



GLOBAL JOURNAL OF MEDICAL RESEARCH: K
INTERDISCIPLINARY

Volume 16 Issue 5 Version 1.0 Year 2016

Type: Double Blind Peer Reviewed International Research Journal

Publisher: Global Journals Inc. (USA)

Online ISSN: 2249-4618 & Print ISSN: 0975-5888

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Methods: An institution based cross sectional study was conducted in 2015. A 684 high school adolescents were recruited by simple random sampling method in Yirgalem Town. Focus group discussion qualitative was used through separately for female and male parents. Data were entered using Epi Info version 3.5.1 was exported and analyzed by SPSS version 20. Bivariate and multivariate logistic regression was used to identify repetition of adolescent- parent communication.

Keywords: repetition, parent- adolescent communication, yirgalem, ethiopia.

GJMR-K Classification: NLMC Code: WA 330



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Results: Three hundred ninety (59.1%) respondents were discussed sexual and reproductive health issues with their parents. Parents 2.3 times monthly had discussed on HIV/AIDS than others [AOR = 2.296, 95% CI: 1.500-3.514].

Conclusion: Repetition of parent-adolescent communication on sexual and reproductive health matters were low. The mass media give coverage related to parent-adolescent communication, encourage role model families communication and community level to increase parent-adolescent communication.

Keywords: repetition, parent- adolescent communication, yirgalem, ethiopia.

I. INTRODUCTION

Adolescent is experimental, transitional and enjoyment time, they also susceptible to different sexual and reproductive health problems. Neglect of this group will not progress and achieve to sustainable development goal, meanwhile parent-adolescent communication on sexual and reproductive health is pivotal to reduce reproductive health problems

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and develop self-confidence for future [1]. There are 1.2 billion adolescents live in the world. Half of the population in 17 developing countries were under the age of 18. Currently over 20.19 million (24.1%) of the adolescents live in Ethiopia [2, 3, 4]. Now days 11% of birth and 14% of maternal death was occurred under the age of 19, almost 95% of adolescents birth was happened in developing countries [5, 6]. Every year in the world, adolescents are experiencing 7.4 million unintended pregnancies and 3 million unsafe abortions, especially in sub African every day 270 teenage pregnancies [7, 8]. In the other hand in the world, an estimated 1,300,000 adolescent girls and 780,000 adolescent boys are living with human immune-deficiency virus (HIV) [9]. Sexual and reproductive health matter communication is taking a lion shares' to transmit sexual values, beliefs, expectations, knowledge and experience between parents and adolescents [10]. Likewise, parent-adolescent communication is a fundamental means to transmit ideas, real situations, existing things, expectations, knowledge, their life experiences and the current conditions of parent-adolescent relations'. Parents are spent most of the time with their adolescent; they have an opportunity to communicate with their adolescents on a daily basis and can play a critical role in shaping their adolescents transitioned to adulthood. Most of the parents would like to communicate their adolescent about sexual matters superficially, due to lack necessary communication skills, knowledge, or comfort [11, 12, 13]. Over all the past five decades children mortality among under five decrease by 80%, meanwhile adolescents mortality rate were improved by 41-48%[9]. Generally to decrease significantly adolescents morbidity and mortality Parent-adolescent communication about sexual and reproductive health issues were crucial and can greatly reduce adolescents' sexual risk [14]. There is very little data available in the study area. Therefore, this study was planned to determine the prevalence of repetition parent-adolescent communication on sexual and reproductive health matters among secondary and preparatory school students in Yirgalem Town, South Ethiopia.

II. METHODS

a) Study setting and populations

The study was a cross sectional quantitative design and qualitative study were triangulated. conducted from February to March 2015, 2 secondary and preparatory schools in Yirgalem, Southern Nation Nationalities regional state of Ethiopia .It covers 28 square kilometers and had an estimated population of 38,438[15].The study population was all students from grade 9 to grade 12 who unmarried adolescents in the age group 10–19 years were included in the study and sick and unable to read local language were excluded in the study. Among 7035 students in the academic years 2014/2015. From this, 54.9% were females and 45.1% were males [16]. There are 684 study participants were selected by simple random sampling technique.

