

**PARENTS-INITIATED INTERVENTIONS TO PREVENT HIV AMONG
ADOLESCENTS IN SWAZILAND**

by

NOMSA MAGAGULA

submitted in accordance with the requirements for the degree of

DOCTOR OF LITERATURE AND PHILOSOPHY

in the subject

HEALTH STUDIES

at the

UNIVERSITY OF SOUTH AFRICA

SUPERVISOR: DR ME CHAUKE

FEBRUARY 2019

DECLARATION

Student Number: 57640610

I declare that **PARENTS-INITIATED INTERVENTIONS TO PREVENT HIV AMONG ADOLESCENTS IN SWAZILAND** is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references and that this work has not been submitted before for any other degree at any other institution.



NOMSA MAGAGULA

20.01.2019

DATE

PARENTS-INITIATED INTERVENTIONS TO PREVENT HIV AMONG ADOLESCENTS IN SWAZILAND

STUDENT NUMBER: 57640610
STUDENT: NOMSA MAGAGULA
DEGREE: Doctor of Literature and Philosophy
DEPARTMENT: Health Studies: UNISA
SUPERVISOR: Dr ME Chauke

ABSTRACT

Research has identified the important role that effective parent-adolescent communication about sex and relationships signifies in reducing the chances of adolescents engaging in risky sexual behaviour. However, many parents find it difficult to discuss issues related to HIV prevention at family level because HIV prevention is inherently linked to sex, which is still regarded as a taboo in some countries, including the country of the study, Swaziland. In addition to cultural barriers related to effective parent-adolescent communication, parents seem to lack the knowledge, approach as well as the confidence regarding communication about sex and relationships.

The purpose of the study was to use appreciative inquiry (AI) to engage parents of adolescents in the design of interventions to prevent HIV among adolescents in Swaziland. Non-probability, purposive sampling was used to select parents of adolescent children (10-19 years) attending school at the two purposively selected high schools in Manzini. Twenty-four (24), 23 female and 1 male parents took part in AI.

Participatory action research was conducted to involve participants actively in the process of initiating interventions for preventing HIV among adolescents. The process was guided by appreciative inquiry. Data was collected by means of appreciative interviews, comprising paired and focus group interviews according to different phases of the 4-D cycle of AI. Thematic analysis of data was done throughout the 4-D cycle of AI.

The themes that emerged from appreciative stories of exceptional experiences shared during the discovery phase were *perceived gains* and *open communication*.

The findings of the dream phase included expressed wishes for open parent-adolescent sexual health communication, support for parents and a community of HIV free adolescents. In the design phase, parents constructed and initiated interventions for effective parent-adolescent sexual health communication and parental comfort with communication about sex. In the destiny phase, parents made statements, which were based on what they committed to do to prevent HIV among adolescents.

Key words

Adolescents, appreciative inquiry, parents-initiated interventions, HIV prevention

ABSTRACT: Ingcikitsi yalolucwaningo

Lucwaningo lukhombisa bumcoka bekukhumisana kahle kwemtali nemtfwana loyinsha ngetindzaba tebundlelwane bebantfu labatsandzanako netekulalana kuze kutsi kunciphe kutsi intsha ingabi sengotini yekutfole ligciwane HIV. Kodwa kubatali labanyenti kulukhuni kukhulumisana nentsha ngetindzaba tekutivikela kuHIV emakhaya ngoba kukhuluma ngalendzaba kufaka ekhatsi tekulalana lokuselichilo kukhuluma ngako emaveni lamanyeti lokufaka ekhatsi leSwatini lapho kwetiwa khona lolucwaningo. Lokunye lokuvimbela kutsi batali bangakhulumi ngalendzaba ngaphandle kwekutsi kulichilo, kutsi batali baswele lwati nekutsi abati kutsi bangayingena njani intsha, kanye nekutsi abatetsembi kutsi bangakhona kukhuluma ngebudlelwane bebantfu labatsandanako kanye nekulalana.

Injongo yalolucwaningo bekukusebentisa indlela yekubuketa lokuhle kubatali labakwentako mayelana nekukhulumisana nentsha kuze kutsi bakhe tindlela letingito tokutivikela intsha kuHIV Eswatini. Indlela labakhetfwe ngayo batali labangene lolucwaningo bakhetfwe ngokutsi banebantfwana bentsha labaneminyaka lelishumi kuya kulabo labanelishumi nemfica labafundza etikolweni letimbili letiphakeme letikhetsiwe kaManzini. Babangemashumi lamabili nesine batali labatfolakala kungenela lolucwaningo.

Batali babamdzibi munye nebacwaningi kuloluhlelo lokuhlela tindlela tekuvikela iHIV kubantfwana labayintsha. Kwakusetjentiswa tindlela letibuka lokuhle lokwetiwe batali. Imibuto beyihlose kubuta ngalokuhle kodwa. Imivo yebatali yatfolakala nekutsi bacale babutana bodwana besebakhulunyiswa baticagogwana ngekwelukana kwaletigaba letine talolucwaningo. Kuhlenganisa kwemivo kwetiwa ngekutsi kubuketwe tingcikitsi kutotonkhe tigaba talolucwaningo.

Tingcikitsi letaphuma kuletingcoco esigabeni sekucala lapho bebakhuluma ngetikhatsi letinhle letabayimphumelelo lapho bebakhumisana nentsha ngekulalana nangeHIV, batsi bevakunemphumelelo nekubhobokelana ekhatsi kwebatali nebantfwana. Ngalesikhatsi sesigaba sekubeka emaphupho abo basho batsi bafisa kube nekubhobokelana phakatsi kwebatali nentsha mayelana nekukhulumisana ngekulalana. Lokunye labakufisile kutsi basekelwe basitwe ngekutsi intsha ikhulunyiswa njani. Ngesikhatsi sesigaba sesitsatfu sekubuketwa kutsi kungentiwani

kutsi batali nebantfwana bakhulumisana ngetindzaba tekutsandzana kanye nekulalana batali babhala imivo labo. Ngemuva kwaloko benta tivumelwano tekutsi batakwentanjani uma sebabuyela emakhaya kuze bakhone kuvikela bantfwana bentsha kuHIV.

ACKNOWLEDGEMENTS

First, I would like to acknowledge the University of Swaziland for allowing me to juggle between my work and school engagement. This piece of work would not have been possible without the contribution of the following individuals;

- Dr ME Chauke my supervisor for her tireless efforts in making profound contributions to this document, I am indebted to her.
- Dr NR Mkhonta for her technical expertise in data collection and analysis as well as prayers.
- Dr FS Shabalala for encouragement, guidance and providing resource material.
- Dr CP Dlamini for her input in designing and typesetting this document.
- Dr C. Maibvise for his passionate support on the processes of UNISA
- Ms T. Ndlovu for identifying the schools within Manzini
- Ms K Sikhondze for translating and providing language expertise.
- The Ministry of Health and Ministry of Education as well as the Principals from the respective schools for according me permission to conduct the study.
- All the parents who participated in this study I am indebted to their support.
- My colleagues and friends for word of encouragement.

DEDICATION

This dissertation is dedicated to the Almighty who gracefully chaperoned me throughout this challenging process. Additionally, to various individuals who shared their love and encouraged me in many ways;

- *My late husband Thamsanqa Selby Magagula who supported my educational advancement no matter what the circumstances.*
- *My late mother and brother Regina Mdzandza Vilakati, Richard Sihle Nxumalo who instilled hard work in me.*
- *My brothers and sisters for being there for me when I needed them most.*
- *My helper Esther Zamponi Ndwandwe for her prayers throughout my engagement.*
- *My incredible son and daughter Thoba and Siphilele for their prayers and tenacity throughout all challenges I have been through, I love you.*

TABLE OF CONTENT

DECLARATION.....	ii
ABSTRACT	iii
ACKNOWLEDGEMENTS	vii
DEDICATION	viii
CHAPTER 1	15
ORIENTATION TO THE STUDY	15
1.1 INTRODUCTION.....	15
1.2 BACKGROUND TO THE RESEARCH PROBLEM	16
1.3 PROBLEM STATEMENT	18
1.4 AIM/PURPOSE OF THE STUDY	19
1.4.1 Research objectives.....	19
1.4.2 Research questions	19
1.5. SIGNIFICANCE OF THE STUDY.....	20
1.6. KEY CONCEPTS	21
1.7. THEORETICAL FOUNDATIONS OF THE STUDY	22
1.7.1 Research paradigm.....	23
1.7.2. Assumptions on which the research paradigm was founded	24
1.7.3 Theoretical framework.....	28
1.8 RESEARCH DESIGN AND METHODS	28
1.8.1 Research design	28
1.8.2 Research methods	29
1.9 SCOPE AND LIMITATIONS OF THE STUDY.....	30
1.10 ETHICAL CONSIDERATIONS	30
1.11 STRUCTURE OF THE THESIS	30
1.12. CONCLUSION	31
CHAPTER 2.....	32
THEORETICAL FOUNDATIONS.....	32
2.1 INTRODUCTION.....	32
2.2 ECOLOGICAL SYSTEMS THEORY OF DEVELOPMENT	32
2.2.1 Concepts of the theory	33
2.2.2 The critical processes for positive development.....	37

2.2.3	Relevance and application of this theory to the study	38
2.2.4	Criticism against ecological systems theory	40
2.3	APPRECIATIVE INQUIRY (AI).....	40
2.3.1	Appreciative Inquiry: definitions and background of AI.....	40
2.3.2	Characteristics of AI	42
2.3.3.	Assumptions for AI	43
2.3.4	Principles of AI	44
2.3.5	Processes	46
2.3.6	The AI Process.....	46
2.3.6.1	Phases of Appreciative inquiry	46
2.3.7	Approaches and models of application of AI	49
2.3.8	Relevance of AI to the study	49
2.3.9	Criticism levelled against AI	50
2.3.10	Rationale for using AI in the study.....	50
2.4	CONCLUSION	52
	CHAPTER 3.....	53
	RESEARCH DESIGN AND METHODS.....	53
3.1	INTRODUCTION	53
3.2	THE RESEARCH OBJECTIVES	53
3.3	THE RESEARCH QUESTIONS	53
3.4	RESEARCH DESIGN.....	54
3.4.1	Participatory action research.....	54
3.4.2	Appreciative inquiry	56
3.5	RESEARCH CONTEXT	59
3.6	RESEARCH METHODS.....	60
3.6.1	Population	60
3.6.2	Sample and sampling procedures.....	61
3.6.3	Data collection.....	62
3.6.3.1	Data collection methods	62
3.6.3.1.1	Appreciative Inquiry interviews	62
3.6.3.2	Data collection instruments	62
3.6.3.3	Data collection process	62
3.6.4	Data analysis.....	70
3.7	TRUSTWORTHINESS	73

3.7.1 Credibility	73
3.7.2 Confirmability	75
3.7.3 Transferability	76
3.7.4 Dependability	76
3.8 ETHICAL CONSIDERATIONS	77
3.8.1 The respondents: respect for persons.....	77
3.8.2 The institutions	80
3.8.3 The scientific integrity of the researcher.....	80
3.8 CONCLUSION	81
CHAPTER 4.....	82
ANALYSIS, PRESENTATION AND DESCRIPTION OF RESEARCH FINDINGS.	82
4.1 INTRODUCTION.....	82
4.2 DATA MANAGEMENT AND ANALYSIS	82
4.3 RESEARCH FINDINGS	82
4.3.2 Sample description.....	82
4.3.2.1 Discovery phase.....	84
4.3.2.2 Dream phase.....	99
4.3.2.3 Design phase	104
4.3.2.4 Destiny phase.....	105
4.4 RESEARCH FINDINGS	82
4.4.1 Sample description.....	82
4.4.2 The AI interviews findings	83
4.5 CONCLUSION	110
CHAPTER 5.....	112
PARENTS-INITIATED INTERVENTIONS TO PREVENT HIV TRANSMISSION	
AMONG ADOLESCENTS	112
5.1 INTRODUCTION.....	112
5.2 PARENTS-INITIATED INTERVENTIONS TO PREVENT HIV AMONG	
ADOLESCENTS	112
5.2.1 The process	112
5.2.1.1 The creation of vision and mission statements.....	112
5.2.1.2 Parents-initiated interventions to prevent the transmission of HIV among	
adolescents	112
5.2.1.3 Action plans.....	112

5.3	SUMMARY OF PARENTS-INITIATED INTERVENTIONS TO PREVENT HIV AMONG ADOLESCENTS IN SWAZILAND.....	125
5.4	CONCLUSION	126
	CHAPTER 6.....	127
	CONCLUSIONS AND RECOMMENDATIONS.....	127
6.1	INTRODUCTION.....	127
6.2	RESEARCH METHODS.....	128
6.2.1	Appreciative Inquiry process	128
6.2.2	Appreciative Inquiry process	128
6.3	SUMMARY OF RESEARCH FINDINGS	129
6.3.1	Discovery phase.....	129
6.3.1.1	Perceived gains from parent-adolescent sexual communication.....	129
6.3.1.2	Open communication	130
6.3.2	Dream phase.....	133
6.3.2.1	Wishes of parents.....	133
6.3.3	Design phase	134
6.3.4	Destiny phase	134
6.4	Parents' initiated interventions to prevent transmission of HIV among adolescents.	135
6.5	CONCLUSIONS	136
6.6	RECOMMENDATIONS	137
6.6.1	Implications for practice	137
6.6.2	Implications for research	137
6.7	CONTRIBUTION OF THE STUDY	138
6.8	STRENGTHS AND LIMITATIONS OF THE STUDY	138
6.8.1	Strengths.....	138
6.8.2	Limitations	139
6.9	CONCLUDING REMARKS.....	139
	LIST OF REFERENCES	141
	ANNEXURES.....	141

List of abbreviations

AIDS – Acquired Immunity Deficiency Syndrome

AI – Appreciative Inquiry

HIV – Human Immunity Virus

UNAIDS - The Joint United Nations Programme on HIV/AIDS

UNICEF - United Nations International Children's Education Fund

List of annexures

Annex A: Ethical clearance certificate UNISA

Annex B: Ethical clearance National Health Review and Research Board (Swaziland)

Annex C: Permission Ministry of Education

Annex D: Letters requesting permission to conduct the study

Annex E: Letters granting permission to conduct the study

Annex F: Informed consent

Annex G: The appreciative interview process

Annex H: The appreciative interview guide

Annex I: The appreciative interview summary sheet

Annex J: Confidentiality form

Annex K: Letter from the editor

CHAPTER 1

ORIENTATION TO THE STUDY

1.1 INTRODUCTION

Adolescence is a developmental stage characterized with experimentation, new experiences, taking risks and being vulnerable. The experimentation with drugs, sexual activity often occurring during this period increases adolescent risk for HIV exposure and infection. Research has recognised the important part parents play in adolescent development and behaviour. Adenike and Taiwo (2013:100) note that parents have a unique part they play in providing the foundation of morals and character building among adolescents. Miller, Poulsen, Fasula, Wyckoff, Forehand, Long and Armistead (2011: 530) further explain that parents have an important role in guiding their children on sexual health issues by instilling positive values and ensuring continuous information sharing. The same authors maintain that parent – adolescent sexual health communication is an important medium through which parents can provide accurate information and transmit positive cultural values regarding sex and sexuality.

A plethora of research work has revealed that effective parental engagement of adolescents about sex and relationships, reduces the chances of adolescents engaging in risky sexual behaviour (Bushaija, Sunday, Asingizwe, Olayo & Abong'o 2013; Cordova, Huang, Pantin & Prado 2012; Gopalan & Franco 2009; Nambambi & Mufune 2011; Yadeta, Bedane & Tura 2014). Asampong, Osafa, Bingenheimer and Ahiadeke (2013:6) reported that adolescents with good relationship and communication with their parents are 2.7 times less commonly conduct sex than those who have poor relationships. In another study by Sacolo, Chung, Chu, Liao, Chen, Ou, Chang and Chou (2013) it was reported that adolescents commonly conduct sex if they receive sexual information from friends and media compared to sources such as parents, elderly and religious leaders.

A substantial number of studies report that many parents find it difficult to discuss issues related to HIV prevention at family level. This is because HIV prevention is

inherently linked to sex which is still regarded as a taboo in some countries including the country of the study, Swaziland (Asampong et al 2013:6, Dindili 2014:32; Swaziland National Youth Council 2007:17 & Wamoyi, Fenwick, Urassa, Zaba & Stones, 2010). The findings of a study by Roudsari, Javadnoori, Hasanpour, Hazavehei & Taghipour, (2013) reveal that families do not discuss sexual issues because of cultural norms. In addition to cultural barriers related to effective parent-adolescent communication, Yadeta et al (2014) and Dindili (2014) note that most parents do not only have poor relationships with their adolescent children, but they seem to lack confidence and knowledge of “what to say about sex” and lack of approach with regard to “how to say it and when to start”. The same authors reported an observation that most parents and adolescents’ relationships are weak and do not form strong bonds necessary to promote communication about challenging issues such as sex.

1.2 BACKGROUND TO THE RESEARCH PROBLEM

Adolescents face a myriad of growth and development challenges including the prevention of HIV transmission and AIDS. According to UNAIDS, 2016 it has been estimated that about 2.1 million adolescents aged between 10 and 19 years globally were living with HIV. The Sub- Sahara region constitutes a higher proportion among global estimates of 2.1 million with about 1.7 million within this region accounting for 84%. It is reported that 64% of adolescents in 2014 who had new infections were among those living in Sub-Saharan Africa (UNICEF 2015).

The adolescent population is high in Swaziland, as it is estimated to be 24% among the overall population. There are however, challenges in capturing data relevant to adolescents it is often not aggregated according to 10 – 19 years. Presentation of data is at times according to 15 – 19 years or 15 – 24 years resulting in omissions and overlaps Ministry of Health (2017). According to the Ministry of Health (2017), preliminary results of Swaziland HIV Incidence Measurement Survey 2, states that the HIV incidence among 10 – 14 years is 2.8% while among individuals aged 15 and above it is 27%. This may however, not give a clear estimate of the incidence among adolescents aged 15 – 19 years but it is a given that HIV amongst adolescents is a challenge.

The situation may be compounded by the fact that adolescents are reported to have limited knowledge and access to services to influence their decisions on issues of sexuality (Dlamini, Mabuza, Masangane, Silindza, Dlamini & Dlamini 2017). The same authors acknowledge that comprehensive knowledge on the drivers of HIV and how it can be prevented is low at 49.1% for girls and 50.9% for boys aged 15 – 24 years.

The environment in terms of policies and frameworks is however conducive to implement interventions that address adolescent issues on sexuality and HIV. This is evidenced by the Ministry of Health (2013) in Swaziland National Policy on Sexual and Reproductive Health of (2013:45) which suggests that the country will endeavour to provide comprehensive sexuality education information as well as integrated SRH and HIV services to adolescents (Dlamini et. al 2017). Furthermore, the National Multi – Sectoral HIV and AIDS Extended Framework (2014-2018) states that social and behaviour communication will encourage a platform of open discussions on safer sexual behaviours which includes adolescents (NERCHA, 2014). Though the age to consent for services related to Sexual and Reproductive Health and HIV testing is 12 years, it is inconsistent with the stipulated recommendation to consent for sexual activity which is 16 years (Ministry of Health, 2015).

Different players such as government and partners have been instrumental in addressing adolescent sexuality and HIV issues. Among the initiatives that were put in place, is the HIV toolkit targeting adolescents and life skills education curriculum in schools promoting youth friendly services (Dlamini et al 2017). The same authors report that community level interventions for adolescents include life skills education through arts and culture as well as sports.

In addition, according to UNICEF (2015), among the identified opportunities in the country for addressing adolescent participation in the HIV response is the importance of creating innovative strategies. The report suggests that one of the innovative ways to support adolescent positive outcomes would be empowering communities and families. The Ministry of Health (2015) reported that the ALL IN initiative findings include the importance of advancing participation of adolescents through initiating community outreach for parents to realise their role in adolescent health. Furthermore, the Swaziland Integrated HIV Management guideline of 2015 (Ministry of health 2015) state that young people including adolescents, are more at risk of

contracting HIV hence the need to encourage them to re-test every 8 weeks. The study, therefore, sought to advance one of the strategic directions of the country in strengthening capacity of parents' initiatives for HIV prevention among adolescents.

1.3 PROBLEM STATEMENT

Parents have the primary responsibility of guiding their children in all respects of life throughout all developmental stages. However, it is not clear how this function is used to address the prevention of Human Immunity Deficiency Virus (HIV) transmission among adolescents. During lecture discussions on HIV and AIDS over the years among students who are new comers at the University of Swaziland, the researcher noted and learnt from nursing and non-nursing students that there is limited or no communication between parents and adolescents on matters related to sex (including HIV prevention) though there is a high prevalence rate of HIV in the general population and adolescents.

The government and non-governmental agencies have put in place various strategies and activities to address HIV prevention among adolescents. These activities include integrating life skills education in the school curriculum, formation of school health clubs, peer education and the launch of Social Behaviour Change Communication Strategies (SBCC) to facilitate mobilization of adolescents to prevent HIV. However, evidence suggests that there is little or no focus on parents' involvement in SBCC.

Given the fact that talking about sex with adolescents is still regarded as a cultural taboo, and that some parents seem to lack knowledge and self - confidence in exploring sexual issues (including HIV prevention) with their adolescent children, there is a need to focus on empowering parents of adolescents with knowledge and skills that will enable them to feel confident and comfortable about communicating with their adolescents issues related to sex, risky behaviours and HIV prevention.

In addition, the study focused on one of the priority areas of the Swaziland National Research Agenda 2015-2019 (Ministry of Health 2015:14) which identified HIV and AIDS as one of the major thematic areas. The research study proposed to employ Appreciative Inquiry (AI) to actively engage parents of adolescents in a process that

would enable them to initiate interventions that they would use to promote parent-adolescent sexual health communication and parental comfort with communication about sex and HIV prevention. The use of AI would engage parents of adolescents in the process of creating the change that was needed (effective parent-adolescent sexual health communication and parental comfort with communication about sex). The change in parent-adolescent sexual health communication and parental comfort with communication about sex would be from within and result in ownership of all interventions by all parents involved.

1.4 AIM/PURPOSE OF THE STUDY

The study purpose was to use appreciative inquiry to engage parents of adolescents in the design of interventions for preventing HIV among adolescents in Swaziland.

1.4.1 Research objectives

In an effort to achieve the purpose of the research study, the following research questions were formulated following the 4-D cycle of Appreciative Inquiry process

- Describe the parents' past exceptional experiences of parent-adolescent sexual health communication including the prevention of HIV transmission.
- Describe the parents' dream of a desired future of an effective parent-adolescent sexual health communication and parental comfort with communication about sex and HIV prevention.
- Describe parents-initiated interventions for the prevention of HIV transmission among adolescents
- Describe the actions that parents plan for implementing the initiated interventions to prevent HIV transmission among adolescents.

1.4.2 Research questions

- How do the parents describe their past exceptional experiences of parent-adolescent sexual health communication including HIV prevention?

- What is the parents' dream of a desired future of effective parent-adolescent sexual health communication and parental comfort with communication about sex and HIV prevention?
- What are the parents-initiated interventions for the prevention of HIV transmission among adolescents?
- What actions do parents plan for implementing the initiated interventions for the prevention of HIV transmission among adolescents?

1.5. SIGNIFICANCE OF THE STUDY

Study significance is an important factor in research and must contribute meaningfully to the body of knowledge, practice and research (Polit & Beck 2012:77). The findings of the study contributed to the body of knowledge on interventions initiated by parents to prevent HIV transmission among adolescents.

The study responded to the call by His Majesty King Mswati III to end the transmission of HIV by 2022. Furthermore, the Extended National HIV Strategic Framework 2014-2018 emphasises the importance of prioritising and developing programs for adolescent girls (Ministry of Health 2015). Among the four areas of focus of ALL IN initiative which started in 2013 to influence innovative approaches to facilitate reaching out to adolescents and improving impact of prevention initiatives. ALL IN is an agency that seeks to drive social movement aiming for better results for and with adolescents in influencing policy and programming (Ministry of Health 2015).

Given that currently, few measures exist that focus on assisting parents of adolescents to collaborate and initiate interventions for HIV prevention among adolescents in the country of study, this study filled that gap.

The intent of Appreciative Inquiry was to generate a positive view of strengths that parents have and can use to co-construct a shared vision of effective parent-adolescent sexual health communication and interventions for the prevention of HIV among adolescents through collaboration. In addition, when using AI, the parents might feel that they are collectively in control of their destiny and ownership of the process, the result of which is HIV prevention interventions developed by parents for themselves; thereby dealing with the taboo associated with discussions about sex.

1.6. KEY CONCEPTS

1.6.1 Adolescents: defined by WHO cited in UNFPA (2013) as individuals with age ranging from 10–19 years. The term was used as a substitute for adolescent children in this study

1.6.2 Appreciate: identifying the worth, value or esteem of something or someone (Oxford English dictionary, 2015); an act of identifying the good things among people or the world around us, encouraging past and present strengths, successes and potentials; to perceive those things that give life (health, vitality, excellence) to living systems (Kelly 2010). In the context of this study, it means identifying and valuing exceptional positive experiences of parent-adolescent sexual health communication and HIV prevention.

1.6.3 Inquiry: Inquiry is an act of exploration and discovery (Whitney & Trosten-Bloom 2010:3), to be open to seeing new possibilities and potentials (Kelly 2010:165). In the context of this study, inquiry refers to the description of parents' personal positive experiences of success and identifying common elements of the positive experiences of parent-adolescent sexual health communication and HIV prevention.

1.6.4 Appreciative inquiry: a process for change in which one determines the best in an organization or situation and build on the positive experiences to deal with negative situations (Kelly 2010). The strength-based focus of AI is a significant shift from the problem-solving approach. It was used in this study as an underpinning philosophy and data generating process for action research.

1.6.5 Exceptional experiences: series of events in which one has participated or lived through that deviated from the norm (The free dictionary, 2015). For the purposes of the study, an exceptional experience is the most valued, meaningful and unforgettable positive experiences, a real high point and a time when the participants felt most alive, successful and proud of being parents involved in communication with their adolescent children about sex and HIV prevention.

1.6.7 HIV prevention: practices done to halt the transmission of HIV

1.6.8 Intervention: means the act of intervening, which means to intentionally become involved in a difficult situation in order to improve it or prevent it from getting worse (Merriam – Webster dictionary: [Sa]). In the context of the proposed study, interventions refer to intentional involvement of parents in activities and the process of creating plans of action to promote parent-adolescent sexual health communication and HIV prevention among adolescents.

1.6.9 Initiate: To start or introduce something (Merriam – Webster dictionary: [Sa]). In the context of this study, initiate refers to the start of interventions for promoting parent-adolescent sexual health communication and HIV prevention among adolescent

1.6.10 Parent: an individual male or female who takes the responsibility for raising a child (The free dictionary: [Sa]). In this study, a parent was any male or female adult person, who was the biological or adoptive parent of an adolescent child.

1.6.11 Parent-initiated interventions: started or introduced by parents. In this study, parents–initiated interventions are those which parents have started and have indicated that they want to do and in a particular manner to promote parent-adolescent sexual health communication and HIV prevention among adolescents. Through their personal choice, actions and their powers of communication, parents of adolescents became the originators and they set the interventions going from what was available to them.

1.7. THEORETICAL FOUNDATIONS OF THE STUDY

Researchers need to understand the concept “theory” and its role in research. Schmidt and Brown (2015:134) define a theory as a set of concepts interlinked through a schema in an effort to explain something experienced (phenomenon). Best and Khan (2006: 10 in Vosloo [Sa.]) further explain a theory to be an endeavour to formulate general explanation of something experienced. In the social sciences, a theory seeks to describe and interpret a relationship between an individual behaviour and the factors that influence or explain the behaviour. The same authors, state that a theory denotes unseen paradigms that are inferred from observable facts and events, and

describes interlinks among key variables for explaining a current state or predicting future concurrences. Thus a theory is a crucial research tool for facilitating advancement of knowledge and for providing a frame of reference, understanding and action.

Researchers also need to demonstrate knowledge and comprehension of the connected research viewpoints that encompass the different research principles. This particular study is guided by research philosophy highlighted in different principles, as outlined by the relevant research paradigm, discussed in the paragraphs that follow.

1.7.1 Research paradigm

Polit and Beck (2012:11) define a paradigm as a conception with various philosophical assumptions associated with a particular point of view or a general perspective on the complexities of the world. Brink, Van Rensburg and Van der Walt (2012:25) further explain a paradigm as an approach of viewing natural phenomena that encompasses a set of philosophical assumptions guiding individual's way of examining investigations. According to Babbie 2007 in De Vos (2011:513), a paradigm is a schema and perspective based on human philosophies and views believed to be true about the world around them, as well as the researcher's interpretation of reality.

The constructivist paradigm guided and informed this study. The constructivist paradigm is rooted in philosophy and the sciences of human beings, and aims at investigating the depth and complexity of social phenomena in order to understand it. Its purpose is to comprehend and examine experiences, events, and social framework, as well as the values people attach to these phenomena (Rubin & Babbie, 2010:37). Constructivists hold the view that social reality is socially formulated and subjective because it is created by participants' perceptions, values as well as the researcher's aims.

Literature review, revealed the following the features of constructivist paradigm;

- Reality develops in the mind of human beings hence the presence of multiple realities from different individuals (Crotty, 1998 cited in Scotland 2012:11; Polit & Beck 2012:12)

- Constructions happen in the mind, and are not external entities; meaning that reality cannot be singled out from the person who is undergoing the experience.
- According to constructivists social and physical reality does not exist in isolation from the individual. They believe that there is a relationship between language and socially engendered concept formation. They uphold the view that human experience is important as much as explanation, prediction, and control emphasised by the positivists (Halloway & Wheeler 2010:25).
- People through their subjectivity construct the social world, suggesting that human beings are individuals with consciousness and a mind while their behaviour is affected by comprehending the social world, which exists only in relation to human beings (Hesse-Biber 2010:455). People understand the social world differently in various situations and approaches.
- The researcher is part of what is observed; the researcher needs to interact with participants who already have in-depth knowledge and experience about the phenomena of interest to dialogue and interpret the reality.
- Researchers following this approach are interested in finding meaning and in depth knowledge (Botma, Greeff, Mulaudzi & Wright 2010; Scotland 2012:12).
- Constructivism promotes co-construction of realities and interpretation of data in a transparent process where there is vibrant interaction between the research participants and researcher (Lauckner, Paterson & Krupa 2012:7).
- Constructivists hold the view that issues focused on in the field of social sciences are relatively different from those of natural sciences. Hence, different approaches or methodologies are needed to understand or explain a phenomena understudy which would facilitate the social researcher to acknowledge and appreciate the subjective meaning of social actions (Fouché & Schurink 2011:309).
- Constructivists suggest that there are varied dimensions of a complicated phenomenon which could be unpacked by in-depth information (Burns & Grove, 2011:23; Brink 2012:25; Polit & Beck 2012: 12 – 15).

1.7.2. Assumptions on which the research paradigm was founded

According to Polit & Beck, 2012: 748 assumptions are basic principles deemed true based on reasoning and logic without being amenable to evidence. These statements or axioms are based on self-evidence, with no basis of objective information, truth value or rather meaning (Leedy & Ormrod 2005 in Chauke 2014: 18). Brink (2012:6) asserts that assumptions guide one's approach to inquiry.

It is fundamentally important therefore, to base any particular study on assumptions given that they form a foundation for understanding the research tenets. It was for this reason that the researcher explored and clarified the philosophical underpinning of the study. The study was influenced by the following assumptions;

- **Ontology**

Ontological assumptions are concerned with what individuals believe constitute reality. Scotland (2012) suggests that in ontological assumptions reality is not constructed by one individual but many people hence there are many realities and there is lack of objectivity. The author further stipulates that knowledge and meaningful reality is formed through interaction between individuals and their environment, therefore the social world can be understood from the viewpoint of individuals who participate in that social world.

Ontological assumptions allow the researcher to stipulate how social reality would be understood either from the viewpoint of outsiders or by thoughts, arguments and means of the words, that the researcher creates in his or her own mind (Maree, 2008 in Chauke 2014). The author further argues that there are basically two positions, one is "nominalist" focussing on formulating truth from arguments and words. On another note, the "realistic" position is truth or viewpoint based on objectivity alone. However, the ontological assumptions that this study is based on is as follows;

1. Life-world is constituted moment-to-moment and accordingly, the role of parents in the prevention of HIV among adolescents' changes because of involvement in AI.
2. Positive exceptional experiences do exist among parents of adolescents to co-construct parents-initiated interventions for HIV prevention among adolescents.

- **Epistemology**

The epistemology theory is concerned with what is considered valid knowledge in research (Holloway & Wheeler 2010:21). De Vos 2001 in Chauke 2014: 19) suggests that the precision and accomplishment in quantitative research depends entirely on total disengagement or epistemological distance of researcher from the subjects so that the data that is collected from them is truly objective. The same author explains that, contrary to this practice for qualitative researchers it is essential to connect directly with the research participants' worldview and their life situations in a study by intensely interacting with them thus producing the necessary information. The necessary information is derived from participants' raw data which is further analysed, interpreted and conclusions drawn from it. Fard (2012) suggests that information can be accessed through empathy and appreciative accuracy which can be further facilitated by sympathetic participation that can capture emotions as they occur. The same author notes that the researcher can be better understood from the perspective of the participants who are directly involved in the experience.

Therefore, the research study was founded on the following epistemological assumptions:

1. Qualitative research, utilising Appreciative Inquiry (AI) produces information which, when appropriately constructed, will meet the requirements of rigorous science and scientific knowledge.
2. The participants (parents of adolescents) are autonomous people who will reflect and willingly share information honestly to the questions asked during interviews.
3. The participants will be willing to share their exceptional experiences on communicating with their children on HIV prevention issues.
4. Socio-cultural issues, circumstances and the environment shape parenting; therefore, the parents will have multiple realities on how to communicate about HIV prevention among adolescents.

- **Methodology**

Methodological assumptions describe the procedures or set of guidelines the researcher will undertake to conduct the study and the rationale thereof (Fard 2012), suggesting the approaches by which researchers gather knowledge. The methodological assumptions of the study are as follows;

1. The AI approach will facilitate extraction of data sought to answer the current research questions, and would ensure in depth information about how parents positively address HIV prevention among adolescents.
2. Research participants will work together with the researcher and formulate a shared vision of a desired future of an effective parent-adolescent sexual health communication and parental comfort with communication about sex and HIV prevention.

- **Axiology**

Axiology is concerned with the standpoint of the researcher's values in the inquiry. Constructivists hold the view that values are inherent in qualitative studies as the researcher is not emotionally detached (Fard 2012:55-108). In this regard the constructionists acknowledge that researchers cannot detach themselves from values which can bring about biasness. Axiological assumptions according to Kivunja & Kuyini (2017) pertain to right and wrong values inherent in the research process. The authors suggest that the researcher should address the different research perspectives with respect to values in consideration of the participants, data as well as the people who will receive the results hence determining the right and wrong concepts to use.

The study was based on axiological assumptions that:

1. Some parents regard communication about HIV prevention among adolescents a taboo because it is inherently linked to sex
2. Lack of knowledge (what to say about sex) and the lack of approach (how to say it and when to start) are barriers to effective parent-adolescent communication about HIV prevention among adolescents.

