

ORIGINAL RESEARCH ARTICLE

Barriers to effective parent-adolescent communication on sexuality in rural Southern Malawi

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Abstract

Many adolescents in sub-Saharan Africa, especially in Malawi often lack accurate knowledge about sexual and reproductive health, leading to risky sexual behaviors. Parents play a crucial role in providing sexuality education to their adolescents. This study explored barriers to effective parent-adolescent communication on sexuality in rural communities in Southern Malawi. Using an exploratory qualitative design, data were collected through in-depth interviews and focus group discussions with 25 parents and 26 adolescents. Responses were analyzed thematically using NVivo 14. The primary barriers included cultural norms that inhibit open communication, fear from both parents and adolescents, strained parent-adolescent relationship which is marked by tension, conflict, and a breakdown in communication, reliance on third-party sources (e.g., media, schools, and religious gatherings) that diminish parental influence, competing priorities limiting parents' availability, and reactive sexuality communication. These findings underscore the need for interventions, including training programs by public health professionals and community outreach by social workers to promote open, timely, and direct communication between parents and adolescents. Improved communication may reduce sexual risk behaviors, enhancing adolescent health and well-being. (*Afr J Reprod Health* 2025; 29 [4]: 120-130).

Keywords: Parent-adolescent communication; sexuality; adolescents; parents; barriers

Résumé

De nombreux adolescents en Afrique subsaharienne, notamment au Malawi, manquent de connaissances précises sur la santé sexuelle et reproductive, augmentant ainsi les comportements sexuels à risque. Les parents jouent un rôle crucial dans l'éducation sexuelle des adolescents. Cette étude a exploré les obstacles à une communication efficace sur la sexualité dans les communautés rurales du sud du Malawi. Grâce à une approche qualitative exploratoire, des données ont été collectées via des entretiens approfondis et des discussions de groupe avec 25 parents et 26 adolescents. L'analyse thématique avec NVivo 14 a révélé plusieurs obstacles: normes culturelles inhibant la communication ouverte, peur mutuelle entre parents et adolescents, relations parent-adolescent tendues, recours aux sources externes (médias, écoles, rassemblements religieux), et manque de disponibilité des parents dû à des priorités concurrentes. Ces résultats soulignent l'importance de programmes d'intervention menés par des professionnels de la santé publique et de campagnes de sensibilisation communautaire pour favoriser une communication ouverte et directe, réduisant ainsi les comportements sexuels à risque et améliorant la santé des adolescents. (*Afr J Reprod Health* 2025; 29 [4]: 120-130).

Mots-clés: communication parent-adolescent; sexualité; adolescents; parents; barrières

Introduction

Typically, adolescence is the period between 10 to 19 years of age, though a more inclusive definition, which accounts for continued adolescent growth, extends it to 24 years.¹ The period is marked by significant physical, cognitive, emotional, and social changes. This transitional phase from childhood to adulthood is characterized by increased autonomy, a growing sense of identity, and enhanced self-esteem.² However, without adequate knowledge,

skills, and experience, adolescents often face health-related challenges, including unplanned pregnancies and sexually transmitted infections (STIs), such as HIV/AIDS, when their behaviors are not well-managed.² Recent studies highlight that adolescents in sub-Saharan Africa are particularly vulnerable, grappling with high rates of HIV/AIDS, unintended pregnancies, and unsafe abortions.^{3,4} This study, therefore, aims to explore barriers to effective parent-adolescent communication on sexuality in Malawi, addressing critical gaps in understanding.

