Parent-adolescent communication on sexuality in the context of HIV/AIDS in Uganda: An exploratory study

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ACRONYMS

ACHS/HP &E - Assistant Commissioner in-charge of Health Promotion and Education

AIDS - Acquired Immune deficiency Syndrome

CHS/CH - Commissioner of Health Services in-charge of Community Health

CAO - Chief Administrative Officer

CBOs - Community Based Organisations

DDHS - District Director of Health Services

HIV - Human Immunodeficiency Virus

HEMIL - Research Center for Health Promotion

IEC - Information, Education and Communication

LC1 - Local Council 1

MOH - Ministry of Health

SATZ -Promoting Sexual and Reproductive Health (in South Africa and Tanzania)

STD - Sexually Transmitted Diseases

UNAIDS -Joint United Nations Program on HIV/AIDS

WHO -World Health Organisation

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ABSTRACT

Aim: The aim of this study was to gain an in-depth insight of sexuality communication between adolescents and their parents. This was done by exploring the perceptions of a sample of adolescents aged 12-15 years and their parents on sexuality communication at family level in rural Uganda. Communication on sexuality at family level is limited due to the sensitivity of the subject. This has created an information gap between parents and adolescents on sexuality issues.

Methods: This qualitative study, guided by a communication model and parenting style construct generated data through semi structured interviews. The study participants were purposively sampled. The interviews were audio-taped and notes taken simultaneously. Data were analysed using the framework analysis approach. This involved identifying a thematic framework, indexing, charting, mapping and interpreting the findings. Participant's verbal and written consent was obtained before each interview. Confidentiality and anonymity was maintained throughout the course of the study.

Results: The findings of this study indicate that parents and their adolescent children appreciate the idea of sexuality communication within the context of HIV/AIDS prevention. Discussions on sexuality seem to be initiated at the onset of puberty or when a child is thought to be getting sexually active. However, initiating discussions on sexuality is both challenging for parents and adolescents. Most parents who participated in this study and who claim to be talking with their children on sexuality related issues are employing an authoritarian and didactic approach to communication. This authoritarian parenting style seems to have been passed on from one generation to another as expressed in the parents' reflections of their own upbringing. The study further revealed that the

involvement of parents in communication is limited to giving warnings to and instilling fear into their children about the risks of pre-marital sex. The parents give these warning messages with an aim of promoting abstinence and chastity before marriage as a way of preventing 'slim' (HIV/AIDS) and unwanted pregnancies. There is however little or no parent-child discussion and no clear explanation of what the adolescents are expected to do. Some parents do revert to beating their children as a strategy of ensuring that they adhere to the norms. Basing on the fact that the parent-adolescent communication on sexuality is a one way, it is possible that parents are not responsive to the adolescents' sexual and reproductive health needs.

Conclusion: The findings provide insight on sexuality communication which will contribute to informing the development process of health promotion interventions that address adolescent reproductive health in the light of HIV/AIDs prevention in Uganda. Basing on these findings, it is obvious that parents need support to enhance their competence and skills to improve their communication on sexuality with their children. One way of fostering this change is to influence their attitude and practice towards having more dialogue on sexuality related issues with their adolescent children.

Key words: Sexuality, Adolescence, Communication.

CHAPTER 1

1.0 BACKGROUND

1.1 Introduction

Uganda has a predominantly young population, with 47 percent of the 24.6 million inhabitants below 15 years of age (Ministry of Finance, 2002). This age group is particularly vulnerable to HIV infection and hence an important target group for HIV prevention since foundations for healthy behaviours are laid early in life. According to the World Health Organisation (1993), adolescence is the age bracket between 10-19 years. The term adolescents is used in this thesis to refer to persons in the early adolescent age cohort of 12-15 years corresponding to the Uganda educational system age categorisation from primary (elementary) school standard seven up to senior secondary three.

Adolescence is a transitional period from childhood to adulthood. Furthermore, adolescence is a time of self discovery and physical as well as cognitive development. Feldman and Middleman (2002) assert that it is within this context that adolescent sexual development and sexual behaviour occur. While curiosity and experimentation are normal, sexual behaviour place adolescents at risk for undesirable consequences including pregnancy and sexually transmitted diseases. Hoffman & Futtermann (1996) have noted that adults often hold ambivalent attitudes towards young people, viewing them simultaneously as ‘small’ adults and as immature inexperienced and untrustworthy children. They have also noted that many adults also have difficulty acknowledging adolescents as sexual beings, and therefore adolescent sexuality is viewed as something that must be controlled and restrained.

However, studies have shown that the quality of parent-child relationships, parenting style in general and communication about sex and sexuality appear to be strong determinants of adolescent sexual behaviour (Blake et al, 2001). Miller and colleagues (1998) reckon that parents are in a unique position to help socialise adolescents into healthy sexual adults, by providing accurate information about sex and by fostering responsible sexual decision making skills. Parents can tailor the presentation of information to be consistent with their own values and also relevant to the life circumstances (social and familial context) of the adolescent (Jaccard et al, 2002). This is supported by observations made by Huberman (2002) that when parents approach their role as sex educators in positive, affirmative ways, young people are better able to make healthy sexual decisions and to build loving relationships. Studies carried out in the developed world communities have further shown that parents can affect aspects of an adolescent's life that are beyond the reach of schools or health services (Rodgers, 1999; Stanton et al, 2000). These include monitoring and supervision of activities when the child is out of school like on weekends and in the evenings after school.

However, despite the potential advantages of parent-adolescent communication, many parents worldwide are reported to be uncomfortable talking about issues related to sexuality, especially with their children (UNDP, 2002). In Uganda and sub-Saharan Africa in general parent-adolescent discussions on sexuality are dictated by socio-cultural orientation (Bohmer & Kirumira 1997). Conversely, the traditional channels of sex education, traditional practices and social norms that have been hailed for moulding adolescent sexual behaviour are diminishing due to changing lifestyles (Neema & Bataringaya, 2000, Muyinda, et al, 2001). Worse still access to accurate information and youth friendly services is severely limited (Bohmer & Kirumira, 1997). Even where

services such as counselling are being provided, youth lack the confidence to use the services (Horizons, 2001)

Considering the vulnerability of the youths particularly to HIV infection, and the role of communication in promoting healthy behaviour, there is a need to understand the factors and processes that constrain and/or enhance communication and dialogue on sexuality among young people and their parents in a developing world context. It is against this premise that this small scale study attempted to understand the process, perceptions and opinions of a sample of both parents and their adolescent children (from Kabarole district) regarding sexuality communication in Uganda. This study besides complimenting previous findings will contribute towards the information base urgently needed to forge a strategy of improving dialogue on sexuality between parents and their adolescent children. It will also help to identify other possible research areas for further study related to parent-based approaches to HIV/AIDS prevention among adolescents in Uganda.

1.2 Country profile – Uganda

Uganda is a landlocked country located in the East African region, and lying astride the Equator. It is bordering Kenya on the eastern side, Tanzania on the southern side, Rwanda on the south-western side, Sudan on the northern side and Democratic Republic of Congo (Zaire) on the western side (Fig. 1). It covers about 240,000 square kilometres of which 18 percent is occupied by open water and swamps and 12% by forest reserves.

The country is currently administratively divided into 56 districts, with further sub-divisions into 167 counties, 930 sub-counties, 4,517 parishes and 39,692 villages. Since 1993, delivery of social services was extensively decentralised from central government to

district. Uganda has a total population of 24.6 millions, with about 50 percent of which are below 15 years of age. (Ministry of Finance 2002)

The population has four main ethnic groups mainly Bantu, Luo, Nilo-Hamites, Nilotics and over twenty tribes. However the official language of instruction is English. The majority of Ugandans are Christians (Catholics, Anglicans, Orthodox and Seventh Day Adventists), with Moslems forming the minority.

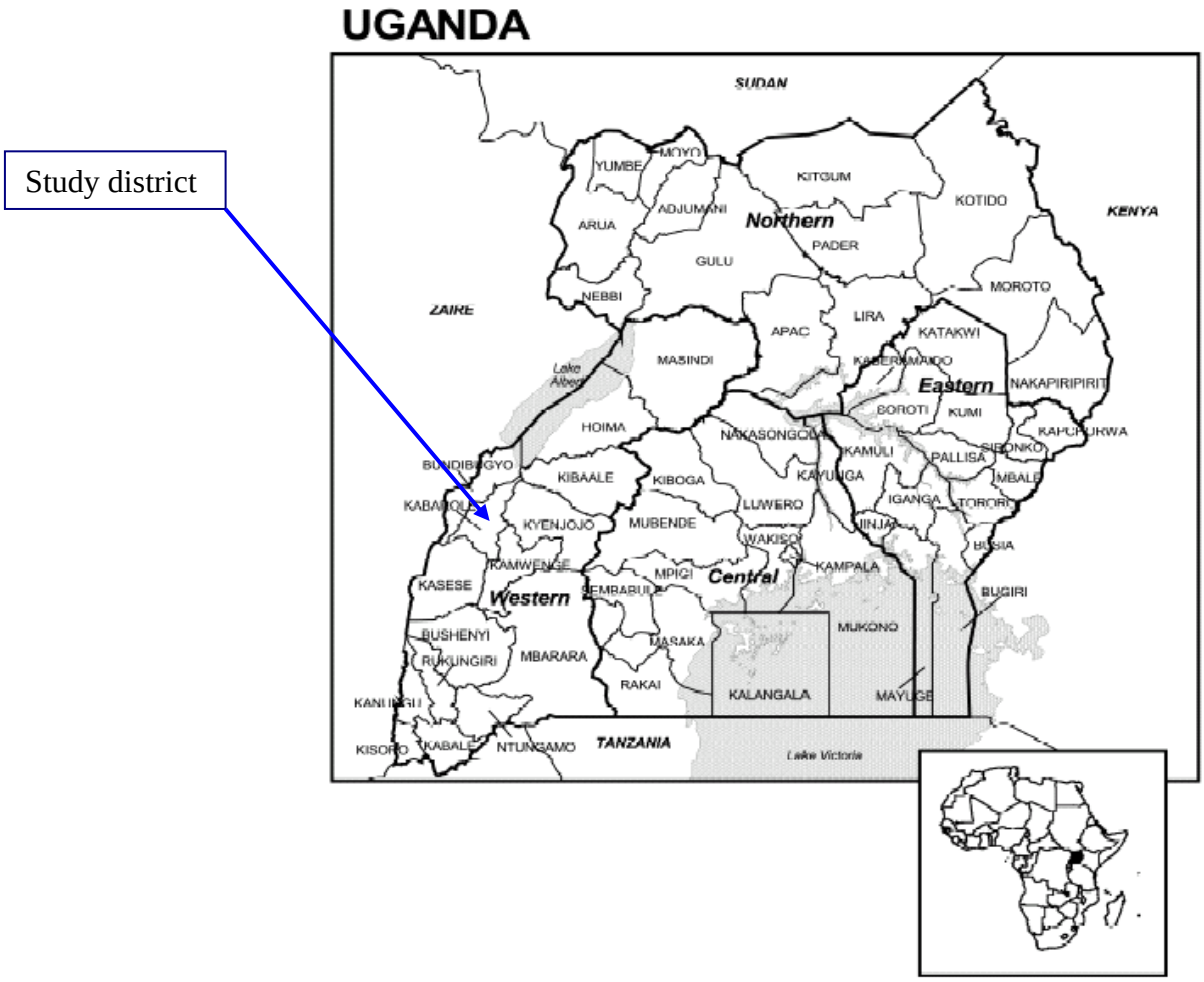


Figure 1 Map of Uganda showing the location of Kabarole district (the study site)

1.3 Definition of Key words

Sexuality: Sexuality in this study refers to the broader context of adolescent reproductive health encompassing puberty, emotional maturity, gender roles and sexual health.

Adolescence: According to the World Health Organisation, adolescence is the age bracket between 10-19 years. For purposes of this study, adolescents will refer to persons aged 12-15 years corresponding to the Uganda educational system age categorisation from primary (elementary) school standard seven up to senior secondary three.

Communication: Communication in this study refers to the exchange and sharing of information, attitudes, and ideas among parents and their adolescent children regarding sexuality issues.

1.4 Statement of purpose

The purpose of this qualitative study was to develop a deeper understanding of the way sexuality communication is perceived by some parents and their adolescent children in rural Uganda. This entailed exploring the views and perceptions of a heterogeneous sample of parents and adolescents regarding sexuality communication at family level. The study was designed to answer the following questions.

1.5 Research question

Main research question

What are the perceptions and opinions of parents and their adolescent children aged 12-15 years on parent-adolescent communication of sexuality related information in Uganda?

Sub questions

- What do parents and adolescents think about parent-adolescent communication on sexuality related issues?

- How is sexuality information communicated between parents and their adolescent children?
- What sexuality information is communicated between parents and their adolescent children?
- What are the parents' and adolescents' views on the frequency of parent-adolescent communication on sexuality?
- What factors do parents and adolescents perceive as influencing the parent-adolescent communication on sexuality?
- What do parents and adolescents perceive as challenges related to parent-adolescent communication on sexuality?
- What suggestions do parents and adolescents have on how to improve parent-adolescent communication on sexuality?

1.6 Theoretical framework

The theoretical premise of this study resides in the application of a communication model and parenting styles. Littlejohn (1992) acknowledges that communication is a pervasive, important and complex cluster of behaviour. Therefore to understand communication, the contextual perspective should be applied.

The Rommetveit and Blakar communication model which represents a dialogical perspective of communication will be adopted for this study (Blakar, 1992). This will not only provide a framework for understanding the nature of sexuality communication between parents and their adolescent children, but would in addition provide an insight of the strengths and weaknesses in the communication process and thereby give an idea about what should be done to improve the communication.

This model differs from the commonly used Shannon's and Weaver communication model (Deaux et al, 1993) which assumes a unidirectional perception of communication and does not specify attributes of the source, message, channel and receiver that might be important in the total process of communication. The Rommetveit and Blakar model is appropriate for this study because it describes communication as a two way process, whereby the sender and the receiver are concurrently playing both roles of the receiver and the sender. It encompasses the social and situational aspects of the act of communication as well as the individual communicants' processing, for example the encoding and decoding of messages. The main elements are illustrated in the Figure 2 below.

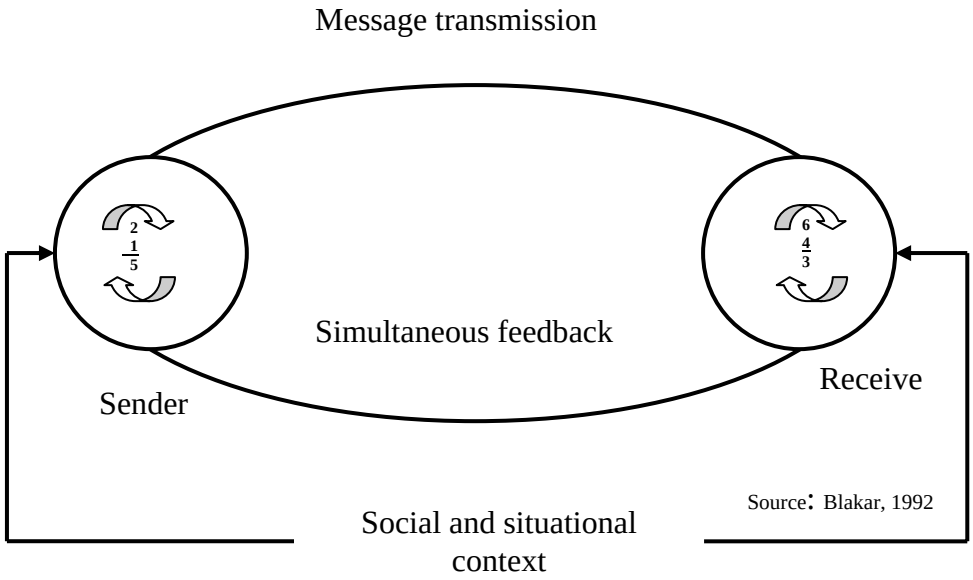


Figure 2 Rommetveit and Blakar Communication model

The figure above illustrates the communication model. It describes the six key elements of the communication process which include; (1) Production of the message (2) and encoding of message(s) by the sender before sending the message. (3) The receiver decodes the message; and (4) processes while memorising the received message. (5) The sender's anticipation of receiver's decoding and (6) then the receiver's listening on the premise of

the sender. Because communication is a transactional process, sending and receiving messages often takes place simultaneously. The model also recognises that to achieve effective communication, there are preconditions that have to be fulfilled. These include factors that can foster or hinder effective communication which are attributable to any of the four elements of the communication process namely the source, message, channel or receiver. For example, lack of confidence or distrust may seriously hinder communication. In respect to this study, both parents and their adolescent children should have some degree of mutual trust and confidence in each other, to be able to communicate effectively. Although this study will not focus on observing communication in the setting it occurs, the model will be used to understand the parents' and adolescents' perceptions on communication about sexuality as a process and will hence be used as a guide to data generation and analysis.

