

Parent-adolescent communication on sexual related issues in the HIV/AIDS era

By

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Abstract

HIV prevalence remains a critical health concern particularly amongst the youth of South Africa. The demographic health survey suggests that open communication about sex is essential to delaying the onset of sexual activity, reducing teenage pregnancy and the spread of HIV/AIDS. Previous research has also indicated that parent-adolescent communication has positive influences on sexual behaviours. Further to that studies show that communication is the most effective way of helping teenagers understand their surroundings and make better decisions about sexually related issues. This study investigates the level of parent-adolescent communication about sexual related issues and identifies the main sources of sexuality information for adolescents. The study adopted a qualitative research approach using in-depth interviews with ten adolescents and their parents.

This study reveals that both adolescents and parents view communication as important in the era of HIV/AIDS. More mothers than fathers communicate with adolescents about sexual related topics. Mothers viewed sexual communication as one of the ways they were fulfilling parental responsibility. Adolescents viewed growing up in an era of HIV/AIDS as a challenge due to the pressures they received from their peers. As a result adolescents trusted the information obtained from parents and teachers compared to the information from peers. The conclusion drawn from this study is that communication helps to create a bond between the parent and the adolescent. Adolescents felt important and cared for when parents were taking their time to talk to them about sexual related issues. Parent-adolescent communication was important in decreasing early sexual behaviour and preventing HIV/AIDS.

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DECLARATION

Submitted in partial fulfilment of the requirements for the degree of Master of Arts, in the Graduate Programme in Population Studies, University of KwaZulu-Natal, Durban, South Africa.

I declare that this dissertation is my own work. All citations, references and borrowed ideas have been acknowledged. It is being submitted for the degree of Master of Arts in the Faculty of Humanities, Development and Social Sciences, University of KwaZulu-Natal, Durban, South Africa. None of the present work has been submitted previously for any degree or examination in any other University.

Student Signature

Date

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List of Acronyms and Abbreviations

| | |
|---------|---|
| ABC | Abstain, Be Faithful, Condomise |
| AMFAR | American Foundation for Aids Research |
| AIDS | Acquired Immunodeficiency Syndrome |
| ARV | Antiretroviral (medical treatment for HIV/AIDS) |
| CDC | Centre for Disease Control |
| HIV | Human Immunodeficiency Virus |
| HSRC | Human Science Research Council |
| GYCA | Global Youth Coalition on HIV/AIDS |
| IDI | In-depth Interview |
| MRC | Medical Research Council |
| StatsSA | Statistics South Africa |
| STD | Sexually Transmitted Disease |
| STI | Sexually Transmitted Infection |
| UN | United Nations |
| UNAIDS | United Nations Programme on HIV/AIDS |
| UNICEF | United Nations Children's Fund |
| UNFPA | United Nations Fund for Population Activities |
| USA | United States of America |
| VCT | Voluntary Counselling and Testing |
| YPLHIV | Young People Living with HIV |
| WHO | World Health Organisation |

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Chapter One

Introduction

1.1 Background

Adolescence is the period between 10 and 19 years (WHO, 2002). It is usually defined as a transitional stage of physical and mental human development that occurs between childhood and adulthood (Nielsen, 1996). Adolescence comes with an increase in sexual interests and changes in behaviour because the transition is accompanied by major physical and emotional changes that prepare the adolescent for adulthood. During this stage adolescents do not understand their own physical changes and sexual needs which places them at risk of HIV infection (Kajula, 2005). Their vulnerability to HIV/AIDS is also increased by their limited knowledge of HIV prevention strategies and they often do not perceive themselves at risk of HIV/AIDS (Eaton et al., 2003).

Parents are the change agents who can become valuable sources of information and advice and who can help shape the sexual beliefs and behaviour of their children (Eaton et al., 2003). Parent-adolescent communication is the most effective way of helping adolescents understand their surroundings and make better decisions about sexual related issues. Sexual related issues are issues arising from having sexual intercourse which include sexually transmitted diseases (STD), pregnancy and HIV/AIDS. For this reason, parent-adolescent communication is important. Communication is the interaction between two or more parties. During a conversation both parties bring their understanding and expectations to the interaction. The parties involved should share common ground in order for the conversation to flow effectively (Deaux, et al., 1993). This study will not focus on the actual verbal or non-verbal communication but rather on perceptions of communication between parents and adolescents.

1.2. Global overview of HIV/AIDS amongst adolescents

Adolescents globally face health challenges that were unimaginable a decade ago. Adolescents aged 15-19 have the highest rates of sexually transmitted infections, including HIV/AIDS (UNICEF, 1996). According to the Global Youth Coalition on HIV/AIDS (GYCA, 2008) as of 2007, an estimated 33.2 million people were living with HIV, 5.4 million of whom were young people aged 15-24 years. Almost 40% of new infections are amongst 15-24 year olds, most of

them female. In South Asia, 710 000 young people are living with HIV/AIDS (YPLHIV), 62% of these adolescents are males whilst 38% are females. North Africa and the Middle East are the least affected regions, 81 000 adolescents are living with HIV (Kajula, 2005). In sub-Saharan Africa heterosexual intercourse is the leading mode of HIV/AIDS transmission with 3.2 million adolescents living with HIV (WHO, 2002). Only 10% of the world's population live in the sub-Saharan African region, but two thirds of all people living with HIV is found here (WHO, 2002). Sub-Saharan Africa has more infected women than males and three young women are infected for every young man infected. For example, in Tanzania women are reported to have higher rates of sexually transmitted infections (STIs) than men. The gender inequality prevalent in Africa reduces the ability of young women to negotiate condom use and access to services (Kajula, 2005).

Recent studies show that in Tanzania females between the ages of 15-19 constitute 24% of the Tanzanian population, but account for over 60% of new infections, and the ratio of infected girls to boys is six to one (AMFAR, 2000). In Botswana, Zambia and Zimbabwe more than 25% of 15-19 year old girls attending antenatal clinics in the capital cities are infected with HIV and according to the Centre for Disease Control (CDC, 2008) a greater proportion of infected adolescents acquire HIV/AIDS through heterosexual transmission. Only 10% of males aged 15-19 in the three countries (Botswana, Zambia and Zimbabwe) are HIV positive (UNAIDS, 2002). Children born to girls aged 15 and younger are more likely than children born to older adolescents to have health problems. The route of HIV infection among children is almost always from an infected mother (CDC, 2008).

According to Dorrington et al. (2006) 16.9% of women and 3.7% of men in age groups 15-24 are infected with HIV/AIDS. More than 30% of all infected South African adolescents live in KwaZulu Natal. By 2002, 230 000 people in KwaZulu Natal had died from AIDS, this figure is expected to rise to 1.5 million before 2010 (MRC, 2006). Currently, the HIV prevalence among adolescents is 13.7%. Adolescents are estimated to make up half of all new HIV infections occurring in the country and HIV is the leading cause of death among young people (Statistic South Africa, 2007).

Adolescents are vulnerable to HIV/AIDS due to a number of reasons. These include among others: peer pressure, socio-economic status, the media's sexual advertisements and low self esteem (Statistics South Africa, 2007). "The major causes of HIV in South Africa are behavioural factors such as unprotected sex and multiple sexual partners and biological factors such as the high prevalence of sexually transmitted diseases" (Mfono, 1998: 18). These factors show that South Africa is in danger of losing most its adolescents to HIV/AIDS. Such loss will have grave consequences for economic development, health and social well being. These statistics provide reason for concern and they have major implications for the future health status of the country. Such statistics should not be ignored because of the far-reaching consequences of ignoring adolescent sexuality include having a future generation with fewer healthy adolescents especially females, which will result in a drop in reproduction and production (Anderson, 2003).

1.3 Responses to HIV/AIDS among adolescents

In responding to this challenge the WHO (2002:14) claim that "focusing on adolescents is likely to be the most effective approach to confronting the epidemic, particularly in high prevalence countries". The proper cure to HIV/AIDS has not been found and prevention has been the main focus for fighting this pandemic. "The South African government has stressed that in the absence of a cure for AIDS, prevention measures should be central to the HIV strategy" (Harrison, 2002, 15). Parents need to communicate to their adolescents about the dangers of the virus, how it is transmitted and ways of protecting themselves.

The South African government spends over R1.5 billion annually on HIV/AIDS awareness campaigns, voluntary counselling and testing (VCT), the distribution of 400 million male condoms a year and antiretroviral (ARV) treatment (UNAIDS, 2006). These initiatives include media campaigns (television programs, advertisements and youth magazines); well known examples are Heart lines, Soul City and Lovelife. Television drama series addresses health issues like HIV whilst Lovelife is a national campaign aimed at changing youth risky sexual behaviour (Harrison, 2002). Other initiatives have advocated for abstinence, monogamy, condom use- ABC (Abstain, Be faithful and Condomise) but they have been criticized for sidelining women and being biased towards men (Engdahl, 2006). Out of all these prevention strategies, parent-adolescent communication is regarded as the most effective way of reducing risky sexual

behaviour among adolescents (Jaccard et al., 1999). Parent-adolescent communication is one of the most important measures which can be used to prevent the spread of HIV/AIDS.

Accordingly, the role of parents as sexuality educators has begun to receive attention in health interventions for promoting safer sex behaviours among adolescents. Most proponents of parental involvement in youth programmes argue that: “when parents talk to and affirm the value of their adolescents, young people are more likely to develop positive, healthy attitudes about themselves. This is also true when the subject is sex” (Kajula, 2005:12). Parent-adolescent communication is required to provide guidance to adolescents especially when they are faced with peer pressure. “Communication has an effect because it is regarded as the tool through which meaning and values may be transferred from one generation to the next. Communication is also believed to have an important contribution in the formation of behaviour as well as possible mediators of behaviour such as attitudes and self-efficacy” (Kajula, 2005:6). Parents are therefore faced with a challenge of having to talk about sex to their adolescents.

1.4 Rationale for the study

As adolescents enter their reproductive years, they are faced with a transition from adolescence to adulthood shadowed by a growing HIV/AIDS pandemic sweeping through the continent. The messages that they get from different institutions of society are complex and sometimes too huge for adolescents to comprehend and therefore they end up making the wrong decisions. Parent-adolescent communication is the most effective way of helping adolescents understand their surroundings and make better decisions about sexual related issues. According to Kinsman (2001) parent-adolescent discussions about sex are more indirect than direct. Discussions tend to focus on biology rather than sexual decision making therefore more research is required to explore the perceptions of sexual communication because adolescent’s sexual behaviour is of public health concern.

There is an unwritten rule in our society that parents should not talk about sex until the child reaches a certain age. If a family has not talked about relationships, sexual closeness or sexually-transmitted diseases by age 13, then probably they will not develop a comfortable way to talk about these issues later (Kinsman, 2001). Young people should be educated about the risks of

unsafe sexual intercourse as well as the various contraceptive methods available. Parents should also provide love and support for their adolescents during this stage because adolescents have the need to be physically close to someone they care about because if they know they have the support and love from a parent, they are more likely to delay sexual intercourse (Glanz, 2002). Therefore parents can help adolescent abstain from having sexual intercourse, which is associated with significant health risks, by discussing other options, such as kissing, hugging, and touching (Kinsman, 2001).

1.5 Objectives of the Study

The overall objective of the study is to provide more insight into parent-adolescent communication in the era of a high prevalence of HIV/AIDS drawing on interviews with adolescents and parents.

The specific objectives of the study are:

- To identify the main sources of sex information for adolescents
- To investigate the level of parent-adolescent communication about sexual issues
- To determine the barriers (if any) to parent-adolescent communication
- To determine the factors influencing the sexual behaviour of adolescents and if there is a link with parent-adolescent communication

Key questions to be asked:

- What are the sources of sexuality information for adolescents and are they trusted?
- What are the general attitudes of parents and adolescents regarding sexual communication at home?
- What information about sex is exchanged between parents and adolescents?
- What are the factors promoting communication between adolescents and parents?
- What are the barriers to parent-adolescent communication?

1.6 Theoretical Framework

This study will use the social cognitive theory (SCT) developed by Bandura (1997). According to this theory human behaviour is a result of the interaction of personal factors, the environment

and the behaviour itself (Bandura, 1997). The social cognitive theory explains how people acquire and maintain certain behavioural patterns whilst also providing the basis for intervention strategies (Bandura, 1997). South Africa is experiencing a devastating HIV epidemic and adolescents aged 15-19 are more at risk of HIV infection. Understanding factors associated with sexual choices is important in developing effective HIV prevention programs. Amongst the various behavioural factors that influence behaviour, Bandura (1986) identified self efficacy and outcome expectations as the most salient factors. Self efficacy refers to the confidence in performing a particular behaviour or an individual's judgment of his or her ability to accomplish a certain task.

On the contrary, outcome expectations are the outcomes associated with performance of a behaviour or the perception of the consequences of an act. Self efficacy and expectations of outcome work together to determine behaviour (Bandura, 1997). Social cognitive theory is relevant to HIV prevention and sexual behaviour in that prevention requires people to control their sexual behaviours and in doing so they have to develop self confidence which will help them choose safer sexual practices and the ability to negotiate condom use. Positive outcomes often result when safer sexual decisions are taken. Social cognitive theory is relevant to sexual health communication because it deals with aspects of understanding behavioural changes and it describes the nature of communication and human being development where children learn to imitate their parent's behaviours which show high dependency on what their parents have to offer (Glanz, 2002).

According to social cognitive theory, human behaviour is conceptualized as the result of interactions between personal factors, environmental factors, and the behaviour itself (Bandura, 1994). Environmental factors that contribute to behavioural enactment include support from others in the form of encouragement and resources. In applying the social cognitive theory to HIV prevention people need to control their own sexual behaviours. To do so, they must develop confidence to choose safe rather than non-safe sexual practices and to expect positive outcomes associated with safer behaviours. According to Bandura (1994) evaluating behavioural change depends on factors in the environment, people and behaviour. Therefore environmental situations

provide the framework for understanding behaviour. Parents should also note that knowledge alone is not enough in changing the behaviour of adolescents.

The environment should be conducive in such a way that adolescents are able to change their risky sexual behaviours. Programmes that support behavioural change should be in place and they should be behaviour specific, provide people with information on safe and risky sexual behaviours and the consequences of those. When parents foster an understanding of risky sexual behaviours it enhances their self confidence because they look up to their parents and positive outcomes such as the delay of first sexual debut are associated with such discussions. Bandura (1997) laments that adolescents need resources, opportunities and guidance from others within their social network. Self efficacy is enhanced when people have the opportunity to perform behaviour.

