

PARENT ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH  
COMMUNICATION AND ASSOCIATED FACTORS AMONG SECONDARY  
AND PREPARATORY SCHOOL STUDENTS IN FICHE TOWN, NORTH  
SHOA, OROMIA REGIONAL STATE, ETHIOPIA



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A THESIS TO BE SUBMITTED TO ADDIS ABABA UNIVERSITY, SCHOOL OF ALLIED  
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FULFILMENT OF THE REQUIREMENTS FOR MASTERS OF MATERNITY AND  
REPRODUCTIVE HEALTH NURSING

ADDIS ABABA UNIVERSITY  
SCHOOL OF ALLIED HEALTH SCIENCES  
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## Acronyms

AIDS	Acquired Immuno Deficiency Syndrome
AOR	Adjusted Odd Ratio
CI	Confidence Interval
COD	Crude Odd Ratio
EDHS	Ethiopian Demographic Health Survey
HIV	Human Immuno Deficiency
HPV	Human Papilloma Virus
REC	Research and Ethics Committee
RH	Reproductive Health
SPSS	Statistical Package for the Social Sciences
SRH	Sexual and Reproductive Health
STIs	Sexually Transmitted Infections
UNFPA	United Nation Food Program Agency
WHO	World Health Organization

## Abstract

**Background:** adolescence is a continuum of physical, cognitive, behavioral and psychosocial change that is characterized by increasing levels of individual autonomy, a growing sense of identity and self-esteem and progressive independence from adults. Open family discussion on reproductive health (RH) issues often leads to increased awareness on RH matters and reduces risky behaviors among adolescents

**Objective:** The aim of the study was to assess parent adolescent communication and associated factors among students attending education at Abdissa Aga secondary and Fiche preparatory schools in Fiche town, Oromia Regional State, Ethiopia, 2017

**Method:** Institution based quantitative cross-sectional study was conducted on March 27, 2017 using adapted and modified self-administered questionnaire. Two schools in the town were included in the study. A total of 394 students were included in the study. Data was entered using epidata manager with double entry verification. Multivariable logistic regression analysis was performed and variables with p-value of less than 0.05 were taken as statistically significant.

**Result:** The prevalence of students who had ever discussed sexual and reproductive health issues with either of the parents on at least two topics was 118(31.2%). The independent predictors for parent adolescent sexual and reproductive health communication were: educational status of mother (AOR 3.164, 95%CI=1.279-7.830), father educational status (AOR 4.848, 95%CI=1.271-18.499). Students who had knowledge about sexual and reproductive health issues were more likely to communicate when compared to their counterparts.

**Conclusion and Recommendation:** The occurrence of parent adolescent sexual and reproductive health communication is low among secondary and preparatory school in Fiche town. Fiche town administration in collaboration with concerned bodies should facilitate adolescent-friendly services in order to enhance sex related education.

**Keywords:** Communications, sexual and reproductive health issues, associated factors, Fiche town

# 1. Introduction

## 1.1. Background

According to UNFPA adolescence is defined as the period between 10 and 19 years of age. It is a continuum of physical, cognitive, behavioral and psychosocial change that is characterized by increasing levels of individual autonomy, a growing sense of identity and self-esteem and progressive independence from adults[1]. Eighty-five percent of the 1.8 billion adolescents (10-19 years) worldwide live in developing countries and comprise of over quarter of its population[2]. In Ethiopia, adolescents and young people ages 10 to 24 are the biggest group ever to be entering adulthood. It accounts 21 million that represents 30% of total population[3].

Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable safe sexual experience, free of coercion, discrimination and violence[4].

WHO defines both sexual and reproductive health as a state of complete, physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes in case of reproductive health and In relation to sexuality in case of sexual health. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so[5].

Regardless of age and sex sexual and reproductive health concerns everyone for a large part of their lives. This issue starts to affect people's lives at adolescence when they are familiar that they are starting to change from being children and are becoming adulthood. [6].

Young adolescents are immersed in multiple layers of social and informational networks – the latter being increasingly global in scope with the expansion of Internet and mobile phone technologies into rural areas and into the hands of younger users. These networks convey mixed messages about sexuality and gender that often conflict with traditional norms and practices and may challenge the control of the older generation over young people's marital, sexual and reproductive choices, schooling, employment and other decisions in their lives[7].

Without access to information and contraception, adolescents are at high risk of contracting sexually transmitted infections (STIs) including HIV/AIDS, having unwanted pregnancies,

unsafe abortions and other serious reproductive health problems, which will negatively affect their futures[6].

Young people are perceived as generally healthy, and are not in need of special health services. Yearly, fifteen millions of young women experience pregnancy. Since most of these pregnancies are unwanted, young women tend to have induced abortions, whether legal or not. About half of the induced abortions occur under unsafe conditions, according to World Health Organization estimates (WHO, 2001)[8]. Most of sexual contacts among adolescents are unprotected: among married adolescents, utilization of modern contraceptives ranges between 1% in some sub-Saharan Africa countries and 60% in Latin America. Only in 4 out of 19 sub-Saharan countries, more than 10% of unmarried adolescents use modern contraceptives[9].

Sexuality and reproductive health are among the most vital aspects of life. Sexual Health is not limited to only care related to reproduction and STIs and counseling, but also about the improvement of life and personal relations[10]. Open discussions about sexuality between parents or caregivers and offspring has been identified as a protective factor for a range of sexual behaviors, including a delayed sexual debut, particularly for females[11].

## 1.2. Statement of problem

Today's generation of adolescents is the largest in history. Nearly half of the global population is less than 25 years[8]. Worldwide, HIV/AIDS is the leading causes of disease burden for young people (those aged 10–24 years). Half the newly acquired HIV infections occur in young people, with most of those affected living in developing countries[12].

Studies about STIs in adolescents show that the incidence is increasing. Globally, adolescents account for one third of 340 million new STIs each year. Thus, one in 20 adolescents suffers from an STI other than HIV/AIDS. Moreover, half of new HIV cases are observed in the 15-24 age groups[13].

Premarital sexual relations, even in the countries where it is against social norms and ethics, occur in secret. The outcome of premarital sexual activities can be severe in the conservative society as young people in this group often lack appropriate sexual information. In addition, due to fear of social discrimination they do not freely prepare themselves to communicate their problems with parents or other[14]. The incidence of teenage pregnancies is rising more frequently that about 16 million women age 15- 19 years old give birth each year and most of them result in abortions (14%), which often are unsafe, with increasing chances of contracting sexually transmitted infections and HIV[15].

Adverse outcomes of early pregnancy and sexually transmitted infections (STIs), including HIV/AIDS, threaten the health of people in the second decade of life more than any other age group. At the same time, adolescents are the greatest hope for turning the tide against STIs, AIDS, and early pregnancy[8].

Findings from Rwanda secondary school students show that majority of students had inadequate knowledge on sexual and reproductive health issues and did not know appropriate places to seek related information. Furthermore, cultural set up hinders parents from talking to their children about sex[16].Lack of knowledge of sexual and reproductive health increases rate of early age pregnancy, which in turn, compromised their physical, psychological and socioeconomic wellbeing, not only on them but also their families and society at large[17].

Sexual and reproductive health problems of adolescents are increasing from time to time and this is related with most parents do not feel happy to discuss about sexual issues with their adolescents and early sexual initiation[18]. Unwanted pregnancy is one of the major RH challenges confronted by many adolescents in Ethiopia. 37% of pregnancies to girls ages 20-

24 are unwanted, in which, limited knowledge of sexual physiology, limited use of contraceptives and inadequate access to reproductive health information and education contribute to this rate of undesirable pregnancy[19].

Nowadays, more than any other time in the history, adolescents are affected with the burden of unwanted pregnancy and its complication, STI /HIV/AIDS and other sexual and reproductive ill-health. Poor parental involvement in preparing young people for safe sexual life and reproductive health put adolescents to be victim of these problems[20].

Parent adolescent discussion about sexuality and reproductive health seems factor in the study of family influence on sexuality. Since, family can shape adolescents' sexual behavior, it is important to realize the role of family influence on sexual behavior. Thus, parent-adolescent communication regarding sexuality and reproductive health matters often is seen as important and perceived to be effective means of encouraging adolescents to accept responsible sexual behaviors[21]. Since there is no study done in this area before, this study will figure out the prevalence of SRH communication among parents and students as well as factors associated with communication on this matters.

### **1.3. Significance of the study**

This study through its findings will create the necessary awareness among adolescents on the benefit of communicating with parents about SRH issues to reduce risky sexual behaviors. Also, it will be useful to various stake-holders in packaging effective and result oriented interventions on adolescents in the study area. Lastly, it will also serve as an important reference tool for future researchers in the field.

## 2. Literature review

Parent adolescent communication on SRH issues remains a challenging subject of discussion in many traditional communities as the social environment in them still constrains exchange of information on such issues[22]. This literature try to convey message about extent of parent adolescent communication and factors affecting parent adolescent communication related to sexual and reproductive health issues.

### 2.1. Parent-adolescent Communication on SRH issues

A quasi experimental study carried out in china among youth out of school found out only 6.9% discussed sexual and reproductive health issues with either of the parents[23]. However, situation is not similar in United States. Higher percentage (75%) of female adolescents received parental sexual and reproductive health communication such as how to say no to sex, methods of birth control, STIs, where to get birth control, how to prevent HIV infection and how to use a condom[24].

A review of studies in Sub-Saharan Africa shows that frequency of communication about HIV/AIDS between children and parents ranges from 8% to 80%[9].

In terms of preferred communication partner, findings from four found that young people prefer sexuality communication to take place with the parent of the same sex. The South Africa-Tanzania study conducted among young people reported that overall, 44% of participants preferred to communicate with mothers about sexuality, while 15% preferred fathers[28]. In Cape Town, 31% preferred discussing with mothers, and 22% stated a preference for fathers, while in the other two sites, a greater proportion of males preferred discussing with fathers in comparison to mothers (47% and 27% in Dar esSalaam and Mankweng, respectively). Another study in Tanzania found that among in- and out-of-school males, 11% and 10% respectively selected fathers as a preferred partner for communicating about sexuality[29]. In BrongAhafo region, Ghana higher proportions of parents communicate more with daughters (76.3%) than sons (69.1%) on almost all topics[25].

STI/HIV/AIDS, unwanted pregnancy, premarital sex, condoms and contraception are the issues that are discussed between adolescents and their families. Condoms and contraception are among the less discussed contents of sexual and reproductive health issues [8,21]. A study

in Sub-Saharan countries also point out, communication with parents on all topics was generally low and that silence was greatest on the topic of condoms[9].

98% of students reported that they held a discussion about condoms with a family member in Nigeria[32]. Another study in Uganda shows the content of communication between young adolescents and their parents tended to focus on avoiding people of the opposite sex, self-control and the call to avoid sexual acts[33].

The extent of sexual communication between parents and their children in the Brong Ahafo region, Ghana on sexual issues was 72.8%[25]. Another study conducted in Dire Dawa in 2011[26] shows that 35.8% , and Debre Markos about 36.9% discussed with either of the parents on at least two topics of SRH issues[27] and Mekelle city shows 57.6%[22].

A study conducted in Zway shows seventy five percent of the students preferred to discuss about body changes that occur during adolescence with peers of the same sex, none of them wanted it to be with their parents. Around sixty seven percent (66.7%) of the respondents never want to discuss issues of contraception with their parents. Fifty four percent of those who approved it preferred peers of the same sex to discuss with[30]. Study carried out in Dire Dawa indicated that majority of students prefer their mother and peers to talk about sexual and reproductive health issues[31].

## **2.2. Factors affecting sexual and reproductive health parent-adolescent communication**

### **2.2.1. Socio-demographic factors**

According to the study of Yun Hu et al.,2012 multivariate analysis show that mother's educational level was significantly associated sexuality communication, with mothers who completed secondary education or higher were more likely to discuss sexuality issues with their children[36].

Living arrangement has significantly associated with discussing SRH issues with parents, accordingly male living with father and female reside with other relatives (aunt, grandparents, uncle, sister, brother) reported more SRH topics discussion than those living with other living arrangements[34].

Study found in Tanzania indicates that having a higher socioeconomic status were found to be associated with more frequent communication with parents[29]. In a multi-site study

conducted in South Africa and Tanzania, higher socio-economic status was similarly found to be significantly associated with more frequent communication with parents in both of the South African sites, but not in Tanzania[28].

Study performed in Tanzania indicates that young people living in rural areas reported more frequent communication about HIV/AIDS with both mothers and fathers than those living in urban areas[29].

Study carried out among sexually active adolescents age 15-24 in Cameroon shows young females reported significantly more sexual communication with their parents or guardians than young males during early adolescence and in young ages[35]. Likewise, study done in west Ethiopia shows males were less likely to discuss at early age than females of the same age group[34]. In contrast, a study conducted on 343 high school students in Zway concluded that females less communicated than males with their parents on sexual and reproductive health issues.

Study done in west Ethiopia logistic regression analyses shows parent's level of education has no significant association with parents' level of communication. But, initiation of communication was positively associated with mothers' and fathers' educational status, thus, parents who completed primary school or higher were more likely to initiate discussion about sexual and reproductive health issues[34].

Study done in west Ethiopia show that young people who were aged 15–19 years were more likely to report parent-communication compared to the other age groups[34].

### **2.2.2. Individual factors**

Significant numbers of studies have been conducted to investigate adolescents' knowledge and perception towards SRH issues. In all studies mass media, school, family and peers are identified as source of information on sexual and reproductive health issues by adolescents. In general, with the exception of male and female sterilization, all methods that are appropriate for healthy adults are also potentially appropriate for healthy, post-pubertal adolescents. A cross sectional survey among urban adolescent school girls in South Delhi, India to assess knowledge, perception and attitude of adolescent girls towards STIs/HIV, safer sex and sex education was 21%. This study identified odd response that contraceptive pill could protect a women from HIV infection[37].

A review of literatures conducted to examine knowledge of sexually transmitted diseases (STDs) among school-going adolescents show that HIV/AIDS was known (above 90%) by adolescents. Gonorrhoea, syphilis, herpes, and HPV were among group of STIs known by adolescents even if their status was low. HPV was least known by them[13].

In Africa, 30% of male adolescents have comprehensive knowledge of HIV/AIDS. Besides, only 23% of female adolescents know ways of preventing sexual transmission of HIV, misconceptions about HIV transmission, as well as knew that a healthy looking person can transmit HIV. In our country, only thirty three (33%) of male adolescents and 20% of female adolescents have correct knowledge of HIV/AIDS[38].

Study among Nigerian adolescents indicates about 87.5% knew at least one method of contraception methods. Condom (93%) and withdrawal method (66.7%) were the most known contraceptive methods[42].

Regarding the knowledge on aspects of human reproduction, 59.9% correctly knew the age at menarche, with dominance of female students. This study also revealed that senior class students were not more knowledgeable compared to junior ones[26].

Study conducted in Uganda shows that adolescents have positive attitude towards discussing unwanted pregnancy, contraceptives and sexual abuse, but did not feel comfortable towards discussing about sex or about having sexual affairs[44].

According to EDHS 2016, the percentage of female adolescents (15-24) who recognize that HIV can be prevented by using condoms and limiting sexual intercourse to one uninfected partner was 52%. Similarly, around sixty seven percent (67.2%) of male adolescents knew the prevention mechanism of HIV/AIDS[39]. Despite high awareness of HIV/AIDS, about one in four girls ages 15-19 do not believe there is a way to avoid HIV/AIDS. Knowledge of condoms was also limited[40]. Another school based cross sectional survey conducted in Ethiopia revealed that about 24.5% had comprehensive HIV/AIDS knowledge, whereas male adolescents had more comprehensive HIV/AIDS knowledge (27.3%) than female adolescents (17.3%)[41]

Majority of the studies concerning adolescents' attitudes to sexuality and reproductive health notifies adolescents' attitude as conservative towards the issue. For instance, study in Butajira, Ethiopia shows that attitude of adolescents to sexuality is conventional, but liberal to introduction of sex education at secondary schools[45].

Study Carried out in Dire Dawa shows that discussion about SRH issues was significantly associated with knowledge of SRH matters, with participants having limited knowledge were less likely to discuss about sexual and reproductive health issues than their counterparts[26].

A cross sectional study conducted among secondary school female students in Mekele town shows (88.7%)[43], in Dire Dawa high school about (82.8%) of students knew at least one contraceptive method. Condom (47.7%) followed by abstinence (37.1%) were mainly the most identified contraceptive methods to prevent unwanted pregnancy[26].

