PARENT-TEENAGERS' COMMUNICATION REGARDING REPRODUCTIVE HEALTH ISSUES AMONG THE BUKUSU IN KABUCHAI CONSTITUENCY, BUNGOMA COUNTY

BY

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DECLARATION

Declaration by the student:

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DEDICATION

This thesis is dedicated to my daughter, Audrey. To whom I owe all these pages.

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The successful completion of a work of this length and complexity involves the effort of many people, besides the author. I therefore acknowledge those individuals here.

All glory and honour goes to God. On my own I could not create the ideas, afford the finances, control my health, and definitely not be able to have the peace I needed to write this thesis.

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To the people of Kabuchai constituency, and especially those who participated in this study, Thank you! I appreciate your cooperation and resourcefulness during the entire period of my data collection. This is for you, and the future of the present young people in your community.

My daughter, Audrey; your encouraging presence enabled me get to the end of this.

My parents, Prof. and Mrs. Kafu; you are a special pair to me.

ABSTRACT

The rising numbers of teenage parents and sexually transmitted infections, as well as an increase in school dropouts due to sexual relationship issues in Bungoma County is on the increase. However, not much is known about parents' involvement in curbing this vice. This study therefore seeks to determine the social-cultural factors influencing parent-teenage communication on reproductive health issues (RHI), to investigate the influence of cultural change on parent-teenage communication on reproductive health issues on the traditional Bukusu family unit, to examine the influence of parent-teenage communication on reproductive health issues on teenage sexual debut, and to establish how parents can effectively communicate RHI messages to their teenage children. This qualitative study was conducted between March and November 2016. Purposive sampling and snowballing were used to recruit 20 participants in Kabuchai location of Bungoma County. 3 FGDs and 20 in-depth interviews were conducted in either Swahili or Bukusu then transcribed and translated into English. Data was analyzed thematically. This study found that majority of teenagers desire to engage in RHI conversations with their parents, however this is deterred by parents lack of skill and expertise in communicating such content, poor parent-teenage relationship, and traditional Bukusu cultural setup. Additionally, the study established that teenagers are not satisfied with how RHI are handled at family level; teenagers are getting information on RHI from the internet, peers and school curriculum; and parents are concerned about the current drift from the collaborative raising of a child by the community. This study provides valuable insights on factors influencing parent-teenager communication regarding reproductive health issues among the Bukusu Community. Findings from this study may contribute to developing appropriate interventions aimed at encouraging parent-teenager communication regarding reproductive health issues ultimately curbing negative reproductive health outcomes among teenagers. Additionally, these findings will contribute to literature in the communication, cultural and reproductive health studies.

Keywords: **Parent-Teenagers Communication, Reproductive Health, Bukusu Community.**

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LIST OF ABBREVIATION

AIDS	Acquired Immune Deficiency Syndrome
FGD	Focus Group Discussion
HIV	Human Immune-deficiency Virus
PMS	Pre-Marital Sex
RH	Reproductive Health
RHI	Reproductive Health Issues
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infections
WHO	World Health Organization

OPERATIONAL DEFINITION OF TERMS

Adolescence: - A transitional stage of physical and psychological development that generally occurs during the period of puberty to legal adulthood. From the age of 12 to 19

Adolescent: - A young person who is developing into an adult. One who is in the adolescence stage

Children: - A human being between the stages of birth to the end of adolescence. That is from birth to 19 years

Community: - The social environment in which one lives and has adopted its culture.

Cultural Leader: - A person who has immense knowledge and experience of the behaviors and beliefs of members of particular community and therefore selected to give direction guidance to that community

Culture: - The social way of life of a particular community that has been adopted through a long period of time

Family: - The nuclear composition of family which consists of the father, mother and their biological/adopted children only

Opinion Leaders: - People in the community that have a great influence on the manner in which member behave or think

Parent: - The father or mother in the family

Puberty: - The process of physical changes through which a child's body matures into an adult body capable of sexual reproduction. The age between 10 and 14 when a boy or girl becomes sexually mature

Reproductive Health Issues: - Concerns about the conditions that affect the functioning of the male and female procreative systems

Reproductive Health: - Conditions that affect the functioning of the male and female procreative systems

Sex: - Either of the two main categories (male or female) into which living things are divided. This is the fact of being either male or female.

Sexual Intercourse: -This is also known as coitus or copulation. It is the insertion and thrusting of the penis, usually when erect, into the vagina for pleasure, reproduction, or both

Sexual Relationship: - Having an association with someone for purposes of sexual intercourse

Sexuality: - A person's sexual preference

Teenage Parent: - A person aged between 13 and 19 but had either given birth; or made another pregnant (a parent) and the person has given birth to a child

Teenagers: - Someone aged between 13 and 19 years

Young People: -People whose age does not permit them to make communal decisions. Those aged below 35 years

Youth: - People aged between 13 and 35 years' old

CHAPTER ONE

INTRODUCTION TO THE STUDY

1.1 Introduction

This chapter provided background to the study that gives an insight into the importance of communication between parents and their teenage children, especially on reproductive health issues that affect teenage children. It also gave a statement of the problem that points out why the study in this area is necessary. This was followed by an identification of the research question that provided guidance during data generation. The scope, limitations, justification and significance of the study was also explained.

1.2 Background of the Study

According to Wood (2001), communication is an active, systematic process. This is because it is a process that involves the sending of a message and a supposed response to that message; which is in turn considered to be its feedback. For the fact that communication is active, it continually changes due to its interactive nature. It can therefore be considered that communication is a process whose interaction has no definite beginnings or endings. Communication in the family is much more the exchange of words among members of this social setting. For that reason, Clemson (1998) elaborates that the family communication is what we say, how we say it, why we say it, when we say it, and what we neglect to say. It is our facial expressions, our gestures, our posture, and our vocal tones. From this definition, it is clear that communication includes both verbal and non-verbal language.

While communication is inevitable in the existence of human beings, there are issues that are either completely ignored or are passively included in the family communication. The family, in the particular context of this study, is strictly confined to a social unit that consists of a father, mother, and their teenage children (aged 12 to 18 years), who may either be biological or adopted (G/yesus, 2006).

The significance of communication practices in shaping our lives is no less important in the arena of reproductive health and communication. In fact, Arliss (1993) argues that communication is thought to be the process by which we learn to be male or female, and the products of our attempts to behave appropriately to our sex. That is, sex (gender) is both an influence on and a product of communication. Though it contributes to the continuation of humanity, reproductive health is treated as downright dirty. The social taboos and cultural mystery associated with reproductive health prevents parents from openly discussing it with their children. This potentially leaves them vulnerable to coercion, abuse and exploitation, unintended pregnancies and sexually transmitted infections (STIs), including HIV/AIDS.

Information is important as the basis on which young people can develop well-informed attitudes and views about sexual issues that affect them. A report by Kirkman, et, al (2002) indicates that young people need to have the relevant information on reproductive health issues. It is very important that teenagers are given appropriate information on their reproductive health development. This information should include messages about their physical and emotional changes associated with puberty and sexual reproduction.

They also deserve to understand the process of human egg fertilization and conception, as well as sexually transmitted infections and HIV. The use of contraceptives and birth control methods should be effectively communicated to teenagers. They ought to know and understand what contraceptives there are, how they work, how people use them, how they decide what to use or not, and how they can be obtained (Holstein, 1972).

It is also of relevance that teenagers are informed of what kinds of relationships there are. This should focus on love and commitment, marriage and partnership, and the law related to sexual behaviour and relationships. They are also entitled to timely information on the range of religious and cultural views on sex and sexual diversity. In addition, young people should be provided with information about abortion, sexuality, confidentiality, as well as about the range of sources of advice and support that is available in the community and nationally.

Achitsa (2009) states that although many parents would want to pretend that their children are not only timid but innocent when it comes to sex, it is obvious that these children are both curios and seeking information from other people who, instead of guiding them in the right direction, lure them into early sex, drugs, and other risks such as teenage pregnancies and contraction of STIs. Providing children with reproductive health information has probably not been an issue of concern to parents, grandparents, and guardians, but we should not forget that the times have changed and our children's needs have subsequently changed with them. What was working for us, may not necessarily work for our children (Eisenberg, et, al, 2006).

A report by a Nairobi-based Centre for the Study of Adolescents (CSA) indicates that 40 percent of girls and 50 percent of boys reported having had sex before their 19th birthday; a significant minority reported having sex with more than one partner in the previous six months (Guttmacher Institute, 2012). The report also confirms that the youth are actually having penetrative sex, but they lack vital information on sexual and re productive health issues. Communication, then, is of central concern when addressing reproductive health issues between parents and their teenage children. Rhetorical messages in large part determine what we consider to be knowledge, what knowledge we privilege, and what values we espouse. Furthermore, the role of culture in communication practices directs us to an intercultural perspective on gender (sex) and communication (Guttmacher Institute, 2012).

1.3 Statement of the Problem

The rising numbers of teenage parents and sexually transmitted infections, as well as an increase in school drop-outs due to sexual relationship issues in Bungoma County is on the increase. This is a matter of concern not only to the residents and leadership of Bungoma County, but to Kenya as a nation. In a news item of 10th June 2013, for example, West FM (a radio station in Bungoma county), 140 girls from Mt. Elgon region dropped out of school in 2013 because of early pregnancies. The report further mentioned that among the above number of pregnancies, 18 of the girls dropped from one school (Chepkurkur Primary School). The report was received with mixed reactions by

stakeholders. The reactions underscored the importance of education to children, and subjected the moral behaviours of young people of this county to public scrutiny.

In a study that examined premarital sexual attitudes and behaviour of secondary school students in relation to socio-economic background of their families in the then Bungoma district, Kenya, Wepukhulu, et al (2012) made known that although the general attitude of the youth towards premarital sex (PMS) is favourable (generally favoured delayed initiation of sexual activities), the expressed attitude was however inconsistent with the behaviour as a large portion (52%) of the youth had had experience with PMS. From this report, it is clear that although delayed, many young people in Bungoma County engage in PMS.

In the Standard Digital News of 24th July 2013, Jeckonia Otieno reported that more young people are engaging in sexual activity without much a thought. New communication interventions to mitigate the effects of early sexual activity are being mooted in schools as key targets. The report added that there are communication campaigns in and out of schools in Bungoma County to reach out to young people about sexual relationship issues. It singled out Namilama secondary school, which is in Kabuchai constituency of Bungoma County, as an example of schools that have a project that targets teenagers and their sexual relationship issues. The teenagers, according to the report, are considered to be the greatest at risk from irresponsible sexual engagements among other vices.

A study conducted in Namibia showed that parental participation in the provision of sexuality education to children is important since the parents play the biggest role in terms of socialization. However, parental participation is influenced by adequacies in sexual information, cultural practices, attitudes towards sexuality education and parent-child relationships. Where barriers exist, chances of any meaningful contribution to preventing risky sexual behaviors among adolescents are considered minimized (APRHC, 2020).

The above scenario makes it evident that teenagers in Bungoma county, and especially Kabuchai constituency, have problems concerning their reproductive health issues. There are some initiatives taken by the society to curb the challenge, which is laudable. However, it is not enough that the society handles this either at school level or through cultural and social projects by community leaders. The family needs to come in and help the society in raising responsible future leaders through effective parent-teenage communication.

1.4. Research Objectives

The study aimed to:

i) Determine the social and cultural factors influencing parent-teenagers communication on reproductive health issues.

ii) Investigate the influence of cultural change on parent-teenagers' communication on reproductive health issues on the traditional Bukusu family unit.

iii) Examine the influence of parent-teenagers' communication on reproductive health issues on teenage sexual debut

iv) Establish how parents can effectively communicate RHI messages to their teenage children.

1.5 Research Questions

The study intended to investigate the following questions:

i) How do social and cultural factors affect parent-teenagers' communication on reproductive health issues?

ii) How cultural change influences parent-teenagers' communication on reproductive health issues in the traditional Bukusu family unit?

iii) How does parent-teenagers' communication on reproductive health issues influence teenage sexual debut?

iv) How can Bukusu parents communicate effectively with their teenage children on reproductive health issues?

1.6 Scope of the Study

The study was carried out in Kabuchai location, Kabuchai constituency of Bungoma county. It focused on 20 participants, divided in three Focused Group Discussions of six teenage girls, six teenage boys, and eight parents of teenage children respectively. The respondents participated in both the FGDs and later in In-depth Interviews. These participants were drawn from varying socio-economic backgrounds and the majority had

high school education as the highest literacy level and could speak at least one of the three languages that the researcher is familiar with: English, Swahili, and Bukusu.

The choice of Bungoma County was intentional because it is a one of the counties that had recently reported many cases of school dropout because of premarital pregnancies, and general irresponsible sexual behaviour among teenagers in Kenya. Bungoma was a county of choice because there is very limited documented information on communication between parents and their teenage children among the Bukusu community, who are the majority inhabitants of the county.

There were several main domains of the academic scope of this study. These were parent-teenage relationship, common channels of communication in the household, channels of parent-teenage communication about reproductive health issues, socio-cultural barriers to parent-teenage communication about reproductive health issues, sources of reproductive health issues among teenagers, and recommendations for effective parent-teenage communication about reproductive health issues.

1.7 Justification of the Study

The justification of this study lies in the fact that besides the male circumcision, there is very little that has been studied about the reproductive health issues of young people among the Bukusu community. This study contributed to knowledge of Bukusu community and its cultural norms. It sought to explore the impact of social change to the traditional Bukusu family and its communication patterns; especially in relation to rural-

urban migration, the emergence of many religious sects, and the advance of technological communication channels.

Considering the above, it is clear that there exists a variety of communication channels that can be explored by members of the family to share information on reproductive health issues. This study is therefore meant to contribute to this on-going debate in the field of reproductive health and its communication between parents and their teenage children, in an effort to find consensus on it.

It is also relevant to note that there are hardly any investigations on the impact of the Bukusu culture to the young members of the society. The findings of this study were expected to trigger future studies in this area. Through the contribution of this study to literature, future researchers may look into other areas of reproductive health as well as culture of the Bukusu community.

1.8 Significance of the Study

The relevance of human communication cannot be ignored, especially at the family level. This is especially important when the communication features a sensitive topic and targets a vulnerable group/member of the family. Parent-teenage communication is therefore very significant and should be treated with the seriousness it deserves particularly if it is on reproductive health issues.

Even with a proper communication system within the family, still there are various kinds of reproductive health mistakes that teenagers apparently make. This unfortunately, is not a blame that they should be made to carry on their own. Most of these problems are a result of lack of appropriate information on these issues; or they are a result of conflicting and misleading information obtained from various unsuitable, and maybe, unmonitored sources. It is apparent that there is an information gap on reproductive health issues between parents and their teenage children.

This is an important study because it was carried out at a time where there is a shortage of information on how communication on reproductive health issues among the Bukusu community has shaped and influenced the family setting and general culture of the community. There is also great need for parent-teenage communication on reproductive health issues that could lead to an increase in pre-marital pregnancies, abortion-related deaths, HIV/AID prevalence rates, misuse of contraceptives, abuse of sexual relationships, and misguided choices in intimate relationships.

Results from this study are expected to boost people's analysis and understanding of themselves as sexual beings and how their various cultural norms influence social definitions of reproductive health issues. The study is obviously a great contribution to the on-going global debate in the field of reproductive health issues on communication between parents and their teenage children. This study is important in the sense that it will inform programs that work towards developing interventions aimed at curbing early

sexual debut as well as those that promote responsible sexual behaviour among teenagers. These interventions could be at the family, community, national, or even the global arena.

