

COLLEGE OF MEDICINE AND HEALTH SCIENCE

DEPARTMENT OF PUBLIC HEALTH

PARENT-ADOLESCENT COMMUNICATION ON SEXUAL AND REPRODUCTIVE HEALTH AND ASSOCIATED FACTORS AMONG SECONDARY AND PREPARATORY SCHOOL STUDENTS IN WOLKITE TOWN, GURAGHE ZONE, ETHIOPIA.

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A RESEARCH REPORT SUBMITTED TO WOLKITE UNIVERSITY, DEPARTMENT OF PUBLIC HEALTH IN PARTIAL FULFILLMENT OF THE REQUIREMENT OF BACHELOR OF SCIENCE IN PUBLIC HEALTH

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ACRONYMS AND ABBREVIATION

AIDS …….. Acquired Immune Deficiency Syndrome

ASRH……...Adolescent Sexual and Reproductive Health

ETH……..Ethiopian

HIV ……... Human Immunodeficiency Virus

IUCD ……..... Intra Uterine Contraception Device

RH …….. Reproductive Health

SNNPR…… Southern Nations Nationality and Peoples Region

SRH ……..… Sexual and Reproductive Health

STD ……..… Sexually Transmitted Disease

STI …….. Sexually Transmitted Infections

USA ……. United States of America

WHO……. World Health Organization

ABSTRACT

Background: Every year, 1.3 million young people are reported to die from preventable causes of death which include preventable sexual and reproductive health problems such as unwanted pr egnancy, unsafe abortion, and sexually transmitted infections, including HIV/AIDS. Parent-adole scent communication on sexuality is critical in informing youth about risk and protective behavio rs which in turn decrease the likelihood of involvement in risky sexual behaviors.

Objective: to assess parent-adolescent communication on sexual and reproductive health issues and associated factors among secondary and preparatory school students in Wolkite Town, 2021.

Methods: A school based crossectional study was conducted among Adolescents in Wolkite To wn . A simple random sampling technique was used to select 385 Adolescents from 9-12 grades and the data was collected by using self-administered structured Amharic questionnaire. Data cle aning and entry was performed and analyzed using SPSS version 20 software package. Finally, it was presented by frequency tables and logistic regressions.

Result:- About one-third, 137(35.6%) of adolescents had a discussion with either of the parents on SRH issues. Sex, marital status of parents, mother's occupational status, living place of the participants and living place of mothers were statistically associated with parent adolescent communication on sexual and reproductive health issues. Male participants were 2.6 times more likely to communicate on sexual and reproductive health issues as compared to female participants (AOR= 2.6 (1.34-5.05)). Participants whose parents were living together were 4.52 times more likely to have communication on SRH issues with their parents (AOR=4.521(1.516-13.48)). Students whose mothers were housewives were 6.16 times more likely to discuss SRH issues with their parents compared to those with mothers with governmental work (AOR= 6.16 (1.79-21.18)). Students whose mother's living place was urban area were 3.804 more likely to have parent adolescent communication as compared with students whose mother's living place was rural area(AOR=3.804(1.40-10.32)).

Conclusion and Recommendation: -.

In this study,only137(35.6%) of adolescents had a discussion with either of the parent on SRH issues and was statistically associated with Sex,marital status of parents, mother's occupational status, living place of the participants and living place of mothers. The risk for SRH problems need urgent and continuous intervention. School administrators and teachers may give school based sex education and create awareness about sexual and reproductive health..

2. Literature Review

2.1 Prevalence of parent-adolescent communication on sexual and reproductive health

Studies have indicated that adolescents most commonly rely on peers for information about sexual matters. However, parents also tend to be mentioned as being important, sometimes prominently so. Averaging across a wide range of studies, about 70 percent of parents in the United States indicate that they have talked with their adolescents about sex, whereas about 50 percent of adolescent's report engaging in such conversations with their parents. These rates, however, vary considerably from one study to the next (20, 21).

