Sci. Technol. Arts Res. J., July-Sept. 2020, 9(3), 18-35
DOI: https://doi.org/10.20372/star.v9i3.02
ISSN: 2226-7522 (Print) and 2305-3372 (Online)
Science, Technology and Arts Research Journal
Sci. Technol. Arts Res. J., July-Sept. 2020, 9(3), 18-35
Journal Homepage: https://journals.wgu.edu.et

Original Research

Community perception and attitudes towards parent- young people communication and sexual behaviors in E/Wollega Zone, West Ethiopia

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Abstract

Though it is believed that parent-child communication about SRH can significantly affect young people's sexual behaviour, many parents do not communicate with their children about sex. The aim of this study was to describe parent-young people's communication about sexual and reproductive health, contents, and attitudes towards the various aspects of young people's SRH. To examine parent-young people communication about SRH among 10–24-year-old in-and-out-of-school young people, this study employed 13 focus group discussions among purposefully selected young people, parents, and teachers from May 15–26, 2020. The FGDs were tape-recorded, transcribed, and translated verbatim. Then they were coded and categorised into emergent themes by the researcher using Open Code 3.4. The findings indicated that parent-young people communication about sexual and reproductive health (SRH) occurs rarely and infrequently. When it occurs, it takes the form of a warning, a threat, or a rebuke. Communication is not a regular undertaking; rather, it is usually triggered by the occurrence of some SRH-related problems like unwanted premarital pregnancy, abortion, or HIV/AIDS happening to the neighbor's youth or hearing such problems in the media. Important communication barriers were identified that can be categorised into three main themes: embarrassment, lack of necessary knowledge, and cultural taboos (intergenerational influence) related to sexual and reproductive health. Policies and programmes related to young people's SRH should target parents to enhance their knowledge about SRH and promote parent-young people communication, breaking cultural silence.

Article Information

Article History:
Received : 13-07-2020
Revised : 18-08-2020
Accepted : 28-09-2020

Keywords:
communication, parent, young people, Reproductive health, FGDs

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INTRODUCTION

Parental influence, which has received a great deal of attention regarding its relationship to adolescent sexual risk-taking, is parent-adolescent communication. Theory suggests that the quantity and quality of parent communication play a crucial role in the extent to which parents influence their children (Neapolitan, 1981). Sexual communication is a principal means of transmitting sexual values, beliefs, expectations, and knowledge between parents

and children (Petra & Constantine, 2010). The expectation is that positive communication between young people and their parents, other adults, and peers will lead to positive behavioural outcomes, including those on sexual and reproductive health (Kumi-Kyereme *et.al*, 2007).

People learn to be sexual within specific cultures and contexts, and socialisation is a lifelong process that begins in childhood, increases considerably in adolescence, and continues throughout adulthood (Longmore, 1998). The family is one of the earliest and most important influences on adolescent sexual development and sexual socialisation (Perrino, Gonzalez-Soldevilla, Pantin, & Szapocnik, 2000).

Family influences range from hereditary or biological transmission of potentially important characteristics... to the everyday styles or practices of parenting (e.g., parental support, control, or supervision of teenagers) (Brent, Benson, & Galbraith, 2001). However, parents may feel somewhat reluctant to discuss sex with their children, and children may feel somewhat reluctant to discuss sex with their parents. Mothers may feel embarrassed discussing sensitive sexual topics with their children and may want to avoid topics on sexual behaviour that they do not have the answer to (Jaccard, Patricia & Gordon, 2000).

Most of the studies that investigate different ways young people get knowledge on sex-related matters usually focus on school-based family life education, peer education, media, etc. Yet, young people spend a lot of their time at home with their parents, discussing other matters pertaining to their lives. However, parents are reluctant to talk about reproductive health matters because of a lack of knowledge or the concern that the discussion will influence adolescents to engage in sexual activity (FOCUS on Young Adults. 2000). Most of the studies that have been conducted on parental influence on young people's sexual behaviour have collected information from young people rather than including their parents and other family members. This can result in information bias, resulting in an unbalanced picture of what is actually happening in families and as regards parent-child relationships and communication about sex (Atienzo, Walker, Campero, He´ctor Lamadrid-Figueroa, & Gutie´rrez, 2009; Taffa, Haimanot, Desalegn, Tesfaye & Mohammed, 1999).

