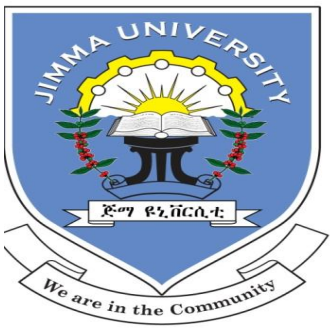

PARENT-ADOLESCENT COMMUNICATION AND ASSOCIATED FACTORS ON SEXUAL AND REPRODUCTIVE HEALTH ISSUE AMONG HIGH SCHOOL ADOLESCENT STUDENTS IN SEBETA TOWN, OROMIA REGION, CENTRAL ETHIOPIA.

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A THESIS SUBMITTED TO JIMMA UNIVERSITY, COLLEGE OF PUBLIC HEALTH AND MEDICAL SCIENCES, DEPARTMENT OF POPULATION AND FAMILY HEALTH; IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR DEGREE OF MASTERS OF PUBLIC HEALTH IN REPRODUCTIVE HEALTH (MPH/RH).

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Jimma - Ethiopia

Jimma University
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Department of Population and Family Health

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Abstract

Background: Many factors affect knowledge, attitudes and sexual behaviour of adolescents. In most cases parents become role models who shape young people's life styles including their sexual behaviors. In Ethiopia, few published studies have examined parent - adolescent communication on sexual and reproductive health issues.

Objective: The aim of this study was to determine the proportion of adolescents who communicate with their parents about sexual and reproductive health issues and identify the factors associated with these communications.

Method: A school based cross-sectional study using both quantitative and qualitative method was carried out in Sebeta town in April 2014. A total of 361 students were selected by using stratified random sampling technique. The quantitative data was entered into a computer using EPIData then cleaned and analyzed using SPSS statistical software version 20.0. Bivariate and multivariate logistic regression analysis were done to determine the association between the dependent and independent variables. Those variables found significant at $P<0.20$ in the bivariate analysis were selected to be included in multivariate analysis. Qualitative data was taped and transcribed to text then categorized into themes by using manual coding and the main response was reported in direct quotation to complement the quantitative findings. Summary tables, charts and graphs were used to organize and present outputs of the analysis.

Results: There response rate was 99.2%. The proportion of students who had ever discussed at least two topics on SRH issues with their parent was found to be 25.1%. The frequently discussed topics between parent and adolescent were body changes during puberty (57.4%), relationships with the opposite sex (55.6%), and STIs & HIV/AIDS (53.7%). Attitude of students about SRH issues and perception of students' about parents attitude {AOR=2.78 [1.47, 5.24] and AOR=7.57 [3.80, 15.08]}, respectively, were significant predictors of communication.

Conclusion and recommendation: Parent-adolescent communication on SRH issue was very low. Adolescents who had positive attitude and perceived their parents are supportive, frequently communicate with their parents. Therefore, it is important to design integrated strategy that promote parent-adolescent communication on SRH issues and improve access to SRH information through various mechanisms.

Key words: Parent-adolescent communication, Sexual and Reproductive Health Issue and Associated factors

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Acronyms

AIDS	Acquired Immune Deficiency Syndrome
AOR	Adjusted Odds Ratio
ASRH	Adolescent Sexual and Reproductive Health
Bsc	Bachelor of Science
CI	Confidence Interval
COR	Crude Odds Ratio
CP	Contraceptives
CSW	Commercial Sex Worker
EPL	Extreme Poverty Line
FLE	Family life education
HIV	Human Immuno Deficiency Virus
IEC	Information Education and Communication
IUD	Intra uterine device
MPH	Master of Public Health
MoFED	Ministry of Finance, Economics and Development
OEB	Oromia Education Bureau
ORHB	Oromia Regional Health Bureau
PI	Principal Investigator
RH	Reproductive Health
SD	Standard Deviation
SPSS	Statistical Package for Social Science
SRH	Sexual Reproductive Health
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infections
UNFPA	United Nations Populations Fund
UNICEF	United Nations Children's Fund
SPSS	Statistical Package for Social Science
SRH	Sexual and Reproductive Health
USA	United States of America
WHO	World Health Organization

CHAPTER ONE: INTRODUCTION

1.1. Background

Adolescence has been defined by the World Health Organization (WHO) those in the age group between 10-19 years [1]. It is a period of opportunities as well as challenges, and a period when society in general their environment sends mixed signals to its youngsters that can be protective or results in confusion, frustration and engage in risky behavior [2].

The nature of adolescence varies tremendously by age, sex, marital status, class, cultural context and region. As group, however, adolescents have sexual and reproductive health needs that differ from those of adults which remains poorly understood or served in much of the countries [3]. Many factors influence the early onset of an increase in sexual activities of adolescents in developing countries. These include the increasing early age of sexual maturation, the lack of knowledge about sex, declining cultural and religion influences, urbanization and increasing numbers of early marriages [4].

The foundations for sexuality, reproductive health and gender relations are laid very early in life and these are influenced by the interplay of socio-cultural and economic factors, peer pressures, mass media influences and familial forces which impact on the lives of adolescents in the society [5]. Furthermore, one of the family variable that affect sexual lives of adolescents is the contextual and structural features of families (e.g., parent's education, marital status, and sibling composition) to the everyday styles or practices of parenting (e.g., parental support, control, or supervision of teenagers) [6]. Families have an early and ongoing role in the socialization of children, and adolescents who have positive connections to their families and schools have less advanced sexual behavior [7].

1.2. Statement of the problem

Adolescent's sexual decision making and behavior are influenced by different factors like parental factors, peer influence, exposure to media, educational attainment and desire for intimacy at the individual, peer, and societal levels [8].

When adolescents feel unconnected to home, family, and school, they may become involved in activities that put their health at risk. However, when parents affirm the value of their children, adolescents more often develop positive and healthy attitudes about themselves. Parent-adolescent communication is an appealing source for influencing adolescents' knowledge, attitudes and behavior, because parents are an accessible and often willing source of information for their children. Conversations between parents and adolescents about their sexuality in particular are often difficult for both parents and adolescents. Parents and other family members are in a unique position to help socialize adolescents into healthy sexual adults, both by providing accurate information about sex and by fostering responsible sexual decision-making skills. One parental influence that has received a great deal of attention regarding its relationship to adolescent sexual risk-taking is parent-adolescent communication [9, 10, 11].

In Sub-Saharan African countries, studies that assess the relationship of both adult communication and monitoring with adolescent sexual behavior are almost non-existent and very few studies have specifically addressed the issue of parent-adolescent communication on sexual matters [12]. In Ethiopia, Parent–communication about sex is taboo. Sexual and reproductive health, family planning, and concepts such as sexual responsibility are not openly discussed in Ethiopia [13]. A recent study conducted in Ethiopia, Dire Dawa town administration high schools revealed that 36.8%, of the adolescent students had ever discussed two or more SRH topics with their parents. Culturally unacceptable, a lack of communication skills, and shame were reasons mentioned by a majority of the students for limited communication between adolescents and parents on sexuality issues [14].

In Ethiopia, cultural constraints, gender issues, inadequate parenting skills, and inadequate communication skills often lead to a lack of proper guidance from parents and other trusted adults on issues related to sexual and RH. Several strategies have been employed to provide adolescent with knowledge, positive attitudes and skills to prevent sexual and reproductive

health related problems. These include, sex-based sex education programs, establishment of counseling service outlets, parent support groups, parenting networks, media campaigns and family communication about sexuality. Out of these, parent and child communication about sexuality regarded as an effective way to reduce risky sexual behavior among adolescents [15]. However, for many parents all over Africa, one of the challenges in child upbringing is answering a child's questions about sexuality [16]. Similarly, most parents in Ethiopia do not discuss about changes in adolescence, sexuality and contraception with their children, so adolescents could be vulnerable to different reproductive health problem [17].

So, this research was done to fill the research gap on this issue and identification of factors which could help those who were working on ASRH programs to focus on parent-adolescent communication on SRH and factors affecting communication.

CHAPTER TWO : LITERATURE REVIEW

2.1. Parent-adolescent communication

Parent-adolescent communication about sex is an ongoing process rather than a one-time conversation, and one that focuses on what messages are sent, what messages are heard, and what messages are understood [18].Communication between parents and children is very important in guiding the lives of the young people. Unfortunately, many adults do not know what to say or how or when to say it, and feel uncomfortable talking with young people about sexuality. Good listening habits, freedom of expression, understanding, and acceptance are associated with a higher degree of communication whereas criticism, sarcasm, lack of trust and lack of acceptance of the adolescent are associated with a significantly lower degree of communication [19].

A study conducted in USA indicates that many parents tell their teens that they disapprove of sexual activity at young ages because of moral or religious reasons sex should not occur outside the context of marriage or a loving relationship, or simply while their teens are still in school [18]. Similarly, because of cultural taboos adolescents in many developing countries rarely discuss sexual matters explicitly with their parents that many adolescents and young adults feel extremely uncomfortable talking about essential issues related to sex and their sexual health even though open discussions with partners, parents, and health care providers could yield great benefits for their personal health and emotional well-being [20].

In survey conducted among four African countries on parent child communication on sex-related issues reveled that between 8% and 38% of adolescents said a parent or parent figure had ever talked to them about sex, and in three of the countries, males were less likely than females to report such communication. For example, in Uganda, 38% of females said a parent had talked to them about sex- related matters, compared with 20% of males. Parents were even less likely to be information sources regarding contraceptive methods: With the exception of girls in Uganda, no more than 10% of adolescents said a parent or parent figure had ever given them information about contraception, and in three countries males were less likely to report such communication [21].

A study conducted in Ethiopia, more than half of young people believe that it is unacceptable to discuss growth changes and sexual issues with parents during adolescence and those who approved discussion preferred peers to parents [15].

In Ethiopia a study conducted in Benishangule Gumuz, Bullen District shows 28.9% of in school adolescent reported discussed with either of their parents in at least two topics of SRH. Condom use, unwanted pregnancy, contraceptive methods was some the topics on which majority adolescent discussed with their parent. More than half (55.1%) had discussed on avoiding sex before marriage. Reason for low communication was shameful to discuss such issues with parents, parents' lack of communication skill and knowledge and culturally unacceptable [22].

Yet in another study conducted in Dire Dawa on Parent-Adolescent communication among high school students demonstrate that, about 36.8% adolescent reported communication with their parent two or more sex-related topics and majority [60.7%] of students had discussed on psychological and physical changes they were experienced during puberty. About three fourth [74.7%] of the students preferred discussing SRH issues with their peers and from family members they preferred mothers, sisters and brothers correspondingly. Likewise, culturally unacceptable, a lack of communication skills, and shame were reasons mentioned by a majority of the students for limited communication between adolescents and parents on sexuality issues [14].

2.2. Factors affecting communication between parents and teenagers

Researches done in many countries indicate that parent child communication is affected by a number of factors. These include among other things, socio-cultural & economic conditions of families, demographic characteristics of parents and adolescents, knowledge and attitude towards SRH issues of parents and adolescents, perceived parental responsiveness to SRH questions, and parent child closeness. These factors are classified into three groups: socio-demographic factors, economic and cultural factors, and knowledge and attitude towards SRH issues.

2.2.1 Socio-demographic characteristics of parents and adolescents

Differences in parent-child communication between male and female adolescents are observed in a study done in Myanmar girls (79.3%) and boys (36.4%) [23]. A similar result was reported in a

multi-site study done in Tanzania and South Africa where the chance of parent child communication was lower among boys than girls in South Africa. On the contrary, the report favors boys than girls in Tanzania, that is, parents more likely respond to questions related to SRH of boys than girls [24]. In a research done in North West Ethiopia, a variation in communication between boys and girls was not observed [25].

Age and school attendance of parents were also found to be associated with parent-adolescent communication. In Kenya and Nigeria, parents with some education were found to be more likely to communicate with their adolescents [26, 27]. In a study done in North West Ethiopia and United States, it is reported that maternal education is observed to have a positive effect on communication [25, 28]. A study conducted in Nigeria showed that older people tend to be open for communication regarding SRH issues. A similar result was observed in a study done in South Africa and Tanzania in two of the three sites considered and also in United States [24, 27, 28].

In Nigeria, non-Muslim mothers and fathers are found to be a better communicator of SRH issues to their children than Muslims, AOR=1.48 and 2.05, respectively [27]. An article from US done based on a secondary data showed that religious participation has shown a negative association with communication among sexually active adolescents [28]. In a study from South Africa, parents who observed catholic Christians religion were found to have a higher likelihood of non-communication than protestant Christians [24]. Marital Status of parents was also seen as a predictor in Kenya [24].

A study from Togo, sheds light on gender difference in sexuality discussion women were observed to be more likely to have sexuality discussions with their mothers than fathers [29].

In Debre Markos, adolescents who are living in small family sizes are less likely to have a good parent-adolescent communication than those residing in large families (AOR=0.50). Urban-rural place of residence classification, however, has not shown a sizeable impact on communication [25]. Yet another study on young people in E/Wollega reveals that urban resident young people more often communicate with parents than their rural counterpart [30]. The result of a study done in Tanzania, on the other hand, indicates that young people residing in rural areas are more likely to be engaged in a frequent communication about HIV/AIDS with parents than those living in urban areas [31]. Living arrangement of adolescents is a most often considered factor associated

with parent-child communication. Adolescents who live with parents are more likely to communicate with their parents than adolescents who live with otherwise [25].

2.2.2 Economic and cultural factors

Higher socio-economic status is liked with an increased frequency of parent-child communication in Nigeria. A consistent finding was observed in two sites of South Africa but the result observed in Tanzania was not significant. In United States, however, poverty is positively associated with formal SRH communication [24, 27, 28].

Result of a qualitative study from Tanzania corroborates that parent-child closeness is a cultural factor that enhances communication about SRH issues [32]. Consistent with this, a study from West Ethiopia confirms that an open discussion about sexual matters in the region is considered as taboo [30]. Another cultural factor to be considered is adolescent sexual experience which influences formal communication with parents than those who never had [25, 28].

2.2.3 Knowledge and attitude of parents and adolescents towards SRH issues

Lack of communication skill and knowledge of parents were mentioned as reasons for not communicating by those who had not discussed on different sexual and reproductive matters with their parents [22]. As well lack of perceived parental knowledge was one factor that made parent - adolescent people communication challenging [30]. Adolescents perceived importance to discuss SRH issues with parents also significantly associated with communication on SRH issues with parents [25].

Study results of both the US and Kenya showed that, the same three factors were associated with parent child HIV/AIDS communication parents' perception that their children are ready to learn about sex, parental acquisition of information to educate their children about sex, and having high sexual communication responsiveness were important [26]. In line with US and Kenya study the studies review in SSA indicate that parental perceptions of readiness of their child to learn about sexuality are highly influential, parental acquisition of information to assist them in educating their child, and finally, having a high level of sexual communication responsiveness.

Also lack of parental knowledge was reportedly a barrier, as perceived by parents and young people alike [33].

A study conducted in Myanmar shows that, Seventy six percent of adolescents had low knowledge on pubertal changes and 23.1% had moderate knowledge. None of the adolescents had high knowledge on puberty. Level of knowledge on puberty had no association with parent-adolescent communication. Difference in puberty knowledge level between adolescent boys and girls (30% vs. 70%) is significant ($p = 0.023$). In similar study, a great majority of adolescents (89%) have positive attitude towards reproductive health communication with parents, whereas 76.9% of the adolescents have intention of asking the parents if they have a reproductive health question in the future [23].

The main reservations of mothers for not discussing sex and birth control were that the discussion would be embarrassing; that children would not take them seriously; and an apprehension that they cannot answer a child's question about sex or AIDS. Similarly, adolescents were unwilling to talk to parents because of embarrassment; a concern with invasion of their privacy; belief that mothers are not interested in listening to them and a feeling that they already know enough [20].

Adolescents were found to have positive views about interaction with parents on several issues such as sexuality. At the same time, they reported that they cannot easily share their feelings with parents partly because they are judgmental. Research on this issue in Zambia has shown that both adolescents and their parents find the sexuality communication process an embarrassing one [34].