b) Sample size determination

Sample size was determined by using single population proportion formula by considering assumption of parent-adolescent communicating on sexual and reproductive health issues were 69.5% [6], desired precision of 5%, 95% confidence level. Ten percent for non-response rate, 684 students were required for the study.

c) Data Collection

Pre-tested an anonymous self-administered structured questionnaires were prepared after reviewing different relevant literatures [17, 18, 19]. The questionnaires were first prepared in English and then translated to Amharic, the local language of the respondents in the study area. The data were collected using self-administered structured questionnaire. The questionnaires were administered to all students during the data collection period, and who met the inclusion criteria.

d) Data Quality Control

Data were collected by two days trained eight Diploma nurse on the objectives of the study, sampling procedure, checking the completeness of questionnaires. Questionnaires were pre-tested at Leku high school to assess clarity, flow and consistency and revised prior to start data collection.

e) Focus group discussion

A series of four focus group discussions were carried out among purposively selected parents who have adolescents age 10-19 years enrolled in high school in Yirgalem Town. The criteria to select study participants on focus group discussion was purposively sampling techniques were used. The kebele leader was told about the objective of the study and then selected those parents who have adolescents age 10-19, who can explain /express their ideas thoroughly. Moreover, the characteristics of the study participants were similar in socio-demographic like (age, sex etc). The facilitators

/moderators were principal investigators and trained health extension workers who can take note and as well as moderates the female parents to increase the quality of information. The focus group discussion was conducted separately mothers and fathers increase the quality of information that could be generated ideas and the confidence of the respective parents. To understand /to get their opinion fully tape recorder was used. There were eight participants in each group. A semi structured questionnaire guideline was used to lead the discussion.

f) Data analysis

Data were entered using Epi Info version 3.5.1 and exported to analyze SPSS version 20.0. Bivariate analysis was done to see the association of each independent variable with the outcome variable. Potential confounders (important) variables were entered into binary logistic regression model to identify the effect of each independent variable with the outcome variables. A p-value of less than 0.05 was considered statistically significant, and adjusted odds ratio with 95 % CI was calculated to determine association. Finally, the result was presented in texts, tables and graphs. For Qualitative, data were transcripts and translated to English. FGD study components were present by using quotes and explanations.

g) Ethical consideration

Ethical approval and clearance was taken from institutional review board of College of Medicine and Health Sciences, Hawassa University. Regional Education Bureau also gave permission to conduct the study. After explaining the purpose of the study, verbal informed consent was obtained from respondents before data collection. The right to withdraw the study at any time was also assured. Coding was used to eliminate names and other personal identification of respondents throughout the study process to ensure participants confidentiality.

III. RESULTS

a) Socio demographic characteristics of the respondents

A total of 660 participants were recruited for the study, which makes the response rate 96.5 %.

Among the respondents 339(51.4%) were females, 316 (47.9%) were from grade 9 followed by grade 10, 11 and 12 accounting 243(36.8%), 49(7.4% and 52(7.9%) respectively and 50.6% were aged 13-16, while the rest were aged 17 to 19 years old. Their living arrangement 532 (80.6%) o were living with their both parents and 64 (9.7%) were living with others (Table 1).

The educational status of parents were 49 (7.4%) of fathers and 99 (15%) of mothers could not read and write, while 146 (22.1% and 129 (19.5%) of fathers and mothers had attend secondary school. The

occupations of fathers 215 (32.6%) were farmers, 253 (38.4%) were Employee and 126(19.1%) had their own private business. Meanwhile the occupations of mothers were 278 (42.1%) housewives, 176 (26.6%) Employee and 118 (17.9%) had their private business (Table 2).

Table 3 : Socio-demographic characteristic of adolescents (N=660)

Variables	Frequency	Percentage
Sex		
male	321	48.6
female	339	51.4
age		
13-16	334	50.6
17-19	326	49.4
education		
Grade 9 & 10	559	84.7
Grade 11 & 12	101	15.3
Religion		
Protestant	374	56.7
Orthodox	233	35.3
Muslim	35	5.3
Others*	18	2.7
Ethnicity		
Sidama	521	78.9
Amhara	76	11.5
Oromo	24	3.6
Guragiyie	18	2.7
others†	27	3.2
Living condition		
Father and mother	532	80.6
mother only	64	9.7
Father only	29	4.4
Relatives/friends/Alone	35	5.3

