

Assessment of Communication on Sexual and Reproductive Health Issues among Gorro Preparatory School Students with their Parents Gurage Zone, Southern Ethiopia, Ethiopia

Mersha Kinfe^{1*} and Getachew G/selassie²

¹University of Haramaya, Ethiopia

²Orbis-International, Addis Ababa, Ethiopia

*Corresponding Author: Mersha Kinfe, University of Haramaya, Ethiopia.

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Abstract

Background: Parental communication with adolescents regarding sexuality is regarded as critical toward informing adolescents of risks and protective behaviors, providing guidelines on values and standards of behavior, and decreasing likelihood of youths' engagement in risk behaviors.

Methods: A cross sectional study through self-administered questionnaire was conducted among Gorro preparatory school students with their parents to assess communication about sexual and reproductive health issues. Data were presented using frequency, tables, proportion, Chi-square for association and relevant analytical techniques univariant (to examine the distribution of each individual variable), bivariate (to describe association between pairs of variables) and multiple logistic regressions (to examining the effects of two or more independent variable on the dependent variable) were used. Epi-info version 3.5.1 and SPSS version 15 computer software package were used for analysis.

Result: A total of 550 adolescents were participated in the study. Four hundred eighty-two (87.6%) of the respondents reported that it is important to discuss sexual and reproductive health issues with their parents. However only One hundred ninety nineteen (36.2%) of the students discussed with either of their parents in at least two topics of Sexual Reproductive Health.

Conclusion: In this study, higher educational level of parents is positively associated with discussion on different SRH issues (OR = 1.6, 95% CI (1.1, 9.2) for mothers and (OR = 3.5, 95% CI (3, 13) for fathers of the respondents). Shame, parents lack knowledge on different sexual and reproductive health issues and culture are among the major factors which prevents adolescents from initiating discussions about sexual and reproductive health issues with their parents. Due to these reasons, there was low communication about sexual and reproductive health issues between adolescents and their parents. So, based on the finding obtained it is recommended that Comprehensive family life education (FLE) should be initiated for the students and parents in school, to make communication on sexual and reproductive health issues more effective.

Keywords: Communication on Sexual and Reproductive Health Issues with Parents, Gurage Zone, Ethiopia

Introduction

Parental communication with adolescents regarding sexuality is regarded as critical toward informing adolescents of risks and protective behaviors, providing guidelines on values and standards of behavior, and decreasing likelihood of youths' engagement in risk behaviors [1,2].

Improving the sexual and reproductive health of young people is a global priority. Interest in the reproductive health of adolescents continues to grow throughout the world. One of the factors responsible for this interest is the sheer number of young person's worldwide, nearly half of the global population is less than 25 years old (Ademola J Ajuwon., *et al.* 2006).

Adolescence is a critical period of human development often characterized by confusion, mixed interpretation and understanding of adult behavior and environment, exuberance and a penchant for experimentation, especially with drugs, alcohol and sex. Of all challenges, those associated with sexual maturation are the most distinctive as well as the most problematic [3].

The first supervisors of the sexual education of children are parents. In addition to providing information, parents have an important role in their children's sexual development, including the formation of attitudes and the values about sexuality and the reduction of risky behaviors [4].

Adolescent sexual decision making and behavior are influenced by myriad factors at the individual level as well as peer, family, community and societal levels. Parents play a substantial role in the gender and sexual socialization of their children. Discussing topics related to sexuality has been associated with a range of important psychosocial attributes including increased knowledge, better interpersonal communication skills, including sexual negotiation skills, and self-efficacy [5]. Communication about sexuality between parents or caregivers and offspring has also been identified as a protective factor for a range of sexual behaviors, including a delayed sexual debut, for females [6].

Methods

Study design and period

A cross sectional quantitative study was conducted to assess communication on sexual and reproductive health issues among Gorro preparatory school students with their parents, January 2016.

Source population

Adolescents who are registered in Gorro preparatory school in the academic year 2015/2016.

Study subjects

Preparatory school students in Gorro preparatory school who are enrolled in grade 11 and 12 for the academic year 2015/2016.

Inclusion criteria: Preparatory school students who are attending their education during the day at the time of data collection.

Exclusion criteria: Those students who are sick and unable to fill the questionnaire.

Sample size determination

This study used the formula single population proportion sample size determination. Calculation was done using the assumption, the proportion of parent adolescent communicating in SRH issues in a previous study $p = 30.4\%$ [7], 95% CI, 4% marginal error (since p is less than 50% to get more sample it is better to decrease the margin of error), and 10% non-response rate.

