



**COLLEGE OF MEDICINE AND HEALTH SCIENCES**

**DEPARTMENT OF NURSING**

**ASSESMENT OF PARENT ADOLECENT COMMUNICATION ON SEXUAL AND REPRODUCTIVE HEALTH ISSUES AND ASSOCIATED FACTOR AMONG AREKIT HIGHSCHOOL AND PREPARTATORY STUDENTS, AREKIT TOWN, GURAGE ZONE, SNNPR, ETHIOPIA, 2013E.C**

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**ASSEMENT OF PARENT ADOLECENT COMMUNICATION ON SEXUAL AND REPRODUCTIVE HEALTH ISSUES AND ASSOCIATED FACTORS AMONG AREKIT HIGHSCHOOL AND PREPARATORY STUDENTS, AREKIT TOWN, GURAGE ZONE, SNNPR, ETHIOPIA, 2013E.C**

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## ACRONYM

EDHS.....	Ethiopian Demographic Health Service
ETB.....	Ethiopian Birr
FDRE.....	Federal Democratic Republic of Ethiopia
FGM.....	Female Genital Mutilation
HIV .....	Human Immune deficiency Virus
SNNPR .....	South Nation Nationality and People
SRH.....	Sexual and Reproductive Health
STI.....	Sexual Transmitted Infections
WHO.....	World Health Organization
WKU.....	Wolkite University
UN.....	United Nation
USA.....	United State of America

## ABSTRACT

**Background:** *Adolescence is a transition between childhoods to adulthood period. Adolescents are most risky portion of population in the world. They are victim of different avoidable sexual*

*and reproductive health negative consequence. Parent adolescent communication regarding on sexuality help adolescents to adopt responsible sexual behavior and to promote healthy sexual development and reduce sexual risks when parents are open, skilled and comfortable in their discussion of sex related topics.*

**Objective:** *To asses parent-adolescent communication on sexual and reproductive health and its associated factor in Arekit High school and preparatory students in Arekit town, Gurage zone, SNNPR, Ethiopia.*

**Methodology:** *This study was conducted in Arekit high school and preparatory students in Arekit town in December 2013E.C. A cross sectional quantitative study design was conducted and 212 numbers of students was participate in this study and the students was selected by simple random sample method to select the sample from each grade level. Data were analyzed by SPSS version20.*

**Result:** *This study revealed that 56.6% of students discussed about SRH issue with their parents. The result shows that being Female OR0.591, 95% CI (0.336, 1.041), being mother completed primary school OR 2.529. 95% CI (1.267, 5.049), fathers who were merchant OR 0.333, 95% CI (1.133, 9.810), mother being housewife OR3.630,95% CI (2.048, 6.3434) and students who perceived it is important to discuss about SRH OR0.372, 95% CI (0.213, 0.651).*

**Conclusion:** *This study shows that communication with parents on SRH is inadequate. Mother who learnt primary school was more likely to discuss SRH issue with their parents. Culture, shame, and parents' lack of knowledge about RH were barriers of discussion.*

**Keyword:** *Parent, Adolescent, Communication, Communication between parent adolescent on SRH issue.*

## CHAPTER ONE

### 1. INTRODUCTION

#### 1.1 Background

World health organization (WHO) defines sexual and reproductive health as a state of complete physical, mental, and social wellbeing and not merely absence of disease in all matters relating to the reproductive system and its function and processes.(1) it is also the most intimate and private aspects of people's lives according to them (2). Good sexual and reproductive health implies that people are able to have a satisfying and safe sex life, the capability to reproduce, and the freedom to decide if, when, and how often to do so (3). To maintain one's sexual and reproductive health(SRH), people need access to accurate information and the safe, effective, affordable and acceptable contraception method of their choice.

United Nation (UN) defines adolescents as between 10-19 and youth as between 15-24 (4). World Health Organization (WHO) states adolescents are between 10-19 and youth are between 10-24(5). In 2004 National Youth Policy of Federal Democratic Republic of Ethiopia (FDRE), age of youth people cover all age group between 15-24 years old. They didn't differentiate age group of adolescents from that of youth (6). According to the latest UN estimates of the world's population, in 2019, there are about 1.2 billion youth aged 15 to 24 years in the world, or 16% of the global population. Central and Southern Asia were home to the largest number of youth (361 million), followed by Eastern and South-Eastern Asia (307 million) and Sub-Saharan Africa (211 million). The adolescent population in Ethiopia has been increasing during the last decades. Currently, more than 35% of the total population is made from adolescents and youth aged 10 to 24 years (7). Adolescent, a vulnerable population have multiple SRH problems include sexual coercion and partner violence, abortion, early marriage, female genital mutilation(FGM), unplanned pregnancy, abortion, STI include human immune virus (HIV).(8)

Adolescence is the transition phase of growth and development from childhood to adulthood (9). WHO states that adolescents are the phase rather than fixed time period in individual's life (5). And UN also explains youth is a stage of life during which individuals reach sexual maturity

(10). Sexuality and reproductive growth and development is one of remarkable changes during this period and it is when parents are expected to socialize their children in which parent adolescent SRH communication is one method to transmit values, belief, and expectation about SRH matters to their adolescents(7). Parents have significant potential to reduce risky sexual behaviors and promote healthy adolescent sexual development (11).Evidence has shown that the communication protects the young from engaging in risky sexual practices and associated adverse health consequences(8). As different studies revealed that home is the preliminary place to educate adolescent about SRH issues and it is social environment for them (16).

## **1.2 Statement of Problem**

WHO study with regard to analysis of adolescent SRH literature from around the world point out that over past decade adolescent SRH concerns have increasingly begin on national agendas the study discuss at this issues has been driven by high prevalence of HIV/AIDS among young people, STI and other reproductive health problem are greatest threats for their wellbeing. Globally, one-third of all currently infected individual are young people acquiring HIV infection every minute and more than 2.6 million each year (12) one third of women worldwide give birth before age 20 each year and are increased risk for morbidity and mortality due to obstetric complication, Annually, 5 million and seventy thousand adolescents between 15-18 years old have unsafe abortion and abortion related death respectively (13). In United States, young people accounts for 25% of all new HIV infection. Similarly youth people make up almost one-half of over 19 million STD infections in America (14). Like other sub Saharan Africa, Ethiopia have high SRH problem. Among youth whose age is between 15-24 years old, 1.1% of women are infected with HIV and also 60% of adolescent pregnancy is unwanted resulting from unprotected sexual intercourse (15).