Studies that summarise insights about parent communication and young people's sexual behaviours from different social groups' perspectives are scarce. Thus, this study attempted to describe the broader community perspectives on parent communication about sexual and reproductive health and young people's sexual behaviours. Specifically, the study aims to address the following points: What are parents and young people's attitudes and perceptions towards parent-child communication about sexual and reproductive health issues? Do parents communicate with their young people about sexual and reproductive health issues? What are the common topics of their communications? How frequently do they communicate? Under what circumstances does this communication take place? What are the common perceived barriers to parents' communication about SRH matters with their young people?

METHODOLOGY

Study setting

The study was conducted in Nekemte town and the surrounding semi-urban Kebeles in the East Wollega Administrative Zone, west Ethiopia. It is located 331 km from Addis Ababa. Nekemte town is the capital city of the E/Wollega zone, which is one of the 18 zones in Oromia Regional State. Administratively, it is divided into six sub-city administrations and 12 kebeles (the sub-administrative units in a city). The total population of the residents is estimated to be 84,506 (42,121 males and 42,385 females) (CSA National Statistics, 2005). The town is surrounded by six semi-urban kebeles.

Design and sampling procedures

This qualitative study was guided by the phenomenological method as it is particularly effective at bringing to the forefront the experiences and perceptions of individuals from their own perspectives (Lester, 1999) to understand and describe the participants' lived experiences and information that could not be collected through a quantitative study design (Woodgate, 2000). Regarding parent-communication about sexual and reproductive health matters and other aspects of sexual behaviours from both parents' and young people's perspectives.

Study populations

The participants of the focus group discussions were purposely selected from in- and out-of-school young people, aged 10–24 years, parents, school teachers, and community leaders.

Data collection

The study involved multiple sources of data, segregated by gender and different segments of the population, for information triangulation. Both fathers and mothers, school teachers, and in- and out-of-school young people were included in the focus group discussions, as we were interested in exploring the perceptions and attitudes from both parents' and young people's own perspectives. It also helped to capture heterogeneity among different social groups.

Among a total of 13 FGDs, six were conducted among young people, four were conducted among parents, and three were conducted among teachers. The participants were approached through kebele leaders; youth and women's associations, and schools. Overall, 88 participants were included in the discussions. Of which, 42 participants were young people, 28 were parents, and 18 were teachers. There were 6 to 8 participants in each discussion lasting for 2–2:30 hours.

In the focus group discussion guide, seven discussion themes were prepared based on the dimensions of the communication framework: parent communication with their young people about sexual and reproductive health; content, context, frequency, timing, and barriers of communication; community perceptions and attitudes towards parent-young people's communication about SRH and young people's sexual behaviors. Other themes related to sexual practice and sources of information were also used. These thematic areas were used in data collection and analysis.

Male and female focus group discussions were facilitated separately by trained same-sex moderators and note-takers. The FGDs were

conducted in private and quiet rooms in Kebele offices, where only the moderator, the note-taker, and the FGD participants were present. To facilitate the discussions, open questions were used, followed by possible probing questions. After some common introductory questions, the moderators asked the participants' opinions and perceptions about the young people's sexual and reproductive health behaviours and parent-young people communication. A local language was used for easy understanding and to enhance self-expression. The sample size was determined on the basis of theoretical saturation (the point in data collection when new data no longer bring additional insights to the research questions).

Data analysis

The data were tape-recorded and transcribed verbatim in the local language, Afaan Oromoo. The transcribed text was given to two of the FGD participants to read and check if all points were well captured. After the participants confirmed that all points were well captured, the texts were translated into English by people who have good command in both languages. Then, the English version was entered into open-source software version 3.4 for further analysis.

Two of the research team members coded and categorised the text separately. After reading the transcripts, open coding of the texts was performed, constantly comparing similarities and differences by going back to the original text (Winch, Wagman, Rebecca, Malouin & Mehl, 2000)). Then the differences among the coders were solved by consensus. The anticipated themes were developed from the research questions. During the coding process, key quotations were put into memos and incorporated to illustrate the main ideas during the write-up.

Ethical clearance was obtained from the Institutional Review Board of the College of Health Sciences at Addis Ababa University. Witten consent was obtained from each adult participant aged 18 years and older. Consent was obtained from parents or guardians for those young people aged less than 18 years. To maintain confidentiality, no participants' personal identifiers were used. Instead, each participant was given an identification number that the moderator and the note-taker used to identify speakers in their notes on the seating order.

