



**FACULTY OF SOCIAL SCIENCES AND HUMANITIES  
DEPARTMENT OF SOCIAL WORK**

**EXPLORING PARENTAL DISCLOSURE TO FEMALE ADOLESCENTS LIVING  
WITH HIV A CASE OF KUWADZANA POLYCLINIC.**

**BY**

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*Submitted in partial fulfilment of the requirements of the Bachelor of Social Science Honours  
Degree in Social Work at Bindura University of Science Education.*

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## RELEASE FORM

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## **DEDICATION**

I dedicate this research to my parents Mr and Mrs Mandividza who shall always be my pillar of strength.

## **DECLARATION**

The undersigned hereby declares that this research project is my own original research work, which has never been presented for any academic award in any institution of learning anywhere. The sources used in this research have been acknowledged fully in the reference section.

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## **ABSTRACT**

*The aim of the study was to investigate circumstances facilitating or hindering parental disclosure. The objectives of the research were to identify factors that facilitate parental disclosure of HIV status to female adolescents living with HIV/AIDS, To assess challenges hindering parental disclosure of HIV/AIDS to female adolescents living with HIV/AIDS and to identify strategies and methods used by parents to disclose HIV/AIDS status of their female adolescents. For this academic investigation, the researcher used the resilience theory. A qualitative research approach was used. The target population for the study were the single mothers as well as male parents and the key informants one being a social worker and the other a Psychologist. Purposive sampling was used to select both the primary participants together with the key informants. In terms of data collection, the researcher used qualitative in-depth interviews to collect data from participants and key informants, using semi structured interview guides. The data was analyzed using thematic data analysis.*

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## **CHAPTER 1**

### **1.0 Introduction**

Disclosure of human immunodeficiency virus (HIV) status can be a problematic issue, it may cause a stressful and anxious situation in one's life before and after the process of HIV disclosure. Disclosure of HIV status to own child or children is even more difficult, as parents in this case are compelled to weigh the possible consequences of disclosure. Common issues that often emerge as a result of early disclosure includes the susceptibility of the child to stigma, as well as the possibility of self-harming behavior among the adolescents due to the failure to cope with HIV. In light of this purview, the research has explored the issue of parental disclosure to female adolescents living with HIV in Kuwadzana Polyclinic Harare. This chapter shall provide a background of the study about the the issue of parental disclosure to female adolescents living with HIV and AIDS. The chapter shall also provide the problem statement, the significance of the study, the aims and objectives of the study as well as the delimitations and the limitations of study .The chapter shall also give the disclosure objectives of the study and the aim of the study. As the chapter ends, the definition of key terms and the assumptions of the study shall also be highlighted.

### **1.1 BACKGROUND OF THE STUDY**

The HIV epidemic still remains an issue of concern in various countries around the globe. In as much as significant strides has been made in Europe towards addressing this epidemic in Europe, cases of HIV and AIDS are still common UNAIDS, (2022).One among the significantly strides noted in various countries around Europe in the management of HIV and aids is Disclosure (Egger, 2019). According to Dodds, (2018) the increase in disclosure of HIV cases has been identified as an effective means in reducing the quick spread of HIV in that, it allows those infected to seek medical attention as early as possible and adhere to antiretroviral therapy. The adherence to antiretroviral therapy in England and other countries around Europe

has been applauded for suppressing the viral load and curbing an easy spread of the HIV pandemic (Del Almo, 2017). Furthermore, studies conducted in England has also shown that early disclosure of HIV status facilitates the practice of safe sex and the early use of post exposure prophylaxis thereby restricts the transmission of HIV infection. According to a study conducted by Gokengin, (2019), information has proved that in Sweden and Australia the early disclosure of HIV has helped in raising awareness especially among the adolescents in reducing risk behaviors so as to avert transmission of HIV infection. According to UNAIDS (2020) improvement has been noted in parental disclosure as evidenced by a significant number of patents who visited various clinics to conduct testing of their children at a tender age. Statistics revealed that at Southwest London 60% of children got tested at St George Clinic. Furthermore, 55 percent were also tested at Newman. However, though a wide number of children under the age of 18 got tested (74%) a journal released by St George, (2020) reveals that 74 % of children from 16 and above were untested during the period 2019.

In Africa, several studies has also highlighted the essence of disclosure of HIV status the female adolescents at a tender age. According to a study carried out by Kidder, (2021), early disclosure has been identified as important in that enables the children to access psycho social support early so that they will begin to cope with the situation at a tender age. This also enables to navigate life easily without battling anxiety as adults. Furthermore, various studies conducted in Africa has also confirmed that early disclosure of HIV status, also facilitates adherence to treatment bad this can also help in managing the spread of HIV infection. However According to WHO, (2019) , the cultural understanding of the HIV infection in various countries around Africa, limits parents from visiting clinics for testing. The main reason behind this is that HIV in Africa is a highly stigmatized issue hence disclosure still remains a difficult issue (Airhihenbuwa, 2018). According to a report released by the HIV Impact assessment in Zambia, 73% of HIV positive mother's, had their infants checked for HIV .In another survey

carried out by UNICEF, only 6 In every 10 adolescents girls in Zambia confirmed being tested for HIV In Lusaka in 2021. This also shows that awareness still remains an important issue in informing people about the essence of disclosure towards managing the spread of HIV.

The National AIDS Council, (2020), argues that the infection of adolescents in Zimbabwe is mainly due to vertical transmission, cultural factors such as early marriages and transactional sex which is mainly due to abject poverty. In line with the report published by the National Aids council, (2020) approximately 72,100 children aged between 0-14 and 77,300 adolescents aged 10-19 years were living with HIV in Zimbabwe. The spread of HIV, can be attributed to poor disclosure among most rural communities in Zimbabwe. The failure to seek disclosure in rural societies in Zimbabwe can be attributed to a number of cultural beliefs (UNAIDS, 2019). On among the culture that limits disclosure by prohibiting people to visit Clinics is the Johanne Marange religious sect which believes in multiple marriages as a way of living (Murwira, 2020). Parents belonging to this religious sect usually finds it difficult to seek information about their HIV status and that of their children because of their religious beliefs which prohibits access to convectional medical health care services. According to statistics published by FACT, (2019), almost 80% of the followers of Johanne Masowe sect in Bocha Mutare, confirmed ignorance about their HIV status, a reason why the government of Zimbabwe has put in place stringent measures against these religious sects to instill a culture of adherence to convectional medical health care

## **1.2 PROBLEM STATEMENT**

Parental disclosure of HIV/AIDS status to female adolescents can be identified as a topical issue that affects different cultures. Biadgilign, (2017) argues that though various studies have been contacted with regards to HIV/AIDS, there is very limited literature sources that specifically focuses on exploring parental disclosure to female adolescents living with HIV/AIDS. This discrepancy has further widen the knowledge gap on the necessary initiatives

that can be taken in order to facilitate an easy of disclosure. Furthermore, it also crucial to understand that the existing information on Parental disclosure to female Adolescents living with HIV, covers a limited geographical scope hence the findings of such studies cannot be generalized to Kuwadzana Polyclinic, a place characterized by a unique culture hence, there is a need to conduct a research which is context specific in order to attain reliable information (Wiener et al 2017). It is also important to understand that most of the existing data related to HIV in Zimbabwe is published by the donors like FACT, WHO, UNAIDS and UNICEF. These organizations can be identified as external players hence, there is need to undertake a comprehensive research guided by local perspectives so as to effectively deduce the implications of culture towards parental disclosure to female adolescents living with HIV (Mabvurira 2019). From the light of this idea, it can be noted that Data gathered through external players is often collected through the utilization of western theories which may not resonates with the Afrocentric perspective towards understanding the issue of parental disclosure to female adolescents.

### **1.3 SIGNIFICANCE OF THE STUDY**

The study on exploring parental disclosure to female adolescents living with HIV/AIDS facilitates a paradigm shift from the communities which stigmatize and label children living with HIV/AIDS to more supportive and habitable social milieu that also considers the plights of the female adolescents living with HIV/AIDS (FACT, 2018). This study can also educate communities on the need to treat the female Adolescents with respect and dignity despite their health condition (WHO, 2020). It is also fundamental to note that this research can also be a ground breaking initiative that helps mobilizing communities towards channeling resources in support of the female adolescents living with HIV/AIDS (UNAIDS, 2017). This idea is based on the issue that female adolescents are a vulnerable group that requires support in order to accept their HIV/AIDS status hence, supportive initiatives such as counselling maybe required.

A closer assessment on the study about Parental disclosure to female Adolescents living with HIV, shows that, this research can be used as a yardstick measure to weigh the government efforts aimed at helping communities with female adolescents living with HIV/AIDS. This idea can be derived from the fact that government is one among the key stakeholders involved in promoting child welfare through the ministry of Social Welfare, hence the findings of this study may benefit the community through informing the government to scale up efforts towards supporting communities with female Adolescents living with HIV/AIDS (Mabvurira 2019). The study on parental disclosure to female adolescents living with HIV/AIDS can also be pivotal to the Social work profession because, the data gathered in this research may allow social workers to come up with intervention strategies which are more context specific (Nyanguru 2013). This means that social workers may design strategies which are culturally sensitive and technologically appropriate in trying to foster parental disclosure to female adolescents living with HIV/AIDS. In addition to this, it is also essential to understand that this study can help Social workers employed by the Ministry of Social Welfare to implement programs that are more tailored to the unique needs of female adolescents living with HIV/AIDS (National Aids Council, 2020). The unique needs of adolescents with HIV may include regular health checkups as well as constant access to antiretroviral therapy. Furthermore, a study on, in parental disclosure to female adolescents living with HIV/AIDS can also facilitate collaboration among social workers and other technocrats so as to ensure comprehensive strategies towards addressing the issue of parental disclosure to adolescents with HIV/AIDS. The research on parental disclosure to female adolescents living with HIV/AIDS can be impactful in policy making. This idea can be derived from the fact that policy makers may be able to carry out data driven decision making towards facilitating the wellbeing of the Adolescents living with HIV/AIDS (National Aids Council, 2019). Data driven intervention can be effecting because, it allows for the effective management of the resources



required to assist adolescents with HIV/AIDS. In addition, this research can also be an important landmark in the sense that, it allows policy makers to come up with legislation that downplays the issue of gender disparities in developing programs aimed at addressing challenges faced by female adolescents living with HIV/AIDS (UNAIDS ,2017). Through the development of gender sensitive policies, female adolescents with HIV may find it easy to seek assistance from the available support systems.

#### **1.4 AIM OF THE STUDY**

Aim is to investigate circumstances facilitating or hindering parental disclosure.

#### **1.5 OBJECTIVES**

- To identify factors that facilitate parental disclosure of HIV status to female adolescents living with HIV/AIDS.
- To explore the impact of disclosure on the welfare and adherence to. treatment of female adolescents
- To understand the challenges faced by parents towards disclosure of HIV status to female adolescents living with HIV and AIDS.
- To suggest strategies to promote disclosure of female adolescence living with HIV and AIDS.

#### **1.6 RESEARCH QUESTIONS**

- What are the factors that facilitate parental disclosure of children's HIV/AIDS status?
- What are the challenges hindering parental disclosure of HIV status to female. adolescents?
- What is the impact of parental disclosure of HIV status to female adolescence living with HIV

### **1.7 Limitations of the study**

The study on the parental disclosure to female adolescents living with HIV and AIDS in Kuwadzana Polyclinic Harare is limited to some extent. This can be noted in that the study focuses much on female adolescents while turning a blind eye to male adolescents hence, the findings of this research cannot be generalized to other populations. During data collection, the researcher had limited time especially with the key informants who had other important commitments hence the researcher may not have reached data saturation to ensure that the findings of the research can be generalized.

### **1.8 Delimitations of the study**

The study was limited to Kuwadzana Polyclinic, Harare and the data gathered cannot be generalized to other rural and urban societies in Zimbabwe. Another important aspect is, that the findings of the aforementioned study, on parental disclosure was gathered through a limited sample size and this also makes it difficult to generalize the finding of the study. Furthermore, it is worthy to note that the data in this research was gathered through qualitative research methodology hence the research is only exploratory in nature.

