**WOLKITE UNIVERSITY,**

**COLLEGE OF MEDICINE AND HEALTH SCIENCES,**

**DEPARTMENT OF NURSING**

# ADOLESCENT PARENT SEXUAL AND REPRODUCTIVE HEALTH COMMUNICATION AND ASSOCIATED FACTORS AMONG SECONDARY SCHOOL STUDENTS IN CHEHA WOREDA, GURAGE ZONE, CENTRAL ETHIOPIA

**A RESEARCH THESIS TO BE SUBMITTED TO WOLKITE UNIVERSITY, COLLEGE OF MEDICINE AND HEALTH SCIENCES, DEPARTMENT OF NURSING FOR THE REQUIREMENTS OF PARTIAL FULFILLMENT FOR THE MASTER OF SCIENCE DEGREE IN MATERNITY AND REPRODUCTIVE HEALTH NURSING.**

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# Adolescent Parent Sexual and Reproductive Health Communication and Associated Factors among Secondary School Students in Cheha Woreda, Gurage Zone, Central Ethiopia.

**A Research Thesis to be submitted to Wolkite University, College of Medicine and Health Sciences, Department of Nursing for the Requirements of partial fulfillment for the Master of Science Degree in Maternity and Reproductive Health Nursing.**

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**October 2024**

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# Approval sheet

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## Acronyms and abbreviation

AIDS ……..Acquired Immuno Deficiency Syndrome

AOR……Adjusted Odd Ratio

CI ……....Confidence Interval

COD ……Crude Odd Ratio

EDHS…… Ethiopian Demographic Health Survey

HIV ……...Human Immuno Deficiency

HPV ……Human Papilloma Virus

REC…….……Research and Ethics Committee

RH ……Reproductive Health

SPSS ……Statistical Package for the Social Sciences

SRH ……..Sexual and Reproductive Health

STIs……Sexually Transmitted Infections

UNFPA…… United Nation Food Program Agency

WHO ……World Health Organization

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# Abstract

**Background**: Adolescent-parent sexual and reproductive health communication is a vital way of improving sexual and reproductive health outcomes for adolescents. However, there is limited evidence regarding communication between adolescent and their parents about sexual and reproductive health in Ethiopia.

**Objective**: To assess adolescent parent sexual and reproductive health communication and associated factors among students attending secondary schools at Cheha Woreda, Gurage Zone, Central Ethiopia.
**Method**: A cross-sectional quantitative study, supplemented with qualitative data, was carried out among 550 secondary school students from February 1–30, 2024. A systematic sampling method was employed to select participants. Data collection involved self-administered questionnaires, and Focus Group Discussions were held with a purposively chosen group of students. The quantitative data was entered using EpiData version 4.6 and analyzed with SPSS version 26. Binary and multivariable logistic regression analyses were performed to identify associations, with a 95% confidence interval and a p-value of <0.05 considered for statistical significance. Qualitative data was analyzed using manual thematic analysis. The results were presented in the form of tables, figures, and text.

**Results:** Five hundred fifty participants completed the questionaries' making the response rate 95.2%. More than half of the participants, 57.1% (95% CI: 0.528–0.613), reported communicating about sexual and reproductive health issues with their parents. The study identified significant associations with adolescent-parent sexual and reproductive health communication, including being female (AOR = 1.62, 95% CI: 1.08–2.6), having a mother whose occupation was farmer (AOR = 0.27, 95% CI: 0.1–0.7), receiving information about SRH (AOR = 1.74, 95% CI: 1.12–2.7), and being knowledgeable about SRH (AOR = 1.59, 95% CI: 1.04–2.4). The qualitative findings identified shame and fear of parents as primary barriers to SRH communication.

**Conclusions and recommendations**: Around two third of the participants were aware of various sexual and reproductive health services; however, the proportion of sexual and reproductive health communication with parents was low. Therefore, providing detailed information on the importance of communicating such sensitive issues with parents is recommended. Further research is needed to identify barriers from the parents' perspective.


**Keywords:** Communications, sexual and reproductive health, Adolescent, Wolkite, Ethiopia

# Chapter 1-introduction

## 1.1 Background

The World Health Organization (WHO) classifies adolescents as individuals aged 10 to 19 years(1). Improving adolescent health has emerged as a critical priority worldwide, particularly emphasizing the need to address health challenges in adolescents from low- and middle-income countries to achieve the Sustainable Development Goals (SDGs)(2). Moreover, adolescence is a crucial period to focus on health promotion initiatives aimed at reducing the risk of adverse sexual and reproductive health (SRH) outcomes, such as teenage pregnancies and sexually transmitted infections (STIs)(1).(1).

Adolescence is a crucial period marked by significant challenges, including first sexual experiences, pregnancy, marriage, and parenthood. Sexual maturation poses distinctive and problematic issues during this phase(3). The health status of adolescents is closely tied to risk behaviors developed during this time, contributing to both chronic and nonchronic disease(4). Notably, engaging in unprotected sexual intercourse during adolescence significantly increases the risks of unwanted pregnancies, unsafe abortions, and sexually transmitted infections, including HIV/AIDS(5).

When it comes to sexual and reproductive health, many adolescents turn to their peers, who often lack accurate knowledge on these topics. Consequently, they may acquire incorrect information, which increases their vulnerability to unprotected sex, unintended pregnancies, STI, and unsafe abortions(3). Adolescents who did not communicate with their parents about sexual and reproductive health (SRH) issues were more likely to begin childbearing at an early age(6). Research shows that adolescents who discuss SRH with their parents are more likely to make informed choices about using reproductive health services, postpone sexual activity, avoid risky behaviors, and promote healthy sexual socialization(7).

## 1.2. Statement of the problems

Maintaining and enhancing Adolescent Sexual and Reproductive Health (ASRH) remains a critical global public health priority, especially since more than one-sixth of the world's population falls within the 10–19 age group.(8). Globally, at least 100 million cases of sexually transmitted infections (STIs) and over 2.5 million unsafe abortions are reported annually among adolescents(1). In addition, 16 million girls aged 15–19 give birth annually, representing around 11% of all births globally, with 95% of these births taking place in low- and middle-income countries(9).

In sub-Saharan Africa (SSA), individuals aged 10–24 years make up one-third of the population(10). Risky sexual behaviors among adolescent boys in SSA often result in fatherhood during adolescence, negatively impacting their mental health, well-being, and prospects for education and employment(11). Adolescents are at the highest risk due to inadequate information about reproductive health and sexuality, restricted access to healthcare services such as contraception, and increased vulnerability to sexual abuse. As a result, they are disproportionately affected by the burdens of unintended pregnancies and their complications, STIs including HIV/AIDS, and other forms of SRH issues(4).

Adolescent-parent communication plays a crucial role in enhancing SRH outcomes for adolescents(12). Parents can play a key role in reducing their children's sexual risk-taking behaviors by engaging in discussions or providing education about sexuality(13).

Research from the United States suggests that adolescents of parents who practice an authoritative and involved parenting style are less likely to engage in risky behaviors(13, 14). Additionally, adolescents who receive sexual health information from their parents or grandparents are more inclined to delay sexual activity. A strong and trusting relationship with their children enables some parents to have open and honest discussions about sexual and reproductive health issues(14).

By discussing adolescent sexual activity, parents can shape their children's sexual attitudes, values, and beliefs, helping to reduce risky sexual behaviors(2). Conversely, the absence of open communication between adolescents and their parents about sexual and reproductive health can lead to early engagement in risky sexual behavior, resulting in unwanted pregnancies, unsafe abortions, and increased exposure to STIs, including HIV/AIDS(3)

In Ethiopia, adolescent sexual and reproductive health issues are on the rise. Many parents are reluctant to discuss sexual matters with their children, believing it could lead to early sexual activity and related health problems(15). Statistics show that 24% of women and 2% of men have their first sexual experience before the age of 15, while 62% of women and 17% of men engage in sexual activity before the age of 18. By the age of 20, 76% of women and 36% of men have had sexual intercourse (13).

Discussing sexual issues with adolescents remains a formidable challenge in various Sub-Saharan African nations, including Ethiopia. This challenge persists due to social norms prevalent in many traditional communities that hinder open communication on such topics(16). To the best of our knowledge, there is limited information available on adolescent-parent communication and the factors influencing it among secondary school students. Additionally, prior studies conducted in Ethiopia have primarily been quantitative in nature, lacking a qualitative exploration of the factors that impede communication between adolescents and parents about sexual matters. Employing a qualitative method will offer an invaluable insight into the intricate aspects of adolescent-parent communication, identifying barriers, facilitators, and contextual factors that may not be captured through quantitative measures alone. Therefore, the aim of this study is to assess adolescent-parent communication on sexual and reproductive health issues and associated factors among secondary school students in Cheha Woreda.

## 1.3. Significance of the study

Findings from this study may provide evidence to shape policies, educational programs, or interventions aimed at fostering effective parent-adolescent communication about SRH. Additionally, the study's qualitative component enables a deeper exploration of cultural and social dynamics, which are essential for creating culturally sensitive approaches to SRH communication.

This research is also significant for public health and policy, as it can guide the development of programs that promote parents involvement in SRH education. By providing evidence on the state of SRH communication and its influencing factors, the study contributes to the broader goal of improving adolescent SRH outcomes, reducing health risks, and empowering adolescents to make informed choices.

The health sector will directly benefits from the study by providing health professionals with valuable data. This data, in turn, enables them to tailor interventions that can significantly improve overall adolescent parent SRH communication.

Lastly, for researchers, this study becomes a pivotal contribution to existing knowledge. It will serve as a guiding beacon for further research on adolescent sexual health communication and its profound impact on overall well-being.

# Chapter 2: literature review

## 2.1. Adolescents sexual and reproductive health

The health status of adolescents is closely linked to various risk behaviors, many of which are developed during adolescence and can lead to both chronic and non-chronic diseases(17). Adolescents face numerous sexual and reproductive health risks, including early sexual initiation, unprotected intercourse, teenage pregnancy, school dropout, and exposure to STIs and HIV, often stemming from inadequate communication with their parents(18). In terms of SRH communication, many adolescents turn to their peers, who may not have accurate knowledge on these topics, leading to the spread of incorrect information. This misinformation increases adolescents' vulnerability to unprotected sex, unintended pregnancies, STIs, and unsafe abortions(1).

## 2.2. Magnitude of adolescent parent sexual and reproductive health communication

The magnitude of adolescent parent communication about SRH issues is variable from country to country, being highest in United States of America (70.6%), Gambia (60%), Debretabor (68.5%), Jimma (43.7%) and very low in Nigeria (20.9%)(19-23).

In a study conducted in Nepal, 57% of students reported having no communication with their parents about SRH issues. Among students who communicated SRH issues with parents, 17.8%, 16.2%, and 14.8% adolescents reported that they discussed about menstruation, pubertal changes, and STI/HIV with their parents, respectively(24). A study conducted in Malaysia found that 76% to 90% of respondents reported either never or rarely discussing topics related to pregnancy abstinence (89.9%), abortion (89.4%), sexually transmitted diseases (88.9%), fertilization (88.8%), prostitution (88.4%), pregnancy (86.7%), menstruation (78.7%), and sexual relationships (76.0%)(25).

In a research conducted in Vietnam, around 21.3% of students discussed at least four SRH topics with parents in the past six months, with males (29.2%) more actively engaging in these conversations than females (16.1%)(2). Most adolescents (95.0%) express the importance of discussing sexual issues, primarily with their mothers (85.3%). Common SRH topics discussed include body changes during puberty, STI/HIV, and premarital sex. While 50.8% discuss sexual intercourse with parents, barriers for not discussing specific SRH issues include parental factors, child factors, cultural barriers, and other factors like fear and shyness(20).

In the Amhara region study, 48.9% of students faced sexual and reproductive health issues, including 22.7% with unwanted pregnancies and 42.4% experiencing sexual violence. In this study, 37.5% communicated SRH issues with their parents, 30.4% addressed STI/HIV/AIDS, and 79.9% discussed early marriage, mainly with their mothers(26). In a survey conducted in Woldiya, about 78.3% of study participants agreed it's crucial to discuss SRH issues with parents, only 30.4% had such discussions on at least two SRH topics. Among those discussing STIs/HIV/AIDS (33.7%), 27.9% conversed with friends and 20.8% with mothers(27).

In Dabat, a study found that 67% of participants were informed about SRH issues, primarily through school (75%). About 75.6% them agreed that parent-adolescent communication can delay the initiation of sexual activity, and 18.5% considered adolescent sexual feelings normal(3). Among sexually active adolescents, 51% used condoms during their first sexual encounter, while 1.5% contracted sexually transmitted diseases due to non-use(3). In Bale, a study found that 75.6% believe parent-adolescent communication delays sexual initiation(28).

A research conducted in Debretabor, 77.4% of the study participants considered discussing SRH with parents is important, while 14.2% did not. Preferences for discussing SRH leaned towards friends (41.6%), followed by mothers (26.1%), and fathers (12.9%)(21). In a survey conducted in Sawla town, 25.7% of the study participants reported discussing SRH issues with their parents. Topics discussed between adolescents and parents about SRH issues were puberty (8.3%), sexual intercourse (23.9%), contraception (47.0%), condom use (3.7%), STI (21.1%) and unintended pregnancy (18.4%)(19).

In a study conducted in Jimma, Only 9.61% adolescents discussed with their mothers, 6.6% with their fathers, and 86.5% with friends. Reasons for not discussing with parents included cultural and religious taboos, feelings of shame, and a preference for communicating with friends(22). In the study conducted in Boditi, approximately 41.80% preferred discussing RH with friends, 25% with mothers, and 18% with fathers(16).

