

**INFLUENCE OF PARENT-YOUTH INTERPERSONAL COMMUNICATION  
BARRIERS ON HIV AIDS PREVENTION: STUDY OF NORTH KAMAGAMBO  
LOCATION, MIGORI COUNTY, KENYA.**

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**A Thesis Submitted In Partial Fulfilment Of .The Requirement For The Award Of The  
Degree For Master Of Science In Communication Studies In The School Of  
Information, Communication And Media Studies Rongo University**

**2018**

**DECLARATION**

This thesis is my original work and has not been presented for a degree in any other University.

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## **DEDICATION**

This research is dedicated to my loving children Geoffrey, Liz, Wicklif andDuke for whom I owe a legacy of success and to the spirits of my late father, for even in death the firm foundation he laid for my education still stands.

## **ACKNOWLEDGEMENT**

First I thank God for that gift of life and giving me an opportunity to get education. I lack words to express my gratitude for the miraculous provision of school fees from pre-school level to postgraduate level of education. I give you all the glory.

I'm highly indebted to my supervisors Dr .Fredrick Ongenga and Dr. Henry Kinya for their dedication and guidance throughout the study to ensure that I produce quality work. Special appreciation goes to my parents for their determination and hard work to finance this work.

Special thanks to my children for their love and care, the support they gave me when I was almost giving up due to a lot of pressure from school and work. I treasure them so much.

For all those individuals who assisted me in any way, workmates, professional friends, respondents and many others, please your support and contribution are highly and singularly appreciated.

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## **LIST OF ABBREVIATIONS & ACRONYMS**

HIV	Human Immunodeficiency Virus
AIDS	Acquired Immune Deficiency Syndrome
WHO	World Health Organization
UNAID	United Nations Programs of HIV AIDS
STI	Sexually Transmitted Infections
KNASP	Kenya National Aids Strategic Plan
SLT	Social learning theory

## DEFINITION OF TERMS

- Communication** The process of sharing ideas, thoughts, and feelings between persons in a manner mutually meaningful to the people involved in the communication process.
- Barrier** Obstacles that prevent effective exchange of ideas and thoughts.
- A parent** Refers to a father and mother of a child and for a time only those children born within wedlock.
- Message** A piece of information or a request that you send to someone when you cannot speak directly to him or her.
- A child** A young human being below the age of puberty or below the legal age of majority.
- Youth** A young person who has not yet reached adulthood and refer to the time period before becoming an adult.

## ABSTRACT

This study examined the influence of parent and youth interpersonal communication barriers on HIV prevention in North Kamagambo Location, Migori County. The objectives of the study were: to investigate the existing nature of interpersonal communication between parent and youth on HIV prevention, to establish barriers to effective interpersonal communication between parent and youth on HIV prevention and to find out the measures that can be taken to overcome the barriers. The research questions that the study sought to answer were: what were the existing nature of interpersonal communication between parent and youth on HIV prevention? What were the barriers to effective interpersonal communication between parent and youth on HIV prevention? What measures should be taken to overcome those barriers? The study covered a population of 18,775 according to the 2009 National Census Report. The study was informed by literature that supported the presumption that, the youth rarely communicate with their parents on matters of HIV and this is a reality that increases their vulnerability. The study used Social Learning Theory and Health Belief Model to demonstrate how the youth can learn from their parents through modelling. However based on other social psychological and cultural factors, it is not always a process of a guaranteed learning and therefore Health Belief Model was also used to show how individuals adopt new health behaviours based on their personal beliefs of the benefits of such behaviours. Qualitative method was used to answer questions related to perception, attitude, emotion and opinion while quantitative method was to analyse the frequency of occurrence of thematic elements. Simple random sampling was used to select participants who consisted of fathers, mothers, sons and daughters with a target population of 240, while stratified sampling was used to maintain the sample proportionality on the stratification. Focus group discussion and in-depth Interview revealed that, there was a problematic interpersonal communication relationship about HIV prevention between parents and their youth especially among well-educated parents. It was also established that, respondents depends on their cultural beliefs which hinders them from discussing sexual matters.

# CHAPTER ONE

## INTRODUCTION

### 1.1 Overview

This chapter introduced the background of the study, the statement of the problem, the objectives of the study and the research questions. It further explained the scope and the significance of the study.

### 1.2 Background of the Study

Communication within the family is extremely important since it enables members to express their needs, share ideas, feelings, thoughts and many other things that humans being's shares (Ojomo, 2004). Open and honest communication create an atmosphere for all members to express their differences, feelings, love and admiration for one another. While Rothwell, (2001) sees communication as a transitional process of sharing meaning with others. However, the best communication channel would provide understanding for parent youth interpersonal communication on HIV prevention.

Therefore, DeFleur and Dennis (2002) conceptualized interpersonal communication as a process of using language and nonverbal cues to send and receive messages between individuals that are intended to arouse particular kinds of meanings. It is face to face communication, it is about what is actually said, (both verbal and nonverbal messages) sent through language use, tone of voice, facial expressions, gestures and body language to give meanings.

Interpersonal communication between parent and youth helped them to give and collect information from various sources which influence individual attitude, behaviour and

personal needs. Human Immunodeficiency Virus is a human condition of health status which can be prevented through proper channel of communication process between parents and their youth .Therefore, communication involves sharing of individual idea, feeling and thought. The prospect of curative treatment and an effective vaccine are uncertain (Barouch, 2008: Richman et al, 2009), thus AIDS will continue to pose a significant public health threat for decades to come. The human immunodeficiency virus (HIV) targets the immune system and weakens peoples defence system against infection. As the virus destroys and impairs the function of immune cells, infected individuals gradually become immunodeficient.The immune function is typically measured by CD4 cell count.

The global AIDS update 2016 revealed that, approximately 36.7 million people living with HIV at the end of the year 2016 out of this 2.1 million people were children of 20 years and below. Furthermore one Million people died from aids related illness in 2016 bringing the total number to 35.0 million worldwide. There is an urgent need to overcome this within 15 years in eastern and southern Africa. South Africa has the highest number of people living with HIV in the world (7.2 million) and Swaziland has the highest prevalence in the world (27.1%).In 2013 an estimated 35.0 million of people were living with HIV worldwide, sub-Saharan Africa is home to only 12% of the global burden of HIV infection in ten countries mostly in south and eastern Africa.

According to UNAID report 2014-2015), Kenya has an average of HIV prevalence rate of 6% and with about 1.6million of people living with HIV infection. It is one of the six HIV “high” burden country in Africa. The western part of the country through Homabay, Siaya, and Kisumu are the most affected with HIV rates, 25.7%, 23.7% and 9.3%

respectively. Relatively Migori County has however experienced an increase from 14.3% to 14.7% during the same period. HIV continues to contribute the highest mortality rate, burdening households and hence straining the county health system. Therefore Kemoni,(2004)) stated that, communication involves the giving and receiving of information through signals, messages and gestures. In general communication is a means of connecting people or places and it can take different forms for instance, spoken or verbal (face to face), non-verbal and the written. Interpersonal communication plays a great role on HIV prevention by: creating awareness, intensifying or reinforcing existing attitudes or behaviour, converting one set of behaviour or attitudes to another and lastly building good relationship.

However, according to Wood, (2001), communication is an active and systematic process which involves the sending of messages and hoping for feedback. It always changes due to its interactive nature without beginning and ending. Interpersonal communication within the family is much more than just the exchange of words among members of the social setting. Clemson, (1998) states that, family communication is what we say, how we say it, why we say it, when to say it. While communication is inevitable in the existence of human beings, there were issues that were either completely ignored or passively included in the family communication.

The family in this particular context of this study, is strictly confined to a social unit that consist of a father, mother and their children who may either be biological or adopted. This information was important as the basis on which young people could develop well informed attitudes and views about sexual issues that affects them. Education refers as the systematic process of gaining knowledge and skills through study and instructions.

Education is a very vital tool that is used in the contemporary world to help mitigate most of the challenges faced in life. As a world citizenship, education provide knowledge and truth for promoting the world out look as well as providing ideas for human beings especially the HIV prevention between parents and their youth. Through In depth interview and Focus group discussion the researcher ought to get valid information from respondents on interpersonal communication barriers between parent-youth on HIV AIDS prevention.

A report by Avert, (2009) indicated that, young people need to have relevant information on sexual relationship issues that enable them develop all the talent, powers and faculties of their nature. It was also of relevant that, children were informed of what kind of relationships that do exist. This mostly focused on love and commitment, marriage and partnership and the law relating to sexual behaviour and relationships. They were also entitled to timely information on the range of religious and cultural views on sex, sexuality and confidentiality, as well as the range of sources of advice and support that was available in the community. Achitka, (2009) stated that, although many parents would want to pretend that their children were not only timid but innocent when it comes to sex, it is obvious that these children were both curious and seeking information from other people who, instead of guiding them in the right direction, but lured them into early sex and exposure to infectious diseases such as (STIs) and HIV.

Therefore, the role of parents in this perspective was to influence their children's action, hence had substantial influence on sexual behaviour in three ways: by becoming a role model, by providing direct supervision, teaching the young on how to develop a relationship with a person before having sex with them.



A parent is simply the father and mother of a child and for only those children born within wedlock. The role of a parent is providing encouragement to support and access to activities that enable the child to master key development task. Being a parent is so important to a child development because they play a role in their child development, parents are not only caretaker but they are instrumental in the development of their children's social, emotional, cognitive and physical wellbeing

A child is a human being below the age of puberty or below the legal age of majority. The legal definition of a child generally refers to a minor, otherwise known as a person younger than the age of majority. Youth is defined as a young person who has not yet reached adulthood and refer to the period before becoming an adult. In the United Nation, youth is best understood as a period of transition from the independence of a childhood to adulthood independence. At this age group they appear to be brave, character driven, decisive, fearless and goal oriented. They with fresh energy can perform better and ensure that there is better growth in the society. However, communication challenges that face children of this age group were: lack of accurate knowledge on HIV, lack of basic knowledge about mode of transmission and fear of knowing one's HIV status could lead to denial of one's risks of contracting HIV and failure to get tested.

Youth perception about HIV risk therefore led to having less exposure to risk reduction programs which may include the HIV programs. Communication then is of central concern when addressing HIV prevention. According to (Gazmararian, Baker & Willimans, 1999), communication is a process which involved five components sender, message, channel, receiver and the feedback. For effective communication the study need

to consider its characteristics which includes the following, its relevant content, timing, proximity and language both the verbal and non-verbal cues.

In reality it was much better for a child to acquire intimate information of HIV prevention from a text or from something with which he or she has an impersonal relationship. Moreover, sexual guidance is needed to help children understand sexuality in-depth and connect it with their own value system, instead of letting themselves be carried away by simple instinct or peer pressure.

### **1.3 Statement of the Problem**

Discussion on the topic of sexuality is often avoided by many parents depending on personal values, cultural norms and the social setting, as many parents presumed that the topic is not appropriate for their children. Consequently, youth aged between 12-24 years are increasingly becoming exposure of the Virus. Acquired Immunodeficiency Virus is a medical condition that a person is diagnosed with, Acquired Immunodeficiency Syndrome occurs when the immune system is too weak to fight off infections. Since HIV was first identified in the early 1980s an unprecedented number of youth had been affected by the Virus. In spite of being accepted as one of the strategy, interpersonal communication is used as one of the prevention of the Virus. However there are several challenges facing youth and their parents through interpersonal communication interaction on HIV prevention.

Therefore little was known on the nature of interpersonal communication between parent and their youth in terms of: humour and joking, uncertainty in relationship, fulfilling parental duty and relationship dynamics. Besides that, little was also known on barriers to effective interpersonal communication that is sender barriers time, space, and medium,

message barriers in terms of language, relevant content, verbal and non –verbal cues and receiver barriers in terms of (social interaction, cultural beliefs and psychological state which includes emotion, attitude and anger and a number of unpredicted hindrance to effective communication (Kreuter. & Glassman, 1999) and the possible measures to overcome this barrier.

Enhancement of interpersonal communication between parent-youth on HIV prevention can contribute to changed perceptions, attitudes and behaviours among them hence mitigate infection of HIV within the study area.

#### **1.4 Purpose of the study**

The purpose of this study was to investigate the influences of interpersonal communication barriers between parent-youth on HIV prevention and possible measure taken to overcome them.

#### **1.5 Objectives of the study**

The specific objectives of the study:

1. To investigate the existing nature of interpersonal communication between parent and youth on HIV prevention in North Kamagambo Location,
2. To establish barriers to effective interpersonal communication between parent and youth on HIV in North Kamagambo Location,
3. To find out measures that should be taken to overcome interpersonal communication

barriers between parent youth on HIV prevention in North Kamagambo Location.

### **1.5.1 Research Questions**

1. What were the existing nature of interpersonal communication between parent and youth on HIV AIDS in North Kamagambo Location?
2. What were the interpersonal communication barriers between parent and youth on HIV Prevention in North Kamagambo Location?
3. What measures are taken to overcome interpersonal communication barriers between parent and youth on HIV prevention in North Kamagambo Location?

### **1.6 Significance of the Study**

The researcher believed that this study would be of great significance for the parents and their youth. The study will help the youth to have empower and think about their sexual relationship. The study also emphasized the importance of communication among family members especially on sexual relationship and HIV prevention, because communication is the cornerstone of social life as well as community change. The study will create /help the policy makers to know how to handle victim of the Virus, the study will help the government practitioner to adopt a new method of protecting youth right and dignity.

The study may have aimed at giving in-depth information to some traditional cultural values and practices in the community which may not be relevant or practical in a contemporary society, this is in connection that culture and communication are always changing.

The study may provide parents of the youth with knowledge, power and possible measures to be used to overcome interpersonal communication barriers on HIV prevention..

The study may also provide future researchers with empirical literature on parent –youth interpersonal communication barriers on HIV prevention. Such literature will be useful in informing further researcher on examining possible measures applied to overcome interpersonal communication barriershence make effective communication. Ultimately the study may also contribute to the body of knowledge incommunication studies in general and importance ofcommunication at family level.

### **1.7 Scope of the Study**

The geographical scope of this study covers three sub Locations namely Kameji, Kamwango and Koluoch within North Kamagambo Location.

In terms of context, this study covered all the three sub Locations with a total population of 18,755 according to the 2009 National Census Report, in North Kamagambo Location Rongo Sub County. The content covered the existing nature of interpersonal communication between parent youth and barriers to effective interpersonal communication between parent andyouth. And the possible measures taken to overcome the barriers.

### **1.8 Limitation of the Study**

This study was conducted in a real life setting and drawing on the lived experiences of the study participants. The self-report was bias many youths /parents answered interview questions based on perceptions, attitude emotions and opinion which implicated interpersonal communication on relationship issues. Some parents felt shy even to respond to some questions although the number was too small to affect the data collected. Lastly, in the area of financial ability the study could not managed to go for a wider scope and longer time for data collection.

## **1.9 Theoretical framework**

Research theories and Model are formulated to explain, predict, and understand a phenomenon. Based on this ground, theoretical framework introduce and describes the theory which explains the research topic by outlining the relevant concepts together with their operationalization .Ultimately, it acts as the conceptual basis for understanding ,analysing ,and designing ways to investigate a research topic. Ennis (2011) summarizes these issues by asserting that, a theoretical framework is a structure which identifies and describe the major elements, variables or constructs that organizes research work.

This study applied both social learning theory and Health Belief Model.Social learning theory was developed in the year 1960's by Albert Bandura, this theory concept states that, people learn through observing others behaviours and outcomes of those behaviours.

