EXPERIENCES OF SECONDARY SCHOOL STUDENTS IN MULANJE DISTRICT ON PARENT-ADOLESCENT COMMUNICATION ABOUT SEXUAL AND REPRODUCTIVE HEALTH ISSUES

MSc. (Reproductive Health) Dissertation

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Declaration

I, Esnat Vanessa Likoya declare that this thesis titled **'Experiences of secondary school students in Mulanje district on parent-adolescent communication about Sexual and Reproductive Health issues'** is my original work. It has never been submitted for any award at the University of Malawi or any other university. The sources of information utilized in this work have been acknowledged in the reference list.

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Name

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Signature

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Date

Certificate of approval

The undersigned certify that this thesis represents the student's own work, effort and has been submitted with our approval.

Signature _____ Date _____

Dr. Masauko Msiska

Main Supervisor

Dedication

This thesis is dedicated to my beloved late father Alex Hayes Likoya and my son Mphatso.

Acknowledgement

First and for most I thank God Almighty for the gift of life and for making it possible for me to complete this thesis, without him everything would be in vain. I also wish to extend my sincere appreciation to those people who in one way or the other facilitated the progress, and completion of this thesis.

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Abstract

Introduction

This study explored the experiences of secondary school students in Mulanje district on parent-adolescent communication about Sexual and Reproductive Health Issues. Communication on SRH issues between parents and children rarely occurs despite the fact that parents live and spend most of the time with their children. Lack of openness when discussing SRH issues between parents and children negatively impacts on the lives of adolescents.

Methods

The study employed a descriptive explorative qualitative research. The study was done at Mulanje mission community Day secondary School, in Mulanje District and involved secondary school adolescents aged 12-19 years. Purposive sampling was used to recruit the study participants. Data were collected through in -depth interviews on twenty-two participants using a semi structured interview guide. Qualitative data analysis was done manually using Content analysis. Data that emerged from the analysis was coded and categorized into themes.

Results

The study found that the majority of adolescents perceive SRH communication with parents as important. However, the study established that communication between parents and their children does not occur most of the times and if it does, parents give inadequate information because of fear of promoting negative behaviors. The main sources of SRH information were teachers (school), friends and youth centers. Socio cultural factors were found to be a main barrier as it is considered a taboo for parents to talk openly SRH issues in their cultures Common triggers of SRH discussions were; Physiological changes occurring in the children's life, child's

behavior and negative events/ situations happening in the family and community. The study also established that parents focused on less sensitive SRH topics sensitive SRH topics

Conclusions

It is evident that communication between parents and adolescents on SRH matters is less and inadequate, as such, adolescents are prone to risky sexual behaviours. It is therefore important to empower parents with the necessary knowledge and skills so that they can ably and effectively communicate SRH information to their children.

Key words

Sexual and Reproductive Health issues; Parent, adolescent, Communication, qualitative, Mulanje District.

Table of contents

List of Tables

List of abbreviations

AIDS	Acquired immunodeficiency syndrome
COMREC	College of Medicine Research and Ethical Committee
CDSS	Community Day Secondary School
HIV	Human Immunodeficiency Virus
KCN	Kamuzu College of Nursing
MOH	Ministry of Health
NSO	National Statistical Office
UN	United Nations
WHO	World Health Organization
SRH	Sexual and Reproductive Health
STI	Sexual Transmitted Infection
YFHS	Youth Friendly Health Services
UNAIDS	Joint United Nations Program on HIV/AIDS
USAID	United States Agency International Development

Operational Definitions

Parents: Parents in this study mean biological parents, step parents or foster parents and living with the adolescent but it does not include elder siblings.

Communication: Communication in this particular study refers to the exchange and sharing of knowledge, ideas, and other information concerning SRH issues among adolescents and their parents.

Parent-adolescent communication: In this particular study refers to any form of discussion or talking which is interactive between parents and adolescents on sexual and reproductive health matters.

SRH issues refer to the following issues: STIs, HIV/AIDS, teenage pregnancies, sexual intercourse, and abstinence, multiple partners, puberty, and contraception.

Risky sexual behavior: The term risky sexual behavior is used to refer to sexual behaviors which increase adolescent chances of contracting or STIs including HIV/AIDS and pregnancy

Puberty: Physiological changes involved in the sexual maturation of a child.

Sexual Health: A state of physical, emotional, mental and social well-being in relation to sexuality, having a pleasurable and safe sexual experience, free from coercion discrimination and violence.

Chapter One

Introduction and Background

Introduction

Sexuality and reproductive health are among the essential aspects of life (Yohannes, Girma, Hussien, & Fekad, 2015). Sexual Health is about the enhancement of life and personal relations, and it needs a constructive approach to human sexuality and an understanding of the complex factors that shape human sexual behavior (Shiferaw, Getahun, & Asres, 2014). Factors such as socioeconomic, culture, religious background, education and the media influence the way people express sexuality (Shiferaw, Getahun, & Asres, 2014; Yohannes & Tsegaye, 2015). In young people, the expression of sexuality may lead to sexual health well-being or to sexual behaviors that put them at risk to sexual and reproductive health problems such as teenage pregnancy, STIs/HIV, and AIDS (Shiferaw, Getahun, & Asres, 2014). The Sexual and reproductive health challenges are much evident amongst the youth, especially during their adolescent age.

According to WHO (2008) adolescence is the phase, rather than a fixed time period in an individual's life. This phase is a period marked by sexual development, emotional, and psychological transformations that are associated with an increase in experimentation, behaviors, and practices that can have long lasting implications for adolescents health and their wellbeing (Hellandendu, 2012: Kabiru, Izugbara, & Beguy, 2013). During this phase, adolescents experience many concerns and worries about growth and puberty because they wonder and do not know what is happening to them. Thus, they would wish they could discuss those concerns with somebody. It is while seeking answers to what is happening to them, that these adolescents

obtain information from peers of the same sex, the internet and other sources (Shiferaw, Getahun, & Asres, 2014). The literature on sexual and reproductive health has recommended the early preparation of adolescents on sexual and reproductive health issues so that they are prepared in advance if they must be able to deal with their body changes (Tesso, Fantahun & Enquselassie, 2012).

Tesso, Fantahun and Enquselassie (2012) further assert that one way on how to prepare these adolescents is through sexual communication with their parents. Parents play a critical role in shaping their children as they move into adolescence and eventually into adulthood. Sexual communication is the most important means of transmitting sexual values, beliefs, expectations, and knowledge to children (de Looze et al.,2015). According to Shiferaw, Getahun and Asres,(2014) parents are regarded as primary educators of their children; as such they have the opportunity to communicate with their children on daily basis on issues of sexual and reproductive health. This is so because, in most cultures, parents and family members are an influential source of knowledge, beliefs, attitudes, and values for children and young people (Soon et al., 2013).

Open Communication on sexual matters between parents and adolescents is one of the strategies that has shown to be a protective factor (Ogle, Glasier, & Riley, 2008). This factor reduces sexual risk behaviour patterns by delaying sexual debut, unprotected sexual intercourse and increasing frequency of contraceptive use including condom (Ogle, Glasier & Riley, 2008; Limaye et.al, 2012; Widman, et al., 2014). Studies that have been done on parent-adolescent communication have revealed that parents and their adolescent children do not often

communicate about SRH matters, and when the communication occurs, parents provide scanty information about sexual matters to their children (Ogle, Glasier, Riley, 2008; Bushaija 2013).

Adolescents rely on their fellow peers, media and internet for information. In Malawi, 3 to 4% of the youth get information from parents while 39.3% get it from peers and the remaining from other sources (USAID, 2015). The information that the adolescents get from their peers is not reliable and not age appropriate. According to Limaye et al., (2012) communication regarding sex between parents and adolescents, is not common in Malawi, and whenever the communication occurs, messages about sex are focused on negative consequences of sexual activity.

Parents serve as important communication sources and have the power to influence adolescents' sexual decision-making processes. However, adolescents prefer to get SRH issues from other sources, as a result, there is low communication on sexual and reproductive health issues between parents and their adolescents. Several factors can be attributed as to why adolescents prefer other sources than their parents. Therefore, this study proposed to look at the experiences of secondary school students in Mulanje District on parent-adolescent communication about Sexual and Reproductive Health Issues

Background

Globally in 2010, there were 1.8 billion young people aged between 10 - 24 years, representing one-quarter of the world's population (WHO, 2016). Approximately 85 percent of them live in developing countries where poverty remains high and resources are limited (USAID, 2015). In Malawi, an estimated one-third of all household members are youths making it one of the youngest populations in the region (Malawi National Statistical Office & ICF Macro, 2010)

Around 1 in 6 persons in the world is an adolescent that is 1.2 billion people are aged 10 to 19 (WHO, 2016).

For adolescents to be able to enhance their sexual life positively as they grow they need to be adequately informed on issues pertaining to SRH such as physiological changes, puberty, and sexual relationships while they are still young before they start sexual activity. The 10–14 age range is a time of change, vulnerability and opportunity for adolescents to learn and develop skills to help them build patterns of health-maintaining behaviours. It is a time when adolescents can best be protected from potential risks by parents or caregivers who are closely involved in their lives (Muhwezi et al., 2015). However, adolescents lack adequate information on physical and SRH issues as they grow and as a result they indulge in risky sexual activities. Early sexual initiation has great consequences in the life of adolescents as it leads to contracting Sexually transmitted infections (STI), HIV/AIDS, having multiple sex partners and teenage pregnancies (Shiferaw et al., 2014; Muhwezi et.al., 2015).

Studies suggest that adolescents have limited knowledge about SRH and the natural process of puberty (Shiferaw et al., 2014). In Sub-Saharan Africa, many young adolescents do not know the physiological and biological changes pertaining to their body as they grow and how to protect themselves and their partners against HIV/AIDS and other STIs (Tesso, Fantahun & Enquselassie, 2012). This is so because discussing sexual and reproductive health issues in Africa has is associated with embarrassment, secrecy, and shame (Shiferaw, Getahun, & Asres, 2014). At the same time, it is a taboo for parents to communicate with their children on SRH issues; as a result, adolescents do not discuss sexual matters openly with their parents.

Studies have shown that parents do not often communicate to their adolescents on sexual issues (Tesso, Fantahun & Enquselassie, 2012; Shiferaw et al., 2014).According to a study conducted in Ethiopia by Tesso, Fantahun and Enquselassie (2012) on parent-young people communication about sexual and reproductive health among younger people, 20.9%, of males and 31.3% females reported parental communication (Yadeta, Bedane, & Tura, 2014).

In Malawi, studies on communication between parents and adolescents are limited and they have concentrated on parent initiated communication and variations of knowledge levels between parents and adolescents and they have looked at the parents' perspective. There is one published study by Limaye et al., (2012) and one unpublished dissertation by Maleta (2006). Studies on parent-adolescent communication on SRH issues among secondary school students are scarce and have not been published in Malawi. It was against this background that the present study was carried out focusing on experiences of secondary school adolescents in Mulanje District on parent-adolescent communication about SRH issues.

Problem Statement

Adolescents are perceived to be a healthy group but they face many challenges in their transition to adulthood. They often engage in various risky sexual behaviors that can result in adverse health, such as, early sexual initiation early pregnancy, abortion, STIs, HIV, and AIDS, and multiple sexual partners. In Malawi by the age of 18, 60% of girls and 53% of boys have had sex (Limaye et al, 2012). According to USAID, (2015), it is estimated that 20% of adolescent girls aged 10-14 years and 60% of girls aged between 15-19 years had become pregnant. On HIV, prevalence rate among adolescent aged 15-17 is at 3.0% (Malawi National Statistical Office & ICF, 2017). Communication on SRH between parent and adolescent have been

associated with less engagement in sexual risk behavior (Ogle, Glasier & Riley, 2008; Limaye et.al, 2012; Widman et al., 2014). However, communication between parents and adolescents remains low in Malawi with only 3.4% of youths getting information from their parents (USAID, 2015).

In Malawi, studies that have been conducted on parent-adolescent communication have focused on barriers to communication in general, and variations of knowledge levels between parents and adolescents. Most of these studies have also focused on the parents' perspective towards communication with their adolescents and have been conducted in urban settings. Studies on parent-adolescent communication on SRH Issues among secondary school students in Mulanje district are scarce. This study, therefore, aims to contribute to the understanding of adolescents' experiences regarding communication with their parents about SRH issues.

Significance of the Study

The results of the study will help parents to understand the need and appreciate their role in educating adolescents on issues of sexual and reproductive health before, during and after puberty.

The findings of the study may lead to policy makers to review the Sexual and Reproductive Health policy with emphasis on communication between parents and adolescents.

Though the results from this study cannot be generalised, the subsequent strategies that will be developed might be extended to all districts in the country. The study findings are going to benefit both parents and adolescents in Mulanje district in particular, and Malawi as a whole as they will appreciate the importance of openness when communicating SRH issues.

Objectives of the Study

Broad objective.

To explore the experiences of secondary school students in Mulanje district on parent-adolescent communication about Sexual and Reproductive Health Issues.

Specific objectives.

1. To explore the views of adolescents towards parents-child SRH communication.
2. To understand the circumstances/situations when parent-adolescent SRH communication occurs.
3. To describe the SRH issues discussed between adolescents and their parents.

Chapter 2

Literature Review

Introduction

This section presents the review of previous studies relevant to parent–adolescent communication on SRH issues with focus on the study objectives. The aim of the study was to explore the experiences of secondary school students in Mulanje district on parent-adolescent communication about SRH issues. The literature review was done with an aim to establish what is already known regarding the topic and to identify any gaps pertaining to the study context as well as methodologies which were used. A search for literature was done using electronic databases such as Hinari, Inasp, EbscoH, Cochrane Library, and Google Scholar to identify relevant articles and books. The search words used included: adolescents and SRH, SRH views and parent-adolescent communication, factors and influence on SRH communication, adolescents and sources of SRH information, SRH topics and parent-child communication, triggers of SRH communication.

Sexual and Reproductive Health issues affecting Adolescents

WHO (2008) describes a youth as a person aged between 10 and 24 years and further defines an adolescent as any person aged between 10 and 19 years. There are more than one billion adolescents aged between 10 and 19 years worldwide, of which 70% live in developing nations (Hindin & Fatusi, 2009). In Malawi, adolescents make up to 24 percent of the population (Malawi government. 2016).

According to WHO (2008), adolescence is a distinct period of transition from childhood to adulthood, and sometimes it is culturally defined. During adolescence, physical, psychological

and behavioral changes take place and sexual maturation becomes the major physiological development of adolescence (WHO, 2008). WHO, (2008) further states that the sexual maturation of an adolescent is associated with early relationship formation and sexual initiation. A number of studies have reported about adolescent sexuality. According to Collumbien, Mishra, and Blackmore (2011) sexual maturation is associated with early age at first intercourse, high levels of premarital sexual activity and high numbers of sexual partners. It has been observed that both in Africa and Asia adolescents start sexual encounters at the age of 15 years (Collumbien, Mishra, & Blackmore, 2011; Munthali, 2011). Adolescent females in Sub-Saharan Africa tend to have sex at an earlier age than their male counterparts (Collumbien, Mishra, & Blackmore, 2011). In Malawi, according to YFHS evaluation report, adolescents start having sexual activity as early as at the age of 10 years (USAID, 2015). Early sexual initiation has great consequences in the life of adolescents as it leads to teenage pregnancy, STI and HIV/AIDS (Shiferaw et al., 2014; Muhwezi et al., 2015).

