

MZUZU UNIVERSITY

FACULTY OF HEALTH SCIENCES

DEPARTMENT OF NURSING AND MIDWIFERY

A RESEARCH REPORT

ON

ASSESSING FACTORS AFFECTING PARENT-ADOLESCENT DISCUSSION ON REPRODUCTIVE HEALTH ISSUES AT MGUNGU GROUP VILLAGE HEADMAN, NTCHISI.

BY

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10th AUGUST, 2023

# DECLARATION

I, Teleza Chagomerana (The undersigned student), hereby declare that this dissertation is a result of my original work and has not been presented for any other awards at Mzuzu University or in any other University.

Where other peoples‟ information has been used, the sources have been duly acknowledged.

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Signature

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Supervised by: Madam A. Konyani

Signature

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# DEDICATION

This thesis is dedicated to my parents for their love in bringing me up to be a better individual, blessings and constant support that they have been for me. I love and appreciate everything.

Table of Contents

[DECLARATION i](#_Toc142394653)

[ACKNOWLEDGEMENT ii](#_Toc142394654)

[DEDICATION iii](#_Toc142394655)

[ABBREVIATIONS vi](#_Toc142394656)

[ABSTRACT vii](#_Toc142394657)

[CHAPTER ONE 1](#_Toc142394658)

[1.0 Introduction 1](#_Toc142394659)

[1.1 Background 2](#_Toc142394660)

[1.2 Problem Statement 3](#_Toc142394661)

[1.3 Study Objectives 4](#_Toc142394662)

[1.3.3 Research questions 4](#_Toc142394663)

[1.4 Significance of the Study 5](#_Toc142394664)

[CHAPTER TWO: RETERATURE REVIEW 6](#_Toc142394665)

[CHAPTER THREE: METHODOLOGY 11](#_Toc142394666)

[3.1 Research Design 11](#_Toc142394667)

[3.2 Study Setting and Population 11](#_Toc142394668)

[3.3 Sampling Method 12](#_Toc142394669)

[3.4 Sample Size 12](#_Toc142394670)

[3.5 Inclusion and Exclusion 12](#_Toc142394671)

[3.6 Data Collection Method 12](#_Toc142394672)

[3.7 Data Analysis 13](#_Toc142394673)

[3.8 Ethical Consideration 14](#_Toc142394674)

[3.9 Limitations of the Study 15](#_Toc142394675)

[CHAPTER FOUR: RESULTS PRESENTATION 16](#_Toc142394676)

[CHAPTER FIVE: DISCUSSION, CONCLUSION AND RECOMMENDATION 23](#_Toc142394677)

[5.1 Discussion 23](#_Toc142394678)

[5.2 Conclusion 26](#_Toc142394679)

[5.3 Recommendations 26](#_Toc142394680)

[5.3.1 Areas of Further Study 27](#_Toc142394681)

[REFERENCE 28](#_Toc142394682)

[APPENDICES 30](#_Toc142394683)

[APPENDIX A: APPROVAL LETTER TO CONDUCT A RESEARCH 30](#_Toc142394684)

[APPENDIX B: REVIEW REPORT 31](#_Toc142394685)

[APPENDIX C: PARTICIPANTS CONSENT FORM 32](#_Toc142394686)

[APPPENDIX D: INTERVIEW GUIDE 33](#_Toc142394687)

[APPENDIX E: PERMISSION LETTER 36](#_Toc142394688)

# ABBREVIATIONS

WHO World Health Organization

MOH Ministry of Health

AIDS Acquired Immune Deficiency Syndrome

RHIs Reproductive Health Issues

HIV Human Immune Virus

STDs Sexually Transmitted Diseases

FGD Focus Group Discussion

AVAC AIDS Vaccine Advocacy Coalition

MDHS Malawi Demographic Health Survey

OECD Organisation for Economic Co-operation and Development

# ABSTRACT

The aim of this study was to assess factors affecting parent-adolescent discussion on reproductive health issues at Mgungu group village headman, Ntchisi. A qualitative study using descriptive phenomenological design was conducted in the area of group village headman Mgungu, Ntchisi. The specific objectives of the study were as follows; to understand factors affecting parent-adolescent communication on reproductive health issues at group village headman Mgungu, Ntchisi; to explore parent’s perception towards discussing reproductive health issues with their children; to describe strategies that would improve parent-adolescent discussion on reproductive health issues. The study involved 12 face to face interviews. Through the study findings, it had been reviewed that sociocultural norms, limited knowledge, religious beliefs, fear, lack of time are some of the factors that are affecting reproductive health issues discussions between parents and adolescents. However, there are also remarkable parental perceptions towards reproductive health issues discussions with adolescents like sexual experimentation ideologies, as well as parents feeling that adolescents are too young for RHIs discussions. Furthermore, participants in this study, have illustrated some of strategies which would help in promoting reproductive health issues discussions among parents and adolescents which include; sensitisation campaigns on RHIs discussions, incorporating RHIs topics in school syllabus, and revision of sociocultural norms. Study findings in this chapter reflects on factors which affect reproductive health issues discussion between parents and their adolescent children. The areas discussed were factors affecting parent-adolescent discussion, parent’s perception towards reproductive health issues discussion, and strategies which may help to improve these discussions between parents and adolescents.

# CHAPTER ONE

## 1.0 Introduction

Communication between parents and adolescents regarding reproductive health issues is an important topic of discussion because it leads to increased awareness on sexual and reproductive health matters and is protective for adolescent’s reproductive, (Motsomi , 2016). According to the World Health Organization, (2019) adolescence is defined as those people between 10 and 19 years of age. It includes in the age-based definition of “child”, for a person under the age of 18 years where a specific health and development needs and rights are sensitive, (Mbwele, 2020). It is also a time to develop knowledge and skills, learn to manage emotions, relationships, acquire attributes and abilities of assuming adult roles. Adolescent’s reproductive health issues covers Sexually Transmitted infections, Sexual Violence, HIV/AIDS, unwanted pregnancies, abortions and Family planning (National Youth Council of Malawi, 2016).

Parents often have the power to guide children’s development in sexual health matters, encouraging them to practice reasonable sexual behavior and develop good personal decision making, (Makanjee , 2016). Researches indicated that increased parent child communication leads to a raised awareness and reduction in risk taking behaviors (Yadeta , 2014). However, parents do not communicate about particular reproductive health topics with their children because they feel embarrassed and experience discomfort when doing so. Therefore, when young people feel disconnected to home and family, they may become involved in activities that put their health and well-being at risk (Makanjee , 2016). To prevent the risk, it is vital to ensure that parents and community at large take a leading role in discussing reproductive health issues with adolescents, unfortunately only few parents discuss these issues (Ministry Of Health , 2015-2020). Therefore, the aim of the study is to assess factors affecting Parent-Adolescent discussion on reproductive health issues. This will help to come up with general recommendations required in reducing the existing barriers between parents-adolescent’s communications and consequently help improve the adolescent sexual and reproductive health.

