ADDIS ABABA UNIVERSITY

COLLEGE OF SOCIAL SCIENCE

SCHOOL OF SOCIAL WORK

Examining Practices of Parent-Adolescent Communication on Sexual and Reproductive Health Issues: Qualitative Evidencefrom the Menelik II Preparatory School in Addis Ababa.

By:

TamratKetema

A Thesis Submitted to

The School of Social Work

Presented in Partial fulfillment of the requirement for the Master's Degree in Social Work (MSW)

Addis Ababa, Ethiopia

May, 2024

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By: Tamrat Ketema

Advisor: Tenagne Alemu (PhD)

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This is to certify that the thesis presented by TamratKetemaBeyene, ‘’Examining Practices of Parent-Adolescent Communication on Sexual and Reproductive Health Issues’’ Qualitative Evidence from the Menelik II Preparatory School and submitted in partial fulfillment of the requirements for the degree of Masters of Social Work, compiles with the regulations of the university and meets the accepted standards with respect to originality and quality.

Signed by examining committee

Examiner (Internal) _____Signature_____Date_____

Examiner (External) _____Signature_____Date_____

Advisor _____Signature_____Date_____

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Declaration

I, TamratKetemaBeyene, hereby declare that the thesis entitled ‘’Examining Practices of Parent-Adolescent Communication on Sexual and Reproductive Health Issues’’Qualitative Evidence from the Menelik II Preparatory School in Addis Ababa. Submitted by me, the award of the degree of**Master of Social Work at Addis Ababa University**, is a product of my orginal work, and it has not been offered for the award of any other degree, diploma, and fellowship of any other university or institution. This work has also credited the views of the research participants.

Name: Tamrat Ketema Beyene

Signature_____

Date of submission: May, 2024

School of Social Work Addis Ababa University

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List of Abbreviations and Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ASRH	Adolescent Sexual and Reproductive Health
CSA	Central Statistical Agency
DHS	Demographic and Health Survey
EBC	Ethiopia Broadcasting Cooperate
EBS	Ethiopia Broadcasting Service
ENYP	Ethiopia National Youth Policy
FDRE	Federal Democratic Republic of Ethiopia
HIV	Human Immune Virus
ICPD	International Conference on Population and Development
MoH	Ministry of Health
MoWA	Minister of Women Association
PRB	Population Reference Bureau
NGO	Non-Governmental Organization
RH	Reproductive Health
SRH	Sexual and Reproductive Health
STI	Sexually Transmission Infections
STD	Sexual Transmitted Diseases
TV	Television

UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Fund Population Activities
UN	United Nations
UNICEF	United Nations International Children's Emergency Fund
USAID	United States Agency for International Development
WHO	World Health Organization
YRH	Youth Reproductive Health

Abstract

Parents are the most consistent figure in a child's life and play significant influence on their personality, health, and adult transition in younger children.This study aimed to examine the parent-adolescent communication on sexual and reproductive health issues. The study used a cross-sectional, descriptive, and phenomenological qualitative research.Out of nonprobability sampling, purposive sampling was used to select parents and adolescents for this study. Select study participants in Menelik preparatory school and their non-biological parents from Addis Ababa city. I held 20 in-depth interviews and 4 focus group discussions with 10 adolescents aged 17-20 and 10 of their parents aged 47-58.The outcomes of the study showed that adolescents were provided with enough and timely information on sexual reproductive health issues. It confirmed that non-biological parents nurtured their children and passed on their own personal beliefs, attitudes, and expectations by talking to them about matters related to sexual and reproductive health. Among these are the favorable attitudes of adolescents and their non-biological parents, supportive bonds, and the beneficial impact of instructional radio and television shows. The key challenges were cultural impacts both on parents and children, and a lack of time. Timely information was provided about one's growth, puberty-related changes, and sexual and reproductive health issues.

Keywords: adolescents, parents, perceptions, and sexual and reproductive health communication.

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CHAPTER ONE: INTRODUCTION

1.1. Background

The sexual and reproductive health of adolescents has become a major global concern. According to the World Health Organization (2012), there are around 1.3 billion adolescents worldwide, or one in five people on the globe. The current youth generation is the largest in history, with the majority of its members living in developing nations, since nearly half of all people on the planet are under 25. East African nations, including Kenya, Uganda, Rwanda, and Tanzania, are between the ages of 10 and 24 (UNFPA and PRB, 2012). The UN, and Ethiopia, Social Security and Development Policy, defines youth as those between the ages of 15 and 24; the WHO, 10 to 24; Nigeria, 18 to 35; Djibouti, 16 to 30 (ENYP, 2004). Various studies (Seloilwe et al., 2015; Jejeebhoy and Santhya, 2011, Bastien et al., 2011) have shown that adolescents who discuss sexual and reproductive health issues with their parents are more likely to make healthy decisions on the use of reproductive health services.

Obviously, in developed countries like Canada, New Zealand, and Japan, rapid globalization, rising urbanization, and technological advancement have radically transformed, allowing parents to talk about their SRH experiences with their young children (Adesegun O. etal, 2010). However, due to the changing conditions of lifestyles due to civilization and urbanization, the health of adolescents is increasingly at risk. The biggest risks to their well-being include STIs, HIV/AIDS, and other issues related to reproductive health in developing countries like Uganda, Kenya, and Ethiopia. Also, the main problems with improving SRH conveniences in developing countries include social sensitivity, religious, and cultural norms around talking about SRH issues with parents and young adults. As a result of these, and other difficulties, adolescents and young people are unable to gain adequate and accurate information on sexual and reproductive health (SRH) in their area or to access and utilize services. Consequently, the rates of unsafe abortions, unplanned pregnancies, transmission of sexually transimitted infections (STIs), and other negative health outcomes commonly affecting these age groups continue to be severe.This transition encompasses a period of profound emotional, cognitive, social, and biological change, including reproductive health. Between childhood and adulthood, adolescence is a crucial time for growth that is characterized by significant changes in social, psychological, and physical

aspects of life. These changes come with more risks, but they also offer great opportunities to enhance the short- and long-term health outcomes of young people. It is commonly known that making careful investments in adolescents benefits both the present and the next generation.(Fikre, 2009)

The period of transition from childhood to adolescence and early adulthood is often when young people initiate sexual activity. The increasing number of sexually active adolescents is often exposed to the risks of unplanned pregnancy, unsafe abortions, STIs, HIV/AIDS, and other negative reproductive health outcomes. Although the need for information and services is enormous in several developing countries, these services are either non-existent or scarce and fragmented. In addition, young people's need for reproductive health information and services is often misunderstood, unrecognized, and underestimated by families, communities, service providers, program implementers, and policymakers.In addition, there is a need to investigate how personal experiences and interactions with these immediate and larger environments impact attitudes and behaviors. Conscious and unconscious implicit communication, relationships, and observable norms within families can be major contributors to the socialization of children and adolescents, as well as to sexual behavior (Bastien S. et al., 2011). While parents are responsible for providing information and culture to their children, monitoring their children's activities, and providing support when needed, parenting can be challenging, especially during the physical, physiological, and emotional changes that occur during puberty and adolescence (Adams, 2018).Adolescents prefer to receive information about sexuality and reproductive health issues from their parents (Shiferaw et al., 2014). However, in reality, hardly any have this privilege because many parents do not applaud talks on these issues with their children (Nundwe, 2012).

Numerous obstacles keep parents from discussingsexual reproductive health(SRH) issues with their kids. Among these are cultural taboos and beliefs, as well as a lack of knowledge about sexuality (Nolitha, 2014). Research from UNICEF (2013), Shiferaw, et al. (2014), and Kumi-Kyereme et al. (2007) in Africa, among others, indicates that parents' gender, education level, and religion limit their ability to talk to their kids about matters connected to sexual and reproductive health. In East Africa, literature clarifying the constraints on parent-adolescent communication on sexual and reproductive health issues is very limited.Thefew found (Seif and

Kohi, 2014) are country-based. With those nuances, further research exploring the common and most hindering barriers to parent-adolescent communication on SRH in East Africa should be explored. Adolescents who access sexual and reproductive health (SRH) culture are more likely to approve of healthy sexual performances and engage in less dangerous sexual activity. There is not any more research on parent-adolescent communication (Sloan, G., et al., 2021). Because of societal taboos, religion, and culture, many people find it difficult to have meaningful conversations about sex in groups, especially when children are involved.

This study aimed to fill the gap by examining the nature of the practices, barriers, and facilitators of parent-adolescent communication about sexual reproductive health(SRH) in Menelik Preparatory School for Higher Education, Addis Ababa. In this study, sexual and reproductive health refers to a wide range of topics, including specific issues related to HIV and STDs, puberty and physical changes associated with abstinence from early sexual practice, teenage pregnancy and abortion, avoiding premarital sexual practice, opposite-sex relationship, avoiding risky behaviour and resisting peer pressure.

1.2. Statement ofthe problem

Adolescents are perceived to be a healthy group, but they face many challenges in their transition to adulthood. They often engage in various risky sexual behaviors that can result in adverse health outcomes, such as early sexual initiation, early pregnancy, abortion, STIs, HIV, and AIDS, and multiple sexual partners. Communications on SRH between parents and adolescents have been associated with less engagement in sexual risk behavior (Widman, et al., 2016). Techniques for reducing risk are crucial. However, they are insufficient on their own. Adolescents need to be helped to understand health risks (WHO, 2013).

A number of studies have been conducted on a variety of topics related to teenagers with SRH (Seif&Kohi, 2014). There has not been much research on SRH issues in developing countries like Ethiopia.

Sexual and reproductive health conversations between parents, caregivers, and teenagers happened occasionally. These conversations were typically started by mothers, who forewarned and lectured teenagers about engaging in harmful sexual behaviour. Teenagers were typically the

passive recipients of these messages. The generation gap, the inability of certain careers to build bonds with the orphans in their care, religious and cultural conventions, a lack of knowledge about sexuality and communication skills, and spousal presumptions that the mother should be the one to facilitate parent-child conversation on sexuality matters were all contributing factors. (Juma, et al., 2015)

Globalisation, urbanisation, and shifting lifestyle conditions are making adolescent health increasingly vulnerable in the 21st century as a whole, according to Sawyer et al. (2012) and Fikre (2009). The main threats to their health include HIV/AIDS, STIs, and other reproductive health-related problems. Health services and therapy are few, and family communication about SRH issues that are suitable for these specific age groups is changing.

Wirtu, D., and A. Seme (2008), a number of kids find it uncomfortable to talk to their parents about their SRH concerns, as it's a taboo subject in most families.Indeed, parents have traditionally not been at the forefront of the sexual socialization of their children. Good family communication regarding sexual risk behavior has been positively related to a delay in sexual intercourse. However, most parents in Ethiopia do not discuss changes in adolescence, sexuality, and contraception with their children, so adolescents could be vulnerable to different reproductive health problems.Also, a large number of school-age youths had begun having sex before marriage, which could have raised their risk of developing a range of sexual and reproductive health issues.

Not much research has been done on SRH issues, as far as the researcher is aware. Thus, the experiences of parents and adolescents in expressing SRH issues have been examined in this study.

4.3. The objective of the study

4.3.1. The General Objective of the Study

The general objective of this study is to examine the type of communication between adolescent children and their parentson sexual and reproductive health issues or concerns.

4.3.2. Specific Objectives

1. To understand more about how parents and teenagers perceive discussions about sexual and reproductive health issues.
2. Examine the conditions that enable adolescents to discuss issues related to sexual and reproductive health with their parents.
3. Identify perceived challenges that hinder adolescents and their parent's proper communication on sexual and reproductive health issues.

4.4. Research Questions

The study helped to answer the following questions:

1. What are the perceptions of adolescents and their parents' communication on sexual and reproductive health issues in Addis Ababa city?

2. Whatconditions enable adolescents to discuss issues related to sexual and reproductive health with their parents in Addis Ababa city?

3. What challenges hinder adolescents and their parents' proper communication on sexual and reproductive health issues in Addis Ababa city?

4.5. Significance of the Study

In the city of Addis Ababa, the study's findings assist parents in realizing the importance of and their responsibility to educate their children about sexual and reproductive health issues before, throughout, and beyond puberty. The study has significance for the Ethiopian community and especially for the government, higher education institutes, policymakers and implementers, teachers, students, health workers, and other concerned people.It could serve as an inspiration for more in-depth research on communication with sexual and reproductive health issues by other interested scholars.

4.6. Definations of key terms used in the study

Adolescent: In this study, any individual between the ages of 17-20.

Communicationis the sharing of ideas, information, habits, and points of view on issues associated with sexual and reproductive health.

Sexual and Reproductive Health(SRH):HIV/AIDS and STDs, puberty and its biological and physical changes, abstaining from teen pregnancy and abortion, avoiding premarital sex, having an opposite-sex relationship (boyfriend or girlfriend), taking risks, feeling pressured by peers, and engaging in risky behavior.

Parent: The term "parent" in this study refers to some onewho may be male or female, aged 47-58.

4.7. The scope of the study

The scope of this research mainly focus on ‘’Examining PracticiesofParent-Adolescent Communication on Sexual and Reproductive Health Issues.’’ This is being conducted at Menelik Preparatory School for Higher Education in Addis Ababa, Ethiopia. It was held from October 5, 2024, up to April 27, 2024.

4.8. Limitation of the study

These are the study's limitations, which are common of all qualitative research: The study deliberately chose a small number of participants without statistical representation in order to effectively convey the opinions of adolescents and their parents on the communication of sexual and reproductive health issues. The second limitation of the cross-sectional research and method was that, because the study's data was only examined once, it was not possible to give a long-term causal relationship or variation on the issue that was being investigated. Also, the result in this paper can not be generalized to all adolescents and their parents.

CHAPTER TWO: REVIEW OF RELATED LITERATURE

2.1. Parents' understanding of Sexual and Reproductive Health Issues

In Ethiopia, parents have shown hard feelings about talking about condoms and safe sex because it is perceived as a lack of information. A gap exists in parental knowledge of such communications. Some parents think their kids are too young to have these kinds of conversations, while others think talking to their teenagers about sexuality will be like luring them into having sex. Certain parents are even concerned that their teenagers are unwilling to speak to them about SRH concerns because they think their adolescents know more about SRH issues than they do.Also, parents' contributions to promoting sexual health face challenges in being prepared to have discussions with young people about relationships, development, and sex. Many parents are not ready to provide all the knowledge about sex that children need. Even if parents demonstrated significantly higher knowledge related to STIs, HIV/AIDS, and condom use, however, both parents and adolescents had low condom use knowledge scores (Yibrehu and Mbwele, 2020).

The assumption has been that parents in African families do not talk about sexual and reproductive health (SRH) with their children. Approaches have had limited success because of a failure to factor in the young person's family context and the influence of parents. Most parents live with and interact with their children daily. However, studies have shown that communication between parents and their adolescents at the family level is scarce due to several factors, such as a lack of knowledge on sexual and reproductive health, the gender of parents, and cultural taboos and beliefs embedded in people's lives, which are the leading barriers to communication between parents and adolescents (Juma et al., 2015).Moreover, inhibitors assert that culture and cultural beliefs act as an inhibiter, or better yet, a deviant, in mediating and addressing issues of sex and SRH. An almost similar study conducted in Kenya among parents and caregivers, established that African tradition, cultural beliefs, and taboos about sexuality are deeply rooted in people's lives, and as a result, it is family members and the immediate community other than parents that provide information and guidance to adolescents (Juma et al., 2015).The research by Bekele et al. (2022) suggests that parents' attitudes, marital status, and level of awareness of SRH issues were all linked to their relatively low level of communication with their adolescents. When it

comes to the SRH subjects that parents and adolescents discuss and the obstacles that stand in the way of SRH communication, qualitative research has to go deeper to determine the variables influencing the conversation on SRH concerns between adolescents and parents.

2.2. Adolescent Knowledge of Sexual and Reproductive Health

Adequate information about one's development is rarely given to young people, particularly when it comes to sexuality and the shifting nature of interactions with others that occur during adolescence. During a stage of life where their level of autonomy is growing, they must learn how to communicate and make plans and choices (UNESCO, 1998)

According to Toru, T., et al. (2022), in Africa, it is shameful for an adolescent to discuss SRH issues with their parents; hence, little or no communication between them. The majority of young people are willing to talk to their parents about issues about their sexual and reproductive health, and they acknowledge that communication about sexuality is important between them and their parents to help the latter avoid risks related to their sexual activity Shalev, C. (2000). While students who are not enrolled in school are said to be less inclined to talk with their parents about problems about sexual and reproductive health, those who are enrolled in school appear to be more open to discussing such matters with their parents (Millich K.R., 2007)

According to A. Othman (2020), an Iranian study also demonstrates that adolescents' vulnerability to various reproductive health issues stems from a variety of factors, including their limited understanding. Due to the "culture of shame and gender differences," mothers struggle with their lack of knowledge about SRH and are often too embarrassed or shy to discuss SRH topics with their children. Parents also disseminated a lot of false information about SRH topics, and mothers felt unprepared and unskilled to have discussions on sexual topics with their children. These observations highlight an intergenerational pattern in which mothers draw from their childhood, in which such issues were not discussed in families. Generally speaking, talking about sex-related issues in families is frowned upon before marriage, especially puberty-related subjects, because parents fear that their children may get interested in sex after learning about these subjects.