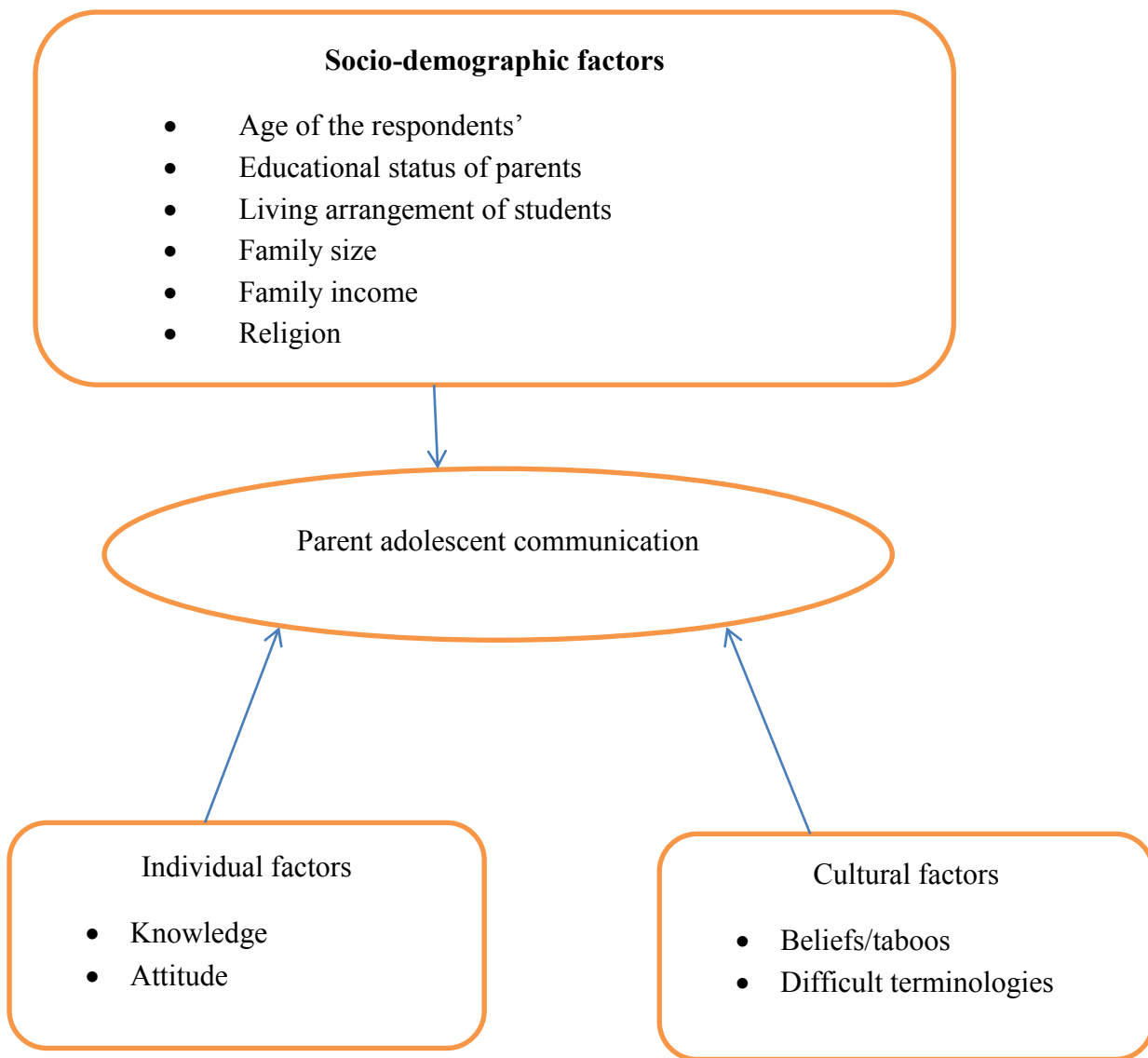
Study conducted in Dire Dawa among high school students show that about 32.3% of adolescents strongly disagreed having premarital sex[26]. Study done in debre markos show 88.2% of respondents believe sexual intercourse should be delayed till marriage[46].

### **2.2.3. Cultural factors**

Cultural factors such as beliefs and taboos also hindered parents/ caretakers from discussing sexual matters with adolescents. Study conducted in Rwanda shows that 39% of students who didn't discuss sexual matters with parents said that it was difficult to mention sexual terms while others stated it was culturally unacceptable[47]. Likewise study conducted in Mekele city shows it was shame (21%) to discuss sexual and reproductive health issues with parents[48].

### **2.2.4. Conceptual Framework**

Many literatures discussed factors affecting adolescents sexual and reproductive health communication with their parents. By reviewing different literatures and adapted from study conducted in Rwanda to my study sociodemographic factors (respondents' age, family income, educational status of parents and living arrangement, etc.), individual factors (knowledge and attitude) and cultural factors are considered as among the factors that hinders communication[47] (26,27). Hence, the following conceptual framework will try to summarize the determinant factors and to analyze the association between dependent and independent variables.



**Figure 1 Associated factors that hinder students from communicating sexual and reproductive health matters with their parents in Fiche town (Adapted from Rwanda, Bushaija E. 2013)**

## **3. Objectives**

### **3.1. General objectives**

- To assess parent adolescent sexual and reproductive health communication and associated factors among secondary and preparatory school students in Fiche town, Oromia Regional State, Ethiopia, 2017.

### **3.2. Specific objectives**

- To determine the proportion of students communicating on issues related to SRH with their parents in the study area
- To identify factors associated with parent adolescent communication related to SRH issues in the study area

## **4. Methods**

### **4.1. Study area**

Fiche town is located in the central part of Ethiopia and 110 Kilometers from Addis Ababa (Capital city of Ethiopia). There is one secondary and one preparatory governmental school. In the academic year of 2016/2017, there were a total of 2342 of students. From this, about half (50.1%) of students were females. There were a total of 40 sections in both schools. Averagely, one section contained 60 students[49].

### **4.2. Study design and period**

Institution based quantitative cross sectional study was conducted from March to April 2017.

### **4.3. Source population**

All adolescents living in Fiche town

### **4.4. Study population**

All adolescent students from grade 9-12 attending in both schools

### **4.5. Study unit**

Adolescent students randomly selected from both schools

### **4.6. Sample size determination**

The sample size for the study (n) was determined using a single population proportion technique and the following assumptions are considered: The proportion of parent adolescent communication on SRH issue was taken from the result of the similar study conducted among Debre Markos town high school and preparatory students with 36.9% proportion of communication.

Accordingly, the P is = 36.9% = 0.369, and Q is = 63.1% = 0.631. Level of confidence, 95% ( $Z_{\alpha/2} = 1.96$ , 5% margin of error ( $d = 0.05$ ) was considered, and an additional 10% was also taken in to account for possible non response rate.

Hence, the sample size (n) =  $\frac{(Z/2)^2 P (1-P)}{d^2} = \frac{(1.96)^2 * (0.369) * (0.631)}{(0.05)^2}$

$$\frac{(1.96)^2 * (0.369) * (0.631)}{(0.05)^2}$$

$$n=358$$

Where

n= required sample size

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

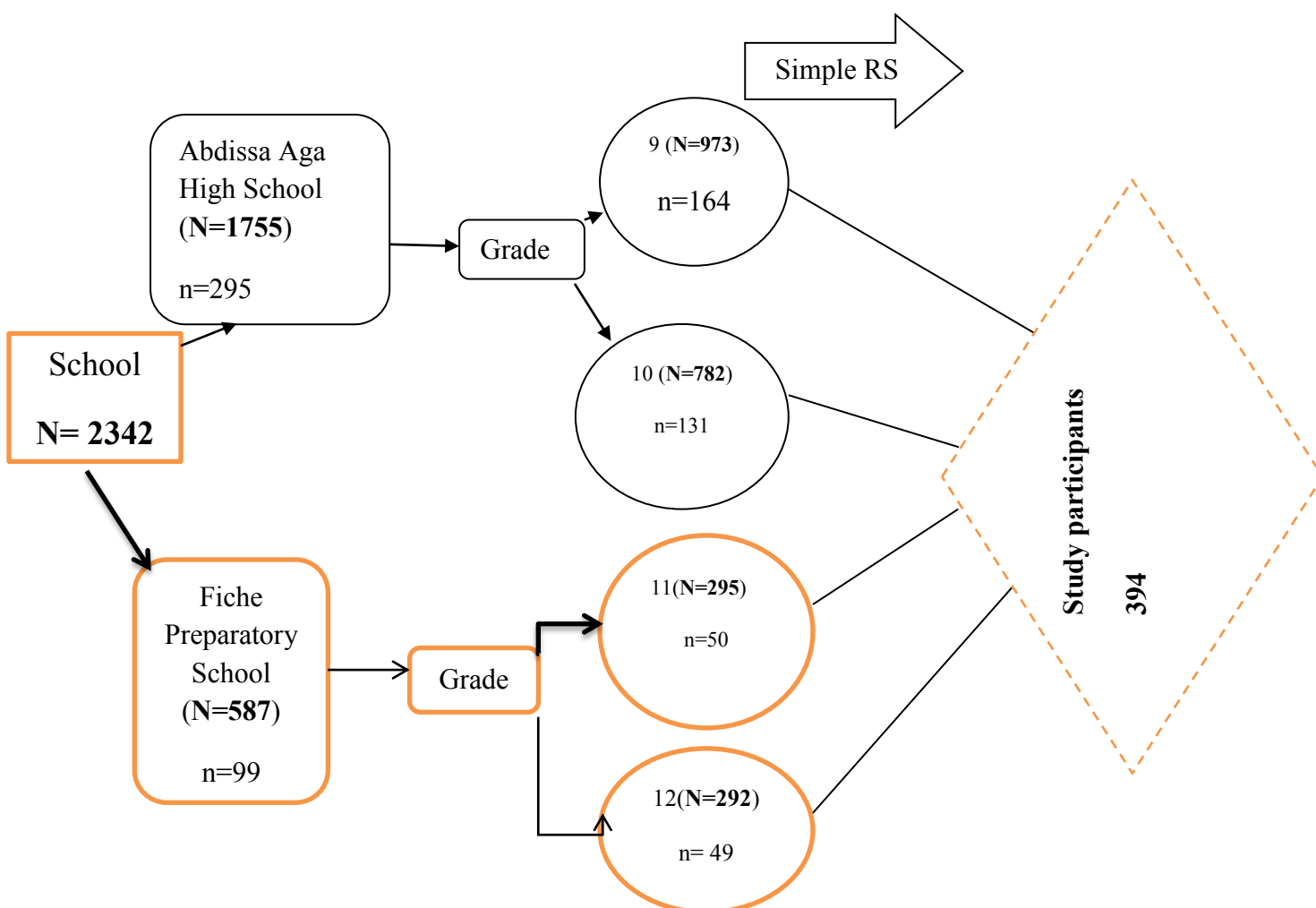
1.96 (z value at  $\alpha = 0.05$ )

P= (Proportion of sexual and reproductive health communication 36.9%)

Adding 10% non-response rate, the total sample size was 394 **study subjects**.

#### 4.7. Sampling method

The selection of study participants was from both Abdissa Aga (incorporated grade 9 and 10) and Fiche preparatory school (consists of grade 11 & 12). The sample size was proportionally allocated to both schools and also to each grade. The sampling frame was also prepared from the already existing students' registration book (roster) in the respective schools' record office. The sections was selected randomly from each grades. Thus, 6 sections from grade 9, 5 sections from grade 10 and finally 2 sections from each grade 11 and 12 was randomly selected by lottery method. The study participants were randomly selected from the prepared sampling frame (their identification number) in each selected sections by computer using Microsoft excel (random number generated by computer).



**Figure 2**Diagrammatic presentation of sampling procedure

#### 4.8. Data Collection Tools

Data was collected by using adapted and modified self-administered questionnaire from other research (done in Bullen woreda, Benishangul gumuz) to assess variables which affect parent adolescent SRH communication. The questionnaire contained socio-demographic characteristics of students and parents, knowledge and attitude of students about sexual and reproductive health issues and factors affecting parent adolescent communication of SRH issues. The questionnaire was prepared in English and then translated by language translators in to both Afan Oromo and Amharic, local language of the respondents in the study area. Both Afan Oromo and Amharic version again translated back to English to check for consistency of meaning. The Afan Oromo version questionnaire was pretested on 5% of the study population in similar areas outside of the study site at Degam secondary and

preparatory school, which is located 12 Km from study area, prior to the actual data collection.

#### **4.9. Data collection procedure**

Adapted self administered questionnaire was disseminated to randomly selected students who met the criteria to be part of study, by data collectors. The questionnaires were distributed to students during the same time to both schools to prevent contamination of information. Supervisors followed the activity at both schools and the the supervisor managed the overall activity.

#### **4.10. Data processing and analysis**

To ensure the quality of the data, the entire filled questionnaires were checked for incompleteness and inconsistency. Data were entered using Epi Data Manager with double entry verification and exported to SPSS version 20 for statistical analysis. Descriptive statistical analysis was used to compute frequency, percentage and mean for independent and dependent variables. Binary logistic regression analyses were used to ascertain the association between explanatory variables and outcome. Variables with significant association in the bivariate analysis (p-values of 0.25) were entered in to multivariate analysis to determine independent associated factor of adolescent-parent communication on sexual and reproductive health issues. P-values below 0.05 were considered statistically significant. Finally the results were presented in texts, tables and graphs.

#### **4.11. Study variables**

Dependent variables

- Parent adolescent communication on SRH issues

Independent variables

- Socio demographic characteristics (age, sex, )
  - ✓ Educational status of parents
  - ✓ Living arrangement of students
  - ✓ Family size
  - ✓ Family income
- Individual factors
  - ✓ Knowledge

- ✓ Attitude
- Cultural factors
  - ✓ Beliefs/taboo
  - ✓ Difficult terminologies

#### 4.12. Operational definitions

**Communication between parents and adolescents on SRH issues:** In this particular study context parents and adolescents communication regarding SRH issues is a simple discussion or talking which is interactive between parents and adolescents on the following matters: STIs, HIV/AIDS, sexual intercourse, menstruation, unintended pregnancy, condom use and contraception.

**Parent adolescent SRH communication:** Students discussed SRH issues with their parents on at least two topics

**Parent:** mother and father, guardians considered as mother and father

**Adolescent:** Refers to those 10-24 years of age

**Knowledgeable:** Students who score points more than mean score out of prepared knowledge part questions

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

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

**Difficult terminologies:** hardness /shameful of sexual and reproductive health terms to expressed by parents and adolescents.

#### 4.13. Inclusion and exclusion criteria

Inclusion criteria

- All secondary and preparatory regular day time students aged 10 to 24 years

Exclusion criteria

- Unwillingness students and or seriously sick at the time of data collection
- Students who are absent at the time of data collection

#### **4.14. Data quality control**

Data collectors were adolescents who completed grade twelve. Training was given for data collectors on objectives of the study, sampling procedure and checking completeness of the questionnaire. Questionnaire was pre tested at Degam secondary and preparatory school to assess clarity, flow and consistency, and was revised prior to start of data collection.

#### **4.15. Ethical consideration**

Ethical approval and clearance was taken from Research and Ethics Committee (REC) of school of Allied health sciences, Addis Ababa University. The letter of permission was written to Regional Education Bureau, again to zonal school office and finally to each schools to conduct the study. The purpose of the study was explained for the respondents and assent was obtained. The right to withdraw from the study at any time was also assured. Coding was used to eliminate names and other personal identification of respondents throughout the study process to ensure participants confidentiality.

#### **4.16. Dissemination of the result**

Submission of the findings to department of nursing and midwifery, school of Allied health sciences, Addis Ababa University will be accomplished and defended as partial fulfillment of requirements for the degree of masters in Maternity and Reproductive Health Nursing. The information will be disseminated to the respective bodies and the results will be presented on the scientific forum and publication on the scientific journals will also be processed in the future.

## 5. Result

### 5.1. Socio-demographic characteristics

A total of 394 school students completed the questionnaire, of which 16 responses were excluded for gross incompleteness and inconsistency. Therefore, analysis was made based on 378 questionnaires. Thus response rate was about 96%.