Human immunodeficiency Virus is acquired through a behavioural activity that is being practised by human beings. Therefore, most human behaviour is learned observationally and throughmodelling which formed an idea on how new behaviours are performed with coded information to serves as a guide for action. Social learning theory was applied to mitigate interpersonal communication barriers between parents and their youth on HIV AIDS prevention. Humanimmunodeficiencyvirus and acquired immunodeficiency syndrome prevention (HIV AIDS) is a behavioural activity which can be overcome through effective communication of messages whose content must be relevant to the receiver. Social learning theory explain how people learn new behaviours, values and attribution for instance, a young teenager might learn by observing peer's sexual behaviour. Through interpersonal communication learning is a remarkable complex process that is influenced by a wide variety of factors. As most parents are probably very

much aware that observation can play a critical role in determining how and what children learn. As the saying goes, kids are very much like sponges seeking experiences each and every time.

According to Albert Bandura proposed intention was to explain how children learn in social environment by observing as well as imitating the behaviour of others. In essence we believed that, learning could not be fully explained but simply through reinforcement and presence of others is also an influence. He further noticed that, the consequences of an observed behaviour often determined whether or not children adopt the behaviour themselves. In addition to that, Albert Bandura stated that, observation, imitation and modelling play a primary role in this process of HIV prevention among the youth in North Kamagambo Location.

Defleur and Denis, (2002) conceptualized interpersonal communication as a process of using language and nonverbal cues to send and receive kind of meaning. It is not just about what is actually said, the language used, how it is said and the nonverbal messages send through tone of voice, facial expression, gestures and body language between individuals that are intended to arouse a particular meaning.

Moreover, in social learning theory Albert Bandura (1977) agrees with behaviourist learning theories of classical conditioning and operant conditioning and further add two important ideas which stated that, when mediating process occurs between stimuli there is a response while behaviour is learned from the environment through a process of observational learning. Human immunodeficiency virus is a condition one acquired when involved in sexual activities /behaviour and this condition affects the immune system hence leads to viral infection. To stop this acquired behaviour interpersonal

communication barriers between parent youth on HIV prevention should be avoided by youth in: limiting number of sex partners, all youth to go for testing to know their status, to engage in community and web based education and other effective programs on HIV prevention. However, youth can choose to stop sexual activities through parent youth interpersonal communication. In operant conditioning, the method of learning occurs through reward and punishment for behaviour for instance in this condition an individual make an association between a particular behaviour and its consequences.

According to this principle, behaviour that is followed by pleasant consequences is likely to be repeated and behaviour followed by unpleasant consequences is less likely to be repeated. In a nutshell, reinforced behaviour tends to be repeated (strengthened) while behaviour which is not reinforced tend to die out or be extinguished or weaken.

Social learning theory is used to address problems in behaviours that evoke health concern for youth in North Kamagambo Location, where there is high risk of sexual behaviour and the possibility of contracting HIV. Cryle, (2005). This theory stated that, a behaviour is based on the founder mental idea that, behaviours which are reinforced will tend to continue while behaviours that are punished will eventually end. That is HIV is acquired behavioural activity that can be punished or stopped.

On the other hand, Health Belief Model is a psychologist model that attempts to explain and predict health behaviours. This is done by focusing on the attitudes and belief of individual. The model is based on the understanding that a person will take health related action. It again assumes that, a negative health condition can be avoided while a positive expectation can be achieved by taking a recommended health action. Therefore the model assist the theory on explaining how health related behaviour can be achieved or



not achieved within individual perception. Health belief model was developed in the year 1950's by a social psychologist Hochbaum, Rosentock and Kegels working in the U.S public health services. It was adopted to explore a variety of long and short term health behaviours which includes sexual risk behave and the transmission of HIV .The model predictive ability varies depending on the ability to gauge the presence of perceived susceptibility; individual assessment of condition, perceived severity;individual assessment of consequences, perceived benefit;individual assessment of positive consequences, perceived barriers to action ;individual assessment on constant behaviour change and sense of self efficacy;ability to adopt desired behaviour .

Social learning theory and Health Belief Model personalized risk based on a person's feature or behaviour ,all elaborates how individual health behaviours can be reinforced and the chances of getting condition and its consequences can also be achieved. Therefore when parents and their youth have a positive attitude towards sexual behaviour, then, they will overcome interpersonal communication barriers on HIV prevention. Health Belief Model reflect a confluence of learning theory which reduces a psychological drive that activate behaviourwhich should avoid punishment. Frequency of a behaviour is determined by its consequences (reinforcement) for instance association between a behaviour and immediately followed by reward which is sufficient to increase the probability of behaviour being repeated. However, unlike a belief which states that, behavioural response can be fully explained by reinforcement and behaviour in this perspective is a function of the subjective value of an outcome stated by social learning theory.

In Social Learning Theory and Health Belief Model are focusing on health behaviour of human beings and stating how this behaviour can be stopped. Despite the fact that, learning is for every individual, parents and their children need to learn and change their attitudes towards HIV prevention.

Therefore, effective interpersonal communication between parent youth can be rewarded if they tend to modify behaviour through positive reinforcement. North Kamagambo Location was the researcher site for this study since this behavioural activity was captured in that region of goldmine called Kopuodho. This study used both social learning theory and Health Belief Model to reinforced perceived behavioural activities among youth to understand how health behaviours can be punished and eventually die. In this study of North Kamagambo Location, most of the resident within the location had strong belief on their cultural norms and values, such that they cannot understand interpersonal communication barriers between parent-youth on HIV prevention.

Reinforcement behaviour may help the youth to value positive attitude on their sexual behaviours. Seemingly, if this can be achieved there will be low refrain from multiple sex partners, low death rate, and attending counselling sessions being conducted. And lastly being ready to observed and learn from their parents as role models.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.1 Overview**

This chapter is subdivided into three main sections, the first section talks about the salient issues in literature on HIV prevention .It shows how HIV infection was recognized globally and in Kenya. There were approximately 36.7 million of people worldwide living with HIV at the end of 2016, out of these 2.1 million were children below 15 years. An estimated 1.8 million individuals worldwide became newly infected with HIV in 2016, about 5,000 being infected per day. Most of these children live in sub-Saharan Africa and were infected by their HIV positive mothers during pregnancy, child birth and breast feeding. However in 2016 over 30 % still need access to HIV testing services.HIV testing is an essential gateway to HIV prevention, treatment, and care and support services (see NASCP, 2001).

In June 2016 20.9 million people living with HIV were accessing anti retro viral therapy this includes 15.8 million in June 2015, 7.5 million in 2010 and less than 1 million in 2000 .This resulted to a total number of people died from HIV related illness to be 35.0million. Despite advances in our scientific understanding of HIV and its prevention

and treatment as well as years of significant effort by the global health community and civil society organization, too many people are still at risk for HIV .They do not have access to prevention, treatment and cure.

Kenya has the joint fourth largest epidemic in the world alongside Mozambique and Uganda. In 2016, 64% of people living with HIV in Kenya were accessing treatment. However treatment coverage among youth is much lower at approximately 24%, therefore many people living with HIV face high level of stigma and discrimination which prevent people from accessing HIV services. In 2018 the non-governmental organization, women fighting AIDS in Kenya (WOFAK) held a two day work shop on advancing the sexual reproductive health and right to women living with HIV.The workshop was advancing the sexual and reproductive health and right for women living with HIV .Therefore HIV education and awareness is an important components of HIV prevention in Kenya ( Global Coalition of Women and AIDS 2011) .HIV education has been part of the school curriculum in Kenya since 2003.The number of relevant HIV educationpolicy published in 2013, includes education about HIV prevention, care and support for schools pupils and education personnel's. Kenya has a large and diverse civil society and the rights to freedom of association, expression and peaceful assembly are guaranteed under Kenya 2010 constitution. These rights are only partially respected in practise, although recent government crackdowns have tendered to focus on civil society,while the NACC is vocal in recognizing the importance of these groups especially those led by people living with HIV and people from key affected population (see NASCP, 2001)

In Kenya AIDS strategic plan (KASF 2014 to 2019) identifies adolescents and young people (AYP) as a priority population for the HIV response. Previously adolescent and the young did not realize benefits commensurate with significant made in the provision of HIV services including prevention, care and treatment despite many pragmatics and African goals as exposed in vision 2063. Africa rising is dependent on harnessing dividends from the population. The objectives of vision 2063 is to reduce new HIV infection among young people by 49% ,to reduce AIDS related death among young people by 20% and to reduce stigma and discrimination among youth people by 25%.

Kemuni, (2004) argues that, communication is transfer of information from one person to another, whether or not it elicits confidence. But the information transferred must be understandable to the receiver.

There's also the context of the message, the environment it's given in, and potential for interference during its sending or receiving. If the receiver can see the sender, he or she can obtain not only the message's contents but also nonverbal communication that the sender is giving off, from confidence to nervousness, professionalism to flippancy. If the receiver can hear the sender, he or she can also pick up cues from the sender's tone of voice, such as emphasis and emotion. Therefore, a life cycle approach to HIV prevention can help respond to the changing challenges people face at different ages.

Young people (10-24 years), especially continue to be disproportionately by HIV. Further to that, in 2016, 55,000 youth between the ages of 15-24 had died through AIDS related illness. Human Immunodeficiency Virus is now the leading cause of death among young people in Africa. In 2016, 73% of new infections among youth occurred in Africa. When

many African countries already had youthful people for example 51% of population of South Africa are under the age of 18.

It is estimated that the number of 10 to 24 years old Africa is set to rise to more than 750 million by 2060. This means that even if current progress is maintained, new infections among young people are expected to increase. Further to that estimate, it is suggested as many as 740,000 additional youth could become infected between 2016-2030. Therefore it has been found that multiple and intersecting forms of discrimination and structural inequality affects the lives of young people and increase their vulnerability to HIV.

Kenya has faced a mixed HIV epidemic with new infections occurring in the general population as well (KAIS, 2008), this pose a great challenge in the HIV prevention efforts. Notably the fight against HIV in Kenya has been interested more than ever and the country has made impressive stride in the epidemic (KDHS, 2003). In this study I seek to provide an update review of the strategies that Kenya is and has used so far in HIV prevention and the population at risk. The main aim is to identify gaps in an effort to establish where prevention efforts may be falling in the fight against HIV.

In general youth are at risk of contracting HIV virus through sexual activities. Majority were engaged in sexual behaviour with multiple partners over a period of time and fail to consistently use a condom during every act of such behaviour. In addition, other diseases like STDS and STIS also facilitate the spread of HIV infection. Kenya aims to reduce annual new HIV infections among adults by 75% and HIV transmission rates from mother to child from 14% to less than 5%. Migori County has annual adult new HIV infections of 6.786 (KAIS, 2014). Although there is still about 73% of people in Migori County who had never get tested in the year 2009. The rate of infection increased as a

result of the following factors for instances, ignorance, stigmatization, illiteracy, a number of children are being born with HIV and these are just but among them. Migori is really in dire need of a saviour, not a saviour necessarily in the religious aspect, but a person or rather people who can rise up and say no to the continued spread of HIV, (Dilorio, Pluhar, & Belcher, 2003; Kirby, 2002). A study in Ghana found that, communication often takes the form of instruction rather than dialogue in that, communication is frequently gendered for instance with advice given to sons to be careful, while warning for girls to avoid sexual encounter with boys. Research in Botswana stated that parent child interpersonal communication about sex was associated with delays in sexual initiation and increased condom use. A review of literature published between 1980 and April 2011 was conducted, which stated that communication process investigated the frequency, content, style, tone of discussion, preferences as well as barriers to sexuality were reviewed as most substantial challenges to positive and effective parent-child communication.

However previous study had demonstrated that parent-child interpersonal communication was associated with consistent contraceptive use, fewer sexual partners and fewer reported incidences of unprotected sexual behaviour among the children (Guilamo-Ramos et al., 2012; Levine, 2011).

In Sub-Saharan Africa, parents were reluctant to discuss sexuality with their children Mbugua, (2007) the involvement of parents in the sexual socialisation with their children is in most cases was an open discussion.

Migori is a cosmopolitan County with diverse Socio-Cultural characteristics and dynamics in economic growth. The Constitution of Kenya 2010 heralded the best and

most comprehensive Bills of right in Kenya. In particular Article 43(1) (a) guarantees every person the right to the highest attainable standard of health care services in line with devolved governance structures NACC. The developed Kenya AIDS Strategic Framework (KASF) was to guide every county in formulating County HIV response specific plan. In this regard the County health department has developed the Migori County HIV and AIDS Strategic Plan (MCASP) 2015-2019. Therefore, Migori county youth experience stigmatization, and discrimination in health outcome.

### **2.1.1 HIV AIDS Prevention among youth**

Acquired Immunodeficiency syndrome is a medical condition that a person is diagnosed with, Acquired Immunodeficiency Syndrome occurs when the immune system is too weak to fight off infections. Since HIV was first identified in the early 1980s an unprecedented number of people had been affected by the global AIDS epidemic.

It could only be prevented when individuals refrain from, unsafe health care, unsafe cosmetic practises, multiple sex, injected blood fluids contact and various traditional practises. Due to high rate of sexually transmitted diseases, HIV continue to rise, it is important to for parents and their children to have an open discussion on how to prevent it, (Amara & Raj, 2000).

Different scholar's explored different types of communication skills by providing key variables for partners in discussing topic of safer sex. These scholars noted different problems that are encountered with active individuals who are willing to practise safer sex, although they get little guidance from their parents/guidance on how it can be done. However, the prevalence rate of HIV in Rongo sub-county is 14.4% from the general population of 100,547 within the Sub County whereby a total number of people affected



are two thousand nine hundred and thirty-seven (2,937) both male and female from the age of 15 years and above.

### **2.1.2 Communication between parents and their youth**

This section is further divided into sub sections as per the objectives of the study. According to Wood, (2001). Communication is an active and systematic process which involves the sending and receiving of messages, understanding one another needs and wants, it informs and educates the public about the disease and promote behaviour change and healthy sexual practices. Communication is basically a process intended to facilitate the sharing of a common meaning between sender and receiver (Freithmuch, & Kean, 2005). As a process, communication is the founder mental element in understanding of human behaviour and useful in seeking solutions to problems afflicting the society

And lastly it builds good relationship between parents and their children however successful and effective communication stem from the implementation of the communication process (Buzzanell, 2000). Communication is the means through, which human beings needs and wants are coordinated (Krauss & Ezequiel, 2010). In this study parents acts as the sender and children as the receiver sharing information on HIV prevention.

If a sender relays a message through an inappropriate medium its message may not reach the right receiver (Shannon & Weaver, 2010). That is why senders need to keep in mind that, selecting the appropriate medium would greatly assist the effectiveness of the receiver's understanding of the message (Cutlip & Center, 2001). Based on assumption by Kristakis, (2009), the sender should ask himself or herself different questions, so that

they could select the appropriate channel. These questions range from, adequacy, needs, and immediacy of the feedback, kind of recipients, nature of the message etc. Once the sender has answered all of these questions, they are able to effectively communicate (Brody, 2009).

The family has a social obligation to provide relevant information to its younger members because this is the most trusted institution by most human beings. Communication strategy of the family was tailored to accommodate all topics that greatly influence human development and this was done with ease and comfort to allow effective articulation by all concerned members.

Gender and sex should not be treated as a taboo topic within a family communication system. According to Huberman, (2008), parents who believe that children had the right to accurate sexuality information were parents whose teens delayed the initiation of intimacy and use contraceptives on the onset of intercourse. He added that; young people need proper health education while their parents are essential source of information.

### **2.1.3 Communication between parents and their children on HIV AIDS Prevention.**

Findings from (Burgers et al, 2005) indicated that the underestimation of the sexual behaviours of youth were based on erroneous assumptions made by mothers and also their positive parental perceptions on relationships. For example, mothers were most likely to report that, their familiar discussion about sex and parental satisfaction on youth relationship was not satisfactory, instead they are observational and indirect.

