

**ADDIS ABABA UNIVERSITY
COLLEGE OF HEALTH SCIENCES
SCHOOL OF NURSING AND MIDWIFERY
DEPARTMENT OF MIDWIFERY
POST GRADUATE PROGRAM**

**ADOLESCENT-PARENT SEXUAL AND REPRODUCTIVE
HEALTH COMMUNICATION AND ASSOCIATED FACTORS
AMONG SECONDARY SCHOOL STUDENTS IN MEKI TOWN,
OROMIA, ETHIOPIA, MIXED METHOD STUDY,2023.**

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Letter of declaration

By my signature below, I declare and affirm that this is entirely that this thesis is my original work. I have followed all ethical principles of scholarship in the preparation, data collection, data analysis, and completion of this thesis. All scholarly matter that is included in the thesis has been given recognition through citation. I affirm that I have cited and referenced all sources used in this document. Every effort has been made to avoid plagiarism in the preparation of this thesis. This thesis has been accepted as a partial fulfilment of the requirement for graduate degree from the Addis Ababa University, College of Health Sciences, School of Allied Health Sciences, Department of Nursing and Midwifery. It has never been presented and submitted in a whole or in part, in this or any other university for the award of degree, diploma or other qualification certificates.

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LIST OF ABBREVIATIONS

AAU-----	Addis Ababa University
AIDS-----	Acquired Immune Deficiency Syndrome
AOR-----	Adjusted Odd Ratio
AYFSRH-----	Adolescent and Youth Friendly Sexual and Reproductive Health
CI-----	Confidence Interval
COR-----	Crude Odd Ratio
ETB-----	Ethiopian Birr
HIV-----	Human Immunodeficiency Virus
HPV-----	Human Papilloma Virus
IRB-----	Institutional Review Board
PI-----	Principal Investigators
RH-----	Reproductive Health
SPSS -----	Statistical Package for Social Sciences
SRH-----	Sexual and Reproductive Health
STD-----	Sexually Transmitted Diseases
STI-----	Sexually Transmitted Infections
WHO-----	World Health Organization

Table of Contents	Page Number
ACKNOWLEDGMENT.....	iii
LIST OF ABBREVIATIONS	ii
LIST OF TABLES	vii
LIST OF FIGURES	viii
ABSTRACT.....	ix
1. INTRODUCTION	1
1.1 Background	1
1.2 Statement of the problem	2
1.3 Significance of the study.....	4
2. LITERATURE REVIEW	5
2.1 Introduction	5
2.2. Adolescent-parent Communication on SRH issues	5
2.3. Factors affecting adolescent-parent sexual and reproductive health communication.....	7
2.3.1. Socio-demographic factors	7
2.3.2. Individual factors	8
2.3.3. Cultural factors	9
2.4. Conceptual Framework	10
3. OBJECTIVES.....	12
3.1. General objectives	12
3.2. Specific objectives.....	12
4, METHODS AND MATERIALS.....	13
4.1 Study area and period.....	13
4.2 Study design	13
4.3 Source population and study population	13

4.3.1 Source population	13
4.3.2 Study population.....	13
4.4 Eligibility criteria	14
4.4.1 Inclusion criteria	14
4.4.2 Exclusion criteria.....	14
4.5. Sample size determination	14
4.6 Sampling technique and procedure	15
4.7 Data collection tool and procedure.....	17
4.8 Study variable.....	17
4.8.1 Dependent variable:	17
4.8.2 Independent variable.....	17
4.9 Data quality management.....	18
4. 10 Data processing and analysis.....	18
4.11 Operational definitions.....	19
4.12 Trustworthiness of a data	20
4.13 Ethical Consideration	20
4. 14 Dissemination of the result.....	21
5 RESULT	22
5.1 RESULT OF QUANTITATIVE STUDY	22
5.1.1 Sociodemographic Characteristics	22
5.1.2. Knowledge of respondents on selected SRH issues	24
5.1.3 Attitude of respondents on SRH issues	26
5.1.4. Adolescent-Parent Communication on SRH Issues.	27
5.1.5. Associated factor with adolescent to parent SRH issues.....	28
5.2 RESULT OF QUALITATIVE STUDY	30

5.2.1. Socio Demographic Profiles of the Participants.....	30
5.2.2 Emerged Themes	31
Theme 1: Discussing about SRH components	33
Theme 2: Source of SRH information.....	35
Theme 3: Approach to improve SRH discussion	37
Theme 4: Reason and challenges for not discussing SRH issues.	39
Theme 5: SRH discussion age and satisfaction.....	40
6. DISCUSSION.....	42
7. STRENGTH AND LIMITATIONS	45
7.1 Strength	45
7.2 Limitations	45
8. CONCLUSION AND RECOMMENDATION.....	46
8.1 Conclusion.....	46
8.2 Recommendation.....	46
9. REFERENCES	47
ANNEXES	53
Annex I; - Consent form and Information sheet of quantitative questionnaire (English Version).....	53
Annex II: Questionnaire for quantitative study (English version).....	55
Annex III; Consent form and Information sheet of interview (English Version).....	64
Annex IV: Interview guide for qualitative study (English version)	66
Annex V;- Consent form and Information sheet of quantitative (Afaan Oromo version).....	68
Annex VI; - Questionnaires for quantitative study (Afan Oromo Version)	70
Annex VII; - Consent form and Information sheet of quantitative (Amharic version)	80
Annex VIII; - questionnaires for quantitative study (Amharic version).....	82
Annex IX;- Consent form and Information sheet of interview (Afaan Oromo version)	91

Annex X: Interview guide for qualitative study (Afaan oromo version).....	93
Annex XI; - Consent form and Information sheet of interview (Amharic version)	95
Annex XII: Interview guide for qualitative study (Amharic version)	97

LIST OF TABLES

Table 1: Sociodemographic characteristic of adolescent students and their parents in Meki town, East Oromia, Oromia region, Ethiopia 2023(n=392).....	23
Table 2 : knowledge of adolescent on Sexual and reproductive health issues among secondary school students in Meki town, East Oromia, Oromia region, Ethiopia, 2023.....	25
Table 3: Adolescents to parent discussion on components SRH issues with whom primary discussed in Meki secondary school students in, Oromia, Ethiopia 2023.....	28
Table 4 : Associated factors adolescent with parent communication on SRH issues among meki secondary school students in Meki Town, Oromia, Ethiopia, 2023(n=392).....	29
Table 5: A socio-demographic characteristic of parents, on adolescent to parent’s discussion on sexual and reproductive health issues in Meki town, Oromia, Ethiopia, 2023.....	30
Table 6: Themes, sub-themes, and codes identified through interviews of parent on adolescent to parent communication on sexual and reproductive health components in Meki, Oromia, Ethiopia, 2023.....	31

LIST OF FIGURES

Figure 1 .Conceptual framework on associated factors that affect adolescent with their parent communication on sexual and reproductive health matters in Meki town (Adapted from Rwanda, Bushaija E. 2013).....	11
Figure 2.Diagrammatic representation of sampling procedure for quantitative data	16
Figure 3: Primary source of information of adolescent students on sexual and reproductive health issues among students attending at meki secondary school, Meki town, Oromia , Ethiopia 2023.....	24
Figure 4: Adolescent knowledge on different contraceptive methods among students attending at meki secondary school, Meki town, Oromia, Ethiopia 2023.....	26
Figure 5 : Attitude of respondent on sexual and reproductive health issues among students attending at Meki secondary school, Meki town, Oromia, Ethiopia 2023.....	27

ABSTRACT

BACKGROUND: Adolescents are more vulnerable than any other age group to a range of sexual and reproductive health problems. Adolescents are exposed to various sexual and reproductive risks due to lack of communication with their parents, such as early-unprotected sex, early pregnancy, school dropout, sexually transmitted Infections (STIs) and human immune virus (HIV).

OBJECTIVES: To assess adolescent parent sexual and reproductive health communication and associated factors among secondary school students in Meki town, East Shoa, Oromia, Ethiopia 2023.

METHODS: Institution based convergent mixed method was applied. The study was conducted from February 20- March 20/2023 among 392 students at Meki town. The quantitative data was collected using pretested structured self-administered questionnaire by systematic sampling technique. Data was entered using EPI data version 4.6.0.6 and then transport to SPSS window version 25 for statistical analysis. The association was determined using 95% CI and p value (<0.05) for multivariable logistic regression. The qualitative data was collected using interview guides(open-ended). The response was tape-recorded. In-depth interview was conducted among purposively selected parents. Thematic analysis was used using Atlas ti 9 software.

Result: The proportion of respondents who had communicated with their parents regarding SRH issues on at least two components was 156 (39.8%). Being grade 10 student (AOR = 0.44: 95% CI; 0.225-0.862), merchant mothers (AOR =2.76: 95% CI; 1.36-5.62), attitude toward SRH (AOR= 0.182 95% CI, 0.1-0.333), adolescent had SRH information (AOR=3.28; 95% CI 1.3-8.23) and knowledge of SRH issues (AOR=1.75: 95% CI: 1.03-2.98) were significantly associated. Five themes were discussing about SRH components, Source of SRH information, approach to Improve SRH discussion, SRH reason and challenges for not discussing and SRH discussion age and satisfaction.

Conclusion and Recommendation: There was insufficient adolescent-parent communication regarding SRH components. The main reason from both quantitative and qualitative study was cultural barriers, fear of parent response, lack of trust in adolescent, morally unacceptable and shame to talk. The Ministry of Health has to give focus and facilitate health care professional, different government sector, and nongovernmental organization to work on it.

Key words: Communication, Sexual and Reproductive Health, Adolescent, Parent, Meki

1. INTRODUCTION

1.1 Background

World Health Organization (WHO) defines "Reproductive health is a state of total physical, social, and mental well-being in all areas connected to reproductive system and to its activities and processes, not only the absence of infirmity or disease. Sexual health is a condition of physical, mental, social and emotional wellbeing in related to sexuality matters; not merely absence of sickness, infirmity or malfunction. Positive and respectful attitudes toward sexuality and sexual partners are essential for sexual health (1–3).

Globally young people accounted around 1.8 billion and they are between ages of 10-24 years and make about 27% from population of global. The largest age group to ever enter adulthood in Ethiopia is made up of adolescents and young people, who make up 21 million individuals, or 30% of the country's overall population(4).

Adolescents, according to the World Health Organization (WHO), are people between the ages of 10 and 19 and describes this period as a rapid and formative phase of human development (5). Adolescents experience different physical, cognitive, emotional, and sexual development changes as they go from childhood to adulthood, necessitating special care and consideration in the establishment of local and national policies and programs(6).

Sexual and reproductive health Communication is the interactions and discussions of the parents, with young people mainly on issues of sexual and reproduction. The expectation is that positive communication between young people and parents, will lead to positive SRH outcome(7).

For adolescent to parent communication adolescents must first be exposed to the communication, attend, understand, accept the meanings that are extracted as true, and store these meanings in memory (8). Currently adolescents sexual and reproductive problem are increasing. Lack of parental communication exposes adolescents to a variety of sexual and reproductive risks, including early pregnancy, early unprotected sex, sexual debut, dropping out of school, having multiple sexual partners, sexually transmitted infections (STIs), and the human immune virus (HIV)(6).

Taking into consideration the sexual risk behaviours adolescent the rate of sexual activities are increasing and most sexual active adolescent are involving that are unsafe and risky which may expose them to different kinds of STD and unintended pregnancy(7).

1.2 Statement of the problem

The most risky age group in the world is adolescence. They suffer from several preventable negative effects on their SRH issues, such as unintended pregnancies, unsafe abortions, and sexually transmitted infections, such as HIV/AIDS(9).

The age range of 15-24 years accounts for half of all new human immunodeficiency virus (HIV) infections worldwide. The majority of HIV infections are in sub-Saharan Africa, where 85% of all adolescents these living with HIV were located in 2012 is 1.7 million. In sub-Saharan Africa, 390,000 adolescents were living with HIV in the Central and West and over 1.3 million in Southern and Eastern Africa(10).

There are significant knowledge gaps about the behavioural, socioeconomic, and geographic correlates of STIs as well as the various care delivery strategies, despite the quantity of adolescent with STIs(11). One-third of the world's 340 million new STI cases each year are among young adults, whose rates of sexually transmitted illnesses are on the rise. Every year, one in twenty young people gets a treatable STI. Urbanization increases access to education and health care, but it also increases risk of STIs(12). Abortion is a most outcome of unwanted pregnancies, and unsafe abortions, which are occasionally self-induced, can lead to serious sickness, infertility, and even death. But with the right information and honest discussion, many of these issues can be resolved (13,14).

Effective communication related to SRH issues is more likely to reduce risky sexual behaviors among adolescents when effective parent-adolescent dialogue about issues related to adolescent sexuality is combined with it. The majority of SRH issues problem can be avoided via open communication, life skills training, and empowering adolescents to speak up about these issues(9).

The risk factor for to different reproductive health problem includes a lack of information about HIV prevention, early onset of sexual activity and inconsistent condom usage(15), poverty, peers school, risk taking behavior and low family communication. Poverty have long been recognized as significant risk factors for beginning sexual activity, using contraception, getting pregnant, and parenthood. The level of communication between parents and adolescent, as well as the

parents' own dating and sexual conduct and their level of permissiveness influence adolescent sexual behaviour(16).

Literature on sexual reproductive health interventions have emphasized the significance of altering young people's risk profiles (particularly their level of attitude and knowledge), but have repeatedly failed to result in long-term behaviour change or better sexual health outcomes at the community level(17,18). Even while STIs and unintended pregnancy are major concerns for adolescent, our knowledge of these issues is more likely to be devoid of social context if we exclusively rely on "risk factor" explanations and that interventions to address such issues only focused exclusively on reducing adolescent risk behaviour rather than understanding risk facilitating of social environment. As a result, there is a knowledge gap in sexuality for adolescent(19).

Most studies reviewed have either assessed the adolescents alone or interviewed parents alone. On previous study researchers they didn't address parental side in face to face in-depth interview form to get more idea about the problem. This problem also has not been studied previously around this study area. As a result, this study aims to assess adolescent to parent communication addressing SRH issues among Meki adolescent by focusing on both the students and the parents.

1.3 Significance of the study

This study will raise adolescents' knowledge of the importance of talking to their parents about SRH issues in order to decrease risky sexual behaviour. Understanding the SRH communication between adolescent to parents is crucial when designing appropriate intervention programs. The results of this research would offer helpful information to parents and adolescents to enable them set up measures that may enhance adolescence parent communication thus making adolescence make well informed decisions on SRH issues. Adolescents students who are learning in various schools and in the community could utilize this study findings as starting point in their discussion with their parents about SRH issues to able to reduce problems with their sexual health. This finding will also provide additional information to existing literature about parent to adolescent communication on SRH issues. The results of this study will serve as a starting point for those who wish to do additional research in this area.

2. LITERATURE REVIEW

2.1 Introduction

This literature attempts to provide information regarding the level of adolescent parent communication and factors those affect adolescent to parent communication related to SRH issues.

2.2. Adolescent-parent Communication regarding SRH issues

In the USA, a study found that 71% of adolescents (86% of females) had discussions with their parents on "how to know when you are ready to have sex," "how to talk to a boyfriend about sexual health issues". Female adolescent had discussed condoms with their parents in 54% of cases and various forms of contraception, such as pregnancy, birth control, and STIs, in 63% of cases. Sixty four percent had brought up HIV/AIDS with their parents. Among those surveyed, 56 percent had talked to their parents about STIs(20).

For about 44% of individuals, talking to their mothers about their sexuality was preferable and 14.7% with their fathers. The majority of adolescent girls chose to communicate with their mothers. Male students in Cape Town had a 30.7% preference for their moms and a 22.1% preference for their fathers. In the other two places, male adolescents preferred discussing to their fathers over their mothers (Dares Salaam: 11.3%; Mankweng: 20.5%). Adolescent in Dares Salaam (22.6%) preferred talking to family members above those in the other two sites (less than 12%). In contrast to the other two sites, teachers were preferred by teenagers in Mankweng as partners for communication (21). In Southern Nigeria, a study that looked at communication patterns for the transfer of knowledge about reproductive health found that 74.4 percent of the females had communication about sex, contraception, abortion, STIs, and HIV/AIDS risk factors. This result refutes the widely held belief that sexuality is a forbidden subject of conversation in traditional African civilizations. However, it was shown that the high amount of mother-adolescent reproductive health communication in the region was driven by perceptions of young people's sexual behaviour in current culture(21).

Few parent-adolescent communication practices, Parents feel humiliated, according to a qualitative study that was done in two high schools in the Yeka sub-city. Parents believe that adolescents are still too young (22).

According to study that was conducted on adolescent and parents FGD on SRH issues in Ambo Town, 37.6% had conversations with their parents on their SRH (23). Another study that was conducted in Diredawa shows 37 % of students reported having talked with their parents about at least 2 issues related to SRH (9).

According to a research conducted in Debremarkos, thirty six point nine (36.9%) of respondents had conversations with their parents about SRH components(24).

Only twenty eight point nine (28.9%) of the respondents in the study in Bullen Woreda, had parental communication on at least 2 components related to SRH issues (25).

Others study that was conducted in Agaro town, and Arekit , revealed that the proportion of students was 61.3% and 56.6% had communication to their parents on SRH issues respectively (26,27).

Despite this, 236 (62.4%) of the students in the fiche town study reported having at least one conversation with one of their parents about SRH issues. However, only 31.2% of the students had at least two conversations on SRH issues with either of their parents(15).

Another study that was is done in Zway town shows that greater than half of the participants stated that discussing development changes and sexual issues with parents throughout adolescence was difficult (28).

2.3. Factors affecting adolescent-parent SRH communication

2.3.1. Socio-demographic factors

Higher socioeconomic position was linked to more frequent communication with parents, according to a Tanzanian study, and young people living in rural regions reported discussing HIV/AIDS with both their moms and fathers more often than those living in urban areas(29).

According to a study done in the city of Diredawa, male students were 40% less likely to address SRH matters than female students. Students in grade 12 were less likely than those in grade 9 to discuss SRH issues with their parents (9).

The study's findings that's is done in Debreworkos showed that factors substantially related with socio demographics factor on SRH issues with parents included being a grade 12 student, having a family size less than three, and having a mother who could read and write(24).

Study that was done in Woldia town shows, mother who were able to read and write or had an education were more likely to talk to their adolescents about SRH issues(30).

Adolescents whose their mothers were not educated were less likely to discuss SRH issues with their parents than those with mothers who had completed secondary school or have another higher education(4).

Another study carried out in Agaro Town, Jimma Zone, found that having a boyfriend or girlfriend, having a family size of less than five, having an educated mother and father were associated significantly with adolescent to parent communication on SRH issues(26).

A qualitative research carried out in Addis Ababa reveals, gender and age have an impact on how adolescents communicate. One fifteen-year-old girl elaborated on this during an interview, saying, " Of course, most women talk to their mothers, but even men prefer to talk to their fathers over their mothers." (22).

Another qualitative review in sub-Saharan shows age of adolescent at a level can understood conversation is the main factor for communication on this issues(19).

2.3.2. Individual factors

Numerous studies have been conducted to learn how adolescents view SRH issues and what they are aware of. In every study, adolescents cite their schools, families, friends, and the media as resources for information on SRH issues(31).

Knowledge and attitude of adolescent towards SRH issues are among the individuals factors. Study that was conducted in Sawla town Gofa Zone shows that Parents with a favourable attitude were more probable to communicate SRH issues with their adolescents than parents with a unfavourable attitude. Parents who were knowledgeable about SRH were more likely than not knowledgeable to discuss to their adolescents about SRH components(6).

