



**JIMMA UNIVERSITY**

**COLLEGE OF EDUCATION AND BEHAVIORIAL SCIENCES**

**DEPARTMENT OF PSYCHOLOGY**

**THE RELATIONSHIP OF PARENT-ADOLESCENT ATTACHMENT  
QUALITIES AND SELF-EFFICACY TO SEXUAL RISK BEHAVIORS  
AMONG ADOLESCENTS IN MASHA TOWN SECONDARY SCHOOL,  
SHEKA ZONE, SOUTH WEST ETHIOPIA**

**A THESIS SUBMITTED TO SCHOOL OF GRADUATE STUDIES OF JIMMA  
UNIVERSITY FOR PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR  
DEGREE OF MASTER OF ART IN DEVELOPMENTAL PSYCHOLOGY**

**BY:**

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**JIMMA, ETHIOPIA**

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**The Relationship of Parent-Adolescent Attachment Qualities and Self-Efficacy to Sexual Risk Behaviors among Adolescents in Masha Town Secondary School, Sheka Zone, South West Ethiopia**

**A Thesis Submitted to School of Graduate Studies of Jimma University for Partial Fulfillment of the Requirements for Degree of Master of Art (MA) in Developmental psychology**

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## **DEDICATION**

This thesis is dedicated to my dear mother Arenge Dembello for her inseparable and valuable endless support in my life with great sacrifices laid a vital foundation to this success. Know a day, she is not alive but their sacrifice paid to achieve this personal goal always kept in my mind. I miss you! Your everlasting love was written in my heart for their last sacrifice she paid to me.

## DECLARATION

I, Lulu Kesito, hereby declare that the thesis entitled: “The Relationship of Parent-Adolescent Attachment Qualities and Self-Efficacy to Sexual Risk Behaviors among Adolescents in Masha town Secondary School, Sheka Zone, South West Ethiopia” was done by me in the department of psychology (developmental psychology), Jimma University in 2019. I also declare that all information in this document has been obtained and presented in accordance with academic rules and ethical conduct. Additionally, I have fully cited and referenced all material and results that are not original to this work. This paper is my original work and has not been presented in whole, or in part for any other degrees of this university or elsewhere.

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## ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ASRH	Adolescent Sexual and Reproductive Health
CDC	Center for Disease Control and Prevention
CSA	Central Statistical Agency
DHS	Demographic and Health Survey
E.C	Ethiopian Calendar
GSES	General Self-Efficacy Scale
HIV	Human Immune Virus
IPPA	Inventory of Parent and Peer Attachment
SNNPR	South Nation's Nationalities and Peoples Region
SPSS	Statistical Package for Social Science
SRS	Sexual Risk Survey
STIS	Sexually Transmitted Infections
UN	United Nations
UNAIDS	United Nation Program on HIV/AIDS
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
VIF	Variance Inflation Factor

## ABSTRACT

*Sexual risk behaviors are a serious public health problem and social difficulties among young people worldwide, particularly in sub-Saharan Africa. The purpose of this study was to investigate the relationship of parent-adolescent attachment and self-efficacy to sexual risk behaviors among adolescents. This study employed a cross-sectional correlational design. Data were collected via self-administered questionnaires from a total sample of 267 teenagers 167 (62.5%) males and 100(37.5%) females aged 14 to 21 years ( $M = 17.5$ ,  $SD = 1.14$ ). Systematic random sampling technique was used. Data analysis was performed by using descriptive and inferential statistics. The results of Pearson correlation analysis revealed that quality of parental trust, communication, closeness, and self-efficacy had statistically significant negative association with sexual risk behaviors ( $r = -.126$ ,  $r = -.21$ ,  $r = -.140$ , and  $r = -.116$ ,  $p < .05$ ) respectively. In addition, multivariable logistic regression results shown that adolescents who perceived strong parental communication qualities have had 2.323 times less likely engaged in risky sexual activities (AOR = 2.323, 95 % CI (1.226 - 4.401),  $p = .010$ ).and also teens who perceived higher degree of sense of self-efficacy have had 16.82 times less likely engaged in highly risky sexual behaviors (AOR =16.82, 95 % CI (6.835 - 41.393),  $p = .001$ ) as compared to the counter parts. Moreover, 74 % of total variance was explained by this model. Overall, the findings indicated that adolescents with strong parental attachment qualities and higher degree of sense of self-efficacy have had a lower probability to be engaged in highly risky sexual behaviors than the counter parts. The present study suggested that enhancing through incorporating parental attachment and self-efficacy in reference to attachment and self-efficacy theory should be encouraged to foster safe sexual practices and protect against adolescents' involvement in sexual risk behaviors.*

**Key words:** Adolescent, Parental Attachment Qualities, Self-Efficacy, Sexual Risk Behaviors

## CHAPTER ONE

### INTRODUCTION

This chapter mainly deals with background of the study, statement of the problem, objective of the study, significance of the study, delimitation of the study and operational definition of key terms in the present study.

#### 1.1. Background of the Study

Risky sexual behaviors are any sexual related activities which increase the probability of negative consequences, such as, sexual transmitted infections (STI), including HIV/AIDS and other sexual transmitted disease, unintended pregnancy and unsafe abortions are serious public health problems worldwide resulted from adolescents' involvement in risky sexual activities (CDC, 2007). As CDC report depicted that adolescents health are very special issues and they constitutes focus of attention globally as well as a real problem in contemporary society , due to the current world generation is largely the home of age ranged between 10 to 19 years old in human life phase.

Adolescents' involvements in risky sexual behaviors are particularly exposed this age group to sexual transmitted infections including HIV/AIDS infections (Tarkang, Pencille, Amu, Komesour & Luteal, 2019). HIV/AIDS remains a global health challenge with an estimated 35 million people living with the disease globally, of those 71% residing in sub-Saharan Africa and also this sub-region accounts for about 70% of new infections and 74% of HIV related deaths (UNICEF, 2019). In addition, young people aged 15 to 24 years account for over 40% of new HIV infections globally and about 50% in sub-Saharan Africa (UNAIDS, 2011; 2004).

Globally, about 1.8 billion young populations exist, among those 1.2 billion falls in the age range between 12 to 19 years old. Out of those 85 % of adolescents aged between 15 and 24 years were living in developing countries, like Ethiopia over 33 % of youth population falls in the above age ranges among the total population (Ali, 2017). Moreover, around 16 million adolescent girls aged 15 to 19 years and two million girls under age 15 give birth every year in developing regions, this indicates to roughly one in three girls bearing children by the age of 18. Adolescent girls are at the highest risk of maternal mortality, the risk of pregnancy related death is twice as high for girls aged 15 to 19 and five times higher for girls aged 10 to

14 compared to women in their twenties. Further, pregnant adolescents are more likely than adults to pursue unsafe abortions; an estimated three million unsafe abortions occur every year among girls aged 15 to 19 years (UNFPA, 2012).

Kassa (2018) & Castillo-Arcos (2017) reported that sexually transmitted infections affect various susceptible age groups in an alarming rate, despite the campaigns to reduce risks of STI and still now new infections and deaths are related to this disease. In addition, the above study pointed out that adolescent pregnancy is one of a public health problem being challenging various countries in which the rate is highly increasing in developing countries, particularly, in sub-Saharan Africa. Adolescents are one of the most critical age group remains highly vulnerable to STIs and unintended pregnancies which lead to unsafe abortion arising from unsafe sexual practices affect adolescents (Morales et al., 2018).

Adolescence is a life phase in which the opportunities for health is more important and future patterns of adult health are established. Reproductive health problems in African countries are more associated with adolescents' involvement in risky sexual practices characterized by teenagers' involvement in multiple sexual partners, unprotected sexual activity like, failure to use contraception methods, such as inconsistency to use condoms during sexual activity and early sexual onset behaviors are highly exposed a wide range of adolescents to sexually transmitted infections like, HIV/AIDS, Gonorrhoea, syphilis and other adverse sexual related outcomes (Perera & Abeysena, 2018).

Teen age is a critical developmental period when many youth begin to define and clarify their sexual values start to experiment with sexual behaviors and they are susceptible to a high risk for unsafe sexual activities and problems, like STI /HIV, unplanned pregnancy, abortion, poor school performances and psychological distress. Thus, adolescent sexual behavioral issues have generated concerns from many social setting, among those one is family environment in which parents proper upbringing helps adolescents' to abate their involvement in risky sexual behaviors during teenage years. Because, proper sex education and upbringing in home environment mostly discourages adolescents' involvement in risky sexual activities (Monsurat, 2017).

As the most proximal and fundamental social system influencing child development families provide many of the factors that protect adolescents from engaging in sexual risk behaviors



through positive family relation and effective communication about sexuality and safer sexual behaviors (Perrine, Ilez-Soldevilla, Pantin & Szapocznik, 2000).

In addition to this, parental connectedness is suggested to be an essential protective factor shaping against youth engaging in risky sexual behaviors (Negeri, 2014). Parents undoubtedly have influence on teens' sexual risk taking behaviors; with the advance of adolescence the amount of time spent with parents typically drops while time spent with peers' increases considerably. However, parents continue to play a key role in influencing their adolescent's development and also adolescent-parent attachment has profound effects on cognitive, social and emotional functioning. Therefore, studies shown that secure attachment relationship is associated with less engagement in high risk behaviors and clearly important to healthy adolescent adjustment (Moretti & Peled, 2004).

According to attachment theory, different age groups, including adolescents benefit greatly from having a principal source of emotional security, a primary attachment figures are basic care giver agents that helps their child to be resilient in every day traumatic life circumstances (Freeman & Brown, 2001).

The study by Markham, Donna Lormand, Gloppen, Peskin & House (2010) suggested that adolescent's connectedness to their parents has been recognized as one of the vital parental factors in fostering positive youth development and it has the protective effects for adolescent's sexual and reproductive health outcomes. Therefore, this systematic review revealed that effective and positive general parental communication to their teen age group is an important family based factor significantly associated with positive sexual and reproductive behaviors of adolescents that helps to delay sexual initiation or protecting against early sexual onset and increasing contraceptive use, particularly, utilizing condom consistently during sexual relationship.

Self-efficacy pertains to a sense of control over one's environment and behavior which facilitates a change of health behavior, as well as the role of self-efficacy beliefs in human functioning is that people level of motivation, affective states and actions are based more on what they believe than on what is objectively true, because how people behave can often be predicted by the beliefs they hold about their capabilities than by what they are actually capable of accomplishing, this shows that self-efficacy perceptions help determine what individuals do with the knowledge and skills they have (Bandura, 1997).

Perceived self-efficacy plays a key role in the self-management of habits that enhance health and those that impair it. There are two major ways which a sense of personal efficacy affects human health, first, at the more basic level, such beliefs activate biological systems that mediate health and disease and the second level is concerned with the exercise of direct control over habits that affect health and the rate of biological aging (Flammer, 2001).

Self-efficacy makes a difference in how people feel, think and act. Therefore, adolescents decide to engage in a given behaviors depends on the ability to perform the behavior and the obstacles that may impede behavioral performance and also the perception one can engage in protective behaviors has a crucial factor in predicting health promoting behavior (Bandura, 1986). Studies demonstrated that strengthening personal qualities of self-efficacy could be the most important factor to protect adolescents' from engaging in high risk sexual practices (Etrawati et al., 2017).

Perceived personal efficacy belief has an important role in human behavior and the foundation of human agency that enable the capacity for self-regulation that influences all aspects of human behavior, the acquisition of new behaviors, inhibition of existing behaviors, and disinhibiting of new behaviors as well as sense of self-efficacy contributes to the degree to which one either engages in risky health behavior or abstains from a risky health behavior (Bandura, 2006).

The basic premise of self-efficacy theory is that people's beliefs in their capabilities to produce desired effects by their own actions are the most important determinants of the behaviors people choose to engage in and how much they perceive in their efforts in the face of obstacles and challenges. Self-efficacy theory also maintains that these efficacy beliefs play a crucial role in psychological adjustment, psychological problems, physical health, as well as professionally guided and self-guided behavioral change strategies (Bandura, 1997).

Over all, parental attachment qualities characterized by adolescents perception of parents trust, quality of communication and parental closeness experience and also adolescents sense of self-efficacy are the most significant potential contributing factors responsible to adolescents' involvement in highly risky sexual behaviors, including, early sexual onset, having multiple sexual partners and inconsistent contraceptive use during every sexual relationship. Therefore, this study was aimed to examine the relationship of parent-adolescent

attachment qualities and self-efficacy to sexual risk behaviors of adolescents in Sheka zone , south west Ethiopia, particularly, in Masha secondary school.

## **1.2. Statement of the Problem**

Sexual risk behaviors are seriously challenging adolescents in contemporary global society that extensive body of empirical work focused attention among the most prominent risky behaviors and public health difficulties during adolescent. Because, safe sexual practices are less frequent among adolescents than in the adult population which results teenagers to be exposed to adverse sexual health outcome risks of unintended early pregnancy and parenthood, difficulties accessing contraception and safe abortion, and high rates of HIV and sexually transmitted infections are some of the challenges faced by adolescents across the world (Morris & Rushwan, 2015).

