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Challenges of parent-adolescent communication on sexual and reproductive health and rights issues in Addis Ababa, Ethiopia: A quantitative study

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*Alemayehu B. Mesfin** *and Rakgadi G. Malapela*

University of South Africa, College of Human Sciences, Department of Health Studies

***For Correspondence:** Email: *alemayehubog@gmail.com;67130909@mylife.unisa.ac.za;* Phone: +251910309303

Abstract

Adolescent - parent communication on sexual and reproductive health issues plays a critical role on preventing risky sexual behaviours and associated morbidity and mortality related to sexual practices. The purpose of the study was to identify challenges on parent- adolescent communication on sexual and reproductive health issues in Addis Ababa, Ethiopia. A cross-sectional study design was used among in-school adolescents paired with their parents. Data was collected using a structured questionnaire to conduct this quantitative survey. Descriptive, binary and multiple logistic regressions were carried out. The comprehensive level of discussion on sexual and reproductive health issues was found to be 5.7%. Adolescents disclosed that feeling ashamed, embarrassed, lack of knowledge and cultural unacceptability as major barriers for sexual and reproductive health issues communication with their parents. Grade level, religion and knowledge were significantly associated with adolescent-parents' communication about their sexual and reproductive health issues. Designing effective parent-adolescent communication intervention is critical in improving communication about common sexual and reproductive health issues. *(Afr J Reprod Health 2025; 29 [8]: 91-100).*

Keywords: In-school adolescents; Parents; sexual and reproductive health issues; Parent-adolescent communication; factors affecting communication and challenges

Résumé

La communication entre adolescents et parents sur les questions de santé sexuelle et reproductive joue un rôle essentiel dans la prévention des comportements sexuels à risque et de la morbidité et de la mortalité associées. L'objectif de cette étude était d'identifier les difficultés de communication entre parents et adolescents sur les questions de santé sexuelle et reproductive à Addis-Abeba, en Éthiopie. Une étude transversale a été menée auprès d'adolescents scolarisés en binôme avec leurs parents. Les données ont été collectées à l'aide d'un questionnaire structuré pour mener cette enquête quantitative. Des régressions descriptives, binaires et logistiques multiples ont été réalisées. Le taux de discussion sur les questions de santé sexuelle et reproductive était de 5,7 %. Les adolescents ont indiqué que la honte, la gêne, le manque de connaissances et l'inacceptabilité culturelle constituaient des obstacles majeurs à la communication avec leurs parents sur les questions de santé sexuelle et reproductive. Le niveau scolaire, la religion et les connaissances étaient significativement associés à la communication entre adolescents et parents sur leurs questions de santé sexuelle et reproductive. La conception d'interventions efficaces en matière de communication parents-adolescents est essentielle pour améliorer la communication sur les questions courantes de santé sexuelle et reproductive *(Afr J Reprod Health 2025; 29 [8]: 91-100).*

Mots-clés: Adolescents scolarisés; Parents, problèmes de santé sexuelle et reproductive; Communication parents-adolescents; facteurs affectant la communication et défis

Introduction

Adolescence is the period of the most rapid and formative phases of human development. The fast-changing physical, cognitive, social, emotional and sexual development that takes place during adolescence demands special attention. It is that period of formative and dynamic transitions, when young people take on new roles, responsibilities, and identities. In the world today, 1.3 billion adolescents account for 16% of the global population.[1] Globally, adolescents face health risks, particularly associated with sexuality and reproduction. Adolescent pregnancy is a global public health concerns with clearly known causes and impacts on health, social and economic consequences.[2]

Each year, late adolescent girls between the age range of 15-19 years, in low- and middle-income countries (LMICs) have an estimated 21

million pregnancies. Among these, almost half are unintended that result to an estimated 12 million births. More than a quarter of these adolescent pregnancies, 5.7 million, end in abortion with the majority being carried out in unsafe conditions.[3] Around one in three women in LMICs begin childbearing during adolescence, 19 years and younger.[4] Close to half of first births to adolescent child mothers are to those aged 17 years and younger and 6% are to child mothers aged 14 years and younger. A girl who has her first birth at 14 years or younger has, on average, 2.2 births before she reaches 20 years of age[4]. Once an adolescent girl becomes a mother, she has a one-in-five chance of experiencing another adolescent birth within two years. Such short birth intervals come with considerable health risks. More than half of all repeat births in adolescence occur within 23 months of a previous birth.[4]