As many researchers have alluded to, teenage pregnancies are common among adolescents worldwide. It is estimated that 16 million adolescents aged 15–19 give birth each year globally and that 14.3% of these occur in sub-Saharan African countries (WHO, 2011). In Malawi, approximately 20 percent of adolescent girls aged between 10 and 14 years and 60 percent of girls aged between 15 and 19 years had been pregnant (USAID, 2015). A study conducted in Zomba, Malawi, by Kaphagawani and Kalipeni (2017) found that early sex, child marriage and lack of knowledge on reproductive and sexual health are among the factors contributing to teenage pregnancies. Most of these teenage pregnancies are unintended and are associated with increased levels of induced abortion which most of the times are carried out in unsafe conditions. Such conditions may be due to poor infection prevention measures with

unskilled care providers leading to puerperal sepsis and eventually maternal death. A study done by Levandowski et al., (2013) reports that approximately 20% of maternal deaths in Malawi are due to unsafe abortion. As already alluded to above most of the unsafe abortions occur among the adolescents. Studies have also established that teenage pregnancy has increased risks of severe obstetric complications such as obstetric fistula. This is so because adolescent pelvic bones are not fully developed (Executive Board, 2012).

Another challenge affecting adolescents is Sexually Transmitted Infections (STIs). STIs are one of the most common infectious diseases that are still posing as a global public health challenge (WHO, 2016). It is estimated that 498.9 million new STI cases occur annually among people aged between 15 and 49 years (WHO, 2012). Sub-Saharan Africa has the highest incidence of STIs accounting to 240/1000. According to (Tarkang, 2009) youths worldwide, are more at risk for contracting STIs than older adults. Estimates indicate that 1 out of 20 adolescents contracts an STI each year (WHO, 2013). Tarkang, (2009) attributes youth's risk of contracting STIs to their sexual behaviour which most of the time is characterized by early onset of sexuality, multiple sexual relationships and low condom use.

Malawi, just like many other countries in the Sub Saharan Africa, has a high prevalence of STIs in the general population (Malawi Government, 2012). According to (Malawi National Statistical Office and ICF Macro, 2010) 11% of people aged between 15 and 49 years in Malawi are infected with STIs. A survey done by Ministry of Health, (2011) with an aim to establish the prevalence of HIV and syphilis estimated the prevalence rate of syphilis at 1.2%, with a range of 0% to 7.6%. The survey further revealed that southern region of Malawi had the highest prevalence of syphilis estimated at 7.6 %. Although the above literature does not show the exact prevalence of STIs among the adolescents, it can be assumed that adolescents in Malawi are

similarly at a higher risk of contracting STIs just as any other adolescents in the Sub Saharan Africa as alluded to above.

The prevalence of HIV among the youth is an issue of concern worldwide. According to WHO, (2009) and UNAIDS, (2012) 42% of new HIV infections occur among young people aged between 15 and 24 years. UNAIDS, (2012) estimates that 33.2 million people are living with HIV and out of that 5.4 million are aged between 15 and 24 years with 80% of these young people living with HIV in the Sub-Saharan Africa. In Malawi, the HIV prevalence rate is reported to have reduced from 12% to 10.3%, although, HIV prevalence rate among adolescents aged between 15 and 19 continues to rise (Malawi Government, 2016). A study conducted by Jahn et al., (2016) shows that 170,000 children below 18 years are infected with HIV, and 90% of them got it from their mothers. This poses a threat as these adolescents may play a role in spreading HIV infection if they are involved in unprotected premarital sex. In order to prevent further spread of HIV and new infections, there is a need to educate the adolescents while they are young and before engaging in sexual activity. According to a report on Malawi youth status, the overall levels of correct knowledge about HIV among adolescents aged 15-19 years remains low (Malawi Government 2016).

Other authors have recommended parents to guide their children's development on SRH matters as they have a lot of authority and capacity to influence adolescent sexual decision-making behaviour, including access to information about HIV and other SRH issues (Yadeta, Bedane, &Tura 2014; Soon et al, 2014).

Views on SRH communication between parents and adolescents

Importance of SRH Communication

Studies done on parent-adolescent communication about SRH issues show that both parents and adolescents view SRH discussion with each other to be important (Zewdu, 2011; (Ayalew, Mengistie, & Semahegn, 2014; Yesus & Fantahun, 2010). A study done by Kapinga, and Hyera, (2015) in Tanzania with an aim to establish primary school pupils' perception of sex and reproductive health education showed that 74% of pupils viewed SRH communication between parents and adolescents to be important and necessary. According to Zewdu, (2011) adolescents believe that discussing SRH matters with parents would help them improve their confidence in decision-making and live a healthy sexual life. Similarly, in a study done by (Wamoyi, et al.,2010) in rural Tanzania, which used ethnographic research design, parents perceived communication between parents and their children on sexuality as essential factor in reducing risky sexual behaviors amongst young people.

Although, SRH communication is viewed as important, other studies have established that communication between parents and children rarely occurs (Yadeta, Bedane, & Tura, 2014; Kumi-Kyereme, Awusabo-Asare, & Darteh, 2014; Aperkor, 2016). This is so because of several factors that limit communication between parents and adolescent and also the fact that adolescent got information from other sources apart from parents.

Factors that limit SRH communication between parents and adolescents.

Most parents live and interact with their children on a daily basis. However, studies have shown that communication between parents and their adolescents at family level is scarce due to several factors such as lack of knowledge on sexual and reproductive health, the gender of

parents, and cultural taboos and beliefs (Tesso, Fantahun, & Enquselassie 2012; Yadeta, Bedane, & Tura 2014: Berhe & Hailu 2016). However, in Africa, studies done by Zewdu 2011) and Juma et al., (2015) have revealed that cultural beliefs and taboos embedded in the people's lives are the foremost barriers of communication between parents and adolescents.

Motsomi, Makanjee, Basera and Nyasulu, (2016) assert that culture and cultural beliefs act as an inhibiter or better still a deviant in mediating and addressing issues of sex and SRH. This could be so as SRH related issues in Africa are perceived as a taboo and are totally attached to cultural constraints thereby making it difficult for parents and adolescents to discuss by (Zewdu, 2011). According to Zewdu, (2011) and Yowhanes, Berhe and Hailu (2016), in Africa, it is shameful for the adolescent to discuss SRH issues with parents hence little or no communication between them. An almost similar study conducted in Kenya, among parents and caregivers established that the African tradition, cultural beliefs, and taboos about sexuality are deeply rooted in peoples' lives, and as a result it is the family members and the immediate community other than parents that provide information and guidance to adolescents (Juma et al., 2015). A study done by

et al., (2012) on talking about sex in Malawi, with an aim to better understand interpersonal communication regarding HIV Prevention found that parents perceive discussing sexual issues with their children as shameful and immoral and that they also feel constrained by norms regarding sexual communication.

From the experience of the researcher, values of sexual and reproductive health conduct in Malawi have traditionally been passed on from parents to young people through either an extended family member or traditional initiation rites. The traditional initiation rites of sex

education occur when young people are approaching puberty or have just attained puberty from about eight years to fourteen years. In these traditional education sessions, the key players are extended family members such as aunts, uncles and grandparents who advise young girls or boys on sexual and reproductive health behavior. In some cultures, sex education involves traditional camping for initiation ceremonies. According to Liwewe, Kalipeni and Matinga, (2009) initiation ceremonies play a key role in the lives of girls and boys as they mark the transcendence from childhood to adulthood. A study done by Munthali et al., (2013) on adolescent SRH in Malawi found that one-third of the adolescents had undergone initiation rites with a quarter of females and a third of males having undergone initiation rites when they were 10 years or younger. Similar findings were also obtained by Maleta (2006) whereby 31% of the parents followed the traditional sex education system using an extended family member and about 6.3 % sent their children to traditional camping sites

In Mulanje district, especially among the Lomwe culture, initiation ceremonies are associated with attainment of puberty. The initiation for girls is known as chinamwali, and for boys it is called thedzo or simba, where the initiates are taught about right conduct and behaviour that they are supposed to embrace. With chinamwali, a key player is the anamkungwi or senior women who act as counselors or instructors for the young girls. During the ceremony, initiates are educated on family relations, sex, marriage, hygiene, health, fertility, and household chores (Maleta 2006; Liwewe, Kalipeni & Matinga, 2009). The curriculum at the initiation ceremonies for boys includes a detailed woman's anatomy, education about women's reproductive cycles, education on sexual practices, good behavior and how to relate to women and even death rituals (Liwewe, Kalipeni & Matinga, 2009).

A study done by Liwewe, Kalipeni and Matinga, (2009), on the cultural context of women's and girls' vulnerability to HIV/AIDS infections in Thyolo and Mulanje revealed that the initiation ceremonies for boys emphasize the performance of sexual acts for boys, while girls are literally taught to be subservient to men and boys and satisfy their sexual needs on demand. In the same study Liwewe, Kalipeni and Matinga (2009), observed that girls are taught the details of the sexual activity while they are too young to know the full consequences of what they are indulging in, and they eventually accept everything they learn to be true. This explains why it is important for parents to take a leading role in teaching their children sexual related issues as literature has demonstrated that traditional sex education predisposes young girls and boys to early sexual activities which could put them at risk of contracting STI, HIV and teenage pregnancies.

Behavior and attitude of both parents and children is another factor that can affect SRH communication between them. In a study conducted by Murphy, Roberts, and Herbeck, (2012) in Los Angeles, mothers reported that their communication about safer sex and HIV with their children was hindered by the children's negative emotional and behavioral reactions such as repulsion, anger, fear and not lack of interest Conversely, another study by Motsomi, Makanjee, Basera and Nyasulu, (2016), in South Africa, found that parental behavior is a major determinant of effective personal communication between adolescents and their parents as children will feel at ease to talk to their parents if they are welcoming and are present in their lives as they grow up. Adolescents may fail to approach their parents to discuss SRH issues because of their parents' negative reaction. Such reactions include expression of anger and muteness when children inquire information regarding SRH matters, and also suspicion based on the thinking that their children might have started having sexual relationships. This suggests that parents need

to be flexible and welcoming to their children so that they can easily be approached by their adolescents on SRH issues. On the other hand, children need to be assertive, polite, and understanding when parents are communicating issues regarding SRH as this can promote effective communication thereby preventing adolescents' health risks.

Parental fears about their children being involved in premarital sex is another factor that limit communication between parents and their adolescents on sexual matters. A study conducted by Kumi-Kyereme, Awusabo-Asare and Darteh, (2014) reported that some parents fear discussing SRH issues with adolescents as it could promote premarital sex and that adolescents themselves are un co-operative. Likewise, a study done by Jejeebhoy and Santhya (2011) in New Delhi, India, found that parents felt that communicating SRH matters with their children would be perceived as an approval or encouragement to their children to engage in sex. On the other hand, a study done by Aperkor, (2016) in Ghana whose aim was to explore the patterns of parent-adolescent sexual communication, showed that majority of the adolescents felt it was difficult to discuss sexual issues with their parents as they would perceive them as being spoilt. The study further revealed that adolescents find it easier to discuss SRH issues with peers because they are not afraid of them.

The findings from the above literature show that communication between parents and children on SRH matters does not occur often times. This could be due to several reasons such as parents' lack of knowledge on SRH and the importance of discussing such matters with their children. Parents are supposed to be open enough to discuss with and give adequate information on SRH to their children as opposed to the thinking that discussing SRH issues with children can promote premarital sex. It is therefore important to empower parents with knowledge and skills

pertaining to SRH so that they can ably and effectively educate their children and this would help them to avoid risky sexual behaviour.

Sources of SRH Information for adolescents

Parents are regarded as primary educators for adolescents because they have the capacity to talk with their children any time (Shiferaw, Getahun, & Asres, 2014). However, a number of studies have shown that adolescents do receive most of the information about Sexual and Reproductive Health from various sources such as schools, friends media, and parents (Bankole et al., 2007; Shiferaw, Getahun, & Asres, 2014; Muhwezi et al 2015). On the other hand, Bankole et al., (2007); Shiferaw, Getahun, & Asres, (2014); Muhwezi et al., (2015) have cited mass media such as television, radio, social network and newspapers as the most popular sources of information on SRH issues for adolescents.

A study conducted by Shiferaw, Getahun, and Asres (2014) on the assessment of adolescent students' communication on SRH issues with parents found that mass media followed by the school were the major sources of information for adolescents on SRH issues. These findings are complemented by Bankole, et al., (2007) who conducted a study to determine the sexual behavior, knowledge and information sources of very young adolescents in four Sub-Saharan African countries (Burkina Faso, Ghana, Malawi, and Uganda). The study established mass media as the most commonly used source of information about HIV, STI and contraceptives. Conversely in Ghana, study findings by (Owusu-ansah & Mensah, 2014) showed that the major sources of information on SRH for adolescents were their friends (30%), radio/television (26%) and parents (13%). Other study findings conducted in Sub-Saharan Africa and Ethiopia found that schools and teachers were a slightly more frequent source of

information, followed by peers and parents (Bankole et.al 2007; Yesus, & Fantahun, 2010; Bushaija.et al., 2013). In all the above studies it is evident that parents are playing a lesser role in communicating SRH information to their children. As already alluded to, parents should play a major role in passing information on SRH to their children as they are the primary source of information, and because they spend much of the time with their children in the home.

In terms of preferences, young people prefer discussing SRH matters more with other sources than their parents. Some studies conducted in Africa have revealed that the majority of adolescents prefer getting SRH information from the school followed by media (Yesus & Fantahun 2010; Shiferaw, Getahun, & Asres, 2014; Yowhanes, Berhe & Hailu 2016). A study conducted by Yesus & Fantahun, (2010) among high school students in Ethiopia showed that 75.9% of the respondents preferred to get SRH information from their school followed by television (74.3%) and radio (73.4%).

However, in cases where communication took place between parents and adolescents, several studies have established that the gender of a parent and a child is associated with occurrence of sexual communication. A study done Jerman and Constantine, (2010) and Kumi-Kyereme, Awusabo-Asare, and Darteh, (2014) found that communication about SRH usually takes place with a parent and a child of the same sex, and that mothers would likely talk to and with their girl children more often than they would communicate with their male children, and the same applies to the fathers. In Ghana, although a study found that mothers could talk to both their sons and daughters on SRH matters often, they reported feeling more comfortable talking to their daughters than their sons, while fathers felt more comfortable talking to their sons than their daughters (Kumi-Kyereme et al., 2014). In addition, a study in Tanzania found that fathers

rarely communicated sexual matters with their children compared with mothers (Namisi et al., 2009). A relatively similar study conducted in South Africa and Tanzania among young people aged 11-17 years, showed that most adolescents preferred communicating about sexuality with their mothers than their fathers (Kawai et al., 2008). It is evident that communication between a parent and a child on SRH is easier and more likely to occur when their gender is the same.

Circumstances when parent –adolescent SRH communication occurs

A number of circumstances trigger SRH communication between parents and adolescents. Such circumstances include; parents-child relationship, adolescent's behavior, occurrences in the community, and physiological changes in child's life (Manzini-Matebula, Hinde, McGrath, & Manda, 2010: Manu, et al.,2015). On the other hand, a study by Manu, et al., (2015) found that mostly sexual communication is started through parents' own initiative. A similar observation was also made by Juma, et al., (2015) in western Kenya whereby mothers were reported to have always initiated the sexuality talk. This could be so because parents usually initiate the communication after they have observed certain features and behaviours in the child developmental life.

The quality of the relationship between a parent and a child plays a role in enhancing SRH communication between them. According to Holman, (2014) and Widman, et al., (2016) parents and adolescents who are close to each other are able to discuss SRH issues with ease. In addition, Manu et al., (2015), observed that parents who are close to their adolescents are able to initiate sexual discussion. This could be so because naturally closeness is associated with good relationship and connectivity. When good relationship exists between parents and their children, both tend to be open to each other and are able to approach and discuss SRH issues with ease.