N.B. This sample size calculation is depending on the first objective since it gives the largest sample size than the second objective.

$$n = \frac{(Z_{\alpha / 2})^2 P(1 - P)}{d^2} = \frac{(1.96)^{2*} (0.304) * (0.696)}{(.04)^2}$$

= 508, 10% non-response rate, using correction method

$$\begin{aligned} \text{i.e. } & \frac{\text{Sample size}}{1 - NR(\text{non-response rate})} \\ & = \frac{508}{1 - 0.1} \\ & = 564.4 \\ & = 565 \end{aligned}$$

For the second objective, calculation is done using the assumption, culture is one of the most important factor for not communicating between parents and adolescents in a previous study $p = 26.8\%$ [8]. 95% CI, 5% marginal error, using this assumption, the sample size was calculated using the statistical program of Epi7 and the total sample size found to be 301. Since the first objective gave the larger sample size, the sample size for this study is 565.

Sampling Method

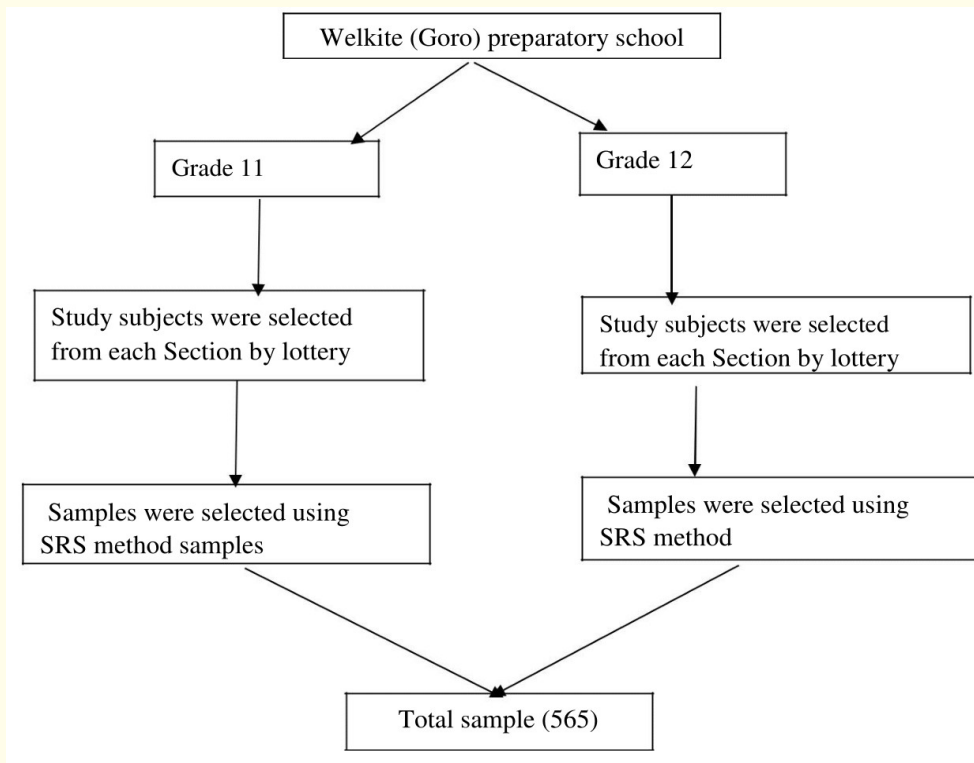
Initially students were stratified by grade, which is from 11 - 12 and from each grade study unit were selected by lottery method. To select the study unit student’s roster was used as frame. And to determine the number of students from each grade proportionate allocation to their size was used. The details of each section was as follows.

Grade 11		Grade 12	
Section	Number of students	Section	The number of students
A.	88	A.	83
B.	80	B.	84
C.	86	C.	84
D.	82	D.	90
E.	86	E.	86
F.	80	F.	84
G.	82	G.	86
H.	83	H.	85
I.	90	I.	87
J.	80	J.	85
Total	837	Total	854

So the total numbers of students in grade 11 were 837 and in grade 12 were 854. The proportions of students in grade 11 were 49.5% from the total students and the proportion of students in grade 12 were 50.5%. Hence, from the total sample size 49.5% (272) of the study subjects were from grade 11 and 50.5% (278) of the study subjects were from grade 12. To select study subjects from each section, I used the proportion of each section from the total study subjects of each grade. These students selected from other students of each sections using simple random sampling method. For this purpose student roster was used as a sampling frame. Accordingly the followings are the number of students selected from each section for this study.

