

Running head: COMMUNICATION OF SEXUAL AND REPRODUCTIVE HEALTH ISSUES

Perceptions of Parents and Adolescents on Communication of Sexual and Reproductive Health  
Issues: The Case of Ambo Town

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This is to certify that the thesis presented by Ruhama Gudeta entitled: Perceptions of Parents and Adolescents on Communication of Sexual and Reproductive Health Issues: The Case of Ambo Town submitted to Addis Ababa University School of Social Work in partial fulfillment for the requirements of Master of Social Work compiles with the regulation of the University and meets the accepted standards with respects to originality and quality.

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### ***Abstract***

*Parents are the most constant figure in children's lives and can put distinctive influence on their younger children's health and personal development and their transition to sexual life. This study was a cross sectional, descriptive and case study qualitative research. This research focused on describing perception of parents and adolescents on communication of sexual and reproductive health issues. Out of non-probability sampling, purposive sampling was used to select parents and adolescents for this study. As a method of data collection, in-depth interview and focus group discussion were employed. In addition, secondary sources of data were exhaustively used. The data generated reveals that study participant adolescents were not provided with timely and adequate communication on sexual and reproductive health issues. The study indicated that parents-adolescents communication on sexual and reproductive health issues needs to start timely at appropriate age to help the growing adolescents to be informed about their own developments and the changes which take place during adolescence. The study identified facilitating conditions for parents-adolescents communication on sexual and reproductive health issues. These are constructive view of parents and adolescents, healthy relationship between parents and adolescents and educative television and radio programs. Hindering conditions for parents-adolescents communication on sexual and reproductive health issues were also identified by this study. These include the way parents used to grow up, fear of disapproval, lack of time and gender difference. The study indicated that parents-adolescents communication on sexual and reproductive health issues is a means by which parents teach and transfer their personal values, beliefs and expectation to their adolescents. Adolescents need to be informed about their own development and the changes which take place during adolescence timely.*

*Keywords: Adolescents, Communication on Sexual and Reproductive Health, Parents, Perception*

**Table of Contents**

	<b>Page</b>
Acknowledgment .....	3
Abstract .....	4
Table of Contents .....	5
List of Abbreviations and Acronyms .....	10
CHAPTER ONE: INTRODUCTION .....	11
1.1. Background of the Study .....	11
1.2. Statement of the Problem .....	14
1.3. Rationales of the Study .....	18
1.4. Objectives of the Study .....	20
1.4.1. General Objective .....	20
1.4.2. Specific Objectives .....	20
1.5. Research Questions .....	20
1.6. Scope of the Study .....	21
1.7. Significance of the Study .....	22
1.8. Definition of Terms .....	23
CHAPTER TWO: LITERATURE REVIEW .....	24
2.1. Introduction .....	24
2.2. Adolescent Knowledge about Sexual and Reproductive Health .....	24
2.3. Adolescent’s Sexual and Reproductive Health Concerns .....	26

COMMUNICATION ON SEXUAL AND REPRODUCTIVE HEALTH ISSUES...	6
2.3.1. Unwanted Pregnancy and Abortion.....	27
2.3.2. Early Sexual Engagement and Premarital Sexual Practices .....	29
2.3.3. Puberty and Changes Associated.....	31
2.4. Practice in Parent-Adolescent Communication.....	33
2.4.1. Experiences of Parents and Adolescents on Communication of SRH .....	35
2.4.2. Topics of Parents-Adolescents Communication.....	36
2.5. Views of Parents and Adolescents on SRH Communication.....	39
2.6. Condition that Facilitate Parent-Adolescent Communication.....	45
2.7. Condition that Hinders Parent-Adolescent Communication.....	46
2.8. Source of information for adolescent on SRH issues.....	48
2.9. Chapter Summary.....	50
CHAPTER THREE: RESEARCH METHODS .....	52
3.1. Philosophical Paradigm.....	52
3.2. Study Design .....	53
3.3. Description of Study Area.....	54
3.4. Participants of the study and Inclusion Criteria .....	55
3.5. Sampling Technique.....	56
3.6. Sample Size .....	57
3.7. Method of Data Collection.....	58
3.7.1. In-depth Interview .....	58
3.7.2. Focus Group Discussion.....	60

COMMUNICATION ON SEXUAL AND REPRODUCTIVE HEALTH ISSUES...	7
3.7.3. Secondary Source of Data .....	62
3.8. Process of Data Collection .....	62
3.9. Data Analysis Techniques .....	63
3.10. Data Quality Assurance.....	66
3.11. Ethical Considerations.....	68
3.12. Limitation of the Study .....	70
3.13. Challenges of the Study.....	70
3.14. Development of Tool .....	71
CHAPTER FOUR: DATA PRESENTATION.....	72
4.1. Introduction .....	72
4.2. Practices in Parent-Adolescent Communication .....	73
4.2.1. Parents and Adolescents Communication on SRH.....	74
4.2.2. Frequency of Parent-Adolescent Communication.....	81
4.2.3. Context of Parent-Adolescent Communication .....	84
4.2.4. Forms of Parent-Adolescent Communication .....	91
4.2.5. Topics Communicated by Parents and Adolescents.....	93
4.2.6. Helpfulness to Cope with the Changes and Pressures during Adolescence .....	96
4.3. Views of Parents and Adolescents on Communication of SRH .....	98
4.3.1. Views on the Appropriate Age to Start SRH Communication.....	98
4.3.2 Views of Parents and Adolescents on the Responsibility of Father and Mother .....	106
4.3.3. Preference of Parents and Adolescents to communicate SRH issues.....	108

4.3.4. Views on Type of Information to be communicated with Adolescents .....	111
4.3.5. Views on the Importance of Parent-Adolescent Communication on SRH issues.....	113
4.4. Conditions that Facilitate Parent-Adolescent Communication .....	116
4.4.1. Constructive view of Parents and Adolescents on the Importance of Communication .....	116
4.4.2. Parent's Awareness and Knowledge on the Issue .....	118
4.4.3. Healthy Relationship between Parents and Adolescents .....	119
4.4.4. Educative Programs and Drama on Television and Radios .....	121
4.4.5. Presence of Exemplary Family in the Neighborhood.....	123
4.4.6. Negative Reproductive Health outcome in the Community or Neighbors.....	123
4.5. Conditions that Hinder Parents-Adolescents Communication.....	124
4.5.1. The Way Parents Used to Grow up .....	124
4.5.2. Fear of Disapproval .....	126
4.5.3. Gender differences.....	127
4.5.4. Busyness or Lack of Time .....	127
4.6. Chapter Summary.....	128
CHAPTER FIVE: DISCUSSION.....	132
5.1. Introduction .....	133
5.2. Practices in Parent-Adolescent Communication .....	133
5.3. Views of Parents and Adolescents on Communication of SRH .....	136
5.4. Conditions that Facilitate Parents-Adolescents Communication.....	140

5.5. Conditions that Hinder Parents-Adolescents Communication..... 142

CHAPTER SIX: CONCLUSIONS AND SOCIAL WORK IMPLICATIONS ..... 145

6.1. Introduction ..... 145

6.2. Conclusion..... 145

6.3. Social Work Implications..... 147

6.3.1. Implication for Social Work Education..... 147

6.3.2. Implication for Social Work Practice ..... 151

6.3.3. Implication for Policy ..... 153

6.3.4. Implication for Future Researches..... 156

References..... 157

Appendixes ..... 169

**List of Abbreviations and Acronyms**

ASRH	Adolescent Sexual and Reproductive Health
DHS	Demographic and Health Survey
FDRE	Federal Democratic Republic of Ethiopia
FGD	Focus Group Discussion
MoH	Ministry of Health
RH	Reproductive Health
SRH	Sexual and Reproductive Health
STD	Sexual Transmitted Diseases
TV	Television
UN	United Nations
WHO	World Health Organization

## CHAPTER ONE: INTRODUCTION

### 1.1. Background of the Study

Reproductive health is a fundamental feature of healthy human development and of general health. It is an implication of a healthy childhood and it is crucial during adolescence and paves the stage for health in adulthood and beyond the reproductive years (UNDP & WHO, 2010). Promoting healthy practice during adolescence protects this age group from risks and ensures longer and productive lives. Adolescents aged ten to nineteen years have specific health, social and developmental needs and many face challenges as a result of poverty, lack of access to health information, services and unsafe environments that obstruct their wellbeing (Department for International Development, 2011). Adolescent and youth in Ethiopia have limited access to quality service and information and at greater risk of developing negative reproductive health outcomes.

Young people, however, are rarely provided with adequate knowledge about their own development, especially in regard to sexuality, the changing human relationships which take place during adolescence. They need to develop their capacity to communicate and make plans and decisions during a time of life in which their own autonomy is increasing (UNESCO, 1998).

Parents are the most constant figure in children's lives and can put distinctive influence on their younger children's health and personal development and their transition to sexual life (WHO, 2007). Parent-adolescent communication is more likely to promote healthy sexual development and reduce sexual risk when parents are open, skilled and comfortable in their discussion of sex related topics (Jerma & Constantine, 2010). Youth who have tough parental monitoring and those who discuss sexual matter with parents demonstrated less engagement in

sexual activity. Parental discussion on SRH issue is important to help the child to develop healthy behavioral choice and practice (Yordanos Mequanint, 2004).

Parent-adolescent communication on sexual and reproductive health issues is vital in reducing risky sexual behaviors and negative consequences of such behaviors among adolescents. Parent-adolescent communication is identified as protective factor for adolescent on sexual and reproductive health (SRH) issues like HIV/AIDS, STDs and risky behaviors (Motsomi, Makanjee, Basera & Nyasulu, 2016).

Collaborative conversation, where adolescent ask question and engage freely, specific and comprehensive communication between parent and adolescent reduce adolescent's risky behavior, attitude, promote and enable them to engage in healthy practice (Holman, 2014). Such kind of conversation promotes adolescents to openly share their experience and feeling to their parents and help them to choose the right path. Adolescents' beliefs, subjective norm and perceived behavioral control are all significant predictors of frequency of parent-adolescent sexual and reproductive health communication, with belief being the most important and gender also predicted a significant amount (Schouten, Putte, Pasmans & Meeuwesen, 2007).

Nowadays, adolescence is an age of particular vulnerability and a time in which young people are facing the sexual awakening of puberty, facing increasing social and educational demands and experimenting with more freedom, autonomy and choice than ever before. Adolescence is a time boldly characterized by hastened physical, psychological and social growth. This rapid growth during adolescence has social and psychological implication and it is potential source of emotional stress for adolescents. Adolescence is critical transitional time in life of individual it needs adequate supervision and guidance from supportive care giver or adults (Malekoff, 2004).

Sexual and reproductive health of adolescents' is defined as a state of complete physical, mental and social wellbeing not merely the absence of disease or infirmity relating to reproductive system of adolescent. World Health Organization (WHO) define adolescent as individual age from ten to nineteen and youth as individual from ten to twenty four years old (WHO, 2004). Similarly, United Nations define adolescents as individual aged ten to nineteen years old and youth as fifteen to twenty four years old (UN, 2011). The National Youth Policy of the Federal Democratic Republic of Ethiopian delineate youth as individual from fifteen to twenty nine years old (National Youth Policy of Ethiopia, 2004). However, it did not demarcate adolescent age from youth in the policy. By considering the onset of puberty for both male and female adolescents this research delineated the age range of adolescents from thirteen to eighteen years old.

In Ethiopia, although a number of studies have been conducted on adolescent sexual and reproductive health (SRH) related issues, there are few researches conducted on communication between parents and adolescent on issues related to SRH (Desalegn Gebre Yesus & Mesganaw Fantahun, 2010; Dessalegn Tesso, Mesganaw Fantahun & Fikre Enquesslassie, 2012; Solomon Zewdu, 2014; Mulatua Ayalew, Bezatu Mengistie, & Agumasie Semahegn, 2014). More specifically, there are very limited researches that explored the issue from both parents and adolescents sides (Dessalegn Tesso, Mesganaw Fantahun & Fikre Enquesslassie, 2012; Desalegn Gebre Yesus & Mesganaw Fantahun, 2010).

Generally, in Ethiopia context there are scarce researches on parents-adolescents communication on SRH issues. Moreover, there were no previous research that investigated perception of parents and adolescents on communication of SRH issues. Thus, this research has described perception of parents and adolescents on communication of sexual and reproductive

health issues in Ambo town. The research specifically focused on describing perception of parents and adolescents on communication of HIV/AIDS and STD, puberty and the biological and physical changes associated, abstinence from early sexual practice, teenage pregnancy and abortion, avoiding premarital sexual practice, opposite sex relationship (boyfriend or girlfriend) avoiding risky behavior and resisting peer pressure. Moreover, the present study described practice in parent–adolescent communication on sexual and reproductive health issues, views of parents and adolescents on communication of SRH issues, condition that facilitate and hinder parent-adolescent communication on SRH issues.

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

Internationally, a number of studies have been conducted on various dimensions of adolescent's sexual and reproductive health (Lindberg, Sonfield & Gemmill, 2008; Aspy, Vesely, Omanb, Rodine, Marshall & McLeroy, 2007; Romo, Lefkowitz, Sigman & Terry, 2002; Zhang, Bi, Maddock & Li, 2010; Jejeebhoy & Santhya, 2011). In Ethiopia and Africa too numbers of studies have been conducted on adolescent's sexual and reproductive health related matters (Alemayehu Seifu, Mesganaw Fantahun & Alemayehu Worku, 2006; Ephrem Tesfaye, 2014; Tesfaye Setegn & Abulie Takele, 2013; Solomon Zewdu, 2014; Seif & Kohi, 2014; Nwalo & Anasi, 2010).

Lindberg, Sonfield and Gemmill (2008) conducted a research on adolescent male sexual and reproductive health in the United States. They identified that until presently sexual practice during adolescence remains the norm and consequently sexual and reproductive health issues remain an important concern for their country.

Another study was conducted by Aspy, Vesely, Omanb, Rodine, Marshall and McLeroy (2007) in USA on parental communication and youth sexual behavior. Their finding stated that

parents have the opportunity and ability to influence their children's sexual behavior and decisions. This research clearly indicated the influence of parent on children sexual behavior.

Romo, Lefkowitz, Sigman and Terry (2002) conducted a study on maternal messages about dating and sexuality and their influence on Latino adolescents. Their finding indicated that mother communication with their adolescent children influences adolescents' behaviors and attitudes toward sex and adolescents' perceptions of openness in the mother-adolescent relationship.

Moreover, Jejeebhoy and Santhya (2011) conducted a study in India on parent-child communication on sexual and reproductive health matters from the perspectives of mother and father of youth. The findings identified that parents have limited knowledge and understanding of the issues related to sexual and reproductive health matters of youth to provide accurate and timely information for their children.

Another researchers, Seif and Kohi (2014) studied caretaker-adolescent communication on sexuality and reproductive health issues in Zanzibar. The findings indicated the importance of communication between caretaker-adolescents on sexual and reproductive health related issues to avoid the problem associated.

In Ethiopian context a number of studies have been conducted on adolescent sexual and reproductive health matters (Alemayehu Seifu, Mesganaw Fantahun & Alemayehu Worku, 2006; Ephrem Tesfaye, 2014; Alemayehu Bogale & Assefa Seme, 2014; Tesfaye Setegn & Abulie Takele, 2013); Solomon Zewdu, 2014). Alemayehu Seifu, Mesganaw Fantahun and Alemayehu Worku (2006) studied reproductive health needs of out of school adolescents in North West Ethiopia. Their findings revealed that early and unprotected sexual activity and misunderstanding about HIV/AIDS were found to be dominant in the study population. Ephrem Tesfaye (2014)

conducted a study on reproductive health problems, service preference and utilization among high school adolescent girl students in Adama town. The findings of this study show that participants of the study practiced premarital first sexual activity at mean age of 16.86 years and due to unsafe sexual practice adolescents had history of unintended pregnancy and sexually transmitted diseases.

In another similar finding, Alemayo Bogale and Assefa Seme (2014) researched on premarital sexual practices and its predictors among in-school youth of Shendi town East Gojjam Zone. Their finding revealed that a significant number of in-school youth had started premarital sexual practice at mean age of 16.48 and 15.89 years for male and female youth respectively.

Solomon Zewdu (2014) conducted a study on parent-adolescent communication on sexual and reproductive health issues among Ayer Tena Preparatory school students in Addis Ababa. His finding showed that 75.9% of the study participants (adolescents) acknowledged the importance of communication with parent and identified that different demographic factors like gender, education level of the parent, age of adolescent, and attitude of parent or adolescent on the issue influence the communication with their parent.

Other similar study has been conducted by Dessalegn Tesso, Mesganaw Fantahun and Fikre Enquselassie (2012) on parent-young people communication on sexual and reproductive health issues in East Wollega Zone. And their finding revealed that parent-young people communication is infrequent and delivered in form of warning and threatening ways.

Other researchers like Zemenu Yohannes and Berhane Tsegaye (2015) researched barriers to parent-adolescent communication on sexual and reproductive health issues among secondary and preparatory school students in Yirgalem. And the study revealed that lack of communication skill, embarrassment and cultural taboos are the factors that hinder parent and

adolescent from discussing issues related to SRH. Similarly, Tesfaye Tsegaye, Haji Kedir and Abera Kenay (2014) have conducted a study on factors that affect parent-adolescent discussion on reproductive health issues in Harar. The study found out that parent-adolescent discussion on reproductive health issues is seldom and restricted by lack of knowledge, sociocultural norms and parental attitude that discussion of these issues encourage premarital sex.

Other groups of researchers Mulatuwa Ayalew, Bezatu Mengistie and Agumasie Semahegn (2014) conducted a study on parent-adolescent communication on sexual and reproductive health issues among high school students in Dire Dawa. The findings revealed that communication between parents-adolescents on SRH issue was at low level.

Most of the studies that have been conducted so far on parents-adolescents communication on sexual and reproductive health involved only adolescents (Zemenu Yohannes, Yonas Girma, Shimels Hussien and Bazezew Fekad, 2015; Solomon Zewdu, 2014; Zemenu Yohannes & Berhane Tsegaye, 2015). There are also studies that explored parents-adolescents communication on sexual and reproductive health matters by involving both parents and adolescents (Dessalegn Tesso, Mesganaw Fantahun & Fikre Enquesselassie, 2012; Mulatuwa Ayalew, Bezatu Mengistie & Agumasie Semahegn, 2014; Tesfaye Assebe , Haji Kedir & Abera Kenay, 2014; Desalegn Gebre Yesus & Mesganaw Fantahun, 2010). However, none of these studies addressed perception of parents and adolescents on communication of SRH issues.

As far as the knowledge of the researcher concerned, there was no previous research that investigated perception of parents and adolescents on communication of sexual and reproductive health issues. Thus, this study has described views of parents and adolescents on communication of SRH, practice in parent-adolescent communication, facilitating and hindering condition for parent-adolescent communication on SRH issues.

### 1.3. Rationales of the Study

Different rationales motivated the researcher to undertake the thesis on the perception of parents and adolescents on communication of sexual and reproductive health in Ambo Town. First, adolescent's sexual and reproductive health issue is one area of social work intervention and social workers are expected to work with parents and adolescents to promote healthy practices and choice. As a professional social worker the researcher want to work with adolescents and their parents on issues related to adolescent's sexual and reproductive health issues. In this regard, I want to work and help adolescents who are at critical transitional time.

Evidences such as Federal HIV/ AIDS Prevention and Control Office of Ethiopia (FHAPCO, 2011) also clearly indicated that young people aged at 15-19 are vulnerable and at risk to sexual transmitted disease due to various reasons. Some of the reasons include: sexual experimentation; unprotected causal sex and multiple sexual partners; lack of knowledge about sexual and reproductive health; early sexual debut and peer pressure; harm full traditional practices like early marriage; engaged in high risk sexual practices and lack of parental presences or distractive parental influences. These evidences implied that the gap in the parent-adolescent communication on sexual and reproductive health issues is one of the major reasons for multiple sexual and reproductive health challenges of adolescents. Hence, the available suggestions triggered the researcher to look for the perceptions of parents and adolescents on communication of sexual and reproductive health issues in Ambo Town.

Ambo town was selected for this study because the researcher knows the area very well as well as the researcher is familiar with the community and their culture. As a result, this helps the researcher to easily penetrate into the community to collect data. The other rationale for selecting Ambo for this study is that the researcher has observed and has been informed of the

prevalence of adolescent's sexual and reproductive health related problem in the town. The researcher prior to conducting this research has been informed that Ambo town's HIV prevalence rate is higher than the national average. National HIV prevalence rate is 1% while Ambo town prevalence rate is 1.4%. Ambo is among one of the ten HIV prevalent towns of Oromia and among one of the twenty HIV prevalent towns of Ethiopia. However, according to the Head of Ambo *Woreda* health officer (2016) the prevalence rate of HIV/AIDS among adolescents age group is not clearly known.

The data gained from Coordinator of Youth Office of the town indicated that, the prevalence of sexual and reproductive health related problem among youth is high in the town (Personal Communication, 2016). It was indicated that the prevalence of HIV/AIDS is increasing among all age groups including youth and adolescents. Moreover, the data gained indicated that there is high prevalence of teenage pregnancy and children out of wedlock. The coordinator indicated that the number of abandoned infant found on the street is increasing. Moreover, it was indicated that the number of adolescent who got engaged in early sexual activity is increasing, great number of adolescents use alcohol, Khat, *Shisha* and cigarette and their number is also increasing. According to the information obtained, absenteeism from school is also increasing among school age adolescents and peer pressure among adolescents are higher in the town and adolescents engage in different risky behaviors and activities at school hours. High prevalence of sexual and reproductive health related problem among adolescent and young people motivated the researcher to conduct the research in Ambo town.

## **1.4. Objectives of the Study**

### **1.4.1. General Objective**

The general objective of this study is describing perception of parents and adolescents on communication of sexual and reproductive health issues in Ambo town.

### **1.4.2. Specific Objectives**

1. To describe practices in parents-adolescents communication on sexual and reproductive health issues in Ambo town.
2. To investigate views of parents and adolescents on communication of adolescent's sexual and reproductive health issues in Ambo town.
3. To investigate conditions that facilitates parents-adolescents communication on sexual and reproductive health issues in Ambo town
4. To identify conditions that hinder parents-adolescents communication on sexual and reproductive health issues in Ambo town.

## **1.5. Research Questions**

1. What are the practices in parents-adolescents communication on sexual and reproductive health issues in Ambo town?
2. What are the views of parents and adolescent on communication of adolescent's sexual and reproductive health issues in Ambo town?
3. What condition facilitates parents-adolescents communication on sexual and reproductive health issues in Ambo town?
4. What condition hinders parents-adolescents communication on sexual and reproductive health issues in Ambo town?

### **1.6. Scope of the Study**

The study was conducted in Ambo town, West Showa Zone. The research specifically conducted in *Kebele* 01 of Ambo town. This study was confined to describing perceptions of parents and adolescents on communication of sexual and reproductive health issues; specifically, it focused on investigating perception of parents and adolescents on communication of HIV/AIDS and STD, puberty and the biological and physical changes associated, abstinence from early sexual practice, teenage pregnancy and abortion, avoiding premarital sexual practice, opposite sex relationship (boyfriend or girlfriend) avoiding risky behavior and resisting peer pressure. These components of SRH specifically selected due to the fact that great number of literatures indicated that adolescents are vulnerable to contracting HIV/AIDS, sexually transmitted diseases, unwanted pregnancy and abortion and adolescents lack adequate information and knowledge about puberty and the physical changes associated, they are more getting engaged in early sexual activities and experimenting with drug and alcohol. Important trends in the area of adolescent sexual behavior include sexual experience and activity, pregnancy, sexually transmitted infections including HIV/AIDS (Meschke, Bartolomae & Zentall, 2002). Each year around the globe, 16 million adolescent girls aged 15-19 years old give birth and most of this occurred in developing countries. In 2008, there were an estimated 3 million unsafe abortions among adolescent aged 15-19 years old (WHO,2011; 2012).

The participants of this research were male and female adolescents aged 13-18 years old and their parents either father or mother. Adolescents aged 10-12 years old were not participated in this study since they are less likely to provide a detailed account of their experience compared to adolescents above 13 years old. Moreover, married adolescents were not included in this

study. In addition, adolescents who were not living with their biological parents at the time of the study were not included in this research.

This study has limited its scope to describing views of parents and adolescents on communication of SRH, practice in parent-adolescent communication, conditions that facilitate and hinder parents-adolescents communication on sexual and reproductive health issues.

### **1.7. Significance of the Study**

In Ethiopia there are limited researches conducted on parents-adolescents communication on sexual and reproductive health related issues. This study is believed to contribute to the working knowledge so far developed and fill the knowledge gaps in this issue. Many of the researches related to adolescent's sexual and reproductive health issues are conducted in the capital city, Addis Ababa, and other cities like Dire Dawa, Harar and Adama. This study was conducted in Ambo Town, West Shoa Zone.

The study helped to know what the situation looks in the study area. Moreover, it is also hoped that, the findings of this study provides information and insights by generating details on perceptions of parents and adolescents on communication of sexual and reproductive health issues specifically on issues related to HIV/AIDS and STD, puberty and the biological and physical changes associated, abstinence from early sexual practice, teenage pregnancy and abortion, avoiding premarital sexual practice, opposite sex relationship (boyfriend or girlfriend) avoiding risky behavior and resisting peer pressure. Moreover, this study attempted to generate evidence based information for concerned government bodies and policy makers to consider the situation and to design an appropriate intervention strategy. The findings of this study are important for social work professionals who work in the area of adolescent's sexual and reproductive health related issues. Based on the data of this study, the role of the social workers

when they work in family context on areas of parent-adolescent communication on sexual and reproductive issues are forwarded.

### **1.8. Definition of Terms**

**Adolescence-** is a critical transitional time that boldly characterized by rapid physical, psychological and social growth (Malekoff, 2004).

**Adolescent-** the term adolescent is used in this study to identify any person between ages of 13-18 years old.

**Communication-** refers in this research as exchange of ideas, information, norms and beliefs between parent and adolescent on sexual and reproductive health issues.

**Communication between parents and adolescents on SRH issues-** in this study it refers to exchange of ideas, information, norms and beliefs between parents and adolescents on issues like HIV/AIDS and STDs, puberty and the biological and physical changes associated, abstinence from early sexual practice, teenage pregnancy and abortion, avoiding premarital sexual practice, opposite sex relationship (boyfriend or girlfriend) avoiding risky behavior and resisting peer pressure.

**Parent-** for the purpose of this study parent refers to only biological parents of the adolescent either father or mother and it does not include siblings or other guardians of the child.

**Perception-** in this study used to indicate that view and opinion of parents and adolescents on communication of sexual and reproductive health issues.

**Sexual and Reproductive Health (SRH) -** in this study SRH refers to HIV/AIDS and STD, puberty and the biological and physical changes associated, abstinence from early sexual practice, teenage pregnancy and abortion, avoiding premarital sexual practice, opposite sex relationship (boyfriend or girlfriend) avoiding risky behavior and resisting peer pressure.

## **CHAPTER TWO: LITERATURE REVIEW**

### **2.1. Introduction**

This section briefly presents a review of relevant literature which mainly deals with adolescents' sexual and reproductive health issues. This chapter broadly reviewed research data or findings, books and other related literatures on issues related to parent-adolescent communication on sexual and reproductive health. The works of different scholars at national and international levels were reviewed.

This chapter briefly discussed about adolescent knowledge about sexual and reproductive health (SRH), adolescent's sexual and reproductive health concerns, practice in parent-adolescent communication, views of parents and adolescents on SRH communication, condition that facilitate parent-adolescent communication, condition that hinders parent-adolescent communication and source of information for adolescent on SRH issues.

Existing literatures were thoroughly reviewed in line with the area of the study. The reviews were mainly conducted on journal articles, books and thesis. The review was focused on major findings of researches in relation to the issues under study. The review helps to identify gaps, support the study with existing literatures and compare it with previous research findings.

### **2.2. Adolescent Knowledge about Sexual and Reproductive Health**

Young people are rarely provided with adequate knowledge about their own development, especially in regard to sexuality, the changing human relationships which take place during adolescence. They need to develop their capacity to communicate and make plans and decisions during a time of life in which their own autonomy is increasing (UNESCO, 1998).

Female college students or adolescent girls lack knowledge on sexual and reproductive health matters and their knowledge are influenced by different socio-demographic factors like

age, grade, menarche age, family residence, being the only child and mother occupation. All these are significantly related to knowledge of adolescent girls on SRH issues. Family environmental factors have an important impact on sexual and reproductive health knowledge. Family size has an impact on parent-child relationship. Single child who haven't siblings can get more parental attention and concerns than family context of many siblings. Youth who live in urban areas have more knowledge, which may be correlated with economic development and education levels. The students from urban areas have better education, easy information exchange and broader knowledge channels (Zhang, Bi, Maddock & Li, 2010).

A study by Alemayehu Seifu, Mesganaw Fantahun & Alemayehu Worku (2006) revealed that knowledge on reproductive health issues appeared to be good however several misconceptions were observed. Early and unprotected sexual activity and misconception about HIV/AIDS were found to be widespread and rural out of school adolescents are at the greatest risk of sexual and reproductive health related problem in rural and urban areas in Northwest Ethiopia. On the other hand, Tesfaye Setegn and Abulie Takele (2013) demonstrated that the majority of students don't have adequate awareness on sexual and reproductive health risks and have exhibited high risk reproductive health behaviors. Similarly, Lelissie Yohannes (2016) revealed that reproductive health knowledge and services utilization is low amongst adolescents. Further the findings of this research revealed that age, sex and having access to radio were the factors that determine reproductive health knowledge of adolescents.

According to Mitsiwat Abebe and Eshetu Ejeta (2015) university adolescents have low knowledge of reproductive health, its components, and problems associated and the prevention methods. Their findings further revealed that a great number of university students started sexual activity before the age of eighteen years and don't use reproductive health services.

### **2.3. Adolescent's Sexual and Reproductive Health Concerns**

Individual reproductive health needs differ at every stage of life and these health statuses reflect cumulative effects and experiences that occurred in the previous life stage. Reproductive health is important for healthy social, economic and human development. Moreover, inability to address reproductive health concerns may result in future health complications. Reproductive health is a fundamental feature of healthy human development and of general health. It is an implication of a healthy childhood and it is crucial during adolescence and paves the stage for health in adulthood and beyond the reproductive years (UNDP & WHO, 2010). In many parts of the world adolescents face pressures to engage in sexual activity and young women especially low income adolescents are more vulnerable to negative sexual behaviors. Moreover, sexually active adolescents both male and female are more and more exposed to contracting and transmitting sexually transmitted disease like HIV/AIDS and they are inadequately informed of how to protect themselves (UNESCO, 1998).

Trends in the area of adolescent sexual behavior include sexual experience and activity, pregnancy, sexually transmitted infections including HIV/AIDS. Although the numbers of adolescents engaging in sexual activity have decreased the percentage of adolescents initiating intercourse at an early age has increased. Teen pregnancy rates have decreased marginally however; U.S rates continue to exceed 1980 rates and remain the highest of any developed nations (Meschke, Bartolomae & Zentall, 2002).

Adolescents are at the greatest risk of developing all sexually transmitted infections especially female adolescents are more vulnerable than male. Two third of new infections are among female adolescents aged 15-19 years old (Chinsebu, 2009).

A study conducted by Lindberg, Sonfield and Gemmill (2008) revealed that adolescent males are practicing safer sexual practice and experiencing healthier outcomes than their predecessors. Recently, adolescent males have tended to start having sex later in life, have fewer sexual partners and use contraceptive methods more often. They are not only postponing the time they first have sexual intercourse, they are having fewer sexual partners than they did in the previous time. The number of partner is an important determinant of sexually transmitted infection transmission; therefore reduction in sexual partner has potentially positive implications for health outcomes. Nevertheless, sexual activity during adolescence remains the norm and thus adolescent sexual and reproductive health remains an important concern.

A group of researchers Kohler, Manhart and Lafferty(2008) identified that teen pregnancy were significantly correlated with older age, black race, lower household income, non-central city metropolitan residence and non-intact family unit status. Moreover, they stated that sexually transmitted disease is common among females than males.

### **2.3.1. Unwanted Pregnancy and Abortion**

There were 16 million births to adolescent mothers aged 15- 19 years in 2008. This represents 11% of all births globally. The majority of these births almost 95 % of it occurred in low and middle income countries. This report by World Health Organization indicated that though adolescent birth rates are declining, the absolute number of births has declined less due to the rise in the adolescent population. Pregnancies and births among adolescents aged 10-14 years are fairly rare in most countries. Since 2000, in some sub-Saharan African countries, the proportion of women who give birth before the age of 15 years has ranged from 0.3% to 12%. In Latin America, birth in adolescent group age 10-14 years represented less than 3% of all births among adolescents (World Health Organization, 2012). Adolescent aged 15-19 years old are

more vulnerable to unintended pregnancy than older women. Similarly, unmarried women are at high risk of unintended pregnancy than ever married women (Ikamari, Izugbara & Ochako, 2013).

In spite of recent decline, teen pregnancy rates remain high in many countries. Adolescence pregnancy rates declined in most developed nations since the mid-1990s. However, the rate for United States is exceptionally high. Moreover, the rate is higher in Sub-Saharan Africa and in some former Soviet Union countries. The pregnancy rate among adolescent age 15-19 year old was the highest in United States and the lowest rate was in Switzerland. The highest pregnancy rate for adolescent age 10-14 years old was in Hungary. The proportion of adolescent pregnancies that ended in abortion was lowest in Slovakia (17%) and highest in Sweden (69%). The proportion of pregnancies that ended in live births tended to be higher in countries with high teen pregnancy rates (Sedgh, Finer, Bankole, Eilers & Singh, 2014). In addition, they indicated that teen pregnancy was much higher in United States, Mexico and in Ethiopia. Pregnancy, birth and abortion rates are far lower among young adolescents (10-14 years old) than among older adolescent (15-19 years old).

