



ST. PAUL'S HOSPITAL MILLENNIUM MEDICAL COLLEGE

**Assessment of Communication on Sexual And Reproductive Health Issue Among
Preparatory Students With Their Parents in Bishoftu Preparatory School Bishoftu
Town ,Oromia Region, Ethiopia.**

BY: DR. ELIEZER HAILE

**A RESEARCH REPORT TO BE SUBMITTED TO ST. PAUL'S HOSPITAL
MILLENNIUM MEDICAL COLLEGE DEPARTMENT OF PUBLIC HEALTH IN
PARTIAL FULFILLMENT OF THE DEGREE OF DOCTOR OF MEDICINE**

**OCTOBER 4, 2017
ADDIS ABABA, ETHIOPIA**



ST. PAUL'S HOSPITAL MILLENNIUM MEDICAL COLLEGE

Assessment of Communication on Sexual And Reproductive Health
Issue Among Preparatory Students With Their Parents in Bishoftu
Preparatory School Bishoftu Town ,Oromia Region, Ethiopia.

BY: DR. ELIEZER HAILE (DcT, MD)

ADVISOR:

HAIMANOT EWNETU (BSC,MPH)

A RESEARCH RESPORT TO BE SUBMITTED TO ST. PAUL'S HOSPITAL
MILLENNIUM MEDICAL COLLEGE DEPARTMENT OF PUBLIC HEALTH IN
PARTIAL FULFILLMENT OF THE DEGREE OF DOCTOR OF MEDICINE

OCTOBER 4, 2017
ADDIS ABABA, ETHIOPIA

Contents

Acknowledgements.....	III
List of tables and Abbreviation	IV
ABSTRACT.....	VI
1.0 Introduction	- 1 -
1.1 Background	- 1 -
2.0 Rationale /justification of the study	- 4 -
3.0 Literature reviews	- 5 -
4.0 General Objective;	- 7 -
4.1 Specific objective;	- 7 -
5.0 Methods and materials	- 8 -
5.1 Study area and period.....	- 8 -
5.2 Study design	- 8 -
5.3 Source population	- 8 -
5.4 Study population.....	- 8 -
5.5 Inclusion criteria.....	- 8 -
5.6 Exclusion criteria	- 9 -
5.8 Sample size determination and sampling technique.....	- 9 -
6.0 Study Variable	- 10 -
6.1 Dependent Variable	- 10 -
6.2 Independent Variable	- 10 -
7.0 Data collection	- 11 -
8.0 Data analysis	- 11 -
9.0 Ethical consideration.....	- 12 -
10.0 Dissemination plan.....	- 12 -
11.0 Data quality control	- 12 -
12.0 Results.....	- 13 -
12.1 Socio-demographic characteristics of study respondents.....	- 13 -
12.2. Knowledge related to RH issues.....	- 15 -
12.3. Sexual attitude and behaviors	- 17 -

12.4. Communication of students and parents on sexual and reproductive health issues.....	19 -
12.5. Factors associated with communication level.....	30 -
13. Discussion.....	33 -
14.0 Conclusion.....	35 -
15.0 Recommendations	37 -
16. Reference	38 -
17. Annexes.....	39 -
Questioners.....	40 -

Acknowledgements

I would like to give my heartfelt thanks to my respectful Mami (Lishanwork Teshome,Emaye) who have devoted her life to give me the best she can offer and make me what I'm today. My Alpha brother Nesibu Getahun who is always there when I'm troubled and messed up I'm really thankful.

I would like also to extend my deepest gratitude to Bishoftu preparatory administrators and teachers especially teacher Tsehaye and teacher Abiyot,who had been cooperative to give me informatins on Bishoftu preparatory school.

My sincere thanks should also go to Miss Mesrach Ayalew who advise me on topic selection and proposal writing and Haimanot Ewnetu who adjusted and commented my proposal as wellguiding me while I wascollecting and analyzing data.

I also thank my friend Dr. Mihretab (Dendeshe) for his unlimited cooperation and Nathan Markos, for his time devotion while feeding SPSS.

List of tables and Abbreviation

List of tables

Table 1.Socio-demographic characteristics of students in BPS,Bishoftu,2017	18
Table 2.Knowledge related to reproductive health issue in BPS, Bishoftu,2017	21
Table 3.Sexual attitude and behavior among BPS students in Bishoftu,2017	22
Table 4.Discussion on contraceptive among BPS students and their parents in Bishoftu,2017	24
Table 5.Discussion on STI among BPS students and their parents in Bishoftu,2017	25
Table 6.Discussion on sexual intercourse among BPS students and their parents in Bishoftu,2017	27
Table 7.Discussion on unwanted pregnancy among BPS students with their parents in Bishoftu,2017	28
Table 8.Discussion on condom use among BPS students with their parents in Bishoftu,2017	29
Table 9.Discussion on primary sexual characteristics among BPS ,Bishoftu,2017	31
Table 10.Discussion on menstruation in Bishoftu preparatory school.....	32
Table 11.Students rate their parent communication in Bishoftu Preparatory school,Bishoftu,2017	33
Table 12.Factors associated with communication on sexual and reproductive health issue among preparatory students with their parents,Bishoftu,2017	35

Abbreviations

AIDS= Acquired human deficiency syndrome

BPS= Bishoftu Preparatory School

SPHMMC=st paul hospital millinium medical college

FLE= Family life education

FGD= Focus group discussion

HI= Health institution

HIV= Human immunodeficiency virus

IEC= Information Education Communication

LGV= Lympho Granuloma Venerium

MF= Medical faculty

MOH= Ministry of Health

OCP= Oral combined contraceptive

RH= Reproductive health

STI= Sexual transmitted infection

STD= Sexual transmitted disease

SRH= Sexual and reproductive health

SPSS= Statistical package for social science.

USA = United States of America

WHO= World health organization

ABSTRACT

Background: Adolescence is a period of rapid physical, psychological and emotional development and a period of adjustments with family and society. Generally this transition is smooth; though it can sometimes be stormy. Their decision and action particularly with regard to sexual activity can significantly affect the rest of their lives.

This study aim to assess communication on matters relate to sexuality and reproductive health issue among preparatory school students with their parents which might help in proposing solution to pave a way to help the adolescent to communicate issues with their parents.

Methods: Cross sectional study design was used, and the study was carried out from March 2017 to June 2017 among preparatory students in Oromia region Bishoftu town Bishoftu Preparatory School. Simple random sampling technique was used to select 360 students from 11 and 12 grades. Data were entered and analyzed by SPSS version 16.1.chi-square test was used to assess the association between dependent and independent variables and p-value <0.05 was used as a cut-off point.

