

‘Sex Will Make Your Fingers Grow Thin and Then You Die’: The Interplay of Culture, Myths, and Taboos on African Immigrant Mothers’ Perception of Reproductive Health Education with Their Daughters Aged 10–14 Years

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Background

- The 2010 U.S. census reveals that there are approximately 1.7 million documented African immigrants in the United States, making up 4% of the foreign born population.
- They are one of the fastest growing and underrepresented populations in terms of immigrant health research and public health services
- Most African immigrants in the U.S. come from five African countries: Ghana, Nigeria, Kenya, Ethiopia and Egypt.
- African immigrants tend to retain their culture once in the United States, finding ways to maintain their traditions and belief systems.

Aim and Objectives

To explore women’s perceptions of how moving to the United States changed their ideas about speaking to their daughters about reproductive health.

Study Design

Qualitative descriptive , cross-sectional design

Data Collection

- Demographic surveys
- One-on-one interviews

Inclusion Criteria

- Mothers born in an African country
- Woman parenting a daughter 10-14 years

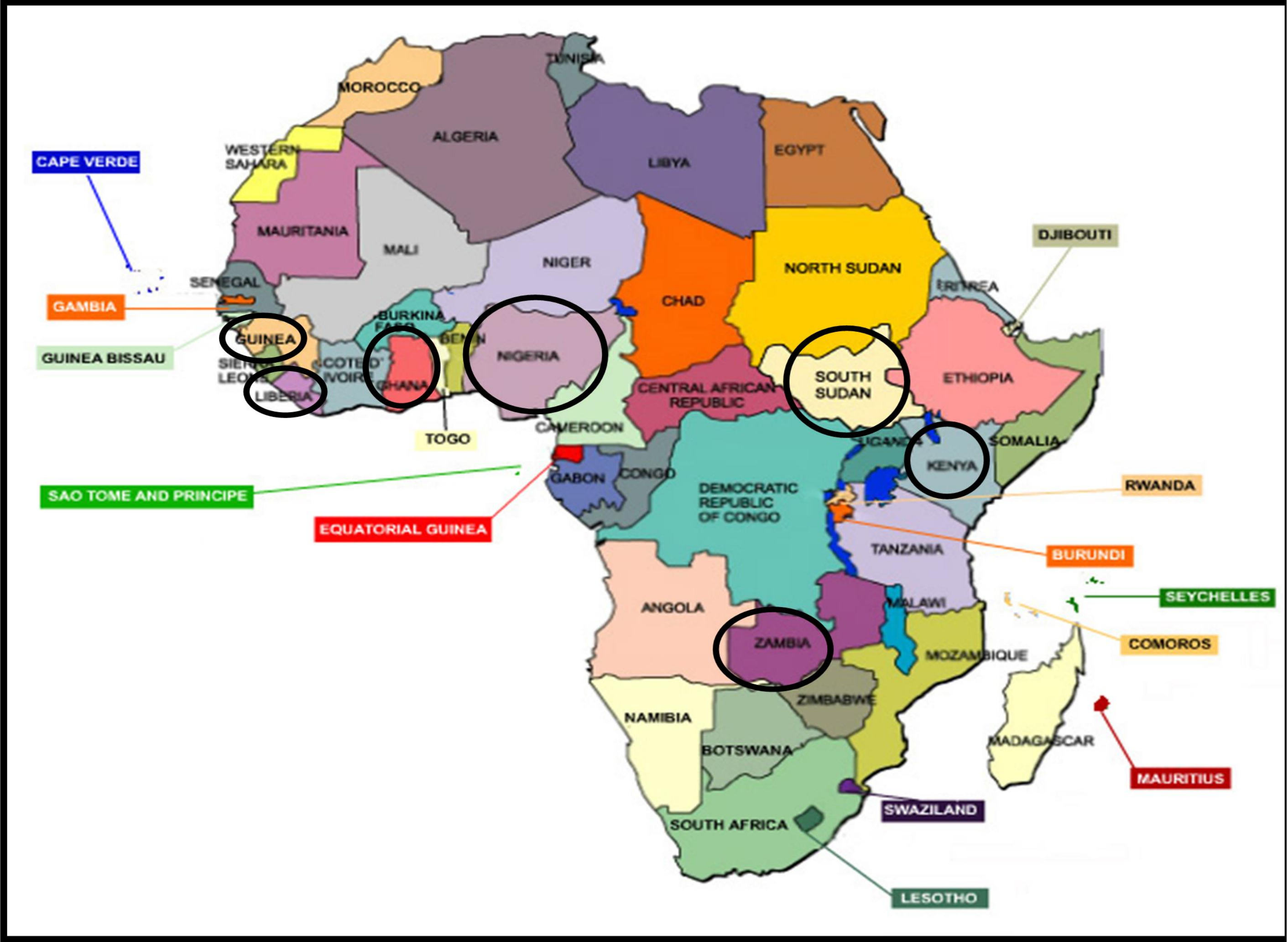
Exclusion Criteria

- Unable to read, write and speak English
- Daughter with a cognitive mental disability

Sample

- Twenty African immigrant mothers from seven African countries-Nigeria (n = 10), Kenya (n = 4), Guinea (n = 2), Ghana (n = 1), Zambia (n = 1), Liberia (n = 1) and South Sudan (n = 1).
- 80% - married
- 95% - had some college education or higher
- 75% - Christian and 10% Muslim

Sample



Demographic Frequency Table				
Variable	Mean (SD)	Range	Minimum	Maximum
Mother’s Current Age (n=20)	42 (6.2)	25	30	55
Years lived in U.S. (n=20)	13.7 (6.4)	26	2	28
Mother’s Age at Birth of Daughter (n=20)	30.0 (6.6)	23	19	42
Age of Menarche for daughter (n=15)	11.83 (1.3)	4	9	13

Results

- Four topics related to African immigrant mothers’ perceptions of how their move to the United States influenced RHE they provided to their daughters aged 10–14 years were discussed: (1) taboos, (2) myths, (3) changes due to their move to the United States, (4) and perceived U.S. norms reported by mothers.
