Breaking the Silence: Communication Between Parents and Secondary School Adolescents in the Context of HIV/AIDS In Zimbabwe: A Case of Mkoba High Density Suburb, Gweru

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Abstract
Most Secondary School adolescents in Zimbabwe are at a very high risk of contracting HIV/AIDS through early and unprotected sexual activities. Though much is being said nationally and internationally about HIV/AIDS, it is a taboo to talk about sexual activities in most Zimbabwean families. This study examines family communication in relation to HIV/AIDS among secondary school adolescents and their parents and is premised on Barnlund’s Transactional Model of Communication which posits that interpersonal communication is a dynamic, process oriented activity in which the two participants are simultaneously sending and receiving messages. A sample of eighty couples and one hundred adolescent boys and girls was purposively selected for purposes of this study. The findings showed that communication at family level is quite problematic though a few indicated that they openly discussed HIV/AIDS related issues. It was also noted that there were gender differences in family communication and also that the parents’ education and religious beliefs determined the level of family communication. This paper goes on to suggest possible ways of ameliorating the challenges in family communication.

Keywords: HIV/AIDS, family communication, adolescents, sexuality.

INTRODUCTION
Communication on sexuality issues between parents and adolescents is a taboo in most Zimbabwean families and Africa in general. A lot of research has shown that where parents and their adolescents freely communicate on sexuality, there are high chances that the adolescents’ sexual debut is delayed (Miller et al, 2001). Thus family communication helps to fight the spread of HIV/AIDS among the teenagers as it has been established that the most predominant mode of transmission among the adolescents is sexual intercourse (World Health Organisation (WHO), 2011).

International statistics on HIV/AIDS show that Sub Saharan Africa is the worst hit region with HIV/AIDS prevalence rates peaking between 10% and 40% of the adult population (Fact sheet, 2005). In Eastern and Southern Africa young people aged 15 to 24 live with HIV/AIDS, that is about half of all the HIV/AIDS positive young people globally (UNICEF, 2009). Furthermore a report by the WHO (2011) notes that in Zimbabwean young people from the age of 13 to 24 years are the worst affected and the predominant mode of transmission among this age group continues to be sexual intercourse.

The age of 13 marks the onset of adolescence in most children. Somers and Ali (2011) state that this is the time when the body will be sexually maturing and the adolescent will be learning to deal with sexual desires, confronting sexual attitudes and values, experimenting with sexual behaviours and integrating these feelings, attitudes and experiences into a developing sense of self. They further mention that adolescents’ responses to these challenges are profoundly influenced by the social and cultural contexts in which they live with some contexts encouraging less risky behaviour among the teens while others offer environments which encourage risky sexual behaviour. It is against this background that this study sought to establish the role of family communication in relation to HIV/AIDS among the adolescents in Zimbabwe.

Manolopoulos (1987) notes that at the adolescence stage children are highly sexually active and they tend to explore sexual activities quite a lot. Again this is the time when children try hard to define their identity. At this stage some adolescents also plunge into premarital sex, unplanned marriages and even unplanned and or unwanted pregnancies. Some of the decisions which children make at this stage might even cost their lives and future. Hence forth the family should be there to assist them in making informed decisions as well as right choices. Drimmie and Casale (2008) assert that families in all their forms are universally the primary providers of protection, support and socialization of children and the youths. This article looks at family communication as an intervention strategy in order to rescue the adolescents from the sexual urges associated with this stage before it is too late.

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Thames and Thomason (1998) say family communication is what we say, how we say it, why we say it and when we say it and what we neglect to say. They further add that it is a very complex notion. Through family communication family members are able to express their needs, wants and concerns (Epstein et al., 1993). This article seeks to establish the existence and function of family communication in the home especially in relation to HIV/AIDS among the adolescents in Zimbabwe. Luwaga (2004) says in almost all societies worldwide, communicating about sex is challenging and parents may feel uncomfortable or unprepared for this task while some parents even feel that they are less knowledgeable than their adolescent children. Muyinda et al (2001) and Mullen (2001) confirm this by saying that communication on sexuality is a taboo in many African cultures and only ceremonial rites and authorized persons like aunts and uncles are allowed to discuss the subject with young people. Such a scenario makes it very difficult for parents to actively engage themselves in their children’s sexuality issues and yet family communication hinges on family members being able to express their needs, wants and concerns (Epstein et al., 1993). This avoidance game by both adolescents and their parents has detrimental effects on the children especially in this age of technological advancement where the adolescents freely access information on the internet.

