© 2012, *Global Media Journal -- Canadian Edition* Volume 5, Issue 1, pp. 95-110
ISSN: 1918-5901 (English) -- ISSN: 1918-591X (Français)

Patterns of Mother-Daughter Communication for Reproductive Health Knowledge Transfer in Southern Nigeria

Koblowe Obono

Covenant University, Nigeria

Abstract:

Many reproductive health studies have examined trends and outcomes of adolescent sexual behaviour but have overlooked the patterns of reproductive communication between mothers and daughters that have implications on girls' reproductive wellbeing. Although there is a need to safeguard adolescent health, not enough work exists at the interface between female reproductive change and communication. The patterns of communication determine the effectiveness of reproductive knowledge transfer to safeguard girls' reproductive health at a time of social change. Despite widespread opinion about the taboo nature of sexual and reproductive communication in traditional African settings, its prevalence among mothers and daughters in Ugep, Nigeria, was found to be quite high. The context, form, direction and level of communication reveal that the females engage in reproductive communication in a private environment and through peaceful and friendly strategies. Communication is achieved through sharing of meaning and mutual understanding, which has implications for adolescent female reproductive health.

Keywords: Adolescents; Gender; Health; Knowledge Transfer; Reproductive Communication

Résumé:

Plusieurs études sur la santé reproductive ont analysé les tendances et les problèmes des comportements sexuels des adolescents. Cependant, elles n'ont pas souligné les schémas de communication entre les mères et les filles sur la reproduction, lesquels ont des implications sur le bien-être reproductif de ces dernières. Bien qu'il soit important de sauvegarder la santé des adolescentes, peu de recherches existent à mi-chemin entre la communication et le changement de comportement dans la reproduction féminine. Malgré l'opinion élargie sur le tabou de la communication sexuelle et sur la reproductivité dans des contextes africains, sa prévalence au sein des mères et des filles à Ugep, Nigeria, est plutôt élevée. Le contexte, la forme, la direction et le niveau de communication révèlent que les femmes encouragent la communication sur la reproductivité dans un environnement privé et à l'aide de stratégies pacifiques et amicales. La communication a lieu grâce au partage du savoir et la compréhension mutuelle, lesquels ont des implications sur la santé de la reproduction chez les adolescentes.

Mots-clés: Adolescents; Communication sur la reproductivité; Genre; Santé; Transfert de savoir

---

Introduction

Various programmes on reproductive health knowledge transfer have been organized in Nigeria and other sub-Saharan Africa countries. The campaigns range from school education to health care information transfer, group training and sociocultural context of sexual health promotion (Esiet, 2002; Kirby & Rolleri, 2007; Lee & Garvin, 2003; Roberts, Oyun, Batnasan & Laing, 2005).

Communication in most health care settings assumes that information provision is necessary and sufficient to improve human behaviour and health. However, the pattern of communication determines the effectiveness of a message. Accordingly, René Lee and Theresa Garvin (2003) challenge the one-way model of information transfer, suggesting a movement from the traditional one-way monologue to information exchange based on two-way dialogue. Douglas B. Kirby and Lori Rolleri (2007) note that sex and HIV education have different impact on youth worldwide, as some programmes decrease sexual behaviour but increase condom and contraceptive use.

Hence, communication touches every sphere of human activity and informs man's actions. It operates through symbolic and verbal forms with meanings ascribed to its messages. Communication is instrumental for social interaction, control and knowledge transfer. Human involvement in health communication is therefore important for reproductive knowledge transfer to young people who are often faced with health challenges, which were unimaginable decades ago (UNICEF, 2001).

Although the health and educational prospects of adolescents are improving, there still remain reproductive matters that could be more appropriate addressed in the family. So far, the

interest in female sexuality generated by the International Conference on Population and Development (ICPD) has not been accompanied by a corresponding level of knowledge transfer.

Ordinarily, adolescents' access to reproductive information in the traditional African family is curtailed because of "culture of silence". The attitude of parents towards sex education has been such that denies daughters sexuality information because the education is equated to leading a child to having sex and sexual decivilization (Lennerhed, 1995; Passages, 1995). This culture is the main impediment to effective mother-daughter sexual and reproductive communication.

Adolescents in Nigeria are sexually active and complications of pregnancy, childbirth, and unsafe abortion are the major causes of death among girls aged 15 to 19 years while 15 to 24 years-old women have the highest rates of sexually transmitted infections (STIs), including HIV (Ojo, Aransiola, Fatusi & Akintomide, 2011; Roberts, Oyun, Batnasan & Laing, 2005; UNICEF, 2001). Many girls in Ugep engage in premarital sex (Obono, 2008). The extent of their engagement is related to media exposure and the fact that in many traditional African countries, it is taboo for parents to discuss sexual matters with children (Ikpe, 2004; Mturi, Tuoane & Diamond, 2001; Obono & Obono, 2009). Olawale (2004, August 11) summarizes that society, culture and religious inhibitions continue to hinder parents from providing adolescents with sexual and reproductive health information.