Results: Three hundred two (87.7%) of students had ever discussed on at least two sexual and reproductive health topics with their parents. There was no statistically significant association between communication level and sex(p-value=0.363), ethnicity(p-value=o.191), parental marital status(p-value=0.413), whom they are living with (p-value=0.245), as well as whether they have had sexual encounter or not(p-value=0.291). There was statistically significant association between communication level and respondents grade(p-value=0.000),religion (p-value=0.017), mother educational status(p-value=0.000), father educational status(p-value=0.000),students' knowledge on STI(p-value=0.002), and contraceptive(p-value=0.000), ,their attitude and behavior towards premarital sex acceptance (p-value=0.000), and acceptability of sexual feelings during adolescence(p-value=0.000). Most of students feel comfortable to discuss sexual issues with their mother 89(25.9%) and friends 85(24.7%) followed by sisters 83 (24.1%).and the primary reason that they don't discuss is shame and lack of knowledge on SRH issues. The mean age of sexual initiation is 16.97 years of age

Conclusion: Communication on sexual and reproductive health issue between adolescent and their parent was good. (1) School based education importance is unquestionable. Parents need to be educated at list to a level of secondary school. As media are effective way of information transmission to address parents we need to give them emphasis.

1.0 Introduction

1.1 Background

“Adolescents “ and “young people “ are defined by WHO as the age group 10-19 years and 10-24 years respectively. The onsets of adolescence which more or less coincide with puberty are often influenced by manifestation of puberty. (1)

Adolescence is a period of rapid physical, psychological and emotional development and a period of adjustments with family and society. Generally this transition is smooth; though it can sometimes be stormy. Their decision and action particularly with regard to sexual activity can significantly affect the rest of their lives. (2)The health threats for adolescents today are predominantly behavioral rather than biomedical and more of today’s adolescents are involved in health behaviors with potential for serious consequences. (3)

Sexuality education is a lifelong process of building a strong foundation for sexual health. The primary goal of school based sexuality educations is to help young people build a foundation as they mature into sexually healthy adults. Sexuality education seeks to assist young people in understanding a positive view of sexuality, provide them with information and skills now and in the future . (4)

Sex is a subject many are uncomfortable discussing in a meaningful way, especially with children . (5)

Sexual and reproductive health is at the core of people’s lives and wellbeing .the ability to develop in a supportive environment and grow into sexually responsive and responsible adult,the ability to enjoy one’s sexuality without harming or infecting oneself or ones partner are among the unique attributes that define us as human. (6)Our country is typically of a society with young population. (7) As group adolescent have sexual and reproductive health need that differ from adults in many ways and which remain poorly understood or server in much of the world especially in developing countries like ours neglecting this population has a major implication for the future. Since sexual and reproductive behavior during adolescence have far reaching consequence for people lives as they develop into adult. (2)

Over 500,000 adolescents contract gonorrhea each year, and 25% of AIDS cases involve young adults who probably become infected with HIV during adolescence (3).Every year 2.5-3

million teenagers acquire a STI of one kind or another. This means that approximately one out of every teen adolescent even in developed countries becomes STD-infected each year (8). The rapid spread of the HIV/AIDS epidemic in the country is posing very serious threats of over all socio-economic and human development prospects in the country, a recent report of the Ministry of Health on HIV/AIDS situation in Ethiopia, reports the highest prevalence of HIV infection in the age group 15 to 24 (12.1%). High rates of adolescent pregnancy mean that HIV infection will affect the next generation as well, putting babies at risk of vertical transmission and creating a generation of AIDS orphans (8).

It is estimated that each year, worldwide, 15 million girls aged 15-19 years give birth and that about 11% of children are born to adolescent(4). Each year, more than 1 million teenagers become pregnant and 65% of the resulting babies are born out of wed lock (9). A study on adolescent fertility in Sub-Saharan Africa revealed that 50-70% of first pregnancies in adolescents, in five out of eight countries surveyed, were unwanted and unplanned. In Ethiopia, 60% of adolescent pregnancies are unwanted or unintended pregnancies resulting from unprotected sexual intercourse. Pregnancy outside wed lock is however, usually major social stigma and therefore most of these pregnancies end up as cases of unsafe abortion (10)

Many parents don't discuss with their child until they discover their teen has already made difficult sexually related decision. By this time the teen has probably already engaged in sexual activity, Communication is ineffective. The child was not encouraged to discuss sexually related issues from an early age; the teen will feel uncomfortable with the subject matter at this point in time. As a result the teen might lie or tell the parents what they want to hear in order to avoid an awkward situation. The parents may also feel uncomfortable discussing the subject matter with their child and will have difficult initiating such a conversation (11).

Sexuality, communication about sexual matters, perhaps now more than any other time in the history the issue of sexual health is important for virtually every one. This is because adolescents are affected with the burden of unwanted pregnancy and its complication, HIV/AIDS/STI, and other sexual and reproductive ill-health. Generally family communication as well as parent child discussion about sexuality both seems factors in the study of family impact on sexuality. Since family can exert a strong influence on adolescents' sexual behavior, it is

important to understand the role of family influence on sexual behavior. Thus, parent-adolescent communication regarding sexuality often is viewed as desirable and perceived by many to be effective means of encouraging adolescents to adopt responsible sexual behaviors (12).

Communication between parents and their children about sexual issue and impact of this communication on adolescents' sexual behavior has been one important research area; which will help in improving the prevention and education programme that meet the needs and concerns of youth (1).

2.0 Rationale /justification of the study

Sexuality education is important to acquire information about beliefs, identity, relationships, and intimacy. To understand the positive view of sexuality, to provide information and skill, to promote their sexual health, to help them make decisions how and in preparing for marriage and responsible parenthood. Sex education is crucial. Moreover it is important to create awareness about teen age pregnancy, STD/HIV infection, and sexual social issues like gender discrimination, child marriage, dowry, and prostitution. (13)

However, there may be disagreement on a number of secondary reasons for providing students with sexuality education but the primary reasons are obvious – a lot of kids are involved in higher risk behaviors. Profound problems of sexually transmitted disease and out -of -wed lock pregnancy as well as the potentially significant negative emotional consequences of premature sexual activity point to the overwhelming need to provide sexuality education for young peoples (14)

The study is designed to assess communication on sexual and reproductive health issue among high school students with their partners in Bishoftu preparatory school since there is no research that has been undertaken there as well it will be basis for other research.