Grade 11		Grade 12	
Section	Number of students	Section	The number of students
A.	29	A.	27
B.	25	B.	27
C.	28	C.	27
D.	27	D.	30
E.	28	E.	28
F.	26	F.	27
G.	27	G.	28
H.	27	H.	28
I.	30	I.	28
J.	25	J.	28
Total	272	Total	278

Sampling procedure



Data collection

To help students in facing any confusion six data collectors who are working in the zonal health department and having previous experience in data collection and fluent in Amharic were involved. Training was given on the questionnaire and on the data collection techniques. 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. Data collection took place on January 2013. Data collectors distributed the questionnaire to the students, and remained in the class room until all of the students finished filling the questionnaire. The principal investigator supervised the research assistants throughout the data collection. The data collection instrument is anonymous structured closed ended self-administered question which was filled by the students. A number of questions that can address the objectives of the study were gathered and adapted from previous similar studies and other relevant sources.

Operational definition

Communication between parents and adolescents on SRH issues = in this study context is discussion about SRH like STI/HIV, sexual intercourse, contraceptive, unwanted pregnancy, condom etc. between parents and their children.

To say there is communication on SRH= when adolescents discussed about SRH in at least two topics (about condom, STI/HIV, sexual intercourse, condom, unwanted pregnancy etc.) with their parents in the last 12 months.

Study Variables

Independent variables

- Age
- Sex
- Grade
- Educational status of the parents
- Family income
- Family size

Dependant (outcome variable)

- Communication of school students and parents on SRH issues.

Data analysis

Data were presented using frequency, tables, proportion, Chi-square for association and relevant analytical techniques (univariate (to examine the distribution of each individual variable), bivariate (to describe association between pairs of variables) and multiple logistic regressions (to examining the effects of two or more independent variable on the dependent variable) were used. Epi-info version 3.5.1 and SPSS version 15 computer software package were used for analysis.

Data quality control

A pre-tested, structured questionnaire was used for the data collection. Training was given for the data collectors and supervisors. Additionally operational definitions were used. The principal investigator checked every completed form.

Ethical consideration

Ethical clearance for the study was obtained from Addis Continental Institution of Public Health and Haramaya University Institutional Review Board. A formal letter was written from Addis Continental Institution of Public Health to Welkite town administration educational office.

Respectively permission from the Welkite town administration educational office was written to Gorro preparatory school. Verbal and written consents was obtained from the study subjects after explaining the study objectives and procedures and their right to refuse to participate in the study any time they want. For this purpose, a one-page consent letter was attached to the cover-page of each questionnaire stating about the general purpose of the study and issues of confidentiality which was discussed by data collectors before proceeding to the questionnaire.

Result

Socio-demographic characteristics

A total of 550 participants completed the questionnaire. Fifteen questionnaires were excluded because they were incomplete. Thus, the analysis was made based on 550 completed questionnaires for a response rate of 97.3%. Out of 550 students who responded the questionnaire 299 (54.4%) were males and 251 (45.6%) were females. The mean age of the respondents was 18.16 ± 1.54 SD years; they were within the range of 15 - 23 years. The majority (86%) were between 17 and 20 years of age.

Three hundred twenty nine (59.8%) students reported their family size is above five. One hundred sixty six (30.2%) of the participants had illiterate mothers. One hundred six (19.3%) of participants' fathers were illiterate.

Variable	Number	Percent
Sex		
Male	299	54.4 %
Female	251	45.6 %
Age		
15 - 17	176	32 %
18 - 20	333	60.5 %
21 - 23	41	7.5%
Grade		
Grade 11	272	49.4%
Grade 12	278	50.6%
Religion		
Orthodox Christian	269	48.9%
Muslim	196	35.6 %
Protestant	46	8.4%
Catholic	9	1.6%
Adventist	30	5.5%

Table 3: Socio-demographic characteristics of school students in Gorro preparatory school, Gurage zone, SNNPR, Ethiopia, January 2016.

Variable	Number	Percent
Mother's education status		
Illiterate	166	30.2
Primary school	237	43.1
Secondary school	70	12.7
Tertiary school	64	11.6
Not alive	13	2.4
Father's education status		
Illiterate	106	19.3
Primary school	254	46.2
Secondary school	60	10.9
Tertiary school	103	18.7
Not alive	27	4.9
Mother's Occupation		
House wife	293	53.3
Employed	81	14.7
Merchant	104	18.9
Farmer	59	10.7
Not alive	13	2.4
Father's Occupation		
Employed	161	29.3
Merchant	86	15.6
Farmer	271	49.3
Not alive	32	5.8
Family size		
< 5	221	40.2
> 5	329	59.8
Family income		
< 1000	60	10.9
1000 - 2000	418	76
> 2000	72	13.1

Table 4: Socio demographic characteristics of parents' of the enrolled students, Welkite, SNNPR, Ethiopia 2016.

