



**COLLEGE OF MEDICINE AND HEALTH SCIENCES  
DEPARTMENT OF NURSING**

**PARENT-ADOLESCENT COMMUNICATION ON SEXUAL AND REPRODUCTIVE  
HEALTH ISSUES AND ITS ASSOCIATED FACTORS AMONG SECODARY AND  
PREPARATORY SCHOOL STUDENTS IN WOLKITE TOWN, ETHIOPIA, 2023**

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## **ABBREVIATIONS AND ACRONYMS**

AIDS	Acquired Immunodeficiency Syndrome
ETB	Ethiopian Birr
FDRE	Federal Democratic Republic of Ethiopia
FGM	Female Genital Mutilation
FP	Family Planning
HIV	Human Immunodeficiency Virus
NGO	Non-Governmental Organization
RH	Reproductive Health
SDG	Sustainable Development Goal
SNNPR	South Nation Nationality and People
SPSS	Software Project for Social Science
SRH	Sexual and Reproductive Health
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
USAID	United States Agency for International Development
WHO	World Health Organization

## **ABSTRACT**

**Background:** Adolescence is a transition between childhoods to adulthood period. Parents' communication on sexual and reproductive health issues with their adolescent plays a great role in preventing morbidity and mortality associated with sexual behavior. However lack of parent to adolescent communication was a serious problem in Ethiopia resulted in teenage pregnancy, unsafe abortions, sexually transmitted infections, school problems, and other sexual risk behaviors. Parents have high responsibility on cultivating their son and daughter regarding to sexual and reproductive health issues. Therefore; parent and adolescent communication about sexual and reproductive health issue is important to reduce such risky sexual behaviors.

**Objective:** To asses parent-adolescent communication on sexual & reproductive health issues and its associated factor among secondary & preparatory school students in Wolkite, Ethiopia, 2023

**Methods:** Institutional based cross-sectional study was employed from May 8 to May 22, 2023 among 359 high school students in Wolkite town. Stratified sampling technique together with simple random sampling technique after proportional allocation was employed to select study participants. The data were entered into Epi-data version 4.6 and analyzed using SPSS version 25 & descriptive statistical analysis was used to compute frequency, percentage and mean for independent & dependent variable. Finally, bi-variable & multi variable logistic regression analysis was computed to assess for strength of association.

**Result:** A Total of 359 adolescents were involved in the study making 100% response rate. 220 (61.3%) of students had good communication with their parents on sexual and reproductive health issues. Students with parents' educational status of primary and above ( AOR=1.89 ;95%CI;1.16-3.12) and those living with both of their parents(AOR=2.02; 95% CI;1.04 -3.85) were more likely to communicate on Sexual and reproductive health issues.

**Conclusion and recommendation:** This study showed that poor parent - Adolescent-communication on sexual and reproductive health issues was a prevalent problem of adolescents and those who lived with both of parent and parents' educational status were identified to be factors associated with it. Schools and other concerned bodies regarding sexuality issues should focus on students who live alone or with only one parents and on provision of information for those having parents with low educational status.

**Key Words:** Parents, Adolescent, Communication, Sexuality, Reproductive Health, Ethiopia

# 1. INTRODUCTION

## 1.2 Background

The World Health Organization (WHO) defines adolescents as those people between 10 and 19 years of age. It includes in the age-based definition of “child”, for a person under the age of 18 years where a specific health and developmental needs and rights are sensitive[1]. Adolescence is the time when physical, social, and emotional changes occur in the life of any child. In addition, adolescence is also characterized by the development of secondary sexual characteristics, including menarche among girls. It is also an important time to lay a strong foundation for education, build positive health behaviors and critical thinking skill[2] .

In addition to this, adolescence is a period of life with specific health and developmental needs and rights. Furthermore, it is a time to develop knowledge and skills, learn to manage emotions and relationships, and acquire attributes and abilities that will be important for enjoying the adolescent years and assuming adult roles[3]. One fifth of the world’s population - a total of 1.2 billion people – is adolescents, and 85% of them are in the developing world. Adolescence is a time of unprecedented promise and peril. During the second decade of life, young people can encounter a rapidly widening world of opportunities, as they gradually take on adult characteristics in size, sexual characteristics, thinking skills, identity and economic and social roles[4, 5].

Parent-adolescent communication on sexuality is critical in informing young people about risk and protective behaviors which in turn decrease the likelihood of involvement in risky sexual behaviors [6, 7]. Parents are one of the primary stakeholders who can play important roles in protecting adolescents from risky sexual behaviors such as unsafe sex, unwanted pregnancy, substance use, and violence [2, 3, 8].

Therefore; educating young people about reproductive health and HIV/AIDS and also teaching them the skills in decision-making and communicating, improves their self-confidence and ability to make informed and responsible choices[9]. Reproductive and sexual health education is an educational experience aimed at developing capacity of adolescents to understand their sexuality in the context of biological, psychological, socio cultural and reproductive dimensions. This,

however, helps them to acquire skills in making responsible decisions and actions with regard to sexual and reproductive health behavior[10].

Parent–adolescent discussion on SRH issues remains a challenging subject of discussion in many traditional communities as the social environment in them still constrains the exchange of information on such issues [11]

Thus, when young people feel unconnected to home, family, and school, they may be involved in activities that put their health at risk. However, when parents affirm the value of their children, young people more often develop positive and healthy attitude about themselves[12].

## **1.2. Statement of the Problem**

The period of adolescence is a life phase in which particularly young people are vulnerable to health risks, especially those related to sexuality and reproduction: HIV/AIDS, unwanted pregnancy, unsafe abortion, too-early marriage and childbearing, sexually transmitted infections and poor nutrition [13]. In addition, the widening world also exposes adolescents to serious risks before they have adequate information, skills and experience to avoid or counteract them. So, their level of maturity and social status do not match for some challenges, unless they are provided with adequate support, information and access to resource[4] .

Now days, globally, 11% of all births are to girls aged 15-19 years, and the vast majority of these births are in low- and middle-income countries. According to the united nation Population Division, the global adolescent birth rate in 2015 was 44 births per 1000 girls, more than 2 million adolescents are living with HIV in sub-Saharan Africa, only 10% of young men and 15% of young women aged 15 to 24 are aware of their HIV status[3].

In Ethiopia, approximately 60% of Ethiopia’s population falls between the ages of 10-29, few national programs or policies are specifically targeted towards addressing their most pressing RH needs. But, most programs for young people in Ethiopia, generally, tend to deliver generic, age and gender-blind messages[14]. According to EDHS 2016 report in Ethiopia, only 24% of young women and 39% of young men aged 15-24 have knowledge about HIV prevention[15]. As study conducted in Harare 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 [16]

Although most adolescents want to know about abstinence, contraception, and how to prevent HIV and other sexually transmitted infections (STIs), parents often have difficulty in communicating with sex related issues. Nevertheless, positive communication between parents and children greatly helps young people to establish individual values and to make healthy decisions[8]. Parents, in particular, are expected to play a substantial role in the gender and sexual socialization of their children. Furthermore, discussion topics related to sexuality has been associated with a range of important psychosocial attributes including- increased knowledge, better interpersonal communication skills and self-efficacy [17].

One of the specific targets of the Health Sustainable Development Goal (SDG 3) is that by 2030, the world should ensure universal access to sexual and reproductive health-care services, including family planning, information and education, and the integration of reproductive health into national strategies and programs [5]. Hence, if parent- adolescent communication is good, then this goal will be achievable. Therefore, 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 in wolkite high school and preparatory school in Wolkite Town, Gurage zone, SNNPR, Ethiopia.