3. The researcher will openly declare her values and preconceptions associated with the study.

- **Rhetoric**

Rhetoric examines the language used in constructivism, which is soft and understood by the social actors or participants. The positivist approach uses formal, impersonal, defined language and places much emphasis on quantification and statistical analysis while the constructivist paradigm focuses on rich description and the language of comparison and distinctiveness. In addition, metaphors and stories are often used to relay experiences in a constructivist paradigm (Fard 2012). The study was based on the rhetorical assumption that the qualitative research paradigm independently provides specific terminology that pertinently illuminates phenomena studied within the realm of these constructs.

1.7.3 Theoretical framework

Theoretical framework is the structure of a study that links the theory concepts to the study variables (Schmidt & Brown 2015:134). A theoretical framework thus helps the researcher summarise any previous information and to guide the future course of action. Bronfenbrenner's Ecodevelopmental theory formed the basis of this study. The Ecodevelopmental theory provides a contextual framework for understanding adolescent risk factors. It explains the interplay among risk and protective processes associated with STIs and HIV risk behaviours among adolescents. A detailed discussion of the Ecodevelopmental theory is presented in Chapter 2.

1.8 RESEARCH DESIGN AND METHODS

In the following paragraphs, the research design and methods used in the current study are introduced

1.8.1 Research design

A research design is a detailed framework or plan, according to which research is undertaken (Polit & Beck 2012:51). It is a frame of reference in which there is a linkage between research methods and procedures so as obtain a accurate and valid of data for evidence based grounded analyses, conclusions and theory formulation (Braun & Clarke 2013:42; Grove, Burns & Gray, 2013: 214). A research design enables the researcher to anticipate what the appropriate research decisions are likely to be, and to maximise the validity of the eventual results (LoBiondo - Wood & Haber 2014:164). For the purposes of this study, the researcher used the participatory action research design to address the study objectives and to answer the research questions. The design was guided by appreciative inquiry, which revolves around qualitative, narrative analysis, focusing on stories and their generative potential (Kelly 2010).

Participatory action research (PAR) is the design that focuses on research whose purpose is action. It is conducted directly with the immediately affected persons with a specific focus on process and capacity building. The methods used in participatory research are geared towards planning and conducting the research process with those people whose life-world and meaningful actions are under study. The design enhances implementation of changes to improve a setting in the study area rather than aiming at coming up with theories (Edwards and Edwards 2012:1). This is in line with the Appreciative Inquiry (AI), which seeks to bring about change through a wide range of involvement of individuals who are going to implement the envisaged change to ensure sustainability (Kessler 2013). Detailed discussions of PAR and AI are presented in chapter 2 and chapter 3 respectively.

1.8.2 Research methods

Research methods refer to the approaches employed in a study aimed at gathering, analysing and interpretation of essential information in an effort to answer a research question in an orderly manner (Polit & Beck 2012:12). The subsections that were used to present the research methods used in this study included the population and sampling, data collection and analysis methods. A thorough discussion of the research methods applied in this study is presented in Chapter 3.

1.9 SCOPE AND LIMITATIONS OF THE STUDY

The study was conducted in two high schools in Manzini city among parents of adolescents aged 10 – 19 enrolled in the respective schools. Therefore, it is not representative of the parents of adolescents in the Manzini region of Swaziland.

1.10 ETHICAL CONSIDERATIONS

All ethical principles were considered in the study as per protocol. The ethical considerations included informed consent, privacy, confidentiality, justice, beneficence and prevention of harm. Details regarding ethical considerations are presented in Chapter 3.

1.11 STRUCTURE OF THE THESIS

The thesis was organised according to chapters as shown in table 1.1

Table1.1: Chapters of the thesis	
Chapter 1	Orientation to the study, highlighting the problem statement, research questions, and research objectives, significance of the study, research paradigm, a brief introduction to the methodology, and the scope of the study.
Chapter 2	Theoretical foundations
Chapter 3	Research design and methods utilised for data collection and analysis
Chapter 4	Analysis, presentation and discussion of findings
Chapter 5	Parents-initiated interventions for the prevention of HIV transmission among adolescents
Chapter 6	Conclusions and recommendations of the study

1.12. CONCLUSION

The chapter focused on the orientation of the study giving a detailed background and motivation or reason for the study. Inherent in the study is the research problem, research purpose and research objectives. The significance of the study was stated. Utilised operational terms were clearly outlined and defined. The theoretical framework that guides this study was introduced. The researcher outlined the scope and the structure of the dissertation of the study. In chapter 2, the theoretical foundations underpinning the study are presented.

CHAPTER 2

THEORETICAL FOUNDATIONS

2.1 INTRODUCTION

In this chapter, the theoretical foundations of the study are presented. Theories provide a foundation or benchmark for synthesis and logical organisation of facts in studies in order to make sound judgements and make sense of the problem under study (Vakili, Rahaei, Nadrian & YarMohammadi 2011). The discussion of the theoretical foundations focuses on two theoretical perspectives, which form the basis of the study. The chapter begins with a discussion of Bronfenbrenner's human ecology theory, which highlights the family influence on child development by being proximal through constant interaction, personal attributes and other proximal processes observed in families.

The second part of the chapter explores appreciative inquiry (AI), which was used as a data generating process.

2.2 ECOLOGICAL SYSTEMS THEORY OF DEVELOPMENT

An American psychologist, Urie Bronfenbrenner formulated the ecological systems theory to explain how the inherent qualities of a child and his environment interact to influence how he will grow and develop. Through the ecological systems theory, Bronfenbrenner stressed the importance of studying a child in the context of multiple environments, known as ecosystems in an attempt to understand his/her development. According to Bronfenbrenner (2001), a child typically finds himself simultaneously enmeshed in different ecosystems. Noteworthy, is the fact that each of these systems inevitably interacts with and influences each other in every aspect of the child's life and development. Furthermore, Sloboda and Petras (2014) state that there are both risk and protective factors in the various systems that influence development of an individual.

2.2.1 Concepts of the theory

In the paragraphs that follow, the important concepts of the ecological systems theory of human development are defined.

Ecology: according to Bronfenbrenner 1979 in Rosa and Tudge (2013:247), the ecology of human development involves the scientific study of the progressive, mutual accommodation between an active, growing human being and the changing properties of the immediate settings in which the developing person lives. This process is affected by relations between these settings, and by the larger contexts within which the settings are embedded.

Proximal processes: Proximal processes refer to the mutual interaction that occurs between a person and the environment (Bronfenbrenner & Morris, 1998 in Rosa and Tudge 2013).

Environment: Bronfenbrenner idealised the setting in which a child lives as a logical organisation of interlinked structures or subsystems (microsystem, mesosystem, exosystem and macrosystem), noting that there are different layers separating individuals from a developing child, others are relatively closer but some are further afield from the child (Bronfenbrenner 1976, 1977 in Rosa and Tudge 2013:246). Additionally, Bronfenbrenner suggested that the ecological environment is complicatedly linked to the individuals within it; and he often used the qualifier *ecological* when referring to the environment, thus focusing not simply on the environment, or context, but on the ecological system that includes the developing individual (Bronfenbrenner 1976 in Rosa and Tudge 2013:246).

The Bronfenbrenner model organises contexts of development into four levels of external influences, which are organised according to their closeness to the child from the most intimate home ecological system moving outward to the larger school system and the most expansive system, which is society and culture as shown in figure 2.1.

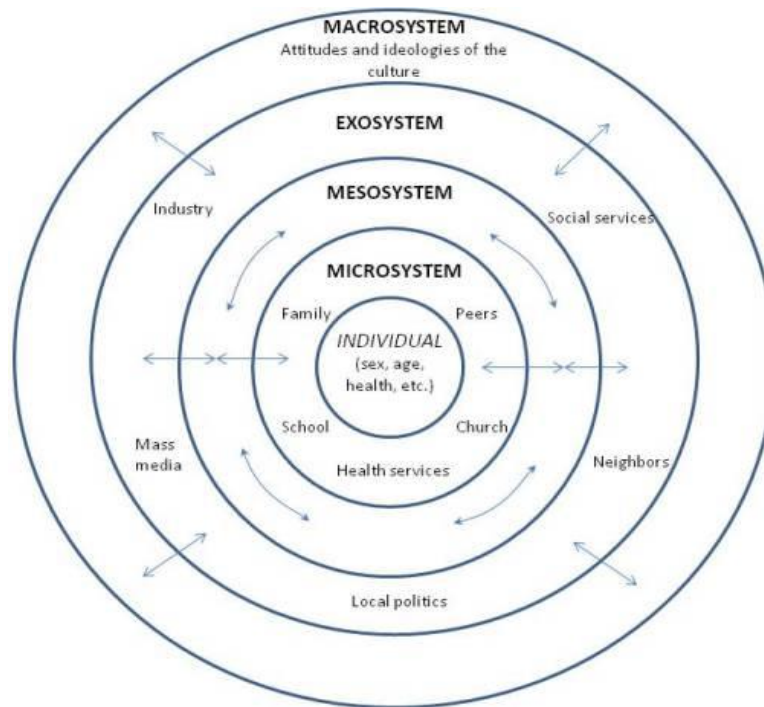


Figure 2.1 Bronfenbrenner's Ecological theory of development (Wikipedia)

The microsystem

The microsystem is the minute, most intimate and immediate environment in which the child lives. It represents situations (home environment, school, church or health services) and people (family, parents, siblings and peers) who influence the adolescent's development directly. The microsystem is the core of all the systems because of its proximity to the adolescent in (Bronfenbrenner's ecodevelopment theory 1979: 22; Lopez, Tapia and Schwarz 2016). The connections and relationships within the microsystem result in a myriad of activities and roles, which may influence the developmental processes of the adolescent in a positive or negative way. Culpepper (2016) asserts that in the microsystem the child has close personal interactions with a number of individuals and groups namely; the family, peers, teachers including caregivers. The interaction is a two way process and influences go backwards and forward. The individuals in this circle positively and negatively affect the child as he or she grows. In addition, the child will be affected by the reaction he or she portrays as this will determine how they treat him or her. More nurturing and supportive interactions and relationships will understandably foster the child's improved development.

The mesosystem

The mesosystem is the second level and it forms the next circle of development closer to the microsystem. The mesosystem encompasses the interaction and interconnections between the microsystems, in which the developing child often relates with. There interconnection among various entities notable between home and school, between peer group and family, or between family and church. Coatsworth, Pantin and McBride 2002 cited in Lopez et al (2016) are of the opinion that unbecoming behaviours are less likely among adolescents if parents have a close link with what is happening in the school and among their peers. Culpepper (2016) suggests that the child's parents should show interest in the friends of the child. He/she should encourage friends of the child to come over and spend some time with them so that she can understand the kind of friends his/her child interact with i.e. if they are like-minded thus this will promote positive development. Harville (2016) noted that if parents do not get along the child's friends openly disapprove of them the child is more likely to experience instability and conflicting emotions, this might affect the child's development negatively. Coatsworth et al 2002 cited in Lopez et al (2016) posit that adolescents are less likely to engage in risky behaviours resulting in contracting HIV if there is a strong bond among the family, peers and school. Shaffer (2008) corroborates this view by suggesting that there is optimum development if the links between the micro-system and mesosystem are supportive and strong.

The exosystem

This level involves the links between a social setting in which the developing individual has no active involvement in. The exosystem is characterised by all the effects, which are not directly linked to the adolescent but impact on the functioning of the family member such as parents' work place or circle of social networks which could be his/her friends. This in turn reduces valuable time spent with the adolescent or parental monitoring. Lopez et al (2016) contend that if a parent is stressed at work that would affect his/her quality of time devoted to the adolescent and may not be able to monitor their peers. Shaffer (2008) believes that if the exosystem provides classes on parenting this could benefit parents in their relationship with children. Mutumba and Harper (2015) are of the view that health providers could play a significant role in

preparing parents for puberty developmental changes and provide them with skills necessary for supporting adolescents. According to Swick and Williams (2006), the social networks can be either empowering or unbecoming on the adolescent. It should be noted that while the adolescent may not be directly involved in the events occurring in the world of the parents he/she is influenced by such occurrences.

Macrosystem

The macrosystem is the furthest proximal system that influences the adolescent development. The macrosystem constitutes of the broad systems of culture, ideologies, and policies. In essence, macrosystems encompass societal beliefs, values, policies on how adolescents should be handled, and what they need to be taught (Swick & Williams 2006; Shatter 2008). Even though the macrosystem layer is at the distal level, it permeates all the other layers of personal development and affects the developing person.

According to Bronfenbrenner (1998), the macrosystem is influenced by the other environmental settings is reflected in how the lower systems (e.g, family, school, peers) function. The hallmark of the macrosystem is its overarching belief system or ideology. As a result, the day to day experiences in society, socioeconomic situation, ethnic or religious group influence the adolescent as values and beliefs of the community, in which he lives are similar and interconnected.

Culturally delaying sexual debut among adolescents in Swaziland was valued. However, it has been noted that there is a break down in culturally prescribed morals as there are no longer structures that allow adolescents to speak openly about sexual issues (Mavundla, Dlamini, Nyoni, & Mac-Ikemenjima 2015:137). The same authors suggest that it is a challenge for adolescents to adhere to morally good behaviours as the culture is patriarchal and perpetuates multiple sexual partnerships, intergenerational sex and acceptance of male promiscuity. Furthermore, while youth friendly services are encouraged they are mainly found in urban settings. Mavundla et al (2015) suggest that while there are still debates in integrating sex education in schools' curricula, there is a need to empower parents and guardians on strategies to discuss sex and sexuality issues among adolescents. Religion is noted as one institution that promotes adoption of protective measures such as avoiding sexual risky

behaviours (Harper, Andrew, Riplinger, Neubauer, Murphy, Velcoff & Bangi (2013:2). However, Mavundla et al (2015) argue that some religious sectors do not agree with the notion of distributing condoms in schools in Swaziland, which is another strategy for HIV prevention.

By studying the different systems that simultaneously, influence a child, the Bronfenbrenner's Ecological Theory is able to demonstrate the diversity of interrelated influences on the child's development. Awareness of contexts can sensitize people to variations in the way a child may act in different settings.

2.2.2 The critical processes for positive development

Bronfenbrenner as cited in International child and youth care network (2000) suggests that, "every kid needs at least one adult who is crazy about him". To this effect, he identified the following five propositions:

- *Proposition 1*

In order for a child to develop in all aspects such as socially, emotionally, morally and intellectually he or she needs to continually participate in more complex mutual activities, on a regular basis over an extended period. The child must interact with at least one person with whom he/she has an emotional, irrational, mutual attachment. The individual should be interested in the development and well - being of the child. The relationship should be life time.

- *Proposition 2*

The continual intimate strong mutual relationship promotes the child's positive response to other structures of immediate physical, social, and in due course symbolic environment that encourages manipulation, exploration, elaboration and imagination of the child. In turn these activities, hasten the child's psychological growth.

- *Proposition 3*

In the relationship of the child and a caregiver there must be a third person (adult) who would acknowledge, give assistance, encourage and support the relationship in all respects. In turn there would be more attachment to the caregiver and maintenance

of patterns of progressively more complex interaction and emotional attachment between caregiver and child.

- *Proposition 4*

Productive child – rearing is promoted by regular two – way exchange of information and communication; mutual trust and accommodation. The environment where the child and parents live should also be conducive. The environment not only focuses at home but also the school, workplace of the parent and child-care programs.

- *Proposition 5*

Policies that are significant and effective for child-rearing should be in place. The policies should encompass all the settings that influence the child i.e. home, school, workplace and public settings. The policies should embrace time, beliefs, customs, and should ensure stability. These policies should not only focus on parents but on professionals, teachers, friends, communities and the whole society as they interact with the child in one way or the other.

2.2.3 Relevance and application of this theory to the study

The relevance of this theory to the study is emphasised by Rosa & Trudge (2013) in that the family as a microsystem play a pivotal role in the development of the child. As the child interacts with parents, they influence him or her by their personal characteristics individually or as a family it may be either positively or negatively.

Farrelly, Co´rdova, Huang, Estrada and Prado (2013) state that optimum family functioning is characterised by parent–adolescent communication, positive parenting, cohesion in the family, and good parental support, which are highly associated with reduction in HIV risk behaviors.

According to Frauenglass, Routh, Pantin and Mason, 1997 cited in Lopez et al (2016), adolescents are less likely to be influenced into deviant behaviour by their peers if their parents are emotionally close and provide guidance and supervision. The power and strength of the influence relies on competence in directing behaviour across situations (Bronfenbrenner & Evans 2000: 116-123). Oswalt [Sn] maintain that an adolescent develops better if he/she is well nurtured and is encouraged by the environment and

individuals with whom he/she interacts. Furthermore, if the interaction is habitual at the microsystem level, the relationship is believed to be very strong. Therefore, parents become the centre of focus in the development sphere of adolescents, as they are naturally in the nearest proximity, hence the study focus on developing parents-initiated interventions to prevent HIV transmission among adolescents.

If parenting practices are poor, coupled with negative family interactions, behavior problems among adolescents are highly predicted (Coatsworth, Pantin, McBride, Briones, Kurtines & Szapocznick, 2000). The National Academics report (2011) suggests that if the relationships in the closest microsystem are non-functional the adolescents will associate with peers who may be deviant. Adolescents need affirmation from the parents so that they do not seek attention in areas that are not appropriate. Essentially, the adolescent who lacks support and guidance manifests with antisocial behaviours and lack of self-direction. As adolescents transition to adulthood, they have stronger relationships with their peers than their parents and peer association becomes an increasingly important source of information. Associating with deviant peers, adolescents may easily engage in sexual risk behaviours (Kachur, Mesnick, Liddon, Kapsimalis, Habel, David-Ferdon, Brown, Gloppen, Tevendale, Gelaude, Romero, Seitz, Heldman & Schindelar, 2013). Ortega, Huang and Prado (2012) state that, one of the important functions of parents is monitoring of peers of the adolescent. Parents are therefore important in strengthening the connections in the adolescents' world and other contexts.

While the interconnected ecological development systems influence sexual behaviour, parents are deemed important in filtering protective factors for adolescents from all the ecological systems that influence development. Ortega et al (2012) affirms the assertion that parental knowledge on sexual health and good communication skills plays a significant role in preventing HIV among adolescents. Matlala (2011:71) suggests that if there is a breakdown in relationships at the microsystem level, the developing individual will be challenged to develop capacity to explore other parts of his environment. Adolescents seek affirmations from their parents otherwise they shift their focus to an environment that is inappropriate for support, hence the need for interventions by parents to prevent HIV transmission among adolescents

2.2.4 Criticism against ecological systems theory

The criticism levelled against the theory is that it emphasises the development of individuals as it is influenced by people and the context within which individuals directly or indirectly interact. Christensen (2010) argues that Bronfenbrenner's major focus is how the environment is able to influence the individual, but the theory is not so strong on the individual's sphere of influence. Paquette and Ryan 2001 cited in Christensen (2010) suggest that individuals should play a major role in influencing their success in life before focussing on external systems and context. Engler 2007 cited in Christensen (2010) contend that resilience has been overlooked in ecodevelopment though it motivates one to be hopeful, goal directed, believe in a bright future and fosters strength when faced with adverse situations. Christensen (2010) further notes that the eco-development theory runs short of acknowledging that globalisation has also a significant impact in the development of individuals beyond the microsystem, as information is diverse.

2.3 APPRECIATIVE INQUIRY (AI)

Appreciative inquiry was utilised in this study as an underpinning philosophy and a framework for data generation process within action research. In this section, appreciative inquiry is discussed and special attention focuses on how the guiding principles are informed by the theory. Furthermore the relevance of the theory is explored and also critiques levelled against the theory. The implementation of AI in this study is presented in chapter 3.

2.3.1 Appreciative Inquiry: definitions and background of AI

Appreciative inquiry is a positive, affirmative-based approach that aims to influence change in social systems. It is based on successes such as strengths, achievements and resources (Marques, Dhiham & Biberman 2016). Appreciative inquiry helps individuals to discover and magnify these successes (Taylor, Mills, Schmied, Dahlen, Shuiringa & Hudson 2012). Marques et al (2016) further explain that the AI builds upon Maslow's belief that human beings have a potential for growth, hence the capacity to change in the way questions are posed.

The development of AI came about in the mid-1980s at Case Western Reserve University in the Department of Organisational behaviour, Cleveland, Ohio, USA (Kessler, 2013). It was an antecedent to the advent of positive organisational studies. The major contributor to the work of AI was David Cooperrider through his PhD thesis working with his advisor Suresh Srivastha. Using the AI approach the study sought to conduct organisational analysis of a certain hospital and discovered among others; a high level of cooperation, innovation as well as a relatively equal voice among health workers (Kessler 2013; Lee 2010). They concluded that human interactions play a significant role in shaping organisations. The organisational change is influenced by the regular interactions through conversations (Cooperrider, Barrett & Srivastva 1995 cited in Thibodeau 2011). Cooperrider researched the factors that produced, saved and re-engineered an organisation to its maximum potential for a participatory system. Cooperrider realised that in every establishment members have asserts that work towards giving the group 'life' and a sense of purpose for the future (Cooperrider, Whitney & Stavros, 2005).

A lot of authors start with the view that organisations or individuals have problems which need to be 'fixed'; however Cooperrider had a different perspective to change. He argues that the problem solving approach by far has limitations. He believes that change must be generative because that helps one realise and focus on what could be happening rather than trying to correct what is happening (Kessler, 2013)

Cooperrider was against the notion of problem solving approach inherent in action research Cooperrider & Srivastva, 1987 cited in Chauke, (2014). On, another development, the authors argue the problem solving approach denotes that there is a different world view that suggests the ideal situation can be realised through influences from external forces (Kessler 2013). Furthermore, Cooperrider noted that the problem solving approach superimpose a lack thinking mode to those concerned. It focuses on corrective mode in organisations rather than creating workable theories that could, result in creative ideas and actions (Kessler 2013).

The results of the study by Cooperrider unleashed appreciative inquiry as a powerful tool that could be used as a methodology for action research within institutions. In addition, Cooperrider & Srivastva 1987 in Thibodeau (2011) reported that Cooperrider recommended AI to be a guiding tool used to appreciate what is working in an

organisation, however minute based on the belief/assumption that in every organization, there is something positive that exist. If there are potential challenges there should be creation of provocative dreams of “what might be” to generate realistic developmental opportunities for the organization. According to Cooperrider et al (2005), because AI follows an action research dimension it anchor participants in an exceptional positive stance, and empowers individuals to reflect and realise their successes in an organisation and ponder deeply about their human potential (Cooperrider et al 2003:319; Streubert-Speziale & Carpenter 2007:327). AI is based on successes such as strengths, achievements and resources. It helps individuals to discover and magnify these successes (Taylor, Mills, Schmied, Dahlen, Shuiringa& Hudson, 2012). Through magnifying successes positive change is influenced by recognising and valuing the impact of language on the inquiry process, data collection methods and how the results are reported all of which are components of action research (Preskill & Catsambas 2006; Bushe & Kassam 2005:161; Elleven (2007:451). Furthermore, AI promotes learning and innovation through attending to dysfunctional aspects of the organisation (Roberts 2010: 15).

2.3.2 Characteristics of AI

According to Barrett and Fry [Sa] cited in Dupuis, McAiney, Fortune, Ploeg and de Witt (2016), appreciative Inquiry has four (4) characteristics namely; strengths, artful search, collaboration and productivity. In the paragraphs that follow, the characteristics of AI are described.

Strengths: While individuals or entities have both strengths and weaknesses, AI focuses on individuals, organisation or system's strengths. Focusing on strengths fosters positive feelings and emotions. Cantore and Cooperrider (2013) further explain that the focus of the AI approach on positive feelings and optimism can be compared to positive psychology with the strengths of each approach being complementary in terms of creating positive change. A number of studies found that positive feelings in turn result to greater cognitive flexibility, deeper reasoning, more exceptional thoughts, and more novel ideas and approaches to problem solving. It is also apparent that resilience and satisfaction about life is driven by positive

emotions which fuel more effective actions. (Cohn, Fredrickson, Brown, Mikels, & Conway, 2009 in Delgadillo, Palmer, & Goetz 2016; Bushe & Paranjpey 2014).

Delgadillo et al. (2016) suggest that AI presume that all people have a positive core and a set of core strengths which, when realised and uncovered, one's energy is transformed for positive change (Delgadillo et al 2016). Lee (2010) suggests that identifying the positive core (positive elements) in a particular system enforces individuals in the system to have generative energy by using language to stimulate formulation of thought-provoking questions, and to create and use words that bring an energy facilitating positive core discussions.

Artful search: AI is viewed as an artful search, implying that unearthing the best of what individuals or systems have to create an environment where the utmost best could be realised developed and shared. Fundamentally, the process uncovers already existing potential within the organisation or entity, which is then articulated into future prospects.

Collaborative: Appreciative Inquiry is collaborative as it draws participants from a broad spectrum of stakeholders. This allows participants to use their inside knowledge to influence change in their best of ability (Beukema & Valkenburg 2007 cited in James, Blomberg, Liljekvist & Kihlgren 2015). Furthermore, appreciating the inside knowledge evokes openness to learning and working as a team, spreading best practices across a broad spectrum of the organisation and individuals. Eventually everyone becomes part of the change process.

Productivity: AI is productive as it provides an opportunity for participants to collectively refocus and redefine organisational culture to improve productivity. Success of an organisation or system is based on the collective of individuals around a unified goal or purpose (Richards 2012: 12). Thus, individuals are able to purposively move towards the identified goal.

2.3.3. Assumptions for AI

According to Kelly (2010), AI is a guideline or frame of reference with particular assumptions, principles, and organised set of core processes and practices for engaging people in identifying and co-constructing organisations' future. Assumptions are statements which are understood to be true ideally for a short period or for a particular purpose or when one intends to build a theory (Wargo 2015). According to Hammond (1998: 20 - 21) Appreciative inquiry is based on the following assumptions;

- In every group, institution or society something works.
- What we direct our focus on becomes our reality.
- Reality is formulated in the moment and there are multiple realities.
- Asking questions to a group of an organisation influences the group in some way.
- Carrying forward the known to the unknown creates confidence among people to move to the future.
- In life you should consider bringing parts of the past that are best.
- Valuing differences is essential among people.
- Reality is created by the language we use.

2.3.4 Principles of AI

Principles comprise essential beliefs and values underpinning the practice of AI. In table 2.1, a summary of the principles of AI and their explanations is given.

TABLE 2.1: FOUNDATIONAL PRINCIPLES OF AI

Principle	Description
Constructionist Principle: Words create worlds	<ul style="list-style-type: none"> • According to the constructionist principle language is the tool through which individuals create their current and future realities. • Words create subjective realities, which affect individuals' perception of possibility of change.
Simultaneity Principle: Inquiry creates change	<ul style="list-style-type: none"> • The simultaneity principle posits that inquiry and change are not separate, and that the organisation is different from the moment the question is asked. • Inquiry and change can be and should be simultaneous
Poetic Principle We can choose what we study	<ul style="list-style-type: none"> • The poetic principle suggests that organisations or institutions are forever changing because of dynamism. • When conducting AI, organisations are seen ideal centres of information which is readily available for study. Individuals are at liberty to decide what to study in an organisation. Whatever is discovered in the study is determined by what was initially studied (Cooperrider et al 2003:319).
Anticipatory reality principle Image inspires action	<ul style="list-style-type: none"> • The anticipatory principle relates to image theory of the future. When images of the future become clearer and well defined, people are more likely to be guided by them in their present actions (Hershfield, 2011). • Change in an organisation and projection to the future is facilitated by a collective view of individuals from the respective organisation.
The Positive Principle; Positive questions lead to positive change	<ul style="list-style-type: none"> • Organisations move towards what is studied. Asking positive questions facilitate development of zeal towards change (Cooperrider, Stavros, & Whitney 2008). Positive attitudes such as excitement, inspiration, hope facilitate openness to new ideas, creativity and cognitive awareness. It also creates more room for strong relationships and connectivity amongst individuals. It is more useful where change is required and there are disagreements.
Wholeness principle: Wholeness brings out the best	<ul style="list-style-type: none"> • This principle indicates that everyone's perspective in the organisation or family is determined. • In addition, engaging as many people as possible promotes innovation and collective ideas.
Enactment principle: Acting 'as if' is self-fulfilling	<ul style="list-style-type: none"> • Positive change occurs when the process used to create change is a living model of the ideal future, meaning that to really make a change, we must 'be the change we want to see'.
Free choice principle: Free choice liberates power	<ul style="list-style-type: none"> • Individuals achieve more if they feel committed and have a choice to decide what how and what they can bring in the organisation. • The principle respects each person's power to choose their own future, and how they will participate in the present (Whitney & Trosten-Bloom, 2010).

Principle of AI (Adapted from Whitney and Trosten- Bloom 2003:54)

2.3.5 Processes

According to Lee (2010), the following are reasons why AI works;

- AI is **self-organising, self-responsible, self-creating, and self-generating**: individuals should be at liberty to decide on the setting in which as a group they can be fully engaged with less external intervention. They should decide on the time, seating arrangement, what needs to be discussed what material they need.
- It requires **careful framing and focusing of topics**: What is compelling to talk about? What do we want more of? What stories do all participants have about how a project emerged and how it was carried through? What is most life giving?
- It is **inquiry-based**: Inquiry directs the focus. Powerful, positive questions that everyone can relate to uncover our knowledge and strengths.
- **Whole system dialogue and conversations**: The whole system includes those who have vested interest in an organisation's vitality. In place of winners or losers, dialogue offers participants an opportunity to share their stories.
- **Full voice**: Opportunities for everyone to articulate the coherence of their realities invites and allows full, equal voice.
- **Use of storytelling, image and metaphors**: Engaging the whole brain; story telling is accessible--we can all do it. Our own experience is very compelling.
- **Unconditional positive regard**: Inviting unconditional positive regard and love to enter the room and be present as we do the work of organizing. Love has an ordering effect.
- **Learning from what works**: In every system, something works. Co-design that learning into new options and systems.
- **Collective vision of the future**: A collective vision builds the future on the foundation of strengths and the alignment of the whole.

2.3.6 The AI Process

The first, essential and critical step in appreciative inquiry is the identification of, and the definition of the affirmative topic for the intervention. The selected topics become

the organisation's agenda for change. Choice of the topic is fateful, because human beings move in the direction of what they study (Whitney & Trosten-Bloom 2010:7). The selection of the topic is based on the poetic principle of AI, that the choice of what we study determines what we discover. The topic should be stated in the affirmative to generate a sense of positive anticipation and should be something that the organisation wants to learn about and enhance (Kelly 2010).

2.3.6.1 *Phases of Appreciative inquiry*

Once the affirmative topic has been selected, the AI process follows the four-dimensional cycle as its basic framework as shown in figure 2.2.

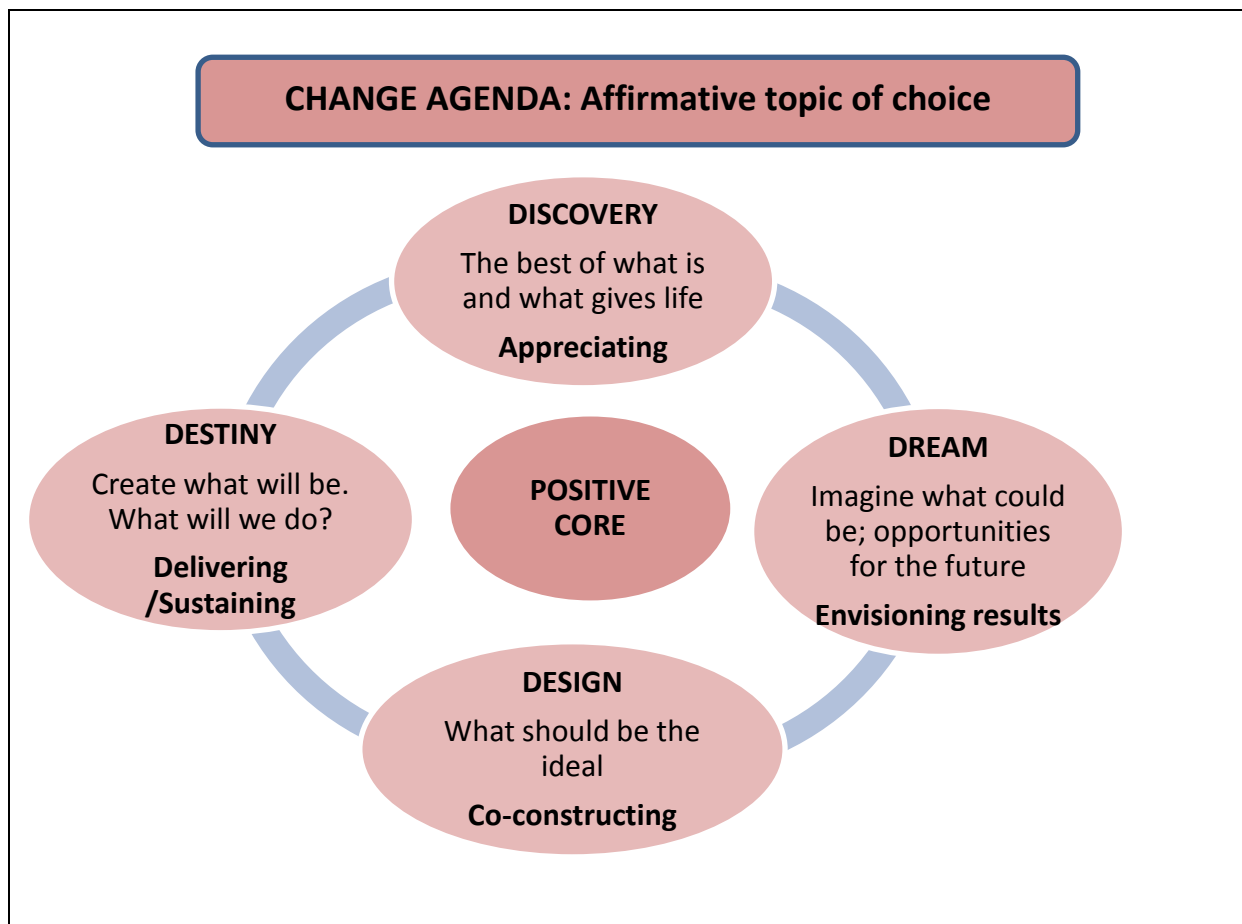


Figure 2.2: 4-D cycle of AI (Adapted from Kelly 2010)

The positive core: A positive core exemplifies energy, enthusiasm, commitment, and action. The positive core comprises competencies, capacities, achievements, assets, best practices, values, traditions, wisdom and inspired emotions that lie deep at the

heart of an organisation or institution; in this study family (Moore, Killion, Andrisin, Lissemore, Primm, Olayinka & Borawski 2017).

Discovery Phase: Richards (2012:11) asserts that the major foundation of AI is that it anchors on latent stories and decisively focuses on their strength or positive aspects. The purpose of the discovery phase is to recognise and evoke the positive potential of the organisation or team through inquiry, and the focus is on reflecting and appreciating the best of “what is” and “what gives life” to an organisation (in this study a family). In pairs or small groups, questions are used to promote positive success stories and focus on positive attributes. Kessler (2013) argues that another important innovation in AI is that organisational members or stakeholders become fully engaged as they take the role of both interviewers and interviewees. The same author states that by fully participating on issues pertaining to them ensures creation of relationship in the early stages of the engagement for widespread results. Appreciative stories are normally used during the discovery phase where individuals share what makes a system work, sharing appreciation and value in the process. People avoid analysis of deficits when sharing their stories highlighting even the smallest gains (Trajkovski, Schmied, Vickers & Jackson 2012).