Source of information on sexual and reproductive health (SRH)

Most of the students 486 (88.4%) agreed on the importance of education on issues related to sexual and reproductive health to adolescents while the remaining 64 (11.6%) didn't agreed towards the importance of sex education. The most frequently mentioned source of information for SRH were media 237 (43.1%) followed by schools 178 (32.4%) (Figure 1). Concerning the preference of the respondents to where the education given majority of the participants mentioned school 444 (80.7%), followed by religious areas 57 (10.4%), home 27 (4.9%) and friends 22 (4%).

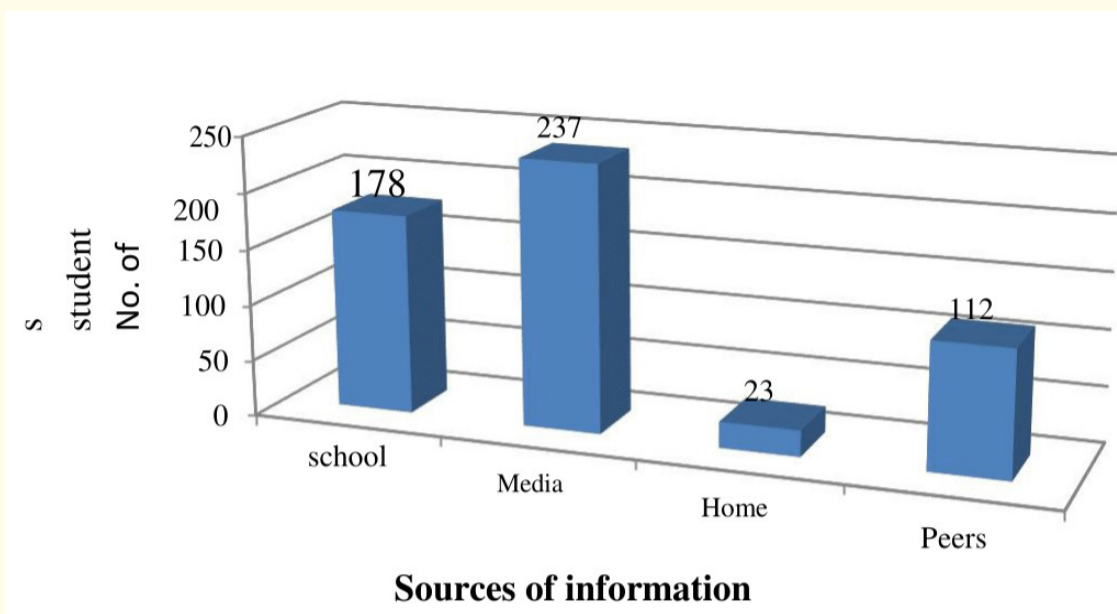


Figure 1: School students response to sources of information for SRH , Gorro high school, Gurage zone, SNNPR, January 2016.

Communications on sexual and reproductive health issues

Only one hundred ninety nine (36.2%) of the students discussed with either of their parents in at least two topics of SRH (Table 5). However, Four hundred eighty two (87.6%) of the respondents reported that it is important to discuss sexual and reproductive health issues with parents. Parental education had statically significance in discussing different sexual and reproductive health issues.

Variable	Discussion in at least two topics		OR (95% CI)	Adjusted OR
	Yes	No		
Sex				
Male	100 (33.6)	199 (66.5)	1.27 (0.9, 1.81)	1.3 (0.9, 1.8)
Female	99 (39.3)	151 (60.4)	1.0	1.0
Grade				
11	95 (34.9)	177 (65.1)	1.0	1.0
12	104 (37.4)	174 (62.6)	0.7 (0.55, 1.12)	0.8 (0.4, 1.8)
Age				
15 - 17	59 (33.5)	117 (66.5)	1.0	1.0
18 - 20	125 (37.4)	208 (62.3)	1.1 (0.5,2)	0.83 (0.5,1.2)
21 - 23	15 (37.5)	26 (63.4)	1.7 (0.3, 7.7)	0.85 (0.3,1.8)
Family size				
≤ 5	82 (37.1)	139 (62.9)	1.0	1.0
> 5	117 (35.6)	212 (64.4)	1.2 (0.4,2)	1.2 (0.7,1.7)
Mothers edu.				
Illiterate	56 (33.7)	110 (66.3)	1.0	1.0
Literate	143 (37.3)	241 (62.7)	1.6 (1.1,9.2)*	5.9 (1.2,29.7)*
Fathers edu.				
Illiterate	30 (28.6)	75 (71.4)	1.0	1.0
Literate	169 (38)	276 (62)	3.5 (3, 13)*	1.4 (1.2,1.9)*
Living arrangement				
Both parents	136 (36.8)	234 (63.2)	1.0	1.0
Single parent	29 (36.7)	50 (63.3)	1.1 (0.6, 2.1)	0.4 (0.6, 1.9)
Others	34 (33.6)	67 (66.4)	0.9 (0.5, 1.9)	