Theoretical perspective of parenting

Furthermore, attempts will be made to relate the parenting styles to the nature of parent-adolescent communication on sexuality among the study participants. Parenting is a complex activity that comprises many specific behaviours and tasks that interact to influence child outcome. Most researchers who attempt to describe parental milieu rely on Baumrind's concept of parenting styles. Baumrind (1991) assumes that normal parenting revolves around issues of control.

It may be argued that, parenting is highly influenced by culture and that parents may differ in how they try to control or socialise their children and the extent to which they do so. This notwithstanding, it is assumed that the primary role of *all parents*, irrespective of their cultural differences, is to influence, teach and control their children. Parenting style captures two important elements of parenting namely parental responsiveness and parental

demandingness (Maccoby and Martin, 1983). Categorising parents according to whether they are high or low on parental demandingness and responsiveness creates a typology of four parenting styles (indulgent, authoritarian, authoritative, and uninvolved). Each of these styles reflects different naturally occurring patterns of parental values, practices and behaviours (Baumrind, 1991) and a distinct balance of responsiveness and demandingness. Indulging parents also referred to as permissive or non directive are more responsive to their children's need than they are demanding. Authoritarian parents are highly demanding and directive, but not responsive to their children's needs. They are obedience and status-oriented and expect their orders to be obeyed without explanation. Authoritative parents on the other hand are both demanding and responsive to their children. They monitor and impart clear standards for their children's conduct. They are assertive but not intrusive and restrictive. Uninvolving parents are low in both responsiveness and demandingness to their children. These parenting style classifications are relevant to this study because, they will help the researcher to understand whether the nature of parent-adolescent communication has any bearing on the parenting style.

CHAPTER 2

2.0 LITERATURE REVIEW

This section reviews previous studies relevant to parent-adolescent sexuality communication and on adolescent sexuality in general. Effort was made to review studies relevant to the research questions being addressed by this current study. A search for empirical literature using electronic databases was done to identify relevant articles and books. These were the basis for this literature review.

2.1 HIV/AIDS and adolescents

Adolescents are at the centre of the HIV/AIDS pandemic (WHO, 2002). This is in terms of transmission, impact, and potential for changing the attitudes and behaviour that underlie this disease. The young people are particularly vulnerable to HIV infection. The UNAIDS (2002), attributes this to risky sexual behaviour or substance abuse, lack of information and preventive services, or for economic, social and cultural reasons. In Uganda and some other parts of sub-Saharan Africa, studies have revealed that the predominant mode of transmission of HIV is through heterosexual contacts (Mulder et al, 1994, Konde-Lule et al, 1997, UNAIDS/WHO, 2002).

The United Nations AIDS Report 2002 indicates that out of the 40 million HIV infected persons worldwide, 86 percent reside in 34 countries in sub Saharan Africa and 91 percent of all AIDS deaths are occurring in these countries. Out of an estimated 7000 new HIV infections everyday globally, half of the HIV infection affect adolescents and young adults in the age group from 10-24 years (Opio, et al, 2000). UNAIDS report stipulates that this has had a negative impact on development and life expectancy trends in the region.

Despite the HIV/AIDS challenges, there is a ray of hope that the pandemic can be brought under control as demonstrated in some countries. For instance in Uganda, studies have indicated that significant improvement has been registered (Asiimwe et al, 1997). This is reflected by the reduction of HIV-1 prevalence in young pregnant women in several parts of the country. For example HIV prevalence rates fell for eight years in a row from a high of 29.5% in 1992 to 11.25% in 2000 (STD/AIDS Programme, 2001). This achievement appears to be distinctively associated with communication about acquired immunodeficiency syndrome (AIDS) through social networks (Stoneburner and Low-Beer, 2004) and coupled with a strong political commitment (Ntozi and Ahimbisibwe, 1999; Okware et al, 2001). The delay in initiation of sexual activity was also identified as a moderately important factor in the reduction of HIV infection (Singh et al, 2002)

Although there is a decline in the infection rates, the HIV prevalence pattern has become more distinct among the younger age group. This is evidenced by available epidemiological data which show that 10 percent of the Ugandan population is infected with HIV with peak prevalence among those aged 15-29 years (STD/AIDS Control Programme, 2002). This implies that for many the virus was contracted before reaching the age of 20 since HIV has an average incubation period of five years in sub-Saharan Africa.

Given the importance of the heterosexual mode of transmission in HIV, the health promotion interventions including parent-adolescent communication on sexuality remain fundamental in the prevention of the spread of HIV/AIDS.

2.2 Adolescent sexuality

Studies have shown that a large number of adolescents begin sexual activity at a very young age in a number of countries (UNAIDS, 2002). In Uganda, there has been a

tendency of delaying the age of first sexual intercourse over the past few years. In 1997, Asiimwe-Okiror et al, (1997) reported that there was a two year delay in the onset of sexual intercourse among youths aged 15-24 years and a decrease in casual sex in the past year in male youths aged 15-24 years. Similarly, the demographic survey data show that currently the median age of sexual debut for women and men 20-49 years is 16.7 and 18.8 years respectively (STD/AIDS Control Programme, 2002).

Studies have revealed that there are numerous factors influencing the sexual behaviour of the adolescents and youth in Uganda. In their report, Busulwa and Neema (1999) classified these influences as, the need to experiment, peer influence, lack of guidance and poor role modelling by adults. Hulton et al, (2000) noted that among the Gisu (an ethical tribe in Uganda), sexual intercourse by newly circumcised adolescent males aged between 15-16 years is upheld as an important traditional rite of passage from boyhood to manhood. Bohmer and Kirumira (2000) also observed that the media also has influence on sexual behaviour among adolescents. In their study they found that peers and radio programmes were cited as the most common source of information about sexuality and HIV/AIDS. This implies that children are now exposed more to extra familial influence than the earlier autocracy of the traditional African family.

Lack of skills to negotiate abstinence or condom use has equally been identified as an underlying factor among some adolescents even when they do have correct information. This as noted by Amuyunzu et al, (1999) is because in most cases, young people do not think and plan to have sex because the social environment is not conducive. This is an event which can occur as they undertake their daily responsibilities for instance on their way to the river or market, or to fetch firewood. The most common location of sexual

activity according to Bohmer and Kirumira's (2000) study, was in the bush, where girls are forcibly taken against their will. Discos and community events such as funerals and wedding parties were also mentioned. Most adolescent sexual intercourse is unprotected resulting in far reaching health, social and demographic consequences. (WHO/UNFPA/UNICEF, 1999; Zabin and Kiragu, 1998). Besides, it has been observed that adolescent sexuality is not addressed in formal training and the counselling needs of young people are ignored (Population Secretariat Uganda, 2000)

As a strategy to protect young people's health and promote their development, the Government of Uganda has enacted several policies that are supportive and reinforcing health promotion efforts. For example, having sex with a person below 18 years is treated as a criminal offence, attracting a maximum sentence of death on conviction (Uganda Penal Code, 1990). In addition a Draft National Adolescent Policy (2000) has been developed so as to address adolescent reproductive health needs and rights.

2.3 Beliefs and misconceptions associated with HIV/AIDS and sexuality

Some beliefs and misconceptions regarding sexuality and HIV/AIDS may serve as hindrances to communication and ultimately to behaviour change. It is commonly believed among some societies that young people are by their nature promiscuous and that giving them information about sex will make them more sexually active (Friedman, 1993). There is no empirical evidence to support such beliefs. On the contrary, adolescents need to be aware about their body functions and consequences of early sexual intercourse so as to make informed decision about their sexual behaviour. In their study in Soroti, Uganda Shuey et al, (1999) demonstrated that well designed programmes of sex education, which

include messages about safer sex, abstinence as well as emphasising social interaction methods can promote sexual abstinence among in school adolescents. Furthermore, that study was based on the assumption that programmes relying exclusively on dissemination of information are felt to have less success than programmes that include reinforcement of individual and group norms against unprotected sex.

Twa-Twa (1997) in his study of the role of environment in sexual activity of school students found that, most young men experience a lot of pressure from their peers and parents to prove their manhood early during adolescence. This is a reflection of the masculinity ideology which refers to beliefs about the importance of men adhering to culturally defined standards for male behaviour. Other relevant culturally instilled traditional beliefs include; boys told 'never to act like girls'; a young man is expected to be physically tough even if he is not big; or 'men are always ready for sex'.

Gamurorwa et al, (1997) found that other adolescents believe that abstinence can harm them by negatively affecting their future sexual ability. This may compel these adolescents to get involved in early sexual activity. The process of making such decisions may not be shared with parents.

The 'sugar daddy' and now the 'sugar mummy' phenomena are particularly widespread in African cities as documented in literature (Haram, 1995; Silberschmidt & Rasch, 2001, Twa-Twa, 1997). With increasing awareness of HIV/AIDS both older men and women are now increasingly blamed for luring younger 'safer' partners mostly boys and girls (whom they believe to be too young to be having HIV positive) into sexual relations by promising

them some degree of financial security and material gains. This has increased the risks to HIV/AIDS, rape and defilement of these youngsters by older men and women.

Amuyunzu and colleagues (1999) noted that in Tanzania adolescence is referred to as the 'foolish age' therefore legitimising the young people's deviant behaviour. The same study indicated that adolescents, especially young girls who carry condoms are considered 'prostitutes' or suffering from a serious disease such as HIV/AIDS.

Religious convictions may positively influence adolescent sexuality. Therefore in some societies, it is believed that AIDS is a punishment from God since it is contracted through sexual relationships. If someone, including adolescents is confirmed to be suffering from AIDS then it indicated that he/she must have broken a societal norm or committed a sin. This victim blaming attitude was also observed by Lie and colleagues (1995) in Arusha, Tanzania.

Such unhelpful stereotypes about young people and their sexuality, impacts negatively on the attitudes of parents and other adults, and are obstacles to development. These cultural inhibitors may put a distance between adolescents and their parents, teachers, community or religious leaders with whom they have regular contacts.

2.4 Parental Influences on adolescent sexuality

Adolescence as described by WHO is the period of progress from appearance of secondary sexual characteristics to sexual and reproductive maturity (WHO, 1993). The foundations of sexuality, reproductive health and gender relations are laid early in life and these are influenced by the interplay of socio-cultural and economic factors, peer pressure, mass media influences and familial forces (Onifade, 1999).

Parents and family members can be influential sources of knowledge, beliefs, attitudes, and values for children and adolescents. They can help their children develop and practice responsible sexual behaviours and personal decision making. Some studies particularly conducted in America, suggest that parent-adolescent communication about sexuality appears to play an important role in reducing the onset of sexuality and among sexually active adolescents increase contraception use (Dutra et al, 1999). Evidence further suggests that young people who openly communicate about sexual matters with their parents especially their mothers, are less likely to be sexually active or, in the case of girls, to become pregnant before marriage (Obbo, 1993). Yet in almost all societies worldwide, communicating with children about sex is challenging, and parents may feel uncomfortable or unprepared for this task.

It is evident that there is limited availability of literature on parent-adolescent communication in developing countries. Therefore, there in need for in-depth qualitative investigations to understand the extent to which parent-adolescent communication on sexuality is taking place in the African context and hence examine its impact on adolescent sexuality.

2.5 Process of transition in sexual socialisation

The provision of information about sex to adolescents used to be formalised as part of the initiation into adult roles in some societies including many throughout the continent of Africa. However although it is an opportunity to provide sexuality information to adolescents, there is increased risk due to intense social pressure to have sex at that time. In Uganda, for example among the Bagisu, boys do undergo circumcision (locally referred to as ‘imbalu’). Hulton et al, (2000) in their study which looked at the perceptions of the risks of sexual activity and their consequences among Ugandan adolescents revealed that

circumcision was viewed as an important motivation to having sex. Traditionally all boys aged 15-16 in that tribe are required to undergo circumcision before marriage. They are counselled by elders or other respectable members of the society. At the climax of the ceremony the foreskin of the boy's penis is cut. The festivities surrounding the circumcision ceremony last for at least a month, during which sexual activity is seen as an important traditional rite of passage from boyhood to manhood.

Among the Sabiny tribe also located in the eastern part of Uganda, traditional initiation rituals to prepare girls for their womanhood involves mutilation of their genitals (Muheirwe, 1998). Initiation of womanhood through female genital mutilation (FGM) is considered as an important rite of passage by which girls are prepared for their future husbands. Seclusion of young girls for FGM is also seen as a part of their socialization where girls are taught how to behave and what to do when they are married. The removal of clitoris is considered to reduce sexual desire in the girl who therefore will remain chaste and a virgin before marriage and after marriage she will remain faithful to her husband. In Kenya, the introduction of an alternative approach to FGM known as 'Ntanira na magambo' or 'circumcision through words' offers a hope for an eventual elimination of FGM in the region (Chelala, 1998).

These cultural practices are designed to form the framework of sexual behaviour among adolescents in these societies. However, due to the observed apparent breakdown of such traditional communication networks, the role of parents in the provision of appropriate sexuality related information to their adolescent children is further justified.

2.6 Communication about sex and HIV/AIDS

Published literature focusing on communication regarding sexual matters and birth control between adolescents and the different categories of family members in the sub- Saharan Africa is lacking (Gage, 1998). It is against this that I have drawn on available limited research from a number of countries within the Africa region and beyond, bearing in mind that there might be pronounced differences among cultures covered.

2.6.1 Parent-adolescent communication on sexuality

Communication on sexuality in many African cultures is defined as a taboo, allowing only ceremonial rites or authorised persons such as paternal aunts and uncles to discuss the subject with young people (Muyinda et al, 2001, Mullen, 2001). However, in many countries, these traditional ways of communicating sexual matters between generations have broken down due to lifestyle changes (Ndyanabangi and Kipp, 2001). Bohmer et al, (2000) further affirmed that female youths were traditionally educated by aunts concerning how to behave sexually in marriage, but aunts are no longer playing that role. A study carried out in Kenya indicated that discussion on sexuality matters among most cultures is rare (Nyamwaya, 1996). The situation is even more difficult at family level.

Nonetheless, parents have the responsibility of providing this information to their children. A study carried out in Uganda revealed that parents do support the idea of providing sexuality information to their adolescent children (Nakkazi, 2001). About 70 percent of mothers interviewed reported that they actually did talk to their daughters about sexuality and HIV/AIDS. Jaccard, et al. (2002), indicated that mothers are more likely than fathers to engage in discussions about sex and birth control with their children. Feldman and Rosenthal (2000) attributed these gender differences to the fact that mothers are better at communicating in general because they are agents of intimacy and they can discuss sexual

matters more safely than fathers. However, Nakkazi (2001) noted that, although such talks were commonly initiated at the age of menarche, some mothers still reported feeling shy to talk to their daughters, while others reported that their daughters were quite stubborn and would not listen to them.

2.6.2 Information communicated between parents and adolescents

A study carried out in Ethiopia revealed that, when communication at family level takes place, messages on sexuality issues are usually ambiguous (Taffa et al, 1999). For example, statements such as ‘do not play with boys’ are given by mothers advising their teenage girls on sexuality. Such messages are given without explaining what this euphemism means leaving the recipient to guess. In Uganda, it was observed that more mothers reported that they talked with their daughter more often than what their daughters reported (Nakkazi, 2001). This was attributed to the vagueness of the messages, which the daughters seemed not to consider being sex education. This implies that one must understand not only how adolescents construe sexuality but also how they construe sex education.

