Published in final edited form as:

Health Care Women Int. 2006 August ; 27(7): 646–664. doi:10.1080/07399330600803790.

The Mother–Daughter Relationship: What Is Its Potential as a Locus for Health Promotion?

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Abstract

In this article we examine the potential influence of adolescent girls on mothers' health-related knowledge and behaviors. Surveys were conducted with 131 mothers and 145 daughters to explore the extent of shared social activities between mothers and their adolescent daughters in a low-income South African community, and the degree to which mothers are receptive to advice from daughters. Eighty-six percent of daughters reported that their mothers had asked them for advice, and 93% of mothers indicated that they would listen to health advice from their daughters. This analysis suggests that the mother–daughter relationship may be a potential asset for culturally viable, community-based health promotion.

Studies of social support between mothers and daughters most often have been framed from the perspective of the mother's critical role in providing her daughter with advice and support (Hutchinson, Jemmot, Jemmot, Braverman, & Fong, 2003; Luepker et al., 1996; Perry, Luepker, Murray, & Hearn, 1988; Wood, Read, Mitchell, & Brand, 2004). Recent empirical studies are beginning to present a more reciprocal portrait of the mother–daughter relationship (Aronowitz, Rennells, & Todd, 2005; Pinquart & Silberstein, 2004), suggesting that adolescent children, including daughters, can be instrumental in influencing and supporting their mothers in a variety of ways. While the mother–adolescent daughter relationship often has been portrayed as a stormy one, characterized by ambivalence and conflict (Cox, Brooks-Gunn, & Paley, 1999; Fenchel, 1998; Serbin & Karp, 2003), studies in developmental psychology strongly suggest that conflict is beneficial to healthy adolescent development and the long-term relationships between girls and their mothers (Obeidallah & Burton, 1999). These studies warrant a fresh look at the mother–adolescent daughter relationship and call into question whether adolescent daughters might play a more active, influential, and positive role in their mothers' lives than thus far has been widely assumed.

As a first step in assessing this possibility, our study explored a number of key elements of the mother–adolescent daughter relationship in a low-income, ethnically diverse South African community. Specifically, we set out to determine how often and in what ways

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mothers and adolescent daughters communicate and interact with one another. We also sought to determine how receptive mothers might be to receiving health-related information and advice from their adolescent daughters.¹

We developed and pilot tested surveys as an initial, formative way of describing the key elements (shared activities, communication, and advice giving) of the mother–adolescent daughter relationship. Our findings point to the possibility that mothers and adolescent daughters in this community may be more bonded and mutually supportive than the general literature suggests. The results also suggest the need for further investigation into the possible “upward” flow (i.e., from daughter to mother) of information and advice. Interventions aimed at tapping this upward flow might have important implications for providing health information to which women might not otherwise have direct access. Apart from potentially benefiting mothers, this intergenerational, upward flow of information also may have the potential to educate or otherwise benefit daughters as they acquire, process, and share new health knowledge with their mothers.

BACKGROUND

Families as Assets in Community Health Promotion

Recent research has attempted to conceptualize family bonds as an asset in health promotion interventions. Mendoza and Fuentes-Afflick’s (1999) family–community health promotion model emphasizes the impact of cultural factors on functional health outcomes, and stresses the capacity of the family to support the optimal health behaviors of its members, recognizing that “it is important to study and understand the social and cultural histories of families and communities if we are going to use their strengths effectively” (p. 91). Recent interventions for HIV/AIDS and sexually transmitted diseases have drawn on cultural values of family connectedness to raise concerns about family members’ health (Marin, 2003; O’Donnell, San Doval, & O’Donnell, 1995).

Among the studies examining the role of the family in health promotion, the positive relationship between parents and their adolescent children has been specifically emphasized as playing an important role in young people’s health outcomes (Guerrero & Afifi, 1995; Huang, 1999). A growing number of studies have successfully demonstrated the viability of using the parent–child relationship as a vehicle for reducing sexual risk taking (Huang, 1999; Hutchinson et al., 2003), teenage pregnancy (Adolph, 1995), substance abuse (Carlson, Pappas, Werch, Watts, & Edgemon, 2000; Wood et al., 2004), smoking (Shakib et al., 2003), and poor nutrition (Luepker et al., 1996; Perry et al., 1988). This research has focused on the unidirectional flow of information and support from parent to child. Growing attention to models of “youth empowerment,” however, has increased our interest in the potential of youth to influence family members’ health behaviors.

Adolescents are often highly motivated to participate in health promotion programs (Altman & Feighery, 2004). The youth development and empowerment approach, one of the newest and most promising methods in substance abuse prevention (Kim, Crutchfield, Williams, & Hepler, 1998; Tencati, Kole, Feighery, Winkleby, & Altman, 2002) is based on the assumption that young people are valuable community assets and resources, rather than problems or liabilities (Martin, Ribisl, Jefferson, & Houston, 2001). Empowering adolescents to become stakeholders in solving community problems encourages them to

¹We use the term “mother” to refer to the daughter’s primary relationship with her residential female caretaker, biological or otherwise. Female-headed households characterize many low-income families in the United States (Burgess, 1995; Duffy, 1997) and South Africa (Modo, 2001; Muthwa, 1994; Posel, 2001). In many cases, these children are cared for by a female family or community member who takes over the functional duties of a mother.

develop independence and decision-making skills (Chinman & Linney, 1998), and enables them to bring about change at the individual, group, and community levels (Ribisl et al., 2004). Programs utilizing such models have been linked to key changes in self-concept among participating youth (Holden, Messeri, Douglas, Crankshaw, & Ben-Davies, 2004).

