomes immersed in the social setting (Creswell, 2007: 38).

Drawing on phenomenology, existential sociology and a feminist perspective, it is important to understand that gender, race and sexuality highlight how meaning, knowledge and experience of the mother-daughter communication is historically and culturally context bound. A feminist lens helps to understand black women's diverse practices and experiences in a socio-historic and political context. Thus, a qualitative approach allows me to explore and understand how both mothers' and daughters' belief systems, contexts, emotions, desires and everyday reality influence conversations on sexually related issues.

#### **4.2.2 Sample and target population**

The study was conducted amongst African South African mothers and their daughters living in the Mangaung townships, Bloemfontein, South Africa. To find the subset of the population non-probability purposive sampling method was used. Purposive sampling involves the researcher making a conscious decision about the location and participants that yield rich information (Maree & Pietersen, 2007: 178). Such a sampling technique was appropriate and advantageous for this study because (1) the researcher required specific age groups for daughters and (2) the researcher required participants from a resource poor environment, where a number of factors influence the opportunities for communication about sexually related issues between mothers and their daughters.

There was no age restriction for the mothers to be included in the study but the daughters had to be aged between 18-22 years, preferably living in the same household. The age restriction was for two reasons: (1) to avoid the need for parental consent (2) it was assumed that daughters over the age of 18 had better communication skills than those under 18years.

I am an African Zulu female researcher and speak fluently Zulu, English and Xhosa. Another inclusion criterion was the language: both the mothers and their daughters had to be able to speak either in Zulu, Xhosa or English. The cultural language of the Free State is Sotho but due to internal migration patterns, people from other parts of South Africa have settled in Bloemfontein. However, due to difficulties in recruiting suitable

participants who spoke one of the languages which I am fluent in, I had to use an interpreter for one of the mothers who spoke Sotho.

The selection of the mothers and their daughters was not based on their historical or current communication patterns. Both the mothers and their daughters had to be willing to participate in the study and to share their experiences on this sensitive topic. The preference for matching the mothers and their daughters was to gain insight into the shared meanings and contrasting perspectives within the same family and across families which participated in the study.

#### **4.2.3 Recruitment strategy**

After determining the inclusion criteria for my participants, I recruited research participants with the help of a social worker from a non-governmental organisation (NGO). I explained the purpose of my study to the social worker who introduced me to prospective participants. I then used snowball sampling whereby the initial participants referred me to their friends and neighbours whom I screened for suitability according to the selection criteria. A total of 9 participants were enrolled in the study. These included mothers and their daughters, with one mother having two eligible daughters. I included both her daughters in the study to determine if there were any differences between the mother and the two daughters' conversations.

#### **4.3. Data collection**

Ethical approval was granted by the Ethics Committee of the Faculty of the Humanities, University of the Free State. I created two separate interview schedules for the mothers and the daughters (See Appendices A and B), which were originally in English and translated into the respective languages of the participants. In preparation of the research, I conducted two pilot studies to validate the interview schedule. I interviewed two mothers and their daughters to determine if the interview schedule reflected the intended research inquiry. I transcribed and translated the interviews and analysed the answers in terms of the richness and quality of the answers. After analysing the pilot

study, both interview schedules were revised and reworded to simplify the questions to generate rich data.

Data collection was carried out between August 2013 and March 2014. I conducted semi-structured in-depth interviews (see Appendices for interview schedules). An in-depth interview is a useful tool to approximate the participants' worldviews, understandings, beliefs and meanings of events. It provides a rich description of a particular phenomenon and individual reality (Kvale, 2007: 8).

I met the participants face-to-face during the recruitment drive. I asked permission to conduct the interviews in their homes to which all participants agreed. Before the interviews started I asked the participants to sign a consent form that gave the researcher permission to digitally record the conversation. To protect their privacy and to allow for an open and honest conversation the mothers and their daughters were interviewed separately. The interviews varied in length between 33:34 minutes and 71:41 minutes for the mothers and between 40:35 minutes and 76:59 minutes for the daughters.

I took field notes during and immediately after the interviews. To further supplement the interviews the participants were invited to keep a diary and write about their lives but pertaining to the topic. I encouraged the participants to provide information that they remembered after the interview or felt more comfortable to write. All mothers declined and out of the five daughters only two returned the diaries. The participants were given a grocery voucher as a token of appreciation for their time and efforts following the interviews and another voucher for the diaries.

#### **4.3.1 Language**

Language is the major vessel for communication and is instrumental in the different phases of research such as interviews, analysis, translation and writing the findings

(Spradley, 1974: 24). The aim of qualitative research is to investigate the subjective experiences and meanings of events for individuals. To capture the depth and detail of experiences people use narratives and metaphors to convey their experiences (van Nes, Abma, Jonsson, & Deeg, 2010: 314). Therefore, language is important in qualitative research because it is a means of constructing reality, categorising experiences and provides multiple worldviews (Spradley, 1979: 17). In this section I will illustrate the importance of language in my study in particular because the interviews were carried out in a native language that required translation into English.

I familiarised myself with the interview schedule, which was translated into isiZulu and isi-Xhosa before the interviews to maintain consistency across the interviews.

The interviews were conducted in isiZulu, isiXhosa, English or a mixture of the languages depending on the participant's proficiency. Using native language questions makes it easier for the participants to use common and daily cultural concepts to explain events and their experiences (Spradley, 1979:89).

I transcribed the interviews verbatim in the respective language and then translated the transcripts in to English. Qualitative research seeks to understand the meanings in people's subjective experiences; therefore, subjective experience and language are reciprocal entities (van Nes, Abma, Jonsson & Deeg, 2010: 314). Thus, language influences the construction of meaning and language is used to express meaning. Because language is socially constructed and is culturally and context bound, social reality is experienced and interpreted differently amongst people. Therefore, it is imperative for the researcher to be critical during the translation and the interpretation processes to minimise the loss of the meaning of the text (van Nes, et al; 2010: 315).

Due to the diverse ethnic population in the location where the research took place, language has evolved into patois, colloquially known as "Bloem Sotho" where expressions and words are borrowed from other languages, English and Afrikaans, for example. As Filep (2009: 60) points out language and culture are geographically manifested, thus the conceptualisation of words and meanings is influenced by people's

space and place and the cultural meanings are expressed through the use of different languages. Language is not a neutral medium; it contains aspects of people's identities, such as their religion, ethnicity, geographical areas and gender and defines the differences, commonalities, exclusion and inclusion of people.

Filep (2009:63) emphasises the importance of the researcher's background in a multicultural and multilingual setting. The ability to speak the language of the participants may put a researcher at an advantage because the participants assume a shared knowledge and culture, thus is considered a community insider. This makes the participant more likely to share information with the researcher than a person considered an outsider. Because of my language proficiencies I was considered an insider and participants freely shared their stories, assuming common cultural knowledge and understandings. This was a potential disadvantage because of the fusion of cultures and languages in the location to which I do not belong.

*Translation* is defined as "transcribing the text of a source language into the target language" (Filep, 2009: 60). Translating the interview questions into isiZulu and isiXhosa and later back into English posed some challenges because there were words and expressions for which there is no equivalent in either languages. Thus some words had to be broken down and explained. Translation from one language to another is not a simple transference of meaning and information, but means being able to interpret and convey the meaning the participant was trying to get across. This entails conceptualising and understanding the underlying beliefs, values, social and cultural meanings (van Nes et al., 2010: 314). Another challenge was the translation of ambiguous words, necessitating a critical lens of the context that followed.

#### **4.4. Analysis**

The method of analysis chosen for this study was an interpretive and descriptive approach method of thematic analysis. This approach was useful in that it allowed for new themes to emerge while expanding on what is known on the topic. This was an

intricate process whereby raw data were reduced into concepts that were then grouped into categories.

Thematic analysis is an analytical tool that involves searching for and identifying emergent themes deemed important for describing a phenomenon (Fereday & Muir-Cochrane, 2006: 4). Its purpose is to organise the data into categories for analysis (Braun & Clarke, 2006: 80). To discover themes the researcher has to carefully read and organise the transcribed data into analytical categories; this is known as the coding process (Fereday & Muir-Cochrane, 2006: 4). The purpose of coding is to mark what is of interest and importance in the text to the researcher (Kvale, 2007: 105). Codes help the researcher to understand the social reality of individuals and they allow the researcher to dissect, interpret and get an in-depth understanding of the everyday realities and experiences of the participants (Seidman, 2006:119). Therefore, categorising the data is a way to uncover patterns and interpret what is happening in relation to the phenomenon under investigation (Braun & Clarke, 2006: 80).

The importance of thematic analysis is that it prioritises the subjective reality of the research participant and reports his or her experiences, social realities, and meanings derived from the experience of a particular phenomenon. It also looks at how people's experiences meanings and realities to an extent influence and regulate the societal structures and how do these structures in turn influence, control and limit peoples' experiences, meanings and reality. Therefore, thematic analysis takes into consideration the reciprocal relationship between agency and structure (Braun & Clarke, 2006: 81). Employing thematic analysis as an analytical method in my study is important: as explained earlier, subjective reality and objective reality are not mutually exclusive, thus both entities have to be taken into consideration. A thematic analysis allows me to do that.

I referred to Braun and Clarke (2006) and drew on the analytic tools suggested by Corbin and Strauss (2008) to analyse the interviews. After repeatedly reading the transcripts, I highlighted words, sentences and passages relevant to the research aims.

I then sorted the codes into themes and subthemes within and across the participants' responses. This was done separately for the mothers and their daughters. I then reviewed the themes to look for coherent patterns and examined how they linked with each other and the research question. The subsequent process involved the interpretation of the themes, examining the differences and commonalities between the participants' responses and linking these with the research aims, the theory and literature.

#### **4.5 Chapter summary**

This chapter outlined the research design, methods of data collection and analysis and also the ethical considerations taken in the study. It began with the importance of undertaking qualitative research and why it was relevant to the current study. A summary of the recruitment strategies and inclusion criteria was also provided. Next, the actual data collection, analysis processes and strategies were discussed. The following chapter presents the findings.

## Chapter 5: Mothers and their daughters: narratives on the context within which communication takes place

This chapter presents the findings from the interviews conducted with mothers and their daughters about communication on intimate relationships in Mangaung, Bloemfontein. I begin this chapter by outlining the participants' socio-demographic features. I also draw on data from my fellow researchers, conducted during the data collection process of the project on 'Crisis in contemporary African families' in the Bloemfontein area, Free State Province, South Africa. My research falls under the umbrella topic of crisis in contemporary African families in South Africa, and the diverse nature of African families is made pertinent by my fellow researchers and I. Thus my fellow researchers and I draw on each other's data, the familial context, to expand on the knowledge of African families thereof. This is elucidated by table 2 and 3 which depicts the demographic situations of the different African families. I use pseudonyms to protect the participants' identity. To set the scene, I first discuss the meaning of family as narrated by the mothers and daughters because these conversations take place within the family context and the relational context within the family has been identified as a determinant of effective and open communication. I end the chapter with a summary of the findings.

**Table 2: Socio-demographic features of my research participants**

Family	Study participants	Pseudonym	Age	Relation to mother	Marital status	# of children biological (b) + foster (f)	# of Household members	Education status	Employment status
<b>1</b>	Mother	Caroline	54		Married	9 (4b+5f)	13	Std 9	Sick pension
	Daughter	Letty	22	Biological	Single	—		Grade 12	Unemployed
	Daughter	Ithuteng	18	Foster	Single	1		Grade 9	Student
<b>2</b>	Mother	Nomasonto	41		Single	4	7	Std 8	Beauty consultant
	Daughter	Phaphama	21	Biological	Single	1		2 <sup>nd</sup> yr. univ	Student
<b>3</b>	Mother	Lorraine	53		Widow	4	13	Std 4	Cleaner
	Daughter	Diteboho	22	Biological	Single	1		Grade 12	Unemployed
<b>4</b>	Mother	Rachel	50		Married	6 (2b+4f)	11	Std 5	Cleaner
	Daughter	Thato	20	Niece (adopted)	Single	1		Grade 11	Student

\*All the daughters' children are biological.

**Table 3: Socio-demographic features of colleagues' participants**

Colleague 1							
Study participants	Pseudonym	Age	Marital status	# of household members	# of children	Education status	Employment status
Mother	January	31	Widow	3	3	Post matric certificate	Hairdresser
Mother	February	44	Married	4	3	Std 8	Self employed
Mother	March	36	Single	3	3	#	Unemployed
Mother	April	52	Single	4	3	No education	Unemployed
Mother	May	27	Married	4	0	#	Casual worker
Mother	June	57	Widow	4	1	Std 10	Unemployed
Mother	July	38	Single	4	2	#	Domestic worker
Colleague 2							
Study participants	Pseudonym	Age	Marital status	# of household members	# of children	Education status	Employment status
Mother	Dineo	61	#	13	11	#	#
Mother	Lerato	72	#	5	3	#	#
Mother	Dolly	50	#	3	2	#	#
Mother	Mary	65	#	3	4	#	#
Mother	Chris	63	#	6	7	#	#
Mother	Terry	81	#	4	6	#	#

### **Theme1: Family dynamics**

The first part of the interview schedule examines the perceptions and experiences of familial relationships to provide a context within which the mother-daughter conversations took place and to get a feel for the interactions between and support provided by family members. As the family is one of the main socialisation agents (see literature review on p 38), it was important to get an understanding of the participants' experiences and views on their families and the roles the individual family members play within the family. None of the participants live in a nuclear family, all have absent fathers and three out of the four households are female headed. The dynamics are complex with some of the daughters moving between related families and one young woman living in a foster family. For most participants (mothers and daughters) the

grandmother plays a crucial role in their lives. Three out of five daughters were raised by their grandmothers who provided support, love, understanding, knowledge, a sense of belonging and happiness. This is illustrated in the following excerpts:

*"I was raised by my grandmother [maternal]. When we are all together we are happy. My grandmother played a huge part in bringing the family together [Keeping the peace]. Even with her just sitting at home, you know, her talking crazy things, making jokes. I used to have fun with her. Since her death we are even more closer...we are trying to heal, because she was everything to all of us [family]. She was my mother, my father; she meant everything to me [crying]" (Phaphama, daughter)*

*"The person who was important in my life was my grandmother. My mother took us...to visit my grandmother, and I didn't want to come back with my mother. My mother was still alive then. I didn't want to leave; I wanted to stay with my grandmother [maternal]. She did everything for me...my grandmother was good to me; the others didn't treat me well [father's family]. My grandmother and I would just sit and talk, she would tell us tales, sing to us. My grandmother loved us" (Ithuteng, daughter).*

The daughters link the importance of their grandmothers to their lived experiences of being taken care of, nurtured and loved. Ithuteng and Phaphama both explain how the grandmothers' presence was influential and simple acts of sitting together, singing and talking provided a sense of wellbeing. The grandmothers' kindness, love, nurture, attention and affection attained a sense of comfort and security.