1.9 Chapter Summary

The chapter gave an outline of human communication and its importance in the discussion between parents and their teenage children on reproductive health issues. The moral decay among Kenyan teenagers is a topic that has been discussed largely by various stakeholders in Kenya. The findings of this research were additional literature on the Bukusu community, teenage communication and its challenges, as well as reproductive health issues of teenagers. This study should provoke future researchers to find out more around this topic. The next chapter, discussed communication, the Bukusu culture and its impact on parent-teenagers' communication, teenage reproductive issues, as well as effective ways of parent-teenagers' communication on reproductive health.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter looked at the fundamental points of the current knowledge or research findings. Specifically, this chapter began by situating the topic of study within communication, it then defined concepts used in this research, the chapter also discussed the Bukusu culture and its norms on reproductive health issues, and this was followed by a review of theories relevant to this study. This chapter also looked at previous research on various aspects of parent-teenage communication on reproductive health issues, and look at the rationale for the study based on literature review. The chapter ended with a brief summary of the key points from the literature review.

2.1 Parent-Teenagers' Communication on RHI

In their article African Population and Health Research Center (APHRC) (2020), in most African societies, sexual and reproductive health topics are seldom discussed in the family settings. The article goes on to state that openly speaking about sexuality and sexual relationships is considered a taboo in many cultures. As a result, several nuclear family members never have conversations around these topics and as such, only those considered to be ready for marriage are given advice on how they are expected to conduct themselves in their marriages.

From the results of a study carried out by Ayalew, et al, (2014) World Health Organization defines adolescence and young people are persons whose age between 10–

19 years and 10–24 years respectively. There are more than one billion adolescent people worldwide in which seventy percent of them live in developing nations. They are disproportionately affected by HIV that is particularly higher in Sub-Saharan Africa. Sixteen million late adolescent girls give birth every year, in which 95 percent of births occur in developing countries. One fourth of adolescents have sexually experience in East, Southern and West Africa. Parent–child sexuality communication in Sub-Saharan Africa is steadily increasing. Early exposure to sex education by mothers is reporting to encourage early sexual debut. Communication about sexuality is low across countries.

Kirkman, et, al (2002) found out that young people aged 10–24 years face multiple challenges during their transition to adulthood. Even though the transition from childhood to adulthood lasts about 15 years, many young people could acquire significant preventable health problems before reaching adulthood. Most of those problems could persist throughout their adult life. One of the reasons for this problem is lack of adequate and accurate knowledge about sexual matters.

Consequently, risky sexual behaviours such as unprotected sex, multiple sexual partnerships, and transactional sex are common among young people. These behaviours predispose young people to the triple tragedy of sexually transmitted infections, including HIV/AIDS, unwanted teenage pregnancy and unsafe induced abortion.

According to Howell, (2001), parents play a critical role in the growth, development and sexual socialization of their children. Parental involvement through parent–child sexual

communication (PCSC) presents education about sex and reproductive health to young people. Studies from the developed world, and sub-Saharan Africa have been unequivocal regarding parents being the most dominant sex educators. He further states that in parent–child sexual communication, parents transmit sexual values, beliefs, information and expectations to their children with the aim of influencing sexual behaviours, attitudes and decision-making of their children. Therefore, parental sexual communication to empower young people to manage the many challenges associated with youthfulness cannot be underestimated.

There is evidence that young people prefer to receive sexual information from their parents, yet only a few obtain such information from them. Research suggests that sexuality communication can be a very useful intervention that encourages sexual responsibility among young people when the message is properly and comprehensively delivered (Manu, et al, 2015).

Wood (2009), states that "the most basic insight into the self is that it isn't something we are born with. Instead, the self develops only as we communicate with others and participate in the social world". She adds that, "From the moment we are born, we interact with others. We learn how they see us, and we internalize many of their views of the world and of who we are and should be. Through internal dialogues, or intrapersonal communication, we remind ourselves of how others see us and how they expect us to act". This therefore means that communication is very important in all the stages of human development. It is through the various communication aspects that we gradually

discover who were are and the social expectations of us as individuals. Irrespective of whom we are, and our social as well as physical circumstances, we all need communication in our lives to build the self that we eventually become in adulthood.

Wood further explains that family being the first social community that an individual engages with; has a great influence on the overall self that an individual becomes. This is the unit that moulds an individual through the various values and principles that it upholds. **"**For most of us, family members are the first important influence on how we see ourselves. Parents and other family members communicate who we are and what we are worth through direct definition, identity scripts, and attachment styles (Wood, 2009). Communication about sex between parents and children is potentially an important means of transmitting sexual values, beliefs, expectations, and knowledge. However, inter-generational discussions on sex-related matters are taboo in much of Africa, with some adults believing that informing adolescents about sex and teaching them how to protect themselves would make them sexually active (Melaku, et al,2014).

Frankham, (2006) feel that, although peers and the community may, from time to time, be equally influential, parents and family are constant elements in the lives of most of the young people. It is usually agreed that vulnerability and resilience among adolescents are strongly determined by the family context. This therefore means that the family is crucial for the overall development of children, especially during the adolescent years. It is not just about the presence of a family unit, but there must be relevant communication within

that family as Pierre et al (2003) emphasizes that, in particular, strong parents'/children communication ties, high parental expectations, and the mere parental presence in the home have been observed to provide some protection from high-risk health behaviours.

The above scholars further add that while peers and the community may sometimes be equally influential, parents and family are constant elements in the lives of most of the young people. It is usually agreed that vulnerability and resilience among adolescents are strongly determined by the family context. In particular, strong parents-children communication ties, high parental expectations, and the mere parental presence in the home have been observed to provide some protection from high-risk health behaviours (Howell, 2001).

Although there must be communication within each family, it is relevant to realize that these messages ought to be structured to suit various individual members of the family. The messages meant for a two-year old girl would not be similar to those meant for teenagers and the adult members of the family. The parents need to understand the various development stages of the family members and their communication needs in order to shape the messages to suit these needs (Kirkman, et, al 2002). In this context, we are focusing on communication with adolescent members of the family and the messages that should be communicated to them. It is important to realize that as adolescents grow, they yearn more for information on sexual and reproductive health issues. This is because they start realizing changes within their bodies and attractions to either peer of the

opposite sex or of their own sex (depending on the sexual orientation that they are inclined on).

This is when we realize that, as Kaljee, et al (2011) put it, parental communication with adolescents regarding sexuality is regarded as critical toward informing adolescents of risks and protective behaviours, providing guidelines on values and standards of behaviour, and decreasing likelihood of youths' engagement in risk behaviours. It is therefore not debatable that parents or care-givers have the responsibility to communicate reproductive health issues with their adolescent children early enough. Outcomes associated with positive parent–child communication regarding engaging in sexual behaviours include a "buffering" effect in relation to delay of sexual initiation.

2.2 The Bukusu Cultural Norms that Surround RHI

The Bukusu culture is very conservative. The issue of reproductive health is generally considered a taboo topic and is handled by particular members of the family. With the change of times and the disengagement of the traditional family ties, most of the beliefs that were held by the fore parents in the community seem to be diluted with the change of generations. Many adolescents often lack strong and stable relationships with their parents or other adults which are necessary to openly discuss reproductive health concerns. Therefore, many teenagers do not have access to reliable information regarding their reproductive health needs. In most cultures, parents and family members are an

influential source of knowledge, beliefs, attitudes, and values for children and young people (Makila, 1978).

Parents often have the power to guide children's development in sexual health matters, encouraging them to practice reasonable sexual behaviour and develop good personal decision making skills. Researches indicated that increased parent-child communication leads to a raised awareness and reduction in risk taking behaviours. However, when young people feel unconnected to home and family, they may become involved in activities that put their health and wellbeing at risk (Frankham, 2006).

Even though parents are main sources of information on RH issues, there is silence between most parents and their adolescent children on these matters. Studies have shown that only 46%, 20%, and 20% of parents in USA, Lesotho, and Ethiopia, respectively, had discussed such issues with their adolescents. In China, only one-third of female youths talked to their mothers about sexual matters. As a result, most adolescents' patchy knowledge on RH issues often comes from information shared by their same sex peers, who may or may not be well informed. This can lead to misinformation and the persistence of damaging myths, making young people vulnerable to unprotected sex, unwanted pregnancy, sexually transmitted diseases, and unsafe abortions (Yadeta, et al, 2011).

2.3 Socio-Cultural Challenges to Parent-Teenagers' Communication on RHI

In the words of Wood (2009), "we are born into a gendered society that guides our understanding of gender and shapes our personal gendered identities. From the pink and blue blankets many hospitals continue to use, to parents' distinctive interactions with sons and daughters, to media representations of femininity and masculinity, gender messages besiege us from the moment of birth. This scholar emphasizes that as infants and young children interact with family members, peers, and others, they engage in two processes central to developing a personal identity: conceiving the self-as-object and monitoring". From the above statement, social gender positions have a great impact on how children are perceived in the family and communication patterns within these families. Society has its expectations on how children of particular sex should behave and how they should interact with the other members of the society.

Because of gender differences in parenting roles, mothers and fathers are likely to have different influences on adolescent behaviour. It has been shown that high level mother/daughter communication coupled with strong mothers' conservatism about initiation of sexual intercourse results in low rates of sexual activity and a low number of lifetime sexual partners among American adolescents (Pierre et al, 2003). With respect to the role of fathers, some studies find weak effects on adolescents' reproductive health outcomes once differences in the economic well-being of the family are taken into account, whereas others have demonstrated that high connectedness between fathers and children leads to beneficial outcomes for adolescents.

Eisenberg, et, al (2006) argue that Children learn gender roles by receiving rewards and punishments for various behaviours (social learning theory) and through observing and emulating others whom they see as models (cognitive development theory). Typically, girls are rewarded for being cooperative, helpful, nurturing, and deferential—all qualities consistent with social views of femininity. Parents may also reward—or at least not punish—girls for being assertive, athletic, and smart. For boys, rewards are more likely to come for behaving competitively, independently, and assertively.

These rewards and punishments have an eventual impact on the communication relationship between the children and their parents and it affects the general communication pattern within the family unit, especially on sensitive issues such as reproductive health. Parents' communication toward sons and daughters often reflects the parents' gender stereotypes. In a classic study, researchers found that, within just 24 hours of birth, parents responded to their babies in terms of gender stereotypes (Kluger, 2006). Although male and female babies were matched for size, weight, and level of activity, parents described boys with words like strong, hardy, big, active, and alert. Parents of equally large, active girls described their daughters with adjectives like small, dainty, quiet, and delicate (Wood, 2001). These children grow up believing that particular adjectives belong to certain sex hence the gender roles in the society. The manner in which they will communicate to/with their parents and the community at large will be influenced majorly by how they believe they are perceived.

Some parents communicate different expectations about achievement to sons and daughters. Middle- class Caucasian parents in the United States emphasize and encourage achievement more when talking to sons than to daughters (Sprecher, et, al. 2008). Some Chicano/a families discourage educational achievement in daughters to the point of regarding daughters who attend college as Chicana falsa— false Chicanas. Conversely, Asian and Asian American families tend to encourage high achievement in children of both sexes (Wood, 2001). This is a trend in most communities in the world and has limited the ability of children of certain sex to discuss matters on particular issues because the society has segmented them hence the gender stereotypes.

Stigma stands in the way of communication on reproductive health issues between parents and their adolescent children. As Kaljee et al (2011) put it, "Parent–child communication may be hampered by social stigma and parental reluctance to discuss sensitive issues, particularly related to sexuality. A review of qualitative global research on adolescent and young adult sexual behaviour reveals that social norms and expectations regarding sexuality can negatively affect both the likelihood and the quality of parent– adolescent communication about sex. To date, there are a limited number of studies that focused on parent–child communication, with the exception of Western populations and countries".

Despite the expected positive influence of parents' presence on the teenagers 'behaviour, there is divided evidence that adolescents living in families experiencing acute economic adversity are also subject to poor health outcomes. That is why, quoting (Pierre et al,

2003) “some studies show that, when households are faced with economic crises, fathers may play the role of protective agents to their adolescent children, whereas others indicate that economic hardship inhibits parents’ abilities to effectively protect adolescents from harm.

Culture defines the norms and taboos in society. It draws the skeleton in which a community derives its pride. In the words of (Ayalew, et al, 2014) “Cultural taboos, being ashamed and lack of communication skill of adolescent makes them not to discuss openly with their parent about sexual and reproductive health issue which is similar other studies”. They add that “This is due to the fact that sexual conversations are deemed a taboo subject in many African communities, for example in Ghana, Sierra Leone, Nigeria and South Africa, this finding is consistent with this study which suggests that parents limit them self to safe topics that students do not discuss about sexual issue with parent”.

Adolescence being a period of transition from childhood to adulthood, it is considered that several physiological, social, and psychological growth and development are experienced during this phase of life. Sexual and reproductive growth/development are the notable changes during this period, and it is when parents are expected to socialize their children, in which parent-adolescent sexual and reproductive health (SRH) communication is very essential. The communication helps to transmit values, beliefs and expectations about SRH matters to their adolescents. In the words of (Yadeta, et al, 2014), evidence has shown that the communication protects the young from engaging in risky sexual practices and associated adverse health consequences.

The same study had findings whose Africa accounted about four-fifth of the estimated five million young people living with HIV, and unsafe abortion due to unwanted pregnancy have been inflicting about one-fourth of the four million unsafe abortions among the adolescents. The common reason for acquiring these health problems is lack of basic knowledge on reproductive biology and prevention methods (Kluger, 2006). The research also discovered that the conservative norm and taboos on sexuality, and ill-preparation have largely limited the parents' involvement on SRH communication with their children. However, remarkably, because of the devastating HIV/AIDS problems, parental engagement has recently been receiving more attention.

Communication between parents and children should also be about topical SRH issues like consequences of sexually relating with the opposite sex, role of abstinence from sex, menstruation, HIV/AIDS, sexually transmitted infections, contraception, teenage pregnancy and its associated problems and bio-psychosocial changes associated with puberty. The bulk of parents need to be empowered and motivated to be bold and self-confident in communicating with their children. This is because many of them are uncomfortable talking to their own children about SRH issues like condom use. Parents should be attuned to teachable moments so as to seize the available moments to discuss with their adolescent children (G/yesus, 2006).

Parents should not wait to be caught off-guard by their children's questions but can also initiate the discussions. They too do not have to be unnecessarily evasive. They should ask parents questions and seek clarifications. It was observed that the practice of some

children saying that they have already been told about those ‘things’ by teachers at school is a strategy to block communication.

2.4 Parent-Teenagers’ Communication on RHI and Teenage Sexual Debut

In the words of Okigbo, et al, (2015), several studies have demonstrated a link between young people’s sexual behavior and the levels of parental monitoring, parent-child communication, and parental discipline. Okigbo et all emphasize that it is unfortunate that little is known about this association in African settings, especially among young people living in high poverty settings such as urban slums. This brings to the core the challenge of teenage parenting and the relevance of parent-teenagers’ communication on reproductive health issues.

The timing of first sexual intercourse and the context in which it occurs both have health implications. In some parts of the world, for instance in North Africa and parts of Asia, most sexual activity reported even 10–15 years ago takes place within the context of marriage. With the gap between age at first sexual intercourse and age at marriage widening in many developing countries, more people are sexually active before marriage than in the past (Izugbara, 2008).

A study from 2000 with data from 14 countries showed that the context of early sexual experience often differs between young men and young women, especially in developing regions. For boys, most sexual relationships during the teenage years are non-marital. In girls, a sizeable proportion—notably the largest proportion in some developing countries—occur within marriage (G/yesus, 2006).

