

Mother-daughter communication about growing up: experiences and perspectives of women and girls in an informal settlement in Nairobi

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Abstract

Good parent-child communication is associated with improved health and behavioral outcomes in adolescents. Cultural and community factors affect parenting practices and mother-daughter communication, and this in turn can affect adolescent health and wellbeing. This study explores mother-daughter communication about sexual maturation in Korogocho, an informal settlement in Nairobi. We use data from 29 interviews and 18 focus group discussions with girls and mothers aged 12-49. Most of the girls we interviewed regard their mothers to be their preferred source of information about menstruation. Girls expressed a desire to receive reliable information from a variety of sources, conveyed to them at an early age and repeated regularly. However, in reality, many girls have limited discussion with their parents or guardians. Mothers described cultural taboos, embarrassment, lack of information, and uncertainty about appropriate approaches as barriers to communicating with their daughters. Both mothers and daughters stated that in informal settlements, poverty further undermines mother-daughter communication due to psychological pressures on mothers, high prevalence of substance abuse, and a lack of time and privacy to engage with daughters.

Introduction and rationale

Constructive parenting approaches, including parent-child communication, have been found to be associated with better health and behavioral outcomes for adolescents (DiClemente, Wingood et al. 2001). For example, young people who communicate with their parents about sexual maturation may be less likely to engage in early sexual activity or to become pregnant or have STI infections. Parent-child communication has been found to be associated with greater contraceptive use, ability to negotiate safe sex or delayed sexual activity among teenagers in the USA, Kenya, Uganda and Ghana (DiClemente, Wingood et al. 2001; Biddlecom, Awusabo-Asare et al. 2009; Magadi and Agwanda 2009).

Parent-child communication about sex may prevent risky sexual behavior, but there are often taboos that make this difficult. In Kenya and other parts of sub-Saharan Africa, mothers often have cultural or religious inhibitions that make communication about sex with pre-adolescent or adolescent daughter difficult (Mbugua 2007). Mothers may also lack information about adolescence and confidence about how to interact with their daughters during this time. Fathers may face even greater taboos preventing them from discussing sex and maturation with their daughters.

Community-level factors such as urban poverty may also mediate the relationship between parenting practices and youth outcomes, as well as having direct influences on youth outcomes in themselves (Roche, Mekos et al. 2005). In urban poor areas of Kenya such as Nairobi's informal settlements, girls initiate sex early and are more likely to have multiple sexual partners than their rural counterparts (Dadoo, Zulu et al. 2007), revealing a high level of need for early sexuality education in that context. In addition, poverty, limited access to education, and overcrowding may undermine the ability of parents to communicate with their children about sex. Girls living in contexts of migration

and urbanisation may face particularly limited alternative avenues for communication from non-parental family members, and have to make the transition to adulthood without adequate information and guidance (Sommer 2009). There is a lack of research on how aspects of urban poverty in sub-Saharan Africa affect mother-daughter communication, or the impacts of this on girl's preparedness for puberty and decision-making about sex.

The quality, timing and frequency of communication matter. Young people need clear, comprehensive and accurate information about sexual maturation and sexual relationships and their psychological, socio-cultural and biological elements. Good practice in sex education involves broader approaches to instilling young people with the knowledge, confidence and skills to avoid sex or sexual risk taking, rather than simply warning them about risks (Aggleton and Campbell 2000; IPPF 2006). In addition, research shows that communication needs to be started early, before puberty and important events such as commencement of menstrual flow (menarche), and carried out repeatedly (Kirby 2002).

In this paper, we explore mothers' and adolescent daughters' experiences and perspectives on parent-daughter communication and the challenges involved, using data from in-depth interviews and focus group discussions with adolescent girls and women. This qualitative data contributes to the limited research evidence on parent-child communication in contexts of urban poverty in Africa, providing in-depth, contextualized information about mothers' and daughters' perceptions about ideal communication, and the realities and challenges of communicating in their social, economic and physical environment. We ask the following research questions:

1. What are mothers and daughters experiences with parent-child communication about sexual maturation and sex in urban slums in Nairobi?

2. What are their views about the ideal kind of communication between mothers and daughters?
3. How do ideal communications approaches compare with reality, and what are some of the challenges mothers and daughters face with communicating in practice?

