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Masters Short Dissertation

**Title: Retrospective reports of parent-adolescent communication about
sex education and issues related to sexuality in a sample of female
university students**

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DECLARATION

Submitted in partial fulfilment of the requirements for the degree of **Masters in Health Promotion**, in the Graduate Programme at **Howard College**, University of KwaZulu-Natal, South Africa.

I declare that this dissertation is my own unaided work. All citations, references and borrowed ideas have been duly acknowledged. I confirm that an external editor was not used. It is being submitted for the degree of **Masters in Health Promotion** in the Faculty of Humanities, Development and Social Sciences, University of KwaZulu-Natal, South Africa. None of the present work has been submitted previously for any degree or examination in any other University.

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Date-----

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Abstract

Title: Retrospective reports of parent-adolescent communication about sex education and issues related to sexuality in a sample of female university students.

Aim. The aim of this research was to explore parent-adolescent communication about sex and sexuality among university students.

Background. The rates of HIV/AIDS and pregnancy among adolescents in South Africa are very problematic issues. In the context of children and adolescents' sexual socialization, both Western studies and studies from African countries have found that families, especially parents, are crucial in influencing adolescent attitudes, decision-making and participation in sexual behaviour.

Methods. A qualitative study was conducted using focus groups to examine parent-adolescent sex education among university students.

Findings. Participants reported that parents generally avoided discussions about sex especially fathers, framed sex negatively and highlighted the negative effects of sex such as HIV/AIDS and pregnancy. The reasons participants believed that parents were uncomfortable in discussing sex were due to insufficient knowledge to explain certain aspects of sex, that sex was taboo, that by discussing sex it would be viewed as condoning or encouraging sexual activity.

Conclusion. Parents need to be educated regarding the benefits that comprehensive sex education will have for their children, in the light of the massive problem of HIV/AIDS in South Africa. Education on these matters is vital for all young people.

Keywords: retrospective reports, parent-adolescent communication, sex education, sexuality.

Chapter 1: Introduction

Sexual socialization refers to the process in which knowledge, attitudes, and values about sexuality are obtained. It is a complex, multidimensional process that takes place gradually over many years and involves organizing input from numerous sources. The messages received cover a variety of topics, including biological information about reproduction, to values and attitudes about dating, sex, love, and romantic relationships. Sexual messages are conveyed both verbally and nonverbally, directly and indirectly, and are often subtle, ambiguous, and conflicting (Ward, 2002).

The view of adolescent sexuality supported in this research project is that it is an important and positive part of the overall well-being of young people (Chilman, 1990). Maddock argues (cited in Chilman, 1990) that there is a powerful inclination to view sexuality as innately problematic, as opposed to a normal element of maturation.

In the Netherlands parents are open and honest about sex and sexuality with their children, and they are supported by schools in this regard. According to Ingham (cited in Epstein & Johnson, 1998, p. 172) young people in the Netherlands are exposed to liberal (referring to open and honest) sex education in primary school. The results of this are very low rates of teen pregnancy and STD's (including HIV/AIDS), a greater comfort with sexuality, and more confidence in negotiating sexual experiences. Dutch youth who are exposed to the liberal approach seem more confident and engage in more safe sex in contrast to the youth in the UK (Epstein & Johnson, 1998). Ingham (cited in Epstein & Johnson, 1998, p. 173) states that in Britain early, unsafe intercourse in the context of temporary relationships occurred more commonly among the youth from moralistic and laissez-faire families than from realist/humanist families. According to Epstein and Johnson, (1998) this can be explained by the fact that in contexts where young people were unable to discuss issues around sexuality with significant adults, they were more inclined to engage in risky sexual encounters, as opposed to those who were able to discuss these issues. "The Dutch approach [therefore] means spending less time and effort trying to prevent young people from becoming sexually active, and more time and

effort in educating and empowering young people to behave responsibly when they do become sexually active” (Youth incentives cited in Schalet, 2004, p. 3).

According to Butler, (2004, p. 2) “The denial of sexual and reproductive health and rights are at the root of many health-related problems around the world”. Butler (2004) argues that there is a need to move away from a negative perception of sexuality, where sexual health focuses primarily on avoidance of infection or pregnancy, towards a focus on sexual health that looks positively and respectfully at sexuality and sexual relationships, and prioritizes having gratifying and safe sexual experiences, free from discrimination, coercion, and violence (Butler, 2004). Butler (2004) also argues for sexual rights where individuals are seen as having the right to provide comprehensive sex education to the youth (Butler, 2004). All persons are entitled to the following rights: to receive sex related information; to choose whether to be sexually active or not; and “to pursue a satisfying, safe and pleasurable sexual life” (Butler, 2004, p. 3). From this perspective youth have the right to information that will enable them to *pursue* a safe sexual life. This does not equate to actively promoting sexuality, but rather preparing youth for a safe and pleasurable sexual life.

Although adolescence, as a period, contains certain common themes, such as rising independence and burgeoning physical and psychological sexuality, individual adolescents and their families display a range of variations on these themes, something that is frequently ignored by both researchers and clinicians in their enthusiastic search for reassuring generalizations (Chilman, 1990). Consequently, it is inapt to think in stereotyped terms (Chilman, 1990) of “the sexually active adolescent girl,” for instance. There are countless types of sexual activities, various kinds of girls participating in these activities, and numerous types of meanings and outcomes (Chilman, 1990).

HIV/AIDS and teen pregnancy rates in South Africa are pressing issues that are not declining. An examination of parental communication of these issues may highlight reasons why this is so. This study therefore examined university students’ accounts of the

communication about sex and sexuality that they received from their parents during adolescence.

Aim

The aim of this research was to explore parent-adolescent communication about sex and sexuality among university students.

Rationale

My interest in the topic is due to the fact that it has been established that open communication concerning sex between parents and adolescents is vital to the development of social and coping skills in adolescents (Noller & Callan, cited in Kirkman, Rosenthal & Feldman, 2005, p. 49-50); and that open and receptive communication styles by parents are related to less adolescent sexual risk taking (Kotchick et al., cited in Kirkman, Rosenthal & Feldman, 2005, p. 50).

The term ‘open’ communication as defined in this study will refer to parents being honest in discussing sexual matters with their adolescents (Butler, 2004). Sex education in this study refers to information on biological reproduction. Honest discussions should include (Butler, 2004) the biology of reproduction; emotions associated with sex, STD’s including HIV/AIDS and pregnancy; contraception and condoms, dating and peer pressure. Issues around sexuality in this study refer to the aforementioned topics.

The potential benefit of this study is a more in-depth understanding of parent-adolescent communication about issues related to sex education and sexuality, and to make changes in areas where the level of communication is insufficient in order to empower young people to make more health-enabling decisions around sex and sexual decision making.

Research questions

1. What topics about sex and sexuality did parents discuss with their children?

2. What communication style did parents use with their children?
3. How open were the parents with their children regarding sexual matters?
4. What topics about sex and sexuality did the participants want their parents to discuss with them?
5. What verbal & nonverbal messages did the participants receive from their parents regarding sex education and sexuality?

Chapter 2: Literature review

Theoretical framework

The theoretical framework adopted in this study is social construction.

The following are the key assumptions of social construction according to Burr (1995):

a) A critique of taken-for-granted knowledge

Social constructionism questions our taken-for-granted ways of understanding the world. It asks us to be critical of the belief that by observing the world we can grasp its nature. To dispute the view that knowledge is derived from objective, unbiased observation of the world.

b) Historical and cultural specificity

“The ways in which we commonly understand the world, the categories and concepts we use, are historically and culturally specific” (Burr, 1995, p. 3). These ways of understanding are viewed as the products of a specific culture and history, and are reliant upon the specific social and economic climate existing in the culture at that time.

c) Knowledge is sustained by social processes

This refers to the co-construction of knowledge among people. Our accounts of knowledge are formulated via the everyday interactions among people in the course of social life. As a result our present accepted ways of comprehending the world are created via this process.

d) Knowledge and social action go together

These agreed upon understandings can take a range of diverse forms, and thus there are several possible ‘social constructions’ of the world. And the different constructions invite different actions from people. “Descriptions or constructions of the world therefore sustain some patterns of social action and exclude others” (Burr, 1995, p. 3).

Social construction is very appropriate for this study as the definitions of sexuality have changed over time and also vary across cultures. Also the way parents' construct adolescent sexuality affects the way that they communicate about sexual matters. For example if parents view adolescents solely as irrational, hormone-fuelled beings who cannot make good rational decisions they are more likely to refrain from discussing sexual issues with them, as parents may believe that these discussions may be interpreted as condoning sex. However, if parents believe that adolescents' can make rational decisions and that by providing their children with information about sex they are empowering their children with knowledge that they can use to make good health-enabling decisions, then they are more likely to communicate more openly with them. This study was an empirical one using primary data derived from focus groups.

Background

The rates of HIV/AIDS and pregnancy among adolescents in South Africa are very problematic issues. In the context of children and adolescents' sexual socialization, both Western studies and studies from African countries found that families, especially parents, are crucial in influencing adolescent attitudes, decision-making and participation in sexual behaviour (Namisi, Flisher, Overland, Bastien, Onya, Kaaya & Aarø 2009). It has been demonstrated that parent-teen sexual communication influences the sexual behaviour of teens (Hutchinson & Cooney, 1998). PTSRC (parent-teen sexual risk communication) scores were found to be significantly correlated with higher levels of condom use self-efficacy, more sexual communication with the partner, and questioning around STDs and numbers of past partners preceding sex with the most recent or present partner (Hutchinson & Cooney, 1998). The above finding is especially important as condom use self-efficacy has been shown to be a significant predictor (Hutchinson & Cooney, 1998) of safer sex behaviours among young women. Discussing/negotiating condom use with partners has been acknowledged as an important sexual protective strategy for women that is significantly linked with subsequent condom use (Hutchinson & Cooney, 1998). Therefore, for young women, parent-teen sexual risk communication could potentially make an important difference in terms of reducing sexual risk-taking behaviour through its influence on condom use self-efficacy, sexual risk communication,

and negotiation for condom use (Hutchinson & Cooney, 1998). According to Namisi et al. (2009) frequent and quality sexuality communication with both fathers and mothers in the USA and Africa is positively associated with abstinence and absence of adolescent sexual activity. In sum, depending on the studies consulted, parent-adolescent sex communication results in either abstinence or in safer sex and both these effects are positive and health enabling.

The different conceptualizations of ‘openness’

In an interesting qualitative study by Kirkman Rosenthal and Feldman (2005) using interviews to interrogate the notion of openness, it was found, that both parents and adolescents have divergent conceptualizations regarding the meaning of *openness* in parent-adolescent communication about sexuality.

Although no questions were asked concerning open communication during the study, most participants impulsively stated that openness was important (Kirkman et al., 2005). Some parents regretted the absence of openness in their families of origin (Kirkman et al., 2005). Parents, particularly mothers, (Kirkman et al., 2005) described open communication about sexuality as indispensable in directing adolescent behaviour.

The difficulty of obtaining a balance in communicating a difficult topic such as sex and sexuality may, however, contribute to apparent contradictions in the meaning of openness. The meaning of ‘open’ among participants seemed to be contradictory (Kirkman et al., 2005). However, a careful analysis of their transcripts by the authors revealed that these could be more accurately understood as delineations of the meaning of openness as opposed to contradictory definitions (Kirkman et al., 2005).