Most adolescents prefer obtaining sexual and reproductive health (SRH) information from mass media. In a study conducted in Gambia, social media was identified as the primary source

of SRH information (31.0%), followed by television (22.0%), while schools (14.0%) and parents (9.0%) provided comparatively limited input(20). In another study conducted in Amhara region , 64.7% of youths were aware of SRH issues, primarily through mass media (40.8%) and family (24.5%)(26). In the study conducted in Woldiya, the main sources of SRH information were television (56.3%) and school (49.2%), with 76.0% preferring information from schools, followed by television (70.5%) and radio (63.2%)(27).

In a study conducted in Jimma, 71.4% adolescents were exposed to SRH messages primarily from school (44%) and media (TV and radio, 23%). Only 9% and less than 5% cited friends and parents, respectively, as sources of SRH information(22).

In the Boditi study, 80.70% of respondents recognized the importance of discussing reproductive health (RH) with parents, but only 40.7% had talked about at least two RH topics. Key discussion topics included contraceptive methods (59.3%), STDs/HIV/AIDS (67%), and sexual intercourse (50.4%). Barriers to communication included cultural taboos, parents' lack of knowledge, shame, communication skill gaps, and topic difficulty(16).

In the study conducted in Hadiya , 35.0% of adolescents communicated with parents on SRH. Key discussion topics included HIV counseling and testing (85.4%), contraception and/or condoms (79.9%), and sexually transmitted infections (48.6%). About 19.2% had experienced sexual intercourse and substance use during intercourse was reported by 8.0%, primarily involving khat (51.5%) and alcohol (36.4%)(29). In Arekiti, Condom use was the least discussed topic, with only 6.7% discussing it with mothers(30). In Mizan, only 28.9% of adolescents reported discussing at least one SRH issue with their parents in the past 12 months, while 71.1% did not engage in such discussions(31). Among those who discussed SRH issues, 79.6% talked about sexually transmitted infections, 63.1 % about contraceptive methods, and 56.3% about premarital sex. Among females, 70.7% discussed menstruation, mainly with peers (85.4%) and sisters (78%), while mothers (61%) and fathers (7.3%) were less involved(31).

## 2.2. Factors affecting adolescent-parent sexual and reproductive health communication

### 2.2.1. Socio-demographic factors

A study conducted in Ethiopia revealed that adolescents aged 15–19 were more likely to report communication with their parents compared to other age groups(16). Additionally, the quality of communication showed a significant association with the age of the respondents (p=0.016)(24)

Multiple studies from various regions have identified the grade level of adolescents as a significant factor affecting parent-adolescent communication on sexual and reproductive health (SRH). For instance, in Debretabor, Ethiopia, SRH communication was less frequent among grade 11 students compared to those in grade 12(21). In Boditi, grade 10 students were 1.62 times more likely to discuss sexual reproductive health (RH) issues with their parents compared to grade 9 students(16).

Adolescent parent-communication were 1.6 times higher among male students than females(3). Similarly Awabelm woreda and hadiya zone, males were more likely to discuss on different SRH issues with their parents(29).

A study conducted in Ambo revealed that private school students were 2.78 times more likely to communicate SRH with their parents than students attending government schools(4). Participants who lived with employees or relatives were 1.5 times more likely to engage in communication with their parents compared to those who lived alone(26). Parents who earn > 2000 Ethiopian Birr were 2.4 times more likely to communicate SRH issues than whose monthly income <2000 Ethiopian Birr (3, 19).

In a study conducted in Woldiya and Asella, adolescents whose mothers were literate were twice as likely to engage in discussions about SRH with their parents compared to those whose mothers were illiterate(1, 27). Similarly, students whose fathers had attained secondary education or a college diploma were two to three times more likely to discuss SRH topics with their parents than those whose fathers were illiterate(4).

In a study conducted in Woldiya and Asella, adolescents whose mothers were literate were twice as likely to engage in SRH discussions with their parents compared to those whose mothers were illiterate (1, 27). Students whose fathers had attained secondary education or a college diploma were two to three times more likely to discuss SRH topics with their parents compared to those whose fathers were illiterate(4). Therefore, the likelihood of such discussions was significantly associated with parents who had completed some form of education, including grades 9–12 or a diploma and above(1).

### 2.2.2. Individual factors

Adolescents who recognized the importance of SRH issues and had good knowledge about SRH were more likely to engage in SRH discussions with their parents (16, 21, 27, 29, 32).
A study conducted in Vietnam found that positive attitudes toward general communication with parents were significantly linked to parent-adolescent communication on SRH topics ($p < 0.05$)(2). Additionally, students with knowledge of SRH issues were 1.37 times more likely to discuss these topics with their parents compared to those who lacked such knowledge(15, 16).

Studies conducted in various regions have consistently shown that students who received information on SRH were more likely to discuss SRH issues with their parents compared to those who had not received such information. In Bangladesh, students who relied on friends, classmates, or media for RH knowledge had poorer communication with their mothers compared to those who were informed by their mothers(33). In the Amhara region, respondents with knowledge of sexual and reproductive health services were 1.45 times more likely to communicate with their parents than those without such knowledge(26). In Woldiya, students who were provided with SRH information were twice as likely to talk about SRH topics with their parents compared to those who did not receive such information(27). In Ambo, students who received SRH information through schools were twice as likely to discuss SRH issues with their parents, whereas those who obtained SRH information from mass media were almost three times more likely to have such conversations(4). In Jimma, adolescents who never received information on SRH, specifically on STIs, were 50% less likely to discuss these issues with their parents than their counterparts(22).

SRH communication was higher among students who utilized youth-friendly sexual and reproductive health services (AYFSRHs) compared to those who did not(26). Individuals who were unaware of the availability of AYFSRH services at health facilities were 60% less likely to discuss SRH issues with their parents compared to those who were aware of these services. Likewise, those who had not used AYFSRH services were approximately 54% less likely to engage in SRH discussions with their parents than those who had utilized these services(29).

A study conducted in Debretabor found that communication on SRH issues was 2.46 times more likely among participants living in families of fewer than five members compared to those in larger families(21). Similarly, another study conducted in Arekiti found that communication on SRH issues was 2.54 times more likely among participants living in families of three or fewer members compared to those in larger families(30)

### 2.2.3. Cultural factors

Cultural factors, including beliefs and taboos, present barriers to adolescent parent discussions on sexual matters. In Uganda, students who avoided SRH discussions with their parents cited difficulties mentioning sexual terms and cultural unacceptability(34). Similarly, in Mekele city, a study found that 21% of participants felt shame, hindering conversations about sexual and reproductive health issues with their parents(35).

## 2.3. Summary of literature review

The reviewed literature emphasizes the crucial connection between adolescent SRH and effective communication with parents. Despite the acknowledged significance of adolescent parent communication on SRH, studies reveal a significant communication gap, with adolescents often seeking information from peers due to cultural barriers, feelings of shame, and a preference for discussing with friends. The preference for obtaining SRH information from mass media also suggests a need for comprehensive education beyond traditional family communication. The literature underscores factors influencing adolescent-parent sexual and reproductive health communication, including socio-demographic, individual, and cultural factors.

## 2.4. Conceptual framework

The researcher created this conceptual framework after reviewing literature on the topic. The diagram illustrates the proposed relationship between socio-demographic factors, Individual factors, cultural factors, and Adolescent parent SRH communication.

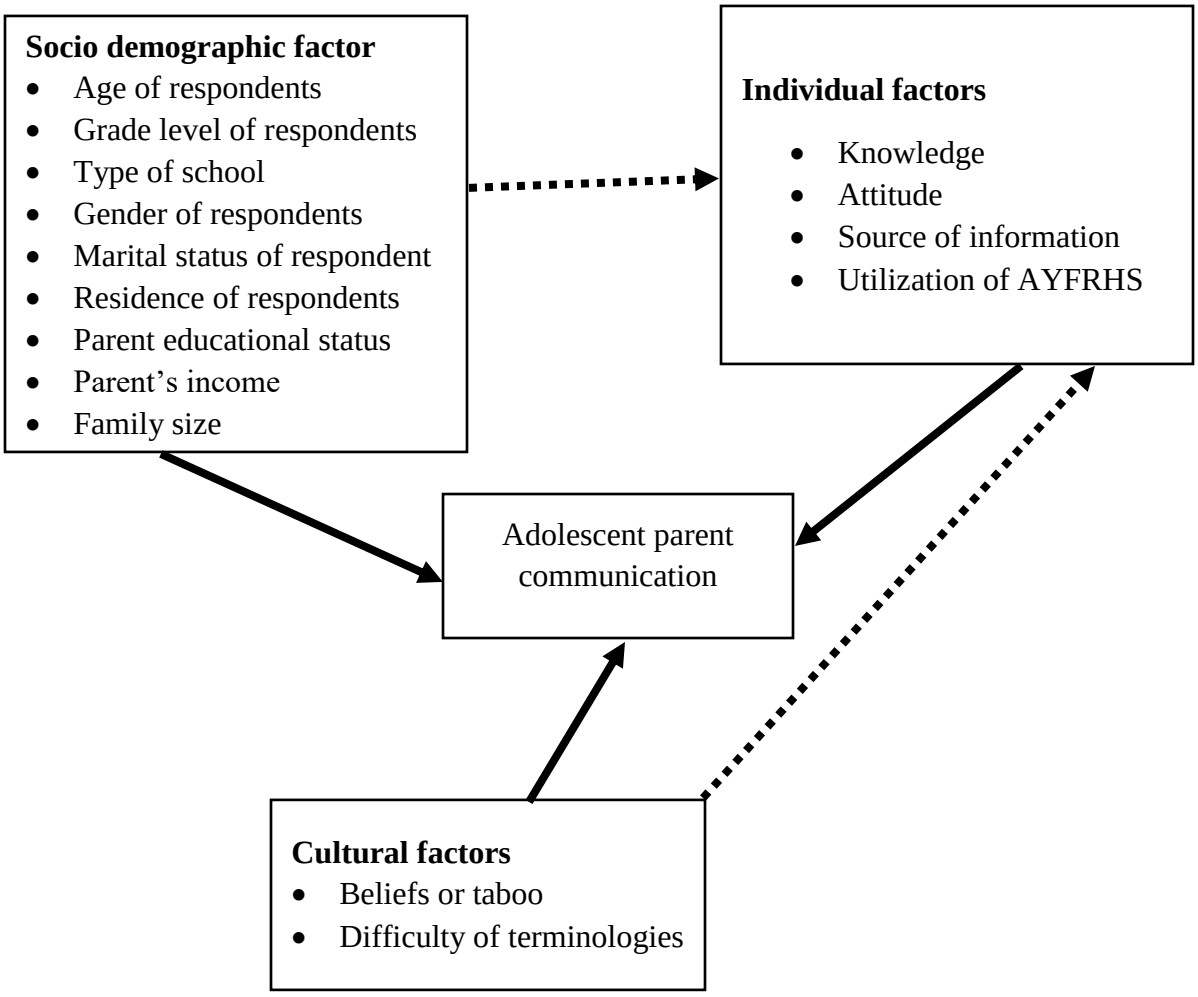



*Figure 1: Conceptual frame work on adolescent parent sexual and reproductive health communication and associated factors among secondary school students in Cheha Woreda, 2023/2024 (1, 4, 16, 21, 26, 28-30, 35)*

# Chapter 3: Objectives

## 3.1. General objectives

- To assess adolescent parent sexual and reproductive health communication and associated factors among secondary school students in Cheha Woreda, Gurage zone, Central Ethiopia, 2024.

## 3.2. Specific objectives

- To determine the proportion of adolescent parent sexual and reproductive health communication among secondary school students in Cheha Woreda, Gurage zone, Central Ethiopia
- To identify factors associated with adolescent parent sexual and reproductive health communication among secondary school students in Cheha Woreda, Gurage zone, Central Ethiopia.

# Chapter 4: Methods

## 4.1. Study area

Cheha woreda is one of the woredas found in Gurage zone. The administrative center is Endibir, with notable towns like Gubre. According to the 2007 Census, Cheha has a population of 115,951, with 7.76% urban dwellers.

There are eight secondary public schools are found in Cheha Woreda. In 2023/2024 academic year, there were 2206 of students are enrolled in those eight secondary public schools. From this, about half (50.1%) of students are females. There were a total of 56 sections in those eight secondary public schools.

## 4.1. Study design and period

A cross-sectional quantitative study, supplemented with qualitative data, was conducted at an institutional level from February 1 to 30, 2024.

## 4.2. Source population

**Quantitative**

All secondary schools adolescent students (from grade 9-12) attending school in Cheha woreda

**Qualitative**

All secondary schools adolescent students (from grade 9-12) attending school in Cheha woreda who is/are participated in different school based clubs, 2022/2023.

## 4.3. Study population

**Quantitative**

Randomly selected secondary schools adolescent students (from grade 9-12) attending school in Cheha woreda, 2024

**Qualitative**

Purposively selected secondary schools adolescent students (participated in the following clubs; Ant-HIV/AIDS, Gender, Reproductive health, and Mini-Media) from grade 9-12 attending school in Cheha woreda.

## 4.4. Inclusion and exclusion criteria

### 4.4.1. Inclusion criteria

**Quantitative**

All students who are attending secondary schools at the time of data collection (10 to 19 years).

**Qualitative**

Students who are participated in the following clubs; Ant-HIV/AIDS, Gender, Reproductive health, and Mini-Media.

### 4.4.2. Exclusion criteria

**Quantitative and Qualitative**

Adolescents students who have difficulty of communication at the time of data collection and who are transferred from other schools, and as well as night program students was excluded.