In their study, Nurachmah, E., Yona, S., Ismail, R. et al, (2019) noted that although parents expect their children to learn about reproductive health and sexuality from their schools, that subject is not taught in Indonesian schools. The most relevant subject is biology, which discusses reproductive health. However, it does not specifically address sexuality or intimate relationships between males and females. Therefore, adolescents tend to talk about sexuality with their peers, who do not have a better knowledge about reproductive health. This condition may lead to the spread of inaccurate information about reproductive health and therefore may generate false perceptions about the early initiation of sexual activity.

According to Pierre et al (2003), in Kenya, adolescent reproductive health problems mainly derive from early sexual initiation and a high prevalence of unsafe sexual practices. The median age at first sex is 16 years in Kenya; an age when it has been shown that most youth in Kenya do not believe that they are at high risk of contracting sexually transmitted diseases or unwanted pregnancies, thus leading them to engage in risky sexual behaviours. The 1998 Kenya Demographic and Health Survey reveals that 80% of adolescents within the 15–19 years' age range do not consider themselves as being at high risk of contracting the HIV virus, whereas 70% of them engage in unprotected sex.

Quoting the words of scholar Kamaara, (1999), young women growing up in a poor country like Kenya face multiple discrimination on the basis of sex, age and economic status. Although pre-marital sex is condemned in nearly al1 societies, and young,

unmarried people, especially young women, are not expected to be sexually active, the gap between expected and actual behaviour is enormous. This scholar also points out that in sub-Saharan Africa, the majority of young girls are sexually active, sometimes with multiple partners. Studies in sub-Saharan Africa indicate that youth are initiated into sexual activity as early as age 12 for girls and 13 for boys.

According to study carried out by Guttmacher Institute, (2012), it estimated that 62 per cent of all mothers in sub-Saharan Africa are within the 15-19 age cohort. This results in reproductive health problems, including pregnancy, abortion, HIV infection and other sexually transmitted diseases and stress, which are of both policy and theological significance. The Church could take a lead in putting the reality of youth sexuality into the public consciousness and onto the political agenda. As the mora1 conscience of Kenyan society the Church should condemn discrimination against adolescent girls and take positive action by initiating a youth pastoral ministry through which the reproductive health needs of adolescents might be addressed.

According to Sprecher, et, al. (2008) lack of appropriate information partly explains such adolescent beliefs and risky behaviours. Although often blamed on the general youth-unfriendliness of reproductive health services, this situation has also been linked to the acute lack of communication between parents (especially fathers) and children on sexual matters. In Kenya and elsewhere in most sub-Saharan African societies, parents-daughters' communication about reproductive health issues is restricted to interactions between mothers and daughters. Research in Kenya indicates that such a situation is

owing, not only to the general feeling of embarrassment from parents and children to discuss sexual matters, but also to the fact that parents are usually less knowledgeable of reproductive health issues than their adolescent children.

Usually, most information exchanges about reproductive health matters occur between adolescents and their peers, but a non-negligible amount of information takes place within the family, especially with same sex relatives. Pierre et al (2003) suggest that these patterns of communication between adolescents and their peers have been the basis for programmatic approaches to adolescent reproductive health that emphasize peer educators as a vehicle for action. Nevertheless, family members also play an immense role in shaping the circumstances of adolescents' first sex; evidence suggests that about 25% of teenage girls in Kenya are coerced or forced into first sexual intercourse, in most instances, by family members or people known by the victims.

The issue of premarital sex is a global concern. Ingham, (2002) is of the view that although the incidence of premature sexual activity among adolescents in the United States has declined in recent years, the number continues to be alarmingly high. In the city of New York, approximately 53% of Latino and 57% of African American high school students reported engaging in sexual intercourse at least once. Moreover, 10.1% of Latino and 13.4% of African American young adolescents reported engaging in sexual intercourse before the age of 13. Among all adolescent groups, the Latino and African American adolescent group continues to bear the largest public health burden of unplanned pregnancies, sexually transmitted infections (STIs), and HIV/AIDS cases

(National Christian Council of Kenya, 2000). As a result of such trends, social scientists have sought strategies to delay the transition to sexual activity among adolescents and to reduce sexual risk behaviours among sexually active adolescents.

In a study carried out by Wight et al. (2013), they encountered recent reviews that point to four aspects of family life that influence young people's sexual health: family structure, family connectedness, parental monitoring, and parents' attitudes and values about sex. Longitudinal studies have shown that the absence of a biological parent between ages 11 and 15 years is associated with earlier sexual activity and/or higher numbers of sexual partners several years later. Furthermore, those who experience their parents' separation are more likely to start childbearing early. Although the effects of family structure remain after accounting for family processes, they must be understood in relation to each other.

Kluger, (2006) suggest a complex and somewhat contradictory relationship between parent–child communication about sex and adolescent sexual behaviour. Although most studies found open communication was associated with later sexual initiation and/or higher levels of contraceptive use, others found no clear association, or even the reverse association. The influence of communication depends on its content and messages, as well as the quality of parent– child relationship. In particular, perceived supportiveness seems an important condition for parental communication about sex to be accepted and acted on (Kluger, 2006).

Young people who perceive their parents as warm, caring, interested, and responsive, often referred to as "parent–child connectedness," are more likely to postpone sexual behaviour, use contraception when they do become sexually active, and have fewer pregnancies. In many studies, greater parental control is associated with delayed sexual initiation and/or the use of protection among teenagers, whereas more unsupervised time is associated with earlier sexual activity. Regarding parental values, two studies found that perceived maternal disapproval of early sex is associated with later age of first sex, but the impact of mothers' values is mediated by the quality of the mother–child relationship (Izugbara, 2008).

In essence, as Molla Temere Mekonen et al put it (2018), sexual and reproductive health (SRH) communication is most likely to promote healthy sexual practices and to reduce risky sexual behaviour among adolescents. Communication is the principal means for parents to transmit sexual values and knowledge to their children. It is therefore relevant that studies are carried out that promote the communication at family level between parents and their teenage children on reproductive health issues

2.5 Effective RHI Communication Strategies for Teenagers

With the growing demand from adolescents on sexual and reproductive health and rights information, it is imperative that what they receive is not only comprehensive, but accurate. In order to bridge the existing information gap, there is need to actively avail as many trusted channels, including those at home. As the popular saying goes, 'charity begins at home', and both parents and caregivers need to begin the process at the earlies

opportunity possible (APRHC, 2020). How parents communicate with their children regarding reproductive health issues is expressed as very important. It is not just about the message, but majorly about how it is communicated.

In a study by Wasike, H.N (2017) in Kenya inadequate access by adolescents to reproductive health issues information is one of the key barriers to improved sexual and reproductive well-being and quality of life. However, there is scanty information in Sirisia sub-county on barriers of parent-adolescent communication. Sirisia sub-county is in Bungoma county.

Evidence, according to a study by scholars Bohmer, et, al (1997) suggests that in spite of some adolescents being sexually active, many parents do not discuss sex-related issues with them due to lack of age-appropriate respectful vocabulary and skills. The likelihood of parent-adolescent communication improving sexual and reproductive health outcomes appears plausible.

General characteristics of parent–child relationships, such as connectedness, supportiveness, and conveying future expectations, appear more influential on children's sexual behaviour than sex-specific characteristics, such as communication about sex. Similarly, generic family processes are important in preventing children's substance use (DiIorio, et, al, 1999). This implies that interventions to modify generic processes may be as effective in reducing sexual risk behaviour as interventions to modify sex-specific

aspects of parenting, as illustrated by the impact of programs that develop infant attachment on subsequent sexual outcomes in adolescence.

Parenting interventions can be effective in reducing other unwanted health outcomes, such as substance use or conduct disorder (Wight et al, 2013). Interventions with clearly articulated mechanisms of change, for instance, harnessing one or more of the influences outlined previously, are more likely to be effective, but few have proved to be effective with families or children with the most severe difficulties.

According to Yadeta et al (2014), the prevailing potential sources of SRH information for the young people are their peers whom their knowledge are infirmed/equally ignorant or from school which is blamed for the lack of sustainable behavioural changes or from media and religious institutions that occur infrequently. For in-school children, the school environment could be an outlet for improving parent-adolescent communication (Kirkman, et, al 2002). These scholars are of the view that parents can conveniently be invited to schools to discuss their children's issues. Teachers as educators should perform the role of parental training. The scholars also feel that teachers should help parents to reflect on the quality, content, relevance and appropriateness of what they as teachers do concerning SRH issues at school to avoid a practice where parents assume that teachers do everything at school.

Most potential life-saving messages need to be properly packaged while being delivered to children by parents. The above scholars pointed out that currently, most messages are passed onto children through; fear-based messaging, intimidation, warnings and verbal

abuse. There is need to develop a culturally appropriate language of communicating with adolescents and challenging their misconceptions associated with sexual maturation. The alternative is that in many languages, SRH issues are vulgarized and embarrassing (Izugbara, 2008).

In their study Nurachmah, E., Yona, S., Ismail, R. et al, (2019) it is concluded that although mothers and daughters communicate freely about many topics; however, discussions of SRH occur infrequently. Parent-based approaches could be effective strategies, especially in terms of improving communication with daughters. The study points out the void in communication between mothers and their daughters and clearly the teenage boy is left out of this conversation hence making it equally important for more studies on how teenage boys relate and communicate with their fathers as well as their mothers on RHI.

In their study, Yadeta et al (2014), found evidences that indicated that supportive communication between parents and children enables young people to make a safe and confident transition to adulthood. But in this study the proportion of parent-adolescent discussion about reproductive health was found to be low and is bound by traditional norms, lack of information, and limited skills of discussion and creating supportive environment for adolescents. Most of the adolescents who participated in the FGDs thought their parents have no knowledge about RH issues and prefer discussing with their peers. Parents should be equipped with essential RH information for improving their

discussion skills. The socio-cultural norms and traditions about discussion on RH among families should be considered for better RH outcomes.

2.6 Research Gap

There is a general void in the research on the Bukusu community. Most of what has been studied on the community is on the male circumcision.

There are very few studies carried out by women on the Bukusu community. This gap tends to either perceive that women of the Bukusu community are not literate enough or the elite Bukusu women have no interest in contributing to documents that define their community.

Of major concern is also the lack of literature on the various growth stages and challenges experienced by the Bukusu child. This is especially a concern because of the social changes and the inclusion of technology in various aspects of life.

2.7 Chapter Summary

Research on factors determining teenage vulnerability and resilience with respect to health risks has shown consistently that the family context contributes significantly toward making adolescents more or less healthy; such an effect operates mainly through key family factors such as connectedness between parents and children, parental expectations, and the prevalence of health risk factors within the home environment (Mbugua, 2007).

In Kenya, such findings must be differentiated by parental gender because fathers and mothers have significantly different attitudes and roles towards children. Surveys carried out in Kenya over the past decade indicate that mothers' and fathers' influences on their children diverge significantly; less than 10% of Kenyan parents seek to educate their children on healthy sexual behaviour. Most of such parents are mothers; in most instances, Kenyan fathers do not get involved in raising awareness on preventive reproductive health among their adolescent children (Pierre et al, 2003). Usually, fathers believe, rather, that threatening and warning is the best way of communicating with their adolescent children.

Just as in many other previous studies, APRHC (2020) state that the plethora of unfiltered sexuality information, as well as associated health risks, means that parents/guardians should not delegate the responsibility of sexuality health education to peers, and service providers alone. This study therefore finds a place in the void of the communication between parents and their teenage children. Clearly there is not much research carried out on this area, specifically among the Bukusu community.

CHAPTER THREE

RESEARCH DESIGN AND METHODOLOGY

3.0. Introduction

This chapter explained the research approach, the research design, the study site, sampling methods, data generation techniques, data analysis, ethical considerations, trustworthiness, limitations to the study, and eventually gave a summary of the chapter.

3.1. Research Approach

The study took a qualitative approach. Qualitative approach was chosen for the study because it allowed access of rich in-depth data and meanings regarding parent-teenage communication on reproductive health issues among the Bukusu community, by exploring the meaning that the participants gave to this phenomena, and further understanding their perspectives (Patton and Cochran, 2002). This approach also enabled the researcher to analyze the behaviour of participants. Furthermore, this approach is flexible hence it explored this issue further. As observed by Bernard (1994), qualitative research methods are effective in identifying intangible factors such as social norms, socio-economic status and gender roles.

3.2 Research Design

In this study, multiple case study inquiry method was used whereby it studied a number of cases jointly in order to investigate parent-teenage communication on reproductive health issues among the Bukusu community (Jwan & Ong'ondo, 2011). In this study In-depth Interviews and Focus Group Discussions were carried out with teenagers, mothers of teenage children, fathers of teenage children, a teacher of teenage children, a religious leader, a cultural opinion leader, and a chief. Using a multiple case study design informed this study on participants' experiences with communication in regards to reproductive health issues among adolescents and parents.

3.3 Study Site

This study was carried out in Kabuchai Location, Bungoma County. Bungoma County is the third largest county in Kenya. It is in the western part of Kenya and shares a border with the east of Uganda. Bungoma county occupies an area of 2,069 km squared, has a population of 1, 670,570 (2019 population census) consisting of 812, 146 and 858, 389 male and females respectively and an average of 5 people per family. The majority community is the Bukusu and the main economic activity is agriculture.

Kabuchai is constituency number 218 in Kenya and one of the nine constituencies of Bungoma County. Kabuchai has a total of 141, 113 people sharing approximately 232. 20sq.km. Majority of the residents in this constituency are of the Bukusu community.

Bungoma County was chosen because it is one of the county's most affected by early pregnancies in Kenya. Furthermore, being from this community, language barrier was not an issue because carrying out research in an area where there is a language barrier calls for the use of interpreters that could lead to lose of meaning and misrepresentation of information.

To ensure that the study findings reflect the diversity of parent-teenage communication on reproductive health issues among the Bukusu community, levels of teenage pregnancies was considered while selecting a study site. This is because previous studies have this has linked this to lack of communication on reproductive health.

3.4 Sampling Methods

Sampling is the process of choosing actual data sources from a larger set of possibilities. Sampling consists of two related elements, the population and the sample. The population can be defined as the full set of possible data sources while sample is selecting specific data sources from that population (Morgan, 2008). In the subsequent section, the research population was presented and a detailed description of the research sample of this study.

3.4.1 Research Population

The study specifically targeted teenagers (both male and female), parents of teenage children, government officials, teachers and opinion leaders.

Parents of teenagers are relevant for this study because they are the ones who raise these children and are expected to handle any incidences related to reproductive health issues of these teenage children. The teenage boys and girls are the main subjects of this study because they are the ones affected by the supposed reproductive health issues. The government officials such as chiefs and the police are usually the starting point whenever there is a reproductive health/sexual relationship case in a community hence making them relevant for this study. Most teenagers are school-going and therefore teachers are best placed to understand their reproductive health issues because they spend more time in school than home. These teachers also often handle cases related to reproductive health issues. Two opinion leaders were involved in the study: a religious leader and a cultural leader. These two members of the community are important for this particular study because the behaviours of children are usually determined by the religious and cultural norms of that particular community.