Engaging in sexual activity is a normative part of development; instead teenagers are at higher risk of practicing risky sexual behaviors due to their risk taking behaviors, yet early sexual onset and sexual with multiple partners undermine health and wellbeing of adolescents (Warner, 2018). Adolescent is increasingly recognized as the second major developmental period of opportunity and risk in development, next to only in significance to early childhood development. This developmental period is still one of the trying out new experiences but lack of knowledge and skills necessary to make the right choices (Hecej & Stulhofer, 2001).

The extensive empirical review by Guilamo-Ramos et al. (2012) shown that adolescence is a developmental stage associated with increased risk-taking behaviors that contribute to negative sexual health outcomes and also they demonstrated that various parental contextual factors, specifically, poor emotional qualities of parent-adolescent relationship and negative parental communication practices highly contribute teenagers more likely engaged in risky sexual activities.

The rate of adolescents' involvement in risky sexual behaviors is increasing in developing countries, thus, promotion of safe sex and encouragement of contraceptive use would contribute greatly to reduce sex related morbidity and mortality caused by teenage pregnancy, abortion, and HIV/AIDS infections (Yarinbab, Tawi, Darkiab, Debele & Ambo, 2018). In addition to that the study by Negeri (2014) shown that adolescents who have had high quality

of parental communication experiences were less likely engaged in risky sexual behaviors than those who had insecure bonding.

Parental behavior has a positive effect on adolescent sexual and reproductive health outcomes in which adolescent's perceived connectedness's and emotional attachment between parents and adolescents can be a responsible protective force against adolescents' decision to involve in risky sexual practices and this study demonstrated that adolescents who feel connected and have a stronger relationship with their parents were more likely to have later sexual onset and fewer sex partners (Kao and Carter, 2013; Markham, 2010).

In sub-Saharan Africa, including Ethiopia, adolescents are highly at risk to various risky sexual behaviors, such sexual activities to day teenagers possess a special risks, like unintended pregnancy, unsafe abortion and sexually transmitted infections comprising HIV/AIDS (Belay et al., 2017). However, family based prevention and intervention towards sexuality and promoting sexual health is less frequent in adolescents as well as sexual health and sexuality communication between parents and teenagers was largely limited in Ethiopia, because of their conservative norms around sexuality, limited parental knowledge and parent's highly discouraging open communication about sexual activities facilitates adolescents' involvement in risky sexual activities (Dessie, Berhane & Worku, 2015).

A meta-analysis study demonstrated that as sub-Saharan African countries risky sexual practices varies from place to place in Ethiopia, which leads to highly increasing sexual and reproductive health problems, this national level systematic review reported that the prevalence of risky sexual behaviors was estimated to be relatively high in Ethiopia (Muche, Kasha, Berhe & Fekadu, 2017).

Growing evidence indicates that adolescents perceived sense of self-efficacy were identified as one of the vital intrapersonal qualities that protect adolescents from engaging in risky sexual behaviors and results to positive health outcomes; it has been found that adolescents who have a higher degree of sense of self-efficacy were more prone to safe sexual practices and less likely involved in risky sexual activities (Aboussalam, Naude, Lens & Esterhuysen, 2015). Other empirical evidence suggested that self-efficacy may be strongly related to health behaviors and outcomes in adolescent. Conversely, lower level of self-efficacy beliefs have been linked to health risk behaviors (Nebbitt, Lombe, Sanders & Stokes, 2010).

The existing literatures demonstrate that various parenting behaviors are strongly predictive of adolescents' sexual risk behaviors. For instance, wide research evidence reported parental attachment qualities and self-efficacy variables has a great direct influence in promoting better sexual health behaviors of adolescents and results in positive sexual outcomes.

Accordingly, the present study justified that considerable attention is needed in identifying and discovering the key determinant factors contributing to adolescents risky sexual behaviors, yet very few empirical works were documented in Ethiopia in general and south west Ethiopia in particular regarding to the association of parental attachment qualities and self-efficacy to sexual risk practices among adolescents independently. Specifically, no more studies were conducted to estimate the existing association between the present study variables in the study area.

Therefore, the present study incorporated the parent-adolescent attachment qualities and self-efficacy factors related to sexual risk behaviors among adolescents as a knowledge gap remains in Masha town secondary school and observed systematically. Thus, to fulfill the existing gaps, the current study was guided by the following research questions:

### **1.3. Research Questions**

- What is the relationship between parent-adolescent attachment qualities (parental trust, communication and closeness) and sexual risk behaviors among adolescents?
- What is the relationship between self-efficacy and sexual risk behaviors among adolescents?
- What are the contributing factors for sexual risk behaviors associated with parent-adolescent attachment qualities (parental trust, parental communication and parental closeness) and self-efficacy among adolescents?

### **1.4. Objective of the Study**

#### **1.4.1. General Objective:**

The general objective of this study was to investigate the relationship of perceived parent-adolescent attachment qualities and self-efficacy to sexual risk behaviors among adolescents in Masha town secondary school.

#### **1.4.2. Specific Objectives:**

- To examine the relationship between parent-adolescent attachment qualities (parental trust, communication and closeness) and sexual risk behaviors among adolescents.
- To examine the relationship between self-efficacy and sexual risk behaviors among adolescents.
- To examine the contributing factors of sexual risk behaviors associated with parent-adolescent attachment qualities (parental trust, parental communication and parental closeness) and self-efficacy among adolescents.

#### **1.5. Significance of the Study**

Adolescents' involvements in risky sexual behaviors are becoming the most important public health issues challenging the contemporary society and also such Sexual activities to day teenagers possess special risks that brings susceptible to a high risk for unsafe sexual activities and problems, like sexual transmitted infections, unplanned pregnancy and unsafe abortion. Numerous empirical evidences suggested that adolescents' involvement in unsafe sexual practices and its associated adverse sexual outcomes are improved through encouraging parental behaviors and personal qualities such as enhancing both parental attachment experiences and teen's sense of self-efficacy are highly significant contributed to manage adolescents decision to engage in risky sexual activities and adverse sexual health outcomes.

Accordingly, the current study was aimed to examine the role of parental attachment qualities and adolescents' sense of self-efficacy beliefs as possible responsible contributing factors affecting sexual risk behaviors of adolescents for the following purposes; the study will provide important awareness to primary care givers, particularly, parents and other immediate family members improve security of emotional and social bond that helps teenagers develop positive sexual health. Often, the present study findings are expected to provide useful information for school authorities and school counselors to discover negative risk factors associated with sexual risk behaviors and also help to improve adolescents' decision to involve in sexual risk behaviors through establishing school based sexual risk prevention and intervention programs. In addition, this finding also expected to provide relevant awareness to different sexual health educators to address the prevalence and severity of sexual risk activities.

On the other hand, the present study will help different governmental stakeholders, such as, policy makers, public health organizations, local and national health care providers in the community. In addition, the results of this study will be expected as a basic input for nongovernmental organizations working on youth development. Moreover, the present study findings will provide future research directions and indicates the knowledge gap for psychologists, social workers, public health professionals and other researchers interested to carry out scientific inquiry in the same area.

### **1.6. Delimitation of the Study**

This study geographically delimited in Sheka zone, south west Ethiopia, particularly in Masha town secondary school. The target population mainly comprised all secondary school aged adolescents enrolled in 2011E.C academic year. Adolescents perception of parental attachment qualities, self-efficacy and sexual risk behaviors were comprised as the main study variables mainly considered in the current study. Accordingly, the present study was aimed to investigate the relationship of perceived parent-adolescent attachment qualities and self-efficacy to sexual risk behaviors among adolescents.

### **1.7. Operational Definition of Terms**

**Attachment** refers to adolescent's perceived quality of relationship to ones parents.

**Self-efficacy** refers to a teen's belief to manage over sexual activities increasing the probability of adverse sexual outcomes.

**Sexual risk behaviors** are any behaviors related to sexual practices that increase the risk of contracting sexual transmitted infections, unplanned pregnancy and its complications.

**Adolescents** are neither attached childhood nor detached adult in human life span.

## CHAPTER TWO

### REVIEW OF RELATED LITRATURE

#### 2.1. Introduction

Since, adolescent is a transitional period, if so, teenagers are experienced engaging in highly risky behaviors. This helps adolescents to define their identity in their environment and also risk-taking is a normative developmental transition but engaging in unhealthy behaviors instead of healthy activities results in undesired outcomes. The present study was examined to discover the relationship of adolescents' perception of parental attachment qualities and sense of self-efficacy to sexual risk behaviors among adolescents. The present problem is defined as identifying the associated contributing risk factors and possible suggestions to outcome these difficulties were forwarded and then finally, the reviews are presented with the brief synopsis.

A number of well-known theories are developed to explain the nature and risk factors of sexual risk behaviors during adolescent in relation to perceived qualities of parental attachment experiences and sense of self-efficacy. However, this review was solely guided by attachment theory and self-efficacy theoretical frameworks to address the relationship of parent-adolescent attachment qualities and self-efficacy to sexual risk behaviors has been investigated in the present study. Accordingly, the current reviewed literatures comprise the fundamental concepts, theoretical perspectives and the previous empirical findings related and relevant to the present problem.

#### 2.2. Definition and Components of Sexual Risk Behaviors

Sexual behavior is a complex private activity affects multifaceted human life, in which individuals being subject to social, cultural, moral and legal issues. Mirzaei et al. (2016) reported that risky sexual behaviors are one of the serious public health problem attracts attention due to its potential negative outcomes impose on family, relationships and health.

In addition, unsafe sex is one of the risky sexual behaviors, which reflects the second most leading cause of disability adjusted life years worldwide in which adolescents' age group is highly vulnerable to different risk behaviors, of those it is more exposed to risky sexual activities that lead to adverse health outcomes (Abosetugn, 2015). The high rate of



adolescents' involvement in risky behaviors in the past decades has created a vast amount of attention on the impact to their future and among those impacts of risky behaviors engaging in risky sexual practices that lead to various sexual transmitted infections and unwanted pregnancy is alarming in adolescents (Hedzir, Hezbollah, Juhari & Ahmad, 2019).

Risky sexual behavior is defined as any sexual activity which increases the susceptibility of an individual to reproductive and sexual health problems and adverse consequences, such as contracting sexually transmitted infections, including HIV/AIDS, unintended pregnancy, and unsafe abortion and different psychosocial distress, this unprotected sexual activities are characterized by inconsistent condom use, having sex with multiple sexual partners and having early sexual onset during teen age period (Muche et al., 2017).

As the previous findings reported by Yarinbab et al. (2018) suggested that promotion of safe sex and encouragement of contraceptive use would contribute greatly to reduction of sex related morbidity and mortality caused by risky sexual practices highly contributed to adverse outcomes of teenage pregnancy, abortion, and HIV/AIDS infections during adolescent period of life. These negative behavior outcomes increases a number of adverse consequences, including damage to romantic relationships, family conflicts, financial concerns, damage to social reputations, health problems, and legal disputes. However, the two most commonly addressed negative outcomes are unintended pregnancies and sexually transmitted infections (STIs), including HIV/AIDS (Turchik & Garske, 2008).

Sexual activity normally begins in adolescence, but the age of sexual initiation is a variable social phenomenon, it varies from country to country, such as age of initial sexual activity in Africa begins earlier as compared to Asian which initiates later, this variation occurs due to several regional, ethnic, social, psychological characteristics, in which this early experience assumes greater sexual risk regardless of the type of possible negative outcome like, unwanted pregnancy, infection with STDs, because, sexual responsibility need communication skills, but these are not matured in early developmental age (Hirl-Hecej & Stulhofer, 2001).

Entry in to sexual activities is a developmental stepping stone in adolescent's trajectories of interpersonal and romantic formation. Often, most teenagers initiated first sex and engaged in sexual experimentation during secondary school years. However, unprotected sex is a manifestation of teenagers' involvement in risky sexual activities which refers to sex without

a condom, or inconsistent condom use, these sexual practices that might increase the risk of sexual transmitted infections, like HIV/AIDS transmission and unplanned teenage pregnancy, due to the fact that using condoms is one strategy of safer sex that reduces the risk of sexual transmitted infections and other significant sexual related negative social and psychological consequences affecting adolescents (Warner, 2018).

Early sexual onset and unsafe sex increases young age groups risk to various sexual transmitted infections, such sexual activity also more likely exposed to unintended pregnancy and high risk sex. Among those a significant number of sexual active adolescents in-school were highly engaged in premarital sexual practices that might expose to various sexual and reproductive health risks (Bogale & Seme, 2014).

### **2.3. The Consequences related to Risky Sexual Behaviors**

Adolescents' involvement in risky health behaviors is a complex issue that can lead to devastating health consequences and costs to both the individual and the overall Health care system, as a whole sexual activity continues to have negative effects on the well-being of today's adolescents (Kao & Carter, 2013). Developing countries, particularly, sub-Saharan Africa including Ethiopia, adolescents are highly exposed to risky sexual behaviors of the HIV epidemic globally. (Belay, Worku, Addisu & Alemneh, 2017).