According to the UNICEF report, adolescents who can openly communicate with their parents or caregivers on a regular basis and feel like they are being heard are highly protected from various risky sexual behaviours.[5] Optimal adolescent-parent communication about SRH issues aid in favourable attitudes towards many reproductive health issues that affect adolescents. Parents tend to avoid sexuality related issues in discussion, such as pleasure, love, and healthy relationships, but they are in favour of warnings.[6] Adolescent-parent conversations about SRH issues lack positive topics about sexuality, pregnancy, STIs, and gender equality. Parents feel unprepared and unable to address their adolescent's sensitive matters around sexuality and reproduction. Parental guidance that consists of evidence-informed accurate and complete information about SRH issues to respond to their adolescents is required.

Various studies conducted in the different parts of Ethiopia revealed that parent-adolescent communication on sexual and reproductive health issues was found to be poor between the range of 21.3% – 48.5 %.[11,15,16,19,24-30] This study was conducted to assess the communication patterns between adolescents and parents about sexual and reproductive health issues and to develop a guideline to improve parent-adolescent partnerships communication about sexual and reproductive health issues in Ethiopia.

Methods

Research design and method

A school-based cross-sectional study was conducted using a quantitative study approach that involved in-school adolescents with their parents and/ or guardians. The methods consisted of the details of the study settings, study participants selection process, data collection, analysis and ethical considerations undertaken during data collection and handling of data

Population' and sampling

The study population was teenager secondary school adolescents (Grades 9-12) whose age ranged from 13-19 years and their parents (biological mother, father, and/ or guardians). Multi-stage probability sampling methods were applied to sample in-school adolescents at secondary schools. The sample size of the study participants were determined by using a single population proportion formula considering the major parameters i.e. 95% significance level (α= 0.05), margin of error (4%), and the prevalence of parent-adolescent communication on SRH matters (51.82%).[10]

Settings

The study was conducted in Addis Ababa city administration in four randomly selected secondary schools from the total 67 public secondary schools.

Data collection

Data were collected by trained data collectors using a structured and pre-tested questionnaire that was adapted from existing relevant literatures.[11] The adapted questionnaire consisted of the socio-demographic, risk-taking sexual practices, knowledge about SRH issues, adolescent-parent communication about SRH, and SRH service utilization questions with structured and predefined response options. Initially, the questionnaire was designed in English and translated to the local language 'Amharic' by professional language translators for ease of communication and accurate data collection.

Data analysis

In-depth, individual, face-to-face, semi-structured interviews were audio recorded and transcribed verbatim. Data were thematically analysed using Braun and Clarke's six steps:

1. Familiarisation and immersion
2. Development of codes
3. Development of themes – generating themes
4. Development of themes – reviewing themes
5. Development of themes – naming themes
6. Data interpretation – write-up

Five themes and seven sub-themes emerged after analysis (see Table 2).

Ethical approval

The study protocol was reviewed, and ethical clearance was obtained from the University of South Africa (ERC Reference #: HSHDC/973/2020). Permission letter obtained from City Administration Education Office and clearance granted to pursue the research work was presented to the schools and the community. Informed verbal and written consent and assent for the minors was secured from study respondents and parents after a brief explanation by the researcher on the purpose, benefits, risks and the data collection process. The responses provided by the respondents were kept confidential and anonymous.