Youth as Health Advocates

Recently, health advocates in the United States have begun to explore the role that children can play in influencing their parents' health behavior. A national campaign, Children Helping and Motivating Parents to Stop Smoking (CHAMPSS, 2005), launched by Campaign for a Tobacco-Free America, is leveraging children's capacity to motivate and support their parents to stop unhealthful behaviors. Similarly, Kevin Richardson, a member of the musical band The Backstreet Boys, is currently working with the Colon Cancer Alliance to urge children to talk to their parents about colon cancer. Despite such popular efforts, only a few studies to date have documented an influence of adolescents on their parents' health behavior (Pinquart & Silberstein, 2004).

Insight into the potential for interventions to make use of children's influence on their parents' health behavior comes from a key study on adolescent-to-parent influence and value transmission by Pinquart and Silberstein (2004). They argue that most models of value transmission within the family are unidirectional and that children are assumed to be socialized to the attitudes, beliefs, and expectations of their parents. These models fail to acknowledge, however, that adolescents often initiate discussion of certain topics with their parents, thereby "providing windows of opportunity for mutual influence" (Pinquart & Silberstein, 2004). Using longitudinal data from a German study on youth development, the study examined 431 mother-child and 346 father-child dyads who were interviewed on five topics, including religion, technology, work, cultural traditions, and military service. They conclude the following: (1) for values to be transmitted within a family, in either direction, the topic must be salient to family members, and (2) a desire to influence family members predicates the transmission of values.

Several considerations have guided our interest in the potential of the mother-daughter relationship to serve as a vehicle for health promotion among adult women. First, mobilizing daughters to provide health information to their mothers would enable us to provide health information to mothers and daughters in tandem, thereby improving intergenerational knowledge of women's preventive health. Second, psychoanalytic theories suggest that the mother-daughter relationship fosters greater intimacy and understanding than the father-son or cross-gender, parent-child dyads (Boyd, 1989). Such intimacy and understanding would be a logical prerequisite for broaching potentially sensitive topics such as women's health issues. In this article, we examine the mother-daughter relationship with the goal of moving beyond the known confines of mother-daughter tension, and the limited, traditional notion of "downward" information flow from mother to daughter. Our specific goals were to better understand the mother-daughter relationship in this community and to investigate whether shared mother-daughter activities and communication suggested the potential for utilizing daughters as health advocates with their mothers.

METHODS

Background

This study developed out of a larger community-based participatory health project (see Mosavel, Simon, Van Stade, & Buchbinder, 2005) in a low-income, ethnically diverse community outside of Cape Town, South Africa. Our prior research indicated that youth in this community seemed to have a special reverence for their mothers. The current study was

aimed at exploring possible informal social avenues for mobilizing community involvement in health promotion. The study was formally approved by the institutional review board at our home institution and the Department of Education in Cape Town, South Africa.

Target Community

The site of this project is Masidaal,² an urban community located on the outskirts of Cape Town. The community is marked by overcrowded schools and neighborhoods, high numbers of unemployed young people, and buildings protected by burglar bars and razor wire. Between 2001 and 2004, almost eight times as many murders were recorded as having occurred in Masidaal as in a nearby White community. Composed of Blacks and Coloureds,³ the community is one of the few ethnically diverse areas in the region. Specific cultural characteristics may render certain communities particularly suitable for health promotion efforts targeting the mother–daughter relationship. Comparing the relationships of mothers and daughters from Pakistani and British descent, one study found that nonindividualist or “collectivist” cultures exhibited more intimacy, connectedness, and social harmony than mothers and daughters from individualist cultures (Gilani, 1991).

Instrument Selection and Design

Self-administered surveys were used to explore the mother–daughter relationship in the target community. The survey was designed to explore three primary aspects of the mother–daughter relationship: shared activities, communication, and advice giving. Our decision to use self-administered surveys as opposed to face-to-face interviews was made after considerable deliberation of our sample size needs and cost constraints. Assurance from a wide range of community stakeholders that all school-going adolescent girls and most of their mothers would be able to complete a self-administered survey (especially if in their native language) was critical to our choice of research method. Self-administered surveys are often more appropriate than face-to-face interviews for probing potentially sensitive issues such as the nature of family relationships (Bernard, 1994) and have been widely and successfully used, including in low-resource, culturally diverse settings in the United States and South Africa (Bradley, Risi, & Denny, 2004; Farmer & Ferraro, 2005; Hoffman, Pick, Cooper, & Myers, 1997; Lalloo, Myburgh, & Smith, 2004).

