

**INVESTIGATION ON THE EXISTING NATURE OF INTERPERSONAL  
COMMUNICATION BETWEEN PARENT AND YOUTH ON HIV PREVENTION:  
STUDY OF NORTH KAMAGAMBO LOCATION, MIGORI COUNTY, KENYA**

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**Abstract:** *This study examined the influence of parent and youth interpersonal communication barriers on HIV prevention in North Kamagambo Location, Migori County with a specific objective of investigating the existing nature of interpersonal communication between parent and youth on HIV prevention. The study covered a population of 18,775 according to the 2009 National Census Report. The study was informed by literature that supported the presumption that, the youth rarely communicate with their parents on matters of HIV and this is a reality that increases their vulnerability. The study used Social Learning Theory and Health Belief Model to demonstrate how the youth can learn from their parents through modelling.*

**Significance:** *The study aimed at giving in-depth information to some traditional cultural values and practices in the community which may not be relevant or practical in a contemporary society, this is in connection that culture and communication are always changing. The study may provide parents of the youth with knowledge, power and possible measures to be used to overcome interpersonal communication barriers on HIV prevention..*

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

**Findings:** *Focus group discussion and in-depth interview revealed that, there was a problematic interpersonal communication relationship about HIV prevention between parents and their youth especially among well-educated parents. It was also established that, respondents depends on their cultural beliefs which hinders them from discussing sexual matters.*

**Keywords:** *interpersonal communication, HIV prevention*

## I. INTRODUCTION

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

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

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

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

According to UNAID report (2014-2015), Kenya has an average of HIV prevalence rate of 6% and with about 1.6 million of people living with HIV infection. It is one of the six HIV "high" burden country in Africa. The western part of the country through Homabay, Siaya, and Kisumu are the most affected with HIV rates, 25.7%, 23.7% and 9.3% respectively. Relatively Migori County has however experienced an increase from 14.3% to 14.7% during the same period. HIV continues to contribute the highest mortality rate, burdening households and hence straining the county health system. Therefore Kemoni, (2004)) stated that, communication involves the giving and receiving of information through signals, messages and gestures. In general communication is a means of connecting people or places and it can take different forms for instance, spoken or verbal (face to face), non-verbal and the written. Interpersonal communication plays a great role on HIV prevention by: creating awareness, intensifying or reinforcing existing attitudes or behaviour hence converting one set of behaviour or attitudes to another and lastly building good relationship.

However, according to Wood, (2001), communication is an active and systematic process which involves the sending of messages and hoping for feedback. It always changes due to its interactive nature without beginning

and ending. Interpersonal communication within the family is much more than just the exchange of words among members of the social setting. Clemson, (1998) states that, family communication is what we say, how we say it, why we say it, when to say it. While communication is inevitable in the existence of human beings, there were issues that were either completely ignored or passively included in the family communication.

The family in this particular context of this study, is strictly confined to a social unit that consist of a father, mother and their children who may either be biological or adopted. This information was important as the basis on which young people could develop well informed attitudes and views about sexual issues that affects them. Education refers as the systematic process of gaining knowledge and skills through study and instructions. Education is a very vital tool that is used in the contemporary world to help mitigate most of the challenges facing youth in life. As a world citizenship, education provide knowledge and truth for promoting the world out look as well as providing ideas for human beings especially the HIV prevention between parents and their youth. Through Indepth interview and Focus group discussion. The researcher ought to get valid information from respondents on interpersonal communication barriers between parent-youth on HIV AIDS prevention.

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

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

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

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

Youth perception about HIV risk therefore led to having less exposure to risk reduction programs which may include the HIV programs. Communication then is of central concern when addressing HIV prevention. According to Gazmararian, & Willimans, (1999), communication is a process which involved five components sender, message, channel, receiver and the feedback. For effective communication the study need to consider its characteristics which includes the following, its relevant content, timing, proximity and language both the verbal and non-verbal cues.

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

### **Statement of the Problem**

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

Therefore little was known on the nature of interpersonal communication between parent and their youth in terms of: humour and joking, uncertainty in relationship, fulfilling parental duty and relationship dynamics. Besides that, little was also known on barriers to effective interpersonal communication that is, cultural barriers, perception barriers, attitude barriers, language barriers and place barriers. There are a number of unpredicted hindrance to effective communication (Kreuter. & Glassman, 1999) and the possible measures to overcome them.