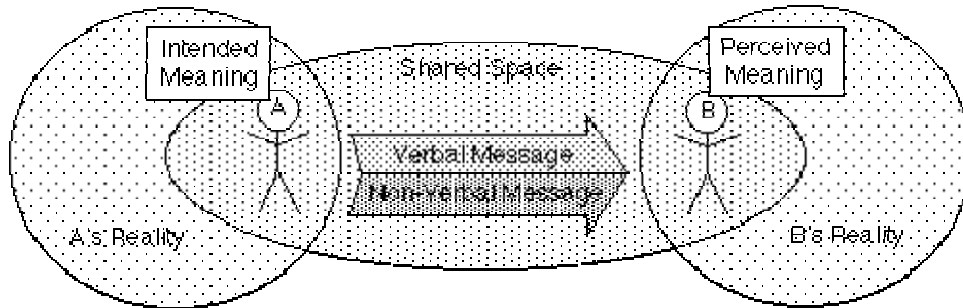
There are a number of HIV prevention programs for adolescents that are in place but the results of these programs are positive only for a short-term in a high risk population. The theory stipulates that “in order to provide appropriate and specific interventions that are effective the social cognitive theory and behavioural skills deficit associated with sexual acts need to be determined for adolescents” (Murphy et al., 1995). Further to that the social cognitive theory assumes that if young people could only develop appropriate knowledge and skills they would change their risky sexual behaviours which would therefore have a positive impact on their sexual behaviours. It is important for adolescents to be aware of inappropriate behaviours and this could be achieved through parent-adolescent communication. Parents can discuss the consequences and rewards of sexual behaviours that are not risky. Parents must make adolescents believe that they are capable of making safer decisions, this helps develop a sense of self efficacy. Self efficacy is improved through confidence improving messages. Adolescents often model what they see and their behaviours can be influenced (Bandura, 1986).

1.7 Conceptual Framework

The communication model presented below shows the several layers of communication that people receive, therefore the message itself would be perceived differently from the intended meaning. The message is interpreted according to one’s understanding of the environment which

is defined as reality. It is therefore very important for sexually related communication to be clear because the reality of the sender is not the same as the receiver.

Figure: 1.1: The Communication Model



Source: Weaver (1947)

The diagram shows 'A' as the sender and 'B' as the receiver of the information. It shows that there is always a sender and a receiver in communication, if for example, person A is the parent and she uses a word like "trust", she has a certain meaning attached to it in her reality which does not necessarily mean that the receiver has the same meaning. In most cases the meaning that one has is built by the experiences which may lead to certain conclusions about it. The meaning and the message are interpreted according to one's environment. When an adolescent hears a message or sentence she will interpret it based on her experiences, perceptions, and opinions. To have effective communication one needs to take into account the environmental factors, the space in which the communication takes place, verbal as well as non-verbal messages, the intended meaning versus the perceived meaning. According to social cognitive theory, parent-adolescent communication has systematic effects on the adolescent's decisions or intentions to engage in behaviour for example to use a condom, but that this decision fails to translate into behaviour because of environmental constraints such as the lack of availability of condoms. The manner, in which parents communicate different experiences to adolescents and how they lead them through new situations, influences how they will deal with new situations when they grow up (Hoskovcova et al., 2006).

1.8 Dissertation Organization

This dissertation is divided into five chapters. The first chapter provides a background to the study and also outlines the key aims and objectives of the study. It also looks at risky behaviour and vulnerability to HIV/AIDS and the importance of parent-adolescent communication as a protective factor for HIV/AIDS. Chapter two reviews literature of previous studies on parent-adolescent communication both nationally and internationally, identifies the contribution made by these studies and also identifies the gaps in the literature. Chapter three outlines the methods used in the study. The research findings are presented in chapter four and the last chapter briefly summarizes the findings of the study and compares it with other studies. It also presents the conclusions and recommendations.

Chapter 2

Literature Review

2.1 Introduction

This chapter will review previous studies on parent-adolescent communication and more broadly, the factors facilitating sexual behaviour in the era of HIV/AIDS. Research in this area is inadequate in South Africa; most research in this topic has been conducted in Western countries. Studies have focused on establishing statistical knowledge without seeking in-depth knowledge and sources of information (Kristenson et al., 2004). It is important to identify the contribution made by previous studies on parent adolescent communication and the gaps in the literature so that they can be improved upon.

2.2 Parental communication on sexual related topics

Understanding parent-adolescent communication about sexual issues and how they discuss it may lead to a greater understanding of adolescent's sexual behaviours and adolescent's risk of contracting HIV/AIDS (Whitaker et al., 1999). Parents play an important and powerful role in the sexual socialization of adolescents. The information and messages that are communicated between parents and adolescents have the potential to shape sexual decision making during adolescence, particularly related to HIV risk behaviours (Dolorio, 2003). A survey of pre-adolescents and their parents in a high HIV seroprevalence neighbourhood found that parents overestimate how much they talk about HIV. Adolescents remembered less than one fourth of the HIV discussions that parents said had occurred (Engdahl, 2006).

Parents feel uncomfortable communicating to their adolescents about sexual issues. This is due to the fact that sexual conversations are deemed a taboo subject in many African communities, for example in Ghana, Sierra Leone, Nigeria and South Africa (Engdahl, 2006). The social norms that prohibit openness hinder discussions about sexual behaviour and can hinder sexual education (Whitaker et al., 1999). According to Kajula (2005) parents also find it difficult to acknowledge that young people are sexual beings. Parents often view adolescents as innocent, inexperienced and immature and as a result they do not discuss sexually related topics with them. Adolescents are deprived adequate knowledge and resources to enable them to protect

themselves from infections (Kajula, 2005). Some parents believe that most adolescents always want to experiment and communication about sex including sexual education will increase their curiosity and make them sexually active (Friedman, 1993). “However, research suggests that young people who openly communicate about sexual matters with their parents, especially mothers, are less likely to be sexually active or (for girls) have an underage pregnancy” (Kajula, 2005:19).

2.3 Knowledge of HIV/AIDS Prevention amongst adolescents

Several studies have shown that many young South Africans know about HIV/AIDS and how it is transmitted (Shisana et al., 2005). According to the 1998 Transition to Adulthood Survey 98% of the respondents mentioned that they knew about HIV and how it is transmitted. Similarly a cross sectional survey data conducted in KwaZulu Natal showed that 95% of 15-19 year old girls reported that they had heard of the disease and 13% reported knowing someone with HIV or AIDS (Adams et al., 1998). Yet, research has shown that knowledge has not decreased risky sexual behaviour amongst teenagers (Harrison, 2002; UNICEF, 1996).

In a study conducted by James et al., (2004) on adolescents in KwaZulu-Natal, 78% knew that unprotected sex and multiple sexual partnerships were risk factors for HIV infection, and 86.4% knew that condoms protects against HIV and other STI's. Still, among those who have had sex, a third reported never using a condom and among those who had been using condoms only 42% reported using condoms every time. A survey conducted in 2003 found almost 52% of adolescents reported having used a condom the last time they had sex. Those residing in rural areas were lower with only 36% reporting having used a condom during the last time they had sex. This same survey found lower consistency among those in longer term relationships, along with a lower rate of condom use among females (MacPhail et al., 2001).

A number of studies have shown that a mismatch between HIV knowledge and sexual behaviours exists in many settings, including South Africa (Richter, 1996). For example, a study by Malin, (2006:10) showed that “learners in grade 8 and 10 in the Midlands district in KwaZulu-Natal had high knowledge of causes, spread, treatment and ways of protecting oneself against sexually transmitted infections and 85% of the study sample stated that it is important to

use a condom every time you have sex”. Yet only 46% of the learners reported that they use a condom every time they have sex. Condom use among South African youth is increasing; however, the majority of sexually active use condoms infrequently (Adams et al., 1998). Parent-adolescent communication is therefore needed to make adolescents understand the importance of using their HIV/AIDS knowledge to prevent themselves from contracting the virus.

2.4 Adolescents perception of HIV/AIDS risk

Most adolescents do not perceive themselves as being at risk of contracting HIV/AIDS. Perception of risk of HIV infection is essential for realizing the importance of using condoms. If people perceive their own susceptibility of infection as high it raises their motivation to overcome the obstacles of buying condoms and initiating condom use (Macintyre et al., 2004). The stigma associated with HIV/AIDS has been found to affect sexual behaviour in the way of lowering own perception of risk. People have created shared social representations of the disease as caused by certain social groups due to immoral behaviours. This has resulted in some social groups being blamed for the spread of the disease, for example gays and lesbians (Deacon et al., 2005).

Young South African males have been found to underestimate their own risk of infection because of making HIV and condom use a responsibility of others and thinking of HIV as a problem among only certain groups, for example sex workers (MacPhail et al., 2001). Whilst on the other hand female adolescents feared being labelled promiscuous by their peers if they carry condoms. In 1999 Hartung et al. (2002) interviewed adolescents in a rural area (Jozini District) in northern KwaZulu-Natal about their knowledge and attitudes towards HIV/AIDS and their condom use. Their findings were that despite high levels of knowledge only 50% perceived HIV/AIDS as a common problem and only 40% started to use condoms which showed that adolescents do not perceive themselves at risk of contracting HIV/AIDS.

In a study conducted in a township outside Johannesburg to investigate whether adolescents view AIDS as a problem and whether they perceived themselves at risk of contracting the virus 70% of the interviewed young men said they were not at risk whilst the remaining 30% did not know. The HIV rate was reported to be high in this area (Malin, 2006). Apart from the risk of

contracting HIV/AIDS, adolescents who practice unsafe sexual behaviour are also at risk of early teenage pregnancy. Through communication parents should make adolescents understand that everybody is at risk of contracting HIV/AIDS and that it is important use to condoms when having unprotected sex

2. 5 Factors facilitating early sexual behaviour

Socio-economic status

Booyesen and Summerton (2002) have observed that poverty increases the vulnerability of women to HIV infection by resulting, among other things, in unsafe sexual practices, often due to inadequate knowledge, lack of access to the means of protection, and inability to negotiate condom use with sexual partners as a result of entrenched gender roles and power relations. The exchange of sex for gifts or money as well as sex with older men may also place adolescent girls at risk of HIV infection (Card, 1996). According to a WHO report (2002), young people living in poverty, or facing the threat of poverty, may be particularly vulnerable to sexual exploitation through the need to trade or sell sex in order to survive. According to a study on youth in KwaZulu-Natal economic disadvantage was associated with several risky sexual behaviours.

Low socio-economic status was found to increase the odds of women exchanging sex for money or goods and raises their chances of experiencing coerced sex (Kelly & Parker, 2000). Low socio-economic status has more consistent negative effects on female than on male sexual behaviour; it also raises the risk of early pregnancy for females. In order to survive the economic pressures of society some women have resorted to selling their bodies for money despite the high risks of HIV/AIDS. As one sex worker said in a case study in Durban “It’s better to die in fifteen years time of AIDS than to die in five days of hunger” (Preston-Whyte, 1999:184). These amongst others are problems that need the interventions of parents. Parents need to educate their adolescents to love themselves and to be powerful women so that they can be able to negotiate safer sex practices. A study conducted by Adegoke (2001) reveals that females who grow up close to their mothers and other family members from infancy develop an apparently healthy and secure personality that is protected from the rough and tumble of deprivation and want.

In a study performed in a mining area in Johannesburg, sex workers reported that most clients refuse condoms and if the sex workers would bring up the subject the client would take his business somewhere else. Since they are so dependent on the money from the clients they would rather put themselves at risk of getting HIV than insist on condom use. “The reason for selling sex is for most of the women the difficulty to get another job and all of the women in the study claimed that they would stop being prostitutes if they could find a job or meet a man that could support them” (Preston-Whyte, 1999: 66).

Peer Pressure

Peer pressure refers to the influence exerted by a group in encouraging a person to change his or her values and behaviour in order to conform to their norms (Saini et al., 2007). Peers have been found to have an influence on the sexual decision making behaviour of adolescents (Eaton et al., 2003). Some adolescents get caught up in romantic feelings and believe that having sex is the best way they can prove or demonstrate their love; some also decide to have sexual relationships because of the influence of their peers. Studies have shown that many adolescent girls equate sex with love and peer acceptance and suffer undesirable consequences, such as HIV infection, other sexually transmitted diseases and pregnancy as a result of their actions (Saini et al., 2007).

A commonly held belief among many adolescents is that one has to be sexually experienced in order to gain the acceptance of one’s peer. Adolescents believe that sexually experienced people are manlier than the boys who have not engaged in sexual intercourse (Botchway, 2004). Studies show that if parents are involved in their child’s upbringing, adolescents are able to communicate with their parents if they are experiencing pressure from peers (Card, 1996). Therefore parents should start communicating in the early stages of their children’s lives so that their children will find it much easier to talk to them when they are experiencing sexual pressures. Talking to the adolescent at a young age also builds trust and more reliance on their parent’s advice rather than their peers (Botchway, 2004).

Accordingly, parents together with the community should help adolescents fight peer pressure through peer education programs. Peer education programmes are less intimidating since the educators are members of the community. These programmes are aimed at training and

empowering adolescents through discussions and communication about the common problems affecting adolescents, instead of trying to change individuals' behaviours it promotes new collective norms in the community and leads to feelings of power and control (Campbell, 2002).

Media and the Sexual Advertisements

According to Single (1995), in the popular shows directly targeting teenagers, a child sees nearly seven scenes per hour that have sexual content and most teenage girls admit that they have learned about sex or gotten ideas from what they have seen on television, music videos, movies and the Internet. Advertisements also contribute towards inculcating an unhealthy perception about sex in young minds. A new study shows that 12 to 14 year olds exposed to the most sexual content in movies, music, magazines, and on television were 2.2 times more likely to have had sexual intercourse than their peers who were exposed to less sexual media (Rutenberg et al., 2001).

Parent-adolescent communication is needed to help adolescents deal with and understand such factors that lead to early sexual behaviours. "Communication about sensitive topics such as sex is less difficult in the adolescent years if it builds upon a pattern of open communication" (Ford et al, 1994). Therefore not only is the age at first communication important but also the bond between the parent-adolescent is also very important as well. Parents need to be close to their adolescents so that they are the primary source of information regarding sexual issues. Communication between parents and children is regarded to be very important, it is a tool through which meaning and values may be transferred from one generation to the next.