3.4.2 Sample Size

The researcher interviewed interview 6 adolescent boys, 6 adolescent girls, 2 mothers of adolescent children, 2 fathers of adolescent children, a teacher of adolescent children, a religious leader, a cultural opinion leader, and a chief who is also a parent of teenagers. The total number of participants in the study was 20. After conducting a pilot study to determine the suitability of the data collection tools, time allocation for each tool, and the appropriate choice of words for the data collection, the researcher found 20 participants to be representative enough. This number of participants was settled for because they were

inclusive of all the subjects that were needed for the study. It was also a manageable size for a qualitative study because it is neither too big nor too small. The same participants were involved in three focused group discussions. The FGDs were of adolescent boys only, adolescent girls only, and one made up of the adults (3 women and three men). The FGDs were made up of six teenage boys, six teenage girls, and eight adults respectively.
The study further used the same participants (20) for the in-depth interviews. This was a follow-up to the FGDs.

3.4.3 Sampling Procedure

The sampling procedure was purposive; meaning that the researcher intentionally selected the specific participants because they were likely to generate useful data for the study. It being a non-probability sampling method, the researcher believed that she could obtain a representative sample by using sound judgement that would eventually save on time and finances.

This sampling procedure was also effective for this particular study because the nature of the study is very sensitive and only limited numbers of people could serve as primary data sources. This is especially important when in-depth interviews were being used as a data collection tool in the study.

The researcher started with the chief of one of the selected villages who was expected to provide information on cases of adolescent parenting in his village. Then there was a cultural leader who handles culturally approved reproductive and social issues in the

community hence is considered an important opinion leader. The researcher also reached out to two adolescent mothers as well as two sets adolescent fathers.

Two sets of parents of participating adolescent parents were involved in the study too. These were two mothers and two fathers of adolescent parents. The study also included two school-going adolescents; a male and a female who are in their puberty years. Four adolescents (two boys and two girls) in their puberty years participated in the study, as well as four others (two boys and two girls) who are in their late teen years (17-18 years). Therefore, there was a total sum of 12 teenagers in the study.

The first FGD consisted of six female participants. These were the adolescent mothers and the adolescent school-going girls. Specifically, there were two participants who are adolescent mothers, the second participants were two school-going puberty girls, and the last two participants of this FGD were two girls in their late adolescents who were perceived to be absolute role models in their immediate communities.

The second FGD was made up of six male participants. These were the adolescent fathers and the school-going adolescent boys. In particular, the first two participants of this FGD were adolescent fathers. The second participants were two boys in their puberty. The last two participants of this FGD were school-going boys who are in their late adolescent years and are perceived to be role models in their specific community.

The last FGD consisted of all the adults that participated in the study. The membership of these FGDs consisted of four mothers and four fathers of teenage children respectively.

3.5 Data Generation Techniques

The data for this study was collected by qualitative methods. To use qualitative methods means that the data was primarily generated in form of words, not numbers (Patton and Cochran, 2002). Data for this study was collected in the form of In-depth Interviews and Focus Group Discussions (FGDs). Each technique is discussed in detail below.

3.5.1 Focus Group Discussions

Group discussions are appropriate for some topics. Sensitive topics work better with a group, if all members share an experience. Focus Group Discussions was chosen because group interviews tell more about the social structure of the community that is being studied and they give a more in-depth understanding of the context and social fabric of the community and how opinions and knowledge are formed in social context (Patton and Cochran, 2002).

Through Focused Group Discussions the study was able to understand how people in the communication methods and patterns within the Bukusu community. This was efficient as a measure of interactions between people.

There were three FGDs in this study. The FGDs took place between a period of 45 minutes and one hour. With informed consent to the participants, each of the FGDs was recorded using an audio recorder. A Focused Group Discussion guide was also used to ensure that that researcher had gathered all the necessary information.

The study conducted FGDs in a quiet and comfortable place, so that the participants could feel inclined to participate in the discussions. These discussions were organized in a circle to enable the participants to see each other and feel that they are equals in the groups.

3.5.2 In-depth Interviews

This type of interview is used to explore in detail the respondent's own perceptions and accounts (Patton and Cochran, 2002). These interviews were conducted after the successful completion of the three FGDs. These interviews were to confirm the information provided in the FGDs as well as give the participants an opportunity to comfortably open up about the issues they might not have been comfortable to discuss in the groups.

Interviews were conducted in participants' homes and they were conducted in the language that the participant was comfortable using, which are either English, Swahili, or Bukusu. The interviews took 45-60 minutes with the first 5-7 minutes being used to establish rapport and trust between the interviewer and the participants. All the interviews were audio recorded but the researcher also took notes. Prior to the interviews the researcher obtained consent or assent from the participants, emphasized the fact that they could take breaks in between the interview if they felt the need to do so, and also that they were free withdraw from the study at any point. The researcher informed the participants that she would protect their identity by assigning them a pseudonym during the transcription stage.

Interview Guides for each participant were used to guide the interviews as it outlined a series of questions that the researcher intended to ask. By probing, the researcher guided the participants back to the theme of discussion whenever they wandered off the topic.

3.5.3 Field Notes

The researcher kept a note book throughout the data collection phase and she noted all the descriptive elements that recordings could not capture; such as the non-verbal elements of the participants, her impressions, assumptions and feeling during this phase. She further recorded her biases, standpoints, reactions and responses to fieldwork and research participants. The field notes provided additional data for analysis.

3.6 Data Analysis

In this study data was analyzed thematically. This approach looks across all the collected data to identify common issues that recur, and identify the main themes that summarize all the views that have been collected (Patton and Cochran, 2002). Thematic analysis involved six steps (Creswell, 2003; Jwan & Ong'ondo, 2011). The first step involved only transcribing and translating all the interviews (Jwan & Ong'ondo, 2011) since the field notes were already in transcript form. During the transcription period, all the audio recorded interviews were turned into text material and labelled; they later became the primary data for subsequent analysis.

The second step was basically to familiarize with the data. At this stage, the researcher read through all the transcripts to ensure that they made sense. Here, an overview of the data was not provided because it was just to make preliminary observations to get familiar with the data.

The third step, which is open coding, was to examine each transcript highlighting chunks that talked about distinct issues in relation to this study. Possible codes had been identified while reviewing literature and these were used as labels on the highlighted chunks of data that were relevant to the labels. However, the study was also open to new codes that could arise.

During the axial coding, which was the fourth step, the study explored the relationship between codes generated in the open coding stage and similar codes were later grouped together. Several codes were merged together turning some codes into categories. The researcher then re-read the data under these new codes to ensure that they were related.

Categorization was the fifth step of data analysis for this study. Here, the researcher grouped different categories and codes into themes. These themes corresponded to the research questions that had been posed at the beginning of this study. During this step, the researcher re-read the data as it was under the new themes and to ensure that the categories and codes were appropriate labels for the chunks of data under them (Jwan & Ong'ondo, 2011)

Finally, the researcher embarked on report writing. The sixth step of data analysis gives an explanation of the data in a manner that would make sense to a reader. It was at this stage that the story of the study participants was told to the readers by paraphrasing the statements of participants and retaining a few direct quotations. The themes resulted into the findings chapter. The findings were presented according to the research questions.

3.7 Ethical Considerations

The researcher ensured that all the participants had received a full disclosure of the nature of the study. She did this by ensuring that they understand the risks, benefits and alternatives to the study. The researcher had the responsibility not only to participants of my research, but also to the beneficiaries of the study. Therefore, it used Tom Beauchamp and Jim Childress (1983) four principals (autonomy, beneficence, non-maleficience, and justice) to address the ethical concerns of this study.

Autonomy demands the respect of each individual right. This means that even if a participant opts not to continue taking part in the study, the researcher freely allows him/her to do so without intimidation. At the beginning of each in-depth interview or FDG, the researcher had informed the participants of their right to quit participating in the study at any stage if they feel so, and that the decision was respected without any consequences.

Beneficence in research ethics means having the welfare of the participants as a goal of the study. The participants were given an extended opportunity to ask questions in case they did not understand anything. The researcher carefully considered the context to which

was working, bearing in mind the aim of my research and how sensitive the topic is. In this case, she ensured that the questions she asked were not traumatizing, or structured in a manner that could make my participants uncomfortable or fearful.

In this study, the researcher used consent and confidentiality as the two key ethical considerations during the entire data collection. Everyone who participated in my study had to freely consent to the participation. The researcher did not coerce or pressurize anyone to be part of the study. This means that they were informed about what their participation entails, and were assured that declining would not affect the study or their relationship with me in any way.

The researcher realized the importance of protecting the identity of the people from whom she was to gather data from. Therefore, the identity of the participants was protected at all times and not left lying around in note books, or unprotected computer files. She ensured that the voice recorder was in the researchers' custody at all times until when she had used all the information, and saved it on computer before she deleted it from the voice recorder.

3.8 Trustworthiness

Trustworthiness is the ways in which qualitative researchers ensure that transferability, credibility, dependability, and confirmability are evident in their research (Given & Saumure, 2008). This study used a pilot study, triangulation, member checking, and dependability as discussed below:

3.8.1 Pilot Study

A pilot study was carried out on four similar participants in the same study site. The participants were sufficiently representative of the target study population. They were two teenagers (a boy and a girl) and two parents of teenage children (a mother and a father). The teenagers were not siblings and the parents were not a couple/partners.

The pilot study aimed to test the suitability of the choice of words and language level used in my data collection instruments. It also aimed at estimating the average period of time that each interview might take.

3.8.2 Triangulation

This study utilized 2 types of triangulation: triangulation of data collection techniques and triangulation of data sources (Jwan & Ong'ondo, 2011). During the study various data collection techniques were combined (FGDs, In-depth Interviews, and field notes) over variable times in so as to collect data about parent-teenage communication on reproductive health issues from multiple perspectives, and in different contexts.

Furthermore, evidence was gathered from a variety of data sources. Source triangulation involved getting data from different participant (Jwan & Ong'ondo, 2011). Each participant yielded different evidence that provided different insights regarding parent-teenage communication on reproductive health issues in the Bukusu Community.

3.8.3 Member Checking

Member checking is when a researcher checks his understanding of the data with the participants by summarizing, repeating or paraphrasing their words and asking their veracity and interpretation (Daymon & Holloway, 2002). After data analysis, specific descriptions were taken back to the participants to determine whether these participants felt that these descriptions were accurate of what they had said. Participants were satisfied with the presentation of their data and they allowed the researcher to use the data to write the Thesis.

3.8.4 Dependability

Dependability is the extent to which a researcher provides sufficient detail and clarity of the entire research process in a way that would make it feasible for a reader to visualize and appreciate and for a researcher to replicate the study if necessary (Jwan & On'gondo, 2011). To ensure dependability, this study embraced thick description. Thick description is a detailed description of the process, context and people in the research, inclusive of the meaning and intentions of the participants (Daymon & Holloway, 2002). In this study, the steps followed to carry out this study were presented clearly and they were detailed.

3.9 Limitations to the Study

The researcher was dealing with a taboo subject and therefore it was very challenging to get information as fast as it would have been for an alternative topic. This being a subject

that is not so often talked about in many Kenyan communities, the researcher had to use effective opinion leaders in the society to explain the importance of the study to the subjects in the simplest, convincing and elaborate manner.

Besides it being an abomination discussion topic among various communities in Kenya, it also focuses on the 'fragile' members of the community (teenagers). This is because the teenagers are the key subjects of the study, but the current Kenyan constitution states that people under the age of 18 are not able to make clear decisions and judgments on matters that concern them. To counter this situation, the researcher had to get informed consent from the parents of the participating teenagers.

For a community that is sensitive about the discussion on reproductive (sexual) issues, most of the respondents of this study seemed 'artificial' when answering some questions. This may have been influenced by the cultural and social norms of the family, which do not allow parents and their children to freely discuss matters concerning their reproductive health issues in the same environmental setting. Because of this reason, the researcher segmented parents from teenagers' forums and even broke it down into their specific sexes whereby there are panels for fathers, mothers, boys, and girls respectively.

It is also relevant to note that the researcher tried to be as informal as possible in the language and manner of communication, besides assuring the respondents of confidentiality of their information. This is because using very formal language and

communication skills tends to restrict the freedom of the respondents to open up and share their information.

3.10 Chapter Summary

This chapter presented a detailed and clear explanation of how this study was carried out using a qualitative approach. There was a detailed explanation of how participants were identified and recruited for the study. It also gave a detailed description of how In-depth Interviews and Focused Group Discussions were used to collect data from the selected participants. There was a detailed explanation of how data was analyzed in reference to the four research questions. This information is therefore presented as findings in Chapters Four.

CHAPTER FOUR

FINDINGS AND INTERPRETATION

Introduction

The chapter presented data according to the study's research objectives. There were four objectives that were aimed at in this research. The objectives are to: a) Determine the social and cultural factors influencing parent-teenagers communication on reproductive health issues, b) Investigate the influence of cultural change on parent-teenage communication on reproductive health issues on the traditional Bukusu family unit, c) Examine the influence of parent-teenage communication on reproductive health issues on teenage sexual debut, and d) Establish how parents can effectively communicate RHI messages to their teenage children.

This chapter further explained the data interpretation of the analyzed data and presented it in a table. Eventually a summary of the chapter was made.

Socio-Cultural Factors Affecting Parent-Teenagers' Communication on RHI

Generally, the teenagers articulated comfort, confidence and expectation of discussing reproductive health issues with their parents. A majority of them reported that they often look forward to the opportunity to discuss these issues with their parents. Although there were some exceptions, the teenagers believed that apprehensiveness, embarrassment and

the reluctance to discuss reproductive health issues was the main setback to their parents discussing the issues with them.

4.1.1 Social Factors

Majority of the teenagers who attend day schools were uncomfortable to discuss the reproductive health issues with their parents and they were not able to inform their parents that they are in sexual relationships. There were a few cases in which a teenager claimed to be comfortable to discuss these issues with one parent and not the other one. For instance, the participant 4 had this to say:

> I am very shy to discuss reproductive health issues with any of my parents. In fact, when I started my menstruation periods I had a challenge on how I would disclose it to my mother yet I needed the sanitary towels that I could not afford without her help. Luckily we lived with a cousin who was older than me and therefore I told her, and she informed my mum and that is how I got the sanitary towels (Respondent 6 FGD of teenage girls).

> When my mother asked me if I needed a bra for my high school shopping, I felt so embarrassed. I had worked so hard to conceal my breasts and therefore that question disappointed me because I realized that my efforts were frustrated after all. I did not answer her but she went ahead and bought me two bras. (Respondent 2 FGD of teenage girls).

When probed on whether there is absolutely no communication at all at home on reproductive health issues, majority of the teenagers from both sexes said that they were comfortable discussing reproductive health issues with their siblings or relatives, but not the parents. Some were more comfortable to discuss these issues with their teachers at school or religious leaders, but not members of their immediate families.

The manner in which the information is conveyed to the teenagers was also an issue that came out strongly from the data collected. This was mostly from the teenagers who felt

that the parents attach a negative connotation to these messages and it usually leaves a 'sour taste in the mouth'. For instance, going by the words of this male teenage participant,

> "We get this information through insults. Usually when a parent finds you standing with a girl, he/she waits for her to go away and then starts insulting you and in the process, you pick some basic information. Mostly it is about HIV and how it is contracted through talking to members of the opposite sex. This makes me wonder what parents told their children in the past because there was not as much HIV as there are today. Sometimes I feel tempted to ask my parents if HIV is only a result of talking to girls without doing anything else with them". A teenage boy in a one on one interview

it is clear that some parents pass these messages using intimidation and causing fear to their children.