## 1.1 Background

Reproductive health has been the issue of great concern worldwide, yet good reproductive health will help adolescents reduce the risk of contracting STIs, HIV/AIDS, unwanted pregnancies, abortions, dating violence and early marriages (Munthali & Eliya, 2011). World health organization (WHO) defines Reproductive health as state of complete physical, mental and social wellbeing not merely the absence of disease or infirmity, in all matters related to the reproductive health system and to its functions and processes (MOH, 2014-2019).

Historically there are about 1.2 billion adolescents worldwide making up 16% of the world’s population, (Yibrehu & Mbwele, 2020). The number of adolescent has steady increased, for example the number of adolescent boys increased by 16.3% from 554 million in 1994 to 644 million in 2019 where as the number of adolescent girls increased by only 13.7% from 529 million in 1994 to 601 million in 2019. Adolescents have diverse interests, needs and concerns in Reproductive health. The survey conducted in 35 countries including Latin America shown that the proportion of girls having sex before age 15 years has increased in many of the countries, example in Colombia the proportion of girls reporting having sex before age of 15 increased from 9% in 1995 to 17% in 2015. The Dominican Republic and Haiti follow reporting levels close to Colombia in 2013 and 2016 respectively. The proportion of adolescents who used condom in sexual encounters between 1999 and 2019 rose from 27% to 37% among girls and from 35% to 48% among boys (Liang , 2019). Each year more than 1 million adolescents become pregnant and 65% of the pregnancy are unprepared (Bakila , 2021)

Around 1.2 billion of the world’s population are adolescents, of which 18% of all adolescents live in Africa (Kusheta , 2019). The sub-Saharan Africa has high proportion of adolescents which constitutes more than 20% of African population. In east Africa countries like Kenya, Uganda, Rwanda and Tanzania third of the population is aged 10-19 years (Abdallah , 2016). The health status of adolescents if strongly connected to several risk behaviours. The vast majority of sexual intercourse during adolescence period is unprotected and therefore the risk of unwanted pregnancy, unsafe abortion and sexual transmitted infections including HIV/AIDS is very high (Bikila , 2021). In Ethiopia the highest prevalence of HIV infection was reported in age group of 15 to 19 and about 60% of adolescents pregnant were unwanted or unintended pregnancy. The prevalence of communication between parents and their children about sexual issues ranges from 2.6 to 36.9% which is very low (Bikila , 2021). The gap in communication between the parents and adolescent increase their vulnerability.

In Malawi, adolescent population was about 4.1 million in 2016. Approximately 13 percent of the Malawi`s population is made up of boys and girls10-14 years old and 11 percent is made up of boys and girls 15-19 years old (World Bank Group report, 2016). Though parents have more power, knowledge and experience about reproductive health issues, they hardly share the information with their children, Most Malawi’s adolescents get most information on Reproductive health issues from their peers, schools and media (Demographic and Health Survey, 2017). The practice made adolescent vulnerable. Most adolescents in Malawi start having sex at the age of 15 on average. Only 37% of sexually active adolescent women aged 15-19 used contraceptive method, (Demographic and Health Survey, 2017). Early initialization of sexual intercourse combined with relatively low contraceptive use, increases health risks and result in frequent early pregnancies and high fertility rates, (OECD Development Centre report, 2018). The proportion of pregnancies among the 15 to 19 years old was 29% (United Nations Population Fund, 2017). In 2015 adolescent rate reached 136 births per 1000 women aged 15-19 years. Maternal conditions constitute a second leading cause of deaths among adolescent women (OECD Development Centre report, 2018).

Considering the magnitude of the reproductive health problems among adolescents, there is need to assess factors affecting parent-adolescent discussion on reproductive health issues. Many studies cited shown that many parents are custodial of culture and social knowledge about reproductive health issues because they have experience (Motsomi , 2016). Unfortunately, most of adolescents often lack good relationships with their parents. Therefore, many adolescents do not have access to reliable information.

## 1.2 Problem Statement

Reproductive health issues are most likely to promote healthy sexual practices and reduce risk sexual behaviours among adolescents and communication is the key principal measure for parents to transmit reproductive health issues information to adolescent (Bikila , 2021). However, there is failure of communication among most parents with their adolescent children on reproductive health issues like condom use, puberty, STLs and physical development (Abdallah , 2016).

Globally more than 1.1 million adolescent died in 2016, over 3000 were died each and every day mostly from preventable and treatable reproductive health issues (Bikila , 2021).

In Malawi parents hardly share reproductive health issues with their children as a results adolescents get reproductive health issues from friends or media (Demographic and Health Survey, 2017). The demographic and health survey also reviewed that most adolescent start having sex at the age of 15 and only 37 percent use contraceptive. Some of contribution to the risk behaviours among adolescents are the lack of communication between parents and adolescents (OECD Development Centre report, 2018). Therefore, it is necessary and important to assess and find out factors that hinder parents from discussing reproductive health issues with their children (adolescent). Despite the studies done regarding factors affecting parent-adolescent communication on reproductive health issues, discussions on these issues between parent and their adolescent children still remains a worldwide challenge as proven in the above studies.

## 1.3 Study Objectives

The purpose of the study was to assess factors affecting parent-adolescent discussion on reproductive health issues in the area of group village headman Mgungu, Ntchisi with view of making recommendations on ways of improving adolescent’s reproductive health by involving their parents.

1.3.1 Broad Objective

The broad objective of this study was to identify factors affecting parent-adolescent discussion on reproductive health issues at Mgungu village, Ntchisi.

1.3.2 Specific Objectives

* To understand factors affecting parent-adolescent communication on reproductive health issues at group village headman Mgungu, Ntchisi.
* To explore parent’s perception towards discussing reproductive health issues with their children.
* To describe strategies that would improve parent-adolescent discussion on reproductive health issues.

## 1.3.3 Research questions

The study was guided by the following questions;

* What are the factors constraining effective parent-adolescent discussion on reproductive health issues?
* What are the parent’s perception towards discussing reproductive health issues with their children?
* How can the factors on parent-adolescent discussion be addressed?

## 1.4 Significance of the Study

The study has exceptional significance to parents, health providers, community and the Nation. Since the aim of the study was to assess factors that hinder parent-adolescent discussion, the findings of the study will likely give updated information on factors hindering parent-adolescent discussion on reproductive issues. In that case, parents and adolescents will benefit by increasing knowledge on free and open discussion on reproductive health issues.

The results of this study have potential to convey knowledge that will help health workers especially health surveillance assistants on what information to consider when giving reproductive health education and counselling to adolescents.

In the community, the study would help in building up a healthy community with reduced number of STIs including HIV/AIDS. Teenager pregnancies and unsafe abortions (Ministry of Health, 2014-19). Community is more likely to take a leading role in adolescent’s reproductive health issues.

Besides, the findings will likely assist the nation and policy makers in revising policies to enable more involvement of parents on issues concerning reproductive health of adolescents. The Nation will also boost its economy by reducing expenses incurred when assisting adolescents with reproductive health complications such as abortions, fistula, STLs and other. In additional to that, the findings of the study could help researchers to identify other areas which need further research.