2.6 Socialization of adolescents in South Africa

There has been an increased interest in the role that parents play in influencing the sexual behaviour of their adolescents (Jaccard et al., 1999). Parents are viewed as socialization agents who provide direct information to their adolescents during discussions of various sexual topics (Glaser, 2000). The manner in which adolescents are socialized determines whether or not they will find it easy to communicate with their parents. Adolescent males and females have been

socialized in different ways in South Africa. Males have separate gender roles than females therefore the sexual behaviour of males and females differ as prescribed by socialization.

Males are taught to be masculine and not to share their feelings as a result they find it difficult to communicate about sex (Masuku, 1998). Further to that, the difference in the way males and females are socialized has an impact on age at first sex because in some communities females are taught to be obedient and submissive and as a result succumb to male pressure to have sex at an early ages in their lives. Parent-adolescent communication is needed to challenge gender inequalities in society and ensure that adolescents make positive decisions about their lives (Masuku, 1998). Masuku (1998:9) argues that “in South Africa, the absence of gender policies has meant that many problems that have resulted from early socialization and gender inequality are still in the closet, undiscussed and barely recognized”.

Parental communication could prevent adolescents from making decisions that they will later on regret and decisions that put their own lives at risk. Parent-adolescent communication plays a big role in early socialization because parents should communicate with their children about the problems that are hidden from society which leave children confused. Communication and connectedness between parents and adolescents has a protective effect on risky sexual behaviour. When an adolescent is connected to their parent they feel a sense of belonging, safety and they tend to trust the parent creating a deeper bond between the parent and child (Campbell, 2003).

2.7 The importance of parent-adolescent communication

According to Barbara Huberman (2008: 2) “parents who act on the belief that young people have the right to accurate sexuality information are parents whose teens will delay the initiation of intimacy and use contraceptives when they choose to become sexually active”. Huberman (2008) also adds that young people need sexuality education and parents, as essential sources of information and role models, can truly influence their children's sexual development. Parents need to start communicating to their children at an early stage because even when sexuality and HIV/AIDS education are being addressed in schools, the grade level at which schools begin to discuss these issues is often after the point at which many adolescents have already begun to engage in behaviours that place them at risk of infection (Blake, 2001).

Parent-adolescent communication is important because sexual activities begin at an early age for many adolescents. A study conducted in San Francisco by Jaccard et al. (2002) revealed that almost four out of ten (37%) 9th graders have had intercourse, and nearly seven of ten (66%) have had intercourse by the 12th grade. Somers and Paulson (2000, 640), argue that “perhaps the single most important reason that teens have sex is because it is a natural drive that manifests during and after biological and cognitive maturation”. Knowledge is therefore important in guiding adolescents through maturation and for preventing the spread of HIV/AIDS but it is not the solution to the problem. A study conducted by Gilles (1999) reveals that only 25% of people in marginalized groups change their behaviour in response to information about health risks, since individual choice is often influenced by social conditions that are beyond the control of the individual. Therefore knowledge should be supplemented with proper social conditions that will make it possible for the adolescent to change their behaviour. The environment should be conducive for the adolescent to be able to change their behaviour.

A prospective study on mother to daughter communication about sexually related issues in Philadelphia reported that high levels of communication were associated with fewer episodes of sexual behaviour (Coale, 1992). In the United States, adolescents who reported talking with their parents about sexually related topics, including pregnancy, birth control, abstinence, STD and AIDS prevention, also reported safer sexual behaviour. A community based participatory study conducted in Filipino American families revealed that parent-adolescent communication was associated with healthy sexual communication (Leland and Barth, 1993). Mothers direct discussions of sexual related topics with their adolescents are important in influencing young person’s future protective sexual behaviour. A study conducted by Shisana et al., (2005) in South Africa revealed that adolescents who reported talking to their parents about sexual behaviour are less likely to engage in sexual behaviour but research in this area in South Africa remains limited.

The first wave of the transitions study conducted in 1999 revealed that adolescent girls and boys feeling of connectedness to parents and community was significantly associated with perceived risk of getting HIV (Shisana et al., 2005). If adolescents receive the correct knowledge and

understanding about the importance of prevention they would change their behaviour so as to decrease their chances of becoming infected.

2.8 Gender differentials in parent-adolescent communication

Gender differential have been observed in parent-adolescent communication. A study conducted in Kenya and Nigeria revealed that daughters discuss sexual issues with their mothers to a greater extent than sons discuss sexual issues with either parent (Chibwetwe, 2001). In a study conducted by Millers et al. (1999) amongst adolescents aged 15 to 19 years regarding family communication about sex, it was revealed that the gender of the adolescent and of the parent holding the discussion has an influence on the findings of the research. Adolescents of the same sex reported having discussions with their mother rather than their father. The adolescents that were interviewed reported making safer sexual decisions (Miller et al., 1999). Parents on the other hand were reported to have discussions with a child of the same gender than of the opposite gender.

Kirkman et al., (2001) revealed that there is a strong discourse of same gender communication, with daughters speaking to their mothers and sons speaking to their fathers. Mothers are more frequent communicators about sexual topics and act as a regular contact person with their adolescents. Fathers on the other hand are more likely to set long-term goals for the family in determining rules and providing discipline in the household. Kirkman et al., (2001) also acknowledged that in some families same gendered communication was absent, especially father son communication which leaves sons receiving very little information about puberty and HIV/AIDS. Further to that the absence of father to son communication is problematic because some subjects are deemed appropriate only for same gendered communication (Kirkman et al., 2001).

2.9 Fathers and communication

According to Kirkman et al. (2001) fathers experience difficulty in carrying out what they accept as their responsibility to communicate with their adolescents about sexuality. As a result, studies suggest that mothers rather than fathers tend to engage in communication with their adolescents (Lefkowitz et al., 1996). Research reveals that adolescents who stay with both their parents are

less attached to their fathers, talk less openly to their fathers and see fathers as less willing to listen and clarify feelings (Hosley et al., 1997). Fathers worry about the consequences of sex which is pregnancy; therefore they ignore and shy away from the topic (Kirkman et al., 2001). According to Hosley et al. (1997) the reason why fathers rarely communicate may also be due to the sensitivity of the issue and adolescents prefer talking to someone with whom they feel comfortable discussing sexual matters.

Kirkman et al., (2001) argue that puberty disrupts the relationship between a father and child, the intrusion of sexuality especially to the father daughter relationship often leaves the fathers confused or puzzled and less close to their daughters. Fathers often have an affectionate relationship with their children from infancy and are confused by the disruptions that occur during puberty (Kirkman et al., 2001). Puberty is naturally associated with increased distance between parents and children (Steinberg, 1988). Fathers become jealous of the adolescent's relationships and tend to be over protective. A study conducted in KwaZulu Natal revealed that fathers have traditional possessiveness towards their daughters and feel that nobody would ever be good enough for their daughters (Kirkman et al., 2001). Fathers that have spoken to their daughters warn them about how dangerous adolescent males are and that they should stay away from them. According to Kirkman et al., (2001), fathers believe that their role is to give their adolescent daughters a male perspective of adolescent males.

2.10 Mothers and communication

A study conducted in South Africa showed that mothers are good communicators with their adolescents (Kirkman et al., 2001). Further to that studies from the Western countries also show that mothers are better communicators and communicate more than fathers (Botchway, 2006). Mother's communication tended to be educational, focusing on hygiene, rather than sexuality issues such as commitment and love. Mothers also highlight the negative consequences of sex such as unwanted pregnancy, sexually transmitted diseases and HIV/AIDS.

Mother daughter communication about condom use prior to adolescent initiation of sexual intercourse is associated with greater condom use over time. A prospective study on mother to daughter communication about sexually related issues in Philadelphia, reported that high levels

of communication were associated with fewer episodes of risky sexual behaviour and that adolescents were more likely to use a condom on their first sexual intercourse (Coale, 1992). The extent to which mothers are close and involved in their children's lives determines whether or not children will be able to tell them about their sexual behaviour because young people feel at ease talking about sexually related issues with their parents when the parents do not distance themselves from their children.

2.11 Content of communication

The start of menstruation provides an opportunity for discussion for females (Chimbetwe, 2001). Mothers often warn their daughters not to become pregnant but they offer little guidance on how to achieve that goal (Trussel, 1998). A study conducted in the United States revealed that the first stage of mother daughter conversations occurs just before puberty, where discussions of menstruation, reproduction and sexual intercourse take place. The second stage occurs during middle adolescents and is 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 and illegitimacy are included. This stage lasts up to adulthood and includes all members of the family (Chimbetwe, 2001). 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 sexual and reproductive health (Chimbetwe, 2001).

2.12 The influence of parent-adolescent communication

Issues around adolescent's sexual behaviours and their influences are worth investigating because they have major implications for health status. HIV/AIDS is a global challenge that has claimed millions of lives, inflicted pain, grief and fear in the population. The sexual knowledge and social support of adolescents by their parents and the community at large is very important in ensuring that adolescents make safe decisions. HIV prevention especially among South Africa adolescents and across the globe will require not one single strategy, but a comprehensive package of interventions including condom distribution, awareness building and gender empowerment (UNAIDS, 2006). Ensuring healthy development for adolescents can also be met through joint effort from the family (parent adolescent communication and support), traditional institutions and the school.

Dolorio (2003) reported that parent discussions on sexually related topics with their adolescents were important in preventing the contraction of sexually transmitted diseases including HIV/AIDS. Parent-adolescent communication can be used by parents to make the social environment of the adolescents more supportive so that they are able to resist the pressure that they experience from their peers to practice unsafe sexual behaviours (Kajula, 2005). “Communicating with a sex partner is important for creating healthy relationships” (Whitaker, 1999, 117). Through communication adolescents can make their feelings and needs known to their sexual partner and also be able to negotiate condom use. In that sense this can create a close relationship between the parent and the child which would encourage responsible decision making.

Peter (1994) conducted a study to examine the two-way interactions between neighbourhood socio-economic status and parental involvement including decision making, and communication about sex. The results of this study showed that greater parental involvement was related to a lower likelihood of sexual initiation only when children lived in socio-economically advantaged neighbourhoods. Parental decision making centred on the child’s activities within (e.g., television watching) and outside (e.g., hanging with peers) of the home was associated with a lower likelihood of sexual initiation for adolescents in disadvantaged neighbourhoods but to a greater likelihood on sexual initiation for youth in advantaged neighbourhoods (Peter, 1994).

A study by Coale (1992) reported parent-adolescent communication as a strong determinant of adolescent sexual behaviour. Communication between parent-adolescent is believed to delay the onset of sexual intercourse, the adolescent is less likely to have multiple partners and use contraceptive methods consistently. Mfono (1998, 13) revealed that “teenagers who reported previous discussions of sexuality with parents were seven times more likely than others to postpone sexual activities because they are able to communicate with a partner about HIV/AIDS than those who had not had such discussions with their parents”. Parents can influence aspects of an adolescent’s life that are beyond the reach of schools or clinics, such as the monitoring and supervision of children during weekends, after school and their night time activities (Jaccard et al., 2002).

According to Fisher, (1986, 520) studies suggest that adolescents whose parents talk to them about sex tend to be less sexually active and more likely to use an effective means of contraception. A study conducted amongst 372 sexually active 14 to 17 year old adolescents found that parent adolescent discussions about sexuality and sexual risk was associated with an increased likelihood of teenage-partner discussions about sexual risk, negotiation of condoms and other contraceptive methods. Such teenage partner discussions are possible only when parents are open, skilled and feel comfortable having these discussions (Whittaker et al., 1999). Teenage partner communication is also very important in reducing risky sexual behaviour because it is associated with greater condom use.

2.13 Barriers to Parent-adolescent communication

Several studies (e.g., Steinberg, 1988; Leland et al., 1993) have looked at parent-adolescent communication and found that there are various factors that may enable or hinder sexual communication between a parent and a child. Many parents forsake conversation because their adolescents tell them they already know what they need to know. Other studies also report that parents often feel inadequately informed, embarrassed and ineffective and have difficulty finding the right place and time to communicate (Hockenberry-Eaton, 1996). These studies also note that adolescents sometimes see parents as being out of touch with current adolescent lifestyle and pressures, hence parental expertise may be undermined in areas related to topics on sexuality and adolescence.

According to Hockenberry-Eaton (1996) some parents may have unfounded concerns about talking to their kids, such as the fear that talking about sex will increase curiosity and cause them to experiment prematurely, or that giving information about birth control may cause the adolescents to want to have intercourse. Some parents fear that talking about homosexuality might influence a child's sexual orientation (Hockenberry-Eaton, 1996). In fact, open discussion with parents can help postpone sexual activity, protect from risky behaviour and support the healthy sexual socialization of youth. Parent-adolescent communication on sexuality is regarded as one of the effective strategies which can help in reducing risky adolescent sexual behaviour and therefore a reduction in HIV infection among the youth (Hockenberry-Eaton, 1996).

Other barriers to communication include the manner in which parent-adolescent communication is conducted which can also be a hindrance to behavioural change in adolescents. The manner in which sexual communication is conducted between a parent and an adolescent can influence adolescent behaviour. For example if a parent is demanding that a child refrains from having sex, this may send a message that everything about sex should be avoided, this may also suppress the adolescents desire to talk about sex with a partner which would result in risky sexual behaviour or being dominated by a partner in the case of a female. On the other hand if a parent communicates openly about sexuality and allows the child to ask questions, it is likely to reduce the child's discomfort with sexuality discussions and will have positive results on the sexual relationship (Kirkman et al., 2001).

Judgmental and instructive attitudes from parents have also been cited as a barrier to parent-adolescent communication. When parents interact with adolescents they often use an instructive style of communication. Parents often expect their adolescents to listen and follow their instructions (Botchway, 2006). This results in adolescents feeling scared in confiding in their parents about any challenges that they encountered because they are afraid of being judged for not having listened to their parents. Open and friendly parent direct discussions on sexually-related topics are important in influencing the adolescent's future protective sexual behaviours.

2.14 Effective parent-adolescent communication

According to Kinsman (2001) parents need to communicate in a manner that is going to be effective in bringing about positive behavioural changes amongst adolescents. Kinsman (2001) further suggests that not only should parents communicate with their adolescents but they need a proper approach to such an issue. He therefore suggests that parents should not wait for their adolescent to ask about sex, HIV, or sexually transmitted diseases. Although parents often hope that their adolescent may come to them with questions and concerns, this may not always happen therefore parents should take the initiative in communicating at an early age. Parents should 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, music, television, or movie content are great avenues in bringing up health topics (Kinsman, 1996).

Parents can also use television shows which deal with teenage pregnancy to ask adolescents about their feelings about the programme and whether or not they agree with the messages communicated in the programme. These questions can help parents to start valuable conversations. It is very important for parents to make their feelings and values regarding sex known by their adolescents. Adolescents need to understand that sexual relationships involve feelings of caring and issues of responsibility. Therefore it is the parent's responsibility to make their children aware of their values about sex. Some adolescents may not adopt these values at first but it may be used to create a better and stronger bond between the parent and child (Kinsman, 1996).

