COMMUNICATION OF SCHOOL YOUTH WITH THEIR PARENTS ON SEXUAL AND REPRODUCTIVE HEALTH ISSUES AND INFLUENCING FACTORS IN BAHIR DAR SPECIAL ZONE, AMHARA REGION

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A RESEARCH PAPER SUBMITTED TO JIMMA UNIVERSITY COLLEGE OF PUBLIC HEALTH AND MEDICAL SCIENCES, DEPARTMENT OF POPULATION & FAMILY HEALTH, IN PARTIAL FULLFILMENT FOR THE REQUIREMENTS FOR DEGREE OF MASTERS OF PUBLIC HEALTH

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Abstract

Introduction_ Sexuality and reproductive health is an area that generates misconceptions, confusion, fear and unwarranted caution to say the least. Most people agree that parents should talk to their children about human reproduction and should discuss both biological facts of life and moral standards for sexual behavior. Yet in practice parent-child communication on sexual matters is often minimal or non-existent. Thus children are left to grow on their own without much parental guidance.

Objectives_ to assess the communication status of school youth and their parents on sexual and reproductive health issues and influencing factors in Bahir dar special zone, Amhara Region, from march 12 to march 28.

Methodology_ a cross sectional institution based descriptive study design utilizing both quantitative and qualitative approaches was conducted in Bahir dar special zone secondary schools.

Result_ Preferred sources of SRH information were media (71.9%) followed by school (68.8%). As to sex of preference, 455 (58.9%) preferred to discuss with same sex. Religious leaders & fathers were the least preferred one for discussion (20.5%, 23.1% respectively). The most frequently mentioned main source of information for SRH issues were school 661(86.4%). Female students were 1.75(95% CI=1.25_2.44) times more likely to get SRH information from their home than males. There is a difference in preferred & actual source of informations especially in Home, Religious institutions & Health facilities. From a total of 773 students, 467(60.4%) of students had communicated in atleast two of SRH communication variables. Out of those who communicated on SRH issues, only four (0.9%) students communicated on all of the seven communication variables. One hundred eighty three (23.7%) of the respondents reported that they had discussed on Contraception with parents.

Conclusion_ There is a gap in the preferred & actual source of information, especially in that of Home, Religious institutions & Health facilities. More than 60% (60.4%) of students had communicated with parents on SRH issues. But majority of the young people (>75%) had communicated in less than half of the seven communication variables

Recommendation_ having continued programme that sensitize parents & students for open discussion & Different programmes should be developed to help parents to have adequate knowledge on SRH issues, to develop communication skill etc.

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Acronyms

SRH	Sexual and Reproductive Health
RH	Reproductive Health
ASRHE	Adolescent Sexual & Reproductive Health Education
UNICEF	United Nations Children's Fund
WHO	World Health Organization
UNFPA	United Nations Populations Fund
STI	Sexually Transmitted Diseases
HIV	Human Immuno Virus
AIDS	Acquired Immuno Deficiency Syndrome
FGDs	Focus Group Discussions
ICPD	International Conference on Population & Development
PPS	Population proportion to size allocation
EOC	Ethiopian orthodox church

Chapter one Introduction

1.1 Background

The lives of youth today present a wide range of educational, employment, health and family experiences that depart in major ways from those of youth one or two generations ago. These experiences can be attributed to the effects of globalization, technological advances, and wide spread economic development. More than one in four persons in the world is youth and are concentrated in developing countries (1). According to 2007 Ethiopian national census youth comprise of 20.6 percent of the total population (2). Sexuality and Reproductive Health Education (SRHE) is an area that generates misconceptions, confusion, fear and unwarranted caution to say the least. These can be ascribed by many factors; policy makers, community members, parents and teachers are reluctant to confront issues of Sexual and Reproductive Health (SRH). Teen-agers often get their information from their peers who may be ignorant of the topic, or the mass media which may provide sensational and inaccurate information. Many programmes, curriculums and textbooks continue to limit their focus on biological, demographic, population and development issues. Sometimes, in spite of a well-designed curriculum, an ill-prepared or uncomfortable teacher can render a program ineffective. Also teaching methods used are often not suited to the sensitive nature of SRH issues (3). Sexuality, communication about sexual matters, now more than any other times in the history the issue becomes important for virtually every one. This is because adolescents are affected with the burden of unwanted pregnancy and its complication, Acquired Immuno Deficiency Syndrome (AIDS), Sexually Transmitted Infections (STIs), and other sexual and reproductive ill-health (3, 20).

Programs that address young people's SRH needs had varied success. In 1997, a study group on programming for adolescent health jointly convened by WHO, UNFPA, and UNICEF issued a technical report programming for adolescent health and development that proposed a framework with five major interventions;

- creating a safe and supportive environment,
- providing accurate information,
- building skills,

- Providing counseling and
- Improving health services.

The framework cites “home” as the first intervention setting and “family” as key players for intervention delivery. The importance of the family environment was clearly affirmed as central to healthy adolescent development and to the prevention and treatment of health problems. The report notes that Parents’ roles can be organized into five dimensions, each of which has specific influences on adolescent health outcomes:

1. Connection – *love*
2. Behaviour control –*_limit*
3. Respect for individuality – *respect*
4. Modeling of appropriate behaviour – *model*
5. Provision and protection – *provide*

These parenting roles, build earlier in childhood are played out in daily interactions with adolescents (4). Positive communication between parents and children helps young people to establish individual values and make sexually healthy decisions (5). Parent-adolescent communication regarding sexuality often is viewed as desirable and perceived by many to be effective means of encouraging adolescents to adopt responsible sexual behaviors (6).

1.2 Statement of the problem

Too often the widening world exposes youth to serious risks before they have adequate information, skills and experience to avoid or counteract them. Their level of maturity and social status do not match for some challenges, unless they are provided with support, information and access to resources. Without help, the consequences of health risk behaviors in adolescence can be life threatening and life-long. The transition to healthy adulthood is dependent on the social environment in which youth live, learn and earn. Parents and families are a crucial part of the social environment. Projects are springing up to engage parents’ efforts to prevent adolescent health risk behaviors and promote healthy development. However, planners of such projects faced with critical questions. What contributions do parents make to adolescent health and development? What kinds of parent-focused interventions are effective in improving adolescent health outcomes? (4). The transition to adulthood is laden with risks and challenges. Youth come face-to-face with numerous health

risks along the path to adulthood, many of which will affect the length and quality of their lives (1). Most people agree that parents should talk to their children about human reproduction and should discuss both biological facts of life and moral standards for sexual behavior. Yet in practice parent-child communication on sexual matters is often minimal or non-existent. Thus children are left to grow on their own without much parental guidance (7). Many parents don't discuss with their children until they discover their teens has already made difficult sexually related decisions. The child was not encouraged to discuss sexually related issues from an early age. Then the teen may not be comfortable to Communicate with the subject matter after they already engaged in sexual activity. As a result the teen might lie or tell the parents what they want to hear in order to avoid an awkward situation. The parents may also feel uncomfortable in discussing sexual matters and will have difficulty in initiating such a conversation (3). A study done in Thailand showed that students who are concerned about their parents' reactions thought that their parents did not accept their pregnancies & tended to solve their problems by themselves. 73.3% of those who faced unwanted pregnancy sought an illegal abortion which does not require parental consent. Youth who did not have open communication with their families were more likely to engage in high-risk behaviors, such as using over-the-counter abortive methods or illegal services, than those who had open communication with their families (8).In Bangladesh, menstruation is associated with sexuality, fertility and "pollution". It is considered a shameful subject that girls rarely discuss, even with their mothers. Boys tended to be too embarrassed to discuss sensitive subjects with their mothers and a majority of girls discussed only on some topics with their mothers (12).

Family, community, schools, media etc are the major institutions from which youth assimilate cultural values. In Ethiopia at present, youth are not getting the required services as desired from these institutions. Limited reproductive health services & information and education dissemination services are being rendered through governmental and nongovernmental organizations. Moreover, the services do not specifically focus on youth (10).A study conducted in Ambo showed that Pre marital sexual intercourse was associated with discussion of sex related issues with their fathers. Those who discuss sex related issues with their father less practiced pre marital sexual intercourse than those who were not (11). A southern Ethiopia study showed Parents hold a strong taboo against talking about sexual matters with their children (12).Another study in Benishangul Gumuz region, Bullen woreda secondary

school revealed even though 87.9% students reported that it is important to discuss SRH issues with parents ,only 28.9% of the school youth discussed with either of their parents on SRH issues (13).

Chapter two Literature Review

2.1 Literature Review

In a study done in Bullen majority of the students 381(92.5%) accepted the importance of education on issues related to SRH to adolescents while the remaining 31(7.5%) had negative attitude towards its importance. Also 362 (87.9%) respondents reported that it is important to discuss SRH issues with parents (13).

Preferred & actual sources of SRH information for youth

Preferred sources of SRH issues

In a study done in Ghana when adolescents were asked about the person they prefer to be responsible in passing information about sexual matters to them, highest proportion ranked parents to be the most preferred source of such information (7). A study conducted in Nekemtie showed that youth prefer to get information on RH, 282 (43.8%) from School teachers, 204 (60.1%) Health professionals, 149 (31.6%) Mass media, 138 (29.3%) Books, 124 (26.3%) Peers, 111 (18.3%) Religious leaders & 86 (23.6%) Parents (14). In another study in Bullen, the preference of the respondents as to where the SRH information given majority of the participants mentioned school 315 (83.1%), followed by mass-media 188(49.6%), home 147(38.8%), Church 141(37.2%), and others 12(3.2%). Regarding the preference group for discussion about SRH issues majority 314(76.4%) of the participants choose their friends followed by 111(27%) brothers, 99(24.1%) teachers, 98(23.8%) mothers, 85(20.7%) fathers, 84(20.4%) sisters and 8(1.9%) with others (13).

As to the sex preferences in discussing SRH health issues, in a study done in China 63% of youth preferred to discuss with same sex (15). A study on secondary school youth girls in Zambia showed 30% felt it is easy to discuss sexual matters with their mothers and 77% felt it is difficult to discuss sexual matters with their fathers (13, 27). Also in Bullen's study both males and females were more comfortable to discuss SRH issues with same sex and siblings (13).

Actual sources of SRH issues

It is a taboo in many African societies to discuss sex-related issues between parents and their unmarried children. A study done in Zimbabwe showed friends, boyfriends, girlfriends, and spouses are the most common sources of information about family planning and Reproductive Health (RH). Few young people discuss SRH topics with their parents and less than one-third have learned about family planning and RH at school (16).In a study done in Nigeria, the source of information for majority of the respondents (81.6%) were mass media (17). Another study done in southern Ethiopia showed, Parents still hold a strong taboo against talking about sexual matters with their children. Parents and religious leaders were the least important sources of information. Almost all discussants said that the media - TV, newspapers, magazines, books and especially radio were their chief sources of information about RH and sexuality. Next were friends, School Anti-AIDS clubs and teachers (12). A study done in Nekemtie showed that main sources of information were 235(66.2%) School teachers, 141(39.9%) Health professionals, 113(31.8%) Mass media, 88 (24.2%) Books, 64 (18.0%) Peers, 43(12.1%) Religious leaders,37(10.4%) parents (14). In another study in Bullen most frequently mentioned source of information for SRH were school 335(83.3%) followed by friend 111(27.6%), home 16.2%, church 16.9%, other 5.2% (13). A study done in USA showed adolescents reports of which parent they had talked with, significantly higher proportions of adolescents reported that they had talked about each sexual topic with their mother than with their father ($\chi 2(1)<21.54$, $p<0.01$). But fathers were more likely to talk to their adolescent sons about sex, while mothers were more likely to do so with their daughters (18). In another study in Ghana the proportion of males discussing sex-related matters with their parents is half that of females (7). In Bullen's study males discussed less frequently with their sister than females (OR= 0.4, 95% CI =0.2-0.6). However, males were more frequently discussing with their fathers and brothers than females (OR= 3.8, 95% CI =1.9-8.2; OR= 5.8, 95% CI=2.9-12.5 respectively) (13)

Communication status of youth on SRH issues with parents

In a study done in Bullen secondary school 119 (28.9%) of the students discussed with either of their parents in at least two topics of SRH. And sixty three (15.3%) of the students discussed with either of their parents in at least three topics of SRH (13). In Nekemtie's study 217(30.0%) of adolescents have ever discussed about sexual matters with their parents while the rest did not (14).

1. Puberty

Study conducted in Atlanta Georgia indicates that the content of parent adolescents conversation seemed to focus more on the negative outcomes of sexuality and low on what adolescents should know to more completely understand how they are growing and developing (19). A study in Ghana showed, there was no significant difference in the degree of parental and other relatives involvement in teaching adolescents about the importance of menstrual period. Despite the perceived reduction in the traditional role played by parents as a result of modernization, the study revealed that parents of students were still fulfilling their obligations of teaching their children important aspects of child development: knowledge about sexuality, intercourse and reproduction (7). In a study done in Bullen woreda 309(75%) of students communicated on puberty with any person & from those who discussed on the issue, 36(11.7%) discussed with mother & 40(12.9%) with father. Those who didn't discussed with their parents their reasons were parents lack of knowledge 38(43.7), shameful to discuss 37(42.5) & culturally unacceptable 19(21.8) respectively (13). In addition, a study in Ziway showed the impact of shamefulness & parents limited knowledge on adolescence that made adolescents not to discuss with their parents (20, 15). A study done in Kenya showed that from those who discussed on the issue boys & girls usually communicate with their mothers about adolescent problems than their father (21).

2. Avoiding premarital sex

More and more Young people are having sex before marriage, there by exposing them to the risks of STIs, HIV/AIDS and unplanned pregnancy (1).One of the study conducted in south Ethiopia, indicate that, Mean age of starting sex for study subjects was 17± 2 years (21, 20). A study in United Kingdom revealed that discussion between early adolescents and their

mothers about sexual issues is related to reduced likelihood of initiating sexual intercourse (22). Another study conducted in Ambo showed that Pre marital sexual intercourse was associated with discussion of sex related issues with their fathers. Those who discussed sex related issues with their father less practiced pre marital sexual intercourse than those who were not (11). In the Bullen school study 227(55.1%) of school youth discussed on avoiding premarital sex with any person & from those 46(20.4%) discussed with mother & 37(16.4%) with father. The most commonly mentioned reasons by those who did not communicate about pre marital sex with parents were shameful to discuss 59(33.1%), culturally unacceptable 56(31.3%) and parents lack knowledge 53(29.6%) (13).

3. Sexual intercourse

Both parents and teachers forget that the more they condemn sex without providing appropriate information about it, the more youth will become interested in finding out about it. The issues they condemn will reach youth through different means; including uninformed peers, magazines, websites, films, and television shows that bombard them with sexuality (19). Parental communication about sex-related matters was low in studies done in four African countries Burkina Faso, Ghana, Malawi and Uganda: In these between 8% and 38% of adolescents said a parent or parent figure had ever talked to them about sex (23). In Bullen 174(42.2%) of the students had discussed about sexual intercourse. with any person, but 25(14%) discussed with mother,21(12.1%) with father (13). A study which was done in United Kingdom revealed the main reason given for not talking to parents about sex was embarrassment on the part of the child, accounting for 57% of all reasons given (22). A study which was done in Nekemtie showed major reasons mentioned for not having the discussion were primarily fear of parents 395(78.8%), cultural prohibition 321(64.1%), and parents do not want 180 (35.9%) (14). In addition, a study in Ziway showed the impact of cultural taboo, shamefulness, and communication skill of adolescents to discuss rarely on sexual matters explicitly with their parents (20,15). When we see with respect to gender, in USA a study revealed that fathers were more likely to talk to their adolescent sons about sex than females (18,6). A study conducted in Latino families showed mothers were more likely to communicate with their daughters about sex than with their sons, whereas fathers are more likely to discuss sexual intercourse with their sons than with their daughters (24). A study

done in Kenya showed, 31% of girls, and 14% of boys, communicate with their mothers about sex and adolescent problems, while only 9% of youth communicate with their fathers (21). Another study in Bullen woreda revealed that males had discussed on topics related to sexual intercourse more often than females (OR=4.3, [95% CI= 2.6-7.3]) (13).

4. Contraception

Unwanted pregnancy is one of the greatest problems a young girl could face. Pregnancy may endanger her health, her chances for education and marriage, and many of her hopes and plans for the future. Many adolescents are too young, too poor, or too inexperienced to care for the child (21,16). Parents have been shown to influence specific sexual behaviors in young people. A study that was done in United Kingdom showed girls are less likely to become pregnant under age 18 if they discuss with their parents (22,5). A study which was done in USA showed that 36% of youth discussed with parents about contraception (18). In studies which were done in four African countries namely Burkina Faso, Ghana, Malawi and Uganda, parents were less likely to be information sources regarding contraceptive methods. No more than 10% of adolescents said a parent or parent figure had ever given them information about contraception except girls in Uganda (23). It was noted that in Kenya 41.8 % of the female respondents had never discussed family planning with their parents while 78.6 % of males had also never done so with their parents (16). In a study conducted in Addis Abeba schools 25% students got information about contraception from their family(25) & The Bullen's school finding was 170(41.3%) of students had communicated on the issue with any person. But from these,63(37.1%) discussed with mother &41(24.1%) with father (13). Latino parents have also difficulty in talking about contraceptives (24).From four African countries (Burkinafaso, Ghana, Malawi, and Uganda) in three countries males were less likely to report such communication with parents. (23) In Bullen out of those who had not discussed with their parents ,their reasons were 46.8% said their parents lack communication skill and 46.8% mentioned parents lack knowledge & Latino adolescents mentioned the same reasons(24).