Data quality

A multi-disciplinary research team, verbatim transcriptions, and predefined analytical procedures were used to make the study rigorous. During the analysis, the relevance of emerging categories to the research question was tested by constant comparison and checking between the text of each FGD, code, and category. Lincoln and Guba's model of trustworthiness was also applied. Credibility was assured by follow-up interviews with participants and member-checking (Guba & Lincoln, 1981). Both tape-recorded and field notes were used to triangulate the information. Transferability was enhanced by purposive sampling of the discussants. A detailed and thick description of the results and literature control were done to support the findings. Conformability was ensured through the use of an independent coder and solving the differences through consensus.

RESULTS

Young people's source of income

Despite the fact that most of the young people were out-of-school, the opportunity for

employment was limited, and they were engaged in low-level non-permanent private activities. Some are involved in barbering, woodwork, construction, and metalwork. Most have no income and are dependent on their parents. Others were earning their income through daily labour and microfinance. Most of them were unemployed, so they were observed socialising in some deviant activities like burglary, khat chewing, and using other drugs.

> *R2. Some young people are dependent on their families. Some are generating their income through* daily *labour and microfinance (a 22-year-old female OSY).*
>
> *R5. Yes, they are involved in barberry, woodwork, construction, and metalwork.* (23-year-old male OSY)
>
> *R4.Most of them were unemployed. They were engaged in some deviant activities like burglary, khat chewing, and using other drugs. (22 years old male OSY)*

2. Sources of information on reproductive health

Young people are getting reproductive health-related information from a variety of sources. The discussants cited different sources for sexual and reproductive health information, including parents, school teachers, peers, health extension workers, and mass media like TV, radio, and written materials.

> *R6. Youth get RH-related information from: schools, peers, and media such as radio and TV, health extension workers, and from elders (A20-year-old female OSY).*
>
> *R4. Sources of information about RH issues are clubs such as anti-HIV/AIDS clubs. Different institutions, like the Red Cross, OSSA, and health institutions, provide training for some of the club leaders so that they convey such important information to their respective members or youth (a 22-year-old male OSY).*

Preference of source of information

Young people prefer different sources of information on reproductive health issues. They prefer media, written materials, and peers. Almost all of the young people prefer non-family members, especially their peers. They were justifying their preferences by giving different reasons, as described below:

> R3. I prefer radio because it teaches through entertainment. We fear asking our parents or going to health institutions (15-year-old female ISY).
>
> R7. Parents do not discuss RH issues with their youth because, most of the time, it is considered taboo. Youths discuss it among themselves. As they are peers, they do not shy away from each other (22 male OSY).
>
> R1. When we see it from practical points of view, teachers are not doing much on RH issues. They give attention to their specific

fields only (their respective subjects). They give very little attention to RH issues. For instance, some biology teachers even jump *some RH related topics in the text books. So, I prefer peers (15 male ISY).*

Sexual behaviors among young people

Almost all of the focus group participants were aware that premarital sexual practice among young people is nowadays a common practice. Most of the discussants perceived that many young people are practicing premarital sexual intercourse. Others claim that though all were not sexually active, sexual practice among young people is becoming a common observation in their community. The discussants were worried because young people are risking their lives as they are not limited to one sexual partner.

R4. Nowadays having a boy or girl friend is becoming a common fashion among youth in this town (22 male OSY).

R4. They are frequently changing their sexual partners, which could risk their lives (23 female OSY).

R3. In the past, premarital sex was not common. Even if a girl is found not to be a virgin during her wedding, she will be condemned to the extent that she will be sent back to her parents on the back of a donkey (as a sign of degrading). Now, this culture has changed. Even if a girl marries a virgin, she will be considered a disliked and old-fashioned person. (A 67-year-old male parent)

Perceived contributing factors to premarital sex

Financial/Economic needs

The discussants believed that there are many different contributing factors to young people's premarital sexual practice. Parents, young people, and school teachers' discussants agree on the reasons why young people initiate and practice premarital sex. Economic benefit was the most frequently pointed-out reason by the majority of the discussants. According to the discussants, young people, particularly females, are involved in premarital sexual activities influenced by economic needs. The financial and material needs of young people are increasing from time to time, following needs for fashionable clothing, hair styles, make-up, quality cell phones, alcohol drinks, and foods, while their parents are economically incapable of fulfilling all these needs. Therefore, if someone promises to buy them (females) clothing or a mobile, they easily go for sex.