We confined most survey items to closed-ended “yes” or “no” questions. However, in both surveys, we asked open-ended questions such as requesting that participants provide examples of shared activities and advice giving. Community members helped translate the survey into local Afrikaans and Xhosa. The instrument was then pilot tested with a total of 10 adolescent girls and 12 mothers from the community. Items that were flagged as difficult to understand were discussed, revised, and pilot tested again with 5 daughters and 5 mothers. The survey was finalized after the pilot sample and evaluated the questions as clearly written and easy to understand.

Recruitment

Adolescent girls and their mothers were recruited from four designated high schools in our target community. Two ethnic groups were represented in the study, Blacks and Coloureds. Two of the high schools were predominantly Black, and two were predominantly Coloured.

²Not the community's real name.

³Although the Population Registration Act of 1950, which authorized registration by race, was repealed in 1991, the majority of South Africans continue to self-identify by race. Our use of these racial categories reflects the historical background of participants, their continued attempts at self-identification, and the remaining legacy of apartheid.

Our target recruitment total for survey participation was 150 daughters and 150 mothers. We arrived at this total by considering multiple factors, including the types of analyses we planned to run on the data and our available timeframe. Our sample population consisted of girls in grades 8 through 10. First, we wanted to reach the younger girls in the school so that any future intervention with them would be ongoing and sustainable. Second, the Department of Education in South Africa specifically requested that we exclude those in grades 11 to 12 due to their more rigorous academic schedule. We selected potential participants from the class lists and randomly selected every fourth girl's name on the class roster. We oversampled to compensate for an anticipated 50% consent rate. As part of the consent procedure, we invited potential participants to an after-school meeting to introduce the study and to answer any questions about the research. Daughters who verbally indicated an interest in the study were given consent forms to be taken home to parents.

The recruitment process took longer than anticipated due to student absenteeism and school programs. To accommodate absent students, we returned several times to the school and held a number of face-to-face presentations to eligible girls. Of the randomly selected girls, few (5%) refused participation; however, fewer than 50% of the girls returned their consent forms, which is another reason we selected more students. Our final sample included girls who returned their consent forms to school within 2 weeks from the date of initial recruitment.

To maximize our recruitment strategy, we targeted mothers of girls who had returned their signed consent forms. We sent out consent forms to these mothers and upon receipt of the mother's signed consent, we sent home a survey with the daughter. Of the 145 mothers we contacted, 103 mothers (71%) agreed to participate. To increase our sample of mothers, we recruited 28 additional mothers at a school event. The mothers in this subgroup had a daughter in grade 8, 9, or 10. None of their daughters participated in the study.

Surveys

Our final sample included 145 adolescent girls and 131 mothers. Participants chose whether to complete the survey in English, Afrikaans, or in Xhosa. Daughters completed their surveys, in a classroom after school and were served light refreshments. Mothers completed their surveys at home and returned them to the project staff at school. We did not provide an incentive to individual participants, but we held a lottery drawing at each school in which 8 participants were selected to win a gift certificate worth approximately \$20.

The majority of mother surveys (72%) had no missing values. The missing values for the rest of the mother surveys ranged from 1 to 8. The majority of the missing values (63%) were for yes/no answers, 27% for the open-ended questions, and 10% missed the demographic questions. There were six missing values across the daughter surveys.

DATA ANALYSIS

Our analysis consists of two parts: univariate statistical analysis and qualitative coding of open-ended survey responses. Descriptive statistics were performed on the survey data to identify the distribution of mothers' and daughters' answers to each question. SPSS version 12.0 was used to perform all analyses.

Open-Ended Responses

We developed qualitative coding categories that captured the themes revealed in the open-ended questions. Codes were developed by the research team during a two-stage process. First, responses were discussed and grouped into similar categories. Next, those categories were aggregated into larger general categories, which were used to run a pretest of the

coding structure. Two research assistants coded all of the responses independently, and the results were compared. Based on these results, clarifying changes were made to the coding categories. A final test of the codes was performed that sought congruence between the two coders and clarity of the coding categories. There was a 95% agreement between the two coders. Participants often gave more than one response for a question, in which case multiple codes were assigned.

FINDINGS

Surveys were collected from 276 mothers and daughters. 37% of daughters were in grade 10, 31% were in grade 9, and 32% were in grade 8. Most of the daughters (92%) lived with their mothers. The rest reported living with an older sister, aunt, or grandmother. The average age of mothers in this sample was 41 (SD = 8.4) and 54% reported living with a husband or a partner. Mothers reported having 1.3 sons (SD = 1.2) living at home. The average number of daughters living with mothers in our sample was 2.16 (SD = 1.3). Most of the daughters completed the surveys in Afrikaans (44%), 32% in English, and 24% in Xhosa. Mother surveys were completed in Xhosa (37%), Afrikaans (34%), and English (29%).

Shared Activities

Mothers and daughters were asked four yes/no questions about activities that they shared with each other in the past. Participants were asked whether they visited friends and family, did shopping, watched television and had supper together in the past month.

