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ASSESSMENT OF SEXUAL AND REPRODUCTIVE HEALTH COMMUNICATION PRACTICE AND ASSOCIATED FACTORS AMONG FEMALE UNDERGRADUATE STUDENTS OF WOLAITA SODO UNIVERSITY, SOUTHERN ETHIOPIA

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A Thesis Submitted to the Department of Nursing and Midwifery of School of Allied Health Sciences of Addis Ababa university in Partial Fulfillment of the Requirements for the Degree of Master in Reproductive and Maternal Health nursing

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APPROVED BY EXAMINING BOARD

This thesis by Mulugeta Tsegay is accepted in its present form by the board of examiners as satisfying thesis requirement for the degree of master in maternity and reproductive health nursing.

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List of Abbreviations

AIDS-acquired immune deficiency syndrome

AOR- adjacent odd ratio

CI- confidence interval

COR- crude odd ratio

HIV- human immune deficiency virus

OR- odds ratio

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

ABSTRACT

Introduction: Students of higher learning institutions are assets of the society and change agents in filling the gap in the past and on whom the future generation is based. Communication about sexuality and sexual matters is more important perhaps now than any other time. This is because youths are affected with the burden of unwanted pregnancy and its complication, HIV/AIDS, STI, and other sexual and reproductive ill-health to a greater extent.

Objective: This study is aiming at assessing undergraduate female students ' communication on SRH issues with their partners and associated factors.

Method: A descriptive cross-sectional study was conducted among 815 wolaita sodo university undergraduate female students by using a structured self-administer questionnaire. Stratified cluster sampling was used. Simple random sampling was used to select the departments from each faculty in the university. Finally, the study subjects were selected using systematic random sampling technique.

Result: The majority of the students 786 (96.4%) reported that it is important to discuss sexual and reproductive health with partner. However, only seven hundred seventeen (85 %) of the students had discussed with their partner on at least two topics of sexual and reproductive issues. In bivariate and multivariate logistic regression, age, academic year, knowledge on SRH issue and attitude on SRH issues were predictors of students' communication on SRH issues. Students with age group 20-24 were less likely to communicate on SRH issues than age group 25 and above **(AOR=0.210, 95%CI: 0 .095 -0.463).**

There is also significant association between student's academic year and communication on SRH issues. Year five students were more likely to communicate than year one students **(AOR= 9.03, 95% CI: 2.907-28.032)**

Communication on SRH issues was also significantly associated with having knowledge about SRH issues and attitude about those issues (**AOR= 4.02, 95% CI: 2.519-6.410)** and **(AOR=7.851, 95% CI: 4.455-13.836)** respectively.

Conclusion and Recommendation

In this study majority of the students reported that it is important to discuss sexual and reproductive health with partner. Although a small number of the participants reported to have iscussed SRH matters with their parent/s, much greater were preferred to discuss with their friends/peers than parents. This shows that Sexual and RH related issues continue to be socio cultural taboos among both young people and their parents. Therefore, strategies to enhance and Improve open communication on sexual and reproductive health between parents and students, as well as peer-to-peer education in schools, should be developed and strengthened as a means of increasing awareness about SRH issues.

Key words

- university female students
- partner communication
- parent communication
- peer - peer communication
- sexual and reproductive health
- communication practice

1: INTRODUCTION

1.1 Background

Sexual and reproductive health and well-being are essential if people are to have responsible, safe, and satisfying sexual lives. Sexual health requires a positive approach to human sexuality and an understanding of the complex factors that shape human sexual behavior. These factors affect whether the expression of sexuality leads to sexual health and well-being or to sexual behaviors that put people at risk or make them vulnerable to sexual and reproductive ill-health (1).

Sexual health as "the integration of the somatic, emotional, intellectual and social aspects of sexual being in ways that are positively enriching and that enhance personality, communication and love". It requires "a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence" (1).

Previous research in Vietnam has suggested that gender inequality, cultural norms and societal double standards heavily constrain young women's capability to negotiate safer sex and to control their own sexual activity, making them vulnerable to sexual health risks (2).

Although female undergraduate students are more educated than their counterparts in the general population, this education does not confer equal power in relationships nor enhanced contraceptive or condom use (2). One review of HIV/AIDS risk among heterosexual undergraduate students in the United States (US) showed that students rarely communicate about condom use with their partners (3). In addition, levels of safer sex self-efficacy varied and were inversely correlated with HIV transmission risk. Similarly, in several US studies, non-communication was associated with not using contraceptives or condom (3-5).

Sexuality and reproductive health are among the most fundamental aspects of life. Sexual Health is about the enhancement of life and personal relations, and not merely counseling and care related to reproduction and STDs. Sexual communication is an important component of intimate relationships. Open discussions of topics such as sexual preferences, sexual fantasies, and sexual behavior between sexual partners are associated with greater sexual satisfaction (as well as better overall dyadic adjustment, cohesion, and relationship satisfaction (6,7,8). However, sexual miscommunication appears to plague youth's sexual relationships.

However, sexual communication is not limited to discussions of contraception or STDs. Rather sexual communication may include discussions of a wide-variety of topics such as sexual histories, sexual likes and dislikes, or sexual fantasies (9).

A review of literature shows that cultural and social norms influence youths to adopt unsafe sex practices in most African countries including Kenya, Malawi, Nigeria, Ethiopia and Uganda (10).

Sexual health also refers to a state of optimal well-being related to sexuality through the lifespan (4, 11). Among young adults, a sexual health perspective differs from traditionally risk focused perspectives by emphasizing the positive developmental contributions that sexuality provides to youth's well-being within the context of romantic, family, and social relationships (5,12,13).

Generally in Ethiopia, early sexual debut, limited knowledge of sexual physiology, limited use of Contraceptives, limited communication about sex , limited access to RH information and girls' limited control over their sex lives all contribute to the high rate of unwanted pregnancy . First experience of casual sex is common among female youths in Addis Ababa; as 71.0% of female youths reported that they already have had a casual sexual experience (14).

Moreover a sexual health perspective addresses adverse out-comes, such as sexually transmitted infections (STI) and unintended pregnancy, by focusing on the developmental integration of important skills, such as personal autonomy, self-awareness, and sexual experiences (15-18).