Adolescents involvement in risky sexual practices continue to be a significant drivers of sexual transmitted infections/STIs, including HIV/AIDS, unwanted pregnancies and leads to unsafe abortion, which need a number of interventions that have been designed to reduce adolescent sexual risk behaviors through the promotion of healthy sexual and reproductive life by utilizing condom consistently and correctly and sexual abstinence (Envuladu, Anke, Zwanikken & Zoakah, 2017).

Adolescents display sexual behaviors that place them at risk for sexually transmitted diseases which is the primary source for adolescents susceptibility to HIV/AIDS infections, HIV/AIDS is one of the most urgent public health challenges facing both developing and developed nations. Even though it affects all the social sectors of the population, the epidemic among adolescents is the fastest growing partly because of young people's vulnerability, experimentation of high risk sexual relationship and their lower utilization of preventive services (Guiella & Madise, 2007).

According to DHS (2018) practices of having multiple sexual partners and non-use of condoms still prevail among adolescents which results unintended pregnancy, unsafe abortion and STI including HIV/AIDS are the most common major sexual and reproductive health problems specifically challenging adolescents. This report pointed out that sexual risk practices are highly increasing the rate of unintended pregnancy and unsafe abortion challenges of adolescents.

On the other hand, Negeri (2014) indicated that as compared to out-school adolescents' in-school adolescents' are less likely exposed to negative sexual outcomes like, STI, including the degree of contracting HIV/AIDS infections. Adolescents' involvement in sexual activities at appropriate ages with caring partners is a positive developmental outcome; particularly; early sexual initiation in contrast exposes young adolescents to health risks, including unintended pregnancies, HIV, and other sexually transmitted diseases (Dilorio et al., 2001).

#### **2.4. Definition and Conceptualization of Adolescent**

The term adolescent has no universally accepted meaning, rather than it varies from one society to another throughout the world. This variation resulted from different changes in circumstance, like changes in demographic, economic and socio-cultural settings of teenagers (Ali, 2017). Among all these definitions age is simply used to define this group in relation to education and employment as the most suitable for research purposes. According to UNs youth is defined as those age groups between the ages of 15 to 24 years and also world Health Organization defines adolescents as those in the age group of 10 to 19 years. While, Ethiopian youth policy defines young age as those parts of a society including the age ranged 15 to 29 years in human life span development.

Adolescent is a developmental period it has been mainly considered as a transitional period marked by significant changes and characterized by a dual trend of reorganizing parental attachment and experimenting with romantic and sexual relationships, when attachment needs are met increasingly through peers, parents and romantic partners as well independence from parents grows, and sexual behavior emerges, this autonomy is not based on detachment from the parents but on individuation in relation to them rather early adolescents should integrate sexual attitudes, feelings and experiences into a developing sense of self (Potard, Courtois, Chon & Courtois, 2017 ; Szielasko, Symons & Price , 2013).

In addition, this phase is characterized by significant neurological, cognitive and psychosocial development; with the advance of adolescence the amount of time spent with parents typically drops while time spent with peer's increases considerably, nevertheless, parents continue to play a key role in influencing their adolescent's development associated with less engagement in high risk behaviors, fewer mental health problems, enhanced social skills and coping strategies and also adolescent is characterized by a period of rapid physical, cognitive and socio-emotional change, this facilitates young age to experiment and open to new experience with various risky behaviors and also it is accompanied by an elevated focus on intrapersonal self and interpersonal relationships with emotionally significant others (Moretti & Peled, 2004;2000).

Adolescent is a second major developmental stage, which encountered opportunities and challenges next to childhood period in development, these challenges mostly comprise adolescents' exposure to risk behavior opportunities and difficulties in achieving self-efficacy in behavioral control are among the challenges most importantly determine the success of adolescent transition as some risk behaviors have the capacity to adversely change the life course of the adolescents and also this developmental period is considered as naturally a time of experimentation, discovery and engagement in new activities which necessitates risk taking behaviors (Vivien, 2019; Kao & Carter, 2013).

Furthermore, focusing on adolescent is a focus to the success of many public health agendas, including the millennium developmental goals aiming to reduce HIV/AIDS infections and other injuries which meet the global health targets within each public health domains needed greater attention to adolescence (Sawyer et al., 2012).

## **2.5. The role of parent-Adolescent Attachment Qualities and Self-Efficacy to Adolescent Sexual Risk Behaviors**

### **2.5.1. Definition and Concept of Parent-Adolescent Attachment**

Parents are to ensure proper upbringing of adolescents, because, nearly all teenagers have been exposed to risky sexual behaviors in their youthful years for one reason or the other and mostly due to lack of proper sex education in the home environment (Monsurat, 2017). A broad range of family variables affect adolescent sexual behavior, among those parents attachment relationships to their adolescents are a paramount factors in which several empirical research has been observed. For instance, effective parental practices like, parental

monitoring and communication significantly abate sexual risk-taking behaviors of adolescents (Ryan, Roman & Okwany, 2015).

The parent-adolescent relationship appears to be an inseparable chain of ecology and parents are also an immediate set of systems for adolescents influence their attitudes and behaviors followed by peer influence that exert a powerful influence on adolescents (Maimunah, Afiatin & Helmi, 2019). Previous study shown that teenagers who have had poor behavioral beliefs on sexual and reproductive issues had increase the probability of engaging in risky sexual behaviors. Thus, they posited that improved quality of parent-adolescent relationship and improving adolescents' behavioral beliefs and parental knowledge towards sexual and reproductive health of teenagers are essential to prevent against adolescents involvement in risky sexual practices (Yimer & Ashebir, 2019).

Attachment is the affectionate bond between an individual and their attachment figure regardless of time and distance constraints. It is a deep and enduring emotional bond that connects one person to another across time and space (Bowlby, 1969; Ainsworth, 1973). The adolescents who report an insecure, ambivalent relationship with their mother tend to become more involved in sexual interactions, whereas those with an insecure avoidant relationship with their mother show little involvement in the emotional aspect of sexuality, while, secure attachment is clearly important to healthy adolescent adjustment (Moretti & Peled, 2004).

Adolescent attachment formation is a complex and seemingly critical developmental consideration and this attachment bonds are assumed to be a positive influence on development throughout the life span by providing a sense of emotional support and closeness, especially during times of important life transitions (Bowlby, 1982).

In addition, a large body of research has demonstrated that possessing a secure attachment style may buffer the effects of other risk factors. In contrast, an insecure attachment styles, particularly fearful and preoccupied styles promotes the individual to be motivated to participate in health risk behaviors (Young, 2013). As parental attachment aspects parental closeness, which refers to adolescents' perception towards experience of feeling close to their parents were as parental communication refers to adolescents' reports that their parents discuss risk-taking behaviors with them (Campen & Romero, 2012).

### **2.5.2. Parent-Adolescent Attachment Qualities and Sexual Risk Behaviors**

Family factors are important protective constructs for adolescent development of risk behavior and other negative outcomes. Several empirical evidence suggests that family functioning and parental attachment had significant and negatively associated with adolescent risk behaviors, particularly, parental attachment had a significant and negatively associated with adolescents' age of first sexual onset, therefore, parental warmth and emotional connection is a paramount factor in preventing against adolescents engaging in sexual risk behaviors, specifically, helps adolescents to delay early sexual initiation (Vivien, 2019).

Adolescents influenced by multiple determinant factors contribute to risky behaviors, among those family functioning and parental behaviors, like, parental monitoring, involvement, communication and other family related factors play a major role in influencing the positive outcome of adolescents, it should also be noted that parenting behavior could influence adolescents in negative ways and increase the tendency of adolescents to engage in risky behaviors (Hedzir et al., 2019).

Parent-adolescent attachment relationship has profound effects on cognitive, social and emotional functioning, which indicates that adolescents securely attached with their parents are less likely involved in high risky behaviors, lower mental health difficulties and promote social and emotional skills as well as more resilient to stressful life events (Moretti & Peled, 2004). The pattern of communication that goes on in the home between the parents and the adolescent is a pointer to the sexual behavior of the adolescent (Oluyemi, Yinusa, Abdullateef, Kehinde & Adejoke, 2017).

Secure attachment is established through constant, loving, and supportive behavior by a parent or other caretaker. During adolescence, attachment to parents is believed to have a role in internalizing and externalizing behaviors that has a protective effect in which parental attachment security is thought to be related to the development of appropriate self-regulation abilities in adolescents and they found that teen's attachment relationship to their parents was significantly and negatively correlated with adolescent engagement in risk-taking behaviors (Keyzers, Weiler, Haddock & Doty, 2019).

Parent-adolescent sexual communication is a crucial subject in terms of knowledge transferring for an adolescent to spare from the risks of sexual behavior. Accordingly, the recent meta-analysis review showed that parent-adolescent sexual communication was a

significant positive correlation with adolescent sexual behavior, including influence teens to delaying sexual onset, increasing contraception and the use of condoms, and reducing the number of sexual partners (Maimunah et al., 2019).

Most of the sexual initiation and sexual practice of adolescents begins at secondary school level, so that, it requires a secure parental emotional bond that is crucial protective force encourage adolescents engage in safe sexual behaviors. Yimer & Ashebir (2019) indicates that parents are a crucial part of the social environment in which adolescents live, learn and earn, they could play important roles in efforts to prevent adolescent sexual and reproductive health risk behaviors and promote healthy development of adolescents. They suggested that involving parents in prevention programs to risky sexual and reproductive behavior practices in adolescents requires understanding of the effect of different parenting practices and styles on these behaviors.

Despite the growing influence of peers and romantic others during adolescence, the role of family and parents in monitoring, closeness, communication, and regular contact appears to be a critical influence on adolescents' positive development. Thus, the evidence depicted that this family involvement was associated with adolescents being less likely to have ever had sex, fewer intentions to engage in sexual activity and fewer sexual partners (Campen & Romero, 2012).

A systematic review by Coakley & Rogers (2017) shown that there is a considerable number of cases of new sexual transmitted infections were suffered by various age groups, among those general populations more than half are accounted by young aged 15 to 24 years. This review suggested that parent-adolescent sexual communication and designing family based protective intervention is the most crucial strategies in reducing against risky sexual practices among adolescents. While, Somers & Paulson (2000) found that teenagers who have had less maternal and paternal communication were related to less sexual behavior and less sexual knowledge

Furthermore, a meta-analysis study conducted by Kassa (2018) shown that lack of parent-adolescent sexual communication significantly contributed to teenage pregnancy, which resulted from adolescent's highly involvement to risky sexual practices. Recently, the information on parent-adolescent communication has been scarce in various areas of Ethiopia in general; hence, studies found that adolescents who have less communication with their



parents about sexual and reproductive health issues had often involved in highly risky sexual behaviors and also they suggested that parent-adolescent communications is the paramount to reduce sexual risk practices (Kusheta, Bancha, Habtu, Helamo & Ohannes, 2019; DiClemente, Wingood, Crosby & Cobb, 2001).

The among the previous studies in north west Ethiopia study conducted in Gondar town on high school students suggested that that parent child discussion equips youth with skill and information to remain safe towards sexual risk practices and also they revealed that adolescents who ever had parental discussion on sexual and reproductive health issues were less likely to involve in risky sexual behavior (Kasahun, Yitayal, Girum & Mohammed, 2017).

### **2.5.3. Attachment Theory**

Attachment theory was developed by Bowlby to explain the process by which a bond develops between a child and his/her care giver and the functions that this bond serves and also the consequences that the bond has on the child's future relationships. They conceptualized attachment theory as relevant across the life span and the fundamental physical and emotional bond to their care givers or between parents and their child are critical for survival and development in which this attachment is a universal human need that leads to the formation of close bonds of affection (Bowlby, 1969).

This affectionate bond is a necessary but not a sufficient condition for attachment relationship, these attachments are close and emotional relationships that can be secure or insecure based on the quality of relationship interactions. Attachment theory attempts to interpret the nature of the affective bonds of human beings in social interactions in which this affective bond that develop between attachment figures, such as parents and individuals are the developmental nucleus of intrapersonal and interpersonal regulations (Bowlby, 1988; 1979).

Research evidence on intimate relationships also supports the notion that parents lose most favored status during the adolescent years, due to this attachment system is relevant beyond infants and also active and influential from the cradle to the grave, and also the internal working models are mental schemas of self, others, and self in relation to others (Bowlby, 1973). Internal working model is simply a mental representation of a child's attachment with their primary caregiver, which would have profound effects on their later relationships and on



their own success as a parent. It is said that all future relationships are based on this mental representation of that first relationship with the mother (Bowlby, 1969).