A crossectional descriptive study conducted in 2018, in Lusaka, Zambia revealed that all 85(100%) the respondents in the study were of the opinion that SRH education is very important. Despite giving this opinion, some (10%) of the adolescents did not receive SRH education from their parents. Additionally, about 10% of the parents who offered SRH education to their adolescents were not satisfied with quality of SRH education which they were offering. all (100%) the respondents were of the opinion that discussion on SRH issues protected young people from contracting and spreading STIs and HIV/AIDS(22). Study conducted in Zimbabwe reported that 44% of adolescents had discussed on SRH issues with their parents (19).

Study done in south west Nigeria (70.5%) of respondents had discussed about contraceptive methods with their parents; among the female respondent (87.1%) of female respondents had discussed about menstruation; In total respondents who had discussed about sexual intercourse only (36.8%) of them had discussed with their parents about sexual intercourse (23).

In a crossectional study conducted in Mizan Town, Ethiopia, from the total of 103 respondents,(28.9%) of respondents had discussed at least one SRH issues with their parents ; 82(79.6%) of them discussed about STI, 65 (63.1%) of them had discussed about contraceptive methods and a total of 58 female participants discussed about SRH 41(70.7%) of them had discussed about menstruation with their parent; from a total of 103 respondents 58(56.3%) of them had discussed about premarital sex. Out of 31 total respondents who had discussed about sexual intercourse, only 3(9.7%) of them had discussed with their parents about sexual intercourse. From the total 65 respondents who discussed about contraceptive method majority 51(78.5%) of discussed about Abstinence followed by condom 49(75.4%) whereas only 8(12.3%) of them

discusses with their parent about sex related issues. Lack of knowledge about sexual matters inhibited parents from discussing sexual matters with adolescents (30).

A school based crossectional study done in Haiyk Amhara region indicates that, adolescents were more comfortable discussing SRH issues with mothers (13.6%) than fathers (7.1%). Cultural taboos, being ashamed and lack of communication skill of adolescent makes them not to discuss openly with their parent about sexual and reproductive health issue. Educational status of parents and grade of respondents also had association with parent adolescent communication on sexual and reproductive issues. Students whose age was 18 and below were 92% less likely to communicate with their parents on sexual and reproductive health issues as compared to students whose age was greater than 18 years. Students whose parent's educational status primary school has 2 times more likely to have parent adolescent communication as compared with students whose parent educational status were above grade eight (25).

Relatively, on the crossectional study done in Woldia, concerning the preferred groups for discussion about SRH issues, 327 (48.5%) of the adolescents chose their friend/s followed by mothers which account 324 (48.1%). Two hundred nine (31.1%) reported that mothers were open to discuss SRH issues when compared to fathers 113 (16.8%). Eighty one (12%) adolescents reported that they had a discussion about unwanted pregnancy. . Adolescents, whose mothers could read and write were 2 times more likely to communicate on SRH issues with their parents than those students whose mothers could not read and write; similarly, Students whose mothers had diploma certificate were 2 times more likely to communicate on SRH issues with their parents than those adolescents whose mothers were illiterate (26). Among those, 67(9.9%) had discussed unwanted pregnancy with their friends, and 62(9.2%) with their mothers. Two hundred fifty-six (38.0%) of adolescents reasoned out that, they felt ashamed to discuss unwanted pregnancy with their parents. (26)

A crossectional study done in Gurage zone SNNPR; indicated that higher educational level of parents is positively associated with discussion on different SRH issue. In this study Shame, parents lack knowledge on different sexual and reproductive health issues and culture are among the major factors which prevents adolescents from initiating discussions about sexual and reproductive health issues with their parents. Among students who have a family size of ≤ 5

discussed at least two topics with their parents are 37.1% compared with students who have a family size of greater than 5 which are 35.6% (27).

This study will try to show factors affecting communications on SRH issues like (socio demographic factors, family size, Educational status of the Young people and parents, living arrangement, Knowledge on SRH). These factors have an effect on communication either with the family members (Fathers, mothers, and siblings) or with Peers/friends which in turn has an effect on our decision making and reproductive health behaviors which has an effect on reproductive wellbeing or poor health outcome.

