



University of Malawi

**KAMUZU COLLEGE OF NURSING**

**A DISSERTATION**

**ON**

**PARENT AND ADOLESCENT COMMUNICATION ABOUT SEX AND BIRTH  
CONTROL IN MANGOCHI DISTRICT**

**BY**

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AWARD OF BACHELORS OF SCIENCE DEGREE IN NURSING**

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**26<sup>TH</sup> NOVEMBER, 2010**

## DECLARATION


I hereby declare that this research dissertation is a result of my own hard work and effort.  
It has not been presented for any award of degree anywhere.

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## **DEDICATION**

This dissertation is dedicated to the Almighty God for keeping me alive and for giving me courage to reach this far.

I also dedicate it to my Father Pastor R.J Mfunne, Sisters, Brothers, Aunties, Uncles and, in a special way, to my Late Mother Pastor L.T Mfunne for upbringing me and for wishing me well in my life.

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God bless you abundantly!!

## LIST OF ABBREVIATIONS

ASRH	Adolescent Sexual Reproductive Health
HBM	Health Belief Model
KCN	Kamuzu College of Nursing Research ethics and
KCN-RPC	Kamuzu College of Nursing Research ethics & Publications Committee
MOH	Ministry Of Health
MDHO	Mangochi District Health Officer
PACSBC	Parent and Adolescent Communication on Sex and Birth Control
RH	Reproductive Health
STDs	Sexually Transmitted Diseases
SRS	Sexual Reproductive Services
SC	Save the Children
SRH	Sexual Reproductive Health
USAID	United States Agency International Development
UNESCO	United Nations Education, Scientific and Cultural Organization

## **OPERATIONAL DEFINITIONS**

**Adolescents:** are young people, female or male, aged 10-19 years. (WHO)

**Adolescence:** is defined as the stage of life during which individuals reach sexual maturity; it is the period of transition from puberty to maturity.

**AIDS:** refers to a syndrome characterized by the destruction of human immune system. (Wikipedia Encyclopedia, 2005)

**HIV:** refers to the virus that causes Aids. (Wikipedia Encyclopedia, 2005)

**Sexually Transmitted Diseases:** refers to diseases that are commonly transmitted between partners through sexual activity: most commonly vaginal intercourse, oral sex or anal sex. (Wikipedia Encyclopedia 2005)

**Abstinence:** is a voluntary restraint from indulging a desire or appetite activities that are widely experienced as giving pleasure. Most frequently, the term refers to abstention from sexual intercourse, alcohol or food. (Wikipedia.org/wiki/Abstinence)

**Birth control:** Birth control is the use of any practices, methods, or devices to prevent pregnancy from occurring in a sexually active woman (Medical dictionary)

## TABLE OF CONTENTS

CONTENT	PAGE
DECLARATION.....	i
DEDICATION.....	ii
ACKNOWLEDGEMENT.....	iii
LIST OF ABBREVIATIONS.....	iv
OPERATIONAL DEFINITIONS.....	v
TABLE OF CONTENTS.....	vi
ABSTRACT.....	xi
<b>CHAPTER 1</b> .....	1
1.0 INTRODUCTION.....	1
1.1 BACKGROUND.....	2
1.2 PROBLEM STATEMENT.....	4
1.3 PURPOSE OF THE STUDY.....	4
1.3.1 SPECIFIC OBJECTIVES.....	5
1.4 SIGNIFICANCE OF THE STUDY.....	5
<b>CHAPTER 2</b> .....	6
2.0 LITERATURE REVIEW.....	6
2.1 INTRODUCTION.....	6

2.2 WORLDWIDE PERSPECTIVE .....	6
2.3 AFRICAN AND SUB-SAHARAN PERSPECTIVE .....	7
2.4 MALAWIAN PERSPECTIVE .....	8
2.5 CONCLUSION OF LITERATURE REVIEW .....	9
2.6 CONCEPTUAL FRAME WORK .....	10
2.6.1 INTRODUCTION .....	10
2.6.2 HEALTH BELIEF MODEL .....	10
2.6.3 DESCRIPTION OF HBM .....	11
2.6.4 APPLICATION OF HBM TO THE STUDY .....	12
<b>CHAPTER THREE</b> .....	13
3.0 METHODOLOGY .....	13
3.1 INTRODUCTION .....	13
3.2 RESEARCH DESIGN .....	13
3.3 STUDY SETTING .....	13
3.4 POPULATION AND SAMPLING TECHNIQUE .....	14
3.4.1 TARGET POPULATION .....	14
3.4.2 SAMPLING METHOD .....	14
3.4.3 SAMPLE SIZE .....	14
3.5 PRE-TESTING .....	14



3.6 DATA COLLECTION METHOD .....	15
3.7 DATA MANAGEMENT.....	15
3.8 DATA ANALYSIS.....	15
3.9 ACADEMIC RIGOUR.....	16
3.10 ETHICAL CONSIDERATION.....	16
3.11 LIMITATION OF THE STUDY.....	17
3.12 DISSEMINATION OF RESULTS .....	17
 <b>CHAPTER FOUR</b> .....	 18
4.0 PRESENTATION OF FINDINGS.....	18
4.1 INTRODUCTIONS.....	18
4.1.1 SOCIO-DEMOGRAPHIC DATA.....	18
4.1.2 INFORMATION SHARED BETWEEN PARENTS AND ADOLESCENTS ON SEXUAL MATTERS.....	20
4.1.3 ADOLESCENT SATISFICATION WITH THE INFORMATION THEY GET FROM PARENTS.....	22
4.1.4 INFORMATION THAT PARENTS AND ADOLESCENTS SHARE ON SEX AND BIRTH CONTROL.....	22
4.1.5 CHALLENGES THAT PARENTS AND ADOLESCENTS FACE WHEN DISCUSING ABOUT SEX AND BIRTH CONTROL.....	23

4.1.6 OPINIONS OF PARENTS AND ADOLESCENTS REGARDING COMMUNICATION ON SEX AND BIRTH CONTROLS.....	24
4.2 SUMMARY OF FINDINGS.....	25
<b>CHAPTER FIVE.....</b>	<b>26</b>
5.0 DISCUSSION OF FINDINGS.....	26
5.1 INTRODUCTION.....	26
5.1.1 ASSESSMENT OF THE INFORMATION THAT PARENTS DISCUSS WITH CHILDREN AS REGARDS SEX AND BIRTH CONTROL.....	26
5.1.2 ADOLESCENT ASSESSMENT OF THE INFORMATION THEY GET FROM PARENTS.....	27
5.1.3 INFORMATION THAT PARENTS AND ADOLESCENTS SHARE ON SEX AND BIRTH CONTROL METHODS.....	28
5.1.4 CHALLENGES THAT PARENTS AND ADOLESCENTS FACE WHEN DISCUSSING ABOUT SEX AND BIRTH CONTROL.....	29
5.1.5 OPINIONS OF PARENTS AND ADOLESCENTS REGARDING COMMUNICATION ON SEX AND BIRTH CONTROLS.....	30
5.2 CONCLUSION.....	30
5.3 RECOMMENDATIONS.....	31
5.4 AREAS FOR FURTHER STUDY.....	32
<b>REFERNCE.....</b>	<b>33</b>

<b>APPENDICES .....</b>	<b>35</b>
APPENDIX A: TIME FRAME FOR CONDUCTING THE STUDY.....	35
APPENDIX B: PROPOSED BUDGET FOR RESEARCH.....	36
APPENDIX C: IN-DEPTH INTERVIEW GUIDE.....	38
APPENDIX D: PARTICIPANTS INFORMATION DOCUMENTED / CONSENT FORM .....	43
APPENDIX E: KALATA YOVOMEREZA KUTENGA NAWO GAWO.....	44
APPENDIX F: LETTER TO KCN RESEARCH AND ETHICS PUBLICATIONS .....	45
APPENDIX G LETTER FROM MANGOCHI DISTRICT HEALTH OFFICER.....	46
APPENDIX H CLEARANCE LETTER MDHO.....	47
APPENDIX I APPROVAL CERTIFICATE FROM KCN - RPC.....	48

## ABSTRACT

Adolescent represent a special group in a society. The status of their reproductive health has many physical, social and demographic ramifications in a society. Despite parental advices on abstinence and government's effort to combat early and unwanted pregnancy through introduction of youth friendly health services, a lot of the adolescents still contract premarital pregnancies. Parents play a key role in shaping adolescent behaviors, and parent- child communication, has been identified as an important factor in preventing early and risky sexual behavior.

The purpose of the study aimed to explore Parent and Adolescent Communication about Sex and Birth control in Mangochi district.

This was an exploratory study of communication between parents and adolescents on sex and birth control in Mangochi. Data was collected from consenting five parents and five adolescents through in-depth interviews. Data analysis was done manually according to identified major themes using descriptive content analysis of qualitative research.

