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Parent-Adolescent Communication and Associated factors on Reproductive and Sexaul Issue Amoung Parentslivein Bahir Dar Town, Amhara National Regional State, Ethiopia.

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PARENT-ADOLESCENT COMMUNICATION AND ASSOCIATED FACTORS ON REPRODUCTIVE AND SEXAUL ISSUE AMOUNG PARENTSLIVEIN BAHIR DAR TOWN, AMHARA NATIONAL REGIONAL STATE, ETHIOPIA.

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Acronyms

AIDS-Acquired Immunodeficiency Syndrome

AOR-Adjusted Odd Ratio

ARH- Adolescent Reproductive Health

ASRH-Adolescent Sexual and Reproductive Health

FP -Family Planning

HIV- Human Immunodeficiency Virus

NGO- Non Governmental Organization

RH - Reproductive Health

SDG- Sustainable Development Goal

SPSS- Software Project for Social Science

STD -Sexually Transmitted Disease

STI - sexually transmitted Infection

PCC-Parent Child Communications

USAID - United States Agency for International Development

UN - United Nation

UNFPA -United Nations Population Fund Agency

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Abstract

Background; Parent-adolescent communication about sexual and reproductive health is important to improve adolescents' reproductive and sexual health Moreover it also and has important implications in reducing unintended pregnancy, abortion and sexually transmitted infection, early sexual debut, limited contraceptive use and HIV which resulted from risky sexual behavior. This study assessed adolescent's communication and associated factors on sexual and reproductive health among parents who live in Bahir Dar town 2018.

Methods; community based cross sectional quantitative designtrangulated with qualitative study, using multistage sampling method. Data were collected using face to face interview from October 20/10/2018 to Jaunuary16/1/2019 supplemented with 4 focus group discussion (FGD) was conducted on 673 randomly selected parents who has children age between of 10–19-year-old. Data was analyzed using SPSS version20.

Results; Less than half (39.5%) of parents reported discussing reproductive health issues with their adolescents during the last six months. The result of multiple regression parents occupation father of merchant (AOR 0.446 95% CI: 0.293-0.686)and Family size greater than five (AOR 0.386, 95% CI: 0.226-0.661)about sexual and reproductive health issues were less likely to communicate when compared toparents occupation of employed governmentandless than four respectively and parents who have demonstrated good reproductive health knowledge and positive attitude towards sexual and reproductive issue(AOR 4.453, 95% CI: 2.900- 6.839); (AOR 1.617, 95% CI: 1.149-2.276) higher in discussing reproductive healthwiththeir adolescentsrespectively.Findingsfrom qualitative study; difficulty of explanation,culture, lack awareness were the reason of hinder communication parentand adolescent about sexual and reproductive health issues matter.

Conclusion and recommendation;Parent-adolescentdiscussionaboutreproductive healthissues was low and is bounded by lack of knowledge, and parental concern that discussion would encourage abstinence, sexual violence. Reproductive health programs should target on improving awareness ofparents on sexual and reproductive health issues and addressing sociocultural norms surrounding reproductivehealthissues.

1. Introduction

1.1. Background

Adolescence is the time when physical, social, and emotional changes occur in the life of any child. In addition, adolescence is also characterized by the development of secondary sexual characteristics, including menarche among girls. It is also an important time to lay a strong foundation for education, build positive health behaviors and critical thinking skill(1).In addition to this, adolescence is a period of life with specific health and developmental needs and rights. Furthermore, it is a time to develop knowledge and skills, learn to manage emotions and relationships, and acquire attributes and abilities that will be important for enjoying the adolescent years and assuming adult roles(2).One fifth of the world's population – a total of 1.2 billion people – is adolescents, and85% of them are in the developing world. Adolescence is a time of unprecedented promise and peril. During the second decade of life, young people can encounter a rapidly widening world of opportunities, as they gradually take on adult characteristics in size, sexual characteristics, thinking skills, identity and economic and social roles(3, 4).

Therefore, educating young people about reproductive health and HIV/AIDS and also teaching them the skills in decision-making and communicating, improves their self-confidence and ability to make informed and responsible choices(5).Reproductive and sexual health education is an educational experience aimed at developing capacity of adolescents to understand their sexuality in the context of biological, psychological, socio cultural and reproductive dimensions. This ,however, helps them to acquire skills in making responsible decisions and actions with regard to sexual and reproductive health behavior(6).

Thus, community and parental acceptance and involvement in adolescents, reproductive and sexual health programs are crucial for the success and sustainability of the programs. Community members and parents, along with adolescents, should be involved from the earliest stages of program design and if possible, should contribute to program implementation(7). When young people feel unconnected to home, family, and school, they may be involved in activities that put their health at risk. However, when parents affirm the value of their children, young people more often develop positive and healthy attitude about themselves(8).

1.2.Statement of the problem

The period of adolescence is a life phase in which particularly young people are vulnerable to health risks, especially those related to sexuality and reproduction: HIV/AIDS, unwanted pregnancy, unsafe abortion, too-early marriage and childbearing, sexually transmitted infections and poor nutrition(7).In addition to these, the widening world also exposes adolescents to serious risks before they have adequate information, skills and experience to avoid or counteract them. So, their level of maturity and social status do not match for some challenges, unless they are provided with adequate support, information and access to resource (3).

Now days, globally, 11% of all births are to girls aged 15–19 years, and the vast majority of these births are in low- and middle-income countries. According to the UN Population Division, the global adolescent birth rate in 2015 was 44 births per 1000 girls, more than 2 million adolescents are living with HIV in sub-Saharan Africa, only 10% of young men and 15% of young women aged 15 to 24 are aware of their HIV status(2).

In Ethiopia, approximately 60 percent of Ethiopia's population falls between the ages of 10-29, few national programs or policies are specifically targeted towards addressing their most pressing RH needs. But, most programs for young people in Ethiopia, generally, tend to deliver generic, age and gender-blind messages(9). According to EDHS 2016 report in Ethiopia, only 24 percent of young women and 39 percent of young men aged 15-24 have knowledge about HIV prevention(10).A study conducted among students of WolaitaSodo University, the result showed that -the Self-reported STIs prevalence in the past 12 months prior to the survey was 19.5% among students. Out of the 35.3% students who were sexually active, 46.0% used condom infrequently, 24.8% had sex with causal sexual partners and 13.9% had sexual intercourse with commercial sex workers. About 23% reported the most recent STI syndrome, 41.7% study subjects had not got treatments for the syndrome(11).

Previous Studies in Bahir Dar town showed that barriers in utilizing reproductive health service 28.5% were due to fear of being seen by parents or people whom they know (12).Another study also showed that in northwest Ethiopia included Bahir Dar town students, the prevalence of HIV infection, and other STIs was 1.1%, and 10.7% respectively and a quarter 24.3% of students was experiencing pregnancy that was ended with abortion 89%(13)

In this case, parents, in particular, are expected to play a substantial role in the gender and sexual socialization of their children. Furthermore, discussion topics related to sexuality has been associated with a range of important psychosocial attributes including- increased knowledge, better interpersonal communication skills and self-efficacy(14).

A major study showed that adolescents who reported feeling connected to parents and family were more likely than other teens to delay initiating sexual intercourse(8). Other study conducted among secondary school students in Enemay District and East GojamZone,religious attachment, living with friends, living alone, parental control, level of parental education, peer pressure and number of friends who had experienced sex, were some of the factors noted to influence youths to engage in sexual risk behaviors(15).

Although most adults want youth to know about abstinence, contraception, and how to prevent HIV and other sexually transmitted infections (STIs), parents often have difficulty in communicating with sex related issues. Nevertheless, positive communication between parents and children greatly helps young people to establish individual values and to make healthy decisions.(8)

One of the specific targets of the Health Sustainable Development Goal (SDG 3) is that by 2030, the world should ensure universal access to sexual and reproductive health-care services, including family planning, information and education, and the integration of reproductive health into national strategies and programs(4).Hence, if parent- adolescent communication is good, then this goal will be achievable.

Thus,Parent-adolescent communication is an appealing source for influencing adolescents' knowledge, attitudes and behavior, because parents are an accessible and often willing source of information for their children(16).

2. Literature review

2.1. The magnitude of parent- adolescent's communication on sexual and reproductive health issue

About 82.3% of parents had at some point in time discussed sexual and reproductive health issues with their children in Ghana; nonetheless, the discussions centered on a few topics. Whereas child-report indicated that 78.8% of mothers had discussed sexual issue with their children, 53.5% of fathers had done so. Parental discussions on the 20 sexual topics ranged from 5.2%-73.6%. Conversely, young people's report indicates that mother-discussed topics ranged between 1.9%-69.5%, while father-discussed topics ranged from 0.4% to 46.0%(17).

A study conducted in Rwanda showed that a descriptive, cross sectional study employing both quantitative and qualitative approaches was utilized. about 81% reported that they do not discuss sexual matters with the adolescents(18).

Only 20% of them discussed reproductive health issues often with their adolescents, while another 20%never discussed with their adolescent children. InAnambra State, South Eastern Nigeria .Topics most commonly discussed bordered on the adverse consequences of sex rather measures for preventing them. About half of them were willing to discuss contraception with their adolescent child(19).

More than one-fourth (28.76%) of parents reported discussing RH issues with their adolescents during the last six months in Harare. only less than one- third of the parents were communication on SRH(20).Similarly study conductedinMizantown among preparatory School Students with Parents showed thatabout28.9% of respondents were discussed at least one SRH issue with parents for the last 12 month of the study period, This study showed that student-parent communication on SRH issues is low, because only less than one- third of the students were communication SRH(21).

A study conducted among high school students in Dire Dawa,the result, showed that thirty seven percent of students had ever discussed on at least two sexual and reproductive health topics with their parents. Of which, majority of student preferred to discuss with their peers than parent. Anotherstudy conducted inMekelle Town among High School Students (57.6%) adolescents discussed about at least one sexual and reproductive health issues with their parent.(22).

About a third of young people in E/Wollegazone showed that32.5%. (32.4%) of females and 32.7% males) engaged in conversation about sexual and reproductive health topics with their parents/parent figures during the last six month(23).A study among high school students with their parents,

BullenWoreda, BenishangulGumuz only 28.9% of them discussed on two or more SRH topics with their parents. A high proportion of both male (78%) and female (72%) students preferred to discuss sexual and reproductive health issues with peers compared to less than 27% who prefer to discuss with parents(24).

A study done in Alamata High School showed that more than two-third of the participant (68.2%) had had communication with their parents on sexual and reproductive issues(25).Another study in Haiyk town among preparatory School Students, the result indicated that 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(26).

A studyconductedinAwabelworedaNorth West Ethiopia in the past 6 months, about one quarter, 25.3 % of young people had a parental discussion about sexual and reproductive health issues. This study also shows that student-parent communication on SRH issues is low, only one-fourth of the students were communication SRH(27).

Researches indicated that inDebremarkos town among secondary and preparatory schools' students the proportion of the students who had discussion on sexual & reproductive health issues with their parent was found to be 36.9%. This study showed that student-parent communication on SRH issues is low, only half of the students were communication SRH with their parents(28).

2.2. Factor associated with parents- adolescent communication on sexual and reproductive health issue

The factors contributing to the high rates in Nepal was culture for communicating SRH problems with parents was almost non-existing, except girls getting information from mothers during menstruation. None of the participants were aware of the Adolescence Sexual and Reproductive Health services available in their community(29).

Other study findings in Vietnamindicatedthatparents warned their children about AIDS or becoming pregnant at a young age, and provided moral advice on male–female sexual relationships. Common barriers to parent–adolescent sexual communication included embarrassment among parents and adolescents, parents' beliefs that talking about sex would lead to sexual experimentation among adolescents, and parents' assumptions that they lacked sexual knowledge and communicative skills(30).Another study conducted in rural and urban Uganda perceptions of adolescents tended to point to more open and frequent communication with mothers than father's .While adolescents tended to generally discuss sexual issues with mothers, male adolescents communicated less with anyone on

sex, relationships and condoms. Much of the parent-adolescent communication was perceived to focus on sexually transmitted infections and body changes. Discussions of sex and dating with adolescents were perceived to be rare. Common triggers of sexuality discussions with female adolescents were; onset of menstruation and perceived abortion in the neighborhood(31).