### **1.9 ASSUMPTIONS**

This study assumes that, the disclosure of HIV/AIDS status of female adolescents by their parents is beneficial. This purview can be supported by the notion that, the female adolescents may also stand a chance to decide issues that impacts on their health basing on the knowledge of their HIV/AIDS status. In addition, it is also important to note that the researcher also hypothesize that female adolescents is a vulnerable group that requires effective communication strategies when disclosing sensitive information about their health. The study also presume that HIV/AIDS is a stigmatized phenomenon that may lead the female adolescents into depression and extreme anxiety. Last but not the least, in this study, the researcher surmise that disclosing the HIV/AIDS status to the adolescents can be a complex

phenomenon that considers the child's maturity, the parental readiness and the family's social as well as cultural context.

## **1.10 Definition of key terms**

### **1.10.1 Parental Disclosure**

According to UNICEF, (2020) Parental disclosure is referred to as a process in which a parent or a caregiver inform their children about their HIV/AIDS status .Parental disclosure is termed as a complex and sensitive issue that have the potential to negatively impact the life of a child. Thus in most cases parents may resort to harboring the information against their children in order to avert negative outcomes.

### **1.10.2 Female Adolescents with HIV/AIDS**

WHO, (2019) defines adolescents as a person between the ages of 10 and 19. Thus in this case the research was focusing on female adolescents who have been diagnosed with HIV/AIDS. According to F.A.C.T, (2020), if disclosure of the HIV/AIDS status is done without careful considerations, this undertaking is likely to compromise both the psychological and emotional wellbeing of the female adolescents.

## **1.11 Chapter breakdown**

This study is comprised of 5 chapters that collectively explores comprehensive data pertaining the parental disclosure to female adolescents living with HIV/AIDS in Kuwadzana Polyclinic, Harare. Chapter one gives a background of the study regarding parental disclosure of HIV/AIDS status to female adolescents. This chapter asses the background of this study from the Global stage, regional stage and narrow down to the national level specifically focusing on Kuwadzana Polyclinic, Harare. This chapter also sheds light on the problem statement by looking at the ideal situation versus the reality on the ground. The chapter also continues to look at the objectives, the research questions, and the significance of the study and the general assumptions of the study. Chapter 2 of this study was focusing on the literature review.in this, different literature was juxtaposed in order to support the findings of this research. It is through

chapter 2 that the theoretical framework that guides this research was revealed. Chapter 3 of this study shall illuminate the research methodology, the research design, data collection methods and data analysis technics utilized in this research. Furthermore, chapter 4 is centered on presenting and analyzing the data that has been collected. This chapter shall also be focusing on interpreting these findings. Last but not the least, Chapter 5 of this study shall focus on highlighting the areas for future study, giving recommendations and conclusions about this research.

### **1.1 Chapter Summary**

This chapter has clarified the background of the study on the parental disclosure to female adolescents in Kuwadzana Polyclinic, through analyzing the international, regional and local background of the concept of HIV/AIDS On adolescents. Furthermore, the study also bring to the fore, the problem statement by looking at the ideal situation versus the reality about ,in parental disclosure. The chapter proceeds by highlighting the Aim of the study, the objectives, the research questions and the general assumptions regarding the topic under study.

## **CHAPTER 2: LITERATURE REVIEW**

### **2.1 INTRODUCTION**

This chapter focuses on reviewing literature on several studies conducted on parental disclosure to female adolescents living with HIV and AIDS. It is worthy noting that the literature in this chapter had more research and findings based on various aspects relating to thee research topic and this will lay a foundation for effective research during the study. The literature will add more knowledge and understanding on the issue of parental disclosure to female adolescents living with HIV and AIDS and the research gap will be identified. The researcher will make use of the resilience theory.

### **2.2 Resilience Theory**

According to Van Breda (2001), resilience theory addresses the strengths that people and systems demonstrate, that enable them to rise above adversity. Resilience theory mainly focuses on the capacity of individuals to adapt positively in the face of challenges. In thus research, the theory has an impact to both parents/caregivers and the female adolescents themselves. Due to societal beliefs and norms, stigma surrounding HIV and AIDS and other factors like fear of parental blame, parents or caregivers may not be ready to disclose HIV status of their children leading to difficulties in their coping strategies even after disclosure, thereby weakening their resilience. The same applies to adolescents living with HIV and AIDS, resilience can be crucial fir coping with stigma, health challenges and emotional distress.

**2.2.1 Dynamic process-** according to the theory, resilience is not a fixed trait but rather evolves and develops over time, hence becoming a process. According to Luthar et al. (2000), the theory contends that resilience is a dynamic process that changes over time in response to interactions with the environment and important life events rather than a fixed attribute. In the context of exploring parental disclosure to female adolescents living with HIV and AIDS,

children may struggle becoming resilient soon after knowing the truth about their health status. The child may experience psychological and emotional distress but later after having family and parental support, he or she may regain resilience.

**2.1.2 Adaptation to adversity**-Resilience theory states that for one to be resilient there is need for the capacity to fight challenges and adversities. In addition to this, it is also important to note that one should be bold enough to bounce back to normal functioning. In the context of parental disclosure to female adolescents living with HIV and AIDS, both parents/caregivers and adolescents need to overcome these challenges. For instance, after disclosure parents may be labelled being promiscuous and may experience negligence from their daughters. The theory posits that individuals must exhibit effective coping mechanisms and strategies so that they bounce back from adversity. In the same sense, adolescents should have that capacity to rise above challenges like emotional distress and stigma and adhere to their daily medications as way of fostering resilience. According to Patterson et al. (2016), when parents effectively navigate the disclosure process utilizing adaptive techniques guided by resilience theory, their children are more likely to acquire resilience as well. Other scholars further argued that there is need of acceptance and Empowerment within oneself for that person to be resilient.

**2.2.4 Protective factors**- The theory identifies some protective factors that are both internal and external. These factors can help one cope with and recover from stress. Internal protective factors include self-esteem, emotional regulation and Problem solving skills within oneself. Emotional Regulation explains the ability to successfully manage one's emotions and it is an important internal aspect that contributes to resilience. Emotional regulation abilities allow people to respond correctly to situations rather than becoming overwhelmed (Gross, 2015). People who use emotional management strategies have better levels of resilience (Aldao et al., 2019). The theory also highlights the significance of self efficacy as an internal protective

factor. Self-efficacy is an individual's belief in their ability to succeed in certain situations or complete activities. Higher levels of self-efficacy have been linked to improved coping techniques and resilience (Bandura, 1997; Schunk & Zimmerman, 2012). For example, Masten et al. (2021) discovered that adolescents who had high self-efficacy were more likely to engage in problem-solving behaviors during stressful situations. External protective factors include social networks like the family, friends and the community at large. According to the theory, if a person has strong internal protective factors, he/she is more likely to be resilient enough since they have self esteem and some problem solving skills, however the opposite is true. Same applies if the child's external protective factors are strong, like having a unique strong relationship with the family, having friends' support and the community does not label or stigmatise HIV and AIDS, after disclosure the child is likely to be resilient, that is able to adapt positively and bounce back to normal functioning. An individual's resilience is increased when they have access to resources like recreational centers, healthcare services, and educational chances. According to Ungar (2011), communities that provide mental health assistance or skill development programs can enable people to overcome adversity with more effectiveness. In regards to parents/caregivers, if they also have strong internal and external protective factors, after HIV status to their children, they may not be at risk of facing challenges like having that sense of guilty and other psychological problems but rather will be capable of rising up above these adversities.

Overall, resilience theory offers an insight on how individuals make use of their coping mechanisms and strategies to fight challenges and their stress. The theory also offers a valuable framework for understanding the research topic on how parental disclosure of HIV status to female adolescents impact both the parents and the children themselves.

## 2.5 General Overview of parental disclosure

Parental disclosure to female adolescents living with HIV and AIDS is a common phenomenon in various countries around the globe. According to World Health Organization, (2018), approximately 1,7 million children around the globe are living with HIV and the rates of disclosure in studies from developing countries are notably lower than rates reported from the developed world. The main reason behind an increased rates of disclosure in developed countries is fair access to support networks such as the readily available counselling services as well as world class medical health care services in countries like Sweden and England which allows children living with HIV to access required medication so as to combat HIV virus (McLeod, 2019). Studies conducted in Canada, has also highlighted that Health care providers who deal with HIV infection in children usually develop a plan that will enable them to support parents in disclosure and as a result of that, the disclosure of HIV status to female adolescents living with HIV in developed countries has been made easier (Davison, 2020). According to a study research carried out at Manchester University, information has highlighted that disclosure of HIV status to female adolescents, empowers the child to make crucial decisions that impacts their health. Furthermore, this study also highlighted that disclosure of HIV status to female adolescents allows parents to feel relieved of the burden of keeping a secret, and less anxious about medical visits and the possibility of accidental disclosure.

The African context also illuminates a different understanding with regards to the parental disclosure of HIV status of female adolescents. According to Mwambene, (2018) the African culture often views discussion of sexual health between a child and a parent as a taboo. This background, sets a barrier in parental disclosure of HIV status to their female adolescents. However with the increase of knowledge about the devastating consequences of living with untreated HIV, the concept of disclosure is also taking shape in various countries across Africa (UNAIDS, 2017). According to Madiba, (2019), the South African Government has



managed to increase access to medical healthcare for rural populations by 60% during the period 2013 to 2016 so as to foster accessibility to medical healthcare for rural populations . This gesture has also been commended as a move that also improved the accessibility to health care experts to children in the rural areas of south Africa (Watson, 2020). Thus this increase in accessibility to medical health care experts , increases the chances at which the parents can disclose the HIV status of their female adolescents. However , although significant strides have been noted in some countries in Africa with regards to HIV disclosure, some countries like Mozambique and Malawi are still lagging behind (WHO , 2020). One among the reasons behind the facilitation of parental disclosure to adolescents in these countries , is the lack of enough health care experts who can guide parents during the course of disclosure.

According to F.A.C.T, (2020) in Zimbabwe, culture also acts as a significant barrier to Parental disclosure of HIV status to their female adolescents. According to Shona traditional values , the relationship between a child and a parent ,is often handled with reverend respect, and due to this effect, sharing of information regarding a child's sexual health is often considered as the role of the Aunts (Choruma, 2018). Due to this reason, parents in the rural areas where access to health care experts is limited, often find it difficult to disclose the HIV status to their female adolescents living with HIV. This situation in Zimbabwe has been made worse by the massive exodus of the health care experts hence the doctor and child ratio has been drastically reduced and as a result, populations within the rural areas of Zimbabwe often travel to major cities in order to book a special appointment with the doctor, (UNICEF, 2020). This situation creates a barrier to Parental disclosure of HIV status to female adolescents living with HIV

## **2.3 FACTORS THAT FACILITATE PARENTAL DISCLOSURE OF HIV STATUS**

### **2.3.1 Access to HIV Educational Programs**

Parental education and awarenesses has been considered as one among the factors that facilitate parental disclosure of HIV status to female adolescents living with HIV and AIDS in Europe (Bourne, 2019). In line with this purview, Dinson, (2018) argues that educated parents may have the capacity to give better support to children during stressful situations. To give an example, study contacted by UNAIDS, (2020) highlighted that 80% of parents who received training in HIV and AIDS understands the essence of psycho social support for children living with HIV hence most parents in the UK are more supportive to their female adolescents living with HIV because the British context have increased accessibility to life changing lessons compared to the African context. The National AIDS trust in Luton town, UK is one among the private organization in UK that offers life Changing lessons about HIV and AIDS through the provision of educative materials and supportive resources for the parents living with HIV (Townsend, 2020). Furthermore, a research contacted by Becky and Mitchel, (2020) revealed that due to increased access to education, parents in Europe have improved communication that allows them to exhibit more open and honest communication with their children. This facilitates a relationship of trust which makes it easy for the parents to disclose the HIV status of their female adolescents

In Africa, limited access to educational opportunities on HIV and AIDS has been denoted as an issue of concern. According to Desmond, (2018), the limited educational opportunities in countries like Mozambique is by the limited number of technocrats who are experts in HIV and AIDS. In line with this argument, Coovadia, (2020), argues that in most poor African countries, poor infrastructure usually limits the efforts by the None governmental Organizations to spread educational awareness about HIV and how to eliminate negative attitudes against the survivors. Thus the lack of this fundamental training creates a

communication barrier between parents and their female adolescents hence this limits disclosure. According to UNICEF, (2020) the lack of enough education on HIV related impacts among African parents also fosters the continuation of negative cultures which compromises children's rights to a healthy living. To give an example , the Luo tribe in Kenya , prohibits parents, especially male figures to discuss issues to do with sexual health with their daughters (Barchi, 2022) This is also the case in Yoruba culture In Nigeria where the idea of sharing sexual related issues with children is considered a taboo. Thus under this circumstances disclosure is utterly compromised