Out of the total 378 respondents, 196(52%) were males and 182(48%) were females. The mean age of the respondents was  $17.39 \pm 1.51$ SD; they were within the range of 15 - 24 years. Most of the students were grade nine 153(39.9) and grade ten 143(37.8%) followed by grade 11 43(11.4%) and 12 41(10.8%). Almost all of the respondents were ethnically Oromo 366(96.8%), followed by Amhara 12(3.2%). And most of the respondents 340(89.9%) were Orthodox Christian by religion. The majority of the respondents' parents 293(77.5%) were living together. Two hundred twenty five (59.5%) respondents were living with parents followed by 59(15.6%) were living alone. Majority of respondents' mother's 149(39.4%) were unable to read and write followed by 126(33.3%) of them attended primary school. One hundred twenty five (33.1%) of respondents father attended primary school followed by 122(32.3%) were unable to read and write. Regarding occupational status of mother, 121(32%) of respondents mothers were farmer followed by 113(29.9%) were housewife. Two hundred six (54.5%) of the respondents' fathers were farmers by occupation. The median family size of respondents was  $6 \pm 3$  Interquartile range.

**Table 1** Socio-demographic Characteristics of students attending their education at both Fiche preparatory and Abdissa Aga schools in fiche town (N=378) June, 2017

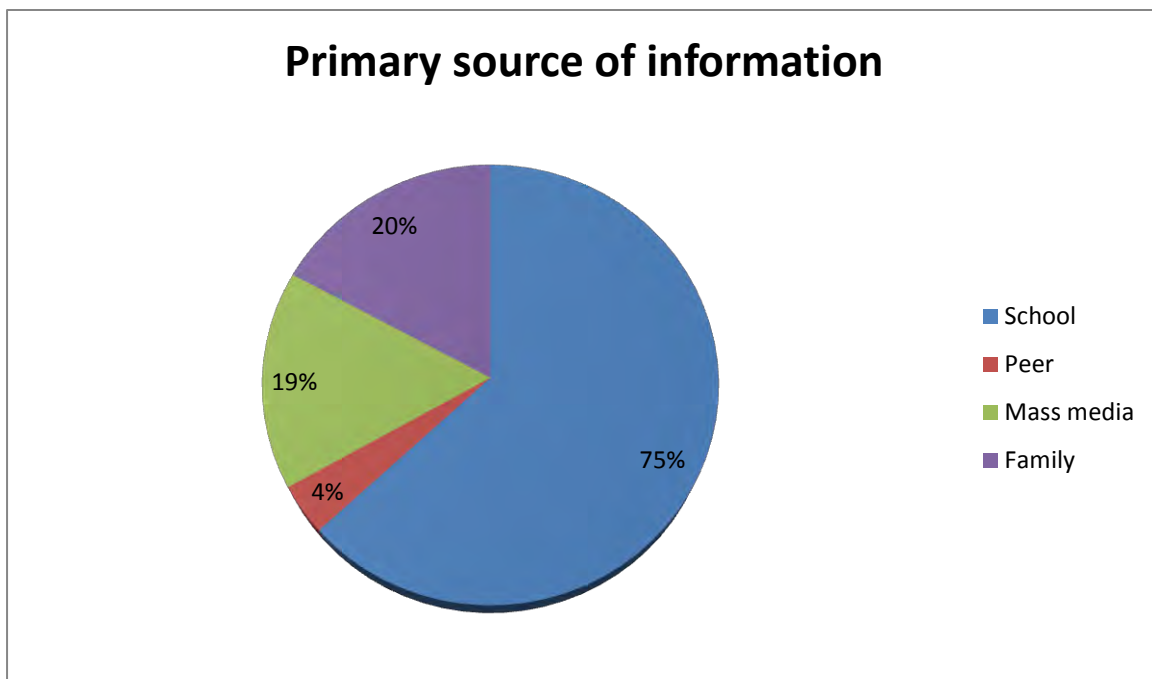
Variable	Category	Frequency	Percent
Age	15-19	346	91.5
	20-24	32	8.5
	<b>Total</b>	<b>378</b>	<b>100</b>
Grade	9	151	39.9
	10	143	37.8
	11	43	11.4
	12	41	10.8
	<b>Total</b>	<b>378</b>	<b>100</b>
Sex	Male	196	51.9
	Female	182	48.1
	<b>Total</b>	<b>378</b>	<b>100</b>
Religion	Orthodox Christian	340	89.9
	Protestant	27	7.1
	Waaqefata	11	2.9
	<b>Total</b>	<b>378</b>	<b>100</b>
Ethnicity	Oromo	366	96.8
	Amhara	12	3.2
	<b>Total</b>	<b>378</b>	<b>100</b>
living arrangement	With parents	225	59.5
	With friends	51	13.5
	Living alone	59	15.6
	With relative	43	11.4
	<b>Total</b>	<b>378</b>	<b>100</b>

**Table 2** Socio-demographic characteristics of students' parents of both Fiche preparatory and Abdissa Aga schools in fiche town (N=378) June, 2017

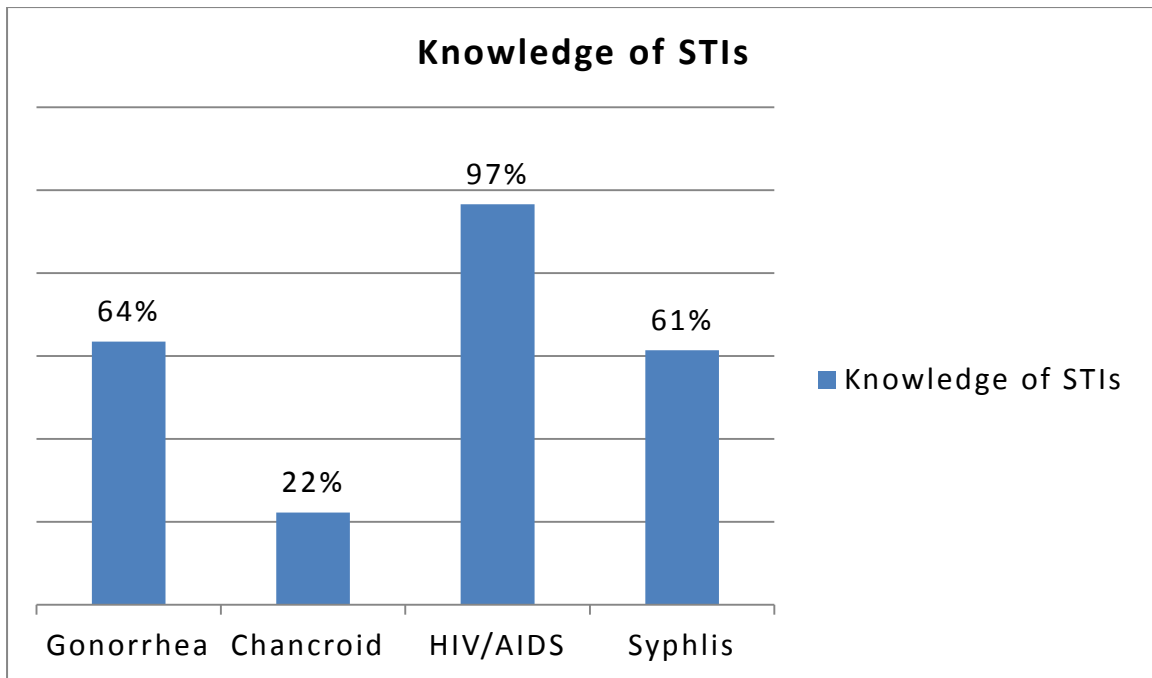
<b>Variable</b>	<b>Category</b>	<b>Frequency</b>	<b>Percent</b>
<b>Marital status</b>	Together	293	77.5
	Divorced	45	11.9
	At least one parent not alive	40	10.6
	<b>Total</b>	<b>378</b>	<b>100</b>
<b>Mother's educational status</b>	Do not read and write	149	39.4
	Primary	126	33.3
	Secondary	28	7.4
	Diploma and above	75	19.8
	<b>Total</b>	<b>378</b>	<b>100</b>
<b>Father's educational status</b>	Do not read and write	122	32.3
	Primary	125	33.1
	Secondary	18	4.8
	Diploma and above	113	29.9
	<b>Total</b>	<b>378</b>	<b>100</b>
<b>Mother's occupational status</b>	Housewife	113	29.9
	Government employee	79	20.9
	Farmer	122	32.3
	Merchant	35	9.3
	Private employee	29	7.7
	<b>Total</b>	<b>378</b>	<b>100</b>
<b>Father's occupational status</b>	Farmer	207	54.8
	Government employee	111	29.4
	Merchant	33	8.7
	Private employee	27	7.1
	<b>Total</b>	<b>378</b>	<b>100</b>
<b>Family size</b>	≤3	20	5.3
	4-6	202	53.4
	≥7	156	41.3
	<b>Total</b>	<b>378</b>	<b>100</b>

## 5.2. Knowledge of Adolescent Respondents on Selected Sexual and Reproductive Health Issues

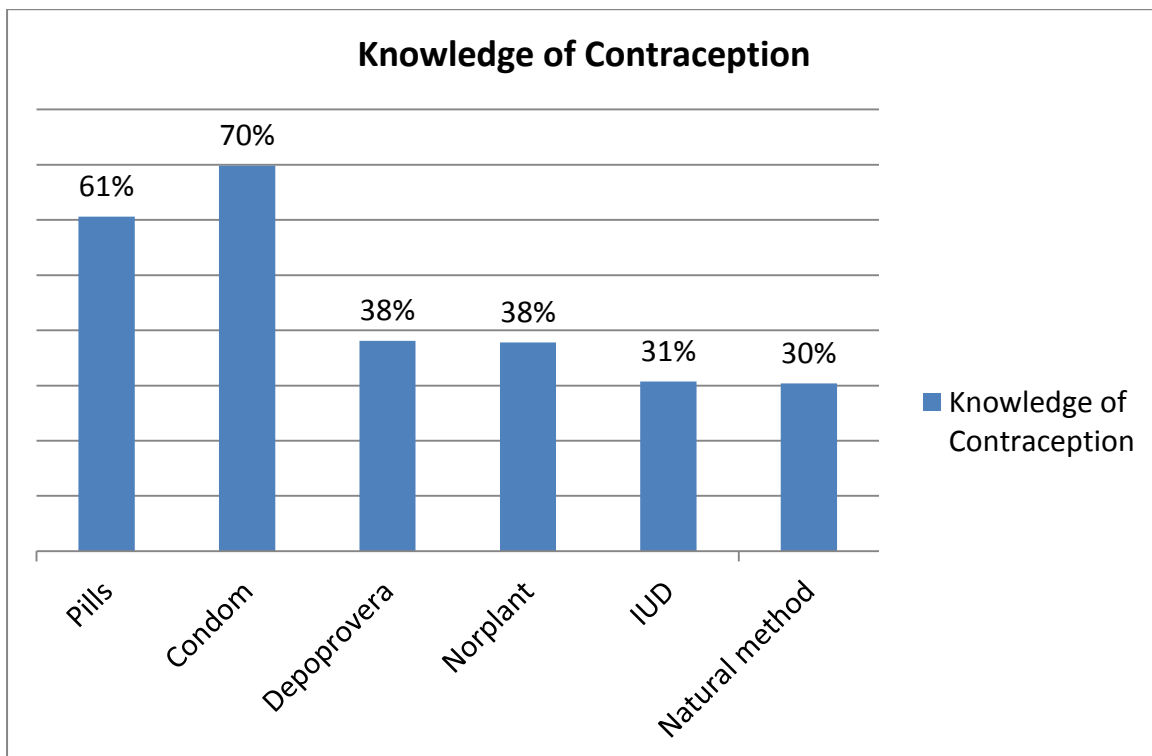
About 318(84.1%), of the respondents, had ever heard about sexual and reproductive health issues. Regarding their primary source of information school accounts 237(62.7%) followed by mass media 60(15.9%). Of all of the respondents, Three hundred seventy (97.9%) knew about STIs. HIV/AIDS was the most commonly known STI among 364(96.3%) of participants followed by gonorrhoea 235(62.5%). Chancroid was the least known STI 85(22.5%) by respondents. Of all of the participants, Three hundred twenty (84.7%) of the respondents knew contraception options for youth. Among contraception options for youth condom 253(66.9%) was the most commonly known followed by pills 228(60.3%), depo-Provera 142(37.6%), norplant 140(37%). Among all of the respondents, One hundred eighty two (48.1%) respondents knew when first menstrual period started (menarche), and they reported the median age of menarche was  $13 \pm 3$ IQR.



**Figure 3** Primary source of information of students regarding reproductive health among students attending their education at both Fiche preparatory and Abdissa schools, Fiche town, June 2017.



**Figure 4 Students knowledge about STIs at both Fiche Preparatory and Abdissa Aga schools, Fiche town, June 2017.**



**Figure 5 Knowledge of students about contraception among students attending their education at both Fiche preparatory and Abdissa Aga schools, Fiche town, June 2017.**

### 5.3. Attitude of Adolescent Respondents on Selected Sexual and Reproductive Health Issues

Majority of the respondents 333(88.1%) believed that premarital sex is not acceptable. Regarding first sexual intercourse 196(51.9%) believed that parent adolescent sexual and reproductive health communication could delay first sexual intercourse. 192(50.8%) of respondents agreed that unmarried couples must use condom if they want to have sex. Concerning protection of condom against STIs and HIV 213(56.3%) of respondents believe that condom could protect against STIs and HIV.

**Table 3** Distribution of attitudes towards sexual and reproductive health issues among students attend their education at both Fiche preparatory and Abdisa Aga schools, Fiche town, June 2017.

Questions	Category	Frequency	Percent
Premarital sex is acceptable	Agree	42	11.1
	Disagree	333	88.1
	Not sure	3	0.8
	<b>Total</b>	<b>378</b>	<b>100</b>
Parent adolescent communication on SRH issues delay first sexual Intercourse.	Agree	196	51.9
	disagree	71	18.8
	Not sure	111	29.4
	<b>Total</b>	<b>378</b>	<b>100</b>
If unmarried couples want to have sexual intercourse before marriage, they must use condom	Agree	192	50.8
	Disagree	87	23.0
	Not sure	99	26.2
	<b>Total</b>	<b>378</b>	<b>100</b>
STIs and HIV/AIDs can be prevented using condom.	Agree	213	56.3
	disagree	89	23.5
	Not sure	76	20.1
	<b>Total</b>	<b>378</b>	<b>100</b>

#### **5.4. Parent adolescent sexual and reproductive health communication**

Findings from this study revealed that, 335(88.6%) of respondents reported that it is important to discuss sexual and reproductive health issues with parents. Though, 236(62.4%) of the students ever discussed sexual and reproductive health issues with either of their parents in at least one topics of SRH issues. However, only 118 (31.2%) of the students discussed sexual and reproductive health issues with either of their parents in at least two topics of SRH issues.

Regarding contraception, 71(18.8%) of the respondents reported that they had discussed on contraceptive methods with their parents. Among who ever discussed SRH issues with either of their parents, about 30.1% of the respondents discussed contraception issue. Most of respondents discussed with their mothers 64(90%), peer 34(47.8%). Most respondents preferred mother 33(46.4%) and peer 26(26.6%) as communication partner. Out of 307 who had not discussed, majority 153(40.5%) reported their reason as it is shameful 149(39.4%) to discuss such issues with parents.

On the topic of STI/HIV/AIDS, About 40% of the students reported that they had discussed with either of their parents. Majority of students discussed with their peer 100(66.2%) and father 99(65.5%). Their preferred communication partner was peer 80(53%). The reasons they mentioned for not discussing on STI/HIV/AIDS with their parents were shamefulness and fear of parents; each accounted 94(24.9%) and 56(14.8%) respectively.

24(6.3%) of the participants discussed sexual intercourse with their parents. They mostly discussed with their mother 21(87.5%). Their preferred communication partner was also their mother 8(33.3%) followed by peer 7(29.2%). The most commonly mentioned by the respondents the reason not to discuss was shamefulness 224(59.3%) followed by fear of parents 98(25.9%).

70(18.5%) of respondents discussed unwanted pregnancy. The reasons they mentioned for not discussing about unwanted pregnancy with their parents was feeling shamefulness 180(47.6%) followed by cultural unacceptance 85(22.5%). Regarding preference of communication partner, out of who discussed unwanted pregnancy with parents, 29(41.4%) preferred their mothers followed by peer 24(34.2%).

Concerning condom use communication, majority of respondents 367(97%) didn't communicate with their parents. Only 11(2.9%) respondent discussed with their parents. Out

of who discussed 8(72.7%) discussed with their mothers. Mother 5(45.4%) and their peer 5(45.4%) were among the preferred communication partner. Feeling shamefulness 233(63.5) and fear of parents 64(17.4%) were among the reasons why students didn't communicate with their parents.