Diop and Diagan (2008) state that research carried out in Africa show that parents are not a preferred source of information on sex related matters. This is because such is not a traditional practice in most African settings; children would rather turn to their friends for advice and all than confiding in their parents. However the friends and social networks to which they turn are not a credible source of information especially on such issues. Whitaker and Miller (2000) carried out a study on parent adolescent communication on sexuality issues and discovered that peer norms were high among those who had not discussed with their parents and this shows the need for effective parent-adolescent communication on sexuality.

Where parents have been involved it has been indirect and ambiguous. Gary and Rich (1992) point out that discussions on sexuality tend to be authoritarian and unidirectional characterised by vague warnings rather than direct open discussions. Again a study carried out in Ethiopia on parent-adolescent communication also revealed that when communication takes place, between parents and their adolescent children messages were ambiguous (Taffa et al., 1999) for example “do not play with boys” and no further explanation was given. Nakkazi (2001) is of the view that this could be a result of the assumption that parents fear that the more they talk about it the more children want to explore and practise sex especially when parents promote condom use. However studies carried in USA showed that parent-adolescent communication has been identified as a protective factor for a range of sexual behaviours, including a delayed debut, particularly for females (Markham et al. 2010). Where communication took place reports on abstinence, delay in their first sexual intercourse as well as having fewer partners have been high (Miller et al., 2001). Another study by Holtzman and Rubinson (1995) showed that students who discussed HIV/AIDS with their parents were less likely to have multiple partners and unprotected sex than did those who did not. This indicates that parents are an important proximal factor in adolescence sexual behaviour. Somers and Ali (2011) argue that the more satisfied adolescents were with their parents the more likely they delayed sexual debut. One concludes that this satisfaction comes through effective family communication.

Other studies on parent-adolescent communication on sexuality show that mothers are more interested in communicating with their children than fathers. Johnston (1999) says in Kenya fathers do not get involved in raising awareness on preventive reproductive health among their adolescents. They believe in threatening and warning as the best way of communicating with their adolescents. As a result children tend to shun such people (their parents) and turn to friends and the internet (Guilamo-Ramos, 2007). He goes on to say that the way parents communicate about sex influences adolescence receptiveness.

Howell (2001) asserts that greater levels of perceived parental openness, responsiveness, comfort and confidence in discussions on sexuality are associated with lower levels of adolescence sexual behaviour. This in itself shows how essential it is to communicate with the adolescent child in a manner which reaffirms the sense of security in the child. However this is not the case with most family communication on sexuality issues and this could be stemming from the fact that parent-child relationships are highly formal in nature which makes it difficult for such discussions to smoothly unfold. Furthermore, such is not a common practice in most African settings, traditionally the extended family has been instrumental in child sexual socialization (Diop and Diagan 2008, Faylesong 1997) but this has been trembled down by increased urbanisation and social change processes. However the bottom line is that most studies have established that parent-adolescent communication on sexuality yields positive results in adolescent sexual behaviour. Thus this study is set to investigate the existence and impact of family communication on adolescent sexuality in relation to HIV/AIDS among Zimbabwean adolescents. Such information is likely to benefit both scholars and
readers as it shows the role which family communication plays in the fight against HIV/AIDS among the adolescents. The other objective of this study was to contribute in the current global debate on the fight against HIV/AIDS, laying emphasis on the family as the primary agent of socialization.

However, in carrying out the study, the researcher faced quite a number of challenges. Research participants were not very much forthcoming because HIV/AIDS is still highly stigmatized in Zimbabwe. Furthermore, sexuality issues are a taboo among most families in Zimbabwe so much that most participants were not free to air out their views. The researcher had to assure them that the information was highly confidential and also that anonymity was going to be ensured.

**METHODOLOGY**

The mixed methods research design was adopted for this study. Angell and Townsend (2011) say this design involves collection and analysis of qualitative and quantitative data in a single study. Its central premise is that the use of quantitative and qualitative approaches in combination provides a better understanding of research problems than either approach alone. The researcher used purposive sampling in drawing the study sample mainly because it allows the researcher to actively select the most suitable respondents to answer the research questions (Tongco, 2007).