In Zimbabwe, it is important to note that although significant steps has been taken to aware communities on HIV and AIDS, the lack of specific training on HIV and AIDS can also be denoted as a major obstacle to parental disclosure of HIV . According to Choruma, (2018), awareness and proper training of HIV and AIDS among the parents in Zimbabwe is usually common in peri urban and Urban societies in Zimbabwe however people living in remote areas like Binga have poor access to educational training on HIV and this limits their ability to disclose the HIV status of their female adolescents, (Demba and Seke, 2018). The lack of specialized training limits parental ability to respond to sensitive questions which children may ask after realizing their HIV status . Furthermore, Mwamwenda,(2020) also insinuates that in most Zimbabwean societies, stigma against HIV is still common due to limited efforts by the government to facilitate the life changing HIV training programs in most communities within the country. This also creates a limited understanding of HIV thereby facilitating stigma and compromise the rate at which disclosure to female adolescents living with HIV by their parents occur

### 2.3.2 Gender dynamics

In Europe, active engagements by governments and key stakeholders has facilitated an easy of disclosure among both genders (Male and female) in as much as disclosure to female adolescents living with HIV and AIDS is Concerned. One among the reasons behind an easy of disclosure by both genders in European countries such as the Scandinavian countries, is the progressive healthcare system which also emphasized views a family as an important component that facilitates recovery for persons grappling with health issues (European centre for Disease prevention and control, 2019). The Europe societies also created equitable access to educational training programs for both genders to learn more about child welfare (Johnson, 2018). This empowers both man and women in offering support for adolescents living with HIV hence due this background, disclosure to adolescents with HIV is also an easy task for male parents. However even though various studies has indicated that in parental disclosure to female adolescents living both HIV, male parents also plays a significant role, statistics has it that chances for immediate recovery for female adolescents living with HIV are higher in instances where disclosure is made by a female parent (UNAIDS , 2020). This idea is based on the premise that females are more supportive to each other on matters of sexual health basing on the fact that they understand better their sexual anatomy far than the male counterparts. This information reflects the the issue of gender as a factor that needs to be considered when disclosing the HIV status of a female adolescents.

In Africa, different cultures stands at different view points when it comes to the roles of each gender in disclosing the HIV status of female adolescents (Mkhize, 2017). The African culture is mainly ingrained in the concept of modesty. This concept of modesty inculcate humbleness in how an individual behaves and communicate (Mokomane, 2020). Thus under such circumstance , how the males communicates with females is seriously controlled by these African traditional norms and values. This creates a barricade for male parents to delve into conversations with their daughters about issues related to sexual heath (Kagiso 2019). Thus in

the absence of the biological mother, a male parent may seek a third party within the family who is female to disclose the HIV status to a female adolescent. This compromise the child's right to confidentiality (Nzewi, 2018) it also crucial to note that , involving third patties in the disclosure of a child's HIV status may worsen stigma against female adolescents living with HIV and AIDS in Africa hence there is a need to sensitize various cultures within Africa on the need to integrate both male and female parents towards the disclosure of HIV status to female adolescents living with HIV and AIDS.

In Zimbabwe, the drive to eliminate sexual abuse against a girl child has cast a pall on the need to involve males in discussing the sexual health of their female adolescents especially in the absence of a female partner (Chimbindi, 2020). According to Demba, (2020) the portray of man as potential abusers by various feminist movements like Msasa and the women's lawyers association of Zimbabwe has significantly impact the extent to which male contributes in ensuring the sexual health of female adolescents in Zimbabwe (Waruta, 2019). The involvement of man in initiatives aimed at upholding the sexual health of female adolescents can foster early disclosure and support for women in trying to seek professional counselling and treatment for the female Adolescents living with HIV. Thus from the light of this information ,it can be noted that the limited contribution of male parents in disclosure to female adolescents living with HIV in Zimbabwe, is a result of the negative stereotypes that the society holds against. Thus in this, it is important to note that positive engagements of male partners in upholding the sexual health of female adolescents can also foster an easy of disclosure and give a chance to man to take initiatives aimed at promoting the sexual health for a girl child

### **2.3.3 Parenting style**

Studies conducted in South California has also reflected that , parenting styles significantly facilitate parental disclosure to female adolescents living with HIV and AIDS.. According to

Baumrind,(2020) there are four major parenting styles that common in American societies which affects disclosure to female adolescents living with HIV. These parenting styles are authoritative, authoritarian, permissive and neglectful parenting style. Authoritative kind of parenting is mostly characterized by love, responsiveness, support and appropriate control. Parents within these families are more likely to discuss sensitive health issues with their children. Studies conducted at Michigan university also reflected that adolescents from authoritative families were more likely to seek information about how hiv is spread and prevented, and were very free discussing such issues with their parents and caregivers (Miller et al., 2018).

Another research done in South Africa reported that children who grew in authoritative families felt more Comfortable talking and discussing about sexual health issues with their parents, leading to better understanding of STIs, including HIV and AIDS (Mavhandu-Mudzusi & Sandy, 2017). In authoritarian parenting styles, parents or caregivers value obedience and discipline over open communication and dialogue. Darling & Steinberg (1993) argued that this way of living hinders sensitive discussions especially of HIV and AIDS due to lack of emotional support and open communication. Research had it that, children from authoritarian families In Kwazulu Natal were very less informed about their health status and conditions as compared to those from other households (Gonzalez et al., 2015). Studies from Nigeria also shown that adolescents from authoritarian backgrounds felt not ready and inferior to discuss sexual health issues due to fear of parental punishment and disapproval (Ogunyemi et al., 2020).

## **2.4 The impact of disclosure on the welfare and adherence to treatment of female adolescents**

### **2.4.1 Compromise the spread of HIV among adolescents**

The disclosure of HIV status to female adolescents helps combating the spread of HIV among adolescents. According to a study conducted by UNAIDS, (2020) statistics suggests that in Asia, 20% of the cases of HIV cases recorded in countries that includes China and Korea, represented the total percentage of adolescents living with HIV within this period. According to World Health Organization (2021), it has been noted that a robust undertaking aimed at enhancing HIV testing in India has helped many young adolescence to understand HIV and their role in the prevention of HIV spreading. In order to understand how adolescents living with HIV took part in combating spread of HIV, a survey conducted in Indonesia reflected that at least 60% of the adolescents between the ages of 12-19 living with HIV, demonstrated awareness of how to practice safe sex. This reflects a remarkable gesture towards addressing the spread of HIV.

The World Health Organization, (2019) reveals that 1.6 million of adolescents around the globe are living with HIV. Of these 1.6 million, 89% are from sub-Saharan Africa. According to REPSSI, (2021) in Western African countries like Ghana and Senegal, a surge in cases of HIV among adolescents increased significantly due to limited parental disclosure which is influenced by the cultural norms in Africa and the lack of access to medical health care professionals. This lack of parental disclosure compromises awareness among adolescents on the need to practice safe sex in order to reduce the spread of HIV among adolescents in Africa (UNICEF, 2019).

In Zimbabwe, the adolescents living with HIV and AIDS in Zimbabwe amounts to 77,300. According to UNAIDS, new HIV infections among adolescents has declined significantly by 20,200 in the year 2024. These strides in combating HIV spread among adolescents are

attributed to assisted parental disclosure to female adolescents (National AIDS Council, 2024). In order to encourage disclosure the government in collaboration with Plan international, UNICEF, UNAIDS and REPSSI, has worked towards facilitating access to counselling services as well as access to medical health care professionals in order to ensure that the children and their parents, are better equipped and supported so as to cope with HIV. From the light of this understanding it can be noted that early disclosure compromises the spread of HIV among adolescents.

#### **2.4.2 Improved adherence to treatment**

Parental disclosure to female adolescents living with HIV, can be considered as a positive gesture towards increasing adherence to treatment for the female Adolescents. According to Kumar, (2020), in Thailand, various studies revealed that children who are aware of their HIV status, have increased adherence to medication unlike those who took medication without knowing the exact ailment that they are suffering from. Additionally, a study conducted in India has also proved that parental disclosure to female adolescents living with HIV, empowers the adolescents to take charge of their own wellbeing through directly involving them in planning capacity for their treatment (Wheatland, 2018). This also gives an opportunity to give a voice in matters that concerns them. In support of the aforementioned sentiments, weiner, (2019) also argues that parental disclosure of the HIV status of female adolescents can also improve adherence to treatment through the facilitation of warm relationships between the medical practitioners and the adolescents. Thus, in light of this idea, it can also be noted that parental disclosure can facilitate adherence to treatment for the female Adolescents.

In Africa, studies have also proved that parental disclosure to female adolescents leads to improved adherence to treatment for female adolescents living with HIV. According to a study carried out by Adebe, (2020), information revealed that in Ethiopia, children adults who became aware of their HIV status at adolescents, managed to suppress the viral load and this



is attributed to early sensitization and educational programs about HIV accorded to them at an early stage in life. In another study by Mabuto, (2020), it was noted that in Botswana, early parental disclosure to female adolescents, is effective in reducing fear and the impact of stigma leveled against people with HIV. This idea is based on the fact that early disclosure facilitates resilience among adolescents, thereby fostering adherence properly to treatment. However, through various studies reflects the essence of parental disclosure to female adolescents living with HIV as a positive move which leads to religious adherence to treatment, a study carried out by Mburu, (2018) in Kenya shows that early disclosure can only be positive in situations where a child has strong social support networks. Thus, due to higher cases of orphanhood aggravated by unending conflicts in countries like DRC, disclosure can be difficult due to limited social support networks.

In Zimbabwe, the cultural and economic landscape also shape the essence of parental disclosure to female adolescents living with HIV towards fostering improved adherence to treatment. According to Makombe, (2019), early disclosure of HIV status to adolescents can facilitate immediate action which may involve, mobilizing family members and community resources to ensure early treatment. In line with this idea, Nyanguru, (2020) also argues that early disclosure of HIV status to female adolescents can also help health practitioners to determine the child's adaptability to treatment and make some recommendations at a tender age. However, though parental disclosure in Zimbabwe is also viewed as a positive move, some scholars argue that due to limited access to counselling services in remote areas in Zimbabwe, early disclosure may lead to depression amongst the adolescents (Chimbindi 2019). On the same note, Nyanguru, (2020) also argues that due to limited sensitization programs in Zimbabwe about the negative impacts of stigma against people with HIV, early disclosure to female adolescents is likely to aggravate stigma against female adolescents.

### 2.3.3 Empowerment

Research conducted by various scholars, illuminates the extent to which parental disclosure to female adolescents living with HIV, facilitates empowerment of these adolescents. According to Fair, (2018) early disclosure of HIV status among female adolescents in United States of America is viewed as a gesture which facilitates Social empowerment of female adolescents. In line with this sentiment, Fair, (2018) insinuates that female adolescents with the knowledge about their HIV status, can find themselves an opportunity to build supportive relationships so as to navigate stress and depression associated with being HIV positive. Furthermore, Wheatland, (2018) also postulates that parental disclosure to female adolescents can foster psychological empowerment. Thus through psychological empowerment, female adolescents may develop more confidence and self esteem thereby fostering overall wellbeing.

In Africa, parental disclosure of HIV status to female adolescents is also associated with empowering the female adolescents in various aspects of their lives. According to Nakku, (2020), disclosure to female adolescents in Kenya has been commended for empowering this group to make key decisions about their interactions, where they want to be treated and where they want to learn. By exhibiting this power, female adolescents may make life choices which does not render them susceptible to stigma and discrimination based on their health condition. To add on this, a study conducted by Mbwapo, (2018), reflects that in Tanzania parental disclosure to female adolescents empowers the adolescents to advocate for themselves in line with the challenges which they encounter as a result of their health condition. This self advocacy may facilitate the development of policies tailored to the challenges faced by female adolescents living with HIV.