One major potential outcome of adolescents of unprotected sexual activity especially in developing countries is the acquisition of sexually transmitted disease. Studies show that students highly affected by HIV and AIDS, because most of them are among the young age group who start sex early, most probably to have sex with high risk partners or multiple partners and less likely to use condom which owing to different individual factors like knowledge of about STIs [35]. In survey conducted among school adolescent in Malaysia, students have moderate level of knowledge about STIs. Mean knowledge score was significantly associated with sexual experience [36].

In Ethiopia study conducted in Debre Markos revealed that students who have SRH knowledge were no significance evidence to communicate SRH issues with their parents than those who have never got SRH information. Even though, nine of ten respondents (91.7%) had heard of information about contraceptive methods and Norplant was the commonly heard method of contraceptive followed by injectable [25].

The Ethiopian school Behavioral Surveillance Survey majority of in school adolescent heard of STIs, with similar proportion among male and female, 22.6% of the in school adolescent have good knowledge. The adolescent sexual behavior and knowledge of STIs were associated [37].

A study conducted among student in Gondar town, All the students had heard about AIDS before the Interview, a very high (>80%) proportion of students were familiar with the major modes of spread of HIV and with utility of condoms in preventing HIV infection. However, study shown poor knowledge of the students regarding symptoms of common STDs other than HIV/AIDS and practicing risk behavior among students did not significantly differ with respect to their knowledge [38].

However, there has been relatively little research undertaken on the Parent- adolescent communication on sexual and reproductive health issues among high school adolescent students in Ethiopia context and virtually no adequate information on the role of the family regarding topics related to reproductive health and parent adolescent communication.

As we can see from literature review, many literatures in different countries suggest that parental and adolescent factors like communication, socio-demographic factors, economic and cultural factors, and knowledge and attitude towards SRH issues have an associations to lower rates of risky sexual behaviors and important in guiding the lives of the adolescents people. However the role of parent communication with their children about SRH issues and factors affecting communication is not well assessed in developing countries particularly in Ethiopia; specifically in Oromia. Moreover, since Sebeta town is near to Addis Ababa and due to urbanization and life style, sexual and reproductive health problems of adolescents may be rising and adolescent en-

gage in potentially life-threatening consequences which may be associated with early sexual initiation.

Therefore, this study will assess parent - adolescent communication and associated factors on SRH issues among high school adolescent student of Sebeta town.

2.3. Significance of the study

From total population of Sub-Saharan Africa and Ethiopia the sheer size of adolescent population accounts 23 and 24 percent respectively and it is one of the important reason need to dedicate to sexual and reproductive health of adolescents [39, 40].

Adolescence is commonly regarded as a healthy time of life with peaks in strength, speed, fitness, and cognitive abilities. However, currently due to the ever changing conditions as a result of civilization, urbanization and life style, adolescents are encountering a potentially life-threatening consequences that could be attributed to early sexual initiation. As a result, in recent years adolescent people's SRH issue has been catching the interest of researchers particularly in developing countries.

It is essential that research examines the range of factors associated with sexual and reproductive health behaviors of adolescents. Identifying adolescents' risky sexual behaviors provides an important ground work for research that can identify causal influences on adolescents' risky sexual behaviors and for development of intervention that can promote healthy sexual development and prevent risky sexual behaviors in adolescents [41]. Parent based intervention on adolescent sexual behavior significantly reduces rates of adolescent engagement to risk sexual activity [18].

The study was conducted in high school students. Because, in-school adolescents represent a demographically significant segment of the population of adolescents in Ethiopia, learning more of the factors that affect parent-adolescent communication and the effect of parent-adolescent communication on different adolescent sexual reproductive health issues in this segment of the population will have considerable strategic significance to national efforts to prevent unintended and too early pregnancy, unsafe abortion, sexual violence, drug abuse and sexually transmitted diseases including HIV/AIDS.

Conceptual Framework

As illustrated in figure 1. Conceptual frame work was developed after reviewing the relevant literatures. Socio- demographic characteristics of parents and adolescents, knowledge, and attitude of parents and adolescents and cultural factors have a direct association with parent adolescent communication on SRH issues. Which may further be linked with adolescent decision making and sexual behavior.

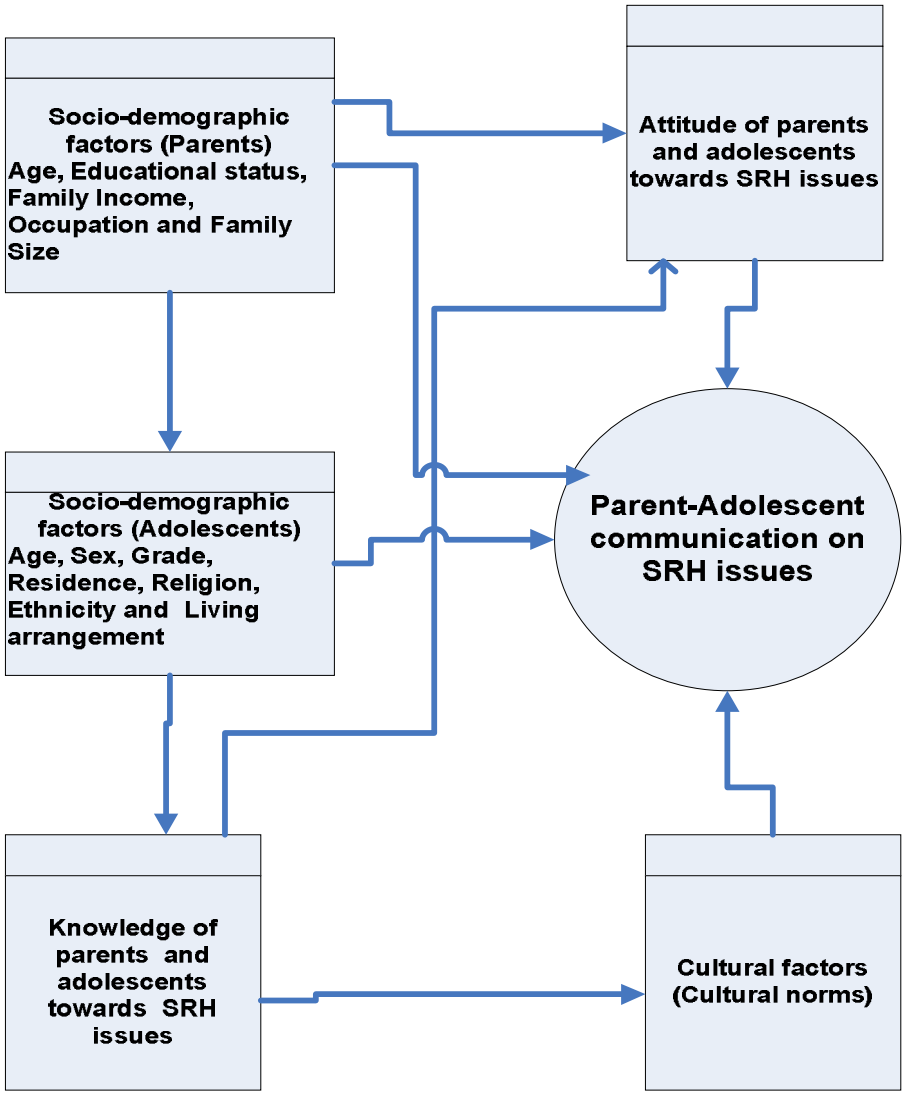

Figure 1: Conceptual framework developed by the researcher after reviewing relevant literatures

CHAPTER THREE: OBJECTIVES OF THE STUDY

3.1. General objective

The objective of this study was to assess parent-adolescent communication and associated factors on sexual and reproductive health issues among high school students in Sebeta town, Oromia, Ethiopia.

3.2 Specific objectives

Specifically,

1. To determine the proportion of adolescents who communicate with their parents about SRH issues.
2. To identify the sexual and reproductive health issues discussed between students and parents.
3. To identify factors affecting communication between adolescents and parents on sexual and RH issues.

CHAPTER FOUR : METHODS AND MATERIALS

4.1. Study area and Period

This study was conducted in Sebeta town, Oromia Region Central Ethiopia which is located 25km away from Addis Ababa in the south west direction. The town has a total of 107,298 populations [42]. Administratively the town is divided in to eight kebeles. There are a total of nine high schools of which two are governmental and seven are private. The total number of students enrolled in high schools for the academic year 2013/2014 are 4,439 [43]. Furthermore, a town has 3 health centers, 56 different standard private clinics, 2 youth centers (currently not functional) and 22 drug store [44]. The study period was April 1-10, 2014.

4.2. Study design

School based cross sectional study design complemented by qualitative methods was carried out.

4.3. Source and Study Population

4.3.1. Source population

All adolescents attending in governmental and private high schools of Sebeta town in 2013/2014 academic year

4.3.2. Study population

Sebeta town governmental and private high school students of age 13-19 enrolled in grade 9 and 10 during the academic year 2013/2014 selected from the source population using simple random sampling method.

Inclusion and exclusion criteria

Inclusion criteria

- High school adolescent students whose age is 13-19
- Regular students

Exclusion Criteria

- Adolescents who are seriously ill at the time of data collection

- Adolescents who are married
- Adolescents who do not have parent/guardian.

4.4. Sample size and sampling procedures

4.4.1. Sample size calculation

Single population proportion formula was used to determine the sample size (n) for the survey. Calculation was done based on the following the assumption; the proportion of parent adolescent communicating in at least two topics of SRH (p) in a previous study is 36.8% [14], 95% confidence level, 5% marginal error (d), and 10% non-response rate.

$$n = \frac{(Z\alpha/2)^2 P(1-P)}{d^2} = \frac{(1.96)^2 * 0.368 * 0.632}{(0.05)^2} = \mathbf{357}$$

Including 10%, non - response rate a calculated sample size was a total of 393. Since the source population is less than ten thousand correction formula is used to adjust the variance for finite population;

$$n_f = \frac{n}{1 + \frac{n}{N}} = \mathbf{361}$$

(Where N is population size) which makes the total sample size 361.

4.4.2. Sampling procedures

From a total of 4,439 students, the two governmental schools have a total of 3,495 students and the seven private schools have 944 students. To select the study participants, first a list of the students was be secured from the rosters of all schools and two sampling frames was be prepared, one for governmental schools and the other for private schools, in Microsoft Excel. The total sample was divided to the two school types proportionally to ensure the representation of students in the two school types. A simple random sample of the required sample size was selected from each sampling frame by generating a random number by Excel.

For qualitative (FGD), Parents were selected purposively and those who were volunteered to participate in the study were join the group.

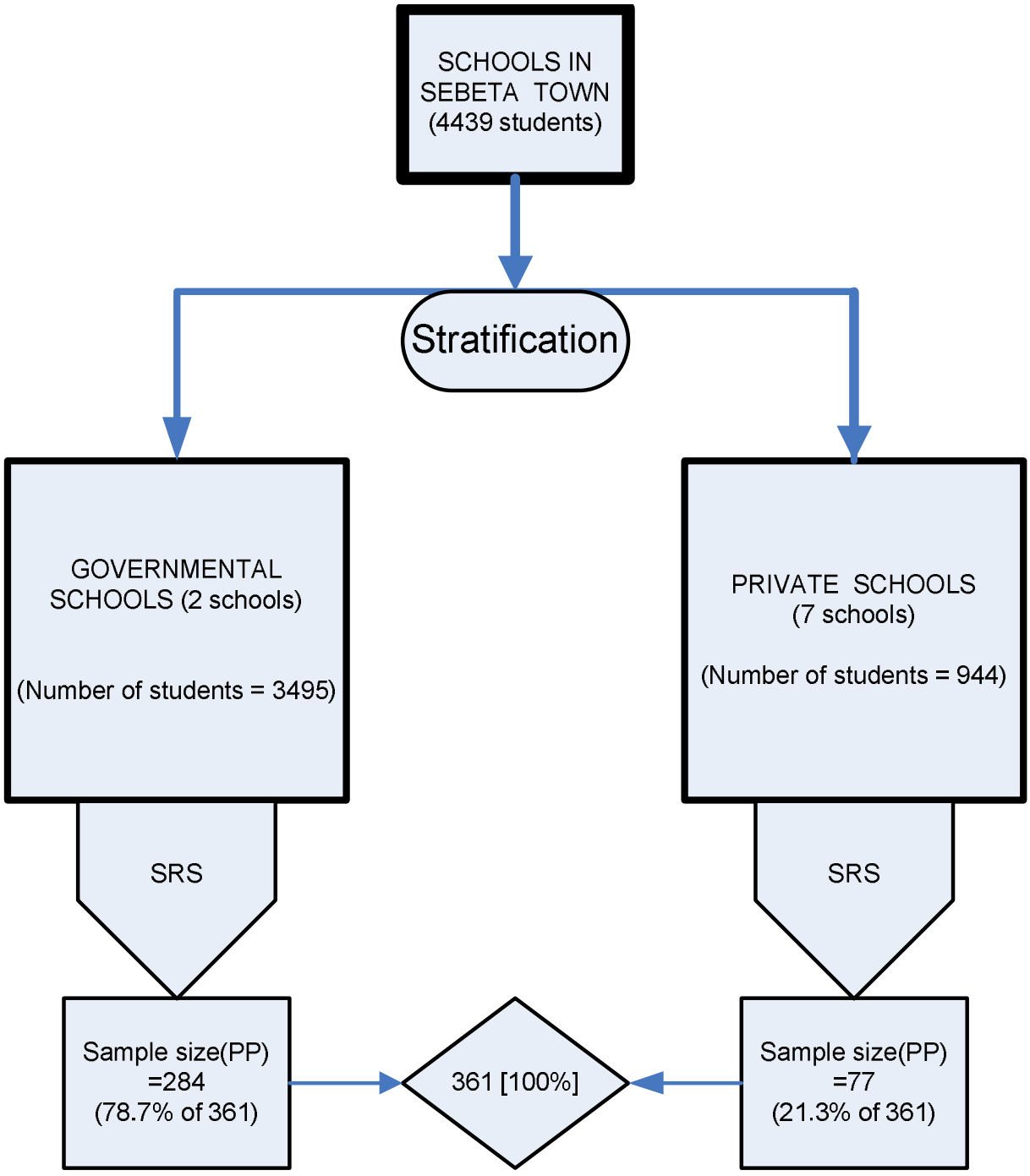

Figure 2. Schematic presentation of sampling procedure

4.5. Data collection tools, procedure and collectors

4.5.1. Data collection tools

A structured self-administered questionnaire was used to collect the quantitative data. A number of questions that can address the objective of the study was gathered and adapted from previous similar studies [45, 46]. In addition, relevant questions was extracted from other previous similar studies and be modified according to the local situations and the objectives of the study. The questionnaire was prepared in English then translated to Afan Oromo and then translated back to English by another person for consistency.

An unstructured questionnaire was used to guide the focus group discussion (FGD). The FGD questionnaire comprises of knowledge and attitude towards adolescent reproductive health, knowledge and adolescent premarital sex, communication, frequency of communication and contexts in which communication usually takes place. It also includes monitoring practice, how important is parent-adolescent communication, and how parents usually respond to their adolescents' questions related to RH and what parent-children relationship looks like in the area.

4.5.2. Data collection method and collectors

Nine facilitators and two supervisors who were nurses having previous experience in data collection were recruited and take the training on the questionnaire. The facilitators were distribute the questionnaire to the respective students and transported the completed questionnaire from the school. The principal investigator supervised facilitators and supervisors, throughout the data collection.

Concerning qualitative data; focus group discussions were conducted among parents in order to probe more information on SRH issues. The criteria for selecting participants of the focus group discussion were purposively of parents of those adolescents not participating in the study and who are volunteer .To increase the quality of information generated and to ensure the confidence of the parents the focus group discussion was stratified by sex. The FGDs were moderated by two experienced MPH holders and two trained Bsc holder in public health were took notes. Tape recorder was used in order to capture their opinion fully after they have been told about the objective of the study and upon recipient of verbal consent. Four FGDs were carried out among 40 selected parents who had adolescent students from schools.

