UNIVERSITY OF MALAWI

KAMUZU COLLEGE OF NURSING

FACTORS HINDERING PARENTS FROM DISCUSSING REPRODUCTIVE HEALTH ISSUES WITH THEIR CHILDREN, PARTICULARLY BOYS AT KASUNGU DISTRICT HOSPITAL

BY

YOHANE MC THIRD MWALE

A RESEARCH DISSERTATION SUBMITTED TO THE FACULTY OF NURSING IN PARTIAL FULFILLMENT OF THE REQUIREMENT FOR THE AWARD OF BACHELOR OF SCIENCE DEGREE IN NURSING

SUPERVISED BY

MR. M.C. NYANDO

NOVEMBER , 2008

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DECLARATION

I hereby declare that this dissertation is the result f of my own work and has not been presented or submitted in candidature for any other degree at any other university.

STUDENT : YOHANE MC THIRD MWALE

SIGNATURE :..... DATE....01/12/08

SUPERVISOR : MR MC NYANDO (HEAD OF CLINICAL DEPARTMENT)

SIGNATURE :..... DATE...1/12/08

DEDICATION

This work is dedicated to my parents, brothers and sisters. Without their support, guidance, encouragement and love, I would not have made it to this far. May the good and loving lord bless them abundantly.

ACKNOWLEDGEMENTS

My many thanks should go to my research supervisor, Mr M.C Nyando for his tireless support and guidance during the period this proposal was being developed.

I would also like to convey my many gratitudes to my parents, my good friend Cynthia Mpeta Phiri and fellow classmates for their direct and indirect involvement and support in this work. May The good Lord bless them abundantly.

LIST OF ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
BRIDGE	B- Belief in better future R- Risk is shared by everyone I- I can stop AIDS D- Discuss HIV and AIDS G- Gender equity E- Emphasize the positive
CHAM	Christian Health Association Of Malawi
C.C.A.P	Church Of Central African Presbyterian
HBM	Health Belief Model
MDHS	Malawi Demographic and Health Survey
HIV	Human Immunodeficiency Virus
ID	Identity
NAC	National AIDS Commission
NACP	National AIDS Control Programme
RH	Reproductive Health
RPC	Research and Publications Committee
STIs	Sexually transmitted infections
SRH	Sexual and Reproductive Health
S.D.A	Seventh Day Adventist
USA	United States of America
UNFPA	United Nations Population Fund
VCT	Voluntary counseling and testing
WHO	World Health Organisation

ABSTRACT

This was a descriptive quantitative study that aimed at exploring factors hindering parents from discussing Reproductive Health(RH) issues with their children particularly boys at Kasungu District Hospital.
A sample of 30 parents(11 fathers and 19 mothers)was chosen by random sampling. The subjects were each interviewed using a questionnaire which had mostly open ended questions, although it also had some closed ended questions. The Health Belief Model guide the study.

Data collected were analyzed manually and Microsoft Excel also played a role in the process of data analysis.

The findings have been presented in percentages, frequency tables, pie charts, bar graphs, as well as in writing. The results of the study indicated that 90% respondents had some knowledge about RH,although, fewer than these(60%), knew components of RH.

Of those interviewed, only 74.07% (n-20) said they discussed RH issues with their children. Each parent could discuss one or more RH issues. Some of the issues discussed were abstinence (44.4%),abstinence and exclusive breast feeding (11.1%),abstinence and VCT (11.1%),abstinence and bodily changes (3.7%).In general, some parents (25.9%), did not discuss any RH issue with their children citing the following reasons: Children were too young to understand this topic (18.5%), parents were themselves shy with their children (3.7%) and the children were themselves more educated than their parents and therefore knew more of this topic than their parents did (3.75).

The researcher also wanted to find out whether or not parents discussed RH issues with both boys and girls. The study found out that the majority (75%) avoided boys citing the following reasons: Boys tend to be aggressive and some even threatened to beat them (parents) up (20%), 15% said they(parents) were themselves shy to discuss RH with their boys as they culturally considered boys their 'fathers,' while 25% said that boys were not as vulnerable as girls and so, they would prefer discussing the topic with girls for they are Vulnerable and they also start risky behaviors much earlier (younger) than boys do. Only 5% of respondents said they avoided boys because boys themselves were shy with them (parents).

In view of the findings, some recommendations were made to help enhance youth RH.

Chapter 1

Research Title

Factors hindering parents from discussing Reproductive Health issues with their children at Kasungu District Hospital

1.0 Introduction

Reproductive health refers to the complete physical, mental and social wellbeing in all matters relating to reproductive system (Malawi Youth Friendly Health Services Mannual,2001).It covers issues of family planning, sexually transmitted infections (STI's) including HIV and AIDS, post abortion care, harmful sexual practices just to mention a few.

In Malawi, despite the effort by the government and other interested groups, to reach out to everyone, youths inclusive on Reproductive Health services, there is still underutilization of these services. There are so many pieces of evidence to suggest that there is indeed underutilization of Reproductive Health services by the youths. First, there are still low levels of contraceptive use among the sexually active youths, only 15 percent of females, and 31 percent among males aged 15-19 years (Malawi BRIDGE Project, 2005).This year saw escalating numbers of abortions in 3 Malawian Central Hospitals. For example, 68 percent of all admissions to gynecological ward at Queen Elizabeth Central Hospital were due to abortion complications and greater than 1/5 of the admissions were aged 10-15 years old. Secondly, youths initiate sex at an early age, on average, 17.0 years for girls and 17.7 years for boys. Most of these do not think of using any protection during sexual intercourse. Only 6 percent of girls and 29 percent of boys use condoms. (Malawi BRIDGE Project, 2005).As a result, Malawi is experiencing increasing numbers of STIs including HIV/AIDS unwanted pregnancies among the youths.

In Kasungu District, last year,2007, it was observed that the number of the youths having Sexually transmitted infections (STIs) rose to 152 amongst teenage boys and 590 amongst teenage girls (January to October,2007).It was also observed that 47 teenage girls came with complications of incomplete abortion.

Some of these Reproductive Health problems could have been reduced or prevented amongst the youths if parents and the community at large took a leading role in discussing reproductive health issues with their children (Malawi Youth Friendly Health Services Mannual,2001).Unfortunately, it has been shown that only 3 percent of parents in Malawi manage to discuss sexual health issues with their children (Malawi BRIDGE Project,2005).Therefore, this study has its focus on factors that hinder parents from discussing sexual health issues with their children at Kasungu District Hospital.

1.1 Background

Reproductive health has long been an issue of great concern world wide, yet good reproductive health will help people, youths inclusive, reduce risk of contracting STIs including HIV and AIDS, unwanted pregnancies, which in turn reduces maternal and infant mortality rates(Malawi National Reproductive Health Services Delivery Guide Lines,2001).

Historically in Malawi, reproductive health services have been introduced at various times. For instance, family planning services were introduced in the early 1960's although the approach, philosophy and rationale of the programme were not clearly articulated. This led to the misconception concerning the intent of the programme, which resulted into its abolition (National Family Planning Programme, 1998).However, it was reintroduced in 1982 because contraceptive prevalence rate was very low (7%),fertility rate was 67% and maternal mortality rate was 620 deaths per 100,000 live births (Community Distribution of Contraceptives,1998).These indicators provided a challenge to family planning delivery and to the health of people.

World wide, condom use among the youths is generally low. The few that use them do so mainly with intent of protecting themselves against STIs including HIV and AIDS and not as a contraceptive method. This concurs with the findings of Malawi BRIDGE Project, 2005 (only 6% of girls and 29% of boys do use condoms)

The first AIDS case was recognized in Malawi in 1985 .In response, the government implemented a short term strategy including blood screening and HIV programmes) and created the National AIDS Control Programme(NCP) in 1998 to coordinate the country's effort AIDS education and HIV prevention efforts. However, these measures contributed little towards controlling AIDS in Malawi and it was until 1989 when a5-year AIDS Plan was announced that the government began to show real commitment towards tackling the problem.

During the rule of Dr Kamuzu Banda, little attention was paid to HIV/AIDS as his puritanical beliefs made it very difficult for AIDS education and prevention schemes to be carried out, since the public discussion of sexual matters was generally banned or censored and HIV/AIDS were considered taboo subjects.

When Dr Bakili Muluzi took over the government, he publicly acknowledged that the country was under going severe AIDS epidemic and emphasized the need for the need for a unified response to the crisis.

In recent years, Malawi has made intensive efforts to increase HIV awareness and to prevent its spread .In this view, for instance, Malawi introduced a 5-year National Strategic Frame work in 2000 to combat AIDS. However, the policy was slow to take effect as financial and organizational difficulties within the NACP, persisted .A more structured body was therefore needed to Malawi's response to AIDS. National AIDS Control Programme(NAC) of Malawi was therefore set up in 2001.The NAC has ever since overseen a number of AIDS prevention and care initiatives including programmes to provide treatment ,increase HIV testing and prevention of mother to child transmission. The government's effort/response was further intensified in 2004 with the launching of first AIDS National Policy that sets the goal of improving the provision of prevention, treatment, care and support services and multisectoral approach to the epidemic (National AIDS Policy, 2004)

A number of organisations that target the youths as well as adults and people have also responded positively in the fight against HIV and AIDS and other STIs by establishing associations and groups/clubs. The government has particularly intensified campaign on the use of condoms, abstinence, being faithful to one another, and of late, encouraging open discussions between parents and their children .Despite all that effort, to the researcher's surprise, Malawi seems to still have increased numbers of the youths/Children with STIs including HIV and AIDS and unwanted pregnancies. For example, there were 91000 children in Malawi who were HIV positive in 2005 (AVERT ORG.2005).61% of teenage boys and 57% of teenage girls aged between 15 and 19 years old initiate sex at an early stage of their life time (Demographic and Health Survey, DHS, 2000) and 35% of teenage girls aged 15-19 years have unplanned pregnancies (DHS 1992-2000). 20% Malawian young paged 15-23 years are HIV positive, and 8% of young women and 13 of young men aged 15-19 have some type of Sexually transmitted infection (STI) (DHS, 2000).

Kasungu District has got 19 government health centers private health centres and 4 CHAM health centres in addition to Banja Lamtsogolo clinics that also provide reproductive health services .The government has also introduced a number of youth friendly services in the District with an aim of assisting the youth acquire reproductive health services of which supply of contraceptives and education on STIs including HIV and AIDS is intensified. Despite all that effort, it seems that Kasungu District is still having high number of those clients who come with abortions and STI's. The government is also intensifying the campaign for open discussion between parents and their children as well as the community as one of the ways of combating reproductive health issues affecting the children. Surprisingly, only 3% of parents do discuss reproductive health issues with their children. It has therefore been in the interest of the researcher to find out why not many parents take interest in discussing reproductive health issues with their children in Kasungu District.