Results revealed that most parents exposed their children to sex education at puberty. The discussion still remains advising them to abstain from sex in order to prevent pregnancy and STDs. Parents in Mangochi apart from abstinence they neither discuss with their children about birth controls nor allow their adolescents to use the birth controls because they have fear that adolescent use of birth controls will promote promiscuity, infertility and some other diseases like uterine fibroids. However, the level sex and birth control communication was very unsatisfactory to the adolescents because the topic remained largely on abstinence. Adolescent wished their parents could become the most reliable source of birth control information.

Adolescent still reported that they get information on birth controls from friends, media, school of which it's not clearly understood to them and at the end they get confused with the information of which they don't utilize. They need parental support, consent and involvement on birth controls

In conclusion improving open parent-adolescent communication and parents' communication skills on adolescent use of birth controls can promote prevention of unwanted and early pregnancy among adolescents. There is need to conduct a national survey in Malawi to gather enough evidence.

## CHAPTER 1

### 1.0 INTRODUCTION

Adolescent pregnancies comprise about 25% of all births and 20% of maternal deaths. The lifetime risk of maternal death in Malawi is estimated at 1:7, one of the highest globally. Some of the underlying causes of high maternal death include early childbearing and high fertility rate. Ministry of Health [MOH], (2007).

Adolescent pregnancy poses a great health problem to the young mother and baby since the adolescents are physiologically immature, emotionally unstable and lack of economical base to look after and bringing up the baby. Adolescent pregnancy also leads to, higher rates of poverty, high school dropout, high maternal and infant mortality and morbidity rate. (Commonwealth Regional Health Community, 1995).

United States Agency International Development [USAID], (2004) reported that 31% of girls complete primary school education and 11% graduate from secondary school. Girls' dropout is higher than boys. Girl's dropout is attributed to early marriage, family responsibilities and early pregnancy. It was found that occurrence of pregnancy and childbirth among adolescent girls: 33.3% was 15year olds: 66.6% by age 19years.

World Health Organization [WHO], (2004) stated that 60% of abortions are believed to involve adolescents. Malawi Demographic Health Survey (MDHS) 2004, reported that women aged 15 to 19years still had one of the overall unmet needs for family planning 26% and that the highest need was in Mangochi.

In Malawi a study was conducted by Maleta on Parent and Child communication on sexual and Reproductive Health matters. Findings revealed that there is a large shift in the sex education providers from traditionally being extended to Aunts, Uncles, grandparents and significant friends. Majority of young people reported friends as their source of Sexual Reproductive Health (SRH) information whilst 74% of parents also admitted having SRH conversations with their children (Maleta, 2006).

Adolescent may indulge in early sexual debut or may fall pregnant due to lack of adequate information on reproductive health issues and access to youth friendly health services. They rely on parents as the main source of information.

## **1.1 BACKGROUND**

When young people feel unconnected to home, family, and school, they may be involved in activities that put their health at risk. However, when parents affirm the value of their children, young people more often develop positive, healthy attitudes about themselves. Although most adults want youth to know about abstinence, contraception, and how to prevent HIV and other sexually transmitted infections (STIs), parents often have difficulty communicating about sex. Nevertheless, positive communication between parents and children greatly helps young people to establish individual values and to make healthy decisions (Lagina, 2002).

Malawi is one of the developing countries in the sub-Saharan south of the equator. According to the MDHS (2008) statistics indicated that Malawi has a population of about 14million. More than 1/5 of the population is between the ages of 10-19 years old. Globally, the country is reported to have one of the highest maternal mortality ratios, currently estimated at 1120 per 100, 000 live births up from 620 per 100, 000 live births. The use of contraceptives is low at 28%.

Most Malawian women give birth during their adolescence hence experience rampant maternal problems (MOH, 2007). Most adolescents fall pregnant due to lack of basic knowledge on the reproductive anatomy and physiology, how pregnancy occurs and how they can protect themselves. Parents as a primary source of information and socializing agents of the children have a responsibility to give such important information to their children. However parents have remained silent despite rising rates of adolescent reproductive health problems. This is costing the life of adolescents.

Nationally, representative Survey was done by Biddlecom, Awusambo and Bankole, (2004) to find out the role of parents in adolescent sexual activity and contraceptive use in Burkina Faso, Ghana, Malawi and Uganda. Results revealed that adolescents reported moderate to high levels of parental monitoring and low levels of parent-child communication.

The perceptions and opinions of many policy makers and public opinion leaders are sometimes not supportive to Adolescent Sexual Reproductive Health (ASRH) issues. Open discussion about sex with adolescents is nonexistent, limited or conservative in recognizing the decision-making rights of adolescents. Many parents and community leaders recognize that there is a need for sexual education, but they are usually not agreeable to extensive or intensive education on sex or sexuality. They think that the adolescents will be promiscuous if they learn about sexuality and contraceptives. This comes in view that the gatekeepers do not understand the risk of not providing information to adolescents. (United Nations Education, Scientific and Cultural Organization [UNESCO] 2006).

Some cultural practices are very discriminatory against young women and/or create informal barriers for adolescents to access social support, information and services. Talking about sex or contraceptive use is generally considered taboo in most African countries. For instance, in many cultures, there may not be any formal restrictions imposed for SRH, but it has been seen that many health workers refuse or are reluctant to provide unmarried or adolescent women with any contraceptive or even relevant sexual health information (UNESCO, 2006).

Religion plays a significant role in promoting adolescent reproductive and sexual health, as do social and political institutions, such as media and communications, systems of education and modes of governance. Traditions – whether religious or cultural– influence the norms and behavior of young people. These positive values and norms are important elements of ASRH

Programming; they must be understood properly so that they can be used as creative tools to promote ASRH at the various levels (UNESCO, 2006).

In conclusion it has been shown that despite the introduction of several other youth friendly health services the rate of adolescent pregnancy is still high in the country of Malawi and due to the immature biopsychic-socio being of adolescent mothers they face a lot of problems like high maternal mortality and morbidity rate, high infant mortality and morbidity rate, poverty, high school dropout, community stigma and many others which are a country's great concern. The adolescent might lack adequate information concerning their reproductive health. Therefore

given adequate information on how to be protected from pregnancy, adolescent's pregnancy related consequences can be reduced

Studies done reveals that there is sharing of SRH information among parents and adolescents, whilst other studies reports that adolescents are getting information from friends and media. Therefore, this study seeks to identify the knowledge gap which is existing between adolescents and parents as regards communication about sex and birth control in order to come up with ways of which adolescent child bearing can be reduced and to find out if parents can act as a tool for controlling adolescent premature sex.

## **1.2 PROBLEM STATEMENT**

Despite the introduction of youth friendly health services that are offered by various institutions in the country, the adolescents still fall prey to premarital pregnancies. This results in high adolescent maternal mortality and morbidity rate, high infant mortality and morbidity rate, adolescent school dropouts and poverty. A report by MOH (2007) indicated that 25% of all births were from adolescents and 20% of maternal deaths were found to be adolescents also.

Adolescent may indulge in early sexual debut or may fall pregnant due to lack of adequate information from parents and other viable sources concerning their growth and development as they mostly rely on parents as the main source of information. Hence parent's involvement in communicating on sex and birth control could play a significant role. This communication between the parent and the adolescent child can help make a great difference on the bio psychosocial development of the adolescent child.

Therefore, this study aims to explore parent and adolescent communication on sex and birth control.

## **1.3 PURPOSE OF THE STUDY**

To explore parent and adolescents communication about sex and birth control in Mangochi District.



### **1.3.1 Specific Objectives**

- To assess the information that parents discuss with children as regards sex and birth control
- To determine whether adolescents are satisfied with the communication
- To explore challenges that parents and adolescents face when they are discussing about sex and birth control
- To assess opinion of parents and adolescents regarding communication on sex and birth control

### **1.4 SIGNIFICANCE OF THE STUDY**

The findings of this study shall make substantial contribution to strengthening sex and birth control in Malawi. The results of this study shall have implication on policy makers, health workers, education, research and the community at large.

- To policy makers this study will assist them to develop culturally accepted interventions to assist parents in dealing with adolescent sex and birth control.
- To health workers the findings of this study will assist them to establish adolescent (youth) friendly reproductive health services.
- To health workers, the study findings will assist them to initiate effective Information Education and Communication programmes that will sensitize parents on communicating with adolescents on birth control
- To parents the results will guide them on how, when and why to discuss about sex and birth control and also how to support sexually active adolescent
- Researchers will identify gaps that will act as a basis for further studies to deal with parent and adolescent communication about sex and birth control.
- The findings will identify gaps in the information given to adolescent by their parents which will assist Ministry of education to incorporate in primary, secondary and tertiary school curriculums (Life skills).

## **CHAPTER 2**

### **2.0 LITERATURE REVIEW**

#### **2.1 INTRODUCTION**

A literature review is a crucial early task which includes a written summary of the state of existing knowledge on a research problem (Polit & Beck, 2006).