The researcher looked for couples who had adolescent children since the study focuses on the adolescents. Out of seven hundred and fifty five (755) households in Mkoba high density suburb in Gweru the researcher drew a sample of eighty (80) households comprising of both parents with at least one adolescent child. This gave a total of one hundred and sixty (160) husbands and wives, forty (40) teenage boys and sixty (60) girls drawn from the sampled households. Two hundred and sixty (260) questionnaires bearing both open ended and closed ended questionnaires were administered to both parents and the adolescent participants in order to solicit information from them. Molina-Azorin (2010) says mixed methodology combines qualitative and quantitative data collection and analysis procedures within a single study and this is what this study employed. Molina-Arizona (2010) goes on to say that this results in superior results compared with monomethod designs because the methodology offers some form of triangulation as one implements it in one’s study.

**Transactional Model of Communication**

This study is premised on Barnlund’s Transactional Model of Communication of 1970 and Hung (2010) posits that this model perceives human communication as a simultaneous interdependent process in which the speaker serves as the listener and the listener as a speaker in tandem. It is mutually beneficial to both participants in the communication process and no one person in a relationship has control. This dismisses the authoritarian parenting style where parents are inflexible, demanding and harsh in controlling their adolescents’ sexual behaviour. Noller and Bagis (1985) argue that excessive control and lack of autonomy may stifle the process of social and psychological maturation that are necessary for adolescents to make responsible choices about their behaviours. Such a parenting style is a hindrance to effective family communication especially during this very delicate stage in child development. In this communication model there is a two way exchange of information and simultaneous sending and receiving of messages, which necessitates audience feedback (Ruble, 2005). This tallies very well with what Epstein et al (1993) believe about family communication, that it is an open platform for members to share their concerns.

This is where parents should give advice on sexuality and the adolescents feel free to share their experiences, fears and expectations. When this is adopted between parents and their adolescent children cases of children shunning their parents when it comes to sexuality issues will become nonexistent save for extreme cases which cannot be ruled out in real life situations. Also embraced in this model is the fact that communication is an ongoing and continuously changing process (Wood 2009), since the family set up is changing with the changing times parents and their adolescents should also follow suit in relation to communication on sexuality. People should not lament the crumbling of the extended family because there are modern sources of sexuality information which might be used by adolescents to access highly sophisticated information than they could acquire from family representatives. These include the current social networks like face book, what’s up and twitter. Parents should be proactive taking a leading role in facilitating family communication on adolescent sexuality in order to augment what they get from other sources because the prevalence of HIV/AIDS among the youth is a reality the world over.

UNICEF (2011) says the predominant mode of transmission among this age group continues to be sexual intercourse, so there is need for parents to communicate with their adolescent children on sexuality issues sharing with them the family society expectations because communication entails sharing meaning (Galvin & Wilkinson, 2006). Literature on family communication has shown that where parents take time to communicate with their children there was delay in sexual debut (Cherly et al, 2006).
FACTS AND DISCUSSION

The investigation carried out produced the following findings from both parents and their adolescent children. These findings have been looked at through the thematic approach.

Communication in the family

This study is premised on family communication and as a result the participants were asked as to whether they had time to talk as family. Table 1 below shows how communication takes place in the family.

Table 1: Family communication from the parents’ point of view

<table>
<thead>
<tr>
<th>Participants</th>
<th>Communication issues</th>
<th>Number of participants</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parents</td>
<td>Advice, guidance and counseling, general life issues</td>
<td>234</td>
<td>90</td>
</tr>
<tr>
<td>Parents</td>
<td>Minimal communication</td>
<td>26</td>
<td>10</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>260</td>
<td>100</td>
</tr>
</tbody>
</table>

Both groups (parents and adolescents) agreed that they communicated but what differed were the issues and the extent of the communication. 90% of the parent participants pointed out that they gave them advice, guidance and counseling as well as sharing information on life in general. The remaining 10% indicated that there was minimal communication between them and their adolescents which ranged from casual greeting to insignificant talk on anything that would have arisen at that particular moment. They went on to say they were busy and also spent much of their time away.