Most mothers (94%) reported having supper with their daughters, 89% reported that they watched television with their daughters, 83% reported going to the store together, and 74% reported visiting friends with their daughters. An open-ended question on the survey asked mothers to list any additional activities they did with their daughters. Based on the mothers who responded to the open-ended questions (106/131), we identified three main categories: social affairs and relations, daily affairs, and health. Social affairs and relations accounted for more than half (59%) of the responses. This category included community involvement and extracurricular activities. For example, mothers reported going to church together and spending time with family or other community members. The daily affairs category accounted for 30% of the itemized responses. This category included tasks associated with general household functioning and maintenance. Health comprised 4% of the responses and refers to activities or discussion between mother and daughter that are directly associated with health-seeking or health maintenance.

The majority of daughters reported having done one or more of the listed activities with their mothers. Most daughters (95%) reported eating supper with their mothers, 91% reported watching television with their mothers, 84% reported going to the store with their mothers, and 76% reported visiting friends and family with their mothers. The major categories of coded responses for additional activities were social affairs and relations (63%), daily affairs (28%), and health (5%). A few girls (4%) reported no additional activities with their mother.

Communication

We asked mothers four yes/no questions regarding their relationship with their daughter in grade 8, 9, or 10: (1) do you get along well, (2) do you talk about many things, (3) do you spend a lot of time together, and (4) do you disagree a lot? The majority of mothers (96%) reported that they get along well with this daughter, 86% said they talk about a lot of things, 90% said they spend a lot of time with this daughter, and 44% said that they disagreed a lot with this daughter.

Most of the daughters (90%) reported that their mother listens to them and 88% said that their mother respects what they have to say. We also asked daughters whether they felt understood by their mothers. Fewer than half of daughters (43%) reported that they felt understood by their mothers.

Advice

We asked mothers four questions about advice from daughters. The first question was “Do you ever ask your daughter for advice?” The second question was “Do you think that daughters can give mothers advice about their health?” Third, we asked mothers whether they would listen if their daughter gave them health advice, and, finally, we asked mothers whether “daughters know more about certain things than mothers do.” The majority of mothers (70%) said that they do ask their daughters for advice, 80% said that daughters can give mothers advice about health, and 93% said they would listen to their daughter if she gave them health advice.

Of those mothers who said that they do ask their daughter for advice (70%), the categories of advice included daily affairs, social affairs and relationship issues, health, and future (see Table 1). Future talk encompassed advice about significant life decisions.

The majority of daughters (89%) agreed that mothers sometimes asked them for their advice. The advice included daily affairs, social affairs and relationship issues, health and future (see Table 2).

The data indicated less agreement among mothers on the question of whether daughters know more than they do. Only 63% of mothers said that daughters sometimes know more than they do. Of those mothers, 33% reported that their daughter’s expertise was concentrated in the area of health (see Table 3). The contemporary life toolkit category includes items that encapsulate the mother’s perception of her daughter’s competencies, including her increased access to knowledge and skills.

DISCUSSION

The goal of this study was to explore shared activities and advice giving between mothers and daughters in a low-income community. The impetus for this study was to gather baseline information that could determine the importance of the mother–daughter relationship, a subject that was frequently mentioned by focus group participants in a previous study (Mosavel et al., 2005), to health promotion efforts.

The descriptive data presented in this article contribute to our conceptual understanding of the mother–daughter relationship in a low-income community. It is well known that adult women take care of their parents (Conway-Turner & Karasik, 1997; Pohl, Boyd, & Give, 1997), but it is far less clear if young people have the capacity to influence their parents (Boyd, 1989; Pinquart & Silberstein, 2004). More importantly, it is not known whether parents will actually listen to advice from their adolescent children. Our primary goal was to gauge the potential strengths and assets of the mother–daughter relationship, given its portrayal as a hotbed of difficult communication (Cox et al., 1999), conflict (Allison & Schultz, 2004), and avoidance (Guerrero & Afifi, 1995; Mazur, Hubbard, & Amy, 2004). While these and other problems are an integral part of many adolescent–parent relationships, they also might be offset by strong norms of activity sharing and collectivity, particularly in low-income communities. Socioeconomic hardships may make family members interdependent and contribute to the kind of activity sharing and advice giving evidenced in our study. While not everywhere the case, the lives of mothers and daughters in the community we studied appear strongly interconnected and interwoven.

A surprising finding of our study was the extent to which daughterly advice was sought, obtained, or desired by mothers. The range of advice was broad and included not just advice about daily activities such as types of food to cook and what to wear, but also advice about more intimate and complex things such as social affairs and relationships and personal health promotion programs. The majority of mothers (70%) indicated that they do ask their daughters for advice, including advice about intimate and personal issues. For these mothers, the boundaries of advice giving may be flexible and include the perception that daughters are confidantes and capable of rendering advice on important matters.

More specifically, we were also surprised to learn that a large group of mothers in this study reported that their daughters can give them advice about health (89%), and, more importantly, that they would listen to such advice (93%). These high percentages suggest that the boundaries of the mother–daughter relationship may be expanded by certain, as-yet unexplored, factors. These factors potentially include lack of economic resources, high levels of unemployment, perceived community violence, and close living space, all of which may foster interdependency (Mosavel et al., 2005). Furthermore, the willingness of mothers to lend an ear to advice from their daughters may be related to the perceived credibility of the young girl in the family.

