

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

Fungai Mutema

Communication Skills Centre.
Midlands State University, Zimbabwe.

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 Zimbabwe 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.