Kasungu is located in the central region of Malawi. It borders Mzimba District to the north, Nkhotakota District to the north east, Salima District to the east, Ntchisi to the south east, Dowa District to the south and Mchinji to the west. It covers an area of 7,878km2 (Kasungu District-Wik pedia, the Free Encyclopedia)

1.2 Statement of the problem

In Kasungu District, Reproductive Health Services had been delivered since they were introduced. However, despite that, there was still underutilization of these services by the youths in the district. This was partly evidenced by the last year's January-October report (the number of abortions among teenagers increased to 47, and 152 teenage boys and teenage girls reported with STI's at Kasungu District Hospital).

Malawian youths generally were reported to have very poor stand on contraceptives and protective measures against STI's including HIV and AIDS ,although they had knowledge on the availability of these measures. For example,55% of teen girls and 73% of teenage boys identified condom use but only 6% of teenage girls and 29% teenage boys actually used them (Search In Brief-PROTECTING THE NEXT GENERATION, NO 3,2005).Some of the reproductive health information ought to come from parents and the community at large. World wide however, research had shown that parents were not very free to discuss reproductive health issues with their children (Malawi BRIDGE Project, 2005).This concured with the 3% of parents who discuss reproductive health issues with their children (Malawi BRIDGE Project, 2005).It therefore interested the researcher to find out factors that hindered parents from discussing reproductive health issues with their children particularly boys

1.3 Significance of the problem

The findings of this study were hoped to contribute to the following areas:
First, it will benefit parents as the dissemination of its results and recommendations are likely to result in parents' increased openness to discuss reproductive health issues with their children.
To the ministry, it will assist in the revising of health policies to enable more involvement of parents in issues concerning reproductive health of their children.
To the nursing profession, the findings will contribute to the body of knowledge among nurses on what information to consider when giving reproductive health services to people and so help dispel some misconceptions parents /people may have in the process.

To the investigator, the findings will assist in personal growth and professional satisfaction upon undergoing such process.

To the community, the study findings will help in building up of a healthy community with reduced number of STI and HIV/AIDS cases, as the community is more likely to take a leading role in youth reproductive health issues.

To the country, this will lead to healthy nation, people with good number of children and child spacing and reduced health problems in general. This in turn, will boost up the country's economy and reduce poverty crises since the government will reduce its expenses to meet people's health needs.

1.4 Aim of the study

The main aim of the study was to determine the factors that hinder parents from discussing reproductive health issues with their children at Kasungu District Hospital with a view of making recommendations on ways of improving youth reproductive health by also involving their parents.

1.5 Specific Objectives

- To identify the level of knowledge of parents about reproductive health
- To identify parents' source of reproductive health information
- To determine whether parents discuss Reproductive Health issues with their children
- To describe the parents' feelings about discussing reproductive health issues with their children.

Chapter 2

2.0 Literature Review

2.1 Introduction

Literature review refers to the activities involved in identifying and searching for information on a topic or the state of knowledge on the topic. The term is also used to designate a written summary of the state of the art on a research problem (Polit and Hungler, 1995).

It provides a researcher with relevant information on what is already known or not known about the topic and the relationship between variables in the study. It also provides the researcher with a conceptual framework and acts as a guide to focus on a research topic. In this section, the researcher reviews what has already been done on factors that hinder parents from discussing Reproductive Health issues with their children with an aim of identifying the gap to be filled.

There were already several studies done related to factors that hinder parents from discussing Reproductive Health issues with their children. One such study was that which UNFPA conducted in 1997 in Malawi, United States of America (USA), and Sweden to find out adolescents' knowledge about sexuality and contraception. The study found out that adolescents around the world reported a lack of knowledge of adequate information about reproduction, sexuality, family planning and health. Much of the information (most of it is incorrect) transmitted to young boys and girls came from peers. Parents were not comfortable talking to their children about sexual matters .They believed that sex education would lead to promiscuity among adolescents. In USA, fewer than 1 in 3 girls and 1 in 6 boys discuss these concerns with their parents. But even so, parents were themselves often incompletely informed about many important facts about sex and reproduction.

There was however some evidence to suggest that there are indeed some parents who discussed reproductive health issues with their children. Currie et al, 1999, found out that

parents were more likely to discuss sex and sexual health with their daughters on at least one occasion as compared to their communication with their sons .Numerous studies have shown that mothers tend to be the main educator in the house holds as mothers are viewed as being less judgmental than fathers (Walker et al, 2001; Miller et al, 2001).

According to the study conducted by Walker and Ingham, lack of the need for sex education among parents, embarrassment, uncertainty about what they should do or knowledge of knowledge of what is going on in schools, lack of knowledge and absence of skills to communicate about sexual and reproductive health, were some of the barriers to parents' communication with their children about sexual and reproductive health. (Walker et al,2001 and Ingham,2002).

Another related study was conducted by UNFPA in 2005.According to this study, in almost all the societies, educating children about sexual and reproductive health was not a task for parents as many felt uncomfortable talking with their children about the subject. The study found out that perhaps they were afraid of exposing their lack of knowledge about physiology and other related information. They were also worried that the provision of this information will lead to young people experimenting sex.The study further found out that some adults did not receive sexuality education themselves, and some had fears arising from their own negative sexual experiences (UNFPA, 2005).

In Indonesia, another study was conducted in 1999 to find out the main sources of reproductive health information amongst adolescents. The findings correlated with those found by UNFPA in 1997 that the majority of the adolescents get their reproductive health information from friends (girl and boy friends).Very few adolescents discussed reproductive health with their parents and less than 1/3 had learnt from school. Less than 5% of the adolescents heard it from the health care providers. Almost all listened to the radio .Less than 1/3 had seen reproductive health information on televisions. And less than 1/5 had heard the reproductive health messages on the radio. More than half of these had seen HIV and AIDS messages on television and about 1/3 had HIV and AIDS radio but less than 1 in 10 had heard or seen about other Sexually Transmitted Infections.28% had heard condom use on the radio and 42% had seen the messages on television. Very few

parents discussed these issues as they were said to feel embarrassed to discuss these issues with their children.

Another study was conducted in Lesotho in 2003 by Akim J. Mturi to find out parents' attitudes towards adolescents' sexual behavior .He found out that parents were aware that male and female adolescents engaged in sexual relationships but some parents said that they could not discuss sexual and reproductive health issues with their children as they believed that adolescents were two young to initiate sexual activities while others said they could not mind their older un married adolescents having sex .But there was still a dilemma on who should pass reproductive message to adolescents. Discussing sex related issues with unmarried children was considered a taboo in African societies especially by parents (Annabels Erulker et al, 2003).

In Lesotho, Akim J Mturi conducted another study in 2005 to determine whether parents discuss Reproductive Health issues with their children. He found that indeed, there was a small group of parents that discussed reproductive health issues with their children and the issues mostly discussed was discouraging premarital sexual activities by referring to the bible, but the majority by referring to HIV and AIDS epidemic. In addition to HIV and AIDS, parents also discussed consequences of having sexual relations like premarital pregnancies and sexually transmitted infections. Some parents were only concerned about having sex but other important issues like expected body and emotional changes of the adolescents were not discussed. Those who said they could not discuss sex-related matters with their children said could not do so because: They were shy themselves/felt embarrassed to do so; Some blamed tradition that such issues were not supposed to be discussed across generations and Some said their adolescents were too young to discuss this. They felt discussing this was like encouraging them to indulging in sexual activities. However, a number of male parents said they discussed these issues with their children through their mothers as they were shy themselves and that the responsibility was placed on the mothers .These parents recommended that the subject be taught in schools.(Akim J Mturi,2005).

Another related study was conducted in Dhaka, Bangladesh in 2000 to determine parents' level of communication about sexual and reproductive health issues with their children. The study found out that most of the parents would really like to discuss these issues with

their children but most of them failed as they felt embarrassed/ill-informed talking about the subject and they feared being asked questions they could not answer (International Centre For Research, 2000).

In Ghana this year (2008), another study was also conducted to determine whether parents discuss sexual and reproductive health issues with their adolescents. The findings were that discussing these issues with children was a taboo. The child was not free to discuss issues affecting them with parents and viceversa.Parents fear that if they do so, the child would go ahead and practice it (Family Health International, 2008).

In 2004, in Malawi, Alister Munthali, Agnes Chimbiri and Eliya Zulu conducted a quantitative study to determine sources of RH services among adolescents. They found out that the majority (38%), got their services from youth clubs, 29% from radio, 23% from government health facilities,11% from print media% from Banja La Mtsogolo,5% from community based distribution agents% from Non –Governmental Organizations, 6% parents% from friends 1% from District Youth Offices.
The small percentage of respondents who reported parents as sources of SRH information said that parents did not normally advice or talk to their children about SRH issues because it was considered a taboo

In Malawi (Ndirande and Chinyonga townships in particular), a study was also conducted by Towela in 2006 to determine the current systems and levels of parent-child communication sexual and reproductive health (SRH) matters. She found out that there were some parents who discussed SRH with their children. The most frequently discussed topics included abstinence (79%),delaying sex debut (73.3%) and STI's.The least discussed topics were sexual partners (59.5%),condoms (40.5%) and family planning (33%).They were unable to discuss sexual partners ,condoms and family planning because culture ,religion and fear of being misinterpreted to promote immoral behaviour among adolescents/young people. Discussing condoms could be encouraging promiscuity and discussing sexual partners could be like sending an inside message to the child that it is acceptable to have a sexual partner. Discussing family planning could be seen to encourage young people to engage in premarital sex (Towela, 2006).

Johns Hopkins in collaboration with partners in the Ministry of Health in Malawi, the National AIDS Commission of Malawi, Save the Children and Salephera Consulting, Ltd, conducted both a quantitative and qualitative study to find out their perception about adolescents' sexual and reproductive health and their openness to discuss RH issues with their children. They found out that kids might not feel free to ask their parents on these issues and parents in turn might not feel free to talk about sex with their children. Parents might consider that when the child was young (did not specify age), she/he would not understand. Some parents said that even if they taught their children, they could not control what they did for they were not always with them where ever they could go and that some children might become insolent when their parents raised the issue of HIV and AIDS prevention. Some mothers said they were even afraid that their sons would physically harm (beat) them if they told them what to door not to do and that only very few kids would listen to their parents.

Some parents said they could not discuss condoms with their boys because it was like giving them 'green light' to do whatever they wanted.

Some parents said they would not discuss condoms with their daughters because they (girls) knew that they should use a condom and that they should not wait for the man to decide (www.jhccp.org/africa/malawi/docs/Exploring COM).

From above, there were several factors hindering parents from discussing reproductive health issues with their children world wide. It had also shown that discussing these issues with children was a problem and that only a small number of parents did discuss these issues with their children. However, the few that did so were more likely to discuss these issues with their daughters and not their sons.Therefore, this study intended to find out factors that hindered them from discussing RH issues with their sons.

