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Barriers of Parent-Adolescent Communication on Sexual and Reproductive Health Issues among Secondary and Preparatory School Students in Yirgalem, Town, South Ethiopia

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Abstract

Background: Nowadays sexuality and reproduction are the most fundamental parts of life, but because of cultural and political sensitivities, they often get little attention in public policy discussion. Parent-adolescent communication about sexual issues remains a challenging issue in Ethiopia as the social banned in many traditional communities still limit such communication. This study assessed factors to hinder adolescent-parent communication on sexual and reproductive health issues among high school students in Yirgalem town, South Ethiopia, 2015.

Methods: Institution based cross sectional study was conducted among high school students in Yirgalem town Sidama Zone from February to March 2015. Simple random sampling technique was used to select 684 students from 9–12 grades. Qualitative data were collected through focus group discussion 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 regressions were used to identify independent predictors of adolescent- parent communications.

Results: Three hundred ninety (59.1%) respondents discussed sexual and reproductive health issues with parents. Adolescents who preferred mother to communicate 3.7 times more likely unwanted pregnancy than father [AOR=3.797, 95% CI: 1.109, 8.434]. Parents 2.6 times didn't discuss on unwanted pregnancy because of shameful than others [AOR=2.677, 95% CI: 1.095-6.545].

Conclusion and recommendation: In this study parent-adolescent communications on sexual and reproductive health issues were low. So that it is crucial to build up a nationwide adolescent sexual and reproductive health and improvement strategy to implement in school, family and community level to increase parent-adolescent communication.

Keywords: Communication; Sexual; Reproductive; Adolescent; Parent; Yirgalem; Ethiopia

Introduction

Nowadays sexuality and reproduction are the most fundamental parts of life, but because of cultural and political sensitivities, they often get little attention in public policy discussion [1]. Our world is home to 1.2 billion adolescents today. However, half of the population in 17 developing countries is under age of 18. Currently in Ethiopia, adolescents constitute over 20.19 million (24.1%) of the total population [2-4].

Unfortunately in the present day more than 2 million 10to19 years old is living with HIV/AIDS in the world. On other hand there are 14 million adolescents giving birth globally each year and more than 90% of these live births occur in developing countries. Yet today less than 1/3rd of adolescents reported having discussions with their parents about HIV/AIDS, sexuality, family planning and marriage [3,5]. Parent-adolescent discussions on sexual matters are banning in Africa including Ethiopia, believed that informing adolescents about sex and teaching them how to protect themselves would make them sexually active [6].

Parent-adolescent communication about sexual issues remains a challenging issue in many sub-Saharan African countries as the social milieu in many traditional communities still limit such communication. Moreover, when adolescents feel unconnected to home, family, and school, they may become involved in activities that put their health at risk [7]. Sexual and reproductive health problems of adolescents in Ethiopia are rising from time to time, and this is associated with early sexual initiation, STI, PID, unwanted pregnancy & unsafe abortion [8]. Communication parent-adolescent about sexual health and good family communication regarding sexual risk behavior have been associated with less engagement in sexual risk behavior [9]. Early initiation of sexual intercourse is associated with other behaviors that increase risk, including more frequent intercourse and greater numbers of sexual partners and lower probability of contraceptive use during the adolescent years [10].

Methods and Materials

Study area and period

The study was conducted in Yirgalem town from February to March 2015. Yirgalem town is located in the Southern part of the country and 316 Kilometers away from Addis Ababa. It covers 28 square kilometers and had an estimated population of 38,438 [11]. There were a total of 3 secondary and preparatory schools, out of this 2 government high schools and one private high schools. There were 7035 students in the academic year 2014/2015. From this 45.1% were males and 54.89% were females [12].

Study population

The study population was all students from grade 9 to grade 12 who

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attending secondary and preparatory schools in Yirgalem town during the study period.

Inclusion criteria

Unmarried adolescents in the age group 10-19 years were included.

Exclusion criteria

Sick and involuntary were excluded during data collection.

