Original Article

How Do Mothers Define Their Roles in Sexual Health Education (SHE): A Qualitative Phenomenographic Study

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Abstract

Objectives: The aim of this study is to explore the mothers' roles regarding sexual health education (SHE) for their adolescent girls.

Methods: The study used as a qualitative design with a phenomenographic approach. The focus of this study was to describe the different perspectives on the role mothers play in SHE of their adolescent girls. Semi-structured interviews were conducted with 21 mothers, who agreed to participate in the study.

Results: In present study, the following four themes emerged: What topics should I discuss? It is not easy to talk about these issues. The Internet is our biggest helper. I can talk when the time comes.

Conclusion: The study helped us reach the valuable findings that gave a deeper understanding of what mothers know about SHE and how they perceive their roles in the SHE of their daughters. Differences between the groups studied were based on traditional or cultural values. At this point, it would be wrong to think that educated and working mothers will be good to impart SHE to the adolescent girls.

Key Words: Sexual Health; mother; adolescent girls; qualitative

Introduction

According to the WHO (World Health Organization), the purpose of sexual health education (SHE) is to develop and strengthen the ability of children and young people to make conscious, satisfying, healthy, and respectful choices regarding relationships, sexuality, and emotional and physical well-being (WHO, 2017). Many international organizations emphasize that access to SHE is one of the fundamental human rights (IPPF, 2012; UNFPA, 2015;Yankah, 2015). Empowering adolescents to improve their sexual health can help them rationally approach and take effective decisions on sexual health topics (SHt) such as infertility, sexually transmitted infections, and high-risk sexual behaviors (WHO, 2017).

Despite the significance of SHE for adolescent girls, it is a complex task worldwide, thus making SHE a subject that is still discussed for different reasons. However, contrary to the belief that SHE encourages sexual activity, it is actually the most effective way to prevent the early onset of sexual activity, thus helping young people avoid falling into sexual pitfalls (Nation et al., 2003, Kirby, 2001). SHE is essential for the health of future generations, especially for girls (Haberland and Rogow, 2015). Adolescents these days are exposed to increasing vulnerabilities in the changing world, making them more vulnerable and in need of proper guidance (Bearinger et al., 2007). Therefore, effective guidance to adolescents regarding sexual health should at the center of public health initiatives.

However, there is still a gap in SHE. In a study conducted in Europe, it was noted there are uncertainties about how SHE will be shaped (Avery and Lazdane, 2008). Additionally, SHE is not at the desired level in terms of the number of people who have been educated (Bearinger et al., 2007). In fact, SHE in Turkey is so lagging behind that there are not enough data to make a situational analysis. Based on the limited studies in Turkey, one out of three young people have experienced premarital sexuality, and the young people have wrong information on SHt (Saracoglu et al., 2014, Yazganoglu et al., 2012). Similar studies emphasize the need for comprehensive training on the sexual health (SH) of young people (Duman et al., 2016, Pınar et al.,

2009). An investigation made by the United Nations (UN) in Turkey has reiterated, once again, about the importance of sexual health education. According to the results of the study, one out of four young people are uninformed about SH.

From literature, it is seen that families of adolescents are sources of information about sexual health (Klein et al., 2018). The role of mothers is more pronounced than those of other members in the family, and adolescents learn healthy behaviors through maternal guidance (Grusec, 2011). However, cultural prejudices and limited communication between mothers and adolescent girls are essential barriers to SHE (Berg et al., 2012, Dessie et al., 2015). Data from studies conducted in the developing countries show that although mothers believe that SHE is important, the majority of them do not talk about SHt with their children (Malacane and Beckmeyer, 2016, Wilson et al., 2010).

In Turkey, there are limited studies on parents' understanding of their roles in SHE; additionally, there is an absence of any qualitative study to determine parental views about SHE. On the basis of a single quantitative study conducted to evaluate communication between adolescent girls and their mothers regarding SHt, it was reported that mothers' communication with their daughters about SH was generally limited to subjects such as menstruation, premarital sexuality, and sexual intercourse and was not at the desired level. In the same study, girls reported that they perceived their mothers to be an essential resource for SHE, but they had problems communicating with their mothers (Bulut and Golbası,, 2009). In another quantitative study, factors such as socioeconomic status, age of mother, and working status showed an impact on mothers' communication with their children (Akın et al., 2010)

We know mothers are the essential resource of SHE for adolescent girls. However, we do not know what mothers know and feel about SHE with regard to its role in their daughters' lives. Therefore, it is crucial to discover how mothers from different backgrounds define themselves ain SHE of adolescent girls. This study explored the perspectives of mothers' roles regarding SHE for their adolescent girls.