Each year around the globe, 16 million adolescent girls aged 15- 19 years old give birth and most of this occurred in developing countries. Childbirth at an early age is linked to greater risk for the mother. Complication during pregnancy and childbirth is the leading causes of death in adolescent aged 15-19 years old in middle and low income countries. In 2008, there were an estimated 3 million unsafe abortions among adolescent aged 15-19 years old. 65% of women with obstetric fistula developed this problem during adolescence with terrible consequence for their lives. It is recognized that a growing number of adolescent pregnancies contribute to

maternal mortality, perinatal and infant mortality and result in ill health and poverty (WHO, 2011; 2012).

Unplanned birth for unmarried adolescent and young women result in dropout of school, rejection from family and community and in some case forced to marry and physical harm (Singh, Sedgh, & Hussain, 2010). Unwanted pregnancy was 7.82 times higher among girls who encountered unexpected sexual intercourse when compared to those who had not encountered. Moreover, this study noted out that those female students who use alcohol was 8.4 times more likely to have had unwanted pregnancy than those students who had not used alcohol (Motuma Getachew & Amene Abebe, 2015). Lack of access to contraceptive methods, reproductive health education and service and sociocultural factors contributed to the increase of unintended pregnancy among adolescent (Nalenga, 2012).

### **2.3.2. Early Sexual Engagement and Premarital Sexual Practices**

The mean age for first sexual activity for girls were 15 years whereas for boys between 16 to 17 years. There are also girls who started their first sexual practice as early as 13 years old (Nalenga, 2012).

Aspy, Vesely, Oman, Rodine, Marshall, and McLeroy (2007) identified socioeconomic factors for early sexual practice and its predictors. Older youth and those youth who live in single-headed households were noticeably more likely to have had sexual intercourse. Youth who live in high income families were considerably less likely to have had sexual intercourse and this shows that parental income has a considerable relation with children sexual behavior and as income increased the number of youth reporting had sexual intercourse declined. Generally, youth from high income family background were considerably less likely to have had sexual intercourse than low income family children. As the income of the parent increase the number of

youth reporting having had sexual intercourse decline. Another study demonstrated that excessive money spending predicts early sexual activity and having more sexual partners for male (Wight, Williamson & Henderson, 2006).

Ephrem Tesfaye (2014) conducted a study on reproductive health problems and his study revealed that adolescent had started premarital sexual practice before reaching seventeen years old at mean age of 16.86 years. Because of unsafe sexual practice female adolescents had faced STD and unsafe abortion due to unintended pregnancy.

A significant number of school adolescents had started premarital sexual practiced that might predispose them to different sexual and reproductive health problem (Assefa Seme & Dessalegn Wirtu, 2008). Another similar finding is a study conducted by Alemayo Bogale and Assefa Seme (2014) and their study revealed that a considerable number of in- school youth had started premarital sexual practice at mean age of the (16. 48 and 15.89) year for male and female, respectively. Similarly another study revealed that youth below 20 years start sexual practice at mean age of 16.9 years and males become sexually active earlier than female. Although knowledge of family planning among the youth is good there are youth who experienced unintended pregnancy and resulted in negative consequence (Antenane Korra and Mesfin Haile, 1999).

Assefa Ayalew, Kidan Abreha, Ashenafi Shumey and Keste Berhane (2015) identified that there is low prevalence of sexual debut among adolescent but high prevalence of premarital practice than earlier time. They identified access to pornographic media, peer pressure, having boyfriend or girlfriend as factors that promote early sexual practice. This study revealed that adolescents engaged in different kinds of substance use like alcohol, Khat and cigarettes were the most widely practiced activities respectively. Most of the user, explained that engagements in

substance use increase their desire for sexual activities. Moreover, this study identified the most widely used pornographic media as movies or films, photos and magazines respectively.

Male adolescents are highly involved in premarital sexual activity than their counterparts. This could be due to high expectation of virginity for female before marriage than males and due to high parental control of female than male and more generally, lesser cultural expectation for males to remain virgin until marriage than females in Ethiopia society. Moreover, the risk factors for premarital sexual practice were age, earlier residence in rural area, having positive attitude towards premarital practice, use of drugs, having boy/girlfriend, peer pressure and watching sex movies (Getachew Mullu, Emebet Berhane & Nurilign Abebe, 2014). Moreover, the researchers indicated that adolescents who watch pornographic movies were more likely to engage in premarital sexual activities than those who don't watch such like movies. They stated that this might be due to the fact that adolescents who watch pornographic movies develop unrealistic attitude towards sex, which promote them to experiment with sexual practice early.

Premarital and early sexual activity was common practice by adolescents. Compared to male adolescents females adolescents engaged less in sexual activities at early age. The study revealed that adolescents who did not communicate with their parents about sexual issues were more vulnerable to premarital sexual practice than those who communicated (Getabalew Endazenaw & Mitsiwat Abebe, 2015).

### **2.3.3. Puberty and Changes Associated**

Adolescence is a time boldly characterized by hastened physical, psychological and social growth. This rapid growth during adolescence has social and psychological implication and it is potential source of emotional stress for adolescents (Malekoff, 2004). During this time

adolescence are very sensitive to their appearance and its relationship to peer group affiliation and this is a feasible source emotional stress for adolescents.

The onset of puberty or the time of rapid physical changes during adolescence varies among individuals and puberty usually occurs in girls between the ages of 10-14 years, while in boys it generally occurs later between the ages 12-16 (American Psychological Association, 2002). Adolescents experience rapid physical growth and development during puberty. The commencement of biological and physical growth and development during adolescence is characterized by the onset of puberty (Stang & Story, 2005).

There is variation on the onset, duration and pace of physical growth and development among individual and due to this adolescents of the same chronological age can differ significantly in physical appearance. Difference in developmental step with peers is concern to adolescents because most just want to fit in the peer group (Ruffin, 2009). Teens may be concerned that they are early or late developing than their peers and this differently affect both boys and girls. Early maturing boy seems older and take leadership position in peer groups and more responsibility is expected from him. Similarly, early maturing girls are vulnerable to experience pressure to become involved in dating relationship with older boys before they are ready for that.

Similarly, Newton (1995) indicated that changes during puberty start in girls between 9-14 years old while in boys it occurs about a year later. Pubertal growth during adolescence is observable by changes in the physical size of the child and transformation from generally undifferentiated body shape to a gender distinctive shape. Boys get taller, start to produce sperm, have deeper voice and pubic hair. Changes in girls during puberty include breast development, changes in body shape and height, growth of pubic hair and start of menstruation.

A study by Dessalegn Tesso, Mesganaw Fantahun and Fikre Enquesslassie (2012) indicated that parents and young people communicate less frequently on physical and biological changes during puberty. As a result, female suffer from fear, shame and sick during their menarche due to lack of prior discussion with parent. Adolescence is a period of transition for both adolescents and families.

Ruffin (2009) indicated that “To ensure that teens and adults navigate these transitions successfully, it is important for both to understand what is happening to the teen physically, cognitively, and socially; how these transitions effect teens, what adults can do and what supports are available.”(p. 1). It is important for parents to openly talk and discuss with adolescents and to listen to their opinion. Parents need to talk with adolescents about the risk of drugs, drinking, smoking and risky sexual activity. Also it is important to ask the adolescents what they know and think in this regard and sharing opinion with them on these issues. And more importantly, it is crucial to listen to adolescents and answer their questions honestly and directly. Moreover, parents need to discuss with adolescents the importance of choosing friends good friends who don't act in unhealthy ways.

#### **2.4. Practice in Parent-Adolescent Communication**

Parent-adolescent communication is more likely to promote healthy sexual development and reduce sexual risk when parents are open, skilled and comfortable in their discussion of sex related topics (Jerman & Constantine, 2010). Parents reported that they initiated the discussion with their children on variety of topics including sex, HIV/AIDS, pregnancy, sexuality, gender issues and their personal values on sexual behaviors (Klein, Sabaratnam, Pazos, Auerbach, Havens and Brach 2005).

Youth were less likely to have initiated sexual intercourse if their parents taught them the right behavior, how to say no, taught them what is right and wrong and about postponing sexual activity. If not if youth were sexually active they are more likely to use birth control, this is when they are taught at home about delaying sexual activity and birth control (Aspy, Vesely, Oman, Rodine, Marshall and McLeroy, 2007). The study more revealed that having only one sexual partner was associated with having an adult role model who supports abstinence, being taught at home about birth control and sexually transmitted prevention.

Miller, Benson and Galbraith (2001) conducted a review on researches conducted on areas of family relationships and adolescent pregnancy risk. Based on the research findings reviewed they identified consistent findings across studies. Parent-child connectedness, support, closeness and warmth correlated with lower adolescent pregnancy risk, delaying and reducing adolescent sexual intercourse. In addition, parental regulation, supervision and monitoring are related to lower adolescent pregnancy risk in large majority of studies. Contrary findings are a study by Somers and Paulson (2000) revealed that none of parental relationship variables such as closeness, warmth or attachment had considerable relations with sexuality outcomes. However, they stated the importance of parental communication and closeness as an opportunity to incorporate discussions and education about the potentially negative outcomes of sexual behavior. More often girls obtain reproductive health information from parents than boys and boys obtain reproductive health information from friends and religious leaders (Masatu, Kvale & Klepp, 2003). The researchers indicated that the reason for this is unclear but they stated that cultural and physiological factors may play a role.

#### **2.4.1. Experiences of Parents and Adolescents on Communication of SRH**

Adolescents' beliefs, subjective norm and perceived behavioral control are all significant predictors of frequency of parent-adolescent sexual and reproductive health communication, with belief being the most important and gender also predicted a substantial amount (Schouten, Putte, Pasmans, & Meeuwesen, 2007).

Rosenthal and Feldman (1999), stated that adolescent reported occasional nature of communication with their parents which even varied by domain and gender of parent and teen. The communication is mostly about developmental and societal concerns and sexual safety. Mothers are the more frequent communicator about sexuality than fathers and girls received more communication than boys.

Parents and adolescents rarely communicate on HIV/AIDS, STDs and physical development because of lack of knowledge and cultural norms that restrict such like discussion (Motsomi, Makanjee, Basera & Nyasulu, 2016)

A review of studies was conducted by Bastien, Kajula and Muhwezi(2011) on research conducted from 1980-2011 in sub-Saharan Africa. The review was focused on studies revolved on parent-child communication on sexuality and HIV/AIDS. The findings revealed that parent-child discussion is characterized by authoritarian, one directional, inexplicit warning rather than open and direct discussion. Similarly a study by Motsomi, Makanjee, Basera and Nyasulu (2016) explained that parent-adolescent communication on sexual and reproductive health issue is authoritarian and unidirectional.

Parents are not discussing about sexual and reproductive health related issues with their children and they only raise the issue when they observe some negative situation in the community. Even during this time parents use vague warning words rather than direct open

discussion with their adolescent children. Adolescent blame the act of their parent as judgmental and their act in regard to the issue is disrespectful of their privacy and autonomy (Solomon, 2014).

Parent-adolescent communication on issue related SRH is low, late, occurs infrequently, in warning and threatening ways (Dessalegn Tesso, Mesganaw Fantahun & Fikre Enquesselassie, 2012). There is no regular schedule for SRH related discussion in the family context. The finding identified that parent-young people communication was unfriendly, unidirectional and characterized by warning messages. Adolescent aged 15-19 were more likely than other age groups to discuss with their parents issues related to SRH. Nonetheless, parent-young people communication occurs infrequently bounded by different sociocultural factors. Furthermore, their findings indicated that educated parents are more likely to discuss this issue with their young children.

Youth who have tough parental monitoring and those who discuss sexual matter with parents demonstrated less engagement in sexual activity (Yordanos Mequanint, 2004). Parental discussion on SRH issue is important to help the child to develop healthy behavioral choice and practice. Likewise, a study by Tesfaye Assebe , Haji Kedir & Abera Kenay (2014) indicated that parent-adolescent communication on reproductive health issues rarely occur.

#### **2.4.2. Topics of Parents-Adolescents Communication**

Sexual and reproductive health issue is a very uncommon topic of discussion among parents and children and peer groups and adolescent sexual education is continued to be a controversial and disputed issue (Zhang, Bi, Maddock and Li, 2010).

Content of discussion of male adolescents with their mother and father is consistent. The commonly raised topic of discussion is HIV/AIDS and condom use. Female adolescent tended to

talk menstrual cycle with their mother, sexual abstinence with their father and sexual intercourse with their friends. Male adolescent were less comfortable talking to mothers but more comfortable talking with their father than females. Both male and female were most comfortable discussing sexual issues with their friends. Mothers were likely to report feeling at ease talking about almost all discussion topics related to sexual and reproductive health (Diorio, Kelley & Eaton, 1999).

Similarly, Klein, Sabaratnam, Pazos, Auerbach, Havens and Brach (2005) pointed out that parents are comfortable in discussing sensitive topics with their children and answering their questions on the issue. On the contrary, a study by Jejeebhoy and Santhya (2011) revealed that parents are not at ease even to discuss less sensitive topics with their adolescent children. And mothers were more likely than father to report discomfort and shyness experienced by themselves as well as their children.

Sexual and reproductive health communication between parent and adolescent is ineffective, untimely, unsupportive as needed and focus only on less sensitive (specific) topics by ignoring sensitive topics (Svodziwa, Kurete & Ndlovu, 2016). Parents don't effectively communicate sexual information with their children. It is only mother who attempt to communicate with children issues related to sexuality. Even mother start the communication untimely after the child is in trouble with sexual desires but father are unsupportive in this regard. The communication centered only on a few SRH topics. For the most part, parents fail to communicate with their adolescent children sensitive issues of sexuality like condom use, puberty, STIs and physical development, but they communicate on less sensitive topics like impacts of HIV. Generally, the researchers' demonstrated that communication between parent and children was not comprehensive and informative and as a process doesn't always involve

direct conversation between parent and adolescent in regard to preparing their growing children to handle the different changes encounter.

Some of the issues of discussion between mothers and female adolescents were protecting oneself from HIV/AIDS and STDs, and avoiding unwanted pregnancy. Mothers emphasized on safe and delayed sexual engagement to avoid unwanted pregnancies and pregnancy outside marriage (Dindili, 2014). The study indicated that most sensitive topics of sexuality like description on condom use, how HIV/AIDS and STD contracted and physical changes during puberty were not discussed.

If youth were communicated about birth control, they were more likely to report having had sexual intercourse. If the parents communicated with youth the appropriate behaviors like what is right and wrong in sexual behavior, postponing sexual activity, birth control and sexual transmitted infection prevention youth were more likely to report having intercourse. Moreover, if youth reported discussing with parents about postponing sexual activity they were considerably less likely to have had sexual intercourse than youth who did not report such discussions. Nonetheless, discussion with parent about birth control and sexual transmitted disease prevention was associated with youth having had sexual intercourse (Aspy, Vesely, Oman, Rodine, Marshall & McLeroy, 2007).

Another, similar study was a study conducted by (Mulatuwa Ayalew, Bezatu Mengistie and Agumasie Semahegn, 2014) and the findings revealed that prevention method like condom use among adolescent was related to having communication about sexual and reproductive health issues. Parents talk to their children about sexual and reproductive health issues, however; their discussion is limited to few topics. Sexual abstinence is the most commonly discussed sexual

topic followed by menstruation and HIV/AIDS while condom and contraceptive use is the hardly discussed topics (Manu, Mba, Asare, Agyarko & Asante, 2015).

Adolescent discuss sexual and reproductive health issues with their families and the widely raised issues were about boy or girlfriends (45.1%), marriage (19.6%), STI/HIV/AIDS(15.3%),drugs and alcohol (14.1%),puberty and menstrual cycle ( 5.3%), and contraceptive methods to avoid unintended pregnancy(0.7%) (Assefa Ayalew, Kidan Abreha, Ashenafi Shumey & Keste Berhane, 2015).

Similarly, a study by Desalegn Gebre Yesus and Mesganaw Fantahun (2010) revealed that there was low level of communication between parent and adolescent on issues related to sexual and reproductive health. The communication centered only on few topics like menstruation, HIV/AIDS and STD. Adolescents mostly discuss the issue more with peer than parental figures. Parent and adolescent communicate on few topics of sexual and reproductive health and the communication was not timely and comprehensive. This study indicated that young people, who perceived that their parents don't listen and give them adequate time, communicate less with their parents.

Parents and adolescents had communicated on different topics of sexual and reproductive health though it was at low in frequency and emphasis on the issues varied. The most commonly discussed topics were HIV/AIDS, puberty, unwanted pregnancy, contraceptive, sexual intercourse, condom and premarital sex (Zemenu Yohannes & Berhane Tsegaye, 2015).

## **2.5. Views of Parents and Adolescents on SRH Communication**

Teenagers or adolescent who perceive that they have a better level of communication with their parents are more likely to have positive reproductive health related outcomes

(Karofsky, Zeng & Kosorok, 2000). Adolescent use sexual and reproductive health information for different reasons such as for purpose of prevention of sexually transmitted infections, decision making on reproductive health matters, for self-knowledge, for prevention of unintended pregnancy, to inform others and for current awareness ( Nwalo & Anasi,2010).

Young people indicated that their parents are not as such responsive to them on issues related to SRH. Parents don't positively respond to young people questions on SRH issues. It is only a few parents who helpfully respond to young people's questions. The others specified that their parents don't respond to their questions related to sex and reproductive health (Dessalegn Tesso, Mesganaw Fantahun & Fikre Enquselassie, 2012).

Adolescents indicated that communication between parents and adolescents should have to begin when the child reach puberty, for girls between the ages of 9 to 15 years and for boys at 15 years. The reason for this was identified as this is the critical age or period when adolescents start to develop behavioral changes and may experiment with sexual risky behaviors as a result of physiological changes that come with age (Seif & Kohi, 2014).

In the contrary, there are parents who thought that adolescents aged 15 and above are too young to be informed about SRH matters. Teaching adolescents about sexual and reproductive health issues at this young age is like teaching them something they didn't know (Jejeebhoy & Santhya, 2011; Nundwe, 2012).

A study by Jejeebhoy and Santhya (2011) on parent-adolescent communication revealed that sexual and reproductive health communication more specifically communication on physical changes associated with puberty is clearly gendered. They stated that communication is father-son and mother-daughter or daughter-female relative. Fathers are more likely than mothers to have discussion with their son about physical changes associated with puberty, but the extent of

their communication is limited. Father almost never communicates with their daughters on this issue and daughter mostly communicates with their mother and other female relatives. Regarding the preference of youth to discuss such issue, parents noted that their children prefer to obtain this information from the extended kin network and this reduces their need to communicate with their children.

Another similar study demonstrated that both male and female adolescents were more likely to talk sexual topics with their mothers than their fathers. Nonetheless, male adolescents were more likely than female adolescents to discuss sex based topics with their father. In addition, both male and female adolescents were less likely to discuss sex based topics with their friends than with their mothers but more likely to discuss these topics with their friends than their fathers. Those adolescent who talk the issue with their mother have more conservative value compared to those who discuss with their friends who have liberal values (Diorio, Kelley & Eaton, 1999).

Similarly, a study by Jerman and Constantine (2010) confirmed the gendered nature of the communication. A considerable proportion of fathers discussed avoiding sex with preadolescent and early adolescent daughters than with preadolescent and early adolescent sons. On the other hand, for late adolescence a greater proportion discussed HIV/AIDS and other sexually transmitted infections with daughters than sons however a significant proportion discussed using protection with sons than with daughters in early, middle and late adolescent. Furthermore, 100% of mothers discussed avoiding sex with late adolescent daughters as compared with 70% who discussed the topic with late adolescent sons.

Likewise a study by Nundwe (2012) confirmed the gendered nature of the communication and explained that sexual and reproductive health communication between

parent and adolescent is gender based, as parents prefer to communicate with adolescents of the same gender; mothers prefer to talk with their daughters while father prefer to talk with their sons. Likewise a study by Motsomi, Makanjee, Basera and Nyasulu (2016) confirmed the gender nature of the communication.

Female adolescents' are more likely to discuss this issue with their mother, sister and female friends while male mainly discuss with their male friends (Dessalegn Tesso, Mesganaw Fantahun & Fikre Enquasselassie, 2012). Adolescent were comfortable discussing SRH issues with their mothers than fathers but they are more comfortable to discuss with peer group than mother or father. However, both male and female prefer similar same sex for the discussion (Desalegn Gebre Yesus & Mesganaw Fantahun, 2010).

Parents noted that their religious belief guide them on what to discuss with their adolescent children. Accordingly, they stated that they emphasized on teaching their daughters about the virtues of virginity and that they must have to forget about sexual practice until they got married and remains virgin till marriage (Motsomi, Makanjee, Basera & Nyasulu, 2016). Moreover, parents indicated that discussion with their children is based on the principle of religious teaching and their advice goes in line with their religious doctrine. So, the topics need to be communicated is determined by their religious belief.

In a study conducted by Rosenthal and Feldman (1999), adolescents indicated that parents-adolescents communication on SRH issues should have to focus on practice of safe sex, contraception, HIV, STDs, menstruation, pregnancy and physical development and body changes. In addition, it is indicated in the findings that parents and adolescents need to communicate on peer pressure and partner selection issues.

Adolescents stated that parents or caretakers should have to communicate with adolescents about risky behaviors like avoiding bad groups, abstaining from alcohol and drugs, avoiding unnecessary and unprotected sexual activity, avoiding copying other culture, HIV, STDs and teenage pregnancy (Seif & Kohi, 2014). Discussion about the use of condom was uncommon and untouched topic of discussion while information about the use of contraceptive was more interesting by adolescents. Adolescents stated that it is important to communicate with adolescents to avoid or reduce apparent risks among adolescents.

Parent-adolescent communication on sexual and reproductive health issues is vital in reducing risky sexual behaviors and negative consequences of such behaviors among adolescents. Parent-adolescent communication is identified as protective factor for adolescent SRH issues like HIV/AIDS, STDs and risk behaviors (Motsomi, Makanjee, Basera & Nyasulu, 2016). Parents agreed on the importance of sexual communication questions. If parents equip their children with the right skill, teach them about saying no, they are less likely to report having had intercourse (Aspy, Vesely, Oman, Rodine, Marshall & McLeroy, 2007).

Seif and Kohi( 2014) researched on adolescent perception of caretaker communication. They identified that adolescent believe on the importance of providing sexual and reproductive health information for them because of apparent sexual and reproductive health risky behaviors. Adolescents stated that it is necessary for caretakers to communicate with their adolescents to avoid sexual and reproductive health risky behaviors and practices. Communication between parents and adolescents make the adolescents self-confident and this in turn helps them to be capable of making informed decisions by themselves regarding their reproductive health. In addition, communication help adolescents to know the risks around them, the effect of peer

pressure and more it is helpful to know the protection methods from those risks and pressures as well. The risky behaviors identified includes having multiple sexual partners, peer pressure, early sexual debut, taking advantage of globalization, drugs, alcohol and excessive involvement in leisure activity.

Parents are really concerned about their children's transition into sexual life however constrained by different personal and sociocultural factors from supporting this transition as needed (Svodziwa, Kurete & Ndlovu, 2016). Moreover, they pointed out barriers to supportive communication as traditional norms, lack of information and limited skills from communicating with and providing them the supportive environment needed to make this transition

Younger adolescent (10-14) felt that their parents were not giving them the correct information and there was a trend to hide certain information. Consequently, the adolescents believed that their parents were not providing them the necessary and adequate information and the information provided don't help them in learning more about sexual and reproductive health issues (Matebula, Hinde, McGrath & Manda, 2015). In addition, older adolescent (18-19) indicated that the information given was about puberty, HIV and the possibility of events that might happen.

In another study conducted by Rosenthal and Feldman (1999) on adolescent's perception of parental communication about sexuality revealed that adolescent regarded parental communication about sexual and reproductive health as important and its importance varied by frequency of communication, if the communication is more frequent it is more beneficial for adolescents and if it is occasional it is not as such to help adolescents and has slight importance. They stated that if communication occurs it mainly focus on sexual safety and development and societal concerns. It is also indicated in the findings that it is important for mother than father to

communicate about sexuality and sexual communication was believed to be more important by girls than boys particularly in the area of physical development such as menstruation, physical changes or body changes, premarital sex, pregnancy, abortion, and societal concerns like safe sex, HIV and STDs.

Parents acknowledged the importance of sexual and reproductive health communication with adolescents and the need to encourage adolescents to ask questions their parents (Tesfaye Assebe, Haji Kedir & Abera Kenay, 2014). Similarly, the importance of parent-adolescent communication on sexual and reproductive health issues is emphasized by both adolescents and parents (Dessalegn Tesso, Mesganaw Fantahun & Fikre Enquesselassie, 2012).

## **2.6. Condition that Facilitate Parent-Adolescent Communication**

Good and welcoming behavior of parents identified as a facilitating condition for parent-adolescent communication on SRH issues. Adolescents were open and free to discuss with their parents about SRH related issues if their parents were welcoming, supportive and present in their life as they grow up (Motsomi, Makanjee, Basera & Nyasulu, 2016). Similarly a study by Dindili (2014) indicated that positive and friendly relationship between parent and adolescent facilitate and promote SRH communication.

Television and radio is promoting sexual and reproductive health communication in a way that this issue is being widely transmitted via these media and this reduced the shame and embarrassments associated in discussing this issue (Matebula, Hinde, McGrath & Manda, 2015).

Parents who had good knowledge and attitude on sexual and reproductive health discussion communicate more with their children than those who didn't have positive attitude and adequate knowledge on the issues (Tesfaye Assebe, Haji Kedir & Abera Kenay, 2014). This

indicates that knowledge and constructive attitude acted as facilitating condition for sexual and reproductive health communication between parents and adolescents.

## **2.7. Condition that Hinders Parent-Adolescent Communication**

Although adolescents make up a large proportion of the population in the developing world, where most humanitarian emergencies occur, their sexual and reproductive health (SRH) needs are largely unmet ( Save the Children,2009). Murriss and Rushwan (2015) in their study of adolescent sexual and reproductive health as a global challenges demonstrated that various sociocultural, economic and political factors restrict the delivery of information and services to young population. In addition, healthcare workers often act as a barrier to care by failing to provide young people with supportive, nonjudgmental and youth appropriate services.

Study by Svodziwa, Kurete and Ndlovu (2016) revealed that parents are indeed concerned about their children's transition into sexual life, however are constrained by traditional norms, lack of information and limited skills of communicating and providing them the supportive environment needed to make this transition. Similarly, a review of studies conducted by Bastien, Kajula and Muhwezi (2011) in sub-Saharan African countries pointed out barriers to parent-adolescent communication as lack of knowledge, skills, cultural norms and taboos.

There are parents who view that, discussing this issue with adolescents is like teaching them something they did not know (Jejeebhoy & Santhya, 2011). Moreover, it is indicated that cultural norms of the society made it hard for adolescents and parents to discuss the issue openly and freely. In some part of India especially in rural area both parents and adolescents feel ashamed, discomfort and embarrassment to discuss issues related to SRH. Similarly, the other

inhibiting factors identified are cultural taboos that result in discomfort and embarrassment both on the parent and on their children.

Similarly a study by Nundwe (2012) identified that attitude of parents on communication of sexual and reproductive health issues is one hindering condition for parents-adolescents communication on sexual and reproductive health issues. There are parents who view that discussing this issue with adolescent is like teaching them what they didn't know. The other findings of this study indicated that gender difference is a hindering condition for effective parents-adolescents communication on reproductive health issues like on physical development, STD and puberty. Due to the impact of gender difference parents fail to communicate with their children of the opposite sex on sexual and reproductive health related issues. Moreover, the other hindering condition identified in this study includes busyness of parents or lack of adequate time on the side of parents to spend time with their children and to give them adequate supervision. Similarly a study by Motsomi, Makanjee, Basera and Nyasulu (2016) indicated that leading a busy lives prohibit parents from communicating with their children on SRH issues.

Further study by Seif and Kohi(2014) identified barriers to communication from adolescent and caretakers side. Similarly, barriers from caretaker side includes the belief that discussion of such topics encourages promiscuity, some care takers do not find it easy to discuss matters related to sexuality with their children and others feel that adolescents know more about sexuality than them. On the other hand, barriers from adolescent side include fear of the caregivers, harsh, unfriendly and unapproachable nature of their caregiver to raise the issue with them.

Adolescents consider their parents as being unapproachable, unfriendly, and they are afraid of misunderstanding and being questioned by parents on their private issues. Such like

conditions discourage adolescents from communicating effectively with their parents (Motsomi, Makanjee, Basera & Nyasulu, 2016)

Cultural factor is one of the major factors that hinder parent from discussing openly issues related to SRH with their children (Solomon, 2014). In addition discussion of sexual and reproductive health matter in the family between parent and adolescent is considered as taboo. It is an issue that is untouched or impossible to discuss about it openly and freely with parents and adolescent are not at ease to discuss this issues with their parent. Correspondingly, according to, Mulatua Ayalew, Bezatu Mengistie and Agumasie Semahegn (2014) and Dessalegn Tesso, Mesganaw Fantahun and Fikre Enquesslassie (2012) cultural taboos, shame, lack of communication skill were reasons that hinder communication between parent and adolescent about sexual and reproductive health related matters. Moreover, Dessalegn Tesso, Mesganaw Fantahun and Fikre Enquesslassie (2012) identified barriers to parent-young people communication as embarrassment, fear of parents, non-responsiveness of parents and unwelcoming nature of parents to accept young people.

Another similar finding is a study by Tesfaye Assebe, Haji Kedir and Abera Kenay (2014) revealed that parent young people communication occur occasionally constrained by lack of adequate knowledge, sociocultural norms and parental belief that discussion of such issues promote premarital sexual practice.

## **2.8. Source of information for adolescent on SRH issues**

According to Zhang, Bi, Maddock and Li (2010) the major source of information specifically for adolescent girls on sexual and reproductive health related issues are newspapers and magazines (65.5%), classmate or friends (41.5%) and formal school education (27%). Moreover, less common source of information or knowledge identified as television (11.7%),

parents (8%) and physicians (5.1%). Similarly, in another research finding, mass media like radio, newspapers, magazines and television ranked as the primary source of reproductive health information for primary school adolescent followed by teachers and health workers. However, in regard to the credibility of the information health workers ranked first followed by parents and credibility rating for media is low. In addition contrary to other research findings this research also identified that religious leaders and friends played minor role as a source of reproductive health information and their credibility ratings were also low (Masatu, Kvale & Klepp, 2003).

According to team of researchers Nwalo and Anasi (2010) on access to and reproductive health information indicated that parents were the most accessible source of reproductive health information and the internet is least accessible one. And this research also stated that adolescents were not using reproductive health related information regularly. Conversely, Kanuga and Rosenfeld (2004) stated that internet is becoming the widely used source of information for adolescents on issues related to SRH. This is because of the ease and anonymity of internet for the users and seekers of can obtain advice and reassurance in regard to sensitive topics. The internet indeed has the prospect of health promotion in addition to the potential for harm to adolescent who is in such a crucial stage of development. Understanding how internet can positively assist adolescents at this critical stage of life is very crucial.

On the other hand, other group of researchers revealed that school is the major source of information for adolescent on SRH issues especially on puberty and reproduction (Esantsi, onyango, Quansah, Kuffour, Tapsoba, Birungi & Askew, 2015). Although school is the preferred source of information for adolescent on issues related to reproductive health girls prefer to get information on puberty from their mother.

## 2.9. Chapter Summary

This chapter has reviewed different works related to adolescent sexual and reproductive health issues at national and global levels. Different studies demonstrated that there is variation on knowledge of sexual and reproductive health related issues among adolescents. The existing literatures indicated that parent-adolescent communication on sexual and reproductive health promotes healthy practice during adolescence and protects this age group from risks and ensures longer and productive lives. Parents are the most constant figure in children lives and can put distinctive influence on their younger children health and personal development and their transition to sexual life.

Young people are rarely provided with adequate knowledge about their own development, especially in regard to sexuality, the changing human relationships which take place during adolescence. Adolescents need to develop their capacity to communicate and make plans and decisions during a time of life in which their own autonomy is increasing. Increasing number of adolescents are vulnerable to different kinds of risky behaviors like early sexual practice, experimentation with drugs and substances, HIV/AIDS, STI, unwanted pregnancy and abortions. In this regards the existing literature indicated that parent-adolescent communication is more likely to promote healthy sexual development and decrease sexual risk when parents are open, skilled and comfortable in their discussion of sex related topics.

The available literatures in Ethiopian context demonstrated that there is variation in different parts of the country in regard to parent-adolescent communication on sexual and reproductive health issues. In some areas communication was at low and in other at moderate level. There were studies that explored parents-adolescents communication on sexual and reproductive health issues, however; none of those studies addressed perception of parents-

adolescents on communication of sexual and reproductive health issues. This shows the existence of knowledge gap in this regard. Thus, by using descriptive qualitative research method presented in the next chapter, this study provided an insight on the perception of parents and adolescents on communication of sexual and reproductive health more specifically focusing on HIV/AIDS and STD, puberty and the biological and physical changes associated, abstinence from early sexual practice, teenage pregnancy and abortion, avoiding premarital sexual practice, opposite sex relationship (boyfriend or girlfriend) avoiding risky behavior and resisting peer pressure.