Parent adolescent discussion on sexual matters are banning in Africa including Ethiopia. Different studies revealed that adolescent in Ethiopia have very low health-seeking behavior mainly to their SRH matters and even the current RH services are not adolescent centered and also health care workers in Ethiopia are not well prepared to address adolescent SRH desires (16 ).According to national adolescent and youth reproductive health strategy of Ethiopia, specifically directed to addressing their most persistent needs of reproductive health including early sexual debut, age at first marriage, early child bearing, unwanted pregnancy, abortion,

knowledge and use of family planning methods, HIV/AIDS and STIs.(40) Unfortunately, it is restricted at health facility level and rural areas who have limited access to targeted RH services. SRH service has not been provided at school, at community and at family level (17). As study conducted in Harar on title of factors that affecting parent adolescent on RH issues states parent adolescent communication is low and it is bounded by traditional norms, lack of information and limited skills of discussion and creating supportive environment for adolescent. Even though parents are main sources of information on RH issues, there is huge gap between most parents and their adolescents in these matters. Most parents have no knowledge about RH issues and adolescents prefer to discuss with their peers (18). Parents have significant potential to reduce sexual risk behaviors and promote healthy adolescent sexual development but little is known about importance of parent adolescent communication on SRH in Ethiopia. So to fill this gap this research will assess parent adolescent communication on SRH issue and its associated factor Arekit high school and preparatory school in Arekit town, Gurage zone, SNNPR, Ethiopia

### **1.3 Significance of Study**

This study would help:

- Health professional to give health care services to adolescents at different healthcare level
- School administrators and teachers to promote school based sex education in their school.
- Communities to give awareness about the importance of communication of SRH issues with their families
- Other researcher to provide information about parent adolescent communication on SRH issue in this study area.

## **CHAPTER TWO**

### **2. LITRATURE REVIEW**

#### **2.1 Parent Adolescent communication**

Parent communication is process of transmission of information within a family and can be positive or negative, effective or ineffective. It is very important for parent to be able to communicate openly and effective with their adolescents. Open and effective communication benefits not only adolescent but also every family member (19). Parent adolescent communication contributes for positive functioning of all family members. Adolescent needs adults especially parents, who will connect with them, communicate with them, spend time with them and show genuine interest with them. It helps them to establish in individual values to healthy sexual behavior. Parent adolescent communication promotes strong parent child relationship and facilitates child self-acceptance. Children who have high self-regard and strong relation with their parents are likely in making themselves more transparent to their parents (20)

#### **2.2 parent adolescent communication on SRH issue**

Parent discuss adolescents about on SRH matters is very important perhaps now than any overtime. This because adolescent are affected by the burden of unwanted pregnancy and its complication, HIV/AIDS, STI and other sexual reproductive illness to greater extent (21). Parents often have difficulty communicating about sex with their adolescents. Nevertheless, positive communication between parents and children helps adolescents to establish individual values and make sexually healthy decision.

Parent adolescent communication about sexual topics notifies parents have significant potential impact on adolescent's sexual behavior and decision making on related matters. Study conducted in United Kingdom sates that Parents have the opportunity and ability to influence their children's sexual behavior or decisions. Their multivariate analysis revealed that adolescents understudy were much less likely to have initiated sexual intercourse if their parents taught them and openly communicate what is right and wrong and initiates reciprocal communication about delaying sexual activity (22). Adolescents indicated that communication between parents and adolescents should have to begin when a child reach puberty, for girls between age of 9 to 15

years and for boys at 15 years. The reason for this was identified as this is critical age or period when adolescents starts to develop behavioral changes and may experiment with sexual risky behavioral as result of physiologic changes come with age (23).

It has been suggested that even while frequency of discussion between parent and adolescents on SRH issue varies markedly across contexts their discussion tends to be authoritarian and unidirectional which is characterized by vague warnings rather than direct and open discussion. So far this kind of consultation geared towards one way communication. It turn away from very nature of discussion and can be labeled as absences of discussion after all. On research conducted from 1980-2011 in sub-Saharan Africa on title parent adolescent communication on sexuality and HIV/AIDS finding revealed that character of decision between parent child is authoritarianism, one direction, in explicit warning rather than open and direct decision(24). Similarly In rural part of Tanzania shows the existence of some communication concerning SRH issues between parents and their children in most families According to this study the prevailing communication was mainly on the basis of same sex that means mother daughter and rarely father son the study characterize their communication as it is performing in form of warning, threats and physical discipline and as these communication reflected the worries parents had about their children's sexual health and it is one way communication instead of open discussion(25).

According to study done in south Africa, some issues of discussion between mothers and female adolescent were protecting oneself from HIV/AID and STDs and avoiding un wanted pregnancy. mothers emphases on safe and delayed sexual engagement to avoid un wanted pregnancy outside marriage. The study indicated that most sensitive topics of sexuality like discretion on condom use, how HIV/AIDS and STDs contracted and physical changes during puberty were not discussed (26). And study conducted in Ungula- Tanzania Zanzibar, 40.7% of caretakers (parents) had ever communicated with their adolescents on SRH matters and 9.2% reported to have had communicated in the past 30 days. Both caretakers communicated more with their female adolescents. Sexual abstaining is the most frequent discuss topics to female adolescents by both male caretakers (68.3%) and female caretakers (63%) and the least discuss topic to male adolescent by female caretakers (39.2%). HIV/STIs was the most discussed topic to male adolescent by female caretakers (47.5%) and pregnancy was most discussed by male takers

(59.2%), while safer sex (M=47.6% vs F=38.3%) and contraceptive use (M=39.0% vs F=43.7%) were the least discussed topics to female adolescents by both male and female caretakers.(23)

In Ethiopia, study conducted in Debreworkos town east Gojam revealed that communication between parents and adolescent was only 28.9%. 10.9% of students always communicate about HIV/AIDS with their parents and 46.2% of students sometimes talk with their mothers about HIV/AIDS. 5.6% of participant always talks with mothers on contraceptive but 74.9% never. 3.3% and 2.3% of students communicate mother and father respectively, about when to start with having sex.(27) similarly, study in Boditi form 740 students 301(40.7%) discussed with either of their parents on at least two topics of RH issues. 439(59.3%) reported that they had discussed contraceptive method 496(67%) discussed on STD and HIV/AIDS half of students 373(50.7%) discussed on sexual intercourse(28). Study in Wolkite town study conduct in Gorro high school student 36.2% of students discussed with their parent at least on two topics of SRH. 42.5% are not discussed HIV/STI and 72.4%, 85.8%, 70.7% are not discuss with parents about contraceptive, unwanted pregnancy, no having premarital sex respectively. (29)