5. STI/HIV/AIDS

Sexually transmitted diseases (STDs) are major health problems among young people worldwide (16). Sexually transmitted diseases affect people in both developing and industrialized countries. Those aged 20-24 is at highest risk of infection. STDS have

important repercussion on reproductive health and have been shown to increase the risk of infection with HIV (21, 35). A study done in USA 74 % adolescents communicate with parents about HIV/AIDS (18). In another study conducted in Nigeria students claimed to have had family communication on HIV/AIDs with their Mother 137 (43.5%) & Father 91(28.9%). It showed that more mothers than fathers discussed on HIV/AIDS with their children (26). In Bullen's school study 324(78.6%) of students discussed about HIV/AIDS with any person & from these; 76(23.5%) discussed with mother & 70(21.6%) with father.. Students who had not discussed with their parents reasons were, 37(46.8%) said their parents lack communication skill, 37(46.8%) mentioned parents lack knowledge & shameful to discuss by 26(32.9%) (13).

6. Condom use

In schools, teachers seem to focus primarily on abstinence; the use of condoms is deliberately left out. Often teachers do this because they believe that they are protecting young people from information that may lead to premarital sex, however this does not help the youth who are already sexually active. A study conducted in Addis Ababa high schools indicated that 54% of sexually active youth have experienced sex with more than one partner, but only 18 percent said they had ever used condom (25). In a study conducted in USA, 54% of youth discussed about condom use with their parents (18). In Bullen school study, students who discussed about condom use with any person were 244(59.2%) but only 20(8.3%) discussed with mother &17(7.1%) with father, in which males discussed more likely than females (OR=3.4, 95% CI 2.2 - 5.2). Out of those who had not discussed with parents in Bullen's study, 73(46.5%) reason out as it is shameful to discuss about condom with parents followed by 55(35%) parents lack knowledge (13).

7. Un safe abortion

Sexual activity among youth in Ethiopia, particularly those residing in urban areas, has resulted in large numbers of unwanted pregnancies and illegal abortions. Many adolescents are too young, too poor, or too inexperienced to care for a child. Consequently, some young women turn to abortion. Where abortions are performed by unskilled providers in unsafe conditions, the risks of serious health complications and death are great (21,5) . In a study

done in United Kingdom girls are less likely to become pregnant under age 18 if they talk to their parents (22,4) and are more likely to consider abortion or adoption instead of early parenthood (22,3). In Bullen woreda 233(54.1%) students had discussed about unwanted pregnancy with any person but from these 82(36.8%) discussed with mother where as 45(20.2%) with father. The most commonly mentioned reason by those who didn't discuss with their parents about unwanted pregnancy were, shamefulness to discuss (35.2%) followed by parents lack knowledge (34%) (13).

Attitude & preference of SRH topics to be discussed by parents

A study from South Africa showed that during the focus groups, parents were asked if they ever discuss sex-related matters with their adolescent children. Some parents reported that they discussed these issues freely with their adolescent children by discouraging any sex related activities before marriage. Also there are parents who stated that they cannot discuss sex-related matters with their adolescent children. Various reasons were given for this. Some parents say that they are shy or embarrassed to discuss sex related issues with their adolescents. Some blame the tradition that these issues are not supposed to be discussed especially across generations. Other parents argue that their adolescent children are too young to discuss those matters and discussing with them implies encouraging them to indulge into sexual activity. There are parents who discuss sex-related matters directly with their adolescent children. But, a number of male parents suggested that they talk to their adolescent children through their mother. The argument is that fathers are shy to discuss these issues (27). In Kenya community dialogues, parents said they can more easily talk to children who are of their sex, which is a problem for boys whose fathers are not communicative (16).In a study done in Bullen woreda, most of the parents accept discussion b/n adolescents and parents. They explained this guarantees them for future life, to know what is bad and good, to protect them from STI/HIV/AIDS. They will be free of bad names and rumor both to their family and themselves too. One of the male parents said 'it is good and I accept because they will be free of multiple sexual contact, unwanted pregnancy, for instance if we discussed, even out of 10 advices/discussion **one** may be accepted and will be helpful to them". One of the male parents forwarded his idea by saying "I personally accept communication but before we communicate them they have to know the importance of communication on SRH issues" On topics like menses and sex, most of the female participants said we don't discuss on

sensitive issue like menses and sexual contact with their adolescents. Because it is culturally unacceptable and on top of this it creates discomfort to discuss the issues in detail. Most of the male participants said we don't discuss on sensitive issue like menses and sexual contact. with female adolescents. Also all the female and male parents prefer the same sex to discuss sexual and reproductive health related issues (13).

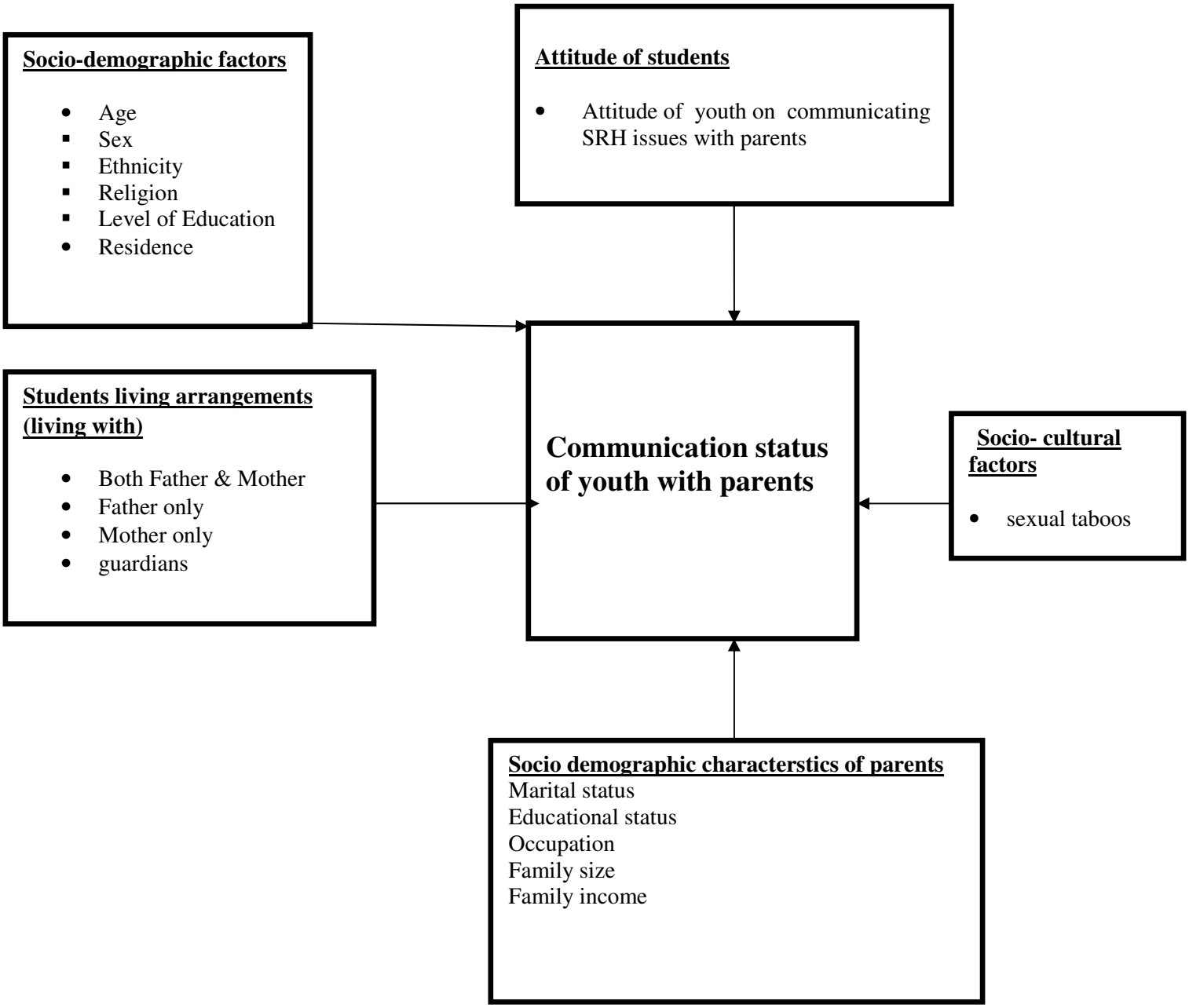

Figure 1, Conceptual framework of the study on communication of school youth with their parents about SRH issues and influencing factors in Bahir dar special zone, March,2010.

2.2 Significance of the study

Youth represent a great number of the country's population. Behaviors formed and choices made by this large population have lasting implications for individual and public health that will determine their health as they become adults. Although youth are relatively healthier, more urbanized and better educated than earlier generations, they face significant risks related to SRH. Many lack knowledge and power to make informed SRH choices. Communication of youth with parents has effect on youth reproductive health behaviors and decision making. Reproductive health behaviour & decision making of youth has also effect on reproductive well being or poor health out come. There are few Studies in Ethiopia as well as in Africa that independently assess the communication status of school youth with parents as well as influencing factors. This study will provide policy makers, program implementers, curriculum designers & advocators etc with important information about the communication status & influencing factors of school youth & parents to design and implement curriculums, programs and interventions to alleviate the problems.

Chapter three Objective

General objective

To assess communication status of school youth with their parents on SRH issues and influencing factors in Bahir dar special zone, from march from march 12 to march 28.

Specific objectives

1. To determine communication status of school youth with their parents on SRH issues.
2. To identify factors which affect communication of school youth with parents on SRH issues.
3. To identify preferred & actual sources of SRH informations for school youth.

Chapter four Methods and materials

Study area and period

- This study was conducted in Bahir-Dar Special Zone which is one of the eleven zones in Amhara Regional State from from march 12 to march 28. Bahir dar town is the capital city of Amhara Regional State; It is situated 565 kms North West of Addis Ababa. The town was recently recognized as one of the tourist attractions area in Ethiopia. There are totally 220,344 people in the zone, from which 180,094 (81.7%) live in urban & 40,250 (18.3%) rural areas.
- There were seven governmental secondary schools namely Bahir dar preparatory, Ghion, Fasilo, Tana, Zeghie, Meshenti & Tiss abay & five private secondary schools namely Bahir dar acadamy, catholic, SOS, Ayelech metasebia & Horayzon schools in the zone.
- There were a total of 13,098 students from which 6774(51.7%) were males and 6324(48.3%) were females.
- From the total 13,098 students the majority 12,190 (93.1%) students were attending in government schools, where as only 908(6.9%) were enrolled in private schools.

Study design

- Institution based descriptive cross sectional study design, utilizing both quantitative and qualitative approaches.

Source population

For the quantitative

- All students enrolled in Bahir dar special zone secondary schools during the 2009/2010 academic year.

For the qualitative

- All students enrolled in secondary schools in Bahir dar special zone during 2009/2010 academic year & their respective parents.

Study population

For the quantitative

- The study populations were students randomly selected from the source population.

Inclusion criteria: students in the age group of 15-24 years.

Exclusion criteria: students who were married, living alone, night time students

For the qualitative

- Purposively & convieniently selected students & parents from the source population.

Sample size & Sampling procedures

Sample size determination

For the Quantitative Study

- The sample size was determined using a formula for estimating a single population proportion with assuming a confidence level of 95%, a design effect of 2,and 10 % allowance for non- response.

$$n = \frac{Z\ \alpha/2^2\ p\ (1-p)}{d2}$$

Where;

- n = required sample size,
- Z = standard score corresponding to 95% confidence level
- P = the proportion of school youth who communicated with their parents on sexual intercourse which is 42.2% from a study done in Benishangul Gumuz Region, Bullen woreda.(20),
- d = margin of error of 5%,

Thus, the required final sample size was **825** students.

For the Qualitative Study

- The number of FGDs was determined by saturation of information. However Eight FGDs were carried with students & students' parents.

Sampling technique

- Multi stage stratified sampling technique was applied. There were twelve secondary schools in Bahir dar special zone. These schools were first stratified in to government (7) & private (5) schools**.** Again governmental schools were stratified into urban & rural, which are four & three in number respectively. All private schools were found in Bahir dar town & from them Bahir dar academy was selected by SRS. Those rural schools were newly established one, which had grade nine only & one school called Meshenti was selected by SRS. From urban governmental schools again Ghion was selected with SRS. So totally three schools were sampled. Each selected school again stratified with grades (Grade9, 10, 11, 12). To select the study unit, students list was used as a frame. Then using students' list as a sampling frame by using computer generated randomized sampling technique 825 study participants were selected from each grade. Population proportion to size allocation was used to determine number of participant in each grade (Fig_2).

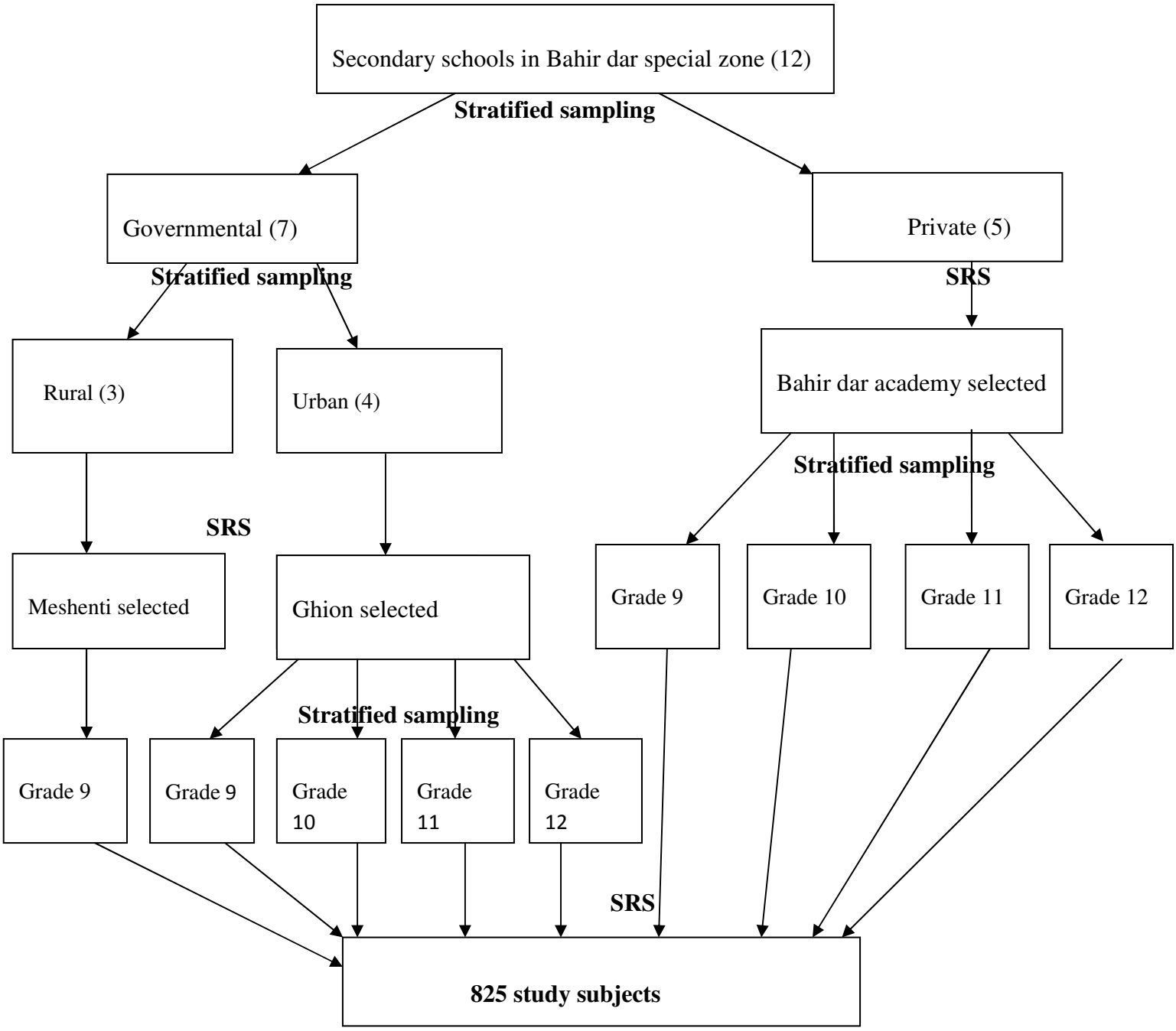

Figure 2.Schematic representation of the sampling procedure for the study on communication of school youth with their parents about SRH issues and influencing factors in Bahir dar special zone, March 2010.

