

Parent to Young Communication on Sexual and Reproductive Health and Associated Factors among Parents Living with Young in Dera Woreda, North West Ethiopia 2018

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Abstract

Introduction: Parent to young people communication on sexual and reproductive health is one potential source of sexual and reproductive health information for young people. Lack of parent to young people communication was a serious problem in developing countries resulted in emotional distress, lower self-esteem, school problems, drug use, and sexual risk behaviors. Assessing the communication of parent to young people about sexual and reproductive health issue is the most effective way to prevent preexisting misbehavior in young people despite there is limited evidence regarding it.

Objective: The aim of the study was to assess parent to young communication on sexual and reproductive health and associated factors among parent living with young in Dera woreda, North West Ethiopia 2018.

Methods: A Community based cross-sectional study was conducted on 645 parents of young people in Dera Woreda from August 1 to September 16, 2018. Multi-stage sampling technique was employed. Data were collected using a pre-tested and semi-structured questionnaire through face to face interview. Then entered to Epi info version 7.2.1 and exported into SPSS version 23 for analysis. A bivariate and a multivariable logistics regression model was fitted. Crude and Adjusted Odds ratio with 95% confidence interval has been computed and variables with a p-value<0.05 were considered statistically significant.

Result: According to this study parent to young communication was found to be 578.8% with (95% CI, 6.5%-11%). Multivariable analysis revealed that, residence (AOR=3.29, 95%CI1.15,9.34), sex (AOR=2.78, 95%CI1.26,6.13), knowledge (AOR=4.84, 95%CI 1.90,12.36), attitude (AOR=3.62,95%CI 1.55,8.50), Father's educational status (AOR=4.49, 95%CI 1.33, 15.15), number of children (AOR=8.64,95%CI 1.04,18.87) and age (AOR=2.86, 95%CI 1.2,6.9)were statistically significant associated factors.

Conclusion and recommendation: Parent to young people communication was low in this study as compared to other study done in different areas of Ethiopia. Consecutively, promotion of parent to young people communication, women's training, and addressing the importance of parent to young people communication to all parents along with HEW was recommended

Keywords: Parent; Young people; Communication; Sexual reproductive; Health; Gondar Ethiopia

Abbreviations: AIDS: Acquired Immunodeficiency Syndrome; HEW: Health Extension Worker; HH: House Hold; HIV: Human Immunodeficiency Virus; MOH: Ministry Of Health; PI: Principal Investigator; RH: Reproductive Health; SDG: Sustainable Development Goal; SRH: Sexual and Reproductive Health; STI: Sexual Transmitted Infection; WHO: World Health Organization

Introduction

World widely more than a quarter of the population is between the ages of 10 and 24 years, with 86% living in less developed countries. Parent to young people communication on a sexual and reproductive health issue is one potential source of sexual and reproductive health

information for young people. Parent and young people make decisions towards sexual and reproductive health issue mainly on contraception, pregnancy, childbirth, teenage pregnancy, and abortion in the context of many personal and cultural factors [1,2].

Teenage who live in a stable family and discuss sexuality and reproductive health issue is more likely to remain sexually abstinent, postpone intercourse, have one partner, and use contraception [3]. Globally more than 60% of young people aged 15-24 years were living with HIV, and they also account for 58% of newly acquired HIV infections [4]. Men and women who equate masculinity and femininity respectively were risk-taking and sexual dominance as well more likely to have (multiple partners, STI and negative attitudes towards condom use) [5].

Coming to Ethiopia, over 63% of the total populations were below the age of 25 years and young people (10-24) year were account about

25% of the total population. Sexual and reproductive health of these young people were affected by Gender inequality, sexual coercion, and early marriage, high level of teenage pregnancy, unsafe abortion and sexually transmitted infection including HIV AIDS and further complicated by limited access to reproductive health information and good quality adolescent and youth-friendly reproductive health services in the country. Besides very low health seeking behavior of young people, the existing health service is an adult center [6,7]. Although the government has identified the RH of young people as one of the priority areas in The National RH Strategy, still not put in practice [8].