A study in rural Tanzania showed that Parent-child communication about SRH happened in most families. The communication was mainly on same sex basis (mother-daughter and rarely father-son or father-daughter) and took the form of warnings, threats and physical discipline. Communication was triggered by seeing or hearing something a parent perceived negative and would not like their child to experience (such as a death attributable to HIV and unmarried young person's pregnancy). Although most young people were relaxed with their mothers than fathers, there is lack of trust as to what they can tell their parents for fear of punishment. Parents were limited as to what they could communicate about SRH because of lack of appropriate knowledge and cultural norms that restricted interactions between opposite sex(32).

Other study findings in Tanzania showed that revealed similarities and discrepancies in views and perceptions between parents and adolescents. Adolescents and parents suggested that some sexual health communication was happening. Parents were reportedly likely to use while adolescents reported that conversations with their parents were mostly ambiguous and filled with warnings about the dangers of HIV/AIDS(33).

Study findings indicated that in Rwanda Socio-demographic cultural, individual and socio-environmental factors/barriers. Parents 'age over 44years lower levels of education (≤primary) and income (farming and remittance) was significantly associated with "not communicating" sexual matters with the adolescents and Lack of knowledge about sexual matters inhibited parents/caretakers (88%) from discussing sexual matters with adolescents. These findings strengthen the need for continued sensitization of parents/caretakers to involve themselves in discussing sexual matters with the adolescents(18).

A study in South Eastern Nigeria in Anambra State showed that Predictors of parent-child communication were age, gender and educational status(19).Another study in Nigeria, the City of Lagos showed that mothers are more involved in discussing sexuality related matters with their children than fathers, and where fathers are involved alone or in conjunction with mothers, the child is likely to be male. The study further shows that while PCC may not prevent or reduce sexual activities among young people, it does not increase it either, but is significantly related to safe sex practice in the population(34).

The study found that in Kenya the most common reasons that pose the greatest challenge to parent in discussing sex related topic with adolescents was general communication problems, difficulties related to embarrassment (82%), age/development issues (79%), appropriate times to discuss sexual attitudes and behaviors with their children (78%), it may lead to personal disclosure of their own past experiences (75%), anxiety (71%) and lack of knowledge poses the greatest challenge to parent in discussing sex related topic with adolescents (43%) (16).

Furthermore, Study indicated that in Harare Parents also indicated various reasons highlighting why they do not discuss reproductive health issues with their children. In the logistic regression, parents who have demonstrated good RH knowledge and positive attitude towards RH were almost six times and seventy percent higher in discussing RH with their adolescents than their counterparts, respectively The majority (60.7%) of respondents claimed lack of awareness regarding RH issues as a reason followed by difficulty to initiate discussion due to fear and shyness (51.40%). Twenty-five percent (24.9%) of parents worried about their culture(20)

According to study among Gorro Preparatory School Students with their Parentsin Gurage Zone, shame, parents lack knowledge on different sexual and reproductive health issues and culture are among the major factors which prevent adolescents from initiating discussions about sexual and reproductive health issues with their parents(35).

A studyinDireDawahigh school students showed that Condom use during first intercourse was associated with having communication about sexual and reproductive health. Cultural taboo, shame and lack of communication skill were reasons that hinder communication between parent and adolescent about sexual matters(36).

Other study findings showed that in Mekelle Town in multivariate logistic regression analysis, parents' educational status, living arrangement and level of education of respondents were found to be significantly associated with communication of adolescents with their parents about sexual and reproductive health matters(22).

Similarly Study in E/Wollega zone showed that in logistic regression analyses, young people who were aged 15–19 years were more likely to report parent-communication compared to the other age groups. Educated young people were more likely to parent-communicate. Fear of parent, cultural taboos attached to sex, embarrassments, and parents' lack of knowledge related to sexual and reproductive health were found to be barriers for parent communication. Parent-communication takes place not only infrequently but also in warning, & threatening way(23).

According to study among High School student in Alamata showed that in bivariate analysis of socio-demographic variables three variables educational status, church/mosque attendance and previous residence were significantly associated with parent adolescent communication on sexual and reproductive issues(25). Another study in Haiyk town among preparatory School Students showed that another factor is in multiple logistic regression sex, educational status of parents and grade of respondents had association with parent adolescent communication on sexual and reproductive issue(26).

A study conducted in Awabel woreda northwest Ethiopia young people who reside in urban areas were more likely to discuss on sexual and reproductive health issues with their parents. Similarly, being male was more likely to have a parental discussion about sexual and reproductive health issues than females and had attained a primary level of education. Parents lack of interest to discuss, feeling shamed and culturally not acceptable to talk about sexual matters were found to deter young people's in discussing sexual and reproductive health matters(27).

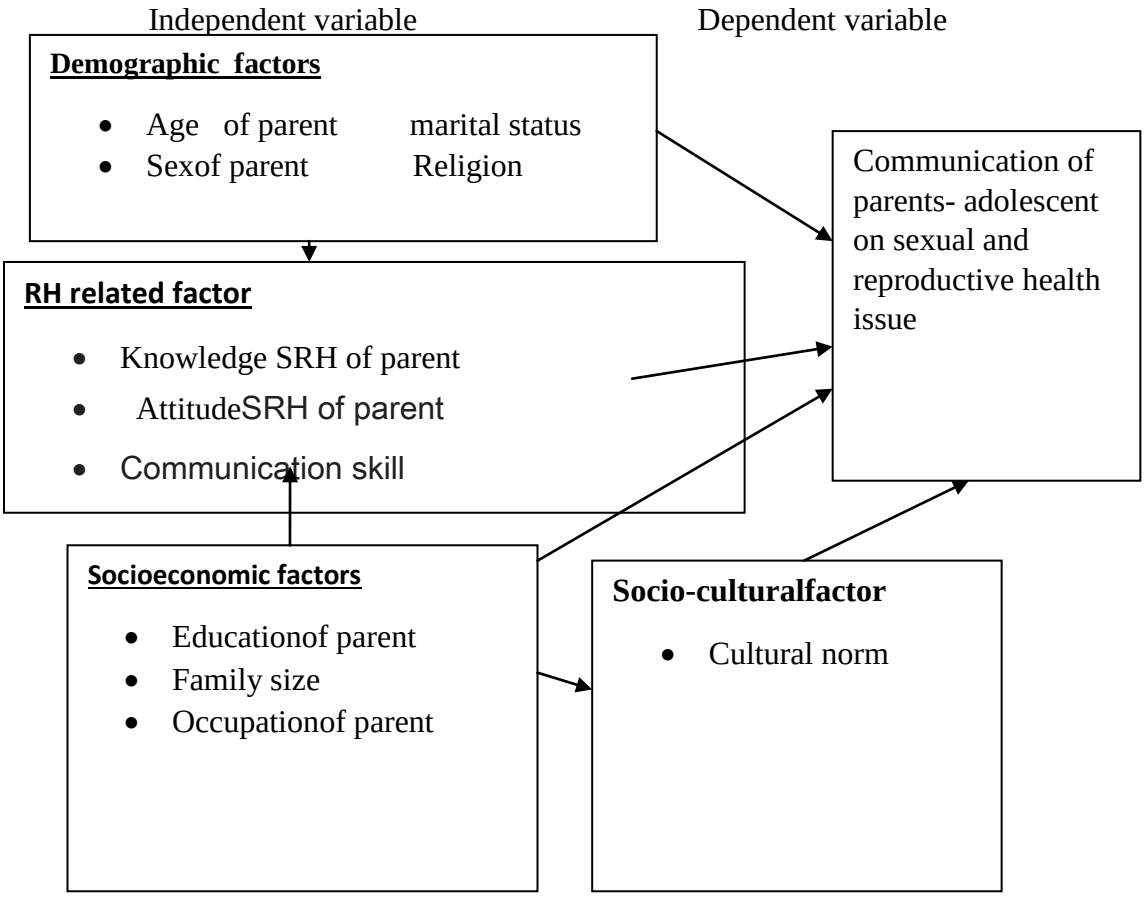
Generally study findings in adolescents who have good communication and are bonded with a caring adult are less likely to engage in risky behaviors and Parents who supervise and are involved with their adolescents' activities are promoting a safe environment for them to explore opportunities, and also researcher found that adolescents from families that have strengths are more likely to perform well in school, to avoid risky behaviors, and to demonstrate positive social behaviors than are adolescents from families that lack these(37).

2.3.Significance of the study

This study is important because its findings will show whether parent-adolescent communication has influence on sexual and reproductive behavior and explain the role of parents in guiding adolescents on sexual and reproductive behavior. The suggestions of the study will contribute towards improving parent-adolescent communication hence change on sexual and reproductive behavior. Secondly, the findings and suggestions of this study will be important to policy makers. The policy makers will understand the status of parentadolescent communication in Bahr Dar and how this is affecting the prevalence of unplanned pregnancies, sexually transmitted diseases and HIV/AIDS.Finally the study finding will be used for concerned bodies like; policy makers will determining parent-adolescent communication about sexual and reproductive issue is essential to design appropriate intervention program.

2.4.Conceptual framework

Many literatures discussed factors affecting parents sexual and reproductive health communication with their adolescents. By reviewing different literatures and adapted from study conducted in Harare, Dire Dawa , E/Wollega ,Rwandato my study socio demographic factors (respondents' sex ,age,familysize,family income, educational and occupation status of parents etc.), individual factors (knowledge and attitude) and cultural factors are considered as among the factors that hinders communication(20),(23),(36),(18). Hence, the following conceptual framework will try to summarize the determinant factors and to analyze the association between dependent and independent variables.



*Figu***gure1: Conceptual framework of parents-adolescent discussion practice on sexual and reproductive health associated factor in Bahir Dar town January 2019.**

3. Objective

3.1. General Objective

Assess parent-adolescent's communication and associated factors on sexual and reproductive health among parents who live in Bahir Dar town 2018.

3.2. Specific objectives

To determine the magnitude of parent- adolescents communication on sexual and reproductive health issue among parent who live in Bahir Dar town.

To identify factor associated with parents-adolescent communication on sexual and reproductive health issue among parent who live in Bahir Dar town.

4. Methods

4.1. Study Design

4.1.1. Quantitative study

Community based cross sectional study design was conducted among parents

4.1.2. Qualitative method

Focus group discussionsused to better understand about underlying behaviors, attitudes, perceptions and culture about reproductive health from perspectives of parents and adolescents.

4.2. Study Area and Period

The study was conducted from November 12 –Jaunuary16/1/2019 in B/Dar city,B/Dar city is 545 km away from Addis Ababa, the capital city of Amhara National Regional state North West direction. According to information obtained from Bahir Dar health administrative office, there are six sub cities in the town and there are two government hospitals and six health centers, two private hospitals and fifty-eight middle and higher clinics. The total numbers of Population is225, 896, the total numbers of house hold is 50,199living in Bahir Dar town.

4.3.Source and study populations

4.3.1. Source Population

The source population was parents who have adolescent inBahir Dar town. The participants of focus group discussions were purposely selected from parents who have adolescent, adolescentwho haveparent.

4.4.Study Population

All parents who have adolescent in selected sub cityBahir Dar town. The participants of focus group discussions were all purposely selected from parents who have adolescent and adolescent have parents

4.5.Inclusion and Exclusion Criteria

4.5.1. Inclusion Criteria

Parents who have adolescent

4.5.2. Exclusion Criteria

Parents who were seriouslysick, unable to communicate at time of data collection

4.6.Variables

4.6.1. Dependent variable

Communication of parent and adolescent on SRH issues

4.6.2. Independent (explanatory) variables

- Socio demographic factors (Age, sex, Religious, Ethnicity)
- Educational status of the parents
- Family size
- Knowledge on SRH issues
- Attitude towards discussing RH
- Occupation of parents
- Communication skill
- Beliefs

4.7. Operational Definition

Parentsare defined to encompass "all those who provide significant and/or primary care for adolescents, over a significant period of the adolescent's life, without being paid as an employee," including biological parents, foster parents (3).