A qualitative study in Uganda shows that to initiate communication about sexual and reproductive parental attitude towards sexual and reproductive is a major triggers(31).

According Sub-Saharan Africa qualitative review parental individual knowledge and communication skills determines their level of communication because they may not knowledgeable to call appropriate name of different reproductive organ name(19).

A study that was is conducted on knowledge and attitude of contraception among secondary school students in Nigeria shows 42.3% of males and 60% of females had good knowledge of contraception, compared to 29.9% and 15% of males and females who had no understanding of it. Approximately 40% of the entire sampled population thought contraception was unsafe(32).

The study that conducted in Hadiya Zone shows that the use of adolescent and youth friendly sexual and reproductive health(AYFSRHs) participants' knowledge of the services' availability, and respondents' educational status were all found to be strongly related to adolescent-parent communication. In comparison to those who did, those without knowledge of the availability of AYFSRHs at health facilities were sixty percent less likely to talk to their parents about SRH issues(33).

According to the study that was done in Harar town, Parents who have shown good SRH knowledge and a favourable attitude discuss about SRH with their Adolescent more often than not knowledgeable and unfavourable attitude almost six times and 70%, respectively(34).

2.3.3. Cultural factors

Parents and other caregivers were hindered from addressing sexual matters with adolescent due to cultural reasons such as taboos and beliefs. According to the study carried out in Ambo Town, cultural practices have a negative impact on SRH communication and have not permitted such communication(23).

Several quantitative study that was done in Mekelle, Diredawa, Jimma , and Awebal study shows that the main reasons for not communicated with their parent on sexual and reproductive issues was due to cultural taboos and culturally unacceptable (4,9,26,35).

Another qualitative research that was done in Ghana indicated were sociocultural customs inhibit open communication particularly when it concerns sexuality issues. Mother's participants describe that it is against our culture to talk about sexual things with our adolescent and this culture is a barrier between us(36).

The study that was conducted in Uganda shows the culture in which parents were raised may have something effect with how barriers it is for parents to talk about SRH issues with their adolescent(31).

Other studies were shows that it is counted as a taboo discussing about SRH issues in Eritrean and Sudanese. These norms and traditions affects communication of SRH issues and decrease SRH service utilisation among adolescent(18). Sub-Saharan review of qualitative shows Communication was hampered by cultural and norms. Parents reported that their custom and culture forbade them from discussing with their adolescent about SRH issues(19).

2.4. Conceptual Framework

Elements of the framework included adolescent parent communication as independent variable and sexual reproductive health issues as dependent variable in Meki town (37). Many literatures discussed factors affecting adolescent to parent communication on SRH components. By reviewing several literatures and adapted from study conducted in Rwanda to my research sociodemographic factors (age of respondents, respondents sex, grade, family income, educational status of mother and father, occupational status of mother and father, marital status of mother and father, and living arrangement of students etc.), individual factors (adolescent knowledge and attitude) and cultural factors(beliefs) are regarded as some of the factor to SRH communication(38).

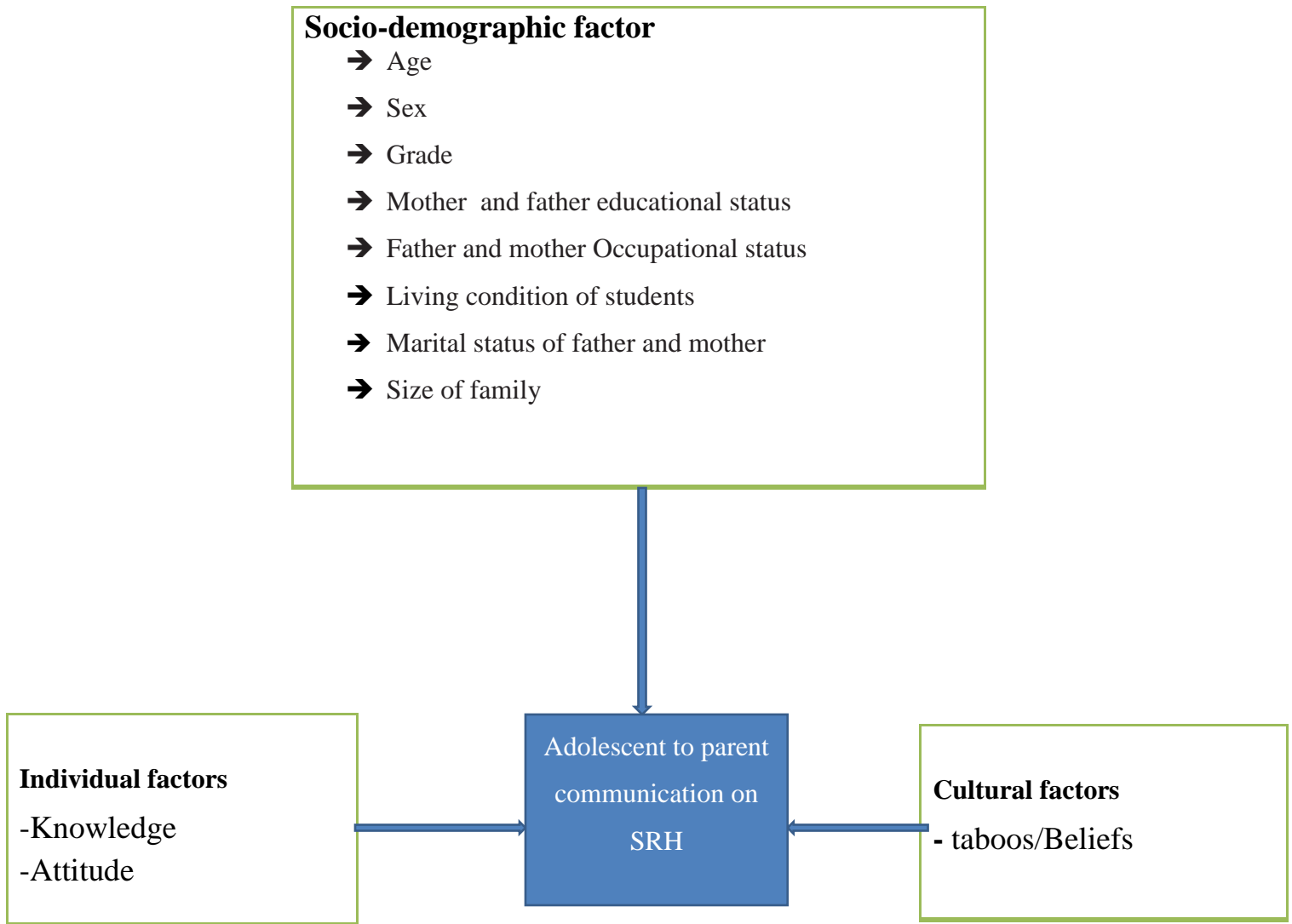


Figure 1 .Conceptual framework on associated factors that affect adolescent with their parent communication on SRH matters in Meki town (Adapted from Rwanda, Bushaija E. 2013)

3. OBJECTIVES

3.1. General objectives

To assess adolescent-parent sexual and reproductive health communication and associated factors among secondary school students in Meki town, East Shoa, Oromia, Ethiopia 2023.

3.2. Specific objectives

- ➔ To assess communication practice of Adolescent on SRH issues in Meki town.
- ➔ To identify factors associated with adolescent-parent communication related to SRH issues in Meki town.
- ➔ To explore parent to adolescent communication on SRH issues in Meki town

4, METHODS AND MATERIALS

4.1 Study area and period

Meki is a town in east-central Ethiopia. Meki is located south of Addis Ababa, it is around 136 kilometres distance from Addis Ababa. According to statistics from the Central Statistical Agency in 2007, 144,849 people were expected to live in dugda wereda, with 74,515 of them being male and 70,334 of them being female. Meki is estimated to have a population of 36,597, comprised of 18,422 men and 18,175 women. According to the Meki Town Education Bureau's 2022 data report, there are 8640 students enrolled in two public secondary schools and four private secondary schools. Namely Oda Bokota secondary school, Boolee secondary school, Danbal secondary school, Meki catholic school, Oliif school and Bush school. From the total students 3896 are male and 4814 are females(39). The study was conducted from February 20 up to March 20, 2023

4.2 Study design

Institutional based cross-sectional study and an exploratory, qualitative approach was employed.

4.3 Source population and study population

4.3.1 Source population

The source population for this study was all students and parents of Meki secondary school.

4.3.2 Study population

Study population were eligible students and parents of Meki secondary schools during the study period.

4.4 Eligibility criteria

4.4.1 Inclusion criteria

Quantitative study inclusion criteria were students 14 to 24 year olds that are not married those who enrolled in secondary schools were included. Ages in this range will be considered a students who engage by taking into account the secondary school students' minimum age requirement and the WHO's definition of young people's maximum age.

Qualitative study inclusion criteria were parents in the community those who have adolescent students currently in Meki secondary school was selected for face to face in-depth interview. Those parents also previously have atleast one adolescent who have completed secondary education. Some of those parents are accessed through school directors and some of those are accessed through kebele administrators.

4.4.2 Exclusion criteria

Quantitative study exclusion criteria were students, who are sick and not willing to participate, students those who are absent from school and leave their education during data collection period. Qualitative study exclusion criteria were parents those who are not willing for interview was excluded from study population.

4.5. Sample size determination

A formula for a single population proportion was used to determine the sample size for the quantitative study while taking into account the following assumptions.

Assumptions: A 95% confidence level, margin of error 5%(0.05), The proportion of adolescent to parent communication on the issue of SRH will be taken from the findings of a comparable research done among secondary students in Ambo town, 37.6% with proportion communication and substituted in the following calculation.

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

$$n = \frac{(1.96)^2 (0.376) (0.624)}{(0.05)^2}, \quad n = 360, \text{ Where}$$

n = is required sample size

Z = critical value for normal distribution at 95% confidence level = 1.96 (z value at $\alpha = 0.05$)

P = (proportion of SRH communication was 37.6%)

d = 5% (margin of error=0.05); and adding 10% non-response rate. The total sample size is 396.

4.6 Sampling technique and procedure

For the quantitative study the study participants was selected from students of secondary and preparatory schools (Grade 9, 10, 11 and 12). From six schools that have grade 9–12, four high (4) schools (two governments and two private) was randomly selected. The sample size was proportional allocated to each stratum. Among 8269 students, by using the roster as sampling frame 396 study participants was selected. The first respondents were selected by simple random sampling (lottery method) from the list.

Finally the study unit from each section was then chosen using a systematic random selection technique employing the roster's list of students as a sampling frame. Accordingly, every 21th student was selected from the list of roster.

For the qualitative study, in-depth interview was conducted among purposively selected parents who have adolescent students in Meki secondary schools currently and those who have previously have atleast one adolescent who have completed secondary education. Purposively selected student parents' was involved in interview to explore parent adolescent communication on sexual and reproductive health issue.

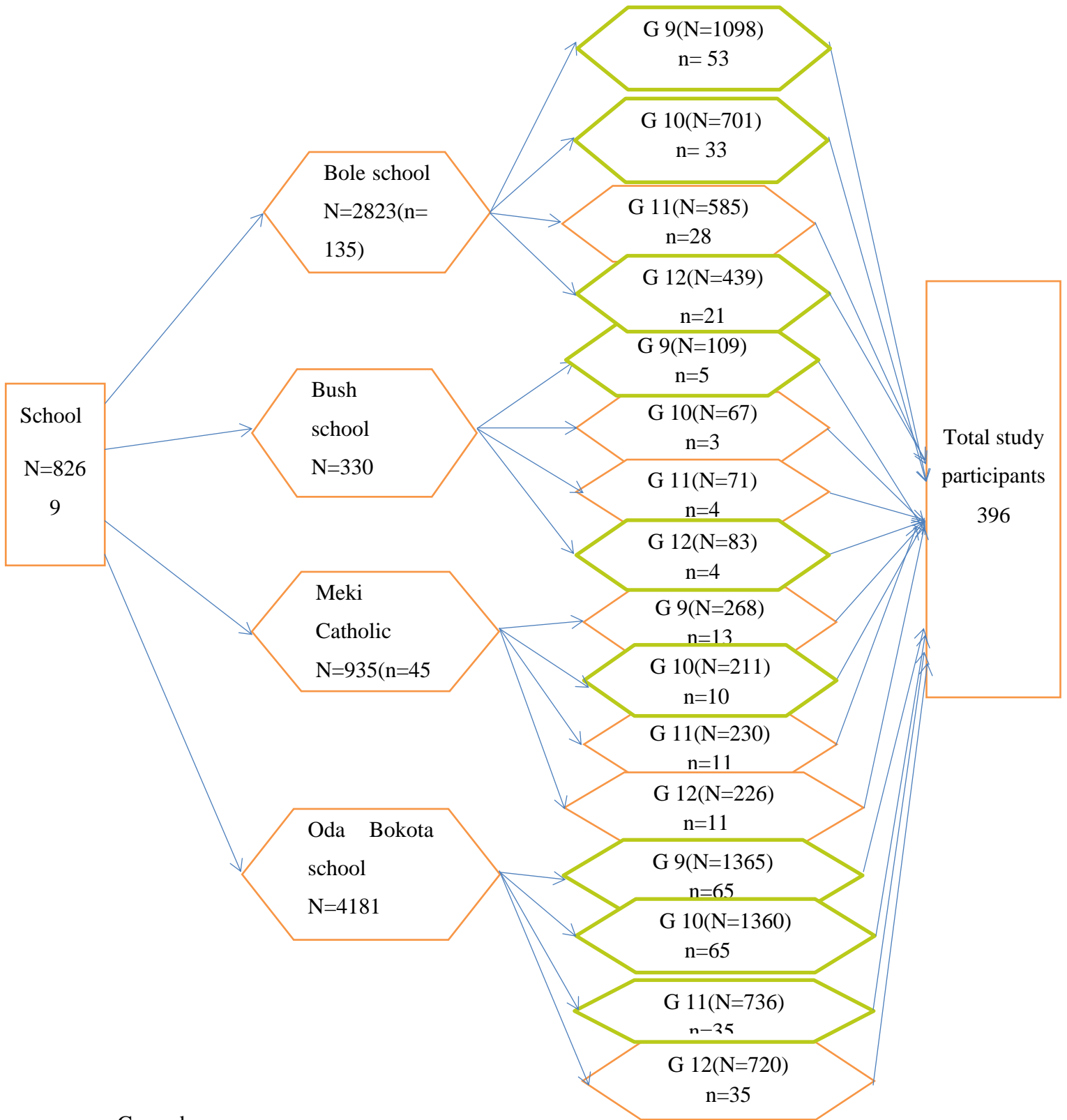


Figure 2. Diagrammatic representation of sampling procedure for quantitative data

4.7 Data collection tool and procedure

Quantitative data was collected using pretested structured self-administered questionnaire. The questionnaire was adapted from previous studies(9,23,40). The questionnaire consisted of socio-demographic characteristics of adolescent, knowledge of adolescent on SRH, attitude of adolescent on SRH and communication on components of SRH. The structured English version questionnaires were translated to study participant's local language, (Amharic and Afaan Oromo). Four data collectors with two BSc in midwifery and two BSc in nursing those who have previous experience on data collection and fluent in amharic and afaan Oromo language was recruited for data collection. Data collectors received two days of training on the study's goals, the sample process, the questionnaire, and ensuring that the questionnaire was complete. Study participants were reminded not to write their names on the surveys and to place them on a table once they were finished to maintain confidentiality. To maintain the internal consistency of the instrument, the items' Cronbach's alpha coefficient (0.78) was calculated.

For qualitative data, one research assistance having qualitative data collection experience and principal investigators using interview guides (open-ended) was collected data. The qualitative face to face in-depth interview topic guide was adopted from previous qualitative study(31,36). In order to preserve the original accounts of the participants' responses, the assistant researcher audio-recorded the interviews with the participants' permission and the investigator made notes during the interview. Data was collected until saturation reached. The place of the interviews was determined based on the convenience of the participants. The average time duration for one interview session was 30 minute. One-to-one interview was conducted in afaan Oromoo and amharic in a private room and quiet environment. The response was tape-recorded. The adopted topic guide were translated to local language (amharic and afaan Oromoo). Then back translated from (Amharic and Afaan Oromoo) to English was made for word meaning consistency by experts.

4.8 Study variable

4.8.1 Dependent variable: Communication practice on SRH

4.8.2 Independent variable

Socio-demographic factors

- Age

- Sex
- Grade
- mother and father educational status
- mother and father occupational status
- Marital status of mother and father
- size of family
- Living condition

Individual factors: Knowledge and Attitude

Cultural factors: Beliefs

4.9 Data quality management

Data quality control was carried out prior to, during, and following the data collection process. A structured self-administered questionnaire was adapted prior to data collection. Data collectors received training on the goals and applicability of the study, data collecting, confidentiality, and informed consent. Pretesting of the questionnaires was conducted among 5% of the Meki Olif secondary school students, in-depth interview pre-test was done on adolescent parents. The actual data collection did not include this school. The data collection procedure was closely monitored, and the questionnaires were examined for consistency and completeness. Following data collection, the principal investigator reviewed the data to ensure its completeness and was gave a code for each questionnaire.

4. 10 Data processing and analysis

The quantitative data was checked for the completeness and consistency of every completed questionnaire to ensure the accuracy of the data. Data was edited, coded and entered using EPI data version 4.6.0.6 and then transport to SPSS statistics window version 25 for statistical analysis. For independent and dependent variables, frequency, percentage, and mean will be calculated using descriptive statistical analysis. To determine the association between explanatory factors and outcome, binary logistic regression analysis was utilized. Variables with significant associations in the bivariate analysis were added to the multivariate analysis in order to find an associated factor of adolescent to parent communication on SRH components. P values of less then 0.05 were used to determine the significance of the variables.

The qualitative data was analysed in thematic analysis approach using atlas ti 9. Analysis of the data was started simultaneously with data collection and thematic analysis was used. The researcher was followed systematic approach with the following six steps: Step 1: Verbatim transcription. In this phase, language experts verbatim transcribed and translated the audio recordings of the individual interviews from afaan Oromo and amharic to English. Step 2: Coding and data were arranged in a proper and in a systematic way fashion. Step 3: Generating themes. In this phase, the researcher reviewed the codes to ensure their coherence and clarity by selecting a text and combining many codes into a single theme. Step 4: Reviewing themes. Step 5: in this step the researcher classified the data, characterized the themes, and interpreted the coded data. The final list of themes was given and described in this step. Step 6: The researcher wrote the findings from the data analysis(41). The results of the quantitative study were triangulated with the qualitative study.

4.11 Operational definitions

Adolescent to parent SRH communication: communication exists if adolescent discussed SRH issues with their parents on at least two topics (contraception, STI/HIV/AIDS, unwanted pregnancy, sexual intercourse, condom) in the last 12 months(30).

Knowledgeable on SRH: Students who scored above the mean on questions about SRH was considered knowledgeable, whereas those who scored at or below the mean will thought to be not knowledgeable about SRH issues(42).

Parents: WHO defines "all those who provide primary care and essential for adolescents, over a significant period of the adolescent's life,"household members of study participants include biological parents (mother, father), grandparents, older brothers, older sisters, and any other caregivers(33).

Attitude towards SRH: from the attitudes question, students who scored above the mean was considered to have favourable attitude, whereas those who scored at or below the mean will thought to be have unfavourable attitude about SRH issues(27).

Adolescent: those who are 14-24 years of age in Meki secondary and preparatory school.