Lack of parent to young people communication will result in emotional distress, lower self-esteem, reproductive and sexual health problem, drug use, and sexual risk behaviors but having good communication will increase utilization contraceptive and condom, delay early(sexual intercourse, marriage, and pregnancy) [9]. A study was done from national representative Ethiopian demography and health survey indicates that nearly one in three (33%) births was unintended and the burden of unintended births in Ethiopia falls more heavily on young [10]. As two studies in Wolita Sodo University, female students show that abortion, self-reporting STI and sexual intercourse with commercial sex workers were 65%, 19.5% and 13.9% respectively [11,12]

Similar studies in 3 areas of Amahara region in Giga 56.3% of the students were practicing sexual intercourse before 18 years of birthday and most of them had no parental discussion about SRH. From Bahirdar secondary school students, the prevalence of STI was 13.1%. The risk of this much STI is multiple sexual partners, poor parental discussion and being students and in Gondar secondary school students the knowledge of STI was ranged 39% to 45.6% which is very low as a result of a poor parent to young people communication on SRH [13-15]. Having such reproductive and sexual health burden of the young people (10-24) years, there was limited evidence regarding it in the study area and existing studies were institutional based, which is not focused on the parental factor of a parent to young people communication towards sexual and reproductive health issue.

So Seriousness of sexual and reproductive health of the young people like STI and unsafe abortion including HIV AIDS and the above difference in study setup is the intention of study by conducting a community-based study and focusing directly on a powerful decision maker parents living with their young (10-24) years. Parent to young people discussion about sexual and reproductive health issues is very helpful to put the national RH strategy of the young people into practice.

Methods

A community-based cross-sectional study was conducted from August 1 to September 16, 2018. Dera is one of the 12 woreda in south Gondar zone. For the administrative purpose, the woreda was divided into 32 administrative units (Kebeles) in which three of them are urban. In the woreda, there are 11 health center and 36 health posts. All parents of young people living with young people in Dera Woreda were the source population.

The sample size for the study population was determined with single proportion formula and factors using Epi Info Stat Calc version 7.2.1 population survey by taking assumptions of population size >10,000, 95% confidence interval, proportion of parent to young people communication (25.3%) in previous study [16], margin of error 5%,

design effect 2 and non-response rate 10%. With this, the final sample size becomes 645 as finally using cluster sampling method.

Multi-stage sampling technique was employed. First; a stratified sampling technique was used to select rural and urban area. In the woreda there were 15000 eligible households, 13000 were in rural and 2000 were in urban so that by proportional allocation $638 \times 2000 / 15000 = 85$ eligible HH for urban and $638 \times 13000 / 15000 = 553$ eligible HH for rural s needed. Then from 29 rural kebeles 6 kebele and from 3 urban kebele 1 urban kebele were taken as a cluster by selecting randomly using the lottery method. Totally 7 kebele as clusters with eligible household were included in the sample. The questionnaire was adapted from related literature [16-18]. The English version of the questionnaire was translated into Amharic version for better understanding to both data collectors and respondents. Consistency was checked by translating the Amharic version back to English by languages experts. Data were collected using a pre-tested and semi-structured questionnaire.

Eight grade 12 complete students 4 male and 4 female for data collector and 2 HEW for supervisor were recruited. Finally, the data were collected by face to face interview technique. Before the data collection, the data collectors and supervisors were trained. The questionnaire was pre-tested on 5% of the sample size in fogera woreda. Findings were discussed among data collectors and supervisors. The code was given to the questionnaires and HH during the data collection period and any identified error was traced back using the codes. Data were entered and cleaned using Epi Info 7.2.1 software and exported to SPSS version 23 for analysis.

Operational and term definitions

- Parent to young people communication: Parents discussing at least one sexual and reproductive health issue in the last six month [16,18-20]
- Eligible Household: The households which the parents live with young people (10-24) years
- Parents in this study denote biological mother/father and Parent-figure with whom the adolescents were primarily living the last six months prior to the study period [21].
- Biological parent is a birth parent [22].
- Adequate knowledge scoring mean and above from knowledge related questions
- Inadequate knowledge scoring below mean from knowledge related questions
- Good attitude scoring mean and above from attitude related questions [18]
- Poor attitude scoring below mean from attitude related questions
- Parent figure is the ideal parent example (adoptive, grandparent) [23].

Result

Socio-demographic characteristic of the respondents

A total of 645 parents who were living with their young in the last 6 month were interviewed, out of these 556 were in rural and the remaining were from urban residence giving a response rate of 100 percent. The mean ages of the participants were 45.71+SD of 8.28 years with the range of 24 to 77 years and the average numbers of children per HH were 4.95 with SD of 1.80. Regarding ethnicity and religious follower, majority 640(99.2%) and 619 (96%) were Amahara in

ethnicity and orthodox religious follower respectively. The other least Muslim and protestant religious follower respectively (Table 1). accounts 0.6% Oromo and 0.2% Tigray as well 3.4% and 0.6% were