In addition to this, according to attachment theory the quality of present attachment relationships with the parents, as well as skills acquired in a secure attachment relationship since childhood are key features in solving developmental issues linked to adolescence. The attachment relationship does not have to be reciprocal in which one person may have an attachment to an individual which is not shared. It is characterized by specific behaviors in children, such as seeking proximity with the attachment figure when upset or threatened. This theory has also suggested that parental attachment begins at infancy and continues throughout the lifetime of a person (Bowlby, 1969).

Attachment behavior in adults towards their child includes responding sensitively and appropriately to the child's needs, such behavior appears universal across cultures. According to this theory, children, adolescents, and adults benefit greatly from having a principal source of emotional security, a primary attachment figure to count on no matter how difficult life's circumstances (Freeman & Brown, 2001).

Attachment theory also claimed that the bond that is formed between the parent and adolescents at infancy would help the child's successful social and emotional development, particularly, in learning how to effectively regulate their feelings at adolescent age. In addition, attachment theory has shown that this movement of instantiation and the creation of new relationships are determined in part by the style of early attachment and, once an internal working model has been established in infancy, a person tends to perceive future events through the filter of that model (Bowlby, 1969).

#### **2.5.4. Definition and Concepts of Self-Efficacy**

Self-efficacy lies at the center of social cognitive theory and shows that beliefs about one's ability or capability to execute a behavior successfully, moreover, it clarifies that people tend to engage in activities based on their sense of competence. Self-efficacy has a constructive power through which the cognitive, social, emotional, and behavioral skills of humans are efficiently organized towards achieving their goals and this personal efficacy belief provides the foundation for human motivation, wellbeing and personal accomplishment. It also suggest that self-efficacy beliefs has a critical role in human functioning in which peoples level of

motivation, affective states and behaviors are based more on what they believe than on what is objectively true (Bandura, 1997).

Self-efficacy is a proximal and direct predictor of intention and behavior which is typically low in early stages and increases when individuals move on to the later stages and also it influences the effort one puts forth to change risk behavior and the persistence to continue striving despite barriers and setbacks that may undermine motivation (Schwarzer & Luszczynska, 2005).

Empirical evidences suggested that how people behave can often be strongly predicted by the beliefs they hold about their capabilities than by what they are actually capable of accomplishing. These personal efficacy beliefs begin to form in early childhood as the child deals with a variety of experiences, tasks and situations in which the development of self-efficacy beliefs continue throughout life as people learn, experience and develop into more complex human beings as well as it is not a general phenomenon but rather varies across activity domains, task demands and situational characteristics (Bandura, 1977).

Accordingly, there are five major influential sources that contribute to the development of self-efficacy beliefs. These are presented as follows:

**Performance accomplishments:** Our own attempts to control our environments are the most powerful source of self-efficacy information. These successful attempts at control he/she attribute to their own efforts will strengthen self-efficacy for that behavior. The experience of mastery influences your perspective on your abilities and successful experiences lead to greater feelings of self-efficacy. However, failing to deal with a task or challenge can also undermine and weaken self-efficacy.

**Vicarious experience:** Self-efficacy beliefs are influenced by our observations of the behavior of others and the consequences of those behaviors. Observing someone else perform a task or handle a situation can help you to perform the same task by imitation and if you succeed in performing a task, you are likely to think that you will succeed as well, if the task is not too difficult. Observing people who are similar to yourself succeed will increase your beliefs that you can master a similar activity. Vicarious experiences generally have weaker effects on self-efficacy expectancy than do performance experiences.

**Verbal persuasion:** Efficacy beliefs are influenced by when other people encourage and convince you to perform a task; you tend to believe that you are more capable of performing the task. Constructive feedback is important in maintaining a sense of efficacy as it may help overcome self-doubt. Verbal persuasion is a less potent source of enduring change in self-efficacy expectancy than performance experiences and vicarious experiences.

**Imagined Experiences:** We can influence self-efficacy beliefs by imagining ourselves or others behaving effectively or ineffectively in hypothetical situations. Such images may be derived from actual or vicarious experiences with situations similar to the one anticipated, or they may be induced by verbal persuasion.

**Physiological and emotional states:** Physiological and emotional states influence self-efficacy when we learn to associate poor performance or perceived failure with aversive physiological arousal and success with pleasant feeling states. When someone become aware of unpleasant physiological arousal, he/she is more likely to doubt their competence than if their physiological states were pleasant or neutral. Likewise, comfortable physiological sensations are likely to lead them to feel confident in their own ability in the situation at hand.

Moods, emotions, physical reactions, and stress levels may influence how you feel about your personal abilities. If you are extremely nervous, you may begin to doubt and develop a weak sense of self-efficacy. If you are confident and feel no anxiety or nervousness at all, you may experience a sense of excitement that fosters a great sense of self-efficacy. For this reason, being able to diminish or control anxiety may have positive impact on self-efficacy beliefs.

Self-efficacy generally first develops during childhood in the family context. Parents contribute directly to a child's self-efficacy development through daily interactions in the home in which parents provide opportunities for children to develop self-knowledge of their capabilities. During the early years, parents have more control over children's environment to shape their behaviors and are more likely to be present with children to assist and guide them in setting goals and achieving them. However, Parents' influence becomes more indirect as the child reaches adolescence and engages more frequently with the larger social world outside the home (Campen & Romero, 2012).

### **2.5.5. Perceived Self-Efficacy and Sexual Risk Behaviors**

Numerous previous empirical researches shows that Self-efficacy beliefs play a major role in a number of beneficial aspects of human functioning, also seen as the main and the most proximal predictor and antecedent of human behavior, including health behavior change and maintenance which indicates that it is the paramount determinant factor for the likelihood of an individual engaging in health behaviors showing that self-efficacy appears to be a consistently good, or even the best predictor of a variety of human behaviors that influence health (Zlatanovic, 2015).

Adolescent's safe sex practices are characterized by the behaviors such as intention to limit sexual partners or having sex with only one partner, intention to abstain from sex and delay ones sexual practices and intention to use condom consistently. In fact, many previous research findings shown that self-efficacy had a stronger predictive power on the safe sex behaviors in which individuals with strong sense of self-efficacy had better in practicing safe sex, the empirical evidence indicated that high self-efficacy had significant and strong positive correlation with intention to limit partners, intention to abstain from sexual activities and intention to use condoms (Chilisa et al., 2013; Campen & Romero, 2012).

In addition, beliefs of personal efficacy also serve as shapers of one's aspirations and performance attainments. A sense of personal efficacy is a key factor in the exercise of personal control over challenging demands, including control over the state of one's health and also the large body of research has shown that enhancing self-efficacy beliefs is crucial to the successful change and maintenance of various forms of health-related behaviors in the face of obstacles and aversive experiences, including some of the following practices like, addictive behaviors, reducing sexual risk behavior, AIDS-related health behavior, smoking cessation, adherence to medication requirements and suggested treatment, healthy decision making , choices of healthy lifestyle and health-protective behavior (Zlatanovic, 2015).

The study carried out on high school adolescents in Addis Ababa reported that the vast majority of sexual activities during adolescence period are unsafe and therefore the risk of unintended pregnancy, unsafe abortion and STI is very high and also this study finding revealed that adolescents who had lower level of self-efficacy were more likely exposed to risk sexual activities (Gizaw, Jara & Ketema, 2014).

### **2.5.6. Self-Efficacy Theory**

This theoretical frame work was coined by Albert Bandura as one of the most prominent health behavior theories rooted in a view of human agency in which individuals are agents proactively engaged in their own development and can make things happen by their action, this sense of agency among other personal factors individuals possess self-beliefs that enable them to exercise a measure of control over their thoughts, feelings and actions that what people think , believe and feel affects how they behave (Bandura, 1986).

According to Bandura (1997) self-efficacy is a concept by which the experiences, abilities and ideas of individuals are integrated into one direction. It has been found that a strong sense of personal efficacy is related to better health, higher achievement, and more social integration. They view human behavior in which the beliefs that people have about themselves are critical elements towards in personal control in which this personal sense of control facilitates a change of health behavior.

Early development of self-efficacy beliefs is influenced primarily by two interacting factors; first, it is influenced by the development of the capacity for symbolic thought, particularly, the capacity for understanding cause–effect relationships and the capacity for self-observation and self-reflection. As children’s understanding of language increases, so do their capacity for symbolic thought and therefore, their capacity for self-awareness and a sense of personal agency. Often, the environments that are responsive to the child’s actions facilitate the development of efficacy beliefs, whereas nonresponsive environments retard the development of one’s personal efficacy beliefs during early years (Bandura, 1997).

According to self-efficacy theory, the more people believe that they can produce desired results through their own actions; the more likely they are to adopt, initiate and maintain health promoting rather than health-compromising behaviors. As adolescents’ decision making becomes increasingly guided by their own sense of efficacy, parents’ ability to contribute to adolescent self-efficacy depends more on what their adolescent children tell them about what they are doing when they are on their own (Bandura, 2006).

Over all, one of the strengths of the self-efficacy theory is its applicability to the practice of modifying and maintenance of health behaviors, accordingly, this personality variable is thought to be associated with specific positive health behaviors and it is more important in

many ways for human health, contributing to adaptive patterns of good physical and mental health (Zlatanovic, 2015).

## **2.6. Summary of Literature Review**

Based on theoretical and empirical literatures reviewed, it is apparent that perspectives of parental contextual variables and teens sense of self-efficacy factors are paramount in understanding adolescent sexual health and sexual risk practices. Therefore, previous evidence shown that Sexual risk behaviors are one of the serious public health problems in which adolescents health are very special issues and they constitutes focus of attention in contemporary global society, because, adolescent is a major developmental stage, which encountered opportunities and challenges next to childhood period in development. In addition, it is a period of rapid physical, cognitive and socio- emotional change, all these growth and development facilitates young age to experiment and open to new experience with various risky behaviors, specifically, more likely contributes to adolescents' involvement in risky sexual practices.

Moreover, young age is a critical developmental period, in which they are susceptible to highly risky sexual activities and adverse health consequences like, STI, including HIV/AIDS, unplanned pregnancy, unsafe abortion and its complication resulted from teenagers involvement to risky sexual practices, such as early onset of sexual activities, having multiple sexual partners, inconsistency of condom utilization and other contraceptive methods during every sexual relationship.

As the most proximal and fundamental social system influencing the development of teens, families provide many of the factors that protect adolescents from engaging in sexual risk behaviors through enhancing positive family relation and effective communication regarding safer sexual behaviors of adolescents. Mostly, parents' attachment bonds to their adolescents are assumed to be a positive influence on development throughout the life span by providing a sense of emotional support, closeness, trust and communication to adolescents.

Attachment theory attempts to interpret the nature of the affective bonds of human beings in social interactions. According to attachment theory, different age groups, including adolescents benefit greatly from having a principal source of emotional security, a primary attachment figures are basic care giver agents that helps their child to be resilient in every day traumatic life circumstances. Overall, most studies pointed out that parent-adolescent

attachment has profound effects on cognitive, social and emotional functioning which indicates that adolescents who were securely attached with their parents are less likely involved in high risky behaviors, particularly, low involvement in risky sexual behaviors. Contrarily, adolescents who have had low perceived parental attachment relationship are highly engaged in risky behaviors, particularly, they are exposed to undesired and negative sexual outcomes.

On the other hand, evidence shown that teens perceived sense of self-efficacy has a great role influencing adolescents' sexual behaviors. Self-efficacy theory also maintains that these personal efficacy beliefs play a crucial role in psychological adjustment, psychological problems, physical health, as well as professionally guided and self-guided behavioral change strategies.

Additionally, numerous previous empirical researches shown that self-efficacy beliefs play a major role in a number of beneficial aspects of human functioning, also seen as the most proximal predictor and antecedent of human behavior, including health behavior change and maintenance which indicates that it is the paramount determinant factor for the likelihood of an individual engaging in health behaviors. Several studies shown that adolescents with higher level of perceived sense of self-efficacy have less likely engaged in risky sexual practices than the counter parts, which indicates that self-efficacy is a crucial protective factor to promote adolescents sexual and reproductive health.

In general, theoretical and empirical evidence suggested that perceived qualities of parenting behaviors, such as parent-adolescent attachment relationship (parental trust, parental communication and parental closeness) and teens' intrapersonal qualities of perceived sense of self-efficacy beliefs are the most important contributing factors towards adolescents' engaged in highly risky sexual activities.

Thus, several previous empirical studies has generally given considerable attention to the role of personal capabilities and parental behaviors to adolescents sexual behaviors, particularly, observed the contributing factors related to adolescents involvement in sexual risk activities independently, instead the present study was designed to investigate the relationship of perceived parental attachment qualities and self-efficacy beliefs to sexual risk practices of adolescents.



To fulfill this knowledge gap the current study was designed the following objectives: first the researcher aimed to examine the relationship between parent-adolescent attachment qualities as well as teens' perceived sense of self-efficacy to sexual risk behaviors among adolescents. In addition to this, the present study was aimed to examine the contributing factors for sexual risk behaviors associated with parent-adolescent attachment qualities and self-efficacy among adolescents used to estimate the most significant contributing factors for adolescents' probability to engage in highly risky sexual behaviors in secondary school.