Dream phase: In the second dream phase, questions focus on envisioning “what might be.” The dream phase builds on information gathered in the interviews conducted in the discovery phase, further exploring the themes that emerged and transforming them into statements of strategic and social intent aimed to excite, stretch and guide participants towards a preferred future (Kelly 2010). The group explores hopes and dreams and are encouraged to dream beyond the boundaries of what has been in the past and instead envision big, bold future possibilities. The dream phase is characterised by providing participants with an opportunity to paint a positive future. This phase requires asking a generative question, focusing on asking individuals to imagine what the future would be like if all goes well or a miracle happened in a positive direction (Trajkovski et al 2012). Words, phrases and stories shared at the initial discovery phase positively guide images of the future (Dupuis et al 2016). What makes AI different from other visioning methodologies is that the positive past coins the future dreams or images of the organisation or individuals.

Design phase: This phase focuses on developing achievable plans and steps to make the vision from the dream phase a reality and to formulate an ideal organisation based on achievements and successes, which are realistic (Kelly 2010; Taylor et al 2012). The design phase articulates, “what should be” planned in terms of strategies, processes and systems to reach the envisioned dream (Mellish, 2001 cited in Kelly 2013). The same author highlights that during the design phase a project plan could be put in place where specific tasks, responsibilities, timelines and resources are laid down. Participants explore and make choices about “what should be,” developing statements that describe the ideal (provocative propositions) connecting the best of “what gives life” with the aspiration of “what might be”. Typically, small or large groups are used.

Destiny phase: during this phase, all the previous discussions are linked together. Participants focus on “what will be” and how to implement what has been planned. Key decisions are made, action plans developed and strategic performance indicators are identified (Kelly 2010). The focal point in this phase is the co-creation of a sustainable preferred future.

2.3.7 Approaches and models of application of AI

There are various approaches that can be used when applying appreciative inquiry namely, the AI summit, core team, project team and progressive AI meetings. According to Kessler (2013) the most commonly, used form of AI is the summit where engagement of participants is commonly over a number days, implementing all phases. The same author further explains that there are arguments for using AI effectively on a long-term basis as change comes through daily interactions. However, it has been reported that AI has allowed organisational leaders to experiment with extremely large scale of individuals in one process (Bushe 2011). Various models of application such as 5-D, 4-D or 3-D model or cycle can be used, based on the objectives of the study. In this study, an AI summit, using the 4-D cycle was adopted.

2.3.8 Relevance of AI to the study

According to Cooperrider and Srivasta (1987) cited in Gonzales and Leroy (2011) and Avital, Boland and Lyytinen (2009: 153–161), AI compliments action research because

it is participatory with an additional component of adopting a positive view rather than deficit finding in facilitating change among individuals.

2.3.9 Criticism levelled against AI

Grant and Humphries (2006) cited in Thibodeau (2011) argue that the positive stance used in AI might suppress dissenting views of members of an organisation by creating images of the organisation, as it “should be. This suggests that other individuals may have different opposing perspectives about particular issues and such information could be missed. Kelly (2010) is of the view that uplifting positive situations only is a drive to overlook problems and weaknesses hence those who may not be satisfied or happy may withdraw from participating in the AI process.

Furthermore, AI is assumed as a method of transformation that does not look at problems but research suggests that change does not occur unless we address the real problem. AI supporters argue that behind every negative situation there is an equal positive stance while Fineman (2000) in Bushe (2011) suggests that inherent in a positive image is a negative one. Royal and Hammond 2001 in Kelly, (2010) argue that AI does not deliberately ignore problems but focuses on finding innovative ways of seeing the difficulties and identifying what is required in the future. However, Havens et al. (2006) cited in Trajkovski et al (2012) revealed that some researchers discovered that beginning in a positive stance raised challenges as participants wanted to discuss problems. Kelly (2010) notes that AI is not a crisis management tool because it takes time to conduct properly and the better approach would be harness AI before a situation becomes a crisis.

2.3.10 Rationale for using AI in the study

The researcher opted to use AI for the study because of her belief that parents have optimum potential in guiding their children on HIV prevention. Whitney and Trosten-Bloom (2003) cited in (Cram 2010) supports this idea that people have unique skills and gifts as described by the social constructivist theory. Furthermore, the researcher wanted to refrain from identifying deficit among parents but rather believe that parents can develop their own interventions, which they will own and value as they interact

with the adolescents in preventing HIV. In addition, the researcher avoids the idea of blaming parents for unbecoming behaviour of adolescents as noted by Sullivan, (2004) cited by (Cram 2010) who assumes that the “deficit-based thinking” approach highlight that individuals are criticised and believed to be causing problems and lacking in certain skills.

Appreciative inquiry has been noted to be very influential in evoking change especially in organisations but little information is documented on personal lives away from work (Gairo 2007). However, the same author reported that Michaelson, (2007) had remarkable results after using AI to coach children using positive questions. The aim of the study was to use AI to engage parents of adolescents in initiating and developing interventions for HIV prevention among adolescents. Some of the principles of AI namely collaboration, positive stance and anticipatory are more significant in development of parents’ initiated interventions for HIV prevention among adolescents as discussed in the paragraphs that follow.

The AI provides a platform for collaboration and working as partners with the research team. According to Taylor et al (2012), most studies that target parents use approaches that require their perceptions but not include them in the change process. The AI framework offers an opportunity for parents to work with stakeholders collaboratively towards bringing positive change among adolescents on HIV prevention. The researcher believes that involving parents promotes the sense of control in the change process. Taylor et al. (2012) noted that AI involvement improves confidence and motivation among stakeholders. Furthermore, parents would realise that they are being recognised and acknowledged in issues pertaining their children. The key component of AI is identifying and enhancing the positive core of an organisation i.e. the strengths and achievements. In addition, AI provides a springboard for meeting the goals and needs of a particular organisation (Trajkovski 2012). Likewise, the positive potentials of parents were used to build on the past positive interventions to influence HIV prevention among adolescents. This approach serves to acknowledge that parents have strengths they draw from dealing with HIV prevention among their adolescents hence they can use their potential to do more. Once they appreciated, they were more willing and enthusiastic to participate in interventions that aim at preventing HIV among adolescents because they felt valued. They did not feel being criticised for the behaviours of adolescents that cause them to

acquire HIV, rather AI helped them unleash new interventions in helping adolescents prevent HIV (Cram 2010). Furthermore, AI promotes positive family relationships and unearths solutions that already exist within each family (Mckenzie, 2003 cited in Cram 2010).

Based on the notion that whatever individuals do on a daily basis is guided by what they want to see in the future, (Kessler 2013; Lee 2010; Whitney and Trosten-Bloom. 2003), parents were therefore more likely to engage in activities that would see adolescents free from HIV. As noted by the same authors that the projections of the future stimulate positive actions. This idea is in line with the second President's Emergency Plan for AIDS Relief strategy that individuals should be at a lower risk of contracting HIV than they are today (Delva & Abdool Karim 2014). This assertion is true as ideally parents envision adolescents who are free from HIV.

2.4 CONCLUSION

The foundations of theories of the study were presented in this chapter. The discussion of the theoretical foundations focused on two theoretical perspectives, which formed the basis of the study, namely Bronfenbrenner's human ecology theory and appreciative inquiry. The two theories Ecology of human development and AI regard organisms as systems are open to positive influence in the environment around them. The environment needs to be supportive for effective positive behaviour of the organism. In the next chapter, research design and methods used in this study are presented.

CHAPTER 3

RESEARCH DESIGN AND METHODS

3.1 INTRODUCTION

This chapter presents the research design and methods used to achieve the study purpose and objectives. The chapter begins with a description of the research setting, the design of the study, the population selected for the study, the sample and sampling procedures, data collection, measures taken to ensure trustworthiness as well as data analysis. The ethical considerations related to the study are discussed in the last section of the chapter.

3.2 THE RESEARCH OBJECTIVES

As indicated in chapter 1, the purpose of the study was to use appreciative inquiry to engage parents of adolescents in the design of interventions for preventing HIV transmission among adolescents in Swaziland. In order to achieve the purpose of the study the following objectives were formulated following the 4-D cycle of Appreciative Inquiry process

- Describe the parents' past exceptional experiences of parent-adolescent sexual health communication and HIV prevention.
- Describe the parents' dream of a desired future of an effective parent-adolescent sexual health communication and parental comfort with communication about sex and HIV prevention.
- Describe parents-initiated interventions for the prevention of HIV transmission among adolescents
- Describe the actions that parents plan for implementing the initiated interventions to prevent HIV transmission among adolescents.

3.3 THE RESEARCH QUESTIONS

The study attempted to answer the following research questions:

- How do the parents describe their past exceptional experiences of parent-adolescent sexual health communication including HIV prevention?
- What is the parents' dream of a desired future of effective parent-adolescent sexual health communication and parental comfort with communication about sex and HIV prevention?
- What are the parents-initiated interventions for the prevention of HIV transmission among adolescents
- What actions do parents plan for implementing the initiated interventions to prevent HIV transmission among adolescents?

3.4 RESEARCH DESIGN

The research design is an overall approach used to assimilate the different components of the study in a sound and clear manner that ensures that the research problem is adequately addressed. It constitutes the blueprint or an outline of the methods to be used throughout the process of identification of participants, data collection and analysis as well as measures to ensure quality of the study (Braun & Clarke 2013:42; Grove, Burns & Gray 2013: 214; Polit & Beck 2012:51). A well-developed research design clearly stipulates as much as possible the overall ideas or framework to be followed for obtaining answers to the research questions and for handling challenges that can undermine the study evidence (LoBiondo - Wood & Haber 2014:164). It therefore follows that, before developing a research design, the researcher needs to be clear about the research purpose and questions to guide the research design (Yin 2012). The design that was used to in the study in an effort to come up with plausible answers was participatory action research guided by Appreciative Inquiry.

3.4.1 Participatory action research

Participatory action research (PAR) is the design that focuses on research whose purpose is action, founded on the fact that participants are committed to share their views and experiences with openness (Bergold & Thomas 2012; Martin, Katopopo & Sudradjat 2015). In PAR, the purpose of the investigation and the research questions

are formulated in conjunction with two standpoints, that of science and of practice. As of consequence both worldviews benefit from the research process. As noted by Israel, Schulz, Parker and Becker (1998) cited in Hudon, Loignon, Grabovsch, Bush, Lambert, Goulet, Boyer, De Laat, and Fournier (2016), PAR acknowledges that scientific knowledge is constructed socially hence the emphasis on the involvement of stakeholders in all the phases of the study. The same authors further explain that PAR is conducted with the directly affected persons by the issue of concern with a specific focus on the process, sustainability, capacity building and empowerment. PAR approach facilitates sustainability because the research participants themselves use the research outcomes (Jagosh, Macaulay, Pluye, Salsberg, Bush, Henderson, Sirett, Wong, Cargo, Herbert, Seifer, Green, Greenhalgh, 2012). In order to achieve better outcomes of the situation, what needs to be done has to be contextualised within the social parameters of the participants who are on day-to-day basis confronted by the situation and better understand the experience (MacDonald 2012). Taggart (2004) cited in Martin, Katopopo and Sudradjat (2015) point out that, in participatory research, all individuals have a good nature and a right to pursue their own change for sustainable development.

The methods used in PAR are geared towards planning and conducting research with those people whose life-world and meaningful actions are under study and the activities are carried out by the participants (Creswell, Eberson, Eloff, Ferreira, Ivankova, Jansen, Nieuwenhuis, Pietersen, Plano Clark & van der Westhizen 2015:136). The design enhances implementation of changes to improve a setting in the study area rather than aiming at coming up with theories (Edwards & Edwards, 2012). Using the participatory action research design helps to provide a dynamic space for redesigning information on social and family issues that impact on participants' lives on a daily basis (McIntyre 2002 cited in MacDonald 2012). However, Halskoy and Hansen (2015) point out that the researchers' meaning and application of participation differs. Appreciative inquiry was applied to involve all people (parents of adolescents) affected by the issue of concern (HIV prevention among adolescents) with a specific focus on change and empowerment, building on exceptional positive experiences of parent-adolescent sexual health communication to deal with a negative situation (Kelly 2010).

In participatory research researchers and participants reflect and use unfamiliar approaches that allow them to work as partners hence there is no power relationships but individuals equally strategies on the research process (Bergold & Thomas 2012) This is in line with AI, which seeks to bring about change through a wide range of involvement of individuals who are going to implement the envisaged change to ensure sustainability (Kessler 2013).

The characteristics of PAR are summarised as follows:

- PAR is an orientation to inquiry, meaning that various research approaches (qualitative and quantitative) and paradigms can be applied (Cargo & Mercer 2008 in Jagosh et al 2012).
- The focus of PAR is on change, and the researcher commits to work with individuals to improve and understand the world around them by changing (McIntyre, 2008). However, researchers may differ in terms of how much democracy to reduce inequality they would want to employ among the participants and also the extent of change they want to achieve.
- PAR focuses on the needs of an individual group in their context, however the number of people may differ from small to large groups or community (Cargo & Mercer 2008 in Jagosh et al 2012).
- Emphasis is on collaboration of researchers and participants working together to examine a problematic situation or action to change it for the better but the research outcomes are used by the research participants themselves (Jagosh et al 2012).

3.4.2 Appreciative inquiry

As indicated in chapter 1, appreciative inquiry was used to guide the study because both AI and PAR are mainly dependant on the commitment and collaboration of the two parties, namely the facilitators and participants, as equal participants to facilitate change (LoBiondo - Wood & Haber 2010: 115; Polit & Beck 2012: 509). In both AI and PAR, the emphasis is on active involvement of study participants in all the phases of a study to bring about change (Vollman, Anderson & Macfarlane 2004 as cited in Macdonald 2012). Furthermore, the participants should be the individuals who are going to implement the envisaged change to ensure sustainability (Kessler 2013).

The researcher facilitated AI by involving the participants in the typical activities of the AI process described in chapter 2, namely collection of positive stories, peer interviewing, positive topic statement, structured model 4-D, motivating vision of the future, theme creation and action plans. Appreciative inquiry revolves around qualitative research.

Qualitative research is a systematic, subjective form of inquiry used by researchers to obtain information on human experience, perceptions, motivations, beliefs, opinions, intentions, values and behaviour. The major aim of qualitative research is to understand the phenomenon deeply and thoroughly as it occurs naturally in the real world according to the context of the individuals that experience it (Grove, Burns & Gray, 2013:20; Polit & Beck 2012:120). Furthermore, qualitative researchers have the notion that there are complexities in finding the truth because it is complex and dynamic and can only be found by studying people as they interact with and in their social setting.

Qualitative research aims for deeper understanding of people's perceptions, opinions, feelings, beliefs and values. It is especially useful for providing a platform for people who have no history and excluded to have a 'voice' on issues that concern them. It is the researcher's belief that this approach provided parents of adolescents a "voice" on an important issue of HIV prevention among adolescents by describing their exceptional experiences of parent-adolescent sexual health communication including what they believed to be appropriate interventions for HIV prevention among adolescents.

A summary of the characteristics of qualitative research is presented in the paragraphs that follow (Botma et al 2010; Burns & Grove 2011:20; Creswell, 2009:175-177; Kumar, 2011:13, 20,104; Leedy & Ormrod 2010:94-97; LoBiondo-Wood & Haber 2010: 131; Polit & Beck 2012: 556; Brink, van der Walt & van Rensburg 2012:120).

- Qualitative research is an inquiry focusing on in-depth understanding of human experience, perceptions, motivations, intentions, behaviour and in search for meaning, namely how people try to make sense of their lives. It relies on methods that allow the researcher into the personal and private world of participants using flexible, creative and varied strategies.

- The advantage of qualitative research is that it is unique because it is personal, rich and in - depth views of the respondents, which are not amenable to scientific criteria. It draws on spontaneous and varied data collection approaches such as one - one interviews, focus group discussions, observations, and the analysis of audio and video recordings, documents as well as diaries. While quantitative studies are concerned with statistics qualitative studies focus on narratives and small samples, which are often purposively selected. Small sample sizes are commonly used given that population representation is not an issue considered in qualitative studies.
- In qualitative research classrooms, schools or sports fields are usually used to conduct research as they qualify to be natural settings.
- Qualitative researchers rather than using counts and numbers they use words to describe a phenomenon.
- Researchers in qualitative research are more concerned about the process than the product.
- It is often based on inductive logic: going from the specific to the general.

Qualitative research is often criticised because methods used have not been shown to be valid and reliable (Parahoo 2006 in Chauke 2014).

Exploratory-descriptive design: The aim of AI is exploration and discovery. Exploratory designs assist researchers not only to observe and describe the phenomenon but to go a little further to discover the holistic nature of the phenomena under study (Polit & Beck 2012: 18; Saunders, Louis & Thornhill 2016: 174). The same authors point out that exploration allows the assessment of possible factors linked to the issue of concern especially those issues with little or no information, for example, how parents use their role in preventing HIV among adolescents. The researcher believed that the parents' role in HIV prevention among adolescents was obscure and little information was known about it hence the need for exploration. Exploration was also used in this study to enhance the clarification of concepts pertinent to the research topic by means of extensive literature review.

The aim of descriptive studies is to describe, in detail, some process, event or outcome and document the characteristics of the study participants. Research questions that

start with “what” and “why” generally indicate a descriptive study. Descriptive studies are often exploratory; which means the researcher suspects a phenomenon or event exists and he or she is set out to confirm those suspicions (Houser 2015: 138). Through descriptive research, investigators examine, gather detailed data on the existing phenomenon and discover new information necessary to increase the body of knowledge (Burns & Grove 2011:61). The information does not only increase body of knowledge but influence development of plans to be used in improving the lives of individuals through prevention and promotion of health.

3.5 RESEARCH CONTEXT

Contextual research is described as one in which the phenomenon under investigation is studied in terms of its intrinsic and immediate environment or contextual significance. According to Polit & Beck (2012:743), the physical place where the study is conducted is contextualised not only according to the environment but also the situation or condition in which data collection takes place. It can take two forms; it can either be controlled (laboratory setting) or natural. Natural settings are real-life study environments without any changes made for the purpose of the study. The study was conducted in a natural environment, in the community setting at two high schools (one private and one public high school) in the Manzini city of Swaziland. The two (2), out of seventeen (17) high schools in Manzini were purposively selected, based on their collaboration with the Manzini Municipal HIV team.

Manzini city is centrally located in Swaziland and has a hive of activities and high social interactions including sexual relationships that have an impact on HIV and AIDS. According to the Swaziland Ministry of health (2017), the HIV prevalence in Manzini among persons aged 15 years and above was estimated to be 27.3%. However, the report does not provide figures for adolescent age groups, which is the target group for this study.

3.6 RESEARCH METHODS

The research methods refer to the steps or procedures taken in conducting the study and is generally divided into subsections (Jackson 2012:374), namely the population and sampling, data collection and analysis methods.

3.6.1 Population

The population is critical determinant in data collection. According to Boswell & Sharon (2014: 180), a population is the entire set of elements that meet specified criteria. It refers to the entire collection of individuals or elements in which the researcher is interested (Polit & Beck 2012: 303), and it comprises a particular type of individuals or elements (Burns & Grove 2011: 341). Holloway and Wheeler (2010:137) distinguish between target and accessible population which are the two types of populations used in research. The target population refers to the entire population in which the researcher is interested in, which can be a family, community or an event while the accessible population is individuals that meet the determined criteria and are available to participate in the study (Boswell & Sharon 2014: 180).

The population for the study comprised site population (high schools in the city of Manzini) and participant population, namely parents of adolescents (10-19 years) attending school at the selected high schools. The target site population included public and private high schools in the city of Manzini. With regard to the target participant population, parents of adolescents (10-19 years) who met the eligibility criteria were included while the accessible population comprised those parents of adolescents (10-19 years) who met the eligibility criteria and were available when the study was conducted.

To be part of the study the participant or element in the target population must have certain characteristics to meet what is referred to the eligibility criteria (Grove et al 2013:353). In order to be included in the study, the participants had to be;

- Male or female parents of adolescents aged between 10 - 19 years, attending school at the two Manzini city high schools
- Residents of Manzini

- Able to read and write, because of AI activities require participants to write during the data collection and analysis process

Parents of adolescents aged between 10 - 19 years who did not attend school at one of the selected high schools were excluded from the study.

3.6.2 Sample and sampling procedures

Sampling is an important procedure used to identify and recruit participants for a particular study. (Polit & Beck 2012:742) indicated that sampling refers to the process of identifying or selecting a subset of research participants from the general population to participate in the study to make inferences about the population (Jackson, 2012:100; Polit & Beck 2012:275). Non-probability purposive sampling was used to select the study samples.

Non-probability is a sampling method whereupon the chance of selection of population elements is unknown hence the sample is not representative (Schutt 2009:156). In non-probability sampling the primary concern is whether the participant has experienced the phenomenon of interest (Grove, Burns & Gray 2013: 362; Polit & Beck 2012:515). While this is a drawback, the issue of representation and precision is not of concern in qualitative research rather in-depth information from the perspective of the research participants is the determining factor of the particular study. Purposive sampling used in this study is based on the selection of sites and participants that can give insight and understanding of the research problem (Creswell Ebersson, Eloff, Ferreira, Ivankova, Jansen, Nieuwenhuis, Pietersen, Plano Clark & Van der Westhuizen, 2015:189). Grove, Burns and Gray (2013:362-5) further explain that purposive sampling is used in qualitative research to assist in understanding complex experiences or situations and targets individuals with rich information.

The procedures used for site and participant sampling are described in the paragraphs that follow.

- **Site sampling : high schools**

From the target site population of seventeen (17) high schools in the city of Manzini, only two (2) high schools (one private and one public high school) were purposively selected. In order to be included in the study, the high schools had to have collaboration with the Manzini Municipal HIV team.

- **Sampling of participants: parents of adolescents**

Parents of adolescent children (10-19 years) were able to provide rich information that adequately answered the research questions because of their experience about the phenomenon of interest. In order to be included in the study, the parents had to meet the eligibility criteria described in 3.5.1.

- **Sample size**

The participant sample size in qualitative studies is usually not pre-determined because it is based on data redundancy or saturation (Grove et al 2013:274; Munhall 2012). The researcher initially intended to use a sample size of 50 parents for conducting an Appreciative Inquiry summit but 24 participants were reached based on availability. Braun and Clarke (2013:55) and Whitney & Trosten-Bloom (2010) define a summit as a large-scale meeting of up to 1000 participants (even though the approach is qualitative) designed to cover the 4-Dcycle of Appreciative inquiry. However, Brooks (2015: 139) point out that appreciative inquiry lacks detailed information on the size of participants for a summit.

3.6.3 Data collection

Data collection is noted to be a systematic process of collecting detailed and precise information ideal for the research purpose it is collected through responses, records, counts, measurements, or observations (Burns & Grove, 2011: Grove et al 2013:507: Polit & Beck 2012:725). The data collection process involves the generation of large amounts of data from the use of a variety of data collection methods. Different methods

and instruments used to yield data for the qualitative investigation include different types of interviews (standardized open-ended, semi-structured and structured), observations and content analysis or review of documents (Cooper & Schindler, 2011:183; Thomas, Nelson & Silverman, 2011:357).

In addition to the study methodologies available, there are different ways of making a record of what was said and done during the data collection process (Sutton & Austin 2015:227). The following paragraphs describe how data collection was carried out and what methods were used.

3.6.3.1 *Data collection methods*

Data were collected by means of appreciative interviews at an AI summit that was conducted by the researcher. The approach to data collection when the particular information is peculiar to the individual concerned is using interviews. Interviews are effective when the information is based on personal insights, experiences and assertions sought hence interviews were best suited to explore such. According to Yin, 2003 cited in Chauke (2014:88) during interviews there are basically two important factors to ponder on. Firstly, a particular approach or line of inquiry should be adopted when conducting interviews. The second most important issue to consider is to avoid biasness when asking the actual questions. Therefore, for the interviews affirmatively worded appreciative questions were developed in accordance to AI principles.

3.6.3.1.1 *Appreciative Inquiry interviews*

Appreciative interviews created the data that identified the positive core and the strengths that were collectively shared by the parents of adolescents. Collecting data in participatory action research and AI does not only focus on the traditional approaches of observation and interviews, it also encompasses storytelling, brainstorming sessions, drawings and participants created documents. In the study the researcher was consistent with the principles of AI interviews such that various approaches in data collection were used as structured paired interviews, small and large group activities were used sequentially.

- *Structured paired interviews*

Paired interviews are interactions of two interviewees while there is a third person present (Wilson, Onwuegbuzie & Manning 2016). The same authors suggest that these interviews are different because they are more conversational as both participants discuss at the same level. Furthermore, they are beneficial because the equality in the interaction enables creation of worthwhile themes and summaries. Paired interviews were used in the discovery phase of AI to allow discussions to flow naturally. The parents were given an opportunity to interview one another in turns as pairs, inquiring into the most positive experiences of parent-adolescent sexual health communication and HIV prevention. Among the exercises they engaged in were capturing high points and quotable quotes on issues of sexual health communication. One other task was to ponder on interview highpoints and completed the interview analysis summary sheet. They were also required to confirm with their partners if the important highpoints were captured.

- *Focus group discussions*

Focus group discussions (FGDs) is a data collection method where about five to fifteen individuals from a somehow similar background come together to share their experiences on a particular phenomenon (Brink, van der Walt and van Rensburg 2014: 158; Grove et al 2013). During the FGDs process, the researcher moderates or facilitates the discussion to ensure that all members of the group participate and guide the participants to focus on the topic of concern. Focus group discussions are useful in encouraging participation among group members. The advantage of FGDs is that they allow sharing different opinions that cannot be determined statistically (Brink et al 2014:158; Grove et al 2013:274). However, the disadvantage of FGDs is that it may be difficult to capture all views at the same time. It requires a skilful facilitator to ensure that one person speaks at a given point and, with the permission of the participants; the focus groups may be audio-recorded.

During the facilitation process of FGDs, certain considerations such as equal participation, appropriate wording of questions and maintaining neutral position should be taken. Additionally, the researcher should bear in mind that using communication skills such as summarising key points is important to reflect opinions evenly and fairly.

Various formats of FGDs such as small and large group discussions were utilised in this study during different phases of the cycle of appreciative inquiry.

3.6.3.2 *Data collection instruments*

Information was gathered through the use of a semi-structured appreciative interview schedule. Consistent with AI, the interview schedule comprised affirmatively worded and open-ended questions and its content was grounded in the selected affirmative topic described in 3.5.3.4. Typically, there are foundational questions that are used in any generic AI interview format but they can be modified to meet the objectives of the study. The generic AI interview schedule was adapted to be specifically in line with objectives of the study and also to uphold the principles of AI without losing meaning.

The semi-structured interview guide was formulated to capture pertinent topics in the discovery, dream, design and destiny phases of AI as applied in the study. The interview schedule was formulated in English, and translated into Siswati by a language expert. Though the interview guide was translated into SiSwati, the English version was used, as the participants preferred English.

The interview schedule complied with the requirements of the AI interview format, which comprises (1) the introductory or stage setting questions, (2) appreciative inquiry questions and (3) the closing questions (Annexure G). The study supervisor, who is a trained AI facilitator by the Centre for AI, and one expert of AI at the University of South Africa, reviewed the modified AI interview schedule independently. The experts checked and made corrections for suitability of the language used and they confirmed that the research questions were in line with AI hence can be reliably used for the intended outcome.

On another note, participants used interview summary sheets (Annexure I), to capture summaries from the paired interviews and they also drew graphic recordings (visual images). This additional information from the participants assisted to corroborate the information captured through field notes by the researcher. This also served as an added advantage to ensure that the data was completely interrogated by the group without the researcher's own interpretation of the data hence the outcomes were entirely based on information from the group.

The researcher maintained a folder of field notes, which allowed her to reflect on impressions, environmental contexts, and non-verbal cues that could not be captured through audio recording (Sutton & Austin 2015:227). The field notes were hand written in a notebook to remind the researcher of situational factors that were important during the data analysis.

3.6.3.3 *Data collection process*

Parents were invited through letters and telephone reminders. Invitation letters were emailed to parents through the head teacher at the second school and, those who formed WhatsApp group were invited. The researcher facilitated two (2) appreciative interview sessions on different days, supervised by an expert in qualitative research, who observed group dynamics and noted the context of the discussions. The total number of participants was 24. Though the data-collecting tool was translated into Siswati, appreciative interviews were conducted in English, as it was the language all the participants preferred to use. The AI interviews were conducted between October and November 2017, and on average, the duration of each session was 4 hours.

To create a conducive and relaxed environment for data collection, the researcher introduced herself and the other researcher. Participants were also asked to introduce themselves and to write their pseudo names or initials on a piece of paper so that they would remain anonymous for ethical reasons. They were then briefed about the research process and that the study focuses on positive appreciative interviews. Once the study purpose, process and confidentiality nature of the study was explained participants were allowed to read the informed consent and confidentiality forms and agree by sign to participate. For the participants to have a equal and full view of one other they were seated in a circle (Grove 2005:189; Stephens 2009:96). Parents of adolescents participated in the all the activities of the phases of the 4-D cycle of AI. The researcher requested permission and was granted to write notes and to use the audio recorder during the focus group discussions.

As stated in chapter 2, the first step in appreciative interviews is the selection of an “agreed affirmative topic”, thus making them implicitly positive.

(i) The selection of the affirmative topic

Zandee & Vermaak (2012:12) assert that in a classical AI process, an affirmative topic should be identified so as to inform the questions to guide the first phase of the AI process which is the discovery phase. However, in this study the affirmative topic emanated from a series of observations of the researcher hence the parents who participated in this study were not directly involved in the selection of the topic. Creation of the affirmative topic for the study was influenced by suggestions noted by Barret and Fry 2005 in (Chauke 2014:89) that in AI studies the problem should be reframe into a positive statement describing what the participants want to see happen as a result of the inquiry. The affirmative topic for the study was *“Let’s talk openly about sex and the prevention of HIV transmission with our adolescent children”*

(ii) Data collection according to 4 phases of AI

The discovery phase focused on exploring narratives on the exceptional experiences of parents in communicating about sexual health issues. The major thrust was to explore and uncover stories related to parent – adolescent communication shared through paired interviews. The aim was to steer a positive stance between the pairs (interviewers and interviewees) as they shared their experiences, their values and wishes for the desired future of an effective parent-adolescent sexual health communication and parental comfort with communication about sex and HIV prevention. During the sharing exercise participants were driven away from the problem solving and/or deficit thinking mentality to a possibility of evolving to preferred effective parent-adolescent sexual health communication and parental comfort with communication about sex and HIV prevention.

In groups, participants (parents of adolescents) were asked to share two of the best positive stories from the interviews. After sharing the two stories they were requested to brainstorm a list of themes about high points presented in the stories. These were the themes they identified to be most stimulating and revitalising that were present in the stories. Parents felt grounded on the most positive aspects of parent-adolescent sexual health communication and HIV prevention after identifying the themes.

Brainstorming the list of themes facilitated the parents to identify life-giving themes that they found most stimulating and exciting to include in their vision of a desired

future effective parent-adolescent sexual health communication and parental comfort with communication about sex and HIV prevention.

In the dream phase, after brainstorming the themes the parents worked in groups to assess the summary sheets from the interviews. Collaboratively the group of parents used one theme from the list of life – giving themes formulated during the discovery phase to devise a visual image of an effective parent-adolescent sexual health communication and parental comfort with communication about sex and HIV prevention or a metaphor based on common values. This exercise facilitated, shaping their imagined desired future parent-adolescent sexual health communication. According to Lackoff and Johnson, 1980 cited in Bazeley (2010:1), a metaphor carries over or transfers meaning from one conceptual domain to another. Metaphors create images that facilitate understanding, communication and remembering through using something familiar to explain or describe something new or more difficult to comprehend (Bonner & Greenwood 2008). During this phase visions of the ideal parent-adolescent sexual health communication and parental comfort with communication about sex and HIV the prevention of HIV among adolescents five (5) years into the future were brainstormed.

The design phase: During the design phase parents crafted provocative propositions emanating from the interviews in the discovery phase and the future images from the dream phase. These provocative statements were affirmative statements that portrayed the idealised future parent-adolescent sexual health communication and parental comfort with communication about sex and HIV prevention among adolescents as if it had already happened.

Destiny phase: The provocative statements which came up during the design phase were used by the parents to formulate interventions for future. All the parents made personal commitments that would ensure that the provocative propositions from the design phase were realised. Table 3.1 summarises data collection as it occurred in different phases of the 4-D cycle of AI.

TABLE 3.1 APPRECIATIVE INQUIRY DATA COLLECTION PROCESS				
Phases	Discovery	Dream	Design	Destiny
Duration	60 minutes	60 minutes	60 minutes	60 minutes
Focus	Appreciation of the most exceptional aspects of parent-adolescent sexual health communication and HIV prevention	Envisioning the ideal, desired future parent-adolescent sexual health communication and HIV prevention among adolescents	Innovation	Sustaining what will be the ideal image of parent – adolescent communication and HIV prevention
Purpose	To share and describe past, exceptional experiences, values and wishes for the future parent-adolescent sexual health communication and HIV prevention	To establish a shared vision of the future parent-adolescent sexual health communication and HIV prevention	To develop interventions for preventing HIV among adolescents	To create concrete action plans
Data collection activities	Appreciative interviews 1. Paired interviews; storytelling narratives 2. Group discussions ; brainstorming sessions	In a group, the participants worked together to create their visual image. Individually participants wrote wish lists	Focus group discussions	The participants created a list of action plans
Data collection instruments	1. AI interview schedule 2. AI interview analysis summary sheet	Wishes' list and participants' visual image Researcher's notes	Participants' created list of interventions	Participants' created list
Data analysis	Thematic analysis	Thematic analysis	Thematic analysis	
Findings	1. Recurrent themes within the positive stories and the description of exceptional parenting experiences. 2. Positive core/Scatter gram 3. Personal and core parenting values	Visual image of the co-constructed dream; Mind-map showing the dream of parents.	Parents' initiated interventions for preventing HIV among adolescents	A list of action plans for implementation

In conclusion, parents underwent all the AI activities from the discovery through the destiny phase. The sessions were organised in pairs and groups to,

- discover the positive core of the parent-adolescent sexual health communication and parental comfort with communication about sex and HIV prevention
- dream of the desired future parent-adolescent sexual health communication
- design the images of a preferred parent-adolescent sexual health communication and parental comfort with communication about sex and HIV prevention

- articulate interventions to empower parents to creatively implement change in parent-adolescent sexual health communication and parental comfort with communication about sex and HIV prevention

3.6.4 Data analysis

Qualitative data analysis has no specified universal procedures rather the researcher needs to balance the view that the data should be concise while maintaining richness and evidence of the information (Polit & Beck 2012:556). In addition, qualitative analysis ensures in-depth examination of the phenomena under study as it offers an opportunity to analyse narrative text and report detailed views of participants (Pilkington, Bird, Gray, Towner, Weld & Mckibben 2014; Tappen, 2011). Thematic analysis was used in this study so as to ensure that participants are partners in data analysis as it is an endorsed approach when using participatory action research (Braun & Clarke 2006:79). Furthermore, it is ideal as it is an approach which enables rich and detailed account of data with different frameworks to provide answers to different research questions because it is flexible.