Methods

This study focuses on Korogocho, an urban informal settlement, or 'slum' in Nairobi, Kenya. Korogocho is about 12km from Nairobi's central business district. The community is a few decades old, and has high levels of migration, with individuals and families travelling between rural areas and Korogocho in search of jobs and other livelihood opportunities. It is home to about 27,000 people with a high proportion of young people. About 31% of the population is less than 15 years old (APHRC, 2009). As with other informal settlements, Korogocho is characterized by high levels of poverty and unemployment, limited and inadequate infrastructural facilities, overcrowding and poor health outcomes (Zulu, Dadoo and Ezeh, 2002).

The data for this study was collected as part of a broader research study on menstrual attitudes, practices and problems in Korogocho. The participants consisted of post-menarchal in-school and out-of-school adolescents aged 12-14 and 15-17 and women aged 18-49 years, many of whom were mothers of adolescent girls. Data collection was carried out in May and June 2008. A total of 29 in-depth interviews (IDI) and 18 focus group discussions (FGD) were carried out. Individuals were recruited using purposive quota sampling, to increase homogeneity of focus groups, encourage discussion of shared experiences and reduce inhibitions (Ulin et al 2005: 51-58). Semi-structured interview guides were used in in-depth interviews and focus group discussion. Questions were asked about menstrual knowledge, experiences, attitudes and perceptions. The interviewer prompted participants to narrate their experiences of communicating with their mothers about menstruation and growing up. Mothers of adolescent

girls were also asked to describe their views, thoughts and experiences about changes that their daughter went through after menstruation and experiences with communicating with their daughters on the subjects of menstruation and growing up. All participants were also asked for their perceptions about the ideal role that mothers should play in supporting and advising their daughters during adolescence. In-depth interviews and focus group discussions were conducted in Kiswahili and moderated by female fieldworkers who were trained to put participants at ease and sensitively facilitate discussion of menstruation and sexual maturation.. All interviews were digitally recorded, transcribed verbatim and translated from Kiswahili to English. The text was stored and analyzed using Nudist 6.0 QSR software and analyzed by two researchers using content and thematic analysis (Patton, 1990; Silverman, 1993).

Ethical approval for the study was provided by Kenya Medical Research Institute (KEMRI) ethics and review board. All participants gave informed consent for their participation and for the audio recording. The participants were in addition guaranteed anonymity and confidentiality of their responses. To ensure this, all interviews were conducted in a neutral and confidential location and informed consent forms and interview notes were stored in a locked filing cabinet and digital recordings were password protected. Participants in focus group discussions were asked to use pseudonyms instead of their real names to protect their anonymity.

Results

This section examines each of the research questions in turn, exploring the themes and identifying areas of convergence and diversity in the interview and focus group data.

Mothers and daughters experiences with parent-child communication about sexual maturation

There was variation about whether girls speak to their mothers or friends, other relatives or teachers about sexual maturation. Some girls stated that they speak with their mothers, while others explained that they don't find their mothers easy to talk to.

Int: Who goes to whom; is it the mother who goes to talk to the girl or the girl goes to the parents?

Resp10: They usually go to their friends first before they reach the parents. They usually talk when they are in groups especially when one of the girls gets caught unaware and she doesn't know what to do. If her friends are good enough, the problem will be sorted out without your knowledge. You may be able to hear about it when another one comes to ask her how she was able to manage her periods and as a parent you wonder when did it start and yet it is happening under your nose. (Focus group with adult women aged 19-34)

A number of respondents suggested that guardians who are not biological parents may be less likely to make efforts to discuss sexual maturation with their adolescent daughters. For example, orphans and girls who are staying with a stepmother or other relative may not have people to talk to. Those who voiced these views included a few girls who were speaking of their own experiences living with someone other than their biological mother, and others who appeared to base this view on their observations of others rather than direct experience.

Resp: [...] the person who should tell the girl about this is a mother. If she does not have a mother, she will have to learn the hard way.