Sexuality issues among adolescents are largely attributed to insufficient and inaccurate sexual health knowledge,^{5,6} with many adolescents relying on peers, who may also lack accurate information, thus perpetuating misinformation and risky behaviors.⁵ In many parts of Africa, including Malawi, parents often consider discussions about sex a taboo, which hinders their ability to initiate or engage in open conversations with their adolescents.² Sexual activity among adolescents in Malawi begins early, similar to trends observed in other parts of sub-Saharan Africa.⁷ According to the Demographic and Health Survey (DHS), 19% of women and 11% of men aged 25-49 reported that their first sexual experience occurred before they turned 15.⁸ Due to insufficient knowledge about sexuality and its associated risks, combined with an increasing sense of autonomy, cultural practices, and identity, many adolescents engage in unplanned, experimental, and often unsafe sexual activities.^{2,3} For instance, a report by the National Statistical Office (NSO)⁸ reveals that although nearly 90% of 15-19-year-olds approve of family planning, only 15% of females and 31% of males reported using contraceptives during sex. These early and unsafe sexual behaviors have led to unplanned pregnancies and early marriages,^{9,10} underscoring the widespread lack of accurate sexual and reproductive health knowledge among adolescents in Malawi, as is the case in many other parts of sub-Saharan Africa.

As of 2023, Malawi's estimated population was 20.93 million, with an annual growth rate of 2.5%.¹¹ Young people represent the largest and fastest-growing segment of the population. The 2018 Population and Housing Census reveals that 51% of the population was under 18 years of age,¹² while World Meter estimates placed the median age at 17.8 years in 2024.¹³ This youthful demographic underscores the importance of focusing on adolescent health, education, and development to harness the potential of this age group for the country's future. Adolescents' behaviors are shaped by a complex interplay of factors, including parents, peers, schools, media, neighborhoods, communities, and social norms. Given that the family in Malawi is the primary social setting for children and plays a pivotal role in their learning and socialization,¹⁴ interventions targeting parents are essential for promoting adolescents' sexual and reproductive health. Research has shown that parent-child closeness, parental attitudes and values, and

communication about sexuality significantly influence adolescents' sexual behaviors.¹⁵

Parents play a crucial role in their adolescents' sexuality education, often serving as their primary sexuality educators.^{15,16} This influence is largely mediated through communication, with substantial research highlighting the impact of parental guidance on adolescents' sexual behavior.¹⁶⁻¹⁸ Parents, as key figures in shaping their children's values, beliefs, and expectations, are perceived as vital sources of support in adolescents' physical, emotional, psychological, and social development. Therefore, messages about sex from parents can significantly enhance adolescents' receptivity to safe sexual practices, ultimately affecting their behavior. Studies consistently show that open sexuality communication between adolescents and their parents is associated with delayed sexual initiation, increased condom use, and a reduction in sexual risk-taking behaviors.^{12,16}

Although there is substantial empirical evidence highlighting the role parents play in shaping adolescents' sexual behavior,^{2,15,19} research indicates that many African parents including Malawi avoid discussing sexual topics with their adolescent children. For instance, a study in Zambia found that only 35% of adolescent girls reported discussing sexuality issues with their parents.²⁰ Similarly, a study conducted in Ethiopia reported that fewer than 20% of parents discussed sexuality issues with their adolescent children, in stark contrast to the 90% of adolescent parents in the USA.²¹

These findings underscore the need for targeted interventions to enhance parent-adolescent communication about sexuality matters and reproductive health in Malawi. Several barriers may impede effective communication across different regions, which may differ depending on cultural norms and contexts. While studies have explored barriers to effective parent-adolescent communication on sexuality in Africa,^{2,22} it remains unclear whether these factors are applicable in the Malawian context. Further, despite substantial evidence highlighting the importance of parent-adolescent communication in shaping adolescent sexual behavior, there remains a significant gap in understanding the specific socio-cultural barriers that hinder such discussions in rural Malawian communities. Most existing studies focus on urban or peri-urban populations, leaving rural perspectives

underrepresented. This study addresses these gaps by providing an in-depth exploration of the contextual challenges that shape parent-adolescent communication on sexuality in rural Malawi, offering insights for targeted interventions to improve adolescent sexual and reproductive health.