R2. I think why they began such a relationship has many factors. Like economic needs, in which parents fail to fulfil their demands. Youth material needs are now beyond the parents' capacity. They want to have expensive materials that even government employees cannot afford. So, if someone promises them to buy such things as clothing or a mobile phone, they easily go

for sex. (37-year-old female teacher)

R3. In addition, economic needs—a need for immediate benefits like clothes, invitations, mobile phone, and others—play a great role. Nowadays, young people compete with one another for having high-quality mobile phones and clothes (a 58-year-old male teacher and a 60-year-old male parent).

R4. Nowadays, they (young people) start premarital sex not only for money or for material needs like mobile phones or cards, but also for recreation, i.e., drinking and eating. It is becoming a common practice (a 23-year-old female OSY).

R5. "Most of the time, the beginning of their friendship is not based on true love but rather on material benefits like invitations for foods and drinks, buying mobile phones and clothes, and giving cash. Males usually compete to attract a girl on the basis of their economic capacity. Girls join one male after another based on the boys' economic capabilities. Similarly, males also hunt for relatively wealthy girls, which lead to frequently changing their girlfriends. (A 33-year's male parent)

Peer pressure

Exposure to peer pressure is another important factor. According to the discussants, young people are forced to be involved in premarital sexual practices to line up with their peers.

R7. Besides financial needs, the other factor that pushes youth towards premarital sex is peer pressure. Some pressurise their friends to have sex, propagating that having sex with a friend is an indication of a degree of love. This is mostly common among girls. Some say that had your friend loved you, he would have had sex with you; why don't you encourage him to have sex? This is how they (girls) are pressurising each other (22-year-old male OSY).

R3. One of the reasons is that some peers preach sexual activities as a mark of civilization (a 35-year-old female parent).

R2. If a boy or girl does not have a friend, she or he is considered old-fashioned and foolish. If a girl is virgin, she is considered a disliked person. (37-year-old female teacher)

Parental permissive behavior

Poor parental control and guidance and parental (mothers) permissive behaviour were also mentioned as contributing actors. Some children even learn such things from their parents (especially mothers' permissive behaviors). This is mostly because some mothers themselves may have extramarital affairs that encourage their daughters' sexual practices by hiding them from the fathers,

because mothers are the living models for their children, especially daughters.

R3. *There is an Oromo proverb: "To marry a girl, first know who her mother is. This is simply to express that daughters resemble their mothers in their behaviours. (37-year-old female teacher)*

Technological advancement

Behavioral reasons and modernization seems to play important role in young people's sexual behaviors. Exposure to dirty films (pornographic), internet and the possession of cell phone that facilitates communication were mentioned as the reasons for young people's sexual practice. Some participants, particularly female parents, blame the availability and easy accessibility of contraceptive methods for young people's sexual activity as they removed the worries about pregnancy.

R2.Exposure to sex films, drugs and alcohols are important factors for initiating premarital sex in the town. (37 years female school teacher)

R3.In addition to what has been mentioned above, the expansion of contraceptive methods like pills and condom facilitated pre-marital sex (38years female parent)

R5. In the past, females cannot have access to contraceptives with the absence of husbands. But now females can easily access them. So they do not worry about pregnancy. (40 years female parent)

R4.The availability of mobile phone in the hands of young people has facilitated easy communication. They have no problem in meeting each other for whatever affaires they want each other (38 years female teacher)

Types of sexual partners

Young people hunt people whom they think would benefit them in any way. They usually perform sex with rich people who they think would give them money for food, school fees, and cosmetics, or with those who can buy them materials like cloth, shoes, or a cell phone. They also want people whom they hope will give them job opportunities, such as officials and politicians.

R7. Girls usually focus on the rich because, from the rich, they get clothes, shoes, perfume, food, a mobile phone, and the like. For these reasons, there are many girls who have sex with their elders, who even equal their fathers. (47-year-old male parent)

R5. In addition to the rich, they usually have sex with officials (political officers). This is in search of benefits like job opportunities (49-year-old male parent).