"Adolescents", according to World Health Organization (WHO), are the age group 10-19 years. They have health threats that are predominantly behavioural and with potential health consequences. Neglecting this population would lead to serious reproductive health hazards. The actual object of reproductive knowledge transfer is to organize, create, capture, distribute information and ensure its availability to adolescent girls. The paper thus examines the processes of interpersonal communication, including the reasons for mother-daughter reproductive discussions, how the communication takes place, when and under what circumstances it occurs. It focuses on girls' sexual and reproductive health matters like premarital sex, pregnancy, abortion, contraception, HIV/AIDS, among others.

The study was conducted in Ugep, a double unilineal descent and patriarchal society in Cross River State, Nigeria. It is a growing semi-urban town with a predominant Christian population. Parents are the primary agents of socialization but family life education for daughters is the exclusive reserve of mothers. Accordingly, any negative sexual and reproductive behavioural outcome of girls is attributed to the inefficiency of mothers to perform their gender roles. It is, therefore, the pride of every mother that daughters grow up to adulthood without any sexually-related stigma.

The Ugep case study forms a useful contribution to a growing interest in the production, communication and circulation of reproductive ideologies and sexuality knowledge among sub-Saharan African countries. While overall parental communication is positively associated with service use among United States adolescent women (Hall, Moreau & Trussell, 2012), mother-daughter communication in Nigeria can result to attitudinal and behavioural change of adolescent reproductive health. Consequently, consistent reproductive communication and knowledge transfer in the family would improve health generate healthy reproductive lifestyles.

The State of Adolescent Reproductive Health and Communication

Adolescents have peculiar sexual and reproductive health needs. Political, economic, and cultural changes in Africa make large proportion of them vulnerable to HIV infection (Roberts, Oyun,

Batnasan & Laing, 2005). In Nigeria, adolescents are confronted with enormous reproductive health challenges (NPC, 2003; UNICEF, 2001). Premarital sex, STIs, birth control and unwanted pregnancy remain the few clinical and social issues confronting them but many parents find it difficult discussing relationships, development and sex with adolescents. Adolescent experiences vary by sex, marital status, class, region and culture. In Nigeria, increasing urbanization, modernization and education lead to a decline in traditional values and reduction of the importance of virginity at marriage (Gueye, Castle & Konate, 2001; Renne, 1993).

Adolescents have sexual and reproductive health needs that differ from those of adults (WHO, 2003). Although adolescence is a period of transition, growth, exploration, and opportunities, some adolescents in Nigeria are poorly informed about protecting their reproductive health during this new phase of life, making them susceptible to the health risks associated with unwanted pregnancies, abortions, STIs, and HIV/AIDS.

Meanwhile, girls are constrained from seeking information about sexual matters for fear of being labelled "loose". They pattern their behaviour after female stereotypes in the media and peers. Stereotyped sexual norms and peer pressure encourage young people to have sex (Kim, Kols, Nyankaurutamoto, Marangwanda & Chiba, 2001). These sexual pressures were identified by ICPD Programme of Action thus:

> In many societies, adolescents face pressures to engage in sexual activity. Young women, particularly low-income adolescents, are especially vulnerable. Sexually active adolescents of both sexes are increasingly at high risk of contracting and transmitting STIs, including HIV/AIDS, and they are typically poorly informed about how to protect themselves.
>
> (UNFPA, 2000)

Adolescents in Nigeria face similar challenges and the gap in communication increases their vulnerability. Because they are socialized against discussing sex, adolescent females are unable to insist on condom use and this puts them at risks of unwanted pregnancies, school dropout, early marriage, abandoned babies and unsafe abortions (Kim, Kols, Nyankaurutamoto, Marangwanda & Chiba, 2001). Pregnancies and childbirth are risky for mother and newborn, and identified as the major causes of death for women aged 15 to 19 years (WHO, 2003).

Reducing adolescent pregnancy and related complications is vital to achieving some of the Millennium Development Goals (MDGs) like reduction of child mortality and improvement of maternal health (Ujah, Aisien, Mutihir, Vanderjagt, Glew & Uguru, 2005). The MDGs provide a framework for the entire international community to work together towards a common goal that ensures that human development reaches everyone and everywhere.

Studies in Nigeria show that teenage mothers were more likely to suffer from serious reproductive and abortion-related complications than older women (Henshaw, Singh, Oye-Adeniran, Adewole, Iwere & Cuca, 1998; NPC, 2003; Otiode, Oronsaye & Okonofua, 2001). Majority of females aged 13 to 19 years in Benin City, Nigeria, were victims of rape (Omorodion & Olusanya, 1998). Lack of sexual health information and services contribute to and places adolescent females at risk for pregnancy, abortion, STI, including HIV/AIDS (Casey, 2001; O'Sullivan, 2001). Exposure to reproductive information would reduce the vicious cycle of poverty and ill-health among female adolescents.

Consistent dialogue at the family is crucial for improved health of girls. Once parents recognize the importance of their role for information, education and communication,

programmes can provide them with information and approaches for talking with children (UNFPA, 2000). Ironically, most family members have failed in this responsibility as parents are uncomfortable to play this role and mothers are reluctant to discuss more than biological issues or negative consequences of sexual practice (Mkandawire, 1994; O'Sullivan, 2001; Obono, 2001; Ojo, Aransiola, Fatusi & Akintomide, 2011). This places sexually active adolescents at risk of new reproductive health infections (WHO, 2003).

