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COLLEGE OF HEALTH SCIENCES

SCHOOL OF PUBLIC HEALTH

COMPARATIVE STUDY ON YOUTH COMMUNICATION CONCERNING SEXUAL AND REPRODUCTIVE HEALTH ISSUES AND ITS OUTCOME ON SEXUAL INITIATION AMONG YOUTH IN GARBA GURACHA TOWN, KUYU WOREDA, NORTH SHOWA ZONE OF OROMIA REGION.

BY:

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Comparative study on youth communication concerning sexual and reproductive health issues and its outcome on sexual initiation in Garba Guracha Town, North Showa Zone of Oromia Region

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DECLARATION

I, the undersigned, declare that this thesis is my original work in partial fulfillment of the requirement for the Degree of Masters of Public Health and has not been presented for a degree in this or any other university. All source of materials used for this thesis have been duly acknowledged.

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TABLE OF CONTENT

CONTENTS **PAGES**

ACKNOWLEDGMENT III

TABLE OF CONTENT VI

LIST OF TABLES VIII

LIST OF FIGURES IX

ABBREVIATIONS X

ABSTRACT XI

1. INTRODUCTION 1

1.1. Background Information 1

1.2. Statements of the problems 1

1.3. Rationale of the study 2

2. LITERATURE REVIEW 3

2.1. Parent youth communication and sexual behavior of youth 3

2.2. Sex preference on SRH discussion: 4

2.3. The factors that may influence parent youth communication 5

2.4. Effect of Parent youth communication on sexual initiation 5

3. GENERAL OBJECTIVES 8

3.1. Specific objectives 9

4. METHODS AND MATERIALS 10

4.1. Study area 10

4.2. Study design 10

4.3. Study period 10

4.4. Source population 10

4.5. Study population 11

4.6. Sample size determination 11

4.7. Sampling technique 12

4.8. Data collection 14

4.9. Study Variables 15

4.10. Data quality Management 16

4.11. Data analysis procedure 16

4.12. Ethical consideration 17

4.13. Dissemination of the study 17

5. RESULT 18

6. DISCUSSION 38

7. LIMITATIONS AND STRENGTH OF THE STUDY 47

8. CONCLUSION AND RECOMMENDATION 48

REFERENCES 50

ANNEX – I: ENGLISH VERSION QUESTIONNAIRE 55

ANNEX-II: QUESTIONNAIRE IN AFAN OROMO VERSION 69

ANNEX-III: COMCEPTUAL FRAMEWORK 8

List of Tables

Table 1: Socio-demographic characteristics of in and out-of-school youth in Oromia Region, North Showa Zone, Kuyu Woreda, 2012 19

Table 2: Socio-demographic characteristics of in and out-of-school youth parents in Oromia Region, North Showa Zone, Kuyu Woreda, 2912 20

Table 3: Knowledge of in and out-of-school youth on sexually transmitted infection in Oromia Region, North Showa Zone, kuyyu Woreda, 2012 22

Table 4: Knowledge of in and out-of-school youth on Physical and behavioral changes during puberty in Oromia, Region, North Showa Zone, kuyyu Woreda, 2012 23

Table 5: Sexual attitudes of in and out-of-school youth in Oromia Region, North Showa Zone, Kuyu Woreda, 2012 24

Table 6: In-school and out-of-school parent-youth communication on SRH issues by sex and their preference (from mother and father) in Oromia Region, North Showa Zone, Kuyu Woreda, 2012 26

Table 7: High school students who ever discussed on at least two topics of SRH issues with their parent by socio demographic characteristics in Oromia Region, North Showa Zone, Kuyu Woreda, 2012 28

Table 8: In and out of school youth influence of communication on different SRH related issues on sexual initiation, in Oromia Region, North Showa Zone, Kuyu Woreda, 2012 30

Table 9: In and out of school youth communication on different sexual and reproductive health related issues in Oromia Region, North Showa Zone, Kuyu Woreda, 2012. 34

Table 10: In and out-of-school youth responses with whom they had discussed about sexual and reproductive health issues in Oromia Region, North Showa Zone, Kuyu Woreda, 2012 35

Table 11: Reasons for not discussing about sexual and reproductive health issues with parent among in and out-of-school youth in Oromia Region, North Showa Zone, Kuyu Woreda, 2012 36

Table 12: In and out of school frequency of communication on sexual and reproductive health issues in Oromia Region, North Showa Zone, Kuyu Woreda, 2012 37

List of Figures

Figure 1: Schematic presentation of the sampling procedure of selected in and out of school youth in Oromia Region, North Showa zone Kuyu Woreda, 2012 13

Figure 2: In and out-of-school youth source of information on SRH issues in Oromia region, North Showa Zone, Kuyu Woreda, 2012..... 21

Figure 3: In and out-of-school youth knowledge on contraceptive methods in Oromia region, North Showa Zone, Kuyu Woreda, 2012..... 22

Figure 4 : In and out-of-school youth preference of partners for sexual and reproductive health related communication in Oromia Region, North Showa Zone, Kuyu Woreda, 2012.. 26

Figure 5: In and out-of-school youth who ever had discussed on SRH topics with parents (father and/or mother) in Oromia Region, North Showa Zone, Kuyu Woreda, 2012..... 29

Figure 6: In and out-of-school youth reason for sexual initiation in Oromia Region, North Showa Zone, Kuyu Woreda, 2012..... 30

Abbreviations and Acronyms

AIDS ----------Acquired Immune Deficiency Syndrome

ASRH ----------Adolescent Sexual and Reproductive Health

BCC ----------Behavioral Change Communication

EDHS ----------Ethiopia Demographic and Health Survey

FGD ----------Focus Group Discussion

HIV ----------Human Immune Deficiency Virus

ICPD ----------International Conference on Population and Development

IRB----------Institutional Review Board

NGOs----------Non-Governmental Organizations

PPS ----------Probability Proportion to Size

SPH----------School of Public Health

SRH ----------Sexual and Reproductive Health

STI ----------Sexually Transmitted Infections

UN ----------United Nation

WHO ----------World Health Organization

Abstract

Back ground information: Studies conducted in developing and developed countries show that parent-youth communication on SRH matters has positive influences on good relationships between parents and their children as well as healthy sexual behaviors of young people which remain uncommon in our community since sexuality communication with any one is regarded as taboo and shame.

Objective: To assess parent-youth communication on SRH issues and its outcome on sexual initiation among in and out of school youth in Garba Guracha Town.

Methods: A comparative Cross-sectional study supported with focus group discussion was conducted on 507 in and 507 out of school youth in Garba Guracha Town, Kuyu Woreda, North Showa Zone of Oromia Region between November 1 and 16, 2011. A multistage sampling technique was employed. A pre-tested structured self-administered questionnaire was used for the quantitative study while a semi-structured guideline was used for the focus group discussion. Bivariate and multivariate logistic regressions were used to analyze the data using SPSS version 20.0.

Results: A total of 936 in and out-of-school respondents were included in this study. One hundred eighty seven (20.0%) respondents from whom, 170(24.9%) in-school and 70(15.0%) out-of-school youth ever had discussed on at least two topics of SRH issues. Communication was mostly based on same sex basis (mother-daughter and father-son). Being in-school (AOR=2.298; 95%CI=1.46 to 3.59), having literate father (AOR=1.93; 95%CI=1.27 to 2.94), having literate mother, having informed about SRH issues (AOR=1.57; 95%CI=1.02 to 2.42), and having positive attitude towards parent-youth communication on SRH issues (AOR=3.93; 95%CI=1.85 to 8.30) was identified as variables that may influence parent-youth communication on SRH issues. Two hundred eighty eight (30.8%) of in and out-of-school youth was sexually active. Being out-of-school was positively associated with youth sexual initiation of youth (AOR=2.16; 95%CI=1.45 to 3.23). But parent youth communication on at least two topics of SRH issues did not show any statistical relation with sexual initiation of youth.

Conclusion: From this study it was clearly noted that the level of parent youth communication on SRH issues was lower. Gender, School status, having heard about SRH issue, having positive attitude towards parent youth communication on SRH issues, educational level of mother and father was identified as the variables that could influence parent youth communication on SRH issues. This study also indicated that parent youth communication on at least two topics of SRH issues did not showed any effect on sexual initiation of youth.

Recommendation: Schools have to incorporate SRH issue in the school curriculum and giving home take assignment to be completed by both parent and youths. Local media should be strengthened on provision of sexuality information. Governmental and NGOs in collaboration with Woreda youth and culture should work on the areas of youth center to reach out-of-school youth. Program designed to enhance parent-youth communication and ASRH should consider parents of youth. Quality of parent-youth communication on SRH issues and mode of communication has to be studied further.

1. INTRODUCTION

1.1. Background Information

The World Health Organization (WHO) defines "adolescence" as occurring between the ages of 10-19 and categorizes "young people" as those between the ages of 10-24. According to the United Nations (UN), adolescence is defined as the stage of life during which individuals reach sexual maturity (1, 2). However, the terms "young people" and "youth" may be used differently depending on the cultural context (3, 4). Based on the national policy of Ethiopia the age of youth people cover all age group up to 29 years of age (4, 5). There are over one billion youth between the ages of 15 and 24 worldwide with more concentration in Africa and Asia accounting around 70% (6, 7). At the national level youth between the ages of 10-24 comprise about 35 percent of the Ethiopia population and approximately 60 percent falls between the ages of 10-29 (8). The 2008 Housing and population census of Ethiopia indicated that the total population between the age group of 15-24 years account 7,730,129,04 from which 7,585,053 were male and 7,627,851 were male(9). The preliminary report of Ethiopia Demographic and Health Survey (EDHS) 2011also indicated 42% of the total populations are between the ages of 15 to 24 year(10).

1.2. Statements of the problems

Even though adolescents are believed to be healthy, they face major sexual and reproductive health (SRH) related problems such as early marriage and unwanted pregnancies, sexually transmitted infections (STI), HIV/AIDS, sexual abuse and gender-based discrimination (3, 4, 8). The majority of sexual contacts among adolescents are unprotected. They are unable to decide; and hence, engage in irresponsible health harming sexual behaviors. A study showed that the incidence of STIs in adolescents is increasing(11). Today, half of the new HIV cases are observed in the 15-24 age groups**.** Globally, a sexually transmitted infection (STIs) including HIV/AIDS affects one in 20 young people and many are left untreated (11).

The sexual and reproductive health problems of youth in Ethiopia are rising from time to time, due to early sexual initiation. The median age at which women age 25-49 had their first sexual intercourse is 16 and men initiate sex at an average of four years later than women (12**).** Over a

quarter of all pregnant youth and adolescents feel that their pregnancies are mistimed**.** Due to their sexual activities adolescents and youth are most likely to contract HIV and other STIs, so that the highest infection rates in the country are currently seen among young men and women between the ages of 15-24 (13). The 2008 Health Impact Evaluation found higher rates of high risk sexual behavior (44.45%) compared to the DHS 2005 (14)**.** The study conducted in Northwest Ethiopia shows that 90.1% of adolescents get pregnant before the age of 21 (i.e. 15 – 20 years). The 2006 Behavioral change communication (BCC) shows currently the official figure for HIV infection rates at 4.4% of the adult population. The greatest mode of transmission in the country is heterosexual intercourse which account above 85% (15).

1.3. Rationale of the study

Youth SRH behaviors are still challenging in developing countries due to lack of adequate information they gain (16). Communication between parents and their children about sexual issue has been one important research area that can improve SRH related problems and needs of youths through information provision. At national level, few studies conducted on this area show that, the patterns of parent adolescent communications on SRH issue among in school youth are uncommon.

This study is important since majority of unmarried in school youth in Garba Guracha Town are living far apart from their parents and are more vulnerable to SRH problems due to lack of information. The significant numbers of unmarried jobless out-of-school youth residing in the town were also living in environment that may predispose them for SRH related problems. This particular study focused on the patterns of communication between parent and youth on SRH issues among in and out-of-school unmarried youth it is because, unmarried youths are expected to be more vulnerable to SRH related problems compared to married people. Therefore this study can answer the questions on the difference between in and out-of-school youth on parent-youth communication patterns related to SRH topics and its influence on sexual initiation, with the expectation that out-of-school youths communicate less than in school youths.

2. LITERATURE REVIEW

2.1. Parent youth communication and sexual behavior of youth

Although most adults want youth to know about abstinence, contraception, and how to prevent HIV and other sexually transmitted infections (STIs), parents often have difficulty communicating about sex. Nevertheless, positive communication between parents and children greatly helps young people to establish individual values and to make healthy decisions (17). Different studies conducted in developing and developed countries support parent youth communication and, parent connectedness, school and religion helps to enhance healthy SRH behavior of youth(17). A systematic literature review conducted on publications between 1985 and 2007 shows that, there is a protective association between adolescent sexual and reproductive health (ASRH) outcomes and family connectedness, general and sexuality-specific parent adolescent communication, parental monitoring, partner connectedness and school connectedness(18). The result of qualitative study done in Ghana indicates Adolescents have high levels of connectedness to family, friends, school and religious groups, but the analysis of this survey data indicates a strong negative relationship between parental monitoring and recent sexual activity for males and females, and limited effects of communication (17-19). One survey conducted on university students in Logos, Nigeria, indicates that 58.8% of respondents believed that adherence to one faith shaped their attitudes about sexual intercourse and sexuality (20).

Parents can be primary sources of valuable information and advice as well as change agents who can help shape the sexual beliefs and behavior of their youths (21). Study has shown that 42 percent of Latino adolescents reported learning “a lot” about sexual health issues from their parents compared to 37 percent for white adolescents, but it was less than 60% of African American adolescents learn about SRH from parents. This finding is contradictory with the study conducted in North West Ethiopia among in-school adolescents which indicates school as a primary source of information (83.3%) followed by friends (27.6%) concerning sexual and reproductive health issues (17, 22).

Similarly a descriptive cross-sectional study carried out among high school students aged 15–24 years in Nigeria showed that; significantly higher proportion of the female students had family

communication more than their male counterparts, this is statistically significant P=0.02, but only 48 (12.1%) respondents reported family as the first source of information which is contradictory with the study done on Latino adolescents in America. This study also indicated, family size and educational level of parents have significant association with patterns of parent adolescent communication (17, 23).

The randomized controlled intervention study conducted on Mexican youth described that, Parents with higher education levels scored higher in HIV knowledge and general communication. Fathers had higher total sexual knowledge while mothers perceived higher sexual communication than fathers. There were no differences in knowledge and communication by parental socioeconomic level (24). But, differently one survey conducted on Caucasian people indicated that low income, minority parents reported more discussion with their teens about the negative consequences of sex and where to obtain birth control than high income groups(25).

2.2. Sex preference on SRH discussion

Various studies in developed and developing countries showed that mothers and fathers communicate at different levels with their children. Both parents and adolescents have reported this. Researchers found in their research that adolescents identified mothers as being more supportive than fathers (26). In one study, African American female adolescents reported more discussions about sex-related topics with their mothers than did male adolescents. However, males were just as likely to talk with mothers as with friends and only slightly less likely to talk with fathers (17, 22). The cluster randomized controlled trial conducted in South Africa and Tanzania indicated that Adolescent females preferred to receive sexuality information from their mothers, while among males there was a higher preference for fathers. For the two sites, boys had significantly higher odds of experiencing silence than did girls (both $p < 0.001$) (27). The documentary review study conducted in china showed similar findings on sex preference of communication i.e. one-third of female youth talked to their mothers about sexual matters but male youth generally did not communicate with either parent about sex, both males and females chose their friends as the person with whom they were most likely to talk about sexual matters (28).

The FGD and In-depth interview conducted in rural Tanzania indicated the communication was mainly on same sex basis (mother-daughter and rarely father-son or father-daughter) and took the form of warnings, threats and physical discipline. Although most young people were relaxed with their mothers than fathers, there is lack of trust as to what they can tell their parents for fear of punishment. Parents were limited as to what they could communicate about SRH because of lack of appropriate knowledge and cultural norms that restricted interactions between opposite sex (29). Mothers are usually the ones who talk about sex with their teens and they tend to be "in charge" of these conversations – especially when they are communicating with their sons. The most interactive conversations, however, take place between mothers and daughter (30).

2.3. The factors that may influence parent youth communication

One study done on school adolescents in Netherlands indicate, being female and having positive beliefs about talking with parents about sexuality were positively related to frequency of parent-adolescent communication. Additionally adolescents' beliefs, subjective norm and perceived behavioral control, are all significant predictors of frequency of parent-adolescent sex communication, with beliefs being the most important. In addition, adolescents' gender predicted a significant amount as well (31). A survey conducted on parents of 13 to 17 year old adolescents conducted in Minnesota and Wisconsin (Caucasians) by telephone interview in 2002 showed, positive attitude of parents on parent youth communication concerning SRH were directly related to parent-teen communication levels. Minority, religious, politically conservative, and low income parents reported lower effectiveness beliefs than other parent groups (27). The study conducted on Mexican youth showed that parental educational level and knowledge on SRH has an influence on general communication but there was no difference by socio-economic status. Another study done on Caucasian people

indicated family income and status had an effect on parent youth communication (26, 27).

2.4. Effect of Parent youth communication on sexual initiation

A study indicated that parent-adolescent communication was the most effective way of helping adolescents understand their surroundings and made better decisions about sexual related issues. Deferent studies supportd that parent adolescent communication helped to delay sexual initiation of adolescents if it is supported by knowledge and positive attitude towards talking about the sexual issue (18).

A cross-sectional study done in New York indicated, Mother-adolescent discussion about condoms that occurred prior to sexual debut were strongly associated with greater condom use during first intercourse and most recent intercourse, along with greater lifetime regular intercourse. This study found that the timing of maternal communication about condoms had a notable effect on adolescents' condom use. Similarly the prospective study conducted among sexually experienced urban females 12 to 19 years in Philadelphia indicated that a higher level of mother-daughter sexual risk communication were associated with fewer episodes of sexual intercourse and unprotected intercourse at 3-month follow-up. Mother-daughter sexual risk communication was not significantly associated with adolescents' reports of numbers of male sexual partner (32, 33).

A cross-sectional study conducted in Mexico shows 83.1% reported having discussion with parents about risk and prevention prior to sexual initiation was associated with condom use at first intercourse (Odds ratio [OR] = 2.05); late discussion was associated with younger age (<15) at first intercourse (OR = 3.51) (34). Study using secondary data review conducted in 2008 indicated that those adolescents who communicate and supervised with their parents consistently demonstrate higher protective and fewer risk sexual behaviors than adolescents from non-communicating and non-authoritative families (35).

A cross-sectional survey on rural in-school adolescents in Jamaica, also indicates that both for male and females sexual experience was associated with poor low of parental monitoring (males, OR=1.19; 95% CI = 1.01-1.39), [females, Odds ratio (OR) = 1.20; 95% CI = 1.07-1.35], additionally living with both biological parents delayed initiation of sexual activity (OR=0.45; 95% CI = 0.30-0.67) (31).