Those who seek guidance from parents are not satisfied because they later tried to evade discussion or are not able to give satisfactory answer since parents do not talk to their

children about sex(Wang, 2002).Parents seems uncomfortable, threatened by sexually developing teenagers, therefore it is difficult to discuss sex issues.

#### **2.1.4 Strategies of HIV AIDS Prevention among the youth**

HIV AIDS is a global issue, but since there is still no cure for it, prevention of HIV became extremely important in controlling the disease. However, there are several effort and strategies which could be used for HIV prevention in youth aged 12-24 years. This was done by increased access to care, improving health outcomes for people living with HIVAIDS, restricting sex partners and practising safer sex.However, testing for HIV infections by anyone who suspect infection was treated aggressively and early the spread of AIDS might be controlled. According to Fred.G.M, (2007), communication is the act of giving, receiving, or exchanging ideas, information signals or messages through appropriate media to enable individualsto express emotions and feelings. Communication is always changes due to its interactive nature which had no beginning and ending

#### **2.1.5 FamilyCommunication on Sexual Relationship Matters.**

Family communication refers to the way verbal and nonverbal information are exchanged between family members (Miller, K.S. & Forehand, R, 1999). This communication involved the ability to pay attention to what others are thinking and feeling. In other words, its important artis not justthe talking, but also listening to what others are saying. According to Buzzanell, (2000). Communication within the family is extremely important because it enable members to express their needs, wants, and concern to each other. One and honest communication creates an atmosphere that allowsfull members to express their differences as well as love and admiration for one another. It is through communication that family members are able to resolve the problems.

Just as effective interpersonal communication is almost always strong in some families, it is also not strong in unhealthy family relationship. More so, marriage and family therapists often report that poor communication is creating internal problems within their families. This happened as a result of message communicated is poor, unclear and indirect which led to numerous family problems like excessive family conflict, ineffective problem solving, lack of intimacy and weak emotional bond.

The impact of parental message on their children sexual risk taking may vary as a function of characteristics of parents, characteristics of the message that they convey, characteristics of the channel through which the message is delivered, characteristics of their children and characteristics of the context. Researchers had discovered a strong link between communication channel and satisfaction with family relationships (Noller & Fitzpatrick, 1990). Communication is also associated with an increased risk of divorce, marital cases and more behavioural problems, hence high rates of sexually transmitted diseases due to lesser engagement in open dialogue (Amara & Raj, 2000; Quina et al., 2000). In particular, scholars in this area explore types of communication skills necessary to introduce the topic of sex with a new partner Cline & Freeman, (1992) and to convince a possibly reluctant partner to use a condom (de Bro, Cambell, & Elau, 1994).

Edgar & Fitzpatrick (1993), these noted that there are several problems which face sexually active individuals. (Edgar & Fitzpatrick, 1993). It is therefore not surprising that the types of strategies used by sexually active individuals tend to moderate the directness of the request, making references to the importance of the relationship or concerns for mutual wellbeing. Messages are those that encompass discussion on a range of sexuality topics, such as sexual decision-making, menstruation, physical/sexual development, when

to start having sex, birth control, and condoms, choosing sexual partners, masturbation, STDs, and HIV prevention. Characteristics related to parental skill and sensitivity in discussing sex include having accurate information about the topics, talking openly and freely rather than lecturing or threatening, welcoming question from the children, and listening to the youth concerns and feelings. Information on sexual relationships should begin early as part of a lifelong process of acquiring knowledge and forming attitudes, beliefs, and values, rather than just talking. This should include learning about sexual development, reproductive health, interpersonal relationships, affection, intimacy, body image, and gender roles. Issues related to sexuality become more important role in fostering a sexually healthy youth age Radecki&Jaccard,(1995) however, found that youth perceptions of their knowledge about sex and birth control is only weakly correlated with their performance on knowledge tests about the topic, but youth claims of high knowledge levels on HIV Infection. Just as parents had reservations about discussing sex with their children, unlike younger siblings also fear such discussion with their parents.

Therefore, is important to identify such worries for both of the involved parties. There were times that youth felt that their parents were not treating them as equally, because they seemed to fail in having adequate knowledge about current lifestyles and pressure (Pistella & Bonati,1999). There are studies which noted complaints by youth that their parents were not open, supportive, trusting and empathic, nor do parents respect their privacy (Nolin & Etersen,1992). Youth also expressed concern about sexual conversations being embarrassing, both to themselves as well as their parents (Jaccard, & Gordon, 2000). There is a growing literature worldwide on the reaction of parents concerning

youth sexual and HIV prevention. In addition, international and non-governmental organizations had begun to implement activities that clearly address the role of parents in improving youth sexual behaviour.

The World Health Organization (WHO) described more than 30 such programs recently in a review. There is growing evidence that various parenting dimensions' connectedness or love, material sort, behavioural control or monitoring, parent-youth interpersonal communication was positively associated with reduced levels of risk-taking behaviour among youth. The involvement often varies by the measures employed whether the adult or young person was male or female) and normative roles and attitudes (Biddlecom, & Bankole, 2009).

According to Huberman, (2008) "parents who act on the belief that young people had the right to accurate sexuality information were parents whose teens will delay the initiation of intimacy and use contraceptives when they choose to become sexually active" he also adds that young people need sexuality education and parents as essential sources of information and role models, which truly influence their children's sexual development.

Although almost all parents engage in informal and superficial discussions on HIV prevention with their children across the early childhood, but still some parents do not practise such discussions with their children. These rates however, vary considerably from one study to the next. Although almost all parents engage in informal and superficial discussions on HIV prevention with their children across the early childhood years, many parents still do not talk about sex. However, parents also tend to be mentioned as being important, sometimes prominently so (Shields & Adams, 1995). These rates however, vary considerably from one study to the next.

Parents-youth communication is the most effective way of helping children understand their surroundings and make better decisions about sexual matters (Mtikrakra, 2009). Children globally face health challenges that were unimaginable for many years. Youth aged 15-19 have highest rates of sexually transmitted infections, including HIV.

If a family had not talked about relationships, sexual closeness or sexually transmitted diseases by age 13, then probably they would not develop a comfortable way to talk about these issues later Kinsman,(2001). The information and messages that were communicated between parents and their children had the potential to share sexual decision making during age, particularly related to HIV risk behaviours (Dolorio,2003). Parents felt uncomfortable communicating to their children about sexual issue This is due to the fact that sexual conversations were deemed a taboo subject in many communities, for example in Ghana, Sierra, Leone, Nigeria and South African (Engrail,2006).The social norms prohibit openness hinder discussions about sexual behaviour and could hinder sexual education .

According to Kajula,(2005) parents also found it difficult to acknowledge that, young people are sexual beings. Parents often view their children as innocent, inexperienced and immature and as a result they do not discuss sexually related topic with them. Children derived adequate knowledge and resources to enable them to protect themselves from infections. Some parents believe that more children always want to experiment and communication about sex including sexual education would increase their curiosity and make them sexually active (Rosenthal, 2000). However, research suggested that young people who openly communicate about sexual matters with their parents, especially mothers, were less likely to be sexually active (Kajula, 2005).

Moreover, Kinsman, (2001) stated that, parents need to communicate in a manner that is going to be effective in bringing about positive behavioural changes amongst them. He further suggests that, not only should parents communicate with their children, but they need a good approach and rapport

They therefore suggested that, parents should not wait for their information about sex, HIV, or sexually transmitted disease. Although parents often hope that their children might come to them with questions and concerns, this might not always happen therefore, parents should take the initiative in communicating at an early age. Parents need to initiate the conversations on their own, by using daily opportunities to talk about issues important to sexual health. For instance, current events or news stories features happenings, radio programmes, television, or movies where contents are great avenues in bringing up health topic.

Youth who have HIV AIDS infected parents are among the highest risk for contracting HIV themselves (O'sullivan et al, 2005). (Chabon & Futterman, (1999) found that among adolescents who acquired HIV through sexual behaviour 20% had a mother living with HIV as compared to adolescent who did not have a mother living with HIV, adolescents who had a mother living with HIV were more likely to have sex at younger age, risky sexual behaviour and sexual abuse (Hoffman, 2001). In the United State each year, at least 20% of these infections occurs among the youth.

## **2.2 Communication between parents and their youth**

This section is further divided into sub sections as per the objectives of the study.



Wood, (2001) stated that, communication is an active and systematic process which involves the sending and receiving of messages, understanding one another needs and wants, it informs and educates the public about the disease and promote behaviour change and healthy sexual practices. Communication is basically a process intended to facilitate the sharing of a common meaning between sender and receiver (Freithmuch, &Kean, 2005). As a process, communication is the founder mental element in understanding of human behaviour and useful in seeking solutions to problems afflicting the society. And lastly it builds good relationship between parents and their children however successful and effective communication stem from the implementation of the communication process (Buzzanell, 2000).Communication is the means through, which human beings needs and wants are coordinated (Krauss & Ezequiel, 2010). In this study parents acts as the sender and children as the receiver sharing information on HIV prevention.If a sender relays a message through an inappropriate medium its message may not reach the right receiver. That is why senders need to keep in mind that, selecting the appropriate medium would greatly assist the effectiveness of the receiver's understanding of the message, (Cutlip & Center, 2001).

Based on assumption by Kristakis, (2009), the sender should ask himself or herself different questions, so that they could select the appropriate channel. These question range from, adequacy, needs, and immediacy of the feedback, kind of recipients, nature of the message etc. Once the sender has answered all of these questions, they are able to effectively communicate (Brody, 2009).

The family has a social obligation to provide relevant information to its younger members because this is the most trusted institution by most human beings.

Communication strategy of the family was tailored to accommodate all topics that greatly influence human development and this was done with ease and comfort to allow effective articulation by all concerned members. Gender and sex should not be treated as a taboo topic within a family communication system. According to Huberman, (2008), parents who believe that children had the right to accurate sexuality information were parents whose teens delayed the initiation of intimacy and use contraceptives on the onset of intercourse. He added that; young people need proper health education while their parents are essential source of information.

### **2.3. Nature of communication between parents and their children on HIV prevention**

A study by Wang, (2000), on the nature of interpersonal communication between parents and their children on HIV prevention noted that, youth who lived with their parents, reported less communication about sexual issues, while those who live with their grandparent(s) reported more parent-child sexual communication. Also children who live with sibling (s) reported a high degree of openness of their communication from their parent(s) while those who did not live with sibling(s) reported a lower degree of openness. Since family can exert a strong influence on youth sexual behaviour, it is important to understand the role of family influence on health behaviour.

Thus parent youth interpersonal communication regarding sexualitybehaviour was viewed as desirable and perceived by many to be effective means of encouraging youth to adopt responsible sexualbehaviour. Barnes & Olson, (1985), conducted a study on the relationship betweenparent youth interpersonal communication and the circumflex model of marital and family system and the analysis of theparent-child interpersonal

communication scale data reveal substantial generation difference. At the same time a group of mothers reported better communication with their children than the fathers do while children expressed the negative side. At the aggregate level the perceptions varied considerably between father, mother and children hence recall on the problems that indicate lack of communication problems. The findings clearly demonstrated the sex difference between youth males and female on how they perceived their communication with their mothers and fathers or how of either sex perceived their communication with male or female youth. According to Barnes, Olson, (1985), mothers consistently reported more positive communication with their children than fathers did. These differences were attributed to higher level of openness reported by mothers on their parent –child interaction. The youth responses also indicated more positive interactions with their mothers than with their father's in terms of a greater degree of openness of discussion (Barnes & Olson, 1985)

Youth viewed their intra-family communication with greater negativism. Many parents do not discuss with their children until they discovered their youth had already made difficult sexually related decision.

Barnes et al, (2005) reported that parents and children are often uncomfortable when discussing issues of sexuality which appears to be linked to responsible sexual behaviour among youth. Despite the fact that there is an increase in parental communication with their children about sex, many parents still remain uncomfortable approaching this subject.

In South Africa, Tanzania (SATZ) study conducted by Leshabari et al, (2009) among young people aged 11-17 years reported that 44% of participants preferred to

communicate with mothers about sexuality behaviour, while 15% prefer fathers. In Cape Town, 31% preferred discussing with mothers, and 22% stated a preference for fathers, while in the other two sites, a greater proportion of males preferred discussing with fathers in comparison to mothers (47% and 27% Daresa Salam and Mankweng respectively). Another study in Tanzania found that among in and out of school males 11% and 10% respectively selected fathers as a preferred partner for communicating about sexuality behaviour. Regarding those in and out of school females, the study found that mothers were the first choice by both groups with 44% and 37% of in and out of school females reporting mothers as the preferred sexuality communicators respectively.

From a parental perspective a study of Nigeria, mothers and father's parents found that, they also preferred same sex discussions with their children (Izugbara et al, 2008).

### **2.3.1 Choice of Channel to Convey the Message on HIV AIDS prevention**

Communication channel could be understood simply as the modes or pathways through which two parties might communicate (Malcom, 1994). As population grows and technology evolved accordingly, these channel of communication changes as well (Cliver, 2000). The medium of communication used to convey a message and how it is used may affects message exposure, attention, comprehension, acceptance, retention and retrieval. A common channel used by parents is that of verbal communication through face-to-face interaction.

However, there are other mechanisms by which parents communicate and parental information that is sexually relevant, including various forms of non-verbal cues. Communication and parental behaviours are sometimes being observed through e.g. television-viewing habits of the parents within the house and outside.

### **2.3.2 Clarity of the Message on HIV AIDS prevention**

One of the most widely studied message variable in the literature on parent youth interpersonal communication is message content, what parents and their children talk about when they engage in conversation. Characterizations of such discussion tend to differ depending on whether their parents or children are doing the characterizing. Hillbert ,(1980) suggest that parents-child discussions about sex are more often indirect than direct.

Not surprisingly, studies found individual differences in the topics that parents think should be shared between them and their children, including sensitive topics like abortion and birth control (Silverstein & Buck, 1986).

Darling & Hick, (1982), had found that topics aimed at daughters tend to stress negative, problematic aspects of sexuality more than communication aimed at sons while adult females who recall their discussions with their parents tend to characterize them as somewhat negative, focusing on rules and warnings. Another study by Rosenthal & Feldman, (2000) also suggest that fathers tend to deal with less intimate topics than mothers that is, message content differs as a function of the gender of the source. Dittus & Jaccard, (2000), stated that, some parents felt that their job was finished once discuss health behaviours in early age and further explain that, communication needs to be a continuous process to help overcome HIV prevention. The start of menstruation provides an opportunity for discussion for female (Chimbetwe, 2001). Mothers often warn their daughters not to become pregnant but they offer little guidance on how to achieve that goal. A study conducted in the United States revealed that the first stage of mother

daughter conversations occurs just before puberty, where discussion of menstruation, reproduction and sexual behaviour take place.

The second stage occurs during middle youth and was often initiated by the daughter and the subject includes birth control, rape, abortion and teenage pregnancy. However, the same study revealed that in East Africa, Kenya, discussions between parents and children were more focused on societal expectations and career than on sexuality issues and HIV/AIDS prevention (Chimbetwe, 2001).

### **2.3.3 Reception of the Source of Information on HIV/AIDS prevention**

Although there are some exceptions, studies found that mothers are more likely than fathers to discuss issues about sex and HIV prevention with their children (Raffaelli & Flood, 1998). Some theorists suggest that gender differences occur because mothers are better at communicating general issues, mothers are the agents of intimacy, and/or because mothers can discuss sexual matters so safely than fathers. Youth evaluations of their parents as sex educators tend to vary as a function of the gender of the parents, with mothers being evaluated more positively than fathers (Feldman, 2000). Expertise refers to knowledge exerted, status and familiarity with the topic, trustworthiness refers to sincerity, honesty and good intentions. However, children perceive parents in terms of expertise and good judgment which is likely to vary as a function of the topic under study.