*"I was raised by my grandmother [maternal]. There was some conflict that they [father side of the family] wanted me to be raised by my father's side, so I chose to be with my grandmother" (Phaphama, daughter).*

*"My parents fought all the time. Sometimes I would see my father hitting my mother. He lost his job and he would go drinking during the day. I couldn't even do my schoolwork when they quarrelled and I was getting into trouble with my teachers. I couldn't cope with what was going on at home. One day my mother found out she was HIV positive...My father passed away, and then my mother also passed away...then we [her brother and her] went to live with my grandmother" (Ithuteng, daughter).*

The above excerpt speaks to the complexity of family life. It depicts the numerous circumstances that affect the structure and situation of families. This includes loss of income, poverty, HIV and AIDS, death, violence, and the far-reaching affects these circumstances have on the family members and especially the well-being of children.

Following the separation of Phaphama's parents she became the source of conflict between the mother's and her father's family and the maternal grandmother represented a place of safety and refuge. Ithuteng further indicates that because her mother prevented her from being acquainted with her father's side of the family, it was from her grandmother that she learnt about the paternal side of her family. Her grandmother was also instrumental in teaching her traditional rituals and practices.

Phaphama's and Ithuteng's narratives illustrate the important role of the emotional ties to the grandmother who provides a sense of safety, a link to their cultural heritage and family history.

*"When my mother is not here, she [my grandmother] is the person I can run to and ask for advice. She is like a second parent to me" (Letty, daughter)*

While the young women's lives and circumstances are diverse, their stories tell of their closeness to and bond with their grandmothers. Ithuteng and Phaphama chose to live with their grandmothers rather than their parent(s) - signifying discordance and tension with their mothers and a special bond with their grandmother. This could be a result of the daughters associating the grandmother's actions as pillars of strength, being supportive in times of trouble and providing emotional support, and protective factors in sexual risky practice (Majied, 2013: 274). With an abundance of stock of knowledge and life experience their multiple roles as listener, adviser, mediator, parent, or friend provide support and stability.

Diverse circumstances meant that the daughters were not always living with their mothers. As such they lived with mainly, a grandmother or aunt to whom they turned in times of stress or trouble and who offered familiarity, stability, nurturance and love and

were considered trustworthy. Circumstances such as death of the parent/s, inability of the mother to take care of the daughter, financial burden, and migration due to work were some of the reasons indicated by both the mothers and the daughters for living with their grandmothers. Thato provides two reasons why she feels close to her aunt: they converse and the aunt provides material support.

*“My aunt and I are very close, because we talk quite often. If there is a shortage of something in this house, I can call my aunt and uncle and ask them to buy me nappies for my child. If one of them says they don’t have money, and one of them have money, you know, electricity and food runs out. One will say “I have money, I can help.” If there is any money left over from the child support grant, I am able to contribute to household necessities” (Thato, daughter).*

*“I was raised by my grandmother [maternal]. I’m not used to living with my mother because I used to live with my grandmother; we [mother and Phaphama] are just starting to build a relationship. We are starting to get closer. We started to talk about things that we did not get a chance to talk about” (Phaphama, daughter).*

Good communication seems to enhance the close bonds to primary caregivers. Phaphama grew up with her grandmother and has not had the opportunity to bond with her mother. To establish and maintain a relationship they start to talk and in the process are getting closer.

## **Theme 2: Understanding and experiences of intimate relationships**

### **2.1. Thoughts and experiences on dating**

Mothers’ and daughters’ narratives contain thoughts on dating. The mothers though are reluctant to let their daughters date but accept that it is inevitable, thus try to control aspects of the relationship by imposing for example, a curfew.

*“I don’t have a problem [with dating] because even if you tell them not to date they will do it anyway, because you are not always with them. But if she says she is going where ever, let her go but she must know that at a certain time she must be home” (Caroline, mother).*

*“It’s okay, we also come from there, it’s time, the stage, and she can date. It’s just a matter of talking about it, but when she is there, she is there” (Lorraine, mother).*

Thinking back to her youth, Lorraine demonstrates understanding but emphasises the importance of discussing the relationship with her daughter. Further, although Nomasonto does not have a problem with dating, she recounts her trying experience of dating and how her socio-economic status was the source of her pain, which resulted in paternity contestation and her child not co-residing with his father. She illustrates that low socio-economic status has implications beyond poverty.

*“It is difficult, sometimes someone will say they love you but in fact all they are doing is playing you... My first boyfriend was Bongani’s [her son] father. My father went to them [boyfriends family], and my mother and my family wrote a letter to his [boyfriend’s] parents [about her pregnancy] and he said it’s not his baby. To me he admitted it’s his, but to his family he could not because we were very poor” (Nomasonto, mother).*

While mothers’ have their own perceptions of what happens during dating, the daughters describe dating in terms of anxiety, insecurity and the fear of the unknown. One daughter explains that dating is fun because it provides a different form of friendship from other friends and family members. Companionship to avoid loneliness was also a reason for dating and to share hopes and dreams with the boyfriend. Both mothers and daughters agree that dating is part of the growing up process and is enjoyable but also challenging and difficult to navigate a relationship.

I now turn to the daughters’ experiences of dating. Letty explains her relationship experience with her boyfriend as based on mutual trust and joint decision making.

*“He’s not that kind of guy who likes to put pressure on you, like when he says: ‘Dude, let’s do this’ [have sex], and I don’t want to, he’s like: ‘Ok fine, we will do it when you are ready, when the time is right. I won’t force you, I won’t pressure you” (Letty, daughter).*

While Letty emphasises the importance of understanding and respect in a relationship other daughters feel that men can be insensitive and hurtful.

*"It's nice to date...at least you have some companionship. But it's annoying..., it's difficult, they can be mean and I don't like people who are mean to me. So if someone is being mean to me I get hurt. I ask myself why me? What don't I have that others have?" (Diteboho, daughter).*

*"Sometimes you are going to date someone, but then you didn't know that this person doesn't love you. Sometimes you are mesmerized by the fact that this person wants to be with you. When he gets to his friends he talks about you, like: 'I don't love this girl'. You know things like that, and he is boring when he does that. Then you hear a person saying: 'Hey do you know what this person was saying about you, huh?" (Thato, daughter).*

*"I didn't want anything to do with him [after having sex]. Because like you know boys go and tell: 'Dude, I got to have sex with that girl'. And even now I don't talk to him" (Lizzy, daughter).*

The experience of negative feelings associated with relationships is not a desired experience. It leads to the questioning of one's self-esteem. Men are portrayed as deceiving and they do the right things and say the right words to get you to love them and have sex with them where after they get what they want they show you their "true colours." Therefore, the daughters paint a picture that for the females "to be in love" justifies having sex, but for the males love is a means to an end, in this case sex. This indicates some confusion about the meaning of love, how love is framed in relationships. It also brings to question whether males and females think differently about sex, what sex symbolises within relationships.

Thato's experience of dating includes aspects of coercion and sexual and emotional abuse. In the next excerpt she recounts a situation where she was close to being raped and subsequently stalked:

*"Dating? I've dated and I think it is right but sometimes it's boring. I started dating him, and then he said to me: 'let's go to my place'. So I went with him to his place. When we got to his place he says to me: 'Today, I'm going to sleep with you'. I told him: 'I do not want to sleep with you', and he said: 'You will see, you will sleep with me'. Then I said, 'I don't want to'. When I tried to leave he became forceful"*

*"I told him I did not want to, and after this I will take you to the police station because you are forcing me do something I don't want to do. He started manhandling me, which is when I saw he was serious, and I thought I will also fight him back. I said to him 'let me go', he carried on fighting me: 'let me go'. He fought. I pushed him away, and he fell. I took the keys, opened the door and left. When I was walking back, he followed me and I said: 'Hey please, leave me alone, I'm telling you I don't want to'. Then he left me alone. The following day, he came, and I told him to leave me alone...I was scared to walk! When school was out, I would call my sister to fetch me from school to walk me home. They would come. Even in the morning, she would walk me to school and then I would call her to fetch me afterwards".*

*I said I don't want to, so I broke up with him. At school he was this person who took my things, my books and leave with them, trying to make me go to him. I broke up with him, and told my family, that there is a boy from school who is giving me trouble. We are dating but now I don't want him. So my mother went to my school and spoke to him, and he left the school. He used to wait for me by the police station. When I went to school he was trying to pick a fight with me. One day I went into the police station, and told the police. The police came out and as expected there he was with my school bag. The police took him inside and he was reprimanded. And that's when he stopped bothering me" (Thato, daughter).*

This suggests that young women and men have different understandings of love and want different things from a relationship. The historical cultural discourses on sexual norms and expectations still prevail today, and continue to have an impact on the way that people create and attach meanings to sexual relationships. Therefore the above quotes make it apparent how the violence against women is about power and control over women in a hetero-normative society. The above quote reminds us about the gendered nature of sexuality where the sexual power is wielded as a weapon of subjugation and docility. There is an emphasis on male virility especially within African males which at times translates into aggressive male behaviour especially in sexual matters. This stems from the cultural, social and biological dichotomies and roles, which constantly define women in relation to men as dependent and subordinate to them. Hence this is an indication of entitlement associated with African males when it comes to sexual matters and decisions that a female should be submissive (see chapter 3 section 2.3, cf. Kambarami, 2006, Leclerc-Madlala, 2000, Boonzaier & de la Rey, 2003).

## 2.2. Parents' perception about what happens in relationships

The young women framed relationships in terms of companionship, trust, understanding and love, regardless of the bad experiences. The mothers' prevailing perception was that relationships were all about sex. This is illustrated in Nomasonto's quote:

*"If they are dating they have sex, they have sex...it's not that they are in love. They say they love each other to have sex, that's all. There is not much love, they are just playing and then they have a baby"* (Nomasonto, mother).

Love, Nomasonto suggests, is often confused with carnal pleasure, but this is somewhat different to the daughters' descriptions. While this is of concern for the mothers, they do not address notions of love, affection, and emotions in the conversations with their daughters. Dating becomes a disguise and an excuse to have sex with little time invested in getting to know one another to establish a relational and emotional bond. The daughters rush into a physical relationship, which puts them at risk of STDs, HIV and pregnancy. It is interesting to note that the mothers do not discuss their daughters' emotional hurt when the relationships end.

*"Bed! Nothing else. He will stroke you and touch you, then you will get to that point [high level of arousal] and that is when you will open [have sex]. Keeping in mind that you have not known this person for long. You don't know, you have not even dated for three months but you have slept with him. After 6 months, by the time you wake, you find out he is a murderer, he has done that or he is sick [HIV positive], helang! [Expressing surprise and disbelief]. It is this thing of rushing into things"* (Rachel, mother).

Rachel's explicit picture of the development of a relationship is also reflective of other mothers' concerns who feel their daughters rush into a sexual relationship without getting to know the boyfriend and not considering the implications. The mothers frequently draw parallels between the times when they were young to imply that the relationships were different compared to now. Lorraine juxtaposes the past and the present and illustrates a sense of naïve behaviour and practice in her youth:

*“Us in our times we were stupid, we were idiots. Even though you were dating someone, you would kiss them from there [arm’s length]. God, we slept together wearing our underwear [no penetration]...that was regarded as having slept together and today they take off their underwear” (Lorraine, mother).*

The references to us and them, then and now, shows how perceptions of how intimate relationships have evolved and changed over time. Relationships and dating meant taking time to get to know each other, and involved different levels of physical contact. But interestingly, even though Lorraine disagrees with the modern day relationships, Lorraine says: “We were stupid, we were idiots”. This indicates some bitterness, in not being able to exercise sexual autonomy, speaking to power and the prevalent dominant discourse on restraining sexuality, especially amongst females in the older generations.

### **2.3 How young is too young?**

In general, the mothers agree that by the age of 16 their daughters should have sufficiently matured, and be equipped with knowledge and skills to make good decisions about for example, choice of boyfriend and safe sex. This makes them ready for a physical relationship. The reality indicated, however, that four out of the five daughters had babies.

*“You know the difference between what is right and wrong when you are sixteen years old. They are old enough; they have an ID [identity document]. They know what is wrong and right” (Caroline, mother).*

*“It’s better at 16 years and not 12 years as at that time they can think better and they are also taught [about sex] at school. They do things knowing how to avoid falling in the wrong trap tomorrow. When they are 12 years, they are very stupid and when you tell them something they only listen that time you are telling them. When you leave, they disregard you and they think you are telling tales. 12yrs is still a child and 16yrs is old enough” (Lorraine, mother).*

Lorraine considers the four years between the ages of 12 to 16 years as developmentally crucial. It is unclear whether Lorraine’s and other mothers’ thinking is guided by the official age of consent in South Africa, which is 16 years.