Although the 1994 Cairo International Conference on Population and Development (ICPD) Programme of Action advocated the use of information, education and communication (IEC) materials for attitudinal and behavioural change, it was argued that IEC and advocacy initiatives often do not target adolescents (UNFPA, 2000). Hence, the role of mothers to inform, educate and communicate reproductive health with girls is paramount in Africa because mothers relative to fathers have been found performing the task (Angera, Brookings-Fisher & Inugu, 2008; Obono, 2008).

Studies by the International Centre for Research on Women illustrate the critical role of gender on sexual interactions and safe behaviours. They highlighted the importance of increasing women's access to information and education, skills, services and social support in order to reduce HIV/AIDS vulnerability and impact in Africa societies (ICRW, 1996). According to a 1997 Joint United Nations Programme on HIV/AIDS (UNAIDS) review, high-quality sex education would help adolescents delay sexual intercourse and increase safer sexual and reproductive health practices.

Conceptual Framework

Communication was viewed as the sending of messages from source to receiver, but more modern approaches transcend this linear construct to more comprehensive and holistic perspectives in which communication is contextually located and operated. This communication accommodates the complexities of the process; hence, mothers do not just transmit messages but discuss for effective knowledge transfer. Communication is conceptualized here as a dynamic process of sending and receiving messages among mothers and daughters with the ultimate goal of sharing reproductive meaning.

Agency is central to the communication behaviour of mothers and daughters at a time of change in knowledge, attitude, belief and practice (KABP) of sexual and reproductive issues (Obono, 2008). This process of communication is important because in many parts of sub-Saharan Africa, girls have inadequate and inappropriate information skills to cope with their life tasks as girls and prepared for adulthood and HIV/AIDS prevention (ARHNC, 2004). The efficacy of mother-daughter reproductive communication has been underplayed and there is need to bridge this gap. This communication is conceptualized as a complex activity that would benefit human participants. However, mother-daughter communication, which is actualized through active strategizing, can be collaborative, compromising and conflicting. It operates within traditional systems and modern structures symbolized in mothers and daughters respectively.

This does not mean that the daughter is totally modern and the mother, traditional. Rather, the mother is culturally knowledgeable and empowered with contemporary reproductive health knowledge upon which she constructs and restructures communication to address the reproductive health needs of daughters (Obono, 2008). The mother, in this study, represents the societal sanctioned appointed agent that recreates cultural ideology of female sexuality. What

determines mother-daughter communication is therefore the concern to avert reproductive health crises affecting the younger populations through improved communication networks and converged techniques.

Methodology

The complex nature of social reality has brought about the thinking that investigating human behaviour needs the utilization of multi-faceted procedures. Accordingly, the research design combined quantitative and qualitative methods, including the distribution of questionnaires, interviewing people and conducting focus group discussions. The triangulation of methods was crucial because of the basic assumption that, when various methods complement each other, their respective shortcomings can be blanked out. Triangulation enabled the capturing of different sides of social reality since individual research methods may be unable to unravel the complexity of female experiences. This strategy is important because proponents of the qualitative approach claim that the quantitative methods are inadequate in a subject that deals with human behaviour (Haralambos & Holborn, 2004).

The employment of qualitative and quantitative research methods was for complementarity. While the quantitative approach discovers the socio-demographic characteristics and external female reproductive communication forces, the qualitative approach discovers the meanings attached to this communication behaviour. The combination of methods thus permitted the extraction of descriptive, narrative, analytic and observational information for deeper understanding of the phenomenon.

The survey targeted women aged 35 years and above and adolescent girls aged 10-19 years. The age of mothers enabled the gathering of information from women who might have had adolescent girls at the time of research. Questionnaires were administered to 446 mothers and 447 daughters, giving a total of 893 respondents. The study was conducted among residents in three of five geopolitical divisions in Ugep town. A representative sample was thus drawn from Ikpakapit, Ijom, and Ijiman communities. The survey method increased understanding of reproductive interactions that take place in the family. A multi-stage sampling approach was used in selecting the communities, households and individuals that participated in the survey. It ranged from simple random sampling to systematic sampling technique.

For in-depth understanding of the phenomena, 20 in-depth interviews (IDIs) of women and adolescent girls were conducted to provide a subjective description of issues based on individual understanding and appraisal of mother-daughter reproductive communication in Ugep. Fifteen Focus Group Discussions (FGDs) were also conducted among adolescent girls, young mothers and elderly women. These qualitative methods enabled retrieval of in-depth data concerning what is discussed, how it is discussed and reasons for the discourse. FGDs and IDIs thus provided detailed information regarding the processes, threats, conflicts and collaborations of mother-daughter reproductive communication.

