

Talk to your children to keep them safe from HIV infections

CHILDREN'S misconceptions about HIV-Aids can be pretty scary, so it's important to correct them as soon as possible.

Suppose your eight-year-old daughter comes home from school tearful because she fell down, scraped her knee and started bleeding – and the other kids told her she would get Aids.

As a parent, you might explain: "No, you don't have HIV-Aids. You're fine. You can't get HIV from scraping your knee. The only way you can get the virus is when the fluids from your body mix with those of someone who is HIV-positive. Do you understand?"

After such a discussion, it's wise to check back with your child and see what she understands. Understanding HIV-Aids takes more than a single conversation.

Children learn by watching what parents do as well

as listening to what they say. Discussions about healthy relationships should start early and grow more sophisticated as children mature.

Early talks with young children about naming body parts accurately, learning how to say no, and taking health precautions can set the stage for later education in HIV-Aids prevention and sexuality.

Communication is critical because research shows that effective parent-child communication is related to reducing sexually risky behaviour in adolescents.

Family communication about sex and its potential risks is related to accurate knowledge about sex and HIV-Aids among adoles-



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cents.

Parent-child communication has been shown to encourage

abstinence, having fewer sexual partners, and condom use (if adolescents are already sexually active).

In addition, peer norms are associated more strongly with sexual behaviour in adolescents who have not discussed sex or condoms with their parents.

The assumption that parents in African families do not talk about sexual and reproductive health (SRH) with their children is not verified.

A review of studies of parent-child communication by Muhimbili University of Health and Allied Science, Dar es Salaam, Tanzania, dispels this view.

According to the studies, parent-child communication about SRH happened in most families.

The communication was mainly with the parent of the same sex as the child (mother-daughter, for example) and took the form of warnings, threats and physical discipline.

Communication was triggered by seeing or hearing

Information sharing crucial

something negative that they would not like their child to experience (such as a death attributable to HIV-Aids or an unmarried young person's pregnancy).

Nquthu in KwaZulu-Natal was hard-hit by the HIV-Aids epidemic. But the collective vision of traditional

and religious leaders, local activists and community members with the support of Soul City Institute has led to a dramatic reduction in new HIV infections in young people.

The local chief, Siyabonga Zulu, said: "My chiefdom has welcomed and accepted any intervention programme that promotes parental-child communication as a measure in protecting ourselves against sexually transmitted infections as well as protecting our women and young girls against HIV-Aids."

Although parent-child SRH communication is crucial, the timing is equally important.

Most parents wait for clues that a child is sexually active before they warn them about the consequences of engaging in sex. Parents communicating

only after the fact are likely to have little influence on their children's use of protection.

Information sharing is crucial to decreasing the prevalence of HIV-Aids. Level of education and socioeconomic factors seem to be important determinants not only of sexual behaviour but also of the effectiveness of parent-to-child communication.

Parents' discussions with their adolescents about sexual issues and sexual risk are linked with an increased likelihood of adolescents discussing sexual risk with their partners. But only if parents are open, skilled in broaching the topic, and comfortable in these discussions.

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