Study design and sample size determination

Institution based cross sectional quantitative and qualitative study was employed. Six hundred eighty four in school adolescents were selected from 9-12 grades in the academic year 2014/15. Sample size was determined using single population proportion formula by considering assumptions of proportion of parent-adolescent communicating on sexual and reproductive health issues assumed to be 69.5% [6], desired precision of 5%, 95% confidence level. 10% for non-response rate, a total of 684 students were required for the study.

Sampling procedure

Simple random sampling technique was used to select the sections from each grade in the three schools. Finally, the study subjects were selected using simple random sampling technique.

The student's roster was used as a frame.

Data collection

Pre-tested an anonymous self-administered structured questionnaire was prepared after reviewing relevant literature [6,13-16]. The questionnaire was 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.

Data quality control

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

Data analysis

To ensure the quality of data, all filled questionnaires were checked incompleteness and inconsistency. Data were entered using Epi Info version 3.5.1 and exported to SPSS version 20.0 for statistical analysis. Descriptive statistical analysis was used to compute frequency, percentage and mean for independent and dependent variables. Binary logistic regression analysis was used to ascertain the association between explanatory variables and outcome. Variables with significant association in the bivariate analysis were entered into multivariate analysis to determine independent associated factor of adolescent-parent communication on sexual and reproductive health issues. Variables with P value less than 0.05 was considered as statistically significant. Finally the results were presented in texts, tables and graphs. For Qualitative data were transcripts and translated to English. FGD study components were present using quotes and explanations.

Ethical consideration

Ethical approval and clearance was taken from institutional review board of College of Medicine and Health Sciences, Hawassa University. Regional Education Bureau gave permission to conduct the study in each selected schools in the study area. 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.

Results

Socio demographic characteristics of the respondents

The response rate of the study was (96.5%). About 339 (51.4%) were female's. Majority, 316 (47.9%), of the respondents were from grade 9 followed by grade 10, 11 and 12 accounting 243(36.8%), 49(7.4% and 52(7.9%) respectively. About 50.6% of the respondents were aged 13-16, while the rest were aged 17 to 19 years old. Their living arrangement 532 (80.6%) of them were living with both parents and 64 (9.7%) were living with other only (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 were 215 (32.6%) farmers, 253 (38.4%) were civil servants and 126(19.1%) had their own private business. Meanwhile the occupations of mothers were 278 (42.1%) house wives, 176(26.6%) civil servants and 118 (17.9%) had their private business (Table 2).

Knowledge and attitude on selected sexual and reproductive health issues

Majority of the students 593 (89.8%) were aware contraceptives methods. Four hundred nine (62%) had heard Depo-Provera & 384 (58.2%) had heard pills (Figure 1).

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 Tigriae, wolyita, silti

Table 1: Socio-demographic characteristics of Yirgalem high school and preparatory school adolescents, South Ethiopia, may, 2015 (n=660).

The knowledge of school students on STI and HIV/AIDS: Six hundred thirty one (95.6%) of the respondents knew about STI and HIV/AIDS. Among 528(80%) knew about HIV/AIDS, followed by Gonorrhea 310 (47%) (Table 3).

Sexual attitude and behavior of students

Three hundred fifty two (53.3%) of the students believed that it is normal and acceptable to have sexual feeling during adolescents. Two hundred fifty seven (38.9%) accept premarital sex on the other hand 403(61.1%) did not accept premarital sex. One hundred forty five (22%) students had made sexual intercourse the mean age was 15.5 ± 1.5 SD. Seventy one (48.97%) initiate sexual intercourse by themselves,29 (20%) initiate sexual intercourse by addiction, 27(18.7%) initiate sexual intercourse by peer pressure and 18 (12.4%) initiate sexual intercourse by reception. Ninety seven (66.9%) made sex with friends, 36 (24.8%) made sex unknown person & the rest made sex with relatives (12 %). Most of the students made sex to use condom 89 (61.4%) & 56(38.6%) did not use condom.

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%

*Multiple responses were possible.

Table 2: Parent's educational and occupational status among Yirgalem high school and preparatory school adolescents, South Ethiopia, may , 2015 (n=660).