The data was analysed throughout the 4-D cycle with participants in line with the AI approach, the researcher took time to analyse the raw data from datasets of the paired interviews, focus group discussions, field notes and participants created documents. The steps undertaken for data analysis were as follows;

Transcription of interviews: transcription is the process of writing recorded information word for word and it is done with rigor by engaging in specified steps. (Polit & Beck 2012: 543). The audio recordings of focus group discussions were transcribed verbatim by the researcher rather than a second person. The transcript format made it easy to understand, manage and retrieve the data. The transcription of a focus group was challenging because multiple voices are involved. The researcher used one of the methods of transcribing focus group data suggested by Sutton and Austin (2015:227). The method involves tagging each voice, for example Voice A, Voice B etc.

Immersion in the data; this process provides the researcher an opportunity to familiarise herself with data set. Data from various sources' transcriptions, audio

recordings notes recalling observations was re-read several times for the researcher to be totally in the data (Burns & Grove 2011:94). In an effort to ensure precision of the transcription the researcher read the transcribed data while listening to the recording. This was also done to ensure anonymity of the participants by not linking the data to the participants. Further to this, the process of reading documents produced by participants and field notes several times assisted the researcher to be acquainted with the data in a bid to gather sense of the whole in search for significant units or segments.

For the researcher to completely interpret the research context beyond the interview transcripts it is critical to comprehend the interview context thus bringing depth to data immersion (Holloway & Wheeler 2010:281; Sutton & Austin 2015:227; Stephens 2009:101; Terre Blanche et al 2006:322). If the researcher gives time to data immersion there is more understanding and appreciation of the role played by the researcher and the participants. What may seem disjointed elements in the study can be made clearer as the researcher become immersed in the data. As of consequence the researcher can understand deeper the issue that is investigated (Sutton & Austin 2015:227). The same authors, stress that the researcher should not wait until the data is large amounts to be immersed in the data as it may be difficult to manage the large amounts at one time hence immersion should be done early during the data collection process.

Coding: Literature dictates that generating codes should be the next task following immersion hence coding was the next task. According to Burns & Grove (2011:94) coding is the act of analytically examining the transcribed data and organizing it into sub-parts while labelling it into meaningful groups.

On another note, coding is the breaking up of text into smaller and analytically relevant units and attaching a symbol to the small parts for facilitating categorisation or classification of phrases or words. The codes can initially use the descriptive words of the participant and later become more abstract. (Pilkington et al. 2014:3; Burns & Grove 2011: 94).

From the data statements or phrases that were deemed linked to the experience being studied were highlighted by the researcher (Polit & Beck 2012:568). What was also

pertinent such as reflections, thoughts and observations read from the transcripts was noted down. Relevant sections of data were recognised by means of codes according to the meaning attributed to these sections. These codes were attached to data (sentences, paragraphs) that was deemed important to the research questions. While coding, the researcher skimmed through the transcripts backwards and forward to dig deeper so as to capture more information related to the study. This activity resulted in refining and re-coding the data.

Creating categories and building themes:

Categories were created through linking codes. Relevant quotes from the interviews were then used to illuminate the identified categories. The next step was to identify themes. Burns & Grove (2011; 97) suggest that developing themes starts with reviewing the categories to come up with broader patterns of meaning of the data. The themes that were developed mirrored information related to the research question. Unlike quantitative research, importance of themes is not determined by quantifiable measures but its significance to the research question (Braun & Clarke 2006:80).

What the researcher needs to consider when developing themes is to ensure that the categories created are linked to social theory as a means to understand the social context of the themes. Polit & Beck, 2012 allude to the fact that the researcher needs to reflect and interpret the themes through follow up interview questions for clarity which was done in this study. Tables were then used to present themes and categories which also illustrated evidence of the interviews by means of quotes that were noted to best illustrate the participants' experiences, ideas and emotions of the study. Finally, the researcher had to realign the structure of the themes to give sense to the reader. The researcher used bracketing by reflecting and removing all pre-conceived ideas about the data in an effort to focus on what was actually presented in the transcription data.

The data was then interpreted and checked. The study findings are presented in chapter 4.

3.7 TRUSTWORTHINESS

In an effort to inculcate rigour and quality of research findings, qualitative researchers apply the trustworthiness criteria of credibility, dependability, authenticity and confirmability as defined by Lincoln and Guba (1985) in Korstjens and Moser 2018:120). In the following paragraphs, explains how trustworthiness was ensured in the study;

- confidence in the findings (truth value) and the applicability of the findings in other settings or with other respondents are established
- findings would be repeated consistently with similar participants in the same context (consistency)
- findings come solely from the participants and that the investigation was not influenced by bias, motivations and interests of the researcher (neutrality)
- findings were not false information given by the study participants (integrity) (Anney 2014:275; Kortjens & Moser 2018:121).

3.7.1 Credibility

Credibility refers to the extent to which the findings can be confidently linked to the perspectives of participants and the context of the study. The following credibility strategies were used;

- **Prolonged engagement**

Prolonged engagement refers to dedicating long time in the field during the observation (Polit & Beck 2012: 584-585). The researcher invested sufficient time with the participants in order to become familiar with the setting and context, to build trust and to get or obtain the rich data. This was done during the 2 days appreciative inquiry summit during which appreciative interviews were conducted.

- **Member checking**

Member checking is one other aspect which contributes to credibility as it refers to reviewing adequacy and accuracy of data by participants by reacting to the data, emerging themes and conceptualisation of information (Polit & Beck 2012:599).

Participants use their judgement to determine legitimacy of the information throughout the AI process given that they are the ones who actually went through the experience and context of the information (Loh 2013:6). For instance during the discovery phase as members share their stories others were allowed to ask questions for clarification. In addition, initial themes from the stories were processed with participants.

Feedback is also sought when the researcher shares interpretation of data with participants (Holloway & Wheeler 2010:305; Loh 2013:6). Kotstjens and Moser (2018:121) are of the opinion that member checks strengthen data as both the researcher and participants may have different perspectives of the data. According to Shenton 2004 in Chauke (2014: 99), data accuracy can be checked immediately after data collection.

In the case of this study data was checked immediately after data collection during the discovery stage. Some of the participants pointed out inaccuracies then the researcher clarified and corrected the inaccuracies. During the discovery phase participants were required to share stories after which they were requested to confirm with their partners if the important highpoints were well captured. Participants used their judgement to determine legitimacy of the information throughout the AI process given that they are the ones who actually went through the experience and context of the information (Loh 2013:6).

- **Triangulation**

Triangulation focuses on employing several methods or approaches, theories, sources of data to gather substantiating evidence (Onwuegbuzie & Leech 2007 in Anney 2014:277). The purpose of triangulation is to get information through all angles and minimise biasness from single approaches, observation or sources 2010:141; Polit & Beck 2012:599). The triangulation techniques used in this study included data triangulation and method triangulation.

The researcher collected data on different dates and times allocated by the management of the high schools (private and public) in the Manzini city, Swaziland. Method triangulation was achieved by the use of multiple (more than one) data

collection method (Polit & Beck 2012:599). Data collection methods and techniques used were varied during the appreciative inquiry process, including different types of interviews (structured paired interviews, focus group discussions) and participants' developed documents. Triangulation allowed the researcher to understand the phenomenon under study in different angles and thoroughly.

3.7.2 Confirmability

Confirmability refers to the possibility that two or more researchers could independently determine, similar or accurate data (Polit & Beck 2012:585). On another note, Phillips, Dwan, Hepworth, Pearce and Hall (2014: 9) assert that confirmability is the extent to which findings can be linked to the initial data and eventually to the sources not to the interpretations of the researcher. Confirmability was ensured by audit trail and reflexive journal.

- **Audit trail**

Audit trail is also an important component of trustworthiness in qualitative research. Polit & Beck (2012:591) view audit trail as the process of critically and systematically collecting documents and materials during the study so that an independent person can be able to review and make informed conclusions about the study. The same authors emphasise that raw data, data reduction and analysis products, audio tapes, process notes, information on researcher's intentions, pilot forms and subsequent draft reports should be saved for audit trail. For the purpose of this study, transcriptions, methodological procedures including analysis, and possible changes were kept in order. All decisions and approaches or changes taken were recorded to account for such actions. The data was thus traceable through raw data from transcripts, field notes, field journal, copies of letters, flip charts documents from meetings and study report.

- **Reflexive journal**

According to Kretzinger (1991) in Anney (2014:279), reflexivity is an assessment of the researcher's own experience, context, interests and perceptions with reference to qualitative research procedure. It involves a thorough introspection to remove or rule

out preconceptions, biases and preferences as well as the researcher's relationship to the participants and how it affects the participants' answers to the research questions (Kotstjens & Moser 2018:121). Thus the researcher is expected to ensure that a reflexive journal is kept that has details about all that happened in the field. Hence the researcher accounted for any personal reflections that occurred in the field. The researcher's personal reflections are reported in chapter 4.

3.7.3 Transferability

Transferability is synonymous to generalisability of findings in quantitative studies. However, in qualitative data can only be explained within the context in which it is derived and it is ensured by thick description (Polit & Beck 2012:595). Phillips, et.al, 2014: 9) suggest that transferability can be facilitated by providing thorough and detailed characteristics of the targeted context and further highlight particular context to which the findings could be generalised. In this study, the researcher has provided detailed features and background of the context to which the study was conducted.

- **Thick description**

Thick description seeks to provide not only the facts but also the context in which the experience occurs (Polit & Beck 2012:595). Thick description involves detailed information on emotions, observations and reactions of participants. However, the same authors argue that the researcher should not only focus on dramatic issues and leave out other pertinent issues. Lauckner et al 2012: 15) denote that thick description includes detailed information of the setting and interactions. The methodology has been accounted for in details to provide a fair account of the study process.

3.7.4 Dependability

Dependability is concerned with repeatability of findings in spite of time and conditions while using the same methods (Polit & Beck 2012: 585; Phillips et al 2012:9). The same authors suggest that dependability could be attained by tracking the research procedures and changes in detail. To ensure dependability in the study the researcher liaised with the supervisors regularly by email, personal contact and phone calls to track any changes carried out in the protocol and procedures (Phillips et al 2012:9).

3.8 ETHICAL CONSIDERATIONS

Biomedical and human research requires observation of basic ethical principles with respect to human participants namely; respect for human persons, beneficence, non-maleficence and justice (Burns & Grove, 2011:107; LoBiondo-Wood & Haber 2010: 250). The researcher observed the principles in effort to not only gather information to address the issue of concern but also consider human rights.

In the paragraphs that follow, ethics pertinent to the current study are presented under the headings respondents, institutions and the integrity of the researcher:

3.8.1 The respondents: respect for persons

Horner 2003 cited in Beckmann (2017:7) states that the principle of respect for persons proposes and supports that individuals or participants should be self-determined (self-governance) and should be given a choice to decide on issues that pertain to them. The principle seeks to defend and protect vulnerable persons as much as possible. The principle of respect for persons means that a person must choose voluntarily whether to participate in research based on the accurate (truth) flow of information given to participants regarding the risk and benefit of research. Informed consent on one hand refers to procedure that entails informing the participants about the purpose and details of the study before he/she decides to be engaged in the study (Human-Vogel & Coetzee 2011 cited in Beckmann 2017:16).

The basic rights of participants in research are included in the discussion about the principle of respect for persons and these rights include right to full disclosure about the research, right to privacy, anonymity and confidentiality, the and the right to be protected from harm.

Informed consent: research participants need to be given information before they give permission to participate in the study thus they consent after full disclosure. They have to indicate their willingness and affirm their agreement to participate in the study (Welman et al 2005 in Chauke 2014:104). Rivière (2011:200) describes informed consent as a consensual research relationship between the researcher and the participants and the participants should feel free caring than contractual. The same

author states that it implies some kind of on-going responsibility and commitment. According to Holloway & Wheeler (2010:55), LoBiondo - Wood and Haber (2010:252) and Polit and Beck (2012:158), assert that full disclosure is a gateway for research participants to make informed decisions whether to participate or not in the study. Not only is full disclosure important but participants must have a clear understanding on what the study entails and the expectation.

To ensure that the participants were afforded the opportunity to make an informed choice, they were given information about the purpose of the study, the nature and activities of the research as well as the expected duration of participation in the study. They were told that the study was voluntary, option to refuse to participate in the study. It was also mentioned that there had liberty to withdraw from the study at any time without any prejudice or disadvantage.

Before participants signed the consent form, which was written in SiSwati and English (Annexure E), the researcher ensured that participants understood the information given by using the language of the choice, and at the level of their understanding. The study participants, who were above 18 years, gave, read the purpose and details about the study and consented to be part of the study. Through the four phases of data collection, reconfirmation that they would like to continue with the study was carried out.

Anonymity and confidentiality: This suggests that personal information should not be linked to the data collected as a means to ensure confidentiality and anonymity (Burns & Grove 2011: 118) The authors indicate that anonymity means that the responses given should not be linked to the study participants responses. While confidentiality suggests that information shared during the study should not be shared outside the confines of the study without permission of the participants.

To ensure that the participants' rights to anonymity and confidentiality were protected, the researcher took the following measures:

- The participants were assured that all of the information given by them would be treated in strict confidence and would only be used for the purpose of the study
- The researcher made sure that the collected raw data were kept safe and confidential, locked up in a secure place and the files were password protected.
- Names of the participants were not written in study records and data was by no means associated with participants in the report.
- For focus group interviews, the participants signed a confidentiality binding agreement, (Annexure J) which stated that they agreed that no information will be shared outside the confines of the group for the sake of confidentiality.

Privacy: privacy describes the person's right to control exposure of personal information. According to Beckmann (2017:17), the right to privacy in the field of research is expressed more concretely in the following 'rules': the right to;

- Decline to be interviewed,
- Refuse to respond to any particular question, and the right not to be interviewed for long periods or at night or meal times.

In this study, the processes undertaken by the researcher to observe this principle are described in 3.7.1 (respect for persons; informed consent) also addressed the right to privacy. In addition, the expected duration of the interviews was stated in **3.5.5.3**.

Beneficence and maleficence: This principle refers to the fact that the researcher is obligated to capitalise on maximum benefits and lessen harm or exploitation of research participants. If there is any particular foreseeable harm it must be minimum and explained to the participants. More often harm can take any form, be it physical, psychological, emotional, social and legal (Polit & Beck 2012:171).

There was no predicted physical harm given the fact that participation in the study involved appreciative interviews. However, the researcher maintained confidentiality of the information shared because lack of confidentiality could cause social and/or psychological harm. In addition, there were no expenses incurred by the participants

for taking part in the study. Expenses for travel and refreshments were borne by the researcher.

Justice: Justice is a principle, which states that all participants should be treated alike, and equitably (Grove, Burns & Gray 2013:172). Fair treatment denotes that research participants are selected fairly without social, cultural or sexual biases and risks or benefits fairly distributed based on the parameters of the study. In this study, the selection of study participants was based on the pre-determined eligibility criteria.

3.8.2 The institutions

Ethical clearance: Before the commencement of the study, ethical clearance was sought and granted by the Research Ethics Committee of the Department of Health Studies, University of South Africa (UNISA) (Annexure A) and the National Health Review and Research Board (Annexure B) in Swaziland.

Approval: Approval to conduct the study was sought and received from the Swaziland Ministry of Education (Annex C), the management of the selected high schools in Manzini (Annexure C) The researcher omitted identifiable data, such as names of the participating high schools on all study records to maintain anonymity

3.8.3 The scientific integrity of the researcher

The competency of the researcher to conduct the study is referred to scientific integrity. Firstly, the Research Ethics Committee of UNISA and the National Health Review and Research Board of Swaziland accredited researcher's competence by approving the research proposal, and by approving that the research be conducted. In addition, the researcher was attached to a supervisor with expertise in AI and conducting research hence guided the researcher throughout the research process to ensure that the research followed sound research design and methods. In addition, to ensure that the research objectives are followed to yield the desired outcomes of reliable and valid data results the supervisor tracked all the procedures. Therefore, all the procedures and processes were undertaken accordingly and documented. As of consequence there was no manipulation of research methods to suit the researcher's

perspectives. Furthermore, acknowledgement of sources used was carried out appropriately.

3.9 CONCLUSION

In this chapter, all procedures and processes used such as the research design and methods used are clearly indicated. The qualitative, participatory action research, guided by AI approach was used to obtain the desired results based on the study objectives. The research setting, the population identified for the study, the sample and sampling procedures, data collection, and processes undertaken to facilitate trustworthiness as well as data analysis were described. The ethical considerations associated to the study were presented. In the next chapter, the findings of the current study are presented.

CHAPTER 4

ANALYSIS, PRESENTATION AND DESCRIPTION OF RESEARCH FINDINGS

4.1 INTRODUCTION

This chapter seeks to explain the processes carried out in data analysis and also presents the study findings. The procedure used in data collection and analyses outlined in this chapter followed the research design and methods described in chapter 3. This chapter begins with data management and analysis, followed by the presentation and the description of the findings of the study.

4.2 DATA MANAGEMENT AND ANALYSIS

A record of raw data was provided by the verbatim transcriptions created from the appreciative interview data sourced from the audio-recordings, interview summary sheets, documents developed by participants and notes created during the interviews. The collected data were electronically stored as audio recordings to serve as backup and the transcriptions and notes were stored as MS word files, which were password protected to ensure confidentiality. Data were analysed by means of thematic analysis.

4.3 RESEARCH FINDINGS

The paragraphs that follow outline the study findings, beginning with the portrayal of the study sample, followed by the findings of appreciative interviews.

4.3.1 Sample description

The sample comprised twenty-four (24) parents of adolescents (10-19 years) who attended school at the two selected high schools in Manzini. The gender, age and educational level of participants are shown in figure 4.1.

Participant sample description

- Four (4) female parents age between 20-24 years; one (1) secondary school and three (3) high school education
- Two (2) female parents age between 30-34 years; one (1) secondary school and ; one (1) high school education
- Nine (9) female parents age between 35-39 years; two (2) secondary school, four (4) high school education and three (3) tertiary education
- Six (6) female parents age between 40-44 years; three (3) secondary school, two (2 high) school education and one (1) tertiary
- Two (2) female parents age between 45-49 years; one (1) High school one (1) Tertiary education
- One (1) male parent, 50 years old, had tertiary education

Figure 4.1 Sample description

All the participants met the eligibility criteria described in 3.5.1. Only one male parent participated in the study. This study confirms findings from previous studies reporting low involvement of fathers in parent-adolescent communication about sexual topics (Esantsi, Onyango, Asare, Kuffour, Tapsoba, Birungi & Askew 2015; Wilson & Koo 2010:7; Widman, Choukas-Bradley, Noar, Nesi & Garrett 2015; Yadeta, Bedane & Tura 2014). Wilson and Koo (2010:7) attribute the low levels of fathers' involvement in adolescents' lives to the belief that fathers have lower levels of many characteristics that facilitate communication about sex, for example lower self-efficacy, lower expectations that talking about sex would have positive outcomes and that men tend to be verbally inexpressive. According to Muhwezi, Katahoire, Banura, Mugooda, Kwesiga, Bastien and Klepp (2015), fathers fear limited vocabulary in their native language which affects open communication on sexual health issues. It is very significant that fathers communicate with their children about sex, and the low or poor involvement of fathers in this study suggests that interventions designed to improve parent-child communication about sex should include additional support for fathers.

4.3.2 The AI interviews findings

The research questions were answered through the findings of appreciative interviews of the 4-D phases, and in the order that questions appeared in the interview schedule as presented below. Examples of responses from the participating parents were included to illustrate the findings.

4.3.2.1 *Discovery phase*

The purpose of the discovery phase was to explore and highlight those factors that give life to the family, the best of time parents had with their adolescent children. It was also about valuing the “best of what is” in order to open the way to building a better future. During this phase, the parents of adolescents were asked to describe their past exceptional experiences of communicating with their children about sex (including the prevention of HIV). The exceptional experiences referred to the most valued, meaningful and unforgettable positive experiences, a real high point and a time when the participants felt most alive. This was congruent with the first objective of the study.

The participants had to respond to questions in the interview guide on exceptional experiences, identification of life-giving forces and value questions. In the paragraphs that follow, the interview questions for the discovery phase and data analysis findings are presented.

- 1. Exceptional experience and identification of life - giving forces.** *Think of all of your experience as a parent, recall and describe an exceptional positive experience (a time when you felt good, felt most alive, most involved, most excited and most appreciated as a parent of an adolescent child) of talking to your adolescent about sex and HIV prevention.*

Participants shared their personal positive stories while working in pairs. The personal positive stories provided answers to the interview questions about exceptional experiences. Thereafter, the participants were in groups, where they talked about two of the best positive stories from the paired interviews. The themes that emerged from the analysis of the selected positive stories in the paired interviews, the categories and subcategories within the themes are shown in tables 4.1 and 4.2.

- **Theme 1: Perceived gains from parent-adolescent communication**

The first theme to emerge from data analysis was, *perceived gains from parent-adolescent communication*. Within the theme, positive outcomes of the

communication and motivations emerged as categories, and subcategories as shown in table 4.1

TABLE 4.1: THEME 1: Perceived gains from parent-adolescent sexual communication	
Categories	Sub-categories
Positive outcomes of parent-adolescent communication	i. Improved parent-child relationship
Motivation	ii. Protect children from negative consequences of sex
	iii. Communicate parents' values regarding sex (condom use, abstinence)
	iv. Love

According to the findings, the participants were excited as they shared positive exceptional experiences of talking about sex with their children. The experiences were exciting because of the perceived gains linked to the communication about sex and HIV prevention between the parents and the adolescents. From their responses, there were gains or benefits from talking to their adolescent children about sex. The gains from parent-adolescent sexual communication were attributed to the *positive outcomes of the communication and the motivation* (reasons) for talking about sexual topics including HIV prevention. In the paragraphs that follow, the perceived gains from parent-adolescent communication about sex as well as their motivation to talk about it are presented, supported by respondents' sample responses (quotable quotes captured during the paired interviews).

i. Improved parent-child relationship

As parents shared the exceptionally positive moments of parent-adolescent communication about sexual topics, many indicated that talking about sex with children resulted in improved relationships. Some mentioned that being friends with, and close to their children enabled them to interact freely with them while others mentioned that the relationship of trust and respect were key in allowing children to talk to their parents about sex. Some of the sample responses include;

"To be friends with them help them to be free sharing whatever with me". P7.

"Correct with love where the child needs guidance in life". P13.

"Talking changes relationships, it improves relationship of the parent and the child. "Having a mother- daughter talk gives that child hope of motherly love. To be friendly to your adolescent at all times" P17

"High point was the openness and willingness to tell me about her crush for a boy" P19.

"Had a good time with children and tell them about things that are outside like HIV" P20

"A trusting relationship between parent-child, to allow the child, to talk about anything. "We should learn to trust our children and stop the believe (*belief*) that if we teach them about sex issues it will encourage them to engage in sex" P21.

"We got closer to each other and we talked about anything on TV". P22

ii. Protect children from negative consequences of sex

Given the participants' concerns about the potential negative consequences of sex-related issues, parents were motivated by love to protect their children against potential negative consequences of sex such as unintended pregnancy and sexually transmitted infections. Some of the sample responses are;

"I told my child it was not good to be pregnant when still young, I speak from experience". P1

"I tell them how bad it is to doing that, I shared my life with them". P2.

"As for me is to teach my children about HIV prevention and also their peers because some parents are afraid. P3.

"Teach them to protect themselves when having sex with any person by using a condom or abstain". P4.

"The core value of God so that the child can be protected from diseases such as AIDS, I educate them about consequences of HIV". P8.

"We then talked about sex and dangers of it and other diseases." P12.

"I told her to use condoms because she might not know the HIV status of the boyfriend," P9.

"Attend to sex and HIV issues for both male and female adolescents P15

"I had fears that my daughter would be exposed to this having no knowledge on HIV and AIDS and sexual matters" P17.

"Children have to know God in an intimate way to be protected from HIV" P18.

"I told her about pregnancies and other consequences like dropping out of school". P19.

"Providing accurate information and tell the truth". P20.

iii. Communicate parents' values regarding sex (abstinence, condom use)

The participants stated that talking to their children provided them an opportunity to communicate their family cultural and religious values regarding sex, in particular condom use and abstinence. This finding was evident in the following sample responses

"I told my child that if you go there you will get diseases like HIV and STI; it's better to abstain"
P1.

"I told them, if you don't behave you will sleep with people who have AIDS, myself your father found me a virgin". P8.

"I teach them about Christian values" P9

"If you have sex your virginity will break". P10.

"The core values are church values – premarital sex is out of question". P22.

"We need to deal with the multiple layers of fear parents have in discussing sexual issues including HIV prevention"

"Teach them to protect themselves when having sex with any person by using a condom or abstain". P4.

"I emphasise the values of keeping yourself pure and self-respecting" P23

"Religious and cultural teachings" P23

iv. Love

The social environment was cited as an important factor that made communication possible.

Some of the responses include

"Give love to your child" P16

"Talking to her about the stage made her feel loved" P15

"Having a mother - daughter talk gives that child hope of motherly love" P17

• Theme 2: Open communication

The second theme to emerge from data analysis was *open communication*. Within the theme, *the approach to parent-adolescent communication* emerged as a category, and the subcategories are as shown in table 4.2. Open communication in the context of the study findings related to the approach to communication, with specific reference to when to start the communication about sex, creating opportunities and making time for parent-adolescent communication about sex and different communication skills and methods for teaching adolescents about sexual and reproductive health.

TABLE 4.2: THEME 2: Open communication

Categories	Sub-categories
Approach to parent-adolescent communication about sex	v. Start the conversations early
	vi. Create opportunity to talk
	vii. Make time for parent-adolescent communication about sex
	viii. Use different communication skills and methods

From the positive stories told, it emerged that using the correct approach to parent-adolescent communication created some of the exceptionally positive moments of talking about sex with adolescents. The participants indicated that, starting conversations early, creating opportunities and making time to talk to children about sex as well as using different methods formed part of the approach to open communication about sex and prevention of HIV transmission.

v. Start the conversations early

The sample responses included

“Teach children young as they are” P5

“Our girls engage in sexual activities before you can think, 12, 13 is late mine was 10”. It's better to start talking early’ P18

“This has become a culture in the house that when they turn 10, I demonstrate the use of a condom using a garlic pounder” P20

vi. Create opportunity to talk

The sample responses were:

“Using every opportunity whenever it avails”.P20

“I usually take each for a drive and talk about growing up, “The environment was relaxed environment as we were going shopping” P19

“When I see people on television who have AIDS, then I start talking to them”. P8.

vii. Make time for communication, evident in the following sample responses;

“To make time for my children and allowing them to be free” P7

“Make time for your adolescent to discuss important matters”. P17

“I had to sit down with my children and tell them about faithfulness”. P11

“Create a conducive, environment for open communication, not only for discussing sexual health but other issues” P17

viii. Using different communication skills and methods of teaching

The parents utilised a variety of communication skills to communicate with their adolescent children about sexual and reproductive health, evidenced in the following sample responses;

“I listen to my child” P13.

“Self-control, I give myself time to talk about the issues without shouting”. P18.

“Avoid “talking to” children, I discuss issues with them” P20

“Being a parent I must be humble and be open to the child about sex” P6

The methods that participants found effective when used for parent-adolescent communication about sex included teaching by example, demonstration, teachable moments and the use of media.

The sample responses included;

“Model appropriate sexual behaviour to our children, be faithful to one partner” P11

“I follow precautions of taking care of myself and not spreading this disease”. P3

“Parents are role models”P13

“I demonstrate the use of a condom with a garlic pounder” P20

“Change our negative attitudes towards social media and other information outlets” P19

According to the parents, the stated methods addressed their discomfort with communicating about sex with their children.

Life-giving themes: From the two best positive stories that participants selected, they created a brainstormed list of themes about high points. The themes that they selected were deemed to be most energising and exciting in their respective stories. This exercise grounded the parents in the most positive aspects of parent-adolescent communication about sex. From the brainstormed list, the parents recognised life-giving themes that they assumed to be most energising and exciting to include in their vision of a desired future parent-adolescent communication about sex. Once they brainstormed the most life-giving themes every parent was given three stickers to put on the most important themes from the brainstormed list. The themes were those that they felt should be included in their dream for parent-adolescent communication. Scatter – grams were developed that showed the most life-giving themes (Figure 4.2). The three themes that the participants identified as life-giving and most energising are *love for their children (10 participants)*, *prayer (7 participants)* and *good relationship with children (6 participants)*.

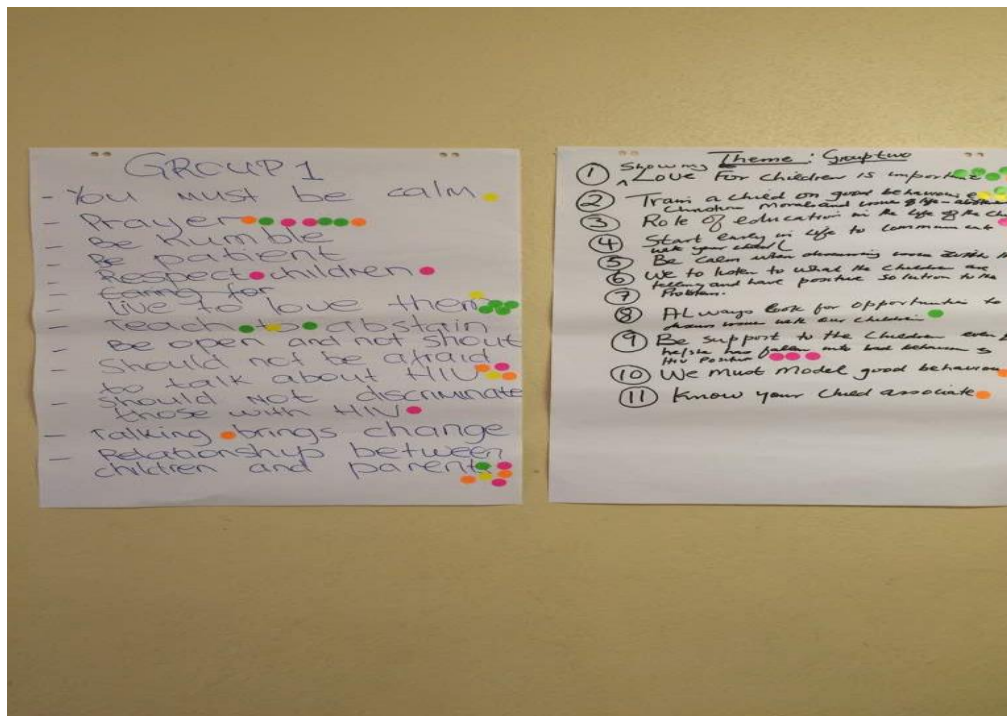


Figure 4.2: Scatter-gram of life-giving themes from the analysis of past exceptional experiences

2 Values questions: With regard to the inquiry into the parents' values, the following questions were asked:

- Without being humble, what do you value most about yourself as a person?"

When participants were asked what they value most about themselves as persons, they mentioned the values of *love, responsibility, humility, respect, open communication, sharing experiences, truthfulness, and being principled*. Some of the sample responses were as follows;

"I follow precautions of taking care of myself and not spreading this disease". P3

"I value openness". P6

"I value sharing life experiences with other people". P7

"I am able to speak the truth and being Godly" P12

"I am a no – nonsense person" P22

"I am a principled person" P23

"I am humble" P6

"I am a loving person" P11

- What do you value most about being a parent?

The themes that emerged from analysis of parents' responses to the question, '*What do you value most about being a parent?*' included *love, respect, responsibility, openness, discipline, humility, sharing experiences, making time for children and Christian values and ethics.*

It is noteworthy that personal values such as loving, *responsibility, humility, openness, principled, and sharing* were similar to parenting values. The following are sample responses;

"I am able to open up to my child" P13

"I follow precautions of taking care of myself and not spreading this disease". P3

"Talking to her about adolescence and that she must not move away from Christ" P15

"To share experiences with your children so that they can be able to face challenges they come across"
P4

"To make time for my children and allowing them to be free" P7

"I am a strict but loving parent" P16

"I use discipline" P18

- *What do you experience as the core values of parenting?*

The values of *respect, loving, openness, responsibility, sharing experiences, truthfulness, humility, making time for children and being principled* were pronounced as core parenting values experienced by most of the parents who engaged in this study. These were noted in the following sample of responses according to the study:

"I am able to open up to my child" P13

"I follow precautions of taking care of myself and not spreading this disease". P3

"To share experiences with your children so that they can be able to face challenges they come across"
P4

"To make time for my children and allowing them to be free" P7

"Discipline" P18

It is noteworthy that the above-stated values were the similar in one way or the other, to values which arosed from the participants' positive stories of the exceptional past experiences.

- What would you like the core values of parenting to be?

The themes that emerged from responses to the core values of parenting question included *responsibility to raise children, love as well as having a relationship with children, respect, role model good behaviour, open communication, humility, trust and belief in children, forgiveness, making and spending time with children, prayerful and being principled*. The following were examples of sample responses:

As adults, we parent all children regardless whether it is your biological child or not "it takes a village to raise a child" P7

"Parents are role models" P13

"Respectful and aware of the adolescents' need for right to privacy" P14

"Create a conducive, environment for open communication, not only for discussing sexual health but other issues" P17

"Adolescents openly engage in discussion" P8

"Have a good time with children and tell them about things that are outside like HIV" P20

"Discipline" P18

"We should learn to trust our children as we believe that if we teach them about sex issues it will encourage them to engage in sex"

- What would you change if you could change anything about the current role of parents in HIV prevention among adolescents?

The themes that emerged from the responses included *mutual respect, teach them differently using media, allow children to make choices with guidance, education on consequences, teach by example, increase parental knowledge of sexual and reproductive health, open communication and Christian values*. The following sample responses show what participants indicated that they would change about the current role of parents in the prevention of HIV among adolescents;

"As Swazis, we have not been transparent about issues of sex among our children; we need to communicate openly and freely about sex issues. P2

"As for me is to teach my children about HIV prevention and also their peers because some parents are afraid. P3.

"I educate them about consequences of HIV". P8.

"Providing accurate information and tell the truth". P20.

"Will live a Christian life

“Attend trainings whenever possible, go to seminars concerning HIV”. P6.

“Using every opportunity whenever it avails”.P20

“Model appropriate sexual behaviour to our children, be faithful to one partner”P4

“Change the way we communicate with our children as well as between us parents”

“Attend to sex and HIV issues for both male and female adolescents

“We need to deal with the multiple layers of fear parents have in discussing sexual issues including HIV prevention”

“Need to deal with denial and the moral boundaries that we set under the guise of culture”

“Change our negative attitudes towards social media and other information outlets”

- *What is the single most important thing that being a parent has contributed to your life and to the community?*

In response to the above-stated question, the participants stated that being a parent provided *privileges, opportunities and duty to love children, to impart values, to take responsibility for teaching their children, to protect them, to role model good behaviour, to communicate, and to raise children to be responsible members of the community.*

- **Summary and discussion of findings of the discovery phase**

Exceptional experiences of parent - adolescent sexual health communication:

The discovery phase exercises allowed the parents to describe their exceptional experiences of parent-adolescent sexual health communication; meaning the time when they felt good, most alive, most excited and most involved in communication about sexual health and HIV prevention with their adolescent children. The findings of this study and the literature support the importance of personal and organisation's (in this study family) exceptional positive experiences. The sharing of positive exceptional experiences evoked celebration of successful events during which parents communicated issues related to sexual health and HIV prevention with adolescent children. Previous research found that people who have had positive, exceptional experiences are more imaginative and experimental however, they are less authoritarian or controlling and more self-sufficient than those with few or no exceptional experiences are. Furthermore, people who have had exceptional experiences they are highly likely to be caring, being aware of the other person and responsive to other people's needs (Edwards 2010; Woodward, Findlay & Moore

2009:430; Verleysen, Lambrechts and van Acker 2015). Verleysen et al (2015) further explain that sharing positive exceptional experiences promotes positive mind-set and emotions; hence, people tend to be eager to use the energy for the dream phase. The same authors further explain that exceptional experiences give hope such that individuals are able to move towards the intended purpose.