Results

Sociodemographic characteristics of in-school adolescents and their parents

From the total of 660 in-school adolescents who received the questionnaire, 636 of them gave complete responses yielding a response rate of 96.4%. From amongst the study participants, 40.4% (n=257) were males and 59.6% (n=379) were females. The majority (55.7%, n=354) were late adolescents from the age group 18-19 years, followed by 42.5% (n=270) middle adolescents. The mean age of the study participants was 17.43 (± 1.26) years. More than half of the respondents (56.9%, n=362) were Orthodox Christian followed by 30.7% (n=195) being Muslim. Nearly two-thirds (63.8%, n=406) of participants lived with their both parents, whereas 16.0% (n=102) lived with their mothers only. Regarding risk taking behaviours of adolescents, almost one-in-twenty of these in-school adolescents, (5.3%, n=34) have smoked cigarettes, and 6.6% (n=42) of them have chewed Khat. Nearly one-fourth (23%, n=146) has drunk alcohol.

Among the 636 in-school adolescents who gave complete responses and whose parents agreed to be interviewed about their adolescent's SRH issues, 576 of the parents gave a complete response with a response rate of 87.27%. Nearly six-in-ten (57.8%, n=333) of these were mothers. The average age of the parents were 45 (± 6.09) years. More than two-thirds (69.3%, n=399) of the parents live with their partners. With respect to educational status, nearly one-fifth (17.7%, n=102) of the parents had no formal education. With respect to the parents' occupation, one-fourth (25%, n=144) of the mothers were housewives. Regarding parental risky behaviours, (6.8%, n=39) had smoked cigarettes, more than one-fifth (21.4%, n=123) had chewed Khat and nearly half (45.7%, n=263) had drunk alcohol. Refer to Table for Socio demographic characteristics.

Adolescent and parent knowledge on sexual and reproductive health issues

The majority, (85.2%, n=542) of in-school adolescents knew about STI/HIV. Most (85.8%, n=545) of the study participants knew about contraceptives. Only 27.2%, (n=173) of in-school adolescents knew about emergency contraception. More than half (58.8%, n=374) knew about the likelihood of becoming pregnant between menstruations.

The majority (86.3%, n=497) of the parents knew about STI/HIV related issues. Regarding contraceptive knowledge, the majority (84.7%, n=488) of parents had heard about contraceptives. Nearly one-third (30.2%, n=174) of the parents knew when pregnancy can occur.

Sexual behaviour of in-school adolescents

More than one-fourth (28.3%, n=180) of in-school adolescents had sexual intercourse. The mean age when in-school adolescents initiated sexual intercourse was 16.59 (±1.002) years.

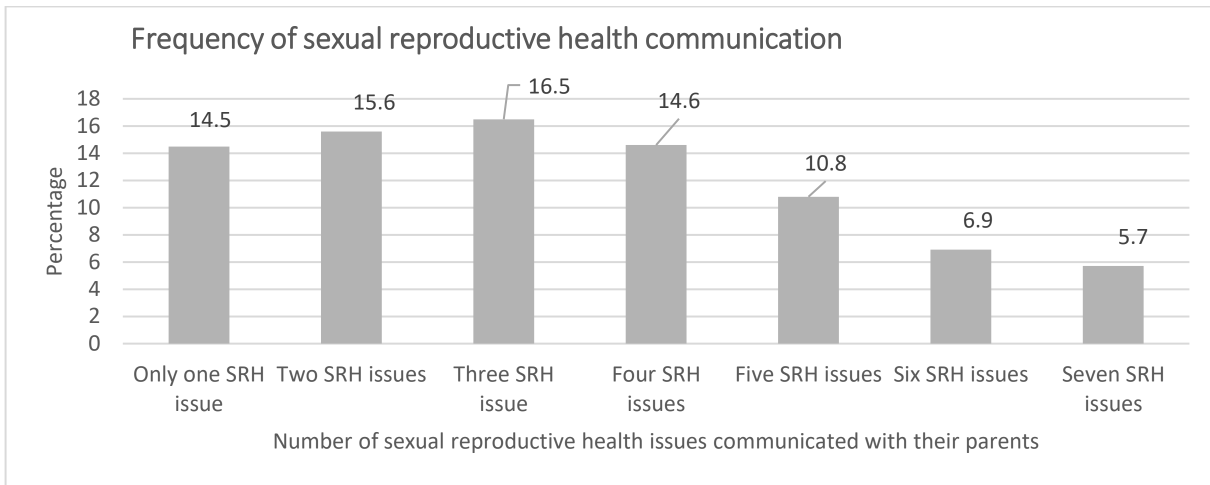

Figure 1: In-school adolescent-parent communication on sexual reproductive health (n=636)