Parent-young people communication about sexual and reproductive health

The discussants believed that in their society, parent-child communication about sexual and reproductive health occurs rarely. Both parents and young people report a low level of parental communication. Parents and young

people do not come together to discuss RH issues. Parents fear such discussion would encourage sex.

R6. It (sexual and reproductive health) is discussed in families infrequently. (a 45-year-old male parent)

R5. To be frank, up to now we have not discussed such issues with our youth. We fear such discussions would encourage youths to be more involved in sexual activities. So we preferred not to talk about such topics in the presence of our children. (40 female parents)

R6 I did not discuss this with my children. I don't have such experiences. It is not part of our culture. But now I think it is important to discuss with youth if we want them to be good people. (37 female parents)

R5. Parents rarely discuss reproductive health issues with their children. (23 year old male OSY)

Circumstances of the communication

The young people discussed believed that the way parents communicated about such issues was one of the reasons for weak parent communication. Parents, especially fathers, say it in an aggressive, threatening, and non-persuasive way that doesn't invite further discussion.

R6. Most of the time, girls discuss some issues with their mothers. Fathers are usually aggressive, so youth do not raise RH issues with them. (20 years MOSY

R2. Parents do not discuss RH issues comfortably. Rather, they will be aggressive. They communicate not in a cool and believable way (18 years old female OSY)

***R5**. They usually talk about HIV/AIDS. They usually select issues and cases. For example, they talk about RH issues when problems like death due to abortion complications occur (23-year-old male OSY).*

Contents of parent-communication

The majority of the focus group discussants believed that in parent-young people communication, emphasis is given to limited and safe topics such as STI/HIV, menstruation, and abstinence. Preventive aspects like condom use are not common topics of discussion.

***R8**. RH issues like abstinence, STDs, HIV/AIDS, and menstruation are the most discussed topics. (23 year old male OSY)*

R5. Parents usually discuss and give advice about HIV/AIDS. But condom use is not openly discussed in the family. (13-year-old female ISY)

Frequency of parent-communication

Parent-young people Communication about SRH topics occurs arbitrarily, *d*epending on the occurrence of certain events. There are no scheduled programmes at all. That is, external events become the initial point of the

discussions spontaneously during the communication. Parents may bring sexual and reproductive health issues to the discussion when they know some behaviour, such as premarital pregnancy, or relate health problems to their neighbours or somewhere else.

> *R4. They (parents) frequently discuss socio-economic issues. But they rarely discuss RH issues. They do it only under certain circumstances, like when some RH-related issues occur in the area and the like. (35-year-old female parent)*
>
> ***R4.*** *RH issues become a topic of discussion spontaneously based on the occurrence of certain events, like when they observe something wrong while watching TV (22-year-old male OSY).*

Perceived barriers for parent-communication about SRH Cultural taboos

The discussants believed that cultural taboo is the biggest problem to raise several reproductive health related issues. Because, the culture and traditions passed from generation to generation dictates not to bring sexual and reproductive health issues as point of discussion. In their culture, let alone to talk about sex–related issues with children a wife does not openly tell her husband when she gets pregnant until it physically becomes visible. Rather parents discuss more on family economic problems like food price, and house rents. For example if children found talking about reproductive health related issues like condom in the presence of their parents are labeled as "*Balege*" to say disrespectful.

> R3. *This is the tradition and norm of our society which has been passed from generation to generation. Every- body is shy to openly talk about sexual matters with parents. Even husband and wife do not openly talk about sexual matters. If for instance a child talks about condom in the presence of parents, they consider him/her 'Balege' (disrespectful) (a 60 years male parent)*
>
> *R5. ... This is because it is taboo. Our parents themselves were not brought up in that way. (23years male OSY)*
>
> *R6. In this town such discussions are not common. Because it is considered as taboo, so they shy talking about it. But if parents are the educated ones, they may provide reading materials such as books, journals and magazines. (20 years male OSY)*
>
> *R2. On my part, I didn't make yetany RH related discussions with my parents. The reason is just it is traditionally not allowed. Our custom does not allow us to discuss such issues with parents*. (22years male OSY, *45 years male parent*

But there are divergent opinions regarding parent-child communication. Some of the discussants believed that parents are discussing with their children on SRH. Others claim that parent communication is there but it

is limited to few safe topics like HIV/AIDS, abstinence and menstruation. The discussants believed that parent communication about such issues is a new event that came with the emergence of HIV.