1.2 Statement of the problem

Most SRH programs for youths focus on information provision, sex education, life-skills education and service provision (19). It is estimated that 41% of all pregnancies globally are unintended and 39% occur in Africa (20). According to World Health Organization (WHO), the lifetime risk of death due to pregnancy is 1:22 in sub- Saharan Africa, with young adults facing a higher risk of morbidity and mortality than older women (21).

The sexual behavior of such young adults has become a crucial social and public health concern, especially with regard to unintended pregnancies (22).

Pre-marital sexual activity seems to be increasing among university students in Asia and Africa as a result of many factors, such as rapid urbanization and exposure to mass media (23, 24).

At present, as a result of civilization, urbanization and change in life style, the health of young adults is increasingly at stake. Sexually transmitted diseases, HIV/AIDS and other reproductive health problems are the greatest threats to their well-being (25).

Globally, rates of sexually transmitted infections among young adults are soaring: one-third of the 340 million new STIs each year occur in people under 25 years of age. Each year, more than one in every 20 youths contracts a curable STI. While urbanization brings greater access to education and health services, it also carries greater exposure to the risks of drug and alcohol abuse, violence, and STIs, including HIV/AIDS. Modernization tends to create more employment opportunities, but it may also bring about a loss of traditional cultures and separation from extended families (26,27).

In Sub Saharan Africa 45% of young women are aware that using condom in every intercourse prevents HIV, only 2 percent of them report having used condom at last intercourse. Unlike most other illnesses and disabilities, sexual and reproductive health problems tend to be cloaked in embarrassment, secrecy, and shame. Because of cultural taboos young adults in many developing countries rarely discuss sexual matters explicitly with their partners. Most information for their patchy knowledge comes from peers of the same sex who may themselves lack adequate information or are incorrectly informed. Increased sexual activity places youths at greater risk of unintended pregnancies and STIs, including HIV/AIDS. Many unintended pregnancies end in abortion, and unsafe abortions, which are sometimes self-induced, can result in severe illness, infertility, and death. Many of these problems can be addressed, however, through sound evidence and open dialogue [27-29].

In Ethiopia childbearing begins at an early age, 60% of pregnancies are unwanted or unintended and participants who didn't found easy to discuss about important matters with their parent were more likely to initiate sex-earlier. Addressing immediate and long-term RH needs of youths and strengthening multispectral partnerships to respond to young women's heightened vulnerability to sexual violence and non-consensual sex are some of strategies in Ethiopia. Some of the activities in Ethiopia are creating awareness of RH, providing youth-friendly services, increasing human resource capacity, explore new opportunities, & expand multispectral coordination (25,30,31).

Students of higher learning institutions are assets of the society and change agents in filling the gap in the past and on whom the future generation is based. It is also clear that this group is on the way of transforming to adulthood; filled with ambition; and building their future academic and social career. Neglecting their sexual and reproductive health can lead to high social and economic costs, both immediately and in the years ahead. One of the most important commitments a country can make for future economic, social, and political progress and stability, therefore, is to address the sexual and reproductive health needs of this population group (32).

The health threats for youths today are predominantly behavioral rather than biomedical and more of today's youths are involved in health behaviors with potential for serious consequences (33).

Communication about sexuality and sexual matters is more important perhaps now than any other time. This is because youths are affected with the burden of unwanted pregnancy and its complication, HIV/AIDS/STI, and other sexual and reproductive ill-health to a greater extent.

The vulnerability of youths to different reproductive health problem is due to a number of reasons such as their scant knowledge on how to prevent HIV infection, early onset of sexual activity and irregular condom use. A lot of youths find it uncomfortable having a conversation about sexuality with their partner because the subject is a taboo topic in most homes.

Consequently, a gap in sexuality information for young adults is emerging. This gap has been mainly filled by another source of sexuality information; peers. Peers are able to share their Personal experiences regarding sexuality and provide an ear ready to listen to that of others (34).

So, this study is aiming at assessing undergraduate female students ' communication on SRH issues with their partners and associated factors that may help policy makers, program planners and implementers to design appropriate interventions to address the SRH issues of youths.

1.3 Significance of the study

Despite few studies conducted in different parts of the world, no sufficient study tried to explicate the sexual and reproductive health communication in the study area. Hence, there is a need to carry out a research to come up with the need of sexual and reproductive health communication for healthy sexual life. Young adults who are learning in different universities and in the community setting could use the result from this research as a baseline in their sexual and reproductive health communication with their partners to minimize ill sexual health.

The finding of this study can provide policy makers and NGOs (nongovernmental organizations) with relevant information for future planning and interventions of appropriate strategies.

The finding of this study will also help as a baseline data for those who are interested in carrying out further research with this regard.

2: LITERATURE REVIEW

2.1 Communication on SRH issues

Survey done in USA showed seventy -one percent of youths (86 percent of females had discussed with their parents "how to know when you are ready to have sex". Eighty three percent of females had discussed with their parents how to talk to a boyfriend about sexual health issues, such as pregnancy, birth control, and STIs. Among female youths, 54 percent had discussed condoms and 63 percent had discussed other forms of contraception with parents. Sixty four percent of females had discussed HIV/AIDS with their parents. Fifty six percent of females had discussed STIs with parents (2).

A study conducted in Ghana which examined which family member was communicated with (but which did not specify which topic) found that the mother (33% of female youths) was the most frequently reported person with whom youths discussed sex-related matters, in contrast to the father (13%) (3).

A study which examined Patterns of communication for reproductive health knowledge transfer in Southern Nigeria showed that 74.4% of the females have engaged in discussions on sex, contraception, abortion, STIs and the risk factors of HIV/AIDS. This finding contradicts widespread opinion that sexuality is a taboo topic of discussion in traditional African societies. It was however revealed that perceived sexual activities of young people in contemporary society was a propelling factor for the high level of mother-daughter reproductive communication in the area. (5).