Adolescenceis defined as ages 10 to 19 years(3).

Sexual and reproductive health issues; in this study includes STI/HIV/AIDS, Contraceptive, Menstruation, condom, , abstinence, risky sex, sexual abuse, unsafe abortions, unwanted pregnancy, premarital sex, andrelationship with the opposite sex, physical and psychological changes during puberty.

Discussion on SRH issues; parents who discussed two and more SRH issues (Body change during puberty, condom, STI/HIV/AIDS, abstinence, risky sex, sexual abuse, unsafe abortions, alcohol/drug,unwanted pregnancy, contraception with their adolescent in the last 6 months (28).

Measurements of dependent variable; parents who communicated two and more SRH issues with their adolescent was the compound score on 15 sexual and reproductive health related topics during the last six months, have you discussed on any of the following sexual and reproductive health related topics with youradolescent?"Then the responses for each question will be dichotomized as "yes" or "no"(23).

Knowledgeable on SRH; Those parents who have scored above the mean of the sexual and reproductive health related question (20).

Positive Attitude towards SRH communication: Those respondents who have positive towards SRH communication and who scored points more than the mean score out of prepared attitude questions.

Negative attitude towards SRH communication: Those respondents who have negative outlook towards SRH communication and who scored points less than the mean score out of prepared attitude questions(20).

Communication skill; Those parents who able to exchange, and sharing idea about sexual and reproductive health matter with their adolescent.The step processing are represented source, message ,encoding,,channal at each these stage at way to limit the barrier to communicate effectively(38).

4.8.Sample Size Determination

4.8.1. Sample Size Determination by prevalence

Sample size has been determined with proportion of parents communicating on SRH issues with adolescent that are taken from previous study (28.76%)(20). We used single population proportion based on the following assumptions.

Estimated proportion (P=0.2876)

Margin of error d=5%.

Confidence interval (CI) of 95% was assumed (zα/2=1.96).

$n = z(1-\alpha/2)^2 p (1-p)/d^{2.}$

n= was the size of the sample.

Z= was the standard normal value corresponding to the desired level of Confidence.

d =error of precision.

$n_o=\underline{(Z)^2 \times P(1-P)/} d^2 = \underline{(1.96)^2 \times 0.288x0.712/(0}.05)^2 =315$

by using design effect:

$n_1=315*2=630$

Then, by assuming 10% non-response rate

$n_{f=}630+630*10/100=693$

Therefore, the total sample sizes will be 693 parents

4.8.2. Sample Size Determination by Factor

Double population proportion formulas were used for calculating sample size for the factors using statistically significant factor taken from the compute sample size for each significant variable from previous study calculated by using Epi Info version 7 (20).

Table 1:Sample Size Determination by Factor

N0	Variable	Power	Outcomein exposed group	Outcome in un exposed group	AOR	Sample size
1	House wife	80	25.3%	41.4%	0.48	614
2	Knowledge about RH	80	78.5%	39.4%	5.69	238
3	Grades 5–8	80	48%	19.57%	3.79	210

The sample size of associated factors is smaller than sample size determination by magnitude. Therefore, the final sample size is 693parents in Bahir Dar town.

4.9.Sampling method

4.9.1. Quantitative study

Multistage sampling technique wasused for this study.There were six sub cities in the town. First, from total sub city three sub cities wereselected by simple random sampling technique. The number of households included in each sub cities was determined in proportion to the total number of households in each sub cities. A systematic sampling method was used then employed to select the households and households(parents)by using the list household from the existing Health extension worker registration. In case no eligible household was identified in a selected household the interview was conducted in the next household where there were eligible household and in case both parents(mothers and fathers) found in the house hold was selected one parentfor interview by lottery method.

4.9.2. Qualitative study

Focus group discussions were carried out among purposively selected parents (both mothers and fathers) who have young people age 10-19 years and adolescents and parents weren't participated in the quantitative study.Selection of parents and adolescents was made as per the recommendation of school directors and health extension workers. This sample of respondents was used in the key informant guide. Further 15 parents and 16 adolescents were purposively sampled who were divided into four (4)groups who formed focus group discussion.

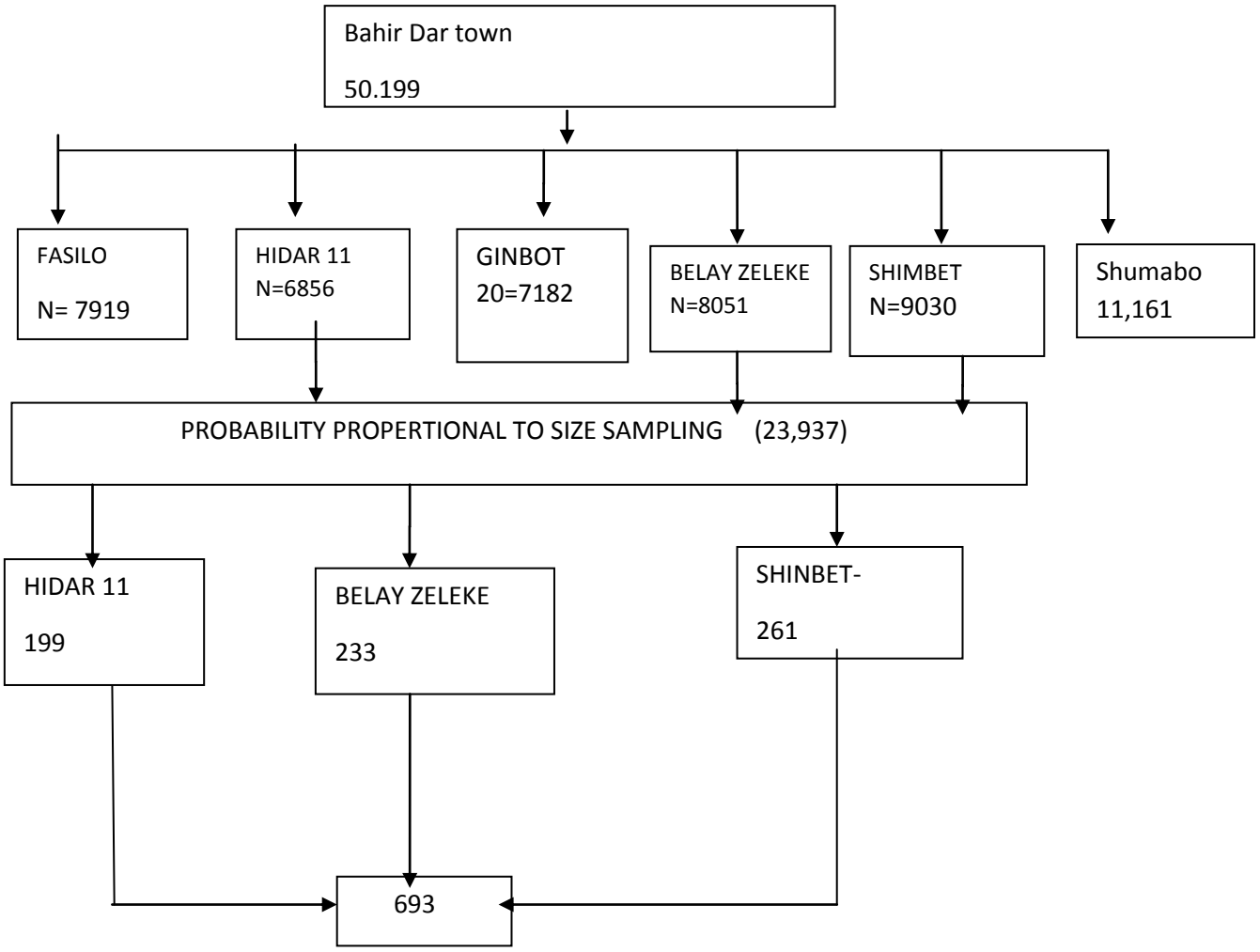


Figure 2:schiematic presentation sampling procedures of parent-adolescent communication and associated factors on reproductive and sexual issue among parents live in Bahir Dar town, January, 2019.

4.10. Data collection instrument and procedure

4.10.1. Quantitative study

The data was collected using structured quantitative interview questionnaires that was previously used in other studies using the local language (Amharic) in order to make the questions easily understandable and clear for respondents. The questionnaire consists of socio demographic characteristics, discussion of RH related question knowledge and attitude about reproductive health. The questions and statements of the questionnaire was grouped and arranged according to objectives of the study. Four individuals, who were third year midwifery students, were selected for data collections. Confidentiality and privacy was given attention during training. Data collectors approached the selected respondents by explaining the aims of the study and what sort of information was needed from them. Data collectors were supervised by two diploma midwives and problems faced during data collection were solved on time. The principal investigator checked filled questionnaires and solution was given by discussing with the supervisors and the data collector if problem arise. Finally, filled questionnaires were signed by supervisors after checking for its completeness.

4.10.2. Qualitative study

A discussion guide adapted from previous similar studies was used to lead the qualitative data collection with probing as appropriate(31). The questionnaires were prepared in English and translated local language (Amharic). It was collected by the principal investigator s and trained facilitators using open ended interview guides. The response was tape recorded.

4.11. Data Quality Assurance

To ensure the quality of data, two days training was given to supervisors and the data collectors on how to approach the study subjects, on the objective of the study, the content of the questionnaire, selection of the study subjects, method of data collection and on issues related to communication on SRH.Questionnairewas checked on daily basis for completeness during data collection. Data was checked in the field to insure that all the information was properly collected. In order to identify the clarity and consistency of the questionnaire it was pretested on 5% of the sample in a similar population in Bahir Dar Zuriameshenti townand the trainees were participated on pre-testing of the questionnaire.

4.12. Data management and Analysis

4.12.1. Quantitative study

The data was gathered using structured questionnaire were checked &cleaned for it completeness. Data were entered and coded using SPSS version 20 was used to analyze the data. The results were summarized by using descriptive statistics, together with odds ratio with 95% confidence intervals and Bivariate and multiple logistic regressions was employed to describe the strength of association between the selected study variables by controlling the effect of possible confounders and P value 0.05 was used to determine the statistical significance of the tests. Knowledge of reproductive health issues was assessed using a set of 12 standard questions and average score was calculated afterthe responses had been coded. Respondents who scored more than meanwas considered as having good knowledge while the remaining participants'was classified as having poor.

4.12.2. Qualitative study

Data obtained through interview was analyzed manually through ordering and listing of all answers, and connected them with the purpose of my study, coding answers, interpretation of codes there after to generate categories of information which can be assembled to develop themes.

4.13. Ethical Consideration

Ethical clearance was obtained from Bahir Dar University institutional research ethics review committee and Permission was obtained from Bahir Dar town selected sub city town administration prior to the data collection Written consent was obtained from each study subject. Participants were told the objective of the study. They were also told that they have the right to refuse to fill the questioner any time and their answer will remain a secret. The study population especially of the FGD discussants was also given information on the importance of discussion on sexual matter with adolescents before and at end of the FGD.FGD was conduct in separate private place and codes was usedforidentifying FGD participants.

4.14. Dissemination Plan

The result of our study presented for Bahir Dar University, for college of medicine and health science department of reproductive health and then the hard copy will be submitted to department of reproductive health. In addition the hard copy of the finding also will besent to Bahir Dar town administration office, selected sub city town administration, Bahir Dar town health administration office. Moreover, the paper will be presented at the conference and sent for publication.

5. Results

5.1. Socio demographicCharacteristics of Parents.

A total of six hundred ninety three parents were enrolled in this study with a response rate of 673(97%). The mean age of respondents was 42.9 years (SD 7.74). More than half of the respondents were females362 (53.8%),Amhara648 (96.3%), and Orthodox Christians543 (80.7%) and are married 612(90.9 %) Table2.