In the developed country literature, it has been well documented that individual, family, peer, school and community factors all influence the age of initiation of sexual intercourse. Schooling has been widely shown to be a protective factor for sexual debut in the U.S. and Western European countries. Six studies in the developing country indicated adolescents who were currently enrolled in school were significantly less likely to have engaged in sex, although this relationship was much stronger for females than males (36). A cross-sectional study done in

Nigeria showed the same result, more out of school youths (42.2%) were more sexually active than those in school (38.7%) ($chi^2 = 0.32$ $p = 0.573$) (37).

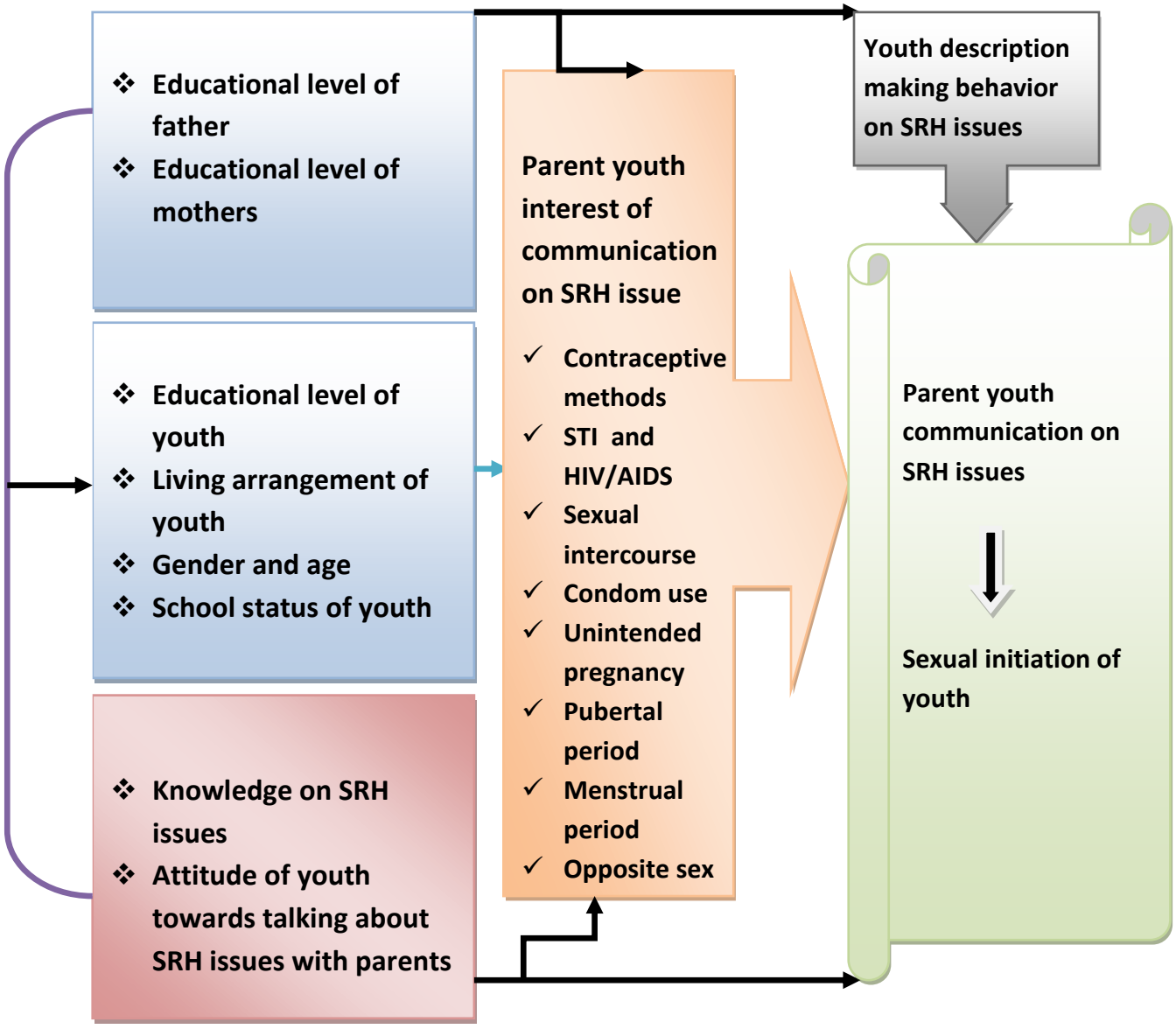
The study conducted in Western Nigerian city among in-school adolescents illustrates a smaller proportion of male respondents (79%) abstained compared with the females (98%). Similar study shows being a female, not having a boyfriend or girl friend, not using alcohol and having a positive attitude towards abstinence as a major predictors of sexual abstinence ($P < 0.05$) (38). Another study done in North Eastern Nigeria amongst school students showed significantly more males were sexually active than females ($p < 0.001$) (39). Additionally a study done in developing countries was consistent with the study that boys are more likely to have experienced sex, and at earlier ages, than girls. Eight studies that included gender in their model found that boys are significantly more likely to have experienced sex than girls (36).

1.5. Parent Youth communication and sexual initiation, National context

Even though different study revealed that parent adolescent communication regarding risky sexual behavior has been positively associated with a delay in sexual activity, majority of parents in Ethiopia do not discuss about sexuality, puberty, contraception and condom use these may made adolescents vulnerable to different reproductive health problem (40). A cross-sectional study done in Bullen Woreda preparatory and high schools in northwest Ethiopia, 88% respondents believed that it is important to discuss sexual and reproductive health matters with parents; however, only 119 (28.9%) of them discussed on two or more SRH topics with their parents. A high proportion of both male (78%) and female (72%) students preferred to discuss sexual and reproductive health issues with peers compared to less than 27% who prefer to discuss with parents (22). The study done in North West Ethiopia showed that sexual initiation has associated with being female by gender, chewing Khat, drinking alcohol, watching pornographic materials at age < 18 years, and being less connected with parents. Another study done in East Wellega showed different result, being male, a ninth grade student and ever having a sexual partner were found to have significant positive association with premarital sexual practices, being less than 18 years was found to be protective against the practice (41, 42). A cross-sectional study conducted on youths in Addis Ababa also indicated that, risks to unsafe sex like substance use, peer pressure for doing sex, and loose family connectedness were found

to be significantly associated (OR: 2.75, 95% CI: 1.633-4.636), (OR: 2.557,95% CI: 1.509-4.333), (OR:2.187, 95% CI: 1.172-4.084), respectively (43, 44).

Conceptual framework of the study



3. GENERAL OBJECTIVES

To assess parent-youth communication on SRH issues and its outcome on sexual initiation among in and out-of-school youth in Garba Guracha Town, Kuyu Woreda, North Showa Zone of Oromia Region.

3.1. Specific objectives

- Determine the level of parent-youth communication on SRH issues among in and out-of-school youth.
- Determine the factors influencing parent-youth communication on SRH issues among in and out of school youth.
- Explore the influence of parent-youth communication on sexual initiation of youth.

4. METHODS AND MATERIALS

4.1. Study area

The study was conducted in Garaba Guracha town, Kuyu Woreda, North Showa Zone of Oromya region. The woreda is located in the northern direction with in 156km away from the capital city, Addis Ababa. The total population of the woreda is 135,782 of which 67, 212 and 68,570 was male and female, respectively. In this woreda there are 7private clinics, 23Health Posts, 5Health Center and 1Hospitals. Garba guracha Town is the seat for the woreda administration having two administrative Kebeles. The town has the total population of 28,814 from which 10,356 and 10,446 was male and female, respectively. The estimated number of youth between the ages of 15-24 was 7,530 from which male 3,813 and female 3,712. The town administration has 10 Gots under the two kebeles with 143 development armies. Thirty (30) households were organized under one development army and the total of 4290 house-holds organized under 10 Gots of the two kebeles. Kebele 01 has 73 development armies which have 2190 house-holds and kebele 02 has 70 development armies' which have 2100 house-holds. Additionally the town has only one preparatory and senior secondary school with the total of 3754 students enrolled in the year 2011/12(45, 46).

4.2. Study design

The study design was comparative cross-sectional surveys with quantitative tools supported by qualitative tools.

4.3. Study period

The study was conducted from November 1 to 16, 2011.

4.4. Source population

The source population for this study was all in school youth attending high school (secondary [9^{th} and 10^{th} grades] and preparatory [11^{th} and 12^{th} grade]) level of education by the year 2011/12 and all out-of-school youth residing in Garba Guracha Town.

4.5. Study population

The study population was all unmarried in and out of school youths aged 15 to 24 years. In school youth that were enrolled in secondary school (9^{th} and 10^{th} grade) and preparatory school (11^{th} and 12^{th}) in the town was the study population. All out-of-school youths within the age group of 15 to 24 were considered as the study population.

Inclusion criteria: All unmarried senior secondary and preparatory school youth aged 15-24 years who were attending senior secondary and preparatory school in Garba Guracha town at regular program (day time) at the time of data collection were included. Those youths who was not currently attending any school or dropouts; who have resided in the town; and who was not employed /not working/ in the formal sectors during the time of data collection were involved.

Exclusion criteria: Respondents or youth who couldn't see and hear, and unable to fill the questionnaire without assistant including those who couldn't read and write was excluded. Youths who were not willing to give an informed consent, mentally ill, unconscious and difficulty of communication was excluded from the study.

4.6. Sample size determination

The sample size for the study was calculated using two-population proportion formula by assuming; p1 = prevalence of parent youth communication among in school youth or =0.289 taken from previous study (22), P2 = prevalence of parent youth communication among out of school youth =0.189, estimated from P1 by considering the difference by 10% from in-school youth, $r = n2/n1 = 1:1$ $Z_{\alpha/2}$=the value of the standard normal distribution curve corresponding to level of significance alpha 0.05 = 1.96 and Z_{β} =Value of the standard normal distribution curve corresponding to 80% power = 0.842.

$$n = \frac{\left[z_{\alpha/2}\sqrt{(1+1/r)}\,p(1-p) + z_{\beta}\sqrt{p1(1-p1) + \frac{p2(1-p2)}{r}} \right]^2}{(p2-p1)^2}$$

Where: n1 = in school study population n2 = out of school study population

The sample size was calculated using OpenEpi version 1.1 computer software packages and sample size was 614. Since study participants have uniformity (homogeneous) by different

characteristics such as geographical area, educational status (especially for in-school youth) and have identical exposure to cultural norms of the community the design effects of 1.5 was considered. By adding 10% non-response rate final sample size required for the study was 1014, in school youth (n1 = 507) and out of school youths (n2 = 507).

4.7. Sampling technique

4.7.1. Sampling techniques for in school youth

In Garba Guracha town only one senior secondary school (grade 9 and 10) and another preparatory school (grade 11 and 12) was available. Multi stage sampling technique was employed. The selection of the study subjects was conducted first by classifying each grades in to 4 strata, 9^{th}, 10^{th}, 11^{th} and 12^{th} grade and clusters or groups of section (A, B, C, D...) there by all classes or sections in the school will have equal chance to be participated. In order to select the clusters or groups of sections probability proportion to size (PPS) was employed to take appropriate number of participants from 60 sections (grade 9=24 sections, grade 10=20sections, grade 11 and 12=8 sections each). Thirty sections were taken proportionally from each strata. Finally simple random sampling technique was applied to select students from the selected clusters or groups of sections proportionally to the number of students with sex segregation in each section. The sampling frames for selection of study subjects were obtained from the registration book of the students prepared by the school record office. In the case of absenteeism the next number was substituted.

4.7.2. Sampling technique for out-of-school youth

The sampling procedure for out of school youth was conducted by identifying all number of Gots under the two kebeles by their name. Within each 'Got' the available development armies was listed with the corresponding number of households to each of them. Prior to deciding the number of households to be taken as the study subject, the total number of households in the town was identified and organized according to their classification in each 143 clusters of development armies. The grouping of the households was made based on the demarcation and classification made by the two kebele administrations. All households were considered based on the numbers given by town administration (municipality) to draw 507 sample sizes. Following the above mentioned procedure and using the registration book of the kebele administration sampling frame with the cumulative frequency of households was prepared and

probability proportional to size (PPS) was employed there by each clusters of development armies have equal chance to be participated. Seventy two development armies were selected using PPS. Those households selected as the study subject but did not have individual that full fill the inclusion criteria, the nearby household was substituted.

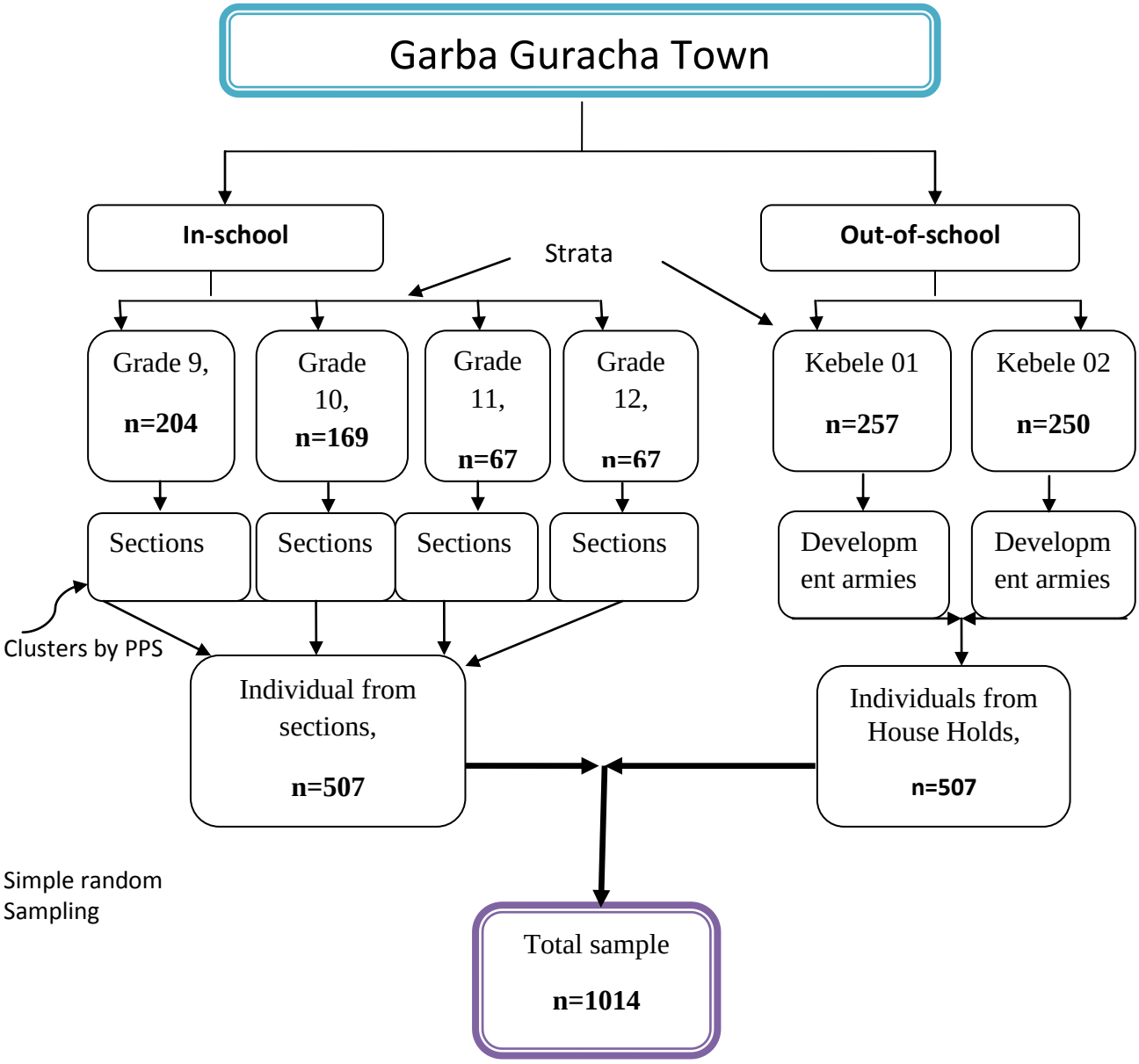


Figure 1: Schematic presentation of the sampling procedure of in and out of school youth in Oromia Region, North Showa zone Kuyu Woreda, 2012

4.8. Data collection

Quantitative part: For the purpose of data collection a structured closed ended self administered questionnaire was developed by adapting from relevant literatures, standard questionnaire design and questionnaires developed for similar study with a few modifications as to meet the objectives of this study (22, 36).

The questionnaire was designed in English and translated to local language Afan Oromo and back to English language to validate that the original meaning is maintained. Finally structured self administered closed ended questionnaire was distributed in Afan Oromo for both in and out-of -school youth.

The main contents of the questionnaire include socio-demographic characteristics, knowledge and attitude of youth towards selected SRH issues and parent youth communication patterns.

Data collectors were selected based on educational back ground and fluency to speak of the local language. Data was collected by six (6), 10^{th} and 12^{th} grade complete data collection facilitators for the successive 16 days for both in and out-of-school youth.

Pre-testing quantitative data collection tool: The questionnaire was pre-tested prior to actual data collection in a similar setting among schools not selected for the survey (in nearby woreda) to ensure understandability and consistency of the questions for respondents. After pre-testing of the questionnaire clarity, skipping pattern and sensitivity of the questions was discussed with the participants. Thus finalization of the questionnaire was considering the points that arose during pretesting. In addition to substantial corrections necessary changes was made to make the questionnaire clear and understandable for respondents.

Qualitative part: To support the quantitative study, qualitative data was collected from the parents of youth. Four focus group discussions (FGD), two per kebele was conducted with parents using a discussion guide prepared by the principal investigator among purposively selected parents who have youth between 15-24 the age group, to examine their view on parent youth-communication on sexual issues and reason for not discussing the issue. The FGD for mothers and fathers was conducted separately to increase the quality of information that can be generated and to have confidentiality of the respective parents. The number of participants in each group was 8-10. The moderator was of the same sex, i.e. principal investigator and three

trained data collectors. The moderator took notes during discussion and use tape recorder for the quality of data.

4.9. Study Variables

4.9.1. Independent variables

- Socio demographic variables (age, sex, school status of youth)
- Educational status of the parents
- Educational status of youths
- Living arrangement of youths
- Parent youth communication

4.9.2. Dependent variables

- Parent youth communication
- Sexual initiation

Operational definitions

Out of school youth: Are those youth who are not currently attending any school (day and night) or dropout, 10 or 12 complete and not attending any education at the time of data collection.

In-school youth: In this study this term is operationalzed as youth attending school (secondary and preparatory school) at regular time or day time at the time of data collection.

Parents and youth Communications on SRH issues: In this study context Communication between parents and youth on SRH issues is a simple discussion or talking which is interactive between parent and youth on at least two topics of SRH issues.

Formal sector or organization: It is organizations which clearly defines the authority, responsibility and inter relations of people working therein with fixed set of rules of intra-organization procedures and structures.

Residence: For the purpose of this study residence is defined as youth who reside in the town under the town administration area for at least six months or plan to live in Garba Guracha Town for the next six months for any purpose.

Sexual initiation: First sexual intercourse (vaginal penile penetration) other non-intercourse sexual contacts except Kissing, dating & Men who have sex with Men.