2.15 Limitations of Previous Studies

Previous studies conducted in South Africa have focused on the risky behaviour of adolescents and their perception of risk in the HIV era. There is very little research done on parent-adolescent communication and the few studies that have concentrated on this area have not studied the content of communication. Little is known about the quality of information shared between the parent and the adolescent. Further to that the barriers to communication have not been investigated in South Africa especially among parents who do not talk to their adolescents. Such issues will be investigated in this study. The perception of parents and society regarding adolescent risk sexual behaviours was also not made clear in the studies. Studies do not look at both parent and child communication rather they are one sided focusing on the views of the parent only and others, on the views of the child.

2.16 Summary

The chapter revealed a number of issues that can be summarized at this point. Communication between parent-adolescent may reduce risky sexual behaviours. Parents need to start at an early age to communicate with their adolescent child and communication should be on a regular basis. Mothers are seen as better communicators compared to fathers, whilst fathers tend to be over protective and set long-term rules for their adolescents. Most adolescents obtain their sexuality information from peers and the media, therefore the onus is on the parents to initiate sexual communication with their adolescent child in order for them to obtain the correct information.

Same gender communication was also noted, adolescents want to communicate with the same gender parent because there are questions that only a same gender parent can answer. Parent-adolescent communication is seen as important for transferring values and bringing closeness between adolescents and their parents. Communication that started at an early age is said to prevent the child from peer pressure and rely more on the parents advice than of the peers.

Chapter 3

Methodology

3.1 Introduction

This chapter presents the methodology which was used during the data collection process. KwaZulu Natal was selected as the study setting because it has the highest HIV/AIDS prevalence rate in the country as well as high levels of teenage pregnancy (Hallman, 2004). A qualitative research methodology was used to collect data. Qualitative research has been found to be useful in discovering unexpected issues and topics, which would not be discovered if a structured design or questionnaire was used. Thus the qualitative approach is appropriate in exploring the range of views and experiences of parents and adolescents on issues of sexual communication. The data was collected using in-depth interviews. In-depth interviews are useful when the researcher wants detailed information about a person thoughts and behaviours (Boyce et al., 2006).

3.2. Study setting

The research study was conducted in KwaZulu Natal in a town called Port Shepstone, Gamalakhe Township. Port Shepstone is situated 120km South of Durban. It is an administrative, educational and commercial centre of Southern Natal (Mkhize, 2008). According to the 2001 Census Port Shepstone has a total population of 218 168 people (Statistic South Africa, 2001). The population is growing at a rate that is below one percent. The town is predominantly African and isiZulu is the most commonly spoken language. The majority of the population (53%) is female (Statistic South Africa, 2001). Port Shepstone consists of industries which include a sugar mill, a lime works and a marble quarry which employs most of the town's population. Port Shepstone has an economically active population of 80, 876, with males constituting the majority of the workforce (Statistics South Africa, 2001).

Figure 3.1: Map of Port Shepstone



Source: Mkhize (2008)

3.3 Research Methodology

The study used a qualitative research methodology. A qualitative research approach is a way of gaining insights through discovering meaning. Qualitative research explores the richness, depth and complexity of a phenomenon (Strauss & Corbin, 1990). The choice of a qualitative research approach was imperative because it has been established that where little has been written on a subject the qualitative research approach is a useful way to proceed due to its exploratory nature (Denzin and Lincoln, 2000). The advantages of using qualitative research in this study is that it allows the researcher to use open ended questions and probing which gives the participants an opportunity to respond in their own words. Further to that qualitative research methods are effective in identifying intangible factors such as social norms, socio- economic status and gender roles (Bernard, 1994).

The study draws on in-depth interviews conducted with school going girls and boys. In-depth interviews are a technique of conducting intensive individual interviews with a small number of respondents to explore their perspective on a particular idea or situation (Boyce et al., 2006). The advantage of in-depth interviews is that they provide a relaxed environment in which to collect information. People feel comfortable having a conversation with the researcher as opposed to filling out a survey (Boyce et al., 2006). Some of the terms were given lay names in agreement with the respondents so that both the researcher and the respondents will share the same understanding.

Open ended questionnaires were used to enable the respondents to explain their experiences and understanding in their own words. The use of open ended questionnaire allowed for new information to be revealed that the researcher might not been aware of. The researcher was also able to probe for answers to questions that were not clear in the responses. Therefore the qualitative research approach allowed for broad discussions of the topic where the respondent feels free to communicate their feelings (Creswell, 1998). Further to that, according to Kvale (1996) the qualitative research approach enables the exploration of the social context influencing sexual behaviour. The qualitative research approach has also been found to be useful in discovering unexpected issues and topics, which would not be discovered if a structured design or questionnaire was used (Merriam, 1988).

3.4 Data Collection

Permission to conduct the interviews was obtained from the principal of the school, who then introduced the researcher to a teacher to work with throughout the data collection process. The teacher helped the researcher to select adolescents for the research since she was more familiar with them. The selection criterion for the interview was that adolescents must be residing in the community and be enrolled in the school. Adolescents must be aged between 15 to 19 years old. Adolescents must be willing to talk about their experiences of parent-adolescent communication.

The data collection process was conducted in two phases. The first set of interviews was conducted amongst adolescents, seven males and three females in the age group 15-19 years. The overall aim of the interview was to investigate attitudes towards sex and communication between parent and child. The pupils were asked about their views on social activities, sources of information about sexual issues and whether or not they communicate with their parents. The second phases of the study were in-depth interviews with ten parents of the students interviewed from the school in Port Shepstone. Mothers compared to fathers were more willing to participate in the study. Out of a sample of ten participants one father and nine mothers participated in the study. Parents were asked a range of questions including information on the social environment of the adolescents, discussions of sexual issues with young people and sources of information.

3.5 The Interview Situation

The field work was conducted in November 2008. The pressure of time and resources led to some interviews being conducted in the student's homes because most parents worked during the day therefore interviews had to be conducted in the evenings after work. All the interviews with the students were conducted in an empty classroom during the lunch break and also during free time in the classroom. Parents on the other hand were interviewed in an empty bedroom or outside their home to ensure maximum comfort. The interviews were conducted in Zulu because the respondents preferred to be interviewed in the local language and were more comfortable expressing themselves in Zulu. The researcher used probes to enable the respondents to elaborate their answer; the elaboration provided valuable information which would have not otherwise been obtained.

3.6 Data Analysis

The interviews were tape recorded and the tapes were transcribed and later translated into English. Each interview lasted from 10-15 minutes for the adolescents and between 20-25 minutes for the parents since parents had more views and opinions that they wanted to share on the topic. The interviews resulted in a large volume of data. A thematic framework of analysis was used to analyze the data. According to Kajula (2005) the thematic framework approach involves the summation and classification of data within a thematic framework which involves five stages of data classification.

Transcribing and translating of the data gave the researcher an opportunity to familiarize herself with the data and get a basic impression of the data. The next step was where all the data was organized into the most important themes which emerged in the data. The formation of the different themes was made easier by the familiarization of the data. The themes that emerged in the data were compared with the themes that were used to collect data to examine whether there were any similarities. Comparison of the themes allowed the researcher to see if the initial interviewing themes were still applicable when compared to emerging issues. The new themes that emerged were added to the existing themes but also bearing in mind the outline of the interview guide.

All the data was sorted out into different categories and rearranged according to the various themes. The themes were saved in separate folders. The data was then allocated to its representative folders; corresponding data was grouped in one folder. The grouping of corresponding data made it easy for similarities and differences to be identified. The final stage was to summarize the commonly expressed statements. The aim of this stage was to find the association between the commonly expressed statements and the themes. This stage also aimed at finding the reasons and feelings of participants about parent-adolescent communication. The statements were interpreted so as to provide one common explanation of how they felt about adolescent behaviour in the era of HIV/AIDS.

3.7 Ethical concerns

Ethical considerations were very important for this study as they are to most of research studies conducted, so as to protect the individual's physical and mental integrity, to respect the moral and cultural values, religious and philosophical convictions and other fundamental rights including respect for privacy (Kajula, 2005). According to the United Nations Convention on the rights of the child (1981) the interests of the child should always be put first. Ethical clearance was sought from the University of KwaZulu Natal Ethics Committee before the study was conducted. Further, parents had to give consent for their adolescents who were below the age of 18 to participate in the study.

Consent forms were signed by all participants including the researcher. Signing of consent forms also ensures the researcher is legally bound to respect to anonymity and confidentiality of the respondents. Adolescents below 18 years old were given consent forms to take to their parents for their approval for the adolescents to participate. The adolescents were also asked to give assent whilst those above 18 were requested to give consent. All the participants were provided with written information explaining the purpose of the study and their right to anonymity and confidentiality. Participation in the study was voluntary and participants had the right to withdraw from the study. The contact detail of the researcher was also provided to the research participants in case they needed further information. After the interview the respondents were debriefed about the entire process.

3.8 Credibility of the study

According to Maxwell (1992) credibility is an issue for all forms of research. The credibility of a research study is based on the epistemological assumptions guiding the research. Maione (1997) argues that qualitative researchers build into their studies ways that the reader can assess the credibility of the study and its findings. In this study, the researcher has taken steps to establish credibility by providing the visibility of the data. Visibility refers to the extent others have access to the actual data of a study. By having access to parts of the original data, readers can judge the accuracy of the study claims and see how the distinctions are drawn. This was accomplished by providing the reader with enough surrounding text in the following results chapter.

3.9 Limitations of the Study

Research has been conducted on matters that are driving the HIV pandemic in the world and in Africa especially. However there are still research gaps on, among other things, problems of communication about sexuality to adolescents in South Africa and Africa as a whole (Freudenthal, 2001). Tackling this topic was a challenge in an area like Gamalakhe because in the African culture girls have been taught not to talk about sex. Adolescent females compared to males did not feel comfortable discussing sexual issues with an older female. They referred to the researcher as *usisi*, which is a term used to show respect to an older woman. As a result the final sample size for adolescents was three girls and seven boys. The sample was small and cannot be regarded as an accurate representation of adolescents in Port Shepstone, let alone the youth in KwaZulu Natal. However, the study provides more insights into parent-adolescent communication.

Adolescent males were willing to participate in the research and share their experiences and understanding of sexual matters. Being a female and talking to male adolescents about a sensitive topic such as sexuality communication did not affect their responses. Female adolescents on the other hand saw the researcher as an elderly person and in the African culture communication with an elderly about sex was not promoted. Young females are expected to be well behaved and respectful of their elders compared to males.

Most fathers also refused to participate in the study. The final sample for parents was nine mothers and one father. Fathers compared to mothers felt that such a topic with an outsider was invasion of their privacy whilst other fathers were either absent in the adolescent's lives or not willing to discuss the topic with the researcher because of her age. The absence of fathers in the study had an impact on the results because the researcher was not able to capture the father's perspective on sexual communication. Mothers however saw their participation in the study as an opportunity that will help them improve their relationship with their children and to learn more about ways to help limit adolescent risky sexual behaviours. Mother's responses were not affected by the sex and age of the researcher. They saw the study as a helpful mechanism for their adolescents. Mothers were comfortable in sharing experiences, knowledge and their concerns regarding sexuality communication.

Another limitation was that the interview guides were written in English and had to be translated into Zulu which is the local language in the field. There were however some words which could not be translated into English and in that case the word with the nearest meaning was used. Further to that there are English words that have a double meaning, in that instance participants were asked about their understanding of the words so as to ensure they have the correct meaning of the words. In some instances the participants used slang words and were asked to clarify their points to ensure that both the researcher and the participants had the same understanding.

The sample size is small and it is not possible to make generalizations about the wider population of adolescents but the insights offered by the in-depth interviews will provide a greater understanding of parent-adolescent communication. The disadvantage of using the qualitative research approach was that the study group was not representative of the larger population. Further to that it took time for the researcher to build trust with participants that facilitates full and honest self representation.

3.10 Summary

The qualitative research method used in the study was effective in obtaining in-depth information. The sample used was not able to capture the perception of fathers regarding parent-adolescent communication because fathers did not accept the invitation to participate. Mother's unlike fathers were more willing to participate in the study. The African culture does have an impact on communication between mothers and their daughters because it dictates that female adolescents respect their elders and communications about sexual related matters are taboo, hence some adolescent females refused to participate in the study.

Chapter 4

Results

4.1 Introduction

This chapter details key findings from a qualitative study of students and their parents in Port Shepstone, Durban. A total of 20 in-depth interviews were conducted with school children and parents. The chapter will capture the context in which parent-adolescent communication exists. It also looks at attitudes to communication and some of the barriers to communication from the perspectives of adolescents and parents.

4.2 Definition of Parent-adolescent communication

Parents viewed communication as a discussion between the parent and child. It would seem that parents often discussed a range of topics with their children including the risk associated with early sexual activity, HIV/AIDS and other sexually transmitted diseases. The definition of parent-adolescent communication demonstrates the difference in intended meaning and received meaning. Parents expressed a great deal of concern about their adolescent's future. They were interested in ensuring the best for their adolescents. Parents also emphasized the importance of communication. They felt that communication was important for parents to provide guidance to their adolescents.

“As parents we always want the best for our children, communicating with them is a way of ensuring that they achieve the best in life and that they do not become pregnant and contract HIV/AIDS” (IDI#10, parent).

Adolescents viewed communication with their parents as an instrument of discipline. Parents used communication as a way of disciplining them. They argued that parents are only interested in emphasizing ‘good’ behaviour. Good behaviour was referred to as attending school everyday, helping around the house and going to church. Adolescents explained that during parent-adolescent communication parents often used the discussions to lecture them about appropriate and inappropriate behaviour. They further explained that their parents felt it was not appropriate for them to have a boyfriend or girlfriend.

“Often when my parents want to talk to me they tell me that I should behave myself, focus on my studies and be careful how I choose friends because they can influence how I behave” (IDI#10, adolescent).

Many of the parents expressed concern about peer influence and pressure and they therefore emphasized the importance of choosing friends who valued the importance of education and showed respect for their parents. Communication was also used by parents as a warning against pregnancy and sexually transmitted diseases including HIV/AIDS. Some of the adolescents explained that they felt that their parents did not trust them. They reported that the high levels of HIV/AIDS and adolescent pregnancies made their parents not trust them and it also encouraged parents to adopt overprotective behaviour towards their children.