The process of data collection involved a series of activities. Research assistants were trained and exposed to reproductive communication concepts and strategies for effective administration of questionnaire. A few of the questionnaires were self-administered while majority were administered as structured interview schedule (SIS) because some people could not read and some others needed the guidance of interviewers to accurately complete the questionnaire. It was also administered as an SIS because of the need for a high turnover which self administered questionnaires may not guarantee. Some field assistants were further trained to

conduct, moderate, and take notes for FGDs while IDIs were handled by the principal investigator.

Data were analyzed with qualitative and quantitative techniques. The analysis adopted a descriptive and interpretive approach that emphasized the importance of interpretation in understanding the value and meaning people ascribe to their behaviour. Quantitative data were generated through the questionnaire and analyzed with the Statistical Package for the Social Sciences (SPSS). Qualitative data, on the other hand, emerged from FGDs and IDIs and were analyzed through ethnographic summaries and content analysis.

Result

Reproductive Communication

Reproductive health communication has been an issue of concern in the African context. With modernization, westernization and socialization effects, many people have moved from the situation where public discussion about sexual and reproductive issues was discouraged, to the current extreme where explicit ideas are portrayed in popular advertising, books and films. This exposes adolescents to risky reproductive knowledge, attitude and behaviour, which were unimaginable decades ago. Family-level knowledge transfer is thus crucial to safeguarding adolescent reproductive health.

As an aspect of health communication, reproductive communication focuses on sexual and reproductive health matters including premarital sex, sexual networking, contraception, abortion, and STIs, including HIV/AIDS. It includes the whole array of counsel and information dissemination on reproductive health and related matters. The communication is a vital knowledge transfer mechanism for influencing individual behaviour, collective action and information transfer for human health development.

An examination of reproductive communication among mothers and daughters in Ugep reveals that mothers are beginning to transfer context-specific knowledge to adolescent daughters. Findings show that 74.4% of the females have engaged in discussions on sex, contraception, abortion, STIs and the risk factors of HIV/AIDS. This finding contradicts widespread opinion that sexuality is a taboo topic of discussion in traditional African societies. It was however revealed that perceived sexual activities of young people in contemporary Ugep society was a propelling factor for the high level of mother-daughter reproductive communication in the area.

Patterns of Mother-Daughter Reproductive Knowledge Transfer

Reproductive communication among mothers and daughters occurs in different forms, contexts and levels. Mothers transfer information to daughters due to the perceived change in girls' behaviour in an era of HIV/AIDS pandemic. Focus group discussions reveal that mothers, to a large extent, determine the patterns of communication, which includes verbalization of messages for comprehensible, accessible and acceptable reproductive information.

Context and Form of Reproductive Communication

The context is the physical environment where communication takes place. The most frequent site of reproductive communication is the home, which is considered more private and peaceful than the outdoor environment. According to most respondents, discussions that take place in the house are more peaceful with less formality and disagreements. Survey result shows that mother-daughter reproductive communication takes place in the private environment (67%). In this context, mothers inform, educate, instruct, advise and expose daughters to the basic rudiments of reproductive health. Daughters, in FGDs, affirmed that mothers discuss with them "in secret", "in the room", and "inside the house" to promote confidentiality and trust since discussion issues are personal and delicate. Some daughters disclosed:

> Most mothers discuss in private after realizing that the reproductive health of daughters is at stake. They will tell daughters that things like premarital sex, abortion and related behaviour are not good because of the obvious consequences.

A 19-year-old daughter noted,

> Mothers advise daughters in secret, in the room, but girls make up their minds to behave as they like. . . . Mothers actually discuss with their daughters inside the house but outsiders that observe the behaviour of girls may not know that mothers actually talk to their daughters.

Elaborating on the form of communication, another girl added,

> Mothers will call girls into the room to advice them based on their own experiences. Mothers will tell daughters the proper way to behave so that girls will not have reproductive health problems in the future. Some daughters do not listen to their mothers during this private discussion time because they prefer the information from the external world than that provided by mothers at home.

The method of reproductive communication is important for preventive health. From the perspective of surveyed mothers, communication with adolescent daughters begins cordially as 70.7% of them communicate in a gentle, friendly and peaceful manner. This is purposively constructed to enable effective transfer of reproductive information to daughters for easy acceptance and adoption of ideas. Cordiality in communication was also supported by daughters, who stated that they enjoyed mother-daughter reproductive communication 70.8% of the time. This indicates that most female respondents subscribed to internal information transfer than the external context.

Gender factors thus play a prominent role in the production, transfer and promotion of reproductive knowledge. Among the reasons provided for daughters' interest in mother-daughter communication is the fact that mothers have passed through this phase and also that the daughter is closer and friendlier with the mother. They added that the communication is accompanied by petting with minimal quarrelling (4.9%). The context of communication has great influence on the child because successful communication involves reciprocity and mutual negotiation. It transcends unidirectional acts to transactional opinion sharing encounters.

Levels and Timing of Communication

The levels and timing of communication were derived from FGDs and IDIs. According to the females, the introduction of reproductive communication begins as a linear, one way transfer of messages from mothers to daughters because of mothers' apprehensions and intentions to shape the sexual and reproductive behaviour of daughters. At this level, communication was found to be unidirectional and mostly initiated by mothers. However, girls sometimes initiate communication to seek information, clarification and ask questions about specific reproductive matters. Although this sometimes is more common among the preteens, older daughters also initiate discussions when they find their mothers trustworthy. The communication initiated by elder daughters is sometimes coded but mothers decipher and negotiate a need-focused discussion.