In this study, an inquiry into and the description of positive exceptional parenting experiences placed the participants in that positive stance required for motivation, imagination, creativity, positive thinking, positive action and change (Cooperrider & Stavros 2008). The themes that emerged from appreciative stories of exceptional experiences shared during the discovery phase are *perceived gains* and *open communication* (Table 4.1). One gain that was mentioned by participants was that communicating with adolescents about sexual health communication and HIV prevention improved their relationships. Similar findings were reported in variety of studies (Soon, Kaida, Nkala, Dietrich, Cescon, Gray & Miller 2013; Wang, Stanton, Deveaux, Li, Koci & Lunn 2014:500).

According to the findings of the study, parents were motivated by the desire to protect their children from negative consequences of sex; hence the engagement in sexual health communication. Wilson, Dalberth, Koo and Gard (2010) conducted a study on parents' perspectives on talking to pre - teenage children about sex, and reported similar findings. Parents have a significant and central role to protect adolescents from involvement in risk behaviours by educating them about sexual and reproductive health (Wang et al (2014).

The study findings indicate that starting discussions on sexuality and HIV issues early was one exceptional experience that led to open parent-adolescent communication (Table 4.2). Liu et al (2017) reported similar findings, that starting early, promotes comfort in progressive discussions on sexuality at higher cognitive level. Adenike and Taiwo (2013:103) corroborate this view by stating that parents should start to give children appropriate information and education on HIV and AIDS in the early stages of life before they engage in sexual behaviours, which can put them at risk to contract HIV.

Life-giving themes: from the list of themes that emerged from the appreciative stories, parents identified *love, good relationship and prayer* (communication of parents' religious values) from theme 1 as the three life giving and most energising as was required by the question in the interview guide.

According to the findings of the study, expression of *love for their children* emerged as one of the life giving themes. This finding and the literature support the importance of positive attitudes and emotions such as love and excitement. According to the positive principle of AI, attitudes and emotions such as *love* creates more room for strong relationships and connectivity among individuals (Cooperrider, Stavros & Whitney 2008).

The participants indicated that one of the positive exceptional moments of parent-adolescent engagement was that it offered them an opportunity to communicate their cultural and religious values to their children, in particular prayer. In a study by Vermeer (2014) which focused on the relationship between religion and family life, the researcher found that parent-child relationship is positively influenced by several religious indices such as *prayer* and church attendance.

The literature on the importance of *good relationship with children* as a parenting strategy is plethoric. According to Kantahyanee, Murray, Dwyer, Rubin, Knighton–Wisor and Booth-LaForce (2014), parenting occurs in the context of relationships. The same authors maintain that good relationship promotes sense of worth and love that is important for promoting good behaviour of adolescents. Good parent-adolescent relationships have been associated with the authoritative parenting style, which is combination of love and limits. A number of authors note that, the authoritative style of parenting has more gains than the other styles in that it fosters healthy relationship among parent and adolescents (Mgbemere & Telles 2013). In the authoritative style, parents are believed to be very assertive and strict but they are open to discuss any of their expectations. They set clear standards for children's conduct and they monitor them (Mgbemere & Telles 2013). Children raised by authoritative parent tend to have positive self-esteem, become more independent, self-directed and undertake social responsibility initiatives (Baumrind, 1991 cited in Roman, Makwakwa & Lacante 2016). Authoritative parenting style was evident in some of the sample responses such as “*I am a strict but loving parent*” P16.

According to the ecodevelopment theory that was used as the basis for the study, the family is the most proximal and intimate core of all systems with which the adolescents connect. The theory postulates that mutual attachment between parents and adolescents facilitates good responsiveness to the social environment if the parents are available and involved. A study by Potard, Courtois, Réveillère, Bréchon, & Courtois (2017) reports that secure attachment of adolescents to their parents play a protective role to adolescents. Adolescents who are attached to their parents were reported to initiate sex late while those who had ambivalent attachment had higher sexual engagements. The same authors emphasise the importance of developing secure mutual trust characterised by loving interactions from parents before sexual relationships. Matlala (2011:71) notes that if there is poor relationship within the microsystem level, adolescents lack competence in dealing with their environment, and that exposes them to risk behaviours while Naik and Saimons (2014) are of the opinion that nowadays relationships between parents and children seem to be weak and shallow because they spend little time together. Addison (1992) suggests that if the relationship in the closest microsystem is non-functional the adolescents will have no capacity to explore other avenues. Adolescents need affirmation from the parents so that they do not seek attention in areas that are not appropriate. Good relationships between parents and the families of their adolescent's peer are likely to decrease adolescent risk behaviours through enhanced social support for the parents.

Values questions: The discovery phase also facilitated exploration of the values of the parents and core values of parenting. There was a need for an inquiry into the participants' personal values and their perception of the core values of parenting in this phase. Value is the amount of worth ascribed to something such as beliefs that each person considers important for himself and possibly for humanity as a whole (Whitney & Trosten-Bloom 2010:3).

Values are an integral part of socialization process of children by parents. As noted by Turnbull, van Wersch and van Schaik (2011:241), parents' personal values and experiences could be associated with what and how parents discuss sexual matters with their children. Values were investigated in an effort to allow research participants to re-examine their own values and to find out if there is any alignment of personal

values to that of parenting. What was the basis of parents' personal values of *love, responsibility, humility, respect, openness, experience sharing, truthfulness, and being principled* during the discovery phase was the exceptional experience.

Literature indicates that there is a good and positive relationship realised between values and exceptional experiences; that people feel good about themselves their choices and actions are in line with their values (Edwards & Edwards 2012) and that moments when parenting was in accord with the values that underpin that parenting style resulted in exceptional experiences (Giles & Anderson 2008:469). The intention of revamping exceptional and valued experiences into existence in the conscious level among the participants in the study was to inspire action to align with personal and parenting values; the action being the co-construction of the future parent-adolescent communication about sexual issues and prevention of HIV transmission among adolescents.

The findings of the study showed that most of the parents' personal values were similar to the values they considered core-parenting values (Table 4.2), hence the positive exceptional experiences.

TABLE 4.2 PARENTS' PERSONAL VALUES AND CORE VALUES OF PARENTING	
Parents' personal values	Core values of parenting
<ul style="list-style-type: none"> • Love • Responsibility • Humility • Respect • Open communication • Sharing experiences • Truthfulness • Discipline and being principled 	<ul style="list-style-type: none"> • Respect • Love • Responsibility • Sharing experiences • Making time for children • Discipline • Humility • Being principled

Barni, Ranieri, Donato, Tagliabue and Scabini (2017) reported similar findings, that socialisation values of parents were related to their personal values. The findings of the same study revealed that parents were inclined to values such as tradition characterised by respect for culture, religion, conformity and humility, which resonate with Christian values. The core values of parenting that were identified by the parents

were significant strands of their envisioned desired future parent-adolescent sexual health communication as described in the dream phase.

According to the findings, parents became aware of the fact that, changes in their current role in HIV prevention among adolescents were necessary. In response to the question *“What would you change if you could change anything about the current role of parents in HIV prevention among adolescents?”* the parents indicated that they would;

- teach children differently using the media
- allow children to make choices with guidance, and include consequences education
- increase their knowledge of sexual and reproductive health, including the prevention of HIV transmission
- include Christian and cultural values such abstinence (no sex before marriage)
- communicate better and more openly with their children.

The study findings show that parents had a variety of changes they indicated they would make in the current parent-adolescent communication. For example, teaching them differently using the media, allowing them to make choices with guidance, and including consequences education, open and better communication, communicating their cultural and religious values and increasing their knowledge of sexual and reproductive health (including the prevention of HIV transmission). Kaluja et al (2013) reported similar findings of parents who identified their lack of knowledge about sexual and reproductive health, in particular on issues related to the prevention of HIV transmission among adolescents in their study. The majority of parents (66%) who took part in a study by Esantsi et al (2015) indicated that they needed more information on adolescent sexual health and HIV and AIDS to enable them to have meaningful discussions. Soon et al (2013) conducted a study on HIV and sexual health communication between parents and adolescents, and noted that, while HIV and sexual health communication was occurring between parents and adolescents, appropriate and accurate information was lacking. In another study on factors affecting effective communication about sexual and reproductive health issues between parents and adolescents, it was recommended that parents should include consequences

education in HIV and sexual health communication with adolescents (Motsomi, Makanjee, Basera & Nyasulu 2016).

In this study, the parents acknowledged that, in order for them to be effective in the performance of their duties as it relates to the provision of information; they need to differently use the media and be skilful and knowledgeable about the mode of transmission of the virus as well as preventive measures to provide meaningful assistance to their children. Hence, they expressed need to increase their knowledge on sexual and reproductive health including the prevention of HIV transmission. The parents also felt that they need to allow children to make choices with guidance, emphasise consequences education and include Christian and cultural values such as abstinence (no sex before marriage) and faithfulness to one partner.

4.3.2.2 *Dream phase*

In the dream phase, the questions focused on envisioning what might be. The participants explore hopes and wishes, and they are encouraged to dream beyond the boundaries of what has been in the past, and instead envision big and bold future possibilities (Moore et al 2017). The participants were requested to indicate three wishes that they thought would enhance parent-adolescent sexual health communication including prevention of HIV.

In the appreciative interview guide, the wishes questions are used to focus on unmet needs, dissatisfaction or frustration in terms of a positive vision (Watkins & Mohr 2001 in Chauke 2014:149). The participants expressed 72 wishes; suggesting what they felt was absent or what they wished they would see happening in the current parent-adolescent sexual health communication. Figure 4.3 provides a list of participants wishes they communicated.

DREAM PHASE: PARENTS' WISHES LIST

Wishes for

- Open communication between parents and adolescents
- Good relationship of love and trust between parents and adolescents
- Respect for self and for parents
- Christian and cultural values
- Support for parents
- A decrease in the prevalence of HIV and new infections
- A community of HIV free adolescents

Figure 4.3 Parents' wishes list

A relative high number of participants (18 out of 24) voiced a wish for open communication between parents and adolescents. Example of sample wishes included;

"I wish we could have open communication" P2

"I wish there could be loyalty and good communication between us and children" P4

"I wish there could be humbleness and open communication between us and children" P6

"I wish we could be open to one another". P8.

"I wish children could be open to their parents about issues of HIV". P12.

"I wish to see more parents communicating with their children". P13

"I wish parents would create and use every opportunity to talk to their children" P23

The participants did not only express a wish for open communication between the parents and adolescents, but also a wish for better means of communication. One participant commented; *"I wish we find means and better ways of communicating about HIV prevention". P22.*

The second wish expressed was a desire for a *good relationship of love and trust between parents and adolescents*, evident in the listed sample responses;

"I wish that we can love each other". P4.

"I wish there could be harmony, transparency and love in the near future among us". P5

"I wish we can have love" P6.

"I wish parents could show love and care for their sons and daughters". P7
 "I wish parents could bridge the gap that exists between parents and children so that they can improve their relationship". P8
 "I wish for unconditional love between parents and children". P10.
 "I wish to see mutual trust between me and my and child". P2.
 "I wish to love my children and trust each other". P3
 "I wish for a trusting relationship". P23.

A wish for mutual respect also emerged from the participants' responses to the wishes question. The following are some of the sample responses:

"I wish my children could respect themselves". P1.
 "I wish we respect each other". P3
 "I wish there could be respect between parent and child" P4
 "I wish there could be consideration of self and others. P19

The findings show that the participants expressed a wish to uphold both religious (Christian) and cultural values such as "abstinence, no sex before marriage, faithfulness to partners, prayer and good morals. Examples of sample wishes included;

"I wish to see children avoiding sex before marriage". P11
 "I wish children could abstain when they are young and have a pure Swazi generation". P12.
 "I wish the country could introduce a culture such that everyone is faithful to his/her partner". P17.
 "I wish my children could follow Christian values". P2.
 "I wish to be in prayers for my children". P8.
 "I wish we can pray together and change them to be Christians". P13.

A wish for parents and adolescents to be equipped with knowledge, skills (communication and life skills for adolescents) and positive attitudes for parent-adolescent sexual health communication was expressed. The sample wishes included;

"I wish there could be more support for parents so that they could cope with the phase". P20.

"I wish both parents and children could be capacitated with communication skills". P21.

"Continuously empower both parents and children on sexuality and sexual health issues". P21.

"I wish to create more time with my children". P22

"I wish parents would create and use every opportunity to talk with their children". P23.

Some of the participants wished that adolescents could be educated about HIV so that its prevalence is reduced. These were some of the responses from the participants;

"I wish to see an educated generation on HIV and AIDS". P13

"My wish is for a community of HIV free adolescents" P10

There were other themes that were noted as wishes from participants which were; *education for adolescents so that they can be independent and not seek support from partners; protection of adolescents; humbleness and caring of parents.* Furthermore, parents wished that there could be stability in families, truth and a responsible HIV free generation. One participant said; *"Our children should learn hard and reach university so that they do not depend on partners especially girls"* P16

Additionally to the list of wishes, the participants were invited to develop ways to illustrate their shared and co-constructed dream of the desired future *parent-adolescent sexual health communication and parental comfort with communication about sex and HIV prevention.* A mind map was used by the participants to illustrate responses to the dream phase question of '*what might be*' the future parent-adolescent sexual health communication or *what will* parent-adolescent sexual health communication *be like in the next five years?*' The mind map shows a collective view of the visual image of the future parent-adolescent sexual health communication, which contained wishes which they voiced out, and things the participants indicated that they would change if they could change anything about the current state of communication among parents and adolescents on sexual health issues.

The participants used "*openness*" and collaboratively created a visual image of parent-adolescent sexual health communication focusing on common values, thus giving their imagined desired future parent-adolescent sexual health communication shape. Openness resurfaced throughout the thematic data analysis of appreciative interviews in all phases of AI. However, in one group it was renamed "*Transparency 2022.*"

Figure 4.4 shows the graphic demonstration of the participants' dream of future parent-adolescent sexual health communication.



Figure 4.4: Parents envisioned desired parent-adolescent sexual health communication

- **Summary and discussions of the finding of the dream phase**

The results of the study according to the dream phase included wishes expressed by participants for open parent-adolescent sexual health communication, good relationship of love and trust between parents and adolescents, respect for self and others, upholding cultural and religious values, support for parents and a community of HIV free adolescents.

Although many parents identified open communication and good relationship with their adolescents as exceptionally positive moments that facilitated communication about sex, they expressed a wish for better means and ways of communicating about HIV prevention. This finding is consistent with a variety of studies on good parent-adolescent relationships and various means of good communication about sexual and reproductive health including HIV prevention (Esantsi et al 2015; Adenike & Taiwo 2013; Soon et al 2014). Wang (2016) further explain that parent-adolescent communication about sexual behaviour, enforces healthy sexual decision – making and minimises adolescent involvement in sexual risk behaviour especially if carried out early before the onset of sexual engagement.

The imagined future parent-adolescent sexual health communication was presented using a mind map parents chose. The vision or ideal parent – adolescent sexual health communication they valued and desired to make it happen was *a dream of parents who believe that good relationships of love and trust between parents and adolescents matter most, parents who value spending time with children and open parent-adolescent sexual health communication, which incorporates cultural values to achieve a dream of community of HIV free adolescents.*

4.3.2.3 *Design phase*

During this phase parents wrote provocative statements derived from the interviews in the discovery phase and the future images from the dream phase. Provocative propositions affirmatively described the parents' idealised future parent-adolescent sexual health communication and parental comfort with communication about sex and HIV prevention. These statements were designed to fulfil their dreams described in 4.2.2.2. The design phase findings in the form of provocative statements are presented in figure 4.5.

In the design phase, parents, explored and made choices about *what should be*. The focus of the design phase was on co-constructing *what should be the future parent-adolescent sexual health communication and parental comfort with communication about sex and HIV prevention*. In this phase, the groups constructed and initiated interventions for effective parent-adolescent sexual health communication and parental comfort with communication about sex and HIV prevention. The findings of this phase addressed the research question "*what are the interventions that parents initiated for effective parent-adolescent sexual health communication and parental comfort with communication about sex and HIV prevention?*" A detailed discussion of parents' initiated interventions to prevent HIV transmission among adolescents is presented in chapter 5

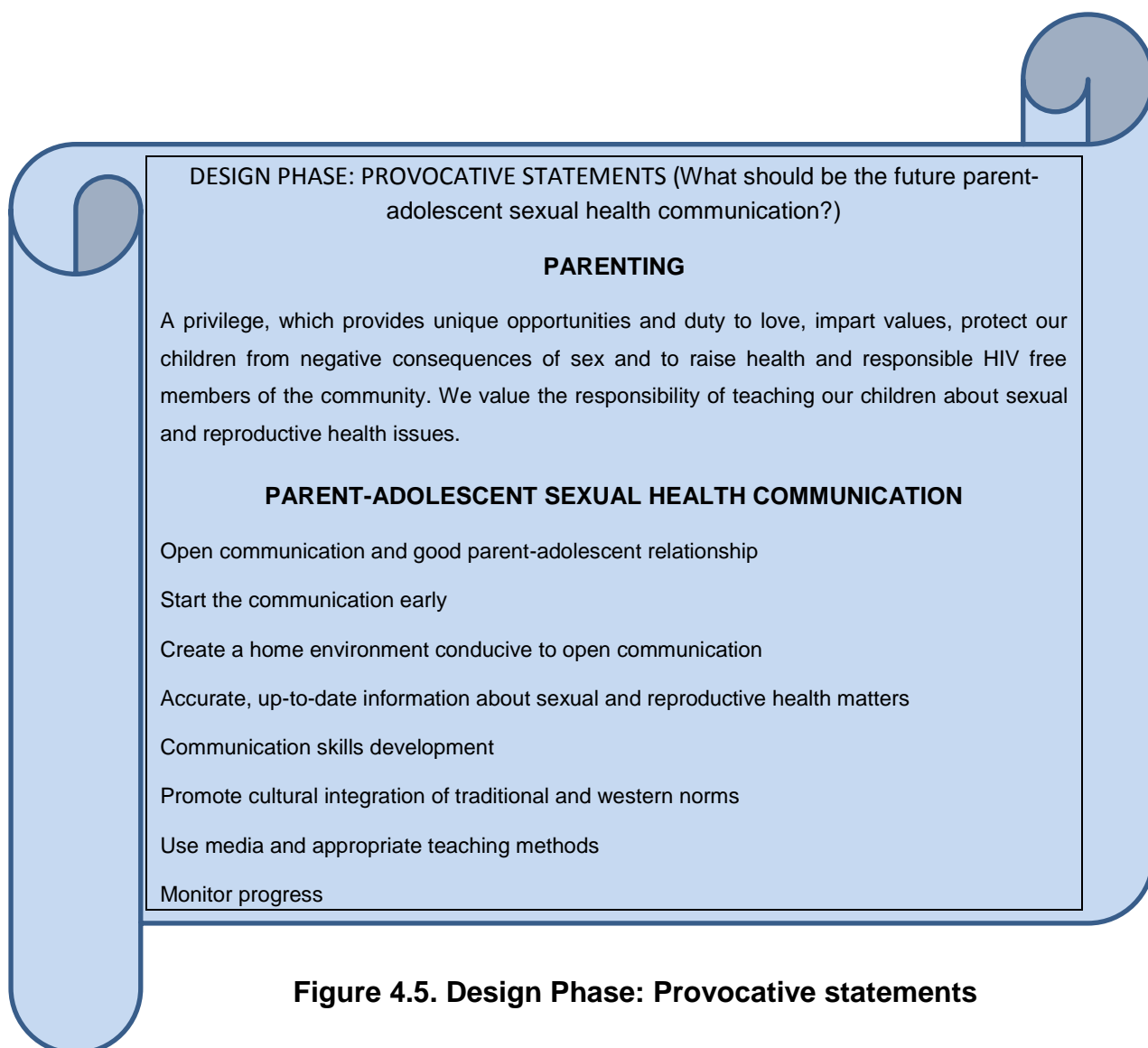


Figure 4.5. Design Phase: Provocative statements

4.3.2.4 *Destiny phase*

During the destiny phase participants, proposed action plans for implementing the initiatives described in 4.2.2.3. In this stage participants decided to make statements which were based on what they commit to do (Kessler 2013) to respond to the question “What action plans do parents envisage to adopt for implementing interventions for effective parent-adolescent sexual health communication and parental comfort with communication about sex and HIV prevention? Figure 4.6 shows the findings of the destiny phase.

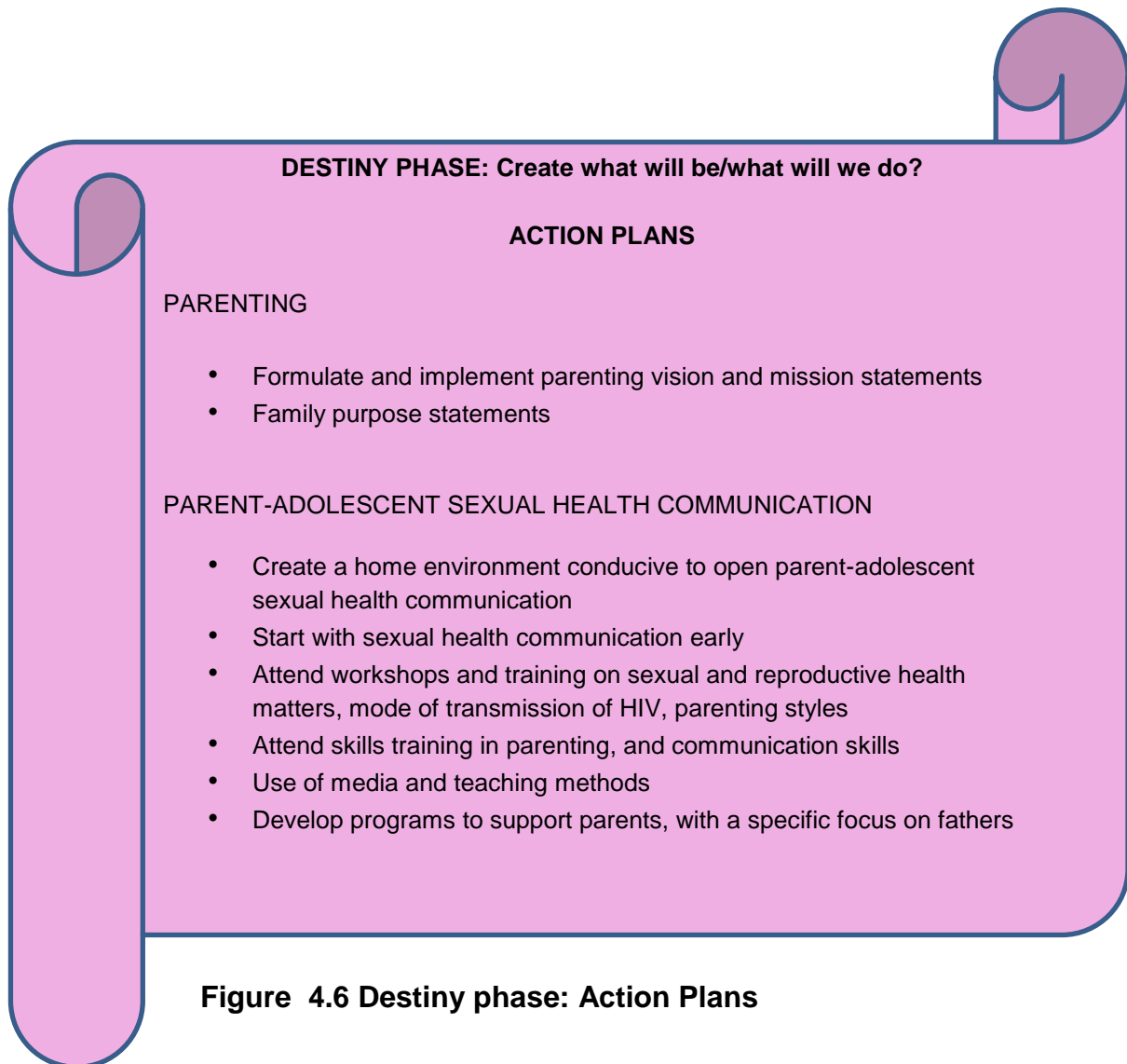


Figure 4.6 Destiny phase: Action Plans

- **Discussions of the destiny phase**

The interventions initiated by parents to prevent the transmission of HIV among adolescents were crafted during the destiny phase while the action plans were developed in the destiny phase. The focus of the study was not aimed at monitoring the implementation of the initiated interventions to prevent HIV among adolescents, but to help them decide and make self-chosen commitments (Kessler, 2013) to parent-adolescent sexual and reproductive health communication. In the crafted action plans, parents committed to organising information sessions and training workshops on sexual and reproductive health issues, parenting and communication skills, and development of support programs for parents, in particular fathers.

- **Literature control: design and destiny phases**

Literature and the study findings of the design and destiny phases support the following;

Open parent-adolescent HIV and sexual health communication

Open parent-adolescent HIV and sexual health communication was found to be significant in curbing risky behaviour among adolescents including engaging in unsafe sex thus contracting HIV. Study findings indicate that parents appreciated the importance of establishing open communication between them and their adolescent children. Muhwezi et al (2015) reported similar findings that parents need to open up and talk more about issues of sexual health even though it might be challenging culturally. Widman, Choukas - Bradley, Noar, Nesi & Garrett, 2015 point out several factors to consider when communicating with adolescents, for example, timing, quality, style and tone. With regard to timing, the finding that parents should start talking to children about sex early, when they are still young is consistent with the findings of the study by Wilson et al (2010). According to Wang (2016), parents should talk to their children about sex before they become sexually active. The same authors further argue that parent - adolescent communication about sexual behaviour facilitates decision – making that is healthy and minimises involvement in sexual risk behaviours among adolescents.

Similar findings of the importance of offering appropriate, relevant and accurate information were reported in previous studies (Bastienne, Kajula & Muhwezi 2011; Soon et al 2014)

Good relationships

Literature and the study findings support the importance of *good relationship with children* as a parenting strategy (Kantahyanee et al 2014; Liu et al 2013; Mgbemere & Telles 2013; Potard et al 2017). The same authors state that secure attachment of adolescents to their parents play a protective role to adolescents and that adolescents who are attached to their parents were reported to initiate sex late while those who had ambivalent attachment had higher sexual engagements. It is important to develop secure mutual trust characterised by loving interactions from parents before sexual relationships begin.

Cultural and religious values integration

Findings suggest that Christian values are to be instilled among adolescents to protect them from engaging in risky sexual behaviours. A study conducted by Miller, Kizito, Mwithia, Njoroge, wa Ngula, and Davis, (2017) revealed that the conviction of Christianity is sex within marriage. The same authors indicate that a relatively few ministers of religion talk about condoms for those who engage in sex out of marriage. This assertion influences parents' beliefs and values as most emphasise abstinence, and faithfulness to one partner. While religion is believed to have protective factors for adolescents to refrain from immoral behaviour, Osafo, Asampong, Langmagne and Ahiedeke (2013) report lack of association between the religion of adolescent and moral behaviour.

- **Parental support**

According to the findings of the study, parents need support. Similar findings were reported by Yadeta et al (2014) and Muhwezi, et al (2015) that parents' communication on sexual health is marred by lack of knowledge, shyness and fear hence the need for support. Liu et al (2017) add that parents are not comfortable to discuss sexual issues because they lack capacity in terms of knowledge and communication skills. In another study by Ismail and Abd - Hamid (2016), it was reported that parents are unable to communicate about sexual issues because of culture and generational gap.

Murry, McNair, Myers, Chen, and Brody (2014) observed that lack of parental support and involvement in communication with adolescents about sexual and reproductive rights issues removes the protection of adolescents from risky behaviours. Farrelly, Co'rdova, Huang, Estrada and Prado (2013; 476 – 483) support this observation that family cohesion and good parental support are associated with reduction of HIV risk behaviours among adolescents.

In the destiny phase, the participants listed action plans aimed at ensuring that intervention programmes would be carried out. The action plans include workshops and training sessions to provide relevant and accurate information about HIV and AIDS, sexual and reproductive health matters, parenting classes and support to deal with feelings of embarrassment and discomfort when discussing sexual topics with their children. In addition to the provision of accurate information about prevention of HIV transmission among adolescents (abstinence, correct and consistent use of

condoms), some of the parents mentioned that they would also integrate cultural and religious values in their teaching.

- **Reflections about facilitating appreciative interviews**

Appreciative inquiry was a new experience to me as a researcher. I was exposed to it during a retreat I attended at work and participated in various AI activities, including facilitating groups. I chose to apply it to my study because of its focus on looking at possibilities rather than problems. As a researcher, I experienced positive aspects and benefits, as well as challenges in the facilitation of appreciative interviews.

Positive aspects: Though the participants had not been through the approach before they were willing to talk and share their stories however sensitive they were for some. There was no power struggle observed in the group as everyone was given the opportunity to talk. They felt the exercise was different as they were asked to talk about exceptional experiences than challenges though more often people ask them about their deficiencies. As they took turns in interviewing each they felt good and enthusiastic because they felt in control of the situation. What was more appealing was sharing exceptional experiences about parent-adolescent communication on issues of sexual health. Throughout the process all participants were engaged no one was left behind they all had input to the discussion. The discussions were fruitful as everyone had something meaningful to contribute throughout all the phases of AI. They worked collaboratively and owned the exercise. Considerable energy was created in the groups by concentrating on parents' strengths and what was currently working well for them.

Challenges: At first, there was a challenge in making sure participants discussed positive experiences. Some of the participants concentrated on challenges they faced on a daily basis, for example their unhealthy relationships with their partners, their shortcomings rather than exceptional positive experiences. The research applied the following strategies suggested by Seel (2008) in Chauke (2014:138) to keep the interviews grounded in the positive:

- To keep the discussion focussed to the positive stance there is need to use affirmative questions all the time.

- Formulation of the affirmative topic: Reframing and redirecting the problem of ineffective and absent parent-adolescent sexual health communication into the ideal future while changing the negative data to an affirmative.
- Providing attention to those participants who were eager to share their problems without being judgemental and use empathy.
- Postponing; without being insensitive, the participants were asked to share the information later in the process when deliberations focused on the question: *“what you would change if you could change anything about the current parent-adolescent sexual health communication?”*

The appreciative interview process took longer than the set time; participants took a long time deliberating on the different phases especially the discovery phase, hence additional time was given to ensure completion of the exercise. The other challenge was moving around the pairs to find out if they understood the questions.

Benefits: I learned a lot about facilitation and moderation of AI throughout the process. Even though I was sceptical at first because of being a novice AI facilitator, my experience of facilitating focus group discussions and the support and guidance from the study supervisor and the qualitative expert who moderated the interviews enabled me to gain confidence as the participants were able to relate their stories and talk freely. I acknowledge that parents have a potential to communicate with the adolescents if well capacitated. My journey with appreciative inquiry has empowered me to handle issues in a positive way, as during the course of the study I was diagnosed with diabetes mellitus, adding to several other conditions I already have. The positive stance AI put me in, enabled me to appreciate my strengths I had to complete this study.

4.4 CONCLUSION

In this chapter, the study findings were presented. The findings presented a summary of the two appreciative interview sessions that were conducted during which the parents participated in all activities of the appreciative interview process. Throughout the process, they worked collaboratively in pairs and in groups to share their positive exceptional “life-giving” stories. They also framed their future and came up with a mind map for the envisioned parent-adolescent communication on sexual Health and HIV

prevention. Lastly, they collectively developed action plans, which were informed by their co-constructed propositions. The next chapter elaborates on parents-initiated interventions to prevent HIV transmission among adolescents in Swaziland.

CHAPTER 5

PARENTS-INITIATED INTERVENTIONS TO PREVENT HIV TRANSMISSION AMONG ADOLESCENTS

5.1 INTRODUCTION

In this chapter, the interventions that were developed by parents for preventing HIV among adolescents are presented. These interventions were developed during the design and destiny phases of appreciative inquiry in line with objectives 3 and 4 of the study, namely to

- Describe parents-initiated interventions to prevent HIV transmission among adolescents
- Describe the actions that parents planned for implementing the initiated interventions to prevent HIV transmission among adolescents.

The chapter begins with the process of designing interventions for preventing HIV transmission among adolescents, followed by the description of actions that parents planned for implementing the initiated interventions to prevent HIV among adolescents.

5.2 PARENTS-INITIATED INTERVENTIONS TO PREVENT HIV AMONG ADOLESCENTS

In the paragraphs that follow, the process followed by parents of adolescents in the design of interventions to prevent HIV among adolescents in Swaziland is presented.

5.2.1 The process

A series of steps were taken to achieve the study purpose, namely, to engage parents of adolescents in the design of interventions for preventing HIV among adolescents in Swaziland within the framework of AI. The AI framework offered an opportunity for parents to work collaboratively towards bringing positive change among adolescents on HIV prevention. The process commenced with the application of a 4-D cycle of AI, which was presented in chapter 4 of the study. The AI principles of collaboration,

positive stance and anticipatory reality were more significant in the development of parents' initiated interventions for HIV prevention among adolescents.

During the discovery phase, the parents who took part in the study, appreciated the importance of parenting, identified and celebrated their strengths as parents of adolescents as they shared exceptional positive experiences. Building on the positive experiences and the dreams of parents, specific features were included in the program to promote parent-adolescent sexual health communication. The parents focused on designing achievable plans and steps to translate their dreams and visions into daily reality of their lives.

The parents explored and made choices about "*what should be*" and developed a number of locally applicable provocative propositions (figure 4.5) which were based on their exceptional experiences from the past and their dreams and hopes for the future. They described their idealised future parent-adolescent sexual health communication and parental comfort with communication about sex and HIV prevention. In the design phase, the participants articulated their plans (figure 4.6) to implement the parents-initiated interventions to prevent HIV among adolescents. The process started with vision and mission statements.

5.2.1.1 *The creation of vision and mission statements*

The parents started with a vision for parenting, which served as the important way to keep them focused on what they wanted while keeping them motivated in achieving it. Vision statements describe a comprehensive view, future-oriented, long term, organisation's (family in this study) development (Braun, Wesche, Frey, Weisweiler & Peus 2012:430). According to Cady, Wheeler, Brodke and De Wolf (2011) a vision statement opens up people's minds to many possibilities and a brighter possible positive future. For the parents who took part in the study, a vision described what their ideal future parent-adolescent sexual health communication would look like and what they want their parent-adolescent sexual health communication to be someday. In addition, the vision statements parents of adolescents formulated articulated their dream that was described in the dream phase of AI. As parents envisioned a future that is better and positive, they became more likely to make the changes that were necessary to achieve their desired future parent-adolescent sexual health

communication and parental comfort with communication about sex and HIV prevention.