4.12 Trustworthiness of a data

Credibility

To ensure credibility Peer-debriefing was used by Presentation of the preliminary findings to colleagues which allows the investigator to receive comments and suggestion

Transferability

To establish transferability the participant statements was quoted directly, and detailed definition was developed between the studied context and the study itself. In order to improve transferability, a complete explanation of the participant recruitment procedure was provided. The research environment and process was stated clearly.

Dependability

To ensure dependability findings was assessed the reliability of the data collecting, processing, and interpretation methods used. The audit trials that include audio records, uncoded transcripts and the field note used during data analysis was available for crosschecking.

Confirmability

In order to ensure confirmability, the interview transcripts were evaluated carefully, the codes and subthemes were checked with the raw data, and the findings of study was compared repeatedly with the views of the participants.

4.13 Ethical Consideration

After receiving ethical clearance from the AAU, College of Health Science, School of Nursing and Midwifery research committee, the study was carried out. Support letter was requested from AAU. Permission was obtained from school administration of Meki secondary schools. Each participant's spoken informed consent/assent was gained after a thorough explanation of the study's objectives. For adolescent whose their age under 18 assent was taken. Information confidentiality was maintained anonymously. Additionally, the respondents have the right to refuse or end at any moment. The details each respondent provided were kept confidential. For taking part in the study, there was no compensation. Each participant was given a code, and individual names were not used during data analysis.

4. 14 Dissemination of the result

Final document of the study will be submitted to AAU, College of Health Sciences, School of Nursing and Midwifery, department of Midwifery. The thesis will be presented to school of nursing and midwifery. In addition the hard copy of the finding also will be sent to Meki secondary school. Attempt will be made on reputable journal for publication of this study.

5 RESULT

5.1 RESULT OF QUANTITATIVE STUDY

5.1.1 Sociodemographic Characteristics

A total of 396 study participants included in this study making the response rate of 98.98%. The mean age of the study participants were 17.83 years (± 1.94) years. Majority of the students 324 (82.7%) were in the age group of 14-19 years.

Majority of respondents were living with their father and mother account 257 (65.6%). One hundred thirty six (34.7%) were grade nine students followed by grade ten 111 (28.3%). The mean family size was 7 (± 2.15). Majority of the respondents family size 225 (57.4%) were (>7) family size. Two hundred twenty (58.2%) of the respondents' father were farmer, whereas, 176 (44.9%) of the respondents' mother were housewife. Majority of father 116(29.6) are can only read, whereas majority of mother 151(38.5) are cannot read and write.

The socio-demographic variables of the respondents briefly stated in terms of frequency and percentage in the table below (Table-1).

Table 1: Sociodemographic characteristic of adolescent students and their parents in Meki town, East Oromia, Oromia region, Ethiopia 2023(n=392).

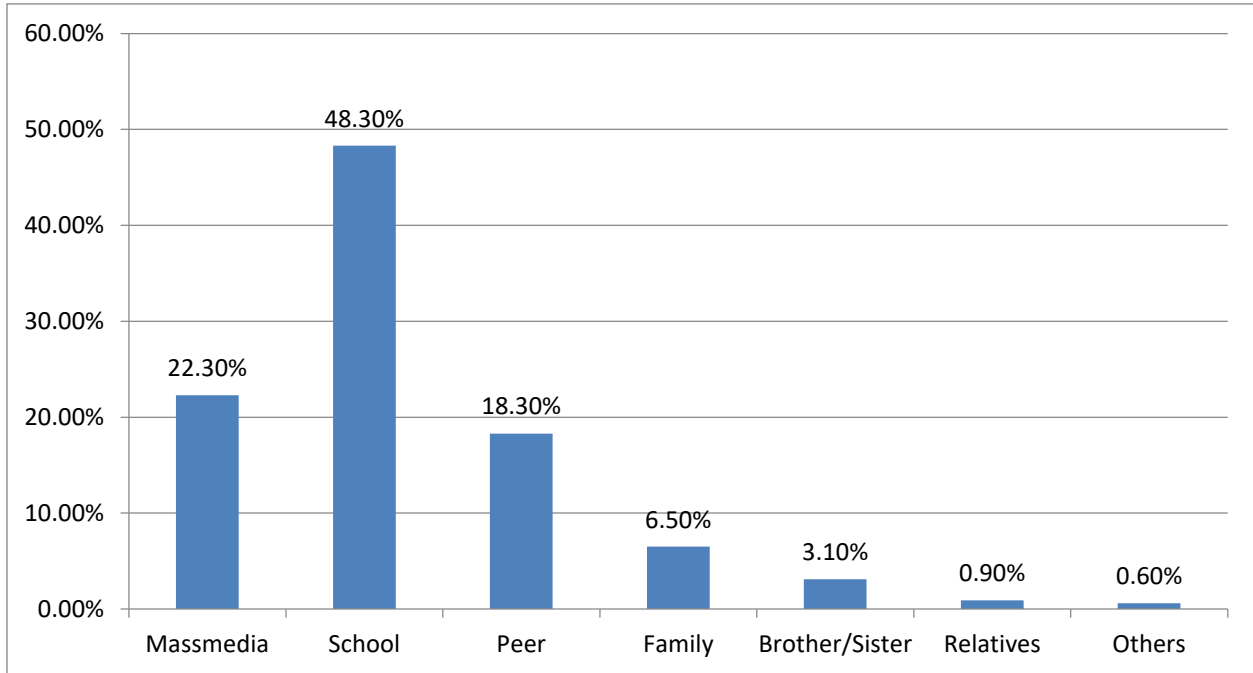
Variables	Categories	Frequency	Percentage
Age	14-19	324	82.7
	20-24	68	17.3
Sex	Male	172	43.9
	Female	220	56.1
Grade of respondents	9	136	34.7
	10	111	28.3
	11	75	19.1
	12	70	17.9
Marital status of mother and father	Together in union currently	309	78.8
	Divorced	37	9.4
	Widowed	46	11.7
Educational status of mother	Cannot read and write	151	38.5
	Only read and write	109	27.8
	Primary school	79	20.2
	Secondary school	27	6.9
	College and above	26	6.6
Educational status of father	Cannot read and write	79	20.2
	Only read and write	116	29.6
	Primary school	89	22.7
	Secondary school	52	13.3
	College and above	56	14.3
with whom currently living	With both parents	257	65.6
	With my father	11	2.8
	With my mother	48	12.2
	With friends	17	4.3
	Living alone	31	7.9
	With relative	28	7.1
Family size of the participants	<3	13	3.3
	4-6	154	39.3
	>7	225	57.4
Occupation of the father	Government employee	55	14.0
	Farmer	228	58.2
	Private employee	65	16.6
	Merchant	33	8.4
	Others*	11	2.8
Occupation of mother	Housewife	176	44.9
	Government employee	21	5.4
	Farmer	55	14.0
	Private employee	65	16.6
	Merchant	73	18.6
	Others**	2	0.5

*daily labourers, retired

**retired, she has no work.

5.1.2. Knowledge of respondents on selected SRH issues

About 323(82.4%), of the respondents, had ever heard about SRH issues. Majority of their primary source of information was school 156(48.3%) followed by mass media 72(22.3%).



Others source was from church conference, community

Figure 3: Primary source of information of adolescent students on SRH issues among students attending at meki secondary and preparatory school, Meki town, Oromia, Ethiopia 2023.

From 392 adolescent 58.9% were knowledgeable about SRH issues. Of all study respondent's 320 (81.6%) knew when the menstruation starts. Among respondents 354 (90.3%) knew about sexual transmitted infections. The majority of adolescent are mentioned starting menses 344(87.8%) and deepening of voice 356 (90.5%) as secondary sexual characteristics of female and male respectively.

Table 2 : knowledge of adolescent on SRH issues among Meki secondary and preparatory school students in Meki town, East Oromia, Oromia region, Ethiopia, 2023.

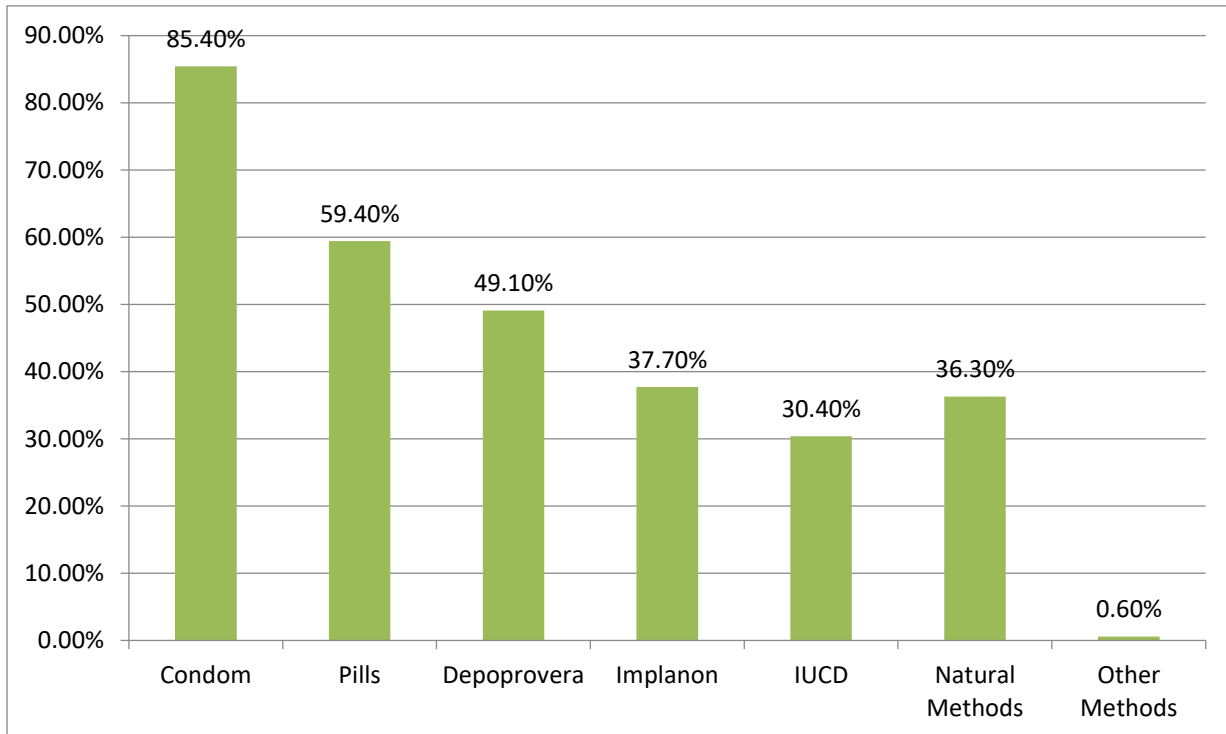
Variables	Categories	Frequency	Percentage (%)
Know about menarche	Yes	320	81.6
	No	72	18.4
Know about sexually transmitted infection	Yes	354	90.3
	No	38	9.7
HIV/AIDS know (n=354)	Yes	339	95.8
	No	15	4.2
Syphilis know (n=354)	Yes	193	54.5
	No	161	45.5
Gonorrhea know(n=354)	Yes	154	43.5
	No	200	56.5
Chancroids know(n=354)	Yes	33	9.3
	No	321	90.7
Others know*(n=354)	Yes	6	1.7
	No	348	98.3
Female secondary sexual characteristics	Yes	289	73.7
	No	103	26.00
-Breast development	Yes	344	87.8
	No	48	12.2
-Starting menses	Yes	259	66.1
	No	133	33.9
-Growth of axillary and pubic hair	Yes	185	47.2
	No	207	52.8
-Genital organ growth	Yes	38	9.7
	No	354	90.3
-Other secondary characteristics**	Yes	233	59.4
	No	159	40.6
Male secondary characteristics know	Yes	356	90.8
	No	36	9.2
-Increased muscular development	Yes	268	68.4
	No	124	31.6
-Deepening of the voice	Yes	207	52.8
	No	185	47.2
-Growth of facial , axillary, body, and pubic hair	Yes	21	5.4
	No	371	94.6
-Genital organ growth	Yes	21	5.4
	No	371	94.6
-Others characteristics#	Yes	21	5.4
	No	371	94.6

* Herpes simplex, Trichomoniasis, HPV

**Voice change, sexual desire, increase sex hormone, widening of pelvis and hips

#Ejaculation starts, over self-confidence, sexual feeling increase, behaviour change.

About 342(87.5%) of adolescent knew at least one method of contraceptive methods. Most students mentioned that they were knowledgeable about condom 292(85.4%) followed by pills 203(59.4%).



Other methods were diaphragm

Figure 4: Adolescent knowledge on different contraceptive methods among respondents attending at Meki secondary school, Meki town, Oromia, Ethiopia 2023.

5.1.3 Attitude of respondents on SRH issues

Majority of study participants they agreed about sexual health is important, it is important to discuss SRH issues to parents, communication on SRH delay sexual intercourse, unmarried couple they must use condom for sexual intercourse and it is important discussing about secondary sexual characteristics. They disagreed about premarital sex and acceptance of abortion.

From study participant 259(66.1%) have favourable attitude, whereas 133(39.1%) have unfavourable attitude towards SRH issues.

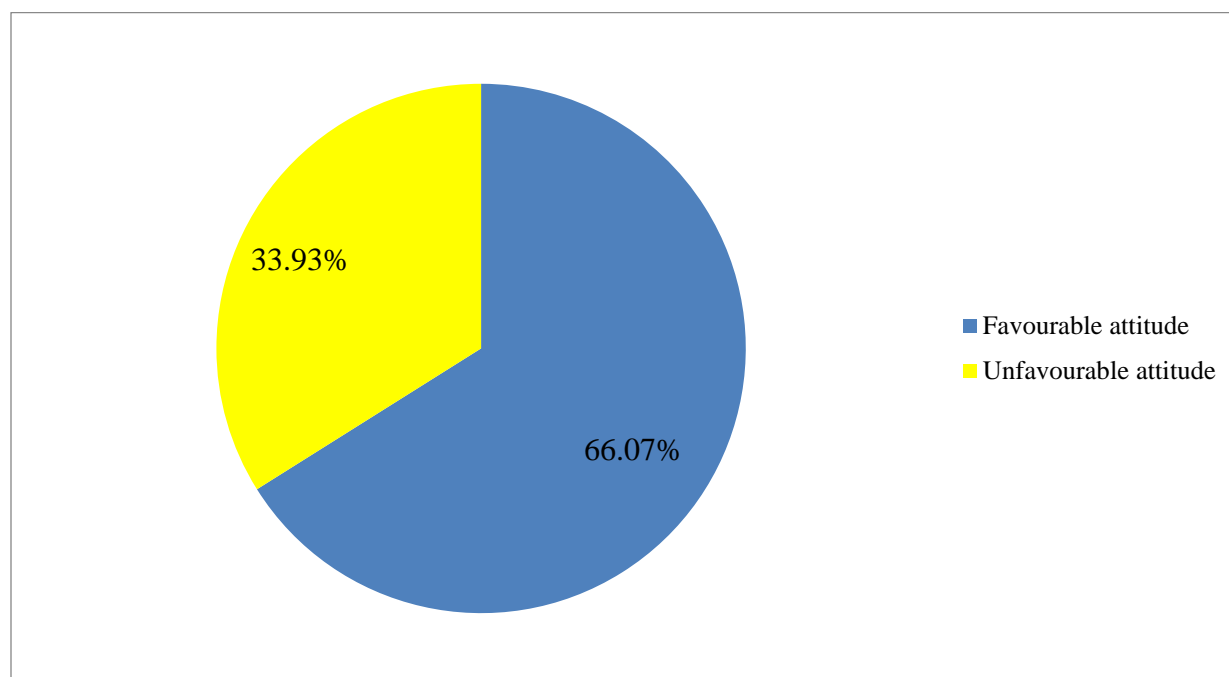


Figure 5 : Attitude of respondent on sexual and reproductive health issues among students attending at Meki secondary school, Meki town, Oromia, Ethiopia 2023(n=392).

5.1.4. Adolescent-Parent Communication on SRH Issues.

The proportion of students who had spoken with their parents about SRH issues on at least two components in the last twelve months with their father, mother, brother/sister, friends, and teacher was 156 (39.8%), whereas 193 (49.2%) did not discuss the issue with anyone. The rest 43(11%) had discussed only in one topic. STI and HIV/AIDS discussed percentage was 148(37.8%). One hundred thirty six (34.7%) of the students had discussed on contraceptive and unintended pregnancy.

For all components of SRH, the majority of respondents discuss with their friends. For sexual intercourse consist of 76(61.3%), for STI and HIV/AIDS consist of 71(47.7%), for unintended pregnancy discussion consist of 74(54.4%), for condom usage discussion consist of 70(71.4%), for contraceptive method discussion it accounts 56(41.5%) with their friends.

Table 3: Adolescents to parent discussion on components SRH issues with whom primary discussed in Meki secondary school students in, Meki, Oromia, Ethiopia 2023

Components of SRH issues	Discussed	With whom primary discussed frequency and percentage				
	Yes	Friend	Father	Mother	brother/sister	Teacher
Discussed contraception	136(34.7%)	57(41.5%)	2(1.5%)	39(28.9%)	20(13.3%)	18(13.3%)
Discussed STI AND HIVAIDS	148(37.8%)	71(47.7%)	10(6.7%)	28(18.8%)	17(11.4%)	22(15.4%)
Discussed sexual intercourse	124(31.6%)	76(61.3%)	5(4.0%)	18(14.5%)	16(12.9%)	9(7.3%)
Discussed unintended pregnancy	136(34.7%)	74(54.4%)	4(2.9%)	31(22.8%)	15(11.0%)	12(8.8%)
Discussed use of condom	98(25%)	70(71.4%)	2(2.0%)	4(4.1%)	11(11.2%)	11(11.2%)

5.1.5. Associated factor with adolescent to parent SRH issues.

In the bivariate analysis adolescents age, grade, family size, occupation of mother, SRH attitude, SRH knowledge, had heard about SRH were found to be significantly associated with communication on SRH issues.

The variables that are associated in binary logistic regression was entered in to multiple logistic regression to control effect of confounding factor. Multiple logistic regression models' findings shows SRH communication adolescent with parents were being grade 10 student, mother's occupation, attitude toward SRH, SRH knowledge and adolescent had ever received SRH information were significantly associated.

Grade 10 students were 56% less likely to communicate on SRH issues compared to grade 9 students (AOR = 0.44: 95% CI; 0.225-0.862). Merchant mothers were 2.76 times more likely communicate about SRH issues compared to housewife mothers (AOR =2.76: 95% CI; 1.356-5.62). Adolescent who have heard about SRH issues information were 3.28 times more likely to communicate compared to those who have not heard about SRH issues (AOR=3.28 95% CI: 1.3-8.23). Adolescent who have SRH knowledge were 1.75 times more likely communicate about

SRH issues then unknowledgeable adolescent (AOR= 1.75; 95% CI : 1.03-2.98). Adolescent those who have SRH favourable attitudes were 81.8% less likely to communicate on SRH issues than unfavourable attitude (AOR=0.182; 95%, CI: 0.1-0.333).

Table 4 : Associated factors adolescent with parent communication on SRH issues among Meki secondary and preparatory school students in Meki, Oromia, Ethiopia, 2023(n=392).