3. OBJECTIVE OF THE STUDY

3.1. General Objective

- To assess a Parent-Adolescent communication about Sexual and Reproductive health and associated factors in Secondary and Preparatory school students in Wolkite Town, Guragh e zone, SNNPR, Ethiopia, 2021.

3.2. Specific Objectives

- To assess the parents - adolescent communication on sexual and RH issues among secondary and Preparatory school students in Wolkite Town, Ethiopia, 2021.
- To assess factors associated with the parents- adolescent communication on sexual and RH issues among secondary and Preparatory school students in Wolkite Town, Ethiopia, 2021.

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4.7. Data collection

The data was collected through structured self-administered questionnaires with close ended questions. A pre-test questionnaire that will explore the objectives of the study was designed in English and was translated to Amharic language in order to make the questions easily understandable and clear for respondents. The Amharic version was again translated back to English to make easy and suitable for analysis and interpretation of the data that was collected from the respondents by questioners. The questionnaire comprises 42 questions; out of these 19 items are socio demographic characteristics and 23 items on parent adolescent communication about sexual and reproductive health. Translation of questionnaire was done by the investigators who are fourth year Public Health students in both cases. Three students who are fourth year public health students were the data facilitators who are principal investigators and were also responsible to check for data consistency and completeness throughout the data collection and analysis. Discussion was done by all data facilitators for one day before the pretest and a day after the pretest on the issue of, the general objective of the study, the contents of questionnaires one by one, the methodology in relation to reaching the intended goal and how to keep confidentiality and privacy.

4.8 Study Variables

1. , Q G H S H Q G H Q W Y D U L D E O H V
   - Age
   - Sex
   - Religion
   - Ethnicity
   - Educational status of the parents
   - Educational status of students
   - Marital status of the parents/students
   - Knowledge on sexual and reproductive health
   - Occupational status of the parents
   - Adolescents behavior (Sexual practice)
   - Family size
2. ' H S H Q G H Q W R X W F R P H Y D U L D E O H
   - Parent- adolescent communication on sexual issues

4.9 Data quality control

Questionnaire was checked on daily basis for completeness during data collection. Data was checked in the field to ensure that all the information is properly collected. Investigators was responsible to lead the whole situation of data collection process, to check the collected data for consistence, completeness, editing, and the methods of data collection and more importantly how to keep confidentiality and privacy. They was also familiarized with the contents of questionnaire. Pretest was conducted before engaging to full implementation of data collection by taking 5% of the sample size in Wolkite town Adolescents before beginning the research.

4.10. Data processing and analysis

Data cleaning and entry was performed and was also used for analysis by using SPSS computer software package version 20. Then after, it was analyzed and compiled by forming tabulation sheet, statistical graphs such as bar graphs, pie charts and so on.

4.11 Ethical Consideration

The study protocols was approved by the department research and community service counsel. Et hical clearance letter from department head office of the Wolkite University and was taken to dir ector of the school and data was collected after obtaining permission from school administration a nd study subjects. The purpose of the study was explained to the respondents and significant othe rs. The data was collected after getting their willingness to gives response. After data collection t he questionnaire was kept confidentially.

4.12. Dissemination of the finding

The finding of the study will be submitted and presented in Wolkite University college of health science department of public health. In addition, the hard copy of the finding also will be documented.

	12	72	75.8	23	24.2
Religion	Orthodox	46	38.3	74	61.7
	Muslim	68	33.3	136	66.7
	Protestant	13	61.9	8	38.1
	Other[1]	10	25	30	75
Marital status	single	109	42.1	150	57.9
	Didn't reach age for marriage	28	22.2	98	77.8
Sexual relationship	Yes	30	49.2	31	50.8
	no	107	33	217	67
Ethnicity	Gurage	92	35	171	65
	Oromo	4	40	6	60
	Amhara	38	37.3	64	62.7
	Other[2]	3	30	7	70
Currently lives with	With mother and father	129	37.2	218	62.8
	Only with mother	4	20	16	80
	With relatives	2	22.2	7	77.8