### **CHAPTER THREE: RESEARCH METHODS**

This chapter presents methodological approaches used to carry out this research. This chapter discussed in detail the philosophical stance used to guide actions throughout the research, the research design, participants of the study, the sampling technique and sample size, the data gathering process and data collection tools. In addition, the chapter presents the data analysis methods, quality assurance and the ethical considerations.

#### **3.1. Philosophical Paradigm**

Philosophical worldview or stance of a research explains the choice for the type of methods of approach in a research (Creswell, 2014). This research was conducted with understanding that reality is subjective to the people who are living it. Hence, the philosophical worldview that was selected to guide this research was social constructivists. The views, multiple meanings, construct and definitions of participants were understood in their specific set of conditions using the constructivist paradigm. Actions in this study were guided under the social constructivists world view.

In this world people develop subjective meaning of their experience that is varied and multiple, which force researcher to look for complexity of views, opinions and perception rather than narrowing the meaning into a few categories (Creswell, 2007). Accordingly, the interpretation people give to situations varies based on their perception of the situation and based on that perception, they interpret the issue subjectively. Adolescents and parents have diverse perception on parents-adolescents communication on sexual and reproductive health issues. Due to difference on the way they view the issues they gave diverse meaning, view and response to the issues under study. Similarly, adolescents and parents have different subjective experience, views and perception on parents-adolescents communication on SRH issues.

Thus, these subjective view, meaning and constructs of parents and adolescents were handled by using constructivist world view. Consequently, viewing issues from the perspective of people involved help the researcher to get individual feelings, opinions and understanding of the world they live in and extract their own meanings which could be diverse and numerous and this in turn enable the researcher to look into the complexity of views unique to the individual (Creswell, 2007).

While conducting this research, action in this study has been influenced by social constructivist views in many ways. The goal of research conducted from constructivist view is to depend on the participant's view of the situation as much as possible (Creswell, 2009). In the process of data collection participants were asked open ended questions and this helped them to construct their meaning and give subjective response to the questions asked. Probing questions were used by the researcher to get detailed response and clarification on the response that was not clear. In regard to data analysis and interpretation, the researcher subjectively analyzed and interpreted the meanings that participants have about the issue under study. The subjective reality of parents and adolescents on communication of sexual and reproductive health issues was analyzed subjectively and their reality is presented based on their subjective interpretation.

### **3.2. Study Design**

This research is descriptive qualitative research with case study method. Descriptive study provides detailed, highly accurate picture, background or context of a situation (Krueger & Neuman, 2006). Thus, employing this method helps to describe and provide detailed depiction of perception of parents and adolescents on communication of SRH issues. Among the five approaches of qualitative research, case study method is more appropriate to conduct this research. Case study method helps to get holistic and meaningful characteristics of real life

events (Yin, 2003). Case study method was employed in this research to get a holistic and in-depth understanding of views of parents and adolescents on the communication of SRH issues, practice in parent-adolescent communication, facilitating and hindering condition for parent-adolescent communication on SRH issues. According to Stake (as cited in Yazan, 2015) types of case studies are divided into three. These include: single intrinsic case study, instrumental case study and multiple case study. More specifically, among the three types of case study, instrumental case study is used for the purpose of this research since this study has the intention of studying one single issue that is perception of parents and adolescents on communication of SRH issues. In addition, the study aimed at focusing on the dominance of the issue.

More generally, this research is qualitative, this is because of qualitative research tends to be more open and flexible to using a range of evidence and discovering new issues and help to have an in-depth understanding of a social phenomenon at hand (Kreuger & Neuman, 2006). Thus, qualitative research was more appropriate to conduct this research to understand or describe in detail the perception, meaning, perspective and diversity of opinion parents and adolescents have toward their communication on SRH issues, to understand practice in parent-adolescent communication and to identify conditions that facilitate and hinder their communication. This research was cross-sectional since it was conducted at one point in time. This indicates that it does not show long term variation of the issue after the data collection process.

### **3.3. Description of Study Area**

The study was conducted in Ambo town, West Shoa Zone, Oromia National Regional State. West Showa Zone is one of the 18 zones of Oromia National Regional State. Ambo is the capital city of West Showa Zone and located at distance of 124 km South West of Addis Ababa

on the main road from Addis to Nekemt. Ambo lies at geographical coordinates of 8° 59'0'' north latitude and 37° 51' 0'' east longitude. According, to the new rearrangement Ambo town has five *Kebeles*. Ambo town has a total population of 107,980 out of which 52,912 are male and 55,068 are female (CSA, 2008).

Ambo is also endowed with social services which include education and health services. It has important educational and health institutions which are run by government, private and religious bodies. For the purpose of better education and health services large numbers of people come to Ambo from the surrounding *Zone*. Also a large number of adolescents and youths come to Ambo from the surrounding areas to attend education.

According to the information gained from Youth Coordinator of the town (Personal Communication, 2017), the number of adolescents aged 13-18 is not explicitly known however, the number of youth ranged from 15 to 29 is 31000, male 16000 and female 15000. There are two youth centers in Ambo town that provides different services for youths and adolescents. These youth centers are found in *Kebele* 01 and 02. They provide different services like recreational activities and ICT service. The youth centers also provide training for adolescents and youth aged fourteen and above in areas of sexual and reproductive health issues.

#### **3.4. Participants of the study and Inclusion Criteria**

In order to determine the right participants from whom the data could be collected specific inclusion criteria were set. People who fulfilled the inclusion criteria and who were willing to participate in the study were included. From each family or household selected, one parent means that either father or mother of the adolescent's and the adolescent have participated in the study. From those families who have more than one adolescent child only one of them

participated in the study. The following inclusion criteria were used for the two groups of participants respectively.

The first inclusion criteria were used to select parents of adolescents'. Accordingly, the inclusion criteria includes (1) biological parent who have adolescent child range from 13-18 years' old (2) parents who were willing to participate in the study (3) parents who were willing to give consent for the adolescent child to participate in the study.

The second inclusion criterion was used to select adolescents for this study. The inclusion criteria that were used to select adolescents for this study were (1) adolescents who ranged from 13-18 years old (2) adolescents who were living with their biological parents either father or mother or both (3) unmarried adolescent who were living with their parent (4) above all adolescents who were willing to participate in the study (5) adolescents who could get the consent/permission of their parent to participate in this study.

### **3.5. Sampling Technique**

Qualitative researchers inclined to use nonprobability or nonrandom sample. The major purpose of sampling in qualitative research is that to collect specific cases, events or actions that can clarify and develop understanding (Kreuger & Neuman, 2006). Similarly, to conduct this research, nonprobability sampling technique was employed. More specifically, from the non-probability sampling techniques purposive sampling was used. Purposive sampling is used when studying small subset of a larger population in which many members of the subset are easily identified but when the listing of all of them would be almost impossible (Babbie, 2008).

Purposive sampling is appropriate kind of sampling for special situations and it uses judgment of the researcher in selecting cases with a specific purpose in mind. Moreover, purposive sampling is used when the purpose of the research is not to generalize to a larger

population and used when aimed to gain a deeper understanding of situation (Kreuger & Neuman, 2006). Since it was impossible to include all adolescents aged 13-18 years old and their parents in this study, the above inclusion criteria was purposely used to select participants for this study.

Since, it was hard to list all parents who have adolescent children aged to 13-18 years old in *Kebele 02*, it was appropriate to use judgments of the researcher to select participants for the study. Parents who have adolescent children aged thirteen to eighteen years old and who were willing to participate in the study were purposely selected and participated in the study.

### **3.6. Sample Size**

Sample size for this study was determined by theoretical data saturation. The sample sizes of qualitative research are determined on the basis of theoretical data saturation which the point in data collection when new data no longer bring additional insights to the research questions or objectives (Mack, Woodsong, Macqueen, Guest & Namey, 2005). Thus, the data collection process continued till all the research questions is answered, the necessary data were collected and continuing data collection bring no additional insight to the research questions.

Seven adolescents aged from 13-18 years old were participated in the in-depth interview. Rationale for limiting the age range is that at age of 13-18 years old a considerable number of adolescents both male and female have already started to manifest and experience changes of puberty, characteristics of adolescence and develop sexual and reproductive health concerns. Thus, they are in need of parental communication, supervision and support. In addition, the onset of puberty or the time of rapid changes during adolescence varies among individuals and puberty usually occurs in girls between the ages of 10-14 years, while in boys it generally occurs later between the ages 12-16 (American Psychological Association, 2002). In order to accommodate

this variation on the onset of puberty during adolescence among adolescents, this research has specifically included both male and female adolescents aged 13-18 years old.

In addition, adolescents aged 10-12 are less likely to provide a detailed account of their experience compared to adolescents age 13-18 years old and this was why the age range was limited to adolescents aged 13-18 years old. In addition, parents of the adolescents either father or mother took part in the study. Accordingly, seven parents of the adolescents had participated in the in-depth interview. It was only biological parents of adolescent's who participated in the study since the researcher believed that adolescents and guardians or caregivers might have different experiences from parents-adolescents on communication of SRH issues.

### **3.7. Method of Data Collection**

As a method of data collection both primary and secondary source of data were used for conducting this research. These multiple sources of information provide wide array of information needed to provide an in-depth picture of the issue under study. Yin (2003) stated that case study method use different qualitative data collection tools like in-depth interviews, artifact, and observation. Accordingly, since case study method require the use of multiple source of information this research employed primary source of data like in-depth interviews, FGD and secondary sources like books, journal articles as well as published and unpublished documents were used.

#### **3.7.1. In-depth Interview**

The study employed in-depth interviews with two groups of people. The participants of the in-depth interviews were adolescents aged 13-18 years old and their parents. In-depth interview is a qualitative data collection technique that comprises conducting systematic

individual interviews with a small number of participants to explore their perspectives on a particular idea, event or situation. In-depth interviews are advisable when the researcher wants detailed information about a person's thoughts and behaviors or want to explore new issues in-depth (Boyce & Neale, 2006). Employing this method helped to get in-depth information regarding the issue under study. The researcher asked in-depth interview participants where they want to be interviewed and the interviews were conducted at place where suitable for them. Accordingly, all in-depth interviews with parents and adolescents were conducted at their home/place of residence. The in-depth interview was conducted with three male adolescents and four female adolescents and with each adolescent's father or mother. Similarly, the in-depth interviews were conducted with three fathers and four mothers of the adolescent's. Totally, the in-depth interviews were conducted with fourteen participants; seven adolescents and seven parents.

Semi structured interviews were used in this research this is because of qualitative researchers commonly use semi structured interviews which involve a number of open-ended questions based on the topic areas that the researcher wants to study. The open-ended nature of the questions defines the topic under investigation and provides opportunities for both interviewer and interviewees to discuss some topics in more detail. If the interviewee has difficulty answering a question or provides only a brief response, the interviewer can use cues or prompts to encourage the interviewee to think through the question further (Hancock, Ockleford & Windridge, 2007). In a semi structured interview the interviewer can also probe to elaborate on an original response or to follow a line of inquiry introduced by the interviewee. Accordingly, the researcher used probing questions to elaborate the responses forwarded by interviewees.

Furthermore, Berg (2001) stated that semi-standardized interview guide comprises the implementation of a number of predetermined questions or special topics. The questions are asked in a systematic and consistent order but the interviewer are permitted to probe far beyond the answers to their prepared and standardized questions. Moreover, the questions were prepared in words that the interviewee is familiar with and probing can also be used in order to elaborate more what the participants have answered to a question. Accordingly, the researcher used probing questions to get rich or detailed response and clarification on the responses that were not clear.

Similarly, the in-depth interviews were conducted with two groups of people; parents and adolescents. Accordingly, in-depth interviews were conducted with parents of the adolescent's and helped to answer the following four research questions: practice in parent-adolescent communication, views of parents on communication of adolescents sexual and reproductive health issues, condition that facilitate and hinder parent-adolescent communication on SRH issues. Likewise, the other in-depth interviews were conducted with adolescents and answered the following research questions: practice in parent-adolescent communication, views of adolescent on communication of SRH issues with their parents, condition that facilitates and hinders parent-adolescent communication on SRH issues. The in-depth interviews took on average from forty five minutes to one and half hours.

### **3.7.2. Focus Group Discussion**

Focus group discussions are employed for generating information on shared views and to understand the meanings that lie behind those views. In addition, focus group discussion (FGD) is appropriate in generating a rich understanding of participants' experiences and beliefs. Moreover, focus group is useful in providing insights into how people think and provide a deeper

understanding of the phenomena being studied (Nagle & Williams, 2013). Participants within a focus group responded to the topic differently and this helped to capture the diversity of opinion, views and feelings within the group in regard to the issue under study. Thus, the conducted focus group discussions helped to get diversity of opinion, views, meanings and perspectives parents and adolescents have on the issue under study. The researcher consulted adolescents and parents where they want the discussion to take place and based on their interest the place for the discussion were facilitated. And the focus group discussions with fathers and mothers were undertaken separately in *Kebeles* meeting hall, whereas, focus group discussions of males and females adolescents were conducted separately at different time in youth center.

Accordingly, before conducting the FGD, participants were arranged homogeneously based on their sex. Four focus group discussions were held with adolescents and parents separately. Moreover, since the issue under study is sensitive topic, to reduce gender influence on the data there were separate focus group discussions sessions for both male and female adolescents and for mothers and fathers. This is done to help participants to discuss the issue freely and to express their ideas openly. The ideal number for conducting focus group discussion is six to eight individuals (Morgan, 1998; 2009). Consequently, there were separate four focus group discussions with fathers, mothers, male and female adolescents and in each group there were six participants. The focus group discussions with adolescents involved those male and female adolescents' aged 13-17 years old. The FGD conducted generated rich information, ideas and participants shared their experience on the issue under study.

In the focus group discussions, adolescents discussed on practice in parent-adolescent communication, views of adolescents on SRH communication, facilitating and hindering conditions for parent-adolescent communication on SRH issues. Likewise, in parents' group

practice in parent-adolescent communication, views of parents on SRH communication, conditions that hinder and facilitate parent-adolescent communication on SRH issues were discussed. In each focus group discussions in addition to the researcher there was one note taker, who was oriented before the discussion process. Focus group discussions have taken sixty, sixty two, ninety, and one hundred ten minutes for male adolescents, female adolescents, fathers and mothers respectively.

### **3.7.3. Secondary Source of Data**

In addition, to the above two primary data collections methods, this research intensively reviewed related literature in area of adolescent's sexual and reproductive health and in particular on parent-adolescent communication on SRH issues. Secondary methods of data collection like review of books chapter, journal articles as well as published and unpublished thesis reports on sexual and reproductive health of adolescent have reviewed.

### **3.8. Process of Data Collection**

Before the start of data collection, support letter that calls for cooperation was taken from School of Social Work, Addis Ababa University. Then after, the letter of cooperation from the School of Social Work was submitted to Ambo Town Administration Office.

The researcher explained the title and the purpose of the study to the head of Ambo town administrator. In addition, potential participants of the study and the inclusion and exclusion criteria as well as the duration of the study were described for the head. Subsequently, the head wrote a support letter that indicates that the research is for academic purpose and recognition is granted. And then the researcher submitted the letter offered from the administration to *Kebele* 02 administration office.

The researcher purposely selected participants based on the inclusion criteria set. The interviews and focus group discussions were conducted after discussing with the participants on the convenient place and time for them. The settings were based on the interest of the participants. Accordingly, in-depth interview with parents and adolescents were conducted at their home and focus group discussions with fathers and mothers were undertaken separately in *Kebele 02* meeting hall. Similarly, the focus group discussions with male and female adolescents were conducted separately at youth center that is found in *Kebele 02*.

The purpose of the study was made clear for the participants and written informed consent was provided. The voice of the participants was recorded by using voice recorder. This was used only for participants who were willing to be recorded. For those who did not want to be recorded their privacy was respected and they were not recorded and during this time the researcher took memos and observed facial expressions of participants to specific issues. For those participants who allowed their voice to be recorded the researcher interviewed them while taking notes and noticing their facial expression. The interviews and focus group discussions were conducted in Afan Oromo.

### **3.9. Data Analysis Techniques**

This descriptive qualitative case study collected data from participants via in-depth interviews and focus group discussions and analyzed it by using qualitative data analysis methods. Kreuge and Neuman(2006) stated that “qualitative data are in the form of text, written words, phrases or symbols describing or representing people, actions and events in social life”(p.433). Similarly, during data collection process the researcher has taken note in written form and recorded the voice of the respondent depending on their willingness to be recorded and the collected data was transcribed for further analysis.

In qualitative research the process of collecting and analyzing data, developing and elaborating or refocusing the research questions are all going on more or less simultaneously, each influencing all of the others (Maxwell, 2005). Thus, the data analysis of this research started alongside with the data collection process through transcribing, noticing important and developing new issues that were needed to be included in the process, reviewing the collected data, memos and cleaning data throughout the process. The data that was collected from in-depth interviews and focus group discussions were transcribed, coded and thematically analyzed based on the procedure.

This research employed different tools or instruments like voice recorder, pen and notes. However, the use of voice recording was determined based on the interest of the respondents to be recorded. Data analysis of this research started with transcribing the collected data, collected through different techniques. The information collected via in-depth interviews and focus group discussions was transcribed. The voices and responses of respondents recorded during in-depth interviews and focus group discussions were transcribed for further analysis. During data collection process the researcher as much as possible tried to attentively listen and follow the conversation and take note carefully.

As a method of data analysis this research employed thematic analysis. Thematic analysis is useful and flexible forms of qualitative data analysis (Braun & Clarke, 2006). It is a method for identifying, analyzing and reporting patterns or themes within data, organize and describe data set in rich and detailed manner. Accordingly, thematic analysis was employed to analyze the data that was collected from in-depth interviews and focus group discussions. According to Braun and Clarke (2006), “theme captures something important about the data in relation to the research question and represents some level of patterned response or meaning within the data”

(p.10). Thematic analysis is useful to provide more detailed and nuanced account of one particular theme or group of themes within the data. Braun and Clarke (2006) stated that thematic analysis can be conducted within constructivist paradigm. As this research is guided by constructivist paradigm due attention was given to the subjective meaning and realities of participants while analyzing the data. Creswell (2007) also identified the most common elements of qualitative data analysis as coding, categorizing and theme.

The researcher repeatedly read through the data source to the extent that helps to be familiar with the depth and breadth of the content. The researcher read through the entire data set at least once before beginning the coding process. This helped for identification of possible ideas and patterns. While doing this the researcher took notes or mark ideas for further coding process.

After data collection the researcher transcribed the data or field notes into textual materials. After the data collected in Afan Oromo transcribed into English the coding process was followed by being guided by the research questions. In order to focus on specific characteristic of the data, systematic arrangement of the data was undertaken. Initial codes or labels were assigned as an attempt to condense the data into categories. And the researcher slowly read the recoded notes and looks for critical terms or concepts.

After coding, categorization followed and the coded data was categorized into similar and related categories. This helped to direct the data into relevant categories for analysis. The data were analyzed in ways which are more useful for the analysis process. In qualitative research categorizing is looking for patterns and grouping closely alike or very much alike data that have something in common within coded data (Saldana, 2008). Similarly, the coded data was categorized based on their similarity or relatedness. The research categorized the coded data depending on the similarity and relationship of codes.

Subsequently, after categorization of the data the process of theme was followed. Themes was developed based on categorization of the codes emerged from the data. According to Braun and Clarke (2006), “theme captures something important about the data in relation to the research question and represents some level of patterned response or meaning within the data” (p.10). In this study, themes were emerged from the categories by taking out common and significant linkages. As this research guided by constructivist views due attention was given for the participant’s meanings, views or subjective interpretations during coding and theme formation process. The saying of parents and adolescents were narrated and directly quoted when necessary to do that. For each individual theme there detailed analysis are provided.

### **3.10. Data Quality Assurance**

In order to assure trustworthiness of the data, the researcher thoughtfully conducted the data collection process. The data collection techniques in this research involved in-depth interviews and focus group discussions. Methodological triangulation was employed to accommodate the different data sources and methods used. This means that triangulation was employed to crosscheck the data collected through in-depth interviews and FGD. Kreuger and Neuman (2006) stimulated that triangulation is a process by qualitative social work researcher and it means it is better to look at something from several angles than to look at it in only one way and is one way to ensure the quality of the data.

Similarly, the data got through the in-depth interviews and focus group discussions were triangulated in order to bring trustworthy information. Triangulation was also made to check the trustworthiness of information that was collected from parents and also adolescents. The triangulated data sources were assessed against one another to cross-check and interpret the data.

The researcher tried to build a good rapport with the study participants in order to create harmonious atmosphere and trusting relationship with them and to reduce the gap between the interviewee and interviewer. Creating such inviting atmosphere for the interviews inspire participants to freely share and discuss the issue under study. Shenton (2004) stated that “Participants should be encouraged to be frank from the start of each session with the researcher aiming to establish a rapport in the opening moments and indicating that there are no right answers to the questions that will be asked.”(p.5). Furthermore, Shenton indicated that when appropriate the independent status of the researcher can also be stressed. In doing so, participants can share their ideas and experiences without fear of losing credibility.

Shenton (2004) identified four criteria for ensuring trustworthiness in qualitative research. This includes credibility, transferability, dependability, and confirmability. Credibility involves the use of appropriate and well organized research methods, peer review, adequate description of phenomenon under study and triangulation by using different types of informants. Accordingly, qualitative descriptive case study and different data collection techniques like in-depth interview and focus group discussion were employed. And the data was collected from adolescents and their parents in order to ensure trustworthiness of the information collected and this in turn helped to make triangulation of the data collected from the two groups of participants. In addition, in order to ensure credibility of the guide there was peer review of the data collection tools. The tools were distributed to MSW students to check for credibility of the interview guides. The second criterion of ensuring trustworthiness is transferability and this helped to compare phenomenon that was described in the research report with those that emerge in the situation. The researcher of this study could enhance transferability by doing thoroughly job of describing perceptions of parents and adolescents’ on communication towards sexual

reproductive health in exhaustive, comprehensive and in-depth manner as far as describing the issue from parents and adolescents is the objective of the study. More importantly, the researcher selected the participants of the study from the target population, who are the most appropriate to fit pre-specified criteria to augment transferability as far as purposive sampling technique was utilized in the study.

In order to ensure dependability all the processes within the study were reported in detail to enable future researcher to repeat the work or to gain the same result. And in-depth methodological description of the research process was presented in detail. In order to increase replicability of the study, the researcher has consulted some colleagues from higher education institutions. And the final and the fourth criteria is confirmability and in this process triangulation was undertaken to reduce effect of investigator bias on the data of the research.

### **3.11. Ethical Considerations**

The researcher obtained administrative consent from the concerned bodies and accordingly, ethical clearance was obtained from Addis Ababa University School of Social Work and Ambo town administration. Researchers have moral and professional obligation to be ethical even when the participants are not aware of ethical issues. A fundamental ethical principle of social work research is never coerce anyone into participation in the research and participation must be voluntary (Krueger & Newman, 2006). Ethical principles were followed while conducting this research. Participation in this research was based on willingness and interest of participants to take part in this study. No one was coerced or forced to participate in this study and participation was fully voluntary.

All possible efforts were ensured in order to maintain the confidentiality of the information that was collected from participants. There were not any personal identifiers on the

question guide. So, no one can able to identify who the participants were except the researcher. Moreover, any personal identifiers were not included in presenting the data of the research. Pseudo name was assigned to each case to differentiate the different response provided by the participants. It is unethical to involve incompetent like children and mentally ill people in the research process unless two conditions are fulfilled. The first requirement is legal guardian should grants written permission and the second one is the researcher follows all ethical principles against harm to subjects (Kreuger & Neuman, 2006).

This research included adolescents aged 13-18 years old and their parents. According to United Nations definition all human being below eighteen years old are considered as children. So, according to this definition adolescent aged 13-18 years old categorized as children and incompetent to provide the necessary informed consent by themselves and thus the researcher followed all ethical principles and certified written permission from their parents. Therefore, first of all the purpose of the research were made clear for parents and when they agreed to participate and willing to allow their adolescent child to participate in the study, they signed the informed consent prepared for them and for the adolescent's on behalf of them. Generally, for all adolescents who participated in this study permission or consent to participate were granted by their parents. And adolescents who participated signed the assent forms prepared after they secured permission by their parents to participate in the study. In doing so the interest of both parents and adolescents were considered to be interviewed and take part in the study. No one had coerced to participate in the study. Informed consent both for parents and adolescents are attached at the end in the annex (Appendix A and B).

### **3.12. Limitation of the Study**

This study like any others qualitative research has the following limitations. The first limitation was the non-generalizability of the study findings to the larger populations in the study area due to the nature of the research approach employed. This study was qualitative research with descriptive design and thoroughly described the perceptions of parents and adolescents on communication of sexual and reproductive health issues by purposely selecting limited number of participants without statistical representation.

The second limitation related to the use of cross sectional research design. Due to the nature of cross sectional research design it was impossible to provide long term causal relation or variation of the issue under study. The data for this research was collected at one point in time, so impossible to analyze long term variation of perceptions of parents and adolescents on communication of sexual and reproductive health issues. Thus, the data collected for this study was analyzed at one segment of time.

### **3.13. Challenges of the Study**

There were some pressing challenges this study faced during data collection. The main pressing challenge was difficulty of getting both parents and adolescents for in-depth interview. In order to avoid information bias the researcher was expected to interview parent and adolescent, in a specific family, consecutively one after the other. To do that it was very hard to get both parent and adolescent at home in similar time. Parents were busy with works not available at day time. Likewise, adolescents went to school during day time and hard to get both during day time. As a result, the researcher was forced to conduct the majority of the interviews on Saturdays and Sundays and in the late afternoon after school and work. In this regards, there

were parents and adolescents who didn't keep their promise and there were rescheduling for another day.

The other challenge was accessing parents and adolescents for focus group discussions at time suitable for all of them. Since, parents were busy in different activities during work days it was hard to get all together. The two initial schedules for focused group discussions with fathers and mothers failed due to this reason. Similarly, it was hard to get all adolescents at the same time during school days. This makes FGD with parents and adolescents challenging. Thus, focus group discussions with fathers, mothers, male and female adolescents were held on Saturdays and Sundays based on the agreement of the participants at time and place suitable for them.

The other challenge was inability to keep the agreed schedule for conducting in-depth interviews with parents and adolescents and focus group discussion with parents. Four in-depth interviews have been rescheduled and two cancelled and replaced due to difficulty to get interviewee as per their promise. Two focus group discussions rescheduled for another day. Due to these challenges, the planned data collection schedule for one month had taken two months.

### **3.14. Development of Tool**

The tools or interview guides were developed by the researcher based on the reviewed literature and research questions. The developed tools were tried to be conceptualized to specific culture of the society. The interview guides were arranged from simple to complex one.

## CHAPTER FOUR: DATA PRESENTATION

### 4.1. Introduction

This chapter presents the data generated from in-depth interviews and focus group discussions. The objectives of the study were practice in parents-adolescents communication on sexual and reproductive health issues, views of parents and adolescents on communication of sexual and reproductive health issues, facilitating and hindering conditions for parents-adolescents communication on sexual and reproductive health issues. Based on the emerged codes and categories of the data, the data of this study are interpreted according to the four research objectives with themes and sub-themes. Accordingly, this chapter is organized into four major parts. The first part present practice in parent-adolescent communication and have themes like parents-adolescents communication on SRH, frequency of parent-adolescent communication, context of parent-adolescent communication, forms of parent-adolescent communication on sexual and reproductive health issues and topics communicated between parents and adolescents.

The second part concerned with presenting views of parents and adolescents on communication of sexual and reproductive health issues. Themes such as views on the appropriate age to start SRH communication, views of parents and adolescents on responsibility of father and mother to prepare adolescent on SRH issues, preference of parents and adolescents to communicate sexual and reproductive health issues, views on the type of information to be communicated with adolescents and views on the importance of parent-adolescent communication on SRH are presented.

The third part presents conditions that facilitate parent-adolescent communication on sexual and reproductive health issues. It presents themes like constructive view of parents and

adolescents on the importance of communication, parent's awareness and knowledge on the issues, healthy relationship between parents and adolescents, educative programs on TV and radios, presence of model families in the neighborhood and negative reproductive health outcome in the community or neighbors.

The fourth part dealt with conditions that hinder parents-adolescents communication on sexual and reproductive health issues, this part presents theme like the way parents used to grow up, fear of disapproval on parents and adolescents side, gender differences and busyness or lack of time to communicate and spend time with adolescents. For the sake of ensuring confidentiality, the researcher used assigned codes to indicate the participants while presenting the data of the study instead of using their real name. Accordingly, IIF, IIM, IIB and IIG were used to indicate in-depth interview with fathers, mothers, adolescent boys and girls respectively. Detail descriptions of profile of study participants are annexed (Appendix G). At the end of the chapter summary of the data generated is presented

#### **4.2. Practices in Parent-Adolescent Communication**

Communication between parents and adolescents on sexual and reproductive health issues vary in context, frequency and issues communicated. The interviews and focus group discussions conducted identified that parents and adolescents have different practices on SRH communication. Parents indicated that they emphasized on the impact of negative sexual and reproductive health outcomes in their communication particularly on the impact of HIV/AIDS, pregnancy, abortion, engagement in risky activities like sexual practice at early age, having bad friends and experimenting with drugs or other unhealthy activities.

#### **4.2.1. Parents and Adolescents Communication on SRH**

The data generated from the study indicated that study participants have communicated on various components of sexual and reproductive health issues though the communication varies from families to families. Study participant parents have diverse experience with regard to communicating sexual and reproductive health issue with adolescents. Communication on sexual and reproductive health issues varies from family to family. The data generated from IIF-2, IIF-3 and IIG-2 indicated that they properly and firmly discuss about sexual and reproductive health issues.

Study participants parents indicated that they communicate with their adolescents on sexual and reproductive health issues though they have been influenced by the way they raised up and the culture. Participant parents indicated that currently adolescents are vulnerable to different influence of media, peer pressure, experimenting with new things and risky behaviors. And they noted that adolescents are in need of consistent parental monitoring and guidance than ever before. Parent in-depth interview participants indicated that there is a need to follow adolescents and to know whom their friend is, with whom and where they spent their day time and it is time that parents need to communicate with their children and share their experience openly and transparently.

Parent in-depth interview participants, IIF-1, IIF-2, IIF-3, IIM-1 and IIM-3, described that they are open and transparent to talk and communicate with their children about sexual and reproductive health issues. They indicated that they openly communicate with adolescents about puberty and the biological and physical changes associated, HIV/AIDS, peer pressure, avoiding premarital sexual practice and unhealthy behaviors. In this regard in-depth interview conducted with IIF-3 clearly indicated this as follows:

*I transparently convey my communication and advice to my sons who are 16 and 18 and my daughters who are 14 and 21 years old. I openly and transparently convey my message in regard to SRH issues at appropriate age, conditions and environment. I always transparently and adequately inform and give them feedback and information. Usually, when we are around the table during evening I communicate with them the risks and problems associated with teen pregnancy, early sexual engagement, peer pressure and risky behaviors based on existing problems in our country and facts in the society. So, there is no gap in discussing sexual and reproductive health related issues in our family. We communicate with our adolescent children based on existing facts and examples in our society. We do this to help our children to be successful in their education and future life.*

In the contrary, the data generated from IIM-2, IIM-4 and mothers FGD discussants revealed they communicate about SRH issues with adolescents, however they don't openly and transparently communicate as needed. In addition, they indicated that they have limitations in communicating SRH issues with adolescents and they only focus on few topics.

The data obtained from IIF-2, IIF-3, IIM-1 and IIM-3 indicated that they openly share their experience of early time to their children. According to in-depth interview conducted with IIF-3, he has been sharing his experience of adolescence responsively to his adolescents starting from when they were too young. He described this as follows:

*I tell them my history and success in life and this is informative for my sons and daughters to lead successful life. I communicate with my children about sexual and reproductive health issues; I have been sharing them my freaky experience in this regard, what I have spent during those young ages, what happened and what*

*they should have to do. So, my personal life and achievement is informative for my children to lead successful life. I am good example and model for them in this regard.*

Besides, the data generated from IIF-1, IIM-2 and IIM-4 indicated that they don't share their experience of adolescence to their children. These parents communicate with adolescents the facts about sexual and reproductive health issues. However, they didn't communicate in detail about the issue and they didn't share their experience of adolescence to their children. In-depth interview participant IIF-1, have indicated his experience of sharing and communicating with adolescent. He stated his experience as follows:

*I have not shared with my adolescent my experience even I have not discussed with them in detail about sexual and reproductive health issues, my discussion mostly focused on the impact of negative sexual and reproductive health outcome and changes during puberty.*

In the same token, the data generated from IIB-2, IIG-3 and IIG-4 indicated that their parents share their experience of adolescence and communicate with them on issues like menstruation for girls, physical changes during puberty, resisting peer pressure, opposite sex relationship and avoiding risky behaviors. According to in-depth interview conducted with IIG-4, experience sharing between parents and adolescents is very important on issues related to adolescent sexual and reproductive health related issues. Seventeen years old IIG-4 further indicated that:

*Communication and sharing experience between parents and adolescents on sexual and reproductive health related issue is very important. Parents have a lot of life experiences and if they share their experience for their children and*

*communicate with them openly they can save their children from risky behaviors and greatly contribute for their success. My mother knows a lot of things than me and I can learn a lot from her if we communicate and share experience openly and freely. I have not shared my experience in this regards to my parents but my mother had told me her experience but our parents didn't encourage us as such to communicate with them about this issue.*

In-depth interview participants IIF-1, IIF-2, IIF-3, IIM-1, IIM-2, IIM-3 and fathers FGD discussants except FGF-4, FGF-5 indicated that they encourage their children to openly and freely communicate with them about sexual and reproductive health issues. These parents stated that they promote their adolescents to ask them issues that are not clear for them in this regards. However, they specified that adolescents are not open to communicate with them about sexual and reproductive health issues. They specified this as a challenge for effective parents-adolescents communication on SRH issues. Moreover, participant parents indicated that adolescents don't ask questions and clarification on issues unclear for them and they don't communicate well with them about sexual and reproductive health related issues. This was clearly stated by in-depth interview data gained from IIF-2. The participant stated that:

*Usually our children are not open and transparent to communicate with me and their mother about SRH issues, however; we communicate with them often time about puberty, resisting peer pressure and risky behaviors, having good friends, avoiding having boy or girlfriend during these teen years. Whether, they are transparent or not we deliver our appropriate advice to them under any circumstances. Our children are encouraged to talk and ask questions about*

*issues that is unclear for them however they don't ask and talk about SRH issues as such with us.*

On the other hands, in-depth interview participant IIM-4, father's FGD discussants FGF-4, FGF-5 and all mother FGD discussants indicated that they don't promote and encourage their adolescents to openly and freely communicate and to ask questions or clarification on issues unclear for them on SRH issues. These parents stated that they have weakness in this regards and indicated the need to encourage adolescents to communicate with parents starting from early age.