Components of meaning that openness could entail were (Kirkman et al., 2005): to be prepared to answer questions, having an open-minded attitude; openness does not signify keeping a spotlight on the topic; openness and privacy need to be balanced; and that openness is tailored to the maturity level of the child. Boundaries that characterize meaning further are that openness in communication, particularly about sexuality, is

impeded by gender; it is restricted by the level of taboo of the topic; and mitigated by social mores and parental limitations.

Limited communication & range of topics

In a multi-site study in South Africa (Mankweng & Cape Town) and Tanzania (Dar es Salaam) by Namisi et al. (2009) it was found that non-communication with parents/guardians, other family member (OFMs) and teachers on sexuality topics was more prevalent in Dar es Salaam than in the two South African locations. The percentage reporting silence in communications with each of these partners in Dar es Salaam differed between 69.3% and 86.6% across genders, communication partners and topics, while in the South African locations, the percentages were between 25.5% and 60.3%. In Cape Town and Mankweng, there was a greater percentage of adolescent males than females who reported silence in relation to communication partners (parents/guardians, OFMs, and teachers). The identical pattern was present across all topics (HIV/AIDS, abstinence, and condoms). In Dar es Salaam, however, a greater percentage of girls than boys reported silence. Regarding discussions on condoms, for the two South African sites, a greater percentage of adolescents reported experiencing silence in relations with the family (parents/guardians or OFMs) in comparison with teachers. Across all three sexuality topics and communication partners 18% of adolescents reported never or hardly ever talking about sexuality. Regarding topics discussed across communication partners, condom use correlated with more silence (31.5%) than HIV/AIDS and abstinence (25% and 27%, respectively). In a study by Lambert & Wood (2005) comparing styles of dialogue, non-verbal communication and behaviour related to sex and health in India (among Hindu populations) and South Africa (among a Xhosa speaking population) it was found that in both contexts, direct parent-child conversations on sex is considered improper in most social groups, while clear hurdles exist to discussing sexual topics with those who are sexually innocent.

Muslim mothers and daughters who had emigrated to the U.S, participated in focus group discussions and semi-structured interviews regarding perceptions about their sexuality communication (Orgocka, 2004). Mothers agreed that it was their responsibility to

provide the ethical and emotional information concerning sex (Orgocka, 2004); however, a minority engaged in open, direct discussions with their daughters. These mothers reported that it was important to discuss sex-related topics with their daughters and to confront any confusion about sex being a prohibited subject (Orgocka, 2004). Their motivation to converse about their daughters' maturing sexuality with their daughters was especially driven by the mothers' own sexual socialization experiences. Mothers reported that their parents did not discuss sex because parents feared that they might obtain boyfriends or experiment (Orgocka, 2004). The young females in the study by Hutchinson and Cooney (1998) also reported low to moderate levels of parent-teen sexual communication, with especially low rates of father-teen sexual communication. Responding to the global question, participants reported that 73.8% of mothers and 20.9% of fathers had supplied them with at least some information on human sexuality in general. However, when questioned about communication on specific sexual risk topics, the percentages reporting such communication were considerably lower. More than 55% of women reported that their mothers had supplied them with at least some information on contraception/birth control; with only 20% of women reporting that their fathers' had given them at least some information. Likewise, almost two-thirds of participants reported that their mothers had provided them at least some information on sexual risk-related matters such as delaying sex, sexual pressure from dating partners, and resisting sexual pressure. Slightly above one third of fathers were reported to have discussed these topics. Most troubling was the finding that only 50% of mothers and less than 25% of fathers were reported to have provided at least some information on subjects such as STDs, HIV, and condoms. Above 85% of respondents reported that mothers had provided them at least some information about menstruation. Around 66% reportedly discussed reproduction/how babies are made.

Several reasons explained why mothers did not discuss sex (Orgocka, 2004). Some experienced embarrassment (Orgocka, 2004; & Guilamo-Ramos, Dittus, Jaccard, Goldberg, Casillas, & Bouris, 2006) in considering that their daughters were aware of sex. Others were mindful that they lacked the skills to handle sexuality-related questions (Orgocka, 2004). According to Orgocka (2004), however, a more alarming finding was

that a minority of participating mothers believed that daughters did not require that much information because that job was left to their daughters' husbands who should be more knowledgeable about sex than their daughters. Almost half of young women (Hutchinson & Cooney, 1998; & Fitzharris & Werner-Wilson, 2004) (45%) reported feeling "somewhat" or "very" uncomfortable discussing sexual topics with their parents. The percentage perceiving their parents as "somewhat" or "very" uncomfortable was smaller but still significant (32%) (Hutchinson & Cooney, 1998; & Fitzharris & Werner-Wilson, 2004). Parents' greater discomfort with discussing sexual topics (Hutchinson & Cooney, 1998) such as STDs that are more closely related to sexual intercourse (in comparison with discussing dating or menstruation, for example) may surely hinder the discussion of STDs and sexual risk topics (Hutchinson & Cooney, 1998). In addition, however, parents may be unaware of the importance of these topics to their children and may not perceive AIDS and STDs as genuine threats to their children nowadays, particularly given the social depiction of AIDS as a "high-risk-group" disease (Hutchinson & Cooney, 1998). The majority of the women in the study by Brock & Jennings (1993) recalled the sexuality education that they acquired from their mothers as being categorized by very limited discussion. What the participants recalled when they were asked the question, what they remembered their mothers' telling them about sexuality? (the instant response of more than half the participants comprised the words nothing, not, no, none, or never. They spoke with a sense of regret, sorrow, and disappointment. Virtually all the women explained their mothers' shortcomings in providing sexuality education in ways that vindicated their mothers. Most of the women provided reasons to account for their mothers' method to sexuality education. Their explanations fell into the following groups: her insufficient education, her conservative family background, her lack of experience with sexual gratification, her personal issues, and her lack of time. Some daughters also believed (Orgocka, 2004; & Fitzharris & Werner-Wilson, 2004) that their mothers lacked the knowledge and the skills to discuss sex in a scientific way.

Along with the discomfort that occurs when discussing sex, parents also felt that mixed messages may be presented in sexuality discussions (Fitzharris & Werner-Wilson, 2004). Some parents believed that discussing sex with adolescents (Fitzharris & Werner-Wilson,

2004; & Guilamo-Ramos et al., 2006) might encourage or condone sexual behaviours. Many were concerned what they may be suggesting by bringing up the subject of sex (Fitzharris & Werner-Wilson, 2004). Talking about condoms and contraceptives was also believed to present mixed messages. (Fitzharris & Werner-Wilson, 2004) Parents believed that if they discussed condoms, (Fitzharris & Werner-Wilson, 2004) they would be assuming that the child was engaging in sex. Although many parents felt that discussing sex, especially condoms and other contraceptives might encourage sexual behaviours, numerous other parents did not feel that these mixed messages were a huge concern (Fitzharris & Werner-Wilson, 2004).

When discussing sex and sexuality with their adolescents, parents felt that numerous topics should be addressed, whether those subjects are brought up by parents or through formal sex education programs (Fitzharris & Werner-Wilson, 2004). The list of topics parents provided (Fitzharris & Werner-Wilson, 2004) were: anatomy and physiology, mechanics, sexually transmitted infections, birth control and facts and myths. Parents wanted their children to be mindful of the outcomes of premature sexual activity and the responsibilities that come with sexual activity. Parents also wanted to ensure that adolescents were conscious of peer pressure and that they knew about self-concept so that they could be firm in their decisions concerning sexual intercourse (Fitzharris & Werner-Wilson, 2004).

Although mothers did not discuss sex with their daughters, they overwhelmingly stated that they were on hand if their daughters had questions (Orgocka, 2004). Mothers believed (Orgocka, 2004) that it was unnecessary to initiate the conversation. They were confident that via all the talks and books that the girls read, (Orgocka, 2004) that they concluded that virginity and sex was important. Furthermore, wearing modest clothing, including loose fitting pants and dresses, and being occasionally affectionate with their husbands in their children's presence were methods to indirectly educate their daughters about sex (Orgocka, 2004).

Daughters spoke about mothers' inclination to delay discussing sex due to their daughters' age (Orgocka, 2004). They were certain that their mothers would discuss sex on the right occasion i.e. on the daughter's engagement, or just prior to marriage because that was when they would require it (Orgocka, 2004). A few older girls realistically, however, articulated anxiety that that might be too late and that most of the girls were not worried about the wedding ceremony, instead they feared the first night with a man (Orgocka, 2004).

Both mothers and daughters reported that they conversed about issues such as relationships with the opposite sex, virginity and dating. However few reported that they had discussed sexuality as an individual's experience (Orgocka, 2004). Aside from conveying Islamic moral values to their daughters, mothers also discussed menstruation and what meaning the event had for girls from the Islamic point of view (Orgocka, 2004). Mothers educated their daughters how to utilize sanitary pads (but not tampons as they could rupture the hymen and compromise a girl's virginity), and how to clean themselves for worship when their period ended (Orgocka, 2004). Mothers both neutralized and celebrated the occasion (Orgocka, 2004) by treating periods as normal and by having a party for their daughters when they experienced their first menstruation.

In a study in Ghana (Kumi-Kyereme, Awusabo-Asare, Biddlecom, & Tanle, 2007) it was found that the insufficient communication between parents and adolescents on sex-related issues is steeped in the attitudes of some parents towards topics related to sexuality. Norms for adolescent sexual behaviour indirectly endorse male sexual activity but not for females (Kumi-Kyereme, et al. 2007). While females are expected to be virgins at marriage, (Kumi-Kyereme, et al. 2007) the same is not so for males. Consequently, parents advise sons to be cautious, but 'warn' daughters about sexual rendezvous with boys (Kumi-Kyereme, et al. 2007). Although mothers were more likely to be consulted than fathers, the perception of mothers as people to discuss these sorts of topics with was not entirely positive (Kumi-Kyereme, et al. 2007). From the focus group discussions (Kumi-Kyereme, et al. 2007), mothers could be categorised into four groups: those who were approachable (and were in the minority), those who constantly passed the buck and

indicated that the child should go and ask someone else such as the grandmother or the father, those who yelled at the children whenever a discussion came about concerning sexual and reproductive health, and those mothers who were believed to have discussed their troubles with others such as the fathers, referred to as the ‘gossipers’ sometimes resulting in punitive actions against the child.

Fathers were described as tyrants who did not pay attention and also acted against their children's opposite sex friends, particularly male friends who visited their daughters (Kumi-Kyereme, et al. 2007). An example (Kumi-Kyereme, et al. 2007) was given by a participant whose father struck down a boy who had come to visit her for no apparent reason. The boy told all his friends never to visit the girl because of the incident (Kumi-Kyereme, et al. 2007). Owing to the insufficient communication on sex-related topics between adolescents and adults, when some girls experience unwanted sex they cannot notify or discuss the incident with parents (Kumi-Kyereme, et al. 2007). Some girls may not even report rape to parents because they (the children) dread being punished or blamed for permitting the act to occur to them (Kumi-Kyereme, et al. 2007). An example (Kumi-Kyereme, et al. 2007) is provided by a participant who was raped, but feared that she would be blamed by her parents for the rape so she remained silent, not reporting the incident to her parents or the police.

In a study by Chung, Borneo, Kilpatrick, Lopez, Travis, Lui, Khandwala, & Schuster (2005) it was found that parents, grandparents, and adolescents believed that schools should be the main source of facts about sex. Most were content with school sex education, (Chung, et al., 2005) however, parents and grandparents disclosed that they were unaware what facts were being provided at school. Furthermore, the majority of participants' believed that facts alone were inadequate for sexual decision making (Chung, et al., 2005). It was also found (Chung, et al., 2005) that adolescents acquire and learn from friends experience-driven personal information about sex and related issues. Somewhat more adolescents in the study by Kumi-Kyereme, et al. (2007) named people outside of the household particularly, teachers and friends than related members as those who discussed sex-related topics. Approximately 25% of females and males had friends,

typically of the same gender, who discussed sex-related matters with them, and this was much more frequent for older than younger adolescents (Kumi-Kyereme, et al. 2007).