Feldman (2000) suggests that children sometimes see parents as being out of touch with current lifestyles and pressures, hence parental expertise was being undermined in terms of trustworthiness, some children tend to receive their parents as trustworthy in their discussion about sexual matters and HIV prevention, although some children

sometimes point out that their parents are judgmental, overly protective of them making mistakes and that parents often fail to respect their privacy and desire for autonomy and trustworthiness.

#### **2.3.4 Effective Communication on HIV among parents and youth.**

Effective communication could be achieved when the words used were brought to a common level of understanding for both parties, it also ensures that the messages were not distorted during the communication process, but sometimes these messages are creating barriers due to the following, what often makes it create barriers were, message overload, receiving too much messages at the same time, the message complexity, lack of determination, knowledge appropriate for communication for instance using (jargons word) ambiguous words. It could only be achieved when the words used were brought to a common level of understanding for both parties. Ojomo, (2004) states that open and honest communication create an atmosphere for all members to express their differences in feelings, love and admiration for one another.

### **2.4 Barriers to Effective Communication between Parent youth on HIV prevention**

#### **2.4.1 Parent-Child Communication Barriers.**

When young people feel unconnected to home, family, and school, they may become involved in activities that put their health and well-being at risk. However, when parents affirm the value of their youth they often develop positive healthy attitudes about themselves. Although most adults want young people to know about abstinence, contraception, and how to prevent HIV and other sexually transmitted diseases (STDs), parents often have difficulty communicating about sexuality. Nevertheless, communicating about sexuality is important—positive communication between

parents and their children greatly helps young people to establish individual values and to make healthy decisions. According to Leland, (1993), communication had looked at parents-child communication and found that there were various factors that may enable or create barriers on sexual communication. It is relevant that for any communication to be successful the message has to be clear to the recipient. If the receiver did not understand the message for any reason, then technically it was considered that there was 'noise' in the communication. Shannon.

In the process of transmitting a message, certain intended information by the source is unavoidably added to the signal. This "noise" can be internal (i.e. coming from the receiver's own knowledge, attitudes, perception, social interaction or the psychological state, external (i.e. coming from other sources). Such internal or external "noise" can either strengthen the intended effect of a message (if the information confirmed the message), or weaken the intended effect, "noise" contradicts the original message). This model is relevant to this study because it illustrates how HIV prevention and sexual relationship issues messages can be received by the children. If the children had predetermined ideas from other sources about this information, they are bound to have a clouded reception of the messages from their parents.

#### **2.4.2 Sender /Receiver Barriers**

Timing in Communication was considered by stating the type of message you want to deliver is it right to delivered a message at that particular time or hour? For an effective interpersonal communication there must be feedback to ensure that message send reached its destination Language involved the use of verbal and nonverbal cues to elaborate more of verbal and nonverbal cues because children living in this postmodern life is changing



every now and again with different interpretation of meanings. Chris, (2003), helpfully confirms a common maxim that, “developing a trusting relationships is one of the most important things parents can do to maintain consistent interpersonal communication between them and their children.

Proximity in communication can derive different meaning in different context, for example children when you face them with cruelty they may shy off and move away. As a parent when communicating, give your child a conducive environment with enough space to feel part of the conversation or to articulate fully. Communication therefore is at the intimate relationships; it is the foundation of everyone else interaction

### **2.4.3 Frequency and relevant Content of Communication**

A large number of studies examined the impact of family context on children sexual risk behaviour, but relatively few studies examined how family contextual variable impact parent’s-child interpersonal communication. Variable such as family structure (one versus two parent families; blended families, presence of grandparents or other relative’s in the house hold), social class, and marital status, presence of sibling and psychological characterization of the general family environment all are of great significance to interpersonal communication. Several studies explored the general communication environment and found it to be associated with effective parental interpersonal communication about sex (Feldman & Rosenthal, 2000).

However, research on contextual variable and how they affect parent-youth communication about sex is limited. It was far more complex and more emphasis was on characterizing, unidirectional fashion in which the parent attempts to convey meaning structures to children in hopes of influencing the knowledge, values, attitude intentions

and/or behaviours of their children. Therefore, parent youth interpersonal communication about sex is an emotional-laden dynamic, reciprocal exchange of information and feelings that unfold over time sometimes between the roles unpredictably so parents had no sex-related issues they want to discuss with their children. Parents and children alternate as a source". Sometimes interaction is mediated and lined by each respondent. Other times it occurs spontaneously, perhaps in response to certain events that occurred.

Rosental,(2000), believe that, communication may be direct, verbal or non-verbal. It may have persuasive intent and/or informative intent. Children communicate with both mothers and fathers and hear multiple messages about topics. Actually these messages conflict, not only between parents but with other sources of information as well (e.g. peers, siblings). Indeed, conflicting messages sometimes occur from the same parents, such as when children are told to abstain from sex while at the same time to use birth control when engaged in sex activities. Recognition of these complexities of communication dynamics on parent youth interpersonal communication, illustrates just how much work is yet to be done to gain a true understanding of parent-youth interpersonal communication on health matters.

A study in Nigeria by (Musa et al, 2008) in which 98% of students reported communication about condoms with family members. This study also found that 34% of respondents reported communication about marital sex among family members. Although the study specified that, members of the family most often involved in sexuality communication was the mother (44%), compared to the father (29%). Another study by (Kumi-Kyereme, et al, 2000), found that the mother (33% of female youth and 61% of

male youth) was the most frequent reported person with whom youth discussed sex related matters, in contrast to the father 13% of females and 12% males.

A study conducted in Burkina Faso, Ghana, Malawi, and Uganda found that the proportion of youth reporting having discussed related matters and contraceptives was low with not more than 10% reporting such communication with the exception of females in Uganda (Biddlecom et al, 2009). This study also found that, there was a significant relationship between source of information and sexual experience for instance a greater proportion of youth (55%) who received sexuality information from peers were sexually experienced compared to 34% who sought information from parents and other sources.

In Kenya it has focused too much in the behaviour that spread the virus rather than on the social and economic conditions that promote such behaviours (Kharsary Inter Press Service 1/10/09). According to space Kenya is failing to because she is not paying enough attention to who is becoming infected and how. The plan for prevention are often built on broad categorization of the type of epidemic rather than on a careful analysis of where new infections are occurring.

## **CHAPTER THREE**

### **RESEARCH METHODOLOGY**

#### **3.1 Overview**

This chapter describes how the study was conducted to achieve the desired objectives and comprehensively answer the research questions. This includes research methodology, research design, study area, target population, sample size, sampling frame, sampling techniques, as well as data generation techniques. The procedure was used to analyse data and the consideration of trustworthiness of the research procedures, instruments and ethical issues relevant to this study have also been addressed.

#### **3.2 Research design**

This study used mixed research method (Triangulation), it is a type of research in which a researcher combine elements of qualitative and quantitative approaches. This method donates a distinctive approach that entails various modes of bringing together qualitative and quantitative research (Brannen, 2008). Qualitative approach was used to interpret social interaction and more emphasis was on words, coding and themes while quantitative approach was used to analyse more frequency of occurrence of thematic elements of text and emphasis on numbers of frequency of occurrence. It involve the use of interviews to gather data about people's thoughts, attitude, perception and behaviours. This design helps gather information from large sample size within a relatively shorter time by employing the use of interviews schedules hence cutting down on costs (Kothari, 2004).

Therefore the study mainly focused on influence of interpersonal communication barriers between parent and youth on HIV prevention in North Kamagambo Location.

### **3.3 Study Area**

The study was segmented into sub-locations namely, Kameji, Koluoch and Kamwango of North Kamagambo Location, Migori County. North Kamagambo Location is one of the four Locations (wards) in Rongo Sub County with a population of 18,755 covering an area of Sq. 46.40) in the attached reference.

The Locations (wards) includes Central Kamagambo Location, North Kamagambo Location, East Kamagambo Location and South Kamagambo Location respectively. North Kamagambo Location was selected for this study as it was the most affected region within Rongo Sub- County which compose of four other Locations. It is also a place of confluence for a widely varied clientele due to its economic activities, education level, social activities and its geographical features.

### **3.4 Target population**

Population is a complete set of individual's cases or objects with common observable characteristics (Mugenda, 2003). The target population is the entire aggregation of respondents that meet the designated set of criteria, it consisted of all the entire population which is segmented as mothers, fathers, sons and daughters.

The target population of the study were from the three sub Locations Kameji, Koluoch and Kamwango of North Kamagambo Location which consisted of 18,755 according (NCPD, 2009). Stratified sampled was used to sample the entire population into different sub groups or strata i.e. fathers, mothers, sons and daughters respectively whom were

randomly selected from different strata between 15-30 youth age and between 30-50 parents age. Therefore, the researcher used simple random sampling technique to select a minimum of 240 respondents of whom 80 respondents were for in depth interviews and 160 respondents were for focus group discussion and every unit in a stratum had the same chance of being selected to satisfy the study.

Mugenda & Mugenda, (2003) define population as a complete set of individuals, cases or objects with common observable characteristics. This study involved four categories of participants distributed respectively by stratified sampling technique by sampling mothers, fathers, sons, and daughters respectively. This will help the researcher to get valid in-depth result rich with varied information on influence of interpersonal communication barriers between parent-child on HIV AIDS prevention in North Kamagambo Location.

### **3.5 Sample size and Sampling Techniques.**

A sample is part of accessible target population that had been procedurally selected to represent it (Oso & Onen, 2009). The sample consist of two hundred and forty (240) participants selected from three sub Locations in North Kamagambo Location with a total population of 18,755.

Sampling is a process of selecting a group of people's behavior with which to conduct a study. This refers to the technique or the procedure the researcher adopts in selecting items for the sample, (Kothari, 2003). The researcher employed the stratified sampling and simple random sampling procedures whereby each element of the frame thus has an equal probability of selection from three clans within North Kamagambo location. Simple random sampling was preferred on the basis that, "it give the most reliable presentation

of the whole population, while stratified sampling technique was used to divide the entire population of North Kamagambo Location into different sub groups or strata i.e. fathers, mothers, sons and daughters, then randomly select the final subject proportionally from the different strata (Collins, Onwuebuozie & Jiao, 2006). After that the researcher used simple random sampling technique to select the respondents to question. (Moore & McCabe, 2005) define simple random sampling technique as the selection of sample of size  $n$  consisting of  $n$  individuals from the population, chosen in such a way that every set of an individual had an equal chance of being selected.

The researcher randomly numbered the entire 18,755 population of North Kamagambo Location and selected every 10<sup>th</sup> person in the population in the list, repeating the procedure until the sample size of 240 respondents were obtained.

### **3.5.1 Stratified Sampling**

This is a technique which attempts and restrict possible sample to those which are less extreme and further ensures that the entire population were presented in the sample in order to increase the efficiency. It was applied such that certain segments of the population were not over presented or under presented. Stratified sampling attempts to maintain the same proportionality on the stratification as occurred in the population.

### **3.5.2 Simple Random Sampling**

In simple random sampling all subsets of the frame were given an equal probability of selection, any given pair of element has the same chance of selection as any other pair. This was to minimize bias and simplify analysis of results. Therefore, the variance between individual results within the sample was a good indicator of variance in the overall population which makes it relatively easy to estimate the accuracy of results.

Simple random sampling was preferred on the basis that it was the most reliable presentation of the whole population.



**Table 3.5.3 Sample frame.**

Participants	Sample size	Respondents rate%
Father	60	25%
Mother	60	25%
Son	60	25%
Daughter	60	25%
Total	240	100%

### **3. 6 Data Generation Techniques**

There was Semi-structured (face to face) in-depth-interviews and focus group discussion used as the main tool for data collection. These tools were selected based on the nature of the data expected and time available for the study. The main purpose of this study was to identify and explore the nature and barriers of interpersonal communication between parent-youth on HIV prevention. The study was mainly concerned with parents and their youth idea, perception, attitude, emotion and psychological state which could only be obtained through in-depth-interview (semi-structured face to face interviews (Oso & Onen, 2009). Focus group discussion was used to obtain secondary data on the existing nature, barriers and measures to be taken on influence of interpersonal communication between parents and their youth on HIV prevention. The data collected was both qualitative and quantitative.

Despite the fact that, participants came from the same background, there were unique responses and experiences the researcher gathered which were of great significance to the

research. Being a sub county location with most affected population in the study, participants' exorted their experiences and perceptions with regard to influence of interpersonal communication barriers between parent-youth on HIV prevention.

The proximity of the study site made it easier for the researcher to schedule in-depth interviews and focus group discussion within the time frame. The researcher includes, location chief, village elders, and youth representative. Interviews and focus group discussions were therefore scheduled during chief Barraza, after church services, school games time and school weekends. This made them more relaxed and participated freely.

### **3.6.1 Focused Group Discussion**

The Focus group discussion (FGD) is a qualitative data technique widely used in marketing research but it is also gaining favour in communication research. The main goal of Focus group discussion is to provide opportunity for the participants to talk to one another face to face about a specific area of study. The facilitator was there to guide the discussion which captured real life data in a social setting in the specific area of study.

Simple random sampling was done out of 160 respondents randomly distributed whereby the researcher segmented into groups of fathers, mothers, sons and daughters respectively. This was also to share and gather additional information about various aspects of the subject. Each panel took an estimated time of two hours. The researcher believed that two hours was adequate for each participant to get a chance to explain perspectives, knowledge or opinion on this research area. Respondents were informed three days' prior before the stipulated time. The research was done in a conducive environment with good settings for example rooms were of good air flow, respondents

were arranged whereby all members could see each other, everybody was provided with a name tag as well as refreshments.

This was done to foster participation, to keep the session moved appropriately, to keep the momentum of the conversation to go on and to help the respondents stay focused on the subject /question of the study.

### **3.6.2 In–depth interviews**

The researcher used interviews to directly engage with the respondents to obtain data through direct verbal interaction. They are used to investigate people's perception, attitudes, feelings and emotions, in other ward it is used to establish the motive of a given phenomenon and consider why they have to think in a particular way Cohen, , & Morrison, (2007) describe the meaning of central themes in the life of participants. Therefore, it is supposed to cover both factual and meanings at a given level. Kvale, (1996), interviews are also useful for getting the story out behind a participant's experiences as the interviewer pursues in-depth information that cannot be obtained using other methods such as observation and questionnaires. (Mc Namara, 2009; Mugenda, 2003).

Interviews are important tools for qualitative research because it allows the researcher to gain insight into the subjective understanding of the participants, giving the opportunity to not only observe the behaviour and character but subsequently understand the meaning underlying the behaviour and explained this meaning to the researcher on the participant's own words. The interview setting was as natural as possible to accommodate all the interviewees.

All the factors explain above are pertinent and are consistent in this study as well as interviews conducted in an agreed place at the participants' convenience to aid information flow. The language used was mother tongue, Kiswahili and English. All respondents participated in places like churches, chief Barraza and schools (primary, secondary and colleges) at their convenience time.

The researcher was competent in communication and interpersonal skills that enabled her to carry out these interviews and gather adequate in-depth information required to make this study be successful. A standardized open ended questions were applied to all interviewees for ease of analysis and comparison.

### **3.7 Data Analysis**

The response was classified into themes and sub themes for ease of analysis using both qualitative and quantitative techniques. The researcher sought to analyse, describe and interpret data based on research objectives and questions and present the data in form of frequencies, tables, percentages and explanatory notes.