Evidence from other studies has shown that a warm and loving relationship between parents and their children is foundational for good parent-adolescent communication (Muhwezi et al., 2015).

In addition, it has been reported that closer parent-adolescent relationship is also more likely to be characterized by high quality and more frequent conversations, especially on issues regarding SRH (Holman, 2014). Martino et al., (2008) assert that parent-adolescent communication about sex-related topics is easier when the relationship is built on open and recurring communication. Similarly, Widman, et al., (2016) argue that if parents are confident and loving, SRH communication with their children can easily be initiated leading to improved contraceptive and condom use, improved communication about sex, and fewer sexual risk behaviours among adolescents. It is therefore important that parents ensure that their relationship with their children is warm and welcoming so that discussions about SRH issues become easier between them.

Parental reaction towards negative events can also trigger SRH communication. Studies done by Juma, et al., (2015) and Aperkor, (2016) have revealed that death due to HIV/AIDS, school dropout due to pregnancy and contracting STI by a family member, or a member of the society can prompt parents to discuss SRH issues with their children. In Ghana, Aperkor (2016) observed that issues happening in the community such as teenage pregnancy, abortion, rape and others could also trigger SRH communication. Similarly, in their study, Juma, et al., (2015) and Muhwezi et al., (2015) found that sexuality talks by parents were often triggered by a negative outcome of engaging in risky sexual behaviour in their community. Wamoyi et al., (2010) reviewed a study that investigated triggers for discussion about HIV/AIDS and it was reported that parents frequently used examples of relatives who had died of AIDS to reiterate the severity

of the disease. However, according to the findings of the above studies parents communicate to adolescents through warnings especially when such negative incidences occur with an aim to restrain them from such fateful experiences.

Apart from negative events, radio and television programs as well as newspaper articles can trigger SRH communication between parents and adolescents. A study done by Aperkor (2016), in Ghana, revealed that 60% of parent-adolescent communication arose after watching or listening to television and radio programs relating to sexuality. Similar observations were also made by Wamoyi et al., (2010) and Nolitha, (2014) who reported that radio and television programs were viewed by parents as triggers of sexuality discussion between them and their adolescents such that they are able to inform their children about what they heard, read or saw. Furthermore, Murphy, Roberts and Herbeck, (2012) assert that natural situations encountered by parents and adolescents such as commercial adverts about condoms and television shows featuring events on sexual matters provide an opportunity to discuss the topic of sexuality.

Physiological changes occurring in child's developmental life can be another trigger for parents to discuss SRH matters with their children. A study done by Manzini-Matebula, Hinde, McGrath and Manda (2010), in South Africa found that the anticipation of the beginning of menarche or the commencement of menarche itself is the common trigger for parents to discuss SRH matters with their adolescent girls. The study further found that the majority of the girls reported conversing puberty issues with their parents mostly revolving around staying away from the boys and not befriending them to avoid indulging in sexual relationships. An almost similar study was done in USA by Dennis and Wood (2012) whose aim was to explore the black mother-daughter communication about sexual relations. It was found that when black mothers

talk with their daughters about sex, the impetus would usually be the external factors, such as the onset of puberty.

Certain behaviors in adolescents do trigger discussion between parents and their children. Such behaviors include coming home late and chatting with people of the opposite sex. This is so because parents assume that their children have started having sexual relationships (Muhwezi et al., 2015). Similar results were reported by Wamoyi et al., (2010) who found that parents mainly communicated with children on sexual matters after observing changes in their behaviors which they assumed that their children had started having sex.

There are different modes that parents use to transmit SRH information to their children such as counseling, advising, conversations, warnings and threats. According to a study by Holman (2014) 18% of adolescents reported that their parents engaged them in conversations that mainly were in form of warnings and threats about the dangers of engaging in sexual activities. Likewise, a study by Muhwezi et al., (2015) found that threats, intimidation, quarrels and abuses are sometimes used by parents as ways of passing SRH messages to adolescents. Threats and intimidation can result in adolescents failing to receive the message effectively. Therefore, Murphy et al., (2012) emphasize the importance of parents using a tone that is not frightening when communicating to their children if these children are to prevent themselves from repeating the mistake they had made.

SRH issues preferred to be discussed between parents and adolescents

Reproductive Health communication focuses on sexual and reproductive health matters including premarital sex, sexual relationships, family planning, conception, abortion and STIs,

including HIV/AIDS (de Looze et al., 2015). It is expected that when parents discuss SRH issues with their children, they should address all of them. However, study have revealed that parents often tend to discuss fewer SRH topics with their adolescents, and that they avoid certain topics of conversation (Yang & Wu, 2013; Ayalew, Mengistie, & Semahegn, 2014; de Looze et al., 2015; Svodziwa, Kurete, Ndlov, 2016). In a quantitative study done in Ethiopia by Ayalew, Mengistie, & Semahegn (2014), on parent-adolescent communication among high school students, 36.8% of adolescents reported to have discussed at least two SRH issues with their parents. Studies have revealed that some parents do avoid discussing certain SRH topics especially those that are sensitive in nature. A study conducted by Svodziwa, Kurete and Ndlovu (2016) in Bulawayo among parents with adolescents, found that parents fail to communicate with their adolescent children on sensitive issues, but do so on less sensitive ones. This is so because most of the SRH topics are sensitive in nature and embarrassing; as such parents find it difficult to communicate with adolescents on such issues as condom use, puberty, STIs and physical development (Svodziwa, Kurete & Ndlov, 2016).

A study done by Sevilla, Sanabria, Orcasita, and Palma (2016), on consistencies and discrepancies in communication between parents and teenage children about sexuality, found that parents often communicate the following related sexuality topics: partner relationships, self-care, faithfulness, sexual risk preventions and developmental topics. Topics related to sexual relations such as sexual intercourse, masturbation, HIV/AIDS, STIs, and contraception seemed most challenging and are less communicated (Ballard & Gross, 2009; Yadeta, Bedane & Tura 2014; Sevilla, Sanabria, Orcasita, & Palma 2016). This implies that parents do not give their children comprehensive and informative message when it comes to preparing the children to handle the emerging sexual pressure. According to Yadeta, Bedane and Tura (2014) and Manu

et. al., (2015) the major topics that parents discuss with their adolescents in order of their importance are abstinence, HIV/AIDS, consequences of premarital sex, early marriage, unwanted pregnancy, menstruation (girls), physical development and puberty. Similarly, a study conducted by Maleta, (2006) in Malawi , reported that abstinence, delay of the sexual debut, HIV & AIDS and sexually transmitted infections are the most frequently discussed SRH topics between parents and their children. Again, in Eastern Ethiopia, HIV/AIDS has been reported as the most frequent topic of communication between parents and children (Dessie, Berhane, & Worku, 2015). On the other hand a few studies have revealed that parents often communicate less with their adolescents especially on the following topics: condom use, masturbation, family planning and pregnancy (Rouvier, Campero, Walker, & Caballero, 2011 ; Manu, et al.,2015). In their study Manu, et al., (2015) found that less than 10% of parents discussed with their children on topics such as masturbation, condom use, contraception, and pregnancy. Similarly, in Ethiopia, Dessie et al., (2015), found that condom and contraceptive use were the least communicated topics and that prevention messages in relation to the same were scarce or absent (Rouvier et al., 2011). This shows that parents do not talk often to their children about family planning and this could be so because of misconceptions and fears about contraception. This is also affirmed by a study done by Wamoyi et al. (2010) who found that parents rarely encourage their children to use contraceptives as they believe it is bad, and that they fear about the side effects accruing from contraceptive use such as infertility. In Uganda, another study by Colleary (2015) found that parents associated family planning methods with cancer of the cervix, infertility and also birth defects.

It is apparent that the sexual topics that parents discuss with their sons and daughters differ. According to Luckeroth (2007) information that girls receive from their parents is more

on menstruation, abortion, pregnancy, and mostly dealing with sexual pressure whilst boys often receive sexual information more concerning abstinence, condom use, masturbation, and wet dreams. However, parents communicate SRH information more with their daughters than their sons on almost all topics (Yadeta, Bedane & Tura 2014; Sevilla Sanabria, Orcasita, & Palma 2016) . On the other hand, adolescent males perceive that they talk more about sexuality topics with their mothers than fathers (Sevilla, Sanabria, Orcasita, & Palma 2016). A study done by Ayalew, Mengistie, and Semahegn (2014), in Ethiopia, on parent-adolescent communication among high school students, found that a chance of discussing SRH issues with their parents was 40% less in males compared to females. This contradicts findings of a study done in the same country by Yadeta, Bedane and Tura, (2014) which reported that most parents (35.92%) usually had more discussions with male than female adolescents (26.52%) However the study did not specify the topics of discussion.

Conclusion

Literature review has revealed a number of issues affecting communication between parents and their children. Research done in Africa and overseas provides evidence that adolescents do not get adequate information on SRH from their parents, rather from other sources. Parents are regarded as primary educators for adolescents because of their constant availability in the home. Communication and education of adolescents on SRH matters should not be left in the hands of other players alone, if SRH related diseases and ailments are to be minimized. If parents do not take a leading role in educating their children, risks of early pregnancies and abortion alongside STIs may be more prevalent amongst the adolescents. The studies reviewed above were conducted in different settings and with people of different cultures.

As such, generalizing their findings to Malawian setting may be difficult. This research study therefore aims to explore the experiences of secondary school students on parent-adolescent communication about SRH issues.

Chapter Three

Methodology

Introduction

This chapter explains the process which was used in conducting the study to explore experiences of secondary school students in Mulanje district on parent-adolescent communication about SRH issues. It includes study design, study population, study setting, sample size and sampling methods, recruitment criteria, data collection procedure, data management, analysis, and trustworthiness. Issues pertaining to ethical considerations have also been considered.

Study Design

The study used descriptive design in the qualitative paradigm. Descriptive research design is defined as attempts to explore and explain phenomena while providing additional information about the topic (Nundwe, 2012). This design was useful and appropriate because it enabled the researcher to get the required information directly from the adolescents experiencing the phenomena under investigation by describing their experiences and present their views using their own words and in addition to that the researcher had limited time and resources to do the study. In so doing the researcher had an in depth understanding of the parent-adolescent communication on SRH issues.

Study Area

The study was conducted at Mulanje Mission CDSS situated in Sitolo village T/A Chikumbu, Mulanje district in the southern region of Malawi. The school was chosen because it is a rural community day school that serves indigenous students from the surrounding villages

whose way of life is typical of the traditions of the district. The school has a population of 283 students of whom 170 are boys and 113 girls.

Study Population

The study population comprised adolescent boys and girls aged between 12 to 19 years who were students at Mulanje Mission Community Day Secondary School. These participants were selected because this was the age group that is likely to be in secondary school and has reached the adolescent stage.

Inclusion criteria.

Participants included in the study were adolescents in the age group of 12 to 19 years; single, still in secondary school and living with their parents. It also included only those adolescents who were willing to talk about their experiences on SRH communication or those whose parents gave consent to participate in the study.

Exclusion criteria

Participants who were excluded from the study were all adolescent girls and boys who were not living with their parents, and those who did not affirm participation or whose parents did not give their consent to participate.

Sampling Technique (s)

Purposive criterion sampling was used to select participants for individual in-depth interviews. Participants who took part were selected based on their perceived richness as sources of information when it comes to SRH communication.

Sample Size

The sample size for the study was 22 adolescents. This sample size was reached after data saturation whereby the researcher observed that there was no more, new information that could be obtained from the participants.

Data Collection Instrument

Data collection was done by using a semi-structured interview guide (appendix IX). The instrument had open-ended questions that were formulated by reviewing the existing literature on the subject matter as well as the study objectives. Polit and Beck (2010) indicate that semi-structured interviews allow the researcher to have a framework in which open-ended questions are posed to encourage the participants to talk about their experiences. Follow up questions using probes were asked to acquire deeper understanding when an explanation was unclear.

The main thematic areas were: To explore the views of adolescents towards parent-child SRH communication, to understand the circumstances when parents and adolescents SRH communication occurs and to describe the SRH issues discussed between adolescents and their parents.

Data Collection Process

After obtaining ethical approval, data collection started from 5th July to 17th August 2017. The process began by identification of adolescents who fell within the specified age group at Mulanje Mission CDSS. Thirty (30) adolescents initially accepted to take part in the study, of which 8 were above age of 18 and 22 below 18 years. Detailed written information about the study (Appendix I & III) was given to the participants and those who were willing to participate

after understanding about the study gave consent or assent (appendix II). For adolescents less than 18 years old parental approval for their children's participation in the study was sought as well as their consent (appendix VII). 19 parents consented and 3 refused saying their children were young to talk about sexuality issues. In the end, a total of 27 adolescents were obtained. However, data were obtained from 22 adolescents' after reaching data saturation. The interviews were conducted in Chichewa (local language). It was chosen since it is the local language that adolescents understand and are fluent to be able to share their experiences freely without any struggles.

The interviews took place at Mulanje Mission CDSS. All the interviews took place in one of the quiet empty room identified within the school premises. This location ensured privacy of participants. The interviews were semi-structured in nature and involved open-ended questions. This allowed the participants to explain their experiences in their words. To reduce bias the interviewer followed the interview script in a standard fashion, by reading the questions exactly as they appeared in the instrument (Punnucci & Wilkins, 2011). The following steps were used:

Step 1: The researcher recruited eligible participants in each class visited. She explained to the students the purpose of the research. Each participant was told that she had been chosen to participate in the study because is an adolescent living with parents, her/his participation in the study was voluntary and that he/she was free to withdraw at any time. The recruitment was done after obtaining an informed consent from the adolescent and for those whose age was less than 18 years' assent was also obtained from their parents.

Step 2: The interviews were recorded on a digital audio recorder and downloaded into a computer. Throughout the interviews, follow up questions using probes were asked to acquire deeper understanding when the explanation was unclear. This elaboration proved very valuable

because it led to new directions which were pursued in the subsequent interviews. Participants were engaged in a conversational style of questioning. This style was adopted to encourage the participants to articulate the experiences they were talking about in their own words. This process continued until the last interview when it was realized that information previously presented by others was being repeated and no new information was obtained. Each interview took approximately forty-five minutes to one hour.

Data Management

The interview guide was reviewed and refined during and at the end of each interview in order to learn more from adolescents' experiences on parent-adolescent communication about SRH issues. This was done by probing and rephrasing the question. The audio-digital recorded in-depth interviews were transcribed verbatim into Microsoft word at the end of data collection from each participant. The computer had a pin code which was known by the researcher only. The data files and recorder were locked in the drawer of the researcher's study table and were only accessible by the researcher.

Data Analysis

In qualitative studies, the significance of data analysis is to discover themes and links among the themes (Polit & Beck, 2010). In this study, data were analysed manually using conventional approach of content analysis. conventional approach according to Hsieh and Shannon (2005), coding categories are derived directly from the text data. The following process was done according to Hsieh and Shannon, (2005).

All interviews recorded each day were transcribed verbatim from the audio recordings immediately following the interviews. Then the data were translated from Chichewa into English

by the principal investigator herself to ensure that the transcripts reflect the responses from adolescents and this also allowed the researcher to be immersed in the data in preparation for data analysis (Gerrish & Lacey, 2010). However local language terminologies were not translated into English so as to preserve their informative meanings. Furthermore, to ensure the credibility of the results an independent person was used to listen to the audio and review the translated transcripts. An independent person had similar observation with that of the researcher leading to conclusion that the transcripts were a true reflection of the adolescent's response

After transcription, the researcher listened to the voice recording and compared it with the transcripts, re-read the data and notes taken during the interviews numerous times to familiarize herself with the data and obtain the general meaning in the participants' statements.