The above sentiments were also shared by other teenage participants who felt confused and disillusioned by the manner in which their parents handled the RHI. The following are some of their thoughts:

> "I do not know if it is the fear of talking to us about these issues or if it is because they do not want to believe that we have finally become teenagers. My parents have never had a polite discussion with me or my elder siblings about these issues. The only time they talk about these issues is when they are giving us harsh warnings when we are going to boarding school or when they have heard that we are engaged in a romantic relationship. This usually comes with a lot of name-calling and insults which scares us and makes us extremely uncomfortable to share our concerns with them. However, I am not so sure if this is how teenagers handled their reproductive issues with their parents in the past". A teenage girl participant during the FGD

> "Sometimes we get threatened, quarreled and even intimidated in front of other family members as well as other forms of abuse from our parents as a way of communicating to us information on reproductive health issues. It may be the first time that the parent is talking to you about these issues but it comes with so much anger from the parent. They even gang up and give each other support in harassing you maybe because you went out for a night dance or some parent has complained that you are too close to her daughter. These parents never tell us what to do; they are only quick to condemn what we may have done or what they think we are doing which may not be true". - Teenage male participant during the FGD

One girl in her late teens said that her parents only get the confidence to discuss reproductive health issues with them during or after watching movies or television programs that provoke such topics. She said that they watch television programs together with their parents so much and often the issue of sex and other reproductive issues feature in these programs hence giving room for the discussion of these issues among them.

> *"Some of us watch television programs with our parents, especially the soap operas that come after the 7 o'clock news in the evening. These programs have so much sexual content and occasionally our parents would comment on them. These programs usually carry certain moral lessons and these are what our parents insist that we ought to know and realize the reality of life as well as the consequences of our actions, especially on sexual decisions". – A teenage girl during the FGD.*

4.1.2 Cultural Factors

Culture was of great interest in the study. During the interviews, the researcher prompted the participants for information on the aspect of culture. This is because this study was being carried out on one specific tribal community.

The participants pointed out various cultural issues that are considered to affect the communication between parents and their teenage children on reproductive health issues. Most of these barriers had a cultural inclination. For instance, a male parent participant said:

> "*Reproductive health, and especially sexual relationships, is a taboo subject that is not openly discussed and if it done, there must be a deserving reason for it to happen. It is considered a shameful topic and therefore most parents shy off from discussing it with their children. The times have changed and the demands of our children are not similar to those that we had, but we still feel tied to our culture it guides us into being accepted members of our society".*

A male participant brought in the male circumcision aspect that is considered a major rite of passage in the Bukusu community. He said:

> "Our culture does not fully allow our parents to discuss reproductive health issues with us. We are given these lessons after circumcision in preparation to being considered real men by our society. There is a ceremony called "khubita" which assembles the circumcised boys together and they get lessons about how to carry out themselves as culturally accepted men of the community. These lessons come with most of the information that a teenager may need in order to be fully accepted as a member of the Bukusu community".

Culture was not just about the community's beliefs, the researcher also wanted to know if there are some norms in the community that were passed on from a generation to another and have therefore become the Bukusu culture. To this, the response from the participants was overwhelming with most of them accepting that the contemporary parent holds on so much to what the fore-parents did. For instance, a female participant had this to say:

> "Most of us parents are not comfortable discussing reproductive health issues with our children; not only because of our culture but majorly because our parents did not talk to us about the same. It becomes difficult for us to do that because this is something we are not familiar with doing. We have no idea how to start the conversation and at what age this is appropriate. We keep hoping, like our parents did, that somehow someone will handle that issue for us at some point in the lives of these children". - A mother during the parents' FGD session.

Although they suggested that they lack the skills and experience to have these conversations, from the findings of this study, contemporary parents are inheriting their own upbringing traits and making it a cultural norm for the Bukusu family. They were raised in backgrounds that parents did not communicate RHI with their teenage children. Therefore, there is the lack of RHI conversations between parents and their teenage children in the Bukusu households.

It also became apparent that parents fear being asked questions by their children; questions that they consider as embarrassing, and therefore this makes them to avoid discussing reproductive health issues with their children. This concern was mostly from the male parents who believe that women are better placed to handle the topic than they are because of the cultural construction of the community they live in. These men claim that among the Bukusu there are topics that a male parent cannot discuss with his children and reproductive health issues is one of them.

> "Occasionally we feel the urge to discuss these issues with our children but we are not comfortable to do it because of the social expectations and cultural demands. A boy child, for example, before he is circumcised he stays close to the mother and therefore she understands him better than us. Then after circumcision, there are people who are culturally expected to discuss reproductive health issues with them and these do not include the father; usually it is the maternal uncles who do this". - Parents' FGD

These findings suggest that social and cultural norms of the Bukusu community do not favour parent-teenage conversations on RHI. No wonder a study carried out in Kenya showed that mothers do not talk to their adolescents because themselves had not received sex education from their own mothers.

The perception that talking about SRHI encourages sex was also found in another study which was conducted in Kenya and United States. Moreover, the knowledge barrier was also found in other studies which showed that parents generally felt that they lacked adequate information to share with their children. These findings signify that effort is needed to help these societies to re-examine their cultural norms and ignore those which seem to be unhelpful in confronting the new challenges, including the HIV. Caretakers

need to be educated, motivated and provided with good communication skills to enable them engage in open communication about SRH with their adolescents.

4.2 Change in the Family Set-up & Parent-Teenagers' Communication on RHI

Social change has generally affected many aspects of the family and its traditional set-up. The contemporary Bukusu family is not what it was a decade ago. So much has changed because of various social aspects that have had an impact on these families.

A traditional Bukusu family was very accommodative to its kin. The extended family lived in harmony and they typically lived in one homestead and raised the children as one big family.

The discipline of the children was a communal responsibility. Every parent in the extended family was free and comfortable to discipline any child in the family or the neighbourhood without any fear. The children on the other hand treated every adult as a grandparent, parent, aunt or uncle depending on the age of the adult.

In fact, in the Bukusu dialect, the word mother or father belongs to any adult who is the age of your parent, it only becomes a concern when a child refers to an adult as aunt or uncle because then it means that the child and the adult are blood relatives. When a child greets an adult referring to him or her as either uncle or aunt, the adult would be keen to know whose child it is because then it means that they are blood related.

However, most of this seems to have changed with the fast changing social patterns. The family structure has changed a lot. The moral fibre that held members of a community together has also been weakened. Family patterns have changed, so has the methods of communication among members of these families. Culture has lost impact to many members of these families as well as the community at large.

> "In the past, single-parent families did not exist among the Bukusu community. Marriage was sacred and every mature adult was expected to be in a marriage. In cases where a spouse died, the extended family provided a replacement. A wife belonged to the community and therefore when her husband died, she would be inherited by the late husband's brother or a close male relative to the late husband. When a wife died, the husband was at liberty to marry another wife, preferably a sister of the late wife because the community believed she could take better care of her late sister's children. Nowadays, that is not the case; single parenting is on the rise and in most cases these are families of single mothers. Most of this is a result of rural-urban migration; our social values seem to have been washed away". – A male parent during the FGDs

A society's pride is in the number of academic elites that it has produced. Formal education has an impact on the general growth and social advancement of a society. The infrastructure and the social structure of any community are highly depended on the general literacy levels of the members of the community. Therefore, education has a great impact on the raising of children as well as the moral behaviours of these children and members of the families that they belong to.

The Bukusu is one of the communities in Kenya that has highly acknowledged formal education. The literacy levels of the community are generally above average and this has come with various changes in the family communication patterns especially between parents and their teenage children.

> "Literacy levels have an impact on how parents communicate with their teenage children on reproductive health issues. An educated parent is a parent who is probably exposed to other communities' cultures and therefore is open-minded on some issues. For instance, my literacy level is above average and this has enabled me to talk to my children about these issues soberly; without involving too much emotions. In fact, I am able to allow them share their opinion on an issue which is something I have realized that most of my age-mates who have low or no literacy levels do not do. They simply give orders and expect the children to abide by that". – A male parent during the FGD

It emerged that literacy levels have an impact on the language used to communicate the reproductive health issues between parents and their teenage children.

> "My husband and I are semi-literate and my husband sometimes talks to these children about reproductive health issue. However, I believe the literacy level has influenced the language and manner in which he communicates to the teenage children about these issues. He will only do the communication when he is very drunk and when at it he uses very foul language. In fact, he insults them instead of talking gently and uses words that are taboo to mention in public. He calls them names and describes situations using very vulgar words. He even includes me in those insults and this has made the children to lack respect for him even when he is sober". – A mother during the FGD

This research study also discovered that the literacy level of the children also determines how the parents can and will communicate to them on reproductive health issues. It was clear that the messages are relevant to all teenage ages or varying literacy levels:

> "I believe the literacy levels have a great impact on how the parents communicate to teenagers on these issues. The way my parents talk to me is not the same way they do to my small brother who is in his puberty years. The message to me is usually more detailed than what they tell my small brother and I fully understand their reasons because I would not expect them to give him the same information as they give to me. I am in high school and he is in primary school and therefore what I have been exposed to in school is a lot more than what my brother has. Our knowledge levels are different and that informs the information that he can be given by our parents". A teenage boy during the FGD

Intermarriage was also pointed out as a factor that has led to the disintegration of the traditional Bukusu family set-up and its moral fibre. This was blamed on rural-urban migration in search for greener pastures.

> "When our children marry from other communities, our culture is diluted. Especially when the male children marry from matrilineal communities, it becomes a challenge so much to the children that they raise. We are a community that believes in men being the head of the family and therefore we expect total respect and submission from the wives but this is not the case with such marriages. Traditionally marriage was a community affair. Elders were heavily involved in marital decisions but in the current society, the children travel far and wide in search for jobs and only bring the wives home when the family has two or more children or which it becomes a challenge to the community irrespective of the type of wife he has brought home. At such a point, it is not easy to explain the social and cultural expectations of a Bukusu wife because she has already been rooted in the family that she may believe is all that matters to her and her husband (nuclear family). Children from such families are often without a cultural attachment in their social upbringing. In fact, most of these children are not able to speak or even comprehend the language of their fathers". - A mother during a one-on-one interview.

Education is another factor that was cited to have created a drift in the traditional family set-up and social expectations of a Bukusu family.

> "Rural-urban migration is mostly a result of searching for greener pastures. The issues surrounding the so-called greener pastures are brought about by improved literacy levels by younger members of the communities. Some jobs are only available in urban areas and therefore these your people must migrate to those areas in order to earn a living. There they mingle with people of diverse communities and start thinking that some of the traditional expectations of the Bukusu community are outdated and backward. They then start living and behaving like their counterparts from the other communities and even stop visiting the countryside where they may consider unbearable. The children raised from such parents will not adhere to the cultural expectations of the Bukusu community because they have not been exposed to it and also because their upbringing considered it backward". A father during the one-on-one interview

Rural-urban migration has a pronounced impact on the traditional Bukusu family set-up and most of the participants believe it has contributed greatly to the disintegration of the family that united the members of the Bukusu community.

Another participant had the following in addition:

> "In our days, the Bukusu circumcision was done the traditional way in which there was a lot of communal involvement in the preparation, during, and after the initiation ceremony. This came with songs and dance as part of the preparation for the circumcision ceremony. These songs were well composed and practiced for the season. The songs carried heavy sexual and reproductive health issues messages. They were used to ridicule and warn the morally crooked members of the society as well as pass as message on the young members of the society on the moral and social expectations of the members of the Bukusu community. This has changed with time. The initiation candidates no longer go through this process because most of them are taken to hospitals for circumcision and hence skip the process". – A father during the FGD.

The parent participants expressed concern about the drift from the collaborative raising of a child by the community that was traditional among the Bukusu community as compared to the set-up that we have in most of the families in this era. The mentioned the importance of the former way of raising children in which the community was fully involved in the upbringing, as well as disciplining, of all the children that belong to it. One of the parents had this to say:

> *"*I wish the old system of raising children was still around. The time when children belonged to the society and every adult member was entitled to disciplining the children. That was the time when any adult would be comfortable to report that they have disciplined a child who was doing what is socially unacceptable. The children were a lot better behaved in those times than they are today. These children knew that parenting had no boundaries in their community and therefore it was not just their parents who would punish them, any adult member was to be respected which calls for good manners all the time. This has changed. The child now belongs to the biological parents and even legal action can be taken to someone for trying to 'parent' another person's child". – A parent during the male FGD

The parents generally admitted that there is almost nothing that can be done to change the current family set-ups because most of them are created by economic circumstances that cannot be controlled, hence leading to some parents being over-protective of their children. However, generally the parents suggested that parents and guardians need to be empowered on how to raise their children into becoming socially-accepted members of the Bukusu community. According to the parents, there is a need for proper communication skills, cultural knowledge, and religious adherence by parents as well as their children.

> "*These teenagers look upon us for direction and we must always try being the best example to them. We may be in whatever family setting that we are in by choice or not, but our choices should not have an impact on the cultural and social norms that were informed to us by our forefathers. The children need to know and understand what is expected of them as members of the Bukusu community and live to the communal expectations". – A mother during the FGD.*

Like in many communities, religion plays a major role among the Bukusu people. Traditionally, the Bukusu people worshipped *Wele Khakaba* who was believed to be their god. Time has changed and so have the religious beliefs of the community. The coming of Christian missionaries in Kenya saw a great change in the worship patterns in the Bukusu people and faith was drastically segregated such that there were many religions as well as denominations that the people of this community chose to worship through.

Despite having members of other religious faiths, generally the Bukusu community is made up of Christians although of diverse denominations. For decades, religious faith has remained a pillar that holds the community together and a measure of moral values. This has an impact in the community cohesion and communication patterns within any given

family. Religion therefore plays a major role on the reproductive growth of children in the family.

> "Christianity has changed the way we talk to our children and the things we tell them. My family is very religious and is deep into the catholic faith. In our church, there is a segment that addressed the youth and their issues; reproductive health is among the key issues. This part of the church programs encourages parents to discuss with their children about these issues because it already introduces the topic to them. We also have a program in church called 'Family Life' and in this parents and coached on how to talk to their children, especially teenagers, on reproductive health issues among other issues". – A father during the one-on-one interviews

Also on religion, it is worth mentioning these:

> "I feel religion has contributed to the situation where we are unable to control our children. This is particularly the Christian faith that has led to the end of most of the traditional taboos that helped to shape the morals of the teenage children and their subsequent marriage institution. When we were growing up, Christianity had not penetrated into the Bukusu community so much, and the children always went to the homes of relatives, mostly aunts and uncles or grandparents, for their school holidays. This was deliberate for them to be trained on how to be morally accepted members of the Bukusu community because it was not the responsibility of the parents to talk to their children on these issues; this is not there anymore. In fact, most children go for church retreats during these school holidays and the roles played in those retreats are not similar to what was traditionally done. These seminars/retreats do not have lessons on how to behave in accordance to the Bukusu cultural norms". – A mother during the FGD

The findings suggest that participants are keen to help their adolescents to avoid problems associated with reproductive health issues. Taking responsibility for children as a community was also identified as a way of dealing with the various reproductive issues that teenagers experience. This is because communal parenting has been identified as the major weapon in shaping adolescents' behaviour. The significance of communal

parenting was also highlighted in, in which participants claimed that traditional communal parenting makes children upbringing and shaping their behaviour a lot easier.

Parent Teenagers' Communication on RHI and Teenage Sexual Debut

The onset of sexual activity among teenagers worries many parents. As much as parents would wish that one day their children would get married and have a happy family with children of their own, no parent is usually ready to learn that their child is engaging in sexual activity, especially in their teenage years. It is on this assumption that this study sought to specifically find out how information on reproductive health issues may be affecting the onset of sexual activity among teenagers.

The onset of sexual activity is usually considered sacred and traditionally, in many communities, it was considered to be a reserve of the wedding night. This is used to mark purity and earned respect, especially for the female spouse. However, times have changed and the circumstances that surround this culturally considered taboo topic have also changed a lot.