### **2.3 Factors that influence parent adolescent communication on SRH issue**

Parents and adolescent report a number of barrier that affect to communicate on SRH issue such as sex, education and economic status of parents, lack of parental interest to discuss and adolescent, feeling ashamed and cultural unacceptability to talk about sexual matters. Family communication is greatly influenced by extent of parent child interaction and by whom the child interacts. According to this study the degree or extent types of issues raised and topics conversation covered are different among mothers and fathers and it has been suggested that mothers tend to communicate with their adolescent children more often and cover a wider area of topics, whereas fathers children and covers fewer topics (28) family size has an impact on parent child relationship. Single child who haven't siblings can get more parental attention and concerns. The family contexts of many sibling youth who live in urban areas have more knowledge which may be correlated with economic development and education level. The students from urban areas have better education easy information exchange and broader knowledge channels (30). As qualitative study design conducted in Johannesburg, South Africa, both parents and young people report factors that influence communication, numerous statements

from adolescents revealed that they do not openly communicate with their parents because their parents are strict and they fear that they will be embarrassed and misunderstood and parents stated that their children prefer to watch televisions, browse the internet than ask them questions about issues of sex and sexual health and another barrier for not discussing sexual matters openly within family was the presence of younger siblings (31). Some evidence shows that about association between sexual issue communication and parent's socio economic status. Socio economic status of parent perhaps influence parents literacy level and literacy level possibly affect SRH knowledge and might have influence on parent's ability to communicate with their adolescents on SRH issues (32). In Ethiopia, study conducted in showa degree of literacy that parents have effect on communication of parent adolescents the inability of vast majority of parents to transfer basic facts of SRH to their children was raised as hindering problem (33). study in Woldiya revealed that, adolescents whose mothers could read and write 2 times more likely to communicate on SRH issues with their parents those who students whose mothers cannot read and write. Adolescents who had positive perception on the importance of discussion on SRH issues with their parents 2.5 times more likely discuss on those SRH issues that who didn't agree with the importance. Those students whoever got SRH information were 2 times more likely to communicate than those who never got SRH information.(34) Evidence shows that Study conducted in Bodity town, females were 1.42 times more likely to discuss RH issues their parents compared to males. Students whose mothers were able to read and write, who completed secondary education more likely to discuss than whose mothers unable to read and write.(28)

## **2.4 knowledge of adolescents on RH issues**

Many studies shows that adolescents often lack basic SRH information, knowledge and access to health services for their RH.A study conducted in Malaysia found 3 related misunderstanding among many school age adolescents concerning pregnancy, first 17% of adolescents mentioned that girls could not become pregnant if they had sexual intercourse only once, the second misconception by same percent 17% is adolescents mentioned girls could not become pregnant if they washed their vagina after sexual intercourse and third fallacy on the same issue 16.7%

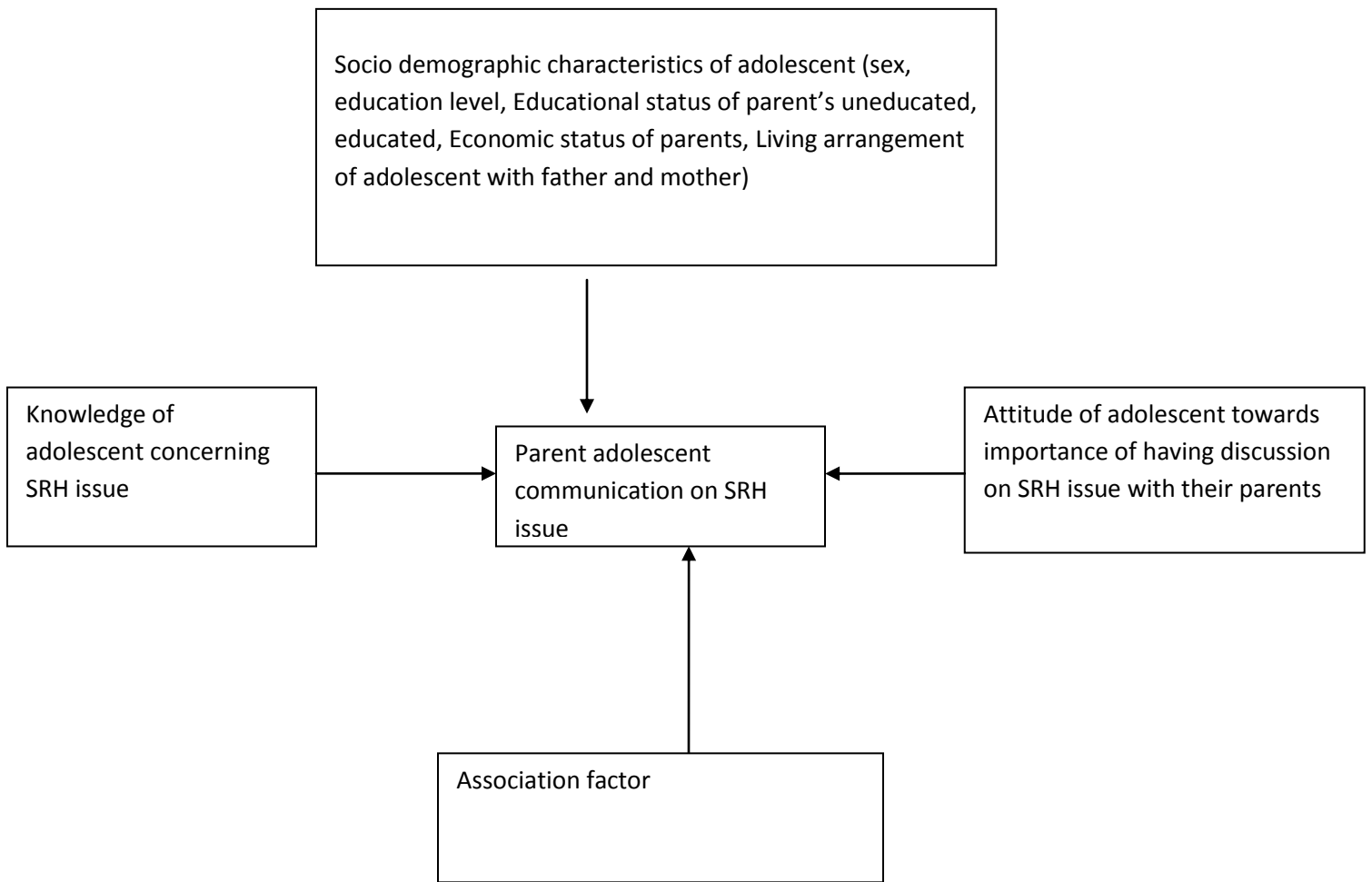
adolescent is that if they have hot shower after sexual intercourse however the major 79.8% of students reported sexual abstinence as the best method to prevent pregnancy.(35)