Negativity, risks and warnings

Parents generally framed sex in a negative light, ignoring the positive aspects of sex like intimacy and pleasure and focusing on the negative consequences.

Participants recalled the strong presence of negative, nonverbal messages; and the regular exercise of warnings and rules (Brock & Jennings, 1993). In terms of the negative messages, participants discussed that they got the impression that: they should not be thinking about sex, that anything sexual was bad and that you don't talk about sex. With regard to the rules and warnings participants discussed were: not to get involved with boys, that you don't ever allow a boy to stop the car, not to get pregnant and embarrass the family, that sexuality always caused trouble, and that sex was something that good girls didn't do.

Whether they chose a direct or indirect style of communication with their daughters, mothers reported that Muslim ethics of guarded sexual behaviour, directed discussions with their daughters (Orgocka, 2004). Mothers highlighted that the Islamic injunction against premarital sex was a blessing from God that sheltered daughters from contracting lethal diseases such as AIDS or being forced to leave school due to a pregnancy (Orgocka, 2004). Mothers also reported that they had made clear to their daughters that with the onset of menstruation every act counted and they were accountable to God for any improper behaviour including being in the company of unrelated men (Orgocka, 2004). Discussion of emotions associated with a maturing body was not reported (Orgocka, 2004). Mothers focused on the dangers premarital sex posed to the social and moral order (Orgocka, 2004). Numerous girls (Orgocka, 2004) stated that their mothers had discussed with them that they are Muslim girls, and that they should never be placed in a situation where they feel like they have to act on the talk. Some mothers utilised fear to try to convince their daughters to be abstinent or have safer sex. In these instances,

there was a strong focus on the negative outcomes of sexual activity (Pluhar & Kuriloff, 2004).

Parents were most likely to talk a great deal about the outcomes of pregnancy (49.6%) and the risks of sexually transmitted diseases (41.4%) (Eisenberg, Sieving, Bearinger, Swain, Resnick, 2006; & Guilamo-Ramos et al., 2006). Approximately 25 to 33% of parents who completed survey interviews reported communicating with their teens a great deal about the possible negative effects of participating in sex on their social life and the idea of waiting until marriage to have sexual relations (Eisenberg et al., 2006). Comparatively few parents discussed a great deal with their teenagers about where to acquire condoms (12.3%) or other means of birth control (11.7%). Parents who thought their children had been involved in a romantic relationship were more prone to report discussing “a great deal” or “a moderate amount” about aspects of sexuality and sexual behaviour than were parents who believed that their teenagers had not been romantically involved (Eisenberg et al., 2006).

Parents shared their experiences discussing issues of contraception and abstinence and what they had conveyed to their adolescents about these issues (Fitzharris & Werner-Wilson, 2004). For example one mother stated that if her child was going to engage in premarital sex then she had better be prepared to support a family and if she could not do so then she was not old enough to engage in sex (Fitzharris & Werner-Wilson, 2004). According to her (Fitzharris & Werner-Wilson, 2004) sex equalled pregnancy because there was no 100% guaranteed contraception. Another participant discussed that if her daughter engaged in premarital sex and contracted genital herpes how was she going to convey this to her future fiancée (Fitzharris & Werner-Wilson, 2004). She stated further that males like to sleep around but they don’t marry the ones they sleep around with, questioning her daughter on what she desired, either to have sex now and be popular with the guys or to have a family in future and someone who truly cares for her (Fitzharris & Werner-Wilson, 2004).

Preference for mothers

It was found that mothers are the main communicator when it comes to imparting information about sex to their teenage daughters (Hutchinson & Cooney, 1998). The young women in this study (Hutchinson & Cooney, 1998) reported obtaining considerably more information about sexual risk topics from mothers than fathers.

Among parents in Kenya, the UK and, especially, the USA the mother is the favoured sexuality communication partner for both male and female adolescents (Namisi et al., 2009). Communication about sexuality among parents and adolescents differs with subject, who is involved, and gender match (Namisi et al., 2009). African studies and studies from the USA (Namisi et al., 2009) have reliably demonstrated greater sexuality communication between mother and child than between father and child. Furthermore, research point outs that mothers do converse more with daughters than with sons, and fathers more with sons than with daughters (Namisi et al., 2009).

Forty-four per cent of the participants favoured communicating about sexuality matters with their mothers and 14.7% with their fathers (Namisi et al., 2009. Mothers were favoured as communication partners (Namisi et al., 2009) by a majority of female participants' at all three sites. In Cape Town, 30.7% of the male participants favoured the mother and 22.1% preferred the father (Namisi et al., 2009). In the two other sites, (Namisi et al., 2009) more male adolescents favoured communicating with fathers (47.1% and 27.2% in Dar es Salaam and Mankweng, correspondingly) to conversing with mothers (11.3% and 20.5%). Other family members were favoured as communication partners by a higher percentage of adolescents in Dar es Salaam (22.6%) than in the other two locations (less than 12%) (Namisi et al., 2009). Teachers were more popular as communication partners between adolescents in Mankweng than in the other two locations (18.3% vs. less than 13%) (Namisi et al., 2009).

Rashoman effect

Research and clinical evidence (Fitzharris & Werner-Wilson, 2004) proposes that numerous individuals observing or engaging in the same incident will agree on some

characteristics but report on different facets of the event or identify diverse motivations connected with it. Social psychologists have described this phenomenon connected with the perception of manifold realities as a *Rashoman* effect (Fitzharris & Werner-Wilson, 2004). A *Rashoman* effect may account for the differences in perception regarding parent-adolescent sexuality communication reported in some studies (Fitzharris & Werner-Wilson, 2004). If mothers and fathers believe that they have previously discussed sex with their adolescent, they may feel that additional discussions are needless (Fitzharris & Werner-Wilson, 2004). Therefore, perception that conversations have already taken place may be an obstacle to engaging in future conversations about sexuality (Fitzharris & Werner-Wilson, 2004).

Although the majority of mothers reported that they discussed sex-related topics openly with their daughters most of the time or always, a third of the daughters in the study reported that they did so only occasionally (Orgocka, 2004). Daughters reported that their mothers hardly ever discussed sex (Orgocka, 2004).

Sexuality communication among parents and adolescents was reported as minimal by most of the adolescent participants (Fitzharris & Werner-Wilson, 2004; & Chung, et al., 2005). Adolescents also discussed their experiences with lectures regarding sex and sexuality. Some adolescents expressed their reluctance to approach parents (Fitzharris & Werner-Wilson, 2004; & Chung, et al., 2005) due to their fear of being judged and lectured to. Parents shared their experiences (Fitzharris & Werner-Wilson, 2004) discussing issues of contraception and abstinence and what they have conveyed to their adolescents about these issues. It seems that the parents in these focus groups were reporting more discussion taking place than were the adolescent participants (Fitzharris & Werner-Wilson, 2004). However, the definition of what comprises a discussion about sexuality may vary between parents and adolescents (Fitzharris & Werner-Wilson, 2004). Adolescents appear to dismiss conversations that entail scare tactics and lectures and it appears that those are the kinds of conversations that parents are reporting engaging in with their children (Fitzharris & Werner-Wilson, 2004).

Communication style and quality of relationships

In a study by Pluhar & Kuriloff (2004) using videotaped interviews, the interviewer handed 30 mother-daughter pairs 3 numbered envelopes to specify the sequence in which to open them, and informed participants to open each envelope and speak about the enclosed topic for as long as they desired. At that point, the interviewer switched on the camera and departed the room (Pluhar & Kuriloff, 2004). The 3 discussion topics were: firstly to please discuss their family's rules and how they determined these rules (to instigate discussion), secondly to discuss their views on teenage sexual behavior, and thirdly to discuss the use of different birth control methods. It was found that the style of communication that mothers used and the quality of relationships between them and their adolescents affected the impact of sex-related discussions (Pluhar & Kuriloff, 2004). During the interviews and analysis, it became apparent that sex-related discussions were a meaningless process without the emotional context of a mother-daughter relationship (Pluhar & Kuriloff, 2004). For the mothers and daughters in this study, the effects of communication were inextricably linked to the nature of the relationship within which the discussions occurred. If a mother and her daughter were connected and close, (Pluhar & Kuriloff, 2004) discussions could have a greater impact, while a disconnection in the relationship could compromise any amount of discussions. Therefore, according to the authors, (Pluhar & Kuriloff, 2004) it was important to study the affective qualities that comprised connected and disconnected relationships to facilitate a more complete understanding of the process of sexuality communication.

Pluhar & Kuriloff (2004) found four affective qualities, namely, comfort, empathy, anger, and silence that played a significant function in connection and disconnection.

During the debriefing and follow-up interviews, mothers and daughters were asked to gauge their comfort in handling sex-related issues (Pluhar & Kuriloff, 2004). Most of mothers and daughters (21 of the 30 pairs) stated that they felt comfortable as they had discussed these issues before the study (Pluhar & Kuriloff, 2004). Across the three topics, birth control appeared to produce the most discomfort (Pluhar & Kuriloff, 2004). The mothers who stated that they had not discussed birth control prior to the taping (Pluhar &

Kuriloff, 2004) produced statements that revealed their own ambivalence about accepting their daughters' maturing sexuality.

Overall, more daughters articulated discomfort related to sexuality discussions than did mothers (Pluhar & Kuriloff, 2004). Pairs who stated that they were uncomfortable retained less eye contact, used fewer gestures, and spoke more softly than pairs who stated that they were comfortable (Pluhar & Kuriloff, 2004). Mothers and daughters who both stated that they were comfortable (Pluhar & Kuriloff, 2004) were also those who stated that they had constantly discussed these issues, described their relationships as intimate and connected, and used interactive communication styles (Pluhar & Kuriloff, 2004).

Empathy in this study was conceptualised as treating someone's feelings as real (Pluhar & Kuriloff, 2004). Daughters were closer with adults (including mothers) who were able to identify or empathize with them concerning specific emotions and behaviours (Pluhar & Kuriloff, 2004). Treating another person's feelings as real also appeared as a primary characteristic within connected relationships (Pluhar & Kuriloff, 2004).

Both mothers and daughters revealed anger as an obstacle to quality communication and connection (Pluhar & Kuriloff, 2004). Many daughters stated that they became annoyed when their mothers overreacted or blew things out of proportion (Pluhar & Kuriloff, 2004). According to Pluhar & Kuriloff (2004), frequently the anger and frustration some of the girls articulated was due to the perception that their mothers were generating assumptions or judgments regarding their behaviour (Pluhar & Kuriloff, 2004). The view that 'if she talks about it she's doing it' precluded some daughters from communicating with their mothers (Pluhar & Kuriloff, 2004).

In a few instances, silence emerged as a considerable (and risky) barrier to both communication process and connection in the mother-daughter relationship (Pluhar & Kuriloff, 2004). Although a number of daughters stated that they did not like to talk with

their mothers, most of them had an alternative adult with whom they could communicate (Pluhar & Kuriloff, 2004).