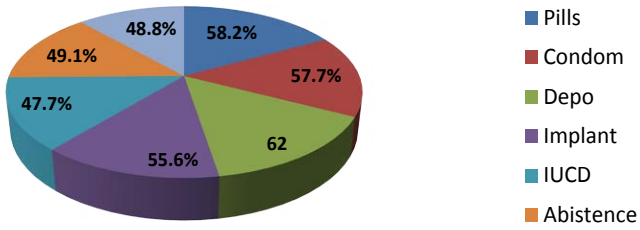

Figure 1: Knowledge of school students on contraceptive methods in Yirgalem town, south, Ethiopia, may, 2015.

Variable	Number	Percent
HIV/AIDS	528	80%
Gonorrhea	310	47%
Syphilis	274	41.5%
Chancriod	261	39.5%
LGV	220	33.3%

Table 3: Knowledge of adolescents on STI and HIV/AIDS in Yirgalem town, south, Ethiopia, may, 2015.

Attitude and practice of school students on parental monitoring

Most of the study subjects 498 (75.5%) agreed parental monitoring in adolescents activities. One hundred sixty three (24.7%) of females reported that they were forbidden to play and have relationship with opposite sex, while the rest 175 (26.5%) were allowed. One hundred fifty eight (23.9%) of males reported that they were forbidden to play and have relationship with opposite sex, while the rest 164 (24.8%) were allowed. Three hundred ninety five (59.8%) of the students reported that their parents knew with whom their son or daughter are when out of home while 265 (40.2%) of the respondents reported that parents did not know where their sons or daughters were when out of home. In the two FGDs conducted with parents, similar to the findings of the survey, the majority of the parents have shown positive attitude towards importance of discussing RH matters with their adolescents.

Most of the parents participated in the discussion think that they have limited knowledge about RH so that they are not capable to initiate discussion regarding the RH matters. "Firstly I discussed with my daughter physiological change, symptoms of menstruation like change of body temperature …because my first daughter when she saw her first menstruation, she was crying, afraid me, she went to neighbour home. When I heard, I hesitated, so all the next siblings I discussed . We have code with my daughters "budget" which means sanitary pad. When my daughters saw menstruation they said that please give me my budget" a 49 year-old female discussant.

Source of information on sexual and RH issues

Two hundred twenty nine (34.7%) of respondents got information on sexual & RH issues from school followed by media 219 (33.2%) (Figure 2).

Communication on sexual and reproductive health issues

Three hundred ninety (59.1%) respondents discussed sexual and reproductive health issues with parents (Table 4). Two hundred fifty (40.9%) of the students did not discuss with either of their parents at least one topics of SRH (Table 5). This is evident from the response, "I am not believed to tell our adolescents with reproductive health especially daughters…because culturally unacceptable, shameful…. But I tell their mother, she also tell them or during family meeting,

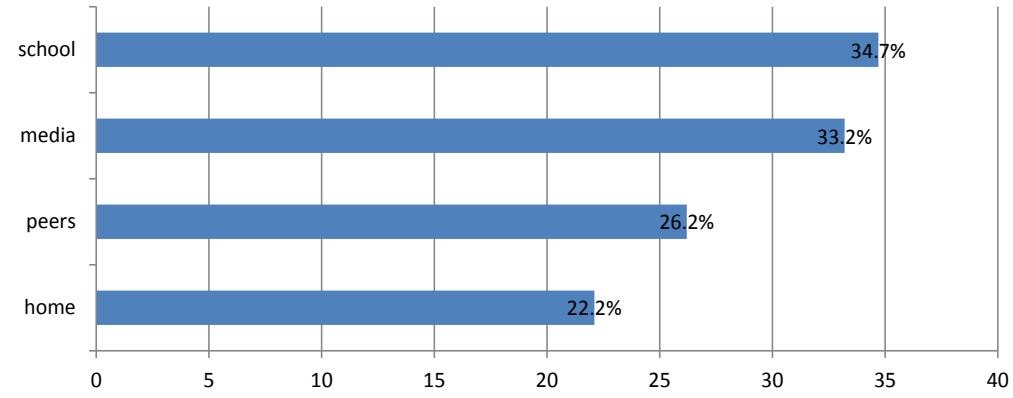

Figure 2: School students' got information on SRH, Yirgalem, town, South, Ethiopia, may, 2015.