DATA COLLECTION

Data collection instrument

- Data was collected using a pre-tested and structured self-administered questionnaire that was adopted (13) from previous studies. & modified depending on the local situation and the research objective. It was initially developed in English and then translated in to Amharic and back translated in to English to check its consistency (Appendix).
- The questionnaires contained questions on socio demographic characteristics, communication about SRH issues etc. Face and content validity of the instrument was made to be assessed by experts in health professions and health education specialists and the feedbacks from the revision were incorporated into the questionnaire for the data collection.
- For the FGD a topic guide with semi-structured questions were developed by the principal investigator for the subsequent line of questioning (Appendix).But its use and the sequence of questioning varied from interview to interview depending on the initial responses from the informants and the nature of the subsequent response.

Data collection techniques

- The quantitative data was collected by six trained college students & supervised by three trained teachers. A total of two days training before & after pre test was offered on the content of the questionnaire as might be necessary to clarify informations for the students during data collection.
- A total of eight FGDs were conducted to supplement the quantitative data, four with parents & four with students.
- For the FGDs of students, Anti AIDS club members, Sabbath school students of Ethiopian Orthodox Church (EOC), Muslims & other students were selected through unit leaders purposively. Parents were conveniently selected by school directors & were contacted through students.
- Both students & parents were selected on the basis of a prior specification of desired socio demographic characterstics (sex, age & residence).

- FGDs were conducted separately for female & male parents & students to create conducive environment to express their ideas freely. Also separated with urban & rural.
- Six to eight participants were involved in each FGD & the discussion took one to two hour. The discussions were moderated by principal investigator & a trained teacher and Notes were taken and the discussions were tape recorded. A semi structured guideline was used to lead the discussion..
- The insights gained during the discussion were inculcated at various points in the discussion of the results of the study, contrasted with the results from the quantitative survey results.
- The FGDs were conducted at the same time with quantitative data collection to supplement the quantitative findings.

Data quality control

- The items in the questionnaire were adopted from existing instruments which were tested in different areas under different situations and was adapted to the local situation. It was prepared first in English language and later translated into Amharic language. Another person translated the Amharic version back into English version. Comparison was made on the consistency of the two versions.
- In view of the need to collect data on sensitive issues and because the respondents-students are literate the instrument was developed as a self administered questionnaire.
- Five days prior to actual data collection; the questionnaire was pre-tested on 10% of the sample size in the school out of the sample.
- Data collectors & supervisors were trained for two days, a day before and a day after the pre-test by the principal investigator on the study instrument, the general objective of the study, how to keep confidentiality and privacy, consent form and others. Also One day training was given for the note taker & recorder of FGD.
- Both the data collectors and supervisors were those who can speak the local language Amharic.

- To control information contamination data was collected in each school on the same day. During the actual data collection, trained supervisors controlled the over all data collection process. If a participant is absent on the day of data collection he/she revisited two times. At the end of each data collection day the principal investigator checked the completeness of filled questionnaires and whether recorded information makes sense.
- For the qualitative part, the FGDs were facilitated by the principal investigator and trained teacher. Adequate field notes were taken by experienced note taker, the discussion was tape recorded and was transcribed word by word on daily bases.

Variables

Independent variables

- Socio demographic variables of students
- Socio demographic variables of parents
- Socio cultural variable
- Attitude of students on communicating SRH issues with parents
- Living arrangements of the students

Dependent variable

- Communication status of school youth and parents on SRH issues.

Operational definition & measurement

- Secondary schools_ those schools which contain grades from nine to twelve.
- School youth _a youth who was enrolled in the secondary schools.
- Sexual & Reproductive Health_ WHO's definition of health as a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity related to reproductive health, or sexual health that addresses the reproductive processes, functions and system at all stages of life.
- Sexual & Reproductive Health issues_ are conditions related to sexual & Reproductive Health.
    - Communication (discussion) _ bilateral transfer of ideas, informations…

- Formal communication (discussion) _ when the communication was took place with planned time & the discussion topic was already known.
- Communication on SRH issues _ is exchange of ideas about SRH issues (puberty, contraception, STI/HIV/AIDS, sexual intercourse, pre marital sex, condom use & unsafe abortion) among youth and parents.
- Communication status_ whether youth are communicated or not communicated on SRH issues.
- Communicated on SRH issues_ If youth discussed greater or equal to two from a total seven communication SRH variables within the past one year with both parents /single parent (13).
- Not communicated on SRH issues- if youth didn't discuss completely or discussed in only one from the total seven SRH communication variables with both parents /single parent with in the past one year (13).
- Parent_ all those who provide significant primary care for youth within the past one year, which include biological parent or guardian (adoptive, grandparent, other relative and fictive kinship such as godparent etc) (WHO).
- Mother _ a female who provide significant primary care for youth, with in the past one year, which include biological parent or guardian (adoptive, grandparent, other relative and fictive kinship such as god parent etc).
- Father _ a male who provide significant primary care for youth, with in the past one year, which include biological parent or guardian (adoptive, grandparent, other relative and fictive kinship such as godparent etc).
- Discussion as a kind of insult_ Those discussions of students on SRH issues held in offensive manner with parents.

Data Analysis

- After data collection the questionnaire was checked for completeness, consistency and coded by the principal investigator. Then it was entered in to SPSS version 16.0 soft ware package.
- Relevant analytical techniques; Descriptive statistics, chi square, binary logistic and

- multiple logistic regressions were applied.
- For the qualitative data it was first transcribed then summarized and findings were triangulated with the quantitative finding.

Ethical Consideration

- The proposal was approved by Ethical Review Committee of Jimma University, college of public health and medical sciences.
- Letters were obtained from population & Family Health department and from Bahir dar special zone Education desk to the respective schools.
- All the study participants were informed about the purpose of the study, their consent was obtained, privacy & confidentiality was also kept.

Dissemination plan

The results of this study will be disseminated to;

Jimma university scientific community

- EPHA Jimma Sub branch
- To Bahir dar special zone Education office, Health office, Youth, culture & sports office, and other concerned bodies through reports.
- Possible publication in journal will also be attempted.

CHAPTER five RESULT

5.1 Socio demographic characterstics

From a total of 825 respondents, that were identified to participate in the study, 12 students did not attend class during the data collection period & 17 students refused to participate. Then 796 students were involved in filling the questionnaire, from these 23 questionnaires were excluded for gross inconsistency & incompleteness. Therefore, analysis was made based on 773 questionnaires. Thus response rate was **93.7%**.

5.1.1. Socio-demographic characteristics of students

Out of the total 773 respondents, 463 (59.9%) were males and 306 (40.1%) were females. Majority of them, 625 (80.9%) live in Bahir dar town. The mean age of respondents was 17.32± 1.69 SD. They were within the age range of 15-22 years. Most of the students were grade nine and grade ten 290(37.5) &161(20.8) respectively. Most of the respondents were Amhara ethnicity which was 686 (88.7%), followed by 38(4.9%) Agew. And most of the respondents, 671 (86.8%) were Orthodox Christians followed by Muslim 66 (8.5%).19(80.1%) of students were living with both parents (Table 1).

5.1.2. Socio-demographic characteristics of students' parents

The majority of the respondents' parents 691 (89.4%) were married. Two hundred sixty nine (34.8%) of the participants had illiterate mothers & 192 (24.8%) of students' parents were graduated from colleges & universities. Two hundred seventy seven (35.8%) of participants' fathers were graduated from colleges & universities followed by illiterate which is 168 (21.7%). Two hundred eighty four (36.7%) of the students' mothers were housewife & 216 (27.9%) were Government/private organization employees. Two hundred seventy six (35.7%) of the participants' fathers were Government/private organizations employees followed by merchant 201 (26%). four hundred ninety seven (64.3%) students have family size less than or equal to five & the mean family size was 5.03$\pm$1.56. With the perception of students about their parents' economy status, majority 580 (75%) said that it is in the medium level (Table 1).

Table 1: Socio-demographic characteristics of students & parents in Bahir dar special zone, March, 2010.

Socio demographic	**frequency**		**Socio demographic**	**Frequency**	
Variables of students	number	%	**variables of parents**	number	%
Sex			**Father's education Status**		
Male	463	59.9	Illiterate	167	21.6
Female	310	40.1	Read & write only	166	21.5
Age			Primary school(1-8)	83	10.7
15_19	686	88.7	Secondary school(9-12)	20	2.6
20_24	87	11.3	12(10)+	277	35.8
Grade			missing	60	7.8
Grade 9	290	37.5	**Mother's ed. status**		
Grade 10	161	20.8	Illiterate	266	34.4
Grade 11	154	19.9	Read & write only	136	17.6
Grade 12	168	21.7	Primary school(1-8)	116	15
Religion			Secondary school(9-12)	43	5.6
Orthodox Christian	671	86.8	12(10)+	192	24.8
Muslim	66	8.5	missing	20	2.6
Protestant	24	3.1	**Mother's occupation**		
Catholic	5	0.7	House wife	281	36.4
others	7	0.9	Gov/ Priv org. employee	216	27.9
Ethnicity			Merchant	101	13.1
Amhara	686	88.7	Farmer	63	8.2
Agew	38	4.9	Self employee	68	8.8
Tigre	17	2.2	Others	24	3.1
others	32	4.1	missing	20	2.6
Place of Residence			**Father's occupation**		
Bahir dar	625	80.9	Gove/ Priv org. employee	276	35.7
Rural area	148	19.1	Merchant	202	26
Living arrangement			Farmer	144	18.6
Both biological parents	619	80.1	Self employee	61	7.9
Mother only	59	7.6	Others	30	3.9
Father only	19	2.5	missing	60	7.8
guardians	76	9.8	**Perceived family economy**		
Marital status of parents			Poor	140	18.1
Married	693	89.7	Medium	580	75.0
Single	2	0.26	Self employee	61	7.9
Widowed	36	4.66	Others	30	3.9
Divorced	42	5.4	Family size		
			<=5	497	64.3
			>5	276	35.7

5.2 Preferred & actual sources of SRH information

5.2.1 Preferred sources of SRH information

Preferred sources of SRH information were media (71.9%), school (68.8%), home (53.7%), health facilities (66.1%), religious institutions (43.2%) & others (1.6%). As to sex of preference, 455 (58.9%) preferred to discuss with same sex, 248 (32.1%) both sexes & only 70 (9.1%) preferred opposite sex. From a total of 310 female students, 197 (63.5%) prefer to discuss with same sex, 95(30.7%) both sexes & the remaining 18(5.8%) prefer opposite sex. From a total of 463 males 258 (55.7%) prefer same sex, 153 (33%) both sex & 52(11.2%) opposite sex. Sex preference to discuss about SRH issues has significant association with sex of students ($\chi 2 = 8.299$, df; 2 & $p = 0.02$).

When we see the preferred group of persons to communicate, majority of the students 700 (90.6%) preferred to discuss with health professionals. Religious leaders & fathers were the least preferred one (20.5%, 23.1% respectively) (Fig 4).

Males preferred to discuss with their fathers & brothers than females (OR=2.63, CI=1.79-3.85 & OR=1.73, CI=1.25-2.40 respectively). But females preferred to discuss with their sisters than males (OR=1.41 & CI= 1.04 – 1.91) (Table 2).

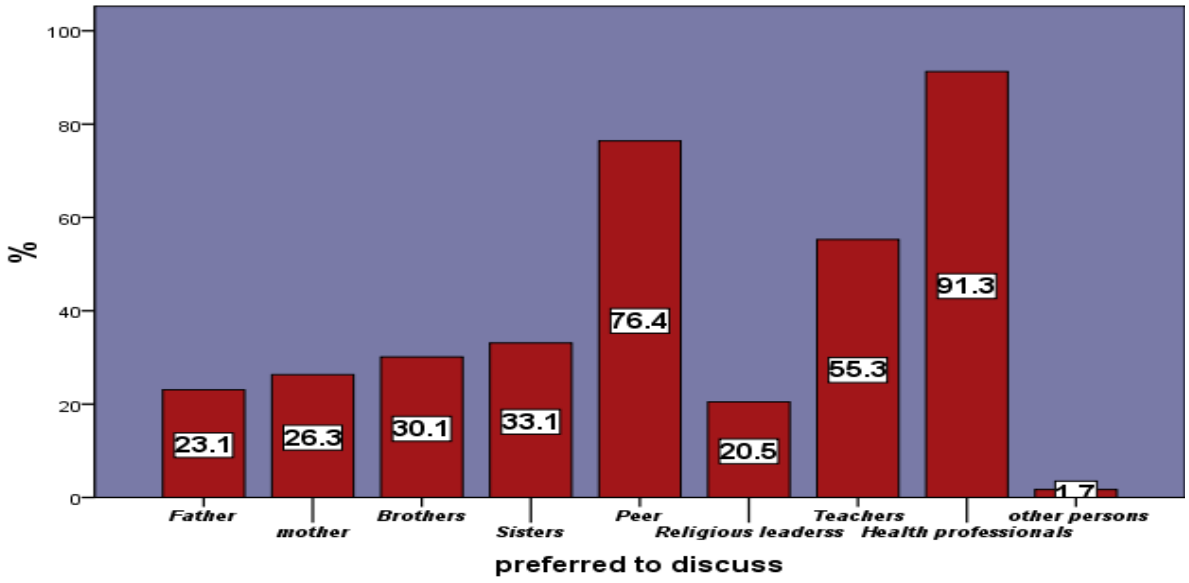

Figure 3. Youth Preference to discuss about SRH issues with different persons, in Bahir Dar special zone, March 2010.

Table 2. Youth preference to discuss about SRH issues with different persons with sex, Bahir dar special zone, March 2010.

preferred (yes)	Sex of respondents		OR
	male	Female	
Father	135(76.3)	42(23.7)	2.626(1.792-3.848) *
Mother	113(55.9)	89(44.1)	0.802(0.579-1.109)
Sisters	138(54.3)	116(45.7)	0.71(0.524-0.963) *
Brothers	159(68.8)	72(31.2)	1.729(1.248-2.395) *
Peer	354(60.4)	232(39.6)	1.09(0.781-1.526)
Religious leaders	99(63.1)	58(36.9)	1.182(0.823-1.697)
Teacher	262(61.8)	162(38.2)	1.19(0.892-1.59)
Health professionals	415(59.3)	285(40.7)	0.758(0.457-1.258)

* has significant association (95%)

5.2.2. Actual source of information on SRH issues

The most frequently mentioned main source of information for SRH issues were school 661(86.4%) followed by media 590 (77.1%) **(Fig 5).** Female students were 1.75(95% CI=1.25_2.44) times more likely to get SRH information from their home than males. Students who were living in Bahir dar town were more likely to get information from home than rural students (OR=4.62, 95% CI= 2.436-8.746). And Students who had fathers & mothers enrolled in colleges & universities were more likely to get information from home than those who had illiterate fathers & mothers (OR=10.85, [95%CI; 5.879_20.038]) & OR=7.31, [95%CI; 4.371-12.25] respectively).

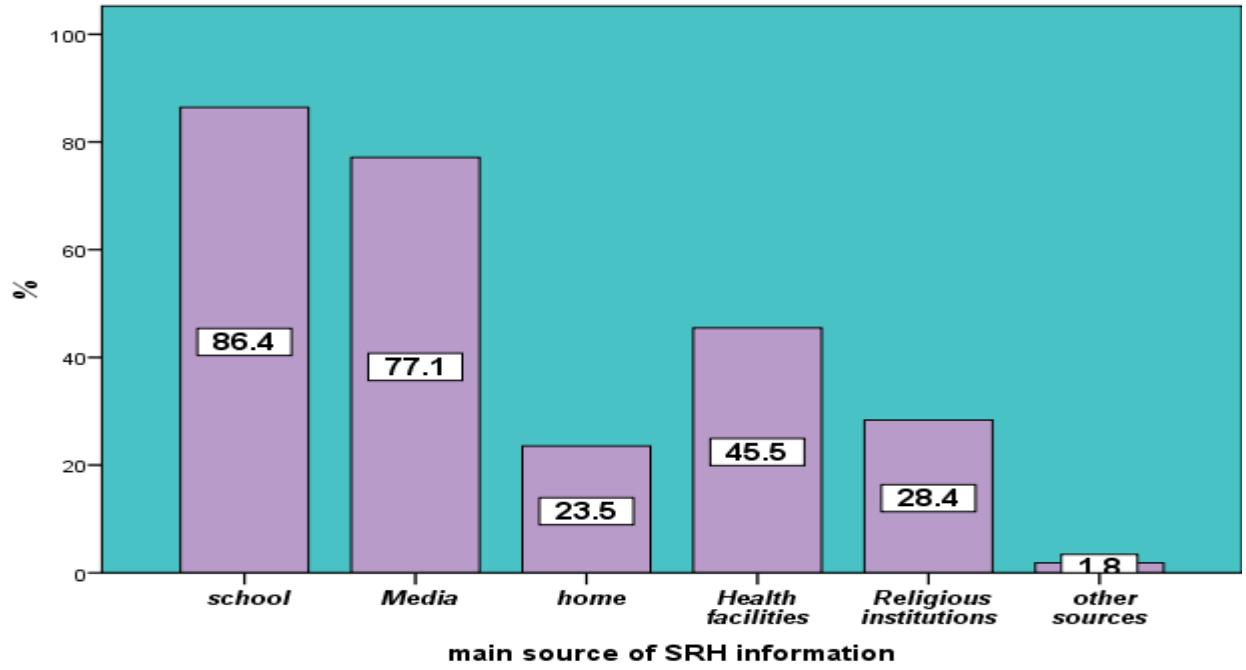

Fig 4; Main source of SRH informations of students, Bahir dar special zone, March 2010.