There were several misconceptions about reproductive health issues, despite the seeming good knowledge of the subject. Adolescent girls and female college students are ignorant of sexual and reproductive health issues, and several sociodemographic characteristics such as age, grade, menarche age, family residence, being the only child, and mother's occupation might have an impact on this understanding. Better education, simpler information transmission, and more avenues for knowledge are found in urban regions (Zhang et al., 2010)

2.3. Adolescent-parent communication about Sexual and Reproductive Health Concerns

Parent-adolescent communication on SRH difficulties is facilitated by the good and welcoming behaviour of the parents. If their parents were hospitable, encouraging, and involved in their lives as they grew older, adolescents felt comfortable and free to talk to them about SRH-related difficulties (Motsomi et al., 2016). In a similar vein, Ndugga et al.'s 2023 study found that a stronger bond between mothers and children, which is partially due to gender roles and expectations, facilitates communication; having parents with high levels of education, which makes them more knowledgeable and confident when discussing SRH issues with children; and having a good parent-child relationship, which makes parents approachable and motivates children to discuss issues openly.

Indeed, depending on the unique responsibilities and family dynamics of parents, guardians, single parents, and biological and parents, it's crucial to remember that every family may deal with these problems in a somewhat different way. Since no more research has particularly looked at parent-adolescent communication about SRH issues in the study, parents are regarded as primary educators for adolescents because they can talk with their children at any time (Shiferaw et al., 2014). However, several studies have shown that adolescents do receive most of the information about SRH from various sources, such as schools, friends' media, and parents (Shiferaw et al., 2014; Muhwezi et al., 2015)

2.4. Conditions that prevent parent-adolescent communications on Sexual and Reproductive Health Concerns

The behaviour and attitude of both parents and children are other factors that can affect SRH, in a study conducted by Murphy, D. et al. (2012) in Los Angeles, mothers reported that their communication about safer sex and HIV with their children was hindered by the children's negative emotional and behavioural reactions such as repulsion, anger, fear, and lack of interest, Conversely, another study by Motsomi et al. (2016) in South Africa found that parental behaviour is a major determinant of effective personal communication between adolescents and their parents, as children will feel at ease talking to their parents if they are welcoming and are present in their lives as they grow up.

A study conducted by Kumi-Kyereme, et al. (2014) reported that some parents fear discussing SRH issues with adolescents as it could promote premarital sex and that adolescents themselves are uncooperative. Likewise, a study done bySanthya (2011) in New Delhi, India, found that parents felt that communicating SRH matters with their children would be perceived as an approval or encouragement for their children to engage in sex. A study done by Aperkor (2016) showed that the majority of adolescents felt it was difficult to discuss sexual issues with their parents as they would perceive them as being spoiled. On the other hand, a study done by Kumi-Kyeremeetal (2014) found that communication about SRH usually takes place with a parent and a child of the same sex and that mothers would likely talk to and with their girl children more often than they would communicate with their male children, and the same applies to fathers.A study found that mothers could talk to both their sons and daughters on SRH matters often, they reported feeling more comfortable talking to their daughters than their sons while fathers felt more comfortable talking to their sons than their daughters (KumiKyereme et al., 2014)

CHAPTER THREE: RESEARCH METHODOLOGY

3.1 . The Methodological approach of the study

3.1.2. Phenomenological Approach

The focus of this methodology paradigm was subjective experience, with an examination of participants´ detailed lived experiences as a way of making sense of the world. The intent of a phenomenological investigation is "to uncover the meaning (of living experiences) in everyday practice in such a way that they are not destroyed, distorted, de-contextualised, trivialised, or sentimentalised" (Benner, 1985).

The researcher used a qualitative research approach in this study. Regarding the use of parent-child communication regarding sexual and reproductive health issues in the study area, this method could help the respondents express the individuals' main views, experiences, and behaviours. In the descriptive analysis of the field data, the respondents' own words were used as the primary form of information. The researcher used various methods for gathering qualitative data, including observation, to gather the data that was required. Subjective analysis was utilised to show the subjective facts of adolescents and their parents regarding the communication of SRH issues. Based on participant's subjective views, these realities were created.

3.2. Study Design

A descriptive research design was employed in this study to collect data on the issue under investigation. A descriptive study provides the background information or context of a situation accurately and in considerable detail. Therefore, applying this method helps explain and provide a thorough explanation of how adolescents and their parents view communication with SRH concerns.In general, this study used a qualitative study method because qualitative research is more easy-going and willing to work with a collection of evidence, uncover new issues, and support the progress of a comprehensive understanding of the social phenomena being studied (Neuman, 2006).

3.3. Description of Study Area

According to data obtained from different sources, Emperor Menelik II established Ethiopia's capital and largest city, Addis Ababa, in 1887. 2,450 feet, or around 2,450 metres, above sea level. According to CSA (2013), the capacity is expected to reach 5,703,628 by 2024. 72% of the city's population is between the ages of 15 and 65. In addition to a plethora of historically significant buildings and monuments, Addis Ababa is home to other tourist attractions and cultural attractions. The Emperor Minilik School, the Hager Fikir Theatre, the Taitu Hotel, the National Museum of Ethiopia, the Satan Bet, the Arada Post, and the Satan Bet are a few of these. The fossilised remains of "Lucy," a well-known hominid who lived millions of years ago, are among the other noteworthy historical artefacts. Furthermore, the most famous monuments in Addis Ababa are those of Peteros and Emperor Minilik (Abune). There is a youth leisure complex in each of the ten districts that offers various services to youth. In addition, it offers a variety of services like ICT, Taekwondo, and libraries.The study was conducted atMenelik II Preparatory School for Higher Education. By decree of Menelik II, 1908, the Menelik II preparatory school for higher education was established. It was Ethiopia's first modern school and the model for modern education in Ethiopia. There are now 2,100 students enrolled in the school.

3.4. Study participants and requirements for inclusion

Specific inclusion criteria were developed to identify the appropriate people from whom the data might be collected. Participants in the study were those who indicated they would be willing to take part and who met the qualifying requirements. Among the selected students, there was just one parent. If adolescents met the following requirements, they were considered to be included: Therefore, the following criteria must be met to be included: (1) adolescents between the ages of 17 to 20; (2) adolescents who live with their parents; (3) marital status single; (4) any adolescents who agree to participate in the study; and (5) adolescents who can obtain consent from theirparents.The inclusion criteria for parents were as follows: (1) they had to be between the ages of 47 to 58; (2) they had to be willing and open to participating in the study.

3.5. Technique of Sampling

Non-probability technique used by the researcher.Neuman (2006) states that purposeful sampling is used when the goal of the study is to understand the issue more deeply rather than draw conclusions from a larger population. Purposive sampling was especially employed in the non-probability sampling approaches. When researching only a small portion of a broader population, purposeful sampling is employed when it is feasible to identify a substantial number of the subset's members, but not all of them would be difficult to list (Babbie, 2008).

Students between the ages of 17 to 20 who lived with their parents who were related by blood or marriage and parents aged 47 to 58 were specifically chosen for the study and invited to partake. The age range has been limited because children under the age of 17 were not expected to mention their experiences with SRH issues.

Purposive sampling is a kind of sampling that involves the researcher's selection of instances with a specific objective in mind and is appropriate in some circumstances. Furthermore, purposive sampling functions best when the study's objective is a deeper comprehension of the issue at hand rather than a broader generalisation of the population (Neuman, 2006)

3.6. Size of Sample

Sample sizes for qualitative research are determined by theoretical data saturation, which is the point in data collection when additional data no longer provides new insights into the research questions or objectives (Mack et al., 2005)

The researcher selected 20 participants for the study's in-depth interviews and group discussions. Thus, the researcher specifically selected 10 students from various classes and 10 of their parents.

3.7. Instruments of Data Collection

For this study, the researcher used the following data collection procedures: These are the following:

a In-depth interview

In-depth interview are advisible when the researcher wants detailed information about persons edpriences, thoughts, and behaviors or want to explore new issues in-depth. (Boyce & Neale, 2006).

The researcher used in-depth interview with 20 of participants the place where the participants want to be interviewed.Semi-structured interview were used in this research because it involves open ended questions based on the topic.

b Focus Group discussion

In this method of data collection, the researcher met and discussed groups of adolescents and their parent's related issues, aiming to draw from their experiences, beliefs, and perceptions through a moderated interaction.

In the case of providing volunteer training regarding the objective of the study and ways of probing, the information was given to the participants before the actual data collection. A sound recorder and notebook were used during data collection.

3.8. Data Collection Procedure

Both primary and secondary sources were used to collect data for this study. These multiple information sources provide the wide range of facts needed to accurately represent the topic under study. Secondary data gathering techniques include journal articles, both published and unpublished, and book and chapter reviews.

3.9. In-depth interview

Two sets of participants were interviewed in depth for the study. These were adolescents between the ages of 17 to20 and their parents between the ages of 47 to 58 participated in the in-depth interviews. A systematic, one-on-one interview with a limited number of participants is called an "in-depth interview," which is a qualitative data-gathering approach used to investigate participants' perspectives on a specific concept, event, or circumstance. When a researcher seeks in-depth information on a subject's beliefs and actions or wishes to investigate novel topics thoroughly, in-depth interviews are advised (Neale, 2006).Using this approach made it easy to

understand the study problem thoroughly. When the participants indicated that it would be convenient, the researcher asked where they would want to have in-depth interviews, and they were held there. Thus, all in-depth interviews took place at their homes or other scheduled locations with teenager's and parents. The researcher used semi-structured interviews, an often used method in qualitative research that consists of a variety of open-ended inquiries tailored to the areas of interest the investigator wants to study.Because the questions were open-ended, it helped to clarify the subject of the inquiry and gave the interviewer and interviewees the chance to go into greater detail on certain subjects. Interviewers can use cues or suggestions to help interviewees think about questions more deeply if they are having trouble answering or are only able to respond briefly (Hancock et al., 2003).To elucidate the answers that the respondents had sent, the researcher employed probing inquiries. Berg (2001) added that the use of several preset questions or specific subjects is part of a semi-standardised interview guide. The interviewer was instructed to go well beyond the respondents' planned and standardised answers, even if the questions were asked methodically and regularly. Additionally, the interviewee was familiar with the words used in the preparation of the questions, and further clarification can be obtained by interrogating the participants after they have responded to a question.During data collection interviews with study participants, the following research questions were addressed: what parents and adolescents know about sexual and reproductive health (SRH) issues, how parents and adolescents communicate about SRH issues, and what barriers exist for adolescents to communicate about SRH issues with their parents. The average duration of the in-depth interviews was either 1:45 or 2 hours.

3.9.1. Focus Group Discussion

Focus group discussions (FGD) help gain a deeper grasp of the phenomena being examined and reveal how individuals think (Nagle & Williams, 2013). Focus group participants gave varied answers to the topic, which made it easier to record the group's diversity of opinions, viewpoints, and sentiments on the topic being studied. Thus, the focus group discussions helped to collect a range of viewpoints, ideas, meanings, and opinions from parents and teenagers regarding the study's subject. Focus groups with male and female teenagers, as well as their parents, were held separately to lessen the impact of gender on the data.This is done to encourage free conversation

and the open expression of viewpoints among participants. Four to five people is the optimal number to facilitate focus group discussions (Morgan, 2009). As a result, there were four distinct focus groups with five participants in each, discussing adolescents and their parents. Focus group talks included male and female adolescents, aged 17 to 20, as well as their non-biological parents aged 47 to 58. Rich ideas and information were created by the FGD, and participants contributed their own experiences related to the topic of study. Adolescents talked about what they knew about SRH, what their parents knew about SRH, how parents and adolescents communicated about SRH, and what barriers exist for parents and adolescents to communicate about SRH issues.The average duration was either 1:45 or 2 hours.In light of this, the researcher documented every single focus group discussions.

3.9.2. Secondary Data Sources

Reviews of published and unpublished thesis papers, book chapters, and journal articles have been used as methods for obtaining secondary data.

3.10. The Process for Gathering Data

A letter of collaboration was subsequently delivered by the School of Social Work to Minilik II Preparatory School for Higher Education. The researcher explained to the school administration the purpose and title of the study, as well as its duration and inclusion and exclusion criteria. After that, the administrator of the school permitted me to communicate with any staff member who might assist. Then, based on the established inclusion criteria, the researcher deliberately chose individuals. Participants gave written informed consent and were informed of the study's purpose.Using a voice recorder, participants' voices were recorded during the first meeting. But most of them found it hard to speak the truth, and they discussed the matter with friends or neighbours. They told me the truth about themselves from those who had refused to be recorded when I asked them about this. I did, however, have the records of a few sessions.The focus groups and interviews were conducted in the Amharic language.

3.11. Methods of data analysis

In-depth interviews and focus groups were used to gather participant data for this descriptive qualitative study, which was then subjected to qualitative data analysis techniques for analysis. "Qualitative data are in the form of text, written words, phrases, or symbols describing or representing people, actions, and events in social life," according toNeuman (2006).Similarly to this, the researcher recorded some of the respondent's voices and took written notes during the data-collection procedure based on their consent. The processes of gathering and evaluating data, formulating and refining the research questions, and refocusing them all occur almost simultaneously in qualitative research, impacting each other in some way (Maxwell, 2005).Because of this, the data analysis for this study began simultaneously with the data-collectionprocess.This involved copying, identifying pertinent concerns to include in the process, and creating new ones as needed. Additionally, the data was reviewed, notes were written, and the data was cleaned as it was being collected. The notes, codes, and thematic analyses of the data gathered from focus groups and in-depth interviews were done by the procedure.Equipment, including a voice recorder, pen, and notes, was used in this study.In the process of gathering data, the researcher made every effort to listen with close attention to detail, follow the discussion, and take thorough notes. Thematic analysis was used in this study's data analysis process. It is a technique for finding, examining, and summarising themes or patterns in data sets that organise and characterise them thoroughly and accurately.According to Braun (2006), a theme captures something important about the data about the research question and represents some level of patterned response or meaning within the data. It is also a useful and adaptable technique for qualitative data analysis.To assess the data source's depth and comprehensiveness, the investigator looked over it multiple times. This made it easier to find possible concepts and patterns. The investigator took notes or noted suggestions for additional coding as they came to them. After the Amharic data were translated into English, the coding procedure was completed in compliance with the objectives of the study. The data wasorganised logically to emphasise specific data attributes.The data that had been coded was then divided into groups that were similar to one another. This made it easier to group the data for analysis into appropriate categories. In qualitative research, categorization involves identifying patterns and grouping

similar or nearly similar data that share a characteristic within coded data (Saldana, 2008).Necessary statements made by adolescents and their parents were described and directly quoted.

3.12. Quality Assurance of Data

In order to account for the many data sources and techniques used, methodological triangulation was adopted. Researchers in qualitative social work employ triangulation as a technique to guarantee the accuracy of their data, according toNeuman (2006).It is better to look at something from multiple perspectives than from one. Similar to this, to provide reliable information, the data from the focus groups and in-depth interviews wastriangulated.To establish a pleasant and trustworthy relationship with the study participants and to lessen the distance between the interviewee and the interviewer, the researcher made an effort to establish a good connection with them. In light of the research's goal of enhancing comprehension and demonstrating that there are no right or wrong responses to the questions posed, Shenton (2004) recommends that participants be encouraged to be frank in the first moments of each session.Participants can therefore speak freely about their thoughts and experiences without worrying about appearing untrustworthy. Shenton (2004) outlined four standards to guarantee reliability in qualitative research. Credibility, transferability, dependability, and conformability are among them.

3.13. Ethical Considerations

Administrative approval from the Colledge of Social Science School of Social Work at Addis Ababa University was given on July 29, 2023 (Ref: SSW/223/70/2016). Therefore, obtaining consent and setting ground rules are crucial before discussing anything related to sexual and reproductive health. The collaboration letter that was submitted to Menelik II Preparatory School for Higher Education as a result promotes the researcher's and participant’s liberty, as well as the admnistrative staff and research participants. Participants in the research also provided accurate and reliable information on subjects related to sexual and reproductive health.Accordingto Newman (2006), one of the main ethical cornerstones of social work research is that participation in the study should always be voluntary and should never be forced on participants. Thus, ensure that all the information is correct, backed up by science, and easy to learn. While

doing this research, ethical guidelines strictly adhered to participants' desire and willingness to participate in the study, which determined their status as research participants. Everyone who chose to participate in this study did so voluntarily; no one was pressured or forced.

