

University of Malawi

KAMUZU COLLEGE OF NURSING

A RESEARCH PROPOSAL

ON

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

BY

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**SUBMITTED TO FACULTY OF NURSING IN PARTIAL FULFILMENT FOR THE
AWARD OF BACHELOR OF SCIENCE DEGREE IN NURSING**

SUPERVISED BY MRS. M.D. CHIRWA

JULY 14TH, 2010

DECLARATION

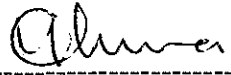
I hereby declare that this research proposal is a result of my own hard work and effort. It has not been presented for any award of degree anywhere.

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Date-----14 July 2010

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DEDICATION

I dedicate this proposal to the Almighty God for keeping me alive and for giving me courage to reach this far.

I also dedicate it to my father, sisters, brothers, aunties, uncles and, in a special way, to my late mother for upbringing me and for wishing me well in my life.

ACKNOWLEDGEMENT

First and foremost I would like to thank the Almighty God for keeping me alive until today. He has given me wisdom, skills, guidance and keeping me health throughout the years of my study.

I would also like to express my heartfelt gratitude to my supervisor Mrs. M.D. Chirwa for her unfailing effort, support and guidance throughout the development and completion of this proposal. I do not take this learning opportunity for granted.

Lastly, I thank my family and fellow final year students for the spiritual, moral and financial support that they gave me and for their availability in times of need. I value you all and I do not regret your company.

God bless you abundantly.

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RESEARCH SUMMARY

Adolescent represent a special group in a society. The status of their reproductive health has many physical, social and demographic ramifications in a society. The lack of information on reproductive health and access to services make adolescents a particularly vulnerable group in most African countries. In Malawi adolescents get reproductive health information from peers, school, and media. Some of the information they get misleads them hence indulging in early sexual intercourse which results in early pregnancy and contraction of Sexually Transmitted Diseases (STDs).

Therefore, the purpose of this research is to explore the communication between parents and adolescent on sex and birth control in Mangochi District. Specifically the study aims; to assess the information that parents discuss with children as regard sex and birth control, to determine whether the adolescent is satisfactory with the communication, to explore challenges that parents and adolescents face when they are discussing about sex and birth control and finally to assess recommendation from parents and adolescents as regards communication on sex and birth control.

The findings of this research will bring positive contribution towards 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.

The methodology to be used in this research study is the qualitative method and a sample of 12 will be used where each one will be giving his views subjectively relevant to the questions that will be asked from the in-depth interview guide. Data will be analyzed manually.

LIST OF ABBREVIATIONS

MOH	Ministry Of Health
STI	Sexually Transmitted Infections
SRS	Sexual Reproductive Services
ASRH	Adolescent Sexual Reproductive Health
PACSBC	Parent and Adolescent Communication on Sex and Birth Control
SC	Save the Children
SRH	Sexual Reproductive Health
CRHCS	Common Wealth Regional Health Community Secretariat

CHAPTER 1

1.0 INTRODUCTION

Adolescence is one of life's most fascinating and complex stages of human life. It is the time when young people take on new responsibilities and start experiencing life with independence (UNICEF, 2003). In the process of experiencing this independence, adolescent girls and boys start having internal and external pressures, which force them to indulge in premature sexuality. In the course of indulging in premarital sex they may contract pregnancy or STDs.

Adolescent pregnancy poses a great health problem to the young mother and baby since they 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. (CRHCS, 1994-1995).

Ministry of Health [MOH], (2007) reported that adolescent pregnancies comprise about 25% of all births and 20% of maternal deaths out of 42.2% women of reproductive age. 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.

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.

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

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. Therefore given adequate information on how to be protected from pregnancy, adolescent's pregnancy related consequences can be reduced. This study seeks to explore parent and adolescent communication about sex and birth control in order to come up with ways of which adolescent child bearing can be reduced.

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 statistics 2008, 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 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 (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 ARSH Programming; they must be understood properly so that they can be used as creative tools to promote adolescent sexual and reproductive health 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 this research aim to explore the parent and adolescent communication on sex and birth control in order to find out if parents can act as a tool for controlling adolescent pregnancies by teaching their children the birth control practices such as abstaining from sex and encouraging the use of contraceptives if sexually active.