3.0 Literature reviews

A study in New York 73.4% respondents had talked with their adolescent about condom. (10) In line with this another study also showed that students were able to talk openly about sexuality firstly with friends (90.8%), and girl/boy-friend (80.5%) and least with teachers (18.7%), parents (17.8%) or priest (8.9%). (15)

Study done by Australian research center on high school students also revealed mothers were reported as more frequent communicators about sexuality than fathers. Young people rated parental communication about sexuality is unimportant. (16)

Another study conducted among African-American adolescent ages 13-15 years showed that both male and female adolescents were likely to discuss sexual topics with their mothers than their fathers. (17) Similarly in a study conducted in Mexico mothers had higher level of communication with their children about sex than did fathers. (12)

In another study conducted in Laos PDR on age 18-24 perception of youth on general communication with their mothers and fathers the results indicate that youth less frequently talked about sexual related topics with parents. Over all fathers were rated as poorer communicators about sexuality than were mothers. (18)

A Study in Zambia on secondary school girls 30% felt it was easy to discuss sexual matters with their mothers and 77% felt it was difficult to discuss sexual matters with their fathers. The extent of premarital sexual activity (71% had boy-friends of which 67% had a steady or close relationship. (19)

In one study students reported that they had got information on sexual maturation 48% from parents, 26% peer, 11% from health workers and mass media and seventy six percent of them had mentioned that it is shame or culturally not acceptable to raise such questions for adult family members . (15)

A cross sectional study survey carried out in Ziway high school and parents on sexual matters indicates 54% of the students felt that it is culturally shameful to discuss about physical and psychological changes during adolescents. (20)

Another study in Butajira showed that only 5.6% and 2.6% of students reported talking about sexuality with friends and family members respectively. (21)

Similar study conducted in Dire Dawa report that more than three fourth (77.2%) of students knew about common sexual transmitted infections including HIV/ AIDS. Almost, half (53.4%)

of students knew about HIV/ AIDS followed by gonorrhea 214 (33.4%) .Three hundred fifty eight (55.9%) of students discussed about HIV/AIDS, from these, more than half 152(54.1%) of them were discussed with their peers. The reason mentioned by students being ashamed and lack of communication skill were 87(24.2%), 70(19.4%), respectively. (11)

A study in Uganda the main communication problem faced by adolescent daughters to talk about sexuality to their mothers were 42% reported that they feared their mothers, followed by mothers did not want to talk to them about sexuality 24%, mothers were too busy with their work 24%, other reason given were, the daughter was feeling shy to ask her mother 8%, mothers was not educated 4%. The main communication problem faced by mothers was shyness to talk to the daughter 68.4%, daughters were stubborn and would not listen to them 34.2% and mother was very busy 10.5%. (9)

Seventy four point nine percent of the high school students correctly knew the age at menarche and 71% of the total knew some forms of contraception pill (OCP), calendar method, intra uterine device. Moreover, 27.7%of the respondents were able to correctly name three commonly STI (syphilis, gonorrhea and cancrroid). (6)

A study in Kenya showed that males were most uncomfortable talking to their mothers, aunts, fathers, sisters, uncles and members of the clergy. They were comfortable talking to their brothers, friends and health care workers. Females were most uncomfortable with fathers, uncles, brothers and members of the clergy. They were most comfortable talking to sisters, friends, with boyfriends their same sex siblings and health workers. (22)

In one study both female and male reported that they were most comfortable discussing sexuality topics with their friends. Males adolescent were more likely than female adolescents to discuss sex based topics with their father (15). If discussion is happened youth preferred to talk about the sexual matters with parents of the same sex (17). And similarly in Kenya mothers were more likely to discuss reproductive health issues with their children than fathers. (22)

4.0 General Objective;

To assess the level and factors influencing communication between school students and parents on sexual and RH issues.

4.1 Specific objective;

1. To determine the proportion of students communicating on matters related to sexual and reproductive health issues with their parents.
2. To assess the sexual and reproductive health issues discussed between students and parents.
3. To identify factors influencing communication between students and parents on sexual & issues.

5.0 Methods and materials

5.1 Study area and period

Bishoftu town which has only one preparatory high school is located 47km from Addis Abeba. The reason why this area was selected is that the researcher is familiar with the area; he grows up and attended his school there and as well can easily get the necessary information and cooperation and research like this has never been done before.

Population size of the town based on the 2014 Federal Democratic Republic of Ethiopia Central Statistical Agency, population projection to 2017 it would reach 140,029 with male and female 66,496 and 73,543 respectively.

As it's a new destination for tourist and country fellows because of its lakes and resorts.in such growing and much entertainment focused business town the young and adolescent group has much to take part with the good and bad aspect of life.

The was carried out from March to June 2017 among preparatory students in oromia region Bishoftu town Bishoftu preparatory school.

5.2 Study design

Cross sectional study design was used.

5.3 Source population

The study population included all students attending in Bishoftu preparatory school in 2016/17. There are 24 sections of grade 11(18 natural and 6 social) and 22 sections of grade 12 (22 natural and 6 social).total of 2420...1320 grade 11 and 1100 grade 12 students.

5.4 Study population

A sample of selected students attending grade 11 and 12 at Bishoftu preparatory school.

5.5 Inclusion criteria

Those age 16-24; unmarried who were attending preparatory school during the day at the time of data collection. This age group is taken as target population by considering the average of minimum and maximum age for students who have started their education at early age and late age respectively.

5.6 Exclusion criteria

Those students who were married.

5.8 Sample size determination and sampling technique

Using the assumption, the proportion of parent adolescent communicating on

Reproductive issue about STD/HIV/AIDS in Kenya is found to be 50%, 95% CI, 5% marginal error, and 10% non-response rate.

$$n = \left(\frac{Z_{\alpha/2}}{d} \right)^2 \frac{P(1-P)}{d^2} = \left(\frac{1.96}{0.05} \right)^2 \frac{(0.5)(0.5)}{(0.05)^2}$$

$$= 384, 10\% \text{ non-response rate, making a total of } n=422$$

With these and using total number of students $N= 2420$ and correction formula $n=n_0/1+n_0/N$

$$n=359.45 \text{ ---}360$$

Stratified random sampling technique will be used to allocate the sample size to each classes proportional to their size and simple random sampling technique will be used to select the students who will participate in the study using their roster/ class attendance sheet as a sampling frame.

6.0 Study Variable

6.1 Dependent Variable

- Communication of school students and parents on sexual issues

6.2 Independent Variable

- Age, grade ,sex, religion ,ethnicity ,marital status of parents, family size
- Educational status of the parents, occupational status of parents
- Knowledge on reproductive health

7.0 Data collection

Consent was obtained from the concerned body like relevant authorities, individuals and the community by addressing them the relevance of the study with written letter from SPHMMC. Six data collectors who completed grade 12 and fluent in Amharic and as well as the local language Oromic had been recruited. Three supervisors were selected and they were responsible to lead the whole situation of data collecting process, to check the data collected for consistence, completeness, editing, and suspicious of irregularity.

Training was given for both data collectors and the supervisors for three days before data collection. The training included a briefing on the general objective of the study; discussing the content of the questionnaires one by one, the methodology in relation to reaching the intended goals, and more importantly how to keep confidentiality and privacy. The data collection instrument was anonymous structured closed ended self-administered question to be filled by the students.

8.0 Data analysis

Data was analyzed using frequency, tables, proportion, Chi-square for association and relevant analytical techniques was used. Epi-info version 20 and SPSS computer software package was used for analysis.