# CHAPTER TWO: RETERATURE REVIEW

2.0. Introduction

This chapter reviews the literature related to factors affecting parent-adolescent discussion on reproductive health issues. It is an integral part of the research process that intends to explain and critique the findings of other research articles, identify gaps that exist in body of research, and helps to integrate the findings with the existing body of knowledge (Kumar,2011). Therefore, the section will provide the empirical evidence of related work for study which will help during write up to support or contradict earlier research.

2.1 Factors affecting parent-adolescent discussion

Communication between parent-adolescent regarding reproductive health issues is recognized by many as an effective means of encouraging adolescents to adopt responsible sexual behaviours (Ahma & Usonwu, 2021). In most cultures, parents and family members are an influential source of knowledge, beliefs, attitudes and values of children and young people. Parents have the power to guide children’s development in sexual and reproductive health matters to encourage them to practice reasonable sexual behaviours and develop good personal decision making skills (Tesfaye, et al, 2021). Some researchers have suggested that the effectiveness of parent communication in influencing adolescent sexual behaviour depends on the breadth of the communication, that is, whether the communication encompasses a narrow or wide range of topics (Adams, 2018). However, there are factors affecting parent-adolescent discussion on reproductive health issues.

Nyasulu, Makanjee and Kegaugetswe (2014), conducted a descriptive study on factors affecting effective communication about sexual and reproductive health issues between parents and adolescents in Zandspruit informal settlement, Johannesburg, South Africa which aimed at investigating factors affecting effective communication. The data were collected from 5 focus group discussions and the result shows the following factors; embarrassment when discussing sexual topics, adolescent’s misperception that guardian want to engage in sexual activities with them, strong feeling that discussing sexual issues encourages adolescent to engage in sexual experimentation, and cultural and religious beliefs. The findings are relevant to my proposed research study (Nyasulu, et al., 2016).

Mbwele, and Meserent, 2020 conducted a qualitative research study on parent-adolescent communication on sexual and reproductive health in Addis Ababa Ethiopia. The results indicate that the communication was gender dependent, not planned and not continuous and inhibited by intergenerational cultural taboo, a gap exists in parental knowledge on such communications. Parents deny responsibility to communicate with adolescent as they fear it will perpetuate early sex practices, belief that adolescent are too young to understand, it’s an embarrassment, often being busy for household income retards their will to communicate (Mbwele, et al.,2020).

Tura Abera, Benade Haji and Yadeta Tesfaye (2010), conducted a qualitative study on factors affecting parent- adolescent discussion on reproductive health issues. The study was done at Harah eastern Ethiopia. They used face to face interview and focus group discussion (FGD). The sample size of 751 randomly selected parents of 10-19 year adolescents was used. The results indicate that more than one fourth of the parents reported discussing reproductive health issues with their adolescents. Parents who demonstrated reproductive health knowledge and positive attitude were high in discussing reproductive health issues than their counterparts. Parental concern that their discussion will encourage premarital sex was high among parents (Tesfaye, et al.,2014).

Bastiens et al., (2020), in a review of descriptive qualitative studies on parent- child sexual and reproductive health communication about found out that Kenyan educated mothers reported experiencing socio-cultural and religious inhibitions which make it a challenge to provide sex-education to their daughters. For instance, generational barriers to discussing sexuality were raised as an issue, mothers also reported a reliance on the school system to provide sex-education.

Chilembwe et al., (2018), conducted a qualitative study on youth accessing reproductive health services in Malawi: divers, barriers, and suggestions from the perspectives of youth and parents. The study was conducted in three districts and focus group discussions were used. The results indicate that contraception misconceptions and negative attitude were the most barriers preventing the youth from accessing reproductive health services.

Therefore, the above studies indicate that there are a number of factors affecting parent- adolescent discussion on sexual and reproductive health issues either way, as such during analysis the findings of the study will be related to the results of the above studies to help enhancing understanding and to make a conclusion based on scientific evidence.

2.2 Parents’ perception towards discussing reproductive health issues

Nowadays, one of the emerging issues on parent-adolescent discussion is the perception of parents towards sexual reproductive health issues when discussing with their adolescents. A study on environmental factors for adolescent sexual and reproductive health done in the United State of America 2012 found that parents discussed different topics depending on if their adolescents was male or female. Abstinence was discussed more with females than males whereas Sexually Transmitted Diseases (STDs) and Acquired Immune Deficiency Syndrome (AIDS) and protection were discussed more with males. Both male and female adolescents who discussed sex more with their mothers than with their peers in this study were less likely to have had sexual intercourse and were more likely to have more conservative values about sex (Somers, et al., 2012)

In a descriptive qualitative study in Ethiopia on adolescent-parent communication on sexual and reproductive health issues and its factors, most parents said that they discussed SRH issues on diseases like HIV and AIDS, on formal education/future career and avoiding premarital sex. However, most mothers stated that they had little or no discussion on “sensitive issues” such as menses and sexual intercourse with their adolescents because it is culturally unacceptable and creates discomfort. They said it is inconvenient to discuss such issues in detail. One mother said that she did not discuss about sexual contact or menses openly but just superficially and in indirect ways. Some thought that talking about this issue in detail may rather encourage or remind adolescents to be engaged in sex (Kusheta, et al., 2019).

Findings from Kenyan descriptive qualitative study on parent- child sexual and reproductive health communication indicate that while abstinence, unplanned pregnancy and HIV/AIDS were topics of discussion in many families, topics that were rarely discussed included the use of contraceptives and condoms. This was attributed to a number of reasons such as parental fears concerning potential side effects such as infertility, that would contradict their intended message emphasizing abstinence and due to shyness and lack of knowledge (Bastien, et al., 2020).

A cross-sectional study on parent-child communication about sexual and reproductive health in Tanzania, 2012 found out that generally, some communication about sexual health was observed in most families. The communication was usually initiated by parents and rarely by young people and was characterized by warnings or threats. The topics for discussion were mainly about abstinence, unplanned pregnancy and HIV and AIDS. These communications reflected the worries parents had about their children’s sexual health. However, among the issues that were rarely discussed in families were measures such as contraception and condoms (Wamoyi, et al., 2010).

The studies result indicates that most of these reproductive health issues discussions are not taking place and sometimes not being effective because of parents’ protective reasons for their adolescent children, fear of breaking cultural beliefs.

2.3 Strategies that would improve parent-adolescent discussion on reproductive health issues

From the reviewed literature, there are a number of obstacles on parent-adolescent communication which lead to adolescents engaging in risky behaviours which in turn result in teen pregnancies and STIs there is need for policy makers to put measures in place that would improve parent-adolescent discussions.

In a cross-sectional study done in Ambo 2019, Ethiopia on adolescents’ communication on sexual and reproductive health matters with their parents and associated factors the participants suggested that sexual reproductive health issues should be done in public and private schools. In additional to that the study emphasizes that mother’s openness to communication about sexual reproductive health issues were identified to be factors associated with communication. The study was about adolescent’s communication on sexual and reproductive health matters, and was conducted among 591 secondary and preparatory school students, (Tamesgen, et al., 2021).

