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Mother-Daughter Communication on Intimate Relationships: Voices from a Township in Bloemfontein, South Africa

Abstract Sex education and conversations about intimate relationships are generally regarded to be important and can contribute to young women's positive or negative reproductive health development and general well-being. The findings contained in this article suggest that in a resource poor South African township, mothers and their daughters struggle to initiate and conduct meaningful discussions about sex. These discussions are often framed in terms of possible negative consequences of intimate relationships, such as unplanned pregnancy, dropping out of school, or possible Human Immunodeficiency Virus (HIV) infection. However, these discussions are clearly not altogether effective as several young research participants had an unplanned baby. Emotional aspects that are normally associated with intimate relationships are missing from the mother-daughter conversations.

Keywords Communication; Intimate Relationships; Parents; Sex Education; South Africa

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Introducing the Topic

Gender-based violence and coercive sex in heterosexual relationships are widespread in South Africa. The control and coercion of a sexual partner is often accepted as a normal aspect of masculinity (Wood and Jewkes 1998; Stern, Rau, and Cooper 2014) and young women frequently are considered easy targets and fair game. Unwanted and often unprotected sexual intercourse can result in a high teenage pregnancy rate, rampant HIV infection—with one in five pregnant teenagers in South Africa infected (Shisana et al. 2014), and an increase in other sexually transmitted diseases. Studies have demonstrated the influence of the family in the development of sexual understandings and practices among adolescents and young adults (Hutchinson and Cederbaum 2010:550). Parent-child communication on sex and sexuality has been identified as an instrumental process associated with positive or negative intimate relationships (Hutchinson and Cederbaum 2010:550). Thus, understanding processes of sexual socialization is important, the aim of which is the development of healthy intimate relationships and prevention of negative consequences. In particular, the communicative interactions between mothers and their daughters help to establish and foster healthy sexual practices that can contribute to the daughters' overall physical and psychological well-being. Parents and caretakers are in a unique position to guide and educate, and to pass on responsible decision-making skills to their children; this includes decisions on intimate relationships. Passing on knowledge from one generation to the next is also imbued with the older generation's own values (Wilson and Koo 2010:2; Stone, Ingham, and Gibbins 2013:228-229). These values might, of course, not necessarily reflect or match the younger generation's values. Differences in values and expectations have the potential to create frictions, as we go on to demonstrate.

Over the recent past, general debates on sex and intimate relationships have become intrinsically linked to the dangers of being exposed to the HIV virus and safe sex practices. This is particularly relevant in South Africa, a country with the fourth highest HIV prevalence globally (CIA 2015). Sexual and reproductive health problems remain more common among women living in resource poor and historically disadvantaged communities (Lesch and Kruger 2005:1072; UNAIDS 2016). In South Africa, prevalence among young women aged 15-24 is estimated to be 14.8% (UNAIDS 2014). This high proportion is in part attributed to relationships between young females and older males known as the "sugar daddy phenomenon" (Besant 2013), or, more formally—age disparate relationships—hallmarks of which are sexual and material transactions considered beneficial to both parties. South Africa's most recent demographic survey found that 33.6% of adolescent females aged 15-19 had sexual partners who were 5 or more years older than them (Shisana et al. 2014:67-69). Moreover, 22.4% of youngsters aged 15-24 report another high-risk behavior—having multiple sexual partners (Shisana et al. 2014:67-69). A positive trend is that condom use at the last sexual intercourse was highest among 15-24 year olds, although only just over one quarter (27.4%) said they use condoms *consistently* (Shisana et al. 2014:71-81). Less encouraging is that an estimated 10% of all females report sexual debut before the age of 15 (Shisana et al. 2014:65). In addition, an estimated 33% of all women give birth before they reach the age of 18, which decreases their ability to progress in terms of education and financial independence (Lesch and Kruger 2005:1072; Makiwane and Mokomane 2010:18). Informal forms of intimate relationships that involve material exchange for sex (such as the sugar daddy phenomenon), alongside multiple and concurrent sexual partners, are of concern because these relationships can contribute to the spread of sexually transmitted diseases (Stoebenau et al. 2011:5; Fehringer et al. 2013:207) and are often marred by unequal distribution of power where intimate partner violence (IPV) becomes a significant public health concern (Jewkes et al. 2011:4).