A striking area of continuity across the various interviews and group discussions with women and girls of all ages, was the limited nature of the information and issues that mothers discuss with their daughters. This information may not be detailed enough to instill girls with confidence and the knowledge needed to understand the changes they are going through. The issues discussed tended to be limited to outward physiological changes involved in puberty including menstruation without providing information on why they happen from a biological perspective. Mothers also focus on practical advice about how to keep clean and deal with menstruation. Finally, participants stated that mothers tend to portray the onset of menstruation as a marker of their daughter's transition to womanhood and link this with information for their daughters on how their behaviour should change, particularly about importance of avoiding sexual intercourse. However, instead of providing detailed information about sex and the risks involved, or explicit advice about how to avoid having it or have it safely, participants stated that mothers tend to use the vaguer instruction that girls should not 'play with boys' once they start menstruating.

The mothers and daughters participating in this study described the risk of having sex as getting pregnant, rather than mentioning the risk of HIV or other sexually transmitted infections. In some cases, participants indicated that mother-daughter communication is implicit and ambiguous, for example, the phrase 'playing with boys' may be used without explanation, and key aspects of sex education were missing, including the stages during the menstrual cycle when girls are most likely to become pregnant, the fact that girls can become pregnant before their first period, and that condoms can protect from unwanted pregnancies and HIV and other sexually transmitted infections.

Preferences about mother-daughter communication

Although some girls seemed indifferent to menstruation and did not identify issues that they would like to receive information about, there was considerable overlap among girls about the issues that should be covered in girls' sex education.

Resp: They should be put together and taught how and when periods come, how they should avoid the company of boys so that they don't get pregnant. They should also keep it as a secret to themselves and not tell boys about it. They should also keep their bodies clean and should maintain hygiene. They should also learn to change their pads and not sit with one pad the whole day. (IDI 12, in-school girl aged 13 years)

For many women, a key aspect of providing information on menstruation to girls is the connection between menstruation and risk of pregnancy, and the need for girls to avoid becoming pregnant once they start their periods.

Resp11: It is important because out of that information she gets more curious and wants to know more by asking you questions which you will provide. You also need to add on that, she is now an adult and she should avoid at all costs any close relationship with boys. By doing that she could easily get pregnant and she should be free to talk to you about anything. (FGD 1, women aged 19-34).

Many of the girls and mothers stated that ideally, the best source of information about menstruation for girls is their mothers.

Resp: [...] Your mother should teach you.

Int: why?

Resp: she is the only one who can teach and correct you if you are in the wrong.

Int: why do you think it is the mother who should teach you about it?

Resp: she is the one who understands you best than anyone else and she can be of great help to you. (FGD 11, out-of-school girls aged 15-17)

There were mixed views about the ideal timing and frequency with which mothers should speak with their daughters about menstruation. Many believe that information should be communicated to young people early, rather than waiting for them to start menstruating.

Resp6: It is the parents who should talk to them at an early stage in their lives.

[...]

Int: how many times should a mother talk to her girl about periods?

Resp8: All the time

Int: how about the others, how many times should a mother talk to her daughter about periods?

Resp10: it should be as many times as possible to avoid embarrassment in future for you as a mother. If you talk to her this week, give her some time and if you see her repeat the same thing, repeat until she will now start doing the right thing. [...]

Int: do you tell her during her periods or after?

Resp10: these are things you start early in life and immediately she starts it; you should do it even more. Anytime she does anything that is embarrassing you remind her she is supposed to do. If you leave it, it is you who will be embarrassed. (FGD 1, women aged 19-34).

The adolescent participants in the study described in detail the ways in which they would ideally like information to be communicated to them. Girls said they wanted trustworthy information, conveyed to them early and repeatedly, through multiple channels. Girls themselves stated that they would value repeated discussions with their mothers about menstruation, and that this information should be in advance of starting periods:

Int: How many times should a mother talk about periods to her daughter?

[...]

Resp5: Any time there is an opportunity a girl should be taught about periods by anyone who is older than her.

Int: R8 why should our mothers teach us twice a month?