A Cross-Sectional study was conducted among 750 undergraduate students selected from Wolaita Sodo University using a stratified simple random sampling technique during the academic year. The mean age of first sexual experience was 19.9(±1.87) for females. With regards to parent youth's communication about sexual issues, the findings indicated that 69.3% female participants' communication with their parents about sexual issues (6).

2.2 Knowledge and attitude on SRH issues

One 2007 Australian study that surveyed 939 young females aged between 16 and 29 at a music concert, found Knowledge about STIs was generally low with participants more likely to answer questions about HIV correctly than STI (7).

In one survey on risky behaviors, 37% of female college students reported that they had 5 or more sexual partners at the time of the study (14).

A survey among 1743 female undergraduate students in four multidisciplinary universities in Tehran on behaviors and needs of reproductive health . more than half (60.4%) of female students mentioned that the most frequently mentioned source of information for SRH were mass media like internet and TV and 95% of the respondents have heard about STIs and HIV/AIDS (17).

A study on exploration of knowledge, attitudes and behaviors of young multiethnic Muslim-majority society in Malaysia The nine most commonly recognized contraceptive methods in order of most cited were condoms (98.9%), birth control pills (97.8%), withdrawal (81.7%), diaphragm (75.5%), female condom (69.1%), intrauterine device (62.3%), abstinence during fertile times (58.4%), emergency birth control pills (57.7%) and cervical cap (50.8%). Respondents identified magazines (19.2%), friends (18.3%) and teachers (18.3%) as their most common sources of information about sexual and reproductive health issues . Only 5.6% of the respondents acquired information about sexual intercourse from their mothers.

Among the undergraduate year 1 to 3 groups, there was a gradual increase of levels of contraceptive methods awareness scores over year 1 to year 3 students (OR=0.71, 95% CI, 0.68 to 1.39, $P<0.05$; relative to undergraduate year 3).The availability of contraceptives to unmarried youth received slightly higher agreement responses, where 31% (n=122) indicated that they agreed and 52% (n=317) strongly agreed that contraceptives should be easily available for unmarried couples (18).

A study in Belgian university students showed that 612(75%) female participants think that unmarried couples must use condom if they want to make sex before marriage but a minority of 203 (25 %) students disagree with this idea and finally, a large majority 759(93.1%) students agree on the importance of discussing SRH issues (35).

A survey which examined Arabic youth's knowledge about sexually transmitted diseases. A representative sample of Egyptian young adults. Thirty percent of female students were uninformed. The researchers found that many female youths gain knowledge about contraception, HIV/AIDS, and reproductive issues from peers and media exposure, but they prefer that their parents talk about these issues with them (36).

A descriptive cross sectional survey was adopted on Pattern of risky sexual behavior and associated factors among undergraduate students of the University of Port Harcourt, Rivers State, Nigeria .The logistic regression showed that the females were 40% less likely to have comprehensive HIV/AIDS knowledge compared to the males (adjusted OR [95% CI]=0.60 [0.49–0.75]). Adults who reported friends or mass media as their major sources were more likely to have comprehensive knowledge on SRH issues compared to those who cited family members as their major source (adjusted OR [95% CI] =1.63 [1.17–2.27] and 1.55 [1.14–2.11], respectively) **(37).**

Another study on Knowledge, Practices, and Attitudes of reproductive health issues among Female undergraduate Students in KwaZulu-Natal, South Africa All the students had heard about sexual and reproductive health issues before the interview. Theire first source of information were radio (50%), television (46.7%), News paper (33.3%), teachers (25%), parents (21.7%), health workers (13.3%) and youth club (11.7%) . About 14% of the respondents had negative attitude towards importance of SRH communication. More than 60% of the students agree with the statement that communication on SRH delay sex **(38).**

One study in Nigeria found that 64% of youths perceived their mothers as lacking sufficient knowledge, while 87% thought fathers lacked knowledge. In identifying other barriers to communication, this study found that 62.3% thought that their parents are too preoccupied to talk about sex, while 59% believed their parents would argue if they were to talk about sex. In addition, 30% thought their mother would think they were interested in experimenting with sex if they were to talk about it, whilst 69% believed their father would get this impression (39).

An institution-based cross-sectional survey was conducted among 642 regular undergraduate Wolaita Sodo University students selected by simple random sampling. Around half 48.8% of the female respondents said that their sources of information regarding reproductive and sexual issues were their peers, while health personnel, the media, teachers and parents were sources of information to 45.2%, 43.5%, 31% and 28.2%, respectively (40).

A Cross-Sectional study was conducted among 750 undergraduate students selected from Wolaita Sodo University using a stratified simple random sampling technique during the academic year. Most Participants claimed that sexuality is seen as a taboo in most of “Ethiopian cultures” (41).

2.3 Conceptual framework

Many studies in different parts of the world reviewed that sexual and reproductive health communication is affected by different factors. For this study according to the literature review the main factors are identified as socio demographic characteristics, knowledge and attitude of youths on SRH issues. The next conceptual frame work which depicts the relationship of the variables is developed from different literature reviews (5,26,42). It helps to summarize the determinant factors and to analyze the association between dependent and independent variables.