Method: A qualitative design with a phenomenographic approach was used since the focus of this study was to describe the different perspectives of mothers' roles regarding SHE for their adolescent daughters. Phenomenography takes a non-dualistic ontological perspective. It assumes that the only world human beings can communicate about is the world that they have experienced (Marton, 1986). Epistemologically, phenomenography assumes that human beings differ in terms of how they experience the surrounding world, although the differences can be described, related to, and understood by others. The conceptions may vary from one person to another, as well as within the same person, as various aspects of the phenomenon are conceived depending on entirety in a given context (Marton, 1981). Phenomenography, like phenomenology, tries to evaluate the human experience and knowledge, although they differ in terms of their purposes (Sjöström and Dahlgren, 2002). The purpose of phenomenography is to describe the variety of experiences about a phenomenon; the purpose of phenomenology is to explain the meaning of the phenomenon (Cal and Tehmarn, 2016, Marton, 1986).

The advantage of using phenomenography approach is that it helps examine a collective human perspective of a phenomenon rather than individual perspectives. It makes a distinction between the first-order perspective that is, what something is and second-order perspective that is, how something is conceived and explains how people conceptualize a phenomenon (Danaee And Kazemi, 2010). In phenomenography, the second-order perspective is an integral part of the approach and has been adopted in this study.

There are different classification steps for phenomenography research. The most well-known method is Järvinen, which includes the following steps: defining the subject, selecting participants and interviewing them, putting the interviews on paper, analyzing the interviews, and categorizing the analysis results based on the description (Järvinen, 1997). The present paper respects the consolidated criteria for reporting qualitative research guidelines (COREQ) was used in this study (Booth et al., 2014)

Defining subject: The focus of this study was to describe the different ways in which mothers could conceive, understand, and conceptualize the phenomenon of SHE and the role she has in SHE.

Selecting participants and interviewing: Participants were selected purposefully to reflect

the maximum variation sampling in order to attain diverse experiences regarding SHE. Hence, in the present study, mothers were selected from schools in different regions, based on socio-economic development levels (low and high). The provincial and district development index, made by the Ministry of Development, Turkey, was used to identify the socioeconomic levels. In this context, schools were identified from two districts in the city of Ankara, which had different socioeconomic development levels.

Mothers were invited to participate in this research, through teachers, and information about the study was given to them. A total of 21 mothers gave their consent to participate in the study. Two groups were formed; Group 1 included mothers who graduated from primary school and were not working and Group 2 included mothers who graduated from university and were working. Participants' ages and education levels differed .

Data collection: In phenomenography method, interviews, which were performed semi-structurally and by interviewing participants, continued to achieve data until the data reached saturation, like in other qualitative methods.

Semi-structured interviews were conducted with each of the 21 participants. The interviews were audio-recorded, transcribed verbatim, and stored in Dedoose (a password-protected online data management system). Using a semi-structured interview guide (Table 1), a one-time, individual, face-to-face interview was conducted with each participant, and the duration ranged from 25 to 30 min. The interviews were conducted in meeting rooms in schools. Data collection was terminated when data saturation was reached in the 19th interview, although the author interviewed all participants. Interviews were held between September 21 and October 30, 2019.

Data analysis: In phenomenography studies, seven steps are used for analyzing the interview data: "familiarization; compilation; condensation; preliminary grouping or classification of similar answers; preliminary comparison of categories; naming the categories to emphasize their essence; and contrastive comparison of categories." In the present study, raw data were analyzed using the constant comparative method; after initial coding was done, the data were categorized under specific categories of description (Järvinen, 1997). One expert, who had specialization in the relevant field, checked each coding until consensus was reached with the author. The codes were then grouped into sub-themes, and then into themes. The participants were assigned numbers from 1 to 21, and their assigned group, age, and gender were noted next to their statements (e.g., Grp1, 33Y, U).

Rigor of study: Methods and analyses used to ensure the reliability of the study are explained in detail. Software Nvivo was used; for reliability, an expert who specialized in the relevant field but not involved in the study evaluated the data. Samples and data for the transferability of the data are explained in detail. Additionally, transcripts were returned to participants for comment and / or correction.

Ethics: The Non-Interventional Clinical Research Ethics Board approved the study of Hacettepe University (decision no: 2019/13–36; date:14.05.2019). Also, as part of the enrollment process in the parent study, all participants gave informed, written consent. Before each interview, we further reviewed the purpose, benefits, and possible risks of the substudy and obtained assent to continue participation and to audio-record. To protect the participants' autonomy, we reemphasized in each interview, that the participant was under no obligation to continue the interview.

