Adolescent and Parental Reactions to Puberty in Nigeria and Kenya: A Cross-Cultural and Intergenerational Comparison

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ABSTRACT

Purpose: This qualitative study assesses the cross-cultural and intergenerational reactions of young adolescents and parents to puberty in Ile-Ife, Nigeria, and Nairobi, Kenya.

Methods: Sixty-six boys and girls (aged 11–13 years) and their parents participated in narrative interviews conducted in English or local languages in two urban poor settings in Ile-Ife and Nairobi. All interviews were recorded, transcribed, translated, and uploaded into Atlas.ti software for coding and analysis.

Results: Reactions of parents and adolescents to puberty were similar across both sites, with few exceptions. Adolescents’ reactions to bodily changes varied from anxiety to pride. Adolescents generally tend to desire greater privacy; trying to hide their developing bodies from others. Most female adolescents emphasized breast development as compared with menstruation as the mark for pubertal initiation, while males emphasized voice changes. Among some ethnic groups in Nairobi, parents and adolescents view male circumcision as the hallmark of adolescence. Parents in both sites reported that with pubertal changes, adolescents tend to become arrogant and engaged in sexual relationships. Parents’ reported responses to puberty include: educating adolescents on bodily changes; counseling on sexual relationships; and, provision of sanitary towels to females. Parents’ responses are generally focused more on daughters. Approaches used by mothers in educating adolescents varied from the provision of factual information to fear/scare tactics. Compared with their own generation, parents perceive that their own children achieve pubertal development earlier, receive more puberty-related education from mothers, and are more exposed to and influenced by media and information technologies.

Conclusions: Adolescents’ reactions to their pubertal bodily changes include anxiety, shame, and pride. Adolescents desire greater privacy. Parents’ reactions were broadly supportive of their

IMPLICATIONS AND CONTRIBUTION

Adolescents reported reactions to pubertal changes that varied from anxiety, shame, pride, and increasing desire for privacy. These need to be understood by parents to facilitate appropriate support, including education and counseling. Parent-focused interventions are needed to bridge the gap between parents’ willingness to educate adolescents on pubertal change and their lack of appropriate communication skills.

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Adolescence is a period of transition from childhood to adulthood, and pubertal development is its hallmark [1]. Perspectives about pubertal events vary among different cultures. Stubbs [2] has described menstruation as a “Jekyll and Hyde phenomenon” in that it carries both a good and bad reputation: “good” in that signifies growing maturity as well as future fertility potential, but “bad” because of the negative attitudes and fears surrounding menstruation. Adolescents’ reactions to their own pubertal development vary considerably in different sociocultural settings and may have implications for their psychological well-being and sexual and reproductive health (SRH) behaviors [3–7]. Girls’ negative attitudes toward menarche, for example, contribute to their sense of self-objectification, body shame, and lack of agency in sexual decision-making [2]. Parental actions and reactions toward their adolescent pubertal development can significantly influence adolescents’ reaction to their pubertal experience [8].

Understanding adolescents’ and parents’ responses to puberty is key to evidence-based programming aimed at improving the health and well-being of young adolescents. To date, very few studies have focused on adolescent and parental reactions to puberty in Sub-Saharan Africa. This qualitative article assessed the reactions of adolescents and their parents to puberty in urban poor settings in two African countries—Nigeria (Ile-Ife) in West Africa, and Kenya (Nairobi) in East Africa—and compared the experiences of current adolescents to that of their parents’ generation.

Methods

Settings

The study was conducted in two large sub-Saharan African cities—Ile-Ife (Nigeria) and Nairobi (Kenya)—as part of the Global Early Adolescent Study. In Nigeria, the study was conducted in four urban poor communities in Ile-Ife, an ancient Yoruba city in south-western Nigeria. Communities were selected based on their lower socioeconomic status, with housing that consisted of mainly mud or uncemented walls with poor sanitary facilities and no portable water. In Kenya, the study was conducted in the Korogocho informal settlement, one of the most densely populated settlement areas in Nairobi. While Korogocho is ethnically and religiously diverse, members of the same ethnic group tend to cluster in specific villages within the settlement area. The major source of livelihood in the settlement is informal casual employment. As with other slums in the city, Korogocho is characterized by high levels of unemployment, substandard and overcrowded housing, limited social services, high levels of crime and insecurity, and inadequate water and sanitation infrastructure.