## 4.5. Sample size determination

**Quantitative**

**For the first objective,** the sample size was calculated using the single population proportion formula, considering the proportion of adolescents who had communicated SRH issues with their parents as 35.0%, a study conducted in Hadyia(29), 95% confidence level, 5% Margin of error and 10% non-response rate.

$$n = \frac{(z_{\alpha/2})^2 p(1-p)}{D^2} = \frac{1.96^2 * 0.35*(1-0.35)}{0.05^2} = 350$$

Total sample size will be 578, after adding 1.5 design effect and 10% non-response rates.

**For the second objective,** the sample size was calculated using Epi-info version 7.2.2.6, considering a 95% confidence interval (CI), an 80% statistical power, and a 1:1 ratio of adolescents who communicated about sexual and reproductive health (SRH) with their parents (exposed) to those who did not (unexposed). The parameters P1 and P2 were used to represent the percentages of SRH communication among adolescents who communicated about SRH and those who did not, respectively**.**

*Table 1: Sample size for specific objective two by double population proportion formula*

| Variables | | Proportion of outcome | OR | Sample size | References |
|---|---|---|---|---|---|
| Ever used AYFSRHs | Yes | 36.7 | 0.46 | 124 | (29) |
| | No | 64.3 | | | |
| Perceive important to discuss SRH | Yes | 71.3 | 2.5 | 160 | (30) |
| | No | 29.7 | | | |

By comparing the sample size for both objectives, the largest sample size 578 was taken as final sample size.

**Qualitative**

**For the third objectives**, the ample size was based on the saturation of information.

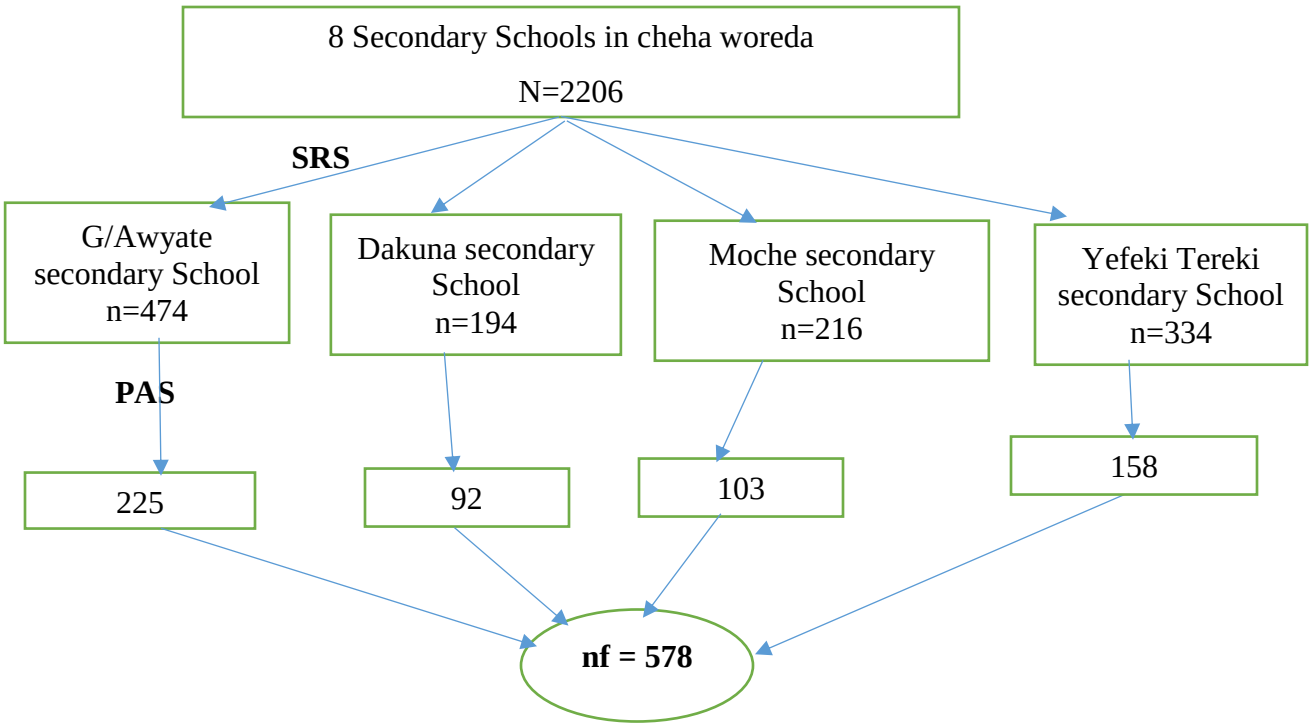
## 4.6. Sampling procedure

**Quantitative**

A multistage sampling technique was used to select study participants. Initially, a simple random sampling (lottery) method was used to select four schools from a total of eight public schools in Cheha Woreda. The selected schools were then stratified by student grade levels (Grade 9, 10, 11, and 12). The final sample size was proportionally distributed across each grade based on the number of students and a systematic random sampling technique was used to select study units from each grade level, with the student roster serving as the sampling frame. The 'K' interval was calculated, and every $2^{nd}$ participant was selected until the required sample size was met. The first student was chosen using the lottery method.

**Qualitative**

For the qualitative part, 4 FGD (one in each selected schools) which comprises 8-10 members was conducted among purposively (participated in clubs and who are leader in their classes) selected adolescent students in the selected secondary schools. Adolescents who met the following criteria were selected for the focus group discussion (FGD): those who participated in the Ant-HIV/AIDS, Gender, Reproductive Health, and Mini-Media clubs, and those who consented to discuss their sexual and reproductive health (SRH) experiences, particularly regarding communication with their parents and the challenges they face in doing so.




Where: **SRS**- Simple Random sampling, **PAS**- Proportionally allocated sample.

*Figure 2:- Diagrammatic presentation of the sampling procedure, adolescent parent sexual and reproductive health communication and associated factors among secondary school students in cheha woreda Gurage zone, Central Ethiopia, 24.*

## 4.7. Study variables

### 4.7.1. Dependent variables

- Adolescent-parent SRH communication

### 4.7.2. Independent variables

- **Socio demographic characteristics**
    - Age of respondents
    - Grade level of respondents
    - Type of school
    - Gender of respondents
    - Marital status of respondent
    - Residence of respondents
    - Parent educational status
    - Family income
    - Family size
- **Individual factor**
    - Knowledge
    - Attitude
    - Source of information
    - Utilization of AYFRHS
- **Cultural factors**
    - Beliefs/taboos

## 4.8. Operational definitions

**Adolescent:** student whose age is 10 to 19 years(2)

**Adolescent parent SRH communication**: Students who discussed at least two SRH issues (STIs/ HIV/AIDS, condom, sexual intercourse, unwanted pregnancy and contraception) was considered to have communicated on RH issues(16). During analysis it was dichotomized to a "yes " question with a response code of "(1)" for students who discussed at least two SRH issues and "No" with a response code of "0" for Students who don't discussed at least two SRH issues

**Knowledge on SRH**: The mean score was calculated , and those participants who score mean and above the mean score was considered as having Good knowledge about SRH communication and those participants who score below mean score was considered as having poor knowledge about SRH communication (4).

**Attitude on SRH**: Ten questions were used to assess adolescent attitude towards SRH communication. After all statements were changed to positive statement, participants response was scored as follows; Strongly Disagree (1), Disagree (2), Neutral (3), Agree (4) and Strongly Agree (5). The mean score was then calculated, and participants who scored mean and above were considered to have a favorable attitude towards sexual and reproductive health (SRH) communication, while those who scored below the mean were considered to have an unfavorable attitude towards SRH communication(4).

## 4.9. Data Collection method and Tools

**Quantitative**

Data was collected by using self-administered questionnaire which was adapted by reviewing related studies(4, 22, 26, 28) The questionnaire contained socio-demographic characteristics of students and parents, knowledge and attitude of students about SRH issues and factors affecting parent adolescent communication of SRH issues. The questionnaire was prepared in English and it was translated to Amharic. The Amharic version again translated back to English to check for consistency of meaning. Then the data was collected by two trained health extension workers and supervised by one Bsc nurses.

**Qualitative**

***FGD*** with selected adolescents. FGD guide was used to facilitate the discussion. It was conducted with an intention to address some issues which was unreachable by quantitative data, and with a purpose to collect unquantifiable information like the way SRH issues are discussed between adolescent and their parents, challenges related to the communication with their parents on the SRH issues in the study area, and adolescents suggestions concerning the manner of improving the communication with their parents on the SRH issues in the study area. It was held to be open to new ideas relating to the issue under study. Besides, it also helps to triangulate research findings gained through survey and also served as a tool to check the reliability of their answer.

## 4.10. Data quality control

**Quantitative**

The Amharic version questioner was pretested on 5% (29) of the study population in similar areas outside of the study site at Emdiber secondary school prior to the actual data collection. The pretest was conducted to evaluate the clarity of the language, the suitability of the data collection tools, the estimated time for completion, and to make any necessary adjustments. Data collectors and the supervisor received a two-day training to ensure they were familiar with the tools and procedures for data collection.

**Qualitative**

Before starting the FGD, pretest was conducted in Emdiber Secondary school on one FGD which comprises at least 6 participants to check the accuracy of the interview guides and the time required for each discussion. Then the FGD guide questions were modified according to the findings during the pretest.

## 4.11. Data processing and analysis

**Quantitative**

The collected data was reviewed for completeness, coded, and entered into EpiData version 4.6, before being exported to SPSS version 26.0 for statistical analysis. Descriptive statistics were used to calculate frequencies, percentages, and means for both independent and dependent variables. Binary logistic regression analysis was applied to assess the relationships between explanatory variables and outcomes. Variables with a p-value of ≤0.25 in the bivariate analysis were included in a multivariable logistic regression model to identify factors independently associated with adolescent-parent communication on SRH issues. In the multivariable analysis, variables with a p-value less than 0.05 at a 95% CI were considered statistically significant.

**Qualitative**

Focus group discussion (FGD) data was analyzed according to thematic areas and triangulated with the quantitative findings. The data from the focus group discussions were transcribed, coded, and analyzed thematically. Manual coding was applied, and the coded data were grouped into similar and related categories. The categorized data was then manually summarized. Finally, the results were presented using tables, graphs, and charts as appropriate.

## 4.12. Ethical consideration

Ethical approval and clearance were obtained from the Research and Ethics Committee (REC) of the College of Medicine and Health Sciences, Wolkite University. A letter of permission was sent to the zonal school office of the education department and subsequently to each school to conduct the study. The purpose of the study was explained to the respondents, and assent was obtained. For students aged 18 years and older, informed written consent was acquired. Participants were assured of their right to withdraw from the study at any time. To ensure confidentiality, coding was used to remove names and other personal identifiers throughout the study process.

## 4.13. Dissemination of the results

Submission of the findings to Department of nursing, College of medicine and health sciences, Wolkite University will be accomplished and defended as partial fulfillment of requirements for the degree of masters in Maternity and Reproductive Health Nursing. The information will be disseminated to Dakuna, Awyat, Moche and Yefeki tereki secondary school, Cheha Woreda education bureau and the results will be presented on the scientific forum and publication on the scientific journals will also be processed in the future.

# Chapter 5: Result and Discussion

## 5.1. Result of quantitative study

### 5.1.1. Socio demographic characteristics

A total of 550 participants completed the questionnaires, achieving a response rate of 95.2%. The average age of the respondents was 17.18 years (±1.43). The majority, 523 (95.1%), were within the age range of 14–19 years.

One hundred ninety nine (36.2%) of the study participant were grade 12 followed by grade 10 (29.3%). Majority of the study participants 334(60.7%) were female. One hundred ninety two (34.9%) study participant mothers are cannot read and write, whereas 202(36.7%) of study participant father are completed primary education. Majority 488(88.7%) of the study participants were living with their both parents and the mean family size of the study participant were 6.91(±2.19). Regarding the study participants mother and fathers occupation: 312(56.7%) of the study participant mothers were housewife and 321(58.4%) of the study participant father were farmer (See table 2 below).