The confidentiality of the information gathered from participants was protected to the fullest extent practicable. A primary concern of the researcher when discussing topics related to sexual and reproductive health was protecting individual privacy and confidentiality. Make sure that sensitive data and personal information are kept private and never shared. The question guide did not contain any personal identifiers.The participants in this study were seventeen-to twenty-year-old adolescents and their parents, who ranged in age from forty-seven to fifty-eight. Adolescents between the ages of thirteen and fifteen were classified as children under this definition since they were unable to require informed consent on their own.That is to say, before providing their agreement and indicating their desire to participate, study participants were first made aware of the aim of the research.All the adolescents who took part in this study were, in general, given permission or approval by their parents to participate. The adolescents who took part signed the consent forms created after obtaining their parents' approval to participate in this research. To take part in the study, no one was forced. Adolescents' and parents' informed consent is annexed at the end of the paper.

CHAPTER FOUR: DATA PRESENTATION

The primary goal of this study was to examine how adolescents and their parents in Addis Ababa perceive communication about issues related to sexual and reproductive health. Adolescents and their parents were asked about concerns connected to their sexual and reproductive health during the interviews.

4.1. Socio-Demographic Characteristics of Participants

The twenty people who participated consisted of 10 male and 10 female. Based on their current academic standing, the adolescents are all preparatory students; three are studying in grade 11 and the remaining seven are studying in grade 12.Education of parents that are: 6 are enrolled in elementary school, 2 are literate, 1 has a degree, 1 has a diploma, and 1 has completed high school. In all, adolescents and their parents were selected from the population understudy to be interviewed.

4.1.1. Constructive views of adolescents and parents regarding the significance of communication

It was thought that the information provided on reproductive health was sufficient to enable adolescents to safeguard themselves against developing reproductive health issues by growing in self-awareness, decision-making skills, and the ability to abstain from risky sexual and health-related behaviours. One participant, a 19-year-old BA, and GA, stated, ‘’ *the importance is obvious because we young people usually do things blindly, but if we are made aware, then we will make informed decisions.*’’Emphasised the significance of having *information about RH*. All Parents in-depth interview participants acknowledged as much, saying, "*it's important to teach reproductive health information to adolescents, because once they get this information, they will be able to protect themselves from risky behaviours like sexual temptation.*’’

The perspectives of these participants indicate that adolescents should be informed about sexual and reproductive health concerns due to the risky habits associated with these areas that may have been observed in them. Risky habits include having multiple sexual partners, falling into peer pressure, initiating sexual activity at an early age, abusing drugs and alcohol, and spending

too much time in leisure. Also, IIBA, 18 ‘*’As far as I can tell, most teenagers these days enjoy uncontrolled leisure activities, entertainment, music, alcohol, and early sexual interactions. This, it would seem, is a result of a lack of knowledge on RH, according to one participant*.’’

‘’We receive pocket money from our parents, which we save up and use to go to clubs and have love (sex). I also provided information on how to use a condom properly.’’ (IIB, 20) *‘’Nowadays, most adolescents have a strong desire to wear human hair, wear stylish shoes, wear jewellry, and wear fashionable attire. Many sisters have been outraged by this because everyone wants to wear these incredibly expensive, stylish items and go to nightclubs. Some young individuals start to get lost in this way.’’* (IIGA, 20)

An IIG 17 testified, saying, *"For example, some teenagers start having sex when they become around fifteen, but they do not do this with their age partners; they engage with someone much older than they are; nine-year-olds are taking on partners who are up to twenty years old.’’*

’’This is "doomsday," which means "the end of the world" in Amharic. An alternative phrase is "8ኛውሺህ" no children are afraid to talk and to show anything which is culturally forbidden and made shame us." IIB, 20

‘’My parents could put a high value on providing correct information and encouraging open communication in addition to supporting their children's access to healthcare services, including contraception, STI testing, and reproductive healthcare.’’(BA, 20)

The results showed that study participants were aware of the importance of SRH communication. Ultimately, they stated that it is critical to educate youngsters about the issues and the proper and wrong behaviours in this area. Also, the healthy growth of an adolescent depends on parents and teenagers having early communication.

4.1.2. Parental perspectives on communicating SRH issues

Parents who were study participants shared their opinions and perspectives on SRH issues with adolescents. According to them, parents talked to their teenagers about SRH issues, specifically HIV/AIDS, puberty and the related physical changes, abstinence from sexual activity, avoiding

adolescent pregnancy, abortion, premarital sex, risky behaviour, and defying peer pressure. Regarding this, participants IIF and IIM in the in-depth interview stated that:

''Over time, communication on issues related to sexual and reproductive health progressed from its initial clear form. We told them straight away not to let anyone touch their privates. You should inform your family, teachers, and anybody else who touches your lips, buttocks, or other private parts.''

It was suggested that they start by discussing how, during the early Middle Ages, they were taught that no one was permitted to touch their private parts. They were told not to engage in harmful behaviours or sexual activity as they grew older and continued to discuss bodily changes and puberty, along with other issues like HIV/AIDS.

In particular, as stated in IIFP 52 and IIMP 55, *"we closely monitor our children under the age of fifteen and teach them not to participate in that act."* Considering this into account, each study theme revealed attractive teen communication, as stated by the parent discussant FGD.

4.1.3. Appropriate age to start SRH communication

Information received from study participants indicated that adolescents' tendency for stress, confusion, and embarrassment can be reduced when parents and adolescents communicate quickly and effectively. According to FGDFP and FGDMP, *"Even teenagers who started to experience changes in their bodies without any prior knowledge or understanding of the conditions have all reported feeling overwhelmed, ashamed, and guilty about themselves, or even comparing themselves to their classmates."*Thus, initial communication between parents and teenagers reduces the negative emotions that youngsters may be experiencing. Concerning the appropriate age to start talking to teenagers about their sexuality, the majority of respondents felt that this should happen once they hit puberty, which is between the ages of nine and fifteen. This is because, according to these respondents, this is the age at which teenagers begin to develop risky behaviours related to their sexuality and related health, and it is also the time when physiological changes (secondary sexual characteristics) become noticeable.

When the child is five or seven years old, age-appropriate protection should be introduced by telling them that no one should touch their private parts, according to IIF 49 and IIM 55. Parents were providing the kids with this knowledge at such a young age. An FP, 49 stated that with the Amharic proverb *"ሳይቃጠለበቅጠል"* which translates to *"strike the iron while still hot."* This is a call for parents and other caregivers to begin discussing sexuality and health-related topics with their young children as quickly as possible. It was considered important that nearly all respondents to this study said that gender should not be a factor in discussions on sexuality between parents, as knowledge is typically transferred by the one who possesses it.

The data generated from FGDFP and FGMP indicated that timely information provided to kids:

Parents just discuss and advise their young children about SRH issues. Quoting the Amharic proverb *''ታምከመማቀቅአስቀድሞመጠንቀቅ''which is "An ounce of prevention is worth a pound of cure"children simply relax there and listen, asking questions without shame.''*

An IIF55 states that *''my five-year-old kid used to play on the floor with my neighbor's four-year-old daughter while I was in bed. The daughter had set up a bed with clothes and blankets on the floor and was encouraging my son to lie down on top of her and act as though they were having sex. When I wake up, I give them each a belt touch. I also carefully offered her mother some guidance. After that, we talked about SRH's details.''*

The study indicates that when parent-adolescent sexual conversations take place, the father or mother alwayshasthe conversation and often usesneighbourhood examples to illustrate the negative effects of early sexual conduct. Often, conversations are started because of the negative consequence of participating in unsafe sexual behaviour in the community at large.

FGDFP, FGDMP explained that often shared about risky behaviors and its consequence on youth's life.

''we give examples to our adolescents, about unmarried pregnant girls, AIDS-stricken individuals, and adolescent mothers who neglected our advice."

4.1.4. The preferred person to communicate

Parents, teachers, friends, and health professionals were the people they chose to talk to about matters about RH because of their physical changes, health concerns, and the amount of time they spent with them.

Participant IIB, 18, stated that she believed that health professionals, parents, friends, and teachers should be the ones to communicate with her. She said, *"I think it should be parents, teachers, friends, and health professionals because they are the ones who live with you, and thus they know more about your life than anyone else, and they can explain those things to you in a way that you would understand things in a good way.''*

"Adolescents should feel free to communicate this information with their friends, parents, and healthcare professionals by making statements along the lines of Yeah, friends, parents, and health professionals," state FGB and FGG.

All participant parents reported that they have been transparently and openly discussing SRH issues with male and female adolescents alike. Parent participants in in-depth interviews revealed the following in this regard:

''We felt free and willing to discuss SRH concerns with our son and children. Gender differences are not a concern for us; both males and females are our children, and we must interact with them regardless of their preferences.''

Fathers who were participants said they had been in contact with their teenage sons and daughters. Fathers involved in the study reported that they could easily talk to women about their menstruation and other delicate subjects. They said that teenagers who are female are willing and able to talk to him about sensitive topics. Concerning this, he said that daughters should talk to their parents about things like this and maybe share more of their experiences with them.This in-depth interview with IIF-52 revealed the following: *''I have been talking to my sons and daughters about SRH issues; I am free and open to talk to both; however, I have noticed that as girls get older, they become more transparent and open to talking about SRH issues, and they*

have asked me to buy menstruation hygiene products, such as information about puberty and menstruation.''

Likewise, mothers who participated in the study stated that *''I feel comfortable and open to discussing SRH issues with both my sons and daughterteenagers.''*

Participant IIM-47statedin the in-depth interview that *''I have been freely and openly discussing SRH concerns with my sons and daughters.''*

According to IIB-17, IIG-20, and IIG-19, stated that*''we spoke with both of our parents.''*

Regarding this, 18-year-old IIB-20 stated: *''I am close to both my parents and my parents are to me. They give me more time to listen, and I feel comfortable talking to them about any concerns, particularly those about SRH.''*

Data from female teenagers' FGD and interviews revealed that they openly discuss SRH concerns with their parents. They said they are open and free to talk to their parents since they believe parents are more informed about SRH-related matters. Likewise, IIG-2, who is 17 years old, stated during an interview that *''I would like to talk to both her parents.''*

In the FGD and in-depth interviews, adolescents noted that:

'' parents are sharing and educating adolescents about sexual and reproductive health concerns, fulfilling their responsibilities equally.''

"We have shared our responsibilities equally and had greater insight and personal experience with the issues at hand," stated discussants of the FGDFP and FGDMP. In overall, research participants reported that discussing SRH difficulties had been helpful.

4.1.5. Forms in the Discussion on Reproductive and Sexual Health

Participants in in-depth interviews withparents, IIFP 1–5, and IIMP 1–5 stated that *''we speak openly with adolescents about peer pressure, HIV/AIDS, biological and physical changes related to puberty, refraining from premarital sex, and bad habits.''* An in-depth conversation in this regard made the following points very obvious:

We communicate with and give counsel to our kids in an open manner. At the proper age, conditions, and setting, we openly and transparently deliver our message regarding SRH concerns. At dinnertime, we usually discuss with them the dangers and issues of teen pregnancy, early sexual engagement, peer pressure, and risky behaviour. Our discussions are based on local data and national issues that are currently plaguing our nation.

Adolescent study participants, both boys and girls, stated that their parents encouraged them to talk to them about issues linked to sexual and reproductive health. They also expressed that they are open to discussing these issues or talking to their parents about them in general. Also, all teenagers involved in the study reported feeling more comfortable and open to discussing sexual and reproductive health concerns with their parents and friends while participating in focus group discussions (FGDs) with boys and girls. Regarding questions concerning sexual and reproductive health, many mentioned asking their parents and friends. Additionally, adolescents who participated in the interview indicated talking about these kinds of topics with other students at school and in different youth groups.

The data from IIB20, 17 and 18 in IIG-20 and IIG-17 were stated that*"Our parents encouraged us to talk instead of using uncomfortable or abusive language and to interact with them directly and pleasant."*The following was abundantly evident after an in-depth conversation with the 20-year-old IIB-1:

‘’My uncle speaks with me regarding SRH matters and gives me advice or messages directly. He spoke to me and other family members about these problems in an understanding and compassionate way. I appreciate that. He also invites us to have honest and open conversations with him. He primarily told me about the past of my aunt's daughter, who was raised alongside my uncle. Since she is now a doctor, he frequently wants to talk to me about her experiences when he gets home late at night. He tells me how he spent some fascinating time getting to know her. As a result, I could discuss anything honestly with concerning SRH.’’

IIFP52 stated that, *‘’when my kids were teenagers, I was not aware of their SRH difficulties or encouraging them. I was unaware at the time of speaking about SRH issues. I encouraged them to be open and honest with me when I was engaged with DKT Ethiopia, an organisation that*

started with the launch of Hiwot Trust condoms and supplied sex condom brands, oral contraceptives, injectables, emergency contraceptives, and many other health items. This happened because of our previous parenting style.''

IIFP54 said that they were appreciative of the medical experts who gave us accurate and frank information regarding the SRH problem. *''not to talk about SRH concerns affects everyone, so it would seem that everyone should have a conversation about it.''*

4.1.6. Adverse Reproductive Health Outcomes

Data from IIM-47, IIM-55, IIM-48, FGDFP, and FGDMP discussants revealed that they also speak with adolescents indirectly, bringing up the unpleasant experiences of other teenagers to share their message about SRH difficulties. Participant IIM-55 provided the following explanation of her communication style with her children about this in-depth interview:

''I warn my kids not to withhold anything from me, even if they have done something wrong that can be resolved by conversation, once they hear me talk about these kinds of situations. I assured them, parents could provide their children with better options or solutions if something went wrong.''

Askale said: *"We discussed my mother's experiences regarding sexual and reproductive health issues. She informed me that she had several problems after her abortion when she was my age. She also told me that she would suffer so that she could see that experience in me. Also, she mentioned that adolescents have access to technology and may use it to convey their feelings, so parents have to have open discussions with their children. Refusing to talk to children encourages adolescents to lead risky sexual lives.''*

4.1.7. Frequency ofCommunication

The study participants reported that the following factors influenced the frequency of communication about SRH: a busy schedule, emotional barriers, arriving home late from school, the death of youth in the neighbourhood, RH dramas or news on TV, spending more time on Tiktak, child abortion, and neglecting household chores. It is accurate to say that parents' communication frequencies vary greatly from family to family. Some parents may want more

frequent engagement, while others may believe that less communication is acceptable. Ultimately, the optimal frequency of communication is dictated by the specific circumstances and individual preferences of all parties involved.

Parents who participate in FGD believe that regular communication is crucial since, daily, adolescents are exposed to a broader system that can have a positive or negative impact on every element of their lives.

Mothers who participated in the FGD indicated that while they do not always interact with their kids about SRH difficulties, they do occasionally talk to them according to their ages. The results of a focus group discussion (FGD) with mothers indicated that discussions regarding SRH issues are often unexpected and unplanned. Also, study participants reported that they rarely discuss these topics with adolescents. However, information gathered from IIB-17 and IIG-17 revealed that they hardly ever discuss SRH-related matters. Participant IIM-55, in the in-depth interview, states the following:

''In a very rare instance, I attempted to explain concerns like HIV/AIDS and avoiding pregnancy. To be honest, we didn't always communicate regularly. We probably spoke with each other two or three times a month, or occasionally throughout the week.''

According to parents, adolescents today are heavily influenced by the media, peer pressure, trying new things, and engaging in risky activities. Also, they pointed out that adolescents now more than ever require constant direction and contact. Participants in in-depth interviews with parents stated that it is important to monitor adolescents and find out who their friends areandwhere they spend the day.

4.2. Barriers affecting communication on sexuality

4.2.1. Being too busy and lacking of time

It is vital to understand the barriers that limit adolescents and their parents from discussing sexuality. The findings of this study show some barriers kept parents from discussing their adolescent's sexual orientation with them. These barriers include taboo in the culture where parents grew up, the adolescent's perceived immaturity, lack of time, and ignorance about

condoms or other birth control methods. Some parents feel that because of globalisation and the advancement of technology, their teenagers are more sexually aware than they are. It also became clear that some parents lack appropriate time since they work long hours and have little awareness of reproductive health and the use of contraceptives. All research participants confirmed that there were gaps in daily communication with the topic because the majority of parents are breadwinners and left early in the morning and returned late.

"Because of limited time, parents and adolescents do not communicate about SRH issues most often." (GA-20 and BA-19)

4.2.2. The Childhood Experiences of the Parents

Study participants' parents reported that they were previously forbidden from having open discussions with their parents about SRH-related topics because it was considered culturally unacceptable to do so. Additionally, they stated that they were raised in a culture where this kind of thinking was not common, which may have had an impact on their decision to bring up the subject and engage in honest and open dialogue with teenagers.