Topic of discussion	With whom they had discussed						
	Yes (%)	Father%	Mother%	Friend%	Sister%	Brother%	Other %
Contraceptive	238(36.1)	113(17.1)	125(18.9)	350(53)	122(18.5)	97(14.7)	7(1.1)
HIV|AIDS	342(51.8)	158(23.9)	184(27.9)	359(54.4)	141(21.4)	95(14.4)	4(0.6)
Sexual intercourse	221(33.5)	95(14.4)	126(19.1)	332(50.3)	136(20.6)	81(12.3)	
Unwanted pregnancy	238(36.1)	108(16.4)	130(19.7)	320(48.4)	131(19.8)	82(12.4)	4(0.6)
Premarital sex	211(32)	115(17.4)	96(14.6)	322(48.4)	153(23.2)	84(12.7)	2(0.3)
Condom	219(33.2)	123(18.6)	96(14.6)	286(43.3)	115(17.4)	110(16.7)	2(0.3)
Puberty	262(39.7)	128(19.4)	134(20.3)	318(48.2)	127(19.2)	118(17.9)	4(0.6)

*In bracket a percent
**Multiple responses were possible.
*** Others like aunts, uncle, grandmother & father

Table 4: Secondary and preparatory schools students and with whom they had discussion in different topics of SRH, Yirgalem,south,Ethiopia,may 2015.

Topic of discussion	N(%)not discussing	The reason for not discussing						
		Culturally unacceptable%	Shameful%	Parents have less comm. Skill%	Parents have lack of knowledge%	Embarrassing%	Are not good listener%	Do not know%
Contraceptive	422(63.9)	57(8.6)	117(17.7)	23(3.5)	71(10.8)	20(3)	31(4.7)	103(15.6)
HIV|AIDS	318(48.2)	42(6.4)	99(15)	47(7.1)	67(10.2)	13(2)	28(4.2)	22(3.3)
Sexual intercourse	439(66.5)	83(12.6)	125(18.9)	59(8.9)	110(16.7)	11(1.7)	27(4.1)	24(3.6)
Unwanted pregnancy	422(63.9)	66(10)	116(17.6)	67(10.2)	81(12.3)	23(3.4)	39(5.9)	30(4.5)
Premarital sex	449(68)	64(9.5)	142(21.5)	42(6.4)	104(15.8)	26(3.9)	49(7.4)	22(3.3)
Condom	441(66.8)	68(10.3)	123(18.6)	60(9.1)	92(13.9)	31(4.7)	35(5.3)	32(4.8)
Puberty	398(60.3)	50(7.6)	120(18.2)	28(4.2)	104(15.8)	26(3.9)	39(5.9)	31(4.7)

*In bracket a percent

Table 5: The major reasons for not discussing with their parent in adolescent students, Yirgalem, south, Ethiopia may 2015.

someone from our neighbours or school might be get pregnancy ,HIV/AIDS….. I stressed to talk the consequence like school drop, social stigmatization of child birth without marriage …" a 50-year-old male discussant.

Communication on STI/HIV/AIDS: Three hundred forty two (51.8 %) of the students had discussed on STI/HIV/AIDS with parents (Table 4). The remaining three hundred eighteen (48.2%) did not discuss because of 99(15 %) shameful, 67 (10.2%) parents lack of knowledge, and another 42 (6.4%) culture (Table 5). However, majority of the students 359 (54.4%) had discussed this issue with their friends, followed by 141 (21.4%) with sisters (Table 4).

Communication on unwanted pregnancy: The respondents 238(36.1%) had discussed about unwanted pregnancy (Table 4). Four hundred twenty two (63.9%) did not discuss with their parents. The most commonly mentioned reason for which they didn't discuss with their parents about unwanted pregnancy was 116 (17.6 %) shameful to discuss followed by 81 (12.3%) parents lack of knowledge (Table 5). However, three hundred twenty (48.5%) of the respondents had discussed with their friends and 131 (19.8%) with their sisters (Table 4).