Data

Data were collected from adolescents and their parents living in urban poor settings. In Ile-Ife, households with male/female adolescents aged 11–13 years in four communities were identified, from which 10 households (parent—child dyad) per community were randomly selected and invited to participate in the study. In Nairobi, adolescents and their parents were purposively selected from households participating in the Nairobi Urban Health and Demographic Surveillance System, a longitudinal research platform to assess the long-term socioeconomic and health effects of residences in urban poor settings.

Table 1

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* In Nairobi, ethnicity data were only collected from parents.
transcripts and identifications were coded appropriately and saturation was reached. To identify and resolve coder discrepancies as well as to merge or discard emerging codes. These were compared across sites by the study qualitative lead, who then developed core codes. The core codes comprised cross-cutting codes from across all the sites. The core codes were used across the sites for the analysis [11,12]. Researchers from both sites read the transcripts and identified emerging codes. These were compared across sites by the study qualitative lead, who then developed core codes. The core codes comprised cross-cutting codes from across all the sites. The core codes were used across the sites for the first level of coding (primary coding). After completion of the primary coding, the codes were reviewed with the coding team to identify and resolve coder discrepancies as well as to merge or break up codes as required (secondary coding), until all quotations were coded appropriately and saturation was reached.

To compare codes by site and participant group to extract key themes, matrices of the key codes were created. Further details can be found in the Methods paper of this supplement [10].

Results

Across the two sites, with few exceptions, adolescents’ reactions to pubertal changes were similar, while parents’ reactions were also generally similar in terms of their reactions to their adolescents’ pubertal changes as well as perspective on inter-generational differences in adolescent pubertal development. Adolescents’ reactions to puberty were based on a range of observations they made about their changing bodies, emotions, and responsibilities. These included both the physical and physiological changes that adolescents observed or expected to see in themselves and the changes in assigned responsibilities or the amount of duties they were now entrusted with by families. Parents’ reactions to their children’s pubertal development appeared to be influenced by the age of onset among adolescents, their children’s interest in and interaction with members of the opposite sex, the physiological and psychological changes they were experiencing, including changes in young people’s thinking and expressions, and perceived changes in their children’s responsibility and self-drive toward their academic work.

Adolescents’ reaction to their pubertal body changes

The desire for privacy as a response to pubertal body changes was common to adolescents in both sites. However, male circumcision as a rite of passage was only mentioned in Nairobi and restricted to certain ethnic groups. Female circumcision or genital cutting, which is not commonly practiced by many communities living in Nairobi’s informal settlements, was not identified as a rite of passage by the respondents.

Adolescents from both sites stated that pubertal changes were the key marker of adolescence. Both female and male adolescents mentioned breast development, hair in the armpits, menstruation, and pregnancy as the key bodily changes that marked the beginning of adolescence in females, and voice change as the main change in males. More adolescents (including males) mentioned breast development as a key pubertal change in females as compared with menstruation. Surprisingly, few male adolescents mentioned the ability of girls to get pregnant when they become an adolescent.

....because, I have started my menstruation and there are changes in my body [like what?] like breast development and hair armpit. (Female adolescent, Ile-Ife)

....I hear that others bleed (monthly periods), others get pregnant when they are in class five or four (Male adolescent, Nairobi)

In both sites, adolescents indicated that they react to their changing bodies by trying to hide their developing bodies from others, including their parents, and also by voicing demands for and seeking out increased privacy. Adolescents across both sites acknowledged that they become more sensitive to their changing bodies and prefer not to expose their bodies to others because of the physiological changes they were experiencing, and the ways in which others were newly responding to their physical maturation. This in turn affected their relationship dynamics with siblings of the opposite sex and with parents in a similar way.