The findings from IIF and IIM show that, due to cultural norms, people are really too ashamed to take part in open and true communication on these issues. Moreover, the suggestion was made that our cultural customs and beliefs influence SRH communication and have not fostered such communication.In this regard, there is an inverse relationship between this kind of communication and a number of our cultural attitudes. It was taboo to discuss physiological processes and make reference to our reproductive organs. These kinds of social norms hurt family-based conversations regarding SRH challenges.

4.3. Conditions that Facilitate Parent-Adolescent Communication

Parents frequently bring up memories of deceased family members to initiate conversations and emphasise how serious the situation is, based on a study on HIV/AIDS issues. Research was done about numerous topics, including parents' exposure to television programming and pamphlets, unsafe sexual conduct, and encountering someone who they thought to be HIV positive because of their small stature. The parents who take part in the survey, drama series,

informative radio shows, and television shows promote parent-to-parent dialogue regarding SRH issues. They also included TV dramas and series that address issues like HIV/AIDS, child rights, and the consequences resulting from negligent conduct. The data generated indicated that:

Participants were asked whether discussions on SRH between parents and adolescents occur within the family. They mentioned that in the past, parents were not expected to discuss SRH with their children when they were children. This role was delegated to grandparents, paternal aunts and uncles, and cousins. However, many participants recognised that the times have changed due to technology and adolescents' exposure to sexual information from cell phones and that leads them to risky behaviour because these parents influence their children to protectthemfrom it. The majority of the study participants acknowledged the key role parents play in communicating SRH matters with adolescents.

''Parents would be the best people to communicate with their children. So they play a very good role.'' (FGDMP)

Adolescents reported that most SRH discussions were spontaneous and often triggered by: parents perceiving the child's behaviour as risky, signs and symptoms of disease among adolescents; or an unpleasant occurrence in the community (such as a neighbour's teenage daughter falling pregnant).

''...if I have a menstruation period, I tell my mother I am feeling good'' (IIG, 20).

Examples of behaviours that parents perceived to be risky were: indecent dressing, being part of "bad" peer groups, movements late at night, and sharing of school materials associated with the opposite sex.Parents and adolescents were asked to describe the topics that are discussed when they have conversations on SRH issues. The responses from parents and adolescents were similar. The discussions mainly focused on abstinence from premarital sex, pubertal changes,and relationships with the opposite sex, STIs, including HIV/AIDS, teenage pregnancy, and riskybehaviour.

4.3.1. Use of technology

Leveraging technology, such as online platforms, mobile applications, and telemedicine, can enhance access to sexual and reproductive health information and services. Technology can provide a convenient and confidential means of communication, particularly for individuals who may face barriers to accessing traditional healthcare settings.

The study participants revealed that dramas and educational TV and radio shows, for example, served as a starting point for conversations between adolescents and their parents about SRH issues and created a supportive environment for such conversations. The information gathered revealed informative radio and television shows that support SRH communication. "ከተዘጋውዶሴ" on EBS, "ጤናችን" on EBC1, " አዲስህይወት on EBS, FM radios, Hello Doctor on EBC1 TV, and other dramas and health shows are a few examples. Parents who participated in the FGD said that they discussed SRH issues with adolescents when they viewed dramas, movies, or news on radio or television.They said that to interact with and initiate conversation with adolescents, TV dramas and shows are becoming increasingly crucial. According to the generated data, these kinds of circumstances made it easier for parents and teenagers to communicate about SRH. In addition, parents who took part in the study mentioned that informative TV shows and plays were the main ones helping them instruct and initiate conversations with adolescents. In the same way, parents stressed how crucial the media is to encourage parent-adolescent dialogue about SRH issues.

The information collected showed that the participants' parents talked about sexual and reproductive health issues, such as puberty and the related changes, with their adolescents. Also, they banned risky behaviour and peer pressure after the age of twelve. They provided age-appropriate preventative measures, such as not letting anyone touch their privates or viewing sex videos.

All the study participants in the interview stated that the media were their main source of information regarding where they learned about numerous SRH-related issues. They describe mass media as involving television and radio.

IIG-20 said that*"I ought to talk to my parents about SRH. When we watched movies at home, they would ask me to bring my boyfriend, so they would give me advice on issues based on the movie's characters.''*

4.3.2. Parental knowledge and attitudes

Participants in the survey, who were parents, stated that they had a conversation with their children about the topic after learning about it from medical experts. After gathering knowledge from health extension agents, groups that promote responsible cell phone usage, and the IIFP and IIMP surveys, they felt equipped to talk with teenagers about SRH issues. According to these participants, SRH-related health extension education helps to further improve and maintain their relationships with their teenagers at home.

''Community Health Extension Programme has provided education and training; we kept in touch with our teenagers. The programme offered us progressive, ongoing instruction and technological developments to help them learn about sex and reproduction. Our health extension informed us about relationships, hazardous behaviour, HIV/AIDS, and SRH-related activities. These kinds of opportunities allow us to have outspoken conversations with kids about our experiences.'' IIFP

4.3.3. Accessible health care services

The main HIV/AIDS prevention strategies that doctors typically recommend, including wearing condoms, avoiding sexual relations, remaining with one partner, and avoiding dirty needles or blades, were identified correctly by both male and female respondents. In addition, the issues that provoked the most discussion were relationships and mental health issues. Spiritual counselling; drug and alcohol abuse; the capacity to decline or participate in social interactions; condom use; safer sexual relationships; pregnancy; abstinence; protecting against the spread of sexual partners; concerns about sexual orientation; issues related to puberty; relationship troubles; self-problems of the breast and prostate; and issues related to reproductive contraception. Even though they understood the significance of taking precautions against STDs that could harm their health or lives, respondents' understanding of SRH was frequently

good.They stated that it includes issues like ways to prevent pregnancy, giving birth, menstruation, puberty age, contraception, and pregnancies that were not planned.

4.3.4. Parents and Adolescents in a Healthy Relationship

Participants in the research, who were adolescents and their parents, reported how much they valued their relationships with one another. They added that there was sufficient communication to understand SRH difficulties and adapt to changes imposed by puberty. They felt they had been properly informed and knew enough to cope with the changes in the body and physiology brought on by puberty. Adolescent research participants think they have all the information needed to understand the difficulties associated with SRH.

Additionally, parent research participants said that, for several reasons, they were providing their teenagers with enough details on SRH issues. They underlined that to educate adolescents on sexual and reproductive health issues as well as shield them from the dangers and repercussions associated with them, it is essential for adults to have conversations with them regarding these subjects.

Many of the teenage girls who took part in the interviews felt joyful and at ease when they noted physical changes, especially if it was their first menstrual cycle. They explained this by claiming that as physical and physiological changes showed up, females had gained sufficient knowledge. Following an in-depth interview, 20-year-old participant IIG-2 stated the following remarks:

*‘’Many of the female students in the schools felt relaxed and at peace when the manustrationstarted. When boys see this, they usually do not make fun of those girls. It has not stopped females from leaving school in recent years.’’*Thus, Adolescents and their parents were not lacking in understanding or communicating on SRH matters.

CHAPTER FIVE: DISCUSSIONS

5.1. Practices in Communication between Adolescents and their Parents

Even though the investigation's findings indicate that adolescents and parents are frequently open to discussing issues associated with SRH. Based on how frequently they are communicating, it is not taking place on a regular, scheduled basis. Conversations about SRH-related topics may have arisen in response to events that occurred in the community, at work, on TV, or on the radio, in which topics related to SRH causes were discussed. The results of DessalegnTesso et al. (2012), and Rosenthal and Feldman (1999) are similar.For parents, the primary concerns of SRH were preventing risk factors, SRH-related issues, and harmful health effects. Seif and Kohi's (2014) research revealed that adolescents and their parents discuss concerns about SRH and are deeply concerned about the impact of risky behaviour.

This result is similar to that of Manu et al. (2015), who discovered that HIV/AIDS, puberty-related changes, and sexual abstinence are the most often addressed sexual topics between parents and teenagers. But most of the time, talking about things like condoms and contraception use is taboo. This information, however, contrasts with that of Motsomi, et al., (2016), who found that parents and teenagers do not talk about HIV/AIDS, sexually transmitted diseases, and physical growth.

The information that was gathered showed that parents talk about SRH concerns with their adolescents in a variety of settings. Adolescents and their parents could talk face-to-face regarding SRH concerns. Thus, parents confront teens with warnings and counseling, observing negative consequences connected with reproductive health. The results of the research by DessalegnTesso, et al. (2012), andMotsomi, et al. (2016) are supported by this data. Thus, these studies showed that while parents do communicate to their children about bad things that are happening in their neighborhood, they do it in an openly frightening way rather than through an honest and open discussion.

5.2. Parents' and Adolescents' Perspectives on Sexual and Reproductive Health Communication

This study found that communication between adolescents and their parents started when the children were quite young. It should not be initiated once the child reaches puberty; that is between 9 and 15years for girls and 15 years for boys, because they said this is the period when adolescents start to develop behavioral change and may engage in risky sexual behavior due to physiological changes that come with age. It showed from the data that the study participants psychologically prepared their adolescents for physical and mental changes before the events. The data collected from study participants during their adolescence indicated that they were aware of SRH issues and how to better themselves over time. The right information was given to adolescents at the right time to help them deal with puberty and learn about issues related to their SRH. This information contradicts the conclusions of studies by Seif and Kohi (2014), &Santhya (2011), which found that talking to parents about SRH concerns in teenagers could encourage promiscuity by teaching kids things they do not understand.In the same study, Guilamo-Ramos et al. (2012) showed that few adolescents thought sex was an appropriate topic for young adolescents who lacked the maturity to process such information. The second is consistent with the findings of this study, which shows that some adolescents concur with the fact that young people have to be advised about sexuality even before puberty, as alluded to earlier “strike the iron while still hot”.

The data generated identified how important it is for SRH to get in touch with children as soon as possible. There are risks to take into account, like the prevalence of adolescent sexual activity before the age of twelve, teen pregnancy, abortion, and the adverse effects of globalization. Based on the data gathered, it was decided that parents ought to begin talking to their children before the age of twelve. Research by Nundwe (2012),&Santhya (2011), and Seif and Kohi (2014), in contrast, indicates that discussing SRH issues with youngsters may enhance adolescent promiscuity.In my opinion, the most important thing should be to provide them with the information, tools, and resources they need to explore their sexuality in a way that is secure, consenting, and morally upright, as appropriate for their age. Generally speaking, an all-encompassing plan for harm reduction performs best.

5.3. The Importance of Communication about Sexual and Reproductive Health Issues

The findings showed that it was important for parents to talk to their adolescents about sexual and reproductive health issues to reduce the risks associated with sexual activity and related health issues. It is thought that discussing sexuality gives adolescents confidence and enables them to make wise choices regarding their sexual health. Also, discussing sexuality with a teenager enables them to recognize the risks in their surrounding world, such as the influence of peers and the repercussions of their risky conduct.

This study led to those of Rosenthal and Feldman (1999), who also showed that adolescents had a positive view ofthe importance of parent-adolescent communication on SRH issues. However, this is limited to certain topics such as safe sexual practices, contraception, HIV/AIDS, and STIs, and to a lesser degree, development and issues in society, including menstruation, pregnancy, and physical development.

The information gained suggests that to educate teens about SRH issues and to define what constitutes appropriate and inappropriate behavior, parents and teenagers must speak with one another. The results of DessalegnTesso, et al., (2012) were corroborated by this data. Their findings made clear how important it is for parents and teenagers to communicate about problems related to SRH. They suggested that early parental-adolescent contact can help teenagers feel less confused and afraid by educating them about their development.

Study participants assured that several young people have been exposed to risky reproductive health issues as a result of globalization. These risks include easy access to pornographic videos on the internet, the ease with which mobile phones can be used for communication, desires for material possessions and luxury goods, low economic status, peer pressure, and emulating foreign lifestyles or acculturation.

5.4. The Preferred Person to Communicate on Sexuality Matters

Since discussing one's RH orientation is often frowned upon and associated with feelings of shame and embarrassment, adolescents in this study preferred to discuss their SRH issues with

someone they feel comfortable with, someone who knows them well and can relate to them, and someone familiar and knowledgeable about SRH. The majority stated that they would rather talk about SRH with their friends, teachers, healthcare professionals, andparentsbecause they feel that they mightshare a home and spend a lot of time together, they believed that they had confidence in them and understood them well. This result is consistent with the findings of Guilamo-Ramos et al. (2012), which also showed that teenagers preferred to get knowledge about sexual problems from their parents.Itsuggests that caregivers should be important members of any intervention designed to lower the risky sexual behaviors that young people engage in. Study participants suggested that parental interaction can help teens feel less afraid and confused by informing them about their development.

5.5. Type of Information to Be Communicated

Study participants said that teaching teenagers how to use a condom and contraception pills was the same as encouraging those to have sex and led to risky behavior, which some of them view as improper in terms of both culture and religion.

Rosenthal and Feldman's (1999) study, however, revealed that adolescents generally agreed that parents should only talk about sexual safety, which includes safe sexual behavior, the use of contraceptives, STIs, and HIV, and, to a lesser extent, development and societal concerns, such as biological aspects, pregnancy, and abortion. This was similar to the findings in the study.

5.6. Conidiations that facilitate communication on sexual and reproductive health.

Good parent-child relationships and knowledge of SRH provide a foundation for adolescents and their parents to communicate about concerns related to sexual and reproductive health issues. According to the results of the current study, parents and adolescents who have close, loving, supportive, and welcoming connections are better able to communicate openly about it. This suggests that adolescents were encouraged to communicate freely and honestly when they were surrounded by sympathetic, caring, non-judgmental people. And this in turn made it easier for adolescents and their parents to have helpful SRH conversations. This research supported the findings ofMotsomi et al. (2016), who discovered that a welcoming environment and

pleasantinteractions among family members encourage and facilitate free and open conversation between family members on SRH concerns.

The information gathered showed that parents were starting to see the value of teaching their children and early conversations with teenagers through the help of educational radio, television, and drama series. They were specifically producing and disseminating knowledge, awareness, and information about issues related to sexual and reproductive health. Because of this, they were helping to start the conversation on reproductive and sexual health in the family setting.

5.7. Conditions that prevent parent-adolescent communications on SRH

The current study found that one of the factors preventing adolescents and their parents with SRH issues from communicating was a lack of free time. Much of the generated data is also shared by other investigations. Consequently, the current conclusion is consistent with the studies of Motsomi, et al., (2016). Nonetheless, the data produced indicated that there is currently progress in this area because of a rise in societal awareness and understanding of the consequences of poor reproductive health results and the value of communication and technological advancements. These days, parents talk to their kids despite these obstacles because they understand how important it is to talk to them about SRH issues. The results of Svodziwa, et al., (2016) agree with this data, which shows that although parents are worried about their children's transition into adulthood, they are hampered by societal norms, a lack of knowledge, and poor communication skills that prevent them from giving their teenagers the supportive environment they need to make this change.

Adolescents and their parents said that they have had a busy time. This information is consistent with studies byMotsomi, et al., (2016) that found that busy lives prevent teenagers and parents from talking about SRH issues and from spending more time with their kids.

The data collected showed how religious convictions affect attitudes and communication. The results of Motsomi et al. (2016) and this study show certain similarities. According to their research, parents' advice aligns with their religious doctrine, and their religious convictions influence the themes they choose to address with their teenagers about SRH issues.

CHAPTER SIX: SUMMARY, CONCLUSION AND RECOMMENDATIONS

6.1. Summary

This study used a qualitative approach to investigate how adolescents and their parents inMenelik Preparatory School for Higher Education, Addis Ababa. 10 students and their parents from Menelik II Preparatory School for higher education have participated in this study. Non-probability sampling approaches were employed in the selection of participants. 20 in-depth interviews, 4 focus group discussions were chosen to use the purposeful sampling technique. In the study's findings, adolescents as well as all of their parents had discussions regarding sexual and reproductive health issues. Adolescents' access to health services and technology use were the main facilitating conditions for communication.Also, improvements in SRH knowledge and perception gave confidence, a higher desire to talk, no anxiety and shame, and remarkable life satisfaction. This has been noted by participant's communication on the use of condoms and other forms of contraception, and talks on treatments about reproductive health typically include a call to abstain. With the increasing availability of technology, online platforms, HIV/AIDS and STDs, physical changes that accompany puberty, teenage pregnancy and abortion, premarital sexual activity, dating someone of the opposite sex, risky behavior, and peer pressure, and health services could pave the way to talk sexual and reproductive health concerns.

6.2. Conclusion

Using a qualitative research methodology, the study provides a thorough description of the methods of communication that adolescents and their parents use. It also revealed their perspectives on what helps or hinders these conversations regarding the appropriate ways to address concerns related to the sexual and reproductive health of adolescents.

According to this study, parents discussed with their kid's risky behavior, peer pressure resistance, teenage pregnancy, abortion, puberty and related physical changes, HIV/AIDS, and other related topics.

