ADDIS-ABABA UNIVERSITY

SCHOOL OF GRADUATE STUDIES

ASSESSMENT OF PARENT-ADOLESCENT COMMUNICATION ON SEXUAL AND REPRODUCTIVE HEALTH MATTERS IN AWASSA TOWN, SNNPR, ETHIOPIA

By:

Martha Fikre (BSc. in Public health)

Advisor:

Dr. MULUGETA BETRE

A thesis Submitted to the School of public health

Addis-Ababa University

In partial fulfillment of the requirements for the

Degree of Masters of Public Health

July, 2009

Addis Ababa

Acknowledgements

I would like to give my heart felt thanks to my advisor Dr. Mulugeta Betre for all the support through out my study.

I would like also to extend my deepest gratitude to CORHA for sponsoring my study and the thesis work.

My sincere thanks should also go to Dr. Yilma Melkamu and Dr. Solomon Shiferaw for assisting in selecting relevant topic during the proposal development time.

I would like to extend my greatest appreciation to the study team, to all study participants, and to the participating schools for their meaningful cooperation. Moreover, my thanks should also go to Ato Emlelu Abi who helped me at every level of my thesis work.

At last but not least I would like to extend my special thanks to the Awassa AIDS Resource Center, AAU, and SPH library, which greatly helped me to enrich my thesis work.

Table of contents

List of tables

List of figures

Abbreviations

ABC- Abstinence, Being faithful and Condom use

AIDS- Acquired Immuno Deficiency Syndrome

ARH- Adolescent Reproductive Health

ASRH- Adolescent Sexual and Reproductive Health

CI- Confidence Interval

CSW- Commercial Sex Worker

FGD- Focus group discussion

FLE- Family life education

HIV- Human Immuno Deficiency Virus

IUD- Intra uterine device

LGV- Lympho Granuloma Venerum

OR- Odds Ratio

RH- Reproductive Health

SD- Standard Deviation

SNNPR- Southern Nations Nationalities Peoples Region

SPSS- Statistical Package for Social Science

SRH- Sexual Reproductive Health

STD- Sexually Transmitted Disease

STI- Sexually Transmitted Infections

USA- United States of America

WHO- World Health Organization

1. Abstract

Introduction- Sexual and reproductive health problems of adolescents in Ethiopia are rising from time to time. This may be associated with early sexual initiation. Different researches done in different countries had showed that good family communication regarding sexual risk behavior has been positively associated with a delay in sexual activity. There are different factors affecting communication between parents and adolescents regarding SRH issues which are uncovered.

Objective- The study is done in an attempt to identify those factors and the influence of parent-adolescent communication on sexual and reproductive health of students **Methodology-** A cross-sectional descriptive study involving 694 randomly selected students among four high schools in Awassa, Ethiopia. A pre-tested structured anonymous questionnaire was used to collect quantitative data, which was entered, cleaned and analyzed using SPSS version 11.0 statistical package. Qualitative information was obtained from four focus group discussions and sixteen peer-to-peer interviews segregated by gender. A binary logistic regression analysis was used to asses the impact of determinants.

Results- Two hundred five (30.4%) of the students discussed with either of their parents in at least two topics of SRH. Nevertheless, most of the respondents preferred to discuss SRH issue with their peers/friends than their parents.

Mother being literate [OR=1.63; 95%CI=1.17, 2.27], adolescents' having knowledge on STI, contraceptive, fertile period during menstrual cycle and emergency contraceptive [OR=2.56; 95%CI=1.51, 4.62, OR=2.17; 95%CI= 1.32, 3.53, OR=1.57; 95%CI=1.13, 2.18 and OR=2.58 95%CI=1.84, 3.63 respectively] were associated with communication of parent and adolescents on SRH.

The most reported factor that affects communication between parents and adolescents on SRH issues were shamefulness, parents' lack of knowledge and that the issue is culturally unacceptable.

Both males and females were more comfortable to discuss sexual and reproductive health issues with mother. There is significant difference across gender where more females being comfortable discussion with mother [OR=2.37; 95%CI= 1.60, 3.49]

Conclusion and recommendation- The overall research finding shows that communication on SRH issues promotes healthy behaviors of adolescent. Nevertheless, there is low communication between parent and adolescent on different SRH issues with different reasons for not discussing.

Hence, based on the findings obtained in this study it is recommended that comprehensive family life education (FLE) should be initiated for the students and parents in school, home, religious institution, and health facilities for effective communication to occur on SRH. In addition programs working in ASRH should include parents to address parental influences on adolescents' reproductive health and work to alleviate those factors which affect communication between parent and adolescents. Additional research needs to explore the influence of parent –adolescent communication on SRH issues on adolescent reproductive health especially using analytical studies.

Dedicated to my husband Emlelu Abi

And

My Child Hemdan Emlelu

1. Introduction

1.1 Background

Adolescence is a transitional period from childhood to adulthood, characterized by significant physiological, psychological and social changes WHO define adolescents as those in the age group of 10-19 years. (1,2) Our world currently cares for a historic highest number of adolescents; about 1.2 billion adolescents need proper education, health and other life skills to ensure a better future for themselves and their countries. Of these, about 85% live in developing countries. Moreover, more than half of the world's population is below the age of 25, and four out of five young people live in developing countries. (1,2) The adolescent population in Ethiopia has been increasing during the last few decades. Currently, adolescents constitute about 24% while young adults 10-24 years constitute about 30% of the total population (3).

Many adolescents die prematurely every year, an estimated 1.7 million male and female adolescents between ages of 10 and 19 lose their lives to accidents, violence, pregnancy related complications and other illnesses that are either preventable or treatable (4). As a result, adolescent reproductive health (RH) is an increasingly important component of global health.

Adolescents often lack basic RH information, knowledge, and access to affordable confidential health services for RH. Many do not feel comfortable in discussing RH with parents (5). Likewise, parents, health care workers, and educators frequently are unwilling or unable to provide complete, accurate, age-appropriate RH information to adolescents. This is often due to their own discomfort about the subject or the false belief that providing the information will encourage sexual activity (6).

More over, when young people feel unconnected to home, family, and school, they may become involved in activities that put their health at risk. However, when parents affirm the value of their children, adolescents more often develop positive, healthy attitudes about themselves.

Most adults want adolescents to know about abstinence, contraception, and how to prevent HIV and other sexually transmitted infections (STIs), parents often have difficulty communicating about sex. Nevertheless, positive communication between parents and children helps adolescents to establish individual values and make sexually healthy decisions (7).

1.2 Statement of the problem and rationale of the study

Adolescents, having survived all childhood health problems, have been enjoying a relatively low morbidity and mortality period in the past. At present, due to changing the conditions due to civilization, urbanization and life style, the health of adolescents is increasingly at stake. Sexually transmitted diseases, HIV/AIDS and other reproductive health problems are the greatest threats to their well-being. However, despite the growing needs, there is no adequate health service or counseling specifically suitable for this specific age group unlike children, mothers or adults (8).

In addition, adolescents often engage in a wide range of high-risk sexual behaviors that can result in adverse health, social, and economic consequences for themselves and their families. Early sexual intercourse is a serious adolescent risk behavior. Early initiation of sexual intercourse is associated with other behaviors that increase risk, including more frequent intercourse and greater numbers of sexual partners, and lower probability of contraceptive use during the adolescent years. Thus, individuals who initiate sexual intercourse relatively early in their adolescence are at high risk for sexually transmitted disease and pregnancy involvement for a longer period (9)

Globally, rates of sexually transmitted infections among young people are soaring: one-third of the 340 million new STIs each year occur in people under 25 years of age. Each year, more than one in every 20 adolescents contracts a curable STI. More than half of all new human immunodeficiency virus (HIV) infections occur in people between the ages of 15 and 24 years. (10) Particularly, adolescents in the Sub-Saharan region have low family planning utilization rates and limited knowledge about RH and services, and they account for a higher proportion of

the region's new HIV infections, maternal mortality ratios, and unmet need for RH information and services (11).

The vulnerability of adolescent to different reproductive health problem is due to a number of reasons such as their scant knowledge on how to prevent HIV infection, early onset of sexual activity and irregular condom use (13). Several strategies have been employed to provide adolescent with knowledge, positive attitudes and skills to prevent HIV infection. These include sex-based sex education programs, establishment of counseling service outlets, media campaigns and family communication about sexuality. Out of these, parent and child communication about sexuality regarded as an effective way to reduce risky sexual behavior and HIV infection among adolescents (14). However for many parents all over Africa, one of the challenges in child upbringing is answering a child's questions about sexuality (15). Equally, a lot of children find it uncomfortable having a conversation about sexuality with their parents because the subject is a taboo topic in most homes. Indeed parents have traditionally not been in the forefront of sexual socialization of their children.

Adolescents grow up without the guidance of elders, grand parents and other in the extended family. Consequently, a gap in sexuality information for adolescents is emerging. This gap has been mainly filled by another source of sexuality information; peers. Peers are able to share their personal experiences regarding sexuality and provide an ear ready to listen to that of others. A study among adolescents in Ghana indicated that adolescents interacted about sexuality more with friends than parents (16). However, the information shared within the peer network could be false and there can be the persistence of damaging myths through interactions.

Research shows that adolescents who talk with their parents about sexuality are more likely than other youth to delay the initiation of sex and, when they eventually initiate sex, are more likely to use condoms and other contraception. (17) One study found that Latinas in junior or senior high school who felt able to talk with their parents were much less likely to get pregnant than Latinas with fewer opportunities and less freedom to talk with their parents.(18)

Communication between parents and their children about sexual issue and impact of this communication on adolescents' sexual behavior has been one important research area; which will help in improving the prevention and education program that meet the needs and concerns of adolescence (19).

Sexual and reproductive health problems of adolescents in Ethiopia are rising from time to time, this is may be associated with early sexual initiation. Adolescents in Ethiopia are also exposed to various risks such as unprotected sex, early marriage, early pregnancy and STIs/HIV/AIDS. Studies have shown that in Ethiopia 60% of adolescent pregnancies are unwanted or unintended (12).

Different researches done in different countries showed that good family communication regarding sexual risk behavior has been positively associated with a delay in sexual activity. However, most parents in Ethiopia do not discuss about changes in adolescence, sexuality and contraception with their children, so adolescents could be vulnerable to different reproductive health problem (21).

The issue of parent-adolescent communication on SRH is very crucial but little research has been done in Ethiopia on parent-adolescent communication on SRH. In addition, since communication between parents and their adolescents has been linked to responsible adolescent sexuality (22), it is important to identify factors that affect parent–adolescent communication.

Although the findings of this study were based upon high school and preparatory adolescents, are not generalizable to out-of-school adolescents, in-school adolescents represent a demographically significant segment of the population of adolescents in Ethiopia and learning more of the factors that affect parent-adolescent communication and the effect of parent-adolescent communication on different adolescent sexual reproductive health issues in this segment of the population is of considerable strategic significance to national efforts to prevent adolescent pregnancy, and sexually transmitted diseases including HIV/AIDS.

Clearly, a deeper understanding of some of the factors that affect parent-adolescent communication and the influence of parent-adolescent communication on different adolescent sexual reproductive health issues is one of the key pre-requisite information required in designing relevant, effective and comprehensive adolescent health programs.

So this research is done to fill the research gap on this issue and identification of factors which will help those who are working on ASRH programs to focus on parent-adolescent communication on SRH.

2. Literature review

Knowledge and attitude on selected sexual and reproductive health issues.

Adolescents' knowledge and attitude

In a study done in Ghana the scope of knowledge of the typical adolescent about other STIs apart from HIV/AIDS was particularly limited, and was apparently worse for the female adolescents.(23)

Television, radio and reading materials (in order of importance) have been the predominant mass media sources of reproductive health information for most adolescents interviewed. Peers and teachers have been the most important interpersonal sources of RH information for most adolescents interviewed (23).

Looking at studies done in Ethiopia, Bullen Woreda three hundred forty seven (84.2%) of the respondents knew about STI/HIV/AIDS. AIDS was the most commonly known STD 300(88%), followed by Gonorrhea 267 (78.3%). Most of the respondents 313(76%) knew when first menstrual period started (menarche), and they reported the mean age of menarche was 13.86± 1.5 SD. Feeling towards first menarche among female respondents includes fear, felt sick, felt shame ness each accounted 84 (66.1%), 36(28.6%), 30(23.8%) respectively Three hundred thirty four (81.1%) of the students knew contraceptives methods. Injectables contraceptive and condom were mentioned by 246(73.7%) and 243(72.8%) the respondents respectively (24).

Another Study done in Nekemt nearly 258(40.0%) out of 646 responded the likely time for a woman to get pregnant when she has sexual relations that is in the middle of her menstrual cycle. Adolescents were also asked the possibility of being pregnant with one act of sexual inter course and 398(53.2%) of them agreed upon while 201 (26.9%) did not and 122 (16.3%) were not sure of it. In the same line 630(87.4%) of them out of 721 did know how to avoid pregnancy (25).

A base line survey on ARH among adolescents in government high schools of Addis Ababa revealed that concerning students' knowledge of STDs and its symptoms they responded that STDs include syphilis (80.0%), gonorrhea (78.0%), lympho granuloma inguinale (18.0%), lympho granuloma venerum (34.0%), chancroid (28.0%), trichomoniasis (7.0%), and HIV/AIDS (90.0%) (26).

Parents' knowledge and attitude

On survey conducted on parents in Ziway nearly 94% of the 246 subjects admitted that there are some physical and psychological changes that take place during puberty. However, only 148 (60%) of them reported the correct age range for puberty in females, and only 105 (42.7%) knew the corresponding age for males. It is only 65 (26.4%) respondents who correctly told the safe period in the menstrual cycle. Ninety three percent of the parents had a negative attitude towards premarital sex, though later on, 151 (61.4%) of them approved use of contraception in cases of unprecedented sexual acts in adolescents.

Only 66 (26.8%) of the parents said that teenage pregnancy is associated with difficulties in childbirth. Two hundred and six (83.7%) mentioned two commonest types of STIs (gonorrhea, and syphilis), and only 70 (28.5%) believed that STIs predispose a person to HIV/AIDS (21).

Sexual behavior of adolescents

At least 80 percent of sub-Saharan African youth are sexually experienced by age 20. Seventy-three percent of all Liberian women ages 15 to 19 have had intercourse, as have 53 percent of Nigerian, 49 percent of Ugandan, and 32 percent of Botswana women (27). In many sub-Saharan countries, first sexual activity takes place before marriage. Among Kenyan women, the median age at first marriage is 18.8 years, while the median age of first intercourse is 16.8 years. Data also show that four percent of Kenyan men are married by age 18, although 64 percent report sexual intercourse before that age (28).

A cross-sectional study done in Bale showed that 258 (30.8%) of the respondents reported to have had practiced sexual intercourse. Among those who had practiced sexual intercourse 142 (55%) were below the age of 17 years and the mean age at first sexual intercourse was 15.87 + 1.84 years. Of the sexually active students, 123 (47.7%) reported to have more than one partner in the past. Among those who had reported sexual relation with more than one partner, 75 (61%) of them mentioned that the main reason to have sex with them was trusting their partners because they look healthy. Eighty three (43.7%) of those who had commenced sexual intercourse in the past one year practiced sexual act during this time with causal partner and 74 (38.9%) of them practiced with a partner who have multiple sexual partners (29).

Do parents communicate with their adolescent about sexuality?

Parent-adolescent communication is the parental factor most often linked to adolescent sexual attitudes and behaviors. While there is evidence that adolescents prefer to receive information about sexuality from their parents, in reality few have this privilege. (30)

Nonetheless, research has documented that the quantity, frequency and timing of parent-child communication are important factors in sexual outcomes, including knowledge about sexuality and reproductive health, sexual attitudes and sexual behaviors and intentions.(31) It is important to mention that a few studies have documented that parent-child communication is associated with greater sexual behavior among youth.(32) However, in such studies it is not clear which comes first, the onset of sexual behavior or the onset of parental attempts to educate adolescents about sexuality.

Studies have indicated that adolescents most commonly rely on peers for information about sexual matters. However, parents also tend to be mentioned as being important, sometimes prominently so. Averaging across a wide range of studies, about 70 percent of parents in the United States indicate that they have talked with their adolescents about sex, whereas about 50 percent of adolescents report engaging in such conversations with their parents. These rates, however, vary considerably from one study to the next (33, 34).

Study among Ghanaian youth aged 12-24 years found that dialogue about sexuality was important. It was observed that communication with family members about sex and contraceptive was associated with a lower probability of initiating early sexual activity (57). Respondents in the age range of 12-24 years were asked questions on communication with others about sexuality with specific reference to talk about abstinence and condom use. The response of adolescent showed that 65% of discussions about abstinence and condom use occurred with peers. On the other hand, 10% of these discussions were with parents (16).

Study in Bullen Woreda (Ethiopia) high school showed that three hundred sixty two (87.9%) respondents reported that it is important to discuss sexual and reproductive health issues with parents. One hundred nineteen (28.9%) of the students discussed with either of their parents in at least two topics of SRH. And sixty three (15.3%) of the students discussed with either of their parents in at least three topics of SRH (24).

Topics for discussion between adolescents and parents

Survey done in USA showed fifty-one percent of teens (61 percent of females; 42 percent of males) had discussed with their parents “how to know when you are ready to have sex”. Forty-three percent of teens (53 percent of females; 33 percent of males) had discussed with their parents how to talk to a boyfriend or girlfriend about sexual health issues, such as pregnancy, birth control, and STIs. Among male teens, 50 percent had discussed condoms, but only 35 percent had discussed other forms of contraception. Among female teens, 54 percent had discussed condoms and 63 percent had discussed other forms of contraception with parents. Overall, 52 percent of teens had discussed condoms with their parents; 49 percent had discussed other forms of contraception. Fifty-six percent of teens (64 percent of females; 48 percent of males) had discussed HIV/AIDS with their parents. Fifty percent of teens (56 percent of females; 44 percent of males) had discussed STIs with parents (7).

In respect to the assessment of topics for discussion between adolescent and parents in Bullen Woreda high school one hundred seventy (41.3%) of the respondents reported that they had discussed on contraceptive methods.

Three hundred twenty four (78.6%) of the students reported that they had discussed on STI/HIV/AIDS. Out of 412, 174(42.2%) of the students had discussed about sexual intercourse. (54.1%) had discussed about unwanted pregnancy. (55.1%) had discussed on avoiding premarital sex. Two hundred forty four (59.2%) of the participants had discussed about condom. Three hundred nine (75%) of the respondents had discussed on physiological and psychological changes seen in youth (puberty). Out of 412, 250(60.7%) of the students had discussed about menstrual period (24).