Despite the linear transfer of information to girls, communication among mothers and daughters is sometimes interactional and transactional. The latter arises from the need of females to fully understand reproductive constructs though dialogue. The females observed that at this phase, both mothers and daughters participate in reproductive discussions, hence, nobody is passive during communication. In the transactional model, developmental outcomes are a result of continuous dynamic interplay among communicators and environmental variables (Kublin, Wetherby, Crais & Prizant, 1998). Mothers thus affect the behaviour and attitudes of daughters through active discussion.

The method of communication thus determines the collaborative or conflicting outcomes. While some mothers discuss calmly, others do not and this has implications for the effectiveness of messages. In an IDI with a young mother, she noted that mothers that are successful in reproductive communication are those that

> call their girls into the house and discuss calmly. They advise daughters using other people as examples and pointing out the consequences of girls' sexual behaviour. They tell girls not to behave like that so as to marry and go on to their own houses. . . . When a mother discusses calmly, the communication will be peaceful and have impact on the girl but when she quarrels, the girl may not listen but walk out on her.

Mothers noted that some girls do not listen irrespective of the approach utilized. They observed that some daughters question or challenge their views on premarital sexual and reproductive practices. Daughters also refuse to listen to mothers who are regarded as "old school", outdated, old fashioned, archaic, traditional, and not modern. According to mothers, it is not their desire to discuss these sensitive issues outside the family unit but the attitude and feedback from girls make this option inevitable. A mother noted:

> Sometimes, when mothers stay inside the house and talk with their daughters, the girls will say "this is a new world" and go on to do what they want. This makes mothers furious.

In an FGD with *Ekeledi*, a socio-cultural group of women, it was noted:

> Girls normally say back at us that we should allow them to enjoy their lives, that we are old school while they are new millennium. We mostly engage in this communication privately but if they do not listen or take correction, we then embarrass them publicly by talking to them.

The view about extension of reproductive discourse to the public sphere was reiterated by daughters; thus,

> Mothers begin to take the discussions outside the house when daughters refuse to listen to them. Mothers take it out in the hope that the world gets to know that they talk to daughters as a means of preparing them to live better lifestyle.

A deeper investigation of the process reveals that the inability of mothers and daughters to successfully manage their differences exposes them to the public. Hence, mother-daughter mismanagement of reproductive communication results to its externalization. According to discussants, conflict is more evident at the transactional level because daughters sometimes challenge or reject the ideas of mothers. Discussants further revealed that reproductive communication is extended beyond the confines of the home either because girls walk out on mothers or mothers want to prove to neighbours that they are performing their communication roles. According to interviewees, such communication is characterized by shouting, quarrelling and exchange of derogatory words. Varying reproductive positions of females result to outright rejection of the postulations and prescription of mothers on issues of morality and sexual conduct. Hence, mother-daughter communication, which was initially private and peaceful, becomes confrontational and public.

The survey shows that most reproductive communication begins with girls aged 13-15 years (40.6%), relative to those less than 10 years (11.8%), between 10-12 years (23.9%), and 16-19 years (23.7%). The communication is said to be cordial when it involves girls below 13 years and it is mostly one-way, initiated by mothers on realization that daughters are maturing and likely to be exposed to sexual relationships and peer influence. A mother disclosed:

> This communication commences when mothers observe that the girls are getting mature and attracted by men to start sexual relationship. It is better to discuss these things with girls at home before they are lured into sexual relationship.

The communication sometimes begins after the realization that daughters are at reproductive health risk. Public discussion also occurs unintentionally on appearance of a girl with reproductive health challenges. Mothers noted that they exploit this medium to peacefully discuss with daughters as indicated below:

> Sometimes, we communicate when we see another girl who has been affected negatively by her sexual choices. Most mothers will use that individual as an entry point of discussion to explain to their daughters the reason why the girl is like that [suffering]. They end the discussion by advising daughters not to expose themselves to similar situation.

Only about 3 women in FGDs and 2 in IDIs noted that they initiated discussions primarily to empower daughters with reproductive health knowledge. Majority of women stated that they began discussions based on changes in girls' physical appearance and behaviour, human association, fear of men taking advantage of girl and the fear of HIV/AIDS. According to the mothers, daughters tend to listen more at preteen ages but change their world-views at age 13, when they begin to question the notions of mothers. Although FGDs of daughters support public disgrace of stubborn girls, they however observe that some mothers are quarrelsome and like shouting instead of calmly discussing with daughters for mutual understanding.

Despite the conflict, some strategies are employed to restore peace and understanding. Generally, mother-daughter reproductive communication is achieved through sharing of meaning and mutual understanding. It utilizes strategies that transfer reproductive health knowledge to girls. The process is an art of translating reproductive knowledge to understandable ideas that are contextually relevant and applicable. It transforms information to suit the language, socio-cultural environment and expectations of family and community contexts for improved health outcomes.