9.0 Ethical consideration

The study proposal was approved by the department of public health in SPHMMC. Respective educational bureau and school officials also expressed their willingness after they were informed about the whole purpose of the research project. Verbal informed consent was obtained from each study subject. Participants were informed the objective of the study and their right to refuse filling the questionnaires any time they want and students were told that their answer would remain anonymous and confidential.

10.0 Dissemination plan

The result of this research as it will be useful for the local community as well as organizations that works up on the youth related with reproductive health and regional health bureau., and Bishoftu preparatory school and reproductive health institutions.it will be published with the support of SPHMMC public health department.

11.0 Data quality control

Before the study due date three supervisors and five data control person were assigned and were given the whole picture of the research with its specific objective. The questioners were tested in previous research and get approval from public health department. All study subjects were informed the objective of the study.

12.0 Results

12.1 Socio-demographic characteristics of study respondents

A total of 346 students participated in the survey, making a response rate of 96.1%. one hundred ninety four (64.2%) of the respondents were 18 years and below. 174(50.3%) of the study participants were females. 196(56.6%) study participants were 11th grade students. and most of respondents 198(57.2) were orthodox Christian by religion followed by 101(29.2%) protestant and 39(11.3%) Muslim . Majority of the rparticipants203 (58.7%) were ethnically Oromo followed by Amhara 109(31.5%). Most of respondents parent live 250 (72.3) together. And most of respondants 222(64.2) living with them. In regarding family size of the respondents 194(56.1%) of them has a family size of 5 to 8. The minmum and the maximum family size found were 2 and 12 respectively. The mean(SD) family size of the respondents was 5.2(1.8). Majority of participants mother 83(24%)can read and write,36(10.4%) were illiterate and 59(17.1%) completed degree.one hundred fifty (43.4%) of the respondents father graduated degree with 25(7.2%) being illiterate.

Table 1.Socio-demographic characteristics of students in BPS,Bishoftu,2017

Characteristics	Frequency	Percentage
Age(n=346)		
18 years and below	194	64.2
Above 18 years	152	35.8
Sex(n=146)		
Male	172	49.7
Female	174	50.3
Grade(n=346)		

PP1	196	56.6
PP2	150	43.4
Religion(n=346)		
Eth. Orthodox	198	57.2
Protestants	101	29.2
Muslims	39	11.3
Others	8	2.3
Ethnicity(n=345)		
Oromo	203	58.7
Amhara	109	31.5
Tigre	27	7.8
Others	6	1.7
Parents marital status(n=346)		
Living together	250	72.3
Divorced	90	26
Widowed	5	1.4
Other	1	0.3
Living with(n=346)		
Mother and father	222	64.2
Mother only	51	14.7
Father only	29	8.4
Alone	13	3.8
Friends	7	2

Relatives	24	6.9
-----------	----	-----

Family size(n=346)

Below 5	128	37
5-8	194	56.1
Above 8	24	6.9

Mother's educational status(n=346)

Illiterate	36	10.4
Read and write	83	24
Primary school	64	18.5
Secondary school	66	19.1
Diploma	38	11
Degree	59	17.1
Other		

Father's educational status(n=346)

Illiterate	25	7.2
Read and write	40	11.6
Primary school	30	8.7
Secondary school	55	15.9
Diploma	46	13.3
Degree	150	43.4
Other		

12.2. Knowledge related to RH issues

Three hundred twenty three (93.4%) of the respondents knew about STI.

HIV/AIDS was the most commonly known STD 277(93.3%), followed by syphilis 153 (51.5%) and gonorrhea 131(44.1%) . The least known STI is LGV 16(5.4%).

Two hundred ninety nine (86.4%) of the respondents knew about contraceptive methods.

Condom 243(81.8%)and oral pills195 (65.7%) are most commonly known followed by abstinence 134 (45.1%)and using safe period 119(40.1%).

Table 2.Knowledge related to reproductive health issue in BPS, Bishoftu,2017

Characteristics	Frequency	Percentage
Know any STI(n=346)		
Yes	323	93.4
No	23	6.6
Which STI		
Chancroid	112	37.7
Syphilis	153	51.5
Gonorrhea	131	44.1
LGV	16	5.4
HIV	277	93.3
Herpes simplex	30	10.1
Ever heard any contraceptive methods		
Yes	299	86.4
No	47	13.6
Which contraceptive methods		
Oral pills	195	65.7

Depot injection	27	9.1
Norplant	49	16.5
IUD	62	20.9
Condom	243	81.8
Abstinence	134	45.1
Using safe period	119	40.1

12.3. Sexual attitude and behaviors

Most of students consider acceptable to have sexual feelings 175(50.6%) during adolescence and only 77(22.3%) have started sexual intercourse. Most of them 22(28.6%) each started at the ages of 17, 18 and 19 years of age. majority of them 45(58.4%) experience with one partner, 56 (72.7%) of them used condom.

One hundred sixteen (33.3%) of the students believe and accept premarital sex. The importance of sex education is believed by 276(79.7%) of students and 235(68.1%) of students say school should be primary source of information followed by home 57(16%). The current primary source of information is media 166 (48.1%) followed by school 147(42.6%).

Table 3. Sexual attitude and behavior among BPS students in Bishoftu, 2017

Variable	Frequency	Percentage
Acceptable to have sexual feelings		
Yes	175	50.6
No	171	49.4
Started sexual intercourse		
Yes	77	22.3
No	269	77.7

Age on first sexual intercourse (n=77)

At 15 yrs.	6	7.8
At 16 yrs.	22	28.6
At 17 yrs.	22	28.6
At 18 yrs.	22	28.6
At 19 yrs.	5	6.5

Number of sexual partners

One partner	45	58.4
Two partners	15	19.5
Three partners	17	22.1

Condom used

Yes	56	72.7
No	21	27.3

Accept premarital sex

Yes	116	33.3
No	230	66.7

Is sex education important

Yes	276	79.7
No	70	20.3

Who should be the primary information source

School	235	68.1
Home	57	16.5

Friends	45	13.
Churches	8	2.3
Your primary source of information		
School	147	42.6
Media	166	48.1
Home	32	9.3

12.4. Communication of students and parents on sexual and reproductive health issues

Two hundred sixty one (75.7%) students reported that it is important to discuss sexual and reproductive health issues with parents.

One hundred eighty (52.2%) of the students reported that they had discussed on contraceptive methods. Out of 165 who had not discussed, majority 58(16.8) reported their reason as it is shameful to discuss such issues with parents followed by lack of communication skill 31(9%). Out of those who discussed on contraceptive majority 57(30.6%) discussed with their mother followed by 46(24.7%) with friends. Most of them report to discuss this issue sometimes 104(56.8%).