In another separate study on adolescent-parent communication on sexual and reproductive health issues and its factors, Kusheta Samuel (2016) indicated that promoting availability of youth friendly sexual and reproductive health services maybe important to motivate adolescents to communicate with parents. He recommended that further research study is needed in the area to identify barriers particularly from parent side, (Kusheta, et al., 2019), southern Ethiopia.

Kamangu Adallah and Nyakoki Sylvester (2017), conducted qualitative research study on barriers to parent-adolescent communication on sexual and reproductive issues in east Africa. The study used a total of 31 articles to draw conclusion. The results show that parents and other adults’ discussion with adolescents on reproductive health issues is imperative in reducing risk behaviours among adolescents, for effective communication on reproductive health issues, parents and adults need to be educated on their roles as primary source of information to their children. They added that there is a need to address gender differences and services and socio-social cultural norms that hinder effective communication.

In a study on youth accessing reproductive health services in Malawi: drivers, barriers, and suggestions from the perspectives of youth and parents, indicates that policy makers and program implementers should consider the diverse preferences among youth and parents and continue seeking their input when designing policies and programs, (Chilembwe, et al., 2018).

The results of the above studies point to the need for measures and intervention to be employed in order to promote effective communication between parents and their adolescent children on reproductive health issue. In view of this, the current study seeks to find out Malawi’s possible measures.

2.4 Conclusion

In conclusion, literature review has discussed some of the results from other studies on factors affecting parent-adolescent discussion on reproductive health issues, parents’ perception towards such discussions and strategies that would improve such discussions between parents and their adolescent children. Most of the findings have presented about the factors affecting these discussions from other sub Saharan Africa countries, with limited data from Malawi. It is therefore evident from the literature review that, there is limited availability of literature on present-adolescent communication in developing countries; hence there is need for research to understand the extent to which present-adolescent communication on reproductive health issues take place.

# CHAPTER THREE: METHODOLOGY

3.0 Introduction

Research methodology refers to the methods and techniques used to portray the research effectively, it concerns the systematic design of a study to guarantee results that meet the aims and objective of the study, (Pedarmkar, 2022). It covers research methods, research design, study setting and population, data collection method, data analysis, ethical consideration, limitations of the study and dissemination of results.

## 3.1 Research Design

Research design is the road map that the researcher decides to follow during the research journey in order to find answers to research questions as valid, objective, accurate and as economical as possible (Kumar, 2014). In order to satisfy the objectives of this study, the descriptive phenomenological research design was used. This is a research strategy of inquiry in which the researcher identifies the essence of human experiences about a phenomenon as described by participants (Creswell, 2018). The design attempts to understand peoples’ perceptions and understanding of a particular phenomenon. It also seeks reality from individuals’ narratives of their experiences and feelings, and to produce in-depth descriptions of the phenomenon (Maxwell, 2013). Interviews are conducted with participants who have first-hand knowledge of event, situation or experience (Creswell, 2018). Through the approach, participants were able to give an in-depth account about their personal feelings, attitudes, opinions and perceptions on factors affecting parent-adolescent discussion on reproductive health issues following the interviews which were carried out.

## 3.2 Study Setting and Population

Population is the set of all units which possess variable characteristics under study and for which findings of the research can be generalized, (Shukla, 2020). The population that was used in this study were parents/guardian and children aged between 10 to 19 years old. The parents/guardian were the ones who look after an adolescent child.). The participants were those who achieved the criteria of purposive sampling and hells from Group Village Headman Mgungu, Ntchisi. The study was done in the area of group village headman Mgungu, Ntchisi. Which is found in the central region of Malawi. The study site was selected because not such study had been conducted before in the area, for easy access and communication. Therefore, it was found to be ideal for the study.

## 3.3 Sampling Method

In research sampling is the process of choosing representatives from the large group to be responders in the data collection (Polit & Beck 2008). This study utilized purposive sampling method where the group of individuals were selected based on the criteria set.

## 3.4 Sample Size

The proposed research used purposive sampling and the sample size was dependent on attainment of data saturation. Sampling is the process by which researchers select a proportion of the targeted population, as study population to present the entire unit. It is more practical and economical to work with samples rather than with large target population, (Harper, 2012). In the proposed study the sample size of 16 participants was enrolled, 8 participants were parent/guardian and another 8 were adolescent children. The sample was subjected to change depending on data saturation. Data saturation is the point at which no new information is obtained and redundancy is achieved (Richard & Morse, 2012). For example, when you have interviewed 5 participants and then the 6th or 7th participant says the same thing then data has reached saturation (Mwafulirwa, 2016).

## 3.5 Inclusion and Exclusion

According to Hornberger (2020), inclusion refers to characteristics that the prospective subjects must have if they are to be included in the study while exclusion refers to those characteristics that disqualify prospective subjects from inclusion in the study. Therefore, the eligible participants of this study were parents who in this case was the biological father or mother of an adolescent child. Guardian in custody of an adolescent child and responsible for his /her social welfare. Adolescents, both boy and girls aged from 10 to 19 years as per world health organization definition (2022). And those excluded were all parents/ guardians not in custody of an adolescent child. Adolescents in marriage, those not under their parents’ responsibility for their social welfare.

## 3.6 Data Collection Method

This is a process of collecting information from all the relevant sources to find answers to the research problem and evaluate the outcomes, (Dudovskiy, 2021). Since there are two categories of data collection method (primary and secondary), the primary data collection method was used. Primary data collection involves collecting data directly from target population, (Malione, 2022). In this study, face to face interviews were used to collect data from participants. An interview guide was used as a data collection tool.8 adolescents and 8 parents/ guardians were interviewed using the interview guide which contained open ended questions. The interviews allowed the researcher and the participants to discuss the topic in detail as the researcher probed for clarification with the aim of collecting detailed data. The interview guide was in English version which was also translated to Chichewa version for easy communication as well as to collect the intended data. The researcher asked for permission to record the responses from the participant and was also taking short notes to make sure all the relevant information was captured. Each participant was interviewed within a minimum of 30 minutes and maximum of 45 minutes. After going through all the questions on the interview guide, the interview was terminated by thanking the participant for taking part. The interview guide was also used in order to maintain focus on the objectives of this study and achieve its goal. The data collection took a period of two weeks.

## 3.7 Data Analysis

Qualitative data analysis is the process of organizing, analysing, and interpreting non-numeric, conceptual information and user feedback to capture themes and patterns, answer research questions and identify actions to take, (Dye,2021). The researcher attempts to interpret the phenomenon being studied and grasp an understanding of the relationships between all of the information gathered from various sources of data, (Corbin, 2014).