> *R3.Such discussions did not exist in the past. But since the emergence of HIV/AIDS, parents began discussing RH issues with youth. Most parents discuss HIV related issues with youth. (38 female parent)*
>
> *R4.Nowadays, there is high interaction between youth and parents when compared to the past. So, families discuss different family issues coming together. (23 female OSY)*

Perceived parental knowledge about SRH

The other reason was that both parents and young people perceived that parents are not knowledgeable about reproductive health matters. The discussants believed that young people think that parents are none educated and lacked knowledge on reproductive health while the young people think that they know everything than their parents do. At the same time, parents think that their children are not respectful to their parents and don't listen to their parents.

> *R1…. youths lack interest to discuss this issue (SRH) with their parents. Usually youth consider their parents were traditionalists (78 years male parent)*
>
> *R3. Parents have nothing to tell their children; they know everything than their parents* do *(35 year female teacher)*
>
> *R4. …Most of the time parents try to advice but the youth are not willing to accept them. They think they know more than their parents do. (26 years Male parent)*
>
> *R3. To be honest, this generation does not want to hear their parents. Even they do not have time to discuss with parents. They prefer listening to their peers whether what their peers tell them is right or wrong. (67years male parent)*

Parent supervision /control

Parent supervision is one of the problematic areas. Discussants believe that it is very much difficult to say parents are properly supervising their young people. If any at all, it is very weak. The participants perceive that this was because, in the town, youth were with the problems of RH related diseases, including HIV/AIDS, which was the result of unsafe sex. Participants believe that girls were giving birth out-of marriage. Unwanted pregnancy was common. Abortion was also increasing. All these show absence or very weak parental supervision. Parents do not know how their youth are behaving in the school. Young people do not respect the norms of the society. For example, the way the girls are dressing. Females are almost naked bodied. They are not hiding nearly their sexual organs. This initiates the sexual desire of opposite sex

which ultimately leads to harassments and coercion that may end in unsafe sex. Discussants believed that these all circumstances could expose them to risky sexual practices (young people) to STDS.

R2. There are some parents who supervise their children and still there are some who do not. There are some who even do not care about where their children are. (45 years male parent)

R1. For me only few parents are supervising their youth. The majority do *not (78 years male parent)*

R3. As we mentioned earlier, there are few parents who supervise their children. Well to do *parents and educated parents like teachers are doing it. But the majority of parents here are poor. They (parents) spend much of their time searching for breads. They do not give attention to check their children where they are, that they are doing and with whom they are, etc (67 years male parent)*

Attitudes towards parent-communication and supervision

Parent discussants feel that parent supervision is important to make young people good citizens. According to the discussants, it helps the youth, their families and the country at large. Some of the discussants believed that parents' supervision would be better if it is integrated with schools. Parents feel happy in supervising their children because they are saving lives in doing so. But some young people believed that parents do not feel happy in discussing with their children. They do not consider reproductive health issue as a normal and right agenda. As parents do not have adequate knowledge and experience on RH issues to have supervising their children. Moreover, Parents and teachers perceive that young people do not have willingness to discuss with their parents rather with their peers.

On the other hands, young people discussants said that they would feel happy if their parents would be transparent, democratic and be able to communicate about RH with their children, because it saves lives.

R7. I am happy if my parents are transparent, democrats, communicative and discuss on important RH issues. (22years male OSY)

R3. As to me since parents do not have adequate knowledge on RH issues they do not want such discussions .Since they themselves do not have such experiences they do not discuss such issues. (22years female OSY)

R6. The advantages of parent supervision are manifold. It helps the youth, their families and the country at large. (67 years male parent)

R1.It would be fruitful if parents supervision is integrated with schools/teachers/ and community/ parent. (78 years male parents)

R7. We cheerfully accept their advice because it helps us in shaping our future life. It is very important if

parents develop a culture of discussing RH issues with their youth. (24years female OSY)

Community perception about young people's use of contraceptives

There is a divergent opinion regarding the utilization of contraception. Some of the discussants perceived that some young people are using contraception attributing to the declining of HIV/AIDS prevalence in the town. They are using loop, injection, pills and condom. Young people discussants believed that most young people are using injection or condom as they are suitable to hide of their parents. Females mostly use injection because no one discovers that they are using contraception. Other discussants believed that young people are not using it properly; because many girls are getting unwanted pregnancy and abortion in their locality.