There is a difference in preferred & actual source of informations specially in Home , Religious institutions & Health facilities. Home is used as source of information for SRH issues in half less than it is preferred by students (Table 3).

Table 3. A table that shows the actual & preferred sources of SRH information, Bahir dar special zone, March 2010.

Source of SRH information	**Preferred source**		**Actual source**	
	n	%	n	%
Media	556	71.9	661	86.4
School	532	68.8	590	77.1
Home	415	53.7	180	23.5
Health facilities	511	66.1	348	45.5
Religious institutions	334	43.2	217	28.4
Other sources	12	1.6	14	1.8

5.3. Communication status of students with parents on selected SRH issues within the past one year

Majority, 713 (92.2%) agree that communication on SRH issues is necessary for youth. Five hundred fifty two (71.41%) students believe that it is important to discuss SRH issues with parents(Fig 6).

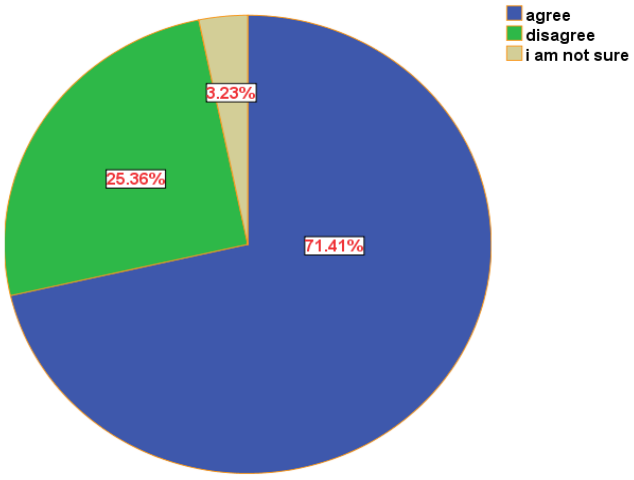

Figure 5; Students' response on importance of discussion about SRH issues with parents in Bahir dar special zone, March 2010.

Attitude of students to communicate with their respective parents about SRH issues has statistically significant association with place of residence (χ^2 =12.1, df; 2, p=0.002) & Students' father & students' mother educational status (χ2 =20.35, df; 10, p =026 & χ^2 =18.57, df; 10, p=0.04respectively). Perceived family income & Students living arrangement has also association with it (χ^2=7.87, df; 4, p=0.04 & χ^2 = 13.66, df; 6, p = 0.03).

From a total of 773 students, 467(60.4%) of students have communicated on SRH issues (Fig.7).

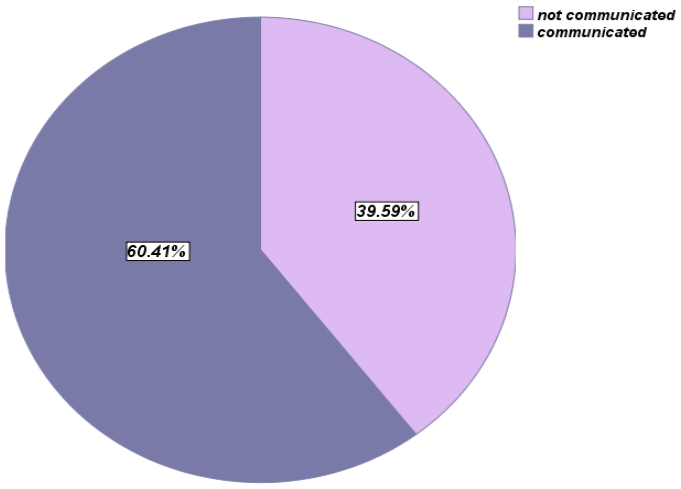

Fig 6, Figure that shows communication status of students, Bahir dar special zone, March 2010.

From those students who communicated on SRH issues, their communication level differed with the number of variables discussed with parents. Out of those who communicated on SRH issues, 157(33.6%) discussed on two variables. Only four (0.9%) communicated on all of the seven communication variables (Fig 8).

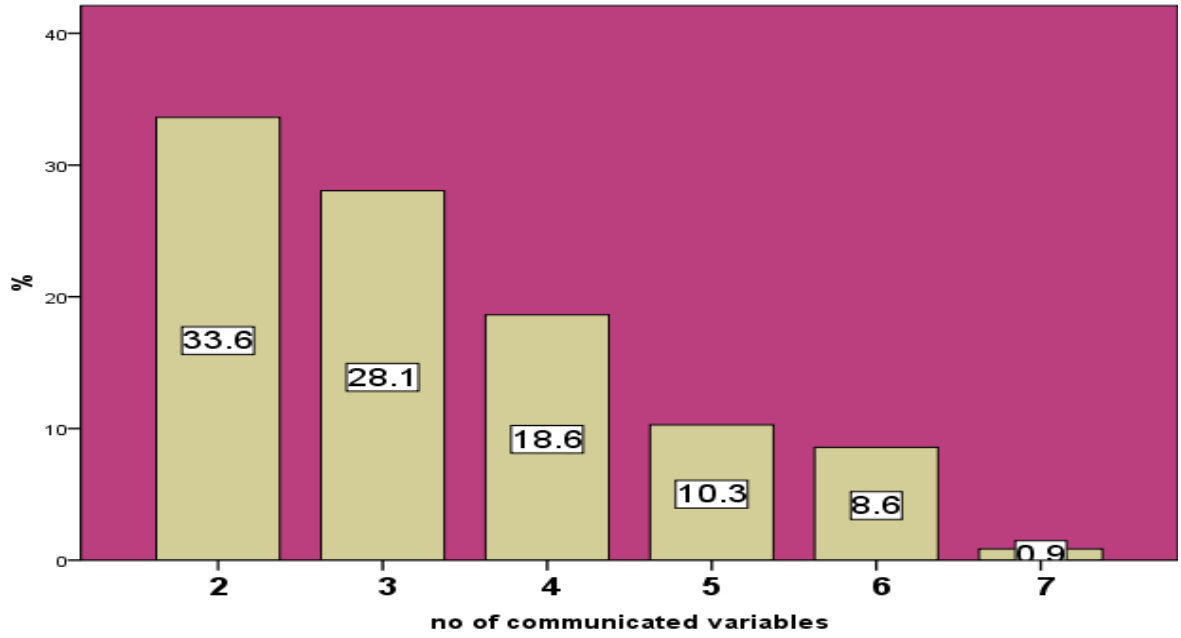

Fig.7. No of communicated variables in those who communicated on SRH issues, Bahir dar special zone, March 2010.

5.3.1. Puberty

From a total of 773 students, 222 (28.7%) of the respondents had discussed about adolescence with their parents with in the past one year. Out of five hundred fifty one (71.3%) respondents who had not discussed on puberty with their parents, the most frequently mentioned reason for their failure were 375 (68.1%) feeling shame to discuss, 289(52.5%) students were I know it very well no need to discuss followed by 277(50.3%) parents lack of knowledge about the issue (Table 4). Among those students who discussed on puberty with their parents; 46 (20.7%) did it very often, 93(41.9%) often & 84(37.4%) less often. Out of those one hundred seventy eight students who had discussed & had both biological parents, 90 (50.6%) discussed with both parents, 69 (38.8%) with mother only & 19(10.7%) with father only. In those two hundred twenty two (28.7%) students who discussed with parents the communication was held in different conditions. Only forty nine (22.1%) was discussed formally with the time arranged by parents. Whereas 96 (43.2%) discussed about adolescence with parents when the issue was raised accidentally related to other discussions (Table 5). As to the content of the puberty issue discussed, majority 169 (76.1%) respond it was not discussed in detail. The usual feeling of students when they were discussing with parents about this issue was assessed. One hundred thirty eight (62.2%) replied they were in good mood, where as the remaining 84 (37.8%) were in bad mood feeling of shame. Sex of students has no statistically significant association with discussion on puberty. Those who live in Bahir dar town were 1.83(95%CI; 1.18_2.85) more likely to discuss in puberty than rural students. Those puberty discussions held in plan are 39.6 (95%CI; 14.80_105.94) times more likely to be detail than those held without plan raised related to other discussions.

5.3.2. Sexual intercourse

Three hundred seven (39.7%) of the students had discussed about sex with their parents. Those 466 (60.3%) students who didn't discuss with this variable their reasons were; 332(71.2%) parents fear that the discussion will engage their child in sexual activity, 254(54.5%) I know it very well no need to discuss, followed by 223(47.9%) parents lack knowledge (Table 4) .As to the frequency of discussion 65(21.2%) discussed very often, 119(38.8%) often, & 123(40.1%) less often. From those 241 students who discussed & had both biological parents, 119(49.4%) respondents had discussed with both parents, 97(40.2%) with mother only followed by

25(10.4%) with father only. Out of the total who discussed about sex, only some students 71(23.1%) were discussed the issue by the formal time arranged by parents. But the others nearly half of the students 146(47.6%) discussed the issue without plan when the issue was raised during other discussions (Table 5).As to the content of the issue the majority, 222 (72.3%) replied it is not discussed in detail. One hundred ninety seven (64.2%) were feeling shame while discussing. When we see the result based on gender, males were less likely to discuss about sex than females (OR=0.67, [95% CI=0.50-0.90]). Those who live in Bahir dar town were 2.85 (95% CI 1.87_4.34) times more likely to discuss than rural students about sex. Those sexual intercourse discussions took place as a kind of insult by parents were 21.2 (95% CI=6.12-73.59) times more likely not to be detail than those held with plan.

5.3.3. Avoiding premarital sex

Four hundred fifteen (53.7%) had discussed on avoiding premarital sex**.** The most commonly mentioned reason by those 358 (46.3%) students who didn't discuss on avoiding premarital sex were; 192(53.6%) Shameful to discuss, 166 (46.4%) parents lack knowledge about the issue followed by 160(44.7%) culturally unacceptable to discuss (Table4). One hundred seventy four (41.9%) discussed with frequency of very often, 94(22.7%) often & 147 (35.4%) less often. However, from those respondents who had both biological parents & had discussion on avoiding premarital sex, 161 (49.4%) had discussed with both parents,118(36.2%) with mother only followed by 47(14.4%) with father only. From those 415 students who discussed about avoiding pre marital sex with their parents, 186 (44.8%) discussed the issue without plan when it was raised related to other discussions. Also in 128(30.8%) students the discussion was took place in a bad condition as insult by parents (Table 5). As to the content of the issue, 94(22.7%) discussed in detail & the remaining was not discussed it in detail. As to the mood of students majority 328(79%) were feeling good while discussing. Students who had mothers enrolled in colleges & universities were 1.8(95% CI=1.03-3.24) times more likely to held planned discussions than those who have illiterate mothers. Both sex of students & place of Residence had no statistically significant on discussion of avoiding premarital sex with parents.

5.3.4. Contraception

One hundred eighty three (23.7%) of the respondents reported that they had discussed on Contraception with parents. Out of 590(76.3%) who had not discussed, majority 408(69.2%) respond the reason was shame to discuss, 334(56.6%) parents fear that the discussion will

engage their child in sexual activity followed by 329(55.8%) reported their reason was I know it very well no need to discuss (Table 4). Thirty two (17.5%) discussed very often, 63(34.4%) often & the remaining 88(48.1%) discussed less often .Out of those who discussed on contraception & had both biological parents, above half 86(54.6%) discussed with both parents, 45(31.5%) mother only followed by 12(8.4%) with father only. From 183 students who had discussed contraception with parents, about half 96(52.5%) discussed it without plan when the issue was raised related to other discussions. Fifty four (29.5%) students discussed as a kind insult by parents. The remaining 33(18%) students discussed the issue with formal time planned by parents (Table 5). As to the content of the issue only 32(17.5%) students discussed in detail. And only 33(18%) were feeling good while discussions. Males were less likely to discuss about contraception than females (OR=0.516[95%:C.I=0.369-0.721]). Those who live in Bahir dar town were more likely to communicate about contraception than rural students (OR=2.79

[95% CI= 1.63-4.76]). Those contraception discussions held without plan when the issue was raised related to other discussions among students & parents were 5.7 times more likely to create bad feeling (shame) than those formal discussions.

5.3.5. STI/HIV/AIDS

Three hundred fifteen (40.8%) of the students reported that they had discussed on STI/HIV/AIDS with their parents. The remaining 458 (59.2%) had not discussed because 281(61.4%) said there is no need to discuss I know it very well, 249(54.4) shame to discuss followed by 143(31.2%) parents lack of knowledge about the issue (Table 4). Eighty one (25.7%) students discussed very often, 48(15.2%) often & 186(59) less often. However, from 251 students who had both biological parents & discussed on the issue, 157(62.5%) had discussed this issue with mother only, 21(8.4%) with father only & 73(29.1%) with both parents. From a total of 315 students discussed about STI/HIV/AIDS with parents 135(42.9%) discussed the issue without plan when the issue was raised related to other discussions (Table 5). As to the content above half 186(59%) discussed not in detail. And 205(65.1%) was in a good feeling while discussions where as the remaining was not. Place of residence & sex of students has no statistically significant association with discussion on STI/HIV/AIDs with parents.

5.3.6. Condom use

Only one hundred fourteen (14.7%) of the participants had discussed on condom use with parents. Out of those who had not discussed 464 (70.4%) reason out as it is shameful to discuss, 411(62.4%) parents fear that the discussion will engage their child in sexual activity followed by 384 (58.3%) I know it very well no need to discuss (Table 4). Thirteen (11.4%) discussed very often, 37(32.5) often & 64(56.1%) less often. On the other hand, out of those 89 students who had both biological parents & discussed about condom, 61 (68.5%) discussed with fathers, followed by 23 (25.8) with both parent & 5(5.6%) with mother only. From a total of 114 students who discussed, only ten (8.8%) discussed the issue with formal time arranged by parents. Whereas half (50%) of the students discussed the issue without plan related to other discussions (Table 5). Only 13(11.4%) students discussed it in detail. The majority 97(85.1%) were feeling shame during discussions. Sex of students has no statistically significant association with discussion on condom use. Whereas those who live in Bahir dar town were more likely to discuss about condom use than rural students (OR=1.82,[95% CI=1.01-3.29]).

5.3.7. Unsafe abortion

Only 177(22.9%) students had discussed about unsafe abortion with parents. The most commonly mentioned reason by those who didn't discuss were 414(69.5%) shame to discuss, 387(64.9%) parents fear that the discussion will engage their child in to sexual activity followed by culturally un acceptable which is 320(53.7%) (Table 4). Eleven (6.2%) discussed very often, 53(29.9%) often, 113(63.8%) less often. From those 136 students who had both biological parents & discussed the issue, majority 106 (77.9%) had discussed with mother only, followed by 22 (15.3%) with both parents & 8 (5.9%) with father only. From a total of 177 students who discussed on unsafe abortion, only 10(5.6%) discussed it with formal time arranged by parents. Whereas about half 93(52.5%) discussed without plan when the issue was raised related to other discussions (Table 5). The majority 161(91%) discussed about it not in detail & 155(87.6%) students were feeling shame while discussions. when it is seen in light of gender males were less likely to discuss about unsafe abortion as compared to females. (OR=0.174,[CI;0.120-0.253]). Place of residence had no significant association.

Table 4. Reasons mentioned by students not to discuss with parents about SRH issues, Bahir dar special zone, March 2010

Variables	Discussed(no)	Reasons for not discussing						
		Culturally unacceptable	shame	Less knowledge of parents	Parents fear, the discussion engage child in sexual activity	I know it, no need to discuss	Parent are busy	others
Adolescence	551 (71.3)	225 (40.8)	375 (68.1)	277 (50.3)	266(48.3)	289(52.5)	175 (31.8)	18 (3.3)
Sexual intercourse	466 (60.3)	194 (41.6)	187 (40.1)	223 (47.9)	332(71.2)	254(54.5)	157 (33.7)	20 (4.3)
Not having sex until marriage	358 (46.3)	160 (44.7)	192 (53.6)	166 (46.4)	114(31.8)	147(41.1)	127 (35.5)	17 (4.7)
contraception	590 (76.3)	260 (44.1)	408 (69.2)	250 (42.4)	334(56.6)	329(55.8)	171 (29)	18 (3.1)
STIs/ HIV/AIDs	458 (59.2)	79 (17.2)	249 (54.4)	199 (43.4)	143(31.2)	281(61.4)	141 (30.8)	14 (3.1)
Condom use	659 (85.3)	321 (48.7)	464 (70.4)	290(44)	411(62.4)	384(58.3)	183 (27.8)	21 (3.2)
Unsafe abortion	596 (77.1)	320 (53.7)	414 (69.5)	250 (41.9)	387(64.9)	166(27.9)	166 (27.9)	22 (3.7)

Table 5, The condition of discussions held by students & parents about SRH issues, Bahir dar special zone, March 2010.

