

**INVESTIGATING THE POSSIBLE MEASURES TAKEN
TO OVERCOME INTERPERSONAL COMMUNICATION BARRIERS
BETWEEN PARENTS AND THEIR YOUTH ON HIV PREVENTION**

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ABSTRACT

The study examined the influence of parent and youth interpersonal communication barriers on HIV prevention in North Kamagambo Location, Migori County. The study covered a population of 18,755 according to the 2009 National Census Report. The specific objective of this study was to identify the possible measures that should be taken to overcome IPC barriers between parents and their youth on HIV prevention and how these measures can curb the spread of HIV among youth of North Kamagambo Location. The study was informed by literature that supports the presumption that youth rarely communicate with their parents on matters of HIV AIDS this thus increases their vulnerability. The study applied Social Learning Theory and Health Belief Model to demonstrate how the youth can learn from their parents through modeling. Qualitative method was used to interpret social interaction and emphasis was on words, coding and themes while Quantitative method was used to analyze the frequency of occurrence of these thematic elements. Stratified sampling was used to sample the entire population into different sub groups or stratum i.e between 12-30 youth age and between 30-50 parent age. Simple random sampling was used to select a minimum of two hundred and forty respondents (240) of whom 80 respondents were for in-depth interview and one hundred and sixty (160) were for focus group discussion.

Finding stated that, 50% of respondents strongly agreed that persuasive IPC help to educate the youth to change their behavioral attitude on sexual activities to produce a substantial and lasting reduction on HIV transmission. While 56.25% of respondents were neutral they were neither positive nor negative quite unstable in their feelings. The study recommends high quality youth health materials available in all languages that young people in the community speak and for various reading levels including low literacy.

Key Words: *Interpersonal Communication, Barriers, Parents, Youth, Measures.*

1.0 Introduction

Interpersonal communication between parents and their youth help them to give and collect information from various sources that influence individual attitude ,behavior and personal needs. DefLaur and Dennis(2002) conceptualized IPC as a process of using language and nonverbal cues to send and receive messages between individuals that are intended to rouse a particular kind of meanings. It is face to face communication; it is about what is actually said between verbal and nonverbal messages sent through language use, tone of voice, facial expression, gesture and body language to give meanings.

Rothwell, (2004) sees communication as a transitional process of sharing meaning with others However; the best communication channel will provide understanding between parents and their youth on HIV prevention. Human immunodeficiency virus is a human condition of health status which can be presented through proper channel of communication process between parents and their youth. The prospect of curative treatment and an effective vaccine are uncertain. (Richman et, al, 2009) thus HIV AIDS will continue to pose a significant public health threat for decades to come.

Although global commitment to control the HIV pandemic has increased significantly in recent years, the virus continues to spread with alarming and increasing speed .Notwithstanding these treatment strides global efforts which have not proven sufficiently to control the spread of the virus or to the extent lives of majority those infected. The desire level of success has not yet been achieved for several reasons, most people who could benefit from available control strategies including treatment, do not have access to them .Modelers commissioned by the World Health Organization (WHO) and the joint United Nations program on HIV AIDS (UNAID) determined the existing intervention could prevent 63% of all infections projected which occurred between 2002 and 2010.

In 1990 when HIV had become a global health pandemic around 1.9 million people became newly infected .In 1996 at the peak of the epidemic 3.4 million new infections were recorded Since then new infections have been slowly declining and fall by 16% between 2010 during which 1.7 million people became HIV positive. In 2014 UNAIDS set ambitious worldwide target to reduce annual new infections to below 500,000 by 2020 at 75% reduction from 2010 and to 200,000 by 2030.Kenya is widely regarded as one sub Saharan Africa HIV prevention success stories. Annual new HIV infections are less than a third of what they were at the peak of the country epidemic in 1993 .In 2016 there were an estimated 62,000 new HIV infections in Kenya following a trend of falling figures year on year. .Impressive gains have been made in particular areas with 16 counties reducing their number of new HIV infection by more than 50%.