“I do not think my parents trust me. I have to tell them everywhere I go and when I am coming back” (IDI#1, adolescent).

The high incidence of adolescence pregnancies and HIV/AIDS made parents to closely monitor their behaviour. Lack of trust led to lecturing rather than communicating with their children.

4.3 Level of parent-adolescent communication

Parents and adolescents do not communicate effectively. Communication between parent-adolescents was usually one sided. It was the parent who spoke to the adolescent. Parents told their children how they wanted them to behave without listening to their concerns. As a result most adolescents were sharing their experiences with peers. Peers were listening to each others problems and experiences whilst parents dictated how adolescent should behave. Most parent adolescent communication was indirect, concentrating on the physiological changes that the adolescents are undergoing in the transition to adulthood.

“Adolescents should know the changes that will happen to their bodies and what they should do when it happens therefore I always tell them about the different stages of growing up” (IDI#8, parent)

The respondent talks to her adolescents about bodily changes and the transition from childhood to adulthood; the ways of coping with each of these stages is not communicated to adolescents. Some parents speak to the children about the onset of puberty and the changes associated with puberty. Adolescents often find it difficult to relate to their parents and what is being told to them by their parents. Parents also advise adolescents to “keep away from the opposite sex” and the need for protection against the risk of pregnancy and HIV/AIDS but they seldom discuss the methods that they should use. Most parents in the study said that they talked to their adolescents instead of having a discussion with adolescents. In some families adolescents were also not expected to question what they are being told, therefore communication tended to be directive.

4.4 Sources of information

Adolescents received information from a variety of sources including peers, parents or guardians, teachers, pamphlets, siblings and magazines. For many young people, peers were the most common source of information.

Peers:

A majority of adolescent turned to their friends for sexually related information because they were not comfortable discussing these issues with their parents. They felt comfortable when talking to the friends and were able to discuss subjects they would not be able to discuss with their parents. Adolescents turned to their friends when their attempts to talk to their parents had failed.

“I am free with my friends, we are able to talk about everything that we want to talk about regarding sex. Unlike with parents, there are things that you cannot talk about because they feel that they are not appropriate for your age” (IDI#1, adolescent).

Some adolescents were scared of being scolded by their parents and their peers provided a relaxed environment where they felt free to talk about any subject. Peers also spoke about issues that parents would not talk about with their children. Parents were not comfortable discussing sexual issues with their children and this caused some discomfort.

“I often talk to my friends because sometimes our parents reprimand us and there are certain things that they do not want to talk about and I am very free when I am talking to my friends” (IDI#6 adolescent).

Mothers:

For some young people, mothers are a valuable source of information, especially for females. Female adolescents usually received guidance from their mothers during puberty. Female adolescents argued that friends may sometimes use persuasion to get them to conform to their norms while mothers were more interested in protecting their children. Some respondents relied on parental advice because they felt that their peers were not trustworthy. Peers according to the respondent were young and less knowledgeable whilst parents had more experience.

“I love and trust my mother’s advice because she is a parent she knows more things than I do. I do not think that she will ever give me bad advice because she cares about me” (IDI#7, adolescent).

Fathers:

For most respondents, communication with fathers was minimal. Fathers were not spoken of favourably by adolescents. They were regarded as unfriendly and disciplinarians, it was also reported that fathers do not care about the challenges that adolescents face during puberty. Most adolescents did not speak about their fathers because they had no relationship with them; they were either absent in their lives or had passed away.

“My father is very strict, if I ask him about sexual issues he will think I am having sex” (IDI#9, adolescent).

The respondent expressed how difficult it was to approach his father on matters relating to sexuality and puberty. The father was a disciplinarian who placed heavy emphasis on academic achievement. Adolescent males expressed how they would have preferred to receive the information from their fathers. They felt that open communication between parent-adolescent would create a better relationship between father and son.

Guardians:

Few respondents did not stay with their parents and relied on their guardians and siblings for guidance and sexuality information. The level of communication between adolescent and guardian was also one sided. The guardian played a protective role in the child's life, communicating to the adolescent about the risks associated with risky sexual behaviour such as sexual transmitted diseases (including HIV/AIDS) and pregnancy.

“My aunt does speak to me about STD's and pregnancy; she warns me that if I have sex I could also get HIV/AIDS” (IDI#5, adolescent).

The respondent referred to her mother's sister as her aunt. She stayed with her aunt because the school was closer to her aunt's house whilst her mother stayed with the rest of her relatives in the Eastern Cape. The respondent relied on her aunt for information on sexual related matters and had little communication with her biological parent.

Pamphlets and magazines:

Some adolescents reported that magazines and pamphlets were important sources of information. They usually obtained these printed material from the health clinics. They provided them with information about a variety of topics including pregnancy, HIV/AIDS and sexually transmitted diseases. The information obtained advised adolescents to abstain from risky sexual behaviours, the importance of using a condom and faithfulness in sexual relationships.

“I have read books from the clinic and magazines from love life” (IDI#8, adolescent)

“I read a lot of HIV/AIDS information from the clinic books, the books explained a lot of things that I have always wanted to know and they were written in my language. I was able to educate myself” (IDI#2, adolescent).

In this community, most of the pamphlets and magazines were written in the local language (isiZulu) which ensured easy reading and better understanding for adolescents. The pamphlets were also easily accessible, free and in abundant supply. Adolescents recognize the usefulness of health books and the fact that they were freely available was of benefit for the students. The

students also loved reading on their own and educating themselves. The pamphlets and magazines also helped the teachers because students had a better understanding of what was being taught.

Teachers:

Teachers were also another trusted source of information for adolescents. Some adolescents reported that they had no close friends whilst others did not reside with their parents so they often went to their teachers when they needed assistance. The life skills courses that were offered at school made them trust their teachers. These courses covered a range of topics. The life skills courses educated the students about making positive decisions in life, how to choose friends and about boosting your self esteem. Most respondents were in favour of these courses and they also had great trust in the teachers that taught them.

“I normally talk to my teacher, I don’t talk to my friends as well because they tell you wrong things and then they want you to do what they do. Teachers give good advice on how to deal with peer pressure and the stress of examinations” (IDI#3, adolescent).

Teachers were preferred because they were not family members and were speaking to a group of students in a class setting. Some students felt comfortable when the topic of sex was not spoken to them directly but in a group. The teachers were more likely to substitute parents for some of the adolescents and they preferred to go to the teachers rather than going to their parents.

“I like it when it is our teachers who teach us about sex because it is often the whole class, I do not have to talk with them alone” (IDI#9 adolescent)

4.5 Age at which communication occurs

Parents felt that communicating with adolescents at an early age was important. Some parents stated that communication should start at age 10 while others felt that it should occur at age 15. Some parents also felt that the age was not important but the level of maturity of the child. They pointed out that information must be given before puberty or at the onset. Parents revealed that at

younger ages (10-15 years) they feel much closer to their children but as their adolescent grows older (16-21years) their relationship begins to change.

“When my children were around 11 years old, they listened to me and I felt close to them. Now that they have reached high school and they are almost 17 years old, I can notice a big difference in our relationship” (IDI#4).

Most parents could not remember the age at which they started communicating with their children. Some parents reported that they spoke to their adolescents when they had noticed a problem or had seen changes in their adolescent’s behaviour for example coming late from school or realizing that the adolescent is pregnant.

“I did not wait for a particular age; I started when I saw that my child was pregnant. I’m not really sure of the age” (IDI#6, parent)

Sometimes an unanticipated event forces parents to talk to their child. The realization that her eldest daughter was pregnant made one respondent start communicating about sex to her two younger daughters who were aged 10 and 15 years olds respectively.

My daughter’s pregnancy came as a shock to me. Her father blamed me for not talking to her; I therefore realized that I should warn her younger sisters who were 10 and 15 at the time” (IDI#6, parent)

Adolescent boys in the study presented their views on the preferred age of communication with the parent. They were of the opinion that parents should start communicating with their children from ages 10 to 15 years. Some of the females argued that there should be no specific age for talking. Parents and adolescent should be talking to their children on a regular basis about sexually related issues. Communication was seen as important to avoid the negative consequences of an unwanted pregnancy and HIV/AIDS.

When children were below the age of nine years, parents felt that they were too young to understand sexually related issues. Some parents started talking to their children around age 11 because they felt that it was the age where children could comprehend what was being said. The clinic also advised the parents to talk to their children from an early age. They were advised to start talking about sexual organs and to advise the adolescents not to allow anybody to touch them.

“I started when they were around 11 years old because I could see that they would be able to understand what I wanted to tell them” (IDI#2, parent).

It was observed that there was relative agreement among both parents and adolescents about the age at which communication about sexual matters should begin. There was broad agreement that it was important to initiate discussions about sexual matters at the onset of pubertal changes.

4. 6 Factors increasing their risk of HIV infection

Adolescents were asked about how they felt about being an adolescent in the era of HIV/AIDS. In the interviews adolescents pointed to the influence of peers and also, poor socio-economic conditions which encourages young people to engage in risky sexual behaviours.

Peer Pressure

Most adolescents observed that they were faced with a different of kinds of pressure, especially from their friends. Adolescents are under pressure to wear the latest fashion accessories, have expensive cell phones and as a result to engage in sexual relations. This pressure is often from a group of friends and may lead to the temptation of being in a relationship with an older man or women so that they can get money or gifts. Having sex for most adolescents was used as a way of conforming to the popular group of adolescents in school.

“It is not easy, it is really not because if you do not have money or nice clothes, they tease you and it makes you feel like you do not belong. They say you must find a lover so that you can be like them” (IDI#2, adolescent).

One respondent found it difficult to be an adolescent because of the pressure she was experiencing from friends. She felt like she did not belong because she could not afford the latest accessories which most of her friends possessed. The friends convinced her that getting a boyfriend who can provide for her would make her feel acceptable and worthy of the group.

Adolescent boys were also experiencing similar pressure from their friends. They expressed their views on how they are lured into having many girlfriends so that they could also be referred to as 'iskhokho' which is a term given to the cool guys in school. A cool guy was the one who had more than two girlfriends and was having sex with them. There are labels that were given to those boys who do not conform such as 'impatha' meaning idiot but others also noted that the temptations to succumb to peer pressure also depended on one's personality and greed. The greed they referred to was the greed of having many girlfriends and also wanting to be popular.

"Some of us manage to runaway from the temptations and the pressures from friends. We know what we want in life but it just depends on who you are as an individual. My other friends like impressing everyone so they end up doing what everyone else does" (IDI# 9, adolescent)

The respondent did not succumb to the pressure of having many girlfriends. The respondent also expressed the importance of having a strong character and good self esteem in order to fight the temptations from friends. One respondent chose not to follow the popular group in school because he was more interested in furthering his studies and had high aspirations for his future.

Poverty

Both adolescent boys and girls reported that poverty increased risky sexual behaviour. Some adolescents argued that poverty often drove adolescents to engage in sex with older men and women in exchange for money or gifts. This finding about school going adolescent males being tempted to be involved with older women for material gain is not common in other SA studies. Respondents argued that not having money, food and clothing made adolescents vulnerable to sex. Some of the adolescents shifted the blame to their parents for not giving them pocket money. Those girls who did not have money were more likely to accept gifts and money from boys and older men.

“Other temptations are caused by parents. I go to school if you're not given money, a boy gives you, you can have sex with him” (IDI#6, adolescent).

This respondent attributing the blame to parents, and in particular the parent’s inability to provide financial support for the adolescent was used as an excuse for sleeping with older men in exchange for goods. Other adolescents had sex with an older man just because he looked rich.

“Some of the girls in my school look at the guys cell phone, clothes and if he has a car or not, if he is proposing. If a person has these things they think they are rich or may come from a wealthy family” (IDI#2, adolescent).

The respondent reveals that personal belongings were used to determine whether an individual is rich or not. The adolescent wanted to see before hand if the individual could provide for them financially or in the form of gifts. Adolescent boys also had sexual relations with older women in exchange for the latest branded clothing, pocket money and cell phone recharge vouchers. Most of the boys attributed the blame to a poor background.

“I have had sex with a woman who was working and much older than me because I was tired of feeling embarrassed about the clothes that I wore and at home they could not afford to buy nice clothes for me” (IDI#8, adolescent).

The respondent argued that not having the latest clothing drove him to having sex with an older woman. The respondent says that he had sex few times with her because he felt guilty but the older woman was providing everything that the adolescent wanted. The respondent says that poverty was the major force driving his actions.

4.7 Importance of parent-adolescent communication

Both parents and adolescents view sexual communication as important. Most parents reported that they communicate with their children but adolescents were not listening. Adolescents on the other hand felt that they were comfortable talking about sexual matters but not with their parents.

Parents especially mothers had a positive attitude towards sexual communication. They felt that communication was very important for the prevention of HIV/AIDS and other sexually transmitted diseases. Parents reported that they were comfortable talking to their children and they were willing to share their experiences with them. In particular, they reported that they spoke to their children about puberty and the consequences of having sex at an early age. The AIDS epidemic had led to more communication between parents and their adolescents and the communications created a bond between parents and adolescents.

“I am comfortable talking to them because of this HIV/AIDS disease. I always talk to them about sexual issues and the consequences of having sex at an early age. I tell them how I ended up being their mother and how we used to live in the olden days” (IDI#4, Parent)

Parents do not want their adolescents to experience the same mistakes that they had when they were growing up, therefore by sharing how they ended up being a mother at an early age they are hoping that their adolescents will avoid the same mistakes. The fear of HIV/AIDS has motivated parents to talk about sexual related issues and to advise their adolescents about some of the measures they should take to prevent the risk of infection. Even though parents appreciate the importance of communicating with their children about sexual matters, they also realize that their adolescents are not comfortable sharing their problems with them. Most young people prefer to go to their peers for information and advice.

Parents see sexual communication as important but in general they only initiated conversations with their children when they had noticed behaviours that posed a risk to their adolescent's health.

“In the olden days we were scared of talking to our kids until the sudden spread of HIV/AIDS that has made it very important for me to talk to my children. When one of my children got pregnant, it was a shock to me because I didn't know how to talk about things such as sex with my children because I thought sex was for older people” (IDI#6, parent).

Some parents believed that sex was for older people; therefore they assumed that their adolescents were not engaging in risky sexual behaviours. As a result they did not initiate sexually related discussions with adolescents at an early age. The increase in the rate of teenage pregnancy and HIV/AIDS prevalence rates amongst adolescents has changed such stereotypes amongst parents and they are starting to communicate to a greater extent with their adolescents. An adolescent respondent reported that parents are now communicating more frequently with their children than in the past. She noticed that the times have now changed and it was important for parents to talk to their children. Unlike the olden days, adolescents now experiment with sex at a younger age and the choices they make may place them at risk of HIV/AIDS and unwanted pregnancy.