The goal of analysing and interpreting data is to reduce the enormous amount of raw data that had been collected to a manageable sum. Qualitative data analysis seeks to make statement on how categories or themes of data are related since data collected was in a text form. There were other various steps in thematic analysis as espoused by (Jwan & Ong'ondo, 2011)

The first step in qualitative data analysis was cleaning up the data (Jwan & Ong' Ondo, 2011; Dornyei, 2007; Clarke & Braun, 2006). This involved changing the data from verbal to written form which applied to the data collected through interviews recorded in

audio to ensure that no cues were neglected or forgotten. However, the researcher was fully attentive and concentrating on probing the participants during interviews (Jwan & Ong'ondo, 2011). Data collected from focus group discussion was recorded in writing, this step of data analysis help in further understanding of the data and facilitated close reading of the data while Clarke & Braun, (2007), was generally used in labelling, filing and organizing the dated data into folders.

After the transcription, the researcher re-familiarized with the data which was known as pre-coding (Dornyei, 2007). This process involved sampling techniques to read the data to form a general idea of what the data said and the researcher initial thoughts (Interpretation) regarding the data. At this stage the researcher questioned the record added to it, commented on it and relate the ideas led from the text to the themes in the study. This involved removing the shutters and fillers which did not add meaning to the data.

A new transcription resulted from this process was further analysed in the next step which had three phases: The first phase coding Jwan & Ong'ondo, (2011), which was also refers as encoding. It was started with the clean-up transcription from the previous step and involved highlighting data related to the research questions, the scope of the study and review of the literature as they emerged from the data.

At the same time, the researcher allow codes not previously identified to emerge from the data consistently with qualitative research. Any data that did not fit into identified themes at this stage were highlighted and labelled "later" "since it could be useful at a later stage (Clarke & Braun, 2006). The transcriptions that emerge from this stage contained data that had been re-organized under sub headings according to the codes raised.

Second phase coding was also referred to as axial coding Creswell, (2009), it involves grouping similar data in the list of codes generated in the previous stage to avoid overlaps and repetitions. Therefore, several codes were merged into categories at this stage. Data was also recognized to be necessary by demoting relevant categories into codes or upgrading certain codes into categories was considered necessary at this stage of dependent on the emerging categories (Jwan & Ong'ondo, 2011). As the codes were merged into broader categories, the number of codes considerably reduced. Through this phase of coding redundancies and overlaps were removed Dornyei, (2007), hierarchies created for codes, Litchman, (2006) and the data reduced Creswell, (2009) in this interactive phase of coding. The researcher went back to the original data labelled "later" to relate it to the new categories created. This phase generated data which was also added to the "later" folder depending on the new categories.

This phase also generated data which was re-read to ensure that all the candidate themes (categories) and sub themes (codes) had relevant data (Clark & Braun, 2006).

The third phase coding Jwan & Ong'ondo, (2011) in another word, selective coding Creswell, (2007) and involved grouping categories of data into themes that would correspond significantly to the research questions in this study. During all the phases, the researcher engaged with peers and supervisors to review more literature and further develop themes (Jwan & Ong'ondo, 2011). In the written stage the researcher assumes to capture the study categories, codes and relevant data and further explain the data in a way that could be understood by the reader.

This stage involved paraphrasing the participant's statements, removal of unnecessary repetition and accurately reporting the result of the study. The researcher interpreted the

general feeling of the participants by highlighting what most participants expressed versus the perception of one or two participants. The researcher relates the data across the various data sets by checking the interview data against the recorded data. This is by noting the interrelatedness, the emerging distinction to give the report, the characteristic richness of a qualitative research report (Jwan & Ong'ondo, 2011).

The study established ten main themes related to the question of influence of interpersonal communication barriers between parents and their youth regarding HIV prevention. These themes include: Dynamic in relation, humour and jokes, parental responsibility, bonding with one's child, impact on parental upbringing, Culture, Perception, Time, language and attitudes.

### **3.7.1 Trustworthiness**

Trustworthiness of a study enhances the utility value of the study, hence it could be used as a point of reference or used for other purposes, (Jwan & Ong'ondo, 2011). Dependability, credibility and conformability are aspects which add truthfulness of a qualitative study.

### **3.7.2 Dependability**

This is the extent to which a research process is covered with clarity and detail to enable visualization by the reader (Yin, 2003). A thick description of the entire research process has been done to enable readers to visualize the process and other researchers to use the same process to replicate the study and arrive at similar findings within the same content.

### **3.7.3 Credibility**

This refers to the quality or trustworthiness of a piece of qualitative research. It can refer specifically to the extent to which the findings and explanations within qualitative report are recognized and understood by the participants, but can only be extended to include considerations of all aspects of the study.

### **3.7.4 Conformability**

This refers to the objectivity of the research findings in qualitative research Van Wynsberghe & Khan, (2007) with regard to how neutral and free the study results are from the influence of the participant's researchers or institutions involved (Jwan & Ong'ondo, 2011). This study was partial about reporting the reality as based on influence of interpersonal communication barriers between parent youth on HIV prevention. The reality established during the data collection had been presented without any alteration. Zaki & Ochsner, (2011), taking care to ensure the findings were not contaminated by influences from any parties involved in the study and avoiding any misrepresentation of findings.

## **3.8 Ethical Consideration**

The major ethical consideration considered by the researcher were, keeping the confidentiality of all the information from the respondents, protecting the respondent's identities, and their rights and to exercise their freedom of thought. The researcher also had to maintain high moral standard and intellectual integrity of respondents. To ensure that any attempts that would jeopardize the security and confidentiality of data were eliminated during and after the study. And to avoid individual exposure, the



information would be in the custody of the researcher and would be destroyed after the final submission of the final draft.

## **CHAPTER FOUR**

### **DATA ANALYSIS AND DISCUSSION**

#### **4.1 Overview**

This chapter presents data collected from the target population, analyzed and presented. The results were on the influence of interpersonal communication barriers between parents and youth on HIV prevention in North Kamagambo Location, Migori County. The study sought to answer the following questions: what were the nature of interpersonal communication between parent and youth on HIV prevention? What were the interpersonal communication barriers between parent-youth on HIV prevention? What measures are taken to overcome interpersonal communication barriers between parents and their youth on HIV prevention?

The study used percentages and frequencies which were then presented in tables and explanations given in prose. Findings were based on the objectives of this study.

#### **4.2 Nature of Interpersonal Communication between Parents and their Youth on HIV prevention**

The study sought to establish the level of interpersonal communication between parent and youth on HIV prevention in North Kamagambo Location. The variable measured the nature of interpersonal communication, barriers between parent youth regarding HIV prevention in North Kamagambo Location.

##### **4.2.1 Dynamic in Relation between parent and youth.**

Dynamic in relation can improve parent and youth interpersonal communication on HIV prevention. However, there are several determinants of a dynamic in relation which

includes, humour and jokes, parental responsibility, bonding with one’s child, uncertainty and impact on parental upbringing.

Qualitatively the researcher was looking at the frequencies and occurrence of certain text elements that define dynamic in relation between parent-youth on HIV prevention. Communication is within the context of the nature of interpersonal communication by showing how it helped break communication barriers on HIV prevention.

The researcher was using qualitative analysis to say more about the frequencies of occurrence of thematic elements of texts and the meaning arising out of the context that are used in a qualitative study. These textual elements and their frequencies are counted to derived meanings. Regarding the dynamic nature in relation, the study sought to establish the effect of relationship dynamic in interpersonal communication barriers between parent and youth on HIV prevention. The participants interviewed were asked to state how often they communicate with parent and youth as the results were as shown in table4.2.1.

**Table 4.2.1 Dynamic in Relation between parent and youth.**

Dynamic in relation	Frequency	Percentage
Most often	40	50%
Often	10	12.5%
Not often	25	31.25%
Not at all	5	6.25%
Total	80	100%

**Source: Field data (2018)**

The findings in table 4.2.1 above, 31.25% of respondents required improvement because dynamic in relation was not often between parent and their youth. 50% of respondents were most often create dynamic in relation but, was still below average to improve parent-youth interpersonal communication on HIV prevention. Respondents who perceived dynamic relationship as being often were 12.5%. However respondent(s) emphasis was placed on building children self-esteem and teaching them to resist peer pressure by trying to improve the not often dynamic relation which was 31.25%. Therefore relationship can be more confusing sometimes when problem occur majority of youth focus only to some urgent problems at hand. Later they failed to realize the major issues at play. However, 6.25% of respondent (s) interviewed required improvement of interpersonal communication between parents and their youth on HIV prevention in North Kamagambo Location.

Reported by one of the interviewee, "my traditional beliefs and norms prohibit me from discussing HIV prevention and furthermore it looks very shameful, I know that is our grandfathers and grandmothers duty to tell their grandchildren (M1 interviewed 2018)".

"Rarely do I discuss with my children matters related to HIV prevention because of my cultural beliefs and practices. My children normally get information from their peers and other sources. (F1 interviewed, 2018)."

Another respondent's statement, "am not allowed to teach my youth health matters i.e. HIV prevention because my beliefs and norms prohibit me as a father. Actually it looks like an abomination for me as a parent. (F2 interviewed, 2018)"

Some of the respondent(s) felt uncomfortable communicating to their children about sexual issues. This is due to the fact that sexual conversations were deemed as a taboo subject in many African communities for example, Ghana, Sierra Leone, Nigeria and South Africa (Engrail, 2006).

Social scientist emphasizes the importance of the frequency and timing of parent-child interpersonal communication. Most parents felt that their responsibilities were over once they had “big talk” in early age. Children may have perceived the extent to which their parents communicate effectively (Jaccard & Dittus, 1998).

#### **4.2.2: Humour and jokes**

Participants were asked to give their opinion on how humour and joking facilitate interpersonal communication on HIV prevention among the youth. The findings are presented in the table 4.2.2.

**Table 4.2.2: Humour and Jokes**

<b>Humour and jokes</b>	<b>Frequency</b>	<b>Percentage</b>
<b>Strongly agree</b>	<b>30</b>	<b>37.5%</b>
<b>Agree</b>	<b>40</b>	<b>50%</b>
<b>Disagree</b>	<b>10</b>	<b>12.5%</b>
<b>Strongly disagree</b>	<b>0</b>	<b>0%</b>
<b>Total</b>	<b>80</b>	<b>100%</b>

**Source: Field data (2018)**

According to the findings, 50% of respondents interviewed agree that, for effective interpersonal communication between parents and their youth on HIV prevention, the use of humour and joking are required. Humour is applied as a way to communication, a means to get children feel free and open up their mind for discussion. 8% of respondents disagree that, parent-child interpersonal communication depends on family system and structure of communication. Therefore, for effective interpersonal communication the use of humour and joking was viewed as a good starting point to enhanced dynamic in relation and rapport between parent-child communication barriers on HIV prevention.

Fewer respondent(s) stated that, their interpersonal communication with their children about HIV prevention was not as easy parse, but others strove to create humorous learning environment.

Interviewed respondent(s) said, "to make the conversation lively make sure you apply vivid remarks for everybody to participate and feel comfortable. This will make them open up their mind to listen keenly to your information, thus put the atmosphere better for them at home. Normally joked eases hatred between yourselves, then you will not create gaps (M3 interviewed, 2018)."

Another respondent stated, "an interaction that begin humorously could either remained hearted or mastered". Parents should lower their tone variation to maintain the conversation status squo, other ward humor was viewed as a good "starting point" for conversation as reported by one of the interviewee, she stated that, sometimes it is easier to open the conversation humorous and later use joking words, then later become serious on your point "you know "so they will be open to you. (M2 interviewed, 2018).

According to Barnes & Olson, (1985) he conducted a study between parents-child communication and the Circumflex model of marital and family system and analysis of the parent-child communication scale data create generation differences. The findings clearly demonstrated the sex differences between youth males and female on how they perceived their communication with their mothers and fathers or how of either sex perceived their interpersonal communication with male or female child on HIV prevention.

### **4.2.3 Parental Responsibility**

The study sought to establish the fulfilment of parental responsibility in interpersonal communication nature between parents and their youth on HIV prevention in North Kamagambo Location. The participants were also asked if they adequately fulfil their parental responsibility on HIV prevention issues. The findings are shown in 4.2.3.

**Table 4.2.3 Parental Responsibility**

<b>Parental responsibility</b>	<b>Frequency</b>	<b>Percentage</b>
<b>Very satisfactory</b>	<b>35</b>	<b>21.9%</b>
<b>Require improvement</b>	<b>40</b>	<b>25%</b>
<b>Satisfactory</b>	<b>80</b>	<b>50%</b>
<b>Require improvement</b>	<b>5</b>	<b>3.1%</b>
<b>Total</b>	<b>160</b>	<b>100%</b>

**Source: Field data (2018)**

Findings stated that 25% of focus group discussion were satisfactorily stating that, parents are not only care takers but they are instrumental in the development of their

children's social, cognitive and physical well beings. While 50% of respondents required greater improvement in interpersonal communication with a consistent follow up in them, 31% were unsatisfied with the way parents handle their youth on HIV prevention in North Kamagambo Location. In fulfilling parental responsibility, the respondents interviewed stated that 50% require greater improvement on the interpersonal communication skills to enable them be effective communicators between parent-youth on HIV prevention. Data presented above indicated that 21.9% of the respondents were very satisfied with parental responsibility, but from the look of perspective the percentage cannot improve interpersonal communication barriers between parent youth on HIV prevention among the youth who are at risk of infection.

One of the respondent(s) highlighted that: "parental responsibility is to provide encouragement, support and access to activities that enable their children to master key development tasks. (M 46 Fgd 2018)"

Interviewed respondent said, "with the experience I have "it is my duty to impart knowledge and skills to my children". Parents in the sub category expressed specific ideas about what is meant to be a parent –someone who guides loves, protects, and provides for their children. They viewed their parental responsibility in a concrete way to improve their interpersonal communication barriers on HIV Prevention. (F4, Fgd 2018)."

Other respondent(s) also commented that: -This is your responsibility as a parent. You should take care of your children. Let them know what is going on out there concerning healthy behaviors, let them know about HIV Infection as a dangerous disease, but only if you don't take precaution (F38 Fgd 2018).



Similarly, most of the respondent(s) highlighted, parental responsibilities in a family is to teach and provide discipline of the highest order. When one of them noted that, “I know parents sometimes love their children differently. I had discussed that with my husband, if anything my children will get first. Because the love I have for my husband cannot be compared with the love I have for my children. (M26 Fgd, 2018)”.

Another respondent commented, that is unconditional love, my children will still remain. Unfortunately, I divorce my husband and forget about him, likewise may separate forever, but a mother’s love or a parent love is very strong as we always want them to succeed in life.

One of the respondent stated, “We don’t want them to feel disappointed or hurt. One morning I told my daughter if I find somebody messes with you!!! In a minute I will be down there in Nakuru!!!!!!!!” she said’ ‘Oh my God you are serious Mum!!!! I said I know! But be glad to have a loving Mum before it is all over with you (Laugh) (M17 Fgd, 2018)”

The above quotes stated that respondents viewed it as their duty to love, protect, and share information with their children, they also acknowledge some of the limitations on their role as parents. Most of them felt it was their responsibility and obligation to provide relevant information about poverty, relationship about sex and about drugs, but recognized that the ultimate decision making came down to their children. In other words they could provide guidelines, but they could not ensure health services.

According to Kinsman, (2001) parents need to communicate in a manner that is going to be effective in bringing about positive behavioural changes between them and their

children. He further suggests that, not only should parents communicate with their children, but they need a good approach to such issues.