### **Theme 3: The mothers' experiences of sexual socialisation**

The mothers frequently juxtapose the past and the present. Drawing on their experiences of mother-daughter communication I examine to what extent socialisation patterns have changed over the years, and how these influence the way the mothers communicate with their daughters. From these accounts we can glean that the mothers had not been educated well in terms of sex and intimacy because it was a taboo topic. They are ill prepared as I go on to illustrate. Three quarters of the mothers noted that conversation on sex and intimate relationships were culturally and socially unacceptable, hence never took place between them and their mothers. Instead, friends, sisters and grandparents were sources of information on sex and intimate relationships.

*"It's how we were raised. You see this thing about a person being pregnant, you never knew that when we were growing up, when someone was going to give birth, they would send you far away...you didn't know" (Terry, mother).*

*"You know how things were when we were growing up...you would never speak about such things to your mother. They [elder sisters] were responsible for us, because they were constantly vigilant in regulating our behaviours; they saw the slightest changes in our behaviours and bodies. And when one got pregnant they would know, and only then would they talk to us" (Lorraine, mother)*

Because they could not talk to their mothers about intimate relationships and sex, friends and sisters were their main sources of information. Sexual socialisation and initiation only occurred following an event, such as the onset of the first menstruation, dating or a pregnancy. The implications to wait for triggers before conversations took place varied. For example, many mothers (research participants) also became a parent at a young age. Their stories indicate a sense of resentment toward their own parents because of the veil of silence and the consequence of unplanned pregnancies.

*"It's not the same with us. I did not know that with when you start menstruations you can fall pregnant and that is the reason why I had a child at a young age" (Dolly, mother).*

*"During our days, our parents never told us such things, we couldn't talk to them about such things. Only until you get raped and you don't know what you are supposed to do, or you get pregnant with an older man and you don't say anything. I used to hide these things from her. My mother never taught me what I was supposed to do in those situations. That is why I saw it important to attend the course in family matters, so that I can educate my children while they are still young" (Dineo, mother).*

It seems that by and large the importance of communication and a persistent inhibition of discussion on sexually related issues broaden the gap between being informed and application of that knowledge. That is why Dineo has taken it upon herself to acquire the knowledge and skills to be able to talk to her children, suggesting she does not have the capability to conduct such talks because of her upbringing.

Describing the male genitalia as "bags of potatoes and a stick" (Dineo, mother) to refer to the male genitalia, and other evasive and vague conversations about intimacy caused uncertainties and confusion, point to an uneasiness when it comes to discussing matters on an intimate nature.

*"When I was young they used to say to us, 'when you meet a boy, or when you sleep with a boy,' instead of saying when you have sex. This left us confused as we thought by sleep it means just sharing a bed. We conceived children and nobody told us about these things. My father used to say to us: 'Men carry babies' and we would ask ourselves how and what does my father mean by saying that? We saw men walking around, but they did not carry babies. We only got to understand what he meant as we were growing up and experiencing things, that he meant when you have sex with a man then you will fall pregnant" (February, mother).*

A consequence of such ambiguity seemed to be lifelong embarrassment as Terry illustrates:

*"It was our culture that that you are supposed to hide your body from men. If you are women then you undress in front of each other but not in front of men, my child...even in front of your husband you were embarrassed to undress in front him. That is why I say he only saw your body at night in the dark...even when your husband undresses in front of you, you will then look the other way even though he is your husband., Those are called 'ditlong tsa tswalo (being born the way you are)', 'tsa buthu', that is how tradition is" (Terry, mother).*

Concealing knowledge, misinforming about sex or employing fear tactics caused confusion, embarrassment, prevented open conversations, failed to prevent pregnancies and had the potential to impede healthy sexual relationships. Therefore, grandparents took over the provision of information for their granddaughters, as the grandparents are also influential on the daughters' sex education. This was allowed as they were not your real parents and did not infringe on the cultural norms. But the information was still shallow no details were provided.

*"If you got your period it was your grandmother who told you not to sleep with boys because you would get pregnant. So we were afraid of that" (Caroline, mother).*

Peers were also an important source of information, and the research participants (mothers) learnt from their friends' sexual experiences.

*"We spoke to our friends about those things [sexual issues]. We were also in relationships, all our friends were in relationships so we did everything together" (Lorraine, mother).*

One of the participants mentions how they do not just talk to each other about issues such as menstrual periods but also share their sexual encounters with each other.

*"And if you do have sex, you would go and tell your friend: 'He took his thing [penis] and put it in there [vagina]" (Rachel, mother).*

Apart from the grandmothers, the other family members like aunts also played crucial roles in their socialisation. Cultural practices are passed on from one generation to the next as Rachel illustrates in the next extract and play a significant role in shaping the beliefs and attitudes that women hold in relation to their expectation in husband-wife relations, sexuality and parent-child relations. Rachel remembers a conversation she had with her aunt, who told her to be tolerant of physical abuse, as this was the right of the husband to discipline his wife.

*“She said: ‘my child, you can now have a husband, but you must know that as a woman you take what you are given without questioning your husband. You do not run around screaming and telling everyone your husband abuses you, yes **ezansi kwetafile** [literally meaning under the table, meaning you cry silently],”*  
*(Rachel, mother).*

Rachel models her marriage on this advice:

*“So now, whenever I have a fight with my husband, I don’t run home or such things, I remember my aunt’s words ezansi kwetafile. So I’m still holding on to ezansi kwetafile. But you young people, you say you don’t want him anymore, get a divorce and file restraining orders. You don’t want him to see his children, now he has to be far from you and his children”* (Rachel, mother).

Sexual socialisation is not just restricted to sexual issues, but also extends to issues of marriage and family. This speaks to broader cultural and social norms that influence the individual’s everyday lives, actions, beliefs and attitudes. It also brings light into cultural norms and boundaries that regulate communication and family affairs.

#### **Theme 4: Views on provision of sexuality information**

This theme introduces the thoughts of both parents and daughters on the provision of sexually related information. The purpose for this theme is to provide a setting for what goes on in a conversation between mothers and their daughters. It’s a backdrop to the following theme, in that it shows that our thoughts, wishes and beliefs are not always congruent with what transpires in reality. It’s meant to be introductory before delving into

the more specific issues that take place during mother-daughter communication on sexually related issues. As I have illustrated above, communication skills are important because they are reciprocal interactions and enhance relationships. Mothers view communication as a means to provide guidance to their daughters because of parental responsibility to teach children and to make them understand the dangers related to sexual practices, namely HIV and AIDS, STDs and pregnancies. They also express great concern about a perceived increase in sexual liberalism and its effects on their children, as illustrated by the following excerpts:

*"It [provision of information] is very important because they don't know the dangers out there. As a parent you start making little comments like: If you have sex you must know it's a baby. You sleep with a boy, you will get pregnant" (Rachel, mother)*

*"During these times [referring to current epoch]: if you don't talk to your children about these issues then they will tell you. I see it with Ofentse [11yr old daughter] because she will tell me that: 'Mom, these people are kissing and from there they are going to sleep together.' So from that you could see that there are things that these children are discussing" (February, mother).*

*"It's a good thing [talking to daughters] because you don't know what they are doing out there. I say that we must teach them at home, before they do outside" (Caroline, mother)*

The mothers' dominant concern is to protect their daughter's sexual and reproductive health. Sex is perceived as dangerous with negative consequences leading to sorrow, distress and possible sickness. This conversation is about taking responsibility for one's practices for example, being confident to say to a partner no to sex, or no sex without a condom. This speaks to educating young women to see their own worth and value and to respect their bodies. Further, honesty when having conversation is another important factor that is emphasised by the mothers.

*"Yes, we should talk to our children about prevention [contraceptives and condoms], so they can take care of themselves. It is important when you are a parent; you have to be honest with your children because we live in the times where life is very painful. No person has a written sign that they are [HIV and AIDS]*

*negative or positive. That is why I am saying, when my daughter has grown up and she turns 15 years old, I am going to sit her down and tell her that: 'My child, I am [HIV] positive but you are negative because I found a way to protect you. You got Naveropin, but you should take care of yourself and use a condom so that you don't get this sickness [HIV and AIDS] that I have' (March, mother).*

HIV and AIDS are depicted not just as a grim reality but also how silence about such matters is a contributing factor to the epidemic. The use of `protection` and life as `painful` is a representation of personal loss and that choices people make also affects other people especially family members. This elucidates the importance of the personal and emotional. Further, parents talk about the `out there` and `don't know what they are doing` and these words are laden with numerous meanings associated with the itinerary of sexual exploration and infection, rape, alcohol and substance abuse, multiple sex partners and unprotected sex.

The daughters feel that communication with their mothers is very important because it provides guidance on how to make the right choices. But this is not the reality as four out of the five daughters have a child. This suggests that although young women have the knowledge to make right choices, their ability to negotiate and apply this knowledge is limited and faulty. Nevertheless, all the daughters emphasise the role of a parent in shaping their decisions and choices.

*"I think the closer the child is to her mother the wiser she gets and her choices are based on herself and what her mother taught her" (Phaphama, daughter)*

*"In the past our parents wouldn't talk about sex with us, like this chick [girl] is too young. Even when you get older, it's like: Nah, I won't talk about it. And now there is an opportunity, like ok, parents teach your kids about this [sexual and reproductive health]. Don't make your children grow up like you did" (Letty, daughter).*

The daughter's references to 'stupid' in the next excerpt suggest that being not stupid but rather smart assists in the making of good choices. Letty reveals that the school and

health clinics also provide sex education and information, implying that there is ample material on sex education available.

*“Children who get pregnant these days are stupid because you are taught at school, like don’t get pregnant, don’t have sex at this age. You will get pregnant if you don’t use a condom, but they still do it. Even at the clinic, they give you the information. Then you go and do that. Why do you want to experience it?” (Letty, daughter).*

*“it’s a good thing to talk about these [intimate relationships] things because they [parents] have experienced it...so that even when they [children] do engage in intimate relationships, they will not do what you warned them against, if they are smart enough, that is” (Diteboho, daughter).*

Phaphama refers to personal preference, a responsibility to make a good choice based on personal decision and information:

*“I think it is also about personal choice. Because your mother will preach and do everything, at the end of the day it is about what you want and how you take that information you have been given” (Phaphama, daughter).*

Overall, all research participants felt that providing information on sex and intimacy was important to make good decisions and to protect from illness, abuse and pregnancy. However there is some tension between the knowledge that is conveyed by the parents, as most of the daughters had children with the exception of one. The mothers’ views, however, are divided regarding the optimal timing to initiate these conversations. Caroline suggests that children should grow up with the knowledge and understanding about sex and intimacy from an early age to increase the chance that the message is understood.

*“They must start [receiving information] when they are 6 years old. They must grow up with it [information]. It must be instilled in their mind and if it’s not instilled it will not work” (Caroline, mother)*

As the next two quotes show, mothers do not agree on the timing of sex education:

*“At the age of 12. Because our children are very different, they love outing [going out]” (Nomasonto, mother).*

*“Around 16, because some of these children rush into things” (Rachel, mother).*

*“It’s not good but what can I say? It’s not something you would encourage a child. This thing [sex communication] is for marriage. I cannot reprimand her again [if I give them information]. She will tell me that: ‘But mom you said I must do this’. So now she is forward” (Lorraine, mother).*

Nomasonto suggests that today’s children behave differently and go out at a younger age thus should know about sex, intimate relationships and its perils; while Rachel thought that 16 will be an appropriate age for these conversations. Lorraine, on the other hand feels that sex and intimacy are the exclusive and legitimate rights of a married couple only and thus should not be discussed until marriage. She is concerned that simply talking about this topic will encourage sexual activity and would forestall any reprimand.

In the next chapter I discuss the mother-daughter narratives on intimate issues, how they are communicated, the content and the barriers to communication and the preferred sources of knowledge on sexually related issues.

## **Chapter 6: Mothers and their daughters: narratives on intimate issues**

So far I have shown the complex family dynamics within which intimate conversations take place. While mothers endorsed conversations, mainly to educate on HIV and AIDS, STDs and pregnancy, they are inhibited by their own past and the lack of parental guidance. The narratives demonstrate a mismatch between the mothers' expectations of a boyfriend and the reality. I now turn to examine how the conversations between mothers and daughters actually materialise and present the findings on the communication on sensitive topics, notably changes associated with puberty, sexual and reproductive health, sex, pregnancy, sexually transmitted diseases, partner choice, and love.

### **6.1 Communication in general**

Overall, mothers endeavoured to provide sex education but mostly agree that they feel their daughters did not listen. Similar to their own experiences, parents initiate a conversation only following a trigger such as the onset of the first menstruation or suspicious and unusual behaviour (secretly dating, for example). In general, the daughters are apprehensive when their mothers start to discuss sex and suggest they feel more comfortable talking to their friends. Despite the unease discussing sex and intimacy with their mothers, the daughters prefer being educated by their mothers because they consider them more trustworthy. Mothers' motivations to discuss sex are different from their peers discussing sex, with the latter considered to have a potentially coercive component to engage in sexual activities. Parents and daughters indicate that talking about such issues is important in that it is a form of education, guidance and protection from the dangers and a way to make informed decisions.

### **6.2 Triggers and factors that initiate and facilitate conversations**

Coming home late, a change in behaviour, truancy, watching specific TV programmes, or a pregnancy are prompts to initiate a conversation. Truancy is associated with

spending time with a boy, thus representing a double menace: sex with all its possible consequences and missing out on school work.