According to EDHS (Ethiopia demographic health service) conducted in 2016, 24% of women and 39% of men whose age is between 15-24 , from urban youth 42% and 48% and from rural 19% and 37% , women and men respectively knew about comprehensive knowledge of HIV means knowing the risk of getting HIV can be reduced by using condoms and limited sex to one in infected partners and know that healthy person can have HIV. And women have 1<sup>st</sup> sex at median age of 16.6 year, 1<sup>st</sup> marriage at 17.1 year and their 1<sup>st</sup> birth at 19.2 year and on male, 21.2 year and 23.7 year are their 1<sup>st</sup> sex and 1<sup>st</sup> marriage respectively (36). 695 students participate on research conducted in Diredawa, more than 314(77.2%) students knew about common STI including HIV/AIDS. 53.4% knew about HIV/AIDS followed gonorrhoea 214(33.4%). 531(82.8%) of students knew about at least one contraceptive method (37). From study conducted in Boditi town 740 respondents 527(71.20%) respondents knew about their first menstrual period (menarche) and 405(54.70%) knew about STI and 582(78.60%) knew about contraceptive methods and 286(49.10%) knew about injectable contraception followed by contraceptive pill 278(37.60%) and 597(80.70%) accepted importance of discussing RH issue with their parents(28). Similarly, study in Yirgalem conducted as 53.3% of students believed that it is normal and acceptable to have sexual feeling during adolescents (38).

## **2.5 Attitude of adolescents toward RH issues**

Study conducted in Diredawa, 32% of students strongly disagree about having premarital sex and 36.5% of students strongly agreed about maintain their virginity until marriage on another hand 39% of student strongly agreed about premarital sex if they use condom (37). 38.9% accept premarital sex on other hand 61.1% did not accept premarital sex. 22% of students had made sexual intercourse the mean age was  $15.5 \pm 1.5$  that study on Yirgalem (38).

## **Conceptual Frame work**



*Figure1:parent adolescent communication on SRH issue*

### **3. OBJECTIVE**

#### **3.1 General objectives**

To assess parent adolescent communication on sexual and reproductive health and associated factors among Arekit high school and preparatory students in Arekit town, Gurage zone, SNNPR, Ethiopia 2013 E.C

#### **3.2 Specific Objective**

- To determine the prevalence of parent adolescent communication practice on sexual and reproductive health among Arekit high school and preparatory students, 2013 E.C
- To identify the factors that influence parent adolescent communication on sexual and reproductive health in Arekit high school and preparatory students, 2013 E.C

## **CHAPTER FOUR**

### **4. METHODOLOGY**

#### **4.1 Study area and period**

The study was conducted in Arekit town, capital of Gumer woreda, Gurage zone, SNNPR, Ethiopia. The town is located 224 kms south west of Addis Ababa which is the capital of Ethiopia, and 306 kms from Hawassa; the capital of SNNPR and 68kms from Wolkite. The structural plan of Arekit is from 7 urban and 5 rural villages. There is secondary and preparatory school in town. There are 417 students are learning in Arekit secondary and preparatory school from them are 224 female and 193 are males.

#### **4.2 Study Design**

A institution based cross sectional quantitative study design was conducted in Arekit high school and preparatory students in Arekit town.

#### **4.3 Population**

##### **4.3.1 Source population**

The source of population was all regular students who were attending in Arekit high school and preparatory school in Arekit town.

##### **4.3.2 Study population**

The study populations were available during data collection sampled students in Arekit high school and preparatory school in Arekit town.

#### **4.4. Eligibility criteria**

##### **4.4.1. Inclusion criteria**

All students who were regular students and attending in Arekit high school and preparatory school.

##### **4.4.2. Exclusion criteria**

Those who were ill and didn't present at the time of data collection was excluded.

## 4.5. Sample Size Determination and Sample Technique

### 4.5.1. Sample Size Determination

The sample size was determined by using single population formula. The following assumptions was made, marginal error (d) that was tolerate either side of the true population to be 5% and using 95% confidence level and added 10% to compensate for non-response and the proportion of communication on SRH (36.2%) from research done in Goro high school and preparatory school, Wolkite town.(29)

$P=36.2\%=0.362$ = communication prevalence, research done in Wolkite

$W=5\%=0.05$  (marginal error)

$N$ = total number of students

$$n = \frac{Z^2 p(1 - p)}{d^2}$$

$$n = \frac{(1.96)^2 (0.362)(1 - 0.362)}{(0.05)^2} = 354.8 = 355$$

$$N_f = n/1 + (n/N) = 355/1 + (355/417) = 191.7 = 192$$

$$\text{Non response rate} = 192 + 10\% = 211.2 = 212$$

### 4.5.2 Sampling Technique

Simple random sampling was used to select the sample from each grade levels by using the roster of students.

