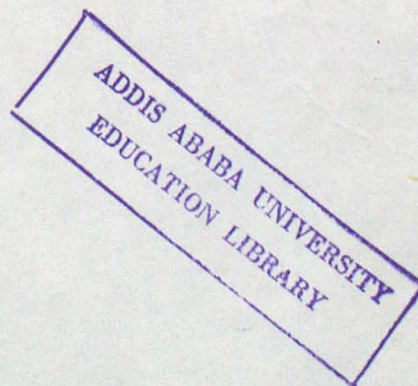


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GRADUATE PROGRAM
DEPARTMENT OF PSYCHOLOGY**

**Father-Daughter Relationship and Its Effect on Female
Sexuality: the Case of Adolescents in Some Selected Private
Colleges of Addis Ababa**

By
Zelege Mekonnen

June, 2006
Addis Ababa

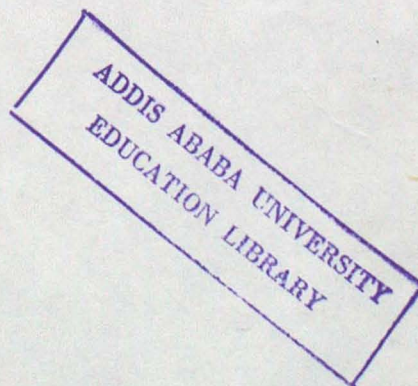


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**Thesis Submitted to the School of Graduate Studies of Addis Ababa
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of Master of Arts in Developmental psychology**

ZELEKE MEKONNEN

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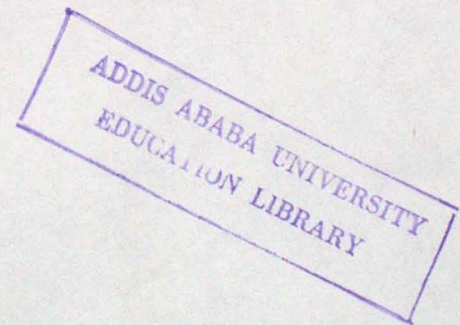


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LIST OF ABBREVIATIONS

AIDS-Acquired Immunodeficiency Syndrome

HIV-Human Immune Virus

STD-Sexual Transmitted Disease

WHO-World Health Organization

MOH-Ministry of Health Organization

ABSTRACT

Sexually active adolescent females exposing to HIV/AIDS and STDs are high. A supportive father-daughter relationship is an additional buffer from these risks. Fathers who involved in daughters' lives play an important role in influencing their sexuality. Thus, examining interaction factors would enhance our understanding of adolescent females and their sexuality.

A sample of 428 female students from seven colleges of Addis Ababa, who completed structured questionnaire, was incorporated in the study. Qualitative information was also obtained from two focus group discussions.

Overall, about 34% of female students reported ever having had sexual intercourse. Of sexually active female students, 57% reported having first had sexual intercourse without using condom. The higher sexually active female students scored on a scale of perceived paternal relationships, the more likely they were to report ever having had sexual intercourse with condom, condom use at last sexual intercourse and consistent condom use in the past six months (Odds ratios, 4.2, 5.1, and 6.3, respectively). Among sexually active female students, higher perceive father potential to discuss about sexuality and/or HIV/AIDS was positively related to condom use at last sexual intercourse and consistent condom use in the past six months (1.5, 1.3, respectively). Age of female adolescents and father educational status were positively associated with Sexual risk-taking behaviors among sexually active female students.

Paternal relationship may be a protective factor related to sexual risk-taking among sexually active female students. Including activities that acknowledge the influence of paternal relationships and facilitate positive father-daughter relationships may increase the efficacy of programs for reducing sexual risk-taking among college female students.

CHAPTER ONE

I. INTRODUCTION

1.1 Background of the Problem

In Ethiopia today, the number of sexual active adolescents is on the increase. Over 50 % of the population is under 20 years of age and half of these are under 14 years (MOH, 2002). Along with their increasing number, many adolescents today are at risk for adverse health outcomes stemming from their behavior, particularly from their involvement in less responsible sexual behavior (Ralph et al., 2001). Youth Net Assessment Team (2004) indicated that the highest prevalence of HIV is seen in the group 15-24 years of age (21%). It also indicated that the number of female infected between 15-19 years is much higher than the number of males in the same age group. This discrepancy is attributable to earlier sexual activity among young females with older male partners.

Ethiopia is a country with a complex cultural diversity. Differences in cultural and social values reflect variations in the age at which adolescent male and female begin their sexual relationship (Eyob and Genet, 1996). Communication among families, particularly fathers and daughters about sexual matters is seemingly inadequate or non-existing or provided too late in adolescence. Adolescents continue to be sexually active with all associated anxieties and risks including unwanted pregnancies and sexually transmitted diseases including HIV/AIDS.

The study of adolescent female sexual behavior and attitude is important because sexual active teenage women are at an especially high risk for HIV/AIDS and sexually transmitted disease due to unsafe sex practices among teens (Henggeler, Melton, and Rogdigue. 1992).

Research on adolescent and young adult sexuality has focused on identifying factors associated with responsible sexual attitudes and behaviors. In one review of the literature, Miller and Fox as cited in Bowling (2003) concluded that adolescent sexual attitude behavior are influenced by three general categories of influence (a) biological and psychological factors within an individual; (b) proximal relationships in family and peer groups; (c) social cultural contexts such as race, religion, school, and media. One review of the literature by (Zelalem, 2001; MOH, 2002) showed that among the many 'peer pressure', and 'alcoholic drinks' are taken as the major factors attributable to premarital sexuality among Ethiopian youth.

Unfortunately, there is no one definitive answer to this question. Adolescent sexual risk-taking behavior is complex and influenced by a variety of bio/psycho/social factors. Some of these influences, such as living in poverty, spending time with peers who are having sex, and drinking alcohol in excess, are risk factors. That is, they increase the risk that a teen may engage in understandable sexual behaviors. Other factors such as self-efficacy, good academic performance, and greater perceived negative consequences of pregnancy, are protective factors- they have protective influence on a teen's sexual decision making (Susan et al., 2001).

A subsequent review of the literature in our country has exclusively focused on common factors (peer-pressure, alcoholic drinks, living in poverty, drug abuse). Therefore, very little is known about the fathers' effect on the life of his daughter. This research seeks to identify how father-daughter relationship (connectedness and communication) affects female adolescent sexual risk-taking behaviors.

1.1.1 Theoretical Background

The key function of child's family is to raise the young person in as healthy a manner as possible (Lerner et al., 1998). The parents is to provide the child with a safe, secure, nurturant, loving, and supportive environment, one that allows the offspring to have a happy and healthy youth; this sort of experience allows the youth to develop the knowledge, values, attitudes, and behaviors to become an adult making productive contribution to self, family, community and society (Lerner et al.,1998). On the other hand, if adolescents are not properly treated and understood by themselves, parents and others, it is a great potential developmental stage for the development of risky behaviors such as drug and alcohol abuse, antisocial behaviors, smoking suicide, unsafe sex with all its consequences, etc (Santrock, 1999; Fabes and Martin, 2000).

Adolescents is the period of transition where the young person is no longer considered as a child and not yet an adult. In this period, physiological changes occur including attainment of reproductive maturity. The period is generally characterized by rapid physical, psychological, social and cognitive changes which include puberty, that is, physical and sexual maturity. Relating to this, Freud, the originator of psychoanalysis, indicated that adolescence is a genital stage during which sexuality becomes the dominant motive of the adolescent (Kimmel & Weiner, 1995).

The health of adolescent is greatly determined by their behavior and an important and complex area of adolescent behavioral health is sexuality (Bartholomae, Meschke, and Zental, 2000). Adolescent sexuality is influenced by both biological and social factors. Regarding the social factors, Brofenbrenner (1986) indicated that the contexts in which teens live that is the family, peers, schools, and the community affects the individual's behavior. In this connection, Moor

et al., (1995) suggest that the social influences upon sexual behavior are many, but family and peers are the primary agents. They also further suggested that what parents believe regarding the appropriateness or inappropriateness of sexual behavior for the teen children can be influential under conditions of open parent-child communication.

Recently, theoretical formulations concerning father and children have evolved toward an emphasis on contextual factors and specific dimensions of father-child relationships (Brotherson et al., 2003). These efforts have included a system model and a broad, contextual framework of responsible fathering (Brotherson, et al., 2003). Lamb (cited in Brotherson et al., 2003) has pointed out that often "studies" on paternal involvement ignore the emotional quality of father-child relationship. He further suggested that a critical factor is "how fathers, mothers, children, and other important people in their lives perceive and evaluate the father-child relationships. The quality of father-child relationship itself deserves serious attention as mediating factors in how fathers influence child outcomes.

Brotherson et al. (2003) introduced a conceptual framework building on Erikson's (1959) life span model of development, generative fathering, that suggests quality father-child relationships respond to children's needs and are sustained by fathers' "generative work" The model's focus on the generative capacities of men is similar to Lamb's model of positive paternal involvement. Pleck as cited in Brotherson et al. (2003) has noted that "positive paternal involvement may be the essence of what [Hawkins and others] conceptualize "generative fathering." The generative fathering model suggests the needs of children and the parent-child relationship establish a context in which differing domains of generative work (e.g., relationship work) are linked to specific parenting capacities and activities (such as connecting with children).

One of the fundamental characteristics of the generative fathering model is the interdependence between parents and children. This context gives rise to the corresponding domain relationship work. The model proposes two primary elements of such relationship work---facilitating healthy attachments with children and encouraging the understanding of children. The specific patterns of paternal involvement that link to fulfilling these elements of relationship work are identified as connecting with children and communicating with children (Brotherson et al., 2003).

The above conceptual constructs represent a specific dimension of positive father-child relationships. Thus, the generative fathering model proposes clear conceptual links between specific aspects of father involvement, quality of father-child relationship, and the children's outcome. Based on these concepts as a theoretical function, this study will explore the relevancy of these elements and this influence on father-daughter relationship during adolescence.

1.1.1a Bio-Ecological Approach

Bronfenbrenner and Morris (1998) have argued for an ecological approach to studying and understanding development. In contrast to artificial situations, they advocated that humans be studied in the actual environments in which they live. They postulated that human development takes place through processes of progressively more complex reciprocal interaction between an active, evolving biopsychological human organism and the persons, objects, and symbols in its immediate external environment.