There were also clear disparities in the communication styles across the mother-daughter pairs (Pluhar & Kuriloff, 2004). Generally, pairs could be categorized along a continuum that ranged from didactic to interactive communication (Pluhar & Kuriloff, 2004). Thirteen pairs fell along the didactic end of the continuum (Pluhar & Kuriloff, 2004). In didactic duos, mothers controlled the interview and conversation ran mainly from mother to daughter (Pluhar & Kuriloff, 2004). Daughters frequently positioned their bodies away from their mothers and did not retain eye contact with them (Pluhar & Kuriloff, 2004). Participation from daughters in these pairs was nominal and mothers did the majority of the talking. Some of these mothers described their daughters as bashful or not fond of talking (either only to their mothers or not at all) (Pluhar & Kuriloff, 2004). In contrast, 17 duos fitted along the interactive end of the communication continuum (Pluhar & Kuriloff, 2004). Among these, nine had very interactive styles of communication (Pluhar & Kuriloff, 2004). These mothers and daughters mutually opened the envelopes and began the conversations (Pluhar & Kuriloff, 2004). Talk flowed in both directions, from mother to daughter and from daughter to mother (Pluhar & Kuriloff, 2004). Interactive daughters and mothers retained more eye contact and positioned their bodies toward each other frequently touching, gesturing or leaning toward one another (Pluhar & Kuriloff, 2004). They tended to discuss the topics as opposed to engaging in a lecturer-listener pattern in which the mother was the active speaker and the daughter was the passive listener (Pluhar & Kuriloff, 2004). Interactive duos also were more likely to describe their relationships as intimate and connected (Pluhar & Kuriloff, 2004).

Interactive mothers and daughters highlighted listening as a necessary component of communication and closeness (Pluhar & Kuriloff, 2004). Having a mother who listened encouraged daughters to want to share their thoughts and feelings, experiences at school, and go to their mothers for guidance when they were experiencing a problem (Pluhar & Kuriloff, 2004). Mothers also pointed to listening (Pluhar & Kuriloff, 2004). In contrast, not listening turned numerous daughters off communicating with their mothers about

sexuality (Pluhar & Kuriloff, 2004). Daughters wanted their mothers to truly listen to them not begin in on a didactic lecture, disrupt, assume, or pass judgment (Pluhar & Kuriloff, 2004).

Beginning early on with communication, in general, and about sexuality specifically emerged as cardinal in the connected mother-daughter relationships (Pluhar & Kuriloff, 2004). Connected duos frequently described a closeness that began early and was constant throughout life (Pluhar & Kuriloff, 2004). Mothers who started early worked at sustaining communication and connection with their daughters and attempted to influence healthy decision making regarding sexual behaviour by being unrelenting (Pluhar & Kuriloff, 2004).

In the study by Kumi-Kyereme et al. (2007), responses from the in-depth interviews underpinned those from the survey and indicated that both mothers and fathers were more prone to discuss with daughters than with sons regarding evading premature sex, particularly within the context of formal education and pregnancy. Child/parent communication on sexual and reproductive health, when it took place, was mainly in the form of orders and left little scope for discussion (Kumi-Kyereme, et al. 2007). While some parents/adults are sources of information on sex-related issues, others have not developed the needed environment and relationship with their adolescents for them to feel confident about discussing sexual and reproductive matters with them (Kumi-Kyereme, et al. 2007).

What adolescents desired in their communication with parents

To conclude whether the respondents in their study had desired obtaining more information from parents, Hutchinson & Cooney (1998) asked independently for mothers and fathers, what sexual matters or topics did respondents wish their mother/father had discussed with them but didn't? Almost all (97%) of participants identified at least one topic in which they desired additional information from their mothers; 87% reported that they desired further information from fathers in at least one topic area (Hutchinson & Cooney, 1998).

In the study by Brock & Jennings (1993) most of the women desired comfortable, open talk; discussion of emotions; and discussion of options. Almost all the women in the study stated that they wished their mothers could have conversed with them in an open and comfortable manner (Brock & Jennings, 1993). Some stated particular topics, such as birth control, anatomy/physiology, or homosexuality, but most merely wished for a positive approach without the negative, nonverbal messages (Brock & Jennings, 1993). Participants desired discussion with their mothers about sexuality and feelings both physical and emotional (Brock & Jennings, 1993).

Participants also desired for talks with their mothers concerning sexuality and choices (Brock & Jennings, 1993). Most frequently mentioned were choices in sexual expression/behaviour, in childbearing/pregnancy, and in relationships (Brock & Jennings, 1993). What the majority wished for (Brock & Jennings, 1993) was not so much particular facts but more specifically an approach to sexuality education that depicts sexuality positively as an ordinary, natural thing.

Throughout the discussions (Fitzharris & Werner-Wilson, 2004) between the adolescent participants, it appeared as though communication with parents is not happening often. Some adolescents articulated their desire for further communication to occur so as to prepare them for future experiences with sexual education (Fitzharris & Werner-Wilson, 2004). Yet again, participants revealed that they wanted to have discussions with their parents or other adults, not to be lectured to about sexual issues (Fitzharris & Werner-Wilson, 2004). Thus according to Fitzharris & Werner-Wilson (2004) the main things for parents and sex educators to be conscious of when discussing sexuality issues, is not to lecture, to remain open, honest, frank, and in particular to listen to the adolescent (Fitzharris & Werner-Wilson, 2004). The adolescents in the focus groups discussed the issues that they wished to have additional information on, irrespective if the supplementary information came from parents or the schools (Fitzharris & Werner-Wilson, 2004). The list included contraception, sexually transmitted diseases, in addition to methods of handling sexual pressures and how to sexually control (Fitzharris &

Werner-Wilson, 2004). Along with the issues that adolescents wished to discuss more frequently, was the value timing plays in the presentation of these topics (Fitzharris & Werner-Wilson, 2004).

Chung, et al. (2005) found that parents and grandparents in their study did not discuss feelings (pain, pleasure, relationships and sexual readiness), and adolescents complained that the sex education they received at school did not address emotions and was impersonal.

The benefits of communication

There are numerous benefits to parents discussing sex-related issues with their children. Among participants who discussed sex with their parents before their first sexual experience, having talked about both prevention and risk demonstrated no correlation with earlier age at first sexual intercourse, however, it was correlated with condom use during sexual debut (Zhang; Li; Shah; Baldwin; & Stanton, 2007). In contrast, between adolescents who discussed sex with parents following first sexual intercourse, (Zhang et al., 2007) those who conversed on both prevention and risk were more likely to have had their initial sexual experience at an earlier age (14 years).

Communication with the parents about sexual matters had positive influences (Zhang et al., 2007) on adolescents' sexual behaviours. Condom use at first intercourse was more prevalent among participants who discussed issues associated with prevention and risk with their parents, before their first sexual encounter (Zhang et al., 2007; & Rosenthal & Feldman, 2005).

It was found (Hutchinson & Cooney, 1998) that parent-teen sexual communication influenced the sexual behaviour of teens. PTSRC (parent-teen sexual risk communication) scores were found to be significantly correlated with higher levels of condom use self-efficacy, more sexual communication with the partner, and questioning around STD's and numbers of past partners preceding sex with the most recent or present partner (Hutchinson & Cooney, 1998).

Namisi et al. (2009) found that frequent and quality sexuality communication with both fathers and mothers in the USA and Africa was positively associated with abstinence and absence of adolescent sexual activity.

Demographic differences in communication

Comparable with findings in previous studies, Hutchinson & Cooney (1998) also found considerably higher levels of parental sexual risk discussions reported by African American than Caucasian young women. Differences were significant for sexual risk communication for both parents (Hutchinson & Cooney, 1998).

African American women reported significantly greater amounts of sexual communication with mothers on several particular sexual risk items, namely contraception/ birth control; how to protect yourself from STDs and HIV; condoms; and delaying or not engaging in sex (Hutchinson & Cooney, 1998). African American participants also reported higher levels of communication from mothers than Caucasian participants on numerous other sex-related topics including: menstruation; talking about the mother's previous dating or sexual experiences; and informing how they believed their daughters should behave sexually (Hutchinson & Cooney, 1998).

Similar race distinctions were found for levels of sexual communication between fathers and daughters (Hutchinson & Cooney, 1998). Significant differences were found for the succeeding sexual risk topics (Hutchinson & Cooney, 1998), namely contraception/birth control; STDs; how to protect yourself from contracting STDs and HIV; condoms; resisting sexual pressure from partners and delaying or not engaging in sex. African American fathers were also reportedly more liable to talk about "how babies are made" with their daughters than Caucasian fathers (Hutchinson & Cooney, 1998).

Both African American and Caucasian young women reported that their mothers transmitted significantly more details on sexual risk topics than their fathers (Hutchinson & Cooney, 1998). Hutchinson & Cooney (1998) found that T-tests for dependent sample

means were significant for both groups; $t = 6.41$ ($p = .0001$) for African Americans and $t = 8.34$ ($p = .0001$) for Caucasians.

In sum, significant differences existed in the parent-teen sexual discussion patterns of African American and Caucasian families (Hutchinson & Cooney, 1998). African American parents, especially mothers, were reported to give significantly more information to daughters about sexual risk-related topics (Hutchinson & Cooney, 1998).

Socio-demographic factors for example gender, age, education level, socioeconomic status (SES), area of residence (rural vs. urban) and religion have been found to be correlated with parent-adolescent sexuality communication (Namisi et al., 2009). Diorio et al. (cited in Namisi et al., 2009) reported improved communication with increasing offspring age. Other researchers (Namisi et al., 2009) have reported more discussion with younger people, and that measures of SES were positively correlated with parent-child sexual communication. For example, adolescents whose mothers had below a high-school or college education reported less sexual communication with their mothers (Namisi et al., 2009). Alternatively, higher SES was associated with more parent-child sexual discussion (Namisi et al., 2009). Nevertheless, in some families, communication about sexuality is uncommon, and sometimes the topic is described as “a taboo” (Namisi et al., 2009).

Namisi et al. (2009) were investigating the level of parent-adolescent communication regarding HIV/AIDS, condoms and abstinence. After controlling for other sociodemographic variables, gender was significant in predicting silence in associations with parents/guardians among the participants in all three multiple logistic regression models (Namisi et al., 2009).

While being female was significantly correlated with experiencing silence in Dar es Salaam, being male was related to experiencing silence in Cape Town and Mankweng (Namisi et al., 2009). In Mankweng, religious membership was a significant predictor in experiencing silence in discussions with parents or guardians ($p<0.05$) (Namisi et al.,

2009). Particularly, Christian Catholic and other affiliations (also counting missing) were significantly more liable to experience silence (Namisi et al., 2009) than Christian Protestant participants. For Cape Town, age was not significantly correlated with adolescents experiencing silence in associations with parents/guardians (Namisi et al., 2009). Conversely, increasing age was negatively correlated (Namisi et al., 2009) with experiencing silence in associations with parents or guardians in Dar es Salaam ($p<0.01$) and Mankweng ($p <0.001$). Lastly, SES was significantly correlated with experiencing less silence in relations with parents/guardians in Cape Town ($p< 0.001$) and Mankweng ($p< 0.01$) though not in Dar es Salaam (Namisi et al., 2009). In the study by Lefkowitz, Boone, Au & Sigman (2003) adolescents who communicated with their mothers regarding safer sex were older, less religious and had more educated mothers than those who did not.