According to a survey in Ziway on the assessment of parent's practice regarding communication on sexual matters with their children, 51 (20.7%) admitted to have discussed about teenage pregnancy and its complications, 31 (12.6%) on contraceptive use, and 26 (10.6%) on physical and psychological changes at puberty, some time in the past (21).

Factors affecting communication between parents and teenagers

The Henry J. Kaiser Family Foundation had conducted a nationally representative survey in USA Teens had indicate various reasons why they may not talk to parents about sexual health issues. Eighty-three percent of teens worried about their parents' reaction. Eighty percent of teens had got worried that parents will think they have had sex or are going to have sex. Seventy-eight percent of teens named embarrassment as a big reason. Seventy-seven percent of teens (83 percent of females; 71 percent of males) said they didn't know how to bring the subject up (35).

Adolescents were found in a South African study to have positive views about interaction with parents on several issues such as sexuality. At the same time, they reported that they cannot easily share their feelings with parents partly because they are judgmental and 72% were of the view that communication with parents about sexuality is inadequate (36). Research on this issue in Zambia has shown that both adolescents and their parents find the sexuality communication process an embarrassing one. (37) The main reservation s of mothers for not discussing sex and birth control were that the discussion would be embarrassing; that children would not take them seriously; and an apprehension that they cannot answer a child's question about sex or AIDS.

Similarly, adolescents were unwilling to talk to parents because of embarrassment; a concern with invasion of their privacy; belief that mothers are not interested in listening to them and a feeling that they already know enough. (38)

Most reasons for not communicating with their parents in Bullen Woreda high school viewed by those who had not discussed on different sexual and reproductive matters are; shameful to discuss such issues with parents, parents' lack of communication skill and knowledge and culturally unacceptable (24).

Parent-Child Communication about Sexuality Promotes Healthy Behaviors.

In one study done in USA, when mothers discussed condom use before teens initiated sexual intercourse, youth were three times more likely to use condoms than were teens whose mothers never discussed condoms or discussed condoms only after teens became sexually active. Moreover, condom use at first intercourse significantly predicted future condom use—teens who used condoms at first intercourse were 20 times more likely than other teens to use condoms regularly and 10 times more likely to use them at the most recent intercourse.(43) A study found that teens who reported previous discussions of sexuality with parents were seven times more likely to feel able to communicate with a partner about HIV/AIDS than those who had not had such discussions with their parents (38).

In another study, 19.2 percent of students said they would prefer to get information about contraception from their parents rather than from community health centers, classes, hospitals, private doctors, television, or friends. Consistent users of contraception were also more likely to report frequent conversations with parents than were teens who were not using contraception. Studies show that when parents make consistent efforts to know their teen's friends and whereabouts, the young people report fewer sexual partners, fewer coital acts, and more use of condoms and other forms of contraception (39).

In a study of sexually active African American and Latino youth, when parents held skilled, open, interactive discussions with their teens about sex, the youth were significantly more likely than the teens of less skilled communicators to use condoms at most recent intercourse and across time (7).

Gender differences in Parent-Child Communication

Many studies had found that mothers are significantly more likely than fathers to discuss sexuality with their children. (32) In one study in USA, just over 54 percent of students reported discussing HIV with a parent. Percentages varied significantly by gender—60 percent of female teens had discussed HIV with a parent compared to 49 percent of male teens. Another study found that mother-daughter discussions are more likely to include information on sexual health issues than are mother-son discussions. Father-daughter discussions about sexuality, while relatively infrequent, still outnumber father-son discussions regarding sexuality (40).

Studies from western countries report that mothers communicate with children about sexuality more than fathers do (41). A study from Togo, sheds light on gender difference in sexuality discussion women were observed to be more likely to have sexuality discussions with their daughters than fathers (42).Study in Ethiopia, Bullen woreda high school also shows preference of the same sex parent to discuss on sexual and reproductive health issues (24).

3. Conceptual frame work

As depicted in figure 1, conceptual frame work was developed for this paper after reviewing the relevant literatures. In this conceptual framework a simple linear association is considered. As shown in the figure socio demographic factors, perceived openness of parents and knowledge on SRH have a link with communication between parents and adolescents on SRH issues which may further be linked with youth decision making and sexual behavior. It is also seen that Sociodemographic characteristics and knowledge on SRH directly linked to sexual behavior of adolescents.

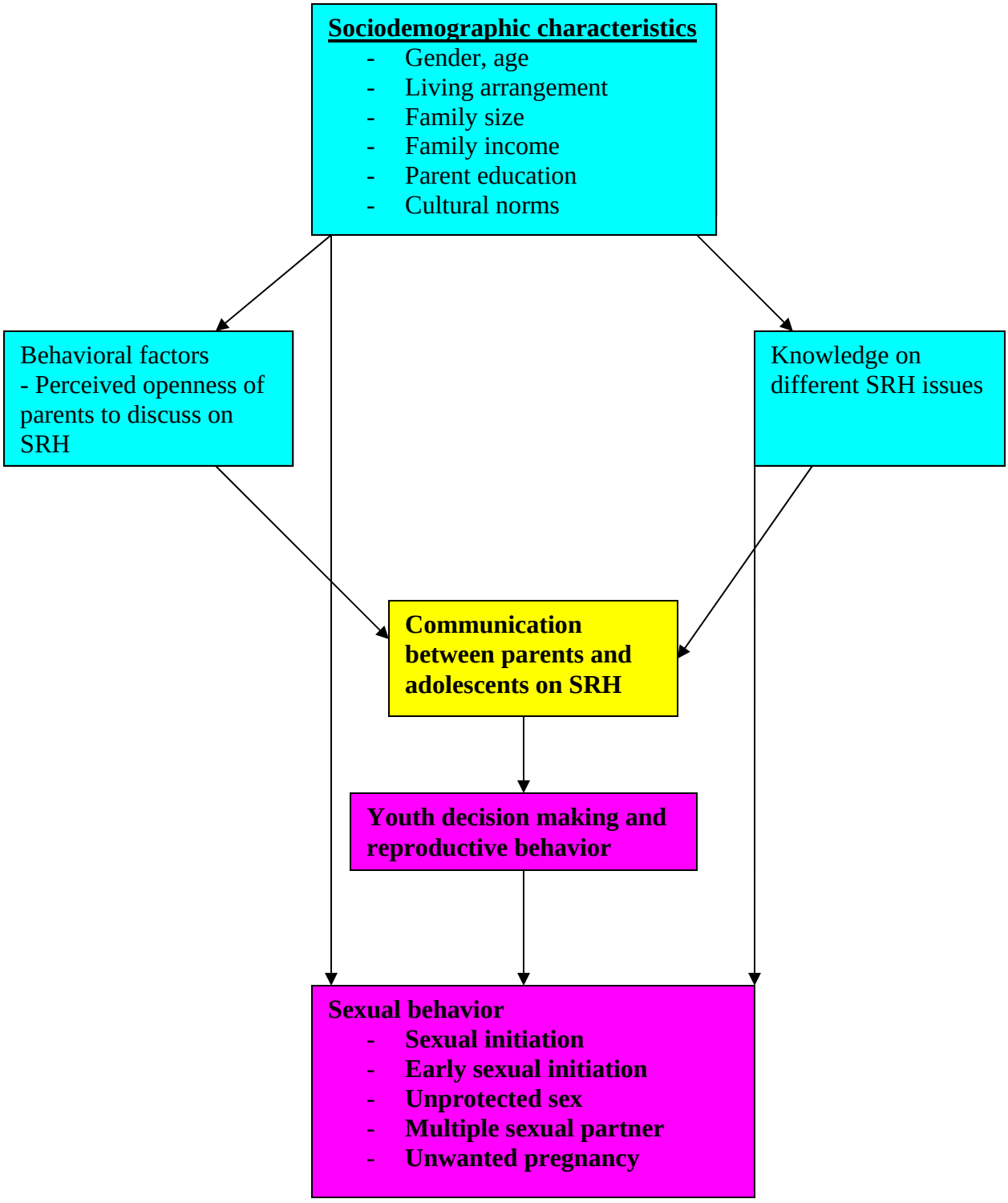

Fig 1. Conceptual frame work of communication between parents and adolescents on SRH and sexual outcome

4. Objective of the study

4.1General objective

To assess communication between adolescents and parents on sexual and RH issues and the effect on adolescent SRH conditions in Awassa town high school, SNNPR, Ethiopia.

4.2 Specific objectives

1. To describe the extent of communication between adolescents and parents on sexual and RH issues.
2. To determine factors affecting communication between adolescents and parents on sexual and RH issues.
3. To describe gender differentials of communication between parents and their adolescents on sexual and RH issues.
4. To assess the influence of parent-adolescent communication on different sexual and reproductive health issues of adolescents.

5. Methods

5.1 Study design

The study is a cross-sectional analytical study design with a mix of quantitative and qualitative techniques.

5.2 Study area

This study was conducted in Southern Nation Nationalities People's Regional State of Awassa town, an area which is known by diverse cultural constituents. Awassa is the capital town of the regional state, located 270 km from Addis Ababa. It is administratively divided into 8 sub-cities and has a population of 218,208. Currently the primary and secondary school coverage of the town is 88% and 69%, respectively. There are a total of 10 high schools of which four are public schools and six are non- government high schools. The total number students in high school for the academic year 2007/2008 was 11,470, 54% are males and 48% are females.

5.3 Study population

Source population

All adolescents attending class in high schools of Awassa and parents of those adolescents learning in high school.

Study subjects

High school students in Awassa of age 13-19 years enrolled in grade 9-12 for the academic year 2007/2008 selected from the source population using multistage sampling.

Parents of those selected adolescents and who are volunteers.

5.4 Sample size

The survey has used the formula single population proportion sample size determination. Calculation is done using the assumption, the proportion of parent adolescent communicating in at least two topics of SRH in a previous study of the p=28.9% (24), 95% CI, 5% marginal error, and 10% non response rate.

$$n = \frac{Z_{\alpha/2}\, P(1-P)}{d^2} = \frac{(1.96)^2 * 0.289 * .711}{(0.05)^2}$$

= 315.6, 10% non response rat making a total of 347.

Because the study had used multistage sampling technique, by considering the design effect of 2 the number had been multiplied by 2 and the total number of students taken for the study was 694.

Inclusion criteria: Adolescents should be teenager (13-19).

5.5 Sampling procedures

There are ten high schools in Awassa town four are public and six are private schools. From these high schools, 2 public and 2 private high schools were selected using simple random method but excluding religious based high schools. From the four high schools, students were recruited using proportionate sampling. Then with in the schools a multi-stage sampling, initially students were stratified by grade, which are from grade 9-12 and from each grade section students were selected by lottery method. To select the study unit student's roster was used as frame. And to determine the number of students from each grade simple random method was used.

The sampling procedure is depicted in figure 1, in every step simple random technique was used to select schools, sections from each school and grade and students from each section.

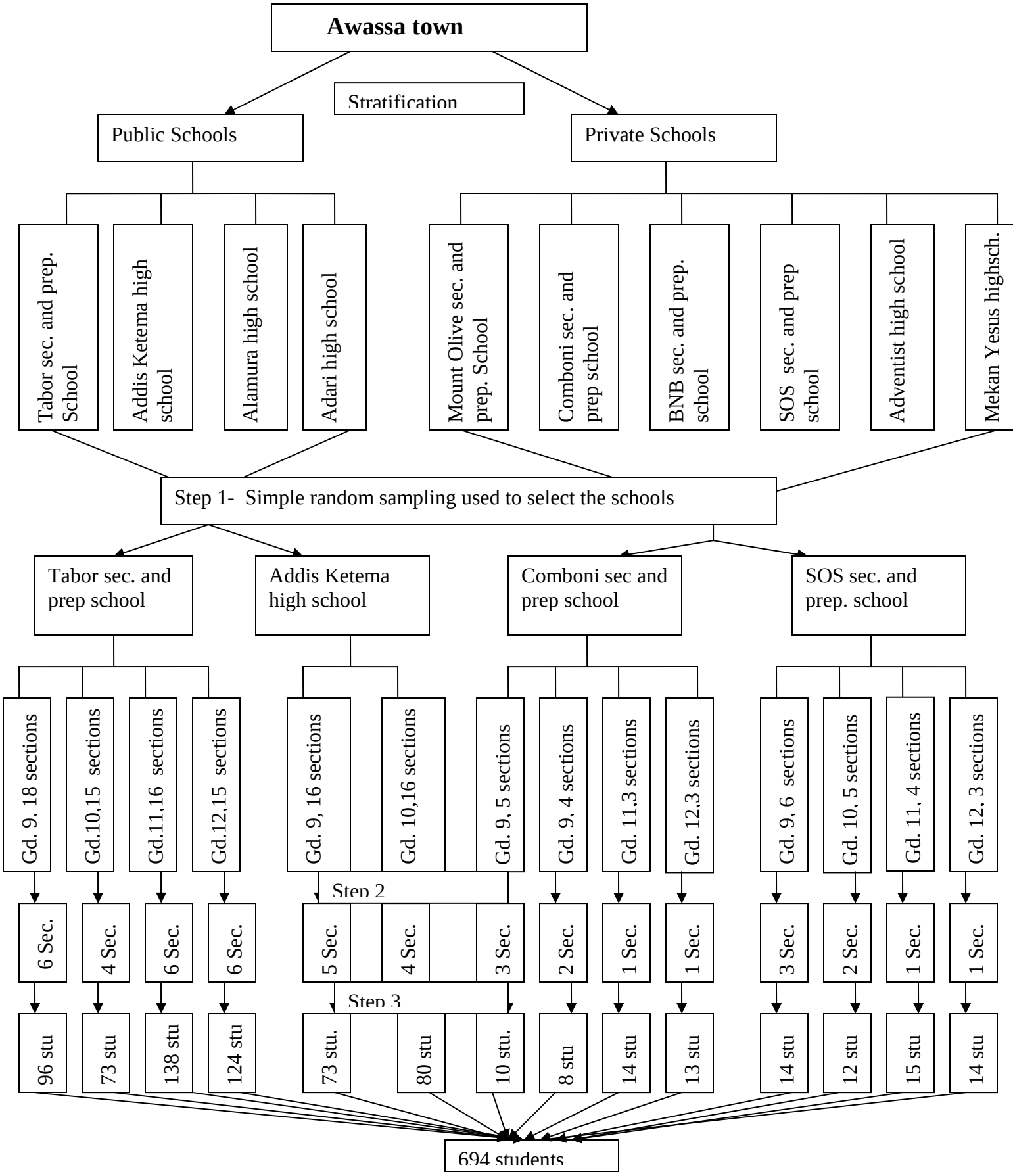

Fig 2.Schematic presentation of sampling procedure

5.6 Data collection technique

Quantitative data

Data collection process

Ten data collectors who had completed 10th or 12th grade, having previous experience in data collection were recruited. Training was given on the questionnaire and on the data collection and interviewing techniques. Data collection took place from 29th February 2008 to 14th March 2008. Data collectors had distributed the questionnaire to the students, remained in the class room during administration and transported the completed questionnaire from the school. The principal investigator supervised the research assistants through out the data collection.

The data collection instrument was anonymously, structured closed ended and self-administered question to be filled by the students. A number of questions that can address the objective of the study were gathered and adapted from previous similar studies and other relevant sources.

The questionnaires

A pre-tested questionnaire that explored the objectives of the study was designed according to the local culture and norm, was prepared in English and got translated to Amharic language then back translated into English. The questionnaire comprises 90 questions, out of these 12 items were socio demographic characteristics, 9 items on sexual and reproductive health knowledge, 13 items on sexual behaviours, 7 items on parental monitoring and 49 items on communication about sexuality. Self administered anonymous questionnaires were preferred for this kind of survey to minimize social desirability bias and interviewer distortion that often limits the use of face to face interviews.

Pre-testing

The questionnaire, interview guideline and discussion guide were pre-tested among public, private school students and parents which were not included in the study after which important modifications were made.

Qualitative data

Focus group discussion

Four focus group discussions were carried out among 32 selected parents who had adolescents age 13-19 years. The criteria for selecting participants of the focus group discussion were purposively of parents of those adolescents not participating in the study and who are volunteer. More over, the characteristics of the discussants were similar in socio-demographic characteristics like (age, sex etc). The principal investigator moderated all the focus group discussion and two trained persons took notes.

The focus group discussion for mothers and fathers were conducted separately to increase the quality of information that can be generated and to be able to ensure the confidence of the respective parents. Tape recorder was used in order to capture their opinion fully after they have been told about the objective of the study and upon recipient of verbal consent. There were eight participants in each group. A semi structured questions guide was used to lead the discussion.

In-depth interview

An in depth interview was conducted with 20 selected students. Equal numbers of interviews were conducted among male and female students. A pre-tested guideline was used to lead the interview. Four trained interviewers (2 male and 2 female) conducted the interview.

5.7 Variables

Independent variables

- Sociodemographic characteristics like
    - Age
    - Sex
    - Educational status of the parents
    - Family income
    - Family size
- Knowledge of adolescent's reproductive health matters
- Perceived parental monitoring
- Parent-adolescent communication on SRH

Dependent variables

- Communication between parents and adolescents on reproductive/ sexual issues.
- Sexual behavior of adolescents

Operational definitions

Communication between parents and adolescents on SRH issues in this study context is a simple discussion or talking which is interactive.

Risky sexual behavior = Sexual act with more than one partner, casual partner, CSW and inconsistent use of condom.

Early sexual practice= Sexual act which is performed fifteen and below 15 years of age.

Parental monitoring

The students were asked whether their parents really know where they spend their time outside home and with whom they spend their time outside home and school.

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

5.8 Data quality control

Two supervisors performed the supervision of data collection procedure daily. Then they have checked each and every completed form. Additionally the researcher had given on site technical assistant and guidance. If there is any ambiguity the researcher explains for the data collectors and also double data entry were done. When inconsistence and incompleteness of answer were encountered, the questionnaire was excluded from entry.

5.9 Data analysis procedure

SPSS version 11.0 was used to enter, clean, and analyze data. Answer sheets were excluded from entry if students failed to answer questions about living arrangement, parental monitoring, sexual behavior, and communication on SRH concerns or if they gave inconsistent/invalid answers to all questions (n=20, 2.9%). Univariate and multivariate analyses were carried out to examine the relationship between the outcome variables and selected determinant factors. Chi-square was used as appropriate. All focus group discussion were taped and transcribed. Analysis of the qualitative data was accomplished based on the predetermined themes and adding the context of additional information provided by the respondents. The data was then organized and each issue was discussed independently.