2. Literature Review Summary

A lot of studies done on this topic showed that there was a variety of sources of information of RH for the children/adolescents. These included peers, media, health workers, extended parents (aunts, uncles, grandparents), and parents themselves. But almost all these studies pointed out that parents were the least common source of RH information amongst the

youth/adolescents. It was in fact shown world wide that parents were a poor source of RH information amongst the adolescents. Some of the reasons for their not discussing these issues with their children were that discussing this subject with the youth was a taboo in most of the societies; parents themselves were not feeling comfortable discussing this s it was believed that such discussions would lead to promiscuity among adolescents; parents felt embarrassed to do so; parents lacked knowledge and absence of skills to communicate about SRH ;adolescents were too young to discuss this; still some parents were afraid of being beaten up by their own children and that they (children) themselves knew that they should use certain protective devices like condoms and that they should not wait for their partners to tell them.

3.0 Chapter 3

3.1 Conceptual Framework

3.2 Introduction

Conceptual framework guides the researcher's understanding on variables and their relationships under the study and how these relationships affect the out comes. It makes scientific findings meaningful and generalizable through its efficient mechanisms for drawing together and summarizing accumulated facts (Polit and Hungler, 1995).The conceptual frame work also provides the researcher with direction on important aspects of literature review search guide and methodology.

3.3 The Health Belief Model (HBM)

In this study, Becker's Health Belief model (1978) was used. This frame work was chosen because of its emphasis on the individual's perceived susceptibility and severity that lead to the likelihood that an action will be taken in order to prevent or eliminate the health problem and influence behavioural change. This model postulates that health seeking behaviour is influenced by a person's perception of threat posed by a health problem and the value associated with actions aimed at reducing the threat.

An individual's perceived susceptibility and severity of the disease determine a perceived threat that will increase the likelihood of the preventive action or participation in a health intervention that will decrease or lessen that perceived threat. Therefore, acknowledging both perceived susceptibility and severity must exist before a threat becomes sufficient to motivate a read ness for action and behavioural change (Clemen-Stone (2002)

Allender and Spradley (2001) state that Health Belief Model is useful for explaining behaviours and actions taken by people to prevent illness and injury.

Lancaster and Stanhope (1996) also state that the Health Belief Model was developed to provide a framework for understanding why some people take specific action to avoid illness whereas others fail to protect themselves. It has been adapted to explain a variety of health behaviours and to design interventions that would improve client access to preventive measures (Harrison, Mullen, Green, 1992; Janz, Becker, 1984).It is useful in explaining health promoting behaviours that are triggered by an interest in preventing the disease .Its use helps in identification of important factors that influence behavioral change (Cleme-Stone, 2002)

Polit and Hungler (1995), outline the major components of HBM as perceived suscepti ability, perceived severity, perceived benefits and costs of taking a health action. perceived barriers to taking a health action, motivation and enabling or modifying factors such as culture,gender,age,socio-economic status, education ,knowledge ,level of understanding, and social environment which can affect a person's perceived susceptibility or seriousness of a given health problem , benefits and perceived barriers to health action.

3.5 Perceived Susceptibility

This is one's opinion of chances of getting a condition or a person's perception that health problems are personally relevant or that the diagnosis of the illness is accurate.
.This means that even if one recognizes personal susceptibility, action will not occur unless the individual perceives that severity is capable enough to cause serious organic or social implications. (Polit and Hungler, 1995)

3.6 Perceived Severity

This refers to one's opinion of how serious a condition or its consequences are (Glanz et al, 2002)

3.7 Perceived Benefits

Perceived benefits are referred to as the one's opinion of the efficacy of the advised action to reduce risk or seriousness of the impact. They are also patient's beliefs that a given treatment will cure the illness or prevent it (Glanz et al, 2002)

3.8 Perceived Barriers.

These refer to one's opinion of the tangible and psychological costs of the advised action (Glanz et al, 2002).

3.9 Cues to action

These are strategies to activate readiness (Glanz et al, 2002)

3.9.1 BECKER'S HEALTH BELIEF MODEL DIAGRAM

INDIVIDUAL PERCEPTIONS MODIFYING FACTORS LIKELIHOOD OF ACTION

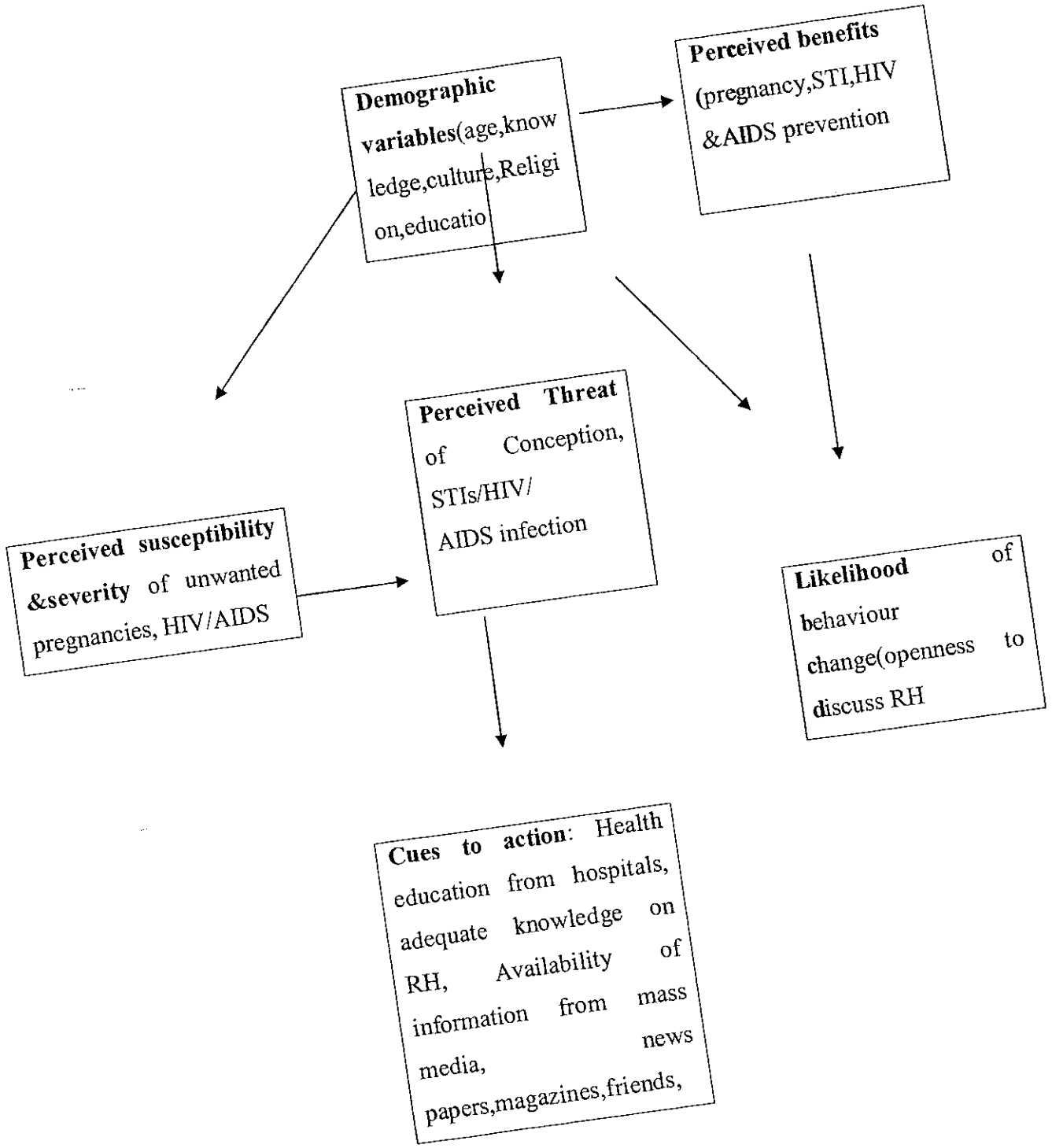

Figure1:(Adopted from Clemestone,2002).

3.9.2 Application of the HBM to the study

Parents may differ in their perception regarding perceived susceptibility, severity, benefits, priorities, and significant characteristics when discussing reproductive health issues with their children. The perceived risk/susceptibility the children may have to contracting sexually transmitted infections (STIs),HIV and AIDS and unwanted pregnancies (which may lead to early school drop outs and early deaths among adolescent girls) may increase the likelihood of parents discussing condom use with their children so that they (children) do not face these problems. Parents' belief that their youths/children may have been exposed to STIs or HIV may influence parents to discuss STI screening and HIV testing with their children.

Parents may also believe that the consequences of their children getting STIs or HIV and creating a pregnancy are significant enough to avoid, will also cause parents to discuss condom use, abstinence and STI screening and HIV testing with their children.

The perceived benefits that the use of condoms, abstinence, and avoidance of certain cultural practices like *fisi* during initiation ceremonies help prevent unwanted pregnancies, contraction of STIs including HIV and AIDS, will increase parents' likelihood of discussing use of condoms, abstinence with their children and discourage these harmful cultural practices .The belief that the recommended action of getting tested for STIs and HIV would benefit their children –possibly by allowing them to get early treatment or preventing them from infecting others, will influence parents to discuss STI screening and HIV testing with their children.

The perceived severity /seriousness of consequences of children's lack of RH knowledge increases the likelihood that parents will discuss RH with the children. For example, when a parent knows that HIV and AIDS is very serious and that it kills, they are likely to discuss condom use and abstinence with their children so as to protect them against contracting it.

Perceived barriers to discussing RH issues by parents with their children like too young children (age) and fear of bleaching their culture, may also affect parents' ability to discuss RH issues with their children

However, discussing RH issues by parents with their children may also be affected by parents' level of knowledge on importance of doing so, parents' level of education, culture, gender, and parents' perception about the whole issue and age of children. Parents who are knowledgeable enough on importance of condom use and abstinence are more likely to discuss these issues with their children disregarding the barriers they may have like cultural pressure. Research has also shown that the more educated a parent is, the more likely they are to discuss RH issues with their children and vice versa (Towela, 2006).It has also been shown that those parents who discuss these issues with their children, start doing so at different ages of their children.

This means that discussing RH issues by parents with their children is affected by several factors

4.0 Chapter Four

4.1 Methodology

4.1.1 Introduction

The methodological description of this study included the study design, study setting, sampling and sample selection, retesting, data collection methods, data collection tools, data analysis reliability and validity and ethical considerations.

4.1.2 Study Design

A descriptive quantitative study design was used in this study because of its ability to describe, examine cause and affect relationship characteristics of particular individuals, groups and situations (Cormack, 1991).

This research design had also been preferred because of its ability to systematically collect numeric information, often under conditions of considerable control through structured interviews of questions in the questionnaire.

4.1.3 Setting

This study targeted parents. The study was conducted at Kasungu District Hospital particularly at family planning and the under five clinics because it is where the researcher can easily get subjects who have children although the researcher also go some subjects from maternity ward and at out patient department as its target is those parents with children .The researcher also hoped to get parents from all the corners of the country as there were different types of people reporting at this hospital, hence it would be a true representation of the whole population. .

4.1.4 Sampling/Recruitment Process

Sampling is the process of selecting a portion of population to represent the entire population (Polit and Hungler, 1995).