According to Bronfenbrenner and Morris (1998), the person is considered to have six biopsychological characteristics. First is disposition, which includes traits such as impulsiveness, explosiveness, distractibility, curiosity, and deferring immediate gratification. Resources

constitute biopsychological liabilities assets to engage effectively in proximal processes and include ability, experience, knowledge, and skill. Demand is the capacity to invite or discourage reactions from the social environment of a kind that can disrupt or foster processes of psychological growth (personality). The other three biopsychological characteristics are age, gender, and ethnicity.

In this conceptual approach, communication processes are the enduring interaction to express warmth, attachment, concern, and interest between and among parents and children. It is a progressively more complex reciprocal activity that occurs in a regular basis over extended periods of time with at least one parent or adult with whom the child has developed a strong, Mutual, irrational attachment preferably for life (Bronfenbrenner and Morris, 1998).

1.1.1b The Ecological Risk and Protective Theory (ERPT)

Ecological risk and protective theory integrates the perspective of the bio-ecological theory of human development (Bronfenbrnner and Morris, 1998) and developmental contextualism (Lerner, 1998).

The bio-ecological theory suggests that it is necessary to identify risk and protective processes at several levels of human ecology, including individual, family, peer, school, and community settings. Developmental contextualism emphasizes how these processes vary as children mature and settings change. It moves the bio-ecological model through time and space, emphasizing the dynamic and reciprocal identifies those processes that can potentially mitigate youth development. Simultaneously, the protective approach identifies processes that can magnify the likelihood of positive development by enhancing children's ability to deal with risk situations and

youth are exposed to causal sexual practices; unwanted pregnancy, child bearing at early age, high risk abortion, HIV/AIDS and other sexually transmitted disease, rape, unemployment, poverty, and criminal acts (MOH, 2003).

Many studies have been conducted all over the world to assess the sexual behaviors of adolescents. In both developing and developed countries begin sexual activity relatively early. In Europe and America more than 80% of the adolescents were found to have their first sexual act before the age of 18 (World Health Organization, 1993). In Nigeria the lowest median age at first sexual contact is 15 years for men and 13 for females (Packard foundation, 2000).

Abstinence until marriage is the norm for most Ethiopian society, however, evidence from different studies conducted among the urban adolescents in different parts of the country revealed a sizable proportion of adolescents were sexually active out of the wedlock. In support of this study conducted in Jimma revealed that 59.6% of adolescents were sexually active of which 47% have more than one sexual partner, 21.3% having at least one abortion experience. Only 38.6% consistent users of condoms, while the remaining 57.2% were not (Zelalem, 2001). Similarly research conducted in Awassa showed that on a survey of 506 female adolescents in the age group of 15-24, that about 46.1% have encountered premarital pregnancy. On births to female adolescents in Ethiopia, as reported by the Family Guidance Association of Ethiopia (1996), there was high frequency of first birth before age 20, and the percentage was 63% for rural and 57% for urban.

Evidence from different studies conducted in Addis Ababa at a different times have documented that a sizable proportion of young people were sexually active (Abate and Genet, 1996; Zelalem, 2001). In line with this community-based surveys showed that, 35% of adolescents aged 15-19

by promoting growth, adaptation, and competence. Individual, family, and environmental factors can protect children from the risk impact and may help children learn to cope effectively with future stresses and to overcome sequelae of past hazards. Communication is an interpersonal skill to solve problems and to develop bonds with family, and other social institutions (Bogenschneider, 1996).

The bio-ecological perspective provides a developmental parent-child communication focus, and the ecological risk and protective theory provides developmental contextualism. Both approaches advocate family communication processes and the individual, family, and community risk and protective factors. Taken together, both approaches account for the known factors that have been established to predict adolescent health-risk behaviors and their short-and long-term consequences.

1.1.2 Adolescent Sexuality

Sexuality is a universal phenomenon in all young people and it is one of the developmental milestones during adolescence. Adolescent sexuality needs a critical cautions and appropriate treatment. Otherwise, it will significantly endanger the young person that in turn adversely affects a nation (Kosunen et al., 2003). According to Shine (2001) noted that a person's sexuality is unique and individual. Many things, culture and tradition, the society we live in, life experiences, personal beliefs shape it.

Adolescence is a period of high developmental changes in physical, mental, and social conditions. In this period the adolescent youth fails to control his emotions, listen to parents' advice and begins to indulge themselves in unhealthy behavioral activities. Consequently most

were sexually active. School based study revealed that 16% of females and 35.5% of male students in the high schools have ever had sexual intercourse. Furthermore, a comparative study conducted among in and out of school youth of aged 15-24 in Addis Ababa documented that 1/3 of the adolescents (46.6% out of school and 18% of in school) were sexually experienced (Nigussie, 2002).

A substantial body of sources attempts to explain the possible reason for the problems related to adolescents' sexuality in Ethiopia. It explained as there is no open discussion on adolescent reproductive health, when how fertility in the menstrual cycle and the probability of conception etc in the family, school, and community at large (Dagne, 1999; Zelalem, 2001).

There are strong cultural, traditional, and religious barriers on sexuality issues. Adolescents are not allowed or encouraged to converse these issue in their family or with their teacher. As a result, youth are unable to access the knowledge and skills needed to make healthy decisions and it limits their ability to seek contraception, family planning, counseling services when necessary (Nigussie et al., 1999; Dagne,1999).

In Ethiopia, most of the previous studies based on a major school survey were concerned with adolescent sexuality in related to the vantage point of physical health. using such indicators as the incidence of the pregnancies, abortion and sexual transmitted infections. However, the viewpoint of parent/adolescent relationship is largely ignored, particularly the father-daughter relationship. For instance, there are only few studies that have discussed the associations between parental relationships and sexual behavior (Adugna and Feben, 2005; Zelalem. 2001; Dagne, 1999)

1.1.3 Father-child Connection

A child is born into the world with many kinship connections: father, mother, sibling, grand parent, aunts, cousin, etc. Families are organized systems and subsystems of relationships among differing family members, including fathers and children, and the quality of father-child relationship is linked with the well-being of a growing child (Brotherson et al., 2003).

Connecting with one's child in relationship work involves both the sense of being emotionally and physically connected with a son or daughter and the father's effort to create and maintain healthy bonds between the child himself and others in the child's environment. The foundations for connecting with a child develop from birth as parents respond to a child's needs for safety, food, and protection and thus form an attachment bond that motivates care of the child (Brotherson et al., 2003).

The concept of father-child connection is a theoretical idea that merits further consideration. Such concepts as "positive paternal involvement" or "connectedness to parents" are closely linked with the idea of connection in the conceptual model of generative fathering. Research suggests that specific dimensions of how fathers connect with children out to be of primary concern to researchers (Brotherson et al., 2003).

Connectedness is a new concept that has emerged in the adolescent sexual behavior literature, and which shows strong relationship with healthy behaviors and better health outcomes (Bonny, 2000). Adolescents with a close relationship characterized by support, warmth, trust, and respect may internalize the parent's concern and control effort and may perceive them as acts of caring (Rodgers, 1999). Father connectedness is seemed to be a significant factor in affecting female adolescent sexual risk taking behaviors.

1.1.4 Parent-child Communication

Parent-child communication processes are the degree to which the parent and the child satisfied with how the family functions in terms of rules, relationships, and connectedness; the degree of openness with which communication is perceived between a parent and a child; the parent and the child's ability to manage conflicts; and to what degree the child perceives their family meets their care needs (Riesch, 2006). Others have found that the processes of communication are not only determined by the individual's character, some factors have still an effect on the parent-child communication pattern. Meschke et al. (2000) suggested that the way parent communicate with their child can be determined basically by the place, values, norms and cultures that the parent had experienced. Thus the individual's personal character has still an effect on determining the process of communication. The communication process can be enhanced to mediate the parent-child relationships that ordinarily would predict adolescent's well being. It is important, however, to consider cultural issues when examining adolescent-parent relationship (Steinberg, 2001).

Riesch et al. (2006) emphasized that the overall goal of parents, however, across any cultural group is to assure a child's successful transition to adulthood. There is a general agreement among the experts that certain parent and family characteristics, among them, family communication processes, are associated with better outcomes in youth (Miller et al., 1998).

Participation in semi-structured environment that encourages mutual interaction (play, work, recreation, etc) is a highly common pattern for connecting in quality father-child relationships. Additionally, such a context provides the shared activity needed for fathers to maintain communication during a child's adolescence, typically a time when fathers' involvement in such activities declines overall (Hosley and Montemayor, 1997). Common elements of communication

in this context tend to include humor and teasing (Larson and Rihcards, 1994). Thus a father's manner of interacting with his adolescent may often be intricately linked with his communication patterns.

The time that fathers spend with children during adolescence lessens, and they have fewer conversations. Other influences such as peers are also more consequential (Hosley and Montemayor, 1997). It is possible then that communication plays a very limited role during adolescence for fathers and their children in creating quality relationships. However, some research has shown that communication does continue to play a role in creating quality father-child relationships during adolescence (Brotherson, 1997; Snarey, 1993) and it is often cited as an important element of parent-child interaction (Barber, 1997; Hosley and Montemayor, 1997).

Evidence of the relation between parent-adolescent communication and teen sexual behavior is mixed. Some investigators have found no relation between parent/child communication and teen sexual behaviors (Miller, 1998). Others have related higher level of parental communication to an increase likelihood of adolescent intercourse (Widmer cited in Meschke, et al., 2000). Overall more frequent and positive parent-adolescent communication has been most commonly associated with fewer sexual partners and later and less frequent sexual activity (Feben and Adugna, 2005; Dittus et al., 1997). Communication has also been linked to contraceptive use. The more parents talked to their teens about sexual related issues the more consistently the teens used condom (Howel, 2001).

1.1.5 Parent as a Sex Educator

Many studies have examined whether or not parents are effective sex educators for their adolescents. Howell (2001) emphasized that parents' level of comfort in discussing sexuality was central to effective communication with adolescents. Haffner (1998) found that adolescents who report more sex education in the home also report better communication with their mothers and are also more likely to be satisfied with family interactions.