- Taboos mostly related to the actual idea of talking about sexual issues.
- Four categories of myths were identified: those related to menstruation, sexual intercourse, pregnancy, and HIV/AIDS.
- Menstruation myths revolved around witchcraft and superstition.
- Sexual intercourse myths involved the negative consequences of engaging in premarital or extramarital sexual affairs. Consequences included death and supernatural happenings.
- Pregnancy myths involved misinformation about how pregnancy occurs, how to prevent pregnancy, and how to terminate an unwanted pregnancy.

Results (Cont.)

- Changes due to U.S. move- Participants expressed sorrow at the extreme transactional nature of support in the U.S.
- Perceived U.S. norms reported by mothers-U.S. society was more permissive and accepting of overt sexual behavior. Sexual behavior was believed to be engaged in casually and without remorse.

Discussion

- Mothers mostly came from cultures that did not condone premarital sex—or even boy-girl relationships—once adolescence was reached.
- Excessive caution was taken to ensure boy-girl interactions did not occur.
- Mothers tended to retain their cultural attitude towards RHE, but they did not maintain cultural actions.
- Cultural actions included not talking about reproductive health issues and threatening to disown girls who became pregnant before marriage.
- Most mothers also believed that their daughters 10–14 years old had no interest in boys.
- Despite being exposed to myths and taboos while growing up in Africa, mothers we interviewed did not believe in them.

Conclusion and Implications

- Findings advance our understanding of the cultural context of African immigrant mothers living in the U.S.
- Mothers acknowledged cultural differences that require them to have conversations for which they have little preparation and that their cultural background forbids
- Myths and taboos are of particular concern because they influence behaviors and actions
- When taking health histories, healthcare providers should collect information on identified myths and taboos and attempt to educate where harmful practices are disclosed.

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