[1] Adventist, Jehovah's witness

[2]

	With friends	2	22.2	7	77.8
Living place of the participant	In town with family	115	35.9	205	64.1
	In town by renting house	19	40.4	28	59.6
	From rural area	3	16.7	15	83.3
Monthly income of the participants	100-500	78	31.8	167	68.2
	500-1000	50	43.9	64	56.1
	1000-1500	9	34.6	17	65.4
Marital status of parents	Living together	114	36.9	195	63.1
	living in different places	16	42.1	22	57.9
	Divorced	7	18.4	31	81.6
Educational status of the father	Who cannot read and write	41	41	59	59
	Who can read and write	59	34.9	126	68.1
	Primary education	23	76.7	7	23.3

6.2 Communications on SRH issues

Majority of the adolescents, 319(82.9%) believed that it is important to discuss on SRH matters with their parents. However, only 137(35.6%) of adolescents had a discussion with either of the parents on SRH issues. From the total participants only 76 (19.7%) of respondents reported that they had discussed about contraception methods with others while the majority 107(27.8%) of participants had discussed about pre-marital sex. Out of total female 144 (37.4%) respondent's majority 105 (72.9%) of them had discussed about menstruation with others. Out of 107 who had discussed about menstruation, majority 37(35.2%) of them had discussed with friends followed by mother which were 29 (27.6%) (Table2).

Table 2 Communication on SRH issues of students at Yaberus Wolkite Secondary and preparatory school, in Wolkite Town, Gurage Zone, SNNPR, Ethiopia, 2021.

Believe that taking about reproductive health with parent is essential	Yes	319	82.9
	No	66	17.1
	Total	385	100%
Have you ever talked about SRH issues with your parents?	Yes	137	35.6
	No	248	64.4
	Total	385	100%
Ever talk about contraceptive method with other	Yes	76	19.7
	No	309	80.3
	Total	385	100%
Reason, if no	Cultural	50	16.2
	Shame	65	21
	Lack of knowledge	30	9.7

	Teacher	9	9
	Total	96	100%
Discussed about unwanted pregnancy	Yes	88	22.9
	No	297	77.1
	Total	385	100%
Reason of not discuss about unwanted pregnancy	Cultural reason	9	3
	Shame	77	25.9
	Lack of knowledge	30	10.1
	Low family communications	59	19.9
	Parents are not good listeners	11	3.7
	Parents are busy	29	9.8
	I do not know	55	18.5
	Other	27	9.0
	Total	297	100%
With whom discuss about unwanted pregnancy	Mother	19	21.6
	Friends	22	25
	Sister	11	12.5
	Brother	9	10.2
	Teacher	27	30.7

	Total	88	100%
Ever been discussed about premarital sex	Yes	107	27.8
	No	278	72.2
	Total	385	100%
Why to no answer	Cultural reason	48	17.3
	Shame	77	27.7
	Lack of knowledge	30	10.8
	Low family communications	18	6.5
	Parents are not good listeners	28	10
	Parents are busy	11	3.9
	I do not know	46	16.5
	Other	20	7.2
	Total	278	100%
With whom discuss with	Father	27	25.2
	Mother	20	18.7
	Friend	18	16.8
	Sister	33	30.8
	Teacher	9	8.4
	Total	107	100%

	living in different places	16(42.1%)	22(57.9%)	3.22(1.135-9.13)	4.439(1.08-18.21)
	divorced	7(18.4%)	31(81.6%)	1	1
Living place of participants	In town with family	115(35.9%)	205(64.1%)	2.80(0.79-9.89)	3.05(0.54-17.18)
	in town by renting house	19(40.4%)	28(59.6%)	3.39(0.69-13.34)	15.06(2.59-87.69)[5]
	In rural area	3(16.7%)	15(83.3%)	1	1
Mother's occupational status	house wife	75(41.9%)	104(58.1	2.855(1.12-7.40)	6.165(1.79-21.18)[6]
	private work	30(34.1%)	58(65.9%)	2.07(0.76-5.60)	4.588(1.28-16.49)
	merchant	21(35.6%)	38(64.4%)	2.21(0.78-6.26)	2.907(0.78-10.82)
	farmer	5(17.2%)	24(82.8%)	0.83(0.22-3.10)	1.376(0.25-7.49)
	gov't worker	6(20%)	24(80%)	1	1