## **2.7. Conceptual Frame Work**

The conceptual frame work of this study provided the researcher to design their study with appropriate methodology. It helps to get the general over view about the role of parent-adolescent attachment qualities and sense of self-efficacy to sexual risk behaviors (early sexual onset, having multiple sexual partners and inconsistent condom use or any contraceptive use during new sexual relationship) of adolescents.

Family factors are important to adolescents' personal and interpersonal behavior development, in which perceived parental emotional connectedness to adolescents are among the critical factors promote positive sexual and reproductive health during adolescent period of life. Research has demonstrated that active secure parent-adolescent connectedness and family support should be the primary protective factors used to reduce adolescent's involvement in highly risky sexual behaviors.

However, poor qualities of parental attachment relationship was increased the probability of engaging in risky sexual activities, and force teenagers to take risks related to sexual activities (Netsanet & Abebe, 2017). In addition, self-efficacy has been shown to be a relevant determinant for understanding adolescents' involvement in healthy and risk behaviors.

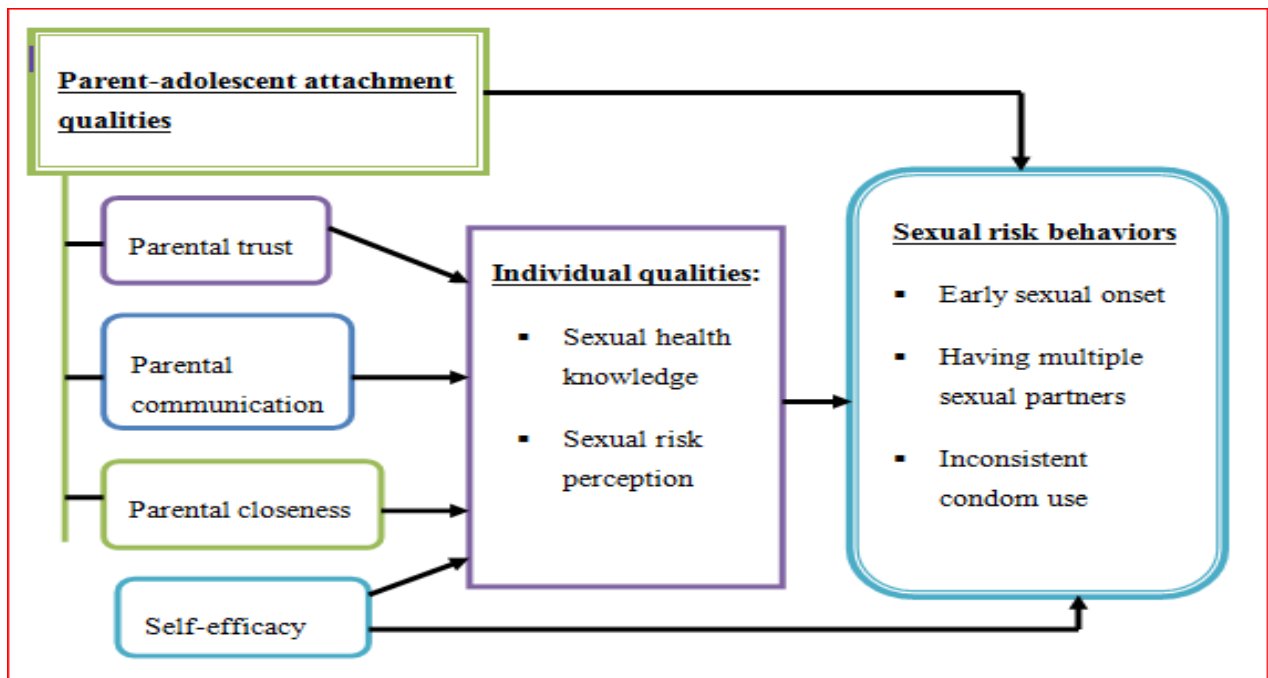
Moreover, parental attachment qualities (parental trust, parental communication and parental closeness) are the most important factors influencing adolescents learn, earn and in terms of knowledge transferring about sexual health behaviors which enable adolescents involved in less risk health behaviors. Perception towards sexual behaviors also influences risky sexual behaviors resulted from strong parental attachment qualities that contributes adolescents to be a greater intention to engage in safe sexual behaviors and protect against risky sexual practices. Accordingly, the recent empirical evidences suggested that parental attachment



qualities significantly contributes teens to delay first age of sexual activities, increasing contraception methods and limiting the number of sexual partners.

Previous studies examined the association between self-efficacy and sexual risk activities shown that adolescents' who are more self-efficacious reject having unprotected sex and have a greater intention to engage in safe sexual behaviors, in which this study suggested that self-efficacy was a paramount personal qualities in prevention programs regarding teenagers involvement in highly risky sexual activities ( Palacios, 2019).

Based on the previous theoretical and empirical background, the general conceptual frame work depicted the relationship of parent-adolescent attachment qualities and teens' sense of self-efficacy to sexual risk behaviors. Therefore, parental attachment qualities and self-efficacy were hypothesized to be the most significant potential contributing factors responsible to adolescents' involvement in highly risky sexual behaviors, including, early sexual onset, having multiple sexual partners and inconsistent contraceptive use, particularly, inconsistent use of condom during every sexual relationship. Moreover, the above theoretical and empirical review literatures were presented as a diagram below to show the relationship between the present study variables briefly.



Source: own work (2019)

Figure1. Conceptual frame work of the study

## CHAPTER THREE

### RESEARCH METHODOLOGY

This chapter mainly comprises the relevant methods used to carry out the present study, which provides clear description on the study design, study area and the target population, sampling and data collection procedures and finally, methods of data analysis with appropriate statistical tests were presented.

#### 3.1. Study Design

Research design stands for advance planning of the methods to be adopted for collecting the relevant data and the techniques to be used in their analysis. This study employed cross-sectional correlation research design with quantitative approach, because, this provided the researcher to measure the relationship between variables in the study.

Correlation method allows the researcher to measure two or more factors determine and used to investigate the extent to which changes in variables are related to each other (Shughnessy et al., 1999). A research design constitutes decisions regarding what, where, why, when, how much, by what means concerning an inquiry, In fact, the research design is the conceptual structure within which research is conducted; it constitutes the blueprint for the collection, measurement, analysis of data and finally presenting and reporting results.

#### 3.2. Description of the Study Area

The present study was carried out in Sheka zone, south western Ethiopia, which is located in south nation, nationalities and people's regional state (SNNPR). This zone lies between 7<sup>0</sup> 33' to 7<sup>0</sup> 42' N latitude and 35<sup>0</sup> 6' to 35<sup>0</sup> 24' E longitude with elevation lies between 900 to 2750m above sea level. Sheka zone is bordered on the north by Oromia regional state, on the south by BenchiMaji zone, on the east by Keffa zone and on the west by Gambella regional state and also this zone has organized in five administrative classifications, including two main city administration and three districts.

According to census reports of CSA (2007) this zone has a total population of 199,314, of those 101,059 were males and 98,255 were females, and also 34, 227(17%) are urban inhabitants. It comprised a variety of different ethnic groups, among them 39.93% were Protestants, 39.39% Orthodox Christians, 15.09% were Muslim and 3.51% population were

affiliated to practices of traditional beliefs. Particularly, the current study was conducted in Masha town secondary school. Masha town is one part of south western town located in Sheka zone SNNPR and assigned to be an administrative center or capital for this zone, which accounted 676 km far away from the capital city Addis Ababa. In addition, this town has  $7^{\circ}44'N$   $35^{\circ}29'E$  latitude and  $7.733^{\circ}N$  and  $35.483^{\circ}E$  longitude with an elevation of 2223m above sea level. Similarly, this town bordered by five kebeles' around out of 19 Kebeles' from Masha district.

The researcher selects Masha town secondary school by using simple random sampling out of two city administration secondary schools located in Sheka zone from south western parts of Ethiopia. Because, day to day the number of secondary school teenagers' increasing rapidly but yet, no more empirical works were documented in the existing literatures in the area with regard to the relationship of parental attachment qualities and self-efficacy to sexual behaviors, particularly, risky sexual behaviors of adolescents. For detail see this study area geographically depicted as the map below:

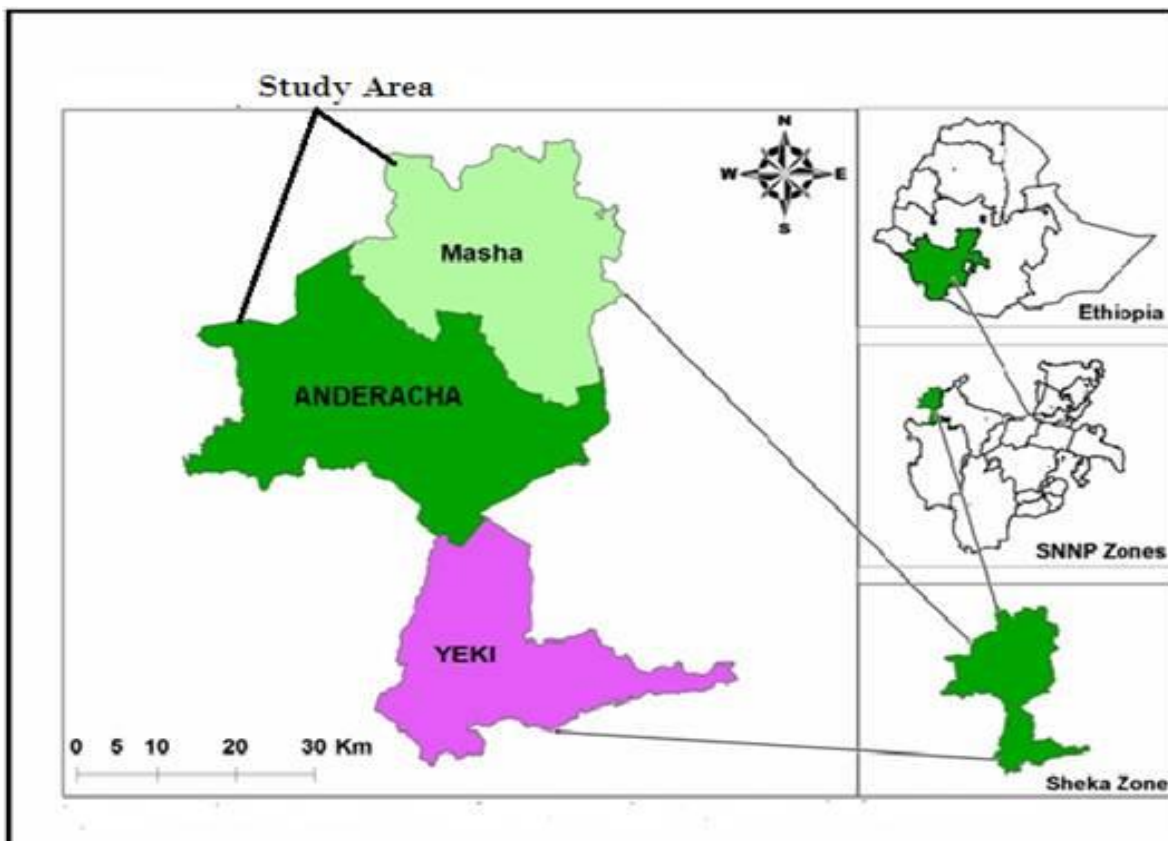


Figure 2. Map of the study area

### 3.3. Participants

This study was conducted with the total population of teen aged students who were enrolled in the academic year 2011E.C from grade 9<sup>th</sup> to 12<sup>th</sup> in Masha town administration secondary school. This study area consist the total target population of 805 students, of those 267 students were selected as a total representative samples, 167 were male and 100 female students who has actively participated and reported for each self-administered measurement questionnaires independently asked for variables considered in the study.

### 3.4. Sampling Procedure

This study was carried out in Masha town administration secondary school. The study area was selected randomly to find out the present problem faced with school aged teenagers associated with sexual risk practices. Accordingly, the representative samples included in the current study were drawn by using probability sampling of systematic random sampling technique among those students from grade 9<sup>th</sup> to 12<sup>th</sup> enrolled in 2011 E.C academic year in Masha town secondary school.

As the fact that, systematic sampling is more convenient and ensures that each unit has equal probability of inclusion in the sample. Thus, the present study was employed the formula of K<sup>th</sup> systematic sample or sampling interval and select each unit samples (n) from the entire population units (N) through a sampling frame in N units. The sampling technique of systematic sampling was depicted by the formula below:

$$K = N / n$$

Where, K= Sampling interval, N= total population or units of sampling frame and n= sample units. Therefore,  $K = 805 / 267 = 3$

In addition, the minimum sample size of the study was determined from the entire population by applying the formula of Yamane (1967). This formula was shown as follows:

$$n = N / 1 + N (e)^2$$

$$n = 805 / 1 + 805 (0.05)^2 = 805 / 3.0125 = 267$$

Where, n= representative sample size, N= total population, e = level of precision (sampling error). Based on the above formula the representative sample was determined as n = 267,

assume  $p = .05$  (5%) sampling error with 95% confidence interval. Finally, the researcher utilized these subjects as a source of data for the present study has been carried out to investigate the relationship of parent-adolescent attachment qualities and self-efficacy to sexual risk behaviors among adolescents who were enrolled in Masha town secondary school.