The researcher then made hard copies of all interview transcripts thereafter all keywords and phrases that were relevant to phenomena were identified and highlighted. The highlighted areas were marked with distinct unit of meaning. The marked units (codes) were then given to sentences, phrases, paragraphs or lines according to similar units.

Codes were compared across the whole data set to identify variations, similarities, patterns and relationships. The grouping and re- grouping of similarities and dissimilar units by the researcher gave rise to categories (Munhall, 2012). The categories enabled the researcher to identify the meaning underlined in these categories to come up with themes and sub-themes which were presented as the results of the study.

Trustworthiness of Study

Munhall (2012) defined trustworthiness as the degree to which the participants have been fully included in the research process and have had the opportunity to reflect and comment on their story. According to Lincoln and Guba, (1985)Trustworthiness involves establishing the following credibility, dependability, confirmability and transferability.

Credibility

Credibility refers to confidence in the truth of the data and interpretations of them (Polit & Beck, 2010). The participants were given the background information of the study, how the interviews were going to be conducted including the length. Participants were also given a chance to participate or refuse to participate in the study to ensure that data collection involved only those who were genuinely willing to participate and prepared to answer questions freely and honestly. All interviews took 45 minutes to 1 hour this helped the researcher to get more in depth information from the participants thereby exploring the phenomena understudy comprehensively.

Dependability

Dependability refers to the stability of the data over time and under different conditions (Polit & Beck, 2010). To achieve dependability of the data, the researcher reported all details of the study processes to allow other researchers to repeat the work and produce similar results. The processes included the research methods, detailed collection of the data and data analysis. The researcher had a log book of steps and the decisions (including the rationale for decisions) that the researcher followed during the project.

Confirmability

Conformability of findings means that the data accurately represent the information that the participants provided and the interpretations of those data are not invented by the inquirer (Polit & Beck, 2010). In this study, confirmability was achieved by recording all words spoken by participants and the researcher during the interview in order to distinguish the participants' data from interviewer's view. An interview guide was also used to direct the interviews to make sure that the researcher was not influenced by what was said by the participants. The researcher acted as an active listener and facilitator and this allowed participants to give detailed information about their experiences.

Transferability

Transferability refers to the extent to which qualitative findings can be transferred or have applicability to other settings or groups (Polit & Beck, 2010). According to Speziale and Carpenter (2007), transferability describes how the results will be applicable and meaningful to individuals not involved in the research (Speziale & Carpenter, 2007). In this study, transferability was achieved by the provision of rich and thorough description of the research setting, inclusion/exclusion criteria, sample characteristics and transaction processes observed during the study and analysis methods. Sufficient data has been provided so that anyone who wants to use it can evaluate the applicability of the data to other or similar contexts.

Ethical Consideration

In order to ensure that ethical issues had been considered, the first thing was to have the research proposal reviewed and approved by the College of Medicine Research and Ethical Committee (COMREC). After approval, permission was sought from the District Education

manager of Shire Highlands District Education division and the headmaster of Mulanje Mission CDSS to conduct the study at the school.

Additionally, the study respected human rights for the adolescents who participated in the study with much emphasis on the rights to self-determination, privacy, anonymity, confidentiality, fair treatment and protection from any harm. This was done by giving them detailed information on the aim of the study, duration of interviews, data collection methods and procedures and relevance of the research study. They were also assured that the data would be treated with strict confidentiality and that their identity would not be disclosed in the final report or publications.

The participants were assured of a high level of privacy and confidentiality. Furthermore, participants were informed that their participation was solely voluntary and their refusal or decision to quit the interview would not warrant any penalty. All interviews were conducted in secluded but secure room as agreed by the participant and the interviewer. Moreover, they were informed that there were no risks involved if they participated in the study and that if they felt that their right had been violated in any way, they were free to contact the chairperson of COMREC for assistance.

Finally, adolescents aged 18-19 years were considered mature and they signed a consent form to show their willingness and acceptance to participate in the study. However, participants aged 12-17 years were considered minors and not mature enough to consent as such parental assent was obtained.

Chapter 4

Presentation of the Study Findings

Introduction

This chapter presents the results of a study conducted at Mulanje Mission Community Day Secondary School to explore the experiences of secondary school students in Mulanje district on parent-adolescent communication about SRH issues.

A summary of the themes which emerged from emersion in the data were presented in this chapter. Quotations from the interviews have been used to represent adolescents' views regarding SRH communication with parents. Five themes emerged from the analysis of the data and included: adolescent views towards parent-adolescent SRH communication; factors that affect communication; sources of SRH information, triggers of SRH communication and issues discussed between parents and adolescents **(Table 1).**

Table 1: Summary of Themes and Sub- themes

Number	Theme	Sub-themes
1	Adolescent views towards parent-adolescent communication	• Importance of communication • Adequacy of SRH information • Strategies for improving adolescent-parent communication
2	Sources of SRH information	• General SRH information sources • Preferred sources • Source of puberty information • Worthiness of individual message
3	Factors affecting Communication	• Socio-cultural factors • Parent-child relationship • Parent-child behaviors
4	Triggers of communication	• Physiological changes • Child's behavior • Parent's reaction • Seeking clarification
5	Issues discussed between parents and adolescents	• Commonly discussed issues • Contradicting messages • Mode of communicating SRH information

Demographic data

Data was collected from 22 adolescents, whose age ranged from 12 to 19 years. More than half of adolescents (17) were aged between 16 and 19 years, and few (5) were aged between 12 and 15 years. 12 of these adolescents were girls and the rest (10) were boys. Most of the adolescents (18) lived with both parents. Two lived with their grandmother, one with her father and the other with her mother (Table 2).

Table 2: Summary of the Demographic Data

Characteristics	**Frequency (N=22)**
Adolescent age	
12-15	5
16-19	17
Adolescent sex	
Female	12
Male	10
Living arrangement	
Both parents	18
Mother	1
Father	1
Grandmother	2
Adolescents education	
Form 1	2
Form 2	5

Form 3	7
Form 4	8
Parents Education Status	
No formal education	3
Primary education	7
Secondary Education	10
Tertiary	1
Number of children in the family	
1-2	1
3-4	12
5-6	9
Tribe	
Lomwe	21
Mang'anja	1

Adolescent views towards parent-adolescent SRH communication

The researcher wanted to find out the adolescents' views towards parent–adolescent communication on SRH matters. Three sub-themes were formed: importance of SRH communication between parents and adolescents, adequacy of parents' information and strategies for improving adolescent-parent communication. These were important as they helped to understand the adolescents' views regarding SRH communication.

Importance of communication

The researcher found that all (22) adolescents interviewed were of the view that communicating SRH issues with parents is important as such discussions would enable them to make right choices regarding their lives in the future and avoiding certain dangers or behaviors that might predispose them to various risks. At the same time these adolescents believe parents would discuss SRH issues with them because they (parents) would want a better future for their children. According to them, parents are the right people to discuss SRH issues with their children and not otherwise because they live with them most of the time.

The following quotes illustrate some of the views articulated by adolescents;

> *"Yes it is very important because they can communicate with their children on SRH issues, in so doing children can prevent a lot of health risking behaviors such as having sexual relationships because their parents have advised them*" (# 6, female).
>
> *"They want their young children to know reproductive health issues so that they should not experience any problem in the future or in their marriage*" (# 5, female)

> *"Yes it is important because it helps a person to prevent things that can destroy one's life or contract diseases, impregnating or getting pregnant* "(# 12, male).

Adequacy of SRH information

The researcher also wanted to know whether parents do provide adequate information on SRH issues. The majority of participants reported that parents, most of the times do not give adequate information. One of the adolescents stated that:

"Aaah most of the times parents do not give adequate information to the youths, but it is at school where we get adequate information on SRH issues as youths, but parents do not give real message to the youths" (# 4, male)

Additionally, adolescents believe that parents do panic and feel unease to discuss SRH issues as such they hide a lot of information as cited by one of the adolescents:

"No, they hide a lot of information that would otherwise be more helpful as a matter of self-respect so that they should not feel demeaned. If you asked them about something, they would just give ***part*** *of the things that you have asked about, and yet others could shout at you"* (#7, male)

Furthermore, a few adolescents felt that parents do not give adequate information because of fear of promoting negative behaviors. One adolescent had this to say:

"Laughs…maybe they see that if they give the child adequate information he may start to behave promiscuously." (# 10, male,)

However, few adolescents thought that some parents do try to give adequate information to their children. One of the adolescents said that:

"*Some parents do try to give adequate information and yet others are shy, but they do try on their side"* (# 6, female).

And another one had this to say;

"*For example with my parents, I think information that they give me is enough*, yes *the information is enough to me because when we are at school, let's say when we are together as peers some would talk about pills while others would talk about sexual activities. So, one would argue that being involved in sexual activities is not good, so if I was among those people when I knock off from school I would go and ask my parents*

either my mother or my father, whoever is around at that particular time, I would ask. 'We were discussing so and so at school, is it necessary to do that or is it not necessary?' (#15, female)

Strategies for improving adolescent-parent communication

The researcher also wanted to know the views of adolescents on what could be done to improve the adolescent–parent communication on SRH issues. Adolescents suggested that parents should set aside time to talk to their children. They also suggested that parents should try to be open to them, build a good relationship, understand them and be approachable as expressed in the following extracts:

"*We can say that maybe parents and children should be open to each other when discussing issues because it happens that children and parents do not communicate for a long time, because they don't chat or meet in a day. You find that they left home early in the morning and come at night. This means that you only meet during supper then you go to school. So the discussion is inadequate."* (#12, male)

"Uhm, maybe they should find time to call children at a very conducive environment and counsel them in a loving manner not shouting." (# 20, male)

Some adolescents suggested that local leaders, other authorities or the government should conduct civic education to parents on the importance of communicating SRH issues with their parents, as cited by the following:

"*Maybe let's say the chiefs should conduct meetings with parents and advise them that it is better to give counseling to their children so that they should not be involved in bad behaviours because if they are involved in bad behaviours they will find themselves in difficulties maybe either dying or they can be arrested. So it is better to counsel the*

parents so that what they get from there, they should tell us, and also inviting counsellors to come and give counsel to them about this issue so that they can feel free and tell their children. (# 18, male)

Sources of SRH information

The study tried to find out the sources of SRH information among adolescents. Each participant was asked where adolescents obtained SRH information. Four subthemes were formed: general SRH sources, preferred sources, source of puberty information and worthiness of individual message.

General sources of SRH information

In general, the study found out that adolescents get SRH information from various sources which include teachers (school), friends and youth centre as the main sources. Other sources mentioned were parents, media (radio/ television and newspaper), church, dzoma (traditional initiations) older siblings and hospitals. One participant had this to say:

"we get these messages from the youth centers, school, radios and we also get from friends, but *number 1 is from friends, youth centers, and number 3 is from school*" (# 12, boy).

In this study most of the adolescents mentioned school (teachers) as their main source of information on SRH, and that this information is obtained through classroom sessions. It was found out that information about SRH is part of the school curriculum under life skills and biology subjects.

Friends were also mentioned by most of the adolescents as a source of SRH information among adolescents. According to the participants, it is easier to get the information from their peers because as peers, they are open to each other and that they do share the same type of behaviors. The following participants had this to say:

> "*Mainly from my friends because we don't keep secrets from each other but we also have a longer time of chatting than my relatives who we spend less time of chatting with*" (# 2, male)

> "*Mmh for the youth for example here at school they get it from fellow youths because they have the same type of behavior*" (# 7, male)

Few adolescents mentioned parents as a source of SRH information. Adolescents, who reported to have approached their parents for advice on SRH issues, thought that parents were the only people who could give them true information as opposed to fellow youths and other sources. One adolescent stated that:

> "*Parents can give us true answers, as opposed to our fellow youths who may give us wrong answers that can put us in trouble. But parents give very good answers that can help us. We, young people are eager to understand things on issues of sexual and reproductive health, on what they are and what we can do about it"* (# 5, female).

It was also revealed that adolescents oftentimes communicate more with their mothers than fathers. Most participants narrated that most of the time they are open to their mothers than their fathers because, they stay with their mothers while their fathers are rarely at home most of the times. One adolescent had this to say:

"Mostly I stay with my mother than father, so I am able to ask her what happens if one becomes pregnant and terminates the pregnancy. So she is able to tell me certain things I do not know" (#3, girl)

"I am open with my mother than father; my father doesn't tolerate nonsense so it's difficult to be open with him" (#7, boy)

When adolescents were asked on who they would prefer and feel comfortable to talk with in their family on issues related to SRH, most adolescents mentioned older siblings as the preferred source of information to their parents because siblings would be more open than parents. The research also found that adolescents look at their older siblings as a source of information because they have recent knowledge and experience on issues of puberty and sexual relationships. Some of the adolescent participants said:

"Aaah in my family mainly I would prefer my elder brother, because we are open with each other. I cannot explain why but it's just that I am open with him so much and he is also open with me but I cannot say the reason" (#7, male).

"I would prefer my brother. He is first born and we have enough time of chatting, and we often ask each other on these issues" (#10, boy).

However, the study discovered that almost half (12) of the participants get SRH messages from the dzoma (traditional initiation ceremonies). Some adolescents reported that the main message given at dzoma were basically on hygiene, menstruation, meaning of puberty and its physiological changes, prevention of sexual relationships and abstinence. One participant reported:

"At dzoma the explanations of the message were the same as that of parents. For instance, we were educated on what happens when one is to start menses but also on how to protect oneself so that people should not know that you are in period" (#5, girl)

And another had this to say

"*They told us that being initiated does not mean that we are matured, we should not be involved in sexual activities but that we should protect ourselves, because we are young" (*# 15, girl).

On the timing of going to initiation ceremony the research revealed that some adolescents went to dzoma as young as 9 years before puberty while others went after puberty. However, adolescents who went to dzoma at young age could not recall the message they were taught. One participant had this to say:

I went to dzoma but I went there when I was young at the age of 9 years so I cannot clearly remember a lot of things. There is nothing that I got, I was very young (# 7, boy)

Preferred source of information

The study also wanted to find out which source of SRH information would the adolescent prefer. Findings show that adolescents prefer to obtain information from the people whom they can easily approach, however it all depends on the openness, and the relationship that exists between them. Friends, youth centers and parents were mentioned as the main source. One participant had this to say:

"*At the youth centre because there are a lot of young people we are open to each other and everyone is able to contribute his or her views. In that way we know a lot of issues"* (# 10, female)

As for parents, it was observed that mothers were the most preferred source of information for both adolescent boys and girls than fathers. One adolescent had this to say:

"*Aah I prefer my mother because she is open with me and does not feel afraid for she knows that she has once passed those things (*# 8, girl).

However, boys find it easy to approach and discuss SRH issues with their fathers than their mothers.

"I can say it's our father because for a person, a boy like me it is demeaning to approach my mother to tell me than my father, because my mother will take part in counseling my sister because it is a girl like mother, so as a mother she needs to take part in counseling the girls" (# 4, boy).

Source of Puberty information

The researcher also wanted to know the most important source of puberty information among adolescents. School was mentioned as the main source followed by dzoma, youth centres and friends were mentioned as the principal sources. On when they first heard about puberty information, majority of adolescents mentioned that they first heard it at school especially when they were in primary school during life skills lesson, as cited by one adolescent:

"I first heard it when I was in primary school while in standard 5" (# 6, female)

And others mentioned youth clubs:

"*I first heard that information from the youth club because I used to go there when I was young*" (# 18)

Though the adolescents first heard about puberty messages from school and other sources before attaining it, at that stage they were young to understand what really happened. However, they understood the message after they started menstruation and having wet dreams and the main source of information were the parents especially for girls, dzoma and friends. One adolescent had this to say:

"My father, because he is the one who helps us if we have problems, as a person I can have wet dreams so when I approached him he said I should be doing physical exercises and drinking a lot of water. He told me that, it's like I had grown up and I have reached the size that I can impregnate a girl (# 12, boy).