4.6. Variables of the study

4.6.1. Dependent variable

- Communication between parents and adolescents on SRH issues.

4.6.2. Independent variables

- Socio demographic and economic characteristics
    - ✓ Age of parents
    - ✓ Age of students
    - ✓ Educational status of parents
    - ✓ Family income
    - ✓ Family size
    - ✓ Sex of students
    - ✓ Religion
    - ✓ Ethnicity
    - ✓ Living arrangement
- Knowledge of adolescent's on SRH matters
- Perceived parental monitoring

4.7. Operational definitions

- **Communication between Parent and Adolescent on SRH issues** - in this study context, we say there is communication on sexual risks when students discussed at least two topics with their parents like condom, STI/HIV, sexual intercourse, unwanted pregnancy etc.
- **Early sexual practice -** Sexual act which is performed fifteen and below 15 years of age.
- Knowledge was measured using the following components:
    - knowledge about contraceptive – those who know at least one method
    - knowledge about STD – those who know at least one type of STD
    - means of protecting oneself from STD
    - knowledge about menses and
    - the time during menstruation cycle where chance of pregnancy is highly likely

- Respondents were categorized into one of the following groups based on their response to the aforementioned questions
    - Poor score = 1/5
    - Average = 2 or 3/5
    - Above Average = 4 or 5/5

- Attitude is a composite measure computed from the following four items:
    - Belief in the importance of discussion of SRH issues with parents
    - Willingness to discuss SRH issues with parents
    - Feeling of comfort to discuss SRH issues with parents
    - Belief whether discussion about CPs promotes promiscuity
    - Respondents were categorized into one of the following category based on their response to these questions
        - Unfavorable = 1/4
        - Somewhat favorable = 2/4
        - Favorable =3 or 4/4
- **Parents -** Parents in this study mean biological parents, step parents or foster parents but it does not include elder siblings.
- **Family income:** Family income was categorized into two categories based on the recommendation of World Bank using 2.00 USD per day per person as an extreme poverty line [47]. Assuming an average household size of 4 [40], a household with an income of less than 240 USD was considered as household living in extreme poverty.
- **Parental monitoring** - parents awareness about where and with whom their teens spend their time outside home and school.
- **Risky sexual behavior** - sexual act with more than one partner or casual partner or CSW or inconsistent use of condom.
- **Sexual intercourse**- penis to vaginal sex.

4.8. Data quality control

A two days training on how to collect data and quality control was given by principal investigator for recruited facilitators and supervisors. During the data collection, trained supervisors were control over the data collection process. Furthermore, the researcher gave on-site technical assis-

tant and guidance. Ambiguity was clarified by the researcher. In addition, double data entry was used to control data entry error. In order to ensure quality and completeness of the data, a brief orientation about purpose of the research was given for participants of the study. To avoid contamination of information through discussion amongst participants, data was collected on the same day in each school. Regarding qualitative data; training was given for FGDs moderators and note takers, discussants were segregated by sex and the recorded information was carefully transcribed.

Pre test

The questionnaire and discussion guide were pre-tested in a similar population on 10% of the sample population in *Teji High School* which is adjacent to the study area. School students and parents which were not included in the study after which minor modifications were made (options for source of information about SRH issues was revised).

4.9. Data processing and Analysis

The collected data were cleaned, coded, and entered in to Epi-data version 3.1 for edition and cleaning by double entry verification. SPSS version 20.0 statistical software was used to analyze the data. Incomplete questionnaire were excluded from entry and analysis. Univarate analysis was used to describe the characteristics of students. Bivariate and multivariate logistic regression analyses were carried out to examine the relationship between the outcome variable and selected determinant factors. The bivariate analysis was used to identify candidate determinant factors to be used in the multivariate analysis. The multivariate logistic regression was mainly used to single out the net effect of determinant factors by controlling the confounding effect of other factors. The qualitative data was transcribed and the result was used to complement the quantitative finding. The cut off value for significance in the bivariate and multivariate analysis is 0.20 and 0.05, respectively. The result of analysis was displayed using tables, charts and graphs.

4.10. Ethical consideration

Ethical clearance letter was obtained from Jimma University, College of Public Health and Medical Sciences ethical review committee. A formal letter was submitted to Sebeta Town educational office and subsequently to high schools of the town where the study takes place, oral and written permissions from the schools and the respective study subjects were obtained. The objective of study was explained to the participants and their consent to participate in the study was assured before filling the questionnaire.

For this very purpose, a one-page consent letter was attached to the cover-page of each questionnaire. For those whose age is under 18 years old, a letter that requests the permission of parents for their adolescent to participate in the study was given to each student to submit to their parents prior to the actual data collection date. Adolescents whose parents volunteered were participated in the study.

To keep confidentiality, names of students and school were not written to the questionnaires; rather numerical codes was given to students and the schools.

4.11. Dissemination of results

After successful defense the finding of this study will be disseminated to the relevant stakeholders like Jimma University, Oromia Health and Education Bureau, Sebeta town education and health office. It will also be sent for publication to a scientific journal.

CHAPTER FIVE: RESULTS

5.1. Socio-demographic characteristics of respondents

A total of 361 students were selected for the study of which 358 returned the questionnaire which makes the response rate 99.2%. The respondents were in the age range from 14 to 19 years. Two hundred eighty two of the students were in public school and the rest were learning in private school. A little more than half of the students included in the study were mid-adolescent [187 (52.2%)] and 171 [47.8%] of the students were of age between17-19. Two hundred eighty (78.2%) of respondents were from rural and 78(21.8%) were living in urban area. About more than half 211[58.9%] of the respondent were in grade nine and the rest were grade ten. About half of respondents were female (193[53.9]) and 165[46.1%] were male. Three fourth of the students (269 [75.1%]) were Orthodox Christians followed by Protestant (45[12.6%]) and Muslim (39 [10.9%]). Two hundred seventeen [60.6%], 73 [20.4%] and 48 [13.4%] were Oromo, Amhara and Gurage by ethnicity, respectively. Two hundred thirty [64.2%] respondents were living with both parents, 57 [15.9%] were living with either of parent and 41 [11.4] were living alone [Table 1].

Table 1: Socio-demographic characteristics of respondents, Sebeta town, April 2014

Characteristics		**No**	**%**
Age of a student in years	14-16	187	52.2
	17-19	171	47.8
	Total	358	100.0
Residence of origin	rural	280	78.2
	urban	78	21.8
	Total	358	100.0
Grade	grade 9	211	58.9
	grade 10	147	41.1
	Total	358	100.0
Sex	Male	165	46.1
	Female	193	53.9
	Total	358	100.0

Religion	Orthodox	269	75.1
	Muslim	39	10.9
	Protestant	45	12.6
	Catholic	2	0.6
	Others	3	0.8
	Total	358	100.0
Ethnicity	Oromo	217	60.6
	Amara	73	20.4
	Gurage	48	13.4
	Tigre	10	2.8
	Others	10	2.8
	Total	358	100.0
Living arrangement	Both Parents	230	64.2
	Either parent	57	15.9
	Relatives	41	11.4
	Alone	13	3.6
	Other	17	4.8
	Total	358	100.0

5.2. Socio-demographic and economic characteristics of parents

Table 2 shows the socio-demographic and economic characteristics of respondents' parents; concerning the age of their father reported that 180 [57.88%] were between 45-59 years, 87 [27.97%] were between 30-44years and 44 [14.15%] were 60+ years. And the age of mothers less than 45years were 221 [69.28] and 45+years were 98 [30.72]. More than half of the family size 203 [56.70%] were medium and the monthly income of 147 [68.06%] were below extreme poverty. On the other hand, the reported literacy status of mothers' and fathers' indicates that 77 [21.63%] and 73[20.45%] were primary and read and write educational level, respectively. Re-

garding to occupation of respondents parent 162[45.76%] were housewife and 159[45.17%] of their father were employed [Table 2].

Table 2: Parental & household characteristics, Sebeta town, April 2014

Characteristics		**No**	**%**
Age of father	30-44	87	27.97
	45-59	180	57.88
	60+	44	14.15
	Total	311	100.00
Age of mother	<45	221	69.28
	45+	98	30.72
	Total	319	100.00
Family size	Small (1-4)	84	23.46
	Medium (5-7)	203	56.70
	Large (8+)	71	19.83
	Total	358	100.00
Family income	Below extreme poverty	147	68.06
	Above extreme poverty	69	31.94
	Total	216	100.00
Mother educational status:	Illiterate	66	18.54
	Read and write	75	21.07
	Primary (1-8th)	77	21.63
	Secondary(9-10th)	43	12.08
	Preparatory (11-12th)	34	9.55
	University/college	37	10.39
	No mother	7	1.97
	Don't know	17	4.78

	Total	356	100.00
Father educational status:	Illiterate	23	6.44
	Read and write	73	20.45
	Primary (1-8th)	51	14.29
	Secondary(9-10th)	34	9.52
	Preparatory (11-12th)	65	18.21
	University/college	70	19.61
	No father	21	5.88
	Don't know	20	5.60
	Total	357	100.00
Occupation of mother	Housewife	162	45.76
	Employed	69	19.49
	Merchant	63	17.80
	Farmer	41	11.58
	Unemployed	10	2.82
	Other	9	2.54
	Total	354	100.00
Occupation of the father	Employed (private)	159	45.17
	Farmer	104	29.55
	Merchant	44	12.50
	Unemployed	4	1.14
	Other	41	11.65
	Total	352	100.00

5.3 Level of communication and issues discussed on SRH issues

More than two in five (45.3%) of the students stated that they have discussed SRH issues with parents. However, it is only a quarter of the students (25.1%) who communicated at least on two topics of SRH issues with their parents. A great number of students (47.1%) who happen to communicate SRH issues with their parents had the discussion in their mid-adolescence period (age 14-16 years). Nearly a quarter of them (24.7%) did not remember the age at which the discussion had happened. Few students (5.6%) mentioned that the communication started early (before reaching age 10). Yet, 8.6% of them said that they had the discussion at late adolescence (age 17-19 years) [Table 3].

Table 3: Parent- adolescent communication and age at start of communication, Sebeta town, April 2014

Characteristics		**No.**	**%**
Discussion on SRH issues with parents	No	196	54.7
	Yes	162	45.3
	Total	358	100.0
Communication on SRH issues on at least two topics	No	268	74.9
	Yes	90	25.1
	Total	358	100.0
Age at start of communication with parents about SRH matters	Less than 10 years	9	5.6
	10-13 years	22	13.6
	14-16 years	77	47.5
	17-19 years	14	8.6
	Don't know	40	24.7
	Total	162	100.0

The topics discussed include body changes, relationship with the opposite sex, STIs and HIV/AIDS, abortion and how to avoid getting pregnant. The popular topics discussed with parents stated by the students were body changes (57.4%), relationships with the opposite sex (55.6%), and STIs & HIV/AIDS (53.7%) [Figure 1].

This finding was supported by qualitative (FGD), as discussants witnessed that, those who were discussing with their adolescent children, the common discussion topics were puberty, relationship with opposite sex, HIV, unwanted pregnancy and abortion.

"I have one daughter and one son children's attending grade 9 and 10 in private school . . . since this period is a critical period and they need to know many things most of the time I and their father discussed on physical changes like change of voice, menses, enlargement of breast and about boy/girlfriend . . ." a 40 year old mother discussants.

Other male discussant said that *"No doubt on its importance, b/c if the family didn't discuss with their adolescent children unknowingly engage in danger situation and may harm their life. While we discuss with our children we told them the right and wrong things that save their lives. Occasionally I am discussing with my child on physical change, relationship with opposite sex and HIV/AIDS."*

"As to me for two reasons discussing on SRH issue is important; the first reason is children differentiate the good and bad things, the second reason is they care for the family. This is my second pregnancy, since I discussed with my child frequently on issues related to adolescence like change of voice, acne, pregnancy. Due to this he care for my pregnancy and encourage me to eat more food. This is the result of discussion." Witness from 32 years mother.

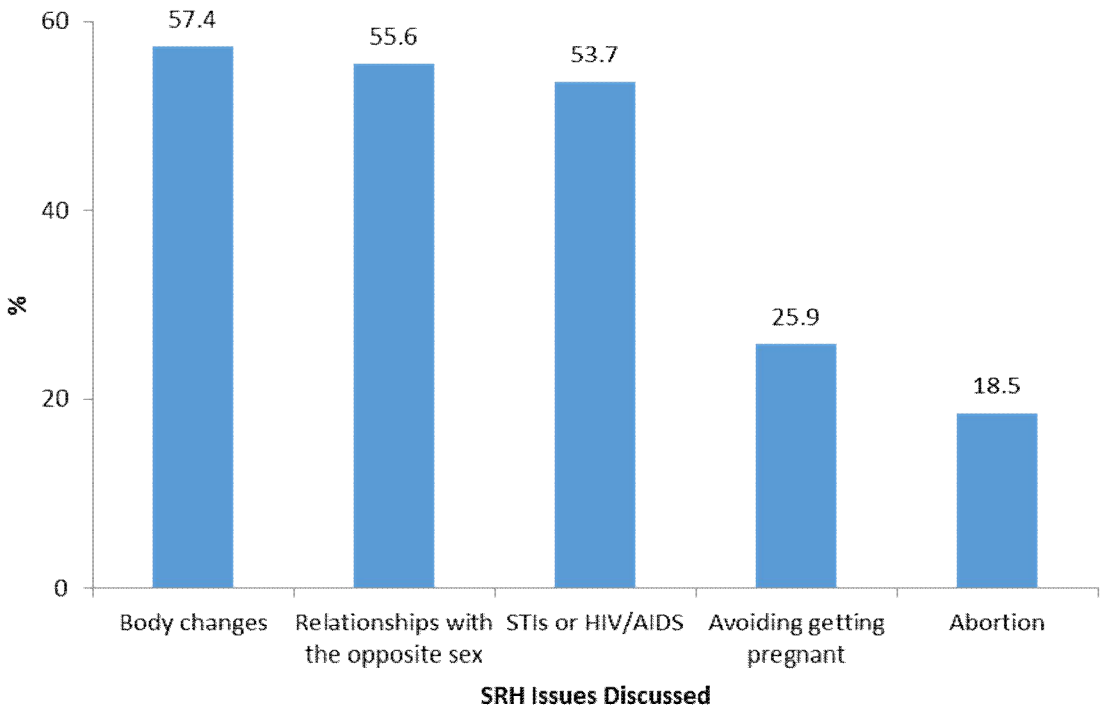

Figure 2: SRH issues discussed between parents and students, Sebeta town, April 2014.

Among students who ever had a discussion about SRH issues, about one in two (49.4%) and 48.1% stated that they prefer their friends and mothers, respectively, for the discussion. Their reason to prefer these individuals is being supportive (72.8%) and having an interest to discuss SRH matters (50.6%). A third of the students (33.3%) also mentioned that their reason of preference is dependence on the knowledge of these individuals [Table 4].

Table 4: Preference and reason for preference of students' to communicate SRH matters, Sebeta town, April 2014

Who do you prefer to talk to?	No.	%*
Friend	80	49.4
Mother	78	48.1
Sister	37	22.8
Father	27	16.7
Brother	27	16.7
Other family member	11	6.8
Reasons of preference		
They positively listen & answer my questions	118	72.8
Have interest to discuss	82	50.6
They are knowledgeable	54	33.3

* Percentages do not sum up to 100 as this is a result of multiple response question

Two third of the students who discussed SRH related matters with their parents had the discussion more than twice and one in five (20.4%) had the discussion twice in a week [Figure 2].