Communication on condom: Two hundred nineteen (33.2%) of the participants had discussed condom (Table 4). Out of those who did not discuss 441(66.8%) from this 123 (18.6%) shameful & 92(13.9%) parents lack of knowledge to discuss about condom with parents (Table 5). On the other hand, out of those who had discussed about condom, majority 286(43.3%) discussed with their friends and 115(17.4%) with sisters (Table 4). This is evident from the response, "I felt that my children were too young to learn about sexual issues. She said that I afraid that talking with my children about these issues would cause them to have early sex or immediately they might be practice it, so I discussed with them after 12 years. Therefore, they tend to observe and hold their intention to talk about these issues until an appropriate

point in time, "a 42-year-old female parent. Another evident from the response, "we are talking about reproductive health matters after 8 years. Because I have evidence, 8 years old daughter blow condom with air, when I saw that this is bad, kill you throw away I said that … what is bad, how it kill me, she ask me, ……" 43 year-old female parent discussant.

Communication on sexual intercourse: Two hundred twenty one (33.5%) of the students had discussed about sexual intercourse (Table 4). On the other hand 439 (66.5%) did not discuss sexual intercourse with their parents were shameful and lack of knowledge 125 (18.9%) and 110(16.7%) respectively (Table 5). However, these respondents had discussed with their friends 332 (50.3%) and136 (20.6%) with sisters (Table 4).

Communications on contraceptive methods: Two hundred thirty eight (36.1%) of the respondents reported that they had discussed on contraceptive methods (Table 4). Four hundred twenty two (63.9%) did not discuss, majority 117(17.7%) reported their reason was shameful to discuss such issues with parents and 103(15.6) did not discuss with did not know the reason (Table 5). Most of the respondents 350 (53%) had discussed with their friends followed by 122(18.5%) with sisters (Table 4).

Communication puberty: Two hundred sixty two (39.7%) of the respondents had discussed on physiological and psychological changes seen in puberty (Table 4). The rest did not discuss 398(60.3%), 120(18.2%) shameful to discuss in puberty (Table 5). However, who had discussed other than parents 318(48.2%) discussed with their friends followed by 127(19.2%) with sisters (Table 5). "We have 'beteseb gubaye' after meal which means family meeting or reporting daily diary, discuss the challenges how everybody come up, but my feeling is ashamed how to communicated, and the way how to transfer the information my adolescents are another reason stated as challenging the occurrence of discussion between parents and adolescents," a 47 year-old female parent discussant. This is evident from the response we did not discuss with our adolescent, we kill generation or they might not be developing self-confidence, but everybody is shy about it. These culture, taboo and traditions are passing from generation to generation. We were brought up like this and are doing it today," a 58 year-old male parent discussant.

Bivariate and multivariate logistic regression analysis of Knowledge, attitude and sexual behavior characteristics with communication of adolescent on SRH

In bivariate logistic regression on STI specifically (gonorrhea, HIV/AIDS, LGV, herpes simplex), contraceptive especially (pills, implanon, IUCD, condom, calendar and abstinence) sexual feeling during adolescent, sexual education preference, adolescent got sexual education from friend's, adolescent preferred to get sexual education from media were predictors with discussion on SRH issues with parents. However, Multivariate analysis HIV/AIDS, implanon, acceptance of sexual feeling during adolescent and males forbid to play with female was significantly associated. Adolescents knew HIV/AIDS more likely to communicate on SRH issues compared to did not HIV/AIDS (Adjusted OR=0.307; 95% CI 0.105 to 0.898). Those adolescent knew inplanon 4.4 times to communicate compared to those did not know implanon (Adjusted OR=4.4; 95% CI 1.150 to 13.352). Adolescent, who accepted sexual feeling during adolescent were more likely to discuss SRH issues than those who had not accepted sexual feeling during adolescent (Adjusted OR=0.292 95% CI 0.136 to 0.625). Those male adolescent who had forbidden to play female adolescent were 2.7 times more likely to communicate SRH issues with their parents than those who hadn't forbidden (Adjusted OR=2.721; 95% CI 1.278 to 5.794) (Table 6).