Parents' vision statement

The parents formulated and wrote their parenting vision statement as *“to create a community in which all parents develop confidence, and are comfortable with open parent-adolescent communication about sex and HIV prevention, incorporating cultural and religious values to achieve a dream of a community of HIV free adolescents”*

Mission statement

The mission statement of an organisation (family in this study) is a declaration of what they do every day. It defines the day-to-day activities of the work they do, and every person who works for the organization contributes to that mission. Braun et al (2012:431) propose a comprehensive definition of a mission statement to include the future views (vision), purposes and values of the organisation (philosophy). A mission statement that parents of adolescents created was contained in parents' responses to the following questions in the discovery phase;

- *What would you change if you could change anything about the current role of parents in the prevention of HIV among adolescents?*
- *What is the single most important thing that being a parent has contributed to your life and to the community?*

Parents' mission statement

Several parenting mission statements, which focused on a period of five (5) years were created and written, and they included;

- To always be respectful to one another, communicate openly with our children about sex issues and HIV prevention
- To make our homes a place where our children want to come for open communication and accurate information about sexual health and HIV prevention

- We believe that good relationships of love and trust between parents and adolescents matter most in parent-adolescent sexual health communication and HIV prevention among adolescents
- We, the parents, are the child's first and most influential teachers who nurture, encourage and protect our children especially against negative consequences of early sexual debut
- We, the parents deserve and can benefit from parenting education and support
- We endeavour to allow our children to make choices with guidance and include consequences education in our communication
- To be responsible parents who role model good behaviour and impart our Christian and cultural values.

The participants agreed that each family would post the written vision and mission where they can see it in their houses, and that they will be revised as needed to reflect new values and dreams.

Summary of the process of the development of vision and mission statements

The first step that parents took when developing the vision and mission was to define the issues that mattered to them as parents of adolescents, namely;

- Limited or no parent-adolescent sexual health communication and HIV prevention despite the high prevalence rate of HIV in the general population and adolescents.
- Little or no focus on parents' involvement in Social Behaviour Change Communication Strategies (SBCC) to facilitate mobilization of adolescents in Swaziland to prevent HIV.
- Lack knowledge and confidence in discussing sexual issues (including HIV prevention) with their adolescent children, as talking about sex with adolescents is still regarded as a cultural taboo in Swaziland.

In alignment with AI approach, an affirmative topic was selected, which informed the discovery phase conversations. The parents reframed and reversed the issues that mattered to them described in the preceding paragraph into a positive statement describing what the parents wanted to see happen as a result of the inquiry. The

affirmative topic for the study was *“Let’s talk openly about sex and the prevention of HIV transmission with our adolescent children”*

An appreciative summit was held with parents of adolescents to gather ideas and opinions of what they would like to see the community, in particular parents of adolescents transformed. The phases of the 4-Dcycle of appreciative inquiry were used to gather data.

Discovery phase: interviews (paired and group) were conducted focusing on sharing positive exceptional experiences in the form of stories, their values and wishes for the desired future of effective parent-adolescent sexual health communication and parental comfort with communication about sex and HIV prevention. Within this process, their stand point started to drift from problem solving and/or deficit thinking mentality to possibility of evolving preferred effective parent-adolescent sexual health communication and parental comfort with communication about sex and HIV prevention. The discussions during the discovery phase grounded the parents in the most positive aspects of parent-adolescent sexual health communication and HIV prevention. From the discussions, the parents identified life-giving themes that they found most energising and exciting to include in their vision of a desired future effective parent-adolescent sexual health communication and parental comfort with communication about sex and HIV prevention.

Dream phase: parents worked together in groups, and they used one theme from the list of life-giving themes made in the discovery phase and collaboratively created a visual image of an effective parent-adolescent sexual health communication and parental comfort with communication about sex and HIV prevention. Based on the common values described in the discovery phase, parents’ imagined desired future parent-adolescent sexual health communication was given shape. The visions of the ideal parent-adolescent sexual health communication and parental comfort with communication about sex and the prevention of HIV among adolescents five (5) years into the future were brainstormed.

The AI summit was facilitated by the researcher, who guided discussions of what parents perceived to be their strengths, and what they wished parent-adolescent

sexual health communication would be like. Records of the interviews and a transcript of what was said provided the basis for further planning.

The parenting vision and mission statements; the vision statement articulated the parents' dream of what the future of parent-adolescent sexual health communication should be. Vision provided strategic direction and it was meant to evoke powerful and compelling images of the desired future parent adolescent sexual health communication. Darbi (2012:96) is of the opinion that before writing a mission statement, the organisation must have an idea of what the future holds. The vision is therefore the foundation for the mission. The mission statements were contained in parents' responses to the questions in the discovery phase.

5.2.1.2 *Parents-initiated interventions to prevent the transmission of HIV among adolescents*

Parents-initiated interventions for effective parent-adolescent sexual health communication and parental comfort with communication about sex and HIV prevention were developed during the design phase of AI. The findings of this phase addressed the research question "*what are the interventions that parents initiated for effective parent-adolescent sexual health communication and parental comfort with communication about sex and HIV prevention?*"

The development of parents-initiated interventions were based on the findings of the dream phase, during which parents expressed a wish for more information about a variety of issues regarding parent-adolescent sexual communication and the prevention of HIV among adolescents. There were expressed wishes for education and training on HIV and AIDS so that parents are able to provide their children with accurate and up-to-date information about sexual and reproductive health matters.

The parents of adolescents decided to participate in the activities and the process of creating plans of action to promote parent-adolescent sexual health communication and HIV prevention among adolescents. The activities included;

- **Programme of education for parents about HIV**

Research has shown that parents are resourceful and effective in HIV prevention. They can communicate their sexual values, provide sexual health information, and

monitor youth behaviour in all factors associated with sexual risk reduction (Sutton et al 2014 in Tarantino & Armistead 2016). However, in order for parents to be effective in the performance of their duties as it relates to the provision of accurate information, they need to be knowledgeable about the mode of transmission of the HIV, as well as preventive measures in order to have meaningful discussions with their children.

During the discovery phase, the parents of adolescents were asked “*what would you change if you could change anything about the current role of parents in the prevention of HIV among adolescents?*” The parents indicated that they would increase their knowledge of sexual and reproductive health, including the prevention of HIV because that would enable them to give accurate and relevant information about HIV prevention. Similar findings of the importance of offering appropriate, relevant and accurate information were reported in previous studies (Bastienne, Kajula & Muhwezi 2011; Esantsi, Oyango, Asare, Kuffour, Tapsoba, Birungi & Askew 2015; Soon et al 2014).

The influence of parents on child and adolescent behaviour is accepted in developmental and health behaviour theories such as Bronfenbrenner’s classic Ecological Systems Theory of human development, which was used in this study. That theory suggests that individuals live within a number of interlinked systems (including the family system) that are vibrant, and reciprocate with one another and can directly and indirectly influence behaviour. Embedded in this approach, parent-adolescent sexual communication has been associated with health behaviour theories that describe sexual behaviour among youth, such as the multisystem perspective of sexual risk behaviour that affects adolescents (Widman, Choukas-Bradley, Seth, Noar, Nesi & Garret 2016). To this end, the parents decided on a programme of education for themselves about HIV, which would be facilitated by experts such as the Manzini Municipal HIV team. Some of the topics that parents felt should be included in the programme of teaching for parents about HIV are listed in figure 5.1.

Figure 5.1 Topics for the programme of education for parents about HIV

- **Skills training programme for parents on communication**

TOPICS FOR THE PROGRAMME OF EDUCATION FOR PARENTS ABOUT HIV

HIV PREVALENCE & MODE OF TRANSMISSION

HIV PREVENTION

Lifestyle and risk drivers such as poverty, discrimination, gender and power inequities and environment not youth friendly

Delayed sexual debut

Consistent and correct use of condoms

Faithfulness to partner

Medical male circumcision

Disclosure

Prophylaxis

Pre-prophylaxis exposure

Treatment and adherence to ARV's

Post-exposure prophylaxis

Prevent of progression to AIDS

Stigma and discrimination

In addition to the parents' wish for education about HIV, the parents made wishes for training on communication and parenting skills. Parents who took part in the study appreciated the importance of open and honest communication between themselves and their adolescents. They did not only express a wish for open communication between the parents and adolescents, but also a wish for ways and better means of communication. Sample responses included;

"I wish we find means and better ways of communicating about HIV prevention"

"Change the way we communicate with our children as well as between us parents"

"I wish both parents and children could be capacitated with communication skills".

Widman et al (2015) point out several factors to consider when communicating with adolescents, for example, quality, style, tone and timing. With regard to the quality, parent-adolescent sexual health communication should be open and honest. In addition, the information given should be relevant and accurate. Children who discussed sex with their parents were less likely to engage in unsafe sex as research has shown that open and honest communication between parents and adolescents

about sexual health and HIV prevention is positively associated with reduced level of risk taking among adolescents (Bastien et al 2011; Motsumi et al 2016; Wilson, Dalberth, Koo & Gard, 2010). The same authors report that parents need to open up and talk more about issues of sexual health even though it might be challenging culturally. Wang et al (2015) corroborate this view by stating that parent-adolescent communication about sexual behaviour promotes healthy sexual decision-making (including the use of condoms and contraception) and decreases adolescent involvement in sexual risk behaviours. The findings of previous studies show that most adolescents identified parents as their most important source of sexual information and the greatest influence on their decisions about sex (Bastien, Kajula & Muhwezi, 2011 in Motsumi et al, 2016; Widman et al, 2016). The same authors report that adolescents who took part in their studies preferred talking to their parents about sex.

With regard to timing, the finding that parents should start talking to children about sex early, when they are still young is consistent with the findings of the study by Wilson et al (2010). According to Wang et al (2015), Children need information on issues of sex from parents before they become sexually active. The same authors further explain that parent-adolescent communication about sexual behaviour, especially before the onset of sexual activity promotes healthy sexual decision-making and decreases adolescent involvement in sexual risk behaviours.

Previous studies that examined the influence of parenting styles on parent-adolescent sexual health communication identified negative effects of some of hallmarks of authoritarian parenting, in particular the tone of communication, namely harsh or physical discipline, scolding, yelling, or shaming. Smetana (2017) conducted research on parenting styles, beliefs and dimensions and found that the authoritative parenting seemed to be of benefit to child and adolescent development because of low levels of punitive, harsh parenting and psychological control associated with high levels of behavioural control, parental knowledge and support. In addition to the parents' expressed wishes for means and better ways of communicating with adolescents, the parents made suggestions of ways of communicating better with adolescents, evident in the following sample responses;

"Self-control, I give myself time to talk about the issues without shouting". P18.

“Avoid “talking to” children, I discuss issues with them” P20

“I listen to my child” P13.

Smetana (2017) explained the importance of parental monitoring for healthy adolescent development that parents need to adopt exemplary lifestyles, which enable them to serve as good role models to their children.

In order to realise their dream and wishes, parents designed a skills training programme for themselves (table 5.1), with a focus on improving parent-adolescent communication and parental monitoring to reduce adolescent risk behaviours.

Table 5.1 shows the topics that parents suggested.

TABLE 5.1 SKILLS TRAINING PROGRAMME FOR PARENTS OF ADOLESCENTS	
SKILLS TRAINING	TOPICS
COMMUNICATION SKILLS TRAINING	Communication process Communication styles Basic communication skills Listening
PARENTING SKILLS	Child and adolescent developmental stage Introduce parents to the Eco development theory Parenting styles and skills Positive parent-child interactions, protective parenting practices Discipline management Coping and Support

- **Approaches and media for communicating sex messages with adolescent children**

In this study, the parents acknowledged that, in order for them to be effective in the performance of their duties as it relates to the provision of information, they need to teach their children differently (approaches) using appropriate and culturally sensitive media.

Approaches and methods of teaching

With regard to approaches to teaching, the parents suggested individual and groups teachings sessions for both male and female adolescents, using a variety of teaching methods. The group approach was a strategy used by most parents to communicate information about sexuality and HIV. The group approach, comprise of training sessions, group discussions and family meetings. They found it easier to talk to adolescents in groups with their friends. Some of the sample responses;

“As for me is to teach my children about HIV prevention and also their peers because some parents are afraid”

Attend to sex and HIV issues for both male and female adolescents

“As adults, we parent all children regardless whether it is your biological child or not “it takes a village to raise a child” P7

The methods that participants found effective when used for parent-adolescent communication about sex included teaching by example (role modelling), demonstration, discussions, workshops , seminars , teachable moments and the use of media. The sample responses included;

“Model appropriate sexual behaviour to our children, be faithful to one partner”

“I follow precautions of taking care of myself and not spreading this disease”. P3

“Parents are role models”P13

“I demonstrate the use of a condom with a garlic ponder” P20

“Adolescents openly engage in discussion” P8

“Have a good time with children and tell them about things that are outside like HIV”P20

“Using every opportunity whenever it avails”.P20

Adolescents learn from and respect parents, so parents must set positive examples by practising safe behaviours. According to the parents, the stated methods addressed their discomfort with communicating about sex with their children.

Content regarding HIV and AIDS

The content that the parents planned to include in the teaching of adolescents had to be accurate, relevant and context-specific, incorporating Christian and cultural values

such as abstinence (no sex before marriage) and faithfulness to one partner. This finding was supported by the following sample responses;

“Providing accurate information and tell the truth”. P20.

“I educate them about consequences of HIV”. P8.

“I wish to see children avoiding sex before marriage”. P11

“I wish children could abstain when they are young and have a pure Swazi generation”. P12.

“I wish the country could introduce a culture such that everyone is faithful to his/her partner”. P17.

“Attend trainings whenever possible, go to seminars concerning HIV”. P6.

Some of the parents wished that adolescents could be educated about HIV so that its prevalence is reduced. One parent said, “*Continuously empower both parents and children on sexuality and sexual health issues*”. P21. In order to realise the parents’ wishes of *an educated generation of adolescents on HIV and AIDS, and a community of HIV free adolescents*, the parents identified and packaged information and services for their children (Adeniko & Taiwo 2013).

Parental support and parenting

As illustrated in the findings of the study, parents need support. Similar findings were reported by Yadeta et al (2014): Muhwezi, et al (2015) that parents’ communication on sexuality is marred by lack of knowledge, shyness and fear hence they need support. Liu et al (2017) add that parents are not comfortable to discuss sexual issues because they lack capacity in terms of knowledge and communication skills. In another study by Ismail & Abd - Hamid (2016), it was found that parents are unable to communicate about sexual issues because of culture and generational gap.

“We need to deal with the multiple layers of fear parents have in discussing sexual issues including HIV prevention”

“I wish there could be more support for parents so that they could cope with the phase”. P20.

“Create a conducive environment for open communication, not only for discussing sexual health but other issues” P17

"I wish to create more time with my children". P22

"I wish parents would create and use every opportunity to talk with their children". P23.

Media

In this study, the parents acknowledged that, in order for them to be effective in the performance of their duties as it relates to the provision of information; they need to use the media differently. One participant said, *"We need to change our negative attitudes towards social media and other information outlets"*

The parents realised that media is an important part of the lives of young people, and decided to explore the use of media such cell phones, youth and community radio stations, television and print media to reach a large number of adolescents. Topics such as promotion of the use of condoms and dual protection; voluntary counselling and testing for youth, as well as male circumcision can be presented, via the media. Another strategy was for parents to participate in support of HIV intervention programmes, support youth awareness campaigns or special events. This will help reduce the barriers of condom use, reduce the shyness about purchasing condoms or the reluctance to discuss condoms with adolescents. One parent suggested that parents should demonstrate condom use to their children by saying, *"I demonstrate the use of condom on a garlic ponder"*

5.2.1.3 Action plans

During the destiny phase, the parents of adolescents proposed action plans for implementing the interventions described in 5.2.1.2. The participants decided to make statements that were based on what they commit to do (Kessler 2013) to respond to the question *"What actions do parents plan for implementing the initiated interventions to prevent HIV transmission among adolescents?"*

The action plans include workshops and training sessions to provide relevant and accurate information about HIV and AIDS, sexual and reproductive health matters, parenting,(including fathers) classes and support to deal with feelings of embarrassment and discomfort in discussing sexual topics with their children. In addition to the provision of accurate information about prevention of HIV transmission

among adolescents (abstinence, correct and consistent use of condoms), some of the parents mentioned that they would also integrate cultural and religious values in their teaching.

5.3 Summary of parents-initiated interventions to prevent HIV among adolescents in Swaziland

There is adequate evidence of parent-based interventions for preventing HIV among adolescents in literature. However, most of the interventions are designed by researchers using quantitative and qualitative approaches. In this study, the focus was on assisting parents of adolescents to collaborate and initiate interventions for HIV prevention among adolescents within the framework of AI. The research design used was participatory action research. The parents of adolescents who took part in this study chose an intervention model of open and honest parent-adolescent sexual health communication. They united to educate each other about HIV prevention, communicating with adolescents about sex related issues and to provide support for each other. The parents collaborated with the researcher, teachers and members of the Manzini HIV team

The goals of the interventions were to enable parents of adolescents to

- Provide support to children during the transitioning period by maintaining healthy parent-adolescent relationships and open lines of communication
- Improve protective parenting practices
- Increase parents' comfort and confidence in talking with their children about sex

The interventions focused specifically on the needs of the parents of adolescents (including early adolescents) and the interventions plan was a positive one, as it was based on exceptional experiences from positive stories told in the discovery phase. Individual and group sessions were planned to address the following needs of parents.

- Support programs for parents, in particular fathers
- Parenting and communicating skills programs
- Comprehensive and correct information about HIV
- Parental knowledge of child developmental stages

- Use of media
- Contraceptives,
- Condom use
- Use of protection

The objectives of the study did not include implementation and monitoring activities hence it was not pursued. However, as a way forward implementation and monitoring will be pursued in post-doctoral studies. The focus of the study was not to monitor the implementation of the initiated interventions to prevent HIV among adolescents, but to help parents decide and make self-chosen commitments (Kessler, 2013) to parent-adolescent sexual and reproductive health communication.

5.4 CONCLUSION

The purpose of the chapter was to describe parents-initiated interventions to prevent HIV among adolescents in Swaziland. The process of designing interventions for preventing HIV transmission among adolescents was described. In addition, the actions planned by parents for implementing the initiated interventions to prevent HIV among adolescents were described. The focus of the study was not to monitor the implementation of the initiated interventions to prevent HIV among adolescents, but to help them decide and make self-chosen commitments (Kessler, 2013) to parent-adolescent sexual and reproductive health communication. In the crafted action plans, parents committed to organising information sessions and training workshops on sexual and reproductive health issues, parenting and communication skills, and development of support programs for parents, in particular fathers. They also committed to collaborate with teachers, Manzini HIV team and the community at large.

The next and final chapter of the study reflects the summary of the study findings, researcher' reflections on the research process, limitations of the study, implications for future research, recommendations and a summary and conclusion of the study.

CHAPTER 6

CONCLUSIONS AND RECOMMENDATIONS

6.1 INTRODUCTION

This chapter aims at summarising the findings as basis for conclusions. In addition, study strengths and limitations are explored while recommendations are shared to

inform future interventions on effective parent – adolescent communication on sexuality and HIV prevention.

6.2 RESEARCH METHODS

The study was wholly based on a qualitative study that was participatory action research (PAR) conducted through appreciative inquiry. Israel, Schulz, Parker and Becker (1998) cited in Hudon, Loignon, Grabovsch, Bush, Lambert, Goulet, Boyer, De Laat, and Fournier (2016), PAR acknowledges that scientific knowledge is constructed socially hence the emphasis on the involvement of stakeholders in all the phases of the study. It can also be argued that participants come up with initiatives that inform the future. Better outcomes are realised if the situation is contextualised within the social parameters of the participants who are exposed daily to that particular situation (MacDonald 2012). Therefore, parents of adolescents were identified as participants of the study to explore effective parent – adolescent communication on sexuality and HIV prevention. There were no particular phases used in conducting the study it was however organised in two sessions. In pursuit of the PAR appreciative inquiry was used to conduct the study as summarised below;

6.2.1 Appreciative Inquiry process

Two sessions of appreciative interviews were conducted through the 4 D – cycle in the two respective schools. There were 24 participants in all in the two sessions. The approach was purely qualitative to explore exceptional experiences parents had in communicating issues of sexuality and HIV prevention among adolescents. Data analysis was basically thematic to extract rich information about the exceptional experiences parents had in discussing sexual health issues and HIV prevention among their adolescent children. Additionally, data analysed provided vision about parents' dreams of the future effective communication on issues of sexuality and HIV prevention. On another note, awareness was drawn on the parents' initiated interventions and their adopted actions on effective parent – adolescent communication on sexuality and HIV prevention.

A synopsis of the findings according to the different cycles of appreciative inquiry is discussed below as full details were discussed in the previous chapter.

6.3 SUMMARY OF RESEARCH FINDINGS

6.3.1 Discovery phase

In an effort to explore past exceptional experiences of parents on best times they had in communicating effectively with their adolescents on sexuality and HIV prevention, parents were exposed to paired interviews, focus group discussions, and brainstorming sessions. They also shared what they valued most about themselves as individuals and as parents. In addition, they described what the core values of parenting should be. All this led to collectively brainstorming life giving themes based on the stories they shared on past exceptional experiences in communicating about sexual health and HIV prevention issues among adolescents. Themes that emerged were perceived gains from parent-adolescent sexual communication and open communication.

Analysis of data from the written stories in paired groups confirmed some of the thematic issues and also brought in-depth information to the issues related above addressing the question on *best times they had with adolescent children when they felt most alive and appreciated in communicating about sexual health communication and HIV prevention*.

6.3.1.1 ***Perceived gains from parent-adolescent sexual communication***

The major highlight was the opportunity to communicate with adolescents on issues of sexual health and HIV prevention. It was apparent from the study that parents do get an opportunity to communicate and there are positive outcomes of the communications as well as motivation to engage adolescents in the discussions. This is observed in the following paragraphs;

- **Improved parent – child relationship**

It was noted that there were positive changes following discussion on sexual health and HIV. There was bonding which was characterised by having time with the adolescent child and being close. Bonding created trust and respect which resulted in comfort in talking about sexual health issues and HIV prevention. Therefore it can be concluded that the psycho-social environment should be conducive for effective communication on sexual health and HIV prevention. As noted in this extract;

“Talking changes relationships, it improves relationship of parent and child. Having a mother-daughter talk gives that child hope of motherly love. To be friendly to your adolescent at all times” P17

- **Protect children from negative consequences**

Parents’ urge to communicate to their adolescent children about issues on sexual health and HIV prevention was driven by the motive to protect them from negative outcomes of the sexual act. Excerpts from the responses;

“One day my daughter locked herself in her bedroom and watched a blue movie; I asked her where she got the disgusting movie” P12.

“Teach them to protect themselves when having sex with any person by using a condom or abstain”, P4.

- **Communicate parents’ values regarding sex (abstinence and condom use)**

What was apparent from the parents is that they were eager to instil their personal values whether religious or cultural. Therefore, there was a feeling that adolescents uphold their religious and cultural values.

“I teach them about Christian values”P9.

“The core values are church values- premarital sex is out of question”P22

- **Love**

Love shared among the parent and adolescent facilitated communication on sexual health issues and HIV prevention. This is noted in the following response;

“Talking to her about the stage made her feel loved”, P15

6.3.1.2 Open communication

Openness was viewed as the most important aspect for parents to reach out and talk to adolescent children about issues of sexual health and HIV prevention. Open communication was signified by various approaches such as starting the discussion on sexual health and HIV early, creating opportunity to talk, making time for communication and using different communication skills and methods of teaching. Some of the responses are as follows;

- **Start the conversations early.**

"Our girls engage in sexual activities before you can think, 12, 13 is late mine was 10". It's better to start talking early' P18

- **Create opportunity to talk**

"I usually take each for a drive and talk about growing up, "The environment was relaxed environment as we were going shopping" P19

- **Make time for communication**

"To make time for my children and allowing them to be free" P7

- **Using different communication skills and methods of teaching**

Discussion was among the communication skills used;

"Avoid "talking to" children, I discuss issues with them" P20

Methods implemented by parents to communicate sexual health issues and HIV prevention were depicted in the following response;

"I demonstrate the use of a condom with a garlic pounder" P20

Life giving themes

From the stories participants highlighted and brainstormed life giving themes. Energising and exciting themes that were captured were utilised for vision for the future parent – adolescent communication about sexual health issues and HIV prevention. Parents identified the three most energising and life – giving themes to be love for children, prayer and good relationship with children.

Values questions: Parents values about themselves and parenting were explored with the following outcomes;

- **Personal and parental values**

Personal and parental values that were explored among participants seemed to be similar. What emerged as responses that parents noted were, open communication, sharing experiences, love, responsibility, humility, respect, truthfulness, making time for children, Christianity, ethics and being principled. The following are some of the responses from participants;

"To share experiences with your children so that they can be able to face challenges they come across"
P4

“Being a parent I must be humble and be open to the child about sex” P6

“To make time for my children and allowing them to be free” P7

- **What do you experience as core values for parenting?**

With regards to what parents experience as core values of parenting the responses that emerged included respect, loving, openness, responsibility, sharing experiences, truthfulness, humility, making time for children and being principled. These were noted as follows;

“Talking to her about adolescence and that she must not move away from Christ”P15

“To share experiences with your children so that they can be able to face challenges they come across”

- **What would you like the core values of parenting an adolescent to be?**

What parents wanted as core values of parenting was somehow similar to what they experience as core values for parenting. These were; responsibility to raise children, love as well as having relationship with children, respect, role model good behaviour, open communication, humility, trust and belief in children, forgiveness, making and spending time with children, prayerful and being principled. These are some of the responses;

“Parents are role models” P13

“Have a good time with children and tell them about things that are outside like HIV” P20.

“To be friends with them and also help them be free sharing whatever with me” P7

What parents could change about the current role of parents in HIV prevention among adolescents.

As to what they would change about the current role of parents in HIV prevention, parents yearned for mutual respect, teaching differently using media, allowing children to make choices with guidance, educating them on consequences, teaching by example, increasing parental knowledge of sexual and reproductive health open communication and Christian values as evidenced below;

“As Swazis we have not been transparent about issues of sex among our children; we need to communicate openly and freely about sex issues”, P2.

6.3.2 Dream phase

Participants brainstormed the themes transparency and openness respectively in both sessions as their dream for future parent – adolescent communication on sexuality and HIV prevention. However, openness was adopted as it appeared to be commonly used by participants throughout data collection process.

6.3.2.1 *Wishes of parents*

Participants were further requested to share three wishes they had about parent – adolescent communication. Themes that were predominant were open communication, good relationship, mutual respect, upholding of both religious (Christian) and cultural values. Parents also wished for capacitation of both parents and adolescents on communication and life skills as well as positive attitudes for sexual health communication. Lastly, some of the participants wished that adolescents could be educated about HIV so that its prevalence is reduced. In conclusion, some of the parents' wishes resonate with the life – giving themes which were also co – constructed to propositions in the design phase and later translated to parents' initiated interventions for HIV prevention among adolescents in the destiny phase. Some of the responses are as follows;

- Open communication
"I wish there could be humbleness and open communication between us and children" P6
- Good relationship of love and trust between parents and adolescents, evident in the listed sample responses;
"I wish there could be harmony, transparency and love in the near future among us". P5
- Mutual respect
"I wish there could be respect between parent and child" P12
- Religious (Christian) and cultural values
"I wish children could abstain when they are young and have a pure Swazi generation". P12.
- Knowledge, skills (communication and life skills for adolescents) and positive attitudes
"I wish both parents and children could be capacitated with communication skills". P21.
- Adolescents educated about HIV
"My wish is for a community of HIV free adolescents" P10

6.3.3 Design phase

Participants crafted provocative statements on ideal parent – adolescent communication with regards to sexuality and HIV prevention while reflecting on the dream phase. Among the statements formulated by parents on what would be the ideal parent – adolescent communication to make the vision a reality. The following are the propositions co-constructed by the participants.

- Open communication and good parent-adolescent relationship
- Start the communication early
- Create a home environment conducive to open communication
- Accurate, up-to-date information about sexual and reproductive health matters
- Communication skills development
- Promote cultural integration of traditional and western norms
- Use media and appropriate teaching methods
- Monitor progress

6.3.4 Destiny phase

The destiny phase was characterised by formulation of actions or commitments on what they would do to ensure effective interventions on parent – adolescent communication. The following presents the actions parents will take;

- Create a home environment conducive to open parent-adolescent sexual health communication
- Start with sexual health communication early
- Attend workshops and training on sexual and reproductive health matters, mode of transmission of HIV, parenting styles
- Attend skills training in parenting, and communication skills
- Use of media and teaching methods
- Develop programs to support parents, with a specific focus on fathers.

6.4 Parents' initiated interventions to prevent transmission of HIV among adolescents.

The parents' initiated interventions for HIV prevention among adolescents were formulated during the design phase which was informed by the dream phase. The following are interventions depicted by parents

- **Education programme for parents about HIV**

Parents yearned to be educated and trained on HIV and AIDS as well as sexual and reproductive health issues to facilitate passing accurate information to their adolescent children.

- **Skills training programme for parents on communication**

While then wanted to be educated and trained on HIV and AIDS related issues they also wished to be trained on communication and parenting skills

- **Approaches and media for communicating sex messages with adolescent children**

Parents proposed individual and group sessions of reaching adolescents for information sharing on sexual health. The group approach focus among others; discussions and family meetings.

Approaches and methods of teaching

What was also apparent was that parents want to use various methods of teaching such as role modelling good behaviour, teachable moments, media demonstrations etc.

Content regarding HIV and AIDS

The content to be shared needs to be context – specific and inculcate culture and Christian values as there is major emphasis on abstinence and faithfulness. It should also embrace consequences of HIV.

Parental support and parenting

Parents suggested that they needed to be supported to be comfortable to discuss sexual health issues.

Media

Parents felt that they needed to change their perspectives towards media. They were of the idea that they should use different media of communication such as cellphones, radios, television and print media as adolescents are more inclined to a various media to reach out to adolescents on sexual health related issues. They were also of the view that they should support campaigns on sexual health issues related to the youth.

6.5 CONCLUSIONS

Given that appreciative inquiry focuses on strengths, the story telling exercise allowed parents to realise past positive experiences they had with their adolescent children in discussing sexual health and HIV prevention. Verleysen, Lambrechts and Van Acker (2015) assert that during story telling when the participants were asked what made the experience work, this determined what gives life and triggered positive energy and individuals felt able to act. This assisted them to value their previous positive experience and acted as a platform to motivate them for change.

The findings noted that parents do communicate with their adolescents though they need empowerment on information and communicating about sexual health. Parents realised that there should be openness to encourage communication on sensitive issues like sexual health and HIV prevention. Parents felt that good relationships and bonding among parent-adolescent should be promoted to facilitate open communication. On another note they agreed that good morals should be promoted among adolescents. They also affirmed that values shared in the summit would be used for future parenting.

Furthermore, the dream phase acted as a mental rehearsal, Verleysen, Lambrechts and Van Acker (2015) as to how parents anticipated the future would be like while creating positive images of open communication through good relationships and bonding among others. Through the design phase participants were able to co-create proposals for change which effectively emanated from the dream phase. Among the

co-created propositions parents came up with openness, good relationships, teaching sexuality early to name but a few.

It was novel for parents to affirm their commitments for future actions during the destiny phase. Their confidence was boosted to use the information shared to change their parenting initiatives. The theoretical perspective of ecodevelopment that the family is the microsystem proximal and most intimate for nurturing adolescents (Bronfenbrenner 1979:22) contributes to the fact that parents should play a significant role in communicating effectively on issues of sexuality and HIV prevention among adolescents.

6.6 RECOMMENDATIONS

Issues of concern that need further consideration were drawn from the findings. Hence recommendations highlight areas in nursing education, practice as well as research.

6.6.1 Implications for practice

The study findings indicated that parents need to be empowered to effectively communicate. Therefore, implementers of Sexual Reproductive Health and HIV need to empower parents on information and effective skills to communicate about sexual health and HIV prevention among adolescents. Specifically, Manzini Municipal HIV Team should organise trainings and workshops for parents to empower them on communication skills and information on sexual health and HIV prevention issues. Fathers should be targeted for these training sessions as they seem to be less involved in communicating about sexual issues affecting adolescents.

6.6.2 Implications for research

The study focussed to parents in the two schools hence may not reflect initiatives of parents in the broader structure of the Swaziland population of parents thus there is need to expand the study to other regions in the country. In addition, a follow up study to determine implementation of the parents' initiated interventions on HIV prevention given that evaluation on the sustainability of the action plans was not part of the study.

6.7 CONTRIBUTION OF THE STUDY

The process of AI helped transform parents to identify their potential and capability of effectively communicating about sexual health and HIV prevention issues among adolescents. The findings of the study also assisted parents to identify opportunities for communicating with adolescents. While exploring their personal and parenting values they were able to identify core values that would facilitate communicating with adolescents on sexual health and HIV prevention issues. The researcher believes that the AI process empowered parents with self-initiated interventions to assist effectively communicating with adolescents which will in turn contribute to prevention of HIV among this target group.

The study revealed that AI can be used to empower parents on how to effectively communicate with adolescents as it was noted that the environment should be conducive and the parents should be responsive. The study indicates that AI can be applied effectively in health related research for practical outcomes.

With regards to the body of knowledge of nursing, the study revealed that if parenting could be included in nursing curriculum nurses would be informed and in turn empower parents on how to handle adolescents. The study challenges programmers in Sexual and reproductive health to consider empowerment of parents on information related to sexual health and communicating skills with adolescents on such issues.

6.8 STRENGTHS AND LIMITATIONS OF THE STUDY

6.8.1 Strengths

The proposal was presented in STTI – Xi at large conference and participants felt that it was an important area of focus which is commonly neglected. Furthermore, they were interested in the novel AI approach which was not seeking to look at problems or view parents to have failed in communicating on sexual health and HIV prevention. Use of the qualitative approach assisted to get in-depth information about parent – adolescent communication on sexual health and HIV prevention issues. There was diversity among individuals who provide parenting on a day to day basis as there were mothers, aunts, grandparents, sisters and one man. On another note, the AI approach

helped parents to be aware of their strengths and potential in communicating about sexual health and HIV prevention. Parents were also energised and motivated to commit to explore values learned during the summit and improve communication with their adolescent children. The use of AI created an opportunity for all individuals to participate and come up with collective views and ideas. The assistance of an expert in qualitative analysis served as a lens to view errors in analysis.

6.8.2 Limitations

Using the qualitative approach has limited generalisation of the study findings beyond parents of adolescents in the two schools. However, the results provide insights on parent – adolescent communication on sexual health and HIV prevention issues. There was lack of diversity in terms of gender of parents as there was only one man. It should be noted that it is difficult to reach out to men for most health issues and studies affirm that fathers do not discuss sexual issues with their adolescent children. Furthermore, sustainability and evidence on effectiveness of the action plans was not determined as the study objectives did not focus on evaluation of the planned activities. While the study intended to reach out 50 participants instead 24 participants were reached. Brooks (2015: 139) argues that appreciative inquiry lacks detailed information on the size of participants for a summit. Moreover, saturation point was reached as participants repeatedly mentioned themes all over again. It should also be noted that there was thick description of the methods section.

6.9 CONCLUDING REMARKS

The study was founded on participatory action research and followed its dictates in all respects. The study was embedded in the following characteristics as viewed by Creswell, Ebersohn, Eloff, Ferreira, Ivankova, Jansen, Nieuwenhuis, Pietersen, Plano Clark and van der Westhuizen (2015: 125); Polit & Beck (2012: 509); Harrison, (2001: 46 – 54), i) participatory action research is practical, ii) it is focussed on change iii) it follows a cyclical process iv) it involves participation and v) an interactive form of knowledge development. Characteristics are discussed as follows;

- i) **Participatory Action Research is practical:** its major thrust is coming up with solutions that address practical, local issues or problems. As stated in

Chapter 1 that engaging adolescents on sexual issues seems to be a challenge among parents.