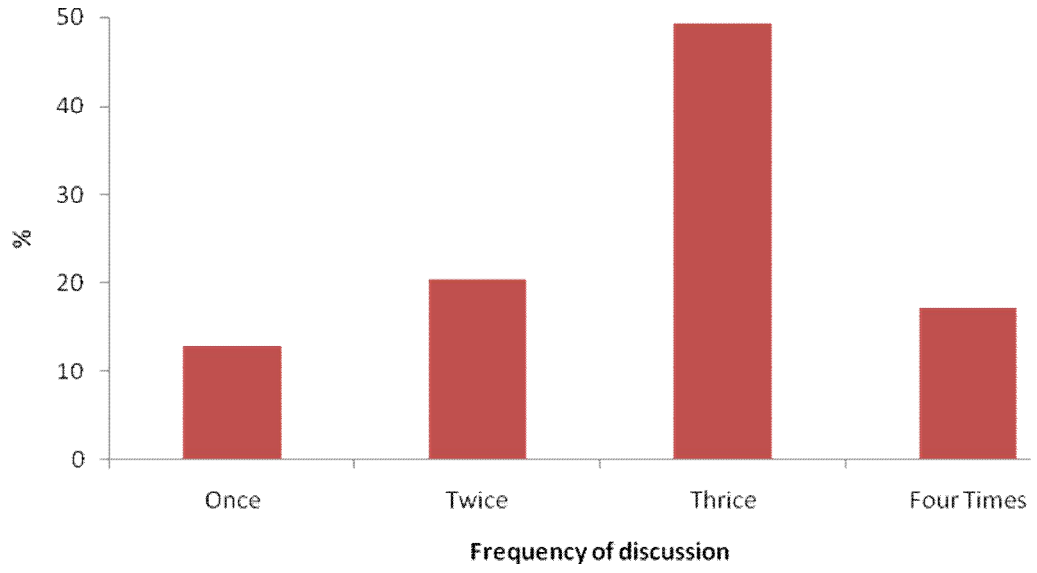

Figure 3: Parent-adolescent frequency of communication about SRH issues, Sebeta town, April 2014

Students mentioned a number of reasons that held them back from discussing SRH related matters with parents. A great number of students (70.4%) refrained from speaking SRH related issues with parents for they think that these issues are culturally unacceptable and the next best reason stated by students is for fear that they might be scorned by parents (10.2%) [Table 5].

The finding of FGD revealed that different results were depicted. One was; even though the discussants have knew about SRH issues, most parents' attitudes were negative towards the issues as a result not comfortable to discuss. In the other hand, those who have positive attitude and need to discuss; cultural taboo and shame prohibited from discussing. While, some of the parents break through and discussing on selected SRH issues with their adolescent children.

"*I believe discussing on SRH issue with children is important. But, I am not doing that, told to my children what they should have to do. When I think the reason I didn't discuss with my parents on sex related issues, due to culturally shame to discuss on such issues that may be a cause for not discussed openly with my children" a* 36 years old mother discussant.

A 34years female said "*I have two adolescent children attending in government school. In our rural kebeles the community don't have good attitude to communicate on SRH issues. That might be my reason for not communicate on such issues"*

Table 5: Reasons for not discussing SRH issues with parents, Sebeta town, April 2014

Characteristics		**No**	**%**
Reason for not discussing SRH related matters	Culturally unacceptable	138	70.4
	I fear	20	10.2
	Difficult and embarrassing	11	5.6
	Lack of knowledge	9	4.6
	Parents are not good listener	5	2.6
	Lack of communication skill	5	2.6
	Others	8	4.1
	Total	196	100.0

5.4 Knowledge and attitude of students about SRH

More than four in five (83.8%) of the students knew at least one method of contraception. Of these students, three fourth of them (75.7%) know Pill, two third (66.7%) know Depo-Provera (Injectable), 65.3% mentioned Implant whereas a little more than two in five (44.7%) mentioned natural methods of contraception [Figure 3].

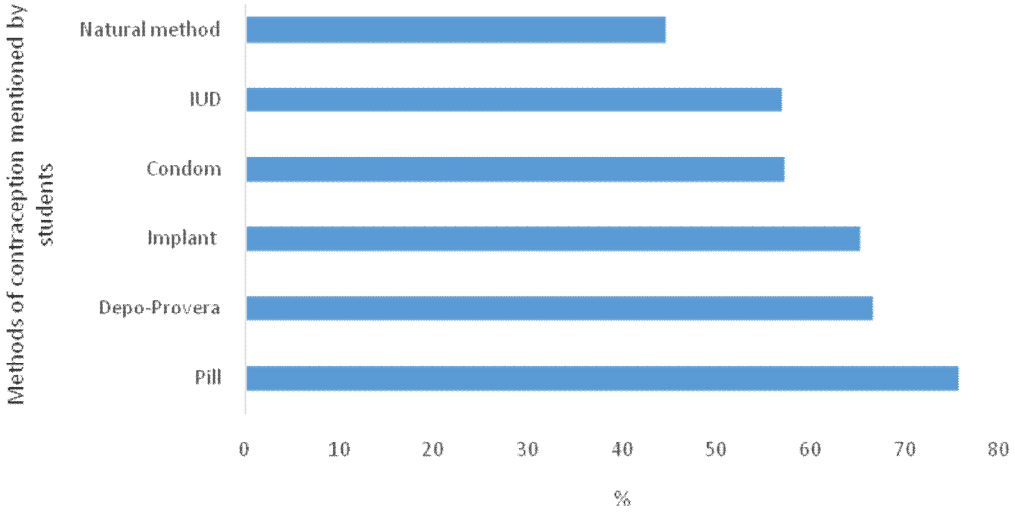

Figure 4: Contraceptive methods mentioned by students, Sebeta town, April 2014

Concerning knowledge of students about signs of puberty, two hundred forty three [67.9%] and 239[66.8%] of the respondents knew about change of voice in boys and the occurrence of menarche in females, respectively. The appearance of pubic hair, acne, and testicular and penile development of boys distinguished by students were [55.0, 47.2 and 45.2 %], respectively. Similarly, the development of breast, the appearance of pubic hair and change of voice [61.2, 45.0, and 37.7%] of puberty signs in girls were known by respondents, respectively [Table 6].

Table 6: Knowledge of students about signs of puberty in boys and girls, Sebeta town, April 2014

Signs of Puberty		
Boys	***No.***	***%***
Change of voice	243	67.9
The appearance of pubic hair	197	55.0
The appearance of acne	169	47.2
Testicular and penile development	162	45.2
Girls	***No***	***%***
The occurrence of menarche	239	66.8
The development of breasts	219	61.2
The appearance of pubic hair	161	45.0
Change of voice	135	37.7

More than nine in ten of the students (91.3%) have an average and above average knowledge about SRH matters whereas less than 50% of the students had a positive attitude towards parent-child communication about SRH matters [Table 7].

The qualitative study showed that , majority of discussants clearly knew about SRH issues; the changes that mentioned by parents based on their sex were physical change, change of voice, seeing acne in face, menses, breast enlargement, pregnancy and HIV. But, few parents have little knowledge. However, as mentioned under reasons for not discussing their attitude was not favorable and even they believe discussing on SRH issues culture refrain them. One a 38years female parent stated that*" I know about SRH issues like menstruation, change of voice, pubic and arm pit hair, contraception, pregnancy, HIV, abortion and . . ."* and similarly, a 48year male discussant said that *"I know almost all about SRH issues for example; physical and behavioral changes occurred during puberty on both sex, STI including HIV, pregnancy, abortion . . . and some adolescent didn't governed by their parents…. "*. Among those who have little/no knowledge about SRH issues one male discussant witnessed that "*I have 15years old daughter learning in grade nine, to tell you the truth I don't have sufficient knowledge about SRH."*

One 48years old male discussant stated that" *since I have positive attitude and perception for discussion especially on SRH issues, we discuss openly in SRH related topics with my adolescent children"*. Likewise one mother described that "*I have one son attending in grade nine, while I am discussing with him, his little brother carefully listening us."* Other male discussant strengthened that *". . . during discussion children gain knowledge that keep them from engaging in unreverent things."*

Table 7: Knowledge and attitude of students about SRH matters, Sebeta town, April 2014

Characteristics		No.	%
Knowledge of students about SRH issues	Poor	31	8.7
	Average	177	49.4
	Above average	150	41.9
	Total	358	100.0
Attitude of students towards parent-child communica-	Unfavorable	196	54.7

tion about SRH matters	Favorable	162	45.3
	Total	358	100.0

The best source of SRH information for students was mass media (59.6%), school comes in a second place (55.2%) and 28.2% mentioned friends while 23.8% said their mother was the source. Religious place, siblings, fathers, and other family members were also mentioned as source of information about SRH matters. Health workers were preferred by 65% of the students for consultation regarding SRH problems. Nearly a third of the students (32.2%) would like to go to their confidants for help and mothers were mentioned by about a quarter (22.3%) of the students as a source of help in distress related to SRH [Table 8].

Table 8: Source of information and help during problems encountered regarding SRH matters, Sebeta town, April 2014

Characteristics		**No.**	**%***
Source of information about SRH issues	Mass Media	205	59.6
	School	190	55.2
	Friend	97	28.2
	Mother	82	23.8
	Father	44	12.8
	Sister	41	11.9
	Other family members	34	9.9
	Brother	29	8.4
	Religious place	28	8.1
Who would you consult for help?	Health worker	230	65.0
	Friend	114	32.2
	Mother	79	22.3
	Do not know	43	12.1

	Sister	41	11.6
	Father	23	6.5
	Brother	21	5.9
	No-one	20	5.6
	Other family members	19	5.4

* Percentages do not sum up to 100 as this is a result of multiple response question

5.5 Factors that affect parent-adolescent communication about SRH issues

5.5.1 Students' characteristics

From among characteristics of students' considered to have an effect on parent child communication about SRH issues, residence of origin of student had a sizable effect {COR=2.12 with a 95% CI [1.09, 4.14]} whereas sex and ethnicity of a student shown a significant association at a p-value of 10% in the bivariate analysis. The effect of residence of origin is stable in a multivariable analysis which controlled the effect of sex and ethnicity of a student {AOR=2.08 & with a 95% CI [1.05, 4.12]}. That is, students of rural origin were more than twice likely to communicate about SRH issues with parents than urban resident students after controlling the effect of sex and ethnicity. Age, grade, religiosity and living arrangement of a student did not exert a significant impact on the communication in the bivariate analysis and were not considered as candidates for a multivariable analysis [Table 9].

Table 9: Estimates of crude and adjusted odds ratio from binary logistic regression model for parent adolescent communication on students' characteristics, Sebeta town, April 2014

Characteristics		**Communication on SRH issues**		**COR***	**95% C.I for COR***	**AOR****	**95% C.I for AOR****
		Yes	**No**				
Age of a students	14-16	46	141	0.94	[0.58, 1.52]		
	17-19	44	127	1.00			
Residence	Urban	12	66	1.00		1.00	
	Rural	78	202	2.12	[1.09, 4.14]	2.08	[1.05, 4.12]

Grade	Grade 9	52	159	0.94	[0.58, 1.52]		
	Grade 10	38	109	1.00			
Sex of a student	Female	56	137	1.00		1.00	
	Male	34	131	0.64	[0.39, 1.04]	0.66	[0.39, 1.09]
Religiosity	Very Often	15	64	1.00			
	Often	17	43	1.69	[0.76, 3.73]		
	Sometimes	43	120	1.53	[0.79,2.96]		
	Rarely	11	25	1.88	[0.76, 4.64]		
	Never	2	12	0.71	[0.14, 3.52]		

Ethnicity	Oromo	55	162	1.00		1.00	
	Amara	19	54	1.04	[0.57, 1.90]	0.86	[0.46, 1.61]
	Gurage	7	41	0.50	[0.21, 1.19]	0.44	[0.18, 1.04]
	Others	9	11	2.41	[0.95, 6.12]	1.82	[0.70, 4.76]
Living arrangement	Both Parents	54	176	1.00			
	Either Parent	16	41	1.27	[0.66, 2.44]		
	Alone	5	8	2.04	[0.64, 6.49]		
	Relatives	13	28	1.51	[0.73, 3.12]		
	Other	2	15	0.44	[0.10, 1.96]		

**COR=Crude Odds Ratio* ***AOR=Adjusted Odds Ratio*

5.5.2 Parental and household characteristics

Age, occupation, and educational level of parents along with family size and family income were the second group of predictor variables considered in this study. In bivariate analysis, educational level and occupation of parents were found to have an overall significant effect on communication. For instance, students who reported that their mother is employed are 2 times more likely to communicate SRH issues with their parents than students whose mothers are housewives {COR=2.25 with a 95% CI [1.22, 4.14]}. With regard to occupation of fathers, students whose fathers are farmers are 0.47 times less likely {95% CI [0.25, 0.87]} to communicate than students whose fathers are employed. This effect, however, vanishes in the multivariable analysis when educational level of parents was entered as a control variable [Table 10].

Students whose mothers had some education are more likely to communicate SRH issues with their parents at a p-value less than 10% in the bivariate analysis. Women with primary education are 2.5 times more likely {95% CI [1.11, 5.80]} and women with university/college education are more than 5 times more likely {95% CI [2.09, 13.47]} to communicate with their children than illiterate mothers. Nonetheless, the effect of university/college education disappeared in the

multivariable analysis at a p-value less than 5%. On the other hand, even though the educational level of fathers had an overall effect on parent-child communication, none of the higher order categories of educational level had an advantage over illiterate fathers in the bivariate analysis. But, students whose fathers had a secondary level of education are disadvantaged in communicating SRH related issues with their parents as opposed to students whose fathers are illiterate {AOR=0.16 with 95% CI[0.03,0.70]} in the multivariable analysis [Table 10].

Table 10: Estimates of crude and adjusted odds ratio from binary logistic regression model for parent adolescent communication on parental and household characteristics, Sebeta town, April 2014

Characteristics		Communication on SRH issues		COR*	95% C.I for COR*	AOR**	95% C.I for AOR**
		Yes	No				
Age of father	<45	26	61	1.00			
	45-59	43	137	0.74	[0.42, 1.31]		
	60+	9	35	0.60	[0.25, 1.43]		
Age of mother	<45	56	165	1.05	[0.60, 1.82]		
	45+	24	74	1.00			
Family Size	Small (1-4)	19	65	1.00			
	Medium (5-7)	54	149	1.24	[0.68, 2.26]		
	Large (8+)	17	54	1.08	[0.51, 2.27]		
Family Income	Below EPL	33	114	0.66	[0.35, 1.26]		
	Above EPL	21	48	1.00			
Occupation of mother	Housewife	27	42	1.00		1.00	
	Employed	14	49	2.25	[1.22, 4.14]	1.48	[0.67, 3.25]
	Merchant	7	34	1.00	[0.50, 2.01]	0.83	[0.38, 1.79]

	Farmer	4	51	0.72	[0.30, 1.76]	0.82	[0.29, 2.27]
	Other	47	112	0.93	[0.29, 2.99]	0.84	[0.18, 3.94]
Occupation of the father	Employed	9	35	1.00		1.00	
	Merchant	17	87	0.61	[0.27, 1.37]	0.97	[0.38, 2.45]
	Farmer	13	32	0.47	[0.25, 0.87]	0.72	[0.31, 1.69]
	Other	27	42	0.97	[0.47, 2.01]	1.38	[0.50, 3.82]
Mother educational status	Illiterate	10	56	1.00		1.00	
	Read & Write	15	60	1.40	[0.58, 3.37]	1.29	[0.47, 3.49]
	Primary	24	53	2.54	[1.11, 5.80]	3.40	[1.27, 9.10]
	Secondary	13	30	2.43	[0.95, 6.19]	1.92	[0.61, 6.06]
	Preparatory	6	28	1.20	[0.40, 3.64]	0.83	[0.22, 3.05]
	Universi-ty/College	18	19	5.30	[2.09, 13.47]	2.43	[0.60, 9.82]
	No Mother	2	5	2.24	[0.38, 13.18]	2.24	[0.23, 21.40]
	Do not Know	2	15	0.75	[0.15, 3.78]	0.68	[0.11, 4.17]
Father Educational Status	Illiterate	7	16	1.00		1.00	
	Read & Write	12	61	0.45	[0.15, 1.33]	0.39	[0.12, 1.26]
	Primary	11	40	0.63	[0.21, 1.91]	0.31	[0.08, 1.14]
	Secondary	5	29	0.39	[0.11, 1.45]	0.16	[0.03, 0.70]
	Preparatory	14	51	0.63	[0.22, 1.82]	0.34	[0.10, 1.21]
	Universi-ty/College	29	41	1.62	[0.59, 4.43]	0.74	[0.19, 2.88]
	No Father	6	15	0.91	[0.25, 3.35]	0.43	[0.10, 2.17]
	Do not Know	6	14	0.98	[0.27, 3.61]	0.66	[0.12, 3.58]

5.5.3 Knowledge, attitude, parental monitoring and norm

Students who scored below average on knowledge related questions were observed to have a very small chance of communicating SRH related issues with their parents {COR=0.08 with a 95% CI [0.01, 0.63]}. Yet, after controlling the effect of norm, attitude of students and perception of students' about parents' attitude, the result observed in the bivariate analysis vanished. Students who believed that people in their community freely talk about SRH issues are more likely to communicate SRH issues with their parents than those who think that their community held discussion as taboo{COR=2.24 with a 95% CI [1.31, 3.80]}. Similar to the result observed for knowledge, this effect disappeared in the multivariable analysis. Parental monitoring also was found to have no effect on parent-adolescent communication [Table 11].