This reduction has been driven by the National AIDS Control Council (NACC), the body responsible for coordinating the HIV response in Kenya. In 2013 NACC launched the prevention revolution roadmap to end new HIV infection by 2030. Linked to this the Kenya AIDS Strategic Framework (KASF) 2014/15-2018/19 outlines how the first phase of the

roadmap will be implemented .KASF aims to reduce new infection by 75% through a combination of biometric behavioral and structural intervention.

Migori County had a HIV prevalence of 14.7% with 88,405 people living with HIV. This places Migori County as one of the 9 counties that contribute to the highest HIV incidences and thus a burden to the county. Children constitute 12% of those living with HIV in .Migori County. The AID Strategic plan (MCASP) focuses on leadership in the new HIV response. The county had identify the main driving factors which lead to the HIV infection which includes ,the mining areas, socio-economic activities along the beaches of lake victoria, tobacco growing areas ,truck drivers , sugar belt and retrogressive cultural practices. In line with the mentioned driving factors, Migori county AIDS Strategic Plan 2015-2019 exemplifies the firm commitment by the county government stakeholders and partners working in Migori to support county health services for better health to prevent and manage HIV and AIDS .

Youth is defined as a young person who has not yet reached adulthood and refers to the period before becoming an adult. In the United Nations youth was best understood as a period of transition from independence of a childhood to adulthood independence. At this age group they appear to be brave, character driven, decisive, and fearless and goal oriented .They are with fresh energy, can perform better and ensure that, there is better growth in the society. This age group lack accurate knowledge on HIV, lack basic knowledge or mode of transmission and fear of knowing one's HIV status .Therefore it can led to denial of one's risk of contracting HIV and failure to get tested.

1.2 Statement of the problem

Since HIV was first identified in the early 1980s an unprecedented number of youth had been affected by the Virus. Consequently, youth aged between 12-30 years are increasingly becoming exposure of the Virus, in spite of being accepted as one of the strategy, IPC is used as one of the prevention of the Virus, and however there are several challenges facing youth and their parents through IPC interaction on HIV prevention. Therefore little was known on the possible measures which could be taken to overcome IPC barriers between parents and their youth on HIV prevention. Besides that, little was also known on persuasive IPC as barriers, parental role model as a barrier, parents to use acceptable language and imagery when communicating sexual health behaviour to their youth, the government to task health care professionals to teach the youth on benefit of health regular testing, care and treatment and lastly, the government to put friendly policies and sufficient time to discuss health activities among youth and their parents..

Enhancement of interpersonal communication between parent-youth on HIV prevention can contribute to changed behaviour among the youth to understand the civil society response and its capacity and engagement to identify both good practises and gaps in their response to HIV prevention.

1.3 Objective of the study

This study examined the influence of parent and youth IPC barriers on HIV prevention in North Kamagambo Location, Migori County with specific objective of investigating the possible measures which could be taken to overcome IPC barriers between parents and their youth on HIV prevention.

1.4 Significance of the study

The study aimed at giving in-depth information on the possible measures that should be taken to overcome IPC barriers between parents and their youth on HIV prevention. Young people develop a greater understanding of whom they are and form their self-identity. They always strive to establish self-sufficient by binding tangible and intangible capacity to adapt to a society. The study put much emphasis on the importance of communication among family members especially on sexual relationship and HIV prevention, because communication is the cornerstone of social life as well as community change. The study will create /help the policy makers to know how to handle victim of the Virus, the study will help the government practitioner to adopt a new method of protecting youth right and dignity. Lastly it will provide parents of the youth with knowledge, power and possible measures to be used to overcome interpersonal communication barriers on HIV prevention among youth.

1.5 Theoretical framework

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. 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. 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.

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, 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 & 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 behaviour 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 and the ability to adopt desired behaviour.