The study identified some of the barriers that prevent parents and adolescents from communicating with each other about sexual and reproductive health issues. The most significant

challenges are the lack of time and the cultural backgrounds of parents to communicate about SRH difficulties.

The study's overall findings indicated that timely and age-appropriate sexual and reproductive health communication with teenagers and their parents was important in reducing adolescents from engaging in inappropriate conduct. Even though there is a greater emphasis on risky behaviour, this study shows that parents are providing their children enough information about sexual and reproductive health-related issues.

6.3. Recommendations

The recommendations that could ensure that parents, healthcare providers, social workers, and other stakeholders are informed about sexual and reproductive health (SRH) in an accurate and supportive manner for individuals and families. Following are some key recommendations:

Teachers, social workers, and healthcare professionals will implement instructional initiatives to improve their understanding and proficiency in SRH communication. Effective counselling techniques and truthful data should be the primary topics of this training. Regularly assess how well SRH communication efforts and initiatives are working. Gather information on behaviour change, health outcomes, and knowledge levels to guide future planning and initiatives. By implementing these suggestions, schools, communities, social workers, parents, and health services can collaborate together to enhance open dialogue about sexual and reproductive health issues and to enhance communication in individuals of all ages. Lastly, future research will use quantitative research methods and include other populations in Addis Ababa.

In addition, the present analysis provides recommendations for potential pathways for future study. Talks in SRH issues with adolescents could shed light for additional studies. Adolescents might communicate differently from other teenagers and from their parents. By filling up knowledge gaps, my study contributes to the present body of knowledge. However, because this research is qualitative, additional work is needed to improve the data collected using a representative sample and provide insights that can be applied to other situations.

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APPENDXES

Annex A: የፍቃደኝነት ቅፅ

የጥናቱ ተሳታፊዎች የፍቃደኝነት ቅፅ

እኔ የጥናቱ ተሳታፊ የሆንኩኝ ተማሪ ይህ ጥናት የምኒልክ መሠናዶ ትምህርት ቤት ወጣት ተማሪዎች የአብራክ ክፋይ ካልሆኑ ወላጆቻቸው ጋር በስነወሲብና ስነተዋልዶ ጤና ጉዳዮችን በተመለከተ የሚያደርጉትን ውይይት ለመዳሰስ የተዘጋጀ መሆኑን አውቄያለሁ።የሚሰጠውም ግላዊ መረጃዬ በሚስጥራዊነት እንደሚጠበቅ እና ለዚህ ጥናት ዓላማ ብቻ እንደሚውል ተነግሮኛል። ጥናቱ ውስጥ ያለፍላጎት ተሳታፊ ሆኜ መቀጠል እንደለለብኝ እና መቀጠል ባልፈለኩ ጊዜ ማቆም እንደምችል ተረድቻለሁ።በአጠቃላይ ከላይ የተዘረዘሩትን መብቶቼን በማወቅ እና የእኔ በዚህ ጥናት ላይ መሳተፍ ጥቅም አለው ብዬ በማመን በሙሉ ፍቃደኝነት ለመሳተፍ ተስማምቻለሁ።

ፊርማ _____

ቀን _____

Annex B: Form of Consent

I, _____, thus offer my agreement to participate in this study that describes the viewpoints of parents and adolescents regarding the communication of sexual and reproductive health concerns. I will take part in focus groups or in-depth interviews to give the researcher the data he need to collect at the study. Before agreeing to take part in the study, my parents gave the researcher their informed consent, which I have read. After reading the consent and asking the researcher any questions, I give the researcher my verbal consent to participate in the study, or I sign below.

The signature: _____

Date: _____

Annex C: Interview Guide Questions for Parents

Background Information

A. pseudonym: _____ B. Sex: _____

C. Age: _____ D. Education Level: _____

E. Religion: _____ F. Occupation: _____

G. maritalstatus: _____, H. The number of children: _____.

I. Nationality: _____

Questions for Parents within the Interview Guide

I. Parent-Adolescent Communication Practice

1. Please tell me about your communication strategies with your adolescent child regarding sexual and reproductive health issues, particularly those about HIV/AIDS and STDs, puberty and the physical changes that accompany it, abstinence from early sexual activity, teenage pregnancy and abortion, avoiding premarital sexual activity, opposite-sex relationships (boy-friend of girl-friend), avoiding risky behavior, and resisting peer pressure.

Prove: Why do they exchange messages?

-Does your kid have any questions about the matter?

-Is the teenager encouraged to speak up during the discussions?

2. In particular, as a parent, could you please describe how you are open and transparent with your child about sexual and reproductive health concerns?

How willing are you to tell your child about your experiences?

3. What age was your adolescent child when you began talking to them about sexual and reproductive health concerns, particularly those about puberty-related physiological changes, bucking peer pressure, and abstaining from dangerous behaviors?

What made you decide to start then?

Do you believe that you are keeping your teenage child informed on issues related to their sexual and reproductive health on a timely basis?

4. When is the best time to discuss the matter with your child before the bad outcomes materialize, or after they have already noticed the undesirable outcome?

When was the best time to talk to your child about the matter during the day or at night?

5. Could you please let me know how often you talk to your child or children about the matter?

Is the conversation happening often or infrequently?

6. Would you kindly let me know in what setting you and your adolescent child discuss these matters?

Is the child present alone while the conversation takes place, or are other family members present?

Is there purposeful and planned communication?

7. Could you please clarify for me how the reproductive health information you give your child helps him or her become self-aware, capable of making educated decisions, and able to refrain from risky behavior related to sexual and reproductive health?

II. Parents' perspectives on sexual and reproductive health concerns and communication

1. Would you kindly explain to me, in particular as a non-biological parent, how you impart to your child your personal views or ideas around matters about sexual and reproductive health?

2. Would you kindly let me know what subjects you believe should be discussed with adolescents between the ages of 17 and 20 about their sexual and reproductive health? HIV/AIDS, STDs, puberty, and the physical and physiological changes linked to abstention from early sexual activity. Avoid engaging in dangerous behavior and giving in to peer pressure. Practice teenage pregnancy and refrain from engaging in premarital sexual activity. Opposite-sex relationships (boyfriend or girlfriend).Look at the reasons why these are more important than other topics.
3. Could you kindly explain to me the significance of parent-adolescent communication regarding topics related to sexual and reproductive health? (Childhood, physical transformations). HIV/AIDS and peer pressure. Dangerous behaviors, teen pregnancy...

In terms of reducing peer pressure and assisting children in differentiating between good and poor behaviors,

4. Could you kindly share your thoughts with me regarding the way you communicate with your adolescent child regarding issues relating to sexual and reproductive health?

Which ones do you believe are suitable to bring up in a conversation like this with adolescents?

In your opinion, who is in charge of guiding and supporting the child by giving them the information they need to make informed decisions on matters related to their sexual and reproductive health?

Who has the responsibility—the father, the mother, or both—and how?

5. Could you please tell me which person—a boy, a girl, or both—you like to talk to about these kinds of issues?

(Probe) Why do they say "boys or girls"?

III. Conditions that Facilitate Adolescent- Parent Communication on SRH Concerns

1. Which situations make it easier to talk to your kids about topics related to sexual and reproductive health?
   - How may your educational background assist you in giving your child the knowledge they need?
   - Do social and cultural factors contribute to the ease of conversation about topics about sexual and reproductive health? (Probe)

2. Please explain how your close bond with your child helps you talk about issues related to sexual and reproductive health. Make sure they are responsive, close, and connected.

IV. Conditions that hinder Adolescents' Communication with Parents on SRH Concerns

1. Could you kindly let me know what conditions prohibit you from discussing sexual and reproductive health topics with your child? (Adolescent pregnancy, early sexual debut, HIV/AIDS, STDs, abstinence from sex, avoiding risky behavior, avoiding drugs, nicotine, and alcohol, resisting peer pressure).

2. Could you kindly describe to me how your contact with your adolescent child is influenced by your religion or cultural practices?

3. What difficulties did you have in giving your child the knowledge they needed?

Embarrassment or fear

Differences in gender

4. Are there any further insights or opinions you would like to offer on non-biological parent-adolescent communication about sexual and reproductive health?

V. Please explain if you would like to contribute any more ideas or opinions to this.

_____

_____.

Annex D: Interview Guide Questions for Adolescents

Background Information

A. pseudonym: _____ B. Sex: _____

C. Age: _____ D. Education Level: _____

E. Religion: _____ F. Occupation: _____

G. marital status: _____, H.The number of children: _____.

I. Nationality: _____

Questions for Adolescents within the Interview Guide

I. Parent-Adolescent Communication Practice

1. Would you please explain to me how you talk to your parents about matters about sexual and reproductive health? HIV/AIDS and STDs.) The bodily changes associated with puberty include giving up on early sexual activity, contraception, and pregnancy; abstaining from premarital sex; dating a person of the opposite sex (boy or girl); avoiding risky behavior; and resisting peer pressure.

Probe (why they communicate).

- How open are you to discussing these concerns with your non-biological parent?

- What other information regarding the muddled discussion can you find?

Have you discussed any unclear matters with your parents who are not biological?

Were you encouraged to have an honest conversation with your non-biological parents?

2. Would you kindly tell me about the conversations you had with your parent about HIV/AIDS and STDs, puberty and the resulting biological and physical changes, abstinence from early sexual activity, teenage pregnancy and abortion, avoiding premarital sexual activity, having an

opposite-sex relationship (boyfriend or girlfriend), avoiding risky behavior, and confronting peer pressure?

-Are you free to talk to your parents, especially the non-biological parents, about anything?

-Could you kindly explain to me how communication helps during adolescence to deal with the changes? Avoiding the influence of others?

Do you believe that the information needed to deal with the changes that come with adolescence has been provided? (Adopting risk-averse behaviors, bucking peer pressure, and physiological changes)

3. Could you please let me know when your non-biological parents talk to you about this matter?

Risky behaviors and changes in the body are seen.

"-When is the best time for them to talk to you about the matter? (After school, in the morning, at night)

4. How often did your parents talk to you about the matter, please?

Is there a regular or sporadic discussion?

5. Could you kindly explain the setting in which your non-biological partners talk to you about these kinds of issues?

Have you ever observed the circumstances or environment that gave rise to these concerns?

-Is this strategic and planned communication?

6. Could you kindly let me know how you communicate with your parent regarding matters related to sexual and reproductive health? Inquire as to why they interact.

- Look for conversation styles that have authoritarian, threatening, or warning language.

- Open, one-way or two-way conversations.

7. The reproductive health information you've been given gives you the confidence to make informed decisions, safeguard yourself against difficulties with your reproductive system, and think you may guide clear of risky sex and reproductive health-related behaviors.

II. Adolescent Perspectives on SRH Communication Issues

1. What are your ideas about the communication you have with your parent about HIV-related matters? Teenage pregnancy and abortion, AIDS and STDs, puberty and the related physical changes, refraining from early sexual activity, avoiding premarital sexual activity, opposite-sex relationships (boyfriend or girlfriend), avoiding dangerous behavior, and defying peer pressure.

2. How old were you when the parent who started talking to you about these things?

- Why do you think they initiated this conversation at that age?

- Was the correspondence sent on time?

3. Could you please explain the significance of parents and adolescents having a conversation about issues related to their sexual and reproductive health?(Ageing, peer pressure, physiological changes, puberty, HIV/AIDS, teen pregnancy, hazardous behaviors)?

4. Could you please tell me which people helped you during your puberty?

5. How did you find the conversation with your parent to be encouraging or useful?

6. Do you believe that talking to adolescents about matters pertaining to their sexual and reproductive health is the guardian's responsibility?

III. **Conditions that Facilitate Parent Communication on SRH Concerns.**

1. Could you please let me know what conditions are necessary to facilitate a conversation about sexual and reproductive health issues with your parent?

IV. Conditions that Hinder Adolescent- Parent Communication on SRH Concerns.

1. Could you kindly let me know what conditions prevent you and your parents from discussing sexual and reproductive health issues?

2. Could you kindly inform me of any societal or cultural factors that hurt on your ability to communicate with your parent?

3. Is there anything else you would like to say about your experiences or opinions on teenage communication about sexual and reproductive health with non-biological parents?

V**. Please explain if you would like to share any further ideas or viewpoints in addition to this.**

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Annex E: Group Discussion Questions for Parents

I. Parent-Adolescent Communication Practice

1. Please tell me about your communication strategies with your adolescent child regarding sexual and reproductive health issues, particularly those pertaining to HIV/AIDS and STDs, puberty and the physical changes that accompany it, abstinence from early sexual activity, teenage pregnancy and abortion, avoiding premarital sexual activity, opposite-sex relationships (boyfriend or girlfriend), avoiding risky behavior, and resisting peer pressure.

(Probe): why do they exchange messages?

-Does your kid have any questions about the matter?

-Is the teenager encouraged to speak up during the discussions?

2. In particular, as a parent, could you please describe how you are open and transparent with your child about sexual and reproductive health concerns?

How willing are you to tell your child about your experiences?

3. What age was your adolescent child when you began talking to them about sexual and reproductive health concerns, particularly those about puberty-related physical changes, bucking peer pressure, and abstaining from dangerous behaviors?

What made you decide to start then?

Do you believe that you are keeping your teenage child informed on issues related to their sexual and reproductive health on a timely basis?

4. When is the best time to discuss the matter with your child (before the bad outcomes materialize or after they have already noticed the undesirable outcome)?

When was the best time to talk to your child about the matter—during the day or at night?

5. Could you please let me know how often you talk to your child or children about the matter?

Is the conversation happening often or infrequently?

6. Would you kindly let me know in what setting you and your adolescent child discuss these matters?

Is the child present alone while the conversation takes place, or are other family members present?

Is there purposeful and planned communication?

7. Could you please clarify for me how the reproductive health information you give your child helps him or her become self-aware, capable of making educated decisions, and able to refrain from risky behavior related to sexual and reproductive health?

II. Parents' perspectives on sexual and reproductive health concerns and communication

1. Would you kindly explain to me, in particular as a parent, how you impart to your child your personal views or ideas around matters about sexual and reproductive health?
2. Would you kindly let me know what subjects you believe should be discussed with adolescents between the ages of 17 to 20 about their sexual and reproductive health? HIV/AIDS, STDs, puberty, and the physical and physiological changes linked to abstention from early sexual activity. Avoid engaging in dangerous behavior and giving in to peer pressure. Practice teenage pregnancy and refrain from engaging in premarital sexual activity. Opposite-sex relationships (boyfriend or girlfriend).Look at the reasons why these are more important than other topics.
3. Could you kindly explain to me the significance of parent-adolescent communication regarding topics related to sexual and reproductive health? (Childhood, physical transformations). HIV/AIDS and peer pressure. Dangerous behaviours, teen pregnancy...

In terms of reducing peer pressure and assisting children in differentiating between good and poor behaviors,

4. Could you kindly share your thoughts with me regarding the way you communicate with your adolescent child regarding issues relating to sexual and reproductive health?

Which ones do you believe are suitable to bring up in a conversation like this with adolescents?

In your opinion, who is in charge of guiding and supporting the child by giving them the information they need to make informed decisions on matters related to their sexual and reproductive health?

Who has the responsibility the father, the mother, or both and how?

Could you please tell me which person a boy, a girl, or both you like to talk to about these kinds of issues?

(Probe) Why do they say "boys or girls"?

III. **Conditions that Facilitate Adolescent - Parent Communication on SRH Concerns**

1. Which situations make it easier to talk to your kids about topics related to sexual and reproductive health?

How may your educational background assist you in giving your child the knowledge they need?

Do social and cultural factors contribute to the ease of conversation about topics about sexual and reproductive health? (Probe)

2. Please explain how your close bond with your child helps you talk about issues related to sexual and reproductive health. Make sure they are responsive, close, and connected.

IV. **Conditions that hinder Adolescents' Communication with Parents on SRH Concerns**

1. Could you kindly let me know what conditions prohibit you from discussing sexual and reproductive health topics with your child?

2. Could you kindly describe to me how your contact with your adolescent child is influenced by your religion or cultural practices?

3. What difficulties did you have in giving your child the knowledge they needed?

Embarrassment or fear

Differences in gender

4. Are there any further insights or opinions you would like to offer on parent-adolescent communication about sexual and reproductive health?

V**. Please explain if you would like to contribute any more ideas or opinions to this.**

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Annex F: Group Discussion Questions for Adolescents

I. Parent-Adolescent Communication Practice

1. Would you please explain to me how you talk to your parents about matters about sexual and reproductive health? The bodily changes associated with puberty; giving up on early sexual activity, HIV/AIDS, contraception, and pregnancy; abstaining from premarital sex; dating a person of the opposite sex (boy or girl); avoiding risky behaviour; and resisting peer pressure.

Probe (why they communicate).

- How open are you to discussing these concerns with your non-biological parent?