Discussion

Social and cultural factors impact the health behaviour of a population. Cultural factors, which include the values, beliefs, and ideals of a population, are transferred across generations through diverse communication systems. However, the translation of contemporary reproductive ideologies to meaningful concepts is achieved though interpersonal communication, which may result to behaviour change. Sexuality and reproductive health are topical issues in sociological discourse but its communication is vital because of the need to safeguard adolescent reproductive health.

Various individuals and groups have been saddled with the responsibility of transferring reproductive health knowledge to targeted populations. The use of partnerships and the participatory process mobilizes parents, teachers, school administrators and other professional agents to play a proactive role in sexuality education. Education for HIV prevention for early adolescents has been organized in different countries, including Thailand schools (Fongkaew, Fongkaew & Muecke, 2006). However, Roberts, Oyun, Batnasan, and Laing (2005) report a lack of sexual health knowledge among administrators, teachers, and parents that collectively contribute to the knowledge gaps among Mongolia's young people.

In a worldwide sex education study, Kirby and Rolleri (2006) show that virtually all the programs throughout the world encouraged specific sexual and protective behaviours. Most of the programs encouraged abstinence and the use of condoms and other forms of contraception if young people chose to be sexually active. The programs were far more likely to have a positive impact on behaviour than a negative impact. This strongly support that need for reproductive communication because adolescents are growing up in a rapidly changing world that is influenced by mass communication, media and information and communication technology (ICT).

Parent-child reproductive communication is an important aspect of reproductive socialization. It is a fundamental process through which ideas, values, beliefs, expectations, information, and knowledge are conveyed from parents to children. Because parents typically have the opportunity to communicate with their children on a daily basis, they can play a critical role in shaping adolescents through gender-related knowledge transfer. Parent-child

communication about sexual and reproductive health already operates on same sex basis and specific topics in some parts of Africa (Jerman & Constantine, 2010; Obono, 2008; Wamoyi, Fenwick, Urassa, Zaba & Stones, 2010). Knowledge transfer promotes healthy behaviours when parents are open, responsive, comfortable, and confident in discussing sex and related issues (Fikre, 2010; Guilamo-Ramos & Bouris, 2008).

The transfer of reproductive health knowledge translates to safeguarding adolescent sexual and reproductive health. The communication encounters are basically cordial, but confrontational at other times. Conflict may hinder effective reproductive knowledge transfer but its management depends on the expertise of communicators.

Conflict in mother-daughter communication can be curtailed. According to Transactional Analysis (T.A.), the nurturing parent is caring, concerned and often appears as a figure who seeks to keep the child safe and offer unconditional love. Conflict is however inevitable with the controlling or critical mother, who imposes her values on her daughter. The natural child would control conflict relative to the curious or adaptive child that is prone to arguments.

Loving parent-child communication translates to improved contraceptive and condom use, improved sex education, and fewer sexual risk behaviours among adolescents (Whittaker, 2009). Young people who feel a lack of this parental warmth, love or care are more likely to report sexual risk behaviours (Karofsky, 2000; Resnick, Bearman, Blum, Bauman, Harris, Jones, Tabor, Beuhring, Sieving, Shew, Ireland, Bearinger & Udry, 1997). In other words, parent-child communication protects adolescent sexual and reproductive health, promotes reproductive health behaviours and reduces sexual risk behaviours (Bastien, Kajula & Muhwezi, 2011; Guilamo-Ramos & Bouris, 2008; Martino, Elliott, Corona, Kanouse & Schuster, 2008; Rodgers, 1999).

Hence, communication is an effective instrument for reproductive wellbeing. Because most adolescent students would rather prefer to discuss reproductive matters with their peers than parents, there should be targeted family life education for students and parents (Yesus & Fantahun, 2010). The utilization of this converged approach would improve the reproductive health knowledge of parents as well as students for positive peer influence and adolescent health control.

Conclusion

Gender-based reproductive knowledge transfer occurs in Ugep, Southern Nigeria where mothers and adolescent daughters engage in public and private communication encounters. The context of communication depends on the nature of the transactions. The frequent site of reproductive communication is the home relative to outdoor environment. Most females prefer to hold discussions in the house, which is considered more peaceful.

It is instructive to note that contrary to widespread opinion about the taboo nature of reproductive communication in traditional African society, the Ugep study showed its prevalence among mothers and daughters. The context, form, level and timing of communication vary among girls in different age groups and this affects the acceptance or rejection and cordiality or conflicting nature of reproductive knowledge transfer. The effectiveness of female communicative encounters would promote reproductive knowledge transfer and prevent reproductive health hazards for adolescent girls. Communication thus remains a principal instrument for transmitting reproductive values, beliefs, expectation, and knowledge among parents and adolescents. The utilization of appropriate patterns of reproductive knowledge transfer would bring about attitudinal and behavioural change among girls in Southern Nigeria.

References

Angera, Jeffrey J., Brookings-Fisher, Jodi & Inugu, Joseph. (2008). An Investigation of parent/child communication about sexuality. *American Journal of Sexuality Education, 3*(2), 165-181.