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

### **Objectives of the Study**

This study examined the influence of parent and youth interpersonal communication barriers on HIV prevention in North Kamagambo Location, Migori County with a specific objective of investigating the existing nature of interpersonal communication between parent and youth on HIV prevention.

### **Theoretical framework**

Research theories and Model are formulated to explain, predict, and understand a phenomenon. Based on this ground, theoretical framework introduce and describes the theory which explains the research topic by outlining the relevant concepts together with their operationalization. Ultimately, it acts as the conceptual basis for understanding ,analysing ,and designing ways to investigate a research topic. Ennis (2011) summarizes

these issues by asserting that, a theoretical framework is a structure which identifies and describe the major elements, variables or constructs that organizes research work.

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

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

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

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

Moreover, in social learning theory Albert Bandura (1977) agrees with behaviourist learning theories of classical conditioning and operant conditioning and further add two important ideas which stated that, when mediating process occurs between stimuli there is a response while behaviour is learned from the environment through a process of observational learning. Human immunodeficiency virus is a condition one acquired when involved in sexual activities /behaviour and this condition affects the immune system hence leads to viral infection. To stop this acquired behaviour interpersonal communication barriers between parent youth on HIV prevention should be avoided by youth in: limiting number of sex partners, all youth to go for testing to know their status, to engage in community and web based education and other effective programs on HIV AIDS prevention. However, youth can chose to stop sexual activities through parent youth interpersonal communication. In operant conditioning, the method of learning occurs through reward and punishment for behaviour for instance in this condition an individual make an association between a particular behaviour and its consequences.

According to this principle, behaviour that is followed by pleasant consequences is likely to be repeated and behaviour followed by unpleasant consequences is less likely to be repeated. In a nutshell, reinforced behaviour

tends to be repeated (strengthened) while behaviour which is not reinforced tend to die out or be extinguished or weaken.

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

On the other hand, Health Belief Model is a psychologist model that attempts to explain and predict health behaviours. This is done by focusing on the attitudes and belief of individual. The model is based on the understanding that a person will take health related action. It again assumes that, a negative health condition can be avoided while a positive expectation can be achieved by taking a recommended health action. Therefore the model assist the theory on explaining how health related behaviour can be achieved or not achieved within individual perception. Health belief model was developed in the year 1950's by a social psychologist Hochbaum, Rosentock and Kegels working in the U.S public health services. It was adopted to explore a variety of long and short term health behaviours which includes sexual risk behave and the transmission of HIV .The model predictive ability varies depending on the ability to gauge the presence of perceived susceptibility; individual assessment of condition, perceived severity; individual assessment of consequences, perceived benefit; individual assessment of positive consequences, perceived barriers to action ;individual assessment on constant behaviour change and sense of self efficacy; ability to adopt desired behaviour .

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

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

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

In a nut shell reinforced behaviour may help the youth to value positive attitude on their sexual behaviours. Simingly, if this can be achieved there will be low refrain from multiple sex partners, low death rate, and

attending counselling sessions being conducted. And lastly being ready to be observed and learn from their parents as role models.

## **II. RESEARCH METHODOLOGY**

This study used mixed research method (Triangulation), it is a type of research in which a researcher combines elements of qualitative and quantitative approaches. This method denotes a distinctive approach that entails various modes of bringing together qualitative and quantitative research (Brannen, 2008). Qualitative approach was used to interpret social interaction and more emphasis was on words, coding and themes while quantitative approach was used to analyse more frequency of occurrence of thematic elements of text and emphasis on numbers of frequency of occurrence.

The target population of the study were from the three sub Locations Kameji, Koluoch and Kamwango of North Kamagambo Location which consisted of 18,755 according (NCPD, 2009). Stratified sampling was used to sample the entire population into different sub groups or strata i.e. fathers, mothers, sons and daughters respectively whom were randomly selected from different strata between 15-30 youth age and between 30-50 parents age.

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

## **III. DATA ANALYSIS AND DISCUSSION**

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

This section looks into the understanding of the communication functions of SGC by both students and school administration (including the principals and the deputy principals) as the first objective of the study. The section is discussed from various perspectives to bring all the aspects of this objective.