2.6.3 Factors influencing parent-adolescent communication on sexuality

Dutra et al., (1999) argues that only when mothers (parents) are open and receptive to discussions about sex with their adolescents, are more sex topics discussed. However, in the African context, where talking about sex is considered a taboo subject, the process might be negatively influenced by fear. A study conducted in Uganda revealed that young people fear that if they raise the topic of sexuality for discussion, their parents would interpret it as actual evidence of sexual involvement (Ndyanabangi and Kipp, 2001). Conversely, according to the same study, parents also feared that if they talked about sex

they might make their children more interested in exploring and practicing sex. This is consistent with the findings of Amuyunzu et al, (1999). This perception is still pertinent, particularly when parents get involved in promoting condom use. Parents, in this regard would be perceived as encouraging their children into sexual activity (Nakkazi, 2001).

However, despite such fears, the perceived threat of HIV/AIDS to adolescents has made parent-adolescent communication on sexuality a necessity to many.

2.7 Summary of literature review

The literature review indicates that there is limited research on parent-adolescent communication on sexuality in the African context. Several studies reviewed have focused on establishing statistical and factual biomedical knowledge on HIV/AIDS and adolescent sexuality without seeking in-depth knowledge on content and process of parent-adolescent communication. This notwithstanding, studies have indicated that talking about sexuality is rare and is regarded as a taboo among many African communities. However, when it does take place, mothers seem to play a more active role in its initiation than fathers. There are factors that promote and or hinder sexuality communication. One salient factor is that, parents now do appreciate HIV/AIDs as a risk and threat to their adolescent children.

One study conducted in Uganda to establish the role communication between mothers and daughters on the subject of sexuality and HIV/AIDS, revealed that most adolescents preferred getting information from their mothers or aunts. Conversely a study in Ethiopia observed that adolescents rely more on each other and the media for sexuality information and less on other family members. Parent-adolescent communication on sexuality where it occurs has been associated with late sexual debut and reduced risk taking behaviour among adolescents. Owing to the importance of parent-adolescent communication in the context

of HIV prevention, there is need for research that addresses sexuality communication between parents and their adolescents in Uganda.

CHAPTER 3

3. 0 METHODOLOGY

3.1 Study design

This study adopted a qualitative research methodology. This choice was imperative because it is appropriate for exploratory studies and captures a social world of 'lived experience' that facilitates deeper understanding of phenomena in question (Denzin and Lincoln, 1994; Kvale, 1996). I needed detailed views on parent-adolescent communication on sexuality gained through personal encounters rather than quantifiable data collected through statistical survey methods. A qualitative approach takes into account the insider's perspective by trying to understand a studied phenomenon in the light of the perceptions and explanations of the persons involved and in their natural setting. It also enables the researcher and participants to interactively negotiate to produce collaborative data that keeps on reflecting and unfolding realities represented (Morse & Richards, 2002).

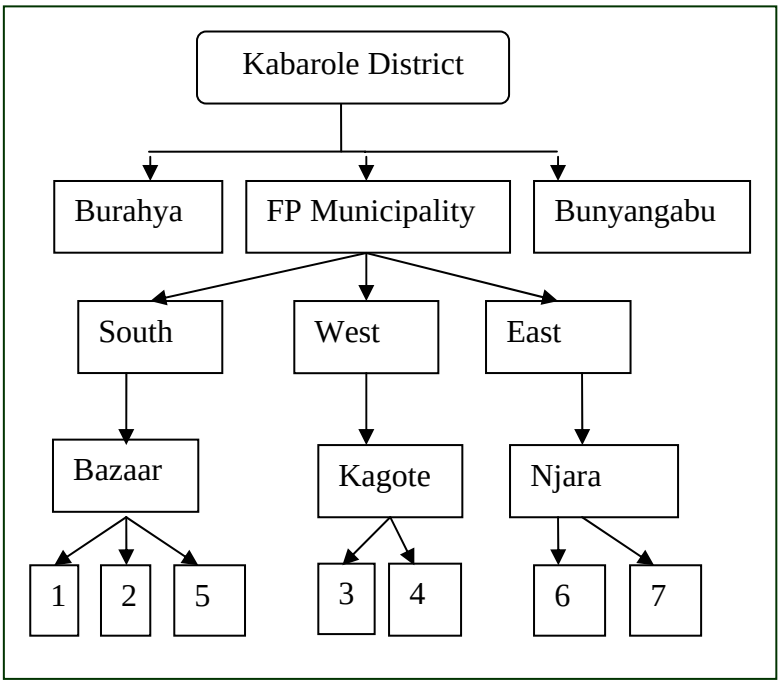
Qualitative research is based on distinctive methodological approaches within traditions of inquiry that explore a social or human problem (Creswell, 1998). These traditions of qualitative inquiry are biography, phenomenology, grounded theory, ethnography and case studies. The focus of the biography is on the life of an individual, while the focus of a phenomenology is on understanding a concept or phenomenon. In grounded theory, one develops a theory, whereas in an ethnography approach, a portrait of a cultural group or people is drawn. For a case study, a specific case is examined. All the above mentioned traditions were carefully studied and their applicability to this current study explored. Among all the five traditions, the phenomenology approach was the most applicable

although it was not totally adopted. This was because the focus of this current study was to explore the perceptions of the study participants based on their experience on sexuality communication and not to understand the meaning of their lived experience. Therefore this study used a qualitative exploratory approach but used some aspects of the phenomenological data analysis proceeds to reduce the data into meaningful categories.

3.2 Description of setting and participants

The study was conducted in Kabarole a rural district, situated 319 kilometres from Kampala the Capital of Uganda. It is located in the western region of Uganda near Mount Rwenzori (the longest and second highest in Africa). Kabarole district is administratively divided into two counties and one municipality, namely Burahya, Bunyangabu and FortPortal Municipality. The data was collected in FortPortal municipality (see appendix 1). FortPortal Municipality is sub-divided into three sub-counties namely South, West and East divisions.

Fig 3 Study Profile



There are 11 parishes in this municipality. One parish was selected from each division basing on the population density in each area which would give us a higher chance of getting eligible families. Following this criterion Bazaar parish in South division, Kagote parish in West Division and Njara parish in East division (refer to fig 3 above) were selected.

The criteria for inclusion in the study were that participants were adolescents aged between 12-15 years and their parents, preferably living in the same household. Both the adolescents and their parents had to be willing to participate in the study and share their experiences related to the subject under study. The preference for matching parents and their children was to gain insight into shared meanings and contrasting perspectives within the same family and across families which participated in the study.

A total of seven families (25 participants) were enrolled in the study. These included seven fathers, seven mother, four sons, and seven daughters. Ideally, the recruitment process should continue until the research reaches a point of theoretical saturation (Denscombe, 1998). However, this was also partly limited by the time available for a thesis at a Masters Degree level.

3.3 Sampling procedure

On arrival in Uganda, the researcher held preliminary consultation meetings with the head of the Health Promotion and Education division in the Ministry of Health and later with the Commissioner of Health Services, Community Health Department. The purpose was to have their endorsement on the implementation of the study and the study district selected. Their main issue of concern was the sample size which was perceived as too small to be representative of the country. This was acceptable after appreciating that the findings from

a qualitative study are descriptions, notions or theories applicable within a specific setting not to all populations (Malterud, 2001). Kabarole district was accepted as a suitable study area because it is one of the districts greatly affected by HIV/AIDS.

At the district level, purposive sampling was used to identify the research participants. This non-probability sampling procedure as indicated by Descombe (1998) enabled the researcher to select participants who had the requirements relevant to the study. In this instance the main features were willing parents and their adolescent children aged between 12-15 years. This procedure was done with the assistance of the local community leadership who were acquainted with the community. Participants were selected basing on their availability and willingness to participate, although for adolescents both their own and their parents consent was required before enrolling.

One major frustration was to find families who had both parents and adolescents in the age bracket I was interested in. It was common to find a family who matched the inclusion characteristics but the father was not easily reachable due business commitments particularly so if they were taxi (commuter) drivers (they left home early, came back very late and were mobile).

3.4 Data collection

Data collection was carried out from June to August 2004. Although a variety of methods can be used in a qualitative research, data collection in this study involved semi-structured in-depth interviews in both English and Rutooro a local dialect in the study area. Thematic guides for both parents and adolescents, served as primary reference during the interviews (Appendix 2 and 3). They contained an outline of themes or topics and sub themes to be

explored during the interview. The preliminary thematic guides were developed by the researcher and then subjected to a peer review to validate the content. They were then pilot-tested before finally being used. Analysis of the pilot test responses resulted in modifications in both guides, including re-wording to make items more understandable (Appendix 4).

There was however, flexibility in the structure and the interviewer was able to use personal discretion to determine how closely to follow the guide and how strongly to pursue an individual respondent's answer. Probing questions were also used to guide to important directions, and to confirm or disconfirm the interviewer's interpretations.

All the parents and some of the adolescents were interviewed from their homes and some adolescents were interviews at their schools. Participants were consulted to choose venues where interviews were held and the language preferred during the interviews to reduce inconvenience. This allowed them to be interviewed in privacy and in a comfortable setting. However, for the adolescents who were interviewed at school, the head of school or a responsible teacher assisted in identifying a suitable and quiet place for us to hold the interview with the respective adolescent. Each interview lasted approximately one hour and was audio taped. Permission to record the interview was obtained from each individual participant at the time of the interview after establishing rapport. The transcribing of the interviews commenced during the data collection exercise and was completed a month after. Field notes were simultaneously taken during the interview exercise.

One officer working with the office of the District Director of Health Services in Kabarole district was assigned to assist to introduce me to the local leaders and later to help locate the families identified. This was a great help to me because he was conversant with the area and knew how to access the local leaders. At the end of each interview each study participant was given some educational materials as an incentive for their participation.

3.5 Data analysis

Data obtained from the interviews was transcribed. Transcription of the audio-recorded interviews was done with care to preserve the core content of the dialogue. The transcript was later translated from Rutooro into English for easy reading since the thesis report was going to be in English. The researcher applied principles drawn from the framework analysis approach (Ritchie and Spencer, 1994) to analyse the data. This is a content analysis method which involves summarising and classifying data within a thematic framework. This process involved several stages. First the researcher read through the transcripts of each interview many times in order to be familiarised with the central issues. This was done at individual participant level, then at family level and for the sample as a whole. This also enabled the researcher to identify the key themes emerging from the data.

An index of numbered themes and sub themes was drawn up. Each transcript was read in detail as noted earlier and the appropriate number from the index entered in the margin against every piece of data which could also be the whole phrase. Using Microsoft word programme, a number of charts or files corresponding to the main themes were created. The indexed data from each transcript was copied into an appropriate chart or file (Appendix 5).

The content of the information was retained and a hyperlink was established to make it easy to return to the transcript to explore the point in more detail or to extract the text for verbatim quotation. In this way the data was ordered within an analytical framework which was grounded in respondents own accounts. The files displayed the range of views described by respondents, which made it possible to compare and contrast 'within' and 'between' cases.

3.6 Ethical considerations

This study was conducted in conformity with the ethical guidelines and approval of the Regional Committee for Medical Research Ethics in Norway and the Ministry of Health in Uganda (Appendices 6 and 7). Relevant permission was also sought at district level from the District Director of Health Services (DDHS) and the Chief Administrative Officer (CAO). At individual level after explaining the purpose of the study, verbal and written consent were obtained from all participants prior to their participation in this study (Appendices 8 -13). Furthermore, since the adolescents were below 18 years of age, although they consented to participate in the study, their parents' consent was also required and obtained. Participants were informed that their participation in the study was voluntary and that they were not obliged to provide answers to any question(s) with which they were uncomfortable. They were also advised that they were free to withdraw their participation from the study at any time they wanted.

Participants were assures that confidentiality would be maintained and their anonymity protected both during data collection and management of the data generated. To achieve, this no reference was made to individual participants names nor were names requested for or noted anywhere during the interviews. Parents were also made aware that they were not

expected to demand for details about the interview from their adolescent children after the interview.

It was planned that in the event of unearthing incriminating information like defilement and sexual abuse through the interviews, relevant bodies would be identified and handed over the responsibility. Fortunately no crime was identified during the data collection exercise.

Local counselling networks were informed about the aims of this study and encouraged to continue providing information to adolescents as a means of preventing HIV/AIDS. This was however a safety measure to protect adolescents who could have experienced psychological trauma related to their participation in this study.

3.7 Verification of results

Verification is the process of checking, confirming, making sure and being certain of the study findings. In qualitative research verification refers to the mechanisms used during the process of research to incrementally contribute to ensuring reliability and validity and thus the rigor of the study (Morse et al, 2002). Kvale (1996) recommends that validity and reliability should be assessed in all the steps of the qualitative investigation.

Validity in the broader concept pertains to the extent to which our observation indeed reflects the phenomena or variables of interest to us (Pervin, 1984). In this study measures employed to ensure rigor included constant guidance and scrutiny by my two supervisors throughout the whole process. Secondly, the interview guides were pilot tested to refine the data collection strategy. This involved holding interviews with two adolescents and two parents to determine whether the questions were reflecting the intended inquiry. Prior to

that, the guides were subjected to a peer review by fellow colleagues and scrutinised by my supervisors. Secondly the selection of the respondents was restricted only to parents with adolescent children aged 12-15 years. This was a measure to ensure a study sample that would best represent or have knowledge and exposure pertinent to the research topic.

Conversely, reliability refers to how consistent the research findings are. Despite the flexibility inherent in qualitative inquiry, in this study interview guides were used to grant consistency in the data collection. During the data collection exercise, feed back to the participants was provided to crosscheck and clarify whether the researcher's understanding of a particular response was in line with the original thinking of the respondent. In qualitative data analysis the researcher accounts for most of the variability (Strauss and Corbin, 1998). Constant comparison between the final themes and the raw data was done to ensure that the themes are grounded in the original data. Audio recording and taking of field notes also increased the reliability of this study.

CHAPTER 4

4.0 RESULTS

In this section the data is presented according to the themes developed during the analysis. It reflects the content analysis of the participants' accounts of their perceptions on communication on sexuality. Some of the responses which the researcher felt were exemplars of the typical or deviant views have been reflected in the text. Finally a summary of the key findings will be presented. However the socio-demographic characteristics will be presented first to provide an overview of the study sample.

4.1 Socio-demographic characteristics of the sample

Table 1 Overview of the socio-demographic characteristics of the sample.

FAMILY	STUDY PARTICIPANTS	EDUCATIONAL STATUS	EMPLOYMENT	TOTAL NO. OF SIBLINGS	GEOG. LOCATION	RELIGIOUS AFFILIATION
1	Father	No formal education	Businessman	6	Bazaar	Moslems
	Mother	Primary level	Housewife			
	Daughter 13yrs	P-4	Pupil	(4th child)		
2	Father	Secondary	Leader-LC1*	3	Bazaar	Protestants
	Mother	Primary	H/wife			
	Daughter 15 yrs	P-5	Pupil	(1st child)		
3	Father	Primary	Chairman-LC1	4	Kagote	Catholics
	Mother	Primary	H/wife			
	Daughter 12yrs	P 4 *	Pupil	(3rd child)		
	Daughter 14 yrs	Senior 1	Student	(2nd child)		
4	Father	College	DH/Educator*	4	Kagote	Protestants
	Mother	Secondary	Women Leader			
	Daughter 13 yrs	Senior 1	Student	(3rd child)		
5	Father	Secondary	Teacher	5 (2 are twins)	Bazaar	Catholics
	Mother	Secondary	Teacher			
	Son 12 yrs	P 6	Pupil	(3rd child)		
	Son 12 yrs	P 6	Pupil	(3rd child)		
6	Father	No formal education	Bank Cleaner	13 births but 9 alive	Njara	Protestants (committed Christians)
	Mother	No formal education	H/wife			
	Son 15 yrs	Primary 6	Pupil	(9th child)		
	Daughter 13 yrs	Primary 5	Pupil	(10th child)		
7	Father	Secondary	Govt. employee & Leader-LC1	7	Njara	Protestants
	Mother	Secondary	Retired teacher			
	Son 15 yrs	S 2*	Student	(5th child)		
	Daughter 13 yrs	P 6	Pupil	(7th child)		

*LCI = Local Council 1(village level); *DHE = District Health Educator; P=Primary, S=Secondary.

