

Adolescent Parent Communication Concerning Sexual and Reproductive Health Issues Among Sendafa High School and Preparatory Students

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Abstract: Globally, adolescents constitute about one billion of the world's population, with majority living in developing nations. Adolescent parent communication is among several strategies that improves sexual and reproductive health issues. The aim of this study was to determine adolescent-parent communication on sexual and reproductive health issues among Sendafa high school students. Cross-sectional descriptive study was conducted from May to July, 2016 G. C., at Sendafa high school and preparatory students. All unmarried and aged 13-24, who are attending school during the data collection were included in the study. Study participants were interviewed about their socio demographic characteristics and level of communication with their parents using structured questionnaire. Data were checked for completeness and entered into EPI Info and transferred for analysis to SPSS version 20 software. A total of 304 sendafa high school students were assessed for adolescent parent communication regarding sexual and reproductive health issues during study period. The mean age of the respondents was 16.77±1.78SD, with a range of 13- 24 years. 190 (62.5%) of students were agreed on the importance of adolescent parent communication on sexual and reproductive health issues. 163 (55.9%) and 161 (53.2%) of study participants were discussed with their parents on contraceptive method and STI/HIV/AIDS respectively. 155 (50.9%) of respondents reported that they choices their friends, while 62 (20.4%) and 45 (14.8%) of the study participants choices their sister and mother respectively. According to the finding of the present study the parent adolescent communication about sexual and reproductive health issues were low. Therefore, training and education to improve the adolescent-parent communication is recommended for the both.

Keywords: Adolescents, Sexual and Reproductive Health, Parental Communication, Sendafa

1. Background

Globally, adolescents constitute about one billion of the world's population, with majority living in developing nations [1-3]. Adolescence is a period in which individuals reach sexual maturity and often characterized by biological and psychosocial changes and it is when parents are expected to socialize their children [3, 4]. One of the key areas of socialization is communication on sexual and reproductive health issues (SRH) [4]. Adolescent parent communication is among several strategies that improves sexual and reproductive health issues [5, 6].

Communicating sexual related issues with adolescents including abstinence, premarital sex, unwanted pregnancy, menstrual cycle and how to prevent sexually transmitted infections (STIs), are good parenting practice that improve sexual and reproductive health related problem as reported by different researcher over the world [6]. Adolescents who become sexually active enter an arena of high-risk behaviors, which may increase in the incidence of premarital sex and leads to an increase in unwanted pregnancies, abortion morbidity/mortality, and sexually transmitted diseases [7]. Evidence has shown that the communication protects the young from engaging in risky sexual practices and its adverse health consequences [8].

Majority of the adolescents, believed that it is important to discuss on SRH matters with their parents. However, only low percentage of adolescents had a discussion with either of the parents. The adolescents' estimated reason for not communicating with parents are culturally unacceptable, feeling ashamed and parents lack of knowledge discuss on SRH issues [9].

Different factors associated with the adolescent parent communication on SRH are adolescent's sex, age, religion affiliation, living arrangement, schooling status, perception of his or her parents' RH knowledge, comfort status to communicate on SRH, and underlying beliefs and subjective norms, while; adolescent parent general communication quality, television co-viewing and discussions, parental educational status, and adolescent self-disclosure to their parent were inversely associated with poor-very poor / very poor SRH communication [10].

The report indicates that adolescent parent communication on sexual and reproductive health issues are generally reported to be low in in Africa and particularly in Ethiopia [11-15]. Therefore, the aim of this study was to determine adolescent-parent communication on sexual and reproductive health issues among Sendafa high school students.

2. Methods

2.1. Study Design, Period and Socio-demographic Data

A quantitative cross-sectional descriptive study was conducted from May to July, 2016 G. C., at Sendafa high school and preparatory students. After obtaining informed consent, study participants were interviewed about their socio-demographic characteristics and assessed regarding their communication levels and factors influencing on SRH issues by using a structured questionnaire.

