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Research Article

Parent-Adolescent Communication about Sexual and Reproductive Health and Associated Factors among Preparatory School Students in Haiyk Town, North East Ethiopia

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Abstract

Background: Parent-adolescent communication regarding sexual and reproductive health issues is more likely to reduce adolescent risk-taking sexual behaviors. However, there is a paucity of evidence about adolescent parent communication in northern part of Ethiopia.

Objective: To assess parent-adolescent communication about sexual and reproductive health issues and associated factors among preparatory school adolescents in Haiyk preparatory school.

Methods: A cross sectional study was employed with Simple random sampling technique among 332 students in Haiyk Preparatory school. Data were collected by Self-administered structured questionnaire. Self-administered anonymous questionnaires was applied to minimize social desirability bias and interviewer distortion that often limits the use of face to face interviews. Investigators were responsible to lead the whole situation of data collection process, to check the collected data for consistence, completeness, editing, and suspicious of irregularity. Data were entered to Epi-Data version 3.1 and transported to SPSS version 21 for further analysis. Binary Logistic regression with 95% Confidence interval was applied to identify association between explanatory variable and the outcome variable and 0.5 level of significance was taken. Variables p value less than 0.25 in binary logistic regression were included in multiple logistic regression.

Results: The percentage of adolescents who had communication about sexual and reproductive issues was nearly 83%. Of which, majority of student preferred to discuss with their peers than parent. Students whose parents age18 and below had 92% less likely to communicate with their parents on sexual and reproductive health issues as compared to students whose age is greater than 18 years old. Students whose parent's educational status primary school has 2 times more likely to have parent adolescent communication as compared with students whose parent educational status were above grade eight. Students who were grade 11 had 78% less chance of parent adolescent communication about sexual and reproductive health issues than students of grade 12.

Conclusion and recommendations: Communication on sexual and reproductive health issues between adolescent and their parent was progressively increasing. Establish and facilitate peer to peer and parent student sexual and reproductive health open discussion among family members in general and between parents and children in particular to enhance positive peer influence gap and taboos.

Keywords: Parent; Adolescent; SRH; Communication and Ethiopia

Abbreviation: AIDS: Acquired Immune Deficiency Syndrome; ANRS: Amhara National Regional State; ASRH: Adolescent Sexual and Reproductive Health; CDC: Communicable Disease Control; HIV: Human Immunodeficiency Virus; MOH: Ministry Of Health; RH: Reproductive Health; SRH: Sexual and Reproductive Health; SSA: Sub-Saharan Africa; STD: Sexually Transmitted Disease; STI: Sexually Transmitted Infections; USA: United States of America; WHO: World Health Organization; COR: Crude Odd Ratio; AOR: Adjacent Odd Ratio; SPSS: Software Project for Social Science

Introduction

Adolescence is a transitional period from childhood to adulthood, characterized by significant Physiological, psychological and social changes in the age group of 10-19 years [1,2]. Globally 1.2 billion adolescents need proper education, health and other life skills to ensure a better future for themselves and their countries [2].

The adolescent population in Ethiopia has been increasing during the last few decades. Currently, adolescents constitute about 24% of the population [3]. Many adolescents die prematurely every year, an estimated 1.7 million adolescents lose their lives to accidents, violence, and pregnancy related complications and other illnesses that are either preventable or treatable [4].

Adolescents often lack basic reproductive health information, knowledge, and access to affordable confidential health services. Many do not feel comfortable in discussing reproductive health with parents [5]. Moreover, when young people feel unconnected to family, they may become involved in activities that put their health at risk. However, when parents affirm the value of their children, adolescents more often develop positive, healthy attitudes about themselves [6].

Parents often have difficulty communicating about sex with their adolescents. Nevertheless, positive communication between parents and children helps adolescents to establish individual values and make sexually healthy decisions [7]. Sexually transmitted diseases, HIV/AIDS and other reproductive health problems are the greatest threats to adolescent well-being. However, despite the growing needs, there is no adequate health counseling from parents [8].