Social learning theory and Health Belief Model personalized risk based on a person's features 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 reflects a confluence of learning theory which reduces a psychological drive that activates behaviour which should avoid punishment. Frequency of behaviour is determined by its consequences (reinforcement) for instance association between 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.

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

3.0 Research Methodology and Procedure

This study used mixed research method .These method donates a distinctive approach that entails various modes of bringing together qualitative and quantitative research (Kothari, 2004).Quantitative approach was used to analyze more frequency of occurrence of thematic elements of a text and emphasis was on frequency of occurrences, while qualitative approach was used to interpret social interaction and more emphasis was on words, coding and themes. The study was segmented into three sub Locations within North Kamagambo Location, Rongo Sub County.

The target population of the study from the three sub Locations consisted of 18,755 according to (NCPD 2009) .Stratified sampling was used to sample the entire population into different sub groups or stratum i.e fathers, mothers daughters and sons respectively, whom were randomly selected from between 12-30 youth age and between 30-50 parent age.Simpe random sampling was used to select a minimum of two hundred and forty respondents (240) of whom 80 respondents were for in-depth interview and one hundred and sixty(160) were for focus group discussion. Everybody in the stratum had the same chance of being selected to satisfy the study.

Focus group discussion (FGD) was used 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 a real life data in a social life setting in the specific area of study.Indepth interview was applied to both parents and their youth based on their closeness and observation and consider why they have to think in a particular way.

4.0 Findings and Discussion

This section looked into the understanding of the IPC between parents and their youth as the third objective of the study. This section was discussed in various perspectives to bring the general aspects of the objective. The study sought to establish the level of IPC between parents and their youth on HIV prevention in North Kamagambo Location. The variables

were identified as possible measures that should be taken to overcome IPC barriers between parents and their youth on HIV prevention.

4.1 Major Findings from the study

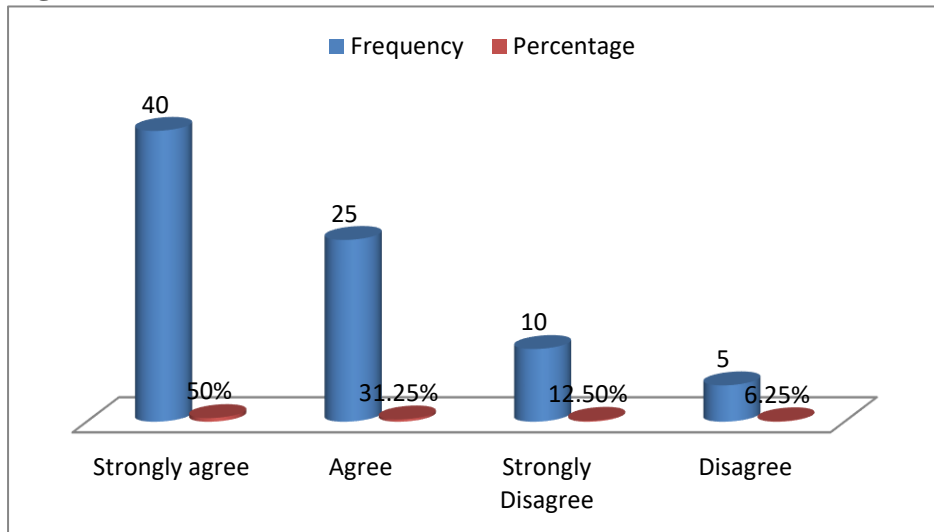
1. Persuasive Interpersonal Communication between Parents and their Youth on HIV prevention

Persuasive IPC may help to educate the youth on how to change their behavioral attitude on sexual activities in the community. Qualitative approach was used to interpret social interaction and more emphasis was on words, coding and themes.

The researcher used quantitative analysis to say more about the frequencies of occurrence of thematic elements of texts and meaning arising out of the text, these textual elements and their frequencies are counted to derived meanings.