Despite the benefits of parent-adolescent conversations on intimate relationships, many parents find it difficult to discuss sex and sexuality with their children (Jaccard, Dittus, and Gordon 2000:188). Research from developed countries suggest that open discussions about sex between mothers and their daughters, family closeness and support, cordial communication patterns not related to sex, and a generally authoritative parenting style, including co-parenting and monitoring of children's activities, are often the basis of mother-daughter communication (Elliot 2010:311). However, an overview of parenting and communication practices as reflected in studies from developing countries, including South Africa, shows that good mother-daughter communication on intimate relationships is rare (Iliyasu et al. 2012:139). In sub-Saharan Africa, socio-cultural norms influence parent-child conversations about sex and sexuality (Bastien, Kajula, and Muhwezi 2011:2) and discussions on these topics are often taboo (Chikovore et al. 2013:2). Sexual socialization has historically been considered the responsibility of the extended family and not necessarily a topic of discussion between mothers and their daughters (Bastien, Kajula, and Muhwezi 2011:2). But, with changing family constellations, this responsibility has shifted to mothers and caregivers who often are ill-equipped to provide adequate sex education. This has ripple effects on the decisions young people take (Chikovore et al. 2013:2). In South Africa, Phetla and colleagues (2008:506) find that "mothers are often themselves sexually and socially disempowered and thus unable to assist their children in constructing positive and responsible sexual identities."

The traditional—mainly Western—nuclear family consisting of a breadwinner and homemaker at the helm resembles little of the African family, which historically is mostly characterized by patriarchal traditions, polygamy, social and cultural patterns of kinship, and strong emphasis on fertility and lineage (Therborn 2006:13). A traditional African family is usually extended and includes the head of the family (male), his wives, children, grandchildren, and sometimes also the head of family's siblings with their partners and offspring. Traditional life revolves around the community, which plays an important role in the care of everyone, and appropriate social behavior, obligations, and responsibilities within the family and society are clearly delineated (Siqwana-Ndulo 1998:411). Over time these traditional family constellations have been eroded, with poverty and inequality being significant outcomes of systematic racial segregation, exclusion, and sexual discrimination in the past (Statistics South Africa 2008:21). As a result, the majority of Black Africans live in poverty (Shisana et al. 2014:51). This has impacted on the life within families and households, which struggle to achieve and maintain a basic standard of living. Many face problems such as income insecurity, unemployment, inadequate and poor housing, constrained access to education, poor sexual and reproductive health, and lack of or limited access to social capital (Statistics South Africa 2012:15).

Its colonial and apartheid history, the HIV/AIDS epidemic, an ongoing migrant labor system, increased unemployment, modified gender roles, changing sexual and nuptial norms, high divorce rates, and weakened intergenerational relations are some of the significant factors shaping the contemporary South African family constellation. Key structural changes can be seen in the increase in female-headed households, an increased number of older persons obliged to take positions of parental oversight, and—on the other extreme—child-headed households (Takyi 2011:1). It is against this backdrop that the current study was undertaken in the resource poor township of Batho, in the Bloemfontein metropolitan area.