Results

The participants ranged in age from 28 to 46 (mean age: 36) years. Mothers in group

1 (Grp 1): university graduated and working (n=10), mothers in group

2 (Grp 2): primary school graduates, and not working (n=11).

In the present study, critical variations were identified according to the mothers' experiences on how they define their position and roles in the sexual education of their children. In this context, four themes emerged during the in-depth interviews (Figure 1), which included: What topics should I tell?, It is not easy to talk about these issues, The Internet is our biggest helper, I will talk when the time comes.

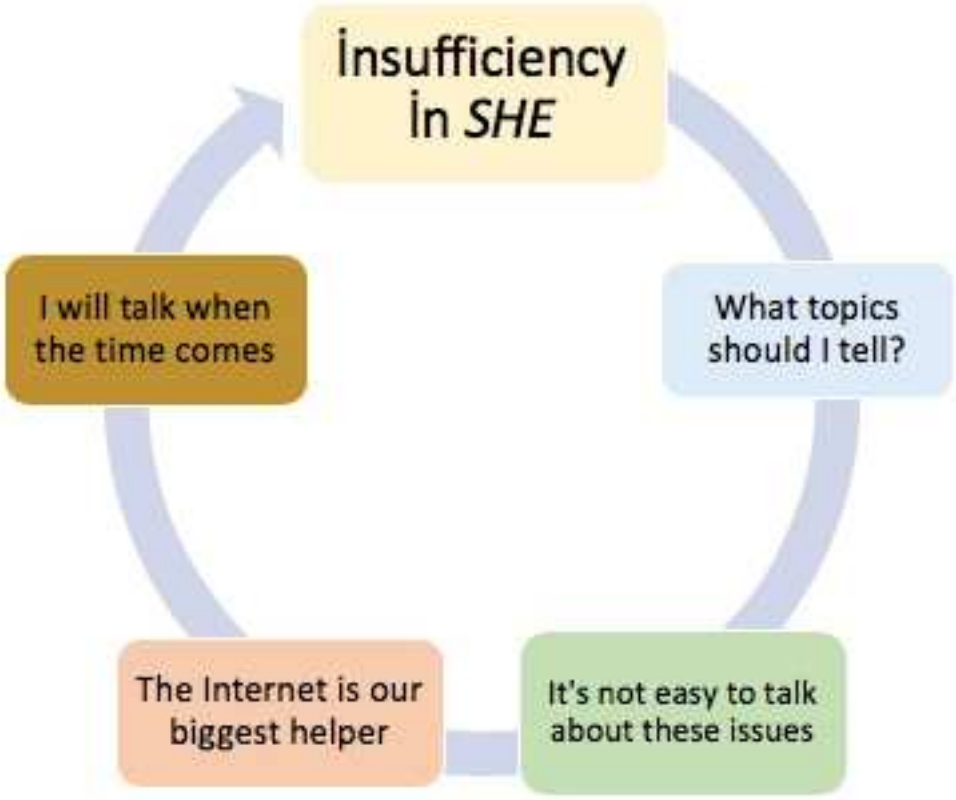

Figure 1. The Outcome Space, mothers understanding of their roles in SHE

What topics should I tell? The present study aimed to understand what mothers think their role is in SHE, based on their descriptions. In the first emerging theme, it was noticed that almost all mothers did not know what they should tell children regarding SHE. In interviews, a remarkable finding was that all mothers agreed that this issue was essential. However, they expressed that they did not know what to explain about SHE. Half of the mothers in group 2 said that they are aware about the essential issues related to sexual health, as well as problems that have recently arisen. However, they did not know which issues or problems they should discuss with the adolescent girls, while some did not think to speak to their daughters at all. The conclusion reached in this theme was that the main reasons the majority of mothers did not speak to their daughters were lack of knowledge, hesitancy, and the influence of traditional roles/cultural values for mothers in the first group, and lack of knowledge and inability to allocate time for mothers in the second group.

> "*…I know this issue is significant, hmm, especially for girls. However, I think that my knowledge about sexual health may be insufficient to tell these important issues because I do not know what to tell her. Frankly… Technology has improved a lot, I do not know what I'm saying to her, maybe she does not want to spare the time*" (Grp2, 38Y, U).

> "*If I tell the truth, nobody told us about SH when we were young girls. I do not know my mother did not think it was necessary… I want to it, but I do not know what to tell, and I do not know I am enough…*" (Grp1, 33Y, A).