By contrast, more than half (63%) of mothers did not think that daughters know more about certain things than they do. This result contradicts the high percentage of mothers who reported that they do ask their daughters for general advice (70%), that their daughters could give them health advice (89%), and that they would listen to such advice (93%). One explanation for this contradiction is that parents tend to downplay the extent of their children's knowledge even when evidence indicates that they may be influenced by it (Pinquart & Silberstein, 2004). This result may reflect the disparity between expectations of what adolescent daughters ought to know and what they actually do know. This finding may be an indication of the mother's struggle to acknowledge the daughter's access to knowledge and opportunities on the one hand and, on the other, the daughter's ability to give advice about a wide range of topics.

Another interesting finding was that the majority of daughters (88%) said that their mothers respected what they had to say. This preliminary insight may have important implications for the feasibility of using daughters as health advocates, perhaps suggesting that daughters who feel respected by mothers will also feel that mothers would be more likely to listen to health advice. Only 43% said that they felt understood by their mothers, however, indicating that daughters may perceive some aspects of the mother–daughter relationship in a less positive light than do mothers. While conflict appears to be present in most of these relationships, our data suggest that it may be overshadowed by the high levels of shared activities and advice. It is plausible that in relationships where daughters feel disrespected and disregarded, however, the potential for health promotion may be severely diminished. Further research is needed to explore this possibility.

Implications for Health Promotion

Utilizing daughters as health advocates may have various important implications for health interventions. While we acknowledge and support research that has aptly documented the adolescent girl's conflictual relationship with her mother (Allison & Schultz, 2004; Kenemore & Spira, 1996), we contend that in cultures with strong norms of activity sharing and interdependency, mother–daughter interventions may serve to overcome the ambivalence and tension of this relationship and instead to draw on the strengths of this relationship.

In many underserved, poor communities, young people often have more access to education and cultural knowledge than do their parents. For example, in the United States, the children of immigrant parents often assist their parents in bridging linguistic and cultural barriers to health care (Kim et al., 1998), and in particular, speaking in English with physicians and other health care providers on behalf of their parents (Orellana, Dornier, & Pulido, 2003). Young people often know how to use technology or navigate transportation systems better than their parents do. Adolescents' "street smarts" and resourcefulness may provide them with additional credibility in the eyes of their mothers and contribute to a mother's willingness to seek and listen to her child's advice.

Limitations of the Study

The limitations of some aspects of our survey design and administration must be acknowledged. Because our study uses self-reported data and mothers completed questionnaires at home, we were unable to gauge their level of comfort with this methodology. Across the 131 surveys completed by mothers, 28% had missing data, mostly for yes and no responses. On the other hand, among the 145 surveys completed by daughters, there were only six instances of missing data, again mostly for yes and no questions. While research assistants were able to check the daughters' surveys for completeness, we were not able to observe mothers' survey completion. The study sample was not selected based on a particular health condition or illness, nor did we ask questions about health status. It is conceivable that mothers who asked their daughters for health advice were members of households that experienced higher levels of illness. Regardless, further research is needed to explore the association between the health status of family members and advice giving and asking. Also yet unexplored is whether there are certain expectations and prescriptions about how health-related advice ought to be given and in what contexts it is perceived as permissible. Furthermore, while this study was able to provide rich descriptive data on the mother–daughter relationship, we did not collect data on the predictors of health advice or health status that might influence the need for health advice. Future instruments must include variables designed to predict the strength of the mother–daughter relationship as well as the determinants of receiving and giving health advice. Finally, this study only collected data in one region of South Africa, and therefore the results cannot be generalized to mother–daughter relationships in other communities.

Future research

Research is needed to explore how the mother–daughter relationship in general, and advice giving in particular, is affected by family dynamics such as the mother's relationship with her partner, the health status of the mother and the family, and the perceived competence of the daughter to impart certain kinds of advice. We need to know more about the norms of permissibility and respect that help to delineate the daughter's and mother's roles in the family. The varying impact of socioeconomic influences also needs to be explored, including, for example, whether advice giving differs in nature and scope when comparing families across different socioeconomic brackets. More research is needed about the daughter's feelings about giving advice and how her previous experience with advice giving to her mother may affect her willingness and her ability to give advice. In addition, the dynamics of solicited versus unsolicited advice also need to be better understood.

CONCLUSION

There is growing evidence suggesting that it is possible for adolescent girls to shape some of their mothers' health behaviors. Economic and cultural factors present in this community may help strengthen this bond, contribute to the sharing of activities, and may make mothers amenable to receiving advice from their adolescent daughters on a range of different topics.