Variable		Frequency	Percent (%)
Residence	Urban	89	13.8
	Rural	556	86.2
Sex	Male	368	57.1
	Female	277	42.9
Age	23-34	34	5.3
	35-45	311	48.2
	>45	300	46.5
Number of child	2-Jan	39	6
	5-Mar	367	56.9
	>5	239	37.1
Ethnicity	Amahara	640	99.2
	Oromo and Tigray	5	0.8
Living arrangement of the parents	Living together	503	78
	Living apart	42	6.5
	Divorced	40	6.2
	Widowed	60	9.3
Religion	Orthodox	619	96
	Muslim and protestant	26	4
Educational status of the mother	Unable to read and write	340	52.7
	Read and write	189	29.3
	Primary education and above	116	18
Educational status of the father	Unable to read and write	280	43.4
	Read and write	201	31.2
	Primary education	65	10.1
	Secondary education and above	99	15.3
Occupational status of the mother	Housewife	490	76
	Govt. and private employee	48	7.4
	Merchant	81	12.6
	Daily labour and(other)**	26	4
Occupational status of the father	Farmer	474	73.5
	Govt. and private	62	9.7
	Merchant	91	14.1

	Daily labour and (other)	18	2.8
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Table 1: Socio-demographic characteristics of the respondents at Dera woreda, South Gondar, Amhara region, North West Ethiopia, 2019 (n=645).

Parent to young people communication on a sexual and reproductive health issue

The prevalence of parent to young people communication was found to be 57 (8.8%) (95% CI: 6.5%, 11%). Among this 2.6%, 0.3% and 5.9% were communicating with their female, male and both sex of the young respectively (Figure 1).

Regarding family planning topic, Most of the parents 77,1% were communicating about abstinence and the least one 1.4% is about post pills (Figure 2) From sexual and reproductive issue majority of the participants, 52.80% were discussing HIV ADIS (Figure 3).

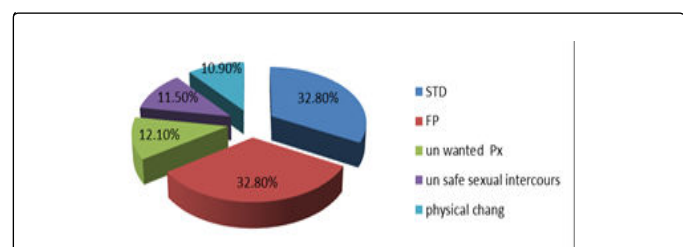


Figure 1: parent to young people communication on sexual and reproductive health issue in Dera woreda, south Gondar zone, Amhara region, North West Ethiopia, 2019, n=57.

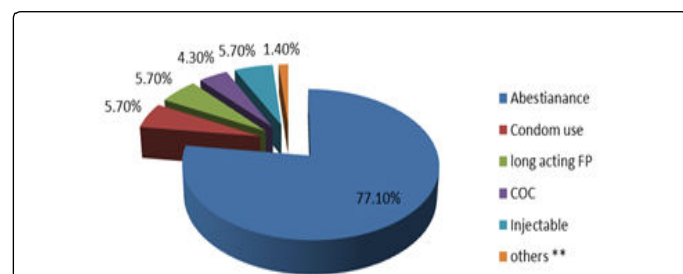


Figure 2: parent to young people discussion on family planning topics in Dera woreda, South Gondar, Amhara region, North West Ethiopia, 2019, n=57.

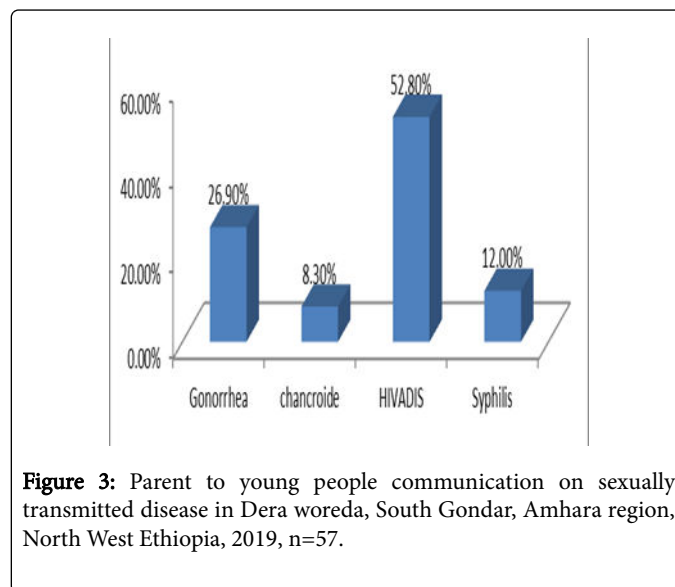


Figure 3: Parent to young people communication on sexually transmitted disease in Dera woreda, South Gondar, Amhara region, North West Ethiopia, 2019, n=57.