Literature review is all sources relevant to the topic you have selected. It is an organized written presentation of what has been published on the topic by scholars. Researchers prepare literature reviews to determine knowledge on a topic of interest, to provide a context for a study and to justify the need for a study. The literature review provides readers with a background for understanding current knowledge on a topic and illuminates the significance of the new study. Its purpose is to convey the reader what is currently known regarding the topic of interest (Burns & Grove, 2001).

Various studies have examined the influence that types of parenting have on the behaviors of young people, including risk-taking behavior. This chapter explains the researcher's general information about Parent and Adolescent Communication on Sex and Birth Control (PACSBC). It will include the information on the overview of PACSBC from worldwide studies, African, sub-Saharan countries and Malawian studies.

#### **2.2 WORLDWIDE PERSPECTIVE**

##### **Parent-adolescent communication about sex in Latino families (America)**

Guilamo, (2006) conducted a research on parent-adolescent communication about sex. The purpose of the research aimed at providing practitioners with practical research based strategies that could help Latino families improve parent-adolescent communication about sexual behavior in an effort to reduce the high rate of teen pregnancy and child bearing in the Latino community. Results revealed that Latino parents matter when it comes to influencing their teen's sexual behavior-through specific parenting behavior and practices, parents can help reduce the risk of teen pregnancies and STD's among Latino youth. Results also showed that although many

Latino parents are comfortable talking with their children about sex, love, and relationships, Latino parents themselves make clear that they want and need assistance in communicating more effectively with their children on these issues.

#### **Parent – adolescent communication about sexual intercourse: an analysis of maternal reluctance to communication (America)**

Ramos, (2008) did a research using a unified theory of behavior to parent-adolescent communication about sexual intercourse to understand how some mothers speak less often with their children about not having sexual intercourse. Results revealed that significant material correlates included; Expectancies about lacking knowledge, being embarrassed and encouraging children to children to think maturely and focus on school, self concept and perceiving that mothers who did not talk with their children about sex were irresponsible, emotions about feeling relaxed and comfortable and self efficacy about the ease of talking with one's child. Implications for family based prevention programmers are discussed.

### **2.3 AFRICAN AND SUB-SAHARAN PERSPECTIVE**

#### **Role of Parents in Adolescent Sexual Activity and Contraceptive use in four African countries**

Biddlecom, Awusambo and Bankole, (2004) conducted nationally representative surveys of 12–19-year-olds in Burkina Faso, Ghana, Malawi and Uganda. Results revealed that unmarried adolescents reported moderate to high levels of parental monitoring and low levels of parent-child communication about sexual matters. In all countries, adolescent males who reported low monitoring were at elevated risk of having had sex in the last year as were their female counterparts in three of the countries. Communication with parents was positively associated with sexual activity among Malawian males and Ugandan females. Parental monitoring was not associated with contraceptive use at last sex, whereas parent-child communication was associated with such use among Ghanaian females and among Ugandan adolescents of both genders.

## **2.4 MALAWIAN PERSPECTIVE**

### **Parent and adolescent communication on sexual and reproductive health matters**

Maleta, (2006) conducted a research study. The aim of this study was drawn from the study that explored the current level of parent-child communication on sexual and reproductive health matters in Malawi. The results showed that the level of parent-child communication was unsatisfactory. The content of parent-child communication on SRH discussions remained largely on topics of abstinence inspite of parents' awareness that their children may be sexually active. This shows that parents were unable to progress the level of communication to practical risk reduction strategies in sexual relationships even when there was need for this information.

### **Parent knowledge and attitudes towards utilization of contraceptives by unmarried adolescents**

Phokoso, (2002) conducted a study to explore parent's knowledge and attitude towards utilization of contraceptives by unmarried adolescents in Mangochi District. Findings were that parents have adequate knowledge about contraceptives and are aware that unmarried adolescents use contraceptives. Study further revealed that parents are not yet aware of the government policy on adolescent contraception. Majority of parents denied their children to utilize the contraception.

### **Factors that facilitate Adolescents use of family planning services**

Kanthiti, (2002) carried out a research study to determine positive factors that facilitate adolescents to use family planning services. The findings from this review showed that there are some factors that facilitate adolescents' use of family planning services both in Africa and Asia. These factors included: confidentiality and privacy, knowledge of reproductive health & family planning services, providers' positive attitude, friendly environment and availability of services, convenient opening hours and location of clinics, individual risk perception, peer involvement, parental support and age of adolescent.

## **Condom and sexual abstinence talk in the Malawi National Assembly**

Muula, (2006) conducted a qualitative study on utilizing parliamentary Hansards to describe the discussions about condom and abstinence in the national assembly and results revealed that members of parliament had negative attitudes towards extra or pre-marital sexual intercourse condom promotion and use. The study confirmed that health interventions such as condoms are not perceived neutrally and may be construed as enemy of society.

## **World Health Organization (WHO) report of 2005**

World Health Organization, (2005) observed that parents recognize that sexual norms are changing and that premarital sex has become common and unavoidable among unmarried youth. However parents are torn between their desires to adhere to traditional norms and the need to protect the health and well being of their unmarried children. Many parents maintain that sex education should start at 18 and should be different from information given to married people.

## **2.5 CONCLUSION OF LITERATURE REVIEW**

The available literature demonstrates that most parents in other countries are able to communicate to their children about sex and birth control or SRH matters. Research also indicates that adolescents who reported low monitoring of parents and adolescent communication on sexual matters were at an elevated risk of having sex. Worldwide studies shows that parents can help reduce risk of teen pregnancies among youth though need some assistance in communicating more effectively.

## 2.6 CONCEPTUAL FRAME WORK

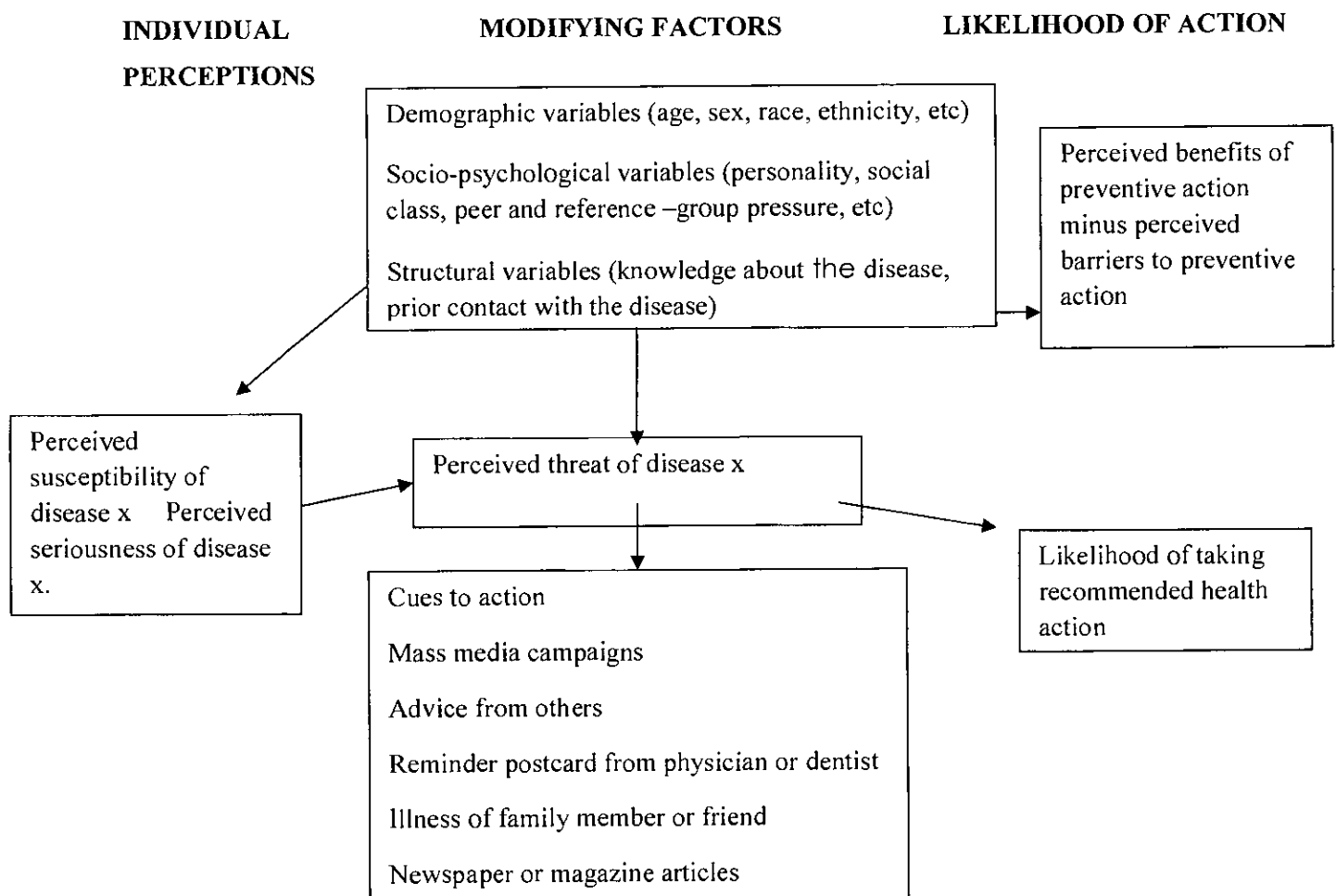
### 2.6.1 Introduction

Conceptual frame work guides the researcher to understand the variables under study and their relationships and how these relationships affect their outcomes. When nursing research is performed within the context of the theoretical framework, its findings are significant and are utilized in nursing (Polit & Hungler 1995).