- What other information regarding the muddled discussion can you find?

- Have you discussed any unclear matters with your parents who are not biological?

- Were you encouraged to have an honest conversation with your non-biological parents?

2. Would you kindly tell me about the conversations you had with your parent about HIV/AIDS and STDs, puberty and the resulting physical changes, abstinence from early sexual activity, teenage pregnancy and abortion, avoiding premarital sexual activity, having an opposite-sex relationship (boyfriend or girlfriend), avoiding risky behavior, and confronting peer pressure?

-Are you free to talk to your parents, especially the non-biological parents, about anything?

-Could you kindly explain to me how communication helps during adolescence to deal with the changes? Avoiding the influence of others?

- Do you believe that the information needed to deal with the changes that come with adolescence has been provided? (Adopting risk-averse behaviors, bucking peer pressure, and physiological changes)

3. Could you please let me know when your non-biological parents talk to you about this matter?

Risky behaviors and changes in the body are seen.

"-When is the best time for them to talk to you about the matter? (After school, in the morning, at night)

4. How often did your parents talk to you about the matter, please?

- Is there a regular or sporadic discussion?

5. Could you kindly explain the setting in which your partners talk to you about these kinds of issues?

- Have you ever observed the circumstances or environment that gave rise to these concerns?

-Is this strategic and planned communication?

6. Could you kindly let me know how you communicate with your non-biological parent regarding matters related to sexual and reproductive health? Inquire as to why they interact.

- Look for conversation styles that have authoritarian, threatening, or warning language.

- Open, one-way or two-way conversations.

7. The reproductive health information you've been given gives you the confidence to make informed decisions, safeguard yourself against difficulties with your reproductive system, and think you may guide clear of risky sex and reproductive health-related behaviors.

II. Adolescent Perspectives on SRH Communication Issues

1. What are your ideas about the communication you have with your parent about HIV-related matters? Teenage pregnancy and abortion, AIDS and STDs, puberty and the related physical changes, refraining from early sexual activity, avoiding premarital sexual activity, opposite-sex relationships (boyfriend or girlfriend), avoiding dangerous behavior, and defying peer pressure.

2. How old were you when the parent who started talking to you about these things?

- Why do you think they initiated this conversation at that age?

- Was the correspondence sent on time?

3. Could you please explain the significance of parents and adolescents having a conversation about issues related to their sexual and reproductive health?(Ageing, peer pressure, physiological changes, puberty, HIV/AIDS, teen pregnancy, hazardous behaviors)?

4. Could you please tell me which people helped you during your puberty?

5. How did you find the conversation with your parent to be encouraging or useful?

6. Do you believe that talking to adolescents about matters about their sexual and reproductive health is the guardian's responsibility?

III. Conditions that Facilitate Adolescent- Parent Communication on SRH Concerns.

1. Could you please let me know what conditions are necessary to facilitate a conversation about sexual and reproductive health issues with your non-biological parent?

IV. Conditions that Hinder Adolescent- Parent Communication on SRH Concerns.

1. Could you kindly let me know what conditions prevent you and your parents from discussing sexual and reproductive health issues?

2. Could you kindly inform me of any societal or cultural factors that hurt on your ability to communicate with your parent?

3. Is there anything else you would like to say about your experiences or opinions on teenage communication about sexual and reproductive health with non-biological parents?

V. Please explain if you would like to share any further ideas or viewpoints in addition to this.

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Annex G: አጠቃላይ የጥናቱ ዳራ

በዳግማዊ ምኒልክ መሰናዶ ትምህርት ቤት ተማሪዎች ከወላጆቻቸው ጋር በስነወሲብና ስነ

ተዋልዶ ጤና ጉዳዮችን በሚመለከት የሚያደርጉትን ውይይት ለማጥናት የተዘጋጀ።

ውድ የጥናቱ ተሳታፊዎች! ስሜ ታምራት ከተማ በየነ ይባላል። በአሁኑ ወቅት በአዲስ አበባ ዩኒቨርሲቲ የሶሻልወርክ ትምህርት ክፍል በሶሻልወርክ የሁለተኛ ዲግሪ ትምህርቴን እየተከታተልኩ እገኛለሁ።

በመሆኑም የሁለተኛ ዲግሪዬ ለመጨረስ ይረዳኝ ዘንድ በዳግማዊ ምኒልክ መሰናዶ ትምህርት ቤት ውስጥ ያሉ ወጣቶች ወላጆቻቸው ጋር በስነወሲብና ስነተዋልዶ ጤና ዙሪያ እንዲወያዩ የሚያደርጓቸው ምክንያቶች ፣ ቢወያዩ ምን ጥቅም እንደሚያገኙ ፤ ለውይይቱ አደናቃፊና ምቹ ሁኔታዎች ላይ ጥናት እያደረኩ እገኛለሁ።የጥናቱ ርዕስ በአዲስ አበባ ዩኒቨርስቲ ሶሻልወርክ ትምህርት ክፍል የፀደቀ ነዉ። ስለሆነም ከላይ የተዘረዘሩት የጥናቱ ዓላማዎች ይሳኩ ዘንድ በእናንተ በኩል በእውነታ ላይ የተመሠረተና ትክክለኛ የሆነ መረጃ እንድትሰጡኝ እየጠየኩ መጠይቁን የምትጠየቁት በግላችሁ ስለሆነ እና በመጠይቁ የምትመልሱት መልስ ግላዊ እና ትክክለኛ ስማችሁን ያላካተተ በመሆኑ በከፍተኛ ሚስጥራዊነት የሚጠበቅ ነው።ከዚህም በተጨማሪ በጥናቱ ላይ የምትሳተፉት በፍቃደኝነት ስለሆነ ማብራሪያ የመጠየቅና የመረዳት ፤መጠይቁን ስትመልሱ ዕረፍት የማድርግ ፤ ባስፈለጋችሁ ጊዜ ማቆም/ማቋረጥ መብታችሁ ነው።በዚህ ጥናት ላይ በመሳተፋችሁ በቀጥታ የምታገኙት ጥቅም ባይኖርም ከጥናቱ በሚገኘው ግኝት መንግስትና ሌሎች ባለድርሻ አካላት በትምህርት ቤት ውስጥ ያለ እናንተን መሰል ወጣት ተማሪዎች ከወላጆቻቸው ጋር በስነወሲብና ስነተዋልዶ ጤና ዙሪያ ውይይት ባለማድረግ የሚከሰቱ ችግሮችን ለመቅረፍ እጅግ ጠቃሚ ነው።

Annex H: ጥልቅየቃለመጠይቅመመሪያለወላጆች/ለአሳዳጊዎች

ዳራ መረጃ

ሀ. አማራጭ/የብዕር ስም፡_____ ለ. ጾታ፡ _____

ሐ. ዕድሜ፡ _____ መ. የትምህርት ደረጃ፡_____

ሠ. ሃይማኖት፡ _____ ረ. ሥራ፡ _____

ሸ. የጋብቻሁኔታ፡ _____ ቀ. የልጆች ብዛት፡ _____

በ. ዜግነት፡ _____

ለአሳዳጊዎች /ለወላጆች የቀረቡ ቃለ መጠይቆች

Annex: I. ስለ ስነ-ተዋልዶ ጤና የውይይት ተሞክሮ / ልምድ በተመለከተ

1.በጾታዊ እና ስነ-ተዋልዶ ጤና ጉዳዮች ላይ በተለይ ከኤች አይ ቪ/ኤድስ እና ከአባለ-ዘር በሽታ ጋር በተያያዙ ጉዳዮች፣የጉርምስና እና አካላዊለ ውጦች ፣ ልቅ ከሆነ የግብረ-ሥጋ ግንኙነት መራቅ ፣ በአሥራዎቹ ዕድሜ ውስጥ ስለሚገኝ እርግዝና እና ፅንስ ማስወረድ ፣ከጋብቻ በፊት የፆታ ግንኙነትን ማስወገድ ፣ ተቃራኒ ጾታ ግንኙነት (የወንድ ጓደኛ ወይም የሴት ጓደኛ) አደገኛ ባህሪን ማስወገድ እና የእኩዮችን ግፊት መቋቋም?

- ልጅዎን በጾታዊ እና ስነ-ተዋልዶ ጤናጉዳዮች ላይ ማንኛውንም ጥያቄ ይጠይቃል?

- በውይይቱ ወቅት በነፃነት እንዲናገር ያበረታቱት ነበር?

2. ስለወሲባዊ እና የስነ-ተዋልዶ ጤና ጉዳዮች ለመወያየት እንዴት ግልጽ እንደሆኑ ይግለጹ?

- ልምድዎን ለልጅዎ ለማካፈል ምን ያህል ነፃ እና ግልፅ ነዎት?

3.በጾታ እና በሥነ-ተዋልዶ ጤና ጉዳዮች ላይ በተለይም በጉርምስና ወቅት የሰውነት ለውጦች ጋር በተያያዙ ጉዳዮች ስወያዩ ዕድሜው /ዋ/ ስንት ነበር?

- ለምን በዚያ ዕድሜ ጀመሩ?

- ከልጃችሁ ጋር ስለወሲባዊ እና ስነ-ተዋልዶ ጤና ጉዳዮች ስትነጋገሩ ውይይቱን በጊዜ ነው የጀመርኩት ብለው ያስባሉ?

4. ስለወሲባዊ እና ስነ-ተዋልዶ ጤና ስወያዩ ያልተፈለገ/ያልተለመደ ድርጊት አይተው ነው ወይስ ከማየትዎ በፊት?

- ከልጅዎ ጋር ስለ ጉዳዩ መወያየት የመረጡት በየትኛው ሰዓት ላይ ነው (በቀን ወይም በሌሊት)?

5. እባክዎን! ከልጅዎ ጋር ስለጉዳዩ ለምን ያህል ጊዜ እንደተወያዩ ይግለፁ?

- የተወያዩት ተደጋጋሚ ጊዜ ነው ወይስ አልፎ አልፎ?

6. እባክዎን! በጉርምስና ዕድሜ ላይ ከሚገኙት ልጅዎ ጋር እንደዚህ ባሉ ጉዳዮች ላይ የተወያዩበትን አውድ ልትነግሩኝ ትችላላችሁ?

- ውይይቱ የሚከናወነው ሌሎች የቤተሰብ አባላት ባሉበት ነው ወይስ ለብቻ?

- ውይይቱን የሚያደርጉት አቅደው ነው?

ሀ/ ለእሱ/እሷ ምን ይመክራሉ/ሯታል ፤ ይነግራሉ/ሯታል?

7. እባክዎን! የሚያቀርቡት የስነ-ተዋልዶ ጤና መረጃ ልጁ እራሱን/ራሷን ከሥነ-ተዋልዶ ጤና ችግሮች እንዲጠብቅ / እንድትጠበቅ / እንዲያውቅ / እንድታውቅ / እንዲረዳ / እንዲትረዳና የራስ መተማመን በመፍጠር ውሳኔዎች፣ከወሲብ እና ከሥነ-ተዋልዶ ጤና ጋር የተያያዙ አደገኛ ባህሪያትን የማስወገድ ችሎታ ላለው/ አላት ብለው ያምናሉ/ ይተማመናሉ?

II. ወሲባዊ እና ስነ-ተዋልዶ ጤና ጉዳዮች ላይ የአሳዳጊዎች/የወላጆች እይታን በተመለከተ

1. እባክዎን! ከወስባዊ እና ከሥነ-ተዋልዶ ጤና ጋር በተያያዙ ጉዳዮች ላይ የግል እሴትዎን ወይም እምነትዎን እንዴት ለልጅዎ እንደሚያስተላልፉ ይንገሩኝ?

2. እባክዎን! ከ17-20 ዓመት እድሜ ክልል ውስጥ ካሉ ልጅዎ ጋር የግብረ-ሥጋግንኙነት እና የስነ-ተዋልዶ ጤናን በተመለከተ የትኞቹን ርዕሰ ጉዳዮች መታወቅ አለባቸው ብለው ያስባሉ? (ኤች አይ ቪ/ኤድስ እና የአባላ ዘር በሽታ፣የጉርምስና ዕድሜ እና ተያያዥነትያላቸው አካላዊ ለውጦች ፣ ከልጅነት ጊዜ የግብረ ሥጋ ልምምድ መራቅ፣በአሥራዎቹ ዕድሜ ላይ የሚገኝ እርግዝና እና ፅንስ ማስወረድ ፣ ከጋብቻ በፊት የግብረ

ሥጋ ግንኙነትን ማስወገድ ፣ ተቃራኒ ጾታ ግንኙነት (የወንድ ጓደኛ ወይም የሴት ጓደኛ) አደገኛ ባህሪን ማስወገድ እና የእኩዮችን ግፊት መቃወም)።እነዚህ ርዕሶች ለምን ከሌሎች ይልቅ አስፈላጊ እንደሆኑ ይግለጹ?

3. እባክዎን! በጉርምስና ዕድሜ ላይ ከሚገኙ ልጅዎ ጋር ስለወሲብ እና በስነ-ተዋልዶ ጤና ጉዳዮች ላይ የመግባባት አስፈላጊነትን ይግለጹ? (አካላዊ ለውጦች ፣ የጉርምስና ዕድሜ ፣ የእኩዮች ተጽእኖ ፣ኤች አይ ቪ/ ኤድስ የጉርምስና ዕድሜ እርግዝና ፣ አደገኛ ባህሪያት…?

- የእኩዮች ግፊት ለመጥፎ ሁኔታ ይዳርጋል በሚል ነው ወይስ ለምን

- ጥሩ እና መጥፎ ባህሪን እንዲለዩ ከመርዳት አንፃር

4. እባክዎን! ስለወሲባዊ እና ስነ-ተዋልዶ ጤና ነክ ጉዳዮች ልጅዎ ጋር ስለአደረጉት ውይይት ያለዎትን ግንዛቤ ይግለጹ?

- እንዲህ ዓይነቱን ውይይት ለመጀመር የትኛው ዕድሜት ክክል ነው ብለው ያስባሉ?

-በወሲባዊ እና በስነተዋልዶ ጤና ጉዳዮች ላይ አስፈላጊውን መረጃ በመስጠት ልጅዎን የመደገፍ እና የመምራት ሃላፊነት ያለው ማን ይመስልዎታል?

- አባት ወይም እናት ወይም ሁለቱም ወይስ ሌላ ለምን?

- እባክዎን እንደዚህ ባሉ ጉዳዮች ላይ ከወንድ ወይም ሴት ልጅ ወይም ከሁለቱም ጋር ለመወያየት ከማን ጋር መወያየት እንደሚመርጡ ይንገሩኝ?

- ከወንድ ወይም ከሴት ልጅዎ ለምን?

III. ወሲባዊ እናስነ-ተዋልዶጤናጉዳዮችንእንዲወያዩየሚያጊዙምቹሁኔታዎችንበተመለከት

1. በወሲባዊእናበስነ-ተዋልዶጤናጉዳዮችላይልጅዎጋርመወያየትንየሚያመቻቹሁኔታዎችምንምንናቸው?

- የትምህርትደረጃዎለልጅዎአስፈላጊውንመረጃለማቅረብእንዴትይረዳዎታል? እንዴትእንደሆነያብራሩ?

- በወሲባዊእናበሥነ-ተዋልዶጤናነክጉዳዮችላይውይይትንየሚያመቻችባህላዊእናማህበራዊተዛማጅሁኔታዎችአሉ? (እንዴትተጽዕኖእንደሚያሳድሩ)

- ለሚዲያመጋለጥ

2. እባክዎን!ልጅዎጋርያለዎትጠንካራግንኙነትበጾታዊእናስነ-ተዋልዶጤናነክጉዳዮችላይለመወያየትእንዴትእንደሚያመቻቹይንገሩኝ?

IV. ወሲባዊ እና ስነ-ተዋልዶ ጤና ውይይትን የሚያደናቅፉ ሁኔታዎችን በተመለከተ

1. እባክዎን! ልጅዎ ጋር በወሲባዊ ግንኙነት ላይ መግባባትን የሚከለክሉትን ሁኔታዎች ይንገሩኝ።

እና የስነ-ተዋልዶ ጤና ጉዳዮች? (በጉርምስና ወቅት የአካላዊ ለውጦች ፣ ኤች አይ ቪ/ኤድስ ፣ የአባላዘር በሽታ ፣ የግብረ-ሥጋ ግንኙነት አለመፈፀም ፣ አደገኛ ባህሪን ማስወገድ ፣ አደገኛ ዕፆችን ማስወገድ ፣ ትምባሆ እና አልኮልን ፣የእኩዮችን ግፊት መቋቋም ፣ በአሥራዎቹ ዕድሜ ውስጥ የሚገኝ እርግዝና ፣ የግብረ-ሥጋ ግንኙነት መጀመር)።

- እንደዚህ ባሉ ጉዳዮች ላይ ውይይትን የሚያደናቅፍ ባህላዊ እና ማህበራዊ ተዛማጅ ሁኔታ አለ?