4.10. Data quality Management

The data quality was ensured through training and clearly orienting the data collectors about the purpose and procedures of the study for one day before data collection. Completeness of the data was checked following data collection and all incomplete questionnaires was left out and discussed with dada collection facilitators for improvement. The questionnaire was pre-tested for the quality of data. For the qualitative part note taking and tape recorder was used to keep the quality of data. There was strict supervision by the principal investigator.

4.11. Data analysis procedure

4.11.1. Quantitative data

The collected data was checked for its completeness and consistency. The raw data was coded, entered and cleaned using computer software EPI Info version 3.5.1computer software. The analysis process was started by describing the frequency distribution of variables using SPSS version 20. In order to determine the strength of association and significance between dependent and in dependent variables, Bi-variat and Multi-variate analysis with 95% confidence interval was employed.

4.11.2. Qualitative data

The qualitative data analysis was started with reviewing the respondents' information or notes taken by FGD facilitators and audio tape responses. The data first transcribed in local languadge, the transcribed data then translated and finally summarized manually.

4.12. Ethical consideration

Since this study is conducted on human subject the ethical approval and clearance was obtained from Addis Ababa University College of Health Sciences, school of Public health Reaserch and Ethics Comitee. The study area officials at all levels, was contacted and permission was obtained. The respondents or the study subjects' verbal consent was obtained after important explanation about the purpose of the study, its procedure and confidentiality of the information. The study units was also be explained that they have the right to decide withdraw or not to participate on the study without any penalty or consequences and can also stop at any time from the study. The respondents fill the questionnaire in separate place there by the privacy of participants and confidentiality of the information was maintained.

4.13. Dissemination of the study

The finding of this study will be presented for defense and submitted to Addis Ababa University; School of Public Health (SPH). The study will be communicated to Authorities of the study area such as Woreda Health Bureau, Woreda education bureau, Woreda youth affair and selected high school and preparatory schools of North Showa Zone. Additionally the result will be given for interested Government and non-government organizations (NGO) working on ASRH issues. The findings will also communicate in scientific conferences and will be sent for publication to a relevant scientific journal.

5. Result

5.1. Socio-demographic characteristics

From the total of 1014 respondents, 78(7.7%) incomplete questionnaires were left out and the analysis was made based on 936 complete questionnaires making the response rate of 92.3%. Out of 936 study participants 469(50.1%) were in-school youth and 467(49.89%) were out-of-school youth. Concerning the sex composition of the study participants, 500(53.4%) and 436(46.6%) were male and female respectively. The mean (±SD) age of respondents was 17.92(±1.7SD) with the minimum and maximum age of 15 and 24 years. Regarding the ethnic group of respondents 853(91.0%) were Oromo followed by 58(6.2%) Amhara. Seven hundred sixty nine (82.2%) of the study subjects' religion was Orthodox Christian followed by 95(10.1%) protestant followers. Four hundred sixty four (49.6%) of participants were living with both biological parents (father and mother) (Table 1).

Table 1: Socio-demographic characteristics of in and out-of-school youth in Oromia Region, North Showa Zone, Kuyu Woreda, 2012

Variables	In-school (n=469)		Out-of-school (n=467)		Total (n=936)	
	n	%	n	%	n	%
Sex						
Male	255	54.4	245	52.5	500	53.4
Female	214	45.6	222	47.5	436	46.6
Age						
15-19	399	85.1	166	35.5	565	60.4
20-24	70	14.9	301	64.5	371	39.6
Educational level						
4-8	-	-	109	23.3	109	11.6
9-10	328	69.9	251	53.7	579	61.9
11-12	141	30.1	55	11.8	196	20.9
>12	-	-	52	11.1	52	5.6
Ethnic Group						
Oromo	453	96.6	399	85.4	852	91.0
Amhara	15	3.2	43	9.2	58	6.2
Tigre	-	-	8	1.7	8	0.85
Gurage	1	0.2	17	3.6	18	1.9
Religion						
Orthodox	410	87.4	359	76.9	769	82.2
Muslim	2	0.4	23	4.9	25	2.7
Protestant	43	9.2	52	11.1	95	10.1
Catholic	1	0.2	10	2.1	11	1.2
Wakefata	13	2.8	22	4.7	35	3.7
Jhoba	-	-	1	0.2	1	0.1
Living Arrangement						
Father and Mother	269	57.4	196	42.0	465	49.7
One parent	75	16.0	109	23.3	149	15.9
Relatives	44	9.4	55	11.3	99	10.6
Friends	64	13.6	54	11.6	118	12.6
Alone	16	3.4	53	11.3	69	7.4

The majority 601(64.1%) of the respondents' parents' marital status was married. Five hundred thirty nine (57.6%) of fathers and 685(73.2%) mothers did not have formal education.

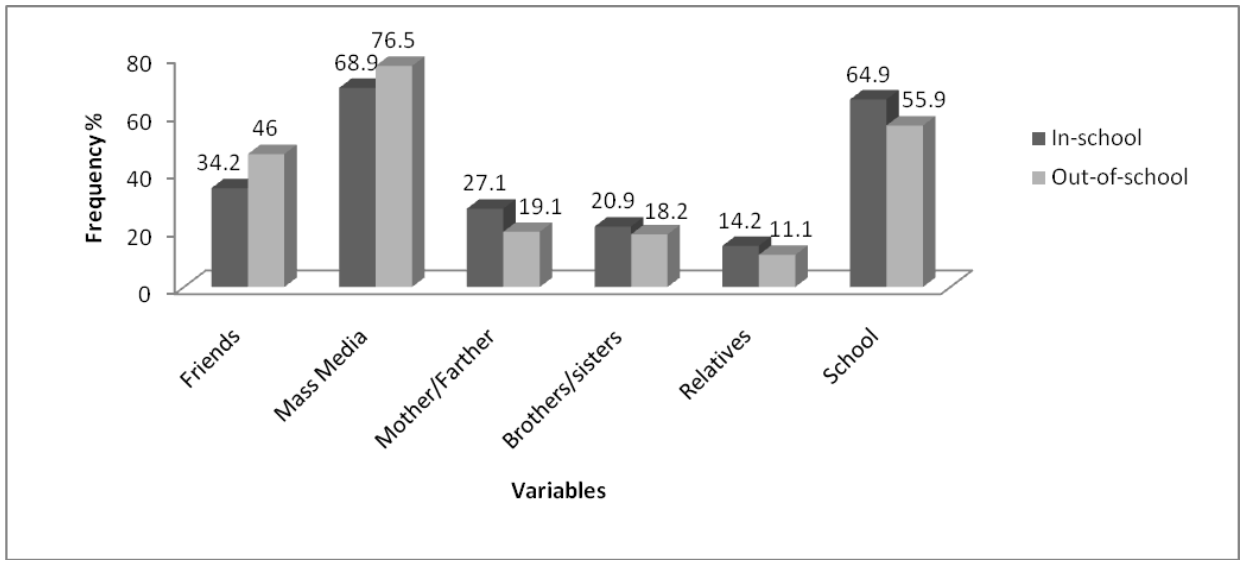
Table 2: Socio-demographic characteristics of in and out-of-school youth parents in Oromia Region, North Showa Zone, Kuyu Woreda, 2912

Variables	In-school (n=469)		Out-of-school (n=467)		Total (n=936)	
Marital status of family	**n**	**%**	**n**	**%**	**n**	**%**
Together	339	72.3	262	56.1	601	64.2
Separated	22	4.7	78	16.7	100	10.7
Divorced	39	8.3	37	7.9	75	8.1
Widowed	64	13.6	83	17.8	147	15.7
Perceived monthly Income of family in Birr (N=934)						
100-500	41	8.8	26	5.6	67	7.2
600-1500	70	15.0	58	12.4	128	13.7
>1600	48	10.3	83	17.8	131	14.1
Don't know	307	65.9	299	64.2	606	65.0
Family size						
1-6	184	39.2	248	53.1	432	46.2
7-11	263	50.1	202	43.3	465	49.7
12-15	22	4.7	17	2.6	39	4.2
Educational level of father						
Illiterate	144	30.7	152	32.5	296	31.6
Read and write	135	28.8	108	23.1	243	26.0
Primary	68	14.5	58	12.4	126	13.5
Secondary	33	7.0	45	9.6	78	8.3
Diploma	14	3.0	22	4.7	36	3.8
First degree and above	21	4.5	24	5.1	45	4.8
Educational level of mother						
Illiterate	287	61.2	224	48.0	511	54.6
Read and write	80	17.1	94	20.1	174	18.6
Primary	42	9.0	71	15.2	113	12.1
Secondary	26	5.5	21	4.5	47	5.0
Diploma	10	2.1	16	3.4	26	2.8
First degree and above	6	1.3	6	1.3	12	1.3
Occupation of father						
House wife	6	1.3	22	4.7	22	3.0
Government employee	46	9.8	67	14.3	113	12.1
Private employee	9	1.9	23	4.9	32	3.4
Merchant	59	12.6	107	22.9	166	17.7
Farmer	292	62.3	185	39.6	477	51.0
Others**	55	11.7	63	13.5	118	12.6
Occupation of mother						
House wife	36	7.7	72	15.4	108	11.5
Government employee	20	4.3	37	7.9	57	6.1
Private employee	18	3.8	24	5.1	42	4.5
Merchant	82	17.5	141	30.2	223	23.9
Farmer	293	62.5	161	34.5	454	48.5
Others**	20	4.3	31	6.6	51	5.4

*Other** = occupation such as tailor, security or guard, driver, work in small scale industry.*

5.2. Knowledge of in and out-of-school youth on selected reproductive health issues

Out of 935 youth, tewo third 647(69.2%) ever heard about SRH issues; of which 325 (69.3%) in-school and 322(69.1%) was out-of-school. The most prominent sources of information was mass media 472(72.2%) such as Radio, TV, magazine and bulletins followed by school 392(60.4%)(Figure 2).



NB: more than one answer is possible and percent sum my be more than 100%

Figure 2: In and out-of-school youth source of information on SRH issues in Oromia region, North Showa Zone, Kuyu Woreda, 2012

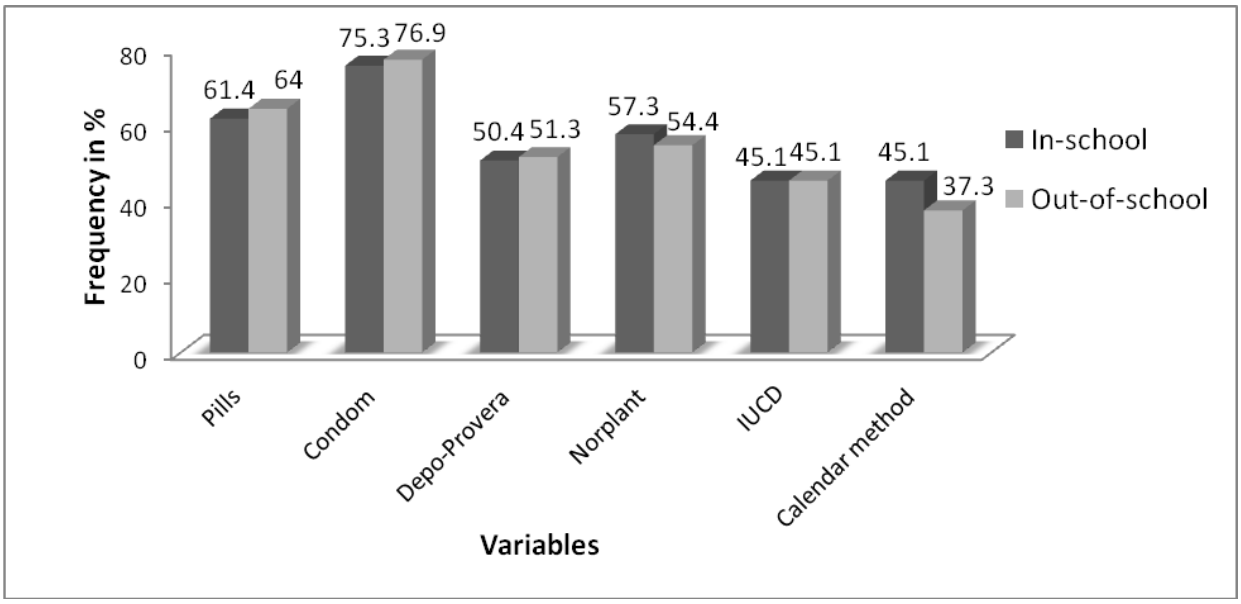
From the total of 936 respondents 867(92.6%) knew STI. Specifically, 434(92.5%) was in-school and 433(92.7%) out-of-school youth. The most commonly known STI by the respondents was HIV/AIDS which accounts 812(93.7) followed by Gonorrhea 622(71.7)
(Table 3)

Table 3: Knowledge of in and out-of-school youth on sexually transmitted infection in Oromia Region, North Showa Zone, kuyyu Woreda, 2012

Variables	In-school(n=434)		Out-of-school(n=433)		Total(n=867)	
	n	%	n	%	n	%
Gonorrhea	298	68.7	324	74.8	622	71.7
Chancroid	160	36.9	206	47.6	366	42.2
HIV/AIDS	418	96.3	394	91.0	812	93.7
Syphilis	287	66.1	313	72.3	600	69.2

NB: Multiple answers were possible and percent sum may above 100.

Of 936 respondents 764(81.6%) of respondents knew about contraceptive methods; of which 378(80.2%) in and 386(82.7%) out of school youth. The most commonly mentioned contraceptive methods mentioned by respondents were condom 581(76.1%) followed by pills 479(62.7%)(Figure 3).



NB: multiple answers were possible and percent sum may be above 100%

Figure 3: In and out-of-school youth knowledge on contraceptive methods in Oromia region, North Showa Zone, Kuyu Woreda, 2012

Regarding the physical and behavioral changes during puberty, 736(78.6%) of respondents knew the physical and behavioral changes occurred during the period of puberty. The most commonly known physical and behavioral changes mentioned by the respondents were; change in voice on both sexes which accounts 577(78.4%) followed by breast development in female 543(73.8%). The physical and beahavioral changes during puberity was measured by questions such as aggressiveness of youth, refusing family commands, sexual desire and interest towards opposite sex(Table 4).

Table 4: Knowledge of in and out-of-school youth on Physical and behavioral changes during puberty in Oromia, Region, North Showa Zone, kuyyu Woreda, 2012

Variables	**In-school (n=369)**		**Out-of-school (n=367)**		**Total(n=736)**	
	n	%	n	%	n	%
Breast development in females	266	72.1	277	75.5	543	73.8
Females start menstruation cycle	254	68.8	279	76.0	533	72.4
Voice change on both male and female	276	74.8	301	82.0	577	78.4
Appearance of hair around reproductive organ	124	33.6	93	25.4	217	29.5
Behavioral changes	31	8.4	15	4.1	46	6.3
Others **	3	0.82	15	4.1	18	2.4

***= others such as enlargements of sex organ, enlargements of hip, desire towards opposite sex and desire to have sexual intercourse.*

NB: multiple answers were possible and percent sum may be above 100%

5.3. Sexual attitude of respondents

Eight hundred twenty (87.6%) of both in and out-of school youth disprove premarital sex. From 469 in school youth 425(90.6%) have negetive attitude (premarital sex is unacceptable) towards premarital sex and the rest 44(9.4%) believe in having sex before marriage. Out of 467 out-of school youth 395(84.6%) do not accept premarital sex while 72(15.5%) believe in having sex before marriage.

Seven hundred thirty six (78.6%) of respondents; from whom 379(81.0%) in-school and 357(76.6%) out-of-school agree that girls have to remain virgin until they get married, Similarly from the total of 925 individuals 649(70.2%) youth; 331(71.5%) in-school and 318(68.8%) out-of-school agree that boys have to remain virgin until they married (Table 5). Froth the total of 508 (54.3%) youth, 210 (48.8%) in-school and 298(63.8%) out-of-school believe that during sexual intercourse using condom prevents from STI and HIV/AIDS.

Table 5: Attitudes of in and out-of-school youth towards selected SRH issues in Oromia Region, North Showa Zone, Kuyu Woreda, 2012

Variables	**In-school (n=469)**		**Out-of-school(467)**		**Total (n=936)**	
	n	**%**	**n**	**%**	**n**	**%**
Is premarital sex acceptable (n=936)						
Yes	44	9.4	72	15.5	116	12.4
No	425	90.6	395	84.6	820	87.6
Believe that using condom during sexual intercourse prevent from STI and HIV/AIDS						
Yes	210	48.8	298	63.8	508	54.3
No	259	55.2	169	36.2	428	45.7
A girl have to remain virgin until she marry (n=934)						
Agree	379	81.0	357	76.6	736	78.8
Disagree	46	9.8	70	15.0	116	12.4
Not sure	43	9.2	39	8.4	82	8.8
A boy have to remain virgin until he marry (n=925)						
Agree	331	71.5	318	68.8	649	70.2
Disagree	46	9.9	85	18.4	131	14.2
Not sure	86	18.6	59	12.8	145	15.7
Parent youth communication on SRH issues delay first sexual intercourse (n=916)						
Agree	324	70.6	342	74.8	666	72.7
Disagree	73	15.9	64	14.0	137	15.0
Not sure	62	13.5	51	11.2	113	12.3

5.4. Communication on sexual and reproductive health issues

From the total of 936 study subjects, 187(20.0%) ever had discussed on at least two topics of sexual and reproductive health issues with either mother or father. From 187(20.0%) who ever had discussed on SRH issues, 117(24.9%) was in school and 70(15.0%) was out-of-school youth. Out of respondents who ever had discussed on at least two topics of SRH related issues more than half 95(51.1%) start the first communication with in the age of 15-19 years. The mean (±SD) age of respondents at first discussion was 15.36± (2.29SD) with minimum and maximum of 10 and 24years respectively. The mean (± SD) age range first discussion among in school youth was 14.89(± 2.12SD) with the minimum and maximum 10 and 19 years. The mean age of first discussion among out-of-school youth were 15.98 (± 2.39SD) with the minimum and maximum of 10 and 24 years. Eighty five (9.1%); 58(12.4%) in and 27(5.8%) out-of-school youth declare that they got adequate information during their discussion with father and/or mother.

Concerning believes and attitudes of respondents towards parent youth communication on SRH issues, 769(82.2%) respondents; 386(82.3%) in and 383(82.0%) out-of-school believed that it is important to discuss about sexual and reproductive health issues with parents. Insignificant number of respondents 10(2.1%) didn't know the importance of parent youth communication on SRH issues. Additionally 666(72.7%) of respondents agree that discussion about SRH issues between parent and youth could help to delay early sexual initiation; of which 324(70.6%) was in-school and 342(74.8%) was out-of-school.

Regarding gender (sex) preference for discussing SRH related issues, relatively male respondents' prefered fathers 41(8.2%) and female respondents' prefered mothers 102(23.4%)(Table 6).

Mothers were involved in communication more than fathers, that account 128(13.1%) for mothers and 57(5.8) for fathers. Additionally female respondents 96(22.0%) discuss on SRH issues more as compared to males 91(18.2%). From the total of 915 individuals, 358(39.1%) of youth preferred to discuss about SRH issues with their peers compared to other people or partners; from which 151(33.0%) in-school and 207(45.2%) was out-of school youth (Figure 4).