### 2.6.2 Health Belief Model (HBM)

It seeks to explain why some people take specific actions and others do not. It is useful in explaining the behaviors and actions taken by people to prevent illness and injury. It is also important in identifying the factors that influence behavioral change (Smith, 1995).

**FIGURE 1: THE HEALTH BELIEF MODEL** (Source diagram below: Kozier, 2008)



### **2.6.3 Description of HBM**

This model has three principle concepts:

#### **a) Individual perception**

The model explains that individual's perceived susceptibility and perceived seriousness of the health problem, determine threat that will increase the likelihood of the preventive action or participation in health intervention that decreases the perceived (Clemen-Stone, 2001). Unless the acknowledgement of perceived susceptibility and severity of health problems exist, the individual will not indulge themselves in health preventive behavior.

#### **b) Modifying factors**

Demographic values such as age, sex, religion, marital status and educational level; social-psychological variables such as personality, peer pressure, social class and culture; and structural variables such as knowledge, and experience about health problems affect individual's perceived susceptibility and perceived seriousness of a given health problem. They also affect the perceived benefits and barriers to health action (Clemen-Stone, 2001; Pender, 2002).

Cues of action are also the modifying factors. They provide suggestions on how to trigger health action. These include public and media information, health education, symptoms, illness of family member and environmental changes (Kozier, 2004). Cues of action motivate clients to take preventive action.

#### **c) Likelihood of action**

Perceived benefits are weighed against perceived barriers of action and these determine the recommended preventive health action (Clemen-Stone, 2001). This means that the individuals' health action will depend on the benefits of having weighed the problems that she or he may face during the course of attempting the action. For example, a client may view going to hospital as a benefit but the attitude of a health worker prevents him to attend service, unless to the health action, the patient would rather stay at home.

#### **2.6.4 Application of HBM to the Study**

The health belief model explores factors that influence an individual willingness to take action. The modifying factors such as knowledge, culture and social economic status will determine decision making in the person. The parent who has the knowledge about the seriousness of the adolescent unplanned pregnancies, STI/HIV and AIDS, school dropout and psychological impact and perceives a threat is likely to take action.

Young people, especially adolescents, are perceived to be at risk of contracting pregnancy because they are sexually active at this stage and lack knowledge on sexuality and pregnancy control. Given adequate information by parents, health workers, media that is Information Education and Communication (IEC) and significant others on sexuality, birth control and abstinence will give them cues to action. In this case the actions that may be taken are to abstain from pre-marital sex and go for family planning services.

Perceived susceptibility and perceived seriousness of the problem are the major influence on an individual's willingness to take action. If the adolescents/parents perceive pre-marital sex as being a major way of contracting pregnancy and perceiving adolescent pregnancy as being the serious condition, which can cause death, parents will take up an action to advise their children on sex and birth control in order to prevent the adolescents from pregnancy, STI/HIV and AIDS and school dropout.

The health belief model states that perceived benefits should outweigh the perceived barriers. Young people are more likely to indulge in preventive behaviors if the perceived benefits of abstinence and birth control practices outweigh the barriers e.g. no unwanted pregnancy, continuing with their education, not being infected with STI/HIV and AIDS. The barriers may include lack of information from the parents, health care workers, age, and lack of knowledge on sexuality and pregnancy prevention.

If adolescents are empowered with adequate information on sex and birth control from parents, healthcare workers, community leaders, church leaders e.g. they will take up step to change their lifestyle and adopt those which will promote health.



## **CHAPTER THREE**

### **3.0 METHODOLOGY**

#### **3.1 INTRODUCTION.**

This is the section that explains the research methodology that was used to carry out this study. This chapter involves the description of a study design, setting, sampling, rigor, pre testing, data collection, data analysis, ethical consideration and limitation of the study.

#### **3.2 RESEARCH DESIGN**

Burns & Grove (2001) defines research design as an overall plan for obtaining answers to the research questions and for testing research hypothesis. This study used qualitative exploratory research. Qualitative design is a study that in which data collected is in narrative and non-numeric form (Polit & Hunger, 1999). It helps to understand people's experiences, opinions, values, attitudes, perceptions and gives meaning.

Qualitative research design was used because it intends to emphasize on dynamic, holistic and individual aspects of human and attempts to capture those aspects entirely within the context of those experiencing them (Polit & Hungler, 1991). It was exploratory because exploratory research provides insights into and comprehension of an issue or situation. It should draw definitive conclusions only with extreme caution (Wikipedia.org).

#### **3.3 STUDY SETTING**

Setting is location for conducting research, such as a natural, partially controlled, or highly controlled setting. The study was done in Mangochi District at Kalonga area. This place was chosen because it is highly populated and the population of interest is found. Additionally the area is within the center for tourist attraction because of the lake, market place, hotels and clubs hence data to be collected will be the representative of views from different believes and values. Participants in this study were studied in their natural setting that is their homes. A natural study setting does not manipulate the environment of the subjects. As a result, subjects are more free and flexible to give accurate information (Burns and Grove 2005).

### **3.4 POPULATION AND SAMPLING TECHNIQUE**

#### **3.4.1 Target Population**

The targeted population was Adolescent's age range of 10-19 and Parents who have adolescent children. These were chosen because they are the ones who are affected with consequences adolescent early pregnancies.

#### **3.4.2 Sampling Method**

Non probability convenience sampling was used to select the subjects. Convenience sampling is a non-probability sampling technique where subjects are selected because of their convenient accessibility and proximity to the researcher

This entails the use of the most conveniently available persons for use as subjects for the study. That is the participants were selected according to availability so long they meet inclusion criterion and voluntarily to participate in the study.

#### **3.4.3 Sample Size**

Burns and Groove (2000) defines a sample as a subset of population that is selected for the study. The sample size of 10 participants was used of which 10 were parents and 10 were adolescents. 10 people were chosen because in qualitative study the methods used for data collection are too involving hence when large sample has been used it becomes tiresome and difficult to collect and analyze data. Equal representation of sample has been chosen to avoid bias of the results.

### **3.5 PRE-TESTING**

In order to test the reliability and validity of questions on the interview guide, the researcher was supposed to conduct a pilot study. This refines the data collection tool for validity and reliability. (Burns and G rove 2005). The pilot study was supposed to be done at Chisomo private secondary school which is found in Lilongwe district. Unfortunately, the researcher did not do the pilot study because the proposal was approved late by the KCN research and publications committee.

Hence there was limited time for pilot study since the researcher was also doing preceptor ship practice at that time.

### **3.6 DATA COLLECTION METHOD**

Individual in-depth interview guide was used to collect data (Appendix A). According to Bryman & Burgess (1999), it states that in-depth interview is very effective in giving a human face to research problems. It is also useful to learn about the individual perspective and is the best method for getting people to talk about their personal feelings, experiences and opinion. They are also helpful in addressing sensitive issues that people may be reactant to discuss in group.

This is applicable to this study because people become very uncomfortable when discussing issues of sex with other people. It will use open ended questions to allow participants clarify more on what they want to express. A tape recorder was used during the interviews. The data was collected for the period of 3days. The participants were interviewed using the interview guide that the researcher will hold. The time for interview per participant was 30minutes.

### **3.7 DATA MANAGEMENT**

The data which was collected was treated confidential in order to protect the privacy of the participants. The data will be damaged after 5years and the computer used for compilation of data will have a password that will not be disclosed to anyone. The data will only be used by the researcher and those who are directly involved to the research.

### **3.8 DATA ANALYSIS**

Data analysis is a systematic organization and synthetics of research data (Polit and Beck, 2006) Data has been analyzed manually using descriptive content analysis. It involved reading each script thoroughly, identifying the information provided and comparing the scripts to identify what's similar and different about the issues to be given. Furthermore, transcribed data was categorized into themes and then a description according to the themes has been provided.

### **3.9 ACADEMIC RIGOUR**

Trustworthiness of the study involves rigor or goodness of a qualitative study. The goal of rigor in qualitative research is to accurately represent study participant's experiences (Speziale & Carpenter, 2003). They are four terms that describe the process that contribute to rigor and these are; credibility, dependability, conformability and transferability and triangulation.