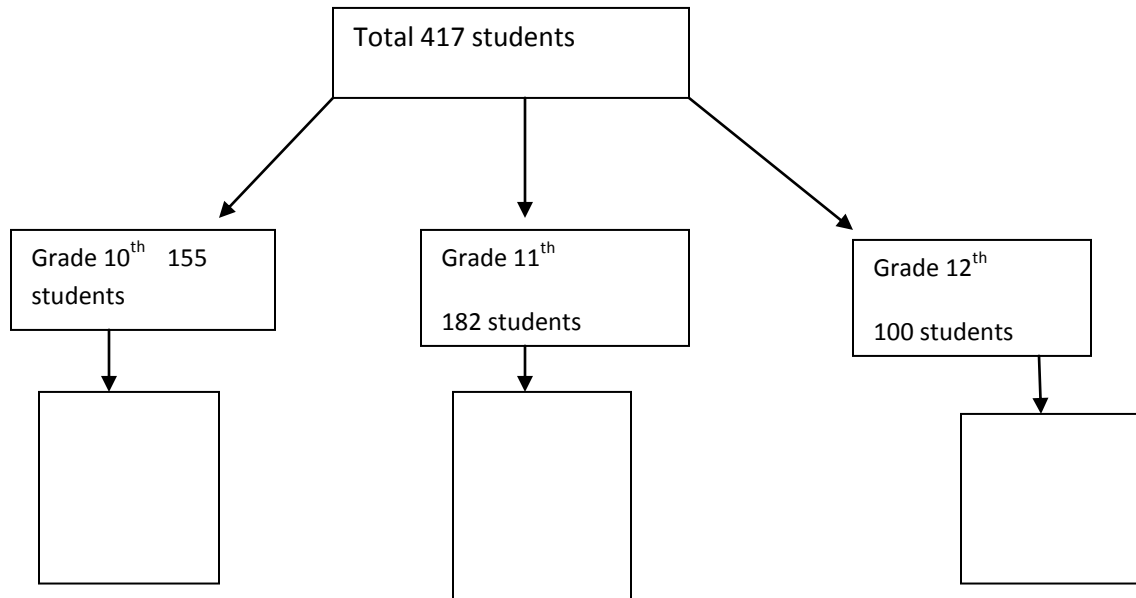


Figure2: number of class students in Arekit secondary and preparatory school

## 4.6. Variables

### 4.6.1 Dependent Variable

Communication of parent and adolescents on SRH issues

### 4.6.2 Independent Variable

Socio demographic (age, sex, ethnicity, religion, Occupation and Education status of parents, Family income and size, Marital status of parents, Grade level of students)

Attitude of adolescents toward SRH issues

Knowledge of adolescent in SRH issues

## 4.7. Data collection Technique and Tools

### 4.7.1 Data Collection Technique

The data was collected through structured self-administered questionnaires after obtaining consent from participants. Question used in this study was derived from previously published research.(28)The data collection the questionnaires was adapted in English.

#### **4.7.2 Data Collection Tools**

The data was collected through structured self-administered questionnaires with close ended questions.

#### **4.7.3 Operational Definition**

Parents: Parents in this study mean biological parents, step parents or foster parents but it does not include elder siblings

Communication on SRH: To say there is communication on SRH when young people discussed about SRH in at least two topics with their parents (STI, sexual intercourse, condom, changes during puberty, opposite sex relationship, contraceptive and unwanted pregnancy).

Communication between parents and adolescents on SRH issues: In this particular study context Parents and adolescents communication regarding SRH issues was a simple discussion

Knowledge on SRH: To say knowledgeable on SRH issue when adolescent know one and above topics (STI, contraceptive)

Attitude on SRH: when adolescents were good attitude then they were agree at least two topics (girl/boy have to remain virgin until she marries, STI prevented by using condom, not agree with premarital sex)

#### **4.7.4 Data Processing and Analysis**

The data were checked for incompleteness and inconstancy then entered to SPSS window version 20 for analysis used to compute frequency, percentage and dependent and independent variable, binary logistic regression analysis was used to association with significant bivariate variable was entered to multivariable analysis to determine independent association factor of adolescent parent communication on SRH issue. Variable with p value less than 0.05 was considered as significant associated.

#### **4.7.5 Ethical Consideration**

Officially written approval letter from Wolkite University, College of Medicine and other Health Science was obtained prior to the data collection. The letter was written to Arekit high school and preparatory school administration educational office. Participants were told about the objective of the study and verbal consent will be obtained and also participant was told their

responses were confidential and no need to write their names. They were also told that they had the right to refuse to fill the questioner any time.

#### **4.7.6 Dissemination of results**

The result of our study will be presented at WKU, for college of medicine and health science, department of nursing and then the hard copy will be submitted to department of nursing

## CHAPTER FIVE

### RESULTS

#### SOCIO DEMOGRAPHIC CHARACTER OF RESPONDANT

A total 212 students were enrolled in this study from this 84(39.6%) were males and 128(64.4%) were females. from grade 10, 80(37.7%) students, 82(38.7%) students from grade 11 and from grade 12<sup>th</sup> 50(23.6%). Major respondent's were between 15-17 years there were 118(55.7%) students, 88(41.5%) were between 18-20 years and only 6(2.8%) were >20 years old. Major respondents (43.4%) were Muslim students and 172(81.1%) respondents living with father and mother. The majority respondent's parents living together about 74.5% and 134(63.2%) respondents had 4-6 family size. About 56.6% respondents's mother were housewife and 46.2% can read and write. And 37.7% of respondent's fathers were merchant and 51.9% finished primary school.

*Table 1: socio demographic data character of respondent*

	Category	Frequency	Percentage%
sex	Male	84	39.6
	Female	128	60.4
	Total	212	100
age	15-17	118	55.7
	18-20	88	41.5
	>20	6	2.8
	Total	212	100
grade	10 <sup>th</sup>	80	37.7
	11 <sup>th</sup>	82	38.7
	12 <sup>th</sup>	50	23.6
	Total	212	100
religion	Muslim	92	43.4
	Orthodox	68	32.1
	Protestant	48	22.6
	Catholic	4	1.9
	Total	212	100
Living with	Father and mother	172	81.1

	Mother only	18	8.5
	Father only	4	1.9
	Brother and sisters	6	2.8
	With friends	4	1.9
	Living alone	8	3.8
	Total	212	100
Marital status	Together	158	74.5
	Divorced	16	7.5
	Living apart not separated	32	15.1
	Father not alive	4	1.9
	Both not alive	2	0.9
Family size	<=3	62	29.2
	4-6	134	63.2
	>=7	16	7.5
	Total	212	100
Education status of mother	uneducated	48	22.6
	Primary	120	56.6
	Secondary	10	4.7
	Diploma and above	26	12.3
	Others	8	3.8
	Total	212	100
Education status of father	uneducated	24	11.3
	Primary	110	51.9
	Secondary	42	19.8
	Diploma and above	24	11.3
	Others	12	5.7
	Total	212	100
Parent income	<1000	12	5.7
	1000-2000	54	25.5
	>2000	136	64.2
	I don't know	10	4.7
	Total	212	100
Occupation status of mother	Housewife	120	56.6
	Gov't employee	30	14.2
	Private employee	16	7.5
	Merchant	30	14.2
	Other	16	7.5
	Total	212	100
Occupation status of father	Has no work	18	8.5
	Private employee	32	15.1
	Merchant	80	37.7
	Other	40	18.9
	Government employee	42	19.8
	Total	212	100