The data generated indicated that children starting from early ages need to be encouraged to talk and express their ideas. Unless, when they get older, they fear and are not at ease to communicate with their parents about sexual and reproductive health issues. The data generated indicated that the way parents used to grow up their children influence sexual and reproductive health communication. During interviews and focus group discussions parents noted that children should be encouraged to talk, express their ideas and listened starting from when they were kids. According to interviews conducted with IIF-1, IIF-2, IIF-3, and IIM-3, encouraging adolescents to talk with parents and listening them facilitate good and smooth parent-child communication in general and sexual and reproductive health communication in particular. The importance of encouraging children to talk about SRH issues and being close to them was clearly indicated from in-depth interview conducted with IIF-1:

*Previously, when my children were kids I was not caring, supportive and close to them. I did not know the importance of these during that time. My children are not open and free, even to communicate with me other issues. They are not close to issues and even academic issue too. I encourage them to communicate with me openly but they don't. These resulted from the way we used to rear up them. I*

*used to think that if parents are too close to their children, children don't respect and follow the saying of their parents; as a result I was not close to my children when they were kids.*

He added that:

*Currently, I am working in organization that works with adolescents and I have got training on how to work with them and I understood the importance of being close to adolescents and to be supportive to them starting from childhood. Our closeness and relationship with our children matters to have good communication with them on all issues and in particular on SRH communication. If we are very close and sensitive to them adolescents are open and free to communicate with us or parents about SRH issues.*

Adolescent study participants IIB-2, IIG-2 and IIG-3 confirmed that their parents encourage them to talk with them about sexual and reproductive health related issues, however; they indicated that they are not open to communicate with their parents and they don't ask them as such about sexual and reproductive health issues. In the contrary, study participant adolescent IIB-1, IIB-3, IIG-4, all male and female FGD discussants revealed that their parents don't encourage them to talk about sexual and reproductive health issues.

The data generated from all adolescents study participants indicated that they are more open and free to communicate about sexual and reproductive health issues with their friends than parents. They indicated that they don't ask their parents about sexual and reproductive health related issues rather they prefer to ask other people around them like elder siblings and friends. In this regard, in-depth interview participants IIG-3, IIG-4 and male and female adolescents FGD discussants indicated that most of the time they don't ask their parent's clarification on issues

that is not clear for them rather most of the time they ask and discuss about SRH issues with their friends and sometimes their older siblings.

The data generated indicated that study participants, parents and adolescents, communicate on sexual and reproductive health issues although the degree varies from family to family. The data generated shows that study participant parents communicate more with female adolescents than male adolescents. The data showed that female adolescents received more information and communication from their parents than male adolescents. In-depth interview participant parents IIF-1, IIF-2, IIM-1 and IIM-4 indicated that they communicate more often with female adolescents than male on sexual and reproductive health issues. Accordingly, IIM-1 and IIM-4 indicated that they mostly communicate with their daughters than sons. The data generated from study participant adolescents confirmed this idea. And adolescent in-depth interview participants, IIB-1, IIB-2, IIG-2 and IIG-3 described that their parents communicate more often with female adolescents than male adolescents. Eighteen years old in-depth interview participant, IIB-2 explained this idea as follows:

*I have one brother and two sisters. Our father communicates with us about sexual and reproductive health issues, the risks and problems associated. However, more often he communicates with my sisters about these issues. During discussion, he primarily emphasized on the value of virginity, remained abstained during these years of adolescence and focusing only on our education.*

The data generated indicated that there are situations that older adults and educated family members at home have direct communication with children than biological parents on sexual and reproductive health issues. According to in-depth interview participant IIM-2 her brother and sisters have more direct communication on SRH issues with her children (both boy

and girls) than her. She is much confident that her relatives play a great role in creating awareness about such concerns for her children. She further forwarded her practices as follows:

*I usually ask my younger brothers and sisters, who are well educated, to communicate with my children about SRH issues. As older adult, I push them to advice and support the kids. I insisted my younger brothers and sisters to advise and to communicate with my kids about deviant behaviors, bad peers and anything that is not accepted as a family. I communicated with my children about the HIV/AIDS and peer pressure as well. And my sisters and brothers tell my kids about HIV/AIDS, impacts of engaging in risky behaviors and activities. I gave my children a general guidance in all regards including resting peer pressure, avoiding having boyfriend or girlfriend and avoiding risky behaviors but most of the time it is my younger siblings who communicate with my children about SRH issues.*

#### **4.2.2. Frequency of Parent-Adolescent Communication**

The data generated from this study identified three categories of parents: parents who communicate sexual and reproductive health issues with adolescents, commonly, occasionally and very rarely. The data generated from FGD conducted with fathers, indicated that the frequency of the communication about SRH issues determined by the age and educational level of the child. According to fathers FGD discussants the intensity of communication need to be more frequent as the age of the adolescents and educational level increased. They indicated that as the age of their adolescents get older they communicate more about SRH issues. The discussants noted that as the age of the adolescents increase a need to have frequent and consistent kind of communication with adolescents. In addition, they noted that communication

with adolescent on SRH issues needs to be frequent and planned. According to fathers FGD discussants daily and weekly communication is important because everyday adolescents are exposed to the larger system where their life is affected in every aspect either positively or negatively.

Interview data conducted with IIF-1, IIF-2 and IIF-3 indicated that they frequently communicate with adolescents about sexual and reproductive health issues. They stated that they also insist their wife to regularly communicate with adolescents. IIF-3 indicated that he communicated with his adolescents intentionally and he regularly communicates with them about SRH issues. IIF-3 added that:

*Truly speaking, I have been communicating with my daughters and sons frequently. As a result, they are free from any sexual and reproductive health related risks and problems.*

The data generated from interviews and FGD revealed that sexual and reproductive health communication was infrequently practiced in many study participant families. The data generated indicated that most of the time there was occasional and unplanned nature of communication between parents and adolescents on sexual and reproductive health issues.

Study participants, IIM-1, IIM-2, IIM-3, IIM-4, and all adolescents who participated in the study except IIB-2 indicate that SRH communication in their family happen infrequently and unintentionally. According to IIM-1 and IIM-4 sexual and reproductive health communication happen infrequently and in most case it was unplanned. Similarly, the data generated from focus group discussions indicated that in many situations sexual and reproductive health issues started to be communicated unintentionally and the communications were not planned. This was clearly stated from in-depth interview data obtained from seventeen years old IIG-4. IIG-4 stated that:

*We don't have fixed schedule for communicating about SRH issues, our communication happen suddenly. Mostly, our discussion is unplanned and occasional, my mom always start to talk about this issues when she hear something negative happened on other adolescents in another family. Also, she talks about these issues with us when she has made discussion on the issues with her colleagues at her work place.*

The data generated from FGD conducted with mothers and fathers indicated the occasional and unplanned nature of communication on SRH issues. Mothers FGD discussants mentioned that, although they don't have regular communication on SRH issues, they sometimes communicate with their children based on their ages. The discussants indicated that nowadays communication on SRH issue is more open and free than previous years though it is not frequent. Furthermore, they stated that the way parents socialized is very different from what is going on now. FGD conducted with mothers revealed that the communication made on sexual and reproductive health issue is very accidental and unplanned.

The data generated from parents and adolescents indicated that study participant parents infrequently communicate about SRH issues with adolescents and they rather communicate more about academic issues. However, parents study participants insisted the need to have frequent kind of communication with adolescents on SRH issues due to apparent risks and pressures.

On the other hand, the data collected from IIM-2, IIM-4, and IIG-1 indicated that they very rarely communicate about sexual and reproductive health issues. In this regards, in-depth interview participant IIM-2 indicates that:

*In very rare case, I tried to communicate about issues like HIV/AIDS and avoiding pregnancy. Truly speaking, in terms of frequency our communication*

*was conducted rarely. Probably we communicated once in a four month period or twice a year. Actually, we did not do well; this is an important issue need to be communicated with children to help them to know the bad and good behaviors.*

#### **4.2.3. Context of Parent-Adolescent Communication**

The data generated identified the different context that sexual and reproductive health communication take place. There were conditions that initiated study participants to conduct sexual and reproductive health communication. The commencement of sexual and reproductive health communication was diverse in different families. Study participant parents indicated that in most cases, they started to communicate with their adolescents about SRH issues when they heard something undesirable happened on the other adolescents like cases of abortion, pregnancy, HIV/AIDS and engagement in risky activities by other adolescents and when they had made discussion with their friends or colleagues at work place about these issues. In addition, the data obtained from parents indicated that study participant parents communicate with their children when they hear or notice negative reproductive health outcome in their neighborhood, when they hear about the issue in TV or radio programs. According to IIM-1, their communication is not planned and she communicates with her children when she gets information and facts related to SRH issues that happened in the society and at her work place.

The data generated identified certain contexts that SRH communication happens or context of communication in the family. These are private and public communication, topics under discussion, time of discussion, occurrences of something wrong in the community and TV programs. This is presented as follows.

**Private and Public Communication-** The data collected from participants indicated that communication between parents and adolescents on sexual and reproductive health issue is

influenced by different conditions. Study participant parents identified that they communicate with male and female adolescents together and in some situation separately. They indicated that communication took place in the presence of other family members in public and also in private. According to IIF-1, IIM-1, IIM-2 and FGD discussants they communicate with the specific adolescent alone or in private context when they noticed something wrong with the child. In the other conditions, they communicate with male and female adolescents together. Study participants adolescents also confirmed this and they indicated that there were situations that their parents communicated with them alone and also with other siblings too. In this regards seventeen years old IIG-4 in-depth interview participant explained this as follows:

*In our family, sexual and reproductive health communication took place in the presence of all family members that means in the presence of our father or mother and all siblings. Also, there were situations that the communication happens in private, in my case sometimes my mom advice and communicate with me alone and with other siblings together. When my mother notice something new, hear or suspect something on me she communicates with me in private. When my mother saw and hear problems related to sexual and reproductive health on other children, she presents the issue to us, so as not to happen again on her children.*

The data gained from FGD conducted with mothers indicated that communicating with children in private way is more fruitful than it is in the presence of other family members. Furthermore, mothers FGD discussants indicated that adolescents prefer private kind of communication. In addition, mothers FGD discussants indicated that in the presence of other family members like father or other siblings adolescents don't want to be consulted or be advised, because of fear of their father or other respected adults. Mothers FGD discussants

emphasized on the importance of keeping the privacy of the adolescent while discussing sexual reproductive health issues and they indicated that this creates more comfortable environment for children for open discussion.

The data generated from the FGD conducted with fathers' group also confirmed that, the communication in private context is much helpful to openly communicate with the individual adolescent and to help the adolescents to communicate freely. They also indicated that in some cases they communicate with all adolescents together if the issue under discussion is not as such sensitive and does not create discomfort on the adolescents.

The data generated indicated that the issues or topics need to be communicated with adolescents also influence how the communication should happen. According to the data gained from the FGD conducted with fathers, the case or topic of the discussion determines the presence or the absence of other family members. It was indicated that if the problem is specific to the child, it is better to communicate with the child without the presence of other family members. But if the aim is just for a purpose of communicating the issues with adolescents it is good to discuss in mass in the presence of other adolescents in the family.

In-depth interview with parents indicated that it is better to communicate with male and female adolescents separately to help both to communicate freely and openly. IIF-1, IIF-2, IIM-1, IIM-4, fathers and mothers FGD discussants indicated that there are issues that can be communicated in the presence of both boys and girls and also hard to communicate in the presence of both together. It was indicated during in-depth interview with parents that topics like HIV/AIDS, avoiding risk behaviors and activities are not as such sensitive for both boys and girls and possible to be communicated with both together. Issues like teenage pregnancy,

menstrual cycle, virginity, abortion and sex feeling should be discussed in private, in ways that help adolescents feel free and open to communicate.

The data generated from female study participants indicated that they prefer private kind of communication on SRH issues. In the contrary, boys FGD discussants stated that they prefer mass communication. According to male adolescent FGD discussants, they prefer sexual and reproductive health communication to be discussed with the presence of other siblings in the family. However, male adolescents indicated that some topics like physical changes on body parts need private kind of discussion with parent.

**Time Preferences for Discussion-** according to the data gained from study participants most of the time, study participants parents communicate with their adolescents during night time when they gather together. Participant parents indicated that they engage in different activities during day time and they are busy with work and house activities and as a result it is night time that is suitable for them to conduct communication with adolescents. Similarly, study participant adolescents are at school during daytime, hard to communicate with them during daytime. Study participants indicated that they have been communicating about sexual and reproductive health issues during night time because of apparent busyness of parents and adolescents during daytime.

Parent's in-depth interview participants indicated that there is a need to guide children to maximum extent possible in all regards including sexuality related concerns giving it a top priority. In regard to time of the discussion, the time when every family member is at home, probably night times are identified as a preferable time for communication on SRH issues. Regarding, the time preference to discuss about the issue, fathers FGD discussants confirmed that, it is better to discuss the issue during night times. They stated that they usually

communicate about SRH issues at night times because it was suitable time to discuss the issue where everybody is at home and free of daily tasks.

In line with this, the result from the FGD established with the father group shows that night times was much preferable than day times along the weekend days. As it is pointed out by participants nighttime are quite preferable for discussion because most family members are at home and free at that time. Besides, weekend days are also suitable for discussion because children have no class and parents have break from their job. Moreover, fathers FGD discussants noted that SRH communication with adolescents should be very frequent and parents should know the daily and weekly tasks of their children.

**Television Programs and Training-** In addition, study participants indicated that they initiated to communicate about the issue when they watched TV drama or documentaries related to child abuse and right, HIV/AIDS, engagement in risky behaviors and in general issues related to sexual and reproductive health. Parents study participants indicated that there have been educative and helpful TV programs or dramas that helped them to begin sexual and reproductive health communication with their adolescents. In-depth interview participant IIF-1 indicated this:

*Mostly, I communicate SRH issues with my children when SRH related issues communicated on TV in forms of drama, documentary or news. We hear story or news of rape victim or abuse, HIV/AIDS among young age and such like situation prompted sexual and reproductive health communication in our family. This was an indication that communication, care and support need to be provided for teens and we should have to empower them to help and protect themselves from harms by equipping them with the necessary information and knowledge about SRH issues.*

Moreover, IIF-1 and IIF-3 described that they had started to communicate with adolescents when they had received education at religious organization and training at their work place about SRH issues.

Data generated indicated that study participant parents communicate with their adolescents at different context explained above to avoid the risks associated and to curb problem before its occurrence. Participant parents acknowledged the importance of early communication with adolescents to help them to know the good and bad behaviors and influences from friends and others. In-depth interviews participants and focus group discussants indicated that parents-adolescent's communication on sexual and reproductive health issues have to start before the occurrence of negative reproductive health outcomes. In this regard, in-depth interview with IIF-2 indicated that:

*We discuss with our children before the occurrence of negative reproductive health outcomes this is because of the fact that we are so much concerned about their wellbeing and futurity. An indication of this is that our children has been free from any SRH related risks and problems. Problem related to sexual and reproductive health may result in withdrawal of school and poor health.*

In this regard IIM-4 added that:

*I don't wait until my children face challenges and put themselves in troubles and I communicate with them about sexual and reproductive health issues just before any problem happens to them.*

**The Happening of Cases related to SRH in the community-** the data generated indicated that in most case study participants parents communicate with adolescents when they hear happening of sexual and reproductive health related issues in the community or

neighborhood. The data generated revealed that parents alerted to conduct communication on SRH issues when they hear or observe cases happened in the community. Participant parents indicated that many parents usually talk about sexuality issues by taking other cases they heard or seen on different occasions. The data generated revealed that the occurrence of problems in the community itself paves for open dialogue between parents and adolescents. In the in-depth interviews conducted indicated that there is a need to have prior communication with adolescents about SRH issues before occurrence of problem and merely before happening of this outcome in the community. In this regards in-depth interview participant IIM-4 stated that:

*Mostly, communication on sexual and reproductive health related issues began when we hear something happened related to the issue in the community. We generally discuss the issues like social life, education, future direction, being ethical and family respect. During discussion on these topics, quite often, issues of sexuality is the integral part of our discussion. And the communication we have is very direct, open and free discussion at all.*

According to fathers FGD discussants, they conduct SRH communication not only because they see something wrong on the child or heard something wrong about the issues but because of they feel that the discussion is timely and appropriate. They indicated that it is only few families who conduct SRH communication with their children by noting that adolescence is a critical time that need frequent communication with adolescents about SRH issues. FGD conducted with father group indicated that, communication on sexual and reproductive health issues should be conducted before occurrence of negative reproductive health outcome. They indicated that pre-communication on SRH issues helps to prevent negative reproductive health outcomes and help to inform adolescents about the issues.

#### 4.2.4. Forms of Parent-Adolescent Communication

The data generated indicated that study participant parents directly and indirectly raise and start to communicate about sexual and reproductive health issues with adolescents. In-depth interview participants IIF-1, IIF-2 and IIF-3 specifically indicated that they directly communicate and convey message to their adolescents about HIV/AIDS, puberty and the biological and physical changes associated, abstinence from sexual practice, teenage pregnancy and abortion, avoiding premarital sexual practice, opposite sex relationship (boyfriend or girlfriend) avoiding risky behavior and resisting peer pressure. These three parents directly communicated with adolescents and convey their message to them by using facts and examples. According to IIM-1, IIM-3 and IIM-4, they sometimes communicate with adolescents directly and express their ideas on the issues without the use of warning words. Also IIM-1 and IIM-4 indicated that there were also situations that they used warning message to communicate with adolescents about SRH issues.

According to data obtained from adolescent IIB-2, IIG-2 and IIG-4 there were situations that their parents communicate with them directly and in friendly manner by encouraging them to talk rather than using warning and threatening words. This was clearly indicated from in-depth interview conducted with eighteen years old IIB-2 as follows:

*My parents especially our father communicates with us about sexual and reproductive health issues and he directly conveys his message or advice to us. He is so caring, kind for us and he used a friendly approach while he communicates about these issues with us. He also encourages us to talk with him openly and freely.*

The data generated indicated that there were also situations that study participant parents used warning and threatening ways of communication by focusing on negative reproductive health outcomes. According to data obtained from IIM-1, IIM-2, IIM-4 and mothers FGD discussants indicated that they also communicate with adolescents indirectly, by raising negative experience of other adolescents to convey their message on SRH issues. In regard to this in-depth interview participant IIM-2 explain the way she communicates with her children as follows:

*Am their mother and they should have to tell me anything bad or special to them. They know this thing quite clearly. We heard some cases in the community about those adolescents who have committed suicide just because they got pregnant and hide the case from their parents. There were also adolescents who left their families and home due to negative reproductive health outcome happen on them. I tell such cases to my kids and I warn them not to hide anything from me even if they did something wrong. Parents could bring better solutions or alternatives available for their children if something happen.*

The data generated indicated that study participant parents indirectly communicate with their adolescents when negative reproductive health outcome like abortion, pregnancy, HIV/AIDS, engagement in risky behaviors happened in their neighborhood and don't want this to happen on their children. Study participant adolescents indicated the presence of authoritarian and one directional kind of communication when they did something wrong in relation to SRH issues. Seventeen years old in the in-depth interview participant IIG-4 explained this as follows:

*When something wrong happened in our family or neighborhood my mother indirectly touches the issue and advises me and my sisters. My mom communicated with me with examples of what she saw and heard in relation to*

*the issues. She used examples to advise me and to help me to learn from my mistake.*

The data obtained from the FGD conducted with mother insisted that, direct communication on sexual reproductive health is very important to bring a change in children's behavior and action. According to mothers FGD discussants indirect discussion on the issue sometimes make confusion among children and indeed adolescents may pay less attention to the subject. They noted that it is better to communicate with adolescents by using simple words and explanation rather than using complex messages that they can't easily understand or can't understand it at all.

The data obtained from FGD established with fathers group indicated that using complex words or jock while discussing sexuality issue with adolescents is fruitless and better to directly communicate. They noted a need to have friendly and direct kind of discussion since it encouraged open and free talk with adolescents.

#### **4.2.5. Topics Communicated by Parents and Adolescents**

Study participants indicated that they have been communicating on different topics of sexual and reproductive health issues. The data generated from study participant parents indicated that they communicate with their adolescents about HIV/AIDS, puberty and the biological and physical changes associated, abstinence from sexual practice, avoiding teenage pregnancy, abortion, premarital sexual practice, risky behavior and resisting peer pressure. The data generated indicated that sexual engagement by unmarried adolescent is a prohibited activity. Study participant parents indicated that having boyfriend or girlfriend by adolescents aged thirteen to eighteen years old is strictly forbidden and adolescents are not allowed to have

boy/girlfriend at this young age. Study participant parents noted that adolescents are expected to focus only on their education.

The data generated revealed that communication on contraceptive use and sexual engagement was untouched areas of communication by study participants. Study participant parents indicated that they communicate with adolescents about the impact and consequence of early sexual engagement by adolescents at this young age.

The data generated indicated that issues communicated by parents influenced by their religious belief and doctrine. The data obtained indicated that study participant parents and adolescents communicate on issue of virginity, abstinence from sexual activity till marriage, resisting peer pressure, avoiding risky behaviors and opposite sex relationship. Parents communicate and teach their children about sexual and reproductive health issues by being influenced by their religious and personal belief on the issue. This was clearly indicated from data obtained from IIB-2, IIF-1, and IIF-3. According to IIB-2 his parents are religious and their teaching on this issue mainly centered on the teaching of biblical principles.

The data generated from interviews and focus group discussion with parents revealed that study participant parents emphasized on the impacts of negative sexual and reproductive health outcomes, risky behaviors, religious and social unacceptability of early sexual engagement, teen pregnancy, abortion, use of alcohol and other risky behaviors during communication. In this regard, in-depth interview with IIF-1 indicated that communication on sexual and reproductive health issues mostly focus on the impact of negative sexual and reproductive health outcome and puberty. The data obtained from study participant parents indicated that communication on SRH issues mainly focused on the negative consequence of early sexual engagement during adolescence, impact of abortion, pregnancy and effect of starting relationship with boy or girl at

this young age. Participant parents indicate that engagement in such like activities during adolescence is an obstacle to attainment of future goal.

Participant parents indicated that they stressed on the issues of virginity and remaining virgin till marriage and avoiding risky behaviors and activities. The data from interviews and focus group discussions revealed that study participant parents mostly communicated about puberty, HIV/AIDS, importance of virginity, avoiding sexual activities during adolescence and avoiding being with bad friends. And the data generated indicated that the communications were not comprehensive to help the adolescents to know about sexual and reproductive health issues.

The data generated from IIB-1, IIB-2, IIG-2, IIG-3 and IIG-4 indicated that their parents communicate with them on sexual and reproductive health issues especially issues like HIV/AIDS, puberty and the changes associated, teenage pregnancy, impact of abortion and premarital sexual practices, peer influences, impact and consequences of risky behaviors. In this regards in-depth interview participant IIB-2 explained his idea as follows:

*My parents communicate with me and my siblings on different topics of sexual and reproductive health issues, the risks and problems associated. They communicate with us about physical changes during puberty, what can happen in relation to the physical changes, what we can do, about HIV/AIDs and means of transmission, having good friends, avoiding risky behaviors, consequences and impacts of early sexual engagement. Above all they emphasized the importance of virginity till marriage, remained abstained during these years of adolescence and focusing only on education.*

The data generated from study participant parents indicated that they have communicated with male adolescents about HIV/AIDS, avoiding sexual engagement or premarital sexual practice, changes during puberty like growth of body and facial hair, changes to voice, changes in body shape and height, avoiding risky behaviors and resisting peer pressure. Likewise, the data generated revealed that study participant parents communicated with female adolescents about HIV/AIDS, avoiding sexual engagement or premarital sexual practice, impact of early sexual engagement and its consequence (pregnancy and abortion) and virginity till marriage, physical and biological changes during puberty like breast development, start of periods or menstruation, growth of body and pubic hair, changes in body shape and height, peer pressure and avoiding risky behaviors and activities.

On the other hand, all of the boys who participated in the FGD indicated that their parents did not communicate with them in detail about SRH issues and they stated that their parents communicated with them about HIV/AIDS and resisting peer pressure. In the contrary, fathers FGD discussants indicated that they have been discussing with boy adolescents issues like HIV/AIDS, peer pressure, puberty, the changes associated and avoiding risky behaviors.

#### **4.2.6. Helpfulness to Cope with the Changes and Pressures during Adolescence**

Study participant adolescents specified that the communication that they had with their parents was very important for them. However, they indicated that the communication was not adequate to cope with the changes during adolescence and to know about SRH issues. They noted that they were not provided with the adequate knowledge and information on the issues to cope with the physical and biological changes during adolescence. Study participant adolescents don't believe that they have been provided with all the necessary information to know about SRH issues.

Parent study participants also agreed that they have not provided their adolescents with the necessary knowledge on SRH issues due to different reasons. They noted the need to communicate with adolescents on sexual and reproductive health issues to avoid the risks and problems associated as well as to inform them the facts about SRH issues.

Similarly, female adolescent interview participants indicated that many girls get shocked and ashamed when they started to see changes on their body particularly when they have their first period. They stated that this happened due to lack of adequate information provided for girls before the occurrence of physical and biological changes. In this regard, fourteen years old in-depth interview participant IIG-2 stated that:

*In the schools, many girls shocked and confused when they start to menstruate. Boys usually laugh at these girls when they see it. And there were some girls who quit their education because of this. The reason behind such problem is inadequate information or the absence of the communication made on sexual and reproductive health issues between parent-adolescents. If girls equipped with the necessary information prior to this they might not get confused.*

Study participant parents and adolescents revealed that their communication on SRH issues was not adequate as needed. Parent study participants insisted that sexuality issues touches everybody's life and therefore discussion on the SRH issue is quite demanding. The data generated revealed that though it varies from family to family communication on sexual reproductive health issues between parents and adolescents were not adequate and satisfactory.

### **4.3. Views of Parents and Adolescents on Communication of SRH**

The data generated indicated that study participant parents and adolescents perceive differently sexual and reproductive health communication. They have different perception or view on communication of sexual and reproductive health, appropriate age to start SRH communication, on responsibility of father and mother to prepare adolescent on SRH issues, preference of parents and adolescents to communicate about sexual and reproductive health issues, issues need to be communicated with adolescents and importance of parent-adolescent communication on SRH issues. Their views and previous practice in this regard is presented as follows.

#### **4.3.1. Views on the Appropriate Age to Start SRH Communication**

The data generated indicated that study participant parents communicated with their adolescents about sexual and reproductive health issues like puberty, the changes associated, avoiding peer pressure and risky behaviors after adolescents reach 12 years old. According to data obtained from IIF-2, IIM-1, IIM-3 and mother FGD discussants they started communicating with their adolescents when they were around twelve and thirteen years old. In this regards IIM-1 illustrates this as follows:

*In practice mostly parents communicate with their children about HIV/AIDS, peer pressure, avoiding engagement in sexual practice, pregnancy ,abortion, and about changes during adolescence after twelve or thirteen years old. Similarly, I started communicating with my children about these issues when they were around twelve or thirteen years old.*

The data generated from IIF-1 and IIF-3 indicated that they started communicating with their children before they reach twelve years old. Moreover, they explained that they

communicated with their children timely before they started to experience changes of puberty and problem associated with sexual and reproductive health. They indicated that they communicated with their children timely to help them to know the realities and facts that exist.

In this regards, in-depth interview participant, IIF-3 indicated that:

*I started communicating with my children when they were teen years old. Starting from teen years old, we have been delivering our message and advice in regard to HIV/AIDS, peer pressure, risky behaviors, puberty and menarche for our daughter, the physical and biological changes associated during puberty. In this regard risks can take place unexpectedly out of our expectation so children should have to be aware of risks and the opportunities in their environment timely.*

This father added that:

*Communication with my children was timely and an indication of this is that my children are peacefully running their education and life without any failures and negative reproductive health outcomes. They are not so far affected and suffered from any negative consequence of SRH issues. This is due to the fact that we provided them appropriate and timely information and communication in all issues that we thought important and in particular on sexual and reproductive health issues.*

The data generated indicated that there were situations that study participant parents communicated with adolescents after they reach fifteen or even eighteen years old. These were when study participant parents observed negative reproductive health outcomes on their children

and start to see changes on their adolescent's physical body. In most part the communication started after the adolescents were in trouble with the changes during adolescence.

The data generated from IIM-1, IIM-2, IIM-4, mothers and fathers FGD discussants indicated that they communicated with their children about sexual and reproductive health issues, when they observed new behaviors or when they suspect something new happened in relation to these issues. They started to talk about SRH issues when they thought that their girls started to menstruate, when they observe behavioral and physical changes on both male and female adolescents, when they saw their children with other children whom they don't want. In most case, they don't communicate the issue with their children unless they see new experiences on them. The communication in most case started late after the adolescents are in trouble and started to manifest changes of adolescence. The communication happened by being influenced by such like conditions rather than noticing that this age is critical age that need communication with adolescents about SRH issues.

Female study participants indicated that sexual and reproductive health communication with their parent's had started after they were in trouble with new experiences. Adolescents study participants revealed that the communication was untimely to help and inform adolescents with the necessary information and knowledge to cope with the changes during adolescence. Many of the study participant adolescents except IIB-2, IIG-3 and FGG-2, FGG-3 their parents started communicating with them after they started to experience changes around thirteen or fourteen years old. The data generated also indicated that communication in some case started around fifteen years old.

The data generated from the study participants shows that study participant parents commonly communicate with girls when they thought that the girls started to have period and

this typically happen, around twelve or thirteen years old and for some girls around fourteen years old and when they observed physical changes on their girls. Similarly, parents communicated with boys when they observed behavioral and physical changes on them. The data obtained indicated that study participant parents don't communicate with adolescents as such till they see new experiences. In this regards seventeen years old IIG-4 indicated that:

*Though it is not detailed I have been communicating with my parents starting from twelve years old, this age was late for me to inform me with the necessary information. During that time I have already experienced changes of puberty and seen period. Starting from when I was twelve, my mom communicates with me when she suspects something new. This age is late to inform adolescents about puberty and the change associated especially for girls this age is too late.*

Study participant parents and adolescents explained their views on the appropriate age to start sexual and reproductive health communication. Accordingly, study participant parents described that sexual and reproductive health communication with children should have to start timely and early before children start to experience changes during adolescence and experiment with risky behaviors. They indicated that due to apparent risks, prevalence of early engagement of adolescent on sexual activities, teen pregnancy, abortion and negative influence of globalization parents should have to communicate with their children early before they reach puberty means that before twelve years old. They noted that these helps to equip adolescents with the necessary information and knowledge on the issues before they face challenges or problems associated. Participant parents stated that Media has a lot of benefit and contrarily its negative influence on children or adolescents is increasing. Participant parents stated the need to

monitor and supervise adolescents timely to help them to differentiate the good and bad pressures and influences. The interview data with IIF-1 illustrated this as follows:

*Based on their age and maturity level of adolescents communication should have to start early. It is better to start slight kind of discussion starting from seven years old and to continue. Currently, children are watching risky films that initiate them to experiment with sex and other dangerous acts and those films don't fit their age. This time many things are getting worse and parents need to communicate with their children starting from early age. Last time, I heard that adolescents who live in one family, who have close blood relationship done sexual intercourse. This might be due to the fact that in our culture most of the time SRH issues are not discussed in the family openly and children in some instants don't know the right and the wrong acts in this regards. This generation is not the same with the previous one; they want to experiment with risky behaviors at this young age.*

Similarly, study participant parents described the impact and consequence of lack of knowledge and awareness about sexual and reproductive health issues on adolescents. Due to lack of communication between parents and adolescents, study participant parents had observed adolescents engaging in early sexual intercourse and also there were situation adolescents engage in sexual activities with their close relative because of lack knowledge on what is acceptable and not. Prevalence of abortion and pregnancy among teen were also indicated by study participant parents. In this regards in-depth interview participant IIM-3 illustrated that:

*My friend's child who was twelve years old did sexual intercourse with her cousin, who used to live with them, she got pregnant. Then after her mother got*

*mad and did not tell this case to her husband or the father of her child and the mother secretly without the knowledge of the father took the child to Addis Ababa for further medication and to make an abortion since the child was too young the case was complicated. I don't think that my friends had made communication with her children on this issue and in this case children might not know right and wrong acts. Such like case would not happen if there is open and timely communication between parents and adolescents on sexual and reproductive health issues.*

Study participant parents indicated the need to communicate with children and adolescents about SRH issues starting from early age. According to IIF-2, IIF-3 and father FGD discussants sexual and reproductive health communication between parents and adolescents should have to begin starting from around ten years old. They indicated that SRH communication at ten years old need to start from simple topics like body changes and about peer pressure. IIF-1 indicated communication on SRH issues with adolescents should have to start at around eight years old. According to IIM-1, IIM-2, IIM-3 and mother FGD discussants sexual and reproductive health communication should have to start around twelve years old. The data generated from study participants revealed that mostly in practice parents and adolescents have communicated on SRH issues later around twelve and thirteen years old. Parent interviews participants and FGD discussants described that this age were too late to start to communicate and inform children with the necessary information on SRH issues.