*Table 2: The socio-demographic characteristics of the study participants, Cheha woreda, Gurage zone, Central Ethiopia, 2024, (N=550)*

| Variable | Category | Frequency(n) | Percentage % |
|---|---|---|---|
| Age (Years) | 14-19 | 492 | 89.5 |
| | 20-21 | 58 | 10.5 |
| Grade level of the participant | 9 | 57 | 10.4 |
| | 10 | 161 | 29.3 |
| | 11 | 133 | 24.2 |
| | 12 | 199 | 36.2 |
| Sex | Male | 216 | 39.3 |
| | Female | 334 | 60.7 |
| Marital status of the respondents mother and father | Together | 508 | 92.4 |
| | Divorced | 11 | 2.0 |
| | At least one parent not alive | 31 | 5.6 |
| Mother educational status | Do not read and write | 185 | 33.6 |
| | Only read and write | 185 | 33.6 |
| | Primary (1-8) | 122 | 22.2 |
| | Secondary (9-12) | 35 | 6.4 |
| | Diploma and above | 23 | 4.2 |
| Father educational status | Do not read and write | 71 | 12.9 |
| | Only read and write | 133 | 24.2 |
| | Primary (1-8) | 202 | 36.7 |
| | Secondary (9-12) | 102 | 18.5 |
| | Diploma and above | 42 | 7.6 |
| | With both parents | 488 | 88.7 |

| | | | |
|---|---|---|---|
| Living arrangement | With friends | 37 | 6.7 |
| | Living alone | 10 | 1.8 |
| | With relative | 15 | 2.7 |
| Family size(including father and mother) | 1-3 | 23 | 4.2 |
| | 4-6 | 229 | 41.6 |
| | >6 | 298 | 54.2 |
| Occupation of mother | Housewife | 312 | 56.7 |
| | Government employee | 30 | 5.5 |
| | Farmer | 25 | 4.5 |
| | Private employee | 17 | 3.1 |
| | Merchant | 166 | 30.2 |
| Occupation of father | Government employee | 61 | 11.1 |
| | Farmer | 321 | 58.4 |
| | Private employee | 48 | 8.7 |
| | Merchant | 116 | 21.1 |
| | Other* | 4 | 0.7 |

*

### 5.1.2. Participants source of sexual and reproductive health information

The majority of the participants, 399 (72.5%), reported that they had received information on sexual and reproductive health issues from various sources. The primary source of SRH information were school 227(41.3%) followed by mass media 102(18.5%) (See figure 3 below). Findings from FGD also identified mass media as the primary source of sexual and reproductive health (SRH) information for adolescents. This consistency reinforces the significant role of mass media in SRH communication. According to the participants in FGD, mass media includes radio, television, Facebook, and YouTube. Following television and radio, schools serve as the second most important source of SRH information for adolescents. Additionally, healthcare workers, family/parents, and friends/peers were also mentioned as sources of information. For instance:

> *" ...I get SRH information form mass media (mostly radio).. Because I feel that my parent had no adequate knowledge on SRH and the information they had is not research based, rather it was what they acquired from their parents which was culture based( FGD participant, male)"*

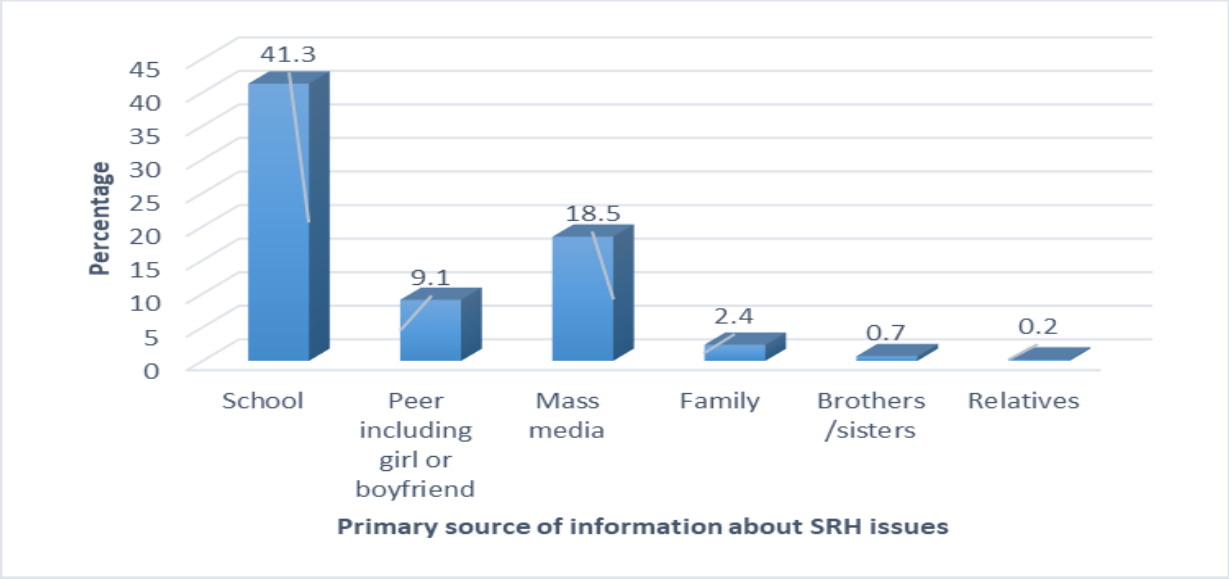



*Figure 3: Primary source of information about sexual and reproductive health issues among secondary school students in Cheha Woreda, Gurage zone, Central Ethiopia, 2024 , (N=550)*

### 5.1.3. Knowledge of participants on selected sexual and reproductive health Issues

Majority 367 (66.7%) of study participants knew about sexually transmitted disease. Of whom, 298(81.2%) knew about HIV/AIDS followed by Gonorrhea 78(21.3%). Among the study participant, 424(77.1%) knew at least one contraceptive methods; of whom, 329(77.6%) of them knew about Condom followed by Depo-Provera 207 (48.8%). Three hundred forty six (81.6%) of the study participant reported that condom can prevent STI. Of all study respondent's, 424(77.1%) knew when the menstruation starts (See table 3 below). Among the study participants, 201(36.5%) adolescent were knowledgeable about SRH issues (See figure 4 below).

*Table 3: Knowledge about sexual and reproductive health issues among secondary school students in Cheha Woreda, Gurage zone, Central Ethiopia, 2024 , (N=550)*

| Variable | Category | Frequency | % |
|---|---|---|---|
| Know about STI (N=550) | Yes | 367 | 66.7 |
| | No | 183 | 33.3 |
| Know about Gonorrhea (N=367) | Yes | 78 | 21.3 |
| | No | 289 | 78.7 |
| Know about cancroid (N=367) | Yes | 59 | 16.1 |
| | No | 308 | 83.9 |
| Know about HIV/AIDS (N=367) | Yes | 298 | 81.2 |
| | No | 69 | 18.8 |
| Know about syphilis (N=367) | Yes | 71 | 19.3 |
| | No | 296 | 80.7 |

| | | | |
|---|---|---|---|
| Know about Contraceptive methods (N=550) | Yes | 424 | 77.1 |
| | No | 126 | 22.9 |
| Know about pills (N=424) | Yes | 62 | 14.6 |
| | No | 362 | 85.4 |
| Know about condom (N=424) | Yes | 329 | 77.6 |
| | No | 95 | 22.4 |
| Know about Depo (N=424) | Yes | 207 | 48.8 |
| | No | 217 | 51.2 |
| Know about Norplant (N=424) | Yes | 209 | 49.3 |
| | No | 215 | 50.7 |
| Know about IUCD (N=424) | Yes | 66 | 15.6 |
| | No | 358 | 84.4 |
| Know about Natural methods (N=424) | Yes | 88 | 20.8 |
| | No | 336 | 79.2 |
| Pills can prevent STI(N=424) | Yes | 28 | 6.6 |
| | No | 396 | 93.4 |
| Condom can prevent STI (N=424) | Yes | 346 | 81.6 |
| | No | 78 | 18.4 |
| Depo can prevent STI (N=424) | Yes | 49 | 11.5 |
| | No | 377 | 88.5 |
| Norplant can prevent STI (N=424) | Yes | 25 | 5.9 |
| | No | 399 | 94.1 |
| IUCD can prevent STI (N=424) | Yes | 14 | 3.3 |
| | No | 410 | 96.7 |
| Natural methods can prevent STI (N=424) | Yes | 17 | 4.0 |
| | No | 407 | 96.0 |
| Know when menstruation cycle starts | Yes | 424 | 77.1 |
| | No | 126 | 22.9 |

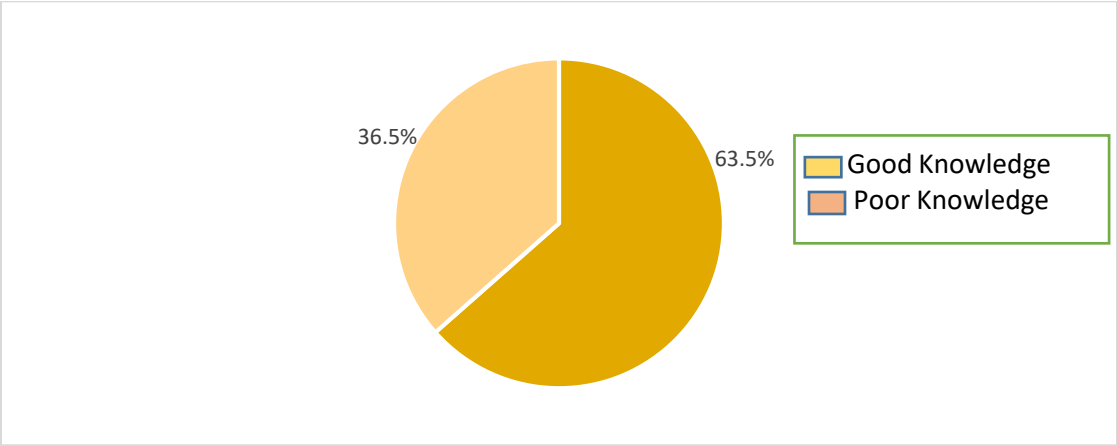



*Figure 4:Overall knowledge of respondents about sexual and reproductive health issues among secondary school students in Cheha Woreda, Gurage zone, Central Ethiopia, 2024 , (N=550)*

### 5.1.4. Attitude of respondents on SRH issues

Approximately 374 respondents (68.0%) strongly agreed that sexual health is important. Additionally, over one-third (45.6%) strongly agreed it is essential for adolescents to discuss SRH issues with their parents. Participants in the focus group discussions (FGD) also emphasized the importance of these conversations, highlighting their role in promoting adolescents' future sexual and reproductive health and encouraging open family communication. These discussions were considered vital for fostering understanding and addressing SRH concerns within the family. Regarding the importance of SRH discussion, the FGD participant said that;

> *"I believe parents should have to talk openly with their children, because they can use opportunity to share their experiences. Since they experienced the same stage, based on the problem they(parents) faced during adolescence, if they share that experience with us, this will help us to decide what to do or not, …especially for female adolescents this will help them to avoid premarital sex, unintended pregnancy and abortion (FGD participant, female)".*

> *"I believe it is important to talk about these issues. It will help us to understand what do before or after marriage FGD participant, Male)".*

While 262(47.6%), 260(47.3 %), 255 (46.4%), 165 (30.0%), 196 (35.6%) of the respondents agreed that adolescent communication on Sexual and Reproductive Heath issues delay 1st sexual Intercourse, Condoms are an effective method of preventing pregnancy, STIs and HIV/AIDs can be prevented using condom, SRH Service available at near their school and currently there is strong attention for STDs and HIV/AIDs respectively. Majority 342(62.2%) of the respondents strongly disagreed on the acceptance of premarital sex. Even though, majority of the respondents disagreed on premarital sex, for different reason if it will happen, 259 (47.1%) of the respondents agreed that if unmarried couples want to have sexual intercourse before marriage, they must use condom. More than half (60.7 %) of the respondents strongly disagreed on the acceptance of abortion (See table 4 below).

*Table 4: Attitude of respondents on sexual and reproductive health issues among secondary school students in Cheha Woreda, Gurage zone, Central Ethiopia, 2024 , (N=550)*

| Topics | Response | | | | |
|---|---|---|---|---|---|
| | Strongly agree | Agree | Neutral | Disagree | Strongly disagree |
| Sexual health is important | 374(68.0%) | 162(29.5%) | 10(1.8%) | 4(0.7%) | 00 |
| Premarital sex is acceptable | 10(1.8%) | 6(1.1%) | 32(5.8%) | 160(29.1%) | 342(62.2%) |
| It is important to have discussions about sexual and reproductive health issues with parents. | 251(45.6%) | 217(39.5%) | 30(5.5%) | 24(4.4%) | 28(5.1%) |
| Abortion is acceptable | 7(1.3%) | 13(2.4%) | 28(5.1%) | 168(30.5%) | 334(60.7%) |
| Parent-adolescent communication on SRH issues delays the onset of first sexual intercourse. | 190(34.5%) | 262(47.6%) | 39(7.1%) | 26(4.7%) | 33(6.0%) |
| Condoms are an effective means of preventing pregnancy. | 149(27.1%) | 260(47.3%) | 61(11.1%) | 48(8.7%) | 32(5.8%) |
| Unmarried couples who wish to have sexual intercourse before marriage should use condoms. | 147(6.7%) | 259(47.1%) | 64(11.6%) | 31(5.6%) | 49(8.9%) |
| STIs and HIV/AIDs can be prevented using condom | 203(36.9%) | 255(46.4%) | 22(4.0%) | 43(7.8%) | 27(4.9%) |
| There are adequate sexual and reproductive health services available near your school. | 68(12.4%) | 165(30.0%) | 98(17.8%) | 126(22.9%) | 93(16.9%) |
| Currently there is strong attention for STDs and HIV/AIDs | 132(24.0%) | 196(35.6%) | 44(8.0%) | 113(20.5%) | 65(11.8%) |

Among the total respondents, 239(43.5%) respondents have Favorable attitudes towards sexual and reproductive health issues while the remaining 311(56.5%) respondents have Unfavorable attitudes towards sexual and reproductive health issues (See figure 5 below).