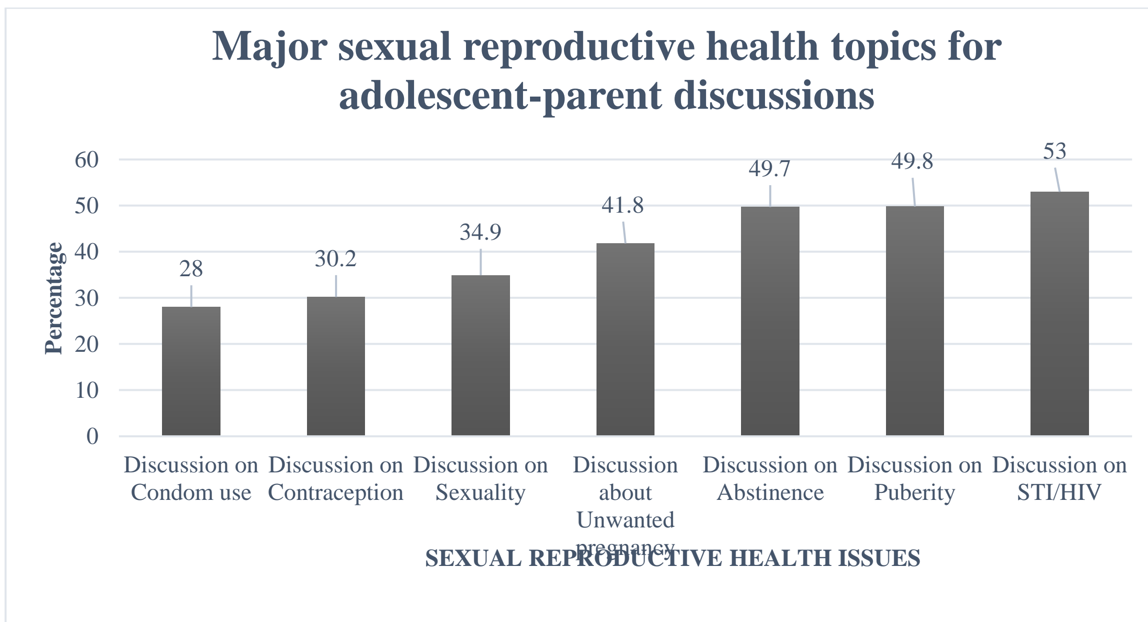

Figure 2: In-school adolescent communication practices on sexual and reproductive health issues with their parents (n=636

Of these sexually active adolescents, nearly half (45%, n=81) had a history of multiple (two or more) sexual partners. More than half (54.4%, n=98) of sexually active in-school adolescents didn't make use of condoms while experiencing sexual intercourse. From the sexually active in-school adolescent girls, one-in-ten (10.4%, n=10) of them had experienced an unwanted pregnancy. Among unwanted pregnancy experienced adolescent girls, 70% (n=7) of them had terminated (aborted) their pregnancy and 30% (n=3) of them had given birth. Nearly three-fourths (73%, n=464) admitted that sex education is necessary and (82.4%, n=389) preferring sex education to be given at school.

In-school adolescents' and their parents' communication on sexual reproductive health

Nearly one in seven (14.5 %, n=92) of the adolescents had communicated with their parents or

Table 1: In-school adolescents' reasons for not communicating sexual reproductive health issues with their parents (n=636)