This study examines the willingness for, and the extent and content of, mothers and daughters' conversations on intimate relationships. It explores whether the mothers and daughters feel at ease during these conversations and how they understand and frame intimate relationships. It also seeks to understand how mother-daughter communication on intimate relationships potentially influences the daughters' views on sexual relationships and their decision-making processes in this regard. The quality of the mother-daughter relationship and the communication between them impacts on how the daughters approach and formulate intimate relationships over their lifespan (Miller and Hoicowitz 2004:192). Considering the vulnerability of young daughters to sexually risky behavior, the role of mother-daughter communication needs to be looked at in terms of the factors that foster and hinder effective communication, and also in terms of the quality of the information imparted by the mothers. It is against this background that the current study attempts to understand communication within the family and aims to identify how those who share their experiences with us portray and assess parental knowledge and its influence on the choices and decisions made by daughters in their sexual and intimate relationships.

An Outline of the Study

This study is situated within the context of the interpretivist paradigm, which aims to understand the *everyday lives* of individuals. Its focus is on the human experience and how people create and maintain meanings of their actions and experiences (Brinkmann 2012:18). The interpretivist paradigm takes into consideration the social, cultural, and individual dimensions and contexts that influence people's lives, and attempts to question, clarify, and understand aspects of social reality.

The mothers' own understanding, interpretations, and expectations of intimate relationships are regarded as pivotal to the content, extent, and frequency of their communication with their daughters. To do justice to the complexities and sensitivities of this study, a qualitative approach has been followed because it allows us to interact with research participants within their natural settings and to engage with participants' views and realities as captured in their own words (Flick, von Kardorff, and Steinke 2004:5). A qualitative approach allows exploring and understanding how both mothers and their daughters' belief systems, emotions, desires, and everyday realities influence their conversations on sexually related issues.

This study received ethical clearance from the Ethics Committee of the University of the Free State's Humanities Faculty (UFS – HUM – 2013 – 004) and was conducted in a resource poor area of Batho in

the Mangaung Municipality of Bloemfontein. Four Black African mothers and five daughters were recruited with the assistance of a social worker from a non-governmental organization working with women in this area. Other than having a daughter (biological, adopted, or foster) there were no other inclusion criteria for the mothers. The daughters had to be between the ages of 18-22 years, and living in the same household as their mothers. The age restriction is for two reasons: One, to avoid the need for parental consent for daughters under the age of 18; and two, it was assumed that daughters over the age of 18 had experienced more communication exposure than those younger than 18 years.

In-depth, semi-structured interviews were conducted in isiZulu, isiXhosa, or English, depending on a participant's language proficiency. Individual interviews were conducted in a location selected by the participant. The mothers and their daughters were interviewed in separate conversations. To allow for honest conversation and to protect their privacy, care was taken that none of the participants could overhear the individual interviews with the researcher. Follow up phone calls or face-to-face conversations were carried out where any clarifications were needed. The first author transcribed the interviews verbatim in the language in which the interview was conducted before translating the transcripts into English. It is beyond the scope of this article to elaborate on linguistic nuances and issues of translation and its complexities other than to say that some passages have been cross-translated to check for accuracy. Words and expressions with ambiguous meanings were dis-

cussed in a team of multilingual researchers in order to find the best and most meaningful English translation.

The interviews are thematically analyzed. Following multiple readings of all transcripts, themes and subthemes within and across the transcripts—first read separately for the mothers and their daughters and then across the mothers and their daughters—emerged, which allowed us to uncover issues and interpret what is happening in relation to the phenomena under investigation; this approach offers in-depth understandings of participants' social realities and everyday experiences (Braun and Clarke 2006:80). Subsequent analytical processes involve the interpretation of identified themes, examining the differences and commonalities between themes and between the participants' responses, and linking interpretations to the literature. To protect the identity of our research participants, we have used pseudonyms throughout the article.