Study participant parents acknowledge the need to communicate with adolescents early before they reach puberty and start to experience new changes in behavior and physical bodies and also before they experiment with risky behaviors and resulted in negative consequences like

engagement in sexual activity, HIV/AIDS, teen pregnancy and abortion. In-depth interview participant IIF-1 illustrated that:

*The communication should have to start early before puberty and need to continue there on since it is critical time in life of adolescent. Care should have to be provided at this critical time of life, unless it is very difficult to shape adolescent after all things go wrong and they got old. It is better if we start to communicate with children when they are seven or eight years old. Depending on their age and maturity level we should have to communicate with them when they are very young. The thing that we put on children when they are very young will remain in the children heart forever.*

Likewise, study participant adolescents described their perception on the appropriate age to start sexual and reproductive health communication. Accordingly, they indicated that sexual and reproductive health communication should have to start before they begin to experience changes of puberty and confused with these experience. These experiences were identified as behavioral or physical changes like breast development and start of periods or menstruation for girls, growth of body and pubic hair, changes in body shape and height, HIV/AIDS, avoiding risky behavior and resisting peer pressure. In this regard seventeen years old IIG-4 illustrated that:

*My parents began to communicate with me when I was twelve years old and it was late. Twelve years old is late to begin SRH communication especially for a girl this age is too late. Communication between parent and adolescent on SRH issues especially on issues related to puberty, menarche, physical changes, peer pressure and risky behaviors should have to start at around eight years old.*

*Parents shouldn't have to take twelve years old as for granted and they should have to start communicating with their children as early as eight years old. I think parents thought that all changes, peer pressure and risky behaviors happen at twelve years old but not it is progressive and thus communication should have to begin early.*

Female adolescent study participants identified that communication between parents and adolescents on issues like breast development and start of periods or menstruation, growth of body and pubic hair, changes in body shape and height, peer pressure and risky behaviors and activities should have to start at around eight or ten years old. The data generated indicated that these physical and biological changes vary from individual to individual and might occur as early as twelve years old. According to IIG-1, IIG-3 and female FGD discussants adolescent changes during adolescence is progressive and in some girls menstruation might happen prior to twelve years old. They indicated that parents shouldn't expect this age to start discussion with their children and they should have to provide all the necessary information and advice early. Study participant male adolescents indicated that sexual and reproductive health communication needs to start at around eleven or twelve years old.

It was noted in the in-depth interview and FGD with parents that parents should have to prepare adolescents timely to cope with the physical changes and pressure during adolescence. Study participant parents indicated adolescents need to be provided with the necessary communication and information on sexual and reproductive health issues.

Study participant parents and adolescents believed on the importance and necessity of commencement of early communication before occurrence of negative reproductive health outcomes. They noted a need to start communication on SRH issues like puberty and changes

associated with children before they start to experience those changes. They indicated that adolescents want to be like other children during this formative age and parents should have to start to communicate with adolescents early with simple topics like puberty and peer pressure proceed to other topics as their age increase.

#### **4.3.2 Views of Parents and Adolescents on the Responsibility of Father and Mother**

Study participant parents and adolescents described their views on the responsibility of fathers and mothers to prepare and equip adolescents on sexual and reproductive health issues. Study participant parents and adolescents believed that father and mother have equal responsibility to raise their children and similarly it is the responsibility of both to communicate with adolescents about SRH issues and to provide them with the necessary information and knowledge.

Study participants highly underscored that both mother and father need to communicate with their adolescents and also it is their responsibility to do that. Participant parents indicated that currently adolescents are vulnerable to risks and negative influences and thus, we as a parent need to play our responsibilities and save this young generation. In-depth interview participant IIF-3 illustrated that:

*Usually in our family it is me, father, who initiated sexual and reproductive health related communication. It is the responsibility of both father and mother to advise and to communicate with children about SRH issues. Both of them have equal responsibility to prepare and equip their children with the necessary information and knowledge in regard to HIV/AIDS, puberty, the physical and biological changes associated and in all SRH issues.*

Study participant adolescents argued that both father and mother are responsible; if something negative happen on their adolescents. And thus, both are responsible to provide the necessary information and to communicate with adolescents on sexual and reproductive health issues. According to IIG-4 and IIG-2 both father and mother have responsibility but they give more weight for father to communicate with his children on SRH issues. In this regard seventeen years old IIG-4 explained this as follows:

*It is the responsibility of both father and mother to communicate with adolescents about SRH issues like peer pressure, HIV/AIDS, avoiding risky behaviors like early engagement in sexual activities, alcohol and drugs. But, I think that it is better if father communicate more with his children on SRH issues and I place more responsibility on father than mother. This is because of the fact that in most family children respects and follows the words and the saying of their father than their mother. They are very much intimate to their mother and don't respect their mother like their father. As a result, it is better if father communicate with adolescents most frequently for better SRH outcome.*

Parents and adolescents in the in-depth interviews and FGD emphasized that both father and mother are equally responsible to communicate and inform adolescents about sexual and reproductive health issues. IIF-1 and father FGD discussants indicated that even if both father and mother have equal responsibilities, there are issues father or mother have more knowledge and real experience of the issues. They described that in such like case it is better if the one who have the knowledge or real experience on the issue to communicate with adolescents. In this regards in-depth interview participant IIF-1 illustrated this as follows:

*I believe that both father and mother have responsibility to communicate with their children about SRH issues. However, there are issues that father or mother has unique experience and knowledge on the issue. In this case it is good if they are selective to communicate with the specific child that the issues concerns. This is helpful to provide children with necessary knowledge and experience on the issue. For example, girls can get good experience and knowledge about menstruation, what she would have to do in this regard and the like issues if she communicates with her mother than father. In this regard father could not provide the necessary information for his daughter but this doesn't mean that he don't know about the issue. However, both parents have the responsibility to communicate and deliver the appropriate advice to their children.*

#### **4.3.3. Preference of Parents and Adolescents to communicate SRH issues**

Study participant parents and adolescents described their preference to communicate about sexual and reproductive health issues. Parents study participants indicated that they are at ease and free to communicate about SRH issues with both male and female adolescents. These parents indicated that they were free and open to communicate with both male and female and they did not have difficulties communicating with adolescents. Study participant parents indicated that they have been communicating with both male and female adolescents on SRH issues though there were limitations like lack of openness and transparency on the side of adolescents. In this regards in-depth interview participants IIF-3 illustrated that:

*I am free and open to communicate with my daughters and son about sexual and reproductive health issues. I don't prefer one sex to another sex, both male and*

*female are my children and I have a responsibility to communicate with them  
gender difference is not a problem for me I discuss with them regardless of that.*

Study participant parents indicated that though gender difference has its own impact on sexual and reproductive health communication, they have been communicating with both male and female adolescents regardless of that. Participant fathers indicated that they have been communicating with male and female adolescents. However, IIF-1 and father FGD discussants indicated that they were more at ease to communicate with male than female. Study participant fathers indicated difficulties to communicate with female about menstruation and other sensitive topics. They indicated that female adolescents are not as such open and free to communicate sensitive topics with them. In this regards they stated that it is better if female communicate with their mother on such like issues and even they can get more experience from their mother than father. In regard to this in-depth interview conducted with IIF-3 illustrated that:

*I have been communicating with my daughters and sons about sexual and  
reproductive health issues, I communicated with both male and female, I am free  
and open to communicate with both but I have observed that when girls get old  
they are not as such open and transparent to their father to discuss about SRH  
issues like about menstruation and changes during puberty and hence it is better  
if they communicate with their mother than father. Also girls can get good  
experience in this regard from their mother and better to communicate with their  
mother.*

Likewise, study participant mothers indicated that they are free and open to communicate with both male and female adolescents about sexual and reproductive health issues. According to in-depth interview participant IIM-1, this mother explained that she has been communicating

with her sons and daughters about SRH issues freely and openly and she did not prefer one sex to another sex, she communicates with both.

Though study participant parents indicated they don't prefer one sex to another sex, participant adolescents indicated they have preference to either of their parents to communicate about SRH the issue. The data generated reveals that in most case male adolescents study participants preferred their father while female adolescents preferred their mother. IIB-2, IIG-2 and FGG-6 indicated that they communicate with both their father and mother but they prefer to communicate with same sex parents. There were also situations same sex preference does not work. The data generated from IIB-2 indicated that he preferred to communicate about SRH issues with his mother than father. In this regards seventeen years old IIB-2 added that:

*My mom is very close to me and I am also close to her. She gives me more time to listen and I have no fear to communicate any issues with her especially issues related to SRH. I prefer my mom than my dad to communicate with about SRH issues*

Data from interviews and FGD with females indicated that female adolescents preferred their mother than father to communicate about sexual and reproductive health issues. They described that they are open and free to communicate with their mother and they think that its mother who knows more about the issues related to SRH. Interview data with fifteen years old IIG-3 indicated that:

*I personally prefer my mom. I am more open and free to communicate about SRH issues with my mother than father. Mother have suffered and seen a lot of challenges and up-downs in her life and she can be a good role model for her*

*children especially for daughters. She can easily understand her children than father, so my mom is my preference to communicate with.*

In addition, the in-depth interviews and FGD with parents and adolescents indicated that relationship between parents and adolescents matter on communication of sexual and reproductive health. The data generated indicated that in some case participant adolescents prefer to communicate with parent who is caring, sensitive, sympathetic and supportive to them rather than necessarily considering gender similarity. In such like case they don't necessarily prefer the same sex to communicate with; they fairly want to communicate with the one who is sensitive and caring to them.

The data generated revealed that female adolescents study participant prefer their mother to communicate with while male adolescents prefer their father and in some case their mother too. But, there were situations that both male and female adolescents were not concerned about gender issues to communicate openly and freely with their parents. In this regard, participant adolescents consider understanding nature of their parents to prefer either father or mother rather than gender similarity.

#### **4.3.4. Views on Type of Information to be communicated with Adolescents**

Study participant parents described their views or perceptions on sexual and reproductive health issues need to be communicated with adolescents. Participant parents indicated the need to comprehensively and inclusively communicate about sexual and reproductive health issues with adolescents. They stated that parents need to communicate with adolescents about sexual and reproductive health issues more specifically about HIV/AIDS, puberty and the biological and physical changes associated, abstinence from sexual engagement, avoiding teenage pregnancy, abortion, premarital sexual practice, risky behavior and resisting peer pressure. They emphasized

importance of communicating with adolescents about these issues to avoid the risks associated and to help them to be informed about SRH issues. In this regards in-depth interview participant IIF-3 described that:

*Sexual and reproductive health topics like HIV/AIDS, avoiding sexual practice, teen pregnancy and abortion are very important topics to be communicated with adolescents aged 13-18; however, HIV/AIDS should have to be communicated with adolescents most importantly, this is because of the fact that it is irreversible and even incurable. Thus, it should be communicated with adolescents most importantly but all topics of SRH need to be communicated with adolescents.*

The data generated from study participant parents indicated that they have doubt on the importance of communicating on contraceptive use, sexual behaviors and STDs with adolescents. They indicated that since adolescents are not allowed to engage in sexual practice during adolescence no need to communicate with them about these issues (contraceptive use, sexual behaviors and STDs).

Parents study participant stated that though a lot of things are going wrong and adolescents have started to engage in sexual activities, got pregnant also had abortion at this early young age, it is somewhat hard to communicate with them about contraceptive use and engagement in sexual activities during adolescence. However, parents indicated the need to comprehensively communicate with adolescents about sexual and reproductive health issues. In this regards in-depth interview participant IIF-1, who works in NGO with adolescents, illustrated that:

*Am working in one organization that support vulnerable children and I communicate with adolescents about SRH issues and I discuss with them and they*

*also asked me question on SRH issues. During our discussion, I had observed from the conversation we had that adolescents who were between 13-18 years old want to start having sex and having boyfriend and girlfriend. They described the reason for this as if they don't use this opportunity now they might not get the girl or boy they meet now after the time passed. I perceived that adolescents wanted to communicate with sympathetic adults about HIV/AIDS, STDs, sex, opposite sex relationship, puberty, physical and biological changes of puberty and the problems associated. Thus, from my work experience with adolescents I have understood that parents need to communicate with adolescents about sexual and reproductive health issues comprehensively.*

According to FGD conducted with fathers communication on sexual and reproductive health should have to start from simple to complex topics. It was indicated by fathers and mother FGD discussants that all topics that stated in this study should be clearly communicated with adolescents. They recommended that, it is good to start the communication from physical changes and puberty and then to proceed to other issues like HIV/AIDs, avoiding sexual practice and risky behaviors.

#### **4.3.5. Views on the Importance of Parent-Adolescent Communication on SRH issues**

The data generated indicated that study participant parents and adolescents acknowledged the importance of sexual and reproductive health communication. Participant parents and adolescents highly emphasized the importance of parent-adolescent communication on sexual and reproductive health issue. Participant parents stated that it is very important to communicate with adolescents on SRH issues. They indicated that it is very important in helping adolescents to be informed about the issues, to know the right and wrong behaviors in this regard. Moreover,

they noted the necessity to communicate with adolescent on SRH issues and play their responsibilities in this regard.

Furthermore, parent study participants stated that early communication between parents and adolescents has pivotal role for adolescent's healthy life. The data generated indicated that adolescents can unknowingly engage in dangerous and bad behaviors and can put their life at risk. But early and timely communication between parents and adolescents can reduce and even can prevent such like unnecessary consequences. In-depth interview participant IIF-3 indicated importance of SRH communication as follows:

*Communication between parent-adolescent on SRH issue is very important because sexual and reproductive issue is common to all human beings. So, adolescents should have to get adequate information, advice, and supervision timely on the issue. It is a question of healthy, responsible and successful future generation. Communication between parents and adolescents on SRH issue is very important to have psychologically fit, healthy as well as planned adolescents and community in general. In addition, if adolescents are provided with the necessary information and awareness they can run confidential and successful life independently, without influences.*

The data generated from IIF-1, IIF-2, IIF-3, IIM-1 and IIM-3 indicated that good communication, supervision and advice for adolescents during this critical time determine their futurity, success and their general wellbeing. Participant parents highlighted that communication between parents-adolescents on SRH issues is very essential and all parents should have to give due concerns and attention to this issues.

The data generated from study participant adolescents indicated the importance of communication between parent and adolescents. According to IIB-1, IIB-2, IIG-4 and female FGD discussants communication between parent and adolescent on sexual and reproductive health related issue is very important. They indicated that since parents have a lot of life experiences and knowledge than adolescents and if they communicate openly and timely with their children they can save their children from risky behaviors and greatly contribute for their success. Moreover, they stated that mother and father knows a lot of things than their children and adolescents can learn a lot from them if they communicate openly and freely. In this regards sixteen years old in-depth interview participant IIB-1 explained that:

*Communication between parent and adolescent on SRH issue is very important, after my parents start to communicate with me on this issue I learned a lot of things from our communication and stopped spending with bad friends and other risky activities. I have learned from my parents about HIV/AIDS and its impact and other risks behaviors.*

The data generated from study participants revealed that early and timely communication between parents and adolescents have a power to reduce fear, confusion and shame that might arise on the adolescents, when adolescents first started to see biological and physical changes on their body like breast development, menstruation for girls, pubic hair on body parts and rapid growth and changes on body size and shape for both boys and girls. Study participant parents and female adolescents indicated that when adolescents start to experience different changes on their body without prior knowledge and awareness on the issue they may get overwhelmed, ashamed, compare themselves with peer groups and even blame themselves for the acts. However, prior communication between parents and adolescents has role in reduce such like

feelings and blame on the part of the adolescents. In this regards, study participant adolescents acknowledged the importance of communication between parents and adolescents.

The data generated from IIF-1, IIF-2, IIF-3, IIM-1 and IIM-3 indicated that communication between parents and adolescents is significant in teaching and informing adolescents the right and wrong conducts about sexual and reproductive health issues. Study participant parents noted the need to communicate with adolescents about SRH issues timely.

#### **4.4. Conditions that Facilitate Parent-Adolescent Communication**

The data generated from study participant parents and adolescents identified the different condition that facilitates their communication on sexual and reproductive health issues. In-depth interviews and FGDs with parents and adolescents identified the following facilitating condition for parents-adolescents communication on sexual and reproductive health issues. These are: constructive view of parents and adolescents on the communication of sexual and reproductive health, parent's awareness and knowledge on the issue, good relationship between parent and adolescent educative television programs and shows and presence of model family in the neighborhood.

##### **4.4.1. Constructive view of Parents and Adolescents on the Importance of Communication**

The data generated from study participant parents and adolescents reveals that constructive views of parents and adolescents on the communication of SRH issues is facilitating conditions for the communication to take place. Data obtained from IIF-1, IIF-2, IIF-3, IIM-1 and IIM-3 indicated that parents who recognize the helpfulness and benefit of communication on SRH issues communicate with their adolescents. The data generated from fathers and mother's FGD discussants also indicated that parents who positively view and believe on the significance of parents-adolescents sexual and reproductive health communication, communicate with their

adolescents regardless of barriers to communication. The data generated reveals that positive view and recognizing the importance of communication on SRH issues facilitate parents-adolescents communication on SRH issues. In-depth interview participant IIF-3 said this:

*Attitude of parents and adolescents on the importance of parent-adolescent communication on SRH issue was facilitating condition for their communication. Giving worth for communicating SRH issues and having interest to communicate facilitates SRH communication.*

Study participant parents identified determining facilitating condition for parents-adolescents communication as parents and adolescent's beliefs and commitments to communicate and listen to each other. They indicated that if father and mother are committed to discuss and agree on the importance of communication they communicate on the issue without reservation. If both of them agree on the importance of communication, both of them strive to provide the necessary information and advice for their children. It was indicated by study participant that if parents don't recognize the importance and problems associated in this regard they don't give value for parent-adolescent communication and they don't communicate. They identified this as hindering condition for their communication.

The data generated also reveals that positive view of adolescent's impact sexual and reproductive health communication. Adolescents study participants indicated facilitating conditions for parents-adolescents communication on SRH issues. These are viewing the communication positively, listening and attentively following their parents while they communicate with them.

#### 4.4.2. Parent's Awareness and Knowledge on the Issue

The data generated indicated that parent's awareness and knowledge on the issues is an enabling condition for parents-adolescents communication on SRH issues. Study participant parents indicated that the knowledge and awareness that they got about SRH issues on different occasions helped them to communicate with their children.

Having knowledge on the issue was also the other facilitating condition identified. Study participant parents indicated that they communicate with their children when they get training on the issue at their work place and religious organizations. According to data obtained from IIF-1 and IIF-3 the information and knowledge that they get from religious organizations in form of training facilitated their communication with adolescents on SRH issues. In addition, these two fathers indicated that religious teaching that was provided for parents on SRH issues facilitated and prompted SRH communication with adolescents at home. Furthermore, IIF-1 and FGF-2 indicated that they have gotten training at their work place on SRH issues and this facilitated their communication on the issue with their adolescents. In this regards in-depth interview participant IIF-1 described that:

*We had communicated with our adolescents when we got education or training from church on SRH issues. Our church taught us about HIV/AIDS, relationship, risky behaviors and activities related to SRH. When we got such kind of opportunities, it paves the way for us to start discussion and to share what we get for our children.*

The data generated indicated that parent study participants communicate with their adolescents when they have got additional knowledge and information on the issue and its impact at different occasions.

Having knowledge and awareness on the issue was facilitating condition identified. Data generated indicated that lack of information or knowledge on the issues hinders parents and adolescents from communicating on SRH issues. In this case since they don't know about the issue, they don't communicate on the issue. Data generated from parents and adolescents indicated that openness and willingness for communication on sexuality issue facilitate the parents-adolescents communication on SRH issues. Having knowledge on the importance of communication on SRH issue is important determining facilitating condition for parent-adolescent communication. Study participant parents indicated that if parents don't recognize the significance of communication, they don't communicate with their children by giving concerns for the issue.

#### **4.4.3. Healthy Relationship between Parents and Adolescents**

Study participant parents indicated that relationship between parents and adolescents have great influence on communication of sexual and reproductive health. Data obtained from parents and adolescents showed that close, caring, loving, supportive and welcoming nature of relationships between parents and adolescents facilitates conducive and open kind of sexual and reproductive health communication between parents and adolescents. For example, interview data obtained from IIF-1 indicate that parental warmth, sensitiveness and the way parents used to communicate and care for their children impact sexual and reproductive health communication between parents and adolescents.

Data obtained from IIB-2, IIG-3 and IIG-4 indicated that the relationship that they have with their parents have notable effect on communication of sexual and reproductive health. They indicated that they have communicated with their parents about SRH issues openly since their parents were nonjudgmental, understanding and supportive to them. The data obtained from

study participants also revealed that friendly kind of relationship also facilitated SRH communication between parents and adolescents. The data generated indicated that adolescents who have close and good relationship with their parents communicate openly and freely. In this regards seventeen years old in-depth interview participant IIG-4 illustrated that:

*The extents of relationship between parents and adolescents have an impact on communication of SRH. Children who have strong and friendly kind of relationship with their parents freely communicate with them. If parents reassure and listen to their children they would have interest to communicate with their parents. Healthy relationship between parents and adolescents significantly facilitate SRH communication. Relationship greatly matters for communication of SRH.*

On the other hand, the data generated indicated that adolescents who have no close attachment or relationship with their parents did not communicate with their parents openly and fear to express their ideas for their parents and preferred to talk the issue with their friends. The data obtained revealed that caring, sensitive, close and supportive kind of relationship between parents and adolescents act as facilitating conditions for parent-adolescent communication on SRH issues. According to in-depth interview participant IIF-1, closeness and good relationship with adolescents facilitate smooth sexual and reproductive health communication

The data generated indicated that good, caring, supportive and close relationship between parents and adolescents supports and promotes SRH communication between parents and adolescents.

#### 4.4.4. Educative Programs and Drama on Television and Radios

Study participant parents indicated that there are educative TV and radio programs and dramas that facilitated their communication on SRH issues. They stated that there are TV programs and dramas that focused on child rights, HIV/AIDS, impact of engagement on risky behaviors and activities. The data generated indicated that educative TV and radio programs and dramas acted as facilitating conditions for parents-adolescents communication on SRH issues and helped for the commencement of their communication on the issue. The data generated identified educative TV and radio programs that facilitate SRH communication. These are: '*Katezegawu Dosse*' on EBS, '*Tenachen*' on EBC1, '*Addis Hiwot*' on EBS, FM radios, Hello Doctor on EBC1 and Oromia TV and other health shows and dramas.

According to data obtained from IIF-1, IIM-2 and IIM-3 they communicated with adolescents when they watch those TV programs and dramas related to the SRH issues and impact of engagement in risky behaviors. They indicated that they immediately started communication on the issue when they watch or hear issues related to SRH.

Also IIF-2, IIF-3 and father and mother FGD discussants indicated that they have communicated with adolescents about SRH issues when they saw dramas, documentary or news on TV or radio. They stated that TV program and drama is becoming very important for them to communicate and start discussion with adolescents. The data generated indicated that such like conditions facilitated SRH communication between parents and adolescents. Moreover, study participant parents stated that educative TV programs and dramas are becoming very important for them to teach and to start the communication with adolescents. These and such like conditions were prompted and facilitated SRH communication between parents and adolescents.

Likewise, while parents emphasized the importance of media in facilitating parent-adolescent communication on SRH issues, they also noted the need to take care of negative impact of Medias. They stated that all TV dramas are not useful and care should have to be provided in this regards. In this regards in-depth interview participant IIF-2 illustrated that:

*There was educative TV programs and dramas related to SRH issues, which helped us to start communication on the issues. Sometimes, when we watch movies or documentaries in TV we started to talk about the issue. Such like events in TV programs facilitated our discussion on the issue. However, this doesn't mean that all TV dramas are educative and facilitate discussion. Exposure to media has both positive and negative influence on adolescents. Some of the dramas are activating adolescents to experiment with sexual activities, alcohol and drugs. In the contrary, there are also educative dramas that are supportive to parent-adolescent communication. In this changing world adolescents should have to be supported with parental advice and supervision to take care of such like dramas or films. In this regard they should be supported with parental supervision to differentiate the goods and bad influences of media.*

Interviews data with study participant parents indicated that the information that they got from different Medias about the impact of HIV/AIDS, STDs, abortion, teen pregnancy, and engagement of adolescents on risky behaviors and activities acted as a facilitating condition to have sexual and reproductive health communication. They stated that when they have heard about the issue in different occasions they communicated with their adolescents.

#### **4.4.5. Presence of Exemplary Family in the Neighborhood**

Presence of exemplary families or adolescents in the neighborhood is identified as facilitating conditions for parents-adolescents communication on SRH issues. According to IIF-1 IIM-1, IIM-2 and IIM-3 they communicate by raising the experience of model families and adolescents in their neighborhood and they tell their children to be like those exemplary adolescents. This was clearly stated by in-depth interview data gained from IIF-1. The participant stated that:

*There are exemplary family and their children in our community we raise their experience in our family and talk about them in relation to good experience of sexual and reproductive health. We communicate with our children about those adolescents and youth whose life can be model for our children and we tell them about the experience of those children who maintain their virginity and remained abstained till their marriage and live according to biblical principle. We tell to our children that it is very important and crucial to remain virgin and constrained from bad behaviors that can bring regret for future life. We always tell them that marriage that established when the girl is free from any kinds of sexual and reproductive health problem like abortion, unwanted pregnancy, child outside wedlock and loss of virginity is enjoyable and respectable before God and also people.*

#### **4.4.6. Negative Reproductive Health outcome in the Community or Neighbors**

The data generated indicated that parents and adolescents communicated when negative SRH outcome had resulted in their community like rape, early marriage, abortion, teen pregnancy and suicide. Such factor forced parents to communicate on these issues very

reactively. Study participant parents indicated such like events acted as facilitating condition for SRH communication in their family. In this regards in-depth interview participant IIM-4 indicated that:

*When we heard some negative reproductive health outcomes in our community like case of abortion, pregnancy and engagement in risky behaviors we usually likely to communicate with our children. Some cases heard in the community itself create fear and forced us to communicate with our kids. Such fear is generated from, the sense that the cases might happen to our family.*

#### **4.5. Conditions that Hinder Parents-Adolescents Communication**

The data generated from study participant parents and adolescents identified the following hindering conditions for parents-adolescents communication on SRH issues. These are the way parents used to grow up, fear of disapproval, gender differences and busyness or lack of time to communicate and spend time with adolescents.

##### **4.5.1. The Way Parents Used to Grow up**

The data generated from study participants parents indicated that the way their parents used to grow up them, have influenced their communication with their adolescents on SRH issues. The data generated from interview with mothers indicated that in the past it was very hard and in some situations it was impossible for adolescents or children to talk with their parents about sexual and reproductive health issues. Study participant parents stated that in the past communication on sexual and reproductive health issues were considered as culturally taboo and adolescents were not allowed to openly talk about SRH related issues with their parents. Moreover, they specified that they grew up in society with such like mentality was widespread and this somewhat created impact on them to raise the issues and to openly and freely

communicate with adolescents. In this regards in-depth interview participant IIM-1 indicated that:

*Cultural values and norms are the most hindering conditions, we have risen in such way that our parents not interested to discuss on the issues of sexuality topics. And these have created influence on SRH communication we have with our children.*

Data generated from IIF-1, IIF-2, IIF-3 IIM-1 and IIM-4 specified that our culture by itself is not supportive to talk about such like issues, due to our cultural practices people are still ashamed to openly and freely talk about these issues. The data generated from interview and FGD with parents specified that still many people are ashamed to talk about SRH issues especially about sexual intercourse and opposite sex relationship. Moreover, it was indicated that our cultural practice and attitudes has not been supportive of such like communication and have an influence on SRH communication. In this regard in-depth interview participant IIF-2 illustrated that:

*Some of our cultural attitudes are negatively associated with such communication. Surprisingly, it is not common in our culture to openly talk about SRH issues, even to call or orally describe our reproductive organs by their names. Still it is taboo to call our reproductive organs and to talk about physiological process. Such like practices of the society negatively impact discussion on SRH issues in family context. Our quality culture that transmitted from generation to generation is negatively impacting SRH communication with adolescents.*

#### 4.5.2. Fear of Disapproval

The data generated identified fear of disapproval on both parents and adolescents side as hindering condition for parents-adolescents communication. Participant parents indicated that sometimes they fear that their children would be disinterested to talk with them about SRH issues and they might disapprove them if they communicate with them.

FGD with male adolescents indicated that they were anxious to communicate with their parents due to fear of disapproval if they talk about SRH issues. They indicated that they did not get acceptance from their parents when they talked about SRH issues and they fear to communicate with their parents.

The data generated indicated that adolescents fear to communicate with their parents due to fear of being questioned by parents on their personal issues. IIB-2, IIG-2 and IIG-4 indicated that when they try to initiate communication on SRH issues with their parents, their parents suspect them they have started an affair or they have faced problem. They indicated that when they initiate communication by themselves with their parents about SRH issues their parent's suspect something going wrong with the growing adolescents as a result they fear to communicate with their parents. According to IIB-1 and IIB-3 when they ask issues even related to puberty their parents wondered by their questions and they were not happy to give response.

According to IIB-1, IIG-1 and IIG-4 lack of adequate and satisfactory answer for their question from their parents on SRH related issues discourage them from communicating with their parents. In-depth interview participant IIG-4 described this as follows:

*Fear of parental disapproval discourages adolescents to ask and to rise about the issue. Lack of adequate response on the side of the parent discourages adolescents from communicating with their parents. If parents yell at their*

*children even when they raise other issues, children are discouraged to ask or express their opinion to their parents. In such case, children fear their parents so that they can't be open and transparent to discuss the issue with their parents. Additionally, if children are not satisfied with the answer they get from their parents on the issue, they don't want or prefer to discuss with their parents.*

#### **4.5.3. Gender differences**

The data generated indicated that gender difference is not as such a concern for parents. However, there was a tendency to prefer same sex mainly by adolescents. Data obtained from interview with adolescents indicated that adolescents were more open and free to communicate with same sex parents. Study participant adolescents specified some sorts of discomfort to communicate some issues with opposite sex. Participant parents indicated that adolescents are not open as such to communicate with opposite sex parents. In this regards in-depth interview participant IIF-1 indicated that:

*My daughters are not at ease to communicate with me about SRH issues. They are not open and free to communicate with me, I don't know the reason but I thought that this might be due to our gender difference and I insisted their mother to communicate with them about this issues.*

#### **4.5.4. Busyness or Lack of Time**

Busyness or lack of time to communicate and spend time with adolescents was the other hindering conditions identified during interviews and focus group discussions. Parents indicated that sometimes they were very busy with different income generating and household activities. And these prevented them from communicating and giving adequate time for their children.

Participant parents specified that there are situations that they don't give adequate concerns for SRH issues because of lack of time to communicate and spent time their children. Similarly, study participant adolescents indicated that they are busy with school and study and in some instances there were situations that they did not meet with their parents for long hours since they and their parents are busy on different activities. In-depth interview participant IIG-1 indicated that:

*My parents usually spent more time on job and when they back to home they are very tired. Due to this we are not giving due concern for the issue. And from my side, I should do my school homework; I don't discuss such topics with my parents as such since they are too busy.*

#### **4.6. Chapter Summary**

The data generated indicated that study participants communicate on sexual and reproductive health related issues though the communication varies among families. Different families have diverse experience in regard to communicating sexual and reproductive health issues. The data generated from study participants indicated the occasional and unplanned nature of communication between parents and adolescents on sexual and reproductive health issues.

The data generated indicated that most of the time communication on sexual and reproductive health issues between parents and adolescents were inspired and commenced when something negative happened in the family, neighborhood and community. According to the data obtained from study participants they mostly communicate about sexual and reproductive health issues when they watch or hear television and radio programs and when negative reproductive health outcomes resulted in their community. The communication was not communicated because of the fact that adolescence is a critical time and age that need adequate parental

supervision and guidance rather the communication mostly happened when parents and adolescents watch and hear TV and radio programs, documentaries, Dramas related to child protection, abuse, rape and sexual and reproductive health issues and when negative reproductive health outcome resulted in their neighborhoods or community.

The data generated indicated that study participants communicated on different sexual and reproductive health issues like on HIV/AIDS, puberty and the biological and physical changes associated, abstinence from sexual practice, teenage pregnancy and abortion, avoiding premarital sexual practice and opposite sex relationship (boyfriend or girlfriend), virtue of virginity, avoiding risky behavior and resisting peer pressure. The data gained indicated that participant parents greatly focused on the impacts of risky behaviors, religious and social unacceptability of premarital sexual practice, teen pregnancy, abortion and other risky behaviors.