R3. Yes, they mostly use condom and injectable methods (22 years female OSY).

R5. They use contraceptives mostly; injections, pills and condom. (21 years female OSY)

R1. Females mostly use injection; because no one discovers that they are using it. (23years female OSY)

R2. As, currently, health extensions workers are giving education, most girls are using contraceptive. (14 years female ISY)

R6. The fact that youth are not using condom properly can be observed from increasing of the rate of early pregnancy, abortion and number of infants born and thrown everywhere in the town (60 years male parent)

Attitudes towards young people's access to school sex education

The other issue raised during the focus group discussions was about the provision of SRH at school. There were controversial ideas concerning this issue among the discussants. Most of the focus group discussants felt that sexual and reproductive health services should be provided to students at school. Providing reproductive health services at schools helps the students learn about their sexual and reproductive health issues and their future life. Specially, it helps prevent unsafe sex, unwanted pregnancy and sexually transmitted infections an HIV/AIDS. It also prevents girls' school dropout because of unwanted pregnancy. They (girls) are facing many challenges .Once they dropped their schooling; they can't come back to school. School SRH service avoids such problems by helping the students to access RH information.

R3. This question is what I have been thinking about. I had tried giving different RH services particularly IEC when I was working in health centers. … So that students learn about their sexual matters without any fear. It is beneficial. (60 years male parent)

R6. I support provision of FP services because it protect youth from RH related problems such as STD and unwanted pregnancy. (20 years female OSY)

R6. It is very important to provide RH services in the schools. Because it safes many young generations, but I do not think they use it from school. Because they fear that their friends and teachers may discover them. (37feparent)

On the contrary there are opposing ideas that sexual and reproductive health services should not be given at school. Discussants with this opinion suggest such will encourage students to be involved in premarital sex. Some say that students will not use such services from school as they fear that their friends and teachers will discover them.

R5. I personally do not support this. It is not good; it encourages youth to rush to early sex. (24 years female OSY)

R6. I do not support provisions of FP services in the school. It initiates students to commit sex. (20 years female OSY)

R2. I do not support this. It is not good because it encourages youth to rush to early sex especially at primary level. (22femaleOSY)

DISCUSSIONS

This study examined community perception and attitude towards parent- young people sexual behaviors and parents' communication about sexual and reproductive health and barriers both form the community and young people's perspectives.

The focus group participants were aware that premarital sex among young people was a common practice in their area. The discussants believed that most of the young people were engaged in premarital sexual practice. According to the discussants, young people, particularly, females were involved in premarital sexual activities by the influence of economic needs (poverty) like the needs for: clothing, cosmetics, cell mobile, alcohol drinks and food. Moreover, cross-generational sexual relationship, particularly, among girls, was evident. This is congruent with other study that financial reasons were the main motivations uncovered for girls to engage in sexual relations (McLean, Polly, 1995; MacPhail, Catherine, 2001; Mturi, 2003).

This study indicated that parent-young people communication about SRH occurs rarely. Parents have no fixed time or program to discuss on SRH matters with their children. Discussion usually takes place when some sexual and reproductive health related problems like: unwanted pregnancy, abortion, or HIV/AIDS related problems occur around the neighbors' young people or when parents heard such problems from somewhere else on the media. This finding is consistent with previous reports which communication about sex was spontaneous and was often triggered by: radio Programmes, occurrence of a villager's death linked to HIV/AIDS (Taffa et al, 1999) Parents do not discuss SRH issues with their youth due to cultural taboos through such traditions passed from generation to generation dictates sexual and reproductive health issues taboo. Rather, peer discussion dominates in such cases. Even a child found

talking about reproductive health related issues like condom in the presence of theparent is labeled as "*Balege*" which is to say disrespectful. This is consistent with other research result that lack of direct parent- child communication about sex has been attributed to lack of parent-child closeness, shame, fear and cultural norms (Ojo, Olubukola, Akintomide, &Akinjide, 2010).