[5] 0.003

[6] 0.004

Students whose mother's living place was urban area were 3.804 more likely to have parent adolescent communication as compared with students whose mother's living place was rural area(AOR=3.804(1.40-10.32)).This might be because mothers who live in urban area have higher access to different medias like TV and radio which in turn increases their knowledge about SRH issues.

Out of the total 137 respondents who had discussed about contraceptive methods only 76 (19.7%) of them had discussed about contraceptive methods with their parents. This result is less than study done in south west Nigeria (70.5%) (23) and greater than previous study done in Woldia town 20.9 %(26). This difference may be due to cultural variation of the society, difference for the accessibility of information about SRH issues and variation of knowledge of students and parents about contraceptive.

In this study 91(23.6%) of respondents had discussed about STI with their parents. This is result is less study done in in Gurage 29.3% (27), Woldia 33.7% (26), in Haiyk 120(37.2%) (25), in Mizan town 79.6% (24) and in Gurage zone 57.5% (25). This difference may be due to cultural difference of the society and variation of knowledge of students and parents about STI. In our study from a total 385 respondents 107(27.8%)of them had discussed about premarital sex, the study done in Mizan town 56.3% (24), In Haiyk 57%(25) and in Woldia 19.1%(26) of respondents had discussed about premarital sex. This variation may be due to cultural difference of the society.

In this study, 96(24.9%) of participants had discussed with their parents about sexual intercourse. This result is higher than finding done in Gurage 14.9%(27), in Mizan town 3(9.7%) (24), but less than study done in Nigeria (36.8%) (25), in Haiyk 59.4 %(25) and in Woldia 16 %(26). This difference may be due to the feeling ashamed of the students and cultural difference of the society to communicate about sexual intercourse.

In this study, 88(22.9%) of participants had discussed with their parents about unwanted pregnancy. However, study done in Haiyk 52.9% had discussed about unwanted pregnancy with their parents (25). A study in Woldia indicated that eighty-one (12%) had discussed about unwanted pregnancy with their parents(26) This difference may be due to cultural difference of the society and feeling ashamed to discuss about the topic because of cultural taboo.

In this study, 107(27.8%) of participants had discussed about premarital sex with their parents. This result is less than finding done in Mizan 56.3%(24) and in Haiyk 57.0% (25). This difference may be due to cultural difference of the society and feeling ashamed to discuss about the topic because of cultural taboo.

From the total of 144 female respondents 105(72.9%)of them had discussed about menstruation with their parents, the study done in south west Nigeria 87.1% (23), Mizan town 70.7%(24), in Haiyk 39.3% (25) of female respondents had discussed about menstruation. This variation may be due cultural difference of the society and low family communication about SRH issues. From the total respondents who had discussed about SRH issues majority of them discussed about premarital sex followed by sexual intercourse with the parents. Out of the total respondent's majority of them prefer to discuss about reproductive and sexual affairs with mother followed by friend. male participants were 2.6 times more likely to communicate on sexual and reproductive health issues as compared to female participants.

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Questionnaire

QID_____

1. Socio-demographic related Questions

No	Questions	Response	SKIP
101	Age (What is your age?)	----------year	
102	Educational status	_____	
103	Sex	1.male 2.female	
104	Religion	1. orthodox 3. Protestant 2. Islam 4. Other (Specify)_____	
105	Marital status	1.Single 2.Married 3.Divorced 4.Widow 5.Separated 6.Not reached for marriage	
106	Do you have a relationship	1 yes 2 no	
107	Ethnicity	1 Amhara 3 Tigre	