5.10 Ethical consideration

Ethical clearance was obtained from the Faculty of Medicine Research and Publication Institution and Review Board Committee for the study. A formal letter was written from School of Public Health, Addis Ababa University Medical Faculty to the SNNPR educational burea.
Respectively permission from the Awassa town education and capacity building department was secured.
Verbal and written consents were obtained from the study subjects after explaining the study objectives and procedures and their right to refuse to participate in the study any time they want to. For this very purpose, a one-page consent letter was attached to the cover-page of each questionnaire stating about the general purpose of the study and issues of confidentiality which were discussed by data collectors before proceeding with the interview.

5.11 Dissemination of the result

The finding report after being defended at Addis Ababa University will be submitted to the School of Public Health and CORHA, the funding agent. As deemed necessary, it will also be communicated in scientific conferences and will be sent for publication to a relevant scientific journal.

6. Result

6.1Socio demographic characteristics

A total of 694 students were included in the study, of which 20 students were excluded for incompleteness. Therefore the analysis was based on 674 students, the response rate was 97.1. 0ut of 674 students who responded the questionnaire 329(48.8%) were males and 345(51.2%) were females. The mean age of the respondents was 16.82 ± 1.92SD years ; they were with in the range of 13-19 years. All the respondents were single. There is similar distribution across high school and preparatory students. Three hundred fifty of the students were in public school and the rest were learning in private school. The majority of the respondents were ethnically Sidama 291(43.2%), followed by 146(21.6%) Amhara and 70(10.4%) Oromo. And most of the respondents 324(48%) were Orthodox Christian followed by Protestant 291(43.2%). Four hundred eighty respondents (71.2%) were living with both parents followed by 118(17.6%) who live with only one parent**. (Table1)**

Five hundred eighteen (76.8%) students reported those their family size is 5 and above. The majority 340(50.4%) of the participants had illiterate mothers and two hundred seventy five (40.8%) of participants' fathers were at tertiary level. Four hundred ten (60.8%) of the respondents' mother were house wife and two hundred ninety one (43.2%) of the respondents' fathers were governmental workers by occupation. (**Table2).**

Table 1: **Socio-demographic characteristics of school students in Awassa, SNNPR, Ethiopia, 2009**

Variable	Number	Percent
Sex (n=674)		
Male	329	48.8%
Female	345	51.2%
Age(n=674)		
13-16	264	39.2%
17-19	410	60.8%
Grade(n=674)		
Grade 9	183	27.2%
Grade 10	173	25.6%
Grade 11	167	24.8%
Grade 12	151	22.4%
Type of school(n=674)		
Private school	324	48.0%
Public school	350	52.0%
Religion(n=674)		
Orthodox Christian	324	48.0%
Protestant	291	43.2%
Muslim	49	7.2%
Others	11	1.6%
Ethnicity(n=674)		
Sidama	291	43.2%
Amhara	146	21.6%
Oromo	70	10.4%
Wolaita	54	8.0%
Guraghe	59	8.8%
Others	54	8.0%
Living arrangements of adolescent(n=674)		
With both parents	480	71.2%
With mother only	102	15.2%
With father only	16	2.4%
Others**	76	11.2%

** Others indicate those who live alone, with friends, relative or other than either of their parents.

Table2 Sociodemographic characteristics of parents' of the enrolled students, Awassa, SNNPR, Ethiopia 2009

Variable	Number	Percent
Mother's ed.status(n=674)		
Illiterate	340	50.4%
Primary school	124	18.4%
Secondary school	8	12.0%
Tertiary school	129	19.2%
Father's ed.status(n=674)		
Illiterate	194	28.8%
Primary school	70	10.4%
Secondary school	135	20.0%
Tertiary school	275	40.8%
Mother's occupation(n=674)		
House wife	410	60.8%
Employee	216	32.0%
Merchant	21	3.2%
Farmer	11	1.6%
Not alive	16	2.4%
Others	0	0%
Father's occupation(n=674)		
Employee	504	60.0%
Merchant	70	10.4%
Farmer	146	21.6%
Not alive	22	3.2%
Others	32	4.8%
Family size(n=674)		
<5	156	23.2%
5 and above	518	76.8%
Estimated family income(n=674)		
<1000	49	7.2%
1000-2000	49	7.2%
>2000	54	8.0%
Don't know	522	76.8%

6.2. Communications between parents and adolescents on different sexual and reproductive health issues

Five hundred thirty four (79.2%) respondents reported that it is important to discuss sexual and reproductive health issues with parents (Table 4). And most 477(70.7%) of these students had preferred to discuss with mothers. Out of those who preferred their mother to discuss on SRH 266(55.7%) are females 211(44.3%) are males. There is significant difference across gender being comfortable to discuss with mother more females than males [OR=2.37; 95%CI=1.60, 3.49] with X2=19.16 and p-value <0.001.

Two hundred five (30.4%) of the students had discussed with either of their parents in at least two topics of SRH. Respondents also reported that they had discussed on contraceptives, STI/HIV, sexual intercourse, avoiding premarital sex, condom and pubertal changes; each accounted 141(20.9%), 227 (33.6%), 83(12.0%), 129 (19.2%), 65 (9.6%) and 140 (20.8%) respectively(Table 3).

Table 3. SRH topics discussed between parents and adolescents by gender in Awassa, SNNPR, Ethiopia, 2009.

SRH topics discussed b/n parents and adolescents	Male freq. (%)	Female freq.(%)	Total freq.(%)
Importance of discussion on SRH(n=674)			
Agree	269(81.9)	265(76.5)	534(79.2)
Disagree	60(18.1)	80(23.4)	140(20.8)
Discussion on at least two topics of SRH(n=674)			
Yes	108(32.8)	97(28.1)	205(30.4)
No	221(67.2)	248(71.9)	469(69.6)
Discussion on(n=674)			
- Contraceptive			
Yes	76(23.1)	65(18.8)	141(20.9)
No	259(76.9)	285(81.2)	533(79.1)
- STI/HIV			
Yes	108(32.8)	119(34.4)	227(33.7)
No	221(67.2)	226(65.6)	447(66.3)
- Sexual intercourse			
Yes	43(13.1)	38(11.0)	81(12.0)
No	286(86.9)	307(89.0)	593(88.0)
- Unwanted pregnancy			
Yes	49(14.9)	59(17.1)	108(16.0)
No	280(85.1)	286(82.9)	566(84.0)
-Avoiding premarital sex			
Yes	59(17.9)	70(20.3)	129(19.1)
No	270(82.1)	275(79.7)	545(80.9)
- Condom			
Yes	43(13.1)	22(6.3)	65(9.6)
No	286(86.9)	323(93.7)	609(90.4)
- Puberty			
Yes	54(16.4)	86(24.9)	140(20.8)
No	275(83.6)	239(75.1)	534(79.2)

6.2.1. Reasons for no communication between parents and adolescents on SRH issues

Out of those 534 who had not discussed on contraception 151(28.2%) reported their reason as it is culturally unacceptable to discuss such issues with parents. The students who had not discussed on STI/HIV was because 119(26.5%) said they are shameful to discuss and another 92(20.5%) mentioned that parents lack knowledge required. Again for not discussing on sexual intercourse with their parents were because of shamefulness and parents lack of knowledge; each accounted 216(36.3%) and 76(12%), respectively (Table 4).

The most commonly mentioned reasons for which they didn't discuss with their parents about unwanted pregnancy were 146 (25.7%) shame to discuss followed by 119(20.9%) parents lack knowledge. The most frequently reported reason for which they didn't discuss with their parents about avoiding premarital sex were shameful to discuss 159(28.7%) followed by parents' lack of knowledge 59(10.9%) and parents' lack of communication skill 59(10.9%) (Table 4).

Out of those who had not discussed about condom with parents, 210(34.5%) had reason out that it is shameful to discuss followed by parents' lack knowledge 59 (9.7%) and cultural unacceptability 59(9.7%). Out of those who had not discussed about puberty the most frequently mentioned reason were that in 183(34.3%) cases parents lack knowledge and 97(18.1%) parents' lack of communication skill to discuss in puberty (Table 4).

Table 4. The major reasons for not discussing with their parents among the in school students, Awassa, SNNPR, Ethiopia, 2009

Topics of discussion	N(%)not discussing	Reason for not discussing					
The total no. of respondents were 674 for all the topics		**Culturally unacceptable**	**Shameful**	**Parents have less**	**Parents lack knowledge comm. Skill**	**Issue is embarrassing**	**Parents are not good listener**
Contraceptive	534(79.2)	151(28.2)	119(22.2)	49(9.09)	81(15.1)	11(2.02)	16(3.03)
STI/HIV/AIDS	448(66.4)	49(10.8)	119(26.5)	81(18.2)	92(20.5)	0(0)	21(4.80)
Sexual intercourse	593(88.0)	70(11.8)	216(36.3)	43(7.2)	76(12.7)	5(0.90)	21(3.60)
Unwanted pregnancy	566(84.0)	81(14.3)	146(25.7)	81(14.3)	119(20.9)	5(0.90)	75(13.3)
Avoiding premarital sex	545(80.8)	54(9.9)	158(28.7)	59(10.9)	59(10.9)	27(4.90)	54(9.90)
Condom	609(90.4)	59(9.7)	210(34.5)	59(9.7)	49(7.9)	43(6.70)	49(7.90)
Pubertal stage	534(79.2)	54(10.1)	81(15.1)	97(18.1)	183(34.3)	22(4.22)	43(8.08)

6.2.2. Adolescents preference for discussing SRH issues other than their parents

Among those adolescents who have discussed other than with their parents on different SRH issues such as contraceptive, STI/HIV, sexual intercourse, unwanted pregnancy, avoiding premarital sex, condom and puberty each accounted 167 (75.6%), 178 (75.6%), 162 (62.2%), 173 (65.4%), 178 (73.5%), 199 (66.1%) and 205 (64.5%) have discussed with their friends respectively(table 5).

Table 5. Proportion of school adolescents who have discussed on different SRH issues other than their parents, Awassa, SNNPR, Ethiopia, 2009

Topic of discussion	N (%) Discussed	With whom they had discussed		
	Yes	Friend	Brother	Sister
Contraceptive(n=674)	221(32.8)	167(75.6)	0	54(54.4)
STI/HIV/AIDS(n=674)	270(40.0)	178(66)	11(4.0)	81(30)
Sexual Intercourse (n=674)	260(38.5)	162(62.6)	49(18.7)	49(18.7)
Unwanted Pregnancy (n=674)	264(39.1)	173(65.4)	16(6.1)	75(28.5)
Avoiding premarital sex (n=674)	243(36.0)	178(73.5)	22(8.8)	43(17.7)
Condom(n=674)	302(44.8)	199(66.1)	38(12.5)	65(21.4)
Pubertal stage (n=674)	315(46.7)	205(64.5)	49(15.2)	65(20.3)

Note=multiple responses were possible

6.2.3. Adolescents' gender preference for discussing on SRH issues with their parents

Out of those who had discussed on different topics of SRH, those who had discussed with their mother by the different topics had accounted; contraceptive 65(46.1%), STI/HIV129 (57.1%), sexual intercourse92 (40.4%), unwanted pregnancy 75(53.8%), avoiding premarital sex 49(60%), condom 38(58.4%) and puberty 92(65.3%) respectively. The rest discussed with their father (table 6).

As it seen in table 6 the proportion of mothers who have communicated with their female adolescents is higher than with their male adolescents and in turn the proportion of fathers who have discussed with their male adolescents is higher than with their female adolescents in each SRH topics. There is also significant association in that male adolescent had discussed more with father and female adolescent had discussed more with their mother except on few topics.

Table 6. Proportion of adolescents who have discussed with preferred parent on different SRH issues by gender, Awassa town, SNNPR, Ethiopia, 2009

Topics communicated b/n parents and adolescents	With whom they have discussed			
	Mother	OR 95% CI	Father	OR 95% CI
1. Contraceptive(n=674)				
Male	27 (41.7%)	1.00	49(64.3%)	2.06 [1.26,3.35]*
Female	38(58.3%)	1.38 [0.82,2.32]	27(35.7%)	1.00
X^2(p-value)	1.70(>0.1)		**8.54(<0.01)***	
2. STI/HIV(n=674)				
Male	41(32.0%)	1.00	68(70.6%)	2.90 [2.27,3.60]*
Female	88(68.0%)	2.19 [1.45,3.29]*	29(29.4%)	1.00
X^2(p-value)	**14.37(<0.001)***		**20.14(<0.001)***	
3. Sexual intercourse(n=674)				
Male	14(44.4%)	1.00	33(66.7%)	2.17 [1.03, 4.53]*
Female	18(55.6%)	1.18 [0.66,2.09]	16(33.3%)	1.00
X^2(p-value)	0.34(>0.5)		**4.60(<0.05)***	
4. Unwanted pregnancy(n=674)				
Male	40(41.2%)	1.00	6 (51.0%)	0.87 [0.26,2.88]
Female	57(58.8%)	1.42 [0.91,2.18]	5(49.0%)	1.00
X^2(p-value)	2.46(>0.1)		0.057(>0.75)	
5. Avoiding premarital sex(n=674)				
Male	38(41.2%)	1.00	22(57.1%)	1.47 [0.76,2.86]
Female	53(58.8%)	1.42 [0.91,2.18]	16(42.9%)	1.00
X^2(p-value)	2.96(>0.05)		0.9(>0.25)	
6. Condom(n=674)				
Male	16 (42.9%)	1.00	25(92.6%)	15.3 [3.60,62.2]*
Female	22 (57.1%)	1.33 [0.69,2.59]	2(7.40%)	1.00
X^2(p-value)	1.00(>0.25)		**24.4(<0.001)***	
7. Puberty(n=674)				
Male	15(16.7%)	1.00	38(87.5%)	7.37 [3.04,17.7]*
Female	77(83.3%)	6.00[3.42,10.5]*	6(12.5%)	1.00
X^2(p-value)	**46.3(0.000)***		**28.2(<0.001)***	

* = significant association

6.2.4. Communications between parents and adolescents on different sexual and reproductive health issues and factor related

As shown in table 7 , univariate and multivariate logistic regression was done to asses factor related to communication between parents and adolescents on at least two SRH issues. Among the Sociodemographic variables mother being literate was shown to increase the odds of communication between parents and adolescents on SRH by two fold, AOR 2.64[1.54, 3.38].

On the other hand, communication between parents and adolescents on SRH significantly associated adolescents' having knowledge on different SRH issues such as knowledge on STI AOR 2.20[1.21,4.86]; knowledge on contraceptive AOR 2.22[1.34,2.85]; knowledge on fertile period AOR 1.47[1.12,2.28] and knowledge on emergency contraceptive AOR 3.02[1.98,4.25] (Table 7).

Table 7. Communication and discussion on sexuality and reproductive health issues by different characteristics, Awassa, SNNPR, Ethiopia, 2009

Variables	Discussed SRH in two topics		OR	Adjusted OR
	Yes	No		
Sex				
Male n=329	32.8%	67.2%	0.80[0.37,1.72]	0.78[0.30,2.05]
Female n=345	28.1%	71.9%		1.00
Type of school				
Public school n=350	30.4%	52.0 %		1.00
Private school n=324	33.3%	66.7%	0.76[0.35,1.64]	0.74[0.20,2.69]
Age				
13-16 n=264	32.7%	67.3%	0.84[0.38,1.82]	1.08[0.31,3.7]
17-19 n=410	28.9%	71.1%		1.00
Family size				
< 5 n=156	24.1%	75.9%	0.66[0.25,1.72]	1.51[0.41,5.48]

5 and above n=518	32.3%	67.7%		1.00
Table 7 continued……..				
Mother education				
Illiterate n=340	25.4%	74.6%		1.00
Literate n=334	35.5%	64.5%	1.63[1.17,2.27]*	2.64[1.54,3.38]*
Father education				
Illiterate n=190	33.3%	66.7%	1.00	1.00
Literate n=484	32.9%	67.1%	0.41[0.18,1.34]	0.23[0.06,1.76]
Living arrangement				
Both parent n=480	30.3%	69.7%	1.00	1.00
Single parent n=124	21.7%	78.3%	1.96[0.60,6.40]	1.61[0.37,6.87]
Others n=70	46.2%	53.8%	3.08[0.70,13.4]	2.23[0.42,11.7]
Perceived openness of parents				
Yes n= 119	68.2%	31.8%	6.08[3.95, 9.26]*	3.45[2.35, 6.55]*
No n= 555	25.9%	74.1%	1.00	1.00
Knowledge on STD				
Yes n=572	33.0%	67.0%	2.65[1.51,4.62]*	2.20[1.21,4.86]*
No n=102	84.2%	15.8%		1.00
Knowledge on contraceptive				
Yes n=555	33.0%	67.0%	2.17[1.32,3.53]*	2.22[1.34,2.85]*
No n=119	18.2%	81.8%		1.00
Knowledge of fertile period				
Yes n=302	35.7%	64.3%	1.57[1.13,2.18]*	1.47[1.12,2.28]*
No n=372	26.1%	73.9%		1.00
Knowledge on emergency Contraceptive				
Yes n=264	42.9%	57.1%	2.58[1.84,3.63]*	3.02[1.98,4.25]*
No n=410	22.4%	77.6%		1.00

* =Significant association

6.2.5. Communication between parents and adolescents on different SRH topics and factors related

The univariate and multivariate logistic regression analysis was done to explore factors related to communication between parents and adolescents by different SRH topics as depicted in annex v.

Discussion on contraceptive was significantly associated with maternal educational status being literate and adolescents' having knowledge on contraceptive [OR=1.83; 95%CI=1.22, 2.72 and OR=1.85; 95%CI=1.05, 3.22] respectively. It is also associated negatively with females experiencing unwanted pregnancy.

Maternal and paternal educational status being literate [OR=2.45; 95%CI=1.75, 3.39 and OR=1.45; 95%CI=1.01, 2.09] and having knowledge on STI/HIV [OR=3.14; 95%CI=2.36, 4.14] were significantly associated with discussion on STI/HIV. However there is no significant difference on other socio demographic variables.

Age group 17-19 more discuss with parents [OR=1.84; 95%CI=1.10, 3.07] and also students living with both parents [OR=2.58; 95%CI=1.38, 4.86]. Discussion on condom significantly associated with consistent use of condom during sexual intercourse [OR=2.4; 95%CI=1.38, 3.75] and being male [OR=2.2; 95%CI= 1.29, 3.75].