Factors associated with a parent to young people communication on a sexual and reproductive health issue

A binary logistic regression analysis showed that residence, sex, mother and father education, father and mother occupation, religion, ethnicity, attitude and knowledge of the parents were all significantly associated with a parent to young people communication on sexual and reproductive health issue at $p < 0.05$. On the other hand living arrangement, a number of children and age of the respondents do not show a statistically significant association. Those variables having a p-value less than 0.2 in bivariate analysis were entered to multivariable analysis.

However, on multivariable analysis, residence, age, sex, knowledge, attitude, number of child and father education were identified as independently significant associated factors with a parent to young people communication. In the current study, the odds of a parent to young people communication on sexual and reproductive health issue among urban reside parents were 3.29 times than those who reside in the rural area (AOR=3.29, 95%CI 1.15, 9.34) (Table 2).

Variables		Communication of parent to young about SRH		COR (95%CI)	AOR (95%CI)
		Yes n (%)	No n (%)		
Residence	Urban	36 (5.6%)	53 (8.2%)	17.31 (9.42,31.78)	3.29 (1.15,9.34)*
	Rural	21 (3.3%)	535 (82.9%)	1	1
Educational status of the mother	Unable to read and write	9 (1.4%)	331 (51.3%)	1	1
	Read and write	14 (2.2%)	175 (27.1%)	2.94 (1.25,6.93)	1.04 (.31,3.47)
	Primary school(1-8)	5 (0.8%)	45 (6.9%)	4.09 (1.31,12.74)	.21 (.03,1.33)

	Secondary and above	29 (4.5%)	37 (5.7%)	28.83 (12.68,65.54)	.48 (.07,3.05)
Age	23-34	1 (0.2)	33 (5.1%)	.37 (.05,2.79)	1.62 (.12,21.24)
	35-45	33 (5.1%)	278 (43.1%)	1.43 (.82,2.50)	2.86 (1.18,6.95)*
	>45	23 (3.6%)	277 (42.9%)	1	1
Number of Childs	3-Jan	2 (0.3%)	37 (5.7%)	1	1
	6-Apr	39 (6%)	328 (50.8%)	2.20 (.51,9.48)	4.05 (.59,27.88)
	>7	16 (2.5%)	223 (34.6%)	1.33 (.29,6.01)	8.64 (1.04,18.87)*
Educational status of the father	Unable to read and write	5 (0.8%)	275 (42.6%)	1	1
	Read and write	6 (0.9%)	195 (30.2%)	1.69 (.51,5.62)	.92 (.22,3.82)
	Primary school	11 (1.7%)	54 (8.4%)	11.20 (3.74,33.55)	4.49 (1.33,15.15)*
	Secondary and above	35 (5.4%)	64 (9.9%)	30.08 (11.34,79.80)	7.22 (1.03,20.73)*
Sex	Male	45 (6.7%)	323 (50%)	3.08 (1.60,5.94)	2.78 (1.26,6.13)*
	Female	12 (1.9%)	265 (4.1%)	1	1
Knowledge	Inadequate knowledge	10 (1.6%)	490 (75.9%)	1	1
	Adequate knowledge	47 (7.3%)	98 (15.2%)	23.50 (11.48,48.10)	4.84 (1.90,12.36)*
Attitude	Poor attitude	16(2.5%)	526(81.5)	1	1
	Good attitude	41 (6.4%)	62 (9.6%)	21.74 (11.52,41.02)	3.62 (1.55,8.5)*
Religion	Orthodox	51 (7.9%)	568 (88%)	.30 (.12,.78)	1.56 (.40,6.09)
	Muslim and protestant	6 (0.6%)	20 (3.1%)	1	1
Occupational status of the mother	House wife	18 (2.8%)	472 (73.2%)	1	1
	Govt. and private employee	23 (3.6%)	25 (3.9%)	24.12 (11.55,50.38)	3.39 (.78,14.64)
	Merchant and daily labour	16 (2.5%)	91 (14.1%)	4.61 (2.27,9.38)	1.97 (.62,6.26)
Occupational status of the father	Farmer	19 (2.9%)	455 (70.5%)	1	1
	Govt. and private employee	24 (3.7%)	38 (5.9%)	15.13 (7.61,30.06)	.20 (.03,1.17)
	Merchant	14 (2.2%)	95 (14.7%)	3.53 (1.71,7.29)	.36 (.08,1.61)

*=P<0.05; **=P<0.001

Table 2: Bivariate and multivariable logistic regression analysis of factors associated with a parent to young people communication on sexual and reproductive health issue in Dera woreda, North West Ethiopia, 2019(n=645).