The data generated revealed that female adolescents received more communication and information from parents on sexual and reproductive health issues than male adolescents. The data generated indicated that study participants adolescents were not provided with adequate communication about sexual and reproductive health issues. Study participant adolescents noted that their parents didn't provide them with the necessary and adequate communication and information on SRH issues. In this regards, participant parents believed that they have not provided adolescents with the necessary communication and information on sexual and reproductive health issues.

Study participants indicated that sexual and reproductive health communication between parents and adolescents is very important to help adolescents to know about SRH issues. The study indicated the need to start sexual and reproductive health communication between parents and adolescents at early age before children reach twelve years old. Parent study participants

indicated that early communication between parents and adolescents help the growing adolescents to know about SRH issues and to protect themselves from apparent risks and problems.

The data generated from study participants indicated that it is the responsibility of both parents to communicate and provide adolescents with the necessary information and knowledge on sexual and reproductive health issues. Furthermore, the data obtained from study participants indicated that sexual and reproductive health communication between parents and adolescents were gendered. In most case, it was mother-daughter and father-son. However, there were exceptional to this case that communications were father-daughter and mother-son. Parental warmth, responsiveness, sensitiveness and the way parents used to communicate and care for their children impact sexual and reproductive health communication.

The data generated revealed that parents-adolescents communication on sexual and reproductive health issues is a way parents teach and transfer their personal values and beliefs to their adolescents. Study participants parents and adolescents acknowledged the importance of sexual and reproductive health communication and they emphasized the need to give due attention for the issue.

The study identified facilitating conditions for parents-adolescents communication on sexual and reproductive health issues. Constructive views of parents and adolescents on communication of sexual and reproductive health issue, parent's knowledge and awareness on the issue, healthy relationship between parents and adolescents, educative programs and drama on television and radios and negative reproductive health outcome in the community or neighbors are the identified facilitating conditions for parents-adolescents communication on sexual and reproductive health issues. Parent study participants who believed on the importance

and significance of parents-adolescents communication on SRH issues communicated well with their adolescents. The data generated indicated that close, caring, loving, supportive, sensitive and welcoming nature of relationships between parents and adolescents facilitates parents-adolescents communication on sexual and reproductive health issues.

The data generated from this study also identified hindering conditions for parents-adolescents communication on SRH issues. The study revealed that the way parents used to grow up; cultural practice and attitude are hindering conditions for parents-adolescents communication on sexual and reproductive health issues. Gender difference was also the other hindering condition for parents-adolescents communication on SRH issues. In addition, fear of disapproval and busyness on both parents and adolescents sides are the other hindering conditions for parents-adolescents communication on SRH issues.

**CHAPTER FIVE: DISCUSSION**

### **5.1. Introduction**

This study describes perception of parents and adolescents on communication of sexual and reproductive health issues. This chapter presents discussion of data generated from the study. The major data generated from the study in line with the four research objectives are discussed with empirical outputs conducted by previous researchers. The objectives of the research was describing practice in parents-adolescents communication, views of parents and adolescents on communication of adolescent's sexual and reproductive health issues, facilitating and hindering conditions for parents-adolescents communication on sexual and reproductive health issues.

### **5.2. Practices in Parent-Adolescent Communication**

The data generated from this study revealed that there is infrequent and unplanned nature of communication between parents and adolescents on sexual and reproductive health issues. Study participant parents don't have regular schedule for communicating sexual and reproductive health related issues with adolescents. In addition, data generated from the current study indicated that most of the time study participant parents and adolescents occasionally and unintentionally raised and started to communicate about SRH issues. This implies that communication on sexual and reproductive health issue was not conducted on regular and planned schedule rather the communication occurred suddenly when something happened or heard in the neighborhood, TV, radio, or at work place. This data is congruent with the findings of Rosenthal and Feldman (1999), Dessalegn Tesso, Mesganaw Fantahun & Fikre Enquessalassie (2012), Tesfaye Assebe , Haji Kedir & Abera Kenay (2014) and Zemenu Yohannes & Berhane Tsegaye (2015). They found out that sexual and reproductive health communication between parents and adolescents happened infrequently and there were no regular schedule for the discussion.

The data generated from this study indicated that parents-adolescents communication on SRH issues mainly emphasized on the negative reproductive health outcomes and consequences to avoid the risks and problems associated rather than informing and helping the growing adolescents to know about their own development and the changes which take place during adolescence. The data obtained reveals that parents highly stressed on the impacts of risky behaviors, religious and social unacceptability of those activities. This data supported the finding by Seif and Kohi( 2014) which indicated that parents and adolescents communicate on sexual and reproductive health issues to avoid or reduce apparent risky behaviors and problems associated.

The current study indicated that from the components of sexual and reproductive health issues study participant parents mostly communicate with adolescents about HIV/AIDS, puberty and the biological and physical changes associated, virtue of virginity and abstinence from sexual practice, avoiding teenage pregnancy, abortion, premarital sexual practice, risky behavior and resisting peer pressure. This data is quite similar with the finding of Manu, Mba, Asare, Agyarko & Asante (2015) which depicted that sexual abstinence, changes during puberty and HIV/AIDS are the most commonly discussed sexual topics between parents and adolescents. However, this data opposed to the finding by Motsomi, Makanjee, Basera & Nyasulu (2016) which stated that parents and adolescents communicate rarely on HIV/AIDS, STDs and physical development. Contrary to this, the current data generated revealed that parents and adolescents commonly communicate on issues like HIV/AIDS and physical changes during puberty.

The data generated further indicated that issues like condom and contraceptive are untouched areas of communication between parents and adolescents. This data is congruent with the finding of Manu, Mba, Asare, Agyarko & Asante (2015). They indicated that communication

on issues of condom and contraceptive use is hardly discussed topics between parents and adolescents. However, the current data opposed to the findings by Zemenu Yohannes & Berhane Tsegaye (2015) which stated that communication on contraceptive, condom use and sexual intercourse were common areas of communication between parents and adolescents. The current data quite opposed to the finding by Diorio, Kelley & Eaton (1999) which indicated that condom use were the commonly communicated issues between parents and adolescents.

This study revealed that female adolescents received more communication on sexual and reproductive health issues than male adolescents. The data generated indicated that study participant parents communicate more often with female adolescents than male on sexual and reproductive health issues. They indicated the reason for this as female are more vulnerable for sexual and reproductive health related problems than male. This data is similar with the findings of Rosenthal & Feldman (1999) and Masatu, Kvale & Klepp (2003) which indicated that it is adolescent girls who received more communication and information from parents than boys on sexual and reproductive health issues though the reason is not clearly known.

The current study revealed that male and female adolescent study participants is more comfortable and open to discuss sexual and reproductive health issues with their friends than parents. The data generated reveals that participant adolescents are more comfortable to communicate with friends and sometimes their elder siblings than parents. This data supports the finding of Diorio, Kelley and Eaton (1999) which stated that both male and female were most comfortable discussing sexual issues with their friends than parents.

The data generated indicated that parents communicate with their adolescents about SRH issues directly and indirectly. Sometimes, parents directly communicate and convey message to adolescents about SRH issues. In the other cases, parents use warning and threatening words to

communicate with adolescents, this happens when parents heard or observed undesirable reproductive health outcome resulted in their family or neighborhood. This implies that parents use warning, authoritarian and one directional form of communication when they are unhappy or disappointed by what they observed or seen. This data supports the findings of the studies conducted by Dessalegn Tesso, Mesganaw Fantahun & Fikre Enquselassie (2012), Solomon (2014) and Motsomi, Makanjee, Basera & Nyasulu (2016). Accordingly, these studies indicated that parents communicate with their adolescents when they observe some negative situation in their community and they use authoritarian, one directional, inexplicit warning form of communication rather than open and direct discussion.

The current study showed that there was scarce communication between parents and adolescents on sexual and reproductive health issues. The data generated indicated that communication between parents and adolescents on SRH issues was not adequate to help adolescents to cope with the changes during adolescence and to know more about SRH issues. Study participant adolescents indicated that they were not provided with adequate information and communication on SRH issues to know about their own developments and changes which takes place during adolescence. This data agrees to the finding by Matebula, Hinde, McGrath & Manda (2015) which depicted that adolescents believed that their parents were not provided them with the necessary and adequate information about sexual and reproductive health issues and the information provided by parents were not adequate to know more about the issues.

### **5.3. Views of Parents and Adolescents on Communication of SRH**

The data generated indicated that communication between parents and adolescents in most case started late after the adolescents were in trouble and started to manifest changes during adolescence. The data obtained implies that study participant parents didn't prepare adolescents

psychologically and emotionally prior to biological and physical changes. The data generated from adolescent study participants implied that they have not been provided with adequate and timely communication and information about their own development and sexual and reproductive health issues in general. The communication was not timely to help and inform adolescents with the necessary information and knowledge to cope with the changes during adolescence and to help them to know about SRH issues.

The data generated indicated that parents-adolescents communication on sexual and reproductive issues is a means by which parents teach and transfer their personal values, belief and expectation to their children. The data showed that parents deliver their expectation in this regards via communication. This data opposed to the finding by Seif and Kohi(2014), Jejeebhoy & Santhya (2011) and Nundwe (2012) which indicated that communication between parents and adolescents on sexual and reproductive health issues sometimes viewed as like teaching children what they did not know and it encourage promiscuity. The current study data opposed to these findings that the current data indicated that parents highly acknowledged SRH communication.

The data generated identified that SRH communication with children needs to start timely. The data indeed indicated the need to start communication with adolescents early before children start to experience changes during adolescence, experiment with risky behaviors and activities. The data obtained specified that due to apparent risks, prevalence of early sexual by adolescents, teen pregnancy, abortion and negative influence of globalization parents necessitated the need to communicate with children early before they reach twelve years old. The current study identified that parents-adolescents communication on sexual and reproductive health issues need to start before children reach twelve years old means that before they start to experience changes during puberty and problems related to reproductive health. This implies the

need to equip adolescents with the necessary information and knowledge on the issues before they face challenges or problems. This negates the finding by Jejeebhoy & Santhya(2011) and Nundwe(2012) which states that adolescents aged fifteen and above are too young to be communicated about sexual and reproductive health issues and communication need to have to start after they get old.

The current study identified the need to comprehensively and inclusively communicate with adolescents about sexual and reproductive health issues. The study identified issues need to be communicated with adolescents aged thirteen to eighteen. Accordingly study participants identified issues need to be communicated as follows and these are HIV/AIDS, puberty and the biological and physical changes associated, abstinence from sexual engagement till marriage, virtue virginity, avoiding teenage pregnancy and abortion and its impact, avoiding premarital sexual practice, avoiding risky behavior and resisting peer pressure. The data generated indicated that communication and view on sexual and reproductive health issue is influenced by parent's religious principle. Moreover, the data obtained indicated that issues communicated mostly based and influenced by parent's religious doctrine. This data is quite similar with the data generated by Motsomi, Makanjee, Basera & Nyasulu(2016). Their findings indicate that discussion with adolescents on sexual and reproductive health issues is based on the principles of religious teaching and parents advice is consistent with their religious doctrine and topics communicated is determined by parents religious belief.

The data generated specified that in most case adolescents preferred same sex parents to communicate with about sexual and reproductive health issues. The study indicated that male adolescents preferred their father while female adolescents preferred their mothers to

communicate about SRH issues. However, there are situations that study participant adolescents are not concerned of gender difference and communicate with both parents or opposite sex parents. This is when their parents are welcoming, caring, sensitive and supportive to them and in such case adolescents are not concerned about gender difference and communicate with the one who is supportive to them. This implies that it was not only gender similarity of parents that was considered by adolescents to communicate about sexual and reproductive health issues with parents but also parents welcoming relationship were considered. Parents who are understanding and nonjudgmental were preferred by adolescents. In this regards the data obtained implied that parents-adolescents healthy relationship diminish the influence of gender on SRH communication.

This study indicates that both father and mother have equal responsibility to communicate and to provide the necessary information for adolescents on sexual and reproductive health issues. The data generated specified that fathers and mothers communicate with both male and female adolescents about SRH issues but they preferred to communicate with same sex adolescents when the issues under discussion are more sensitive. The data generated indicated that there is a tendency on both parents and adolescents side to prefer same sex to communicate about SRH issues. This data agrees with the findings of Jerman & Constantine(2010), Nundwe (2012), Motsomi, Makanjee, Basera & Nyasulu (2016) which confirmed the gendered nature of communication between parents and adolescents on SRH issues. They indicated that sexual and reproductive communication between parents and adolescents mostly take the form of father-son and mother-daughter.

The data generated specified that study participant parents and adolescents acknowledged the importance of parents-adolescents communication on SRH issues. Parents emphasized that communication between parent-adolescent on SRH issues has indispensable role for adolescents and all parents should have to give due concerns and attention to this issues. The data obtained indicated that communication between parents and adolescents on SRH issues is significant to teach adolescents about SRH issues and to inform them the right and wrong conducts about the issues in this regards. This data supported the findings by Dessalegn Tesso, Mesganaw Fantahun & Fikre Enquessellie, (2012) and Tesfaye Assebe, Haji Kedir & Abera Kenay (2014). Their data specified the pivotal role of parents-adolescents communication on sexual and reproductive health issues. They indicated that early communication between parents and adolescents inform adolescents about their own development and can reduce confusion and fear that might arise on adolescents.

#### **5.4. Conditions that Facilitate Parents-Adolescents Communication**

The data generated indicated that view of parents and adolescents on communication of sexual and reproductive health influence effectiveness of the communication. Positive views of parents and adolescents on communication of sexual and reproductive health greatly contribute to the process. The data obtained indicated that parents who believed on the importance of parents-adolescents communication on sexual and reproductive health have communicated with their adolescents. Parents and adolescents beliefs and positive views on the importance of communication and their commitment to the success of the communication identified as determining facilitating conditions for parents-adolescents communication on sexual and reproductive health.

Parent's awareness and knowledge on the issues was also the other facilitating conditions identified by the study. The data generated indicated that parents awareness and knowledge on the issues positively contributed for parents-adolescents communication. Parents who have knowledge and awareness of the issues communicate with their adolescents regardless of barriers to communication. This data agrees to the finding by Tesfaye Assebe, Haji Kedir & Abera Kenay (2014) which indicated that parents who have good knowledge and attitude on sexual and reproductive health communication, communicate more with their children than those who don't have positive attitude and adequate knowledge on the issue.

Healthy relationship between parents and adolescents act as facilitating conditions for parents-adolescents communication on sexual and reproductive health issues. The current study identified that close, caring, loving, supportive and welcoming nature of relationships between parents and adolescents facilitates conducive and open sexual and reproductive health communication between parents and adolescents. This implies that the presence of sensitive, nonjudgmental, understanding and supportive adults encourage adolescents to openly and freely communicate. And this in turns facilitate helpful SRH communication between parents and adolescents. This data supported the finding by Dindili (2014) and Motsomi, Makanjee, Basera & Nyasulu (2016) which indicates that positive, friendly relationship and welcoming atmosphere between parents and adolescents facilitates and promotes free and open parents-adolescents communication on SRH issues.

The data generated indicated that educative TV and radio programs and dramas are becoming very important for parents to teach their children and to start the discussion with adolescents. These media programs, documentaries and dramas are providing information,

awareness and knowledge to the public on social, economic and political issues. In particular they are creating and providing information, awareness and knowledge on sexual and reproductive health issues. In addition they are facilitating and initiating the commencement of sexual and reproductive health communication between parents and adolescents in family context. This implies that educative TV and radio programs, documentaries and Dramas are helping parents to start and initiate discussion on SRH issues with adolescents. This data supports the findings by Matebula, Hinde, McGrath & Manda (2015) which indicates that Television and radio is promoting sexual and reproductive health communication between parents and adolescents and reduced the shame and embarrassments associated in discussing this issue

### **5.5. Conditions that Hinder Parents-Adolescents Communication**

The current study identified the way parents used to grow up, fear of disapproval, gender differences, busyness or lack of time as hindering conditions for parents-adolescents communication on SRH issues. Among these data generated, many of them are shared by other studies too. Accordingly, the findings of Nundwe (2012) and Motsomi, Makanjee, Basera and Nyasulu (2016) are congruent with the current finding. They indicated that lack of time and having busy life hinder parents-adolescents communication on SRH issues. Similarly Nundwe (2012), Nundwe (2012) and Dessalegn Tesso, Mesganaw Fantahun and Fikre Enquesslassie (2012) identified that gender difference and fear of disapproval as hindering conditions for parents-adolescents communication on SRH issues. Moreover, Dessalegn Tesso, Mesganaw Fantahun & Fikre Enquesslassie (2012) indicated that young people, who perceived that their parents don't listen and give them adequate time, communicate less with their parents. Except the way parents used to grow up the other findings are common.

The data generated indicated that the way parents used to grow up influenced their communication on sexual and reproductive health issues with their children. It was indicated that in the past adolescents were not allowed to openly talk about SRH issues with their parents. And communication on SRH issues were highly considered as culturally taboos and there were no parents-adolescents communication on SRH issues at all when the current parents were adolescents. This implies that the way parents used to grow up somehow created influence on them to communicate with their adolescents.

The data obtained indicated that our cultural practices and attitudes are not supportive to openly and freely talk about SRH issues with adolescents. Cultural practices of the society and attitudes have not been supportive of such like communication and have put influence on SRH communication. However, the data generated specified that currently there is improvement in this regards due to increase in knowledge and consciousness level of the society about the impact of negative reproductive health outcomes and importance of communication. Due to education the impact of culture on communication of SRH issue is diminishing. Nowadays, parents have recognized the importance of communication with adolescents about SRH issues and they are communicating with their children regardless of these barriers. This data supports the findings by Svodziwa, Kurete & Ndlovu (2016) which states that parents are indeed concerned about their children's transition into sexual life, however are inhibited by traditional norms, lack of information and limited skills of communication to provide adolescents the supportive environment needed to make this transition.

Fear of disapproval was identified from both adolescents and parents sides as hindering condition for parents-adolescents communication on sexual and reproductive health issues. The

data generated indicated that both parents and adolescents fear that they might be disapproved if they present the issue for communication. Study participant adolescents are anxious to communicate SRH issues with their parents due to fear of disapproval if they present the issues for discussion. This data agrees with the findings of Dessalegn Tesso, Mesganaw Fantahun & Fikre Enquesselassie (2012) and Seif & Kohi (2014). Their findings indicated that fear of parents, harsh, unfriendly; non-responsiveness and unwelcoming nature of parents discourage adolescents from openly communicating SRH related issues with their parents.

The current study identified busyness or lack of time to communicate and spend time with adolescents as hinder conditions for parents-adolescents communication on SRH issues. Parents and adolescents indicated that they are busy in different activities and lack time to communicate on SRH issues. This data is congruent with research findings of Nundwe (2012) and Motsomi, Makanjee, Basera and Nyasulu (2016) which indicated that busyness and leading a busy life prohibit parents and adolescents from communicating sexual and reproductive health issues and prohibit parents from spending more time with their children.

## **CHAPTER SIX: CONCLUSIONS AND SOCIAL WORK IMPLICATIONS**

### **6.1. Introduction**

This chapter presents two major parts. The first part presents conclusions. Based on the data of the study conclusion is provided. The second part presents social work implication. Accordingly, four social work implications are identified based on the data of the study. These are implication for education, practice or intervention, policy and future research.

### **6.2. Conclusion**

This study sought to describe perceptions of parents and adolescents on communication of adolescent's sexual and reproductive health issues. By using qualitative research method, this research provided detailed description of practice in parents-adolescents communication, views of parents and adolescents on communication of adolescent's sexual and reproductive health issues, facilitating and hindering conditions for parents-adolescents communication on sexual and reproductive health issues.

The data generated indicated that parents and adolescents communicate on various components of sexual and reproductive health issues though the communication varies from families to families. The current study implied that study participant parents communicated with their adolescents about HIV/AIDS, puberty and the biological and physical changes associated, virtue of virginity, avoiding teenage pregnancy, abortion, avoiding premarital sexual practice, risky behavior and resisting peer pressure. The communications emphasized on the impact and consequence of negative reproductive health outcomes. The study implied that parents-adolescents communication on SRH issues is a means by which parents teach and transfer their personal values, beliefs and expectation to their children.

Adolescence is critical transitional time in life of individual it needs adequate supervision and guidance from supportive care giver or adults. The data obtained indicated that parents-adolescents communication on SRH issues is not planned and it is initiated by different happenings in family and neighborhood. Study participant parents and adolescents recognized and acknowledged the importance of parents-adolescents communication on SRH issues. The data gained from study participants notified that adolescents were not provided with the necessary and timely information and communication on SRH issues in way that could help them to be informed about their own developments and the changes which takes place during adolescence. This implies that parents need to communicate with their children timely about SRH issues to inform them the facts about sexual and reproductive health issues and to help them to know about their own development.

The data obtained implied that parents-adolescents communication on sexual and reproductive health issue is gendered; in most case it is father-son and mother-daughter. However, there was exceptional to this case that adolescents preferred to communicate with opposite sex parents. It was not only gender similarity that was considered by adolescents but also parents supportive and welcoming behavior was considered. This implied that study participant adolescents also considered sensitiveness and understanding nature of their parents to communicate with them about SRH issues.

The data obtained from study participant parents and adolescents indicated that parents-adolescents communication on SRH issue is facilitated by different conditions like constructive view of parents and adolescents on importance of communication, parents awareness and knowledge on the issue, healthy relationship between parents and adolescents, educative

programs and drama on television and radios, presence of exemplary family in the neighborhood and negative reproductive health outcome in the community or neighbors.

Parents are really concerned about their children's transition into sexual life however constrained by different personal and sociocultural factors from supporting this transition as needed. The data generated from the study clearly specified hindering conditions for parents-adolescents communication on sexual and reproductive health issues. The study implied that study participant parents and adolescents are hindered by the way parents used to grow up, fear of disapproval on both parents and adolescents side, gender differences and lack of time to communicate about SRH issues. Generally, the study implied the need to start timely and age-timed SRH communication with adolescents since parents-adolescents communication on the issues act as protective factor for adolescents to develop healthy behavioral choice and practice.

### **6.3. Social Work Implications**

This study is a descriptive qualitative study and described perception of parents and adolescents on communication of sexual and reproductive health issues. More specifically, the study described practice in parent-adolescent communication, views of parents and adolescents on communication of SRH, facilitating and hindering condition for parents-adolescents communication on SRH. Based on the data generated the following implications have been implied. These are: implication for social work education, social work practice, policy and research.

#### **6.3.1. Implication for Social Work Education**

The data generated from the study have significant implications for social work education. School of social work should have to produce more competent social workers who can work with family and adolescents. The study revealed that there is a need to have more

social workers who can provide training and education for parents and adolescents to facilitate communication on SRH.

The data generated from the study indicated a need for comprehensive kind of sexual and reproductive health education at primary and secondary school levels. Study participant adolescents indicated that the information or communication that they got from their parents were not timely, comprehensive and adequate to know about the facts about sexual and reproductive health issues. The communication mostly focus on few topics like peer pressure, impacts of risky behaviors and engagement and about few changes during puberty. The data obtained revealed that adolescents have the quest to know about sexual and reproductive health issues in detail. There is a need to educate parents about SRH issues to help them to be empowered to provide the necessary support and knowledge for their children.

The data generated necessitate the need to provide comprehensive kind of sexual and reproductive health education to help adolescents to know about their own development, the changing human relationship which takes place during adolescence and the facts about sexual and reproductive health issues. Schools should have to educate adolescents in this regards by providing comprehensive education for adolescents to help them to be informed about human sexual and reproductive health issues, the impacts and the risks associated in this regards. The education that provided by school should be age specific and well-timed to help the growing adolescents to be informed timely about those changes which take place during adolescence. This helps to avoid the fear, shame, blame and confusion that might arise on adolescents when they start to observe and experience changes on their body.

The data generated indicated that, currently changes and characteristics of puberty on adolescence started to be manifested as early as nine and ten years old unlike previous years.

Adolescents started to experiment risky behaviors and activities at this young age. The data generated indicated that parents start to communicate with their children when children reach twelve years old or when they observe something new. Their communication was not initiated because of the fact that adolescence needs close parental supervision and consistent guidance rather it was initiated when parents observe or listen something about SRH issues. This is associated with lack of adequate knowledge on the importance and value of parent-adolescent communication on SRH issues and lack of knowledge on the appropriate time and issues need to be communicated with adolescents. Thus, parents need to get training and education on adolescent's sexual and reproductive health issues, to be supportive and primary figure in shaping their children beliefs and knowledge on the issues.

There might be a need to reconsider the educational curriculum on adolescent's sexual and reproductive health issues in order to go in line with the changing situation and maturity level of the adolescents. Adolescents need to be informed about SRH issues to help them to be informed and knowledgeable about the issues and to avoid early engagement in risky activities and behaviors.

Comprehensive kind of education and training on sexual and reproductive health issues need to be provided for parents and adolescents by social workers or other concerned bodies who work in the areas of adolescent's sexual and reproductive health issues. This helps both parents and adolescents to have the necessary awareness and knowledge on the issue. This in turn helps parents to give due concerns for the issue and to support their growing adolescents by providing all the necessary information and care during this critical time. Similarly, comprehensive education and training for adolescents help them to know about their own development and human sexual and reproductive health issues. Doing so, helps both parents and adolescents to be

knowledgeable on the issues and have positive view of parents-adolescents communication on sexual and reproductive health issues, which is one facilitating conditions for parents-adolescents communication on SRH issues.

Healthy relationship between parents and adolescents is the other facilitating conditions identified in the study. Parents need to be caring, supportive, understanding nonjudgmental and empathetic for their children. It is important for parents if they get training or education on how to deal with the growing adolescents with increased autonomy and freedom. Parents need to be supportive and empathetic for adolescents during this critical time in all regards. Parents need to give adequate time for their adolescents and they need to be sensitive to them. This helps to reduce the influence of peer on the growing adolescents who want to be like peer group. If parents are caring, sensitive and supportive for their adolescents during this critical life time they can help adolescents by being supportive adults for them. Caring and understanding kind of relationship facilitates open and free communication between parents and adolescents. Thus, education should have to be delivered for parents by social workers or other professionals to help them to deal with adolescents on sexual and reproductive health related issues.

The data generated identified that the way parents used to grow up and cultural attitude of the society have put influence on parents-adolescents communication on SRH issues. Thus, by providing education for parents and adolescents, it is possible to reduce such influence on parents-adolescents communication of SRH. If parents and adolescents are provided with the necessary education, the impact of hindering conditions on parents-adolescents communication can be reduced.

### **6.3.2. Implication for Social Work Practice**

The data generated will be important for social work practice with family, children and adolescents. In this regards the data generated provided knowledge on perception of parents-adolescents on communication of sexual and reproductive health issues. Since social work is both a theory and practice based profession, it is important for social workers to consider the realities with in the societies while they apply what they learned in theory. The data obtained from this research outlined practices in parent-adolescent communication, views of parents and adolescents, facilitating and hindering conditions for parents-adolescents communication on SRH issues and provided an important insight in this regards.

The data generated from the study indicated that parents and adolescents have communicated on sexual and reproductive health issues however their communication were not timely and informative in helping adolescents to know the facts about SRH issues. Adolescents indicated that they were not provided with adequate knowledge and information about their development and SRH issues in way that help them to be adequately informed about the issue. In this regards a great advocacy work is needed from social workers and other concerned bodies. Social workers can provide training for parents and adolescents to help them to know important facts about the issues. Awareness raising activities is also the other important role that can be played by social workers to inform parents and adolescents on the importance of timely communication between parents and adolescents on SRH issues.

The data generated from this study revealed that parents-adolescents communication on sexual and reproductive health issue was not frequent and planned. In this regards, social workers or other concerned bodies can provide training for parents to raise their awareness and knowledge on the importance of frequent and planned communication on sexual and

reproductive health issues. This enables and empowers parents to provide their children with the necessary information and knowledge on the issue. If parents are provided with the appropriate knowledge about the issues they can provide all the necessary information for their children to help them to be informed about the issues and to protect them from risks by providing them appropriate and timely information and communication on the issue.

Study participants adolescents indicated that communication on sexual and reproductive health issues with their parents were not timely and parents mostly communicate after they were in trouble with the changes and new experiences during adolescence. Thus, social workers who work with family and adolescents should have to give due concern for this issue and they should have to educate parents on the appropriate age and topics need to be communicated with adolescents on SRH issues. Similarly, social workers can work with adolescents and provide them with appropriate education on the issue.

The data generated from the study indicated that study participants adolescents were not open, transparent and free to communicate with their parents on SRH issues. Study participant adolescents stated that they fear their parent's disapproval, if they communicate about sexual and reproductive health issues and as a result they did not initiate the discussion with parents due to fear of disapproval. The data generated indicated the need to intervene and work with adolescents to help them to be open and free to communicate with their parents and to seek helps if they need.

The data gained from the study revealed that healthy relationship between parents and adolescents facilitate and enhance communication between parents and adolescents. It was indicated that welcoming, sensitive, caring and supportive kind of relationship promotes and facilitates free and open communication between parents and adolescents on SRH issues. Study

participant adolescents indicated that they were open and free to communicate with their parents when their parents were nonjudgmental, understanding and supportive. In this regards, social workers or other professional who works with adolescents can work with parents on parenting skill and styles to help parents to be effective, caring and supportive adults for their adolescents.

The data obtained indicated that cultural practices and attitude has not been supportive of sexual and reproductive health communication and this has created its own influence on parents-adolescents communication on sexual and reproductive health issues. This was hindering conditions identified for parents-adolescents communication on sexual and reproductive health issues. Thus, this noted the need to work more on traditional attitude and practice to reduce or alleviate at all their impact on parents-adolescents communication on sexual and reproductive health issues and to promote open and free sexual and reproductive health communication. Parents need to be provided with the necessary information and knowledge to help them to be supportive adults for their children. It is important for practitioners to focus both on parents and adolescents when working on adolescent's sexual and reproductive health issues. The data obtained revealed a holistic kind of intervention is needed to work with adolescents on sexual and reproductive health issues.

### **6.3.3. Implication for Policy**

FDRE Health Policy should have to give due emphasis to the issues of adolescents sexual and reproductive health issues. The FDRE Health Policy should have to incorporate the issue of parents-adolescents communication on sexual and reproductive health issues in its policy document and strive for its implementation at national and regional levels. Reproductive health is a fundamental feature of healthy human development and general health. As a result, adequate concerns and attention at policy level should have to be given for adolescent's sexual and

reproductive health issues in general and parents-adolescents communication in particular since inability to address reproductive health concerns may result in future health complications and problem for the nation at all.

There is a need to have comprehensive sexual and reproductive health education for parents and adolescents. The education policy needs to be reviewed to accommodate changing time and situations. The data indicated that adolescents are not getting timely and appropriate communication from parents. Moreover, the data generated revealed that currently adolescents are at great risk of developing negative reproductive health outcome due to lack of adequate knowledge on the issues and influence of the environment. Adolescents at early age are engaging in risky behaviors and activities and they are vulnerable for negative reproductive health outcomes. Also adolescents are getting matured at early age unlike the previous years. Thus, to help adolescents cope with the changing situations they need to be informed timely about sexual and reproductive health issues in general and about their own development in particular. Hence, the curriculum should have to be framed in ways that can deliver appropriate, age specific and timely education for adolescents on SRH related issues.

Adolescents need to be informed about their own development and changes that happen during adolescence timely before those changes happen. And the curriculum needs to be designed and reviewed by considering the changes through time and differences among adolescents due to genetic factors. The data obtained indicated that study participant parents are not delivering the necessary communication for their children on SRH issues thus this necessitates schools to play their role in this regards. Therefore, education policy, adolescents and youth policy should have to take into account these issues.

In order to have healthy future generation adolescents need to be informed about their own development and healthy life style or appropriate ways that they follow. It is also better if ways at federal and regional levels facilitated for parents to get training and education on sexual and reproductive health issues. If parents are empowered in this regards they can help their children by providing the necessary information and communication on the issues. In order to have healthy future generation free of reproductive tract problems there is a need to work on both parents and adolescents. To bring holistic kind of changes and progress in this regards the focus need to be both on parents and adolescents since adolescent's reproductive health issue touch parents directly or indirectly. Parents need to be the focus of intervention when working with adolescents on sexual and reproductive health issues. Thus, policy or intervention strategy that focus on adolescent's sexual and reproductive health issues need to include parents as well.

Policy that focus on adolescent's sexual and reproductive health issues need to consider facilitating and hindering conditions for parents-adolescents communication on SRH issues since, these conditions directly or indirectly affect and influence policies designed to address adolescent's SRH. This study identified facilitating conditions for parents-adolescents communication on SRH issues. These are constructive view of parents and adolescents on the SRH communication, parent's awareness and knowledge on the issue, healthy relationship between parents and adolescents, educative programs and drama on television and radios, and negative reproductive health outcome in the community or neighbors. Similarly, the study identified hindering conditions for parent-adolescents communication as the way parents used to grow up, fear of disapproval, gender difference and lack of time. Therefore, it is important to consider these facilitating and hindering conditions for parents-adolescents communication when

designing policy and intervention strategy on adolescent's SRH issues, since they could have influence on the implementation process.

#### **6.3.4. Implication for Future Researches**

This study indicates potential thematic areas for future research. Out of the data generated the researcher identified the following research points to be addressed by future researchers. The majority of researches conducted on parents-adolescents communication on sexual and reproductive health related issues were conducted in urban settings and there is a need to investigate the experience of rural settings where the vast majority of Ethiopian population lives and sexual and reproductive health related problems are more prevalent. Hence, future research can improve on this study by incorporating rural settings to see if same or similar results will maintain.