Random sampling was used to obtain the subjects of the study because it increases the probability that subjects with various levels of an extraneous variable are included and randomly dispersed throughout the groups within the study (Burns and Groove, 2005).In so doing, biases that would not present a true picture of the findings are avoided. The researcher assigned an even number to every participant until the required number of 30 subjects was obtained.

4.1.5 Sample Size

A sample of 30 subjects was used in this study .This number had been chosen in order to have a true representation of the population under study and also to minimize sampling errors that might have arisen due to smaller sample size as it is said that the larger the sample, the more true representative of the population it is likely to be, or the larger the sample, the smaller is the sampling error (Polit and Hungler, 1995).

An inclusion criterion was used to determine the sample size since all married couples with children could be considered participants because the probability that these had also discussed sexual health issues with their children may be high.

4.1.6 Pre testing or Pilot testing

Pretesting refers to small scale version, trail run, of the major study aimed at obtaining information for improving the project and for assessing its feasibility because it may reveal revisions needed in one or more aspects of the project (Polit and Hungler, 1995).It is done prior to the conduction of the main study and in this way, the researcher is assisted whether the respondents understood the questions and directions or they find objections to determine the outcome of the study. The similarity in the characteristics of participants could be a true picture of the nature of out comes of the project.

Five parents reporting at Kasungu District Hospital were used in pre-testing the questionnaire.

4.1.7 Validity and Reliability

The questionnaire guide was pre-tested for validity and reliability (Cormack, 1991).Reliability refers to the degree of constancy or accuracy with which the instrument measures an attribute (Cormack, 1991).Validity is the degree to which the instrument measures what it is supposed to be measuring. In this study, pre-testing and development of a comprehensive questionnaire would help achieve validity and reliability.

4.1.8 Data Collection Tool

In this study, the questionnaire was the appropriate tool for data collection. The questionnaire contained open and closed ended questions to assist the respondents in expressing their feelings, views and opinions in the study. The questionnaire was designed from the specific objectives and the researcher was the only person to conduct the interviews. The questionnaire was designed in both English and Chichewa to give respondents a choice and it had questions on respondents' demographic data in addition to those tackling specific objectives.

4.1.9 Data Collection

This was achieved through structured interviews with the participants using a semi structured questionnaire. The process of data collection took five days and each interview lasted about twenty five minutes

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4.1.9 Data Analysis

This was supposed to be analysed by a computer using Statistical Package For Social Scientists (SPSS) and data elicited from open ended questions, manually (quantity analysis).Quantity analysis is a method for examining information or content in written or symbolic material. But due to failure by the researcher to access SPSS, all the data were analysed manually using a calculator. Microsoft excel also played a role in the process of data analysis

4.2.0 Ethical Considerations

Researchers are required by ethical principles in all professions to safeguard the rights of the public (Streubert and carpenter,1995).

For protection of subjects, Kamuzu College of Nursing Research and Publication Committee (RPC) reviewed the proposal of this study. This was to ensure that participants were not exposed to physical,psychological,or social injury in the course of their participation in the study.

Permission to carry out the study was sought from Kasungu District Health Officer (APPENDIX 2),although this was just verbal as the printer was reportedly out of use and I was promised that a letter granting me permission to carry out the study would be sent to me later, the thing that never happened despite my effort requesting about it. Permission was also supposed to be sought from Kasungu District Commissioner who just referred me to Kasungu District Health Officer saying this did not directly involve his office (APPENDIX 3).The subjects were requested to sign an informed consent each in agreement with the contained information before participation (APPENDICES 4A & B). Interviews with every subject were conducted inside the room for privacy sake.

The subjects' names were not indicated on the questionnaire guides but an identity code (ID Code) was indicated on all questionnaire guides for anonymity and after interviewing every subject, the questionnaire so filled, was kept in an envelope and responses were not revealed to other people like fellow participants but my supervisor for confidentiality.

The subjects were told the purpose of the study, its significance and the perceived benefits such as contribution to policy reformulation and changes and revision of youth RH programmes and therefore improved ability of parents to discuss RH issue with their children.

They were also informed on the risk of violation of privacy on their sexual life in the consent forms and during the interviews.

The subjects were also told that participation into the study was voluntary and that they were free to refuse to participate or withdraw during the interviews but their withdrawal would not yield any penalties. This information was important because comprehension of the nature and importance of the study would influence participation of the subjects in the study.

4.2.1 Dissemination of research results

The research findings will be communicated to Kasungu District Hospital, Youth Reproductive Health Office in Lilongwe and my supervisor will also get a copy

CHAPTER FIVE

5.0 STUDY FINDINGS

5.1 Introduction

This chapter presents study findings on factors hindering parents from discussing Reproductive Health issues with their children at Kasungu District Hospital. The aim of the study was to determine the factors that hinder parents from discussing RH issues with their children at Kasungu District Hospital. A sample of 30 subjects (parents) was selected by

random sampling. This presentation of findings is on Demographic data, Parent's sources of RH,whether or not parents discuss RH issues with their children and parent's feelings about discussing RH issues with their children.

5.2 DEMOGRAPHIC DATA

5.2.1 Gender Of Respondents: (N -30)

Most of respondents 63.3% (n-19) were mothers and 36.6% (n-11) were fathers. See the figure below:

GENDER	FREQUENCY	PERCENTAGE
Fathers	11	36.6
Mothers	19	63.3
Total	30	100

Table 1 :gender of respondents

5.2.2Age Distribution Of Respondents (N -30)

The majority of respondents were in the age ranges of 18 and 40,41and 60 (43.3%, n- 13 each).Only 13.3% (n -4) were above 60 years of age. No respondent was below 18.Refer to the figure below:

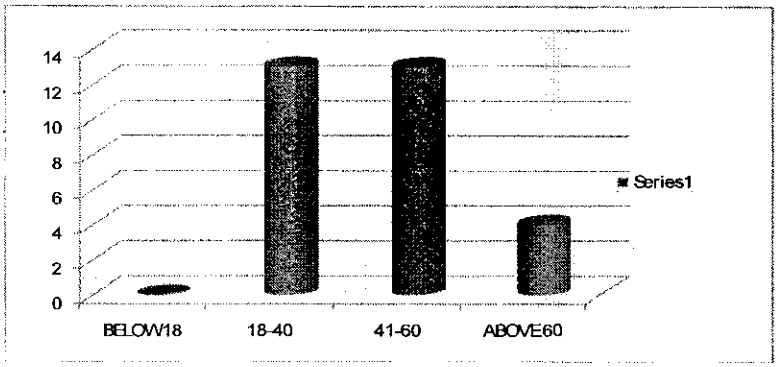

Figure1:Age distribution of respondents

5.2.3 Marital Status of Respondents (N -30)

Most of the respondents 83.3% (n- 25) were married.13% (n- 4) were widowed and only 3.3% (n- 1) was divorced. See the figure below:

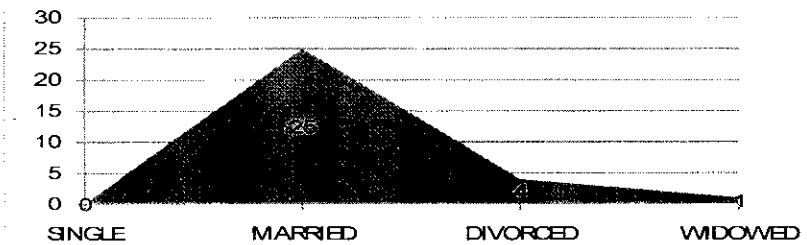

Figure 2:Marital status

5.2.4 Tribe of Respondents (N- 30)

Most of respondents were the chewa,70% (n- 21),seconded by the Tumbuka ,10% (n 3).6.66% (n -2)were the Lomwe and the Ngoni respectively. The Yao and the Mang'anja were the minority 3.35(n- 3) respectively. See the figure below:

TRIBE	FREQUENCY	PERCENTAGE (%)
Chewa	21	70
Tumbuka	3	10
Lomwe	2	6.66
Ngoni	2	6.66
Yao	1	3.3
Mang'anja	1	3.3
Total	30	100

Table 2:tribe of respondents (N-30)

5.2.5 Districts of Respondents

The majority of respondents, 53.3% were from Kasungu District, seconded by Mzimba and Lilongwe, 10% each..Ntcheu and Dowa, 6.66% each.Chikwawa,Thyolo,Mulanje and Balaka 3.3% each. Refer to the figure below.

DISTRICT	FREQUENCY	PERCENTAGE
Kasungu	16	53.3
Mzimba	3	10
Lilongwe	3	10
Ntcheu	2	6.66
Dowa	2	6.66
Chikwawa	1	3.33
Thyolo	1	3.33
Mulanje	1	3.33
Balaka	1	3.33
Total	30	100

Table 3: Districts of respondents

5.2.6 Educational Level of Respondents (N -30)

Education has strong effect on RH, contraceptive use and attitudes and awareness of family planning (DHS,2004)

Most of respondents, 80% (n- 24) attained primary school education only while 10% (n- 3) of the respondents managed to go as far as secondary school. Another 10% of respondents never went to school. None of respondents reported attaining adult literacy or tertiary education. See the figure below.

5.2.7 Denominations of Respondents (N- 30)

The study found out that the most of respondents ,90% (n- 27) were Christians belonging to CCAP,Seventh Day Adventist (SDA) and Roman Catholic.6.66 % (n -2) were Muslims and

3.33% (n- 1) had no religion. Refer to the table below.

DENOMINATION	FREQUENCY	PERCENTAGE
CCAP	10	33.3%
SDA	4	13.3
Roman Catholic	13	43.3
Muslims	2	6.66
No religion	1	3.33

Table 4: Religion of respondents

5.2.8 Occupation of Respondents (N-30)

The majority of respondents ,70% (n- 21) were farmers.13.3% were employed and 16.66% (n 4) were running small scale business. See the figure below:

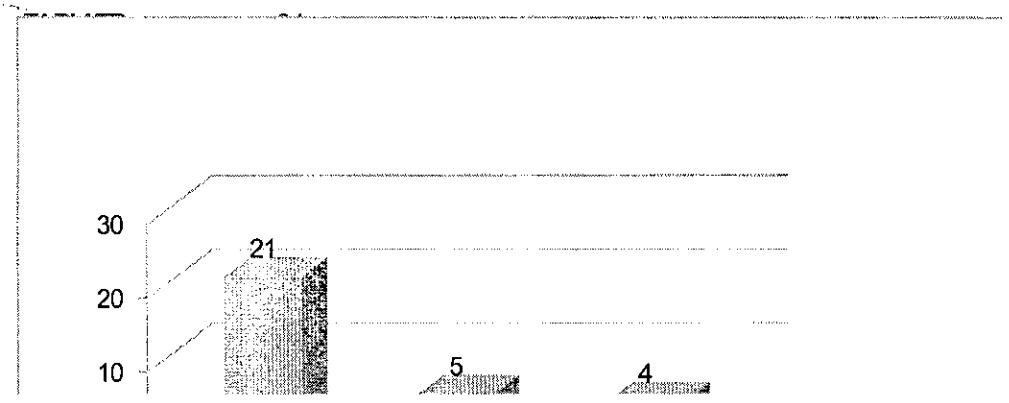

Figure 3:Responent's occupational status.