### **1.3. Significance of the Study**

The finding of this study will provide baseline information about the status of parent-adolescent communication about sexual and reproductive health related issues, and associated factors in wolkite town education office,, secondary & preparatory school administrations in Wolkite. It also has significance to understand school students' exposure to sexual and reproductive health knowledge and related factors with sexual behavior of adolescent in Wolkite high school students and addressing such information is important for designing, implementing parent adolescent communication programs which is crucial to improve parent-adolescents communication which in turn reduce adolescents' engagement in risky sexual behaviors and to avoid sexual reproductive

health problems due to lack of appropriate knowledge regarding sexual reproductive health (to prevent unwanted health consequences) on the students. Finally, this study will be used as a baseline for further research.

## **2. LITERATURE REVIEW**

### **2.1. The Magnitude of Parent-Adolescent's Communication on SRH Issues**

According to a study done in Vietnam about 21.3% of students had discussed at least four topics of SRH issues with their parents during the six months prior to the survey. Of those students, male adolescents discussed the topics more frequently with their parents than female adolescents (29.2 % versus 16.1%)[18] .

Another study which was conducted in Gambia also shows that those 95% of study participants reported that it is important to discuss sexual and reproductive health issues with their parents, only 75% of them discussed about it, and the most commonly discussed sexual and reproductive health issue was body change (physical and psychological) during puberty [19].

A cross sectional study done in Dire Dawa also reported that 55.9% of students discussed about HIV/AIDS with their parents, and from these, 54.1% of them were discussed with their peers [20]. In addition, a study done in Arekit, Gurage zone, Southwest Ethiopia, also reported 50.8% of respondents discussed sexual and reproductive health issues with their mothers followed by brothers/sisters (42%), and the rest were with their teachers, fathers, and friends[21].

Although 92% of the respondents reported that it was important to discuss sexual and reproductive health issues with parents, only 61.3% had communicated with their parents on at least two SRH topics in Agaro town, Jimma Zone Southwest Ethiopia[22].

A study which conducted in Woldia town, Northeast Ethiopia also reported that 30.4% of adolescents had discussion with either of the parents on at least two topics of SRH issues [23]. 28.9% of the students discussed with either of the parents on at least two topics of sexual and reproductive issues in Bullen Woreda, Benishangul Gumuz Region North West Ethiopia. Of these, 42.2% of them had discussions related to sexual intercourse, and 60.7% of them discussed about menstrual period [24].

A study conducted in Dabat Town, Northwest Ethiopia also reported that although 69% of the respondents reported that it was important to discuss sexual and reproductive health issues with parents, only 48.5% had communicated the issues with their parents [25].

## **2.2. Factors Associated with Parent-Adolescent's Communication on SRH Issues**

The factors significantly associated with adolescent-parent communication on SRH issues in Vietnam were, being male adolescents, urban school locations, having mature aged fathers, positive attitudes towards general communication with parents, and accessibility to many sources of SRH information[18]. On the other hand, being ashamed (24.2%) and lack of communication skill (19.4%) were the most common reasons mentioned by students for not communicating SRH issues with parents in Dire Dawa [20].

According to a study conducted in Debre Markos town, East Gojjam Zone, the major reasons for students not communicating on SRH issues with their parents were, cultural taboos (50.3%), because their parents are busy (14.5%), and assuming that their parents' knowledge about SRH issue not enough (6.3%)[26].

In addition, sex of student, mother education status, father education status, age, having ever got SRH information, having boy/girlfriend, residence, occupation of family, educational status of biological parents, family size of < 5 and having boy/girlfriend were associated with parent adolescent communication on SRH issues in Agaro town, Jimma Zone Southwest Ethiopia[22]

Another study done in Woldia town, Northeast Ethiopia also reported that of those mentioned factors associated with parent-adolescent communications on SRH issues; educational status of mothers, adolescents who had positive perception on the importance of discussion on SRH issues with their parents, adolescents whoever got SRH information, adolescents whoever had sexual intercourse, openness of parents to discuss on SRH issues were significantly associated with communication on SRH issues[23].

Sexual behavior, male sex, family income of greater than ETB 1,000, good knowledge of SRH issues, and favorable attitude towards SRH issues were significantly associated with parent-adolescent communication on the issues in Dabat Town, Northwest Ethiopia[25].

### 2.3. Conceptual Framework

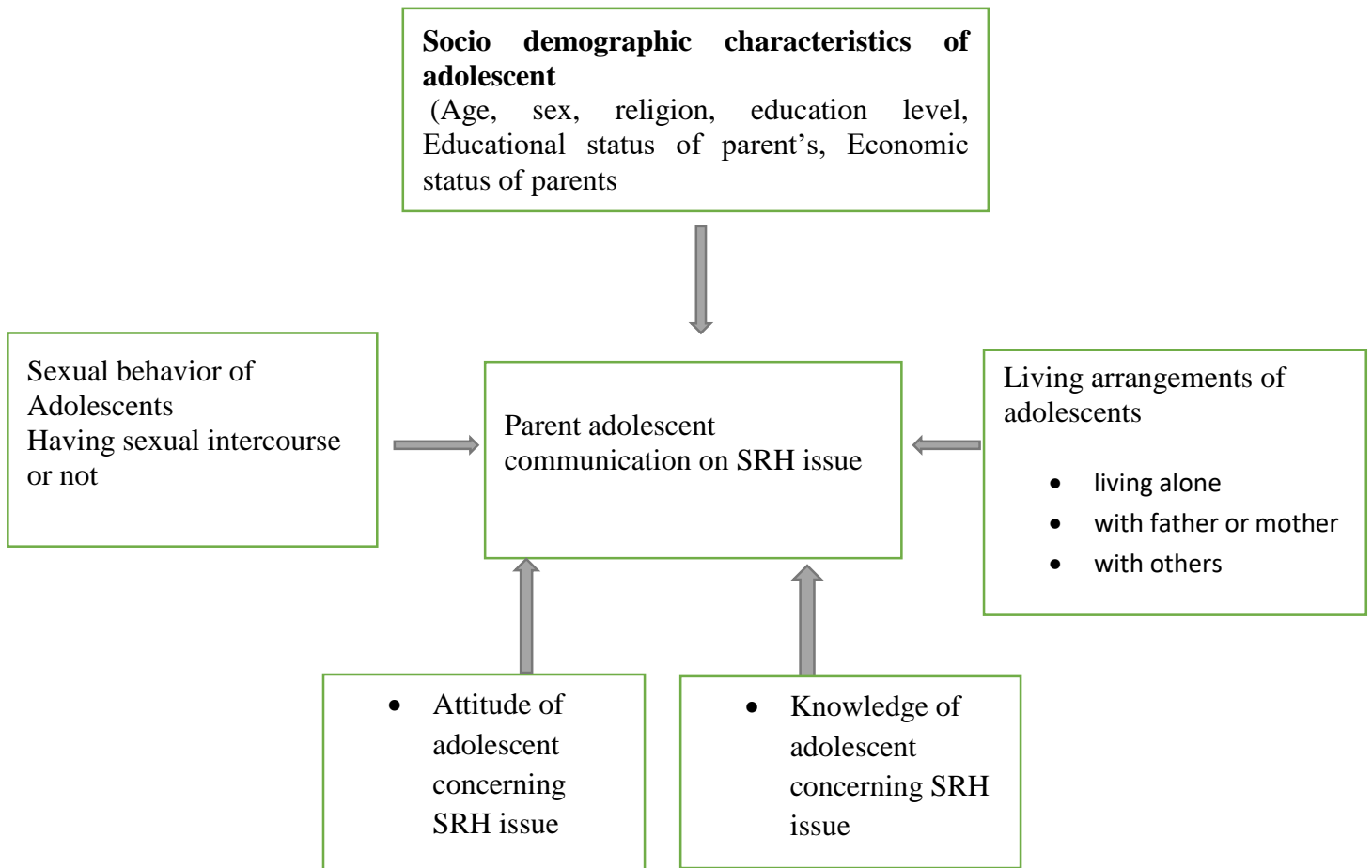


Figure 1: Conceptual framework of Parent-Adolescent Communication on SRH issues through reviewing various literatures [22, 25, 27, 28] Wolkite Ethiopia, August 2023