In addition, the current study also indicates potential research area for future research. Future research can also benefit by conducting guardians-adolescents communication on SRH issues. Since, communication between adolescents and non-biological parents might be different from communication of parents and adolescents. This study filled the knowledge gaps and contributed to the knowledge so far developed. However, since the current study is qualitative research further investigation is needed to have generalizable findings and to enhance the data of this research with representative sample that can be generalizable to the larger population.

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## Appendixes

### Appendix A: Consent Form for Parents

Research Title: Perception of Parents and Adolescents on Communication of Sexual and Reproductive Health issues

Study Site: Ambo Town

Information about the Researcher: Full Name: Ruhama Gudeta

Tel. +251912717148

Email: ruhamaa2013@gmail.com

School of Social Work, Addis Ababa University

Purpose of the Study: The purpose of this study is to investigate perception of parents and adolescents on the communication of sexual and reproductive health issues.

Inclusion Criteria: The inclusion criterion for parent includes those parents who have adolescent child and willing to participate in the study and provide consent for the child to participate. The inclusion criteria for adolescent were willingness to participate in the study, living with biological parents either father or mother and adolescent aged 13-18 years old.

Exclusion Criteria: Parents who don't have adolescent children and those who don't want to participate were excluded. In addition, adolescent who don't want to participate and adolescent who do not meet the age requirement were excluded from participating in the study.

Description of the Study: The data collection process took a period of two months; the researcher conducted interviews and focus group discussions. In this study, the researcher was assisted by the tape recorder and note taker in facilitating, recording and note taking in the time of focus group discussion. An in-depth interview with parent and adolescent may last a maximum of two hours each. In addition, one focus group discussion may also take one to two hours. An

individual participant child also had at least two contacts with the researcher. The researcher also used audio recorder and note taking in order to review what has been said and discuss in the in-depth interviews and focus group discussions. The audio recording was used based on the interest of the participants and discarded within six months' time frame. Besides this, the researcher may use direct quotes of the participants without specifying the anonymity and identity of the participants in the final report of the study.

**Benefits:** This study may not have an immediate benefit to the participants of the study in the time of data collection. However, the finding of the study may come up with various benefits such as improving the public and policy attention given for adolescent sexual and reproductive health issues. Furthermore, expected benefit of this research is that it will identify the practice in parent-adolescent communication on sexual and reproductive health matters. Generally, the study is expected to contribute to the existing knowledge base in the area. I will like to share you the findings of this research if you have interest, I will give you to read the final version of this research.

**Risks:** The potential risk of participating in this study might be memory of the past negative experience and thus to reduce this potential risk, the researcher arranged the interview and focus group questions from simple to complex and from present to earlier past.

**Right to Refuse:** Participation is voluntary and adolescent will become part of the study only if both adolescent and the parent agree to the adolescent's participation. At any time, either the participant adolescent him/herself or the parent may withdraw the adolescents from the study without any penalty or loss of any benefit to which they might otherwise be entitled. You have the right to skip any questions that you don't want to respond or to withdraw from the process

after you start the process. In addition, you can ask any question if you have, regarding the study before starting providing information or after that.

**Privacy:** The interviews and focus group discussion took place where the participants are comfortable and at ease to talk freely. The information that you provide was used in developing a knowledge base in the area. First I would like to assure you that the information you provide will be kept confidential, your name or other personal identifiers will not be included in writing of the findings of the study. Thus, no one can identify the identity of the participants. I would further like to assure you that the purpose of this study is purely for academic purpose; your participation will be completely voluntary and you can withdraw at any time of the interview if you feel discomfort. In addition, the recorded material will be deleted after six months of data collection.

**Financial Information:** There will not be financial payment for participation in the study, nor will there any compensation to the participants for participation.

**Signatures:** The study has been discussed with me and all my questions have been answered. I may direct additional questions regarding study specifics to the investigator. If I have questions about participants' rights or other concerns, I can contact the advisor of the researcher Mesele Mengisteab (PhD, Assistant Professor), Student Associate Dean.

School of Social Work at Addis Ababa University.

Email: meseleababa@gmail.com

Tel. 0911528546

In addition, I can contact the Head of School of Social Work at Addis Ababa University,

Ashenafi Hagos (PhD, Assistant Professor).

Email: ashehagos@yahoo.com:ashenafi.hagos@aau.edu.et

Tel. +251911099888,

Office: +251-111- 225950,

Po.Box: 3335/1250

I will allow the child to participate in the study described above and acknowledge the researcher's obligation to provide me with a signed copy of this consent form.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The parent has indicated to me that he/she is able to read. I certify that he/she has read or I will read and explain for them this consent form and by completing the signature line above he/she has given permission for the child to participate in the study.

Signature of Researcher: \_\_\_\_\_ Date: \_\_\_\_\_

**Appendix B: Consent Form for Adolescent**

I, \_\_\_\_\_, agree to be part of this study that describes the perceptions of parents and adolescents on the communication of sexual and reproductive health issues. I will engage myself for the in-depth interview or focus group discussions to provide adequate information that researcher want to collect in the study site. Before I have agreed to participate in the study, I also read the informed consent that the parent provided to the researcher on the behalf of me. After I read the consents and asked the researcher about points that I want an explanation, I give my verbal consent to the researcher or put my signature below to participate in the study.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The adolescent has indicated to me that he/she is able to read. I certify that he/she has read this and parent consent forms in order to give his/her words or put his/her signature about participating in the study.

Signature of Researcher: \_\_\_\_\_ Date: \_\_\_\_\_

### **Appendix C: In-depth Interview guide for Parents**

#### Background Information

- A. Pseudo name: \_\_\_\_\_
- B. Sex: \_\_\_\_\_
- C. Age: \_\_\_\_\_
- D. Educational Level: \_\_\_\_\_
- E. Religion: \_\_\_\_\_
- F. Occupation: \_\_\_\_\_
- G. Marital status: \_\_\_\_\_
- H. No. of children: \_\_\_\_\_
- I. Ethnicity: \_\_\_\_\_

#### **Interview Guide Questions for Parent**

##### **I. Practice in Parent-Adolescent Communication**

1. Would you please share with me how you communicate with your adolescent child on sexual and reproductive health issues specifically on issues related to HIV/AIDS and STD, puberty and the biological and physical changes associated, abstinence from early sexual practice, teenage pregnancy and abortion, avoiding premarital sexual practice, opposite sex relationship (boyfriend or girlfriend) avoiding risky behavior and resisting peer pressure? Probe why they communicate?
  - Does your child ask any questions concerning the issue?
  - Does the child encouraged to talk during the discussion?
2. Would you please tell me how you are open or transparent in discussing sexual and reproductive health issue with your child?
  - How much free and open you are to share your experience with your child?

3. How old were your adolescent child when you started communicating with him/her on sexual and reproductive health issues specifically on issues related to physiological changes during puberty, resisting peer pressure, avoiding risky behaviors?

- Why you started at that time?

- Do you think that your communication with your adolescent child about sexual and reproductive health matters is timely?

4. When do you discuss the issue with your child (when observing undesirable consequence or before the occurrences of undesirable consequence)

- At what time did you prefer to discuss the issue with your child (at day or night time?)

5. Would you please tell me how often do you discuss the issue with your child/children?

- Is the discussion frequent or occasional?

6. Can you please tell me the context you discuss such issues with your adolescent child?

- Does the discussion take place in the presence of other family members or with the child alone?

- Is the communication planned and intentional?

7. Would you please explain for me that, the reproductive health information that you provide for your child is adequate in making the child capable of protecting himself/herself from getting reproductive health problems by developing his/her self-awareness, ability to make informed decisions, ability to avoid sexual and reproductive health related risky behaviors?

## **II. Views of Parents on Communication Sexual and Reproductive Health issues**

1. Would you please tell me how you transfer your personal values or beliefs to your child in regard to sexual and reproductive health related issues?

2. Would you please tell me which topics do you think are need to be communicated with adolescent's aged 13-18 years old in regard to sexual and reproductive health? ( HIV/AIDS and STD, puberty and the biological and physical changes associated, abstinence from early sexual practice, teenage pregnancy and abortion, avoiding premarital sexual practice, opposite sex relationship (boyfriend or girlfriend) avoiding risky behavior and resisting peer pressure). Probe for why these topics are important than others?

3. Would you please tell me the importance of communication between parent and adolescent on sexual and reproductive health issues? (Physical changes, puberty, peer influence, HIV/AIDS, Teen pregnancy, risky behaviors...?)

- In resting peer pressure

- In terms of helping them to differentiate the good and the bad behaviors

4. Would you please share with me your view regarding your communication with your adolescent child about sexual and reproductive health related matters?

- Which age do you think is appropriate to start such discussion with adolescent?

- Whom do you think is responsible for supporting and directing the child by providing the necessary information in regard to sexual and reproductive health issues?

- Is father or mother or both is responsible and why?

- Can you please tell me with whom do you prefer to discuss such issues, with boy or girl or both? - If they say boys or girls why?

### **III. Condition that Facilitates Parent-Adolescent Communication on SRH issues**

1. What are the situations that facilitate discussion with your child on sexual and reproductive health issues?

- How does your level of education help you to provide the necessary information for your child? Explain how?

- Is there any cultural and social related condition that facilitates discussion on sexual and reproductive health related issues? (How they influence)

- Exposure to media

2. Would you please tell me how your strong relationship with your child facilitates your discussion on sexual and reproductive health related issues? (Probe for connectedness, closeness, responsiveness)

#### **IV. Condition that Hinder Parents-Adolescents Communication on SRH issues**

1. Would you please tell me the conditions that deter communication with your child on sexual and reproductive health issues? (physiological changes during puberty, HIV/AIDS, STD, abstinence from sex, avoiding risky behavior, avoiding drugs, tobacco and alcohol, resisting peer pressure, teenage pregnancy, early sexual debut).

- Is there any cultural and social related condition that hinders discussion on such issues?

- Cultural taboos to discuss the issue with adolescent

- Fear of disapproval

2. Would you please explain for me that how does your religion or cultural practices influence your communication with your adolescent child?

3. What are the challenges you faced to provide the necessary information for your child?

- Probe for lack of adequate knowledge or skill on the issue to discuss with adolescent

- Fear or embarrassment

- Gender difference

4. What are other issues that you want to add or reflect on?

### **Appendix D: In-depth Interview for Adolescent**

#### Background Information

- A. Pseudo name: \_\_\_\_\_
- B. Sex: \_\_\_\_\_
- C. Age: \_\_\_\_\_
- D. Educational Level( Grade): \_\_\_\_\_
- E. Religion: \_\_\_\_\_
- F. No. of siblings: \_\_\_\_\_
- G. Ethnicity: \_\_\_\_\_

#### **Interview Guide Questions for Adolescent**

##### **I. Practice in Parent-Adolescent Communication**

1. Would you please tell me your communication with your parent on sexual and reproductive health matters? (HIV/AIDS and STD, puberty and the biological and physical changes associated, abstinence from early sexual practice, teenage pregnancy and abortion, avoiding premarital sexual practice, opposite sex relationship (boyfriend or girlfriend) avoiding risky behavior and resisting peer pressure).

- How you are free and open to discuss these issues with your parent?
- How you can get clarification on issues that are unclear?
- Did you ask your parents issues that are unclear?
- Did your parents encourage you to discuss with them openly?

2. Would you please share with me your experience of discussing with your parent on HIV/AIDS and STD, puberty and the biological and physical changes associated, abstinence from early

sexual practice, teenage pregnancy and abortion, avoiding premarital sexual practice, opposite sex relationship (boyfriend or girlfriend) avoiding risky behavior and resisting peer pressure?

- Are you open and free in discussing with your parent?
- Would you please explain for me that how the communication is beneficial in coping with the changes during adolescence, resisting peer pressure?
- Do you think that have you been provided with the necessary information to cope with the changes during adolescence? (Physiological changes, resisting peer pressure, avoiding risky behaviors)

3. Would you please tell me when your parents discuss the issue with you?

- When they observe physiological changes, risky behaviors...
- At what time of the day they prefer to discuss the issue with you? (Day, night time)

4. Can you please tell me how often did your parents discuss the issue with you?

- Is the discussion frequent or occasional?

5. Can you please tell me the context your parents discuss such issues with you?

- Have you ever noticed the context or the situation that lead them to raise such issues?
- Is the communication planned and intentional?
- Is your parent discusses the issue in public or in private?

6. Would you please tell me in what forms your parent communicate with you about sexual and reproductive health issues? Probe why they communicate?

- Check for forms of the discussion: warning, threatening, authoritarian ways,
- One directional, two directional, open discussions

**II. Views of Adolescent on Communication SRH issues**

1. What is your views regarding your communication with your parent on issues related to HIV/AIDS and STD, puberty and the biological and physical changes associated, abstinence from early sexual practice, teenage pregnancy and abortion, avoiding premarital sexual practice, opposite sex relationship (boyfriend or girlfriend) avoiding risky behavior and resisting peer pressure?
2. Would you please tell me how old you were when your parents started discussing these issues with you?
  - Why do you think is that they started such discussion at that age?
  - Is/ was the communication timely?
3. Would you please tell me the importance of communicating with parents on adolescent's sexual and reproductive health matters? (Physiological changes, puberty, peer pressure, HIV/AIDS, Teen pregnancy, risky behaviors? probe: how important it is?
4. Would you please tell me who were supportive to you during puberty?
  - How the communication with your parent was supportive or helpful to you?
5. Whom do you think is responsible to discuss with adolescent about sexual and reproductive health related issues in family (Father, Mother, both?)
  - If father or mother or both why?

**III. Condition that Facilitate Parent-Adolescent Communication on SRH issues**

1. Would you please tell me facilitating condition for discussion with your parent on sexual and reproductive health issues?
  - Relationship between parent and adolescent
  - Happining of issues related to sexual and reproductive health

**VI. Condition that Hinder Parent-Adolescent Communication on SRH issues**

1. Would you please share with me conditions that hinder you and your parents from communicating on sexual and reproductive health matters?

- Parents or child education or understanding on the issue

- Lack of awareness on the issue

2. Would you please tell me any cultural or social related influences that negatively affect communication with your parent?

3. What are other issues that you want to add or reflect on?

## **Appendix E: Focus Group Discussion Guide for Parent**

### **I. Practice in Parent-Adolescent Communication**

1. Would you please tell me your communication with your adolescent child on sexual and reproductive health related issues? Probe why they communicate?

2. Would you please tell me in what forms you communicate with your child on physiological changes during puberty, HIV/AIDS, STD, abstinence from sex, avoiding risky behavior, avoiding drugs, tobacco and alcohol, resisting peer pressure, teenage pregnancy, early sexual debut?

- Check for forms of the discussion: warning, threatening, authoritarian ways, one directional, two directional, open discussions

- Is the communication direct or transmitted indirectly or other means of conveying messages?

3. Would you please share with me your experience while you discuss with your adolescent child on sexual and reproductive health issues?

- Do you think that your communication with your adolescent child about sexual and reproductive health matters was timely?

- When did you start communicating with your child? (How old he/she was at that time?)

- Why you started at that time?

4. When do you discuss the issue with your child (when observing undesirable consequence or before the occurrences of undesirable consequence)

5. Would you please share with me how often do you discuss with your child about HIV/AIDS and STD, puberty and the biological and physical changes associated, abstinence from early sexual practice, teenage pregnancy and abortion, avoiding premarital sexual practice, opposite

sex relationship (boyfriend or girlfriend) avoiding risky behavior and resisting peer pressure?

(Probe for frequency, intentionality whether it is planned or not)

6. Would you please tell me the context in which you discuss the issue with your adolescent child?

- Is the discussion take place in private and public place in the presence of other family members?

- Whom do you think is responsible to initiate or teach children in family about sexual and reproductive health issues?

- Does the child encouraged to talk?

7. Would you please share with me how you can support your child during his/her puberty in helping him/her to cope with the changes during puberty?

- How the communication helped the child to cope with the changes during puberty?

(Physical growth, body change, menstruation, peer influence, early sexual debut)

## **II. Views of Parents on Communication SRH issues**

1. What do you think is the importance of communicating with adolescent's aged 13-18 years old about on sexual and reproductive health issues?

- In terms of supporting and helping the child to differentiate the bad and the good behaviors and influences during adolescence?

2. Would you please explain for me how you can pass your positive values to your child on sexual and reproductive health related issues?

3. Would you please share with me which age do you think is the appropriate age to start discussion with adolescent on sexual and reproductive health related topics specifically on issues related to HIV/AIDS and STD, puberty and the biological and physical changes associated,

abstinence from early sexual practice, teenage pregnancy and abortion, avoiding premarital sexual practice, opposite sex relationship (boyfriend or girlfriend) avoiding risky behavior and resisting peer pressure?

4. Would you please share with me which topics of sexual and reproductive health need to be communicated with adolescent's aged 13-18 years old? (HIV/AIDS and STD, puberty and the biological and physical changes associated, abstinence from early sexual practice, teenage pregnancy and abortion, avoiding premarital sexual practice, opposite sex relationship (boyfriend or girlfriend) avoiding risky behavior and resisting peer pressure)

5. Would you please share with me whom you prefer to discuss issues related to sexual and reproductive health? Probe female or male adolescent, both, why?

- To what extent are you open, free and transparent in revealing facts to your child on issues related to reproductive health?

### **III. Condition that Facilitates Parent-Adolescent Communication**

1. Would you please tell me the issues that facilitate discussion with your adolescent child?

- Your relationship with your child
- Recognizing the importance of communication

### **IV. Condition that Hinders Parent-Adolescent Communication**

1. What are the conditions that hinder your communication with your child?

- Would you please tell me any cultural related conditions that hinder communication?
- Are there any social or religious related conditions that hinder parents-adolescents communication?

## **Appendix F: Focus Group Discussion Guide for Adolescent**

### **I. Practice in Parent-Adolescent Communication**

1. Would you please tell me your communication with your parent on issues related to sexual and reproductive health? (HIV/AIDS and STD, puberty and the biological and physical changes associated, abstinence from early sexual practice, teenage pregnancy and abortion, avoiding premarital sexual practice, opposite sex relationship (boyfriend or girlfriend) avoiding risky behavior and resisting peer pressure).

- How often do you communicate with your parent?
- Did the communication begin timely?
- With whom you are at ease to discuss physical changes associated with puberty?
- Do you discuss with them about your experience in regard to puberty, the physical changes associated, peer pressure?

3. In what context do you want the discussion to take place? (In private or public in the presence of other family members)

4. Would you please tell me how the communication was beneficial in coping with the changes during adolescence?

### **II. Views of Adolescent on Communication SRH**

1. Would you please share with me your view on communication you have with your parents on HIV/AIDS and STD, puberty and the biological and physical changes associated, abstinence from early sexual practice, teenage pregnancy and abortion, avoiding premarital sexual practice, opposite sex relationship (boyfriend or girlfriend) avoiding risky behavior and resisting peer pressure?

2. What do you think is the importance of communicating with parents on sexual and reproductive health issues?

- In what way your communication with your parents helped you?
- How the communication is helpful to cope with the alarming changes during adolescence?

3. Whom do you think is responsible to communicate such issues in the family with adolescents?

- Is it the responsibility of father?
- Is it the responsibility of mother?
- Or both?

4. Would you please share with me whom do you prefer to communicate with about sexual and reproductive health issues?

- Your father, mother or both? Why
- With whom you are open and free to communicate

### **III. Condition that Facilitates Parent-Adolescent Communication**

1. What are the conditions that facilitate sexual and reproductive health communication with your parents?

- Parents level of education
- Parents understanding of the situation
- Your relationship with your parents
- Exposure to media information

### **IV. Condition that Hinder Parent-Adolescent Communication**

1. What are the conditions that deter communication on sexual and reproductive health related issues with your parent?

- Fear of disapproval

- Embarrassment

- Lack of knowledge

2. Would you please tell me conditions that hinder you from communicating with your parents?

- Fear disapproval

- Embarrassment

**Dabalee A: Waliigaltee Maatiidhaaf Qophaa'e**

Mata duree Qo'annoo: Ilaalcha maatiifi ijoolleen haasawa dhimma walhormata fayyaafi saalaatin walqabatan irratti qaban

Bakka Qo'annoo: Magaalaa Amboo

Oddeeffannoo qoo'ataa: Maqaa guutuu: Ruhaamaa Guddataa

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Kaayyoo Qo'annichaa: kaayyoon qo'annoo kanaa, ilaalcha Maatiifi ijoolleen haasawa dhimma walhormaata fayyaafi saalaatin walqabatan irratti qaban ibsuudha.

Ulaagaalee filannoo: ulaagaaleen filannoo, maatiwwan ijoollee qaban, kannneen qo'annoo kana keessatti hirmaachuuf fedhii qaban akkasumas ijoollee isaaniif heyyama hirmaannaa mallattoo isaaniin akka ulaagaalee hirmaattota filannotti. Ulaagaaleen filannoo, ijoolleedhaaf immoo, qo'annoo kana keessatti fedhi hirmaannaa isaanii, maatii isaanii wajjiin kan jiraataniifi umriin isaanii waggaa 10-19 gidduu kan ta'e dha.

Ulaagaalee hin fudhatamne: maatiwwan ijoollee hin qabneefi kan qo'annoo kana keessatti hirmaachuu hin barbaadne hin filataman. Akkasumas, maatiwwan ijoolleewwan isaaniif hin mallatteessineewfi ijoolleewwan hirmaachu hin barbaadne, umrii akka ulaagaatti fudhatamee hin guunne, qo'annoo kana keessatti akka hirmaattotaatti hin filataman.

Ibsa bakka qo'annoo: funaansi odeeffannoo baatii tokkoofi walakkaa fudhata. Soqaan qo'annoo kanaa, gaaffiifi deebii akkasumas marii garee ni gaggeessa.

Itti dabalaan, soqaan qo'annoo kanaa odeeffannoo kan funaanu karaa lamaani. Qo'annoo kana keessatti, waraabduun sagaleefi namni yaada barreessu yeroo marii garee qorataa ni gargaaru. Gaaffiifi deebiin maatiifi ijoolleewan wajjiin gad-fageenyaan godhamu yoo baayyate hanga sa'aatii lamaa ni fudhata. Mariin garees akkanumaan sa'aatii tokko hanga lamaa ni fudhata. Ijoolleewwan yeroo lama qo'ataa wajjiin wal argu.

Qo'ataan qo'annoo kanaa, dhimmoota mariifi gaaffiifi deebii irratti ka'an irra deebi'ee ilaaluuf sagalee waraabduufi yaada gabaabaa nama barressuu ni fayyadama. Itt fayyadamni sagalee waraabdu fedhii hirmaattotaa irratti kan hundaa'ee yoo ta'u, baatiiwwan jaha kessatti sagalee warabame ni haqama. Itti dabalatees, qo'ataan dubbiiwwan hormaatonni taasiisan osoo maqaa fi eenyummaa isaanii hin ibsiin kallattiidhaan fudhachuun itti fayyadamuu ni danda'a.

Faayidaa: qorannoon kun bu'aa battalaa hirmattoota isaatiif yeroo funaansa odeeffannoo keennamu hin qabu. Haa ta'uu malee, bu'aan qoo'annoo argamu faayidaalee garaa garaa kanneen akka, xiyyeeffannoo hawasummaafi poolisiin dhimma walhormaataa fayyaafi saalaatiin walqabatan akka fooyya'an ni taasisa. Itti dabalatees, haala marii waa'ee walhormaata fayyaafi saalaatin wal qabatee maatiifi ijoolleewwan gidduutti godhamu maal akka fakkaatu hubachuuf ni gargaara. Walumaagalatti, qo'annoon kun, beekumsa dhimma Kanaan wal qabatan jajjabeessu keessatti qooda ni qaba. Yoo dubbisuuf fedhi qabaattan immoo, bu'aa dhuma qo'annoo kanaa isiniif qoodu nan fedha.

Balaa: qorannoo kana keessatti hirmaachun balaa akka tasaa umamu danda'u yoo jiraate, yaadannoowwan midhaa qaqqabsiisanii darban yoo jiraatani. Balaawwan akkasi kana hir'isudhaaf immoo, qorataan qo'annoo kana gaaffiifi deebii akkasumas marii garee salphaadhaa gara cimaatti, yeroo ammaa irraa gara yeroo darbeetti akka tarreefamu raawwateera.

Mirga hirmaachuu diduu: qo'annoo kana keessatti hirmaannaan hirmaattootaa fedhii isaanii irratti kan hunda'eedha. Ijooleewwan yoo fedhii isaanii ta'eefi maatiin isaanii eyyamaan qofa kan isaan hirmaachuu danda'an. Hirmaataan tokko yeroo fedhe, osoo bu'aa tokko kan isaaniif yaadame hin dhabiin yookiin hin adabamiin hirmaannaa isaa addaan kutuu ni danda'a. Gaaffii deebisuu hin barbaadne yoo jiraate irra taruuf mirga ni qaba. Hirmaannaa erga jalqabee boodas, addaan kutuuf mirga ni qaba. Osoo hirmaanna hin jalqabiin duras gaaffii barbaachisaa ta'e kan qo'annoo kana wajjiin wal qabatee gaaffachuu ni danda'a.

Dhimma dhuunfaa: gaaffiifi deebiin akkasumas mariin garee, bakka hirmaattotaatti toluufi bilisaan haasa'amu danda'amutti ta'uu qaba. Odeeffannoon isiin kennitan hundi akka burqaa beekumsaatti gargaara. Jalqaba irratti, odeeffannoon isiin keennitan akka icciitiitti akka qabamu, maqaan keessaniifi eenyummaan keessan qo'annoo kana keessatti akka hin caqafamne ibsuun barbaada. Haaluma kanaan, namni tokko waa'ee eenyummaa hirmaattootaa addaan baasuu hin danda'u. Irra deebiin, kaayyoon qo'annoo kanaa qulqullummaatti kan barumsaaf waan ta'eef, hirmaannaan keessan, fedhii irratti kan hundaa'ee dha. Yoo isiniitti toluu baate yeroo barbaaddan hirmaannaa keessan addaan kutuu ni dandeessu.

Odeeffannoo Maallaqaa: qo'annoo kana keessatti hirmaachuu keessaniif maallaqni isiiniif kafalamu hin jiru yookiin wanti isiniif haguugamu hin jiru.

Mallattoo: qo'annoon kun ana wajjin rawwatame. Akkasumas, gaaffiileen hunduu naaf deebii'ani jiru. Gaaffiileen biroo yoo jiraatan, soqaa qo'annoo kana nan gaaffadhaa. Yoon gaaffii dabalataa kan mirga himannaattin walqabatee qabaadhe, gorsaa qo'annoo kanaa Dr. Massalaa Mangista'aab, yunivarsiitii Finfinneetii gargaara pirofeesaraa akkasumas diinii barattootaa nan gaaffadha.

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Ati dabalatees, Yunivarsiitii Finfinneetti, dura bu'aa Mana Barumsa Soshal Workii, Dr.

Ashannaafii Hagoos (GargaaraaProfeesaraa) nan qunnama.

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Lakkoofsa saanduqa poostaa: 3335/1250

Mucaan koo qo'anno armaan olitti ibsame kana keessatti akka hirmaattu na eeyyama.

Akkasumas, soqaan qo'anno kanaa akka garagalcha eeyyyama kanaa naaf kenne na mirkaneessa.

Mallattoo maatii: \_\_\_\_\_ Guyyaa: \_\_\_\_\_

Hirmaataan maatii, dubbisuu akka danda'uu/dandeessu ibseera/ibsiteetti. Anis, guca kana akka

dubbisee/dubbiste akkasumas, dhimmonnii guca eeyyama kana keessatti caqafaman akka

ibsaman, itti dabalataanis, mallattoo ishee/isaatiin mirkaneessun mucaa isaa/ishee tiif akka

eeyyamtee/eeyyame nan mirkaneessa.

Mallattoo qo'ataa: \_\_\_\_\_ Guyyaa: \_\_\_\_\_

**Dabalee B: Guca Waliigaltee Ijoolleedhaaf Qophaa'an**

Ani \_\_\_\_\_ waa'ee ilaalcha marii wal hormaaata fayyaafi saalaatin wal qabatee, maatiifi ijoollee giddutti godhamuu ilaalchisee qo'anno gaggeeffamu kana keessatti hirmaataa ta'uu koo nan mirkaneessa. Gaaffiifi deebii gad-fageenyaa, akkasumas marii garee keessatti dadammaqinaan hirmaachuun, odeeffannoo gahaa qo'ataan bakka qo'annoo irraa argachuu barbaadu nan dhiyeessa. Hirmaannaa osoo hin jalqabin dura, dhimmoota barbaachisoo hunda dubbiseera; qo'ataas gaaffadheera. Haaluma Kanaan, eeyyama hirmaannaa afaaniin ykn mallatoon kennu koo nan mirkaneessa.

Mallattoo\_\_\_\_\_ Guyyaa: \_\_\_\_\_

Mucaan kun dubbisuu akka danda'u/dandeessu ibseera/ibsiteetti. Inni/isheeniifi maatiin ishee/ isaa, qo'anno kana keesatti akka hirmaattuuf /tuf eyyema isaanii afaaniifi mallattodhaan kennuu isaanii nan mirkaneessa.

Mallattoo qo'ataa: \_\_\_\_\_ Guyyaa: \_\_\_\_\_

### **Dabalee C: Af-gaaffiileefi Deebii Maatiif Qophaa'e**

#### **Odeeffanno Bu'uuraa**

A. Fakkeesituu Maqaa Maatii: \_\_\_\_\_

B. Saala: \_\_\_\_\_

C. Umrii: \_\_\_\_\_

D. Sadarkaa Barumsaa: \_\_\_\_\_

E. Amantii: \_\_\_\_\_

F. Hojii: \_\_\_\_\_

G. Haala Fuudhaafi Heerumaa: \_\_\_\_\_

H. Baay'ina Ijoollee: \_\_\_\_\_

I. Saba: \_\_\_\_\_

#### **Af-gaaffiilee Maatiidhaaf Qophaa'an**

##### **I. Haala Hasaawa Maatiifi Ijoollee Gidduu Jiru**

1. Wal-qunnamtii saalaafi fayyaa wal hormaataatiin wal qabatee, keessattu dhimmonni jijjiirama qaamaa yeroo dargagummaa/shamarummaa, HIV/AIDS, dhukkuboota wal-qunnamtii saalaatin daddarban, wal-qunnamtii saala irraa of qusachuu, amaloota midha qaqqabsiisan dhabamsiisuu, araada adda addaa kan akka dhugaatiifi tamboo irra of daangeessuu, dhiibbaa hiriyya dandamachu, ulfa yeroo malee fi dhiibbaa wal-qunnamtii saalaa yeroo maleen wal qabatee haasawaan isinii fi ijoollee keessan giddu jiru maal akka fakkaatu naaf ibsaa? (Gaaffiilee gad-fageenyaan ni gaafatamu)

- Ijoolleen keessan dhimmonni isiin itti himtan isaaniif galuu isaa akkamittiin beektu?

- Ijoolleen keessan gaaffiilee wal-qunnamtii saalaatiin walqabatee isiin gaaffatan ni beekuu?

- Dhimma kanaan walqabatee, ijoolleen keessan akka haasawaniif ni jajjabeefamuu?

2. Dhimma wal-qunnamtii saalaafi fayyaa wal hormaataatin wal qabatee, mariin isiin ijoollee keessan waliin taasifan hangam ifaafi bilisa akka ta'e natti himaa mee?

- Hangam ifaafi bilisa taatani muuxannoo keessan ijoollee keessaniif qooddu? (Ibsa)

3. Yeroo itti isiin jalqaba, ijoolle keessan waa'ee wal-qunnamtii saalaafi wal hormaata fayyaa, jijjiirama qaamaa yeroo dargaggummaa, dhiibbaa hiriya dandamachuufi amaloota dhiibbaa qaqqabsiisan dhabamsiisuu itti mariisiftan umriin isaani meeqa ture?

- Yeroo kanatti maaliif marii barbaachise?

- Mariin waa'ee wal-qunnamtii saalaafi wal-hormaataa fayyaa yeroon ni daangeffama jettani ni yaadduu? (Ibsa)

4. Mee yeroo kami kan isiin waa'ee dhimma kana marii jalqabdan? (wanti hin fedhamne yeroo itti argitan, yookiin wanti hin fedhamne osoo hin rawwaatamin dura?)

- Ijoolleewwan keessan waliin mariidhaaf yeroo kamtu isiniif mijata? (Halkan yookiin guyyaa?)

5. Si'a meeqa, waa'ee dhimma kanaa ijoollee keessan waliin mari'attu?

- Marii keessan yeroo mara irra deddeebbiidhaanii yookiin cirumayyuu hin mari'attan?

6. Waa'ee dhimma kanaa kan mari'attan haala akkamii keessa taataniitu?

- Yeroo rakkoo akka umamu argitan?

- Yeroo waa'ee dhimmichaa miidiyaa irra argattan yookiin ollaa keessan irraa dhageessan?

- Dhimma kanaan walqabatee, yeroo marii gaggeessitan, miseensonni maatii hafan ni hirmaatuu? Yookiin immoo ijoollee qofaaf?

- Mariin keessan kan karoorfameefi itti yaadameedhaa?

7. Yeroo dhimma kana irratti marii gaggeessitan, miseensota maatii keessaa eenyuutu irra hirmaata? (Haadha, Abbaa, Ijoollee).