Children who had a positive attitude towards parent-child communication were more than 4 fold likely to have had a parent-child communication {COR=4.93 with a 95% CI [2.90, 8.37]}. In addition, children who pronounced their parents as helpful to SRH questions they raise were more likely to communicate with their parents as opposed to those who say that their parents are not supportive {COR=11.69 with a 95% CI [6.25, 21.84]}. Unlike the result seen for knowledge, parental monitoring, and norm, the effect of attitude variables remained significant in the multivariable analysis [Table 11].

The FGD finding indicated that, *"I can say almost all of the community in my village not to discuss on SRH issues and some families rarely discuss. I think the reason for not discussed on such issue was hard norm (culture) of the community not give them a chance to discuss/learnt. Lack of communication leads the adolescents' to unwanted pregnancy, abortion and may infected by HIV."* a 35 years old women discussant. Similarly, one 39 years old women explained *that "I didn't discuss with my adolescent child, the reason might be since I am from rural community ashamed to discuss on SRH issues."* One female parent focused on elders and suggested that "*Adult's especially grandmothers have a great problems; when I discussed with my child she was angry and forbid me. To change her negative behavior I repeatedly talk to her. While I was advise her my brothers and sisters talk to me. Generally, important to work on adult/old peoples."* other female mentioned.

Concerning parental-monitoring, one mother discussant said that" *If he late back from school I was ask him reasons for late from usual time. Most of his time passed by studying and helping the family by doing domestic work."*

"I have a schedule for my children; after they back from school have a rest by seeing film and play in the compound, and then back to doing homework and study. Some times at weekend, after exam and summer they play out of the compound and visiting AA/ historical places. As to my opinion if we control strictly they may involve in unwanted situations. "Explained by one mother. Also one male parent replied that *"since we discuss regularly and told them the good and bad things, we are not as such restrictive on controlling"*

Table 11: Estimates of crude and adjusted odds ratio from binary logistic regression model for parent adolescent communication on knowledge, attitude and norm, Sebeta town, April 2014

Characteristics		**Communication on SRH issues**		**COR***	**95% C.I for COR***	**AOR****	**95% C.I for AOR****
		Yes	**No**				
Knowledge of students about SRH issues	Poor	1	30	0.08	[0.01, 0.63]	0.22	[0.03,1.83]
	Average	46	131	0.87	[0.54, 1.42]	1.10	[0.63, 1.93]
	Above average	43	107	1.00		1.00	
Perception of students' about norm	Restrictive	24	172	1.00		1.00	
	Free	66	96	2.24	[1.31, 3.80]	1.39	[0.75,2.58]
Attitude of students towards communication	Not favorable	59	217	1.00		1.00	
	Favorable	31	51	4.93	[2.90, 8.37]	2.27	[1.24, 4.16]
Perception of students about their parents' attitude towards communication	Not favorable	14	183	1.00		1.00	
	Favorable	76	85	11.69	[6.25, 21.84]	7.67	[3.96, 14.85]
Parental Monitoring	No	2	24	1.00			
	Yes	88	244	4.33	[1.00, 18.69]	3.50	[0.73, 16.76]

**COR=Crude Odds Ratio* ***AOR=Adjusted Odds Ratio*

5.5.4 Predictors of parent-adolescent communication

In the final model, variables which were found to be a significant predictor at a p-value of 20% in the previous three models were included. From among the predictor variables proposed to have had an effect on parent-child communication in this study, attitude of students and perception of students' about parents' attitude towards parent- adolescent communication were found to have a significant association with parent-child communication AOR=2.78 [1.47, 5.24] and AOR=7.57 [3.80, 15.08], respectively. Fathers who had a secondary level of education were less likely to communicate with their children as opposed to illiterate fathers [AOR=0.17 (0.03, 0.97)]. Whereas maternal education, parental monitoring, sex of a student, place of origin of a student, and ethnicity of a student did not exert any impact on communication [Table 12].

Table 12: Estimates of crude and adjusted odds ratio from binary logistic regression model for parent adolescent communication on selected predictor characteristics, Sebeta town, April 2014

Characteristics	COR	95% C.I for COR	AOR	95% C.I for AOR
Educational Level of the Mother				
Illiterate	1.00		1.00	
Read & Write	1.40	[0.58, 3.37]	1.04	[0.35, 3.06]
Primary	2.54	[1.11, 5.80]	3.10	[0.99, 9.73]
Secondary	2.43	[1.95, 6.19]	2.04	[0.55, 7.60]
Preparatory	1.20	[0.40, 3.64]	0.67	[0.16, 2.82]
University/College	5.30	[2.09, 13.47]	1.97	[0.50, 7.81]
No Mother	2.24	[0.38, 13.18]	1.26	[0.10, 16.06]
Do not Know	0.70	[0.08, 6.22]	1.06	[0.15, 7.69]
Educational Level of the Father				
Illiterate	1.00		1.00	
Read & Write	0.45	[0.15, 1.33]	0.36	[0.10, 1.37]
Primary	0.63	[0.21, 1.91]	0.36	[0.08, 1.59]

Secondary	0.39	[0.11, 1.45]	0.17	[0.03, 0.97]
Preparatory	0.63	[0.22, 1.82]	0.30	[0.07, 1.36]
University/College	1.62	[0.59, 4.43]	0.85	[0.20, 3.65]
No Father	0.91	[0.25, 3.35]	1.02	[0.19, 5.33]
Do not Know	1.63	[0.38, 6.97]	0.90	[0.14, 5.61]
Residence of Origin				
Urban	1.00		1.00	
Rural	2.14	[1.10, 4.18]	1.34	[0.56, 3.24]
Sex of a student				
Female	1.00		1.00	
Male	0.66	[0.40, 1.08]	0.57	[0.30, 1.07]
Ethnicity				
Oromo	1.00		1.00	
Amara	1.04	[0.56, 1.90]	0.96	[0.44, 2.08]
Gurage	0.51	[0.21, 1.20]	0.59	[0.20, 1.74]
Others	2.36	[0.93, 6.01]	1.37	[0.38, 4.86]
Attitude of students				
Not favorable	1.00		1.00	
Favorable	4.93	[2.90, 8.37]	2.78	[1.47, 5.24]
Perception of students about parents attitude				
Not favorable	1.00		1.00	
Favorable	11.69	[6.25, 21.84]	7.57	[3.80, 15.08]
Parental Monitoring				
No	1.00		1.00	
Yes	4.33	[1.00, 18.69]	2.72	[0.53, 13.89]

CHAPTER SIX. DISCUSSION

Communication between parents and adolescent is very important in guiding the lives of the young people. Unfortunately, many adults do not know what to say or how or when to say it, and feel uncomfortable talking with young people about sexuality. Good listening habits, freedom of expression, understanding, and acceptance are associated with a higher degree of communication whereas criticism, sarcasm, lack of trust and lack of acceptance of the adolescent are associated with a significantly lower degree of communication [19].

Congruently, this study revealed that majority of the students discuss on SRH issues with their parents. However, it is only a quarter of the students [25.1%] were communicated at least two topics on SRH matters which is very low when compared to the findings of Dire Dawa and Debre Markos [36.8,36.9%] respectively but, it is similar with the result of Bullen District (28.9%) [14, 22, 25]. This difference could be due to population, geographic, cultural difference and access to SRH information. From the reasons for limited communication between parent and adolescent stated by students were culturally unacceptable and fear account more than three fourth; and Shame, lack of knowledge and communication skill of parents were also mentioned by a few of the students. Similarly, these reasons were also mentioned as causes for low communication both in Bullen and Dire Dawa studies [22, 14].

According to this study the most widely discussed topics among parent and adolescent was body changes during puberty was consistent with study done in Dire Dawa [14].

But, study conducted in Benishangule revealed that the popular topic discussed was avoiding sex before marriage [22]. One of the reason may be the difference in study population.

In line with the most widely discussed issue, the present study illustrate that adolescents were more comfortably discussed SRH issues with friends than parents. In a studies done in Dire Dawa and Benishangule consistent result was found [14, 22]. On the contrary to this, study done in Togo showed that both male and female adolescents were more likely to discuss sexual topics with their parents [29]. The possible reason could be the restrictive culture may not make adolescent free to discuss the sensitive issues with their parents. If peers not well equipped with appropriate information, discussing a number of sex-based topics with friends rather than parent may have a negative impact on adolescents' sexual behavior. According to this study finding, the ma-

jor reasons for adolescents' comfortably discussing sexual issue with peer was positively listen them and answer their questions. As a result may openly discuss and not feel shy when discussing on SRH issues.

Concerning source of information, according to this study many adolescents' received information on sexual and reproductive issues from mass media followed by schools were preferred by most of them. Which was consistent with finding from Debre Markos [25]. Whereas, study done in Bullen District revealed that students access SRH information from school followed by friends [22]. Availability of mass media to access the information, geographical variation and level of civilization may be some of the reasons for the variance. This may suggest that there is a need to equip the mass media organizations, schools, journalists, teachers and peers updated on SRH issues.

In this study, sex of a student was not found to have a significant impact in predicting parent adolescent communication which is similar to the result observed in a research done in Debre Markos. Nevertheless, studies done in Myanmar and a multi-site studies done in South Africa indicate that boys are less likely than girls to communicate sex related matters with parents whereas, the report from Tanzania favors boys than girls [25,23,24]. Culture and population variation of Ethiopia and the above mentioned countries may be a reason for the difference.

According to this study, mothers' and fathers' education didn't have any effect on SRH issues communication. A contrary result was reported in Debre Markos and United States [25, 28]. In USA and Kenya, and Nigeria, it was observed that parents with some education were more likely to communicate with their children (26, 27). Older people were more likely to be open for communication as witnessed by studies conducted in South Africa, Tanzania (multi-site study), Nigeria and United States. Though, this study didn't show a relationship between age and parent adolescent communication [24, 27, 28]. Frequency of religious participation in any religion didn't have any association with parent-adolescent communication. Contrary to this finding, study from United States has shown that religious participation had inverse relation with communication [28].

About residence of origin, there was no consistent finding observed. For instance, the research from Debre Markos shows a null finding, in E/Wollega a positive association was reported while

an inverse relationship between urban residence and communication was documented in Togo study [25, 30, 29]. No variation in communication existed between urban and rural students in multi variable analysis. This finding agrees with the study done in Debre Markos town among secondary and preparatory school students [25]. Concerning family size, the result documented from Debre Markos was contrary to the present finding. The inconsistency may be due to population and geographical factors.

A Study done in Debre Markos indicated that, living arrangement of adolescents is a most often considered factor associated with parent-child communication. Adolescents who live with parents are more likely to communicate with their parents than adolescents who live with others [25]. The result was inconsistent with the present study.

However, knowledge of students not found to be a significant predictor of this study which was agrees with the result reported from Debre Markos [25]. Nonetheless, Contrary with Myanmar study [23] .Knowledge of students about SRH matters was consistent with the finding with study [25] for instance majority of the respondents heard about contraceptive, but the difference was the method they know. The result of this study showed that, those students with a positive attitude towards the discussion of SRH issues were comfortable to communicate with their parents, this finding was steady with the study done in Myanmar, Debre Markos and Zambia [23, 25, 34]. Likewise, perception of students about parent attitude is positive frequently communicate with their parent, which was consistent with Myanmar study [23].

Strengths and limitations of the study

Strengths

- Qualitative data was gathered from parents to elucidate some of the results from the quantitative questionnaire and check for consistency of responses.
- All schools were sampled to select the study participants.

Limitation of the study

- Due to the nature of the design, it is difficult to determine causal relationships between the proposed predictors and the outcomes of interest.
- Communication on SRH, sexual behaviors and attitude outcomes are based on self-reported information, which is subjected to reporting errors, missed values and biases.
- Since it touches sensitive and personal issues desirability bias might occur. However, attempts were made to minimize this bias by using self-administered anonymous questionnaire and ensuring privacy during data collection.

CHAPTER SEVEN: CONCLUSION AND RECOMMENDATION

7.1 Conclusion

In this study it was found that less than half of the students discuss on SRH issues with their parents. In addition, parent-adolescent communication on at least two topics on SRH issue was very low. Among the reasons stated by students for low communication between parent and adolescent on SRH issues were culturally unacceptable (cultural taboo), fear and shame were the most common. Body changes during puberty, relationships with the opposite sex and STIs & HIV/AIDS were the prevalent SRH topics communicated among parents and adolescents. Adolescents preferred peers to discuss SRH issues rather than parents and their common source of information were media and schools. Moreover; adolescents who had positive attitude and who perceived their parents are supportive, comfortably and frequently communicate with their parents. So far, students' knowledge, grade, religiosity, living arrangement, family size and parental monitoring were not associated with SRH communication among parent and adolescent.

7.2 Recommendations

Based on these findings the following recommendations are forwarded:

Oromia Regional Health, Education and Women and Children Affairs Bureaus; At Large Ministries

Should design integrated strategy that promote parent-adolescent communication on SRH issues and improve access to SRH information through various mechanisms. One of the strategy could be incorporating SRH education in to the school curriculum.

Mass Media, Schools, and Health Institutions

- Important to equip the institutions by appropriate and updated sexual and reproductive health related IEC materials.
- Promote parent-adolescent communication on SRH related issues by tailored scenarios. For instance through; talk show, phone call, school club, peer education, Youth center etc
- Comprehensive Family Life Education for the adolescent and parents in schools, health institutions, home and religious places should be initiated and/or strengthened.

Community

- To break cultural taboo, enhance knowledge and communication skill of adolescent and parents that limit communication the community need frequently discuss on SRH issues by existing Development Army network.
- Empower and encourage parents to provide with positive role models and guidance to their children.

Partners

- Support by providing capacity building and materials which are important for enhancing SRH issue communication among adolescents and parents.
- The other recommendation is, further studies to examine the content, timing and quality of Parent–adolescents communication on SRH related issues should be conducted.

Researchers

- Further studies should be conducted to examine quality and timing of parent–adolescents communication on sexuality and reproductive health related issues.

References

[1] WHO, "The second decade: improving adolescent health and development," Geneva, 1998.

[2] Bhan NB, Mahajan P and Sondhi M, "Awareness regarding sex knowledge among adolescent girls (16-20 years),"2004; 6:101-103.

[3] Bott S and Jejeebhoy S, "Adolescent sexual over view of findings from the 2000 Mumbai conference," 2000.

[4] Falaye A, "Predictive factors influencing the sexual behaviour of some Nigerian adolescents," *IFE Psychologia* 2004;12(2):17-26.

[5] Onifade I, Unmet reproductive health needs of adolescents: Implications for HIV/AIDS preven tion in Africa.[The Continuing HIV/AIDS Epidemic in Africa, Ijapo Housing Estate: Youth Empowerment Foundation 1999;63-72.

[6] Miller BC, Benson B and Galbraith KA, "Family Relationships and Adolescent Pregnancy Risk: A Research Synthesis Development Review,"2001;21(1):1-38.