Methods

Study design

This was a community-based cross-sectional study using qualitative methods. With qualitative research designs, a researcher relies on an inquiry process of understanding a phenomenon, developed after analyzing pictures, words, or views of informants from a natural setting.²³ In this current study, Focus Group Discussions (FGDs) and in-depth interviews were employed to investigate how parents and their adolescent children communicate with each other about sexual issues. A combination of FGDs and in-depth interviews increased the understanding of complex issues related to factors that hinder parent-adolescent communication on sexuality issues. By triangulating data from FGDs and the in-depth interviews, this study effectively captured both broad social norms and individual experiences related to sexuality communication.

Study setting and participants

The study was conducted in Malawi's Southern Region, one of the country's three political regions, alongside the Central and Northern regions. The researchers selected the Southern Region because previous studies indicate that adolescents in this region tend to initiate sexual activity earlier than their counterparts in the Central and Northern regions.²⁴ For instance, in 2004, by the age of 20, the percentage of married girls was 80% in the South, 70% in the Center, and 65% in the North.²⁴ Three rural districts - Thyolo, Mwanza, and Chikhwawa - were carefully selected for the study based on socio-economic factors and their representativeness of the Southern region. The data was collected from both male and female adolescents 14-19, the age bracket, which is marked by significant physical, cognitive, emotional, and social changes,¹ and their parents. We focused on school-going adolescents rather than married ones because they are still in a formative stage of learning, receiving structured

education, peer influence, and parental guidance on sexual health matters. In this study, a parent was described as either a biological parent or a guardian residing with and responsible for the care of the adolescent. For in-depth interviews, we used a purposive sampling strategy to identify participants (both parents and their adolescents) from all the participating districts. For FGDs, we used a snowballing sampling strategy to select participants, specifically parents with an adolescent child. Initially, two parents with an adolescent child were identified, who in turn identified others. Furthermore, to respect local sociocultural sensitivities regarding the topic, FGDs were conducted in separate sessions for parents and adolescents, with male and female participants grouped separately.

Data collection tools and procedure

After a thorough review of the research protocol, we obtained ethical approval from the Malawi University of Business and Applied Sciences (MUBAS) Research Committee (protocol number: P.09/24/0009) where the researchers work. We further obtained permission to conduct the study from District Commissioners (DCs) and Traditional Chiefs (TC) for the three districts - Thyolo, Mwanza, and Chikhwawa - where the participants reside. Additionally, we sought oral informed consent from the parents and adolescents aged 18-19. Informed consent from adolescents aged below 18 years of age was obtained from their parents. Guided by the research objectives, two separate semi-structured interview guides, one focusing on parents and the other on adolescents, were developed to ensure flexibility in exploring diverse perspectives. All guides were written in English and were translated into Chichewa (a local language). To ensure consistency, the guides were back-translated to English by expert translators before final versions were obtained and used as data collection tools. In addition, each focus group constituted 8-10 participants and a focus group moderator guided the discussions. Demographic factors of the study participants were collected before proceeding to the content questions assessing factors that affect their discussions on sexuality matters. The adolescents were between 14 and 19 years old, while the parents ranged from 35 to 55 years old.

Data analysis

The audio recordings from the FGDs and in-depth interviews were transcribed, translated into English, and processed using NVivo 14 software for data coding and analysis. The study adopted a thematic analysis using a hybrid method, an approach that allowed researchers to incorporate both the deductive, top-down process and the inductive, bottom-up process of theme identification. To ensure a rich interpretative analysis, two researchers - lecturers from the Department of Language and Communication at the Malawi University of Business and Applied Sciences - analyzed the data after receiving training from a professional analyst. For reliable coding and theme identification, the analysts began with an independent reading, coding, and categorizing themes from the transcripts.²⁵ After the individual work, a consensus-forming process was done through discussions between the analysts to identify overarching themes within the data. After reviewing and refining divergent themes at the team level, a final set of themes was identified.