Sex Talk between Mothers and Their Daughters

As in any relationship, mothers and their daughters converse frequently about inconsequential, mundane topics, but as indicated in the literature (Miller and Hoicowitz 2004; Phetla et al. 2008; Bastien, Kajula, and Muhwezi 2011; Iliyasu et al. 2012; Chikovore et al. 2013) there are often barriers to initiating a conversation about sex and intimacy. Veiled in secrecy, embarrassment, shame, guilt, and awkwardness, a conversation on sex is often triggered only after watching an episode of a popular television program where sex was topical, as

a consequence of an event such as the first menstrual bleeding, a pregnancy, a diagnosis of sexually transmitted disease (STD), or in the context of the HIV pandemic. From the interviews with mothers and their daughters, we glean that the flow of their conversations about intimacy is hampered, resembling a monologue with little reciprocal, conversational qualities, and best described as didactical efforts in as far as the mothers talking at rather than with their daughters. Delius and Glaser (2002:30) aptly describe it as much more of a contemporary "awkward inter-generational silence on issues of sexuality" rather than a constructive discussion.

As we pointed out earlier, sexual coercion, violence, teenage pregnancy, HIV/AIDS, and STDs are serious concerns, and a mother fears that her own history (for example, unwanted pregnancy at a young age) will repeat itself. This often shapes the content of the conversations and the focus is on partner choice, HIV/AIDS, and pregnancy. These conversations, however, often remain superficial and frame sex and intimate relationships in a particular way—highlighting the perils of having sex and the possible negative consequences thereof. The absence of discussing emotions, and the meanings of love and commitment in relationships, is very noticeable.

Hormonal Changes or Don't Eat Eggs or Peanuts and Don't Drink Milk

Most of the young research participants were ill-prepared for hormonal changes, their first menstrual bleeding, or for understanding the implications of

these changes. Lizzy was shocked to discover blood on her underwear:

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

Phaphama also recalls her mother's words: "Do not drink milk and don't eat eggs when I have my periods." African folk wisdom considers milk, eggs, and peanuts fertility-boosting foods and its consumption should be avoided during menstruation. The advice given to Lizzy and Phaphama contributes little to their understanding of what is happening to their bodies and how or why this should alter their interactions with boys, which is left unexplained. The transition to womanhood is explained in simple terms without elaborating on what becoming a woman might mean and what it is to be a woman in personal, relational, cultural, or societal terms. Instead, warnings are uttered, restrictions put in place, and abstinence from sex urged. The onset of the first menstruation is frequently described as a confusing, frightening, distressing, and awkward experience because these young women's understanding of normal physical developments is vague. Not all participants reveal to their mothers that they started menstruating because they were unsure what their mothers

would think or how they would react. Instead, they confide in their peers.

A reference to fertility and conception is frequently used in association with the onset of menstruation:

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

"Growing up" is the ambiguous term for the transition to womanhood—a time that also has significant cultural markers. It indicates a new status in the young woman's life and, traditionally, she is ready for marriage. The mothers' messages to their daughters following menarche are dichotomous: from innocence to corruption, from purity to impurity. It is also strongly associated with danger and risk, such as pregnancy or HIV infection. The mothers' stance is often strongly rooted in their own, often negative intimate relationship experiences. The mothers fear that their daughters will mimic their life with little or no education, few opportunities to improve their socio-economic position, and an inability to move forward because of getting caught up in abusive and coercive relationships.

Boyfriends and Sex

The conversations about boyfriends are mostly characterized by tension between the mothers and daughters. Particularly contentious is the selection of a boyfriend and the meaning of the term boyfriend. The meaning of the latter is often loose and a mother and daughter's understanding is often incongruent. The mothers associate "boyfriend" with a more permanent relationship, while the daughters do not seem to have clear frameworks for the concept of a boyfriend.

Despite the fact that during adolescence relationships are often less permanent, the mothers envisage an ideal and more permanent partner for their daughters. They consider specific criteria, which include a good education to offer economic security, politeness, respect, and the capacity to make the daughter happy. A good education is rightfully linked to employment opportunities, independence, improved living conditions, and elevated social status. But, the daughters' boyfriends rarely match these ideals and so their relationships cause tension between mothers and daughters. Caroline (mother) says:

> I wish they [referring to young girls] could find someone who is educated, who is working, a quiet person, who doesn't drink, who doesn't smoke nyaope [South African street drug: a mixture of marijuana, heroin, antiretroviral drugs, and Ratex (rat poison)]. He must be a respectable man.

