



## Mother-daughter communication about sexual and reproductive health issues in Singkawang, West Kalimantan, Indonesia

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### Abstract

While parent-adolescent sexual and reproductive health (SRH) communication is one potential source of information for adolescents, it appears to be inadequately practiced in Indonesia. Given that female adolescents in Indonesia are faced with increased sex-related risks, it is important to understand, from parents and adolescents' perspectives, how parents communicate about SRH to their adolescents. This study was designed to investigate parents and their female adolescent children's patterns of SRH communication in West Kalimantan, Indonesia. A total of 15 adolescent girls (ages 13-15) and 14 mothers took part in four focus group discussions. Fifteen girls, aged 13-15 and 14 mothers aged 25-45 years participated in the study, sharing their reflections on their communication about sex and reproductive health issues. The analysis technique used was thematic analysis, which is performed by refining key themes that emerge from the data. Data were collected from the focus group discussions. The four themes identified in this study are: (1) Infrequent communication on sexuality between mothers and daughters, (2) Mothers' tendencies to avoid to discussing SRH, or feeling ashamed and that it is culturally unacceptable to talk about sexual matters, (3) Body change during puberty is the major content of the mother-daughter communications, and (4) Both mothers and daughters need adequate information about SRH. The study reveals that communication regarding sexual and reproductive issues between parents and female adolescents is limited in Indonesia. The quality of communication on general topics between parents and their female adolescents is one of the important factors related to SRH communication between them. It is essential that Indonesian parents become better informed and skilled, so that they may be involved in the sexual and reproductive health education of their female adolescent children.

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## Introduction

Sexual and reproductive health (SRH) communication seems to be one process that is associated with parental influence. In recent years, there has been an increase in rates of premarital sex, unintended pregnancy, and sexually transmitted infections among Indonesian young people<sup>1</sup>. Based on these facts, with this in mind, it is of crucial importance to understand what kinds of sex-related messages Indonesian adolescents receive from various sexual socialization agents. Several publications showed that parents are among the preferred sources for adolescents' SRH education; therefore, improving the quality of communication between parents and adolescents can protect adolescents from risky behaviors, such as early sexual initiation and unprotected sexual activity. As a consequence of poor SRH education, adolescents are at risk of contracting sexually transmitted diseases (STDs), such as HIV/AIDS and gonorrhea; facing an unwanted pregnancy; the possibility of abortion; and even death, due to bleeding or other complications of an abortion. Based on Ministry of Health data, we know that the largest cohort of people diagnosed with AIDS in Indonesia is those between the ages of 20 and 29. This means that these people likely contracted and were diagnosed with HIV when they were adolescents. Therefore, it is essential that we provide adequate information about SRH to adolescents, in order to prevent them from contracting these diseases.

Having adequate communication between mothers and daughters about sexual health and reproduction can increase girls' knowledge about body changes related to puberty and about STDs<sup>2</sup>.

In Indonesia, communication about sex and sexuality is viewed as a culturally taboo topic. Sexuality issues, therefore, are difficult for parents to talk about with their children, so girls have a tendency to talk about sexuality only with their peers<sup>1</sup>. This put adolescent's girl at risk for risky sexual behavior. In addition, girls' physical development comes earlier and more quickly than boys' does, making girls more vulnerable to sexually transmitted infections than boys.

Researchers have demonstrated that parental attitudes influence adolescents' in terms of health behaviors, including early sexual initiation<sup>2,3</sup>. The results of a few studies have also demonstrated that the role of parents in adolescents' ability to maintain healthy relationships with partners in the future is significant. In addition, the literature shows that daughters are much more likely to discuss their sexuality with their mothers than with their fathers. On the basis of these findings, working in Singkawang, we examined the perceptions of mothers and daughters of their communication about sexual health reproduction.

## Method

A descriptive qualitative study was conducted at one of the public secondary schools in Singkawang, East Kalimantan. This school has an enrollment of approximately 800 students. In addition, Singkawang, West Kalimantan, is one of the areas with highest HIV prevalence in Indonesia. A total 15 adolescent girls (ages 13-15) and 14 mothers took part in four focus group discussions. We chose to study adolescents because this is a time when girls undergo major physical and

emotional changes, and communication between mothers and daughters is needed.

In this study, a "mother" was defined in a broad way, either as a biological parent or a stepmother who lives with and takes care of the adolescent. To be included in the study, female adolescents had to be between the ages of 13 and 15, live in Singkawang, and in their second year of secondary school. The selection criterion for a mother to participate was having a child in the second year of secondary school and enrolled in the study school. All participants signed a consent form before the study began. The exclusion criteria were girls who did not live with a mother. The reason for this was that the dynamics of mother-daughter interaction could be different among those who live apart from their mother than among girls who live with their mothers.