6.3. Perception and behavior of study groups on sexuality

6.3.1. Perception of study group on sexuality

Two hundred eighty six (42.4%) of the students believed that it is normal and acceptable to have sexual feeling during adolescents while 253(37.6%) do not accept and 135 (20%) do not know about the issue more males believe it is normal and acceptable to have sexual feeling during adolescents [OR=3.95; 95%CI=2.86, 5.31]. Moreover, majority of the respondents 326 (63.2%) disapprove premarital sex. More males approve premarital sex than females and it is seen that the association is significant and [OR=4.22; 95%CI=2.83, 6.29]. Most students, 582(86.4%), agree about the importance of educating students on sexuality, 524(77.8%) preferred school to be site for sex education more males than females agree on the importance of educating students on sexuality [OR=2.59; 95%CI=2.31, 2.89] (table8).

Table 8. Perception of high school students on sexuality in Awassa, SNNPR, Ethiopia 2009

Variable	Male Ferq. (%)	Female Freq. (%)	p-value
- Normal & acceptable to have sexual feeling during adolescence			
Agree	194(53.9)	92(26.6)	0.000*
Disagree	135 (46.1)	253(73.4)	
- Approval of premarital sex			
Approve	113(34.3)	38(11.0)	0.000*
Disapprove	216(65.7)	307(89.0)	
- Importance of educating students on Sexuality			

Agree	302 (91.7)	280(81.1)	0.000*
Disagree	27 (9.3)	65(19.9)	

*= significant association

In respect to the feeling of female students for their first menarche, out of 345 female students 161 (46.8%) felt fear followed by 86(25%) felt tension (figure 3).

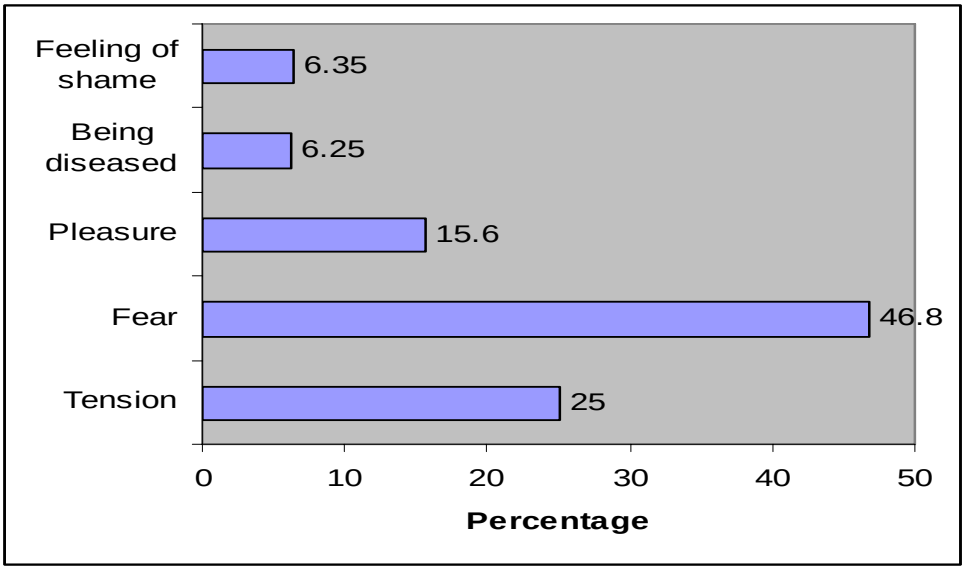

Fig 3. Feeling of female respondents during their first menstrual initiation in Awassa high schools, SNNPR, Ethiopia, 2009

Mass media was the dominant source of information regarding sexuality, mentioned by 334 (50 %) of students followed by friends, school, home each counting 162(24%), 124(18%) and 54(8.0%) respectively (figure 4).

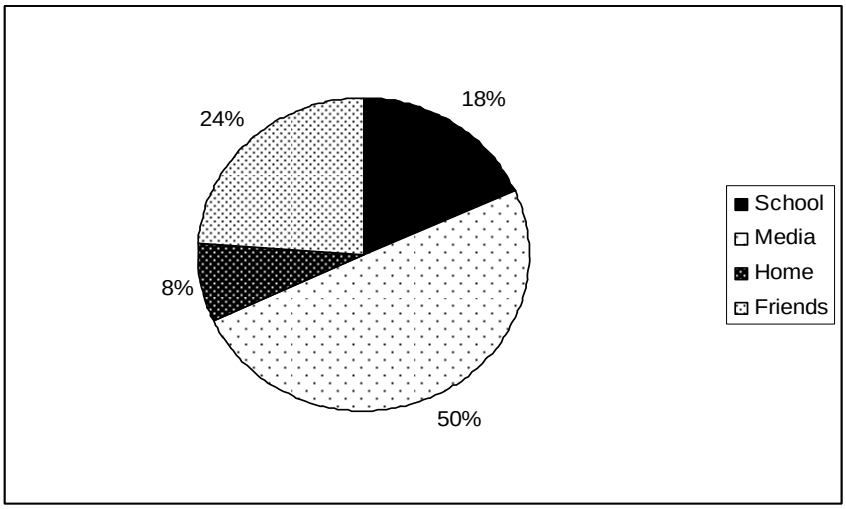

Fig 4. Percentage of source of information regarding sexuality cited by respondents in Awassa, SNNPR, Ethiopia, 2009

6.3.2. Sexual behavior of the study group

Overall 302 (44.8%) students reported having had sexual intercourse at least once and the mean age of sexual commencement was 15.2± 1.9 SD and the median was 15 years old. More boys (49.2%) than girls (40.6%) reported having had sex with p-value less than 0.025 and [OR=1.42; 95%CI=1.05,1.91].

From those who are sexually active students 162(53.6%) their sexual debut was fifteen and below fifteen years and 253 (83.8%) was below eighteen during their first sexual commencement. More females than males initiate sexual intercourse at early age (15 and below fifteen) with significant difference and [OR=3.07; 95%CI=1.87,5.00]. Moreover, more female students who initiate sexual intercourse at early age experienced unwanted pregnancy [X^2=42.72; P< 0.001] and [OR=29.9; 95%CI=9.79, 90.2].

One hundred eighty three (60.7%) of sexually active students reported that their first sexual partner was a boy/girl friend, 97 (32.1%) an unknown person, 22 (7.1%) a relatives. One hundred forty five (48.2%) students reported to have had two or more sexual partners in their lifetime. Having two or more sexual partner significantly associated with male sex than female with p-value <0.001 and [OR=2.86; 95%CI=1.66,4.52]. Out of the sexually active female students (46.2%) experienced

unwanted pregnancy, out of which 54(83.3%) ended with abortion while 11(16.7%) ended with delivery.

Amongst 302 students who had experienced sexual intercourse, 173(57.1%) did ever use condom, out of which 129 (75%) were using consistently. Using condom at least once during sexual intercourse by adolescents was seen more in males than females with significant difference and [OR=6.06; 95%CI=3.67,9.98]. Consistent condom use was reported by 97(56.1%) of males and 32(18.5%) of females.

Table 9. Sexual characteristics of respondents by gender in high schools of Awassa, SNNPR, Ethiopia, 2009

Variables	Male freq. (%)	Female ferq. (%)	Total freq. (%)	p-value
Sexual initiation(n=674)				
Yes	162(49.2)	140(40.6)	302(44.8)	<0.025*
No	167(50.8)	205(59.4)	372(55.2)	
Early sexual initiation(n=674)				
Yes	59(36.4)	102(72.8)	161(53.3)	0.000*
No	103(63.6)	38(27.2)	141(46.7)	
First sexual partner(n=674)				
Boy/girl friend	92(56.7)	91(65.3)	183(60.7)	
Unknown person	59(37.6)	38(26.9)	97(32.1)	>0.05
Relative	11(6.7)	11(7.8)	22(7.1)	
Number of sexual partner(n=674)				
One	65(40.1)	92(65.7)	157(51.8)	<0.001*
More than one	97(59.9)	48(34.3)	145(48.2)	
Ever use of condom(n=674)				
Yes	124(76.5)	49(35.0)	173(57.2)	0.000*
No	38(23.5)	91(65.0)	129(42.8)	

Frequency of condom use(n=674)				
Consistent	97(56.1)	33(18.6)	130(75.1)	>0.1
Inconsistent	27(43.9)	16(81.4)	43(24.9)	

*= significant association

6.3.3. Factors related to sexual activity

Based on the conceptual framework, factors deemed to be related with sexual activity were grouped and analyzed using uivariate and multivariate analysis was done and presented in table 10.

The proportion of sexually active adolescents rose from 36.7% among the age group 13-16 to 50.0% in the age group 17-19 years [OR=1.72; 95%CI=1.28, 2.39].

Lower educational level of mother and father [OR=1.86; 95%CI=1.38, 2.51 and OR=2.53; 95% CI=1.80, 3.56], not living at least with one of the parent [OR=2.12; 95%CI=1.36, 3.29] and absence of parental monitoring were associated with sexual activity [OR=.2.12; 95%CI=1.36, 3.29]. The above associations were also maintained when other variables were controlled

Table 10. Correlates of sexual activity of the study group in Awassa, SNNPR, Ethiopia,2009

Variables	sexual initiation		OR	Adjusted OR
	Yes	No		

Sex				
Male	162(49.2%)	167(50.8%)	1.42[1.05,1.91]*	1.32[1.03, 1.82]*
Female	140(40.6%)	205(59.4%)		1.00
Type of school				
Public school	175(50.0%)	175(50.0%)	1.49[1.10,2.01]*	1.45[1.05,1.98]*
Private school	130(40.0%)	194(60.0%)	1.00	1.00
Age				
13-16	99(36.7%)	175(63.3%)	1.00	1.00
17-19	205(50.0%)	205(50.0%)	1.76[1.28,2.39]*	1.62[1.12,2.37]*
Family size				
< 5	54(34.5%)	102(65.5%)	1.00	1.00
5 and above	248(47.9%)	270(52.1%)	1.98[1.65, 2.86]*	2.02[1.70,3.00]*
Mother education				
Illiterate	178(52.4%)	162(47.6%)	1.86[1.38,2.51]*	1.88[1.23,2.58]*
Literate	124(37.1%)	210(62.9%)		1.00
Father education				
Illiterate	116(61.1%)	74(38.9%)	2.53[1.80,3.56]*	2.50[1.48,2.98]*
Literate	185(38.2%)	295(61.8%)		1.00
Living arrangement				
Both parent	205(42.7%)	275(57.3%)		
Single parent	54(43.5%)	70(56.5%)	0.94[0.68,1.29]	1.29[0.77,11.1]
Others	43(61.5%)	27(38.5%)	2.12[1.36,3.29]*	2.55[1.34,3.45]*
Parental monitoring				
Yes	65(25.5%)	188(74.5%)		1.00
No	156(37.0%)	265(63.0%)	3.38[2.51,4.66]*	3.40[2.63,4.72]*
Parent adolescent communication on SRH				
Yes	86(41.9%)	119(59.1%)	1.00	1.00
No	216(46.1%)	253(53.9%)	0.84[0.74, 2.52]	0.98[0.73, 2.11]

* = Significant association

Study findings of FGD

The focus group discussion was done among parents of adolescents (13-19 years of age) enrolled in the study. The discussion was conducted in four parts in each FGD eight parents had participated. The FGD was done to identify the idea of parents on parent adolescent communication on SRH issues.

1. Knowledge of parents on selected sexual and reproductive health

Knowledge on HIV/AIDS

Most of the discussants knew that HIV transmission is mostly by unsafe sexual practice, they also mentioned that sharing sharp materials and teeth brush may facilitate the transmission and few of them mentioned from infected mother to her child.

Some of the participants mentioned that they have heard that it may be transmitted by mosquito bite and the reason they have mentioned was that the mosquito transports blood from one person to the other during bite.

Almost all participants had said that 'ABC' is used to prevent HIV/AIDS, but most female parents said it is not reliable to use condom as a preventive method.

'*Because people think that they will be fully protected by condom, they will be engaged in multiple sexual partnerships, this can increase the probability of acquiring HIV.'*

One male parent explained

Knowledge on puberty

Most parents have said that there are changes that occur during puberty; the changes that occur during puberty as mentioned by parents are deepening of voice and becoming muscular in males, menstrual initiation and breast enlargement. The entire participant stressed the behavioral changes that occur during this stage and they said that they are arrogant, psychologically stressed, do not listen what their parents told them and they easily forget. Moreover because children did not listen advices at their puberty they expose themselves for different problems like HIV and unwanted pregnancy.

One male parent had stated as 'This *stage is very difficult and dangerous time to handle; it puts adolescents in bad situation'*

One female parent said *'My daughter became reluctant for the work done inside home but giving more attention to make herself more beautiful after she has started to see her menses'*

2. Perception of parents on different SRH issues

Perception of parents on premarital sex

Majority of the participants disapprove adolescents' engagement in premarital sex. Their reasons for not approving premarital sex were because it is unacceptable culturally and in religion apart from the hazardous consequences that may occur.

One female parent said '*If female adolescents get engaged in premarital sex, they will be exposed to unwanted pregnancy ultimately to unsafe abortion which may lead to death'*

One male parent said *'If adolescents are going to practice sex before marriage, they would have many sexual partners that increase may their risk of acquiring HIV.'*

Perception of parents on adolescent sexuality

Some discussants bear the belief that sexual feeling during adolescence is not normal and not acceptable.

'If adolescents are not exposed to different kinds of sexual explicit materials (like sex movies, pictures and magazines), they do not have sexual feeling at this stage because of their adolescence alone' one female parent explained

Other parents did not agree with the above idea partly, they mentioned that it is normal and acceptable to have sexual feeling during adolescence especially when adolescents are above 16 but not below this.

'I have a 13 years old son and 15 years old daughter but I do not think they have sexual feeling' one male parent said

Perception of parents on the importance of sex education

Majority of the participants said sex-education is important for adolescents because it will increase their knowledge to protect themselves from different problems associated with unsafe sexual practice like HIV and unwanted pregnancy. A very few of them mentioned sex- education is not good because this may encourage our kids to engage in sexual activity.

One male parent said '*When sex-education is given for adolescents, they will take it easily and they feel they can handle everything concerning sex so this will increase their engagement to sex at early age.'*

Those who agreed sex-education is important, they said it should be given at school with a trained teacher because their adolescents spent most time in school and also adolescents believe in what their teachers told them.

3. Discussion on SRH matters between parents and their adolescents

Even though all the participants mentioned it is very important to discuss with adolescents on sexual and reproductive health, they stated they had not engaged in a serious discussion with adolescents on SRH issues.

One male parent said *'Let alone discussion on SRH issues, we Ethiopians are not adapted to have general family discussion except few people.'*

Few of the parents said we have discussed few times in the past, by telling our kids the bad side of engaging in sexual activity.

4. SRH topics which are discussed viewed by parents

Discussion on contraceptives

Most of the discussants mentioned they do not discuss contraceptive with their adolescents because they think it is not important.

Few of the parents said they discuss about contraceptive with their female adolescents when they feel their kids are sexually active. They focus on discussing that contraceptive will prevent unwanted pregnancy not the detail issue of contraceptive.

Discussion on condom

Some of the participants said they may discuss condom together with HIV. Discussing condom in detail with adolescents is difficult. One female parent said I believe discussion about condom with my adolescent means '*just go for it'* so it is better not to raise the issue.

Discussion on unwanted pregnancy

Most of the female participants and few of male parents mentioned they raise the issue of unwanted pregnancy with their female adolescents. The reason mentioned for raising the issue of unwanted pregnancy was when their female adolescents spent most of their time outside home and when they start to interact deeply with boys. Their discussion focused on the consequence of unwanted pregnancy.

'*Sometimes when female adolescents showed unique behavior some mothers would say "diqalashen endatshekemi" but not advice them or communicate with them appropriately.'* One female parent mentioned

Most of male parents do not discuss on unwanted pregnancy with their kids because they think it is the responsibility of mothers to discuss and protect their daughters from the problem. In addition none of the parents had discussed on unwanted pregnancy with their male adolescents.

One male parent said *'I had not told my son not to impregnate girls or to avoid unwanted pregnancy and no one I know had discussed with their son this issue'*

Discussion on puberty

Like unwanted pregnancy majority of female parents communicate on changes that occur during puberty with their female adolescents. All of them agreed the discussion was initiated after the girl experienced menses and most of the discussion focused how the girl should clean herself not on what it means or what it implicates. One female parent explained *'I have a 14 years old daughter I had not communicated her about pubertal changes that occur at her age, but when she saw menses she came to me for cleaning pad ("modes") then I talked to her about it'*

The male parents were uncomfortable talking about menses with their girl adolescent they think it is female to female discussion. '*Even tough I saw a blood spot in my daughter's cloth, I do not talk straight to her rather I told for her mother'* one male parent mentioned

However the male parent discuss with male adolescents mostly on dating when they become older (16 years old and older) but not on changes that occur during puberty.
'*I had discussed with my 17 year old how to choose an appropriate girl friend'* other male parent said.

5. Perceived barriers by parents not to discuss on SRH with adolescents

Most of the discussants mentioned their reason not to discuss with their adolescents on SRH matters was culturally unacceptable. They said it is an intergenerational problem 'since we had been growing in a culture talking about SRH was a taboo so we passed this to our children'.
Embarrassment and lack of knowledge were another reasons mentioned by parents. They said because of our insufficient knowledge we could not provide our kids with adequate

information. Naturally kids in now days need detailed information so they do not stop questioning till they get a response that satisfy them; if parents had limited knowledge they feel embarrassed so they may not raise the issue ever.

Lack of open and interactive discussion in the family was mentioned by some of the discussants. They said most of the parents especially fathers communicate with our sons and daughters in imperative way by saying ‘do this’ and ‘do not do that’ but not listening what their adolescents have to say.

Another reason mentioned was the behavior of adolescents such as ‘not listening to us’, ‘they think they know everything (over confidence), ‘choosing their friends over us’ and ‘not respecting our ideas.’

One female parent said ‘when my husband tried to talk to our 16 years old son, about protecting himself from HIV our son came to me and said “shabaw min eyal new?” (What does this old person saying to me?)’So those barriers restrain us from discussing with our adolescents on sexual and reproductive health matters.

7. Discussion

The study attempts to asses communication between parents and adolescent on SRH and also it tries to reveal whether there is any association between parent-adolescent communications with adolescent sexuality including other reproductive health issues.