This study was carried out among a sample residing in three different villages in Fort Portal Municipality, Kabarole district. A total number of seven families participated in this study totalling to 25 interviews. All the parents were the biological parents of participating adolescents. The study sample had variations in some of their socio-demographic characteristics as presented in Table 1 above.

4.2 Perceptions of sex education

The aim of this study was to explore the perceptions of the study participants on parent-adolescent communication on sexuality. All discussions began with questions to establish the respondents' perceptions on sex education in general. More specifically, respondents were asked if they had heard about sex education. Sex education was outside the scope of this study, but this question was meant to be introductory before the interview narrowed down to the more specific issues regarding parent-adolescent communication on sexuality. The study indicated that when responses were assessed across families it reflected a general awareness of the sex education initiative in schools as mentioned in there two excerpts;

'*Yes, I have heard about it, actually it is one of the policies that the President (referring to M Y. Museveni) has introduced'. Father # 4*

'*Yes I have ever heard about it, it is about prevention against sexually transmitted diseases*' Son # 5b (aged 12 years).

However at individual levels, some adolescents reported that they were aware of the sex education initiative and had even attended classes but a few had a different experience as

indicated in this quote; *'No, I have never heard of sex education' Daughter # 3a* (aged 12 years)

Besides being aware of sex education, participants were also asked whether they knew what sex education was about. This was intended to confirm whether they really understood what sex education was about. Despite the difference in awareness levels noted above, all respondents described sex education in the context of HIV/AIDS prevention. For example, *'I think they teach these children things to do with protecting themselves from getting the slim disease (referring to AIDS) and avoiding bad behaviour (referring to premarital sex)'* Mother #1

Others were more elaborate in their understanding of sex education*;*

'Sex education covers mainly sexuality, development of these adolescents, teenagers as far as (he pauses) *mainly that is adolescent sexual reproductive health. That is adolescents knowing how they are growing up, what changes are taking place in their bodies, what they mean and how they can react to these changes that are taking place in their bodies. Here we mean that these adolescents or these young children should know what changes are taking place in their bodies and so they do not get alarmed by the changes but know what to do when those changes take place and where they can maybe seek help, and how they can discuss it among themselves' Father # 4*.

The question asked was what they thought sex education was all about. The views of the adolescents reflected both sex education from parents and from school. This was not very critical because the question was intended to explore their understanding of sex education. This respondent reflects what is being taught at school; *'They teach issues related to slim*

disease (referring to HIV/AIDS), how it enters the body, and how it can be spread. It also covers issues related to avoiding bad groups and promiscuity' Son 6 (aged 15 years).

While this respondent might have been referring to what parents tell them at home: *'They talk to us about sex and the dangers. The also tell us about bad groups' Daughter # 7* (aged 13 years)

4.2.1 Views on provision of sexuality information

It was evident that many respondents, both parents and adolescents support the provision of sexuality information to adolescents. Some parents mentioned that children need guidance so as to be able to behave well and avoid diseases like AIDS and unwanted pregnancies especially among girls. *'I think children should really get sex education because we have a problem* (referring to HIV/AIDS), *we are living with it and I feel that these young people must be made aware of the problem and how to avoid it'*. Father #7

Similarly adolescents felt that they needed this information on sexuality; '*because it teaches us to abstain from sex and avoid STDs and AIDS'* Daughter # 7 (aged 13 years)

Participants' were further asked about their views on the appropriate age for initiating sex education. There were different views regarding what age the respondents thought was ideal as opposed to what is appropriate today when HIV/AIDS prevention is taken into consideration. One parent said; *'I feel they should begin getting it (meaning sexuality information) more especially from ten years. But ok now since there is a problem of defilement and what have you, I feel that they should begin at the age of five'. Father # 5*

While another reported that*; 'It should start at least in primary three where by the child has started to understand and is asking questions about why she/he was born like this or like that e.g. a boy different from a girl. Yes we should start from there because the child has started to understand. When you start when the child is too young, the child will not understand. So it should be at about seven years'* Mother # 7

Similarly adolescents were in agreement with the notion of being given information on sexuality at what they termed as early age.

'*Because we should be taught those things (*referring to sex education*) when we are still young so that when we grow up, we learn more (*the term she used literally means that when they grow they will learn everything properly*).* Daughter # 6 (aged 13 years)

One adolescent recalled that she had received information from her parents approximately around the age of menarche (12-14 years). *'I was thirteen years old'. Daughter # 2* (aged 15 years)

This practice seems common among many parents who indicted that they talk to their children on sexuality issues. However some families due to their religious convictions seem to integrate sexuality in family prayer times which provides an opportunity to address all family members irrespective of age as indicated by this excerpt; '*She usually talks (referring to sexuality related issues) to all of us together as a family because we usually talk after prayers at night*' Daughter # 6 (aged 13 years)

4.2.2 Views on who should provide sexuality information to adolescents

It is worth noting that although many parents support the idea of providing sexuality information to their children; to some the source of this information does not include parents as implied in these accounts. '*Sex education can be provided* as *early as eight years so that the children know, but I would encourage them to get such information from relatives and friends'* Father # 4.

One mother who seems to support the idea of teachers providing sexuality information to their adolescent said '*From the beginning I have been supporting that idea* (referring to provision of sexuality information) *because parents may be shy but teachers may be able because they are trained to teach*' Mother # 4

Adolescents were instead asked about sources they preferred to obtain sexuality information from. Parents were indicated as one of their preferred sources; '*I would prefer to get information from my parents because they know what to tell us*' Son # 5b. (aged 12 years)

'My parents, the radio and from the village councils' Daughter # 3b (aged 14 years)

4.3 Communication on sexuality between parents and adolescents

The perceptions of both parents and adolescents were further explored to establish the nature of their interpersonal communication on sexuality. This was drawing on the respondents' own lived experiences regarding communication on sexuality related issues.

There seems to be a change in attitude regarding parent-adolescent communication on sexuality as observed by these respondents.

'When slim came at least parents endeavour to utilise all possible opportunities to caution their children. For example if someone dies of slim you can use that as a way of telling your child to be careful and explain that this person has died of slim'. Mother # 4

'*These days, issues that used to make us shy to talk to our children on sexuality issues are no longer, because now we have this dreadful disease and which has claimed a lot of young lives. Issues related to prevention of this disease have to be the main message'* Father # 6

On the same issue the adolescents said that; '*Some are talking and others are not. Those who are talking with their children seem to be more than those who are not*' Daughter # 4 (aged 13 years)

'Some p*arents do not talk to their children because some children are disrespectful. The parents stop talking because even when they talk to their children they do not listen* (the term used may literally mean that the children do not hear) *Daughter # 3b* (aged 14 years)

Interestingly it is not only parents who are not talking as noted by this respondent; '*Children are not talking to their parents because some parents can easily beat them if they talked to them'* son # 5a (aged 12 years)

Among the parents who do claim to be talking to their children on sexuality related issues, some situations seem to require same-gender dialogue. '*That is the duty of their mother*

because as I told you earlier I have mainly daughters. I talk to their mother, who also talks to them as girls' Father #3,

'I use their mother to talk to them because they may find it easier to communicate with their mother. For example the girls may find it difficult to discuss issues with me which may be different with the boys'. Father #2

These responses from the adolescents who participated in this study seem to assent with this emerging impression as demonstrated by these excerpts;

'*My mother is the one who initiates such talks*' Daughter # 6 (aged 13 years)

'*Yes I usually talk with my father and at times with my mother*'. Son # 7 (aged 15 years)

It is important to note that although same-gender communication was noted among some parents, it was not always the case. Sometimes communication on sexuality was not taking place at all as reported in this account.

'Yes I have both sons and daughters, but telling you the truth I have never ever attempted to talk to them on anything regarding their sexuality'. Father # 1

4.3.1 Other aspects of communication

Besides talking, some parents impose physical punishment as a strategy of ensuring that their children including adolescents adhere to these warning messages.

'For the boy I usually smack him if he comes home late even if he is working. I tell him that aren't you seeing the disease, so sit down.' Mother # 1

Apart from late home coming as a justification for physical punishment, other reasons include; *'.Of course if they have annoyed you, you beat them and then sit them down and talk to them'. Father # 2*

The adolescents affirmed that they feared to transgress the norms and earn a beating;

'*Well I try not to annoy my mother because she beats us when we fail to do what she has told us*' Daughter #1 (aged 13 years)

However, one parent who was comparing his own upbringing with that of his children's made the following assertion about beating children.

'.. like now if you beat a child, she/he can report you claiming that you have violated his/her rights' Father # 3.

Some parents do utilise other opportunities at their disposal to expose their children to sexuality related messages as described by one father; (this idea does not seem to be common among other families in this study)

'I usually take them along to my seminars (on HIV/AIDS) so that by the time we talk they are already enlightened and they can have the freedom to talk with each other even before I get time to talk with them later' Father # 2

4.3.2 Other sources of sexuality information for adolescents

Besides getting sexuality information from parents, the study findings indicate that adolescents are getting information from different sources too. Such options might enable adolescents to obtain information on sexuality at a more regular basis. The radio and teachers seem to be the most common source of information as mentioned by both parents and adolescents (Table 5). However uncles and neighbours were mentioned by adolescent boys and the fathers and not by adolescent girls and mothers. Health workers although mentioned do not seem to be perceived as a common information source for adolescents. The study did not explore how often these various sources are utilised by the adolescents.

It was also noted that parents seem to trust that their children were receiving the right information from these sources outside their families, especially from radios. Paternal aunts were mentioned as one of the reliable sources that some parents claim had enough experience in providing sex education.

Table 5. Response on other common sources of information on sexuality for adolescents

	FATHERS	MOTHERS	DAUGHTERS	SONS	TOTAL
Radio	2	3	3	2	10
Teachers	2	2	2	3	9
Friends		1	4	2	7
Straight talk newspapers	1	2	1	1	5
Seminars	2		1		3
Older siblings	2		1		3
Paternal aunt	1	1	1		3
LC meetings	1		1	1	3
Uncles	1			2	3
Neighbours	1			2	3
Grandmother			2		2
Health workers				1	1
Organised youth group activities	1				1
Total	**14**	**9**	**16**	**14**	**53**

NB: Several sources were mentioned by the same respondent

4.4 Sexuality information communicated between parents and adolescents

The content of the discussion on sexuality related issues reported by some parents was fairly consistent with what the adolescents reported. The responses indicate that warning messages to avoid risk in the context of HIV/AIDS prevention were the most commonly discussed among parents and their adolescent children. These include specific messages on risky situations as indicated by the following;

'… to avoid such risky situations like playing with children of the opposite sex. Even when they are of the same sex and they are not good ones, we discourage them. They also understand what we mean' Father # 4

'… to avoid going out late especially alone because we have many people who do not understand who can rape them. Then I advice them on other issues which are suitable for children such as, how to avoid HIV/AIDS, which you are now seeing'. Mother # 1

They also include messages on accepted norms regarding adolescents' sexual behaviour. These range from general messages to all adolescents irrespective of gender, to specific messages from mothers to daughter and fathers to their sons. *'They tell us that we should not play sex (*meaning having sexual intercourse*) before getting married'* Son # 5b (aged 12 years)

'*I talk to them about morals and values and how they should look after themselves. For example if a person touches or tickles you, that person does not wish you well. You should be suspicious especially if they are boys. For girls I tell them not to visit their girlfriends' homes without being sent there because they may be having brothers who can bring them problems*'. Mother # 4

'*They tell me about menstruation and not to get involved in sex because I will get diseases and maybe get pregnant'*. Daughter # 7 (aged 13 years)

'*My father told me to be careful, and to avoid drinking alcohol and going out with groups because groups can influence me to start drinking alcohol*'. Son # 7 (aged 15 years)

4.5 Views on frequency of parent-adolescent communication on sexuality

When asked how often sexuality information should be provided, it was common for respondents to indicate that talks should be held on a daily basis.

'It should be at least every day' Father # 5.

This concurred with what some adolescents reported when asked how often their parents talked to them about sexuality issues; '*They talk to us every day*' Son # 7 (aged 15 years).

However, on further comparison across families, parents indicated that the frequency of sexuality communication is based on how their children behaved; *'In most cases when I feel that there is something wrong with these children. For example the way they behave, the way they answer especially the girl, then I start talking to them* (on sexuality related issues*) at times we bring a bible and choose a topic which you can refer to during your discussion'. Mother # 7*

On the other hand some adolescents felt that the frequency of the communication was not directly determined by behaviour but rather was done as a duty*; 'They (*parents*) seem not to have any obvious reason that makes them decide to talk to us (*on sexuality issues*) at any particular day but I think it is a routine*' Daughter # 7 (aged 13 years)

'*They talk to us everyday, I think because they are saved and they want us to live under the fear of God*' Son # 7 (aged 15 years)

4.6 Factors influencing parent-adolescent communication on sexuality.

Both parents and adolescent were not directly asked to narrate factors influencing parent-adolescent communication but were asked about their views on why they think communication on sexuality takes place. They had various reasons as to why communication on sexuality takes place. It was evident that some parent-adolescent communication is triggered off by instances such as on realizing that the child has not behaved as expected.

'Yes especially when they go wrong or when they come home late or when they are out of home. When they return, I question them after which I can get a topic to talk about' Mother # 7

'*That depends on the child. You might find that the child has returned home late, that can be the beginning of the talk'*. Father # 2

The adolescents have their perceived reasons why their parents talk to them on sexuality issues, which include;

'*I think they want their children to understand the morals and values of society and what is expected of them as they grow up'* Son # 6 (aged 15 years).

'They tell us those things (referring to sexuality messages) because they are protecting us from being raped' Daughter # 2 (aged 15 years)

Besides behavioural reasons, physical changes and physiological processes such as menstruation offer opportunities for parents to initiate discussions on sexuality with their adolescent children.

'They started talking to me when they saw that I had started maturing (started her menstruation). I was thirteen years old.' Daughter # 2 (aged 15 years)

This study also explored the pattern of the preferred places where discussion on sexuality between parents and adolescents were being held. The responses from both parents and adolescents indicate that discussions are held from different locations but always inside the house.

'*When talking with my parents about sexuality, we talk from the sitting room'*. Son # 5b

'*I normally talk to them from the kitchen*'. Mother # 6

'*I usually talk to them from inside the house. I do not like talking to them in public'*. Father # 2

However, according to some adolescents who participated in this study, some situations do necessitate gender isolation when being addressed although parents seem to have their reservation as noted later;

'They talk to us i*n the bedroom together with my other sisters. The boys are also told alone*'. Daughter # 1 (aged 13 years)

On the other hand, availability of adequate time might be a major factor that dictates the selection of locations for holding discussion on sexuality, forcing parents to take up opportunities as they come. For example;

'*Talking to them from the bedroom has been difficult because I do not get enough time for that. I talk to them at anytime especially when I hear something on the radio and they are there with me, I re- emphasise that point being relayed on radio there and then*'. Mother # 4

4.6.1 Barriers to communication between parents and their adolescent children

Besides the above mentioned factors, what else might be affecting communication on sexuality at family level? To establish this, parents and adolescents were asked reasons why they think parents may not talking with their children regarding sexuality. Some parents think that the traditional norms might be serving as barriers and hence influencing current communication practices at household level.

'*Now parents as culture dictates, find it difficult to explain such issues thinking that it is going to destroy their innocence but forgetting that these children get information from different sources as they grow up*'. Mother 4

It was evident throughout the interviews that parents reported that they do not use the real names of sexual organs when holding any talks on sexuality related issues with their children. This too could be a perceived barrier to effective communication.

'Well we use soft language because there are some hard words you cannot use like calling private parts by their actual names'. Father # 7

From the responses, the study participants had a wide range of terms used locally to refer to 'sexuality' which include;

'Sexual relationships with boys, Bad manners, Sex before marriage, Problem/sin/mistake, 'Kwekoma koma' (meaning having indiscriminate sex), 'Kugunuka amaiso' (literally meaning having widely opened eyes, usually an expression of concern that the child is bad mannered ranging from indiscipline e.g. (a child or younger person does not talk to elders while looking them straight in the face; indecent in dressing or language or in the way the

child behaves which is usually beyond their age), Obwamalaya (Fornication, promiscuity or prostitution).

The other difficult aspect which seems to be common is communication on sexuality between some fathers and their adolescent daughters as described by this respondent.