6.0 PART 2 : KNOWLEDGE ABOUT REPRODUCTIVE HEALTH (N -30)

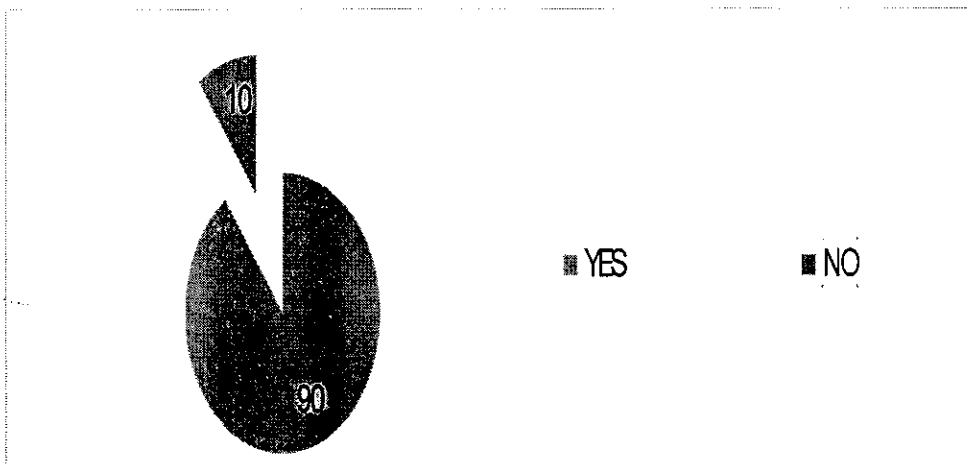

Figure 4:Knowledge about RH

90% (n-27) of respondents reported hearing something about RH.Only 10% (n-3)of respondents reported knowing nothing about RH.56.66% (n-17)said they had heard of family planning only and 13.3% (n- 4),exclusive breast feeding .6.66% (n-2) reported hearing of family planning and exclusive breast feeding while 6.66% said nobody should

marry if they are below the age of 18.3.3% (n 1) reported hearing of family planning and under five services while 3.3% (n-1) said that expectant mothers should delver at the hospital. Refer to the table below.

KNOWLEDGE	FREQUENCY	PERCENTAGE
Family planning only	17	56.66
Exclusive breast feeding only	4	13.3
Family planning and exclusive breast feeding	2	6.66
No marriage before age of 18	2	6.66
Giving birth at the Hospital	1	3.3
Family planning and under five services	1	3.33
No idea		
Total	3 30	10 100

Table 5: Knowledge about RH

6.1 Knowledge of components about RH (N-30)

60% (n-18) expressed knowledge about RH:50% (n-15) said they knew of family planning while 6.66% (n-2) reported exclusive breast feeding and 3.33% (n-1),giving birth at the hospital.40% (n-12)expressed no knowledge of RH.

6.2 Knowledge about transmission of STI's and HIV

The majority of respondents 63.3% (n-19) reported sex only as a mode of transmission of STI's and HIV while 30% (n-9) said that these could be transmitted from one person to another through both sex and sharing sharps with each other.3.3% said sharing used sharps only could transmit these diseases. Another 3.3% said they hared no idea. See the figure below.

KNOWLEDGE	FREQUENCY	PERCENTAGE
Sexual intercourse	19	63.3
Sex and sharing used sharps	9	30
Sharing used sharps only	1	3.3
No idea	1	3.3
Total	30	100

Table 6: Knowledge about transmission of STI's and HIV.

6.3 Knowledge about unwanted pregnancies (N-30)

A greater percentage of respondents, 80% (n-24) said that un wanted pregnancy means that one has got it at a time she did not expect it or prematurely/ when the girl is too young to nurse the pregnancy.20% (n-6) said they had no idea. See the figure below.

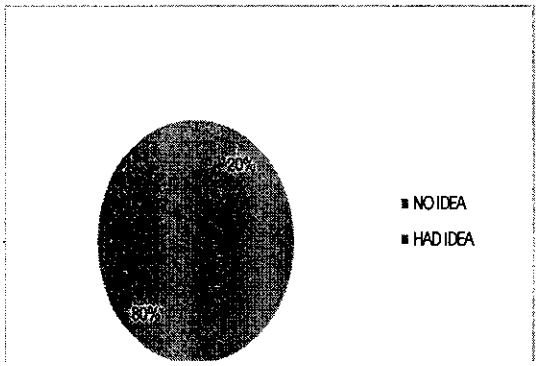

Figure 5 :Knowledge about un wanted pregnancy

6.4 Knowledge about prevention of STI's and HIV

The study found out that the majority of respondents 36.665 (n-11) reported abstinence as the only preventive measure against STI's and HIV.13.3% (n-4) said knew of abstinence and condoms as preventive measures while another 13.3% reported faithfulness to one another a s a sole preventive measure against these diseases. Still, another 13.3% reported faithfulness to one partner and abstinence as the only preventive measures while 10% (n-3),faithfulness and condom use. Another 13.3% reported abstinence and avoidance of sharing of used sharps while 6.66% (n-2) reported condom use only as a way of preventing STI's and HIV. A smallest percentage ,3.3% (n-1) stated condom use and VCT before marriage as measures one would take to prevent the contraction of STI's and HIV. Only 3.3% expressed no knowledge of how to prevent STI's and HIV.

6.5 Knowledge about prevention of unwanted pregnacies

The majority of respondents 43.3% (n-13) knew of abstinence as the only preventive measure against unwanted pregnancy while 26.66% (n-8),family planning.20% (n-6) of respondents said encouraging formal education amongst the youths and spirituality as these may increase children's knowledge of the consequences of their risky behaviours .Only 10% (n-3) of respondents said they had no idea about how to prevent pregnancy. See the figures below.

PREVENTIVE MEASURE	FREQUENCY	PERCENTAGE
Abstinence	11	36.6
Abstinence and condoms	4	13.3
Faithfulness	4	13.3
Abstinence and not sharing used sharps	4	13.3
Faithfulness and condoms	3	10
Condoms only	2	6.66
Condoms and VCT	1	3.3
No idea	1	3.3
Total	30	100

Table 7 A: Prevention of STI's and HIV.

6.6 Knowledge about prevention of pregnancies

PREVENTIVE MEASURE	FREQUENCY	PERCENTAGE
Abstinence	13	43.3
Family planning	8	26.66
Encourage formal education and spirituality	6	20
No idea	3	10
Total	30	100

Table 7B: Prevention of pregnancy.

6.7 Cultural practices

Most of the respondents, 66.66% (n-20) reported no cultural practices that would predispose youth to STI's and HIV and pregnancy. Only 33.3% (n-10) said there were indeed some cultural practices :Fisi amongst the Chewa 26.66% (n-8) and chisuweni 3.3% (n-1) amongst the chewa again. Another 3.3% (Yao) reported circumcision. Refer to the figure below.

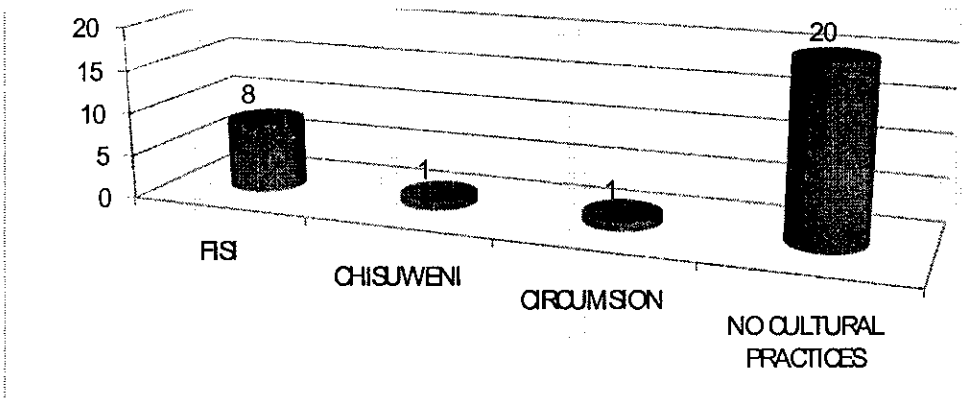

Figure 6:Cultural practices

7.0 PART 3: PARENT'S SOURCES OF RH INFORMATION (N-27)

The majority of respondents who reported hearing something about RH (N-27),34.3% (n-13) mentioned the radio as the source of their RH information, seconded by 23.3% (n-79of respondents who cited hospitals as the source of their RH information.10% (n-3) heard about RH from peers while 6.66% (n-2) from parents while 3.3% (n-1) said they got their information on television.3.3% cited the news paper as the source of their RH information. See the figure below.

SOURCE	FREQUENCY	PERCENTAGE
Radio	13	43.3
Hospital	7	23.3
Parents	2	6.66
Peers	3	10
Television	1	3.3
News paper	1	3.3
Total	27	90

Table 8: Parent's sources of RH

7.1 Determining whether or not parents were satisfied with RH information they heard

All the respondents ,9o% (n-27) expressed satisfaction with what they heard regarding RH,citing the following as the reasons for their getting satisfied:81.48% (n-22) said because of the information they heard, they have known how to protect themselves against STIs and HIV and pregnancies.11.1%found this information beneficial because they have some knowledge of how someone with STI's or HIVE may present like while 7.4% (n-2) said the message made them go for VCT and this later brought discipline in as far as sexual intercourse is concerned. See the table below.

REASON	FREQUENCY	PERCENTAGE
Known how to protect themselves against STI's including HIV and pregnancies	22	81.48
Known how someone with STI's including HIV and AIDS may present like	3	11.1
Led to VCT and sexual discipline	2	7.4
Total	27	99.98

Table 9:Reasons for parents' satisfaction with RH information heard.