Caroline lists the desired and undesired traits, which are likely to be based on past experiences with her daughter's or her daughter's peers' boyfriends. A man who respects his elders, and especially his partner's mother, is considered worthy of the daughter's affection and it is assumed that he will treat the daughter with the same respect. Qualities of an ideal partner for their daughters reflect notions of goodness, success, a non-user of substances, respectfulness, and good manners.

These idealistic visions coexist and clash with their daughters' current relationships, often deemed less desirable by the mother. Rachel makes her sentiments clear in the following excerpt:

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

Rachel disapproves of her daughter's current boyfriend because he turned up drunk, unruly, and disrespectful. A substance abuser is considered an unsuitable partner for her daughter and such a relationship is met with strong disapproval. Letty (daughter) demonstrates how her mother initiated the meeting with Letty's boyfriend:

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

Letty did not volunteer information about her boyfriend because she felt shy, and perhaps unsure and embarrassed because she knows that she acts against her mother's wish for her to desist from or at least delay dating. Although Letty uses the word "shy," this may conceal another reason why she was not comfortable to share with her mother that she has a boyfriend. Letty fears her mother's judgment and disappointment and resorts to de-

ceit in order to maintain the relationships with her boyfriend and keep her mother happy. Another young research participant, Thato, recounts how she initiated a conversation to tell her mother[1] of her previous boyfriend (her baby's father):

> She [mother] was coming back from work and I said to her: "Do you know I'm in a relationship? He is my classmate, but I don't know what kind of person he is because he is quiet." My mother said: "I want to see him, it seems like you love him." [Thato, daughter]

Here, too, the young woman is invited to introduce the boyfriend. Approval seems to be an important process in legitimizing the relationships. In both Thato and Letty's cases, the mother expresses a wish to meet the boyfriends to assess their suitability and worthiness. Thato, perhaps, hopes for some guidance from her mother because her boyfriend is quiet, or she might consider this as a desirable attribute that could please her aunt. Mothers and their daughters' values and viewpoints do not always match. Although the mothers attempt to impose their values on their daughters, this may not be regarded to be the best outcome for the daughter, as Thato illustrates:

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

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[1] Thato's mother is in fact her aunt, who is sister to her late mother. However, in some African cultures, like the Xhosa, Zulu, Sotho, Swati cultures, your sisters' children are said to be also yours. The use of *aunt* is restricted to your brother's children.

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

> I like him [previous boyfriend who is the baby's father]. When they had him [the baby], they had a fall-out. When she had to come home, she gave herself to that *tsotsi* [thug, dodgy, untrustworthy character—the current boyfriend]. He's a drunk even, that *vukuvuku* [dirty looking thug]. Bongani's father comes here in fact. He knows how to greet, ask about your health, he even asks to speak to Thato [daughter]...now you see a person like that. [Rachel, mother]

The mother compares the two boyfriends, and juxtaposes the qualities of the current with those of the ex-boyfriend. Rachel has the baby's well-being and upbringing in mind, and she considers the father's involvement in the baby's development, including the benefits of financial and emotional support. The mother is explicit that she does not want her grandchild to have a *tsotsi* as a father figure. Bongani, the ex-boyfriend, fits the ideal notion of a partner and father because of the way he conducts himself. The notion of partner choice and the daughter's agency is illustrated here. Even though the mother did not approve of the daughter's choice of partner, the daughter decided to date him anyway because of her negative feelings towards the father of the baby after he initially denied paternity. People are guided by emotions and feelings in decision-making processes (Douglas and Johnson 1977:vii), and this is particularly true in relationships and partner choice. Regardless of what the mother says about the daughter's current boyfriend, she continues to date him, forsaking

all reasoning because of her feelings for him. Parental advice is rejected, contributing to tensions within the household that are brought about by the complex relationship between the mother and her daughter.