'*Now those issues (referring to sexuality) I find them difficult because I cannot figure out how to start the conversation. As I have already explained that I find it difficult to introduce such issues with my daughters*'. Father # 3

Furthermore, besides the lack of skills to initiate parent-adolescent conversations on sexuality, fear and lack of information among parents might be another perceived inhibitor to effective communication.

'*Some other parents do not have that information so they fear talking to their children on sexuality'*. Son # 7 (aged 15 years)

'*We parents fear introducing sex (meaning sexuality related issues) to our children. Many parents fear that their children will get interested in sex and start indulging in sex too early*' Mother # 7.

Some respondents mentioned some concerns which seemed judgemental. However, this may provide some indication to some important barriers to sexuality communication between parents and their adolescent children. These could be due to lack of parental care or could be associated with the type of parenting style.

'*Some parents do not talk to their children because they do not love them*' Son # 5b (aged 12 years)

'*Among some parents it is due to laziness at heart. They have no time to talk with their children and do not see their value in future so they take them as invaluable*'. Father # 2

'Some parents have no time to talk with their children because they always arrive home from work late and tired'. Son # 7 (aged 15 years)

When the above findings were compared with the parents' own upbringing, there were some similarities and differences in the trends. Parents were asked to narrate personal past experiences with communication on sexuality with their own parents. It was observed that there seems to be a relationship between the parents' own upbringing and the information on sexuality they pass on to their own children as reflected in these two responses.

'*My mother used to caution me against getting involved with men, now that I was a woman and could easily gets pregnant. Her advice gave me good guidance and it is what I am giving my children. I think her advice helped me very much as I grew up'*. Mother # 2

'*I grew up with Arabs* (Father died and mother remarried), *and among Arabs it is unheard of to talk about sexuality*' same parent earlier said '*Yes I do talk to my children on other issues like education but not on sexuality issues*' Father # 1

Issues worrying parents about their adolescents that were noted earlier and the way sexuality messages are being communicated today seem to be significantly different from the experience perceived by the parents during their own upbringing. For example;

'*The time I grew up, there were no such diseases which were worrying people so much. And during that time things were different and our parents used to talk to us using proverbs (ekisimba kisimbura enyugunyu, infers that bad groups can influence bad behaviour)*'. Father # 3

Conversely, talks on sexuality are being triggered off by children coming home late after school or after errands seem to be consistent in both eras.

'The parents to talk to you would depend on your behaviour. If you returned home late or when you went to fetch firewood and delayed, they would think that you are getting involved in other things. So they would shout at you and through that they would take an opportunity to slot in their proverbs' Father # 3

4.7 Suggestions for improving Parent-Adolescent communication

Both parents and their adolescent children were requested to suggest ways which they felt could improve communication on sexuality at household level. They were asked to propose what the local government could do and what advice they wished to give to other parents and adolescents. The proposed suggestions were in terms of increasing knowledge on sexuality related issues among parents and improving communication skills among both parents and adolescents.

Those who claimed not to be talking to their adolescent children on sexuality said; *'I would like to have more information so that I can easily talk with my children and advice them on how to grow up in a good way* (i.e. conforming to the expectations of the society)'. Father # 1

Some parents and adolescents proposed some interventions at community level;

'*The government should teach parents to talk with their children because I think some parents do not know how and what to tell their children'*. Daughter # 1 (aged 13 years)

'*The government can start sensitisation programmes. For example community meetings, programmes on the radio and radio talk shows. Parents are encouraged to join these meetings. If such activities are organised continuously, maybe some would change*'. Father # 4

Most respondents think that with some motivation, parent-adolescent sexuality communication can be achieved. *'I would encourage them to caution their children and not to let them live the type of lifestyles they choose on their own because these are bad days and the death rate is overwhelming. So they should talk to their children and let them know that even if they meet those challenges (refers to sexuality) they do not blame you for hiding information from them'*. Mother # 6

On the other hand the adolescents do think that radio programmes about sexuality related issues, can foster parent-adolescent communication on sexuality.

'*I would tell them to listen to programmes on radios if they cannot talk with their parents. Then they can discuss with their parents issues they have heard on the radio programmes about sexuality'*. Son # 7 (aged 15 years)

4.8 Summary of key findings

The key findings of this study indicate that parents think that they have an obligation to provide sexuality information to their adolescent children. Both parents and their adolescent children expressed the need for sexuality communication in relation to HIV/AIDs prevention.

Regarding the nature of parent-adolescent communication on sexuality, this study revealed that there is little or no parent-child discussion. Most parents who participated in this study and who claimed to be talking to their children on sexuality related issues are employing an authoritarian and didactic approach to communication. This parenting style seems to have been passed on from one generation to another as reflected in the reflections of parents' own upbringing. The communication is unidirectional and the children are expected to comply to the parents' warning messages without questioning. Some parents do revert to beating their children as a strategy of ensuring that they adhere to the norms. However, there are some parents who facilitate their children to obtain information on sexuality by encouraging them to listen to radio programmes on sexuality related issues.

The study revealed that the involvement of parents in communication is geared towards giving warnings and instilling fear into their children about the risks of pre-marital sex. The parents give these warning messages with an aim of preventing 'slim' (HIV/AIDs) and unwanted pregnancies mainly through promoting abstinence and chastity before marriage.

There is a general outcry from the study participants that sexuality information should be provided more regularly, preferably on a daily basis and should be initiated at an early age. The study revealed that despite this concern, discussions on sexuality seem to be initiated at the onset of puberty or when a parent is provoked by the child's negative actions. Furthermore, adolescents do receive information on sexuality from other sources which may compliment or contradict the parents' efforts to provide information on a more regular basis.

Regarding factors that influence communication, the study participants were not quite able to express many issues except that communication on sexuality with their children is triggered off by their concern for prevention of HIV and unwanted pregnancies. The need for instilling morals and values were also indicated as another important factor influencing communication. Lack of information and communication skills were reflected as a potential barrier to communication.

Both parents and adolescents proposed suggestions to improve their communication on sexuality. This included mainly increasing knowledge on sexuality related issues among parents and improving communication skills among both parents and adolescents.

CHAPTER 5

5.0 DISCUSSION

In the following section, the results of this study will be discussed in line with the aims of this thesis, the research questions and the theoretical basis. Some methodological issues will also be addressed.

5.1 Methodological considerations

Data collection method: The main method used to generate the primary data was in-depth interviews. In-depth interviews are particularly useful when revelation of personal experience is the aim of the study. Although consent was obtained before tape recording the interviews, some respondents were still sceptical thinking that the recorded information might be used on radio programmes. In this situation the researcher re-emphasised the purpose of the information being collected, dispelling such fears.

Sampling: As pointed out earlier, sampling strategies depend on the kind of data collection strategy selected and the research question. The purpose of sampling in a qualitative research is not for representiveness but to gain insight of the issue being explored. Therefore, it was useful to use purposive sampling method in this study to identify information rich parents and their adolescent children for the in-depth interviews.

Although local council leaders are expected to know the details of people residing in their respective villages of jurisdiction, limitations in identifying and accessing all potential families for this study may not be ruled out. This notwithstanding, there was no participant who turned down the request to participate in this interview. Furthermore, since a point of

receiving no more new ideas from the study sample and hence no need to recruit more participants was reached; it is believed that a sufficiently large number of informants was reached. According to Morse (1991), sampling adequacy evidenced by saturation means that sufficient data to account for most aspects of the phenomenon was obtained.

Language: It was planned that the interviews would be conducted in English, Uganda's official language. However some participants preferred to use Rutooro, their first language. This was not a major constraint because the researcher was conversant with that language and hence still able to communicate well. Nonetheless, this necessitated translating the transcripts into English. Besides being a tedious exercise, this could have introduced an element of misinterpretation of some terminology. Some local terms were not easy to translate into English, such as 'Kugunuka amaiso'; usually used as an expression of concern regarding the way the child is behaving; a behaviour which may trigger off sexual involvement. This may range from a child knowing more socially than what is expected at that age, to very serious actions like being indecent in dressing or disrespectful to elders (e.g. when talking to elders, a child should look at them below the eye level and not straight in the face).

Researcher: It may be difficult to completely rule out that the researcher's background as an employee of the Ministry of Health (MOH) could have influenced the responses. To overcome this, care was taken during the introductions to avoid mentioning this association and emphasising that the study was not a Ministry of Health undertaking, but a requirement for the researchers' academic purposes although it could also be used to guide and inform the designing and implementation of family based health promotion approaches to improve parent-child communication on sexuality. In addition, participants were

reassured of their anonymity throughout the study. Furthermore, when interpreting the results, efforts were made to identify the socially desirable responses in order to avoid making wrong assumptions.

Relevance of the theoretical framework: The Rommetveit and Blakar communication model (Blakar, 1992) provides a useful framework for discussing the nature of the parent-adolescent communication in this study. According to this model, communication can best be understood as a two way process with a continuous change in the roles as sender and receiver. Although the model itself is not a prescriptive one, but simply meant to be a tool for description and analysis of interpersonal communication, it constitutes a valuable point of departure for throwing light on parent-adolescent communication on sexuality. An obvious weakness with the communication as described by parents and offspring is lack of real and meaningful two-way communication. A second challenge is the vagueness of information and advice provided by parents. The combination of vagueness of the messages and lack of real two-way interaction is particularly critical, since the vagueness of the information provided by parents is unlikely to be challenged. If the adolescent children are not given an opportunity to give a feedback to their parents, then the appropriateness of the messages will not be determined. Therefore, the parents will continue providing the same messages, hoping that their children understand.

The Rommetveit and Blakar model also emphasises the social and cultural context of the communication. Differences in contexts of adolescents and parents may contribute to less effective communication, and contextual constraints as well as cultural and social factors may contribute to complicating and producing barriers which effectively hinder effective and meaningful information exchange.

The Baumrind (1991) typologies of parenting styles, although fairly simple and standardised, were also most applicable to this study. In spite of being developed by researchers in cultures rather different from the cultural context of our informants, it turns out to provide a most relevant description of parenting. The nature of the parent-adolescent communication identified in this study fits well with what is labelled authoritarian parenting style" in the conceptual framework of Baumrind. An authoritarian parenting style is not consistent with the kind of parenting approaches usually recommended by experts on sexuality communication. According to Meschke et al., (2002), although moderate amount of parental control is important, warm and supportive parent-adolescent relationships are essential. In other words, the amount of influence parents have on their adolescent's sexual behaviour greatly depends on the quality of their relationship.

5.2 Limitations of this study

This study was carried out when schools were in session. It cannot be ruled out that some eligible families were not captured because their adolescent children were away in boarding schools located outside the district.

During the interviews some of the young adolescents were reluctant to express their views and therefore were limiting their conversations. It is possible that this could have been their first experience of having an interview on such a sensitive issue. In this case, this could have introduced an element of shyness and an atmosphere of uneasiness particularly when talking to a stranger. The researcher however, used probing questions to get more information from these children.

It was difficult to access sufficient peer reviewed literature from Uganda relevant to this study. However, it is possible that a bulk of research work is at operational level and hence

not published in peer reviewed journals or there is no much research done to address the aspects of communication on sexuality in Uganda. Therefore I expanded the scope of the literature search and included other available research from a number of countries in the African region and some developed countries. Where necessary, some unpublished research reports from Uganda have been referenced.

These limitations should be considered in light with the strengths of the study. This study in contrast to much of the existing literature in Uganda, explored perceptions of sexual communication within matched pairs of adolescents and their parents. Secondly this was a qualitative study, conducted in a real setting and drawing on the lived experiences of the study participants.

5.3 Perceptions on sex education

The main research question for this study was to understand how sexuality communication between parents and their adolescent children is perceived by both parties. The findings indicate that sex education is perceived in the context of HIV/AIDS (also commonly referred to as slim) prevention by most of the participants in this study. This is not surprising because HIV/AIDS has been the cornerstone of many of the health education programmes being implemented over a decade to combat the pandemic. The results are consistent with findings from previous studies that found that the level of HIV/AIDS awareness was over 90 percent nationwide (STD/ACP, 1998).

The study did not examine the respondents' perceptions of communication as a construct but rather focussed on various aspects of the communication process between the adolescents and their parents. However, given the significance of HIV prevention in Uganda, it does not come as a surprise that the respondents in this study suggested that sex

education should be introduced early in order to prevent the ill consequences of early sexual involvement. This view may not necessarily reflect the parents' willingness to provide such information to their children themselves. Some parents think that one of the reasons why discussions on sexuality might not be taking place among some families is the fear of encouraging increased sexual activity among their adolescent children (Ndyanabangi et al, 2001). Empirical evidence, however, suggests that school based programmes on sexuality and HIV/AIDS did not propel young people into premature sexual relations, but rather delays coital debut and also increases fidelity and encourages responsible behaviour (Shuey et al, 1999; Grunseit and Kippax 1993).

Uganda has over the years introduced the Universal primary education policy (Deininger, 2003). This has increased the school enrolment at elementary level three fold. Therefore, it would be cost effective to utilise this opportunity to reach more students in-school. It was, however, beyond the scope of this study to explore issues related to sex education initiatives from the implementers' perspective. The findings of this study provide a clear indication that the implementation of sex education may not have taken root in all schools based on the fact that some adolescents who were beyond 12 years old in this study did not know much about this subject. Although, the Draft National adolescent health policy (2000) does charge the Ministry of Education to integrate adolescent health concerns into school education, there is no explicit priority placed on ensuring that in-school youth actually do receive sexuality education.

What is of concern to this study is the willingness of parents to take on this responsibility. As pointed out by one respondent; parents may be shy to discuss sexuality issues with their children, but teachers have a skill which can be useful in such a context. It could be argued

that teachers can easily take on this responsibility and integrate sex education in the ongoing curriculum. Nevertheless, giving the responsibility to teachers cannot justify exempting parents' involvement. Parents, as noted by Dutra and colleagues (1999), have influence on the sexual behaviour of their children through communication. However, some sceptics of parent-based approaches argue that parents are ill-informed and often convey inaccurate information about sex and birth control to adolescents (Jaccard et al. 2002). Although this might be true, this information gap can be remedied through educational efforts. Both parents and adolescents can be empowered to be better communicators on sexuality information than is currently the situation in Uganda.

5.4 Communication on sexuality

This study sought views on how sexuality is communicated between parents and their adolescent children. Communication according to the Rommetveit and Blakar model (1992), is a basis for all human interaction and a process in which people send, receive, interpret and infer messages all the time. This model assumes that communication is a two way process, and that both the sender and the receiver have key roles to play, if communication is to be effective. However, basing on the accounts from both parents and adolescents of their experiences, it is evident that, among those who claim to be communicating on sexuality issues, it is a unidirectional kind of communication. With regard to the Rommetveit and Blakar communication model, this is a shortfall to effective communication. Communication on sexuality is done directly by some parents, particularly mothers, talking to their adolescent children, often using a didactic, authoritative approach. The adolescent children predominantly play a listening role in this situation. This is an aspect that seems to have been passed on through the parents' own upbringing.

Paradoxically, some fathers claim to be communicating indirectly with their children mainly through their mothers, especially to daughters. Mothers seem to be the main initiators of sexuality communication even when fathers are available at home. This finding is congruent with an observation made by Jaccard et al., (2000). Feldman and Rosenthal (2000), posit that parents' general communication relates to their ability to be effective sex communicators. This study did not focus on communication of general issues, although it would have been more revealing if parent-adolescent communication patterns on general issues and sex related issues were to be compared. Furthermore, this study did not use observational methods, making it impossible to determine the nature of non-verbal communication between parents and their adolescent children. Understanding the nature of non-verbal communication is important particularly in the Ugandan context of social interaction, whereby in some communities; children are not expected to answer back when elders including their parents are talking to them. Therefore in an attempt to understand factors that might be influencing the nature of communication between parents and their adolescent children, such contextual and situational concerns must be considered.

Focusing further on the parents as senders of the message, Dilorio and colleagues (1999), noted that it is likely to be easier for mothers who have personally experienced these developmental stages to identify with the sexual information needs of their daughters, than with those of their sons. Parents especially mothers, as noted by Nakkazi (2001), have a central role in providing more moral messages where other sources may put less emphasis. This may partly explain why the mothers in this current study seemed to be the main initiators of talks on sexuality. Mothers are also likely to be more available at home than fathers. These observations might be particularly interesting to discuss with reference to the concept of 'parenting styles', and the different roles fathers and mothers play in a

family. Parenting styles are characterised by two dimensions; responsiveness and demandingness. The type of parenting style reflects the way parents look after their children including communicating with them on sexuality issues.