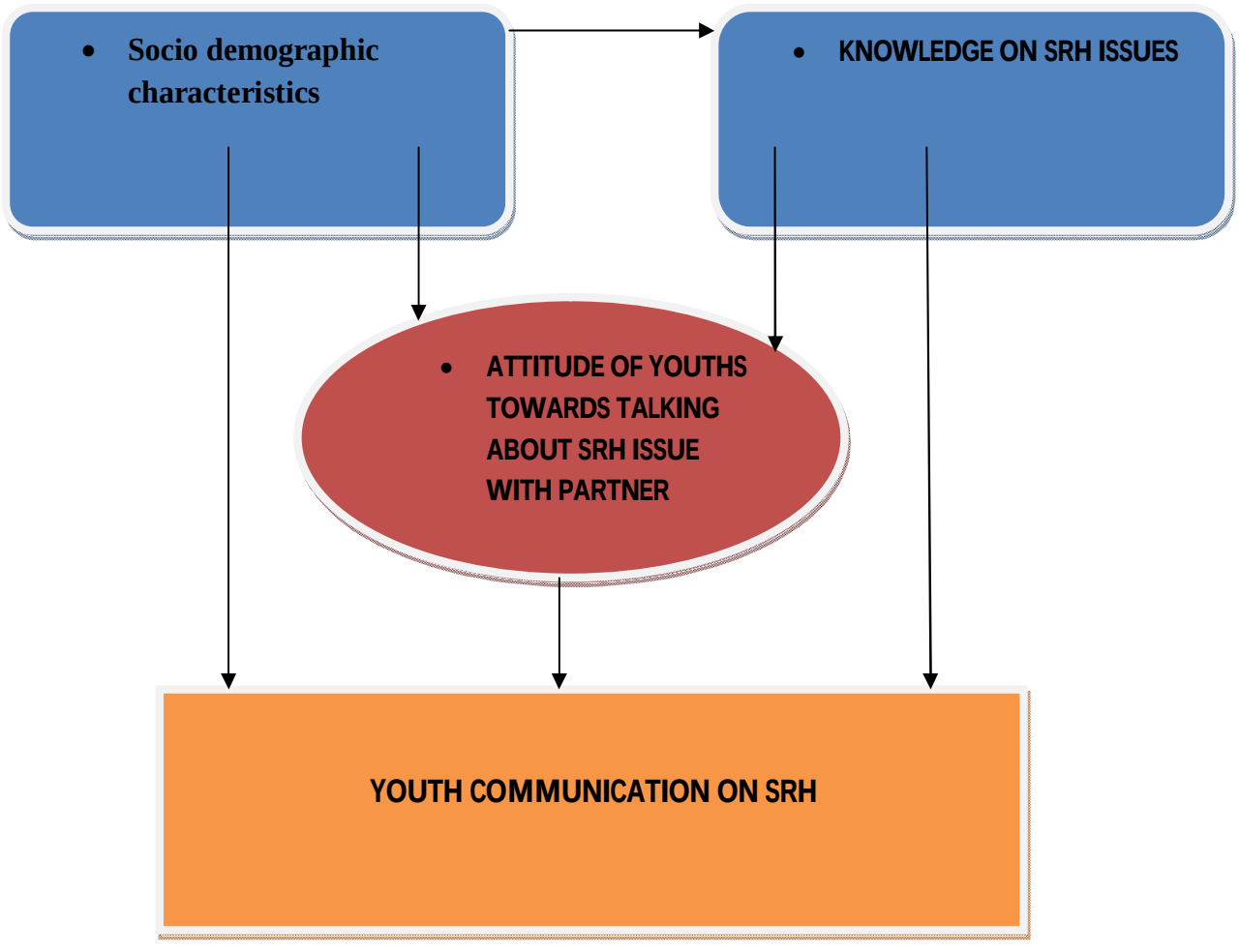

Figure 1: Conceptual framework for the determinants of partner youth communication on SRH issues.

3: OBJECTIVES

3.1 General objective

- To assess sexual and reproductive health communication practice and associated factors among female undergraduate students of Wolaita Sodo University.

3.2 Specific objectives

- To determine sexual and reproductive health communication practice of study participants on SRH issues.
- To assess the Knowledge of study participants towards SRH communication.
- To assess the attitude of study participants towards SRH communication.

4: METHODS AND MATERIALS

4.1 Study area

The study was carried out in Wolaita sodo university female population ,wolaita sodo town, south Ethiopia, which is located about 385 km away from the capital Addis Ababa. Total population of wolaita Sodo town is estimated to be 76,050, of whom 40,140 are men and 35,910 women according the 2007 population and house hold survey (43). The dominant religion is protestant Christian followed by orthodox. There are private and governmental health facilities in the town. The majority of the city's population, however, is served by the government-owned and operated health facilities. WSU is located in this town (6°49'N latitude and 37°45'E longitude). The university is situated in the southern outskirt of the town at the altitude of 1800 meters above the sea level. The area is enjoying a tropical climate, on average, 1,212 mm of annual rain fall and 20°c of mean monthly temperature. The university has got two campuses 7kms apart; the main campus (Gandaba) and its young branch Otona Campus (in the same town Wolaita Sodo).

4.2 Study period

The study was conducted from March 11 to April 10, 2014.

4.3 Study design

A descriptive cross-sectional study was conducted among 815 undergraduate female students by using a structured self-administer questionnaire.

4.4 Source population and study population

The source population for this study was all female students of wolaita Sodo University. Study population was eligible female students of the university during the study period.

4.5 Eligibility criteria

Inclusion criteria

Undergraduate Female students of wolaita Sodo University who were willing to participate; during the study period was included.

Exclusion criteria

Weekend, blind students who can't read the questionnaire, post graduate female students and individuals who are not willing to participate was not included in the study.

4.6 Sample size and sampling procedure

4.6.1 Sample size

The sample size for this particular study was calculated using formula for a single population proportion considering the following assumptions.

Assumptions: A 95% confidence level, margin of error (0.05), national prevalence of SRH communication among female undergraduate students as (p = 0.5, because no similar study is done before) is substituted in the following single population proportion formula.

$$n = \frac{(Z\alpha/2)^2 p(1-p)}{d^2} \times D_{eff}$$

$$= \frac{(1.96)^2 (0.5)(0.5)}{(0.05)^2} \times 2$$

= 384 X 2 = 768

Where n= required sample size

Z= = critical value for normal distribution at 95% confidence level which equals to

1.96 (z value at α =0.05)

P= (Proportion of sexual and reproductive health communication 50%)

d= 0.05 (5% margin of error); and non-response rate 10%.

D_{eff} = designing effect

The total sample size is 844

4.6.2 Sampling technique and procedure

Study participants were selected with a stratified cluster sampling .Students were stratified on two faculties namely health science and non health science faculties assuming that there is a difference in knowledge on sexual and reproductive health matters between the two groups . Two departments from health science and 6 departments from non health science faculties were taken by simple random sampling method .Then number of students from both faculties were taken proportional to their population size. Finally the study subjects were selected from selected departments using systematic random sampling method.