This study used focus group discussions (FGD) with adolescents and their mothers to explore mother-daughter communication about SRH. We asked participants about their communications regarding moral, religious, and cultural values, including topics such as sexual health and reproduction. The duration of each FGD was 45 to 90 minutes, and all proceedings were recorded using a digital voice recorder. The FGD took place during a single class at the school in Singkawang. FGDs consisted of 6-8 participants and were designed to elicit rich data on sexuality communication. Ethical approval was obtained from the Ethics Committee at the Faculty of Nursing at the University of Indonesia in July 2016. All FGD recordings were made and transcribed in Bahasa Indonesian. For the purpose of this article, the comments were then translated into English by a team of researchers who speak both Bahasa Indonesian and English fluently. Data management, analysis, and interpretation followed thematic analysis principles. Illuminating verbatim quotations are used to illustrate the study's findings. To enhance the rigor of the qualitative data, two researchers completed the coding and analysis processes separately and then discussed the similarities and differences in their coding. If there were coding differences, the research team discussed them and came to an agreement about the coding.

## Results

This study identified 4 themes:

1. Infrequent sexual communication between mothers and daughters.
2. Mothers tend to avoid discussing SRH or feel ashamed and that it is not culturally acceptable to talk about sexual matters.
3. Topic about body change during puberty as a content of mother-daughter communication.
4. Both, mothers and daughters need adequate information about SRH.

### Infrequent mother-daughter communication about sexuality

During the FGD, the girls agreed that they had insufficient levels of communication with their mothers about sexuality. The majority of girls said that they had less than enough time to discuss sexuality with their mothers, due to feeling

embarrassed and that it is impolite, in their culture, to talk about sexuality. As one girl mentioned: "It is uncomfortable to talk about sexuality with [my] mother. I feel shy and people will react negatively if you ask something about sex, because I am still young and not married yet."

This finding shows that many girls do not have adequate information about puberty and SRH. The content and quality of communication with their mothers about these subjects was found to be poor. For example, one girl said that she does not communicate about puberty with her mother.

"I do not have any kind of conversation with my mom. Sometimes, my mom just asks me about my school, and what I need for my school tomorrow. That's all".

### **Mothers tend to avoid discussing SRH, or feel ashamed and that it is not culturally acceptable to talk about sexual matters**

Several works in the literature mention that parents feel burdened to start conversations about sexuality with their daughters. These mothers feel uncomfortable talking about sex. Many mothers stated that they should only initiate discussions about SRH topics when their daughters are in certain situations, such as if the girls ask about it. Parents feel ashamed and that it is not culturally acceptable to talk about sexual matters.

One mother said: "I feel uncomfortable talking about sexuality with my daughter. I feel ashamed to discuss it. It is taboo to bring this issue to a young girl".

### **Topic about body change during puberty as a content of mother-daughter communication**

Adolescents in the study reported that there were some topics that they prefer to discuss with their mothers and not their fathers, such as body changes during puberty. They believe that their mothers know more on this topic because they have had similar life experiences.

"I asked my mother how old she was when she got her first period. I feel comfortable talking about menstruation with my mother. It is easier to talk with her than with my father".

In addition, once their daughters had their first menstrual period, mothers report seeing this as a time to transmit values and expectations about dating and sexuality to their daughters. The mothers did not discuss sexuality. The mothers also discussed puberty and the major physical changes during puberty. One mother said: "I did not discuss sexuality with my daughter, but I started to discuss puberty and body changes the first time she had her period. I taught her how to use a tampon, and how many times she needs to change it. It was also a time for me to discuss how to protect herself from sexual harassment, such as not touching her breasts, vagina...".

### **Both, mothers and daughters need adequate information about SRH**

During the FGDs, the girls agreed that they had insufficient knowledge regarding many aspects of SRH. The majority of

girls prefer to have their mothers be their chief source of information about SRH.

One daughter said: "I told my mother the first time I had my period, but I did not have further information about puberty and SRH from my mother. She should teach me what's right and wrong".

## **Discussion**

This study showed the nature of mother-daughter SRH communication and what they need to improve. The findings show that many girls do not have adequate information about sexuality/SRH. The content of the communication with their mothers about these subjects was found to be poor. This finding is similar to that of other studies, which claim that parent-adolescent communication on sexuality is often negative, vague, and based on parenting style<sup>3-5</sup>.

It is evident that mothers, in general, communicate very little about sex, relationships, and condoms. Feeling embarrassment and that it is taboo to talk about sexuality are the main barriers to initiating communication about SRH. Many mothers stated that they told their daughters to wait and ask about these issues when they are older. This finding is consistent with past research, which found that, in many countries, it is culturally inappropriate for young adolescents to talk or ask about sexual terms. If they do, they are accused of being vulgar<sup>6-9</sup>. Consequently, many adolescents do not ask about these topics, because they fear being misunderstood or perceived as sexually active.

However, both mothers and daughters reported feeling comfortable talking about puberty, including menstruation. This finding is similar to other studies<sup>7,10</sup>, which have noted the tendency for female adolescents to talk more openly and frequently with their mothers than with their fathers. This was consistent with the girls' reported feelings of comfort when talking with their mothers. In addition, the daughters also reported not asking their mothers about SRH because of embarrassment, a fear of judgment, and their perceived lack of their mothers' interest or willingness to talk, or time and trust. Despite the girls' reported levels of discomfort when talking about SRH, many mothers and daughters had discussed puberty and menstruation. All of the girls preferred to discuss menstruation with their mothers because of the trusting and close relationships they have with them. These findings suggest that, although communication is still inadequate between mothers and daughters, it does exist.

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## **Conflicts of interest**

None declared.

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