About half of the respondents discussed about menstruation with either of their parents. Majority of female respondents discussed menstruation with their mothers 89(97.8%). Regarding preference of communication partner mother accounts 66(72.5%). The main reason the respondents mentioned not to discuss with their parents were feeling shamefulness 49(26.9%) and fear parents 26(14.4%).

Regarding overall discussion of SRH issues except menstruation, respondents discussed mostly with their mother 247(74%) followed by their peers 179(53.4%). Brother/sister and teachers, 26% and 22.5% were the least respondents discussed with respectively. Similarly, female respondents discussed menstruation with their mother 89(97.8%) and peer 35(38.5%).

**Table 4 Showing school students, with whom they had discussed in different topics, Fiche preparatory and Abdissa Aga schools, June, 2017.**

Topic of discussion	N(%) of discussed	With whom they discussed*				
		Mother	Father	Bro/sis	Peer	Teacher
Contraception	71(18.8)	64(90.1)	12(16.9)	12(16.9)	34(47.9)	9(12.7)
STI/HIVAIDS	151(39.9)	84(55.6)	99(65.6)	43(28.5)	100(66.2)	55(34.1)
Sexual intercourse	24(6.3)	21(87.5)	8(33.3)	9(37.5)	7(29.1)	5(20.8)
Unwanted pregnancy	77(20.4)	70(90.9)	13(16.8)	19(24.7)	34(44.1)	5(6.5)
Condom use	11(2.9)	8(72.7)	5(45.4)	4(36.3)	4(36.3)	1(9.1)
Menstruation	91(50.0)	89(97.8)	2(2.2)	24(26.4)	35(38.5)	3(3.3)

**\*multiple responses are possible**

**Table 5 Major reasons for not discussing with their parents in school students, Fiche preparatory and Abdissa Aga schools, June, 2017.**

Topic of discussion	N(% of not discussing)	Reasons for not discussing*				
		Shame	Culturally unacceptable	Parents lack of knowledge	Lack of communication skill	Fear of parents
Contraception	307(81.2)	149(48.5)	44(14.3)	38(12.4)	45(14.6)	78(25.4)
STI/HIVAIDS	227(60)	94(41.4)	33(14.5)	15(6.6)	55(24.2)	56(24.6)
Sexual intercourse	354(93.6)	224(63.3)	52(14.7)	9(2.5)	22(6.2)	98(27.7)
Unwanted pregnancy	301(79.6)	176(58.5)	83(27.5)	18(6)	30(10)	57(18.9)
Condom use	367(97)	233(63.5)	52(14.2)	4(1.1)	35(9.5)	64(17.4)
Menstruation	91(50)	49(26.9)	1(.5)	2(1.1)	6(3.3)	26(14.4)

**\*Multiple responses are possible**

### **5.5. Association of parent adolescent sexual and reproductive health communication with independent variables**

Bivariate analysis was done with ever discussed on at least two topics of sexual and reproductive health issues with either of the parents and socio-demographic variables, knowledge on SRH issues, attitude towards SRH issues and other variables. Among variables sex of the respondent, occupational status of mother, educational status of mother, educational status of father, family size, knowledge about SRH issues, attitude towards SRH issues and perceived importance of SRH discussion with parents were associated in bivariate analysis with ever discussed on at least two SRH issues with either of the parents. Grade of respondent and marital status was not associated with ever discussed on at least two sexual and reproductive health issues with either of the parents. Finally, in order to control confounding factors a multivariate analysis was used. Those variables having P-values less than 0.25 in bivariate analysis were included in multivariate analysis to get adequate variables. Among variables mother educational status, father educational status, knowledge

about SRH issues, attitude towards SRH issues and perceived importance of SRH discussion with parents were independently associated with ever discussed at least two sexual and reproductive health issues with either of the parents.

**Table 6 Bivariate and Multivariate analysis of factors associated with parent adolescent sexual and reproductive health communication in both Fiche and Abdissa Aga schools, Fiche town, June 2017**

Variables	Categories	Ever discussed		p-value	COR (95% CI)	p-value	AOR (95% CI)
		Yes	No				
Sex	Male	51(13.5)	145(38.3)		1		
	Female	67(17.7)	115(30.4)	0.024	1.656(1.068-2.569)		
Educational status of mother	Do not read and write	18(4.8)	131(34.6)		1		
	Primary	47(12.4)	79(20.9)	.000	4.330(2.351-7.975)	.002	<b>3.363(1.389-8.142)*</b>
	Secondary	15(4.0)	17(4.5)	.000	6.422(2.741-15.045)	.009	<b>5.772(1.623-20.527)*</b>
	Diploma and above	38(10.0)	33(8.7)	.000	8.380(4.252-16.516)		
Educational status of father	Do not read and write	15(4.0)	105(27.8)		1		
	Primary	35(9.2)	96(25.4)	.010	2.552(1.312-4.963)		
	Secondary	17(4.5)	16(4.2)	.000	7.437(3.113-17.771)		
	Diploma and above	51(13.5)	43(11.4)	.000	8.302(4.222-16.327)	.005	<b>4.291(1.393-13.221)*</b>

**Continued.....**

Mother occupational status	Housewife	27(7.1)	86(22.7)		1
	Government employee	43(11.4)	36(9.5)	.514	(.216- 1.221)
	Farmer	23(6.1)	99(26.2)		1.955(.81 8-4.670)
	Private employee	14(3.7)	21(5.6)	.132	.380(.158- .913)
	Merchant	11(2.9)	18(47.6)	.261	1.091(.39 7-2.995)
Father occupational status	Government employee	<b>56(14.8)</b>	55(14.5)		1
	Farmer	45(11.9)	162(42.8)	.000	.273(.16 6-.449)
	Private employee	9(2.4)	24(6.3)	.022	.368(.15 7-.863)
	Merchant	8(2.1)	19(5.0)	.056	.414(.16 7-1.023)
Current living arrangement	With parents	62(16.4)	163(43.1)		1
	With friends	24(6.3)	27(7.1)	.008	2.337(1.2 54-4.356)

**Continued.....**

	Living alone	16(4.2)	43(11.4)	.947	.978(.51 4-1.863)		
	With relative	16(4.2)	27(7.1)	.204	1.558(.7 86- 3.088)		
Family size	≤3	7(1.8)	13(3.4)		1		
	4-6	76(20.1)	126(33.3)	.817	1.12(.42 8-2.931)		
	≥7	35(9.3)	121(32.0)	.220	.537(.19 9-1.450)		
Perceived importance of discussion	No	113(29.9)	215(56.9)		1		
	Yes	5(1.3)	45(11.9)	.001	4.73(1.82 6-12.250)	.002	<b>6.692(2.035- 21.999)*</b>
Knowledge about SRH issues	Low	22(5.8)	130(34.4)		1		
	High	96(25.4)	130(34.4)	.000	4.364(2.5 86-7.363)	.000	<b>4.801(2.560- 9.006)*</b>
Attitude towards SRH issues	Negative	54(14.3)	175(46.3)		1		
	Positive	64(16.9)	85(22.5)	.000	2.440(1. 563- 3.809)	.000	<b>3.130(1.760- 5.566)*</b>

**\*P value less than 0.05 were significant**

## 6. Discussion

This study showed that only 118(31.2%) had ever discussed sexual and reproductive health issues with either of the parents in least two topics. This finding is lower than the study conducted in Debre Markos secondary and preparatory school(36.9%)[27], Mekelle city(57.6%)[22], Brong Ahafo region, Ghana(72.8%), but higher than study conducted in Benishangul Gumuz, Bullen woreda(29.6%)[50]. This may be due to sociodemographic variation and access to reproductive health information.

This study showed that 87% of students knew at least one contraceptive method. This result is consistent with study done abroad, in Nigeria, in which 87.5% of adolescents knew at least one contraceptive method. Similarly, it is consistent with study conducted in Mekelle, but higher than study conducted in Dire Dawa. This discrepancy in Dire Dawa may be due to sociodemographic variation in which religion play a great role.

Regarding STIs knowledge among adolescents, this study showed that about 97% of adolescents knew HIV/AIDS. This result is consistent with literature reviewed from Europe. This may be due to awareness creation world wide through mass media.

This study also shows that higher proportion of females (85.7%) discussed SRH issues with their parents than males (14.3%) in almost all topics. This study is consistent with study conducted in Ghana [25], but lower proportion of students discussed with their parents in this study. This discrepancy may be due to educational status between two regions.

Finding from this study revealed that mother educational status was among factors that predict parent adolescent sexual and reproductive health communication. Students whose mother's attended primary school were 3.3 more likely to discuss when compared to students whose mother unable to read and write (AOR 3.363, 95%CI=1.389-8.142). Likewise, students whose mother went to secondary school were 5.77 more likely to discuss when compared students whose mother unable to read and write (AOR 5.772, 95%CI=1.623-20.527). This study is consistent with study conducted in Singapore[36]. This may be due to openness of their parents to their children regarding their educational status.

This study indicated that father educational status was one of the predictors of parent adolescent sexual and reproductive health communication. Students whose father received diploma and above were 4.3 more likely to discuss when compared with students whose father couldn't able to read and write (AOR 4.291, 95%CI=1.393-13.221). This may be due to

their higher educational status and parents were open to discuss these issues with their children.

Students who did not accept the importance of discussing sexual and reproductive health issues with either of the parents were less likely to have discussed at least two topics of SRH issues than their counterparts (AOR 0.156, 95%CI=0.050-0.481). This result is consistent with a study conducted at Debre Markos secondary and preparatory school[27]. This is due to the fact that they may have better awareness regarding the benefit of discussing sexual and reproductive health issues with either of the parents.

Knowledge of students about SRH issues is strongly associated with parent adolescent sexual reproductive health issues. Students who had knowledge concerning SRH issues were more likely to discuss when compared to their counterparts. This study is consistent with a study conducted in Dire Dawa[31]. This is due to the students' background related to knowledge of sexual and reproductive health issues. This opens a chance for them to discuss with their parents.

Attitude of adolescents towards sexual and reproductive health issues is also strongly associated with parent adolescent sexual and reproductive health communication. Students who had a negative attitude were less likely to discuss when compared with students who had a positive attitude towards SRH issues. This result is also consistent with a study done in Uganda[44].

This study showed that 56.3% of respondents mentioned that it was shameful and 17% of them did not discuss because it was culturally unacceptable. This result is lower than a study conducted in Mekelle. This difference may be due to urbanization and differences in society background, as society in Mekelle is more liberal than in Fiche.

## 7. Conclusion and Recommendation

### 7.1. Conclusion

Adolescents in the study area have knowledge on various components of SRH issues. Students who were more knowledgeable about SRH issues and had positive attitude towards these issues are open to discuss with their parents. Additionally, majority of them have positive attitudes towards the importance of parent adolescent communication on SRH issues.

Adolescents from literate parents discuss more as compared to adolescents from illiterate ones. Thus, Adolescents whose mother went to primary and secondary school, as well as whose father recieved diploma and above communicate on SRH issues than others.

Cultural constraints; keeping both shamefulness and fear of parents, were the most commonly raised reasons for adolescents not discussing SRH issues with parents.

### 7.2. Recommendation

#### **To Fiche town administration in collaboration with concerned bodies**

- ✓ Should establish adolescent reproductive health centre and increase awareness by assigning health profession at the centre.
- ✓ Should also facilitate adolescent-friendly services in order to enhance sex related education and the way of parent adolescent communication on SRH issues for adolescents.
- ✓ The study also informs us that in order to overcome the highly mentioned taboos, fears and shames arising from the existing culture, Town Health Bureau, Women, Children and Youth Affairs Bureau, and Culture and Tourism Bureau should create various seminars and/or sessions with the adolescent parents, influential community members, and community elders.

#### **To both schools**

- ✓ Should found reproductive and sexual health club in school compound and initiate all students to participate in the club.

#### **To researchers**

- ✓ Should conduct further study on this issue using strong study design (qualitative study design)

## **Strength and limitation of the study**

### **Strength of the study**

The maximum numbers of samples were utilized.

### **Limitation of the study**

Adolescents self reported data might not provide absolute or impartial information on the communication they have with their parents. The other weakness of this study is from parents side there is no study done on the communication with their children.

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## **Annex I; - Consent form and Information sheet (English Version)**

Assent to assess parent adolescent sexual and reproductive health communication among secondary and preparatory school students in Fiche town, North Shewa, Oromia Regional State, Ethiopia

Identification number\_\_\_\_\_

### **Information sheet**

Dear respondent,

Hello, My name is\_\_\_\_\_. I am studying masters degree of Maternity and reproductive health nursing in Addis Ababa University, school of nursing and midwifery. I am interested in studying about the extent and factors influencing communication on sexual and reproductive health issues among adolescents and their parents in your preparatory and high school. This questionnaire is designed for academic purpose which will be approved by AAU, Allied school of health sciences, Department of nursing and midwifery to inpartial fulfillment of masters degree in maternity and reproductive health nursing. I hope you will help me by answering these questions. None of your answers will be available to anyone. Do not write your name. All the information you give me will be kept private. Anyone who will not be willing to participate in the study will have the right to discontinue at any time in the process. Confidentiality and privacy will be maintained by ensuring the respondents answering the questions on a separate place where no one can see you. Therefore, I really need your honest and genuine response to questions prepared is highly appreciated and helpful to attain the objective of the study.

The results of the study will hopefully serve as an important input for policy and intervention programs that aim at addressing adolescents sexual and reproductive health problem.

I thank you in advance for taking your time to answer our questions.

Would you be willing to participate in the study?

If yes, proceed to the next page.

If no, please stop here.

**Name of researcher:** Mulugeta Feyissa

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

- **Phone number:** 0912807647
- **Email:** [mulugetafeyssa@mtu.edu.et](mailto:mulugetafeyssa@mtu.edu.et)  
Or [mulkb21@gmail.com](mailto:mulkb21@gmail.com)

**Assent form**

I, the undersigned, have been informed that this study is going to be conducted for the purpose of assessing parent adolescent communication on sexual and reproductive health issues in fiche town secondary and preparatory schools. I am informed that the information I give will kept confidential and only used for the purpose of this study. I am also conscious that I have the right not to respond to any question without my interest. Hence, I agree to participate in the research voluntarily with the hope of contributing to the effort of assessing communication of adolescents and their parents with regard to sexual and reproductive health issues.