### **3. OBJECTIVES**

#### **3.1. General Objective**

To assess parent-adolescent communication and associated factors on sexual & reproductive health issues among secondary & preparatory school students in Wolkite Town , Ethiopia , 2023.

#### **3.2. Specific Objectives**

- ✓ To determine the magnitude of parent-adolescent communication on sexual & reproductive health issues practice among secondary & preparatory school students in Wolkite , Ethiopia ,2023.
- ✓ To identify factors affecting parent-adolescent communication on sexual & reproductive health issues among secondary & preparatory school students in Wolkite , Ethiopia , 2023.

## **4. METHODOLOGY**

### **4.1. Study Area and Period**

The study was conducted in Wolkite town, Gurage Zone high school students, which is located 150km away from Addis Ababa (Capital city of Ethiopia). There are 4 secondary & preparatory schools and 3 elementary schools in the town. According to the information obtained from Wolkite town Administration education office, this academic calendar (2022/2023), there are a total of 9,152 students (4,239 male and 4,913 female) who has been enrolled with in all secondary and preparatory schools of the town. This study was conducted from May 8/2023 to May 22 /2023.

### **4.2 . Study Design**

A cross-sectional study design was employed in high school students in Wolkite Town, Gurage Zone, SNNPR, Ethiopia, 2023.

### **4.3. Population**

#### **4.3.1. Source Population**

All students who were attending secondary & preparatory schools in Wolkite Town were the source of population

#### 4.3.2. Study Population

All students who will fulfill illegibly criteria and available during data collection period in Wolkite public high schools, 2023

#### 4.3.3 Legibility criteria

##### 4.3.3.1. Inclusion Criteria

- ✓ All Public secondary & preparatory schools students of the age ranges of 10-19 years.

##### 4.3.3.2. Exclusion Criteria

- ✓ Those who were critically ill, and those who were absent from school at the time of data collection period

## 4.4. Sample Size Determination & Sampling Technique

### 4.4.1. Sample Size Determination

The sample size determination was calculated by using a single population proportion formula considering the following assumptions ; The proportion of parent-adolescent communication on SRH issue was taken 30.6% from the finding of similar study conducted among Woreta high school students[29] marginal error (d) was taken 5% and 95% confidence interval and also 10% non- response rate were added.

$$n = \frac{(Z_{\alpha/2})^2 P(1-P)}{(d)^2}$$

$$n = (1.96)^2 (0.306) (0.694) / (0.05)^2$$

$$n = (3.84) (0.212) / (0.0025) = 325.6 = 326$$

Where

- ✓ n= sample size
- ✓ z= the standardized value = 1.96 (95% CI)
- ✓ p= estimated proportion of parent-adolescent communication on SRH issue = 0.306
- ✓ q=1-p = 0.694
- ✓ d= margin of error = 0.05

Therefore; the optimum sample size is 326. So, by considering 10% non-respondent rate, **359** students will be used as a final sample size.

### 4.4.2. Sampling Technique

There were four high schools in Wolkite Town. From those high schools two schools were selected by using simple random using lottery method. Next Stratified sampling method was used to classify students based on their level of grade. Finally, study participants were recruited proportionally from the selected sections by simple random sampling technique using lottery method.

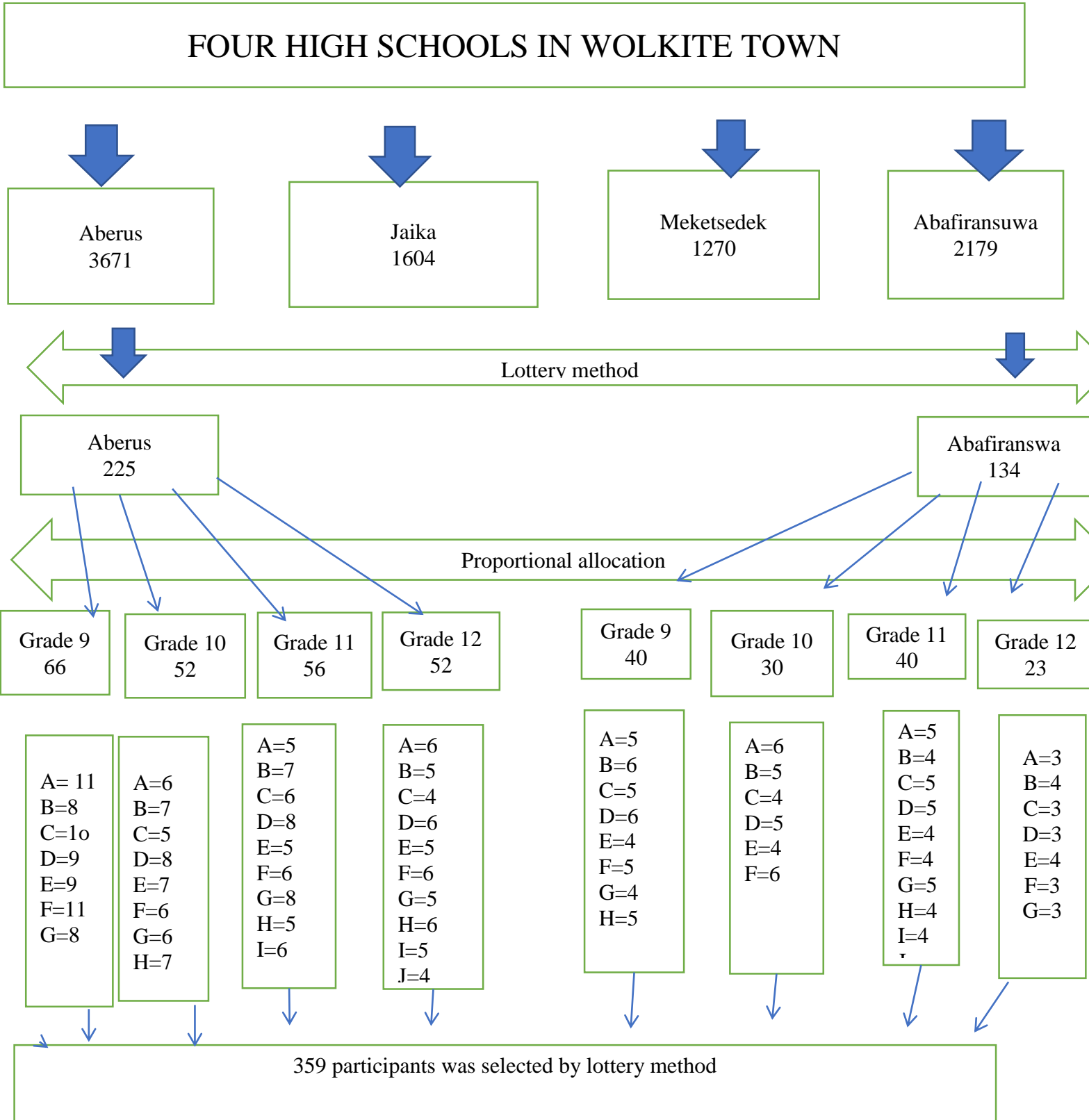


Figure 2: schematic presentation of sampling procedure for the study on parent adolescent communication among high school students in wolkite town, Ethiopia; 2023