Table 2 socio-demographic characteristics parents live in Bahr Dar city January 2019

Variable	Frequency	Percentage
Age<38years	192	29.5%
38–47years	257	38.2%
>47years	224	33.3%
Sex		
Male	311	46.2%
Female	362	53.8 %
Family size		
<4	255	37.9%
4-5	314	46.7%
>5	104	15.5%
Ethnicity		
Amhara	648	96.3%
Others	25	3.7%
Religion		
Orthodox	543	80.7%
Muslim	77	11.4%
Catholic	18	2.7%
Protestant	35	5.2%
Marital status		
Married	612	90.9%

Separate	36	5.3%
Other	25	3.7%
Educational status of father		
Unable to read and write	19	2.8%
Able to read and write	48	7.1%
Grade 1-6	78	11.6 %
Grade 7-12	209	30.9%
Diploma and above	320	47.5%
Educational status of mother		
Unable to read and write	72	10.7%
Able to read and write	75	11.1%
Grade 1-6	113	16.8%
Grade 7-12	228	33.9%
Diploma andabove	185	27.5%
Occupation of father		
Employed government	308	45.6%
Employed private	174	25.9%
Merchant	182	27%
Farmer	3	0.4%
Other	6	0.9%
Occupation of mother		
House wife	228	33.9%
Employed government	209	31.1%
Employed private	104	15.5%
Merchant	132	19.6%

5.2. Knowledge and Attitude towards Reproductive Health

Respondents Knowledge of RH issues was assessed by asking a set of closed ended questions adapted from previous study(20, 39). When asked about behavioral and physical changes during puberty showed that 438(64.8%) both breast enlargement and beginning of menstruation in females and change in voice for males followed by only change in voice for males 98(11.6 %) and only breast enlargement and beginning of menstruation in females 97(11.6%). About 419 (62. 3%) of the respondents correctly mentioned the correct age for marriage in Ethiopia. Responses about consequences of unprotected sex,

the majority503 (74.8%) mentioned both STD and unwanted pregnancy followed by only STD 74 (10.9%) only unwanted pregnancy 83 (12.3%).After all the responses to knowledge have been summed up and scored 480(71.3%) of the respondents scored above mean scored and demonstrated good knowledge of RH issues and 193 (28.7%) of the respondents scored below mean and demonstrated poor knowledge of RH issues.

Attitude of parents towards discussion on RH issues was measured by a set of questions using the Liker scale. More than half of the parents 469(69.7%) agreed on the need to discuss SRH matters, however only22.9% of the respondents had positive attitude towards to discuss sexual matters with adolescents are too young (10-12yr) and 34.6% of the respondents had positive attitude to discuss theuse of condom for their adolescents.

5.3. **Discussion on Reproductive Health Issues**

Overall, only 266 (39.5%) of the respondents had reported discussion about at least two components of RH matters in the last six months prior to the study. It was found that most of the parents who reported discussions with their adolescents werefemales145(54.5%) versus121 (45.5)) compared to males. The major topics of the discussions were sexual violence 223(83.8%), HIV/AIDS218 (81.9%), abstinence214 (80.5%), menstruation213 (80.4%), pre marital sex160 (60.1), Drugs/Alcohol191 (71.8%), unwantedpregnancy197 (74%) andSTI161(63.00%).

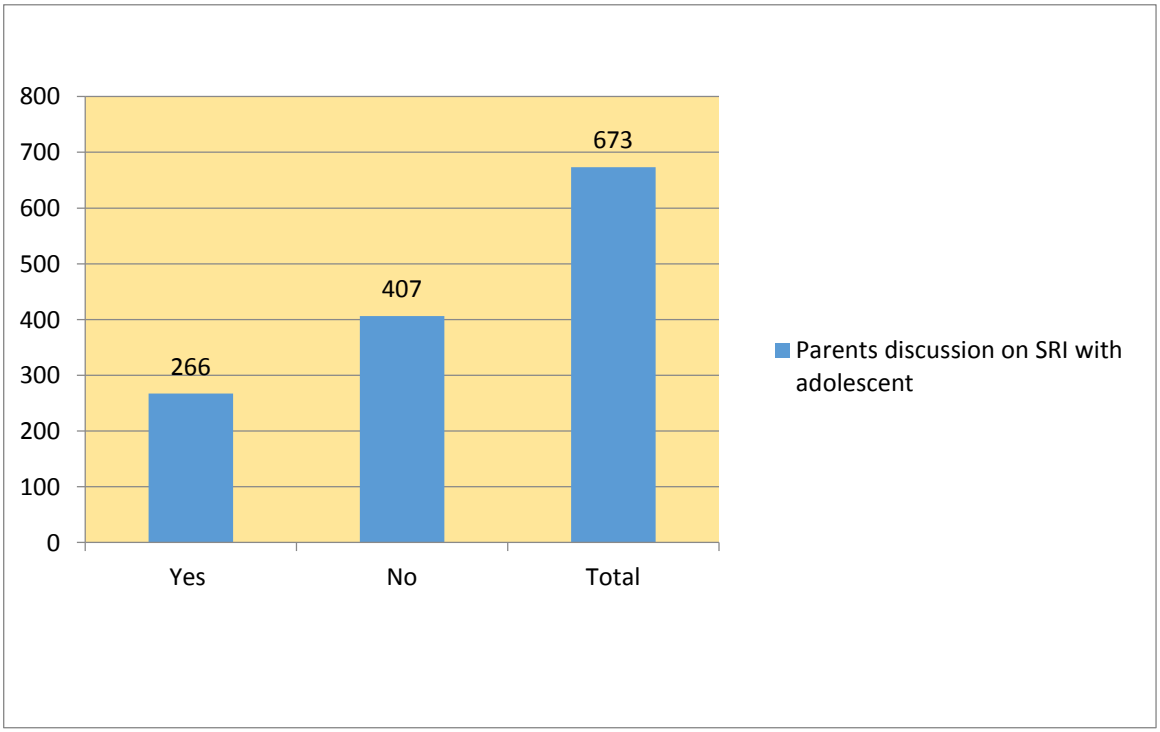


Figure 3 percentage of parent discussion with adolescences

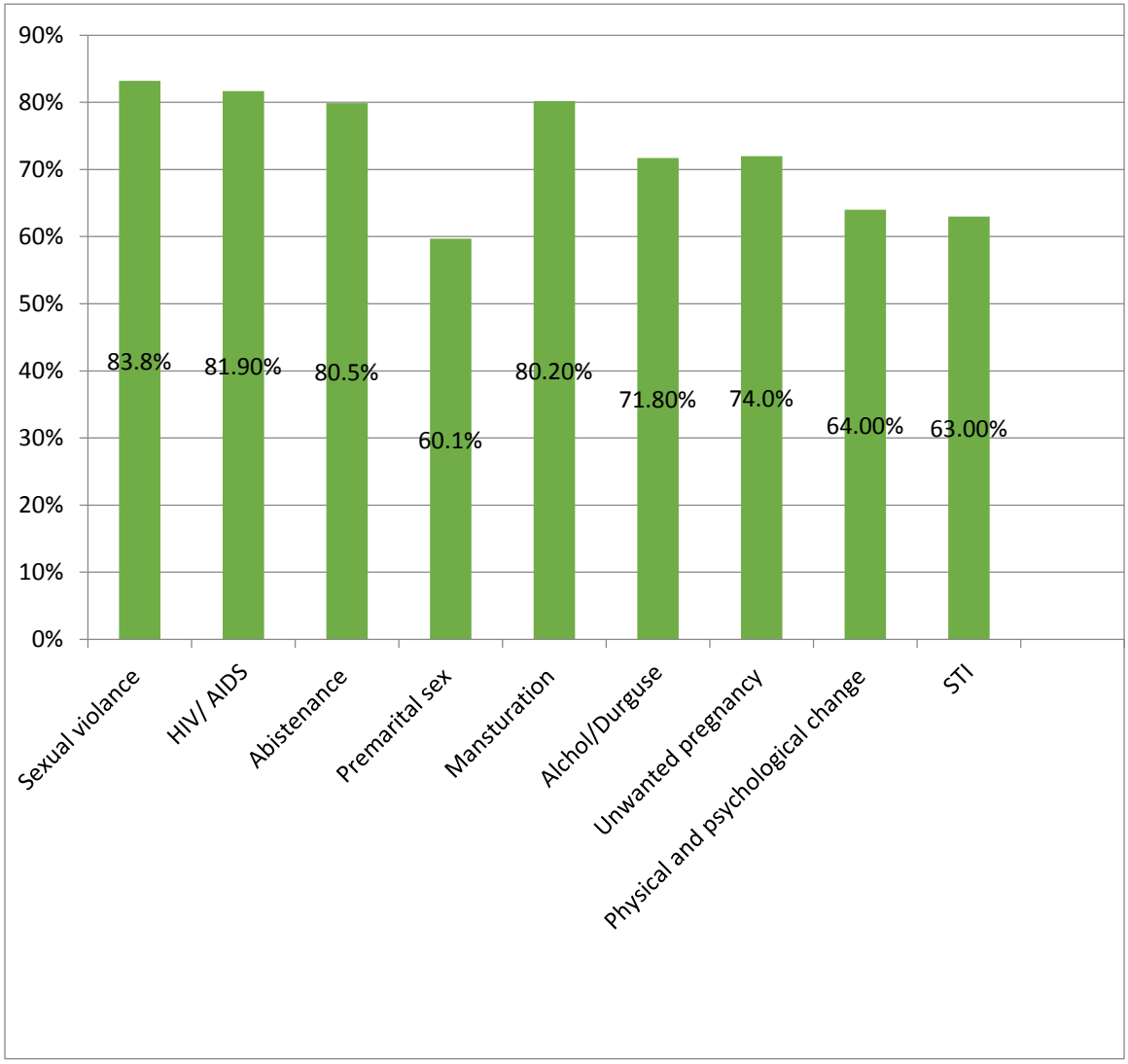


Figure 4;Percentage of Parent discussion topics with adolescent

The most common reason for not talking with adolescents is the difficulty of explanation126 (30.95%) followed by perceiving that it would initiate adolescent's sexual practice 83(20.3%), fear of discussion 66 (16.2%), Too busy 62 (15.2 %), lack of awareness of RH 45(11.05%), cultural norm 21(5.2%) and other 4(0.98%).

5.4. Summary of Focus Groups Discussion with Parents and Adolescents

We have conducted discussion with four groups a total of 31 participants. The discussion was with male and female parents separately further more discussion was also conducted with male and female adolescents. In the two FGDs conducted with parents, similar to the findings from the survey, the majority

of the parents have shown positive attitude towards importance of discussingSRH matters with their adolescents but Parents discuss issues with their children mostly when they encounter cases accidentally of different phenomena. In this situation parents pass simply a direct order or a kind of warning to their children instead of participating children in the discussion andParent communication occurs infrequently and late .

In the discussion most of the parents think that their adolescents are not sexually active especially children at the age of 10-14 years are not allowed to participate in the discussion of reproductive health issues because these age group do not think of reproductive health as an issue to be discussed and in practice only few of them have reported discussing the matter. Instead female children are found to discuss issues like abstinence, menstruation care andsexual violence, and unwanted pregnancy particularly; these female children have revealed that they have discussed these above mentioned issues more with their mothers. Most of the parents usually more focus female children than male children to discus SRH issue.

Most of parents are the way in which the communicationis a unidirectional and warning type of communication rather than two-way communication takes place infrequently and also fear talking to them direct issues.They bring these issues to only when they are influenced by certain circumstance:50-year old man told that <<*In such discussion I did not participate considerablywhen students coming home late,we advise students to take care themselvesand attend class critically*>>.

Most of parents are often have difficulty in communicating with sex related issues and beliefs that discussion of about sexual and reproductive health issues would lead to sexual experimentationThese were stated in the focus group discussions as: A thirty –year old man also said <<*my boy is fifittenyears old we repeatedly advise him to study his lesson strongly. We did not tell or discuss with him about reproductive health issues if we do so that means we are reminding him to accomplish such unwanted activities I didnot discuss with my child about sex because it would initiate adolescent's sexual practice.* >>

Some of the respondents also strengthened the effect of lack awareness preventing them from talking with children. A thirty five years lady said *I did not discuss such issue with my children because my children are between 10-15 years. IStrongly advise these children to study their lesson and my religion's doctrines. It will be difficult to me to teach these children at this age, and I do not think that this will be important to themsoI do not agree with this idea".*

Most of the parents only limited topics were being discussed and do not discuss in detail about reproductive health issue, A 40 year woman also said<<we *have no open discussion yet. But in situations*

occasionally, I tell to my female daughter about on *like menstruation care, sexual violence and avoiding premarital sex. I also tell to my male children to take care of HIV AIDS and formal education/future* >>.