Table 4.Discussion on contraceptives among BPS students and their parents in BPS,BIshoftu,2017

Variables	Frequency	Percentage
Is it important to discuss with parents(n=345)		
Yes	261	75.7
No	84	24.3
Ever discussed about contraception		
Yes	180	52.2

No	165	47.8
----	-----	------

With whom do you discuss about contraception primarily

With father	27	14.5
With mother	57	30.6
With peers	46	24.7
With sisters	33	17.7
With brother	10	5.4
With others	13	7.0

Because of multiple response total exceeds 100%

Frequency of discussion about contraception

Very often	12	8.2
Often	64	35.0
Sometimes	104	56.8

Primary reason for not discussing about contraception

Culturally unacceptable	15	4.3
Shame	58	16.8
Lack of knowledge	8	2.3
Lack of communication skills	31	9.0
My parents are not good listeners	28	8.1
Difficulty and embarrassing	11	3.2
Other	14	4.0

Because of multiple response total exceeds
100%

Discussion on STI

Two hundred thirty three (67.3%) of the students reported to discuss about STI, most of them 69(29%) discuss with their friends followed by their mother 63(26.5%). Majority reports their frequency of discussion to be sometimes. The primary reason for not discussing is shame 29(25.4%) followed by parents being not good listeners 23(20.2%).

Table 5.Discussion on STI among BPS students and their parents in Bishoftu,2017

Variables	Frequency	Percentage
Ever discussed about STIs(346)		
Yes	233	67.3
No	113	32.7
With whom primarily do you discuss about STIs		
With father	45	18.9
With mother	63	26.5
With peers	69	29.0
With sisters	21	8.8
With brother	20	8.4
With others	20	8.4
Because of multiple response total exceeds 100%		

Frequency of discussion about STIs

Very often	18	7.6
Often	82	35.3
Sometimes	133	57.1

Primary reason for not discussing about STIs

Culturally unacceptable	8	7.0
Shame	29	25.4
Lack of knowledge	6	5.3
Lack of communication skills	20	17.5
My parents are not good listeners	23	20.2
Difficulty and embarrassing	8	7.0
Other	20	17.5

Because of multiple response total exceeds 100%

Discussion about sexual intercourse

One hundred ninety one (55.4%) of the students reported to discuss about sexual intercourse, most of them 79(40.5%) discuss with their friends followed by their mother 57(29.2%). Majority reports their frequency of discussion to be sometimes. The primary reason for not discussing is shame 56(36.1%) followed by lack of communication skill 36(23.2%).

Table 6.Discussion on sexual intercourse among BPS students and their parents ,BIshoftu,2017

Variables	Frequency	Percentage
Ever discussed about sexual intercourse(n=345)		
Yes	198	55.4

No	154	44.6
----	-----	------

With whom do you discuss about sexual intercourse primarily

With father	13	6.7
With mother	57	29.2
With peers	79	40.5
With sisters	6	3.1
With brother	10	5.1
With others	30	15.4

Because of multiple response total exceeds 100%

Frequency of discussion about sexual intercourse

Very often	22	11.2
Often	64	32.7
Sometimes	112	56.1

Primary reason for not discussing about sexual intercourse

Culturally unacceptable	30	19.4
Shame	56	36.1
Lack of knowledge	19	12.3
Lack of communication skills	36	23.2
My parents are not good listeners	4	2.6
Difficulty and embarrassing	3	1.9
Other	7	4.5

Because of multiple response total exceeds
100%

Discussion about unwanted pregnancy

One hundred eighty four (53.5%) of the students reported to discuss about unwanted pregnancy, most of them 86(45%) discuss with their friends followed by their mother 64(33.5%). Majority reports their frequency of discussion to be sometimes. The primary reason for not discussing is shame 37(22.8%) followed by lack of communication skills 33(20.4%).

Table 7. Discussion on unwanted pregnancy among BPS students and their parents
,Bishoftu,2017

Variables	Frequency	Percentage
Ever discussed about unwanted pregnancy(n=344)		
Yes	184	53.5
No	160	46.5
With whom do you discuss about unwanted pregnancy primarily		
With father	23	12.0
With mother	64	33.5
With peers	86	45.0
With sisters	5	2.6
With brother	1	0.5
With others	12	6.3
Because of multiple response total exceeds 100%		

Frequency of discussion about unwanted pregnancy

Very often	16	8.4
Often	53	31.4
Sometimes	115	60.2

Primary reason for not discussing about contraception

Culturally unacceptable	21	13.0
Shame	37	22.8
Lack of knowledge	17	10.5
Lack of communication skills	33	20.4
My parents are not good listeners	12	7.4
Difficulty and embarrassing	6	3.7
Other	36	22.2

Discussion on condom use

Two hundred eleven (61.3%) of the students reported to discuss about condom use , most of them 114(52.5%) discuss with their friends followed by their mother 49(22.6%). Majority reports their frequency of discussion to be sometimes102 (47.2%). The primary reason for not discussing is shame 53(39.8%) followed by difficulty and embarrassment 18(13.5%).

Table 8.Dscussion on condom use among BPS students and their parents ,Bishoftu,2017

Variables	Frequency	Percentage
Ever discussed about condoms(n=344)		
Yes	211	61.3

No	133	38.7
----	-----	------

With whom do you discuss about condom primarily

With father	22	10.1
With mother	49	22.6
With peers	114	52.5
With sisters	16	7.4
With brother	5	2.3
With others	11	5.1

Because of multiple response total exceeds 100%

Frequency of discussion about condom

Very often	23	13.0
Often	86	39.8
Sometimes	102	47.2

Primary reason for not discussing about condom

Culturally unacceptable	6	4.5
Shame	53	39.8
Lack of knowledge	15	11.2
Lack of communication skills	17	12.8
My parents are not good listeners	6	4.5
Difficulty and embarrassing	18	13.5
Other	18	13.5

Because of multiple response total exceeds

100%

Discussion on primary sexual characteristics

Two hundred fifty seven (74.3%) of the students reported to discuss about primary sexual characteristics, most of them 104(40%) discuss with their friends followed by their mother 86(33.1%). Majority reports their frequency of discussion to be sometimes 135 (52.1%). The primary reason for not discussing is shame 29(31.9%) followed by culturally unacceptable 16(17.6%).

Table 9. Discussion on primary sexual characteristics among BPS students and their parents ,Bishoftu,2017

Variables	Frequency	Percentage
Ever discussed about primary sexual characteristics(n=346)		
Yes	257	74.3
No	89	25.7
With whom do you discuss about primary sexual characteristics primarily		
With father	21	8.1
With mother	86	33.1
With peers	104	40.0
With sisters	32	12.3
With brother	8	3.1
With others	9	3.5
Because of multiple response total exceeds 100%		

Frequency of discussion about primary sexual characteristics

Very often	28	10.8
Often	94	37.1
Sometimes	135	52.1

Primary reason for not discussing about primary sexual characteristics

Culturally unacceptable	16	17.6
Shame	29	31.9
Lack of knowledge	12	13.2
Lack of communication skills	14	15.4
My parents are not good listeners	7	7.7
Difficulty and embarrassing	10	11.0
Other	3	3.3

Because of multiple response total exceeds 100%

Discussion on menstruation

Two hundred twenty four (64.7%) of the students reported to discuss about menstruation, most of them 94(41.4%) discuss with their mother followed by their friends 63(26.5%). Majority reports their frequency of discussion to be sometimes 112(49.3%). The primary reason for not discussing is shame 37(29.6%) followed by lack of knowledge 21(16.8%).