Signature\_\_\_\_\_

Date\_\_\_\_\_

## Annex II; - English version questionnaires

### Part I. Socio-demographic characteristics of adolescent respondents and their parents

(Tick (√) in the box provided in front of choices)

Ser.no	Question	Response	
101	Age	_____ in years	
102	Grade	_____	
103	Sex		
	1. Male	<input type="checkbox"/>	
	2. Female	<input type="checkbox"/>	
104	Religion		
	1. Orthodox Christian	<input type="checkbox"/>	
	2. Protestant	<input type="checkbox"/>	
	3. Catholic	<input type="checkbox"/>	
	4. Others	<input type="checkbox"/>	
105	Ethnicity		
	1. Oromo	<input type="checkbox"/>	
	2. Amhara	<input type="checkbox"/>	
	3. Gurage	<input type="checkbox"/>	
	4. Others	<input type="checkbox"/>	
106	Marital status of mother and father		
	1. Together	<input type="checkbox"/>	
	2. Divorced	<input type="checkbox"/>	
	3. At least one parent not alive	<input type="checkbox"/>	
107	Mother's educational status		
	1. Do not read and write	<input type="checkbox"/>	
	2. Primary (1-8)	<input type="checkbox"/>	
	3. Secondary (9-12)	<input type="checkbox"/>	
	4. Diploma and above	<input type="checkbox"/>	
108	Father's educational status		
	1. Do not read and write	<input type="checkbox"/>	

	2. Primary (1-8)	<input type="checkbox"/>	
	3. Secondary (9-12)	<input type="checkbox"/>	
	4. Diploma and above	<input type="checkbox"/>	
109	With whom are you currently living? 1. With both parents	<input type="checkbox"/>	
	2. With friends	<input type="checkbox"/>	
	3. Living alone	<input type="checkbox"/>	
	4. With relative	<input type="checkbox"/>	
110	Family size (including mother and father).....in number	1. _____ in numbers	
111	Family income per/month(Ethiopian birr)	1. _____ 2. I don't know	
112	Occupation of the mother 1. House wife	<input type="checkbox"/>	
	2. Government employee	<input type="checkbox"/>	
	3. Farmer	<input type="checkbox"/>	
	4. Private employee	<input type="checkbox"/>	
	5. Merchant	<input type="checkbox"/>	
	6. Other (specify)	<input type="checkbox"/>	
113	Occupation of father 1. Government employee	<input type="checkbox"/>	
	2. Farmer	<input type="checkbox"/>	
	3. Private employee	<input type="checkbox"/>	
	4. Merchant	<input type="checkbox"/>	
	5. Other (specify)	<input type="checkbox"/>	

**Part II. Knowledge of Adolescent Respondents on Selected Sexual and Reproductive Health Issues (tick in the box provided in front of choices)**

201	Have you ever heard about reproductive health?		If your answer is <b>No</b> skip to question <b>number 203</b>
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	1. Yes	<input type="checkbox"/>	
	2. No	<input type="checkbox"/>	
202	What was your primary Source of information about reproductive health?		
	1. School	<input type="checkbox"/>	
	2. Peer including girl or boy friend	<input type="checkbox"/>	
	3. Mass media (TV, Radio, Magazines, Newspaper)	<input type="checkbox"/>	
	4. Family (father and mother)	<input type="checkbox"/>	
	5. Brothers /sisters	<input type="checkbox"/>	
	6. Relatives	<input type="checkbox"/>	
	7. Other (specify)	<input type="checkbox"/>	
203	Do you know about sexually transmitted infections?		If <b>No</b> skip to question number <b>205</b>
	1. Yes	<input type="checkbox"/>	
	2. No	<input type="checkbox"/>	
204	Which of the listed of sexually transmitted infectins do you know? <b>(multiple answer is possible)</b>		
	1. Gonorrhea	<input type="checkbox"/>	
	2. Chancroid	<input type="checkbox"/>	
	3. HIV/AIDS	<input type="checkbox"/>	
	4. Syphilis	<input type="checkbox"/>	
	5. Others(specify)	<input type="checkbox"/>	
205	Do you know about contraceptive method for youth?		If <b>No</b> skip to question number <b>207</b>
	1. Yes	<input type="checkbox"/>	
	2. No	<input type="checkbox"/>	

206	Which contraceptive methods do you know? <b>(multiple answer is possible)</b>	<input type="checkbox"/>	
	1. Pills	<input type="checkbox"/>	
	2. Condom	<input type="checkbox"/>	
	3. Depo	<input type="checkbox"/>	
	4. Norplant	<input type="checkbox"/>	
	5. IUD	<input type="checkbox"/>	
	6. Using safe period or natural method	<input type="checkbox"/>	
	7. Others (specify)	<input type="checkbox"/>	
207	Do you know when the menstruation cycle starts?		
	1. Yes	<input type="checkbox"/>	
	2. No	<input type="checkbox"/>	
208	If your answer is yes to question number 207 what is the mean age?	1. _____ in years	

**Part III. Attitude of adolescent respondents on selected SRH components (tick in the box provided in front of choices)**

301	Is premarital sex acceptable?		
	1. Agree	<input type="checkbox"/>	
	2. Disagree	<input type="checkbox"/>	
	3. Not sure	<input type="checkbox"/>	
302	Parent adolescent communication on SRH issues delay first sexual Intercourse.		
	1. Agree	<input type="checkbox"/>	
	2. Disagree	<input type="checkbox"/>	

	3. Not sure	<input type="checkbox"/>	
303	Do you believe that, if unmarried couples want to have sexual intercourse before marriage they must use condom?	<input type="checkbox"/>	
	1. Yes	<input type="checkbox"/>	
	2. No	<input type="checkbox"/>	
	3. Not sure	<input type="checkbox"/>	
304	Do you believe that, STIs and HIV/AIDs can be prevented using condom?	<input type="checkbox"/>	
	1. Yes	<input type="checkbox"/>	
	2. No	<input type="checkbox"/>	
	3. Not sure	<input type="checkbox"/>	

**Part IV. Parent adolescent communication concerning SRH issues (tick in the box provided in front of choices)**

401	Do you think it is important to discuss about sexual and reproductive health issues with parents?	<input type="checkbox"/>	
	1. Yes	<input type="checkbox"/>	
	2. No	<input type="checkbox"/>	
402	Have you ever discussed sex related and reproductive health issues with your parents?	<input type="checkbox"/>	
	1. Yes	<input type="checkbox"/>	
	2. No	<input type="checkbox"/>	
403	Have you discussed contraception with your parents?	<input type="checkbox"/>	If your answer is <b>No</b> skip to question number <b>406</b>
	1. Yes	<input type="checkbox"/>	
	2. No	<input type="checkbox"/>	

404	With whom do you discuss issues related to contraception?		
	1. Father	<input type="checkbox"/>	
	2. Mother	<input type="checkbox"/>	
	3. Brothers or sisters	<input type="checkbox"/>	
	4. Peer	<input type="checkbox"/>	
	5. Teachers	<input type="checkbox"/>	
6. Other specify			
405	With whom do you prefer more (first choice) to discuss issues related to contraception?		
	1. Father	<input type="checkbox"/>	
	2. Mother	<input type="checkbox"/>	
	3. Brothers or sisters	<input type="checkbox"/>	
	4. Peer	<input type="checkbox"/>	
	5. Teachers	<input type="checkbox"/>	
6. Other specify			
406	If you don't discuss contraception with your parents what was your reason? (multiple answer is possible)		
	1. Shame	<input type="checkbox"/>	
	2. Culturally unacceptable	<input type="checkbox"/>	
	3. Parents lack of knowledge	<input type="checkbox"/>	
	4. Parents lack of communication skill	<input type="checkbox"/>	
	5. Fear of parents	<input type="checkbox"/>	
6. Others (specify)			
407	Have you discussed STI and HIV/AIDS within the past six months?	<input type="checkbox"/>	If <b>No</b> skip to question <b>number 410</b>
	1. Yes	<input type="checkbox"/>	
408	2. No	<input type="checkbox"/>	
	With whom do you discuss issues related to STI and HIV/AIDS?		
1. Father	<input type="checkbox"/>		
2. Mother	<input type="checkbox"/>		

	3. Brothers or sisters	<input type="checkbox"/>	
	4. Peer	<input type="checkbox"/>	
	5. Teachers	<input type="checkbox"/>	
	6. Other (specify)		
409	With whom do you prefer more (first choice) to discuss issues related to STI and HIV/AIDS?		
	1. Father	<input type="checkbox"/>	
	2. Mother	<input type="checkbox"/>	
	3. Brothers or sisters	<input type="checkbox"/>	
	4. Peer	<input type="checkbox"/>	
	5. Teachers	<input type="checkbox"/>	
	6. Other (specify)		
410	If you don't discussed STI and HIV/AIDS with your parents what is your reason? <b>(multiple answer is possible)</b>		
	1. Shame	<input type="checkbox"/>	
	2. Culturally unacceptable	<input type="checkbox"/>	
	3. Parents lack of knowledge	<input type="checkbox"/>	
	4. Parents lack of communication skill	<input type="checkbox"/>	
	5. Fear of parents	<input type="checkbox"/>	
	6. Other (specify)		
411	Have you discussed about sexual intercourse with your parents within the past six months?		If <b>no</b> skip to question number <b>414</b>
	1. Yes	<input type="checkbox"/>	
	2. No	<input type="checkbox"/>	
412	With whom do you discuss issues related to sexual intercourse?		
	1. Father	<input type="checkbox"/>	
	2. Mother	<input type="checkbox"/>	
	3. Brothers or sisters	<input type="checkbox"/>	
	4. Peer	<input type="checkbox"/>	
	5. Teachers	<input type="checkbox"/>	

	6. Other (specify)		
413	With whom do you prefer more (first choice) to discuss issues related to sexual intercourse?		
	1. Father	<input type="checkbox"/>	
	2. Mother	<input type="checkbox"/>	
	3. Brothers or sisters	<input type="checkbox"/>	
	4. Peer	<input type="checkbox"/>	
	5. Teachers	<input type="checkbox"/>	
	6. Other (specify)		
414	If you don't discuss about sexual intercourse with your parents what is your reason? <b>(multiple answer is possible)</b>		
	1. Shame	<input type="checkbox"/>	
	2. Culturally unacceptable	<input type="checkbox"/>	
	3. Parents lack of knowledge	<input type="checkbox"/>	
	4. Parents lack of communication skill	<input type="checkbox"/>	
	5. Fear of parents	<input type="checkbox"/>	
	6. Other (specify)		
415	Have you discussed about unintended pregnancy with your parents?		If <b>no</b> skip to question number <b>418</b>
	1. Yes	<input type="checkbox"/>	
	2. No	<input type="checkbox"/>	
416	With whom do you discuss issues related to unintended pregnancy?		
	1. Father	<input type="checkbox"/>	
	2. Mother	<input type="checkbox"/>	
	3. Brothers or sisters	<input type="checkbox"/>	
	4. Peer	<input type="checkbox"/>	
	5. Teachers	<input type="checkbox"/>	
	6. Other (specify)		
417	With whom do you prefer more (first choice) to discuss issues related to unintended pregnancy?		

	1. Father	<input type="checkbox"/>	
	2. Mother	<input type="checkbox"/>	
	3. Brothers or sisters	<input type="checkbox"/>	
	4. Peer	<input type="checkbox"/>	
	5. Teachers	<input type="checkbox"/>	
	6. Other (specify)		
418	What was your reason not to discuss about unintended pregnancy with your parents? <b>(multiple answer is possible)</b>		
	1. Shame	<input type="checkbox"/>	
	2. Culturally unacceptable	<input type="checkbox"/>	
	3. Parents lack of knowledge	<input type="checkbox"/>	
	4. Parents lack of communication skill	<input type="checkbox"/>	
	5. Fear of parents	<input type="checkbox"/>	
	6. Difficult terminologies	<input type="checkbox"/>	
	7. Other (specify)		
419	Have you about discussed about condom use with your parents?	<input type="checkbox"/>	If <b>no</b> skip to question number <b>422</b>
	1. Yes		
	2. No	<input type="checkbox"/>	
420	With whom do you discuss about condom use?		
	1. Father	<input type="checkbox"/>	
	2. Mother	<input type="checkbox"/>	
	3. Brothers or sisters	<input type="checkbox"/>	
	4. Peer	<input type="checkbox"/>	
	5. Teachers	<input type="checkbox"/>	
	6. Other (specify)	<input type="checkbox"/>	
421	With whom do you prefer more (first choice) to discuss about condom use?		
	1. Father	<input type="checkbox"/>	

	2. Mother	<input type="checkbox"/>	
	3. Brothers or sisters	<input type="checkbox"/>	
	4. Peer	<input type="checkbox"/>	
	5. Teachers	<input type="checkbox"/>	
	6. Other (specify)	<input type="checkbox"/>	
422	What was your reason not to discuss about condom use with your parents? <b>(multiple answer is possible)</b>		
	1. Shame	<input type="checkbox"/>	
	2. Culturally unacceptable	<input type="checkbox"/>	
	3. Parents lack of knowledge	<input type="checkbox"/>	
	4. Parents lack of communication skill	<input type="checkbox"/>	
	5. Fear of parents	<input type="checkbox"/>	
	6. Difficult terminologies	<input type="checkbox"/>	
	7. Other (specify)		
423	<b><i>For female respondents only</i></b> Have you about discussed the menstrual period with your parents?		If <b>no</b> skip to question number <b>426</b>
	1. Yes	<input type="checkbox"/>	
	2. No	<input type="checkbox"/>	
424	<b><i>For female respondents only</i></b> With who do you discuss issues related to menstruation?		
	1. Father	<input type="checkbox"/>	
	2. Mother	<input type="checkbox"/>	
	3. Brothers or sisters	<input type="checkbox"/>	
	4. Peer	<input type="checkbox"/>	
	5. Teachers	<input type="checkbox"/>	
	6. Other (specify)	<input type="checkbox"/>	
425	<b><i>For female respondents only</i></b> With whom do you prefer more (first choice) to discuss issues related to menstruation?		
	1. Father	<input type="checkbox"/>	
	2. Mother	<input type="checkbox"/>	

	3. Brothers or sisters	<input type="checkbox"/>	
	4. Peer	<input type="checkbox"/>	
	5. Teachers	<input type="checkbox"/>	
	6. Other (specify)	<input type="checkbox"/>	
426	<b><i>For female respondents only</i></b> If you don't discuss the menstrual period with your parents what are your reasons? <b>(multiple answer is possible)</b>		
	1. Shame	<input type="checkbox"/>	
	2. Culturally unacceptable	<input type="checkbox"/>	
	3. Parents lack of knowledge	<input type="checkbox"/>	
	4. Parents lack of communication skill	<input type="checkbox"/>	
	5. Fear of parents	<input type="checkbox"/>	
	6. Other (specify)		

### **Annex III;- Consent form and Information sheet (Afan Oromo version)**

Unka heyyamamaa barattoonni magaala Fiichee manneen barnoota sadarka 2ffaa fi qophaa'inaa marii sirna walqunnamtii fi wal hormaata fayyaa maatii isaanii waliin godhan, shawaa Kaabaa, Itiyooophiyaa

Lakk. Eenyummaa\_\_\_\_\_

**Waraqaa Odeeffannoo**

Maqaan koo \_\_\_\_\_ jedhama. Ani barnoota Masters koo Addis Ababaa Yuunivarsiititti, kutaa Nursing fi Midwifery barnoota fayyaa haadholii fi wal hormaata fayyaa barachaa jira. Akka kutaa barnoota koo tokkootti haasawa barattoonni mana barumsaa Abdiisaa Aagaa fi Qophaa'ina Fiichee sirna wal qunnamtii fi wal hormaata fayyaa maatii isaanii waliin godhan ilaalchisee qo'annaa adeemsisaa jira.

Kaayyoon qo'annaa kanaas marii dargaggoonni magaala Fiichee mana barumsa sadarkaa 2ffaa Abdiisaa Aagaa fi Qophaa'ina Fiichee sirna walqunnamtii fi wal hormaata fayyaa maatii isaanii waliin godhanii fi sababoota marii isaanii gufachiisan adda baasuu irratti xiyyeeffata. Yeroo keessan muraasa daqiiqaa 30 ta'u qo'annaa kana adeemsisuuf nu gargaaru akka naaf kennitan kabajaan isin gaafadha. Qo'annichis unka armaan gadii kanaa iddoo fuuladura gaaffilee jiru irratti guutuun adeemsifama. Maqaa keessan asirratti barreessuun hin barbaachisu. Gaaffilee isiniif hin galle akkasumas deebisuu hin barbaanne iddoo duwwaa dhiistanii bira darbuu ni dandeessu. Dabalatees, qo'annichi addaan kuttanii bahuu ni dandeessu.

Dhuma irrattis, odeeffannoon isin nuuf kennitan haala dargaggoonni marii yookan haasawa sirna wal qunnamtii fi wal hormata fayyaa maatii isaanii waliin godhan akkasumas maloota haasawa ittiin foyyeessan fayyadan qopheessuuf fi sababoota kana waliin hidhata qaban adda baafachuu akka nu dandeessisu ni abdanna. Iccitiin odeeffannoo kanaas guutummaan guutuutti kan isiniif eegamu ta'uu nan isiniif mirkaneessa. Deebiin isin gaaffii kamiifuu kennitan nama kamittuu hin kennamu (hin beeksifamu), akkasumas gabaasni qo'annaa kanaa eenyummaa keessanis hin beeksisu. Bu'aan gabaasichaa yoo maxxanfame, odeeffannoon waa'ee gartuu hundaa ykn waliigalaa bakka tokkotti dhiyaata akkasumas ibsama.

Qo'annaa kana irratti hirmaachuuf fedha qabduu?

1. Eeyyeen

2. Lakki, Fedha hin qabu

-Eeyyeen" yoo ta'e gara fuula itti aanutti darbaa.

Maqaa qorataa: Mulugeetaa Fayyisaa

Teessoo: Addis Ababaa Yunivarsiitii, Hospitaala Addaa Xiqur Anbassaa

Lak.bilbilaa : 0912807647

I-meelii: [mulugetafeyssa@mtu.edu.com](mailto:mulugetafeyssa@mtu.edu.com)

### **Unka heyyamamaa**

Kaayyoon qo'annaa kanaa marii dargaggoonni magaala Fiichee mana barumsa Abdiisaa Aagaa fi Qophaa'ina Fiichee sirna walqunnamtii fi wal hormaata fayyaa maatii isaanii waliin godhanii fi sababoota marii isaanii gufachiisan adda baasuu irratti fuuleffachuu isaa natti himamee jira. Akkasumas, odeeffannoon ani kennu iccitiin kan eegamuu fi dabalatees qo'annaa kanaaf qofa kan barbaachisu ta'uu isaa hubadheen jira. Mirga gaaffii hin barbaanne

deebisuu dhiisuu koo illee akka kabajamu beekera. Kanaaf qo'annaa kana irratti hirmaachuun koo fedhii kootiin akka ta'e mallattoon mirkaneessera.