Parent-adolescent communication is the parental factor most often linked to adolescent sexual attitudes and behaviors. While there is evidence that teenagers prefer to receive information about sexuality from their parents, in reality few have this privilege (30).
Similarly this study illustrates majority of adolescents believe it is important to discuss SRH with parents only one third of the study participants have discussed on at least two SRH issues, this is also true in other studies done abroad and in Ethiopia (57, 36 and 24) which reveals dialogue about sexuality between parents and adolescents believed to be important but few of them have discussed.

Communication regarding sexuality is also an important factor in sexual outcome including adolescents' knowledge about sexuality and reproductive health (31) this is consistent with our finding because there is an association between parent adolescent discussion on SRH and adolescents' having knowledge on selected SRH issues. However, as many previous study showed, there is no association between parent-adolescent communication and sexual activity in our study; but still there is a very slight proportional difference.

In the survey higher educational level of parents especially of mothers' is positively associated with discussion on different SRH issues. This implies that when parents are educated they will have more access to information by reading different documents and using different technologies (like internet), this will raise the knowledge of parents on SRH issues then they feel confident to talk with their adolescents about sexuality and reproductive health matters.

Concerning different SRH topics communicated among parents and adolescents, according to our study, communication on contraceptive is a protective factor for females against unwanted pregnancy consistent with our finding a study done in USA(39) shows consistent users of contraception which prevent unwanted pregnancy more likely to report conversation with parents about contraception; communication on STI/HIV/AIDS is associated with adolescents' having knowledge on STI/HIV/AIDS; communication on sexual intercourse is more common among age groups 17-19 years than 13-16 years this finding concide with other studies (58, 59) showing older adolescents talk to their mothers more about sexual topics than do younger adolescents this is may be because as the parents in the FGD explained they believe older adolescents acquiring sexual feeling and engage in sexual activity, so they need discussion on SRH issues ; communication on condom is significantly associated with adolescents' consistent use of condom this is also true in other studies (60, 61). Being male is significantly associated with discussion on condom in our study, this coincides with finding in the present study more males using condom than female adolescents this implicates that parents had discussed on condom less with female, so more female than male adolescents are exposed for unsafe sexual practice.

This study illustrates that parents (in FGD) realize the importance of discussing with their children about sexuality but as many of them find themselves unable to address the subject comfortably. Most of them believe it is culturally unacceptable, they don't know enough and feel embarrassed. Consistent with our finding other studies (62, 38), the main reservations of parents for not discussing sex and birth control were that the discussion would be embarrassing; that children would not take them seriously; and an apprehension that they cannot answer a child's question about sex or AIDS. Another mentioned reason by parents in FGD was the way parents (especially fathers) themselves communicate with them is kind of imperative which is also true in other studies (63) showing most attempts by parents to impart sexuality information to young people tend to be in a 'top down' communication style that denies teens the opportunity to discuss their own thoughts, feelings, and desires or to draw links between their own and their parents' perspectives

and another study (64) noted that men have the tendency to lecture or attempt to rectify a perceived problem while women focus on establishing trust and confidence with children.

It was also seen adolescents in this study perceive similar barriers for not discussing with parents on SRH issues mostly feeling shame to discuss; believe discussing on SRH as a taboo; parents' lack of knowledge and communication skill; embarrassment, those barriers are also commonly seen in other studies done in USA, South Africa, Zambia and Ziway (in Ethiopia) (38, 46, 47 and 21) respectively.

Moreover, studies done in Atlanta Georgia in USA, South Africa and in Ethiopia, Bullen woreda indicates that the content of parent adolescent's conversation seemed to focus more on the negative out comes of sexual intercourse and sexuality and low on what adolescents should know to more completely understand how they are growing and developing (65, 36 and 24). This finding is also consistent with the FGD conducted in this study, which may indicate that there is a gap in discussing the positive aspect of adolescent sexuality related issues. Thus, if adolescents discussed only a negative out come about sexuality with their parents, they will be highly unlikely to turn to their parents to discuss sexual matters as they get older. On the other hand, positive communication about sexual information, feelings, attitudes, values and behavior when children are young often leads to ongoing discussions as they mature. Establishing an environment conducive to open and comfortable communication is therefore, extremely important.

In the present study adolescents were more comfortable discussing SRH issues with mothers than fathers. Studies done in Emory University, Atlanta Georgia USA and Mexico, in western countries and Hispanic adolescents showed that both male and female adolescents were more likely to discuss sexual topics with their mothers than their fathers (65, 41 and 66). This is may be due to mothers creates trust and confidence with children as previous studies showed (64).

In addition, both female and male adolescents prefer their peers for discussion on SRH issues. Similarly, studies in Kenya and Gahanna showed that both male and female adolescents would be most comfortable discussing sexual matters with their friends of same sex (67 and 16). Discussing a number of sex-based topics with friends rather than parent may have a negative impact on adolescents' sexuality and sexual behavior if their peer is not equipped with appropriate information on sexuality.

Based on our finding more female adolescents prefer to discuss with mothers and more male adolescents prefer to discuss with fathers this difference were significant, this was consistent with other studies (65, 31, 42 and 58) showing a similar finding.
This may suggest that there is sex preference in discussing sexual related issue which may indicate that discussing sexual issue with similar sex is comfortable. This may be possibly also due to the sensitive issues where adolescents preferred to have some one that they could discuss these issues and not feel shy when discussing sexual matters.

The FGD of the present study showed that there is a difference in which topics mothers and fathers comfortable to communicate their adolescents and it was seen fathers were uncomfortable talking about menses and unwanted pregnancy with their girl adolescent because they thought it is female to female discussion and responsibility of mothers this was comparable with other study done in USA (68) fathers were found not to have discussions relating to menstruation and other reproductive health issues with their daughters. Fathers believed that talking about these issues would be infringement on the private lives of their daughters. This role was reserved for mothers because they are of the same gender. Fathers were more comfortable warning girls of perceived dangers in going out at night and having boyfriends.

Majority of the female respondents feeling towards first menstrual cycle /menarche in the present study reported that felt fear, followed by, feeling of tension. This may be explained by findings on FGD of the present study in which the majority of parents raise communication because of the initiation of menarche on their female adolescents and similar to other studies pubertal changes lead to discussions. In a study done in South

Africa (30) fifty adolescent girls, none of them reported communication with parents about sexuality prior to menarche (58) and also another study in USA (61) showed the initiation of discussion on pubertal change was menstrual initiation in their female adolescents. Thus, not discussing on menarche before its initiation may have negative psychological impact on female adolescents when there is initiation of menses.

In this study many of school adolescents received information on sexual and reproductive issues from mass media; friends (peers) were preferred by most of them. This may suggest that there is a need to equip school friends (peers) and the mass media with the appropriate information and IEC materials on SRH issues.

According to our findings, parental factors like absence of parental monitoring and not living with at least one of the parent was associated with sexual activity among in-school adolescents. Our finding coincide with different findings (44) showing parental monitoring and discipline is increasingly recognized as an appropriate strategy to deter adolescents from engaging in risky behaviors including unsafe sexual practices and other findings (45, 46) shows disrupted family is an important factor for adolescent early sexual behavior.

The proportion of reported sexual activity in this study is consistent with other studies done in South Africa and Hispanic adolescents (47,18) but higher when compared with other studies (29, 24 and 46) done in Bale, Bullen woreda and Dessie High school adolescents in Ethiopia this is may be due to the difference in the growth of the town, since changing conditions due to civilization, urbanization and life style, put the health of adolescents at stake (8).

The mean age of sexual initiation of the present study was 15.2± 1.9SD which revealed lower age finding with study done among senior secondary school students in Ghana, Accra(48) but the finding is similar with the study done in Bale, Addis Ababa, and Bahr Dar (29,49 and 50). The study also revealed more males engage in early sexual activity than females and this finding coincide with previous finding in South Africa (47). Females who are sexually active at early age in the present study was more experienced

unwanted pregnancy which is similar situation with other studies (9) showing individuals who initiate sexual intercourse relatively early in their adolescence are at high risk for sexually transmitted disease and pregnancy. In addition parental monitoring is an important parental factor associated with early sexual activity of adolescents this result is consistent with studies done in different European countries (45).

Based on this study male sex and adolescents not living with at least with either of the parent was associated with adolescents having more than one sexual partner in their life time; which is similar finding with other studies done in Ghana and South Africa (23,47) showing more males than females reported having multiple sexual partner in their life time.

In contrary with their premarital sexual activity majority of adolescents disapprove premarital sex, this is a similar finding with other studies done in Philippines, Butajira high school and Harrar (51,52 and 53). The majority of the respondents in this study approved introduction of sex education in school which is comparable finding with a study done in Bullen woreda in which the majority of students approved introduction of sex education in school (24). In studies done abroad at parents of Nigeria, and in local studies at Butajira, Awassa and Yirgalem results showed that parents were very supportive of school sexuality education program which is in agreement with the present study conducted on parents (54, 55, 51 and 56). This is an encouraging finding the fact that approving introduction of sex education in school by both respondents could possibly create a conducive environment for effective communication between parents and adolescents on sexuality issues because this raises the knowledge and confidence of adolescents to discuss on SRH. Similarly, approving introduction of sex education in school and disapproving premarital sex, which could have positive impact towards the prevention of sexual and reproductive health problems that may occur due to early sexual intercourse.

In a study done in Nigeria, the focus group discussion of parents, showed that parents would accept sex and related reproductive education program in school is important to

prevent unwanted pregnancy, HIV/AIDS (54). This finding reflects similar scenario with the present study, which is also an encouraging finding, which could have a positive impact on the sexual behavior of adolescents.

8. Strengths and limitations of the study

Strengths

The strengths of this study are its inclusion of students of both sexes, use of items from validated survey instruments, and adaptation of materials to the Ethiopian context.
Participation of students was also generally satisfactory.
Qualitative data was gathered to explain some of the results from questionnaire interview and check for consistency of responses.

Limitation of the study

Communication on SRH, sexual behaviors and attitude outcomes are based on self reported information, which is subjected to reporting errors, missed values and biases.
Since the study touches sensitive and intimate issues the possibility of underestimation cannot be ruled out. Some sort of desirability bias may not be eliminated even the survey was anonymous.
There are adolescents escaped who are learning in lower grades because the study was done only in high schools. It can not be also generalizable since it does not include out-of-school adolescents.
Finally, this study is based on cross-sectional data, which implies that the direction of causal relationships cannot always be determined.

9. Conclusion

Based on the study finding from the present study there were good attitude toward the importance of communication on SRH in both the study population (students and parents). However, communications on sexual and reproductive health issues were low. The most common mentioned reasons for low communication were embarrassment, limited knowledge and cultural taboo to discuss the issue.

Parental education is a significant factor for parent-adolescent communication on SRH issues and parent adolescent communication is a predictor factor for adolescents' knowledge on different sexual and reproductive health. However there was no association between parent-adolescent communication on SRH and sexual activity.

Concerning different SRH topics communicated among parents and adolescents

- Communication on contraceptive is a protective factor for females against unwanted pregnancy
- Communication on STI/HIV/AIDS is associated with adolescents' having knowledge on STI/HIV/AIDS;
- Communication on sexual intercourse is more common among older adolescents and their parents
- Communication on condom is significantly associated with adolescents' consistent use of condom

There is preference of adolescents the same sex to discuss with parents that is males preferring their father and females prefer their mothers. Furthermore they prefer their friends than parents to discuss on SRH.

Based on the focus group discussion of this study there is a difference between mother and father on what to communicate their adolescents. In addition content of parent-adolescents conversation focus more on the negative out comes of sexuality and they initiate the discussion after changes occur in adolescents.

According to the finding from the present study a substantial number of in-school adolescents are sexually active. Parental factors like absence of parental monitoring and not living with at least one of the parents was significantly associated with initiation of sexual activity among in-school adolescents. More males than females engage in sexual activity early (in the age fifteen and below) and had more than one sexual partner in their life time.

Substantial proportion of female adolescents experienced unwanted pregnancy, and also early sexual activity among female is a determinant factor for unwanted pregnancy. More males than females are consistent condom users.

There was positive attitude towards avoiding premarital sex both in the students' response and focus group discussion of the parents. Furthermore, there is also positive attitude towards introduction of SRH program in school by both the respondents.

Generally, the study concluded that parent-adolescent communication on SRH promotes healthy behaviors nevertheless there is low communication due to different reasons.

10. Recommendations

Based on the findings, therefore, the following recommendations are suggested.

1. There is a need to equip and educate parents on different SRH issues with appropriate IEC material and communication skill on sexuality and RH related issues.
2. It is important to encourage and empower parents to start to communicate with their children on sexual matters while the children are still in late childhood or early teenage years, before they become sexually active.
3. There is also the need to empower and encourage parents to provide with positive role models and guidance to their male and female adolescents.
4. Comprehensive family life education (FLE) should be initiated for the students and parents in school, home, churches, mosques, and health facilities.
5. Effective sex education should be introduced to adolescents at an early age especially in school.
6. Further studies should be conducted to examine what triggers, quality and timing of parent–adolescents communication on sexuality and reproductive health related issues and the effect of communication on safe sexual behaviors.

11. References

1. UNFPA, Sexual and Reproductive Health of Adolescents: a review of UNFPA assistance. Technical Report. N 48,1998.
2. WHO, Programming for adolescent health and development report of WHO/UNFPA/UNICEF study group on programming for adolescent health WHO, technical report series 886,Geneva, 1999.
3. Central Statistics Authority, Population and Housing Census of Ethiopia-Results at country level, Addis Ababa, 1994.
4. Blum RW, Mmari Kristin Nelson. Risk and Protective Factors Affecting Adolescent Reproductive Health in Developing Countries, Department of Population and Family Health Sciences Johns Hopkins Bloomberg School of Public Health and Department of Child and Adolescent Health and Development (CAH) World Health Organization, 2005.
5. PATH (Program for Appropriate Technology in Health). Improving interactions with clients: a key to high-quality services. Outlook 1999;17(2). Available online at www.path.org/files/eol17_2.pdf.
6. Baldo M, Aggleton P, Slutkin G. Does sex education lead to earlier or increased sexual activity in youth? Poster presentation at IXth International Conference on AIDS, Berlin. Global Programme on AIDS/ WHO. 1993.
7. Barbara Huberman. Raising sexuality healthy youth: Right, Respect, Responsibility & parent-child communication. Transitions, September 2002; volume15 no1:1-4.

8. Berhane F. Assessment of Reproductive Health Service in Front Line Health Institution, under Addis Ababa Health Bureau. Residency Report, Department of Community Health, Faculty of Medicine, Addis Ababa University, September 1999.
9. Koyle P, Jensen L, Aral S. Predictions of high risk behavior in unmarried American women: adolescent environment as a risk factor. J Adolesc Health. 1994;15: 126-132.
10. Patricia A. Butler. Progress in Reproductive Health Reaserch. UNDP/UNFPA/WHO/World Bank Special Program of Research Training in Human Reproduction (HRP).Department of Reproductive Health Organization, Geneva, Switzerland. World Health Organization No.64, 2003
11. Population Reference Bureau. The World's Youth 2000. Washington, DC: Population Reference Bureau, 2000.
12. Fikadu A. and Fikadu K. Creating a better future for Ethiopian Youth. A conference on ARH. The David and Lucile Packard Foundation. Bahir Dar, Ethiopia , Nov.6-9, 2000.
13. Alan Guttmacher Institute. In Their Own Right: Adressing the Sexual and Reproductive Health Needs of Men World wide, 2003.
14. Jaccard J., Dittus P., and Litardo. Parent-Adolescent communication About Sex and Birth control: Implications For parent Based Interventions to Reduce Unintended Adolescent Pregnancy. In W. Miller and L. Severy (Eds). Advances in Population: Psychosocial Perspectives London: Kingsley,1999: (pp.189- 226).
15. Kiragu, K. Youth and HIV/AIDS: Can We Avoid Casastrophe? Population reports, 12(L), Johns Hopkins University, Baltimore, 2001
16. Ghana Social Marketing Foundation/JHU. Ghana Youth Reproductive Health Survey. Accra: Ghana Social Marketing Foundation, 2001.
17. Lagina N. Parent-Child Communication: Promoting Sexually Healthy Youth. [The Facts] Washington, DC: Advocates for Youth, 2002.
18. Adolph C, Ramos DE, Linton KLP, Grimes DA. Pregnancy among Hispanic teenagers: is good parental communication a deterrent?

Contraception 1995; 51(5):303-306.

19. Deborah Holtzman and Richard Rubinson. Parent and peer communication effect on AIDS- related behavior among U.S high school students. Family planning perspective, Nov/Dec1995; 27(6): 237-238.
20. Centers for Disease Control and Prevention. Trends in sexual risk behaviors among high school students-United States, 1991–2001. -MMWR Morbidity, Mortality, Weekly Rep 2002;51(38):856-9.
21. Negussie T., Rahel H., Selamu D., Alemayehu T. and Kedir M. Do parents and young people communicate on sexual matters? The situation of family life education in a rural town in Ethiopia. Ethiop. J. Health Dev. 1999;13(3):205-10.
22. Holtzman, L., & Robinson, M. (1995). Parent and peer communication effects on AIDS-related behavior among U.S. high school students. Family Planning Perspectives, 27, 235–268.
23. Dela Afenyadu and Lakshmi Goparaju. Adolescent Reproductive Health Behavior in Dodowa, Ghana, April 2003.
24. Desalegn G/yesus (mph thesis). Assessing communication on sexual and Reproductive health issues among high school Students with their parents, Bullenworeda benishangul gumuz region North west Ethiopia, 2006.
25. Gudina Egata(mph thesis). Assessment of level of knowledge of reproductive Health and sexual behavior among adolescents in Nekemte town, 2005.
26. Save the children /USA/Ethiopia Field office Baseline Survey report on ARH In government high schools of Addis Ababa. Addis Ababa, Ethiopia, 2000 .
27. Noble J, Cover J, Yanagishita M. The World's Youth.Washington, DC: Population Refernce Bureau, 1996.
28. National Council for Population & Development. Kenya Demographic and Health Survey, 1993. Calverton, MD: Macro International, 1994.
29. Nassir Ibrahim,(mph thesis) Factors That Influences School Adolescents Exposure To HIV/STD In Bale, Oromia Region, 2004.
30. Kekovole J, Kiragu K, Muruli L and Josiah P. Reproductive health communication in Kenya: Results of a national information, communication, and education situation survey. Johns Hopkins University Center for

Communication Programs Field Report No. 9, Baltimore, MD: Johns Hopkins University Center for Communication Programs,1997.

. 31. Fisher TD. Parent-child communication about sex and young adolescents' sexual knowledge and attitudes. Adolesc 1986; 21: 517–527.