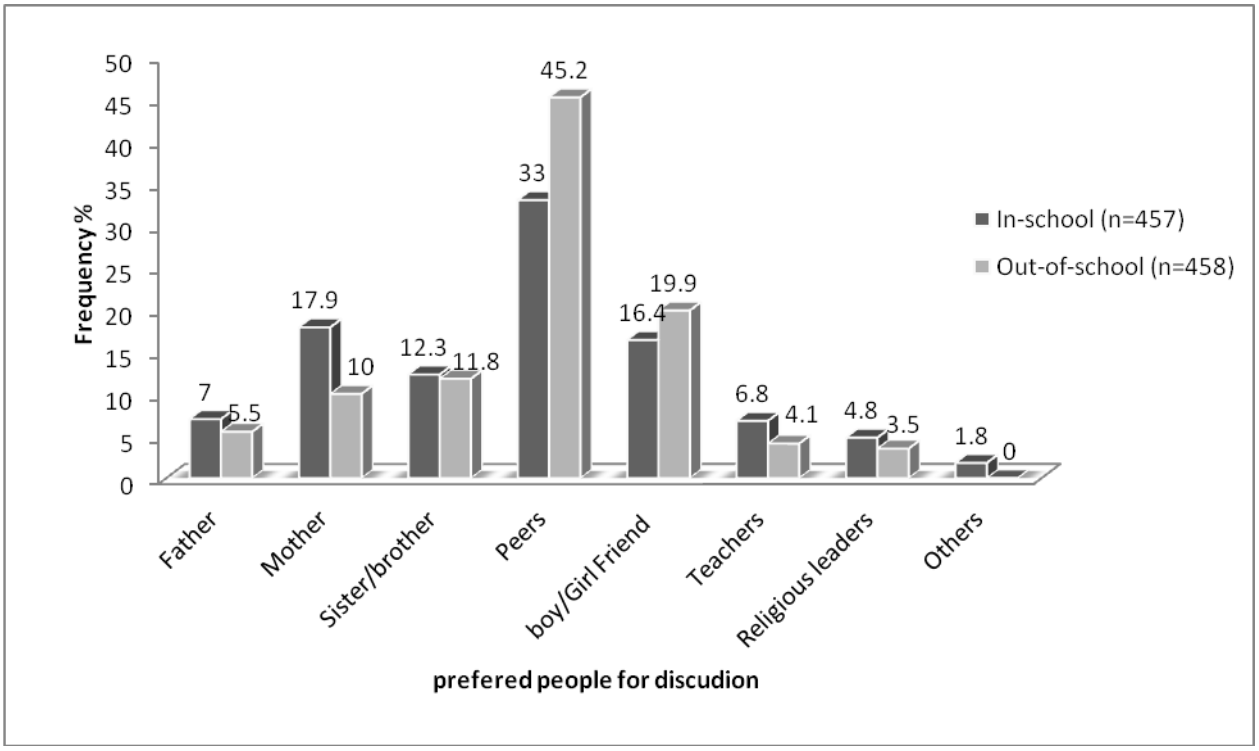


Figure 4 : In and out-of-school youth preference of partners for sexual and reproductive health related communication in Oromia Region, North Showa Zone, Kuyu Woreda, 2012

Table 6: In-school and out-of-school parent-youth communication on SRH issues by sex and their preference (from mother and father) in Oromia Region, North Showa Zone, Kuyu Woreda, 2012

Variables	Male		Female	
	With Fathers	With Mothers	With Fathers	With Mothers
Contraceptive method	36(13.9)	28(10.8)	10(5.1)	68(34.3)
STI and HIV/AIDS	43(11.4)	13(3.4)	16(6.0)	41(15.4)
Sexual intercourse	35(11.0)	11(3.4)	8(3.8)	35(16.5)
Unwanted pregnancy	8 (3.2)	6(2.4)	8(4.4)	28(5.4)
Condom use	4(1.5)	3(1.1)	6(4.3)	4(2.9)
Physical and behavioral changes during puberty	27(8.7)	8(2.6)	10(4.0)	34(13.5)
Menstrual period	-	-	6(1.8)	118(34.8)
SRH necessary for youth	12(4.8)	6(2.4)	7(4.1)	13(7.7)
Opposite sex relationship	14(6.0)	12(5.1)	5(2.8)	13(7.4)
Preference for discussion (from father and mother)	41(8.3)	26(5.3)	16(3.8)	102 (23.4)

Factors influencing parent youth communication on SRH issues

In-school youth were 2.29 times more likely to have odds of communicating about SRH issues with their parents as compared to out-of-school youth [AOR= 2.29; 95%CI=1.46-3.59]. Similarly youth who ever heard about SRH issues have 1.57 times more likely to have odds of communicating about SRH topics with their parents as compared to those who did not ever heard about SRH matters [AOR= 1.57; 95%CI=1.02-2.42] Additionally, positive attitude of respondents towards the importance of parent youth communication on SRH issues [AOR=3.93; 95%CI=1.85-8.360], and having litrat father [AOR=2.03; 95%CI=1.28-3.22] and having litrate mother [AOR=1.93; 95%CI=1.27-9.94] was statistically significant with parent youth communication on SRH related topics(Table 7).

Table 7: In and out-of-school youth who ever discussed on at least two topics of SRH issues with their parent by selected socio-demographic characteristics in Oromia Region, North Showa Zone, Kuyu Woreda, 2012

Variable	Discussion on sexual and reproductive health issues			
	Yes	No	Crude OR(95%CI)	Adjusted OR(95%CI)
Sex	**n (%)**	**n (%)**		
Male	91(48.7)	409(54.9)	0.79(0.57, 1.10)	
Female	96(51.3)	340(45.4)	1.00	
School status				
In-school	117(62.6)	352(47.0)	**1.89(1.36, 2.62)**	**2.29(1.46, 3.59)*** **
Out-of-school	70(37.4)	397(53.0)	1.00	1.00
Age				
15-19	120(64.2)	445(59.4)	0.75(0.54, 1.05)	
20-24	67(35.8)	304(40.6)	1.00	
Educational status of youth				
5-8	9(4.8)	100(13.4)	**5.39(2.21, 13.21)***	**4.56(1.64, 12.67)** **
9-10	107(57.2)	472(63.1)	**2.14(1.16, 3.97)***	**3.07(1.45, 6.47)** **
11-12	54(28.9)	142(19.0)	1.28(0.66, 2.47)*	1.19(0.85, 4.33)
>12	17(9.1)	35(4.7)	1.00	1.00
Ever heard of SRH				
Yes	145(77.5)	503(67.2)	**1.69(1.16. 2.46)***	**1.57(1.02, 2.42)***
No	42(22.5)	246(32.8)	1.00	1.00
Believe that parent youth communication about SRH issue important				
yes	175(95.1)	594(80.1)	**4.62(2.30, 9.25)***	**3.93(1.85, 8.36)*** **
No	9(4.90)	141(19.2)	**1.00**	**1.00**
Educational status of mother				
Literate	63(35.2)	135(19.2)	**2.29(1.598, 3.28)***	**2.03(1.28, 3.22)** **
Illiterate	116(64.8)	56(80.8)	1.00	1.00
Educational status of father				
Literate	89(51.7)	196(30.1)	**2.47(1.77, 3.52)***	**1.93(1.27, 2.94)** **
Illiterate	83(48.3)	456(69.9)	1.00	1.00
Living Arrangement				
Father and mother	97(51.9)	368(49.1)	1.00	
Father or mother	35(18.7)	149(19.9)	1.12(0.73, 1.73)	
Sister or brother	8(4.3)	43(5.7)	1.42(0.65, 3.11)	
Friends	23(12.3)	95(12.7)	1.09(0.66, 1.81)	
Alone	14(7.5)	55(7.3)	1.04(0.55, 1.94)	
Relatives	10(5.3)	39(5.2)	1.03(0.49, 2.13)	

- ** = P<0.05, ** = P<0.005, *** = P<0.0001*

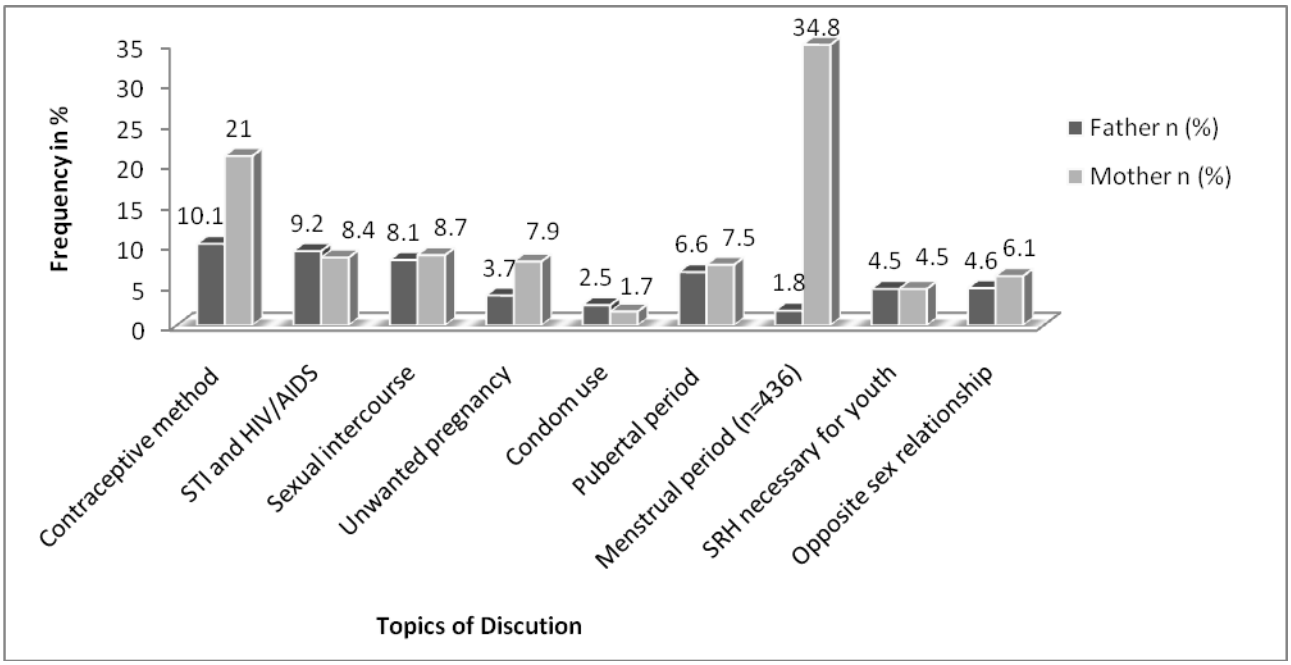


Figure 5: In and out-of-school youth who ever had discussed on SRH topics with parents (father and/or mother) in Oromia Region, North Showa Zone, Kuyu Woreda, 2012

5.5. Communication on SRH issues and Sexual initiation of respondents

From 936 youth, 288(30.8%) of in and out-of-school youth were sexually active; 108(23.3%) in-school and 180(38.5%) were out-of-school youth. The mean (±SD) age of first sexual initiation for both in and out of school youth were 16.87± (1.78SD) and the median age was 17. The mean (±SD) age of first sexual initiation among in-school youth was 16.67±1.53SD with the minimum 12 and maximum of 20 years. Similarly the mean (±SD) age of first sexual initiation among out-of-school youth was 16.99± (1.90SD) with the minimum 14years and maximum 24 years old respectively.

Ninety two (31.9%) of both in and out of school youth were used condom during first sexual intercourse and 104(36.1%) of respondents; 42(38.9%) in-school and 62(34.4%) out-of-school used birth control methods at first sexual intercourse.

Regarding the number of sexual partners of respondents 173(60.1%); of which 75(69.4%) in and 98(54.4%) out-of-school youth have one sexual partner. Fifty eight (20.8%); 14(13.0%) in and 44(24.4%) out-of-school youth have two sexual partners and 57(19.8%); 19(17.6%) in and

38(21.1%) out-of-school youth have three and more sexual partners.The most outstanding reason for sexual initiation among sexually active youth was internal interest or feeling to have sex which account 185(64.2%); in-school 66(61.1%) and out-of-school youth 119(66.1%) followed by watching pornographic films that account 140(48.6%)(Figure 6).

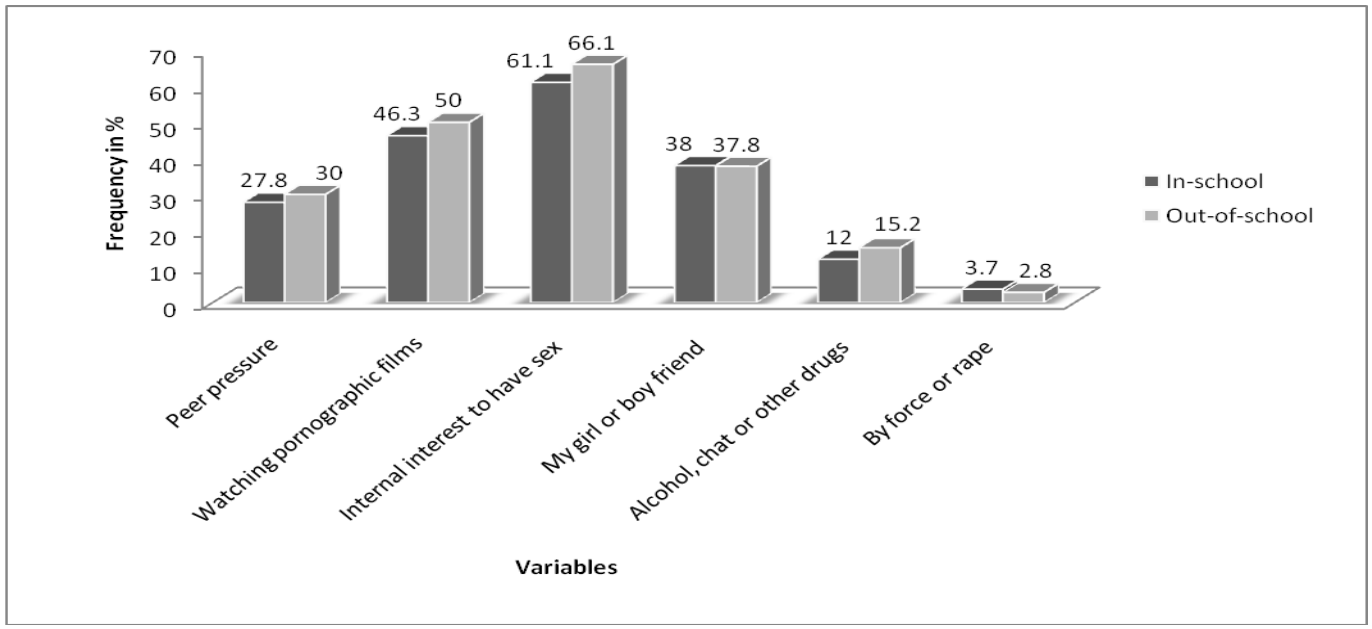


Figure 6: In and out-of-school youth reason for sexual initiation in Oromia Region, North Showa Zone, Kuyu Woreda, 2012

More than half 648(69.2%) of in and out of school youth did not have sex; from which 361(77.0%) and 287(61.5%) in-school and out-of-school youth respectively. The main reason for not having sex before marriage was waiting till married 479(73.9%) followed by fear of STI and HIV/AIDS which scores 274(42.3%).

Out-of-school youth were 2.16 times more likely to have odds of sexual initiation as compared to in-school youth [AOR=2.16; 95%CI=1.45 to 3.23]. Not discussing about avoiding premarital sex [AOR=3.52; 95%CI=1.74 to7.12] and discussing opposite sex relationship [AOR=1.56; 95%CI=1.03 to 2.37] was statistically significant with sexual initiation of youth, but Patent youth communication on at least two topics of SRH issues did not show any statistical significance on sexual initiation of youth (Table 8).

Table 8: In and out-of-school youth communication on SRH issues and its influence on sexual initiation, in Oromia Region, North Showa Zone, Kuyu Woreda, 2012

Variable	Sexual initiation			
	Yes	No	COR(95%CI)	Adjusted OR
School status				
In-school	108(37.5)	361(55.7)	1.00	1.00
Out-of-school	180(62.5)	287(44.3)	**2.10(1.58, 2.79)***	**2.16(1.45, 3.23)****
Discussion with biological parents on two topics of SRH				
Yes	61(21.2)	126(19.4)	1.00	
No	227(78.8)	522(80.6)	1.26(0.92, 1.72)	
Discussed contraceptive Methods				
Yes	159(55.2)	298(46.0)	**1.45(1.09, 1.91)***	1.17(0.76, 1.78)
No	129(44.8)	350(54.0)	1.00	1.00
Discuss avoiding premarital sex				
Yes	142(75.5)	305(92.1)	1.00	1.00
No	46(24.5)	26(7.9)	**3.80(2.26, 6.39)***	**3.52(1.74, 7.12)****
Discuss safe sex				
Yes	71(37.8)	73(22.1)	1.00	1.00
No	117(62.2)	258(77.9)	**2.15(1.45, 3.18)***	1.17(0.67,2.03)
Discuss opposite sex relation				
Yes	124(43.1)	401(61.9)	**2.15(1.62, 2.85)***	**1.56(1.03, 2.37)***
No	164(56.9)	247(38.1)	1.00	1.00
Discuss use of condom				
Yes	155(53.8)	252(38.9)	**1.83(1.38, 2.42)***	1.17(0.75, 1.82)
No	133(46.2)	396(61.1)	1.00	1.00
Discuss unintended pregnancy				
Yes	157(54.5)	275(42.4)	1.00	1.00
No	131(45.5)	373(57.6)	**1.63(1.23, 2.15)***	0.99(0.63, 1.58)

- ** = P<0.05,* *** = P<0.0001*

Communication about contraceptive methods: - Four hundred fifty four (48.8%) of youth 232 (49.5%) in school and 222(47.5%) out-of-school ever had discussed about contraceptive methods. Of those participants who ever had discussed about contraceptive methods majority of them 157(34.5%) was with peers and significant number of participants 328(71.9) discussed some times. More than half 482(51.5%) of respondents did not discussed about contraceptive methods and the reason for not discussing was fear of parents and embarrassment 350(44.0%) followed by lack of communication skill 255(32.0%) (Table 10, 11, 12).

Communication about STI and HIV/AIDS: - Two third 644(68.8%) of which, 324(69.1%) in and 320(68.5%) out-of-school youth ever had discussed about STI and HIV/AIDS. Of those who ever had discussed about STI and HIV/AIDS 277 (43.0%) was discussed with peers. Four hundred fourtyeight (69.7%) participants discussed about STI and HIV/AIDS occationally. Of three hundred five (32.6%) not discussing STI and HIV/AIDS 363(43.9%) was due to fear of parents and embarrassment followed by 345(41.6%) lack of communication skill (Table 10, 11, 12).