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 premature 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. This communication between the parent and the adolescent child can help make a great difference on the biopsychosocial 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 recommendations from parents and adolescents as regards communication on sex and birth control

1.4 SIGNIFICANCE OF THE STUDY

The findings of this study shall make a substantial contribution to strengthening sex and birth control in Malawi. The results of this study shall have implications 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 adolescents

- 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).

1.5 DEFINITIONS OF TERMS

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

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 some form of 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. (en.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)

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 and 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, Jaccard, Dittus, Collins, (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 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

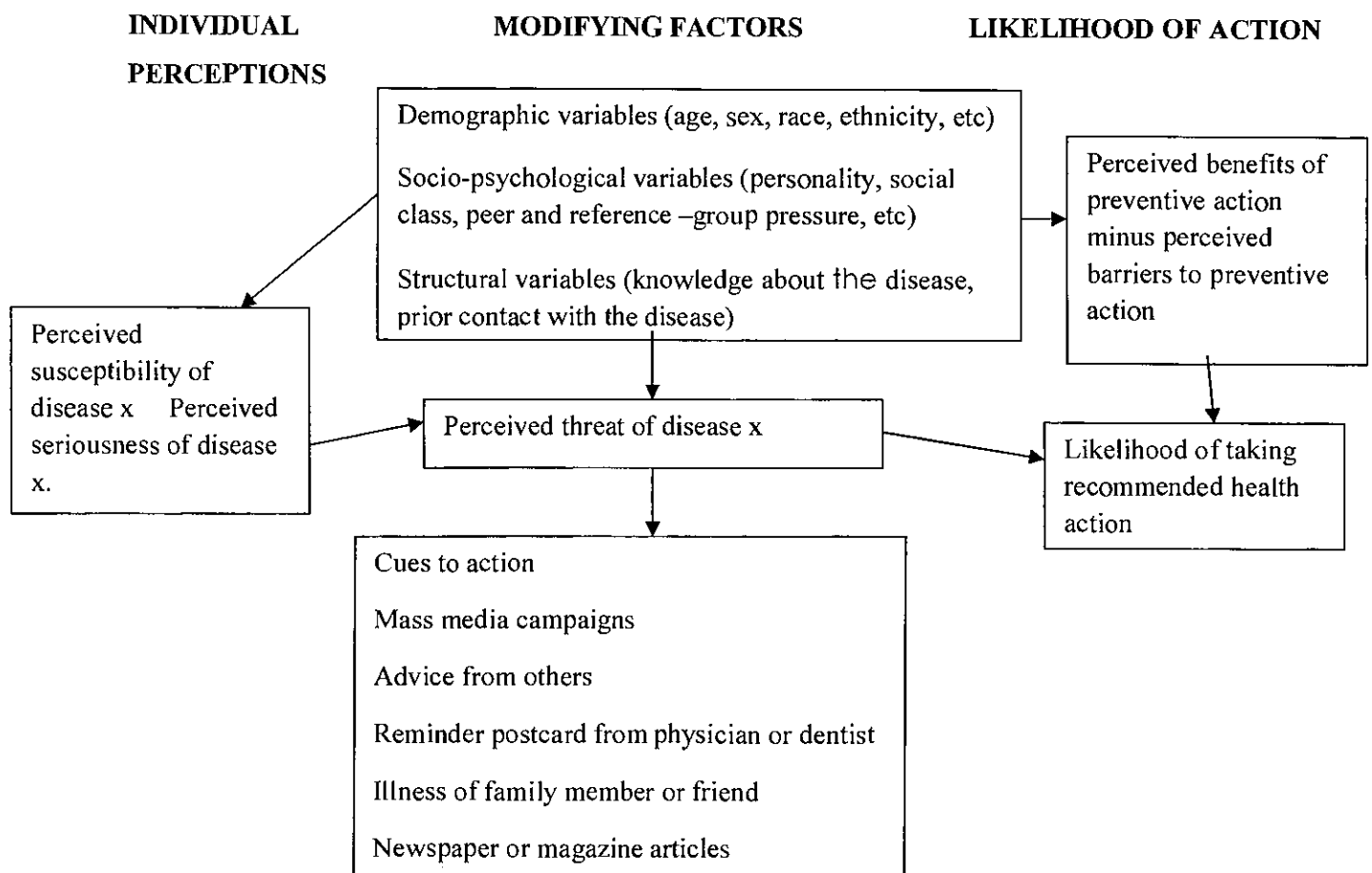
2.6.1 INTRODUCTION

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 adolescent 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 the researcher will employ 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 will use 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.