Worthiness of individual messages

Adolescents were also asked to compare each individual message with that of parents in terms of its usability and its value. On this it was revealed that although adolescents prefer information from other sources the majority use the one received from parents. Adolescents believe that the information that they get from parents is helpful. One adolescent said:

"Parents are able to explain real things. It is always about good things and they tell us on which path is right to take" (# 5, female).

Regarding the message from the media, adolescents reported the following:

"We do read newspaper messages; however, such information is difficult to use because most of the time it does not address the situation that one is passing at that particular time" (# 7, male).

As regards to friends' messages and that of parents, participants agreed that they value both messages as it is almost the same. However, adolescents admitted that information from friends sometimes can be misleading as cited by the following participant:

"Ok, I can say that I use information from both but mostly I use information from parents because they base their advice from experience and they know the consequences while the information from our friends cannot be wholly trusted as they don't have experience and we are all receiving from the same people who went through it" (# 14, male).

Though a lot of adolescents' value parents' message the most, some adolescents admitted that they fail to use it because information they receive from parents is inadequate as such they use other sources of information most as reported by the following:

"*Information from parents is not really good, because they don't tell you everything but information from friends is good because you feel free with each other."* (#20, male)

And another adolescent had this to say:

"*Ok, mostly I use information from school because there are some parents or maybe many parents who are not educated; as a result, they do many things traditionally while as at school they do things more academically, let me speak like that. So there are certain*

things that we are told here at school which become more different from what we are told at home. So we first weigh the benefits which are there from what we have heard from the teachers in comparison to what we hear from the parents" (# 14, male).

Factors affecting communication

Adolescents were asked for their experiences regarding factors that affect communication between them and their parents. From the factors they mentioned three sub themes were formed and these are; socio-cultural factors, relationship between parents and their children and parent-adolescent behaviors.

Socio cultural factors

The study found that socio cultural factors act as a main barrier to addressing SRH issues. Participants explained that culturally it is considered a taboo for parents to talk openly about sexual and reproductive issues with their parents. It was also found out that SRH issues are considered secret and as such, they are not suitable for young children. One of the adolescents had this to say:

"Mostly parents do not want to talk about SRH issues openly. They think they are hidden and secret things and they don't want to talk about those things with their children" (# 7, boy)

And another adolescent added that:

"Some parents, by culture think akumulaula mwana (it's obscene) to the child, if I tell him this when he is still young azapulukira (become foolish) they forget that mtengo kuongola ndi pachiyambi. To them they think that if I tell this child now, it will stick to

him and as a result it will not work in the future. They are afraid to talk to him and they decide to talk to the child later on at a certain ***level****. The* ***level*** *that they expect to tell him is when a child is pregnant if it is a girl or has impregnated a girl if it is a boy, then parents have nothing to do"* (# 1, boy)

Adolescents also revealed that they do not openly communicate with their parents because it is difficult for them to approach their parents directly, as cited by one participant:

"*Aah mmm, mm mostly if we want to talk to our parents we don't go* ***direct****, we feel afraid so when I am chatting with my father, I ask a question that "father what is the difference of getting a wife here and from the village." We discuss in form of chatting but it is difficult to go* ***direct*** *that "father I have come with this issue I need your assistance" it becomes difficult"* (# 9, female).

Furthermore, adolescents interviewed explained that it is embarrassing, and shameful to discuss SRH issues with their parents. Some also mentioned that approaching parents and asking them about SRH issues is a sign of disrespecting; as such they are shy to approach their parents as reported by the following:

"Mostly it is because of shyness, when you think that this is my mother and she gave birth to me, why should I go and discuss with her, so it is like as a person you are being shy with her" (# 14, male).

On the other hand, parents also feel shy to discuss with their children as cited by the following:

"Aah the issue is the same as I have said, shyness is what makes one to say that me as a parent I gave birth to this child, so should I tell him/her issues like this, they don't feel motivated as a result they fail to give proper advice on this issue" (# 4, male).

And another had this to say:

"*Ok, one thing I can say is that they (parents) feel shy to tell you the problems that can come because of being involved in sexual activities. They feel shy being that you are their biological child and that is why they feel shy. So for that reason they are not able to tell you even though you are doing wrong things*" (# 14, male).

Parent-Child behaviors

Adolescents also reported that the behavior of both parents and children hinder communication in such a way that they fail to approach each other to discuss SRH issues .On this, adolescents mentioned behaviors such as rudeness, stubbornness as some of the things that made parents fail to talk to their children as cited by one participant:

"Some parents are shy to talk to their children, but also the child can be stubborn to her parents so parents may fail to approach her" (# 6, female).

Furthermore, they also mentioned that sometimes the adolescents themselves are not interested and are pessimistic to talk to parents about SRH. One of the adolescents had this to say:

"*Aa most of the time we are not interested to talk to our parents we know a lot from our friends, however before we do those things we ask parents in form of a story, but not easy*

to ask them direct. we are not interested because of shyness but also fear of parents and respect that these are my parents so you just leave it, to stay in the head" (# 7, male).

And another adolescent added that:

"Sometimes children will have already known about the issues from friends as a result they are no longer interested to ask parents because they know already" (# 5, female).

Additionally, apart from the adolescents' behavior, participants also reported that parents' behavior towards their children hinders them to discuss SRH issues. They mentioned that the reaction of parents towards children's request or need for discussion brings fear to the adolescents as such they fail to approach parents and talk to them. One of the adolescents stated that:

"Eeh, as children sometimes we are afraid to ask about SRH because they (parents) may think that we have started a certain life such as sexual relationships (# 8, female).

Parent –child Relationship

Parent-adolescent relationship was also mentioned as one of the factors that can promote or hinder communication on SRH issues. Adolescents mentioned that when there is good relationship between parents and children there is openness and both are able to approach each other and discuss SRH issues. Adolescents who are close to their parents are able to initiate the discussion. On the other hand, when the relationship is poor there is no communication. One of the adolescents stated that:

"*Mmh mostly it can be that the relationship between the parents and children is not good. There are some parents no matter the type of question the child asks they don't answer.*

But if there is good relationship between children and parents it is possible to discuss" (# 7, male)

Additionally, one adolescent said that:

"*Not being open to each other; if you are not open with your parents it shows that you cannot tell them what is in your mind. I mean, for example in a family in which there are children, if the relationship between children and parents is not good, then there won't be openness because for parents to tell you things concerning your life there is need to be open to each other"* (# 1, boy).

Triggers Of Communication

The study tried to examine factors that prompt the discussion between parents and adolescents. In general, the study found that most of the time it is the parents who initiated the conversation with their children when they have observed certain events or behaviors in their children which they feel could be detrimental to their wellbeing. It is rare for the adolescents to initiate and usually the discussion is characterized by warnings and threats.

The following sub themes were formed; physiological changes, child's behavior, parents' reaction and seeking clarification.

Physiological changes

The study revealed that physiological changes occurring in the children's life could trigger either parents or adolescents to initiate a conversation. Adolescents reported that they approached their parents when they observed physical changes such as hair growth on certain areas, voice changes, starting of menstruation and wet dreams. They approached their parents to know what is happening to them, as cited by one adolescent:

"*I felt that some of my body parts were changing, yes, hairs growing in some areas, so I started wondering that 'uh, is this so?' So I asked them to tell me, how is this so"* (#18, boy).

Other adolescents mentioned that their parents called them for a conversation when they noticed some changes on their bodies and when they saw them growing older and older, as cited by one adolescent:

"What happened is that they saw that I was growing up and that I would need certain things in the future and that if not careful I will be in trouble so they wanted to tell me in advance" (# 5, female).

Child's behavior

Parents found it more appropriate to talk to their children when they noticed certain behaviors such as coming home late or staying outside home for long hours as well as chatting with friends of opposite sex. Adolescents reported that these behaviors prompted parents to talk to them because they assumed that they had started having love affairs. One of the participants said that:

"Sometimes they start after hearing someone, maybe an issue that has happened so they find it as a chance of advising me. Sometimes they tell us according to the way how they see things at that time. Sometimes because they have seen my action so they tell me thinking that I have started doing bad things on issues to do with boys so they come and advise me" (# 8, female).

Other participants reported that parents also talked to them when they heard that they have started having sexual relationships, as cited by the following adolescent:

> *"Yes, many parents at home start discussing with the child when they hear that their child has love affair somewhere, so they start counseling her. These things are happening in my location, many parents are doing that"* (#15, female).

Parents' reaction

The study also found out that oftentimes parents initiate communication when negative events are experienced by family members, neighbors and members of the community such as death due to HIV/AIDS, a girl becoming pregnant, or a boy impregnating a girl happened. In such cases, parents react to such situations by warning their children so that they should not suffer the same fate as others. One adolescent reported that:

> "*It was because there was someone close to our home, a son to one of our neighbours, who was misbehaving and it happened that he impregnated a girl. There was also a relative from my grandmother who had sexually transmitted diseases and later he died, yes*" (# 20, male).

Seeking clarification

The study also found out that information that the adolescents got from other sources such as schools, friends and youth club triggers adolescents to approach their parents to seek clarification and to gain understanding of the SRH issues. Adolescents seek opinions from parents because they trust them and look at them as the people who are knowledgeable and have experience on SRH issues. One adolescent stated that:

"*What happened is that, after learning at school, we take the* ***information*** *with us on what the teacher has told us, and in order to understand the truth of that information we ask parents to tell us the truth about that issue. Because most of the time what we heard from school, happened to our parents, we want to hear from parents what is the true information regarding these issues" (*# 1, male).

Issues discussed between adolescents and their parents

The study tried to find out about the issues that adolescents discuss with their parents. The study revealed that parents' messages focused on less sensitive issues such as protection and prevention from contracting diseases such as STI and HIV/AIDS, delay of the sexual debut and not getting pregnant/impregnating girls and puberty. They talk less on issues such as family planning, condoms and sexuality. If they engage in such conversations, then the message is given just in passing.

Almost all adolescents reported having discussed HIV/AIDS issues with their parents. Only few parents have talked about other STIs such as gonorrhea and syphilis. On this it was revealed that parents are concerned more with HIV/AIDS than other STIs. When adolescents were asked why it is like that they said it is because HIV is very dangerous and that if they talk about it to their children then they have hit the nail.

Getting pregnancy or impregnating girls is also one of the issues that adolescents reported to have talked with their parents. They mentioned that each time SRH conversation has been initiated parents always warn them about getting pregnant or impregnating girls. Girls reported that parents talk to them about the consequences of getting pregnant while young such as having problems during delivery, abortion and school dropout.

However, the research revealed that on all the issues discussed, parents' messages focused on how children should protect and prevent themselves from contracting diseases such as STI/HIV/AIDS and pregnancy. Adolescents reported that parents have told them that abstinence from sexual activity is the best method.

The study also revealed that the sexual issues that boys received from parents were different from those discussed with girls. Girls receive more information about menstruation, abstinence, abortion, pregnancy, and dealing with sexual pressure than boys. Boys receive more information about using condoms, and wet dreams, and not impregnating girls. The following is what the participants had to say:

> *Mmh sexual activity, getting pregnant, STIs, that's what they told me the rest they told me some time back. Issue like puberty and on some they were not able to explain properly*. (# 8, female)
>
> *"Mainly they advised me on prevention of love affairs and sexual intercourse but they also advise on disease prevention but they don't talk explicitly"* (# 2, male)

Contradicting messages

The study revealed that there were some contradicting messages between the information that adolescents get from their parents and that of other sources such as school, youth clubs and friends. On this it was revealed that parents rarely talk about family planning to their children but when they talk to them parents have different views as regards to modern contraceptives. Adolescents reported that parents usually warn them not to use modern contraceptives because they have a lot of consequences such as cancer of the cervix, infertility in the future, and that

they can also lead to promiscuity However, at the youth centers adolescents are encouraged to take family planning methods. One adolescent had this to say:

"*Parents told us that Family planning is not good. Getting family planning while young you end up not having children in the future, they told me that I am not supposed to get to family planning method because they promote promiscuity. As for condom they told me that they have holes that can ease disease contraction"* (# 9, female).

Another participant said that:

"At the youth centre they tell us that it is good to use family planning method because you do not get pregnant and that condoms are also good" (# 5, female).

Mode of communicating SRH information

The study found out that parents passed SRH information in different ways such as counselling, advising, conversations, warning and threats. However, girls reported counselling and advising as the most popular modes of passing information while boys reported warning and threats. Nevertheless, both boys and girls reported that parents gave them SRH information in form of warning and threats when an issue has happened as illustrated:

"Sometimes they talk to us through advice, according to the way how they see things at that time and sometime they tell me by shouting when an issue has happened because they are not happy." (# 8, female)

"When they have seen that you are very friendly and close to a person of opposite sex, there then they start with a question and when you have answered they start telling me, I could say in a form of a warning as if I will get diseases, or I will impregnate a girl" (# 12, male).

Conclusion

Evidence from the findings indicates that there are indeed challenges as regards communication between parents and their children on SRH issues in Mulanje district. This chapter presented the study findings according to the major themes that emerged from data analysis. The themes which emerged were: adolescent views towards parent-adolescent SRH communication; factors affecting communication; sources of SRH information and triggers of SRH communication topics discussed between adolescent and their parents

Chapter 5

Discussion of the Study Findings

Introduction

Understanding adolescents' experience regarding parent-adolescent communication about SRH issues is a step towards focusing on improving the communication between parents and adolescents in Malawi, and Mulanje district in particular. This will eventually help to minimize SRH problems such as STIs, HIV/ AIDS and early pregnancies among the adolescent youth. This chapter presents a discussion on the findings of the study whose purpose was to explore the experiences of secondary school students in Mulanje district regarding parent-adolescent communication on SRH issues.

The discussion will focus on the themes which emerged with respect to the objectives of the study which were as follows: to assess the views of adolescents towards parents-child SRH communication, to examine the circumstances when parent-adolescent SRH communication occurs, to assess the SRH issues discussed between adolescents and their parents.

Adolescents' views towards parent-adolescent SRH communication

The results of the study show that all participants (100%) were of the view that communication between adolescent children and their parents on SRH issues is necessary and important. This is consistent with findings of a study by Kapinga, and Hyera (2015) done in Tanzania which reported that the majority of the participants (74%) shared the same views that SRH communication between parents and their adolescent children was necessary. Zewdu, (2011) also found out that discussing SRH issues between parents and their adolescent children was very important as it could boost adolescents' confidence in decision making and in living good and healthy lives. Thus, this confirms that communication between parents and their adolescent children regarding SRH issues is very important if problems related to SRH among adolescents are to be reduced.