Fathers are considered the heads of households in the African setting and they play a disciplinarian role in many families. In Uganda, child upbringing traditionally belongs to the father's lineage (Muyinda et al, 2004). This also emphasises the role of the father. In this study it was expressed by some of the respondents that fathers had to preside over some of the situations when the adolescent child was reportedly misbehaving. It could therefore be presumed that fathers might be having more impact than mothers on their adolescents' sexual behaviour. Father-adolescent communication may occur less frequently but may be considerably more salient. Sex-related communication with fathers, when it does occur, may be regarded more seriously by adolescents. However, this is an assumption that needs to be examined in further research.

Adolescent sexuality is viewed by many as something that must be controlled and restrained (Hoffman and Futterman, 1996). The results in this study show that some parents do resort to beating their children as a form of communication. Through this approach, they instil fear in the children in an effort to enlist obedience and conformity. Beating, as described by Henderson (1994), is the means by which adults impress upon children what constitutes 'correct' and 'incorrect' behaviour. To be sexually active outside the context of marriage, is thus considered as an incorrect or a deviant behaviour for adolescents, and society has clear sanctions against this behaviour. For example some girls being rejected by their parents or discontinued from school when they become pregnant.

This fear-based approach is also indicative of an authoritarian type of parenting which tends to favour more punitive, absolute and forceful measures. Authoritarian parents believe that the child should accept without question the rules and standards established by the parents (Berk, 2000). Conversely, some parents might justify such punishment in child rearing from the biblical point of view which states that 'spare the rod and spoil the child'. However, very little is known about the effectiveness of such fear-based approaches on reducing or preventing adolescents' sexual risk taking.

5.5 Sexuality information communicated between parents and adolescent

The most essential characteristic of communication is that a view, an idea, or an opinion is conveyed to another person. A message with respect to the Rommetveit and Blakar communication model (1992) must be simple, and appropriate for the recipient to comprehend. This will foster effective communication. The results of this study show that most messages communicated from parents to adolescents, seem to focus more on warnings about the negative outcomes of pre-marital sex and less on what adolescents should know in order to appreciate how they are growing and developing. This finding is consistent with an observation made in Ethiopia by Taffa et al, (1999). The messages also include information on what adolescents should not do for example 'not to get involved with bad groups' or 'Do not play with children of the opposite sex'. The adolescents are expected to understand what comprises a bad group. Furthermore, the parents expect their children even though in mixed (gender) schools not to associate with children of the opposite sex. This message may have both positive and negative connotation to the psychological development of the child in question. It is also worth noting that sexual decisions among adolescents in most cases are not always pre-planned or logical. As

Bohmer and Kirumira (2000) pointed out situations where girls were usually forcibly raped or taken against their will into sex. These included, the bush while on their way to collect water or fire wood, or in discotheques and other community events like funerals. This justifies why parents need to increase the scope of sexuality information they are currently providing, which will enable the adolescents to make wise, healthy decisions regarding their sexuality in all situations.

It is evident that the motivation of parent-adolescent dialogue is fear of HIV/AIDS transmission and unwanted pregnancy among adolescents. Many parents in this study think that they have an obligation to provide more information to their adolescent children particularly to protect them from HIV/AIDS. This was the same view echoed by the adolescents. It is desirable that parents should assume a more active role of providing appropriate information on sexuality to their children as early as possible, particularly in the absence of the traditional channels of socialisation. This is based on the premise that children and adolescents learn certain attitudes and behaviours early in life from adult role models such as parents (Carolyn et al, 2003). However, besides information, the adolescents also need communication and negotiation skills. This will empower them with important information and skills and enable them make informed choices, particularly when facing risky situations.

Some few parents do take opportunities to discuss broader aspects of sexuality. There are examples of messages related to physical changes and physiological processes such as menstruation which offer parents opportunities to initiate discussions on sexuality related issues with their adolescent daughters. Furthermore, adolescent females experience more directly than adolescent males the reproductive consequences of unprotected sexual

intercourse, pregnancy, and dropping out of school. Therefore parents may feel justified to talk more to daughters than sons in an attempt to avoid these outcomes.

Basing on the accounts of some of the respondents, there seem to be limited similar opportunities for boys since there is no drastic event to mark the onset of puberty in males although it may be argued that the onset of nocturnal emissions or 'wet dreams' is a comparable event for boys. However, initiation rites into adulthood, where they are still practiced, do expose adolescent boys to some aspects of sexuality (Hulton et al, 2000)

Effective communication can take place if the receiver and the sender have a shared social reality. In this case, fathers would be well suited to provide sexuality information to their sons. Unfortunately, they seem to be playing a distal role in initiating communication on sexuality. This leaves the mothers, who may feel uncomfortable talking to their sons about specific male reproductive and sexuality issues, although they may be able to address general issues on HIV risk prevention.

5.6 Views on frequency of parent-adolescent communication on sexuality

Raising sexual and reproductive health awareness forms a cornerstone of health promotion endeavours that target adolescents and young people in general. Both parents and adolescents in this study suggested that sexuality education should be provided on a 'daily basis'. This however, might be difficult to achieve through one source of information for example parents alone. In this regard, it will be important to ensure that the sexuality messages parents are providing are improved, and re-enforced through other channels like the radio.

According to Onifade (1999), besides the frequency, it would be appropriate, to introduce sexuality communication at an early age since the foundations of sexuality and reproductive health are established early in life. Conversely, parent-child communication on sexuality in the African setting might be difficult at an earlier age. However, it is evident from this study that adolescents are receiving information on sexuality from different sources; mostly from the radio, parents, teachers, friends and the straight talk monthly newsletter. Some of these findings are congruent with what Nakkazi (2001) observed while exploring sexuality communication between mothers and their adolescent daughters in Uganda. The lessons from the response to HIV in Uganda further demonstrate the importance of frequent communication through utilisation of possible channels such as social networks (Stoneburner and Low-Beer, 2004).

It was interesting to note that radio programmes on sex education are playing a key role of disseminating information on sexuality regularly and in some cases triggering off parent-adolescent talks on sexuality. The mass media have been a supportive channel in providing sexuality information to children including adolescents in Uganda. Although some programmes provide opportunities for listeners to phone in and ask questions, not all adolescents have access to telephones and hence able to participate effectively.

5.7 Factors influencing sexuality communication

There is an obvious and complex interplay between the various preconditions for communication. Effective communication can be influenced by the context in which the communication occurs. For example, if the communication is initiated when the parent is

drank then, it might be difficult for the adolescent to comprehend a message prohibiting alcohol use. This indicates that the parent is not being exemplary.

In Uganda, infection with the HIV and unwanted pregnancies are the two most concrete and pernicious risks of unprotected premarital sex. Therefore, it is not surprising that these are the common factors that are motivating most parent-adolescent discussions on sexual related issues. Most parents in this study perceive their children as growing up in a more precarious situation as compared to their own upbringing. Hence the common phrases as 'these are bad days'. This further confirms fear regarding HIV/AIDS as a major factor influencing parents to appreciate their role in sex education and hence protecting their children against HIV/AIDS more seriously than ever before. Interestingly, there is anecdotal information which suggests that previously before the advent of HIV/AIDS, it was regarded fashionable for boys to contract STDs to prove their masculinity among their peers. This situation has changed since HIV/AIDS appeared on the scene.

There are, however, some similarities in the reasons why parents think they are talking about sexuality to their children today and during their own generation. In both situations parents are provoked by their children's behaviours or actions which they suspect to be attributed to sexual indulgence, for example late home coming from school. As noted by Kearsley (2000), sexual debut for the majority of youths in Uganda occurs most often in the homes of parents, relatives and guardians, not in boarding schools or while unchaperoned at discos. If parents became more aware of this and got involved in the activities of the adolescents, perhaps the early sexual behaviour of young people, particularly the age at onset of sexual activity, could be delayed further. However, convincing parents to take up this action could be another challenge altogether.

Although some parents do recognise the difficulty of adolescents adhering to abstinence only messages (a key strategy in HIV/AIDS prevention), there is still considerable ambivalence about discussing sex openly. For example it may be impossible for parents to talk about condoms and ensure that adolescents know about them and are able use them properly. Another issue demonstrating the sensitivity of discussing sexuality is the choice of venue for holding dialogue. It is evident from this study that parents do hold talks on sexuality related issues with their adolescent children in the privacy of their home. This is not surprising given that sexuality is a private, personal and often embarrassing topic, for both parents and children. Yet this is another dimension of communication which needs to be considered as it might be reducing opportunities for such sensitive discussions to take place particularly in crowded homesteads.

5.8 Challenges and barriers related to sexuality communication

If communication is to be effective, barriers must be taken into consideration. In this study, culture has been expressed as a barrier to parent-adolescent communication on sexuality. This is because traditionally sex education was a responsibility of the paternal aunt, an institution which is dying out (Muyinda et al, 2001). Therefore many parents today may be ill prepared to take on this responsibility of sexuality behaviour socialisation. However, Uganda's openness about HIV/AIDS has steadily reduced the wall of silence which surrounded talking about sexuality related issues at all levels (Blum, 2004).

This study recognises that some, but not all parents who participated in this study during their own upbringing were receiving sexuality related messages from their parents in form of proverbs. Proverbs are familiar, fixed, sentential expressions that express well-known truths, social norms, or moral themes (Gibbs and Beite 1995). Proverbs are metaphorical

and share many aspects of figurative language. Adolescents in Uganda are living in a time of social cultural transition where traditional methods of communication might be difficult to comprehend. Therefore basing on this generational difference it could be interpreted that some parents are facing a dilemma of learning how to carry out ‘straight talks’ on sexuality contrary to how it was expressed to them. Conversely, these proverbs could be collected, documented and interpreted to facilitate use by parents and their adolescents.

Conversations which involve direct reference to sexual organs seem to occur very seldom, if at all. These are regarded as ‘hard words’ which parents in this study said they felt embarrassed to mention during their conversations on sexuality related issues with their children. For example in this study it was interesting to observe the different phrases used to refer to sexual intercourse such as ‘bad manners’, ‘the problem’. Bad manners can also be used to refer to any other undesirable behaviour. This, besides limiting the vocabulary, introduces an element of vagueness of messages.

Another limiting factor, particularly common among the working class parents, is the time available for them to talk about sexuality with their children. Since one of the main triggers to holding talks on sexuality is late home coming from school, such parents who may also be returning home late might not have time to observe this behaviour among their adolescent children and therefore not able to point out issues at the time they happen. Therefore programmes targeting promotion of parent-adolescent communication should help such parents to plan their talks based on other factors and not only on non-compliance to rules.

Children are regarded as an investment for the future both by the nation and the parents. However it was surprising for the researcher to note that some parents and adolescents

think that communication on sexuality is not taking place in some families because such parents do not 'love' their children or they are reluctant talking about sexuality in general. Although this might be a judgemental opinion, and a demonstration of pluralistic ignorance among the observers, it is an issue that requires close investigation.

5.9 Suggestions for improving communication from study participants

Both parents and adolescents did express a concern that they need knowledge and skills in order to improve their communication on sexuality. For example they suggested that adolescent children should be encouraged to ask questions triggered off by what they learn from the radio programmes on sexuality. It can be argued that this approach has potential for fostering a two way communication between parents and their adolescent children especially if mutual trust is established. However, besides the authoritarian parenting style tendencies, culturally among some families in Uganda, children are not expected to answer back when elders are talking to them. This is a connotation of respect. This notwithstanding, the idea of a dialogue (two way communication), which is a prerequisite to effective communication, can still be advanced and such barriers consequently addressed. In this respect the adolescent children need to be assured that if they do engage in discussions on sexuality with their parents, they will not be misinterpreted or punished.

CHAPTER 6

6.0 IMPLICATIONS OF THE STUDY AND RECOMMENDATIONS

6.1 Implications of the study

The principle aim of this study was to provide an insight on the perceptions and opinions of both parents and their adolescent children on sexuality communication at household level. The findings provide a representation of opinions on sexuality communication from both adolescents and their parents. This is an aspect which has not received adequate attention in the Ugandan context. The study findings have some implications for sex education programmes in Uganda. First, messages from parents are vague, and mainly focused on warnings about the negative outcomes of pre-marital sex. Many topics on the broader aspects of sexuality, including adolescents' sexuality, relationships and reproductive health needs are clearly not being discussed by parents. Failure to provide adolescents with accurate information on these specific topics may place the adolescents at risk for negative outcomes, particularly if they seek such information from peers.

In addition, not only do many different topics need to be discussed, parents need to adopt an open and receptive approach when initiating conversations or encouraging questions and responding to adolescents questions. An open process of sexuality communication involves both parents having adequate knowledge, being willing to listen, talking openly and freely, and understanding the feelings behind any questions posed by adolescents. This approach to communication might not be widely accepted across cultures. However, parents should be made to understand that, having open discussions with their children will not deprive them of imposing restrictions, like not returning home from school late.

These implications are tentative and it is hoped that after an interventional phase, there will be need for more research to illuminate our understanding of the influence of parent-adolescent communication on adolescent reproductive health outcomes in the Ugandan context.

6.2 Recommendations

It would be inappropriate to conclude this study report without making reference to the question of 'what next'. It is envisaged that the findings of this study will contribute in informing the development of health promotion interventions. Health Promotion as defined by the Ottawa Charter is a "process of enabling people to increase control over and improve their health". To enable people to increase their control over and improve their health includes a secure foundation in a supportive environment, access to information, life skills and opportunities for making healthy choices. What follows is a list of key recommendations.

- Parent-adolescent communication on sexuality should be promoted through various mechanisms. Among these is promoting school sex education homework assignments designed to be completed by both parents and adolescents to enhance parent-adolescent communication. This will be possible because the atmosphere appears conducive with increased school enrolment through UPE. Secondly, this study revealed that both parents and adolescents support the provision of sex education in schools.
- Involving the wider community in appreciating the significance of parent-adolescent sexuality communication and identifying interventions to enhance communication on sexuality should be considered since culture was identified as a barrier to communication.

- Parents and adolescents should be provided with information and skills to enable them overcome the communication barriers related to talking about sexuality issues. This can be done through involving parents in 'straight talk' programmes, seminars, provision of IEC materials with basic information on sexuality and adolescent reproductive health. This can include the translated version of the common proverbs on sexuality messages, which some parents were referring to in this study.
- Established institutional structures such as Parent-Teachers Associations (PTAs), Village Health Committees, Mothers/Fathers union clubs and Community-based Organisations (CBOs) can be utilised to target parents for the promotion of parent-adolescent communication on sexuality. This is a strategy which has been successfully used before in Uganda to mobilise parents for other health issues such as childhood immunisation.
- Mass media should continue to be used to solicit involvement of parents in providing sex education to their children and hence minimising the cultural bottlenecks related to sexuality communication. This is based on the premise that, in this study, radios are being referred to a lot, and that at times they serve to trigger off discussions on sexuality.
- Other innovative approaches to promote parent-adolescent communication on sexuality could include targeting community counselling opportunities such as pre-marital counselling for young couples. These avenues although commonly used for pre and post HIV testing counselling, could also be suitable as distribution outlets for IEC materials on parent-adolescent communication on sexuality.

REFERENCES

Amuyunzu, M., Wambua, T., Babishangire, B., Nyagero, N., Yitbarek, M., Matasha, M & Omurwa, T. (1999). Barriers to behaviour change as a response to STD including HIV/AIDs: The East Africa experience. *Resistances to Behavioural Change to reduce HIV/AIDS Infection.* 1-11

Asiimwe-Okiror, G., Opio, A., Musinguzi, J., Madraa, E., Tembo, G. & Carael, M. (1997). Change in sexual behaviour and decline in HIV infection among young pregnant women in rural Uganda. *AIDS* **11**: 1757-63.

Baumrind, D. (1991). The influence of parenting styles on adolescent competence and substance use. *Journal of early Adolescence*, **11** (1), 56-95

Berk, L. (2000). *Child development* (5th Ed) Allyn and Bacon. 564

Blakar, R. (1992). Towards an Identification of Preconditions for Communication. In Wood A.H. (Ed.) *The Dialogical Alternative towards a Theory of Language and Mind.* Scandinavian University Press, Oslo. 235 - 252.