### **3.5. Instruments of Data Collection**

The present study employed 39 items adapted from standardized instruments in three different parts formatted as close ended self-reported questionnaires assessed adolescent's perception and behaviors. Using self-administered anonymous questionnaires adolescents were asked to complete the demographic characteristics and also adolescents were asked to assess their perceived qualities of parent-adolescent attachment, perceived self-efficacy and sexual experience he or she have had in the last 12 months. Finally, responses to negatively worded items of each variable measures were reverse-scored before statistical analysis was performed. Accordingly, the data were obtained by using the following instruments:

#### **3.5.1. Socio-demographic Characteristics Questionnaires**

This part has a brief measures of personal characteristics formatted with close ended self-report questions which were administered to participants to obtain some basic information regarding age and gender of participants.

#### **3.5.2. Inventory of Parent and Peer Attachment**

These self-administered questionnaires assessed the adolescent's perception of the degree to which their parents have secure attachment relationship experience in one's family. To assess adolescents' perception towards parents' quality of attachment experience the current study employed adapted standardized questionnaire that contained five point Likert scale response format measures of parent attachment sub scale from the inventory of parent and peer attachment revised (IPPA-R) three dimensional models, which is developed by (Gullone & Robinson, 2005).

This scale was designed to assess the adolescent's perception of negative and positive as well as both affective and cognitive domains of attachment relationship experience with their parents or father and mother (Liable, 2007). This sub scale has 25 items and adolescent's rate each item with five point Likert scale response format, ranges from 1 (never truer or almost

never true) to 5(always true or almost always true), assessed by three dimensions, including parents trust, communication and closeness. Trust refers to adolescents trust that parents understand and respect their needs and desires. Communication mainly indicates adolescent's perception that parents are sensitive and responsive to their emotional states and assessing the involvement and quality of involvement as well as verbal communication.

Alienation describes the negative experience of closeness, mainly focuses on adolescents feeling of isolation, anger and detachment experienced in attachment relationship with parents. From a psychometric point of view, Potard et al., (2017) found that three dimensions of the IPPA-R subscales have had a good reliability indices and internal consistency (alpha) coefficients range between 0.86 - 0.91. Over all, the qualities of parental attachments were determined by using mean total score of items from the inventory of parent and peer attachment particularly, parent attachment sub scale.

### **3.5.3. General Self-Efficacy Scale (GSE)**

In order to assess teens' perceived sense of self efficacy the researcher employed General perceived self-efficacy scale which is developed to assess both adolescents and adults about their beliefs in coping challenging demands successfully and implies an internal-stable attribute of success (Jerusalem & Schwarzer, 1993). This 10-item scale measures a broad and stable sense of personal competence to deal with a variety of life situations and also this instrument has demonstrated in the acceptable and with high internal consistency among adolescents ( $\alpha = .92$ ).

### **3.5.4. Sexual Risk Behaviors Questionnaires**

These close ended self-report questionnaires were designed to explore the adolescents' sexual experience he/ she have had in the last 12 months. Hence, sexual risk behavior instruments were adapted from youth risk behavior survey questionnaires by CDC (2016) formatted with continuous response questionnaires using different previous related and relevant studies conducted in the same topic of interest. Risky sexual behaviors can be assessed by various subjective and objective methods, while self-reports are more feasible and objective methods offer a higher degree of reliability (Mirzaei et al., 2016, p.46).

This youth sexual risk behavior survey provides researchers with a valid and comprehensive measure of risky sexual practices that can be used to clarify inconsistent findings in the

literature and to assess outcome in programs designed to prevent and reduce sexual risk behaviors (Turchik & Garske, 2008).

### **3.6. Pilot Testing**

The current study conducted pilot study aimed to solve ambiguity (clarity, language and structure problems), and to check the reliability, particularly internal consistency of instruments. Accordingly, self-report measures of perceived behaviors of the present study were administered to 40 teen aged students in Gecha secondary school outside the current study sample within the same age match and similar study area before data collection for the main study. Next to that mainly reliability of the present study instruments were estimated from the pilot study data set in order to evaluate sets of items for the main study.

The reliability estimates were performed to evaluate the homogeneity of sets of items from the same test (internal consistency) by utilizing cronbach's alpha test, which suggested being the most widely used methods for estimating internal consistency of instruments. This study used the statistical estimates of cronbach's alpha to determine the inter correlations among all items of measurement tools in the same construct being tested.

From the reliability analysis of measurement scale, reliability coefficients of adolescent's perception towards the quality of parents attachment relationship experience i.e. parental trust ( $\alpha = .708$ ), parental communication ( $\alpha = .707$ ) and parental closeness ( $\alpha = .704$ ) sub scale was found. Similarly, a reliability estimate of internal consistency was computed to determine self-efficacy beliefs and sexual risk behaviors of adolescents. The internal consistency of general self-efficacy scale and measures of sexual risk behaviors ( $\alpha = .77$  &  $\alpha = .870$ ) was found in a given pilot test respectively.

Thus, the reliability analysis of measurement instruments indicates that the reliability statistics of all study variables were found to be within acceptable range of good reliability coefficients of internal consistency (cronbachs's alphas) of measurement items. In line with the present results the study by Marshall et al. (2014) pointed out that internal reliability measures of cronbach alphas' are good when the reliability coefficients were found to be  $\geq .75$  in a given study.

On the other hand, the validity of instruments are not statistically tested, but instead different experts related to the subject matter and advisors comments were used to evaluate the validity

of instruments, particularly the content validity of measurement items was evaluated and all self-report questionnaire items were ensured to be valid in their content for use in the main study has been conducted.

### **3.7. Data Collection Procedure**

This study was conducted by considering all necessary data collection procedures to obtain the relevant data regarding adolescents 'sexual risk practices and their associated variables mentioned in the present study. After the approval of the research proposal, the researcher obtained letter from Jimma university research coordination to Sheka zone education department and the school authorities to take permission for data collection process in the study area.

Here by, after permission from school authorities and other concerned bodies in the study, the researcher has been discussed with informed participants and other selected assistant data collectors before completing self-administered questions to safeguard their participation during data gathering in the study.

Moreover, the researcher clearly justified the general aim of the study and the verbal instructions was provided briefly that help to collect all necessary data from those selected subjects. To achieve the general objective of this study the researcher assigned three voluntary school teachers for data collection and these data collectors were also oriented for each procedure of data collection and its relationship with the participants during data collection process.

Finally, the researcher together with the assigned data collectors were distributed collective self-administered questionnaire to participants who were sexually active and collect data in a regular class for each section, then after the researcher checked for the completeness of data regarding the responses of participants for each parts of variable measures observed during data collection.



### 3.8. Statistical Analysis

In the current study all data analyses were performed by using statistical software package for social science (IBM SPSS-version, 23). This study utilized both descriptive and inferential statistics, descriptive statistics, like mean, standard deviation and percentage were computed to determine the socio-demographic characteristics, distribution of sexual risk behaviors of respondents and main study variables obtained through self-report questionnaires.

In addition, Pearson correlation coefficient was performed to examine the relationship of parental attachment qualities (parental trust, communication and parental closeness) and self-efficacy to adolescents sexual risk behaviors and also binary logistic regressions was conducted to analyze the contributing factors of sexual risk behaviors associated with parent-adolescent attachment qualities (parental trust, parental communication and parental closeness) and self-efficacy among adolescents.

Furthermore, the preliminary basic issues assumed in logistic regression model were performed before the statistical analysis, to check whether the data set fulfill the assumptions of multiple logistic regression models. Accordingly, normality of the present data set was checked, because, not all continuous variables observed randomly are normally distributed rather sometimes a given data set has a significant outliers and influential data points that bias a given model and also simple visualization approach for evaluating normality of a data set results the analysis to be invalid and wrong conclusion, rather further tests of normality helps to evaluate how well the data set seems to be adequately approximated to a normal distribution.

Therefore, the present study mainly used statistic of skewness and kurtosis were conducted. The results of all normality assessment, for instance, the results of Shapiro wilk's test of normality ( $p = > .05$ ) and with a skewness of .025(SE = .149) , -.120 ( SE = .149), -.163 ( SE= .149), -.051(SE= .149) and a kurtosis of -.365(SE = .297), -.259(SE= .297), -.271 (SE=.297) ,-.123 (SE= .297) indicated that the data set was assumed to be approximately normally distributed respectively.

Additionally, logistic regression model assumed that assessing multicollinearity between explanatory variables is essential to determine whether explanatory variables are highly correlated to each other. The highly correlated predictor variables go one another were

suggested to be eliminated from the present study analysis. Accordingly, regression analysis was performed to detect whether collinearity issue exist among explanatory variables through the collinearity statics of VIF and tolerance. The results revealed that multicollinearity is not a concern, because, all values of VIF were existed in the acceptable cut value ( $VIF < 3$ ). For detail go to appendix two (2):

### **3.9. Ethical Considerations**

The present study was conducted by considering all the ethical concerns in every data collection procedures, in order to find out relevant and related self-report responses by avoiding any negative outcomes to respondents during participation. The research proposal for this study was approved by both the research ethics committee of the Jimma University and by the Department of psychology.

Accordingly, assessment of risks and benefits to participants during participation in a given research process is suggested to be the essential issues considered. As a result, the researcher in the research procedures should have minimized risks to participants such as, physical harm, psychological harm and loss of confidentiality.

Similarly, the researcher obtained informed consent and also anonymity of participants was considered during participation. The right to privacy and the institutional approval like, approval from the school principal and the school governing body on the behalf of parents to conduct the study in these target population was taken in to account to maintain the ethical procedures of the present study.

In addition, the present study informed about the rights the respondents have had to withdraw or refuse from the study at any time if not voluntary to participate and also other necessary ethical issues were taken in to account to ensure participants for any risks during participation in the study.

## CHAPTER FOUR

### RESULTS AND DISCUSSION

This section shows the results and discussion of the study, the preliminary analysis was presented by descriptive statistics to describe the socio-demographic characteristics and distribution of sample respondents sexual risk behaviors. Next, the results of Pearson correlation analysis which indicates the relationship of perceived parental attachment qualities and self-efficacy to sexual risk behaviors and also logistic regression analysis results which show the contributing factors of sexual risk behaviors associated with parent-adolescent attachment qualities and self-efficacy among adolescents were presented and finally, the major results were discussed according to the previous research findings.

#### 4.1. Results

##### 4.1.1. Descriptive Statistic Results of Variables in the Study

This study had employed descriptive statistics to run the socio-demographic characteristics of respondents and the distribution of main study variables. First, socio-demographic characteristics of respondents were shown in the table below:

Table1. Descriptive statistics for socio-demographic characteristics of respondents (N=267)

Variables	Frequency	%
Age ( in years)		17.48 ( 1.14)
Gender	Male	167
	Female	100

*Source:* Field survey data (2019)

From the above table the total of 267 subjects were participated among students who were enrolled in 2011 E.C academic year in Masha town secondary school. The distribution of male students were obtained to be 167 (62.5%) and 100 (37.5%) were female, whose age ranges between 14 to 21 years (M=17.48, SD =1.138). Among those 267 participants, data were collected from all, this shows the response rate was 100% in the present study.

Table 2. Distribution of sample respondents sexual behaviors (N=267)

Variables	Categories	Frequency	Percentage (%)
Ever had sex	Yes	267	100
	No	-	0.0
Age of sexual onset	≥16	157	58.8
	<16	110	41.2
Number of sexual partners	One	176	65.9
	Two and above	91	34.1
Any contraceptive method use	Yes	187	70.0
	No	80	30.0
Condom utilization consistency	Yes	160	59.9
	No	107	40.1

*Source:* computed from survey data (2019)

The above table shows that of the whole sample respondents, 110 (41.2 %) reported that they have had first sexual onset at the age below 16 years old. These results revealed that majority of respondents were more likely delay their early sexual onset in the past 12 month of their sexual experience. Among all respondents, 91 (34.1%) reported that they have had two and above sexual partners in the past 12 months of one's sexual experience.

Regarding, adolescents' utilization of any contraception methods, 80 (30 %) reported that they have had engaged in every sexual relationship without any contraceptive methods and 107 (40.1 %) respond that they have had used condom inconsistently in every new sexual relationship with his/ her sexual partners in the past 12 months. In general, these results revealed that majority of respondents were less likely involved in risky sexual activities in the past sexual experiences.