Furthermore, it is the adolescents' view that parents are duty bound and must take a leading role in discussing SRH issues with their adolescent children as this would enable them make the right choices regarding their lives and help them prevent certain dangers or risks in life. Although most adolescents appreciate the importance of discussing SRH issues with their parents, only few have the privilege of communicating with them. This is consistent with other studies conducted in Malawi and other African countries (Bankole et al., 2007: Limaye et al., 2012; Yadeta, Bedane, & Tura, 2014; Aperkor, 2016). These researchers found out that discussion of issues especially on SRH between parents and their children occur rarely. The study has also found out that for those parents that manage to communicate SRH issues with their children, the information given is inadequate and the communication process does not always involve direct conversation between parents and their adolescents as parents are at unease or not open enough to discuss such issues with their children, because SRH issues are considered

secretive as a result much of the information is hidden. These findings are consistent with studies conducted by Botchway (2014) and Aperkor (2016). In eastern region of Ghana, Botchway, (2014) found that 72% of the adolescents were of the view that communication with their parents was inadequate, while Aperkor (2016), observed that younger adolescents aged between 10 and 14 felt that parents do not give them the correct information and that they have the tendency of hiding some information. Some adolescents have attributed inadequate information during SRH discussion to parents' fear of promoting negative behaviours. The findings are consistent with a study done by (Kumi-Kyereme, Awusabo-Asare, & Darteh, (2014). According to Kumi-Kyereme et al, (2014), parents do not give adequate information on SRH because they think that discussing such issues with adolescents would promote premarital sex. Likewise Jejeebhoy and Santhya, (2011) found that parents expressed concern that communicating with children on sexual and reproductive health matters would encourage young people to engage in sex or perceive the communication as parental approval of such activity.

On the other hand, some adolescents feel shy to discuss SRH issues with parents. A study by Aperkor (2016) whose aim was to establish challenges in communication between parents and adolescents on SRH issues showed that the majority of adolescents admitted that it was difficult to discuss sexual issues with their parents as they feared to be perceived as spoilt children by their parents. Parents are supposed to be open enough to discuss with and give adequate information to their children especially when tackling SRH issues as opposed to the thinking that discussing SRH issues with children can promote premarital sex. Conversely, adolescents themselves do not have to be shy when enquiring from their parents about sexuality issues, as the information needed might help them prevent health risks. Research evidence from

other studies has reported that discussing SRH issues between parents and children does not promote premarital sex (Deptula, Henry, & Schoeny, 2010).

Sources of SRH information

The study results show that most adolescents receive SRH information from various sources such as school, youth centre, peers, parents and others. These results are consistent with other study findings by Shiferaw, Getahun, and Asres, (2014) and Muhwezi et al., (2015), which show that adolescents receive most of the information about SRH from various sources such as teachers, youth centers and peers.

Other studies done in Sub-Saharan Africa and Ethiopia showed that schools and teachers were a slightly more frequent source of information, followed by peers and parents (Bankole et al., 2007; Bushaija.et al., 2013). On the other hand, some studies have found out that most of the adolescents obtain information more from friends and schools than other sources (Yesus, & Fantahun, 2010). Some authors have cited the feeling of being secure and comfortable and the openness of peers as the reasons for preferring peers to other sources for SRH information. To support the above study finding, a study conducted by Fanta, Lemma, Sagaro and Meskele, (2016b) found that 80% of respondents preferred to discuss SRH issues with their friends. Thus, it is essential to improve the SRH knowledge of adolescents in schools and youth centres to enhance peer influence.

This study has established that only a few parents are able to communicate SRH information with their children. A study done in Ghana by Owusu-ansah and Mensah (2014) observed that parents were the least source of SRH communication with only 5% of sexually active students acknowledging communication with their parents. Although the above studies

have established that parents in Africa rarely communicate with their children on SRH matters, the practice is different in Asian countries such as China where according to Wu, (2010) parents are a source of information among adolescents. This could be so because of cultural differences as regards parenting.

All in all, these study findings confirm that adolescents in Africa, especially in Malawi and Mulanje in particular do not rely much on their parents for information about SRH. This is not a healthy situation as these adolescents spend much of their time in the home with parents. Just as observed by Shiferaw, Getahun, and Asres, (2014), parents are regarded as primary educators of their children, because they live with their children most of the time, as such they have the opportunity to communicate with their children on daily basis on issues about sexual and reproductive health. Also because of the fact that they have acquired much experience in life they are better placed to give appropriate information on SRH. It is therefore important to involve, empower and equip parents with appropriate SRH information so that they can ably, confidently and effectively educate their children.

Factors affecting communication

Communication between adolescents and their parents is affected by various factors that include: socio-cultural, relationship that exists between parents and their children and parent-adolescent behaviors. The study has found out that amongst all the factors, socio cultural factors play a major role in hindering SRH communication between parents and their children in Mulanje. SRH related issues are perceived as a taboo and are attached to cultural constraints thereby making it difficult for adolescents and parents to discuss (Zewdu, 2011). In addition to viewing the discussion of SRH issues as a taboo, the study has further established that both

parents and adolescents often find it embarrassing and shameful to discuss SRH issues with each other. Further, adolescents fear to approach their parents on SRH issues as this is regarded as a sign of promiscuity. In Malawi, a study conducted in 11 districts in the southern region by Limaye et al, (2012) with an aim to better understand interpersonal communication for HIV prevention, it was found out that parents perceive as shameful and immoral the discussion of sexuality issues with their children.

In addition, other research studies conducted in Africa have reported that traditions, cultural beliefs and taboos are deeply rooted in peoples' lives, and as a result the duty of providing information and guidance to adolescents is left in the hands of family members, immediate community and traditional counselors other than parents (Maleta., 2006; Munthali et al., 2013;Juma et al,.2015). This is consistent with findings of this study whereby almost half of the adolescents reported to have at one time gone for dzoma (tradition initiation) where information pertaining to puberty, pregnancy and other equally important cultural norms was provided. Just as Liwewe, Kalipeni, and Matinga, (2009) assert, in Mulanje district, especially among the Lomwe culture, the attainment of puberty is associated with initiation ceremonies which play a key role in the lives of girls and boys as it marks the transcendence from childhood to adulthood. This could be so because Malawians especially those in the rural areas highly value tradition and customs related to SRH and prefer traditional initiation rites as a means of providing education to young people. Maleta (2006) and Munthali et al., (2013) also share the same observation that traditional systems are utilized to educate children by sending them to traditional camping sites.

Findings of this study reveal that behavior and attitude of both parents and children affect communication between them. According to the adolescents, parents often fail to talk to

them because of their attitude of rudeness, stubbornness and lack of interest. The findings are similar to those of a study by Murphy, Roberts and Herbeck, (2012) in Los Angeles, in which mothers had reported that their communication about safer sex and HIV to their children was hindered by their children's negative emotional and behavioral reactions such as repulsion, anger, fear and not lack of interest. Conversely, adolescents reported that they fail to approach their parents to discuss SRH issues because of their parent's negative reaction. Such reactions include expression of anger and muteness when children inquire information regarding SRH matters, and also suspicion based on the thinking that their children might have started having sexual relationships. Motsomi, Makanjee, Basera, and Nyasulu, (2016), in South Africa, assert that parental behavior is a major determinant of effective personal communication between adolescents and their parents as children will feel at ease to talk to their parents if they are welcoming and are present in their lives as they grow up. This suggests that parents need to be flexible and welcoming to their children so that they can easily be approached by their adolescents on SRH issues. On the other hand, children need to be assertive, polite, and understanding when parents are communicating issues regarding SRH as this can promote effective communication thereby preventing adolescents' health risks.

Relationship between a parent and his/her child is very important as regards SRH communication. According to the study findings the relationship between a parent and adolescent is one of the factors that can promote or hinder communication on SRH issues. When good relationship exists between parents and their children they tend to be open to each other and are able to approach and discuss SRH issues with ease and vice versa. Evidence from other studies has shown that a warm and loving relationship between parents and their children is foundational for good parent-adolescent communication (Musa & Akande, 2008; Muhwezi et al.,

2015). In addition, it has been reported that closer parent-adolescent relationship is also more likely to be characterized by high quality and more frequent conversations, especially on issues regarding SRH (Holman, 2014). It is therefore important that parents ensure that their relationship with their children is warm and welcoming so that discussions about matters on SRH become easier between them.

Triggers of communication

For SRH communication to occur there are various triggers. This study has found out that communication between parents and their children is often triggered by a number of circumstances including physiological changes, adolescent's behavior and parental reaction.

According to the findings, physiological changes that occur in the child's life such as hair growth in the pubic and arm pits, voice changes, and starting of menstruation and wet dreams often times trigger SRH communication. Both parents and adolescents are able to initiate a conversation related to SRH when they have observed these changes. This could be so as adolescents are usually unaware of what is happening to them and therefore may need explanation from their parents. Similarly, parents would give advice pertaining to physiological changes that occur on their children as this indicates their growth and maturity and would need to prepare them to prevent health risks and on what is expected of them. However, adolescents reported that the information that their parents give was more of a warning than education such as 'not to chat with members of opposite sex otherwise you will get pregnant'. The findings are consistent with Manzini-Matebula, Hinde, McGratha and Manda (2010) who found that the anticipation of the beginning of menarche or the commencement of menarche was the common trigger for having a discussion with the adolescent girls and that the conversation revolved

around staying away from the boys and not befriending them lest they become loose. This implies that parents do not give adequate information to their children on puberty and other physiological changes rather they choose to do that through warnings. Therefore, there is a need for parents to appreciate the importance of giving adequate information on the physiological changes and their effects to their children so that children would make informed choices pertaining to their lives.

The study also found that certain behaviors in adolescents do trigger discussion between parents and their children. Such behaviors include: coming home late and chatting with people of opposite sex. This is so because parents assume that their children have started having sexual relationships. Similar results were reported by Wamoyi et.al (2010) who found that parents mainly communicated with children on sexual matters after observing changes in their behaviors which made them assume that their children had started having sex.

Furthermore, the study has revealed that parental reaction towards negative events such as death due to HIV/AIDS, school dropout due to pregnancy and STIs experienced by family members, or members of the community triggered their communication with adolescents on SRH. The majority of adolescents reported that parents warn them so that they should not suffer the same fate as others. Similar findings were observed in studies done by (Muhwezi et al., 2015) : Aperkor, (2016) in Uganda and Ghana respectively whereby issues that occurred in the community such as teenage pregnancy, abortion, rape and others prompted parents to discuss the same with their children. Likewise Juma et al., (2015) found that communication was often triggered by a negative outcome of engaging in risky sexual behavior in the community. Parents being members of a community easily get information regarding negative occurrences in that

particular community; as such they are better placed to give information to their children regarding consequences of sexual risky behaviours.

Topics discussed between adolescents and their parents

Communication regarding sexual and reproductive health includes issues relating to premarital sex, sexual networking, family planning, puberty, abortion and STIs, and HIV/AIDS. It is expected that when discussing SRH issues parents should be able to address all of them. This study has established that some communication takes place between parents and their adolescents on particular reproductive health topics but not others. This is in line with findings by Ayalew, Mengistie, & Semahegn, (2014); Svodziwa, Kurete, Ndlov, (2016); de Looze et.al, (2015) which established that parents and adolescents tend to discuss few SRH topics whilst avoiding to discuss certain topics.

According to adolescents, parents are able to communicate SRH messages but on less sensitive topics such as puberty, prevention of STI and HIV/AIDS, delay of the sexual debut and avoiding pregnancy. However, parents often talk less on topics such as family planning, condoms and sexuality. This finding agrees with research findings of a study conducted by Svodziwa, Kurete, Ndlovu (2016) in Bulawayo among parents with adolescents, who found that parents fail to communicate with their adolescent children on sensitive issues, but do so, on less sensitive ones. This is so because most of the SRH topics are sensitive in nature and parents find it difficult to communicate with adolescents on such sensitive issues (Svodziwa, Kurete, & Ndlovu, 2016). This implies that parents do not give their children comprehensive and informative message when it comes to SRH matters. It is of paramount importance for parents to

be open enough and discuss SRH issues comprehensively and not only on selected few topics as this would help prepare their growing children to handle the emerging sexual pressure.

Furthermore, parents discuss HIV/AIDS with their adolescents more than any other issues because it is perceived to be a very dangerous and cause of several health problems. The findings are consistent with findings of studies done in Africa by Yadeta, Bedane and Tura (2014): Manu et.al.,(2015) and Dessie, Berhane and Worku, (2015). A study done by Dessie, Berhane and Worku, (2015) found that HIV/AIDS was the most frequent topic of communication between parents and their children. Similarly in Tanzania, Wamoyi et al., (2010) report that parents mentioned HIV/AIDS as the only topic they tackled concerning SRH mainly because they considered HIV/AIDS as a shameful catastrophe that interferes with the family social economic resources and lineage through early deaths.

The study also revealed that parents rarely talk about family planning to their children because they have misconceptions and fears about contraception. Adolescents reported that parents usually warn them not to use modern contraceptives because family planning can cause cancer of the cervix, infertility in the future, and that it can lead to promiscuity. Similarly, a study done by Wamoyi et al., (2010) found that parents often times discourage their children from using contraceptives for fear of side effects and other consequences such as infertility. This shows that parents themselves are not comfortable to discuss family planning issues with their children because of misconceptions and fears that can be attributed to lack of knowledge. It is therefore important to empower parents with knowledge on modern family planning as they are well positioned to educate their children. This would eventually reduce unintended teenage pregnancies and its consequences such as unsafe abortion.

Mode of communication SRH information

The study found out that parents passed SRH information in different ways such as counseling, advising, conversations, warning and threats. However, girls reported counselling and advising as the most popular modes of passing information while boys reported warning and threats. Nevertheless, both boys and girls reported that parents gave them SRH information in form of warning and threats when an issue has happened. Similarly, in a study done by Holman, (2014) 18% of adolescents reported that their parents engaged them in conversations that focused on messages of warning, danger, and/or threat when talking about engaging in sexual activities. Likewise, in their study, Muhwezi et al., (2015) found that adolescents reported threats, intimidation, quarrels and abuses as the modes of communication which their parents use to pass SRH messages. However, this form was reported more by adolescents in urban schools and was similar for both male and female adolescents. The tone that parents use to send messages can be frightening as they do to prevent their children from making the same mistakes they had made (Murphy et al., 2012) .

Conclusion

It is evident that communication between parents and adolescents on SRH issues rarely occurs due to several factors despite the adolescents' positive attitude regarding its importance. Amongst all the factors, socio cultural factors play a major role in hindering communication between parents and their children mainly as it is considered a taboo and an embarrassment to discuss such issues. Circumstances such as physiological changes, adolescent behavior and parental reaction towards negative events trigger parents to communicate SRH issues with their adolescent children. If parents can become open enough and not emotional or reactive when

children approach them with SRH issues, SRH discussion between them will be easier and effective. Issues to do with SRH should not be left to traditional actors and other people alone. Parents are richly endowed with experience based on their age and what they have gone through; as such they should be empowered to play a major role in educating their children.

Limitation of the Study

The findings of the study cannot be generalized to the whole district since it was conducted at Mulanje Mission Community Day Secondary School which caters for students from seventy-two villages out of 564 villages in Mulanje.The study also looked at the adolescent perspective only which might be different from what their parents might really have perceived. Therefore, assessing the matter from the perspective of both parents and adolescents would provide a broader picture. Although this study is contextual, the findings may provide useful insight regarding parent–adolescent communication on SRH issues.

Implications of the study

The study has provided evidence that adolescents viewed SRH communication between parents and adolescents as very important. However, most of them cited that they rarely communicate with their parents. They indicated Social –cultural issues, relationship between parents and children as factors limiting communication.

Reducing barriers to communication between adolescents and parents as regards SRH communication will enhance effective communication and prevent adolescent from indulging in sexual risky behaviours such premarital sex that could lead to teenage pregnancy and STI/HIV as they would ultimately be able to make decisions regarding their sexual attitudes and behaviors.

Recommendations

The findings of this study have important implications on how to improve parent-adolescent communication on SRH issues in Mulanje District and Malawi as a whole. Recommendations made from this study are meant for education, practice, policy makers and research.