## **4.5. Study Variables**

### **4.5.1. Dependent Variables**

- ✓ Parent -Adolescents communication on SRH issues

### **4.5.2. Independent Variables**

- ✓ Socio demographic factors (Age, Sex, Religious, Ethnicity)
- ✓ Educational Status of the parents
- ✓ Family Size
- ✓ Knowledge on SRH issues
- ✓ Attitude towards discussing SRH issues
- ✓ Occupation of Parents
- ✓ Communication skill

#### **4.6. Data Collection instruments & Procedures**

The data were collected by using structured self-administered questionnaires. Questions used in this study were derived from previously published research [27]. Questionnaire developed first in English and it consists of socio demographic characteristics, discussion of SRH related, question related to knowledge and attitude towards SRH issues. The questions and statements were arranged according to particular objectives that they can address. Then the first draft of questioner is submitted to the advisors and colleagues for comments. After extensive revision, the final version of the English questionnaire was translated to Amharic version, then back to English to ensure understandability and message consistency and then was pretested on some adolescents who weren't included in the study.

Data collectors were approach the selected respondents by explaining the aims of the study and what sort of information was needed. Data collectors were supervised and problems that may faced during data collection were solved on time. The principal investigators were check the filled questionnaires and solution was given by discussion with the supervisors and the data collector. Finally, the filled questionnaire was signed by supervisors after checking for its completeness

#### **4.7. Operational Definition**

**Parent–adolescent communication on SRH issues:** *Parents* who discussed at least two SRH issues (physical and psychological changes during puberty, sexual intercourse, condom, STI/HIV/AIDS, unwanted pregnancy, contraception) with adolescents in the last 6 months (29).

**Positive Attitude towards SRH communication:** adolescent's favorable outlook towards SRH communication and who scored points more than the mean score out of prepared attitude questions[10].

**Knowledgeable on SRH issues:** adolescent who have scored above the mean of the sexual and reproductive health related question[10].

**Sexual & Reproductive Health:** a state of physical, emotional, mental and social well-being in relation to sexuality; not merely the absence of disease, dysfunction or infirmity[30].

#### **4.8. Data Quality Assurance**

To ensure the quality of data, data collectors was trained for two days on how to approach the study participants, on the objective of the study, the content of the questionnaire, selection of the study participants, and method of data collection and on issues related to communication on SRH. In addition, in order to check the clarity and consistency of the questionnaire, pretest survey was conducted on 5% of the sample size (18 students) on Jaika high school. In addition, during the entire data collection period, the questionnaires was checked on daily basis for its completeness and to insure that all the information were properly collected.

#### **4.9. Data Processing & Analysis**

The collected data were checked & cleaned for it completeness, and then entered, coded, & analyzed using SPSS version 25. Then, descriptive statistical analysis was used to compute frequency, percentage and mean for independent and dependent variables. Binary logistic regression analysis were also used to ascertain the association between explanatory variables and outcome. Variables with significant association in the bi-variable analysis (P-value <0.25) were entered in to multivariate analysis to determine independent associated factors of adolescent-parent communication on sexual and reproductive health issues. Variables with P-value less than 0.05 in multivariate analysis were considered as statistically significant. Finally the strength of association was sated using odds ratio and the result was presented in tables, graphs and test descriptions.

#### **4.10. Ethical Consideration**

An official letter was obtained from Wolkite University College of Medicine & Health Science and submitted to the Zone education office for permission. In addition, the entire study participant were informed about the purpose of the study and finally their oral consent was obtained before giving the questioner. The information provided by each respondent was kept confidential and was only be used for research purpose.

#### **4.11. Result Dissemination plan**

The final version of this study finding will be presented to Wolkite University College of Medicine & Health Science Department of Nursing and then the hard copy will be submitted. In addition, the hard copy of the finding will also be submitted to Wolkite town Health office, Education office, and high schools & preparatory schools.

## 5. RESULTS

### 5.1 SOCIO DEMOGRAPHIC CHARACTERISTICS OF RESPONDANT

A total of 359 participants were enrolled and giving a 100% response rate. The mean age of study participants was 17.06 ( $\pm 1.44$  SD) years. Among the study participants, 218 (60.7%) were Gurage by ethnic group and 174 (48.5%), of them were orthodox in religion. From those 201(56.0%) of the respondents were females. .Regarding marital status more than half of the participant parent's, 279 (77.7%) was live together and housewives 187 (52.7%), and 169(47.1%) educated primary school and 187 (52.1%) had ( $\geq 7$ ) family size. (Table 1)

Table 1; Socio-demographic characteristics of respondents attending secondary and preparatory school students in Wolkite Town, Gurage Zone, Ethiopia, 2023 (n=359)

Variable	Category	Frequency	Percent (%)
Sex	Male	158	44.0
	Female	201	56.0
Age(in years)	<18	192	53.5
	$\geq 18$	167	46.5
Grade	9&10	188	52.4
	11&12	171	47.6
Religion	Muslim	136	37.9
	Orthodox	174	48.5
	Protestant	33	9.2
	Other	16	4.5
Ethnicity	Amhara	101	28.1
	Oromo	28	7.8
	Gurage	218	60.7
	Other*	12	3.3
Living arrangement	my father and my mother	256	71.3

	mother only/father only	44	12.3
	brothers /sisters	39	10.9
	living alone	16	4.5
	relatives	4	1.1
Birth place	Urban	161	44.8
	Rural	198	55.2
Marital status	Together	279	77.7
	Divorced	25	7.0
	Widowed	29	8.1
	Single	26	7.2
parents' educational status	Unable to read and write	49	13.6
	Only read and write	141	39.3
	Primary and above	169	47.1
Mothers' occupational status	House wife	187	52.1
	employee	80	22.3
	Merchant	92	25.6
Fathers' occupational status	Farmer	170	47.4
	employee	117	32.6
	Merchant	72	20.1
Family size	1-3	28	7.8
	4-6	144	40.1
	>=7	187	52.1

Other =refers to religious groups other than stated in the structured questions like

Catholic,Adventist and others

Others\*= refers to ethnic groups other than those stated in the structured questions like Silte, kambata and Sidama ethnic groups.

## 5.2 Knowledge of adolescents' students on selected SRH issues.

Concerning participants' knowledge of SRH issues about 176 (49.0%) were considered to have good knowledge. Of the total 359 respondents, majority of knew about at least one contraceptive method, 304 (84.7%).. More than three-fourth 318 (88.6%) of the participants knew at least one STD. the majority of respondents knew at least one physical and behavioral change during puberty 321(89.4%). (Table 2).