*“You see when they are not in the house, when they come back, I ask them if they come from ‘visiting’: ‘They will say no mom we don’t come from ‘visiting’’. ‘. Then I will ask what time is this? Ever since you left saying that you will be back now’. Then I know they have been to their boyfriends” (Caroline, mother).*

Caroline hints that she thought her daughter spent time with a boy because she provides an evasive explanation of her whereabouts. This becomes the impetus for a conversation on relationships and sex. Mothers also use incidents perceived as bad behaviour of family members to initiate conversation. Other family members are used as examples and warnings. This way the mothers are able to warn their children without being direct and deflect any tension that might arise.

*“It’s like my sister’s child is very bad. She has a boyfriend and she is part of the triple six things [satanic gang]. And I will say: ‘Woo, I’m lucky to have you...you don’t give me problems, like sleeping around or doing whatever”’(Nomasono mother).*

The reference to other family members is a subtle method used by parents to find out if their daughters are engaging in similar behaviour. Mothers refer to other family members’ behaviour with the hope that their daughters are not engaging in similar behaviour. And because of family gossip, the daughters are usually aware of what the mother is referring to.

School attendance is considered important for education in the hope to obtain a good, well-paid job and thus a better future. It is also a form of control. Truancy is equated to missed educational opportunities, secrets and mischief. Rachel was contacted for a parent-teacher meeting to discuss truancy and her daughter’s low marks. The teachers were concerned that the mother was not monitoring the daughters’ behaviour and that her long hours at work impacted negatively on the daughter. Rachel recounts her conversation with her daughter:

*"I sat down with her and told her: 'I just came back from school and they said this [referring to truancy] about you. Would you please stop doing this because what you are doing will ruin your future'. What did she do? She said: 'You are not my mother' and ran away. I had to go and find her where she was. When she came back she was pregnant, so I said to her: 'Do you now see what I was talking about?' She cried. 'Oh mama, please forgive me, I won't do it again, I have learnt my lesson, I really mean it, I won't do it again, I won't" (Rachel, mother).*

Daughters are not always receptive of interventions and guidance from their mothers, and in this case the daughter [Thato] is Rachel's adopted niece. Here the mother-daughter relationship is marked with alternating feelings of resentment and love, as a result of the daughter wanting to achieve autonomy. Thato is an adoptive niece and she believes she can do what she pleases. On the other hand the relationship might be that of a guardianship and therefore the mother would have obligations to look after her niece.

On the other hand, Lorraine did not have any conversations with her daughter (Diteboho) and she fell pregnant. However, for Lorraine it was a painful experience to discover her daughter was over seven months pregnant:

*"It was very painful because she fell pregnant when she did not spend the night out and she never seemed like she was dating. I did not expect it. When I got the news and you should know you can see how skinny she is. She was seven and half months pregnant already, by the time I spoke to her. (Lorraine, mother)*

Parents often underestimate their daughters' sexual activity because they wait for a trigger to start the conversations. Certain behaviours are indicators of being sexually active even though the mothers are not sure of what is going on in their daughter's lives. Mothers also perceive their daughters to be old enough to understand sexual issues, but because when their daughters were younger they did not initiate such conversations, leading to communication occurring when a pregnancy could already have occurred. Others place time limits on when their daughters are ready for information by the time they do initiate the conversations their daughters refrain from

sharing information for various reasons, such as being scared of the mother's reactions or being embarrassed.

Most of the mothers conclude that their daughters are engaging in sexual activity, or have a boyfriend when the routines of their daughters alter. They don't ask the daughter what is happening in their lives, but rather depend on telltale signs that indicate their daughters' misconduct.

*"You see by the look on their faces when they answer the phones: 'Hihihhi' [indicating giggling]. If you ask them who they are talking to: 'Oh no, Ousie Caroline!' That's how I know they are dating" (Caroline, mother).*

*"I used to like partying and coming back home in the morning and liked alcohol. She kept telling me: 'You like partying at night and getting drunk, and you will meet guys, and unwittingly sleep with them. By the time you wake up, you will be pregnant and you won't know who the father of the baby is. So you must behave accordingly. I don't mind you going out and partying, but just know that if you party too hard, that will result in sex and it's not right'" (Thato, daughter).*

Alcohol and drug abuse are linked to altered, often more uninhibited behaviour, which is a concern to the mothers. In their efforts to protect their daughters, they warn the young women about possible implications. Rachel does not portray the daughter as a victim and men as perpetrators in such circumstances; rather, she treats the daughter as a person who has agency thus must make her own choices about her life.

*"But If you can see that they are a bit wild then you sit them down, maybe at the age of 15 and tell them: 'Can you see you are rushing things, **uyatshisa ngasezinyaweni** [literally meaning your feet are hot, but means you rushing for things beyond your years], and the outcomes are going to be this and that" (Rachel, mother).*

Mothers also draw on TV programmes to initiate a conversation and teach their children about sexually related issues, an opportunity they missed out because they had no television.

*“You know what I usually do when we are watching TV and something like that starts appearing on the TV? I would say to them to come here, even that one who is laughing [pointing at her child] to come here next to me. They are supposed to know, even when they do it, they should know what they are doing” (Dineo, mother).*

*“Even these TV stories from Mzansi [Mzansi stories-series of educational stories on DSTV], when they start playing she calls us to watch so we can see if you date boys at a young age the boys will play with you. If you watch these things you can see that this one sleeps with that one, tomorrow he sleeps with that one, the next it’s a different girl. Ousie Caroline would then say: ‘You see what’s happening out there? A guy will leave you for another girl, once you have slept with him” (Ithuteng, daughter).*

The educational nature of such programmes is explicit. However the content of the programmes problematizes sex as indicated by the above excerpt. The programmes identified by the mothers were Soul city and Soul buddies, and often showed the problems young people experience, such as HIV, rape, sexual violence and unwanted pregnancies. It seems that mothers like to model their messages on these TV programmes. But, not all mothers were keen on the TV programmes as they believed that they encourage risky sexual behaviour.

*“I usually turn off the TV when I see things that are out of order, and then I would say this is the reason that you are like this, you see inappropriate things. What they see on TV teaches them nasty things” (Lerato, mother).*

Although mothers mention TV programmes, it is not clear if they are referring to the same shows. Notwithstanding, the contrasting views expressed by the mothers, excerpts show that mothers have different perceptions to the purpose of such TV programmes. In the case of Lerato, programmes that have sexual content make her daughter curious and they then want to experiment in such behaviours.

### **6.3 Content of conversations**

The research participants engaged in frequent but general and often superficial conversations. The conversations between the mothers and daughters have little reciprocal quality and could be described as didactical efforts, mothers talking at their daughters. The content of the conversations included matters such partner choice, HIV and AIDS, pregnancy, menstruation and sex. As I go on to demonstrate, the conversations, as narrated by the mothers and daughters, seem to have little depth, and frame sex and intimate relationships in a particular way by merely drawing attention to perils. Moreover, the absence of love and emotions is noted in these conversations.

### 6.3.1 Partner choice and boyfriends

Partner choice emerged as an important topic between the mothers and their daughters. Mothers emphasise that daughters have to be careful and mindful of the partners they chose. An ideal partner according to the mothers is one that can make their daughters happy, is capable of taking care of the daughters and this is linked with having an education and economic security. The description of their daughters' ideal partners did not necessarily match the reality and caused tension between mothers and daughters. In general, mothers hope that their daughters will date a young man who is polite, educated and respectful, which are important features for the mothers. A good education is linked to employment opportunities, independence, improved living conditions and elevated social status. A man, who respects his elders and especially his partner's mother, is considered worthy of the daughter's affection. It was expected that he treat the daughter with the same respect.

*"I wish they could find someone who is educated, who is working, a quiet person, who doesn't drink, who doesn't smoke **nyawope** [marijuana mixed with Anti-retroviral (ARVs) and Ratem (rat poison)], he must be a respectable man" (Caroline, mother).*

*"You see if she had a proper boyfriend, not these **amavukuvuku** [dirty looking thugs] that walk through my gate. I tell them also, that I want a man who is well presented, not a man who scares me when he walks through the gate. Even if he is not handsome, he must be a good person, who conducts himself well. Not a **tsotsi** [thug] who will scare me. I am busy sweeping, he walks in, he scares me" (Rachel, mother).*

Qualities of an ideal partner for their daughters reflect notions of goodness, success, a non-substance user, respectfulness and good manners. These idealistic visions coexisted and often clashed with their daughters' relationships, which the mothers deemed inappropriate. Further, Rachel uses subjective and objective pronouns, such as I and me, making her the subject matter, disregarding what the daughter wants. Rachel makes her sentiments clear in the above and following quotes:

*"I don't like that one [daughter's choice of boyfriend], first impressions are important, especially if you are not known by the girlfriend's family members. It is expected that your boyfriend be respectful when he sees your mother. Now if he disrespects her in her own yard, if he comes here drunk, doesn't speak in a proper manner to your mother, do you think your mother would like him? Do you think she will like him?" (Angry) (Rachel, mother).*

Rachel disapproves of her daughter's boyfriend because he turned up drunk and unruly and infringed traditions. And as the mother had already mentioned, a substance abuser was not an ideal partner for her daughter. Such behaviour provokes strong familial disapproval. People have the volition to choose their partners but external factors always play a role in shaping the relationships, such as the acceptance and approval of the family. Letty demonstrates this:

*"Letty, this Tsepho, is he your boyfriend? At first I was too shy to admit it, like: 'Aah...ya he is my boyfriend'. Then she was like: 'I want to meet him'" (Letty, daughter).*

In the above instance, the mother initiated the conversation and the information was not volunteered because the daughter was shy. Although Letty uses the word 'shy' this probably hides the reason why she was not comfortable to announce that she had a boyfriend, in fear of being judged, disappointing the mother and using deception in order to maintain the relationship. Another daughter mentions how she initiated the conversations on boyfriends.

*“She was coming back from work and I said to her: ‘Do you know I’m in a relationship. He is my class mate but I don’t know what kind of person he is, because he is quiet’. My aunt said: ‘I want to see him, it seems like you love him” (Thato, daughter).*

Parental approval seems to be an important process in legitimizing the daughter’s relationships. In both Thato’s and Letty’s cases the mothers want to meet the boyfriends to assess if they are suitable for their daughters. In Thato’s case she indirectly requests that the mother assess her boyfriend. This indicates that the daughters have taken on the mothers’ values on what a proper partner should be. However, mothers are not always right either. Mothers imposing their values on their daughters could also have negative consequences as illustrated by Thato.

*“I keep telling her that I found someone but she (mother) gets angry! She says: “What about Bongani’s [her baby’s] father? I don’t dispute that he did you wrong but you must forgive him. I like Bongani’s father and I will tell on you” (Thato, daughter).*

And this is confirmed by the mother about her thoughts on the daughter’s ex-boyfriend.

*“I like him. When they had him [the baby] they had a fall-out. When she had to come home she gave herself to that tsotsi [thug], he’s a drunk even that vukukuvuku [dirty looking thug]. Bongani’s father comes here in fact, he knows how to greet, ask about your health, he even asks to speak to Thato [daughter]...now you see a person like that ...” (Rachel, mother).*

The mother compares the two boyfriends, and by naming the qualities that the ex-boyfriend possesses she is indirectly saying that the other one does not have such qualities. Also it seems that the mother now has the baby’s wellbeing in mind and with this comes considerations such as not wanting the baby to grow up without a father, financial and emotional support and also not having a ‘tsotsi’ as a father figure. Additionally, the ex-boyfriend fits the ideal partner because of the way he conducts himself. The notion of partner choice and daughter’s agency is illustrated here. Even though the mother did not approve of the daughter’s choice of partner, the daughter decided to date him anyway because of her negative feelings towards the ex-boyfriend

after he denied the baby. Existential sociology (Douglas & Johnson, 1977: vii) contends that people are guided by emotions and feelings when taking decisions, and this is particularly true in relationships and partner choice. Regardless of what the mother says about the daughter's current boyfriend she is still with him, forsaking all reason because of the way she feels about him. This also illustrates hierarchical power within families, where the daughter is expected to adhere to the mother's expectations.

### 6.3.2 HIV

Contracting HIV is emphasised throughout the conversation by both mothers and daughters. HIV is associated with having sex, but the use of a condom to prevent HIV and STDs was rarely discussed.

*"Ousie [respectable word used for a female adult] Caroline told me that if you have sex at a young age you will get pregnant, you will be positive [HIV], Ousie Caroline tells us" (Ithuteng, daughter)*

One of the mothers highlights the importance of testing for HIV when entering a relationship and stresses that both parties should be present when the results are received to avoid deception. These concerns speaks to broader issues of trust within relationships, and how people can be deceived into thinking their partners are HIV negative, while in fact they are in the window period phase of the HIV life cycle.<sup>2</sup>

*"Go and test and make sure that you go in together. People don't trust each other, we go in together to get tested but when the results come, a person goes in alone, and you don't know what was said, right? When he goes in they tell him he is HIV positive, and you are sitting outside. Then you go in and they tell you, you are ok. When he comes to you he won't tell you the truth, he will ask you first. If you say you are ok, he will say the same thing. So you enter the relationship with that thing [your both ok], then that's it when you relax. So I tell them that when they go test they must enter the room together, and when the results come*

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<sup>2</sup> After infection, HIV tests usually detect HIV antibodies 3 to 12 weeks after the infection (AIDs Foundation of South Africa, 2014).

*out, if the sister asks if she should disclose the results, say yes, we are together; don't sit outside" (Rachel, mother).*

April talks about the burden, pain and loss associated with HIV.