All the adolescents who participated in this study indicated that they communicate with their parents so as to get advice and also to tape from their parents’ wealth of experience on life. What differs is the degree of communication as well as the issues they discussed as a family. This tallies very well with what Drimmie & Casale (2008) assert about families that in all their forms are universally the primary providers of protection, support and socialization of children and the youth. Most of these aspects of human life are fostered through communication. It is through communication that parents come to know their children’s needs, aspirations and fears while on the other hand children are exposed to family values and expectations through communication. Therefore it was noted that there is some form of communication in most families and if properly handled this can provide a favourable platform for serious discussions like HIV/AIDS.

In addition 80% of the fathers indicated that they enjoyed talking to their girl children when they had not reached the puberty stage once they attain that stage fathers tend to shy away but this is the stage when children need parental guidance more than never before. Guilamo-Ramos (2008) says parents should maintain open lines of communication throughout their child’s adolescence stage. Some fathers went on to say that they felt it was the duty of the mother to help the girl child during that stage since they would “have been there.” Others went on to site the Shona culture as a source of negative influence in that regard. On the other hand Christian parents who participated in this study concurred that they talked with their adolescent children on almost everything though some said it was difficult to penetrate their teenagers’ hearts since at this stage most adolescence are skeptical about people who tend to be interested in their affairs.

Table 2: Family communication from the adolescent’s point of view

<table>
<thead>
<tr>
<th>Participants</th>
<th>Mothers as one’s preference</th>
<th>Fathers as one’s preference</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Girls</td>
<td>104 (40% )</td>
<td>156 (60% )</td>
<td>260 (100)</td>
</tr>
<tr>
<td>Boys</td>
<td>195 (75% )</td>
<td>65 (25% )</td>
<td>260 (100)</td>
</tr>
</tbody>
</table>

The adolescents who participated in this study generally agreed that there was communication between themselves and their parents. All of them admitted that they normally talked to their parents when discussing general life issues, when they needed something or when asking for a favour from them especially from their mothers. 60% of the girls said that they preferred talking to their fathers more than their mothers because mothers have a tendency of wanting to “poke their noses” into their “private” affairs but most fathers are too busy to notice their adolescent girls or just feel awkward to spare some time for their teenage girls. 40% indicated that they preferred talking with their mothers because they shared many things in common. On the contrary 75% of the teenage boys indicated that they talked more with their mothers than their fathers. They went on to say that their mothers are more lenient, more understanding and more tolerant than their fathers. 25% of the teenage boys said they rarely talked to their fathers about serious life issues save when in dire need of something which their mothers would not be in a position to provide. All adolescent participants bemoaned the fact that their parents had a tendency of waiting until they would have been caught on the wrong side of the law and then start swearing at them.

Initiation of Communication on HIV/AIDS in the Family

The study also found out that conversations on HIV/AIDS were not very easy to initiate in most families. Table 3 shows a summary of the participants’ responses on this issue.
Families find it very difficult to talk about HIV/AIDS especially where the conversation involves teenage sexuality because sexuality issues are taboo among the African folk. This was established when respondents were asked about the one who initiates communication about HIV/AIDS in the family. 50% of all the participants agreed that mothers initiated communication on HIV/AIDS in most families. Child rearing is one of the many roles of a mother in the home and this gives most mothers leverage when it comes to relating with their children. Most adolescents said their fathers were too busy to find time to talk about HIV/AIDS. 08% of the respondents also indicated that their adolescent boys initiated communication on HIV/AIDS and this normally takes place when they want to know more about something. However upon being interviewed most teenagers pointed out that they did not initiate communication on HIV/AIDS because they were afraid their parents would think that they have started engaging in sexual intercourse.