Credibility implies that the findings should be true to the participant's experiences. Dependability describes the reliability of the findings of the study. Conformability refers to having an audit trail such that another person or a reviewer of research can follow the processes involved in the study. Transferability refers to the probability that the findings can be referred to other groups in similar situations.

In this study, rigor was ensured by paying adequate attention upon data collection and all the data obtained has been carefully being considered during data analysis so as to make sure that the findings reflect the communication between parents and adolescents hence ensuring credibility and dependability of study.

The study's conformability was maintained by orderly documenting the study process such that others could follow and appreciate the process. Triangulation which is the means of establishing completeness was considered by the use of multiple methods of collecting data which were in-depth interviews and tape recorder.

### **3.10 ETHICAL CONSIDERATION**

The participants' rights were protected through the use of informed consent (Appendix D&E). The consent was sought from the relevant authorities such as the Mangochi District Health Office (MDHO) and Kamuzu College of Nursing Research Ethics and Publication Committee (KCN-RPC). The subject's confidentiality and privacy was maintained and that the information was inaccessible to everyone except those were directly involved in the research.

Participants were assured that confidentiality would be maintained and that no names were to be written on the in-depth interview guide rather there would be use of codes. There are no risks

involved but participants were informed that they would spend a considerable time of 30minutes during in-depth interview.

The participants were also informed about the purpose of the study, its significance, and benefits of the study to them and other people and the risks if any to obtain the informed consent from them. The participants were advised that participation is voluntary as such they could quit at any time they want to. This is so because the subject who is fully informed about the nature and importance of the study, benefits and diverse effects are in the position to make informed decision regarding participation in the study (Burns and Grove 2005). The study was to be carried out only after necessary approval from Mangochi District Health Office (Appendix H) and KCN Research Ethics and Publications Committee (Appendix I).

### **3.11 LIMITATIONS OF THE STUDY**

The main limitation of the study is that the sample size was too small hence is not a representative of the whole population. As a result, it's difficult to generalize the findings of the study at the national and international level. Due to time and financial limitation of the researcher, it is was difficult to select and carry out a large scale study; as such the study was done only in partial fulfillment of the Bachelor of Science degree in nursing.

### **3.12 DISSEMINATION OF RESULTS**

The dissertation will be submitted to KCN for the award of Bachelor of Science Degree in Nursing. The results will be disseminated through research report, which will be placed in the KCN library, and copies will be made available to Mangochi District Health Office.

## CHAPTER FOUR

### 4.0 PRESENTATION OF STUDY FINDINGS

#### 4.1 INTRODUCTION

This chapter provides study findings. The study aimed at exploring parent and adolescent communication on sex and birth control at Kalonga area in Mangochi District. The findings are categorized under the following headings; demographic data, information that parents share with adolescents on sexual matters, information that parents and adolescent share on sex and birth control, adolescent satisfaction with the information they get from parents, challenges faced by parents and adolescent when discussing about sex and birth control and recommendations from parents and adolescents on how to strengthen the communication on adolescent sex and birth control.

#### PART ONE

##### 4.1.1 SOCIO-DEMOGRAPHIC

Data was collected from five parents and five adolescent. These parents and adolescents have been used throughout in presentation and discussion of findings. Table 1 below shows the frequencies of the participant's age, sex, level of education, religion and tribe.

Table 1; Distribution of age, education, occupation, religion and tribe, (N=10=100%)

Characteristics	Number of Participants	Percentage
<b>Age range for adolescent</b>		
10-15	4	80%
15-20	1	20%
<b>Age range for parents</b>		
20-30	1	20%
30-40	3	60%

40 above	1	20%
<b>Religion</b>		
Christian	4	40%
Moslem	6	60%
<b>Tribe</b>		
Chewa	0	0%
Yawo	6	60%
Ngoni	4	40%
Tumbuka	0	0%
<b>Adolescent Level education</b>		
Std 1 – 5	0	0%
Std 6-8	4	80%
Form 1-2	1	20%
<b>Parents level of education</b>		
Std 1-5	4	80%
Std 6-8	1	20%
Form 1-2	0	0%

Table 1 above indicates that eighty percent (n=4) of the adolescents were of the age range (10 – 15), while sixty percent (n=3) were of the age range of 30-40. Sixty percent (n=6) were Muslims. The level of education for most parents ranged between standard (1 – 4) eighty percent (n=4).

## **PART TWO**

### **4.1.2 INFORMATION SHARED BETWEEN PARENTS AND ADOLESCENTS ON SEXUAL MATTERS**

Participants were asked whether they discuss sexual matters amongst each other. All 5 parents replied that they do discuss with their children on sexual matters especially on the issues of pregnancy control and STD prevention this is reflected by the following statements;

Parent 1 answered that she does tell her adolescent children that men are dangerous so don't befriend them. Two parents are quoted below;

Parent 1 said "Together with my husband, we do advise our children that they must not sleep around with boyfriends and girlfriend. We do tell them to abstain from premarital sexual intercourse in order to prevent themselves from getting early pregnancies and STD which may doom their future".

Parent 2 said "I do discuss with my children on issues of sex. I do tell them on how they can become pregnant and how they can contract STDs. I also do tell them to abstain from sex because their bodies are premature and if it may happen to contract the pregnancy, they can be at risk of facing severe labor problems".

All the five adolescents disclosed that their parents do discuss with them about sexual matters as reflected by the following statement;

Parents tell us that we must not start having boyfriends at an early age because we can get the pregnancy hence facing consequences due to our premature bodies. They also tell us that we can contract the disease because we don't know the health status of the man we sleep around with.



When asked on what sexual information is being discussed, the adolescents answered that they are told to abstain from sex and to avoid having boyfriends in order to prevent contraction of pregnancy and STD's

Below is the quote of the response from one of the adolescents;

"My parents once told me that I must not start having boyfriends at my age because they can impregnate me". (Adolescent 2)

Participants were asked on how they view the information shared and how do they feel during the discussion and its importance. Almost all parents and adolescents revealed that they feel relaxed when sharing the information with their children and that they also view the information as of great important to both of them.

One parent said that the discussion about sexual matters with adolescent is important in several ways like; it prevents adolescents from contracting the pregnancy and the diseases that can lead them to drop out from school hence stopping them from having bright future, can also kill them from the STDs. Another parent answered that it is good to discuss with children on sexual matters because they learn on how to prevent diseases and pregnancy at an early age even before exposure. Two parents and two adolescents were quoted as below;

Parent 1 said "When I am discussing about sexual issues with my children I view the information as important to me and to my children because I know that when I die there will be no one who can advise them better than me their mother. I also feel free and relaxed when discussing about sexual issues with my children because I know am doing good by protecting my children' s health".

Parent 4 said "I view the information as helpful both to my children and to myself because nobody can advise my children better than me and that if given proper advice, they can be protected from unwanted pregnancies hence they continue with school for their bright future. The adolescents respond positively by saying thank you mother ".

Adolescent 2 replied “I view the information as of my own benefit because no one can tell me the truth other than my parents. I felt relaxed during the discussion of sexual issues with my parents”

Adolescent 5 said “I did not feel relaxed during the discussion of sex and birth control with my parents rather I felt relaxed when discussing it with my aunties and friends”.

When parents were asked at what age they initiate sexual discussion with their children, they answered that it starts after menarche and adolescents also answered the same.

#### **4.1.3 ADOLESCENT SATISFICATION WITH THE INFORMATION THEY GET FROM PARENTS**

When the adolescents were asked if the information they get from parents is adequate, four of them n=4 answered that the information they get from parents is not enough to protect them from premarital pregnancy. More information on how to prevent pregnancy is being taken from media, school and friends.

One adolescent was quoted “my friends at school say that I must practice sex before marriage otherwise I will not manage it in marriage. They also say I can prevent myself from pregnancy with the use of condom of which my parents do not allow”.

#### **4.1.4 INFORMATION THAT PARENTS AND ADOLESCENTS SHARE ON SEX AND BIRTH CONTROL**

Adolescents were asked if their parents allow them to practice birth control methods. Four answered that their parents have never discussed with them about any other birth control methods except abstinence. One adolescent stated that her parents have never discussed with her about sex and birth control issues but she knows that if she can start using birth controls her parents may support her to continue.

Parents were also asked whether they discuss birth control issues with adolescents with reasons. Most parents said that they never discuss with their children on birth control methods because of the following reasons;

Parent 1 said “I do not discuss with my adolescent children concerning use of birth control methods because I have little knowledge on birth control methods and I have never used them before so am scared of telling my children with wrong information”.

Parent 4 said “I don’t allow my children to start using birth control methods because they are not yet married and that rumors are everywhere that these birth control methods causes uterine tumors and infertility”.

Parent 5 replied “I cannot allow my children to start using birth control methods because they are young and they can be exposed to sexual conducts hence promoting sexual behavior which might put them at risk of contracting STD’s”.