It has been chosen because qualitative research 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. It is an exploratory because exploratory research provides insights into and comprehension of an issue or situation. It should draw definitive conclusions only with extreme caution (Polit & Hungler, 1991).

3.3 STUDY SETTING

The study is to be done at Mangochi District urban area where the subjects will be found. The subjects will be studied right in their own natural setting that is where they are found. 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). Mangochi has been chosen because according to the MDHS 2004, it was found that 33% of adolescent mothers were in Mangochi district.

3.4 POPULATION AND SAMPLING TECHNIQUE

3.4.1 TARGET POPULATION

The target population of this study will be adolescent's age range of 10-19 and parents who have adolescent children. These subjects have been chosen because they are the ones who are affected with the issues of adolescent sex and birth control.

3.4.2 SAMPLING METHOD

Non probability convenience sampling will be 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 will be 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 the study will be 12 of which 6 (3males and 3 females) will be parents and 6 (3males and 3 females) will be adolescents but the actual size will be decided by data saturation. 12 people have been chosen because in qualitative study the methods which are used are to collect data 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

A pilot study will be done in order to test the reliability and validity of questions to the respondents before conducting the actual study. This refines the data collection tool for validity and reliability. (Burns and G rove 2005). The pilot study will be done at Chisomo private secondary school which is found in Lilongwe district. It will involve 4 participants, 2 parent

teachers and 2 adolescents. Equal representation of the sample has been chosen to prevent bias of results. This will be done because the subjects have similar characteristics with the subjects who will be in the main study. It will be done to find out if the data collecting instruments is able to obtain the intended data needed by the researcher.

3.6 DATA COLLECTION METHOD

Individual in-depth interview will be used to collect data. 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 will be used to collect the data. The data will be collected for the period of 2weeks. The participants will be interviewed using the interview guide that the researcher will hold. The time for interview per participant will be 30minutes.

3.7 DATA MANAGEMENT

The data to be collected will be treated confidential in order to protect the privacy of the participants. It will be kept under key and lock and the keys will be kept by the researcher. 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) is the data will be analyzed manually because the researcher is comfortable with that method.

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, confirmability 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 will be ensured by conducting a pilot study for development of a data collecting instrument that will be consistent with the study objectives. Adequate attention will be paid upon data collection and all the data obtained will carefully be 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 confirmability will be maintained by orderly documenting the study process such that others could follow and appreciate the process. Triangulation which is the means of establishing completeness will be by the use of multiple methods of collecting data which will include in-depth interviews and tape recorder.

3.10 ETHICAL CONSIDERATION

The participants' rights will be protected through the use of informed consent. The consent will be sought from the relevant authorities such as the District Health Office and Kamuzu College of Nursing (KCN) Research Ethics and publication committee. The subject's confidentiality and privacy will be maintained and that the information will not be accessible to everyone except those directly involved in the research.

Participants will be assured that confidentiality will be maintained and that no names will be written on the in-depth interview guide rather there will be use of identity numbers. There are no

risks involved but participants will have to spend a considerable time of 30minutes during in-depth interview.

The participants will also be informed about the purpose of the study, its significance, and benefits of the study to the respondent and other people and the risks if any to obtain the informed consent from them. The participants will be advised that participation is voluntary as such they can 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 will be done only after necessary approval from KCN Research Ethics and publications Committee, District Health Office and District Education Officer (DEO).

Table 1: TIME FRAME FOR CONDUCTING THE STUDY (Jan-Dec 2010)

ACTIVITY	JAN	FEB	MAR	APR	MA Y	JUN	JUL	AUG	SEP	OC T	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.												