Resp8: it will help you not to be shocked when the periods start because it will be a normal thing (FGD 9, Girls aged 12-14 in primary school)

Comparing ideal communication with reality

Despite the widely held perceptions that mothers should communicate with their daughters about sexual maturation and that they should begin this communication early on, these ideals are frequently not lived up to in reality. Some girls stated that in reality, they avoid speaking to the mothers because they do not feel comfortable raising the issue, and instead speak to friends their own age who they can trust, or other relatives or teachers. Mothers also described avoiding discussing the issue with their daughters. Despite the ideal of early communication, many girls stated that their mothers had waited until they started menstruating to tell them about periods, instead of ensuring that they knew about the issue in advance. In addition, the kinds of information that mothers provided to girls is often limited in scope.

Both girls and mothers stated that they have inhibitions about discussing growing up, menstruation and sex with each other. This kind of shyness and embarrassment speaking about menstruation and or sex can undermine the ability of mothers and daughters to discuss these issues and can limit girls' access to support or information on growing up.

Int: is there any time the parents feel it is time to talk about periods in this house?

Resp: I don't think so. Our parents know there is something called periods and I don't know why they are afraid of talking about it. They feel embarrassed talking about it so much. It is the same way in her mind I am a child and she cannot talk to me about sex and she feels I have not reached that age to be told about those things so she feels shy instead. (FGD with out-of-school girls aged 12-14)

For some girls, embarrassment discussing issues like menstruation with one's parents meant that they relied on their friends or relatives for support and advice.

Resp: I find it easier to talk to my aunt

Int: and your mother?

Resp: I don't know but I feel freer with my aunt than my mother (IDI 16).

Resp8: it is difficult because this is your first time and you feel very embarrassed to go and tell anyone about it

Resp: it is also not easy to tell your parent about your first period

Int: it is hard?

Resp: Yes

Int: anyone with a different view? Who feels it is easy to get the information?

Resp: I can say it is easy with friends. At least with those ones, you

won't feel embarrassed. (FGD 11)

In the following example, a participant hints at the unstated tensions about adolescent sexuality that could inhibit parent-child discussion about growing up.

Resp1: it is embarrassing to tell your parents about your periods

Int: why is it embarrassing to tell your parents?

Resp1: They will start thinking of other things (all laugh) (FGD 2)

Mothers described a series of challenges that they face with communicating with their daughters about growing up. Taboos about discussing sensitive issues like menstruation and sex add to mother's feeling of embarrassment. This leads some mothers to avoid speaking to their daughters. For example, one mother explained how she only told her oldest daughter about menstruation, and relied on the older daughter to tell her younger sister about it (Pilot FGD 2, (women aged 30-50).

For some mothers, this seems to be related to a lack of confidence about how to relate to their daughters about puberty and sex. Mothers described a lack of confidence was linked to various factors, including lack of information about puberty, being unsure about how to relate to girls at this time and what puberty signifies for girls transitions to adulthood. Other mothers describe a lack of knowledge or interest in the biological aspects of menstruation.

Resp: 'I really don't know. All I am interested in is for it to come out and I finish with it and life goes on.' (Pilot FGD 4)

Two participants added to a discussion about the dilemmas and difficulties with discussing menstruation with their daughters and suggested that daughters and mothers would benefit from seminars that they could attend together to receive information about puberty, biology, and avoiding risk of pregnancy.

Resp10:it would be most beneficial if a special time can be put aside for the children to learn about these things. Every parent with a daughter should be forced to take their daughters for these seminars or meetings [...] That way the parents will be keen on educating their children on the basics of life. At the same time, I have also discovered that children listen more to other people than their own parents [...] So those kinds of meetings can be of great help and the children will also have an opportunity to ask those questions they cannot ask you as a parent. Things like why their breasts enlarge, why they should not engage in sex at an early age and how to control themselves. (FGD 1).

Mothers confusion about what menarche signifies adds to their dilemmas about how to treat their daughters before and after menstruation. Does menarche make their daughter an adult or are they still a child? There were varying perceptions by mothers and daughters about what menstruation signifies. Some mothers mentioned that many girls see the onset of menstruation as a sign that they are now an adult and can have sexual relationships. At the same time, some girls appear to see being treated as adults when they begin to menstruate as unwelcome.

Related to this is the concern about what to teach girls and when. Some participants suggested that concern about giving adult information to girls can mean mothers delay speaking to their daughters about menstruation for too long. Another challenge mothers said they face is how to provide adolescent daughters with information and support without being seen as being too hard on them or alienating them:

Resp11:if you also talk to them too much they start feeling you are too hard on them

Int: Is there anyone with a different view?