Table 2, knowledge of adolescent students on Selected sexual and reproductive health issues in Wolkite Town, Gurage, Ethiopia, 2023 (n=359)

Variable	Category	frequency	Percent (%)
Knowledge about SRH issues	Good	176	49.0
	Poor	183	51.0
Ever heard of SRH issue	Yes	255	71.0
	No	104	29.0
Age of heard SRH issue	<10	14	3.9
	10-14	167	46.5
	15-19	74	20.6
	Never heard	104	29.0
The first source of information about SRH issue	School	119	33.1
	Peers including boys and girls	42	11.7
	Mass media	52	14.5
	Family (father and mother)	20	5.6
	Sisters and brothers	23	6.4
Awareness about sexually transmitted infections	Yes	318	88.6
	No	41	11.4
Knowledge about contraceptive methods	Yes	304	84.7
	No	55	15.3

Type of contraceptive do you know	Pills/tablets	124	34.5
	Condom	191	53.2
	Dipo	97	27.0
	Implant	116	32.3
	IUCD	77	21.4
	Natural method	84	23.4
Knowledge about behavioral and physical changes	Yes	321	89.4
	No	38	10.6
Type of behavioral and physical change do you know	Breast development in female	224	62.4
	On set of menstruation in females	217	60.4
	Change in voice in both sex	181	50.4
	Refuse parent command	121	33.7
	Interest to wards opposite sex	122	34.0
Know when menstrual cycle starts	Yes	253	70.5
	No	106	29.5
Age at the onset of menstrual cycle	<13	116	32.3
	13-15	89	24.8
	16-18	27	7.5
	I do not remember	22	6.1

### 5.3 KNOWLEDGE AND ATTITUDE OF ADOLESCENT

In this study above half (51%) of the participants had poor knowledge and 210(58.5%) of respondents had good attitude towards SRH issues. More than half of the participants 203(56.5%) believed premarital sex is not acceptable and from 359 respondents 209(58.2%) strongly agreed that girl have to remain virgin until she marries and 176(49.0%) boy have to remain virgin until he marries. Concerning the protection of condoms against STIs and HIV, 118(32.9%) of the respondent's agreed that condoms could protect against these infections. Similarly, 110(30.6%) strongly agreed that parent -adolescents communication has the capacity to delay first sexual intercourse as (Table 3)

Table 3: Knowledge of adolescent students on Selected sexual and reproductive health Issues in Wolkite Town ,Gurage,Ethiopia,2023(n=359)

Variable	Category	frequency	Percent (%)
Acceptance of premarital sex	Strongly disagree	203	56.5
	Disagree	73	20.3
	Neutral	30	8.4
	Agree	25	7.0
	Strongly agree	28	7.8
Girls have to virgin until she marries	Strongly disagree	23	6.4
	Disagree	18	5.0
	Neutral	25	7.0
	Agree	84	23.4
	Strongly agree	209	58.2
Boys have to virgin until he marries	Strongly disagree	38	10.6
	Disagree	32	8.9
	Neutral	31	8.6
	Agree	82	22.8
	Strongly agree	176	49.0
STI can prevented by using condom	Strongly disagree	59	16.4
	Disagree	59	16.4
	Neutral	44	12.3
	Agree	118	32.9
	Strongly agree	79	22.0

Male force he love females	Strongly disagree	184	51.5
	Disagree	96	26.5
	Neutral	28	7.8
	Agree	20	5.6
	Strongly agree	31	8.6
Parent adolescent communication prevents premarital sex	Strongly disagree	56	15.6
	Disagree	60	16.7
	Neutral	43	12.0
	Agree	90	25.1
	Strongly agree	110	30.6
Attitude	Positive	210	58.5
	Negative	149	41.5

#### 5.4 PARENT ADOLECENT COMMUNICATION STSTATUS ON SRH ISSUES

From 359 respondents, 61.3% [95% CI: (58.83, 63.73%)] of adolescents had good communication with their parent on SRH issues. The finding showed that 64.9% not discuss about contraceptive and more than three-fourth of the participants 79.1% never discussed about sexual intercourse with their parents. From the respondents 54.9% were discuss about STIs and HIV/AIDS.

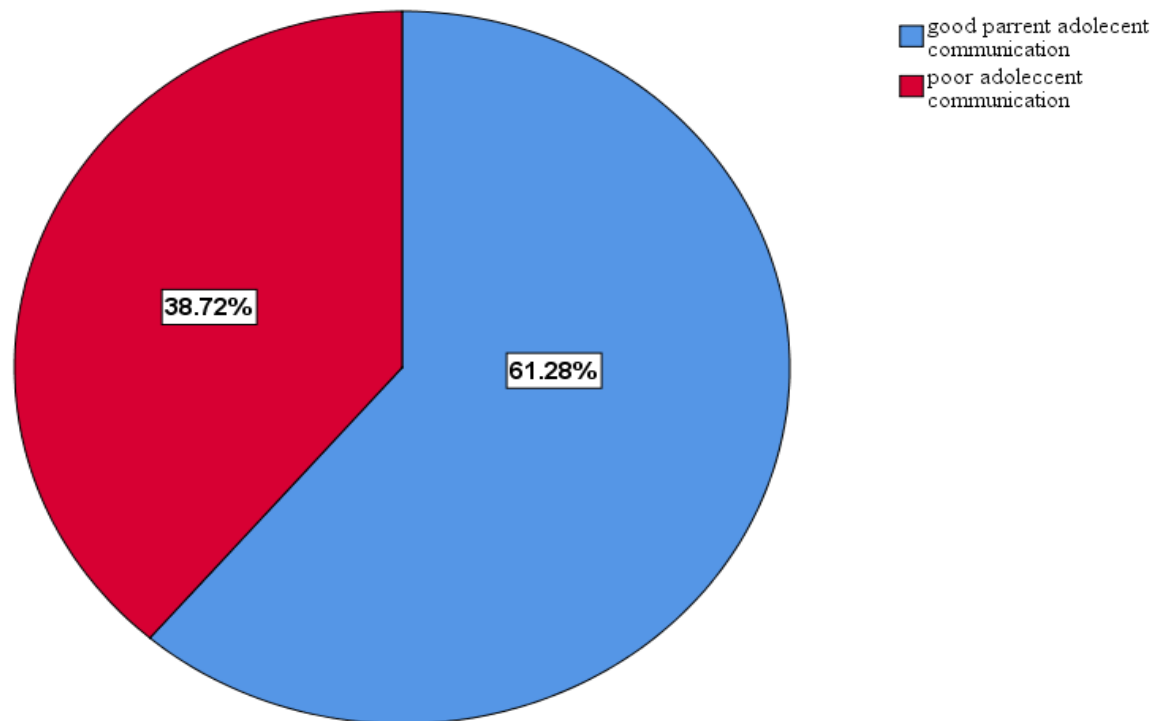


Figure 3: Magnitude of parent adolescent communication on SRH issues at secondary schools of wolkite town, Ethiopia, 2023

Table 4; SRH topics discussed between parents and wolkite town high school adolescent students in Wolkite, Ethiopia, 2023 (n=359)

Variable	Category	Frequency	Percent (%)
Contraception discussion	No	233	64.9
	Yes	126	35.1
STIs and HIV/AIDS discussion	No	162	45.1
	Yes	197	54.9
Sexual intercourse discussion	No	284	79.1
	Yes	75	20.9
Unintended pregnancy discussion	No	267	74.4
	Yes	92	25.6
Use of condom discussion	No	292	81.3
	Yes	67	18.7
Behavioral and psychological changes discussion	No	217	60.4
	Yes	142	39.6

### Factors associated with parent -adolescent communications

Binary logistic regression analysis was used to see the relationship between the dependent variable (students' discussion of SRH issues with their parents) and the independent variables. In the bivariate analysis, respondents' birth place, living arrangement, parents' educational status and fathers' occupation were found to have a P-value less than 0.25. So these were qualified for the multi-variable analysis and the multi-variable analysis made on the above variables indicate that parents educational status and living arrangement of parents were factors that affect parent adolescent communication on SRH issues at  $P < 0.05$ . Those students ,whose parents 'had primary education and above ,were 1.89 more likely to communicate on SRH issues as compared to those students whose parents' were unable to read and write .(AOR=1.89; 95% CI; 1.16-3.12)

Students those who were living with both parents (with mother and father ) were 2.02 times more likely to communicate on SRH issues as compared to those who had lived with either of their parents or with others (AOR=2.02;95% CI;1.04 -3.85) (Table 5).