4.7 Data collection tool and procedure

Pre - tested ,Self administered, Structured questionnaire in English version was adopted from a study conducted in Garba Guracha town by Yohannes Mulugeta (42) and all the variables of interest was assessed accordingly. The questionnaire comprises four parts; the first part is about socio demographic characteristics of the respondents, knowledge of respondents on selected SRH issues, attitude and behavior of respondents on selected SRH issues and finally the level and factors influencing communication .It is designed in a way to assess the level and factors influencing sexual and reproductive health communication. Five university students and one supervisor were given training for two days by the principal investigator about the purpose of the study and a general data collection procedure. The questionnaire was pre tested prior to data collection to ensure the data quality.

4.8 Study variable

Dependent variable

- Communication practice on SRH issues

Independent variable

- Socio-demographic variables- Age, marital status, academic year, ethnicity, religion.
- Ever had SRH information
- Knowledge and attitude

4. 9 Data Entry and Analysis

Data were edited, coded, cleaned for consistence and entered into EPI-Info version 3.5.4 soft ware. They were then exported to statistical package for social sciences (SPSS) version 21 software for analysis. Both descriptive and bi-variety/multivariate logistic regression analyses were performed. A descriptive analysis was done using frequency, mean and standard deviation. Crude logistic regression was used to see relationship between one independent variable with outcome, and adjust logistic regression was used to assess relation between many independent variables with outcome variable in order control confounding factors. Significance level of $P<0.05$ and association of variable was tested by using 95% confidence interval (C.I) and odd ratio.

4.10 Operational definitions

Communication practice on SRH issues: Students who discussed at least two SRH issues (condom, STI/HIV/AIDS, sexual intercourse, unwanted pregnancy, contraception, menstruation) in the last 12 months.

Sufficiently Knowledgeable on SRH issues: Those study participants who scored points more than mean score out of prepared knowledge questions.

Insufficiently knowledgeable on SRH issues: Those study participants who scored points less than mean score out of prepared knowledge questions.

Good Attitude towards SRH communication: Those respondents who have positive outlook towards SRH communication and who scored points more than the mean score out of prepared attitude questions.

Poor attitude towards SRH communication: Those respondents who have negative outlook towards SRH communication and who scored points less than the mean score out of prepared attitude questions.

Ever had SRH information: students who have had SRH information on at least two SRH issues in the last 12 months.

Youth: Refers to individuals between the ages 0f 16 and 24.

4.11 Ethical Consideration

The study was conducted after getting ethical clearance from Addis Ababa University, College of Health Science, Department of Nursing and Midwifery research committee. Support letter was requested from Addis Ababa University. In addition informed consent have been asked to the study participant to confirm willingness for participation after explaining the objective of the study. The respondents have also the right to refuse or terminate at any point of time. The information provided by each respondent was kept confidential.

4. 12 Dissemination of the result

Final document of the study will given to Department of nursing and midwifery, Addis Ababa University and FMOH. The thesis will be presented to school of nursing and midwifery as it is a partial fulfillment of Master of Science in maternity and reproductive health. Attempt will be made to present at Ethiopian nursing association annual conference and for publication of the research on reputable Journal.

5: Results

5.1 Socio demographic characteristics

A total of 815 WSU, female students were involved in the study with a response rate of 96.6%. Among the population 78(9.57%) were 1st year, 363(44.53%) were 2nd year, 162 (19.87%) were 3rd and 212 (26.01%) 4th year or more. The mean age of the respondent's was 21.2 ± 2.2 years and more than 91% were 24 years and below. Among the respondents 751 (92.14%) are single. The predominant religion was Orthodox Christian 483 (57.26 %), and Oromo ethnic group compromised 331(40.61%) followed by amhara 159 (19.5%). (Table. 1)

Table 1: Socio demographic distribution of female undergraduate students of wolaita sodo university, south Ethiopia .2006

Variables	Response	Number	Percentage
Age	< 19	25	3.06
	20-24	698	85.64
	>= 25	92	11.28
	Mean ± SD	21.2 ± 2.2	
Marital status	Married	59	7.23
	Single	751	92.14
	Divorced	3	0.36
	Widowed	2	0.24
Religion	Orthodox	483	57.26
	Muslim	91	11.16
	Catholic	48	5.88
	Protestant	193	23.68
Ethnicity	Tigre	112	13.74
	Amara	159	19.5
	Oromo	331	40.61
	Wolaita	134	16.44
	Others	79	9.69
Academic year	Year one	78	9.57
	Year two	363	44.53
	Year three	162	19.87
	Year four	106	13.01
	Year five	106	13.01

5.2 Communications on different sexual and reproductive health issues

The majority of the students 786 (96.44%) reported that it is important to discuss sexual and reproductive health with partner. However, only seven hundred seventeen (87.97 %) of the students had discussed with their partner on at least two topics of sexual and reproductive issues. Respondents also reported that they had discussed on contraceptives, STI/HIV, sexual intercourse, condom use, unintended pregnancy and menstruation; each accounted 660(80.98%), 635(77.91%), 488(59.8%), 636(78.03%), 670(82.2%), 618(75.82%) respectively. (Table 2)

Table 2: communication on different SRH issues of female undergraduate students of wolaita sodo university, south Ethiopia .2006

Communication on SRH issues	Frequency		Percentage
Importance of communication on SRH	Yes	786	96.44
	No	29	3.55
Communication on at least two topics of SRH	Yes	717	87.97
	No	98	12.02
Communication on			
➢ **Contraception**	Yes	660	80.98
	No	155	19.01
➢ **STI/HIV**	Yes	635	77.91
	No	180	22.08
➢ **Sexual intercourse**	Yes	488	59.8
	No	327	40.12
➢ **Condom use**	Yes	636	78.03
	No	179	21.96
➢ **Unintended pregnancy**	Yes	670	82.2
	No	145	17.79
➢ **Menstruation**	Yes	618	75.82
	No	197	24.17

Six hundred sixty (80.98 %) of the students had had discussions related to contraception. Two hundred eighty six (35.09 %) of respondents reported that their discussion were with their peers and 273(33.49 %) with their boy friend . Concerning STI/HIV/AIDS, six hundred thirty five (77.9%) of the students reported that they had had discussion on STI/HIV/AIDS. The majority of the students 335 (41.1 %) had discussed this issue with their peers, followed by 207(25.39 %) boy friend. (Table 3).