Blake, S., Simkim, L., Ledsky, R., Perkins, C. & Calabrese, J. (2001). Efforts of Parent-child communications intervention on young adolescents' risk for onset of early intercourse. *Family Planning Perspect*. **33(**2): 52-61.

Blum, W. R (2004). Uganda AIDS prevention: A, B, C and Politics. *Journal of adolescent health* **34**:428-432

Bohmer, L. & Kirumira, E. (1997). Access to reproductive health services: Participating research with Uganda Adolescents.' *Final Report and working paper*. Los Angeles: Pacific Institute for women's Health.

Bohmer, L., & Kirumira, E. (2000). Socio-economic context and the sexual behaviour of Ugandan out of school youth. *Culture, Health, and Sexuality*, **2**(3): 269-285.

Busulwa, R. & Neema, S. (1999). *Economic needs and HIV risky sexual behaviour. A study of female adolescents in Mubende district*. An unpublished report

Carolyn, L., Clawson. & Marla Reese-Weber (2003). The amount and timing of parent-adolescent sexual communication as predictors of late adolescent risk taking behaviour. *Journal of Sex Research*. **40** (3): 256-265.

Chelala, C. (1998). An alternative way to stop female genital mutilation. *The Lancet* **352**(11) 126

Creswell, J. W. (1998). *Qualitative Inquiry and Research Design: Choosing among the five traditions*. Sage: pp 44-64

Deininger, K. (2003). Does cost of schooling affect enrolment by the poor? Universal Primary Education in Uganda. *Economics of Education Review* **22** (3) 291-305

Descombe, M. (1998). *The good research guide for small-scale social research projects*. Open University press, Buckingham.

Denzin N. K., & Lincoln, Y. S. (1994). Entering the field of qualitative research. In N.K. Denzin and Y.S. Lincoln (Eds), *Handbook of qualitative research.* Thousand Oaks: Sage Publications pp1-17.

Deaux, K. & Wrightsman, L. (1993). *Social Psychology in the 90s* (6th Ed) Brooks Cole. California. 115-141.

Dilorio, C.; Kelley, M. & Hockenberry-Eaton, M. (1999). Communication about sexual issues: Mothers, fathers and friends. *Journal of Adolescent Health* **24** (3):181-198

Draft National Adolescent Health Policy, (2000). Ministry of Health, Kampala.

Dutra, R., Miller, K. & Forehand, R. (1999). The process and content of sexual communication with adolescents in two parent families: Associations with sexual risk-taking behaviour. *AIDS and Behaviour*. **3**(1): 59-66

Feldman, S. & Rosenthal, D. (2000). The effect of communication characteristics on family members' perceptions of parents as sex educators. *Journal of Research on Adolescence* 10 (2): 119-150

Feldman, J. & Middleman, A., B. (2002). Adolescent sexuality and sexual behaviour. *Current opinion in Obstetrics and gynaecology* **14** (5): 489-93

Friedman, H. L. (1993). Overcoming obstacles to good adolescent health. *Network* **14** (2): 4-5.

Gage, A. (1998). Sexuality activity and contraceptive use. The components of the decision making process. *Studies of Family Planning,* **29** (2): 154-166

Gamurorwa, A., Lettenmaier, C. & Lewicky, N. (1997). HIV/AIDS Prevention: In *International Institute of Rural Reconstruction; Reproductive Health and Communication at the Grassroots; Experience from Africa and Asia*. 59-64

Gibb, W. & Beite, D. (1995). What proverbs understanding reveals about how people think. *Psychology Bulletin* **118**, 133-154

Grunseit, A. & Kippax, S. (1997). *The impact of HIV and sexual health education on the sexual behaviour of young people.* UNAIDS.

Haram, L. (1995). Negotiating sexuality in times of economic want. The young and modern Meru women: In Klepp. Knut-Inge, Biswalo, P, and Talle A. *Young People at Risk: Fighting AIDS in Northern Tanzania.* Scandinavian University Press. 31-49

Henderson, P. (1994). Silence, Sex and Authority: The contradictions of young girls' sexuality in New Crossroads, Cape Town. *Vena Journal*. **6**(2): 33-39

Hoffman, N. & Futterman, M. (1996). Youth and HIV/AIDS'. In J. Mann and Tarantola (eds.) *AIDS in the World in the World II: Global Dimensions, Social Roots and Responses.* New York: Oxford University Press

Horizons (2001). HIV Voluntary counselling and testing among youth: Results from an exploratory study in Nairobi, Kenya and Kampala, and Masaka, Uganda. *Washington, DC: Population Council*.

Huberman, B. (2002). Raising sexuality healthy youth: Rights, respect, responsibility and parent-child communication. *Advocates for youth transition.* **15** (1)

Hulton, L., Cullen, R., & Khalokho, S. (2000). Perceptions of the risks of sexual activity and their consequences among Ugandan adolescents. *Studies in Family Planning* **31** (1):35-46

Jaccard, J., Dodge, T & Dittus, P. (2002). Parent-Adolescent communication about sex and birth control: A conceptual framework. In Feldman, S.S. and Rosenthal, D. A. (2002) (Eds), *Talking sexuality: Parent–Adolescent communication* (Series: New directions for child and adolescent development No. 97) San Francisco: Jossey-Bass. Pp 9-41

Kearsley, A. S. (2000). Towards a historical perspective on sexuality in Uganda: The reproductive lifeline technique for grandmothers and their daughters. *Africa today* pp123-148

Konde-Lule, J., Sewankambo, N. & Morris, M. (1997). Adolescent sexual networking and HIV transmission in rural Uganda. *Health Transition Review*, Supplement to Volume **7**, 89-100

Kvale, S. (1996). *Interviews: An introduction to qualitative research interview. Thousand Oaks:* Sage Publications (pp 185-207).

Lie, G. & Biswalo, P. (1995). Community Counselling: Experiences from a village in the Arusha Region: In Klepp. Knut-Inge, Biswalo, P, and Talle A. *Young People at Risk: Fighting AIDS in Northern Tanzania.* Scandinavian University Press. 165-183

Littlejohn, S. (1992). *Theories of Human Communication.* Wadsworth publishing company.

Malterud, K. (2001). Qualitative research: Standards, challenges and guidelines. *The Lancet* **358** (9280): 483-488

Maccoby, E. & Martin, J. (1983). Socialisation in the context of the family: Parent-child interaction. In P.H. Mussen (Ed) & E.M. Hetherington (Vol. Ed), *Handbook of child psychology:* Vol. 4. Socialization, personality, and social development (4th ed., pp 1-101) New York: Wiley

Meschke, L., Bartholomae, S., & Zentall, S. (2002). Adolescent sexuality and parent-adolescent processes: Promoting healthy teen choices. *Journal of adolescent health* **31**: 264-279

Miller, K., Kotchick, A., Dorsey, S., Forehand, R. & Ham, Y. (1998). Family Communication about sex. What are parents saying and are their adolescents listening? *Family Planning Perspectives* **30** (5). 218-235.

Ministry of Finance (2002). *Uganda Population Census*. Kampala, Uganda. Ministry of Finance, Planning and Economic Development.

Morse, J. M. (1991). Strategies for sampling. In J. Morse (Ed.), *Qualitative nursing research: A contemporary dialogue* (Rev. Ed.). (pp. 117-131). Newbury Park, CA: Sage.

Morse, J., Barrett, M., Mayan, M. Olson, K. & Spiers, J (2002). Verification strategies for establishing reliability and validity in qualitative research. *International Journal of Qualitative methods* **1** (2) article 2 http://www.ualberta.ca/~ijqm/

Morse, J.M. & Richards, L. (2002). *Read me first: for a users guide to qualitative methods.* Sage Publications.

Muheirwe, M. (1998). How adolescents become adults in Uganda. A case study of the Bakiga, Baganda, Bagisu and Karamojong: In Madu. S (1998) *Inquest for Psychotherapy for modern Africa.* University of the North Press. 201-210

Mulder, D., Nunn, J., Kamali, A. & Kengeya-Kayondo. (1994). HIV-1 incidence and HIV-1 associated mortality in a rural Ugandan Population cohort. *AIDS* **8** (1): 87-92.

Mullen, S. (2001). *Parent-adolescent reproductive health communication in Lome, Togo: Does it make a difference?* Presented during the 129th Annual Meeting of APHA.

Muyinda, H, Kengeya, J. & Pool, R. (2001). Traditional sex counselling and STI/HIV prevention among women in rural Uganda. *Culture, Health and Sexuality* **3** (3): 353-361.

Muyinda, H., Nakuya, J., Whitworth, J & Pool, R. (2004). Community sex education among adolescents in rural Uganda: utilising indigenous institutions. *AIDS Care* **16** (1) 69-79

Nakkazi, D. (2001). Communication between mothers and their adolescent daughters on the subject of sexuality and HIV/AIDS in Uganda. *Gender Issues Research Report Series.* 14. Organisation for Social Sciences Research in Eastern and Southern Africa

Neema, S. & Bataringaya, D. (2000). *Research on Adolescent sexual and reproductive health in Uganda.* A document review. http://www.ugandadish.org/reosurces/aa/aa4.shtml

Ndyanabangi, B & Kipp, W. (2001). Reproductive health of adolescent school students in Kabarole district, western Uganda: A qualitative study. *Journal of Health and Population in Developing countries* **3** (2).

Ntozi, J. & Ahimbisibwe, F. (1999). Some factors in the decline of AIDS in Uganda. *The Continuing African HIV/AIDS Epidemic*, 93-107.

Nyamwaya, D. (1996). *AIDS in Kenya:* Perceptions and responses. Development and co-operation. *Contributions to development policy* **2**: 8-9

Obbo C. (1993). HIV transmission through social and geographical networks in Uganda. *Social science and Medicine* **36**: 949-55.

Okware, S., Opio, A, Musinguzi, J & Waibale, P. (2001). Fighting HIV/AIDS: is success possible? *Bulletin of the World Health Organisation* **79** (12), 1113-1120

Onifade, I. (1999). Unmet reproductive health needs of adolescents: Implications for HIV/AIDS prevention in Africa. *The Continuing HIV/AIDS Epidemic in Africa.* 63-72

Opio. A., Mulumba, G. Asiimwe-Okiror, Musinguzi, J., Kaweesa-Kisitu, Madraa, E. & Nsubuga, P. (2000). Changes in HIV/AIDS prevention indicators in the rural district of Lira in Uganda. *AIDS* **14** (10):1461-3

Pervin, L. A. (1984). Personality, New York: John Wiley: cited in Kvale, S. (1996) *Interviews: An introduction to qualitative research interview. Thousand Oaks:* Sage Publications (pp 238).

Population Secretariat Uganda (2000). *A complete assessment of the population situation in Uganda. Ministry of Planning and economic development.* www//:Uganda.co.ug/population/report.htm

Ritchie, J & Spencer, L (1994). Qualitative data analysis for applied policy research, in Bryman and Burgess, eds., *Analysing Qualitative Data*, London: Routledge, 173-194

Rodgers, K. B. (1999). Parenting processes related to sexual risk-talking behaviours of adolescent males and females. *Journal of marriage and the family,* **61,** 99-109

Shuey, D., Babishangire B., Omiet, S. & Bagarukayo, H. (1999). Increased sexual abstinence in-school adolescents as a result of school health education in Soroti district, Uganda. *Health Education Research* **14** (3) 411-419

Silberschmidt, M. & Rasch, V. (2001). Adolescent girls, illegal abortions and 'sugar daddies' in Dar es Salaam: Vulnerable victims and active social agents. *Social Science and Medicine* **52**(12) 1815-26

Singh, S., Darroch, J., & Bankole, A. (2002). The role of behaviour change in the decline in HIV prevalence in Uganda, *New York: The Alan Guttmacher Institute*.

Stanton, B. F. et al., (2000). Parental underestimates of adolescent risk behaviour: A randomised control trial of a parental monitoring intervention. *Journal of adolescent health* **26**. 18-26

STD/AIDS Control Programme (1998). *HIV/AIDS Surveillance Report*. Entebbe, Uganda

STD/AIDS Control Programme (2001). *HIV/AIDS Surveillance report*. Kampala, Uganda

STD/AIDS Control Programme. (2002). *HIV/AIDS Surveillance Report.* MOH: Uganda.

Stoneburner, R, & Low-Beer, D. (2004). Population-level HIV Declines and behavioural risk avoidance in Uganda. *Science* **304**: 714-718

Strauss, A. & Corbin, J. (1998). *Basics of Qualitative Research: Techniques and procedures for developing grounded theory.* California: Sage Publications

Taffa, N., Haimanot, R., Desalegn, S., Tesfaye, A., & Mohammed, K. (1999). Do parents and young people communicate sexual matters? The situation of family life education in a rural town in Ethiopia: *J. Health Development* **13** (3) 205-10

Twa-Twa, J. (1997). The role of the environment in the sexual activity of school students in Tororo and Pallisa of Uganda. *Health Transition Review*, Supplement to volume **7**, 67-81

Uganda Penal Code Act (1990). *Kampala Law Report.* Section 376-379

UNAIDS/WHO (2002). *AIDS Epidemic Update:* Joint UN Programme on HIV/AIDS: Geneva

UNAIDS. (2002). *Report on the Global HIV/AIDS Epidemic*. UNAIDS: Geneva.

UNDP (2002). *The socio-economic impact of HIV and AIDS on rural families in Uganda: An emphasis on youth w*ww.undp.org/hiv/piblications/study/engilsh/sp2ech1.htm

WHO/UNFPA/UNICEF, (1999). Programming for adolescent health and development. *Report of a WHO/UNFPA/UNICEF study group on programming for adolescent Health Technical Report* series 886. Geneva

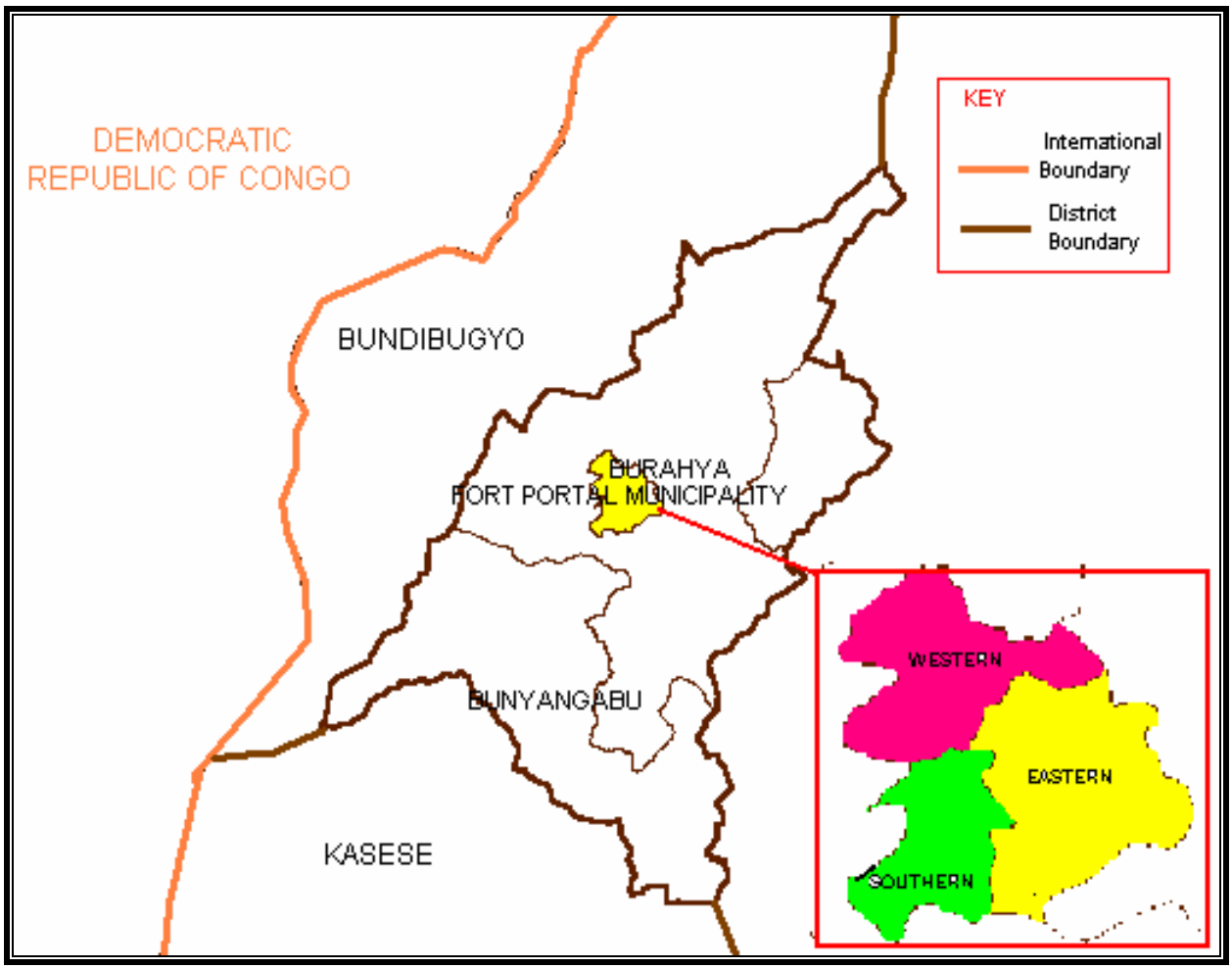
World Health Organisation (WHO) (1993). *The Health of young people: A challenge and a promise*. Geneva

World Health Organisation, (WHO) (2002). *HIV/AIDS and young people: Who takes action*. Geneva: WHO

Zabin, L. & Kiragu, K. (1998). The Health consequences of adolescent sexual and fertility behaviour in Sub-Saharan Africa. *Studies in Family Planning*. **29** (2) 210-232

APENDICES

Appendix 1



Map showing Fort Portal Municipality the study area –Kabarole District

Appendix 2

INTERVIEW GUIDE-ADOLESCENTS

1. **Welcome and introduce the purpose of the discussion**

2. **Perceptions on sexuality communication**

   - Have you ever attended sex education lessons in school? Or have you ever heard of sex education is schools? What do you think it is about?
   - What is your opinion about providing sex education to children
   - Do you think parents should discuss with their children about sexuality? Why?
   - Are there any parents in your community discussing with their children on sexuality related issues? If yes what issues to they discuss?