Table 5; Factors associated with parent adolescent communication on SRH issues among secondary and preparatory school students in Wolkite town (N=359), August, 2023

Variables	Category	Communication on SRH issues with parents		COR (95% CI)	AOR	95% C.I for AOR		P-value
		Good	Poor			Lower	Upper	
Respondents birth place	Urban	93	68	1.00				
	Rural	127	71	0.765(0.49, 1.17)	0.836	0.516	1.355	0.468
living arrangement	With mother and father	157	99	1.00				
	With only mother/only father	20	24	1.90 (0.99, 3.63)	2.002	1.040	3.854	<b>0.038</b>
	Others	43	16	0.59(0.315, 1.10)	0.575	0.299	1.107	0.098
Parents educational status	Unable to read & write	32	17	1.00				
	Only read and write	78	63	0.99(0.51, 1.93)	1.416	0.685	2.931	0.348
	Primary and above	110	59	1.506(0.95, 2.38)	1.98	1.156	3.115	<b>0.011</b>
Father occupation	Farmer	111	59	0.66(0.38, 1.16 )	0.663	0.355	1.238	0.197
	Employee	69	48	0.87(0.48,1.57 )	0.91	0.494	1.674	0.760
	Merchant	40	32	1.00				

P- Value <0.05 ,COR-crude odd ratio , AOR -adjusted odds ratio and CI-confidence interval

## 6. DISSCUSSION

This study has attempted to assess the proportion of parent-adolescent communication on SRH issues and its associated factors in Wolkite secondary and preparatory school students, Southwest Ethiopia. This study reveals that 220 (61.3%) of the respondents had good PAC (ever discussed two or more topics of sexual and reproductive health issues with their parents) [95% CI: (58.83, 63.73%)]. This finding is higher than the study conducted in Debre Markos secondary and preparatory school (36.9%) [25], Woldiya town (30.4%)[23] and Bullen Woreda, Benishangul Gumuz Region North West Ethiopia (28.9%) [31]. This difference might be due to use difference in operational definition of parent adolescent communication. In contrast, this finding was similar with the study conducted in Agaro town, Jimma Zone Southwest Ethiopia 61.3% [22] . The possible justification for this might be similarity in study area, setting and design, as well as study population.

Finding from the current study identified parents educational status is among factors that predict parent -adolescent and reproductive health communication. More specifically, students whose parents have completed primary and above were 1.89 more likely to communicate SRH issues than those students whose parents were unable to read and write or those only read and write. This finding in line with some studies that have been done previously; for example ,a study conducted in Boditi (town in southern Ethiopia) reveals similar outcome in that students from educated parents background discuss(communicate )more openly than their illiterate parents counterparts about SRH issues [32]. This is due to, educated parents have more awareness and exposure to SRH issues and have positive attitude on open discussion on such issues with adolescents[28]. Therefore, from this finding, it is possible to deduce that education is a key tool in increasing the awareness of parents about SRH issues and their openness for discussion concerning issues that are connected with their children. In short the more awareness of parents about SRH issues ,the more open they become and the more freedom they give children to communicate SR issues [33]. High educational level have an opportunity to get information on such issues that parents might need to guide their adolescents at this stage of development [34].

Being adolescent living with both of parents were 2.02 times more likely to communicate on SRH issues as compared to adolescents living with one of parents or others. Thus ,this might be due to the fact that the presence of both parents allow for the normal functioning of family and this would in turn permit adolescents to communicate SRH issues by preferring convenient parent (among

father and mother). But in contrary to this, if parent is only one (let's say only father) and adolescent preferred to have discussion with mother; adolescent is then forced to quit communication or discussion he/she should have [28]

### **Conclusion and recommendation**

This finding showed that poor parent adolescent communication on sexual and reproductive health issues was found to a prevalent problem of adolescents. Those students whose parents educational status was primary school and above and being adolescents living with both of parents were more likely to communicate SRH issues with their parents. Schools and other concerned bodies on SRH should give attention for adolescents who live alone or with one parent only and for those of students with low parent educational status by providing information on SRH issues. Parents also need to communicate with adolescents on SRH issues to prevent risks related to unhealthy sexual behaviors and also researchers need to study on the issue with better design and larger area.

### **Limitation of the study**

There were no data received from the parents' side regarding the details of the communication they had with their children .This is a cross sectional study and hence it was difficult to imply cause-effect relationship. Also the study includes only public schools but not include private schools.

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## **Annex I: Data Collection Format (English)**

### **Part I: Respondents information sheet**

Dear respondents!

Good morning/Afternoon! We are 1 -Abeba Wale ,2-Almaz Aber, 3-Shamawork Desalegn. We are 4<sup>th</sup> year undergraduate nursing students and we are working as data collectors with a study conducted in Wolkite University, College of medicine and health science, department of nursing. You are selected and included in the study as a part of the sample population to fill this questionnaire designed by the researcher on parent adolescent communication and its associated factor on SRH issue. You will participate if you give us your informed consent after you have understood the following information:

**Objective of the study:** To assess the parent adolescent communication on SRH issue and associated factors. As far as this study is concerned there is no risk to in providing us with the information that we refer. We will need a sit of your time to give us the information. The information that you provide will be used for research purpose only &no names will need to be divulged in the questionnaire. your participation in this study is very important and it is totally voluntary. You have the write to withdraw at any time if you want to, without any prerecession or penalty.

Are you voluntary to participate in this study?