Understanding Intimate Relationships and the Danger of HIV Infection

The conversations between the mothers and their daughters contained hints at sex, but frank discussions about sex are avoided or remain rudimentary and limited to cautioning about risky behavior and its possible negative consequences. Sex is portrayed in negative terms and the mothers tend to talk down to their daughters rather than to engage in a mutual conversation that involves both parties. Thato says that her mother:

> …talked to me about sex, that I shouldn't open my thighs. This would happen [gestures with hands at imaginary protruding tummy].

Thato's mother uses "thighs" as a reference to sexual intercourse; she is vague in her wording and explanation. Not heeding her mother's advice, Thato had an intimate relationship and fell pregnant.

Letty had her first sexual experience and her mother is displeased, annoyed, and exasperated. Letty recounts the moment she reveals her first intimate experience:

> The first time I had sex, she was angry at me: "Don't you ever do it, don't you ever!" She was shouting at me!

This reaction does not invite a conversation and alienates Letty from her mother. Questions remain unasked and unanswered and assumptions end in anger and frustration, preventing the opportunity to have an open conversation on intimacy and loving relationships. Vague and euphemistic messages are unhelpful, unsettling, and alienating. Letty recounts that later her mother went to the boy's home to scream at him for deflowering her child, portraying her daughter as a victim and the boy as a perpetrator. In her interview, Letty tells that the decision to have sex was mutual, she was curious and wanted to have sex for fun.

HIV and AIDS are prevalent, widespread, and devastating conditions in South Africa and affect individuals, families, and their communities. Thus, preventing their children from becoming HIV-infected is foremost on every parent's mind. All research participants experience fear of becoming infected and most participants share a story of a close relative's HIV status. HIV is mostly discussed in the context of having unprotected sex, but the use of a condom to prevent HIV and STDs is rarely stressed. Ithuteng tells of the fear-instilling words from her mother Caroline:

> *Ousie*[2] [respectable word used for a female adult] Caroline told me that if you have sex at a young age, you will get pregnant. You will be positive [HIV], *Ousie* Caroline[3] tells us.

In Caroline's mind, there is little doubt that a sexual relationship will have negative consequences, resulting in either an unwanted pregnancy, becoming HIV infected, or worse still, both. A conversation about condoms, the availability of condoms, for example, in public places such as taverns, truck stops, or clubs where high-risk behavior is prevalent (Society for Family Health 2015) is avoided.

Rachel, a mother, highlights the importance of testing for HIV when entering a relationship and stresses that in order to prevent deception, both parties should be present when the results are received. These concerns speak to broader issues of trust within relationships, and how people can be deceived into thinking their partners are HIV negative, while in fact they are in the window period phase of the HIV life cycle.[4]

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

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[2] The word *Ousie* is part of South African usage and originally refers to a Black woman who usually works as a maid. However, as time has evolved, the word is now used as a title of respect for women.

[3] *Ousie* Caroline is Ithuteng's foster mother.

[4] After being infected, HIV tests usually detect HIV antibodies 3 to 12 weeks after the infection (AIDs Foundation of South Africa 2014).

results, say: "Yes, we are together." Don't sit outside. [Rachel, mother]

This concerns broader issues and boundaries within relationships, which in turn are culturally embedded. It also addresses the protocols and processes of clinics, ethical issues, and the rights of an individual. Such complex considerations may challenge and test young people's communication skills, but are important and warrant transparent conversations and the caliber of mentoring that makes such conversations possible.