[7] Kelly L and Jackso C, "Socialization influences on early adolescents' cognitive susceptibility ad trasition to sexual intercourse," *Journal of Rese.on Adolescence* 2008;18(2):353-378.

[8] Wight D, Williamso L and Henderson M, "Parenting influences on young people's sexual behavior: a longitudinal analysis," *Journal of adolescent* 2006; 4: 473-94.

[9] Lefkowitz EH and Sigman M, "Helping mothers discuss sexuality and AIDS with adolescents. Child Development,"2000; 71(5):1383-1394.

[10] Eisenberg LH, Sieving RE, Bearinger LH, Swain C and Resnick MD, "Parents' communication with adolescents about sexual behavior: a missed opportunity for prevention?," *Journal of youth adolescent* 2006*;* 35(6): 893-902.

[11] Wilson H and Doenberg, "Quality of parent communication about sex ad its relationship to risky sexual behavior among youth in pyscitric care: a pilot study," *Journal of Child Psychology and Psychiatry* 2004;45(2):387-395.

[12] Kumi-Kyereme A, Awusabo-Asare K, Bidddlecom A and Augustine Tanle, *Af jr repr health* 2007;11(3):197-199.

[13] Federal Ministry of Health , "Behavioral Surveillance Survey Ethiopia," 2002.

[14] Mulatua Ayalew , "Parent-Adolescent communication on sexual ad reproductive health issues among highschool students in Dire Dawa administative council, Ethiopia," *Harar bulletin of health sciences*2012 January;*Extrat No* 4:124-127.

[15] Taffa N, Desalegne S, Tesfaye A, Mohammed K and Haimanot R, "Do parents and young people communicate on sexual matters?The situation of family life education (FLE) in a rural town in Ethiopia.," *Ethiop J Health 1999;*13.

[16] Federal Ministry of Health, National Adolescent and Youth Reprodsuctive Health Strategy (2007-2015), Addis Ababa,2007.

[17] YouthNet, "Assessment of Youth Reproductive Health Programs in Ethiopia," Addis Ababa, 2004.

[18] Guilamo-Ramos V,"Parent-Based Intervention to Reduce Sexual Risk Behavior in Early Adolescence: Building Alliances between Physicians, Social Workers, and Parents.," *Journal of Adolescent Health* 2011*;*48(7):159–163.

[19] Bornstein L and Bornstein MH, Parenting styles ad child social development: national institute of child health and human development, University of Pennsylnania, USA, 2007.

[20] Jaccard J, Dittus PJ and Gordon V.V, "parent –teen communication about premarital sex: factors associated with the extent of communication.," *J.Adolescent.Health 2000;*15(2):87-208.

[21] Biddlecom A, Awusabo-Asare K and Bankole A, "Role of parents in adolescent sexual activity ad contraceptive use in four African coutries," *International perspectives on sexual and reproductive health* 2009*;*35(2):72-81.

[22] Desalegn G, "Communication on sexual and reproductive health issues among high school students with their parents, Bullen Woreda, North West Ethiopia," *Ethiopian J.Health Dev*.2010;24(2):89-95.

[23] Yin Thet NU OO, Zaw ko ko, Than kyu kyu, The Mg Mg, Kyi kyi Mar and San San Aye, "Do parents and adolescents talk about reproductive? Myanmar adolescents' perspective," *South East Asia Journal of Public Health 2011*;1:40-45.

[24] Fransis Sande Namisi, Flisher AJ, Simon O, Bastien S, Hans O, Sylvia K and Leif E, "Sociodemographic variations in communication on sexuality and HIV/AIDS with parents, family members and teachers among in-school adolescents: A multi-site study in Tanzania and South Africa," *Scandinavian Journal of Public Health* 2009 July3*;*37(2):65-74.

[25] Kasiye Shiferaw,Frehiwot Getahun and Getahun Asres, "Assessment of adolescents' communication on sexual and reproductive health matters with parents and associated factors among secondary and preparatory schools' students in Debremarkos town, North

West Ethiopia,"BMC *Reproductive Health Jornal2014*;11(2):4-10.

[26] Melissa N, Poulsen Kim S, Miller Carol Lin, Fasula Amy, Hilde V, Sarah C, Wyckoff, Juliet O, Christopher O, Obongo and Forehand R, "Factors Associated with Parent–Child Communication About HIV/AIDS in the United States and Kenya:A Cross-Cultural Comparison," *Kenya Medical Research Institute;*2010.p.1083-1094

[27] Katrina B, Christina J and Babalola S, "Predictors of parent–child communication among a nationally representative sample in Nigeria," *Journal of Social Aspects of HIV/AIDS 2012*; 9(2): 95-103.

[28] Kelli Stidham H, Caroline M and Trussell A, "Patterns and correlates of parental and formal sexual and reproductive health communication for adolescent women in the United States, 2002 to 2008," *J Adolesc Health 2012* 50(4): 410–413.

[29] Speizer I, Mullen S and and Amegee K, "Gender differences in Adult Perspectives on Adolescent Behviors:evidence from Lome,Togo,International Family planning Perspectives," Lome, 2001.

[30] Desalegne Tesso, Mesganaw Fantahun and Enkuselassie F "Parent-young people communication about sexual and reproductive health in E/Wollega zone,West Ethiopia: Implications for interventions,*Ethiopian J.Health" 2012*; 9(13).

[31] Bastien S, Leshabari MT and Klepp KL, "Exposure to information and communication about HIV/AIDS and perceived credibility of information sources among young people in northern Tanzania," *African Journal of AIDS Research 2009;* 8(2): 213-222

[32] Wamoyi J, Fenwick A, Urassa M, Zaba B and Stones W, "RPeaserarechnt-child communication about sexual and reproductive health in rural Tanzania: Implications for young people's sexual health interventions," *Reproductive Health Jornal2010;*7(6).

[33] Bastien S, kajula LJ and Muhwezi WW, "A review of studies of parent-child communication about sexuality and HIV/AIDS in sub-Saharan Africa,"*Reproductive Health2011* 8(25).

[34] Pertorious J, Ferreira G and Edward D, "Crisis Phenomena among African Adolescents," *Adolescence1999;*34:139-146.

[35] Savage NO, "Risky sexual behavio, sexually tansmitted infections, HIV/AIDS and Health promotion among studets in the University of Doula, Cameroon," *Afr Pop Studies2005*;20(1):56-63.

[36] Anwar, "Awareness of school students on sexually transmitted infections (STIs) ad their sexual behavior: a cross-sectional study coducted in Pulau Pinang," *BMC Public Health2010;* 10(47).

[37] Mitike G, *HIV/AIDS Behavioral Suveillace Survey (BSS) in Ethiopia. Round Two,* Addis Ababa, 2005.

[38] Shiferaw, "Assessment of knowledge, attittude and risk behaviors towards HIV/AIDS and other sexual transmitted infection among preparatory students of Gondar town, North West Ethiopia," *BMC Research Notes2011;* 4(505).

[39] UN, "World Population Prospects:The 2010 revision, CD-ROM Edition," 2011.

[40] Central Statistics Agency, Population and Housing Census of Ethiopia-Results at Country level, Addis Ababa, 2007.

[41] Fisher TD, Family foundations of sexuality. Te Hadbook of sexuality in close relationships, Mahwah, NJ: Lawrece Erlbaum Associates Publisher, 2004.

[42] MoFED, "Population Projection," Addis Ababa, 2013.

[43] Sebeta town Education office, "Administrative report," 2013.

[44] Sebeta Town Health Office, “Administrative report,” 2014

[45] Leffert and Marta F, "Developmental assets:measurement and prediction of risk behaviors among adolescents," *Appl Devel Scie 1998;* 2(4):209-230

[46] Marta Fikre, "Parent -adolescen communication on sexual and reproductive health matters in Awassa," Addis Ababa, 2009. (Master Thesis Unpublished).

[47] The World Bank: Poverty Overview. Available at http://www.worldbank.org/en/topic/poverty/overview Accessed on [May 07, 2014].

Annex I. English Version Questionnaire

Jimma University

College of Public Health and Medical Sciences Department of Population and Family Health

CONSENT FORM

Questionnaire for data collection on ***"Parent - adolescent communication and associated factors on sexual and reproductive health issues among high school students adolescent in Sebeta town, Oromia, Ethiopia"***.

Dear student,

The questionnaire is to be filled by you. The objective of the study is to assess correlates of parent–adolescent communication on sexual reproductive health issues. Your answers are completely confidential, your name will not be written on this form, and will never be used in connection with any of the information you give us. You do not have to answer any question that you do not want to answer and you may end filling of the questionnaire at any time you want to. However, your honest answers to these questions will help us to identify factors that affect or facilitate parent and adolescent communication on sexual and reproductive health issues. We would greatly appreciate your help.

Are you willing to participate in the study?

1. Yes, I want to participate in the study (Please go to the next page).

   Signature_____ _____

   Date: _____

2. No, I don't participate in the study.

Thank you!

QUESTIONNAIRE ON PARENT ADOLESCENT COMMUNICATION ON SEXUAL AND REPRODUCTIVE HEALTH ISSUES

Instruction: Encircle or write your answer on the space provided for the question that requires written responses.

S.No	Question	Response	Skip
PART 1. SOCIO -DEMOGRAPHIC CHARACTERISTICS			
101	Your Age ***[All ages must be in completed years]***	_____in years	
102	Your father's Age	_____ in years	
103	Your mother's Age	_____ in years	
104	Residence of origin	1.Urban 2.Rural	
105	Grade	1.Grade 9 2.Grade 10	
106	Sex	1.Male 2.Female	
107	Religion	1.Ortodox 2.Muslim 3.Protestant 4.Chatholic 99.Others(Specify) _____	
108	How often do you go to religious place in a week?	1.Very often 2.Often 3.Sometimes 4.Rarely 5.Never	
109	Ethnicity	1.Oromo 2.Amhara 3.Tigre 4.Gurage 99.Other(Specify)_____	
110	Family size	_____ in number	
111	Family income per month	_____in birr	
112	Mother's educational status	1.Illitrate 2.Read and write 3.Primary (1-8th) 4.Secondary(9-10th) 5.Preparatory (11-12th) 6.University/college 7.No mother 88.Don't know	

113	Father's educational status	1.Illitrate 2.Read and write 3.Primary (1-8th) 4.Secondary(9-10th) 5.Preparatory (11-12th) 6.University/college 7.No father 88.Don't know	
114	Occupation of the mother	1.Housewife 2.Employed (private) 3.Employed (gov't) 4.Merchant 5.Farmer 6.Unemployed 7.No mother 99.Other (Specify) _____	
115	Occupation of your father	1.Employed (private) 2.Employed (gov't) 3.Merchant 4.Farmer 5.Unemployed 6.No father 99.Other(Specify) _____	
116	Living arrangement	1.Alonne 2.With father 3.With mother 4.With both 5.With relative 6.With friend/s 99.Other(Specify) _____	
PART 2. KNOWLEDGE AND SOURCE OF INFORMATION OF REPRODUCTIVE HEALTH			
201	Do you know about puberty? *[If No, go to Questioner **# 204**]*	1.Yes 2.No	Skip to Q#204
202	Signs of puberty in boys ***[multiple answer is possible]***	1.The appearance of pubic hair 2.Testicular and penile development 3.Change of voice 4.The appearance of acne 99.Other(Specify) _____	

203	Signs of puberty in girls ***[multiple answer is possible]***	1.The appearance of pubic hair 2.The development of breasts 3.The occurrence of menarche 4. Change of voice 99.Other(Specify) _____	
204	Do you know about menstruation? *[If No, go to Questioner # **208**]*	1.Yes 2.No	Skip to Q# 208
205	Do you know the age menstrual cycle starts?	1.Yes 2.No	
206	What was your feeling when the first menses comes? ***[for girls only]***	1. Fear 2. Pleasure 3. Feeling diseased 4. Shame 5. Did not start menses	
207	During which part of the monthly cycle does a woman have the greatest chance of becoming pregnant?	1. During her period 2. In the middle of her cycle 3. Right after her period has ended 4. Just before her period begins 9.Don't know	
208	Do you know about sexually transmitted diseases? *[If No, go to Questioner # **212**]*	1. Yes 2. No	Skip to Q# 212
209	Which one do you know? ***[multiple answer is possible]***	1. HIV/AIDS 2.Chancroid 3.Syphilis 4.Gonorrhea 9.Other[specify]_____	
210	Is there anything a person can do to avoid getting Sexually Transmitted Infections (STIs)?	1.Yes 2.No	
211	If yes, what a person can do? ***[multiple answer is possible]***	1.Abstinence 2.Use condom 3.Avoiding casual partners 99.Other [specify]: _____	
212	Have you heard about contraception? *[If No, go to Questioner # **215**]*	1.Yes 2.No	Skip to Q# 215
213	Do you know any contraceptive methods?	1.Yes 2.No	
214	What methods do you know? ***[multiple answer is possible]***	1. Pill 2. Depo-Provera 3.Implant 4. IUD 5. Condom 6. Natural method	

215	Do you know what emergency contraceptive means?	1.Yes 2.No	
216	What has been the most important source of information on reproductive health? ***[multiple answer is possible]***	1.Father 2.Mother 3.Brother 4.Sister 5. School 6.Other family member 7.Friends 8.Religious place 9.Media 99.Other[Specify] _____	
217	If you had a sexual & reproductive health problem or question, who would you consult for help? Eg. Pregnancy, STI, HIV/AIDs, abortion etc. ***[multiple answer is possible]***	1.Heath worker 2.Father 3.Mother 4.Brother 5.Sister 6.Other family member 7.Friend 8. I don't consult to any one 88.Don't know 99.Other [specify]_____	
218	Do you think sex education is necessary?	1.Yes 2.No	
219	***[If yes].*** Where do you prefer sex education to be given? ***[multiple answer is possible]***	1.School 2.Youth center 3. Home 4. Friends 5. Religious places 99.Other (specify)_____	
PART 3. HISTORY OF SEXUAL RELATIONSHIP			
301	Do you have a boy or girl friend? *[If No, go to Questioner # **401**]*	1.Yes 2.No	Skip to Q#401
302	Have you ever had sexual intercourse?	1.Yes 2.No	
303	Was it planned?	1.Yes 2.No	

304	At what age was you first had sexual intercourse?	1.Less than 10 years old 2.10-13 years old 3.14-16 years old 4.17-19 years or older 88.Don't remember	
305	With whom have you made your first sex?	1. Boy/girlfriend 2. Relative 3. Unknown person	
306	Have you ever used condom during sex?	1. Yes 2. No	
307	Have you used consistently?	1. Yes 2. No	
308	With how many partner have you made sex?	1. One 2. Two 3. Three and above	
PART 4. COMMUNICATION ON SEXUAL AND REPRODUCTIVE HEALTH ISSUES			
401	Do you discuss on sexual and reproductive health issues with your parents? *[If No, go to Questioner # 407]*	1.Yes 2.No	Skip to Q#407
402	When did you start to communicate with your parents about sexual and reproductive health matters?	1.Less 10yrs 2.10-13yrs 3.14-16yrs 4. 17-19yrs 88. Don't know	
403	On which topic(s) have you ever discussed with your parents? ***[multiple answer is possible]***	1.Body changes during puberty 2.Relationships with the opposite sex 3.STIs or HIV/AIDS 4..How to avoid getting pregnant 5. About Abortion 99.other,specify_____	
404	With whom do you most prefer to discuss about sexual matters? ***[multiple response is possible]***	1.Father 2.Mother 3.Brother 4.Sister 5.Other family member 6.Friend 99.Other [specify]_____	
405	Why did you choose these people? ***[multiple response is possible]***	1.Because they positively listen & answer my questions 2.They are knowledgeable 3. Have interest to discuss 99.Others[specify]_____	
406	How often do you discuss?	1.Very often 2.Often	

		3. Sometimes 4.Rarely	
407	If you are not discussing sexual and reproductive health topics. What are your reason/s for not discussing?	1.Culturally unacceptable 2.I fear 3. Lack of knowledge 4.Parents are not good listener 5.Lack of communication skill 6. Difficult and embarrassing 88. Do not know 99.Others[specify]_____	
PART 5. ATTITUDE AND NORMS			
501	Is it important to discuss (communicate) sexual and reproductive health issues with parents?	1.Yes 2.No	
502	You are willing to discuss on SRH issues with parents	1.Strongly agree 2.Agree 3.Neutral 4.Disagree 5.Strongly disagree	
503	Parents are willing to answer your SRH related questions helpfully	1.Strongly agree 2.Agree 3.Neutral 4.Disagree 5.Strongly disagree	
504	Do you feel free to interact with parents on SRH issues?	1.Yes 2.No	
505	Do you think that it is easy for unmarried boys/girls to obtain contraceptive methods?	1.Easy 2.Difficult	
506	***[If difficult].*** Why is it difficult for unmarried boys/girls to obtain contraceptive methods? ***[Multiple response is possible]***	1.Fear to buy 2.Lack of Money 3.Difficult to find 4.Provider/seller disapproves 5.Parents/elders disapprove 99.Other *(specify)*: _____	
507	Do you think discussing contraceptives with adolescent promotes promiscuity?	1.Yes 2. No	
508	Do you think people talk freely in your community about sexual and reproductive health issue?	1.Yes 2.No	
PART6. ADOLESCENT PERCEPTION OF PARENTAL MONITORING			
601	How do your parents monitor you?	1.They always want to know who my friends are 2.They always want to know with whom I am 3.I report where I am, why I am there, and with whom I am 4. They don't monitor me	
602	Did parents ever forbid you to play with opposite sex adolescents?	1.Yes 2. No	

Thank you very much!