Feldman and Rosenthal as cited in Howell (2001) emphasize the importance of gender in their study about sex education. Their finding underline that teens often evaluate mothers more positively [as sex educator] than fathers, daughters often evaluate mothers more positively than sons, and parents often evaluate themselves more positively than their teenagers.

Despite the increasing bulk of literature encouraging sex education in the home, more than one-third of teens stated that they had not had even a single helpful conversation with their parents about sex (The National Campaign to Prevent Teen Pregnancy as cited in Marquez, 2004). The reason is that, many adults have difficulty acknowledging teenagers' emerging sexuality.

Adults' denial and disapproval of teenage sexual behavior may actually increase teenagers' risk of pregnancy and sexually transmitted diseases (Haffner, 1998). The majority of adults disapprove teenagers having intimate sexual relationships, and adolescents often perceive this disapproval. As a result many teenagers are willing to risk pregnancy and disease rather than damage their "reputation" with their parents or experience the disapproval of adults with whom they must interact to obtain contraceptives and condoms (Haffner, 1998).

1.1.6 Parental Values

Many studies have found that parental values have been associated with adolescent sexual behaviors. Following the review of the literature by Miller as cited in Meschke et al., (2000) concluded that the quality of parent-adolescent communication was related to a decrease in adolescent sexual behavior by transmitting values about sexuality, not through the obvious content of communication. Feben and Adugna (2005) found that healthy parent\adolescent relationship has been related to later onset of first sexual experience, having fewer sex partner and less frequent sexual activity. Fathers may play a particularly important role. Teens, who perceived their fathers' disapproval independent of their mothers' approval, delayed first intercourse (Dittus et al., 1997).

In addition to parent-adolescent relationships, characteristics of families are also associated with teen sexual behavior. Socioeconomic status has been linked to adolescent sexual behavior, primarily through levels of income, educational attainment and marital status. Higher levels of income have been related to later onset of sexual behavior and less frequent sexual activity (Feben, 2005; Meschke et al., 2000; Teweldebirhan, 1996). Likewise, higher level of parental education has been associated with lower adolescent sexual activity, delay of intercourse initiation and greater use of contraception (Feben, 2005; Odimegwu et al., 2002; and Forste, cited in Meschke et al., 2000).

Parental marital status has also been related to adolescent sexual activity. Adolescents, particularly females, living with one parent are more likely to engage in early sexual behaviors and less frequently use contraceptives than adolescents with two parents in the home (Feben, 2005; Miller, 2002; and Hayes, 1987). Parental values may be more easily transferred to children

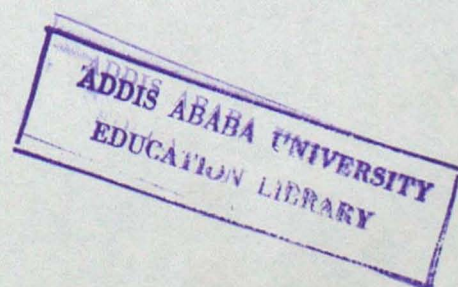
when they are living in the same house with their parents. Dittus et al. (1997) discussed the importance of the paternal disapproval of teen sex. They found that it was more difficult for teens to perceive this disapproval when the father was absent. However, if the teen did perceive their father's disapproval of teen sex, it moderated the effect of his absence (Dittus et al., cited in Shannon, 2000).

Generally, parental values attribute to the adolescent sexual behaviors. Parents who communicate behavioral expectations such as disapproval of chewing Khat, drinking, sexual involvement, and place value on relationships may contribute toward health-risk behavior among children.

1.2 Purposes of the Research

Research on adolescents and young adult sexuality has found on identifying factors associated with sexual attitudes and behaviors. Early sexual activity has been widely studied in the context of pregnancies, substance use and antisocial behaviors, but the aspects of father-daughter relationship and its effect on female sexuality have received less attention. Wilson and Smith as cited in Bowling et al. (2003) recently suggested that examining interaction dynamics would enhance our understanding of adolescent and young adult sexuality.

In Ethiopia the study of paternal influences on female sexuality has been less prevalent in the literature. When parents' contributions to their adolescents' problem behavior have been examined, the majority of the work has not identified, particularly the father/daughter relationship and its influence on adolescent female sexuality. This does not mean that mothers' contributions to their daughters' health outcome has been studied. As Miller et al. (1998) suggest that the adolescent sexual behavior cannot be explained within a single theory. Similarly, it is doubtful that fathers are the sole cause for adolescent females' sexual risk-taking behaviors; it is



highly possible that they play a large role in promoting other opportunities and options for their daughters. Thus, fathers who involved in daughters' lives play an important role in influencing their sexuality. This is not to say that adolescent females cannot survive without a male figure in their life. Indeed, emotional closeness, communication about sexual related issues, and verbal reinforcement can also be received from mothers, grandparents, and teachers. However, because rates of adolescent females exposing to HIV/AIDS and STDS are high, a supportive father-daughter relationship is an additional buffer from these risks. Therefore, the study adopted a more micro perspective, identifying how different factors of the father-daughter relationships affect female sexual risk-taking behaviors. Responsible sexual behaviors among adolescent females seemed to be affected by (a) positive communication with fathers, especially regarding sex; (b) father connectedness with their daughters.

Therefore, based on the above major objective, the study attempted to answer the following basic research questions:

- Is there any relationship between perceived father-daughter relationships and female adolescents' sexual risk-taking behavior (i.e., communication and connectedness)?
- Are there associations between some selected socio-demographic variables and sexual risk-taking behavior of female adolescents?
- To what extent factors other than the father-daughter relationships determine sexual decision-making of adolescent females?

1.3 Operational Definition

- 1 **Father-daughter Relationship:** defined as the amount of time adolescents spend with their fathers, adolescent rating of interaction quality with fathers, rating of their father effect, and adolescent rating of the amount of importance of their relationships with fathers.
- 2 **Adolescence:** the concept of adolescence is difficult to define across deferent socio-cultural settings and areas; for the purpose of this study adolescence refers to individuals between the age group of 15 and 24 years.
- 3 **Adolescent sexuality:** defined as adolescents' sexual behavior. For example, being involved in sexual risk taking behaviors or having either multiple partners and/or no condom use.
- 4 **Father connectedness:** the quality of the emotional bond between father and daughter and by the degree to which this bond is both mutual and sustained over time. E.g., "My father always talks to me about sexual issues and I'm happy with that"
- 5 **Positive Father-daughter communication:** is the degree of openness experienced between the fathers and their daughters in discussing issues related to sexuality. Fathers' ability to understand and listen to his daughters. E.g., "I confidently talk to my father about sex, because he can understands me"
- 6 **Father as a sex educator:** defined as fathers' potential to discuss about sexuality and/or HIV/AIDS related issues with their daughter. E.g., "Have you ever seen your father exerting his effort to let you know or teach about sexuality and/or HIV/AIDS related issues"

CHAPTER TWO

Methods

2.1 Design of the Study

The study is a cross sectional survey, supplemented by focus group discussion.

Father-Daughter Relationship (Independent variable)

In the preliminary analysis, each independent variable (thirteen items for communication and seven items for connectedness) were treated separately to see their actual effect on the dependent variables. However, since the two independent variables were strongly correlated, they were collapsed into a single variable forming quality of father-daughter relationships with good reliability (cronbach,s alpha, .73).

Quality of father-daughter relationship was measured using responses to 20 statements such as "I often talk with my father about sexuality or HIV/AIDS and I am happy with that.", " In most issues there is understanding between my father and me.", "I like to share my secrecies to my father, because I always get his positive feedback." and "I just do not remember ever hearing that my father talks about my positive aspects to others."

The items were built in a way to measure whether female adolescents have positive, poor and almost zero relationship with their fathers. Responses for twelve items were scored on a five-point scale ranging from one (never express my feeling) to five (quite express my feeling). Responses for 9 items were coded into three categorical groups: one (if the respondents mentioned never father), two (if the respondents mentioned primarily out of father) and three (if

the respondents mentioned primarily father). Four items were reverse-coded so that in all cases, a high score reflected high quality of father-daughter relationship. For analytic purposes, each item scale was reduced and recoded on a three point scale ranging from one (negative responses) to three (positive responses).

Based on the mean of total scores, the variable was categorized on a three point scale ranging from one (below the mean) to three (above the mean). Female adolescents who scored above the mean were classified in good quality of paternal relationship while those who scored below the mean were classified in poor quality of father-daughter relationship. Female adolescents who scored in the middle on the two dimensions (good quality and poor quality) were classified in neither good nor poor quality of father-daughter relationship.

Father as a sex educator (Independent variable): this was measured using respondents to five statements such as “Have you ever seen your father exerting his effort to know about sexuality and/or HIV/AIDS?”, “Do you think that your father will give you more explanation or satisfactory answer, if you asked him about sexuality and/or HIV/AIDS related issues?” and “have you ever seen your father exerting his effort to let you know or teach about sexuality and/or HIV/AIDS related issues? Responses were scored by two categories one (yes) and two (no); two items were reverse coded, so that in all cases, a high score reflected high father’s potential to discuss about sexuality and/or HIV/AIDS with their daughters. Scores for all five items were totaled, forming fathers’ potential to teach or to discuss issues about sexuality and/or HIV/AIDS with a good reliability (Cronbach’s alpha, .70). Based on the mean of the total score, fathers’ potential category was divided into two groups: above the mean (high potential) and below the mean (low potential).

2.2 Sampling Procedure

The researcher uses different sampling techniques to come across the samples included in the study. Given the problem of access to the total number of private college female students, ADDIS ABABA REGIONAL EDUCATIONAL OFFICE identifies only the existence of 69 private colleges in the city. Then, in order to get high proportion of female students seven colleges were identified on the basis of purposive sampling.

To determine the sample size, the researcher was used the following formula,

$$N = \frac{Z^2 \times P (1-P)}{E^2}$$

Where

N= required sample size

Z= confidence interval (95%)

P= expected frequency

SE= standard error

Assumption

Z=1.96 (confidence interval)

P=.50 (an unknown)

E=.04 (4%) level of standard error

$$\text{Therefore } N = \frac{1.96^2 \times .50 (1-0.50)}{(.04)^2} + 10\% = 600 + 60 = 660$$

10% allowance for none response or none compliance.