In Zimbabwe, empowerment of female adolescents through parental disclosure of their HIV status, is an issue which is compromised by various factors. According to Moyo, (2018), an increase in broken families in Zimbabwe, compromise the parental's ability to disclose HIV

status of their children due to the inability to support these children in their battle towards suppressing the viral load. This shows a challenge encountered in a quest to empower female adolescents through parental disclosure of their HIV status. In another study carried out by Ncube, (2020), information revealed that in Zimbabwe, empowering female adolescents through equipping them with information pertaining their HIV status can be a monumental task due to limited limited HIV awareness programs and educational programs about HIV. The lack of these programs in Zimbabwe allows stigma and discrimination against those with HIV to thrive hence parents may prefer to conceal the HIV status of their female adolescents. To further highlight the challenges that parents in Zimbabwe may encounter towards empowering their female adolescents through disclosure of HIV status, Moyo, (2018) argues that poor medical health care system in Zimbabwe can serve as a stumbling block towards disclosure. This idea is based on the fact that accessibility to experts who can work with female adolescents with special needs like HIV is limited due to Brain drain aggravated by massive exodus by healthcare experts to other countries in search of greener pastures. In this situation, Some parents may opt to conceal the information fearing the possible consequences of disclosure

## **2.5 The challenges faced by parents towards disclosure of HIV status to female adolescence**

### **2.5.1 HIV Misconceptions**

Studies conducted around the globe have highlighted Misconceptions about HIV as one among the challenges encountered by parents towards disclosing the HIV status of their female adolescents. According to a study conducted by Khan, (2019) evidence has shown that in Moldova, HIV is often viewed as a disease that infects people who engage in immoral sexual activity and to this reason, survivors of HIV are often viewed with contempt (UNAID, 2020). This Misconception about HIV, promotes unequal society where people living with

HIV are often stigmatized. Due to this background, approximately 70% of parents living with adolescents with HIV in Moldova only prefer disclosing the HIV status of their children at adulthood (Stirrat, 2017). In another study conducted in India, information has also highlighted that in the rural areas of India, HIV is considered as a highly communicable disease which can easily spread through behaviors like sharing eating utensils. In light of this purview, statistical has it that within the traditional societies India parents often avoid disclosure of HIV status to their female adolescents because of fear of being discriminated in the society.

In Africa, studies have also reflected a diverse array of misconceptions about HIV particularly in the traditional societies of sub-Saharan African countries like Zambia, Uganda, Kenya and Swaziland. According to a study carried out in Swaziland, information has highlighted that HIV in Swaziland is considered as a case that comes with engaging in sexual immorality hence people with HIV are often treated as second class citizens (Gabbion, 2020). This view of HIV, creates a barrier for parents to inform their female adolescents about their HIV status due to the fear of being demonized by the societies basing on the HIV status. Mwansa, (2019) also argues that in Zambia, the Bemba culture often views HIV as a disease which is also contagious in nature. Thus due to this understanding, people suffering from HIV are often forced to built their huts some distance from those without HIV. This is usually done to avoid the sharing of utensils between those with HIV and those without HIV. This cultural view of HIV, Dehumanize people living with HIV hence, parents in most cases avoid disclosing the HIV status of their female adolescents for the fear of being labeled and treated with contempt

In Zimbabwe, disclosure of HIV Status to female adolescents is a phenomenon that also remains an issue with a foregone conclusion (Mzondo, 2020). Studies conducted In Zimbabwe has shown that parents also face a challenge in disclosing HIV status to their female adolescents due to the misconceptions about HIV (Unicef, 2019). One common misconception about HIV in Zimbabwe is, the only way that a person can get infected by HIV is when one engaged in

prostitution (National AIDS Council, 2021). Due to this belief, the most common saying within the Shona culture is that, "Vakadzi vanouraya" (women can kill). This statement also attributes HIV to women as if women are the hosts of HIV virus (F.A.C.T, 2018). This portrayal of HIV in Shona culture makes it difficult for parents to disclose the HIV status of their female adolescents in Zimbabwe, because there is a lot of labeling and stigmatization of those considered to be the patients of HIV in Zimbabwe.

### **2.5.2 Age of the child with HIV**

Studies conducted in England have highlighted that the age of the child with HIV is perceived as a barrier to parents, caregivers, and Guardians in disclosing HIV status to their adolescents who are living with HIV (UNICEF, 2019). The age of a child to which the HIV status should be disclosed, determines the extent to which a child can cope and understand the situation as HIV patient (Townsend, 2017). According to a study conducted at the Australian Institute of Health, information highlighted that among the children who were surveyed at Melbourne Hospital, 60 percent of children aged between 12 to 15, reflected signs of depression and anxiety about their situation. According to this study, the inability to employ age appropriate communication, compromised the children's ability to cope well with their situation. According to WHO, (2020) the children who became aware of their HIV status at a tender age can only feel more supportive when they gather and share their experiences with other children with the same disease. This way, the female adolescents can realize that they are not the only one suffering.

In South Africa, a study conducted by Madiba (2018) observed that parents, caregivers, and guardians usually fail to disclose HIV status to infected minors because they feel anxious, and they lacked skills on how they can employ age appropriate communication so as to avoid dragging their children into excessive depression and anxiety. A study conducted by Mweemba, (2020) also highlighted that in Uganda, the failure to integrate HIV education in

to the curriculum, has also compromised the extent to which children living with HIV can cope with their situation. This issue is further exacerbated by the fact that stigma is usually promoted in school settings and due to this fact, parents may resort to conceal the HIV status of their female adolescents until the time when the parents feel that the child has reached an age where she can keep the secret about her HIV status (Ibrahim, 2019).

In Zimbabwe, disclosure of HIV status is also considered as a phenomenon which is affected by the age of a child living with HIV. According to Mabvurira, (2018), parents in Zimbabwe often face a challenge in disclosing the HIV status of their female adolescents at a tender age because children at a younger age can easily reveal their status to anyone who they interact with thereby rendering themselves susceptible to labeling and stigma (UNAIDS, 2018). The lack of awareness about the need to exercise leniency against those living with HIV, has further worsened stigma and segregation of people living with HIV especially in the rural areas of Zimbabwe hence, parents in this case usually find it necessary to conceal the HIV status of their female adolescents until they feel that the child is mature enough to keep a secret about their HIV status (Nyanguru, 2013).

### **2.5.3 Lack of support from social workers**

Disclosure has been advocated primarily because of its contribution to reduced risk of HIV transmission as disclosing HIV status, especially to children, encourages the children engage in preventive behaviors such as exercising abstinence (FACT, 2020). However due to lack of support from social workers and medical health professionals, parents often find it difficult to disclose the HIV status to their children. According to a study conducted at Parul University, information highlighted that approximately 60 percent of children living in Rajasthan, a rural location in India, survived with HIV without their knowledge (WHO, 2018). One among the factors attributed to this, is the lack of parental access to health care professionals. In another study conducted in Moldova, excessive poverty attributed to poor

economic situation in Moldova, also limits parents from accessing medical health professionals and this also leaves parents unprepared to disclose the HIV status of their female adolescents (Centre for disease control and Prevention, 2020). In studies carried out in countries like England, information has highlighted that a balancing child to social worker ratio has made it easier for parents in England to reveal the HIV status of their female adolescents (Scott, 2019). A study conducted by Adromilehin (2019) reported that HIV status disclosure process would be facilitated by having knowledge acquired through healthcare professionals. Most Parents and caregivers in England, also suggested that health education must be done through health workers or social workers, who help them with knowledge on how and when to disclose HIV status to their children and the importance of taking medication (Galea 2020). This, illuminates the extent to which access to support from health care professionals and social workers can facilitate an easy of disclosure of HIV status to female adolescents living with HIV.

In sub-Saharan African countries like Zambia and Malawi, Parents often grapple with disclosure of HIV status to their female adolescents because, disclosure of this sensitive issue can either affect the child positively or negatively (Mwale, 2017). According to UNAIDS, (2020) in sub-Saharan African, approximately 23,000 children die every year due to suicide associated with the failure to cope with HIV. This failure to cope with HIV is mainly due to poor access to Professional Counseling and lack of information about HIV and how it can be treated (UNICEF, 2020). The rate at which suicidal cases are occurring in sub-Saharan African countries, instills fear among the parents, hence in the absence of healthcare professionals, parents in Africa often abstain from sharing the HIV status of their female adolescents fearing the negative outcomes that might come as a result of disclosure (Mwambene, 2016). In Zimbabwe, the parents also encounter obstacles in their quest to disclose the HIV status of their female adolescents. According to Mabvurira, (2018) the social worker child ratio in

Zimbabwe highlights a gap in child protection in Zimbabwe. In a study conducted by Mrwira, (2017), information has revealed that in every 10,000 children in Zimbabwe there is one Social worker. This ratio illuminates a major discrepancy in the caring and protection of children in Zimbabwe. In a situation where the child social worker ratio is minimum, parents find it difficult to share life-threatening issues like disclosing the HIV status of their female adolescents (FACT, 2020). According to statistics published by the Ministry of Health and Child Welfare in Zimbabwe, (2019) approximately 200 children lost their lives by committing suicide due to failure to cope with HIV. This, highlights a need to enhance the child social worker ratio in Zimbabwe in order to foster improved coping mechanisms among children living with HIV and AIDS in Zimbabwe.

## **2.6 Strategies to promote disclosure of HIV status to female adolescence**

### **2.6.1 Engaging health care professionals**

A study conducted at Oxford University highlighted that in England, the issue of Engaging the health care professionals is considered as one of among the strategies used in European context towards disclosing the HIV status of female adolescence (WHO, 2019). The idea of Engaging health care professionals is considered a golden strategy because, Many parents/caregivers feel challenged to disclose their own or the child's HIV status because they often are concerned about possible adverse consequences of the disclosure (F.A.C.T, 2020). The engagement of the health care professionals in Canada has also been commended for facilitating a holistic approach to disclosure which ensures that children develop resilience within a limited short space of time and adapt despite HIV (Bernard & Jewkes, 2021). These studies at a global scale highlight accessibility to health care professionals as an important factor in helping parents to reveal the HIV status of their female adolescents.

In Africa, studies conducted by World Health Organization (2019) also reflected that the concept of working closely with the health care professionals also facilitates an easy of



disclosure to adolescents living with HIV. According to the statistics published by FACT, 2018, information revealed that in Uganda, cases of children who commit suicide after realizing their HIV status reduced significantly by 50% due to effective collaboration between the government and the Regional Psycho Social Support Initiative which fosters fair access to healthcare professionals for rural households with lack of financial resources to facilitate appointments with medical health care professionals. A survey carried out by Dunkley (2021) at Cape town University also highlighted that 4 in every 5 Children with HIV, who have access to medical health care professionals, have manageable symptoms of depression. In light of a survey carried out by FACT, (2022), it was noted that Mozambique has the highest record of children who commit suicide after realizing their HIV status. According to these statistics, information suggests that every 3 in five children who became aware of their HIV status at the age of 14 to 16, have either attempted or harbour suicidal thoughts. This issue is mainly attributed to the lack of solid understanding of HIV due to limited access to mental health care professionals in Mozambique.

In Zimbabwe, awareness about HIV has increased significantly particularly in urban areas due to the robust efforts made by the government and its partnerships that includes the National AIDS council, FACT, UNAIDS, PLAN International and the Regional Psycho Social Support Initiative (REPSSI) (Wata, 2022). However, in the rural areas of Zimbabwe, children still experiencing very limited access to medical health care professionals and this situation has been further exacerbated by the withdrawal of funding by the USAID (WHO, 2025). This withdrawal of funding has further widened the knowledge gap about HIV particularly in the rural areas of Zimbabwe due to the lack of access to medical health care professionals.

### **2.6.2 Age appropriate communication**

Parents make use of age-appropriate communication as a way to disclose HIV status to their adolescent children. It is argued that younger ages of between 0-9 years do not properly

understand anything hence need simpler explanations (partial disclosure) as compared to adolescents from ages of 10-19 need detailed information and further explanations about the disease, its transmission modes and preventive measures (McKay et al., 2015). Further studies have shown that parents who have used appropriate age communication were more successful in assisting their children about their conditions without installing fear or anxiety. According to the American Academy of Pediatrics (AAP), approximately 60% of parents reported having disclosed their children's status by ages of 12 years (AAP, 2021). Disclosure is often viewed as an ongoing process from childhood to adolescence and adulthood according to other scholars. Gradual disclosure is said to have been beneficial since it allows children to grasp information stage by stage and over time, not all at once. Rotharm-Borus et al. (2019), argued that younger ages need simpler explanations whilst adolescents may benefit from more detailed information about HIV transmission and management. Thus language used during exposure should match the child's developmental stage. Other studies have highlighted 70% of parents who have disclosed their children's HIV status before they reached adolescence exploring out major benefits so as major positive health outcomes.