Some of respondants that did not discus somesexual matters with adolescents attribute it thier religious beliefas a major factor as one of discussant said . <<*As Christian I can not advise my adolescents to use condom immoral.*>>.

Some of the respondents indicated that discussion of reproductive health issues respondents preferred discussions with girls rather than boys. A 47 year female discussant said woman said<<*I prefer discussion female since males donot worry in in matter of sexuality. I conduct open discussion with female children. to have moddes in their bag during menstruation specially when they go to school, not to engage sex at this age before marriage So, my female children participated in such open discussion*>>.

The issue of discussing RH issues is bound by several socio cultural norms and expectations discussing about sexual matter. A 14- year female said <<*I have not so far discussed about reproductive health and gender issues with my parents .Until now my parents only advise or tell me repeatedly to study my lesson and to take care of car accidents when I cross roads*>>.

The fear about reaction of their parents towards their request or need for discussing the issueA 16- year female said *:*<< *my parents have told me to take care of menstruation and I should take care in my relationship with oppose sex most of the time my parents tells me She said that I prefer to discuss with my peers If I will ask my parents about SRH, they think as she would be engaged in the activity*>>The most common topics of parent-young people discussion were: menstruations, HIV, abstinence and un wanted pregnancy This is evident from the response.A15- year girl said :<<*I have discussed with my parents about menstruations to take care of in my relationship with opposite sex unwanted pregnancy HIV ADIS issues*>>

Most of the adolescents also indicated that parents prefer to discuss RH indirectly by taking impersonal examples than referring to their child. This is evident from the response A 18—year girl said<<*Ms X's daughter has got pregnancy out of marriage or she gave birth out of marriage, she is a bad girl. don't be like her Because they told me that this girl because of her bad habit had stopped schooling, especially my father repeatedly told me this*>.>

There is no trends and experience for discussion on sexualreproductive health issues in my family, A response ofA 17 –year boy said << *my parents so far have told me nothing except to study my lesson we do not told me about all sexual issues with our parents. We get most of the information from school, 'TV*>>

Findings from the FGD conducted with adolescents indicated that more discussion other issue rather than reproductive health issues this is evident from the response. A14- year boy said<<*My parents advised me that I should not go together with a man that I do not know. Parents told me that such unknown persons will take boys for their personal consumption –by making boys for begging for labor work etc.*>> Similar findings from the FGD conducted with adolescents indicated that discussion of reproductive health issues between them and their parents. This is evident from the response. A 16-year boy said<< *my parents never told me about reproductive health and gender issues so far, most of the time my parents advise me not to see film because they want me not to spend time by more observing film that could be spent on studying*>>

Most families discuss with their children indirectly on sexual issues like. A18-year male *said* <<*My parents advise me- not to have bad friends especially taking an example of our neighboring young boys. My father told me the story of one bad boy-that he stopped learning for being victim of ashish and 'chat'.*>>

In our culture, let alone to talk about sexual related issues with children on such issues is rare.15-year boy said<<*My parents told me not to use sharp materials and not to cut my fingers because such act my result in HIV ADIS transmission and tetanus*."Most adolescents also indicated that parents want to be more directives, monitoring rather than creating an open environment in which adolescents are asking and getting responses as required. The reason they mentioned were as follows: parents are not knowledgeable; they prefer to discuss with peers and at school with their teacher.

5.5. Factors affectingParent-AdolescentDiscussion on Reproductive Health Issues

Bivariate analysis family size, occupational status of father, educational status of mother, educational status of father, knowledge about SRH issues, attitude towards SRH issues showed significant association on parental discussion about sexual and reproductive health issueswith their adolescent. Finally, in order to control confounding factors a multivariate analysis was used. Those variables having P-values less than 0.2 in bivariate analysis were included in multivariate analysis to get adequate variables. Among variables Family size, occupational status of father, knowledge about SRH issues, and attitude towards SRH issues and perceived importance of SRH discussion with parents were independently associated with ever discussed sexual and reproductive health issues with their adolescent.

As shown in Table2,The result of multiple regression parents occupation father ofmerchant show that55% time less likely to discuss RH issues compared withemployed government(AOR 0.446 95% CI:0.293-0.686). Family size greater than five demonstrated 61% lower tendency to discuss RH issues compared with less than four(AOR0.386, 95% CI:0.226-0. 661). Parents who have demonstrated good RH knowledge and positive attitude towards RH are almost 4.5 times and 1.6 time (AOR 4.453, 95% CI:

2.900- 6.839); (AOR1.617, 95% CI: 1.149-2.276) higher in discussing RH with their adolescents respectively.

Table 3: predictors of discussion on reproductive healthissuesbetweenparentsandtheiradolescents , Bahrdar town ,Amhara region , Ethiopia, January, 2019(N=673)

Variables	Discus with children		*Odd ratio*	
	Yes	No	Crude OR 95 %CI	Adjusted OR(95%CI
Family size				
<4	124	131	1.00	1.00
4-5	116	198	0.612(0.442,0.866)	0.694(0.482,1.000)
>5	26	78	**0.352(0.212,0.585)**	**0.386(0.226,0.661)**
Occupation of father				
1.Employed government	148	162	1.00	1.00
2.Employed private	65	101	0.699(0.475,1.027)	0.776(0.515,1.169)
3. Merchant	48	133	**0.401(0.269,0.598)**	**0.446(0.293,0.686)**
4.Other	1	5	0.221(0.025,1.910)	0.410(0.042,4.008)
Knowledge				
Poor	34	233	1.00	1.00
Good	161	245	**4.591(3.030,6.956)**	**4.453(2.900,6.839)**
Attitude towards discussing RH				
Negative attitude	107	212	1.00	1.00
positive attitude	159	195	1.616(1.182,2.209)	1.617(1.149,2.276)

5.6. Discussion

This study assessed parents communicate with their children aboutsexual and reproductive health issue, which topics discussed, and factors affectingparents communicate with their children about sexual and reproductive health. In this study the majority of the parents approved the importance of discussion, In the past 6 months parent adolescent discussion about sexual and reproductive health issues was only39.5% of parents have reporteddiscussing RH issues. This is also similar in other studies conducted in Ethiopia;EastWolega (32.5%), DebreMarkos (36.9%) (23),(28). respectively. But it is lower than other findings fromMekelle(57.6%),Alamata(68.2%)inEthiopia(22),(26)respectively, in Ghana(82.3%)(17). This may due to awareness creation reproductive health information. The greatest proportion of parents has participated in discussion about sexual violence, HIV/AIDS, abstinence, andmenstruation. This finding is similar to other studies conducted in Ethiopia;Mizan and Haik(21),(26) respectively.This similarity might be explained by due to having closely related socio cultural characteristics, similar in those study area.

Parents occupation father of merchant show that 55% time less likely to discuss RH issues compared with employed government(AOR 0.446 95% CI: 0.293,0.686).This finding is similar to other studies conducted Harare and Almata(20, 26) respectively. This may be due to they spent more time on business so less chance for them to discuss with their adolescent . Parental in discussing RH with their adolescents about sexual and reproductive health issues were significantly associated and higherParents who have good RH knowledge and positive attitude towards RH are almost 4.5 times and 1.6 time(AOR 4.453, 95% CI: 2.900- 6.839); (AOR1.617, 95% CI: 1.149-2.276) higher in discussing RH with their adolescents respectively. This finding is similar to other studies conducted Ethiopia ; Harare andAlamata(20, 26)respectivelyand Rwanda(18).This due to opens a chance for them to discuss with their adolescents.Family size greater than five demonstrated 61% lower tendency to discuss RH issues compared with family size less than four (AOR 0.386, 95% CI: 0.226-0,661). This may be due to as number of family size decrease prarents more concerned and have communication onSRH issue. But this finding is different to other studies inDebreMarkos(28). This variation may be due method of data collection of the study

Parents also indicated various reasons highlighting why they do not discuss reproductive health issues with their children. The majority the Difficulty of explanation126 (30.95%) regarding RH issues as a reason followed by perceiving that it would initiate adolescent's sexual practice 83(20.5%), fear of discussion 66 (16.2%), Too busy 62 (15.2%) and lack of awareness of RH 45(11.05%). This finding is

similar to other studies conducted in Ethiopia; East Wolegaand andHarare (23), (20)respectivelyand inKenya(16).This similarity might be explained by due to having closely related socio cultural characteristics in those study area.

This finding from the FGD showed that parents have realized the importance of discussing RH issues with their children. But many of the parents indicated that they are unable to do so because they werebeliefs that discussion of about sexual and reproductive health issues would lead to sexual experimentation,cultural norms, limited knowledge about RH, lack of comminication skill and lack awareness preventing them from talking with children. This finding is true also in the studies conducted in Dire Dewa and Harare(36),(20)respectively.This might be explained by those study areas share common socio cultural, characteristics

Many of the parents indicated that were being discussed only limited topics and do not discuss in detail about reproductive health issuebeside to this some of respondants that did not discus some sexual matters like condom use withthier adolescents attribute it thier religious belief as a major factor. This finding is true also in the studies conducted in Rwanda and Tanzania(18),(32) respectively.This due to in developing country had similar and closely related socio cultural and psychological characteristics

Some of the respondents indicated that discussion of reproductive health issues respondents preferred discussions with girls rather than boys. In addition to communication takes place not only infrequently but also fear talking to them direct issues. This finding is true also in the studies conductedin Rwanda(18).

Findings from the FGD with adolescents have indicated most of children have told the necessity to discuss about sexual and reproductive health issues. But they did not give attention to such kinds of issues discussion not practiced because most of parents are the way in which the communicationis a unidirectional and warning type of communication rather than two-way communication.Somost adolescents prefer to discuss with their peers rather than their parents.This finding is true also in the studies conducted East Wolega(23). This may be due tothey may face challenges since it is embarrassing for both the adolescents and their parents.

The finding of this study is that both parent and adolescent discussants perceived that the barriers to the communication arise both from parents and adolescent sides. Generally, majority of the parents also reported that their adolescents might not take it seriously and felt that they could not answer their question regarding RH.

5.7. strength and Limitationof this study

The strengeth of this study is used quantitive and qualitative triangulated.The finding of this study, some limitations should be considered.this study was based on cross-sectional data, which implies that the direction of causal relationships cannot be determined.

5.8. Conclusion

This study showed Less than half (39.5%) of parents reported discussing reproductive health issues with their adolescents. Both the quantitative and qualitative result showed that the range of the parent young people communication about SRH was low.parental concern that discussion would encourage abstinence, menstruation and sexual violence andparents who were more knowledgeable about SRH issues and had positive attitude towards these issues are open to discuss with their adolescentsandcultural norm , religious belief and lack awareness preventing discussing SRH issues with their adolescents.

5.9. Recommendations

Evidences indicated that supportive communication between parents and children enables young people to make a safe and confident transition to adulthood. Basing on the finding of this study the following are recommendations for improving adolescent reproductive health.

Health worker(Health extension worker);Parents should be equipped with essential SRH information for improving their discussion skills and knowledge for parents and Community

Health sector;should beinvolving parents and Community in seminars and workshops on SRH matters to creating community conversations regarding parent young people communication.

Communityleader; should be responsible for addressing socio cultural norms andtraditions surrounding reproductive health issues.

Governmentstrategies and policies should bedetermining parent-adolescent communication about sexual and reproductive issue is essential to design appropriate intervention program.

Researchers; should conduct further study on this issue using qualitative study design

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7. APPENDICES

7.1. Appendix A

7.1.1. A: Informed consent form

A thesis proposal prepared for partial fulfillment of the requirements for the degree of master of public health in reproductive health school of Public Health College of medicine and health science university of Bahir Dar

Title of the research: Assessment ofparentsadolescent comunicationson sexual and reproductive issues among parents who living in Bahir Dar town Amhara Region, Ethiopia, 2018.