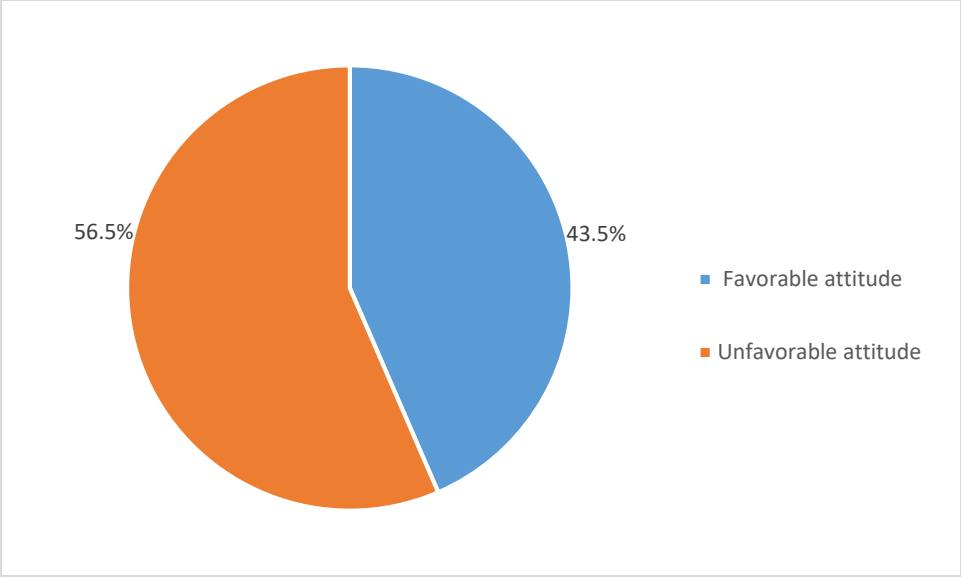



*Figure 5: Overall attitude of respondents on sexual and reproductive health issues among secondary school students in Cheha Woreda, Gurage zone, Central Ethiopia, 2024 , (N=550)*

### 5.1.5. Adolescent parent communication on SRH issues

The proportion of students who had communicated SRH issues with their parents on at least two components was 314(57.1%)(See figure Below 6). One hundred eighty-eight (34.2%) of the respondents reported having discussed contraceptive methods. Additionally, 298 (54.2%) of the respondents had discussed STDs/HIV/AIDS, and more than a quarter (26.4%) had discussed sexual intercourse. Even though more than half of the study respondents communicated SRH with their parents, a significant number of adolescents still did not engage in SRH discussions with their parents. This finding is supported by the qualitative findings. The FGD participants mentioned that they do not openly discuss SRH issues with their parents. Instead, they mentioned that their parents only provide superficial information on limited SRH topics, such as STIs, including HIV/AIDS, early marriage, unwanted pregnancy, and, very rarely, sexual intercourse. For example, parents have never set aside time for such discussions; instead, they only casually mention related topics or terms from mass media (television and radio) or when adolescents bring their friends home.

As shared by the focus group discussants, their parents frequently attempted to influence them by highlighting negative experiences related to SRH issues in the community. Instead of engaging in direct and open conversations, they typically gave vague warnings. For instance:

> *"I never supposed to discuss about SRH with my parents. Never have I had any formal discussion with anyone including my family, because there has been no opportunity for that. They would rather advise me about the issues based on the movie characters when we sit at home watching movies by claiming „oh disgusting!" And also by saying „she/he is too young for it(FGD participant, female)"."*

While, 174 (31.6%) respondents claimed to have discussed unwanted pregnancy; of whom, 100 (57.5%) of respondents discussed with peers, followed by 40 respondents (23%) with their mother.

Respondents identified several barriers to discussing sexual reproductive health issues with their parents. These included deeply ingrained cultural taboos, limited parental knowledge about SRH topics, feelings of shame, inadequate communication skills, and the inherent challenges encountered during such discussions.

Both quantitative and qualitative findings identify shame and fear of parents as primary barriers to discussing SRH issues. Two hundred sixty six(48.4%) of respondents reported that the main reason for not discussing sexual and reproductive health issues with parents is feeling of shame, followed by fear of parents 226 ( 41.1%) (See table 5 below). Nearly all focus group discussants mentioned that they were unable to discuss SRH issues with their parents due to fear of their parents.

> *"I do not discuss SRH issues with my parents, because no trends of such communication in my family, I do not see my elder brother/ sister discuss about it. However, parents would rather cut back such initiatives saying, "You are too young for this staff (FGD participant, Male)".* .

> *"One of the obstacles we have in bringing this issue out for discussion with our parents is cultural constraints. Our parents were brought up without discussing with their parents, and they are doing the same to us. And we young people are embarrassed and*

*panic about such matters, and whenever raise such issues we would take it personally, and worry ourselves by thinking again and again that I ask them, they consider I already started sexual life (FGD participant, Male)".*

*"I think lack of knowledge and the shyness of parents on the issue is the main challenges. Indeed some parents even think as they are corrupting their children for informing them about SRH issues that they were faced in the past (FGD participant, Male)"*

*Table 5: Adolescent parent communication on sexual and reproductive health issues among secondary school students in Cheha Woreda, Gurage zone, Central Ethiopia, 2024 , (N=550)*

| Topics | **Discussed N (%)** | **With whom they had discussion(first choice)** | | | | |
|---|---|---|---|---|---|---|
| | Yes | Father | Mother | Sister/brother | Peer | Teacher |
| Contraception | 188(34.2%) | 8(4.3%) | 37(19.7%) | 43 (22.9%) | 94(50 %) | 6(3.2%) |
| STI/HIV/AIDS | 298(54.2%) | 13(4.4%) | 40(13.4%) | 61(20.5%) | 140(47%) | 44(14.8 %) |
| Sexual intercourse | 145(26.4%) | 2(1.4%) | 6(4.1%) | 23(15.9%) | 110(75.9%) | 4(2.8%) |
| Unintended pregnancy | 174(31.6%) | 4(2.3%) | 40(23%) | 15(8.6%) | 100(57.5%) | 15(8.6%) |
| Condom | 68(12.4 %) | 2(2.9%) | 2(2.9%) | 7(10.3%) | 49(72.1 %) | 8(11.8%) |

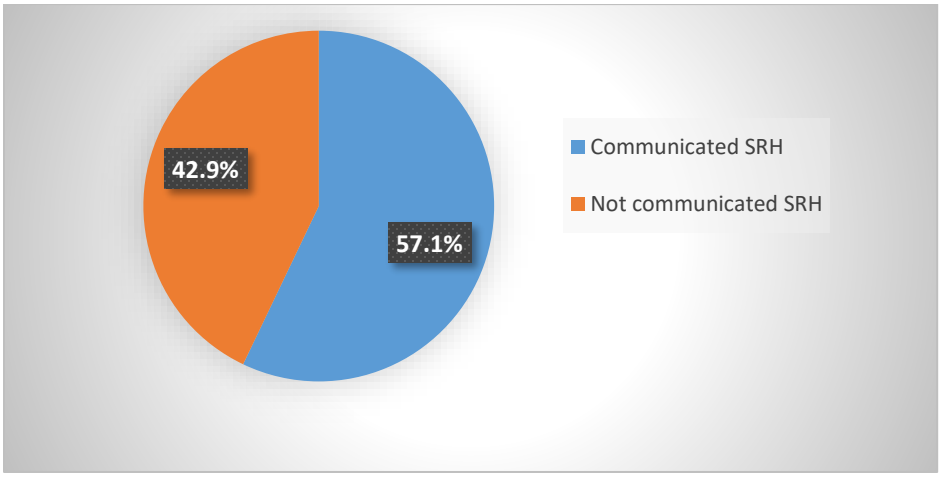



*Figure 6: Proportion of respondents who communicated sexual and reproductive health issues among secondary school students in Cheha Woreda, Gurage zone, Central Ethiopia, 2024*

### 5.1.6. Factors associated with SRH issues

Bivariate analysis was performed to identify candidate variables for multivariate analysis. As a result, adolescent students' grade level, sex, mother's educational status, living arrangement, SRH attitude, family size, mother's occupation, SRH knowledge, and being received SRH information were found to be significantly associated with communication on SRH issues. All variables with a P-value < 0.25 in the bivariate analysis were subsequently analyzed using multivariate logistic regression. During the multivariate logistic regression, the backward selection method was applied. The results of the model indicated that being female, having a mother whose occupation was farming, received SRH information, and having knowledge about SRH issues were significantly associated with communication about SRH issues with parents.

Female students were 1.62 times more likely to communicate SRH issues with their parents compared to males (AOR =1.62, 95%CI 1.08-2.6). Students whose mothers were farmers were 73% less likely to communicate SRH issues with their parents compared to those whose mothers were housewives (AOR = 0.27; 95% CI: 0.1-0.7). Conversely, students who had received information about SRH were 1.74 times more likely to engage in such communication compared to those who had not received information (AOR = 1.74; 95% CI: 1.12-2.7). Similarly, students with knowledge about SRH were 1.59 times more likely to communicate on these topics than their counterpart (AOR = 1.59; 95% CI: 1.04-2.4) **(See table 6 below ).**

*Table 6:Bivariate and multivariate analysis of factors associated with adolescent parent communication on sexual and reproductive health issues among secondary school students in Cheha Woreda, Gurage zone, Central Ethiopia, 2024*

| Variable | Category | SRH communication | | COR, 95% CI | AOR, 95%CI | P-value |
|---|---|---|---|---|---|---|
| | | Yes | No | | | |
| Grade | 9 | 29 | 28 | **1** | | |
| | 10 | 85 | 76 | 1.08(0.59-1.98) | | |
| | 11 | 79 | 54 | 1.41(0.76-2.64) | | |
| | 12 | 121 | 78 | 1.5(0.83-2.71) | | |
| Sex | Male | 125 | 106 | **1** | | |
| | Female | 189 | 130 | 1.23(1.02-1.75) | **1.62(1.08-2.6)** | **0.02*** |
| Mother educational status | Do not read and write | 101 | 84 | **1** | | |
| | Only read and write | 106 | 79 | 1.12(0.74-1.68) | | |
| | Primary (1-8) | 72 | 50 | 1.2(0.75-1.90) | | |
| | Secondary (9-12) | 18 | 17 | 0.88(0.43-1.82) | | |
| | Diploma and above | 17 | 6 | 2.36(0.89-6.25) | | |
| Living arrangement | Living with both parents | 284 | 204 | 1.48(0.87-2.52) | | |
| | Living with others | 30 | 32 | **1** | | |
| Family size(including father and mother) | 1-3 | 15 | 8 | **1** | | |
| | 4-6 | 123 | 106 | 0.62(0.25-1.52) | | |
| | >6 | 176 | 122 | 0.77(0.32-1.87) | | |
| Occupation of mother | Housewife | 181 | 131 | **1** | | |
| | Government employee | 21 | 9 | 1.69(0.75-3.81) | 1.28 (0.55-2.96) | 0.57 |
| | Farmer | 6 | 19 | 0.23(0.09-0.59) | **0.27(0.1-0.70)** | **0.008*** |
| | Private employee | 10 | 7 | 1.03(0.38-2.79) | 1.04(0.38-2.85 | 0.95 |
| | Merchant | 96 | 70 | 0.99(0.68-1.45) | 1.03(0.7-1.52) | 0.89 |
| Received SRH information | Yes | 250 | 149 | 2.28(1.56-3.34) | **1.74(1.12-2.7)** | **0.01*** |
| | No | 64 | 87 | **1** | | |
| Knowledge on SRH | Poor | 175 | 174 | **1** | | |
| | Good | 139 | 62 | 2.23(1.56-3.21) | **1.59(1.04-2.44)** | **0.033*** |
| Attitude on SRH | Unfavorable | 167 | 144 | **1** | | |
| | Favorable | 147 | 92 | 1.38(0.98-1.94) | 1.37(0.96-1.96) | 0.08 |

***COR**: Crude Odds Ratio, **AOR**: Adjusted Odds Ratio, **CI**: Confidence Interval, * Significant variable*

## 5.3. Discussion

The objective of this study was to assess adolescent-parent communication on SRH among secondary school students in Cheha Woreda, Central Ethiopia..

According to the findings of this study, 57.1% of adolescents have communicated SRH issues with their parents in the previous 12 months. This finding was higher than a study conducted in Jimma (43.7%), Nigeria (20.9%), Amhara region (37.5%), Woldiya (30.4%), Boditi (40.7%), Hadiya 35.0%, and Mizan 28% (16, 21-23, 27, 29, 31). This difference may be due to socio-demographic variation, study period, or sample size. The study period may have contributed significantly, as this research was more recent, and participants may have received more information on the topic from their parents. Factors such as parents gaining more awareness from media, with sexual and reproductive health issues being discussed more openly than in the past, could explain this. Additionally, differences in sample size and sociocultural factors may account for the variation. The finding was in line with a study conducted in Nepal, about 57% of the study participants were communicated SRH with their parents(24). It was Lower than a study conducted in United States of America (70.6%), Gambia (60%)(19, 20). This difference might be due to cultural openness and variations in conservatism across regions. Regions like USA with better SRH education programs, higher parental education, and more urbanization may encourage discussions with parents that are more open regrading SRH matters. On the other side Religious influences and community support might also contribute to the variation.

Among the study participants, 82.4% had received SRH information, with the majority identifying school as their primary source (48.3%). This finding aligns with a qualitative study conducted in Nairobi, Kenya(36).

In this study, more than half (64.2%) of respondents reported having SRH discussion with their parents. Of whom discussed SRH issues, topics related to sexually transmitted infections (STIs), particularly HIV/AIDS, were most commonly addressed (54.2%). This finding is supported by focus group discussions, where parents were noted to prefer discussing STI-related topics. Overall, the majority of respondents indicated that they primarily discuss SRH issues with their peers, a result corroborated by the focus group findings, which revealed that most adolescents prefer to talk about these issues with their friends.

The study findings revealed that female students were 1.62 times more likely than male students to discuss SRH issues with their parents. This result is consistent with studies conducted in Arekiti and Boditi(16, 30). This could be due to parents being more concerned about females than males, as females in developing countries often face more challenges related to SRH. As a result, parents may be more protective and attentive to their daughters. Additionally, females may spend more time at home, allowing them easier access to their parents for discussions on such issues. This finding is higher than a study conducted in Vientiane(2). The difference could be attributed to cultural differences in study participants and additionally, parents in Vientiane may believe that discussing safe sex encourages promiscuous behavior, or they might feel ashamed to discuss sexual and reproductive issues with their adolescent daughters due to the assumption that it implies sexual activity.

Students whose mother occupation were farmer were 73% (AOR =0.27; 95% CI 0.1-0.7) less likely to communicate SRH issues with their parents than their counterpart**.** This might be due to farming mothers may have less time for such discussions due to labor-intensive work, while housewives may be more available at home. Additionally, housewives might be more engaged in their children's daily lives and conversations. Cultural norms in farming communities may also discourage open discussions about SRH.