Youth do not talk about these topics with their parents and there is little research on what helps them initiate conversation [9]. Parent and child communication about sexuality regarded as an effective way to reduce risky sexual behavior and HIV infection among adolescents. However for many parents all over Africa, one of the challenges in child upbringing is answering a child's questions about sexuality [10,11]. Equally, a lot of children find it uncomfortable having a conversation about sexuality with their parents because the subject is a taboo topic in most homes [12,13]. Adolescents who talk with their parents about sexuality are more likely than other youth to delay the initiation of sex and, when they eventually initiate sex, are more likely to use condoms and other contraception [14]. But little is known about parent adolescent communication on sexual and reproductive health in Ethiopia.

So this research was done to fill the research gap on this issue and identification of factors which will help those who are working on adolescent sexual and reproductive health programs to focus on parent-adolescent communication on sexual and reproductive health to suggest possible ways of improving the challenges in family communication.

Materials and Methods

Study area, period and design

The study was conducted in Haik preparatory school, Haiktown. The area is located about 430m Addis Ababa in the north east of Ethiopia on the high way from Addis Ababa to Mekelle. It has one preparatory, one secondary school and two elementary school. A school based cross sectional study was conducted from May 15-30, 2017. There were 86 teachers and 1954 students in the school.

Source and study population

All preparatory school adolescents studying in preparatory school were the source population and randomly selected students from the source were study population. Regular Haik preparatory school were included in the study and those had mental related health problems were excluded.

Sample size determination and sampling procedure

The sample sizes were determined by using single population proportion formula through the assumption confidence interval at 95%, proportion of young people who had sexual and reproductive health issues communication with their parents (28.9%) [12], the allowable marginal error which is taken to be 5% and none response rate 5% A total of 332 sample size was determined. Based on the sample size all regular preparatory school students were considered in the sampling process for the selection of the study subjects. Sample Students were selected by simple random sampling technique from both grade 11 and 12 students from prepared students list sample frame [13]. Selected students were collected together in six rooms and sit independently on the chair and filled the self-administer questionnaire after orientation about the objective of the study. After completing the questionnaire the students put the paper in the prepared box to reduce social desirability bias. Finally supervisors collect the filled questionnaire from the box and check completeness [14].

Data collection and quality control

A pre-tested questionnaire that explored the objectives of the study was designed according to the local culture and norm, was prepared in English and was translated to Amharic language then back translated into English [15]. Self-administered anonymous questionnaires was applied to minimize social desirability bias and interviewer distortion that often limits the use of face to face interviews. Four data collectors and two supervisors were recruited and undergone training. The quality of the data was assured by using standardized questionnaires [16]. Investigators were responsible to lead the whole situation of data collection process, to check the collected data for consistence, completeness, editing, and suspicious of irregularity. The methods of data collection, and more importantly how to keep confidentiality and privacy. They were be also familiarized with the contents of questionnaire. The data collection instrument was anonymous structured closed ended self-administered question to be filled by participants. Completed questionnaires were checked by the investigators and supervisors before it goes to data analysis [17].

Statistical analysis

Data were entered to Epi-Data 3.02 and exported, cleaned and analyzed by SPSS version 21. The collected data was processed which involves categorizing the questions, coding computerization and preparation of tables and diagrams the above procedure helps us to minimize data error. Missed data were explored and normality for variables was checked by p-p plot [18]. Descriptive statics for continuous variables, proportion for categorical variables, Odds ratio to see strength of association, bivariate analysis to select candidates for multivariate logistic regression and multivariate logistic regressions analysis was performed to control confounders. Candidate Variables with P-value less than 0.25 in the bivariate analysis was included in the multiple logistic regression analysis using backward stepwise method to develop model and identify predictor factors for unintended pregnancy [19]. Then variables

P-value of less than 0.05 was taken as significance. Result was organized and presented using tables, graphs, charts and statement.

Parents: Parents in this study mean biological parents, step parents or foster parents but it does not include elder siblings [20].

Adolescent: are peoples who were between 10 to 19 years old.

Communication on SRH: To said there is communication on SRH when young people discussed about SRH in at least two topics with their parents (STI, contraceptive and premarital sex).