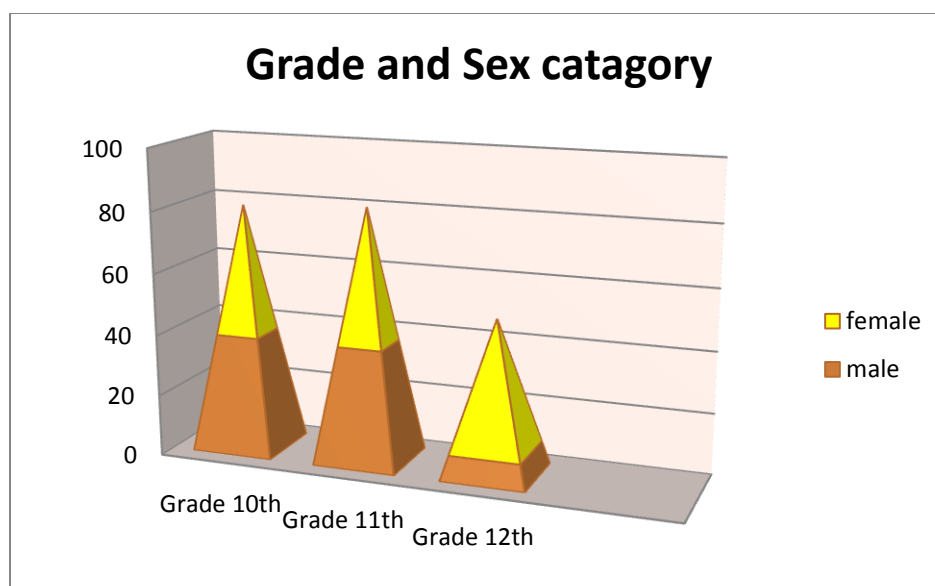


Figure3: grade and sex of respondents

### KNOWLEDGE OF ADOLESCENT ON SELECTED SRH ISSUE

Of the respondents, 90.5% of students were knowledgeable about SRH issue and 9.5% of respondents were not knowledgeable on selected SRH issue. 192(90.6%) knew about STI. 87.7% respondent knew about HIV/AIDS, 17% about cancrroids, 16% about gonorrhea and 14.2% knew about syphilis. 194(91.5%) respondents knew about contraceptive methods, 41.5% and 39.2% respondents knew about condom and natural method respectively and only 4.7% new about IUD. From 110female respondents, 85.9% knew about their 1<sup>st</sup> menstrual cycle (menarche).

Table 2; knowledge of adolescent respondents' on selected sexual and reproductive health issue

variable	response	frequency	Percentage
Knowledge on sexual transmitted infection	yes	192	90.6%
	no	20	9.4%
Knowledge on contraceptive	Yes	194	91.5%
	no	18	8.5%
Do you know when menstrual cycle start	Yes	110	51.9%
	No	20	9.4%
	Missing system	82	37.7%
At what age menstrual cycle start	13-15	104	49.1%
	16-18	6	2.8%