Students who received information about SRH were 1.74 times more likely (AOR = 1.74; 95% CI: 1.12–2.7) to communicate SRH issues with their parents compared to those who did not receive such information. This might be due to exposure to SRH information increases awareness and prompts students to initiate discussions with their parents. Access to such information may also reduce discomfort or stigma, encouraging open dialogue. Additionally, students who are informed are more likely to seek clarification or guidance from their parents.

Students who were knowledgeable on SRH issues were 1.59 times (AOR=1.59; 95% CI 1.04-2.4) more likely to communicate SRH issues with their parents than their counterpart. Students knowledgeable about reproductive health are more confident and comfortable discussing SRH issues with their parents. They likely gain information from school or media, which encourages these conversations. Parents may also trust their knowledgeable children more, fostering open

communication. This aligns with findings from the Debremarkos and Asella study, where similar trends were observed(1, 15).

# Chapter 6: Strength and limitation

## 6.1. Strength

This study uses quantitative data supplemented with qualitative data , offering both statistical data and qualitative insights through adolescent focus groups. By capturing barriers, facilitators, and cultural nuances affecting SRH conversations, the study provides a comprehensive understanding of the factors that shape these critical discussions.

## 6.2. Limitation

The study was based on self-reported information, which is subject to reporting errors and missing values. The study did not explore factors from parents' perspectives; additionally, this is a cross-sectional study, making it difficult to imply a cause-effect relationship.

# Chapter 7: Conclusion and recommendation

## 7.1. Conclusion

In this study, the proportion of Adolescent parent SRH communication was (57.1%). Even though more than half of the study participants communicated SRH issues with their parents, a significant number study participant were not communicated SRH issues with their parents. This shows that open adolescent-parent discussion around these issues are lacking. Addressing this communication gap is essential, as it plays a crucial role in supporting adolescents' access to accurate information and fostering informed decision-making regarding SRH. Female students, received SRH information, and those knowledgeable about RH were more likely to communicate SRH than their counter part.

## 7.2. Recommendation

Based on the findings, the following recommendations are provided for different stakeholders to improve adolescent-parent sexual and reproductive health (SRH) communication on:

**To parents**

- Parents should focus on discussing RH matters with both male and female students equally.
- Encourage open and supportive communication within the family, starting discussions on SRH early and consistently.
- Participate in workshops focused on effective SRH communication skills, which can build confidence and ease in addressing these topics with adolescents.

**For Schools and Educators:**

- Integrate comprehensive SRH education into the curriculum that also includes guidance on family communication skills, emphasizing the importance of discussing SRH topics at home.
- Provide resources for parents, such as informational guides or workshops, to support SRH conversations with their children outside of the classroom.

**For Healthcare Providers:**

- Develop adolescent-friendly services that include counseling sessions aimed at bridging the SRH communication gap with parents, offering guidance on safe, open family discussions.

- Distribute accessible resources for adolescents and parents on the importance of SRH communication, available during routine health visits.

**To adolescents**

- Adolescents need to overcome feelings of shame and communicate openly with their parents without fear. Additionally, they should seek out more information on how to effectively communicate these topics.
- Equip themselves with RH information through participation in health clubs, both in and outside school.

**For researchers**

- Conducting an ethnographic study would provide valuable insights into societal structures and communication patterns related to SRH issues. Such studies can help identify barriers and opportunities for enhancing parent-adolescent communication on these topics in the study area.

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# Annex

## Annex I: Consent form and Information sheet (English Version)

Assent to assess adolescent parent sexual and reproductive health communication among secondary school students in Cheha woreda, Centeral Ethiopia Regional State, Ethiopia

Identification number _____

**Information sheet**

Dear respondent,

Greetings. My name is _____, and I am currently pursuing a master's degree in Maternity and Reproductive Health Nursing at Wolkite University, College of Medicine and Health Sciences, Department of Nursing. I am conducting research on the adolescent sexual and reproductive health communication with their parents in your secondary school. This questionnaire, designed for academic purposes, will be approved by Wolkite University, College of Medicine and Health Sciences, Department of Nursing, as part of the requirements for my master's degree. I kindly request your assistance by providing honest and genuine responses to the questions, as your input is crucial for achieving the study's objectives. Rest assured that your answers will remain confidential and private, and no personal information, including your name, will be disclosed. Participation is voluntary, and you have the right to discontinue at any point. Your cooperation will significantly contribute to the success of this research, and the results are expected to inform policy and intervention programs addressing adolescent sexual and reproductive health issues. I sincerely appreciate your time and willingness to participate.

If you agree, please proceed to the next page; otherwise, feel free to stop here.

Name of researcher: Yalfal Alemu

Contact: Phone number: 0942407927/yeabktkm@gmail.com

**Assent form**

I, the undersigned, acknowledge that I have been briefed about the intent of this study, which aims to evaluate parent-adolescent communication regarding sexual and reproductive health issues in Cheha Woreda secondary schools. I understand that the information I provide will be treated as confidential and solely utilized for the purposes of this research. I am aware of my right to refrain from answerig any questions at my discretion. With this understanding, I willingly consent to participate in this research, aspiring to contribute to the assessment of communication dynamics between adolescents and their parents concerning sexual and reproductive health issues..

Signature _____Date_____

**Annex II; - English version questionnaires**

**Part I. Socio-demographic characteristics of participants (circle your choices)**

| Ser.no | Question | Response | Remark |
|---|---|---|---|
| 101 | Age | _____in years | |
| 102 | Student Grade | _____ | |
| 103 | Sex | 1. Male<br>2. Female | |
| 104 | Marital status of mother and father | 1. Together<br>2. Divorced<br>3. At least one parent not alive<br>4. Others(specify)---------- | |
| 105 | Mother's educational status | 1. Can't read and write<br>2. Only read and write<br>3. Primary (1-8)<br>4. Secondary (9-12)<br>5. Diploma and above | |
| 106 | Father's educational status | 1. Can't read and write<br>2. Only read and write<br>3. Primary (1-8)<br>4. Secondary (9-12)<br>5. Diploma and above | |
| 107 | With whom are you currently living? | 1. With both parents<br>2. With my mother<br>3. With my father<br>4. With friends<br>5. Living alone<br>6. With relative | |
| 108 | Family size (including mother and father) | _____ in numbers | |
| 109 | Estimated family income per/month(Ethiopian birr) | 1. _____Birr<br>2. I don't know | |
| 110 | Occupation of the mother | 1. House wife<br>2. Government employee<br>3. Farmer<br>4. Private employee<br>5. Merchant<br>6. Other specify | |
| 111 | Occupation of father | 1. Government employee<br>2. Farmer<br>3. Private employee<br>4. Merchant<br>5. Other (specify) | |

**Part II. Knowledge of participants on selected sexual and reproductive health Issues (circle your choices)**

| | Question | Response | Remark |
|---|---|---|---|
| 201 | Have you ever received information about sexual and reproductive health? | 1. Yes<br>2. No | If your answer is **No** skip to question **number 203** |
| 202 | If yes to Q201, What was your primary Source of information about reproductive health? | 1. School<br>2. Peer including girl or boyfriend<br>3. Mass media (TV, Radio, Magazines, Newspaper)<br>4. Family (father and mother)<br>5. Brothers /sisters<br>6. Relatives<br>7. Other (specify) | |
| 203 | Do you know about sexually transmitted infections? | 1. Yes<br>2. No | If **No** skip to question **number 205** |
| 204 | Which of the listed of sexually transmitted infections do you know? (**multiple answer is possible**) | 1. Gonorrhea<br>2. Chancroid<br>3. HIV/AIDS<br>4. Syphilis<br>5. Others(specify) | |
| 205 | Do you know about contraceptive method for youth? | 1. Yes<br>2. No | If **No** skip to question **number 207** |
| 206 | Which contraceptive methods do you know?(**multiple answer is possible**) | 1. Pills<br>2. Condom<br>3. Depo<br>4. Norplant<br>5. IUD<br>6. Using safe period or natural method<br>7. Others (specify) | |
| 207 | Which contraceptive methods can protect aganist sexually transmitted disease?(**multiple answer is possible**) | 1. Pills<br>2. Condom<br>3. Depo<br>4. Norplant<br>5. IUD<br>6. Using safe period or natural method<br>7. Others (specify) | |
| 208 | Do you know when the menstruation cycle starts? | 1. Yes<br>2. No | |

| | | | |
|---|---|---|---|
| 209 | If your answer is yes to question number 207, what is the mean age? | 1. _____in years | |

**Part III. Attitude of participants on selected SRH components (Tick your choice)**

| | Questions | Response | | | | |
|---|---|---|---|---|---|---|
| | | Strongly agree | Agree | Neutral | Disagree | Strongly disagree |
| 301 | Do you think that sexual health is important? | | | | | |
| 302 | Premarital sex acceptable | | | | | |
| 303 | Do you think it is important to discuss about sexual and reproductive health issues with parents? | | | | | |
| 304 | Is abortion is acceptable? | | | | | |
| 305 | Do you think parent adolescent communication on SRH issues delay first sexual Intercourse | | | | | |
| 306 | Do you think condoms are an effective method of preventing pregnancy? | | | | | |
| 307 | Do you believe that, if unmarried couples want to have sexual intercourse before marriage they must use condom? | | | | | |
| 308 | Do you believe that, STIs and HIV/AIDs can be prevented using condom? | | | | | |
| 309 | Do you think that there are adequate sexual and reproductive health service available at near your school? | | | | | |
| 310 | Do you believe currently there is strong attention for STDs and HIV/AIDs | | | | | |

**Part IV. Parent adolescent communication concerning SRH issues and factors affecting SRH communication (circle your choices)**

| | Questions | Response | |
|---|---|---|---|
| 401 | Have you ever discussed sex related and reproductive health issues with your parents? | 1. Yes<br>2. No | |
| 402 | Have you discussed contraception with your parents? | 1. Yes<br>2. No | If your answer is **No** skip to question number **404** |

| | | | |
|---|---|---|---|
| 403 | If yes to Q402, with whom do you prefer more (first choice) to discuss issues related to contraception? | 1. Father<br>2. Mother<br>3. Brothers or sisters<br>4. Peer<br>5. Teachers<br>6. Other specify | |
| 404 | Have you discussed STI and HIV/AIDS within the past six months? | 1. Yes<br>2. No | If **No** skip to question **number 406** |
| 405 | If yes to Q404, with whom do you prefer more (first choice) to discuss issues related to STI and HIV/AIDS? | 1. Father<br>2. Mother<br>3. Brothers or sisters<br>4. Peer<br>5. Teachers<br>6. Other specify | |
| 406 | Have you ever discussed about sexual intercourse with your parents? | 1. Yes<br>2. No | If **No** skip to question **number 408** |
| 407 | If yes to Q406, with whom do you prefer more (first choice) to discuss issues related to sexual intercourse? | 1. Father<br>2. Mother<br>3. Brothers or sisters<br>4. Peer<br>5. Teachers<br>6. others specify | |
| 408 | Have you discussed about unintended pregnancy with your parents? | 1. Yes<br>2. No | If **No** skip to question **number 410** |
| 409 | If yes to Q408, with whom do you prefer more (first choice) to discuss issues related to unintended pregnancy? | 1. Father<br>2. Mother<br>3. Brothers or sisters<br>4. Peer<br>5. Teachers<br>6. others specify | |
| 410 | Have you about discussed about condom use with your parents? | 1. Yes<br>2. No | If **No** skip to question **number 412** |
| 411 | If yes to Q410, with whom do you prefer more (first choice) to discuss about condom use? | 1. Father<br>2. Mother<br>3. Brothers or sisters<br>4. Peer<br>5. Teachers<br>6. others specify | |

| | | | |
|---|---|---|---|
| 412 | If you do not discuss any sexual and reproductive health issues with your parents, what was your reason? (**multiple answer is possible**) | 1. Shame<br>2. Culturally unacceptable<br>3. Parents lack of knowledge<br>4. Parents lack of communication skill<br>5. Fear of parents<br>6. Others (specify | |

**Annex V; - Consent form and Information sheet (Amharic version)**
የቸሃ ወረዳ የሁለተኛ ደረጃና መሰናድ ትምህርት ቤት ተማሪዎች ከወሊጆቻቸው ጋር በስነ ወሲብና ስነ ተዋልዶ ጤና ጉዳዮች ላይ የሚያደርጉትን ውይይት ለማጥናት የተዘጋጀ መጠይቅ፡፡

**አጠቃላይ መረጃ እና የጥናቱ ተሳታፊዎች ፍቃደኝነታቸውን የሚያሳዩበት ቅፅ**

የመለያ ቁጥር_____

**ውድ የጥናቱ ተሳታፊዎች!**

ስሜ _____ይባላል፡፡ በአሁኑ ወቅት በወልቂጤ ዩኒቨርሲቲ የእናቶችና ስነ-ተዋለድ ነርሲንግ ትምህርት የሁለተኛ ዲግሪዬን ትምህርትቴን እየተከታተልኩ እገኛለሁ፡፡የሁለተኛ ዲግሪዬን ለመጨረስ ይረዳኝ ዘንድ በቸሃ ወረዳ ባሉ ወረዳ የሁለተኛ ደረጃና መሰናዶ ትምህርት ቤት ውስጥ ያሉ ወጣቶች ከወላጆቻቸው ጋር በስነ ወሲብና ስነ ተዋልዶ ጤና ዙሪያ የሚያደርጉትን የውይይት መጠንና እንዲወያዩ የሚያደርጓቸው ምክንያቶች፣ ቢወያዩ ምን ጥቅም እንደሚያገኙ ጥናት እያደረኩ እገኛለሁ፡፡