2.2. Study Area and Population

The study was carried out on school students in sendafa town, Oromia regional state, central Ethiopia. Sendafa town is found 39 KMs from Finfinnee, capital city of both Oromia regional state and Ethiopia. The study population includes all students from grade 9-12 attending Sendafa secondary school and preparatory schools during the study time. All unmarried and aged 13-24, who are attending school during the data collection were included in the study and students who are aged 24 and above and married were excluded from the study.

2.3. Data Collection

Study participants were interviewed about their socio demographic characteristics and level of communication with their parents by trained health professional, using structured questionnaire. Questionnaire was checked, edited and evaluated for consistence and completeness before the study.

2.4. Ethical Consideration

The research was ethically cleared and approved by

Research and Ethics Committee of Sociology and Anthropology Department, Rift Valley University. Written informed consent was obtained from all the study participants before data was collected. Respondents were assured about the privacy, right to participate or refuse on the study at any time and confidentiality prior to participate in the study.

2.5. Statistical Analysis

Data were checked for completeness and entered into EPI Info and transferred to SPSS version 20 software. The students' demographic information of the study population were summarized using frequencies and percentage.

3. Results

3.1. Socio-demographic Characteristics

A total of 304 sendafa high school students were assessed for adolescent parent communication regarding sexual and reproductive health issues during study period with the response rate of 100%. Out of the total, 165 (54.3%) were male and 139 (45.7%) were females. The mean age of the respondents was 16.77 ± 1.78 SD, with a range of 13- 24 years. All of the current study participants were not married. Two hundred twenty six respondents were living with both parents. The majority of the respondent's parents were married and live together 248 (81.8%). The estimated mean family size of the respondents were 5.74 ± 2.48 SD. Eighty four (27%) respondents had illiterate mothers and 60 (22%) of the students had diploma and above fathers. The occupation of mother and father of the students were 163 (53.6%) house wife and 114 (37.5) farmer respectively [Tables 1&2].

Table 1. Socio-demographic characteristics of school students in Sendafa town, June, 2016.

Variables	Numbers (304)	Percent
Sex		
Male	165	54.3
Female	139	45.7
Age		
13-16	156	51.3
17-20	131	43.1
21-24	17	5.6
Grade		
Grade 9	145	47.7
Grade 10	77	25.3
Grade 11	47	15.5
Grade 12	35	11.5
Religion		
Orthodox	240	78.9
Muslim	18	6
Protestant	24	7.9
Wakefata/tu	19	6.3
Other	3	1
Ethnicity		
Oromo	245	80.6
Amara	41	13.5
Tigire	2	0.6
Other	16	5.3
Living arrangements of students		
With both parents	226	74

Variables	Numbers (304)	Percent
With one parent	38	12.5
With relatives	14	4.6
Alone	24	7.9
Pocket money		
Yes	145	47.7
No	159	52.3

Table 2. Socio characteristics of the parents of the students, June 2016.

Variables	Frequency	Percent
Educational status of the Mother		
Illiterate	84	27.6
Read and write	59	19.7
Primary school	56	18.4
Secondary school	57	18.8
Diploma and above	37	12.
No Mother	10	3.3
Educational status of Father		
Illiterate	47	15.5
Read and write	60	19.7
Primary school	55	18.1
Secondary school	51	16.8
Diploma and above	67	22
No Father	24	7.9
Occupation of the Mother		
House wife	163	53.6
Employed (private)	25	8.2
Employed (government)	26	8.6
Merchant	32	10.5
Farmer	36	11.8
No mother	1	3.9
Other	11	3.6
Occupation of Father		
Employed (private)	37	12.2
Employed (government)	43	14.1
Merchant	54	17.8
Farmer	114	37.5
No Father	28	9.2
Other	28	9.2

Variables	Frequency	Percent
Marital status of parents		
Together	248	81.6
Separated	27	8.9
Divorced	11	3.6
Widowed	17	5.6
Missing	1	0.3
Family income per month		
<2,000	79	26
2,000-5,000	35	11.5
≥ 5,000	37	12.2
Don't know	253	50.3
Family size		
≤6	241	70.3
≥7	63	20.7

3.2. Adolescent Parent Communication on Sexual and Reproductive Health Issues

190 (62.5%) of students were agreed on the importance of adolescent parent communication on sexual and reproductive health issues while 114 (37.5%) were disagree on the importance of communication on the issues. 163 (55.9%) and 161 (53.2%) reported that they had discussed with their parents on contraceptive method and STI/HIV/AIDS respectively. 170 (55.9%), 178 (58.5%) and 175 (56.8%) of the study participants had never talked with their parents on issues of menstruation period, condom and unwanted pregnancy respectively [Table 3]. Different reason were raised from the study participants regarding why they have no discussion with their parents, including cultural unacceptable, shameful and due to unknown reason [Table 4].