Variables	students discussed	Condition in which the discussions was held		
		Formal discussion arranged by parents	Not planned, Raised related to other discussions	Discussed as a kind of insult
Adolescence	222(28.7)	49(22.1)	96(43.2)	77(34.7)
Love relation ship	307(39.7)	71(23.1)	146(47.6)	90(29.3)
Avoiding pre marital sex	415(53.7)	101(24.3)	186(24.1)	128(16.6)
contraception	183(23.7)	33(18)	96(52.5)	54(29.5)
STI/HIV/AIDS	315(40.8)	57(18.1)	135(42.9)	123(39)
Condom use	114(14.7)	10(8.8)	57(50)	47(41.2)
Unsafe abortion	177(22.9)	10(5.6)	93(52.5)	74(41.8)

5.4, Factors that affect communication of school youth with their parents about SRH issues

Age, sex, place of residence, family size, mother's & fathers' educational status, mothers' & fathers' occupation & students' adherence to culture has statistically significant association with communication status of students on SRH issues. With adjusted OR, age, sex, father's educational status, occupation of father & mother, family size & students' adherence to culture has still a significant association. Students whose age were greater than nineteen discussed 4.56(95%CI; 2.34-8.88)*times more likely than those below or equal to nineteen. Students who had a family size of less or equal to five were 1.46(95% CI; 1.02-2.08) times more likely to discuss with parents. Male students were less likely to discuss than females (OR=1.54,[95%CI;1.09_2.20]). Youth who have fathers graduated from universities & colleges were 11.77(95%CI; 4.35_31.87) times more likely to discuss than those youth who have illiterate fathers. Students adherence to culture that prohibit communication has also association with communication of students with their parents (2.39[95%CI; 1.57_3.63]). House wives were more likely to communicate than farmer mothers(3.20[95%CI;1.59_6.43]) **(Table 6).**

Table 6: Bivariate & multi variate analysis of independent variables & communicated on SRH among students & their Parents in Bahir dar special zone, March 2010.

Variable	Communication		Crude OR (95%CI)	Adjusted OR (95%)
	Yes	No		
Socio demo. xics of students				
Age				
<=19	394(57.4)	292(42.6)	1	
>19	73(83.9)	14(16.1)	3.864(2.139_6.982) *	4.560(2.342-8.880)*
Grade				
9	176(60.7)	114(39.3)	1	
10	96(59.6)	65(40.4)	0.957(0.646-1.418)	
11	95(61.7)	59(38.3)	1.043(0.698-1.558)	
12	100(59.5)	68(40.5)	0.953(0.646_1.404)	
Sex				
Male	249(53.8)	214(46.2)	1	1
Female	218(70.3)	92(29.7)	2.036(1.502 2.762) *	1.544(1.085_2.198) *
Place of residence				
Bahir dar	390(62.4)	235(37.6)	1.530(1.067-2.195)*	0.863(0.414_1.800)
Rural area	77(52)	71(48)	1	
With whom do you live				
Both parent	370(59.8)	249(40.2)	1.140(0.705-1.845)	
Mother only	40(66.7)	20(33.3)	1.535(0.760-3.099)	
Father only	14(77.8)	4(22.2)	2.686(0.809-8.920)	
guardians	43(56.6)	33(43.4)	1	
Socio demo. xics of parents				
Marital status				
Married	411(59.5)	280(40.5)	0.682(0.418-1.112)	
Not married	56(68.3)	26(31.7)	1	
Family size				
<=5	322(64.8)	175(35.2)	1.662(1.232-2.243)*	1.460(1.024-2.083) *
>5	145(52.5)	131(47.5)	1	
Mother education status				
Illiterate	130(48.3)	139(51.7)	1	
Read write	61(44.9)	75(55.1)	0.871(0.575-1.318)	0..952(0.555_1.633)
Primary school(1-8)	82(70.7)	34(29.3)	2.581(1.619-4.117) *	1.939(0.945_3.979)
Secondary school(9-12)	32(74.4)	11(25.6)	3.114(1.506-6.436) *	1.081(0.385_3.036)
12+	149(77.6)	43(22.4)	3.709(2.446-5.623) *	0.907(0.339_2.426)
Father education status				
Illiterate	82(48.8)	86(51.2)	1	
Read write	73(44)	93(56)	0.835(0.543-1.285)	1.288(0.724_2.291)

Primary school (1-8)	32(38.6)	51(61.4)	0.646(0.378-1.103)	0.948(0.440_2.039)
Secondaryschool (9-12)	10(50)	10(50)	1.049(0.415-2.654)	1.664(0.518-5.346)
12+	230(83)	47(17)	5.156(3.322-8.001)*	11.773(4.349_ 31.866)*
Mother occupation				
House wife	166(58.5)	118(41.5)	2.325(1.327-4.075) *	3.201(1.594_6.428)*****
Gov employer	160(74.1)	56(25.9)	4.643(2.567-8.397)*	2.728(0.993-7.492)
Merchant	46(45.5)	55(54.5)	1.335(0.703-2.534)	1.862(0.803_4.321)
Self employee	43(63.2)	25(36.8)	2.795(1.337-5.675) *	4.762(1.944_11.667)*****
Farmer	25(39.7)	38(60.3)	1	
Other	16(66.7)	8(33.3)	2.641(0.955- 7.301)	3.540(1.052-11.917) *
Father occupation				
Gov employer	209(75.7)	67(24.3)	2.529(1.644-3.890)*	0.271(0.103-0.715) *
Merchant	90(44.3)	113(55.7)	0.652(0.424- 1.003)	0.405(0.190_0.863)
Self employer	33(54.1)	28(45.9)	0.897(0.488-1.648)	0.419(0.170_1.033)
Farmer	79(54.9)	65(45.1)	1	
Other	16(53.3)	14(46.7)	0.926(0.420-2.039)	0.399(0.137_1.161)
Perceived economic status				
Poor	79(56.4)	61(43.6)	1.247(0.662-2.350)	
Medium	361(62.2)	219(37.8)	1.587-(0.903-2.790)	
Rich	27(50.9)	26(49.1)	1	
Attitude on SRH				
Good attitude	325(61.3)	205(38.7)	1.128(0.828-1.536)	
Bad attitude`	142(58.4)	101(41.6)	1	
Culture adherence				
yes	323(55.5)	259(44.5)	1	
no	144(75.4)	47(24.6)	2.457(1.701-3.548) *****	2.385(1.565_3.633) *****

*** Significant P. value** <0.05

Chapter six Discussion

6.1. Preferred & actual SRH information sources

6.1.1 Preferred sources

The major preferred source of information were media (71.9%) & school (68.8%), different from a study done in the Bullen, in which school is preferred by 315(83.1%), followed by mass-media 188(49.6%) students (13). The differences might be due to majority of Bahir dar special zone respondents have access to mass media than Bullen woreda students. Both males and females were preferred to discuss SRH issues with same sex and siblings similar with the Bullen (20) & china's out of school youth finding (15). Majority of the students (90.6%) preferred to discuss with health professionals higher than a study that was done in Nekemtie in which 60.1% preferred health professionals (14). In Bullen woreda, majority (76.4%) of the participants chose their friends which are similar with the second preferred one in this study. Male students preferred to discuss with their fathers & brothers than females about SRH issues (13,).A study on secondary school girls in Zambia also showed that 77% felt it was difficult to discuss SRH matters with their fathers (13,27).

As to the findings of FGD; there was a strong debate among students in the preferred main source of informations. Some prefer to get SRH information from school, some said home & other from church.

A 17 year old Sabbath school student of EOC said; " The most preferred source for SRH information is church. Government should work together with the church to address SRH problems faced by youth. Parents & youth should be addressed through church. Because all problems youth faced related to SRH are due to dis obedience to the commandments of God".

Another 20 years old Anti AIDS club member said," we couldn't address all youth through church but it is easy to address them through school".

But the finding of this study with sex preference to discuss was supported with FGDs finding that majority of students & parents would like to talk with the same sex.

A 19 year old male student said; " I prefer to discuss SRH issues with males rather than females because I don't feel comfort when I discuss with females".

A 40 year female parent discussant said; " It is better to discuss with the same sex because we share the same nature". This finding is similar with a community dialogues in Kenya in which parents said they can more easily talk to children who are of their sex (16).

6.1.2 Actual sources of SRH information

The most frequently mentioned main source of information for SRH issues were school, media, & Health institutions, this is similar with studies done in Nekemtie (14), Bullen(13) & Nigeria(26). This is supported with FGD findings.

The FGD findings of parents showed different SRH sources. A 43 year old rural father said;

"We didn't talk sexual issues at home, because they are learning these issues at school".

38 years old urban mother said; "Even though they are learning the SRH issues at school, me & my husband communicated each issue with our children at home, because it has many advantages".

But FGDs of students showed that majority of the students said their main source of information is school. They explained that they got information at school from teachers, peers, different clubs& mini medias.

There is a gap in the preferred & actual source of information. School & media were used as source of SRH information more than it is preferred by students. Where as Home, Health & Religious institutions were used as source of SRH information less than it is preferred to be sources by students. This is similar with the findings in Nekemtie (14).This gap showed great effort is important to feel SRH information needs of youth from different sources especially home, Religious institutions & Health facilities.

6.2. Communication status of students with parents on selected SRH issues

A study done in Nigeria indicate that Positive communication between parents and children helps young people to establish individual values and make sexually healthy decisions (26).In this study, 522(71.4%) respondents reported that it is important to discuss SRH issues with parents which is less than the study conducted in Bullen woreda secondary school which is 362(87.9%) (13). This might be due to youth residing in Bahir dar town able to have different information access than those in Bullen. As to the findings of the FGDs; Majority of the rural parents said that, it is not advisable to discuss SRH issues with youth, because we don't have enough knowledge to discuss about the issue. Even they know about it more than us.

Whereas about half of the urban parents expressed that no one is responsible like parents for their children. And parents should discuss SRH issues with children, but the problem is youth The current youth did not hear what is said by his parents & do not accept our ideas, they did everything with their own. Because of that it is better to be given with their teachers or others than us.

Contrary to this a 42 year old urban father said, "Children are like a white sheet that accepts what is written on it. As to me the problem is with parents not with children. Of course communications started lately may not be effective but if we start earlier from child hood we have the chance to create good sexual behaviour in youth".

From a total of 773 students, 467(60.4%) students had communicated on SRH issues with parents, which is twice that of Bullen's study in which 28.9% (13) & Nekemtie study which is 30%(14) of students were communicated. The proportions of students discussed in each communication variables were greater than that of Bullen school study(13). Also the reasons mentioned by those who did not communicate on different communication variables with parents were different from Bullen in some of the variables. These differences might be because of the difference in socio demographic characterstics of students & parents (place of residence, educational status of parents etc). Bullen is a rural town where as in this study 80% of the respondents live in Bahir dar town which is the capital of the region & there is a great difference in the educational status of parents. In Bullen Mothers & fathers educational status of greater or equal to grade nine were 1.9% & 5.8% respectively(13). Where as in Bahir dar it is 30.4% & 38.4% respectively.

6.2.1. Puberty

Two hundred twenty two (28.7%) students discussed on puberty with their parents. Whereas in Bullen 309(75%) students communicated on puberty with any person & from those who discussed on the issue, 36(11.7%) discussed with mother & 40(12.9%) with father (13). Out of those 551(71.3%) students who had not discussed on puberty in this study the most frequently mentioned reasons were shame to discuss, I know it very well no need to discuss & parents lack knowledge about the issue respectively. But in Bullen school students the mentioned reasons not to discuss were parents lack of knowledge 38(43.7%), shameful to discuss 37(42.5%) & culturally unacceptable 19(21.8%) respectively(13). In addition, a study in Ziway showed the impact of shamefulness & parents limited knowledge on adolescence

that made adolescents not to discuss with their parents(20) . Youth discussed more frequently with their mother than fathers. This is similar with a study conducted in Kenya (21).

As to the findings of FGDs about half of female students said that they didn't discuss with their parents when menstruations happened but discussed with elder sisters or any other female relatives.

6.2.2. Avoiding premarital sex

Many young people are having sex before marriage, there by exposing them to the risks of STIs, HIV/AIDS and unplanned pregnancy (1). In this study 415(53.7%) had discussed on avoiding premarital sex with parents. whereas in Bullen 227 (55.1%) of students discussed about premarital sex with any person & from those 46(20.4%) discussed with mother & 37(16.4%) with father (13). Commonly mentioned reasons by those students who didn't discuss about avoiding premarital sex were; Shameful to discuss, 192(53.6%), parents lack knowledge about the issue, 166 (46.4%) & culturally unacceptable to discuss, 160 (44.7%) in order. Where as in Bullen the most commonly mentioned reasons were shameful to discuss, 59(33.1%), culturally unacceptable, 56(31.3%) and parents lack knowledge, 53(29.6%) (13).

From FDG discussions a 16 years old muslim female student said;" No need to discuss always about avoiding premarital sex with parents, because we already know it is not acceptable in Religion & our culture".

6.2.3. Sexual intercourse

In this study 307(39.7%) of the students had discussed about sex with their parents. In studies done in four African countries namely Burkina Faso, Ghana, Malawi and Uganda parental communication about sex-related matters was low; between 8% and 38% of adolescents said a parent or parent figure had ever talked to them about sex (23).The result varied might be due to settings studies conducted were different. In Bullen, 174(42.2%) of the students had discussed about sexual intercourse with any person, but 25(14%) discussed with mother, 21(12.1%) with father (13). Those 466 (60.3%) students who didn't discuss about sex their reasons were; 332(71.2%) parents fear that it can encourage youth to engage in sexual activity, 254(54.5%) I know it very well no need to discuss, & 223(47.9%) parents lack knowledge. In a study which was done in United Kingdom revealed the main reason given for not talking to parents about sex was embarrassment on the part of the child, accounting for 57% of all reasons given (22). where as a study done in Nekemtie showed major reasons

mentioned for not having the discussion were primarily fear of parents 395(78.8%) & cultural prohibition 321(64.1%) (14). In addition, a study in Ziway showed the impact of cultural taboo & shamefulness that make adolescents to discuss rarely on sexual matters explicitly with their parents (20). When we see the result of this study based on gender, males were less likely to discuss with parents about sex than females, which is contrary to a study in Bullen woreda that males had discussed on topics related to sexual intercourse more often than females (13). A study conducted in Latino families showed mothers were more likely to communicate with their daughters about sex than with their sons, whereas fathers were more likely to discuss sex with their sons than with their daughters (24). This idea is supported from FGDs. Majority of the urban & rural parents agreed that usually they talk about sex specially its complications to their female youth than males. They reasoned out that females are exposed to unwanted pregnancy & its complications. And by fearing that, if she becomes pregnant the whole family will be ashamed by the occasion this is similar with FGD findings of parents in south Africa (27).

6.2.4. Contraception

Unwanted pregnancy is one of the greatest problems a young girl can face. Pregnancy may endanger her health, her chances for education and marriage, and many of her hopes and plans for the future. One hundred eighty three (23.7%) of the students reported that they had discussed about contraception with their parents. This finding is less than a study finding in USA in which 36% of youth discussed with parents about contraception (18). This difference might be due to the socio economic status of the youth & their parents were different in USA & developing country like Ethiopia. But higher than the studies which were done in four African countries namely Burkina Faso, Ghana, Malawi and Uganda Parents were less likely to be information sources regarding contraceptive methods. No more than 10% of adolescents said a parent or parent figure had ever given them information about contraception with the exception of girls in Uganda(23). This might be due to the settings in which the studies conducted were different. But the finding of this study is similar with a study conducted in A.A high schools in which 25% students got information about contraception from their parents (25). From studies in four African countries (Burkinafaso, Ghana, Malawi, and Uganda) in three countries males were less likely to report such communication with parents. This is similar with this study in which males discussed about contraception with parents less

likely than females (23) Out of 590(76.3%) who had not discussed, the major reason explained were shame to discuss & parents fear that the discussion may engage youth in sexual activity similar with Bullen's (13) & Latino parents finding(24).

From the FGD a 56 year EOC rural priest said "It is very difficult for the parent to talk about contraception for their children, either spiritually or morally, rather parents should always talk to their youth about avoiding pre marital sex".

Also a 16 year female student said, "How could someone formally discuss about contraception with parents, as to me it is better to talk with friends".

Another 32 years old urban parent Said, "I gave birth when I was 8th grade student &15 years old which is the consequence of premarital sex, I suffered a lot & I don't want to happen that with my daughter so always I discussed with her even the sensitive issues like contraception".

6.2.5. STI/HIV/AIDS

Sexually transmitted diseases (STDs) are a major health problem among young people worldwide (16). Three hundred fifteen (40.8%) of the students reported that they had discussed on STI/HIV/AIDS with their parents. The finding is very less than a study conducted in USA in which 74 % of adolescents communicate with parents about HIV/AIDS(18). This might be due to the presence of difference in socio economic status of youth & their parents. But similar with the study conducted in Nigeria, in which students claimed to have had family communication on HIV/AIDs with their Mother 137 (43.5%) & Father 91(28.9%) (26). Those 458(59.2%) who had not discussed reason out that; 281(61.4%) said there is no need to discuss I know it very well, 249(54.4%) shame to discuss followed by 143(31.2%) parents lack of knowledge about the issue. But in Bullen students who had not discussed with parents; 37(46.8%) said their parents lack communication skill, 37(46.8%) mentioned parents lack knowledge & 26(32.9%) shameful to discuss (13). As to the FGD discussions, most of the parents said since AIDS is incurable disease & the Medias always talked about it not only youth but mostly the whole family member discussed about it. This finding is similar with the from FGDs of parents in Bullen in which majority discussed about HIV/AIDs (13).