	I don't remember	20	9.4%
	Missing system	82	37.7%

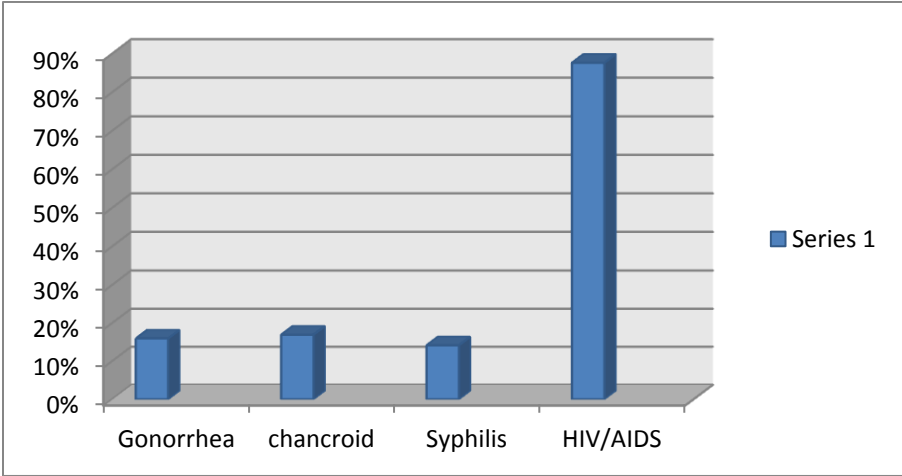


Figure4: knowledge of adolescents on STI

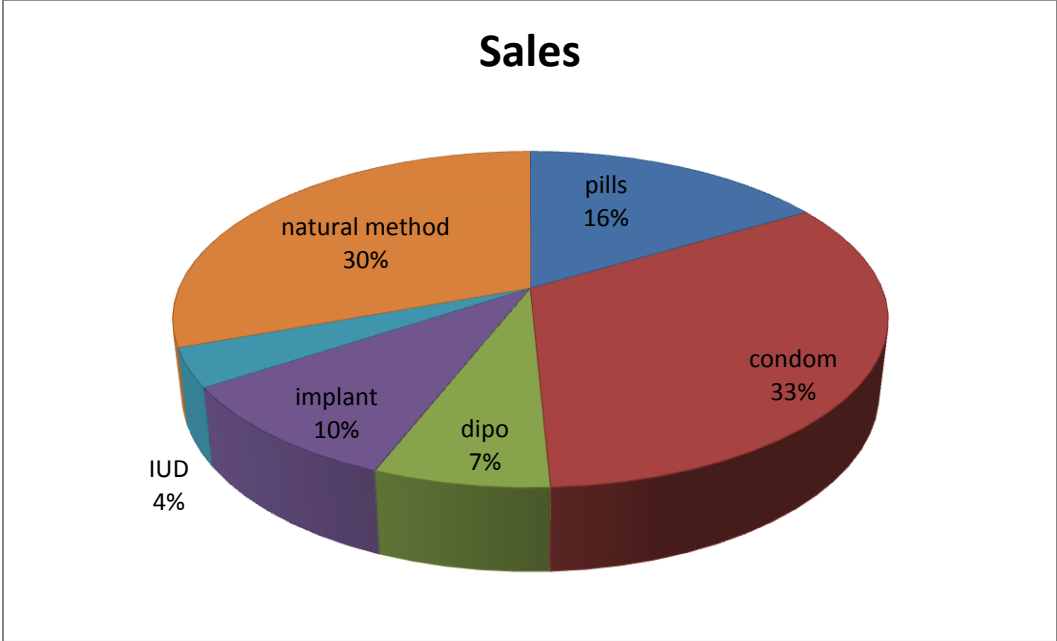


Figure5: lists of contraceptive

## ATTITUDE OF ADOLESCENT TOWARD MAJOR SRH ISSUE

98.1% of respondents had good attitude towards SRH issues and 1,9% of respondents had poor attitude toward major SRH issue. 158(74.5%) believed premarital sex is not acceptable and from 106 respondents 122(57.5%) agree girl have to remain virgin until she marries and 118(55.7%) agree boy have to remain virgin until he marries. 146(68.9%) believed STI and HIV/AIDS can be prevented by using condom. From 212 respondent, 172 respondent hadn't sexual intercourse yet and the rest respondent means 32 were had sexual intercourse, 20 respondent had sexual intercourse at age <18 and 12 were 18 and above years. A major reason for not had sexual intercourse was I want to wait until am married and older the least reason was I don't want to risk getting STI include HIV/AIDS.

*Table3: Attitude of adolescent toward major SRH issue*

	Category	frequency	Percentage%
Acceptance of premarital sex	Yes	54	25.5
	No	158	74.5
	Total	212	100
Girl have to virgin until she marries	Yes	122	57.5
	No	90	42.5
	Total	212	100
Boys have to virgin until he marries	Yes	118	55.7
	No	94	44.3
	Total	212	100
STI can prevented by using condom	Yes	146	68.9
	No	66	31.1
	Total	212	100

## COMMUNICATION BETWEEN PARENTS AND ADOLESCENTS CONCERNING SRH

From 212 respondents, 56.6% of adolescents had communication with either of their parent at least two topics of SRH issue and on another hand 43.4% of adolescents had no communication with either of their parent. 100(47.2%) thinks that it is important to discuss about SRH and 20(9.4%), 28(13.2%) respondents prefer their father and mother respectively. 152(71.69%) reported that they had discussion about contraceptive method from them, 38(25%) had discussion with mother followed by 8(5.3%) with their father and 106(69.7%) with others (brothers/sister, peers, teachers, religious leaders). Physical and psychological changes during puberty were

major issue discussed among SRH issue, 30(15.8%) discussed with their father and 34(17.9%) with their mother. And condom was the least discussed issue among respondents. only 2(1.5%) respondent discussed mothers. 108(50.9%) respondent's mother were open to discussed about SRH issue and on another hand 142(67.0%) of respondent's father were not open to discussed about SRH issues

*Table4: communication between parents and adolescents concerning SRH*

Discussion topic	No(%) discussed	With whom they discussed		
		Father	Mother	other
Contraception	152(71.69%)	8(5.3%)	38(25%)	106(69.7%)
STI	158(74.52%)	28(17.7%)	22(13.9%)	108(68.4%)
Sexual intercourse	68(32.1%)	8(7.5%)	54(29.0%)	118(63.4%)
Unwanted pregnancy	176(83.01%)	10(5.7%)	62(35.2%)	104(59.1%)
Condom	134(63.20%)	0	2(1.5%)	132(98.5%)
Puberty	190(89.62%)	30(15.8%)	34(17.9%)	126(66.3%)
Opposite sex relation	162(76.41%)	6(3.7%)	20(12.3%)	136(84.0%)

## ASSOCIATED FACTORS

*Table5: associated factors with communication of parent adolescents*

variable	OR(95%CI)	AOR(95%CI)	p-value
Mother completed primary	2.529(1.267,5.049)	4.517(1.946,10.487)	0.000*
Father who merchant	0.333(1.133,9.810)	3.043(0.881,10.514)	0.079
Mother who housewife	3.630(2.048,6.3434)	1.513(0.674,3.399)	0.316
Student perceived SRH importance	0.372(0.213,0.651)	0.306(0.135,0.631)	0.005*

†reference category, \*statistically significant (p value <0.05), CI = confidence interval

In bivariate analysis, mother completed primary school were 2.529 times more communicate with their adolescents than un educated mothers and mother were housewife 3.630 times more likely to have communication with their adolescents as compared employed mother, fathers who were merchant 0.333 times more communicate with their adolescents than unemployed father, and students who perceived it is important to discuss about SRH issues 0.372 times more likely communicate with their parents than who perceive it is not important to discuss.

In multivariate analysis, Mother who had learnt primary school were 4.517 times more likely to had communication with their children than uneducated mother.

## CHAPTER SIX

### DISCUSSION AND CONCLUSION

#### DISCUSSION

On this result, 56.6% of students had discussed at least two topics of SRH issues with either of their parents. This finding is greater than study conducted in Benshangulmiz (29%) and Debremarkos (36.90%) this might be due to time gap that there could be improvement in accessing and utilizing SRH service. This result lower than the finding of study conducted in Hayik town (82.7%), this might be linked with definition of communication on SRH issues in which at least communicating in one SRH issue were sufficient in that study and our study result is lower than United state and Mexico (85%,81.5%) due to the fact that proportion of parents in USA and Mexico was more educated and RH service were accessible.

From 212 respondents, 98.1% of respondents had good attitude towards SRH issues and 1.9% of respondents had poor attitude and 90.5% of students were knowledgeable about SRH issue and 9.5% of students were not knowledgeable about SRH issue.

This study showed that mother who were completed primary education were more likely to communicate with their adolescents than uneducated students and this result is in line with study conducted in Wolkite may be due to when parents are educate they will have more access to information by reading, this will raise knowledge of parent on SRH issue and study conducted in east Wolega, parent adolescent communication about SRH issue was positively associated with mother's and father's educational level but this result is contradicting with study done in Diredawa may be due to as educational level of adolescents increase they start underestimating the idea of their parents as they believe that they are more knowledgeable than their mothers or fathers.

Adolescents who perceived importance of discussion about SRH were less likely communicates with their parents than not perceived importance of discussion.

In this result, being female is not associated with communication of parent adolescent but study conducted in Boditi, female were more likely to communicate with their parent than male students which might be due to the fact that female spends more time in home where they can easily access with parents.

### **CONCLUSION**

This study shows that communication with parents on SRH is inadequate. Mother who learnt primary school was more likely to discuss SRH issue with their parents. And respondents were who perceived importance of SRH issue is less likely to discuss with their parents. Culture, shame, and parents' lack of knowledge about RH were barriers of discussion.

### **LIMITATION OF STUDY**

This is a cross-sectional study and hence it was difficult to imply cause–effect relationship and shortage of time were limitation for our study.