Bivariate and multivariate logistic regression analysis prefer to discuss about sexual and reproductive health issues with parents and peers SRH issues

Two hundred forty eight (37.6%) of adolescents preferred to discuss about sexual and reproductive health issues with their mothers. However, only (21.5%) of adolescent had preferred to discuss about sexual and reproductive health issues with their fathers. Adolescents who preferred to communicate 3.7 times more likely mother on unwanted pregnancy than father [AOR=3.797, 95% CI: 1.109, 8.434]. Those who preferred to discuss about premarital sex until marriage less likely preferred to communicate brother than others [AOR=0.158, 95% CI: 0.057, 0.441]. Those who preferred to discuss to puberty 1.55 times preferred to communicate father than mother [AOR=1.558, 95% CI: 0.575, 3.205] (Table 7).

Bivariate and multivariate logistic regression analysis associated factors for 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, only (40.9%) of students had ever discussed at least one sexual and reproductive health issues. Parents didn't discuss on unwanted pregnancy 2.6 times because of shameful than others [AOR=2.677, 95% CI: 1.095-6.545]. Parents didn't discuss on sexual intercourse because of lack of communication skill than others [AOR=0.347, 95% CI: 0.121-0.994]. Parents didn't discuss on condom because of lack of communication skill than others [AOR=0.298, 95% CI: 0.091-0.977]. Parents didn't discuss on puberty because of lack of communication skill than others [AOR=0.087, 95% CI: 0.018- 0.414] (Table 8).

Discussion

This study determined factors associated with parent-adolescent communication regarding reproductive health issues in Yirgalem town secondary & preparatory school students, South Ethiopia. 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 as compared to study is conducted in Nekmete 65.5% [13]. But higher than compared to the study is done in other parts of Ethiopia [14-18]. This might be due to demographic and cultural difference. Only (40.9%) of students hadn't discuss at least one sexual and reproductive health issues. Parents didn't discuss on sexual intercourse less likely because of lack of communication skill than others [AOR=0.347, 95% CI: 0.121, 0.994]. Parents didn't discuss on condom less likely because of lack of communication skill than others [AOR=0.298, 95% CI: 0.091, 0.977]. Parents didn't discuss on puberty less likely because of lack of communication skill than others [AOR=0.087, 95% CI: 0.018, 0.414]. In this study parents lack of communication is significantly associated with did not discuss SRH than other factors. In line with other study is done in Tehran 78% did not discuss by embarrassment [19]. In this study 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 [14,16]. This is due to the fact that sexual conversations are deemed a taboo subject in many African communities [17]. Adolescents who preferred to communicate 3.7 times more likely mother on unwanted pregnancy than father [AOR=3.797,

variable		communication on SRH		95% CI
	Yes	No	COR	Adjusted OR
Do you know gonorrhea				
yes	210	100	1.983(1.444-2.724)*	1.504(0.539-4.197)
Do you know LGV				
yes	235	205	0.481(.340-.679)*	2.502(0.418-14.981)
Do you know HIV/AIDS				
yes	67	65	**1.529(1.042-2.243)***	**0.307(0.105-0.898) ***
Do you know herpes				
yes	265	213	0.567(.395-.814) *	0.559(0.119-2.629)
Do you know pills				
yes	145	131	0.628(.458-.860)*	0.489(0.164-1.461)
Do you know implanon				
yes	151	142	**1.756(1.283-2.404)***	**4.400(1.450-13.352) ***
Do you know IUD				
yes	180	165	0.545(.398-.748)*	3.463(0.672-17.838)
Do you know condom				
yes	136	143	0.476(.346-.653)*	1.032(0.396-2.690)
Do you know abstinence				
yes	175	161	0.551(.402-.755)*	0.647(0.186-2.254)
Do you know calendar				
yes	174	164	**0.521(.380-.714)***	**0.266(0.078-0.908) ***
Is Sexual feeling normal				
yes	198	110	1.5(1.096-2.052) *	0.600(0.302-1.189)
Do you made sex				
yes	319	196	1.696(1.171-2.458) *	1.180(0.550-2.532)
Do you accept Premarital sex				
yes	256	147	**1.599(1.163-2.197) ***	**0.292(0.136-0.625) ***
Sexual education is necessary				
yes	73	88	0.476(.332-.683) *	0.604(0.276-1.322)
Do you prefer sex edu friends				
yes	349	226	**1.657(1.049-2.618) * 0.294(0.116-0.746) ***	
Do you get sex edu media				
yes	225	216	0.341(.238-.488) * 1.904(0.550-2.657)	
Do you get sex edu house				
yes	317	197	1.609(1.112-2.329) * 0.683(0.311-1.503)	
Parents forbid to play female				
yes	93	71	**0.522(0.328-0.829) * 2.721(1.278-5.794) ***	
Parents know where are you				
yes	128	137	**0.**474(.345-.652) * 1.275(0.590-2.753)	