- ii) **Focusing on change:** the approach tends to be transformational and liberating the participants. Use of the Appreciative Inquiry process of action research allowed participants to co-construct action plans that formed parenting interventions for sexual health communication and HIV prevention.
- iii) **A cyclical process:** It consists of an interactive process ranging between practical issues of concern, development of research questions through research findings which inform practice. The study followed the aforementioned route as it was noted in chapter 1 that there was an issue of concern which was followed by formulating research questions. On another development, findings and action plans as future parents' initiated interventions that inform practice were formulated. The 4D cycle of appreciative inquiry was cyclic in nature and one cycle informed the other.
- iv) **It constitutes participation:** The approach is characterised by a partnership between the researcher and stakeholders. The authors suggest that roles and power is being shared among participants and researcher hence participants claim ownership of the product. As noted in chapter 4 and 5 participants were engaged in data collection, analysis and formulation of interventions for sexual health communication and HIV prevention.
- v) **It is an interactive form of knowledge development:** the process of investigation is equally important as the emerging findings of the study. The investigation was interactive as noted in chapter 4 and 5 which indicates that participants were telling stories, writing, brainstorming collectively, drawing a mind map co-constructing the ideal future and developing parents' initiated interventions for sexual health communication and HIV prevention. Hence the study allowed participants to collectively develop knowledge.
- vi) **It involves various methods of data collection –** Methods for data collection is varied as it includes storytelling, plays and skits, painting, drawing etc and reflection throughout this process. As it was noted in chapter 4 various approaches were used for data collection which included storytelling, writing, brainstorming etc.

All procedures were followed to ensure trustworthiness as described in chapter 4. Exploration and identification of best exceptional experiences in communication about sexual health and HIV among parents and adolescents has influenced development of parents' initiated interventions on HIV prevention. Execution of the interventions by parents will promote effective communication on sexual health issues thus influence prevention of HIV among adolescents. I also had a deeper understanding and appreciation of AI as a research process and a facilitation tool to influence change among groups.

LIST OF REFERENCES

Addison, J T.1992. Urie Bronfenbrenner. *Human Ecology*, 20(2): 16-20.

Adenike, O C & Taiwo, D O. 2013. The role of parents in the prevention of HIV/AIDS among secondary school students in Ijebuode Ogun state Nigeria. *Canadian Social Science* 9(2): 99-103 Doi:10.3968/j.css.1923669720130902.7269

Anderson, C. 2010. Presenting and evaluating qualitative research. *American Journal of Pharmaceutical education* 74(8): 141:1-6.

Anney, V N. 2014. Ensuring the quality of the findings of qualitative research: Looking at trustworthiness criteria. *Journal of Emerging Trends in Educational Research and Policy Studies* 5(2): 272-28. Scholarlink Research Institute Journals (ISSN: 2141-6990)

Asampong, E, Osafo, J, Bingenheimer, J B & Ahiadeke, C. 2013. Adolescents and parents perceptions of best time for sex and sexual communications from two communities in the Eastern and Volta Regions of Ghana: Implications for HIV and

AIDS education. *BMC International Health and Human Rights*. 13 (40):1 – 11. Doi: 10.1186/1472-698X-13-40.

Avital, M, Boland R J & Lyytinen K. 2009. Introduction to designing information and organisations with a positive lens. *Information Organisation* 19(3):153–161.

Barni, D, Ranieri, S, Donato, S, Tagliabue, S and Scabini, E. 2017. Personal and family sources of parents' socialisation values: A multilevel study. *Avances en Psicología Latinoamericana*, 35 (1): 9 – 22. Doi:<http://dx.doi.org/10.12804>

Bastien, S, Kaluja, L J, Muhwezi, W W. 2011. A review of studies of parent-child communication about sexuality and HIV/AIDS in Sub-Saharan Africa. *Reproductive Health*. <https://doi.org/10.1186/1742-4755-8-25>. (Accessed 24, August, 2017).

Bazeley, P. 2010. Metaphors for integrated analysis in mixed methods research Presented at the 6th International Mixed Methods Conference, Baltimore. 11th July, 2010.

Beckmann, J. 2017. University research ethics clearances: safety nets, or a false sense of legal immunity? *South African Journal of Higher Education*, 31(3): 6–23. eISSN 1753-5913. From: <http://dx.doi.org/10.208535/31-3-1049> (Accessed 6 April 2017)

Bergold, J & Thomas, S. 2012. Participatory Research Methods: A Methodological Approach in Motion. *Forum Qualitative Sozialforschung / Forum: Qualitative Social Research*, 13 (1).

Bonner, A & Greenwood, J I, 2008. The role of theory-constitutive metaphor in nursing science. *Nursing Philosophy*. 9(3):154-68. Doi: 10.1111/j.1466-769X.2008.00340.x.

Boswell, C & Sharon C. 2014. *Introduction to nursing research*. Mishawaka: Jones & Bartlett learning.

Botma, Y M, Greeff, M, Mulaudzi, F M & Wright, S C D. 2010. *Research in health sciences*. Cape Town: Pearson Education.

Braun, S, Wesche, JS, Frey, D, Weisweiler, S & Claudia, P. Effectiveness of mission statements in organizations: A review. 2012. *Journal of Management & Organization*, 18 (4): 430-444

Braun, V & Clarke, V. 2013. *Successful qualitative research, a practical guide for beginners*. London: SAGE publications.

Braun, V & Clarke, V. 2006. *Successful qualitative research, a practical guide for beginners*. London: SAGE publications.

Brink, H, van der Walt, C & van Rensburg, G. 2014. *Fundamentals of research methodology for healthcare professionals*. Cape Town: Juta & Company.

Brink, H, van der Walt, C & van Rensburg, G. 2012. *Fundamentals of research methodology for healthcare professionals*. Cape Town: Juta & Company.

Bronfenbrenner, U. & Evans, GW. 2000. Developmental science in the 21st century: Emerging questions, theoretical models, research designs and empirical findings. *Social Development* 9 (1): 115-125.<http://dx.doi.org/10.1111/1467-9507.00114>

Bronfenbrenner, U. 2001. The bioecological theory of human development. In Smelser, N.J and Baltes, P.B (Eds.). *International Encyclopaedia of the Social and Behavioural Sciences*, 10: 6963-6970. New York: Elsevier.

Bronfenbrenner, U & Morris, P A. 1998. Theoretical models of human development: The ecology of developmental processes. *Handbook of Child Psychology*. (5th ed.) (Eds Damon, W and Lerner RM.) New York: John Wiley and Sons.

Bronfenbrenner, U. 1979. *The ecology of human development*. Cambridge: Harvard University Press.

Brooks, R. 2015. Appreciative inquiry into the development of teacher well-being through organisational change: Theory development and implications for practice. Doctor of Applied Educational and Child Psychology. (Dissertation) University of Birmingham, Birmingham.

Burns, N & Grove, SK. 2011. *The practice of nursing research: Appraisal, synthesis and generation of evidence*. Missouri: Elsevier.

Burns, N & Grove, S K. 2005. *The practice of nursing research: Appraisal, synthesis and generation of evidence*. Missouri: Elsevier.

Bushaija, E, Sunday F X, Asingizwe, D, Olayo, R & Abong'o, B. 2013. Factors that hinder parents from the communicating of sexual matters with adolescents in Rwanda. *Rwanda Journal of Health Sciences*. 2:2 From: <http://www.ajol.info/index.php/rjhs/article/view/98512>. (Accessed 24 February, 2017).

Bushe, G R. 2011. *Appreciative inquiry: Theory and critique*. In Boje, D. Burnes, B. and Hassard, J. (eds.) *The Routledge Companion To Organisational Change* (87-103). Oxford : Routledge.

Bushe, G R & Kassam, A F. 2005. When is Appreciative Inquiry transformational? A meta-case analysis. *The Journal of Applied Behavioral Science* 41(2):161-181.

Bushe, G R & Paranjpey, N. 2014. Comparing the Generativity of Problem Solving and Appreciative Inquiry: A Field Experiment. *The Journal of Applied Behavioral Science* 1–27. sagepub.com/journalsPermissions.nav. Doi: 10.1177/002188631456200.

Cady, S H, Wheeler, J V, DeWolf, J & Brodke, M. 2011. "Mission, Vision, and Values: What Do They Say?" *Management Faculty Publications*. 19. https://scholarworks.bgsu.edu/management_pub/19

Calabrese, R L, Zepeda, S J, Peters, A L, Hummel, C, Kruskamp, W H, San Martin, T S & Wynne, S C. 2007b. An appreciative inquiry into educational administration doctoral programs: Stories from doctoral students at three universities. *Journal of Research on Leadership Education* 2(3):1-29.

Cantore, S P & Cooperrider, D L. 2013. Positive psychology and appreciative inquiry: The contribution of the literature to an understanding of the nature and process of change in organizations. In H. S. Leonard, R. Lewis, A. M. Freedman, & J. Passmore (Eds.), *Wiley-Blackwell handbooks in organizational psychology. The Wiley-Blackwell handbook of the psychology of leadership, change, and organizational development* (pp. 267-287). : Wiley-Blackwell.
<http://dx.doi.org/10.1002/9781118326404.ch13>

Chauke, M E. 2014. Transforming student nurses' image of nursing: An appreciative inquiry approach. Doctor of Literature and Philosophy (Dissertation). Unisa, Pretoria.

Christensen, J. 2010. Proposed enhancement of Bronfenbrenner's development ecology model: *Education Inquiry* 1(2): 101–110.

Coatsworth, J D, Pantin, H, McBride, C, Briones, E, Kurtines, W, Szapocznick, J. 2000. Ecodevelopmental correlates of behavior problems in young Hispanic females. *Sage Journals* 6 (3): 126–143.

Cooper, D and Schindler, P. 2011. *Business research methods*. 11th Edition, McGraw Hill, Boston.

Cooperrider, D L, Whitney, D., & Stavros, J M. 2008. *Appreciative Inquiry Handbook* 2nd edition. Brunswick, OH: Crown Custom.

Cooperrider, D L & Whitney, D. 2005. *Appreciative Inquiry: A positive revolution in change*. San Fransisco: Berritt-Koehler.

Cooperrider, D L, Whitney, D & Stavros, JM. 2003. *Appreciative Inquiry handbook*. Bedford Heights, OH: Lakeshore.

Cordova, D, Huang, S, Pantin, H & Prado, G. 2012. Effects of a family intervention in reducing HIV risk behaviors among high-risk Hispanic adolescents: A randomized controlled trial. *Archives of Pediatric and Adolescent Medicine*. 166(2):127-133. doi:10.1001/archpediatrics.2011.189

Cram, F. (2010). Appreciative inquiry. *Mai Review* 3, 1-13. Dunlap.

Creswell, J W. 2009. *Research Design: Qualitative, Quantitative and Mixed methods approaches*. Los Angeles: SAGE.

Creswell, JW, Eberson, L, Eloff, I, Ferreira, R, Ivankova, NV, Jansen, J D, Nieuwenhuis, J, Pietersen, J, Plano Clark, V L & Van der Westhuizen, C. 2015. *First steps in research*. Pretoria: Van Schaik Publishers.

Culpepper, D. 2016. 21st Century Sport: Microsystem or Macrosystem? – From: The Sport Journal thesportjournal.org/article/21st-century-sport-microsystem-or-macrosystem/ (Accessed 23 January, 2018)

Darbi, W P F. 2012. "How do high-performing organizations define their mission in Ghana?" *African Journal of Economic and Management Studies*, 3 (2):184-204, <https://doi.org/10.1108/20400701211264992>

Delgadillo, L M, Palmer, L & Goetz, J. 2016. A case study demonstrating the use of appreciative inquiry in a financial coaching program. *Family and Consumer Sciences Research Journal*, 45(2), 166-178. <http://dx.doi.org/10.1111/fcsr.12191> (Accessed 27 November 2018)

Delva, W & Abdool Karim, Q. 2014. The HIV Epidemic in Southern Africa – Is an AIDS-Free Generation Possible? *Current HIV/AIDS Report* 11: 99. Doi:10.1007/s11904-014-0205-0

De Vos, A S, Strydom, H, Fouche, C B & Delport, C S L. 2011. *Research at grass roots - for the social sciences and human service professions*. 4th edition. Pretoria: Van Schaik.

Dichaba, M M. 2013. Adult basic education teachers experiences about cascade model of training. *International Journal of Education Science* 5(1): 29-38.

Dindili, N. 2014. *Communication barriers around sexual reproductive health (SRH) within families that lead to increase in teenage pregnancy and vulnerability to HIV/AIDS*. Unpublished Master's Thesis, University of Stellenbosh, Stellenbosch.

Dlamini, B R, Mabuza P, Masangane, Z, Silindza, T, Dlamini M. 2017. The HIV and Sexual Reproductive Health Status of Young People in Swaziland: The rationale for focused youth investment. *Journal of AIDS & Clinical Research* 8:669. Doi:10.4172/2155- 6113.1000669

Dupuis, S, McAiney, C, Fortune, D, Ploeg, J & de Witt, L. 2016. Theoretical foundations guiding culture change: The work of the Partnerships in Dementia Care. *Alliance* 15(1):85–105. sagepub.co.uk/journalsPermissions.nav. Doi: 10.1177/1471301213518935.

Edwards, C & Edwards, A. 2012. *Peak communication experiences and its relations with positive socio-psychological concepts and communication competence: a factor analysis study*. International Conference on Communication, Media, Technology and Design ICCMTD 09-11 May 2012, Istanbul – Turkey.

Edwards, M. 2010. *Communication skills for nurses: A practical guide on how to achieve successful consultations*. London: Quay book division, MA Healthcare limited.

Elleven, RK. 2007. Appreciative Inquiry: A model for organizational development and performance improvement in student affairs. *Education* 127:451-465.

Esantsi, S F. Onyango, F, Quansah Asare, G J, Kuffour, E O, Tapsoba, P, Birungi, H & Askew, I. 2015. *Are parents talking to adolescents about sexuality?* Accra, Ghana. Population Council.

Fard, H D. 2012. Research paradigms in Public Administration. *International Journal of Humanities*. 19(4): 55-108. From: <http://www.oed.com/view/Entry/9787> (Accessed 1 September 2015).

Farrelly, C, Co´rdova, D, Huang, S, Estrada, Y, & Prado, G. 2013. The role of acculturation and family functioning in predicting HIV risk behaviors among Hispanic delinquent youth. *Journal of Immigrant and Minority Health*, 15, 476–483. Doi:10.1007/s10903-012-9627-1.

Fouche, C & Schurink, W. 2011. *Qualitative research designs*. Pretoria, Van Schaik Publishers.

Gairo, J L. 2007. *Appreciative families: A family coaching model for positive change*. Fielding Graduate University. Santa Barbara, California.

Giles, J B & Anderson, N. 2008. Personality as a Predictor of Work-Related Behavior and Performance: Recent Advances and Directions for Future Research. From: <https://doi.org/10.1002/9780470773277>. (Accessed: 20 November, 2018)

Gonzales, C K & Leroy, G. 2011. Eliciting user requirements using Appreciative inquiry. *Springer* , 733. Doi:10.1007/s10664-011-9156-x

Gopalan, G & Franco L M. (2009). Multiple family approach, edited by Gitterman A., Salmon R. *Encyclopedia of social work with groups* (86–88). New York: Routledge.

Grove, S K, Burns, N, & Gray, J. 2013. *The practice of nursing research: Appraisal, synthesis and generation of evidence*, 7th edition. Missouri: Elsevier

Halskoy, K & Hansen, N B. 2015. The diversity of participatory design research practice at PDC 2002–2012; *International Journal of Human-Computer Studies* (74) 81–92 <http://dx.doi.org/10.1016/j.ijhcs.2014.09.003>. (Accessed 1 April 2017).

Hammond, S A. 1998. *The Thin Book of Appreciative Inquiry*. 2nd ed. Plano, Texas: Thin Book Publishing Company.

Harper, G W, Andrew, J, Riplinger, A J , Neubauer, L C, Murphy, A G, Jessica Velcoff, J & Bangi, A K. 2013. *Ecological factors influencing HIV sexual risk and resilience among young people in rural Kenya: Implications for prevention*. Health education research advance access. Department of Health Behavior and Health Education, University of Michigan School of Public Health, Michigan.

Harville, C. 2016. Socialization of Children. From: <https://www.coursehero.com> (Accessed: 23 January, 2019)

Hershfield, H. 2011. Future self-continuity: How conceptions of the future self-transform intertemporal choice. *Annals of the New York Academy of Sciences* 1235(1):30-43. DOI: 10.1111/j.1749-6632.2011.06201.x .

Hesse-Biber, S N. 2010. *Mixed methods research: Merging theory with practice*. New York: The Guilford Press

Holloway, I & Wheeler, S. 2010. *Qualitative research in nursing and healthcare*. 3rd Edition, West Sussex, UK: Wiley-Blackwell.

Houser, J. 2015. *Nursing research: Reading, using and creating evidence*. Mishawaka: Jones Bartlett Learning.

Hudon, C, Loignon, C, Grabovsch, C, Bush, P, Lambert, M, Goulet, E, Boyer, S, De Laat, M & Fournier, N. 2016. Medical education for equity in health: a participatory action research involving persons living in poverty and healthcare professionals Catherine Hudon¹, *BMC Medical Education* 16:106 Doi 10.1186/s12909-016-0630-4.

Human-Vogel, S & Coetzee, S. 2011. Challenges associated with ethics review of educational research at a South African University. *Acta Academica* 43 (2): 165 – 192. https://en.wikipedia.org/wiki/Belmont_Report (Accessed 21 November 2016).

International child and youth care network, 2000. From: <http://www.cyc-net.org/today2000/today000707.html> (Accessed 26 August, 2016)

Ismail, K & Abd - Hamid SR. 2016. Communication about Sex-Reproductive Health issues with adolescents: A Taboo among Malaysian Parents? *European Journal of Social Sciences, Education and Research*. Doi: 10.26417/ejser.v6i1.p27-41

Jackson, L. 2012. *Research methods and statistics: A critical thinking approach*. 4th edition. Wadsworth: Cengage learning.

Jagosh J, Macaulay, A C, Pluye P, Salsberg J, Bush P L, Henderson J, Sirett E, Wong G, Cargo M, Herbert C P, Seifer S D, Green L W, Greenhalgh, T. 2012. Uncovering the benefits of participatory research: Implications of a realist. *Review for health research and practice*. 90(2):311-46. Doi: 10.1111/j.1468-0009.2012.00665.

James, I, Blomberg, K, Liljekvist, E, & Kihlgren, A. 2015. *Working together for a meaningful daily life for older persons: A participatory and appreciative action and reflection project-The lessons we learned*. From: [sagepub.co.uk/journalsPermissions.nav](http://samples.jbpub.com/9781449697211/28123_CH03_Pass2.pdf) Jones & Bartlett http://samples.jbpub.com/9781449697211/28123_CH03_Pass2.pdf DOI: 10.1177/1476750314568205. (Accessed 28, October 2016).

Kachur, R, Mesnick, J, Liddon, N, Kapsimalis, C, Habel, M, David-Ferdon, C, Brown, K, Gloppen, K, Tevendale, H, Gelaude, DJ, Romero, L, Seitz, H, Heldman, AB & Schindelar, J. 2013. *Adolescents, technology and reducing risk for HIV, STDs and pregnancy*. Centers for Disease Control and Prevention. Atlanta.

Kajula, L J, Sheon, N, De Vries, H, Kaaya, SF & Aarø L E. 2013. Dynamics of Parent–Adolescent Communication on Sexual Health and HIV/AIDS in Tanzania. *AIDS Behaviour*. Doi 10.1007/s10461-013-0634-6

Kantahyanee, W, Murray, K W, Dwyer, K M, Rubin, K H, Knighton-Wisor, S & Booth-LaForce, C. 2014. Parent–Child Relationships, Parental Psychological Control, and

Aggression: Maternal and Paternal Relationships. *Journal of Youth and Adolescence* 43 (8), 1361–1373.

Keel, R. 2008. Introduction to appreciative inquiry. From <http://www.newparadigm.co.uk/appreciative.htm> (Accessed 29 September 2018).

Kelly, T. 2010. A positive approach to change: The role of appreciative inquiry in Library and Information Organisations. *Australian Academic & Research Libraries* 41:3, 163-177, Doi:10.1080/00048623.2010.10721461.

Kelly, T. 2013. A positive approach to change: The role of appreciative inquiry in Library and Information organisations. *Australian Academic & Research Libraries*. 41:3, 163-177, DOI:10.1080/00048623.2010.10721461

Kessler, E H. (ed) 2013. Encyclopedia of management theory: Sage Publications From: http://www.gervasebushe.ca/the_AI_model.pdf (Accessed 7 September 2015)

Kivunja, C & Kuyini A B 2017. Understanding and applying research paradigms in educational contexts. *International Journal of Higher Education* 6 (5) From: <http://ijhe.sciedupress.com> (Accessed 23 January, 2019).

Korstjens, I & Moser, A. 2018. Series: Practical guidance to qualitative research. *European Journal of General Practice* 24 (1): 120-124, Doi: 10.1080/13814788.2017.1375092

Kumar, R. 2011. *Research methodology: A step-by-step guide for beginners*. 3rd Edition. New Delhi: Sage.

Laucker, H. Peterson, M. & Krupa, T. 2012. Using constructivist case study methodology to understand community development processes: Proposed methodological questions to guide the research process: *The qualitative report* Queen's University, Kingston. 17 (25): 1-22.

Lee, S. 2010. Appreciative inquiry foundations and practice. From: <https://www.unc.edu/faculty/faccoun/reports/2010-11/specprepts/2010UNCAIWorkbookSallieLee.pdf> (Accessed 16 August 2016)

Leedy, P D & Ormord, J E. 2010. *Practical research: planning and design*. 9th edition. New Jersey: Pearson Merrill Prentice Hall.

Liu, T. Fuller, J D, Hutton, A & Grant, J M. 2017. Factors shaping parent–adolescent communication about sexuality in urban China. <https://www.researchgate.net/requests/r40624692>. (Accessed: 2nd February, 2018.)

LoBiondo - Wood, G, & Haber, J. 2010. *Nursing research methods and critical appraisal for evidence based practice*. 7th ed. Missouri: Alison Miler.

Loh, J. 2013. Inquiry into issues of trustworthiness and quality in narrative studies: A perspective. *The qualitative report* 18 (65): 1 - 5. Nanyang Technological University, Singapore.

Lopez, B, Tapia, M. & Schwarz, S J. 2016. Parent-centered Intervention: A Practical approach for preventing drug abuse in Hispanic adolescents. *Research on Social Work Practice*. Doi: 10.1177/1049731505282205

Macdonald, C. 2012. Understanding participatory action research: A qualitative research methodology option. *Canadian journal of action research* 13 (2): 34 - 38.

Martin, L, Katoppo, M L & Sudradjat, I. 2015. Combining participatory action research (PAR) and design thinking (DT) as an alternative research method in architecture. *Procedia - Social and Behavioral Sciences* 184:118 – 125.

Marques, J, Dhiham, S, Biberman, J. 2016. Managing in the 21st century. Chapter 3. Pg119175. From: ink.springer.com/search?query=background+of+Appreciative+inquiry&previous-end-year=2016&facet-end-year=2016. (Accessed 5 August 2016).

Matlala, Y M. 2011. The role of social factors in influencing the moral development of Black adolescents. Doctor of Literature and Philosophy (Dissertation). Unisa, Pretoria.

Mavundla, S, Dlamini, N, Nyoni, N & Mac-Ikemenjima, D. 2015. *Youth and public policy in Swaziland*. Mbabane. Webster Print.

Mgbemere, B & Telles, R. 2013. Types of parenting styles and how to identify yours. Developmental Psychology at Vanderbilt. From: <https://my.vanderbilt.edu/developmentalpsychologyblog/2013/12>. (Accessed 21 August 2017).

Merriam-Webster dictionary [Sa] From: www.merriam-webster.com/dictionary/initiate. (Accessed 11 December 2015).

Miller, K S, Poulsen, M N, Fasula, A, Wyckoff, S C, Forehand, R, Long, N & Armistead, L. 2011. Enhancing HIV communication between parents and children: Efficacy of the parent matter! Program. *AIDS Education and Prevention* (6): 530–563. Doi: 10.1521/aeap.2011.23.6.550.

Miller, A N. Kizito, M N. Mwithia, J K, Njoroge, L, wa Ngula, K and Davis, K. 2017. Kenyan pastors' perspectives on communicating about sexual behaviour and HIV. *African Journal of AIDS Research*. Doi: 10.2989/16085906.2011.626300

Ministry of Health. 2013. *Swaziland National Policy on Sexual and Reproductive Health of 2013*. Mbabane: Webster Print

Ministry of Health. 2015. *Swaziland National Research Agenda 2015 – 2019*. Mbabane: Webster Print.

Ministry of Health. 2015. *Swaziland integrated HIV management guidelines*. From: https://aidsfree.usaid.gov/sites/default/files/tx_swaziland_2015.pdf. (Accessed: 13 August 2017).

Ministry of Health. 2015. *Strengthening adolescent component of national HIV programmes through country programmes: Initial report of rapid assessment*. ALL IN. Mbabane. From: www.childrenaids.org/sites. (Accessed 14 August, 2017).

Ministry of health. 2017. Swaziland HIV Incidence Measurement survey 2: A population-based HIV impact assessment SHIMS 2 2016 -2017. Preliminary results. From: http://phia.icap.columbia.edu/wp-content/uploads/2017/07/ZWAZILAND-Factsheet.A4_LR.pdf. (Accessed 16 August, 2017).

Moore, S M, Killion, C M Andrisin, S, Lissemore, F Primm, T, Olayinka, O & Borawski, EA. 2017. Use of Appreciative Inquiry To Engage Parents as Codesigners of a Weight Management Intervention for Adolescents. *Childhood Obesity*. 13: (3) <https://doi.org/10.1089/chi.2016.0250>

Motsomi, K, Makanjee, C, Basera, T & Nyasulu, P. 2016. Factors affecting effective communication about sexual and reproductive health issues between parents and adolescents in Zandspruit informal settlement, Johannesburg, South Africa. *Pan African Medical Journal*. Doi: [10.11604/pamj.2016.25.120.9208]

Muhwezi, W W, Katahoire, A R, Banura, C, Mugooda, H, Kwesiga, D, Bastien, S and Klepp, S. 2015. Perceptions and experiences of adolescents, parents and school administrators regarding adolescent-parent communication on sexual and reproductive health issues in urban and rural Uganda. *Reproductive Health* 12:110. Doi 10.1186/s12978-015-0099-3.

Munhall, P L. 2012. *Nursing research: A qualitative perspective*. 5th edition. Sudbury: Jones and Bartlett learning.

Murry, M, McNair, L D, Myers, S D, Chen, Y F, Brody, G H. 2014. Intervention Induced Changes in Perceptions of Parenting and Risk Opportunities Among Rural African American Velma. *Journal of Child Family Studies* 23:422–436. Doi 10.1007/s10826-013-9714-5.

Mutumba, M & Harper, G W. 2015. Mental health and support among young key populations: An ecological approach to understanding and intervention. *Journal of International AIDS Society* 18 (2).Doi: 10.7448/IAS.18.2.19429.

Nambambi, N M & Mufune P. 2011. What is talked about when parents discuss sex with children: Family based sex education in Windhoek, Namibia. *African Journal of Reproductive Health* 15(4):120-9.

Naik, P K & Saimons, S K. 2014. Effect of parenting on emotional and social maturity among adolescent. *European Academic Research* II (3).

NERCHA. 2014. The extended national multisectoral HIV and AIDS framework (eNSF) 2014-2018. Mbabane: Print Design.

Ortega, J, Huang, S, Prado, G. 2012. Applying ecodevelopmental theory and the theory of reasoned action to understand HIV risk behaviors among Hispanic adolescents. *Hispanic Health Care International* 10(1): 42–52. Doi: 10.1891/1540-4153.10.1.42.

Osafo, J, Asampong, E, Langmagne, S & Ahiedeke, C, 2013. Perceptions of Parents on How Religion Influences Adolescents' Sexual Behaviours in Two Ghanaian Communities: Implications for HIV and AIDS Prevention. *Journal of Religion and Health* 52 (1). Doi 10.1007/s10943-013-9689-y

Oswalt, A. (sn) Child & adolescent development: overview. Gulf bend center. From: Gulfbend.org/poc/view. (Accessed 24 October 2016)

Oxford English dictionary. 2015. The definitive record of the English language

Phillips, C B, Dwan, B C, Hepworth, K J, Pearce, C & Hall, C. 2014. Using qualitative mixed methods to study small health care organisations while maximising trustworthiness and authenticity. *BMC Health Services Research*. From: <http://www.biomedcentral.com/1472-6963/14/559> (Accessed 13 August 2015)

Pilkington, P, Bird, E, Gray, S, Towner, E, Weld, S & Mckibben, M A. 2014 Understanding the social context of fatal traffic road collisions among adolescents: A qualitative analysis of narrative text in coroners' records. *BMC Public Health* 14:78 From: <http://www.biomedcentral.com/1471-2458/14/78> (Accessed 15th August 2015)

Polit, D F & Beck, C T. 2012. 9th edition. *Nursing research: Generating and assessing evidence for nursing practice*. Philadelphia: Lippincott Williams & Wilkins.

Potard, C, Courtois, R, Réveillère, C, Bréchon, G. & Courtois, A. 2017. The relationship between parental attachment and sexuality in early adolescence, *International Journal of Adolescence and Youth* 22(1): 47-56, Doi: 10.1080/02673843.2013.873065

Preskill, H & Catsambas, T T. 2006. *Reframing evaluation through appreciative inquiry*. Thousand Oaks, CA: Sage Publications.

Richards, J J. 2012. Storytelling in Appreciative Inquiry. Masters' Thesis (Department of Curriculum and Instruction). East Tennessee State University, Tennessee.

Rivière, D. 2011. Looking from the outside/in: Re-thinking Research Ethics Review. *Journal of Academic Ethics* 9:193. From: <https://doi.org/10.1007/s10805-011-9139-y>. (Accessed: 26 July 2018).

- Roberts, G W. 2010. Advancing new approaches to learning and teaching: Introducing appreciative inquiry to a problem-based learning curriculum. *Journal of Applied Research in Higher Education* 2(1):15–24.
- Roman N V, Makwakwa T, Lacante M. 2016. Perceptions of parenting styles in South Africa: the effects of gender and ethnicity. *Cogent Psychology*. Doi: <http://dx.doi.org/10.1080/23311908.2016.1153231>. Accessed: 24th August, 2017.
- Rosa, E M & Tudge, J. 2013. UrieBronfenbrenner's theory of human development: Its evolution from ecology to bioecology. *Journal of Family Theory and Review* 5: 243 - 258.
- Roudsari, R L, Javadnoori, M, Hasanpour, M, Hazavehei, S M M & Taghipour, A. 2013. Socio-cultural challenges to sexual health education for female adolescents in Iran. *Iranian Journal of Reproductive Medicine* 11 (2): 101 – 110.
- Rubin, A & Babbie, ER. 2010. *Research methods for social work*. Brooks: Cole.
- Sacolo, H N, Chung, M H, Chu, H, Liao, Y M, Chen, C H, Ou, K L, Chang, L and Chou, K R. 2013. High Risk Sexual Behaviors for HIV among the In-School adolescents in Swaziland: A structural equation modelling approach. From: <http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0067289>. (Accessed 18 August 2015)
- Saunders, M, Lewis, P & Thornhill, A. 2016. *Research methods for business students*. 7th edition. Essex: Pearson education limited.
- Schmidt, N A & Brown, J M. 2015. *Evidence-based practice for nurses: appraisal and application of research*. Burlington: Jones & Bartlett Learning.
- Schutt, D A. 2009. *A strength-based approach to career development using appreciative inquiry*. Broken Arrow, OK: National Career Development Association.
- Scotland, J. 2012. English language teaching: Exploring the philosophical underpinnings of research: Relating ontology and epistemology to the methodology and methods of the scientific, interpretive, and critical research paradigms. *Canadian Center of Science and Education* 5 (9)
- Shenton, A K. 2009. Strategies for ensuring trustworthiness in qualitative research projects. *Education for information* 22:63-75.
- Shaffer, D. 2008. Social and personality development. From: <https://books.google.com/book>. (Accessed, 22 October 2016).

Sloboda, Z & Petras, H. 2014. Defining prevention science: Advances in prevention science. *Springer*. Doi 10.107/978-1-4899-7424-2-11.

Smetana, J G. 2017. Current research on parenting styles, dimensions, and beliefs. *Current Opinion in Psychology* 15, 19-25. From: <https://doi.org/10.1016/j.copsyc.2017.02.012>. (Accessed 17 January, 2019)

Soon, C N, Kaida A, Nkala, B, Dietrich, J, Cescon, A, Gray, G & Miller, C L. 2014. Adolescent experiences of HIV and sexual health communication with parents and caregivers in Soweto, South Africa. *SAHARA Journal, Human Sciences Research Council* 10(3-4):163-9 Doi: 10.1080/17290376.2014.902769

Streubert-Speziale, HJ, and Carpenter, DR. 2007. *Qualitative research in nursing: Advancing the humanistic imperative*. Philadelphia: Lippincott Williams & Wilkins.

Stephens, D. 2009. *Qualitative research in international settings: A practical guide*. London: Routledge.

Sutton, J & Austin, Z A. 2015. Qualitative research: data collection, analysis and management. *Journal of Hospital Pharmacy* 68(3): 226 -230.

Swaziland Global AIDS Response Progress Report. 2014. From: http://www.unaids.org/sites/default/files/country/documents/SWZ_narrative_report_2014.pdf (Accessed 18 August 2015)

Swaziland National Youth Council. 2007. *Swaziland National Youth Policy*. Mbabane. Webster Print.

Swick, K J & Williams, R D. 2006. Analysis of Bronfenbrenner's bio-ecological perspective for Early Childhood Educators: Implications for working with families experiencing stress. *Early Childhood Education Journal* 33 (5) Doi: 10.1007/s10643-006-0078.

Tappen, R M. 2011. *Advanced nursing research: from theory to practice*. London. Jones & Butler Learning.

Tarantino, N M A & Armistead, L P . 2016. A parent-based intervention to prevent HIV among adolescent children of mothers living with HIV : The Ms . Now program. *Journal of vulnerable child youth* 11(2)160-172

Taylor, C, Mills, A, Schmied, V, Dahlen, H, Shuiringa & Hudson, M. 2012. What works to engage young parents into services? Findings from an appreciative inquiry workshop. *Contemporary Nurse* 42(2): 258–271.eContent Management Pty Ltd. The Benevolent Society.

TechTarget [s.a] WhatIs.com. From: <https://whatIs.techtarget.com>. (Accessed 20 March 2018).

Terre Blanche, M, Durrheim, K & Painter, D. 2006. *Research in practice: Applied methods for the social sciences*. 2nd Edition. Pietermaritzburg: Lebone.

The free dictionary. 2015. From: <http://www.thefreedictionary.com/exceptional> (Accessed 26 September 2015).

Thibodeau, J. 2011. *Appreciative accreditation: A mixed methods explanatory study*. PhD (Educational Administration) Dissertation. University of Nebraska, Lincoln.

Thomas, J R, Nelson, J K, & Silverman, S. 2011. *Research Methods in Physical Activity*. 6th edition. Champaign, IL: Human Kinetics Publishers.