Table 3: study participants, with whom they had discussed in different SRH topics wolaita sodo university, south Ethiopia. 2006

Topic of discussion	**N (%) discussed yes**	**With whom they had discussed**				
		Father	Mother	Brother or sister	Boy friend	Peer
Contraception	660(80.98)	58 (7.11%)	18(2.2%)	25(3.06%)	273(33.49%)	286(35.09%)
STI/HIV	635 (77.9)	59(7.23%)	18(2.2%)	16(1.96%)	207(25.39%)	335(41.1%)
Sexual intercourse	488(59.87)	32(3.92%)	-	-	223(27.36)	233(28.58%)
Condom use	636 (78.03)	32(3.92%)			226(27.73%)	378(46.38%)
Unintended pregnancy	670 (82.2)	121(14.84%)	36(4.41%)	8(0.98%)	237(29.07%)	268(32.88%)
Menstruation	618(75.82)	32(3.92%)	35(4.29%)	61(7.48%)	98(12.02%)	392(48.09%)

5.3 knowledge towards selected SRH issues

All of the respondents have heard about SRH issue and Out of those 619 (75.95 %) have had sufficient knowledge on SRH issues. Concerning sexually transmitted infections 788 (96.68%), 574(70.42 %), 815(100%), 770(94.47%) have had knowledge of gonorrhea, cancroids', HIV and syphilis respectively. Eight hundred fifteen (100%) respondents know about pills and condom. (Table 4).

Table 4: knowledge towards selected SRH issues of female undergraduate students of wolaita sodo university, south Ethiopia .2006

knowledge on selected SRH issues	Number		Percentage
Heard about SRH issues	Yes	815	100
	No	0	0
Sufficient knowledge	619		75.95
Insufficient knowledge	196		24.04
Knowledge on			
➢ **gonorrhea**	Yes	788	96.68
	No	27	3.31
➢ **cancroids**	Yes	574	70.42
	No	241	29.57
➢ **HIV**	Yes	815	100
	No	0	0
➢ **Syphilis**	Yes	770	94.47
	No	45	5. 52
➢ **Pills**	Yes	815	100
	No	0	0
➢ **Condom**	Yes	815	100
	No	0	0
➢ **Depo**	Yes	811	99.5
	No	4	0.49
➢ **Norplant**	Yes	771	94.6
	No	44	5.39
➢ **IUCD**	Yes	583	71.53
	No	232	28.46
➢ **Natural method**	Yes	737	90.42
	No	78	9.57

The most frequently mentioned source of information for SRH were mass media 339 (41.6%) followed by school 244 (29.93%) (Fig 2).

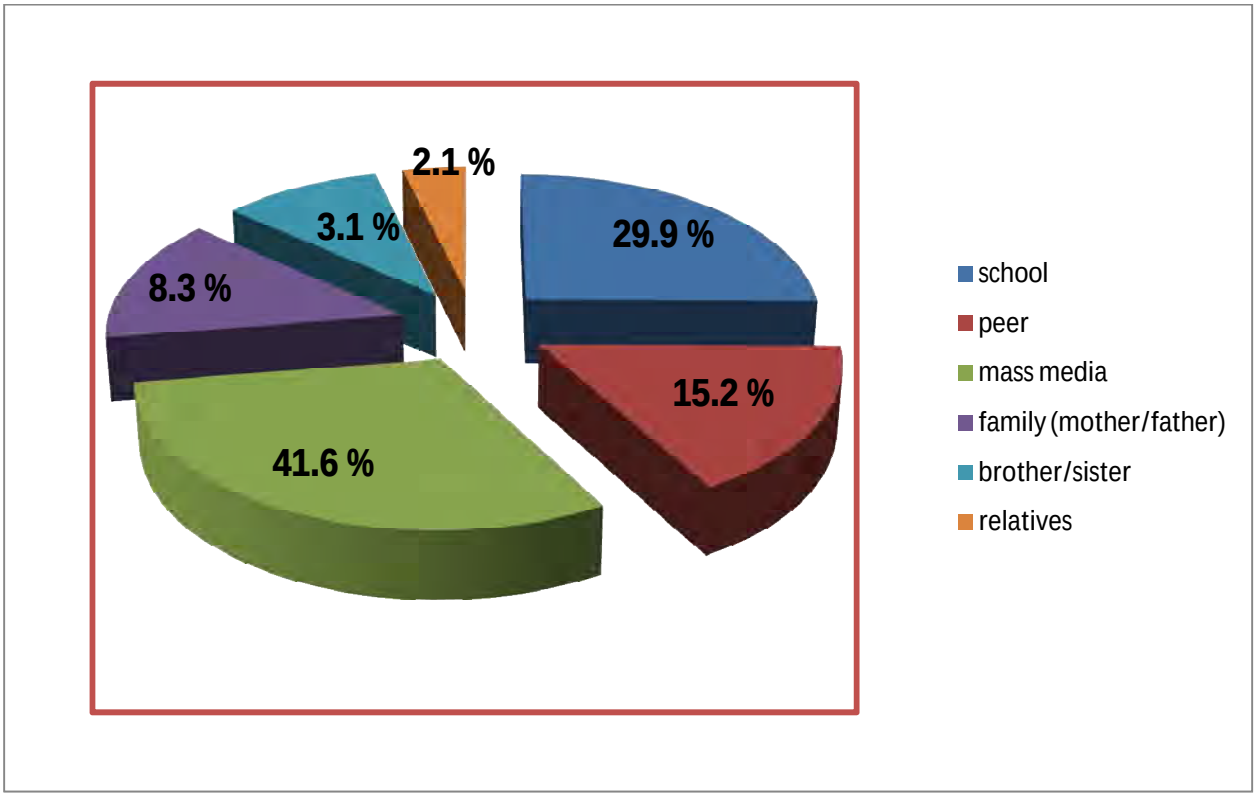

Fig 2: Distribution of most frequently mentioned source of information for SRH issues among female undergraduate students of wolaita sodo university, south Ethiopia .2006

5.4 Attitude towards selected SRH issues

Seven hundred eight (86.87%) of the study participants have had good attitude towards SRH issues. A large majority of the respondents, 757 (92.88%) agree on importance of discussing SRH issues. Among those study participants 502 (61.59%) reported that communication on SRH issues delays sex and 707(86.74%) students agree on the idea that unmarried couples must use condom if they want to have sex before marriage. (Table 5).