Results

Demographic characteristics

A total sample of 51 (25 parents and 26 adolescents) participated in 6 FGDs which were conducted in Thyolo (1 for parents and 1 for adolescents), Mwanza (1 for parents and 1 for adolescents), and Chikhwawa (1 for parents and 1 for adolescents). In addition, a total sample of 24, four parents and four adolescents from each district participated in the in-depth interviews. Most parents were subsistence farmers and the adolescents were secondary school students. Table 1 highlights the demographic characteristics of the study participants.

Themes

The Kappa coefficient for nodes and sources for the study was 0.78. It was measured by comparing the two raters through a coding comparing query on NVivo 14. Participants' responses to the in-depth interviews and FGDs were categorized based on the emergent themes, a grounded theory approach. Revelations from the data were organized into five overarching themes, namely, i) culture, ii) fear, iii) strained parent-adolescent relationship, iv) reliance on third-party sources, and v) reactive sexuality

communication. These themes co-exist and overlap to form the entirety of the phenomenon under study; they do not exist individually.

Culture

In this study, culture significantly influenced the effectiveness of parent-adolescent sexuality communication. Both parents and adolescents expressed discomfort engaging in parent-adolescent sexuality communication. Culturally, it is viewed as a taboo to discuss sex issues with one's own child, this leads to parent-child-related embarrassment or shyness on sexuality topics, which eventually, affects the depth of their discussions. Consider the following sentiments from a parent and an adolescent:

'To me, the great factor is that as parents, we feel too shy to talk deeply to them about sexuality, it's like undressing ourselves in their presence, so that's why our conversations with them are not that direct, we talk to them partially, and we assume they listen.' (FGD1: male parent)

'I feel shy to talk to my parents about sexuality issues because I don't think they are topics to talk with them.' (In-depth12: female adolescent)

Besides parent-child-related shyness, gender-related embarrassment was also found to be prominent among both parents and adolescents. Most parents and adolescents expressed discomfort discussing sexuality matters with opposite-sex members as evidenced in these narratives from a parent and an adolescent:

'To me, I feel some of us fail to initiate sexuality issues because we want to keep our dignity. I have a boy child and it is difficult to talk to him, I am a woman. Similarly, it is also difficult in our culture to let the father talk with a girl-child about sexuality.' (FGD1: female parent)

'I think I agree, me too I can't be free to talk to mum and culturally, I feel embarrassed, it's like undressing in front of your mum; and dad is nowhere to be found.' (FGD4: male adolescent)

Because of the shared cultural influence, the majority of parents reported lacking direct communication with their children about sexuality, instead they use other members of the family such as uncles or grandfathers for male adolescents and aunts or grandmothers for female adolescents.

Table 1: Demographic characteristics of the participants

Parents (n = 37)			Adolescents (n = 38)		
Demographic	Group	Frequency	Demographic	Group	Frequency
Gender	Male	17	Gender	Male	20
	Female	20		Female	18
Age	35-44 years	15	Age	14-16 years	15
	45-55 years	22		17-19 years	23
Education	Primary School	26	Education	Junior sec school	14
	Secondary School	11		Senior sec school	24
District	Thyolo	12	District	Thyolo	12
	Mwanza	11		Mwanza	13
	Chikhwawa	14		Chikhwawa	13

Certainly, someone other than the biological parents may not communicate as effectively as the parents themselves. Consider the following extracts:

'Issues of sexuality are sensitive to talk to our children directly, it's like undressing in their presence, so what we do is to ask their grandparents or aunties and uncles to talk to them on the issues we want them to talk...then finally they report back to us.' (FGD1: female parent)

'They say my uncle is a better person to talk with me about sexuality issues, so maybe that is why they don't talk to me much about sexuality.' (In-depth09: male adolescent)

Furthermore, for parents who dare to talk to their adolescents about sexuality, certain sensitive topics are excluded from discussions, which limits the depth of their communication. Consider the following views:

'.... for instance, I cannot tell a child about menses, this should be hidden to them, maybe they will hear when they mature because this is a village; they interact.' (In-depth22: female parent)