Table 5: Factors associated with School students' communication with their parents about SRH issues, Gorro high school, January 2016.

Others includes those living with friends, living alone and living with relatives *indicates P < 0.005

Most of the Adolescents were not discussing about sexual and reproductive health issues with their parents. As described in table 6 more than 65% of the students didn't discuss about the different sexual and reproductive health issues.

Sr. No	Topics of discussion	No (%) not discussed	Major reasons for not discussing		
			Parents' lack		
			Knowledge	Shame	Culture
1.	Contraceptive	398 (72.4%)	132 (24%)	158 (28.7%)	83 (15.1%)
2.	STI/HIV/AIDS	234 (42.5%)	107 (19.5%)	89 (16.2%)	37 (6.7%)
3.	Sexual Intercourse	468 (85.1%)	129 (23.5%)	213 (38.7%)	85 (15.5%)
4.	Unwanted pregnancy	362 (65.8%)	125 (22.7%)	147 (26.7%)	65 (11.8%)
5.	Not having premarital sex	389 (70.7%)	123 (22.4%)	154 (28%)	83 (15.1%)
6.	Condom	495 (90%)	124 (22.5%)	233 (42.4%)	98 (17.8%)
7.	Physical and psychological	363 (66%)	118 (21.5%)	171 (31.1%)	60 (10.9%)

Table 6: Showing the major reasons for not discussing between parents and students , Gorro high school, January 2016.

Discussion

This study attempted to assess communications on sexual and reproductive health issues among preparatory school students and their parents in Gorro preparatory school, Gurage zone, SNNPR, Ethiopia.

The study illustrated that majority (87.6%) of adolescents believe it is important to discuss SRH issues with their parents but only one third (36.2%) of the study participants have discussed on at least two SRH issues, this is also true in other studies done in Bullen woreda which revealed dialogue about sexuality between parents and adolescents believed to be important in 87.9% of the participants but few of them have discussed [8].

In this study higher educational level of parents is positively associated with discussion on different SRH issues. This may implies that when parents are educated they will have more access to information by reading different documents and using different technologies (like internet), this will raise the knowledge of parents on SRH issues then they feel confident to talk with their adolescents about sexuality and reproductive health matters. This is true in a study conducted in Nigeria secondary school students and their parents where communication about different sexual and reproductive health issue was more common in respondents whose parents were in higher educational level [9].

In this study Shame, parents lack knowledge on different sexual and reproductive health issues and culture are among the major factors which prevents adolescents from initiating discussions about sexual and reproductive health issues with their parents. These reasons were responded by most of the respondents as factors affecting communication in different sexual and reproductive health issues with parents. This reason are also true in a study conducted in Tanzania where shame, parents lack knowledge on different sexual and reproductive health issues and culture are the major reasons for not communicating between parents and their children [10].

Conclusion

There is enough evidence from around the world that parents matter, and that supportive communication between parents and children about sexual and reproductive health issues enables young people to make a safe and confident transition to adulthood.

In this study as responded by the students, the majority of the respondents believe in the importance of communication on SRH issues in the study population was revealed. However there is low parent-adolescent communication on SRH issues. Parent's education is a

significant factor for parent adolescent communication about different sexual and reproductive health issues. The most common reasons responded in this study that inhibit communication between parents and adolescents are shame, parents lack of knowledge and culture.

Conflict of Interests

The authors would like to declare that they have no conflict of interest in this study.

Authors' Contributions

MK has conceptualized the manuscript, performed data analysis, made interpretation and drafting of the manuscript. GG has participated in the revision of data analysis, and revised the paper for intellectual content and have participated in the drafting of the manuscript. All authors reviewed and approved the final version.

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