Resp6: There is a difference between talking and observation, which is why you should also reduce your talking to her before she decides you are hard on her. (FGD 1).

Some mothers felt that when their daughters started puberty, they became less willing to listen to their mothers, which hampered discussion. In one focus group discussion, the mothers of adolescent girls discussed at length the challenges about how to communicate with their daughters.

Int: I would also like to know what happens when girls start menstruating; usually what happens at that time?

Resp9: they change and become imps

Int: why do think those changes take place?

Resp9: they feel now they are grown up and can stand up to you

Int: Mhhh

Resp1: She is no longer a baby and becomes a teacher in the house.

Int: in what way? Tell us more

Resp11:She feels she is someone above reproach. She is on the same level with you as a mother

The mothers we interviewed explained that they struggle with anxiety about the risks daughters are under when they start their periods. Some of the risks they described are pregnancy, sexual relationships, and leaving home to move in with boyfriends. Such choices can be seen as particularly risky in Nairobi's informal settlements, where the age gap between young women and their sexual partners can be wide, and young women's risk of HIV infection is relatively high. Mothers explained that it was sometimes difficult to know how to relate to these in a positive way. The above discussion continued as follows:

Int: What else happens when the girls start menstruating?

Resp11:most of the time, that is when they run away from home because they start having desire to be in the company of boys.

Rsp1: Some even think they are now ready to start a family since they are in the same position as their mother

Resp9: they go through some body changes

Int: You were saying they leave home and run away, where do they go to?

Resp11: they go to get boyfriends to marry them. In fact when you talk to them they cannot listen at all, they are so excited and feel you are feeling bad about their being grownup.

Resp: They feel you are a bother to them, and they don't want to be corrected at all. It is a very dangerous phase for the children, adolescence

Some girls corroborated these womens' perspectives by explaining that their mothers or teachers had told them about menstruation, but that they had not paid attention at that time. This points to the need for young people to hear from multiple sources to ensure that the information is taken on board.

Resp: My mother had told me about them but I never took it seriously

Int: what did she tell you?

Resp: she told me that if I want to know that I am an adult person, I will get menstrual blood, changes will take place in my body like getting pimples on the face, enlarging breasts (IDI 16).

However, others claim that mother-daughter communication is not difficult (Pilot FGD 2), demonstrating that there is variation in how proactive mothers are and how comfortable mothers and daughters are with discussing these issues.

The impacts of poverty on mother-daughter communication

Some girls attributed failure of their mothers to communicate with them in practice to poverty. This is due to a combination of the psychological pressures of poverty, lack of time to engage with their daughters, and lack of privacy due to

overcrowded housing. For example, being busy struggling to find money to survive each day can limit mother's time and energy for speaking with their daughters about sensitive issues.

Int: is it easy for girls to get this information?

Resp: It depends

Int: Maria says it depends, on what?

Resp6: to me it is not easy because people are not open then most people are too busy with other things that they don't have time with their children. A mother is usually too busy to have time with her daughter and by the time she reaches home, she will find the children are already asleep. So there is no time for her to teach her daughter

Int: Esther, is it easy to get this information or not?

Resp4: it is difficult because mothers don't have time to sit with us. So, we end up asking other people who are available to help us. Because when you want to ask the questions, she is not available for you. (FGD 10, out of school girls aged 12-14).

Int: What else makes adults, especially women not talk about periods?

Resp: Our mothers [...] are not open to their children and she doesn't have any moments with her children at all. She is too busy

Int: why don't they have time for their children?

Resp: they are hassling on how the family will feed, provide for rent life in the ghetto, she has to wake up early and hassle till evening. (FGD 10, Girls aged 12-14 out of school)

According to some girls, some parents are unsupportive or difficult to approach.

Resp9: some parents are very irresponsible and harsh to their children, so that makes it difficult for them to approach them. It is better if they are taught at school so that they can gain some knowledge

[...]

Resp1: some parents do not have time for their children (FGD 9, Girls aged 12-14 in primary school)

Some respondents commented that parents with alcohol problems may be less likely to discuss growing up with their daughters, linking poverty and struggles for survival with alcohol abuse, lack of parent-child communication and emotional abuse or neglect of children.