8.0 PART 4 :DETERMINING IF PARENTS DISCUSS RH ISSUES WITH THEIR CHILDREN

It is interesting to find out that the majority of those interviewed (N-27),74.07% (n-20) said they discussed some issues regarding RH with their children:44.4% (n-12)discussed abstinence only with their children while 11.1% (n-3),abstinence and VCT.3.3% of the subjects managed to discuss abstinence and bodily changes as one is growing while another 11.1% discussed abstinence, exclusive breast feeding and not playing with friends of the opposite sex.Only 25.9% (n-7) did not discuss any RH issue with their children citing the following as the reasons for not doing so: 18.5 (n-5) said their children were still too young to understand the subject with their age ranges of 3 to 10 years. Some respondents, 3.7% said the children themselves were more educated and that they know more about the topic and there was therefore no need for this discussion with them. See figure below:

DISCUSSION	FREQUENCY	PERCENTAGE
Abstinence only	12	44.4
Abstinence, exclusive breast feeding and not playing with friends of opposite sex	3	11.1
Abstinence and VCT	3	11.1
Abstinence and bodily changes	1	3.7
Abstinence and not borrowing used sharps	1	3.7
Total	n-20	74

Table 10 A: Yes to discussion and topics discussed

REASON	FREQUENCY	PERCENTAGE
Children young	5	18.5
Parents shy	1	3.7
Children more educated than parents	1	3.7
Total	7	25.9

Table 10 B:No to discussion and reasons

8.1 Determining if parents discuss RH issues with both boys and girls

O f those who admitted to have discussed RH issues with their children (n-20) ,only 25% (n-5) said they did so and 75% (n-15) said they did not citing the following as the reasons for not doing so: Boys tend to be aggressive and they even threaten to bit them up,20%(n-4).10%(n-2) said It is the responsibility of the mother culturally to advise girls and fathers, boys while 15%(n-3) said they were shy themselves discussing the subject with boys as they considered them their hfathers.25%(n-5) said girls were more vulnerable than boys and that they start risky behaviors at tender age than boys ,hence the need to discuss the subject with them and not boys. Only 5% (n-1) said boys tend to be shy with parents. See the figure below

REASON	FREQUENCY	PERCENTAGE
Girls more vulnerable and start risky behaviours earlier than boys	5	25
Boys aggressive ,threatening to beat parents	4	20
Parents shy with boys	3	15
Culturally mothers responsible to advise girls and fathers boys	2	10
Boys shy with parents	1	5
Total	15	75

Table 11: Reasons for parents' selectivity in discussing RH with their children

8.2 The age of children at which parents start discussing RH with them (children)

The study found out that most of parents started discussing RH issues with their children when their children are in the age ranges of 11-20,70% (n-14) while 30% (n-6),between ages of 5-10. See the diagram below:

5--10	6
11--20	14

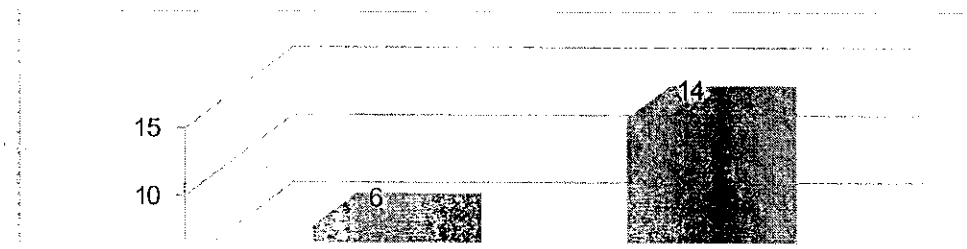

Figure 7: The age of children

8.3 Determining if there any myths regarding RH

The majority of respondents, 74.04% (n-20) reported no myths in their cultures regarding RH.Only 25.9% (N-7) said there were indeed some myths in their cultures as follows:42.86% (n-3) of those who said yes (N-7) said young children could not understand the subject while 57.14% (n-4) said doing so would be like bringing secret issues to light and this in turn would encourage them to do what they have been forbidden. See figures below:

REASON	FREQUENCY	PERCENTAGE
Brings secret issues to light	4	57.14
Young children cannot understand	3	42.86
Total	7	

Table 12:Myths

9.0 PART 5 :PARENTS' FEELINGS ABOUT DISCUSSING REPRODUCTIVE HEALTH ISSUES WITH THEIR CHILDREN

The majority of the subjects 65% (n-13) said they felt good while 35% (n-7) reported feeling bad .Refer to the figure below:

FEELING	FREQUENCY	PERCENTAGE
Good	13	65
Bad	7	35

Table 13: Parents feelings

10.0 DISCUSSION OF FINDINGS

10.1 Introduction

The purpose of this chapter is to link sections of the report together to give a meaning of the study findings. The study aimed at determining factors hindering parents from discussing RH issues with their children at Kasungu District Hospital. This chapter presents discussion of the findings of the results of this study.

The findings will be discussed in relation to the available literature and the HBM.It will focus on Demographic data, parent's knowledge about RH,parents' sources of RH information, whether or not parents discuss RH issues with their children and parent's feelings about discussing RH issues with their children.

10.2 Knowledge about RH

Knowledge is power and little or lack of it about something results in people doing that thing in improper way or even failing to do it (Lisa hunt Warren,2006) .It makes one understand reality, himself and others, know how to learn and teach and understand anything that can make interacting with others and becoming whole person easier (Lisa hunt Warren,2006).Knowledge of what it takes to raise children, results in well behaved, well adjusted, happier and healthier children (Lisa Hunt Warren,2006). The study findings reveal that most of parents (90%, n-27) had varying degrees of knowledge about RH.For example, out of these 27 respondents,56.66% (n-17), knew of family planning only. Almost all of them new one or more family planning methods. In fact, 16% percent of these have ever used a family planning method at some point. Family planning is important to prevent unwanted pregnancies which in turn helps reduce number of maternal estimated at 984 deatlis per 100000 live births child mortality rate (DHS 2004).

Lack of or little knowledge of RH may lead to parent's inability to discuss RH issues with their children or this may lead to misinformation and misperceptions which when combined with social and cultural barriers ,predispose youths to greater risk of STI's including HIV infection and unwanted pregnancy which mostly end up in unsafe abortions ,still births or premature births as girls try to make unsuccessful attempts to terminate it a sit is said that adolescent's pregnancies comprise 25% of all births and 20% of maternal deaths (WHO Biennial Report,2004-2005).

The study findings also reveal that most of respondents knew mode of transmission of STI's including HIV. For example, 60% of respondents reported sexual intercourse. Further findings show that most of respondents know how to prevent STI's including HIV and unwanted pregnancies. For example, 36.66% reported abstinence as a preventive measure against STI's including HIV and 13.3% mentioned of being faithful to one partner while 6.66% mentioned condom use. According to Malawi Demographic Health Survey

2004 , people had better knowledge of how to prevent STI's including HIV. The survey found out that abstinence was the most frequently mentioned preventive measure (80.5%), seconded by faithfulness to one partner (74%) and condoms were the least mentioned (66.5%).The researcher thought there are more people now who have knowledge about how to prevent STI's including HIV considering the fact that there are now more STI's and HIV awareness campaigns than in the past The study has clearly indicated that there is need for more vigorous campaigns if the impact of STI's including HIV is to be mitigated. The findings also show that a great deal of parents now know how to prevent unwanted pregnancies. For example , 43.3% mentioned abstinence as a preventive measure against unwanted pregnancy. This finding, gives hope for future generation. It also means that ICPD's (International Conference on Population and Development, 1994) aim to reduce maternal and child mortality rate by 50% between by 2000 and a further 50% between 2000 and 2015, will indeed be achieved.

Although a good number of respondents have some knowledge about RH, the findings further show that still,40% of respondents do not know the components of RH.This means that there is still huge knowledge deficit amongst parents about RH.As explained earlier, knowledge deficit about something also means that one is bound to give misinformation about that thing or inadequate information about that thing. In this case, those who reported discussing RH issues with their children might have given misleading or incomplete information which carries with it a risk of continued misconduct among the youths.

10.2.1Cultural practices

Finding out about respondent's cultural practices was important because everyone belongs to a certain cultural group which greatly influences one's general conduct and how one communicates with others (Suh, E.M and Oshi, s, 2002). It determines what to communicate and what not to communicate.

Some of the things that are communicated within one's culture may be detrimental to one's wellbeing and those things that culture prohibits parents from discussing RH issues with their children may be of great importance to their (children's) well being.

The study findings reveal that most respondents (66.6%) did not have any cultural practices passed on to their children that could predispose them to STI's including HIV and unwanted pregnancies. The government of Malawi and other many organizations, both

governmental and non-governmental, have gone on rampage to sensitize people on abolition of risky cultural practices .Despite all these efforts, the study reveals that there are still some harmful cultural practices amongst some cultural groups. For instance, 26.66% of the Chewa reported fisi while 3.3% of the same chewa reported chisuweni and traditional circumcision among the yao.This could be seen as negatively affecting the health of the youths in these cultural groups. It also means that though this is a small number having such practices, the government's effort to boot out harmful cultural practices is partially in vain , although there seems to be tremendous improvement as most respondents said such cultural practices had died out.

11.0 PARENTS' SOURCES OF RH INFORMATION

Finding out parents' sources of RH information was important as availability and credibility of the source of information matters in terms of what type of information and how that information is passed on. The study findings reveal that most of the respondents (43.3%) got their RH information from the radio, with 6.66% citing their parents as their source. These findings concur with those by Malawi Demographic Health Survey, 2004 that many people have access to the radio (67% of women and 85% of men).These findings also slightly concur with those by Alister Munthali, Agness Chimbiri and Eliya in 2004 that only 6% of children get their RH information from their parents. The findings show that the number of those parents discussing RH issue with their children is increasing which is good. This could be attributed to increased radio coverage and broadcasting of RH Programmes .This is advantageous as most of people in Malawi have radios. Unfortunately, it has been found out that most of those people having radios are found in urban areas (DHS, 2004), meaning that those in most remote areas where not many people have access to the radio may be at a disadvantage.

Radio as a source of RH information among parents ,was seconded by hospitals/health facilities. Government and other organizations are trying hard to reach out to as many people as possible. The Government even intends to build a health facility within a five-kilometre radius (Malawi National Health Plan 1999-2004),However, this is still taking too long to be achieved such that some people still stay very far from the health facilities ,15

0r more kilometres.This deprives these people of important information ,necessary for their well being as well as their children's well being.

The study findings show that most of respondents, 90%, were satisfied with the RH information, citing various reasons for their satisfaction. For example, the study reveals that it (information) made most of respondents know how to protect themselves from STI's including HIV and unwanted pregnancies (43.3%) and it also made some respondents change risky behaviors and go for VCT.This concurs with what the HBM states that an individuals perceived susceptibility to a given disease and perceived severity /treat of a given disease increase the likelihood of one taking a preventive action or participate in a health intervention that will decrease that threat.

12.0 Determining whether or not parents discuss RH issues with both boys and girls.

Knowing parent's level of communication about RH with their children is important as this will help determine which areas of RH need to be improved/emphasized during delivery of RH information. The study findings reveal that most of parents (70.07%) discuss one or more RH issues with their children. The findings show a great improvement in the number of those parents discussing RH issues with their children which was found by the Malawi BRIDGE Project to be only 3% in 2005.

The findings of this study further reveal that abstinence was the (40.07%) while VCT , condom use and bodily changes were the last discussed topics. In the opinion of the researcher, it is important that parents put their emphasis on abstinence because one is rest assured of considerable protection from STI's including HIV and total protection from pregnancy.However,now that HIV is becoming more and moor serious, there is need for serious inclusion of VCT and condom use by parents in this topic of RH.