### **RECOMMENDATION**

. Responsible bodies like district health office, town administrative office and others should equip parents with appropriate information, education, and communication material, and communication skill on RH-related issues and be transparent in the community to encourage open discussion among family members particularly with their adolescents. In addition, it is better to equip students with appropriate RH information several ways such as encouraging them to participate in different health clubs in school and outside school. Policy makers should initiate comprehensive family life education for students and parents in school, home, churches, mosques, and health facilities. In conclusion, further studies should be carried out from the parents' perspective to identify factors that affect the discussion of RH issues between students and parents.

## CHAPTER SEVEN

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## ANNEX

### Part I: Socio demographic characteristics of adolescent and parent

100. Age in .....year
101. Grade .....
102. Sex 1,male 2, female
103. religion 1. Muslim 2.Orthodox 3. Protestant 4. Catholic 5. Others (specify)
104. with whom you are living with 1. Live with father and mother 2. Mother only  
3. Father only 4. With brothers /sisters 5. With friends 6. Living alone 7. With relative
105. Marital status of parent 1.Together 2. Divorced 3. Living far apart, but not separated 4. Widowed 5. Mother not alive 6. Father not alive
- 106 Family size of your parent (including mother and father \_\_\_\_\_in number
107. Educational status of mother 1. Uneducated 2. Primary (1-8)  
3. Secondary (9-12) 4. Diploma and above 5. Others (specify)
108. Educational status of father 1. Uneducated 2. Primary (1-8)  
3. Secondary (9-12) 4. Diploma and above 5. Others (specify)
109. Parent income/per month (Ethiopian birr) 1. <1000birr 2. 1000-2000 3. >2000 4. I don't know
110. Occupational status of mother 1. House wife 2. Government employee  
3. Private employee 4. Merchant 5. Other
111. Occupational status of father 1. Has no work 2. Government employee  
3. Private employee 4. Merchant 5. Other

### Part II: knowledge of adolescent respondents on selected sexual and reproductive health issue

200. Do you know about sexually transmitted infection 1.Yes 2.No
201. If yes to question number 300 what type? (**more than one answer is possible**)  
1.Gonorrhoea 2.chancroid 3. Syphilis 4. HIV/AIDS 5. Other(specify)
- 202 Do you know about contraceptive method? 1. Yes 2. No

**203.** If **yes** to question number 302, which one do you know? (**more than one answer is possible**)      1. Pills 2.condom 3.dipo 4. Implant 5.IUD 6. Natural method

**204.** (only for female students) Do you know when your menstrual cycle start?

1. yes 3. No

**205.** (**only for female respondents**) If your answer is yes to question number 207, at what age?      .....years of age

### **Part III: Attitude of adolescent respondents towards major sexual and reproductive health issues**

**300.** Is premarital sex is acceptable?      1. Yes 2. No

**301.** A girl have to remain a virgin until she marries      1. Agree 2. Disagree

**302.** A boy have to remain virgin until he marries      1. Agree 2. Disagree

**303.** Do you believe that, STIs and HIV/AIDs can be prevented using condom? 1. Yes 2. No

**304.** Have you ever had sexual intercourse? (**if your answer is No skip to question number 306**).      1. Yes 2. No

**305.** If yes to question number 304, at what age did you start sexual intercourse?.....years

**306.** If no to question number 404, what is the main reason you have not had sexual Intercourse?      1. I want to wait until I am older 2. I want to wait until I am married  
3. I do not want to risk getting pregnant/made some one pregnant      4. I  
do not want to risk getting a sexually transmitted infections such as HIV/AIDS      5. I  
have not had a chance to have a sex or mate anyone that I wanted to have sex with      6. It  
is against my religious values      7. Fear of my parents      8. Other (specify)

### **PartI V: Communication between parents and adolescents concerning sexual and reproductive health**

**400.** Do you think it is important to discuss about sexual and reproductive health issues with parents?      1.Yes 2. No

**401.** With whom do you prefer more (first choice) to discuss issues related to sexual and reproductive health? 1. Father 2. Mother 3. Other

**402.** Have you ever discussed sex related issues and reproductive health issues with your father or mother?      1. Yes 2. No

**403.** Have you ever discussed contraception? **(If your answer is No skip to question number 405)**                    **1. Yes   2. No**

**404.** If yes to question number 403 With whom do you prefer more (first choice) to discuss issues related to contraception?

1. Father   **2. Mother**   **3. Other**

**405.** If you don't discuss contraception with your parents what is your reason?

**1. Shame   2. Culturally unacceptable   3. Lack of knowledge   4. Lack of communication skill   5. fear of parents   6. others(specify)**

**406.** Have you ever discussed STI and HIV/AIDS? **If your answer is No skip to question number 408)**                    **1. Yes   2. No**

**407.** If yes to question number 506, with whom do you discuss issues related to STI and HIV/AIDS?                    **1. Father   2. Mother   3. Other**

**408.** Have you ever discussed sexual intercourse with your parents? **If no skip to question number 410.**                    **1. Yes   2. No**

**409.** If yes to question number 409, on what issues?                    **1. Having sex before marriage**  
**2. Not having sex before marriage                    3. Other (specify)**

**410.** with who do you discuss issues related to sexual intercourse?

**1. Father   2. Mother   3. Other**

**412.** Have you ever discussed unintended pregnancy? **If no skip to question number 414.**

**1. Yes                    2. No**

**413.** If yes to question number 513, with who do you discuss issues related to unintended pregnancy?                    **1. Father   2. Mother   3. Other**

**414.** Have you ever discussed the use of a condom? **(If No skip to question number 416)**

**1. yes                    2. No**

**415.** If yes, To question number 516 with who do you discuss issues related to the use of condom?                    **1. Father   2. Mother   3. Other**

**416.** Have you ever discussed the physical and psychological changes during puberty? **(If no skip to question number 418)**   **1. Yes   2. No**

**417.** If yes to question number 419, with who do you discuss issues related to physical and psychological changes during puberty? 1. Father 2. Mother 3. Other

**418.** Have you ever discussed opposite sex relationship (girl/boyfriends) **If no skip to question number 420?** 1. Yes 2. No

**419.** with whom you discuss issues related to opposite sex relationship?

1. Father 2. Mother 3. Other

**420.** Is your father open to discussing on sexual issues? 1. Yes 2. No

**421.** Is your mother open to discussing on sexual issues? 1. Yes 2. No