Most parents who participated in this study, had a desire to discuss reproductive health issues with their children, but they suggested that they were not only very shy to initiate the conversation, but also had reservations. Some mothers believed that if they discussed reproductive health issues, especially the issues of sexual relationships, it would tempt their teenage children into experimenting. It was a general concern from parents of both

sexes that when their children start engaging in sexual relationships, they do not inform them. This assumption disappointed those parents.

One parent had the following to say on teenage sexual debut:

> *"These children can keep telling you stories of their mates who are 'badly behaved' and are actively involved in sexual relationships but they would never mention anything about themselves".*

The study discovered that curiosity played a major role in the timing of the onset of the sexual activity among teenagers in the community. The desire to know the 'unknown' and feel the 'unfelt' was claimed to be the main reason as to why teenagers commence indulging into sexual activity.

> "When I was younger and innocent, I didn't have the desire to engage in sexual activity; but the day I watched the pornographic video was the beginning of my desire to have sex. I have tried to refrain myself but it seems impossible; I may have to give in to my desires soon"- A 13-year old teenage boy during the one-on-one interview

The source of information also seems to have an impact on the decision on when to start engaging in sexual activity. A girl had this to say:

> "The first time I heard about sex was from a friend. She was telling me about her experience was the previous weekend. She glorified the feeling and made me feel that it is the best thing that can ever happen to someone and I also started feeling that I was missing a lot. From then, I started building ideas in my mind gradually that I need to taste that feeling. These feelings were nurtured by the same friend who kept on telling me about her sexual episodes every weekend and she always encouraged me to try it because it is not harmful. That is how I eventually lost my virginity at the age of 14". – A teenage girl during the one-on-one interview

Generally, the participants had a lot of concern about technology and information media has been misused by the young people, especially teenagers. It was claimed that it has contributed to teenagers being exposed to the risks related to reproductive health issues

such as early sexual activity, unplanned pregnancies, abortions, contracting HIV and other STIs, as well the introduction to culturally unaccepted sexual orientations.

One participant said:

> "Contrary to the expectations of many parents, most teenagers do not use technology to get information that will help them be better members of the community. Rather, they use it to quench their curiosity on issues that could not be ordinarily be discussed by parents. Through technology, they are able to access the internet and download any information and images as well as videos that are pornographic in nature. Sometimes they share this information through mediums such as Facebook, Whatsapp and other social media channels. It actually means that these teenagers might be more knowledgeable on these issues than some of their parents" – a male teenager during the FGD

Effective Communication Between Parents and their Teenage Children on RHI

From the study, the most common methods of communicating reproductive health issues were counselling, giving advice, having conversations, and teachings. However, these methods were mostly used on the teenage girls than on the boys and it cut across both boarding and day schooling teenagers.

> *"We get information on reproductive health issues through counselling and occasional discussions with our parents. This usually comes in form of warnings to us against sexual relationships. Usually it is about the sexually transmitted infections (and the focus is on HIV) and the unplanned pregnancies that are a result of sexual relationships". - Teenage girl in the FGD*

The parents also shared the same opinions but it was different from how teenagers got information on reproductive health issues in their era. In the past, according to parents, teenagers got this information majorly from their grandparents depending on the sex of the child; the boys got it from the grandfathers and girls from their grandmothers. The parents also cited cultural leaders as having a great impact on the kind and quality of

reproductive health issues information in the past. Relatives (aunts and uncles), played a significant role in the information, especially on sexual relationships, that the teenagers received.

> "During our teenage days, we got information on reproductive health issues from our grandparents. These grandparents knew that it was their responsibility to nurture their grandchildren into socially accepted members of the community. When the girls approached puberty, they would go and stay with the grandmother for a while in the guise of helping her with household and farm chores. This was mostly during the school holidays. All the girls in their puberty and adolescent would gather there for our school holidays and each evening we had a story-telling session around a fire before we slept. Grandmother always had a different story every day and these stories were folktales with a hidden meaning. The stories always had a moral lesson on growing up as a girl into womanhood in the Bukusu community. By the time we went back to our various homes, our perception about life was changed and we always looked forward to our parents noticing that we are growing up as 'good girls'." – A mother during a one on one interview

Technology also featured in the findings of the study. Both the parents/adult participants and the teenage ones mentioned technology as having a great impact on the information on reproductive health issues in this era. Majority of the teenagers said that they get their information on reproductive health issues from the internet and other media channels that have advanced and changed tact over the years. The adult (parents and other adults) claimed that technology has 'snatched' the teenagers from their grip and that it has a great impact on the information and its consequences that the teenagers encounter in this era.

> "The internet is convenient for us when we want information on reproductive health issues. Most of the young people, especially teenagers, use the internet to get answers to questions that bother them and they are not confident enough to ask someone else to explain. Although we are not allowed to have cell phones at this age, but the truth is that most of us own them or at least have an easy access to a cell phone with internet connectivity in a day. We find the cell phones convenient and portable and compared to the desktop or laptop computers that might provide the same information if they have internet connectivity." – A late teenage male (18 years old) during a one on one interview.

Parents had a varying opinion from the young ones in regard to the impact of technology on communication patterns within a family.

> "Technology has replaced most of our responsibilities in the lives of our children. I particularly feel the television has snatched my children from me. When we were growing up, we did not have television and our parents spent time with us in the evenings after school. I am lucky to have been born in a family whose parents had been educated. They were not the type that stuck so much to the cultural demands that separated parents and their children. In the evenings we spent time together and discussed how the day was for each of us. We could share our experiences and worries with our parents openly. This generation is different. Our children are practically raised up by the television and this is something that parents have no control over. It is the social demand. Every second household in this village has electricity and a television set. The television that people watched ten years ago in this country is not what we have now. The televisions are digital and therefore they come with many channels that are meant to cater for the needs of individual members of the family. We cannot watch and enjoy television programs as a family. The programs that my wife and I enjoy are not what our teenage children would enjoy and definitely our 7-year old daughter would not sit down to watch it. This means that the time we are watching TV; the children are busy doing their own things. We rarely get time to be together as a family because of this. The children have their meals in the kitchen then they go and do their own things when we are watching TV. With the social and financial demands of the current economy, where does a parent get time to talk to their children if not in the evening?"- A male parent during the one on one interview

Another parent added:

> "Why would I even sit down with my children and discuss reproductive health issues when the media does it for me? The kind of adverts and programs aired on our television are so boldly and they do not have age restrictions. For example, on television, you can be watching news at 7 in the evening and they bring an advert on condoms, or other family planning methods. Sometimes you are walking in town with your children and you see a big billboard warning people about HIV infections and it is even elaborate on what to do not to get the infections. Even in newspapers you get adverts of products that are meant for family planning or stories on reproductive health issues. Most of these are so detailed that I feel the children get a lot more information reading them than they would when I explained to them because maybe I would be shy. Generally, I assume that my teenage children will somehow encounter this information from the various sources and know the dos and don'ts on reproductive health issues". A mother during a one on one interview

Another participant commented:

> "The mobile phone is the mother of all our problems. We are unable to control the content that our teenagers have access to. You can talk to them about what is socially acceptable, but that does not change what they already know which you are not aware of. These phones have also been the source of headaches to most parents because that is what they use to communicate and plan meetings with their boyfriends and girlfriends. In the past the parents had a grip of their children, but this is not the case anymore. The children have slipped away because of these phones"- a mother during a one-on-one interview.

Technology has exposed many young people to lifestyles that cannot be afforded by their parents or guardians. Through technology, these teenagers have access to the lifestyles of people who they consider role models and would like to emulate them. Through the television, celebrities are watched and their lives are laid bare for all to see and admire.

A participant said:

> "Sometimes, on television, we see people that we have been admiring for long because of their music or other achievements that have made them our role models. Occasionally we imagine that these people just got these lives by luck and not hard work. Especially for us girls, we feel beauty is all we need to be admired and adored. We become vulnerable in our desperation to emulate our ideal role models. At that point, we feel that the only way to get close to being who those celebrities are is by sexually exchanging our bodies for money because maybe our parents are poor and cannot afford the lifestyles that we so much want". - A teenage girl during the FGD

Communication is the glue that binds a community together on various levels. The type of communication that exists between people has an impact on how they relate among themselves and the general welfare of the community. Reproductive health issues also have an impact on which a young person develops to and eventually become an adult. The manner in which these issues are communicated to teenagers is very important because it influences their choices that would eventually make them leaders of the community in their adult years.

It is with the above consideration that this study sought to specifically find out other sources of reproductive health information that teenagers have access to and the trusted sources of this information.

The study established that the majority of teenage participants received some kind of communication on reproductive health issues from their parents. However, this information and their frequency varied because of certain factors.

The parents on the other hand said that they attempt talking or communicating to their teenage children on these issues although they acknowledged that there are various challenges in their way to effectively deliver the messages the way they would have wished to do it.

Adolescents who attend boarding schools seemed to have limited communication from their parents on reproductive health issues. Generally, they felt that the parents are distant to them both physically and emotionally and when they come home the parents focus on other issues and ignore the communication on reproductive health issues. The parents seem to treat them as strangers and expect them to somehow get the information on these issues elsewhere.

One of them had this to say:

> "Parents should create a good communication relationship with their children throughout their lives. Some of us had a good communication relationship with our parents but when we went to boarding schools it changed. They now treat us as strangers and ignore talking to us about issues that we are eager to know. Unlike our counterparts in day schools, most of us in boarding schools are not advantaged to have easy access to mobile phone and the internet too. This limits our exposure to information sources". A teenage girl during the FGD

A teenager who attends a day school had this to say:

> "Parents ought to nurture good relationships between their children and them throughout the development process of these children. This makes the children comfortable to share information with them on anything. My parents are very harsh and this discourages me from asking them anything or informing them about the challenges I go through in my reproductive development. I therefore confide in my maternal aunt who is young and very approachable. She has been very supportive to me throughout my pre-teen and these teenage years. She is the one I sent to my parents whenever I want something from them". - A teenage girl during the one-on-one interviews

Some parents felt that the children have access to enough sources of reproductive health information and therefore it is not relevant for them to add to it.

> *"These children have access to many sources of information some of which we have no idea. I believe they know more than we do on this topic and therefore they are safer with the information they have than what we would give them because ours is outdated. I do not think these children need the opinion of their parents anymore. Technology and other things have provided enough for them". - A male parent during the FGD*

The teenagers also suggested that their parents need to change their parenting skills to suit the demands of the contemporary society. There is so much pressure for parents to look for money for the various demands that keep increasing every day in the families, but that does not mean they should neglect their roles as the owners of the children whom they are seeking these finances for. Most parents are in the habit of postponing these discussions with their teenage children claiming to be too busy or too tired and therefore the situation tempts the children to seek alternative answers to their pressing questions.

> "My parents come home late and they usually go to bed earlier than us claiming that they are tired. It is understandable because they are both taking evening classes after work but we also need attention. I am therefore forced to watch late programs that come after water-shed hours in order to get some information on issues that I would have asked my parents. I get the information I want on certain matters although this is not sufficient for my community because most of these

> programs are acted in the western countries and the culture if not ours". A teenage boy during the FGD

The teenage participants believed that the fear of their parents contributes to their inability to discuss reproductive health issues with them hence forcing them to alternative sources of these kinds of information. They wished that there were ways in which they could initiate these conversations and frankly demand for information on the issues that disturb them psychologically but this is not easy because of the upbringing that they have.

In another parent's perspective, it is relevant for parents to be sensitized on ways of being friendly to their children in order to gain trust and confidence from these children. This parent also felt that some parents are too lenient to their children and therefore need to be informed on how to set boundaries on particular aspects of their lives and to be firm on some making the decisions on issues that affect these children.

For both the male and the female teenage participants, school was mentioned as the most common alternative source of reproductive health information. Besides the social science lessons, there are guiding and counselling sessions in school as well as printed materials such as books and magazines that have this information. Some students cited that their schools have clubs that sensitize them on these matters and the membership of their clubs is not limited to particular groups of students; it is for any student who is above 12 years of age.

The study also discovered that peers have a major role in the information acquired by the teenagers. Although some of the participants confessed that most of the information they

get from friends is misleading and unclear, it is clear that it is the most easily available and affordable source of information for them.

> "Although sometimes we believe them, but often the information we get from our friends concerning reproductive health issues is misleading. The most confusing information is about the use of contraceptives and safe days. I have seen many girls get pregnant or make wrong decisions on sexual matters because they have been given misleading information by their friends. Usually it is because the friends want to create an impression that they are more knowledgeable on these matters and therefore offer the information even when they are not so sure of what it entails to engage in some actions". – A female teenage participant during the one-on-one interview.

Although parents were mentioned to be the ultimate source of reproductive health information by most of the teenage participants, most of the participants sourced this information from various mass media outlets and relatives at home. The television was the most preferred mass media source of information by most teenagers because of its audio-visual advantage over the other sources of information.

The people that live with them at home were another source of this information. These are blood relatives or the employees in the home. The teenagers claimed to get fond of them because of living with them and eventually become comfortable to share with them their concerns and worries on issues that affect their growth. The younger aunties and uncles were largely mentioned as confidants by the participants, but there were cases of house-helps also being regarded as resourceful on reproductive health issues by some female participants.

In this era of digital technology, there are various sources of all sorts of information that anyone can access without much effort or money. Most of the sources of information are

now affordable or free for anyone interested. However, this does not mean that all information is relevant and good for consumption.

From the above assumption, one realizes that the teenagers, among other members of society, have access to various sources of information on reproductive health issues. Although they consume this information from the various sources, this study established that the teenagers have particular sources that they believe and trust for what they assume to be reliable information on reproductive health issues.

> *"I do not trust anyone else besides my mother. She is the one person who has all my interests at heart and therefore I believe in what she tells me. Although we rarely discuss reproductive health issue, but when we do it, she does it with so much emphasis on what is important for me to adhere to. She always encourages me to be the best that I can be". - A teenage girl during the FGD*

Another teenager had a different opinion. He said:

> *My phone gives me all the information I need. I may ask my parents something but they will either avoid the question or give me a vague answer. Using the internet on my phone at the comfort and privacy of my bedroom allows me to get all the answers to the questions I might be having. I find it more convenient and reliable to use the internet on the phone". - A teenage boy during the one-on-one interview*

Parents are of divergent view on this issue.

> "The kind of company that the teenagers keep has a great influence on the decisions they make on the reproductive health issues in their lives. This means that peer pressure greatly impacts these choices in the teenagers and no matter what the parents tell them, the peers of these teenage children always have a way of affecting what they believe to be right or wrong. My daughter sometimes tells me that my decisions are outdated because we are of different generations". - A mother during the one-on-one interviews

School is where children spend most of their awake-time and therefore plays a major role in the nurturing of children into whom they eventually turn out to be as adults. The people around them at school have a major role to play in their development circle.

> *"I believe in my teachers and what they tell me on reproductive health matters because they are the experts. They have trained on these matters and also they have experienced them when they were teenagers. Most of the time the teachers use information in books to tell us about reproductive health and that clearly means that they are very knowledgeable and the information is reliable". - A teenage boy during the one-on-one interview*

Generally, the teenagers had a wide variety of sources of reproductive health information that the parents did not have in their teenage generation. Among the sources that the teenagers cited were the internet, movies, media, teacher at school, counselling at church, and off course their older siblings (for those who are not first-borns in their families).

The parents on the other hand said that in their days as teenagers, most of this information was centralized into a cultural outlet such as being part of the circumcision rites or marriage ceremonies. It was a taboo topic and could not be talked about by anyone or anywhere. It had its time and there were members of society that had the responsibility to communicate this information.