Variable	Categories	SRH communication		COR(95% CI)	AOR(95% CI)
		No	Yes		
Age group	14-19	202	122	1.656(0.979-2.8)	1.64(0.83-3.23)
	20-24	34	34	1	1
Grade	Grade 9	82	54	1	1
	Grade 10	83	28	0.512(0.3-0.88)**	0.44(0.225-0.862)**
	Grade 11	40	35	1.33(0.75-2.35)	1.467(0.701-3.07)
	Grade 12	31	39	1.91(1.07-3.42)	1.33(0.63-2.8)
Family size	<3	5	8	1	1
	4-6	91	63	0.433(0.135- 1.384)	0.283(0.46-1.74)
	>7	140	85	0.379(0.12- 1.198)	0.25(0.04-1.53)
Occupation of mother	Housewife	110	66	1	1
	Government employee	11	10	1.515(0.610-3.761)	1.351(0.422-4.325)
	Farmer	39	16	0.684(0.354 -1.319)	0.635(0.284-1.420)
	Private employee	39	26	1.111(0.621-1.99)	1.42(0.695-2.902)
	Merchant	35	38	1.81(1.043-3.14)**	2.76(1.356-5.62)**
	Other+	2	0	0.0	0.00
SRH attitude	Favorable attitude	134	125	0.33(0.204-0.52)**	0.182(0.1-0.333)**
	Unfavorable attitude	102	31	1	1
Had heard about SRH	No	56	13	3.422(1.8-6.504)**	3.28(1.3-8.23)**
	Yes	180	145	1	1
SRH knowledge	No	83	47	1.672(1.024-2.56)**	1.75(1.03-2.98)**
	Yes	97	89		

** Significantly associated, + retired, she has no work

5.2 RESULT OF QUALITATIVE STUDY

5.2.1. Socio Demographic Profiles of the Participants

The study was conducted among 8 parents. The age range was from 45 to 59 years for male and 38 to 46 years for female respectively. The number of parents children ranges from two upto eight.

Table 5: A socio-demographic characteristic of parents, on adolescent to parent's discussion on SRH issues in Meki, Oromia, Ethiopia, 2023.

Socio-demographic factor	Categories	Median
Age	Male(45-59)	Male (51)
	Female(38 and 46)	Female (42)
Socio-demographic factor		Frequency
Occupational status	Farmer	2
	Government	4
	Housewife	1
	NGO worker (community service worker)	1
Educational status	Only read and write	2
	Primary school	1
	College	5
Parents	Father	6
	Mother	2
Marital status	Married and together	8

5.2.2 Emerged Themes

Five themes were emerged from the analysis of face to face parent in-depth interviews. The themes were identified as rich and detailed accounts of the parent regarding adolescent to parent communication on SRH components, these themes with their respective sub-themes and codes have been summarized by the following table (table 6).

Table 6: Themes, sub-themes, and codes identified through interviews of parent on adolescent to parent communication on SRH components in Meki, Oromia, Ethiopia, 2023.

Theme	Subtheme	Codes
Discussing about SRH components	SRH issues	Sexual intercourse, secondary sexual characteristics, about reproduction, about unintended pregnancy, change in the body, change of voice. discussing on menses, early marriage problem, early pregnancy, giving birth, increase of body growth, problem of sexuality , puberty, reproductive organ, sexual matters, unwanted pregnancy
	Sexually transmitted disease	Gonorrhea, HIV/AIDS
	Contraceptive methods	IUCD, condom, Depo-Provera, emergency pills, implants
Source of SRH information	Social media source	radio source, telegram , television, you tube face book , films, internet media source
	School source	biology education, HIV/AIDS Clubs, book, different clubs
	Family source	Father, mother
	Community source	from neighbors, edir, environment people, friends source , health institution, training source
	Government contribution	education for parents, awareness for adolescent awareness for community, awareness in school, educated people contribution, education on edir education on ekub, giving training on issues, government

Approach to Improve SRH discussion		give attention, government protection, health institutions, Invite NGO, labor and social affairs awareness, media contribution ,policy by government ,school education for students ,women’s office responsibility
	Family contribution	advised by family, being close friend, being patience, confidentiality, create strong r/ship, emotionally support them, family education to adolescent, family give attention, family teaching, follow up, giving advice, good relationship, open communication, treat them, solve existing problem
	Adolescent contribution	avoid shame, breaking backward culture, discuss without any fear, open adolescent, self-confidence of adolescent,
SRH reason and challenges for not discussing	Reason for not communicating	considered as disrespect, adolescent afraid, parents, being private, cultural barriers, ,economic problem, fear of parent response , lack of awareness, lack of knowledge on SRH , lack of transparency, lack of trust in adolescent, morally unacceptable, shame to talk , culture not allowed, fear of adolescent,
	Challenges to discuss	media disadvantage, peer influence, sexual issues question
SRH discussion age and satisfaction	Age and approach of SRH discussion	age of discussion , age of menarche , menses delay time , start at elementary, friendly discussion,
	SRH discussion time and satisfaction	adolescent are fresh force, adolescent, fresh energy , discussion time, good satisfaction from discussion, homework scheduled discussion , important to discuss SRH, not important discussing SRH, schedule of SRH discussion, use of technology, weekly schedule, monthly schedule

Theme 1: Discussing about SRH components

Parents were asked regarding adolescent to parent SRH issue communication. 24 codes were identified from their responses and grouped into three categories: SRH issues, sexually transmitted disease and contraceptive methods.

Subtheme 1: sexual and reproductive health issues

Parents were asked about adolescent to parent on SRH issues communication and they were explained that some of issue that are communicated with their adolescent were as follows: about sexual intercourse, unwanted pregnancy, secondary sexual characteristics, menstruation and puberty changes. One participant explained it is important to discuss about sexual intercourse because those adolescent they might have without her interest and not to lose her friends.

"When he asks her for sex, she may do it because she loves him, because she doesn't want to lose him, before doing this, I will tell them that they should be careful. Because she doesn't want to lose her friend, her friend is the one who will live with her in the future, it is okay if she does this to him" (participant 7, female, 38yrs).

Another participant discussed about unwanted pregnancy and its consequence and they discussed on this issues because this may cause her to separate from her family and drop out her education.

"Secondly, girls if they get into unwanted pregnancy, they drops out of school, separates from her family, and this causes such problems, that's why we take ample hours and there are times when we talk about it for 15-30 minutes" (participant4, male, 59yrs).

Furthermore, some participants expressed that they discussed about menstruation he give advice on how to keep her hygiene and protect herself, he advise her as things are comes naturally.

"They all come naturally...we can't do anything about them...I always buy them soap that needs to be taken care of. There is water in the yard, they always wash. Majorly I tell them how to be strong in their education. I post different reclaims that says I will not have sex before I finish my studies. I will post them...They will read it and they will know who posted it, so they will understand my desire...I don't say don't go with boy or I don't say don't go with girls, I say you have to study well you have be a better person and you have to see your role model person. But if we don't study hard, we will fall." (Participant 3, male, 54yrs).

Another study participants describe the changes that are comes with puberty and secondary sexual characteristics, he describes as those things should be advised to adolescent and they have to have awareness on male and female physical changes.

"Another thing is the physical changes that come during puberty in girls, physical changes for example, when a girl reaches puberty, there are physical changes that come, for example, such as breast development, and also body, there are different things, right?, we have to advise girls on such things in advance." (Participant 8, male, 45yrs).

Subtheme 2: Sexually transmitted disease

On this subtheme different participants discussed about sexually transmitted disease and its consequences, some of the participants describe those infectious disease like they are incurable and adolescent they must have to protect themselves from such disease. They describe as this topic is had been widely talked in our country previously, but recently is neglected.

One participant stated that sexually transmitted disease currently destroying young generation he state as follow: *"The topic we discussed is especially about the sexually transmitted disease and it is very worrying because it has devastated the world and we have seen destroying the generations who can produce, who can educate and change the country ,this make them emotionally damage and weaken from their education."* (participant 4, male, 59yrs).

Another male participant said that *"We have to discuss such as HIV, which is very difficult and when this HIV infects someone it has a huge impact on their family so it is must to discuss, so that they should have knowledge and discuss that i think it's good to be."* (participant 2, male, 50yrs).

Further more one participants describe one of the sexually transmited disease to be discussed is gonorrhoea, he stated that adolescent they must protecting themsleves: *" pregnancy without marriage, for pregnancy before maturity age, if on adolescent are not worked properly to protect himself, they may be exposed to different disease like gonorrhoea."* (paticipant 6, male,51yrs).

Subtheme 3: contraceptive methods

The last subtheme about sexual and reproductive health components is contraceptive methods, under this subtheme there are codes like condom, pills, depoprovera, implant and IUCD. One female participants mentioned that adolescent can use different kind of contraceptive methods for sexual intercourse and states as follows:

"When he asks her for sex, Why? not to hurt herself, she have to use family planning. There is a three-month, three-year, five-year, twelve-year, condom, and there is also a 72-hour contraceptive, because a girl from the age of 13 is fast now a days, young children now have a friend and that friend might ask her for sex."(participant 7, female, 38yrs).

Theme 2: Source of SRH information

Parents were asked regarding on source of SRH information. 19 codes were identified from their responses and grouped into four categories: social media source, school source, family source and community sources.

Subtheme 1: Social media source

Participants were asked deeply about source of sexual and reproductive health most participant indicated that social media is one of the source of information for adolescents. From social media parents mainly stated that telegram, television, radio, you tube, face book, films, internet media are source of SRH information.

One of female participants stated that among the SRH issues source of information the preferred source of SRH information is television and radio and she said that: *"I think it is the most preferred information, so I don't think that false things will be broadcasted on television, and I don't think that it will be broadcasted on the radio, because of there is a little bit of falsehood, I think it is the real thing that is broadcasted in this media."* (Participant 7, female, 38yrs).

In addition another participant whose farmer is describe radio and television are source of information not only for adolescent but also for parents, stated as follows

"Another source as far as i know is, for example we have radio at home, we have television, and currently we are hearing that radios are teaching this information. So not only our children, we are also getting information from radio and television broadcasts a lot, information maybe in

form of films, or in various ways it will teach us to protect ourselves with various things." (Participant 8, male, 45yrs).

Similarly one female participant describe adolescent SRH information are *" It is talked about on television, on government radios, it is talked about everywhere, on the streets, in every school, the children talk to each other, and because of this, i know almost a little bit."* (participant 5, female, 46yrs).

Subtheme 2: School source

Participants were interview about source of SRH information and they explain school was one of reliable source of information for adolescent. From those different class course like biology course, different books and different clubs in school like HIV/AIDS clubs.

One participants stated school source as follow: *"The first place that I know or believe to where they get information is school, When I mean school, in the school they learn a lot of things, I know or believe that the those student they learn, and also I hear from teachers as there are various clubs in the school, those clubs discus with students on various issues... I know like that. Especially I hear as they are getting information on sexuality issues and I see when they are reading in home some books."* (Participant 8, male, 45yrs).

Moreover other study participants also explained that school is the first place and the most preferred source of information for adolescent regarding SRH issues and he stated as:

"School is the original source to get those adolescent. First of all, from the day they starting school, those children they should have properly give education. I think if the school teaches it deeply, these adolescent will be changed and avoid infectious disease. School is therefore the government should work exhaustively here. Because the government gets these childrens or adolescent from the school whether they are boys or girls." (Participants 6, male, 51yrs).

Subtheme 3: family source

This subtheme consists of father and mother as a source of SRH issues information for adolescent. Some participants explained that father and mother are source of SRH issues information.

One of interview participant stated family source for adolescent as follow:

"Adolescent get information about sexual and reproductive process, first from the family and from the environment where they grow up. In fact, it is better if adolescent usually receive family counseling services from the beginning of their childhood. If they grow up, they will be more effective. So, both the fathers and mothers are decisive in the development of these adolescent."
(Participant 3, male, 54yrs).

Subtheme 4: community source

Parent interview show that community is the main source of SRH issues for adolescent. This subtheme consists of information from neighbours, edir, environment people, friends, health institution and training.

One interviewed participant describe community source of SRH issues information as follow:

"The environment people, and the neighbours are the source, when the children are playing, someone my send message and this makes environment sociable." again this participant stated that: *"I post different kinds of reclam those I get from different kind of training about sexual and child"* (Participant 3, male, 54yrs)

Another participant stated that friends from the community are source of SRH *"I know another source of this is their friends, I believe it is their friends."* (Participant 8, male, 45yrs).

Theme 3: Approach to improve SRH discussion

The third theme is approach of improvement on sexual and reproductive health components communication between adolescent to parent. In this theme 38 codes were identified from their responses and grouped into three categories: government contribution, family contribution, and adolescent contribution.

Subtheme 1: government contribution

In this subtheme 17 codes were identified from parent participants which states mainly about education for parents, education for adolescent, education for community and giving this education through health care professionals.

Majority of parents describe community education and adolescent education are main the main contributing factor for the improvement of SRH communication. One participant stated adolescent and community education as follow:

"Well, in my opinion, I think this will be improved, as the times are also improving, if the children are taught this in school so that they can go to school, it is important not only for them, but also for us. If I have the knowledge, I think I will discuss with them, and if they give it to us, it will be improved also if this given for us at kebele if there is capacity, at health institution also, I think this will be improved." (Participant 5, female, 46yrs).

Another participant explains government must give awareness and work on it to give awareness. He stated as *"come on, here your question is very good. Questions like this first of all what I mean here it should not be just on books, now the question you are asking me is maybe you are doing a research, no it shouldn't be, just like you are doing yourself on this issues the government should come work deeply, the government should have to think about what they should do to bring this awareness deeply and disseminate it on to these people"* (Participants 6, male, 51yrs).

Similarly, other participants mentioned government should have to pay attention and make it formal education for adolescents, and stated as:

"Because for the economy of a country, a healthy society, a healthy generation, a generation that is knowledgeable, and educated is very important and I think the government should pay attention to it and will give this education as a formal education." (participant 4, male, 59yrs).

Subtheme 2: Family contribution

Under this subtheme, 15 codes were identified. This subtheme mainly describe about creating good relationship with adolescent , giving family education , giving advice and having open communication.

Interviewed participant mentioned that having parent- adolescent good relationship is the main contributing factor for SRH communication, participant stated that: *"The other thing that I believe to improve this kind of discussion is the relationship between family and their adolescent; I believe this relationship will improve the communication. When it comes to growing up,*

especially girls, when you look at these adolescent girls, they are more shy than men to discuss such issues." (Participant 8, male, 45yrs).

Another participant describe that to have SRH communication there should be open communication between family and adolescent and stated as:

"Therefore, there should be no shame, if everything is open and if there is a clear discussion, then everything will be clear, I tell them that there are benefits to open discussion, such as not getting hurt." (Participant 7, female, 38yrs)

Subtheme 3: Adolescent contribution

This subtheme consists of 5 codes. These are discussing without any fear, avoid shame, breaking backward culture, open adolescent and self-confidence of adolescent

Majority of participants explain that open adolescent communication to their parents is the main SRH communication improvement way and stated as:

"Actually, family loves their children above them, mother love her children greater then herself, father loves his children greater then him...Adolescent have to tell everything, openly to their father and mother, so if they don't secret thing from their father and mother they will get solution." (Participants 3, male, 54yrs)

Theme 4: Reason and challenges for not discussing SRH issues.

Under this theme 2 subtheme and 16 codes were identified

Subtheme 1: Reason for not communicating SRH issues

Under this subtheme around twelve codes were identified from face to face in-depth interview of parents. Most participants mentioned some of reason for not discussing adolescent to parent communication are cultural barriers, fear of parent response, lack of awareness, lack of transparency, lack of trust in adolescent, morally unacceptable and shame to talk .

One parent explained that the main reason for not discussing about SRH issues were shame to talk about this issues and stated that as follow: *"Talking this is a shame in our culture. It's a shame to say that you're going to be this way about sexuality."* The same participant explained that the reason is due to lack of trust in adolescent and stated that *"how they bring to us, even if they bring, they will beaten, so they have never brought to us."* (Participant 5, female, 46yrs).

Another farmer parents mentioned that the reason parents doesn't discuss with adolescent is if there is lack of knowledge, this participants said: *"The first thing I believe is that we don't have enough understanding, the reason why families or parents don't discuss with their adolescent, the only is reason lack of understanding, because we don't have enough deep understanding about sexuality and reproduction, we don't discuss it."*(participant 8, male, 45yrs)

Subtheme 2: Challenges to discuss SRH

Participant explain some of challenges for SRH issues discussion are media disadvantage, peer influence and difficult sexual issues question. These challenges mainly comes from external of adolescent and parent. And in this subtheme even if there is communication previously those challenges may lessen the relationship of adolescent to parent.

Interview participant says that peer influence is the main challenges for SRH discussion, he said:

"Because even if it is not their own, they may make mistake due to their peer and I have mentioned it before. It's their friends who can mislead them because they can use different motivational things like by saying this is your time." (Participant 1, male, 48yrs)

Theme 5: SRH discussion age and satisfaction

This theme consists of 2 subtheme and 16 codes.

Subtheme 1: Age and approach of SRH discussion

Some parents describe their ways of discussion is like friends with their adolescents, because if you are like their friends they didn't hide anything about them and they can tell you anything they do, one participant said:

"His mother works in a hospital and our work and our profession are open to this and he discuss it with us openly and friendly, there is nothing to be ashamed of, he discuss openly with us what problems he is facing" (participant 4, male, 59yrs).

Another participant describe the age of SRH discussion with the adolescent is during they attend primary school and making follow up through their life. This participant stated as:

"For sexual and reproductive discussion I think it is better if they started from childhood, I mean if they started from elementary school, after 8 and 9 years then giving motivation, then by creating someone as a role model and telling to them you will be like this person, giving advice at their child hood. Not discriminating male and female and education for both after 8 and 9 years old." (Participants 3, male, 54yrs)

Subtheme 2: SRH discussion satisfaction and time

In this subtheme participant mentioned their feeling during discussion with their adolescent and their discussion schedule. One participant says am satisfied with the discussion I had and it is important to discuss these issues: *"It is pleasant. It is in a good condition so far. Iif they come home they rest, and they go back to their work. They are not invited to other flashy things, as i told you that there is same discussion and it could be our control and i am satisfied with what we have."* (Participant 1, male, 48yrs)

Other female participant describes this discussion is not important because it may lead adolescent towards problem, stated as: *"Of course it is not important for adolescent now a days, it is not good, it is a shame and our culture does not allow it... I think having this information will push them further to get into it."* (Participant 5, female, 46yrs)

Interview participant explained schedule of discussion may be monthly, weekly, not scheduled and for girls when menstruation comes. One of the study participants stated as:

"Also, according to the schedule, we have family rule, every week, all of us and their father have family meeting, if we do something wrong, we sit down together and discuss the issues. So you have to correct this thing like this mom, come back, we are not aware of what we have lost, We did it wrongly, From now on, we won't repeat it again and we will apology each other." (Participant 7, female, 38yrs)

6. DISCUSSION

This study assessed the level of adolescent - parent communication on sexual and reproductive health issues among adolescents enrolled in school and their parents. The finding from this study showed that 82%, of the respondents, had ever heard about SRH issues. This finding was supported by parents IDIs majority of participants were heard about SH issues. Almost half of the quantitative result reveals source of information about SRH issues was school this was evidenced by qualitative findings were parents stated that the main source of SRH is from school.

From quantitative study relatively from other components they discussed mainly on STD and HIVAIDS 148(37.8%) this is supported by parent's interview stated as the topic we discussed is especially about the STD and because it has destroying the young generation. For all components of SRH, the majority of respondents discuss with their friends this result was supported by parent interview stated that the majority of adolescent want to discuss the issues with their friends.

Around 58.9 % of respondents are knowledgeable about SRH issues and this result was almost inline with study that was done in Harar(34). The finding of this study showed that two third of school adolescents disagree about premarital sex. Three fourth of study participants were reported that abortion is unacceptable. Those findings were consistent with the study that was done in Fiche (40). This study showed that the proportion of respondents who had communicated with their parents regarding SRH issues on at least two components with their father, mother, brother/sister, friends, and teacher was 39.8%.