It was also found out that mothers initiate conversations on HIV/AIDS in order to solicit information on the relationship status of their daughters which they will in turn pass on to their husbands especially where they feel that their daughters could be flirting around. This is what most girls said they did not like about their mothers’ talk about HIV/AIDS. The teenage respondents were also quick to add that the conversations with their parents will be in form of interrogations and that is the reason why they shunned talking about sexuality issues with their parents. On the other hand 85% of parents were referred to as authoritarian and this could be the reason why the adolescent respondents said their parents initiated communication because Worley et al (2003) say it is typical of authoritarian parents to be inflexible, harsh and controlling. Noller and Bagi (1985) say excessive control and lack of autonomy has detrimental effects on the child’s development. When adolescents avoid talking to their parents they will be protesting but the parent will in most cases pay a deaf ear. However, 5% were rated as uninvolved in their adolescent children’s lives and this left the concerned children with no-one to talk to even if they wanted to. This according to actagainstviolence.apa.org is typical of uninvolved parents they are unresponsive, unavailable and rejecting and when the adolescents desire to communicate there is no one to communicate with. Under such circumstances they tend to turn to the internet and their friends who normally mislead them (Whitaker & Miller, 2000).

29% of the respondents said fathers initiated communication in their families and the reason they gave was that they were the head of their families so they were supposed to be in charge. However, 60% of the adolescent participants indicated that it is very difficult to take part in conversations initiated by their fathers because of the position of authority which they occupy in the family. When this happens it ceases to be a proper communication process but a one way channel where the father does the talking while the rest listen quietly. Guilamo-Ramos (2008) says parents should maintain open lines of communication during their children’s adolescent stage in order to facilitate effective communication which is health for the teenager’s sexual development in the face of HIV/AIDS. As already been indicated family communication entails sharing meanings so when the father alone does the talking it ceases to be meaningful communication.

### Dating, HIV/AIDS and Condom use

Table 4 below shows participants responses to dating as an issue in family communication.

<table>
<thead>
<tr>
<th>Participants</th>
<th>Agree</th>
<th>Disagree</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parents</td>
<td>26 (10%)</td>
<td>234 (90%)</td>
<td>260 (100)</td>
</tr>
<tr>
<td>Adolescents</td>
<td>15 (15%)</td>
<td>85 (85%)</td>
<td>100 (100%)</td>
</tr>
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</table>

Bohmer and Kirumira (1997) say in sub Saharan Africa parent-adolescent discussions on sexuality are dictated by socio-cultural orientation which makes it a taboo to talk about such issues in the family. 90% of the parents indicated that they did not freely talk about dating with their adolescents, they said it sounded ridiculous to talk about such issues, some of them even went on to say that was the role of aunts, grandmothers and uncles. The adolescent participants also clearly pointed out that they rarely talked about dating with their parents. 85% of the adolescents said their parents were too strict that they did not tolerate such discussions moreover they say they are too young to engage in love affairs. It is under such circumstances that the adolescents are forced to turn to their peers and other sources of information because they really need someone to confide in. Besides someone to confide in they also need guidance on relationships. Whitaker and Miller (2000) assert that in the absence of parental guidance the teens turn to friends or the internet where they are normally misinformed and encouraged to indulge in experimental sex which is highly risky.

The remaining 10% of the parents together with 15% of the adolescents agreed that they talked about dating with parents interested in finding out who their

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Table 3: Initiation of communication on HIV/AIDS in the family

<table>
<thead>
<tr>
<th>Respondents</th>
<th>Responses in favour of initiation of communication in the home</th>
<th>Percent (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mothers</td>
<td>130</td>
<td>50</td>
</tr>
<tr>
<td>Fathers</td>
<td>75</td>
<td>29</td>
</tr>
<tr>
<td>Girls</td>
<td>35</td>
<td>13</td>
</tr>
<tr>
<td>Boys</td>
<td>20</td>
<td>08</td>
</tr>
<tr>
<td>Total</td>
<td>260</td>
<td>100</td>
</tr>
</tbody>
</table>
children would be dating. They further said if they did not approve of their teens’ dates they openly communicated their displeasure making sure that they pointed out the reasons for their disapproval. On the other hand the children said they did not buy that way of operating by their parents especially their mothers since most of them end up forcing them to terminate their affairs. Most adolescents said their mothers were more interested in their dates than their fathers and the fathers were normally dragged into it by their wives. Again it was noted that most parents talk about dating when they have noticed some behaviour change among their adolescent children for example coming home late or being mindful about how one looks whenever they are going somewhere. That is when they reprimand and give warnings about dating. Such is not the type of communication which the Transactional model advocates for because under such circumstances the parent will be talking while the child is quiet or busy constructing a defensive wall. Parents should try to be very accommodating when it comes to sexuality issues among the adolescents because this stage is just another weird experience for them and they need to be cautiously treated or else they are driven to the doldrums. Biddlecom et al (2009) discovered that greater levels of parental openness, responsiveness, comfort and confidence in discussions about such issues are associated with lower levels of adolescence sexual risk behaviour. However, this is contrary to what most parents investigated for this study believe, they think that openly talking about dating and their children’s sexuality is tantamount to encouraging them to be frivolous.