Regarding the persuasive IPC the study sought to establish the benefit of persuasive IPC barriers between parents and their youth on HIV prevention. The participants interviewed were asked to explain how persuasive IPC overcome barriers between parents and their youth as the result were shown in figure 1 below.

Figure no 1: Persuasive IPC between Parents and their Youth on HIV prevention



Source: Field data,2020

The findings in figure 1 above, 50% of respondents strongly agreed that persuasive IPC help to educate the youth to change their behavioral attitude on sexual activities to produce a substantial and lasting reduction on HIV transmission. Therefore respondents’ emphasis was based on building self-esteem and teaching them to resist peer pressure towards HIV infection. However 12.5% of respondents strongly disagreed that, persuasive IPC will not neither reduce the frequency change of sexual partners nor reduce the number of sexual partners. Meanwhile 31.25% of respondents also highlighted that persuasive IPC between parents and their youth should be friendlier to have accurate knowledge about HIV transmission and the essential pre condition applied to reduce HIV infection among them.

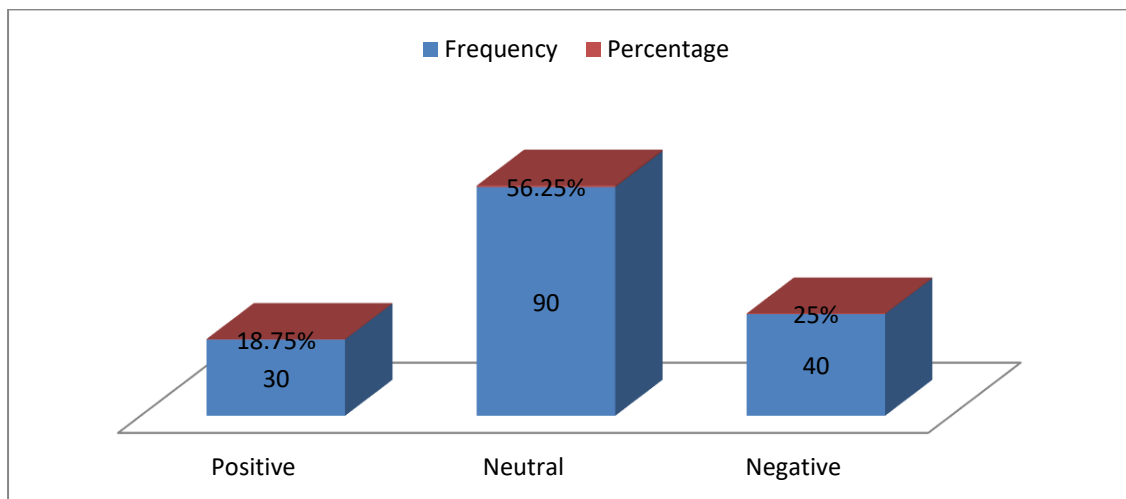
Another respondent said that through persuasive interaction between parents and their youth on the prevention of HIV, there should be a quality and cost existing programs which can be accessible by the youth (Son 10 interviewed 2020). These programs should include the following HIV testing, counseling, condom provision and comprehensive information.

Respondent(s) stated that, apart from the general right of the youth to participate in discussion that affects their progress, they are more likely to succeed when allowed to articulate their own views and concerns regarding their difficult circumstances (Daughter, 56, interviewed 2020). Ojomo, (2004) states that open and honest communication creates an atmosphere for all members to express their differences in feelings, love and admiration for one another. Communication is the means through, which human beings needs and wants are, coordinated (Krauss & Ezequiel, 2010)

2. Parents to empower their youth as well as being role model by use of IPC on HIV prevention.

The study sought to find out how parents can be role model through IPC to their youth Participants were asked to give their opinions on how parents can empower their youth, as well as being role model through IPC. The findings are presented in figure 2 below.