Table 3. Topic of discussion versus parent preference of school students, Sendafa, 2016.

Topic of discussion	No/% Discussed		Parent preferences					
	Yes		Father	Mother	Peers	Sister	Brother	Others
Contraceptive	170 (55.9%)		51 (30%)	45 (26.5%)	43 (25.3%)	26 (15.3%)	4 (2.3%)	13 (7.6%)
STI/HIV/AIDS	161 (53.2%)		37 (22.8%)	30 (18.5%)	66 (40.7%)	16 (11.1%)	9 (5.5%)	14 (8.6%)
Sexual intercourse	122 (40.1%)		23 (18.8%)	25 (20.5%)	45 (38.1%)	14 (11.9%)	13 (10.7%)	10 (8.2%)
Unwanted pregnancy	129 (42.4%)		26 (20.1%)	23 (17.8%)	51 (39.5%)	16 (12.4%)	11 (8.5%)	13 (10.1%)
Premarital sex	129 (41.4%)		17 (13.5%)	20 (15.5%)	56 (43.4%)	27 (21%)	5 (3.4%)	13 (10.3%)
Menstrual cycle	134 (44.1%)		14 (10.4%)	39 (29%)	47 (35.1%)	25 (18.6%)	11 (8.2%)	10 (7.4%)
Pubertal stage	168 (55.3%)		35 (20.8%)	25 (14.9%)	62 (36.9%)	24 (15.5%)	15 (8.9%)	17 (10.1%)
Condom	128 (42.1%)		22 (17.2%)	13 (10.2%)	66 (51.5%)	14 (10.9%)	13 (10.2%)	12 (9.4%)

Table 4. Reasons for not discussing on sexual and reproductive health issues with their parents, Sendafa, June 2016.

Topic of discussion	N/% not Discussing	Reason of not discussing						
		Culturally un acceptable	Shame	Lack of knowledge	Lack of communication skill	Difficult	Don't know	Others
Contraceptive	134 (44%)	27 (20.1%)	42 (31.3%)	13 (9.7%)	18 (13.4%)	6 (5%)	40 (30%)	1 (0.7%)
STI/HIV/AIDS	143 (47%)	18 (12.6%)	51 (35.7%)	19 (13.3%)	16 (11.2%)	17 (12%)	32 (22.4%)	3 (2.1%)
Sexual intercourse	182 (58.8%)	35 (19.5%)	61 (33.5%)	25 (13.7%)	19 (10.6%)	15 (8.2%)	32 (17.6%)	6 (3.4%)
Unwanted pregnancy	175 (56.8%)	33 (18.9%)	55 (31.4%)	14 (8%)	24 (13.7%)	13 (7.4%)	39 (22.2%)	7 (4%)
Premarital sex	175 (58.8%)	38 (21.2%)	60 (33.5%)	25 (14%)	19 (10.6%)	15 (8.4%)	32 (17.8%)	6 (3.4%)
Menstrual cycle	170 (55.9%)	20 (11.7%)	60 (35.3%)	17 (10%)	21 (12.4%)	13 (7.6%)	40 (23.5%)	13 (7.6%)
Pubertal stage	134 (44%)	20 (15%)	49 (36.6%)	19 (14.2%)	12 (10%)	8 (6%)	34 (25.4%)	5 (3.7%)

3.3. Preference of School Students for Discussing on Sexual and Reproductive Issues

Around half, 155 (50.9%) of respondents reported that they choose their friends, while 62 (20.4%) and 45 (14.8%) of the study participants choose their sister and mother respectively.