*Others like catholic, Adventists †Others like Tigre, wolyita, silti

Table 4 : Parent's educational and occupational status among (N=660)

Variables	Frequency	percentage
Mother's ed. status (n=660)		
Illiterate	99	15
Read & write	130	19.5
Primary school	116	17.6
Secondary school	129	19.5
Diploma	81	12.3
Degree and above	66	10
Not live	39	5.9
Father's ed. status (n=660)		
Illiterate	49	7.4
Read & write	105	15.9
Primary school	60	9.1
Secondary school	146	22.1
Diploma	121	18.3
Degree and above	114	17.3
Not live	65	9.8
Mother's occupation (n=660)		
House wife	278	42.1
Employee	176	26.6
Merchant	118	17.9
Farmer	51	7.7
Not alive	37	5.6
Father's occupation (n=660)		
Employee	253	38.4
Merchant	126	19.1
Farmer	215	32.6
Not alive	66	10
Family size (n=660)		
<5	249	37.7
5 and above	411	62.3
Estimated family income (n=660)		
<1000	33	5%
1000 -2000	25	3.8%
>2001	73	11.1%
Don't know	529	80.2%

b) Repetition of parent-adolescent communication on sexual and reproductive health issues

One hundred eighty seven (24.3%) respondents' were discussed sometimes or monthly on HIV/AIDS, 39(5.9%) were discussed respondents' sometimes or monthly on physiological change during adolescent (Table 5). One hundred forty six respondents' grade 9-10 adolescents were discussed sometimes or monthly on HIV/AIDS, 4 respondents' grade 11-12 adolescents were discussed sometimes or monthly have not sex until marriage (Table 6). One hundred fifty literate mothers were discussed sometimes

or monthly on HIV/AIDS (Table 7). One hundred fifty six literate fathers were discussed sometimes or monthly on HIV/AIDS (Table 8). This is evident from the parent response, "I discuss my adolescents related to reproductive health problems especially HIV/AIDS ...and its consequences....like school drop, social stigmatization, meanwhile, I discussed my male adolescent sexual intercourse made underage with girl might be accused and went to prison as that time, school drop, their vision will become dark" a 50-year-old male discussant. Another parent discussant "we have daily discussion regarding their activities, everyone have daily reports where, with whom, after that every things discuss before dinner, we have also "betseb gubaye" which means daily dairy reports from adolescents and how to overcome the problems a 54-year-old male" discussant.

A 46 years female discussant "we have family meeting & discussion with my adolescent open dialogue about reproductive health issues like the advantage of abstinence, STI and consequence, menstruation, puberty or sexual intercourse negative consequence and sexual intercourse positive consequence throughout on their life. On the other hand every my adolescents have weekly reports regarding their

activities". "He said that I am desired to communicate with my adolescents regarding sexual and reproductive health matters, but difficult to communication lack of skill and the topics how to discuss." A 60 years male discussant.

Table 3 : Repetition of parent-adolescent communication on sexual and reproductive health matters (N=390)

RH issues	Always	Weekly	Some times
Contraceptive	56(8.5)	58(8.8)	124(18.8)
HIV/AIDS	87(13.2)	68(10.3)	187(28.3)
Sexual intercourse	46(7)	59(8.9)	116(17.6)
Unwanted pregnancy	70(10.6)	51(7.7)	117(17.7)
Premarital sex	68(10.3)	52(7.9)	91(13.8)
condom	46(7)	82(12.4)	91(13.8)
Puberty	54(8.2)	39(5.9)	160(24.2)

In bracket is percent

Multiple responses are possible

Three hundred eighty respondents had discussed about addictions most of parent-adolescent communication on chat chewing (Figure 1).