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

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

Dynamic in relation can improve parent and youth interpersonal communication on HIV prevention. However, there are several determinants of a dynamic in relation which includes, humour and jokes, parental responsibility, bonding with one's child, uncertainty and impact on parental upbringing.

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

The researcher was using qualitative analysis to say more about the frequencies of occurrence of thematic elements of texts and the meaning arising out of the context that are used in a qualitative study. These textual elements and their frequencies are counted to derive meanings. Regarding the dynamic nature in relation, the

study sought to establish the effect of relationship dynamic in interpersonal communication barriers between parent and youth on HIV prevention. The participants interviewed were asked to state how often they communicate with parent and youth as the results were as shown in table 1.

**Table 1 Dynamic in Relation between parent and youth.**

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

**Source: Field data (2018)**

The findings in table 1 above, 31.25% of respondents required improvement because dynamic in relation was not often between parent and their youth. 50% of respondents were most often create dynamic in relation but, was still below average to improve parent-youth interpersonal communication on HIV prevention. Respondents who perceived dynamic relationship as being often were 12.5%. However respondent(s) emphasis was placed on building children self –esteem and teaching them to resist peer pressure by trying to improve the not often dynamic relation which was 31.25%. Therefore relationship can be more confusing sometimes when problem occur majority of youth focus only to some urgent problems at hand. Later they failed to realize the major issues at play. However, 6.25% of respondent (s) interviewed required improvement of interpersonal communication between parents and their youth on HIV prevention in North Kamagambo Location.

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

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

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

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

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

**Humour and jokes**

Participants were asked to give their opinion on how humour and joking facilitate interpersonal communication on HIV prevention among the youth. The findings are presented in the table 2.

**Table 2: Humour and Jokes**

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

**Source: Field data (2018)**

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

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

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

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

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

**Parental Responsibility**

The study sought to establish the fulfilment of parental responsibility in interpersonal communication nature between parents and their youth on HIV prevention in North Kamagambo Location. The participants were also asked if they adequately fulfil their parental responsibility on HIV prevention issues. The findings are shown in 3.

**Table 3 Parental Responsibility**

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

**Source: Field data (2018)**

Findings stated that 25% of focus group discussion were satisfactorily stating that, parents are not only care takers but they are instrumental in the development of their children’s social, cognitive and physical well beings. While 50% of respondents required greater improvement in interpersonal communication with a consistent follow up in them, 31 % were unsatisfied with the way parents handle their youth on HIV prevention in North Kamagambo Location. In fulfilling parental responsibility, the respondents interviewed stated that 50% require greater improvement on the interpersonal communication skills to enable them be effective communicators between parent-youth on HIV prevention. Data presented above indicated that 21.9% of the respondents were very satisfied with parental responsibility, but from the look of perspective the percentage cannot improve interpersonal communication barriers between parent youth on HIV prevention among the youth who are at risk of infection.

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

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

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

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

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

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

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

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

**Bonding with one’s child**

The study sought to establish how relationship with one’s child is secured. The respondent(s) felt that prior relationship with one’s child can be achieved through creating emotional bonding, building trust, creating rapport and respect during interpersonal communication between parent and youth on HIV Prevention. The findings are as shown in table 4 below.

**Table 4 Bonding with one’s child.**

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

**Source: Field data (2018)**

Findings in table 4 43.75% of Fgd respondents felt insecure about parent-child relationship from the perspective of social life aspect, this is because it defines the difference between success and failure of parent –youth interpersonal communication on HIV prevention. While 37.5% of respondents mentioned the importance of creating rapport, building emotional bonding, kindness, and maintaining a positive attitude to balance the relationship with your children hence allow space for discussion about healthy behaviours and HIV prevention. Other findings revealed that only 18.75% of respondents felt much secured because they were able to share their feelings, opinion about HIV prevention with their youth.

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

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

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

**Uncertainty to Discuss HIV prevention.**

The study sought to find out uncertainty on discussion of HIV prevention among youth. Participants were asked how often they discuss on HIV prevention among the youth. The findings are presented in table 5 below.