#### **4.1.5 CHALLENGES THAT PARENTS AND ADOLESCENTS FACE WHEN DISCUSING ABOUT SEX AND BIRTH CONTROL**

When parents were asked the factors that prevent them from discussing about sex and birth control with their adolescent children, almost all of them answered that they have fear that they might encourage promiscuous behavior amongst their children at an early age .

Participants were asked how culture, level of education and sex of parents hinder the discussion on sex and birth control between parents and adolescents, all female parents said that they don’t have problems with sex of a child when discussing on sexual behavior.

Adolescent 1 said “in Yao culture they encourage girl’s early marriages; hence most adolescents get married before the age of 20. Friends at school say that we must start sexual intercourse at an age so that we must practice before marriage to avoid facing sexual difficulties in marriage”.

Parent 2 said “In Yao culture they practice kutsatsa fumbi at menarche hence children are exposed to sex at an early age hence it becomes difficult to control them.

Participants were asked on other challenges faced when discussing about sex and birth control with their children, only one parent said that her child answers her that she knows everything already so there is no need of telling her.

Three adolescent participants answered that their parents never communicated to them that there are birth control methods hence they find it difficult to start using them without parents' consent despite being told at school, media and friends. The remaining two adolescents replied that they face no challenges when discussing with parents on sexual issues.

#### **4.1.6 OPINIONS OF PARENTS AND ADOLESCENTS REGARDING COMMUNICATION ON SEX AND BIRTH CONTROLS**

The participants were asked that considering that most adolescents are sexually active due to development stage and are at risk of getting unplanned pregnancies, what could be parent's role in protecting them? "Four parents answered that, they should start discussing and advising their sexually active children to start using birth control methods.

Parent 2 said "parents should initiate discussion on sex and birth control at an early age before the child is exposed".

Parent 3 said "it is the role of parents to allow their sexually active adolescent to start using contraceptives".

Finally the participants were asked to mention other ways which they think can help strengthen parent and adolescent communication on sex and birth control.

Most parents' participants answered that schools should keep on teaching adolescent on how to prevent pregnancy, some parents said that parents themselves should discuss the importance of using birth control methods with their adolescents.

Parent 1" in Mangochi, there are few schools hence most children don't go to school hence the government should try to build some more schools so that children must get educated hence gaining knowledge and skills. She also said that standard eight examinations should be released early so that children must be equipped with school other than friends who misleads them.

Parent 5 suggested that parents should be taught on the importance of their children to use birth control methods. She also said that the government should open youth centers in order to allow adolescent to have time for games and lessons on reproductive health issues.

#### **4.2 SUMMARY OF FINDINGS**

The study has found that adolescents do not get adequate information from their parents.. The study has found out that most parents do not allow their adolescent to be using birth controls. The discussion between them mostly is about abstaining from sexual intercourse. The adolescents themselves explained that their parents have never discussed with them on birth control methods. They get the information on birth control from school, peers, and books/magazines and on media. The information they get from these various sources is not enough because without parents' consent they cannot have the courage of using the birth control methods because they are afraid of their parents.

## **CHAPTER FIVE**

### **5.0 DISCUSSION OF STUDY FINDINGS**

This chapter will present the discussion of the significant findings of the study to explore parent and adolescent communication about sex and birth control in Mangochi district. The discussion will focus on socio-demographic data, assessment of information that parents discuss with children as regards sex and birth control, adolescent's assessment of information with their parents, challenges of communication between parents and adolescents about sex and birth control and parents and adolescents recommendations regarding sex and birth control.

#### **5.1 SOCIO-DEMOGRAPHIC DATA**

The HBM conceptual framework stipulates that the demographic variables such as age, sex, level of education affects individuals susceptibility and perceived seriousness of a given health problem. This supports the findings of the study, as it has been found that adolescent who were readily available were the ages of between 10-15 years and were still attending primary school education. Most adolescent of age 16 – 19years were reported to be married. This age group is perceived to be at risk of contracting pregnancy because they are sexually active at this stage and lack knowledge on sexuality and pregnancy control. Given adequate information by parents, health workers, media that is Information Education and Communication (IEC) and significant others on sexuality, birth control and abstinence will give them cues to action.

It was also found that all the parents' participants' were uneducated. Lack of education interferes with one's thinking capacity, decision making and understanding of issues.

##### **5.1.1 ASSESSMENT OF THE INFORMATION THAT PARENTS DISCUSS WITH CHILDREN AS REGARDS SEX AND BIRTH CONTROL**

Parents said that they are able to discuss with their children on how to avoid pregnancy and how to prevent STDs contraction by telling them to abstain from sex. Parents also said that they tell their children not to sleep around with boys, not to have boyfriends at that age. Adolescents said that their parents tells them that they must not start having boyfriends now because they can

contract the pregnancy and later face severe labor problems due to their immature bodies. The represented data shows that the information that parents are communicating with children still remains on advising them abstaining from sex in order to prevent pregnancy and STDs contraction. This correlates with the study done by Maleta 2006 who found that the content of parent-adolescent communication on SRH discussions remained largely on topics of abstinence in spite of awareness that their children may be sexually active.

Parents said that discussing with their children about abstinence is so helpful and important to both of them. They said if children are protected from early pregnancy and STDs their health status remains strong and they are able to continue with schools for their bright future. This is in line with HBM conceptual framework as it stipulates that an individual is more likely to take a recommended health action if he or she has perceived the threat to the disease x. This concurs with the findings of this study as it has revealed that both parents and adolescents view sexual discussion as helpful because it prevents adolescents from becoming pregnant and from contracting STDs. In this case, parents perceive adolescent pregnancy and STDs as a threat to the health of an adolescent which might in turn affect the parents also. However abstinence alone cannot protect the sexually active adolescent from STDs and Pregnancy and this implies that adolescent is still at risk of contracting early pregnancy.

The study revealed that the sexual discussion between parents and adolescents is there only that it is being initiated late by most parents. WHO 2005, observed that parents recognize that sexual norms are changing and that premarital sex has become common and unavoidable. However many parents maintain that sex education should start at 18years. This statement correlates with the study findings as it was found that most parents start the sexual discussion late. This affects the adolescents because they get the information whilst they are already affected.

#### **5.1.2 ADOLESCENT ASSESSMENT OF THE INFORMATION THEY GET FROM PARENTS**

The findings of this study showed that most adolescents complained of not getting adequate information from their parents on how to prevent pregnancy. Most of them said that their parents emphasize on abstinence as a pregnancy prevention method. They get the information on how to

prevent pregnancy from friends, school lessons and media (IEC). The information they get from these sources is that there are injections, condoms and pills which can prevent them from being pregnant. This put adolescents in an awkward situation because they get enticed and confused with sexual information obtained from other sources, which are not fully and properly explained to them, and as a result they indulge in risky sexual behavior.

### **5.1.3 INFORMATION THAT PARENTS AND ADOLESCENTS SHARE ON SEX AND BIRTH CONTROL METHODS**

Parents said that they neither discuss with their adolescent about birth controls nor allow them to use because they are afraid of being misinterpreted by the adolescents. They said if adolescents might be using the birth controls, they can start indulging in promiscuity behaviors which may put them at risk of contracting STDs. This finding correlates with what National Representative Surveys found in 2004, done by Biddlecom, Awusambo and Bankole. From their study, adolescents reported moderate to high levels of parental monitoring and low levels of parent child communication on birth controls. The data presented indicated that parents do not communicate about birth controls with their adolescents except advising them to abstain from sex.

It was found that Parents are afraid that their children may be barren in future when married and that they can develop uterine fibroids due to effects of birth control methods. These findings support research done by (Kanthiti 2002) which indicated that factors that facilitate adolescents use of family planning services includes, knowledge of reproductive health and family planning services, providers positive attitude, individual risk perception and parental support. The HBM conceptual framework (Kozier 2008) says that an individual is more likely to take a health action if perceived action to disease  $\times$  outweighs perceived barriers to preventive action. The statement above is not correlating with the study findings as parents are not outweighing the risks of uterine fibroids and infertility to be less painful than adolescent pregnancy which might cause maternal deaths.



#### **5.1.4 CHALLENGES THAT PARENTS AND ADOLESCENTS FACE WHEN DISCUSSING ABOUT SEX AND BIRTH CONTROL**

The findings on challenges that parents and adolescents face when discussing about sex and birth control are the following;

##### **i) Challenges facing parents**

Most parents reported that the most challenge they are facing is fear. This factor is limiting them from discussing with their children about birth controls as they are afraid of being misinterpreted by adolescents hence promoting promiscuity amongst their children at an early age. This finding concurs with UNESCO 2006 results as it also found the same challenge that parents do not want to discuss with their adolescent children on birth control methods with the fear that the adolescents can become promiscuous.