The target sample size (n) = $P (1-P) Z^2 / E^2$ (Sarantakos; 1988)

Thus, six hundred sixty private college female students were taken to be assessed in the study. Then, total populations were gathered from the registrar's office of each college. It was found that in all the seven colleges 6950 female students were regularly attending their classes. Then, allocations of the study subjects were selected in accordance with the proportion of students in each college. For the sample selection, simple random sampling techniques was used and thereafter for data collection questionnaires were distributed to the sample group who were attending classes at the time of the survey. However, out of the total population, 108 female students did not return the questionnaire, 109 of the participants were currently found not living with their fathers and 15 students were found above the age of 24 years. Hence only 428 female students were entered into SPSS software program.

The following table presents summary of the sample considered along with the demographic characteristics.

Table 1 Percentage Distribution of Socio-Demographic Characteristics of the Female Adolescents Aged 15-24.

Variable	Frequency	Percentage (%)
Age of Female Adolescents		
15-18	82	19
19-21	190	44
22-24	156	37
Total	428	100
Place of Birth		
Rural	47	11
Urban	381	89
Total	428	100
Previous Resident		
Addis Ababa	319	74.5
Out of Addis Ababa	108	25.2
Total	427	99.7
Females' Religion		
Orthodox	315	73.8
Muslim	42	9.8
Protestant	56	13.1
Catholic	5	1.2
Other	9	2.1
Total	427	100
Frequency of Church Attending		
Almost everyday	48	11.2
At least twice a week	130	30.4
Once a week	151	35.3
Once a month	80	18.7
Not at all	18	4.2
Total	427	99.8
Current Living		
Father and mother	347	81.1
Father	81	18.9
Total	428	100
Father Marital Status		
Married	358	84.4
Divorced	20	4.7
Widowed	21	5
Separated	12	2.8
Other	13	3.1
Total	424	100
Father Educational Level		
Illiterate	41	9.6
1-8	107	25.1
9-12	121	27.5
Diploma and Above	161	37.8
Total	428	100

→ For the purpose of this study, age of female adolescents has been categorized into three groups (i.e., 15-18, 19-21 and 22-24). About forty four percent of the respondents were aged 19-21, 37% were aged 22-24 and nearly 20% were aged 15-18. Since the target groups are students of private colleges, the researcher anticipated that there would be greater percentages of female students in age groups 19-24. Regarding their place of birth, the vast majority of female students (89%) reported to be urban while the remainder reported to be rural.

To compare their previous residence with other variables, it was categorized into two (i.e., Addis Ababa and out of Addis Ababa). About seventy five percent of females indicated that their previous residence to be Addis Ababa at least until they completed secondary school. While the remaining 25% of the respondents came from out of Addis Ababa.

Coming to their religious affiliation, large percentage (73%) of the female students were Orthodox and 14% were Protestant followed by Muslim (9%), Catholic (2.5%) and other religious affiliation (2.4%). When respondents asked to indicate their degree of religiousness, 35% were going church once a week and 31% twice a week. The remainder 17% and 12% was attending church once a month and almost everyday, respectively. Only 5% of the respondents indicated that they had never gone to church.

In relation to their current living situation, 81.1% reported living with both biological parents and only 20% with one biological parent (father). Since the study gives more importance to father, samples were selected by currently living with father. Thus, another parents (adult, relatives, none relatives, mother only ...etc.) and females living alone were not inculcated in the study. When asked about their father's marital status, large percentage (80%) of the respondents reported that their father to be married. While the remainder who reported their father living

alone for many reasons, those percentages of the cause were 7% (divorced), 5% (widowed), 4% (separated) and 5% (others).

Concerning their father's educational status, about 26% of the respondents reported that their father completed grades 9-12 and 25% attended grades 1-8. Overall, 161(38%) of adolescents were from whose educational status is diploma and above. Only 10% of fathers had no formal education.

2.3 Tools

The study was used two kinds of survey instruments; self-administered questionnaire and focus group discussion to supplement the information that was obtained from the questionnaire.

Questionnaire

Some structured self-administered questionnaire was adopted from (Meschke et.al.: 2000; Adugna and Feben, 2005). The questionnaire comprises of 11 items on socio-demographic characteristics, 13 items on communication (none sexual and sexual and/or HIV/AIDS related issues), 7 items on paternal connectedness, 7 items on father as a sex educator and 13 items on sexual risk taking behaviors. Attempt was made to change some items originally adopted to suit our culture by the researcher and another post graduate students. Some items originally developed in English were also translated into 'Amarigna'. Besides, some items were originally developed by the researcher.

Self-administered questionnaire was preferred to deal with sensitive issues to minimize social desirability bias and interview distortion that often limits the use of the face-to-face interviews.

Focus Group Discussion

Two focus group discussions were also used to gain supportive qualitative data about adolescent female sexuality. The researcher choose this methods because the permissive and non threatening atmosphere of focus group is particularly appropriate for investigating sensitive topic such as sexual behavior and attitudes (Krueger, 1988).

Voluntary participants were involved in the focus group discussion. The number of the participants in each group ranged from 6 to 8 individuals and semi-structured discussion guide was used to lead the discussion. The focus group discussion was centered on the female adolescents' view of sexual behavior and their perception of fathers' role in shaping their sexual behavior.

2.4 Pilot Test

After the development of the questionnaire and discussion guides, it was pre-tested on two private colleges of Addis Ababa. The purpose of the pre-test was to examine the appropriateness and quality of the instruments, checking clarity of items and mainly a bid of getting some hint on cooperativeness of the respondents. A sample of 57 randomly selected female students were considered from two private colleges in Addis Ababa (from college 'A' 27 and from college 'B' 30).

In order to get information from fathers' side, the questionnaire was sent to them via their daughters. However, the students who had taken the questionnaire to be filled by their fathers were not able to return it at the expected time. Of the total 57 questionnaires related to fathers, only 15 were returned back. Of these nearly 100% of fathers were responded positively for items

deals about father as a sex educator. Due to the aforementioned problems, the researcher was obliged to add items, which were intended to be filled by fathers, on the questionnaire related to female adolescents. Consequently, the questionnaire that focused on both father and daughter was tested by 50 randomly selected female adolescents from two colleges (From college 'A' 26 and from college 'B' 24').

Before the distribution, each questionnaire was enclosed to enhance confidentiality rates and at an average 5 minutes of overall orientation was given in convenient room.

From a total of 50 female students from both colleges, 6 of the students were found above the age of 24 years, 5 were returned the questionnaire with severe missing cases, 5 did not return the questionnaire, and 2 were found living alone. Only responses of 32 female adolescents were found correct.

In the pilot test, of the total female students, 35 % were aged 15-18 and 45% were aged 19-24. On the other hand, 29% of the female adolescent students were sexually active. Of this, 40% reported that they had ever had sexual intercourse without using condom.

In the pilot test, cronbach alpha was calculated to determine the reliability of the items. Accordingly, the reliability of communication on sexual issues, communication in all female's activities, father as a sex educator and connectedness items was found to be .65, .77, .68 and .72, respectively. Together, .71 alpha coefficients were ready for the actual study. Finally, based on the feedback from the pilot-test appropriate modifications were made on some leading question items.

2.5 Ethical Consideration

The respective college presidents were contacted and informed about the whole purpose of the research project. The respondents were also informed about the objectives of the study and their right to participate or not to participate in filling the questionnaire or the focus group discussion. Moreover, students were told that their answers will be held confidential. After gaining verbal consent, the questionnaire and the focus group discussion were administered.

2.6 Data Analyses

Basically the research is both quantitative and qualitative in nature.

For descriptive analyses, the researcher examined specific sexual risk behaviors as dichotomous variables: whether female adolescent students had ever had sexual intercourse; had used condom at last sexual intercourse; had first had sexual intercourse without using condom; and had used condom consistently at least in the past six months. For these behaviors, the researcher used chi-square analyses to determine significant differences by selected socio-demographic characteristics. Analysis of variance was also used to test significant differences in sexual behaviors and paternal processes. For descriptive analyses of paternal processes, the researcher again, used chi-square analyses to analyze differences by selected socio-demographic characteristics.

Logistic regression was analyzed to examine the association between adolescent female students' perception of paternal processes and self-reported sexual behavior (as measured, again, by dichotomous variable), controlling for the recognized variables. For all outcomes, only students

who reported being sexually experienced were included. All descriptive analyses were conducted using SPSS for windows 11.5.

The independent variables in logistic regression can take any form, that is, logistic regression makes no assumption about the distribution of the independent variables. They do not have to be normally distributed, linearly related or of equal variance within each group. Logistic regression is based on the concept of odds ratio, i.e. $\theta / (1 - \theta)$ and computes the log odds that a particular outcome will occur (Brace et al, 2003). In other words, the relationship between the predictor and response variables is not a linear function in logistic regression; instead, the logistic regression function is used, which is the logit transformation of θ :

$$\text{Logit } \theta(x) = \log \frac{\theta(x)}{1 - \theta(x)} = \alpha + \beta_1 X_1 + \beta_2 X_2 + \dots + \beta_i X_i$$

Where, $\log \frac{\theta(x)}{1 - \theta(x)}$ = the log odds ratio, or logit

β = the coefficient of the predictor variables

α = the constant of the equation

Regarding the focus group discussion, all the process were tape recorded and transcribed. Then, the material were reorganized and analyzed according to the stated questions.

CHAPTER THREE

Findings

The major objective of this study was to investigate how the father-daughter relationships (communication and connectedness) affect college female students' sexual risk-taking behaviors.

This chapter is devoted to the presentation of data related to the present study.

3.1 Sexual Behavior

Respondents were asked whether female adolescents had had sexual intercourse at least once or not. Overall, one-thirds (33%) of female students reported that they had ever had sexual intercourse. Unlike the result from the questionnaire, in the focus group discussion, the participants in the different groups indicated that proportion of college female students who are practicing sex is high. The data are summarized in the Table 2 below.