Some of the parents who communicated with their children revealed that after they had spoken to their adolescents, they noticed a change in their behaviours. Adolescents started coming home earlier from school and understood the risks associated with sexual behaviours. Parents felt that communication led to behavioural change and improved the relationship between the adolescent and the parent. Communication allowed the parents to pay more attention to their children's behaviour and it was also beneficial for their children because they felt both loved and cared for.

“I noticed great improvements in my child’s behaviour after I had spoken to her about sex and this virus. I think she now understands how I feel about teenagers who are not disciplined” (IDI#6, parent).

The respondent is sharing how communication improved the relationship between her and her adolescent because she was able to share her feelings about the behaviour of adolescents. Most parents agreed that communication gave them a platform to share their values and beliefs to their children and also, advice them on how to behave.

4.8 Factors facilitating parent-adolescent communication

In the interviews both parents and their adolescent's raised several factors that stimulate discussions about sexual and reproductive health and they are mentioned below.

Insufficient information about sex and HIV/AIDS

Parents felt that adolescents do not have sufficient information about the risk of HIV infection. Some parents noted that when they communicated with adolescents they noticed that they did not have sufficient information about HIV/AIDS. Questions such as “can I get HIV/AIDS from sharing toilets with other students in school” were asked by adolescents in order to get more information about the virus.

“I was surprised at how little knowledge my child had about this virus. When I was talking to him he knew a lot of false information about how the virus is transmitted. I think it our responsibility as parents to talk and educate our children about the real modes of transmission” (IDI#3, parent).

The respondent admitted that the lack of knowledge of adolescents could be dangerous because adolescents ended up discriminating against one another because of the little knowledge they had about the virus. There was false information on how a person with HIV/AIDS looked and ways in which the virus could be contracted. Other parents felt that lack of knowledge also contributed to risky sexual behaviours in the sense that adolescents will engage in risky sexual behaviour because they do not understand their risk of infection.

“Judging by the way the virus is spreading, I think there is a lot of education that is needed. More help is required for adolescents to know about this virus” (IDI#4, parent)

The respondent argued that the increasing HIV/AIDS prevalence rates amongst adolescents were a sign that adolescents do not have enough knowledge about the virus. Knowledge is important for behaviour change. Most adolescent admitted they would benefit from receiving more information about HIV/AIDS. They admitted that they do not know everything there is to know about HIV/AIDS but some are taking the initiative to educate themselves about the virus.

“I do not know much about the virus, my mother has tried talking to me about it but I have read books to educate myself about HIV/AIDS”. (IDI#7, adolescent).

Sometimes lack of information has also facilitated greater communication between parent and child. Parents saw the need to intervene and help equip adolescents with greater knowledge of HIV/AIDS. Some adolescents also took the initiative to educate themselves which gave them an opportunity to go to their parents for information when they did not have sufficient understanding of the issues. Adolescents also watched videos that educated them about pregnancy and sexually transmitted diseases.

“I have watched videos about pregnancy and I have also spoken to my parents about pregnancy because I wanted to get more information from her” (IDI#4, adolescent).

The above comment by one respondent revealed that the quest for knowledge may also sometimes lead to greater communication between parents and children.

Television programmes

Parents used opportunities to speak to their adolescents when they saw scenes from the television programmes which were inappropriate for young viewers. Television often broadcasts a number of soap operas and other programmes that deal with relationship issues. Most of these programmes are usually shown when the entire family is present and often the message portrayed is not educational for adolescents therefore parents use this opportunity to initiate discussion on sexually related matters.

“Some of these programmes have made watching television with the children very uncomfortable because they show kissing and touching to be a good thing and it worries me as a parent that my children will want to try it as well” (IDI#2, parent)

A few programmes (e.g., Soul City and Heartlines) were identified by adolescents as being educational. These programmes showed some of the problems adolescents were experiencing and it also gave them an opportunity to share with their parents some of the difficulties they were facing and to initiate communication with parents.

“When the girl in soul city was getting a lot of attention from boys in her school, I felt like she was telling my life. I began telling my mother that I face the same problem in school and how uncomfortable it made me feels” (IDI#4, adolescent).

Adolescent’s neighbours misbehaving

Parents also used actual incidents that occurred in the neighbourhood to initiate discussion with their children. For example, when a child from the neighbourhood started misbehaving or fell pregnant then parents often use these incidents to start conversation with their adolescents. The events were often very negative. Parents did not want their children to face the same problem therefore they cautioned them about such issues.

“When my friend who is also our neighbour became pregnant, my mother gave me a long talk about not having boyfriends and sex” (IDI#3, adolescent)

Coming home late

When adolescents start spending long hours away from the home this causes parents some concern and they usually feel it is important to initiate communication about sexually related matters. Most parents revealed that they had experienced a situation where their adolescents started coming home late from school without providing any reasonable explanations. Parents report that they became worried and suspected that their child was engaging in sexual relationships.

“I monitored his coming home late for some time, it worried me and I thought to myself there must be something going on” (IDI#7, parent)

The above quote from one respondent revealed that she noticed changes in the behaviour of her child and identified the need to communicate with the adolescent. Further to that she admitted that she had always wanted to talk to her child but considered it impolite to just ask questions about sex rather she waited for an opportunity to arise when she would broach the subject. Other behaviours that worried parents included bunking of school, failure to complete school work and

refusal to help with household chores. These events prompted the parent to initiate discussions about sexual matters.

Gender and communication

Parents spoke to female adolescents more than they spoke to male adolescents. Parents feared that females would get pregnant at an early age. Parents also spoke to females about how they should carry themselves once they entered puberty. A mother who admitted talking to her daughter infrequently said she could not help but notice when her daughter had reached puberty. In some instances the adolescents would insist on bathing privately which triggered the parent to communicate to the child on how to deal with puberty.

“When I was growing up I was taught that you cannot have cows without being able to take care of them. You take care of a cow by knowing each and every spot it has in the body so you will be able to notice changes when they do occur. The same applies to children, when they have a problem you are able to notice it earlier because you know everything about your child” (IDI#7, parent)

Some young boys spoke to their older brothers or other male siblings when they had entered puberty. The boys who mentioned having discussions with older brothers admitted that they felt comfortable talking to them. The explanation given was that older brothers were much suitable because they had also experienced pubertal changes themselves so they offered education on how to cope with it.

“My brother and I spoke freely about it and now I know how he dealt with it. So I used some of his solutions” (IDI#9, adolescent)

4.9 Content of parent-adolescent communication

Most parents spoke to adolescents about the modes of HIV/AIDS infection. The main modes of HIV transmission that parents mentioned were unprotected sexual intercourse, injecting drug use and blood transfusions. Parents warned adolescents about such modes because they were concerned that they would experiment and thus put themselves at risk of HIV infection.

“I tell them that there is HIV/AIDS out there and I advise them on what they should do to prevent themselves from contracting the virus. I tell them because I don’t want them to do things that put them at risk” (IDI#5, parent)

Premarital sex:

Other parents regarded premarital sex as a sin and insisted on abstinence as the best way of preventing the virus. The availability of condoms in schools and in clinics was frowned upon by parents because the use of condoms by unmarried adolescents was viewed as immoral. Some parents held very strong religious beliefs about sexuality and educated their adolescents about abstinence. They believed very strongly in abstinence and they often lectured their children on the importance of refraining from sex until marriage. Some Christian parents viewed the body as the temple of Christ and as a result it should be a gift to one’s husband or wife when they got married.

“Adolescents should not even be having sex; I do tell my adolescents that God did not create sex for unmarried people. Unless and until they are married they should not have sex” (IDI#4, parent).

On the one hand, some parents felt that sex should only occur in marriage and they advised their children to wait until marriage to have sex. On the other hand, some parents realize that their children were having sex and they were in favour of condoms. These parents spoke to their adolescents about the availability of condoms as a preventative measure for HIV/AIDS. Parents also expressed worry about pregnancy and sexually transmitted diseases therefore they recognized the importance of condoms as a preventative strategy.

“I normally say that AIDS was supposed to be killing the older generation because in the olden days we never had so many places that offer free condoms but children nowadays are dying with such a surplus” (IDI#10, parent).

One respondent was surprised by the abundance of condoms in the community compared to a few years back and argued that adolescents should make use of condoms and not die when condoms are freely available.

Pregnancy:

Parents also spoke to their adolescents about the difficulties that come with having a child at a young age. Both adolescent females and males reported that parents warned them against teenage pregnancy. Parents were worried about the future of their children, in particular the negative impact on their education. They were worried that their child would drop out of school if they become pregnant and that would affect their future.

“Raising a child is not easy especially if you are young. I do tell them that having a child now will also affect their studies” (IDI#1, parent).

Most of the communication was triggered by adolescent’s changes in behaviour. When an adolescent got pregnant it was seen as a parent’s failure to discipline the child. The fear of embarrassment in the community facilitated communication between the parent and child. In most families children are seen as the pride of the family. Parents often compared their children to other children in the community. The pregnancy of the adolescent was seen as an embarrassment to the family therefore parents tried to speak to their children in order to prevent it from happening.

“My parents told me if I impregnate a girl I would be putting my family into shame and will have to raise the child on my own” (IDI#3, adolescent).

Boyfriends & girlfriends:

It is not uncommon to find parents warning their adolescent children about the dangers of unprotected sexual intercourse and also, reminding them that they would not help them to raise the child. Parents also spoke to their children about having a boyfriend or girlfriend. Girls were told to ‘keep away from boys’ whilst boys were told to ‘forget about girls.’ Young people were discouraged from starting a relationship with someone from the opposite sex at an early age.

“Adolescents should be focusing on school. All these other things, like boyfriends and girlfriends, would disrupt their education and future” (IDI#3, parent).

This parent was not in favour of adolescents having girlfriends and boyfriends because like most parents she was concerned that it will lead to the interruption of schooling and ultimately impact negatively on the adolescent’s future.

4.10 Influence of communication on behaviour

For the parents and adolescents who had not spoken about sex. The researcher wanted to find out if they thought communication would change risky sexual behaviour and improve the relationship between the adolescent and the parent. Most adolescents felt that communication between parents and children could change the risky sexual behaviours of adolescents. Adolescents also felt that if parents could talk to them in a calm and relaxed manner their children would listen to them and it would also help improve the relationship between parents and children.

“I think behaviour amongst adolescents would change because I think even the pregnancy rates would decrease. The parent is supposed to be in good terms with the child so I think if they do communicate they would have a better understanding” (IDI#3, adolescent).

Some parents felt that communication will help create a stronger relationship between the parent and child. Further to that, as indicated by the respondent above they felt it will also have a positive impact in bringing down the pregnancy rates. Adolescents also held the same view as parents as indicated by the responded below.

“Adolescents behaviour would change and teenage pregnancy would decrease because adolescents would see that parents are showing an interest in their lives and that parents are interested in their future” (IDI#2, adolescent).

Both parents and adolescents believed that the rate of teenage pregnancy would decrease if there was greater parent adolescent communication. Parents believed that communicating with

adolescents also give them an opportunity to inform their adolescents about HIV/AIDS. Adolescents felt that they received the most information about HIV/AIDS from the media and from their peers. Therefore communicating with the parents would help them make better choices. They felt that parents should talk to them about the consequences of risky sexual behaviour (e.g. sexually transmitted diseases including HIV/AIDS) and also, guide them on ways in which they could prevent themselves.

“Information about HIV/AIDS is very helpful, they often hear about it from radio stations but we as parents also need to help them understand what is being said so that they can use the knowledge and decrease HIV/AIDS” (IDI#8, parent).

“I think the rate of HIV/AIDS would decrease, I think parents should really talk to their children, its also better because they are with the children in the homes so they will tell them when they are going wrong” (IDI#10, adolescent).

4.11 Recommendations for improving communication

Recommendation from parents

Some parents suggested that parents should unite and educate each other on the ways of communicating with adolescents about sexually related issues. Parents of older children would share what has worked and what has not worked for them. Further to that they would learn from each other how to overcome the barriers to parent child communication.

“Parents with grown up children should educate or advise those parents with younger children on how they should raise their children because they already have a lot of experience. The truth of the matter is that our children encounter problems partly because they are scared of talking to us” (IDI#4, parent 4).

In the above quote the respondent is recommending that parents help each other in educating adolescents. Other parents felt that communication is important and both parents and adolescents should face the reality of HIV/AIDS which is killing large numbers of people. Some parents felt that parents in general were not doing enough to educate their children about HIV/AIDS.

“My child, I really don’t know it is just that parents should really continue talking to their children because it is not nice when you see a parent loose a child to this virus. Parents need to work harder and educate their children” (IDI#9, parent).

Some parents felt that if parents work hand in hand with the teachers then the behaviour of adolescents is likely to improve. They felt that no parent or teacher could do it alone but the contribution of both parties was important.

“I think both parents and teachers should lend a hand in teaching adolescents about such issues. Teachers are needed because they spend a lot of time with our children as well as us parents we also spend a lot of time with the children so we all need to educate our children jointly” (IDI#2, parent).

Adolescents also felt that both parents and teachers should be educating them about sex. The information and advice given by both parties was said to be different in that teachers provided more biological education whilst parents gave social education. Therefore they needed both parents and teachers so that they could get a better and broader understanding of sexually related issues.

“Our parents should be talking to us because they can be able to help us when we encounter a problem and plus we are able to listen to them better. Our teachers should also help us because there are some problems which are not easy to talk to a parent about” (IDI#5, adolescent).

4.12 Barriers to parent-adolescent communication

Parents shy away from the topic

Adolescents viewed parents as being very shy when it comes to sexuality communication because some parents only spoke to the adolescent when there was a problem. Adolescents argued that parents pretended that adolescents are too young to talk about sex and they shy away

from the topic. Some parents were socialized not to talk to their children about sex therefore they avoided communication.

“I think my parents are shy because they have never said anything about sex and I have never asked them anything as well because I’m afraid of being scolded” (IDI#8 adolescent).

Adolescents are scared of talking to their parents

Adolescents are aware of the importance of parent to child communication and preferred their parents to talk to them but at the same time they were not open to such discussions. Some of the adolescents felt intimidated by their parents. They reported that sexuality conversations ended up being one sided. Parents often share their thoughts and values without getting much input from adolescents as noted previously, some adolescents felt that it was much easier to talk to friends than parents.