'At their age, there are some issues we can go deeper and others issues, no. I know that sometimes they learn the very same things at school, and I don't know how deep they go, but as a parent, I am sensitive as well (laughs).' (In-depth14: female parent)

Fear

Many adolescents expressed that they avoid initiating or openly discussing sexual issues with their parents due to fear. First, many adolescents hesitate to initiate or openly discuss sexual matters with their parents due to fear of being

misunderstood. They believe that openly initiating or discussing sexuality issues with their parents might lead their parents to assume they are already promiscuous. As a result, they consider silence as a safer option. This concern was also shared by some parents as evidenced by the following sentiments:

I fear what they might think of me when I start the conversation; they might say I have started sleeping around with boys, so, I don't dare talk about it.' (In-depth07: female adolescent)

'I know my child is not free when I initiate these discussions, and I also know that in her mind, she has some of the issues that we haven't yet discussed; I feel like it's all about shyness. Usually what they think is that once they start the discussion, we would think they have already started sleeping around with boys, so they keep quiet.' (FGD3: female parent)

Another source of fear in adolescents emanates from the strictness and harshness of parents. Most adolescents perceive their parents especially their fathers to be very strict, a parenting style which is characterized by shouts and beatings on almost anything wrong the child does. This parenting approach instils fear in adolescents to initiate or discuss sexuality topics openly with their parents. Consider these expressions by some adolescents:

'As for me, I am very much afraid of them (parents), especially my dad. I can't initiate such (sexuality) discussions even with my mum, I know that eventually, she will tell my dad who will shout at me or beat me thinking I sleep with boys.' (In-depth07: female adolescent)

'... sometimes it's because of their anger, you can't be free talking to them if each time they talk about it, they are angry, so you just feel I shouldn't dare it

lest they shout and beat me again. (FGD6: male adolescent)

Adolescents also reported that their parents believe discussing sexuality might encourage them to experiment with sexual activities. As a result, adolescents prefer not to bring up the subject or choose to discuss it minimally.

'Sometimes I feel like they don't want to be open with us or initiate such discussions on a normal day because they feel like by doing so, they are indirectly sending us to do what they tell us, so they remain quiet.' (FGD5: male adolescent)

'I feel like parents are afraid that once they start talking to us about sexuality, the discussion would fuel us to go and really do the things we are told not to do, so they remain quiet till we make a mistake, that's when they come out in the open.' (In-depth09: female adolescent)

Strained parent-adolescent relationship

Most expressions from both parents and adolescents indicated that communication about sexual issues is often limited, characterized by conflicts, discomfort, and a lack of openness and interest, leading to a gap in understanding and guidance. Responses from both parents and adolescents indicated that there are several parent-adolescent conflicts regarding mundane issues such as behavior, school, curfews and personal appearance. First, these conflicts make adolescents view their parents as sheer authoritarians who do not allow them a chance to discuss sexual issues with them. Secondly, parents too perceive their adolescents as troublesome and resistant to guidance, believing they do not want to be told what to do. Parents labeled their adolescent children as unruly, disobedient, uncontrollable and more knowledgeable than their parents. Their concerns are illustrated in the following extracts:

'When they want to talk to me about farming or other issues, all they do is to be angry and impose, don't do this, do that, let's go farming, etc. So, even with sexuality issues, it's the same thing, no opportunity for us to sit down and talk.' (In-depth01: male adolescent)

'Nowadays children are unruly, they don't want to listen, and it's difficult to sit down with them at

length. You see a male child standing up, walk away from you as you start such discussions, do you continue? No, I have such a child at home. (FGD1: female parent)

Adolescents expressed concerns over limited interaction with their parents. Limited interaction between parents and adolescents, often due to parents being busy with work, absent from home, or unavailable for emotional support, creates a disconnect and communication void. Some parents further alluded to the same concerns. Consider the following extracts:

'My father is very busy, so we don't have the time to talk about family issues with me for a long time. He teaches, and once he is done, he usually goes out drinking or just with his friends. He comes home, eats and sleeps.' (In-depth05: male adolescent)

'Sometimes you can't really be free discussing with your male child when his father is not always there at home, it's good if fathers are there for their sons.' (FGD3: female parent)

Additionally, some adolescents expressed concerns about perceived promiscuity among certain parents, which they felt negatively impact parent-adolescent relationships. In such circumstances, adolescents perceive a lack of enthusiasm from their parents in taking the initiative to guide them on sexual behaviors, knowing that their adolescent children are aware of their behaviors. Consider the following concerns of adolescents:

'Parents do the very same things with other sexual partners than their wives and husbands. So they cannot initiate such discussions about sexuality with us at home where there is no peace between them. How can they advise us if they have the same problems?' (In-depth11: male adolescent)

'I feel like parents don't want to discuss with us because of the way they behave at home. If every day they fight because the father has a girlfriend somewhere, and we all know in the house, there is no way he can come initiate such talks to us, he feels shy; he feels not capable.' (In-depth03: female adolescent)

To some extent, some adolescents indicated lack of interest in discussing sexuality issues with their parents. They noted that at some points, their parents become not interested in hearing them out or

initiating sexual discussions with them. These extracts from adolescents' responses illustrate their observations:

'The other problem is that for some of us, when we talk to parents including my mum, they just laugh, taking the issue not seriously. So, as children, what can you do? We then decide not to tell them but just figure out ourselves how to deal with it.' (In-depth10: female adolescent)

'The other factor is that much is just left to our dad to shout at us. In my case, my mum doesn't play a leading role in such issues, and I am a girl, how can I be free talking realities of sex with my dad.' (FGD5: female adolescent)

Reliance on third-party sources

The study also found that some parents believe that their adolescent children get sexual and reproductive health information from other sources like the media, school and even friends and they eventually give up engaging their children about sexuality communication. During a focus group discussion, some parents said:

'The other thing is that we feel our children meet with many people, learn a lot at school, and watch a lot of movies with a lot of sexuality stuff. The way they look at us when we talk to them, not paying attention, we feel like they already know and sometimes they know more than we do. So what do you do next? Simply look at them.' (FGD2: male parent)

'At their age, I believe there are some issues we cannot go deeper with them. I know that they learn the very same things at school, and I don't know how deep they go, so as a parent, I leave it like that, it's better they discuss at length at school, it's hard for us.' (FGD1: female parent)

Reactive sexuality communication

Another factor that the study discovered to be a barrier was that in most cases, parents engage their adolescent children in sexuality discussions only after observing sexual behaviors from their children or their friends.

Normal sexuality discussions that are not aimed at correcting the 'behaviors' are very minimal in their everyday conversations. Consider the

following narratives from both a parent and an adolescent:

'They either start these conversations when they hear something, maybe they hear I have a boyfriend, that's when they say we have heard something, is it true? So normally, both of them don't start sexuality conversation just like that, no!' (In-depth04: female adolescent)

'The major reason for me to open up my mouth for such sexuality topics is their sexual behavior. Looking at the way they behave, I talk to them giving them proper guidance. I see no reason to talk to them if they are well-behaved.' (In-depth16: female parent).

Discussion

This study examined the factors that impede successful parent-adolescent communication regarding sexuality education. Adolescence is a period of growth frequently characterized by sexual exploration, which can result in risky behaviors. The most effective way to provide accurate sexual and reproductive health information to adolescents is through parent-child communication since parents play a crucial role as their primary sexuality educators.^{15,16} Research indicates that open and effective dialogue on sexual matters between parents and adolescents is linked to healthier sexual development, fewer risky behaviors, and a later onset of sexual activity.² This study identified several barriers that hindered the initiation and openness of these conversations, ultimately restricting the depth of discussion. The main factors affecting effective communication included culture, fear, strained parent-adolescent relationship, reliance on third-party sources and reactive sexuality communication.