The study findings also show that although many parents nowadays discuss RH issues with their children, it mostly girls who benefit as most of parents (75%) tend to avoid boys and target girls because girls are more vulnerable and that they start risky behaviours at an earlier age than boys (25%).study findings by Lindberg that young males (teen males) have become less and less sexually active ever since 1980's and they are having fewer sexual

partners (Lindberg,2007).The study has also found out that other parents avoid boys because of their (boy's) aggressiveness,20% and that parents were themselves shy with boys as they culturally considered them their 'fathers'. In the opinion of the researcher, parents' unfounded fears and beliefs are so strong in determining whether or not parents should discuss RH issues with their children .As can be seen from, and interpreted by the HBM,the girl's and not boys' vulnerability and their starting risky behavoiurs at an early age led to parents avoiding boys and targeting girls. The HBM states that perceived susceptibility of one to a given condition and the perceived benefit of a given act leads to a health seeking behavour.

Whatever reasons parents have for not discussing RH issues with their boys, deprives them (boys) of good information needed for their proper growth .This could explain why STI's reach pick among young men/boys kin their 20's when most of them settle down in relationships that require them to be partners (Lindberg,2007).In the view of the researcher, whether or not they (parents) have explicit discussion with their children, parents transmit their attitudes and values abut sexuality to their youths through observation. Those parents who are unwilling to or unable to discuss this important and sensitive part of life, present sexuality as a negative and a taboo rather than a natural part of a human being. In fact, according to Sunneth, no sexuality education is sexuality education and the message received from this education may be a negative one (Sunneth Agampodi et al, 2008).

The study findings also reveal that age of children is also one of the major determinants of parents' openness to discuss RH with their children. None of respondents reported discussing RH issues with children younger than five years. In the view of the researcher, starting discussing this topic when children are younger than five years is better because children will have internalized what is required of them by the time they grow up. This is also a period when parents ought not to be ashamed of anything as the children's reasoning capacity and their ability to misinterpret things is still low. Sexuality education is a child's developmental need. In fact, according to Stanley, refusing to discuss RH with children stifles their developmental need to learn and understand. This can lead to fear and embarrassment. These feelings may in turn lead to ignorance and misconceptions, if children lack accurate information or seek inappropriate sources (StanleySnergrof, 2000).

13.0 Parents' feelings about discussing RH issues with their children.

One's feelings about a particular thing may have a great influence on an action they would carry out on it (Wang Jian and Frank Donald G, 2002). The study findings reveal that most of parents (65%), feel good about discussing RH issues with their children. This shows that most of them have positive feelings about the topic (RH).In the opinion of the researcher; this could explain why there has been an improved/increased number of parents who discuss the RH issues with their children. This also is, in the view of a researcher, a positive step towards achieving sound youth RH.However, there is still a danger, in the view of the researcher, of some parents not changing their longstanding problem of sticking to their old beliefs/practices, not appreciating the efforts by the government and other organizations in trying to promote youth RH.This is evidenced by 35% of respondents who had negative attitude/bad feelings about discussing RH with their children.

14.0 CONCLUSION

Despite a great percentage of parents knowing something about RH (90%),fewer than that discuss RH issues with their children ,70.4% and that even fewer than that,60%,of those who discussed RH issues with their children were feeling good doing so. But even if it is like that, most parents still avoid discussing RH issues with their boys. It can therefore comfortably be said that the percentage of parents who discuss RH issues with their children has sharply increased, although not many parents include the boys in the discussion of the topic(RH).In this case, a conclusion can be drawn that many parents do not discuss RH issues with their boys.

From the results of this study, it can also be concluded that there are several factors influencing parents ability to discuss RH issues with their children ; These include the following: Source of RH information , educational background of parents,culture,age of children, boys aggressiveness, girls' vulnerability and shyness of both parents and the children themselves.

15.0 RECOMMENDATIONS FROM THE STUDY

- The Ministry of Health should liaise with the Ministry of Education to introduce/reinforce RH in primary school curriculum
- Those organizations responsible for disseminating RH message should be making emphasis on components of RH as they carry out their work.
- Religious as well as Health organizations should work closely together in divulging RH information to the youths. There should not be a crush in their teachings.
- The radio being the most important source of RH Information to the masses, should improve its coverage so that RH Information reaches various sections of the communities including those in most remote areas. This will certainly motivate people.
- The Ministry of Health and other organizations responsible for sensitizing people on transmission and prevention of STI's including HIV and pregnancy should continue doing so tirelessly, while also denouncing harmful cultural practices that predispose youths to STI's including HIV and pregnancies.
- The Ministry of Health should find a strategy that will make/help parents feel free to discuss RH issues with their children particularly boys right from a tender age.
- The Ministry of Health should embark on a wide campaign in communities against widely held myths regarding RH amongst the youths.

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18.0 APPENDICES

APPENDIX 1 :TIME TABLE FOR THE STUDY

ACTIVITY	M O N T H S						
	May	**June**	**July**	**August**	**Sept**	**Oct**	**Nov**
Preparation and literature review							
Writing and developing questionnaire							
seeking permission							
pilot study							
Data collection							
Data analysis							
Report writing							
Submission of the dissertation							
Dissemination of results							

APPENDIX 2

University Of Malawi

Kamuzu College Of Nursing

Private Bag 1

Lilongwe.

The District Commissioner

Kasungu District Assembly

Private Bag 1

Dear Sir/Madam

RE:REQUEST TO CONDUCT A STUDY IN YOUR DISTRICT

I am a student at Kamuzu College of Nursing currently pursuing a Bachelor of Science in nursing programme.

In partial fulfillment of the programme, I am required to conduct a research study. I intend to conduct a study on factors hindering parents from discussing Reproductive Health issues with their children at Kasungu District Hospital. I therefore ask for your permission for me to conduct this study.

The subjects of the study will include the couples who have children. These subjects will be required to answer a questionnaire

I will be grateful if my request is considered

Yours truly,

Yohane Mwale (Mr.)

APPENDIX 3

University of Malawi
Kamuzu College Of Nursing

Private Bag 1

Lilongwe.

The District Health Officer

Kasungu District Hospital

P.O BOX 19

Kasungu.

Dear Sir/Madam,

REQUEST TO CONDUCT A STUDY AT YOUR HOSPITAL

I am a student at Kamuzu College of Nursing currently pursuing a Bachelors of Science in nursing programme.

In partial fulfillment of the programme, I am required to conduct a study. The study I intend to carry out aims at finding out factors hindering parents from discussing Reproductive Health issues with their children at Kasungu District Hospital. I therefore ask for your permission so that I carry out this study.
The subjects of the study will include couples who have children and these subjects will be required to answer a questionnaire after granting an informed consent.

I will be grateful if my request meets your favourable consideration.

Yours truly,
Yohane Mwale (Mr.)

APPENDIX 4 A

Consent form

Dear correspondent,

I am a fourth year student at Kamuzu College of Nursing pursuing bachelor's of science in nursing. As part of requirement for the course, I have to do research. The title of the study that I want to carry out is 'Factors hindering parents from discussing Reproductive Health issues with their children at Kasungu District Hospital'. I therefore invite you to participate in this study. The study has been approved by the Research Committee under the protection of human rights at Kamuzu College of Nursing. If you accept to participate in this study, you are expected to answer questions pertaining to your knowledge about Reproductive Health, your source of information regarding the topic, Whether you discuss this topic with your children and your feelings about discussing the topic with your children. Your participation into this study is absolutely voluntary and you are free to withdraw in the course, but this will not attract any penalties or alter the quality services you receive.

The interviews will take only 25 minutes. You are free to express your feelings and to ask as many questions as you can. If you have further questions you may write to me Yohane Mwale ,Kamuzu College of Nursing, P/Bag 1, Lilongwe.

Anything discussed here will not be shared with any body but my research supervisor to ensure confidentialiy.No names will be used but code numbers. The questionnaires after interviews will be kept in envelopes and later destroyed after use.

The results recommendations of this study is likely to improve parent's openness to discuss Reproductive Health issues with their children. They are also likely to motivate health care workers to provide youth-centered Reproductive Services. They will also help the Ministry of Health in revision and formulation of policies targeting youth Reproductive Health.

The study will not involve any physical risks. However, your personal privacy regarding sexuality may slightly be invaded .

The researcher is therefore requesting you to voluntarily participate in this study. If you accept to participate in the study, please sign below.

I, the undersigned, fully understand that all the information will be confidential and anonymous. I agree to participate in the study.

Signature of the respondent.....Date.....

Signature of the researcher.....Date.....

APPENDIX 4 B

Chilolezo kutenga nawo mbali pakafukufuku

Ine ndine wophunzira wa pasukulu ija ya anamwino ya Kamuzu College of Nursing koinwe amasulira anamwino.Ndipo ndili mu chaka chomaliza.

Pa zinthu zofunika pasukuluyi,ndiyenera kuchita kafukufuku,.Mutu wakafukufuku wanga ndi 'Zinthu zomwe zimalepheretsa makolo kukambirana ndi ana awo nkhani zokhudzana ndi uchembere wabwino ndi matenda opatsirana pogonana kuphatikizirapo Edzi'.

Ndikukupemphani kuti mutenge nawo mbalipakafukufukuyu.Mukavomera,mudzayankha mafunso munjira yo kambirana.Mafunsowa ndiwokhudza chomwe inu mukudziwa pamutuwu,komwe munamva nkhani yokhudzana ndi mutuwu.Ngati munamvapo,nanga munayamba mwakambirana nawo ana anu.Munamva bwanji muntima mwanumo panthawi yomwe munkakambirana nawo ana anuwo?.

Kukambirana kwathu kutenga mphindi 25.Muli wololedwa kufunsa mafunso ena ali onse ndikuperekapo maganizo anu pa mutuwu.Ndinu amfulu kulowa mukafukufukuyu kapena kusiyira panjira.Izi sizikutanthauza kuti chinachake chidzachika kwa inu ndipo ufulu wanu sudzaphwanyidwa nkomwe.

Mwina simungawone kufunikira kwenikweni kwa inu,koma mwina ndi mwayi wanu kuti mufunsidwe mafunso omwe zotsatira zake zidzapindulira makolo kukhala omasuka kukambirana ndi ana awo mutuwu.Zidzathandizanso ogwira ntchito za chipatala kuti azipereka chithandizo choyenera a chinyamata athu.Dziko nalonso lidzapindula chifukwa zotsatira za kafukufukuyu zidzathandiza aboma kuti a wunike ndondomeko yoyendetsera nkhani zokhudzana ndi umoyo wa achinyamata.

Dziwani kuti chilichonse chomwe tikambirane chidzakhala chachinsinsi,ndipo sitigwiritsa ntchito mayina panthawi ya kukambirana kwathu.Chipepala chomwe tidzalembapo ntchito chidzaikaidwa mu enivelopu ndi kukawonongedwa chikagwiritsidwa ntchito kuti wina asakahale ndi mway wochigwira kupatulako a phunzitsi anga.

Ngati pangakhale vuto lina lirilonse lomwe lingabwere chifukwa chotengaponmbali kwanu pakafukufukuyu,mudzathandizidwa moyenelera ndi membala wa kafukufukuyu

Ngati mwavomelezana nazo zolowa mukafukufuku, musayine pamunsipa.

Kusayiniraku kukusonyeza kuvomera kwanga kutengapo mbali pakafukufukuyu.

Sayini yaotenga mbali.....Tsiku.....