“I talk with my friends because I’m scared of talking at home” (IDI#9, adolescent)

“I often talk to my friends because sometimes our parents reprimand us and I am very free when I am talking to my friends” (IDI#6, adolescent).

Some adolescents are afraid of being reprimanded by their parent. The tone of voice when a parent is discussing sexual issues often determines whether or not adolescent would feel free to communicate about sex. If a parent is harsh, authoritarian and domineering, the child might not communicate with the parent and rather communicate with a person they feel comfortable with.

A majority of respondents in the study were scared of talking to their parents. Some respondents felt that their parents were comfortable talking to them but the conversation did not flow easily because it was difficult to share with parents. Female adolescents were more open to communication than male adolescents. Males were more likely than females to talk to their peers. The female adolescents were more likely to report that the onset of puberty helped to initiate mother daughter conversations.

Communicating late

One parent did acknowledge that communicating when adolescents have grown up (when they have reached 18 years old) might be the barrier as well because by the time they talk to the child they already know everything and does not want to listen to what is being said. Therefore the reluctance of parents to communicate with their adolescents made the situation worse. Adolescents found other sources of sexuality information.

“We are really trying as parents. By the time we talk to them it is already too late, they already know a lot more than you do” (IDI#1, parent).

Some parents admit that they are trying but they feel that they should speak to their child from an early age. Other respondents on the contrary felt that communicating to adolescents about sex was condoning risky sexual behaviour. Fathers especially were against such discussions and blamed mothers when a child fell pregnant or engaged in other risky sexual activities. In some families a child could not talk about sex with either parent.

“I am scared of talking about sex at home, even my older sisters did not talk to my parents I do not think it is allowed” (IDI#4, adolescent)

There was a perception among some of the parents that communicating with your child encourages them to engage in sexual behaviour. Parents argued that if they spoke to the adolescent, their children would get the impression that they are condoning their sexual behaviour. As a result one of the parents admitted she preferred talking about biology rather than sex itself because it could draw her child's attention to sex.

“I have always avoided the topic, I will only bring it up when I have proof that they are behaving in a negative way” (IDI#8, parent)

The respondent was waiting for circumstances that made it necessary for a parent to talk to a child. Situations such as pregnancy in the family would cause the parent to talk to the adolescent.

It was easier for the respondent to avoid the discussion hoping that her adolescents was not engaging in behaviours that were posing a threat to their health.

4.13 Summary of results

Communication between parent-adolescent was considered to be very important by both parents and adolescents. Both parties wanted to communicate with the other but behavioural attitudes got in the way. Peers were the main source of information, even though their information was sometimes not trusted. Adolescents tended to rely more on their friends than other sources. Their discussions evolved around puberty and pregnancy. Females were scared of getting pregnant therefore discussions around pregnancy prevention were high on their list.

Parents were comfortable talking to their adolescents but the manner in which the communication was done did not produce positive results. Some parents shouted and scolded their adolescents as a result their children felt scared of sharing their thoughts and experiences on sexually related issues. Parents spoke when they noticed changes in their adolescent's behaviour which also did not produce positive results because adolescents had already sought information elsewhere. There is thus a general consensus from both parents and adolescents that communication starts late. The majority of parents and adolescents favoured communication about sexuality. Communication about sexuality was seen as preventative measure against pregnancy and HIV/AIDS (including other sexually transmitted diseases).

Chapter 5

Discussion and Conclusion

5.1 Introduction

The purpose of this study was to investigate parent-adolescent communication in the HIV/AIDS era. The study relies on a qualitative research approach drawing on in-depth individual interviews. The verification of results in a qualitative study is different from the verification process in a quantitative study. According to Denzin & Lincoln (2000), qualitative researchers stress the socially constructed nature of reality, the intimate relationship between the researcher and the situational constraints that shape the findings.

The data is not generalizable to the entire population because it is based on a relatively small sample however the study provides some insights into parent child communication in the era of HIV/AIDS. It is also important to note that the key findings of this study are in most instances consistent with existing research literature.

The interviews provided greater insights into the parent adolescent relationship. Both parents and adolescents were aware of the importance of parent child communication. Communication was seen as important in creating a better relationship between adolescents and parents. Furthermore parents recognized the importance of communication in protecting young people against the risks of sexually transmitted diseases including HIV/AIDS. At the same time parents used the interviews to admit they were very embarrassed about talking to their children whilst those who had spoken were expressing some satisfaction at having done so. Adolescents also feared asking questions about sex to their parents because they feared that parents would think they were sexually active.

Several critical issues have emerged from the results. The findings suggest that both parents and adolescents view sexuality communication as important in the era of HIV/AIDS. Parents viewed communication as a way of preventing adolescents from engaging in sexual behaviour and contracting HIV/AIDS and other sexually transmitted diseases. Findings from a study conducted by Njue et al. (2005) reveals that sexual activity amongst adolescents creates health challenges

which include unintended pregnancies, abortion, STIs and HIV/AIDS. These challenges are often blamed on misleading information about sex but they are also linked to lack of communication about sexual matters. Parents also saw communication as a way of ensuring that adolescents obtain a brighter future by emphasizing the importance of education.

It is important however to note that adolescents saw communication as an instrument of discipline. This response was given because adolescents noted that most parents started communicating to their adolescents when they had noticed behavioural changes such as coming late from school or refusing to participate in household chores. Communication was not consistent. It was often used as a means of warning or disciplining the child for wrong doings. Some adolescents therefore had mixed feeling about communication with their parents; they felt that their parents did not trust them. Adolescents spoke to their peers because they felt comfortable with them. They felt comfortable because they were not scolded but expressed the need for reliable information from an older person like the parents or teachers.

The source of communication for most female adolescents was parents particularly mothers. Mothers tend to be well positioned to provide sexuality information because they are trusted by their adolescents. According to Kajula, (2005) mothers are regarded as the primary social influence for their children, which is a process that starts at birth. Parental influence does not decline as children grow. Parents have a natural propensity as well as an obligation to protect adolescents from harm by playing a monitoring role (Engdahl, 2006). The data obtained from mothers in this study is indicative of the central role mothers play in the lives of their children. Botchway, (2006) maintains that childbearing is not sufficient but it is more important to be able to take proper care of their offspring. Talking about sexuality can be seen as one of the ways in which mothers in the study fulfil their parental responsibility.

The findings show that fathers compared to mothers had very little sexual communication with adolescents. Communication between adolescents and fathers was very minimal. Fathers were seen as disciplinarians in the family; they placed more emphasis on academic achievements and said very little about sexuality behaviour. Father's non responsive attitudes were seen as uncaring by adolescents. The lack of communication is also viewed as a form of communication

because it gave the adolescents the perception that sexual communication is a taboo and a negative topic. Avoidance of the topic communicates the parent's values and beliefs about sexuality.

The findings further show that biology and science teachers were providing information to adolescents about sexuality. The information was obtained within a classroom setting which means that it was part of the curriculum. Information obtained from teachers was seen as reliable; as a result teachers gained a lot of respect from adolescents. Adolescents sometimes obtained information from the mass media and then sought clarification from teachers and parents. This finding opens up an avenue for cooperation between parents and teachers.

Both parents and adolescents felt that communication at an early age was important. However, some parents did not see the importance of communicating with their children at a very young age because they worry that the young child would not understand what they were being told. Most parents could not remember the age at which they started communicating with their adolescents. For most parents the age of communication did not matter, what was important for them was the level of understanding. Sometimes an unanticipated event such as pregnancy served as an impetus for communication. Some parents only started discussions with their children when they observed a problem. They feared that talking about sex with their children would be perceived as if they condoning their sexual behaviour.

Adolescents perceived growing up in an era with a high HIV prevalence to be a challenge. They also complained about the pressure that they received from friends to have sex. Some adolescents succumbed to the pressure due to lack of financial support from their parents which made them vulnerable to accepting gifts from boys and older women. Adolescents seemed to shift most of the blame to parents for not giving them enough support both emotionally and financially. Some argued that coming from a disadvantaged background made them vulnerable to accepting gifts and money in exchange for sex.

Both parents and adolescents had a positive attitude towards sexuality communication. They felt it was important for parents and adolescents to communicate about sexual issues.

“After caring the baby for nine months, you cannot expect another woman to give your child proper guidance, charity begins at home and we the mothers are responsible for our children” (IDI#3, parent).

Mothers, more than fathers saw the need to communicate to their adolescents. Mother’s attitudes towards sexuality communication were all in the interest of the adolescents. They admitted that in the past communication about sexual matters was a taboo subject but due to the high level of HIV/AIDS they felt the need to protect their children. It was implied by most parents that they felt responsible for their adolescents getting HIV and other sexually transmitted diseases and also becoming pregnant.

Parents reported speaking to their adolescents several times. This shows that the manner in which the communication was conducted causes the breakdown in communication between parents and adolescents. Often parents communicated with their children when there was a problem and they often shouted at them because of anger. Adolescents on the other hand also held a positive attitude towards communicating with parents but they were scared of them. They argued that parents always scolded them as a result they do not seek advice from their parents.

Most parents in the study acknowledged that times have changed. Unlike in the past more adolescents are experimenting with sex which puts them at risk of HIV/AIDS. Most parents recognize the importance of communication. Some parents hold the stereotype that adolescents were not having sex because it was for older people whilst others held conservative and religious beliefs about sex. They also believed that sex was for married people and adolescents should delay sex until marriage. This confirms a study conducted in Ghana which found that parents were opposed to sex by adolescents because it was deemed immoral and was for married people (Adih, 1999). Such stereotypes and beliefs prevent parents from communicating with adolescents. It is only when parents started communicating with adolescents that they saw the benefits of communication. Parents reported that some adolescents changed their behaviour, whilst others reported a closer bond between them and the child because of communication. Communication helps to create a bond between the parent and the adolescent. Adolescents

reported that they felt important and cared for because parents were taking the time to talk to them.

Parents felt that adolescents do not have enough knowledge about the virus and they realized that the lack of knowledge could be a risk to adolescent's sexual health. Adolescents also felt that they had scant knowledge about the virus because they were not sure about the reliability of the information that they had received. Most of the information was gathered from their peers. The results show that parents tended to focus on HIV/AIDS, early pregnancy and early sexual debut but very few parents spoke about unsafe sex. Parents saw communication as a way of helping adolescents prevent pregnancy, HIV/AIDS and other sexually transmitted diseases.

The lack of knowledge on the part of adolescents also facilitated communication between adolescents and their parents. Some adolescents took the initiative to educate themselves about the virus and sought clarity from parents when there was something they could not understand. Often parents did not realize the other benefits of communicating with adolescents apart from just information sharing and educating them. This deprived adolescents of the opportunity to get to know their parent better and ensure that a bond is created through communication. Other parents often withheld information from adolescents because they had the perception that adolescents had sufficient information and that they were stubborn.

While some parents preferred talking to adolescents about the consequences of unsafe sex, others recommended abstinence for their adolescents. However research has shown that an abstinence only approach does not work. A report by the UNFPA (2001) argues that approaches that offer youth a variety of choices are more effective. This means abstinence messages should be coupled with information on condoms and also, education on faithfulness amongst couples.

The data also revealed that some parents justified most of their statements by making reference to their religious beliefs. In Ghana, a study amongst women found religious beliefs have an important role to play in explaining sexual behaviour and attitudes. International literature has found that religious beliefs serve as a protective factor against HIV/AIDS (UNAIDS, 2002). Parents used religion to restrict or curtail the influence of premarital sex which they saw as sinful

and immoral. In their opinion they only saw sex as appropriate within the context of marriage. Other parents discouraged adolescents from being friends with the opposite sex. They perceived the influence of peer groups to be negative because it could lead to unprotected sex. According to Botchway (2004) peer relations enable adolescents to gain social competence through learning about the values of others and knowledge sharing.

The findings of this study also revealed that puberty changes were another trigger for communication. It is important to note that most pubertal discussions occurred after pubertal changes were apparent. Parents initiated conversation when they had noticed physiological and behavioural changes in adolescents. Such findings suggest that parents did not prepare their adolescents for puberty; adolescents were not equipped with personal resources for the transition from childhood to adulthood. This is a risky stage for both adolescents and parents because false information would have already been shared between adolescents and their peers. It is clear from the responses that adolescents turned to peers for advice but would have preferred to receive the information from parents.

Parents and adolescents who have not had communicated about sexual issues were asked to share their thoughts on sexuality communication. Even though these respondents had not spoken about sex they had positive attitudes towards sexual communication. Adolescents believed that communication would decrease the rate of teenage pregnancy. The analysis of the data showed that communication was seen as an importance aspect of improving the relationship between adolescent and parents. These parents did not communicate because they found sexuality communication very uncomfortable. This feeling can be explained by the fact that they also did not receive sexuality information from their parents. Studies conducted by Jaccard et al., (2002) confirmed that the strongest predictor of non communication was the concern that parents would be embarrassed and the belief that adolescents already know the essentials. Some of the parents felt that teachers were better equipped to provide sexuality information than parents. The dangers with this belief are that teachers could also pass back the responsibility to parents and adolescents would end up not receiving the education.

Faced with the challenge of having to talk to adolescents about sexual matters creates a lot of difficulties for parents. Parents, especially fathers did not want to accept their adolescents are growing up and that there are certain behavioural changes that come with it. Talking about sex was seen by some parents as a sign of condoning sexual behaviour. Therefore the thought of sexual communication created a great deal of anger that resulted in fathers avoiding the topic. Most parents have avoided the topic to the point where a problem starts or when their adolescents have questions about sex. Parents hold the belief that sexuality communication can promote sexual activity amongst adolescents. When parents were forced to communicate they used brief statements such as '*stay away from girls/boys*'. During interactions with adolescents the researcher found that the adolescents had already obtained information about sex. For example, an adolescent male respondent mentioned that a broken hymen was a sign that a girl is no longer a virgin. Some parents were unaware that adolescents were obtaining information from other sources.

Communication only when adolescents had already reached puberty also posed as a barrier to behaviour change. Adolescents develop attitudes towards the subject because they had already got used to the fact that sexuality communication was not done at home and sought the information from other sources. It is important that sexuality and HIV education reach adolescents when they are still young so that they can have a firm understanding of physical and emotional developments during the stage of adolescence therefore they can be able relate to the messages that are being transmitted by parents.

5.2 Conclusion

The main objective of the study was to explore whether parents and adolescents are talking about sexual related issues and to identify the sources of information on sexual related issues. Although the sample used was small, it provided an insight into parent child communication on sexuality. Some parents have shown concerns about their sexual health of the adolescent whilst others have shown concern about communicating with their adolescents about some sexual issues. Throughout the interviews adolescents showed interest in sexual information, especially because they received information from peers. Parents need to know that communicating about sexual issues is part of parenting regardless of what traditional concerns they might have. It is

therefore important for parents to make conscious decisions about sexual communication with the adolescents on a daily basis.