All research participants tell of family tragedies involving HIV/AIDS. April, for instance, talks about the burden, pain, and loss associated with HIV/AIDS:

I like sitting my daughter down and tell her about these issues. I tell her that two of my daughters—her sisters—died because of HIV and they left their children behind. These children are left behind by their mothers because of their death from HIV. I tell her these things and I also tell her that when she has a boyfriend, they must use a condom at all times and never spend the night without. [April, mother]

Grief, loss, sadness, and financial burdens are some of the consequences of the HIV/AIDS epidemic, of which April has first-hand experience. She also expands on the burden of care on grandparents because of the death of a child or children and the effects this has on the well-being of other family members, in particular children. Embedded in this narrative is the goal to teach her daughter to take responsibility and precautionary measures when

engaging in sexual intercourse. She also endeavors to teach her that every action has consequences beyond the individual, affecting also the extended family—in particular grandmothers who then become heads of extended households.

Pregnancy

In keeping with findings in the literature (cf. Jewkes et al. 2001), mothers are also worried about the implications of falling pregnant at a young age. They are in particular concerned that their daughters miss educational opportunities and that a baby adds to financial burdens experienced in already cash-poor households.

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

Caroline makes her stance explicit. Her ominous words spell out the realities of having a baby at a young age. Her words speak to various issues: that a sexual relationship is associated with falling pregnant; that having a baby means around-the-clock commitments with the added burden of responsibilities, and that school is interrupted, possibly discontinued, resulting in the forfeiting of further educational opportunities. The last comment, "I don't want a child," is ambiguous: it can be interpreted that Caroline considers a baby a liability for her daughter, but it could also mean

that she is worried that she, as the grandmother, would find herself in a position of child minding or rearing. Despite the ubiquitous warning words by all mothers/caregivers about falling pregnant at a young age, four out of the five daughters interviewed had babies. Three managed to continue with their education. From Thato's excerpt, we glean the difficult decisions teenage mothers have to make:

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

Thato's experience does not speak of a particularly supportive education system for teenage girls with a baby, and this has implications for Thato's fu-

ture. Her ambition to become an engineer has been squashed following her pregnancy. She is 20-years-old, failed in grade 11, has a child, her friends are ahead of her in school, and she is currently not attending school. These are some of the consequences of being a teenage mother.

These pregnancy narratives also include accounts of paternity disputes. The relationships are often casual with the father refusing responsibilities, resulting in absent fathers—perpetuating the pattern of the daughters, who also told of absent fathers.

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

Thato recounts that she and her boyfriend had made a decision to have a baby only to be abandoned by the very same boyfriend after she told him she was pregnant.

I would say, yes [the pregnancy was planned]. He wanted a child and I also wanted one...But, when I told him about it, he said: "It was not my child." [Thato, daughter]

These accounts testify to the tenuous, vulnerable, and fragile nature of the relationships. The responsibilities of caring and providing for a baby often fall exclusively on the mother and her family. The mother-daughter narratives are imbued with fears

of this added burden and this highlights and locates the difficulties between mothers and daughters within their relationship. It also points to the external social factors within which individuals and families exist and the ways in which historically difficult socio-economic factors shape their lives.

Mothers Lack Experience to Talk about Sex

As we alluded earlier, the mothers' understanding of sex and sexuality is permeated with their own history, upbringing, and socialization. In their conversations, the mothers frequently juxtapose the past and the present—their own experiences of sexual socialization and the task of educating their daughters. From the mothers' accounts, we can see that the conversations between them and their own mothers did not educate them well in terms of sex and intimacy. Friends, sisters, and grandparents had always been more likely to be sex educators. Talking about sex was, and partially remains—as we demonstrate—a topic that is not freely discussed.

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

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

Sex is shrouded in secrets and mystery. An educational conversation takes place post-event and many mothers (research participants) fell pregnant at a young age. The pattern of silence and teenage pregnancy is repeated, as the young research participants (daughters) attest. The mothers' stories show resentment towards their own parents because of the veil of silence and secrecy, and the resultant unplanned pregnancies.