I cannot bathe outside there or go out at night ...because right now I am not a child...because of the changes I am going through...I have grown breasts (Female adolescent, Nairobi)

When she was bathing me, my brother told her that she should not bathe me again that I was no longer a kid (Male adolescent, Ile-Ife)

Among some ethnic groups living in Nairobi (the Kikuyu, Luhya, and Luo communities), adolescents viewed circumcision of the male child as a hallmark of adolescence. Once circumcised, boys start behaving “more like adults” as a result of their education during the rites.
Interviewer: what else will show you that someone is now an adolescent?

Respondent: when one is circumcised (male adolescent, Nairobi)

Among such groups, some parents reported that adolescent males take pride in participating in this rite of passage and that boys react with anger if their circumcision appears to be delayed by the parents.

...the other day he told me, that, mum, for how long do you want me to stay like this, I want to go where other children are taken, and I also want to be cut (i.e., circumcised). (mother of a male adolescent, Nairobi)

Overall, adolescents’ reactions to puberty-related bodily changes varied from anxiety, shame, to pride, and an increased desire for privacy. The changes influenced their relationships with siblings and parents, and dynamics in the family.

Parental reactions to adolescent pubertal changes

Parental reactions in both sites toward adolescents’ pubertal body changes were mainly threefold: providing for the adolescents’ pubertal-related needs, training adolescents in handling processes relating to puberty, and counseling the adolescents on the challenges, implications, and expectations of their pubertal development. Parents, for example, reported buying sanitary pads for their female adolescents as well as educating them about their body changes.

My responsibility in that case is to train her how to manage herself, I will go to the market, buy pants that I know will be useful for her and train her how to use sanitary towels. I will explain to her how she will be dressing so that she won’t go out and be stained and people will begin to notice that she is observing her period. (mother of female adolescent, Ile-Ife)

She does not know how to handle it, I teach her, but nowadays she is better [what do you tell her?] how the pad is placed... I told her that such things happen at such age and she should not be surprised when she notices such changes on her body... [Supposing it was a boy would you have explained to him the same thing?] I would have told him that when he starts feeling his voice break he should know that is part of growing for a boy (mother of a female adolescent, Nairobi)

Parents may also be according their children more autonomy and “adult-like” privileges as they enter adolescence, in addition to giving them more responsibilities.

For example, when you are a boy and have been circumcised you are not supposed to stay in the same room with your parents. Therefore your parents will rent a room for you to sleep there (Female adolescent, Nairobi)

Although parents in both Nairobi and Ile-Ife suggested that adolescents react to puberty by perceiving themselves as adults and wanting to perform more adult roles, the types of roles that adolescents engage in varied by sites. Parents in Ile-Ife described their female adolescents engaging in increased household chores with a new sense of responsibility. In contrast, parents in Nairobi reported observing an increased pride or arrogance in their adolescents’ attitudes, derived from a feeling that they were now adults.

When she was still young, when she sleeps, she wakes up anytime she likes without doing any homework [chores] in the morning but now she wakes up even before the mother wakes up, she will begin to do homework [chores] like washing of plates, sweeping the frontage of the house and likewise the rooms (father of a female adolescent, Ile-Ife)

When he goes to collect scrap metals and sells for twenty shillings, he goes to a hotel and eats which means he sees it as if your food is not helping him. He thinks he can feed himself (mother of a male adolescent, Nairobi)

In both Nairobi and Ile-Ife, parents particularly expressed concerns about the implications of pubertal bodily changes for their adolescents’ engagement in romantic and sexual relations, noting that pubertal changes heralded a desire for romantic and sexual exploration among adolescents. This appeared to be a topic of major focus for parental counseling of adolescents.

...they normally flirt with boys and in the films that we normally watch, boys will call them and they would be saying that I love you I do that (Parent of a male adolescent, Ile-Ife)

...like for girl she will go after boys and the boy will also go after the girls. The girl develops that desire to have boys. (mother of a male adolescent, Nairobi)

The counseling that parents provided about puberty was often found to be grounded in parents' desire for their children’s educational development and the related implications for their future adult lives.