6.2.6. Condom use

In schools, teachers seem to focus primarily on abstinence, the use of condoms, is deliberately left out. Often teachers do this because they believe that they are protecting young people

from information that may lead to premarital sex, however this does not help the youth who are already sexually active(3). A study conducted in Addis Ababa high schools indicated that 54% of sexually active youth have experienced sex with more than one partner, but only 18 percent said they had ever used condom (25). Only 114 (14.7%) of students had discussed on condom use with their parents. It is much less than a study conducted in USA in which 54% of youth discussed about condom use with their parents (18). The reason might be due to a great difference in socio economic status of western & developing countries. In a study conducted in Bullen 244 (59.2%) students discussed about condom use with any person but only 20(8.3%) discussed with mother &17(7.1%) with father (13). Out of those who had not discussed 464 (70.4%) reason out, it is shameful to discuss about condom with parents similar with Bullen school study. There is no significant difference in communication with parents about condom in male & female students which is not similar with Bullen school study in which males discussed more likely than females on topics related to condom this (13) .

In FGD discussions majority of parents said that If today we discuss how to use condom for our children tomorrow they will go to commercial sex workers or others to practice it. Because of that we don't discuss, The other reason explained by majority of the parents were even we, our selves do not have the skill how to use condom.

6.2.7. Unsafe abortion

Sexual activity among youth in Ethiopia, particularly those residing in urban areas, has resulted in large numbers of unwanted pregnancies, and illegal abortions, Where abortions are performed by unskilled providers in unsafe conditions & the risks of serious health complications and death are great (21,35) .Only 177(22.9%) of students had discussed about unsafe abortion with parents in this study. In FGD discussions majority of the parents & students said safe or unsafe abortion is not acceptable in religions or in culture, so no need even to start discussion with this issue".

The majority of the discussions were not discussed in detail. This can be related to discussing sexual issues in detail is culturally unacceptable, it may also be associated to educational status of the parents. Majority of the discussions held in this study were not formal, just it was performed accidentally when the issues were raised related to other discussions. This may be due to the trained of having a formal discussion with plan at the family level is very rare in the

area & parents may not know planned discussion is important for their children, But all these reasons are not satisfactory to which these all needs further investigation.

On the other hand, in this study there was gender difference in discussing SRH issues. For instance, discussion on contraception & abortion were high in females than males. This may possibly suggest these problems are left for females as a study conducted in Latino families supported this idea that most study participants viewed contraception as the girl's responsibility, although a few boys argued for male responsibility and said they would acknowledge responsibility if their girlfriend became pregnant (11).

In this study Age, sex, place of residence, family size, father's educational status, mother's & father's occupation & students' adherence to culture that prevent communication has statistically significant association with the communication status of students. Where as to that of the Bullen study grade of students, age, and mother's educational status has statistically significant association with communication status of students on SRH issues. In this study those students greater than age 19 were more likely to discuss where as that of the Bullen this group of students are less likely than the other age groups. These all needs further study to assess those variables which predict communication status.

Strengths

- Few studies have specifically addressed the issue of parent-adolescent children communication on SRH issues in the region, at the national level. So Future research might build upon on this finding.
- Combining quantitative and qualitative data.

Limitations

- The study is based on self reported information, which is subjected to reporting errors.
- The measures of parental communication were based on young people's report, which may not reflect what parents were actually doing.
- The possibility of social desirability bias cannot be ruled out.
- Due to it is cross-sectional rather than longitudinal design, it is difficult to determine causal relationships between the proposed predictors and the outcomes of interest.

Conclusion

- Preferred source of SRH issues for youth are health professionals, peers & teachers respectively of the same sex.
- There is a gap in the preferred & actual source of information, especially in that of Home, Religious institutions & Health facilities.
- Majority of the students has good attitude about communication with parents on SRH issues.
- More than 60% (60.4%) of students had communicated with parents on SRH issues.
- Majority of the young people (>75%) had communicated in less than half of the seven communication variables.
- Students discussed with their parents about adolescence, sex, contraception, Abortion, HIV/AIDs, condom use in a proportion of below 50% except for avoiding premarital sex which is 53%.
- Among those students who discussed about SRH issues with their parents, majority of the discussions are not formal, just raised related to other issues.
- In majority of the discussions, SRH issues were discussed not in detail.
- The commonly mentioned reasons in those who did not discuss on SRH issues with parents were shame to discuss, parents fear of the discussion will engage their child in to sexual activity, parents lack of knowledge, I know it very well no need to discuss & culturally unacceptable to discuss.
- Age, sex, father's educational status, occupation of father & mother, family size & students' adherence to culture has statistically significant association with communication status of youth with parents.

Recommendations

Based on the findings, therefore, the following recommendations are suggested.

To Bahir dar special zone Education office

- The second and third preferred sources of information are school peers & teachers of same sex, so strengthening peers & teachers with appropriate sexuality information is important.

To Religious institutions & Health facilities

- To strengthen their information communication system to meet the SRH information needs of youth

To Bahir dar special zone Education office, health office, Youth, culture& sports office & different concerned organizations

- Having continued programme that sensitize parents & students through schools, community, religious institutions, and health institutions for open discussion & to create awareness about importance of communication.
- Different programmes should be developed to help parents to have adequate knowledge on SRH issues, to develop communication skill etc.
- Comprehensive family life education (FLE) should be initiated for the students and parents in school, home, churches, mosques, and health facilities.

To parents

- Parents to have initiation to support their children, to learn about good parenting.

To researchers

To conduct further research on determinant factors of communication on SRH issues, Effect of communication on youth sexual behaviour. To assess quality of communications held in detail.

References

1. Rachel N. Youth in a Global World. USAID Population Reference Bureau, USA Washington DC, 2009.

2. Federal Democratic Republic of Ethiopia Population census commission, summary & statistical report of 2007 population & housing census housing December , Addis Abeba.

3. Lee, Mary, Huang, Soo. Communication, advocacy strategies and adolescent reproductive and sexual health: UNFPA adolescent sexual and reproductive health case study. Thailand

4. World Health Organization. Helping Parents in Developing Countries Improve Adolescents' Health. 2006.

5. Solomon S. The effect of living arrangements and parental attachment on Sexual Risk behaviors and Psychosocial Problems of Adolescents. Ethiopia.

6. Communicating about sex: adolescents and parents in Kenya. Available at http://www.kit.nl/frameset.asp? /exchange-content/htm /1996-3-communicating-about sex, asp & frnr (Accessed on 12/10/09).

7. Faustina O. Knowledge and Practices of Reproductive Health issues among second cycle institutions. A paper presented at a Conference organized by African Honor Society of Nursing, Accra, Ghana, 8-11 August 2005.

8.The Influence Factors That Affect Thailand's Management Of Youth Reproductive Health Service Khon Kean University, Thailand Journal of Diversity Management – Fourth Quarter 2008 Volume 3, Number 4 27

9. Sabina Faiz Rashid. Communicating with rural adolescents about sex education: Research and Evaluation Division BRAC (Bangladesh Rural Advancement Committee). Bangladesh.

10, Ministry of youth, sports & culture of Ethiopia (mysc,) youth policy, available at www ethio youth minister .org

11. Daba B. Assessment of premarital sexual practices and factors related to it. 2006, Addis Ababa: A thesis submitted to faculty of medicine Addis Ababa University.

12. John N and Tsedaniya D. A better fate for young people: Challenges to Behavior Change in Ethiopia and Their Implications for HIV Prevention. No.5, 2004.

13. Desalegn G/yesus. Assessing communication on sexual and reproductive health issues.

A Thesis Submitted to Faculty of Medicine, Addis-Ababa University. 2006, Addis Abeba

14. Gudina Egata assessment of level of knowledge of reproductive health and sexual behavior among adolescents a thesis submitted to school of graduate studies of Addis Ababa university april, 2005 Addis Ababa.

15.Bo Wang*1, Xiaoming Li2, Bonita Stanton2 etal. Sexual attitudes, pattern of communication, and sexual behavior among unmarried out-of-school youth in China, BMC Public Health, China. Available at http://www.biomedcentral.com/1471-2458/7/189 © 2007 Wang et al; licensee BioMed Central Ltd.

16. Alan F. National youth reproductive health survey.1997 Zimbabwe national family planning council with support from IEC family planning and health education project. 1998

17 O.L.A Tolulope Monisola and Bosede Abiola Oludare. Adolescent sexuality and sexuality education in south western Nigeria. Nigeria, 2009 4(3); 264-268.

18. Deborah H and Richard R. Parent and peer communication effects on AIDS- related behavior among U.S high school students. Family planning perspective 1995; 27(6): International consortium for emergency contraception, www.eeeinfoorg_info@eeeinfo.org

19, UNIFPA, adolescent reproductive health: Making a difference, New York, 1998, Dec, 16(3):2-8

20. Taffa N .Sexualy active of out-of-school youth, and their knowledge and attitude about STD and HIV/AIDS in southern Eth. Ethiop J Health Dev, April 1998; 12(1):20

21- Ahmed Abubeker, youth reproductive health problems and service preferences, a thesis submitted to the school of graduate studies of addis ababa university in assebe teferi west hararghe, april 2004

22- Sharron Ogle, Anna Glasier, Simon C.,Communication between parents and their children about sexual health ,Obstetrics and Gynaecology Section, Centre for Reproductive Biology, UK December 2007

23- Ann Biddlecom, Kofi Awusabo-Asare and Akinrinola Bankole, Role of Parents in Adolescent Sexual Activity And Contraceptive Use in Four African cuntries, International Perspectives on Sexual and Reproductive Health Volume 35, Number 2, June 2009

24- Vincent Guilamo-Ramos ,Parent-Adolescent Communication about Sex in Latino Families: January 2008,availableat www.TheNationalCampaign.org, www.StayTeen.org.

25- Tsigereda Gadisa Barriers to use contraceptive among Adolescents, a thesis submitted to the school of graduate studies Of Addis Ababa University April 2004, Addis Ababa

26- O.L.A Tolulope Monisola and Bosede Abiola Oludare. Adolescent sexuality and sexuality education in south western Nigeria. Nigeria, 2009 4(3); 264-268.

27. Akim J. Parents' attitudes to Adolescent sexual behavior. Population and Poverty Studies Program. Durban, South Africa.

Appendices : Questionnaire

Information and consent

Dear respondent,

Hello, my name is _____. I am working in a research team of Jimma University. We are interested in learning more about the level and factors influencing communication on sexual and reproductive health issues between school youth and their parents. This questionnaire is designed for a research work which is approved by Jimma University College of public health and medical sciences to be conducted in partial fulfillment of masters' degree in public health. We hope you will help us by answering these questions. None of your answers will be available to anyone. Do not write your name. All the information you give us will be kept private. If you are not willing to participate in the study u will have the right to discontinue at any time in the process.

Confidentiality and privacy will be maintained by ensuring the respondents filled questionnaire on a separate place where no one can see them. Therefore, we really need your honest and genuine response to questions prepared is highly appreciated and helpful to attain the objective of the study. The results of the study will hopefully serve as an important input for policy and intervention programs that aim at addressing youth sexual and Reproductive health problems.

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

Would you be willing to participate in the study? _____ agree _____disagree

If agree, proceed to the next page

If disagree, please stop here.

Thank you

Consent

I have been informed that;

1) The purpose of this particular research project is communication related to sexual and reproductive health issues between youth and their parents

2) I am going to respond to these questions by answering what I know.

3) The information I give will be used only for the purpose of finding out youth sexual and reproductive health communication problems.

4) The information I give will be treated confidentially.

5) I can refuse to participate in the study initially or at any time in the process or not to respond to questions I am not interested.

Based on the above information, I agree to participate in the research voluntarily with the hope of contributing on behalf of me to the effort of knowing the level and factors influencing communication on sexual and reproductive health issues between school youth and their parents.

*The term parent, mother, father in this questionnaire represent as follows;

- **Parents** _ all those who provide significant primary care for youth, with in the past one year, which include biological, foster, adoptive, grandparents, other relatives and fictive kinship such as godparents.
- **Mother** _ a female who provide significant primary care for youth, with in the past one year, which include biological, foster, adoptive, grandparents, other relatives and fictive kinship such as godparents.
- **Father** _ a male who provide significant primary care for youth, with in the past one year, which include biological, foster, adoptive, grandparents, other relatives and fictive kinship such as godparents.

Signature_____

School _____

Date_____

Jimma university college of public health and medical sciences, department of population & family health questionnaire on youth and parent communication on sexual & reproductive health issue

Se.no	Question	Response	skip
I	**Socio demographic characteristics of students) and their parents**		
101	Age	_____years	
102	Grade	_____	
103	Sex	1. Male 2. Female	
104	Religion	1. Orthodox Christian 2. Muslim 3.Catholic 4. protestant 5. others(specify)_____	
105	Ethnic group	1. Amhara 2. Agew 3. Tigrie 4. Oromo 5.Others (specify)_____	
106	Place of residence	1, Bahir dar town 2, rural kebele	
107	Marital status of the mother and father	1. Together 2. Separated 3. Divorced 4. Widowed 5. single	
108	With whom are you living?	1. lives with both biological parents 2. mother only (bioloigical) 3. father only (biological 4. sister /brother 5. with relative 6. caring organization 7. Others_____	
109	Family size	_____	
110	Perceived Parents economic status	1. Rich 2. medium 3.poor	
		1. Illiterate	

111	Mother's educational status	2. Read and write only 3. Primary school (1-8) 4. Secondary school (9-12) 5. certeficate 6. Diploma 6. Degree / Degree+ 7. dead mother/not living together(missing)	
112	Father's educational status	1. Illiterate 2. Read and write only 3. Primary school (1-8) 4. Secondary school (9-12) 5. certeficate 6. Diploma 6. Degree / Degree+ 7. dead father/not living together(missing)	
113	Occupation of the mother	1. House wife 2. Employed (government) 3. Employed (private) 4. Merchant 5. Farmer 6. self employee 7. Dead mother/not living together(missing) 8. Others(specify) _____	
114	Occupation of father	1. Employed (government) 2. Employed (private) 3. Merchant 4. Farmer 5. Self employee 6. Dead father/not living together(missing) 7. Others (specify) _____	
II	**Attitude of students about SRH issues communication**		
201	Sex education is necessary for youth.	1. Agree 2. Disagree 99. I am not sure	
202	Where do you prefer sex education to be given?	Yes No 1. School 1 2 2. Home 3. church/mosque 1 2 3. media 1 2 4. health facilities 1 2 5. Others (specify) _____	
203	It is important to discuss (communicate) sexual issues with parents.	1. Agree 2. Disagree 99. I am not sure	

204	Which sex do you prefer to discuss on SRHs?	1.Same sex 2.Opposite sex 3. Both	
205	With whom do you prefer to discuss SRH issues?	Yes No 1.parents 1 2 2. sisters 1 2 3 Brothers 1 2 4 Peer (friends) . 1 2 5. religious leaders 1 2 6. Teacher 1 2 7. Health professionals 1 2 8. Others (specify)_____	
III	**Communication practice of students with their parents**		
301	Where did you get information about SRH matters?	Yes No 1. School 1 2 2. Media 1 2 3. Home 1 2 4. Health facilities 1 2 5. Church/mosque 1 2 6. Others, specify _____	
302	Where did you get information about sexual matters predominantly? (Only one answer is needed)	1. School 2. Media 3. Home 4. Religious institution 5. Health facilities 6. Others, specify_____	
303	Have you ever discussed about puberty with your parents with in the past one year?	1. Yes 2. No 99. I am not sure	**If yes skip to Q305**
304	If you didn't discuss about puberty with parents, what are the reasons?	Yes No 1. Culturally unacceptable 1 2 2. Shame 1 2 3. Lack of knowledge about the issue by parents 1 2 4. parents fear that discussion will engage youth in sexual activity 1 2 5. I know it very well no need to discuss 1 2 6. Parents are too busy 1 2 7. Others (specify)_____	
305	If yes with whom you discussed?	1. Father only 2. Mother only 3.Both father & mother	
306	How frequent you have	1.more often	

	discussed?	2.often 3.less often	
307	How was the discussion held/raised?	1.Formal arranged by parents 2.not planned, raised related to other discussion 3.As a kind of insult by parents	
308	How was the content of the puberty issue discussed?	1. detail 2. not detail	
309	What was your usual feeling while discussions about puberty with parents ?	1. good feeling 2.bad feeling related to shame	
310	Have you ever discussed on sexual intercourse with your parents with in the past one year?	1. Yes 2. No 99. I am not sure	**If yes skip to Q312**
311	If you don't discuss about sexual intercourse with parents, what are the reasons?	Yes No 1. Culturally unacceptable 1 2 2. Shame 1 2 3. Lack of knowledge about the issue by parents 1 2 4. parents fear that discussion will engage youth in sexual activity 1 2 5. I know it very well no need to discuss 1 2 6. Parents are too busy 1 2 7. Others (specify)_____	
312	If yes with whom you discussed?	1. Father only 2. Mother only 3.Both father & mother	
313	How frequent you have discussed about sexual intercourse with in the past one year?	1.more often 2.often 3.less often	
314	How was the discussion held/raised?	1.Formal arranged by parents 2.not planned, raised related to other discussion 3.As a kind of insult by parents	
315	How was the content of the sexual intercourse issue discussed?	1. detail 2. not detail	
316	What was your usual feeling while discussions about sexual intercourse with parents ?	1. good feeling 2.bad feeling related to shame	
317	Have you ever discussed with your parents about avoiding premarital sex with in the past one year?	1. Yes 2. No 99. I am not sure	**If yes skip to Q319**