Mallattoo\_\_\_\_\_

Guyyaa\_\_\_\_\_

#### **Annex IV; - Afan Oromo Version Questionnaires**

**Kutaa I. Gaaffilee bu'ura dhuunfaa dargaggootaa fi haadhoo/maatii (sanduuqa filannoowwan fuuldura jiran keessatti √ kaa'i)**

Lakk.	Gaaffilee	Deebii	
101	Umrii	_____waggaadhaan	

102	Kutaa	_____ ffaa	
103	Saala		
	1. Dhiira	<input type="checkbox"/>	
	2. Dubra	<input type="checkbox"/>	
104	Amantii		
	1. Kiristaana Ortodoksii	<input type="checkbox"/>	
	2. Pirootestaantii	<input type="checkbox"/>	
	3. Kaatolikii	<input type="checkbox"/>	
	4. Kan biroo (ibsi)		
105	Saba		
	1. Oromoo	<input type="checkbox"/>	
	2. Amaaraa	<input type="checkbox"/>	
	3. Gurage	<input type="checkbox"/>	
	4. Kan biroo (ibsi)	<input type="checkbox"/>	
106	Haala gaa'ila abbaa fi haadha keetii		
	1. Waliin jiraatu	<input type="checkbox"/>	
	2. Wal hiikan	<input type="checkbox"/>	
	3. Yoo xiqqaate maatii keessaa tokko yoo xiqqaate lubbuun hin jiru	<input type="checkbox"/>	
107	Sadarkaa barnoota haadhaa		
	1. Dubbisuu fi barreessuu hin danda'an	<input type="checkbox"/>	
	2. Barnoota sadarkaa 1 <sup>ffaa</sup> (1 - 8)	<input type="checkbox"/>	
	3. Barnoota sadarkaa 2 <sup>ffaa</sup> (9-12)	<input type="checkbox"/>	
	4. Dippiloomaa fi isaa ol	<input type="checkbox"/>	
108	Sadarkaa barnootaa abbaa		
	1. Dubbisuu fi barreessuu hin danda'an	<input type="checkbox"/>	
	2. Barnoota sadarkaa 1 <sup>ffaa</sup> (1 - 8)	<input type="checkbox"/>	
	3. Barnoota sadarkaa 2 <sup>ffaa</sup> (9-12)	<input type="checkbox"/>	
	4. Dippiloomaa fi isaa ol	<input type="checkbox"/>	
109	Ammaan kana eenyu waliin jiraatta?		
	1. Haadhaa fi abbaa koo waliin	<input type="checkbox"/>	
	2. Hiriyaa koo waliin	<input type="checkbox"/>	
	3. Kophaa koo	<input type="checkbox"/>	

	4. Kan biroo (ibsi)		
110	Baaay'ina maatii (haadhaa fi abbaa dabalatee)...lakkoofsaan	1. _____	
111	Galii maatii.....ji'aan (qarshii Itiyoophiyaatiin)	1. _____ 2. Hin beeku.	
112	Haadhi kee maal hojjetti?		
	1. Haadha manaa	<input type="checkbox"/>	
	2. Hojjettuu mootummaa	<input type="checkbox"/>	
	3. Qotee bulaa	<input type="checkbox"/>	
	4. Hojii dhuunfaa	<input type="checkbox"/>	
	5. Daldaltuu	<input type="checkbox"/>	
113	Abbaan kee maal hojjeta?		
	1. Hojjetaa mootummaa	<input type="checkbox"/>	
	2. Qotee bulaa	<input type="checkbox"/>	
	3. Hojii dhuunfaa	<input type="checkbox"/>	
	4. Daldalaa	<input type="checkbox"/>	
	5. Kan biroo (ibsi)	<input type="checkbox"/>	

## Kutaa II. Hubannoo dargaggoonni sirna wal hormaata fayyaa irratti qaban

201	Waa'ee sirna wal qunnamtii fi sirna wal hormaata fayyaa dhageessee beektaa? 1. Eyyee 2. Miti	<input type="checkbox"/> <input type="checkbox"/>	Deebiin kee <b>miti</b> yoo ta'e gaaffii lakkoofsatti <b>203</b> tti darbi
202	Maddi odeeffannoo kee eenyu ture?		
	1. Mana barnootaa	<input type="checkbox"/>	
	2. Hiriyaa (kan dhiiraa/kan dubraa)	<input type="checkbox"/>	
	3. Miidiyaa (Teliviziyoona, raadiyoo, gaazexaa)	<input type="checkbox"/>	
	4. Maatii (abbaa fi haadha)	<input type="checkbox"/>	

	5. Obboleessa/obboleettii	<input type="checkbox"/>	
	6. Fira	<input type="checkbox"/>	
	7. Kan biroo (ibsi)		
203	Dhukkuboota wal qunnamtii saalaan daddarban beektaa?		Deebiin kee <b>miti</b> yoo ta'e gaaffii lakkoofsa <b>205</b> tti darbi
	1. Eyyee	<input type="checkbox"/>	
	2. Miti	<input type="checkbox"/>	
204	Dhukkuboota wal qunnamtii saalan daddarban kam fa'a beekta?( <b>Deebii tokkoo ol deebisuun ni danda'ama</b> )	<input type="checkbox"/>	
	1. Cophxoo		
	2. Chaankirooyidii	<input type="checkbox"/>	
	3. HIV/Eedsii	<input type="checkbox"/>	
	4. Fanxoo	<input type="checkbox"/>	
	5. Kan biro (ibsi)		
205	Mala ittisa da'umsaa dargaggootaa beektaa?		Deebiin kee <b>miti</b> yoo ta'e gaaffii lakkoofsa <b>207</b> tti darbi
	1. Eyyee	<input type="checkbox"/>	
	2. Mit	<input type="checkbox"/>	
206	Mala ittisa da'umsaa kam fa'a beekta? ( <b>Deebii tokkoo ol deebisuun ni danda'ama</b> )		
	1. Piilsii/kiniinii	<input type="checkbox"/>	
	2. Koondomii	<input type="checkbox"/>	
	3. Irree harkaa keessa kan awwalamu/Norplant	<input type="checkbox"/>	
	4. Gadaamessa keessa kan awwalamu/IUD	<input type="checkbox"/>	
	5. Mala ittisa uumamaa fayyadamuu/safe period	<input type="checkbox"/>	
	6. Kan biraa (ibsi)		
207	Yeroo marsaan lagu/xurii itti eegaluu beektaa?		
	1. Eyyee		
	2. Lakkii		
208	Deebiin kee <b>eyyee</b> yoo ta'e giddu galeessa umrii meeqaan jalqabu? (waggaadhaan)	1. _____	

**Kutaa III. Ilaalcha dargaggoonni sirna wal hormaata fayyaa irratti qaban**

301	Walqunnamtiin saalaa fuudhaa fi heeruma dura raawwatamu fudhatama qabaa? 1. Eyyee 2. Lakkii	<input type="checkbox"/> <input type="checkbox"/>	
302	Dargaggoonni maatii isaanii waliin sirna walhormaata fayyaa fi walqunnamtii fayyaa irratti mari'achuun isaanii walqunnamtii saalaa umrii malee raawwatamu ni tursiisa. 1. Sirrii dha. 2. Miti 3. Hin beekuu	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
303	Cimdoonni lamaan osoo wal hin fuudhin wal qunnamtii saalaa yoo raawwachuu barbaadan kondomii fayyadamuu qabu jettee yaaddaa? 1. Eyyee 2. Lakkii 3. Hin beekuu	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
304	Dhukkuboota wal qunnamtii saalaan daddarbaniif fi HIV/Eedsii kondomii fayyadamuun ittisuun ni danda'ama jettee yaaddaa? 1. Eyyee 2. Lakkii 3. Hin beeku	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

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

401	Sirna wal qunnamtii fi wal hormaata fayyaa maatii waliin mari'achuun barbaachisaa dha jettee yaaddaa? 1. Eyyee	<input type="checkbox"/>	
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	2. Lakkii	<input type="checkbox"/>	
402	Waa'ee wal qunnamtii fi wal hormaata fayyaa maatii kee waliin mari'attee beektaa?		
	1. Eyyee	<input type="checkbox"/>	
	2. Lakkii	<input type="checkbox"/>	
403	waa'ee mala ittisa da'umsaa maatii kee waliin mari'attee beektaa?		Deebin kee <b>miti</b> yoo ta'e gaaffii lakkoofsa <b>406</b> tti darbi
	1. Eyyee	<input type="checkbox"/>	
	2. Miti	<input type="checkbox"/>	
404	Waa'ee mala ittisa da'umsaa eenyu waliin mari'attee beektaa? <b>(Deebii tokko ol deebisuun ni danda'ama)</b>		
	1. Abbaa koo	<input type="checkbox"/>	
	2. Haadha koo	<input type="checkbox"/>	
	3. Obboleewwan koo	<input type="checkbox"/>	
	4. Hiriya koo waliin	<input type="checkbox"/>	
	5. Barsiisotakoowaliin	<input type="checkbox"/>	
	6. Kan biraa (ibsi)		
405	Waa'ee mala ittisa da'umsaa eenyu waliin yoo mari'atte irra filatta (filannoo kee duraa)?		
	1. Abbaakoo	<input type="checkbox"/>	
	2. Haadha koo	<input type="checkbox"/>	
	3. Obboleewwan koo	<input type="checkbox"/>	
	4. Hiriyoootakoo waliin	<input type="checkbox"/>	
	5. Barsiisota koo waliin	<input type="checkbox"/>	
	6. Kan biraa (ibsi)		
406	Yoo waa'ee mala ittisa da'umsa maatii kee waliin mari'attee/haasoftee hin beektu ta'e sababni kee maali? <b>(Deebii tokko ol deebisuun ni danda'ama)</b>		
	1. Qaanii dha	<input type="checkbox"/>	
	2. Aadaa biratti fudhatama hin qabu	<input type="checkbox"/>	

	3. Maloota ittisa da'umsaa ilaalchisee hubannoo waan hinqabneef	<input type="checkbox"/>	
	4. Dandeettii mar'iachuu waan hin qabnef	<input type="checkbox"/>	
	5. Maatii koo waan sodaadhuuf	<input type="checkbox"/>	
	6. Sababni biraa yoo jiraate ibsi_____		
407	Waa'ee dhukkuboota wal qunnamtii saalaan daddarbanii fi HIV/Eedsii maatii kee waliin mari'attee beektaa? 1. Eyyee	<input type="checkbox"/>	Deebiin kee <b>miti</b> yoo ta'e gaaffii lakkoofsa <b>410</b> tti darbi
	2. Miti	<input type="checkbox"/>	
408	Eenyu waliin mari'attee beektaa? <b>(Deebii tokko oldeebisuun ni danda'ama)</b> 1. Abbaa koo	<input type="checkbox"/>	
	2. Haadha koo	<input type="checkbox"/>	
	3. Obboleewwan koo	<input type="checkbox"/>	
	4. Hiriyoota koo waliin	<input type="checkbox"/>	
	5. Barsiisota koo waliin	<input type="checkbox"/>	
	6. Kan biraa (ibsi)		
409	Waa'ee dhukkuboota wal qunnamtii saalaa fi HIV/Eedsii eenyu waliin yoo mari'atte irra filatta (filannoo kee duraa)? 1. Abbaa koo	<input type="checkbox"/>	
	2. Haadha koo	<input type="checkbox"/>	
	3. Obboleewwan koo	<input type="checkbox"/>	
	4. Hiriyoota koo waliin	<input type="checkbox"/>	
	5. Barsiisota koo waliin	<input type="checkbox"/>	
	6. Kan biraa (ibsi)		
410	Yoo waa'ee dhukkuboota wal qunnamtii saalaa fi HIV/Eedsii maatii kee waliin mari'attee/haasoftee hin beektu ta'e sababni kee maali? <b>(Deebii tokko ol deebisuun ni danda'ama)</b> 1. Qaanii dha	<input type="checkbox"/>	

	2. Aadaa biratti fudhatama hin qabu	<input type="checkbox"/>	
	3. Hubannoo waan hinqabneef	<input type="checkbox"/>	
	4. Dandeettii mar'iachuu waan hinqabnef	<input type="checkbox"/>	
	5. Maatii koo waan sodaadhuuf	<input type="checkbox"/>	
	6. Sababni biraa yoo jiraate ibsi _____		
411	Waa'ee wal qunnamtii saalaa maatii kee waliin mari'atee beektaa?		Deebii kee <b>miti</b> yoo ta'e gaaffii lakkoofsa <b>414</b> tti darbi
	1. Eyyee	<input type="checkbox"/>	
	2. Miti	<input type="checkbox"/>	
412	Eenyu waliin mari'atee beektaa? <b>(Deebii tokko oldeebisuun ni danda'ama)</b>		
	1. Abbaakoo	<input type="checkbox"/>	
	2. Haadhakoo	<input type="checkbox"/>	
	3. Obboleewwan koo	<input type="checkbox"/>	
	4. Hiriyoota koo waliin	<input type="checkbox"/>	
	5. Barsiisota koo waliin	<input type="checkbox"/>	
	6. Kan biraa (ibsi)		
413	Waa'ee wal qunnamtii saalaa eenyu waliin yoo mari'atte irra filatta (filannoo kee duraa)?		
	1. Abbaakoo	<input type="checkbox"/>	
	2. Haadhakoo	<input type="checkbox"/>	
	3. Obboleewwan koo	<input type="checkbox"/>	
	4. Hiriyoota koo waliin	<input type="checkbox"/>	
	5. Barsiisota koo waliin	<input type="checkbox"/>	
	6. Kan biraa (ibsi)		
414	Waa'ee wal qunnamtii saalaa maatii kee waliin mari'atee/haasoftee hin beektu yoo ta'e sababni kee maali? <b>(Deebii tokko oldeebisuun ni danda'ama)</b>		
	1. Qaanii dha	<input type="checkbox"/>	
	2. Aadaa biratti fudhatama hin qabu	<input type="checkbox"/>	

	3. Hubannoo/beekumsa waan hinqabneef	<input type="checkbox"/>	
	4. Dandeettii mar'iachuu waan hinqabnef	<input type="checkbox"/>	
	5. Maatiikoo waan sodaadhuuf	<input type="checkbox"/>	
	6. Sababnibiraa yoo jiraate ibsi_____		
415	Waa'ee ulfa hin eegamne yookan hin barbaachisne maatii kee waliin mari'atee beektaa?		Deebiin kee <b>miti</b> yoo ta'e gaaffii lakkoofsa <b>418</b> tti darbi
	1. Eyyee	<input type="checkbox"/>	
	2. Miti	<input type="checkbox"/>	
416	Eenyu waliin mari'atee beektaa? <b>(Deebii tokko ol deebisuun ni danda'ama)</b>		
	1. Abbaa koo	<input type="checkbox"/>	
	2. Haadha koo	<input type="checkbox"/>	
	3. Obboleewwan koo	<input type="checkbox"/>	
	4. Hiriyoota koo waliin	<input type="checkbox"/>	
	5. Barsiisota koo waliin	<input type="checkbox"/>	
	6. Kan biraa (ibsi)		
417	Waa'ee ulfa hin eegamne yookan hin barbaachisne eenyu waliin yoo mari'atte irra filatta (filannoo kee duraa)?		
	1. Abbaa koo	<input type="checkbox"/>	
	2. Haadha koo	<input type="checkbox"/>	
	3. Obboleewwan koo	<input type="checkbox"/>	
	4. Hiriyoota koo waliin	<input type="checkbox"/>	
	5. Barsiisota koo waliin	<input type="checkbox"/>	
	6. Kan biraa (ibsi)		
418	Yoo waa'ee ulfa hineegamne yookan hinbarbaachisne maatii kee waliin mari'atee/haasoftee hinbeektu ta'e sababni kee maali? <b>(Deebii tokko ol deebisuun ni danda'ama)</b>		
	1. Qaanii dha	<input type="checkbox"/>	
	2. Aadaa biratti fudhatama hin qabu	<input type="checkbox"/>	