Greeting

Good morning/ afternoon, my name is ---------- we are data collectors on behalf of Tigab, Reproductive health graduate students ofBahirDarUniversity. I am doing a study assessment of parent-adolescent's communications on sexual and reproductive issues also want to collect information factor associated with parents-adolescent communication practice on sexual and reproductive health issue among parents who living in Bahir Dar town. We (I) believe that it will be able to asses parents 'communications with their adolescent's on sexual and reproductive issues that will be able to improve parent-adolescent communication on sexual and RH issue and then reduce the prevalence of unplanned pregnancies, sexually transmitted diseases and HIV/AIDS. This will lead to the recognition of important role played by parent-adolescent in this area. This consent form is prepared to describe the purpose of this research to get your voluntariness to enroll in this study.

Purpose of research: It is aimed to assess parents communication with their adolescent's on sexual and reproductive issues among parents who lives in Bahir Dar town.

Procedures: Data collector's select693 parents among who lives in Bahir Dar town with simple random sampling method and you are one of them of who full fill the criteria.

Benefits: There is no direct benefit from participating in this research but the results of the study are no doubt to be important for improving parent- adolescent communication hence change on sexual and reproductive behavior among adolescent

Risks: Your participation in this study will not involve any risks to you.

Incentives: There is no any payment to be gained by taking part in this research.

Confidentiality: Every piece of information will be kept confidentially. Information will be accessed by the research only and no wastage will be allowed.

Right to refusal/withdraw: If you are not interested to participate in this research, you can refuse or withdraw from the study.

Contact Persons: If you want to know more information, have any question, you can contact the committee through the researchers address below.

Phone:Tel: +251918701598/ 0930708387, Email:tigab2325@gmail.com,

I undersigned have been informed that the questionnaire is conducted to gather information about parents communications with their adolescent's on sexual and reproductive issue and information factor associated with parents- adolescent communication practice on sexual reproductive issue. The result of the study will help the government, parent's adolescents and health facilities involved in this service provision to improve the quality of the service. I also agreed about the confidentiality of the responses to be at a highest possible level.

Signature_____Date___/____/_____time _____

To make the study reliable, your honest and accurate responses to the questions are very much essential indeed. Moreover, the selection of respondents is done based on a random selection method, i.e. you are selected randomly or just by chance from many others. You are also free not to answer any question you don't want to, and even not to take part in the interview at all but please note that your idea is important to the study. Your name will not be exposed to a third party. This will take about 10 minutes. So, please be willing to participate for the self-administered questionnaire which may take some time.

If the answer is

A. Yes

B. No.

If your answer is 'Yes' please answers the following questions based on the nature of the problem.

7.2. Appendix B: Research Questionnaires

7.2.1. English version questionnaires

1. Read the following question and circle the number that provide your answer

	Questions	Classification	Code
101	Age	Write in number----------	
102	Sex	1.Male 2.Female	
103	Marital status	1.1Married 2.Single 3.Separated 4. Divorce 5.Widowed	
103	Religion	1.Orthodox 2.Muslim 3.Catolic 4.Protestant 5. Other (Specify)	
104	Ethnicity	1.Amhara 2.Tigre 3.Oromo 4. Others(Specify)	
105	Residence	1.Urban 2.Rural	
106	Family size	……..by number	
107	Family income	……..ETB	

108	Educational status of father	1.Unable to read and write 2.Able to read and write 3.Grade 1-6 4.Grade 7-12 5.Dipoma and above	
109	Educational status of mother	1,Unable to read and write 2.Able to read and write 3.Grade 1-6 4.Grade 7-12 5.Dipoma and above	
110	Occupation of father	1.Employed government 2. Employed private 3.Merchant 4.Farmer 5.Others	
111	Occupation of mother	1.House wife 2.Employed government 4.Employed private 5.Merchant	

Part II Knowledge related question

	Questions	Classification	Remark
201	What physical and psychological changes during puberty?	1.Breast enlargement and Menstruation for female 2.Voice change and growing hair around face for male	

		3. other(Specify)_____ 4, I don't know	
202	How does unwanted pregnancy to be prevented? (You can mention more than one)	1 Abstinence 2.use FP method 3. Other(Specify)_____ 4. I don't know	
203	What is the consequences of unprotected sex?	1.Exposed for unwanted pregnancy 2. Exposed for STI 3. Exposed for HIV/ADIS 4. Other(Specify)_____ 5. I don't know	
204	How does unsafe abortion be done?	1.By taking herbal medication 2.By inserting object in the uterus 3.By taking high dose different medication 4. other(Specify)_____ 5. I don't know	
205	What are the consequences of unsafe abortion?	1.Uterine bleeding 2.Uterine infection 3.Uterine perforation 4.Death 5.other(Specify)_____ 6.I don't know	
206	What are the type of family planning (You can mention more than one)	1. pill. 2. injection 3.inplant 4.IUCD	

		5. I don't know 6. Others (Specify)_____	
207	How does STI be transmitted? (You can mention more *than one)*	1.Unsafe sex 2,By direct contact 3.Other (Specify)---------- 5.I don't know	
208	How does STI be prevented? (You can mention more than one	1.Abstinence 2.Be faith full 3. Use Condom 4. Others (Specify)_____ 5.I don't know	
209	How does HIV/ADIS be transmitted? (You can mention more than one)	1. Unsafe sex 2.Sharingusesharpinstrument 3 Mother to child 4. Others (Specify)_____ 5.I don't know	
210	How does HIV/ADIS be prevented? (You can mention more than one)	1.Abstinence 2.Be faith full 3. Use Condom 4.AvoidSharingusesharpinstrument 5. Others (Specify)_____ 6. I don't know	
211	List the use of Condom? (You can mention more than one	1.Prevent sexual transmitted disease 2. Prevent un wanted pregnancy	

		3. Others (Specify)_____ 4. I don't know	
212	What is the age early marriage in Ethiopia context?	……..yr	

Part II Attitude Questions

N0	Descriptive statements	Verydis agree	Dis gree	Undecided	Agree	Very agree	Remark
301	Discussion physical and psychological changes for adolescents is essential						
302	Discussion about abstinence for adolescents is essential						
303	Discussion the consequences of unprotected sex for adolescents is essential						
304	Discussion to use Family planning for adolescents is essential						
305	Discussion to use condoms for adolescents is needed						
306	Discussion unwanted pregnancy for adolescents is essential						
307	Discussion about abortion for adolescents is essential						
308	Adolescents are too young to						

	discuss sexual matters						
309	Discussion the prevention of sexual transmitted disease for adolescents is needed						
310	Discouragement of early marriage for adolescents is good						
311	Discussion sexual violence for adolescents is essential						
312	Discussion the consequences of Drugs/Alcohol for adolescents is essential						

Part IV Topic of discussion SRH

N0	Topic of discussion	Classification	Remark
401	Have you discuss on SRI with your adolescentwith in 6 month	1.Yes 2.No	
402	If you not discuss,Reasons for not discussing SRH matters with your adolescent	1.Culturalnorm 2.Ethnically 3.Fearo discussion 4.Belief that it wouldinitiatesex 5 Lack of awareness 6.Too busy 7.Difficultyof explanation 8.Religiousbelief 9.Otherfactor	

	If yes Which of the following related topic do you to discuss with your child		
403	Have you discuss on physical and psychological changes with your adolescent	1.Yes 2.No	
404	Have you discuss on Menstruation with your adolescent	1.Yes 2.No	
405	Have you discuss on Abstinence with your adolescent	1.Yes 2.No	
406	Have you discuss on premarital sexwith your adolescent	1.Yes 2.No	
407	Have you discuss on Family planning use with your adolescent	1.Yes 2.No	
408	Have you discuss on Condom use with your adolescent	1.Yes 2.No	
409	Have you discuss on Unwanted pregnancy with your adolescent	1.Yes 2.No	
410	Have you discuss on Abortion with your adolescent	1.Yes 2.No	
411	Have you discuss on HIV/ADIS with your adolescent	1.Yes 2.No	
412	Have you discuss on STD with your adolescent	1.Yes 2.No	
413	Have you discuss on early marriage with your adolescent	1.Yes 2.No	
414	Have you discuss on Sexual violence/ sexual abuse with your adolescent	1.Yes 2.No	
415	Have you discuss on Drugs/Alcoholwith your adolescent	1.Yes 2.No	

Date of collection date……month……year……

Name of facilitator/coordinator----------

Part VI Focus group discussion

Questions in parents' FGDs

1. What do you know about sexual and reproductive health?

2. What do you think about parents discussing SRH issues with their adolescent children? (Probe: especially the young ones, 10–12 years)

3. Do you talk to your adolescent children about SRH issues? Why or why not? (probe to find out if they talk to only one sex or both, the age at which the talks begin and how often)

4. [For those who discuss SRH issues with their adolescent children], what topics do you discuss with them? (probe to find out how easy/hard it is to discuss these topics; which topics they consider a priority)

5. How are these conversations held? (Probe: who starts it-parent or child; where?)

6. What challenges do you face in talking to your adolescent children about sex and reproductive health? (Probe: challenges talking to children of different sex)

7. What would make it easier for parents to discuss SRH issues with their children

8. Are there any other comments you wish to make or questions you wish to ask on the topic discussed?

Questions in adolescents' FGDs

1. What do you know about SRH?

2. How do you access information (What sources of information do you use to find out) about SRH? (Probe for most common; most trusted

3. What role do you think parents should play in adolescents' SRH?

4. Do your parents ever talk to you about SRH issues? (Probe: at what age; which parent; how often; who starts the conversation; comfort

5. for those who discuss with their parents, what topics have you discussed with your parents? (probe to find out most common)

6 For those who do not discuss their parents about sexual and reproductive health, what could be the reasons for such?

7. What would wish to see or hear (content) from your parents about SRH discussions?

8. How are these messages passed on? (As warnings, threats, lectures, discussions, etc.)

9. Do you get satisfied/more knowledgeable after these discussions? Why or why not?

10. What are the challenges you face in discussing SRH issues?

7.3. የአማረኛቅጅየመረጃመስጫናስምምነትመጠየቂያቅጽ

7.3.1. የስምምነትውል

ባህርዳርዩኒቨርሲቲየህክምናናጤናሳይንስክፍልየሁለተኛዲግሪመመረቂያጽሁፍፕሮፖዛልበማህበረሰብስነ-ተዋልዶለመስራትየተዘጋጀ

የጥናትናርምሩርዕስ፡-
በባህርዳርከተማየሚገኙበወላጅናጎረምሳእድሜመካከልስለስነተዋልዶጤናእናስለጾታዊግንኙነትላይያላቸውንየማይወያዩበትንምክንያት፡ተያዥየሆኑችግሮችለመገምገምነው፡፡

ጤናይስጥልኝ፣ስሜ----------
እባላለሁተማሪጥጋብጌቴባህርዳርዩኒቨርሲቲየስነተዋልዶጤናለምታካሂደውጥናትናምርምርየሚያገለግልመረጃ ሰበሳቢነኝ፡፡
የሚሰበሰበውንመረጃወላጅናበጎረምሳእድሜያላቸውንልጆችስለስነተዋልዶጤናላይያላቸውንግንዛቤመሰረትያደረገነው፡፡ይህምወላጅ -ጎረምሳናኮረዳልጆቻቸውጋርስለስነተዋልዶጤናናበጾታዊግንኙነትምክንያትያልተፈለገእርግዝናእናየሚተላለፉበሽታዎችንእንደኤችአይቪኤድስጉዳየችላይየሚደርጉትንውይይቶችላይያተኮረነው፡

የጥናትምርምሩአላማ

በባህርዳርከተማወላጆችጎረምሳእድሜያሉልጆቻቸውጋርያላቸውንየስነተዋልዶጤናነክጉዳየችግንኙነትለመገምገምነው፡፡

የጥናትናምርምሩቅደምተከተል

በነሲብናናሙናአወሳሰድዘዴ693
ባህርዳርከተማነዋሪወላጆችውስጥእርስዎመስፈርቱንበማሟላትዎተመርጠዋል፡፡

የጥናትምርምርጥቅሞች

በዚህጥናትናምርምርውስጥመረጃእንዲሰጡበመመረጥዎቀጥተኛሆነጥቅምየለውምነገርግንይህጥናትናምርምርበወላጆችናጎረምሳእድሜያሉልጆችመካከልመኖርያለበትንስነተዋልዶናጾታዊግንኙነቶችባህሪያትንበጤናማግንኙነትበማሳወቅበኩልጠቀሜታአለውተብሎይታመናል፡፡