ARHNC Report. (2004). Mother-Daughter communication: A tool for women empowerment. Needs assessment report on mother-daughter communication in Kenya between January and March 31, 1997.

Bastien, S., Kajula, L. J. & Muhwezi, W. W. (2011). A review of studies of parent-child communication about sexuality and HIV/AIDS in sub-Saharan Africa. *Reproductive Health*, *8*(25).

Casey, Kenya. (2001). *Adolescent reproductive health in Nigeria*. Washington: Advocates for Youths.

Esiet, Adenike. (2002). *Building support for adolescent health education and Services in Nigeria: Reflections from the experience of Action Health Incorporated*. Retrieved on June 20, 2012, from http://www.iwhc.org/index.php?option=com_content&task=view&id=2550&Itemid=1328.

Fikre, Martha. (2009). Assessment of parent-adolescent communication on sexual and reproductive health matters in Hwassa Town, SNNPR, Ethiopia. Unpublished MPH thesis. Addis Ababa University, Ethiopia.

Fongkaew, Warunee, Fongkaew, Kangwan & Muecke, Marjorie. (2006). HIV/Sexual and reproductive health program for HIV prevention: The youth-adult partnership with schools approach. *Journal of Medical Association Thai*, *89*(10), 1721-1732.

Gueye, Mouhamadou, Castle, Sarah & Konate, Mamadou Kani. (2001). Timing of first intercourse among Malian adolescents: Implications for contraceptive use. *International Family Planning Perspectives*, *27*(2), 56-62.

Guilamo-Ramos, Vincent & Bouris, Alida. (2008). Parent-adolescent communication about sex in Latino families: A guide for practitioners. The National Campaign to Prevent Teen and Unplanned Pregnancy.

Hall, Kelli Stidham, Moreau, Caroline & Trussell, James. (2012). Associations between sexual and reproductive health communication and health service use among U.S. adolescent women. *Perspectives on Sexual and Reproductive Health*, *44*(1), 6-12.

Haralambos, Michael & Holborne, Martin. (2004). *Sociology themes and perspectives*. Hammersmith: Haper Collins.

Henshaw, Stanley K., Singh, Susheela, Oye-Adeniran, Boniface A., Adewole, Isaac F., Iwere, Ngozi & Cuca, Yvette P. (1998). The incidence of induced abortion in Nigeria. *International Family Planning Perspective*, *24*(4), 156-164.

Holtzman, Deborah & Rubinson, Richard. (1995). Parent and peer communication effects on AIDS- related behaviour among U.S high school students. *Family Planning Perspective*, *27*(6): 237-238.

Ikpe, Eno. B. (2004). *Human sexuality in Nigeria: A historical perspective*. Understanding Human Sexuality Seminar Series: ARSRC.

International Centre for Research on Women (ICRW). (1996). *Twenty years of development*. Annual Report, ICRW.

Jerman, Petra & Constantine, Norman A. (2010). Demographic and psychological predictors of parent–adolescent communication about sex: A representative statewide analysis. *Journal of Youth and Adolescents*, *39*(10), 1164–1174.

Karofsky, Peter S., Zeng, Lan & Kosorok, Michael R. (2000). Relationship between adolescent parental communication and initiation of first intercourse by adolescents. *Journal of Adolescent Health*, *28*(1), 41-45.

Kim, Young Mi, Kols, Adrienne, Nyankaurutamoto, Ronika, Marangwanda, Caroline & Chiba, Peter. (2001). Promoting sexual responsibility among young people in Zimbabwe. *International Family Planning Perspectives*, *27*(1), 11-19.

Kirby, Douglas B. & Rolleri, Lori A. (2007). Sex and HIV education programs: Their impact on sexual behaviors of young people throughout the world. *Journal of Adolescent Health*, *40*(3), 206–217.

Kublin, Kary S., Wetherby, Amy M., Crais, Elizabeth R. & Prizant, Barry M. (1998). Prelinguistic dynamicassessment: A transactional perspective. In Amy M. Wetherby, Steven F. Warren, and Joe Reichle (Eds.), *Transitions in prelinguistic communication* (pp. 285-312). Baltimore: Paul H. Brookes.

Lee, Renée G. & Garvin, Theresa. (2003). Moving from information transfer to information exchange in health and health care. *Social Science & Medicine*, *56*(3), 449-464.

Lefkowitz, E. S. & Stoppa T. M. (2006). Positive sexual communication and socialization in the parent–adolescent context. *New Directions for Child and Adolescent Development*, *12*, 39-55.

Lennerhed, Lena. (1995). *Sexuality education in schools: The Swedish debate in a historical perspective*. Sweden: Swedish Association for Sex Education.

Martino, Steven C., Elliott, Marc N., Corona, Rosalie, Kanouse, David E. & Schuster, Mark A. (2008). Beyond the “big talk”: The roles of breadth and repetition in parent-adolescent communication about sexual topics. *Pediatrics*, *121*(3), e612-e618.

Mkandawire, Richard M. (1994). *Commonwealth Africa experiences in young policy and programme development*. Unpublished.

Mturi, Akim J., Tuoane, Maletela & Diamond, Ian D. (2001). Patterns of sexual behaviour among young Basotho women. *African Population Studies*, *16*(1), 71-86.