Education

There is a need to incorporate the element of parent–adolescent communication about SRH issues in the courses offered in Nursing, Reproductive health and other related health programs so that graduates should be able to educate and sensitize parents on the importance discussing SRH issues with their children.

There is a need for parents to take an active role in providing SRH communication since traditionally grandparents, aunts and uncles and traditional initiation ceremonies are the main sources of sex education to adolescents and youth in Malawi. However, for this to happen parents must be empowered with skills and knowledge to gain confidence to discuss SRH issues with their children.

As suggested by the study participants, local leaders, other authorities or the government should conduct civic education to parents on the importance of communicating SRH issues with their children.

Practice

Parent-adolescent communication on sexuality should be promoted through various mechanisms. Among these is promoting school sex education homework designed to be completed by both parents and adolescents to enhance parent-adolescent communication.

As one way of initiating and promoting communication on SRH between parents and their children, it is important to introduce radio listening clubs in all the communities in Mulanje district as well as Malawi as a whole through which parents and adolescents will listen to the radio and discuss issues of SRH freely.

Policy

The government and its stakeholders need to develop policies that can promote early and constant communication about SRH between parents and children while respecting moral values within the family and the community, but at the same time favouring clear and precise information about modern prevention practices

There is need to lobby policy makers and adolescent SRH/HIV service organizations to emphasize on parent-adolescent SRH communication and to include them in the SRH policy.

There is a need to improve SRH information dissemination structures such as youth centers, and schools in such a way that parent can be allowed to visit from time to time to interact with their children.

Research

This study should be replicated on a larger scale using mixed methods so as to determine if the basic findings of this study also apply to other settings and if the findings can be generalized to the whole nation and even beyond.

To have a broader picture of the subject matter, another study regarding communication between parents and adolescents on SRH issues could be done especially looking at the perspective of both parents and adolescents.

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Appendices

Appendix I: Information Sheet (English Version)

Participant's information sheet

Introduction

I am Esnat Vanessa Likoya, a Master of Science degree in Reproductive Health student at Kamuzu College of Nursing. As part of my study requirements, I am conducting a study on "*Experiences of secondary school students in Mulanje District on Parent-adolescent communication about Sexual and reproductive Health issues"* This form is aimed at giving information about the study to students invited to participate in the study at Mulanje Mission CDSS. After reading this form you will be given time to ask questions for any clarification before you are asked to give consent.

Purpose of the study

The aim of this study is to explore factors that affect parent-adolescent communication on Sexual and reproductive Health issues among secondary school students in Mulanje District.

Participation selection

We are inviting all adolescent boys and girls aged 12-19 years who are willing to participate in the study, not married still living with their parents and are studying at Mulanje Mission CDSS. You are selected on basis that you are an adolescent and have/you are experiencing puberty.

Voluntary Participation

Your participation in this study is entirely voluntary. Therefore, it is your right to choose to participate or refuse participation in the study. If at any point you feel distressed or

uncomfortable to continue participating after you have already given consent, be assured that you are allowed to discontinue participation with no consequences.

Procedure for data collection and duration

You will be taken to a safe private room after giving consent by the investigator where you will be asked questions using the interview guide. This process will take approximately 45 to 60 minutes.

Anonymity and confidentiality

You should be assured that at no point will the investigator ask your name. A code will be used in place of your name and the data collected will not be traced back to you. The questions asked and information given will not be discussed with anyone.

Benefits of the study

Please take note that no financial benefits will be provided to participants for participating. This study may not have direct benefits towards you, however, this study will help in improving the ideal strategies that may improve the communication between parents and their adolescent if you wish the findings of the study will be shared with you.

Risks for participating in this study

There are no unforeseen risks anticipated due to your participation. Furthermore, this proposal has been reviewed by the University Of Malawi College Of Medicine ethics review board, which is a board that ensures that research participants are protected from any harm. For any clarifications or concerns involving this study please contact:

The Chairperson

Postal address: College of Medicine Ethics Review committee

P/Bag 360,

Chichiri

Blantyre 3.

Email address: comrec@medcol.mw

Telephone number: 265 187 4377

Fax Number: 265 187 4740

Physical address: University of Malawi College of Medicine,

Mahatma Gandhi Campus,

Postgraduate Building Ground Floor,

Room number 822.

Institution website address: http://www.medcol.mw/comrec/

Or

Study Investigator: Esnat Vanessa Likoya (Miss)

Postal address: Kamuzu College of Nursing

P.O. Box 415

Blantyre

Email address: likoya2016vanessa@kcn.unima.mw and esnathlikoya@yahoo.com.

Cell phone number: +265 993 809 068.

Thank you for taking your time to read this information letter.

Appendix II: Adolescent Consent Form

Certificate for informed consent for adolescent boys and girls the study title "Experiences of secondary school students in Mulanje District on Parent-adolescent communication about Sexual and reproductive Health issues"

I have read the personal information form/ the personal information form has been clearly read to me. I have been given the opportunity to ask questions to clarify areas that were not clear, the investigator has answered all my questions to my satisfaction. I therefore, consent voluntarily to participate in this research.

Participant Sign…….……..Date……..

Researcher Sign……..…… Date…….

Researchers sign…….....

Date……

Appendix III: Adolescent Information Sheet (Chichewa version).

“Kafukufuku wofuna kudziwa zomwe achinyamata ophunzira sukulu za sekondale boma la Mulanje amadutsamo akamalumikizana ndi makolo awo pa nkhani yogonana ndi ubereki”

Uthenga Wakafukufuku

Dzina langa ndine Esnat Vanessa Likoya, ndine wophunzila wakusukulu yakachenjede ya Kamuzu, ndikuphunzila degiri ya za ubereki**.** Ngati chimodzi cha zinthu zoyeneladza kutenga degiriyi ndikuyenela kupanga kafukufuku. Ichi ndi chifukwa ndikupanga kafukufuku wofuna kuona zithu zimene achinyamata amadutsamo akamalumikizana ndi makolo awo pa nkhani yogonana ndi ubereki. Cholinga cha kalatayi ndikuti ndikupatseni uthenga wa zomwe kafukufuku akufuna kupanga, ndicholinga choti mukamapanga chisankho choti mu khale nawo pa kafukufuku, mukhale mukuziwa kuti kafukufuku ndiwachani.

Cholinga cha kafukufuku

Cholinga chakafukufuku ndiwofuna kumvetsetsa komanso kudziwa zithu zimene zimapangitsa kulumikizana pakati pa anyamata ndi makolo pa nkhani yogonana ndi ubereki

Kusankha anthu olowa mukafukufuku

Kafukufukuyi akusankha anyamata a pakati pa zaka 12 kulekeza 19, amene amakhala ndi makolo awo komanso ali ku sukulu ya secondary ya Mulanje Mission Community day secondary.

Kafukufuku ndi osakakamizidwa.

Chonde dziwani kuti kafukufukuyu ndi osakakamiza. Aliyese alindi ufulu olowa kapena kusalowa nawo mukafukufuku. Ngati mwaona choletsa chinachili chonse ndinu ololedwa kusiya kafukufuku, ngakhale mkatimkati mwa kafukufukuyo.

Katoleledwe ka zofunikila mukafukufuku

Amene akupangitsa kafukufuku azakutengalani poduka mphepo kuti akafunseni mafunso angapo ngati muli olora. Osadandaula zonsezi zizakutengelani mphindi zochepela mpakati pa 45 ndi 60 zokha.

Kusunga chinsinsi

Kafukufukuyu azakhala wa chinsisi ndipo opangitsa kafukufuku sazakufunsani dzina lanu kapena komwe mumakhala. Aza gwilitsa nambala pa pepala lanu kuti munthu wina aliyese asadziwe kuti ndi inu amene mukupanga kafukufukuyu . Mukavomeledza kulowa mukafukufuku muzalowa muchipinda chomata kuti anthu ena asakuoneni kapena kumvela zomwe tilikukambirana.

Mupindulapo Chani?

Kafukufukuyu sazakuthandizani kupeza ndalama inailiyonse ndipo polowa kafukufuku simupindulapo kalikonse. Koma zosatila zakafukufuku zizathandiza kudziwa dzinthu zimene zimathandiza kulumikizana pakati pa makolo ndi anyamata

Chiopsyezo chomwe mungakumane nacho

Palibe choopya kapena vuto mungakumane nalo ngati mutasankhe kulowa nawo mukafukufuku. Kuwonjezelapo, kafukufuku wavomelezedwa ndi bungwe lomwe limaona za kafukufuku la sukulu ya ukachenjedwe ya Medicine.

Ngati muli ndi funso kapena dandaulo lokhuzana ndi kafukufukuyu chonde yankhulani ndi

Ngati muli ndi funso kapena dandaulo lokhuzana ndi kafukukuyu chonde yankhulani ndi:

A chairperson

Keyala: College of Medicine Ethics Review committee

P/Bag 360,

Chichiri,

Blantyre 3

Email: comrec@medcol.mw

Nambala: 265 187 4377

Nambala ya fax: 265 187 4740

Komwe amapezeka: University of Malawi College of Medicine,

Mahatma Gandhi Campus,

Postgraduate Building Ground Floor,

Room number 822.

Kapena Mwini wa kafukufuku : Esnat Vanessa Likoya (Miss)

Keyala: Kamuzu College of Nursing

P.O.Box 415

Blantyre

Email: likoya2016vanessa@kcn.unima.mw. And esnathlikoya@yahoo.com.

Nambala : +265 993 809 068.Zikomo potenga nawo mbali.

Appendix IV: Parents Information sheet (English version)

Dear Parent,

My name is Esnat Likoya, a student at the University of Malawi, Kamuzu College of Nursing Pursuing a Master of Science degree in Reproductive Health. I am conducting a research project on "Experiences of secondary school students in Mulanje District on Parent-adolescent communication about Sexual and reproductive Health issues". The aim of the study is to explore Experiences of secondary school students in Mulanje District on Parent-adolescent communication about Sexual and reproductive Health issues"

Your child is invited to participate in a research titled above. You are entreated to read the information below very careful before you agree to allow your child to take part in the research.

General information about research

The purpose of the study is to explore factors that affect adolescents to communicate with their parents

Your child will be required to participate in the in depth interview. The interview will be audio recorded with your child's permission and field notes will also be taken. The recording will be transcribed in exactly the same words as your child used them and then analysed

Anonymity and confidentiality

All the information that your child will provide will be should be known to the assured the investigator. A code will be used to identify your child, therefore, your child's name will not be recorded. The questions asked and information given will not be discussed with anyone.

Benefits of the study

Please take note that your child will not receive any financial benefits This study may not have direct benefits towards you, however, this study will help in improving the ideal strategies that may improve the communication between parents and their adolescent if you wish the findings of the study will be shared with you.

Voluntary participation and right to leave the research

Be assured that your child participation in this study is merely voluntary. Your child has the right to participate and this will not affect the service your child is entitled to. Your child has the right to withdraw from the research at any point.

Risks for participating in this study

There are no unforeseen risks anticipated due to your participation. Furthermore, this proposal has been reviewed by the University Of Malawi College Of Medicine ethics review board, which is a board that ensures that research participants are protected from any harm. For any clarifications or concerns involving this study please contact:

The Chairperson

Postal address: College of Medicine Ethics Review committee

P/Bag 360,

Chichiri

Blantyre 3.

Email address: comrec@medcol.mw

Telephone number: 265 187 4377

Fax Number: 265 187 4740

Physical address: University of Malawi College of Medicine,

Mahatma Gandhi Campus,

Postgraduate Building Ground Floor,

Room number 822.

Institution website address: http://www.medcol.mw/comrec/

Or

Study Investigator: Esnat Likoya (Miss)

Postal address: Kamuzu College of Nursing

P.O. Box 415

Blantyre

Email address: likoya2016vanessa@kcn.unima.mw and esnathlikoya@yahoo.com.

Cell phone number: +265 993 809 068.

Thank you for taking your time to read this information letter.

Appendix V: Parents' Consent Form

Certificate for informed consent for parents on the study title "Experiences of secondary school students in Mulanje District on Parent-adolescent communication about Sexual and reproductive Health issues"

I have read the information form/ the information form has been clearly read to me. I have been given the opportunity to ask questions to clarify areas that were not clear, the investigator has answered all my questions to my satisfaction. I therefore, consent my child to voluntarily participate in this research.

Parent Sign/thumb print …….……..Date……..

Researcher Name……..…… Date…….

Researchers sign…….....

Date……

Appendix VI: Parents information sheet (Chichewa version).

Kafukufuku wofuna kudziwa mmene "Kafukufuku wofuna kudziwa zomwe achinyamata ophunzira sukulu za sekondale boma la Mulanje amadutsamo akamalumikizana ndi makolo awo pa nkhani yogonana ndi ubereki"

Uthenga Wakafukufuku

Okondedwa makolo,

Dzina langa ndine Esnat Vanessa Likoya, ndine wophunzila kusukulu ya ukachenjede ya Kamuzu, ndikuphunzila degiri ya za ubereki**.** Ngati chimodzi cha zinthu zoyeneladza kutenga degiriyi ndikuyenela kupanga kafukufuku. Ichi ndi chifukwa ndikupanga kafukufuku wofuna kuona zithu zomwe achinyamata amakumana nazo akamalumikizana ndi makolo awo pa nkhani ya ubereki pa kwa ana ophunzira sukulu za sekondale.

Mwana wanu akuitanidwa/ kupemphedwa kutengapo mbali pakafukufuku ameneyu,Cholinga cha kalatayi ndikuti ndikupatseni uthenga wa zomwe kafukufuku akufuna kupanga, ndicholinga choti mukamapanga chisankho choti mwana wanu akhale nawo pa kafukufuku, mukhale mukuziwa kuti kafukufuku ndiwachani.

Cholinga cha kafukufuku

Cholinga chakafukufuku ndiwofuna kumvetsetsa komanso kudziwa zithu zimene zimapangitsa kulumikizana pakati pa anyamata ndi makolo pa nkhani ya ubereki

Kusankha anthu olowa mukafukufuku

Kafukufukuyi akusankha anyamata a pakati pa zaka 12 kulekeza 19, amene amakhala ndi makolo awo komanso ali ku sukulu ya secondary ya Mulanje Mission Community day secondary.

Kafukufuku ndi osakakamizidwa.

Chonde dziwani kuti kafukufukuyu ndi osakakamiza.Mwana wanu alindi ufulu olowa kapena kusalowa nawo mukafukufuku. Ngati inu kapena mwana wanu mwaona choletsa chinachili chonse ndinu ololedwa kusiya kafukufuku, ngakhale mkatimkati mwa kafukufukuyo.

Katoleledwe ka zofunikila mukafukufuku

Amene akupangitsa kafukufuku, adzatengera mwana wanu poduka mphepo kuti akamufunse mafunso angapo ngati muli olora. pamalo poduka mphepo. Zokambirana zonse zizajambulidwa pa kaseti movomerezedwa ndi mwana wanu kuti nditero.Zokambirana zonse zidzagwiritsidwa ntchito ndi mene mwana wanu adzalankhulira.

Kusunga chinsinsi

Kafukufukuyu azakhala wa chinsisi ndipo opangitsa kafukufuku sazakufunsani dzina la mwana wanu kapena komwe akukhala panthawi yomwe akutolera kafukufuku. Aza gwilitsa nambala pa pepala lake kuti wina aliyese asadziwe kuti ndi mwana wanu amene akupanga kafukufukuyu .

Mupindulapo Chani?

Kafukufukuyu sazakuthandizani inu kapena mwana wanu kupeza ndalama inailiyonse. Koma zosatila zakafukufuku zizathandiza kudziwa dzinthu zimene zimathandiza kulumikizana pakati pa makolo ndi anyamata zimene.