Figure no 2: Parents to empower their youth as well as being role model by the use of IPC on HIV prevention.



Source: Field data, 2020

According to the findings 18.75% of respondents in FGD agreed that for effective IPC parents need to be role model because most of the youth have no access to sexual and reproductive health programs that provide the information, skill services, commodities and social support to prevent HIV infection. While 56.25% of respondents were neutral they were neither positive nor negative quite unstable in their feelings. 25% of respondent(s) seem to reject their responsibility and portrayed inadequate law enforcement as a parent.

One of the respondent stated that, there were some weak families which have no social protection mechanism between them and their youth (Daughter 23 fgd 2020). Another respondents stated that, youth need a comprehensive and correct information to support them in managing the knowledge of their status ,emerging sexualities, sexual orientation and their reproductive choices (Mother 98 fgd ,2020).Parents to empower their youth by providing a comprehensive sexual and reproductive information, skills services and commodities in a safer and supportive environment.

Parents are also important sub set of the communication process and their acceptance and support are highly valuable on IPC concerning health programs. The government needs to involve parents in the design and delivery of programs so as to respond to the concern and build a large critical mass that will support the program despite the moral and religious dispute.

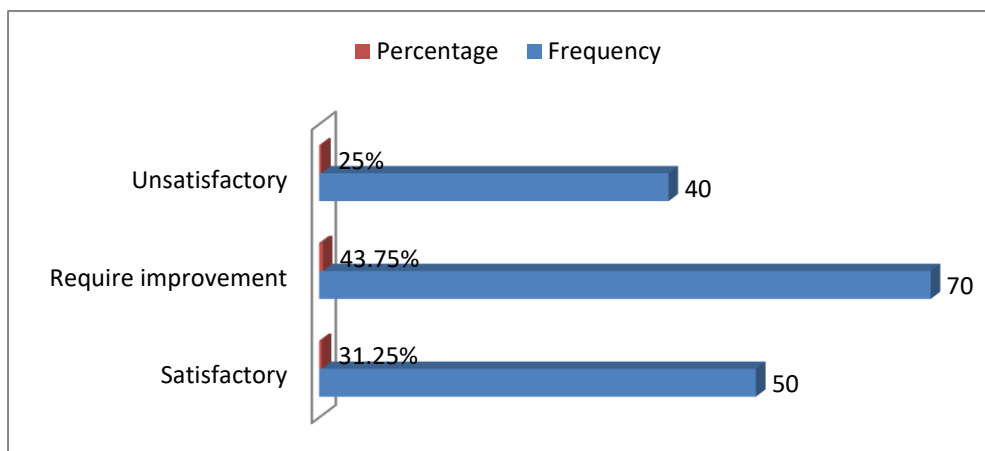
Communication help to build good relationship between parents and their children however successful and effective communication stem from the implementation of the communication Process Buzzanell, (2000).Communication is the means through, which human beings needs and wants are coordinated (Krauss & Ezequiel 2010) .

3. Government to task health care professionals to teach the youth on the benefits of regular testing, care and treatment through IPC.

The study sought to find out the stability, frequency and confidentiality of health care professional teachings to the youth on the benefits of taking action on regular testing, care, treatment and prevention on HIV.

Participants were asked to state how regular health care professionals work to improve their friendly services offered to youth on HIV prevention. Every respondent (s) in the focus group discussion was asked on how often they attend to professional seminars/programs on HIV AIDS prevention. It was indicated that some respondents were found to be satisfactory; others require improvement and the rest were unsatisfied with the professional benefits on health activities as findings stated in the figure 3 below:

Figure no 3. The Government to task health care professionals to teach the youth on the benefit of regular testing, care and treatment through IPC.