Table 10. Discussion on menstruation among BPS students and their parents ,Bishoftu,2017

Variables	Frequency	Percentage
Ever discussed about		

menstruation(n=346)

Yes	224	64.7
No	122	35.3

With whom do you discuss about menstruation primarily

With father	13	5.7
With mother	94	41.4
With peers	86	37.9
With sisters	24	10.6
With brother	6	2.6
With others	4	1.8

Because of multiple response total exceeds 100%

Frequency of discussion about menstruation

Very often	26	11.5
Often	86	39.2
Sometimes	112	49.3

Primary reason for not discussing about menstruation

Culturally unacceptable	13	10.4
Shame	37	29.6
Lack of knowledge	21	16.8
Lack of communication skills	13	10.4
My parents are not good listeners	13	10.4

Difficulty and embarrassing	12	9.6
Other	16	12.8

Most of students feel comfortable to discuss sexual issues with their mother 89(25.9%) and friends 85(24.7%) followed by sisters 83 (24.1%). Majority rate their parents communication skills on SRH issues as medium 189(54.6%).

Table 11.Students rate for their parent communication in BPS,Bishoftu,2017

Variables	Frequency	Percentage
With whom are you primarily comfortable to discuss sexual issues		
With father	17	4.9
With mother	89	25.9
With peers	85	24.7
With sisters	83	24.1
With brother	26	7.6
With others	44	12.8
Because of multiple response total exceeds 100%		
Rate your parents communication skills on sexual and reproductive issues		
Low	104	30.1
Medium	189	54.6
High	53	15.3

12.5. Factors associated with communication level

There was no significant association between communication level and sex($\chi^2= 2.025$, p-value= 0.363), ethnicity($\chi^2= 11.191$, p-value=0.191), parental marital status($\chi^2= 6.089$, p-value=0.413), whom they are living with($\chi^2= 12.634$, p-value= 0.245), as well as whether they have had sexual encounter or not($\chi^2=2.471$, p-value= 0.291).

Yet, there was association between communication level and respondents grade ($\chi^2=27.807$, p-value=0.000) religion ($\chi^2=15.487$,p-value=0.017), mother educational status ($\chi^2=33.103$,p-value=0.000), father educational status ($\chi^2=35.758$, p-value=0.000), students' knowledge on STI ($\chi^2=12.84$, p-value=0.002) and contraceptive ($\chi^2=20.941$ p-value=0.000), their attitude and behavior towards premarital sex acceptance ($\chi^2=19.786$,p-value=0.000) and acceptability of sexual feelings during adolescence($\chi^2=60.898$, p-value=0.000).

Table 12.Factors associated with communication on sexual and reproductive health issue among preparatory students with their parents,Bishoftu,2017

Variables	Communication level		χ^2	P-value
	Poor	Good,at least communicate on two topics		
Sex			2.025	0.363
Male	17	153		
Female	25	147		
Grade			27.807	0.000
Pp1	26	168		
Pp2	16	132		
Religion			15.487	0.017
Eth orthodox	32	163		
Protestant	9	91		
Muslim	1	38		
Others	0	8		
Ethnicity			11.191	0.191
Oromo	21	179		
Amhara	16	92		
Tigrie	9	22		
Othe	0	6		
Parents marital status			6.089	0.413
Together	31	216		

Divorced	9	80		
Widowed	6	3		
Others	0	1		
Whom are you living with			12.634	0.245
Father and mother	33	186		
Father only	1	29		
Mother only	4	47		
Friends	2	6		
Alone	2	12		
Relatives	4	20		
Mother educational status			33.103	0.000
Illiterate	4	32		
Read and write	5	79		
Primary school	9	57		
Secondary school	10	56		
Diploma	11	27		
Degree	7	49		
Father educational status			35.758	0.000
Illiterate	0	25		
Read and write	7	35		
Primary school	8	24		
Secondary school	10	45		
Diploma	4	41		
Degree	17	130		
STI knowledge			12.84	0.002
Yes	34	285		
No	12	15		
Contraceptive knowledge			20.941	0.000
Yes	37	258		
No	9	42		
Accept premarital sex			19.786	0.000
Yes	8	117		
No	39	192		
Accept sexual feeling during adolescence			16.898	0.000
Yes	12	167		
No	34	133		
Having sexual intercourse			2.471	0.291
Yes	6	71		
No	40	229		

13. Discussion

This study has attempted to assess communication on sexual and reproductive health issues among preparatory school students and their parents in Bishoftu preparatory school, Bishoftu town, Oromia region, South East Ethiopia.

The basic demographic characteristics of the study population are not different from other similar school population like high school students in Zeway (20) and Dire Dawa (11). The sex compositions of the students were 62.2% males and 37.8% females this can be explained by the enrollment of females possibly low.

In the study three hundred twenty three (93.4%) respondents knew about STI. HIV/AIDS was the most commonly known STD. This may be related to the information that is widely discussed through different media and adverse effect of the the problem that HIV is affecting more and more people and currently at large. This result reflects similar figure of the research conducted in Dire Dawa (11) which has shown three fourth of students knew about common sexual transmitted infections including the current pandemic HIV/AIDS.

Two hundred ninety nine (86.4%) of respondents knew about contraceptive methods. Condom and oral pills are most commonly known, this finding may be related with students' knowledge of biology and its consistent with finding of Dire Dawa Research which has found eight out of every ten students knew contraceptive. (11)

Almost average of students consider acceptable to have sexual feelings 175(50.6%) during adolescence . Seventy seven (22.3%) of the participant students report to have had sexual experience , majority of them were males. This figure is considerably low compare with the result of study done in Ziway high school students which was 31.5% (15) ,this could be the fact that the difference in rural and urban nature of study area.(20)

The mean age of sexual initiation is 16.97 years of age according to this study ,which is different from a study done at Dire Dawa in which sexual initiation was reported as 15 years of age , this might have been effected from life style difference and concern for entertainment, in another study done in Ghana Accra the mean age of coitarche is 16.0 years of age. (11) (8)

In this study 232 (66.6%) of students disapprove sex before marriage which is a consistent finding with a study done at Butajira high school students where 69% of students disapprove premarital sex. (21)

The majority 276(79.7%) of students believe the importance of sex education and 235(68.1%) say school should be primary source of information which is comparable finding with a study done in Butajira high school in which the majority 90.7% of students approve introduction of sex education in school. (21)

Communication regarding sexuality often is viewed as desirable and perceived by many to be effective means of encouraging adolescents to adopt responsible sexual behaviors. (20) Moreover, this study illustrates that most students realize the importance of discussing with their parents about sexuality but as many of them find themselves unable to address the subject comfortably. Some believe it's shameful and others feel embarrassed.