National Population Commission (NPC). (2003). *Nigeria and ORC macro: Nigeria demographic and health survey 2003-2004*. Calverton, Maryland: NPC.

O'Sullivan, Lucia F. (2001). Mother-daughter communication about sex among urban African-American and Latino families. *Journal of Adolescent Research, 16*(3), 269-292.

Obono, Koblowe & Obono, Oka. (2009). Media exposure and reproductive change in Ugep, Nigeria. *The Nigerian Journal of Sociology and Anthropology, 7*, 79-97.

Obono, Koblowe. (2001). Patterns of sexuality communication among mothers and daughters in Ibadan Metropolis. MSc Thesis, University of Ibadan.

Obono, Koblowe. (2008). Reproductive change and communication among mothers and daughters in Ugep, Nigeria. Unpublished Ph.D. dissertation, University of Ibadan, Oyo, Nigeria.

Ojo, Olubukola, Aransiola, Joshua, Fatusi, Adesegun & Akintomide, Akinjide. (2011). Pattern and socio-demographic correlates of parent-child communication on sexual and reproductive health issues in southwest Nigeria: A mixed method study. *The African Symposium, 11*(2), 29-49.

Olawale, Ronke. (2004, August 11). Concern over adolescent reproductive health. *The Guardian, 15*.

Omorodion, Francisca I. & Olusanya, Olubamidele. (1998). The social context of reported rape in Benin City, Nigeria. *African Journal of Reproductive Health, 2*(2), 37-43.

Otoide, Valentine O., Oronsaye, Frank & Okonofua, Friday E. (2001). Why Nigerian adolescents seek abortion rather than contraception: Evidence from focus-group discussions. *International Family Planning Perspectives, 27*(2).

Passages. (1995). A world's eye view on adolescent issues. *International Centre on Adolescent Fertility, 14*(1).

Renne, Elisha P. (1993). Changes in adolescent sexuality and the perception of virginity in a South-western Nigerian village. *Health Transition Review, 3*, 121-133.

Resnick, Michael D., Bearman, Peter S., Blum, Robert Wm., Bauman, Karl E., Harris, Kathleen M., Jones, Jo, Tabor, Joyce, Beuhring, Trish, Sieving, Renee E., Shew, Marcia, Ireland, Marjorie, Bearinger, Linda H. & Udry, J. Richard. (1997). Protecting adolescents from harm: findings from the National Longitudinal Study on Adolescent Health. *JAMA, 278*(10), 823-832.

Roberts, Amanda B., Oyun, Cameron, Batnasan, E. & Laing, Lory. (2005). Exploring the social and cultural context of sexual health for young people in Mongolia: Implications for health promotion. *Social Science and Medicine, 60*(7), 1487-1498.

Rodgers, Kathleen B. (1999). Parenting processes related to sexual risk-taking behaviors of adolescent males and females. *Journal of Marriage and Family, 61*(1), 99-109.

Ujah, I. A. O., Aisien, O. A., Mutihir, J. T., Vanderjagt, D. J., Glew, R. H. & Uguru, V. E. (2005). Maternal mortality among adolescent women in Jos, North-Central, Nigeria. *Journal of Obstetrics & Gynaecology, 25*(1), 3-5.

UNFPA/United Nations Population Fund. (2000). ICPD keeping promises: Promoting adolescent reproductive and sexual health. Retrieved June 20, 2012, from www.unfpa.org/icpd/10/icpd.

UNICEF/National Planning Commission. (2001). Children and women's rights in Nigeria: A wake-up call. *Situation Assessment and Analysis 2001*. Abuja, Nigeria: UNICEF/FGM.

Wamoyi, Joyce, Fenwick, Angela, Urassa, Mark, Zaba, Basia & Stones, Williams. (2010). Parent-child communication about sexual and reproductive health in rural Tanzania: Implications for young people's sexual health interventions. *Reproductive Health*, *7*(6).

Whittaker, Alicia. (2009). Parent-child communication: Promoting sexually healthy youth. Advocates for Youth. Retrieved June 20, 2012, from http://www.advocatesforyouth.org/publications/442?task=view.

World Health Organization (WHO). (2003). Preparing for adulthood: Adolescent sexual and reproductive health. Progress in Reproductive Health Research. Geneva: WHO.

Yesus, Desalegn G. & Fantahun, Mesganaw. (2010). Assessing communication on sexual and reproductive health issues among high school students with their parents, Bullen Woreda, Benishangul Gumuz Region, North West Ethiopia. *Ethiopian Journal of Health Development*, *24*(2), 89-95.

About the Author

Koblowe Obono lectures in the Mass Communication Department of Covenant University, Ota, Nigeria. Dr. Obono has researched extensively on health issues, which had led to diverse publications. She is a health communication expert in reproductive health of females. Her areas of research interest include gender issues, human communication, and media analysis.

Citing this paper:

Obono, Koblowe. (2012). Patterns of mother-daughter communication for reproductive health knowledge transfer in Southern Nigeria. *Global Media Journal -- Canadian Edition*, *5*(1), 95-110.