The data of this study was analysed manually using content analysis. Data collection and analysis were done spontaneous after first interview to correct mistakes before interviewing next participant. Qualitative content analysis is defined as a method for subjective interpretation of the text data content through systematic classification process which codes and identifies themes and patterns (Petra, 2019). It also involves breaking down data into smaller units, coding and naming the units according to the content they represent and grouping coded materials based on shared concepts (Polit & Beck, 2018). After data collection, the researcher organized and prepared the data for analysis from different correspondents by putting the data into one sheet, after organizing the data, the researcher read through all the data to obtain a general sense of the information and to reflect on its overall meaning. When a tangible meaning was gained, data was coded by taking text data, segmenting sentences and or images into categories and labelled them with terms according the content they represented. Later from the codes, the researcher developed themes and defined them thereafter, a conclusion about the findings was made.

## 3.8 Ethical Consideration

The nurses and midwives’ council of Malawi (2020), defined Ethics as a system that outline the values, beliefs, practices and standards of individuals or groups. As nurses we are abiding to follow code of ethics in whatever we do including research. Therefore, the research proposal was submitted to faculty of health sciences in the department of Nursing and midwifery at Mzuzu University for analysis and approval. Following approval, permission was obtained from the Group village headman Mgungu in Ntchisi to conduct the study. During the study, rights of the participants were protected, the outlined ethical principles were taken into consideration.

3.8.1 Informed Consent

This is the process of telling potential research participants about the key elements of a research study and what their participation will involve, this includes providing a written consent document containing the required information, (Research Ethics & Compliance, 2021). Information about the study was given before commencement, and this information included aim of the study, the procedure, advantages and disadvantages of taking part in the study. Those who understood and showed willingness to take part in the study were given consent form to sign for legal purpose.

3.8.2 Autonomy

Participant’s choices were respected in the course of the study. The participants were given complete information about the study so that they make right decisions to take part in the study or not. Autonomous means that a person can make his or her decisions about what to do and what to agree to without being forced or coerced, (AVAC, 2022). Therefore, as a researcher I made sure this principle was put into consideration in order to respect the participants’ right to make decision.

3.8.3 Beneficence

This principle emphasizes on doing well, it refers to the act of doing good or promotion of good (Nurses and Midwives council of Malawi, 2020). Therefore, participants in this study were protected from any kind of harm; psychological, social and physical. These was done by ensuring that the place where the interviews were conducted was safe from any harm. Besides, words used during the interviews were selected properly to avoid psychological harm.

3.8.4 Confidentiality

The principle refers to the duty of a nurse to refrain from sharing client’s information with third party unrelated to the care of the client (international council of Nurses, 2021). The same principle is applicable in research since a nurse needs to abide to the ethical principles in whatever he or she does. So in this study confidentiality was observed by keeping the records and ensuring that during the interviews privacy was observed.

3.8.5 Veracity

The researcher need to be honest with participants by telling them truth about the study (Amer, 2019). The truth telling makes the participants to make right choices. Ethics clearly indicated that it simply wrong morally to lie to the people, even if the good answer come from that lie. Therefore, before the study began, the participants were oriented to the study and given chance to ask questions for good clarification.

## 3.9 Limitations of the Study

This part is mainly concerned with the problem the researcher might meet or encounter during the data collection, and may affect the flow of the study in one way or another, (Kumar, 2011). The participants had high expectation thinking would receive incentives at the end of the study. This was dealt by giving the participants right information about the study. Besides, time management was also a problem as some participants had a lot to explain but were controlled by the objectives.

# CHAPTER FOUR: RESULTS PRESENTATION

4.0 Introduction

This chapter presents the results of the study. The aim of the study was to assess factors affecting parent-adolescent discussion on reproductive health issues at Mgungu group village headman, Ntchisi. Therefore, the findings have been presented to achieve the following specific objectives; to identify factors affecting parent-adolescent communication on reproductive health issues, to explore parent’s perception towards discussing reproductive health issues with their children, and to describe strategies that would improve parent-adolescent discussion on reproductive health issues at Mgungu group village headman, Ntchisi. The results have been presented in themes according to each specific objective. The demographic characteristics of the study has been presented first before presentation of themes.

4.2 Participants Demographic Data

A total of 12 face to face interviews were conducted with both parents / guardians and adolescents. Participants were both male and female parents/ guardian of an adolescent child, adolescents themselves girl or boy, hailing in the area of group village headman Mgungu, Ntchisi. Adolescents ages ranging between 12 and 19 years, and parents/ guardians age ranging between 37 and 56 years. Most participants were Christians and out 12 only one is employed.

4.3 Transcription symbols

|  |  |
| --- | --- |
| TRANSCRIPTION SYMBOL | WHAT IT SYMBOLISES |
| P-1 | Participant number one |
| P-9 | Participant number nine |

4.4 Factors affecting parent-adolescent discussion on reproductive health issues

The theme centered on participant’s information on factors affecting parent-adolescent discussion on reproductive health issues. Through the theme seven subthemes were emerged. These subthemes are; sociocultural norms, embarrassment, religious beliefs, limited knowledge, fear to discuss RH issues, being too busy to discuss such issues, and gender difference.

4.4.1 Sociocultural norms

Participants agreed that culture and cultural beliefs still act as an inhibiter or better still a deviant in mediating and dressing issues of RH. They said it is a taboo to talk openly about these issues in their cultures. A 19 years old male adolescent explained, “*parents do not want to communicate RH issues with adolescents because such issues are culturally considered as taboo, they (parents) think that communicating those issues is a role of schools but schools are not doing that. for example, this other time when I asked my mother what was going on with me when I noticed that am waking up erect, she told me to shut my mouth and shouted aren’t you supposed to be taught this in school, have you forgotten that it’s an abomination discussing such issues here?” (p-2).*

On the same point an 18 years old female adolescent also explained that; *“parents do not communicate about sexual and reproductive health issues with us adolescents. The problem is our social norm that defines sexual and reproductive health as a taboo,” (p-6).*

Villagers agreed that discussing issues to do with reproductive health and in relation to sexuality is considered a taboo in their culture as this participant raised the same point, “*Issues in relation to sexuality are traditionally a taboo in our culture, such are private subjects not befitting public discourse, in such circumstances our adolescent are sat down together in a private room with Anankungwi and not with us their parents”* saida 45 years old male parent, (p-1).

Another participant had this to say “*our culture does not allow us as parents to directly talk to our children about sexual and reproductive health, it is the responsibility of elder members of the family. whenever one of my daughters is on her menstruations for the first time, I inform their aunts to sit down with her and they advise them on this issue and other issues concerning reproductive health,”* explained a 37 years old female parent, (p-8).

4.4.2 Embarrassment

Feeling embarrassed and ashamed by parents and or their adolescents was another factor that emerged from members of Mgungu village during the interviews. Participants defined this as when someone is not open enough to talk about certain things with others: *“I cannot be discussing with my child about sex because it is a shame for me. He will not understand my points as he feels ashamed too. I cannot even gather courage for such discussions,”* a female guardian in her fifties responded (p-5).