The openness of mothers to advice from their adolescent daughters may also reflect key differences in educational and other opportunities between mothers and daughters—differences that may place daughters in an ideal position to help their mothers understand and act on important health information. The potential of the adolescent girl as health advocate may be especially strong in families where her knowledge is respected. In families where daughters do not have a strong relationship with their mother or where the conflict in the relationship is greater than the perceived assets, young girls may, instead, be willing to provide health information to some other respected adult female. These and other factors suggest the critical importance of further efforts aimed at exploring the adolescents' capacity to promote the health of their parents and families.

Acknowledgments

The authors gratefully acknowledge the dedicated commitment of our research team. In South Africa, the team includes Doline Fortuin, Berlina Wilskut, Nomfundo Ntantla, Vuyokazi Ndyebi, Patsy De Lora, Liezel Goeieman, Patsy Herring, Luthando, Enrico, Wendy, and Lungile Tom. In the United States, we would like to thank Mara Buchbinder, Sarah Hegedus, Elizabeth Olson, and Melissa Moreira for their help with the preparation of this article. We also sincerely appreciate the willingness of mothers and daughters to participate in this study. Furthermore, we thank the high school principals, school staff, and the Department of Education in South Africa for their support of this research. This study was supported by an NIH NCI R25 Prevention Research Educational Postdoctoral Training Grant. We gratefully acknowledge the supplementary funding provided by the Case Comprehensive Cancer Center in Cleveland, Ohio.

References

- Adolph CF. Pregnancy among Hispanic teens: Is good communication a deterrent? *Contraception*. 1995; 51:303–306. [PubMed: 7628205]
- Allison B, Schultz J. Parent-adolescent conflict in early adolescence. *Adolescence*. 2004; 39(153): 101–120. [PubMed: 15230069]
- Altman DG, Feighery EC. Future directions for youth empowerment: Commentary on application of youth empowerment theory to tobacco control. *Health Education & Behavior*. 2004; 31(5):641–647. [PubMed: 15358895]
- Aronowitz A, Rennells R, Todd E. Hetero social behaviors in early adolescent African American girls: The role of mother-daughter relationships. *Journal of Family Nursing*. 2005; 11(2):122–139. [PubMed: 16287822]
- Bernard, RH. Research methods in anthropology: Qualitative and quantitative approaches. Walnut Creek, CA: Altamira Press; 1994.
- Boyd C. Mothers and daughters: A discussion of theory and research. *Journal of Marriage and the Family*. 1989; 51:291–301.
- Bradley J, Risi L, Denny L. Widening the cervical cancer screening net in a South African township: Who are the underserved? *Health Care for Women International*. 2004; 25:227–241. [PubMed: 15195768]
- Burgess, NJ. Female-headed households in sociohistorical perspective. In: Dickerson, BJ., editor. *African American single mothers: Understanding their lives and families*. Thousand Oaks, CA: Sage Publications; 1995. p. 21–36.
- Carlson JM, Pappas DM, Werch CE, Watts GF, Edgemon PA. A pilot intervention to increase parent-child communication about alcohol avoidance. *Journal of Alcohol & Drug Education*. 2000; 45:59–70.
- Children Helping and Motivating Parents to Stop Smoking (CHAMPSS). 2005. Retrieved 30 March 2005, from <http://www.champss.org>
- Chinman MJ, Linney JA. Toward a model of adolescent empowerment: Theoretical and empirical evidence. *Journal of Primary Prevention*. 1998; 18(4):393–413.
- Conway-Turner K, Karasik R. The impact of work status on adult daughters' early and future caregiving. *Journal of Community Psychology*. 1997; 25(6):505–512.