It is not easy to talk about these issues: During interviews, some variations were noted in terms of mothers' descriptions of this theme. Especially in group 2, mothers stated that they made efforts to make conversations with their adolescent girls about sexual health, that they did not find it difficult to talk about these issues, and that they encountered other limiting factors. However, the majority of mothers in group 1 said that they did not feel comfortable and felt it embarrassing to talk about SHt. Based on the findings for this theme, it can be interpreted that mothers' teachings from the past and the socioeconomic environment in which they grew up are essential determinants related to talking about SHt with their daughters.

> "*I think these issues are essential, especially for our daughters' future health. Because of that, we should talk SH topics with them, I know… I think I'm a talkative person, but when it comes to your own child, the work changes a bit''* (Grp 2, 35 Y, Z)

> "'*… I do not want to talk with my daughter until she wants to talk… because you know … it is not easy to talk SH topics, especially for me or for mothers sometimes in our culture. She may misunderstand me… Hmmm, she may misunderstand things other than menstruation. Because she is tiny yet*." (Grp 1, 31, B)

The Internet is our biggest helper: For this theme, the findings were very similar for all mothers in both groups. Nearly all mothers thought the information accessed via the Internet was helpful. Mothers said that children could access whatever information was required, thanks to the Internet. The most important finding that attracts attention here is that except for five mothers, all accepted Internet-based sources as a way of accessing SH information without questioning the content of this information and its source. It is essential to develop a deep understanding of this finding. Mothers, because of their insufficient knowledge and traditional roles, forced their daughters to access information that they themselves could not provide.

> "'*… I think knowledge accessed via the Internet is beneficial even for us. Our daughters are nearly the age of 11 or 12 so they can get knowledge of whatever they need or whenever they want. My daughter is already menstruating, and she usually searches about it, sometimes she shares her research with m*e'' (Group1, 32, E)

> "'*…To be honest, we, her dad, and I know that she searches some things that she wonders, via the Internet. We are trying to control the usage of the Internet, but I do not know how successful we are. Because sometimes she ashamed of asking SHt or she talks something with her friends and wondering. I think it is challenging to restrict her internet usage and control knowledge in it.''* (Group 2, 38, R)

I will talk when the time comes: Under this theme, essential variations were noted. While the majority of mothers in Groups 1 and 2 believed that the age of 11–12 years is optimum for talking about SHt with their daughters, they accepted that they had not yet taken the initiative. Nearly all mothers of Group 1 thought that the age of 10–11 is early to talk about SHt. Consequently, the common point is that mothers do not talk about SHt with their daughters. An essential variation underlying the descriptions of the majority of mothers in group 1 is related to traditional roles that stemmed from cultural values.

> "'*…Frankly, nobody talked about SHt when we were their age. However. I think these ages are suitable ages for talking about SHt, hmmm if you ask this, I cannot talk about these issues with my daughter* deeply. Generally, the issues that we talk about are

limited menstruation…'' (Group 2, 35Y, N)

"'…*I think … I may not talk about everything, hmmm so, I have limited knowledge about SHt. Also, her a*ge is quite small, and she does not like when we talk about some SHt except for menstruation." (Group 1, 40, T)

The outcome space: Our results reflect a relationship between the four descriptive categories, the outcome space (Figure 1), interpreted to represent the mothers' collective understanding of their roles in SHE. Strategically selecting participants from different backgrounds gave varied descriptions related to SHE. Four themes emerged in this study, and they are interrelated to each other. When mothers do not know what to talk about, they cannot see that SHE is multidimensional. In this study, mothers reflected not playing a significant role in SHE of their daughters. Limited knowledge about SH topics and traditional roles based on cultural values were interpreted as the main reasons for defining their roles as insignificant. This indicates that mothers do not perceive themselves as the source of knowledge about SHE of their daughters.

Discussion

Our findings imply that mothers accept there is a need of SHE for their daughters, but do not see themselves as being the source of that information. Mothers' descriptions mirrored the knowledge related to SH topics, and the cultural and traditional roles were determinants in talking about SH topics with their daughters. Cultural resistance more effectively constrains the nature and content of SHE than religious prohibitions (Onwuezobe and Ekanem, 2009). The reason for this resistance is that parents think that providing sexual information to adolescents may negatively impact the modesty and promote sexual promiscuity (Grusec, 2011).

In the present study, mothers were encouraged by allowing them to speak about what they think about SHE and their roles in it. This encouragement was essential, as it showed that mothers perceived their roles in sexual education as limited because of certain issues. They, therefore, postponed talking about sexual health issues quoting their lack of information as the reason.