Table 2 The Association between Age of Female Adolescents and Ever Had Sex

Variable	Ever had sex			X ² test
	Yes (N, %)	No(N, %)	Total (N,%)	
Age range (mean)				
15-18 (17.35)	18(12.7)	64(22.8)	82(19.4)	X ² =23.361 P=.000*
19-21 (19.83)	50(35.2)	137(48.8)	187(44.2)	
22-24 (22.25)	74(52.1)	80(28.5)	154(36.4)	
Total	142(33.6)	281(66.4)	423(100)	

*=Statistically significant at P:P<0.001

As it can be seen from the above table, among sexually active female students, 13%, with a mean age of (17.4) reported that they had ever had intercourse. Where as 35.2% and 52.1%, with a mean age of (19.8) and (22.3), respectively, described that they had ever had sexual intercourse. Thus, the result from the table illustrates, the distribution of sexually active female students increased with age. Large percentage of the female adolescents in age group 22-24 is sexually active compared to their age group 15-18 years-old counterparts ($\chi^2=23.361$, $P=.000$).

Table 3 Percentage Distribution of Premarital Sexual Activities of the Study Population

Variable	Frequency	Percentage (%)
Reasons why Adolescents Engaged in Premarital sex		
Physical pleasure	8	5.8
Love	106	76.8
Convinced with money or gifts	2	1.4
Peer pressure	2	1.4
Rape	2	1.4
Total	120	86.8
Female's First Sex Partner		
Student	54	38.6
Merchant	26	18.6
Government Employee	36	25.7
Causal person	1	.7
Other	23	16.4
Total	140	100
Age of Females' Partner		
15-24	76	53.5
25-45	65	45.8
> 45	1	.7
Total	142	100
Duration with partner		
Weeks	2	1.4
Months	38	27.3
Years	99	71.2
Total	139	99.9
Ever had Sexual transmitted Diseases		
Yes	4	2.9
No	137	96.4
Total	141	99.3
Number of Partner in the Past Two Years		
one	115	81
Two	16	11.3
Three and above	8	5.6
Total	139	97.9
Making daughters Feel Unsafe		
Yes	35	25.7
No	103	73.6
Total	138	99.3

Sexually active female students were asked questions about their sexual behaviors. Asked about the reason for their first sexual intercourse, the majority of sexually active female students (77%) reported that it was due to love, 19% for sexual satisfaction (physical seduction) and 1.4% reported having been deceived or tricked into having sexual intercourse. Only 1.4% reported having been raped.

In the same table, respondents asked about their first sexual partner. For thirty-nine percent of the sexually active female students, their first sexual partner was student, 26% government employee, 19% merchant and nearly 1% causal person. The remainder 16% reported partners who are broker, foreigner, a person live abroad ...etc.

The above table also depicts that 54% of the respondents' first sexual partner falls in the age group 15-24. Slightly less than half of the respondents (46%) reported in the age group 25-45 and nearly 1% reported age above 45. As shown in the table, slightly large number of respondents' partner was about the same age.

Considering the duration with first sex partner, large percentage of the sexually active female students (71%) reported that they were staying for years, more than one-thirds (27%) reported for months. Only 1.4% reported that they were staying for weeks. No students reported for days. On whether they ever had sexually transmitted diseases (STDs), the vast majority of the respondents (96%) described that they had never had sexually transmitted diseases, the remainder (3%) accepted that they had experienced.

Regarding the number of their sexual partner, 81% percent of the respondents reported had sexual intercourse with one partner for the past two years while 11.3% and 2.1% with two and three

partners, respectively. The distribution of those who have had four and above number of sexual partners was 6%, with 2.1% missing cases.

For question, about an event that made sexually active female students feel unsafe since they had had first sexual intercourse, one-fourths (25%) of the respondents were believed that they were feeling unsafe as the time of the study. Where as large number of the respondents (75%) reported that they were free from risk.

During the focus group discussion, most discussant mentioned that peer pressure is the principal cause for many adolescents to initiate for having first sexual intercourse.

A 19 years old girl from one of the seven colleges, quoted as saying,

“When I was 18, I was really queer to know the mood and the feeling that my friends gained through sexual intercourse. Then, I let it happened and things become clear. Now I know the time should I make a sex and a friend should I make.”

In contrast with the result of the questionnaire, most of the discussant in the focus group discussions, believed that adolescent females stay short with their first sexual partners. They further reported that many adolescents are not willing to tell frankly whether they have got sexual diseases.

An 18 years old girl, quoted as saying,

“As to me, if I faced such kind of problem, I swear to God, I would never tell my friends, let alone my parents. I may tell my sister if the problem is getting worse.”

One of the participants stated that she believes parents have to support their daughters and tell them to disregard all the information they get from their friends like the case of having early sex. As far as she is concerned, the participant further states, she had never had that support at home. So, she had to go elsewhere to get it.

3.1.1 Contraceptive Use

Among the sexually active female students 42% of the respondents reported that they had used contraceptive at sexual debut where as 58% of the respondents reported that they didn't use. An attempt has also been made to investigate whether there is a relationship between age of female adolescents and their sexual risk-taking behavior.

Table 4 Association between Ages of Sexually Active Female Adolescents at First Sex and Condom Use at First Sexual Intercourse

Variable	Age range at first sexual intercourse			X ² test
	15-18	19-24	Total (N,%)	
Had first had sexual Intercourse without Using Condom				
Yes	53(77.9)	27(38)	80(57.6)	X ² =22.650
No	15(22.1)	44(62)	59(42.4)	P<.000*
Total	68(100)	71(100)	139(100)	

* = Statistically significant at P:P<0.001

Result from the table shows, a significant relationship was evident between condom use at first intercourse and age at first sex: Respondents who lie in the age group 15-18 were less likely than those found in the age group 19-24 to say that they had used a condom at first sexual intercourse

(22% VS. 62%, P= 0.000). The result shown in Table 4, is consistent with result in the questionnaire from the focus group discussion showing that females at younger age are more likely than older to have first sexual intercourse without using condom.

An attempt was made to determine whether there is an association between selected socio-demographic characteristics and risk taking behavior. The data are summarized in the table 5 below.

Table 5 Association between Selected Socio-Demographic Characteristics and Risk- taking behavior

Variables	Ever Had Sex Without Using Condom			X ² test
	Yes (N, %)	No (N,%)	Total (N,%)	
Father educational status				
No formal education	38(46.9)	17(27.9)	55(38.7)	X ² =6.257 P=.044*
Primary	22(27.2)	18(29.5)	40(28.2)	
Secondary and above	21(25.9)	26(42.6)	47(33.1)	
Father marital status				
With spouse	57(70.4)	45(75)	102(72.3)	X ² = .369 P=.543
Not with Spouse	24(29.6)	15(25)	39(27.7)	
Females previous residence				
Addis Ababa	55(67)	42(68.9)	97(68.3)	X ² =.015 P=.904
Out of Addis Ababa	26(32.1)	19(31.1)	45(31.7)	

* = Statistically significant at P:P<0.05

As shown from the above table, respondents who reported that their fathers had no formal education were less likely than other respondents to say that they had ever used condom at first sexual intercourse. The distributions of those respondents who had used condom at first sexual intercourse was consistently increased as the father's educational level increased, these

proportions were 28% no formal education , 30% primary and 43% secondary and above. This difference was not statistically significant regarding to their previous residence and current situations of fathers marital status. That is, sexually active female students' previous residence and their fathers marital status were not significantly associated with female students ever had used condom at sexual intercourse.

3.2 Father as a Sex Educator

Overall, 236 (56%) of the female students reported that their fathers have high potential to teach about sexuality and/or HIV/AIDS where as 44% were reported that their fathers did not have.

To determine whether or not there is an association between level of father education and perceived father potential to teach their daughters about sexuality and/or HIV/AIDS, chi-square analysis was conducted. The data are summarized in the Table 6 below.

Table 6 Association between Perceived Father's potential to Discuss about Sexuality and/or HIV/AIDS and Their Educational Level

Variable	Father potential to teach about sexuality and/or HIV/AIDS			X ² test
	Low (N,%)	High (N,%)	Total(N,%)	
Father educational level				
No formal education	30(16.1)	10(4.2)	40(9.5)	X ² =38.856 P=.000*
Primary	64(34.4)	43(18.2)	107(25.4)	
Secondary and above	92(49.5)	183(77.5)	275(65.2)	

* = Statistically significant at P: P<0.001

The inspection of chi-square statistics shows that level of fathers' education is significantly related with perceived fathers' potential to teach about sexuality or HIV/AIDS showing that the likelihood of having high potential to discuss issues about sexuality or HIV/AIDS with their daughters increases in line with the higher fathers' educational level ($\chi^2=38.856$, P=.000).

Table 7 The Association between Perceived Fathers' Potential to Discuss about Sexuality or HIV/AIDS and Sexual Risk-Taking Behaviors

Ever Had Sexual Intercourse without Using Condom	Father potential to teach about			X ² test
	Low (N, %)	High (N, %)	Total (N, %)	
Yes	45(69.2)	36(46.8)	81(57)	X ² =7.267 P=.006*
No	20(30.8)	41(53.2)	61(43)	
Condom Use at Last Sexual Intercourse				
Yes	42(66.2)	57(76)	100(71.4)	X ² =1.654 P=.198
No	22(33.8)	18(24)	40(28.6)	

* = Statistically significant at P: P<0.05

The result from the above table regarding the association between perceived fathers' potential to discuss issues about sexuality and/or HIV/AIDS with their daughters and adolescents had ever had sexual intercourse without using condom shows that there is statistically significant association between the two ($\chi^2=7.267$, $P=.006$). Which means respondents who reported fathers have low potential were less likely than those who reported high potential to say had ever used condom at sexual intercourse (31% VS. 53%). However, this difference was not statistically significant with regard to their condom use at last sexual intercourse. That is, perceived potential of fathers to discuss about sexuality or HIV/AIDS was not significantly associated among sexually active female students) in using condom at last sexual intercourse ($\chi^2=1.654$, $P=.198$). Other sexual risk-taking behavior (ever had used condom in the past six months) was also not associated with degree of perceived father potential to discuss about sexuality or HIV/AIDS (not shown).