Even though the majority of adolescent's agreed that it is crucial to talk to their parents about SRH components, only 39.8% of them actually communicate. This Finding was in line with three studies done in Ethiopia, 36.7% Ambo town, West Central Ethiopia(23), 37% in Diredawa, Eastern Ethiopia (9) and 36.9% Debremarkos, North West Ethiopia (24). However, this findings was lower than three studies done in Ethiopia, 57.7% in Mekelle, North Ethiopia (4) , 56.6% in Arekit, South West Ethiopia(27) , 61.3% in Jimma, South Western Ethiopia(26) and slightly higher than with the study that's is done in fiche town 31.2%, Central Ethiopia (15)and Benishangulgumuz region 28.9% , North Western Ethiopia(25).

The reasons for those variations may be related to sociodemographic, cultural, and interventions for sexual and reproductive health issues at schools. For example, the possible explanation for this may there is no University at meki town those who provide community education and mass sexual and reproductive health education during team training program , community based training program and different research feedback.

In this study, a total of 193 adolescents (49.2%) reported not discussing SRH components with their parents on at least one topic. The reason for not discussing was being privacy, Shame, Culturally unacceptable, considered as disrespect, Parents lack knowledge, parent lack of communication, lack of trust in adolescent and adolescent fear of parents. This finding was consistent with the study finding in Mekelle, Ambo, Diredawa, Debremarkos, Zway and other African countries(4,9,23,24,28).

In qualitative IDIs parents describe that main reason for barriers of SRH issues communication was due to cultural barrier and is considered as embarrassing to discuss, this finding is similar with qualitative study that is done in Addis ababa and Ghana (22,36).

From both the qualitative and quantitative findings with regard to communication first preference adolescent are usually communicating to their friends rather than their mother, father, sister and brother this study is in line with the qualitative study that is done in Addis ababa, Gonja Municipality, Ghana and Diredawa (9,22,36).

This result on the other side contradicts with the finding from Awabel woreda, Northwest Ethiopia, where most of the adolescent, preferred mothers and with the finding from Hadiya zone, where most of participant preferred their brother then other member of a family to communicate about SRH issues(33,35).

From study participants 82.4%, of the respondents, had ever heard about SRH information from those the majority of their primary source of information was school (48.3%) this study is similar with the qualitative study that was done in urban and rural Uganda, but contradicts with the qualitative study that was done in Dares Salaam City, Tanzania, where most of adolescent preferred father and mother as preferred primary source of SRH issues (31,43).

This difference may be SRH information is given through different clubs at school and incorporated SRH issues information in their class subject course.

Adolescent who have SRH knowledge were 1.75 times more likely communicate about SRH issues than unknowledgeable adolescent (AOR= 1.75; 95% CI : 1.03-2.98). This finding is similar with previous study (24,26,34). Adolescent who have heard SRH issues information were 3.28 times more likely communication compared to those who does not heard about SRH issues (AOR= 3.28; 95 % CI: 1.3-8.23). This study is in line with the finding that was done in Debremarkos and Woldia (24,30). This may be as a result of adolescent who have some awareness being more motivated to discuss SRH components and the information they received possibly opening the door for communication. Adolescent those who have SRH favourable attitudes were 81.8% less likely to communicate on SRH issues than unfavourable attitude (AOR=0.182; 95%, CI: 0.1-0.333). It is possible that those with unfavourable attitudes may have more questions or concerns, leading them to seek out discussion and information. Other factors that could contribute to the difference in communication about SRH issues among adolescents with different attitudes include cultural or societal values, beliefs or personal experiences. This result contradicts with the finding of Sawla town, Gofa Zone and Harar town (6,34).

Grade 10 students were less likely to communicate on SRH issues compared to grade 9 students (AOR = 0.44: 95% CI; 0.225-0.862). This finding disagree with the study that was done in Mekelle city, Awebal woreda and Harar town(4,34,35). This can be a result of cultural variations, knowledge of students on sexual and reproductive health components and the way school provide the source of this information.

The qualitative finding shows that content of adolescent discussion with their parents was about menstruation,STIs especially HIV/AIDS, puberty changes and unwanted pregnancy. This finding is similar with theme of parent perspective on contents of SRH discussion with adolescent in Uganda and qualitative review in sub-Saharan Africa (19,31).

One theme of qualitative findings shows that the strategies to improve adolescent parent communication on SRH was giving awareness at school for adolescent , facilitating health care professional at different health care institution, friend relationship with adolescent, giving advice and making open communication. This finding agree with study that was done in, Ghana(36).

The other finding of qualitative study was parent feeling during discussion with their adolescent, some of them feel comfortable and happy and explains that it was a great opportunity to know them better. This finding also similar with the qualitative study done in urban Uganda(31).

7. STRENGTH AND LIMITATIONS

7.1 Strength

Result was triangulated. The qualitative parent interview gives detailed information about SRH communication between adolescent to parent.

7.2 Limitations

With cross-sectional nature, it was difficult to infer a cause-and-effect relationship. The other limitation is, it was based on self-reporting, there is a chance that social desirability bias could have an impact due to the sensitive topic issues and cultural barriers to open communication. Recall bias may be present since respondents were questioned about communication on SRH-related component issues in the last 1year, as they may not have remembered what they had communicated during the last 12 month.

8. CONCLUSION AND RECOMMENDATION

8.1 Conclusion

About one third of adolescent communicate on SRH issues with their parents. The findings of this study suggest that despite some adolescents had knowledge of SRH issues, adolescents did not frequently discuss these issues with parents.

Being grade 10 student, mother's occupation, attitude toward SRH, Knowledge of SRH and adolescent had ever received SRH information were found to be significantly associated with adolescent to parent communication on sexual and reproductive issues.

The main reason was cultural barriers, fear of parent response, lack of awareness, lack of transparency, lack of trust in adolescent, morally unacceptable and shame to talk. These results raise concerns about the possibility of exposing adolescents to sexually transmitted infections and HIV/AIDS transmissions, unintended pregnancies, early sexual intercourse and unsafe abortion. This study showed that there was insufficient adolescent-parent discussion regarding SRH components.

8.2 Recommendation

All stakeholders have responsibility of working to improve adolescent to parent SRH communication.

To Ministry of Health (MOH)

The ministry of health is recommended to give focus and have policy towards these issues.

- The MoH has to facilitate health care professional, different government sector, and nongovernmental organization to work on this issue at community level.
- Training certain parents to become SRH trainers in order to facilitate more parent training
- The MoH has to give this awareness at community through health care professionals.
- The MoH has to give protection for those adolescent who exposed to SRH problem previously

To Ministry of Education (MoE)

- MoE has to give this issues awareness and incorporating this issues as regular course
- MoE has to cooperate with media associations to arrange airtime on radio and television to provide education for the community about SRH problem.

To parents

Between parents and adolescent, there should be appropriate and flexible methods of communication that ensure the validity of information exchanged. Parents should have access to crucial SRH information to help them become better communicators. Parents have to give emotional support for those who face SRH problem previously and they have to solve if there is existing problem between them. Parent they have to form strong relationship with adolescent. Parents have to advise them on any future risk issues and they have to protect their privacy.

To adolescents

Adolescent they have to avoid shame, and communicate without any fear with their parents. They have to break this culture that makes them private and that makes them to hide about those issues. They have to also read more information on how to communicate about these issues.

Implication to practice

Identifying adolescent-parent communication on SRH components and determining factors associated helps different stake holder, policy makers, health care professional, school administrators, nongovernmental organizations and any responsible bodies to design appropriate strategies to reduce adolescent SRH problems. The finding of this study can be used for planning of different intervention in the study region.

For further researchers

Since one of the main reason for not discussing about SRH issues were dueto culture and traditional values. Future researchers can conduct ethnographic design to get valuable insights into societal structures and communication patterns related to SRH issues. Such studies can help identify barriers and opportunities for improving parent to adolescent communication on these issues in the study area.

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ANNEXES

Annex I; - Consent form and Information sheet of quantitative questionnaire (English Version)

Assent to determine adolescent parent SRH communication among secondary school students in meki town, East Shewa, Oromia, Ethiopia 20/2023

Information sheet

My name is Barke Furo. I am studying master's degree in maternity and reproductive health nursing in AAU, school of nursing and midwifery. I am interested in finding out more about significantly and what factors affect communication between parents and adolescents regarding SRH issues in your secondary schools. This questionnaire is designed for academic purpose, which was approved by AAU, school of nursing and midwifery to in partial fulfilment of master's degree in maternity and reproductive health nursing. I'm hoping that by responding to these questions, you can assist me.

Study Procedure: Your estimated average time commitment for this study is 30 minutes.

Risks: Participating in this study carries no risk, but some of the questions can be difficult for some people to respond since they are so personal. Your answers are kept fully confidential. On this questioner, you are not required to write your name. Any question to which you choose not to respond is not required to be responded. You have the right not to answer the question whenever you like if it leads to you any discomfort. You may decide not participating in this study from the very beginning.

Benefits: You won't directly gain anything from taking part in this study. However, your involvement in this study will be very beneficial to secondary students as they assess adolescent-parent communication regarding SRH.

Confidentiality

Nobody other than the members of the study team will have access to any information you provide, which will be kept confidential. Your genuine and honest response to each question will be extremely important in helping the study achieve its goal. We are grateful for your assistance and appreciate you in advance. Contact the study's primary investigator if you have any concerns.

Would you be willing to taking part in the research? If yes, proceed to the next page. If not, kindly go back now.

Assent form

I, the undersigned, have been informed that this study will be conducted in Meki town's Boole secondary School, Oda Bokota secondary School, Meki Catholic School, and Bush secondary schools to assess adolescent parent communication on SRH issues. I am informed that the information I provide will be kept confidential and used solely for this study. I am also aware of my right to decline any question that does not directly pertain to me. I therefore consent to actively taking part in the study.

Date_____

Signature_____

Contact person

Name of Investigator: BARKE FURO

Address: AAU, Black Lion Specialized Hospital, School of Nursing and Midwifery

- ✓ **Email:** barkfurodadi@gmail.com or furobarklgn42@gmail.com
- ✓ **Phone number:** 0934896457

Annex II: Questionnaire for quantitative study (English version)

AAU, college of health sciences, School of Nursing and Midwifery Questionnaire for assessment of Adolescent communication to their parents on SRH issues and factors affecting in Meki Town, East Shoa, Oromia, Ethiopia 2023.

1. Questionnaire ID number _____

Note: Mark the option you want to choose, and write if another suggestion or response is given. Complete your response to the open-ended question.

PART I. Socio-demographic characteristics of respondents

No	Question	Response
101	age	------(in years)
102	Sex	1 Male 2 Female
103	Student current class	1. Grade 9 2. Grade 10 3. Grade 11 4. Grade 12
104	Mother and father marital status	1. Married and living together 2. Divorced 3. At least one parent not Alive
105	Educational status mother	1. Can't read and write 2. Only read and write 3. Primary school 4. Secondary school 5. College and above

106	Educational status father	1. Can't read and write 2. Only read and write 3. Primary school 4. Secondary school 5. College and above
107	Currently with whom you are living?	1. With both parents 2 with my father 3. with my mother 4. With friends 5. Living alone 6. With relative
108	Family size (including mother and father).....in number	_____
109	Occupation of father	1. Government employee 2. Farmer 3. Private employee 4. Merchant 5. Other -----

110	Occupation of mother	1. House wife 2. Government employee 3. Farmer 4. Private employee 5. Merchant 6. Other
-----	----------------------	--

Part II: knowledge of respondents on selected SRH issues.

S.no	Question	Response /alternative
201	Have you ever heard about sexual and reproductive health' (if no skip to question number 203)	1.yes 2.no
202	If yes to question number 201 what was your first Source of information about sexual and reproductive Health?	1. Mass media (TV, Radio, 'Magazines, Newspaper) 2. Family (father and mother) 3. School 4. Peer including girl or boy friend 5. Brothers /sisters 6. Relatives 7. Other specify
203	Do you know when the menstruation cycle starts? (if no skip to question 405)	1.yes 2. no
204	If your answer is yes to question number 203, what is the mean age?	_____in year
205	Do you know about sexually transmitted infections? (if no skip to question number 209)	1.yes 2.no

206	What type of sexually transmitted infections (ST I) do you know? (more than one answer is possible)	<ol style="list-style-type: none"> 1.HIV/AIDS 2. Syphilis 3.Gonorrhea 4.Chancroids 5. Others
207	Please mark, for each of these routes, which one can spread sexually transmitted diseases?	<ol style="list-style-type: none"> 1.Sexual intercourse 2.Hand shaking 3.Deep oral kissing 4.Toilet sharing 5.Genital contacts 6. Others
208	Which of the following are methods to prevent STDs? (more than one answer is possible)	<ol style="list-style-type: none"> 1.Being one to one 2.Taking antibiotic medications 3.Cleaning genitals 4.Consistent condom use 5. Others
209	Do you know about contraceptive method for adolescent? (if no skip to question number 211)	<ol style="list-style-type: none"> 1.yes 2.no
210	Which one of contraceptive method for adolescent do you know? (more than one answer is possible)	<ol style="list-style-type: none"> 1.Condom 2.Pills 3.Depoprovera 4.Implanon 5.IUCD 6. Natural method 7.other

211	From Contraceptive method, which one can protect against sexually transmitted diseases? (multiple answers allowed)	<ol style="list-style-type: none"> 1. Condom 2. Pills 3. Depoprovera 4. Implanon 5. IUCD 6. Natural method 7. Other
212	When is the most fertile period (period when it is possible to get pregnant) in a girl, considering a 28-day cycle?	<ol style="list-style-type: none"> 1. During menstruation 2. Immediately after menstruation 3. Approximately mid-cycle 4. Just before menstruation 5. Indifferent during the whole month 6. Don't know
213	What are female secondary sexual characteristics do you know? (multiple answers allowed)	<ol style="list-style-type: none"> 1. Breast development 2. Starting menstruation 3. Growth of axillary and pubic hair 4. Genital organ growth 5. Others_____
214	What are male secondary sexual characteristics do you know? (multiple answers allowed)	<ol style="list-style-type: none"> 1. Increased muscular development 2. deepening of the voice 3. Growth of facial, axillary, body, and pubic hair 4. Genital organ growth 5. Others_____

Part III. Attitude of respondents on selected SRH components

S.no	Questions	Response				
		1.Strongly Agree	2.Agree	3.Neutral	4.Disagree	5.Strongly Disagree
301	Do you think that sexual health is important?					
302	Do you think it is important to discuss about sexual and reproductive health issues with parents?					
303	Is premarital sex acceptable?					
304	Do you think Communication with parents on SRH issues delay first sexual intercourse?					
305	Do you think condoms are an effective method of preventing pregnancy?					
306	Do you believe that, if unmarried couples want to have sexual intercourse before marriage they must use Condom?					
307	Is abortion acceptable?					
308	Is it acceptable discussing about secondary sexual characteristics development during puberty?					
309	Do you think that there is adequate sexual and reproductive health service available at near to your school?					

310	In your opinion, do you think currently there is strong attention toward sexually transmitted diseases and HIV (Human Immunodeficiency Virus)					
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Part IV. Adolescent -parent communication about SRH issues

s.no	Question	Response
401	Have you ever discussed sex related issues and reproductive health issues with your parents	1. Yes 2. No
402	Have you ever discussed contraception (if no skip to question number 404)	1. Yes 2. No
403	If yes to question number 402, with whom do you prefer more (first choice) to discuss contraception?	1. Your father 2. Your mother 3. Your brother/sister 4. Your teachers 5. Your Peer 6. Other ____
404	Have you ever discussed STI and HIV/AIDS?(if no skip to question 406)	1. Yes 2. No
405	If yes to question number 404, with whom do you prefer more (first choice) to discuss STI and HIV/AIDS?	1. Your father 2. Your mother 3. Your brother/sister 4. Your teachers 5. Your Peer 6. Other ____

406	Have you ever discussed sexual intercourse? (If no skip to question number 408).	1. Yes 2. No
407	If yes to question number 406, with whom do you prefer more (first choice) to discuss about sexual intercourse?	1. Your father 2. Your mother 3. Your brother/sister 4. Your teachers 5. Your Peer 6. Other _____
408	Have you ever discussed unintended pregnancy? (If no skip to Question number 410).	1. Yes 2. No
409	If yes to question number 408, with whom do you prefer more (first choice) to discuss unintended pregnancy?	1. Your father 2. Your mother 3. Your brother/sister 4. Your teachers 5. Your Peer 6. Other _____
410	Have you ever discussed the use of a condom?(If no skip to Question number 412)	1. Yes 2. No
411	If yes to question number 410, with whom do you prefer more (first choice)to discuss use of condom ?	1. Your father 2. Your mother 3. Your brother/sister 4. Your teachers 5. Your Peer 6. Other _____

414	<p>If you don't discuss any sexual and reproductive health issues with your parents what was your reason? (multiple answer is possible)</p>	<ol style="list-style-type: none"> 1. Shame 2. Culturally unacceptable 3. Parents lack of knowledge 4. Parents lack of communication skill 5. Fear of parents 6. Others (specify)_____
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Annex III; Consent form and Information sheet of interview (English Version)

Assent to assess parent-adolescent SRH communication among secondary school students in meki town, East Shewa, Oromia, Ethiopia 20/2023

Information sheet

My name is Barke Furo. I am studying Master's degree of Maternity and reproductive health nursing in AAU, school of nursing and midwifery. I'm interested to explore the factors that affect communication between parents and adolescents. This interview is designed for academic purpose, which was approved by AAU, Department of nursing and midwifery to in partial fulfilment of master's degree in maternity and reproductive health nursing. I'm hoping that by responding to this interview, you can assist me. No one will be able to access any of your responses.

Your information will remain completely confidential. The right to withdraw from the study at any point during the procedure will be available to anyone who is unwilling to participate. We'll keep your information private and confidential. Your sincere and open response to the interview i have provided would therefore be really welcomed and useful in achieving the study's goal.

The study's findings should be a significant contribution to intervention and policy programs aimed at addressing adolescents' SRH issues.

Would you be willing to taking part in the research? If yes, I will interview you those question.

If no, please stop here.

Date_____

Assent form

I, the undersigned, have been informed that this study will be carried out to assess parent-adolescent communication on SRH issues in Meki town's secondary schools. I am conscious that the information I provide will be kept confidential and used solely for this research. I am additionally informed that I have a right to decline an interview if it is not in my interest. As a result, I willingly consent to take part in the interview.

Signature_____

Contact person

Name of Investigator: Barke Furo

Address: AAU, Black Lion Specialized Hospital, School of Nursing and Midwifery

- Email: barkfurodadi@gmail.com or furobarklgn42@gmail.com
- Phone number: 0934896457

Annex IV: Interview guide for qualitative study (English version)

Topic guide for in depth interview (IDIs) to parents

Part 1: Socio-demographic Characteristics

1. Age (in years)_____
2. Sex_____ A. male B. female
3. How many children's do you have _____
4. What is your marital status _____
 - A.married and living together
 - B.divorced
 - C.widowed
5. What is your occupation_____
 - A. Government employee
 - B. Farmer
 - C. Private employee
 - D. Merchant
 - E. Other
6. What is your educational level _____
 - A. Can't read and write
 - B. Only read and write
 - C. Primary school
 - D. Secondary school
 - E. College and above

Part 2: Semi-structured in-depth interview guide

1 Did you ever hear about sexual and reproductive health (SRH)? (Probe to parents: what it is, how important it is to the adolescent).