- Dhimma walhormaata fayyaafi saalaatiin walqabatee, odeeffannoon barbaachisaa ijoolleedhaaf dhiyeessuun itti gaafatamummaa eenyuuti jettanii yaaddu?

8. Waa'ee dhimma kanaa mari'achuuf, kan isinitti tolu eenyu wajjini? (dhiira, dhalaa, lamaan isaanii) Yo dhiira ta'e, maaliif? Yoo dhalaa ta'e, maaliif?

## II. Ilaalcha Maatiin Marii Dhimma Walhormaata Fayyaafi Saalaaf Qaban

1. Waa'ee dhimma walhormaata fayyaafi saalaa, ijoolleewwan keessaniif, akkamitti yaada yookiin ilaalcha dhuunfaa keessan dabarsitu?
2. Dhimmoota armaan gadiitti caqafaman keessaa dhimma isa kamitu mata duree marii ijoolleewwan umriin isaanii waggaa 13-18 gidduu jiraniif baay'ee barbachisaa dha jeettani yaaddu? ( Jijjirama qaama yeroo dargaggummaa/shamarrumma, HIV/AIDS, dhukkuboota wal-qunnamtii saalaatiin daddarban, wal-qunnamtii saalaa, amaloota dhiibbaa qaqqabsiisan dhabamsiisuu, araada adda addaa kan akka tamboo fi dhugaatii alkoolii dhabamsiisuu, dhiibbaa hiriya miliquu, ulfa yeroo malee hambisuu, rakkoo wal-qunnamtii saalaa yeroo malee, ) Dhimmooleen kunniin maaliif akka irra caala barbaachisan gad-faggeenyan qo'adhu?
3. Faayidaan marii dhimma walhormaata fayyaafi saalaa irratti ijoolleewwaniifi maatii isaanii giddutti godhamu naf himaa mee? ( Jijjirama qaamaa, dargaggummaa/shamarrummaa, HIV/AIDS, dhiibbaa hiriya, ulfa yeroo malee, amaloota midhaa geessisan)
4. Mee ilaalcha dhuunfaa keessan marii dhimma walhormaata fayyaafi saalaa ijoolleewwan keessan waliin ilaalchisee qabdan naaf qoodaa?

- Umrii isa kamtu marii dhimma kanaaf sirriidha jettani yaadduu?
- Umrii dargaggummaan/shamarrumman duraa
- Yeroo dargaggumman/shamarrumman
- Umrii dargaggumman/shamarrumman boodaa

5. Dhimma dargaggumman/shamarrummanii fi jijjiirama qaamaa wajjin walqabatee maariin isiin ijoolleewwan keessan wajjin taasiftan naaf himaa?

-Gargaarsi fi kallattiin dhimma dargaggumman/shamarrummanwalqabatee

ijoolleewwaniif kennamu ilaalchisee itti gaafatamummaan kan eenyuuti jettanii yaaddu?

6. Odeeffannoon isiin dhimma walhormaata fayyaafi saalaatin ilaalchisee ijoolleewwan keessan wajjin taasisftan gahaadha jettanii yaadduu? Odeeffannoon isin kennitan ijoolleen akka of eegganno taasiisaniif, beekumsa ishee/isaa cimsuun, murtii beekumsa irratti hunda'ee akka murteesaniif akkasumas dandeetii amaloota dhiibbaa walhormaata fayyaafi saalaa geessisan dhabamsiisu ijoolleewwan cimsuuf gahaa dha jettani ni yaadduu? Yoo gaha ta'ee akkamitti? Yoo hin taane immoo maaliif?

7. Ijoollee keessaaniif, odeeffannoo barbaachisaafi gargarsi hundi kan rakkoowwan yeroo dargaggummaa/shamarrummaa isaan mudatu furuuf isaan gargaaru kennameeraaf jettanii ni yaadduu?

8. Marii dhimmaa waa'ee kanaa ijoolleewwan waliin gaggessuuf itti gaafatamummaan kan abbaati jettani ni yaadduu?

Haadha moo abbaa ykn laman isaanii?

9. Ijoolleewwaniif bu'aan marii dhimma waa'ee kanaa maal fa'a jettanii yaaddu?

- Ijoolleewwan wajjin dhimma walhormaata fayyaafi saalaa mari'achuun midhaa qaba jettanii ni yaadduu?

### **III. Haallan Haasawa Dhimma Walhormaata Fayyaafi Saalaa Irratti Maatiifi**

#### **Ijoolleewwan Giddutti Godhamu Mijeessan**

1. Haallan haasawa dhimma walhormaata fayyaafi saalaa irratti isiniifi ijoolleewwan gidduutti godhamu mijeessan maal fa'aa?

- Sadarkaan baruumsa keessanii odeeffanno barbaachisaa isiin ijoollee kessaniif kennitan dhiyeessuuf ni gargaaraa? Yoo ta'e akkamitti?
- Aadaadhaan, haala hawaasummaafi dinagdeen walqabatee, dhimmonni marii dhimma walhormaata fayyaafi saalaa irratti godhamu mijeessan ni jiruu? Akkaataa kamiin mijeessuu danda'u?
- Sab-qunnamtiitti ofdhiyeessuu

### **IV. Haallan Haasawa Dhimma Walhormaata Fayyaafi Saalaa Irratti Maatiifi**

#### **Ijoolleewwan Giddutti Godhamu Dhorkan**

1. Haallan haasawa dhimma walhormaata fayyaafi saalaa irratti isiniifi ijoolleewwan giddutti godhamu dhorkan maal fa'a? ( Jijjiirama qaamaa yeroo

dargaggummaa/shamarrummaa, HIV/AIDS, dhukkuboota wal-qunnamtii saalaatiin

daddarban, wal-qunnamti saalaa, amaloota dhiibbaa qaqqabsiisan dhabamsiisuu, araaada

adda addaa kan akka tamboo fi dhugaatii alkoolii dhabamsiisuu, dhiibbaa hiriyaa

miliquu, ulfa yeroo malee, rakkoo walqunnamti saala yeroo malee )

- Aadaadhan, haala hawaasumma fi dinagdeen walqabatee, dhimmonni marii

walhormaata fayyaafi saalaa irratti godhamu dhorkan ni jiruu? Akkaataa kamiin dhorkuu

danda'u?

2. Haalli amantii yookiin gochi aadaa keessanii akkaataa kamiin akka marii dhimma walhormaata fayyaafi saalaa isinii fi ijoollee keessan wajjin gootan midhuu akka danda'u naaf ibsaa?
3. Rakkoowwan yeroo isiin odeeffannoo ijoollee keessaniif kennitan isin qunname maal fa'a?
  - Beekumsa gahaa dhabuu (gadifageenyaan gaaffadhaaa)
  - Sodaa
  - Sababaalee biroo
4. Dhimmonni biroo isin dabaluu barbaaddan ykn yaada keessan kennuu barbaaddan ni jiraa?

### **Dabalee D: Af-gaaffiilee Ijoolleef Qophaa'an**

#### **Odeeffanno Bu'uuraa**

- A. Fakkeesituu Maqaa: \_\_\_\_\_
- B. Saala: \_\_\_\_\_
- C. Umrii: \_\_\_\_\_
- D. Sadarka Barnumsaa: \_\_\_\_\_
- E. Amantii: \_\_\_\_\_
- F. Baay'ina Maatii (firootaa): \_\_\_\_\_
- G. Saba: \_\_\_\_\_

### **Af-gaaffiilee Ijoolleef Qophaa'an**

#### **I. Haallan Marii Ijoolleewwaniifi Maatii Isaanii Giddu Jiru**

1. Dhimma walhormaata fayyaafi saalaatiin walqabatee mariin ati maatii kee wajjiin taasiftu maal fakkaata? ( Jjijjiirama qaaama yeroo dargaggummaa/shamarrumma, HIV/AIDS, dhukkuboota wal-qunnamtii saalaatiin daddarban, wal-qunnamti saalaa, amaloota dhiibbaa qaqqabsiisan dhabamsiisuu, araada adda addaa kan akka tamboo fi dhugaatii alkoolii dhabamsiisuu, dhiibbaa hiriya miliquu, ulfa yeroo malee, rakkoo wal-qunnamtii saalaa yeroo malee]
  - Hangam ifaafi bilisaan maatii kee wajjin mari'atta?
  - Dhimoota siif hin galle akkamitti ibsa argatta?
  - Dhimota siif hin galle maatii kee ni gaafattaa?

- Maatiin kee akka ati ifaan mari'attu si jajjabeessuu?
2. Muuxannoon ati marii dhimma walhormaata fayyaafi saalaa irratti taasiiste maal fakkaata? ( Jijjiirama qaamaa yeroo dargaggummaa/shamarrumma, HIV/AIDS, dhukkuboota wal-qunnamtii saalaatiin daddarban, wal-qunnamti saalaa, amaloota dhiibbaa qaqqabsiisan dhabamsiisuu, araada adda addaa kan akka tamboo fi dhugaatii alkoolii dhabamsiisuu, dhiibbaa hiriya miliquu, ulfa yeroo malee, rakkoo wal-qunnamtii saalaa yeroo malee )
    - Ifaafi bilisaan taatee maatii kee waliin ni mari'attaa?
    - Muuxannoo kee maatii keef ni qooddaa?
  3. Waa'ee dhimma walhormaata fayyaafi saalaa maatii kee wajjin mari'achuu kan jalqabde umriin kee meeqa ture? ( Jijjiirama qaamaa yeroo dargaggummaa/shamarrummaa, HIV/AIDS, dhukkuboota wal-qunnamtii saalaatiin daddarban, wal-qunnamtii saalaa, amaloota dhiibbaa qaqqabsiisan dhabamsiisuu, araada adda addaa kan akka tamboofi dhugaatii alkoolii dhabamsiisuu, dhiibbaa hiriya miliquu, ulfa yeroo malee, rakkoo wal-qunnamtii saalaa yeroo malee )
    - Umrii ati itti marii akkasii mari'achu jalqabde sirriidha jettee yaaddaa?
  4. Dhimmicha irratti, yeroo jalqabaaf maatiin kee kan si wajjiin mari'atan umriin kee meeqa ture?
    - Waa'ee dhimma jijjiirama qaamaa yeroo dargaggummaa/shamarrummaa, dhiibbaa hiriya miliquu, amaloota midhaa geessisan dhabamsiisuutiin wal qabate taasifte kun umrii ati irra jirtu kanatti sirriidha jettee yaaddaa? Maaliif?
    - Yeroo umrii kanatti marii akkasii maatiin kee si waliin jalqabuun isaanii sirriidha jettee yaaddaa?

- Mariin kun kan yeroo isaa eeggate jettee yaaddaa?
5. Mee maatin kee yeroo akkamitti kan isaan dhimma waa'ee kana kan mari'atan?
- Yeroo jijjiirama qaamaa yookii amaloota midhaa qaqaabsiisan siirratti argan?
  - Yeroo ati waan gadhee dalagde?
  - Mariif yeroo kam isaaniitti tola? (halkan yookiin guyyaa)
6. Si'a meeqatti maatiin kee kan isaan waa'ee dhimmichaa si wajjin haasawan?
- Yeroo mara moo darbee darbeeti?
7. Mee haala akkami keessatti kan maatiin kee si wajjin waa'ee dhimmichaa mari'attan?
- Haala akkamii keessattidha hubatte jirtaa maatiin kee waa'ee dhimmichaa kan si wajjin mar'itan?
  - Odeeffannon isaa yeroo miidiyaa irra argattan yookiin olla irraa dhageessan, marii waa'ee dhimmichaa irratti akka taasisaniif isaan dirqisiisa?
  - Mariin maatiin kee sii wajjin kan taasisan kan itti karoorfameefi yaadameedha?
  - Maatiin kee waa'ee dhimmichaa nama biratti moo dhuunfaatti si mariisisu?
8. Maatii kee keessaa, eenyutu waa'ee dhimmichaa marii qopheessa? (Abbaa, haadha, isaan lamaan, sii) – Maaliif akkas godhan ?
9. Waa'ee dhimma jijjiirama qaamaa yeroo dargaggummaa/shamarrumma, amaloota dhiibbaa qaqqabsiisan dhabamsiisuu ilaalchisee maatii kee keessaa eenyu wajjin mari'achuu caalaatti filatta? Maaliif?

## **II. Ilaalcha Ijoolleen Marii Dhimma Walhormaata Fayyaafi Saalaa Irratti Qaban**

1. Ilaalchi ati marii maatii kee wajjin waa'ee walhormaata fayyaafi saalaa irratti taasiiftu maal fakkaata? ( Jijjiirama qaamaa yeroo dargaggummaa/shamarrummaa, HIV/AIDS, dhukkuboota wal-qunnamtii saalaatiin daddarban, wal-qunnamti saalaa, amaloota

dhiibbaa qaqqabsiisan dhabamsiisuu, araada addaa addaa kan akka tamboofi dhugaatii alkoolii dhabamsiisuu, dhiibbaa hiriyaa miliquu, ulfa yeroo malee, rakkoo wal-qunnamtii saalaa yeroo malee )

2. Maatii kee wajjin mariin waa'ee walhormaata fayyaafi saalaa irratti godhamu faayidaa maalii akka qabu natti himi ( Jijjiirama qaamaa yeroo dargaggummaa/shamarrumma, HIV/AIDS, amaloota dhiibbaa qaqqabsiisan dhabamsiisuu, dhiibbaa hiriyaa miliquu, ulfa yeroo maleetiin walqabatee ibsa kenni) faayidaa maali akka qabu (gad-fageenyan gaafadhu)
3. Mariin akkanaa kun faayidaan inni jijjiirama yeroo dargaggummaa si mudatan mo'achuufi dhiibbaa hiriyaa dandamachuu keessatti maal akka fakkaatu ibsi.
4. Odeeffannon barbaachisan jijjiirama yeroo dargaggummaa si mudatan to'achuuf si gargaaran naaf kennameera jette ni yaaddaa? ( Jijjiirama qaamaa yeroo dargaggummaa/shamarrummaa, amaloota dhiibbaa qaqqabsiisan dhabamsiisuu, dhiibbaa hiriyaa miliquutiin walqabate ibsa kenni )
5. Yeroo umrii dargaggummaa keetii gargaarsa kan sif laachaa turan eenyu fa'a?
  - Mariin atii maatii kee wajjin goote hangam si fayyade?
6. Marii waa'ee walhormaata fayyaafi saalaa irratti ijoolleewwan wajjiiniin godhamu ilaalchisee eenyutu itti gaafaatamummaa qaba jette yaadda? (Abba, Haadha, ykn lameen isaanii)
  - Yoo abbaa ta'ee maaliif? Yoo haadha ta'e maaliif? Lameen isaanii yoo ta'ee maaliifi ? (ibsa kenni)

### **III. Haallan Marii Ijoolleefi Maatii Giddutti Waa'ee Walhormaata Fayyaafi Saalaa Irratti Godhamu Si'eessan**

1. Dhimmonni marii ati maatii kee wajjin waa'ee walhormaata fayyaafi saalaatiin wal qabatan irratti taasiftu si'eessan maal fa'a?
  - Sadarkaan barumsaa maatii kee yookiin dinagdeen maatii keetii, marii waa'ee walhormaata fayyaafi saalaa irratti raawwatamu irratti midhaa ni qabaa?
  - Aadan yookiin gocha hawaasummaatiin walqabatee, dhimmonni marii akkanaa kallatiidhaan gabbisan ni jiruu? (Ibsa kennaa)
  - Dhimmota midhaa qaban geessisan yeroo argan?
  - Yeroo ati amala gadhee agarsiifte?

#### **IV. Haallan Marii Ijoolleefi Maatii Giddutti Waa'ee Walhormaata Fayyaafi Saalaa Irratti Godhamu Dhorkan**

1. Haallan marii siifi maatii kee giddutti waa'ee walhormaata fayyaafi saala irratti godhamu duubatti harkisan maal fa'a?
  - Barnoota yookiin beekumsa maatii yookiin ijoollee, hubannoo isaanii waa'ee dhimmicha irratti
  - Rakkoo/ hir'ina dandeetti marii
  - Sababa hubannoo dhabuu
2. Haallan aadaadhaan yookiin gocha hawaasaatin walqabatee, marii ati maatii kee wajjin taasistu karaa al-kallattiin midhaan maal fa'aa akka ta'an naaf ibsi?
3. Yaada dabalataa yoo qabaatte?

### **Dabalee E: Af-gaaffiilee Marii Garee Maatiif Qophaa'e**

#### **J. Haallan Marii Ijoolleewaniifi Maatii Giddutti Godhamu**

1. Waa'ee walhormaata fayyaafi saalaa ilaalchise mariin isiiniifi ijoollee giddu jiru maal akka fakkaatu naf ibsaa?
2. Dhimma jijjiirama qaamaa yeroo dargaggummaa/shamarrummaa, HIV/AIDS, dhukkuboota wal-qunnamtii saalaatiin daddarban, wal-qunnamtii saalaa, amaloota dhiibbaa qaqqabsiisan dhabamsiisuu, araada adda addaa kan akka tamboofi dhugaatii alkoolii dhabamsiisuu, dhiibbaa hiriya miliquu, ulfa yeroo malee, rakkoo wal-qunnamtii saalaa yeroo maleetin walqabatee akkamitti ijoolleewwan keessan wajjin mari'attu? Maaliif akka haasawan gad-fageenyaan gaaffadhu?
  - Yeroo marii ijoolleewwan kessan wajjin taasiiftan, erga/odeeffannoo barbaachisaa kallaattiidhaanii moo al-kallattiin kan akka mammaaksaa fi kan biroon dabarsitu?
3. Muuxannoo isiin yeroo marii waa'ee wal hormaata fayyaafi saalaa irratii ijoollee keessan wajjin gootan irraa argattan naaf qoodaa mee?
  - Hangam takka ifaafi bilisa taatanii, waa'ee dhimma walhormaata fayyaa fi saalaa irrati ijoolleewwan keessan wajjin mari'attu?
4. Mariin waa'ee walhormaaa fii saalaa irratii godhamu yeroon ni daangeessaa?
  - Yeroo kam kan isin, yeroo jalqabaaf marii dhimma kana irratti ijoollee keessan wajjin jalqabdan? ( umriin ishe /isaa meeqa ture?
  - Yeroo caqafame kanatti maaliif akka jalqabdan natti himaa mee?

5. Waa'ee dhimmichaa kan mari'attan yeroo akkamitti? ( yeroo amaloota hin barbaachifne ijoolleewwan irrattii argitan, yeroo amaloota hin barbaachifne ijoolleewwan irrattii argitan booda )
6. Mee al-meeqa kan isiin waa'ee, dhimma jijjiirama qaamaa yeroo dargaggummaa/shamarrummaa, HIV/AIDS, dhukkuboota wal-qunnamtii saalaatiin daddarban, wal-qunnamtii saalaa, amaloota dhiibbaa qaqqabsiisan dhabamsiisuu, keemiikaaloota, tamboo fi dhugaatii alkoolii dhabamsiisuu, dhiibbaa hiriya miliquu, ulfa yeroo malee, rakkoo walqunnamtii saala yeroo maleetiin walqabate akkaataa kamiin kan isiin ijoolleewwan keessan wajjin mari'attan? ( mariichi al-meeqa, itti yaadamee moo akka tasaa akka ta'e gad-fageenyan gaaffadhu).
7. Haala akkami keessattidha isin ijoollee keessan wajjin kan mari'attan?
  - Mariin keessan dhuunfaadhaani moo bakka miseensonni maatii biroo argamanitti?
  - Dhiiraafi dhala dhuunfaan mari'chiistu moo bakkuma tokkotti mari'chiiftu?
  - Itti gaafaatamumman ijoolle barsiisuu yookiin ijoolleewwan mari'achiisuu kan eenyuti jetteni yaaddu?
8. Maatii keessan keessaa eenyutu marii dhimma walhormaata fayyaafi saalaa irratti godhamu qopheessa?
9. Ijoolleewwan keessan keessaa eenyu wajjin ifaafi billisan waa'ee dhimma jijjiirama qaamaa yeroo dargaggummaa/shamarrummaa, HIV/AIDS, dhukkuboota wal-qunnamtii saalaatiin daddarban, wal-qunnamtii saalaa, amaloota dhiibbaa qaqqabsiisan dhabamsiisuu, araada adda addaa kan akka tamboofi dhugaatii alkoolii dhabamsiisuu,

dhiibbaa hiriya miliquu, ulfa yeroo malee, rakkoo wal-qunnamti saalaa yeroo maleetin walqabate mari'achuu filattan? (dhira, dhalaa, maaliif gad-fageenyaan gaaffadhu)

## **II. Ilaalcha Maatiin Marii Dhimma Walhormaata Fayyaafi Saalaa Irrati Qaban**

1. Ijoollee umriin isaani wagga 13 -18 ta'an waa'ee walhormaata fayyaafi saalaatin walqabatee mariisisuun faayidaa maalii qaba jettani yaaddu?
2. Haala kamin kan isin ijoolleedhaaf ilaalcha gaarii walhormaata fayyaafi saalaatiif qabdan kan dabarsitan?
  - Marii kallattii ijoollee wajjiniin
  - Marii al-kallattii ijoollee wajjiniin

3. Ijoolleewwan wajjin mariin dhimma waa'ee dhimma jijjiirama qaamaa yeroo dargaggummaa/shamarrumma, HIV/AIDS, dhukkuboota wal-qunnamtii saalaatiin daddarban, wal-qunnamtii saalaa, amaloota dhiibbaa qaqqabsiisan dhabamsiisuu, araada adda addaa kan akka tamboofi dhugaatii alkoolii dhabamsiisuu, dhiibbaa hiriya miliquu, ulfa yeroo malee, rakkoo wal-qunnamtii saalaa yeroo maleetin walqabatee taasiifamu, yeroo umriin isaanii meeqa ta'e tahuu qaba jettani yaaddu?

- Dargaggummaa/shamarrummaan dura,
- Yeroo dargaggummaa/shamarrummatti
- Dargaggummaa/shamarrummaa booda, Maaliif?

4. Dhimma walhormaataa fayyaafi saalaatin walqabatan kan ijoolleewwan umriin isaanii waggaa 13-18 jiddu jiran wajjin mar'ichuun barbaachisu kami? jijjiirama qaamaa yeroo dargaggummaa/shamarrummaa, HIV/AIDS, dhukkuboota wal-qunnamtii saalaatiin daddarban, wal-qunnamti saalaa, amaloota dhiibbaa qaqqabsiisan dhabamsiisuu, araada adda addaa kan akka

tamboofi dhugaatii alkoolii dhabamsiisuu, dhiibbaa hiriya miliquu, ulfa yeroo malee, rakkoo wal-qunnamtii saalaa yeroo malee.

5. Yeroo ijoollewwan umrii dargaggummaa /shamarrummaa keesaan jiran gargaarsi isiin ijoollewwaniif kennitan maal akka fakkatau naaf ibsaa?

6. Mariin isiin ijoolle keesaan wajjiniin taasifan hangam akka isaan gargaaru natti himaa, keessattu ijoolleen yeroo dargaggumma isaanii amala gadheefi gaarii addaan baasaanii beekuu keessatti?

- Mariin kun akkamitti ijoollewan keessan gargaare? (Guddina qaama, jijjiirama qaamaa, lagu, dhiiba hiriya, wal-qunnamti saalaa yeroo malee...)

### **III. Haallan Marii Maatiifi Ijoollewwan Giddutti Godhamu Si'eessan**

1. Haallan marii akkasii kana mijeessan maal fa'a?

### **IV. Haallan Marii Maatiifi Ijoollewwan Giddutti Godhamu Dhorkan**

1. Haallan marii akkasii kana duubatti harkisan maal fa'a?

- Aadaa, duudhaalee hawaasaa ykn amantii

### **Dabalee F: Af-gaaffiilee Marii Garee Ijoolleef Qophaa'e**

#### **I. Haallan Marii Maatiifi Ijoollewwan Giddu Jiru**

1. Dhimma walhormaata fayyaafi saalatin walqabatee, mariin siifi maatii keessan giddu jiru maal akka fakkaatu natti himaa mee?

- Yeroo meeqatti kan mariin akkasii gaggeefamu?

- Umriin atii marii waa'ee dhimma kana mar'ichuu jalqabde sirriidha jette ni yaaddaa?

- Mariin Kun kan yeroo isaa eeggatedhaa?

2. Maatii keessan keessaa eenyu wajjin mar'ichuu filattu? (Abbaa, Haadha)

- Maatii keessan keessaa eenyu wajjin ifaafi bilisan waa'ee dhimmichaa irratti mari'attu?

- Yoo xiqqaate, waa'ee jijjiirama qaamaa yeroo dargaggummaa/shamarrummaa eenyu wajjin mar'ittu?

3. Waa'ee dhimma kana irratti yeroo baay'ee eenyutu marii qopheessa? (Abbaa, Haadha )

- Marii akkassi ifaa fii bilisa tatee ni hirmaattaa?

- Muuxaanoo kee kan dhimma dargaggummaa, jijjiirama qaamaa ykn dhiibbaa hiriyaatiin wal qabate maatii kee wajjiniin ni mar'ittu?

4. Maatii keessan keessaa, eenyu wajjiniin mar'ichuu barbaadu keessattuu waa'ee dhimma

jijjiirama qaamaa yeroo dargaggummaa/shamarrummaa, HIV/AIDS, dhukkuboota wal-

qunnamtii saalaatiin daddarban, wal-qunnamtii saalaa, amaloota dhiibba qaqqabsiisan

dhabamsiisuu, araada adda addaa kan akka tamboofi dhugaatii alkoolii dhabamsiisuu, dhiibbaa

hiriyaa miliquu, ulfa yeroo malee, rakkoo wal-qunnamtii saala yeroo maleetin walqabatee?

5. Haala akkami keessatti kan isiin maatii keessan wajjin mar'ichuu barbaaddan? (dhuunfaan,

bakka miseensonni maatii biroo itti argamanitti)

## **II. Ilaalcha Ijoolleewwan Marii Maatii Isaani Wajjin Taasiisan Irrati Qaban**

1. Ilaalchi ati marii siifi maatii kee giddutti godhamu irratti qabdu maal akka fakkaatu naaf

qoodaa mee waa'ee dhimma jijjiirama qaamaa yeroo dargaggummaa/shamarrummaa,

HIV/AIDS, dhukkuboota wal-qunnamtii saalaatiin daddarban, wal-qunnamtii saalaa,

amaloota dhiibbaa qaqqabsiisan dhabamsiisuu, araada adda addaa kan akka tamboofi

dhugaatii alkoolii dhabamsiisuu, dhiibbaa hiriyaatiin miliquu, ulfa yeroo malee, rakkoo wal-

qunnamtii saalaa yeroo maleetin walqabatee?

2. Faayidaan marii waa'ee walhormaata fayyaafi saalaa maatiifi ijoollee giddutti godhamu

maal sitti fakkaata?

- Mariin akkasi kun akkamitti ijoolleewwan gargaara?

- Mariin ati maatii wajjin mar'itte akkamittin sii gargaare?

3. Mariin akkasi kun jijjiirama yeroo dargaggummaa/shamarrummaa sii mudatu dandamachuuf ni gargaaraa? Yoo ta'e akkamitti?

4. Waa'ee dhimma kana irrattii mariin akkanaa kun itti gaafatamumma eenyuuti jette yaadda? (Abbaa, Haadha),

5. Mariin akkasii eenyuun qophaa'uu qaba jettani yaaddu?

### **III. Haallan Marii Maatiifi Ijoollee Giddutti Godhamuu si'eessan**

1. Haallan marii maatiifi ijoollee giddutti godhamuu si'eessan maal fa'a?

- Yeroo amaloonni hin barbaachisne mul'atan yookiin miidiyaa irra doowwatan yookiin dhageessan

- Sadarkaa barumsa maatii

- Beekumsaa fi hubbannaa maatii

2. Akkaataa itti walitti dhufeenyi keessan maatii keessan wajjin qabdan haala marii waa'ee dhimma walhormaataa fayyaafi qaama saalaatiin walqabateee murteessu naaf ibsaa mee?

-Hariiroo gaarii, tumsaafi itti gaafatamummaan namatti dhagahamu

### **IV. Haallan Marii Maatiifi Ijoollee Gidduutti Godhamu Duubatti Harkisan**

1. Haallan marii maatiifi ijoollee giddutti godhamu duubatti harkisan maal fa'a?

- Sodaa maatii

- Qaani/Saalfii

- Beekumsa dhabuu

- Barteewwan duubatti hafoo akka hin mar'inne godhan

-Ilaalcha maatiin faayidaa mariif qaban irratti hundaa'a

-Hariiroo maatii wajjin qaban

### Appendix G: Study Participants' Profile

**Matrix Table 1. Parents in an In-depth Interview Participant**

Assigned Code	Sex	Age	Religion	No. of Children	Educational Status	Occupation	Marital Status	Ethnicity
IIF-1	M	40	Protestant	3	Diploma	Civil Servant	Married	Oromo
IIF-2	M	41	Orthodox	2	Degree	Economist	Married	Amhara
IIF-3	M	50	Protestant	4	Degree	Researcher	Married	Oromo
IIM-1	F	50	Protestant	6	Diploma	Teacher	Married	Oromo
IIM-2	F	35	Orthodox	3	Grade 8	Merchant	Married	Amhara
IIM-3	F	38	Orthodox	1	Completed 12	Works at Private Firm	Widowed	Gurage
IIM-4	F	46	Protestant	5	Diploma	Purchaser	Married	Oromo

*Note: \* IIF= In-depth Interview with Father, IIM = In-depth Interview with Mother*

**Matrix Table 2. Adolescents In-depth Interview Participant**

Assigned Code	Sex	Age	Religion	No. of Sibling	Educational Level	Ethnicity
IIB-1	M	16	Orthodox	3	5	Oromo
IIB-2	M	18	Protestant	2	11	Oromo
IIB-3	M	17	Orthodox	4	10	Oromo
IIG-1	F	13	Orthodox	2	7	Amhara
IIG-2	F	14	Orthodox	1	5	Amhara
IIG-3	F	15	Orthodox	-	9	Gurage
IIG-4	F	17	Protestant	5	9	Oromo

\*\*Note: IIB= In-depth Interview with boy

IIG= In-depth Interview with girls

**Matrix Table 3. FGD Participant Fathers**

Assigned code	Sex	Age	Religion	No. of Children	Educational level	Occupation	Marital status	Ethnicity
FGF-1	Male	36	Protestant	3	MSc	Agricultural officer	Married	Amhara
FGF-2	Male	37	Orthodox	2	MSc	Health officer	Married	Oromo
FGF-3	Male	38	Orthodox	4	Diploma	Teacher	Married	Oromo
FGF-4	Male	41	Protestant	6	Degree	Teacher	Married	Oromo
FGF-5	Male	41	Orthodox	2	Diploma	Civil servant	Married	Amhara
FGF-6	Male	45	Orthodox	3	Degree	Civil servant	Married	Amhara

Note: FGF= Focus Group with Father

**Matrix Table 4. FGD Participant Mothers**

<b>Assigned code</b>	<b>Sex</b>	<b>Age</b>	<b>Religion</b>	<b>Number of Children</b>	<b>Educational Level</b>	<b>Occupation</b>	<b>Marital Status</b>	<b>Ethnicity</b>
FGM-1	Female	27	Orthodox	4	Completed 12 <sup>th</sup>	Petty trade	Married	Amhara
FGM-2	Female	34	Protestant	3	Degree	Civil Servant	Married	Oromo
FGM-3	Female	38	Orthodox	2	Diploma	Secretary	Married	Oromo
FGM-4	Female	39	Muslim	3	Completed 12 <sup>th</sup>	House wife	Married	Gurage
FGM-5	Female	50	Orthodox	5	Diploma	Teacher	Married	Oromo
FGM-6	Female	32	Protestant	3	Diploma	Teacher	Married	Amhara

*Note: FGM= Focus Group Discussion with Mother*

**Matrix Table 5. FGD Participants Male Adolescents**

<b>Assigned code</b>	<b>Sex</b>	<b>Age</b>	<b>Religion</b>	<b>Number of Siblings</b>	<b>Education level</b>	<b>Ethnicity</b>
FGB-1	Male	14	Orthodox	3	7	Oromo
FGB-2	Male	15	Orthodox	1	8	Oromo
FGB-3	Male	15	Orthodox	2	7	Amhara
FGB-4	Male	16	Protestant	2	8	Amhara
FGB-5	Male	17	Orthodox	1	9	Amhara
FGB-6	Male	15	Protestant	5	8	Oromo

*Note: FGB= Focus Group Discussion with boy*

**Matrix Table 6. FGD Participant Female Adolescent**

<b>Assigned Code</b>	<b>Sex</b>	<b>Age</b>	<b>Religion</b>	<b>Number of siblings</b>	<b>Educational Level</b>	<b>Ethnicity</b>
FGG-1	Female	13	Protestant	2	4	Oromo
FGG-2	Female	13	Orthodox	4	6	Oromo
FGG-3	Female	14	Orthodox	1	6	Oromo
FGG-4	Female	15	Muslim	2	8	Gurage
FGG-5	Female	16	Orthodox	3	8	Amhara
FGG-6	Female	17	Protestant	2	9	Amhara

*Note: Focus Group Discussion with Girl*

**Letter of Declaration**

I, the undersigned declare that, this is my original work and has not been presented for degree at other university and all the source of materials used for the research project have been dually acknowledged.

**By : Ruhama Gudeta**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Place: \_\_\_\_\_

Date of Submission: \_\_\_\_\_

This thesis has been submitted for examination with my approval as the thesis advisor.

**Advisor's Name: Mesele Mengisteab (PhD)**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_