ጥናቱ በወልቂጤ ዩኒቨርሲቲ ኮሌጅ ኦፍ መድስን ኤንድ ሄልዝ ሳይንሲስ፣ ዴፓርትመንት ኦፍ ነርሲንግ ኤንድ ሚድዋይፈሪ የጸደቀ ነዉ፡፡ ስለሆነም ከላይ የተዘረዘሩት የጥናቱ ዓላማዎች ይሳኩ ዘንድ በእናንተ በኩል በእውነታ ላይ የተመሠረተና ትክክለኛ የሆነ መረጃ እንድትሞሉ እየጠየኩ መጠይቁን የምትሞሉት በግላችሁ ስለሆነ እና በመጠይቁ ላይ የምትመልሱት መልስ ግላዊ እና ስማችሁን ያላካተተ በመሆኑ በከፍተኛ ሚስጥር የሚጠበቅ ይሆናል፡፡ ከዚህም በተጨማሪ በጥናቱ ላይ የምትሳተፉት በፍቃደኝነት ስለሆነ ከማይመለከታችሁ ጥያቄዎች ዉጭ ያልተመቻችሁ ጥያቄዎች ካሉ ባዶ ቦታ መተው ትችላላችሁ፤ መጠይቁንም መሙላት ባላስፈለጋችሁ ጊዜ ማቆም/ማቋረጥ መብታችሁ ነው፡፡ እርስዎ ጥያቄ በመመለስ ብተባበሩኝ ለጥናቱ መሳካት የራስዎን ጉልህ ድርሻ ተወጡ ማለት ነው፡፡

መጠይቁን ለመመለስ ፍቃደኛ ነህ/ሽ 1. አዎ 2. አይደለሁም
መልሳችሁ አዎ ከሆነ ወደ ሚቀጥለው ገፅ እለፍ/እለፊ፤
አመሠግናለሁ፡፡

ስም፡ ያልፋል አለሙ
ስልክ ቁጥር፡ 0942407927 ኢሜል፡ yeabktkm@gmail.com

**የጥናቱ ተሳታፊዎች ፍቃዮኝነት ቅፅ**

እኔ የጥናቱ ተሳታፊ የሆንኩኝ ተማሪ ይህ በቸሃ ወረዳ የሁለተኛ ደረጃ ምህርት ቤት ወጣት ተማሪዎች ከወሊጆቻቸው ጋር በስነ ወሲብና ስነ ተዋልዶ ጤና ጉዳዮችን በተመለከተ የሚያደርጉትን ውይይት ለመዳሰስ የተዘጋጀ መሆኑን አውቄያለሁ፡፡ የሚሰጠውም ግላዊ መረጃዬ በሚስጥራዊነት እንደሚጠበቅ እና ለዚህ ጥናት አላማ ብቻ እንደሚውል ተነግሮኛል፡፡ ጥናቱ ውስጥ በፍላጎት ተሳታፊ ሆኜ መቀጠል እንዳለብኝ እና መቀጠል ባልፈለኩ ጊዜ ማቆም እንደምችል ተረደቻለሁ፡፡ በአጠቃላይ ከላይ የተዘረዘሩትን መብቶቼን በማወቅና የእኔ በዚህ ጥናት ላይ መሳተፍ ጥቅም አለው ብዬ በማመን በሙሉ ፍቃደኝነት ለመሳተፍ ተስማምቻለሁ፡፡

ፊርማ _____ ቀን _____

## Annex VI: Amharic Questionnaires

ክፍል 1. መሠረታዊና መህበራዊ ጥያቄዎች (ከተሰጡት አማራጮች ዉስጥ መልስህን/መልስሽን ክበብዉ/ክበብ)

| ተ.ቁ | ጥያቄ | መልስ |
|---|---|---|
| 101 | ዕድሜ | ……በዓመት |
| 102 | ክፍል | _____ኛ ክፍል |
| 103 | ፆታ | 1. ወንድ<br>2. ሴት |
| 105 | የወላጆች የጋብቻ ሁኔታ | 1. አብሮ የሚኖሩ<br>2. የተፋቱ<br>3. ከሁለቱም ወይም ከሁለቱ አንዱ በህይወት የላለ |
| 106 | የእናትህ/ሽ የትምህርት ደረጃ | 1. ማንበብ እና መፃፍ የማይትችል<br>2. ማንበብና መፃፍ ብቻ<br>3. የአደኛ ደረጃ ትምህርት (1-8)<br>4. የሁለተኛ ደረጃ ትምህርት (9-12)<br>4. ዲፕሎማ ና ከዚያ በላይ |
| 107 | የአባትህ/ሽ ትምህርት ዯረጃ | 1. ማንበብ እና መፃፍ የማይትችል<br>2. ማንበብና መፃፍ ብቻ<br>3. የአደኛ ደረጃ ትምህርት (1-8)<br>4. የሁለተኛ ደረጃ ትምህርት (9-12)<br>5. ዲፕሎማ ና ከዚያ በላይ |
| 108 | በአሁኑ ወቅት ከማን ጋር ነው የምትኖረው/ሪው | 1. ከእናቴና አባቴ ጋር<br>2. ከእናቴ ጋር<br>3. ከአባቴ ጋር<br>4. ከጓደኛዬ ጋር<br>5. ለብቻዬ<br>6. ከዘመዴ ጋር |
| 109 | የቤተሰቦችህ/ሽ ብዛት ስንት ናቸው? (እናትህን/ሽን እና አባትህን/ሽን ጨምሮ) | በቁጥር_____ |
| 110 | የቤተሰብህ/ሽ የወር ገቢ (በኢትዮጵያ ስንት ብር) | 1. _____ብር<br>2. አላውቅም |
| 111 | የእናትህ/ሽ የሥራ ሁኔታ | 3. የቤት እመቤት<br>4. የመንግስት ሠራተኛ<br>5. ገበሬ<br>6. የግል ሠራተኛ<br>7. ነጋዴ<br>8. ሌላ ከሆነ ይገለፅ |
| 113 | የአባትህ/ሽ የሥራ ሁኔታ | 1. የመንግስት ሠራተኛ<br>2. ገበሬ<br>3. የግል ሠራተኛ<br>4. ነጋዴ<br>5. ሌላ ከሆነ ይገለፅ |

ክፍሌ **2.** ወጣቶች በስነ ወሲብ እና ስነ ተዋልዶ ጤና ላይ ያላቸውን ዕውቀት በተመለከተ(ከተሰጡት አማራጮች ዉስጥ መልስህን/መልስሽን ክበብዉ/ክበብ)

| ተ.ቁ | ጥያቄ | መልስ | ምርመራ |
|---|---|---|---|
| 201 | ስለ ስነ ወሲብና ስነ ተዋልዶ ጤና ሰምተህ/ሽ ታውቃለህ/ሽ? | 1. አዎ<br>2. አላውቅም | መልሶ አላውቅም ከሆነ ወደ ጥያቄ ቁጥር **203 ይለፉ** |
| 202 | መልስሽ/ክ ለጥ.ቁ201 አዎ ከሆነ፣ ለመጀመሪያ ጊዜ ስለ ስነ ወሲብና ስነ ተዋልዶ ጤና ስትሰማ/ሚ የመረጃ ምንጭህ/ሽ ምን ነበር? | 1. ትምህርት ቤት<br>2. ከጓደኛ ይዬ (የሴት/የወንድ)<br>3. ከሚድያ (ቴሌቪዥን፣ ራድዮ፣ መፅሔት ወይም ጋዜጣ)<br>4. ወላጅ (አባት/እናት)<br>5. ወንድም/እህት<br>6. ከዘመድ<br>7. ሌላ ከሆነ ይገለፅ | |
| 203 | ስለ የአባላዜር በሽታዎች ታውቃለህ/ሽ? | 1. አዎ<br>2. አላውቅም | መሌስ/ሽ አሊውቅም ከሆነ ወዯ ጥያቄ ቁጥር **205** እሆፍ/ፊ |
| 204 | መልስሽ/ክ ለጥ.ቁ203 አዎ ከሆነ፣ ከተዘረዘሩት ውስጥ የትኛውን አባላዜር በሽታ ታውቃለህ/ሽ? ( ከአንድ በላይ መልስ መመለስ ይቻላል)። | 1. ጨብጥ<br>2. ቻንክሮይድ<br>3. ኤች አይ ቪ/ኤድስ<br>4. ቂጢኝ<br>5. መልሶ ሌላ ከሆነ ይገለፅ | |
| 205 | ስለ ወጣቶች የወልድ መቆጣጠሪያ ዜዴ ታውቃለህ/ቂያለሽ? | 1. አዎ<br>2. አላውቅም | መልስህ/ሽ አላውቅም ከሆነ ወደ ጥያቄ ቁጥር **207** እለፍ/ፊ |
| 206 | መልስሽ/ክ ለጥ.ቁ205 አዎ ከሆነ፣ የትኛውን ዓይነት የወልድ መቆጣጠሪያ ዜዴ ነው የምታውቀው/ቂው? (ከአንድ በላይ መልስ መመለስ ይቻላል) | 1. ፒልስ<br>2. ኮንዶም<br>3. በመርፌ የሚሰጥ<br>4. በክንድ ውስጥ የሚቀበር<br>5. ወዴ ማህፀን ውስጥ የሚገባ<br>6. በተፈጥሮ/በካሊንደር መጠቀም<br>7. መልሶ ሌላ ከሆነ ይገለፅ | |
| 207 | የትኛው ዓይነት የወልድ መቆጣጠሪያ ዜዴ ከአባላዜር በሽታ ይከላከላል? | 1. ፒልስ<br>2. ኮንዶም<br>3. በመርፌ የሚሰጥ<br>4. በክንድ ውስጥ የሚቀበር | |

| | | | |
|---|---|---|---|
| | | 5. ወዴ ማህፀን ውስጥ የሚገባ<br>6. በተፈጥሮ/በካሊንደር መጠቀም<br>7. መልሶ ሌላ ከሆነ ይገለፅ | |
| 208 | አንዲት ሴት የወር አበባ ዑደት መቼ ማየት እንደምትጀመር ታውቃለህ/ቂያለሽ? | 1. አዎ<br>2. አላውቅም | |
| 209 | መልስህ/ሽ አውቃለሁ ከሆነ በስንት ዓመት ነው ማየት የምትጀምረው | _____ ዓመት | |

ክፍሌ **3.** ወጣቶች በስነ ወሲብና ስነ ተዋልዶ ጤናን በተመሆከተ ያላቸው አመለካከት(ከተሰጡት አማራጮች ዉስጥ መልስህን/መልስሽን ክበብዉ/ክበብ)

| ተ.ቁ | ጥያቄ | መልስ | | | | |
|---|---|---|---|---|---|---|
| 301 | የወሲብ ጤና ጠቃሚ ነው | 1. በጣም አስማማለው | 2. አስማማለው | 3. ገለልተኛ | 4. አልስማማም | 5. በጣም አልስማማ |
| 302 | ከጋብቻ በፊት የሚደረግ ግብረ ስጋ ግንኙነት ተቀባይነት አለው | | | | | |
| 303 | ከወለጆች ጋር ስለ ስነ ወሲብና ስነ ተዋልዶ ጤና መወያየት አስፍለጊ ነው/ይጠቅማል | | | | | |
| 304 | ፅንስ ማስወረድ ተቀባይነት አለው | | | | | |
| 305 | ወጣቶችና ወላጆቻቸው በስነ ወሲብ እና ስነ ተዋልዶ ዙሪያ መወያየታቸው ያለ ዕድሜ ከሚደረግ የግብረ ስጋ ግንኙነት ይቆጥባል/ቀድሞ ልከሰት የሚችለውን የግብረ ስጋ ግንኙነት ያዘገያል፡፡ | | | | | |
| 306 | ኮንዶም እርግዝናን ለመከላከል ውጤታማ ዘዴ ነዉ | | | | | |
| 307 | የፍቅር ጓደኛሞች ከመጋባታቸው በፊት የግብረ ስጋ ግንኙነት ማድረግ ከፈለጉ የግድ በኮንዶም መጠቀም አለባቸው | | | | | |
| 308 | በኮንዶም መጠቀም ኤች አይ ቪ/ኤድስንና ሌሎች ሊቅ በሆነ የግብረ ስጋ ግንኙነት የሚተላለፉ በሽታዎችን ይከላከል | | | | | |
| 309 | በትምህርት ቤትዎ አቅራቢያ በቂ የሆነ የስና ወሲብ እና የስነ ተዋልዶ ጤና አገልግሎት አለ | | | | | |
| 310 | በአሁኑ ጊዜ በግብረ ሥጋ ግንኙነት ለሚተላለፉ በሽታዎች እና ለኤችአይቪ ከፍተኛ ትኩረት እየተደረገ ነው | | | | | |