Communication between parents and adolescents on SRH issues: In this particular study context Parents and adolescents communication regarding SRH issues was a simple discussion or talking which is interactive between parents and adolescents on the following issues: STIs, HIV/AIDS [21], premarital sex and contraception.

Ethical approval and consent to participate

The study protocols were approved by the department of public health in Wollo university and the administrative office of Haiyk preparatory school at all stage was expressed their willingness after they received a formal letter and informed about the whole purpose of the research project. Verbal consent was obtained from each study subject. Participants were told the objective of the study and their right to refuse filling the questionnaires any time they want and participants will be told that their answers will remains anonymous and confidential.

Results

Socio-demographic characteristics of the respondents

Table 1: Socio demographic characteristics of haik preparatory school adolescents, haik town, north east Ethiopia, 2017.

Variables		Frequency	Percentage
Sex	Male	166	51.4
	Female	157	48.6
Age	17	5	1.5
	18	91	28.2
	19	227	70.3
Educational Level(Grade)	11	172	53.3
	12	151	46.7
Parent educational status	Illiterate	104	32.2
	Primary	116	35.9
	>grade8	103	31.9
Religion	Orthodox	69	21.4
	Muslim	248	76.8
	Protestant	6	1.9
Living Condition	Living with parent	259	80.2
	Living with Relatives	32	9.9
	Others*	32	9.9
Marital status of mother and father	Living together	288	89.2
	Separate	35	10.8
Residence	Urban	229	76.6
	Rural	94	23.4

*Others=living with alone+ living with friend plus living with relatives,

“Separate=divorced plus widowed

A total 332 of schools adolescent were enrolled in the study with 97.28% response rate and about 148(44.5%) were males., 172(53.3%) of the respondents were from grade 11 and majority 227(70.3%),of the respondents were aged 19. Majority of respondents 229(76.6%) came from urban and most respondents 248(76.8%) were Muslim (Table 1).

Parent adolescent communication on sexual and reproductive health

The majority of the respondents (96.6%) thought that parent adolescent communication about sexual and reproductive health issues is important. Almost 267 (82.7%) of respondents had discussion on sexual and reproductive health with their parents at least on two sexual reproductive health issues (Table 2).

Table 2: Number of students who had discussion on different SRH topics with different persons in Haik preparatory school, 2017.

Topic Of Discussion	No (%) Discussed	with Whom they Had Discussed					
	Yes	Mother	Father	Friend	Brother	Sister	Teacher
Contraceptive	191(59.1%)	15(4.6%)	14(4.3%)	128(39.6%)	5(1.5%)	9(2.8%)	20(6.2%)
STI/HIV/AIDS	290(89.8%)	99(30.7%)	21(6.5%)	85(26.3%)	40(12.4%)	32(9.9%)	17(5.3%)
Sexual intercourse	192(59.4%)	61(18.9%)	29(9%)	44(13.6%)	13(4%)	37(11.5%)	12(3.7%)
Unwanted pregnancy	171(52.9%)	56(17.3%)	18(5.6%)	50(15.5%)	15(4.6%)	32(9.9%)	3(0.9%)
Avoiding pre-marital sex	174(57%)	50(15.5%)	22(6.8%)	76(23.5%)	10(3.1%)	20(6.2%)	6(1.9%)
Condom	188(58.2%)	33(10.2%)	41(12.7%)	49(15.2%)	27(8.4%)	21(6.5%)	17(5.3%)
Pubertal stage	254(78.6%)	52(16.1%)	20(6.2%)	150(46.5%)	38(11.8%)	32(9.9%)	23(7.1%)
Menstrual cycle	127(39.3%)	43(13.3%)	3(0.9%)	60(18.6%)	1(0.3%)	25(7.7%)	6(1.9%)

Almost half of the respondents, 191(59.1%) reported that they had discussion about contraceptive methods with their friend 128(39.6%) followed by teacher and mother accounted for 20(6.2%) and 15(4.6%) respectively [22]. Regarding the frequency of parent adolescent communication about sexual and reproductive health issues 142(44%) of them discusses often. Concerning STI/HIV/AIDS, 290 (89.8%) of the students reported that they had discussion on STI/HIV/AIDS and the reason for not to discuss accounts lack of knowledge was 8(2.5%). The majority of the students ninety nine (30.7%) had discussed this issue with their mother, followed by eighty five (26.3%). 84.5% of respondents had discussed on premarital sex. Nearly of the participants 174 (57%) reported to have had discussion about unwanted pregnancy and among these 76(23.5%) of the respondents had discussed with their friends and 50 (15.5%) with their mothers and 20(6.2%) with their sister [23].