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

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

Dineo paints a grim picture of sexual violation accompanied by little understanding or support, which motivates her to acquire tools to be better prepared to educate her daughter. However, she still finds it difficult to engage with her daughter on the topic of sex: she describes male genitalia as "bags of potatoes and a stick" and uses other evasive and vague terms. Uncertainties and confusion remain, and indicate a deep uneasiness when discussing sex and sexuality. Another mother talks about her bewilderment:

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

Concealing knowledge, misinformation about sex, or the use of fear tactics cause confusion and embarrassment, prevent open conversations, fail to prevent pregnancies, and have the potential to impede healthy sexual relationships. Questions about sex and sexual experiences were more commonly shared with friends and peers who continue to be important sources of information.

In Conclusion

Talking about sex and intimate relationships with young adults is important for a myriad of reasons. However, just talking is not enough: in the mother-daughter conversations, we scrutinized, communication was often lacking depth, clarity, and focus. All participants experienced levels of embarrassment and unease, which stall the conversation flow between mothers and daughters. Conversations are not spontaneous and age-appropriate and tend to occur only following a trigger such as the onset of the first menstruation, dating, or pregnancy. The daughters react with apprehension, suspicion, resentment, and at times hostility, when their mothers initiate a conversation about sex. Both parties are motivated by their own set of reasons for having these talks. The mothers consider their daughters' well-being, safety, health, educational and employment opportunities, while the daughters focus mainly on dating and having fun. These are unequal starting points for conducive talks on sex and sexuality. Regardless, the daughters say they would prefer being educated by their mothers because they are more trustworthy than peers and friends. Talking about sex with their peers and friends is more comfortable, but has a coercive component: to engage in sexual activities.

Set in the context of impulsiveness, coercive behavior, and reaction against risk taking, the mothers and caregivers are apprehensive about their daughters' interest in sex and sexuality. The potential for negative consequences of unprotected sex is serious and the prospect of a precarious life is real. The conversations between the two generations are inhibited, unidirectional, and often didactic. Warnings of negative consequences of having an intimate relationship are issued in the hope of deterring the young women from having sex. Research on African mothers indicates that they tend to take up the discourse of instilling fear and emphasize negative consequences as an in-

tervention strategy to curb sexual activity (Pluhar and Kuriloff 2004:316; Lesch and Kruger 2005:1077). Pregnancies and HIV/AIDS are often the mothers' preferred conversation topics. Pleasure, love, desire, and emotional aspects of relationships were rarely considered. This reduces an intimate relationship to an act devoid of meaning beyond sexual gratification. Sex, then, is associated with fear of being discovered, of falling pregnant, of becoming infected, and is reduced to something dirty, unspoken, and clandestine—restricting women's attempts to explore and develop their sexuality in a positive way.

The mothers and their daughters are challenged to conduct open discussions on intimate relationships. The mothers' own upbringing bears the marks of outdated cultural frames, discomfort, lack of knowledge, as well as silence and jokes about sexual matters. And these issues are reflected in the communication with their daughters. History, race, class, gender, age, education, and so-cio-economic status influence these conversations and model sexuality and sexual agency (Pluhar and Kuriloff 2004:318; Lesch and Kruger 2005:1078). Mothers and their daughters recognize the value of discussing sex and intimate relationships in a society that experiences high rates of HIV and AIDS, teenage pregnancy, and sexual violence. Their attempts, however, are awkward and, considering that four out of five daughters had an unplanned baby, the outcome of these conversations is not favorable. Mothers' efforts to discourage their daughters from having a boyfriend were in vain and safe dating was not promoted (see: Wood and Jewkes 1998). The young women frame relationships in terms of companionship, trust, understanding, and love, regardless of bad experiences, and the mothers' prevailing perception is that relationships lead inevitably to pregnancy, lost opportunities, and financial burdens. It would be advisable, then, for mothers to rather start conversations with their daughters from these more positive perceptions and desires.

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