Another female parent 44 of age stated a similar point,” It *embarrasses me and my children to talk about it. Sometimes I will just call my boy with the aim of discussing reproductive health issues with him but the moment he reaches where I have called, I immediately change to other topics” (p-7).*

This point was also evident in the response given by a 14-year-old girl interviewee: *“my mother feels uncomfortable discussing reproductive health issues with me as such she prefers to discuss about it indirectly, as she could at one point say, you know Mrs X’s daughter got pregnant at your age, she frits so much with boys. Please keep this family’s reputation” (p-10).*

However, another interviewee aged 18, girl said*,” Oh my God!!!, we don’t even want to imagine the shame. When we are watching television and they broadcast scenes related to sexuality or sex, our father more so than our mother immediately changes the channel. We feel embarrassed and it is apparent that both parents are embarrassed taboo” (p-6).* Most participants mentioned embarrassment as one of the factors affecting these reproductive health issues discussions between parents and adolescent.

4.4.3 Religious beliefs

Participants mentioned that their religious beliefs guide them on what to discuss with their children. They said the focus is on teaching their daughters about virtues of virginity and that they should forget about sexual activities until they get married. Hence that is a barrier that makes them fail to talk with adolescent about issues of reproductive health.

This was evident by a 56-year-old female parents’ response, *“Christianity helps us in communicating with our children as it does not allow adultery which is a sin against God. Our religion also prohibits use of family planning methods, so I can’t tell my children to use them* *since I don’t want my children to use them as it is not God’s will” (p-11).*

Another participant had this to say; *“it is a disgrace to talk with our children of any gender about condom use, sex, and other reproductive health issues…... even our religion prohibits us from talking about these issues. This is the responsibility of seniors who are not the parents of the children.”* 44 years old female parent (p-7).

4.4.4 Limited knowledge

Most participants in the interviews thought that they had limited knowledge about reproductive health issues despite the fact that they have positive attitude towards importance of discussing such issues with their adolescents, so that they are unable to initiate discussion regarding reproductive health issues. This was evident from the response; “*We are supposed to tell our adolescents everything that has to do with reproductive health issues. But I do not feel that we know all information they need*,” said a 40-year-old male parent (p-4).

Similar response from this participant; *“both my father and mother are illiterate, so for what topics I am talking about, I prefer to discuss with my peers,”* A 19-year-old female adolescent replied (p-12).

Another interviewee had this to say; “*I dropped out of school at primary level in standard 4, where do you expect me to get the information about reproductive health issues so that I share with my adolescent children,”* Replied a 37-year-old female parent (p-8).

4.4.5 Fear to discuss

Again fear to discuss reproductive health issues between parents and adolescents emerged among participants during the interviews as one among other factors affecting reproductive health issues discussions. They described this as not being sure of what these discussions would result to the discussing persons. A 17 years old male adolescent explained in the interviews; *“our parents think giving awareness on sexual and reproductive health may push us to the wrong direction,” (p-9)*

On a similar response from another participant*; “I thought if I discuss these things with my children I may push them in the wrong direction. They will think am giving them a room to try them out, again they would want to prove me wrong hence engaging in bad behaviours.”* Stated a 40 years old male parent (p-4)*.*

This was mentioned again by another participant*; “if I start to discuss with my adolescent children about this issue, it means that I am saying that this is the way to….”* the 44-year-old mother responded (p-7).

4.4.6 Lack of time to discuss

In this study, lack of time was also raised as another issue affecting reproductive health issues discussions between parents and adolescents in the area of Mgungu village headman and participants described this as being busy with other important issues/tasks to handle than sitting down discussing this.

This participant had this to say; “*as to me when I get home after work, I am usually busy with different things like preparing lesson plan for the following day and reading. I have no time to talk to my children”* male parent aged 45, (p-1).

In relation with the above idea, a female guardian in her fifties said; “*we are struggling with so many things and we did not give our children enough time for such discussions…. We spend most of time doing small scale business for survival” (p-5).*

Community members recommended that lack of time is really affecting their interaction with adolescent children, and this was according to this participant who had a similar response; *“my children are reserved to their reading and studies, they have no time to be exposed to other things, I never thought that they will think about other things than their education,”* said a 37-year-old female parent (p-8).

The 17-year-old male adolescent also shared a similar sentiment; *“maybe because my parents usually stays out of home for deferent activities and business, they are busy” (p-9).*

4.4.7 Gender difference

The last factor that emerged during the interviews with participants was gender difference being one of the things making reproductive health issues discussion a problem between parents and adolescents in their area. They describe this as whether a parent having an adolescent child of an opposite sex to discuss RH issues. This participant had this to say; *“…… my child will not understand me as she or he will feel shame too. If she is a girl she might feel something different like I need to have an affair with her, and for the boy, he will not understand me,*” replied a 40 years old male parent, (p-4).

On a similar response from another participant; *“it will depend on the sex of the child, if the child is a girl then I will talk with her, and if is a boy then his father has to talk with him, because it is easy for each parent to talk with child of his or her sex,”* stated a 56- year-old female parent, (p-11).

4.5 Parents’ perceptions towards discussing reproductive health issues

4.5.1 Sexual experimentation ideology

Parents raised a concern that engaging in discussions on reproductive health issues with adolescents, will encourage their adolescent children to indulge in sexual acts.

A good example of this perception was evident by a 37 years old female parent; *“Mmmmh, mmmh! Children are curious, introducing these ideas in their heads will just lead them to try it out and engage in sex. We cannot talk with our children about sex because this will be like we are directing them to engage in sexual activities”* (p-8).

This female adolescent 14 years of age had this to say*;” if I will ask my parents about what is this and what to do about, they will consider my request as if I would be engaged in the activity” (p-10).*

4.5.2 Parents feel that adolescents are too young

Members of Mgungu village described this as not being mature enough to start receiving information in relation to reproductive health and sexuality.

A female participant 19 years of age had this to say; “*they always see us like little children; they do not accept our growth. They only wake up when something burst, but that time it is too late for everything. For example, my parents have never discussed these issues with us but when my elder sister got impregnated at the age of 24, it’s when they started talking about RH issues,” (p-12)*.

Another 12 years old male participant shared similar sentiment*; “the thing is they consider me like young or little child, I keep everything secret they do not think that I know such type of things,” (p-3).*

Most participants considered reproductive health issues as sensitive issues for adolescents, and this was illustrated in in the following responses: *“as a parent, one should feel ashamed to talk with their children about STLs, condom use, and pregnancy prevention methods because these children are still too young to know all of these sensitive issues,”* explained the 45 years old male parent, (p-1).

4.6 Strategies that would improve parent-adolescent discussion on reproductive health issues

The members in the area of group village headman Mgungu reported some of the suggested measures believed to improve reproductive health issues discussions between parents and adolescents as presented below;

4.6.1 Incorporating RHIs topics in school syllabus

“*I think* *these things should be taught in schools, they need to incorporate topics covering RH issues in their syllabus, and this shouldn’t be our responsibility because we expect our children to learn everything in school*.” 45 years old male parent suggested, (p-1).