Annex II. PARENTS' CONSENT FOR ≤ 18 YEARS ADOLESCENT STUDENT

Title of the research-"*Parent - adolescent communication and associated factors on sexual and reproductive health issues among high school students adolescent in Sebeta town, Oromia, Ethiopia*".

Purpose and Background

Dear, my name is ----------; I am postgraduate student at Jimma University, Department of Population and Family Health.

I am collecting data to assess Parent-adolescent communication on Sexual and Reproductive Health issues. The purpose of the study is identifying the role of parental involvement of adolescent on sexual and reproductive health issues .This study may provide information critical for reducing adolescent risky sexual behavior.

Procedures

We would like to invite your child to participate in this study. Participation in the study means that we will ask your child to fill a questionnaire that asks about parent-adolescent communication which focuses on sexual and reproductive issues and factors affecting communication.

Benefits and Risks

By participating in this study and answering our questions, you or your child will not receive any direct benefit. However, the information from the interview will help the researcher advance an understanding of the influence of parent on their adolescent behavior, in order to appropriately inform future interventions relating to adolescent sexuality. It will provide important information on the role parents play in socializing their adolescents on sexuality issues. Your child's participation in this study will not involve any risks. Some of the questions can make other people to feel uncomfortable. If a question makes your child feel uncomfortable, he or she may choose not to answer. Please note that participation in this interview is entirely voluntary, your child may refuse to participate. Your child may also, at any stage, withdraw from the study if he or she wishes to do so**.**

Confidentiality

There is a minimal risk of breach of confidentiality. However, in order to ensure that confidentiality is achieved no names or identifying information will be used as part of the reports, published or otherwise, of this study. All information collected will be kept in locked files and only the researcher will have access to the information. Please feel free to ask us about the results, or ask for any updates.

Again, I would like to assure you that the individual information gained through asking your child some questions after the consultation is strictly for the purposes of the study.

Costs and Compensation

There will be no monetary costs to you or your child as a result of participating in this study. Your child will not receive any money for participation in the interview.

If you would like to know more, contact: Alemayehu Hunduma – 0911926153.

Do you agree that your child can be participate in the study?

1) Yes Signature ---------- Date……..…..

2) No Signature---------- Date……

Thank you!

Annex III. FOCUS GROUP DISCUSSION CONSENT FORM FOR PARRENTS

Discussion to parents on level of communication (Discussion) with their adolescent on sexual and reproductive issues and factors affecting communication.

INFORMATION AND CONSENT FORM

WELCOME

Introduction of moderators; Dear, my name is _____

I would like to talk with you about your experiences on sex adolescent reproductive health and sexuality and how parents bring up their children, and parent adolescent relationship·

The purpose of these discussions is to learn about your ideas and experiences on adolescent people's reproductive health so that we can design programs to help adolescent boys and girls grow up in a healthy manner. Adolescent people are those aged 10-19 years.

Participation is based on your will. Anything you say here will be kept private and confidential. I will never mention your names or any identifier outside of this room. All the points you give us is very important and we do not want to miss any of them, so we will record your voice using this tape recorder and transcribe it later. You can withdraw from the discussion at any time and you have the right not to answer any particular questions.

If you have any question regarding the study, you can contact Mr Alemayehu Hunduma–Mobile number - 0911926153.

1. Do you agreed to participate in the study

   Signature _____Date_____ if so, continue

2. Disagree to participate in the study

Signature _____Date _____ if so, thank him/her and let her /him go.

Annex IV. FOCUS GROUP DISCUSSION GUIDE FOR PARENTS

PARENT –ADOLESCENT RELATIONSHIP

1. What is reproductive health mean, to you?
   Eg – Sign of puberty, contraceptive, STD/STI and others.
2. What is your suggestion parent discussion with their parents on SRH; first do you agree?. (Why and why not) where to be given?
3. Is it important to discuss SRH with adolescents? (Why, why not?)
4. If you suggest discussion on sexual and reproductive health matters is important at what age the discussion should be started?
5. Do you communicate/discuss about sexual and Reproductive Health issues with your children? How?
6. What are the most common topics you usually discuss on? Why?
7. Do you feel comfortable in discussing on RH issues with your children?
8. If not, why do not feel comfortable?
9. Under what circumstances usually communication takes place? (probe for: in friendly manner and understanding way, in warning way, in lecturing way) etc.
10. How frequently do you communicate about RH with your children?(probe for: timing like rarely, often, very often)
11. If there is no communication between you and your child about RH, what do you think are the reasons?(probe for: talking about sex is taboo, fear of parents, parents belief that talking about sex with children is promoting promiscuity, parents are not knowledgeable about RH, children don't accept parents, etc)
12. How family monitor their children?(probe for: parents always know where their children are, parents always know who the friends of their children are, parents always know with whom their children are, children are always expected to report where they are etc)
13. Do adolescents have boy/girlfriend in this community? (probe foe: How common it is)
14. Some schools give RH education at school, how important is it to give RH for students at school?

Thank you for your coopration and commitment !

Annex V: VARSHINII GAAFANNOO AFAAN OROMOO

Unka waligaltee

Gaafannoo qorannoo *Marii Maatii fi Dardarraa gidduutti dhimmoota saal-qunamttii fi fayyaa hormaata qaamaa fi dhibbaa walqabatan manneen barnootaa sadarkaa lammaffaa bulchiinsa magaalaa Sabataa,Oromiyaa, Ethiopiatti* argaman irraa sasaabuuf qophaa'ee.

Baratoota; Gaafannoon kun isiniin gutama. Kaayyoon qorannichaa Marii Maatii fi Dardarraa gidduutti dhimmoota saal-qunamtii fi fayyaa hormaata qaamaa fi dhibbaa walqabatan adda baasudha.

Iccitiin keessan kan eegamedha, gaafannoo irratti maqaa keessan barreesuun barbaachisaa miti .Akasuumas ragaan keennitan qaama kamiyu wajjin wal-hinqabatu. Gaafiilee kanneen keessaa gaafii deebii debisu kan hin barbaadne ykn gaafiilee hundaafuu deebii keennu yoo hin barbaane mirgii keessan kan eegame dha.

Haata'u malee, deebii sirrii ta'e yoo deebiftan Dhiibbaawwan ykn haala mijeessiitoota Marii Maatii fi Dardarraa gidduu dhimmoota sal-qunamttii fi fayyaa hormaata qaamaa adda baasudhaaf nu gargaara.

Qorannoo kana irratti hirmaachudhaaf fedhii qabda?

_____ Eeyyee, Qorannoo kana irratti hirmaachuu barbaada (Gara fuula itti aanuti darbi).

Mallattoo_____ Guyyaa_____

_____ Lakkii; Qorannoo kana irratti hirmaachuu hin barbaada

Hirmaannaa keessaniif Galatoomaa!

GAAFANNOO MARII MATII FI DARDDARTOOTA GIDDUUTTI DHIMMOOTA SAAL-QUNAMTTII FI FAYYAA HORMAATA QAAMAA ADEEMSIFAMUUF QOPHAA'E

Qajeelfama: *Gaaffiwwan filannoo qabaniif irra marsi akkasumas gaaffiwwan deebii bar-reefamaa barbaadaniif bakka duwwaati guutti.*

Lakk	Gaaffii	Deebii	Cee'i
Kutaa 1. HAALA WALIGALAA			
101	Umurii kee ***[Umuriin hundumtu dirqama waggaa gutudhaan guutamuu qaba]***	_____waggaadhaan	
102	Umurii abbaa keeti	_____ waggaadhaan	
103	Umurii harmee keetii	_____ waggaadhaan	
104	Iddoo jireenya	1.Magaalaa 2.Baadiyyaa	
105	Kutaa	1.kutaa 9 2.kutaa10	
106	Saala	1.Dhiira 2.Dubartii	
107	Amantii	1.Ortodoksii 2.Musliima 3.Pirotastaantii 4.kaatolikii 99.Kan biroo [caqasi] _____	
108	Torbee keessaa gara mana amantaa hagam deemtaa?	1.Yeroo baay'ee 2.Idileedhaan 3.Darbee darbee 4.Baay'ee darbee darbee 5.Deemee hin beeku	
109	Saba	1.Oromoo 2.Amaaraa 3.Tigree 4.Guraage	

		99.Kan biroo [caqasi] _____	
110	Baay'ina maatii	_____ Lakkoofsaan	
111	Ji'an galiin maatii keettii meeqa?	_____Qarshidhaan	
112	Sadarkaa barumsaa harmee keeti	1.Hin baranne 2.Dubbisuu fi barreessuu 3.Sadarkaa tokkoffaa (1-8th) 4.Sadarkaa lamaffaa (9-10th) 5.Qophaa'inaa (11-12th) 6.Unuvarsittii/collleejii 7.Harmee hin qabu 88.Hin beekku	
113	Sadarkaa barumsaa abbaa keeti	1.Hin baranne 2.Dubbisuu fi barreessuu 3.Sadarkaa tokkoffaa (1-8th) 4.Sadarkaa lamaffaa (9-10th) 5.Qophaa'inaa (11-12th) 6.Unuvarsittii/collleejii 7.Harmee hin qabu 88.Hin beekku	
114	Hojii harmee keeti	1.Hadha manaa 2. Hojjatuu (dhunfaa) 3.Hojjatuu(mootummaa) 4.Daldaaltuu 5.Qotee bultuu 6.Hojii hin qabdu 7.Harmee hin qabu 99.Kan biroo [caqasi] _____	
115	Hojii abbaa keeti	1.Hojjataa (dhunfaa) 2.Hojjataa(mootummaa) 3.Daldaalaa 4.Qotee bulaa 5.Hojii hin qabu 6.Abbaa hin qabu 99.Kan biroo [caqasi] _____	
116	Enyu waliin jiraataa?	1.Qophaa kiyya 2.Abbaa waliin 3.Harmee waliin	

		4.Abbaa fi harmee waliin 5.Fira waliin 6.Hiriyyaa waliin 99.Kan biroo [caqasi] _____	
Kutaa 2.BEEKUMSAA FI MADDA ODEEFANNOO FAYYAA HORMAATA QAAMAA			
201	Waa'ee dardarumaa ni beektaa?	1.Eeyyee 2.Lakkii-----	GG#204 cee'i
202	Mallattoowwan dhiraa	_____,_____ _____,_____	
203	Mallattoowwan shamaran	_____,_____ _____,_____	
204	Waa'ee laguu/xurii ni beektaa ?	1.Eeyyee 2.Lakkii-----	GG## 208 cee'i
205	Laguun/Xuriin umurii meeqa irratti akka jalqabu ni beekta?	1.Eeyyee 2.Lakkii	
206	Laguu isa jalqabaa yeroo argitu maaltu sitti dhagahame ? ***[Shamarran qofaaf)***	1.Sodaa 2. Gamachuu 3.Dhukkubbiitu nati dhagahame 4.Qaanii 5. Laguu hin argine	
207	Dubartiin laguu argitee guyyaa isa kam keessati ulfaa'uu dandeessi?	1. Guyyoota laguu keessati 2. Gidudhaan 3.Bataluma erga laguun dhaabate booda 4. Laguun jalqabuun dura 88.Hin beeku	
208	Waa'ee dhukkuba naf-saalaa ni beekta?	1.Eeyyee 2.Lakkii--------	GG# 212 cee'i
209	Isaan kammiin beekta ***[Deebii tokkoo ol deebisuu dandeessaa]***	1.HIV/AIDSii 2.Muraa 3.Cobxoo	

		4.Fanxoo 99.Kan biroo [Ibsi]]_____	
210	Namni akka dhukkuba naf-saalaatiin hin qabamne waanti inni gochuu qabu jira?	1.Eeyyee 2.Lakkii	
211	[Yoo eeyyee jate]. Maal haa hojatu? ***[Deebii tokkoo ol deebisuu dandeessaa]***	1.Raawwachuu dhisuu 2.Kondoomii fafayadamu 3.Nama hin beene wajjin qunam-tii saalaa raawwachu dhisuu 99.Kan biroo [Ibsi]]_____	
212	Waa'ee qusannoo maatii dhageessee beekta?	1.Eeyyee 2.Lakkii------	GG# 215 cee'i
213	Waa'ee mala qusannoo maatii ni beekta?	1.Eeyyee 2.Lakkii	
214	Mala isa kamiin beekta? ***[Deebii tokkoo ol deebisuu dandeessaa]***	1. Kininnii 2.Kan lilmoodhaan keenamu 3. kan irree jalati awaalamu 4. kan gadameessa keessa kaa'amu 5. kondoomii 6. Mala umamaa	
215	Qusannoo batalaa (emergency contracep-tive) maal akka ta'e ni beektaa?	1.Eeyyee 2.Lakkii	
216	Odeefannoo fayyaa hormaata qaamaa mad-da kam irraa dhageesse? ***[Deebii tokkoo ol deebisuu dandeessaa]***	1.Abbaa 2.Harmee 3.Oboleesa 4.Oboleetii 5.Mana barumsaa 6.Miseensa Maatii biraa irraa 7.Hiriyaa 8.Iddoo amantiiti irraa 9.Midiyaa irraa	