The results of this study are consistent with findings from different research (Bastien et al., 2011, Wanje et al., 2017, Wilson et al., 2010, Shams et al., 2017). Many mothers in this study thought that although age 10–12 might be an appropriate time to talk about sex-related topics such as puberty and the biology of reproduction, it is too young to start talking to children or at least to their children about other SHt (sexually transmitted diseases, importance of prevention methods against sexual intercourse, etc.). So, few mothers stated that they were able to talk to their daughters about SHt and were comfortable with it. In similar qualitative studies, most parents reported few or no discussion regarding SHt with their adolescent girls (Wanje et al., 2017), because they felt embarrassed discussing this issue with their daughters (Shams et al., 2017). It is seen that there is no significant difference in the ways mothers approach the issue in European countries. For example, parents know that SHE is important and needed, but they state that communicating with adolescents regarding SH is difficult (Romo et al., 2011, Turnbull et al., 2008).

Another remarkable finding was that mothers did not know how to communicate with their daughters when discussing SHt. Similarly, Wilson et al. (2010) found that although parents think that sexual health issues are important, they do not talk about it with their children. The parents stated their children underage and they do not know how to speak with them about SH, which are findings similar to our study (Wilson et al., 2010).

At this point, good communication with adolescents about SHt is essential. If parents have a good parent-child relationship, they can take advantage of opportunities to talk

and have discussions about SH with their children at the required age (Wilson et al., 2010). Also, studies have reported that parents may avoid talking about SHt because of the taboo that it will negatively impact communication between parents and adolescents (Ayalew et al., 2014, Bastien et al., 2011).

The most essential finding in this study is that nearly all mothers did not see their roles in SHE as important. While mothers in group 1 defined their roles regarding SHE as insignificant because of traditional and cultural values, mothers in group 2 stated they did not have enough knowledge about SH topics and had no time. Mothers in group 1 hesitated to discuss SHt with their daughters because they thought that awareness of sexuality would destroy their children's innocence. One study in Turkey showed that adolescent girls think in the same way as their mothers, in that they fear that if they spoke to their mothers about SHt, they could be misunderstood (Bulut and Golbası, 2009).

In the literature, some studies showed that cultural values are essential determinants for mothers to talk about SHt with their daughters. For example, in a qualitative study, Iranian women, having similar traditions with Turkish women, did not talk about SHt with their daughters because of insufficient knowledge about sexual issues, fear of encouraging girls to engage in sexual relations, and lack of necessary skills for communicating (Shams et al., 2017, Bahrami et al., 2013).

Our results highlight the need for improving parenting knowledge about SHt. These findings indicate there is a need for mothers to frame sexuality as a positive, healthy part of human life and relationships. Therefore, providing parents with information about the stages of children's sexual development could help them understand children's needs and provide them information about SH topics (Wilson et al., 2010). The reasons such as lack of time and not having enough knowledge about SHt given by mothers in group 2 indicate the necessity of providing information as to mothers group in 1. In qualitative research, Salahın et al. (2019) identified that mothers need to provide information according to the level of their daughters' readiness for SHE (Salehin et al., 2019)

Another critical finding of this study is that the majority of mothers did not want to accept the role of imparting SHE to their daughters. In interviews, it was clear that they tended to shift their role of imparting knowledge to the Internet. However, they were unaware that sometimes their daughters could encounter unclear information. Wanje et al. (2017), showed that parents tended to replace their responsibility for SHE with teachers (Wanje et al., 2017). These findings emphasized how important it is to provide mothers with information about SHt and the necessity SHE.

Limitations: Phenomenography was found to be a suitable choice to describe the participants' qualitatively different conceptions about their roles in SHE for adolescent daughters. As no previous research that had focused on this topic, interviews were chosen to be preferred method for data collection. This was seen to be the most beneficial way in which to obtain new knowledge and understanding of the phenomenon.

Due to the nature of qualitative research, the generalizability of the data obtained is weak. Despite this limitation, this study has provided a valuable contribution to the literature.

Conclusion: An essential advantage of this study is the diversity of the sample as it provides a broad range of perspectives. In this study, valuable observations were made that give a deeper understanding of what mothers know about SHE and how they perceive their roles in SHE about their daughters. Conversations regarding SH tend to be general and limited to puberty. Almost all mothers had limited knowledge and lacked communication skills, and they felt

uncomfortable approaching their children about sexual matters. Also, they tended to replace their educator roles with Internet knowledge, whereas well-informed and prepared mothers are the best sources of SHE for girls. While the primary outcome for nearly all mothers is the same, the underlying causes are different. The differences between groups are because of different traditional or cultural values. At this point, it would be wrong to think that educated and working mothers will be good for SHE. Therefore, it is essential to keep this in mind when providing information to mothers about SHt.

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