4.6.2 Revision of sociocultural norms

The 19-year-old male adolescent had this to say*; “if only our cultural norms and believes could be revised, I believe our parents would be open enough to discuss RH issues with us. It is these norms which are detaining them from sharing with us reproductive health information,” (p-2).*

4.6.3 Sensitisation

Another participant shared her views; “*In our area, it’s like we do not have health surveillance assistants to help us with the right information on RH issues as a result, we do not have information to discuss with our adolescents. If our health surveillance educates us on these issues, then initiating such discussions wouldn’t be a problem*.” Explained a 44 years old female parent, (p-7)*.*

4.7 Summary

This chapter presented on the findings of factors affecting parent-adolescent discussion on reproductive health issues at Mgungu group village headman, Ntchisi. The results are based on three themes; factors affecting parent adolescent discussion on RH issues, parents’ perception towards discussing RH issues, strategies to improve RH issues discussions and on subthemes which emerged during the interviews with participants.

# CHAPTER FIVE: DISCUSSION, CONCLUSION AND RECOMMENDATION

## 5.1 Discussion

This chapter provides a reflection of the research process in which findings of the study are discussed, (McCombes, 2022). The outcome of this research has provided the insight of factors affecting parent-adolescent discussion on RH issues at group village headman Mgungu, Ntchisi. It reflects participant’s understanding on factors, perceptions towards RH issues, and measures to improve RH issues discussions between parents and adolescents. In this final chapter discussions, each of the identified themes along with literature of supporting client’s data are provided.

The study conducted have revealed participants’ (parents and adolescents) understanding of factors that are affecting reproductive health issues discussions in their area in one way or the other. They understood factors as those things preventing RH issues discussions to take place between parents and adolescents. The participants mentioned of sociocultural norms as one of the hindrance to openly discuss RH issues between the parents and adolescent. The cultural norms are the shared expectations and rules that guide behaviour of people within social groups and learned and reinforced from parents, friends, teachers and other while growing up in society (Sieck 2021). The results concurred with the study done by Bastiens et al., (2020), in the study he found out that Kenyan educated mothers reported experiencing socio-cultural and religious inhibitions which make it a challenge to provide sex-education to their daughters. For instance, generational barriers to discussing sexuality were raised as an issue in that study. The RH issues are mostly not planned and not continuous and are inhibited by intergenerational cultural taboos. For instance, parents’ belief that adolescents are too young to understand RH issues, (Mbwele & Maseret, 2020).

Besides, embarrassment is another theme mentioned as factors affecting parent-adolescent discussion on RH issues. Embarrassment is the sense of feeling ashamed or shy to talk or do something according to Cambridge dictionary. While the participants understand it as a state in which someone is not open enough to talk about certain things with others. The finding is in line with that study by Nyasulu, Makanjee and Kegaugetswe in 2014, on factors affecting effective communication about sexual and reproductive health issues between parents and adolescents in Zandspruit. The results show that embarrassment when discussing sexual topics and strong feeling that discussing sexual issues encourages adolescent to engage in sexual experimentation were among factors affecting the discussions. In that case parents and adolescents feel uneasy and uncomfortable to talk about RH issues.

Not only that, Religious beliefs was also pin pointed by members, they believe religious leaders guide them on what to discuss with their children by setting boundaries. This religious faith involves belief and trust in deity or other spiritual force seen as setting standards of conduct, responding to prayer and assuring the ultimate triumph of good over evil (American Psychological Association, 2023). Discussing and mentioning some words concerning RH issues makes parents uncomfortable and feeling of guilty as result they avoid discussing them or suppress them in case of the emerging topic on RHIs. The parents and adolescent with strong religious beliefs and more active involvement or those affiliated with certain denominations are unlikely to discuss sensitive RH issues (Moreau 2012). The practice pauses negative risk on sexual behaviour for adolescent.

Limited knowledge is also another theme mentioned, knowledge is about the facts, information, and skills acquired through experience or education; thus theological or practical understanding of the subject being discussed (Webster, 2022). The respondents defined lack of knowledge as having insufficient information about RH issues. This study’s finding concurred with the study done at Hara Eastern Ethiopia. In that study parents who demonstrated reproductive health knowledge and positive attitude were high in discussing reproductive health issues than their counterparts who do not have enough knowledge (Tesfaye, 2014). This is the call for implementation of programs which can help parents to gain more information on reproductive health hence enhance their knowledge.

The gender difference was also viewed as one of the hindrance to communication concerning RH issues. The respondents described this as having an adolescent child of an opposite sex to discuss RH issues. The gender differences are defined as biological differences between sexes and include culturally reinforced gendered behaviour that occur within individuals (Shannon, 2019). The theme concurred with the study which illustrates that perceptions of the adolescents tendered to point more open and frequent communication with mothers and to cordial relationship with mothers. Fathers were perceived to be strict intimidating, unapproachable and unavailable. The results further say male adolescents lets with anyone on sex and relationships and use of condoms, (Muhweh & Ruhweza, 2015). This factor more on adolescents who lost single parents and left with parents of different sex or those parents who do not stay at home most of the time due to work engagement. Therefore, there is need to sensitize and teach communities of being open to adolescents of different sexes so that they can both benefits.

The fear to discuss RH issues was one of the themes extracted from the findings. According to psychologist, fear is a primal emotion that involves a universal biochemical response which alert an individual to the presence of danger or the threat of harm, whether that harm is physical or psychological (Fritcher, 2023). Again in this study, it was found that there is parental concern that these discussions will encourage premarital sex as well as push adolescents to engage in various sexual behaviours. Similarly, in a qualitative study on factors affecting parent-adolescent discussion on reproductive health issues found out that there was parental concern that their discussion will encourage premarital sex, (Tesfaye, et al., 2014). The adolescent’s misperception that guardian want to engage in sexual activities with them when discussing RH issues brought fear among parents, as a result they choose to remain silent (Nyasulu, et al., 2016). This fear has negative impact because the necessary information will not be able to pass from the parents to children as a results adolescent might find other means of sourcing the information which may not be safe for their life.

However, the respondents hold different perception towards parent-adolescent discussion on reproductive health issues. One of them was sexual experimental ideology. Parents think that it is better to keep adolescent in dark of not knowing what’s going on in their bodies than explaining to them, because of the fear that once they know about RH issues they will start to engage in premarital activities among themselves which may jeopardise their education (Bushaija, 2013). This perception tries to make adolescents ignorant on certain issues but with the emerging of computers and smart phones which are accessible by many adolescent, it’s not proper by the parents to withhold the information on RH issues because failure to disclose will make them access wrong reproductive health information from the internet which may put their life in danger.

Parents also feel that adolescents are too young, they described young as not being mature enough to start receiving information in relation to reproductive health and sexuality. The young person is defined as a person who attained the age of 16 years but has not attained the age of 25 years under the children and families act (IPSEA, 2018). In this case the perception of parents that the adolescent is young and they know nothing of RH issues is not corresponding with the age range mentioned above. It means these parents are holding wrong perception which need to be addressed. Adolescents are those between the ages of 15 to 19 years old. The research study findings show that adolescents are at risk of sexual health problems which can endanger their life. They emphasise that promoting healthy practices during adolescence, and taking steps to better protect them from health risks are critical for the prevention of health problems like HIV/AIDS, sexual transmitted infection etc. (African Health Organisation, 2012).