ጉዳት

እርስዎበዚህጥናትናምርምርተግባረዊነትለሚሰጡትመረጃምንምአይነትጉዳትእንደማይደርስብዎልናስገነዝብዎእንወዳለን፡

አስተማማኝነት

የሚሰጡትንማንኛውምመረጃበአስተማማኝሁኔታከመጠበቁምበአሻገርከጥናትናምርምሩግብአትነትውጭለሌላ አካልአይተላለፍብዎትም፡፡

የመቃወምመብት

በዚህጠቃሚጥናትናምርመርመረጃለመስጠትፍላጎትከሌለዎትያለመስጠትመብትዎየተጠበቀነው፡፡

የጥናትምርምሩተጠሪግለሰብ

ስለጥናትናምርምሩማወቅተጨማሪመረጃወይምጥያቄካለዎትበሚቀጥለውአድራሻይጠቀሙ

የሞባይልቁጥር፡ -Tel: +251918701598/ 0930708387

ኢሜል :- tigab2325@gmail .com

እኔከዚህበታችየፈረምኩትስለወላጅናሳረምሳእድሜያሉልጆችጾታዊናስነተዋልዶጉዳዮችያለቸውንተግባብቶትእና የማነጋገሩበትምክንያቶችላይያተኮረየጽሁፍመጠይቅመረጃለመመካከርየተካሄደመሆኑንተገንዝቤአለሁ፡፡

የጥናትናምርምሩውጤትምመንግስትን፣ወላጆችን፣
በገረምሳእድሜየደረሱወጣቶችንእናየጤናተቋማትተገቢየሆነእናጥራቱንየጠበቀአገልገሎትለመስጠትእንዲችሉ የሚገለግልመሆኑንተረድቻለሁ፡

የሚሰጠውመረጃበአስተማማኝነትተጠብቆለታለመለትአንደሚውልተረድቻለሁ፡፡

ፊርማ ----------ቀን----------ጊዜ----------

ጥናቱንየበለጠታማኝለማድረግለጽሁፍመጠይቁየሚሰጡትክክለኛመረጃወሳኝነውበተጨማሪምእርስዎበነሲብና መ·ናአወሳሰድዘዴየተመረጡእንጂሆንተብሎአለመሆኑንመግለጽእንወዳለንበጽሁፍመጠይቁመመለስየማፈልጉ ትንጥያቁአለመመለስመብትዎነው፡፡
ምንምአይነትየቃልመጠይቅምላሽአለመስጠትምእንደዚሁስምዎለሶስተኛወገንተላልፎአይሰጥምይህንምላሽለ መስጠትየሚወስደውጊዜአስርደቂቃይሁናልስለዚህእባክዎለጽሁፉመጠይቅየበኩልዎትንተሳትፎያድርጉ

1. **መልስዎሀ) እሽለ) አይሆንም**
   መልስዎ “እሽ” ከሆነእባክዎየሚከተሉትንጥቁዎችእንዳቀራረባቸውይመልሱ

7.3.2. የአማረኛቅጅቃለመጠይቅ

እንደምንአደሩ/ዋሉ/አመሹ

እኔ…… የጥናቱአስተባባሪስሆንበባህርዳርዩኒቨርስቲየጤናአጠባበቅትምህርትክፍልስነ-ተዋልዶዘርፍተማሪየሆኑትየስነተዋልዶጤናበሚመለከትለሚያደርጉትጥናትመረጃንእንድሰበስብላቸው(እንዳስተባብርላቸው)ቀጥረውኛል፡፡ ስለሆነምእርሳቸውንበመወከልይህንንመጠይቅይሞሉልኝዘንድበትህትናእጠይቃለሁ፡፡መረጃውንለመስጠትፈቃደኛነዎት? ፈቃደኛከሆኑየሚከተሉትንጥያቄዎችእንደየአገባባቸውበጥንቃቄእንዲሞሉበድጋሜአሳስባለሁ፡፡

ጥያቄቁጥር……ቀን…… ወረዳ……ቀበሌ……..

1.የማኅበራዊእናየኢኮኖሚያዊሁኔታመጠይቆች

ቁጥር	ጥያቄዎች	መለያ	ኮድ
101	እድሜ	በቁጥር ----------	
102	ፆታ	1.ወንድ 2.ሴት	
103	የትዳርሁኔታ	1.ያገባ 2.ያላገባ 3.ተለያይተውየሚኖሩ 4. የተፋታ 5.ባል/ሚስት/ የሞተባቸው	

104	ሀይማኖት	1.አርቶዶክስ 2. ሙስሊም 3.ፕሮቴስታንት 4. ሌላ (ይገለጽ)	
105	ብሔር	1.አማራ 2.ትግሬ 3.አሮሞ 4.ሌላ (ይገለጽ)	
106	መኖሪያ	1.ከተማ 2.ገጠር	
107	የቤተሰብብዛት	በቁጥር ----------	
108	የቤተሰብየገቢሁኔታ	……በብር	
109	የአባትየትምህርትደረጃ	1.ማንበብመጻፍየማይችል 2.ማንበብመጻፍየሚችል 3.ከ 1-6ክ ፍል 4.ከ 7-12 ክ ፍል 5	
110	የ እ ና ትየ ትምህ ር ትደ ረ ጃ	1.ማን በ ብመጻ ፍየ ማይች ል 2.ማን በ ብመጻ ፍየ ሚች ል 3.ከ 1-6ክ ፍል 4. 7-12 ክ ፍል 5.ሌላ (ይገ ለ ጽ)	
111	የ አ ባ ትየ ስ ራሁኔ ታ	1. የ መን ግ ስ ትሠራተ ኛ 2. የ ግ ል ስ ራ 3. ነ ጋ ዴ 4. ገ በ ሬ 5. ሌላ (ይገ ለ ጽ)	
112	የ እ ና ትየ ስ ራሁኔ ታ	1. የ ቤትእ መቤት 2. የ መን ግ ስ ትሰ ራተ ኛ 3. የ ግ ል ስ ራ 4. ነ ጋ ዴ	

		5. ሌላ (ይገለጽ)	

ክፍል 2 ከዕውቀትጋርየተያያዙ (የተዛመዱ) ጥያቄዎች

ተ.ቁ	ጥያቄዎች	ክፍሎች	አስተያየት
201	በጉርምስናወቅትየሚከሰቱስለልቦናዊናአካላዊለውጦች ምን ምንናቸው?(ከአንድበላይመጥቀስይችላሉ)	1. የጡትማጎጥ/ማደግ/እናየወር አበባማየት 2. የድምፅመጎርነን (በወንዶች)እናየፂምማብቀል(በወንዶች) 3. ሌላካለይጥቀሱ…… 4. አላውቅም	
202	ያልተፈለገእርግዝናንእንዴትመከላከልይቻላል? (ከአንድበላይመጥቀስይችላሉ)	1. መቆጠብ (መታቀብ) 2. የቤተሰብምጣኔዕቅድዘዴመጠቀም 3. ሌላካለይጥቀሱ…… 4.አላውቅም	
203	ጥንቃቄየጎደለውየግብረስጋግንኙነትየሚያስከትለውጉዳትምንድንነው?	1. ለኤችአይቪኤዲስያጋልጣል 2. ለአባላዘርበሽታያጋልጣል 3. ያልተፈለገእርግዝናያስከትላል 4. .ሌላካለይጠቀስ …… 5.አላውቅም	
204	ህገወጥውርጃየሚያስከትለውጉዳትምንድንነው? (ከአንድበላይመጥቀስይቻላል)	1.ከፍተኛየደምመፍሰስ 2.የማህፀንብክለት/ኢንፊክሽን/ 3.የማህፀንመሸንቆር 4.ሞትንያስከትላል 5.ሌላካለይጠቀስ ……	

		6.አላውቅም	
205	የቤተሰብምጣኔዕቅድዓይነቶችምንምንናቸው? (ከአንድበላይመምረጥይችላሉ)	1. የወሊድመከላከያታብሎት 2. መድፊ 3. ባአካልውስጥመቅበር 4. አይዩሲዲ 5.ሌላካለይጥቀሱ…….. 6.አላውቅም	
206	የአባላዘርበሽታዎችንእንዴትይተላለፉ (ከአንድበላይመጥቀስይችላሉ)	1. ጥንቃቄበጎደለወኖግብረስጋግንኙነት 2. በቀጥታንክኪ 3..ሌላካለይጠቀሱ…… 4.አላውቅም	
207	የአባላዘርበሽታዎችንእንዴትመከላከልይቻላል? (ከአንድበላይመጥቀስይቻላል)	1. መታቀብ (መቆጠብ) 2. ሙተማመን 3. ኮንደምበመጠቀም 4.ሌላካለይጠቀስ …… 5. አላውቅም	
208	ኤች፣አይቪ፣ኤድስእንዴትይተላለፋል (ከአንድበላይመጥቀስይቻላል)	1. ጥንቃቄበጎደለወኖግብረስጋግንኙነት 2. ሹል (ስለታማ) ቁሳቁስበጋራበመጠቀም 3. ከእናትወደልጅ 4..ሌላካለይጠቀሱ…… 5.አላውቅም	
209	ኤች፣አይቪ፣ ኤድስእንዴትመከላከልይቻላል?(ከአንድበላይመጥቀስይቻላል)	1. መታቀብ (መቆጠብ) 2. ሙተማመን 3. ሹል (ስለታማ) ቁሳቁስበጋራአለመጠቀም 4. ኮንደምበመጠቀም 5. ሌላካለይጠቀስ …… …	

		6. አላወቅም	
210	የኮንደምጥቅሞችንይዘርዝሩ) ከአንድበላይመጥቀስይቻላል(ከአንድበላይመጥቀስይችላሉ)	1. በግብረስጋግንኙነት (የሚተላለፉ) በሽታዎችንኤችኤይቪጨምሮመከላከል 2. ያልተፈለገእርግዝናንመከላከል 3. ሌላካለይጥቀሱ..... 4.አላወቅም	
211	ያለእድሜጋብቻየሚባለወቱስንትዓመትእድሜበታችነው?	----------ዓመት	
212	መጥፎሱስየሚባሉትምንምንናቸው? (ከአንድበላይመጥቀስይቻላል)	1. አልኮልመጠጣት 2. ሲጋራማጨስ 3. ጫትመቃም 4. አደንዛዥእፅመፀቀም 5. ሌላካለይጥቀሱ..... 6. አላወቅም	

ክፍል 3የዝንባሌጥያቄዎች

ተ.ቁ	ገላጭዓረፍተነገሮች	በጣምአልስማማም	አልስማማም	አልወሰንኩም	እስማማለሁ	በጣምእስማማለሁ	አስተያየት
301	ስለአካላዊናስነልቦናዊለውጦች በጉርምስናእድሜካሉልጆችጋርውይይትማካሄድአስፈላጊነው						
302	ስለመታቀብበጉርምስናእድሜካሉልጆችጋርውይይትማካሄድአስፈላጊነው						
303	ስለጥንቃቄየጎደለወኖግብረስጋግንኙነትየሚያስከትለውጉዳትበጉርምስናእድሜካሉልጆችጋርውይይትማካሄድአስፈላጊነው						
304	ስለቤተሰብምጣኔእቅድመጠቀምበጉርምስናእድሜካሉልጆችጋርውይ						