Source: Field data,2020

Findings stated that 25% of fgd respondents were unsatisfied on taking health care professionals directives on testing, care, treatment and prevention on HIV AIDS. They were stating that, due to a number of challenges they face in youth lifestyle, it is difficult to access health services “saying that, the services are unique to them as pertaining their perception, attitude and ability to prevent HIV. While 43.75% of respondents require improvement in that health care professionals should deliberate their services in a friendly manner to the youth who are their core customers, for instance giving knowledge and skills for appropriate medical option to them according to age and security.

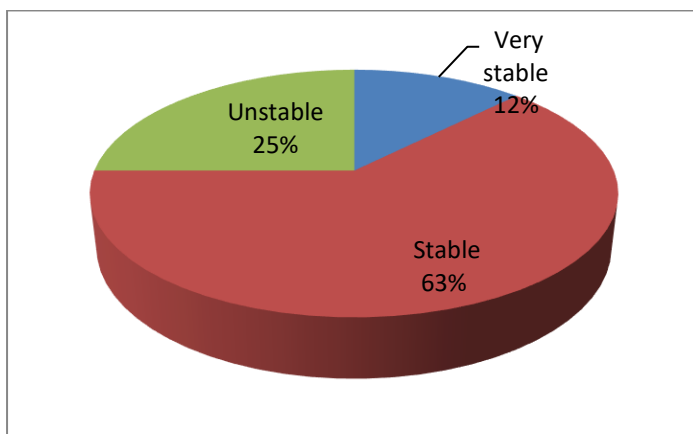
Respondent(s) also stated that, health care professionals should have the ability to relate to them in a respective manner and counseling areas that provides visual and auditory privacy to them (son fgd 32, 2020). Furthermore 31.25% were satisfied and were friendly to health care professionals, stating that, they had benefited by adhering to testing, care and treatment on HIV AIDS prevention. In addition to that, health care facilities are equitable, accessible, appropriate and effective in their services. One of the respondent stated, they do visit health care facility near them to be examined or updating themselves at every visit (daughter 46 fgd, 2020).

UNAIDS postulates that, the best prevention programs are those that work simultaneously at many levels by involving many stakeholders like parents and their peers who can necessitate behavior change to increase knowledge of HIV and how to avoid it. This may include creating environment where safer sexual practices and drug taking behavior can be discussed and acted upon.

4. Parents to us acceptable language and Imagery when communicating sexual health behavior to their youth.

The study sought to find out the stability and confidence parents had in IPC dialogue on HIV prevention with their youth. Every respondent was asked to state how often they interact with their parents on HIV prevention as indicated in figure 4 below.

Figure no 4: Parents to use acceptable language and imagery when communication sexual health behavior to their youth.



Source: Field data, 2020

Findings in figure 4. 62.5% of interviewed respondents were very stable about IPC between parents and their youth on HIV prevention. They stated that parents are much better at regularizing their emotions when faced with stress and difficult situation. They further stated that, when youth have attachment with their parents, this helps them to promote their cognitive emotions, social deviation and also exhibit their positive social behavior. While 12.5% of respondents were very stable stating that imagery is a believed to be a natural human behavior in children when learning new skills or it is an experience that mimic real life. One of the respondents said “honest IPC between parents and their youth build relationship bondage, it gives meaning to our respective roles, and it provide security and lastly stimulates responsibility and care”. (Son 67 interviewed 2020).

Other findings revealed that 25% of respondent were unstable by stating that their parents lack skills to honor youth privacy and confidentiality when it comes to IPC on HIV prevention. There is no effective interpersonal communication between parents and their youth, therefore the need for competence refer to ones desire to feel that he or she can successfully complete a challenging task. Whereas diminished level of competence may lead to discouragement or disengagement.