About 125(38.7%) respondents didn't discuss about contraceptive methods and the reasons for the others were because lack of communication skill, which accounted for 51(15.8%), culturally unacceptable 146(43.5%), shame 165 (49.6%), and lack of knowledge 108(32.5%) were common mentioned reasons [24].

Regarding student's preferable person to communicate with, Friends were the top preferable one (50.5%) followed by Mother, sister, teacher and father respectively (Figure1).

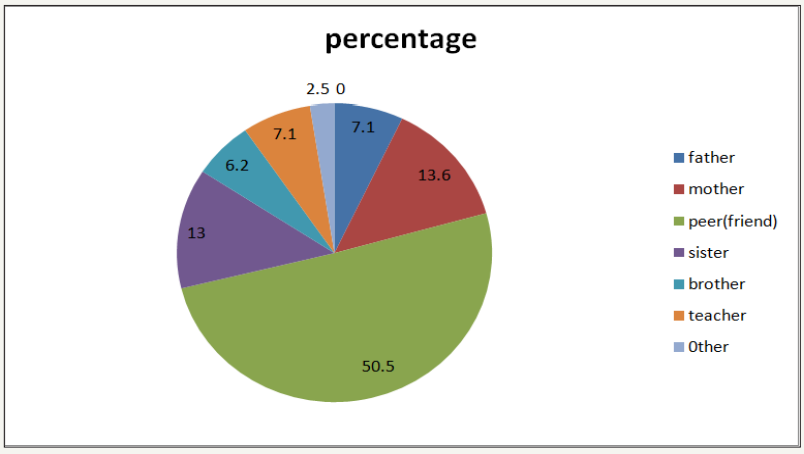

Figure 1: preference of respondents to discuss on sexual and reproductive health issues in Haik preparatory school adolescents, Haik town, 2017.

Factors associated with parent adolescent communication

In multiple logistic regression sex, educational status of parents and grade of respondents had association with parent adolescent communication on sexual and reproductive issues. Students whose parents age18 and below had 92% less likely to communicate with their parents on sexual and reproductive health issues as compared to students whose age is greater than 18 years old (AOR=0.924, 95% CI; (0.53-6.95). Students whose parent's educational status primary school has 2 times more likely to have parent adolescent communication as compared with students whose parent educational status were above grade eight (AOR=2.108, 95 CI;1.045-4.251) [25]. Students who were grade 11 had 78% less chance of parent adolescent communication about sexual and reproductive health issues than students of grade 12 (AOR=0.22, 95 CI; (0.08-0.63); (Table 3).

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Table 3: Bivariate and multivariate analysis of factors associated with parent adolescent communication in Haik preparatory school, Haik town, 2017.

Variables	Category	Parent Adolescent Communication		COR(95% CI)	AOR(95% CI)
		Yes (%)	No (%)		
Age	17-18	14(9.9)	82(90.1)	0.39(0.190-0.81)	0.924(1.53-6.95)*
	19	180(79.3)	47(20.7)	1	1
Residence	Urban	199(86.9)	30(13.1)	1	1
	Rural	68(72.3)	26(27.7)	0.39(0.218-0.713)*	0.456(0.202-1.03)
Marital status of family	Lives together	244(84.7)	44(15.3)	1	1
	Separated	23(65.8)	12(34.2)	0.38(0.167-0.859)	0.540(0.0209-1.392)
Parent educational status	Illiterate	89(85.6)	15(14.4)	2.10(1.045-4.251)	0.262(0.16-0.592)
	Primary	102(87.9)	14(12.1)	2.58(1.272-5.268)	0.396(0.180-0.876)*
	Above grade 8	76(73.8)	27(26.2)	1	1
Sex	Male	121	45	4.203(0.1-0.4)*	6.51(0.69-7.74)
	Female	146	11	1	1
grade	11	157(91.3)	15(8.7)	0.25(0.135-0.486)	0.23(0.08-0.63)*
	12	110(72.8)	41(27.2)	1	1