318	If you don't discuss on avoiding premarital sex with parents, what are the reasons?	Yes No 1. Culturally unacceptable 1 2 2. Shame 1 2 3. Lack of knowledge about the issue by parents 1 2 4. parents fear that discussion will engage youth in sexual activity 1 2 5. I know it very well no need to discuss 1 2 6. Parents are too busy 1 2 7. Others (specify)_____	
319	If yes with whom you discussed?	1. Father only 2. Mother only 3. Both father & mother	
320	How frequent have you discussed about premarital sex?	1.more often 2.often 3.less often	
321	How was the discussion held/raised?	1.Formal arranged by parents 2.not planned, raised related to other discussion 3.As a kind of insult by parents	
322	How was the content of the premarital sex issue discussed?	1. detail 2. not detail	
323	What was your usual feeling while discussions about premarital sex with parents?	1. good feeling 2.bad feeling related to shame	
324	Have you ever discussed about contraception with your parents with in the past one year?	1. Yes 2. No 99. I am not sure	**If yes skip to Q326**
325	If you don't discuss on contraception with parents, what are the reasons?	Yes No 1. Culturally unacceptable 1 2 2. Shame 1 2 3. Lack of knowledge about the issue by parents 1 2 4. parents fear that discussion will engage youth in sexual activity 1 2 5. I know it very well no need to discuss 1 2 6. Parents are too busy 1 2 7. Others (specify)_____	
326	If yes with whom you discussed?	1. Father/male guardian only 2. Mother/female guardian only 3. Both father & mother	
327	How frequent you have	1.more often	

	discussed about contraception?	2.often 3.less often	
328	How was the discussion held/raised?	1.Formal arranged by parents 2.not planned, raised related to other discussion 3.As a kind of insult by parents	
329	How was the content of the contraception issue discussed?	1. detail 2. not detail	
330	What was your usual feeling while discussions about contraception with parents?	1. good feeling 2.bad feeling related to shame	
331	Have you ever discussed on STD/HIV with your parents with in the past one year?	1. Yes 2. No 99. I am not sure	**If yes skip to Q333**
332	If you don't discuss on STD/HIV with parents, what are the reasons?	Yes No 1. Culturally unacceptable 1 2 2. Shame 1 2 3. Lack of knowledge about the issue by parents 1 2 4. parents fear that discussion will engage youth in sexual activity 1 2 5. I know it very well no need to discuss 1 2 6. Parents are too busy 1 2 7. Others (specify)_____	
333	If yes with whom you discussed?	1. Father only 2. Mother only 3. Both father & mother	
334	How frequent you have discussed about STD/HIV?	1.more often 2.often 3.less often	
335	How was the discussion held/raised?	1.Formal arranged by parents 2.not planned, raised related to other discussion 3.As a kind of insult by parents	
336	How was the content of the STD/HIV issue discussed?	1. detail 2. not detail	
337	What was your usual feeling while discussions about STD/HIV with parents?	1. good feeling 2.bad feeling related to shame	
338	Have you ever discussed with your parents about condom use with in the past one year?	1. Yes 2. No 99. I am not sure	**If yes skip to Q340**
339	If you don't discuss about condom use what are the reasons?	Yes No 1. Culturally unacceptable 1 2 2. Shame 1 2 3. Lack of knowledge about	

		the issue by parents 1 2 4. parents fear that discussion will engage youth in sexual activity 1 2 5. I know it very well no need to discuss 1 2 6. Parents are too busy 1 2 7. Others (specify)_____	
340	If yes with whom you discussed?	1. Father only 2. Mother only 3. Both father & mother	
341	How frequent have you discussed about condom use?	1.more often 2.often 3.less often	
342	How was the discussion held/raised?	1.Formal arranged by parents 2.not planned, raised related to other discussion 3.As a kind of insult by parents	
343	How was the content of the condom use issue discussed?	1. detail 2. not detail	
	What was your usual feeling while discussions about condom use with parents?	1. good feeling 2.bad feeling related to shame	
344	Have you ever discussed with your parents about unsafe abortion with in the past one year?	1. Yes 2. No 99. I am not sure	**If yes skip to Q346**
345	If you don't discuss about unsafe abortion what are the reasons?	Yes No 1. Culturally unacceptable 1 2 2. Shame 1 2 3. Lack of knowledge about the issue by parents 1 2 4. parents fear that discussion will engage youth in sexual activity 1 2 5. I know it very well no need to discuss 1 2 6. Parents are too busy 1 2 7. Others (specify)_____	
346	If yes with whom you discussed?	1. Father only 2. Mother only 3. Both father & mother	
347	How frequent have you discussed about unsafe abortion	1.more often 2.often 3.less often	
348	How was the discussion held/raised?	1.Formal arranged by parents 2.not planned, raised related to other discussion 3.As a kind of insult by parents	

349	How was the content of the unsafe abortion issue discussed?	1. detail 2. not detail	
350	What was your usual feeling while discussions about unsafe abortion with parents?	1. good feeling 2.bad feeling related to shame	

Discussion to parents on level of communication with their youth on Sexual & Reproductive Health issues and factors affecting communication

- Four FGDs will be conducted with;
  - Male urban parents
  - Female urban parents
  - Male rural parents &
  - Female rural parents
- At least four focus group discussions will be carried out among convieniently selected parents who have school youth based on the desired socio demographic characterstics; Residence (urban & rural) & sex (male & female).
- The focus group discussion for mothers and fathers will be conducted separately to increase the confidence & to get quality information that can be generated from the respective parents. And again it will be separated with residence to examine the view and level of rural & urban parents about communication on SRH issues with their youth and factors affecting communication.
- The number of participants in each group will be from 6 to 8 individuals.
- The moderator will be of similar sex.

The guideline will be as follows:

1. Greeting
2. Ask the willingness of parents for participating in the discussion.
3. Explain the objective of the study and focus group discussion.
4. Telling the participant that confidentiality will be maintained and telling them we will use tape recorder.

The guideline will be as follows:

1. Greeting

2. Ask the willingness of parents for participating in the discussion.

3. Explain the objective of the study & the focus group discussion.

4. Telling the participant that confidentiality will be maintained and telling them we will use tape recorder.

5. Topics to be discussed

- Is it important for students to discuss Sexual & Reproductive Health matters with parents? (Why?)
- Where do you prefer sex education to be given? (School, friends, home, church…) why?
- Are you comfortable to discuss SRH issues with your children? (Why?)
- What are the topics (contents) discussed with your children? Why?
- What are the reasons (barriers) for not communicating/discussing sexual matters with parents? Why?

6. Systematic avoidance of dominate participant &

7. As much as possible during discussion, probing of the participant to express their feeling will be considered.

Thank you

Communication of youth with their parents on Sexual & Reproductive Health issues and factors affecting communication

Two FGDs will be conducted with; _Male students

_ Female students

- At least two FGDs will be carried out among purposively selected students
- The focus group discussion for female & male students will be conducted separately to increase the confidence of students & to get quality information on level of communication of parents about SRH issues with their youth and factors affecting communication.
- The number of participants in each group will be from 6 to 8 individuals.

- The moderator will be of similar sex.

The guideline will be as follows:

1. Greeting
2. Ask the willingness of students for participating in the discussion.
3. Explain the objective of the study & the focus group discussion.
4. Telling the participant that confidentiality will be maintained and telling them we will use tape recorder.
5. Topics to be discussed
    - Is it important to discuss Sexual & Reproductive Health matters with parents? (Why?)
    - Where do you prefer sex education to be given? (School, friends, home, church…) why?
    - Are you comfortable to discuss SRH issues with your parents? (Why?)
    - What are the topics (contents) discussed with your parents? Why?
    - What are the reasons (barriers) for not communicating/discussing sexual matters with parents? Why?
6. Systematic avoidance of dominate participant &
7. As much as possible during discussion, probing of the participant to express their feeling will be considered.

Thank you

በጅማ ዩኒቨርሰቲ የህክምናና የህብረተሰብ ጤና አጠባበቅ ክፍል በባህር ዳር ልዩ ዞን አማራ ክልል የከፍተኛ ሁለተኛ ደረጃና መሰናዶ ት/ቤት ወጣቶችን በስነተዋልዶ ጤና እና ፆታዊ ጉዳዮች ከቤተሰብ ጋር የሚደረጉ ውይይቶች አስመልክቶ ለማጥናት የተዘጋጀ መጠይቅ ነው ::

<u>ስምምነት</u>

ይህ መጠይቅ የማቀርበው በጅማ ዩኒቨርስቲ በህብርተሰብ ጤና በማስትሬት ዲግሪ የመጨረሻ አመት ተማሪ ነኝ:: ስሜም **<u>የሽ በላይ</u>** እባላለሁ::እነዚህን ጥያቄዎች የማቀርብበት ምክንያት የወጣቶችን የስነተዋልዶ ጤና ና ጾታዊ ጉዳዮች ከቤተሰብ ጋር የመወያየት ሁኔታ ካለ ለማወቅ ነው:: የዚህ ጥናት ዓላማ በከፍተኛ ሁለተኛ ደረጃና መሰናዶ ት/ቤት ያሉ ወጣቶች በስነተዋልዶ ጤና እና ፆታዊ ጉዳዮች ከቤተሰብ ጋር የሚደረጉ ውይይቶች ና ተጽዕኖ የሚፈጥሩ ነገሮችን ለማወቅ መረጃዎችን ለመሰብሰብ በሚደረገው በዚሁ አቅጣጫ ለሚከሰቱት የጤና ችግሮች መፍትሔ ለማምጣት እርምጃዎች ለሚወሰዱ መረጃ ለማግኘት ነው:: ስለዚህ የእርሶዎ በዚህ መጠየቅ ውስጥ ያሉትን ጥያቄዎች በግልፅነትና በቅንነት ለመምለስ የሚያደርጉት ትብብር እጅግ የሚደነቅ ሲሆን ለዚህ ጥናት ዓላማ መሳካት የራሱ የሆነ ጠቃሚ ድርሻ አለው::

የሚመልሱትን መልሶች ሚስጥራዊነት ለመጠበቅ ሲባል በዚህ መጠይቅ ስምዎን መፃፍ አያስፈልግዎም:: እንዲሁም የማንኛውም በጥናቱ ላይ የተሳተፈ ተማሪ መልስ ለየትኛውም አካል ተላልፎ አይሰጥም:: በዚህ መጠይቅ ውስጥ ያለውን የትኛውም ለመመለስ የሚፈልጉትን መልስ ወይም ጠቅላላውን ጥያቄ ላለመመለስ መብትዎ የተጠበቀ ነው:: እባክዎ ጥያቄውን በመመለስ ቢተባበሩን ለጥናቱ መሳካት የራስዎን ጉልህ ድርሻ ተወጡ ማለት ነው::
መልሶቹን ለመመለስ ፍቃደኛ ነዎ? አዎን ካሉ ወደሚቀጥለው ገፅ ይቀጥሉ::

አይፉንም ካሉ እዚህ ላይ አቁርጡ::

ፍቃድ

1. የዚህ ጥናት አላማ በወላጆችና በወጣቶች መካከል ያለውን የስነ ተዋልዶ ጤናና የስነ ጾታ ጉዳዮች ውይይት ለማወቅ እንደ ሆነ
2. የምሰጠው መረጃ በስነ ተዋልዶ ጤናና የስነ ጾታ ጉዳዮች ውይይት ላይ ያለውን ችግር ለማወቅ ብቻ እንደ ሆነ
3. የምሰጠው መረጃ በሚስጥር እንደሚጠበቅ
4. ከመጀመሪያውም በጥናቱ አለመሳተፍ ወይም በሂደቱ ውስጥ በማንኛውም ሰዓት ማቋረጥ እንደምችል እና መመለስ የማልፈልጋቸውን ጥያቄዎች መተው እንደምችል ተነግሮኛል

ስለዚህ ከላይ በተሰጠኝ መረጃ መሰረት ወጣቶች በስነተዋልዶ ጤና እና ፆታዊ ጉዳዮች ከቤተሰብ ጋር የሚደረጉ ውይይቶች ሁኔታና ተጽዕኖ የሚፈጥሩ ነገሮችን ለማወቅ በሚደረገው ጥናት ላይ በፈቃደኝነት መሳተፍ የተስማማው መሆኔን እገልጻለሁ::

በዚህ መጠይቅ መሰረት ወላጅ ፤እናት፤አባት ማለት ማንኛውም የገንዘብ፤የሞራል እንዲሁም ሌሎች ድጋፍ የሚያደርግ የስጋ ወላጅ እናት ና አባት ወይንም አሳዳጊ ሊሆን ይችላል፡፤

ፊርማ _____

ት/ቤት _____

ተ.ቁ	ጥያቄ	መልስ	እሚታለፍ
I	**መሠረታዊና ማህበራዊ ጥያቄዎች**		
101	ዕድሜ	_____ አመት	
102	ክፍል	_____ኛ ክፍል	
103	ጅታ	1.ወንድ 2.ሴት	
104	ሀይማኖት	1.ኦርቶዶክስ ክርስቲያን 2.ሙስሊም 3.ካቶሊክ 4. ፕሮቴስታንት 5 . ሌላ (ግለጽ)_____	
105	ብሄረሰብ	1.አማራ 2. አገው 3.ትግሬ 4.ኦሮሞ 5.ሽናሻ 6 .ሌላ (ይገለጽ)____	
106	የወላጆች/አሳዳጊዎች የጋብቻ ሁኔታ	1.አብሮ የሚኖሩ 2. ሳይፋቱ ተለያይተው የሚኖሩ 3.የተፋቱ 4. የሞተበት/ባት	
107	የት ትኖራለህ/ሽ?	1, ባህር ዳር 2, ሌላ ከተማ 3, ገጠር ቀበሌ	
108	ከማን ጋር ትኖራለህ/ሽ?	1.ከእናት ና አባት 2 ከእናት ጋር ብቻ 3.ከአባት ጋር ብቻ 4.ከ ጓደኛ ጋር 5. ለብቻየ 6. እህት/ወንድም 7. ዘመድ 7.ሌላ (ግለጽ)_____	
109	የቤተሰብ አባላት ብዛት	_____	
110	የቤተሰብ የወር ገቢ	1._____ብር 88.እርግጠኛ አይደለሁም	
111	የእናት የትምህርት ደርጃ	1. ማንበብ ና መፃፍ የማትችል 2. ማንበብ ና መፃፍ ብቻ የምትችል 3. አንደኛ ደረጃ 4. ሁለተኛ ደረጃ 5. ዲፕሎማ ያላት 6. ዲግሪ/ ከዲግሪ በላይ ያላት 7. እናት በሂወት የለችም	
112	የአባት የትምህርት ደረጃ	1. ማንበብ ና መፃፍ የማይችል 2. ማንበብና መፃፍ ብቻ የምችል	

		3. አንደኛ ደረጃ **4.** ሁለተኛ ደረጃ **5.** ዲፕሎማ ያለው **6.**ዲግሪ/ከዲግሪ በላይ ያለው **7.** አባት በሂወት የለም	
113	የእናት የሥራ ሁኔታ	**1.**የቤት እመቤት **2.**ተቀጣሪ(በመንግስት) **3.**ተቀጣሪ (በግል) **4.** ነጋዴ **5.**ገበሬ **6.** እናት በሂወት የለችም **7.**ሌላ----------	
114	የአባት የሥራ ሁኔታ	**1.**ተቀጣሪ (በመንግስት) **2.**ተቀጣሪ(በግል) **3.**ነጋዴ **4.**ገበሬ **5.** አባት በሂወት የለም **6.** ሌላ----------	
II	**በፆታዊ ጉዳዮች ያለው አመለካከት፣ ባህሪ ለመመዘን የቀረቡ መጠይቆች**		
201	የስነ ተዋልዶ ጤና ና ስነ ጾታ ትምህርት ለወጣቶች አስፈላጊ ነው፡፡	**1.** እስማማለሁ **2.** አልስማማም **88.** እርግጠኛ አይደለሁም	
202	የስነ ተዋልዶ ጤና ና ስነ ጾታ ትምህርት የት ቢሰጥ ትመርጣለህ/ሽ ?	አዎ አይደለም **1.** ት/ቤት **1** **2** **2.** ቤት **1** **2** **3.** ቤተክርስትያን **1** **2** **4.** መገናኛ ብዙሀን **1** **2** **5.** ከጓደኛ **1** **2** **6.** ሌላ_____ **88.**እርግጠኛ አይደለሁም	
203	በስነተዋልዶ ጤና ና በስነ ጾታ ጉዳዮች ከወላጅ ጋር መወያየት ጠቃሚ ነው፡፡	**1.**እስማማለሁ **2.**አልስማማም **88.**እርግጠኛ አይደለሁም	
204	በስነተዋልዶ ጤና ና በስነ ጾታ ጉዳይ ለመወያየት የትኛውን ጾታ ትመርጫለሽ/ህ?	**1.**ተመሳሳይ ጾታ **2.**ተቃራኒ ጾታ **3.**ሁለቱንም	
205	ስለ ሲነተዋልዶ ጤና ና ስነ ጾታ ጉዳዮች	አዎ አይደለም 1. አባት **1** **2**	