Resp: I remember last year our parents are busy hassling and those who are not too drunk, even reaching home is a problem. When will she talk to her girls? In some cases, she will hassle and get the money after which when she buys the food, the balance of the money is used to get drunk instead of sitting at home with the children, trying to understand the problems they are undergoing so that they can both understand each other, when she comes back she is full of abuses for her children. How do you talk to someone like that?

Resp: not all of them are helpful. There are some mothers, when you ask them they will shout at you and give you the impression that you are adding on to their stress. You just know women from the ghetto with their abusive language (FGD 10)

In some cases, girls who had stated earlier in the interview that their mother was their ideal person to talk about menstruation with, later stated that in practice it was not easy because

Int: Is it easy to talk to your parents about menstruation; for example your mother?

Resp: NO

Int: Why is it difficult to talk to her?

Resp: When she is under pressure it is not easy for her to listen to you. She can easily start abusing you instead [...]

Int: Mhhh. When someone mentions menstruation, what comes to mind? What do you normally think?

Resp: I worry who to tell because there are some mothers who when told about periods don't care and you are forced to go and tell someone else about it to assist you. (Pilot IDI 7, girl aged 12 in primary school)

Discussion and conclusion

In this study, we carried out in-depth interviews and focus group discussions with girls aged 12 and above and women living in an informal settlement in Nairobi, to ask them about their experiences with discussing sexual maturation. When asked about their ideal way to hear about sexual maturation, the majority of girls described their preference is to receive information about menstruation early on, before menarche, and for the information to be repeated regularly. This is remarkably similar to descriptions of best practice in communicating information on sexual maturation in the literatures on sexuality education and good practices for parenting adolescents (Kirby 2002). Although some participants did not express interest in knowing about menstruation, large numbers of both girls and women stated that they wished to know more about menstruation, including about the biological functions of menstruation and its relationships with sex and reproduction.

Our study revealed wide gaps between perceptions about good mother-daughter communication and how this works in reality. Many girls stated that ideally, they would like their primary source of information on menstruation to be their mothers, although teachers and other relatives were also stated to be preferred sources of information. Although some girls explained that they were able to speak with their mothers, many either did not feel comfortable doing so, or

described how their mothers lacked the patience or time to speak to them about it. Similarly some mothers described avoiding discussing the issue with their daughters.

In addition, much of the information that girls did receive about sexual maturation was partial and sometimes ambiguous or inaccurate. For example, many of the girls we interviewed did not know what causes menstruation, and could not accurately identify at what point during the menstrual cycle is the highest likelihood of conception. Where participants described mother-daughter communication that did relate sexual maturation to risk of pregnancy, this communication did not also cover the risk of HIV and other STIs, or the fact that girls can become pregnant before their first period. Given the uneven nature of school-based education on sexual maturation in primary schools in Korogocho (Crichton et al. unpublished draft), our study demonstrates that lack of information from parents leaves some girls relying on information from their friends their own age, which may be limited or inaccurate.

Some of the women mentioned that their own lack of knowledge about menstruation undermined their ability to discuss sexual maturation with their daughters. The challenges with communication also partly relate to taboos around mother-daughter communication about sex and menstruation in Kenya and other parts of East Africa (Mbugua 2007; Somner 2009). However, according to participants in our study, it also related to the high levels of poverty and unemployment in the slums, which leave some women with little time or energy to engage with their daughters. Other research has pointed to the influence that material and time poverty and poor living conditions have on mental health among the urban poor, including chronic stress, depression, substance misuse, and interpersonal violence (Sclar et al. 2005). Our study suggests that the psychological impacts of poverty in Nairobi's slums may also effect parent-child communication, adding to the challenges experienced by young people in this context. This hypothesis could be tested by further research on this topic.