For Dar es Salaam, (Namisi et al., 2009) there was a significant interaction result among gender and age ($p <0.001$). Silence decreased with age among females (Namisi et al., 2009), but not males. For Cape Town, there was a significant interaction among gender and religious membership ($p< 0.01$) (Namisi et al., 2009). The percentage reporting silence regarding parents/guardians was especially low for females with a membership in the Christian Catholic church (Namisi et al., 2009). In the study by Kumi-Kyereme, et al. (2007) it was found that female adolescents (46%) are more frequently spoken to about sexual issues by family members than are males (28%), and family participation is more prevalent among older than younger adolescents. The most frequent family member involved was the mother (33% of females and 16% of males) followed by the father (13% and 12% of females and males, respectively) (Kumi-Kyereme, et al. 2007). Aunts, uncles, grandmothers or grandfathers were talked about by fewer than 10% of participants as sources of information on sexual and reproductive health (Kumi-Kyereme, et al. 2007).

In the study by Eisenberg, Sieving, Bearinger, Swain, & Resnick (2006) interaction models were conducted to investigate whether the correlation between parental perception of their teen's romantic attachment and parent-child communication differed

according to the age or gender of the adolescent child. For discussions regarding where to acquire condoms and other birth control, interactions with age were at least somewhat significant (Eisenberg et al., 2006). Models stratified by age group revealed that the odds of discussing where to get hold of condoms were larger if the parent of a 13–15 year old perceived their child was in a romantic relationship than if the parent of a 16–17 year old perceived their child was in a romantic relationship (Eisenberg et al., 2006). The same result was obtained with regard to obtaining other birth control.

Raffaelli & Green (2003) in their study found that participants reported more direct than indirect communication and more communication with mothers than fathers. Results showed that young women reported significantly more direct than indirect communication with both mothers ($p < .001$) and fathers ($p < .001$), while young men reported comparable levels of direct and indirect communication with both parents (Raffaelli & Green, 2003). Females reported more direct communication with mothers ($p < .001$), (Raffaelli & Green, 2003) and less indirect communication with fathers ($p < .05$), than did males. Generally, relationships and values were more often discussed than protection and facts (Raffaelli & Green, 2003). Both young women and men reported greater levels of communication with mothers than fathers (Raffaelli & Green, 2003). Young women talked about relationships, facts, and values with mothers more regularly than did young men, who in turn talked about protection with fathers more frequently than did young women (Raffaelli & Green, 2003). In bivariate correlations, higher levels of direct communication with mothers were correlated with female gender ($r = .25, p < .001$) and maternal education ($r = .26, p < .001$) (Raffaelli & Green, 2003). Direct communication with fathers was linked with paternal education ($r = .29, p < .001$) (Raffaelli & Green, 2003). Higher levels of direct communication about sex were reported by young women (Raffaelli & Green, 2003) and respondents whose mothers had higher education levels.

Deficiencies in the literature

Two major deficiencies in the literature on parent-adolescent sex education/communication were identified. Firstly the majority of the studies focusing on parent-

adolescent sex communication/education have used quantitative methods, making qualitative studies harder to access. Quantitative studies, therefore, can be obtained with relative ease when searching for literature. While these studies are very useful, they are nonetheless one-dimensional and only give us access to certain kinds of information. Qualitative studies are needed in conjunction quantitative ones to give us more comprehensive understandings in any topic area, and sex communication is no different.

Secondly the majority of studies on the topic have used exclusively female participants with fewer studies using male and female participants. Further, most of the studies using both genders have used quantitative methods. I aimed to address the above shortcomings by using a qualitative design with male and female participants. Unfortunately only female participants volunteered for my study.

Chapter 3: Methodology

This study has employed a qualitative methods design. Qualitative research focuses on “understanding the world of the subjects, listening to their voices, and allowing those voices to be heard in the analysis and the report” (Hall & Hall, 2004, p. 150). Qualitative methods allow for a ‘thick description’, and more valid information, as it allows respondents to express themselves in their own words. The reasoning for the use of qualitative methods is that there is a wealth of research studies using quantitative methods consisting of large samples, in examining parent adolescent sex education, but a relative shortage of qualitative studies. Quantitative studies generally focused on listing the topics discussed between parents and adolescents with the use of rating scales etc. With a multitude of such studies pervasive in the literature we do not have sufficient detail on the quality and depth of the communication provided by parents as perceived by children. To remedy this situation, this study will supplement the qualitative literature on this topic with the aim of adding new insights in this area.

Research participants

The research participants were 9 female, 3rd year psychology students doing a research methods course in psychology from a University in Kwa-Zulu Natal. See table below for demographic information of participants.

Demographics	
Gender	
Female	9
Male	0
Race	
Black	3
Indian	2
Coloured	3
White	1
Age	
19 - 20	1
21 - 22	7
23 - 24	1
Religion	
Christian	7
Hindu	1
Atheist	1
Relationship Status	
Single	7
Involved	2
Monthly Family Income	
R 5 000 – R 15 000	3
R 16 000 – R 25 000	0
R 26 000 – R 35 000	2
R 36 000 – R 45 000	0
R 46 000 – R 55 000	1
R 100 000 & above	2
Unsure	1
Parental Educational Level	
Mother	
Grade 10	2
Matric	2
Post school diploma	2
Bachelor's degree	1
Post-graduate degree	2

Father	
Matric	4
Post school diploma	1
Bachelor's degree	2
Post-graduate degree	1
Unsure	1

A reason for accessing 3rd year psychology students is due to ease of access and convenience, because of my position on the UKZN staff as a tutor. There was also sparse literature using focus groups as a method of data collection among university students to examine sexual communication issues.

Data collection

Two focus groups were conducted with the participants which were tape recorded. The first focus group consisted of 5 participants and the second of 4. While I am aware that focus groups generally consist of 7-10 participants, according to Krueger (1988) an authority on focus groups, they can consist of as few as 4 or as many as 12 participants. Focus groups are useful for gathering thick qualitative information which is what the study required. Focus groups in particular are useful as they allow for group interaction and additional insight into why certain opinions are held (Krueger, 1988). The permissive and nonthreatening atmosphere of focus groups was especially fitting for the sensitive topic of sexuality (Krueger, 1988). Focus groups were an ideal method to answer my research questions as they allowed me to qualitatively compare and contrast participants' views on parental sex education and communication patterns. I believed that in a focus group setting surrounded by their peers, participants would feel more comfortable, relaxed and open to engage with the sensitive nature of the topic.

Procedure

Potential participants were initially approached from my tutorial class. I informed the class about my topic and handed out information sheets to the class (see appendix). The information sheet was supplied to potential participants in order to ensure that the students could make an informed decision about participation.

I then handed out a piece of paper to the class for those who were interested to write down their names, email and cell numbers. Three female participants were obtained in this way. Two of my fellow tutors also took information sheets to their classes for potential participants, but no participants were obtained in that way. Following this I approached a lecturer of the third year research methods course in psychology, about whether I could address the class in order to obtain more participants, hoping that by having a larger target audience, this would increase the odds of obtaining participants. She agreed. She asked me to reconsider the plan that I had to conduct 6-8 follow-up focus groups as she stated that this was a big commitment from participants with a likely result of participant attrition and that most importantly, I would probably only need 1 or 2 focus groups at the most for my data.

The class was approximately 75% female and about 25% male. I addressed the class on a Tuesday during which I told them about my research, and enquired as to who was interested, informing them that I required students from both genders and all the main race groups in South Africa, namely White, Black, Indian and Coloured. Eleven female students expressed interest, by coming to the front of the class where I gave them each an information sheet and recorded their names, email addresses and cell numbers. No males were interested which forced me to change my study which was conceptualised as a mix-gendered one, to a female only one. I contacted all the participants via their cell phones to inform them that the focus groups would take place on the following Wednesday and Thursday mornings. As previously stated, I had initially intended to conduct follow-up focus groups with the entire group, but due to unavailability of most of the participants on one of the days, there was supposed to be 7 participants arriving for the Wednesday focus group and 8 (4 from the previous day included) on the Thursday one. On the Tuesday and Wednesday evening before the following day's focus groups all the expected participants were contacted via SMS as a reminder.

The final composition was 2 focus groups with 9 female participants. Five participants arrived for the first focus group and four different participants for the second, so my

design changed from a follow-up one to one, to one of having two separate groups of participants for each focus group which suited me. Even though the participant numbers were not ideal, the discussions generally flowed, as participants seemed eager to share their experiences related to the topic. As the participants streamed in they were greeted with an information sheet that was attached to an informed consent form, a demographic questionnaire and a small strip of paper. I requested for them to please keep the information sheet for themselves and to fill in the informed consent forms and demographic questionnaires while we waited for the arrival of the others. They each read and kept the information sheet for themselves, signed and separated the informed consent forms. They also filled in the demographic questionnaire. Once everyone had arrived I switched on the voice recorder, greeted and welcomed the participants, thanked them for their participation, and collected the informed consent forms and demographic questionnaires. I then went over a few ground rules regarding the focus groups followed by an ice-breaker. The ground rules were around asking everyone to please switch off their cell phones in order to avoid interruptions (which I did as well); to respect one another by not interrupting a speaker but rather waiting for one another to finish speaking before others spoke. They were also informed that this was necessary for recording purposes as the recorder could not capture more than one voice at a time and would result in a jumbled recording if multiple people spoke at the same time. Participants were then informed that since my focus was on adolescence, I was interested in the sex education and sexuality communication that they received from their parents during the ages of 13-17.

The first focus group was approximately 58 minutes long, while the second was approximately 1 hour 22 minutes long. Following the focus groups I listened to both recordings to jog my memory of what occurred. I then transcribed both focus groups verbatim. After transcription I began data analysis.

Data analysis

Thematic content analysis was used to analyse the data. A careful reading of the data led to interpretation of the content (Rossouw, 2003). According to Rossouw, (2003, p. 162)

qualitative content analysis “is more suited to the social sciences because, among other reasons, qualitative analyses provide a better understanding of [respondents] intentions”. By reading between the lines it is possible to “deduce the latent meaning” of content (Rossouw, 2003, p. 162). The purpose of using content analysis (Rossouw, 2003) is to generate valid and trustworthy conclusions from the data. Thematic content analysis involves a careful reading of the data to extract the common themes that emerge across respondents.

Data analysis involved immersion into and familiarisation with the data. I achieved this by reading through the transcripts numerous times. Following this I initially developed codes, using a pencil to jot them down in the margins of my transcripts. These codes were later elaborated into more broader themes. I then extracted the themes that emerged from the data. Coding was used “to identify themes mentioned by the [respondents] that seem[ed] ... to be interesting, significant and indicative of the meanings of the situation held by the subject” (Hall & Hall, 2004, p. 155). From the transcripts I have selected quotes which best exemplify the themes discovered, to include in the results section. Thematic content analysis was an appropriate technique for this research, as it allowed me to analyse a large amount of unstructured data.

Ethical Considerations

Numerous ethical considerations have been taken into account (see appendix). Informed consent was addressed by providing the participants with informed consent forms whereby they could decide whether they desired to participate in the study or not. Information was supplied to the participants communicating the purpose of the research, that participation was voluntary, and that they could withdraw from the study at any point without any negative repercussions. Anonymity and confidentiality of the participants was ensured by not requiring their names on the demographic questionnaires. Furthermore, I did not include the names of respondents in the transcripts or anywhere else.

Results

From the thematic content analysis process described above, several themes emerged:

Avoidance, negativity, warnings and limited discussions

Participants discussed that their parents either avoided the topic of sex, framed issues related to sex negatively, had very limited discussions, or when sex was discussed with them it was always in the form of warnings, as evidenced in the following quotes:

In term of limited discussions about sex, participants reported the following:

Mine when I was small none, when I had a serious boyfriend I had one outburst and then still nothing (laughs). Just nothing.

Researcher: So they're not very open.