Discussion

This is the community-based cross-sectional study has attempted to determine the prevalence and an associated factor of a parent to young people communication among parent living with young people (10-24) years.

The prevalence of parent to young people communication on the sexual and reproductive health issue in this study was found to be 8.8 % (95%CI: 6.5%, 11%). This was lower than a study done in different pocket of Ethiopia like in Awable words (25.3%), Deber Markos (36.9%), Dire Dewa (37%), Harar (28.76%), East Welega (32.5%), Yergalem (59.1%), Mizan (28.9%), Hawassa (39%), Alamata (68.2%) and Mekelle town (57.6%) ([16-20,24-27]. The possible explanation for this can be, all those studies take place in the urban part of the country in which those reside in the urban have got different information as

they are near to media as well they are more of educated. Moreover, there is a study set up a difference in which, this study is a community-based study on parents whereas the other studies were institutional based on students.

In this study parents, reside in the urban were 3.29 times more communicate about a sexual and reproductive health issue with their young as compared with the parents reside in the rural area (AOR=3.29,95% CI1.15,9.34). The reason may be the parents reside in the rural area are not exposed to different media information, not mostly educated and they are busy in their work This is supported by a study done Awabele woreda, Alamata and East Wolga [16,20,24]. On the other hand, not supported by the finding in Deber Markos town.

As this study shows that husbands were 2.78 times more communication with their young about sexual and reproductive health issue than wives(AOR=2.78, 95% CI1.26, 6.13). This is explained as, in

this area husbands and wives may not have an equal chance for accessing and discussing such sexual and reproductive health issues. Moreover, wives are busy in the household to care for all the family. This is supported by a study done in Awabele woreda [16]. However not supported by the study done in Alamata and Mekelle town [24].

Participant's having adequate knowledge were 4.84 times more communicate with their young people about sexual and reproductive health issue than who having inadequate knowledge (AOR=4.84,95% CI 1.90,12.36) as well those having good attitude were 3.62 times more communicate with the young people about sexual and reproductive health issue as compared with those having poor attitude(AOR=3.62,95% CI 1.55,8.50). The reason may be if peoples are knowledgeable and having a good attitude, they believe that as routinely discuss with their young children. This is supported by a study done in Harar and Alamata [18,24].

Regarding educational status, husbands who attending primary school education were 4.49 time more communicate about SRH issue as compared with unable to read and write parents (AOR=4.49,95% CI 1.33,15.15) and those attending secondary and above were 7.22 times more communicate than unable to read and write husbands (AOR=7.22, CI 1.03,20.73). The reason may be educated peoples can easily understand the effect of a parent to young people communication. Thesis supported by a study done in Harar, Hawassa, East Wolega, Mekelle, Alamata and Awabele woreda [16,18,20,24,25,].

In this study, the parents having family size seven and above were 8.64 times more communicate about SRH issue with their young than having family size three and less (AOR=8.64,95% CI 1.04,18.87) and the parents in the age range of 35-45 were 2.86 times more communicate as compared with age above 45 years old(AOR=2.86,95% CI 1.2,6.9). The possible reason may be as parents family member increase and they become mature, they easily predict the outcome of poor communication between family members. This is supported in a study done Deber Markos town [26-27].

Conclusion

Based on the finding obtained in this study, Parent to young people communication on the sexual and reproductive health issue in Dera woreda was low as compared to other studies done in different areas of Ethiopia. Variables significantly associated with a parent to young people communication on sexual and reproductive health were: residence, sex, knowledge, attitude, and Father's educational status, number of children and age of the parents

Declaration

Ethics approval and consent to participate

Ethical clearance letter was obtained From the Ethical Review Committee of the School of Midwifery, under the delegation of the institutional review board of UOG and submitted to Dera woreda administrative unit to obtain permission letter. Then the woreda given written a permission letter to the concerned bodies in the study set up and informed consent was obtained from respondents after giving them information about the purpose the study, confidential and anonymous

Authors' contributions

AW was the principal author; made substantial contributions in conception selecting a design, data collection as well as analysis and interpretation of data. EA and AD were the advisors of the paper; participated in revising and commenting on the paper. All authors read and approved the final manuscript.

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