Moreover, findings from this study show that parents do not realize that educating their children about SRH is their responsibility. Rather, they expect other institutions like schools to educate children. But from the practical point of view, teachers are not doing much. Teachers' personal values, believes, may be the level of teachers' knowledge related to SRH and the priority they are giving to other topics might have influenced the existing school based SRH related information that is being transmitted to students.

The other important problem is that there is agap between parents and the young people on how they perceive each other. Both parents and young people perceived that parents are none educated and lack knowledge on reproductive health. On the other hand, parents blame young people for considering themselves as if they know everything than their parents do, are not respectful to their parents and do not willing to listen to their parents. At the same time, discussants believe that parents were reluctant to discuss SRH because they believe it will encourage sexual intercourse. This gap needs an appropriate action.

As reported by other research finding (Taffa et al, 1999) the contents of the communication are limited onlyto safe RH topics like HIV/AIDS, menstruation and abstinence. Moreover, the way the parents behave when communicating with their children was found to be one of the important communication barriers. Parents do not communicate in a persuasive way that leads to a common point rather communication takes place in a rebuke, aggressive and threatening way that does not invite mutual understanding. Because of these young peoples' communication about sexual and reproductive health mainly occurs with their peers. Such problems have been clearly stated in the previous study that such do not facilitate self-reflexivity and internal locus of control regarding one's own sexuality. This might explain why most young women continued having sex despite parental threats and warnings (Taffa et al, 1999).

The other important finding of this study is that the target of the communication was not to develop the life skill of the young people; rather the primary objective of parent-communication about SRH was because parents are worry that their children will contract HIV/AIDS. Parents' objectives are to ensure abstinence until marriage, particularly, among their daughters and to the tradition that no sex before marriage. Because, virginity at marriage, is a litmus test, in Ethiopia that reassures the bride is from a decent family (Federal Ministry of Health of Ethiopia, 2003). However, this will not be enough to bring about the desired behavioral change among the young people to help control their own sexuality and develop assertiveness.

The other important thing is the attitudes and how communication is perceived and valued by parents and the young people. All of

the discussants believed that parent-young people communication is important in shaping the young people's lives. Some of the discussants believe even that such communication would be better if it is integrated with schools. In the same way, young people value parent communication because it saves lives.

On the other hand, young people perceived that their parents are traditionalists and they (young people) know more than their parents do. Such perception could widen the gap between parents and young people and might have negatively affected parent-young people communication about SRH. Though both parents and young people have a positive attitude towards parent communication, the fact that parents were perceived not to be knowledgeable on SRH, non-transparent and less-friendly might have compromised parent-young people trust which affect parental value and communication. This indicates that the circumstances under which communication should occur and parents' level of knowledge on RH would be very important for effective communication to occur. Previous research also noted that parent-adolescent communication about sex promoted responsible sexual behaviour only if parents are perceived by young people as skilled, comfortable and open in discussing sexuality (Whitaker, Miller, May & Levin, 1999).

The other issue discussed during the focus group was about the provision of sexual and reproductive health services (SRH) at school. There were divergent ideas concerning this issue among the discussants. Most of the focus group discussants support that SRH services should be provided to students at school. On the contrary there are some participants said that sexual and reproductive health services should not be given at school. The later discussants suggest that such services will encourage students to be involved in premarital sex. However, study Kenya showed that sex education does not cause promiscuity (Erulkar, Ettyang, Onoka, Nyagah & Muyonga, 2004).

CONCLUSIONS

The majority of the discussants were aware that both male and female young people were practicing unsafe premarital sex. Parent-young people communication about SRH is greatly affected by intergenerational cultural taboos attached to sexual issues and social factors. Parent-young people communication occurs rarely and infrequently. The circumstance in which parent communication takes place was also in warning, and threatening that could negatively affect communication.

As a limitation this study did not include in-depth interviews that would have been more helpful to explore in detail about personal life experiences. Because of the nature of the method, the result couldn't be generalized.

Recommendations

The following recommendations were proposed by the discussants:

Parents should openly discuss with their children about sexual and reproductive health like other issues they discuss in the family. They should share their life experiences so that youth can learn. Parents should closely supervise/control their children Parents and

schools should work together in controlling students. Teachers should be given adequate and continuous training on RH to strengthen school sex education.

The implication of these findings is that enhancing parents' awareness and knowledge on young people's sexual and reproductive health should be considered and targeted in formulating policies and programs related to young people's SRH issues

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