Communication on sexual intercourse: - Out of 936 study participants 531(56.7%) ever had discussed about sexual intercourse. From this 252(53.7%) youth was in school and 279(59.7) was out of school. Two hundred thirty five (44.3%) out of 531 respondents were discussing with peer followed by boy or girl friend and three hundred seventy two (70.3%) discussed about sexual intercourse sometimes. Four hundred eight (44.7%) of the respondents did not discuss about sexual intercourse with parents and the reason for not discussing was shame 610(71.5%) followed by fear of parents accounting 334(39.2%). Among the study participants who ever had discussed about sexual intercourse major number respondents 447(84.2%) discussed about avoiding premarital sex and 447(27.1%) discussed on safe sex before marriage (Table 10, 11, 12).

Communications on unwanted pregnancy: - Four hundred thirty two (46.2%) of respondents ever had discussed about unwanted pregnancy. From those who ever had discussed about unwanted pregnancy 183(42.4%) discussed with peers. Three hundred thirteen (72.1%) respondents discussed about unwanted pregnancy sometimes.The most frequently mentioned reason for not discussing about unwanted pregnancy was fear of parents and embarrassing 380(42.6%) followed by lack of communication skill 334(37.5%) (Table 10, 11, 12).

Communication on condom use: - Four hundred seven (43.5%) respondents ever had discussed about use of condom and majority of them 201(49.4%) discussed with peer. From the study participants who ever had discussed about use of condom 284(69.8%) discussed some times. The most frequently mentioned reason by those who did not discuss about use of condom 533(56.9%) with parents was 563(61.1%) shame followed by fear of parents and embarrassing 406(44.0%) (Table 10, 11, 12).

Communication on puberty: - From the total of 936 study participants 563(60.1%) had ever discussed about physical and behavioral changes during puberty; from which 259(46.0%) respondents discuss with peers followed by teachers 135(24.0%). Four hundred twelve (73.3%) respondents discussed some times. Three hundred seventy seven (40.3%) who did not discussed about puberty mention lack of communication skill 350(40.5%) and fear parents/embarrassing 302(35.0) as a major reason for their failure to discuss about it (Table 10, 11, 12).

Communication on menstrual period: - From the total female participants339 (77.8%) ever had discussed about menstrual period. Most of them had discussed about menstrual period with peers 259(46.0%). Two hundred fifty five (75.2%) of female participants discuss about menstrual period sometimes. That main reason raised for not discussing about menstrual period was shame 240(77.4%) followed by fear of parents 155(50.0%) (Table 10, 11, 12).

Communication on SRH service necessary for youth: - Four hundred twenty (44.8%) of the study participants ever had discussed about SRH services necessary for youth. From those who ever had discussed about SRH services essential for youth 305(72.6%) discuss sometimes primarily with peer 190(45.5%) secondly with teachers 106(25.5%). More than half 517(55.2%) of both in and out of school youth did not discuss about SRH essential for youth and the major reason mentioned was lack of knowledge about the issue 436(48.1%) followed by fear of parents 321(35.4%) (Table 10, 11, 12).

Communication on opposite sex relation: - Four hundred ten out of 936 study participants ever had discussed about opposite sex relation. From those who ever had discussed about opposite sex relation 190(20.3%) discuss sometimes mostly with peer 243(59.3%) followed by boy or girl friend 74(18.0%). The most prominent reason for not discussing about opposite sex relation was shame 547(60.8%) followed by fear of parents 499(55.5%) (Table 10, 11, 12).

Table 9: In and out of school youth communication on different sexual and reproductive health related issues in Oromia Region, North Showa Zone, Kuyu Woreda, 2012.

Variables	In-school (469)		Out-of-school (467)		Total (936)	
	n	%	n	%	n	%
Contraceptive methods	232	49.5	225	48.2	457	48.8
STI and HIV/AIDS	324	69.1	320	68.5	644	68.8
Sexual intercourse related issues	252	53.7	279	59.7	531	56.7
Having safe sex	77	30.6	67	24.0	144	27.1
Avoiding premarital sex	207	82.1	240	86.0	447	84.2
Unwanted pregnancy	212	45.2	220	47.1	432	46.2
Condom use	174	37.1	233	49.9	407	43.5
Physical and behavioral changes during puberty	272	58.0	291	62.1	563	60.1
Menstrual period (n=436)	152	71.0	187	84.2	339	77.8
SRH service necessary for youth	202	43.1	218	46.7	420	44.8
opposite sex relationship	180	38.4	231	49.5	410	43.9

Table 10: In and out-of-school youth responses with whom they had discussed about sexual and reproductive health issues in Oromia Region, North Showa Zone, Kuyu Woreda, 2012

Variables	No (%) of discussed	With whom they had discussed						
	Yes	Father	Mother	Sister Brother	Peers	Boy/girl friend	Teacher	Others
Contraceptive method	457(48.8)	46(10.1)	96(21.0)	46(10.1)	157(34.5)	68(14.9)	31(6.8)	13(2.8)
STI and HIV/AIDS	644(68.8)	59(9.2)	54(8.4)	53(8.2)	277(43.0)	81(12.6)	100(15.5)	20(3.1)
Sexual intercourse	531(56.7)	43(8.1)	46(8.7)	33(6.2)	235(44.3)	120(22.6)	38(7.2)	16(3.0)
Unwanted pregnancy	432(46.2)	16(3.7)	34(7.9)	37(8.6)	183(42.4)	97(22.5)	51(11.8)	14(3.3)
Condom use	407(43.5)	10(2.5)	7(1.7)	15(3.7)	201(49.4)	92(22.6)	60(14.7)	22(5.4)
Physical and behavioral changes during puberty	563(60.1)	37(6.6)	42(7.5)	29(5.2)	259(46.0)	50(8.9)	135(24.0)	11(2.0)
Menstrual period (n=436)	339(77.8)	6(1.8)	118(34.8)	18(5.3)	159(46.9)	20(5.9)	13(3.8)	5(1.5)
SRH service necessary for youth	420(44.8)	19(4.5)	19(4.5)	25(6.0)	190(45.5)	44(10.5)	106(25.2)	17(4.0)
Opposite sex relationship	410(43.9)	19(4.6)	25(6.1)	24(6.0)	243(59.3)	74(18.0)	19(4.6)	6(1.5)

Table 11: Reasons for not discussing about sexual and reproductive health issues with parent among in and out-of-school youth in Oromia Region, North Showa Zone, Kuyu Woreda, 2012

Variables	No (%) of not discussing	Reason for not discussing with parents						
	No	Shame	Culturally unacceptable	Lack of knowledge	Lack of communication skill	Fear of parents/ embarrassing	Do not want and didn't give attention	Others
Contraceptive	482(51.5)	308(32.9)	155(19.5)	151(16.0)	255(32.1)	350(44.0)	55(5.6)	12(1.5)
STI and HIV/AIDS	305(32.6)	232(28.1)	119(14.4)	119(14.4)	345(41.6)	363(43.9	76(9.2)	12(1.5)
Sexual intercourse	418(44.7)	610(71.5)	181(21.5	25(2.9)	252(29.5)	334(39.2)	33(3.9)	12(1.5)
Unwanted pregnancy	514(54.9)	330(37.1)	225(25.3)	162(17.3)	334(35.7)	380(40.6)	85(9.1)	12(1.3)
Condom use	533(56.9)	563(61.1)	168(18.2)	50(5.4)	305(33.1)	406(44.0)	113(12.3)	13(1.4)
Physical and behavioral changes during puberty	377(40.3)	133(15.4)	99(11.5)	167(19.3)	350(40.5)	302(35.0)	138(16.0	18(2.1)
Menstrual period (n=436)	99(10.6)	240(77.4)	26(8.4)	4(1.3)	83(26.8)	155(50.0)	6(1.9)	2(0.6)
SRH service necessary for youth	517(55.2)	133(14.2)	100(11.0)	436(48.0)	319(34.1)	321(35.1)	113(12.5)	11(1.2)
opposite sex relationship	538(56.9)	547(60.8)	185(20.6)	29(3.2)	284(31.6)	499(55.5)	56(6.2)	11(1.5)

Table 12: In and out of school frequency of communication on sexual and reproductive health issues in Oromia Region, North Showa Zone, Kuyu Woreda, 2012

Variables	Frequency of communication					
	In-school youth			Out-of-school youth		
	Very often n (%)	Often n (%)	Some times n (%)	Very often n (%)	Often n (%)	Some times n (%)
Contraceptive	28(12.1)	33(14.3)	170(73.6)	28(12.4)	39(17.3)	158(70.2)
STI and HIV/AIDS	54(16.7)	47(14.5)	223(68.8)	42(13.2)	52(16.3)	225(70.5)
Sexual intercourse	42(16.7)	37(14.7)	172(68.5)	30(10.8)	48(17.3)	200(71.9)
Unwanted pregnancy	29(13.7)	22(10.4)	160(75.8)	30(13.6)	37(13.8)	153(69.5)
Condom use	19(11.1)	34(19.9)	273(69.0)	27(11.6)	40(17.2)	165(71.5)
Physical and behavioral changes during puberty	41(15.1)	39(14.4)	191(70.5)	27(9.3)	43(14.8)	221(75.9)
Menstrual period	22(14.5)	16(10.5)	114(75.0)	19(10.2)	27(14.4)	141(75.4)
SRH service necessary for youth	24(11.8)	40(19.7)	139(68.5)	19(8.8)	32(14.7)	166(76.5)
opposite sex relationship	28(15.6)	44(24.6)	107(59.8)	27(11.7)	42(18.2)	162(70.1)

Finding of the qualitative part

A total of 36 discussants were participated on FGDs. From these participants 17 discussants were females and 19 were males. Four FGD was conducted separately with purposively selected mothers and fathers of youth in Garba Guracha town who have son/daughter within the age of 15-24years. For the two kebeles of the town, two FGD for each kebele was conducted with mothers and fathers separately. The minimum of 8 and maximum of 10 individual were participated on each FGD.

Communication on reproductive health and sexual topics between parent and youth

Most of the discussants mention that they did not discuss any SRH related issues openly with their children. They tell about unwanted pregnancy, STI/HIV/AIDs, sexual intercourse and opposite sex relation superficially or apparently by mentioning any undesirable experience in the community. The majority of discussants agree on the importance of SRH discussion with children. One of the male discussant mentioned *that "...parents are the first and foremost close information source for children at early age of puberty but we do not have this kind of trend and even we warn our child rather than convincing them... "* Most of the time parents provide vague warnings rather than direct open discussion leaving clear decisions for children which lack clarity to induce children towards positive SRH behaviors.

Most discussant also mention that, comparing in and out of school youths, parents give prior attention for in-school youth on the issue of sexuality, because they do not want to be the cause for the failure of any school result. Out-of-school youth; whether they complete education, discontinue or did not attend any school at all guiding and letting them to live on their own description is better than controlling them like that of in-school children. One of the male parents says that *"...out-of-school youth once they drop out the school or fail to score result or did not attend any school there is no means of strictly following them and I prefer to make them get married and live their own life...why should I worry for the one who does not have any futurity, I am not literate and have knowledge deficiencies I do not want my son to lead his life without education like me and many others illitrates..."*

Premarital sex and unwanted pregnancy: - All discussants strongly disprove premarital sex in one voice showing their agreement by nodding their head on once idea. Some of the consequences of premarital sex mentioned by the discussants were unwanted pregnancy, school dropout, rejection from community and family, STI and HIV/AIDS, death from attempting abortion, lose of personal and family respect during marriage and psychological disturbance. *"I know one history in our village, one grade 9 female student was engaged for marriage based on our tradition, but she was contacting her boy friend in the way that no one can see her or secretly, and she got pregnant later on. Her friends and the community marginalized her by saying how are you going to marry once you get pregnant before marriage? How do you come in front of your parent with pregnancy? Finally the lady committed abortion and dies from taking traditional medicine..."* Most of the time parents get information after their children exposed to different health harming SRH related problems including premarital sex and unwanted pregnancy. They mention that premarital sex is strictly forbidden in the community and it is the act of promiscuity. All discussants agree in single word that unmarried youths are not expected to have sexual intercourse before marriage and did not discuss the issue of contraceptive methods.

STI and HIV/AIDS: - HIV was the commonly mentioned sexually transmitted infection by the discussants. Parents still do not discuss the issue of STI and HIV/AIDS clearly for their child but they prefer to advice superficially by referring others. They also discuss the way of transmission and preventive measures except condom on which they did not feel comfortable to tell to their child. One male parent say *"...in my family we have meetings periodically once per week I openly discuss sexual and reproductive health related issues with my children, I tell them about HIV/AIDS, syphilis and gonorrhea. I strongly insist them to avoid premarital sex from the religious point of view that they will be punished of it from spirit and also rejected from the society..."*

Discuss about sexual intercourse: - Some discussant did not raise any issue related to sexual intercourse but majority of the parents discuss on avoiding premarital sex. The way of discussing the issue with children is not open. One of the discussant mentions that she had advice her son and share her experience*"...I have grade 10 complete young boy, he fail to score University entrance exam and join one private organization in our locality, he is*

working with one female and I suspect he may have sexual issue with her. Due to this I warn him saying, you are running with this stupid HIV infected lady, it is clear that you will also infect by similar or same disease..."

Use of condom: - All participants did not discuss about condom with their children. The majority of them perceive that discussing about condom, as if it is leading children to sexual intercourse. One of the participant assertively mention *"...advising about condom use is informing or opening the way for sexual initiation..."* additionally another participant mention that condom is not 100% preventive method from unwanted pregnancy and HIV/AIDS. The other discussants mention trusting and using condom may bring harm to life. *"...I personally do not trust condom it might be torn and I never tell about condom to my son, I prefer to forbid any sexual initiation before marriage... "* another participant stressfully mentioned that *"...ተጠቀሙ ከዝህ ከዝያተድናላችሁ ማለት ተጠቀሙ ችግር ውስጥ ግቡ ማለት ለው...::"* literally to mean *"...use condom and you will be saved from this and that means use it and get in to complex problems ..."*

"...I never tell them about condom I inform them that premarital sex is sin it will harm their future life..." Only one discussant who was working as a partner with Ethiopian Family Guidance Association mention that he advice his child on use of condom and contraceptive methods.

Physical and behavioral changes: - Physical and behavioral changes discussed between parent and children were in the form of jock because children are shy and fear to talk and listen this issue in front of elders. Voice change on both male and female, growth of hair around sex organ on both male and female sex, breast development on female, boys become muscular, increment of sexual desire, singing, refuse parents' command on different activity and self confidence were some of the physical and behavioral changes mentioned by discussants. As compared to the other SRH related topics parents feel more comfortable to discuss physical and behavioral changes during puberty since it is natural and must to occur on adolescents.

Menstrual period: - Majority of mother discussants discusses the issue of Menstruation with their daughters but they did not inform them prior to the starting of the menstrual period. One

of the female discussant mentions that *"...my daughter hide her selves during first menstruation period and she disclose to her elder sister ..."* All male parents do not feel comfortable to discuss about menstruation with their daughter they rather prefer their daughters to be informed from their mothers or female partners. It was also mentioned that similar sex was preferred for discussion not only menstrual period but also on other topics.

Parent preference of place for sex education:- Most of the discussion participant mentions parents should be primary information source on SRH related issues for children but few of the participant mention that SRH related issues should be given in school and talking about it at home has no relevance. One female parent says that *"...sexual issues related information is already given in school and I am not expected to advice grade 10 complete adolescent, even if I want to advice her she may not give attention to my thought..."* Similarly the other discussants mention that information related to SRH is available on Medias and leaving children to attend public media can improve their awareness. Next to parent school was the most frequently raised place for youth SRH education. The majority reflect their idea assertively by saying children fear parents and are shy to initiate or start discussion therefore parents should initiate the discussion.

Reason for not discussing sexual and reproductive health issues: - Some participants mention that this generation is ignorant and do not give attention to parents thought, they do not implement what they were told to do. The vast majority of discussants mention that it is shame to discuss sexual issue with son or daughters. Both parents and children feel shame from the culture and trends of the community and prefer silence. One of the discussant says that *"...I have tried to advice sexual issue to my daughter but the moment I start discussion she cry and react to my thought saying have you seen anything peculiar on me, do you mean start it or why you mention this unusual issue and I am enforced to stop discussion..."* Being shy or descent on sexuality issue before marriage in the community and family member is considered as having good conduct among youth, due to this most discussants get difficulty of discussing sexuality issues. One of the discussant mention that *"...the society in which we grown do not allow us to discuss sexual issue with our children, our fore mothers and fathers consider sexual issue as a taboo and we may be labeled as bad-mannered, as if we were not from disciplined family, if we openly discuss sexual issues..."*

6. Discussion

The main purpose of this study is to show the level of parent youth communication on SRH issues, factors that may influence communication and its influence on sexual initiation among in and out-of-school youth in Kuyu Woreda, Garba Guracha Town.

This study indicated that both in and out of school youth have positive attitude on the importance of parent youth communication on SRH issues. Similar study done in Benshangul Gumuz among high school students' illustrated that 87.9% of in-school youth believed on the importance of communication on SRH issues. Another study in Awassa on high school students indicated 79.2% of respondents believe that it is important to discuss SRH related issues with parents (22, 47). Relatively the present study is lower as compared to study done in Benshangul Gumuz and higher compared to study done in Hawassa. Even though there is slight difference, Over all it is clear that majority of the study subjects of the above mentioned studies have positive attitude towards parent youth discussion on SRH issues. The FGD finding of this study also indicated that there is no strict culture or religion that forbids parent youth communication.

"...parents should be the first and foremost close information source concerning SRH issues for children at early age of puberty but we do not have this king of trend and even we warn our child rather than convincing and advising them on sexual issues...we do not have culture and religion that strictly forbid discussion on this topics... "

One hundred eighty seven (20.0%) respondents ever had discussed on at least two topics of SRH issues with their parents. Comparing in-school youth with out-of-school youth, in-school youth discuss SRH issues with their parents more than out of school youth. This is due to the fact that in-school youth was given special attention from their parents to avoid educational failures secondary to SRH related problems. The FGD finding of the present study also illustrated that parents give attention to in-school youth than out-of-school youth on SRH related issues to keep them complete their education effectively.

Additionally compared to out-of-school youth, in-school youth may have conducive and stable environment that commence their feeling to discuss the issue of SRH with their parents. The study conducted on Benishangul Gumuz high school student indicates that 28.9% of

youth communicate on at least two topics of SRH issues which is not consistent with the findings of the present study (22). Additionally, 30.4% of high school youth in Awassa discussed on at least two topics of SRH issues. The above mentioned two studies were higher as compared to current study, which may be due to difference in the nature of the area on the accessibility of the SRH related information (22, 48). The other justification may be the present study involved study subjects from out-of-school youth whom discuss about sexual issue rarely with their parents. This particular study identity school status, having heard about SRH issues and parent educational level as the factors that may influence parent youth communication on SRH issues; which is reliable with the study done in Benshangul Gumuz and Awassa among school students (22, 48). Similar study conducted on parent youth communication in Malawi agree with this finding which is, most of the parents who had primary and secondary education arranged the modified system of sex education for their children compared to parents who had no formal education, this implies the effect of educational level of parents on RH knowledge. Various studies indicated lower parental RH knowledge was positively associated with lower educational levels of parents (38, 49-51).

The attitude of respondents towards the importance of parent youth communication on SRH issues was also identified as the important factors that may influence parent youth communication on the topics of SRH. Consistently one study done on school adolescents in Netherlands indicated having positive beliefs on talking with parents about sexuality were positively related to frequency of parent-youth communication (31).