32. Jaccard, J. and Dittus, P. Parent-adolescent communication about premarital pregnancy. Fam Soc 1993; 74(6): 329–343.

33. Henry Kaiser. Kaiser Family Foundation survey on teens and sex: What they say teens today need to know and who to listen to. Menlo Park, CA: Henry Kaiser Family Foundation,1996

34. Shields, G., and Adams, J. "HIV/AIDS among youth: A community needs assessment study." Child and Adolescent Social Work Journal, 1995;12:361–380

35. Sue Alford. Are Parents and Teens Talking about Sex? Transitions, September 2002; Vol. 15, No. 1:pp 18.

36. Pertorious, J., Ferreira, G., Edwards, D. Crisis Phenomena among African Adolescents. Adolescence 1999;34: 139-146

37. McCauley, A. and Salter, C. Meeting the Needs of Young Adults. Population reports, Series **J** (No. 41). Baltimore: John Hopkins University Bloomberg School of Public Health,1995.

38. Jaccard, J., Dittus, P. and Gordon, V. Parent-Teen Communication About Premarital Sex: Factord Asssociated with the extent of Communication. Journal of Adolescent Research 2000; 15: 187-208.

39. Hacker KA *et al*. Listening to youth: teen perspectives on pregnancy prevention. *J Adolesc Health* 2000; 26:279-88.

40. Nolin MJ, Petersen KK. Gender differences in parent-child communication about sexuality: an exploratory study. *J Adolesc Research* 1992; 7:59-79.

41. Baldwin, S. and Baranoski, M. Family Interactions and Sex Education in the Home. Adolescence 1990; 25(99): 573-582.

42. Speizer, I., Mullen, S. and Amegee, K. Gender differences in Adult Perspectives on Adolescent Behviors: evidence from Lome, Togo. International Family planning Perspectives 2001; 27(4): 178-185.

43. Miller KS *et al*. Patterns of condom use among adolescents: the impact of

Mother-adolescent communication. *America J Public Health* 1998;88:1542-44.

44. Crouter AC, Head MR. Parental monitoring and knowledge of children. In: Bornstein MH, ed. Handbook of Parenting, Vol. 3 Being and Becoming a Parent Mahwah, NJ: Lawrence Erlbaum Associates, Inc., 2002: 461– 83.
45. Ilona L. and Apolinaras Z. The effect of family structure, parent-child relationship and parental monitoring on early sexual behavior among adolescents in nine European countries. Scandinavian Journal of Public Health 2008 ; V.26: (pp 607-18).
46. Solomon S. The effect of living arrangement and parental attachment on sexual risk behaviors and psychosocial problems of adolescent in Dessie preparatory school, Ethiopia, 2004.
47. Audery P., Helen R., Immo K., Annie S., Catherine M., Lindiwe H. and etal. Young people's sexual health in South Africa: HIV prevalence and sexual behaviors from nationally representative household survey. AIDS 2005, 19:1525-1534.
48. Zelalem. Causal Sex debuts among female adolescents in Addis Ababa. Ethiopia Health Dev.2001; 15(2):109-116.
49. Family communication about HIV/AIDS and sexual behavior among senior secondary school students in Accra, Ghanna. Africa health science , April 2003; 3(1) :7-14
50. Fantahun M. Sexual behavior, Knowledge and attitude to ward HIV/AIDS among out of school in Bahrdar town, Ethiop J Health Dev, 1996,34 (4)
51. Maartje Versnel, Yemane B. Johannes.F, Wend F. Sexuality and contraception among never married high school students in Butajira. Ethiop Med J2002;40(1):pp 46
52. Romel saulone, Theocharis r. Theoharis, Robert Stake , Franciscos .Sy, Murray L and etal .Correlates of sexual abstinence among urban university students in the Philippines. International family planning perspective, 1997; 23(4):169.

53. Haile M. Knowledge attitude and practice on sexuality and reproductive health among Harrar adolescents. From Annotated Bibliography update fertility and RH/FP (1986-2001) FHI, FGAE, 1997.
54. View of parents on reproductive health and contraceptive practice among the sexauly active adolescents, in Nigeria porthacort, Journal of advanced nursing 1998.27: 261-266
55. Snegorff S. Communicating about sexuality: a school/ community program for parents and children. J of health education, 1995, 26(1):49-51.
56. Teweldebrhan Girma.Report on reproductive health survey among female teenagers in Awassa and Yirgalem high school, (un published), 1999.
57. Karim, A. Magnani, R., Morgan, G. and Bond, K. Reproductive Health Risk and Protective Factors among Unmarried Youth in Ghana. International Family planning Perspectives 2003; 29(1): 14-24.
58. Lefkowitz, E. S., Romo, L., Corona, R., Au, T. K. and Sigman, M. How Latino-American and European- American adolescents discuss conflicts, sexuality, and AIDS with their mothers. Developmental Psychology, 2000; 36: 315–325.
58. White, C. P., Wright, D. W. and Barnes, H. L. Correlates of parent–child communication about specific sexual topics: a study of rural parents with school-aged children. *Personal Relationships*, 1995; 2: 327–543.
59. Shoop DM, Davidson PM. AIDS and adolescents: the relation of parent and partner communication to adolescent condom use. *J Adolesc* 1994; 17:137-48.
60. Whitaker DJ, Miller KS, May D, Levin ML. Teenage partners' communication about sexual risk and condom use: the importance of parent-teenager discussions. *Fam Plann Perspect*. 1999; 31:117–121
61. Rod Edwards, Lance read Clindy Lee. Parent-adolescents communication during a school-based sexuality education program. Family planning perspective, Sep/Oc 2000.
62. Yowell CM. Risks of communication: early adolescent girls' conversations with mothers and friends about sexuality. *J Early Adolesc*, 1997; 17:172-96.
63. Tannen D. You just Don't Understand: Women and Men In Conversation.

New York: Random House, 1990.

64. Tannen D. You just Don't Understand: Women and Men In Conversation. New York: Random House, 1990.
65. Dilorio C, Kellen M, Hockenberry –Eatonm. Communication about sexual issues: Mothers, fathers, and friends. Adolesc health, March 1999;24(30):181-9.
66. Miller KS, Kotchick BA, Dorsey S *et al*. Family communication about sex: what are parents saying and are their adolescents listening? Family Planning Perspectives 1998; 30(5):218-222, 235.
67. Kiragu, obswakaE,Odallo.D van hulzen .Communicating about sex: adolescents and parents in Kenya, AIDS/STD health promt Exch;1996;(3): 11-3.
68. Kirkman M., Rosenthal D. and Feldman S. Talking To A Tiger: Fathers Reveal their Difficulties in Communicating about Sexuality with Adolescents. New Directions for Child and Adolescent Development, 2002; 97:57-54.

Annex I. Tables that shows factors related to communication between parents and adolescents by different SRH.

Table I. Factors related to communication between parents and adolescents on contraceptives in Awassa, SNNPR, Ethiopia, 2009

Variables	Discussion on contraceptives		OR	Adjusted OR
	Yes	No		
Sex				
Male n=329	23.1%	76.9%	0.80[0.37,1.72]	1.41[0.52,3.88]
Female n=345	18.8%	81.2%		1.00
Type of school				
Public school n=350	16.8%	83.2 %	1.64[1.13,1.83]*	2.16[0.59,7.92]
Private school n=324	25.0%	75.0%		1.00
Age				
13-16 n=264	20.4%	79.6%	1.04[0.43,2.52]	1.09[0.33,3.58]
17-19 n=410	21.2%	78.8%		1.00
Family size				

< 5 n=156	20.5%	79.5%	0.66[0.25,1.72]	1.16[0.31,4.34]
5 and above n=518	20.8%	79.2%		1.00
Mother education				
Illiterate n=340	15.9%	84.1%		1.00
Literate n=334	25.7%	74.3%	1.83[1.22, 2.72]*	2.64[1.54,3.38]*
Father education				
Illiterate n=190	30.5%	69.5%	1.00	1.00
Literate n=484	16.9%	83.1`9%	0.46[.18, 1.13]	1.16[0.31,4.32]
Living arrangement				
Both parent n=480	21.3%	78.7%	1.00	1.00
Single parent n=124	4.3%	95.7%	3.16[0.94, 10.5]	……..
Others n=70	46.2%	53.8%	4,03[0.70,13.4]	3.34[0.54,6.56]
Perceived openness of parents				
Yes n= 124	43.5%	56.5%	3.73[2.36, 5.93]*	2.98[1.34, 7.89]*
No n= 550	8.9%	91.1%	1.00	1.00

Table I continued……

Knowledge on contraceptive				
Yes n=555	22.3%	77.7%	1.85[1.05,3.22]*	1.65[1.43,4.56]*
No n=119	13.4%	86.6%		1.00
Females experiencing unwanted pregnancy				
Yes n=65	18.4%	81.6%	0.09[0.04, 0.20]*	0.23[0.07,0.50]*
No n= 75	70.7%	29.3%		1.00

* =Significant association

……= not adjusted because it has no effect due to small size

Table II. Factors related to communication between parents and adolescents on STI/HIV in Awassa, SNNPR, Ethiopia, 2009

Variables	Discussion on STI /HIV		OR	Adjusted OR
	Yes	No		
Sex				
Male n=329	32.8%	67.2%	0.93[0.44, 1.95]	0.99[0.44, 2.26]
Female n=345	34.4%	65.6%		1.00
Type of school				
Public school n=350	35.4%	64.6 %	0.84[0.40,1.78]	0.94[0.32, 2.68]
Private school n=324	31.8%	68.2%		1.00
Age				
13-16 n=264	32.6%	67.4%	0.93[0.43,1.99]	1.30[0.49,3.47]
17-19 n=410	34.1%	65.8%		1.00
Family size				
< 5 n=156	27.6%	72.4%	0.66[0.25,1.72]	0.78[0.25, 2.45]
5 and above n=518	35.4%	64.6%		1.00

Mother education				
Illiterate n=340	23.8%	76.2%		1.00
Literate n=334	43.4%	56.6%	2.45[1.75, 3.39] *	1.85[1.23,3.48]*
Father education				
Illiterate n=190	27.9%	72.1%	1.00	1.00
Literate n=484	35.9%	64.1%	1.45[1.01, 2.09]*	1.67[1.05, 2.98]*
Living arrangement				
Both parent n=480	33.7%	66.3%	1.00	1.00
Single parent n=124	25.0%	75.0%	1.68[0.52, 5.46]	1.71[0.46, 6.35]
Others n=70	50.0%	50.0%	2.43[0.58, 10.2]	2.54[0.53, 12.0]
Perceived openness of parents				
Yes n= 124	61.3%	38.7%	6.08[3.95, 9.26]*	5.69[2.98, 6.90]*
No n= 550	12.7%	87.3%	1.00	1.00
Knowledge on STD/HIV				
Yes n=572	36.9%	63.1%	3.14[2.36, 4.14]*	2.99[1.98, 5.79]*
No n=102	15.7%	84.3%		1.00

* =Significant association, ……= not adjusted because it has no effect due to small size

Table III. Factors related to communication between parents and adolescents on Sexual intercourse in Awassa, SNNPR, Ethiopia, 2009

Variables	Discussion on sexual intercourse		OR	Adjusted OR
	Yes	No		
Sex				
Male n=329	13.0%	87.0%	1.22[0.41, 3.63]	0.97[0.28, 3.33]
Female n=345	11.0%	89.0%		1.00
Type of school				
Public school n=350	12.3%	87.7 %	1.06[0.36,3.13]	1.53[0.31,7.56]
Private school n=324	11.7%	88.3%		1.00
Age				
13-16 n=264	8.3%	91.7%	1.00	1.00
17-19 n=410	14.4%	85.6%	2.58[1.38,4.86]*	2.45[1.56, 4.90]*
Family size				
< 5 n=156	14.1%	85.9%	1.23[0.36, 4.22]	2.89[0.59, 14.0]

5 and above n=518	11.6%	88.4%		1.00
Mother education				
Illiterate n=340	9.4%	90.6%		1.00
Literate n=334	14.4%	85.6%	1.61[0.54, 4.84]	2.35[0.59, 9.35]
Father education				
Illiterate n=190	11.0%	89.0%	1.00	1.00
Literate n=484	12.4%	87.6%	0.88[0.26, 2.99]	0.89[0.17, 4.52]
Living arrangement				
Both parent n=480	14.6%	85.4%	1.00	1.00
Single parent n=124	0.0%	100%	…….	…….
Others n=70	17.1%	92.8%	1.06[0.21, 5.37]	0.72[0.12,4.30]
Perceived openness of parents				
Yes n= 124	34.6%	65.4%	6.37[3.60, 11.0]*	6.25[3.24, 12.3]*
No n= 550	4.0%	96.0%	1.00	1.00
Sexual initiation				
Yes n=302	14.2%	85.8%	1.47[0.50, 4.35]	1.83[0.50, 6.70]
No n=372	69.6%	30.4%		1.00

* =Significant association, ……= not adjusted because it has no effect due to small size

Table IV. Factors related to communication between parents and adolescents on Condom in Awassa, SNNPR, Ethiopia, 2009

Variables	**Discussion on condom**		**OR**	**Adjusted OR**
	Yes	**No**		
Sex				
Male n=329	13.0%	87.0%	2.26[0.64,7.94]	0.23[0.01, 4.90]
Female n=345	6.3%	93.7%		1.00
Type of school				
Public school n=350	9.1%	90.9 %	0.91[0.28, 3.01]	0.32[0.02, 6.31]
Private school n=324	9.8%	90.2%		1.00
Age				
13-16 n=264	12.1%	87.9%	0.61[0.18, 2.03]	……
17-19 n=410	7.8%	92.2%		1.00
Family size				

< 5 n=156	10.2%	89.8%	0.89[0.22, 3.56]	0.39[0.01, 13.5]
5 and above n=518	9.4%	90.6%		1.00
Mother education				
Illiterate n=340	9.4%	90.6%		1.00
Literate n=334	9.6%	90.4%	0.98[0.30,3.23]	0.04[0.02, 1.09]
Father education				
Illiterate n=190	8.4%	91.6%	1.00	1.00
Literate n=484	10.1%	89.9%	1.24[0.31, 4.86]	……
Living arrangement				
Both parent n=480	8.9%	91.1%	0.54[0.10, 2.89]	……
Single parent n=124	8.0%	92.0%	0.52[0.58, 10.2]	…….
Others n=70	17.1%	92.8%	1.00	1.00
Perceived openness of parents				
Yes n= 124	26.6%	73.4%	6.09[3.13, 11.9]*	5.87[2.85, 13.4]*
No n= 550	2.9%	97.1%	1.00	1.00
Consistent condom use				
Yes n=65	66.1%	33.9%	2.40[1.38, 3.75]*	2.03[1.21,3.57]*
No n=108	20.4%	79.6%		1.00

* =Significant association, ……= not adjusted because it has no effect due to small size

Annex II

English questionnaire

Assessment of factors affecting communication between parents and adolescent on SRH matters in Awassa Town, SNNPR. Ethiopia 2007.

Ser.No. _____

Identification No _____

Study participants are Adolescents

Introduction

My name is _____. I am working for _____.

Confidentiality and consent: I am going to give you this questionnaire to be filled by yourself. Your answers are completely confidential, your name will not be written on this form, and will never be used in connection with any of the information you tell me. You do not have to answer any questions that you do not want to answer and you may end filling of the questionnaire at any time you want to. However, your honest answers to these questions will help us better understand about factors affecting parent and adolescent communication on sexual and reproductive matters. We would greatly appreciate your helping. Would you willing to participate?

If Yes, _____ (1) Continue

If No, _____ (2) Stop.

Checked by supervisor: Name ___ Signature ____ Date _____

Questionnaires on parent teen communication on sexual issues

For adolescents

i. Socio demographic characteristics of adolescents

Se/n	Question	Response	Code
101	Age	-----in years	
102	Grade	--------	
103	Sex	1.male 2.Female	
104	Religion	1.Orthodox Christian 2. Muslim 3. Protestant 99. Others	
105	Ethnic group	1. Sidama 2. Amhara 3. Oromo	

		4. Wolaita 5. Guraghe 99. Others	
106	With whom are you living	1. Lives with mother and father 2. With mother only 3. With father only 99. Others	
107	Family size	--------	
108	Parents income/month	1. ---------- 88.do not know	
109	Mother's educational status	1. Illiterate 2. Read and write only 3. Primary school 4. Secondary school 5. Diploma 6. Degree 7. No mother	
110	Father's educational status	1. Illiterate 2. Read and write only 3. Primary school 4. Secondary school 5. Diploma 6. Degree 7. No father	
111	Occupation of the mother	1. House wife 2. Employed (private) 3. Employed (gov't) 4. Small scale merchant 5. Farmers 6. No mother 99. Others	
112	Occupation of the father	1. Employed (private) 2. Employed (gov't) 3. Small scale merchant 4. Farmers 5. No father 99. Others	
II. Knowledge on major selected Reproductive health			
201	Do you know when menstrual cycle starts?	1.yes 2.no	
202	If yes at what age it starts	-------in years	
203	What was your feeling when the first menses comes (for girls only)	1. Tension 2. Fear 3. Pleasure	

		4. Feeling diseased 5. Shame 6. Do not see	
204	Do you know STD, HIV/AIDS? If your answer is 'No' skip to question no 206	1. Yes 2. No	
205	If yes which one do you know (circle all answer you think)	1. Chancroid 2. Syphilis 3. Gonorrhea 4. LGV 5. HIV/AIDS 6. Herpes simplex 99. Others	
206	Do you know contraceptive methods? If your answer is 'No' skip to question no 208	1. Yes 2. No	
207	If yes which one do you know? (Circle all answer you think)	1. Pill 2. Depo provera 3. Norplant 4. IUD 5. Condom 6. Abstinence 7. Using safe period	
208	Do you know what emergency contraceptive means?	1. Yes 2. No	
209	Do you know the likely date of pregnancy between menstruations?	1. Yes 2. No	
III. Sexual attitude and behavior of adolescents			
301	Is it normal and acceptable to have sexual feeling during adolescent?	1. Yes 2. No 88. Do not know	
302	Have you ever started sexual intercourse? If your answer is 'No' skip to question no 310	1. Yes 2. No	
303	If yes at what age was your sexual act ?	---------years	
304	With whom have you made your first sex?	1. Boy/girl friend 2. Relative 3. Unknown person	
305	With how many partner have you made sex?	1. One 2. Two 3. Three and above	
306	Have you ever used condom	1. Yes	

	during sex? If your answer is 'No' skip to question no 308	2. No	
307	If yes do you use consistently?	1. Yes 2. No	
308	Have you ever-experienced unwanted pregnancy?(for girls only) If your answer is 'No' skip to question no 310	1. Yes 2. No	
309	If yes how did you managed it?	1. Deliver 2. Abortion	
310	Do you accept premarital sex?	1. Yes 2. No 88. Do not know	
311	Do you think sex education is necessary? If your answer is 'No' skip to question no 313	1. Yes 2. No 88. Do not know	
312	Where do you prefer sex education to be given? (Circle all answers you think)	1. School 2. Home 3. By Friends 4. Church 99. Other specify ……	
313	Where did you get information about sexual matters? (Circle all answer you think)	1. School 2. Media 3. Home 4. Peers 99. Other specify……...	
IV. Adolescents perception of parental monitoring			
401	What is your view to parental monitoring on adolescents?	1. Agree 2. Disagree 3. Do not know	
402	For male only. Did parents ever forbid you to play with female?	1. Yes 2. No 3. Do not know	
403	If yes at what ages did they forbid you?	…….age in years	
404	For female only. Did parents ever forbid you not to play with male?	1. Yes 2. No 3. Do not now	
405	If yes at what ages did they forbid you?	……..age in years	
406	Do parents know where, when you are out side home/school?	1. Yes 2. No 3. Do not know	