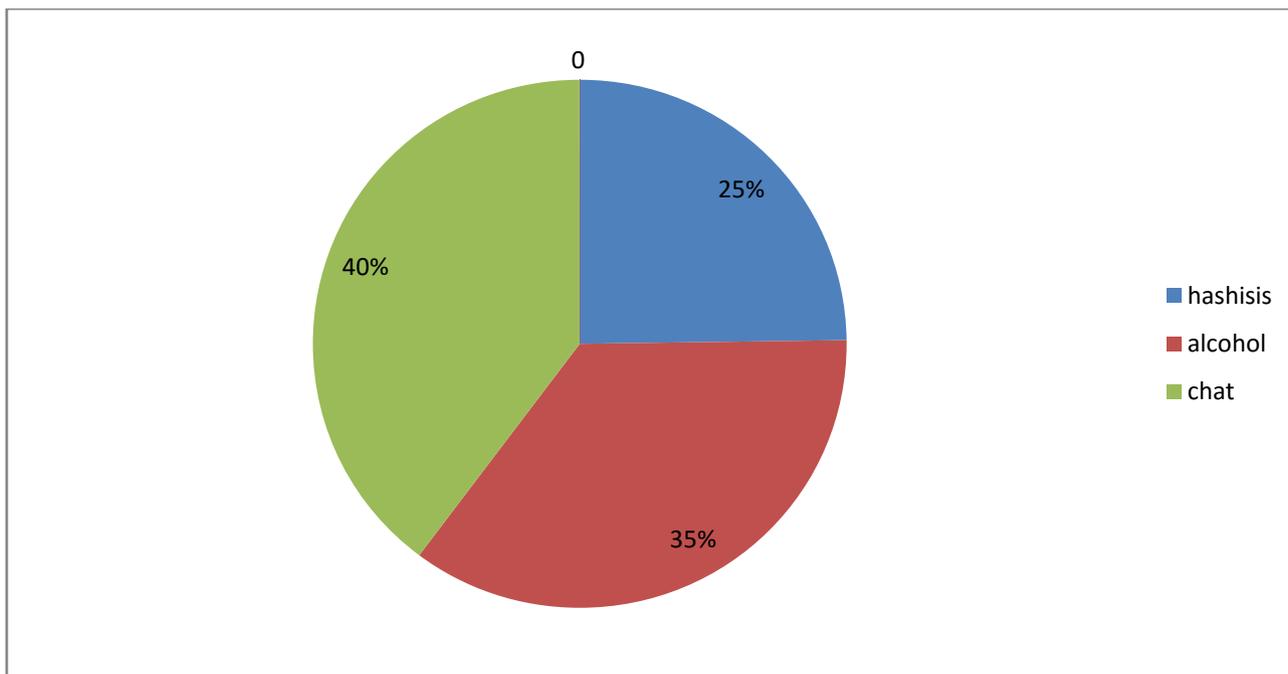


Figure 2 : Parent-adolescent communication on addictions (N=660)

Multiple responses are possible

Table 4 : Parent–adolescent communication on sexual and reproductive health issues by grades (N=660).

RH issues	Grade	Frequency of parent- adolescent communication		
		Always	Weekly	Some times
Contraceptive	9-10	51(16.4)	52(16.7)	108(34.7)
	11-12	5(6.3)	6(7.6)	16(20.3)
HIV/AIDS	9-10	73(23.5)	61(19.6)	146(46.9)
	11-12	14(17.7)	7(8.9)	41(51.9)
Sexual intercourse	9-10	36(11.6)	54(17.4)	99(31.8)
	11-12	10(12.7)	5(6.3)	17(21.5)
Unwanted pregnancy	9-10	61(19.6)	40(12.9)	98(31.5)
	11-12	9(11.4)	11(13.9)	19(24.1)
Do not having sex until marriage	9-10	58(18.7)	48(15.4)	66(21.2)
	11-12	10(12.7)	4(5.1)	25(31.6)
Condom	9-10	41(13.2)	76(24.4)	80(25.7)
	11-12	5(6.3)	6(7.6)	11(13.9)
Puberty	9-10	43(13.8)	32(10.3)	80(25.7)
	11-12	11(13.9)	7(8.9)	11(13.9)

In bracket is percent

Multiple responses are possible

NB. Total numbers of students who communicate their parents in grade 9-10 are 311.

Total numbers of students who communicate their parents in grade 11-12 are 79.

Table 5 : Mother–adolescent communication on sexual and reproductive health issues (N=660).