Table 5: Attitude towards selected SRH issues of female undergraduate students of wolaita sodo university, south Ethiopia .2006

Attitude towards SRH issues	Number		Percentage
Good attitude	708		86.87
Poor attitude	107		13.12
Importance of discussing SRH issue	Agree	757	92.88
	Disagree	58	7.11
Communication on SRH issues delay sex	Agree	502	61.59
	Disagree	313	38.4
Unmarried couples must use condom if they want to have sex before marriage	Agree	707	86.74
	Disagree	108	13.25

5.5 Factors affecting communication on SRH issues

In bivariate and multivariate logistic regression, age, academic year, knowledge on SRH issue and attitude on SRH issues were predictors of students' communication on SRH issues.

Students with age group 20-24 were less likely to communicate on SRH issues than age group 25 and above **(AOR=0.210, 95%CI: 0 .095 -0.463).**

There is also significant association between student's academic year and communication on SRH issues. Year five students were more likely to communicate than year one students **(AOR= 9.03, 95% CI: 2.907-28.032)**

Communication on SRH issues was also significantly associated with having knowledge about SRH issues and attitude about those issues (**AOR= 4.02, 95% CI: 2.519-6.410)** and **(AOR=7.851, 95% CI: 4.455-13.836)** respectively. (Table 6).

Marital status, religion and ethnicity were not found significantly associated with communication on SRH issues in this study

Table 6: Factors affecting communication on different SRH issues of female undergraduate students of wolaita sodo university, south Ethiopia .2006

Variables	Communication on SRH		COR(95% CI)	P-value	AOR(95% CI)	P-value
	Yes	No				
Age of resp.						
<= 19	25 (100%)	0	1.532(0.00-2.112)	.998	1.882(.000-3.33)	.998
20-24	597 (85.53%)	101 (14.46%)	.479 (.235-.976)	.043	.210 (.095-.463)	.000
>= 25	90 (97.82%)	2 (2.17%)	1.00	0.00	1.00	.001
Academic year						
One	66 (84.61%)	12 (15.38%)	1.00	0.00	1.00	.000
Two	320 (88.15%)	43 (11.84%)	1.817 (1.024-3.225)	.041	2.603 (.240-5.463)	.11
Three	130 (80.24%)	32 (19.75%)	.992 (.537-1.833)	.980	.996 (.464-2.136)	.991
Four	80 (75.47%)	26 (24.52%)	.751 (.392-1.440)	.389	.989 (.126-1.657)	.053
FIVE	100 (94.33%)	6 (5.66%)	4.933 (1.784-13.635)	.002	9.03 (2.907-28.032)	.000
Knowledge on SRH communication						
Insufficient	136 (69.38%)	60 (30.61%)	1.00	0.00	1.00	
Sufficient	552 (89.17%)	67 (10.82%)	2.996 (2.030-4.422)	0.00	4.02(2.519-6.410)	.000
Attitude on SRH communication						
Poor	65 (60.74%)	42 (39.25%)	1.00	0.004	1.00	
Good	644 (90.96%)	64 (9.03%)	4.349 (2.802-6.781)	0.00	7.851 (4.455-13.836)	.000

6: Discussion

The current study is one of few studies in Ethiopia to assess communication on sexual and reproductive health among undergraduate female students in Ethiopia.

In this study the majority of the students 786 (96.4%) reported that it is important to discuss sexual and reproductive health with partner. seven hundred seventeen (87.97%) of the students had discussed with their partner on at least two topics of sexual and reproductive issues. This is similar with the study conducted in USA showed that 86 % of females had discussed with their parents "how to know when you are ready to have sex". Eighty three percent of females had discussed with their parents how to talk to a boyfriend about sexual health issues, such as pregnancy, birth control, and STIs (2).

This finding is considerably higher when compared with a study which examined Patterns of communication for reproductive health knowledge transfer in Southern Nigeria showed that 74.4% of the females have engaged in discussions on sex, contraception, abortion, STIs and the risk factors of HIV/AIDS (5) and a Cross-Sectional study which was conducted among 750 undergraduate students selected from Wolaita Sodo University using a stratified simple random sampling technique during the academic year. With regards to parent youth's communication about sexual issues, the findings indicated that 69.3% female participants' communication with their parents about sexual issues (41). This finding contradicts with widespread opinion that sexuality is a taboo topic of discussion in traditional African societies.

Among the respondents the large majority 335 (39.97 %) had discussed STI/HIV issue with their peers, followed by 207(24.5 %) boy friend. It seems that students feel more comfortable and' at ease to discuss SRH issues with friends or peers compared to parents. This finding is different from the study conducted in Ghana which examined which family member was communicated with (but which did not specify which topic) found that the mother (33% of female youths) was the most frequently reported person with whom youths discussed sex-related matters, in contrast to the father (13%) (3) .This difference is may be due to shame or fear of parents.

This study has shown that while there is good awareness of SRH issues, knowledge deficits were illuminated and this knowledge may also lead individuals to the practicing of safer sex when they have their first sexual intercourse or consistent use of contraception among those in a relationship.

The findings of this study are in concordance with the results of survey among 1743 female undergraduate students in Tehran (17) , in KwaZulu-Natal, South Africa(38), where more than half (60.4%) of respondents mentioned that the most frequently mentioned source of information for SRH were mass media and school. This may suggest that there is a need to equip school friends (peers) and the mass media with the appropriate information and IEC materials on SRH issues.

Academic year is significantly associated with communication on SRH issues in our study, this coincides with the study on exploration of knowledge, attitudes and behaviors of young multiethnic Muslim-majority society in Malaysia were a gradual increase of levels of contraceptive methods awareness scores over year 1 to year 3 students (OR=0.71, 95% CI, 0.68 to 1.39, $P<0.05$; relative to undergraduate year 3) which can lead to better communication (18).