		99.Kan biroo [Ibsi] _____	
217	Yoo rakkoo ykn gaaffii dhimmoota saal-qunamtii fi fayyaa hormaata qaamaa irratti yoo qabaate eenyuun mariachiifta? Fkn-Ulfa,HIV?AIDSii fi kkf ***[Deebii tokkoo ol deebisuu dandeessaa]***	1.Ogeesoota fayyaa irraa 2.Abbaa 3.Harmee 4.Oboleesa 5.Oboleetii 6.Miseensoota Maatii biro irraa 7.Hiriyaa iraa 8.Nama kam iyyuu hin mariachissu 88.Hin beeku 99.Kan biroo [Ibsi] _____	
218	Barumsi saal-qunamtii ni barbaachisa jatee yaada?	1.Eeyyee 2.Lakkii	
219	***[Eeyyee yoo jate].*** Barumsi saal-qunamtii eessati yoo kename gaaridha jattee yaada? ***[Deebii tokkoo ol deebisuu dandeessaa]***	1.Mana barumsaa 2.Giddugala Darggagoopotaatti 3.Manati 4. Hiriyaadhaan 5.Iddooo amantiiti 99.Kan biroo [Ibsi] _____	
Kutaa 3. SEENAA SAAL- QUNAMTII			
301	Hirriyaa dhiraa/shamarree qabda?	1.Eeyyee 2.Lakkii--------	GG#401 cee'i
302	Saal-qunamtii rawwattee ni beekta?	1.Eeyyee 2.Lakkii	
303	Karoraan raawwate?	1.Eeyyee 2.Lakkii	
304	Waggaa meeqa irratti raawwate?	1.Waggaa 10 gadi 2.Waggaa 10-13 gidduuti 3.Waggaa 14-16 gidduuti 4.Waggaa 17-19 gidduuti 88.Hin yaadadhu	
305	Eenyu waliin raawwate ?	1.Hirriyaa dhiraa/shamarree 2.Maatii 3.Nama hin beekamne wajjin	
306	Yeroo saal-qunamtii raawwatu koondomii	1.Eeyyee	

	fayyadamtee beektaa?	2.Lakkii	
307	Koondomii itti fufinsaan fayyadamta turte?	1.Eeyyee 2.Lakkii	
308	Hanga haraatti namoota meeqa wajjin saal-qunamtii raawwate ?	1.Tokko 2.Lamma 3.Sadii fi isaa ol	
Kutaa 4. MARII SAAL-QUNAMTII FI FAYYAA HORMAATA QAAMAA			
401	Maatii kee waliin dhimmoota saal-qunamtii fi fayyaa hormaata qaamaa irratti ni maria-tu?	1.Eeyyee 2.Lakkii------	GG#407
402	Dhimmoota saal-qunamtii fi fayyaa hormaa-ta qaamaa irratti yoom marichuu jalqabdan ?	1.Wagga 10 gadi 2.Waggaa 10-13gidduutti 3.Waggaa 14-16gidduuti 4.Waggaa 17-19gidduuti 88.Hin beeku	
403	Hanga haraatti mata duree maalfaarrati maatii kee waliin mariatanii beektu ? ***[Deebii tokkoo ol deebisuu dandeessaa]***	1.Jijjirama qaamaa yeroo darddaraa 2.Walitti dhufeenya saala faallaa waliin jirachuu qabu irrati 3.Naf-saalaa ykn HIV/AIDSii 4.Ulfa umamuu danda'u hambisuu irrati 5.Waa'ee ulfa baasu 99.Kan biro [ibsi]_____	
404	Yeroo baay'ee dhimmoota saal-qunamtii fi fayyaa hormaata qaamaarati enyu waliin mariachuu filata? ***[Deebii tokkoo ol deebisuu dandeessaa]***	1.Abbaa 2.Harmee 3.Oboleesa 4.Oboleetii 5.Miseensa maatii biraa wajjin 6.Hiriyaa 99.Kan biro [ibsi]_____	
405	Namoota kana maaliif filate ? ***[Deebii tokkoo ol deebisuu dandeessaa]***	1.Siritti na dhageefatanii deebii waan naadebisaniif 2.Waan beekumsa qabaniif 3.Mariachudhaaf fedhii waan qaba niif 99.Kan biro [ibsi]_____	
406	Yeroo hangamiin mariatu?	1.Yeroo baay'ee 2.Idileedhaan 3.Darbee darbee 4.Baay'ee darbee darbee	
407	***[Yoo hin mariane]***. Sababni dhimmoota saal-qunamtii fi fayyaa hormaata qaamaa irratti mariachuu hin dandeenyeef maalini?	1. Adaadhaan fudhatama hin qabu 2. Sodaa 3. Haanqina beekumsa 4. Maatiin siritti hin dhageefatani 5.Hanqina ogummaa komu ni keeshinii	

		6. Rakkisaa fi kan arsu 88.Hin beeku 99. Kan biraa,ibsi	
Kutaa 5. ILAALCHAA FI ADAA			
501	Dhimmoota saal-qunamtii fi fayyaa hormaata qaamaarati maatii waliin mariachuun bar-baachisaadha jatte yaada?	1.Eyyee 2.Lakkii	
502	Dhimmoota saal-qunamtii fi fayyaa hormaata qaamaarati maatii waliin mariachuudhaaf qophiidha ?	1. Baay'een deegaraa 2.Nan degaraa 3.Hindeegarus hin mormus 4.Nan mormaa 5.Baay'een mormaa	
503	Maatiin kee gaaffiwwan dhimmoota saal-qunamtii fi fayyaa hormaata qaamaa gaafatuuf deebii qubsaa siif kenu	1.Baay'een deegaraa 2.Nan degaraa 3.Hindeegarus hin mormus 4.Nan mormaa 5.Baay'een mormaa	
504	Maatii kee waliin dhimmoota saal-qunamtii fi fayyaa hormaata qaamaarati bilisumaadhaan ni mariatu	1.Yes 2.No	
505	Dardaraaan haadhamanaa hin fune mala qusanoo matii fayyadamuun isaa salphaadha jatee yaada ?	1.Salphaadha 2. Salphaa miti	
506	***[Yoo rakkisaa ta'e].*** Maaliif rakkisaa ta'e ***[Deebii tokkoo ol deebisuu dandeessaa]***	1.Bituudhaaf sodaachuu 2.Qarshii dhabuu 3.Argachudhudhaaf rakkisaa ta'u 4.Daldaltoota biratti fudhatama dhabu 5.Maatii biratti fudhatama dhabu 99.Kan biroo [Ibsi]: _____	
507	Waa;ee qusannoo maatii ijoolee wajjin mari-achuun amala isaanii ni baleessa jatanii yaadu ?	1.Eeyyee 2.Lakkii	
508	Hawaasni magaala/ganda keesanii dhimmoota saal-qunamtii fi fayyaa hormaata qaamaarati bi-lusumaadhaan ni mariatu jatee yaada?	1.Eeyyee 2.Lakkii	
Kutaa6. HUBANNOO DARDARTOOTAA TO'ANNOO MAATIIRATI			
601	Maatiin kee haala kamiin si to'atu?	1.Hiriyyooni koo eenyufaa akka ta'an yeroo hunda beekuu bar baadu 2.Yeroo hunda eenyu waliin akkan ta'e beekuu barbaadu 3.Essa , maaliif fi eenyu waliin ak kan jiru nan gabaasa. 4. Nan to'atanu	
602	Maatiin kee saala faallaa waliin akka hin taphane si dhowanii beeku?	1.Eeyyee 2.Lakkii	

Baay'ee Galatoomaa!

Annexii VI. Dardartoota umuriin isaanii 18 fi isaa gadi ta'eef waligaltee maatii waliin tasisudhaaf qophaa'e

Mata duree Qorannoo– ***Qorannoo Marii Maatii fi Dardarraa gidduutti dhimmoota saal-qunamttii fi fayyaa hormaata qaamaa fi dhibbaa walqabatan manneen barnootaa sadarkaa lammaffaa bulchiinsa magaalaa Sabataatti*** argaman irraa sasaabuuf qophaa'ee.

A. Brbaachisummaa fi Seensa

Ani maqaan koo_____ Univaristii Jimmaatti, Barataa Digrii Lammaffaa, Kutaa Barnootaa Ummnataa fi Fayyaa Maatii yoon ta'u; qo'rannoo mata Marii Maatii fi Dardarraa gidduutti dhimmoota saal-qunamttii fi fayyaa hormaata qaamaa fi dhibbaa walqabatan irratti eerame san gageesuufi raga barbaachisa Dhiibbaawwan ykn haala mijeessiitoota Marii Maatii fi Dardarraa gidduu dhimmoota sal-qunamttii fi fayyaa hormaata qaamaa adda baasudhaaf gar-gaara.

Ademsa

Jalqaba daai'mnii/mucaan keessan qorannoo kana irratti akka hirmaatu/ttu kabajaan affeerra.. Qorannoo kana irratti hirmaachuu jachuun daa'imni keessan gafannoo Marii Maatii fi Dardar-raa gidduutti dhimmoota saal-qunamttii fi fayyaa hormaata qaamaa fi dhibbaa walqabatan irratti qophaa'e ofii isaanitiin ni guuta/ti.

Faayidaa fi miidhaa

Qo'rannoo kanarratti hirmaachunis ta'ee gaaffiiwwan gaafataman deebisuun isiniis taatan namni gaafii kana gaafatamee faayidaan kalattiidhaan argatu hin jiru. Haata'uu malee deebiin nuuf kennamuu garuu qorannoo Marii Maatii fi Dardarraa gidduutti dhimmoota saal-qunamttii fi fayyaa hormaata qaamaa fi dhibbaa walqabatan adda baasudhaan dhibbaawwan adda bahaaniif deebii haqarratti hundaa'e fulduratti barbaaduuf faayidaa ol'anaa qaba**.** Daa'imni/mucaan keessan qo'annaa kanaratti hirmaachuu isaatiin rakkoon isarrattis ta'ee namoota isa beekanirratti rakkoo tokkollee hinfidu. Garuu gaafileen tokko tokko deebisuuf yoo hin barbaanne deebisuu dhiisuu ykn bira darbuun ni danda'ama. Wanti beekuu qabdan tokko qo'annoo kanarratti hirmaachuun guutumaan guututti fedhiirratti kan hudaa'eedha. Daa'imni keessanis sadarkaa kam irrati yoo ta'e qorannoo keessaa addaan kutee bahuu ni danda'a.

Iccitii eeguu

Iccittiin kan eegamedha.Iccitii keessan sirritti eeguuf maqaan keessaniis ta'ee wanti isin adda baasuu tokkollee qo'rannoo kana irratti hinbarreeffamu akkasumas nama qo'annoo kana gaggeessuun alatti iddoo namni biraa hin argineetti olkaa'ama.Waa'ee bu'aa isaa fi waan baruu barbaadan yoo jiraate gaafachuu ni dandeessuu.

Irra deebi'ee kan isiniif waadaa galu ,ragaa daa'imma keessan irraa arganne qorannoo kana qofaaf oola.

Kafaltii addaa

Waan qo'rannoo kanarratti hirmaattaniif isiniifis ta'ee daa'imma/mucaa keessaniif qarshiin kafalamuu hoomtuu hinjiru akkasumas isinnis waan kafaltan hinqabdan.

Gaafii fi wanta ifa hintaanee yoo beekuu babaaddan

Obboo Alammaayyoo Hundumaa Lakkk. Bilbilaa 0911926153 kanaan gaafachuu ni dandeessu.

Daa'immni /Mucaan keessan qorannoo kana irratti akka hirmaatuu ni heyyamtuu?

1. Eeyyee Mallattoo ---------- Guyyaa.....
2. Lakkii Mallattoo ---------- Gyyyaa.....

Galatoomaa !

Annexii VII . UNKA WALIGALTEE MARII GAREE MAATIITTIIF QOPHAA'E

Marii Maatii fi Dardarraa gidduutti dhimmoota saal-qunamttii fi fayyaa hormaata qaamaa fi dhibbaa walqabatan irratti akka mari'atan qabxiwwan qophaa'an

Odeefannoo fi unka waligaltee

Baga Nagaan Dhuftan ;

Sagantaa walbaruu haala mijeessitootaa wajjin, kabajamtoota,Maqaankiyya_____-jadhama. Isin waliin muxannoo marii saal-qunamtii fi fayyaa hormaata daa'imman/ijoollee keessan waliin qabdan irratti mariachuu barbaana.

Kaayyoon marii kanaans Marii Maatii fi Dardarraa gidduutti dhimmoota saal-qunamttii fi fayyaa hormaata qaamaa fi dhibbaa walqabatan ilaalchisee yaadaafi muuxannoo isin qabdan irraa barachuudhaan dardartooni fayyaaleessa ta'anii akka gudatan rakkowwan adda bahan irratti kalatii kaa'udhaa. Dardarttooni umuriin isaanii 10-19 kan ta'anidha.

Participation is based on your will. Anything you say here will be kept private and confidential. I will never mention your names or any identifier outside of this room. All the points you give us is very important and we do not want to miss any of them, so we will record your voice using this tape recorder and transcribe it later. You can withdraw from the discussion at any time and you have the right not to answer any particular questions.

Marii kana keessatti hirmaannaan keessan fedhii keessan irratti kan hundaa'e ta'a. Wanti asitti marianu hundi iccittiin isaa kan eegamedha. Kutaa kanaatii ala maqaan keessan dhimma kana wajjin wal-qabatee gonkuma hin waamamu.Yaada marii kana irraa arganne yeroo ibsinutti maqaa keessnitti hin fayyadamnu.Yaadni isin nuuf kennitan hundi baay'ee barbaachisaadha.Kanaaf tokkoo isaallee dhabuu hin barbaadnnu waan ta'eef meeshaa sagalee waraabduu kanaan eerga waraabnee booda gara waraqaatti galagalchina.

Qorannoo kana ilaalchisee yoo gaaffii/yaada qabaatan ,Obboo Alamaayyoo Hundummaa –Lakk. Bilbilaa 0911926153n bilbilluu dandeessuu.

1. Qorannoo kana irratti hirmaachudhaaf waligalteettaa

   A) Eeyyee b) Lakkii

   Yoo waligalan ; Mallattoo _____ Guyyaa_____

2. Yoo waliihingalle , Galateefadhuutti Gaggeessi

ANNEXII VIII. QABXXIIWWAN MARIIN GAREE ITTIIN GAGEEFFAMU

Walitti Dhufeenya Maatii fi Darddaraa

1. Fayyaa wal-hormaata qaamaa jachuun isiniif maalinni? (Akkamitti hubattu)
   FKN –Mallattoo dardarummaa , mala qusannoo maatii,dhukkuboota qunamtii saalaatiin dadarban fi KKF
2. Barumsa saal-qunamtiif fi wal-hormaata qaamaa irratti yaadni keessan maalinni,jalqaba irratti waliigaltuu? (Maaliif),Eessatti keenamuu qaba ?
3. Dhimmoota saal-qumamtii fi fayyaa wal-hormaata qaamaa irratti mariachuun barbaachisaadhaa ? (Maaliif)
4. Yaani keessan Dhimmoota saal-qumamtii fi fayyaa wal-hormaata qaamaa irratti mariachuun barbaachisaadha jatan ,waggaa meeqa irratti barumsi/mariin jalqabuu qaba ? Maaliif ?
5. Ijoollee keessan waliin Dhimmoota saal-qumamtii fi fayyaa wal-hormaata qaamaa irratti ni ma-ri'atu? Akkamiin ?
6. Yeroo baay'ee ijoollee keessan waliin mataduree kam faaratti maria'u ? Maaliif ?
7. Yeroo Dhimmoota saal-qumamtii fi fayyaa wal-hormaata qaamaa irratti mariatan isinitti tola? Yoo isinitti hint ole maaliifi?
8. Yoo isinitti hint ole maaliifi ?
9. Mariin Maatii fi dargaraa gidduu haala kammin gageefammaa ? (akka hiriyaatti fi walhuba-chudhaan , itti dheekamuudhaan,bifa barsisutiin) fi kkf
10. Isin ijollee keessan wajjin dhimmoota saal-qumamtii fi fayyaa wal-hormaata qaamaa irratti ha-gam mariatu ? (yeroo baay'ee,darbee darbee,hin jiru..)
11. Mariin dhimmoota saal-qumamtii fi fayyaa wal-hormaata qaamaa ilaalchisee hin jiru yoo ta'e sababni isaa maalini ? (Adaadhaan fudhata waan hinqabaaneef, wa'ee isaarratti mariachuun joolee ni baleessa jadhamee waan amananuuf,hanqina beekumsa,ijoolleen Maatii isaanii waan hinfudhaneef …)
12. Maatiin ijoollee isanii haala kamiin to'atu (maatiin ijoolleen isaanii essa akka jiran yeroo hunda ni beeku, maatiin ijoolleen isaanii eeynu wajjin akka jiran ni beeku, ijoolleen eessa akka jiran yeroo hunda maatii isaanii ni beekesisu,gabaasu)
13. Nannoo keessannitti darddartoonni jaalallee dhiraa/shammaran qabu ?
14. Manneen barnootaa muraasa waa'ee fayyaa qaama hormaataa irrarii barumsi ni kenama, man-neen barnootaa keessatti keenuun garidha jatee ilaaltaa?

Hirmaannaa Keessaniif Galatoomaa !

DECLARATION

I, the undersigned, declare that this thesis is my original work, has not been presented for a degree in this or any other university and that all sources of materials used for the thesis have been fully acknowledged.

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Date of submission: _____

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