*No is reference category, significant association, P. value<0.05

Table 6: Bivariate and multivariate logistic regression analysis of knowledge, attitude and sexual behavior characteristics with communication of adolescent on SRH in Yirgalem, south, Ethiopia may 2015.

Variable	Communication on SRH			95% CI
Those who prefer to discuss with parents about SRH	Yes	No	COR	Adjusted OR
Discus HIV/AIDS				
Father	246	96	1.00	1.00
Mother	144	174	3.096(2.241-4.27)*	1.542(0.547-4.352)
Those who prefer to discus about sexual intercourse other than parents.				
peer	171	157	1.00	1.00
others	219	113	0.562(.411-.769) *	0.837(0.394-1.779)
Those who prefer to discus about unwanted pregnancy.				
Father	167	71	**2.099(1.498-2.940)***	**3.797(1.709-8.434) ***
Mother	223	199	1.00	1.00
Those who prefer to discuss about unwanted pregnancy other than parents				
peer	188	152	0.723(.529-.987) *	0.728(0.337-1.574)
others	202	118	1.00	1.00

Those who prefer to discuss premarital sex.				
Father	251	198	1.00	1.00
Mother	139	72	1.523(1.084-2.140)*	0.575(0.263-1.258)
Those who prefer to discuss about premarital sex other than parents				
brother	353	223	**2.011(1.267-3.192) ***	**0.158(0.057-0.441) ***
others	37	47	1.00	1.00
Those who prefer to discuss about condom sex other than parents				
peer	205	169	0.662(.482-.909) *	0.997(0.473-2.104)
others	185	101	1.00	1.00
Those who prefer to discus about puberty				
father	207	191	1.00	1.00
mother	183	79	**2.137(1.538-2.970) ***	**1.558(0.757-3.205) ***
Those who prefer to discuss about puberty sex other than parents				
peer	184	158	0.633(.463-.866) *	0.686(0.427-2.277)
brother	55	63	1.854(1.241-2.768) *	0.452(0.514-4.099)
others	335	207	1.00	1.00

** Others like aunt, uncle, grandmother and grand father

Table 7: Bivariate and multivariate analysis of discussion about selected SRH issues with communication of adolescent on SRH Yirgalem, South, Ethiopia, May 2015.

Variable	**Communication on SRH**			**95% CI**
Those factors associated to discuss with parents about SRH	Yes	No	COR	**Adjusted OR**
parents did not discuss on Contraceptive				
lack of communication skill	379	11	2.315(1.067-5.025) *	0.815(0.146-4.555)
others	253	17	1.00	1.00
parents did not on HIV/AIDS				
Shame full	348	42	2.217(1.437-3.421) *	0.793(0.221-2.847)
others	213	57	1.00	1.00
Parents lack of knowledge	360	30	1.906(1.145-3.170) *	0.477(0.127-1.789)
others	233	37	1.00	1.00
parents lack of communication skill	371	19	2.259(1.234-4.136) *	1.764(0.347-8.966)
others	242	28	1.00	1.00
Parents are not good listener	380	10	2.714(1.233-5.976) *	0.154(0.o16-1.484)
others	252	18	1.00	1.00
Parents did not discuss on Sexual intercourse				
Parents lack of knowledge	337	213	1.702(1.128-2.568) *	0.507(0.185-1.388)
others	53	57	1.00	1.00
parents lack of communication skill	363	27	**1.808(1.056-3.095)** *	**0.347(0.121-0.994)** *
others	238	32	**1.00**	**1.00**
Parents did not discuss on Unwanted pregnancy				
shameful	331	213	**1.501(1.004-2.246)** *	**2.677(1.095-6.545)** *
others	59	57	1.00	1.00
parents lack of communication skill to discuss	361	29	2.039(1.224-3.398) *	0.363(0.097-1.360)
others	232	38	1.00	1.00
Parents did not discuss On Premarital sex until marriage				
Culturally unacceptable	360	30	1.729(1.030-2.901) *	0.565(0.208-1.533)
others	236	34	1.00	1.00
Parents did not discuss on condom				
lack of communication skill	363	237	**1.872(1.097-3.194)** *	**0.298(0.091-0.977)** *
others	27	33	**1.00**	**1.00**
Parents did not discuss On Puberty				
lack of communication skill	381	9	**3.755(1.701-8.290)** *	**0.087(0.018-0.414)** *
others	248	22	**1.00**	**1.00**