Some of the most lively discussions in our interview transcripts were about the challenges of parenting girls as they enter adolescence, and the difficulties in knowing how to guide them without alienating them. Research from a range of cultural contexts has shown that a combination of warm, engaged parenting and structure and monitoring by parents protects against adolescent risk taking and other negative developmental outcomes (Weaver et al. 2006). Interventions have been developed in other contexts to help families to develop the kinds of communication skills for helping their children to avoid sexual risk taking and other risky behaviours (Weaver et al. 2006; Grundy and Scott 2006). Policy makers and researchers could consider piloting such interventions in informal settlements like Korogocho, to help parents and their children to develop the knowledge, skills and confidence to discuss sexual maturation. Such interventions could also seek to raise both mothers and fathers awareness that taboos around discussing menstruation do not protect their daughters, and may actually limit their access to important information that can help them to avoid risk taking.

Our study has demonstrated that there is a need for reliable, repeated, early information for girls from multiple channels, including parents, other family members, schools. The study also shows the importance of building parents skills and awareness about discussing sexual maturation with their daughters, as well as school-based and community-based sexuality education.

References

African Population and Health Research Center (APHRC). (2009). Conducting demographic surveillance system in a poor urban settlement: Lessons from the Nairobi Urban Health and Demographic Surveillance System. Nairobi: APHRC

Zulu, E. M., F. N. A. Dodoo, and A. Chika-Ezeh. (2002). Sexual risk-taking in the slums of Nairobi, Kenya, 1993-98. Population Studies-a Journal of Demography 56 (3):311-323.

Aggleton, P. and C. Campbell (2000). "Working with young people: Towards an agenda for sexual health." Sexual and Relationship Therapy 15(3): 285.

Bettinger, J. A., D. D. Celentano, et al. (2004). "Does Parental Involvement Predict New Sexually Transmitted Diseases in Female Adolescents?" Archives of Pediatrics and Adolescent Medicine 158(7): 666-670.

Biddlecom, A., K. Awusabo-Asare, et al. (2009). "Role of parents in adolescent sexual activity and contraceptive use in four african countries." International Perspectives on Sexual and Reproductive Health 35(2): 72-81.

DiClemente, R. J., G. M. Wingood, et al. (2001). "Parent-adolescent communication and sexual risk behaviors among African American adolescent females." The Journal of Pediatrics 139(3): 407-412.

Dodoo, F. N., E. M. Zulu, et al. (2007). Urban-rural differences in the socioeconomic deprivation-sexual behavior link in Kenya. Social Science & Medicine 64: 1019-1031.

Grundy, A.M. and Scott, S.B. (2006). 'Preventing Adolescent Substance Abuse. in J.G. Borkowski and C.M. Weaver (eds) Prevention: The Science and Art of Promoting Healthy Adolescent Development. Baltimore: Paul H. Brooks. pp. 147-184.

IPPF (2006). Framework for Comprehensive Sexuality Education. London, IPPF.

Kirby, D. (2002). Effective approaches to reducing adolescent unprotected sex, pregnancy, and childbearing. The Journal of Sex Research. 39: 51-57

Lenciauskiene, I. and A. Zaborskis (2008). "The effects of family structure, parent-child relationship and parental monitoring on early sexual behaviour among adolescents in nine European countries." Scandinavian Journal of Public Health **36**(6): 607-618.

Magadi, M. A. and A. O. Agwanda (2009). "Determinants of transitions to first sexual intercourse, marriage and pregnancy among female adolescents: evidence from South Nyanza, Kenya." Journal of Biosocial Science **41**(3): 409-427.

Mbugua, N. (2007). "Factors inhibiting educated mothers in Kenya from giving meaningful sex-education to their daughters." Social Science and Medicine **64**: 1079-1089.

Roche, K. M., D. Mekos, et al. (2005). "Parenting influences on early sex initiation among adolescents." Journal of Family Issues **26**(1): 32-54.

Sclar, E.D., Garau, P., Carolini, G. (2005). The 21st century health challenge in slums and cities. Lancet 365: 901-03

Sommer, M. (2009). "Where the education system and women's bodies collide: The social and health impact of girls' experiences of menstruation and schooling in Tanzania." Journal of Adolescence.

Weaver, C.M., Blodgett, E.H. and Carothers, S.S. (2006). Preventing Risky Sexual Behavior, in J.G. Borkowski and C.M. Weaver (eds) Prevention: The Science and Art of Promoting Healthy Adolescent Development. Baltimore: Paul H. Brooks. pp. 185-214