All the respondents agreed that they talked about HIV/AIDS more frequently and the major reason for this was said to be the fact that HIV/AIDS has become a topical issue universally. Some parent respondents pointed that HIV/AIDS talk has become the order of the day so much that failing to talk about it at family level can render them irrelevant and irresponsible parents. From their responses it was also gathered that most of them believe that if they fail to do so no-one will do it for them especially now that the extended family has suffered a big blow from urbanisation and industrialisation. They also said these conversations were normally dominated by mothers while most fathers play second fiddle. The discussions greatly centred on issues of transmission pointing out that sexual intercourse is the highest mode of transmission so they will be encouraging their children to abstain until they are married. Most parents indicated that it was much easier for them to talk about abstinence because traditionally that is how they were brought up and they believe it is one way of upholding and preserving their cultural values. The majority of the adolescence respondents also agreed that abstinence was the best way of controlling new HIV/AIDS infections and further mentioned that the decision to abstain however largely depended on an individual. Studies on parent adolescent communication about sex (Whitaker & Miller, 2000,Cheryl et al 2006) showed that talking about it with adolescents helped in shaping positive sexual behaviour and lowered levels of peer norms among the adolescents. This makes the writer conclude that family communication on HIV/AIDS can help bring about behaviour change among the Zimbabwean youths.

However about 40% of the teenage respondents complained that when talking about HIV/AIDS some parents especially mothers end up shouting at them blaming them for being loose instead of holding informative discussions as family. The teenagers further said that this makes it very difficult for them to openly talk about HIV/AIDS with their parents even where they think they might need advice as they will be afraid that they will be labeled immoral. Some of the girls pointed out that their mothers talk to them as if they actually know that they sleep around with men. Those girls who have adolescent brothers also pointed out that when their mothers talked to them about HIV/AIDS it was as if their male siblings could not get infected because they ‘excluded’ them and yet both groups are equally in danger. On the other hand mothers said they believed that the girl child was more vulnerable than their male counterparts. Even though this is the case there has to be no partiality in the family on information dissemination on the disease as it may send wrong signals to the adolescents for instance girls might think that their parents are being unfair while boys might think that they are better placed and become reckless with their lives.

It was also noted that most professional mothers do communicate with their children more than their uneducated counterparts. Some of them indicated that they get influenced at their workplaces where they talk with colleagues enlightening one another on HIV/AIDS. Gary (1992) argues that the lack of communication between some parents and their adolescents could be a result of the fact that they are less knowledgeable than their children especially in this age of technological advancement. This inferiority complex makes it very difficult for parents to communicate with their parents. 10% of the unemployed respondents said their adolescent children mostly did the talking sharing what they would have learnt at school and from friends but they also indicated that they did not talk much about the disease. Giulamo-Ramos (2008) argues that parents have to know that teens’ sexual behaviour is less risky when parents are the major source of sexual information for adolescents and children seem to be instinctively aware of this. This then leaves the adolescent at high risk of contracting the dreaded disease because the most reliable source of
information who is the parent is shying away from his/her duty. Guilamo-Ramos (2008) further asserts that in the absence of parental guidance the teenagers turn to friends and the internet. Where such happens the adolescents involved tend to become sexually active at a very early stage thereby increasing their chances of contracting the disease. Dutra (1999) says there are studies carried out in the USA which show that communication reduces the onset of sexuality among adolescents while the reverse is true where there is no communication.

In addition respondents were asked about the use of the condom as a way of reducing the chances of contracting the disease by the youth. All parent respondents said they shunned the issue of condoms because they were afraid their children would start engaging in sexual activities. All the interviewed women concurred that they encouraged chastity among their children as is defined by the Shona culture and Christianity. With the fathers the situation is even worse most of them said could not converse about such things with their children. Others believe it was the duty of women, (mothers) grandparents, uncles and aunts as was the case in the past but that was when urbanisation had not taken its toll on Zimbabwean communities.