2 Where do adolescent receive SRH information? (Probe: primary sources; most trusted sources; most preferred sources).

3 Did your adolescents ever discuss with you issues related to SRH such as STI and HIV/AIDS, unintended pregnancy, contraception, sexual intercourse, menstrual period (If a parents answers ‘Yes’, probe: which SRH issues, at what age; which adolescent; how often,).

4 For parents who have never had SRH communications with their adolescents, (probe the reasons).

5 How does your adolescent communicate SRH information to you? Do they come as cautions, threats, or friendly discussions?

6 What is your level of satisfaction with these communications? (Probe: topics discussed, context, length of time for such discussions, etc.)

7 What challenges do you face in discussing SRH with your adolescent?

8 How do you think parent –adolescent SRH communications can be improved? (Probe: perceived appropriate age to start these conversations, topics to discuss, how structural barriers can be addressed etc.)

9 Do you have other comments or suggestions or issues you would want to be addressed to improve parent-adolescent SRH communications?

Thank you for your time.

Annex V;- Consent form and Information sheet of quantitative (Afaan Oromo version)

Unka heyyamamaa barattoonni magaala Maqii manneen barnoota sadarka 2ffaa marii sirna wal hormaata fi walqunnamtii fayyaa maatii isaanii waliin godhan, Maqii, shawaa Bahaa, Itiyooophiyaa 2023

Lakk Eenyummaa_____

Waraqaa Odeeffannoo

Baarkee Furoo jedhama. Barnoota Mastersii koo AAU, kutaa Nursing fi Midwifery barnoota fayyaa haadholii fi wal hormaata fayyaa barachaa jira. Akka kutaa barnoota koo tokkootti marii barattoonni mana barumsaa sadarkaa lammaffa sirna wal qunnamtii fi wal hormaata fayyaa maatii isaanii waliin godhan ilaalchisee qo’annaa adeemsisaa jira. Kaayyoon qo’annaa kanaas marii dargaggoonni magaala maqii sirna wal hormaata fi walqunnamtii fayyaa maatii isaanii waliin godhan fi sababoota marii isaanii gufachiisan adda baasuu irratti xiyyeeffata.

Adeemsa Qo’annoo: Tilmaamni giddu galeessaan yeroo qorannoo kanaaf kenname daqiiqaa 30 dha.

Miidhaa: Qorannoo kana irratti hirmaachuu keessaniin miidhaan isiinirra gahuu hin jiru. garuu gaaffiiwwan tokko tokko baay’ee iccitiidha. Deebiin keessan guutummaa guututti iccitiin isaa eegamaadha. Gaaffiilee kana irratti maqaa kee barreessuun hin barbaachisu. Gaaffiif deebii kennuudhaaf fedhii yoo hin qabne deebisuuf dirqama hin qabdu. Gaaffiileen miira namaatiif kan hin tolle yoo ta’e sitti dhaga’ame yeroo barbaaddetti gadi dhiisuun mirga keeti. Jalqabarraa kaasee qo’annaa kanarratti akka hin hirmaanne illee murteessuu ni dandeessa.

Faayidaa: Qo’annoo kana irratti hirmaachuu keessaniin faayidaan kallattii isiiniif hin qabu. Haa ta’u malee, hirmaannaan keessan qorannoo kana keessatti barattoota sadarkaa lammaffaa adda baasuu keessatti waaee walqunnamtii fi walhormaataa fayyaa dargaggoota- warra madaaluuf gargaara.

Iccitii eeguu: Odeeffannoon isin kennitan hundi iccitiin isaa kan eegamu yoo ta’u garee qorannoo malee namni tokkollee argaachuu hin danadau. Gaaffiiwaaan tokkoon tokkoon isaanitif deebii amanamaa fi dhugaa ta’e nuuf kennitu kuunis immo kaayyoo qorannichaa galmaan ga’uuf

gahee olaanaa qaba. gargaarsa keessanifiis baay'ee galatooma. Qorannoo kana ilaalchisee gaaffii yoo qabaattan qorataa muummee qunnamu ni dandeessu.

Gaaffii keenyaaf yeroo fudhattanii deebii kennuu keessaniif isiin galateefanna. Qo'annaa kana irratti hirmaachuuf fedhii qabduu? Deebin keessan eeyyeen yoo ta'e unkaa heyamaa gutatii gara fuula itti aanutti darbaa. yoo fedhii hin qabne asuumaatti dhaaba.

Unka heyamaa

Kaayyoon qo'annaa kanaa marii dargaggoonni magaala Maqiiiti manaa baruumma sadarka 2ffaa keessatti sirna walqunnamtii fi wal hormaata fayyaa maatii isaanii waliin godhanii fi sababoota marii gufachiisan adda baasuu irratti fuuleffachuu isaa natti himamee jira. Odeeffannoon ani kennu iccitiin kan eegamuu fi dabalatees qo'annaa kanaaf qofa kan barbaachisu ta'uu isaa hubadheen jira, Akkasumas mirga gaaffii hin barbaanne deebisuu dhiisuu akka dadnda`u beekeera. Irratti hirmaachuun koo fedhii kootiin akka ta'e mallattoo kootiin mirkaneessera.

Mallattoo_____

Guyyaa_____

teessoo nama qunnamtan

Maqaa qorataa: BARKEE FUROO DADHII

Teessoo: AAU, Hospitaala Addaa Xiqur Anbassaa

- ✓ I-meelii barkfurodadi@gmail.com ykn furobarklgn42@gmail.com
- ✓ Lak.bilbilaa [0934896457](tel:0934896457)

Annex VI; - Questionnaires for quantitative study (Afan Oromo Version)

Yuunivarsiitii Addis Ababa, kolleejjii fayyaa, kutaa Nursing fi Midwifery Gaaffii madaallii Dargaggoonni warra isaanii wajiin dhimma walqunnamti fi Walhormaataa fayyaa fi wantoota dhiibbaa geessisan irratti ilaalchise, Magaala Maqii, Shawa Bahaa, Oromiyaa, Ethiopia 2023

1. Lakkoofsa eenyummaa gaaffii_____

Hubachiisa: filannoo kenname irraa filannoo kee guuti, yaada ykn deebii biraa kennu yoo barbaadde barreessi , gaaffii iddo duwwa ta'eef deebii guutuu barreessi/kenni.

Kutaa I. Gaaffilee bu'ura dhuunfaa dargaggootaa fi haadhoo/maatii

Lakk	Gaaffilee	Deebii
101	Umrii?	_____(waggaadhaan)
102	Saala?	1. Dhiira 2. Dubra
103	Kutaa amma baraacha jirtu meqaaffadha ?	1. Kutaa 9 2. Kutaa 10 3. Kutaa 11 4. Kutaa 12
104	Haala gaa'ila abbaa fi haadha keetii?	1. Waliin jiraatu 2. Wal hiikan 3. Yoo xiqqaate maatii keessaa tokko lubbuun hin jiru
105	Sadarkaa barnoota haadhaakee?	1. Dubbisuu fi barreessuu hin dande'essu 2. Dubbisuu fi barreessuu qofa kan dande'essu 3. Barnoota sadarkaa 1ffaa 4. Barnoota sadarkaa 2ffaa 5. kooleejii fi isaa ol

106	Sadarkaa barnootaa abbaakee?	<ol style="list-style-type: none"> 1. Dubbisuu fi barreessuu hin danda'u 2. Dubbisuu fi barreessuu qofa kan danda'u 3. Barnoota sadarkaa tokkoffa 4. Barnoota sadarkaa 2ffaa 5. kooleejii fi isaa ol
107	Ammaan kana eenyu waliin jiraatta?	<ol style="list-style-type: none"> 1. Haadhaa fi abbaa koo waliin 2. Abbaa koo waliin 3. Haadhaa koo waliin 4. Hiriya koo waliin 5. Kophaa koo 6. Fira waliin
108	Baaay'ina maatii (haadhaa fi abbaa kee dabalatee)...lakkoofsaan	_____
109	Abbaan kee maal hojjeta?	<ol style="list-style-type: none"> 1. Hojjetaa mootummaa 2. Qotee bulaa 3. Hojii dhuunfaa 4. Daldalaa 5. Kan biro-----
110	Haati kee maal hojjetti?	<ol style="list-style-type: none"> 1. Haadha manaa 2. Hojjettuu mootummaa 3. Qotee bulaa 4. Hojii dhuunfaa 5. Daldaltuu 6. Kan biro-----

Kutaa II. Hubannoo dargaggoonni sirna wal hormaata fayyaa irratti qaban

Lakk	Gaaffilee	Deebii
201	Waa'ee sirna wal qunnamtii fi sirna wal hormaata fayyaa dhageessee beektaa? (Deebiin kee lakkii yoo ta'e gara gaaffii lakkoofsa 203 tti darbi)	1.Eyyee 2.lakkii
202	Debiin kee eyyeen yoo tae gaffii 201, Maddi odeeffannoo kee eenyu ture?	1. Miidiyaa (Teliviziyoona, raadiyoo, gaazexaa) 2. Maatii (abbaa fi haadha) 3. Mana barnootaa 4. Hiriyaa (kan dhiiraa/kan dubraa) 5. Obboleessa/obboleettii 6. Fira 7.Kan biro_____
203	Yeroo marsaan laguu/xurii itti eegalu beektaa? (Deebiin kee lakkii yoo ta'e gara gaaffii lakkoofsa 205 tti darbi)	1.Eyyeen 2.Lakkii
204	Debiin kee eyyeen yoo tae gaffii 203tiif, umriin itti jalqabu meeqa jettee yadda?	_____ waggadhaan
205	Dhukkuboota wal qunnamtii saalaan daddarban beektaa?	1.Eyyeen 2.Lakkii
206	Dhukkuboota wal qunnamtii saalan	1. HIV/Eedsii

	daddarban kam fa'a beekta?(Deebii tokkoo ol deebisuun ni danda'ama)	<ol style="list-style-type: none"> 2. Cophxoo 3. Fanxoo 4. Chaankirooyidii 5. Kan biro
207	Isa kamtu dhukkuboota saalqunnamtiin daddarban dabarsuu danda'a?	<ol style="list-style-type: none"> 1. Walqunnamtii saalaa 2. Harka walfuudhuu 3. Afaan gadi fageenyaan wal dhungachuu 4. Mana fincaanii waliin fayaadamuudhan 5. wal-tuttuqqii qaama saalaa 6. kan biro
208	Kanneen armaan gadii keessaa maloota dhukkuba Walqunnamtii saalaatiin daddarban ittisuuf gargaaran kamfa'a? (Deebii tokkoo ol deebisuun ni danda'ama)	<ol style="list-style-type: none"> 1. Lakkoofsa namoota walqunnamtii saalaa wajjin gonuu hir'isuu 2. Qorichaa Penicillin dirachuu 3. Qaama saalaa qulqulleessuu 4. kondomii yeroo hunda seeran fayyadamu. 5. kan biro
209	Mala ittisa da'umsaa dargaggootaa beektaa?	<ol style="list-style-type: none"> 1. Eyyee 2. lakkii
210	Mala ittisa da'umsaa kam fa'a beekta? (Deebii tokkoo ol deebisuun ni danda'ama)	<ol style="list-style-type: none"> 1. Koondomii 2. Piilsii/kiniinii 3. lilmodhan kan woranamu 4. Irree harkaa keessa kan awwalamu 5. Gadaamessa keessa kan awwalamu/IUD 6. Mala ittisa uumamaa fayyadamuu 7. Kan biraa_____

211	Mala ittisa da'umsaa keessa, kamtu dhukkuboota walqunnamtii saalaatiin daddarban irraa of eeguu danda'a? (Deebii tokkoo ol deebisuun ni danda'ama)	<ol style="list-style-type: none"> 1. Koondomii 2. Piilsii/kiniinii 3. lilmodhan kan woranamu 4. Irree harkaa keessa kan awwalamu 5. Gadaamessa keessa kan awwaalamu 6. Mala ittisa uumamaa fayyadamuu 7. Kan biraa_____
212	yeroon hormaataa dubartii yomii? (ykn yeroo ulfii umaamu danda'u) Marsaa lagu gyyoota 28 ilaalcha keessa galchuudhan	<ol style="list-style-type: none"> 1) Yeroo lagu 2) Battala lagu booda 3) Tilmaamaan marsaa walakkaa 4) Laguun dura 5) Ji'a guutuu gara garuumma hin qabu 6) Hin beeku
213	Mallattoolee amala sal-lammesso dubaara kan jedhaman mal fa'a beekta?(deebi tokko ol deebisuun ni danda'ama)	<ol style="list-style-type: none"> 1) Guddachuu harmaa 2) marsaa lagu jalqabu 3) Guddina rifeensi qaama saalaa fi boba jala 4) Guddaachu qaama saalaa 5) kanneen biro ibsi_____

2014	Mallattoolee amala sal-lammesso dhiira kan jedhaman mal fa'a beekta?(deebi tokko ol deebisuun ni danda'ama)	1)Guddachuu maashaalee dabalu 2) furdachuu sagaalee 3) Guddina rifeensi qaama saalaa, fuula, qaama fi boba jala 4) Guddaachu qaama saalaa 5) kanneen biro ibsi_____
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Kutaa III. Ilaalcha dargaggoonni sirna wal hormaata fayyaa irratti qaban

Lakk.	Gaaffilee	Deebii				
		Waligala	1.Baayee	2.waligala	3.Biisa	4.Walihin galu
301	Fayyaan saalqunnamtii barbaachisaadha jettee yaadda?					
302	waa'ee wal qunnamti fi walhormaataa fayyaa matii waliin mari'achuun barbaachisaadha jettee yaadda?					
303	Walqunnamtiin saalaa gaa'elan dura raawwatamu fudhatama qaba jettee yaadda?					
304	Dargaggoonni sirna walqunnamtii fi walhormaata fayyaa irratti maatii isaanii waliin mari'achuun walqunnamtii saalaa umrii malee raawwatamu ni tursiisa?					

305	Kondomiin ulfa ittisuuf mala bu'a qabeessadha jettee yaadda?					
306	Cimdoonni lamaan wal qunnamtii saalaa yoo raawwachuu barbaadan osoo wal hin fuudhin kondomii fayyadamuu qabu jettee yaaddaa?					
307	Ulfa baasuun fudhatama qaba jettee yaadda?					
308	Waa'ee guddina amala saal lammesso yeroo dargaggummaa dhufu irratti mari'achuun fudhatama qaba jettee yaadda?					
309	Tajaajilli walqunnamtii fi walhormaata fayyaa gahaan mana barumsaa keessanitti dhihoo jira jettee yaadda?					
310	Akka yaada keessaniitti yeroo ammaa kana dhukkuboota walqunnamtii saalaatiin daddarban fi HIV irratti xiyyeeffannaan cimaan jira jettee yaadda?					

Kutaa IV. Marii dargaggoonni maatii isaanii waliin sirna wal hormaataa fi wal qunnamtii fayyaa irratti godhan ilaalchisee

Lakk	Gaaffilee	Deebii
401	Waa'ee sirna wal qunnamtii fi wal hormaata fayyaa maatii kee waliin mari'attee beektaa?	1.Eyyee 2. Lakkii
402	waa'ee mala ittisa da'umsaa maatii kee waliin mari'attee beektaa? (debbiin kee lakki yoo tae gara gaffii 404ti darbi)	1.Eyyee 2. Lakkii
403	Gaffii 402tiif eyyeen yoo tae, waa'ee mala ittisa da'umsaa eenyu waliin mari'attee beektaa? (eenyu caalaa filatta)	1. Abbaakee waliin 2. Haadhakee waliin 3. Obboleewwan kee waliin 4. Barsiisota kee waliin 5. Hiriya kee waliin 6. Kan biraa (ibsi)_____
404	Waa'ee dhukkuboota wal qunnamtii saalaan daddarbanii fi HIV/Eedsii maatii kee waliin mari'attee beektaa?(debbiin kee lakki yoo tae gara gaffii 406ti darbi)	1.Eyyee 2. Lakkii
405	Gaffii 404tif eyyeen yoo tae, eenyu waliin mari'attee beektaa? (eenyu caalaa waliin mari`atta)	1. Abbaakee waliin 2. Haadhakee waliin 3. Obboleewwan kee waliin 4. Barsiisota kee waliin 5. Hiriya kee waliin 6. Kan biraa (ibsi)_____

406	Waa'ee wal qunnamtii saalaa maatii kee waliin mari'attee beektaa? (debbiin kee lakki yoo tae gara gaffii 408ti darbi)	1.Eyyee 2. Lakkii
407	Gaffii 406tif eyyeen yoo tae, waa'ee wal qunnamtii saalaa eenyu waliin yoo mari'atte irra filatta (filannoo kee duraa)?	1. Abbaakee waliin 2. Haadhakee waliin 3. Obboleewwan kee waliin 4. Barsiisota kee waliin 5. Hiriya kee waliin 6. Kan biraa (ibsi)_____
408	Waa'ee ulfa hin eegamne yookan hin barbaachisne maatii kee waliin mari'attee beektaa? (debbiin kee lakki yoo tae gara gaffii 410ti darbi)	1.Eyyee 2. Lakkii
409	Gaffii 406tiif eyyeen yoo tae, waa'ee ulfa hin eegamne yookan hin barbaachisne eenyu waliin yoo mari'atte irra filatta (filannoo kee duraa)?	1. Abbaakee waliin 2. Haadhakee waliin 3. Obboleewwan kee waliin 4. Barsiisota kee waliin 5. Hiriya kee waliin 6. Kan biraa (ibsi)_____
410	Waa'ee itti fayyadama koondomii maatii kee waliin mari'attee beektaa? (debbiin kee lakki yoo tae gara gaffii 412ti darbi)	1.Eyyee 2. Lakkii
411	Gaffii 410tif eyyeen yoo tae, waa'ee itti fayyadama koondomii eenyu waliin yoo	1. Abbaakee waliin 2. Haadhakee waliin

	<p>mari'atte irra filatta (filannoo kee duraa)?</p>	<p>3. Obboleewwan kee waliin</p> <p>4. Barsiisota kee waliin</p> <p>5. Hiriya kee waliin</p> <p>6. Kan biraa (ibsi)_____</p>
<p>412</p>	<p>Yoo waa'ee dhimmota sirna walqunnamti fi walhormata fayya maatii kee waliin mari'attee/haasoftee hin beektu ta'e sababni kee maali? (Deebii tokko ol deebisuun ni danda'ama)</p>	<p>1. Qaaniidha</p> <p>2. Aadaa biratti fudhatama hin qabu</p> <p>3. Maloota ittisa da'umsaa ilaalchisee hubannoo waan hinqabnee</p> <p>4. Dandeettii mar'iachuu waan hin qabnef</p> <p>5. Maatii koo waan sodaadhuuf</p> <p>6. Sababa biraa_____</p>

Annex VII; - Consent form and Information sheet of quantitative (Amharic version)

በመቁ ሁለተኛ ደረጃ ትምህርት ቤት ተማሪዎች ከወላጆቻቸው ጋር በስነ ወሲብና ስነ ተዋልዶ ጤና ጉዳዮች ላይ የሚያደርጉትን የውይይት ላማጥናት የተዘጋጀ መጠይቅ አጠቃላይ መረጃ እና የጥናቱ ተሳታፊዎች ፍቃድኝነታቸውን የሚያሳዩበት ቅፅ መቁ ከተማ፣ ምስራቅ ሸዋ፣ ኦሮሚያ፣ ኢትዮጵያ 2023