*"I like sitting my daughter down and tell her about these issues. I tell her that two of my daughters, her sisters, died because of HIV and they left their children behind. These children are left behind by their mothers because of their death from HIV. I tell her these things and I also tell her that when she has a boyfriend they must use a condom at all times and never spend the night out" (April, mother).*

April alludes to the grief and loss of loved ones that she has experienced. She also expands on the burden of care on grandparents because of the death of a child and the effects it has on the wellbeing of the children. Embedded in this narrative is the goal to teach her daughter to take precautionary measures when engaging in sexual intercourse. Also, that every action has a consequences which does not affect only the individual but the larger family.

### **6.3.3 Pregnancy**

The mothers spoke about the implications of getting pregnant at a young age. They are worried that their daughters by getting pregnant would ruin their lives. It should be mentioned that such sentiments is indicative that this concern has been a feature in the minds of the mothers long before their daughter's puberty, attributed to their own experiences. As such, as the daughters get older the mothers' concerns intensify. Getting pregnant to them increased the chances of their daughters dropping out of school.

*"I tell them that if you are in a hurry to be in a relationship, you must know that you will get pregnant and when you give birth, you must know wherever you go, even when you have to go to the toilet you will take your child along because I told you that I want you to finish school, I don't want a child" (Caroline, mother).*

The quote from Caroline speaks to multiple issues: a relationship is associated with falling pregnant; having a baby means commitment and added burden of responsibilities

and school is likely to be discontinued. The last comment (“I don’t want a child”) is ambiguous and can be interpreted that Caroline considers a baby a liability for her daughter or she is worried that she as the grandmother would find herself in a position of child minding. Four out of the five daughters interviewed had a child. Three continued with their education and from Thato’s excerpt we glean the difficult decisions teenage mothers have to make:

*“I got pregnant in May and during May and we were busy with exams. I wrote and finished my exams, when I finished I went to Botshabelo. I had not told anyone [about the pregnancy] but, other people kept saying things, like my teacher said: ‘What is wrong with you?’ Things like that, and I would say there is nothing wrong. I left when I finished my exams, when the schools opened...I didn’t go back to school for a whole week. The following week my friend called me and told me we were writing [exams], I must come, so I went. Then I wrote, we were writing the final exams in December, my report came back and I had failed Maths. In January I gave birth. After I gave birth I went back to school, the lady social worker said I shouldn’t be back at school because my child is still an infant, therefore I can’t be enrolled for grade 12, I have to repeat grade 11, because I was not attending my classes properly. So I said I will see when I come back to school, because she was talking about my child. I will still decide when I will go back to school”* (Thato, daughter).

Being a teenage mother has implications for the future. Thato’s ambition to become an engineer has been squashed following her pregnancy. She is 20 years old, failed in grade 11, has a child, her friends are ahead of her in school and she is currently not attending school. These are the implications that the mothers are talking about. Lack of support from the education system is also evident from Thato’s situation depicting that valued norms from the private sphere (i.e. premarital pregnancy) are transferred to the public sphere.

Additionally, the narratives included accounts of paternity disputes. The relationships are often casual with the father refusing responsibilities, resulting in absent fathers, perpetuating the patterns as the accounts of the daughters also told of absent fathers.

*“She [daughter] said this baby...I said no, to where it all started. So one day, it was a Sunday; I had not gone to church. I told her to take the child and we went to Botshabelo, where the boy lives. I got there I told them [boys’ family] the story and that we have brought the baby. When they saw the child they could not deny that he was their son’s. They couldn’t dispute it at all. They held him, they called the grandfather and he held him, and it was all well after. The female members of the household said to me I’m an honest woman because if it was another woman, they would not have brought the child, they would have said he is not ours” (Rachel, mother).*

*“When I was pregnant he didn’t want to talk about the baby so I decided to stop dating him. He wasn’t happy. Have you seen when you tell a person that: ‘Hey I’m pregnant’ he was like acting up... he used to rent a place around here, right now I don’t know [where the father is]. He’s never seen her, she’s three” (Diteboho, daughter).*

*“I would say yes [the pregnancy was planned]. He wanted a child and I also wanted one” (Thato, daughter).*

Being a single mother from a resource poor environment is difficult because of the responsibility of both being a mother and a father is shouldered by one person. This not only highlights and locates the difficulties between mothers and daughters within their relationship, but also the external social factors in which individuals and families exist and shape their lives. Thato recounts that she and her boyfriend had made a decision to have a baby only to be abandoned by the boyfriend after she told him she was pregnant.

#### **6.3.4 Menstruation - don’t eat eggs or peanuts and don’t drink milk!**

When Lizzy and Phaphama had their first menstrual periods their respective mother and grandmother advised them not to eat eggs, not to drink milk and not to eat peanuts. African folk wisdom has it that the consumption of milk, eggs or peanuts is fertility-boosting and should be avoided during menstruation.

*“She told me not to drink milk and don’t eat eggs when I’m on my periods” (Phaphama, daughter).*

*"I was fifteen. I was at the streets playing; when I got to the toilet I saw this red thing on my underwear. 'Mom what the hell is this!' 'She was like, no man, you are getting older, you are growing up it shows that you are becoming a woman, so do this, do that, don't play with boys, don't eat eggs, don't drink milk'. Because they say when you eat eggs, you will become stronger [points to her tummy], like when you drink milk it makes you fertile and peanuts too" (Lizzy, daughter).*

The onset of the first menstruation was described as a confusing, frightening, distressing and awkward experience because most young women lacked proper sex education and did not understand the meaning of the bleeding. Some participants did not reveal to their mothers that they started menstruating because they were unsure what their mothers would think. The mother-daughter conversations were framed in terms of physical changes to the body and the dangers that come with it, such as pregnancy. A natural developmental phenomenon was seen as a negative occurrence related to negative consequences such as pregnancy and curiosity about boys.

*"She [mother] would say there will come a time when you will see blood and when you see blood you must know that you will be able to conceive" (Thato, daughter).*

*"She said if the situation is like this [menstruation]; know you are growing up now. And If you sleep with a boy without a condom then you will fall pregnant" (Diteboho, daughter).*

Phaphama did not receive an explanation why she should not drink milk. Similarly, Letty was warned to stay away from eating eggs and drinking milk. Two of the daughters though were provided with some information about the changes to their bodies, that menstruation was part of growing up and that they were transitioning from childhood to womanhood.

*"You're getting older, you are growing up. It shows that you are becoming a woman" (Letty, daughter).*

Only Letty was told that with the onset of the menstruation she now enters womanhood and was expected to act ladylike. This meant closing her legs in the presence of others.

### **6.3.5 Sex**

Sex was alluded to but frank discussions about sex were rudimentary and limited to cautioning's of risky behaviour with negative consequences. The daughters mentioned that they talked about sex with their mothers but the conversations were unidirectional and implicit. Sex was negatively portrayed and the mothers tended to talk at their daughters rather than engage in a conversation.

*"She talked to me about sex, that I shouldn't open my thighs. This would happen [gestures with hands at protruding tummy]" (Thato, daughter).*

*"The first time I had sex, she was angry at me: 'don't you ever do it, don't you ever!' She was shouting at me" (Letty, daughter)*

As evident in the above excerpts, the mother uses 'thighs' as a reference to sexual intercourse; she was vague in her wording and explanation. In the second quote Letty's mother shouted at her, she did not ask her what had happened, whether she had used protection and did not provide an explanation why she thought Letty should not have sex. These vague and euphemistic messages seem unhelpful, unsettling and alienating. Letty recounts that later her mother went to the boy's place to scream at him for deflowering her child, portraying her daughter as a victim and the boy as a perpetrator. What the mother did not realise is that the daughter, even though she had not initiated the sexual encounter, she had wanted to have sex. The reason behind the decision was that it was "just for fun".

### **6.4 Barriers and factors associated with mother-daughter communication**

There are varied opinions on the barriers of communication between mothers and daughters. For mothers barriers to communication that are mentioned are relational aspects, silence and laughter from the daughters' side, uncomfortability, respect of feelings and cultural beliefs. Daughters on the other hand, indicate discomfort especially in the matter of sex, fear of what their parents would say when broaching such subjects,

mode of communication and cultural beliefs. Overall the most prevalent barrier was discomfort.

#### **6.4.1 Embarrassment**

Though mothers mention that they were relatively comfortable during the conversations, they mention that they are apprehensive when it comes to certain topics. The feelings of embarrassment are a result of not knowing what to say especially about HIV and also embarrassment to answer questions posed by their daughters. One mother mentions how it was the daughter's discomfort that made her not talk to her daughter.

*"Back then in the day it was like that [uncomfortable]. We were not straight forward. Before when these conversations would start I would say: 'Oh gosh how do I begin answering their questions'. But one day I decided I was going to be open with them. I would answer their questions the right way and not [wiggles hand indicating being evasive]" (Rachel, mother).*

Mothers have reservations with talking about HIV, because they did not know how to approach the subject. To overcome these feelings of inadequacy and ambivalence they took classes on parent-child communication on sexually related issues, offered by NGOs in their community.

*"My mother never taught me about such things [sexual and reproductive health] , that is why I saw that it's important to attend this course of family-communication on sexually related issues [showing her certificate], so that I can educate my children while they are still young. When my children start asking questions, I just give them this [booklet]" (Dineo, mother).*

Daughters mention their discomfort when talking about sexually related issues.

*"Sex, ayi [no] I had sex with someone, and I was scared to tell her [mother]" (Thato, daughter).*

*"It doesn't sit well with me. We talk but not about relationships. I speak to her when she speaks. If she starts the topic then I'll join in, whether I have a boyfriend or not I don't tell her. She is more than happy to dig for information because I'm a quiet person. But I'm adamant I don't tell" (Diteboho, daughter)*

The anxiety comes from having to reveal private matters to their mothers that they are engaging in sexual activity. Fear plays an important role in the mother-daughter communication process. One way or the other both mothers and daughters have some amount of fear when having to venture in such territories because even though parents want to know what is going on in their daughter's lives, there is still that hope that they are not engaging in sexual activity. Daughters know that their parents will be disappointed about some of the information they share with them, thus they withhold information from them to spare their mothers' feelings.

#### **6.4.2 Sex as a taboo topic**

Closely related to embarrassment is cultural inappropriateness for mothers and daughters to discuss sexual matters. All parents mention how they were not taught about such matters when they were growing up. Therefore it was difficult to talk about such things with their daughters. One mother in particular does not believe in doing this. Thus she does not talk to her daughters about such issues because they are a matter of shame and marriage.

*"Understand that it's difficult for me to take a child and sit her down and tell her about these things because I don't think it is right. Yes, this thing [sex] is meant for marriage" (Lorraine, mother).*

Another narrative from one daughter about sexual matters was expansive and suggested a similar perception.

*"I am not comfortable enough, 'cause with my friends I will be open, but when it comes to family, I respect them as older people. It's because of the way I was brought up" (Phaphama, daughter).*

In both cases there is a sense of awkwardness about discussing sexual issues and it's related to cultural norms that prohibit discussions between mothers and daughters. Because mothers themselves did not receive such information, it makes it difficult to broach such subjects and this has been passed down to the daughters, also making them reluctant to speak about such issues.

### 6.4.3 Silence and laughter

In a few cases laughter and silence emerged as roadblocks to conversations. When mothers tried to talk to their daughters, they were often met with silence and laughter.

*“They just keep quiet, one will go to the other room to laugh, and the other one that way and they meet outside to laugh and they leave me here in the house” (Caroline, mother).*

Laughter and silence from the daughters’ side are expressions of unease and ways of dealing with the situations as one daughter indicates.

*“I would be laughing more than I would be initiating the conversation so that they could just cut it short and get on with another conversation” (Phaphama, daughter).*

Laughter is used as a way to avoid the ensuing conversations; hence the daughter does not want to talk about it. This is disappointing and sad to the mothers and feelings of anger are invoked because the purposes of the conversations are to make their daughters aware and informed and to help protect them from what is currently happening in the world. It is also a means to make informed decisions in their relationships.

*“No, very sad! Very sad and later she comes and she says: ‘Is there nothing to eat?’ I asked her: ‘Who’s your maid here, who will cook for you?’ I was angry with her and at the time my mother was a very open person. We are talking to you and you just left us like that. She just ignored us, she just ignored us! To this day, we don’t talk about it” (Nomasonto, mother).*

The decision to stop talking to her daughter was because of feeling ridiculed by the daughter. What the mother did not know then was that the daughter a short while later would get pregnant.

#### **6.4.4 Modes of communication**

Mothers' mode of communication has implications for the conversation with their daughters. Conversations are militant and the mothers shout to get the message across. One daughter was asked if the mother was open:

*"She is, but she doesn't mean it. She will shout at us when she talks. Because she shouts at me I won't listen, because she is making a noise. And she will expect me to listen to her" (Letty, daughter).*

Mothers portray themselves to be open communicators but because of their communication style the daughters perceive them to be the opposite and that is when they shut down and close off any communication. Communication style, shouting for example, undermines the communication process between mothers and their daughters because the daughters will not listen if they feel threatened.

#### **6.4.5 Lack of respect for personal feelings**

Also related to discomfort, is the notion that mothers do not respect their daughters' feelings. Mothers speak to their daughters in an inappropriate manner and end up offending their daughters, resulting in lack of trust in talking to them. This becomes a source of discomfort and helplessness to the mothers as they are not aware of what they said to invoke such feelings from their daughters. One mother mentions that mothers have a tendency to violate their daughters' privacy.

*"Mothers of today try [to talk to their children] when their children don't have the knowledge. They try to show them this and that. We as parents are to blame because we are wronging our children. Because when the children think of telling their mothers about their 'things' then their mothers will go around telling their business" (Lorraine, mother).*

Gossip amongst parents is a sensitive issue because daughters confide in their mothers and mothers often violate this bond by sharing their personal information with other people. They already feel anxious about sharing with their mothers and this makes the

betrayal even more extensive. Often mothers are not aware that they are compromising the trust and they don't understand what they do wrong.