Incorporating educational materials is another strategy used by parents and caregivers in disclosing their children's HIV status. Bennet et al. (2020) found that existing programs in schools that offers pamphlets, books and sometimes videos designed for children, may promote educational understanding and knowledge of HIV and AIDS. These materials can act as conversation starters and can provide factual information that demystifies the virus. A systematic analysis undertaken by The Lancet HIV, found that organized disclosure techniques involving educational interventions significantly increased children's HIV understanding (Kumar et al., 2020). According to the review, 75% of studies found that using educational tactics throughout disclosure processes resulted in beneficial outcomes. Furthermore, a poll done by the American Academy of Pediatrics found that 68% of parents

who used educational materials felt more confident discussing their child's HIV status than those who did not (American Academy of Pediatrics, 2019). It can also be noted that children who have received these programs at their schools have better understanding of certain things like how diseases are spread and so forth. Access to education and knowledge by both children and their parents can promote effective disclosure process.

### **2.6.3 Enhancing access to social support networks**

Disclosing HIV status is a complex and difficult thing to tackle and achieve. Parents or caregivers make use different strategies and techniques to reach to full disclosure of HIV status of their adolescent children. Parents are being helped by support networks with how to approach disclosure. According to research, parents who have participated in support groups were more resilient, empowered and confident enough to openly communicate their children's hiv status (Katz et al., 2020). These support networks include family, friends, health care providers and organizations that help with educational programs, practical assistance and information that help parents navigate challenges of Hiv disclosure to their children. Studies have shown that parents or caregivers that have strong support networks feel more comfortable discussing hiv issues with their children as compared to others. A research conducted in South Africa found that parents who had strong support systems felt very secure and free to disclose their children's health status (Mavhandu-Mudzusi & Fawcett, 2013). In the same sense, adolescents with supportive external protective factors like peers also show a positive health outcome in their treatment regimens. Parents,, before disclosure, first look and investigate if the child has friends who are not discriminatory in nature that would worsen thr child's health. Peer support groups have been reported to have a positive impact in reducing feelings of isolation and stigma among adolescents living with HIV and AIDS, leading tk improved treatment adherence (Smith et al., 2018). Scholars like Santos et al. (2020) further supported

that peer support networks have a positive outcome on treatment to adolescents living with HIV and AIDS.

In the Zimbabwean context, another study posited that availability of Community Adolescent Treatment Supporters (CATS) is a major factor that facilitate effective disclosure process. The study consisted of 10-15years adolescents who were HIV positive and were on ART (antiretroviral therapy). The participants were put into two district groups, one receiving standard care and the other one receiving standard care plus CATS services. The results have proved that the group with CATS services was more of adhering to treatment, had enhanced psycho-social support and well-being, self esteem and an improved quality of life as compared to the control group (Chibanda et al., 2020). Another study published in the journal of Adolescent Health explained that adolescents living with HIV and AIDS who receive support from peers are likely to accept their status (Holtgrave et l., 2016). In Kenya, a qualitative study revealed that community based programs help parents and caregivers in the disclosure process. Parents reported feeling more empowered and confident disclosing their children's hiv status when they had access to counseling services provided by different organizations (Karanja et al., 2020). Another research in Thailand by Sukpan et al. (2018) supported that health care providers help parents in the disclosure process through offering guidance and resources for managing the flow of the conversation.

## **2.6 LITERATURE GAP**

Previous studies in Malawi focused on parental disclosure of HIV status to their adolescent children. Despite Prior scholars' conclusions and recommendations, parents are still failing to disclose the HIV status of their female adolescents living with HIV therefore, a gap still exists as these strategies are not efficient and effective in addressing what they have been designed for. As a result, the researcher was challenged to delve deeply into identifying factors that facilitate parental disclosure, as well as challenges encountered by parents in disclosing the

HIV status of their female adolescents and recommending or identifying strategies that parents can adopt in disclosing the HIV status of female adolescents living with HIV and AIDS. The study will be conducted in Zimbabwe focussing on Kuwadzana and Kuwadzana Polyclinic Polyclinic as case studies which has a different socio-economic setup from Malawi from which previous studies were carried out.

## **2.7 CHAPTER SUMMARY**

Chapter 2 reviews past research conducted by various scholars on evolving dynamics in parental disclosure of HIV status to female adolescents living with HIV and AIDS. It emphasizes resilience theory as the theoretical foundation that underpins the research topic. The literature gap was observed as a result of parents' and caregivers' struggles and failure to disclose their children's HIV status. The chapter synthesizes current literature and empirical investigations to provide a better understanding of the factors that support parental disclosure, the barriers to disclosure, and the tactics that parents might take to expose their children's HIV status.

## **CHAPTER 3: METHODOLOGY**

### **3.0 Introduction**

This chapter was focusing on highlighting the methodology employed by the researcher to acquire data. Thus the overall methodology of this study was qualitative research methodology. As this chapter forth go, various sections was covered. These sections shall include the research design, the study population and in this, the researcher shall clearly explain her choice for a

population studied. This chapter shall also illuminate on, sampling and the sampling techniques employed. As the chapter continues to unfold, the researcher shall also clarify on data collection as well as the data collection methods utilized during the course of the study. Furthermore, the researcher shall delve deeper into to the data collection tools utilized in this study as well as the data analysis technique that was harnessed to unpack the meaning of the data acquired. Last but not the least, the chapter shall specify on various ethical considerations that were taken by the researcher in order to make sure that the research comply with the rules and regulations that governs research.

### **3.1 Research Philosophy**

According to Thornhill (2019), research philosophy can be defined as the underlying worldview that influences the outcome of the research. In line with this definition, this research on parental disclosure to adolescents living with HIV/AIDS, was informed by realism. Bhasker, (1975) defines realism as a philosophy that views reality as mind independent. This means, the reality about the world is not based on what an individual thinks, but it is based on the true facts that one can gather after delving deep into the real world for fact finding. In line with this philosophy, the researcher delve deep into the real world (Kuwadzana Polyclinic) in order to acquire data that on parental disclosure to adolescents living with HIV/AIDS.

### **3.2 Research design**

The study on Exploring parental disclosure to female adolescents living with HIV/AIDS in Kuwadzana Polyclinic, Harare was centered on qualitative research approach. Glaser and Strauss, (1967), postulates that qualitative research approach is a research methodology that gathers and analyze none numerical data so as to ensure a deep understanding of the social phenomenon under study. Qualitative research approach is a viable research approach because it employs inductive reasoning rather than deductive reasoning (Denzin & Lincoln, 1975). Inductive reasoning may facilitate the formation of new theories and new hypothesis instead

of relying on outdated theories and hypothesis to understand a social phenomenon. Thus in this research, the research gathers data without a hypothesis and the outcome of the research is the hypothesis.

### **3.3 Study Setting**

(Kerlinger, 1973). Defines study setting as the area in which the researcher aims at contacting his research. In this case, the research on the emerging parental disclosure for adolescents living with HIV/AIDS, was contacted in Kuwadzana Polyclinic, Harare. This is based on the fact that the population in this area have better access to medical health care facilities compared to other residential areas hence, this allows the researcher to easily access the population under study.

### **3.4 Study Population**

A study population can be defined as “a group of individuals from which a sample is drawn and to which the results of the study are generalized” (Kerlinger, 1973). In this study, the study population was comprised off 10 participants. Among these participants, 6 were single mothers aged 30 to 45, 2 were male parents. These participants met the criteria of being HIV/AIDS patients. These participants were drawn from Kuwadzana Polyclinic, Harare because this area has better health care services compared to other high density residential suburbs in Harare hence, this makes it easier to study health seeking behaviors.

### **3.5 Sampling**

According to Babbie, (2007), sampling is defined as a procedure of identifying a subset of participants from a larger population so as to gather data which will be generalized. This research utilized none probability sampling. None probability sampling is when the researcher selects the participants through none random criteria (Cochran, 1963). This research employed purposive and snowball technic in order to select a sample.

Krejcie & Morgan, (1970) defines a sample size as the number of participants selected from the population in order to carry out a study. In this study the researcher selected 10 participants.

The researcher selected these participants through snowball technique and purposive sampling. The researcher selected a small sample size in order to reach data saturation. In addition to this, the researcher selects a small sample size in order to easily manage the data collection process and to ensure that time is easily managed for the sake of dismissing participants in time.

### **3.5.1 Sample Size**

### **3.5.2 Sampling Techniques**

Creswell, (2003), connotes that a sampling technique is a method utilized to select a sample from the population with the aim of attaining a group of individuals who represents the population under study. Creswell, (2003) insinuates that the reliability of a sampling technique can be measured through objectivity and consistency. This mean that if the sampling technique should be free of researcher bias and the research technique employed should produce the same results if repeated under similar situation. In order to meet the aforementioned qualities, the researcher used purposive sampling and snowball technique.

### **3.5.3 Purposive Sampling**

Purposive sampling is defined as a none probability sampling technique in which participants are identified based on the researcher's knowledge regarding the participants who can provide relevant information, (Patton 1990). In this research, criterion based sampling was employed to HIV/AIDS patients in order to acquire data from information rich participants. The researcher also utilize purposive sampling because this technique facilitates the efficient use of resources. This can be noted in that through purposive sampling the researcher may just target a smaller group with desirable characteristics (Patton 1990). In this the researcher may not break the bank in order to select a sample. The use of purposive sampling also increases the validity of the data gathered considering the fact that the sample from which the researcher was gathering data from is the population of interest.



### **3.5.4 Snowball Technique**

Biernacki & Waldorf, (1981) agrees that snowball sampling is a method of choosing a sample in which existing participants will lead the researcher to other prospective participants. This technique can be viable in the study on ,in parental disclosure to female adolescents living with HIV/AIDS in Kuwadzana Polyclinic, Harare because the population under study is hard to get. Creswell, (2003) argues that snow ball sampling is one among the most reliable sampling techniques in none probability sampling. This idea is derived from the fact that snowball sampling reduces researcher bias. Thus this enhances the validity of the data gathered. It is also fundamental to note that snowball sampling enables the researcher to reach data saturation through acquiring data through participants from diverse social networks hence, the researcher also utilized snowball technique to acquire data.

### **3.6 Data Collection**

Cresswell, (2014) postulates that data collection is a step by step process aimed at acquiring and recording empirical data. Data collection equips the researcher with enough information required to answer research questions. In this case, the data gathered answers, answers the questions on parental disclosure to female adolescents living with HIV/AIDS in Kuwadzana Polyclinic, Harare. The research employed in-depth interviews as well and focus group discussions.

#### **3.6.1 In-depth interviews**

Patton, (2002) defines in-depth interviews as a qualitative data collection method in which the researchers enters into one on one detail oriented conversation with a participant. This method of collecting data allows the researcher to acquire detailed information from the participant through analyzing the participant's thoughts, feelings and experiences. In-depth interviews can be an explorative data collection method that allows the Researcher to effectively gather comprehensive data regarding the social, cultural and emotional issues regarding parental disclosure of the sensitive issue of HIV/AIDS. Furthermore, it is also crucial to note that in-

depth interviews can be very crucial in exploring sensitive topics relating to HIV/AIDS. This can be noted in the sense that issues related to HIV/AIDS can be best discussed in privacy where the participant's confidentiality is ensured (Danzin and Lincoln, 2000).

### **3.6.2 Focus Group discussion**

During the study, the researcher employed a carefully planned discussion in order to gain more insights on the participants' perceptions regarding the issue of parental disclosure to female adolescents with HIV/AIDS. Krueger, (2003) defines focus group discussions as a "research technique that collects data through group interaction on the topic determined by the researcher". In this study, the researcher played the role of a facilitator, allowing the participants to give each other chance in expressing views regarding the issue of parental disclosure to female adolescents living with HIV/AIDS in Kuwadzana Polyclinic, Harare. Through focus group discussions the researcher managed to gather rich and diverse data that enabled her to draw conclusions basing on a wide range of perspectives from the participants. Through focus group discussion, the researcher managed to create a conducive environment that allows each participant to contribute their thoughts, hence the response rate was high.