RH issues	Mothers educational status	Frequency of parent- adolescent communication		
		Always	Weekly	Some times
Contraceptive	Illiterate	12(30)	11(27.5)	14(35)
	Literate	43(20.7)	43(20.7)	107(51.4)
HIV/AIDS	Illiterate	14(35)	3(7.5)	24(60)
	Literate	73(35.1)	60(28.8)	150(72.1)
Sexual intercourse	Illiterate	5(12.5)	6(15)	17(42.5)
	Literate	38(18.3)	48(23.1)	88(42.30)
Unwanted pregnancy	Illiterate	15(37.7)	3(7.5)	16(40)
	Literate	54(26)	43(20.7)	93(44.7)
Do not having sex until marriage	Illiterate	16(40)	6(15)	10(25)
	Literate	49(23.6)	44(21.1)	70(33.7)
Condom	Illiterate	4(10)	20(50)	15(37.5)
	Literate	42(20.2)	59(28.4)	66(31.7)
Puberty	Illiterate	8(20)	8(20)	27(67.5)
	Literate	44(21.1)	27(13)	121(58.2)

In bracket is percent

Multiple responses are possible

NB total numbers of literate mothers are 208.

Total numbers of illiterate mothers are 40.

Table 6 : Father-adolescent communication on sexual and reproductive health issues (N=660).

SRH issues	Fathers educational status	Frequency of parent- adolescent communication		
		Always	Weekly	Some times
Contraceptive	Illiterate	5(27.8)	7(38.9)	6(33.3)
	Literate	50(40.3)	45(36.3)	99(79.8)
HIV/AIDS	Illiterate	10(55.6)	2(11.1)	12(66.7)
	Literate	70(56.5)	58(46.8)	120(96.8)
Sexual intercourse	Illiterate	2(11.1)	2(11.1)	8(44.4)
	Literate	39(31.5)	54(43.5)	94(75.8)
Unwanted pregnancy	Illiterate	7(38.9)	3(16.7)	9(50)
	Literate	61(49.2)	42(33.9)	96(77.4)
Do not having sex until marriage	Illiterate	7(38.9)	3(16.7)	4(22.2)
	Literate	59(47.6)	45(36.3)	81(65.3)
Condom	Illiterate	2(11.1)	12(66.7)	7(38.9)
	Literate	40(32.3)	63(50.8)	74(59.7)
Puberty	Illiterate	2(11.1)	5(27.8)	16(88.9)
	Literate	49(39.5)	30(24.2)	100(80.6)

In bracket is percent, multiple responses are possible NB: Total numbers of literate fathers are 124 and total numbers of illiterate fathers are 18.

c) Factors associated with repetition of parent-adolescent communication on sexual and reproductive health issues

Three hundred ninety (59.1%) of adolescents recognized the importance to discuss about sexual and reproductive health issues with their parents. However, most of students were discussed some times or monthly

at least one topic sexual and reproductive health issues. Parents 2.3 times monthly were discussed on HIV/AIDS than others [AOR = 2.296, 95% CI: 1.500-3.514]. Parents 1.4 times were discussed on chat than others [AOR = 1.379, 95% CI: 1.175-2.574]. Parents 1.5 times were discussed on alcohol than others [AOR = 1.496, 95% CI: 1.003-2.232] (Table 9).

Table 7 : Factors associated with repetition of parent-adolescent communication on sexual and reproductive issues (N=660).

variable	Communications on SRH issues		95% CI	
	yes	no	COR	AOR
Those who sometimes discuss on contraceptive	88	36		
yes	302	234	1.894(1.240-2.893)	1.323(0.828-2.114)
Those who always discuss on HIV/AIDS	60	27		
yes	330	243	1.636(1.009-2.654)	1.581(0.925-2.703)
Those who sometime discuss on HIV/AIDS	140	47		
yes	250	223	2.657(1.823-3.872) *	2.296(1.500-3.514) **
Those who weekly discuss on unwanted pregnancy	38	13		
yes	352	257	2.134(1.114-4.088)	1.886(0.950-3.744)
Those who sometimes discuss on unwanted pregnancy	83	34		
yes	307	236	1.877(1.216-2.895)	1.121(0.661-1.900)
Those who always discuss on having not premarital until marriage	48	20		
yes	342	250	1.754(1.016-3.030)	1.628(0.883-2.999)
Those who sometimes discuss on having not premarital until marriage	64	27		
yes	326	243	1.767(1.094-2.854)	1.113(0.628-1.974)
Those who always discuss on condom	32	14		
yes	358	256	1.634(0.855-3.125)	1.194(0.577-2.473)
Those who sometimes discuss on condom	60	31		
yes	330	239	1.402(0.881-2.230)	1.053(0.617-1.797)
Those who always discuss on Puberty	40	14		
yes	350	256	2.090(1.113-3.922)	1.429(0.691-2.956)
Those who weekly discuss on Puberty	27	12		
yes	363	258	1.599(0.795-3.215)	1.478(0.701-3.116)
Those who sometimes discuss on Puberty	108	52		
yes	282	218	1.606(1.103-2.336)	1.325(0.851-2.061)
Chat	166	65		
yes	224	205	0.428(0.303-0.603) *	1.379(1.175-2.574) **
alcohol	147	59		
yes	243	211	2.163(1.519-3.082) *	1.496(1.003-2.232) **