"No my mother just told me that your virginity is like a balloon and once there's a, once it pops it's gone and it can take a second to pop it (laughs) that's about all, that's the only thing that ever been said to me when it comes to (pauses) sex education (laughs)" (participant 7).

... we don't really talk about these things you know ... he [her father] never really does talk about these kinda things. And my mum you know she she talks to us about anything, but then she doesn't really you know go that much in depth about sexuality ... (participant 9).

With regard to parental avoidance of sex-related issues participants stated the following:

And with the whole getting your period for the first time thing it wasn't a[n] issue, it was just like okay they were like, [her parents] you know you're getting big now, but it was just left up to the school to do all the talking. You know what that means, (laughs) the school'd have told you (laughs) (participant 7).

...in our like culture or family sex was something you just don't talk about. It's like that's for old people. You're not even supposed to bring it up. So the only knowledge you'll get is from like your cousins or an aunt whose open in that sense, but from your parents' it's a touchy subject. You hardly go down that road (participant 4).

Yeah I know my parents, uh I felt they always ignored the topic of sex it's like (laughs) it was open and stuff we'd be watching TV and stuff and then if if something sexual came on nobody would even talk about it. We'd see it we'd know it's happening, but we just never went there (participant 2).

Participants mentioned the difference between their parents approaches to sex discussions:

Researcher: Okay was there a difference between your father and mother in how they discussed sexuality?

My dad just spoke more about the bad stuff, my mom I don't remember mum telling me anything about sex ja I don't (participant 3).

My mom more on the no's no no no no, my dad never, not a single thing ever came from him. It was just like stay way from boys I'll kill them. That's it (participant 4).

My dad never said anything, my mother just said no (laughs) (participant 1).

I uh, I've got my step dad, so I haven't really had, but he's my step dad so maybe it's that much more uncomfortable to speak to me about it so I haven't had any um father, male figure discussion on the topic at all (participant 6).

With regard to parents' negative framing of sex, participants' stated the following:

...like for example if she'd [her mother] see like a hickey or lovebite on someone she showed (emphasis added) disgust she made sure that she showed that its disgusting (participant 5).

I know about the hickey (laughs) because. We'd come home and then like my mother would see it [a hickey] or my father would see it and it would just be like sis and they'd just make you feel so disgusted ... (participant 2).

Even when you're walking with your parents and you come across a teenager who's pregnant and the way they gonna look at that child, its like and then you know that you mustn't even (laughs) think about falling pregnant its like all a no no (participant 3).

She won't go into detail [when discussing sex] and it was like to her everything was wrong. You know sex is just wrong you never do it (laughs) and she just made sure that she let you know that if anyone ever tried something like that with you she would kill them. So she gave you that fear, so that's the way she dealt with it.

Participants mentioned the following with regard to warnings:

Or if like one of your family members is pregnant or (pauses) verbally you'll be drilled you see what happens, you see you don't listen to me you know... (participant 4).

Yes like my dad he only came about to speak to me about sex after my cousin was pregnant with the second child, ... and he was like you see what's gonna happen we not even gonna (emphasis added) touch your child if you had to fall pregnant it's your baby so don't do it don't be like her (participant 3).

Participants advanced various reasons why they believed parents were generally uncomfortable discussing sex:

I don't think that they were ever like, like in the olden days parents it was just, I don't think my mom ever had like a sex discussion with her mom, like I just don't think it was (emphasis added) done ja definitely taboo ... (participant 8).

Maybe they're probably afraid that you might just after having the sex talk you might wanna go have sex cause you wanna go experience the whole (pauses) thing, but that's not really the case, but they don't get that (participant 3).

They're not educated that well on the topic, they just got experience. ... and if you're not educated on the topic, it's not easy to just, like say it and explain it (participant 5).

A degree of openness

Although most of the participants expressed that their parents were not very open in discussing sex, some participants stated that their parents were reluctantly open like the following participant:

Researcher: Okay I'm focusing on adolescence so this will be like your parental communication with you from the ages 13-17, around those ages. Okay um describe how open were your parents with you when discussing sexual matters?

Um well around those ages um your parents don't really wanna talk about stuff like that. Um my mother weren't very, she didn't like the idea of discussing it, but I would say I brought the questions home more and sometimes she had no choice but to answer so she would tell me but she'd be very vague about it (participant 5).

Another participant stated that her mother was very open:

Okay well um like I said on a scale of one to ten she was an eight [in terms of her level of openness] ... And then as I got older (pauses) and had a boyfriend ... she would sit me down and say you know what um you need to be safe and you must condomise and if you need to go on the pill, go put yourself on the pill. I want you and your partner to always get tested (emphasis added) together before you'll do anything, and it was pretty, covered pretty much everything, was pretty open about it (laughs) (participant 6).

Religious values

Some participants stated that parents used religion to guide the sexual conduct of their children:

Um watching TV it came up [sexual scenes] ... she told me about using condoms, mainly abstain cause like being a Christian they don't believe in sex before marriage, so its abstain but use a condom and then she brought up the topic of if you fall pregnant no abortions. Um so you gotta keep the child... Contraceptives, she doesn't like the idea of a contraceptive she's told me straight up that if she, if you on a contraceptive you're doing it you shouldn't be doing it in the first place.

...we're a Christian family and so Christian values have always played like a really really big part in our like bringing up, my mum was like a really big Christian it, the virginity talk, like my mum described it like a piece of corrugated um cardboard with like the little things on, you know how if you tear it apart it gets like thinner and thinner and thinner, and she's like right now you're like a whole like piece of cardboard and if you give yourself to lots of people you gonna like, you're tearing a layer off every time, and you like giving spiritually of yourself to someone else and then when you give to your husband what's there gonna be left like just this flimsy little thing so you should be like whole and pure ... (participant 8).

Researcher: Was sex looked at as something positive or negative, did you get like negative messages or positive messages?

Positive in marriage [referring to sex], negative if it was just some (pauses) bang thank you mam cool. Ja it's positive if its in marriage it's it's there. If it's in marriage it's something given by God that's what we [were] taught, if it's in marriage it's something, it's your way of reproducing (laughs) but if it's out of marriage then it's negative, it's not something that should be done but (pauses) ... that's from like the Christian point of view (participant 7).

Information from other sources

Participants expressed that they received most of their knowledge regarding sex and sexuality from sources other than their parents:

Researcher: Okay um where did learn about sexual practice? Like about what happens during sex?

I think maybe from TV and from school biology but they did they never gave us the details (participant 3).

(Laughs) I had a phase where uh I I used to read historical romance books, ... they go into graphic detail (laughs), and I would read these books, and then they would actually explain what happens so that's where I learnt where got most of my knowledge from (can't make out word) from reading that and then my friends and I would read them together and discuss everything that happened ... (participant 2).

I would say from people from school, from the other learners cause that's where I learnt, and that's where I got all my questions from and then thereafter I'd say my mother and my family cause I'd ask questions cause that's where I learnt it from... but like my cousin just told me cause like when she fell pregnant we wanted to know how you fell pregnant, what actually happened and she just, she explained what took place ... (participant 5).

I'd say boys at school they always wanna bring up the topic and tell you (laughs) whether you wanna hear it or not they tell you what's happening ja (participant 5).

...as I said like from school, school pretty much taught me everything. ... so school [sex education] taught me what was, what you should do and what you shouldn't do when it comes to sex ... (participant 7).

Even though peers emerged as a major contributor of sex-related information, participants acknowledged that their peers may not be the best sources of knowledge:

I think to my personal opinion some girls they they'll express like you know and so on and oh yes like be having like be having a little discussion about oh ja my boyfriend and I did this that and the other and then you'd get another girl who'd be like oh yes and so on and so on. She's putting in so that she can feel a part of the social her social surroundings and so she can feel a part of what's going on there ... (participant 7).

And I think that's why they say you shouldn't listen to your friends because your friends they don't know what they talking about cause a lotta the time they just making it up so that they can feel a part of the discussion (participant 6).

One participant stated that her peers marginalised those who were sexually inexperienced:

My friends never discussed it among us who were still virgins that time they discussed among themselves cause they've tried it so they knew what they were talking about, so they like all the girls who've had sex they come together and they discuss it and it's like you are just on the side, they don't really care much about you cause you haven't tried anything (participant 3).

Participants also discussed that guys enjoyed exchanging sexual stories to assert their masculinities:

And I think for guys its bravado, you know like oh I've done this and I did this. Like I've got two brothers so. Like what comes out of their mouths is worse than what comes out of any girls mouth I've ever heard, they like big gossip queens and in detail (emphasis added) specific detail and I'm just like, I am in the room (laughs) so (participant 8).

...my best friend's cousin ... he's like he came home the one day and he was so tired and he's like yo I'm so tired what a [sex] session... Next day he's sitting and he's like yo she phoned me and she's like I feel like I've been knocked by a bus that was best ... (participant 7).

Some participants also mentioned that TV although a source of sex education, however, gave a false impression of what sex was actually like:

...and then you'd watch *Days* [Days of Our Lives - a U. S. soap opera] ... and you'd think okay it's this beautiful thing that's just happy and ja, but then they never gave you a practical image of what it is, you always had this ideology in your mind of what it would be (participant 4).

...and uh not so much on TV because that just gives you another kind of idea of what, they just like confuse the idea they make you think that it's (emphasis added) so I don't know happy and pleasurable...(participant 5).

Open with their children

Overwhelmingly participants stated that they would be open and honest about sex with their kids in the future:

...I just wanna be very very open and as graphic as possible with my child at at I would say at about 12 right now my age would be for my child twelve years old [for beginning to discuss sex] because if uh abortions are legalised at twelve then, then what is she gonna be doing at twelve or before twelve. ... and like tell them what's gonna happen during sex what's gonna

happen afterwards the consequences and all of that. ... so I want my child to know everything... I believe in open communication (participant 5).

I think I would adopt (pauses) what my mother's done with me (pauses) ... I will strive to do that with my child. She didn't play dumb she didn't play naïve, it's a hard thing to speak that openly and that comfortably with your child um, but she did it nonetheless, and and I hope that I do that one day because it's important what she spoke to me about. Using a condom, going on the pill, get yourself tested ...so I would adopt the techniques, or approach that my mother adopted with me... (participant 6).

I agree with her I'd wanna adopt the the same like approach of you can come to speak to me about anything, your virginity is important and this is like you know this is the morals this is the values and so on and so on, but if you need to come and talk to me come and talk to me, I won't be definitely not like my parents (participant 7).

Some participants stated that they would want to avoid using the negativity that their parents used when discussing sex:

I agree I'd also be open with my children, but I wouldn't ignore the topic like how my parents did, I'd talk to them openly about it and I wouldn't shove so many don'ts ... (participant 2).

...I wouldn't want to stress that the way my mother stressed that sex is a bad thing. I just I just want it to be like it's not a bad thing but it can be a good thing (laughs) (participant 1).

Participants expressed, however, that they did not want their kids engaging in sex at an early age and were concerned about the associated risks:

It's it's it's a tough talk to have because you think to yourself o crap if if I'm gonna say x y and z about birth control and contraceptives and getting AIDS, am I encouraging it? Am I condoning it? Am I saying its okay? But if I don't then what's the consequences of that, but if I put so much emphasis on virginity and there's just pros and cons and so then you have to find that really fine thin balance (participant 6).

That's why you tell them it's not right but if (emphasis added) but if, it's not right it's not something I want for you like you know, like I don't I don't want you to do that I don't want you to get involved in things like that at a young age that it's like gonna get you, like affect you negatively in some way ... (participant 7).