### **3.6.3 Key informant interviews**

The researcher also managed to acquire data from key informants. Patton, (2002) defines key informants as, "individuals who possess specialized knowledge, experience or expertise related to the research question. Thus in order to obtain nuanced information regarding parental disclosure to female adolescents living with HIV/AIDS, the researcher engaged a Social worker from the Department of Social Development and a nurse from Kuwadzana Polyclinic hospital. Through key informant interviews, the researcher managed to validate the data gathered from primary participants. It is also through the key informant interviews that the researcher managed to understand key areas that are not well documented with regards to parental disclosure to female adolescents living with HIV and AIDS.

### **3.7 Data Collection Tools**

Creswell, (2014) purports that data collection tools are techniques used to collect data such as questionnaires and interview guide. In this study, the researcher employed questionnaires and interview guides.

#### **3.7.1 Questionnaires**

Kothari, (2004) defines questionnaires as a set of questions typed in a definite order, with a view to collect information from a sample of people. The researcher employed questionnaires basing on the fact that questionnaires are time efficient method to collect data especially when dealing with pre-occupied participants. It is also fundamental to note that questionnaire allows the researcher to ensure that the questions asked to the participants are standardized hence, this allows the researcher to draw conclusion from the information that has been gathered on a level ground. Thus this facilitate the validity of the information gathered. The researcher also utilized questionnaires as a means to reduce the influence of the researcher biases and opinions.

#### **3.7.2 Interview Guides**

Patton, (2002) insinuates interview guides are “structured set of questions and topics that serves as a guide for conducting in-depth interviews. The interview guides enables the researcher to cover all the questions necessary during interview sessions and also facilitates an easy of posing follow up questions. The use of interview guides especially when contacting interview sessions with key informant participants allows the researcher to exude confidence and ensure an easy flow of the interview session. Furthermore, the interview guides, helped the researcher to serve time as this tool ensures that the researcher remains in the right track and avoid posing unnecessary questions which may compromise time.

### **3.8 Data Analysis Techniques.**

The researcher utilized thematic data analysis technique. Braun & Clarke (2006) defines thematic data analysis technique as “a method of identifying, coding and categorizing patterns and themes within qualitative data”. The researcher employed thematic data analysis because,

it facilitate the understanding of the data collected in line with the context from which the data has been gathered. Thus this gives the researcher the ability to take into consideration the historical, social and cultural context that impact the data collected (Braun & Clarke 2006).

### **3.9 Ethical Considerations**

According to Merton, (1942) ethics can be defined as “the moral principles and values that guides human behaviour and behavior making. In this study, the researcher shall take into consideration a number of ethical guidelines in order to ensure that the research clings to the laws and regulations that guides research (NASW, 2015). The consideration of various ethical principles was also done in order to ensure accountability and transparency.

#### **3.9.1 Confidentiality**

According to NASW, (2013) confidentiality is defined as an obligation by the Social worker to protect the privacy of clients. In this case, confidentiality was an obligation by the researcher to maintain privacy of the participants. In this study, the researcher ensured the participants about their confidentiality by providing and signing confidentiality forms with the subject. The researcher also adopted the use of pseudonyms to ensure that the data gathered will not be identified with the exact name of the participants. The researcher also utilized informed consent forms in order to ensure participants are fully informed that their information was kept confidential.

#### **3.9.2 Voluntary Participation**

Beauchamp & Childress, (2001) define voluntary participation as a condition in which an individual deliberately without coercion or any form of manipulation or undue influence, participate in a research. This ethical principle enables participants to willingly decide whether they want to be part of the research or otherwise. Data gathered from participants who willingly decides to be part and parcel of the research, can be reliable unlike data gathered from coerced participants. Voluntary participation also facilitates the relationship of trust between the

researcher and the participants hence, this also increases the validity of the data gathered.

Acquiring data

### **3.9.3 Avoidance of harm**

According to NASW, (2013) Avoidance of harm as an ethical consideration during research, means the precautionary measures that the researcher takes in order to make sure that the process of collecting data from participants do not cause any harm to the participants. In this case, harm can be in the form of physical or emotional harm. A study on the emerging dynamics in parental disclosure to female adolescents living with HIV and AIDS in Kuwadzana Polyclinic, is a sensitive topic that can easily harm the participants psychological if precautionary measures are not taken. The use of pseudonyms is one among the precautionary measures that the researcher took in order to make sure that data collected is not identified with the exact participant. This protects the participants from being labeled in line with the data they contributed hence by taking this gesture, the researcher protects participants from psychological harm.

### **3.9.4 Honesty and Transparency**

Rensnik, (2011) stipulates that honesty and transparency can be defined as a “principle of veracity”. This means that, the researcher should stick to truthfulness and accuracy in communication during the research. Thus the research should inform about the actual intention of the study and the publication of the study. It is also fundamental to note that through the application of this principle, the researcher clearly communicates to the participants that participation in the study was voluntary hence, no one was rewarded for taking part in the research. The idea of being honest also comes in, in the sense that the researcher during the study, did not falsely lure clients to be part of the study. The researcher remained transparent and ensured that the data gathered remains valid. During the study, the researcher was able to build the relationship between her and the participants basing on the foundation of honesty and

transparency hence this increases the reliability of the data acquired. Furthermore, the researcher also managed to avert potential risk of harm by clearly communicate to the participants the aims and objectives of the study.

### **Chapter summary**

To sum up, the chapter above, has shed light on the mythology utilized to contact the research on parental disclosure to female adolescents living with HIV/AIDS in Kuwadzana Polyclinic, Harare. The research clarified on the research philosophy, research approach as well as the research setting. As the chapter unfolds, information on the study population and sampling methods and sampling techniques used in this research has also been clearly explained. The chapter also sheds light on the data collection methods, data collection tools and data analysis techniques used to interpret the data collected. As the chapter ends, information on the ethical considerations used to guide this research has also been clarified.

## **CHAPTER 4**

### **DATA PRESENTATION, INTERPRETATION AND DISCUSSION OF FINDINGS**

#### **4.1 INTRODUCTION**

The purpose of this chapter is to present, interpret, and discuss the research findings. To accomplish this goal, the findings shall be presented, interpreted, and discussed in accordance with the research's aims and objectives. The research objectives are to identify factors that facilitate parental disclosure of HIV/AIDS status to female adolescents living with HIV/AIDS, to assess challenges hindering parental disclosure of HIV status of female adolescents, and to identify strategies and methods used by parents to disclose the HIV/AIDS status of their female adolescents.

#### 4.2 Demographic table

Participant	Age	Level of Education
PA	40	Secondary level
PB	45	Secondary level
PC	39	Tertiary level
PD	38	Not educated
PE	38	Not educated
PF	37	Primary level

#### 4.3 Interpretation of the table

##### Participant

In the participant column the researcher used symbols instead of utilizing the exact name of the participant to ensure confidentiality. This explains the use of codes like PA, PB and PC.

The primary participants of this research do not exceed 7 and this is meant to insure that the issue pertaining the emerging dynamics in parental disclosure to female adolescents living with HIV is fully explored and ensure the attainment of data saturation.

### **Category.**

The researcher in this study, used parents with the female adolescents living with HIV/AIDS because, the researcher was aiming at collecting firsthand information from the exact population involved in the situation under study. This helps in enhancing the validity of the data gathered. Among the participants chosen, the researcher mix male and female parents in order to fully understand the different dynamics of parental disclosure in line with two different genders. It is also important to note that under the category section, the researcher choose more women than man because in most cases women spend more time with children as compared to man hence, women may demonstrate more expertise unlike their male counterparts.

### **Age**

The researcher chose participants who are a bit advanced in terms of age because parents who are a bit advanced in age may have a nuanced understanding of how disclosure of sensitive information like HIV, affects Adolescents.

### **Education level**

The researcher identified parents of different education levels in order to explore how the level of education affects the issue of disclosure. The incorporation of people with different education level was also done to ensure that the outcome of this research represents all people from the different classes of the society regardless of their educational background and social class In the society.



#### 4.4 The factors that facilitate disclosure

This section shall focusing on giving responses about the factors that facilitate parental disclosure of HIV/AIDS status to their female adolescents.

##### 4.4.1 Creation of safe environments

Upon asking a question on the strategies used by parents in disclosing HIV status to their female adolescence participant A said

*In support of our daughter, I and my husband decided to ensure that despite the HIV status of kid, we created a home environment for her to make sure that she feels comfortable to ask anything or communicate any challenge that she encounters with regards to health. This helps our daughter to realize that she is not alone in her journey of recovery*

Another participant said...

*“The creation of safe environments for my daughter has made he feel like she is on top of the situation and she now believes that she can conquer HIV judging from her strong determination in taking medication”*

Participant B also clarified that...

*“In the early days of disclosure my daughter seemed anxious due to how the issue of HIV is portrayed in school settings. But when i took the initiative to discuss with the school executive board about the importance of fostering health communication I've noticed that my child is developing more confidence in herself and she is demonstrating emotional resilience”*

Another participant also underscored that...

*“I also decided to ensure that the information pertaining the HIV status of my child remains confidential to ensure that no one will judge her because of her condition in the community”*

The responses by the participants above highlights the significance of creating safe environments as a strategy for disclosure to female adolescence. According to a study conducted at Chicago university by Fredericksen,(2019) statistics proved that, approximately 90% of patients surveyed reported improved wellbeing due to their interactions in safe environments where there is less discrimination and stigma. In another study conducted by Mason, (2017), information has also revealed that 70% of HIV patients who have access to social support networks demonstrates resilience to soldier on despite their HIV status (McLeod, 2019). Another study conducted at Cape Town University by Tshepo, (2017), also reveals that the creation of safe environments for adolescence with HIV, facilitates adherence to treatment hence this helps in improving the health status of adolescence with HIV. In a similar study conducted by Nhapi,(2016), information has it that the creation of safe environments helps in enhancing emotional wellbeing amongst the adolescence living with HIV and Aids hence the need to aware communities about the need to support the HIV patients by shunning stigma and any kind of discrimination.

#### **4.4.2 Level of Educational**

When asked about factors that facilitate parental disclosure one participant said...

*“I think the level of education determines one's ability to disclose the HIV status of a child without turning the whole issue into a perilous situation, especially those who*

*understands the role of systemic desensitization when dealing with life threatening issues like HIV and Aids.”*

Another participant also articulated that...

*‘My understanding in psychology helped me very much in maintaining a healthy relationship after disclosing the HIV status of my daughter, I realized that I should do everything within my capacity to create a safe environments, like sending my child to one of the best schools where diversity in terms of health is respected’.*

Participant G also highlighted that

*“I managed to leverage on my profession as a nurse to source resources so as to facilitate the wellbeing of my daughter despite her new condition as HIV patient. I managed to link her up with support groups for her to learn from others how they cope with HIV”.*

The sentiments raised by participants in this interview revealed how the level of education impacts on the ability for a parent to disclose sensitive information about the HIV status of their female adolescents. These sentiments goes in line with a study conducted by Halsey,(2016) at Sydney University. This study indicates that 70% of children under the guardianship of parents who demonstrated knowledge in psychology, are five times safer than the children under the guardianship of parents with no educational qualifications. This idea is cemented by the notion that parents with higher educational qualifications have better abilities to source resources required for the upkeep of their children. In another study conducted by Barkley, (2015) at Cape Town University also highlighted that educated parents have increased communication skills with their children especially in African culture where a decision made by an adolescents is considered irrational. Educated parents understands the essence of of

giving a listening ear to their children so as to help their children in appropriate manner (Barkley, 2015). A study conducted by Murwira ,(2016) also highlights that parents with high level of education have got a better way of facilitating safe environments for their children so as to defend them from unsafe environments which promotes stigma and shame. This is facilitated by their ability to confront the responsible authorities like the school executive boards so as to advocate for the protection of children against bullying, stigma just to mention but a few

#### **4.4.3 Parenting style.**

In another in-depth interview session with the key informant, the interviewee stated that

*"I've noted that parenting style affects parental disclosure of HIV/AIDS status to female adolescents especially when the parenting style is authoritarian in nature, this kind of parenting style is unresponsive to children's emotional needs and in most cases children do not feel attached to their parents hence, parents may feel that their authority will be undermined if they disclose information which is very sensitive"*

In another interview session participant B stated that...

*"disclosure of HIV status to my daughter was easier than I thought, the whole issue was made easier because of the authoritative parenting style I adopted, authoritative parenting style allowed me to exercise control over my kids while at the same time giving a room for my children to discuss any issues related to their sexual health.*

Participant A also illustrated that...