407	Do parents know with whom are you, when out side home/school?	1. Yes 2. No 3. Do not know	
V. Communication of adolescents and parents sexual and reproductive health			
501	Is it important to discuss (communicate) sexual issues with parents?	1. Yes 2. No	
502	Which parent do you prefer to discuss on sexual and RH issues.	1. Mother 2. Father	
503	Have you ever discussed on contraception? If your answer is 'Yes' skip to question no 505	1. Yes 2. No	
504	If you do not discuss on contraception with parents. What do think the reasons are?	1. Culturally unacceptable 2. Shame 3. Lack of knowledge 4. Parents are not good listener 5. Lack of communication skill 6. Difficult and embarrassing 88. Do not know 99. Others	
505	If yes to question # 503 with whom do you prefer discuss it with?(circle all answers you think)	1. Father 2. Mother	
506	How frequent you have discussed about contraception?	1. Very often 2. Often 3. Sometimes	
507	With whom have you discussed other than parents	1. Peer 2. Sisters 3. Brothers 99. Others specify	
508	How frequent you have discussed about contraception?	1. Very often 2. Often 3. Sometimes	
509	Have you ever discussed on STD/HIV? If yes skip to Q 511	1. Yes 2. No	
510	If you do not discuss on HIV/STD with parents. What are the reasons?	1. Culturally unacceptable 2. Shame 3. Lack of knowledge 4. Lack of communication skill 5. Parents are not good listener	

		6. Difficult and embarrassing 88. Do not know 99. Others	
511	If yes for question # 509 with whom does you discuss?	1. Mother 2. Father	
512	How frequent you have discussed about contraception?	1. Very often 2. Often 3. Sometimes	
513	With whom have you discussed other than parents	1. Peer 2. Sisters 3. Brothers 99. Others specify	
514	How frequent have you discussed about HIV/STD?	1. Very often 2. Often 3. Sometimes	
515	Have you ever discussed on sexual intercourse? If yes skip to #513	1. Yes 2. No	
516	If you do not discuss on sexual intercourse with parents. What are the reasons?	1. Culturally unacceptable 2. Shame 3. Lack of knowledge 4. Lack of communication skill 5. Parents are not a good listener 6. Difficult and embarrassing 88. Do not know 99. Others	
517	If yes for question # 515 with whom	1. Father 2. Mother	
518	How frequent you have discussed about contraception?	1. Very often 2. Often 3. Sometimes	
519	With whom discussed other than parents	1. Peer 2. Sisters 3. Brothers 99. Others specify	
520	How frequent you have discussed about sexual intercourse?	1. Very often 2. Often 3. Sometimes	
521	Have you ever discussed about unwanted pregnancy? If yes skip to # 523	1. Yes 2. No	

522	If you do not discuss on un wanted pregnancy with your parents. What are the reasons?	1. Culturally unacceptable 2. Shame 3. Lack of knowledge 4. Lack of communication skill 5. Parents are not a good listener 6. Difficult and embarrassing 88. Don't know 99. Others	
523	If yes for question # 521 with whom do you discuss?	1. Father 2. Mother	
524	How frequent you have discussed about contraception?	1. Very often 2. Often 3. Sometimes	
525	With whom discussed other than parents	1. Peer 2. Sisters 3. Brothers 99. Others specify	
526	How frequent you have discussed about un Wanted pregnancy?	1. Very often 2. Often 3. Sometimes	
527	Have you ever discussed on not having sex until marriage? If your answer is yes skip to Q529	1. Yes 2. No	
528	If you don't discuss on not having sex until marriage with parents. What are the reasons? (Circle all answer you think)	1. Culturally un acceptable 2. Shame 3. Lack of knowledge 4. Lack of communication skill 5. Parents are not a good listener 6. Difficult and embarrassing 88. Don't know 99. Others	
529	If yes for question # 527 with whom do you discuss?	1. Father 2. Mother	
530	How frequent you have discussed about contraception?	1. Very often 2. Often	

		3. Sometimes	
531	With whom discussed other than parents	1. Peer 2. Sisters 3. Brothers 99. Others specify	
532	How frequent you have discussed about on not having sex until marriage?	1. Very often 2. Often 3. Sometimes	
533	Have you ever discussed on condom? If your answer is no skip to Q535	1. Yes 2. No	
534	If you don't discuss on condom With parents, what are the reasons?(circle all answer you think)	1. Culturally un acceptable 2. Shame 3. Lack of Knowledge 4. Lack of communication skill 5. Parents are not a good listener 6. Difficult and embarrassing 88. Don't Know 99. Others	
535	If yes for question # 533 with whom do you discuss?	1. Father 2. Mother	
536	How frequent you have discussed about contraception?	1. Very often 2. Often 3. Sometimes	
537	With whom discussed other than parents	1. Peer 2. Sisters 3. Brothers 99. Others specify	
538	How frequent you have discussed on condom?	1. Very often 2. Often 3. Sometimes	
539	Have you ever discussed on physical and psychological changes on puberty? If your answer is yes skip to Q541	1. Yes 2. No	
540	If you don't discuss on physical and psychological changes on puberty With parents. What are the reasons?(circle all answer you think)	1. Culturally un acceptable 2. Shame 3. Lack of Knowledge 4. Lack of communication skill 5. Parents are not a good listener 6. Difficult and	

		embarrassing 88. Don't Know 99. Others	
541	If Yes for question # 539 with whom do you discuss?	1. Father 2. Mother	
542	How frequent you have discussed about contraception?	1. Very often 2. Often 3. Sometimes	
543	With whom discussed other than parents	1. Peer 2. Sisters 3. Brothers 99. Others specify	
544	How frequent you have discussed on physical and psychological changes on puberty?	1. Very often 2. Often 3. Sometimes	
545	If you have ever discussed at least one of the above issues with your parents, at what age have you started discussing it?	……age in years	
546	At what age do you think discussion on sexual and reproductive health should be started?	…….age in years	
547	Do you currently discussing on the above issues?	1. Yes 2. No	
548	Is your mother open to discuss?	1. Yes 2. No 3. Do not know	
549	How do you rate parent communication skill about sexual matters	1. Low 2. Medium 3. High	

VI. Regarding your responses, what do you feel?

Underestimate ☐

Overestimate ☐

Annex III

Focus group discussion

Discussion to parents on level of communication (discussion) parents with their adolescent on sexual matters and factors affecting communication.

The guideline will be as follow:

1. Greeting

2. Ask the willingness of the parents for participating in the discussion.

3. Explain the objective of the study and focus group discussion.

4. Telling the participant that confidentiality will be maintained and telling them we will use tape recorder.

5. Topics to be discussed

- What do you think the knowledge of parents on reproductive health?

(Contraception, STD/HIV/AIDS, and Puberty)

- ወላጆች በስነተዋለዶ ጤና ላይ ለምሳሌ ስለወሊድ መቆጣጠሪያ በግብረስጋ ግንኙነት ስለሚተላለፉ በሽታዎች እና ልጆች ላይ ስለሚታዩ የጉርምስና ለውጦች ያላቸው እውቀት ምን ይመስላል?

-What is the feeling of parents on premarital sex and unwanted pregnancy in adolescents?

- ከጋብቻ በፊት ስላለ የግብረስጋ ግንኙነት እና ስላልተፈለገ እርግዝና ያላችሁ አመለከከት ምነድንነው?

-What is your suggestion for sex education first do they agree? (Why and why not) where to be given?

- ልጆች ስለ ጾታዊ ግንኙነት እነዚህን በመሰሉ ጉዳዮች ላይ ትምህርት ቢያገኙ ጥሩ ነው ትላላችሁ?

- ከተስማማችሁ ምክንያታችሁ ምንድንነው?

- ከልተስማማችሁስ ምክንያታችሁ ምንድንነው?

- ከተስማማችሁ ትምህርቱ የት ቢሰጥ ጥሩ ነው?

-Is it important to discuss sexual matters with adolescents? (Why, why not?)

- ከልጆች ጋር ስለ ስነተዋልዶ ጤናና ፆታዊ ግንኙነት መወያየት አስፈላጊ ነው ብላችሁ ታምናላችሁ?

- አስፈላጊ ነው ከላችሁ ለምን?

- አስፈላጊ አይደለም ከላችሁ ለምን?

-If you suggest discussion on sexual and reproductive health matters is important at what age the discussion should be started?

- ከልጆች ጋር ስለ ስነተዋልዶ ጤናና ፆታዊ ግንኙነት መወያየት አስፈላጊ ነው ብላችሁ ከላችሁ በየትኛው የእድሜ ክልል መጀመር አለበት ትላላችሁ?

-What are the topics (contents) discussed with their adolescents

- ከልጆች ጋር ስለ ስነተዋልዶ ጤናና ያታዊ ግንኙነት የመወያ ርእስና ይዘቱስ ምን መሆን አለበት?

- Do you think parents and adolescents communicate on different SRH issues?

- ወላጆች ከልጆች ጋር ስለ ስነተዋልዶ ጤናና ያታዊ ግንኙነት ያወያያሉ ብላችሁ ታስባላችሁ?

-What are the reasons (barriers for not communicating/discussing sexual matters?

- አይቄየም ከላችሁ ምክኒያቶቹ ምንድን ናቸው ብላችሁ ታስባላችሁ?

6. During discussion as much as possible probing of the participant to express their feeling will be considered.

7. Systematic avoidance of dominate participant.

Annex IV

In-depth interview

In depth interview for adolescents - on assessment of communication on sexual and reproductive health matters between adolescents and parents.

Confidentiality and Consent

Dear respondent,

I am going to ask you some very personal questions that some people may find it difficult to answer. I am not going to talk to anyone about what you tell me. Your name will not be written on this form, and will never be used in connection with any information you tell me. You may end this talk at any time you want to. However, your honest answer to these questions will help us better understand sexual risk behaviors and discussion on sexual and reproductive health issue with parents that would eventually help in designing appropriate intervention programs. The interview will take you 10-15 minutes.

We would greatly appreciate your help in responding to the interview. Would you be willing to participate in the study?

Agree ☐ **Disagree** ☐

Interview control Record

Name of Interviewer _____ _____

Result of interview

a. Completed

b. Refused

c. Partially completed

Time interview begun_____-

Time interview ended_____-

Supervisor's signature_____

1. Age _____years.

እድሜ----------በአመት ይገለጽ

2. Sex male 01 female 02

ፆታ ወንድ01 ሴት02

3. Among your friends (peers) is there anyone who has a boy/girl friend?

Yes 01 no 02

ከንደኞችህ/ሽ መሀከል የተቃራኒ ጸታ ንደኛ ያለው/ያላት አለ?

አዎ01 አይ02

4. Among your friends (peers) is there anyone who has started sex?

Yes 01 no 02

ከጓደኞችህ/ሽ መሀከል የግብረስጋ ግንኙነት የጀመረ አለ?

አዎ01 አይ02

5. Do most of your friends (peers) started sex?

Yes 01 no 02

አብዛኛው ጓደኞችህ/ሽ የግብረስጋ ግንኙነት ጀመረዋል?

አዎ01 አይ02

6. At what age do most of your friends (peers) start sex?____

ከጓደኞችህ/ሽ መሀከል የግብረስጋ ግንኙነት የጀመረ ከለ በየትኛው የእድሜ ክልል ነው የጀመሩት?----------

7. Do most adolescents of your age discuss about sexuality and HIV/AIDS among themselves?

Yes 01 no 02

በአንተ/በአንቺ የእድሜ ክልል ያሉ ልጆች ስለጾታዊ ግንኙነትና ስነተዋልዶ ጤና እረስ በርስ ይወያያሉ?

አዎ01 አይ02

14. Do most adolescents of your age discuss about sexuality and HIV/AIDS with their families?

Yes 01 no 02

በአንተ/በአንቺ የእድሜ ክልል ያሉ ልጆች ስለጾታዊ ግንኙነትና ስነተዋልዶ ጤና ከወላጆቻቸው ጋር ይወያያሉ?

አዎ01 አይ02

Thank you very much!

Annex V Amharic questionnaire

ወላጆችና ጎረምሳ ልጆች በግብረስጋ ግንኙነት ጉዳይ እና በስነ ተዋልዶ ጤና ላይ የሚያደርጉትን ውይይት ለማጥናት የተዘጋጀ መጠይቅ

I. መሰረታዊና ማህበራዊ ጉዳይን በተመለከተ

ተራ/ቁ	ጥያቄ	መልስ	ኮድ
101	እድሜ	……..በአመት	
102	ክፍል	--------	
103	ጾታ	1.ወንድ 2.ሴት	
104	ሀይማኖት	1.ኦርቶዶክስ 2. ሙስሊም 3. ፕሮቴስታንት 99. ሌላ ካለ ይገለፅ	
105	ብሄር	6. ሲዳማ 7. አማራ 8. ኦሮሞ 9. ወላይታ 10. ጉራጌ 99.ሌላ ካለ ይገለፅ_____	
106	የምትኖረው/ሪው ከማን ጋር ነው	1. ከእናትና አባት/ሽ ጋር 2. ከእናት ጋር ብቻ 3. ከአባት ጋር ብቻ 99.ሌላ ካለ ይገለጽ_____	
107	የቤተሰብ ብዛት	--------በቁጥር	
108	የወላጆች የገቢ መጠን በወር	1. ---------- 88. አላውቅም	
109	የእናት የትምህርት ደረጃ	8. ያልተማረች 9. ማንበብና መጻፍ 10. አንደኛ ደረጃ 11. ሁለተኛ ደረጃ 12. ዲፕሎማ 13. ዲግሪ 14. እናት በህይወት የለችም	
110	የአባት የትምህርት ደረጃ	1 ያልተማረ 2 ማንበብና መጻፍ 3 አንደኛ ደረጃ 4 ሁለተኛ ደረጃ 5 ዲፕሎማ 6 ዲግሪ 7 አባት በህይወት የለም	
111	የእናት የስራ ሁኔታ	7. የቤት እመቤት 8. በግል ተቀጣሪ 9. በመንግስት ተቀጣሪ 10. ነጋዴ 11. ገበሬ 12. እናት በህይወት የለችም	

		99.ሌላ ካለ ይገለፅ_____	
112	የአባት የስራ ሁኔታ	1. በግል ተቀጣሪ 2. በመንግስት ተቀጣሪ 3. ነጋዴ 4. ገበሬ 5. እናት በህይወት የለችም 99.ሌላ ካለ ይገለፅ_____	
II. በተመረጡ የስነተዋልዶ ጤና ላይ የእውቀት ጥያቄዎች			
201	የወር አበባ የሚጀምርበትን እድሜ ታውቃለህ/ሽ, አላውቅም ከሆነ መልስህ ወደ ጥያቄ ቁጥር 203 እለፍ/እለፊ	1.አዎ 2. አይ	
202	አዎ ካልክ/ሽ በስንት አመት የመጀመሪያ የወር አበባ በስንት አመት ይጀምራል?	----------በአመት ይገለፅ	
203	ለመጀመሪያ ጊዜ የወር አበባ ስታዩ ምን ተሰማሽ (ለሴቶች ብቻ)	7. ጭንቀት 8. ፍርሀት 9. ደስታ 10. በሽታ የተያዝኩ መሰለኝ 11. እፍረት 12. እስካሁን አላየሁም	
204	በግብረስጋ ግንኙነት ስለሚመጡ በሽታዎች ታውቃለህ/ሽ?አዎ ካልሆነ መልስህ ወደ ጥያቄ ቁጥር 206 እለፍ/እለፊ	3. አዎ 4. አይ	
205	አዎ ካልክ/ሽ የትኛውን ታውቃለህ/ሽ የምታውቂያቸውን መልሶች አክብቢ	7. ቻንክሮይድ 8. ጨብጥ 9. ቂጥኝ 10. ባምቡሌ 11. ኤች.አይ.ቪ/ኤድስ 12. ኸርፐስ ሲምፕሌክስ 13. ሌላ ይገለጽ_____	
206	የወሊድ መቆጣጠሪያዎችን ታውቃለህ/ሽ? አዎ ካልሆነ መልስህ ወደ ጥያቄ ቁጥር 208 እለፍ/እለፊ	1 አዎ 2 አይ	
207	አዎ ካልክ/ሽ የትኞቹን ታውቃለህ/ሽ? (አክብብ/ቢ)	8. የወሊድ መቆጣጠሪያ ኪኒን 9. የወሊድ መቆጣጠሪያ መርፌ 10. ክንድ ውስጥ የሚቀበር 11. መሀፀን ውስጥ የሚቀመጥ 12. ኮንዶም 13. መታቀብ 14. ካላንደር በመጠቀም	