136 (48.8%) and 127 (41.8%) of respondents were reported, their mothers and father were open in discussing on sexual and reproductive health issues respectively [Table 5]. According to this study 135 (44.6%) of study participants have low level of communication with their parents.

Table 5. School student's preference to discuss on sexual and reproductive health issues Sendafa town, June 2016.

Preference	Male	Female
Fathers	14 (8.5%)	17 (12.2%)
Mothers	15 (9.1%)	30 (21.6%)
Friends	89 (53.9%)	66 (47.5%)
Brother	23 (13.9%)	7 (5%)
Sister	22 (13.3%)	40 (28.8%)
Others	24 (14.5%)	14 (10.1%)

4. Discussion

This study was conducted to assess the status of adolescent parent communication on SRH issues among Sendafa secondary and preparatory school, Sendafa town, Oromia region, Ethiopia. According to this study out of 304, 165 (54.3%) were male and 139 (45.7%) were female, the proportion of school enrolment is nearly similar with study conducted at Ayertena preparatory school, Addis Ababa [16].

The study generally found that, 190 (62.5%) students were agreed on importance of communication with parents while, 114 (37.5%) were disapprove the importance of communication on the sexual and reproductive health issues. This report is higher than the study reported from Benishangul Gumuz Region, North West Ethiopia, out of 412, 117 (42.2%) of the students had discussed about sexual intercourse. The rest of the respondents had never discussed about sexual intercourse with their parents and the reasons mentioned for not discussing on sexual intercourse with their parents were shamefulness 118 (50.6%), parents lack knowledge 56 (24%) and culturally unacceptable [17].

This study finding showed that, 155 (55.5%) of study participants were choose their friends for communication on sexual and reproductive health issues than other family members. This report is in agreement with the study conducted at Debremarkos town, North West Ethiopia, found that 391 (56.8%) of study participants were choice their friends for communication on SRH [18]. But this is contradicted with the study conducted at Yirgalem town, South Ethiopia that shows the students prefer mothers 248 (37.6%) rather than friends [19]. The current friend's preferences was lower than the study conducted at rural USA, while 65% of the respondents prefer their friends [20]. According to this study among 52, those who had sexual intercourse, twenty five (48.5%) of them were used condom,

the median age of sexual initiation were 15 ± 3.07 SD and mean age of 15 years. This sexual initiation is in line with the study conducted at Nekemte town, west Ethiopia (15.3 ± 1.5 SD) years old and Diredhawa town, east Ethiopia (15.3 ± 1.5 years old). Condom using during intercourse of the present study is less than the study conducted at both Nekemte and Diredhawa, Ethiopia [21, 22].

A study conducted among senior secondary school students in Ghana, 73.6% had talked about HIV/AIDS with parents or other family members, which is higher than the current study regarding communication with parents on STI/HIV/AIDS 161 (53.2%), the difference in percentage of communication may be due to cultural difference or other country related factors [23].

Study conducted at Ziway showed that, 93% of parents have negative perception towards the premarital sex and 53% of the respondents reported culturally shameful to discuss about physical and psychological changes during adolescents, this is higher than the result of the current study which reports the most frequently mentioned reason for not discussing on avoiding premarital sex with parents were shamefulness 55 (31.4%) and culturally unacceptable 38 (21.4%) [24].

5. Conclusion

Parents are expected to play a crucial role in transmitting appropriate sexual and reproductive health information and skills to their adolescents. But according to the finding of the present study the parent adolescent communication about sexual and reproductive health issues were low. Adolescents discussed about sexual and reproductive health issues more with friends than their parents. Therefore, training and education to improve the adolescent-parent communication is recommended for the both.

Abbreviations

AIDS: Acquired immune deficiency syndrome; STI: Sexual Transmitted Infections; SRH: Sexual and reproductive health.

Competing Interests

The authors declare that they have no competing interests.

Authors' Contributions

DN wrote the proposal, participated in data collection, and analyzed the data. MD revised drafts of the paper and wrote the manuscript. Both authors read and approved the final manuscript.

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