የመረጃ ወረቀት

ስሜ ባርኬ ፉሮ ይባላል ። በአሁኑ ወቅት በአዲስ አበባ ዩኒቨርሲቲ የእናቶችና ስነ-ተዋሌድ ነርሲንግ ትምህርት የሁለተኛ ደረጃ ትምህርት እየተከታተልኩ እገኛለሁ። በሁለተኛ ደረጃ ትምህርት ቤቶች ውስጥ ስለ ወሲባዊ እና ስነ ተዋልዶ ጤና ጉዳዮች ወጣቶች ከወላጆቻቸው ጋር በስነ ወሲብና ስነ ተዋልዶ ጤና ዙሪያ የሚያደርጉትን የውይይት መጠንና እንዲያወያዩ የሚያደርጓቸው ምክንያቶች፣ ቢወያዩ ምን ጥቅም እንደሚያገኙ ሁኔታ ላይ ጥናት እያዳረኩ እገኛለሁ።

ጥናቱ በአዲስ አበባ ዩኒቨርሲቲ ስኩል ኦፍ ኦሊምፒክ ሄሌዝ ሳይንሲስ፣ ዴፓርትመንት ኦፍ ነርሲንግ ኦፊ ሜዲሽይንና የጸዳቀ ነዳግ። ይህ መጠይቅ ለአካዳሚክ ዓላማ የሚወልድ ሲሆን ይህም በአዲስ አበባ ዩኒቨርሲቲ የእናቶችና ስነ-ተዋሌድ ነርሲንግ ትምህርት ክፍል የእናቶችና ስነ-ተዋልዶ የማስተርስ ዲግሪ በከፊል ለማሟላት የተፈቀደ ነው። ለእነዚህ ጥያቄዎች መልስ በመስጠት እንድምትረዱኝ ተስፋ አደርጋለሁ። ማንም ሰው የእርስዎን ምላሾች ማግኘት አይችልም።

የጥናቱ ሂደት። ጥያቄውን ለመሙላት 30 ደቂቃ ያህል ሊወስድ ይችላል።

የጥናቱ ጉዳት ፡ በዚህ ጥናት ውስጥ በመሳተፊዎ ምንም አይነት ጉዳት አይኖረውም። ጥናቱ ውስጥ ያለመሳተፍ ሙሉ መብት አለዎት። በዚህ ጥናት ላይ ስምሽን/ህን መጻፍ አይጠበቅባቸውም ።

ጥቅማጥቅም። በዚህ ጥናት በመሳተፍዎ ማበረታቻ ወይም ክፍያ አይኖረውም ሆኖም ግን የናንተ ተሳትፎ በሁለተኛ ደረጃ ትምህርት ቤቶች ውስጥ የሚሰጡ ወጣቶች ከወላጆቻቸው ጋር በስነ ወሲብና ስነ ተዋልዶ ጤና ዙሪያ የሚያደርጉትን የውይይት መጠንና እንዲያወያዩ የሚያደርጓቸው ምክንያቶች፣ ቢወያዩ ምን ጥቅም እንደሚያገኙ በመዳሰስ ትልቅ እገዛ ያደርጋል።

ሚስጥራዊነት። ጥናቱን አስመሌክቶ እርስዎ የሚሰጡት ማንኛውም መረጃ በሚስጢር የሚጠበቅ በመሆኑ በማንኛውም መንገድ ለሶስተኛ አካል አሳሌፎ አይሰጥም ወይም አይጋለጥም። ማንነትዎ እንዲይታወቅም ስምዎ በጥያቄው ወረቀት ሊይ አይመዘገብም። በመጨረሻም ለሚሰጡት ለየትኛውም አይነት ምላሽ አመሰግናለሁ። ማንኛውም ጥያቄ ሲኖረዎት በማንኛውም ጊዜ ማነጋገር ይችላሉ።

የጥናቱ ተሳታፊዎች ፍቃድኝነት ቅፅ

እኔ የጥናቱ ተሳታፊ የሆንኩት ተማሪ ይህ ጥናት በመቁ ከተማ በቦሌ 2ኛ ደረጃ፣በአዳ ቦኮታ 2ኛ ደረጃ ፣መቁ ካቶክ ሁለተኛ ደረጃ እና ቡሽ ሁለተኛ ደረጃ ትምህርት ቤት ወጣት ተማሪዎች ከወሊጆቻቸው ጋር በስነ ወሲብና ስነ ተዋልዶ ጤና ጉዳዮችን በተመለከተ የሚያዳርጉትን ውይይት ለመዳሰስ የተዘጋጀ መሆኑን አውቄያለሁ። የምሰጠው መረጃ በሚስጥር እንደሚጠበቅ እና ለዚህ ጥናት ዓላማ ብቻ እንደሚውል ተነግሮኛል። ያለእኔ ፍላጎት ለማንኛውም ጥያቄ ምላሽ የለመስጠት መብት እንዳለኝም አውቄያለሁ።

ስለዚህም በፈቃድኝነት በጥናቱ ለመሳተፍ ተስማምቻለሁ

ቀን _____

ፊርማ _____

ስም: ባርኬ ፉሮ

ስልክ ቁጥር:0934896457

ኢ.ሜል: barkfurodadi@gmail.com or furobarklgn42@gmail.com

Annex VIII; - questionnaires for quantitative study (Amharic version)

አዲስ አበባ ዩኒቨርሲቲ፣ የጤና ሳይንስ ኮሌጅ፣ የእናቶችና ስነ-ተዋልዶ ነርሲንግ ትምህርት ቤት ስለ ወሲባዊ እና ስነ ተዋልዶ ጤና ጉዳዮች ወጣቶች ከወሊጆቻቸው ጋር በስነ ወሲብና ስነ ተዋሌድ ጤና ዙሪያ የሚደያርጉትን ለመዳሰስ የተዘጋጀ መጠይቅ

1. መጠይቅ መለያ ቁጥር _____

ማሳሰቢያ: ከተሰጠው አማራጭ የመረጡትን ምልክት ያድርጉ እና ሌላ ሀሳብ ወይም መልስ ላማስጠት ክፍት ቦታ ይጠቃሙ ለባዶ ቦታ ጥያቄ ሙሉ መልስ ይጻፉ።

ክፍል1. መሠረታዊና መሀበራዊ ጥያቄዎች

ተ.ቁ	ጥያቄ	መልስ
101	ዕድሜ (በዓመት)	_____
102	ጾታ	1. ወንድ 2. ሴት
103	የተማሪው ክፍል	1. 9ኛ ክፍል 2. 10ኛ ክፍል 3. 11ኛ ክፍል 4. 12ኛ ክፍል
104	የወሊጆች የጋብቻ ሁኔታ	1. አብሮ የሚኖሩ 2. የተፋቱ 3. ሁለቱም ወይም ከሁለቱ አንድ የላለ
105	የእናትህ/ሽ የትምህርት ደረጃ	1. ማንበብ እና መጻፍ የማትችል 2. ማንበብ እና መጻፍ ብቻ 3. የመጀመሪያ ደረጃ ትምህርት 4. የሁለተኛ ደረጃ ትምህርት 5. ኮሌጅ እና ከዚያ በላይ

106	የአባት/ሽ ትምህርት ደረጃ	<ol style="list-style-type: none"> 1. ማንበብ እና መጻፍ የማትችል 2. ማንበብ እና መጻፍ ብቻ 3. የመጀመሪያ ደረጃ ትምህርት 4. የሁለተኛ ደረጃ ትምህርት 5. ኮሌጅ እና ከዚያ በላይ
107	በአሁኑ ወቅት ከማን ጋር ነው የምትኖረው/ረው	<ol style="list-style-type: none"> 1. ከእናትና አባቱ ጋር 2. ከአባቱ ጋር 3. ከእናቱ ጋር 4. ከጓዴኛዬ ጋር 5. ለብቻዬ 6. ከዘመዬ ጋር
108	የቤተሰቦች/ሽ ብዛት ስንት ናቸው? (እናት/ሽን እና አባት/ሽን ጨምሮ)	_____
109	የአባት/ሽ የሥራ ሁኔታ	<ol style="list-style-type: none"> 1. የመንግስት ሠራተኛ 2. ገበሬ 3. የግል ሠራተኛ 4. ነጋዴ 5. ሌላ ከሆነ ይገለፅ

111	የእናትህ/ሽ የሥራ ሁኔታ	1. የቤት እማቤት 2. የመንግስት ሠራተኛ 3. ገበሬ 4. የግል ሠራተኛ 5. ነጋዴ 6. ሌላ ከሆነ ይገለጹ
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ክፍል 2. ወጣቶች በስነ ወሲብ እና ስነ ተዋልዶ ጤና ላይ ያላቸውን ዕውቀት በተመለከተ

ተ.ቁ	ጥያቄ	መልስ
201	ስለ ስነ ወሲብና ስነ ተዋልዶ ጤና ስምተህ/ሽ ታውቃለህ/ሽ? (መልስ አለውቅም ከሆነ ወደ ጥያቄ ቁጥር 203)	1. አዎ 2. አላውቅም
202	ለጥያቄ ቁጥር 201 አዎ ከሆነ፣ ለመጀመሪያ ጊዜ ስለ ስነ ወሲብና ስነ ተዋልዶ ጤና ስትሰማ/ሚ የመረጃ ምንጭህ/ሽ ምን ነበር?	1. ሚዲያ (ቴሌቪዥን፣ ራዲዮ፣ መፅሔት ወይም ጋዜጣ) 2. ወላጅ (አባት/እናት) 3. ትምህርት ቤት 4. ጓደኛ (የሴት/የወንድ) 5. ወንዴም/እህት 6. ዘመድ 7. ሌላ ከሆነ ይገለጹ

203	አንዲት ሴት የወር አበባ መቼ ማየት እንደምትጀመር ታውቃለህ/ቂያሌሽ?	1. አዎ 2.አላውቅም
204	ለጥያቄ ቁጥር 203መልስዎ አዎ ከሆነ መልስ/ሽ አውቃለሁ ከሆነ በስንት ዓመት ?	_____በዓመት
205	ስለ የአባላዘር በሽታዎች ታውቃለህ/ሽ? (አላዉቅም ከሆነ፣ ወደ ጥያቄ ቁጥር 209 ዝለል)	1. አዎ 2. አላውቅም
206	ከተዘረዘሩት ውስጥ የትኛውን ታውቃለህ/ሽ? (ከአንድ በላይ መልስ መመለስ ይቻላል)	1. ኤች አይ ቪ/ኤዴስ 2. ጨብጥ 3. ቂጢኝ 4. ቻንክሮይድ 5. ሌላ ከሆነ ይገለፅ_____
207	በግብረ-ስጋንኙነት የሚተላለፉ በሽታዎችን ሊያስተላልፍ የሚችለው የትኛው ነው?	1. የግብረ ሥጋ ግንኙነት 2. በእጅ መጨባበጥ 3. በአፍ መሳሳም 4. ሽንት ቤት አብሮ በማጠቃም 5. ብልት በማነካካት 6. ሌሎች_____
208	ከሚከተሉት ውስጥ የአባላዘር በሽታዎችን ለመከላከል ዘዴዎች የትኞቹ ናቸው? (ከአንድ በላይ መልስ ይቻላል)	1. አንድ ላ አንድ መዎስን 2. አንቲባዮቲክ መዳኒት መውሰድ 3. ብልትን ማጽዳት 4. ኮንዶምን በአግባቡ ማጠቃም 5 ሌሎች_____
209	ስለ ወጣቶች የዎሊድ መቆጣጠሪያ ዘዴ ታውቃለህ/ቂያሌሽ? (አላዉቅም ከሆነ፣ ወደ ጥያቄ ቁጥር 212 ዝለል)	1. አዎ 2. አላውቅም
210	የትኛውን ዓይነት ነው የምታውቀው/ቂው?	1. ኮንዶም 2. እንክብሎች

	(ከአንድ በላይ መልስ መመለስ ይቻላል)	3. ዴፖ 4.implanon 5. IUCD 6. የተፈጥሮ ዘዴ 7.ሌላ
211	ከእርግዝና መከላከያ ዘዴ የትኛው ነው በግብረ ሥጋ ግንኙነት የሚተላለፉ በሽታዎችን መከላከል የሚችለው? (ከአንድ በላይ መልስ መመለስ ይቻላል)	1. ኮንዶም 2. እንክብሎች 3. ዴፖ 4.implanon 5. IUCD 6. የተፈጥሮ ዘዴ 7.ሌላ
212	የ 28 ቀን የዎር አበባ ግምት ውስጥ በማስገባት የሴት ልጅ የመራባት ጊዜዎ (እርግዝና የሚፍጠርበት ጊዜ) መቼ ነው?	1) በወር አበባ ወቅት 2) ከወር አበባ በኋላ ወዲያውኑ 3) በግምት ማሃል የዎር አበባ አካባቢ 4) ከወር አበባ በፊት 5) በወሩ ውስጥ ሁሌ 6) አላውቅም
213	የሴት የጉርምስና ባህሪያት ምን ምን እንደሆኑ ያውቃሉ? (ከአንድ በላይ መልስ መመለስ ይቻላል)	1) የጡንቻ እድገት 2) የወር አበባ መጀመር 3) የብብት እና የብልት ፀጉር እድገት 4) የብልት እድገት 5) ሌሎች_____
214	የዎንድ የጉርምስና ባህሪያት ምን ምን እንደሆኑ ያውቃሉ? (ከአንድ በላይ መልስ መመለስ ይቻላል)	1) የጡንቻ እድገት መጨመር 2) የድምፁ መጎርጎን 3) የፊት ፣ የብብት ፣ የሰውነት እና የብልት ፀጉር እድገት 4) የብልት እድገት 5) ሌሎች_____

ክፍል 3. ወጣቶች በስነ ወሲብና ስነ ተዋልዶ ጤናን በተመለከተ ያላቸው አመለካከት

ተ.ቁ	ጥያቄ	መልስ				
		1.በጣም እስማማለሁ	2. እስማማለሁ	3. ገለልተኛ	4.አልስማማም	5.በጣም አይስማማም
301	የወሲብ ጤና ጠቃሚ ነው ብለው ያስባሉ?					
302	ከወለጆች ጋር ስለ ስነ ወሲብና ስነ ተዋልዶ ጤና መወያየት አስፍላጊ ነው/ይጠቅማል ብለህ/ሽ ታስባለህ/ቢያለሽ?					
303	ከጋብቻ በፊት የሚደረግ ዎሲባዊ ግንኙነት ተቀባይነት አለው ብላህ ታስባለህ?					
304	ወጣቶችና ወላጆቻቸው በስነ ወሲብ እና ስነ ተዋልዶ ዙሪያ መወያየታቸው ያለ ዕድሜ ከሚደረግ የግብረ ስጋ ግንኙነት ይቆጥባል/ቀድሞ ሊከሰት የሚችለውን የግብረ ስጋ ግንኙነት ያዘገያል?					
305	ኮንዶም እርግዝናን ለመከላከል ውጤታማ ዘዴ ነው ብለው ያስባሉ?					
306	የፍቅር ጓዶችሞች ከመጋባታቸው በፊት የግብረ ስጋ ግንኙነት ለማድረግ ከፍለጉ የግድ በኮንዶም መጠቀም አላባቸው ብለህ/ሽ ታምናለህ/ኛለሽ?					
307	ፅንሰ ማስወረድ ተቀባይነት አለው?					
308	በጉርምስና ወቅት ስለ አዲስ የሚማጡ ወሲባዊ ባህሪያት እድገት መወያየት ተቀባይነት አለው?					
309	በትምህርት ቤትዎ አቅራቢያ በቂ የሆነ የስነ ወሲብ እና የስነ ተዋልዶ ጤና አገልግሎት አለ ብለው ያስባሉ?					
310	በእርስዎ አስተያየት፣ በአሁኑ ጊዜ በግብረ ስጋ ግንኙነት ለሚተላለፉ በሽታዎች እና ለኤችአይቪ ከፍተኛ ትኩረት					

	እየተደረገ ናው ብሎ ያስባሉ ?					
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ክፍል 4. ወጣቶች በስነ ወሲብና ስነ ተዋልዶ ጤና ዙሪያ ከወላጆቻቸው ጋር የሚያደርጉትን ውይይት በተመለከተ

ተ.ቁ	ጥያቄ	መልስ
401	ከወላጆችህ ጋር ስለ ወሲብ እና የስነ ተዋልዶ ጤና ጉዳዮች ላይ ተወያይተህ ታውቃለህ	1. አዎ 2. አላውቅም
402	ከቤተሰቦችህ/ሽ ጋር ስለ ወሊድና መቆጣጠሪያ ዘዴዎች ተወያይተህ/ሽ ታውቃለህ/ቁያሌሽ? (መልስህ/ሽ አላውቅም ከሆነ ወደ ጥያቄ ቁጥር 404 እለፍ/ፊ)	1. አዎ 2. አላውቅም
403	ለጥያቄ ቁጥር 402 አዎ ከሆነ ስለ ወሊድና መቆጣጠሪያ ዘዴዎች ከማን ጋር ብትወያይ ትመርጣለህ/ጪያለሽ (የመጀመሪያ ምርጫህ/ሽ)?	1. ከአባትህ/ሽ ጋር 2. ከእናትህ/ሽ ጋር 3. ከወንድሞችህ/እህቶችህ/ሽ ጋር 4. ከመምህርህ/ሽ ጋር 5. ከጓዴኞችህ/ሽ ጋር 6. ሌላ ከሆነ ይገለፁ_____
404	ከቤተሰቦችህ/ሽ ጋር ስለ አባለዘር በሽታዎችና ኤች ኤይ ቪ/ኤድስ ተወያይተህ/ሽ ታውቃለህ/ቁያሌሽ? (መልስ/ሽ አላውቅም ከሆነ ወደ ጥያቄ ቁጥር 406 እለፍ/ፊ)	1. አዎ 2. አላውቅም
405	ለጥያቄ ቁጥር 404 አዎ ከሆነ ስለ አባለዘር በሽታዎችና ኤች ኤይ ቪ/ኤድስ ከማን ጋር ብትወያይ ትመርጣለህ/ጪያለሽ (የመጀመሪያ ምርጫሽ)?	1. ከአባትህ/ሽ ጋር 2. ከእናትህ/ሽ ጋር 3. ከወንድሞችህ/እህቶችህ/ሽ ጋር

		<p>4. ከመምህርህ/ሽ ጋር</p> <p>5. ከጓዴኞችህ/ሽ ጋር</p> <p>6. ሌላ ከሆነ ይገለፁ———</p>
406	<p>ከቤተሰቦችህ/ሽ ጋር ስለ ግብረ ስጋ ግንኙነት ተወያይተህ/ሽ ታውቃለህ/ቂያለሽ? (መልስ/ሽ አለውቅም ከሆነ ወደ ጥያቄ ቁጥር 408 እለፍ/ፊ)</p>	<p>1. አዎ</p> <p>2. አላውቅም</p>
407	<p>ለጥያቄ ቁጥር 406 አዎ ከሆነ ስለ ግብረ ስጋ ግንኙነት ከማን ጋር ብትወያይ ትመርጣለህ /ጨያለሽ (የመጀመሪያ ምርጫሽ)?</p>	<p>1. ከአባትህ/ሽ ጋር</p> <p>2. ከእናትህ/ሽ ጋር</p> <p>3. ከወንድሞችህ/እህቶችህ/ሽ ጋር</p> <p>4. ከመምህርህ/ሽ ጋር</p> <p>5. ከጓዴኞችህ/ሽ ጋር</p> <p>6. ሌላ ከሆነ ይገለፁ———</p>
408	<p>ከቤተሰቦችህ/ሽ ጋር ስለ አለስፍላጊ/ ያልታደሰበት እርግዝና ተወያይተህ/ሽ ታውቃለህ/ቂያለሽ? (መልስ/ሽ አለውቅም ከሆነ ወደ ጥያቄ ቁጥር 410 እለፍ/ፊ)</p>	<p>1. አዎ</p> <p>2. አላውቅም</p>
409	<p>ለጥያቄ ቁጥር 408 አዎ ከሆነ ስለ አለስፍላጊ/ያልታደሰበት እርግዝና ከማን ጋር ከማን ጋር ብትወያይ ትመርጣለህ /ጨያለሽ (የመጀመሪያ ምርጫሽ)?</p>	<p>1. ከአባትህ/ሽ ጋር</p> <p>2. ከእናትህ/ሽ ጋር</p> <p>3. ከወንድሞችህ/እህቶችህ/ሽ ጋር</p> <p>4. ከመምህርህ/ሽ ጋር</p> <p>5. ከጓዴኞችህ/ሽ ጋር</p> <p>6. ሌላ ከሆነ ይገለፁ———</p>