... as your mom said you're a baby you can't have a baby, I think that's like an important thing for kids to realise like you're young like even now if I had a child I dunno, I wouldn't be a good mother, well I would, but I wouldn't be the best mother that I could be I mean I'm not married, I don't have like my own job, I'm not earning a steady income ... (participant 8).

Communication from an early age

Participants felt that discussions about sex between parents and children should begin from an early age:

Researcher: Okay um at what age do you believe parents should begin to discuss sexual matters with their children?

I say twelve (participant 5).

Researcher: Why do you say twelve?

Because I know for a fact children at that age (laughs) children are having sex, it is very clear you can see it, and they having abortions at twelve and its legalised at twelve so before then. (participant 5).

I agree with twelve uh as well, because on TV if you if you've noticed a lot of the the series they have is, has an age restriction of thirteen and if you really watch it, they're exposed to so much of sexuality on TV ... they obviously gonna be exposed to it when they twelve even eleven, so from as early as possible (participant 2).

I would think about ten, eleven cause like I think like that's around the time that they start to wonder, so you would wanna give like a little bit of information not the whole thing, but just a little bit of information, and then you can probably gradually, you know explain stuff as they get older (participant 1).

But also with regard to that at that age your body starts to develop, so they start feeling things and they start like periods start coming up, puberty hits so whether they are exposed to it or not, their bodies gonna start telling them something, So you have to just, I don't know tackle it on like head on cause if the body's gonna start telling them stuff they gonna get curious and with no information my word. A lot of things can end up happening (participant 5).

Discuss when necessary

Participants felt, however, that children should not be bombarded with sex discussions, but rather approach the topic once a year or when the child asks questions:

Researcher: Okay, um how often do you think uh parents need to bring up sex and sexuality? Like uh throughout the ages, throughout the year, how often do you think they need to discuss it?

I would say once a year, every time the child turns (expresses amusement) another age you'll discuss it and maybe you'll add more detail, but like once a year, because you don't wanna like (emphasis added) over talk about it, cause then maybe you gonna give the child this good perspective of it. Cause like why do you wanna discuss sex all the time. So like once a year, like and then if the child approaches you with the question or the topic then discuss it, but don't just like constantly hover over the child with sex. That's gonna confuse the child and why does my mother or my father wanna talk about this thing over and over again is it so good that it never leaves their mind. So you wanna keep a balance (participant 5).

I would say when they when they bring up the topic, but the once a year thing would be nice when their birthday. But when they bring it up then you talk about it. But don't just bombard [them].

Good communication besides sex

Participants expressed that besides the topic of sex they experienced good communication with their parents generally:

Researcher: Okay um what was the general level of communication between you and your parents? Generally about any topics how was the level of communication?

About drugs, alcohol, cigarettes that was (cannot make out a word) that's one of the topics that you can bring up, (laughs) your parents can bring up ... its not as (pauses) frowned upon as sex is, as sex-talk is. So it's easier to talk about all those things (participant 3).

I would say the general level of communication was high in my home because um you could talk about anything at any time and there was (emphasis added) no, we, with me and my mother we didn't have that um, like boundary like where like I'm the adult and you're the child so you can't say certain things to me ... it was always free-flow. You talk whenever you need to (participant 5).

Um I could talk about, we could talk about anything at home except sex if if, whether it be alcohol, or drugs like you said, anything else just not that topic (participant 4).

I would say we had a good level of communication in the sense we'd talk about general stuff, like a lot of whatever would happen in your day, my day and the news and whatever we could speak about everything and anything. But when it came to getting personal it was like ah ah (giggle) I'm not telling you my (swears) [stuff] you're not telling me yours (participant 2).

The third person, silent actions and protection

Participants mentioned that their parents used different tactics to convey information about protection and or HIV/AIDS. One participant stated that her mother used fear to scare into not having sex:

Um, well my mum's a nurse so she usually, even like told me cases of HIV patients like what what goes on and all the diseases associated with it, all the gross the gross stuff (speaks two unknown words in Zulu) the graphics, cause she just wanted to scare me to be afraid of, if I had sex I'd get HIV...(participant 3).

Some parents discussed protection and HIV/AIDS in the third person:

Me with, when it came to protection and stuff it was weird because we were open (pauses), but she wouldn't tell, like she's against contraceptives, she does not like it, she doesn't believe in it, because she, I think my mother thinks that if she tells you about protection then she thinks that she's giving you the key to the door of sex. So in a way she'll talk to she'll talk to me and be open. So when it comes to that [protection] she weren't, she just said it like you know if people, like she won't say like when you having sex use a condom, she's like I don't know what's wrong with these people. There's condoms, contraceptives, why's everyone falling pregnant, why's everyone getting sick... (participant 5).

Um I think um my family, in my family was just more on use condoms, but not to you like by passing, saying to other people I don't know why they don't use condoms like you said (laughs) and then it's like okay, I think they're hinting (laughs) I think I'm not sure, ja but it was never a direct thing directed to you... (participant 4).

Even when sometimes you, you when you talking about other people and being active, when your parents say stuff, I think they directing it to you, but they saying it as if they talking about the other person. They just don't feel comfortable enough to like tell you face to face that you should, this is what really you should be doing ... (participant 3).

Some participants stated that their fathers never spoke to them about anything related to protection or HIV/AIDS but transferred knowledge via their actions:

My father's had this thing ... every time he went to the doctor's surgery he'd pick up these pamphlets and first he, um (pauses) he used to pick up all the ones on STD's and HIV/AIDS and he'd be like here read it. And it'd give you all the information (laughs) you need to know and I mean it continued, and like now I noticed if we go to the doctor's surgery, my father would pick up on all the different um pamphlets that's there and he'd slide an HIV/AIDS pamphlet in the middle just (laughs) to make sure that I'm still reading them. So that was he's way of saying you know what (laughs) here's the information (participant 2).

...the one day my father, you know how you get those magazines in the newspaper, those those yes those those magazines and they have whole lotta people's opinions. It's not it's it's like the *SM Magazine*. No it's like be, I think it's maybe, *Be Wise* or something like that, it's

got something to do, but the one day my father left that on my bed for me ... but no discussion he just like left it ... (participant 7).

Another participant got an indirect talk about HIV/AIDS:

... me mum was a[n] AIDS counsellor so I got all that talk, but I didn't get the direct talk. Mum and gran did AIDS counselling, mum had all the things so, being the inquisitive little child I sat and read through all the little books that there were, but ja I never got the whole discussion and condoms ... (participant 7).

Sex can be a positive thing

Parents generally presented sex as only a positive thing in marriage:

Also like my mother was positive in the marriage sense like she'd say to me when you are married sex is the most, it's like the best thing between two people who love their, who love each other it's a gift god gave to them so that they can procreate. ... it would only be really be (emphasis added) good if there was marriage ... (participant 5).

Ja again I think sex in marriage great, it's good for you, it's part of part of a relationship (pauses) ... (participant 8).

One participant's mother warned her about the danger of pleasure:

...she said it feels good cause like she's like, okay if a guy, cause like you'll be kissing a guy and guys tend to wanna put their hands on your breast and your bum and sometimes they'll rub you while you're kissing and then kiss your neck and then all of a sudden you just start feeling good. ... and it feels nice and then she said to me then your brain switches off cause then you stop thinking and he takes advantage of you (participant 8).

Chapter 5: Discussion

As mentioned earlier, the aim of this research was to explore parent-adolescent communication about sex and sexuality among university students. My findings in this regard will be discussed below.

Topics about sex and sexuality participants wanted their parents to discuss with them

Participants generally discussed that did not want to know anything about sex; one participant stated that she would have liked to know a bit more about homosexuality; another stated that she would have liked to know about the mechanics of sex because she did not know what happens during sex believing that you get pregnant just from kissing; another participant stated that she would have like her parents to stress virginity a bit more; and another stated that school sex education taught her everything she needed to know about sex. Consistent with Hutchinson & Cooney' s findings (1998) although not to the same degree, some of my participants also identified at least one topic in which they desired further information from their parents regarding sex.

Levels of openness and topics about sex and sexuality reportedly discussed among parents and adolescents

Respondents stated that their parents were generally closed regarding discussing sexual matters with them. Specifically participants discussed that their parents either were silent on the topic; gave them very vague discussions; avoided the topic of sex leaving all discussions for school sex education programmes to deal with; framed issues related to sex negatively; or when they did discuss sex with them it was always in the form of warnings of the negative consequences of sexual activity. Silence with regard to sex communication; hardly ever talking about sex, and the presence of more silence around condom use than abstinence found in this study is consistent with the study by Namisi, et al. (2009) and Brock and Jennings (1993). Consistent with Orgocka's study (2004) few direct discussions about sex were found in this study as well. Other findings of the present study that are consistent with Brock and Jennings' (1993) study are the negative messages received from parents about sex; warnings about the negative consequences of

sex; that participants should not even be thinking about sex; that anything sexual is bad; and not to get involved with boys. The participants from the Brock and Jennings (1993) study were products of their time, they experienced their adolescence during the conservative 1960's so their parental constructions of sex was due to that time period.

Parents generally used pregnant family members as reference points when discussing the risks of sexual activity, to warn their kids what would happen to if they disobeyed their parents and engaged in sex. One participant's mother warned her about the danger of pleasure, that when a person's in a state of pleasure their brain switches off and a male can therefore take advantage of you. Pluhar and Kuriloff (2004) also found that parents used fear to convey to adolescents the negative consequences of sexual activity. Consistent with this study, Eisenberg et al. (2006) found that parents discussed a great deal about pregnancy and STD's and waiting until marriage before engaging in sex. These findings can be interpreted by how parents construct adolescence possibly viewing adolescents solely as irrational, hormone-fuelled beings who therefore cannot make good rational decisions about sex and are prone to risky behaviours, parents therefore sought to discourage such behaviour.

Parents also conveyed the message that adolescent sex-related activities and sex were disgusting. Whether engaged in by other people or their own kids, they would convey the message that it disgusted them. Orgocka's (2004) study also found injunctions against premarital sex. These findings can also be interpreted by how parents construct adolescence as discussed above.

Participants reported that parents generally presented sex as only a positive thing in marriage. That it's a good thing to be enjoyed in marriage, and that it is sanctioned by God in marriage. This is consistent with Orgocka's (2004) findings. This can be explained by the fact that in our society in the past, marriage was constructed as the only moral institution for the engagement of sex with this idea being reproduced over the years, but things are changing currently, and children therefore do not have the same beliefs as their parents.

Some participants discussed that religion was used by parents to guide their sexual conduct. One participant reported that her mother stated that premarital sex was wrong and that she was to abstain from sex, however, if she did fall pregnant she would have to keep the baby as her mother did not believe in abortion. Another participant stated that her mother had discussed that virginity was important and that by having many partners now there was not going to be ‘much left’ for her husband, when she eventually married. As previously mentioned, Orgocka (2004) also discussed the use of religion as an injunction against premarital sex.

In terms of being silent about contraception and HIV, some parents did, however, provide their kids with information in the form of pamphlets and information booklets. Possibly due to identifying the need for sex education for their children. Participants generally stated that one of their parents stated that sex was bad and to be avoided, while the other was silent on the topic. Fathers were generally more silent on the topic than mothers. Hutchinson and Cooney (1998) also found low rates of father-teen sex education. Some participants stated that they had step dads and that further compounded the situation, making it more uncomfortable for the step parents to engage in discussions with them and vice versa. Consistent with the following studies (Namisi, et al., 2009; Raffaelli & Green, 2003; Hutchinson & Cooney 1998; & Kumi-Kyereme, et al., 2007) this study also found that mothers were the main communicator with kids regarding sex when discussions did occur, except among the Black and Indian participants whose mothers were generally silent.