From the study, the findings indicate that most parents are aware of the reproductive health risks that their teenagers are exposed to through the various technology mediums. Although the mobile phones and the internet have been blamed for most of the wrong choices by the teenagers, but generally it was believed that technology mediums have so much negative impact on teenagers and the choices they make.

Despite all the above, there was hope among most participants of the study who believed that technology can potentially improve the positive knowledge on reproductive health issues for these teenagers if it is used responsibly. It was mentioned that with the help of adults, the teenagers can get appropriate information that can help them change their lives and make proper decisions that make them acceptable members of the Bukusu community both culturally and socially.

4.5 Chapter Summary

This chapter presented findings of the four research questions. The collected data revealed that although there is communication on reproductive health issues, there are various factors, both social and cultural that hinders the effective communication between parents and their teenage children. The findings also revealed that the Bukusu community has undergone social structural transformation that has influenced how parents and their children relate and communicate. It was also clear from the findings that parent-teenage communication is beneficial to the teenagers and it has an impact on the onset of sexual activity. The communication strategies that parents use to communicate with their teenagers was criticized and a recommendation for better ways to discuss reproductive health issues was given. With these findings, the study presents a summary of its key findings, interpretations, conclusions and recommendations in chapter five.

CHAPTER FIVE

KEY FINDINGS,INTERPRETATIONS, CONCLUSIONS & RECOMMENDATIONS

5.0 Introduction

This chapter presented the summary of key findings followed by a discussion. It also presents conclusions from the study, recommendations, and finally gave out suggestions for further research.

5.1 Summary of Key Findings

This research was seeking answers from four research questions. First, it sought to find out the social and cultural factors that are influence reproductive health issues communication between parents and their children who are among the Bukusu people, secondly it sought to find out if the social change influenced the structure of the family unity hence impacting the communication of reproductive health issues among the Bukusu families, thirdly it sought to find out if there any benefits from parent-teenage communication in relation to the onset of sexual activity, lastly, it sought to find out what communication strategies can parents use effectively to discuss reproductive health issues with their teenage children. **Table 1** below illustrates some of the key findings from data gathered via in-depth interviews, diaries and focused group discussions.

Table 5.1: Summary of Key Findings

KEY FINDINGS

a) Social and Cultural Factors that Influence Parent-Teenagers' Communication Regarding RHI

- Because it is a socially taboo subject, the children are not free to communicate these issues with their parents.
- Parents are not comfortable discussing these issues with their children because culturally it is not their responsibility
- Parents are not sure of how to start or what to communicate with their children on these issues because their parents did not discuss reproductive health issues with them
- There are cultural gender roles that the Bukusu community has defined which restrict some parents from discussing certain issues with particular children
- In this era, the teenagers get the information through counseling and warnings against sexual relationships that could lead sexually transmitted infections
- Most parents do not know of any Bukusu folktales that were used to communicate reproductive health issues messages to teenagers and therefore they are unable to pass on this culture to their children.
- Technology has taken the social role of parenting and weakened the 'glue' that binds families together.
- Paradigm shift from collaborative child-raising by community to independent families restricts disciplining moral behavior that is considered culturally inappropriate.

b) Influence of Change on the Family Set-up and Parent-Teenagers' Communication on RHI

- Lack of appropriate role models in society (including the parents themselves) hinders them from talking to their children about these issues.
- Rural-urban migration has brought about the increase in single-parenting which has changed the traditional family setting
- Intermarriages have increased because of various reasons and therefore this has affected the traditional Bukusu culture in the affected families
- Education and the employment options has changed and this has moved many young people into urban areas in search of jobs and therefore they start and raise their families away from the community
- Technology has introduced many communication and information-access options which have replaced the role that parents could play
- The global contemporary religious situation has influenced the way families acknowledge the cultural norms
- The change in the overall communal literacy levels has influenced the way families communicate on these issues

c) Parent-Teenagers' Communication on RHI and Teenage Sexual Debut

- Curiosity, as a result of knowledge, leads to early onset of sexual activity among the teenagers
- Peer-pressure has a great impact on the onset of sexual activity

d) Effective RHI Communication Strategies Between Parents and their Teenage Children

- Majority of teenagers receive this information from their parents.
- There is a need to improve the communication relationship between parents and their teenage children on these issues.
- Parents are not sure of the kind of information their children have access to.
- The change in parenting patterns tempts teenagers to seek alternative sources of information.
- Information from peers is usually believed and more influential to most teenagers.
- Parents are the trusted sources of information.
- The mobile phone is the most sought-after source of information because of convenience, accessibility, and privacy.
- Teachers have an influence on the reproductive health choices that the teenagers make because they are believed to be the experts.

5. 2 Data Interpretation

Data interpretation refers to the implementation of the processes through which data is reviewed for the purpose of arriving at an informed conclusion. The interpretation of data assigns a meaning to the information analyzed and determines its signification and implications. The importance of data interpretation is evident and this is why it needs to be done properly. Data is very likely to arrive from multiple sources and has a tendency to enter the analysis process with haphazard ordering.

This study took a qualitative analysis interpretation procedure. The scale of measurement for the interpretation used was ordinal because the categories of the analyzed data were both exclusive and exhaustive in nature but with a logical order. The purpose of collection and interpretation is to acquire useful and usable information and to make the

most informed decisions possible. Data analysis and interpretation, in the end helps to improve processes and identify problems.

In relation to the provided literature review, in the section below, I will present a detailed discussion/interpretation of the key findings of the social and cultural factors that are bottlenecks towards reproductive health issues in communication among the Bukusu people, the influence of social change on the structure of the family unity that affect the communication of reproductive health issues among the Bukusu families, the impact of parent-teenage communication in relation to the onset of sexual activity, and the communication strategies that parents can use effectively to discuss reproductive health issues with their teenage children.

This study examined the parent-teenage communication on reproductive health issues and how best this could be improved to promote the cultural values of the traditional Bukusu family. Clearly, the findings show that a warm and loving relationship between parents and their children is vital for there to exist good parent-teenage communication.

5.2.1 Socio-Cultural Factors That Influence Parent-Teenagers' Communication Regarding RHI

As it is in previous studies, most teenagers, both male and female, discuss reproductive health issues with their mothers more often than they do with their fathers; even in circumstances where they live with, and have a healthy relationship with both parents. This is because generally the African social structure dictates that children spend more

time with their mothers than their fathers because of the gender responsibilities socially accorded to mothers.

Reproductive health (and especially the sexual aspect of it) being a taboo subject in most African communities, it is not a topic that is easily discussed among members of the Bukusu community. This study discovered that teenagers are not comfortable to discuss these issues with their parents, but they can do it with another adult in the family for instance and aunt or uncle. This does not need to be restricted by the parent, it is a natural feeling. It therefore limits the possibility of parents discussing issues that affect and influence the reproductive choices of their teenage children.

This study found out that it is not culturally appropriate for parents to discuss reproductive health issues with their children. It is not the responsibility of parents to do that because there are occasions that are culturally meant for these discussions; and even on those occasions, it is not done by the parents. These includes during and after the circumcision period, in preparation for a marriage, visits to grandparents, etc. Even when a child strays morally, the Bukusu parent was expected to invite some other adult to talk to the teenager and advice on the appropriate manner of behavior. It was never a parent's role to discuss the matter. However, this seems to have changed with the times and circumstances.

Although there is social change and parents have no option but to discuss these issues with their teenage children, it is still a challenge to them. Findings of this study reveal

that some parents are unable to initiate a conversation on these issues because their own parents never talked to them about it. This therefore denies them the experience on how to start and handle the discussion with their teenage children, hence unending postponements to the discussions.

In the past, the discussion of the subject of sex and reproduction was coated in folktales and coded songs. This study established that although most parents are aware of the existence of these songs and folktales in the past generations, as avenues to discuss sex and reproductive health issues, unfortunately most parents in this era do not know any of those folktales and cannot even sing the songs that their grandparents used to sing in order to communicate the supposed messages.

Unlike in the past, today, most schools have guiding and counseling services to their students. This has largely replaced the role of parents in discussing reproductive health issues. Teenage participants in the study claimed that the guiding and counseling services are more conducive to them than their parents because in them they are more comfortable to discuss issues that affect them and also to ask any ‘disturbing’ questions without the fear of being judged wrongly that might happen with a parent-teenage discussion. It emerged that most parents handle the topic of sex with so much emotions when talking to their teenage children hence making them appear too harsh and domineering.

The fast changing technology has weakened the ties that family members previously had. There are no more family meetings in the evenings around a fire to share experiences of the day. Results of the study indicate that the television has replaced the evening chats in

most households. When members of the family get home it the evening, they are all focused on the television and its programs hence no conversations amongst them. In homes where there is no television, at least there is radio most of which are in the mobile phones that almost every member of the family has. This means that everyone can listen to a station of his or her choice and therefore no conversations in the houses at all. The advent of internet and social networks on the mobile phones has worsened the situation. According to most participants of this study, this has drifted members of the family further apart. People are too busy on the phones with chats on social forums these days. It has become so addictive to many and creates no room for people to accommodate the attention of other members of the family and their needs.

There was a vital concern by most adult participants of the study. They felt the Bukusu community is losing its grip on the teenage child because of a paradigm shift. Initially the Bukusu child belonged to the community in the sense that any adult member of the community had the right to discipline or share the joy of the child. However, this has changed with time and situations. Currently, the Bukusu child strictly belongs to his or her immediate family (nuclear) and any deviation from this by members of the community might end up with legal battles. One can no longer discipline a child who has defied the moral Bukusu cultural norms like in the past. It is even difficult to report cases of indiscipline of these children to their parents because suddenly the parents have become too protective of their children. The children no longer belong to the community and its expectations; they are products and property of their parents and it is only the parents who can handle whatever becomes of them.

Similar to the findings of this study, Kamangu, A.A., Magata, R.J., & Nyakoki,S.J. (2017) explain that traditional norms and culture is the other barrier that prohibits parents to discuss issues of puberty and sexuality with their children in east Africa. The norms prohibit parents and other health professionals to speak issues of sexuality to youths hence they shy away and lack courage.

5.2.2 Influence of Change in the Family Set-Up & Parent-Teenagers' Communication on RHI

The study found out that there is a lack of appropriate role models for the teenage children. The parents are either absent from the lives of their children for many hours of the day, or they simply do not care what the teenager does. There is a disconnect between parents and their teenage children hence making them 'strangers' to each other and therefore the inability to communicate well, especially on reproductive health issues.

It also emerged that some parents are not ideal moral role models to their children and this hinders them from discussing the real issues of reproductive health. The parent might have made a mistake in his or her development life (for instance getting a child out of wedlock) and this denies him or her authority to discuss these issues with his or her teenage child because of the fear of being victimized.

Single parenting, majorly as a result of rural-urban migration, also came out as a contributing factor to the inability of parents to adequately discuss reproductive health issues with their teenage children. The study realized that the Bukusu community, unlike in the past, has increased numbers of single parents (especially the single mothers) and

this limits the ability of the parents to communicate with their children on reproductive health issues because of the cultural gender roles attached to either sex of the parent.

Results of the study revealed that intermarriages have contributed to the challenges of communication on reproductive health issues between parents and their teenage children in the Bukusu community. Intermarriages dilute cultures because both communities within the marriage ought to be accommodated with their various cultural expectations. This therefore means that when the Bukusu marry members of other communities, there are some cultural aspects that they abandon, some of which affect the way parents communicate with their children.

Education and employment options stood out as a factor that contributes to the manner in which parents communicate with their teenage children, especially on reproductive health issues. This is because they lead to migration and interaction and assimilation of other cultural practices. The Bukusu community's literacy levels have progressively increased over the years and this has come with cultural deviation from most of the elite members of the community who believe that some of the community's cultural practices are outdated. According to some participants of this study, this has led to the change in communication strategies between the parents and their teenage children, especially on reproductive health issues. The highly literate, as well as the socially-perceived elite members of the community discuss almost anything with their teenage children unlike in the past when this was taboo.

Technology was adversely mentioned by participants in the study as having an impact in the ability and manner in which parents communicate with their teenage children on reproductive health issues. Most parents felt it has replaced their role to communicate with their children generally because these children seem too occupied with technological issues and are always busy trying to cope with the trends. It was also mentioned that technology comes with more detailed information that would otherwise be considered confidential and taboo to discuss openly; of which the teenagers opt for. Some parents believed that technology (they emphasized on the mobile phone internet) offers all the information that their teenage children need on reproductive health and therefore it is irrelevant for them to discuss those issues with them.

The Bukusu community of Kabuchai constituency being majorly composed of Christians, the participants generally claimed that the religious situation globally has an impact on the manner and information that parents communicate with their children on reproductive health issues. Most families have shifted to the religious expectations more than they adhere to the cultural norms. These Christian families believe in what doctrine offers in terms of raising children and the messages to communicate to them at various stages of their development. This therefore has had an impact on how they communicate with their children on these issues. Most of the children from these families get the information and guidance on reproductive health issues from the religious leaders who have been tasked to handle youth issues unlike in the past where the Bukusu teenagers had select people who handled the topic at particular occasions.

5.2.3 Parent-Teenagers' Communication on RHI & Teenage Sexual Debut

The timing and manner of the onset of sexual activity has a great impact on the social and psychological state of a human being. It is therefore important that it is done at the right time and in the socially appropriate manner. However, this study discovered that the curiosity for information on reproductive and sexual issues has largely contributed to the onset of sexual activity among teenagers. It was mentioned that teenagers are eager to know so much about the world around them and they are always on a mission to discover one thing or another that makes them understand who they are and the environment around them. It is because of this, according to a participant, that most teenagers want to experience the feeling of sex and in most cases it is at the inappropriate time which comes with so many negative impacts.

With or without proper communication on reproductive health issues from parents and other opinion leaders, teenagers are easily tempted by their peers. A parent participant mentioned that teenagers are at the age of competition to be the best, and self-discovery and therefore anything that their peers do and they are not doing makes them feel backward and socially misplaced. This therefore leads to engaging in early sexual activity if they are keeping company of friends who are doing and discussing it with them.

5.2.4 Effective RHI Communication Strategies Between Parents and their Teenage Children

Irrespective of the channel of communication, most teenagers receive information on reproductive health issues from their parents. The study established that parents make an

effort to communicate these messages to their children using different channels, depending on the family structure and the upbringing of the children. This varies from one family to another and also from one teenager to another. It emerged from this study that children can be born in the same family and by same parents but they perceive issues differently and therefore ought to be communicated to differently.

It became apparent from the findings of the study that there is a need to improve the strategies by which parents use to communicate reproductive health issues with their teenage children. Most parents use eccentric methods of communication to pass the message to their teenage children and unfortunately this does not seem to work well for children raised in this era. The teenagers explained that the communication needs of the teenagers of this era are not similar to those of the teenagers of yesteryears.

Talking to parents, it emerged that most of them are not sure of the kind and volume of information their teenage children have access to. This is worrying to the parents because they are unsure of how best to handle and communicate to their children based on the knowledge of the teenagers on the pressing issues.

The findings of the study were that the changes in parenting patterns seem to have an impact on the communication within the family, especially between parents and their teenage children on reproductive health issues. The contemporary society pressurizes parents to be financially viable in order to be socially correct. This therefore means a lot more hours of working hard to make the extra coin for their families in order to afford a

socially acknowledged lifestyle for their families. In this process the parents have lost the grip on their children. They get home late and leave very early in the morning. This leaves the children hungry for parental guidance on vital issues and therefore the children are left with no option but to seek alternative and comfortable sources of information that they perceive to be a better replacement of the parental guidance. Most of the teenage participants said that the internet is the best replacement of the absentee parent; although some believed that their peers are the best sources of information in the absence of parents because they understand them physically and emotionally.