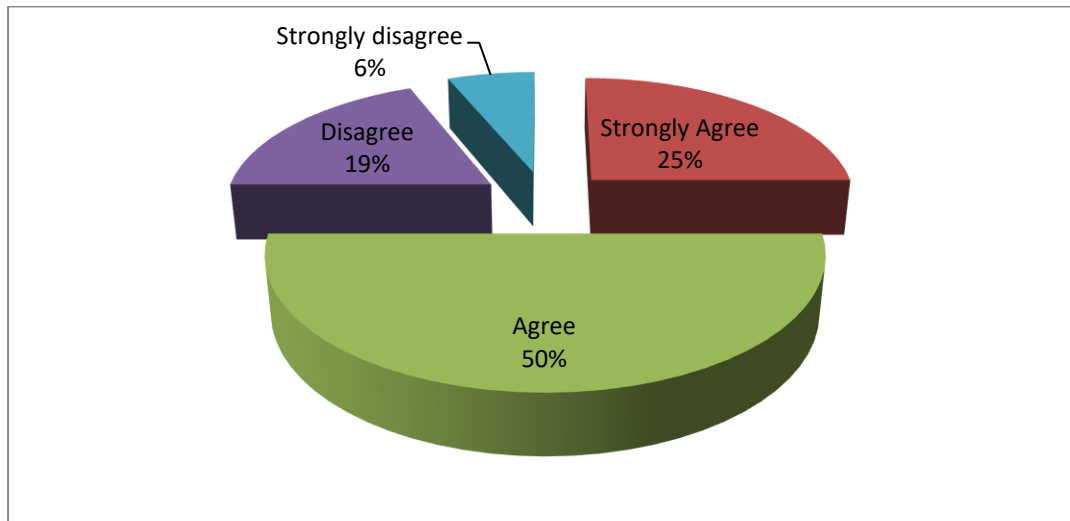
One of the respondent started that parents need to have skills to communicate through in the youth language instead they bore them with negative attitude and criticism on their daily life behavior.

The importance of effective IPC was immeasurable in personal life Buzzannell (2000).from perspective of society life aspect, effective communication is absolute because it commonly account for the difference between success and failure in its prevention. Furthermore children might undermine the received trustworthiness of parents as information source.

5. The government to put friendly policies and sufficient time to discuss issues of health activities to the youth age.

The study sought to find out how the government policies on health activities are helping the youth age in North Kamagambo Location. Respondents in FGD were to state whether strongly agree, Agree, disagree or strongly disagree with the policies put in place to curb HIV prevention among youth age. Every respondent was asked on how the government policies and sufficient time help them to discuss HIV prevention among the youth. Findings are as shown in the figure 5 below.

Figure no 5: The government to put friendly policies and sufficient time to discuss issues of health activities among the youth age.



Source: Field data,2020

Findings in table 5 stated that 50% of fgd respondents agreed that government policies on health activities are followed pertaining to HIV prevention within their community therefore many youth will not be affected of the virus. The provision of sufficient time from the government will enable the young people to humble themselves and take good advice home. While 25% of respondents were either disagreed or strongly disagreed that despite of the policies put in place by the government, HIV infection is still a pandemic in youth lifestyle. One of the respondent stated that, unless the youth are quarantine those that are infected for the healthy group to realize the important role the government is trying to play for the sake of their health behavior (Father fgd 80 2020). Other respondents were stating that, government regulations on HIV prevention are down size program to them. Meanwhile the 25% of respondents strongly agreed that the set up policies are strong enough to encourage the youth attitude towards HIV prevention .Another respondent stated that, the government should provide enough time for teaching the youth on healthy behavior and skills which are flexible and easily acceptable in the community (Mother fgd, 2020).. In line with the guidelines which explain how one can avoid different sexual partners and the protecting items i.e condoms use to avoid the spread of the virus.

Therefore the characteristics related to parental skill and sensitivity in discussing sex include having accurate information about the topics, talking openly and freely rather than lecturing or threatening, welcoming question from the children, and listening to the youth concerns and feelings. Information on sexual relationships should begin early as part of a lifelong process of acquiring knowledge and forming attitudes, beliefs, and values, rather than just talking

According to Kajula,(2005) parents also found it difficult to acknowledge that, young people are sexual beings. Parents often view their children as innocent, inexperienced and immature and as a result they do not discuss sexually related topic with them. Children derived adequate knowledge and resources to enable them to protect themselves from infections.