#### **4.2.4: Bonding with one’s child**

The study sought to establish how relationship with one’s child is secured. The respondent(s) felt that prior relationship with one’s child can be achieved through creating emotional bonding, building trust, creating rapport and respect during interpersonal communication between parent and youth on HIV Prevention. The findings are as shown in table 4.2.4 below.

**Table 4.2.4 Bonding with one’s child.**

Bonding with one’s child	Frequency	Percentage
Very secure	30	18.75%
Secure	60	37.5%
Insecure	70	43.75%
Total	160	100%

**Source: Fielddata (2018)**

Findings in table 4.2.4 43.75% of Fgd respondents felt insecure about parent-child relationship from the perspective of social life aspect, this is because it defines the difference between success and failure of parent –youth interpersonal communication on HIV prevention. While 37.5% of respondents mentioned the importance of creating rapport, building emotional bonding, kindness, and maintaining a positive attitude to balance the relationship with your children hence allow space for discussion about healthy behaviours and HIV prevention. Other findings revealed that only 18.75% of

respondents felt much secured because they were able to share their feelings, opinion about HIV prevention with their youth.

One of the respondent said that, “when there is a loving relationship between you and your children, this is not love/hate relationship, respect them and they also retrospect the basic bond of love you own them and this would make everything easier. But if that does not exist everything would not be easy. (F8 Fgd, 2018)”.

Chris (2003), he helpfully confirms a common maxim that developing a trust relationship is one of the most important things parents can do to maintain a consistent communication between themselves and their children.

The importance of effective interpersonal communication was immeasurable in personal life Buzzanell (2000). From perspective of social life aspect, effective communication is absolute because it commonly account for the difference between success and failure in HIV prevention. Children might undermine the received trustworthiness of parents as an information source.

#### **4.2.5: Uncertainty to Discuss HIV prevention.**

The study sought to find out uncertainty on discussion of HIV prevention among youth. Participants were asked how often they discuss on HIV prevention among the youth. The findings are presented in table 4.2.5 below.

**Table 4.2.5: Uncertainty to discuss HIV AIDS prevention.**

Uncertainty	Frequency	Percentage
<b>Very stable</b>	<b>10</b>	<b>12.5%</b>
<b>Stable</b>	<b>20</b>	<b>25%</b>
<b>Unstable</b>	<b>60</b>	<b>62.5%</b>
<b>Total</b>	<b>80</b>	<b>100%</b>

**Source: Field data(2018)**

The findings in table 4.2.5, 62.5 % of respondents interviewed showed how often they lack the knowledge and skills, hence were uncertain on how to go about discussing HIV prevention with their youth. However, they encountered the difficulties and lack of information available for their special needs (children). Surprisingly enough, 37.5% of respondents agreed that uncertainty was stable or very stable despite the fact that it was still below the average. Furthermore, uncertainty was unstable due to lack of knowledge/skills necessary for interpersonal communication between parents and their youth. Therefore, successful and effective communication stem from the implementation of communication process between parents and their youth. Participants were allowed to respond during their face to face interaction for ease of effective interpersonal communication.

A majority of parents also highlighted that, being friendly during conversation capsulated parents who spoke of being gentle, kind, and warm, interested or maintained a positive attitude during conversation. This include parents who talked to their children as a

‘friend’ rather than an authoritative figure. Apply jokes or strive to maintain a pleasurable learning environment.

Examples of response from interviewed respondent(s) were as follows: “try to be polite to your children, tell them the truth and right direction to follow. Give a clear instruction and explain clearly your points for them to understand. Withdraw your professional tittle or scientist abbreviations, but come down to their level. Be like a school teacher and deal with the things you know they will understand that will work better. (M21 Interviewed, 2018)”.

The second respondents said that, “I always don’t talk with them about health behaviors or related issues in a serious manner, because they may fail not to participate. But always try to discuss health behaviors in a simple manner, like putting your dignity to their age bracket and not emotionally driven, automatically you can win them and may be ready to hear from you if accurately acknowledge your present. (F48 interviewed, 2018)”.

The third respondent said, “You may feel very confused when you are kissed. Ah Ah Ah Ah..... (they start laughing) as if you are silly”. And you say No. Mum it is bad. They respond Yea!!!!!!!!!!!!!! You know we are grown up, we are not kids “play around”, it is a sign of opening a dialogue (M 24 interviewed, 2018)”

According to Freithmuch &Kaen, (2005), as a process, communication is the founder mental element in understanding human behavior and is useful in seeking solution to problem afflicting the society, therefore successful and effective communication consist of both the sender and receiver attention in the process.

#### 4.2.6: Impact of Parental Upbringing.

The study sought to establish the participants' opinion on the effect of parental upbringing on HIV prevention among the youth. In focus group discussion respondents were asked to express their views on the parental upbringing and give their feelings, ideas and opinion for interpersonal communication. Findings are shown in table 4.2.6 below

**Table 4.2.6: Impact of parental upbringing**

<b>Impact on Parental Upbringing</b>	<b>Frequency</b>	<b>Percentage</b>
Strongly agree	80	50%
Agree	40	25%
Disagree	30	18.75%
Strongly disagree	10	6.25%
Total	160	100%

**Source: Field data (2018)**

Focus group discussion findings in table 4.2.6, 75% of respondents agreed that parental upbringing was a responsibility for all parents who strongly agreed or agreed. This showed improvement of interpersonal communication between parent and youth on HIV prevention in North Kamagambo Location. Unfortunately, 6.25% of respondents stated that parental upbringing had no positive impact on HIV prevention among their children (youth). While other respondents stated that, they were agents of communication role model, they learned about healthy behaviors to avoid infections like STI's and HIV infection.

Due to that life experience and exposure they know how to talk to their children for instance: one of the respondent(s) highlighted,

” I often discuss with my father how we can protect ourselves against infection, and they always encourage such discussions without shame because of unpredictable outcome (S 76 Fgd, 2018)”.

Another respondent also said “I am not a shamed and my mother too knows it better we share such information together. (D 90 Fgd, 2018)”.

The impact of parental upbringing was identified by 75 % of respondents in the study, hence giving examples of their own family backgrounds for instance family culture and parental role model. This had reduced the spread of STDs and HIV prevention among their children. The study captured those parents whose upbringing had positive effects on their communication with their children (youth), hence it had encouraged and facilitated communication process between parents and their youth. Furthermore some respondent(s) gave examples which were relevant to the study by stating that, they were role model in their life when they were growing up and this had enable them to speak more easily with their children on HIV prevention .Although other participants noted that ,they were raised without a strong communication role model during their time hence they lack exposure ,instead had little knowledge and skills to share about healthy behavior with their children and the HIV prevention at family level.

#### **4.3 Barriers to Effective Interpersonal Communication on HIV Prevention.**

The second objective of the study sought to establish barriers to effective interpersonal communication on HIV prevention. The variables to be measured were: Cultural barriers,

perception barriers, attitude barriers, time barriers, place barriers, language barriers and relevant content were basically used to measure the interpersonal communication between parents and their youth.

#### **4.3.1: Cultural Barriers**

The study sought to establish how culture is a barrier that affects interpersonal communication between parent-youth on HIV prevention, i.e. beliefs, norms, taboos and values. Barriers of interpersonal communication are determined by culture of the community regarding HIV prevention in North Kama ambo Location. Cultural barriers can be improved upon by effective parent-youth interpersonal communication. Meanwhile there were several determinants of cultural barriers that affect interpersonal communication between parent and their children when discussing HIV prevention in North Kama ambo Location. This includes, belief, norms, taboos, values, perception, attitude may not facilitate interpersonal communication process.

Qualitative approach was used in locating the frequency of occurrence of certain contextual elements that define cultural barriers between parent-youth on HIV prevention. Communication within the context help identify interpersonal communication barriers between parent and their youth. However, this will help break communication barriers on HIV prevention.

The frequency of occurrence of these textual elements were critically examined as emerging themes from respondents respectively. Using quantitative method to say more about the frequency of occurrence of thematic elements of texts and the meaning arising out of the context as used in a qualitative study. These textual elements and their frequencies are counted to derive meaning. The findings are shown in the table below:



**Table 4.3.1: Cultural barriers**

Cultural Barriers	Frequency	Percentages
Beliefs	30	18.75%
Norms	20	6.25%
Taboos	70	43.75%
Values	40	31.25%
Total	160	100%

**Source: Field data (2018)**

In focus group discussion findings in table 4.3.1, 6.25% of respondents stated that, cultural norms affect interpersonal communication between parent-youth on HIV prevention, moreover, it acquires greater change of communication pattern.43.75% of respondents depends on cultural background of taboos which had greater effects on their interpersonal communication between parent-youth on HIV prevention. It was found that, culture influence one character and personality, therefore it changes the way one think, behave and communicates.25% of respondents was either norms or belief that limit interpersonal communication between parents and their youth on HIV prevention. They believed that, this task was given to people who were senior like grandmother, grandfather, aunt and uncle and other relatives within the homestead. In this era of HIV pandemic, society’s need to examined their cultural norms and do away with those that are not helpful in confronting the new challenges. Schools should also be at the forefront

to avoid some traditional practices which might hinder interpersonal communication between parent-youth on HIV prevention.

Respondent(s) remarked, " longtime ago these teachings were being conducted by family elders of the same gender for example grandmother(daughter), grandfather (son) they were the right people to teach the new generation on how children can refrain from infections like HIV AIDS. (Fgd, 2018)". Another respondent also stated that, today's children right and privileges made parentsto fail in giving direction to their children when still young. (M4 Fgd, 2018).

#### **4.3.2: Perception Barriers**

The study sought to find out the stability of frequency and confidence in dialogue on HIV AIDS prevention. Participants were asked to state whether neutral, positive or negative on HIV AIDS prevention among youth in North Kamagambo Location. Every respondent was asked how often they perceived interpersonal communication with their youth on HIV prevention. It was indicated that majority lack trust with one another, when communicating knowledge on health issues pertaining to infections? Findings are shown 4.3.2 below.

**Table 4.3.2 Perception barriers**

Perception Barriers	Frequency	Percentages
Positive	30	18.75%
Negative	40	25%
Neutral	90	56.25%
Total	160	100%

**Source: Field data (2018)**

Findings stated that, 25% of respondents had negative perception on HIV prevention through interpersonal communication between parents and their children, while 56.25% of respondents were neutral in a continuum, they were either positive or negative quite unstable in their feelings. It was quite unconditional to enhanced interpersonal communication on HIV prevention within the family level. 18.75% of respondents were very stable since they were always having open and direct dialogue with their youth on HIV prevention. In a nutshell, perception is an international barrier that occurs within a person's mind,

As one of the respondent stated, "It is difficult to discuss with my children about HIV prevention since it looks so shameful to me, they also feel shame too. For a girl it looks quite embarrassing and my son will also feel the same (F72, Fgd 2018)".

Another respondents stated: "since I am a HIV positive carrier, I often discuss with my youth's about HIV prevention and how one can be affected. My main aim was to let them acknowledge the significance of my words, my health status and compare with theirs" (M94 Fgd 2018).

The study found out that most parents were not discussing with their children matters on sexual behaviour until they discovered that, they had already made difficult sexually related decision. Youth may tell their parents only their interest in order to avoid awkward situation. For instance, mothers were more likely than their youth to report that they had familiar discussion about sex and parental satisfaction with the parent –child relationship was not predictive to teen's satisfaction. Therefore, information that children

get from their parents are observational and indirect. Quite often they do not get comprehensive information from parental conversations about sex.

In line with findings from (Burgers et al,2005) indicated that the underestimation of the sexual behaviours of youth were based on erroneous assumptions made by the mothers and also positive parental perceptions of the parent –child relationship increased the underestimation by the parents of the youth sexual behaviour

### **4.3.3: Attitude Barriers**

The study sought to establish, the mental state which involved emotion, feelings, behaviour, traits and disposition to act in certain ways used in interpersonal communication between parent and their children on HIV prevention. Findings are showed in table 4.3.3 below:

**Table 4.3.3: Attitude barriers**

Attitude Barriers	Frequency	Percentage
Feelings	15	18.75%
Emotion	50	62.5%
Behaviour	10	12.5%
Traits	5	6.25%
Total	80	100%

**Source: Field data (2018)**

Interviewed findings in table 4.3.3, 62.5% of respondents agreed that, emotion was a mental state that varies as per the attribution and beliefs of individuals which may affect

interpersonal communication barriers between parent and youth on HIV prevention. 18.75% of respondents agreed that feelings was an attribution that participants used to verify their subjective norms with optimum dependency upon HIV prevention among youth in North Kamagambo Location. 18.75% of respondents were either from behavior or traits.

One of the interviewed respondent(s) stated, "I am not willing /attempting to talk with my children about HIV Prevention, since they know information on protection for such infection" (F55 interviewed, 2018).

Another one stated how sometimes it was difficult to discuss about HIV infection because this is a life style behavior which may affect the entire family members. (S34 interviewed, 2018).

The interview also revealed lack of rapport in relationship with parents and some respondents could hardly discuss issues related to health matters concerning HIV prevention. Parents failed to be role model in their behavior at family level (D4 interviewed, 2018)

According to Wang, (2002). Parents seem or afraid to confront their children about what relationship and sexuality is, mothers do not want to admit that their daughters are growing up, they feel threatened by a sexually developing teenagers and thus find it difficult to discuss issues with their daughters.

#### **4.3.4:Time Barriers.**

The study sought to establish how much time a parent spends with their children to enable them run the day to day interpersonal communication on HIV prevention. The findings are as shown in the table 4.3.4 below.

**Table 4.3.4: Time barriers.**

Time Barriers	Frequency	Percentages
More than twice monthly	0	0%
Once daily	15	35%
Twice daily	20	12.5%
Weekly	50	31.25%
Monthly	75	46.75%
Total	160	100%

**Source: Field data (2018)**

According to the findings, 12.5% of respondents observed that, time factor was a barrier for interpersonal communication between parents and their children on HIV prevention in North Kamagambo Location. 35% of respondents could only talk once daily hence did not know when, where, and how to make effective interpersonal communication on HIV prevention

Meanwhile 46.75% of respondent(s) could manage interpersonal communication with their children on monthly basis. Therefore, it was an indication of lack of monthly interaction between parents and their children on HIV prevention. Some parents said that due to the economic activities they engaged in the community i.e. grinding sugarcane day and night they had limited time to share with their children information on health behaviours and HIV prevention. One of the timing in Communication also matters in which type of message you wanted to pass across, is it right to delivered a message at that

particular time or hour? For an effective communication there must be feedback to show that the receiver is well timed.

Respondent (s) interviewed highlighted that,“due to poor communication they had in the family, they sometimes shy off sharing health behaviours with their parents (D7 Fgd, 2018)”. Some respondent(s) mentioned timing of discussion as an important issue. They stated that out of fondness it is verydifficult to approach the youth on such discussion” (Fgd, 2018)),

Other respondent(s)highlighted age as a barrier .Age made it difficult to discuss with my parents onhealth behaviours in a social setting as well as teaching on HIV Prevention (S5 F gd, 2018).They nevertheless reported that, most of the time, they discuss healthy behaviour s after taking supper in around table with their children. It is the best forum for sharing family matters. (Fgd, 2018).