	ከማን ጋር ብትወያይ ደስተኛ ትሆኛለህ/ህ?	2.እናት 1 2 3. እህት 1 2 4. ወንድም 1 2 5. ጓደኛ 1 2 6. ሌላ_____ 88.እርግጠኛ አይደለሁም	
III	ከቤተሰብ ጋር የሚደረጉ ውይይቶች ሁኔታ		
301	ስለ ስነ ተዋልዶ ጤና ና ስነ ጾታ ጉዳዮች መረጃ የምታገኘው ከየት ነው?	አዎ አይደለም 1.ት/ቤት 1 2 2.ማስ ሚዲያ 1 2 3.ቤት 1 2 4.ከጓደኛህ 1 2 5.ከቤተክርስያን 1 2 6.ሌላ (ግለጽ)_____	
302	ስለ ስነተዋልዶ ጤና ና ስነ ጾታ ጉዳዮች መረጃ የምታገኘው <u>በአብዛኛው</u> ከየት ነው? (1 መልስ ብቻ)	1.ት/ቤት 2.ማስ ሚዲያ 3.ቤት 4.ከጓደኛህ 5.ከቤተክርስያን 6.ሌላ (ግለጽ)_____	
303	በጉርምስና ወቅት የሚታዩ ለውጦችን በተመለከተ ከወላጆች ጋር ተወያይተሽ ታውቂያለሽ ?	1.አዎ 2.አላውቅም 88.እርግጠኛ አይደለሁም	መልስህ/ሽ አዎ ከሆነ ወደ ጥያቄ 305 ዝለል/ይ
304	በጉርምስና ወቅት የሚታዩ ለውጦችን በተመለከተከወላጆች ጋር ካልተወያየሽ ምክንያቶች ምንድን ናቸው?	አዎ አይደለም 1.ባህል ስለማይፈቅድ 1 2 2.ሀፍረት 1 2 3.የወላጆች የእውቀት ማነስ 1 2 4 ወላጆች ግልጽ ስላልሆኑ 1 2 5.የወላጆች የመወያየት ክህሎት ማነስ 1 2 6. ወላጆች ጥሩ	

		አድማጮች ስለልሆኑ 1 2 7.ወላጆች ሥራ ስለሚበዛቸው 1 2 8.ሌላ_____	
305	አዎ ከሆነ ከማን ጋር ተወያየተሽ ታውቃለህ/ሽ?	1. ከእናት ጋር ብቻ 2 .ከአባት ጋር ብቻ 3. ከሁለቱም (እናት ና አባት ጋር)	
306	ምን ያህል ጊዜ ተወያይተህ/ሽ ታውቃለህ/ሽ?	1. በጣም ብዘ ጊዜ 2. ብዘ ጊዜ 3. አንዳንድ ጊዜ	
307	ውይይቱ የተካሄደው በምን ሁኔታ ነበር?	1. ወላጆች ባዘጋጁት ፕሮግራም መሰረት 2. ባጋጣሚ ከሌሎች ውይይቶች ጋር ተያይዞ 3. በቁጣ ወይንም በስድብ መልክ	
308	የዉይይቱ ይዘት ምን የመስላል	1. ጥልቅ ዉይይት 2. ጥልቅ ያልሆነ ውይይት	
309	በውይይቱ ወቅት ምን ይሰማሽ/ህ ነበር?	1. ጥሩ ስሜት 2. ፍርሀት	
310	ባለፈው አንድ አመት ግዚ ስለ ግብረ ሥጋ ግንኙነት ተወያይተህ/ህ ታውቃለህ/ሽ	1.አዎ 2.አላውቅም 88.እርግጠኛ አይደለሁም	መልስህ/ሽ አዎ ከሆነ ወደ ጥያቄ 312 ዝለል/ይ
311	ስለ ግብረ ሥጋ ግንኙነት ከወላጆች ካልተወያየህ/ሽ ምክንያቶች ምንድን ናቸው?	አዎ አይደለም 1.ባህል ስለማይፈቅድ 1 2 2.ሀፍረት 1 2 3.የወላጆች የእውቀት ማነስ 1 2 4 ወላጆች ግልጽ ስላልሆኑ 1 2 5.የወላጆች የመወያየት ክህሎት ማነስ 1 2 6. ወላጆች ጥሩ አድማጮች ስለልሆኑ 1 2 7.ወላጆች ሥራ ስለሚበዛቸው 1 2	

		8.ሌላ_____	
312	አዎ ከሆነ ከማን ጋር ተወያይተህ/ሽ ታውቃለህ/ሽ?	1. ከእናት ጋር ብቻ 2 .ከአባት ጋር ብቻ 3. ከሁለቱም (እናት ና አባት ጋር)	
313	ምን ያህል ጊዜ ተወያይተህ/ሽ ታውቃለህ/ሽ?	1. በጣም ብዘ ጊዜ 2. ብዘ ጊዜ 3. አንዳንድ ጊዜ	
314	ውይይቱ የተካሄደው በምን ሁኔታ ነበር?	1. ወላጆች ባዘጋጁት ፕሮግራም መሰረት 2. ባጋጣሚ ከሌሎች ውይይቶች ጋር ተያይዞ 3. በቁጣ ወይንም በስድብ መልክ	
315	የዉይይቱ ይዘት ምን የመስላል	1. ጥልቅ ዉይይት 2. ጥልቅ ያልሆነ ውይይት	
316	በውይይቱ ወቅት ምን ይሰማሽ/ህ ነበር?	1. ጥሩ ስሜት 2. ፍርሀት	
317	ባለፈው አንድ አመት ግዚ ከጋብቻ በፊት የግብረ ሥጋ ግንኙነት አለማድረግ ላይ ተወያይተህ/ሽ ታውቃለህ/ሽ?	1.አዎ 2.አላውቅም 88.እርግጠኛ አይደለሁም	መልስህ/ሽ አዎ ከሆነ ወደ ጥያቄ 319 ዝለል/ይ
318	ከጋብቻ በፊት የግብረ ሥጋ ግንኙነት አለማድረግ ከወላጆች(አባት እናት) ካልተወያየህ/ሽ ምክንያቶች ምንድ ናቸው?	አዎ አይደለም 1.ባህል ስለማይፈቅድ 1 2 2.ሀፍረት 1 2 3.የወላጆች የእውቀት ማነስ 1 2 4 ወላጆች ግልጽ ስላልሆኑ 1 2 5.የወላጆች የመወያየት ክህሎት ማነስ 1 2 6. ወላጆች ጥሩ አድማጮች ስለልሆኑ 1 2 7.ወላጆች ሥራ ስለሚበዛቸው 1 2 8.ሌላ_____	
319	ምን ያህል ጊዜ ተወያይተህ/ሽ ታውቃለህ/ሽ?	1.በጣም ብዘ ጊዜ 2.ብዘ ጊዜ 3.አንዳንድ ጊዜ	
320	አዎ ከሆነ ከማን ጋር ተወያይተህ/ሽ ታውቃለህ/ሽ?	1. ከእናት ጋር ብቻ 2 .ከአባት ጋር ብቻ	

		3. ከሁለቱም (እናት ና አባት ጋር)	
321	ውይይቱ የተካሄደው በምን ሁኔታ ነበር?	1. ወላጆች ባዘጋጁት ፕሮግራም መሰረት 2. ባጋጣሚ ከሌሎች ውይይቶች ጋር ተያይዞ 3. በቁጣ ወይንም በስድብ መልክ	
322	የዉይይቱ ይዘት ምን የመስላል	1. ጥልቅ ዉይይት 2. ጥልቅ ያልሆነ ውይይት	
323	በውይይቱ ወቅት ምን ይሰማሽ/ህ ነበር?	1. ጥሩ ስሜት 2. ፍርሀት	
324	ባለፈው አንድ አመት ግዚ በእርግዝና መከላከያ ዜዴወች ተወያይተህ/ሽ ታውቃለህ/ሽ?	1.አዎ 2.አላውቅም 88.እርግጠኛ አይደለሁም	መልስህ/ሽ አዎ ከሆነ ወደ ጥያቄ 326 ዝለል/ይ
325	በእርግዝና መከላከያ ዜዴወች ዙሪያ ከወላጆች ጋር ካልተወያየህ/ሽ ምክንያቶች ምንድን ናቸው?	አዎ አይደለም 1.ባህል ስለማይፈቅድ 1 2 2.ሀፍረት 1 2 3.የወላጆች የእውቀት ማነስ 1 2 4 ወላጆች ግልጽ ስላልሆኑ 1 2 5.የወላጆች የመወያየት ክህሎት ማነስ 1 2 6. ወላጆች ጥሩ አድማጮች ስለልሆኑ 1 2 7.ወላጆች ሥራ ስለሚበዛቸው 1 2 8.ሌላ_____	
326	አዎ ከሆነ ከማን ጋር ተወያይተህ/ሽ ታውቃለህ/ሽ?	1. ከእናት ጋር ብቻ 2 .ከአባት ጋር ብቻ 3. ከሁለቱም (እናት ና አባት ጋር)	
327	ምን ያህል ጊዜ ተወያይተህ/ሽ ታውቃለህ/ሽ?	1. በጣም ብዘ ጊዜ 2. ብዘ ጊዜ 3.አንዳንድ ጊዜ	
328	ውይይቱ የተካሄደው በምን ሁኔታ ነበር?	1. ወላጆች ባዘጋጁት ፕሮግራም መሰረት 2. ባጋጣሚ ከሌሎች ውይይቶች ጋር ተያይዞ 3. በቁጣ ወይንም በስድብ መልክ	

329	የዉይይቱ ይዘት ምን የመስላል	1. ጥልቅ ዉይይት 2. ጥልቅ ያልሆነ ውይይት	
330	በውይይቱ ወቅት ምን ይሰማሽ/ህ ነበር?	1. ጥሩ ስሜት 2. ፍርሀት	
331	ባለፈው አንድ አመት ግዚ በአባላዘር በሽታወችና ኤችአይቭ/ኤድስ ከወላጆች ጋር ተወያይተህ/ሽ ታውቃለህ/ሽ	1.አዎ 2.አላውቅም 88.እርግጠኛ አይደለሁም	መልስህ/ሽ አዎ ከሆነ ወደ ጥያቄ 333 ዝለል/ይ
332	በአባላዘር በሽታወችና ኤችአይቭ/ኤድስ ጉዳይ ከወላጆች(አባት ና እናት) ካልተወያየህ/ህ ምክንያቶች ምንድን ናቸው?	አዎ አይደለም 1.ባህል ስለማይፈቅድ 1 2 2.ሀፍረት 1 2 3.የወላጆች የእውቀት ማነስ 1 2 4 ወላጆች ግልጽ ስላልሆኑ 1 2 5.የወላጆች የመወያየት ክህሎት ማነስ 1 2 6. ወላጆች ጥሩ አድማጮች ስለልሆኑ 1 2 7.ወላጆች ሥራ ስለሚበዛቸው 1 2 ላ_____	
333	አዎ ከሆነ ከማን ጋር ተወያይተህ/ሽ ታውቃለህ/ሽ?	1. ከእናት ጋር ብቻ 2 .ከአባት ጋር ብቻ 3. ከሁለቱም (እናት ና አባት ጋር)	
334	ምን ያህል ጊዜ ተወያይተህ/ሽ ታውቃለህ/ሽ?	1. በጣም ብዘ ጊዜ 2. ብዘ ጊዜ 3. አንዳንድ ጊዜ	
335	ውይይቱ የተካሄደው በምን ሁኔታ ነበር?	1. ወላጆች ባዘጋጁት ፕሮግራም መሰረት 2. ባጋጣሚ ከሌሎች ውይይቶች ጋር ተያይዞ	

		3. በቁጣ ወይንም በስድብ መልክ	
336	የዉይይቱ ይዘት ምን የመስላል	1. ጥልቅ ዉይይት 2. ጥልቅ ያልሆነ ውይይት	
337	በውይይቱ ወቅት ምን ይሰማሽ/ህ ነበር?	1. ጥሩ ስሜት 2. ፍርሀት	
338	ባለፈው አንድ አመት ግዚ ስለ ኮንደም አጠቃቀም ከወላጆች ጋር ተወያይተህ/ሽ ታውቃለህ/ሽ?	1.አዎ 2.አላውቅም 88.እርግጠኛ አይደለሁም	መልስህ/ሽ አዎ ከሆነ ወደ ጥያቄ 341 ዝለል/ይ
339	ስለ ኮንደም አጠቃቀም ከወላጆች ጋር ጋር ካልተወያየህ/ህ ምክንያቶች ምንድን ናቸው?	አዎ አይደለም 1.ባህል ስለማይፈቅድ 1 2 2.ሀፍረት 1 2 3.የወላጆች የእውቀት ማነስ 1 2 4 ወላጆች ግልጽ ስላልሆኑ 1 2 5.የወላጆች የመወያየት ክህሎት ማነስ 1 2 6. ወላጆች ጥሩ አድማጮች ስለልሆኑ 1 2 7.ወላጆች ሥራ ስለሚበዛቸው 1 2 8.ሌላ_____	
340	አዎ ከሆነ ከማን ጋር ተወያይተህ/ሽ ታውቃለህ/ሽ?	1. ከእናት ጋር ብቻ 2 .ከአባት ጋር ብቻ 3. ከሁለቱም (እናት ና አባት ጋር)	
341	ምን ያህል ጊዜ ተወያይተህ/ሽ ታውቃለህ/ሽ?	1. በጣም ብዘ ጊዜ 2. ብዘ ጊዜ 3. አንዳንድ ጊዜ	
342	ውይይቱ የተካሄደው በምን ሁኔታ ነበር?	1. ወላጆች ባዘጋጁት ፕሮግራም መሰረት 2. ባጋጣሚ ከሌሎች ውይይቶች ጋር ተያይዞ 3. በቁጣ ወይንም በስድብ መልክ	
343	የዉይይቱ ይዘት ምን የመስላል	1. ጥልቅ ዉይይት 2. ጥልቅ ያልሆነ ውይይት	
	በውይይቱ ወቅት ምን ይሰማሽ/ህ ነበር?	1. ጥሩ ስሜት 2. ፍርሀት	

344	ባለፈው አንድ አመት ግዚ ንጽህናው ባልተጠበቀ መሳሪያና ሳይንሳዊ እውቀት በሌለው ሰው የሚደረግ እርግዝናን የማቋረጥ ዘዴ (unsafe abortion) ከወላጆች ጋር ተወያይተህ/ሽ ታውቃለህ/ሽ?	1.አዎ 2.አላውቅም 88.እርግጠኛ አይደለሁም	መልስህ/ሽ አዎ ከሆነ ወደ ጥያቄ 346 ዝለል/ይ
345	ንጽህናው ባልተጠበቀ መሳሪያና ሳይንሳዊ እውቀት በሌለው ሰው የሚደረግ እርግዝናን የማቋረጥ ዘዴ (unsafe abortion) ከወላጆች ጋር ካልተወያየህ/ህ ምክንያቶች ምንድን ናቸው?	አዎ አይደለም 1.ባህል ስለማይፈቅድ 1 2 2.ሀፍረት 1 2 3.የወላጆች የእውቀት ማነስ 1 2 4 ወላጆች ግልጽ ስላልሆኑ 1 2 5.የወላጆች የመወያየት ክህሎት ማነስ 1 2 6. ወላጆች ጥሩ አድማጮች ስለልሆኑ 1 2 7.ወላጆች ሥራ ስለሚበዛቸው 1 2 8.ሌላ_____	
346	አዎ ከሆነ ከማን ጋር ተወያይተህ/ሽ ታውቃለህ/ሽ?	1. ከእናት ጋር ብቻ 2 .ከአባት ጋር ብቻ 3. ከሁለቱም (እናት ና አባት ጋር)	
347	ምን ያህል ጊዜ ተወያይተህ/ሽ ታውቃለህ/ሽ?	1. በጣም ብዘ ጊዜ 2. ብዘ ጊዜ 3. አንዳንድ ጊዜ	
348	ውይይቱ የተካሄደው በምን ሁኔታ ነበር?	1. ወላጆች ባዘጋጁት ፕሮግራም መሰረት 2. ባጋጣሚ ከሌሎች ውይይቶች ጋር ተያይዞ 3. በቁጣ ወይንም በስድብ መልክ	
349	የዉይይቱ ይዘት ምን የመስላል	1. ጥልቅ ዉይይት 2. ጥልቅ ያልሆነ ውይይት	
350	በውይይቱ ወቅት ምን ይሰማሽ/ህ ነበር?	1. ጥሩ ስሜት 2. ፍርሀት	

አመሰግናለሁ::