Comparing the male and female respondents the present study showed that female discusses SRH issues more than males' respondents. The study done in Urban Nigeria and Tanzania was also comparable with this finding that more frequent communication was reported by females (50). Various researches indicated that Parent-daughter communication about sex is more common than parent-son discussions (47). One study done in Rural Tanzania illustrated Parent-child communication about sexuality was common in families and mainly on same sex basis (50). Consistently, the present study indicated same sex, (daughters-mother and son-father) preference to discuss SRH issues. In Tanzania and South Africa Females preferred receiving sexuality information from their mothers, males preferred fathers (50). The current study also indicated that comparatively the over-all preferred partner

for SRH discussion was friends which is consistent with the study done among out-of-school youth in China (28).

The most frequent SRH topics discussed on the current study was avoiding premarital sex 84.0% followed by STI and HIV/AIDS 68.8%, which is consistent with the study done in Malawi (51). Similar study conducted in Beninshangul Gumuz school students indicates STI and HIV/AIDS as the most frequent topics of discussion followed by pubertal age, this difference may be seen due to the fact that the community culture difference towards premarital sex, which is strict in the present study (27, 39). Small number 4.2% of in and out-of-school youth discuss use of condom. This shows that either parent or youths did not want to raise the issue and give no attention to condom utilization. The result of FGDs on present study indicated the same result.

"...I personally do not trust condom it might torn and I never tell about condom to my son, I prefer to forbid any sexual initiation before marriage, look discussing about use of Condon mean encouraging them to sexual initiation... " another participant strongly and aggressively mentions that *"...*

"...ተጠቀሙ ከዝህ ከዚያ ትድናላችሁ ማለት ጠቀሙና ችግር ውስጥ ግቡ ማለት ነው..." literally to mean *"...use condom and you will be saved from this and that means use it and lets you go down in problem..."*

The present study indicated that 38.5% of out-of-school youth initiated sex as compared to in-school youth 23.3%. Similarly of sexual initiation reported by the out-of-school youth were higher than those reported by university students in China, although they are similar in age (28). These findings suggest that the school environment may offer a context which discourages sexual activity. Many high schools have regulations that limit intimate relationships between students of opposite sex in school. Compared to in-school youth, out-of-school youth have had more opportunities to engage in sexual activity, as their social life exists in a context that is more relaxed than it was when they were in-school.

The current study identified that, male was 1.70 times more likely to initiate sex as compared to females which were consistent with the study conducted on youths of 15-24 years in urban and rural part of North Wast Ethiopia. Another study among Hispanic youth has been found

significant association between gender and sexual initiation among male than females (39, 40). On the present study the rates of daughter-mother communication was higher than rates of son-father or son mother communication which may have an effect on the sexual initiation of youth.

Concerning the school status and sexual initiation of youth, out-of-school youth was sexually initiated more than that of in-school youth. Consistently schooling has been widely shown to be a protective factor for sexual debut in the U.S. and Western European countries. Additionally six studies conducted in developing country also illustrate adolescents who were currently enrolled in school were significantly less likely to be engaged in sex (36). Likewise schooling has significant effect on parent youth communication which may directly or indirectly affect sexual initiation of youth.

On the study done in China among out-of-school youth revealed that pattern of communication was significantly associated with youth premarital sex (28). Even though the results of various studies were often mixed parent-child communication is associated with a decreased risk of teen pregnancy and is associated with delaying sexual intercourse for the first time (51). The findings of the current study were inconsistently indicated that discussing about SRH issues with parents did not show any relations with sexual initiation of youth. This may be due to the fact that on the present study more than half of the respondents mothers (73.2%) and fathers (57.6%) were illiterate and discuss less than literate parents. Moreover low proportion of fathers (29.7%) and mothers (34.6%) were open to discuss SRH issue with their children. More over most of the time parents perceive as if their child may not involved in sexual intercourse at early age and start discussing SRH issues after dating or after pubertal age which may have an effect on sexual initiation of youth.

Fear of parents, shamefulness and lack of communication skill of youth makes adolescent not to discuss openly with their parent about sexual and reproductive health issue which is comparable with study done in Beshangul gumuz and Awassa(22, 48). This is due to the fact that traditionally sex and sexuality are not discussed in many African countries for some people discussing sexuality means promiscuity. In many African communities such as Ghana,

Sierra Leone, Nigeria and South Africa this finding is consistent (43). The findings of FGD on present study shows that youth lose their confidence and resistant to this kind of discussion.

"...I have tried to advice sexual issue to my daughter but the moment I start discussion she cry and react to my thought saying have you seen some thing peculiar on my sexual behavior, do you mean start it or why you mention this unusual issue? Due to this I am enforced to stop discussion..."

7. Limitations and strength of the study

Limitation of the study

1. The study design was cross-sectional which implies that causal relationship cannot be determined
2. Subjected to self reporting error since the questionnaire is very sensitive and desirability bias may not be eliminated even the survey used self administered questionnaire.
3. This study is limited to youths who can read and write and did not include those youths who were unable to read and write despite they can full fill the inclusion criteria.

Strength

- The study employed qualitative study to understand the perception on parents of youth so as to gain complete information on top of measuring the magnitude of youth parent communication and associated factors.

8. Conclusion and recommendation

8.1. Conclusion

Both in and out-of-school youth have knowledge and attitude on SRH components in the study area. Additionally both groups have attitude on the importance of parent youth communication on SRH issues but parent youth communication was found to be low relative to other studies. Communications about SRH issues was based on same sex basis; mother-daughter and father-son. Comparing mother and father mothers involved more than fathers on discussing about the SRH issue with children. Relative to the other discussion partners youth feel comfortable and highly prefer peers for discussion.

In-school youth was found to discuss SRH issue with parent more than out-of-school youth additionally youths from literate parents discuss more as compared to youths from illiterate parents. Parent youth communication might be influenced by variables such as Gender, school status, Attitude of respondents on the importance of parent youth communication on SRH issues, ever heard about SRH issues and educational level of parents (mother and father). Fear of parents, shamefulness and lack of communication skill was also the most commonly raised reason for youth not discussing SRH issues with parents. The findings of the FGD result also support this idea.

Sexual initiation of youth was influenced by school status of youth but unlike some other studies parent youth communication on at least two topics of SRH issues did not show significance relation with sexual initiation of youth.

8.2. Recommendation

1. School has to bring the way to break the gap that hinder parent youth communication on sexuality; through incorporating SRH issue in the school curriculum and giving home take assignment to be completed by both parent and youths.
2. In-and out-of-school youth get sexuality information from public media, therefore local media such as Fana Broadcast Corporate (FBC), ETV, Ethiopia Radio has to focus on the issues of parent-youth communication concerning SRH topics.
3. The woreda youth and cultural bureau has to give attention to the areas of youth recreation centers, youth friendly service and microenterprises to enhance sexuality education and parent-youth communication on SRH issues. This is especially to address out-of-school youth.
4. Mostly youth discuss about sexuality issues with their friends due to this, the woreda Health Bureau in collaboration with NGOs and Woreda Youth and Culture, has to establish well organized youth friendly service.
5. Program designed to enhance parent-youth communication and ASRH should work with parents of adolescents, religious leaders, influential community members, and community elders, in order to overcome the problems of taboo on parent youth communication on SRH issues.
6. Quality of parent-youth communication on SRH issues and mode of communication need further study, which were not addressed in the present study.

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Annex – I: English Version questionnaire

English questionnaire

Identification No _____

(To be filled by investigator)

INFORMATION AND CONSENT FORM

Dear respondent,

My name is Yohannes Mulgeta. I am working in Haramaya University College of Health Sciences. Now I'm going to conduct study on parent adolescent communication concerning sexual and reproductive health issues. This study had been approved by Addis Ababa University College of Health Sciences School of Public health to be conducted in partial fulfillment of Masters' Degree in Public Health. The honest information you provide us is very essential for this study. And it takes 45 minutes to complete this questionnaire. All the information you give us will be kept private. Anyone who will not be willing to participate in the study can do so and will have the right to stop at any time after he/she starts to participate. Confidentiality and privacy will be maintained by ensuring the respondents answering the questions on a separate place. Therefore, I really need your honest and genuine response to questions prepared so as to attain the objective of the study.

In any case you can contact me with my E-mail address

Addis Ababa University, School of Public Health

E-mail: yonimu2000@gmail.com

Addis Ababa University, School of Public Health

Thank you for taking your time to answer our questions.

Would you be willing to participate in the study? 1. Yes 2. No

If yes, proceed to the next page.

If no, please stop here.

Thank you.

STUDENT CONSENT FORM

I the undersigned have been informed that the purpose of this study is to identify the level of parent adolescent communication on sexual and reproductive health issues in Garba Guracha Senior Secondary School and Preparatory School. I am informed that the information I give will kept confidential and only used for the purpose of this study. I am informed that I have the right not to respond to any question without my interest. There for I agree to participate in the research voluntarily with the hope of contributing to the effort of knowing the influence of parent communication about sexual and reproductive health issue on sexual initiation of adolescent.

Signature_____

Date_____

QUESTIONS

Section I: Socio-demographic characteristics of respondents (you can encircle or tick on your choice)

S.No	Questions	Response	Code
101	Age (in years)	_____years	
102	Educational status	1. _____	
103	Sex	1. Male 2. Female	
104	Religion	1. Orthodox Christian 2. Muslim 3. Protestant 4. Catholic	
105	Ethnicity	1. Oromo 2. Amhara 3. Tigre 4. Gurage	
106	With whom are you currently living more?	1. live with father and mother 2. mother only 3. father only 4. with brothers /sisters 5. with friends 6. living alone 7. with relative	
107	Are you currently attending any regular education (day or night time)?	1. Yes 2. No	

Section II: Socio-demographic characteristics of parents (you can encircle or tick on your choice)

S.No	Questions	Response
201	Marital status of your parent	1. Together 3. Divorced 2. Separated 4. Widowed 5. My mother is dead
202	Family size of your parent (including mother and father)	_____in number
203	Educational status of mother	1. Illiterate 2. Read and write 3. Primary (grade 1- 8) 4. Secondary (grade 9 - 12) 5. Diploma 6. First degree and above
204	Educational status of father	1. Illiterate 2. Read and write 3. Primary (grade 1- 8) 4. Secondary (grade 9 - 12) 5. Diploma 6. First degree and above
205	Parent income/per month (Ethiopian birr)	1. _____birr 2. I don't know
206	Occupation status of mother	1. House wife 2. Government employee 3. Private employee 4. Merchant 5. Farmers 6. Other specify _____
207	Occupational status of father	1. Has no work 2. Government employee 3. Private employee 4. Merchant 5. Farmers 6. Other specify _____

Section III: knowledge of respondents on selected sexual and reproductive health issue in Garba Guracha town, Ethiopia, 2011/12

S.No	Questions	Response/Alternative answers		
			1. Yes	2. No
301	Have you ever heard about reproductive health? **(If your answer is no skip to question number 303).**			
		Responses/Alternatives		
			1. Yes	2. No
302	If yes to question number **301**, what was your first Source of information about reproductive health? **(More than one answer is possible)**	1. School		
		2. Peer including girl or boy friend		
		3. Mass media (TV, Radio, Magazines, News paper)		
		4. Family (father and mother)		
		5. Brothers /sisters		
		6. Relatives		
		7. Other specify _____		
		Responses/Alternatives		
			1. Yes	2. No
303	Do you know about sexually transmitted infections (STI)?			
304	If **yes** to question number **303** what type? **(more than one answer is possible)**	1. Gonorrhea		
		2. Chancroid		
		3. HIV/AIDS		
		4. Syphilis		
		5. Other specify _____		
		Responses/Alternatives		
			1. Yes	2. No
305	Do you know about contraceptive method for youth?			
306	If **yes** to question number **305**, which one do you know? **(more than one answer is possible)**	1. Pills		
		2. Condom		
		3. Depo		
		4. Norplant		
		5. IUCD		
		6. Using safe period or natural method		
		7. Other specify _____		
307	**(only for female respondents)** Do you know when the menstruation cycle starts?		1. Yes	2. No
308	**(only for female respondents)** If your answer is yes to question 307, at what age?		_____years	
309	Do you know physical and behavioral changes during puberty		1. yes 2. no	

309	What are behavioral and physical change occurs during adolescence **(multiple answer is possible)?**	1. Breast development in female 2. On set of menstruation in females 3. Change in voice in both sex 4. Refuse parent command 5. Interest towards opposite sex 6. Interest to have sex 7. Feel angry for minor reasons 8. Other specify

Part IV: Attitudes and behaviors of youths on selected SRH components.

S.No	Questions	Alternatives	Code
401	Is premarital sex acceptable?	1. Yes 2. No	
402	Boys have to force girls to have sex if he loves her.	1. Agree 2. Disagree 3. Not sure	
403	A girl have to remain a virgin until she marries	1. Agree 2. Disagree 3. Not sure	
404	A boy have to remain virgin until he marries	1. Agree 2. Disagree 3. Not sure	
405	Parent youth communication on SRH issues delay first sexual intercourse	1. Agree 2. Disagree 3. Not sure	
406	Do you believe that, if unmarried couples want to have sexual intercourse before marriage they must use condom?	1. yes 2. no	
407	Do you believe that STIs and HIV/AIDs can be prevented using condom?	1. yes 2. no	
408	Have you ever had sexual intercourse?	1. yes 2. 2. no	
409	If yes to question number 407, at what age did you start sexual intercourse?	_____ years	
410	If yes to question number 407, with how many partners did you have sexual intercourse?	1. One 2. Two 3. Three and above	
411	If yes to question number 407, For the first time you had sex did you or your partner use condom?	1. Yes 2. No 3. I don't remember	

412	If yes to question number 407, Did you use condom consistently?	1. Yes 2. No 3. I don't remember	
413	The first time you had sexual intercourse; did you or your partner use any other method of birth control except condom?	1. Yes 2. No 3. I don't remember	
414	The first time you had sexual intercourse; what initiate you to do sexual intercourse before marriage? (multiple answer is possible)	1. Peer pressure	1. yes 2. no
		2. Watching Pornographic films	1. yes 2. no
		3. My own internal interest to have sex	1. yes 2. no
		4. My girl friend or boy friend	1. yes 2. no
		5. Alcohol, chat or other drugs	1. yes 2. no
415	If no to question number 407, what is the main reason you have not had sexual Intercourse? (multiple answer is possible)	1. I want to wait until I am older	1. yes 2. no
		2. I want to wait until I am married	1. yes 2. no
		3. I do not want to risk getting pregnant/made some one pregnant.	1. yes 2. no
		4. I do not want to risk getting a sexually transmitted infection, such as HIV/AIDS	1. yes 2. no
		5. I have not had a chance to have sex or met anyone that I wanted to have sex with	1. yes 2. no
		6. it is against my religious values	1. yes 2. no
		7. Fear of my parents	1. yes 2. no

Part V: level of communication between parent and youth about sexual and reproductive health issue

S.No	Questions	Response			
501	Do you think it is important to discuss about sexual and reproductive health issues with parents?	1. Yes 2. No 3. I don't know			
502	With whom do you more (first choice) prefer to discuss about sexual and reproductive health issues?	1. Father 2. Mother 3. Brothers or sisters 4. Peer 5. Girl friend/boy friend 6. Teache's 7. Religious leaders 8. Other specify _____			
503	Have you ever discussed sex related issues and reproductive health issues with your father or mother?	1. Yes 2. No			
504	Have you ever discussed contraception? **(If your answer is no skip to question number 507)**	1. Yes 2. No			
505	If yes to question number 504, with whom do you prefer more (first choice) to discuss contraception?	1. Father 2. Mother 3. Brothers or sisters 4. Peer 5. Girl friend/boy friend 6. Teachers 7. Religious leaders 8. Other specify _____			
506	If yes to question number 504, how frequent do you discuss about contraception?	1. Very often 2. often 3. Some times 4. Rarely			
507	If you don't discuss contraception with your parents what is your reason? **(multiple answer is possible)**	1. Shame	1. yes	2. no	
		2. Culturally unacceptable	1. yes	2. no	
		3. Lack of knowledge	1. yes	2. no	
		4. Lack of communication skill	1. yes	2. no	
		5. Fear of parents	1. yes	2. no	
		6. Other specify _____			

508	Have you ever discussed STI and HIV/AIDS? **If your answer is no skip to question number 511**		1. Yes	2. No
509	If yes to question number 508, with whom do you prefer more (first choice) to discuss STI and HIV/AIDS?	1. Father 2. Mother 3. Brothers or sisters 4. Peer 5. Girl friend/boy friend 6. Teachers 7. Religious leaders 8. Other specify _____		
510	If yes to question number 508, how frequent do you discuss STI and HIV/AIDs?	1. Very often 2. often 3. Some times 4. Rarely		
511	If you don't discussed STI and HIV/AIDs with your parents what is your reason? **(multiple answer is possible)**	1. Shame	1. yes	2. no
		2. Culturally unacceptable	1. yes	2. no
		3. Lack of knowledge	1. yes	2. no
		4. Lack of communication skill	1. yes	2. no
		5. Fear of parents	1. yes	2. no
		6. Others specify _____		
512	Have you ever discussed sexual intercourse with your parents? **If no skip to question number 515.**			
513	If yes to question number 512, on what issues?	1. Having safe sex before marriage		
		2. Not having sex before marriage		
		3. Other specify		
514	If yes to question number 512, with whom do you prefer more (first choice) to discuss sexual intercourse?	1. Father 2. Mother 3. Brothers or sisters 4. Peer 5. Girl friend/boy friend 6. Teachers' 7. Religious leaders 8. Other specify _____		
515	If yes to question number 512, how frequent do you discuss sexual intercourse?	1. Very often 2. often 3. Some times 4. Rarely		

516	If you don't discuss about sexual intercourse with your parents what is your reason? **(multiple answer is possible)**	1. Shame	1. yes	2. no
		2. Culturally unacceptable	1. yes	2. no
		3. Lack of knowledge	1. yes	2. no
		4. Lack of communication skill	1. yes	2. no
		5. Fear of parents	1. yes	2. no
		6. Others specify _____		
517	Have you ever discussed unintended pregnancy? **If no skip to question number 520.**		1. yes 2. no	
518	If yes to question number 517, with whom do you prefer more (first choice) to discuss unintended pregnancy?	1. Father 2. Mother 3. Brothers or sisters 4. Peer 5. Girl friend/boy friend 6. Teaches 7. Religious leaders 8. Other specify _____		
519	If yes to question number 517, How frequent do you discuss unintended pregnancy?	1. Very often 2. often 3. Some times 4. Rarely		
520	If you don't discuss unintended pregnancy with your parents what is your reason? **(multiple answer is possible)**	1. Shame	1. yes	2. no
		2. Culturally unacceptable	1. yes	2. no
		3. Lack of knowledge	1. yes	2. no
		4. Lack of communication skill	1. yes	2. no
		5. Fear of parents	1. yes	2. no
		6. Others specify _____		
521	Have you ever discussed the use of a condom? If no skip to question number 524.		1. yes 2. no	
522	If yes to question number 521, with whom do you prefer more (first choice) to discuss use of condom?	1. Father 2. Mother 3. Brothers or sisters 4. Peer 5. Girl friend/boy friend 6. Teachers' 7. Religious leaders 8. Other specify _____		
523	If yes to question 521, How frequent do you discuss condoms use?	1. Very often 2. Some times	3. Often 4. Rarely	