*“Sometimes she will tell [me]: ‘You know Sabie you don’t respect my feelings’. She will just say: ‘You don’t respect my feelings’. If I say to her, what feelings or for what; she just shrugs. I think I’m talking the truth, if you [she] don’t [doesn’t] see the truth and you don’t explain to me why, so I say aag man [whatever]” (Nomasono, mother).*

Because mothers don't understand to what their daughters are referring and feel that they are right they just take it as if the daughters are acting in a difficult way. This leads to daughters not being able to trust their mothers again, making it even harder to share their innermost feelings with them because they know that they will not be respected.

## **6.5 Other sources of information**

Barriers between mothers and daughters to communication often make the daughter turn to other sources for information. For all daughters the most frequently mentioned available alternative sources of information are school-based sex education, friends, TV programmes, other family members and the internet.

### **6.5.1. Sex education**

All the daughters mention how before their mothers had talked to them they were informed about sexually related issues provided for by the school. In one case the mother expressed opposition to such provision of information by the school.

*“Sometimes if a child tells her mother that they learnt about sex at school, the mother gets angry. She says how can they teach you about sex when I don’t talk to you about it” (Thato, daughter).*

Some mothers take exception that schools take the decision to teach their children on sexual issues that they themselves don't teach. It's possible that mothers feel that the school is encouraging their daughters to engage in sex. Interestingly, the anger expressed by the mother is in contrast to what mothers say about the advantages of the

provision of sexual information. Hence to avoid the mothers' anger, daughters seek alternative sources of information. And even if they receive information from school they keep quiet and pretend as if the information the mothers are giving them is new to them.

Daughters state that sex education provided an in depth view on issues such as HIV and AIDS, STDs, the physical changes and differences between males and females, and also how these STDs are transmitted and what they do to the body.

*"They teach us about our bodies, inside how do we look and in boys' bodies - how they look, how you get transmitted diseases, HIV, and they will explain HIV. What it means." (Letty, daughter).*

*"They talked about sexually related issues such as if you sleep with a guy, you know, either you get sick or you get pregnant or diseases. The different types of diseases." (Thato, daughter).*

Mothers usually do not discuss such issues with their daughters, only one sexually transmitted disease is referred to, and that is HIV. Also none of the mothers talk about the physical differences between males and females. The different STDs that a person can acquire through unprotected sex are not talked about. The reason why sex education is singled out amongst the daughters is because it offers more factual information than what the mothers are currently providing. Also it provides better comfort because it is impersonal and there is no emotional investment - unlike with the mothers, where there is a possibility of being judged.

### **6.5.2 Friends**

Friends are recognised as an important source of information and socialisation agent on sexual matters by the daughters. Being in the same age group and having similar experiences makes it easier to share sexual experiences with each other and talk about their feelings and emotions openly rather than talking with their mothers.

*"I'd rather speak to my friends. We do talk about more. Have you noticed when these sorts of conversations start? Say one of your friend's boyfriends is cheating, that's where it starts. We ask if she thinks he loves her. Things like that, you see" (Diteboho, daughter).*

Diteboho further explains the depth of the issues they get into with their friends concerning subjects parents don't talk about.

*"We were talking. So one of my friends was telling me how they've found someone who loves them and all. I told her, if this is so, then I am really happy for her. And she must hold on to this guy and love him in return because nowadays it's hard to find someone who really loves you. But I noticed one thing; the guy she was talking about seemed to be abusing her. She became evasive, when I asked her about it" (Diteboho, daughter).*

Abuse is talked about with friends, whereas within mother-daughter conversations it was not talked about at all. Also the details in the conversations between the daughter and her friends indicate the comfort levels and openness amongst them.

### **6.5.3. Family members**

Other family members play the role of socialisation agents in sexual matters. They are often more flexible, understanding and open during the conversations. One of the daughters speaks to her aunts although she mentions that even with them she is not as comfortable because she sees them as elders. Her aunt used teasing and jokes as a persuasive measure to talk to her about her boyfriend. She also mentions what she learned during these conversations.

*"They usually make fun of my boyfriend, like he has a badly shaped head. They usually tease him and his family" (Phaphama, daughter).*

When asked what she had learnt from these conversations this is what she says:

*"Family planning. They have told me to protect myself in order to prevent having another child. Last weekend, my boyfriend's mother came and she told us [her and the boyfriend] to protect ourselves and to not make another baby, because they are helping us raise the child" (Phaphama, daughter).*

The gathering of the family members, the elders, reminds one of the whole traditional socialisation and upbringing within African families: That it takes a village to raise a

child. This indicates that a baby is a familial responsibility. Therefore, this part of the narrative is an example of cultural norms within the African families that a child does not belong to the parents only but to the entire family. Hence the couple (daughter and boyfriend) should take care in preventing another pregnancy. Another daughter mentions how she talks to her cousins.

*"She likes telling me about her boyfriends. Then I give her advice where I can" (Thato, daughter).*

These conversations between her and her cousins are reciprocal conversations where they give each other advice.

*"I would say to her: 'Don't wish to be in my situation because it's not pleasant but I don't know the type of person you will find. Having a baby...it's hard'" (Thato, daughter).*

Thato, because of her experiences, is already passing information to her 12yr old cousin, where she tells her about the consequences of having a child at a very young age. Therefore, she must be careful in her decisions because she might end up with a child a father does not want. The importance of sexually related conversations is emphasised. Thato takes the initiative to start talking to her younger cousin so as to avoid making the same mistakes she made. The sexual socialisation process is underway and is based on the subjective experiences of the daughter, where she imparts her subjective knowledge. As phenomenology states: People acquire knowledge through experience and interpret and give meaning to situations to construct their reality (Ritzer, 1983: 199; Heelan, 2002: 5).

Mothers were asked if they were aware of other people or sources providing information to their daughters. Aunts and neighbours were mentioned, but two of the mothers say that they are not aware of such sources. Interestingly, the sources provided by the mothers and the daughters are incongruent, showing the overestimation of the mothers as primary sources of sexual information.

One mother says that her sister provides information to her daughter as they do not have such conversations between them. She feels that if she had been present in her daughter's life then they would have a relationship and the daughter would confide in her instead of the sister. She also mentions how this makes her sad because the daughter does not trust her enough to share her personal experiences.

*"Sometimes very sad, because my sister and I have worked together and always I hear from my sister and that makes me angry. But I didn't say to her she chose my sister between [over] me, like she [daughter] said I chose Bongani [son]. I love Bongani. I just say sometimes maybe she feels more comfortable talking to my sister" (Nomasonto, mother).*

Embedded in this narrative are elements of resentment, envy and jealousy for the sister, because she has taken over the role of information provider (instead of the mother) to the daughter. But as the excerpt indicates, there seems to be tension between the mother and the daughter. The daughter and mother both feel that if the mother had not given her away to be raised by the grandmother, their relational context would be better. This is also reiterated by both the mother and the daughter.

*"Sometimes [I think] it's maybe because I'm a hard mother, I don't know and I blame myself. I blame myself! Maybe if I hadn't left them [daughter and son] with my mother we would be closer" (Nomasonto, mother).*

*"I do wish that I had that kind of relationship with my mother because I once had a friend. My friends used to have very close relationships with their mothers and it used to hurt me. I wish I had a bond with her like they did with their parents" (Phaphama, daughter).*

The mother–daughter relationship has an impact on effective communication as the daughter further says:

*"I think the more the child is closer to her mother, the more she gets wiser, and her choices are based on herself and what her mother has taught her.. But I don't blame her [for pregnancy] because I'm old enough to make my own decision and it's my responsibility to do that. I just wish she was there" (Phaphama, daughter)*

We all seem to have been instilled with ideologies on how a 'perfect' mother-daughter relationship should look. So we take this as the framework which we then cannot achieve and hence disappointments on both side. In both cases a sense of loss and regret is expressed. Both the mother and the daughter feel that if they had been closer, the daughter would not have made a bad choice and fallen pregnant. Therefore, the importance of the mother-daughter relationship is made explicit in the daughters' ability to make informed decisions on sexual matters.

Overall, both the daughters and the mothers are satisfied with the information they get from the other sources because it provides them with a variety of information. Also, if one source cannot provide adequate information, this is covered by the other sources.

## **6.6 Preference of source**

Although other sources are identified that provide information, both mothers and daughters indicate that it is the mothers' job to provide such information to their children. The reason for that is the advantage of trust, closeness and understanding between females. Mothers feel that it is their duty as a mother to give their daughters the correct information because other sources may misinform them. One daughter expresses the importance of the mother's role in being the primary source.

*"If you don't talk to your mom about this kind of stuff, who do you trust? How can you not trust your own mother and you live in the same house? You can go outside, and say: 'Mama [community members] can I please have this type of information'. They will give you that information but it's not going to be the same as your mother will give you. Like you will use it and you will get the wrong information - the wrong answer. But when you go to your mom, you will get the right answers. Unlike other people, your mom will be honest with you" (Letty, daughter).*

Honesty here is emphasised. Mothers are seen as people who should and will not lead their children astray therefore trust is an important issue between mother and child. A mother echoes the same sentiment.

*“They must get it from me, I have to tell them; who else is supposed to tell them? Someone else might just give them the wrong information. They will not give them the information like I will” (Caroline, mother).*

Interestingly, even the mother who did not believe in providing information to her daughter (Lorraine) felt that it was the mother’s duty to talk to her children. She wants to try to talk to her daughter because she knows what is happening out there and does not want her daughter to be a victim or to become a statistic of an undesirable occurrence. Her daughter already has a baby and she feels that if she had been more active in providing information she might have prevented her daughter from falling pregnant because she would have been informed.

Another mother mentions how even though she strongly believes in the provision of sexually related information and it’s the parents’ job to do so she can’t do it because they get information from school.

*“It’s the parents’ job, but we were never taught that way. So it’s difficult for me [sex communication]. At school they are taught about life orientation. They explain what happens to them” (Moipone, mother).*

Gender of the parent is also associated with the functional communication on sexually related issues. Both parties in the conversation being female make it easier to communicate because the mother understands the process of growing up. Though they may not have the same experiences there is a common understanding of being female and being in a relationship.

*“She is a woman, I’m a woman. So she explains it like she was young also. So she understands what I’m going through” (Letty, daughter).*

This preference of the mother as a primary socialisation agent shows socially accepted practices in terms of sexual socialisation. This gender-based preference shows the social nature of ‘mothers’ as people who cares rather than the biologically based notion that mothers are nurturers. Daughters prefer to get information about sensitive issues

from their mothers because they have been informed by a woman and not a man. Hence, the role of sexual socialisation is largely associated with the mother.

## **Chapter 7: Concluding remarks**

This study is conducted in the African community of Mangaung Township, Bloemfontein, South Africa and hopes to contribute to understanding attitudes, knowledge and views of both mothers and their daughters about sex education, sexuality and intimate relationships. This study looks at the willingness of both the mothers and the daughters to engage in communication and also looks at how they understand and experience intimate sexual relationships. In this concluding chapter I bring together the content, extent and quality of mother-daughter communication on intimate relationships and discuss the barriers that prevent proper communication. I also look at how these conversations potentially impact on sexual behaviour among the daughters.

This study employs a qualitative approach guided by an interpretivist paradigm in an effort to understand the research participants' subjective experiences of the conversations between them as mothers and daughters. This approach also allows me to unpack the subtle but prominent role of cultural norms in sexually related communication within families and to explore how sexual norms have shifted and or stagnated over time. I draw on the themes that emerged from the data analysis to structure these concluding remarks and begin with dynamics within the family. I then turn to the mothers' own experiences of sexual socialisation. In the last I proposed that these mother-daughter conversations need to be considered in a larger societal context.

### **7.1 Family dynamics**

This study falls under the umbrella topic of "crisis in contemporary African families". Overall, the household and demographic data obtained from the participants is consistent with the literature. The data reveals aspects of the effects of the economic, cultural and socio-political neglect that have resulted from the structural formations of apartheid South Africa (Tyakyi, 2011; Amoateng et al., 2004: 1). These problematic domestic situations that arose from South Africa's complex political, social and economic history of segregation resulted in increased female-headed households, the

effect of widespread HIV and AIDS, and negative changes in sexual behaviour and nuptial norms (Holborn & Eddy, 2011: 1; Makiwane, 2011: 1). The diversity of contemporary township family formation was illustrated in my research participants' household descriptions. These descriptions reveal little resemblance to what is commonly regarded as "conventional nuclear families". For example, the daughters' primary caregivers ranged from biological mothers, foster mothers, adoptive mothers, aunt to grandmothers, and there is little evidence of a "normal, traditional family"

Makiwane and colleagues (2012: 8) posit that the family is a dynamic social structure and the numerous facets of family life, such as the structural formation, upbringing and support, parental style, values, role modelling and socio-economic status exert considerable influence on young people's sexual behaviour. In African cultures grandparents play an important role in taking care of their grandchildren (Makomane, 2012: 4; Makwane et al. 2012: 51), and South Africa being seriously affected by an HIV epidemic, poverty and unemployment, there has been an increase in pensioner, often female, headed households (Makiwane, 2011: 6). The Medical Research Council has projected that in South Africa by the year 2015 approximately 5.7 million children will have lost at least one parent to HIV/AIDS, and research indicates that child minding responsibility often falls on the grandmother (DSD, 2012: 25). This was illustrated by one of the daughters and mothers, where after both the parents of the child passed away and the child minding responsibility was the grandmothers.