Table 2: PROPOSED BUDGET FOR RESEARCH

STATIONARY		K	T
Reams of papers	2 at K900 each	1800	00
pens	4 at K25 each	100	00
Flash disk	K 5000.00	5000	
Large envelopes	5 at K30 each	300	00
Small envelopes	3 at K10 each	30	00
Sub total		K 7,230	00
SECRETARIAL SERVICES			
Printing proposal	3 at K 430each	1290	00
Binding the proposal	3 at K200 each	600	00
Printing dissertation	3 at 500 each	1,500	00
Photocopying the in-depth interview guide	15 at K10 each	150	00
Binding dissertation	3 at K200each	600	00
Sub total		4,140	00
SUBSISTENCE ALLOWANCE		K	T
Transport		9,000	00
Meals	5days at K1500	4500	00

Accommodation	5 days at K4000	20,000	00
COMMUNICATION			
Internet		3,000	00
Airtime		2,500	00
INCIDENTALS		1,700	00
Subtotal		40,700	00
Total		52,070	00
Plus 10% contingency		5,207	00
Grand total		57,278	00

JUSTIFICATION OF THE BUDGET

STATIONARY

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

Pens, pencils and rubbers will be used when writing drafts and for recording participants responses.

SECRETARIAL SERVICES

Money will be required for printing out the, in-depth interview guide, research proposal and dissertation.

SUBSISTENCE ALLOWANCE

Money will be required for accommodation and meals during data collection in Mangochi district. There will be need of money for travelling to several institutions to deliver the

permission letters and for data collection in Mangochi district. Transport money will also be required to travel to Lilongwe to meet the research supervisor for discussions.

COMMUNICATION

Internet, Airtime, envelopes and stamps will be used 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 augments as the prices are changing every day. It will also be used whenever there is an urgent need for the phone calls, internet and emergency travelling so as to avoid inconveniences.

3.11 LIMITATIONS OF THE STUDY

The main limitation of the study is that the sample size is too small hence is not a representative of the whole population. As a result, it will be 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 difficult to select and carry out a large scale study; as such the study will be done only in partial fulfillment of the Bachelor of Science degree in nursing.

3.12 DISSEMINATION OF RESULTS

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.

4.0 REFERENCE

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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 a n 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? Probe

- 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 B: PARTICIPANTS INFORMATION DOCUMENTED WITH A CONSENT FORM

I am Grace Mfunne a fourth year Bachelor of Science in nursing student from Kamuzu college of Nursing. In partial fulfillment of the requirement forth award of a bachelors degree in nursing programmed, I am suppose 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 be 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 C: KALATA YOVOMEREZA KUTENGA NAWO GAWO MU KAFUKUFUKU

Dzina langa Ndine Grace Mfuno. 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 wondiyenera 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 D: LETTER TO KCN RESEARCH ETHICS AND PUBLICATIONS

Kamuzu College of Nursing

P/Bag 1

Lilongwe

14th 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 Mfunne, 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 Mfunne.

Phone number: 0993175079

Email address: mfunegire@hotmail.com

APPENDIX E: LETTER TO MANGOCHI DISTRICT COMMISSIONER

Kamuzu College of Nursing

P/Bag 1

Lilongwe

15th 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 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.

Yours faithfully,

Grace Mfunu.

Phone number: 0993175079

Email address: mfunegire@hotmail.com

APPENDIX F: LETTER TO HEADMASTER OF CHISOMO SECONDARY SCHOOL

University of Malawi
Kamuzu College of Nursing
P/Bag 1
Lilongwe
26th August, 2010

The Headmaster,
Chisomo Secondary School,
P.O box 20412

Lilongwe

Dear Sir,

REQUEST TO CONDUCT A PILOT STUDY AT CHISOMO SECONDARY SCHOOL

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 to conduct a pilot study at your institution in order to evaluate the effectiveness of my interview guide. The title of the study is: **Parent and adolescent communication about sex and birth control in Mangochi district.**

The pilot study will involve six participants, two adolescents (one boy and one girl), two teachers (one male and one female) two support staff (one male and one female). This will be done in August 2010.

Your consideration will be greatly appreciated.

You're sincerely,

Grace Mfunu.

Phone number: 0993175079

Email address: mfunegire@hotmail.com