Fathers believe mothers are good at talking to their children about sexuality, since they spend a lot of time at home with children so they should take it upon themselves to communicate with children. There are some fathers who said their children were afraid of them so they do not open up even if they talked to them. However all parent participants pointed out that they could not talk about the use of condoms with their teenage children. The use of condoms was dismissed by 90% of fathers on the grounds that Shona culture does not allow such kind of communication between fathers and children. Some Christian fathers said they did not encourage condom use but advocated abstinence as stipulated in the Bible. The adolescent participants also echoed the same sentiments as their parents; all of them said it was taboo to talk about condom use with their parents. They agreed that they talked more with their mothers about dating and HIV/AIDS but never about condom use though it is one of the ‘safest’ ways of practicing sexual intercourse. Most parents said condoms were for married people not school going teenagers.

Most adolescent participants pointed out that they did not know what their parents meant when they said “Mukasachenjera munofa” which means “You will die if you are not clever.” They said their parents said nothing more than that which leaves them in a dilemma as to whether they should use condoms or not. Only a few from Christian homes agreed that they discussed ways of preventing HIV/AIDS infection issues with their parents though they were quick to mention that the conversations centred on abstinence as the most recommended and safest way of preventing HIV/AIDS infection.

Hindrances to Effective Family Communication on HIV/AIDS

Quite a number of factors were identified as militating against effective family communication on HIV/AIDS. All respondents agreed that the communication which took place in their homes left a lot to be desired. It was noted that both parents and teenagers blamed the African culture which makes it a taboo to talk about sexuality issues with one’s children. Most parents (especially fathers) said they could not imagine themselves discussing such issues with their children, it is absurd. The teenagers themselves also indicated that they saw it awkward to talk with their parents about sexuality issues. This is a very common practice in most African families and a study by Johnstone (1999) noted that Kenyan fathers do not get involved in raising awareness on preventive reproductive health among their adolescents and this owes to African tradition. Thus parents should reconsider the plight of their children in this age of HIV/AIDS and put away those cultural elements which do not encourage the perpetuation of a health young generation.

Furthermore it was also noted that all participants lamented lack of communication on the dreaded disease within most families. The adolescent participants said the Shona culture was to blame though some of them said their parents were too conservative and did not allow discussions on condom use since to them it implied that they would be engaging in promiscuous activities and if they had not already started they would then start experimenting. The majority of fathers in this study said they were not happy with the communication between them and their adolescents and gave lack of time for fruitful discussions on their children’s sexuality due to busy schedules. Others said they did not know how and what to talk about on HIV/AIDS with their children. Most mothers said their adolescent children were too reserved when it came to sexuality issues and this deterred them from talking about such issues with their children.

The relationship between most parents and their children is highly formal so much that it becomes very difficult for both groups to freely converse about such issues. This could be one of the reasons why sexuality issues were a preserve of a few designated individuals in most African societies.

CONCLUSION

The study has established that there is poor family communication on the most essential issues about HIV/AIDS and the blame has been placed on the African culture which makes it a taboo for parents to
talk about sexuality issues with their children. Most respondents bemoaned the collapse of the extended family saying it was much easier for aunts, grandparents and uncles to talk to the adolescents about such issues. From the findings parents are encouraged to be less strict with their adolescent children when it comes to sexuality issues because when parents fail to communicate with their adolescents they turn to peers and the now popular social networks but the repercussions will be detrimental. On the other hand, the adolescents should open up when conversing about sexuality issues especially HIV/AIDS at family level. The family is the primary socialisation agent and if humanity is to check on the spread of this dreaded disease among the youths, families should be seriously engaged in the fight against the disease by practising effective family communication.

**RECOMMENDATIONS**

- Parents should move away from being controlling, harsh and strict so that their teenage children will feel free to participate in family discussions on HIV/AIDS and other related issues.
- Parental awareness campaigns on the role of the family in the context of HIV/AIDS should be on the increase.
- Families should have more time together.
- Adolescents should give first preference to the family as a source of information on sexuality.
- Churches, NGOs and other stakeholders should play an essential role in adolescence sexuality.

**REFERENCES**