Henn (2005: 21) thus suggests that the strength of African families often lies in its kinship networks. In this study, most of the daughters discuss the vital role their (maternal) grandparents play in their lives. The grandmothers provide love, stability, support and care in times of parental absence. While intergenerational households have been associated with access to opportunities it is also recognised that such responsibilities often take an emotional and financial toll on the older generation (Makiwane et al., 2012: 25).

Therefore, although there is an emphasis on family commitment, kinship networks and wellbeing of children among African families (Makomane, 2012: 4; Henn, 2005: 21), the extended family are not always well equipped to deal with the complexities of everyday life. These complexities of life include financial hardship and educational tasks, and conducting informative discussions on intimate relationships, pregnancies and HIV infections. This study shows that conversations on intimate relationships extend beyond the families, and are implicated by structural and economic problems that make it difficult and time constraining to engage in such issues.

## **7.2. Mothers' experience: 'our mothers did not talk to us about such things'**

This study illustrates that the content, extent and quality of communication between a parent and a child, is related to the understanding and experiences of everyday life. During the socialisation of young people on sexually related issues, factors such as culture, social context, and peers have a significant impact on the how, why and when the communication will take place (Day, 2010: 3). Although, literature indicates that the mother is the primary sexual socialisation agent in African societies the mothers revealed that the taboo nature of communication on sexual matters between them and their mothers inhibited effective positive communication. Because conversations on sexually related issues was minimal and culturally constrained; friends, sisters, aunts and grandparents also contribute to the knowledge on sex and intimacy. I now discuss the mothers' experiences of conversations on intimate relationships with their own mothers, other family members and peers.

The implicit nature of the messages from other family members often refers to issues such as unwanted pregnancies. "Men carry babies" was used as a reference to how men have the ability to get a woman pregnant, and "don't sleep with boys" were some of the phrases that characterised the mothers' sexual socialisation experiences during their teenage years. The conversations were one-sided and vague, and left no room to ask questions and get clarity on sexual issues. The mothers' stories revealed that they also grew up without their fathers and that they fell pregnant at a young age because

these conversations lacked clarity on how to avoid unplanned pregnancies. This is attributed to cultural constraints that do not foster sexually related communication.

However, although sex before marriage was frowned upon and abstinence advocated, mothers did engage in sexual activity as they got pregnant at a young age. Leclerc-Madlala (2009: 108) suggests that although cultural norms prescribe everyday life recipes that influence assumptions, perceptions and expectations within group members, people do however deviate from these norms. Such understanding on intimate relationships is supplemented by knowledge gained from peers.

Panday and colleagues (2009: 66) suggest that as young people become adolescents their sources of knowledge tend to be aligned to people in the same age group. Thus, sexually related decisions are also influenced by peer attitudes, norms and perceptions. Reports from mothers suggest that peers are sources of information on sex and contraceptive usage. According to Day (2010: 9) this perhaps is because peers play a larger role than family in transference of sexual principles, such as how to conduct oneself in intimate relationships, and in partner choice. Phenomenology thus posits that although knowledge is co-constructed (Abel & Fitzgerald, 2006: 107) rejection or acceptance of certain realities, for example, intimate partner violence, contraceptive use and partner choice is engendered by how it fits the self or is perceived as an everyday habit.

The exploration of the mothers' standpoint on their sexual socialisation illuminates how it informs them on how, when and why they approach mother-daughter communication and their understanding of intimate relationships. Therefore, culture, experience and the surrounding environment has a significant impact on sexual philosophies and how these beliefs are passed down from one generation to the next.

### **7. 3 The advent of Intimate relationships**

South Africa is one of the countries experiencing high rates of HIV and AIDS infections, intimate partner violence and teenage childbearing. As a result, the mothers view

adolescent sexuality as something that should be monitored. Hence, the mothers impose curfews in an attempt to limit the potential risks of drug and alcohol abuse, criminal and sexual activity. Young people draw on a range of context-specific influences in their sexual relationships, for example, liberal sexual norms, romantic ideals about relationships and also community influences on such relations (Harrison, 2008: 177). Consequently, notions on intimate relationships and the incompatible views between the mothers and the daughters on relationships, love and sex are influenced by experiences and surroundings.

Both the mothers and daughters consider the notion of dating as part of growing up and a way of companionship, but also explain the challenges in the navigation of intimate relationships, for example paternity contestation, abuse and sexual coercion. None of the daughters in the current study were living with their biological fathers at the time of the research. Four out of the five daughters have a baby with only one receiving support from the child's father. South African research on intimate relationships and absent fatherhood suggests that living in a low income community puts extra strain on intimate relationships resulting in one partner leaving, in most cases the male. This is attributed to factors such as unemployment, lack of education, erosion of traditional parental roles, intimate partner violence, commitment, HIV and AIDS and trust issues (Lesch & de Jager, 2014: 2; Lesch & Engelbrecht, 2011: 59; Hunter, 2006: 104).

The high rates of pregnancies also speak to the failure to use contraception. Socio-economic status, school education, family, community expectations and understanding conception influence the use of contraception (DSD, 2012: 15). For these reasons, the mothers are concerned that history is repeated in that their young daughters have a baby without completing their education and without support of the child's father. It is for this reason that the mothers frequently juxtaposed the past and present and hoped for a better future for their daughters in terms of education and lasting intimate relationships. Despite the efforts to improve sex education and making sure that young people have the necessary knowledge to make the right choices, there is little evidence of changing sexual behaviours.

#### **7.4 Sex communication: they talk; but about what?**

Notwithstanding the mothers' upbringing and silence around sexually related issues, the findings of this study suggest that both the mothers and the daughters recognise the importance of having such conversations. Clearly the situations of HIV in the country and cultural norms condition the approach that mothers place on providing sexuality education to their children. However, the fact that the mothers acknowledge the importance of their daughters being informed about sexually related issues, suggests a shift in cultural norms surrounding communication on sexual issues (Phetla et al., 2008: 514). In sum, mothers feel responsible for their daughters' sexual and reproductive health, and are concerned about their daughters sexual activities because of potential negative consequences (cf. Kao & Carter, 2013; Ojo, Ariansiola, Fatusi & Akintomide, 2011; Lesch & Kruger, 2005; Jaccard et al., 2000).

Consequently, mothers have difficulty in viewing their teenage daughters' sexuality other than in terms of impulsiveness, fear, danger, risk and ruin. Conversations between the mothers and their daughters did take place; however, discussions on sexuality are triggered by an event, such as TV programmes, the onset of puberty, behavioural changes or suspicions that the daughter is sexually active. The nature of the conversations between the mothers and the daughters tend to be dictatorial and didactic, more focused on the biological aspects, giving warnings and instilling fear with the aim of preventing HIV/AIDs and unwanted pregnancies. This is an aspect that seems to have been passed on through the parents' own upbringing. Research on African mothers indicates that African mothers tend to take the discourse of instilling fear and emphasize negative consequences as an intervention strategy to curb sexual activity (Dennis & Wood, 2012: 205; Lesch & Kruger, 2005: 1077; Pluhar & Kuriloff, 2004: 316).

Certain topics like HIV and AIDS, pregnancy, menstruation were emphasised at the expense of other topics. Pleasure, love, desire and emotional aspects of relationships were rarely considered reducing sex to an act void of meaning beyond sexual

gratification. Sex is accompanied by fear (not to get pregnant, not to catch STDs / AIDS), concealment and secrecy and has been reduced to something dirty, unspoken, and clandestine. Work on mother-daughter communication argues that such messages conveyed by the mothers unintentionally reinforce that women are passive, defenceless and lack agency. Messages that focus on the potential pitfalls of sex have been proposed to be unhelpful as they limit young women's propensity to explore their sexuality in a positive light. This may further prevent them from gaining the essential information of skills to handle their sexuality and sexual health effectively (Dennis & Wood, 2012: 205; Lesch & Kruger, 2005: 1077; Pluhar & Kuriloff, 2004: 316).

Both the mothers and the daughters face challenges in undertaking conversations on intimate relationships. As the findings indicate, the hurdles mothers encounter are a product of their upbringing, i.e. cultural restraints on sexually related topics, discomfort, and lack of knowledge, silence and joking about sexual matters. This indicates that the hindrances to effective communication are not solely a matter of the mothers lacking understanding and communication skills, rather the challenges are rooted in how Black South African societies historically and currently frame and deal with young people, gender and sexuality.

Collins (2000: 228) states that the intersection of numerous factors, such as race, gender, age and socio-economic status sculpts and effects Black women. Studies done by Lesch and Kruger (2005) and Pluhar and Kuriloff (2004) elucidate Collins' point in their essay of the role of race and class in mother and daughter relationships. Both of these studies establish the considerable influence of race, class and mother-daughter communication in modelling the sexuality and sexual agency of the daughters by showing how modes of communication influence the choices and sex philosophies (Lesch & Kruger, 2005: 1078, Pluhar & Kuriloff, 2004: 318). According to Pluhar and Kuriloff (2004: 317) the mothers' perception of danger and risk associated with sexual activity may increase the mothers' tendency to lecture when the topic is related to sexuality. Because of these challenges to communication other sources are utilised by

the daughters, such as peers, school based sex education, other family members, and neighbours.

However, as indicated by the daughters' stories, sex education in school is mostly based on the biological; but does not deal with the emotional aspects of sexually related issues and intimate relationships (cf. Thaver & Leao, 2012; Cambell & Macphail, 2002). The emotional aspects are fulfilled by their peers. According to Gevers et al., (2012: 1132) peers are an important emotional outlet for young people; they provide a platform to share secrets and experiences, which, by definition are not easily articulated to parents. However, Macleod and Tracey (2009: 32) say that reliance on peer communication can have unintended consequences as the information conveyed may be inaccurate and misleading.

Analyses of the transcripts of interviews give insight into the importance of peer groups. Research has shown that peer judgment and communication patterns shape judgments on sexual behaviour. This study sheds light into how young people align themselves with similar peer groups and how beliefs about sex within these groups are negotiated and how it affects adolescents' own attitudes and behaviours. Moreover, this study reveals how young people actively negotiate their individuality and sexual philosophies in the face of multiple and diverse sets of opinions.

This study illuminates that mothers and their daughters recognise the value of sexuality communication in a society experiencing high rates of HIV and AIDS, teenage pregnancy, and sexual violence. However, initiating conversations on sexual and reproductive health is challenging. Based on the mothers' childhood experiences of sexual socialisation, a didactic and biological approach seems to be the prevalent way that mothers approach conversations with their daughters. From these findings, it is clear that both mothers and daughters need support on discussing sexually related issues.

In conclusion, I investigated mother-daughter communication on intimate relationships amongst African women. A qualitative approach allows paying close attention to the

mothers' and daughters' subjective experiences in their everyday lives, in particular scrutinizing their conversations on the sensitive topic of sex, intimate relationships and its implications. Both parties consider these conversations crucial: the mothers feel it is their duty to educate, and the daughters argue that they can trust the information imparted by the mothers. Yet, these talks are inhibited, awkward and superficial. They induce feelings of embarrassment that is covered by laughter and silence. The narratives are full of tensions: there is eagerness to talk, to warn, to protect their daughters from harm and hardship and the daughters are reluctant to ask questions out of fear of more discomfort or concerns of being made to reveal secrets. There is mistrust on both sides. The narrow interpretation of sexually related issues as biological, dangerous and negative, excludes other more positive aspects, such as pleasure, passion, development and exploration refutes gendered power and decision making in intimate relationships.

Mothers have the potential to be the primary source of informing, educating and influencing their daughters' attitudes and outlook of sexual behaviours. However, the reality for many of these families who live in a resource poor area is to survive and provide sustenance. Conversations on intimate relationships, although considered important, become secondary. This shows that, while the mothers are driven by fear for and protection of their daughters from the negative consequences of sex, societal constraints and their everyday realities are pervasive in mother-daughter communication on intimate issues. This indeed requires a critical analysis of broader social and cultural practices and beliefs that perpetuate silences and misgivings around communication.

This study also underlines the challenges of raising a child. Teenage pregnancy does not only affect the daughters' lives (e.g. dropping out of school), but also the mothers as the task often falls on her, especially in cases of their daughters being abandoned by the fathers of their babies. These African mothers are struggling. Although there is some attempt at having sexually related conversations with their daughters, they do not have the energy and time to reflect on the best way of talking to their children. Mother-

daughter communication on intimate relationships is demanding and taxing work intertwined with emotions, embarrassment, cultural (in)appropriateness and real fear of the consequences of an intimate relationship; issues that cannot easily be addressed on an individual level but also reflect broader societal influences.

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## Appendix 2



**CONSENT FORM**  
University of the Free State  
Department of Sociology  
**Daughter's copy**

### **Mother – daughter communication on intimate relationships: Narratives from Mangaung Township in South Africa**

I have received information about the research project and the researcher has explained the study to me. I confirm that I have read and understand the information sheet and I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason. I understand that any information given by me may be used in future reports, articles or presentations by the researcher. I understand that my name will not appear in any reports, articles or presentations if I have any concern regarding the study I have been given telephone numbers that I can call.

_____	_____	_____
Name of Participant	Signature	Date
_____	_____	_____
Researcher	Signature	Date



**CONSENT FORM**  
University of the Free State  
Department of Sociology  
**Researcher's copy**

### **Mother – daughter communication on intimate relationships: Narratives from Mangaung Township in South Africa**

I have received information about the research project and the researcher has explained the study to me. I confirm that I have read and understand the information sheet and I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason. I understand that any information given by me may be used in future reports, articles or presentations by the researcher. I understand that my name will not appear in any reports, articles or presentations if I have any concern regarding the study I have been given telephone numbers that I can call.