Yes

No

Signature\_\_\_\_\_

Date\_\_\_\_\_

### Part I: Socio demographic Characteristics of Respondents

S.no	Variables	Response
1	Age	..... years
2	Grade	.....
3	Gender	1. Female 2. Male
4	Religion	1. Muslim 2. Orthodox 3. Protestant 4. Catholic 5. Others (specify)___
5	With whom you are living with	1. My father & mother 2. Mother only/Father only 3. With brothers /sisters 4. Living alone 5. With others
6.	Birth place of students	1. Urban 2. Rural
7	Ethnicity	1. Amhara 2. Oromo 3. Gurage 4. Others
8	Marital status of your parents	1. Married 2. Divorced 3. Widowed

		4. Single
9	Family size of your parent (including mother and father)	_____
10	Educational status of your mother	1. cannot able to write and read 2. Primary (1-8) 3. Secondary (9-12) 4. Diploma and above
11	Educational status of your father	1. cannot able to write and read 2. Primary (1-8) 3. Secondary (9-12) 4. Diploma and above
12	Parent income/per month (Ethiopian birr)	1. ----- birr
13	Occupational status of mother	1. House wife 2. Government employee 3. Private employee 4. Merchant 5. Others (specify)_____
14	Occupational status of father	1. Farmer 2. Government employee 3. Private employee 4. Merchant 5. Other _____

## Part II: Awareness of Adolescent about Major Sexual & Reproductive Health Issues

S.no	Variables	Response
15.	Have you ever heard about reproductive health? (If your answer is No skip to question number 16).	<ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> </ol>
16.	If yes to question number 1, at what age	_____years of age
17.	What was your first Source of information about reproductive health? (More than one answer is possible)	<ol style="list-style-type: none"> <li>1. School</li> <li>2. Peer including girl or boy friend</li> <li>3. Mass media (TV, Radio, Magazines, Newspaper)</li> <li>4. Family (father and mother)</li> <li>5. Brothers /sisters</li> <li>6. Relatives</li> <li>7. Other specify</li> </ol>
18.	Do you know about sexually transmitted infection?	<ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> </ol>
19.	Do you know about contraceptive method?	<ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> </ol>

<b>20</b>	If yes to question number 16, which one do you know? (More than one answer is possible)	<ol style="list-style-type: none"> <li>1. Pills/ Tablet</li> <li>2. Condom</li> <li>3. Dipo</li> <li>4. Implant</li> <li>5. IUCD</li> <li>6. Natural method</li> </ol>
<b>21</b>	Do you know physical and behavioral changes during puberty	<ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> </ol>
<b>22.</b>	What are behavioral and physical change occurs during adolescence (Multiple answer is possible)?	<ol style="list-style-type: none"> <li>1. Breast development in female</li> <li>2. On set of menstruation in females</li> <li>3. Change in voice in both sex</li> <li>4. Refuse parent command</li> <li>5. Interest towards opposite sex</li> <li>6. Interest to have sex</li> <li>7. Feel angry for minor reasons</li> <li>8. Other specify</li> </ol>
<b>23.</b>	Do you know when your menstrual cycle starts?	<ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> </ol>
<b>24.</b>	If your answer is yes to question number 23, at what age?	..... years

### Part III: Attitude of Adolescents towards Major Sexual & Reproductive Health Issues

S.no	Variables	Response
25.	Is premarital sex is acceptable?	<ol style="list-style-type: none"> <li>1. Strongly disagree</li> <li>2. Disagree</li> <li>3. Neutral</li> <li>4. Agree</li> <li>5. Strongly agree</li> </ol>
26.	A girl has to remain a virgin until she marries.	<ol style="list-style-type: none"> <li>1. Strongly disagree</li> <li>2. Disagree</li> <li>3. Neutral</li> <li>4. Agree</li> <li>5. Strongly agree</li> </ol>
27.	A boy has to remain virgin until he marries	<ol style="list-style-type: none"> <li>1. Strongly disagree</li> <li>2. Disagree</li> <li>3. Neutral</li> <li>4. Agree</li> <li>5. Strongly agree</li> </ol>
28.	Do you believe that STIs & HIV/AIDs can be prevented using condom?	<ol style="list-style-type: none"> <li>1. Strongly disagree</li> <li>2. Agree</li> <li>3. Neutral</li> <li>4. Agree</li> <li>5. Strongly disagree</li> </ol>
29	Do you believe that Boy has to force girls to have sex if he loves her.	<ol style="list-style-type: none"> <li>1.Strongly disagree</li> <li>2.Agree</li> <li>3.Neutral</li> <li>4.Agree</li> <li>5.Strongly disagree</li> </ol>

<b>30</b>	Do you believe that parent -adolescent communication on SRH issue delays the first sexual intercourse	1.Strongly disagree 2.Agree 3.Neutral 4.Agree 5.Strongly disagree

**Part IV: Communication between Parents & Adolescents about Sexual & Reproductive Health Issues**

<b>31</b>	Have you ever discussed about contraception? 0	1. Yes 2. No
<b>32.</b>	Have you ever discussed about STI & HIV/AIDS related issues?	1. Yes 2. No
<b>33.</b>	Have you ever discussed about sexual intercourse with your parents?	3. Yes 4. No
<b>34</b>	Have you ever discussed unintended pregnancy?	5. Yes <b>6.</b> No
<b>35</b>	Have you ever discussed the use of condom?	7. Yes 8. No



**ክፍል 1. የጥናቱ ተሳታፊዎች የማህበራዊ የስነ ሕዝብ አወቃቀር ባህሪዎች**

ተ.ቁ	ጥያቄ	መልስ
1.	ዕድሜህ/ሽ	_____ ዓመት
2.	ክፍል	_____ ኛ
3.	ጾታ	ሀ. ሴት ለ. ወንድ
4.	ሃይማኖት	ሀ. ሙስሊም ለ. ኦርቶዶክስ ሐ. ፕሮቴስታንት መ. ካቶሊክ ሠ. ሌላ (ይግለጹ) _____
5	የትውልድ ስፍራ	ሀ.ከተማ ለ.ገጠር
6.	ብሔርህ/ሽ	ሀ. አማራ ለ. አሮሞ ሐ. ጉራጌ መ. ሌላ ከሆነ ይገለፅ

7.	ከማን ጋር ነው የምትኖረው/ረው	<p>ሀ. ከአባትና እናት ጋር</p> <p>ለ. ከእናት ብቻ</p> <p>ሐ. ከአባት ብቻ</p> <p>መ. ከወንድሞች/እህቶች ጋር</p> <p>ሠ. ብቻዬን</p> <p>ረ. ሌላ ከሆነ ይገለፅ</p>
8.	የወላጆች የአኗኗር ሁኔታ	<p>ሀ. አንድ ላይ</p> <p>ለ. ተፋተዋል</p> <p>ሐ. እናት በሕይወት የለችም</p> <p>መ. አባት በሕይወት የለም</p> <p>ሠ. ተለያይተው ፣ ግን ሳይፋቱ</p>
9.	የወላጅዎ የቤተሰብ መጠን እናትን እና አባትን ጨምሮ	_____
10.	የእናት የትምህርት ደረጃ _____	<p>ሀ. ያልተማረች</p> <p>ለ. የመጀመሪያ ደረጃ (1-8)</p> <p>ሐ. ሁለተኛ ደረጃ (9-12)</p> <p>መ. ዲፕሎማ እና ከዛ በላይ</p> <p>ሠ. ሌላ _____</p>

11.	የአባት የትምህርት ደረጃ	ሀ. ያልተማረ ለ. የመጀመሪያ ደረጃ (1-8) ሐ. ሁለተኛ ደረጃ (9-12) መ. ዲፕሎማ እና ከዛ በላይ ሠ. ሌላ _____
12.	የወላጅ የገቢ መጠን / በወር (ብር)	ሀ. _____
13.	የእናት የስራ ሁኔታ	ሀ. የቤት እመቤት ለ. የመንግስት ሰራተኛ ሐ. የግል ሰራተኛ መ. ነጋዴ ሠ. ሌላ _____
14.	የአባት የሥራ ሁኔታ	ሀ. ገበሬ ለ. የመንግስት ሰራተኛ ሐ. የግል ሰራተኛ መ. ነጋዴ ሠ. ሌላ _____