## 5.2 Conclusion

This study finding showed that parent-adolescent communication on sexual and reproductive health issues in the study area is low and is bound by traditional norms, lack of knowledge, and limited skills of discussion. Most of the adolescents who participated in the face to face interviews thought their parents have no knowledge about reproductive health issues and prefer discussing with their peers more than with their parents. Therefore, the stakeholders should have to work on initiating comprehensive family life education for the adolescents and parents using information education communication. Parents should also be equipped with essential reproductive health information for improving their discussions skills.

## 5.3 Recommendations

Factors affecting parent adolescent discussion on reproductive health issues can be addressed if concerned parties focus on the benefits of these discussions to both individuals and community as a whole. Therefore, the following recommendations are based on the research findings

* Parent-adolescent communications need to be promoted in schools targeting adolescents to initiate open discussion with a special curriculum. through this study’s’ findings it has shown that parents believe that reproductive health issues are taught in schools, as a result they are drawn back from discussing them with their adolescent children hence the need to introduce RHIs courses in the curriculum.
* Community based campaigns by hospital outreach programs and community health workers targeting parent’s knowledge, attitude and practices to initiate parent-adolescent discussion are needed. Findings from this study indicates that reproductive health issues discussion are not taking between parents and adolescents due to lack of information, so community based campaigns may help to impart knowledge on RHIs to community members.
* Programs to support parents to become more involved in the lives of their adolescents and to better talk to their children’s sexuality need to be implemented.
* There is also need to encourage discussions by creating neutral platforms facilitated by community health providers which will involve every other person on reproductive health issues discussion.
* Need to address socio-cultural norms and religious beliefs that hinder the discussions on sexual and reproductive health issues discussions in order to create positive attitude towards RHIs discussions among parents and adolescents as well as remove the fears concerning discussing these issues openly.
* Provide advocacy about the importance of parent-adolescent discussions.
* Further study should be done on the risks of not having reproductive health issues discussions between parents and their adolescent children. As evidence by the study some participants mentioned that lack of these discussions risk adolescents to promiscuous sexual behaviors.

## 5.3.1 Areas of Further Study

There is need to conduct further study on assessing the risks of discussing reproductive health issues with children at an adolescent stage.

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# APPENDICES

## APPENDIX A: APPROVAL LETTER TO CONDUCT A RESEARCH

Date : 6th February 2023

To : Research Committee (Department of Nursing)

From : Teleza Chagomerana

Subject: **REQUEST FOR PERMISSION TO CONDUCT RESEARCH STUDY**

I am a fourth year student at Mzuzu University Nursing Department, pursuing bachelor of science in Nursing and Midwifery. As a partial fulfilment of my program research study need to be conducted and submitted before completion of the course. Therefore, I seek permission to conduct research on assessing factors affecting parent-adolescent discussion on reproductive health issues in the area of Group Village Headman Mgungu, Ntchisi.

It is my hope that the findings of this study will be useful in changing people’s mind set on discussions concerning reproductive health issues and will help health surveillance assistants in provision of health education based on research findings.

Therefore, I will be grateful if the permission is granted.

Yours faithfully,

Teleza Chagomerana(Researcher)

Email: chagomeranateleza@gmail.com

Researcher Supervisor: Madam A. Konyani

Email: konyanialice@gmail.com

## APPENDIX B: REVIEW REPORT



## APPENDIX C: PARTICIPANTS CONSENT FORM

Dear participants

You are invited to participate in a research study designed to assess factors affecting parent-adolescent discussion on reproductive health issues in the area of Group Village Headman Mgungu, Ntchisi.

The study is conducted by Teleza Chagomerana fourth year student at Mzuzu University pursuing Bachelor of Science in Nursing and Midwifery. The study is part of the requirement of the program which need to be fulfilled before completion of the course.

Participation in the study is voluntary, therefore you are at liberty to withdraw from the study at any point, withdraw or decline of the participant will not affect the relationship and trust built. No names will be used in the study instead fake names or code number will be used if needed. The recording will be used in order to assist in capturing the conversation for proper analysis. This study has no hidden risks and information given by participants are confidential.

If you understand and willing to participate in this study, please sign the consent form provided below.

Authorization

I …………………………. have read and understand this consent form and I volunteer to participate in the research study. I understand that my consent does not take away my legal rights. I also fully understand that, I have right to withdraw from the study at any point.

Participant`s signature ………………………………….

Researcher`s signature ………………………………….

Date of interview ………/……………/…………….

## APPPENDIX D: INTERVIEW GUIDE

Study title: Assessing factors affecting parent-adolescent discussion on reproductive health issues.

Participants:

* Parents / guardians in custody of an adolescent child
* Adolescent child between the age of 10 to 19 years’ old

Instructions:

* Welcome participants
* Introduction
* One question at a time
* No right or wrong answer
* Listen respectfully to the participant’s views
* Recording instruments and note taking will be used

Questions:

FACTORS AFFECTING PARENT-ADOLESCENT DISCUSSION

1. What are the factors constraining effective parent-adolescent discussion on reproductive health issues?
2. What factors are affecting your discussions with adolescent children on reproductive health issues?
3. Describe how these factors affect the discussions

PARENTS’ PERCEPTION

1. What are the parent’s perception towards discussing reproductive health issues with their children?
2. What are your perceptions?

STRATEGIES THAT WOULD IMPROVE PARENT-ADOLESCENT DISCUSSION ON REPRODUCTIVE HEALTH ISSUES

1. How can the factors on parent-adolescent discussion be addressed?

What do you think are some of the strategies that would improve parent-adolescent discussion?

TRANSLATED INTERVIEW GUIDE

MUTU: Kuunikirana zomwe zikukhudza kukambirana kwa makolo ndi achinyamata pa nkhani za uchembere wabwino.

OYENERA KUTENGA NAWO MBALI**:**

* Makolo kapena olera omwe ali ndi achinyamata a zaka 10 kufikira 19 zakubadwa.
* Achinyamata oyambira Zaka 10 kufikira 19 zakubadwa.

MALANGIZO:

* Kulandira otenga nawo mbali
* Kudziwana
* Funso limodzi panthawi
* Palibe yankho lolondola kapena lolakwika
* Zida zojambulira mau zigwirisidwa ntchito

Mafunso

1. Kodi ndi zinthu ziti zomwe zikulepheretsa makolo komanso achinyamata kukambitsirana kwabwino pa nkhani za uchembele ndi ubereki?
2. Nanga ndi zinthu ziti zomwe zikukhudza zokambirana zanu ndi achinyamata?
3. Fotokozani momwe zinthuzi zimakhudzira zokambirana zanu?
4. kodi makolo amalingalira chani pokambirana ndi ana awo pankhani za uchembere wabwino?
5. Nanga inu malingaliro anu ndi otani?
6. Kodi zinthu zomwe zimakhudza makolo ndi achinyamata kukambirana zingathetsedwe bwanji?
7. Mukuganiza kuti ndi njira ziti zomwe zingathandizire kukambirana kwa makolo ndi achinyamata?

## APPENDIX E: PERMISSION LETTER