_____	_____	_____	
Name of Participant	Signature	Date	
_____	_____	_____	
	Researcher	Signature	Date

## Appendix 3

### Interview schedule for daughter

#### Research question

- What is the extent, content and quality of black mother-daughter communication on intimate relationships?

#### Welcome and introduce the purpose of the discussion

**Part 1: Family relations and perspectives-** Now that we have finished with that sheet which gave me a little clue about your family's set up, we can now officially start our conversation:

1. Who do you regard as family?
2. How important is your family in your life?
  - *Type of people*
  - *Relationship with them*
  - *Roles each person plays*
3. What role does your extended family play in your life? (Aunts, grandparents, uncles, cousins).

Now I have a clear picture about your family and must say it's very interesting family.

4. Could you describe events that bring your family members together?
  - *Weddings, funerals, Christmas, New year's Eve, thanksgiving {mpa yababadimo, ukubonga: giving thanks to the ancestors}*
  - *What happens in those events?*
  - *When was the last time your family gathered?*
5. The family coming together is very important even though at times is under sad circumstances but it's always good to catch up with each other especially those who live far and you only see once in a while.

Does your family believe in traditional **{Setso/isintu}** practices and beliefs?

- *Types of rituals*
- *Ancestral appeasement*
- *Traditional medication*

#### **Additional questions for colleagues:**

**Colleague 1:** how do they (as women) negotiate their conflicting and multiple roles and balance the various responsibilities.

**Colleague 2:** tell me when someone is sick within your household, what do you do? Can you please give me an example of an incident when someone was sick; would you have done things differently if someone else was sick? How do your cultural beliefs influence the type of treatment you decide on?

**Part 2: Understanding of intimate relationships-** we have talked about your family, and now I will ask you more sensitive questions, about boyfriends and sex. I know it's uncomfortable to talk about these things but I would really appreciate it if you shared your thoughts, feelings and experiences with me.

1. What do you think about dating? Have you ever had a boyfriend? Do you have a boyfriend now?

2. Do you mind telling me about your experiences of having a boyfriend? Probe: ask them to relate experiences of being in a relationship.

**Prompt:** how did you feel about having a boyfriend? Probe: what did you do together? Probe: Who decided/s what to do? (Probe further to get sense of the context)

3. How does your boyfriend "fit into" your family, and how do you fit in his?

4. When you think back to the first time you had a boyfriend, do you think you were ready to be in a relationship? What made you decide to be in a relationship? How old were you? How did your cultural beliefs influence your decision? Would you have done things differently?

**Part 3: Sexual communication questions-** we have talked about boyfriends and sex, I will now ask you your thoughts on providing information to children about sexually related issues. I will also ask you where you got your information about sex and boyfriends, how you experienced the conversations and what was said to you.

1. What are your thoughts on providing information on sexually related issues to children?

2. Who talks to you about sex and boyfriends (including family planning, condoms, STIs, love, desire etc) Probe: ask them to tell you their experience

- who initiated conversations
- what was said
- how often the conversations take place
- were they comfortable
- challenges

**Prompt:** What were your thoughts and feelings while experiencing the conversations?

- In your past experiences, has your voice on such issues been respected or heard? Probe: How did this make you feel?
- How satisfied were you with the information you got?

- Based on your experience where would you prefer to get information? Probe for preference and why.
- Do you think that mothers should be more or less open about intimate relationships (boyfriends & sex) to their daughters? Why and on what issues?
- How would you advice your mother in making “sex talks” easier?

**Part 4: Perspectives on casual intimate relationships**-we have discussed where you get your information from. This section is also sensitive, and I will ask you about sugar daddies, one night stands and friends with benefits. I know sharing this information will be uncomfortable, but I would appreciate your honesty.

1. Recently in the media, the sugar daddy phenomenon has become a well talked about topic; do you know what that is? Can you tell me what you know?

- How do you feel about these types of relationships? Probe for reasons. Have you ever engaged or considered to be in one of these relationships? Why/ why not?
- Do you know what “Friends with benefits and “one night stand” are? Can you tell me what you know?
- How do you feel about these types of relationships?
- Have you ever engaged or considered any of the above casual intimate relationships? Why/why not? Do you know anyone who is engaged in this type of relationships? Do you mind telling me about it?

**Part 5: Information Influence on behaviour**

Can you describe to me a situation that was leading to intimacy and you remembered your mothers’ words and warnings? Can you give me an example of when this happened?

## Appendix 4

### Interview guide for mother

#### Welcome and introduce the purpose of the discussion

Research question

- What is the extent, content and quality of mother-daughter communication on intimate relationships?

Welcome and introduce the purpose of the discussion

**Part1: Family relations and perspectives-** Now that we have finished with that sheet which gave me a little clue about your family's set up, we can now officially start our conversation:

1. Who do you regard as family?

2. How important is your family in your life?

- *Type of people*
- *Relationship with them*
- *Roles each person plays*

3. What role does your extended family play in your life? (Aunts, grandparents, uncles, cousins etc.)

4. Being a parent is indeed a joyful and difficult task to fulfil. Now I have a clear picture about your family and must say it's very interesting family.

Could you describe events that bring your family members together?

- *Weddings, funerals, Christmas, New year's Eve, thanksgiving {mpa yababadimo, ukubonga: giving thanks to the ancestors}*
- *What happens in those events?*
- *When was the last time your family gathered?*

5. The family coming together is very important even though at times is under sad circumstances but it's always good to catch up with each other especially those who live far and you only see once in a while.

Does your family believe in traditional **{Setso/isintu}** practices and beliefs?

- Types of rituals
- Ancestral appeasement
- Traditional medication

### **Additional questions for colleagues:**

**Colleague 1:** how do they (as women) negotiate their conflicting and multiple roles and balance the various responsibilities.

**Colleague 2:** tell me when someone is sick within your household, what do you do? Can you please give me an example of an incident when someone was sick; would you have done things differently if someone else was sick? How do your cultural beliefs influence the type of treatment you decide on?

**Part 2: Sexual communication questions-** I will ask you your thoughts on providing information to children on sexually related issues (family planning, condoms, STIs, boyfriends, sex etc)

1. What are your thoughts on providing information on sexually related issues to children?
2. In your opinion when should children begin receiving information on sexually related issues?

**Part 3: Understanding of intimate relationships-** we have talked about your family, and now I will ask you more sensitive questions, about boyfriends and sex. I know it's uncomfortable to talk about these things but I would really appreciate it if you shared your thoughts, feelings and experiences with me.

1. What do you think about dating? How should a person act when in a relationship?
2. What do you think young people do in their relationships?
3. When do you think it's appropriate for young people to be engaged in sexually related activity (have boyfriends and sex)? Why do you think so?
4. How do you feel about your daughter having a boyfriend?
  - How do you see/want your daughters' boyfriend to "fit into" your family and your daughter in his?

**Part 4: Experience of mother on intimate relationship communication-**we have talked about your thoughts on providing information on sexually related issues to children. Now I will ask you your own experiences, I will ask you where you got your information when you were younger. I understand it was a while back, but I would appreciate it if you could be as accurate as possible

1. Tell me about your own experience during your time: In your early years who gave you information on boyfriends and sex (love desire, family planning, STIs, pregnancy)? How was it given?
  - *who initiated conversations*
  - *what was said*
  - *how often the conversations take place*
  - *were they comfortable*

- *challenges*

**Prompt.** what were your thoughts and feelings while experiencing the conversations?

**Part 5: Experience of mother -daughter communication on intimate relationships-we have talked about your experience of conversation on sexually related issues when you were growing up. Now I will ask you your experiences of talking to your daughter about such topics.**

1. Can you tell me your experiences of having conversations with your daughter about sexually related issues? (Boyfriends, sex, love, desire, partner choice, STIs, condoms, abuse, and family planning).

- *who initiated conversations*
- *what was said*
- *how often the conversations take place*
- *were they comfortable*
- *challenges*

2. Are you aware of anyone else or other sources providing information on sexually related issues to your daughter? Whom? Do you know what did these sources of information have to say?

3. Based on your own experience where would you prefer your daughter to get information? Probe for preference, and why?

- In your opinion how much information on sexually related issues (love, sex, desire, experimenting, and partner choice) should children be given?

4. In your past experiences, has your voice on such issues been respected or heard? Probe: how so? How did this make you feel?

5. Looking back at some of the conversations you had with your daughter, what would you have done differently?

**Part 6: Perspectives on casual intimate relationships-I will ask you your thoughts on casual relationships**

1. Recently in the media, the sugar daddy phenomenon has become a well talked about topic; do you know what that is? How do you feel about these types of relationships? Probe for reasons.

2. Do you know about “Friends with benefits” and “one night stand” How do you feel about these types of relationships? Do you know anyone who is engaged in this type of relationships? Do you mind sharing this with me?

## Appendix 5

### Mothers Information sheet

#### Information sheet for participants in the study entitled: **Mother – daughter communication on intimate relationships: Narratives from Mangaung township in South Africa**

Dear participant,

My name is Ntombizonke Gumede. I am from the University of the Free State, currently doing my Master's degree in Social Sciences, in Sociology (Narrative Study of Lives). I am doing a study on mother-daughter communication on intimate relationships as part of the fulfilment of a Master in Social Sciences degree in Sociology.

The aim of my research is to find out the willingness, extent and content of conversations on sex, sexuality and intimate relationships between mothers and their daughters, the level of comfortability and how they understand intimate partner relationships. I am interested to learn about mothers' and daughters' personal experiences of discussing sensitive topics.

At our first meeting, you will have the chance to ask questions about the study. I will ask you to sign a consent form, both to participate in the study and to record the interview. I will ask you questions about your life, feelings and experiences. Because of the sensitive nature of my study, I will ask you questions that are personal.

Participation in my research is voluntary and I would like to meet with you two or three times. You have the right to not answer specific questions or to withdraw from the interview at any time. The conversations can last up to two hours and they will be digitally recorded. To ensure confidentiality your identity and your daughter's identity will be protected and pseudonyms will be assigned; apart from me nobody else will be able to match your real name with your pseudonym. You and your mother will be interviewed separately without the other being present to protect your privacy. I will not share the data with your daughter and vice versa.

Please note that there is no right or wrong answer, I am simply interested in understanding your life experiences and views. Therefore, your honesty will be very much appreciated. In the case you need to talk to someone about a personal problem, a social worker can be contacted on your behalf to enlist the help of available resources.

This research has been approved by the University of the Free State Ethics Committee. If you have any questions or concerns about my study please feel free to contact my supervisors or me.

#### Contact details

Prof. J.K Coetzee (Supervisor)	051 401 2881
Dr. A. Young-Hauser (Co-supervisor)	0723159950
Ntombizonke Gumede (Principal researcher)	082 256 8783
Elbie Conradie (Social worker)	082 448 1873

**Thank you for your participation ☺**

## Appendix 6

### Daughter's Information Sheet

Information sheet for participants in the study entitled: **Mother – daughter communication on intimate relationships: Narratives from Mangaung township in South Africa**

Dear participant,

My name is Ntombizonke Gumede. I am from the University of the Free State, currently doing my Master's degree in Social Sciences, in Sociology (Narrative Study of Lives). I am doing a study on mother-daughter communication on intimate relationships as part of the fulfilment of a Master in Social Sciences degree in Sociology.

The aim of my research is to find out the willingness, extent and content of conversations on sex, sexuality and intimate relationships between mothers and their daughters, the level of comfortability and how they understand intimate partner relationships. I am interested to learn about mothers' and daughters' personal experiences of discussing sensitive topics.

At our first meeting, you will have the chance to ask questions about the study. I will ask you to sign a consent form, both to participate in the study and to record the interview. I will ask you questions about your life, feelings and experiences. Because of the sensitive nature of my study, I will ask you questions that are personal.

Participation in my research is voluntary and I would like to meet with you two or three times. You have the right to not answer specific questions or to withdraw from the interview at any time. The conversations can last up to two hours and they will be digitally recorded. To ensure confidentiality your identity and your mother's identity will be protected and pseudonyms will be assigned; apart from me nobody else will be able to match your real name with your pseudonym. You and your mother will be interviewed separately without the other being present to protect your privacy. I will not share the data with your mother and vice versa.

Please note that there is no right or wrong answer, I am simply interested in understanding your life experiences and views. Therefore, your honesty will be very much appreciated.

In the case you need to talk to someone about a personal problem, a social worker can be contacted on your behalf to enlist the help of available resources.

This research has been approved by the University of the Free State Ethics Committee. If you have any questions or concerns about my study please feel free to contact my supervisors or me.

#### Contact details

Prof. J.K Coetzee (Supervisor)	051 401 2881
Dr. A. Young-Hauser (Co-supervisor)	0723159950
Ntombizonke Gumede (Principal researcher)	082 256 8783
Elbie Conradie (Social worker)	082 448 1873

**Thank you for your participation 😊**

## Appendix 7

### Demographic information sheet

Interviewee name: .....

Date of interview: .....

Place of interview: .....

Duration of interview: .....

Time started: .....

time ended: .....

Participant identifier: .....

Relationship status: .....

Place of birth: .....

Date of birth: .....

Raised in (rural/small town/city): .....

Household members and relation: .....

.....

.....

.....

Number of children: .....

Children's ages and gender: .....

• Biological: .....

• Other: .....

Highest qualification: .....

Work: permanent as .....

Casual as .....

Unemployed:

Work of partner/husband: permanent as: .....

Casual as: .....

Unemployed: .....

Other sources of income: .....

.....

.....

Peculiarities of interview: .....

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### **Language**

First language of interviewee: .....

Language the interview was carried out: .....

Particular language issues/ barriers encountered during the interview:

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.....

.....

Specific/concrete problems encountered during the translation process:

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