**ክፍል 2: የጥናት ተሳታፊዎች በስነ-ተዋልዶ ጤና ጉዳዮች ዙሪያ ያላቸው እውቀት/ግንዛቤ**

15.	ስለስነ ወሲብና ስነ ተዋልዶ ጤና ሰምተህ/ሽ ታውቃለህ/ሽ? (የዚህ ጥያቄ መልስ አላውቅም ከሆነ ወደ ጥያቄ ቁጥር 16 ይለፉ)	ሀ. አዎ ለ. አላውቅም
16.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

17.	<input type="checkbox"/> መጀመሪያ ጊዜ ስለ ስነ ወሲብና ስነተዋልዶ ጤና ስትሰማ/ሚ የመረጃ ምንጭታ/ሽ ምን ነበር? (ከአንድ በላይ መልስ ይቻላል)	ሀ. □□□□□ □□ ለ. □□□ (□□□/□□□□) ሐ. □□□ (□□□□□□ □□□□ □□□□□□□ □□□) መ. □□□ (□□□/□□□) ሠ. □□□□/□□□ ረ. □□ □□□ □□□□ _____
18.	በግብረ ሥጋ ግንኙነት ወቅት የሚተላለፉ የበሽታ ዓኑቶችን ታውቃለህ/ቂያለሽ?	ሀ. አዎ ለ. አላውቅም
19.	ስለ የእርግዝና መከላከያ ዘዴ ታውቃለህ/ቂያለሽ?	ሀ. አዎ ለ. አላውቅም
20.	ከላይ ላለው ጥያቄ መልስህ/ሽ አዎ ከሆነ፣ የትኛውን ታውቃለህ/ቂያለሽ? (ከአንድ በላይ መልስ ይቻላል)	ሀ. እንክብል/ክኒን ለ. ኮንዶም ሐ. ዲፖ/መርፌ መ. በክንድ ቆዳ ስር የሚቀበር ሠ. በማህፀን ውስጥ የሚቀመጥ/ IUCD ረ. የተፈጥሮ ዘዴ
21.	ለአካለ መጠን በሚ ደረሰበት ወቅት በወጣቶች ጊዜ የሚከሰቱ የሰውነትና የባህሪ ለውጦችን ታውቃለህ/ሽ?	ሀ. አዎ ለ. አላውቅም
22.	መልስህ/ሽ አውቃለሁ ከሆነ በወጣትነት-ወቅት የሚከሰቱ የሰውነትና የባህሪ ለውጦች የትኞቹ ናቸው? (ከአንድ በላይ መልስ ይቻላል)	ሀ. የሴቶች ጡት ማደግ ለ. ሴቶች የወር አበባ ማየት ሐ. የድምፅ ውጥ በሁለቱም ያታዎች መ. የቤተሰብን ትዕዛዝ አለመቀበል ሠ. በተቃራኒ ያታ ላይ ፍላጎት ማሳየት ረ. የግብረ ስጋ ግንኙነት ፍላጎት መኖር ሰ. በጥቃቅን ምክንያቶች መናደድ . <input type="checkbox"/> ላ ካለ ይገለፅ _____
23.	የወር አበባዎ ዑደት መቼ እንደሚጀመር ታውቂያለሽ? (ለሴት)	ሀ. አዎ

	ተማሪዎች ብቻ)	ሲ. አላውቅም
24.	የጥያቄ ቁጥር23 መልስህ/ሽ አዎ ከሆነ፣ በየትኛው ዕድሜ ላይ ነው የሚታየው?	_____ ዕድሜ

**ክፍል 3: የጥናት ተሳታፊዎች በስነ-ተዋልዶ ጤና ጉዳዮች ዙሪያ ያላቸው ዝንባሌ/አመለካከት**

25.	ከጋብቻ በፊት የሚደረግ ወሲብን እደግፋለሁ/አበረታታለሁ	ሀ. በጣም አልስማማም ሲ. አልስማማም ሐ. መወሰን አልችልም/አላውቅም መ. እስማማ ለ ሁ ሠ. በጣም እስማማ ለ ሁ
26.	ሴት ልጅ እስክታገባ ድረስ ድንግል መሆን አለበት	ሀ. በጣም አልስማማም ሲ. አልስማማም ሐ. መወሰን አልችልም/አላውቅም መ. እስማማ ለ ሁ ሠ. በጣም እስማማ ለ ሁ
27.	ወንድ ልጅ እስኪያገባ ድረስ ድንግል መሆን አለበት	ሀ. በጣም አልስማማም ሲ. አልስማማም ሐ. መወሰን አልችልም/አላውቅም መ. እስማማ ለ ሁ ሠ. በጣም እስማማ ለ ሁ
28.	በግብረ ስጋ ግንኙነት ወቅት የሚተላለፉ በሽታዎችና ኤች አይ ቪ/ኤድስን ኮንዶም በመጠቀም መከላከል ይቻላል ብለህ/ሽ ታምናለህ/ኛለሽ?	ሀ. በጣም አልስማማም ሲ. አልስማማም ሐ. መወሰን አልችልም/አላውቅም መ. እስማማ ለ ሁ ሠ. በጣም እስማማ ለ ሁ
29.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ( <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> )	ሀ. በጣም አልስማማም ሲ. አልስማማም ሐ. መወሰን አልችልም/አላውቅም መ. እስማማ ለ ሁ ሠ. በጣም እስማማ ለ ሁ
30.	ወጣቶችና ወላጆቻቸው በስነ ወሲብ እና ስነ ተዋዋይ ዙሪያ መወያየታቸው ያለ ዕድሜ	ሀ. በጣም አልስማማም ሲ. አልስማማም

<p>ከሚረጋገጥ የግብረ ስጋ ግንኙነት ይቆጥባቸዋል/ቀጥሎ ሊከሰት የሚችለውን የግብረ ስጋ ግንኙነት ያዘገቡ:: (አንድ መስፈርት ብቻ ስጥ/ስጩ)</p>	<p>ሐ.መ ወሰንአልችልም/አላውቅም          መ.እስማ ማ ለ ሁ          ሠ.በጣም እስማ ማ ለ ሁ</p>
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**ክፍል 4: የጥናት ተሳታፊዎች በስነ-ተዋልዶ ጤና ጉዳዮች ዙሪያ ያላቸው ተግባራት**

31	<p>በየእርግዝና መከላከያዎች ዙሪያ ተወያይተሽ/ህ ታውቃለህ/ቂለሽ?</p>	<p>ሀ. አዎ          ለ. አላው ቅም</p>
32.	<p>በግብረ ስጋ ግንኙነት የሚተላለፉ በሽታዎችና ኤች አይ ቪ / ኤድስ ዙሪያ ትወያያለህ/ሽ?</p>	<p>ሀ. አዎ          ለ. አይ</p>
33.	<p>የግብረ ስጋ ግንኙነት ጋር በተያያዙ ጉዳዮች ከወላጆችህ/ሽ ጋር ትወያያለህ/ሽ?</p>	<p>ሀ. አዎ          ለ. አይ</p>
34.	<p>ስለ ያልተፈለገ እርግዝና ተወያተህ/ሽ ታውቂያለሽ/ቃለህ?</p>	<p>ሀ. አዎ          ለ. አይ</p>
35.	<p>ስለኮንዶም አጠቃቀም ትወያያለህ/ሽ?</p>	<p>ሀ. አዎ          ለ. አይ</p>

36.	በጉርምስና ወቅት ስለሚመጡ አካላዊና ሥነ ልቦናዊ ለውጦች ትወያያለህ/ሽ?	ሀ. አዎ ለ. አይ
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**ለትብብራችሁ አመሰግናለሁ።**