I always tell her that being mature is not synonymous with following boys or keeping bad friends; she must face her studies and that she must not be impregnated like me because it is successful women that men pursue irrespective of wherever she is. (mother of a female adolescent, Ile-Ife)

I will ask them what is their objective of being romantically involved and yet you are still in school [Mhh] if it is somebody I can talk to... and if it is some adult, I will tell him to leave the girl alone so that she can complete her education first (mother of a female adolescent, Nairobi)

The ways in which parents described advising their adolescent children about the dangers of sexual relationships included teaching them that it is not morally acceptable, or educating them about the consequences of premarital sex such as unwanted pregnancy and sexually transmitted infections. Other parents suggested that they would educate them on safe sex. The use of fear/scare tactics were also described as another parent stated that she would discourage her adolescents from engaging in sex by creating fear in them about premarital sex.

...give her advise, [what kind of advice?] how they can protect themselves if they are going to engage in sex (mother of a female adolescent, Nairobi)

...I would also stop her and tell her she might get cancer because of having a boyfriend and the moment you sleep with that boyfriend, it will enter your womb, cut it into pieces and then you die. That is how I usually scare them off. (mother of a female adolescent, Nairobi)

In Nairobi, some parents responded permissively toward their male adolescent’s romantic relationships, while others said they would be stricter with their male child as he would retain the
family name and should not be allowed to bring shame to the family.

…with boys, if he wants a girl, you cannot refuse him [Mhh] yes [and you can stop a girl?] obviously you will (mother of a female adolescent, Nairobi)

**Intergenerational comparison of adolescent pubertal behavior**

When parents were asked if they observed any difference between their time as an adolescent and the present day experience of adolescents, including their reaction to the differences, three themes emerged: age of pubertal maturation; providing parental guidance; and the influence of media and technology of pubertal-related behavior.

**Age of pubertal maturation of females.** Parents from both Ile-Ife and Nairobi sites perceived that children attain puberty earlier these days compared with when they were adolescents. They mentioned that while they (mothers or female caregivers) had their first menstruation between the ages of 15 and 18 years, they now observe pubertal changes starting as early as 10 years.

Unlike our time, at fourteen I still didn’t have anything to do with boys. I started my periods at about fifteen or sixteen then, unlike now the girls start their periods very early (mother of a male adolescent, Nairobi)

**Preparation for puberty.** Parents from both Nairobi and Ile-Ife described feeling a greater sense of responsibility to meet their adolescents’ pubertal needs as compared with how their own parents had felt. Parents reported that in comparison to their own adolescent children, they were more ignorant about puberty and developmental changes. Female parents indicated that their mothers had provided little or no information before menarche. Having learned from their own inadequate preparation, parents reported that it is their responsibility to educate and prepare their daughter in particular for pubertal changes. There was no mention of educating or preparing a son for adolescence.

I was very ignorant of what menstruation is when I became an adolescent unlike this time, we are educating our children on such issue before hand now. Our parents then don’t really have time for such. Like my very first day of observing my period, I was so scared, I was just wondering, where was the blood coming from, I didn’t fall down, I never sat on a nail, and I didn’t have sex with a man, so where is the blood coming from, until I later showed it to my uncle’s wife who then explained to me (mother of a female adolescent, Ile-Ife)

Parents from both Nairobi and Ile-Ife felt that their own lack of information about puberty as adolescents had been detrimental to their health. Specifically, mothers in Nairobi who became pregnant as adolescents blamed the failure of their parents to provide them with adequate information as the reason for their adolescent pregnancy. This served to explain their resoluteness about engaging more with their own daughters, and providing them with the right information to transition through adolescence without becoming pregnant.