Reasons for not communicating sexual reproductive health issues	Common sexual reproductive health issues						
	Contraception	**STI/HIV**	**Sexuality**	**Unwanted pregnancy**	**Abstinence**	**Condom use**	**Puberty**
Culture	66 (14.9%)	39 (13.0%)	136 (32.9%)	50 (13.5%)	44 (13.8%)	182 (39.7%)	48 (15.0%)
Ashamed	107 (24.1%)	63 (21.1%)	190 (45.9%	104 (28.1%)	91 (28.4%)	185 (40.4%)	121 (37.9%)
Lack of knowledge	126 (28.4%)	138 (46.2%)	94 (22.7%)	130 (35.1%)	123 (38.4%)	124 (27.1%)	107 (33.5%)
Lack of Communication skill	62 (14.0%)	54 (18.1%)	54 (13.0%)	61 (16.5%)	59 (18.4%)	43 (9.4%)	60 (18.8%)
Parents are not good listeners	41 (9.2%)	37 (12.4%)	43 (10.4%)	49 (13.2%)	43 (13.4 %	24 (5.2%)	41 (12.9%)
Embarrassing	91 (20.5%)	46 (15.4%	114 (27.5%)	100 (27.0%)	46 (14.4%)	65 (14.2%)	46 (14.4%)
Don't know	78 (17.6%)	48 (16.1%)	40 (9.7%)	52 (14.1%)	44 (13.8%)	66 (14.4%)	44 (13.8%)
Others	15 (3.38%)	8 (2.7%)	16 (3.9%)	9 (2.4%)	3 (0.94%)	0 (0.0%)	1 (0.3)

guardians on only one of the major identified SRH issues. Of those, one in six (16.5%, n= 105) had discussed three SRH issues as indicated in figure 1. However, comprehensive communication about common SRH matters with their parents was found to be very poor, (5.7%). The majority (86.5%, n=539) of in-school adolescents stated that they had never discussed SRH issues with their fathers. More than two-thirds (70.3%, n=447) disclosed that they never discussed SRH related matters with their mother, whereas 41.7% (n=265) had discussed SRH related issues with friends or relatives.

The majority (80.5%, n=512) of in-school adolescents stated that they preferred to talk SRH issues with their mother than their father.

Approximately one-third (30.2%, n=192) of in-school adolescents discussed contraception with their parents. Nearly half (53.0%, n=337) had discussed STI/HIV issues with their parents. Only one-third (34.9%, n=222) discussed sexuality with their parents. Nearly one-fourth (28.0%, n=178) discussed condom use with their parents. Almost four-in-ten (41.8% n=266) of them discussed the issue of unwanted pregnancy with their parents. Almost half (49.7%, n=316) had discussed abstinence with their parents. Nearly half of the study participants (49.8%, n=317) discussed physical and psychological changes related to puberty with their parents. The major sexual and reproductive health topics discussed by adolescents -parents are summarized in figure 2.

From those who discussed SRH issues with their parents, about three-fourths (70.2%, n=132) of the discussions were with their mothers. With respect to frequency of discussion, the majority (81.3%, n=152) of them had discussions sometimes. In addition to discussions with their parents, three-fourths (77.7%, n=171) discussed issues of SRH with their peers or friends.

Half (50.0%, n=288) of the parents never discussed sexuality related issues with their adolescent sons. Nearly two-thirds (61.5%, n=354) of the parents opted to communicate SRH issues with their daughters.

Barriers to adolescent-parent communication on sexual reproductive health issues

In-school adolescents cited feeling ashamed as a major barrier to discussing SRH issues. The major reason for not discussing contraception was feelings of embarrassment and difficulty (20.5%, n=91). Nearly half (47.0%, n=299) did not discuss STI/HIV issues with their parents.

Cultural unacceptability was the other common reason for not having discussions on sexuality (32.9%, n=136). Similarly, lack of knowledge was a frequently cited reason for lack of discussions about unwanted pregnancies, abstinence, STIs

Table 2: Factors associated with in-school adolescent's communication on sexual reproductive health issues (n=636)