Culture has been recognized as a major obstacle to effective communication about sex, with many parents viewing sexual conversations with their children as taboo, hindering their ability to initiate or engage in open conversations with their adolescents.^{26,27} For many parents, discussing sexuality with their children causes embarrassment, often feeling it is akin to 'undressing in front of their child'. Similarly, some adolescents are uncomfortable talking about sexuality with their parents, perceiving these topics as 'issues not to be

discussed'. These findings align with studies conducted in similar cultural contexts, particularly in Asia²⁸ and Africa.^{29,30}

Due to these cultural norms, many parents delegate the responsibility of guiding their adolescents on sexuality matters to extended family members, such as grandparents, uncles and aunts. This avoidance of direct communication by parents contributes to adolescents' lack of knowledge regarding sexual and reproductive health.⁵ According to the family communication model³¹ and previous research,³² indirect communication fails to reduce adolescents' sexual risk behaviors or prevent them. Relying on extended family members may lead to inconsistent or biased information, as these members may lack the emotional connection and responsibility to provide accurate, values-aligned guidance. Additionally, delegating sexual communication to extended family members hinders direct parent-adolescent discussions, as parents often feel no need to engage, assuming that uncles or other relatives have already addressed the topic.

Gender significantly influences effective parent-adolescent communication about sexuality, particularly in the Malawian culture context, where conversations on sexual matters are often considered sensitive.^{19,28} The study revealed that parents face challenges conversing with adolescent children of the opposite sex about sexual and reproductive health matters. This aligns with existing literature on gender-specific shifts in sexual communication responsibilities.^{26,30} Such gender dynamics not only impact the comfort level during discussions but also shape the depth and scope of the topics covered. For instance, some married couples divide responsibilities, with men addressing sexual matters with boys and women with girls. Consequently, if a father is unavailable, boys may be left without guidance, even when the mother is present. Similarly, in Ghana, parent-adolescent discussions are often gendered, with a particular focus on girls due to their perceived vulnerability.³³ Beyond gender, some mothers are uncomfortable discussing certain topics, such as menstruation, even with their daughters, and may prefer senior family members, such as grandparents, to take on the responsibility of addressing these issues.

The study revealed that many adolescents are reluctant to initiate or openly discuss sexuality matters with their parents. This finding aligns with research by Jaccard *et al.*³⁴ which noted that

adolescents often fear that their parents may become suspicious of their sexual risk-taking behaviors if such discussions are initiated. Adolescents also worry about being misunderstood or questioned about their private lives, especially due to the anger parents often display when discussing sexual issues. The study discovered that parents typically initiate these discussions only after noticing risky behaviors in their children, often reacting with frustration or anger. Similar results were reported in a South African study by Motsomi *et al.*¹⁹ Moreover, adolescents perceive that parents also hesitate to initiate deep conversations about sexuality, fearing that such discussions may encourage sexual experimentation. This belief has been documented in studies conducted in Vietnam²⁸ and South Africa.¹⁹ These shared fears create significant barriers to effective parent-adolescent communication, hindering meaningful and open dialogue. Without open and supportive communication, adolescents may miss out on valuable guidance and information from their parents, who are critical sources of knowledge.²¹

Adolescence is commonly referred to as a time of "storm and stress", marked by frequent disagreements with parents.³⁵ In this study, a conflictual parent-adolescent relationship was identified as a barrier to effective sexuality communication. Adolescents often perceive their parents, particularly fathers, as intimidating, strict, and unapproachable, while parents view their adolescent children as unruly, disobedient, and uncontrollable. These findings align with similar studies in Uganda³⁶ and South Africa,¹⁹ which reported adolescents perceiving their fathers as hostile. Adolescents' desire for autonomy and peer acceptance frequently leads them to resist and challenge parental directives and authority figures.³⁵ These dynamics negatively impact effective parent-adolescent communication about sexuality. In Zambia, for instance, adolescents whose parents used fear-based conversations about sexuality were less inclined to talk to their parents about their concerns.²⁰