That time, our mothers don’t talk to us about adolescence, they will tell you not to get close to man but as I now know what our mothers used to hide from us then, now, I open my mouth and mention the name to my children. I now see that it was because they didn’t tell us the name then that made the problem to be much…. (mother of a female adolescent, Ile-Ife)

…during our time, we never had people to talk to us unlike the adolescent girls of these days; they have parents who talk to them. During our time, my mother used to be so busy and she had no time to talk to me. I got my baby at 17 years old and I also try to talk to her (daughter) so that she doesn’t find herself in the same circumstances I was in. If my mother had time for me and talked to me, I would have continued with school and given birth later but now that I have her (daughter), she just have to learn. And so I try to talk to her however brief it is (mother of a female adolescent, Nairobi)

**Influence of media, social media, and technology.** In both Nairobi and Ile-Ife, parents mentioned media and technology as major factors that are now influencing adolescent puberty-related behavior, unlike their own adolescence period. They described belief that media and technology, with their high load of sexually explicit content, are largely responsible for the comparatively higher level of sexual exposure activity among the current generation of adolescents compared with their own generation. Parents noted that adolescents’ interests in social media and mass media increased as they grew older. In both sites, parents described how although media has had a long existence in their communities, the radio was more widespread when they were adolescents and was under strict regulation unlike now that adolescents have unrestricted access to almost all forms of media. They also explained that although the programs aired on the television were educative when they were young, ownership of televisions was rare and mobile phone was not in existence. Hence their exposure to media content was limited.

In our time, there were no phones, there was no TV and very few people owned them anyway so it was hard to see a TV… the radio was only (switched) on when the father of the house is there but when he is not there, the radio could not be switched on, it was always off. This is a big difference (father of a male adolescent, Nairobi)

…we learnt a lot of moral [lessons] from the television, the films they showed then were highly educative, but now all they show are romantic films, wearing seductive dresses is what we see around now. (father of a female adolescent, Ile-Ife)

Parents in both sites also reported that current adolescents tended to exhibit a sense of rebellion more as they matured physically. For example, they reported that unlike their recollection of their own childhood period when they agreeably ran family errands, adolescents today are perceived to sometimes act as being “too big” to run some errands, and if they eventually do comply, it is on their own terms. Adolescents were also reported to be rude to others and talk back to their parents.

They feel that they are now old enough and even when you want to send them, you cannot do it as you used to do when he was a young child. At times the response you get from that child shows rudeness and it is not like when she was five or six years, they change. (Mother of a male adolescent, Nairobi)
Discussion

Early adolescence is an important—yet largely understudied—life period. The rapid physiological, social, and psychological changes experienced by young people as they transition from childhood to adolescence can place them on a trajectory of risk or become an opportunity to ensure that young people receive the assets needed to enhance their future health and well-being [13]. In this study, we investigated young adolescents’ and their parents’ perspectives and reactions regarding puberty in resource-limited urban settings in Nigeria and Kenya. We also compared the concept of adolescence in the current period with that of the generation of their parents. The narratives from the interviews suggest that puberty, a key marker of the adolescent transition, is accompanied by a range of reactions among both adolescents and their parents. Our results also showed that adolescent pubertal development is viewed by parents as being different from their own adolescent experience, with the current generation of adolescents viewed as attaining puberty earlier, being more informed by their parents about pubertal development, and more influenced in their sexual behavior by media and technology. These perspectives have concurrence in the extant literature [14–17].

Our results showed that the reaction of the current generation of adolescents to puberty in Ile-Ife, Nigeria, and Nairobi, Kenya, varied between anxiety, shame, and pride in their bodily changes. This pattern seems to be common in various cultures, having been previously reported in studies across diverse settings [6,7,18]. Adolescents of both sexes commonly expressed shame and embarrassment at revealing their developing bodies to others, demonstrating their increased need for privacy and autonomy as a consequence of pubertal development [7,14]. Parents’ actions, in some parts, supported their adolescents’ heightened need for privacy and autonomy. Puberty is evidently marked by a sense of increased self-awareness and self-consciousness across cultures [19]. In resource-constrained environments, such as urban slums in Kenya [20] and Nigeria [21] that have a high population density and inadequate housing and bathing facilities that are often shared by multiple households, this need for privacy may pose some immediate challenge for adolescents who may have to share the limited bathroom facilities to ensure privacy. This situation may compromise the hygienic practices of adolescents in these resource-deprived environments and undermine their well-being or bring them into repeated conflicts with older people over competition for the use of inadequate facilities. Adolescents’ strive for greater self-autonomy may also, to an extent, explain the reported perspective of some parents in Nairobi that adolescents tend to be arrogant and run family errands on their own terms.