Table 3: Descriptive statistics results of the main study variables (N = 267)

Variables		Mean	SD	Range of scores	
				Min.	Max.
Sexual risk behaviors	Not risky	170 (63.7%)			
	Risky	97 (36.3%)			
Self-efficacy		2.971	.3871	1.90	4.00
Parental trust		3.712	.4410	2.60	4.70
Parental communication		3.4944	.4913	2.11	4.67
Parental closeness		3.7453	.5414	2.17	5.00

*Source:* computed from survey data (2019).

The above table shows, 97 (36.3 %) respondents reported that they have had engaged in highly risky sexual behaviors, while, 170 (63.7 %) reported that they have had engaged in safe sexual activities in the last 12 months. This result indicated that adolescents who have had engaged in less risk sexual behaviors than sexual activities increasing the probability of adverse sexual outcomes in the study area. In addition, the above result depicts adolescents perceived self-efficacy, parental trust, parental communication and parental closeness (M = 2.971, SD = .3871, M = 3.712, SD = .4410, M = 3.4944, SD = .4913 and M = 3.7453, SD = .5414 respectively. Thus, the results implied that majority of respondents reported that they have had high level of self-efficacy and strong parental attachment qualities in the present study area.

#### 4.1.2. Correlation Analysis of Variables in the Study

The other objective of this study was to examine the extent of association between parent-adolescent attachment quality (parental trust, communication and closeness) and teens' sense of self-efficacy to sexual risk behaviors among adolescents. To achieve this objective Pearson correlation coefficient was conducted.

Table 4. Means, standard deviations (SD) and correlation between key study variables

	M	SD	1	2	3	4	5
sexual risk behaviors	97 (36.3%)						
parental trust	3.712	.4410	-.126*				
parental communication	3.4944	.4913	-.21**	.28 **			
parental closeness	3.7453	.5414	-.140*	.332 **	.329 **		
Self-efficacy	2.971	.3871	-.116 *	.057	-.007		

Note: M = Mean, SD = Standard deviation, \*P < .05 and \*\*P < .01 (2 tailed)

Source: Computed from survey data (2019).

The above table shows that adolescent perception of parental trust ( $r = -.126$ ,  $p = .039$ ), parental communication ( $r = -.21$ ,  $p = .001$ ) and parental closeness ( $r = -.140$ ,  $p = .022$ ) had statistically significant negative correlation with sexual risk behaviors. The result revealed that adolescents who perceived higher levels of parental trust, parental communication and parental closeness tend to have lower involvement in risky sexual behaviors.

On the other hand, adolescents perceived sense of self-efficacy was found to be statistically significant negative association with sexual risk behaviors ( $r = -.116$ ,  $p = .049$ ). This indicates that adolescents who have had higher level of self-efficacy had less likely engaged in risky sexual practices than the counter parts.

#### 4.1.3. The Contributing Factors of Sexual Risk Behaviors Associated with Parent-Adolescent Attachment Qualities and Self-Efficacy among Adolescents

The objective of the study was to find out how well the contributing factors of sexual risk behaviors associated with parent-adolescent attachment qualities and self-efficacy significantly predicts risky sexual practices among adolescents. To achieve this objective the researcher employed binary logistic regression models and tested the adolescent's involvement in risky sexual behaviors through the contributing factors of parent-adolescent attachment experiences and self-efficacy beliefs of teenagers.

Table 5. Multivariable logistic regression analysis of sexual risk behaviors among adolescents

<b>Explanatory variables</b>	<b>Crude OR (95% CI)</b>	<b>P- value</b>	<b>Adjusted OR (95% CI)</b>	<b>P- value</b>
parental trust	1.521 (.854 - 2.709)	.154	1.339 (.674 - 2.659)	.405
Parental communication	1.891 ( 1.118 - 3.200)	.018	2.323(1.226 - 4.401)	.010
parental closeness	.897 (.565 - 1.423)	.644	.600 (.336 - 1.072)	.084
Self-efficacy	15.208 (6.429 - 35.976)	.001	16.820 (6.835 - 41.393)	.001

*Source:* computed from own survey data (2019)

From the above table, multivariable logistic regression results revealed that adolescents who perceived strong and higher levels of parental communication qualities have had 2.323 times less likely engaged in risky sexual activities than adolescents who perceived lower levels of parental communication qualities ( AOR = 2.323, 95 % CI(1.226 - 4.401) , p = .010).

With regard to self-efficacy beliefs, adolescents who perceived higher levels of self-efficacy have had 16.82 times less likely engaged in highly risky sexual behaviors as compared to teenagers who had lower degree of sense of self-efficacy ( AOR = 16.82 , 95 % CI(6.835 - 41.393) , P = .001).

## 4.2. Discussion

The present study was aimed to investigate the relationship of parent-adolescent attachment qualities and teens' self-efficacy to sexual risk behaviors among adolescents. To achieve this general objective stated under the study the preliminary analysis was conducted using descriptive statistics to determine the distribution of study variables and also Pearson correlation analysis was performed to examine the relationship between parent-adolescent attachment and teens' self-efficacy to sexual risk behaviors among adolescents.

Accordingly, the major results generated from the statistical analysis were discussed in line with consistent and inconsistent previous study findings related and relevant to the present study. Numerous prior studies done in the same area revealed various findings, of those some others were consistent rather others found incongruent results worldwide in different countries as compared to the current study findings. Regarding, the prevalence of risky sexual behaviors among school adolescents highlighted in the last 12 months were estimated to be relatively lower in the present study as compared to the general population in different study areas. Therefore, results demonstrate that parental attachment qualities and teens sense of self-efficacy continue to play a protective role in adolescents involvement in risky sexual behaviors.

Apart, as major key findings the present results of correlation analysis revealed that perceived parental trust was statistically significant and negatively associated with risky sexual activities among adolescents. This implies that adolescents who have had higher perceived parental trust tend to have lower involvement in risky sexual behaviors. The current study result is consistent with some other previous findings, for example Ceresnik, Tomsik & Ceresnikova (2017) found that adolescents' perception towards paternal and maternal trust had a significant negative association with risk behaviors among adolescents. This study indicates that adolescents who have had low level of parental trust had more likely engaged in risky behaviors and the opposite is true.

This study result also confirms the previous result found by Borawski et al. (2011) shown that adolescents' who had higher level of parental trust had less likely involved in highly risky sexual practices. In addition, the present study result agree with Borawski, Ievers-Landis, Lovegreen & Trapl (2003) demonstrated that perceived parental trust served as a protective factor against unsafe sexual activity in which trust established between an adolescent female



and her parents continues to be a strong deterrent for risky behaviors but appears to have little effect on behaviors of adolescent males. This study suggested that adolescents with lower degree of parental trust have more likely engaged to health risk behaviors.

On the other hand, the present study found that adolescents' perceived parental communications had statistically significant negative association to risky sexual practices of adolescents. This indicated that adolescents who perceived higher levels of parental communications qualities had less likely engaged in risky sexual activities. Consistent with the present finding, Perrine et al. (2000) suggested that sustainable parental involvement and connectedness between parents and adolescents are extremely important in protecting problem behaviors. They found that positive parental relationship and communication about sexuality and safer sexual practices are the prominent determinant factors that protect adolescents from involving in risky sexual practices.

In addition to this, Ceresnik (2017) shown that adolescents perceived maternal and paternal communication was negatively associated with teens involvement to risk behaviors. This study suggested that positive parental communication to their adolescents leads to protect against risk behaviors. The present study result also agree with the structured literature review by Guilamo-Ramos et al. (2012) suggested that paternal factors are independently associated with adolescent sexual behaviors, they found that emotional qualities of the father-adolescent relationship and paternal communication about sex was most consistently associated with adolescent sexual risk behaviors.

The study by Abosetugn (2015) pointed out that sexual communication is a paramount sexual socialization which plays a key role in affecting adolescents' involvements in sexual risk behaviors. This study found that perceived parental communication was significantly and negatively associated with adolescents' involvement in risky sexual activities. Therefore, this study suggested that frequent, open and positive parent-adolescent communication on sexual issues should reduce the probability of sexual risk-taking among teenagers.

The present result also confirms the study by (Yimer & Ashebir, 2019) revealed that adolescents who have had high quality of parent-adolescent relationships of parental communication to adolescents, specifically, parents open conversation to adolescents considering warmth and supports were highly associated with adolescents lower probability of engaging in risky sexual behaviors and also increase teens later onset of sexual activities.

The current finding showed that perceived parental closeness significantly and negatively associated to risky sexual practices among adolescents. Several previous studies pointed out that adolescent's close connectedness to their parents are one of a vital protective factor for adolescent's involvement in risky sexual behaviors. Similarly, this result is consistent with Potter & Font (2019) indicated that parenting behaviors and family environments are the most important factors play a key role that significantly influencing sexual risk behavior of adolescents. This study found that care givers closeness was significantly and negatively association with sexual risk taking behaviors such as adolescents have high probability to engage in unprotected sexual practices.

The study conducted by Ceresnik (2017) reported that less quality of parental closeness towards adolescents increases the probability of teenagers engaging in risky behaviors. This result also confirms the result of the study carried out by Miller et al. (2002) shown that, parent-child closeness is associated with less adolescent pregnancy risk resulted from teenagers abstinence from sex, having fewer sexual partners and using contraception more consistently. Moreover, the present finding also agree with the study carried out by Holman & Kellas (2015) revealed that parent-adolescent relational closeness would be negatively related to adolescents' sexual risk-taking behaviors. Thus, this study indicates that adolescents who have had higher level of perceived parental closeness had less likely involved in risky sexual activities.

The current finding revealed that adolescent sense of self-efficacy was statistically significant negative correlation with sexual risk behaviors. This indicates that adolescents who have had higher sense of self-efficacy had less likely engaged in risky sexual practices than the counter parts. In line with the present study result the study conducted by Etrawati et al. (2017) shown that adolescents with low degree of self-efficacy had more likely involved in risky sexual behaviors.

This finding also consistent with the previous study by Palacios (2019) linking self-efficacy to risky sexual behavior shown that adolescents who had high degree of self-efficacy was less likely engaged in unprotected sexual activities and have a greater intention to use condom or any contraceptive methods consistently during sexual relationship. On the other hand, the study by Chilisa et al. (2013) found that Self-efficacy had a positive strong correlation to intention to limit sexual partners, intention to abstain and use condoms and other safe sexual

practices of adolescents. This study showed that adolescents who have had high self-efficacy were less likely engaged in highly risky sexual practices.

Moreover, binary logistic regression analysis was performed to examine the contributing factors of sexual risk behaviors associated with parent-adolescent attachment qualities and self-efficacy among adolescents. In fact, several studies shown that adolescents with strong efficacy beliefs and supportive familial communication are better to evade risk behaviors, specifically, these factors are widely contributed to adolescents' involvement in risky sexual activities (Campen & Romeo, 2012).

The results of the current study revealed that adolescents who perceived strong parental communication qualities have had 2.323 times less likely engaged in risky sexual activities than adolescents who perceived lower levels of parental communication qualities. In line with the current finding the study by Holman & Kellas (2015) ; Somers & Ali (2011) pointed out that parents are one of the important ecologically proximal factors, in which both paternal and maternal communication about sexuality was significantly contributed to adolescents' involvement in risky sexual behaviors. They found that perceived parental communication was significantly and negatively predicted adolescent's sexual risk practices in the past sexual experiences. Contrarily, the study carried out by Oluyemi et al. (2017) showed that perceived parental communication to their teens has a significant positive effect on adolescents' sexual behavior.

Additionally, this study result agree with the previous study conducted in United States by Henrich (2006) reported that African-American adolescents with highly secure parental attachment relationship had lower risks during involving in sexual behaviors. This study revealed that mother-teen communication about sex significantly contributed to less likely engagement in sexual risk activities only for females than male. Similarly, the present finding also consistent with the study by Ryan et al. (2015) indicated that good quality of parental communication with their teenagers results in delayed age of first sexual initiation.

Furthermore, the same regression analysis result in the present study revealed that teens' who perceived higher levels of self-efficacy have had 16.82 times less likely engaged in highly risky sexual behaviors as compared to teenagers who had lower degree of sense of self-efficacy. The previous study carried out by Bandura (1997) demonstrated that perceived sense of self-efficacy, or belief in one's ability to exert control over one's sexual behavior, is

one of the best predictors contributing to adolescents sexual risk taking behaviors. In line with the present finding the study by Chilisa et al. (2013) showed that self-efficacy had a significant strong predictor of safe sexual practices of teenagers.

Similarly, the study by Zlatanovic ( 2015) shown that people who are high in self-efficacy tend to believe that they have more control over their own health and are able to ménage pain better and they also show better adherence to programs that attempt to increase their health.

Perceived self-efficacy, parental communication and closeness qualities continue to be the most important significant predictors of adolescent risky sexual behavior and intentions that impacts in certain positive preventive behaviors. Therefore, the present study also confirms the study results of Campen & Romero (2012) shown that a strong closeness and communication between parents and adolescents that predicted lower levels of risk sexual activity, including, fewer sexual partners, and greater contraceptive use.