Reference category is no

IV. DISCUSSION

The prevalence of parent-adolescent communication on sexual and reproductive health issues among adolescents in this study was 59.1%. This finding is slightly lower than the study was conducted in Nekmete 65.5% [18]. But higher than compared to the studies were done in other parts of Ethiopia [19, 20, 21]. This might be due to demographic and cultural difference. Parents 2.3 times monthly were discussed on HIV/AIDS than others [AOR = 2.296, 95% CI: 1.500-3.514]. Inconsistently the study was done in USA adolescent discussed their parent about sex 52.4% of parents said that very comfortable, but 25 % parents said that somewhat less comfortable [10]. This finding, Parents 1.4 times were discussed on chat than others [AOR = 1.379, 95% CI: 1.175-2.574]. Similar study was done in USA adolescents were communicated at least one topics in the past six month [22]. In this study, Parents 1.5 times were discussed on alcohol than others [AOR = 1.496, 95% CI: 1.003-2.232]. Another study was done Caribbean family connectedness, school connectedness religious and individual values of reduced the likelihood sexual activity [1]. In this study parent adolescent communication 71(10.2%) were made sexual intercourse. Other findings in USA parents were discussed with telling family culture to increase parent adolescent bond [23]. In this finding, from parent adolescent did not discuss 74(11.2%) were made sexual intercourse. Another study was done in USA adolescents who viewed religions as very important 27% were less likely to ever have had sex compared to adolescents who did not view religion as very important [OR = 0.75, 95% CI: 0.67-0.86] [24,25]. Approximately one third of (N=1,076 or 32% of respondents reported frequent attendance (at least one per week) at religious services. Those adolescents who attended services frequently were 46% less likely to ever have had sex compared to adolescents who attended religion services less frequently or not at all [OR = 0.55, 95% CI: 0.49-0.63]. Among (N=1,4233 or 62% respondents reported that they had had abstinence plus education .The first topic they had discussed to their parents about were 15% less likely to ever have had sex [OR =0.85, 95% CI: 0.77-0.95][24].

V. CONCLUSION

In this study repetition of parent-adolescent communications on sexual and reproductive health, issues were very low. Parents 2.3 times monthly were discussed on HIV/AIDS than others [AOR = 2.296, 95% CI: 1.500-3.514].

VI. RECOMMENDATION

The community would be established reproductive health club. The mass media also give

coverage regarding this issue. Sensitize the community to encourage open discussion among family members in general and between parents and adolescents in early age. It is important to encourage and empower parents to start to communicate with their adolescents on sexual matters while the adolescents are still in late childhood or early teenage years, before they become sexually active. The health extension workers train parents how to communicate their adolescents. Role model families' and adolescent shares their experience. Stake holders encourage social norms like waiting sex intercourse until marriage and begin to give scholarship like short term training those especially delay sexual intercourse until youth. Further qualitative and analytical study design is recommended on adolescents and parents communication.

VII. ACKNOWLEDGEMENT

The authors' like to acknowledge Hawassa University College of Medicine and Health Sciences Health for giving me this opportunity. The authors' would like to say thank you to the data collectors who participated in the data collection process. The authors' also would like to say thank you to all high school directors in Yirgalem Town.

Competing interests

All authors declare that they have no competing of interests.

Abbreviation

AIDS: acquired immune deficiency syndrome
AOR: adjusted odds ratio
HIV: human immune deficiency viruses
USA: United State of America

Funding and sponsorship

This paper was funding or sponsoring by Hawassa University.

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