#### **4.3.5: Place Barriers**

The study sought to establish the effect of place as a barrier in interpersonal communication between parents and their youth on HIV prevention. The findings are as shown in the table 4.3.5 below:



**Table 4.3.5: Place barriers**

Place Barriers	Frequency	Percentages
Family gathering	20	12.5%
School holiday	30	18.75%
Flexitime	70	43.75%
Unreliable	40	25%
Total	160	100%

**Source: Field data (2018)**

Focus group discussion findings in table 4.3.5 below, 43.75% of respondents were for flexitime which still need much improvement for effective interpersonal communication between parents and their children while 25% of respondents were unreliable for any interaction between parents and their children. This shows that there was still poor interpersonal communication between parents and their children on HIV prevention. In other ward it was an indication of an individual behavior and personal feeling toward HIV prevention .18.75% of the respondents use school holidays as their best time for discussing HIV prevention, meanwhile 12.5% of respondents perceived place as a barrier in terms of family gathering. The influence parents had on their children depends on them as a role model, how receptive they are, non-authoritative and their gender position and responsibilities in the family. Especially when father and mother tend to operate on an injustice model while son and daughter operate on a detrimental approach this may hindered them from efficient interpersonal communication within the family setting, as indicated in the following response.

Another respondent stated, “I often do talk with my father, because he usually provokes me in a conversation process and I found it difficult to sit closer to someone who is a dictator and authoritative parent” (S 68 Fgd, 2018).

It is critical to observe that, mother, daughter conversations occurs just before puberty, where discussion of menstruation, reproduction and sexual behaviour was done. The second stage occurs during middle youth and was often initiated by the daughter and the subject includes, birth control, rape, abortion and teenage pregnancy. The last stage is where social issues such as adultery illegitimacy are included. This stage reached adulthood and includes all members of the family (Chimbetwe, 2001). However, the same study revealed that in East Africa, Kenya, discussions between parents and youth were more focused on societal expectations and career than on sexuality issues and HIV prevention ( Mtikrakra, 2009).

#### **4.3.6: Language Barriers**

The study sought to establish how participants felt about the language used in interpersonal communication process between parents and their children on HIV prevention as follows mother tongue, Kiswahili and English. The findings are shown in the table 4.3.6 below.

**Table 4.3.6: Language barriers**

Language Barriers	Frequency	Percentage
Kiswahili	10	12.5%
English	20	25%
Mother tongue	50	62.5%
Total	80	100%

**Source: Field data (2018)**

Interviewed findings in table 4.3.6, 62.5% of respondents were using Vernacular language as majority of parents in the study area preferred using mother tongue as was easier for them, while 37.5% of respondents interviewed were using either English or Kiswahili which was not favored by many individuals. Respondent(s) stated, it was easy to use mother tongue than a complex language which may not create a barrier between us with our children when discussing HIV prevention (F 26 interviewed, 2018).

It was indicating that, majority of parents and their children understood each other to a greater extent when using mother tongue language. Finally, HIV virus targets the immune system and weaken the defense system against infection. Moreover, the social interaction with many different groups from different parts of the Location led to intermingle of different races in a small center called kopuodho in kamwango sub location when goldmine was at the peak from the year 1992 to 1997.

This eventually created a high risk of HIV infection, many people were infected from the age of 15 years and above. Unfortunately, Kopuodho still remain a place of goldmine up to date with a communal high risk of infection. The other issue that emerged is that of

language .One of the respondents stated, how mother tongue will help me have humble time with my children to explain to them the truth of the matter on health behaviors and HIV prevention(M42 interviewed, 2018)). Language involved the use of verbal and nonverbal cues to explain more of the verbal in a conversation set up. Majority of parents in the study area preferred talking with their children in their mother tongue.

#### **4.3.7: RelevantContent Barriers**

The study sought to establish respondent’s opinion on the effect of message content in characterization of the general family environment. There is potential relevance on content of interpersonal communication between father, mother and their children on health behaviours. The table 4.3.7 below display the result.

Table 4.3.7 Relevant Content

Relevant content	Frequency	Percentage
Strongly agree	20	12.5%
Agree	80	50%
Disagree	50	31.25%
Strongly disagree	10	6.25%
Total	160	100%

**Source: Field data (2018)**

From the findings in the table 4.3.7 above, 50% of respondents agreed that relevant content depends on the family structure (one verses two families, blended families, presence of grand parents or other relatives in the house hold, all are of potential relevance.37.5% of respondents disagree or strongly disagree stating that children viewed

their intra family communication with a greater negativism in the general family environment, but eventually all are of potential relevance. Findings stated that relevant content depend on emotion, feeling and psychological state which varied considerably among father, mother and their children. This therefore indicates lack of interpersonal communication at family level.

Youth responses indicated that there is positive interaction with their mothers than with their fathers in terms of greater degree of openness in parent child relationship. Consequently, youth responding to their intra family interpersonal communication with feelings of greater negativism. One discussant said, it was not easy for me discussing health issues with my father simply because we always differ in our responses, hence make it difficult to have interpersonal communication on HIV prevention at family level with even other siblings (S 19 Fgd, 2018),

Some of the discussants highlighted, “we found that the female sex (girls) were eager for information on health behaviour unlike the sons who deeply get discouraged” (M 31 Fdg, 2018). The question of which parent to get advice from is also one that determined interaction about HIV. One respondents argued that, “I usually get advice from my mother, and I apply that to other siblings. She taught me the kind of relationships I may share with my peers (D130 Fgd, 2018) “.

There were times that youth felt that their parents did not treat them as equally and that their parents seemed to fail in having adequate knowledge about current lifestyles and pressure (Pistella & Bonati, 1999). In line with Kinsman (2001) parents need to communicate in a manner that is going to be effective in bringing about positive behavioural changes amongst their children.

#### **4.4 Possible measures taken to overcome interpersonal communication barriers between parent and their youth.**

Interpersonal communication is the process by which people exchange information, feelings and meaning through verbal and nonverbal messages. This area of study provides communication skills to be developed, enhanced or improved with knowledge and practising interpersonal communication. Communication provides knowledge and skills where ignorance and myths prevail. Interpersonal communication attempts to promote proper behaviour and may further prevent people from contracting HIV which is one of the leading causes of death in Africa today. Communication empowers people by providing them with knowledge and understanding about specific problems for instance parent youth on HIV prevention. Communication can be used to inform, educate and persuade behaviour change as well as promoting healthy behaviour and lifestyle in the case of HIV prevention. Although HIV infection is high in Kenya a majority of the population particularly those in communities' lack understanding of messages, they lack the knowledge of transmission of HIV particularly among those not sexually involved. The cultural beliefs, values, norms and myths have played a role in the rapidly increasing epidemic in the rural communities and yet HIV communication programs had not yet addressed these factors adequately. The following are the possible measures to be taken to overcome interpersonal communication barriers on HIV prevention.

Therefore, prevention is essential since HIV prevention is neither simple nor simplistic reduction of HIV transmission. Eventually, the process needs wide spread, sustained effort and a mix of communication channels to disseminate messages on how to overcome barriers to HIV prevention among youth in North Kamagambo Location. The process needs

developing different programmes which can also be used to do better in the effort of behavioural change, reduction in number of sexual partners and sexual net working within the community for both infected and uninfected parties.

The use of persuasive interpersonal communication may help to educate person how to change their behavioural attitude on sexual activities in the community. More so, to communicate the benefits of male circumcision and pre exposure of prophylaxis that rendered behavioural strategies obsolete. Intervention derived from behavioural science have a role in overall HIV prevention, but they are insufficient when used by themselves to produce a substantial and lasting reduction in HIV transmission between individual or entire community. In a nutshell, the possible measures need to get the simplest founder mental of HIV prevention need to be agreed upon, funded, implemented, measured and achieved.

## CHAPTER FIVE

### SUMMARY, CONCLUSION AND RECOMMENDATION

#### 5.1 Overview

This chapter presented the interpretation and discussion of data collected and analyzed result of interpersonal communication barriers between parents and their youth on HIV prevention. The sections under this study include: summary organized into objectives 1 and 2 and the conclusion, recommendation and suggestion for further study.

#### 5.2 The existing nature of interpersonal communication between parents and their children on HIV prevention.

The first question sought to find out the nature of interpersonal communication between parent-youth on HIV prevention in North Kamagambo Location. As per the analysis of the data presented in table 4.2.1 the findings stated that, 31.25% of respondents require improvement for dynamic in relation and this was not often between parents and their children. While 50% of respondents had improvement for dynamic in relation between parents and their youth. This implies that 12.5% of respondents did not portrayed their interest at all. In table 4.2.2 findings revealed that, 50 % of respondents agreed that, humor and jokes was used as a way to get children feel free and open up their minds for discussion. While 12.5% disagreed as humor and jokes not a get way to effective communication..

In the case of fulfilling the parental duty in table 4.2.3 the findings stated that 25% of respondents require a major improvement and need for a follow up in them, while the other 3.1% were unsatisfied with parental roles on HIV prevention.



In table 4.2.4 stated that, 43.75% of respondent (s) felt very insecure since there was no emotional bonding between them and their children and lack of positive attitude to balance their relationship. Meanwhile 18.75% of respondents were very much secured and knew the importance of creating rapport, building emotional bonding and being kind to their children.

Finding in table 4.2.5, 62.5% revealed that there was uncertainty about how to discuss HIV prevention among the youth. It was found out that a combined percentage 87.5% of respondents were both very stable or stable. The success and effective communication depends on the channel used in communication process, which further stated, being friendly and gentle facilitate positive attitude in the communication process rather than being an authoritative figure. In table 4.2.6 findings showed that, 6.25% of respondents had negative impact on parental upbringing which resulted to unhealthy sexual behavior among the youth. Meanwhile 50% of respondents captured had positive effects on their communication with their youth on sexual behaviors.

### **5.3 To establish barriers to effective interpersonal communication between parent youth on HIV AIDS prevention.**

The second question in this study sought to find out how interpersonal communication create barriers between parent and their youth on HIV prevention in North Kamagambo Location. The study found out that in table 4.3.1 findings 43.75% of respondents were unsatisfied stating that cultural taboos affects interpersonal communication between parents and their youth, it was found that culture influence one character and personality and changes the way one think behave and communicate.

Findings also revealed that 31.25% of respondents found cultural values was unsatisfactory, hence acquire greater change. Therefore 25% was either norms or beliefs was also a great challenge between parent and youth on HIV prevention.HIV prevention.

In table 4.3.2, findings 56.25% of respondents were neutral in a continuum which was quite unconditional could not revealed their status emotionally, while 18.75% of respondents were positive and were ready to share with their children on how sexual activities could be handled at family level. In table 4.3.3, 18.75% of respondents agreed that feeling was an attribution that participants used to verify their subjective norms with optimum dependency. Meanwhile 18.30% of respondents were either from behavior or traits.

In table 4.3.4 findings, 46.9% of respondents stated that, they had limited time to share with their youth sexual behaviours and only 9.38% of respondents dedicated their time for such conversation but could only do it once daily.

In table 4.3.5 findings, 12.5% indicated low turn up for family gathering and it was found out that father mother tends to operate on an injustice model while sons and daughters operate on a detrimental approach thus hinders interpersonal communication on HIV prevention. While 18.75% of the respondents preferred school holidays as their best time for discussing health behaviors with their children. Therefore 25% were unreliable for any interaction between parents and their youth.

In table 4.3.6 findings, 37.5% of respondents revealed that either English or Kiswahili was applied depending on the age bracket of the child hence was promoting growth of knowledge in the society. Human beings are prone to errors and the information may not

be readily available. In table 4.2.7 findings, 6.25% revealed little or total lack of commitment on relevant content which only depends on feelings and psychological state between father, mother, son and daughter, while 50% indicated their positive interaction with their youth in terms of greater degree of openness in discussing sexual behaviours.

#### **5.4 Solution to possible measures taken to overcome interpersonal communication between parent youth on HIV AIDS prevention.**

The use of persuasive interpersonal communication may help to educate peers on how to change their behavioural attitudes on sexual activities in the community. The government should be able to identify and tract differences in medical care, illness and death across different groups or people to help meet the goals of the National AIDS strategic plan. The government should also create programs and policies to task people at risk for HIV and to educate people about the benefits of HIV testing, regular care and treatment. Through interpersonal communication parents to use accurate, complete and current information to communicate the risk of HIV in absolute term, parents to build trust between parent-youth and further take charge of prevention action with the goal of empowerment. Further to that parents to take a participatory approach by participating in all aspects of interpersonal communication and lastly parents need to use acceptable language and imagery when communicating about sexual health behaviour among the youth.

#### **5.5 Conclusion**

Based on the analysis of influence of parent youth interpersonal communication barriers on HIV AIDS prevention the problem stated that, there was lack of interpersonal communication (face to face) between parents and their youth for discussing HIV

prevention. Parents fear discussing sex behavior with their youth hence made them vulnerable to or no access to health related programs on HIV prevention. The perception and attitudes of parents and their children stated that, there was lack of rapport and emotional bonding between parent's youth to enhanced health concerned behaviors /activities. It was revealed that youth tend to operate on a detrimental approach and this may hindered them from effective interpersonal communication on HIV prevention

Therefore the study sought to investigate the nature and barriers of interpersonal communication between parents and their youth in North Kamagambo Location. The objectives stated were, the existing nature of interpersonalcommunication between parents and their youth on HIV prevention which includes the following themes, dynamic in relation, humor and jokes, bonding with one's child uncertainty in parental upbringing. While the second objective was barriers to effective interpersonal communication between parent youth on HIV prevention which includes, cultural barriers, perception barriers, attitude barriers and language barriers. All these barriers led to interpersonal communication breakdown between parents and their youth on HIV prevention.

Moreover each question was guided by literature which stated that, parent child interpersonal communication was associated by consistent contraceptive, fewer sexual partners and incidence of unprotected sexual behaviors, butforgetting to consider the nature, barriers and possible measures which can be used to overcome the barriers. Therefore HIV education and awareness is an important components of HIV prevention and a number of relevant HIV education policy will be published including education about HIV prevention, care and support for school pupils, secondary, higher learning institutions and education personnel's.

The study applied Social Learning Theory which states that, learning can be done through reinforcement and behavior is a function of subjective value of an outcome. Meanwhile Health Belief Model showed that the frequency of a behavior is determined by its consequences (reinforcement).

It was established that, culture can influence one character, personality and changes the way they think behave and communicate. Communication can also be used to inform, educate, and persuade behavior change on HIV prevention hence it can solve a problem and justify development of appropriate intervention.

The study used mixed research method whereby qualitative research method was used to interpret the social interaction and more emphasis was on words while quantitative method was used to analyze frequency of occurrence of thematic elements of the text.

The study concludes that the existing nature, barriers and the possible measures used to overcome interpersonal communication between parent youth on HIV prevention was based on the findings that, in table 4.2.1 findings, 31.25% of respondents required improvement for dynamic in relation while 12.5% of respondents did not show their interest at all. In table 4.2.3 findings, 14% of respondents were unsatisfied with parental roles on HIV prevention. Meanwhile in table 4.2.4 findings 18.75% of respondents were very much secured and knew the importance of creating rapport, building emotional bonding and being kind to their youth. In table 4.2.6 findings, 6.25% of respondents had negative impacts on parental upbringing which resulted to unhealthy sexual behavior among the youth.

In table 4.3.1 findings, stated that 43.75% of respondents stated that, cultural taboos affects interpersonal communication between parents and their youth on HIV prevention. Moreover, culture tends to influence one character and personality hence changing the way one think, behave and communicate. In table 4.3.2 findings, 18% of respondents were very stable since they always have open and direct dialogue with their children on HIV prevention In table 4.3.5 findings, 12.5% of respondents indicated low turn up for family gathering and it was found out that father, mother tends to operate on an injustice model while sons daughters operate on a detrimental approach thus hinders interpersonal communication on HIV prevention. In table 4.3.6, 62.5%of respondents were using Vernacular language to understand each other better. In table 4.3.7, 37.5% of respondents disagreed or strongly disagreed stating that children viewed their intra family communication with a greater negativism in the general family environment. Interpersonal communication is considered as a mutual, continuous process of sending and receiving and adopting both the spoken and unspoken messages between people so as to create and change the perception that exist in our minds

## **5.6 Recommendation**

In relation to the findings of this study, the researcher recommends training and education for both parents and their youth about sexual behavior /health which need to be provided by organizing seminars, workshops and conferences for parents and their youth respectively. Another emphasis is on building youth self-esteem especially teaching them to resist peer pressure, this is done by empowering them emotionally spiritually and mentally. Cultural beliefs and norms should be done away with those that are not helpful in confronting health activities in the community. The government should also introduce

sex education should continue to be part of learning from primary, secondary and higher learning institution.