Chiopsyezo chomwe mungakumane nacho

Palibe choopya kapena vuto lomwe mwana wanu angakumane nalo ngati mungamulore kulowa nawo mukafukufuku. Kuwonjezelapo, kafukufuku wavomelezedwa ndi bungwe lomwe limaona za kafukufuku la sukulu ya ukachenjedwe ya Medicine.

Ngati muli ndi funso kapena dandaulo lokhuzana ndi kafukufukuyu chonde yankhulani ndi

Ngati muli ndi funso kapena dandaulo lokhuzana ndi kafukukuyu chonde yankhulani ndi:

A chairperson

Keyala: College of Medicine Ethics Review committee

P/Bag 360,

Chichiri,

Blantyre 3

Email: comrec@medcol.mw

Nambala: 265 187 4377

Nambala ya fax: 265 187 4740

Komwe amapezeka: University of Malawi College of Medicine,

Mahatma Gandhi Campus,

Postgraduate Building Ground Floor,

Room number 822

Kapena

Mwini wa kafukufuku : Esnat Vanessa Likoya (Miss)

Keyala: Kamuzu College of Nursing,

P.O. Box 415,

Blantyre.

Email: likoya2016vanessa@kcn.unima.mw. and esnathlikoya@yahoo.com.

Nambala : +265 993 809 068.

Zikomo potenga nawo mbali.

Appendix VII: Parents' Consent Form (Chichewa Version)

Kalata ya chilolezo cha makolo kulora ana awo kutenga mbali pa kafukufuku "Kafukufuku wofuna kudziwa zomwe achinyamata ophunzira sukulu za sekondale boma la Mulanje amadutsamo akamalumikizana ndi makolo awo pa nkhani yogonana ndi ubereki"

Ndawerenga/ andiwerengera uthenga wakafukufuku ndipo ndamvesetsa. Ndapatsidwa mpata ofunsa mafunso pamene sindikumvetsa, ndipo ayankhidwa bwino lomwe, Nchocho, ndamvomera kuti mwana wanga atenge nawo mbali pa kafukufuku.

Saini ya kholo/chidindo cha chala…….……. Date…….

Researcher Sign…….…… Date…….

Researchers sign…….....

Date……

Appendix VIII: Interview Guide for Adolescents' (English)

Code Number….....

Date of interview….....

Time started…….. Time finish……..

Section A: Demographic Data (basic data)

Age: …….. Form…….

Number of siblings: …….. Village: ……

Order of siblings' birth…….

Marital status of parents

a. Married
b. Single
c. Widow/er
d. Divorced
e. Separated

Head of the family

a. Father
b. Mother
c. Grandmother
d. Sister
e. Brother

Education level of parents

a. Primary
b. Secondary
c. college

Section B: In depth Interview

Views of adolescent towards parent-child SRH communication

1. What are your feelings about the process of communicating with your parents on SRH issues? Probe on whether it is important for them to discuss with their parents and why?
2. Do you think issues related to sexuality should be discussed? Whether Yes or No: probe for reasons
3. In your view do you think discussions with parents give you adequate information? Probe for reasons.
4. How do your parents communicate sexual health information with you?
5. What do you think encourages parents to discuss with their children on sexuality issues?
6. What encourages you/prevent you from discussing SRH issues with your parents.

Circumstances/situations when parents and adolescent SRH issues communication occur.

1. When did you start talking with parents on SRH issues?
2. What triggers the discussions?
3. Where does sexual communication with parents occur?
4. How do you communicate with your parents?

5. Do you still communicate SRH issues now?

Source and preferred source of information on sexuality

1. What was the most important source of information regarding puberty? why
2. Where do adolescents find information about sexual and reproductive health issues?
3. Who in your family who do you prefer to go to ask questions about sex? why
4. Who else do you get your sexual health information from, if not your parents?
5. Basing on your own experience where would you prefer to get information on sexuality? Probe for preference; parents, teachers and other sources.

Content discussed between parent and adolescent communication on SRH

1. Have you ever discussed with your parents on sexuality-related issues? Can you share with me your experience on discussing sexuality issues with your parents? What issues did you discuss? **If not**, what can be the reason of not talking?
2. What issues did you discuss with your parents regarding puberty?
3. What are the common topics that you discuss with your parents? For example, include puberty, Sex, Pregnancy, STIs? HIV, contraception
4. How do you compare the content of discussion with your parents with information you get from school or friends
5. Where do you hold such discussion? Are you comfortable with these places?

Thank you for this important information

Appendix IX: Interview Guide for Adolescents' (Chichewa version)

Code Number.....

Tsiku.....

Nthawi yoyambira…….. Nthawi yomalizira……..

Section A: Demographic Data (basic data)

Zaka zanu: …….. foromu…….

Munabadwa ana angati: …….. mudzi : ……

Zaka za abale anu…….

Banja la makolo

a. Okwatiwa
b. Osakwatiwa
c. Banja Linatha
d. Wamasiye

Mutu wa pa banja

a. Bambo
b. Amayi
c. Agogo
d. Achemwali
e. Achimwene

Maphunziro a makolo anu

a. Osaphunzira
b. Pulaimale
c. Sekondale
d. universite/college

Makolo anu amagwira ntchito yanji?.....

Ndinu mtundu wanji wa anthu?

a. Chewa [ ]
b. Ngoni [ ]
c. Yao [ ]
d. Lomwe [ ]
e. Tumbuka [ ]
f. Mtundu wina……..

Section B:

Maganizo achinyamata pakhani yolumikizana ndi makolo pa nkhani ya ubereki

a. Mumamva bwanji pa nkhani yolumikizana ndi makolo pa nkhani ya ubereki? Ndikoyenera a chinyamata kukambirana ndi makolo? Apereke
b. Mukuganiza kwanu mukuona kuti mukamalumikizana ndi makolo,makolo amapereka uthenga okwanira. Apereke zifukwa
c. Makolo amapereka bwanji uthenga okhuza ubereki kwa inu?
d. Mukuona kwanu ndi chani chimawapangitsa makolo kulumikizana nanu pa nkhani ya ubereki
e. Nanga chimakupangitsani/kapena kukulepheretsani kukambirana nkhani ya ubereki ndi makolo ndi chani?

Nthawi/nyengo zomwe makolo ndi achinyamata amalumikizana?

a. Ndiliti munayamba kulumikizana ndi makolo pa nkhani ya ubereki?

b. Chinapangitsa kuti mulankhulane ndi chani?

c. Kulumikizana ndi makolo kumachita malo otani?

d. Mumalumikizana motani ndi makolo anu?

e. Mumalumikizanabe ndi makolo anu pa nkhani ya ubereki?

Komwe achinyamata amatenga uthenga wogonana ndi ubereki

a. Uthenga okhuza kuntha msikhu munautenga kuti? Perekani zifukwa.

b. Achinyamata amapeza kuti uthenga woguza kugonana ndi ubereki?

c. Kodi ndi ndani mbanja lanu mungakonde kulankhulana naye pankhani yogonana? Perekani chifukwa

d. Kupatula makolo, kwina komwe mumatenga uthenga wa ubereki ndi kuti?

e. Pa zomwe mwakumana nazo ndikuti mumakonda kutenga uthenga wogonana ndi ubereki

Mitu/nkhani zomwe makolo ndi achinyamata amakambirana

a. Mukuona kwanu mungandilongosolereko mene zimakhalira polumikizana ndi makolo pa nkhani ya ubereki.

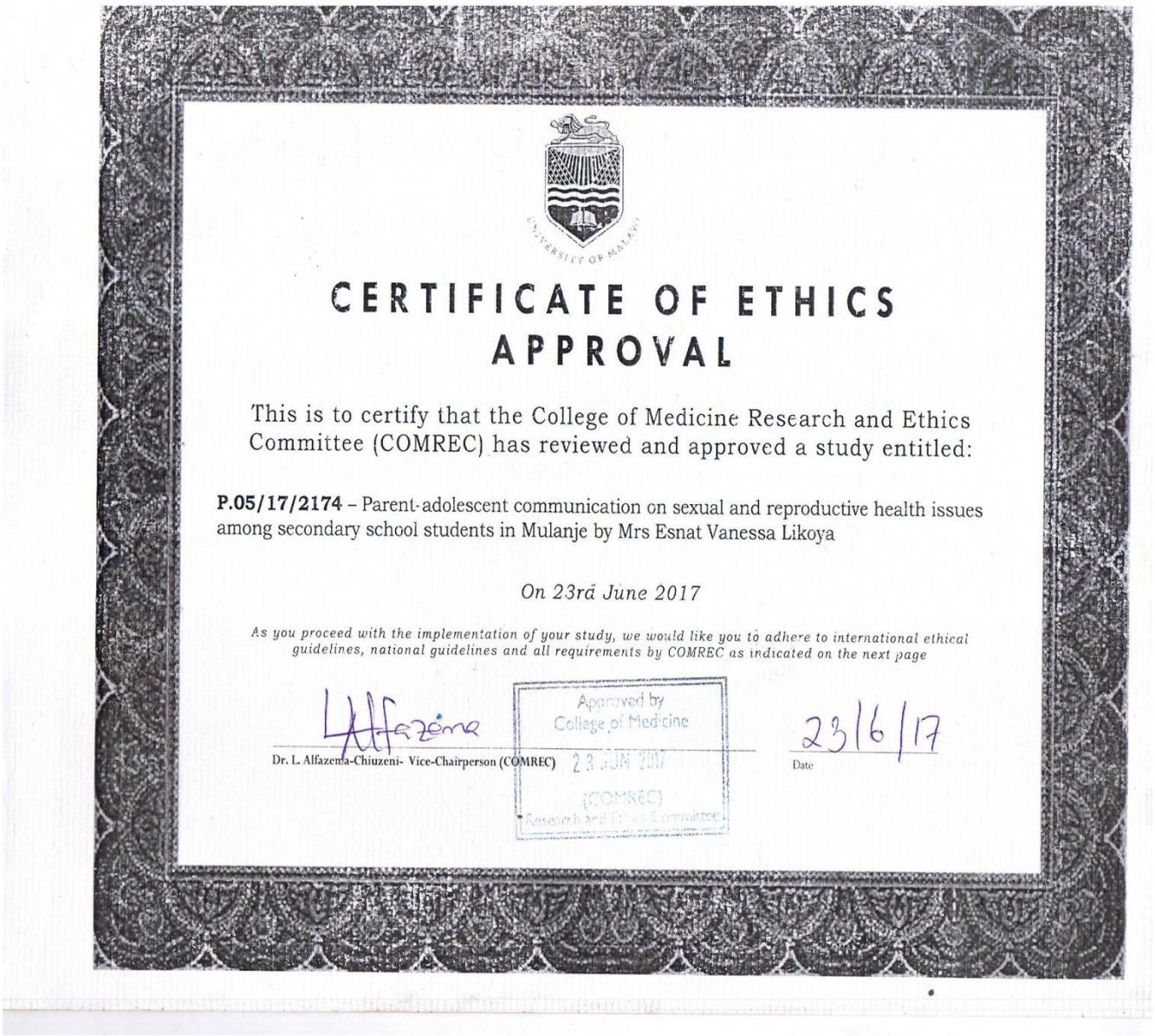
b. Ndi mitu iti ya ubereki yomwe mumakambirana ndi makolo? Mwa chitsanzo kuntha msinkhu,kugonana, kutenga /kupereka pakati, matenda opatsirana,kulera

c. Mungafanazize bwanji uthenga mumalandira kuchoka kwa makolo ndi ochokera kwa ena ngati azanu,aphunzitsi?

d. Kulumikizana ndi makolo kumachitika malo anji? Malo amenewa mumakhala nawo omasuka?

Zikomo chifukwa chanthawi yanu komanso potengapo mbali.

Appendix X: COMREC certificate approval



CERTIFICATE OF ETHICS APPROVAL

This is to certify that the College of Medicine Research and Ethics Committee (COMREC) has reviewed and approved a study entitled:

P.05/17/2174 – Parent-adolescent communication on sexual and reproductive health issues among secondary school students in Mulanje by Mrs Esnat Vanessa Likoya

On 23rd June 2017

As you proceed with the implementation of your study, we would like you to adhere to international ethical guidelines, national guidelines and all requirements by COMREC as indicated on the next page

Dr. L. Alfazema-Chiuzeni- Vice-Chairperson (COMREC)

Approved by College of Medicine 23 JUN 2017 (COMREC) Research and Ethics Committee

23/6/17
Date

Appendix XI: Permission Letter District Education Manager.

University of Malawi

Kamuzu College of Nursing

Post Office Box 415,

BLANTYRE

7TH April, 2017

Permission is granted
MCH
C L Tsogolani
Ag EDM
11.04.17

The District Education Manager,

Shire Highlands Division,

Mulanje

Dear Sir/ Madam

REQUEST FOR PERMISSION TO CONDUCT A RESEARCH PROJECT ON "PARENTS-ADOLESCENTS COMMUNICATION ON SEXUAL AND REPRODUCTIVE HEALTH ISSUES AMONG SECONDARY SCHOOL STUDENTS IN MULANJE DISTRICT".

I write to seek permission to conduct a research study at Mulanje Mission CDSS. I am a student currently pursuing a Master of Science Degree in Reproductive Health at the above institution. In partial fulfillment for the degree, I am supposed to carry out a research study related to Reproductive Health.

The aim of the study is to explore factors that affect parent-adolescent communication on sexual and reproductive health matters. The knowledge gained will assist in improving the communication strategies on sexual and reproductive Health issues between parents and their adolescent. The study will be done in June, 2017, and the participants will be adolescent boys and girls.

I look forward to your favourable consideration.

Yours Faithfully,

ESNAT V.LIKOYA (Miss)

Appendix XII:Table presenting demographic valuables of Participants

Code no	Age (years)	Gender	Level of class	village	No of children	Parent living with	Parents marital status	Parent edu.	Tribe
1	18	M	3	Ngoma	6	Both	Married	secondary	lohmwe
2	17	M	3	Namatingwi	4	Grand mother	Married	primary	lohmwe
3	16	F	2	Ndala	3	Both	Married	secondary	lohmwe
4	14	M	2	Sitolo	4	Both	Married	secondary	lohmwe
5	15	F	1	Namijingo	3	Both	Married	secondary	lohmwe
6	16	F	3	Gulumba	3	Both	Married	College	lohmwe
7	17	M	3	Ngolowera	3	Both	Married	Primary	lohmwe
8	16	F	2	Sitolo	1	Both	Married	secondary	lohmwe
9	15	F	1	Khonya	3	Both	Married	secondary	lohmwe
10	17	F	3	Muhowa	4	g/mother	Widow	None	lohmwe
11	16	M	2	Sitolo	5	Both	Married	Primary	lohmwe
12	17	M	2	Namijingo	4	Both	Married	Secondary	lohmwe
13	19	F	3	Nkhonya	6	Both	Married	Secondary	lohmwe
14	16	M	4	Roben	5	Mother	Divorce	Secondary	manganja
15	17	F	4	Nkhonya	6	Both	Married	Secondary	Lohmwe
16	18	M	4	Lowa	5	Both	Married	College	Lohmwe
17	16	F	3	Kumwamba	5	Both	Married	Secondary	Lohmwe
18	17	M	4	Ndala	3	Both	Married	college	Lohmwe
19	16	F	4	Sitolo	3	Both	Married	College	Lohmwe
20	18	M	4	Nkhonya	5	Father	Widow	secondary	Lohmwe
21	18	F	4	Ndala	4	Both	Married	college	Lohmwe
22	18	F	4	Namijingon	5	Mother	Separation	Secondary	Lohmwe