Trajkovski, S, Schmied, V, Vickers, M & Jackson, D. 2012. Implementing the 4D cycle of appreciative inquiry in health care: a methodological review. *Journal of Advanced Nursing*. Blackwell Publishing.

Turnbull, T, van Wersch, A & van Schaik, P. 2011 Parents as educators of sex and relationship education: The role for effective communication in British families. From: <https://doi.org/10.1177/0017896911398817>. (Accessed 22 November, 2018)

UNAIDS. 2016. Ending the AIDS epidemic for adolescents, with adolescents: A practical guide to meaningfully engage adolescents in the AIDS response. From: http://www.unaids.org/sites/default/files/media_asset/ending-AIDS-epidemic-adolescents_en.pdf (Accessed 31 July 2017)

UNFPA. 2013. *Adolescent sexual and reproductive health: Health Sector National Guidelines*. Mbabane. Webster Print.

United Nations Children's Fund. 2015. Synthesis report of the Rapid Assessment of Adolescent and HIV Programme Context in Five Countries: Botswana, Cameroon, Jamaica, Swaziland and Zimbabwe. New York: UNICEF.

Vakili, M, Rahaei, Z, Nadrian, H & YarMohammadi. 2011. Determinants of oral health behaviours among high school students in Shahrekord, Iran based on Health Promotion Model. *The Journal of Dental Hygiene*. 85 (1)

Verleysen, B, Frank Lambrechts, F and Van Acker, F. 2015. Building psychological capital with appreciative inquiry: Investigating the mediating role of basic 10 –35. Doi: 10.1177/0021886314540209 jabs.sagepub.com.

Vosloo, J J. [s.a.] Research, design and methodology. Course hero. <https://www.coursehero.com>. (Accessed 16th August, 2018).

Wamoyi, J, Fenwick, A, Urassa, M, Zaba B & Stones, W. 2010. Parent-child communication about sexual and reproductive health in rural Tanzania: Implications for young people's sexual health interventions. *Reproductive Health* 2010:7:6. Doi: 10.1186/1742-4755-7-6.

Wang, N. 2016. Parent-adolescent communication about sexuality in Chinese families. Doi: 10.1080/15267431.2016.1170685

Wang, B, Stanton, B, Deveaux, L, Li X, Koci V, Lunn S. 2014. The impact of parent involvement in an effective adolescent risk reduction intervention on sexual risk communication and adolescent outcomes. *AIDS Education and Prevention*. 26(6):500-20. Doi: 10.1521/aeap.2014.26.6.500.

Wargo, W G. 2015. *Identifying assumptions and limitations for your dissertation*. Menifee , CA : Academic Information Center .

Washington DC. The National Academics: The science of adolescent risk taking workshop. 2011. Report. Washington DC. Press US. From: <https://www.ncbi.nlm.nih.gov/books/NBK53418/>. (Accessed 22 November, 2018)

Widman, L, Choukas, Bradley, S, Noar, S M, Nesi, J & Garrett, K. 2015. Parent-Adolescent Sexual Communication and Adolescent Safer Sex Behavior: A Meta-Analysis. *JAMA Pediatrics*. Doi:10.1001/jamapediatrics.2015.2731

Wilson, A D, Onwuegbuzie, A J, & Manning, L P. 2016. Using paired depth interviews to collect qualitative data. *The qualitative report* 21(9):1549-1573. From <https://nsuworks.nova.edu/tqr/vol21/iss9/1> (Accessed 10 April 2018)

Wilson, E K. Dalberth, B T, Koo, H P & Gard, J C. 2010. Parents' Perspectives on Talking to Preteenage Children About Sex: Perspectives on Sexual and Reproductive Health 42(1):56-63 · DOI: 10.1363/4205610 ·

Whitaker , D J & Miller, K S. 2000. Parent-adolescent discussions about sex and condoms: Impact on peer influences of sexual behaviour. *Journal of adolescent research* 15(2): 251-273

Whitney, K & Trosten-Bloom, A. 2010. 2nd edition. *The power of appreciative inquiry: A practical guide to positive change*. San Francisco, CA: Berrett-Koehler.

Whitney, D K & Trosten-Bloom, A. 2003. *The power of Appreciative Inquiry: a practical guide to positive change*. San Francisco: Berrett-Koehler

Woodward, A J, Findlay, B M & Moore, S M. 2009. Peak and mystical experiences in intimate relationships. *Journal of Social and Personal Relationships*, 26: 429-442.

Yadeta, T A, Bedane, H K & Tura, A K. 2014 Factors affecting parent- adolescent discussion on reproductive health issues in Harar, Eastern Ethiopia: *Journal of Environmental and Public Health*. From: [Http://dx doi.org](http://dx.doi.org). (Accessed 3 August, 2015)

Yin, R K. 2012. *Applications of case study research*, 3rd ed. California: Sage Publications.

Zandee, D & Vermaak, H. 2012. Designing appreciative inquiry as generative process of organizational change: Stretching the practice of this dialogic approach. International Conference on Organizational Discourse, Amsterdam

ANNEXURE A

ETHICAL CLEARANCE CERTIFICATE

UNISA

RESEARCH ETHICS COMMITTEE: DEPARTMENT OF HEALTH STUDIES
REC-012714-039 (NHERC)

15 February 2017

Dear Mrs N Magagula

Decision: Ethics Approval

HS HDC/606/2017

Mrs N Magagula

Student: 5764-061-0

Supervisor: Dr ME Chauke

Qualification: D Litt et Phil

Joint Supervisor: -

Name: Mrs N Magagula

Proposal: Parents-initiated interventions to prevent HIV among adolescents in Swaziland.

Qualification: DPCHS04

Thank you for the application for research ethics approval from the Research Ethics Committee: Department of Health Studies, for the above mentioned research. Final approval is granted for the duration of the research period as indicated in your application.

The application was reviewed in compliance with the Unisa Policy on Research Ethics by the Research Ethics Committee: Department of Health Studies on 15 February 2017.

The proposed research may now commence with the proviso that:

- 1) The researcher/s will ensure that the research project adheres to the values and principles expressed in the UNISA Policy on Research Ethics.*
- 2) Any adverse circumstance arising in the undertaking of the research project that is relevant to the ethicality of the study, as well as changes in the methodology, should be communicated in writing to the Research Ethics Review Committee, Department of Health Studies. An amended application could be requested if there are substantial changes from the existing proposal, especially if those changes affect any of the study-related risks for the research participants.*



Open Rubric

University of South Africa
Preller Street, Muckleneuk Ridge, City of Tshwane
PO Box 392 UNISA 0003 South Africa
Telephone: +27 12 429 3111 Facsimile: +27 12 429 4150
www.unisa.ac.za

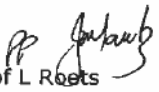
3) *The researcher will ensure that the research project adheres to any applicable national legislation, professional codes of conduct, institutional guidelines and scientific standards relevant to the specific field of study.*

4) *[Stipulate any reporting requirements if applicable].*

Note:

The reference numbers [top middle and right corner of this communiqué] should be clearly indicated on all forms of communication [e.g. Webmail, E-mail messages, letters] with the intended research participants, as well as with the Research Ethics Committee: Department of Health Studies.

Kind regards,


Prof L Roets
CHAIRPERSON
roetsl@unisa.ac.za


Prof MM Moleki
ACADEMIC CHAIRPERSON
molekmm@unisa.ac.za



University of South Africa
Preller Street, Muckleneuk Ridge, City of Tshwane
PO Box 392 UNISA 0003 South Africa
Telephone: +27 12 429 3111 Facsimile: +27 12 429 4150
www.unisa.ac.za

ANNEXURE B

ETHICAL CLEARANCE CERTIFICATE National Health Review and Research Board (Swaziland)



Research Protocol clearance certificate

Type of review	Expedited	<input checked="" type="checkbox"/>		Full Board		
Name of Organization	PHD STUDENT					
Title of study	PARENTS INITIATED INTERVENTIONS ON PREVENTING HIV AMONG ADOLESCENTS IN SWAZILAND.					
Protocol version	1.0					
Nature of protocol	New	<input checked="" type="checkbox"/>		Amendment		
List of study sites	MANZINI NAZARENE, INJABULWENI HIGH SCHOOLS					
Name of Principal Investigator	NOMSA MAGAGULA					
Names of Co- Investigators	N/A					
Names of steering committee members in the case of clinical trials	N/A					
Names of Data and Safety Committee members in the case of clinical trials	N/A					
Level of risk (Tick appropriate box)	Minimal		<input checked="" type="checkbox"/>	High		
Clearance status (Tick appropriate box)	Approved		<input checked="" type="checkbox"/>	Disapproved		
Clearance validity period	Start date	11/09/2017		End date	11/09/2018	
Signature of Chairperson						
Date of signing	12/09/2017					
Secretariat Contact Details	Name of contact officer	Ms Simangele Masilela				
	Email address	kaluamasi@gmail.com				
	Telephone no.	(00268) 24040865/24044905				

APPROVAL CONDITIONS

Ref.	Conditions	Indication of conditions (tick appropriate box)				
1	Implementation of approved version of protocol	✓				
2	Reporting of adverse events within 5 days of occurrence	✓				
3	Submission of progress reporting for multi-year studies	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5
		N/A	N/A	N/A	N/A	N/A
4	Submission of end of project report (Hard copy)	✓				
5	Submission of end of project report (Soft copy)	✓				
6	Submission of data sets	✓				

List of reviewed documents

Ref.	Documents	Reviewed documents (tick appropriate box)
1	Completed application form	✓
2	Cover letter	✓
3	Evidence of administrative permission to conduct the research by involved institutions/sites (where applicable)	✓
4	Detailed current resume or curriculum vitae of Principal Investigator/s including Principal investigators declaration	✓
5	Summary resume or biography for other Investigator(s)	✓
6	Evidence of approval/rejection by other Ethics Committees, including comments and requested alterations to the protocol, where appropriate.	
7	Research protocol (see outline in Annex 1)	✓
8	Questionnaires and interview guides (with back-translated versions where applicable)	✓
9	Case report forms (CRFs), abstraction forms and other data collection tools	✓
10	Participant/subjects Information Statement(s) (where applicable)	✓
11	Informed consent form(s) including photographic and electronic media consent statements.	✓
12	Advertisements relevant to the study (where applicable)	
13	Source of funding and detailed budget breakdown including material and incentives to participants if applicable	
14	Notification form for adverse effects/events.	
15	Proof of payment	✓
16	Proof of insurance cover for research subjects in clinical trials or where applicable	
17	Any other special requirements should be stated, if applicable	None

Handwritten signature/initials

ANNEXURE C

LETTERS REQUESTING PERMISSION TO CONDUCT THE STUDY

P.O Box 166

Ezulwini

Swaziland

The Chairperson

National Health Research Review Board

P. O. Box 5

Mbabane

Dear Sir,

REQUEST FOR ETHICAL CLEARANCE

I am a student, registered with the University of South Africa (UNISA) for the degree; Doctor of Literature and Philosophy in Health Studies. I request permission to conduct research at your school. The study title is; *Parents-initiated interventions to prevent HIV among adolescents in Swaziland*. The study will be conducted under the supervision of Dr M E Chauke.

The study aims is actively engage parents of adolescents in the process of developing interventions for preventing HIV among adolescents in Swaziland with the purpose of promoting parent-adolescent sexual health communication. Data will be collected by means of appreciative interviews among parents of adolescents (10-19 years) attending school at the two selected high schools, namely Manzini Nazarene and Enjabulweni high Schools. The findings of this study have potential to contribute to the body of knowledge on parents-initiated interventions to prevent HIV among adolescents.

The study will be carried out in strict accordance with the following ethical protocols in order to protect the rights of the institutions and those of the study participants;

Informed consent: before signing the consent form, the parents will be given information regarding the study purpose, procedures, and expected duration of participation in the covering letter that will accompany the questionnaire. Parents who have not given informed consent will be excluded from the study.

- **Confidentiality and anonymity:** The identity of the participants and that of your school will be protected and not disclosed in any way. All the data collected will be kept confidential, and protected from unauthorised access
- **Scientific integrity:** the research process will be followed and documented and the research findings will be disseminated by means of articles in relevant journals.

Herewith the research protocol, data collection instruments and the ethical clearance certificate from UNISA.

Sincerely,

Mrs Nomsa Magagula (Student No: 57640610)

Tel: +268 76343292

Email: nmagagula@uniswa.sz

P. O. Box 166

Ezulwini

Swaziland

Principal Secretary

Attention: Research Coordinator

Ministry of Education

P.O. Box 39

Mbabane

Tel: +268 24042491

Dear Sir,

REQUEST FOR PERMISSION TO CONDUCT A STUDY

I am a student, registered with the University of South Africa (UNISA) for the degree; Doctor of Literature and Philosophy in Health Studies. I request permission to conduct research at your school. The study title is; *Parents-initiated interventions to prevent HIV among adolescents in Swaziland*. The study will be conducted under the supervision of Dr M E Chauke.

The study aims is actively engage parents of adolescents in the process of developing interventions for preventing HIV among adolescents in Swaziland with the purpose of promoting parent-adolescent sexual health communication. Data will be collected by means of appreciative interviews among parents of adolescents who attending school at the two selected high schools, namely Manzini Nazarene and Enjabulweni high Schools. The findings of this study have potential to contribute to the body of knowledge on parents-initiated interventions to prevent HIV among adolescents.

The study will be carried out in strict accordance with the following ethical protocols in order to protect the rights of the institutions and those of the study participants;

Informed consent: before signing the consent form, the parents will be given information regarding the study purpose, procedures, and expected duration of participation in the covering letter that will accompany the questionnaire. Parents who have not given informed consent will be excluded from the study.

- **Confidentiality and anonymity:** The identity of the participants and that of your school will be protected and not disclosed in any way. All the data collected will be kept confidential, and protected from unauthorised access
- **Scientific integrity:** the research process will be followed and documented and the research findings will be disseminated by means of articles in relevant journals.

Herewith the research protocol, data collection instruments and the ethical clearance certificate from UNISA.

Sincerely,

Mrs Nomsa Magagula (Student No: 57640610)

Tel: +268 76343292

Email: nmagagula@uniswa.sz

P. O. Box 166

Ezulwini

Swaziland

The CEO

Manzini Municipality

P.O Box 418

Manzini

Dear Sir,

REQUEST FOR PERMISSION TO CONDUCT A STUDY

I am a student, registered with the University of South Africa (UNISA) for the degree; Doctor of Literature and Philosophy in Health Studies. I request permission to conduct research at your school. The study title is; *Parents-initiated interventions to prevent HIV among adolescents in Swaziland*. The study will be conducted under the supervision of Dr M E Chauke.

The study aims is actively engage parents of adolescents in the process of developing interventions for preventing HIV among adolescents in Swaziland with the purpose of promoting parent-adolescent sexual health communication. Data will be collected by means of appreciative interviews among parents of adolescents attending school at the two selected high schools, namely Manzini Nazarene and Enjabulweni high Schools. The findings of this study have potential to contribute to the body of knowledge on parents-initiated interventions to prevent HIV among adolescents.

The study will be carried out in strict accordance with the following ethical protocols in order to protect the rights of the institutions and those of the study participants;

- **Informed consent:** before signing the consent form, the parents will be given information regarding the study purpose, procedures, and expected duration of participation in the covering letter that will accompany the questionnaire. Parents who have not given informed consent will be excluded from the study.
- **Confidentiality and anonymity:** The identity of the participants and that of your school will be protected and not disclosed in any way. All the data collected will be kept confidential, and protected from unauthorised access

- **Scientific integrity:** the research process will be followed and documented and the research findings will be disseminated by means of articles in relevant journals.

Herewith the research protocol, data collection instruments and the ethical clearance certificate from UNISA.

Sincerely,

Mrs Nomsa Magagula (Student No: 57640610)

Tel: +268 76343292

Email: nmagagula@uniswa.sz

P.O Box 166

Ezulwini

Swaziland

The Principal

Enjabulweni high school

Box 518

Manzini

Dear Sir/Madam,

REQUEST FOR PERMISSION TO CONDUCT A STUDY

I am a student, registered with the University of South Africa (UNISA) for the degree; Doctor of Literature and Philosophy in Health Studies. I request permission to conduct research at your school. The study title is; *Parents-initiated interventions to prevent HIV among adolescents in Swaziland*. The study will be conducted under the supervision of Dr M E Chauke.

The study aims is actively engage parents of adolescents in the process of developing interventions to prevent HIV among adolescents in Swaziland with the purpose of promoting parent-adolescent sexual health communication. Data will be collected by means of appreciative interviews among parents of adolescents attending your school. The findings of this study have potential to contribute to the body of knowledge on parents-initiated interventions to prevent HIV among adolescents.

The study will be carried out in strict accordance with the following ethical protocols in order to protect the rights of the institutions and those of the study participants;

- **Informed consent:** before signing the consent form, the parents will be given information regarding the study purpose, procedures, and expected duration of participation in the covering letter that will accompany the questionnaire. Parents who have not given informed consent will be excluded from the study.
- **Confidentiality and anonymity:** The identity of the participants and that of your school will be protected and not disclosed in any way. All the data collected will be kept confidential, and protected from unauthorised access

- **Scientific integrity:** the research process will be followed and documented and the research findings will be disseminated by means of articles in relevant journals.

Herewith the research protocol, data collection instruments and the ethical clearance certificate from UNISA.

Sincerely,

Mrs Nomsa Magagula (Student No: 57640610)

Tel: +268 76343292

Email: nmagagula@uniswa.sz

P.O. Box 166

Mbabane

Swaziland

The Principal

Manzini Nazarene High School

Box 1304

Manzini

Dear Sir,

REQUEST FOR PERMISSION TO CONDUCT A STUDY

I am a student, registered with the University of South Africa (UNISA) for the degree; Doctor of Literature and Philosophy in Health Studies. I request permission to conduct research at your school. The study title is; *Parents-initiated interventions to prevent HIV among adolescents in Swaziland*. The study will be conducted under the supervision of Dr M E Chauke.

The study aims is actively engage parents of adolescents in the process of developing interventions to prevent HIV among adolescents in Swaziland with the purpose of promoting parent-adolescent sexual health communication. Data will be collected by means of appreciative interviews among parents of adolescents attending your school. The findings of this study have potential to contribute to the body of knowledge on parents-initiated interventions to prevent HIV among adolescents.

The study will be carried out in strict accordance with the following ethical protocols in order to protect the rights of the institutions and those of the study participants;

Informed consent: before signing the consent form, the parents will be given information regarding the study purpose, procedures, and expected duration of participation in the covering letter that will accompany the questionnaire. Parents who have not given informed consent will be excluded from the study.

- **Confidentiality and anonymity:** The identity of the participants and that of your school will be protected and not disclosed in any way. All the data collected will be kept confidential, and protected from unauthorised access
- **Scientific integrity:** the research process will be followed and documented and the research findings will be disseminated by means of articles in relevant journals.

Herewith the research protocol, data collection instruments and the ethical clearance certificate from UNISA.

Sincerely,

Mrs Nomsa Magagula (Student No: 57640610)

Tel: +268 76343292

Email: nmagagula@uniswa.sz

ANNEXURE D

LETTERS GRANTING PERMISSION TO CONDUCT THE STUDY

The Government of the Kingdom of Swaziland



Ministry of Education & Training

Tel: (+268) 2 4042491/5
Fax: (+268) 2 404 3880

P. O. Box 39
Mbabane, SWAZILAND

28th September, 2017

Attention:

Head Teachers:

Manzini Nazarene High School

Njabulweni High School

THROUGH

Manzini Regional Education Officer

Dear Colleague,

RE: REQUEST FOR PERMISSION TO COLLECT DATA FOR UNIVERSITY OF SOUTH AFRICA (UNISA) STUDENT – Ms. NOMSA NXUMALO-MAGAGU:LA

1. Reference is made to the above mentioned subjects.
2. The Ministry of Education and Training has received a request from Ms. Nomsa Nxumalo-Magagula, a student at the University of South Africa (UNISA) that in order for her to fulfill her academic requirements at the University of South Africa (UNISA) she has to collect data (conduct research) and her study or research topic is: *Parents-Initiated Interventions to Prevent HIV Among Adolescents in Swaziland*. The population for her study comprises of parents of adolescents aged between 10 – 19 years from the above mentioned schools. All details concerning the study are stated in the participants' consent form which will have to be signed by all participants before Ms. Nxumalo-Magagula begins her data collection. Please note that parents will have to consent for all the participants below the age of 18 years participating in this study.
3. The Ministry of Education and Training requests your office to assist Ms. Nxumalo-Magagula by allowing her to use above mentioned schools in the Manzini region as her research sites as well as facilitate her by giving her all the support she needs in her data collection process. Data collection period is one month.


DR. SIBONGILE M. MTSHALI-DLAMINI
DIRECTOR OF EDUCATION AND TRAINING

cc: Regional Education Officer – Manzini
Chief Inspector – Secondary
2 Head Teachers of the above mentioned schools
Dr. M. E. Chauke – Research Supervisor



P. O. Box 518
Manzini
Swaziland
Tel: 2505 3152 /2505 5675
Fax: (00268)2505 5675



ENJABULWENI SCHOOL

WORKING TOGETHER TOWARDS EXCELLENCE

HEAD OF SCHOOL:
Mrs K. Thompson

SECRETARY:
Mrs P. Magwaza

e-mail: head@enjabulweni.ac.sz

www.enjabulweni.ac.sz

24th November 2017

Mrs N. Magagula
University Campus
P O Box 369
MBABANE

Dear Mrs Magagula

Summit/conference on Parents' initiated interventions on HIV prevention among adolescents

Further to your request, I hereby confirm that the summit on the topic deliberating on parents' initiated interventions on HIV prevention among adolescents was sanctioned to take place at Enjabulweni School, Manzini on 18th November 2017. This conference took place on the campus of the school at 2pm with full permission of the school.

Yours faithfully

K. Thompson
Head of School





MANZINI NAZARENE HIGH SCHOOL

P.O. Box 1304
Manzini
Swaziland.
Tel: 52997

23rd November 2017

Dear Sir/Madam

RE: CONFIRMATION OF PERMISSION

This letter serves to confirm that the above mentioned school has granted Magagula Nomsa permission to conduct a study on Parents Initiated Intervention for HIV Prevention Amongst Adolescents.

Thank you in advance.

Yours faithfully

S. M. Nkambule (Mr)

PRINCIPAL



ANNEXURE E

INFORMED CONSENT

Informed consent

Dear parent

My name is Nomsa Magagula, a doctoral student at the University of South Africa (UNISA). I am conducting a research study entitled "*Parents-initiated interventions to prevent HIV among adolescents in Swaziland*". The purpose of this study is to use Appreciative Inquiry to facilitate the development of parents-initiated interventions to prevent HIV among adolescents in Swaziland.

I hereby invite you to participate in the study. Your participation in this study is important because it will provide valuable information on your positive experiences regarding HIV prevention among adolescents, and based on the experiences, you will get an opportunity of working with parents of other adolescents to develop intervention strategies to prevent HIV among adolescents.

Your involvement in the study will include participation in two sessions of individual and group interviews on different days. You will be therefore be required to attend both sessions of the study. Participation in this study is voluntary; meaning that you may refuse to participate without any consequences, or withdraw from the study at any time if you feel uncomfortable even if you had already signed a consent form.

Confidentiality will be ensured by not using your name or address on the data collection record and the final report of this study. There are no foreseeable physical, psychological or social risks or discomforts involved in participating in this study. Your participation in this research is highly appreciated.

For further details and clarification about the study you can contact, Nomsa Magagula at +268 76343292.

CONSENT

I, the under signed, understand the nature of the study, benefits, my right to voluntary participation, confidentiality and withdrawal from the study without any consequences. I have had the opportunity to ask questions which were answered to my satisfaction.

I hereby freely consent to take part in this study.

Name of participant _____ Age of the participant-----

Signature of the participant_____

Signature of the researcher-----Date -----

CONSENT

UMNININGWANE WELUCWANINGO KANYE NEMVUMO YEKUNGENELA LUCWANINGO

Sawubona wena wekunene. Libito lami ngingu Nomsa Magagula. Ngingumfundzi wasenyuvesi yaseNingizimu Africa ngenta ticu tebudokotela. Ngenta lucwaningo lolubuketa tindlela letisungulwe batali labatisebentisako kukhutsata bantfwababo kutivekela eligciwaneni leHIV eSwatini.

Ngiyakumema kutsi ungenele lolucwaningo lengikhulume ngalo uma sisacala. Lolucwaningo lutakuniketa litfuba lokuhlephulelana nalabanye mayelana netindlela lotisebentisako kukhulumisana nebantfwana bakho labasesigabeni sokubayintsha mayelana nekutivekela egciwaneni leHIV. Lolucwaningo lutawusita litiko letemphilo kutsi lucinise tindlela letibukele batali ngekhutsata intsha kutsi itivikele kuHIV. Lolucwaningo lutawutsatsa lilanga linye nje vo lapho kucociswana khona. Kulomhlangano lotabakhona nitawube nikhulumisana ngababile niphindze nibeticagogwana.

Angeke kubekhona bungoti lobutawutsintsana nenyama noma umphefumulo noma umoya lobubhekekile kulolucwaningo. Kungenela kwakho lolucwaningo kusekutsandzeni kwakho uwukaphocelwa kutsi ungene. Uma ngabe sewuva kutsi awusafuni unelilungelo lokuyekela noma kuphuma kulolucwaningo ngaphandle kwekuhlawuliswa noma kuhlukubetwa nangesikhatsi lesitako. Tonkhe tincoco letikhulunyiwe noma ngabe titawutsetjulwa titakugcinwa ngalokufanele angeke tiphumele ngaphandle ungakavikelwa kutsi ungubani. Kutsi nguwe lokhulumile ngeke kwatiwe bantfu.

Uma ufuna kwati kabanti ngalolucwaningo ungatsintshana naNomsa Magagula kunansi inombolo +268 76343292.

Uma ngabe uvisisile ngalombandzela longenhla futsi uvuma kulungenela lolucwaningo ungashicilela sandla sakho lapha ngentasi

Kushicilela Kwalobutwako.....Lilanga lekushicilela.....

Kushicilela KwalobutakoLilanga lekushicilela.....

ANNEXURE F

INVITATION TO APPRECIATIVE INTERVIEW

University of Swaziland

Mbabane Campus

P. O. Box 369

Mbabane

Dear Parent,

Invitation to a summit/conference on parents-initiated interventions to prevent HIV among adolescents in Swaziland.

I Nomsa Magagula, a doctoral student at the University of South Africa (UNISA) am conducting a research study on “Parents-initiated interventions to prevent HIV among adolescents in Swaziland”. The purpose of the study is to engage parents of adolescents in the process that will enable them to develop strategies to prevent HIV among adolescents.

You are, invited to participate in a summit/conference where parents will have an opportunity to share strategies for prevention of HIV infection among adolescents. The information shared will inform parents on better ways to guide adolescents on preventing HIV. The study will also inform the Ministry of Health on programs that would strengthen strategies developed by parents in preventing HIV. The summit will require that you attend a half a day sessions estimated to run for 3 – 4 hours. The session will start from 9. 00 am on the Saturday the 28th October 2017 at a venue to be announced. In this session you will be expected to work in pairs and in groups. There are expected to be 24 parents to attend the summit. Those who respond early will be considered first to attend. Note that some of the exercises require reading and writing.

There are no potential risks or discomfort foreseen in the study whether, physical, psychological or emotional. Your participation is entirely voluntary and you are free to withdraw at any time of the study without penalty or victimisation. All information recorded in various forms including audiotape to ensure accuracy, will be kept confidential. Your identity will not be revealed in the study or in future. Travelling costs will be borne by the researcher.

For further details and clarification about the study you can contact, Nomsa Magagula at +268 76343292.

Sincere regards,

Nomsa Magagula

ANNEXURE G

INFORMATION TO PARTICIPANTS

APPRECIATIVE INTERVIEW GUIDE

INFORMATION TO PARTICIPANTS

Thank you for agreeing to take part in my study. My name is Nomsa and I will be facilitating an appreciative inquiry interview into the interventions for HIV prevention among adolescents as developed by you, the parents.

Before we start, I need like to explain how this interview is going to be conducted because it is different from what you may be used to. Appreciative Interviews are different from traditional interviews because, instead of asking questions about problems or how things do not go well and how they can be fixed, appreciative interviews ask questions about the times when things are at their best; the experiences of successes in our communities so that we find out what works, and also find ways to infuse more of it into HIV prevention among adolescents. In appreciative interviews positive questions are used to collect data about what is already good and right about the topic; *HIV prevention among adolescents*. The aim is to discover the best of what HIV prevention among adolescents has been when parents were at their best and then find ways of intentionally creating more of what we want the future HIV status of our adolescents to be.

Although appreciative interview is a group interview, your participation will involve individual activities, paired interviews and small group activities. You will also be expected to take notes. You are under no obligation to participate in this interview; you can to decline to participate or to withdraw from the study at this point without explanation or consequences.

All information collected from this interview will be treated as highly confidential and it shall not be reported in a manner that identifies or links you with the information. And please, no information or discussion outside the group should take place in order to ensure confidentiality. To this effect, I will request all of you to sign a confidentiality binding form. At the end of the interview, I will collect all the documents you created as individuals and groups because the information on those documents constitutes very important data for the study. Please do not write your name on any documents. This interview will take about three hours. Do you have any questions?

This is how we will proceed, following the phases of appreciative inquiry

DISCOVERY PHASE

Tell your positive story

- Working in pairs, take turns to interview each other and inquire into the most positive images you hold of HIV prevention among adolescents or *life-giving* properties of HIV prevention among adolescents. Person A interviews person B and in turn B interviews A.
- Use the interview schedule as your script and ask questions as they are written on the interview schedule
- Let the interviewee tell his/her story; don't give your opinion about the experiences of the interviewee
- Listen deeply, take notes about high points and quotable quotes
- Each participant completes the interview summary; do not write your name and that of the person you interviewed.
- Check with partners if you have captured from the positive stories the highlights that mattered most to them

Examples of probing questions to use during appreciative interviews include *tell me more, why do you feel that way, why was that important to you, what do think was really making it work, how has that changed you?*

Share the stories and identify life-giving forces

- In groups made of the same pairs, a facilitator/presenter and time keeper is chosen.
- The groups have to share stories (for five minutes each person), share the most exciting and energising stories and quotable quotes that your interview partner told you
- Work together as a group and sift the stories and quotes in order to discover the positive core. Using the flip chart given, create a brainstormed list of high point and high energy themes that were present and common to the stories. Also write related quotable quotes
- From that list, as a group discuss and agree on 3 (three) themes that the stories of exceptionally positive moments have in common (not the same words but same in spirit)
- Please do not vote on the themes, have a dialogue
- Each group write its themes on a clean sheet of flip chart and post on the wall
- Individually, decide which of the themes you find most exciting and energizing that you would include in your vision of a community with HIV free adolescents place the given coloured stickers on your selected themes

DREAM PHASE

- Create images of a dream about HIV free adolescents you want to create together.
- Use visual images.

DESIGN PHASE

- Draft a word image from the visual image/ metaphor created in the dream phase.
- Write provocative propositions.

DELIVERY PHASE

- Write ways (action plan) in which the desired image can be realized
- Submit all the documents you used

ANNEXURE H

THE APPRECIATIVE INTERVIEW GUIDE

APPRECIATIVE INQUIRY INTERVIEW SCHEDULE

Discovery phase

(i) Best (exceptional) experience and identification of life-giving forces

Tell me a story about the best times that you have had with your adolescent child(ren). Think of all of your experience as a parent and recall an exceptional positive experience (a time when you felt most alive, most involved, most excited and most appreciated as a parent of an adolescent child). Describe the event in detail focusing on the following;

- What happened; what was a high point (exceptional experiences)?
- How did it happen?
- When did it happen?
- What was it about you and about others that made this experience so exciting for you?

(ii) Values questions

Without being humble, please describe for me what you value most about yourself as a person and then about being a parent of an adolescent. Let us start with you.

- Yourself as a person and as a parent?
- Your role as a parent in sexual health communication with your child to prevent HIV prevention among adolescents?
- What do you experience as the core value of parenting an adolescent child?
- What would you like the core values of parenting to be?

DREAM PHASE

(i) Wishes questions

If you could make three wishes to enhance parents' involvement in HIV prevention among adolescents that would come true in the next five years, what would they be?

DESIGN PHASE

(i) Images of the future questions

I would like to close this interview by asking you about your hopes and dreams for the future HIV status and prevalence rate among adolescents. Describe the hopes and dreams in detail focusing on the following;

- What would be the ideal HIV status and prevalence rate among adolescents?
- What should change about the current HIV status and prevalence rate among adolescents?

DESTINY PHASE

- What interventions can parents use to achieve effective parent- adolescent sexual health communication and HIV prevention among adolescents?

ANNEXURE I

THE APPRECIATIVE INTERVIEW SUMMARY SHEET

APPRECIATIVE INTERVIEW SUMMARY SHEET

1. What was the most compelling story that came out of your interview? What details and examples did your interviewee share? How were the interviewee and or others changed by the story?

2. What was the most ***appreciative*** quote that came out of this interview?

3. What was the most “life-giving” moment of the interview for you as the listener?

4. Did a particularly creative and or innovative example of an ideal HIV status and prevalence rate among adolescents emerge during this interview? If so, describe what you learnt from it

5. What three themes that stood out for you during the interview?

Thank you

ANNEXURE J

CONFIDENTIALITY FORM

CONFIDENTIALITY AGREEMENT FORM

Research project: **PARENTS-INITIATED INTERVENTIONS TO PREVENT HIV AMONG ADOLESCENTS IN SWAZILAND**

I (participant) to the Focus Group Discussion for the study entitled *Parents-initiated interventions to prevent HIV among adolescents in Swaziland* conducted by Nomsa Magagula (student name), Doctoral student at University of South agree freely to participate to the Focus Group Discussion and to abide to the following:

- ✓ I will keep confidential all the information shared during the FGD
- ✓ I will respect the opinion expressed by my group members
- ✓ I will not disclose any information outside the group
- ✓ I will not link any information to any group member
- ✓ The researcher/facilitator agrees to take all reasonable steps to protect personal identity of the participants
- ✓ The researcher/facilitator agrees to take all reasonable steps to protect the privacy of the participants.

I fully understand the content of this entire agreement and undertake to freely participate to the group discussion.

The researcher

The participant

Name: Name:.....

Sign..... Sign:

Date..... Date:.....

ANNEXURE K

LETTER FROM THE EDITOR

University of Eswatini



P/B 4 Kwaluseni, Swaziland, Southern Africa, Telephone : (+268) 2517 0000

Department of Academic Communication Skills

21 January 2019

TO WHOM IT MAY CONCERN

This letter serves to confirm that I have done the language editing and proof-reading of Ms. N. Magagula's thesis entitled: **"Parents' initiated interventions for HIV prevention among adolescents in Swaziland."**

Much of the editing done dealt with technical language aspects, which otherwise obstructed the information being conveyed and hindered smooth reading of the document. On the whole the document was an interesting read and easy to follow.

I hope that the work will be found to be of an acceptable standard.

Yours faithfully

Khanyisile Nomthandazo Sikhondze (Ms.)

Lecturer in the Department of Academic Communication Skills

The University of Eswatini

Cell: (+268) 76957216

Email: ksikhondze@uniswa.sz

ANNEXURE L

TURNITIN REPORT