Some parents believe that more children always want to experiment and communication about sex including sexual education would increase their curiosity and make them sexually active (Rosenthal, 2000).

5.0 Conclusion and Recommendation

5.1 Conclusion

1. Based on the findings of the possible measures that should be taken to overcome IPC barriers between parents and their youth on HIV prevention, the study established the benefits of persuasive IPC between parents and their youth by stating that, 50% of respondents strongly agreed that persuasive IPC help to educate the youth to change their behavior and attitude on sexual activities and also help them produce a substantial and lasting reduction on HIV transmission. While 12.5% of respondents strongly disagreed that, persuasive IPC will not neither reduce the frequency change of sexual partners nor reduce the number of sexual partners. One of the respondent said that through persuasive interaction between parents and their youth on the prevention of HIV, there should be a quality and cost existing programs which can be accessible by the youth (Son 10 interviewed 2020)

2. A part from the general right of the youth to participate in discussion that affects their progress, they are more likely to succeed when allowed to articulate their own views and concern regarding their difficult circumstances. Finding stated that, 56% of respondents were neutral they were neither positive nor negative on how parents can empower their youth as well as being role model to them. 25% of respondent(s) seem to reject their responsibility and portrayed inadequate law enforcement as a parent. Another respondent stated that, youth need a comprehensive and correct information to support them in managing the knowledge of their status, emerging sexualities, sexual orientation and their reproductive choices (Mother 98 fgd, 2020).

3. Findings stated that 25% of fgd respondents were unsatisfied on taking health care professionals directives on testing, care, treatment and prevention on HIV AIDS. They were stating that, due to a number of challenges they face in youth lifestyle, it is difficult to access health services "saying that, the services are unique to them as pertaining their perception, attitude and ability to prevent HIV. While 43.75% of respondents require improvement in that health care professionals should deliberate their services in a friendly manner to the youth who are their core customers, for instance giving knowledge and skills for appropriate medical option to them according to age and security. One of the respondent also stated that, health care professionals should have the ability to relate to them in a respective manner and counseling areas that provides visual and auditory privacy to them (son fgd 32, 2020).

4. Findings in figure 4. 62.5% of interviewed respondents were very stable about IPC between parents and their youth on HIV prevention. They stated that parents are much better at regularizing their emotions when faced with stress and difficult situation. They further stated that, when youth have attachment with their parents, this helps them to promote their cognitive emotions, social deviation and also exhibit their positive social behavior. While 12.5% of respondents were very stable stating that imagery is a believed to be a natural

human behavior in children when learning new skills or it is an experience that mimic real life.

5. The provision of sufficient time from the government will enable the young people to humble themselves and take good advice home. However, 25% of respondents were either disagreed or strongly disagreed that despite of the policies put in place by the government, HIV infection is still a pandemic in youth lifestyle. . Meanwhile the 25% of respondents strongly agreed that the set up policies are strong enough to encourage the youth attitude towards HIV prevention .Another respondent stated that, the government should provide enough time for teaching the youth on healthy behavior and skills which are flexible and easily acceptable in the community (Mother,43 fgd 2020). It is important for the youth to feel included and autonomous during health communication.

5.2 Recommendation

In line with the objective findings, the researcher recommends that, the government need to involve parents in the design and delivery of programs, so as to respond to their concern and to build a large critical mass that will support the program despite the moral religious dispute. Parents should be at the forefront to help promote youth cognitive emotions and social development. The government to provide healthy teen network through IPC to conduct clinic site visit to perform baseline assessment of youth friendliness and offer relevant technical assistance. And also high quality youth health materials available in all languages that young people in the community speak and for various reading levels including low literacy.

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