	ይትማካሄድአስፈላጊነው						
305	ስለኮንደምመጠቀምበጉርምስናእድሜካሉልጆችጋርውይይትማካሄድአስፈላጊነው						
306	ስለያልተፈለገእርግዝናጉርምስናእድሜካሉልጆችጋርውይይትማካሄድአስፈላጊነው						
307	ስለህገወጥውርጃበጉርምስናእድሜካሉልጆችጋርውይይትማካሄድአስፈላጊነው						
308	በጉርምስናእድሜእናበእድእሜመጣቶችለሆኑስለወሲብጉዳዮችማወያየትተገቢነው።						
309	በግብረስጋግንኙነትወቅትስለሚተላለፉበሽታዎችበጉርምስናእድሜካሉልጆችጋርውይይትማካሄድተገቢነው።						
310	እድሜአይደርስጋብቻመፈፀምተገቢአለመሆኑንለወጣቶችማስገንዘብተገቢነው።						
311	ስለዕታዊጥቃትበጉርምስናእድሜካሉልጆችጋርውይይትማካሄድአስፈላጊነው						
312	ስለመጥፎሱስበጉርምስናእድሜካሉልጆችጋርውይይትማካሄድአስፈላጊነው						

ክፍል 4ስነተዋልዶእናጾታዊየመወያያእርዕሶችበተመለከተ

ቁጥር	የመወያያእርዕሶች	መለያ	ምርመራ
401	በጉርምስናእድሜካሉልጆችጋርስለስነተዋልዶእናጾታ	1.አዎ 2.የለም	

	ዊጉዳዩችበተመለከተተወያይተውያውቃሉ?		
402	በተራቁጥር 401 መልስዎአልወያይም/የለም/ ከሆነ የማይወያዩበትምክንያትይግለጹ…	1. የባህልተፅኖ 2. የብሔርተፅኖ 3. ውይይትመፍራት 4. ለግብረስጋግንኙነ ትያነ ሳሳልብየስለማምን 5. የግንዛቤማነስ 6. ጊዜስለሌለኝ 7. ለማስረዳትስለምቸገር 8. እምነቴስለማይፈቅድ ሌላምክንያትካለይግለፁ…… …	

በተራቁጥር 401

መልስዎአዎከሆነ ከዚህበታችበተዘረዘሩትበተወያዩበትእርዕስአዎበአልተወያዩበትየለምበማለትይመልሱ

403	በጉርምስናእድሜካሉልጆችጋርስለአካላዊናስነልቦናዊለውጦችበተመለከተተወያይተውያውቃሉ?	1.አዎ 2.የለም	
404	በጉርምስናእድሜካሉልጆችጋርየወርአበባንበተመለከተተወያይተውያውቃሉ?	1.አዎ 2.የለም	
405	በጉርምስናእድሜካሉልጆችጋርመታቀብበተመለከተተወያይተውያውቃሉ?	1.አዎ 2.የለም	
406	በጉርምስናካሉልጆችጋርከጋብቻበፉትየግብረስጋግንኙነ ትበተመለከተተወያይተውያውቃሉ?	1.አዎ 2.የለም	
407	በጉርምስናእድሜካሉልጆችጋርየቤተሰብምጣኔመጠቀምበተመለከተተወያይተውያውቃሉ?	1.አዎ 2.የለም	
408	በጉርምስናእድሜካሉልጆችጋርኮንዶምመጠቀምበተመለከተተወያይተውያውቃሉ?	1.አዎ 2.የለም	
409	በጉርምስናእድሜካሉልጆችጋርያልተፈለገእርግዝበተመለከተተወያይተውያውቃሉ?	1.አዎ 2.የለም	
410	በጉርምስናእድሜካሉልጆችጋርውርጃበተመለከተተወያይተውያውቃሉ?	1.አዎ 2.የለም	

411	በ ጉ ር ም ስ ና እ ድ ሜ ካ ሉ ል ጆ ች ጋ ር ኤ ች አ ይ ቪ ኤ ድ ስ በ ተ መ ለ ከ ተ ተ ወ ያ ይ ተ ው ያ ው ቃ ሉ ?	1.አ ዎ 2. የ ለ ም	
412	በ ጉ ር ም ስ ና እ ድ ሜ ካ ሉ ል ጆ ች ጋ ር የ አ ባ ላ ዘ ር በ ሽ ታ ዎ ች በ ተ መ ለ ከ ተ ተ ወ ያ ይ ተ ው ያ ው ቃ ሉ ?	1.አ ዎ 2. የ ለ ም	
413	በ ጉ ር ም ስ ና እ ድ ሜ ካ ሉ ል ጆ ች ጋ ር ያ ለ እ ድ ሜ ጋ ብ ቻ በ ተ መ ለ ከ ተ ተ ወ ያ ይ ተ ው ያ ው ቃ ሉ ?	1.አ ዎ 2. የ ለ ም	
414	በ ጉ ር ም ስ ና እ ድ ሜ ካ ሉ ል ጆ ች ጋ ር ዖ ታ ዊ ጥ ቃ ት /አ ስ ገ ድ ዶ መ ድ ፈ ር /በ ተ መ ለ ከ ተ ተ ወ ያ ይ ተ ው ያ ው ቃ ሉ ?	1.አ ዎ 2. የ ለ ም	
415	በ ጉ ር ም ስ ና እ ድ ሜ ካ ሉ ል ጆ ች ጋ ር የ አ ል ኮ ል መ ጠ ጦ ች /ሱ ሶ ች /በ ተ መ ለ ከ ተ ተ ወ ያ ይ ተ ው ያ ው ቃ ሉ ?	1.አ ዎ 2. የ ለ ም	

----------ለ ት ብ ብ ር ዎ ከ ል ብ አ መ ሰ ግ ና ለ ሁ!!!----------

መ ረ ጃ ወ ኖ ተ ሰ በ ሰ በ በ ት ቀ ን .....ወ ር .....ዓ .ም....

የ ጥ ና ቱ ተ ጠ ሪ ስ ም.....

የ መ ረ ጃ ሁ ኔ ታ ፡ - የ ተ ሟ ላ .....በ ከ ፊ ል የ ተ ሟ ላ ..... መ ል ስ ያ ል ተ ሰ ጠ በ ት .....

የ መ ረ ጃ ው ን ጥ ራ ት የ ተ ቆ ጣ ጠ ረ ው ሰ ው/አ ስ ተ ባ ባ ሪ / ስ ም.....ፊ ር ማ.....

ክ ፍ ል 5የ ቡ ድ ን ው ይ ይ ት

ለ ወ ላ ጆ ች FGDsጥ ያ ቄ ዎ ች

1. ስ ለ ፆ ታ ና ስ ነ ተ ዋ ል ዶ ም ን ያ ህ ል ያ ው ቃ ሉ ?
2. ወ ላ ጆ ች ከ ጎ ረ ም ሳ ል ጆ ቻ ቸ ው ጋ ር በ ፆ ታ ና ስ ነ ተ ዋ ል ዶ ዙ ሪ ያ ስ ለ ሚ ያ ደ ር ጉ ት ው ይ ይ ት ም ን ያ ስ ባ ሉ ?በ ተ ለ ይ ከ 10-14 ዓ መ ት እ ድ ሜ ክ ል ል በ ሚ ገ ኙ ወ ጣ ቶ ች ዙ ሪ ያ ጥ ያ ቄ ዎ ች ን ያ ጠ ን ጥ ኑ
3. ከ ወ ጣ ት ል ጆ ች ዎ ጋ ር ስ ለ ፆ ታ ና ስ ነ ተ ዋ ል ዶ ተ ግ ባ ራ ት ተ ነ ጋ ግ ረ ው ያ ው ቃ ሉ ?ለ ም ን ?ለ ም ን አ ል ተ ነ ጋ ገ ሩ ም (ከ ወ ን ዶ ች ወ ይ ም ከ ሴ ቶ ች ጋ ር ? ወ ይ ስ ከ ሁ ለ ቱ ፆ ታ ዎ ች ጋ ር ?)
4. (በ ተ ለ ይ ስ ለ ወ ሲ ብ ና ስ ነ ተ ዋ ል ዶ ተ ዋ ል ዶ ጉ ዳ ይ ከ ዎ ጣ ት ል ጆ ቻ ቸ ው ጋ ር ለ ተ ወ ያ ዩ ወ ላ ጆ ች) በ ም ን ር ዕ ስ ጉ ዳ ይ ላ ይ ተ ወ ያ ያ ች ሁ ? (ም ን ያ ህ ል ቀ ላ ል /ከ ባ ድ ነ ው ብ ዚ ህ ር ዕ ስ ጉ ዳ ይ ላ ይ መ ወ ያ የ ት ?)
5. ይ ህ ው ይ ይ ት እ ን ዴ ት ተ ከ ና ወ ነ (ማ ን ው ይ ይ ቱ ን ጀ መ ረ ? ወ ላ ጅ ወ ይ ስ ወ ጣ ት ል ጅ ?)
6. ስ ለ ፆ ታ ና ስ ነ ተ ዋ ል ዶ ከ ዎ ጣ ት ል ጆ ች ጋ ር መ ወ ያ የ ት ም ን ች ግ ር ገ ጠ መ ዎ ት ? (የ ገ ጠ መ ዎ ች ግ ሮ ች ላ ይ ያ ተ ኩ ሩ)
7. በ ፆ ታ ና ስ ነ ተ ዋ ል ዶ ጉ ዳ ዮ ች ዙ ሪ ያ ከ ወ ጣ ቶ ች ጋ ር መ ወ ያ የ ት ለ ወ ላ ጆ ች ም ን ያ ህ ል ቀ ላ ል ነ ው ?
8. ስ ለ ቀ ረ በ ወ ኣ ር ዕ ስ ጉ ዳ ይ ተ ጨ ማ ሪ የ ሚ ሰ ጡ ት አ ስ ተ ያ የ ት (ሃ ሳ ብ) ካ ለ ዎ ች

ለ ጎ ረ ም ሶ ች FGDs ጥ ያ ቄ ዎ ች

1. ስ ለ ፆ ታ ና ስ ነ ተ ዋ ል ዶ ጤ ና ም ን ያ ው ቃ ሉ
2. ስ ነ ፆ ታ ና ስ ነ ተ ዋ ል ዶ ጤ ና ጉ ዳ ይ መ ረ ጃ እ ን ዴ ት ያ ገ ኛ ሉ ? (ለ ማ ዎ ቅ ም ን የ መ ረ ጃ ም ን ጭ ይ ጠ ቀ ማ ሉ) (በ ጣ ም ከ ታ ዎ ቁ ና ከ ታ መ ኑ ም ን ጮ ች)

3. ወላጆችስለዕታናስነ -
   ተዋልዶተግባሮችጉዳይበጎረምሶችላይመጫዎትያለባቸውሚና ምንድንነ ውበለ ውያስባሉ?
4. የእርሶዎላጆችስለዕታናስነ -ተዋልዶጉዳዮችተናግረውያ ውቃሉ? (በምንእድሜክልል፣ ምንያህልጊዜ፣ ውይይቱን ማንይጀምረው፣ ምቹነቱስ?)
5. ከዎላጆችጋርየ ሚዎያዩትዎጣቶችበ ምንርዕስዙሪያነ ወየ ሚዎያዩት (አብዛኛውን ጊዜ)
6. ከዎላጆችጋርየ ማይወያዩትወጣቶችበ ምን ምክንያትይሆንስለዕታናስነ -
   ተዋልዶጉዳዮችከዎላጆቻቸውጋርየ ማይወያዩት?
7. ከወላጆችዎስለዕታናስነ -
   ተዋልዶጉዳዮችለ ማየ ትናለመስ ማትየ ሚመኙትጉዳይምን ይሆን ብለ ውይመኛሉ?
8. እነ ዚህመልክቶችእንዴትሙተላለፍይኖርባቸዋል (በ ማስ ጠን ቀቂያ? በ ማስ ፈራራት? በ ሌክቸር? በ ውይይትወዘተ...)
9. በርዕሰጉዳዩላይከተወያዩበኋላእረክተዋል/በቂእ ውቀትአግኝተዋል?ለ ምን?ለ ምንአላገኙም
10. ስለዕታናስነ -ተዋልዶሲወያዩያጋጠሙትግዳሮቶችምን ምንናቸው?

የ መረጃመሰብሰቢያቀን ----ወር ----ዓ.ም---------

የ አስተባባሪ/ፋሲሊቴተርስም----------

8. Declaration

I, the undersigned declared that **thesis** is my original work, has never been presented in this or any other university, and that all the resources and materials used for my **thesis**have been fully acknowledged

Signature …… Date ……

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Supervisors: This thesis has been submitted for review with our approval as university

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