Sayini membala wakafukufuku.....Tsiku.....

University of Malawi
Kamuzu College of Nursing

RESEARCH AND PUBLICATIONS COMMITTEE

APPROVAL CERTIFICATE

TITLE: Factors hindering parents from discussing reproductive health issues with their children at Kasungu district Hospital

INVESTIGATOR(S):

Yohane Mwale

YEAR OF STUDY:

4 Generic

REVIEW DATE:

7 August 2015

DECISION OF THE COMMITTEE: Approved. See specific comments in the document

UNIVERSITY OF MALAWI
KAMUZU COLLEGE OF NURSING
- 8 -04- 2015
LIBRARIAN'S OFFICE
PRIVATE BAG 1 LILONGWE

SIGNATURE:.....**DATE**.....

DEAN OF POSTGRADUATE STUDIES AND RESEARCH

CC: supervisor: Mr Nyando

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.....**SIGNATURRE(S)**.....

APPENDIX 5 A

Data collection Instrument

INTERVIEW GUIDE

Date of interview.....

Code.....

PART 1: DEMOGRAPHIC DATA

1. Gender

Male [ ]

Female [ ]

2. Age

Below 18 years [ ]

18-40 years [ ]

41-60 years [ ]

Above 60 years [ ]

3. Marital status

Single [ ]

Married [ ]

Divorced [ ]

Widowed [ ]

Separated [ ]

Other, specify.....

4. Tribe

Chewa [ ]

Tumbuka [ ]

Lomwe [ ]

Yao [ ]

Ngoni [ ]

Sena [ ]

Other, specify.....

5. Village.....

6. Highest educational qualification

Adult literacy [ ]

Primary [ ]

Secondary [ ]

Above Secondary, specify.....

7. Religion

Christian [ ]

Muslim [ ]

No religion [ ]

Any other, specify.....

PART 2: KNOWLEDGE ABOUT YOUTH REPRODUCTIVE HEALTH

8. Have you ever heard about youth Reproductive Health?

Yes [ ]

No [ ]

9. If yes, what have you heard?.....

10. D o you know any components of reproductive health?

Yes [ ] No [ ]

11. If yes, what are these components that you know?.....

.....

.....

12. What are the ways through which sexually transmitted infections (STIs) and HIV be transmitted?

Sex [ ]

Blood transfusion [ ]

Kissing [ ]

Sharing used sharp instruments [ ]

Any other.....

12. I understand that some youths get unwanted pregnancies, how do you understand 'unwanted pregnancies?'.....

How do you think the following can be prevented?

i.STIs and HIV

Abstinence [ ]

Using condoms [ ]

Avoid sharing used sharp instruments [ ]

Any other, specify.....
.....

ii.Pregnancy

Abstinence [ ] Using condoms [ ]

Using oral or injectable contraceptives [ ]

Any other, mention.....

13. Are there any cultural practices in your area that can predispose youths to STIs, HIV and unwanted pregnancies?

Fisi [ ]

Jando [ ]

Chinamwali [ ]

Any other, specify.....

PART 3: PARENTS' SOURCES OF REPRODUCTIVE HEALTH INFORMATION

14. Refer to part 2, question 8.If yes, where did you get the information regarding Reproductive Health (HIV, STIs and Family Planning)?

Hospital [ ]

Peers [ ]

Radio [ ]

Television [ ]

Any other, mention.....

15. Did you find this information useful to your children?

Yes [ ]

No [ ]

16. If yes, how (explain).....

17. If no, how (explain).....

18. Were you satisfied with the source of your information?

Yes [ ]

No [ ]

19. If yes, how (explain).....

20. If no, how (explain).....

PART 4: TO DETERMINE IF PARENTS DISCUSS REPRODUCTIVE HEALTH (RH) ISSUES WITH THEIR CHILDREN

21. Refer to 15. If yes, have you at some point discussed these with them?

Yes [ ]

No [ ]

22. If yes, what did you discuss?

VCT [ ] Condom use [ ]

Abstinence [ ] Family Planning [ ]

23. Did you discuss these issues with both your boys and girls?

Yes [ ]

No [ ]

24. If yes, why.....

25. If no, why did you choose to discuss these issues with the preferred sex?

26. At what age of your children do you start discussing RH issues with them?

5-10 years [ ] 11-20 years [ ]

21-30 years [ ] any other, specify.....

27. Are there any myths in your area about youth RH?

28. If yes, what are they?.....

PART 5: PARENTS' FEELINGS ABOUT DISCUSSING RH ISSUES WITH THEIR CHILDREN

29. Refer to 21.If yes, how did you feel when discussing RH issues with your children?

Bad [ ] Good [ ] Ashamed [ ]

Any other, specify.....

APPENDIX 5 B

CHIPHASO CHA MAFUNSO

Tsiku.....

Nambala.....

GAWO LOYAMBA:

Kodi ndinu ndani?

1. Bambo [ ]

Mayi [ ]

2. Zaka zakubadwa zanu

Zosafika 18 [ ]

Pakati pa 18 ndi 40 [ ]

Pakati pa 41 ndi 60 [ ]

Zopyolera 61 [ ]

3.Zokhudzana ndi moyo wa pa banja

Ndili pa banja [ ]

Banja linatha [ ]

Wamasiye [ ]

Zina,tculani.....

4.Mtundu wanu

Achewa [ ]

Atumbuka [ ] Angoni [ ]

Alomwe [ ] Mtundu wina, tchulani.....

Ayao [ ]

Asena [ ]

5. Mudzi wanu.....

6. Kodi sukulu munalekeza pati ?

Yakwacha [ ]

Pulaymale [ ]

Sekondale [ ]

Kupyolerapo, tchulani

7.Kodi mumagwira ntchito yanji?.....

8.Ndinu a chipembedzo chanji?

Mkhristu [ ]

A silamu [ ]

Ndilibe chipembadzo [ ]

Zina,tchulani.....

GAWO LA CHIWIRI: ZOMWE MUKUDZIWAPO ZOKHUDZANA NDI ZOKHUDZANA NDI UCHEMBERE WABWINO NDI MATENDA OPTATSIRANA POGONANA

9.Munayamba mwamvapo za uchembere wabwino ndi za matenda opatsirana pogonana kuphatikizirapo Edzi?

Eya [ ]

Ayi [ ]

Ngati eya, munamvapo chiyani?.....

10. Kodi mukudziwa magawo a uchembere wabwino?

Eya [ ] Ayi [ ]

11. Ngati eya, mukudziwa chiyani?

Kulera [ ]

Kupewa matenda opatsirana pogonana kuphatikizirapo Edzi [ ]

Osakakamizana kugonana [ ]

Zina, tchulani .....

12.Kodi mukuona kuti Edzi ndi matenda ena opatsirana pogonana angafale bwanji?.....
.....

13. Takhala tikumva kuti achitsikana/ amayi ena amatenga pakati asanakonzekere.Kodi mukuona kuti mawuwa akutanthauza chiyani?

Kodi mukuona kuti zinthuzi tikngazipewe bwanji:

Edzi ndi matenda ena opatsirana pogonana? .....
.....
Kutenga pathupi ? .....

14.Pali miyambo ina ili yonse pachikhalidwe chathu yomwe ingapangitse kuti achinyamata athu atenge matenda opatsirana pogonana,Edzi ndi pathupi?

Eya [ ] Ayi [ ]

15.Ngati eya, ndiyo iti?

Fisi [ ] Jando [ ] Gwamula [ ]

Ina, tchulani.....

GAWO LA CHITATU:KOMWE MUNAMVA UTHENGA OKHUDZA UCHEMBERE WABWINO,MATENDA OPATSIRANA POGONA KUPHATIKIZIRAPO EDZI.

Kodi nkhani yokhudzana ndi uchembere wabwino,matenda opatsirana pogonana kuphatikizirapo Edzi munayimva kuti?

Kuchipatala [ ] kwa amzanga [ ]

Pawailesi [ ] pa kanema [ ]

Kwina, tchulani.....

15.Kodi mukuona ngati zomwe munamvazo,zitha kukhala zaphindu kwa ana anu?

Eya [ ] Ayi [ ]

16.Ngati eya, mukuona phindu lake ndilotani,fotokozani.....

17. Ngati ayi, mukuona ngati chifukwa chake ndi chiyani,fotokozani.....

.....

18.Kodi monakhutitsidwa nawo amene anakuuzani nkanizi?

Eya [ ] Ayi [ ]

19. Ngati ayi ,chifukwa chake ndichiyani?.....

20.Ngati eya,chifukwa chake ndichiyani?.....

GAWO LA CHINAYI: KUFUNA KUDZIWA NGATI MAKOLO AMAKAMBIRANA NDI ANA AWO NKHANI ZOKHUDZANA UCHEMBERE WABWINO,MATENDA OPATSIRANA POGONANA KUPHATIKIZIRAPO EDZI.

21.Ngati mukuona kuti uthenga wokhudzana ndi uchembere wabwino,matenda opatsirana pogonana kuphatikizirapo Edzi,ndi wapindu kwa ana anu,munayayamba mwakhala pansi ndi kukambirana nawo nkhaniyi?

Eya [ ] Ayi [ ]

22.Ngati eya,munakambirana nawo chiyani?

Zokayezetsa magazi kuti awone ngati ali kachilombo kuyambitsa matenda a Edzi [ ]

Kudziletsa [ ] Za kondomu [ ]

Zakulera [ ]

Zina, tchulani.....

23.Kodi nkhanizi munakambirana ndi ana anu onse a muna ndi a kazi omwe?

Eya [ ] Ayi [ ]

24.Ngati eya,chifukwa chake ndi chiyani,fotokozani?.....

.....

25. Ngati ayi, chifukwa chiyani munasankha?.....

26.Kodi anawa mumayamba kukabirana nawo nkhanizi akafika zaka zingati?

Pakati pa 5 ndi 10 [ ] pakati pa zaka 11 ndi 20 [ ]

Pakati pa zaka 21 ndi 30 [ ] kuposera zaka 30 [ ]

27. Pali zikhulupiliro zina zilizonse zokhudzana ndi uchembere wabwino wa ana athu ndi matenda opatsirana pogonana kuphatikizirapo Edzi pakati pa ana athu?

Eya [ ] Ayi [ ]

28. Ngati eya ndizo ziti?.....

GAWO LA CHINAYI: KUFUNA KUDZIWA MOMWE MAKOLO AMAMVELERA AKAMAKAMBIRANA ZA UCHEMBERE WABWINO,MATENDA OPATSIRANA POGONAN KUPHATIKIZIRAPO EDZI NDI NDI ANA AWO.

29.Kodi mumamva bwanji mukamakambirana ndi ana anu za uchembere wabwino,matenda opatsirana pogonana kuphatikizirapo Edzi?

Sindimva bwino [ ] Ndimamva bwino [ ] Ndimachitachita manyazi [ ]

Ndimamangika [ ] Zina, tchulani.....

Zikomo kwambiri chifukwa chotengapo mbali kwanu pa kafukufukuyu.