- በጉርምስና ዕድሜ ላይ ከሚገኙ ወጣቶች ጋር ስለጉዳዩ ለመወያየት የባህል እገዳዎች

- አለመቀበልን መፍራት

2.እባክዎን! ሃይማኖትዎ ወይም ባሕላዊ ልማድዎ በጉርምስና ዕድሜ ላይ ከሚገኙት ልጅዎ ጋር በሚያደርጉት ግንኙነት ላይ ተጽእኖ የሚያሳድሩት እንዴት እንደሆነ አስረዱኝ?

3. ልጅዎ አስፈላጊውን መረጃ ለማቅረብ ያጋጠሞትን ፈተናዎች ምን ምን ናቸው?

- በጉዳዩ ላይ በቂ እውቀት ወይም ክህሎት ያለመኖር

- ፍርሃት ወይም ውርደት መስሎት

- የፆታ ልዩነት

4. በዚህ ዙሪያ ተጨማር ለመግለፅ የሚፈልጓቸው ሌሎች ሀሳቦች ካሉ ይግለፁ?

V. አጠቃላይ ርዕሱን በሚመለከት ማለት የሚፈልጉት አስተያዬት?

_____

_____.

Annex I: ጥልቅ የቃለ መጠይቅ መመሪያ ለታዳጊ ወጣቶች

ዳራ መረጃ

ሀ. አማራጭ/የብዕር ስም፡_____ ለ. ጸታ፡ _____

ሐ. ዕድሜ፡ _____ መ. የትምህርትደረጃ፡_____

ሠ. ሃይማኖት፡ _____ ረ. ሥራ፡ _____

ሸ. ዜግነት፡ _____

ለታዳጊ ወጣቶች የተዘጋጀ ቃለ መጠይቅ

I. ስነተዋልዶ ጤናን በተመለከተ

1. እባክህን/ሽን! ከአሳዳጊህ/ሽ ጋር ሥነ-ተዋልዶ ጤናን በሚመለከት ያደረከው/ሽው ውይይት ካለ ግለጽ/ጪ? የጤና ጉዳዮች? (ኤች አይ ቪ/ኤድስ እና የአባላዘር በሽታ ፣ የጉርምስና ዕድሜ እና ተያያዥነት ያላቸው አካላዊ ለውጦች ፣ሊቅ ከሆነ የግብረ-ሥጋ ልምምድ መራቅን ፣ በአሥራዎቹ ዕድሜ ውስጥ የሚገኝ እርግዝና እና ፅንስ ማስወረድ፣ከጋብቻ በፊት የሚደረግ የግብረ-ሥጋግንኙነትን ማስወገድ ፣ ተቃራኒ ጾታ ግንኙነት (የወንድ ጓደኛ ወይም የሴት ጓደኛ) አደገኛ ባህሪን ማስወገድ እና የአቻ ግፊትን … በሚመለከት)።

- እነዚህን ጉዳዮች ከአሳዳጊህ/ሽ ጋር ለመወያየት ነፃ እና ፈቃደኛ ነህ/ሽ?

- አሳዳጊህ/ሽ/ በወሲባዊና ስነ-ተዋልዶ ጤና በተመለከተ በግልጽ እንድትወያዩ ያበረታቱህ/ሽ/ ነበር?

- ግልጽ ባልሆኑ ጉዳዮች ላይ አሳዳጊህን/ሽን ትጠይቃለህ/ሽየ መወያየት ልምድ ካለህ/ሽ?

- ግልጽ ባልሆኑ ጉዳዮች ላይ እንዴት ማብራሪያ እንደሚታገኝ/ኚ ግለጽ/ጪ?

2. እባክህን/ሽን! ከአሳዳጊህ/ሽ ጋር ስለ ኤች አይቪ/ኤድስ እና የአባላዘር በሽታ ፣ስለጉርምስና እና ስለ አካላዊ ለውጦች ፣ሊቅ ከሆነ የግብረ-ሥጋ ግንኙነት መራቅ ፣ በአሥራዎቹ ዕድሜ ላይ ስለሚገኝ እርግዝና እና ፅንስ ማስወረድ ፣ከጋብቻ በፊት የፆታዊ ግንኙነትን ማስወገድ ፣ በተቃራኒ ጾታ ግንኙነት ላይ (የወንድ ጓደኛ ወይም የሴትጓደኛ) አደገኛ ባህሪን ማስወገድ እና የእኩዮችን ግፊት መቋቋም? …. የመወያየት ልምድህን/ሽን አካፍለኝ/ይኝ

- ከአሳዳጊህ/ሽ ጋር ለመወያየት ፈቃደኛና እና ሀሳብህን/ሽን ለመግለጽ ነፃ ነህ/ሽ?

- በጉርምስና ዕድሜ ላይ ያሉ ለውጦችን ለመቋቋም እና የእኩዮችህ/ሽን/ ተጽዕኖ ለመቋቋም የሚደረገው ውይይት እንዴት እንደሚጠቅሙ እባክህን/ሽን አስረዳኝ/ጅኝ?

- በጉርምስና ወቅት የሚከሰቱ ለውጦችን ለመቋቋም አስፈላጊ መረጃ ተሰቶኛል ብለህ/ሽ ታስባለህ/ሽ? (የአካላዊ ለውጦች ፤የአቻ ግፊትን መቋቋም ፤ አደገኛ ባህሪያትን ማስወገድ….በሚመለከት)

3. አሳዳጊህ/ሽ/ ስለ ጉዳዩ ካንተ/ቺ ጋር የተወያዩት መቼ ነው እባክህን/ሽን/ ብትገልጥ/ጪ?

- የአካላዊ ለውጦችን ሲመለከቱ ፣ አደገኛ ባህሪዎች…

- በየትኛው ሰዓት ላይ ስለጉዳዩ ካንተ/ቺ ጋር ለመወያየት የሚመርጡት? (ቀን፣ማታ….)

4. እባክህን/ሽን! አሳዳጊህ/ሽ ካንተ/ቺ ጋር ስለጉዳዩ ለምን ያህል ጊዜ እንደተነጋገሩ ንገረኝ/ሪኝ?

- ውይይት ያደረጉት በተደጋጋሚ ነው ወይስ አልፎ አልፎ?

5. እባክህን/ሽን አሳዳጊህ/ሽ ካንተ/ቺ ጋር ስለሚወያዩበት አውድ ልትነግረኝ/ሪኝ ትችላለህ/ያለሽ?

- እንዲህ ያሉ ጉዳዮችን እንዲያነሱ የሚያደርጋቸውን አውድ ወይም ሁኔታ አስተውለህ ታውቃለህ?

- ውይይቱ የታቀደ ነው ወይስ ቅፅበታዊ ?

6. እባክህን/ሽን! አሳዳጊህ/ሽ ስለወሲብ እና የስነ-ተዋልዶ ጤና ጉዳዮች ከእርስዎ ጋር የሚነጋገሩበት በምን አይነት መልኩ እንደሆነ ሊገልጹ ይችላሉ?

- የውይይቱ ማስጠንቀቂያ ፣ ማስፈራራት ፣ አምባገነናዊ መንገዶችን የተከተለ ነው ወይስ……..፣

- አንድ አቅጣጫ ሁለት አቅጣጫ ግልጽ ውይይት

II. በወሲባዊ እና በስነ-ተዋልዶ ጤና ላይ ያሉ እይታዎችን በተመለከተ

1. በተያያዙ ጉዳዮች ላይ ከአሳዳጊህ/ሽ ጋር ስለሚያደርጉት ውይይት ምን አስተያየት አለዎት ኤች አይ ቪ/ኤድስ እና የአባላዘር በሽታ ፣ የጉርምስና ዕድሜ እና ተያያዥነት ያላቸው አካላዊ ለውጦች ፣ ልቅ ከሆነ የግብረ-ሥጋ ልምምድ መራቅ ፣በአሥራዎቹ ዕድሜ ውስጥ የሚገኝ እርግዝና እና ፅንስ ማስወረድ ፣ ከጋብቻ በፊት የሚደረግ የግብረ-ሥጋ ግንኙነትን ማስወገድ ፣ ተቃራኒ ጾታ ግንኙነት (የወንድ ጓደኛ ወይም የሴት ጓደኛ) አደገኛ ባህሪያትን ማስወገድ እና የአቻ ግፊትን መቃወም?

2. እባክህን/ሽን! አሳዳጊህ/ሽ ካንተ/ቺ ጋር ስለነዚህ ጉዳዮች መወያየት ሲጀምሩ ዕድሜዎ ስንት ነበር?

- ለምን ይመስልሃል/ሻል በዚያ እድሜህ/ሽ እንዲህ አይነት ውይይት የጀመሩት?

- ውይይቱ ወቅቱን/ ትክክለኛውን ጊዜ የጠበቀ ነበር?

3. እባክህን/ሽን! ከአሳዳጊህ/ሽ ጋር ጾታዊ እና ስነ-ተዋልዶ ጤና ጉዳዮች ላይ የመግባባት አስፈላጊነትን ብትገልፅ/ጪ? (የአካላዊ ለውጦች ፤ ጉርምስና የአቻ ግፊት ፤ ኤች አይ ቪ /ኤድስ ፣ ያልተፈለገ እርግዝና ፣ አደገኛ ባህሪያት…ወ.ዘ.ተ ዙሪያ መወያየት ምን ያህል አስፈላጊ ነው?

4. እባክህን/ሽን! በጉርምስና ወቅት ስለስነ-ተዋልዶ ጤና ግንዛቤ በመስጠት ይረዳህ/ሽ የነበረ ማን እንደሆነ ግለፅ/ጭ?

- ከአሳዳጊህ ጋር ያደረከ ውውይይት ላንተ/ቺ ደጋፊ ወይም አጋዥ ነበር?

5. በጉርምስና ዕድሜህ ከአሳዳጊዎችህ/ሽ ጋር ስለወሲባዊ እ ናስነ-ተዋልዶ ጤና ነክ ጉዳዮች የማወያዬት ኃላፊነት ያለበት ይመስልሃል?

III. በወሲባዊ እና በስነ-ተዋልዶ ጤና ጉዳዮች ለውይይት ምቹ ሁኔታዎችን በተመለከተ

1. እባክህን/ሽን! ከአሳዳጊህ/ሽ ጋር በወሲባዊ እና በስነ-ተዋልዶ ጤና ጉዳዮች ላይ ለመወያየት ያለውን ምቹ ሁኔታ ግለፅ/ጪ?

- በአሳዳጊና እና በልጅ መካከል ያለው ግንኙት

- ከጾታዊ እና ከሥነ-ተዋልዶ ጤና ጋር የተያያዙ ጉዳዮች መከሰትን በሚመለከት

VI. በወሲባዊ እና በስነ-ተዋልዶ ጤና ጉዳዮች ውይይት የሚያደናቅፉ ሁኔታዎችን በተመለከተ

1. እባክህን/ሽን! አንተ/ቺ ከአሳዳጊህ/ሽ ጋር ስለግብረ-ሥጋ ግኑኝነትና እና ስለሥነ-ተዋልዶ ጤና ጉዳዮች እንዳትነጋገሩ እንቅፋት የሚሆኑ ሁኔታዎችን ይግለጹ?

- በጉዳዩ ላይ የአሳዳጊ ወይም የልጅ ትምህርት ወይም ግንዛቤ

- በጉዳዩ ላይ የግንዛቤ እጥረት ወይም ሌላ ካለ

2.እባክህን/ሽን! ከአሳዳጊህ ጋር እንዳይነጋገሩ አሉታዊ በሆነ መልኩ የሚነኩ ባህላዊ ወይም ማህበራዊ ተዛማጅ ተጽእኖዎችን ካሉ ይግለጹ?

3. ለመጨመር ወይም በዝርዝር መናገር የሚትፈልገው ሌሎች ጉዳዮች ካሉ ቢትገልጽ/ጪ?

VI. አጠቃላይርዕሱንበሚመለከትማለትየሚፈልጉትአስተያዬት?

_____
_____.

Annex J: የቡድን ውይይት መመሪያ ለአሳዳጊዎች/ወላጆች

ከአሳዳጊዎች ጋር የተደረገ የቡድን ውይይት

I. የወላጆች የውይይት ልምድ/ተሞክሮን በተመለከት

1. እባክዎን! የጉርምስና ዕድሜ ከደረሰ ልጅዎጋር በጾታዊ እና ስነ-ተዋልዶ ጤና ነክ ጉዳዮች ላይ ያለዎትን ውይይት ልምድ ይግለጹ?

2. በጉርምስና ወቅት አካላዊ ለውጥ ፣ ኤች አይቪ/ኤድስ ፣ የአባላዘር በሽታ ፣ ያለዕድሜ የግብረ-ሥጋ ግንኙነትን መከልከል ፣ አደገኛ ባህሪን ማስወገድ ፣ አደገኛ ዕፆችን ማስወገድ ፣ ትምባሆ እና አልኮልን ማስወገድ ፣ የአቻግፊትን መቋቋም ፣በአሥራዎቹ ዕድሜ ውስጥ ስለሚገኝ እርግዝና ፣ ቀደም ባሉት ጊዜያት በምን አይነት መልኩ እንደሚነጋገሩ ይግለጹ።

- የውይይቱ አይነት፡- ማስጠንቀቂያ ፣ ማስፈራራት ፣ አምባገነናዊ መንገዶች ፣

-አንድ አቅጣጫ ፣ ሁለት አቅጣጫ ፣ ክፍት ውይይቶች

- ውይይቱ በቀጥታ ነው ወይስ በተዘዋዋሪ የተላለፈው ወይስ ሌላ መልእክት ማስተላለፊያ መንገድ አለዎት?

3. እባክዎን! በጾታዊ እና ስነ-ተዋልዶ ጤና ጉዳዮች ላይ ካልሆኑት ልጅዎ ጋር ባደረጉት ውይይት ያለዎትን ልምድ ይግለጹ?

- በጉርምስና ዕድሜ ላይ ከሚገኙት ልጅዎ ጋር ስለወሲባዊ እና ሥነ-ተዋልዶ ጤና ጉዳዮች ያደረጋችሁት የሐሳብ ልውውጥ ወቅታዊ ነበር ብለው ያስባሉ?

-ልጅዎ ጋር መቼ ስለጉዳዩ መወያየት ጀመሩ? (በዚያን ጊዜ የእሱ/ሷ ዕድሜ ስንት ነበር?)

- ለምን በዚያ ዕድሜው ይይቱን ጀመሩ?

4. ልጅዎ ጋር ስለጉዳ ዩለመወያየት መነሻ የሆኖት ምንድን ነበር?

- (ያልተፈለገ ባህሪ ሲመለከቱ ወይም ያልተፈለገ ባህሪ ከመከሰቱ በፊት)

5. እባክዎን! ከልጅዎ ጋር ስለኤች አይ ቪ/ኤድስ እና የአባላዘር በሽታ ፣የጉርምስና ዕድሜ እና ተያያዥነት ያላቸው አካላዊ ለውጦች ፣ ከግብረ-ሥጋ ግንኙነት እንዲርቅ ፣ በአሥራዎቹ ዕድሜ ውስጥ ስለሚገኝ እርግዝና እና ፅንስ ማስወረድ ፣ከጋብቻ በፊት የፆታ ግንኙነትን ማስወገድ ፣ተቃራኒ ጉዳዮችን በተመለከተ ልጅዎ ጋር ምን ያህል ጊዜ እንደሚወያዩ ያካፍሉኝ።

- ውይይቱ (የወንድ ወይም የሴት ጓደኛ) ጋር አደገኛ ባህሪን ለማስወገድ እና የእኩዮችን ግፊት ለመቋቋም?

6. እባክዎን! በጉርምስና ዕድሜ ላይ ከሚገኙት ልጅዎ ጋር ስለጉዳዩ የምትወያዩበትን ዐውድ ቢገልጹ?

- ውይይቱን የሚያከናውኑት ሌሎች የቤተሰብ አባላት ፤ ጎረበት በተገኙበት በግል ወይስ ለሌሎች ሰዎች ባሉበት ቦታ ነው?

- ስለወሲባዊ እና የስነ-ተዋልዶ ጤና ጉዳዮች ልጆችን በቤተሰብ ውስጥ ውይይት የማስጀመር ወይም የማስተማር ሃላፊነት ያለው ማን ይመስልዎታል?

7.እባክዎን! ልጅዎ በጉርምስና ወቅት እንዴት እየደገፉ እንዳሉ ያካፍሉኝ ልጅዎ በጉርምስና ወቅት ለውጦችን እንዲቋቋም ለመርዳት ምን አደረጉ?

- ውይይቱ ልጅዎን በጉርምስና ወቅት የሚከሰቱ ለውጦችን እንዲቋቋም የረዳው እንዴት ነው?