Parents have to address the problems of indirect communication and issues of vagueness. It is very important for parents to be open and explicit when communicating to their adolescents. Open communication has been proven to have positive impacts on adolescent sexual behaviours (Huberman, 2008). During open communication it is also very important for parents to give their adolescents an opportunity to ask questions. Parents should create a free environment so that adolescents can seek clarifications without the parents having suspicions. There is need to change the authoritative parenting approach in order to tackle the HIV/AIDS pandemic.

5.3 Recommendations

The impact of HIV/AIDS on adolescents in South Africa should not be underestimated. There is a need of effective action from different stakeholders. Firstly, parents have a huge role to play as the main sources of support for their adolescents. Parents need to equip themselves with HIV/AIDS knowledge and to know the different styles of parenting that are useful for sexual communication. However there is no single, compulsory method of communication, different styles work for different families. It is therefore important for parents to understand their adolescents and their family situations so that they can know which method would work best for their family. Parents can help their adolescents understand their bodies during puberty and this could create a safe and supportive environment to communicate about sexuality.

Some parents admitted that they do not have good communication skills. They therefore suggested that a partnership between parents of older adolescents and those of younger adolescents would help. Parents suggested that those with older parents should educate those with younger adolescents about the strategies for more effective communication with adolescents. Parents thought that this would be good practice because parents of older adolescents already have experience on how to communicate with adolescents. Adolescents also yearned for an improved relationship with their parents so that they can feel free to talk about sexually related matters especially because they did not always trust the information they received from peers.

Parents have shown positive attitudes towards sexuality communication at home. Both parents and adolescents should be free and not pretend they are not embarrassed about the topic. Sexuality topics are very sensitive and most respondents have agreed to this fact. Body language and tone of voice also plays an important role in determining how the information will be received by the adolescent. Parents should also find out how much information the adolescent has about the topic to avoid repetition, this would also prevent the situation where adolescents find sex talk to be very boring.

The government should play a huge role in ensuring that parents have knowledge about HIV/AIDS. Further to that the government should have campaigns that promote communication between parent and child so that community does not react negatively when a parent talks to a child about sex. Both the government and the community need to be supportive to parents by providing them with the skills and the correct information about HIV/AIDS. Parents need to be familiar with their roles as sex educators and adolescents need to stop their risky sexual behaviours so that the rate of HIV/AIDS would decrease.

The study also revealed that male involvement in communication by both fathers and their adolescent sons is limited. Given that adolescent males in this study reported the same risk that adolescent females face, such as transactional sex with older women; this group cannot be neglected. Further to that in most cases adolescent males are the perpetrators of violence against women and forced sex. New programmes such as the recent Brothers For Life can facilitate father-son communication about sexuality matters.

APPENDIX A

Interview thematic guide: Parents

Parents attitudes about talking about sex

Are you comfortable talking to your adolescent about sexually related issues?

If yes why, If no why not?

In your opinion, do you think parents should be talking to their adolescents about sex?

Is your adolescent child willing to talk to you about sex? If yes why, If no why not?

Do you think children are comfortable talking to their parents about sexual issues?

(If not comfortable, why do think they are not comfort? If comfortable? If comfortable why do you think they are comfortable?)

Parents as sexual educators

Have you ever spoken to your adolescent about sexual related issues? If yes why, If no why not?

If yes, At what age did you speak to your adolescent? (If have spoken)

In your opinion who should be providing sex education?

Perception about adolescent's knowledge

Do you think your adolescent is well informed about HIV/AIDS and sexually transmitted diseases?

Barriers in Parent-Teen Communication

In your opinion! What are the communication barriers that exist between adolescents and their parents?

What can be done to improve these barriers?

Interview thematic guide: Adolescents

Adolescent attitudes about talking about sex

Do you feel comfortable talking about sex? If yes why, If no why not?

With whom do you find it easier to talk about sex: parents or peers?

Do you think parents are comfortable talking to their children about sexual issues?

(If not comfortable, why do you think they are not comfortable? If you are comfortable why do think they are comfortable?)

Do you think female adolescents communicate more to their parents or visa versa?

Sources of Information

Have you had any education on sex, HIV/AIDS and pregnancy?

(If has sex education), How old were you when you first learned about sex?

Have your parents communicated or discussed sexual issues with you?

Have you utilized resources such as books, videos or seminars to give you a better understanding of sex and relationships?

Who do you think should be providing you with information on sexual related issues?

Barriers in Parent teen communication

What barriers if any, might prevent your parents from talking to you about sexually related issues?

Sexual communication and behaviour

Do you think talking to parents about sexuality improves adolescent's behaviour?

APPENDIX B

Informed consent form: Parents

PARENTS OF 15-17 YEAR OLDS

Title of Research: Parent-adolescent communication on sexually related issues in the HIV/AIDS era

A. Purpose and Background

Hello, my name is Andiswa Mtikrakra; I am postgraduate student in the School of Development Studies working under the supervision of Ms Pranitha Maharaj at the University of KwaZulu Natal. I am collecting information to assess the social and cultural context in which parent-adolescent communication takes place. The study is aimed at identifying strategies that promote parental involvement that are culturally sensitive. This is a very important study which will provide information critical for improving sexuality education in the family by understanding the role parents play in the sexual socialization of their children.

Procedures

We would like to invite your child to participate in this study. Participation in the study means that we will ask your child questions about parent-teen communication. The interview is flexible and seeks greater details on matters related to children's perception about parent-teen communication. The interview will take about 20-30 minutes, but some people have lots of information and may wish to talk longer. The interview will be taped for research purposes only. Tapes will be transcribed and then destroyed after a year.

Benefits and Risks

By participating in this study and answering our questions, you or your child will not receive any direct benefit. However, the information from the interview will help the researcher advance an understanding of the broader contextual environment in which parent-teen communication is carried, in order to appropriately inform future interventions relating to sexuality education in South Africa. It will provide important information on the role parents play in socializing their adolescents on sexuality issues. **Your child's participation in this study will not involve any risks.** Some of the questions can make other people to feel uncomfortable. If a question makes your child feel uncomfortable, he or she may choose not to answer.

Offer to participate and freedom to withdraw from the study

Please note that participation in this interview is entirely voluntary, your child may refuse to participate. Your child may also, at any stage, withdraw from the study if he or she wishes to do so.

Confidentiality

There is a minimal risk of breach of confidentiality. However, in order to ensure that confidentiality is achieved no names or identifying information will be used as part of the reports, published or otherwise, of this study. All information collected will be kept in locked files and only the researcher will have access to the information. Please feel free to ask us about the results, or ask for any updates.

Again, I would like to assure you that the individual information gained through asking your child some questions after the consultation is strictly for the purposes of the study.

Costs and Compensation

There will be no monetary costs to you or your child as a result of participating in this study. Your child will not receive any money for participation in the interview.

If you would like to know more, contact: **Andiswa Mtikrakra** at **0780895578**

Do you have any questions about the purpose of this study or your child's participation?

Do you agree that your child can be interviewed?

- 1) Yes
- 2) No

In-depth Interview Informed consent

Declaration of the Parent

I have understood that the purpose of this study. I have read the above information, or it has been read to me. I have had the opportunity to ask questions about it and any questions that I have asked have been answered to my satisfaction. I consent voluntarily for my child to participate in this study and understand that he or she has the right to withdraw from the study at any time. I freely agree that my child be part of the study

Name of Child _____

Parent's Signature _____ Date: _____

Child's Signature _____ Date: _____

Investigator's Signature _____ Date: _____

INFORMED CONSENT FORM FOR PARENTS

Title of Research: Parent-adolescent communication on sexually related issues in the HIV/AIDS era

A. Purpose and Background

Hello, my name is Andiswa Mtikrakra; I am postgraduate student in the School of Development Studies working under the supervision of Ms Pranitha Maharaj, at the University of KwaZulu Natal. I am collecting information to assess the social and cultural context in which parent-adolescent communication takes place. The study is aimed at identifying strategies that promote parental involvement that are culturally sensitive. This is a very important study which will provide information critical for improving sexuality education in the family by understanding the role parents play in the sexual socialization of their children.

Procedures

We would like to invite you to participate in this study. Participation in the study means that we will ask you questions about parent-teen communication. The interview is flexible and seeks greater details on matters related to your perceptions about parent-teen communication. The interview will take about 20-45 minutes, but some people have lots of information and may wish to talk longer. The interview will be taped for research purposes only. Tapes will be transcribed and then destroyed after a year.

Benefits and Risks

By participating in this study and answering our questions, you will not receive any direct benefit. However, the information from the interview will help the researcher advance an understanding of the broader contextual environment in which parent-teen communication is carried, in order to appropriately inform future interventions relating to sexuality education in South Africa. It will provide important information on the role parents play in socializing their adolescents on sexuality issues. **Your participation in this study will not involve any risks.** Some of the questions can make other people to feel uncomfortable. If a question makes you feel uncomfortable, you may choose not to answer.

Offer to participate and freedom to withdraw from the study

Please note that participation in this interview is entirely voluntary, you may refuse to participate. You may also, at any stage, withdraw from the study if you wish to do so.

Confidentiality

There is a minimal risk of breach of confidentiality. However, in order to ensure that confidentiality is achieved no names or identifying information will be used as part of the reports, published or otherwise, of this study. All information collected will be kept in locked

files and only the researcher will have access to the information. Please feel free to ask us about the results, or ask for any updates.

Again, I would like to assure you that the individual information gained through asking you some questions after the consultation is strictly for the purposes of the study.

Costs and Compensation

There will be no monetary costs to you as a result of participating in this study. You will not receive any money for participation in the interview.

If you would like to know more, contact: **Andiswa Mtikrakra** at **0780895578**

Do you have any questions about the purpose of this study?

Do you agree to be interviewed?

- 3) Yes
- 4) No

In-depth Interview Informed consent

Declaration of the Adolescent

I have understood the purpose of this study. I have read the above information, or it has been read to me. I have had the opportunity to ask questions about it and any questions that I have asked have been answered to my satisfaction. I consent voluntarily to participate in this study and understand that I have the right to withdraw from the study at any time.
I freely agree to be part of the study.

Signature of adolescent _____ Date: _____

Investigator's Signature _____ Date: _____

APPENDIX C

Informed consent form: Adolescents

ADOLESCENTS 18-19 (In-depth Interview)

Title of Research: Parent-adolescent communication on sexually related issues in the HIV/AIDS era

A. Purpose and Background

Hello, my name is Andiswa Mtikrakra; I am postgraduate student in the School of Development Studies working under the supervision of Ms Pranitha Maharaj, at the University of Kwazulu Natal. I am collecting information to assess the social and cultural context in which parent-adolescent communication takes place. The study is aimed at identifying strategies that promote parental involvement that are culturally sensitive. This is a very important study which will provide information critical for improving sexuality education in the family by understanding the role parents play in the sexual socialization of their children.

Procedures

We would like to invite you to participate in this study. Participation in the study means that we will ask you questions about parent-teen communication. The interview is flexible and seeks greater details on matters related to your perceptions about parent-teen communication. The interview will take about 20-45 minutes, but some people have lots of information and may wish to talk longer. The interview will be taped for research purposes only. Tapes will be transcribed and then destroyed after a year.

Benefits and Risks

By participating in this study and answering our questions, you will not receive any direct benefit. However, the information from the interview will help the researcher advance an understanding of the broader contextual environment in which parent-teen communication is carried, in order to appropriately inform future interventions relating to sexuality education in South Africa. It will provide important information on the role parents play in socializing their adolescents on sexuality issues. **Your participation in this study will not involve any risks.** Some of the questions can make other people to feel uncomfortable. If a question makes you feel uncomfortable, you may choose not to answer.

Offer to participate and freedom to withdraw from the study

Please note that participation in this interview is entirely voluntary, you may refuse to participate. You may also, at any stage, withdraw from the study if you wish to do so.

Confidentiality

There is a minimal risk of breach of confidentiality. However, in order to ensure that confidentiality is achieved no names or identifying information will be used as part of the reports, published or otherwise, of this study. All information collected will be kept in locked files and only the researcher will have access to the information. Please feel free to ask us about the results, or ask for any updates.

Again, I would like to assure you that the individual information gained through asking you some questions after the consultation is strictly for the purposes of the study.

Costs and Compensation

There will be no monetary costs to you as a result of participating in this study. You will not receive any money for participation in the interview.

If you would like to know more, contact: **Andiswa Mtikrakra** at **0780895578**

Do you have any questions about the purpose of this study?

Do you agree to be interviewed?

5) Yes

6) No

In-depth Interview Informed consent

Declaration of the Adolescent

I have understood the purpose of this study. I have read the above information, or it has been read to me. I have had the opportunity to ask questions about it and any questions that I have asked have been answered to my satisfaction. I consent voluntarily to participate in this study and understand that I have the right to withdraw from the study at any time.

I freely agree to be part of the study.

Signature of adolescent _____ Date: _____

Investigator's Signature _____ Date: _____

Adolescent assent form 15-17

Topic: Parent-adolescent communication on sexual-related issues in the HIV/AIDS era

Hello, my name is Andiswa Mtikrakra; I am a student in the School of Development Studies at the University of KwaZulu Natal. I am collecting information from students in this High School. I want to ask your permission to talk to you about your thoughts on parent-teen communication. The purpose of asking these questions is to learn more about how parents and their children talk about topics related to sexual relations (falling pregnant and preventing pregnancy, how HIV/AIDS is transmitted, risks of unprotected sex, deciding when to start having sex, dealing with pressure to have sex). The information we collect will be used to improve the role of parents educating their children on sexually related issues.

If you agree to take part in the study, you will be asked questions about your own experiences with your parents. If a question makes you feel uncomfortable, you may choose not to answer it. The interview will take about 20-30 minutes. All the information you provide will be private and confidential and will be used only for the purposes of this study. Any report from this study will not use your name or any other information that may identify you.

I will not pay you for taking part in the study.

You do not have to be part of this study. If you choose to be in the study you may stop at anytime.

If you have any questions please talk to Andiswa Mtikrakra or ask your parent to call her on 0780895578

Do you have any questions?

Yes

No

Do you agree to participate?

Yes

No

Youth's statement

The researchers have told me about the study. I had a chance to ask questions. I know I can ask questions at anytime. I want to be in the study.

Youth name printed

Youth signature

Date

Signature of parent (witness)

Date

Investigator's signature

Date

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