Variables	Category	Adolescent communication		COR 95% CI	AOR 95% CI
		Yes	No		
Sex	Male	215 (83.7)	42 (16.3)	1.00	
	Female	323 (85.7	54 (14.3)	1.13 (0.73,1.74)	
Age	Adolescent (≤14)	8 (66.7)	4 (33.3)	1.00	
	Adolescent (15-17)	223 (82.9)	46 (17.1)	2.37 (0.69,8.20)	
	Adolescent (≥18)	307 (87.0)	46 (13.0)	3.27 (0.95,11.27)	
Grade	9th Grade	82 (73.2)	30 (26.8)	1.00	1.00
	10th Grade	134 (84.3)	25 (15.7)	1.89 (1.04,3.41)	**2.30 (1.18,4.48)**
	11th Grade	143 (85.6)	24 (14.4)	2.18 (0.20,3.98)	**2.02 (1.03,3.96)**
	12th Grade	179 (91.3)	17 (8.7)	3.64 (1.92,6.90)	**3.62 (1.79,7.32)**
Religion	Orthodox	313 (86.7)	48 (13.3)	4.79(1.04,22.06)	2.83 (0.51,15.86)
	Muslim	153 (78.9)	41 (21.1)	2.73(0.59,12.69)	2.18(0.38,12.42)
	Protestant	68 (94.4)	4 (5.6)	12.75(2.10,77.51)	**10.41(1.42,76.53**)
	Others	4 (57.1)	3 (42.9)	1.00	1.00
Lived with	Both parents	331 (81.5	75 (18.5)	1.96 (0.59,6.54)	1.19 (0.29,4.86)
	Either mother or father	109 (94.8)	6 (8.9)	8.07 (1.92,33.95)	3.66 (0.73,18.46)
	Grand parents	41 (91.1)	8.9)	4.56 (0.96,21.73)	3.19 (0.55,18.40)
	Relatives	48 (84.2)	9 (15.8)	2.37 (0.60,9.39)	1.41 (0.29,6.77)
	Alone	9 (69.2)	4 (30.8)	1.00	1.00
Mother's education	No formal education	201 (83.1)	41 (16.9)	0.41 (0.15,1.07)	0.45 (0.13,1.37)
	Attended 1° education	149 (81.0)	35 (19.0)	0.35 (0.13,0.94)	0.38 (0.12,1.15)
	Attended 2° education	129 (89.6)	15 (10.4)	0.73 (0.25,2.10)	0.86 (0.26,2.83)
	Tertiary Education	59 (92.2)	5 (7.8%)	1.00	1.00
Father's education	No formal education	135 (85.4)	23 (14.6)	1.00	
	Attended 1° education	133 (80.6)	32 (19.4)	0.69 (0.38,1.23)	
	Attended 2° education	179 (86.9)	27 (13.1)	1.09 (0.60,1.98)	
	Tertiary Education	91 (86.7)	14 (13.3)	1.11 (0.54,2.27)	
Mother's occupation	Housewife	249 (80.8)	59 (19.2)	1.00	1.00
	Private business	122 (90.4)	13 (9.6)	2.26 (1.20,4.28)	1.41 (0.69,2.87)
	Gov't employee	167 (87.4)	24 (12.6)	1.61 (0.97,2.67)	1.20 (0.68,2.12)
Father's occupation	Private business	240 (84.5)	44 (15.5)	1.00	
	Gov't employee	93 (82.3)	20 (17.7)	0.89 (0.50,1.59)	
	Merchant	139 (84.2)	26 (15.8)	1.03 (0.61,1.73)	
	Others	65 (91.5)	6 (8.5)	2.11 (0.86,5.15)	
Adolescent Knowledge	No	55 (60.4)	36 (39.6)	1.00	1.00
	Yes	483 (88.6)	62 (11.4)	0.19 (0.12,0.32)	(**2.53,7.49**)

including HIV, contraceptives and puberty (33.5%, n=107). The details are shown in table one:

Predictors of adolescent's and their parents communication on sexual reproductive health issues

In-school adolescent's grade, religion, and knowledge about SRH issues were significantly associated with their communication about SRH issues with their parents. The level of communication on SRH matters with their parents increased as their Grade level increased. Those who were in Grade 12 were 3.6 times high likely to communicate some SRH issues with their parents as compared to Grade 9 adolescents (AOR = 3.62, 95% CI:1.79,7.32). In-school adolescents who belong to protestant Christianity were 10 times communicate SRH issues with their parents in

comparison to other common religions followed in Addis Ababa (AOR = 10.41 95% CI:1.42,76.53). The variables analysed for the bivariate and multivariate are illustrated in table two.