In terms of my theoretical framework, social constructionism (SC), the above findings with regard to parents being reticent regarding sex-education; avoiding talking about sex and using warnings and negativity when discussing sex, can be interpreted as follows. Possibly by parents viewing adolescents’ as irrational and hormone-driven they therefore refrained from discussing sexual issues with them, as parents may have believed that these discussions may be interpreted as condoning sex.

Two participants' stated that their mothers were open about sex-related matters. One participant, however, expressed contradictory information regarding her mother's openness. She repeatedly mentioned that her mother was open about sex, but also mentioned that her mother did not want to answer such questions, but she constantly asked her mother questions about sex, not giving her an option but to answer, and indicated that she would take her questions elsewhere if her mother did not address them. When her mother did address them she would not go into detail, but give her vague answers. Her mother did, however, give her information regarding fondling and bodily responses to such stimulation, which was significantly more information than most of the other participants received from their parents.

The second participant who stated that her mother was open mentioned that her mother informed her about menstruation, warning her that if she engaged in sex she could have a baby. As she matured and had a boyfriend, her mother informed her that she needed to be safe by using condoms, and the pill, and that both her and her partner should always get tested together before they engaged in sex. She stated that her mother covered everything in their talks. She stated further that her family were not very religious and therefore virginity was not stressed in her home. This participant reported that her mother was realistic and not naïve, knowing that the natural progression of relationships result in sex, even though she did not want sex for her child, she needed to impart this important information to prevent her child from becoming pregnant or contracting HIV. She also reported that she reveals to her mother her results when gets tested for HIV. In contrast with the other parents this parent constructed adolescence differently. In terms of social construction, parents who believe that adolescents' can make rational decisions, and that by giving their children information about sex that they are empowering their children with knowledge that they can use to make good health-enabling decisions are likely to communicate more openly with them.

Communication style and HIV/AIDS

In terms of communication style, participants mentioned that their parents used different methods to convey information about protection and or HIV/AIDS. One participant stated

that her mother used fear by discussing the horrific effects of HIV in order to scare her into abstaining from sex. The use of fear as a strategy was consistent with Pluhar and Kuriloff's (2004) study. Some parents discussed protection and HIV/AIDS in the third person by questioning why people were getting sick with HIV when there were ways to protect 'yourself' instead of telling their kids directly that they themselves should use condoms. This was a unique finding in this study and was generally found among the black participants. This can be explained by the fact that although there is a cultural construction of taboo around sexuality, nevertheless, in the light of the huge risks of contracting HIV/AIDS in this country, parents felt the need to convey the risks of these diseases and instead of violating cultural constructions by discussing these things overtly, they found an indirect way of communicating these issues. Some parents never spoke about anything related to protection or HIV/AIDS but transferred knowledge via their actions by giving pamphlets with STD and HIV related information to their children. This can be accounted for by parents feeling that even though their children may be driven by their hormones, they still need education in the light of the dangers of HIV and teenage pregnancy etc.

The cultural construction of sex and sexuality

The Black and Indian participants in my study stated that in their cultures sex was a taboo, and that they were not supposed to bring the topic up, so the only knowledge that they obtained around sexual matters was from peers and their same-age family members. This is consistent with the study by Lambert and Wood (2005) comparing styles of dialogue, non-verbal communication and behaviour related to sex and health in India (among Hindu populations) and South Africa (among a Xhosa speaking population). The above finding may be due to the cultural construction of talking about sex as being a taboo. Kirkman et al., (2005) also identified the topic of sexuality possibly being taboo among his participants and therefore impeding sex discussions.

Generally, sex being a taboo subject is a social construction in that there is nothing inherently dirty or bad about sex. Over time the constructions of sex as taboo and bad has been constructed to suit the particular needs of our (Western) culture. In other cultures

sex is constructed differently, for example in certain ‘primitive’ cultures premarital sex is encouraged, as it is viewed as a learning experience. From parents perpetuating from a young age the construction that sex is dirty is the reason that adults have learned to have a shower after sex as a matter of habit, but not critically examining why they do so. The reason that many people worldwide have sexual dysfunctions is due to their indoctrinated childhood beliefs that sex is bad and wrong, so they experience a sense of guilt and ambivalence when experiencing sexual pleasure – ‘this is bad, but yet it feels good’ resulting in various dysfunctions. Only by talking about sex will it over time become a more mainstream topic in the public domain, as has been happening over the last few decades. In the distant future it might lose its status as a taboo subject.

Peers and other sources of knowledge

All the participants stated that they received information about sex from people other than their parents, namely TV, biology lessons, historical romance books, peers, same-age family members and boys at school. Biology and some same-age family members were reported as being vague with regard to sex communications. Historical romance books were reported to be very graphic in describing sex. Although peers emerged as a major contributor of sex-related information, participants acknowledged that their peers may not be the best sources of knowledge, because peers may just make up the sexual acts that they were involved in just to feel part of their social groups and therefore they should not be listened to. One Black participant discussed that her sexually experienced friends only discussed sex among others who had had sex, excluding the sexually inexperienced girls from discussions. Participants also discussed how males enjoyed boasting about their sexual exploits in explicit detail, and their prowess in satisfying women. Participants discussed how constructions of sex on TV gave participants a false impression of what sex is really like by portraying it as happy, beautiful and pleasurable. The finding that adolescents learn about sex related matters from their peers corroborates the findings in the studies by Kumi-Kyereme, et al., (2007) and Chung, et al., (2005). Adolescents discussing sex extensively can be explained by them constructing sex differently to their parents, as something that is exciting, intriguing and that therefore needs to be discussed and explored.

Chapter 6: Conclusion

It is evident that sex-related discussions between parents and adolescents are uncomfortable and difficult. Parents and adolescents therefore need to be provided with support in overcoming these uncomfortable feelings. This will not occur spontaneously, therefore professionals need to work with parents and adolescents to overcome discomfort and improve their communication skills resulting in increased communication. Fathers in particular need to take a more proactive role in the sex education of their children. To facilitate parents and adolescents in discussions, educational books and videos can be used.

Social construction is a very useful framework for urging us to look beyond given ‘facts’ to see them for what they really are, human constructions that need to be challenged in the face of contradictory evidence.

Recommendations

It is recommended that comprehensive sex education be instituted in schools. This should focus on more than just anatomy and on topics such as the emotions associated with sex, dating, peer pressure etc. Furthermore, parents need to be educated on the need for comprehensive sex education of their children, in the light of the massive problem of HIV/AIDS. Psychologists can work with parents and adolescents in providing support in overcoming the uncomfortable feelings associated with parent-adolescent sex education and improving communication skills. Future research needs to look at students within lower socio-economic strata to investigate whether there are different issues among these populations that have not yet been examined. To obtain more comprehensive account of parental sex-education, both qualitative and quantitative methods need to be used in future individual research studies.

Limitations

The participants in this study are mainly from middle class backgrounds so we could not compare differences between the different social classes. Related to this is the fact that

the sample is a university population therefore the findings are not generalizable to all people in this cohort. Rates of parental sexual communication were discussed based upon the reports of the students alone (Hutchinson & Cooney, 1998). These reports may not be factual, (Hutchinson & Cooney, 1998) and more like interpretations or judgments of the adequacy of parental sexual communication on the part of the study participants. Parents may have quite different perceptions. As the reports are retrospective, the participants are likely to have forgotten some of the sexual content discussed with their parents affecting the accuracy of findings. Also this study by exploring only female participants does not have the views of male participants. Ideally I wanted 2 participants from all the main race groups in South Africa, 1 for each gender, but I ended up having only 1 White female participant and no males. This was my first experience of focus groups and with experience I will gather better data by probing more effectively.

Personal reflections

I really experienced concern about obtaining participants for my research when only three people from my tutorial class agreed to participate for my focus groups. I approached our course lecturer, to speak to her class and she gave me a time to come there and when I went there, she was gone and there were only about 20 students there. This was due to some technical problem that the lecture ended prematurely. None there were interested. I went to speak to her the next day and got some more participants thankfully. I was also concerned on both of the days of my focus group when it was almost time to begin and no one had turned up yet. Eventually though it turned out fine. Transcription was a very very lengthy and at times boring process, but I am always open to new experiences. I hope that my work on this dissertation is worthy of a distinction as I always aim for that. I also hope that I have applied my theoretical framework well in discussing my findings, in my defence though of all the things we learned in research throughout the years, not once in any of my courses have we been taught how to apply theories even though we have been exposed to a multitude of theories over the years. Being an Indian male this has impacted the knowledge generation process as I entered the research, because of my cultural background constructing sex discussions as a taboo, expecting silence around

these issues across cultures, but it seemed to me from the research that there was variation within and across race groups. Personally I am aware of the problematic nature of a male researcher questioning females around a sensitive issue such as sexuality. I did not feel that my participants were being reticent, as they answered all my questions and the discussion got quite explicit at times, but it is possible that a female researcher would have gotten richer data by asking the same questions.

Appendices

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Information Sheet

Dear participant

The following research will explore the communication about sex and sexuality that you received from your parents during adolescence. It will cover sex and sex-related topics that your parents discussed with you during adolescence. This study will be using a mix-gendered focus group to gather the information. The focus groups will be audio-recorded. Participation is entirely voluntary, and you may withdraw from the study at any point without any negative consequences. Anonymity and confidentiality will be ensured as your names will not be included in my thesis or anywhere else.

The information will be stored safely at the University for 5 years after which they will be destroyed.

Please feel free to contact me if you would like to discuss anything about this research.

Regards

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Informed Consent

I..... (full names of participant) hereby confirm that I understand what is written in the above document and the research project and give my permission to participate in the study mentioned above. I understand that this is a voluntary exercise that I can withdraw from at any time.

Signature:

Date:

Demographic questionnaire

Please tick the appropriate boxes and fill in the information requested from you

Gender:

Female	Male
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Age: _____

Race:

Black	White	Coloured
Indian	Asian	Other

Religion: _____

What is your marital status?

Married	Divorced
Widowed	Single
In a relationship	Other

If other, please specify.

Approximately what is your monthly family income?

What is your mother's highest level of education?

Grade 7 (standard 5) or lower	Matric
Post school Diploma	Bachelors degree
Post graduate degree	Other

If other, please specify.

What is your father's highest level of education?

Grade 7 (standard 5) or lower	Matric
Post school Diploma	Bachelors degree

Post graduate degree	Other
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If other, please specify.

Thank You

Focus group questions

1. Describe how open were your parents with you in discussing sexual matters?
2. Did you feel that your parents were approachable to discuss sexual matters? Explain.
3. What topics about sex and sexuality did your parents discuss with you?
4. What topics about sex and sexuality did you want your parents to discuss with you?
5. What verbal & nonverbal messages did you receive regarding values, sexual practice and sexuality?
6. Where did you learn about sexual practice?
7. What approach will you adopt to discussing sexual matters with your children? Why?
8. Was there a difference between your father and mother in how they discussed sexuality? Explain.
9. At what age do you believe parents should begin to discuss sexual matters with their children?
10. At what age did your parents begin to discuss sexual matters with you?
11. What was the general level of communication between you and your parents?
12. How often should parents discuss sexual matters with their kids?
13. Was it considered rude to bring up sexual matters with your parents? Explain.
14. Why do you think parents are uncomfortable in discussing sex?
15. Is there a difference between the way you and your parents view sex?
16. What did your parents tell you about protection, contraception and HIV/AIDS?
17. Did your parents ever tell you anything positive about sex?

Is there anything anyone would like to add?

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