	3. Hubannoo waan hinqabneef	<input type="checkbox"/>	
	4. Dandeettii mar'iachuu waan hinqabnef	<input type="checkbox"/>	
	5. Maatii koo waan sodaadhuuf	<input type="checkbox"/>	
	6. Sababni biraa yoo jiraate ibsi_____		
419	Waa'ee itti fayyadama koondomii maatii kee waliin mari'attee beektaa?		Deebiin kee <b>miti</b> yoo ta'e gaaffii lakkoofsa <b>422</b> tti darbi
	1. Eyyee	<input type="checkbox"/>	
	2. Lakkii	<input type="checkbox"/>	
420	Eenyu waliin mari'attee beekta? <b>(Deebii tokko ol deebisuun ni danda'ama)</b>		
	1. Abbaa koo	<input type="checkbox"/>	
	2. Haadha koo	<input type="checkbox"/>	
	3. Obboleewwan koo	<input type="checkbox"/>	
	4. Hiriyoota koo waliin	<input type="checkbox"/>	
	5. Barsiisota koo waliin	<input type="checkbox"/>	
	6. Kan biraa (ibsi)		
421	Waa'ee itti fayyadama koondomii eenyu waliin yoo mari'atte irra filatta (filannoo kee duraa)?		
	1. Abbaa koo	<input type="checkbox"/>	
	2. Haadha koo	<input type="checkbox"/>	
	3. Obboleewwan koo	<input type="checkbox"/>	
	4. Hiriyoota koo waliin	<input type="checkbox"/>	
	5. Barsiisota koo waliin	<input type="checkbox"/>	
	6. Kan biraa (ibsi)		
422	Yoo waa'ee itti fayyadama koondomii maatii kee waliin mari'attee/haasoftee hinbeektu ta'e sababni kee maali?		
	1. Qaanii dha	<input type="checkbox"/>	
	2. Aadaa biratti fudhatama hin qabu	<input type="checkbox"/>	
	3. Hubannoo waan hin qabneef	<input type="checkbox"/>	

	4. Dandeettii mar'iachuu waan hin qabnef	<input type="checkbox"/>	
	5. Maatii koo waan sodaadhuuf	<input type="checkbox"/>	
	6. Sababni biraa yoo jiraate ibsi_____		
423	<b><i>Dubartoota qofa illaallata</i></b> Waa'ee laguu/xurii maatii kee waliin mari'attee beektaa? 1. Eyyee	<input type="checkbox"/>	Deebiin kee <b>miti</b> yoo ta'e gaaffii lakkoofsa <b>426</b> tti darbi
	2. Miti	<input type="checkbox"/>	
424	<b><i>Dubartoota qofa illaallata</i></b> Eenyu waliin mari'attee beektaa? <b>(Deebii tokko oldeebisuun ni danda'ama)</b> 1. Abbaa koo	<input type="checkbox"/>	
	2. Haadha koo	<input type="checkbox"/>	
	3. Obboleewwan koo	<input type="checkbox"/>	
	4. Hiriyoota koo waliin	<input type="checkbox"/>	
	5. Barsiisota koo waliin	<input type="checkbox"/>	
	6. Kan biraa (ibsi)		
425	<b><i>Dubartoota qofa illaallata</i></b> Waa'ee xurii/laguu eenyu waliin yoo mari'atte irra filatta (filannoo kee duraa)? 1. Abbaa koo	<input type="checkbox"/>	
	2. Haadha koo	<input type="checkbox"/>	
	3. Obboleewwan koo	<input type="checkbox"/>	
	4. Hiriyoota koo waliin	<input type="checkbox"/>	
	5. Barsiisota koo waliin	<input type="checkbox"/>	
	6. Kan biraa (ibsi)		
426	<b><i>Dubartoota qofa illaallata</i></b> Yoo waa'ee xurii/laguu maatii kee waliin mari'attee/haasoftee hinbeektu ta'e sababni kee maali? <b>(Deebii tokkoo ol deebisuun ni danda'ama)</b> 1. Qaanii dha	<input type="checkbox"/>	
	2. Aadaa biratti fudhatama hin qabu	<input type="checkbox"/>	

	3. Hubannoo waan hin qabneef	<input type="checkbox"/>	
	4. Dandeettii mar'iachuu waan hin qabneef	<input type="checkbox"/>	
	5. Maatii koo waan sodaadhuuf	<input type="checkbox"/>	
	6. Sababni biraa yoo jiraate ibsi _____		

**Annex V; - Consent form and Information sheet (Amharic version)**

የአብዲሳ ኢጋና ፍቼ መሰናዶ ትምህርት ቤት ተማሪዎች ከወላጆቻቸው ጋር በስነ ወሲብና ስነ ተዋላዲ ጤና ጉዳዮች ላይ የሚያደርጉትን ውይይት ለማጥናት የተዘጋጀ መጠይቅ አጠቃላይ መረጃ እና የጥናቱ ተሳታፊዎች ፍቃደኝነታቸውን የሚያሳዩበት ቅፅ

የመለያቁጥር \_\_\_\_\_

**ውድ የጥናቱ ተሳታፊዎች!**

ስሜ \_\_\_\_\_ ይባላል። በአሁኑ ወቅት በአዲስ አበባ የእናቶችና ስነ-ተዋልዶ ነርሲንግ ትምህርት የሁለተኛ ድግሪዎን ትምህርት እየተከታተልኩ እገኛለሁ። የሁለተኛ ድግሪዬን ለመጨረስ ይረዳኝ ዘንድ በፍቼና አብዲሳ ኤጋ ትምህርት ቤት ውስጥ ያሉ ወጣቶች ከወላጆቻቸው ጋር በስነ ወሲብና ስነ ተዋልዶ ጤና ዙሪያ የሚያደርጉትን የውይይት መጠንና እንዳይወያዩ የሚያደርጓቸው ምክንያቶች፣ ቢወያዩ ምን ጥቅም እንደሚያገኙ ሁኔታ ላይ ጥናት እያደረኩ እገኛለሁ። ጥናቱ በአዲስ አበባ ዩኒቨርሲቲ ስኩል ኦፍ ኦላይድ ሄልዝ ሳይንሲስ፣ ድጋግ ትምህርት ኦፍ ነርሲንግ አንድ ሚዲያዊ ያጸደቀ ነው። ስለሆነም ከላይ የተዘረዘሩት የጥናቱ ዓላማዎች ይሳኩ ዘንድ በእናንተ በኩል በእውነታ ላይ የተመሠረተና ትክክለኛ የሆነ መረጃ እንድትሞሉ እየጠየኩ በመጠይቁ የምትሞሉት በግላችሁ ስለሆነ እና በመጠይቁ ላይ የምትመልሱት መልስ ግላዊ እና ስማችሁን ያላካተተ በመሆኑ በከፍተኛ ሚስጥራዊነት የሚጠበቅ ይሆናል። ከዚህም በተጨማሪ በጥናቱ ላይ የምትሳተፉት በፍቃደኝነት ስለሆነ ከማይመለከታችሁ ጥያቄዎች ወይም ያልተመቻችሁ ጥያቄዎች ካለ ባዶ ቦታ መተው ትችላላችሁ፤ መጠይቁንም መሙላት ባለስፈለጋችሁ ጊዜ ማቆም/ማቋረጥ መብታችሁ ነው። እርስዎ ጥያቄ በመመለስ ብተባበሩኝ ለጥናቱ መሳካት የራስዎን ጉልህ ድርሻ ተወጡ ማለት ነው።

መጠይቁን ለመመለስ ፍቃደኛ ነህ/ሽ

- 1. አዎ
- 2. አይደለሁም

መልሳችሁ አዎ ከሆነ ወደሚቀጥለው ገፅ አለፍ/አለፊ፤

አመሠግናለሁ።

ስም፡ ሙሉጌታ ፈይሳ

ስልክ ቁጥር፡ 0912807647

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**የጥናቱ ተሳታፊዎች ፍቃደኝነት ቅፅ**

እኔ የጥናቱ ተሳታፊ የሆንኩኝ ተማሪ ይህ ጥናት በፍቼና አብዲሳ ኤጋ ትምህርት ቤት ወጣት ተማሪዎች ከወላጆቻቸው ጋር በስነ ወሲብና ስነ ተዋልዶ ጤና ጉዳዮችን በተመለከተ የሚያደርጉትን ውይይት ለመዳሰስ የተዘጋጀ መሆኑን አውቄያለሁ። የሚሰጠውም ግላዊ መረጃዬ በሚስጥራዊነት እንደሚጠበቅ እና ለዚህ ጥናት አላማ ብቻ እንደሚውል ተነግሮኛል። ጥናቱ ውስጥ ያለፍላጎት ተሳታፊ ሆኜ መቀጠል እንደሌለብኝ እና መቀጠ ባልፈለኩ ጊዜ ማቆም እንደምችል ተረድቼአለሁ። በአጠቃላይ ከላይ የተዘረዘሩትን መብቶቼን በማወቅና የእኔ በዚህ ጥናት ላይ መሳተፍ ጥቅም አለው ብዬ በማመን በሙሉ ፍቃደኝነት ለመሳተፍ ተስማምቼአለሁ።

ፊርማ \_\_\_\_\_

ቀን \_\_\_\_\_

**Annex VI; - Amharic Questionnaires**

ክፍል 1. መሠረታዊና መህበራዊ ጥያቄዎች(ከምርጫዎቹ ፊት ለፊት ባለው ሳጥን ውስጥ ✓ አርገው/ጊው)

ተ.ቁ	ጥያቄ	መልስ	
101	ዕድሜ	.....በዓመት	

102	ክፍል	_____ኛ ክፍል	
103	ጾታ		
	1. ወንድ	<input type="checkbox"/>	
	2. ሴት	<input type="checkbox"/>	
104	ሀይማኖት		
	1. ኦርቶዶክስ ክርስትያን	<input type="checkbox"/>	
	2. ፕሮቴስታንት	<input type="checkbox"/>	
	3. ካቶሊክ	<input type="checkbox"/>	
	4. ሌላ ይገለጽ	<input type="checkbox"/>	
105	ብሔር		
	1. ኦሮሞ	<input type="checkbox"/>	
	2. አማራ	<input type="checkbox"/>	
	3. ጉራጌ	<input type="checkbox"/>	
	4. ሌላ ይገለጽ	<input type="checkbox"/>	
106	የወላጆች የጋብቻ ሁኔታ		
	1. አብሮ የሚኖሩ	<input type="checkbox"/>	
	2. የተፋቱ	<input type="checkbox"/>	
	3. ሁለቱም ወይም ከሁለቱ አንዱ የሌሉ	<input type="checkbox"/>	
107	የእናት/ሽ የትምህርት ደረጃ	<input type="checkbox"/>	
	1. ማንበብ እና መጻፍ የማይችሉ	<input type="checkbox"/>	
	2. የአንደኛ ደረጃ ትምህርት (1-8)	<input type="checkbox"/>	
	3. የሁለተኛ ደረጃ ትምህርት (9-12)	<input type="checkbox"/>	
	4. ዲፕሎማ ና ከዚያ በላይ	<input type="checkbox"/>	
108	የአባት/ሽ ትምህርት ደረጃ	<input type="checkbox"/>	
	1. ማንበብ እና መጻፍ የማይችሉ	<input type="checkbox"/>	
	2. የአንደኛ ደረጃ ትምህርት (1-8)	<input type="checkbox"/>	
	3. የሁለተኛ ደረጃ ትምህርት (9-12)	<input type="checkbox"/>	

	4. ዲፕሎማ እና ከዚያ በላይ	<input type="checkbox"/>	
109	በአሁኑ ወቅት ከማን ጋር ነው የምትኖረው/ሪው		
	1. ከእናትና አባቱ ጋር	<input type="checkbox"/>	
	2. ከጓደኛዬ ጋር	<input type="checkbox"/>	
	3. ለብቻዬ	<input type="checkbox"/>	
	4. ከዘመድ ጋር	<input type="checkbox"/>	
110	የቤተሰቦችህ/ሽ ብዛት ስንት ናቸው? (እናትህን/ሽን እና አባትህን/ሽን ጨምሮ)	በቁጥር _____	
111	የቤተሰብህ/ሽ የወር ገቢ (በኢትዮጵያ ብር)	3. _____ 4. አላውቅም	
112	የእናትህ/ሽ የሥራ ሁኔታ		
	1. የቤት እመቤት	<input type="checkbox"/>	
	2. የመንግስት ሠራተኛ	<input type="checkbox"/>	
	3. ገበረ	<input type="checkbox"/>	
	4. የግል ሠራተኛ	<input type="checkbox"/>	
	5. ነጋዴ	<input type="checkbox"/>	
	6. ሌላ ከሆነ ይገለፅ	<input type="checkbox"/>	
113	የአባትህ/ሽ የሥራ ሁኔታ		
	1. የመንግስት ሠራተኛ	<input type="checkbox"/>	
	2. ገበረ	<input type="checkbox"/>	
	3. የግል ሠራተኛ	<input type="checkbox"/>	
	4. ነጋዴ	<input type="checkbox"/>	
	5. ሌላ ከሆነ ይገለፅ	<input type="checkbox"/>	

**ክፍል 2. ወጣቶች በስነ ወሲብ እና ስነ ተዋልዶ ጤና ላይ ያላቸውን ዕውቀት በተመለከተ**

201	ስለ ስነ ወሲብና ስነ ተዋልዶ ጤና ስምተህ/ሽ ታውቃለህ/ሽ?		መልስ አላውቅም ከሆነ ወደ ጥያቄ ቁጥር 203
	1. አዎ	<input type="checkbox"/>	
	2. አላውቅም	<input type="checkbox"/>	

202	ለመጀመሪያ ጊዜ ስለ ስነ ወሲብና ስነ ተዋልዶ ጤና ስትሰማ/ሚ የመረጃ ምንጭታ/ሽ ምን ነበር? 1. ትምህርት ቤት	<input type="checkbox"/>	
	2. ጓደኛ (የሴት/የወንድ)	<input type="checkbox"/>	
	3. ሚዲያ (ቴሌቪዥን፣ ራዲዮ፣ መፅሔት ወይም ጋዜጣ)	<input type="checkbox"/>	
	4. ወላጅ (አባት/እናት)	<input type="checkbox"/>	
	5. ወንድም/እህት	<input type="checkbox"/>	
	6. ዘመድ	<input type="checkbox"/>	
	7. ሌላ ከሆነ ይገለፅ		
203	ስለ የአባላዘር በሽታዎችን ታውቃለህ/ሽ? 1. አዎ	<input type="checkbox"/>	መልስ/ሽ አላውቅም ከሆነ ወደ ጥያቄ ቁጥር 205 እለፍ/ፊ
	2. አላውቅም	<input type="checkbox"/>	
204	ከተዘረዘሩት ውስጥ የትኛውን ታውቃለህ/ሽ? (ከአንድ በላይ መልስ መመለስ ይቻላል) 1. ጨብጥ	<input type="checkbox"/>	
	2. ቻንክሮይድ	<input type="checkbox"/>	
	3. ኤች አይ ቪ/ኤድስ	<input type="checkbox"/>	
	4. ቂጢኝ	<input type="checkbox"/>	
	5. ሌላ ከሆነ ይገለፅ		
205	ስለ ወጣቶች የወሊድ መቆጣጠሪያ ዘዴ ታውቃለህ/ቂያለሽ? 1. አዎ	<input type="checkbox"/>	መልስ/ሽ አላውቅም ከሆነ ወደ ጥያቄ ቁጥር 207 እለፍ/ፊ
	2. አላውቅም	<input type="checkbox"/>	
206	የትኛውን ዓይነት ነው የምታውቀው/ቂው? (ከአንድ በላይ መልስ መመለስ ይቻላል) 1. ፒልስ	<input type="checkbox"/>	

	2. ኮንዶም	<input type="checkbox"/>	
	3. በመርፌ የሚሰጥ	<input type="checkbox"/>	
	4. በክንድ ውስጥ የሚቀበር	<input type="checkbox"/>	
	5. ወደ ማህፀን ውስጥ የሚገባ	<input type="checkbox"/>	
	6. በተፈጥሮ/በካላንደር መጠቀም	<input type="checkbox"/>	
	7. ሌላ ከሆነ ይገለፅ		
207	አንዲት ሴት የወር አበባ ዑደት መቼ ማየት እንደምትጀመር ታውቃለህ/ቁያለሽ?		
	1. አዎ	<input type="checkbox"/>	
	2. አላውቅም	<input type="checkbox"/>	
208	መልስ/ሽ አውቃለሁ ከሆነ በስንት ዓመት ነው? ማየት የምትጀምራው	_____ ዓመት	

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

301	ከጋብቻ በፊት ግብረ ስጋ ግንኙነት ተቀባይነት አለው	<input type="checkbox"/>	
	1. እስማማለው		
	2. አልስማማም	<input type="checkbox"/>	
	3. እርግጠኛ አይደለሁም	<input type="checkbox"/>	
302	ወጣቶችና ወለጆቻቸው በስነ ወሲብ እና ስነ ተዋልዶ ዙሪያ መወያየታቸው ያለ ዕድሜ ከሚደረግ የግብረ ስጋ ግንኙነት ይቆጥባል/ቀድሞ ልክሰት የሚችለውን የግብረ ስጋ ግንኙነት ያዘገያል።	<input type="checkbox"/>	
	1. እስማማለው		
	2. አልስማማም	<input type="checkbox"/>	
	3. እርግጠኛ አይደለሁም	<input type="checkbox"/>	
303	የፍቅር ጓደኛዎች ከመጋባታቸው በፊት የግብረ ስጋ ግንኙነት ለማድረግ ከፈለጉ የግድ በኮንዶም መጠቀም አለባቸው ብለህ/ሽ ታምናለህ/ኛለሽ?		