Students with age group 20-24 were less likely to communicate on SRH issues than age group 25 and above **(AOR=0.479, 95%CI: 0 .235 -0.976).** This may be related to increment in Age that results in Knowledge acquisition and need communication on SRH issues with peers.

Strengths and weakness of the study

Strength of the study

- Use Well structured questionnaire from validated survey instruments
- Participation of students was also generally satisfactory.
- This study could be an input as it identified the level of communication on SRH issues among female undergraduate students of wolaita Sodo University.

Limitations of the study

- Communication on SRH, sexual behaviors and attitude outcomes are based on self reported information, which is subjected to reporting errors, missed values and biases.
- Study was conducted in wolaita sodo university female students in the southern part of Ethiopia, and thus the findings cannot be generalized for all university female students in Ethiopia.
- Male students were not included in the study.

7: Conclusion and Recommendation

In this study majority of the students reported that it is important to discuss sexual and reproductive health with partner. Although a small number of the participants reported to have discussed SRH matters with their parent/s, much greater were preferred to discuss with their friends/peers than parents. This shows that Sexual and RH related issues continue to be socio cultural taboos among both young people and their parents. Therefore, strategies to enhance and Improve open communication on sexual and reproductive health between parents and students, as well as peer-to-peer education in schools, should be developed and strengthened as a means of increasing awareness about SRH issues. In a community where some young people feel shame when talking about SRH issues with families and even with their peers, such programs could play an important role in helping young women to prevent unwanted pregnancy and its consequences.

Finally, further studies should be conducted to examine what triggers, quality and timing of communication on sexuality and reproductive health related issues and the effect of communication on safe sexual behaviors.

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ANNEXES

Annex I: Consent form

In signing this document, I am giving my consent to participate in the study titled "Communication with partner about sexual and reproductive health issues among female undergraduate students of Wolaita Sodo University".

I have been informed that the purpose of this study is to assess the level and factors influencing communication with partner on sexual and reproductive health issues among female undergraduate students.

I have understood that participation in this study is entirely voluntarily. I have been told that my answers to the questions will not be given to anyone else and no reports of this study ever identify me in any way. I have also been informed that my participation or non-participation or my refusal to answer questions will have no effect on me. I understood that participation in this study does not involve risks..

Respondent's signature_____

If no, skip to the next participant

Date of interview: _____ Time started: _____ Time finished: _____

Interviewer Name_____Signature_____Date_____

Supervisor's name _____ signature _____

Results of interview questionnaire

1. Completed

2. Refused

3. Partially completed

Thank you

Mulugeta Tsegay

Addis Ababa University

Email: mulush07@yahoo.com

Annex II: English version Questionnaire

Addis Ababa University, college of health sciences, Centralized School of Nursing and Midwifery Questionnaire for assessment of level and factors influencing communication on SRH issues among female undergraduate students of wolaita Sodo University.

001. Questionnaire ID number_____

Note: Encircle from the given option and write if any other idea or answer is given

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

No	Question	Response	skip
101	age (in years)		
102	Marital status	1. Married 2. Single 3. Divorced 4. widow 5. Separated	
103	What is your religion?	1. Orthodox 2. Muslim 3. Catholic 4. Protestant 5. Others(specify)_____	
104	Ethnicity	1. Tigray 2. Amhara 3. oromo 3. Others (specify)_____	
105	Respondents academic year	1. first year 2. second year 3. third year 4. fourth year 5. fifth year	

Part II: knowledge of respondents on selected SRH issues.

s.no	Question	Response /alternative		
			Yes	No
201	Have you ever heard about reproductive health' (**if no skip to question number 203**)			
202	If yes to question number 201 what was your first Source of information about reproductive Health?	1. School		
		2. Peer including girl or boy friend		
		3. Mass media (TV, Radio, 'Magazines, Newspaper)		
		4. Family (father and mother)		
		5. Brothers /sisters		
		6. Relatives		
		7. Other specify		
204	What type of sexually transmitted infections (ST l) do you know? (more than one answer is possible)	1. Gonorrhea 2. Cancroids 3. HIV/AIDS 4. Syphilis 5. Others		
205	Which one of contraceptive method for youth do you know? (more than one answer is possible)	1. Pills 2. Condom 3. Depo 4. Norplant 5. IUCD 6. Using safe period of natural method		

Part III. **Attitude and behavior of respondents on selected SRH components**

s.no	Question	Alternative	Code
301	Do you think it is important to discuss about sexual and reproductive health issues with partner?	1.agree 2. disagree	
302	Communication with partner on SRH issues delay first sexual intercourse	1. Agree 2. Disagree 3. Not sure	
303	Do you believe that, if unmarried couples want to have sexual intercourse before marriage they must use Condom?	1. agree 2. disagree	

Part IV. factors influencing communication about SRH issues

s.no	Question	Response	
401	Have you ever discussed sex related issues and reproductive health issues with your partner	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. father 2. mother 3. brother/sister 4. boy friend 5. peer 6. other specify	

404	Have u ever discussed STI and HIV/AIDS?(**if your answer is 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. father 2. mother 3. brother/sister 4. boy friend 5. peer 6. other specify	
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. father 2. mother 3. brother/sister 4. boy friend 5. peer 6. other specify	
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. father 2. mother 3. brother/sister 4. boy friend 5. peer 6. other specify	
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. father 2. mother 3. brother/sister 4. boy friend 5. peer 6. other specify	
412	Have you ever discussed the menstrual period? If no skip toQuestion number 414	1. Yes 2. No	

413	If yes to question number 425 , with whom do you prefer more (first choice)to discuss menstruation ?	1. father 2. mother 3. brother/sister 4. boy friend 5. peer 6. other specify	
414	Have you ever discuss the sexual and reproductive health services necessary for young adults**?**	1. Yes 2. No	
415	If yes to question number 414, with whom do you prefer most (first choice) to discuss the sexual and Reproductive services necessary for young adults?	1. father 2. mother 3. brother/sister 4. boy friend 5. peer 6. other specify	

THANK YOU