208	ድንገተኛ የወሊድ መቆጣጠሪያ ታውቃለህ/ሽ?	1 አዎ 2 አይ	
209	በወር አበባዎቸ መካከል እርግዝና ሊከሰትበት የሚችለውን ግዜ ታውቃለህ/ሽ?	1 አዎ 2 አይ	
III. ጎረምሶች በስነተዋልዶ ጤና እና በግብረስጋ ግንኙነት ላይ ያላቸው አመለካከትና ባህሪ			
301	በጉርምስና ግዜ የግብረስጋ ግንኙነት ለማድረግ መፈለግ ጤናማና ተቀባይነት አለው?	1 አዎ 2 አይ 3 አላውቅም	
302	የግብረስጋ ግንኙነት መፈፅመ ጀምረሃል/ሽ ? አዎ ካልሆነ መልስህ ወደ ጥያቄ ቁጥር 310 እለፍ/እለፊ	1 አዎ 2 አይ 3 አላውቅም	
303	አዎ ካልክሽ በስንት አመት እድሜ ፈፀምሽ/ክ?	----------በአመት ይገለፅ	
304	ለመጀመሪያ ግዜ ከማን ጋር ፈፀምሽ/ክ ?	4. የወንድ/የሴት ገደኛ 5. ዘመድ 6. ከማይታወቅ ሰው ጋር	
305	የግብረስጋ ግንኙነት ከስንት ሰው ጋር ፈፅመሽ/ህ ታውቂያለሽ/ህ?	4. ከአንድ ሰው ጋር 5. ከሁለት ሰው ጋር 6. ሶስትና ከዚያ በላይ	
306	በግብረስጋ ግንኙነት ወቅት ኮንዶም ትጠቀማለህ/ሽ?	1 አዎ 2 አይ 3 አላውቅም	
307	ከተጠቀምክ/ሽ ሁልግዜ ትጠቀማለህ/ሽ?	1 አዎ 2 አይ 3 አላውቅም	
308	ያልተፈለገ እርግዝና ገጥሞሽ ያውቃል? (ለሴት ብቻ)አዎ ካልሆነ መልስህ ወደ ጥያቄ ቁጥር 310 እለፍ/እለፊ	1 አዎ 2 አይ 3 አላውቅም	
309	አጋጥሞሽ ከነበረ እንዴት አደረግሽ?	3. ወለድሽ 4. አስወረድሽ	
310	ከጋብቻ በፊት ግብረስጋ ግንኙነትን ትቀበለዋለህ/ሽ?	1 አዎ 2 አይ	
311	ተማሪዎችን ስለ ግብረስጋ ግንኙነት ማስተመር አስፈላጊ ይመስልሀል/ሽ?አዎ ካልሆነ መልስህ ወደ ጥያቄ ቁጥር 313 እለፍ/እለፊ	1 አዎ 2 አይ	
312	ልጆች የት ቢማሩ ይሻላል ብለህ ታስባለህ/ሽ?	1. ት/ቤት 2. ቤት 3. በጓደኞቻቸው 4. ቤተ እምነት	
313	ስለ ግብረስጋ ግንኙነት የምታገኛቸውን መረጃዎች ከየት ታገኛለህ/ሽ?	1. ትቤት 2. መገናኛ ብዙሀን	

		3. ቤት 4. ከጓደኞች	
IV. የቤተሰብን ቁጥጥር በተመለከተ እንደ ልጆች አስተሳሰብ			
401	ወላጆች በጎረምሳ ልጆች ላይ የሚያደርጉት ቁጥጥር ላይ ምን አስተያየት አለህ/ሽ?	1.እስማማበታለሁ 2.አልስማማበትም	
402	ለወንዶች ብቻ. ወላጆችህ ከሴት ልጅ ጋር እንዳትጫወት ከልክለውህ ያውቃሉ?	1 አዎ 2 አይ 88.አላውቅም	
403	ለሴቶች ብቻ. ወላጆችሽ ከወንድ ልጅ ጋር እንድትጫወቺ አይፈቅዱልሽም?	1 አዎ 2 አይ 88.አላውቅም	
404	ወለጆችህ/ሽ ከቤት ውጭ የምትሄድበትን ቦታ ያውቃሉ?	1 አዎ 2 አይ 88.አላውቅም	
405	ወላጆችህ/ሽ ከቤት ውጭ በምትሆንበት/ኚበት ግዜ ከማን ጋር እንደምትውል/ዪ ያውቃሉ?	1 አዎ 2 አይ 88.አላውቅም	
V. በወላጆችና በልጆች መካከል በስነተዋልዶ ጤና እና በግብረስጋ ግንኙነት ላይ የሚደረጉ ውይይቶች			
501	በወላጆችና በልጆች መካከል በግብረስጋ ግንኙነት ላይ ያሉ ሁኔታዎች ላይ መወያየት አስፈላጊ ይመስልሀል/ሻል?	1 አዎ 2 አይ 88.አላውቅም	
502	ከየትኛው ወላጅ ጋር መወያየቱ ይሻላል ብለህ/ሽ ታስባለህ/ሽ.	1. ከእናት ጋር 2. ከአባት ጋር	
503	አንተ/አንቺ ከወላጆችህ/ሽ ጋር በስነ ተዋልዶ ጤና በግብረስጋ ግንኙነት ዙሪያ ትወያያለህ/ሽ?	1 አዎ 2 አይ	
504	ስለ ወሊድ መቆጣጠሪያ ቤተሰቦችህ/ሽ አወያይተውህ/ሽ ያውቃሉ? መልስህ/ሽ አዎ ከሆነ ወደ ጥያቄ ቁጥር 506 እለፍ/ፊ	1 አዎ 2 አይ	
505	የማትወያዩ ከሆነ ምክንያቱ ምንድነው ብለህ/ሽ ታስቢያለሽ/ህ?	1. በባህል ተቀባይነት የለውም 2. እፍረት 3. የእውቀት ማነስ 4. ወላጆች ጥሩ አዳማጮች አይደሉም 5. ወላጆች ከልጆች ጋር የመግባባት ችሎታ የላቸውም 6. እርዕሶቹ ከባድና የሚያበሳጩ ናቸው 88.አላውቅም	

		99.ሌላ ካለ ይገለፅ	
506	አዎ ካልክ/ሽ ውይይቱን በአብዛኛው ግዜ ከማን ጋር ታደርጋለህ/ሽ	1. ከአባት ጋር 2. ከእናት ጋር	
507	ምን ያህል ግዜ ስለ ወሊድ መቆጣጠሪያ ከወላጆችህ/ሽ ጋር ተወያይተሻል/ህል?	1 በጣም በብዛት 2 በብዛት 3 አንዳንዴ	
508	ከወላጆች ውጪ ከማን ጋር ትወያያለህ/ለሽ	1. ከጓደኞች ጋር 2. ከእህት ጋር 3. ከወንድም ጋር 99.ሌላ ካለ ይገለፅ	
509	ምን ያህል ግዜ ስለ ወሊድ መቆጣጠሪያ ከወላጆችህ/ሽ ጋር ተወያይተሻል/ህል?	1 በጣም በብዛት 2 በብዛት 3 አንዳንዴ	
510	ስለ ኤችአይቪ/ኤድስ ከወላጆችህ/ሽ ጋር ተወያይተህሽ ታውቃለህ/ሽ? መልስህ/ሽ አዎ ከሆነ ወደ ጥያቄ ቁጥር 512 እለፍ/ፊ	1 አዎ 2 አይ	
511	የማትወያዩ ከሆነ ምክንያቱ ምንድነው ብለህ/ሽ ታስቢያለሽ/ህ?	1 በባህል ተቀባይነት የለውም 2 እፍረት 3 የእውቀት ማነስ 4 ወላጆች ጥሩ አዳማጮች አይደሉም 5 ወላጆች ከልጆች ጋር የመግባባት ችሎታ የላቸውም 6 እርዕሶቹ ከባድና የሚያበሳጩ ናቸው 88.አላውቅም 99.ሌላ ካለ ይገለፅ	
512	አዎ ካልክ/ሽ ውይይቱን በአብዛኛው ግዜ ከማን ጋር ታደርጋለህ/ሽ	1 ከአባት ጋር 2 ከእናት ጋር	
513	ምን ያህል ግዜ ስለ ኤችአይቪ/ኤድስ ከወላጆችህ/ሽ ጋር ተወያይተሻል/ህል?	1 በጣም በብዛት 2 በብዛት 3 አንዳንዴ	
514	ከወላጆች ውጪ ከማን ጋር ትወያያለህ/ለሽ	1. ከጓደኞች ጋር 2. ከእህት ጋር 3. ከወንድም ጋር 99.ሌላ ካለ ይገለፅ	
515	ምን ያህል ግዜ ስለ ኤችአይቪ/ኤድስ ከወላጆችህ/ሽ ጋር ተወያይተሻል/ህል?	1 በጣም በብዛት 2 በብዛት	

		3 አንዳንዴ	
516	ስለ ግብረስጋ ግንኙነትከወላጆችህ/ሽ ጋር ተወያይተህሽ ታውቃለህ/ሽ? መልስህ/ሽ አዎ ከሆነ ወደ ጥያቄ ቁጥር 518 እለፍ/ፊ	1 አዎ 2 አይ	
517	የማትወያዩ ከሆነ ምክንያቱ ምንድነው ብለህ/ሽ ታስቢያለሽ/ህ?	1 በባህል ተቀባይነት የለውም 2 እፍረት 3 የእውቀት ማነስ 4 ወላጆች ጥሩ አዳማጮች አይደሉም 5 ወላጆች ከልጆች ጋር የመግባባት ችሎታ የላቸውም 6 እርዕሶቹ ከባድና የሚያበሳጩ ናቸው 88.አላውቅም 99.ሌላ ካለ ይገለፅ	
518	አዎ ካልክ/ሽ ውይይቱን በአብዛኛው ግዜ ከማን ጋር ታደርጋለህ/ሽ	1 ከአባት ጋር 2 ከእናት ጋር	
519	ምን ያህል ግዜ ስለግብረስጋ ግንኙነት ከወላጆችህ/ሽ ጋር ተወያይተሻል/ህል?	1 በጣም በብዛት 2 በብዛት 3 አንዳንዴ	
520	ከወላጆች ውጪ ከማን ጋር ትወያያለህ/ለሽ	1. ከጓደኞች ጋር 2. ከእህት ጋር 3. ከወንድም ጋር 99.ሌላ ካለ ይገለፅ	
521	ምን ያህል ግዜ ስለግብረስጋ ግንኙነት ከወላጆችህ/ሽ ጋር ተወያይተሻል/ህል?	1 በጣም በብዛት 2 በብዛት 3 አንዳንዴ	
522	ስለ አልተፈለገ እርግዝና ከወላጆችህ/ሽ ጋር ተወያይተህሽ ታውቃለህ/ሽ? መልስህ/ሽ አዎ ከሆነ ወደ ጥያቄ ቁጥር 524 እለፍ/ፊ	1 አዎ 2 አይ	
523	የማትወያዩ ከሆነ ምክንያቱ ምንድነው ብለህ/ሽ ታስቢያለሽ/ህ?	1 በባህል ተቀባይነት የለውም 2 እፍረት 3 የእውቀት ማነስ 4 ወላጆች ጥሩ አዳማጮች አይደሉም 5 ወላጆች ከልጆች ጋር የመግባባት ችሎታ	

		የላቸውም 6 እርዕሶቹ ከባድና የሚያበሳጩ ናቸው 88.አላውቅም 99.ሌላ ካለ ይገለፅ	
524	አዎ ካልክ/ሽ ውይይቱን በአብዛኛው ግዜ ከማን ጋር ታደርጋለህ/ሽ	1 ከአባት ጋር 2 ከእናት ጋር	
525	ምን ያህል ግዜ ስለ አልተፈለገ እርግዝና ከወላጆችህ/ሽ ጋር ተወያይተሻል/ሀል?	1 በጣም በብዛት 2 በብዛት 3 አንዳንዴ	
526	ከወላጆች ውጪ ከማን ጋር ትወያያለህ/ለሽ	1. ከጓደኞች ጋር 2. ከእህት ጋር 3. ከወንድም ጋር 99.ሌላ ካለ ይገለፅ	
527	ምን ያህል ግዜ ስለ አልተፈለገ እርግዝና ከወላጆችህ/ሽ ጋር ተወያይተሻል/ሀል?	1 በጣም በብዛት 2 በብዛት 3 አንዳንዴ	
528	ከጋብቻ በፊት የግብረስጋ ግንኙነት ስለአለማድረግ ከወላጆችህ/ሽ ጋር ተወያይተህሽ ታውቃለህ/ሽ? መልስህ/ሽ አዎ ከሆነ ወደ ጥያቄ ቁጥር 530 እለፍ/ፊ	1 አዎ 2 አይ	
529	የማትወያዩ ከሆነ ምክንያቱ ምንድነው ብለህ/ሽ ታስቢያለሽ/ህ?	1 በባህል ተቀባይነት የለውም 2 እፍረት 3 የእውቀት ማነስ 4 ወላጆች ጥሩ አዳማጮች አይደሉም 5 ወላጆች ከልጆች ጋር የመግባባት ችሎታ የላቸውም 6 እርዕሶቹ ከባድና የሚያበሳጩ ናቸው 88.አላውቅም 99.ሌላ ካለ ይገለፅ	
530	አዎ ካልክ/ሽ ውይይቱን በአብዛኛው ግዜ ከማን ጋር ታደርጋለህ/ሽ	1 ከአባት ጋር 2 ከእናት ጋር	
531	ምን ያህል ግዜከጋብቻ በፊት የግብረስጋ ግንኙነት ስለአለማድረግ ከወላጆችህ/ሽ ጋር ተወያይተሻል/ሀል?	1 በጣም በብዛት 2 በብዛት 3 አንዳንዴ	
532	ከወላጆች ውጪ ከማን ጋር ትወያያለህ/ለሽ	1. ከጓደኞች ጋር	

		2. ከእህት ጋር 3. ከወንድም ጋር 99.ሌላ ካለ ይገለፅ	
533	ምን ያህል ግዜከጋብቻ በፊት የግብረስጋ ግንኙነት ስለአለማድረግ ከወላጆችህ/ሽ ጋር ተወያይተሻል/ሀል?	1 በጣም በብዛት 2 በብዛት 3 አንዳንዴ	
534	ስለ ኮንዶም ከወላጆችህ/ሽ ጋር ተወያይተህሽ ታውቃለህ/ሽ? መልስህ/ሽ አዎ ከሆነ ወደ ጥያቄ ቁጥር 536 እለፍ/ፊ	1 አዎ 2 አይ	
535	የማትወያዩ ከሆነ ምክንያቱ ምንድነው ብለህ/ሽ ታስቢያለሽ/ህ?	1 በባህል ተቀባይነት የለውም 2 እፍረት 3 የእውቀት ማነስ 4 ወላጆች ጥሩ አዳማጮች አይደሉም 5 ወላጆች ከልጆች ጋር የመግባባት ችሎታ የላቸውም 6 እርዕሶቹ ከባድና የሚያበሳጩ ናቸው 88.አላውቅም 99.ሌላ ካለ ይገለፅ	
536	አዎ ካልክ/ሽ ውይይቱን በአብዛኛው ግዜ ከማን ጋር ታደርጋለህ/ሽ	1 ከአባት ጋር 2 ከእናት ጋር	
537	ምን ያህል ግዜ ስለ ኮንዶም ከወላጆችህ/ሽ ጋር ተወያይተሻል/ሀል?	1 በጣም በብዛት 2 በብዛት 3 አንዳንዴ	
538	ከወላጆች ውጪ ከማን ጋር ትወያያለህ/ለሽ	1. ከጉደኞች ጋር 2. ከእህት ጋር 3. ከወንድም ጋር 99.ሌላ ካለ ይገለፅ	
539	ምን ያህል ግዜ ስለ ኮንዶም ከወላጆችህ/ሽ ጋር ተወያይተሻል/ሀል?	1 በጣም በብዛት 2 በብዛት 3 አንዳንዴ	
540	ጉርምስና በሚጀምርበት ወቅት ስለሚከሰቱ የሰውነትና የስነልቦና ለውጦች ከወላጆችህ/ሽ ጋር ተወያይተህሽ ታውቃለህ/ሽ? መልስህ/ሽ አዎ ከሆነ ወደ ጥያቄ ቁጥር 542 እለፍ/ፊ	1 አዎ 2 አይ	
541	የማትወያዩ ከሆነ ምክንያቱ ምንድነው ብለህ/ሽ ታስቢያለሽ/ህ?	1. በባህል ተቀባይነት የለውም 2. እፍረት	

		3.የእውቀት ማነስ 4. ወላጆች ጥሩ አዳማጮች አይደሉም 5. ወላጆች ከልጆች ጋር የመግባባት ችሎታ የላቸውም 6. እርዕሶቹ ከባድና የሚያበሳጩ ናቸው 88.አላውቅም 99.ሌላ ካለ ይገለፅ	
542	አዎ ካልክ/ሽ ውይይቱን በአብዛኛው ግዜ ከማን ጋር ታደርጋለህ/ሽ	1 ከአባት ጋር 2 ከእናት ጋር	
543	ምን ያህል ግዜ ጉርምስና በሚጀምርበት ወቅት ስለሚከሰቱ የሰውነትና የስነልቦና ለውጦች ከወላጆችህ/ሽ ጋር ተወያይተሻል/ህል?	1 በጣም በብዛት 2 በብዛት 3 አንዳንዴ	
544	ከወላጆች ውጪ ከማን ጋር ትወያያለህ/ለሽ	1. ከጉደኞች ጋር 2. ከእህት ጋር 3. ከወንድም ጋር 99.ሌላ ካለ ይገለፅ	
545	ምን ያህል ግዜ ጉርምስና በሚጀምርበት ወቅት ስለሚከሰቱ የሰውነትና የስነልቦና ለውጦች ከወላጆችህ/ሽ ጋር ተወያይተሻል/ህል?	1 በጣም በብዛት 2 በብዛት 3 አንዳንዴ	
546	እናትህ/ሽ በስነተዋልዶ ጤና እና በግብረስጋ ግንኙነት ለማድረግ ግልፅ ነች?	1 አዎ 2 አይ 3 አላውቅም	
547	የወላጆችህን/ሽን በስነተዋልዶ ጤና እና በግብረስጋ ግንኙነት ጉዳዮች ላይ ለመወያየት ያላቸውን ችሎታ ምን ያህል ነው ብለህ/ሽ ታስቢያለሽ/ህ	1. ዝቅተኛ 2. መካከለኛ 3. ከፍተኛ	

VI. የመለስካቸውን/ሻቸውን መልሶች በተመለከተ ምን አይነት ስሜት አለህ/ሽ?

ከእውነታው ያነሰ ነው ☐

ከእውነታው የተጋነነ ነው ☐

DECLARATION

I, the undersigned declare that this thesis is my original work, and has not been presented for a degree in this or another university and that all sources of materials used for the thesis and all people and institutions that gave support for this work have been duly acknowledged.

Name: Martha Fikre

Signature: _____

Place Addis Ababa

Date of Submission July 13, 2009

This thesis work has been submitted with my approval as university advisor.

Dr. Mulugeta Betre	_____
Advisor's Name	Signature