410	<p>ከቤተሰቦች/ሽ ጋር ስለ ኮንድም መጠቀም/አጠቃቀም ተወያይተህ/ሽ ታውቃለህ/ቂያለሽ? (መልስ/ሽ አላውቅም ከሆነ ወደ ጥያቄ ቁጥር 412 እለፍ/ፊ)</p>	<ol style="list-style-type: none"> 1. አዎ 2. አላውቅም
411	<p>ለጥያቄ ቁጥር 410 አዎ ከሆነ ስለ ኮንድም መጠቀም/አጠቃቀም ከማን ጋር ብትወያይ ትመርጣለህ/ጨያለሽ (የመጀመሪያ ምርጫሽ)?</p>	<ol style="list-style-type: none"> 1. ከአባትህ/ሽ ጋር 2. ከእናትህ/ሽ ጋር 3. ከወንድሞችህ/እህቶችህ/ሽ ጋር 4. ከመምህርህ/ሽ ጋር 5. ከጓዴኞችህ/ሽ ጋር 6. ሌላ ከሆነ ይገለፅ_____
412	<p>ስለ ወሲብ እና የስነ ተዋልዶ ጤና ጉዳዮች ላይ ከቤተሰቦች/ሽ ጋር የማትወያይ ከሆነ ምክንያቱ ምንድነው ብላህ ታስባለህ/ሽ? (ከአንድ በላይ መልስ መመለስ ይቻላል)</p>	<ol style="list-style-type: none"> 1. ስላማፍር 2. በባህሌ ተቀባይነት ስላ ሌላው 3. እውቀት ስላ ሌላቸው 4. የመወያየት ችሎታ ስላ ሌላቸው 5. ወላጆቼን ስለምፍራ 6. ሌላ ከሆነ ይገለፅ_____

Annex IX;- Consent form and Information sheet of interview (Afaan Oromo version)

Unka heyyamamaa matii barattoota magaala Maqii manneen barnoota sadarka 2ffaa marii sirna walqunnamtii fi wal hormaata fayyaa dargaggota isaanii waliin godhan, shawaa Bahaa, Itiyooophiyaa ,2023

Waraqaa Odeeffannoo

Maqaan koo Baarkee Furoo jedhama. Barnoota Masters koo Addis Ababaa Yuunivarsiititti, kutaa Nursing fi Midwifery barnoota fayyaa haadholii fi wal hormaata fayyaa barachaa jira. Akka kutaa barnoota koo tokkootti marii dargaggota mana barumsaa sadarkaa lammaffa fi qophainnattii sirna wal qunnamtii fi wal hormaata fayyaa matii isaanii waliin godhan ilaalchisee qo'annaa adeemsisaa jira. Kaayyoon qo'annaa kanaas marii dargaggoonni magaala maqii sirna walqunnamtii fi wal hormaata fayyaa maatii isaanii waliin godhanii fi sababoota marii isaanii gufachiisan adda baasuu irratti xiyyeeffata. Af gaffiicha addaan kuttanii bahuu ni dandeessu. Akkasumas odeeffannoon isin nuuf kennitan haala dargaggoonni marii sirna wal qunnamtii fi wal hormata fayyaa maatii isaanii waliin godhan akkasumas maloota haasawa ittiin foyyeessan fayyadan qopheessuuf fi sababoota kana waliin hidhata qaban adda baafachuu akka nu dandeessisu ni abdanna. Iccitiin odeeffannoo kanaas guutummaan guutuutti kan isiniif eegamu ta'uu isaa isiniif mirkaneessa. Deebiin isiin af-gaaffii kamiifuu kennitan nama kamittuu hin kennamu (hin beeksifamu), akkasumas gabaasni qo'annaa kanaa eenyummaa keessanis hin beeksisu. Argannoon qorannichaa sagantaalee gidduu seensaa fi imaammataa dhimmoota sirna walqunnamtii fi walhormaataa fayyaa dargaggoota furuuf kaayyeffatan keessatti gumaacha guddaa qaba.

Af gaffi kana irratti hirmaachuuf fedhi qabduu?

Eeyyeen yoo ta'e gara fuula itti aanutti darbaa. Yoo hin taane asumaatti dhaaba.

Unka heyyamamaa

Kaayyoon qo'annaa kanaa marii dargaggoonni magaala Maqiitii mana sadaarka lammaffa keessatti sirna walqunnamtii fi wal hormaata fayyaa maatii isaanii waliin godhanii fi sababoota marii isaanii gufachiisan adda baasuu irratti xiiyeffachuu isaa natti himamee jira. Akkasumas, odeeffannoon ani kennu iccitiin kan eegamuu fi dabalatees qo'annaa kanaaf qofa kan barbaachisu ta'uu isaa hubadheen jira. Mirga gaaffii hin barbaanne deebisuu dhiisuu akka dandau natii himaame jira. Kanaaf af gaffii kana irratti hirmaachuun koo fedhii kootiin akka ta'e mallattoo kootiin mirkaneessera.

Mallattoo_____

Maqaa qorataa: BARKE FURO DADI

Teessoo: Addis Ababaa Yunivarsiitii, Hospitaala Addaa Xiqur Anbassaa

I-meelii barkfurodadi@gmail.com ykn furobarklgn42@gmail.com

Lak.bilbilaa 0934896457

Annex X: Interview guide for qualitative study (Afaan oromo version)

Qajeelfama mata duree af-gaaffii gadi fageenyaa (IDIs) warraaf qopha`ee

Kutaa 1. Gaaffilee bu'ura dhuunfaa

1. Umrii (waggaadhaan)_____

2. Saala? A. Dhiira B. Dubra

3. Ijoole meeqa qabda?_____

4. Haala gaela kee

A.kan fudhe fi kan wajjin jiraata B.kan wal hikee C. kan duan dhabee

5. Hojjiin kee maalii?

A. Hojjetaa mootummaa

B. Qotee bulaa

C. Hojii dhuunfaa

D. Daldalaa

E. Kan biro-----

6. Sadarkaa barnoota kee

A. Dubbisuu fi barreessuu hin danda'an

B. Dubbisuu fi barreessuu qofa kan danda'an

C. Barnoota sadarkaa 1ffaa

D. Barnoota sadarkaa 2ffaa

E.kooleejii fi isaa ol

Kutaa 2: Qajeelfama af-gaaffii gadi fageenya qabu walakkaa caaseffama

1. Waa'ee sirna walqunnamtii fi wal hormaata fayyaa dhageessanii beektuu? (warra sirritti gaafadhu: maal akka ta'e, dargaggeessa umrii kurnanii keessa jiruuf hangam barbaachisaa akka ta'e).
2. Dargaggoonni odeeffannoo sirna walqunnamtii fi wal hormaata fayyaa eessaa argatu? (sirritti gaafadhu: maddoota jalqabaa; maddoota odeeffannoo baay'ee amanamoo ta'an ; maddoota odeeffannoo baay'ee filatamoo ta'an)
3. Dargaggeessi keessan umrii kurnanii keessa jiru dhimmoota sirna walqunnamtii fi wal hormaata fayyaa wajjin walqabatan kan akka Infeekshinii wal qunaamtii saalaa fi HIV/AIDS,ulfa hin yaadamne, mala ittisa ulfaa, walqunnamtii saalaa,marsaa lagu irratti isin waliin mari'ataanii beektuu? (Yoo deebii isaanii 'Eeyyee' ta'e, sirritti gaafadhu: dhimmoota kam fa`a , umurii meeqa kessa; dargaggeessa kam; yeroo meeqa waliin mari`ataan?).
4. Warra dargaggoota isaanii waliin sirna walqunnamtii fi wal hormaata fayyaa irratti waliin mari'atee hin beekneef , sirritti gaafadhu sababa isa?
5. Dargaggeessi keessan odeeffannoo sirna walqunnamtii fi wal hormaata fayyaa irratti akkamitti mari`ataa? Haala kamiin of eeggannoo, sodaa ykn marii michoomaa ta'anii dhufuu?
6. marii tasiiftaniin hangaam qubsa ture? (sirritti gaafadhu: mata dureewwan irratti mari'ataman, haala dubbii, sa`atti isaan irra hangaam akka fudhaate fi kkf)
- 7.Dargaggeessa keessan waliin waa'ee sirna walqunnamtii fi wal hormaata fayyaa irratti mari'achuu keessatti qormaata/rakkolee akkamii isin mudata?
8. Marii sirna walqunnamtii fi wal hormaata fayyaa warra fi dargaggootaa gidduu akkamitti fooyya'uu danda'a jettanii yaaddu? Haasawa/marii kana jalqabuuf umrii sirrii ta'ee meeqa jettanii yaddu, mata dureewwan irratti mari'atamu, guffuwaan akkamitti furmaata argachuu akka danda'an fi kkf ?
9. Yaada biroo ykn dhimma waa'ee Marii sirna walqunnamtii fi wal hormaata fayyaa warra fi dargaggootaa gidduu fooyyessuuf ilaalamuu qaban qabduu?

Yeroo keessaniif galatoomaa.

Annex XI; - Consent form and Information sheet of interview (Amharic version)

በመቂ ሁለተኛ ደረጃ ትምህርት ቤት ዎጣት ተማሪዎች ከወላጆቻቸው ጋር በስነ ወሲብና ስነ ተዋልዶ ጤና ጉዳዮች ላይ የሚያደርጉትን ውይይት ለማጥናት የተዘጋጀ መጠይቅ ናዉ። አጠቃላይ መረጃ እና የጥናቱ ተሳታፊዎች ፍቃደኝነታቸውን የሚያሳዩበት ቅፅ መቂ ከተማ፣ ምስራቅ ሸዋ፣ ኦሮሚያ፣ ኢትዮጵያ 2023

የመረጃ ወረቀት

ስሜ ባርኬ ፉሮ ይባላል ። በአሁኑ ወቅት በአዲስ አበባ ዩኒቨርሲቲ የእናቶችና ስነ-ተዋሌድ ነርሲንግ ትምህርት የሁለተኛ ደረጃ ትምህርት እየተከታተልኩ እገኛለሁ። በሁለተኛ ደረጃ ትምህርት ቤቶች ውስጥ ስለ ወሲባዊ እና ስነ ተዋልዶ ጤና ጉዳዮች ወጣቶች ከወላጆቻቸው ጋር በስነ ወሲብና ስነ ተዋልዶ ጤና ዙሪያ የሚያደርጉትን የውይይት መጠንና እንዲይወያዩ የሚያደርጓቸው ምክንያቶች፣ ቢወያዩ ምን ጥቅም እንደሚያገኙ ሁኔታ ላይ ጥናት እያዳረኩ እገኛለሁ።

ጥናቱ በአዲስ አበባ ዩኒቨርሲቲ ስኩል ኦፍ አሊይድ ሄልዝ ሳይንስ፣ ዴፓርትመንት ኦፍ ነርሲንግ አንዳ ሚዴዎይፍሪ የጸዳቀ ነዉ። ይህ መጠይቅ ለአካዳሚክ ዓላማ የሚወል ሲሆን ይህም በአዲስ አበባ ዩኒቨርሲቲ የእናቶችና ስነ-ተዋሌድ ነርሲንግ ትምህርት ክፍል የእናቶችና ስነ-ተዋልዶ የማስተርስ ዲግሪ በከፊል ለማሟላት የተፈቀደ ነዉ። ለቃላመጠያቁ መልስ በመስጠት እንድምትረዱኝ ተስፋ አደርጋለሁ። ማንም ሰው የእርስዎን ምላሾች ማግኘት አይችልም።

የምትሰጡኝ መረጃዎች በሙሉ ሚስጥራዊ ይሆናሉ። በጥናቱ ውስጥ ለመሳተፍ ፈቃደኛ ያልሆነ ማንኛውም ሰው በሂደቱ ውስጥ በማንኛውም ጊዜ የማቋረጥ መብት ይኖረዋል። በእውነታ ላይ የተመሠረተና ትክክለኛ የሆነ መረጃ እንድትመልሱልኝ እየጠየኩ የምትመልሱት መልስ ግላዊናት እና ሚስጥራዊነት የሚጠበቅ ይሆናሉ። እኔ ላቀረብኳቸው ቃላመጠይቅ ያለዎት ቅን እና ግልጽ ምላሽ የጥናት ግቡን ለማሳካት ጠቃሚ ይሆናል። የጥናቱ ግኝቶች ስለ ወሲባዊ እና ስነ ተዋልዶ ጤና ጉዳዮች ለመፍታት እና የፖሊሲ መርሃ ግብሮች ላይ ትልቅ አስተዋፅዖ ይኖራችዋል።

መጠይቁን ለመመላስ ፍቃደኛ ነህ/ሽ አዎ ከሆነ፣ ወደሚቀጥለው ገጽ ይቀጥሉ።

የጥናቱ ተሳታፊዎች ፍቃድኝነት ቅፅ

እኔ የጥናቱ ተሳታፊ የሆንኩት ዎላጅ ይህ ጥናት በመቂ ከተማ ሁለተኛ ደረጃ እና መሰናዶ ትምህርት ቤት ወጣት ተማሪዎች ከወሊጆቻቸው ጋር በስነ ወሲብና ስነ ተዋልዶ ጤና ጉድዮችን በተመለከተ የሚያዳርጉትን ውይይት ለመዳሰስ የተዘጋጀ መሆኑን አውቄያለሁ። የምስጢው መረጃ በሚስጥር እንደሚጠበቅ እና ለዚህ ጥናት ዓላማ ብቻ እንደሚውል ተነግሮኛል። ያለእኔ ፍላጎት ለማንኛውም ጥያቄ ምላሽ የለመስጠት መብት እንዳለኝም አውቄያለሁ።

ስለዚህም በፈቃድኝነት በጥናቱ ለመሳተፍ ተስማምቻለሁ ኢና በፊርማዬ አራጋግጣለሁ።

ፊርማ _____

ስም: ባርኬ ፉሮ

ስልክ ቁጥር: 0934896457

ኢሜል: barkfurodadi@gmail.com or furobarklgn42@gmail.com

Annex XII: Interview guide for qualitative study (Amharic version)

ለወላጆች ጥልቅ ቃለ መጠይቅ መመሪያ

ክፍል 1. መሠረታዊና ማህበራዊ ጥያቄዎች

1. ዕድሜ (በዓመት) _____

2. ጾታ? A. ወንድ B. ሴት

3. ስንት ልጆች አሉህ/ለሽ _____

4. የጋብቻ ሁኔታህ _____

A. ያገባና አብሮ የሚኖሩ B. የተፋቱ C. ባልዋ ወይም ሚስቱ የሞተች

5. የሥራ ሁኔታ

A. የመንግስት ሠራተኛ

B. ገበሬ

C. የግል ሠራተኛ

D. ነጋዴ

E. ሌላ ከሆነ ይገለፅ

6. የትምህርት ደረጃ

A. ማንበብ እና መጻፍ የማትችል

B. ማንበብ እና መጻፍ ብቻ

C. የመጀመሪያ ደረጃ ትምህርት

D. የሁለተኛ ደረጃ ትምህርት

E. ኮሌጅ እና ከዚያ በላይ

ክፍል 2: በከፊል የተዋቀረ ጥልቀት ያለው የቃለ መጠይቅ መመሪያ

1 ስለ ስነ ወሲብና ስነ ተዋልዶ ጤና ሰምተው ያውቃሉ? (በደንብ ጠይቅ: ምን እንደሆነ, ለዎጣቶች ምን ያህል አስፈላጊ ነው)

2 ወጣቶች የስነ ወሲብና ስነ ተዋልዶ ጤና መረጃን የት ያገኛሉ? (በደንብ ጠይቅ: ዋና የመረጃ ምንጮች፣ በጣም ታማኝ የመረጃ ምንጮች፣ በጣም ተመራጭ የመረጃ ምንጮች?)

3 ዎጣት ልጆቻቸው ከስነ ወሲብና ስነ ተዋልዶ ጤና ጋር በተያያዙ ጉዳዮች እንደ ግብረ ሥጋ ግንኙነት የሚተላለፉ ኢንፎርሽኖች እና ኤችአይቪ/ኤድስ፣ ያልተፈለገ እርግዝና፣ የወሊድ መከላከያ፣ የግብረ ሥጋ ግንኙነት፣ የወር አበባ እና በማሳሰሉት ተወያይተው ያውቃሉ? ('አዎ' ከሆነ፣ በደንብ ጠይቅ: የትኞቹ ከስነ ወሲብና ስነ ተዋልዶ ጉዳዮች በየትኛው ዕድሜ፣ የትኛው ዎጣት፣ በየ ስንት ጊዜው ናዉ የሚያያዩት?)።

4 ከዎጣቶቻቸው ጋር ስለ ስነ ወሲብና ስነ ተዋልዶ ጤና ላልታዎቻቸው ወላጆች፣ በደንብ ጠይቅ ምክንያቶቹን?

5 የእርሶ ዎጣቶች በስነ ወሲብና ስነ ተዋልዶ ጤና ጉዳይ/ማረጃዎች እንዴት ያዎቻቸዋል? በጠም በጥንቃቄ፣ እየፈሩ ዎይም እንዳ ዳዴኛ ናዉ ያሚያዎቻቸው?

6 በደረገአቸው ወይይቶች ምን ያህል ደስተኛዎት? (በደንብ ጠይቅ: የተወያዩባቸው ርዕሶች፣ አውድ፣ለውይይቶች የዎሳደቦት ጊዜ፣ ወዘተ?)

7 ከእርሶ ዎጣቶች ጋር ስለ ስነ ወሲብና ስነ ተዋልዶ ጤና ሲወያዩ ምን ችግሮች አጋጥሙዎታል?

8 የወላጅ እና ዎጣቶች በስነ ወሲብና ስነ ተዋልዶ ጤና ጉዳይ ውይይቶች እንዴት ሊሻሻሉ ይችላሉ ብለው ያስባሉ? (በደንብ ጠይቅ: እነዚህን ውይይቶች ለመጀመር ተገቢ ዕድሜ ናዉ ብላዉ ያሚያስቡት፣ ያማዎያያ ርዕሶች፣እና እንቅፋቶችን እንዴት መፍታት እንደሚቻል ? ወዘተ.)

9 የወላጅ እና ዎጣቶች በስነ ወሲብና ስነ ተዋልዶ ጤና ጉዳይ ውይይቶች ለማሻሻል አስተያየቶች ወይም ጥቆማዎች ወይም ጉዳዮች ካሉዎት?

ለጊዜዎት አመሰግናለሁ