Contrarily, the study carried out in sub urban high schools in the Mid-west by Somers & Paulson (2000) shown that higher levels of parental closeness in conjunction with parental communication did not have a significant influence on adolescents' sexual behaviors.

## CHAPTER FIVE

### SUMMARY, CONCLUSION AND RECOMMENDATIONS

This section briefly elaborates the short summary of the internal contents of the document, conclusions and recommendations forwarded based on the findings generated in the current study. These are presented as follows:

#### 5.1. Summary

The general objective of this study was to investigate the relationship of parent-adolescent attachment qualities and self-efficacy to sexual risk behaviors among adolescents. To attain this objective the present study employed 267 representative samples of secondary school students. These participants were selected by using systematic random sampling technique and Self-reported data were collected via self-administered questionnaires. Data analysis was performed by utilizing descriptive statistics, Pearson correlation and binary logistic regression models in line with the stated objectives. Finally, the results were presented and discussed with the previous empirical study findings reviewed in this study. The major findings of the present study were presented as follows:

- With regards to adolescents perception of parents attachment relationship qualities of parental trust ( $r = -.126$ ,  $p = .039$ ), parental communication quality ( $r = -.21$ ,  $p = .001$ ) and parental closeness ( $r = -.140$ ,  $p = .022$ ) had statistically significant negative association with sexual risk behaviors among adolescents in the study area.
- Additionally, Pearson correlation analysis results from bivariate correlation model revealed that perceived sense of self-efficacy was found to be statistically Significant negative association with risky sexual practices among adolescents in the current study area ( $r = -.116$ ,  $p = .049$ ).

Finally, multiple logistic regression results shown that adolescents who perceived higher degree of parental communication qualities and self-efficacy have had 2.323 and 16.82 times less likely engaged in highly risky sexual behaviors as compared to the counter parts (AOR = 2.323 and 16.82: 95 % CI (1.226 - 4.401 and 6.835 - 41.393),  $p = .010$ ,  $.001$ ) respectively.

## **5.2. Limitations and Future Directions of the Study**

Despite the strengths has been observed, this study has a number of limitations; first this study population has been relatively small, which comprised only one secondary school for the study area. Thus, further work in this area should assess all secondary schools around this zone with relatively a large sample size might provide better results and increases generalizability of results to other related areas, this ensure external validity of the study.

In addition, this study solely relied on self-report measures and assessed adolescents' perception and behaviors towards their parents. Parents' and other significant family members perspectives to adolescents sexual behaviors are a paramount key informant but not used for primary data sources in current investigation which might leads to bias the reported behaviors and Shortage of obtaining detail information about adolescents' sexual risk behaviors associated with parental attachment qualities and perceived sense of self-efficacy factors.

Therefore, future studies should incorporates multi method assessment approaches, including self-report measures of parents' perspectives, peer reports and other proximal family members may provide a better understanding about the relationship of parent-adolescent attachment qualities and self-efficacy beliefs to sexual risk behaviors of adolescents.

Moreover, this study suggested that future work give a considerable attention on a cross-sectional design with multivariate model through incorporating various other more parenting practices and intrapersonal qualities significantly associated with sexual experiences during adolescent period of life might generate better results.

### **5.3. Conclusion**

Based on the present findings emanated from this study the researcher forwarded the following conclusion: According to the analysis results of the distribution of adolescents sexual risk practices it was found that more than half of sexually active teenagers were engaged in safe sexual practices. This indicates that adolescents involvement in risky sexual practices in the study area was estimated to be relatively lower, because, strong sense of parental attachment qualities and teen's sense of self-efficacy may be a significant contributing factors increases the probability of adolescents engaged in less risk sexual behavior in the present study area.

The results obtained from the analysis of bivariate correlation matrix indicated that strong and secure parental trust, quality of parental communication, parental closeness and adolescents' with high degree of perceived sense of self-efficacy had significantly protect against the probability of adolescents involved in highly risky sexual behaviors, instead they had more likely engaged in safe sexual relationships in secondary school.

Finally, results emanated from multiple logistic regression analysis shown that open and strong sense of parental communication quality and higher degree of teens' self-efficacy significantly and mostly lower the probability of adolescents engaged in highly risky sexual activities than the counter parts. Over all, the present findings implied that qualities of parent-adolescent attachment relationship and perceived self-efficacy had significantly influencing sexual behaviors in general and teenagers' involvement in risky sexual practices in particular.

#### 5.4. Recommendations

Based on the major findings of the current study the researcher forwarded the following recommendations:

- Because, qualities of parent-adolescent attachment relationship is the paramount family based parental behaviors and also teens sense of self-efficacy are both significantly influencing adolescents probability to engaged in sexual risk behaviors. Therefore, qualities of parent-adolescent attachment experiences should be more prominent for future national public health policies and programs targeting adolescent sexual health.
- Secondly, governmental and non-governmental stakeholders involved in the health of adolescents in the community should work to increase the involvement of parents in their programs to encourage the strengthening of parental attachment qualities. Specifically, primary care providers and public health practitioners should incorporate the quality of parental communication, parents' closeness and parents' mutual trust to promote adolescents involvement in low risk sexual activities. In addition, secondary schools and school counselors should provide the opportunity to adolescents' to learn more about the role of parents' attachment relationship to teens' sexual behaviors outcomes in the study area.
- Enhancing adolescents' sense of self-efficacy and quality of parental communication mostly contributing adolescents to engage in safe sexual activities than highly risky sexual practices that increases the probability of adverse sexual outcomes, like sexual transmitted infections, unintended pregnancy and unsafe abortion. Therefore, the present study suggested that providing youth centered school based self-efficacy skill trainings and parents also strengthen the quality of communication with adolescents in the family environment should be the most important significant factors contributing adolescents engaged in less risk sexual behaviors.
- Moreover, further research should consider the combined influences of attachment styles and other more comprehensive roles of parenting practices contributed to adolescents sexual risk behaviors than only focused on parental attachment qualities and few intrapersonal factors as key predictors of adolescents involvement in risky sexual behaviors in the same study area. Additionally, future research should focus on parents' perspectives regarding parental attachment experiences with adolescents.



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## LIST OF APPENDIX

### APPENDIX 1. Questionnaires

JIMMA UNIVERSITY

COLLEGE OF EDUCATIONAL AND BEHAVIORIAL SCIENCES

DEPARTMENT OF PSYCHOLOGY

Questionnaires:

Dear respondent, the researcher interested in learning more about your perceived attachment experiences and feelings towards their parents (mother or father) and sense of self-efficacy beliefs related to your sexual practices, particularly, your decision to engage in risky sexual behaviors. This questionnaire is designed for a research work approved by Jimma university department of psychology to be conducted in partial fulfillment of a master's degree in developmental psychology.

I hope you will help us by completing this self-report questionnaire. None of your answers will be available to anyone at any time and all the information you give us will be kept private. Do not put your name anywhere on this questionnaire. If you decide not to participate or complete the form, you may end filling the questionnaire anytime you want to. However, I really need your honest response to better understand the relationship of parental attachment qualities and self-efficacy to sexual risk behaviors among adolescents in Masha town secondary school.

The results of the study would hopefully serve as an important input to intervention programs that aim at improving adolescents sexual and reproductive health in general and students in secondary school in particular. I have great appreciation for your willingness to participate as a respondent in this study. For all Likert scale type questions please put < X > mark where appropriate and strictly follow the instruction given in each part of the questionnaire.

**Thank you for Cooperation!!**



**Part one: Socio-demographic Information**

Write your response in the space provided.

1. Age (in years): \_\_\_\_\_
2. Sex: 1.Male \_\_\_\_\_ 2. Female \_\_\_\_\_
3. Marital status: 1.Married \_\_\_\_\_ 2.Unmarried \_\_\_\_\_ 3. divorced \_\_\_\_\_ Widowed \_\_\_\_\_

**Part two: Perceived Attachment to Parents:**

This part asks about your qualities of attachment relationships or feelings about your parents (mother and father), please read the directions to each part carefully and put your response in the space provided in the table below: Use < x > mark for each item and put your response on one box only for each items that best describes your attachment experience (feelings) to your parents.

**Rating: 1** =almost never/ never true, **2**= not very often true, **3**= sometimes true, **4**= often true, **5** = almost always / always true

No	Items	Rating				
		never true	Not very often true	sometimes true	often true	almost always/ always true
		1	2	3	4	5
1	My parents respect my feeling					
2	I feel my parents does a good job as my parents					
3	I wish I had a different parents					
4	My parents accepts me as I am					
5	I like to get my parents point of view on things I'm concerned about					
6	I feel it's no use letting my feelings show around my parents.					

The Relationship of Parent-Adolescent Attachment Qualities and Self-Efficacy to Sexual Risk Behaviors among Adolescents in Masha Town Secondary School.

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7	My parents can tell when I'm upset about something					
8	Taking over my problems with my parents makes me feel ashamed or polish					
9	My parents expects too much from me					
10	upset easily around my parents					
11	I get upset a lot more than my parents knows about.					
12	When we discuss things, my parent cares about my point of view					
13	My parents trust my judgment.					
14	My parents has her own problems, so I don't bother her with mine					
15	My parents helps me to understand myself better					
16	I tell my parents about my problems and troubles					
17	I feel angry with my parents					
18	I don't get much attention from my Parents					
19	My parents helps me to talk about my difficulties					
20	My My parents understands me.					
21	When I am angry about something my parents tries to be understanding					
22	I trust my parents					
23	My parents doesn't understand what I'm going through these days					
24	I can count on my parents when I need to get something off my chest					

25	If my parents knows something is bothering me, she asks me about it					
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**Coding:**

Perceived qualities of parental trust (10 items): items 1, 2, 4, 12, 13, 20, 21, 22, 3, 9.

Parental communication (9 items): items 5, 7, 15, 16, 19, 24, 25, 6, 14.

Parents’ closeness (6 items): items 8, 10, 11, 17, 18, 23.

**Part three: Self-report Measures of Self-Efficacy**

Please read each of the following statements carefully and put your response for each items about your generalized beliefs regarding your competence and ability to cope with challenging demands or daily livings and rate yourself using the scale by marking “ x ” on the space provided which you believe that best describes your sense of self-efficacy beliefs in the boxes below:

**1** = Not at all true, **2** = Hardly true, **3** = moderately true, **4** = exactly true

No	Items	Not at all true	Hardly true	moderately true	exactly true
		1	2	3	4
1	I can always manage to solve difficult problems if I try hard enough				
2	If someone opposes me, I can find the means and ways to get what I want				
3	It is easy for me to stick to my aims and accomplish my goals				
4	I am confident that I could deal efficiently with unexpected events				
5	Thanks to my resourcefulness, I know how to handle unforeseen situations				
6	I can solve most problems if I invest the necessary effort				
7	I can remain calm when facing difficulties because I can rely on my coping abilities				
8	When I am confronted with a problem, I can usually find several solutions				

9	If I am in trouble, I can usually think of a solution				
10	I can usually handle whatever comes my way				

**Part four: Self-report Measures of Sexual Risk Behaviors**

This Sexual Risk Survey (SRS) questionnaire has the following Instructions: Please read the following statements and put your response that is true for you over the past 12 months for each question and put < X > mark on the space provided. If you don't know for sure how many times a behavior took place, try to estimate the approximate number of behaviors that took place. Please consider only the last 12 months and be honest when answering.

1. Have you ever had sexual intercourse?

1. Yes\_\_\_\_, 2. No. \_\_\_\_\_ (if yes, go to Question NO.2)

2. How old were you when you first had sexual intercourse?

1. ≤ 11\_\_\_\_ 2. 12 - 13\_\_\_\_ 3. 14 - 15\_\_\_\_ 4. ≥16\_\_\_\_

3. How many different partners have you had sexual intercourse with in the last 12 months?

1. One\_\_\_\_ 2. Two - Three \_\_\_\_ 3. Four – five \_\_\_\_ 4. ≥ Six \_\_\_\_

4. The last time you had sex with your partner, did you or your partner used any contraceptive methods?

1. Yes\_\_\_\_ 2. No\_\_\_\_

5. The last time you had sex with your partner, did you or your partner used a condom consistently?

1. Yes \_\_\_\_ 2. No\_\_\_\_

**APPENDIX 2. Checking Multicollinearity of Explanatory Variables**

Coefficients

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.	95.0% Confidence interval for B		Collinearity Statistics	
	B	Std. Error	Beta			Lower Bound	Upper Bound	Tolerance	VIF
(Constant)	2.209	.245		8.996	.000	1.725	2.692		1.172
parental trust	-.049	.048	-.066	-1.022	.308	-.143	.045	.853	1.164
Parental communication	-.114	.042	-.173	-2.679	.008	-.197	-.030	.859	1.208
Parental closeness	-.036	.039	-.060	-.909	.364	-.113	.042	.828	1.005
Self-efficacy	-.105	.049	-.125	-2.086	.038	.006	.205	.995	1.172

a. Dependent Variable: sexual risk behaviors