* Significant association, P. value < 0.05
**others like culturally unacceptable, lack of communication skill, shameful, lack of knowledge, topics are embarrassing, parents aren't good listener

Table 8: Bivariate and multivariate analysis of factors associated to select SRH issues with communication of adolescent on SRH Yirgalem, South, Ethiopia, May 2015.

95% CI: 1.109, 8.434]. Those who preferred to discuss about premarital sex until marriage less likely preferred to communicate brother than sister and peers [AOR=0.158, 95% CI: 0.057, 0.441]. The preference of student to discuss on sexual issues depends on same sex. This is consistent with study is done in Hawassa among high school students and study is done in China among adolescents where significant gender difference in the pattern of sex communication with parent [20,21].

Strength and limitation of the study

The strength of this study is used quantitative and qualitative data triangulated. However, it has limitations that it was based on self-reporting and it might be affected by social desirability bias because of sensitive nature and cultural barrier for open discussion. Since the study design was cross sectional cause and effect relationship could not be established. Analytical study design is recommended for further study.

Conclusion

In this study parent-adolescent communications on sexual and reproductive health issues were low. The most common reasons for low communication were lack of communication skill, shameful, embarrassment and cultural taboo to discuss the issues. Lack of communication skill was a significant factor for parent-adolescent is not communication on SRH issues other than factors. Adolescents who preferred to communicate 3.7 times more likely mother on unwanted pregnancy than father [AOR=3.797, 95% CI: 1.109, 8.434].

Recommendations

RH is introducing them at an early age. The community would be established reproductive health club. Sensitize the community to encourage open discussion among family members in general and between parents and adolescent in early age. It is important to encourage and empower parents to start to communicate with their adolescent on sexual matters while the adolescents are still in late childhood or early teenage years, before they become sexually active. The health extension workers teach parents how to communication their adolescent. Role model families'and adolescent shares their experience. Further qualitative and analytical study design is recommended on adolescents and parents communication.

Implication of the Finding

Adolescents are large growing segments of the population. Today 20-25% of the populations in developing countries are adolescents. Adolescent accounts more than 20.19 million (24.1%) in Ethiopia. Multidimensional natures of sexual and reproductive health negative outcomes among adolescents such as every day 39,000 girls become child bride or about 140 millions in a decade in the world. HIV/AIDS also the second leading of cause of deaths for adolescents in the world today. The leading cause of death for adolescent girl aged 15 to 19 worldwide is suicide. Despite of the above complications of pregnancy and child birth are nonetheless still the second killer of females 15 to 19.

Although young people are mainly face a lot of reproductive problems, they have been masking by different cultural and religious factors that limits for open discussion on their reproductive health issues. Most of sexual and reproductive health problems are easily avoidable through positive communication and make adolescents assertive on sexual matters. Therefore, assessing factors hinder adolescent-parent communication on sexual and reproductive health issues helps for policy makers, health care providers and any concerned bodies to design appropriate intervention strategies to tackle adolescent reproductive health problems. Information obtained here can be used for planning of intervention programs in different part of the country.

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