The study findings also revealed that, Yao culture promotes girls early marriages and they also practice kutsatsa fumbi at menarche (time when one comes of age). This poses a challenge to parents during discussion about sex and birth control because adolescents resist the information that parents give them because of early exposure to sexual intercourse.

##### **ii) Challenges facing adolescents**

Adolescents also reported that the greatest challenge they are facing is that of lacking information from parents that there are birth controls and worse still not allowing them to use the methods. This lack of information on birth controls is putting the life of adolescents at risks of contracting early pregnancies as they get the information from friends, school lessons, media (IEC) which is somehow not properly understood and its confusing.

### **5.1.5 OPINIONS OF PARENTS AND ADOLESCENTS REGARDING COMMUNICATION ON SEX AND BIRTH CONTROLS**

From the study findings, parents suggested that they should start discussing with their adolescents children about birth control methods and that it should be initiated early.

Parents also commented that the government should open more schools in Mangochi so that adolescents should go to school be educated hence gaining knowledge and skills. Another participant said that schools should keep on teaching the students on how to prevent pregnancy and STDs.

Finally a certain participant suggested that parents should be taught on the benefits of allowing adolescents to be using birth controls. It was also suggested that the government should open up more youth centers to allow adolescents of having time for lessons on reproductive health and games.

### **5.2 CONCLUSION**

In conclusion, the findings of this study demonstrated that most parents in Mangochi feel that abstinence would promote positive sexual reproductive health of adolescents. Parents do not allow their adolescents to use the birth controls because they have fear that adolescent use of birth controls will promote promiscuity, infertility and some other diseases like uterine fibroids. However, the level of PACSBC was very unsatisfactory to the adolescents because the topic on PACSBC remained largely on abstinence. Adolescent wished their parents could become the most reliable source of birth control information. This finding answered the main objective of the study. From the study, adolescents indicated that they require more birth control information and they want parental involvement and support.

In short, findings answered the research question in the study endeavored to explore parent and adolescent communication about sex and birth control in Mangochi district. There is need to conduct a national survey in Malawi to gather enough evidence on how best parents can consent and support the adolescent child to start practicing birth control in order to prevent early pregnancies.

### 5.3 RECOMMENDATIONS

The findings of this study have important implications for improving parents and adolescent's communication about sex and birth control. Recommendations have been made on how such communication can be improved.

#### **Roles of parents**

Parents need to start discussing and allowing their children about using birth controls in order to reduce adolescent risk of contracting early pregnancy. For them to undertake this role, the following should be done;

- 1) The study suggests that parents should be taught on proper communication skills on sexual related issues in order to effectively and efficiently impact on their children on birth controls for them to be protected from consequences of early pregnancies. This can be achieved by health workers initiation of effective IEC programmes that will sensitize parents on importance of adolescent's birth controls practice.
- 2) The study also suggests that discussion about sex and birth control between parents and adolescents should be initiated at an early age before menarche. This equips adolescents with sexual information at an early age and they develop knowledge of how to prevent pregnancy before indulging in risky behaviors.
- 3) It is suggested also that the policy makers should discourage the practice of early marriages and kutsatsa fumbi amongst the Yao culture as this introduces sexual conducts amongst children at an early age hence causing them to resist from the sexual discussion with parents.
- 4) The study finally suggests that parents should be provided with more realistic data on sexual behaviors of adolescents so that they must understand the benefit of allowing their children to start using birth control methods.

### **Roles of adolescents**

Similarly, adolescents need to take the discussion about sex and birth control positively and be able to utilize it. For them to undertake this role, the following should be done;

- 1) Family planning services providers should develop positive attitudes towards adolescent use of birth control services.
- 2) The ministry of education should incorporate birth control lessons in Life skill starting from primary, secondary and tertiary education.

### **5.4 AREAS FOR FURTHER STUDY**

This study needs to be carried out on a larger scale like conducting a nationwide survey in Malawi so as to find out ways of which parents can consent their adolescents to utilize birth controls.

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## APPENDIX A

**TABLE 1: TIME TABLE FOR CONDUCTING THE STUDY (Jan-Dec 2010)**

ACTIVITY	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Preparation of research topic and objectives												
Proposal writing and compiling												
Submitting proposal for approval												
Conducting a pilot study												
Data collection												
Data analysis												
Writing and submission of dissertation												
Dissemination of results.												

## APPENDIX B

**TABLE 2: PROPOSED BUDGET FOR RESEARCH**

<b>STATIONARY</b>		<b>K</b>	<b>T</b>
Reams of papers	2 at K900 each	1800	00
pens	2 at K25 each	50	00
Flash disk	K 5000.00	5000	
Large envelopes	3 at K30 each	90	00
<b>Sub total</b>		<b>6940</b>	<b>00</b>
<b>SECRETERIAL SERVICES</b>			
Printing proposal	3 at K. 420each	1260	00
Binding the proposal	3 at K150 each	450	00
Printing dissertation	3 at 570 each	1,710	00
Photocopying the in-depth interview guide	10 at K10 each	100	00
Binding dissertation	3 at K150each	450	00
<b>Sub total</b>		<b>3 970</b>	<b>00</b>
<b>SUBSISTENSE ALLOWANCE</b>		<b>K</b>	<b>T</b>
Transport		8,500	00
Meals	3days at K1500	4500	00
Internet		1,000	00
Airtime		2,300	00
<b>INCIDENTALS</b>		4,700	00
<b>Subtotal</b>		<b>21 000</b>	<b>00</b>
<b>Total</b>		<b>31 910</b>	<b>00</b>
Plus 10% contingency		3191	00
<b>Grand total</b>		<b>MK 34 901</b>	<b>00</b>



## **JUSTIFICATION OF THE BUDGET**

### **STATIONARY**

The papers were used for writing drafts and final copies of the research proposal and dissertations. The papers were also used in writing the application letters and printing letters going to various institutions.

Pens, pencils and rubbers were used when writing drafts and for recording participant's responses.

### **SECRETARIAL SERVICES**

Money was used for printing out the, documents for supervisor to mark, in-depth interview guide, research proposal and dissertation.

### **SUBSISTENCE ALLOWANCE**

Money to be used to pay for accommodation and meals during data collection in Mangochi district for three days. Money was also used for Travelling from Blantyre to Lilongwe for approval letter and to Mangochi to deliver the permission letters and for data collection. Transport money was also used for to travel to Lilongwe to meet the research supervisor for discussions.

### **COMMUNICATION**

Internet, Airtime, envelopes and stamps was used to work hand in hand with the research super and when seeking permission to various organization and institutions.

### **INCIDENTALS**

Money for incidentals is meant to cover for unforeseen circumstances like break downs in the process of research.

### **CONTINGENCY**

Contingency is meant to cover price arguments as the prices are changing every day. It was also used whenever there is an urgent need for the phone calls, internet and emergency travelling so as to avoid inconveniences.

## IN-DEPTH INTERVIEW GUIDE

DATE:

**CODE NO:**

## SECTION A

## DEMOGRAPHIC DATA

1. Age [ ]

## 2. Sex

Male [ ] Female [ ].

3. Tribe [ ]

#### 4. Religion \_\_\_\_\_

5. Educational level \_\_\_\_\_

## 6. Marital status

i. Married [ ]

ii. Divorced [ ]

iii. Widowed [ ]

iv. Others (specify)\_\_\_\_\_

7. Number of children \_\_\_\_\_

## 8. Sex of children

Boys [ ] Girls [ ]

9. Age of children [ ]

10. Condition of children

-Alive

-Dead

-Schooling

If dead;

➤ What was the cause of death? \_\_\_\_\_

## **SECTION B**

### **TITLE: EXPLORING PARENT AND ADOLESCENT COMMUNICATION ON SEX AND BIRTH CONTROL IN MANGOCHI DISTRICT**

#### **a) INFORMATION FROM ADOLESCENT**

1) Do you discuss issues of sex with your parents? Probe

-What is the information all about?

-How do you view the discussion?

-Do you feel the information given is adequate? Give reason for your response

-Could you please explain to me the importance of the discussion?

-How did you feel during the discussion during the discussion

2) Does your parent allow you to use birth control practices? probe

-What methods do they discuss with you?

-At what age do they initiate the discussion?

-Do you think there are factors that prevent you from discussing about sex and birth control with your parents? Probe

-What do you think is the best way of discussing about sex and birth control issues with an adolescent?

3) Could you please explain how the following factors hinder the discussion on sex and birth control between parents and adolescent;

-Culture? Probe

-Level of education? Probe

-Sex of parent? Probe

4) What are the challenges that you face during discussion of sex and birth control with your parents?

5) Considering that most adolescents are sexually active due to development stage, and are at risk of getting unplanned pregnancies, what do you think are parent's role in protecting them?

6) What are some other ways of which you think can help to strengthen parent and adolescent communication on sex and birth control issues

## **b) INFORMATION FROM PARENTS**

1) Have you ever discussed with your children on sexual related issues?

-What was the information all about?

-What prompted the discussion?