	1. አዎ	<input type="checkbox"/>	
	2. አላምንም	<input type="checkbox"/>	
	3. እርግጠኛ አይደለሁም	<input type="checkbox"/>	
304	በኮንዶም ሙጠቀም ኤች አይ ቪ/ኤድስንና ሌሎች ልቅ በሆነ የግብረ ስጋ ግንኙነት የሚተላለፉ በሽታዎችን ይከላከላል ብለህ/ሽ ታምናለህ/ኛለሽ?	<input type="checkbox"/>	
	1. አዎ	<input type="checkbox"/>	
	2. አላምንም	<input type="checkbox"/>	
	3. እርግጠኛ አይደለሁም	<input type="checkbox"/>	

**ክፍል 4. ወጣቶች በስነ ወሲብና ስነ ተዋልዶ ጤና ዙሪያ ከወላጆቻቸው ጋር የሚያደርጉትን ግንኙነት/ ውይይት በተመለከተ**

401	ከወላጆች ጋር ስለ ስነ ወሲብና ስነ ተዋልዶ ጤና መወያየት አስፈላጊ ነው/ይጠቅማል ብለህ/ሽ ታስባለህ/ቢያለሽ?	<input type="checkbox"/>	
	1. አዎ	<input type="checkbox"/>	
	2. አላስብም	<input type="checkbox"/>	
402	ከወላጆች ጋር ስለ ስነ ወሲብና ስነ ተዋልዶ ጤና ተወያይተህ/ ሽ ታውቃለህ/ሽ	<input type="checkbox"/>	
	1. አዎ	<input type="checkbox"/>	
	2. አላቀውም	<input type="checkbox"/>	
403	ከቤተሰቦችህ/ሽ ስለ ወሊድና መቆጣጠሪያ ዘዳዎች ተወያይተህ/ሽ ታውቃለህ/ቂያለሽ?	<input type="checkbox"/>	መልስ/ሽ አላውቅም ከሆነ ወደ ጥያቄ ቁጥር 406 እለፍ/ፊ
	1. አዎ	<input type="checkbox"/>	
	2. አላውቅም	<input type="checkbox"/>	

404	ስለ ወሊድ መቆጣጠሪያ ዘዳዎች ከማን ጋር ነው የምትወያየው/ይው?		
	1. ከአባቴ ጋር	<input type="checkbox"/>	
	2. ከእናቴ ጋር	<input type="checkbox"/>	
	3. ከወንድሞቼ/እህቶቼ ጋር	<input type="checkbox"/>	
	4. ከጓደኞቼ ጋር	<input type="checkbox"/>	
	5. ከመምህራ ጋር	<input type="checkbox"/>	
405	ስለ ወሊድ መቆጣጠሪያ ዘዳዎች ከማን ጋር ብትወያይ ትመርጣለህ/ጨያለሽ (የመጀመሪያ ምርጫሽ)?		
	1. ከአባቴ ጋር	<input type="checkbox"/>	
	2. ከእናቴ ጋር	<input type="checkbox"/>	
	3. ከወንድሞቼ/እህቶቼ ጋር	<input type="checkbox"/>	
	4. ከጓደኞቼ ጋር	<input type="checkbox"/>	
	5. ከመምህራ ጋር	<input type="checkbox"/>	
406	ስለ ወሊድ መቆጣጠሪያ ዘዳዎች ከቤተሰቦችህ/ሽ ጋር የማትወያይ ከሆነ ምክንያቱ ምንድነው ብለህ ታስባለህ/ሽ? (ከአንድ በላይ መልስ መመለስ ይቻላል)		
	1. ስለማፍር	<input type="checkbox"/>	
	2. በባህል ተቀባይነት ስለ ሌለው	<input type="checkbox"/>	
	3. ዘዳዎቹን በተመለከተ እውቀት ስለ ሌላቸው	<input type="checkbox"/>	
	7. የመወያየት ችሎታ ስለ ሌላቸው	<input type="checkbox"/>	
	8. ወላጆቹን ስለምፈራ	<input type="checkbox"/>	
407	ስለ ወሊድ መቆጣጠሪያ ዘዳዎች ከቤተሰቦችህ/ሽ ስለ አባላዎቻችሁ በሽታዎችና ኤች አይ ቪ/ኤድስ ተወያይተህ/ሽ ታውቃለህ/ቂያለሽ?		መልስ/ሽ አላውቅም ከሆነ ወደ ጥያቄ ቁጥር 410 እለፍ/ፈ
	1. አዎ	<input type="checkbox"/>	
	2. አላውቅም	<input type="checkbox"/>	
408	ከማን ጋር ነው የተወያየኸው/ሽው?		
	1. ከአባቴ ጋር	<input type="checkbox"/>	
	2. ከእናቴ ጋር	<input type="checkbox"/>	

	3. ከወንድሞቼ/አህቶቼ ጋር	<input type="checkbox"/>	
	4. ከጓደኞቼ ጋር	<input type="checkbox"/>	
	5. ከመምህራ ጋር	<input type="checkbox"/>	
	6. ሌላ ከሆነ ይገለጹ		
409	ስለ አባላዘር በሽታዎችና ኤች ኤይ ቪ/ኤድስ ከማን ጋር ብትወያይ ትመርጣለህ/ጨያለሽ (የመጀመሪያ ምርጫሽ)?		
	1. ከአባቴ ጋር	<input type="checkbox"/>	
	2. ከእናቴ ጋር	<input type="checkbox"/>	
	3. ከወንድሞቼ/አህቶቼ ጋር	<input type="checkbox"/>	
	4. ከጓደኞቼ ጋር	<input type="checkbox"/>	
	5. ከመምህራ ጋር	<input type="checkbox"/>	
	6. ሌላ ከሆነ ይገለጹ		
410	ስለ አባላዘር በሽታዎችና ኤች ኤይ ቪ/ኤድስ ከቤተሰቦችህ/ሽ ጋር የማትወያይ ከሆነ ምክንያቱ ምንድነው ብለህ ታስባለህ/ሽ? (ከአንድ በላይ መልስ መመለስ ይቻላል)		
	1. ስለማፍር		
	2. በባህል ተቀባይነት ስለ ሌለው		
	3. እውቀት ስለ ሌላቸው		
	3. የመወያየት ችሎታ ስለ ሌላቸው		
	4. ወላጆቼን ስለምፈራ		
	5. ሌላ ከሆነ ይገለጹ		
411	ከቤተሰቦችህ/ሽ ስለ ግብረ ስጋ ግንኙነት ተወያይተህ/ሽ ታውቃለህ/ቁያለሽ?	<input type="checkbox"/>	መልስ/ሽ አላውቅም ከሆነ ወደ ጥያቄ ቁጥር 414 እለፍ/ፊ
	3. አዎ	<input type="checkbox"/>	
	4. አላውቅም		
412	ከማን ጋር ነው የተወያየኸው/ሽው?		
	1. ከአባቴ ጋር	<input type="checkbox"/>	
	2. ከእናቴ ጋር	<input type="checkbox"/>	
	3. ከወንድሞቼ/አህቶቼ ጋር	<input type="checkbox"/>	
	4. ከጓደኞቼ ጋር	<input type="checkbox"/>	

	5. ከመምህራ ጋር	<input type="checkbox"/>	
	6. ሌላ ከሆነ ይገለጹ		
413	ስለ ግብረ ስጋ ግንኙነት ከማን ጋር ብትወያይ ትመርጣለህ/ጨያለሽ (የመጀመሪያ ምርጫሽ)?		
	1. ከአባቴ ጋር	<input type="checkbox"/>	
	2. ከእናቴ ጋር	<input type="checkbox"/>	
	3. ከወንድሞቼ/አህቶቼ ጋር	<input type="checkbox"/>	
	4. ከጓደኞቼ ጋር	<input type="checkbox"/>	
	5. ከመምህራ ጋር	<input type="checkbox"/>	
	6. ሌላ ከሆነ ይገለጹ		
414	ስለ ግብረ ስጋ ግንኙነት ከቤተሰቦችህ/ሽ ጋር የማትወያይ ከሆነ ምክንያቱ ምንድነው ብለህ ታስባለህ/ሽ? (ከአንድ በላይ መልስ መመለስ ይቻላል)		
	1. ስለማፍር	<input type="checkbox"/>	
	2. በባህል ተቀባይነት ስለ ሌለው	<input type="checkbox"/>	
	3. የመወያየት ችሎታ ስለ ሌላቸው	<input type="checkbox"/>	
	4. ወላጆቼን ስለምፈራ	<input type="checkbox"/>	
	5. ሌላ ከሆነ ይገለጹ		
415	ከቤተሰቦችህ/ሽ ስለ አላስፈላጊ/ያልታቀደበት እርግዝና ተወያይተህ/ሽ ታውቃለህ/ቂያለሽ?		መልስ/ሽ አላውቅም ከሆነ ወደ ጥያቄ ቁጥር 418 እለፍ/ፈ
	1. አዎ	<input type="checkbox"/>	
	2. አላውቅም	<input type="checkbox"/>	
416	ከማን ጋር ነው የተወያየኸው/ሽው?		
	1. ከአባቴ ጋር	<input type="checkbox"/>	
	2. ከእናቴ ጋር	<input type="checkbox"/>	
	3. ከወንድሞቼ/አህቶቼ ጋር	<input type="checkbox"/>	
	4. ከጓደኞቼ ጋር	<input type="checkbox"/>	
	5. ከመምህራ ጋር	<input type="checkbox"/>	
	6. ሌላ ከሆነ ይገለጹ		
417	ስለ አላስፈላጊ/ያልታቀደበት እርግዝና ከማን ጋር ብትወያይ ትመርጣለህ/ጨያለሽ (የመጀመሪያ ምርጫሽ)?		
	1. ከአባቴ ጋር	<input type="checkbox"/>	

	2. ከእናቴ ጋር	<input type="checkbox"/>	
	3. ከወንድሞቼ/እህቶቼ ጋር	<input type="checkbox"/>	
	4. ከጓደኞቼ ጋር	<input type="checkbox"/>	
	5. ከመምህራ ጋር	<input type="checkbox"/>	
	6. ሌላ ከሆነ ይገለፅ		
418	ስለ አላስፈላጊ/ያልታቀደበት እርግዝና ከቤተሰቦችህ/ሽ ጋር የማትወያይ ከሆነ ምክንያቱ ምንድነው ብለህ ታስባለህ/ሽ? ( ከአንድ በላይ መልስ መመለስ ይቻላል)		
	1. ስለማፍር	<input type="checkbox"/>	
	2. በባህል ተቀባይነት ስለ ሌለው	<input type="checkbox"/>	
	3. እውቀት ስለ ሌላቸው	<input type="checkbox"/>	
	4. የመወያየት ችሎታ ስለ ሌላቸው	<input type="checkbox"/>	
	5. ወላጆቹን ስለምፈራ	<input type="checkbox"/>	
	6. ሌላ ከሆነ ይገለፅ	<input type="checkbox"/>	
419	ከቤተሰቦችህ/ሽ ስለ ኮንዶም መጠቀም/አጠቃቀም ተወያይተህ/ሽ ታውቃለህ/ቂያለሽ?		መልስ/ሽ አላውቅም ከሆነ ወደ ጥያቄ ቁጥር 422 እለፍ/ፊ
	1. አዎ	<input type="checkbox"/>	
	2. አላውቅም	<input type="checkbox"/>	
420	ከማን ጋር ነው የተወያየኸው/ሽው?		
	1. ከአባቴ ጋር	<input type="checkbox"/>	
	2. ከእናቴ ጋር	<input type="checkbox"/>	
	3. ከወንድሞቼ/እህቶቼ ጋር	<input type="checkbox"/>	
	4. ከጓደኞቼ ጋር	<input type="checkbox"/>	
	5. ከመምህራ ጋር	<input type="checkbox"/>	
	6. ሌላ ከሆነ ይገለፅ	<input type="checkbox"/>	
421	ስለ ኮንዶም መጠቀም/አጠቃቀም ከማን ጋር ብትወያይ ትመርጣለህ/ጨያለሽ (የመጀመሪያ ምርጫሽ)?		
	1. ከአባቴ ጋር	<input type="checkbox"/>	
	2. ከእናቴ ጋር	<input type="checkbox"/>	
	3. ከወንድሞቼ/እህቶቼ ጋር	<input type="checkbox"/>	
	4. ከጓደኞቼ ጋር	<input type="checkbox"/>	
	5. ከመምህራ ጋር	<input type="checkbox"/>	
	6. ሌላ ከሆነ ይገለፅ	<input type="checkbox"/>	

422	ስለ ኮንዶም መጠቀም/አጠቃቀም ከቤተሰቦችህ/ሽ ጋር የማትወያይ ከሆነ ምክንያቱ ምንድነው ብለህ ታስባለህ/ሽ? ( ከአንድ በላይ መልስ መመለስ ይቻላል)		
	1. ስለማፍር	<input type="checkbox"/>	
	2. በባህል ተቀባይነት ስለ ሌለው	<input type="checkbox"/>	
	3. የኮንዶምን አጠቃቀም በተመለከተ እውቀት ሌላቸው	<input type="checkbox"/>	
	4. የመወያየት ችሎታ ስለ ሌላቸው	<input type="checkbox"/>	
	5. ወላጆቼን ስለምፈራ	<input type="checkbox"/>	
423	<b>ለሴቶች ብቻ</b> ከቤተሰቦችህ/ሽ ስለ የወር አበባ ተወያይተሽ ታውቂያለሽ?		መልስ/ሽ አላውቅም ከሆነ ወደ ጥያቄ ቁጥር 426 እለፍ/ፈ
	1. አዎ	<input type="checkbox"/>	
424	<b>ለሴቶች ብቻ</b> ከማን ጋር ነው የተወያየሽው?		
	1. ከአባቴ ጋር	<input type="checkbox"/>	
	2. ከእናቴ ጋር	<input type="checkbox"/>	
	3. ከወንድሞቼ/አህቶቼ ጋር	<input type="checkbox"/>	
	4. ከጓደኞቼ ጋር	<input type="checkbox"/>	
	5. ከመምህራ ጋር	<input type="checkbox"/>	
425	<b>ለሴቶች ብቻ</b> ስለ የወር አበባ ከማን ጋር ብትወያይ ትመርጫያለሽ (የመጀመሪያ ምርጫሽ)?		
	1. ከአባቴ ጋር	<input type="checkbox"/>	
	2. ከእናቴ ጋር	<input type="checkbox"/>	
	3. ከወንድሞቼ/አህቶቼ ጋር	<input type="checkbox"/>	
	4. ከጓደኞቼ ጋር	<input type="checkbox"/>	
	5. ከመምህራ ጋር	<input type="checkbox"/>	
	6. ሌላ ከሆነ ይገለፅ	<input type="checkbox"/>	

426	<p><b>ለሴቶች ብቻ</b></p> <p>ስለ የወር አበባ ከቤተሰቦች ጋር የማትወያይ ከሆነ ምክንያቱ ምንድነው ብለህ ታስባለሽ?</p> <p>( ከአንድ በላይ መልስ መመለስ ይቻላል)</p> <p>1. ስለማፍር <input type="checkbox"/></p> <p>2. በባህል ተቀባይነት ስለ ሌለው <input type="checkbox"/></p> <p>3. እውቀት ስለ ሌላቸው <input type="checkbox"/></p> <p>4. የመወያየት ችሎታ ስለ ሌላቸው <input type="checkbox"/></p> <p>5. ወላጆቹን ስለምፈራ <input type="checkbox"/></p> <p>6. ሌላ ከሆነ ይገለፅ <input type="checkbox"/></p>		
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## Declaration

I, the undersigned, declare that this paper is my original work and has not been presented for master's degree in this or another university and that all sources of materials used for this paper have been fully acknowledged.

Name: **Mulugeta Feyisa**

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

Date of submission \_\_\_\_\_