524	If you don't discuss condom use with your parents what is your reason? **(multiple answer is possible)**	1. Shame	1. yes	2. no
		2. Culturally unacceptable	1. yes	2. no
		3. Lack of knowledge	1. yes	2. no
		4. Lack of communication skill	1. yes	2. no
		5. Fear of parents	1. yes	2. no
		6. Others specify _____		
525	Have you ever discussed the physical and psychological changes during puberty? If no skip to question number 528.	1. yes 2. no		
526	If yes to question number 525, with whom do you prefer more (first choice) to discuss physical and psychological changes during puberty?	1. Father 2. Mother 3. Brothers or sisters 4. Peer 5. Girl friend/boy friend 6. Teachers' 7. Religious leaders 8. Other specify _____		
527	If yes to question number 525, how frequent do you discuss physical and psychological changes during puberty?	1. Very often 3. Often 2. Some times 4. Rarely		
528	If you don't discuss physical and psychological changes during puberty with your parents what are your reasons? **(multiple answer is possible)**	1. Shame	1. yes	2. no
		2. Culturally unacceptable	1. yes	2. no
		3. Lack of knowledge	1. yes	2. no
		4. Lack of communication skill	1. yes	2. no
		5. Fear of parents	1. yes	2. no
		6. Others specify _____		
529	**(only for females)** Have you ever discussed the menstrual period? If no skip to question number 532.	1. yes 2. 2. no		
530	**(only for females)** If yes to question number 529, with whom do you prefer more (first choice) to discuss menstruation?	1. Father 2. Mother 3. Brothers or sisters 4. Peer 5. Girl friend/boy friend 6. Teachers' 7. Religious leaders 8. Other specify _____		
531	**(only for females)** If yes to question number 529, how frequent do you discuss the menstrual period?	1. Very often 2. often 3. Some times 4. Rarely		

532	**(only for females)** If you don't discuss the menstrual period with your parents what are your reasons? **(multiple answer is possible)**	1. Shame	1. yes	2. no
		2. Culturally unacceptable	1. yes	2. no
		3. Lack of knowledge	1. yes	2. no
		4. Lack of communication skill	1. yes	2. no
		5. Fear of parents	1. yes	2. no
		6. Others specify _____		
533	Have you ever discuss the sexual and reproductive health services necessary for adolescents? **If no skip to question number 536**.		1. yes 2. no	
534	If yes to question number 533, with whom do you prefer most (first choice) to discuss the sexual and reproductive services necessary for youth?	1. Father 2. Mother 3. Brothers or sisters 4. Peer 5. Girl friend/boy friend 6. Teachers' 7. Religious leaders 8. Other specify _____		
535	If yes to question number 533, how frequent did you discuss the sexual and reproductive health services necessary for adolescents?	1. Very often 2. Often 3. sometimes 4. rarely		
536	If you didn't discuss the sexual and reproductive health services necessary for adolescents what is your reason? **(More than one answer is possible)**	1. Shame	1. yes	2. no
		2. Culturally unacceptable	1. yes	2. no
		3. Lack of knowledge	1. yes	2. no
		4. Lack of communication skill	1. yes	2. no
		5. Fear of parents	1. yes	2. no
		6. Other specify _____		
537	Have you ever discussed opposite sex relationship (girl/boyfriends) **If no skip to question number 542**?		1. yes 2. no	
538	If yes to question number 538, on what issues of opposite sex relationship?	1. Having girl/boy friend before 18 years of age 2. Not having boy or girl friend before 18 years of age		
539	If yes to question number 538, with whom?	1. Father 2. Mother 3. Brothers or sisters 4. Peer 5. Girl friend/boy friend 6. Teachers' 7. Religious leaders 8. Other specify _____		
540	If ye to question number 538, how frequent did you discuss?	1. Very often 2. Sometimes	3. Often 4. Rarely	

541	If you didn't discuss opposite sex relationship what is the reason? **(multiple answer is possible)**	1. Shame	1. yes	2. no
		2. Culturally unacceptable	1. yes	2. no
		3. Lack of knowledge	1. yes	2. no
		4. Lack of communication skill	1. yes	2. no
		5. Fear of parents	1. yes	2. no
		6. Other specify_____		
542	Is your father open to discussing sexual issues?		1. yes 2. no	
543	Is your mother open to discussing sexual issues?		1. yes 2. no	
544	If you have ever discussed at least one of the above issues with your parents, at what age have you started discussing it?		_____age	
545	If you have discussed on at least two topics of SRH issues was the information adequate?		1. yes 2. no	

THANK YOU

2 Discussion Guide for Focus Group Discussion (FGD)

The guidelines will be as follow:

1. Greeting
2. Ask the willingness of the parents for participating in the discussion.
3. Explain the objectives and procedures of the study and focus group discussion.
4. Tell the participants that confidentiality will be maintained and tell them a tape recorder will be used.

Topics to be discussed

1. Have you ever talked with your (15 to 24) years old son/daughter about:
    I. The basic facts of human reproduction?
    II. The advantages for a young person to avoid premarital sexual intercourse?
    III. HIV/AIDS and other sexually transmitted infections (STIs)?
    IV. The importance of using protection, such as condoms, to prevent pregnancy or diseases if he (or she) becomes sexually active?
    V. Where to get condoms and other sexual and reproductive health service?
    VI. Physical and psychological changes during puberty?
    VII. Menstrual period
2. How comfortable do you feel talking with your 15-24 year-old son about sex and relationships?
3. How knowledgeable do you feel talking with your 15-24 year-old son about sex and relationships?
4. What is the most difficult part for you in talking to your child about sex and relationships?
5. What are feelings of parents on premarital sex and unwanted pregnancy in youth?
6. Where do you prefer sex education to be given?
7. Did any of your 15-24 years old son voluntarily told you any SRH related problems?
8. Is it important to discuss sexual matters with youth? (Why, when, why not?)
9. What are the barriers for not communicating or discussing sexual matter with your adolescent child?

Annex-II: Questionnaire in Afan Oromo version

Gaaffilee Afaan Oromiffaan Qophaa'an

LAKKA ADDAA: _____

(Abbaa qorannoo geggeesuun Qofa Kan guutamu)

YUUNIVERSIITII FINFINNEETTI
KOLLEEJJII FAYYAA
MANA BARUMSA FAYYAA HAWAASAA (School of Public Health)

Odeeffannoo Qorataa fi eeyyama

Kabajamoo Hirmaattota Qorannoo kanaa!

Maqaan koo Yohaannis Mulugeetan jedhama. Hojjetaa yuuniversiitii Haramayaa kolleejjii fayyaati. Yeroo ammaa kana waa'ee f**ayyaa wal-hormaataa** ilaalchisee maatin dargaggoota isaanii waliin akka hin mari'anne ykn hin haasofne sababoonni taasisan maal akka ta'an, sadarkaa isaa fi faayidaa inni qabu addaan baasuf qorannoo geggeessun barbaada. Qorannoo kana mirkaneessee kan eeyyame Yuuniversiitii Finfinneetti kollejjii fayyaa hawaasaa yommuu ta'u, ulaagaalee digirii lammaffaa (MPH) guutuuf oolan keessaa isa tokko. Kanaafuu gama keessaniin odeeffannoo sirrii ta'e ykn dhugaa irratti hundaa'e nuuf kennuun akka nu gargaartan abdachaa odeeffannoon isin nuuf kennitan qorannoo kanaan ala dhimma biraaf akka hin oollee fi iccitiin kan eeggamu ta'uu isin hubachiisna. Akkasumas qorannoo kana irratti hirmaachuf fedhii kan hin qabne yoo ta'e miidhaan tokko akka isin irra hin geenye beektanii dhiisuu ykn gidduutti dhaabuu mirga qabdu. Odeeffannoon haqaa isin irraa argamu hojiiwwan waa'ee fayyaa wal-hormaata dargaggootaa irratti gumaacha ol aanaa qaba. Dhimma barbaaddan hundaaf lakkoofsa bilbilaa Kan irratti na argachuu ni dandeessu.

Yohaannes Mulugeetaa

Yuuniversiitii Finfinnetti, Mana Barumsa Fayyaa Hawaasaa.

Hirmaachuf fedhii qabdaa? 1. Eeyyee 2. Lakki

Unka walii galtee

Ani kaayyoo fi adeemsa qoranichaa hubadhee, gaaffii irratti hirmaachuu ykn hirmaachuu dhiisuu mirga kanan qabu ta'uu isaa sirriitti beeken jira. Deebin ani kennu iccitiin Kan eegamu fi qorannoo kanaaf qofa kan oolu ta'uu hubadheen jira. Haaluma kanaan gaaffii fi deebii irrati fedhii kootin hirmaachuu Koo mallattoo kootin mirkaneessa.

Guyyaa_____ Mallattoo _____

Odeeffannoo geggeessaa qorannichaa: Yohaannis Mulugeetaa

E-meelii: yonimu2000@gmail.com

Galatoomaa!

GAAFFILEE

Kutaa I: Gaaffilee odeeffannoo dhuunfaa fi hawaasummaa hirmaattota qorannoo kanaa ilaallatu.

(Deebii <u>Filannoo kee ta'e itti mari/marsi</u>, <u>kan biraa</u> bakka jedhutti yaada kee filannoon ala ta'e barreessi)

Lakka.	Gaaffilee	Deebiwwan
101	Umriin kee meeqa?	Waggaan ibsi _____
102	Sadarkaan Barnootaa kee maal fakkaata? Ykn kutaa meeqaffaa baratta/baratte?	_____
103	Saala	1. Dhiira 2. Durba
104	Amantaan kee maali?	1. Kiristaana Oortoodooksii 2. Musliima 3. Pirooteestaantii 4. Waaqeffataa
105	Qomoon ykn sanyiin kee maali?	1. Oromoo 2. Amaaraa 3. Tigree 4. Guraagee
106	Yeroo ammaa baay'inaan eenyu waliin jiraachaa jirta? **(deebii tokkoqofa kenni)**	1. Abbaa fi haadha Koo waliin 2. Haadha Koo waliin 3. Abbaa Koo waliin 4. Obboleessa ykn obboleetii koo waliin 5. Hiriyoota koo waliin 6. kophaa koon jiraadha 7. Fira waliin
107	Yeroo ammaa kana mana barumsaa hordofaa jirtaa?	1. Eeyye 2. Lakki

Kutaa II: Gaaffilee odeeffannoo dhuunfaa fi hawaasssummaa maatii hirmaattota qo'annoo kanaa (dargaggootaa) ilaallatu (socio-demografic characteristics of parents)

Lakka.	Gaaffilee	Deebiwwan
201	Haalli fuudha fi heerumaa ykn bultiin warra keetii maal fakkaata?	1. Abbaa fi haati koo waliin jiru 2. Abbaa fi haati koo iddoo adda addaa jiraatu 3. Abbaa fi haati koo wal hiikanii (addaan bahanii) jiru 4. Abbaan Koo lubbuun hin jiru
202	Baay'inni maatii keessanii haadha fi abbaa dabalatee meeqa?	_____
203	Sadarkaan barnoota haadha keetii maal fakkaata ykn meeqa?	1. Barnoota idillee hin baranne 5. sadarkaa Diploomaa 2. Dubbisuu fi barreessuu ni dandeessi fi 6. sadarkaa digriii 1ffaa 3. Sadarkaa 1ffaa (Kutaa 1-8) isaa ol 4. Sadarkaa 2ffaa (Kutaa 9-12)
204	Sadarkaan barnootaa abbaa keetii maal fakkaata ykn meeqa?	1. Barnoota idillee hin baranne 5. Sadarkaa Diploomaa 2. Dubbisuu fi barreessuu ni danda'a fi 6. Sadarkaa Digirii 1ffaa 3. Sadarkaa 1ffaa (Kutaa 1-8) isaa ol 4. Sadarkaa 2ffaa (Kutaa 9-12)
205	Galiin warra keetii ji'atti tilmaaman qarshiin meeqa ta'a?	1. _____ 2. Hin beeku
206	Hojiin haadha/ harmee keetii maali?	1. Hojii idillee hin qabdu 4. Daldaltuu 2. Hojjetuu mootummaa Bultuu 5. Qottee 3. Hojjettuu dhaabbata dhuunfaa 6. Kan biraa _____
207	Hojiin ykn dalagaan abbaa keetii maali?	1. Hojiin idillee hin qabu 4. Daldalaa 2. Hojjetaa mootummaa bulaa 5. Qotee 3. Hojjetaa dhaabbata dhuunfaa 6. Kan biraa_____

Kutaa III: Beekumsa hirmaattonni qorannoo kanaa fayyaa wal-hormaata adda addaa ilaalchisee qaban.

Hub: Deebin kee Eyyee yoo ta'e lakkoofsa tokkotti marsi akkasumas, deebiin kee lakki yoo ta'e lakka 2 tti marsi

Lakk.	Gaaffilee	Deebiiwwan		
			1	2
301	Waa'ee fayyaa wal-hormaata dargaggootaa dhageessee beektaa? **(Deebiin kee Lakki yoo ta'e gara gaaffii 303tti darbi)**.		1	2
302	Deebin gaaffii 301, eeyyee yoo ta'e, maddi odeeffannoo keetii maali? **(deebii tokkoo ol kennuun ni danda'ama)**	1. Mana barumsaa	1	2
		2. Hiriyoota (dhiira ykn durba)	1	2
		3. Miidiyaa uummataa (fkn TV, raadiyoo, gaazexaa fi barruullee)	1	2
		4. Haadha fi abbaa	1	2
		5. Obboleesa ykn obboleettii	1	2
		6. Fira		
		7. Kan biraa yoo jiraate ibsi _____		
303	Waa'ee dhukkuboota wal-qunnamtii qaama-saalan daddarbanii ni beektaa?		1	2
304	Deebin gaaffii **303** eeyyee yoo ta'e maal faa beekta? **(deebii tokkoo ol kennuun ni danda'ama)**	1. Fanxoo	1	2
		2. Abbaa seeruu	1	2
		3. HIV/EeDSII	1	2
		4. Cophxoo	1	2
		Kan biraa_____		
305	Maloota ittisa da'umsa dargaggootaa ni beektaa?		1	2
306	Deebin gaaffii **305** eeyyee yoo ta'e, maal faa beekta? **(deebii tokkoo ol kennuun ni danda'ama)**	1. Mala ittisa dahumsaa liqimfamu (pills)	1	2
		2. Koondoomii	1	2
		3. Lilmoo/lilmee	1	2
		4. Dawaa harka bitaa shamarranii irratti awwaalamu	1	2
		5. Dawaa gadaamessa keessa kaawamu	1	2
		6. Mala uumamaatti fayyadamuu	1	2
		Kan biraa_____		
307	(**Dubartootan qofa kan deebi'u)** Xuriin laguu shamarranii yoom akka eegalu ykn jalqabu ni beektaa?		1	2
308	**(Dubartootan qofa kan deebi'u)** Deebin gaafii **307** eeyyee yoo ta'e umrii Waggaa meeqatti jalqaba? _____			

309	Jijjiirramna qaamaa fi amalaa yeroo dargaggummaa dhufu ni beektaa?	1	2
309	Jijjiiramni qaama fi amalaa yeroo dargaggummaa dhufu maal faadha? **(deebii tokkoo ol kennuun ni danda'ama)**	1. Harma guddachuu dubartootaa 2. Dubartoonni xurii laguu arguu ni jalqabu 3. Jijjiiramni sagalee dhiira fi durba irratti ni mul'ata 4. Warraaf Ajajamuu diduu 5. Fedhii saala faallaa waliin ta'uu 6. Fedhiin wal-qunnamtii qaama saalaa qabaachuu 7. Sababa xixiqqaan ta'een aaruu 8. Kan biraa _____	

Kutaa IV: Ilaalcha fi amala dargaggoonni fayyaa wal-hormaata adda addaa irratti qaban.

Lakka	**Gaaffilee**	**Deebiiwwan**
401	Wal-qunnamtiin qaama saalaa fuudhuun ykn heerumuun dura raawwatamu fudhatama qaba jettee amantaa?	1. Eyyee Lakki
402	Dardarri ykn Darggaggeessi tokko yoo shamarree takka jaalate wal-qunnamtii qaama saalaf dirqisiisu qaba. **(deebii tokko qofa kenni)**	1. Nan deeggara 2. Hin deeggaru 9. murteessu hin danda'u/hin beeku
403	Shamarreen takka hanga heerumtutti durbummaa ishee eeguu qabdi.	1. Nan deeggara 2. Hin deeggaru 3. Murteessuu hin danda'u/hin beeku
404	Dardarri ykn Dargaggeessi tokko hanga fuudhutti tasumaa wal-qunnamtii qaama saalaa raawwachuu hin qabu.	1. Nan deeggara 2. Hin deeggaru 3. Murteessuu hin danda'u/hin beeku
405	Mariin fayyaa wal-hormaata dargaggootaa ilaalchisee dargaggoota fi maatii/warra gidduutti godhamu kaka'umsa wal-qunnamtii qaama saalaa umrii malee ni hir'isa	1. Nan deeggara 2. Hin deeggaru 3. Murteessuu hin danda'u/hin beeku
406	Hiriyoonni dhiiraa fi durbaa wal-fuudhuu isaaniin dura yoo wal-qunnamtii qaama saalaa raawwachuu fedhan koondoomitti fayyadamuu qabu jettee amantaa?	1. yes 2. no
407	Koondoomitti fayyadamuun dhukkuboota wal-qunnamtii qaama saalan daddarbanii fi HIV/EeDSII ni ittisa jettee amantaa?	1. yes 2. no

408	Wal-qunnamitii qaama saalaa raawwattee beektaa? **(deebin kee lakki yoo ta'e gara gaaffii 416tti tari)**	1. yes 2. no	
409	**Deebin gaaffii 408** eeyyee yoo ta'e, jalqaba karoorsitee turtee?	1. yes 2. no	
410	**Deebin gaaffii 408** eeyyee ta'e, yeroo jalqabaaf raawwattu umriin kee meeqa ture?	Waggaan ibsi_____	
411	**Deebin gaaffii 408** eeyyee yoo ta'e, hanga ammaatti dhiira/shamarree meeqa waliin raawwatee beekta?	1. Tokko 2. Lama 1. Sadii fi isaa ol	
412	**Deebin gaaffii 408** eeyyee yoo ta'e, Yeroo jalqabaaf raawwatu ati ykn hiriyaan kee koondoomiitti faayyadamtanii turtanii?	1. Eeyyee 2. Lakki 3. Hin yaadadhu	
413	Wal-qunnamtii qaama saalaa ni raawwatta yoo ta'e, Yeroo raawwattu, mara Koondoomitti ni fayyadamtaa?	1. Eeyyee 2. Lakki 3. Hin yaadadhu	
414	**Deebin gaaffii 408** eeyyee yoo ta'e, Yeroo jalqabaaf raawwattu ati ykn hiriyaan kee koondoomin ala mala ittisa da'umsaa faayyadamtanii turtanii?	1. Eeyyee 2. Lakki 3. Hin yaadadhu	
415	Wal-qunnamtii qaama saalaa raawwattee beekta yoo ta'e, akka raawwatu maaltu si kakaase? **(deebii tokkoo ol kennuun ni danda'ama)**	1. Dhiibbaa hiriyaa/hiriyootaa kootii	1. eeyyee 2. lakki
		2. Fiilmii fedhii wal-qunnamtii qaama saalaa kakaasu ilaaluun	1. eeyyee 2. lakki
		3. Fedhii keessa koo ture	1. eeyyee 2. lakki
		4. Hiriyaa ykn jaalallee koo	1. eeyyee 2. lakki
		5. Dhugaatii alkoolii, jimaa ykn qoricha biraa	1. eeyyee 2. lakki
		6. Derqiin/gudeeddamu/	1. eeyyee 2. lakki

416	Wal-qunnamtii qaama saalaa raawatte hin beektu yoo ta'e sababiin isaa maali? **(deebii tokkoo ol kennuun ni danda'ama)**	1. Hangan umriin koo waggaa 18tii ol ta'utti turuu wantan barbaadeef	1. Eeyyee 2. lakki
		2. Hangan fuudhutti/heerumutti turuu wantan barbaadef	1. eeyyee 2. lakki
		3. Ulfa hin barbaadamne wantan sodaadhuf	1. eeyyee 2. lakki
		4. Dhukkuboota wal-qunnamtii qaama saalaan daddarban fi HIV/EeDSII wantan sodaadhuf	1. eeyyee 2. lakki
		5. Carraan wal-qunnamtii qaama saalaa itti raawwadhu wantan hin arganneef	1. eeyyee 2. lakki
		6. Amantaan koo waan na dhorkuuf	1. eeyyee 2. lakki
		7. Warra ykn abbaa fi haadha koo wantan sodaadhuf	1. eeyyee 2. lakki

Kutaa V: Marii warri (abbaa ykn haadhi) fi dargaggoonni waa'ee fayyaa wal-hormaata irratti taasisan.