(የአካላዊ እድገት ፣ የሰውነት ለውጥ ፣ የወር አበባ ፣ የእኩዮች ተጽእኖ

II. በወሲባዊ እና በስነ-ተዋልዶ ጤና ጉዳዮች ላይ የአሳዳጊዎች እይታን በተመለከተ

1. ከ17-20 ዓመት እድሜ ክልል ውስጥ ካሉ ልጅዎ ጋር በወሲብ እና በስነ-ተዋልዶ ጤና ጉዳዮች ላይ የመግባባት አስፈላጊነት ይግለጹ?

- የአቢራክዎ ካልሆኑት ልጅዎ በጉርምስና ወቅት መጥፎውን እና ጥሩ ባህሪዎችን እና ተፅእኖዎችን እንዲለይ ከመደገፍ እና ከማገዝ አንፃር?

2.እባክዎን! ከጾታዊ እና ከሥተዋልዶ ጤና ጋር በተያያዙ ጉዳዮች ላይ የእርስዎን አወንታዊ እሴቶች ለልጅዎ እንዴት ማስተላለፍ እንደቻሉ ቢገልጹ?

3.ከታዳጊ ወጣቶች ጋር በፆታዊ እና ስነተዋልዶ ጤና ነክ ጉዳዮች ላይ በተለይም ከኤች አይ ቪ/ኤድስ እና ከአባላዘር በሽታ ጋር በተያያዙ ጉዳዮች ፣ የጉርምስና እና ተያያዥ ስነ-ህይወታዊ እና አካላዊ ለውጦች ፣ መታቀብ ላይ ውይይት ለመጀመር የትኛው የእድሜ ክልል ጥሩ ነው ብለው ያስባሉ የምታስቡበትን እድሜ ያካፍሉኝ። ልቅ ከሆነ የግብረ-ሥጋ ልምምድ ፣በአሥራዎቹ ዕድሜ ውስጥ ከሚገኝ እርግዝና እና ፅንስ

ማስወረድ ፣ ከጋብቻ በፊት የፆታ ግንኙነትን ማስወገድ ፣ተቃራኒ ጾታ ግንኙነት (የወንድ ጓደኛ ወይም የሴት ጓደኛ) አደገኛ ባህሪን ማስወገድ እና የእኩዮችን ግፊት መቋቋም?

4. እባክዎን! ከ17-20 አመት ዕድሜ ክልል ውስጥ ካሉ ጎረምሶች ጋር የትኞቹን የፆታዊ እና የስነ-ተዋልዶ ጤና ጉዳዮች ማሳወቅ እንዳለባቸው ቢገልጹ? (ኤች አይ ቪ /ኤድስ እና የአባላዘር በሽታ ፣የጉርምስና ዕድሜ እና ተያያዥነት ያላቸው አካላዊ ለውጦች ፣ ከቀድሞ የግብረ-ሥጋ ልምምድ መራቅ ፣ በአሥራዎቹ ዕድሜ ውስጥ የሚገኝ እርግዝና እና ፅንስ ማስወረድ ፣ ከጋብቻ በፊት የፆታ ግንኙነትን ማስወገድ ፣ በተቃራኒ ጾታ ግንኙነት (የወንድ ጓደኛ) ወይም የሴት ጓደኛ) አደገኛ ባህሪን ማስወገድ እና የእኩዮችን ግፊት መቋቋም)

5. ከሥነ-ተዋልዶ ጤና ጋር በተያያዙ ጉዳዮች ላይ የልጅዎ እውነታዎችን ለመግለፅ ምን ያህል ፈቃደኛ ፣ ነፃ እና ግልፅ ኖት?

III. ለመወያየት ያለው ምቹ ሁኔታን በተመለከተ

1. እባክዎን! በጉርምስና ዕድሜ ላይ ከሚገኙት ልጅዎ ጋር ለመወያየት የሚረዱትን ጉዳዮች ቢገልጹ?

- ከልጅዎ ጋር ያለዎት ውይይት

- የውይይቱ አስፈላጊነትና ግንዛበ

IV. እንዳይወያዩ የሚያደርጉ አደናቃፊ ሁኔታዎችን በተመለከተ

1. እባክዎን! ልጅዎ ጋር ያለዎትን ውይይት የሚያደናቅፉ ሁኔታዎችን ብገልጹ?

- እባክዎን ውይይትዎን የሚከለክሉ ባህላዊ ይዘት ያላቸው ሁኔታዎችን ቢገልጹ?

- የወላጆችና የልጆችን ውይይትየሚያደናቅፉ ማኅበራዊ ወይም ሃይማኖታዊ ተዛማጅ ሁኔታዎች አሉ? ካሉ ቢጠቅሱ

V. አጠቃላይ ርዕሱን በሚመለከት ማለት የሚፈልጉት አስተያዬት?

_____

_____.

Annex K: የቡድን ውይይት መመሪያ ለታዳጊ ወጣቶች

I. በጉርምስና ዕድሜ ላይ የሚገኙ ወጣቶች ከአሳዳጊ/ወላጆች ጋር ያሳለፉት የውይይት ልምድ/ተሞክሮን በተመለከት

1. እባክዎን! ከወላጆችዎ ጋር ከወሲብ እና ከሥነ-ተዋልዶ ጤና ጋር በተያያዙ ጉዳዮች ላይ ያለዎትን ግንኙነት ይግለጹ? (ኤች አይ ቪ/ኤድስ እና የአባላዘር በሽታ ፣ የጉርምስና ዕድሜ እና ተያያዥነት ያላቸው አካላዊ ለውጦች ፣ ልቅ ከሆኑ የግብረ-ሥጋ ልምምድ መራቅ ፣ በአሥራዎቹ ዕድሜ ውስጥ የሚገኝ እርግዝና እና ፅንስ ማስወረድ ፣ከጋብቻ በፊት የሚደረግ የግብረ-ሥጋ ግንኙነትን ማስወገድ ፣ ተቃራኒ ጾታ ግንኙነት (የወንድ ጓደኛ ወይም የሴት ጓደኛ) አደገኛ ባህሪን ማስወገድ እና የአቻግፊትን መቃወም)።

- ከአሳዳጊዎ/ ወላጅዎ ጋር ለምን ያህል ጊዜ ይወያያሉ?

- ውይይቱ በትክክለኛ የዕድሜ ጊዜ ተጀመረ ብለው ያምናሉ?

- ከጉርምስና ጋር በተያያዙ አካላዊ ለውጦች ለመወያየት ከማን ጋር መወያየት ያስፈልጋል ቢለው ያምናሉ?

- ከጉርምስና ጋር በተያያዘ ስላለዎት ልምድ ፣ ስለአካላዊ ለውጦች ፣ ስለእኩዮች ግፊት ከአሳዳጊዎ/ወላጅዎ ጋር ይነጋገራሉ?

2. ውይይቱ እንዲካሄድ የምትፈልገው በምን አውድ ነው? (በግል ወይም በይፋ ሌሎች የቤተሰብ አባላት ባሉበት)

3. በጉርምስና ወቅት የሚደረጉ ለውጦችን ለመቋቋም ውይይቱ እንዴት ጠቃሚ እንደነበረ ቢትገልጹ?

II. የታዳጊ ወጣቶች እይታ

1.ወላጅዎ ጋር ስላሎት ግንኙነት ያለዎትን አመለካከት ያካፍሉኝ። ኤች አይቪ/ኤድስ እና የአባላዘር በሽታ ፣ የጉርምስና ዕድሜ እና ተያያዥነት ያላቸው አካላዊለ ውጦች ፣ ልቅ ከሆ ነየግብረ-ሥጋ ልምምድ መራቅ ፣ በአሥራዎቹ ዕድሜ ውስጥ የሚገኝ እርግዝና እና ፅንስ ማስወረድ ፣ ከጋብቻ በፊት የሚደረግ የግብረ-ሥጋ ግንኙነትን ማስወገድ ፣ ተቃራኒ ጾታ ግንኙነት (የወንድ ጓደኛ ወይም የሴት ጓደኛ) አደገኛ ባህሪያትን ማስወገድ እና የአቻግፊትን መቃወም?

2. በወሲባዊ እና በስነ-ተዋልዶ ጤና ጉዳዮች ላይ ከአሳዳጊዎ/ወላጅዎ ጋር ያለው የመግባባት አስፈላጊነት ምን ይመስላችኋል?

- ከአሳዳጊዎ/ከወላጅዎ ጋር መወያየትህ የረዳህ በምን መንገድ ነው?

- በጉርምስና ወቅት የሚከሰቱትን ለውጦች ለመቋቋም የውይይቱን ጠቀሜታ ቢትገልጹ?

3.በቤተሰብ ውስጥ እንደዚህ ያሉ ጉዳዮችን በጉርምስና ዕድሜ ላይ ከሚገኙ ወጣቶች ጋር የማወያየት ኃላፊነት ያለበት ማን ይመስላችኋል?

- የአባት ኃላፊነት ነው? ለምን

- የእናት ሃላፊነት ነው? ለምን

- ወይስ ሁለቱም? ለምን

4. እባክዎን ስለወሲባዊ እና ስነተዋልዶ ጤና ጉዳዮች ከማን ጋር መነጋገር እንደሚፈልጉ ይግለጹ?

- አባትህ ፣ እናትህ ወይስ ሁለቱም? ለምን

- ከማን ጋር ለመወያት ፈላጎት አላችሁ

III.ለውይይቱን የሚረዱ ምቹ ሁኔታዎችን በተመለከተ

1. ከአሳዳጊዎ/ወላጅዎ ጋር የጾታ እና የስነ-ተዋልዶ ጤና ውይይት እንዲደረግ ሚቹ ሁኔታዎች ምንድን ናቸው?

- ከአሳዳጊ ወላጅዎ የትምህርት ደረጃ

- ከአሳዳጊ ወላጅዎ ያላቸው ግንዛቤ

- ከአሳዳጊ ወላጅዎ ጋር ያለዎት ግንኙነት

- ለሚዲያ መረጃ መጋለጥ

IV. ከአሳዳጊ ወላጅዎ ጋር እንዳይወያዩ የሚያደናቅፍ ሁኔታዎችን በተመለከተ

1. ከአሳዳጊዎ/ወላጅዎ ጋር በጾታዊ እና በሥነ-ተዋልዶ ጤና ነክ ጉዳዮች ላይ መግባባትን የሚከለክሉት ሁኔታዎች ምንድን ናቸው?

 - አለመስማማትን መፍራት

- ዕፍረት

- የዕውቀት ማነስ

2. እባክዎን ከወላጆችዎ ጋር እንዳትገናኝ የሚከለክሉዎትን ሁኔታዎች ቢገልጹ?

- ፍርሃት

- ዕፍረት

V. አጠቃላይ ርዕሱን በሚመለከት ማለት የሚፈልጉት አስተያዬት?

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Annex L: Profile of Study Participants

A matrix Table 1: Parents in-depth Interview

Code	Sex	Age	Religion	Number of children	Status of Education	Work Title	Relationship Status	Nationality
IIM-1	M	47	Orthodox	5	Primary	Private	Married	Ethiopian
IIM-2	M	55	Orthodox	7	Primary	private	Married	Ethiopian
IIM-3	M	48	Orthodox	4	High school Completed	private	Married	Ethiopian
IIM-4	M	48	Muslim	4	Literacy	Private	Married	Ethiopian
IIM-5	M	50	Protestant	6	Literacy	Private	Married	Ethiopian
IIF-1	F	50	Orthodox	6	Primary	Private	Widowe d	Ethiopian
IIF-2	F	48	Orthodox	3	Diploma	Government	Married	Ethiopian
IIF-3	F	52	Orthodox	3	Primary	Private	Married	Ethiopian
IIF-4	F	58	Orthodox	4	Primary	Private	Divorce	Ethiopian
IIF-5	F	54	Protestant	4	Primary	Private	Married	Ethiopian

IIMP= In-depth Interview with Male Parent; IIFP= In-depth Interview with Female Parent.

A matrix Table 2: Adolescent's in-depth interviews

Code	Sex	Age	Religion	Status of Education	Nationality
IIB-1	**M**	20	Orthodox	12	Ethiopian
IIB-2	**M**	17	Protestant,	11	Ethiopian
IIB-3	**M**	19	Orthodox	12	Ethiopian
IIB-4	**M**	18	Orthodox	11	Ethiopian
IIB-5	**M**	20	Muslim	12	Ethiopian
IIG-1	**F**	19	Orthodox	12	Ethiopian
IIG-2	**F**	20	Orthodox	12	Ethiopian
IIG-3	**F**	19	Orthodox	12	Ethiopian
IIG-4	**F**	17	Orthodox	11	Ethiopian
IIG-5	**F**	20	Protestant,	12	Ethiopian

IIB= In-depth Interview with Boys; IIG= In-depth Interview with Girls.

A matrix Table 4: Male FGD Participants

Code	Sex	Age	Religion	Number of children	Education status	Work title	Marital status	Nationality
IIM-1	M	47	Orthodox	5	Primary	Private	Married	Ethiopian
IIM-2	M	55	Orthodox	7	Primary	Private	Married	Ethiopan
IIM-3	M	48	Orthodox	4	High school Completed	Private	Married	Ethiopian
IIM-4	M	48	Muslim	4	Literacy	Private	Married	Ethiopian
IIF-5	M	50	Protestant	6	Literacy	Private	Married	Ethiopian

FGDMP= Male FGD Participants

A matrix Table 5: Female FGD Participants

Code	Sex	Age	Religion	Number of children	Education status	Work title	Marital status	Nationality
IIF-1	F	50	Orthodox	6	Primary	Private	Widowed	Ethiopian
IIF-2	F	48	Orthodox	3	Diploma	Government	Married	Ethiopan

IIF-3	F	52	Orthodox	3	Primary	Private	Married	Ethiopian
IIF-4	F	58	Orthodox	4	Primary	Private	Divorce	Ethiopian
IIF-5	F	54	Protestant	4	Primary	Private	Married	Ethiopan

FGDFP= Female FGD Participants

A matrix Table 6: Boy FGD Participants

Code	Sex	Age	Religion	Status of Education	Nationality
IIB-1	**M**	20	Orthodox	12	Ethiopian
IIB-2	**M**	17	Protestant,	11	Ethiopan
IIB-3	**M**	19	Orthodox	12	Ethiopian
IIB-4	**M**	18	Orthodox	11	Ethiopian
IIB-5	**M**	20	Muslim	12	Ethiopian

FGB=Focus Group Discussion with Boy

A matrix Table 7: Girl FGD Participants

Code	Sex	Age	Religion	Status of Education	Nationality
IIG-1	**F**	19	Orthodox	12	Ethiopian

IIG-2	**F**	20	Orthodox	12	Ethiopian
IIG-3	**F**	19	Orthodox	12	Ethiopian
IIG-4	**F**	17	Orthodox	11	Ethiopian
IIG-5	**F**	20	Protestant,	12	Ethiopian

FGG=Focus Group Discussion with Boy

Annex M: Table of categories and codes

Table 1: Study participants' perspectives on communicating SRH issues

Category:	Codes:
1.views of non-biological parents communicatingon SRH issues	-addressing the issues -develop health attitude -initiating open conversation -clearify misconceptions -provide guidance -feel confortable -asking open-ended questions -answering open ended questions
2.views of adolescents communicating on SRH issues	-appriciate the opportunity -discuss their physical changes (puberty) in an open manner. -develop interpersonal dynamics -Mutual understanding and knowledge sharing is promoted - asking open-ended questions -answering open ended questions
2. Appropriate age to start communication on sexuality	-before puberty -at puberty

	-after puberty
3. Topics to be discussed	-protective (aspect) of sexuality: (abstaining from sex, avoiding risky behavior, avoiding drugs, avoiding alcohol and tobacco use, wearing respectful clothing, staying away from bad influence, resisting peer pressure, learning about condom use and contraception; building life skills -associated risk (aspect) of sexuality: (STIs, HIV and teenage pregnancy)
4. Preferred person to talk about sex	-non-biological parents -school teachers -healthcare professionals -friends or classmates
5. Conditions that prevents parent-adolescent communications on SRH	-ack of time to talk -culture -lack of clarity in Poetic speech, proverbs, etc.
6.Experience of discussing	-open and free
7.preferences for the timing and frequency of parent-adolescent communications	-weekends -events -sometimes -rarely
8. Forms of discussion	-two -way discussion -private and -participatory group discussion
9.conditions that facilitate SRH communication	- healthy relationship based on mutual respect and trust -life transition -symptoms or health concerns -awareness and education

	-accessible health care services -supportive social network such as friends, family,teachers and health professionals -media such as TV and radio programs -technology like cell phone -supportive or non-judgmental environment that accepts any questions or concerns age-appropriate information -active listening -timing and privacy
10.Conditions that prevents communications on SRH	-lack of time to talk -culture -lack of clarity in Poetic speech, proverbs, etc.