114	Occupational status of father	1. Private 2. Merchant 4. Government 3. Farmer 5.Others_____	
115	Occupational status of mother	1. House wife 4. Farmer 2. Private 5. Government 3. Merchant 6.Others_____	
116	Where does your mother live	1 urban area 2 rural area	
117	Where does your father live	1 urban area 2 rural area	
118	Family size	_____	
119	Family monthly income	_____	

		3.Pills 4.Depo-Provera	
207	Do you have ever discussed about STIs?	1. yes 2. no	If your answer is YES go to 209
208	If you don't have discussed about STIs what is your reason	1. cultural reason 2. shame 3. Lack of knowledge 4. Low family communication 5. Parent aren't good listener 6. Parent are busy 7. I don't know 8. Other……	Go to Q211
209	If your answer is yes with whom do you discuss about STIs	1. Father 4. Sister 2. mother 5. brother 3. friends 6. teacher 7. other…….	
210	If your answer is yes what types of STIs are you discussed	1.HIV/AIDS 2.Gonorrhea 3.Syphilis 4.Other _____	
211	Do you have discussed about sexual intercourse	1. yes 2. no	If your answer is YES go to Q213
212	If you don't discuss about sexual intercourse what are the reason	1. cultural reason 2. shame 3. lack of knowledge 4. low family communication	Go to Q214

218	If your answer is no why?	1. cultural reason 2. shame 3. lack of knowledge 4. inadequate family discussion 5. parents are not good listener 6. parents are busy 7. I do not know 8. other……	Go to Q220
219	If your answer is yes; with whom you discuss with?	1. Father 4. Sister 2. Mother 5. brother 3. friend 6. teacher 7.other…….	
220	With whom you prefer to discuss about reproductive and sexual affairs?	1. Father 4. Sister 2. Mother 5. brother 3. Friend 6. teacher 7. other…….	
2QO\ IRU IHPDOHV			
221	2QO\ IRU IHPDOHV Have you ever have been discussed about menstruation	1. yes 2. no	If your answer is YES go to Q223
222	If your answer is no; why?	1.cultural reason 2.shame 3.lack of knowledge 4. inadequate family discussion	

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216	5. 413 äÙ Ñ b‰jÒR(Ù5ÿÔ gùÇ—"Ød¥jçW Åù5ƒ¥¢/Ñ? (äÙ ¢ÒRÍÕ bo*/')	1. b(: 4. gÑ: 2. gU: 5. ƒW¯é 3. Ìª] 6. äéÑù 7. Ø×	
217	jÅ*@ % : ¢Ç*ô Å ÇW[R (Ôç¯ôÇ "ö¥ 5ƒ¥§5/Ñ 8^ ÔÑ	1. b‰ 2. ¢Ôé	äÙ Ñ b‰jÒR ƒªÜ¥ 219 —Ô§Ù
218	jÅ*@ % : ¢Ç*ô Å ÇW[R (Ôç¯ôÇ "ö¥ 5ƒ¥§5/Ñ ¢ç8^ / jÒRéoW¥;BéW¯V U=? (äÙ ¢ÒRÍÕ bo*/')	1. (ÑÙÔç§ÿ ¯ 2. Ì ô: 3. ¢g^ :çR 4. ¢ƒ×À‰äƒ¥¢:oÑÚ:çR 5. ¢ƒ×À‰Ùõb¯çä bÔäÒW 6. ƒ×ÀB÷ Ôæ%•(=^ 7. b×^ ^é 8. Ø×	ƒªÜ¥ 220 —Ô§Ù

		5. ¢ *f* × À B Ï õ b ¯ ç ä b Ô ä Ò W 6. *f* × À B ÷ Ô æ % • (= ˆ 7. b × ˆ ˆ é 8. Ø ×……	
223	5. 420 ä Ù b %¡ Ò R Ô *f* ù b % j ç W Å ù5 *f* ¥ ¢? (ä Ù ¢ Ò R Í Õ b o * ')	1. b (: 4. g Ñ : 2. g U : 5. *f* W ¯ é 3. Ì ª] 6. ä é Ñ ù 7. Ø ×……	

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