- Cox, M.; Brooks-Gunn, J.; Paley, B. Conflict and cohesion in families: Causes and consequences. Mahwah, NJ: Lawrence Erlbaum Associates; 1999. p. 321-344.
- Duffy, ME. When a woman heads the household. In: Allender, BWSJA., editor. Readings in community health nursing. 5. Philadelphia: Lippincott; 1997. p. 351-370.
- Farmer MM, Ferraro KF. Are racial disparities in health conditional on socioeconomic status? *Social Science & Medicine*. 2005; 60(1):191–204. [PubMed: 15482878]
- Fenchel, G. The mother-daughter relationship: Echoes through time. New York: Jason Aronson; 1998.
- Gilani N. Conflict management of mothers and daughters belonging to individualistic and collectivistic cultural backgrounds: A comparative study. *Journal of Adolescence*. 1991; 22:853–865. [PubMed: 10579895]
- Guerrero L, Afifi W. Some things are better left unsaid: Topic avoidance in family relationships. *Communication Quarterly*. 1995; 43:276–296.
- Hoffman M, Pick WM, Cooper D, Myers JE. Women's health status and use of health services in a rapidly growing peri-urban area of South Africa. *Social Science & Medicine*. 1997; 45(1):149–157. [PubMed: 9203279]
- Holden DJ, Messeri P, Douglas WE, Crankshaw E, Ben-Davies M. Conceptualizing youth empowerment within tobacco control. *Health Education & Behavior*. 2004; 31(5):548–563. [PubMed: 15358889]
- Huang L. Family communication patterns and personality characteristics. *Communication Quarterly*. 1999; 47:230–243.
- Hutchinson M, Jemmot J, Jemmot L, Braverman P, Fong G. The role of mother-daughter sexual risk communication in reducing sexual risk behaviors among urban adolescent females: A prospective study. *Journal of Adolescent Health*. 2003; 33:98–107. [PubMed: 12890601]
- Kenemore E, Spira M. Mothers and their adolescent daughters: Transitions and transformations. *Child and Adolescent Social Work Journal*. 1996; 13:225–240.
- Kim S, Crutchfield C, Williams C, Hepler N. Toward a new paradigm in substance abuse and other problem behavior prevention for youth: Youth development and empowerment approach. *Journal of Drug Education*. 1998; 28:1–17. [PubMed: 9567577]
- Lalloo R, Myburgh NG, Smith MJ. Access to health care in South Africa—The influence of race and class. *South African Medical Journal*. 2004; 94(8):639–642. [PubMed: 15352587]
- Luepker RV, Perry CL, McKinlay SM, Nader PR, Parcel GS, Stone EJ, et al. Outcomes of a field trial to improve children's dietary patterns and physical activity. The child and adolescent trial for cardiovascular health. Catch collaborative group. *JAMA*. 1996; 275:768–776. [PubMed: 8598593]
- Marin BV. HIV prevention in the Hispanic community: Sex, culture, and empowerment. *Journal of Transcultural Nursing*. 2003; 14(3):186–192. [PubMed: 12861921]
- Martin JD, Ribisl KM, Jefferson D, Houston A. Teen empowerment movement to prevent tobacco use by North Carolina's youth. *North Carolina Medical Journal*. 2001; 62(5):260–265. [PubMed: 11570321]
- Mazur M, Hubbard E, Amy S. "Is there something I should know?" topic avoidant responses in parent-adolescent communication. *Communication Reports*. 2004; 17(1):27–38.
- Mendoza FS, Fuentes-Afflick E. Latino children's health and the family-community health promotion model. *Western Journal of Medicine*. 1999; 170(2):85–92. [PubMed: 10063394]
- Modo IV. Migrant culture and changing face of family structure in Lesotho. *Journal of Comparative Family Studies*. 2001; 32(3):443–453.
- Mosavel M, Simon C, Van Stade D, Buchbinder M. Community based participatory research (CBPR) in South Africa: Engaging multiple constituents to shape the research question. *Social Science and Medicine*. 2005; 61(12):2577–2587. [PubMed: 15955605]
- Muthwa S. Female household headship and household survival in Soweto. *Journal of Gender Studies*. 1994; 3(2):165–176.
- Obeidallah, D.; Burton, L. Affective ties between mothers and daughters in adolescent child-bearing families. In: Cox, M.; Brooks-Gunn, J., editors. Conflict and cohesion in families: Causes and consequences. Mahwah, NJ: Lawrence Erlbaum; 1999.

- O'Donnell L, SanDoval D, O'Donnell C. Video-based sexually transmitted disease patient education: Its impact on condom acquisition. *American Journal of Public Health*. 1995; 85:817–822. [PubMed: 7762716]
- Orellana M, Dorner L, Pulido L. Accessing assets: Immigrant youth's work as family translators or "para-phrasers. *Social Problems*. 2003; 50(4):505–525.
- Perry CL, Luepker RV, Murray DM, Hearn MD. Parent involvement with children's health promotion: The Minnesota home team. *American Journal of Public Health*. 1988; 78:1156–1160. [PubMed: 3407811]
- Pinquart M, Silberstein RK. Transmission of values from adolescents to their parents: The role of value content and authoritative parenting. *Adolescence*. 2004; 39(153):83–100. [PubMed: 15230068]
- Pohl J, Boyd C, Given BA. Mother-daughter relationships during the first year of caregiving: A qualitative study. *Journal of Women & Aging*. 1997; 9:133–149.
- Posel DR. Who are the heads of household, what do they do, and is the concept of headship useful? An analysis of headship in South Africa. *Development Southern Africa*. 2001; 18(5):651–671.
- Ribisl KM, Steckler A, Linnan L, Patterson CC, Pevzner ES, Markatos E, et al. The North Carolina youth empowerment study (NC yes): A participatory research study examining the impact of youth empowerment for tobacco use prevention. *Health Education & Behavior*. 2004; 31(5):597–614. [PubMed: 15358892]
- Serbin L, Karp J. Intergenerational studies of parenting and the transfer of risk from parent to child. *Current Directions in Psychological Science*. 2003; 12:138–142.
- Shakib S, Mouttapa M, Johnson CA, Ritt-Olson A, Trinidad DR, Gallaher PE, et al. Ethnic variation in parenting characteristics and adolescent smoking. *Journal of Adolescent Health*. 2003; 33:88–97. [PubMed: 12890600]
- Tencati E, Kole S, Feighery E, Winkleby M, Altman D. Teens as advocates for substance use prevention: Strategies for implementation. *Health Promotion*. 2002; 3:18–29.
- Wood MD, Read JP, Mitchell RE, Brand NH. Do parents still matter? *Psychology of Addictive Behaviors*. 2004; 18(1):19–30. [PubMed: 15008682]