Table 8 Percentage Distribution of Perceived Fathers' sources of Information on Sexuality and/or HIV/AIDS and Issues that Fathers Comfortable to Discuss about

Variable	Frequency	Percentage (%)
Important Sources of Father to Get Information About Sexuality or HIV/AIDS		
<i>Health Practitioners</i>		
Yes	63	15
No	358	85
Total	421	100
<i>Non Governmental Organization (NGOs)</i>		
Yes	24	5.7
No	397	94.3
Total	421	100
<i>Media</i>		
Yes	151	35.9
No	270	64.2
Total	421	100
<i>Other (book, magazine, newspaper...etc)</i>		
Yes	11	3
No	405	94
Total	416	97
Issues Father Comfortable to discuss		
<i>Sex as a refreshing act</i>		
Yes	8	1.9
No	413	98
Total	421	99.9
<i>Sexual intercourse with safety measures</i>		
Yes	56	13.3
No	365	86.7
Total	421	100
Risk of Sexual Intercourse		
Yes	177	42.1
No	243	57.9
Total	420	100

When female adolescents asked questions about the source of their fathers' information on issues related to sexuality or HIV/AIDS, 85% female adolescents responded that their fathers have no access to information from health practitioners. The remaining 15% were reported to have access. Regarding None Governmental Organizations as a source of information, the vast majority of the respondents (94%) were reported that their fathers have no access. While the remaining 6% get information from NGOs.

Concerning the most important perceived source of information on issues related to sexuality or HIV/AIDS, slightly more than one-thirds (36%) of the respondents indicated that fathers have access information from the mass media. Fewer numbers of students reported other sources of information (e.g., books, magazines, pamphlets, newspaper and churches). Only 3% of the fathers have information through reading and attending church, respectively.

Issues related to areas that fathers comfortable was also rose for female adolescents. Ninety-eight percent of the fathers were not comfortable to discuss about sex as a refreshing act with their daughters in contrast 2% of fathers. The issue of talking about safety measures in sexual intercourse was even found to be the most challenging issues for 87% of fathers. Moreover, issues concerning risk of sexual intercourse was well comforted by 42% of fathers, while more than half (58%) reported that the issue was the most challenging.

During the focus group discussion, large number of participants believed that mass media is an important source of information, especially, about sexuality or HIV/AIDS for the majority of the fathers which rarely initiate the families to discuss on.

As an 17 years old girl, was quoted as saying,

“I sometimes observe my father watching TV drama on sexuality or HIV/AIDS attentively. In the end, he usually turns his face towards me and accordingly, initiates ideas to thoroughly discuss.”

However, the divergent groups of discussants agreed that most fathers are not willing to discuss profoundly and candidly with their daughters due to the proliferation of taboos legacies from their forefathers. Besides culture factor, the discussants also stressed that lack of knowledge and skills are still remain the causes of crux problems. Meanwhile, all female adolescents

underscored that due attention and special time must be accorded from their fathers to discuss sexuality related issues, including HIV/AIDS.

As an 19 years old girl forwarded,

“When I talk through phone with my friends for long, I often see my father frowning and dismaying. He then raises issues about HIV/AIDS with the aim of giving me lesson about the pandemic; especially he refers people who have died or victim of HIV/AIDS. But I don’t feel comfort because he never understands me. I wish I could discuss issues about sexuality or HIV/AIDS, but not in this way. And I think a lot of girls have faced the same problem.”

3.3 Father-Daughter Relationship

Among adolescent female students 15% of the respondents were reported having good quality of paternal relationship. While 41.9% and 43.4% of the respondents were reported having poor and neither good nor poor quality of paternal relationship, respectively.

An attempt was made to investigate whether paternal characteristics are associated with selected socio-economic characteristics. The data are summarized in the Table 9 below.

Table 9 The association between Selected Socio-demographic Characteristics and Quality of Father-Daughter Relationship

	Quality of Father-Daughter Relationship				X ² test
	Poor (N,%)	Neither poor nor good(N,%)	Good (N,%)	Total (N,%)	
Father Educational level					
No Formal education	76(41.1)	63(33.8)	13(24.1)	152(35.1)	X ² =16.030 P=.003*
Primary	48(27.5)	53(29.1)	10(20.7)	111(25.8)	
Secondary and above	56(31.4)	70(37.1)	39(55.2)	165(38.5)	
Total	180(41.9)	186 (43.4)	62(14.5)	428(99.8)	
Age of female adolescents					
15-18	22(17.7)	36(18.8)	16(19.3)	74(18.5)	X ² =.088 P=.957
19-24	102(82.3)	156(81.3)	67(80.7)	320(87.2)	

* = Statistically significant at P: P<0.05

Table 9 examines the relationships between selected socio-economic characteristics and quality of paternal relationship. Among all respondents, those who reported fathers had no formal education were significantly less likely than those who reported secondary and above to have good quality of paternal relationship (24% VS. 55%, P= .003), and this difference was not statistically significant with regard to age of female adolescents. That is quality of paternal relationship was not significantly associated with age of sexually active female students.

Table 10 The Association between Perceived Paternal relationship and Sexual Risk-Taking Behaviors

	Quality of Father-Daughter Relationship				X ² test
	Poor (N,%)	Neither (N,%)	Good (N,%)	Total (N,%)	
Ever Had Sexual Intercourse Without Using Condom					X ² =15.186 P=.001*
Yes	26(74.3)	39(66.1)	13(33.3)	73(58.6)	
No	9(25.7)	20(33.9)	26(66.7)	55(41.4)	
Ever Had Used Condom at Last Sexual Intercourse					X ² =9.027 P=.001*
Yes	18(54.4)	42(71.2)	31(83.8)	91(69.5)	
No	17(48.6)	17(28.8)	6(16.2)	40(30.5)	
Ever Had Sexual Intercourse Without Using Condom in the Past 6 Months					X ² =7.722 P=.021*
Yes	20(76.9)	18(46.2)	5(38.5)	43(55.1)	
No	6(23.1)	21(53.8)	8(61.5)	35(44.9)	

* = Statistically significant at P: P<0.05

The result in Table 10 presents that 33% and 74% of the respondents with good and poor quality of paternal relationship, respectively, reported that they had ever had sexual intercourse without using condom. The proportion of sexually active female students who had had sexual intercourse without using condom was decreased with higher quality of paternal relationship ($\chi^2=15.186$, $P=.001$). Similarly, the respondents reported having good quality of paternal relationship were more likely than those who didn't to use condom at last sexual intercourse (84%VS.54%, $P=.001$).

Results from a cross-tabulation of quality of paternal relationship and condom use for the last six months also indicate that consistency of condom use for the last six months was associated with higher quality of paternal relationship. Respondents who had good quality of paternal relationship were more likely than those who had not to use condom consistently at least for the last six months. Result shown from Table 9, using condom consistently for the last six months steady increased as the level of quality moves from poor (23%) to neither good nor poor (54%) to good (62%), ($\chi^2=7.722$, $P=.021$).

Unlike the result in the questionnaire, during the focus group discussion most discussants explained that in most issues there would be misunderstanding between fathers and daughters at early age.

Most of the participants in the focus group discussion said that a higher level of paternal support and involvement in daughter's lives helped to delay sexual activity.

One of the participants suggested,

"I think a father has to support girls by involved in their academic life, showing a desire to understand their feeling and give time and attention to discuss in all daughters' activities. I never that support at home so, it still irritates me, especially when issues rose about this in the middle of my friends. This is not only true for my father; it also works for most girls' family.

Another student age 21 in the focus group discussion wishes.

" I would say to tell fathers to help develop their daughters' character by sharing ideas as part of them instead of attacking. I am bored of hearing a question why you did this? Why you did that? Why are you late? Where do you go? ...etc. I would be glad if it is in a positive way. All such kinds of conversations are really matters me, I wish I could never give my ear to my father."

3.4 Result of Multivariate Analysis

Table 11 Multiple logistic regressions assessing the association of father-daughter relationship with sexual risk-taking behaviors among sexually active adolescent females Aged 15-24.

Variable	Sexual Risk-Taking Behaviors		
	Ever used condom at sexual intercourse	Condom use at last sexual intercourse	Consistency of condom use in the past six months
Quality of father-daughter relationships			
Poor (ref)	1.00	1.00	1.00
Neither poor nor good	1.289	2.505	4.229*
Good	4.224*	5.140*	6.305*
Level of father education			
Illiterate (ref)	1.00	1.00	1.00
Primary	1.399	2.662	1.213
Secondary and above	4.581*	5.463*	1.635*
Potential of fathers to discuss about sexuality and/or HIV/AIDS			
Low (ref)	1.00	1.00	1.00
High	.693	1.471	1.258
Age of Sexually Active Female Students			
15-18	1.00	1.00	1.00
19-22	5.923**	1.219	.945
>22	6.128 **	7.092**	2.643*

*P<..005. **p<.01.

The relationships of risk behaviors with quality of father-daughter relationships that were found at the bivariate level remained significant in the multivariate models. As it can be seen from Table 11, female students who perceived having good quality of paternal relationships were

significantly more likely than those who didn't perceive to report had ever used condom at sexual intercourse (4.2). Thus, for every one-point increase in the good quality of father-daughter relationships, the odds of ever had used condom at sexual intercourse is four times higher than those who perceived poor quality of paternal relationships. This relationship was also associated with condom use at last sexual intercourse and consistent condom use in the past six months among sexually active adolescent females (5.1 and 6.3, respectively).

Compared with sexually active female students whose fathers had no formal education, those whose fathers attained secondary and above had significantly increased odds of ever had used condom at sexual intercourse and had used condom at last sexual intercourse (4.6-5.5). In addition, having had high perceived father potential to discuss about sexuality and/or HIV/AIDS was not significantly associated with condom use at last sexual intercourse and consistency of condom use in the past six months (1.5, 1.3, respectively). However, the result from the table shows that there is a positive direction between the two, that is for every one-point increase in the high fathers' potential to discuss about sexuality and/or HIV/AIDS, the odds of had used condom at last sexual intercourse is one times higher compared to the controlled fathers' potential.

In the same table, sexually active female students aged (22-24) were more likely than those in the control age group to report ever had used condom at sexual intercourse and had used condom at last sexual intercourse (odds ratios, 6.1 and 7.1, respectively). This relationship was also positively associated with Consistency of condom use in the last six months (2.6).

CHAPTER FOUR

Discussion

This study was carried out in some selected private colleges of Addis Ababa. Female students who were absent on the day of the data collection were not contacted, which may constitute a source of bias because they probably have no class at the time of the study. Then, it is possible that the current results for the prevalence of sexual-risk taking behaviors among adolescent females are slight underestimates, but there is no reason to suggest that this in any way affects the associations between the phenomenon studied.