In this study, adolescents perceived their developing body as being related to the end of childhood and the beginning of adulthood. This was particularly the case among females with the obvious (to others) development of breasts and the onset of menstruation. Although menarche is recognized as a marker of reaching young adulthood in many contexts [14], it is interesting that more attention appeared to be given to breast development—a visible bodily change in young girls—in the study communities. Yet the implication of menarche for a girl’s sexual maturation and reproduction did not appear to be lost on parents. The onset of menstruation appeared to constitute a major concern for parents as they linked puberty with the potential for early romantic and sexual engagements and subsequent risk of adolescent pregnancy. As such, the narratives around puberty often intersected with discussions around young people’s SRH behavior. Not surprisingly, parental narratives focused more on the measures they would take to protect their daughters from engaging in unsafe or premarital sexual relations.

Unlike the findings in many other settings in Sub-Saharan Africa [22–26], parents in this study indicated a sense of personal responsibility and willingness to educate their children on pubertal changes. However, we found that this was tilted more toward the female adolescents. Other research [20] had suggested that parents may lack adequate knowledge to provide accurate information or skills to orient adolescents about SRH attitudes and behaviors and may inadvertently end up using noneffective communication approaches. Our findings showed a wide range of parental approaches in this regard, varying from providing factual information and counseling, to the use of fear and scare tactic approaches in their communication strategies. Parent-adolescent SRH-related communication has remained a challenging issue in many African societies; sociocultural factors generally discourage open communication on sexual–related issues. Parents have also been found to talk more to their adolescent girls than they do to their male adolescents as pubertal discussions with the male child has been said to be a taboo or unnecessary. [27] Although systematic reviews [28–31] have shown that appropriate parental communication can significantly influence adolescent SRH knowledge and behavior, parental approaches have remained an underutilized strategy in adolescent health programming in Sub-Saharan Africa [32].

Previous studies have reported that parents often use imprecise terminology or jargons and tend to employ fear tactics about sexuality issues rather than engaging their child in discourse [24,33]. The use of fear tactics has however been found to be ineffective in producing enduring changes to health behavior [34]. As SRH information and education provided in preadolescent and early adolescent years tend to be more effective, it is important to build the capacity of parents in Africa for effective SRH-related communication with their adolescents before and during their pubertal years.

There are a number of limitations that should be noted when interpreting the findings. First, although we sought to interview both fathers and mothers, fathers were often unavailable for the interviews, and therefore, the views presented predominantly reflect mothers’ perceptions. Indeed, further research investigating fathers’ perceptions about their children’s gender development is warranted. Secondly, the study is limited to a relatively small sample of adolescents and their parents in two resource-limited urban settings in Sub-Saharan Africa and findings may therefore not be applicable for adolescents and their parents who live in rural or higher socioeconomic settings.

Although we found context-specific nuances in adolescents’ and parental reactions to puberty in two resource-limited urban settings in Sub-Saharan Africa, our findings document important commonalities in these perceptions that have a bearing for further research as well as programs to support positive development. In particular, both adolescents and their parents underscored adolescents’ increasing desire for privacy, a need unlikely to be met in resource-constrained settings with inadequate housing and sanitation infrastructure. Further studies are warranted on the implications of structural deprivations for pubertal behavior in resource-poor environments. In both settings, we found that parents had a strong sense of personal responsibility to prepare their children to cope with the
significant changes that occur during adolescence. These findings suggest that parents may need more tools and support to enable them communicate clear messages about puberty and SRH with both their sons and their daughters. Parent-child communication has been found to be gendered with less attention given often to the male adolescent [27]. Supporting parents to better communicate with their adolescents on puberty issues will go a long way to ensure healthy sexuality. One channel that needs further exploration is media, given the high use of Internet and mobile phones among adolescents in Sub-Saharan Africa. Indeed, bridging the use of media with a targeted focus on building communication capacity between parents and adolescents may prove to be a successful strategy for improving overall support for adolescent health and development.

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