Table 1**What Kinds of Advice Do You Ask Your Daughter For?**

Category	%	Examples
Daily affairs	45%	"About what food to make for supper." "She advises me on my dressing." "What to wear to church, what clothes and shoes to wear every day." "About how my hair looks. Do I look nice? Shall I make chicken soup tonight?" "Since now times are changing she is constantly teaching me how to use a computer."
Social affairs and relationship issues	27%	"It could be about a family matter. . . . I am a very open person." "When I've got a problem in my house, I ask her advice about what I'm going to do now." "About things that might have happened at work or things that happened between me and my friends." "I ask her for advice for example when I have a disagreement with her father she advise me to go and meet with social workers and solve the problem." "I feel unhappy lots of time about my marriage. The two of us are always talking about it."
Health	14%	"She always tell me to visit the clinic constantly." "When I am sick she always tells me to make time to go to the doctor or clinic." "I ask my daughter about AIDS."
Future	12%	"If I get paid at work, I ask her what must be done in each month." "She advises me on what to buy for the house and how it works and how I should spend my money." "I ask her can I have another baby and she said, 'No, we are already full in this house'."
None	3%	"No I don't get the time, I am too tired when I come from work." "I hardly ask advice from her." "No, she does not advise me, I advise her as a parent."

Table 2**What Kinds of Advice Does Your Mother Ask You For?**

Category	%	Examples
Daily affairs	50%	<p>“When my mother wants to buy something like the TV we bought she wants advice from me.”</p> <p>“What to wear, what kind of food she is going to make, whether or not she must go to the party.”</p> <p>“She asks me if she looks beautiful and what to prepare for dinner.”</p> <p>“If we go shopping, then she asks me what to buy.”</p>
Social affairs and relationship issues	22%	<p>“When there are people who are troubling in the community, I tell her to calm down.”</p> <p>“When she is having an argument with my father, she asks me if she must leave or stay with him; then I say she must stay.”</p> <p>“What to say to my father when she did something that she is not supposed to do.”</p> <p>“Advice about my brother’s, behavior.”</p> <p>“She asks my advice if there is a misunderstanding with our family, because I’m the eldest.”</p> <p>“Must she leave my father; then I say yes.”</p>
Health	13%	<p>“When she is sick, I will help her. When she is feeling sick, she will always ask my opinion if she must go see a doctor.”</p> <p>“She even asks me advice on her health when she is not certain about a specific health fact.”</p> <p>“She asks my opinion about the stuff she is eating, is it healthy?”</p> <p>“Whether to go to the doctor or church.”</p> <p>“If she can get pregnant, what can we do? If she can get the disease of HIV?”</p> <p>“Like when she is sick sometimes she ask me what to do, whether to go to the clinic or to buy some medicine at the chemist.”</p>
Future	13%	<p>“She asks me how I would feel if she can have another child.”</p> <p>“She asks me what she can sell since she is unemployed.”</p> <p>“She ask me about financial problems and how to pay debts.”</p> <p>“I always encourage her to get employment.”</p> <p>“Advice on how to spend money.”</p>
None	3%	<p>“She will never ask for advice, she will rather start scolding when I give my opinions.”</p>

Table 3**What Things Do Daughters Sometimes Know More About Than Their Mothers?**

Categories of knowledge	Percent responses	Examples
Health	33	<p>"I thought I knew everything about tampons, but then I had to ask my daughter advice about it."</p> <p>"She reminds me what the doctor said about my diet and to take things easy."</p> <p>"How to look after myself to stay healthy."</p> <p>"When I go to the clinic and get a White doctor, she helps me with translation."</p> <p>"When I'm feeling sick, she'll ask me to rest and take my treatment."</p>
Daily Affairs	26	<p>"She knows what the taxi fare is from here to the city."</p> <p>"She also knows more about what is happening in the economy."</p> <p>"How to handle a situation."</p> <p>"Daughters know more about certain things like on how to dress, make-up, and to be fashionable."</p>
Contemporary Life Toolkit	21	<p>"Yes they have information because their time is not the same as ours when we grew up."</p> <p>"Even at school there are new subjects such as life orientation and there are programs with love life."</p> <p>"They know that they have rights."</p> <p>"Daughters know and experience more in this modern world and they share everything with their parents."</p> <p>"Because we live in a different life time, our children are more advanced as we were in previous years."</p>
Relationships	12	<p>"What love is and how to handle it."</p> <p>"When I have a conflict with her father, maybe when having a conflict with my older son."</p> <p>"My marriage; her stepfather always wants to be right."</p>
Health	10	<p>"When I go to the clinic and get a White doctor she helps me with translation."</p> <p>"When I'm feeling sick she'll ask me to rest and take my treatment."</p> <p>"She tells me that a person should take care of herself and eat healthy food, not to use drugs especially us women."</p>
None	9	<p>"No, girls don't have more information than their mothers because mothers were once girls."</p> <p>"No, everything our daughters have they receive from their mothers."</p> <p>"There are no other things she knows that I don't already know."</p>