The findings of the present study highlights that the proportion of sexually active female students were relatively lower than other previous studies conducted among high school students in different parts of the country (Adugna and Martha, 2005; Aklilu and Bantayerga, cited in Govindasamy et al., 2000). In this study only 33% of female students were reported that they had ever had sexual intercourse. This is probably because the reason that they failed to correctly respond to the researcher as being shy of disclosing their secrecies.

Of the total sexually active female students, 52% of the respondents with a mean age of 22.3 years, were significantly more likely than those, with a mean age of 17.4 years, to report had ever had sexual intercourse. This suggests that the distribution of sexually active female students increased with age. This finding is consistent with earlier studies conducted exclusively among high school students (Nugussie, 2002; Zelalem, 2001; Dagne, 1999; Eben, 2005).

As indicated earlier, a substantial number of sexually active female students were reported that they had first had sexual intercourse at an early age. Similar findings were obtained by other

researchers within the country (Dagne, 1999; Zelalem, 2001) showing that large number of female adolescents were found to be prone to early sexual initiation. The current result is also fairly comparable with other national longitudinal studies. Remarkable proportions of female adolescents in western countries engage in sexual intercourse at an age that can be called 'early'. In many European countries around 30% of adolescent females experience their first sexual intercourse before the age of 16 (Ross and Wyatt, 2000), and even higher figures are reported from U.S.A, Canada, and Australia (Kosunen, et al., 2000). This is perhaps because the reason that females are invited to have sex either by their peer pressure or by being forced by males older than their age.

Furthermore, the result of this study suggests that sexually active female students are at a greater risk of exposure to HIV/AIDS and other STDs. It was found that large proportion of sexually active female students, with a mean age of 17.4 years, were reported having had first sexual intercourse without using condom. A similar finding based on demographic health survey data (cited in Govindasamy et al., 2002) revealed that condom use is extremely low among young women in Ethiopia. Literature on the psychology of contraception suggests that neglecting contraceptive use reflects a developmental stage in early or middle **adolescence**: a teenager cannot yet plan ahead or anticipate the future consequences of his/her current activities (DuRant et al., 1990). This indeed supported by this findings, because none use of condom at first sexual intercourse was associated with age of sexually active female adolescents.

The previous studies among high school students revealed that females initiated their first sexual contact mainly for love and because of rape (Dagne, 1999; Zelalem, 2001; Adugna and Feben, 2005). Thus, some of the findings from this study support past research about the reason females engage in sexual intercourse. Large proportion of sexually active female students (77%) was

reported that it was due to love. However, unlike the previous studies, in the current study, very less proportion of female students was reported having been raped.

Among the socio-demographic variables, only level of fathers' education was associated, at bivariate level, with ever had used condom at sexual intercourse among sexually active female students. However, unlike the current result, the previous studies showed that females' degree of religiousness and paternal marital status were found protective factors that have been established to predict adolescent health-risk behaviors and their short-and-long term consequences (Feben and Adugna, 2005). In this study, the chi-square further shows that ever having had sexual intercourse, condom use at last sexual intercourse and consistency of condom use in the past six months were not associated with level of fathers' education. However, at multivariate models, sexually active female students whose fathers attained secondary and above were more likely to report ever had used condom at sexual intercourse, had used condom at last sexual intercourse and had used condom consistently in the past six months compared to those whose fathers had no formal education. This is probably because father with such educational background can give appropriate information and guidance for their daughters. Thus, sexually active female students are less likely to be involved in sexual risk-taking behavior.

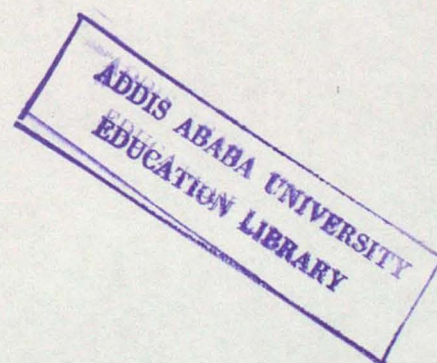
The finding of this study also suggests that female adolescents' perception of paternal communication and connectedness processes may be a protective factor related to sexual risk-taking behaviors. Results, confirming previous research (Hutchison and Conney, cited in Howell (2001), who indicated that father/adolescent communication and condom use are associated. There is a general agreement among the experts that certain paternal characteristics, among them, paternal communication and connectedness processes, are associated with better outcomes in young women (Riesch et al. 2006). This is indeed supported by this finding, because sexually

active female students who perceived high quality of paternal relationships were significantly more likely than those who didn't perceive to report had ever used condom at sexual intercourse, had used condom at last sexual intercourse and had used condom consistently in the past six months. This suggests, female adolescents with such qualities of paternal relationships are less prone to be involved in sexual risk-taking behaviors, suggesting perhaps high paternal support, guidance and involvement in daughter's lives helped daughters to be conscious and have safe sex. Discussants in the focus group discussions were agreed on the importance of fathers' influence on their sexuality. Fathers' ability to understand daughters' feelings and involved in their lives seem to positively influence their character development. This, in turn, helped daughters to discourage an unwanted sexual encounter.

There was an association between low level of fathers' education and low perceived fathers' potential to discuss about sexuality and/or HIV/AIDS with their daughters. This difference might have resulted because of the interrelation of education and knowledge about sexuality and/or HIV/AIDS. Perceived father-daughter relationships were also associated with level of father education. During the focus group discussion, the discussants universally agreed that lack of knowledge and skills to discuss about sexuality or related issues may be interrelated with level of father education.

Perceived father potential to discuss about sexuality and/or HIV/AIDS was found not significantly associated with condom use at last sexual intercourse, consistent use of condom in the past six months, and was associated with had ever used condom at sexual intercourse among sexually active female students. This findings are somewhat similar with that of Solomon, 2004; Feben, 2005) showing that proportion of condom use does not differ by discussing issues about sexuality and/or HIV/AIDS with parents.

During the focus group discussion, most participants were agreed on there is no open father/daughter communication on sexual related issues. As most discussants suggested a barrier to positive communication was fathers' and daughters' difficulty in talking about sexual issues. They further suggested that paternal communication may be impeded by lack of knowledge and skills or due to the proliferation of taboos legacies from their forefathers and also perhaps because fear of encouraging or frightening adolescents about sexual behavior. In this finding the majority of fathers (86%) felt very uncomfortable discussing topics for instance, risk of sexual intercourse with their daughters. Discussants in the focus group discussion also explained that they were equally as wary as their fathers. Results confirming previous studies (Hutchinson and Cooney, cited in Shannon et al. 2000) showing that female adolescents stated feeling of somewhat very uncomfortable talking with their fathers about sexuality and/or HIV/AIDS related issues.



CHAPTER FIVE

Summary, Conclusion and Recommendation

5.1 Summary

Adolescent females are at increased risk for engaging in risky sexual behaviors. Healthy paternal relationships may have the opportunity to promote resilience from risks such as HIV/AIDS and to encourage their daughter relationship to have more life opportunities.

In this study an attempt was made to identify how different factors of the father-daughter relationships affect female's sexual risk-taking behaviors. In the light of this preset objective, the following research questions were posed:

- Is there any relationship between perceived father-daughter relationships and female adolescents' sexual risk-taking behavior (i.e., communication and connectedness)?
- Are there associations between some selected socio-demographic variables (age of female adolescents, level of father education, and fathers' marital status) and sexual risk-taking behavior of female adolescents?
- To what extent factors other than the father-daughter relationships determine adolescent females' sexual decision-making?

To analyze the above research questions, both quantitative and qualitative methods were used. Four post graduate students who are well informed about the content, objective and ethical issues of the study were participated in the study.

A sample of 428 female students was incorporated in the study. Qualitative information was also obtained from two separate focus group discussions. For the sample selection, simple random sampling techniques was used and there-after for data collection, questionnaires were distributed to the sample group who were attending classes at the time of the survey. Seven colleges were identified on the basis of purposive sampling.

To analyze the data, both bivariate and multivariate analyses were applied using SPSS for windows 11.5.

With the help of questionnaires and focus group discussions, the association between paternal relationships and sexual behaviors of female students were assessed. Predetermined factors were also analyzed. Furthermore, the discussions were reported on the basis of existing literature.

5.2 Conclusion

An attempt was made to show how different aspects of the father-daughter relationships influence adolescent female sexual behavior. It is, therefore, plausible to draw incisive conclusion from the findings of the study.

The study indicated that about one-thirds (33%) of the female students are sexually active. Even though less proportion of adolescent females engaged in sexual activity, the proportion of sexually active female students who were initiating sexual intercourse at an early age was large. The study further verified that large proportion of sexually active adolescent females had not managed to use condom in their sexual debut.

Level of fathers' education attributes to the female adolescent sexual behavior. The finding of the study confirmed that sexually active female students whose father had no formal education are more likely to report ever had used condom at sexual intercourse. The relationships of had used condom at last sexual intercourse and had used condom consistently were not associated, at bivariate level, with level of fathers' education. However, the relationships of risk-taking behaviors with higher fathers' educational status were significant in the multivariate models. Sexually active female students whose fathers attained secondary and above were significantly more likely to report had ever used condom at sexual intercourse, had used condom at last sexual intercourse and had used condom consistently in the past six months compared to those whose fathers had no formal education.

Father-daughter relationships were not also associated with ever having had sexual intercourse. However, significant statistical association was observed between perceived father-daughter relationships and sexual risk-taking behaviors among sexually active female students. Sexually

active female students who perceived good quality of paternal relationships were more likely than those who did not perceive to use condom at first sexual intercourse, use condom at last sexual intercourse and use condom consistently in the past six months.

Furthermore, the current findings in the chi-square analyses, identified that perceived fathers' potential to discuss on sexuality and/or HIV/AIDS was not associated with consistency of condom use in the last six months and condom use at last sexual intercourse, and was associated with ever had sex without using condom among sexually active female students.

Finally, from this study, it is possible to conclude that even though the father/daughter relationships were not attributes to ever having had sexual intercourse, it plays a vital role, particularly, among sexually active female students. As it can be suggested from the focus group discussions, a close or healthy father-daughter relationship seem positively influence daughters character development. This, in turn, helped girls to discourage unwanted sexual encounters.