Discussion

This study assessed parent - adolescent communication on sexual and reproductive health issues among Haiyk preparatory students. In this study revealed that nearly 83% of adolescents had communication on at least two sexual and reproductive health issues. This finding is better than the study done in north Ethiopia Almata town [26]. Because there is time period gap since the later study conducted that will contribute its part for the difference. It is low as compared to a research done in Finote Selam town. This reason may be our research is done in a less urban area than Fnote selam and the respondents may fear or they may be fear of answering questionnaires.

This study indicates that adolescents were more comfortable discussing SRH issues with mothers (13.6%) than fathers (7.1%). This is consistent with the findings of a study in another administrative region in Ethiopia [27]. A study done in Emory University, Atlanta Georgia USA, and Mexico showed similar finding that both male and female adolescents were more likely to discuss sexually topics with their mothers than their fathers. This is because mothers generally talked with both sons and daughters more than fathers did [28].

Most students 50.0% preferred to discuss SRH issues with friends or peers. It seems that students feel more comfortable and at ease to discuss SRH issues with friends or peers compared to parents. Moreover, in this study adolescents reported discussing a number of sex related topics with friends or peers and which supports the importance of peers, the finding is similar with study done in Bullen high school, Benshangul Gumuz region and in Atlanta Georgia USA [2,28].

This implies, if peers are not equipped with appropriate information on SRH they may influence each other in negative way whereas if they are equipped with appropriate information on SRH it will have a multiplying effect. Similarly, for many adolescents school and mass media were preferred sources of sexual and reproductive health information. This may suggest that there is a need to equip school friends (peers) and the mass media with the appropriate information and materials on SRH issues.

Cultural taboos, being ashamed and lack of communication skill of adolescent makes them not to discuss openly with their parent about sexual and reproductive health issue which is similar other studies [29,30]. This is due to the fact that sexual conversations are deemed a taboo subject in many African communities, for example in Ghana, Sierra Leone, Nigeria and South Africa, this finding is consistent with this study which suggests that parents limit them self to safe topics that students do not discuss about sexual issue with parent [9,26].

Conclusion

This study showed more than three forth of adolescents had discussion on sexual and reproductive health with their parents on at least two sexual and reproductive health issues. This indicates there is progressively increasing. Communications on sexual and reproductive health issues both were preferred and took place to a much greater with their friends/peers than parents. Still significant number of adolescents did not have parent adolescent communication on sexual and reproductive health issues. This shows that Sexual and RH related issues continue to be socio cultural taboos among both young people and their parents. The common reasons mentioned for not parent adolescent SRH issue discussion were cultural taboos, lack of knowledge on SRH, Shame on the topic and lack of communication skill.

Recommendations

Sexual and reproductive issues should be included in the education curriculum to improve students' knowledge about sexual developments and risks of unsafe and early sexual initiation. Establish and facilitate peer to peer and parent student sexual and reproductive health open discussion among family members in

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general and between parents and children in particular to enhance positive peer influence, break knowledge gap and taboos. Initiate strategies and policies on family life education for better parent adolescent communication on SRH issues. Further studies should be conducted to determine effective ways of implementation of parents–adolescents communication under diverse socio-cultural settings on sexuality and reproductive health related issues and the effect of communication on safe sexual behaviors.

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Consent for publication

Not applicable.

Availability of data and material

The datasets during and/or analyzed during the current study is available from the corresponding author on reasonable request.

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Competing interest: - The authors declare that they have no competing interest.

Author's contribution

NC: Conducted the research, analysis and wrote the manuscript.

TC: Consult the research work, conducted the research, and analysis, Involved in the write up of the methodology of proposal, did data entry and research work.

All are equally contributed.

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