-Could you please explain to me the importance of the discussion?

-How did you feel during the discussion?

-Could you please explain how the child responded of the after the discussion

2 Do you discuss with adolescents on birth control practices? Give reasons for your response

-At what age do you start the discussion and why?

-What birth control methods do you discuss with them and why?

-Do you feel the information given to adolescents is adequate?

-What fears do you have regarding adolescent knowledge on birth control practices?

-What do you think is the best way of informing the children on birth control methods?

3) Could you please explain how the following factors hinder the discussion about sex and birth control between the parents and the adolescents?

-Culture?

-Educational level

-Sex of a child?

4) What are the challenges that you face during the discussion about sex and birth control with adolescents?

5) Considering that most adolescents are sexually active due to development stage, and are at risk of getting unplanned pregnancies, what do you think are parent's role in protecting them?

6) What are some other ways of which you think can help to strengthen parent and adolescent communication on sex and birth control issues?

**THANK YOU VERY MUCH FOR YOUR PARTICIPATION.**

## APPENDIX D

### PARTICIPANTS INFORMATION DOCUMENTED WITH A CONSENT FORM

I am Grace Mfuno a fourth year Bachelor of Science in nursing student from Kamuzu college of Nursing. In partial fulfillment of the requirement for award of a bachelors degree in nursing programme, I am supposed to conduct a research project.

The title of my research is **parent and adolescent communication on sex and birth control in Mangochi district.**

This research will strengthen the adolescent reproductive health in Malawi. The findings of the study shall have an implication on policy makers, health workers, education, research and the community at large for them to solve the problems.

Be informed that this study will not pose any harm to you and you are free to withdraw from participating in the study anytime you feel like doing so and no penalty will be given, however your participation will be greatly appreciated.

Be assured that the information collected will be kept in confidential and names of participants will not be asked during this study in order to maintain privacy. Only the researchers will have the access to the information. In this study you will be required to answer questions freely and truly and you are allowed to express your views

I have read the information above and I have well understood. I therefore give my consent to participate

**Participants'**

**signature .....**

**Date .....**

**Investigations signature .....**

**Date .....**

## APPENDIX E

### KALATA YOVOMEREZA KUTENGA NAWO GAWO MU KAFUKUFUKU

Dzina langa Ndine Grace Mfunene. Ndine mmodzi wa ophunzira ku sukulu ya unamwino ya Kamuzu kolenji, ndipo ndili chaka chomaliza pa kolenjiyi. Malingana ndi maphunziro anga ndili oyenera kupanga kafukufuku wondiyenereza kutindidzalandire digiri yanga. Kafukufuku amene ndikupanga ine ndikufuna kufufuza za kukambirana pakati pa makolo ndi achinyamata pa nkhani yokhudzana ndi chiwerewere ndi kupewa mimba.

Kafukufukuyu adzathandiza achinyamata athu kukhala ndi moyo wa thanzi. Zotsatira za kafukufukuyu zizathandiza anthu omwe amapanga malamulo adziko, azaunduna wa za maphunziro, akafukufuku ndi m'madera ena onse kupeza njira zothetsera mavuto omwe achinyamata amakumana nawo pa nkhani ya za mthupi mwawo.

Kutenga nawo mbali mukafukufuku ameneyu sikokakamiza. Inu mulindi ufulu wosankha kutenga nawo mbali mu kafukufuku ameneyu kapena ayi. Inu muli odziwitsidwa kuti muli oloedwa kusiya mutavomera kale kutenga mbali opanda chilango chilichonse. Ndipo zimene zidzachitike pakafukufuku ameneyu sidzidzawononga moyo wanu. Komanso ngati muli ndifunso lokhudzana ndikafukufuku ameneyu muli omasuka kudzafunsa.

Mukafukufuku ameneyu chipepala chamafunso chidzidzangwiritsira ntchito. Inu mukavomera kutenga mbali zomwe mudzatiuze zidzakhala zachinsinsi. Chinsinsi chimenechi tidzachisunga posalemba dzina lanu papepala lamafunso ndipo anthu ena sadzalolezedwa kuona nawo zomwe inu mwanena.

---

Ndavomereza zonse zomwe mwalembe ndipo ndavomera kutenga nawo gawo mu kafukufuku.

SIGINECHA YA WOTENGA GAWO..... DATE.....

SIGINECHA YA WOPANGA KAFUKUFUKU..... DATE.....



## APPENDIX F

Kamuzu College of Nursing

P/Bag 1

Lilongwe

14<sup>th</sup> July, 2010

The chairperson

Research Ethics and Publications Committee

Kamuzu College of Nursing

P/Bag 1

Lilongwe

Dear Sir/Madam

### **APPLICATION FOR PERMISSION TO CONDUCT A STUDY IN MANGOCHI DISTRICT URBAN AREA**

I am Grace Mfunu, a fourth year student from Kamuzu College of Nursing. In partial fulfillment of a requirement for the award of a bachelor's degree in nursing program, I am required to conduct a research project. I am therefore asking for permission for me to conduct a research in Mangochi urban titled: **Parent and adolescent communication about sex and birth control in Mangochi district.**

The results of the study will assist policy makers to develop culturally accepted interventions which will assist parents in dealing with adolescent sex and birth control. To the health workers, the study findings will guide them to establish adolescent (youth) friendly reproductive health services and to parents the study will guide them on how, when and why to discuss about sex and birth control and how to support sexually active adolescent.

Your consideration will be greatly appreciated.

You're sincerely,

Grace Mfunu.

Phone number: 0993175079

Email address: [mfunegire@hotmail.com](mailto:mfunegire@hotmail.com)

## APPENDIX G

Kamuzu College of Nursing

P/Bag 1

Lilongwe

15<sup>th</sup> August, 2010

The District Commissioner

Mangochi District

P.O Box 23

Mangochi

Dear Sir,

### **REQUEST FOR PERMISSION TO CONDUCT A STUDY IN MANGOCHI URBAN**

I am Grace Mfuné, a fourth year student from Kamuzu College of Nursing. In partial fulfillment of a requirement for the award of a bachelor's degree in nursing program, I am required to conduct a research project. I am therefore asking for permission for me to conduct a research in Mangochi urban titled: **Parent and adolescent communication about sex and birth control in Mangochi district.**

The results of the study will assist policy makers to develop culturally accepted interventions which will assist parents in dealing with adolescent sex and birth control. To the health workers, the study findings will guide them to establish adolescent (youth) friendly reproductive health services and to parents the study will guide them on how, when and why to discuss about sex and birth control and how to support sexually active adolescent.

Your consideration will be greatly appreciated.

Yours faithfully,

Grace Mfuné.

Phone number: 0993175079

Email address: [mfunegire@hotmail.com](mailto:mfunegire@hotmail.com)

## APPENDIX H

*Approved - NO please assist her  
note: please share the report with us*

The District Health Officer  
Mangochi District Hospital  
P.O Box 23  
Mangochi

Dear Sir,

### REQUEST FOR PERMISSION TO CONDUCT A STUDY AT KALONGA VILLAGE IN MANGOCHI

I am Grace Mfuné, a fourth year student from Kamuzu College of Nursing. In partial fulfillment of a requirement for the award of a bachelor's degree in nursing program, I am required to conduct a research project. I am therefore asking for permission for me to conduct a research in Mangochi urban titled: **Parent and adolescent communication about sex and birth control in Mangochi district.**

The results of the study will assist policy makers to develop culturally accepted interventions which will assist parents in dealing with adolescent sex and birth control. To the health workers, the study findings will guide them to establish adolescent (youth) friendly reproductive health services and to parents the study will guide them on how, when and why to discuss about sex and birth control and how to support sexually active adolescent.

Your consideration will be greatly appreciated.

Yours faithfully,

Grace Mfuné.

Phone number: 0993175079

Email address: [mfune@hotmai.com](mailto:mfune@hotmai.com)



University of Malawi  
**KAMUZU COLLEGE OF NURSING**

**RESEARCH AND PUBLICATIONS COMMITTEE**

**APPROVAL CERTIFICATE**

**TITLE:** Exploring parent and adolescent communication  
about sex and birth control in Mangochi District

**INVESTIGATOR:** GRACE MFUNE

**DEPARTMENT/YEAR OF STUDY:**

Year 4

**REVIEW DATE:** 08 SEPTEMBER 2010

**DECISION OF THE COMMITTEE:**

Approved

**SIGNATURE:**

**DATE:**

29/09/10

CHAIRPERSON, RESEARCH AND PUBLICATIONS COMMITTEE

cc Supervisor:

**DECLARATION OF INVESTIGATOR(S)**

*I/we fully understand the conditions under which I am/we are authorized to carry out the above mentioned research and I/we guarantee to ensure compliance with these conditions. In case of any departure from the research procedure as approved, I/we will resubmit the proposal to the committee.*

**DATE:**

29/9/10

**SIGNATURE(S):**