*When mother told me about my HIV/AIDS status I couldn't believe it and at that moment I walked out, I thought I was going to harm myself but the moment I realized that my*

*mother is gentle and caring to us , I decided to go back home and find solace in her arms.*

Another participant explained with regret that...

*"if it wasn't for my wife I don't know how I was going to reveal the HIV status of my daughter, I believe authoritarian parenting style which I used to exhibit over my*

## **4.5 The impact of disclosure on the welfare and adherence to treatment of female adolescents**

### **4.5.1 Improved adherence to treatment**

During the study, the participants testified that disclosure of HIV status to female adolescents living with HIV plays a crucial role towards improving the welfare and adhere to treatment of female adolescents. The sentiments below illuminate various ideas given by the participants on how disclosure improves both the welfare and adherence to treatment for female adolescents living with HIV.

*"Before revealing to my daughter about her HIV status , she was very reluctant to take medication although she was used. However I noticed significant change in her attitude towards taking medication when I informed her about her hiv status".*

Another Participant also clarified that..

*My child was so concerned about why she had to take medication everyday single day. In most cases she would refuse and at times forgetting to take her pills. I then decided to engage in an open and frank conversation with her and she was quick to understand. Now she is adherence to treatment without any challenge*

As the interview proceeds another participant also revealed that...

*"Disclosure was a turning point for my child; now they take ownership of their health, and their adherence to medication has become a habit, it's truly been life-changing."*

The key informant also said....

*"From the experience I had ,working with families affected by HIV, I noted that disclosure allows children to be well informed about their condition and at the same time understanding the essence of adhering to treatment hence , in this case children are more likely to adhere to their treatment regimens."*

From the contributions made by participants, it can be noted that disclosure of HIV status to adolescents, allows them to have more enhanced understanding about their conditions and this motivates them to adhere to their treatment regimens. These sentiments goes in line with a study conducted by Makombe, (2020) who postulates that early disclosure of HIV status to adolescents can facilitate immediate action which may involve, mobilizing family members and community resources to ensure early treatment. In line with this idea, Nyanguru, (2020) also argues that early disclosure of HIV status to female adolescents can also help the health practitioners to determine the child's adaptability to treatment and make some recommendations at a tender age. However though Parental disclosure in Zimbabwe is also viewed as a positive move, some scholars argues that due to limited access to counselling services in remote areas in Zimbabwe,early disclosure may lead to depression amongst the adolescents (Chimbindi 2019).on the same note, Nyanguru, (2020) also argues that due to limited sensitization programs in Zimbabwe about the negative impacts of stigma against people with HIV, early disclosure to female adolescents is likely to aggravate stigma against female adolescents.

#### 4.5.2 Empowerment

The participants in this study also revealed that disclosure improves the welfare of female adolescents through empowering them in a number of ways. Thus the participants, identified social empowerment as well as empowering the female adolescents in making decisions with regards to matters that concerns their health. The comments below shows the contributions by the participants..

*" , I realized significant transformation in terms of my daughter's confidence and self-esteem. She started understanding her condition and felt empowered to share her status with her peers with the same issue, which helped her build stronger relationships. She also joined a support group for adolescents living with HIV, where she met peers who shared similar experiences. This social connection helped her feel less isolated and more supported. Now, she's more open about her status and advocates for herself and others, which has been incredibly empowering for her."*

The key informant also highlighted that ...

*"Disclosure empowers children to make informed decisions about their health. When they understand their HIV status, they're better equipped to make choices about their treatment, lifestyle, and relationships. This autonomy enables them to take ownership of their health, leading to improved adherence, self-care, and overall well-being. By being informed, they're able to make decisions that positively impact their lives."*

#### 4.5.3 Compromise the spread of HIV among adolescents

*During the interview sessions with the participants, the participants revealed that disclosure of HIV status to adolescents plays a critical role in curbing the spread of HIV among adolescents. The sentiments below highlights different view-points by the participants*

Participant A, revealed that, " My child always show concern about the safety of those that she interacts with. She also always asks about what she can do to make sure that her status does not affect those around her"

**Participant D** specified that " since the day I informed my child about her hiv status I have noted her Utmost desire to fight HIV, she always demonstrate her understanding about how indulging in sexual activities is likely to increase CD count hence , she is cautious about her intimate relationships.

The key informant also highlighted that . "Disclosure of HIV status to female adolescents also helps through equipping a child involved about HIV and how to manage a health living without HIV , hence this increases their desire to fight HIV, this desire may reduces the chances for children to engage in sexual activities at a tender age. The indulgence in sexual activities is also further reduced due to constant counselling offered to the children, encouraging them to aspire to live health lives despite HIV".

The information revealed by the participants, is Informative and it shows the power of disclosure in upholding the welfare of female adolescents living with HIV. The sentiments raised above also resonates with a study which was carried out by Fair, (2018) who insinuates that female adolescents with the knowledge about their HIV status, can find themselves an opportunity to build supportive relationships so as to navigate stress and depression associated with being HIV positive. Furthermore, Wheatland, ( 2018) also postulates that parental disclosure to female adolescents can foster psychological empowerment. Thus through



psychological empowerment, female adolescents may develop more confidence and self esteem thereby fostering overall wellbeing. Thus in light of this information, it can be noted that disclosure can be a powerful tool in both enhancing adherence to treatment and to foster wellbeing through the empowerment of female adolescents living with HIV. Furthermore, From the light of the ideas shared by the participants in this study, the researcher noted that disclosure of HIV empowers the children about what HIV is all about and how the spread of HIV can be avoided. This understanding resonates well with the sentiments by UNAIDS, (2020) which reveals that in Zimbabwe, new HIV infections among adolescents has declined significantly by 20,200 in the year 2024. This significant decline is attributed to parental disclosure which increases knowledge about HIV among the adolescents, (Kurevakwesu, 2019). However despite the revelation by the participants, it is crucial to note that the statistics regarding parental disclosure of HIV to female and its impact, are not sufficient due to limited programs aimed to exploring this phenomenon (Mabvurira, 2018)

#### **4.6 challenges faced by parents towards disclosure of HIV status to female adolescents living with HIV and AIDS.**

##### **4.6.1 Misconceptions about HIV**

During the interview sessions with the participants, the researcher managed to gather deep insights about the misconceptions about HIV which creates a barrier for parents to disclose the HIV status of their female adolescents. The sentiments below reveals different viewpoints by different participants who interacted with the researcher during the study.

When asked about the challenges parents encounter towards disclosure of HIV status to their female adolescents, one parents said.

*"the most challenging issue that i encountered towards disclosure of HIV to my child was misconceptions that are always spread about HIV in school settings and in the community.*

*Hiv is viewed as a death penalty and People who are on Antiretroviral therapy are often viewed as sick (varwere) ".*

Another participant also claimed that

*"people with hiv are often segregated due to a mythological belief that HIV is a highly contagious disease that can also be spread by mosquito. This is a common belief among children and due to this belief among the you age, it is difficult to disclose the HIV status of a child at a tender age because children may not be able to keep their status as secret, hence chances are high that they will experience segregation and stigma"*

The key informant also commented that

*"Low levels of knowledge about HIV are related to higher levels of misconception about HIV transmission . Misconceptions about HIV can also be influenced by area of residence, level of education, employment status , health literacy, and wealth index hence, a misunderstanding or lack of knowledge about HIV/AIDS often contributes to fear of disclosure among parents living with adolescents with HIV"*

The sentiments raised by the participants above highlights the negative effects of misconceptions about HIV towards fostering parental disclosure to female adolescents living with HIV. In light of the sentiments expressed by the participants, Mwansa (2019) also argues that in Zambia, the Bemba culture often views HIV as a disease which is also contagious in nature. Thus due to this understanding, people suffering from HIV are often forced to build their huts some distance from those without HIV (Mwambene 2020). The portrayal of misconceptions about HIV is aggravated by lack of enough knowledge about HIV (UNICEF, 2018). According to Mugumbate, (2017) the lack of awareness about AIDS in various communities is often attributed to limited research programs about people's conception of HIV especially in high density residential suburbs surrounding Kuwandzana Polyclinic in Harare. In agreement with this purview, Mupedziswa, (2019) also illuminates that the lack of educational programs about HIV in different communities in Zimbabwe, further worsen the rate at which communities spread misconceptions about HIV hence, creating a complicated situation for parental disclosure of HIV status to female adolescents living with HIV and AID.

#### **4.6.2 Age of the child with HIV**

In another in-depth interview sessions with the participants, the participants also revealed that the age of a child with HIV is a significant barrier to disclosure of her HIV status. In these interview sessions the participants revealed different viewpoints on how the age of the participants creates a barrier to disclosure. The sentiments below reveal viewpoints by participants.

When the researcher posed a question about barriers encountered by parents, the one participant said,

*"It is difficult to tell a child at a tender age about their HIV status because children at a younger age may not be able to keep their HIV status as secret and this may render children susceptible to stigma associated with HIV and AIDS. This issue is mainly risk*

*to children at a primary level where sensitization about the negative impacts of stigma against people with HIV is not a common issue."*

Another participant also reiterated that

*"Disclosing the HIV status of a child is not an easy task because there are chances that a child may fail to cope well. This may lead to a child engaging in self harming behavior thereby putting the life of a child at risk".*

As the interview proceeds, another participant underscored that

*"At first I found it difficult to engage in an open conversation about sexual related matters with my child because according to our customs, such conversation with a child are often viewed as an act of orienting a child to immorality behaviour hence, I decided to conceal the status until my child reached eighteen".*

The key informant also asserted that

*"Age is a fundamental aspect that hinders parental disclosure of HIV status of female adolescence. This idea is based on the fact that at a young age, children may grapple with emotional control and lack of maturity which may trigger them to self harming behavior and in some cases children may fail to conceal their status thereby render themselves susceptible to labeling and stigma".*

The above contributions by the participants, illuminates age as a factor that hinders parents from disclosing HIV status to their female adolescents. These sentiments resonates well with the a study conducted by mburu, (2020) who through his study illuminates that the advancing age of the child is a key motivation for caregivers to disclose disease status to him or her. In support of this purview, Mupedziswa, (20017) also argues that most caregivers prefer to disclose the HIV status to older children because they believed they would understand the

nature of the diagnosis and keep it secret. To further compliment the information shared by participants, Heyfrom, (2020) argues that in sub-Saharan Africa, open sex education is usually perceived as a taboo. Hence, it is not common to find parents discussing this aspect with their children . Thus this information also reflects culture as a major obstacle that hinders parental disclosure of HIV status to female adolescents living with HIV.

*children, compromised how I relate to my daughter and sharing such sensitive information was the most difficult task to me"*

#### **4.4.4 Lack of support from social workers**

During the study, the key informants also reiterated the lack of support from social workers as another obstacle that hinders disclosure of HIV status to female adolescents. These ideas is also reflected in the responses below.

Key informant 1 , "*the social worker to child ratio in Zimbabwe is very low despite the fact that social workers are well known for providing counselling and also linking the clients to the resource system, especially female adolescents living with HIV. Thus due to lack of support from Social workers parents of worry about how they will maintain the child's wellbeing especially after disclosure*

Key informant 2 "*social workers are well versed on parental guidance especially when dealing with children and how they relate to their parents. Thus this shows that that the lack of social work support in high density like kuwadzana , make it harder for parents to disclose the HIV status of their female adolescents. I'm most cases parents do not have an idea pertaining when , why and how they can lay this information bare to their female adolescents hence social workers may guide parents through the journey of disclosure*

Through the conglomeration of the aforementioned sentiments, one can note that these sentiments goes in line with a study conducted at Michigan university by (Baumrind, 1991). In this study, information gathered revealed that approximately 70% of parents who exhibit authoritarian parenting style finds it difficult to discuss sensitive issues with their female

adolescents. Smith and Jones (2015) argues that one among the reasons why authoritarian parents finds it difficult to disclose sensitive information about the HIV status of their female adolescents for the fear of encouraging promiscuity. This mean that authoritarian parents may feel that their daughters may end up becoming reckless with their sexual health knowing that they are already infected with HIV. Furthermore, in line with the above sentiments by the participants, one can understand that access to educational programs is also an important factor that predicts one's ability to disclose the HIV status of a child. Last but not the least, it is also key to note that parenting style also predicts one's ability to disclose sensitive issues like HIV status of a child. This is also based on the fact that authoritarian parenting style creates bad blood between a parent and a child hence making disclosure a difficult task for the parent

#### **4.7 Strategies to promote disclosure of HIV status to female adolescents**

##### **4.7.1 Improve access to medical health professionals**

During the study ,the participants highlighted various Strategies that can be employed in order to facilitate disclosure of HIV Status to female adolescence. When asked by the researcher , participant highlighted that

**Participant c:** "seeking the assistance of medical health care professionals can be a viable means because they know how best to offer a pre-disclosure counselling inorder to make sure that the child will not over react after disclosure".