3. **Experience of parent and adolescent on sexuality communication**
   - Have you ever discussed with your patents on sexuality related issues. Can you share with me your experience on discussing sexuality issues with your parents?
   - What issues did you discuss?
   - Where else do you get information on sexuality?
   - Basing on your own experience where would you prefer to get information on sexuality? Probe for preference; parents, teachers and other sources.
   - What role do you play in a typical discussion on sexuality?

4. **Factors perceived to influence the communication process on sexuality**
   - Why do you think parents talk to their children on sexuality?
   - Are there parents who do not talk to their children on sexuality issues? What are the reasons?
   - What do you think encourages parents to discuss with their children on sexuality issues?
   - For those who do not discuss what do you think hinders them?

5. **Frequency of interaction on sexuality**
   - When do you decide to talk with any of your parents about sexuality?
   - Who begins the discussion?
   - Do you think that what you share with your parents on sexuality is sufficient/appropriate?

6. **Contents of parent adolescent communication on sexuality.**
   - What do you think children talk with their children about sexuality?
   - What issues do you discuss with your own parents?
   - Who decides on what to talk about?
   - How do you compare the content of discussion with your parents with information you get from school or friends
   - In your view do you think these discussions give you adequate information? Probe for reasons.
   - Where do you hold such discussion? Are you comfortable with these places?

7. **Challenges/dilemmas related to parent-adolescent interpersonal communication on sexuality related issues.**
   - Are there topics you find easy to discuss? Which are these?
   - Are there topics you find difficult to discuss? Which ones are these?
   - In your opinion how can difficulties in discussing topics on sexuality be overcome?
   - What advice would you give other adolescents on how they should deal with these issues with their parents?
   - What advice would you give parents concerning discussion sexuality related issues with their children?

8. **Background information**
   - Age
   - Gender
   - Date of interview
   - School where applicable
   - Number of siblings
   - Order of birth
   - Geographical location
   - Living with parents?

Thank you for this important information

Appendix 3

INTERVIEW GUIDE-PARENTS

1. **Welcome parent and introduce the purpose of the discussion.**

2. **Perceptions on sexuality communication**
   - Have you heard about the introduction of sex education in schools? What in your opinion is the subject covering?
   - What are your views on this issue of providing sex education to children?
   - Do you think issues related to sexuality should be discussed? Probe for reasons.
   - How do young people in this community get information on sexuality? (Those in school and those out of school)
   - What is your opinion on the accuracy of the information children are getting on sexuality? Probe also for appropriateness.
   - Are you aware of anyone in this family providing this information on sexuality to your children? (Probe for specifics and roles)
   - How do you ensure that your child gets correct information about sexuality?

3. **Experience of parents on sexuality communication**
   - Tell me about your own experience during your adolescent time: In your adolescent time did anyone give you information on sexuality? If yes who gave it? How was it given? What issues were talked about? In your opinion was this information adequate/ appropriate/ helpful? Probe for reasons.
   - Where else did you get information on sexuality?
   - How were discussions on sexuality initiated and conducted with your parents or other providers?

4. **Factors influencing the communication process on sexuality.**
   - What in your view prompts discussion about sexuality with your children especially adolescents?
   - Are there issues you find easy to discuss? What are they?
   - Are there issues you find it difficult to discuss? What are they?
   - In your opinion how can issues difficult to discuss be made easier?

5. **Frequency of interaction on sexuality**
   - In your opinion when should children begin receiving information on sexuality from parents?
   - How often do you think such discussion should be held with children?

6. **Content of parent adolescent communication on sexuality**
   - What issues are normally discussed with your children?
   - What determines what issues to discuss?
   - What aspects of sexuality do you feel conformable or difficult t discuss?
   - In you opinion how much information on sexuality should adolescents be given?

7. **Challenges/dilemmas related to parent-adolescent sexuality communication.**

- Are there any beliefs in your community affecting discussion on sexuality? Can you tell me any you know?
- What in your opinion do you find challenging in discussion with your children on sexuality?
- How do you go about discussing issues that you find difficult to discuss?
- How in you opinion would such challenges be overcome?
- If you were given a chance to advise other patents regarding discussion sexuality issues with their children, what would you tell them?

8. Background information

- Relationship with adolescent
- Gender
- Number of children in the family
- Order of birth of adolescents participating in the study
- Religion
- Educational background
- Geographical location
- Marital status

Thank you for providing this important information

Appendix 4

OVERVIEW OF PILOT TEST RESULTS

The interview guides were subjected to a peer review in Uganda before the updated version was tried out on a sample of parents and adolescents in Entebbe, Uganda.

A number of suggestions were made by my colleagues in Uganda, which guided the review prior to pilot testing. These are some of the example of suggestions that were considered;

1. Find out what they know first about sex education before getting their opinions
2. Simplify the term sexuality
3. Do you think issues related to sexuality should be discussed?
    a. Whether Yes or No: probe for reasons

The previous version was;

1 Does your school provide sex education? What is your opinion about providing these lessons?
2 What are your views about adolescents discussing sexuality with parents?
3 Do you think parents are talking about sexuality with their adolescent children in your community? What issues on sexuality do you think are discussed?

Amended version reads;

1 Have you ever attended sex education lessons in school? Or have you ever heard of sex education in schools? What do you think it is about?
2 What are your opinions about providing sex education to children?
3 Do you think parents should discuss with their children about sexuality? Why?
4 Are there any parents in your community discussing with their children on sexuality related issues? If yes what issues do they discuss?

It was not easy to simplify the term sexuality precisely particularly in the local language.

It was also observed that some of the questions were based on assumptions for example;

3 Can you share with me your experience on discussing sexuality issues with your parents?

Changed to;

3. Have you ever discussed with your parents on sexuality related issues? Can you share with me your experience on discussing sexuality issues with your parents?

Other issues were related to the introduction of probing for respondents view points.

4 In your view do you think these discussions give you adequate information? Probe for reasons.

Appendix 5

FRAMEWORK ANALYSIS PROCESS

Step 1: Data familiarisation

-listening to tape
-Reading through transcript
-identifying key themes
-Merging themes

Step 2: Indexing:

Theme	Sub theme
1.Perceptions on sex education	1.1 Aware of the sex education initiative. 1.2 Unaware of sex education in schools but understands meaning 1.3 Understands content of sex education 1.4 Supports the provision of sex education in schools 1.5 Reasons why parents should provide sex education at home
2. Communication on sexuality	2.1 Sources of information 2.2 Parents discuss with children 2.3 Venues for discussions 2.4 Approaches of passing on messages 2.5 sexuality messages from parents 2.6 Other strategies for passing on information

Step 3: Charting

Barriers Charting

I: Are there some issues you find difficult to talk about with them regarding sexuality?

F#3: Now those issues I find them difficult because I cannot figure out how to start the conversation. As I have already explained that I find it difficult to introduce such issues with my daughters.(7.1)

I: Why do you think they do not talk to their children and yet you have said that it is a way of protecting them from getting slim?

D#3b: Parents do not talk to their children because some children are disrespectful. The parents stop talking because even when they talk to their children they do not listen (*the term used may literally mean that the children do not hear)*

Step 4: Mapping and Interpretation

-Searching for key findings
-Comparing and finding associations
-Providing explanations

Appendix 6

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Regional komité for
medisinsk forskningsetikk
Vest-Norge (REK Vest)

Bergen, 23.05.03

To whom it may concern

Confirmation (REK Vest no. 103.03)

We hereby confirm that the research protocol *An exploratory study of the parents and adolescents perceptions of communication on sexuality related issues in Uganda* by *Liliane Luwaga,* has been evaluated by The Regional Committee for Medical Research Ethics in Western Norway (REK Vest).

The protocol is now cleared.

Sincerely,

Arne Salbu
Secretary

Appendix 7

Telephone: General Lines: 340874/231563/9
Permanent Secretary's Office: 256 - 41 - 340872
Fax: 256 - 41 - 231584

IN ANY CORRESPONDENCE ON THIS SUBJECT PLEASE QUOTE No **PRO 4442**

THE REPUBLIC OF UGANDA

MINISTRY OF HEALTH
P. O. Box 7272
Kampala,
UGANDA.

10th June 2003

To: Ms Liliane Luwaga,

Re: Clearance to carry out an exploratory study of parents and adolescents perceptions of communication on sexuality related issues in Uganda

The above named research proposal has been reviewed and is in harmony with the Ministry of Health policy. This letter serves to inform you that the Ministry of Health has no objection to your research and you can go ahead and carry it out in Kabarole District as planned.

Best wishes in your studies,

Dr. S. Okware,
Ag. Director Health Services (C&C)
Ministry of Health.

cc. Director Hemil Center,
Bergen University,
Norway.

Appendix 8

INFORMED CONSENT

Informed consent of parents/guardian concerning adolescents' participation in the study of the parents and adolescents perceptions on sexuality communication in Uganda.

This study explores views about discussions about sexuality within a family setting. It has been observed that discussions regarding sexuality between parents and their adolescent children are limited due to the sensitivity of the subject. Yet sex education is important in the prevention of HIV/AIDS. Interviews will be held among some parents and their adolescent children aged between 12- 15 years. This study will help us to understand more about discussions on sexuality at household level.

The interviews will be held for approximately one hour each. The interviews will be tape recorded and notes taken at the same time but without revealing the name of the informant. The information will be analysed and used to write a Masters Degree thesis which will be submitted to the University of Bergen, Norway in June 2004. The report will also be provided to the Ministry of Health, Kampala. All the information will be handled with confidentiality. Mrs Luwaga and co-researchers will be the only ones who will have access to all the information collected. During the interview your child will be free to respond or decline answering any question. They can also withdraw from the interview at any time without giving any explanation. We do not expect you to demand for details about the interview from your child.

Your child's participation in this study will help me to get valuable information on issues about discussions on sexuality in Uganda. This information will also be important for researchers, health and education development workers, adolescents, parents as well as the international community. This will help to design health promotion programmes targeting adolescent reproductive health and the prevention of HIV/AIDS. I am therefore very grateful if could permit your child to take part in this study. If you agree, read carefully through the attached consent form and sign it. This is to make sure that the information your child gives will not be misused.

Thank you for you support and best wishes.

L.Luwaga

Appendix 9

WRITTEN CONSENT

Written consent from Parent/guardian for adolescents participation in the study.

I/we have been informed that this study is collecting information on both parents and adolescent children's' views regarding discussions on sexuality. All information from the interviews will be handled with utmost anonymity and confidentiality. Only Mrs Luwaga and co-researchers will have access to this information. I have also been informed that during the interview, our child is free not to answer questions without a need to explain. Our child is also free to with draw from the interview at anytime.

The audiotapes will be deleted and transcripts destroyed when the University of Bergen, Norway has accepted the final report. At no time during and after this study shall I/we demand to know the details of the interview from our child or the researcher.

Date: _____

_____Signature _____

_____Signature _____

Thank you for your time and support.

Appendix 10

INFORMED CONSENT:

Parents/guardian participation in the exploratory study of the parents and adolescents perceptions of their communication on sexuality related issues in Uganda

This study explores the perceptions on parent-adolescent communication on sexuality. Interviews will be held among some parents and their adolescent children aged between 12- 15 years. Sex education is important in the prevention of HIV/AIDS. This study will help us to understand more about interactions on sexuality at household level.

The interviews will be held for approximately one hour each. The interviews will be audio taped and notes taken at the same time. The information will be analysed and a report written. This report will be available at the Ministry of Health, and the District director of Health Office. All the information will be handled with confidentiality and Mrs Luwaga and co-researchers will have access to all the data collected.

Your participation in this study will help me to obtain valuable information regarding communication on sexuality in Uganda. This information will be important for both the government and other NGOs dealing with adolescent reproductive health and HIV prevention. I will be very grateful if you decide to be part of this study. If you decide to participate, I request you to read carefully through statement attached before signing it. This is to make sure that the information you share with me will not be misused.

Thank you for you cooperation.

L.Luwaga

Appendix 11

WRITTEN CONSENT
Parent/guardian's participation in the study.

I have been informed that this study is collecting information on both parents and adolescent children's' views on sexuality communication. All information from the interviews will be handled with utmost anonymity and confidentiality. Only Mrs Luwaga and co-researchers will have access to this information. I have also been informed that during the interview, I am free not to answer questions without a need to explain. I am also free to withdraw from the interview at any time.

The audiotapes will be deleted and transcripts destroyed when the University of Bergen, Norway has accepted the final report.

Date: _____

Signature _____

Thank you for your time and support.

Appendix 12

INFORMED CONSENT:
Adolescent's participation in the exploratory study of the parents and adolescents perceptions of their communication on sexuality related issues in Uganda

This study explores the perceptions on parent-adolescent communication on sexuality. Interviews will be held among some parents and their adolescent children aged between 12- 15 years. Sex education is important in the prevention of HIV/AIDS. This study will help us to understand more about interactions on sexuality at household level.

The interviews will be held for approximately one hour each. The interviews will be audio taped and notes taken at the same time. The information will be analysed and a report written. This report will be available at the Ministry of Health, and the District director of Health Office. All the information will be handled with confidentiality and Mrs Luwaga and co-researchers will have access to all the data collected.

Your participation in this study will help me to obtain valuable information regarding communication on sexuality in Uganda. This information will be important for both the government and other NGOs dealing with adolescent reproductive health and HIV prevention. I will be very grateful if you decide to be part of this study. If you decide to participate, I request you to read carefully through statement attached before signing it. This is to make sure that the information your share with me will not be misused.

Thank you for you cooperation.

L.Luwaga

Appendix 13

WRITTEN CONSENT
Adolescent's participation in the study.

I have been informed that this study is collecting information on both parents and adolescent children's' views on sexuality communication. All information from the interviews will be handled with utmost anonymity and confidentiality. Only Mrs Luwaga and co-researchers will have access to this information. I have also been informed that during the interview, I am free to answer questions without a need to explain. I am also free to withdraw from the interview at anytime

The audiotapes will be deleted and transcripts destroyed after the University of Bergen accepts the final report.

Date: _____

Signature _____

Thank you for your time and support.