**Table 5: Uncertainty to discuss HIV AIDS prevention.**

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

**Source: Field data (2018)**

The findings in table 5, 62.5 % of respondents interviewed showed how often they lack the knowledge and skills, hence were uncertain on how to go about discussing HIV prevention with their youth. However, they encountered the difficulties and lack of information available for their special needs (children). Surprisingly enough, 37.5% of respondents agreed that uncertainty was stable or very stable despite the fact that it was still below the average. Furthermore, uncertainty was unstable due to lack of knowledge/skills necessary for interpersonal communication between parents and their youth. Therefore, successful and effective communication stem from the implementation of communication process between parents and their youth. Participants were allowed to respond during their face to face interaction for ease of effective interpersonal communication.

A majority of parents also highlighted that, being friendly during conversation capsulated parents who spoke of being gentle, kind, and warm, interested or maintained a positive attitude during conversation. This include parents who talked to their children as a ‘friend’ rather than an authoritative figure. Apply jokes or strive to maintain a pleasurable learning environment.

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

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

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

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

**Impact of Parental Upbringing.**

The study sought to establish the participants’ opinion on the effect of parental upbringing on HIV prevention among the youth. In focus group discussion respondents were asked to express their views on the parental upbringing and give their feelings, ideas and opinion for interpersonal communication. Findings are shown in table 6 below

**Table 6: Impact of parental upbringing**

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

**Source: Field data (2018)**

Focus group discussion findings in table 6, 75% of respondents agreed that parental upbringing was a responsibility for all parents who strongly agreed or agreed. This showed improvement of interpersonal communication between parent and youth on HIV prevention in North Kamagambo Location. Unfortunately, 6.25% of respondents stated that parental upbringing had no positive impact on HIV prevention among their children (youth). While other respondents stated that, they were agents of communication role model, they learned about healthy behaviors to avoid infections like STI’s and HIV infection.

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

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

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

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

**Summary of the existing nature of interpersonal communication between parents and their children on HIV prevention**

The research question sought to find out the nature of interpersonal communication between parent-youth on HIV prevention in North Kamagambo Location. As per the analysis of the data presented in table 1 the findings

stated that, 31.25% of respondents require improvement for dynamic in relation and this was not often between parents and their children. While 50% of respondents had improvement for dynamic in relation between parents and their youth. This implies that 12.5% of respondents did not portrayed their interest at all. In table 2 findings revealed that, 50 % of respondents agreed that, humor and jokes was used as a way to get children feel free and open up their minds for discussion. While 12.5% disagreed as humor and jokes not a get way to effective communication.

In the case of fulfilling the parental duty in table 3 the findings stated that 25% of respondents require a major improvement and need for a follow up in them, while the other 3.1% were unsatisfied with parental roles on HIV prevention.

In table 4 stated that, 43.75% of respondent (s) felt very insecure since there was no emotional bonding between them and their children and lack of positive attitude to balance their relationship. Meanwhile 18.75% of respondents were very much secured and knew the importance of creating rapport, building emotional bonding and being kind to their children.

Finding in table 5, 62.5% revealed the u there was uncertainty about how to discuss HIV prevention among the youth. It was found out that a combined percentage 87.5% of respondent were both very stable or stable. The success and effective communication depends on the channel used in communication process, which further stated, being friendly and gentle facilitate positive attitude in the communication process rather than being an authoritative figure. In table 6 findings showed that, 6.25% of respondents had negative impact on parental upbringing which resulted to unhealthy sexual behavior among the youth. Meanwhile 50% of respondents captured had positive effects on their communication with their youth on sexual behaviors.

## **Conclusion**

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

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

The study concludes that the existing nature, barriers and the possible measures used to overcome interpersonal communication between parent youth on HIV prevention was based on the findings that, in table 1 findings, 31.25% of respondents required improvement for dynamic in relation while 12.5% of respondents did not

shown their interest at all. In table 3 findings, 14% of respondents were unsatisfied with parental roles on HIV prevention. Meanwhile in table 4 findings 18.75% of respondents were very much secured and knew the importance of creating rapport, building emotional bonding and being kind to their youth. Table 6 findings, 6.25% of respondents had negative impacts on parental upbringing which resulted to unhealthy sexual behavior among the youth.

### **Recommendation**

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

### **Suggestion for further research**

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

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