It was also pointed out that teachers have a great impact on the reproductive health issues decisions of teenagers. The teenagers believe the opinion of teachers because they spend more hours at school than anywhere else and also because they believe that the teachers are the experts in these issues because they are trained to handle them.

5.3 Conclusion

This research focused on the communication between parents and their teenage children, and paid particular attention to the Bukusu community. There were four questions that the research sought to answer: a) what social factors affect the way parents communicate with their teenage children on reproductive health issues? b) What are the cultural issues that affect how parents communicate with their teenage children on reproductive health issues? c) What are the differences between how teenagers in the Bukusu family got information on reproductive health issues a few decades ago and the ones of the contemporary society? d) How has the change in family set-up affected the way parents

communicate to their teenagers on reproductive health issues? These questions are important because there were social concerns that were raised in Kenyan mainstream and social media platforms about the actions and general behaviour of teenagers in Bungoma County, which has the Bukusu as the dominant community.

The first question sought to find out the social factors that affect the way parents communicate with their teenage children on reproductive health issues. From the data collected through in-depth interviews and focused group discussions, social change on various levels, have a large impact on the way parents in the Bukusu community communicate with their teenage children. This therefore means that the question was well answered.

The second question sought to find out the cultural issues that affect how parents communicate with their teenage children on reproductive health issues. The findings indicated that despite the various social changes, culture still plays a major role in the Bukusu community. Most decisions are made based on the cultural norms of the community. Clearly, this question achieved its aim.

In the third research question, the study intended to find out if there are differences between how teenagers in the Bukusu family got information on reproductive health issues a few decades ago and the ones of the contemporary society. The differences in patterns and the communication channels used to pass information by the two generations were clearly spelt. Technology was majorly mentioned as a contributing factor to the differences. This was the best answered research question for this study.

The last question of this study focused on how the change in the family set-up has affected the way parents communicate to their teenager children on reproductive health issues. It emerged that for various reasons, the family set-up has changed a lot over the years and this has affected the traditional communication pattern within the traditional Bukusu family. This was another question that definitely attained its intention.

The main argument in this study (thesis) was that although there is communication between parents and their teenage children on reproductive health issues, there are challenges that affect manner and impact of this communication. All the stakeholders that are involved in the development of the children in society ought to acknowledge these challenges and find ways of improving the situation for the benefit of the contemporary teenage child who seems confused by the many information source choices around him/her.

From the findings of this study, building parent-child relationships to create an environment to enhance positive communication regarding sexuality among adolescents is important. Though faced with sustainability challenges, community programs are providing platforms to cultivate such initiatives. With society changing rapidly and some cultural norms fading away, it is prudent that parents and caregivers provide their children with information on life skills, including sexuality. This will build the children's awareness of sexuality issues and decision making which often has life-long impacts, for example staying in school and human capital development. It also emerges that similar to the findings of APHRC (2020), promoting safe and healthy sexual behaviors among

children translates to protecting their future and thus should be embraced within the family setting. As a society, the effort to involve parents/caregivers in sexuality education should become a social routine at the family level.

The main contribution of this thesis is that studying the challenges that affect the communication between parents and their teenage children on reproductive health issues will trigger discussions on the relevant communication channels that are socially accepted for the young people in the era of ever-changing technological developments. This thesis adds value to scholars interested in studies on the Bukusu community and therefore it will be an important reference text. This contribution is sufficient considering that there is limited research information on the Bukusu community; besides the much discussed male circumcision topic.

5.4 Recommendations

The results of this study revealed that there are various social factors that affect the way parents communicate to their teenage children. According to the first question of the study, there is a social disconnection between parents and their teenage children, hence affecting their communication patterns. This disconnection is influenced by various factors and therefore I recommend that parents should find out the specific source of this disconnection between them and their children and work on favourable ways of filling up the gap because the children need them and most teenagers trust the opinion of their parents on these issues.

Culture defines the society. In answering the second research question, it emerged that the Bukusu culture informs the decisions that most parents make in their families. The times have changed and there is so much assimilation among cultures because of migration and advancements of formal education. Some of the cultural practices seize to make sense in the contemporary society. In this regard, I therefore recommend that, parents ought to weigh the impact of some cultural expectations and its practicality in the current society. With due respect to the Bukusu culture, it should be acknowledged that most of the traditional cultural practices related to reproductive health issues are not practical in the current society and should be abandoned.

The world has witnessed many and fast communication changes over the past few decades. These changes have affected the packing of information as well as the channels by which the information is delivered through. The Bukusu community has not been left behind by the impact of these communication changes. For the third question of this study, many communication differences between parents and their teenage children were described to be in existence between the current society and that of a few decades ago. I therefore recommend that because change is inevitable, parents should embrace the current communication patterns and apply them when passing information to their teenage children. The teenagers on the other hand ought to acknowledge that they have been raised in a different generation from that of their parents and therefore learn to appreciate the messages given to them irrespective of the channel or manner of communication.

The results of this study's last question revealed that the changes in family set-up have affected the way parents communicate to their teenagers on reproductive health issues. Most of the changes are inevitable and should be accepted by all. These changes eventually have an impact on the way parents communicate to their teenage children on reproductive health issues. On this, I recommend that even with the changes among us, parents need to know what is socially accepted and give the age and culturally appropriate messages to their teenage children because some values are universal and therefore cut across all communities.

5.5 Suggestions for Further Research

Research done on the impact of the Bukusu culture on reproductive health issues that affect the young people of the community remains very minimal. There is need for further research in this area of study. While this research revealed that it is not only important for parents to communicate to their teenage children frequently about reproductive health issues but also that there are various communication channels that technology offers. It would of great value to investigate whether similar results would be achieved if the research would focus on other communities in Kenya.

In Simiyu's blog post, he quotes Kukubo. N, "The Bukusu do not have a functional cultural institution. The elites have not been able to return home and start the construction. If Bukusu can establish a cultural institution with proper leadership, they shall have demonstrated to the entire world that they exist and have a strong culture to cherish. …All historical sites should be done as part of our rich heritage and history for

information in the tourism catalogue, so that tourists from abroad could locate and visit these sites". This supports the results of this study that suggest that social change, especially rural-urban migration has affected the traditional structure and cultural norms of the Bukusu family. The findings of my second objective to this study calls for more research on ways in which the Bukusu community can re-unite the younger generation and have a common cultural perspective irrespective of one's social status or setting.

In the quest to get answers for my third objective, it was clear that parent-teenage communication on reproductive health issues has a direct impact on the onset of sexual activity among the teenagers. Information could either make the teenagers curious or seek to know more about sex, or it could empower them to be careful in their sexual choices. This therefore offers room for further study on the appropriate messages for the respective age brackets of teenagers.

Finally, it is clear from the results of the study that technology has made it easier for teenagers to get any information on reproductive health issues irrespective of the validity of the messages. Although my fourth objective was attained, but I would be interested in knowing if there are other ways, besides the technological ones, in which parents can package their messages in an attractive way and comfortably deliver the information on reproductive health issues.

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APPENDIX I: **INFORMED CONSENT FORM**

Informed Consent Form for FGD and In-Depth Interviews participants

This informed consent is Kabuchai constituency residents that I have invited to participate in my study '**Parent-Teenage Communication Regarding Reproductive Health Issues Among the Bukusu Community of Kabuchai Constituency, Bungoma County'.**

My names are Joyce Nasimiyu Kafu. I am currently undertaking a Master of Science in Communication and Journalism at Moi University. This is a study that will lead to partial fulfilment of the requirements of this course.

Part I: Information Sheet

Introduction

My research is aimed at finding out the bottlenecks to parent-teenager communication regarding reproductive health issues among the Bukusu in Kabuchai constituency, Bungoma County. I therefore invite you to be part of this research and help in creating an avenue through which this issue can be addressed beyond the family level.

Purpose of the research

Technology is changing the way people relate and communicate in families. The social values are also changing and therefore it is endangering the traditional customs that united the family structure. I believe that you are able to share opinions that would inform and change the trend that is threatening the existence of the Bukusu taboos and norms.

Type of Research Intervention

This research will involve your participation in a short interview and also in a focused group discussion.

Participant Selection

I am inviting you to this research because you are a member of the Bukusu community, you are either a parent to a teenager or are a teenager, and also because you reside in Kabuchai constituency of Bungoma county. I feel your experience can contribute to my understanding issues of the communication between parents and their teenage children on reproductive health issues.

Voluntary Participation

Your participation in this research is entirely voluntary. It is your choice whether to participate and nothing will change. The choice that you make will have no bearing on your job or any work related evaluations, or reports. You may change your mind and stop participating even if you agreed earlier.

Procedure

I will not ask you to share personal beliefs, practices or stories and you do not have to share any knowledge that you are not comfortable to disclose.

Duration
This study will take a one-month duration. During this time, I will visit the participants twice, one visit for an interview and the next will be in a focused group discussion.

Risks
There is a risk that you may share some personal or confidential information by chance, or that you may feel uncomfortable talking about some of the issues. However, I do not wish that this happens. You do not have to answer any question, or take part in the interview if you feel the question(s) are too personal, or if talking about them makes you uncomfortable.

Benefits
There will be no direct benefit to you, but your participation is likely to help me find out more about how to enhance communication between parents and their teenage children on reproductive health issues.

Confidentiality
The research being done in the community may draw attention and if you participate you may be asked questions by other people in the community. I will not be sharing information about you to anyone outside of the research team. The information that I collect from this research project will be kept private. Any information about you will have a number on it, instead of your name. It is only me who will know what your number is, and I will secure that information so that it cannot be accessed by anyone else. It will not be shared with, or given to anyone except my supervisors

Sharing the Results
I will provide a copy of the findings to the organization which can be accessed by anyone within this year. The research results will also be used by my university, my supervisors and teachers, and perhaps other scholars or stakeholders in reproductive health issues.

I have read the above information, or it has been read to me. I have had the opportunity to ask questions about it, and any questions I have been asked have been answered to my satisfaction. I consent voluntarily to be a participant in this study

Name of Participant _____

Signature of Participant _____

Date _____

APPENDIX II**: LETTER OF INTRODUCTION**

March, 2016

Dear respondent,

I am a postgraduate student in the Faculty of Human Resource Development, Moi University pursuing Master of Science degree in Communication and Journalism. As part of my partial fulfillment of my degree course, I am conducting a project paper on **'Parent-Teenager Communication Regarding Reproductive Health Issues Among the Bukusu in Kabuchai Constituency, Bungoma County'.**

Therefore, I request that you grant your time and support to enable me to collect data through either in-depth interviews, FGD (Focused Group Discussions) or both.

The information collected will be treated with confidentiality and in no instance will your name be mentioned in this research.

Your assistance in facilitating the same will be highly appreciated.

Thank you in advance.

Yours faithfully,

Joyce N. Kafu

……..

APPENDIX III**: INTERVIEW SCHEDULES**

PARENTS' INTERVIEWS

Participant……

Family Number……

Date……

QUESTIONS

1. Briefly tell me about yourself and your family.
2. When you have an important issue to communicate with your teenage child (ren) how do you do it? Give an incident.
3. What are the common issues that you discuss with your teenage child (ren)?
4. When you (or wish to) discuss sexual relationships and reproductive health issues with your teenage children, what may be the factors that will hinder this discussions?
5. What is the difference between how you discuss (or would) sexual relationship and reproductive health issues with your adolescent boys from the way you discuss it with your teenage girls in the family?
6. Apart from parents, where else do you think your teenage child (ren) get (or can get) information on sexual relationship and reproductive health issues?
7. Discuss other ways in which your teenage children can communicate to you on sexual relationship and reproductive health issues besides the face-to-face talk?
8. What social factors affect the way parents communicate with their teenage children on reproductive health issues?
9. What cultural issues that affect how parents communicate with their teenage children on reproductive health issues?

10. What are the differences between how teenagers in the Bukusu family got information on reproductive health issues a few decades ago and the ones of the contemporary society?
11. How has the change in family set-up affected the way parents communicate to their teenagers on reproductive health issues?
12. What is the impact of rural-urban migration on the traditional communication ways of the typical Bukusu family?
13. How has technology affected the way family members communicate amongst themselves?
14. How does the current global religious situation affect parent-teenage communication on reproductive health issues?
15. How have the changes in literacy levels of the Bukusu community had an impact on the communication between parents and their teenage children on reproductive health issues?
16. How does information on reproductive health issues affect the onset of sexual activity among teenagers?
17. How effectively can parents communicate with their teenage children about reproductive health issues?
18. What other sources of reproductive health information do the teenagers have access to?
19. What are the trusted sources of reproductive health information by teenagers?

~END~

APPENDIX IV: **TEENAGERS' INTERVIEWS**

Participant……

Family Number……

Date……

QUESTIONS

1. Briefly tell me about yourself and your family.
2. Tell me about your relationship with your parents.
3. How is it to be raised in a Bukusu community in your teenage years?
4. If there is an issue on sexual relationship and reproductive health that your parents want to talk to you about, how do they communicate it to you? Share an example
5. What social factors affect the way your parents communicate with you on reproductive health issues?
6. What cultural issues affect how your parents communicate with you on reproductive health issues?
7. What are the differences between how teenagers in the Bukusu community got information on reproductive health issues a few decades ago and how you get the information?
8. How has the change in family set-up affected the way parents communicate to their teenagers on reproductive health issues?
9. What is the impact of rural-urban migration on the traditional communication ways of the typical Bukusu family?
10. How has technology affected the way members of your family communicate amongst themselves?

11. How does the current global religious situation affect parent-teenage communication on reproductive health issues?

12. How has the general literacy levels of the Bukusu community had an impact on the communication between parents and their teenage children on reproductive health issues?

13. How does information on reproductive health issues affect the onset of sexual activity among teenagers in your community?

14. How effectively can your parents communicate with you on reproductive health issues?

15. What other sources of reproductive health information do you have access to besides your parents?

16. What are your trusted sources of reproductive health information?

~END~

APPENDIX V**: FOCUSED GROUP DISCUSSIONS**

Group Number……

Number of Participants……..……

Date……

Questions:

1. **Social and Cultural Factors:**

   a) What social factors affect the way parents communicate with their teenage children on reproductive health issues?
   b) What cultural issues that affect how parents communicate with their teenage children on reproductive health issues?
   c) What are the differences between how teenagers in the Bukusu family got information on reproductive health issues a few decades ago and the ones of the contemporary society?
   d) How has the change in family set-up affected the way parents communicate to their teenagers on reproductive health issues?

2. **Impact of Social Change:**

   a) What is the impact of rural-urban migration on the traditional communication ways of the typical Bukusu family?
   b) How has technology affected the way family members communicate amongst themselves?
   c) How does the current global religious situation affect parent-teenage communication on reproductive health issues?
   d) How have literacy levels of the Bukusu community had an impact on the communication between parents and their teenage children on reproductive health issues?

3. **Relationship of Parent-Teenage Communication Regarding Reproductive Health Issues and the Onset of Sexual Activity:**

    a) How does information on reproductive health issues affect the onset of sexual activity among teenagers?

4. **Effective Communication Strategies**:

    a) How effectively can parents communicate with their teenage children about reproductive health issues?
    b) What other sources of reproductive health information do the teenagers have access to?
    c) What are the trusted sources of reproductive health information by teenagers?

~END~