**Participant A:** *"in my own opinion I think working closely with the the doctors can equip the parent with more valid information about what hiv is all about and how to convince a child that having hiv doesn't mean a death penalty "*

**Participant E:** *"engaging the professionals in the health sector , can help in dispelling misconceptions which leads to anxiety among those with hiv and it gives a limelight to the female Adolescents with hiv on how they can navigate these misconceptions and live health lives despite hiv"*

**Key Informant 1:** *"medical health care professionals possess a unique and deep understanding of hiv , and the impacts of unprepared disclosure of hiv. Furthermore, the medical health practitioners also knows the best time where a parent is compelled to disclose the HIV status of their female adolescents, basing on their expertise and work experience hence, with this it is important to work closely with medical health professionals inorder to engage in effective disclosure "*

From the light of the above information shared by the participants, it is critical to note that disclosure of HIV status of female adolescence, is a complex process that may require expert interventions. This idea is supported by a study carried out by FACT, (2020) which pinpoint that many parents/caregivers feel challenged to disclose their own or the child's HIV status because they often are concerned about possible adverse consequences of the disclosure (F.A.C.T,2020) . Thus the engagement of the health care professionals has been commended by various scholars like Bernard and Jewkes, ( 2020) who is of the view that the engagement of health care professionals for facilities a holistic approach to disclosure which ensures that children develops resilience within a limited short space of time and adapt despite HIV . These studies at a global scale highlights accessibility to health care professionals as an important factor in helping parents to reveal the HIV status of their female adolescents.

#### **4.7.2 The ability to communicate effectively..**

Upon asking the participants about the strategies employed by parents to disclose the HIV status of their female adolescence, one participant underscored that

*“Parents should be mindful of their language when disclosing HIV status of their female adolescence because the use of inappropriate communication can lead to anxiety and stress which may culminate in extreme reactions like suicide ideation”*

Another participant also articulated that....

*“The way I presented the issue of HIV to my daughter on the first day helped her realizing that being diagnosed with HIV doesn't mean an end to life”.*

The participant went on to say....

*“I said to my daughter , the doctor said we have a virus called HIV so we are going to take medication everyday so that we overpower the virus”.*

In another season, the key informant highlighted that....

*“Due to lack of maturity, children at adolescence are more likely to face challenges in emotional management hence failure to use age appropriate communication may result in female adolescence ignoring adherence to treatment”.*

From the light of the responses above, it can be noted that the use of age appropriate communication is an effective strategy in disclosing the HIV status of female adolescence living with HIV/AIDS. In support of this view , Mellins, (2013) argues that, the the extent to which a child understands and accept the situation of being an HIV patient, is usually determined by the language that the parent used in the early stages of disclosure to the child . In another study by Wiener, (2015) information has also revealed that the use of age appropriate communication may foster a relationship of trust and openness between the child and her parent. In line with this insinuation, statistics has it that approximately 60 % of parents who maintain age appropriate communication when disclosing the HIV status of female adolescence, fosters a relationship of trust with their female adolescence compared to parents



who use inappropriate communication when disclosing the HIV status of their children. According to a study conducted by Muchineripi, (2013), research has shown that negative framing of HIV to female adolescence may result in them experiencing the feelings of shame and they may end up becoming social withdrawn and in the absence of professional counseling, the child may develop maladaptive behaviors such as excessive anger and substance abuse just to mention but a few

#### **4.7.3 Engaging social support networks**

The participants also highlighted a number of social support networks which can be engaged as a strategy for disclosure of HIV status of female adolescence. The social support networks includes the church, the community as well as the peers so as to foster disclosure.

When asked , one participant highlighted that ....

#### **Participant F :**

*"the church helps in restoring a sense of hope among the female adolescents and the church provides solidarity for the female Adolescents living with HIV "*

Another participant also revealed that :

*" I think it is crucial to leverage on the community as a strategy to facilitate disclosure of HIV status to female adolescents because by educating communities about the need to support survivors of HIV, the community may shun the act of stigmatizing the adolescents living with HIV, there by fostering parental disclosure to female adolescents living with HIV "*

Participant C also reiterated that:

*"It is also important to link the children with the peer support groups so as to create a supportive environment which enables them to understand hiv as a diseases that one can navigate life with just like other without HIV "*

**Key Informant 2:**

*"engaging the social support networks can be a viable means towards fostering an easy of disclosure of hiv status to female adolescents because the social environment, is more influential to the individual's perceptions and behaviors, thus leveraging on the social support networks as a tool can help creating a positive environment which promotes an easy of disclosure to adolescents living with HIV".*

The sentiments raised from the above narrations by the participants shows the importance of engaging the social support networks. Engaging the social support networks from the perspectives of the participants can be viewed as a very important move because the social networks is what shapes the behavior , perceptions and attitudes of the female adolescents living with HIV, thus by engaging these networks, positive environments for female adolescents living with HIV can be created. This idea goes In line with the sentiments expressed by (Smith , 2018) who argues that adolescents with supportive external protective factors like peers also show a positive health outcome in their treatment regimens. Parents,, before disclosure, first look and investigate if the child has friends who are not discriminatory in nature that would worsen their child's health (Mugwisi, 2018). Peer support groups have been reported to have a positive impact in reducing feelings of isolation and stigma among adolescents living with HIV and AIDS, leading to improved treatment adherence (Smith , 2018)

#### **4.8 Chapter Summary**

In conclusion, this chapter has presented data in line with the sentiments raised by the participants. The data presented in this chapter is categorized into three parts as dictated by the three key objectives guiding this study. The researcher through the study has also managed to convert the Data into themes ,analyse the data in line with various literature studies and draw conclusions

### **CHAPTER 5**

#### **SUMMARIES, CONCLUSIONS AND RECOMMENDATIONS**

##### **5.0 Introduction**

.This chapter aims at giving a summation, conclusion and recommendations of the findings obtained from the respective qualitative research study. The suppositions given in this respective chapter are based on the research questions which guided the qualitative research inquiry.

##### **5.1 The factors that facilitate parental disclosure**

The findings of the study , specifically in line with the factors that facilitate parental disclosure to female adolescents living with HIV, has revealed three key important factors that requires careful consideration.these factors are gender, the level of education and the parenting style. In line with the concept of gender, the findings of the research has revealed that it is more effective for a female especially that who is also HIV positive to disclose the HIV status of another female adolescents. A closer analysis of this sentiment has proved that there women have a better way of understanding each other especially when it comes to their sexual health hence women should be paired with another women to facilitate a smooth disclosure. On the other hand, the findings of the research proved that the level of education also contributes significantly in parental disclosure to female adolescents living with HIV . The research reached this resolution based from the fact that people with higher educational qualifications have increased awareness about the existing social support services that can be used as a coping mechanism for the female Adolescents after acquiring information about their HIV status. On

the same note, the findings of this study has also highlighted that the disclosure of HIV status to female adolescents by someone who is educated can facilitate a smooth disclosure considering the fact that educated individuals can easily desensitize the issue to reduce chances of suicide ideation among the female adolescents. In relation to the factors that facilitate disclosure, parenting style has also been identified as an important factor. Thus in this, research findings has indicated that the parents who exhibit authoritarian parenting style usually grapple with disclosure of HIV status of their female adolescents.

### **5.2 The impact of Parental disclosure to female adolescents living with HIV**

The information gathered during a study on parental disclosure to female adolescents living with HIV, has highlighted that disclosure of HIV status to female adolescence empowers the child to take charge of her wellbeing. In this, it is important to note that a child who is informed about her health condition may have the power to decide in the creation of her treatment plan. Thus this sort of empowerment may foster a speedy recovery for the child with HIV. It is also fundamental to note that during the study, the researcher has also noted that disclosure to female adolescents also fosters improved adherence to antiretroviral therapy. The adherence maybe be improved due to the fact that the child may have a full understanding of her condition hence this understanding may instill determination within a child to fight HIV and reduce the viral load.

### **5.3 Challenges hindering parental disclosure**

The findings of the study on the challenges that hinder parental disclosure to female adolescents, has also resolved that there are a number of factors that influence the parental ability to disclose the HIV status of female adolescents. The first challenge that has been identified in this study is limited access to health-care services. From the light of the sentiments raised by the participants it has been noted that the misconceptions about HIV acts as a significant barrier to the disclosure of HIV to female adolescence. Furthermore, the research

findings also clarified that parents with limited access to medical health care professionals have limited information about HIV hence, they face challenges in disclosing. Another key findings of the study revealed that the age of the child with HIV, compromise the extent to which disclosure of HIV status of a female can occur. This idea is based on the fact that the parents involved may concern themselves much with the ability of the child to cope with HIV as well as the child's ability to manage emotions after hearing about their HIV status. The researcher through the findings of the study about the challenges hindering parental disclosure to female adolescents has also note that most parents avoid early disclosure of HIV status to their female adolescents for the fear of invoking suicidal thoughts. This idea is based on the fact that in remote areas there is little awareness about what HIV, hence there is a likelihood for cases of suicide after one becomes aware of their HIV status. The HIV issue is mostly stigmatized in most African communities and those who live with this condition are often segregated in the community .Thus due to the lack of awareness about the essence of exercising tolerance against those with HIV, parents are always concerned about the reaction of their female adolescents after they realize their HIV status hence parents will conceal the information for the fear of invoking suicidal ideation In their female adolescents

#### **5.4 strategies to promote disclosure.**

The chapter has also discussed the factors that promote disclosure of female adolescence living with HIV. In this ,various factors were analysed. These factors that were analysed in the above chapter includes access to medical health care professionals. Through this factor the researcher managed to aquire information from participants about how those with access to medical health professionals managed disclose and how those with limited access to medical health care struggled to disclose. I this other strategies like the use of effective communication and the creation of safe environments were also analysed

## **5.5 Conclusion**

The study on the parental disclosure to female adolescents living with HIV/AIDS has shed a light on three key important issues as reflected through the objectives of this research. The first key issue addressed, relates to the factors that facilitate parental disclosure of HIV status to female adolescents living with HIV and AIDS. Thus in this, three factors which are Gender, educational level as well as parenting styles has been discussed. Furthermore the findings of this study has also delve deeper into the challenges hindering parental disclosure to female adolescents living with HIV/AIDS. In a bid to feed this objective, three essential factors has also been noted. The first challenge analysed is the misconceptions about HIV, followed by the second factor which is the age of the child with HIV. The last factor in this, is the limited access to medical healthcare professionals. As the fact finding mission draws to the end, the researcher addressed the third and final objective of the study. This objective was directed towards understanding the impact of disclosure to female adolescents living with HIV. The researcher through this objective, has managed to note that disclosure of HIV status to female adolescence, improves adherence to antiretroviral therapy and it also empowers the child to take charge of their own wellbeing.

## **5.6 Recommendations**

### **5.6.1 Institutional recommendations**

1. Ensure the integration of social work profession in Hospitals to facilitate effective collaboration between the health care practitioners and social workers towards fostering an easy of disclosure to adolescents living with HIV.
2. Creating the safe spaces in school settings by nipping from the bud, stigma, and discrimination of adolescents living with HIV.

### **5.6.2 Recommendations to the community**

1. Ensure community sensitization about the essence of solidarity and tolerance when interacting with adolescents living with HIV and AIDS.

2. Facilitate the establishment of social support Groups so as to foster peer support.

### **5.6.3 Recommendations to the parents**

1. Parents should be supportive to their female adolescents with HIV in order to ensure that they do not develop poor self esteem and anxiety
2. Parents should utilize age appropriate communication when disclosing HIV status of their female adolescents

### **5.6.4 Policy recommendations**

1. The policies should spell out clear penalties in order to deter the prospective offenders from stigmatizing the adolescents living with HIV and AIDS.
2. The policy should uphold access to medical health care for female adolescents living with HIV and AIDS

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