ክፍሌ **4.** ወጣቶች በስነ ወሲብና ስነ ተዋልዶ ጤና ዙሪያ ከወላጆቻቸው ጋር የሚያደርጉትን ግንኙነት/ ውይይት በተመለከተ(ከተሰጡት አማራጮች ዉስጥ መልስህን/መልስሽን ክበብዉ/ክበብ)

| ተ.ቁ | ጥያቄ | መልስ | ምርመራ |
|---|---|---|---|
| 401 | ከወላጆች ጋር ስለ ስነ ወሲብና ስነ ተዋልዶ ጤና ተወያይተህ/ ሽ ታውቃለህ/ሽ | 1. አዎ<br>2. አላዉቅም | |
| 402 | ከቤተሰቦችህ/ሽ ስለ ወሊድ መቆጣጠሪያ ዘዴዎች ተወያይተህ/ሽ ታውቀለህ/ቀየለሽ? | 1. አዎ<br>2. አላውቅም | መልስህ/ሽ አላውቅም ከሆነ ወደ ጥያቄ ቁጥር 404 እለፍ/ፊ |
| 403 | መልስህ/ሽ ለጥ.ቁ 402 አዎ ከሆነ፣ ስለ ወሊድ መቆጣጠሪያ ዘዴዎች ከማን ጋር ብትወያይ ትመርጣለህ/ጪያለሽ (የመጀመሪያ ምርጫሽ)? | 1. ከአባቴ ጋር<br>2. ከእናቴ ጋር<br>3. ከወንዴሞቼ/እህቶቼ ጋር<br>4. ከጓዴኞቼ ጋር<br>5. ከመምህሬ ጋር<br>6. ሌላ ከሆነ ይገለፅ | |
| 404 | ከቤተሰቦችህ/ሽ ስለ አባላዘር በሽታዎችና ኤች አይ ቪ/ኤድስ ተወያይተህ/ሽ ታውቃለህ/ቂያለሽ? | 1. አዎ<br>2. አላውቅም | መልስህ/ሽ አላውቅም ከሆነ ወደ ጥያቄ ቁጥር **406** እለፍ/ፊ |
| 405 | መልስህ/ሽ ለጥ.ቁ 404 አዎ ከሆነ፣ ስለ አባላዘር በሽታዎችና ኤች አይ ቪ/ኤድስ ከማን ጋር ብትወያይ ትመርጣልርህ/ጪያልርሽ (የመጀመሪያ ምርጫሽ/ህ)? | 1. ከአባቴ ጋር<br>2. ከእናቴ ጋር<br>3. ከወንድሞቼ/እህቶቼ ጋር<br>4. ከጓደኞቼ ጋር<br>5. ከመምህሬ ጋር<br>6. ሌላ ከሆነ ይገለፅ | |
| 406 | ከቤተሰቦችህ/ሽ ስለ ግብረ ስጋ ግንኙነት ተወያይተህ/ሽ ታውቃለህ/ቂያለሽ? | 1. አዎ.<br>2. አላውቅም | መልስህ/ሽ አላውቅም ከሆነ ወደ ጥያቄ ቁጥር **408** እለፍ/ፊ |
| 407 | መልስህ/ሽ ለጥ.ቁ 406 አዎ ከሆነ፣ ስለ ግብረ ስጋ ግንኙነት ከማን ጋር ብትወያይ ትመርጣለህ/ጪያለሽ (የመጀመሪያ ምርጫሽ/ህ)? | 1. ከአባቴ ጋር<br>2. ከእናቴ ጋር<br>3. ከወንድሞቼ/እህቶቼ ጋር<br>4. ከጓደኞቼ ጋር<br>5. ከመምህሬ ጋር<br>6. ሌላ ከሆነ ይገለፅ | |
| 408 | ከቤተሰቦችህ/ሽ ስለ አላስፈላጊ/ያልታቀደበት እርግዝና ተወያይተህ/ሽ ታውቃለህ/ቂያለሽ? | 1. አዎ<br>2. አላውቅም | መልስህ/ሽ አላውቅም ከሆነ ወደ ጥያቄ ቁጥር **410** እለፍ/ፊ |
| 409 | መልስህ/ሽ ለጥ.ቁ 408 አዎ ከሆነ፣ ስለ አላስፈላጊ/ያልታቀድበት እርግዝና ከማን ጋር ብትወያይ ትመርጣለህ/ጪያለሽ (የመጀመሪያ ምርጫሽ/ህ)? | 1. ከአባቴ ጋር<br>2. ከእናቴ ጋር<br>3. ከወንድሞቼ/እህቶቼ ጋር<br>4. ከጓደኞቼ ጋር<br>5. ከመምህሬ ጋር<br>6. ሌላ ከሆነ ይገለፅ | |

| | | | |
|---|---|---|---|
| 410 | ከቤተሰቦችህ/ሽ ስለ ኮንዶም መጠቀም/አጠቃቀም ተወያይተህ/ሽ ታውቃለህ/ቂያለሽ? | 1. አዎ<br>2. አላውቅም | መልስህ/ሽ አላውቅም ከሆነ ወደ ጥያቄ ቁጥር **412** እለፍ/ፊ |
| 411 | መልስህ/ሽ ለጥ.ቁ 410 አዎ ከሆነ፣ ስለ ኮንዶም መጠቀም/አጠቃቀም ከማን ጋር ብትወያይ ትመርጣለህ/ጪያለሽ (የመጀመሪያ ምርጫሽ/ህ)? | 1. ከአባቴ ጋር<br>2. ከእናቴ ጋር<br>3. ከወንድሞቼ/እህቶቼ ጋር<br>4. ከጓደኞቼ ጋር<br>5. ከመምህሬ ጋር<br>6. ሌላ ከሆነ ይገለፅ | |
| 412 | ስለ ወሲብ እና የስነ ተዋልዶ ጤና ጉዳዮች ላይ ከቤተሰቦችህ/ሽ ጋር የማትወያይ ከሆነ ምክንያቱ ምንድነው ብላህ ታስባለህ/ሽ? ( ከአንድ በላይ መልስ መመለስ ይቻላል) | 1. ስላማፍር<br>2. በባህሌ ተቀባይነት ስላ ሌላው<br>3. እውቀት ስላ ሌላቸው<br>4. የመወያየት ችሎታ ስላ ሌላቸው<br>5. ወላጆቼን ስለምፍራ<br>6. 6. ሌላ ከሆነ ይገለፅ————— | |

## Annex VII: Interview guide with adolescents

**The guidelines is as follows:**

1. Begin the interview with a warm welcome and friendly greeting to create a comfortable atmosphere for the participants.
2. Provide a concise overview of the interview's objectives and the general procedures. Clearly articulate the purpose of the interview to ensure transparency and understanding.
3. Ask for the willingness of the selected adolescents to participate in the interview. Emphasize that participation is voluntary, and they have the right to decline or withdraw at any point without any consequences.
4. Reiterate the commitment to maintaining the confidentiality of the participants. Assure them that the information shared during the interview will be handled with the utmost confidentiality and used only for research purposes.
5. Recap the assurance of confidentiality and then request permission to use a tape recorder during the interview. Clearly explain the purpose of recording, emphasizing that it is solely for the purpose of accurately capturing responses and will not compromise their privacy.

**Questions to be asked under major thematic areas**

**I. Questions revolving around the basic facts of sexual and reproductive health and their sources of information**

1. Can you tell me about your understanding of SRH?
    - What is sexual and reproductive health issues mean to you?
2. Have you ever tried to know what SRH is?
    - If yes, from where did you get information?

**II. About discussion on sexual and reproductive health issues**

3. Have you ever discussed about sexual and reproductive health issues?
4. If you have been discussed so far, with whom you discussed? When you discussed?
5. Do you think parents should chat about sexual and reproductive health issues with their adolescent children?

6. What is the importance of adolescents‟ discussion about SRH issues with their parents?
7. Have you ever discussed about it with your parents? If yes, when you discussed? With whom?
8. Do you feel comfortable in discussing issues related to SRHs with your parents?

**III. Contents of Parent Adolescent Communication on SRH issues**

9. What type of sexual and reproductive health issues you discussed with your parents?
10. Who decides on what to talk?
11. Where do you have such discussion? Are you feeling comfortable with these places?
12. What do you think concerning the adequacy of information you get from your parents?

**IV. Adolescents perception regarding the challenges related to the communication between the adolescents and parents**

13. What is hard (challenge) for you in having communication/discussion concerning SRH issues with your parents (barriers for not communicating?) What are the reasons?
14. Are there topics you find easy/difficult to discuss? Which are these? Why so?

**V. Adolescents suggestions concerning the manner of improving**

15. What do you think to be done to improve the communication of sexual and reproductive health matters among adolescents and their parents?
16. What advice would you give to other adolescents in order to deal with the issues of sexual and reproductive health?
17. What advice would you give to parents in order to deal with their adolescents‟ issues of sexual and reproductive health?

Thank you!!

Annex VIII: ከወጣቶች ጋር ለሚደረገው ቃለ መጠይቅ

**የመጠይቁ አካሄድ እንደሚከተለው ይሆናል፡**

- መደበኛ ሰላምታ መለዋወጥ
- የቃለ መጠይቁን አላማና አካሄድ ጠለቅ ባለ መለኩ መግለፅ/ማብራራት
- በቃለ መጠይቁ ውስጥ በመሳተፋቸው ምን እንደሚያገኙ እና በቃለ መጠይቁ አካሄድ ውስጥ ሊኖራቸው ስለሚችል መብቶች ማብራራት
- ቃለ መጠይቁን ለማድረግ ፍቃድኛ መሆናቸውን መጠየቅ
- በቃለ መጠይቁ ወቅት የሚነሱ ግላዊ ጉዲዮች/ሚስጥሮች በጥብቅ እንድሚጠበቁ በመግለፅ ቃሌ መጠይቁ እንዲቀዲ ፍቃዮኛ መሆናቸውን ማረጋገጥ

**የጥያቄዎች ርዕሶችና ነጥቦች**

**I. አጠቃላይ በስነ ወሲብና ስነ ተዋልዶ ጤና ዙሪያ ያላቸውን ዕውቀትና የመረጃ ምንጭ የተመለከቱ ጥያቄዎች፤**

1. የስነ ወሲብና ስነ ተዋልዶ ጤና ጉዲዮች ማለት ምንድ ነው?
    - ምን ምን ያካትታል?
2. የስነ ወሲብና ስነ ተዋልዶ ጤናን በተመለከተ መረጃ ከየት ነው የምታገኘው/ኚው/?
    - የመረጃ ምንጭህ/ሽ ምንድ ነው?

**II. በስነ ወሲብና ስነ ተዋልዶ ጤና ጉዲዮች ላይ ያለ ውይይቶችን በተመለከተ፤**

3. ስለ ስነ ወሲብና ስነ ተዋልዶ ጤና ተወያይተህ/ሽ ታውቃለህ/ቂያለሽ?
4. ተወያይተህ/ሽ የምታውቅ/ቂ ከሆነ ከማን ጋር ነው የተወያየኸው/ሸው? መቼ ነው የተወያየኸው/ሸው የምትወያየው/ይው?
5. ወላጆች ከወጣት ልጆቻቸው ጋር ስለ ስነ ወሲብና ስነ ተዋልዶ ጤና መወያየት አለባቸው ብለህ/ሽ ታምናለህ/ኚያለሽ?
6. መወያየት አሆለቸው ብለህ/ሽ የምታምን/ኚ ከሆነ አስፈሊጊነቱ ምንድን ነው?
7. አንተ/አንቺ ስለ ጉዳዩ ከወላጆችህ/ሽ ጋር ተወያይተህ/ሽ ታውቃለህ/ለሽ? ተወያይተህ/ሽ ከሆነ መች ነው የተወያየኸው/ሸው?
8. ስለ ስነ ወሲብና ስነ ተዋልዶ ጤና ከቤተሰቦችህ/ሽ ጋር ስትወያይ ምቾት ይሰመኃል/ሻል/ይሰጥኃል/ሻል?

**III. በወጣቶችና ወላጆቻቸው መካከል የሚድረገው የስነ ወሲብና ስነ ተዋልዶ ጤና ውይይት ይዘትን በተመልከተ፤**

9. በምን ዓይነት የስነ ወሲብ ስነ ተዋልዶ ጤና ጉዲዮች ዙሪያ ነው ከወላጆችህ/ሽ ጋር የምትወያየው/ይው?
10. በምን የስነ ወሲብና ስነ ተዋሌዲ ጤና ጉዲይ ዙሪያ መወያየት እንዲሆባችሁ ማን ነው የሚወስነው?
11. ውይይቱን የት ነው የምታካሂደት? በታው ምቾት ይሰጥሃሌ/ሻሌ?
12. ስነ ወሲብንና ስነ ተዋልዶ ጤናን በተመለከተ ከወላጆችሽ/ሽህ የምታገኘው/ኚው መረጃ በቂ ነው ብለህ/ሽ ታምናለህ/ኚያለሽ?

**IV. ወጣቶች ከወሊጆቻቸው ጋር በስነ ወሲብና ስነ ተዋሌድ ጤና ጋር በተያያዘ ስለሚኖራቸው ውይይት ተግዲሮት ነው ብለው የሚያስቡትን ምልከታ በተመሇከተ፤**

13. ከወላጆችህ/ሽ ጋር በስነ ወሲብና ስነ ተዋልዶ ጤና ዙሪያ እንዲትወያይ የሚያደርግህ/ሽ ችግር ምንድነው ብለህ/ሽ ታስባለህ/ቢያልሽ?
14. ከስነ ወሲብና ስነ ተዋልዶ ጤና ጉዲዮች ውስጥ ለውይይት የሚቀለህ/ልሽ ወይም የሚከብድህ/ሽ ጉዲይ አል? ምን ምን ናቸው? ለምን እንደዛ እንደሆነ ልታብራራልኝ/ሪልኝ ትችላለህ/ያለሽ?

**V. ውይይታችን የሚሻሻሇበትን ሁኔታ በተመለከተ የወጣቶች ሀሳብ/አስተያየት፤**

15. በአንተ/ቺ እና በወላጆችህ/ሽ መካከል ያለውን ስነ ወሲብና ስነ ተዋልዶ ጤና ውይይት ለማሻሻል ምን መድረግ አለበት ብለህ/ሽ ታስባለህ/ቢያለሽ?
16. በስነ ወሲብና ስነ ተዋልዶ ጤና ዙሪያ ያለውን ውይይት ለማሻሻል ለወጣቶች ምን ትመክራልህ/ሪያለሽ?
17. በስነ ወሲብና ስነ ተዋልዶ ጤና ዙሪያ ያለውን ውይይት ለማሻሻል ለወላጆች ምን ትመክራለህ/ሪያለሽ?

አመሰግናለሁ!!