In this present study adolescents were more comfortable discussing SRH issues with mothers and friends.. Moreover, both female and male adolescents prefer similar sex (their mother) . A study done in Emory University, Atlanta Georgia USA, showed that both male and female adolescents were more likely to discuss sexual topics with their mothers than their fathers. This shows similar picture with present finding. (17)

Similarly, a study in Kenya showed that both male and female adolescents would be most comfortable discussing sexual matters with their friends. (18)

Student's parental educational status has shown significant association with communication of students on sexual and reproductive health issues.

Moreover, in this study adolescents reported discussing a number of sex- based topics with friends and this supports the importance of peers, which is similar finding with study done in Atlanta Georgia USA. (17)

On the other hand, in this study there was gender difference in discussing SRH issues. For instance, discussing condom was high in males than females (62.3%vs37.6%).This may suggest possibly females are shy than males to express their feeling. Topics like menses discussed more by females than males (57.6 %vs 42.4%); which is in agreement with the natural course that, this is the females concern more than the males. This result was consistent with a study conducted in Benshangul Gumez Region with finding condom discussion of male and

female , 68.3% vs 39.1% respectively as well as menses discussion of females and males 86.7% vs 48.9% respectively. (23)

In this study many of school adolescents receive information primarily from school on SRH issues. However in one study students reported that they had got information on sexual issues 48% from parents 26% from friends and 11% from health workers.

A cross sectional survey carried out in Ziway high school and parents on sexual matters indicates 54%of the students felt that it is culturally shameful to discuss about physical and psychological change during adolesnce (17). This as well illustrated by current study being shameful was the primary reason for not discussing on SRH issues.

14.0 Conclusion

This study finding showed that there is communication about specific sexual and reproductive health issues like STI and contraceptives relative to other SRH issues between parent and adolescent. Two hundred ninety (78.2%) respondents communicate on at least two topics. Adolescents discussed about sexual matters more with their mother and friends. This could have two important impact if mothers and friends are not equipped with appropriate information on SRH related may influence each other in negative way where as if they are equipped with appropriate information on SRH related they can pass easily and influence each other positively. Parental educational status was associated with having communication about sexual and reproductive health.

Being ashamed embarrassed and lack of communication skills were most of the primary reasons not to be open for discussion and were barriers for adolescent-parent communication on sexual matters.

15.0 Recommendations

Promotion of parent-adolescent communication on sexuality and improving peer to peer sexuality education program by incorporating in to school curriculum is necessary.

The school should promote school sexual and reproductive health clubs to enhance parent-adolescent communication and providing information education communication and behavioral change communication materials.

The stake holders and the government should target mothers and peers to enhance adolescent sexual and reproductive health services.

16. Reference

- Imelvin lewis fv. clinical aspect of child and adolescents development. 3rd ed.; 1990.
- usha rkrishna vs. adolescent obstetric and gynecology in perspective. 4th ed.; 2000.
- arthur b.elster(MD) njk. american guideline for adolescent preventing service (GAPS). 11th ed.; 2004.
- [http , //www.siecus.org/pubs/fact/fact0007](http://www.siecus.org/pubs/fact/fact0007). facts sheet on sexuality education,siecus report supplement. ; 2001.
- [http , www.seekwellness.com/wellness/reproductive](http://www.seekwellness.com/wellness/reproductive). sex education and parents. ; 2003.
- report B. research on reproductive health. Geneva: WHO; 2000-2001.
- Mini EDHS. Federal Democratic Republic Of Ethiopia, Central Statistical Agency; 2014.
- family communication about HIV/AIDS and sexual behavior among senior secondary school students in Accra Ghanna. Accra:, Psychiatry; 2003.
- Damalie. N. <http://www.ossea.net/publications/girr/abstract>. [Online].; 2009 [cited 2016 11 11].
- Kims Miller(PhD) aDJ. Predictors of mother -adolescent disscussion about condom ;implication for providers who serve young,pediatrics. 2nd ed. Atlanta Georgia; 2001.
- Mulatua Ayalew BM,S. adolescent parent communication on sexualand reproductive health issues among high school students in Dire Dawa east Ethiopia. Dire Dawa:, public health; 2011.
- Picks PP. impact of family on sex lives of adolescent 2nd , editor.; 2003.
- [http vP, //www.healthlibrary.com/reading/sex/chap3](http://www.healthlibrary.com/reading/sex/chap3). sex education to adolescents. ; 2003.
- <http://www.undp.org/hiv/pubenrtons/gender/adolescence.htm>. [Online].; 2007 [cited 2016 11 11].
- Romerodecastillo Gillri LMCER. Adolescents and source of sex information ,preference and precieved usefulness. In. hospital Alto quadal Quivivo Aten Primaria; 2001.
- Rosenthal DA SF. the importance of adolescent perception of parental communication about sexuality ; 2007.
- M.Hockenberry DCK. communication about sexual issues ,mother ,father and friends. adolescent health. 3rd ed.; 1999.

Sycharem V. parent youth communication and youth attitude and behavior in Lao PDR. journal of community medicine and primary health care. 2005 june.

DL PY. teenager sexual activity in Zambia ,the need for sex education. , biosociology; 1993.

Taffa N HRS AK. do parents and young people communicate on sexual matters? the situation of family life education in rural town in ethiopia. ethio journal health development. 1999 Nov; 13.

Martija V YBfF. sexuality and contraception among never married high school students in Butajira. Ethiopian medical journal. 2002 Feb; 40.

karungari Kirangu EAO. communicating about sex ; 2010.

17. Annexes

Questioners

Questionnaires on high school students and parent communication on sexual Issue

Socio- demographic characteristics of students and their parents

Response code number.....

- 1 Age ----- in years 2 Grade ----- 3 Sex 1. Male 2. Female (----) 4 Religion
1. Orthodox christen 2. Muslim 3. Protestant 4. Others
- 5 Ethic group
1. Amhara 2. Oromo 3. Shinasha 4. Gumuz
5. Agew 6. Tigrie
- 6 Marital status of the mother and father
1. Together 2. Separated 3. Divorced 4. Widowed
- 7 With whom are you living?
1. lives with father & mothers 2. with mother only 3. with father only
4. with friend 5. living alone 6. with relatives
- 8 Family size -----
- 9 Mother's educational status
1. illiterate 2. read and write only 3. Primary school 4. Secondary school
5. Diploma 6. Degree 7. no mother
- 10 Father's educational status
1. illiterate 2. read and write only 3. Primary school 4. Secondary school
5. Diploma 6. Degree 7. no father

Assessing students' knowledge .