5.3 Recommendations

Based on the findings the following recommendations are made:

- Sex education programs through Mass Media featuring parent and adolescent participation are encouraged to reduce the likelihood of HIV/AIDS infection. More specific information shared between fathers and daughters provide an example of healthy paternal behaviors that contribute to responsible sexual decision-making and delayed adolescent female sexuality.
- It is also indispensable to let member of gender club in colleges discuss on current pattern of father-daughter relationships making them to be a part of the solution upwardly on behalf of themselves to the existing patriarchal societal system.
- Intervention programs should be provided to parents to equip them with the necessary knowledge and skill of rearing children.
- Since it is important to explore gender difference relationship, parallel investigations of maternal characteristics are encouraged whenever paternal characteristics are investigated.
- Community development and other related organization (like gender based organization) need to integrate issues concerning father-daughter communication on sexuality side by side with their programs.
- Knowing what fathers can actively do in order to foster optimal adolescent development can be helpful in designing programs and social policy for the prevention of HIV/AIDS. Furthermore, professional councilors who are working at school or college level can use this information in their work with families, particularly by encouraging fathers to break gender norms.

- Enhancing male involvement in gender based intervention will help to break the existing communication gap between father and daughter which in turn enable the daughter to develop a healthy sexual behavior.

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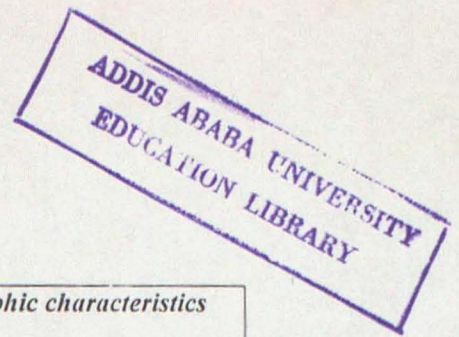
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Appendix A



Section I Self Report Questionnaire for Socio-Demographic characteristics Questionnaire

No	Questions	Responses
Q 1	Age	_____ Years
Q 2	Place of birth	1. Rural 2. Urban
Q 3	Current residential status	_____
Q 4	Where did you attend elementary school?	_____
Q.5	Where did you attend secondary school?	_____
Q.6	Religion	1. Orthodox 2. Muslim 3. Protestant 4. Catholic 5. Other, specify _____
Q.7	How often you attend religious institution (Church, Mosques, assembly, etc.,)	1. Everyday 2. At least twice a week 3. Once a week 4. Once a month 5. Not religious
Q. 8	Person(s) who raised you	1. Both parents (father and mother) 2. Mother only 3. Father only 4. Other, specify _____
Q.9	With whom are you living now ?	1. With father and mother 2. With mother only 3. With father only 4. With relatives 5. Other, specify _____
Q.10	Level of Females' Father Education	1. Illiterate 2. Grade 1-8 3. Grade 9-12 4. Diploma 5. other
Q.11	Father's Marital Status	1. Married 2. Divorced 3. Widowed 4. Separated 5. Others, Specify _____

**Section II Father-Daughter
relationship**

2.1 The Father-Daughter Communication Questionnaire

Please rate the degree to which each of the following four statements accurately describes your feeling. Please use a 5 point scale by circling the appropriate number, with 1= doesn't accurately describes me, 5= Very accurately describes me.

Q.12. "I just don't remember ever hearing that my father talks about my positive aspects to others"

(circle one)

1	2	3	4	5
Doesn't accurately Describes me				Very accurately describes me

Q 13. It scares me to show grade to my father, because I am afraid of his critics. (Circle one)

1	2	3	4	5
Doesn't accurately describes me				Very accurately describes me

Q 14 "I Often share my secrecies to my father, because I always expected his positive feedback." (circle one)

1	2	3	4	5
Doesn't accurately describes me				Very accurately describes me

Q.15 "I would be glad if I spent much time with my father having private talks." (circle one)

1	2	3	4	5
Doesn't accurately describes me				Very accurately describes me

Q 16 Whom you consult **first** if you faced formidable problem in your life (multiple answers are possible)?

1. Mother
2. Father
3. Sister
4. Friends
5. Other, specify _____

Q 17 Whom you **do not want** to consult if you faced formidable problems in your life (multiple answers are possible)?

1. Mother
2. Father
3. Sister
4. Friends
5. Other, specify _____

Section II The Father-Daughter Connectedness questionnaire

Please rate the degree to which each of the following four statements accurately describes your feeling. Please use a 5 point scale by circling the appropriate number, with 1= doesn't accurately describes me, 5= Very accurately describes me.

Q 18. "I like to give time to my father playing at home, because he always makes me happy"
(Circle one)

1	2	3	4	5
Doesn't accurately describes me				Very accurately describes me

Q 19 " I often get a help from my father on academic affairs." (circle one)

1	2	3	4	5
Doesn't accurately describes me				Very accurately describes me

Q 20 How do you describe the state of affairs you spend with your father in different issues?

1. Understanding (multiple answers are possible)?
2. Enjoyment
3. Advice
4. Learning
5. Furious
6. Disappointment
7. Other, specify _____

Q 21 Whom do you want to share **primarily** your personal affairs with (multiple answers are possible)?

1. Mother
2. Father
3. Sister
4. Friends
5. Other, specify _____

Q 22 Whom you do not want to share **primarily** your personal affairs with (multiple answers are possible)?

1. Mother
2. Father
3. Sister
4. Friends
5. Other, specify _____

Please rate the degree to which each of the following four statements accurately describes your feeling. Please use a 5 point scale by circling the appropriate number, with 1= doesn't accurately describes me, 5= Very accurately describes me.

Q 23 "I do not want to share my personal affairs with my father for he wouldn't feel good" (Circle one).

1	2	3	4	5
Doesn't accurately describes me				Very accurately describes me

Q 24 "My father pays as much as attention as I needed" (Circle one)

1	2	3	4	5
Doesn't accurately describes me				Very accurately describes me

Q 25 "In most issues there is understanding between my father and me" (Circle one)

1	2	3	4	5
Doesn't accurately describes me				Very accurately describes me

Q 44 How old was the person with whom you had your first sexual experience?

Age in years _____

If don't know what age group he belongs (circle one)?

1. 15-24
2. 25-45
3. Above 45

Q 45. Who was your first sexual partner?

1. Husband
2. Student
3. Merchant
4. Government employee
5. Causal person
6. Other, specify _____

Q 46 What was your main reason for sexual intercourse when for the first time you had it?

1. Love.
2. Physical pleasure.
3. Because all my friends doing it.
4. Convinced with money or gifts
5. Got married.
6. Other, specify _____

Q 47 When was the last time you had sexual intercourse(Circle one)?

1. Days ago
2. Weeks ago
3. Months before
4. Years before

Q 48 For how long have you stayed with your firs sex partner (Circle one)?

1. Days
2. Weeks
3. Months
4. Years

Q 49 The last time you had sexual intercourse, was a condom use(Circle one)?

Yes No

Q 50 Have you ever had a sexual transmitted disease (such as gonorrhea, Chlamydia, syphilis, herpes, etc., excluding HIV)?

Yes No

Q 51 Have you or those close to you have ever thought about that you have alcohol problem?

Yes No

Q 52. Have you ever chewed khat (Circle one)? Yes No

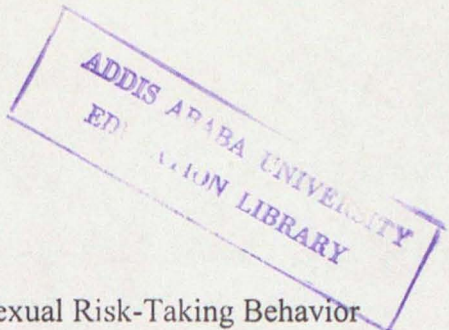
If yes, have you done so in the past 30 days? Yes No

If yes, have you done so in the last 7 days Yes No

Q 53. With how many men have you ever had sex in the past 2 years? _____

Q 54. Considering your current partner or friends, or any past partner or friends, is there anyone that is making you feel unsafe now (circle one)?

Yes NO



Appendix-B

Discussion Guid for Focus Group Discussion of Adolescents
A Study of Paternal Characteristics and Female Adolescents' Sexual Risk-Taking Behavior
among Private College Students in Addis Ababa

Adolescent Females

Name of Moderator _____

Name of Note taker _____

Date _____ Total time taken _____ Minutes

Private college female students

Hello, thank you for taking your time to talk to us. We are _____ (the moderator) and _____ (note taker). We are working on a research approved by Addis Ababa University, Department of Psychology to be conducted in partial fulfillment of masters degree in Developmental psychology.

We are here to learn from you about sexual behavior of adolescents and fathers' role in shaping their sexual behavior which will contribute to design a better prevention programs. We would like to explain to you some of the ground rules for the meeting.

1. The discussion will last about 1:40.
2. Everything you say will remain confidential.
3. Your name will not be used when reporting on the findings.
4. your participation is voluntary.

A tape recorder will be used only to facilitate the recording and analyses of the discussion. All tapes will be destroyed after they have been transcribed.

Permission to tape records the discussion?

Yes _____ No _____

FGD Discussants

Characteristics of the group

Ser No.	Age	Sex	Religion	Educational level
1				
2				
3				
4				
5				
6				
7				

Focus Group Discussion Guide

Discussion Points

Sexual behavior and selected paternal characteristics which includes, father-daughter connectedness and communication processes.

I. Sexual behavior

- Do girls your age have sexual intercourse before marriage?

Probe

What proportion of students your age has sexual intercourse?

How common is it for a girl to have sexual intercourse?

On the average at what age do these girls have premarital sex?

- What are the reasons for having sexual intercourse?

Probe

What do you think young people of your age have sex?

To what extent do you think that young people your age are pressured to have sex by peers?

Do girls' partners tend to be the same age, or older?

- What safe and high risk behavior patterns are observed?

Probe

Do most girls (young people) have premarital sex? Do these sexual activities tend to be for a long/short term/with the same person or with different people? Is it common for girls to have multiple partners at one time?

Do most girls who are sexually active use condom?

II. Paternal Characteristics

A. Communication about sexuality and HIV/AIDS

Probe

- Do girls your age talk openly with other people about sexual related issues?
Whom do girls **most** likely prefer to discuss about sexuality and/or HIV/AIDS from the families?
- Do girls your age discuss issues about sexuality and/or HIV/AIDS with their fathers?
Why, Why not?
- How do you rate the effect of father/daughter communication about sexual matters on adolescent females' sexual risk-taking behaviors? Explain why?