Lakk	**Gaaffilee**	**Deebiiwwan**
501	Maatii waliin waa'ee fayyaa wal-hormaataa mari'achuun barbbaachisaadha jettee yaaddaa?	1. Eeyyee 2. Lakki
502	Waa'ee fayyaa wal-hormaataa eenyu waliin yoo mari'atte siif wayya?	1. Abbaa 3. Obboleettii ykn Oboleessa 2. Haadha 4. Hiriyaa 5. Jaalallee 6. Barsiisaa waliini 7. Abbootii amantaa waliin 8. kan biraa _____

503	Waa'ee fayyaa wal-hormaataa fi wal-qunnamtii qaama saalaa abbaa ykn haadha kee waliin mari'attee ni beektaa?	1. Eeyyee 2. Lakki	
504	Waa'ee mala qusannoo maatii ykn ittisa da'umsaa mari'atte ni beelktaa? **(Deebin kee lakkii yoo ta'e gaaffii 507tti tari)**	1. Eeyyee 2. Lakki	
505	Deebin gaaffii 504 eeyyee yoo ta'e, yeroo baay'ee ykn akka sadarkaa tokkoffaatti eenyu waliin mari'atta? **(deebii tokko qofa kenni)**	1. Abbaa 3. Obboleettii ykn Oboleessa 2. Haadha 4. Hiriyaa 5. Jaalallee 6. Barsiisaa 7. Abbootii amantaa	
506	Deebin gaaffii 504 eeyyee yoo ta'e haalli **yeroo marii** keessanii maal fakkaata ture?	1. Yeroo hunda ni mari'anna 3. 2. Darbee darbee yeroo tokko tokko 3. Yeroo baay'ee 4. Baay'ee xiqqaa dha	
507	Waa'ee mala qusannoo maatii ykn ittisa da'umsaa warra kee waliin **mari'attee hin beektu yoo ta'e maalifi**?	1. Qaanii waan ta'eef	1. eeyyee 2. lakki
		2. Aadan keenya hin deeggaru waan ta'eef	1. eeyyee 2. Lakki
		3. Waa'ee dhimma kanaa hin beeku waan ta'eef 1. Eeyyee 2. Lakki	1. eeyyee 2. lakki
		4. Haala ittiin mari'atan hin beeku waan ta'eef	1. eeyyee 2. Lakki
		5. Warra kiyya nan sodaadha waan ta'eef	1. eeyyee 2. lakki
		6. Kan biraa yoo jiraate ibsi_____	
508	Waa'ee dhukkuboota wal-qunnamtii qaama saalaan daddarbanii fi dhukkuba HIV/EEDSII mari'attee beektaa? **(Deebin kee lakkii yoo ta'e gaaffii 511tti tari)**	1. Eeyyee 2. Lakki	
509	Deebin gaaffii 508 eeyyee yoo ta'e yeroo baay'ee ykn akka sadarkaa tokkoffaatti **eenyu waliin mari'atte?*(deebii 1 qofa)***	1. Abbaa 3. Obboleettii ykn Oboleessa 2. Haadha 4. Hiriyaa 5. Jaalallee 6. Barsiisaa 7. Abbootii amantaa	

510	Deebin gaaffii 508 eeyyee yoo ta'e **haalli yeroo marii** keessanii maal fakkaata?	1. Yeroo hunda ni mari'anna 2. Yeroo baay'ee 3. Darbee darbee yeroo tokko tokko 4. Baay'ee xiqqaa dha.	
511	Waa'ee dukkuboota wal-qunnamtii qaama saalaan daddarbanii fi dhukkuba HIV/EEDSII warra kee waliin **mari'atte hin beektu yoo ta'e maalifi?**	1. Qaanii waan ta'eef	1. eeyyee 2. lakki
		2. Aadaan keenya hin deeggru waan ta'eef	1. eeyyee 2. lakki
		3. Waa'ee dhimma kanaa hin beeku waan ta'eef	1. eeyyee 2. lakki
		4. Haala ittiin mari'atan hin beeku waan ta'eef	1. eeyyee 2. lakki
		5. Warra kiyya nan sodaadha waan ta'eef	1. eeyyee 2. lakki
		6. Kan biraa_____	
512	Waa'ee wal-qunnamtii qaama saalaa mari'attee beektaa? **(Deebin kee lakkii yoo ta'e gaaffii 516tti tari)**		1. eeyyee 2. lakki
513	Waa'ee wal-qunnamtii qaama saalaa mari'attee ni beekta yoo ta'e, waa'ee maalii irratti?	1. Fuudha ykn heeruma dura of eeggannoon wal-qunnamtii qaama saalaa raawwachuu	1. Eeyyee 2. Lakki
		2. Fuudha ykn heeruma dura wal-qunnamtii qaama saalaa raawwachuu dhiisuu	1. Eeyyee 2. Lakki
514	Waa'ee wal-qunnamtii qaama saalaa mari'attee beekta yoo ta'e eenyu waliini?	1. Abbaa 2. Haadha 3. Obboleettii ykn Oboleessa 4. Hiriyaa 5. Jaalallee 6. Barsiisaa 7. Abbootii amantaa	
515	Waa'ee wal-qunnamtii qaama saalaa mri'attee beekta yoo ta'e haalli yeroo marii keessanii maal fakkaata?	1. Yeroo hunda ni mari'anna 2. Yeroo baay'ee 3. Darbee darbee yeroo tokko tokko Baay'ee xiqqaa dha.	
516	Waa'ee wal qunnamtii qaama saalaa warra kee waliin mari'attee hin beektu yoo ta'e maalifi?	1. Qaanii waan ta'eef	1. Eeyyee 2. Lakki
		2. Aadan keenya hin deeggaru waan ta'eef	1. Eeyyee 2. Lakki
		3. Waa'ee dhimma kanaa hin beeku waan ta'eef	1. Eeyyee 2. Lakki
		4. Haala ittiin mari'atan hin beeku waan ta'eef	1. Eeyyee 2. kki
		5. Warra kiyya nan sodaadha waan ta'eef	1. Eeyyee 2. Lakki
		6. Kan biraa_____	

517	Waa'ee ulfa hin barbaadamnee ykn ulfa akka tasaa uumamu mari'atte beektaa? **(Deebin kee lakkii yoo ta'e gaaffii 520tti tari)**		1. eeyyee 2. lakki
518	Deebin gaaffii 517 eeyyee yoo ta'e yeroo baay'ee ykn akka sadarkaa tokkoffaatti **eenyu waliin mari'atta ture?**	1. Abbaa 3. Obboleettii ykn Oboleessa 2. Haadha 4. Hiriyaa 5. Jaalallee 6. Barsiisaa 7. Abbootii amantaa	
519	Waa'ee ulfa hin barbaadamnee/akka tasaa uumamuu mari'atte beekta yoo ta'e **haalli yeroo marii** keessanii maal fakkaata?	1. Yeroo hunda ni mari'anna 2. Yeroo baay'ee 3. Darbee darbee yeroo tokko tokko 4. Baay'ee xiqqaa dha.	
520	Waa'ee ulfa hin barbaadamnee ykn ulfa akka tasaa uumamuu warra kee waliin **mari'attee hin beektu yoo ta'e maalifi**?	1. Qaanii waan ta'eef	1. Eeyyee 2. Lakki
		2. Aadan keenya hin deeggaru waan ta 'eef	1. Eeyyee 2. Lakki
		3. Waa'ee dhimma kanaa hin beeku waan ta'eef	1. Eeyyee 2. Lakk
		4. Haala ittiin mari'atan hin beeku waan ta'eef	1. Eeyyee 2. Lakki
		5. Warra kiyya nan sodaadha waan ta'eef	1. Eeyyee 2. Lakki
		6. Kan biraa_____	
521	Waa'ee **itti fayyadamina koondoomii** mari'attee beektaa? **(Deebin kee lakkii yoo ta'e gaaffii 524tti tari)**		1. Eeyyee 2. Lakki
522	Deebin gaaffii 521 eeyyee yoo ta'e yeroo baay'ee ykn akka sadarkaa tokkoffaatti **eenyu waliin mari'atta ture?**?	1. Abbaa 3. Obboleettii ykn Oboleessa 2. Haadha 4. Hiriyaa 5. Jaalallee 6. Barsiisaa 7. Abbootii amantaa	
523	Deebin kee gaaffii 521 eeyyee yoo ta'e haalli yeroo marii keessanii maal fakkaata?	1. Yeroo hunda ni mari'anna 2. Yeroo baay'ee 3. Darbee darbee yeroo tokko tokko 4. Baay'ee xiqqaa dha	

524	Waa'ee itti fayyadamina koondoomii warra kee waliin **mari'attee hin beektu yoo ta'e maalifi**?	1. Qaanii waan ta'eef	1. Eeyyee 2. Lakki
		2. Aadan keenya hin deeggaru waan ta'eef	1. Eeyyee 2. Lakki
		3. Waa'ee dhimma kanaa hin beeku waan ta'eef	1. Eeyyee 2. Lakki
		4. Haala ittiin mari'atan hin beeku waan ta'eef	1. Eeyyee 2. Lakki
		5. Warra kiyya nan sodaadha waan ta'eef	1. Eeyyee 2. Lakki
		6. Kan biraa ibsi_____	
525	Waa'ee jijjiirama qaamaa fi amalaa yeroo darggaggummaa dhufu ilaalchisee mari'attee ni beektaa? **(Deebin kee lakkii yoo ta'e gaaffii 528tti tari)**		1. Eeyyee 2. Lakki
526	Deebin gaaffii 525 eeyyee yoo ta'e yeroo baay'ee ykn akka sadarkaa tokkoffaatti **eenyu waliin mari'atta ture?** ***(deebii tokko qofa kenni)***	1. Abbaa 3. Obboleettii ykn Oboleessa 2. Haadha 4. Hiriyaa 5. Jaalallee 6. Barsiisaa 7. Abbootii amantaa	
527	Deebin kee gaaffii 525 eeyyee yoo ta'e haalli **yeroo marii** keessanii maal fakkaata?	1. Yeroo hunda ni mari'anna 2. Yeroo baay'ee 3. Darbee darbee yeroo tokko tokko 4. Baay'ee xiqqaa dha	
528	Waa'ee jijjiirama qaamaa fi amalaa yeroo dargaggummaa dhufu warra kee waliin mari'attee **hin beektu yoo ta'e maalifi**?	1. Qaanii waan ta'eef	1. Eeyyee 2. Lakki
		2. Aadan keenya hin deeggru waan ta'eef	1. Eeyyee 2. Lakki
		3. Waa'ee dhimma kanaa hin beeku waan ta'eef	1. Eeyyee 2. Lakki
		4. Haala ittiin mari'atan hin beeku waan ta'eef	1. Eeyyee 2. Lakki
		5. Warra kiyya nan sodaadha waan ta'eef	1. Eeyyee 2. Lakki
		6. Kan biraa yoo jiraate ibsi _____	
529	**(Gaaffii shamarraniin qofa deebi'u)** Waa'ee xurii laguu (marsaa laguu) mari'attee beektaa? **(Deebin kee lakkii yoo ta'e gaaffii 532tti tari)**		1. Eeyyee 2. Lakki
530	**(Gaaffii shamarraniin qofa deebi'u)** Deebin gaaffii 529 eeyyee yoo ta'e yeroo baay'ee ykn akka sadarkaa tokkoffaatti **eenyu waliin mari'atta ture?**	1. Abbaa 3. Obboleettii ykn Oboleessa 2. Haadha 4. Hiriyaa 5. Jaalallee 6. Barsiisaa 7. Abbootii amantaa	

531	**(Gaaffii shamarraniin qofa deebi'u)** Waa'ee xurii laguu mari'attee beekta yoo ta'e **haalli yeroo** marii keessanii maal fakkaata?	1. Yeroo hunda ni mari'anna 2. Yeroo baay'ee 3. Darbee darbee yeroo tokko tokko 4. Baay'ee xiqqaa dha.	
532	**(Gaaffii shamarraniin qoffa deebi'u)** Waa'ee xurii laguu (marsaa laguu) warra kee waliin **mari'attee hin beektu yoo ta'e maalifi?**	1. Qaanii waan ta'eef	1. Eeyyee 2. Lakki
		2. Aadan keenya hin deeggru waan ta'eef	1. Eeyyee 2. Lakki
		3. Waa'ee dhimma kanaa hin beeku waan ta'eef	1. Eeyyee 2. Lakki
		4. Haala ittiin mari'atan hin beeku waan ta'eef	1. Eeyyee 2. Lakki
		5. Warra kiyya nan sodaadha waan ta'eef	1. Eeyyee 2. Lakki
		6. Kan biraa yoo jiraate ibsi_____	
533	Waa'ee tajaajila fayyaa wal-hormaata dargaggootaf barbaachisu mari'attee beektaa? **(Deebin kee lakkii yoo ta'e gaaffii 537tti tari)**		1. Eeyyee 2. Lakki
534	Waa'ee tajaajila fayyaa wal-hormaata dargaggootaf barbaachisu mari'attee beekta yoo ta'e **eenyu waliini**?	1. Abbaa 3. Obboleettii ykn Oboleessa 2. Haadha 4. Hiriyaa 5. Jaalallee 6. Barsiisaa 7. Abbootii amantaa	
535	Waa'ee tajaajila fayyaa wal-hormaata dargaggootaaf barbaachisu mari'attee beekta yoo ta'e haalli **yeroo marii** keessanii maal fakkaata?	1. Yeroo hunda ni mari'anna 2. Yeroo baay'ee 3. Darbee darbee yeroo tokko tokko 4. Baay'ee xiqqaa dha.	
536	Waa'ee tajaajila fayyaa wal-hormaata dargaggootaf barbaachisu warra kee waliin **mari'attee hin beektu yoo ta'e maalifi**?	1. Qaanii waan ta'eef	1. Eeyyee 2. Lakki
		2. Aadan keenya hin deeggru waan ta'eef	1. Eeyyee 2. Lakki
		3. Waa'ee dhimma kanaa hin beeku waan ta'eef	1. Eeyyee 2. Lakki
		4. Haala ittin mari'atan hin beeku waan ta'eef	1. Eeyyee 2. Lakki
		5. Warra kiyya nan sodaadha waan ta'eef	1. Eeyyee 2. Lakki
		6. Kan biraa yoo jiraate ibsi_____	
537	Waa'ee hariiroo saala faallaa ykn jaalalle ilaalchisee mari'attee beektaa? **(Deebin kee lakkii yoo ta'e gaaffii 542tti tari)**		1. Eeyyee 2. Lakki
538	Waa'ee hariiroo saala faallaa ykn jaallallee mari'attee ni beekta yoo ta'e waa'ee maallii mari'atte?	1. Umrii/waggaa 18tiin dura jaalallee qabachuu	
		2. Umrii/waggaa 18 booda jaalallee qabaachuu	

539	Deebin gaaffii lakka 538 eeyyee yoo ta'e yeroo baay'ee ykn akka sadarkaa tokkoffaatti **eenyu waliin mari'atte?**	1. Abbaa 3. Obboleettii ykn Oboleessa 2. Haadha 4. Hiriyaa 5. Jaalallee 6. Barsiisaa 7. Abbootii amantaa 8. kan biraa ibsi _____	
540	Deebin gaaffii lakk 538 eeyyee yoo ta'e, **haalli yeroo** marii keessanii maal fakkaata?	1. Yeroo hunda ni mari'anna 2. Darbee darbee yeroo tokko tokko 3. Yeroo baay'ee 4. 4. Baay'ee xiqqaa dha	
541	Waa'ee hariiroo saala faallaa ykn jaallallee warra kee waliin mari'attee hin beektu yoo ta'e **sababiin isaa maali**?	1. Qaanii waan ta'eef	1. Eeyyee 2. Lakki
		2. Aadan keenya hin deeggru waan ta'eef	1. Eeyyee 2. Lakki
		3. Waa'ee dhimma kanaa hin beeku waan ta'eef	1. Eeyyee 2. Lakki
		4. Haala ittiin mari'atan hin beeku waan ta'eef	1. Eeyyee 2. Lakki
		5. Warra kiyya nan sodaadha waan ta'eef	1. Eeyyee 2. Lakki
		Kan biraa yoo jiraate ibsi_____	
542	Abbaan kee waa'ee wal-hormaata fayyaa mari'achuuf iftooma ni qabaa?		1. Eeyyee 2. Lakki
543	Haadhi ykn harmeen kee waa'ee wal hormaata fayyaa mari'achuuf iftooma ni qabuu?		1. Eeyyee 2. Lakki
544	Dhimmoota armaan olitti ka'an (**waa'ee marii fayyaa wal-hormaataa**) keessaa muraasa isaanii irratti mari'attee beekta yoo ta'e, yeroo jalqaba marii irratti hirmaattu umriin kee wagga meeqa ture?		Waggaan ibsi _____
545	Dhimmoota armaan olitti ka'an (**waa'ee marii fayyaa wal-hormaataa**) irratti mari'attee beekta yoo ta'e, odeeffannoon argatte quubsaa turee?		1. Eeyye 2. Lakki

HEDDUU GALATOOMAA!!!