11. Do you know STI?

If your answer is no skip to Q13

1. yes 2. No 3. don't know
12. If yes which one do you know (circle all answer you think)
1. chancroid 2. syphilis 3. gonorrhea 4. LGV
5. HIV/AIDS 6. herpes simplex 7. others-----

13. Do you know contraceptive method?

If your answer is no skip to Q18

1. yes 2. no 3. don't know
14. If yes which one do you know? (circle all answerer you think)
1. pill 2. Depo provera 3. Nor plant 4. IUD 5. condom
6. Abstinence 7. Using safe period.

Assessing sexual attitude and behavior

15 Is it normal and acceptable to have sexual feeling during adolescents?

1. yes 2. No 3. don't know
- 16 Have you started sexual intercourse?

If your answer is no skip to Q23

- 1.yes 2.no 3.donot know
- 17 If yes at what age----- years
- 18 If yes with how many partner
1. One 2.two 3.Three and above. (----)
- 19 If yes have you ever use condom
- 1.Yes 2.No (----)
- 20 Do you accept premarital sex?
- 1.yes 2.no 3.don't know(----)
- 21 Is sex education necessary?
- 1.yes 2.no 3.donot know
- 22 Where do you prefer sex education to be given? (circle all answer you think)
- 1.school 2.home 3.by friends 4.church
- 23 Where did you get information about sexual matters? (Circle all answer you think)?
- 1.school 2.media 3.Home

Communication of students and parents on sexual and reproductive health.

- 24 Is it important to discuss (communicate) sexual issues with parents?
- 1.yes 2.no 3.don't know
- 25 Have you ever discuss about contraception?
- If your answer is yes skip to Q30**
- 1.yes 2.no 3.don't know
- 26 If you don't discuss on contraception with parents, what are the reasons? (circle all answer you think)
- 1.culturally un acceptable 2.shame 3.lack of knowledge
- 4.lack of communication skill 5. parents are not a good listener
6. difficult and embarrassing 7.don't know
- 27 If yes with whom (circle all answer you think)
- 1.Father 2.mother 3.peer 4.sisters 5.brothers 6. others----
- 28 How frequent you have discussed about contraception?
1. very often 2. Often 3. sometimes(----)

- 29 Have you ever discussed on STD/HIV?

If your answer is yes skip to Q34

1. yes 2. No 3. don't know
- 30 If you don't discuss on STD/HIV with parents, what are the reasons? (circle all answer you think)
- 1.culturally un acceptable 2.shame 3.lack of knowledge
- 4.lack of communication skill 5. parents are not a good listener
6. difficult and embarrassing 7.don't know 8.others
- 31 If yes with whom (circle all answer you think)
- 1.Father 2.mother 3.peer 4.sisters 5.brothers 6. others----
- 32 How frequent you have discussed about STD/HIV?
- 1.very often 2.often 3.sometimes
- 33 Have you ever discussed on sexual intercourse?

If your answer is yes skip to Q38

- 1.yes 2.no 3.don't know
- 34 If you don't discuss on see intercourse with parents, what are the reasons?(circle all answer you think)
- 1.culturally un acceptable 2.shame 3.lack of knowledge

- 4.lack of communication skill 5. parents are not a good listener
6. difficult and embarrassing 7.don't know 8.others
- 35 If yes with whom (circle all answer you think)
1.Father 2.mother 3.peer(friends) 4.sisters
5.brothers 6.others----
- 36 How frequent you have discussed about sexual intercourse?
1.very often 2.often 3.sometimes
- 37 Have you ever discussed on unwanted pregnancy?
If your answer is yes skip to Q42
1.yes 2.no 3.don't know
- 38 If you don't discuss on un wanted pregnancy with parents, what are the reasons? (circle all answer you think)
1.culturally un acceptable 2.shame 3.lack of knowledge
4.lack of communication skill 5. parents are not a good listener
6. difficult and embarrassing 7.don't know 8.others
- 39 If yes with whom (circle all answer you think)
1.Father 2.mother 3.peer(friends) 4.sisters
5.brothers 6.others-----
- 40 How frequent you have discussed about unwanted pregnancy?
1.very often 2.often 3.sometimes
- 41 Have you ever discussed on condom?
If your answer is no skip to Q50
1.yes 2.no 3.don't know
- 42 If you don't discuss on condom with parents, what are the reasons? (circle all answer you think)
1.culturally un acceptable 2.shame 3.lack of knowledge
4.lack of communication skill 5. parents are not a good listener
6. difficult and embarrassing 7.don't know 8.others
- 43 If yes with whom (circle all answer you think)
1.Father 2.mother 3.peer(friends) 4.sisters 5.brothers 6.others
- 44 How frequent you have discussed on condom?
1.very often 2.often 3.sometimes
- 45 Have you ever discussed on physical and psychological changes on puberty?
If your answer is no skip to Q54
1.yes 2.no 3.don't know
- 46 If you don't discuss on physical and psychological changes on puberty with parents, what are the reasons?(circle all answer you think)
1.culturally un acceptable 2.shame 3.lack of knowledge
4.lack of communication skill 5. parents are not a good listener
6. difficult and embarrassing
- 47 If yes with whom (circle all answer you think)
1.Father 2.mother 3.peer 4.sisters 5.brothers 6.others
- 48 How frequent you have discussed on physical and psychological changes on puberty?
1.very often 2.often 3.sometimes
- 49 Have you ever discussed on menstrual period?
If your answer is no skip to Q58

- 1.yes 2.no 3.don't know
- 50 If you don't discuss on menstrual period with parents, what are the reasons? (circle all answer you think)
- 1.culturally un acceptable 2.shame 3.lack of knowledge
4.lack of communication skill 5. parents are not a good listener
6. difficult and embarrassing 7.don't know 8.others
- 51 If yes with whom (circle all answer you think)
- 1.Father 2.mother 3.peer 4.sisters 5.brothers 6.others
- 52 How frequent you have discussed on menstrual period?
- 1.very often 2.often 3.sometimes
- 53 With whom are comfortable to discuss to sexual issue (circle all answer you think)?
- 1.Father 2.mother 3.sisters 4.brothers 5.peer 6.others
- 54 How do you rate parent communication skill about sexual matters?
- 1.low 2.medium 3.high

Thank you for your participation .

Assurance of investigator ;

The undersigned agrees to accept and approve the research paper per terms and conditions of the research and publication directorate or/and department of public health of St. Paul Hospital Millennium Medical College.

Dr ELIEZER HAILE

Date October 4, 2017 signature ;.....

Approval of advisor(s)

1. HAIMANOT EWNETU (Bsc, MPH)

Signature