The study identified several parent-related factors affecting parent-adolescent sexuality communication. Adolescents expressed concerns about certain parental behaviors, such as overt promiscuity, limited interaction due to parental unavailability at home, and a lack of interest in discussing sexuality issues, even when adolescents

attempt to initiate such conversations. Additionally, the study found that some parents see no need to engage in sexuality communication with their adolescent children, assuming they acquire sexual and reproductive health information from other sources like friends, the media and schools. It was also found that parents often delay addressing sexuality until adolescents exhibit signs of sexual risk-taking behaviors. Other studies corroborate these findings, highlighting adolescents' concerns about parental unavailability and busy schedules,³⁰ delays in initiating discussions on sexuality,¹⁹ and the belief that schools and media are the primary sources of sexuality information.^{36,37} There is limited literature addressing parental promiscuity as a factor. However, these promiscuity concerns have significant implications for parent-adolescent relationships, particularly in terms of trust, credibility, and openness in sexuality discussions. When adolescents perceive their parents as engaging in behaviors that contradict the values they are expected to uphold, it creates cognitive dissonance, leading to skepticism about parental guidance. The concerns are valid and underscore the significance of open and effective communication between adolescents and their parents. Parents must recognize their critical role in providing sexuality education and fostering a supportive environment for these discussions.

Limitations

One significant limitation of this study is its exploratory qualitative design. While qualitative findings provide valuable insights, they are inherently influenced by the researcher's cultural and social background, which may shape their perspective during the analysis process. To mitigate bias, two raters participated in the analysis, and interrater reliability was assessed using the Kappa coefficient for nodes and sources. Additionally, the study employed data triangulation, collecting similar data from both parents and adolescents through focus group discussions (FGDs) and in-depth interviews. Another limitation stems from the sample selection process. Although parents and adolescents from diverse educational and geographic backgrounds were included, the study did not recruit adolescents who had reportedly engaged in sexual activity or experienced pregnancy, which could have provided a

comparative perspective. Future research should address this gap by incorporating this specific group of adolescents into their samples.

Conclusion

The study concludes that parent-adolescent sexuality communication remains limited, often hindered by cultural norms, fear, strained parent-adolescent relationships, reliance on third-party sources, and reactive approach, resulting in missed opportunities for comprehensive and open discussions. These factors emerge as significant barriers to effective sexuality communication. The findings highlight a critical opportunity to enhance sexuality education in Malawi by addressing the cultural and social constraints that hinder these discussions. Beyond equipping parents with knowledge and communication skills, interventions should be tailored to the perspectives and needs of both parents and adolescents. Strategies should prioritize fostering open and meaningful dialogues, while public education initiatives can further promote transparent parent-adolescent sexuality communication. Strengthening these efforts is essential for reducing risky sexual behaviors and their associated consequences. Research suggests that adolescents who experience open, supportive discussions with their parents are less likely to engage in high-risk sexual activities.^{16,20}

Competing interests

There are no competing interests.

Authors contribution

Flemmings Fishani Ngwira conceived and led the research study, including the development of the research framework, coordination of the research team, and drafting the initial sections of the manuscript. He provided critical guidance throughout the study and contributed extensively to the writing of the manuscript, particularly the discussion and conclusion sections. Sufyan Rashid spearheaded the study's methodology, including the design, data collection, and analysis, ensuring the research adhered to rigorous academic standards. He also contributed to the writing of the manuscript, particularly the methods and results sections. Grace Kadzakumanja provided substantial editorial input,

enhancing the clarity and coherence of the manuscript, and contributed significantly to the discussion and interpretation of the findings. Mary Kamwaza contributed to data collection, literature review, and initial data analysis, as well as providing valuable input during the manuscript revision process. All authors reviewed and approved the final version of the manuscript for submission and publication.

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