### **5.7 Suggestion for further research**

The researcher suggest that a similar study should be done for the entire Rongo Sub county in Kenya .Another interesting area could be to determine the impact of interpersonal communication barriers between parent youth on health related issues in Kenya..There is also need to consider the right measures to be used to mitigate interpersonal communication barriers between parents and their youth.

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## **APPENDIX I LETTER OF INTRODUCTION**

**Rongo University**

**P.O BOX 103-40404**

**Rongo**

**Dear respondent,**

I am a graduate student at the School of Infocoms Rongo University Undertaking Master in Communication Science Public Relation and Media Studies. As part of fulfilment of my degree am required to carry out a research. Am intending to carry out a research on Implication of Youth-Parent Interpersonal Communication Barriers on HIV AIDS prevention in North Kamagambo Location, Migori County.

I intend to use stratified and simple random sampling to select 48 participants who include, fathers, mothers, sons and daughters aged 12-24 years old from varying backgrounds. You are requested to voluntarily participate on a one on one interview with me and a focus group discussion with fellow participants. All the information provided will be confidential and will be only for academic purposes.

This study will be important for parents, youths and the community in general since information given will contribute knowledge in Communication at family level and the Youth to obtain knowledge to empower them think about their sexual relationship to their gender in the modern world of HIV AIDS Infection. Thank you in advance.

Yours faithfully,

**PAMELA.A. OKONGO**

**Researcher**

**APPENDIX II**

**CERTIFICATE OF CONSENT**

I will participate in a study which aims at finding barriers to parents –youth communication on HIV AIDS prevention and sexual relationship matters. Analysis of families among Luo community in Kenya and I voluntarily agree to participate in the study.

Name of participant.....

Signature of the witness.....

Date.....

Statement by the researcher /person taking consent I have accurately read out the information sheet to the potential participant and to best of my ability made sure that the participant understands that the following will be done.

- 1) The participant will participate in the interview
- 2) The participant will participate in the focus group discussion.
- 3) The researcher will carry out participant observation.

I confirm that the participant will be given an opportunity to ask questions about the study, and all the question asked by the participant will be answered correctly and to the best of the researcher ability. I will confirm that the individual will not be coerced into giving consent and the consent will be given freely and voluntary.

Name of the researcher.....

Signature of Researcher.....Date.....

**APPENDIX III**

**FOCUSED GROUP DISCUSSION TO PARENTS**

**Age of members.....**

**Gender of Members.....**

**Number of Siblings.....**

**Geographical Location.....**

**QUESTIONS**

**1. Communication on parents and youth Sexual relationship issues**

- a) Do you normally talk about sexual relationship issues in the family?
- b) Does each member of the family participate in such discussions?
- c) Are all members of the family comfortable with the discussion?
- d) Is the discussion usually planned or it just come within other topics of family discussion?
- e) Do you normally have any family program on HIV AIDS prevention?

**Perception of Sexual communication**

- a) Have you ever heard of sex education?
- b) What is your opinion about providing sex education to children?
- c) Do you consider the distance you create when talking to your child on HIV AIDS prevention?

## **2. Frequency of interaction on HIV AIDS**

- a) At what time do you talk with any of your children (youth) about HIV AIDS prevention?
- b) Do you think that, what you share with your parents/ youth on HIV AIDS is sufficient or appropriate?

## **3. Content of parent youth Communication on HIV AIDS prevention**

- a) What issues do you normally discussed with your youth/parents?
- b) What determine what issues to be discuss with your child/parents?
- c) What aspect of HIV AIDS prevention do you feel comfortable or difficult to discuss?
- d) Are you talking to your children openly and freely rather than lecturing or threatening on health behaviour?
- e) Are you ready to welcome questions from your children and ready to listen to their concern and feelings about the topic?

## **4. Cultural Influence on Interpersonal communication**

- a) Are there issues related to your culture that hinders you from having a parent's child communication on sexual relationship issues?
- b) In your culture, are there topics of discussion that are restricted from public discussion?



c) Are there times that certain issues cannot be discussed in your culture?

d) Are there places that your culture does not permit people to discuss certain issues?

**Thank you for your valuable time.**

**APPENDIX IV**

**PARENTS IN-DEPTH INTERVIEWS**

**Age of members.....**

**Gender of Members.....**

**Number of Siblings.....**

**Geographical Location.....**

**QUESTIONS**

**1. Perception of Parents-youth Interpersonal Communication on HIV AIDS prevention**

- a) How frequently do you communicate with your children on HIV AIDS prevention?
- b) At what time do you communicate sexuality activities to your child?
- c) Do you have confidence (self- efficacy) in Language of communication on HIV AIDS prevention?
- d) Can you identify the communication barriers which may exist between you and your children on HIV AIDS prevention?
- e) Do you have an open and direct dialogue in this conversation of HIV AIDS prevention?
- f) Do you have trust in your children when communicating the knowledge of health issues?

## **2. Inter-personal communication between youth and their parents**

- a) How often do you share with your children health behaviour?
- b) How often do you communicate verbally or non-verbally with your parents on issues touching relationship?
- c) Are there repercussion that restricts members of your family from discussing certain issues?
- d) Which language do you always use when communicating with your parents?
- e) What distance do you engage in when communicating to your children?
- f) In your opinion, how can issues difficult to be discuss be made easier?
- g) In your opinion when should the children begin receiving information on HIV AIDS prevention?

## **3. Content of Parent-child communication on HIV AIDS prevention?**

- a) Tell me about your own experience during your youth age on sexual relationships?
- b) How were sexual relationships discussion being initiated?
- c) Are there any belief in your community that affects communication on HIV AIDS prevention?

**Thank you for your valuable time.**

**APPENDIX V**

**YOUTH IN-DEPTH INTERVIEWS**

**Age of members.....**

**Gender of Members.....**

**Number of Siblings.....**

**Geographical Location.....**

**QUESTIONS**

**1. HIV AIDS and Sexuality**

- a) Have you ever heard of sex?
- b) Do you know what HIV AIDS means?
- c) How do people define you in your family?
- d) How frequently do your parents communicate among you and your siblings on HIV AIDS prevention?
- e) Are you comfortable with your position in your family?

**2. Evaluating what Strategies of Interpersonal Communication to be effective**

- a) How frequently do you discuss health behaviours with your parents?
- b) What Language do you normally use when communicating with your parents on HIV AIDS prevention?
- c) Have you ever had relevant content in any form of discussion on health issues at family level?
- d) What medium (channel) of communication do you normally use with your parents on of HIV AIDS preventive measures?

### **3. Relationships**

- a) Do you understand your cultural beliefs and taboos in a view of sexual relationship matters and HIV AIDS prevention?
- b) Does your parents talk to you about sexual relationship and HIV AIDS prevention?
- c) What verbal and non –verbal cues do you use when communicating with your parents on HIV prevention?
- d) Have you ever made sexually related mistake that you felt was a result of ignorance?

### **4. Inter-personal communication between children and their parents.**

- (a) How often do you share with your parents' health behaviour?
- (b) Do you normally create emotional bonding and rapport when discussing HIV AIDS prevention?
- (c) Are there repercussion that restricts members of your family from discussing certain issues?
- (d) What distance do you engage in when communicating to your parents?
- e) Do you normally value your parents' advice on HIV AIDS prevention as a critical listener?

**Thank you for your valuable time.**

**FOCUSED GROUP DISCUSSION TO YOUTH**

**Age of members.....**

**Gender of Members.....**

**Number of Siblings.....**

**Geographical Location.....**

**QUESTIONS**

**1. Content of Youth-Parents Interpersonal Communication on HIV AIDS**

**Prevention**

- a) What issues do you normally discuss with your parents?
- b) What determine what issues to be discuss with your parent?
- c) What aspect of HIV AIDS prevention do you feel comfortable or difficult to discuss?

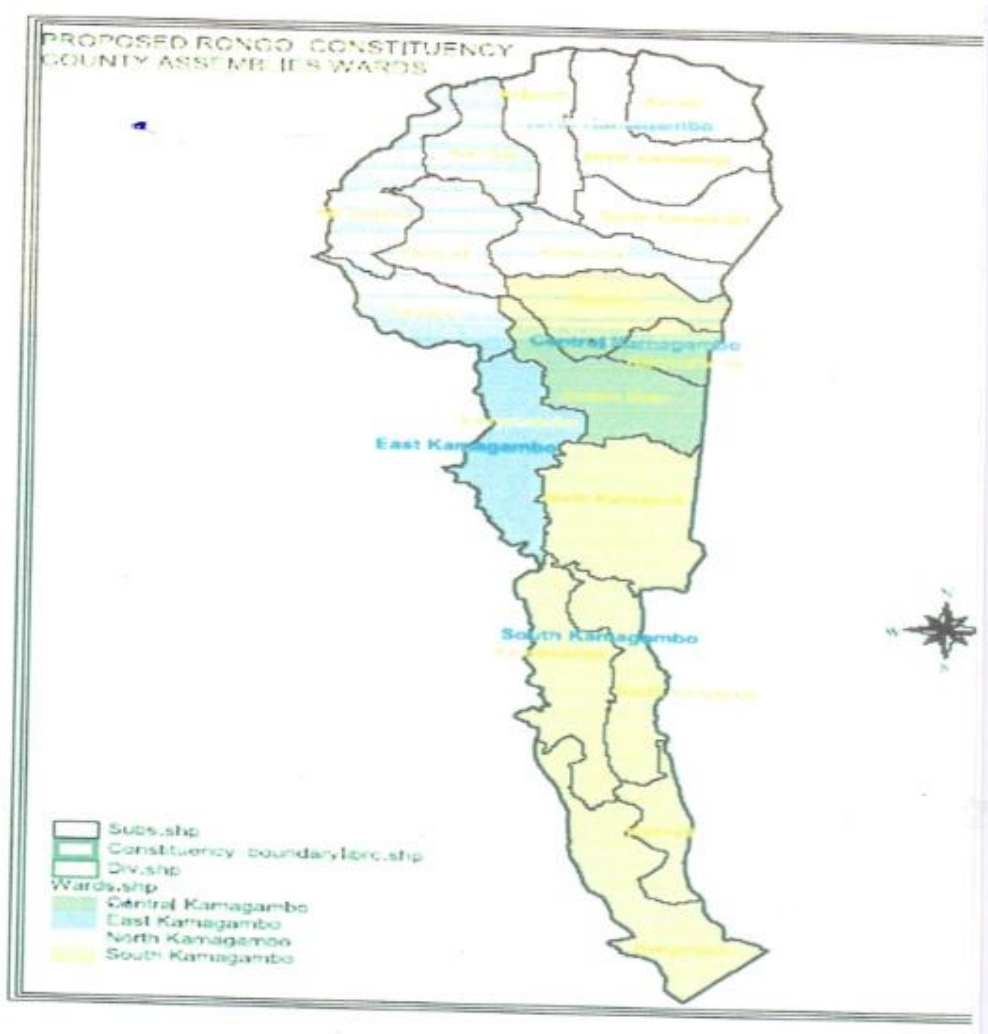
**2. Experience of Youth-Parent communication on HIV AIDS prevention**

- a) Effective Youth -Parent communication share which characteristics?
- b) Are you a role model to your siblings when discussing health behaviour?
- c) What role do you play in a typical discussion on HIV AIDS prevention?
- d) What life experience do you have to share with your parents and siblings?

**Thank you for your valuable time.**

**APPENDIX VI**

**MAP SHOWING RONGO CONSTITUENCY COUNTY ASSEMBLIES WARDS**



## APPENDIX VII

### RONGO SUB COUNTY, COUNTY ASSEMBLY WARDS

RONGO SUB COUNTY

County Assembly Wards

No.	Name	Population(2009) National Census	Area (Sq. Km)	Description
1.1261	North Kamagambo	18,755	46.40	Kameji,North Kamwango and Koluoch Sub –Location of Migori County
2. 1262	Central Kamagambo	27,756	29.10	Kabuoro,Kodero Bara and Kanyingombe Sub Location of Migori County
3. 1263	East Kamagambo	26,63.90	63.10	Kambija,Kanyadieto,Kongudi and Kongoma,Kangeso and Kanyamamba Sub Location of Migori County
4. 1264	South Kamagambo	27,179	69.00	North Knyajuok,South Knyajuok,Kanyawanga,Kemreri and Kanyimach of Migori County

Source: Independent Electoral and Boundaries Commission (IEBC) 2017



## APPENDIX VIII

### RESEARCH PERMIT



**MINISTRY OF EDUCATION**  
State Department of Education

Telephone: (059) 20420  
Fax: 05920420  
When replying please  
quote

COUNTY DIRECTOR OF EDUCATION  
MIGORI COUNTY  
P.O. Box 466-4040  
SUNA - MIGORI

REF: MIG/CDE/ADMN./I/VOL.III/ 143

DATE: 21<sup>st</sup> June, 2017

Pamela Abonyo Okongo  
Rongo University College  
P.O. Box 103-40404  
RONGO


**RE: RESEARCH AUTHORIZATION**

Following your application for authority to carry out research on "*Parent-Youth communication barrier on HIV/Aids prevention: Case study of North Kamagambo Location - Migori County*". I am pleased to inform you that you have been authorized to undertake research in Migori County for a period ending 5<sup>th</sup> May, 2018.

On completion of the research, you are expected to submit one hard copy and a soft copy of the research report/Thesis to this office.

Thank you.

COUNTY DIRECTOR OF EDUCATION  
MIGORI  
P. O. Box 466.  
SUNA - MIGORI.

  
Luka Chebet  
County Director of Education  
**MIGORI COUNTY**

## APPENDIX IX

### RESEARCH AUTHORIZATION



#### NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY AND INNOVATION

Telephone: +254-20-2213471,  
2241349,3310571,2219420  
Fax: +254-20-318265,318249  
Email: dg@nacosti.go.ke  
Website: www.nacosti.go.ke  
when replying please quote

9<sup>th</sup> Floor, Utalii House  
Uhuru Highway  
P.O. Box 30623-00100  
NAIROBI-KENYA

Ref. No. **NACOSTI/P/17/77208/14232**



Date **8<sup>th</sup> May, 2017**

Pamela Abonyo Okongo  
Rongo University College  
P.O. Box 103-40404  
**RONGO.**

#### RE: RESEARCH AUTHORIZATION

Following your application for authority to carry out research on *“Parent-youth communication barriers on HIV AIDs prevention: Case study of North Kamagambo Location Migori County,”* I am pleased to inform you that you have been authorized to undertake research in **Migori County** for the period ending **5<sup>th</sup> May, 2018.**

You are advised to report to the **County Commissioner and the County Director of Education, Migori County** before embarking on the research project.

On completion of the research, you are expected to submit **two hard copies and one soft copy in pdf** of the research report/thesis to our office.

A handwritten signature in cursive script that reads 'Galerwa'.

**GODFREY P. KALERWA MSc., MBA, MKIM**  
**FOR: DIRECTOR-GENERAL/CEO**

Copy to:

The County Commissioner  
Migori County.

The County Director of Education  
Migori County.