Parent's age and educational status were significantly associated with parental communication on SRH issues with their in-school adolescents. Parental communication about SRH issues with their adolescents increased as their age increased, parents whose ages ranged from 50-54 years were 3.08 times likely to discuss some SRH issues with their adolescents when compared to parents who were aged less than 40 (AOR = 3.08, 95% CI:1.41,6.73). The likelihood of parents having discussions about SRH issues were 77% less among primary education level parents compared to those parents with no formal education (AOR = 0.23, 95% CI: 0.09,0.59). Similarly, the odds of parental discussions about SRH issues were 72% less among those with secondary education when compared to those with no formal education (AOR = 0.28, 95% CI: 0.11,0.79)

Discussion

The study results indicated that majority (85.2%) of in-school adolescents knew about STI/HIV. This study finding result is lower than a study conducted in Ethiopia (Arekit) where 96.9 % of participants knew about STI/HIV.[12] Most (85.8%) of the study participants knew about contraceptives; this was broken down to pills (60%), Depo Provera (44.7%), implants (58.7%), intrauterine device (42.2%), condoms (56.9%) whereas a study conducted in Indonesia revealed that 89.66% know condoms as contraception.[13]

The majority (86.3%) of the parents knew about STI/HIV related issues. This finding is higher than the study findings conducted in Indonesia and Gambia where 51.68% and 67.3% of adolescents know only HIV/AIDS from the multiple sexually transmitted infections, respectively.[1,14] With respect to contraceptive knowledge, the majority (84.7%) of parents heard about contraception. This study is lower than a study conducted in Indonesia and Ethiopia where 98.71% and 93.7% of parents, had heard about contraception, respectively.[13,15] Of these, 65.8% of parents knew about pills, injectables (69.7%), implants (35.0%), intrauterine device (19.1%), condoms (27.0%) and calendar methods (13.1%). This research result is lower than the finding conducted in Ethiopia (Sawla) where almost all (98.2%) knew about at least one contraceptive method. When asked individually, the majority knew about injectables (96%), condoms (95.4%), pills (91%) and the natural safe period using standard days method (70.9%).[16]

The majority (89%) of in-school adolescents stated that they have access to different sources of information regarding SRH issues. One-fifth, (20.4%) received information from their parents. This finding is higher as compared to a finding conducted in Ethiopia where 68.5% of in-school adolescents received SRH information with 52% mentioning their peers as their major source of information.[17]

The reason why this study finding was higher than the other study conducted in the other parts of the country was the study participants were drawn from the capital city of the country whereby having different sources of information to SRH issues as compared to other parts of the country. Almost one-in-twenty in-school adolescents, (5.3%) smoked cigarettes and 6.6% of them have chewed Khat. Nearly one-fourth (23%) have drunk alcohol in their lifetime. The finding of this study is lower than a study conducted in Thailand where 20.8% smoke cigarettes and 40.9% had drunk an alcoholic beverage in the last 30 days.[18] This finding result could be attributed to differing cultural and living habits of the study participants. Similarly, parents also practicing risky behaviours, 6.8% smoked cigarettes, more than one-fifth (21.4%) of the parents chewed Khat and nearly half (45.7%) drank alcohol.

More than one-fourth (28.3%) of in-school adolescents have had sexual intercourse. This result is consistent with a study conducted in Dabat and Guduru where 30.4% and 29.8% of in-school adolescents had sexual intercourse, respectively.[19,20] The majority (88.9%) of in-school adolescents had sexual intercourse with their boy- or girlfriends. Of these sexually active in-school adolescents, nearly half (45%) had sexual intercourse with multiple sexual partners. More than half (54.4%) of sexually active in-school adolescents did not use condoms during sexual practices. From among the in-school adolescent

girls who became pregnant, 70% terminated their pregnancies (aborted) and 30% of them gave birth. This study finding is consistent with a finding conducted in Ethiopia (Dabat) where 51% of sexually active adolescents used condoms during their first sexual experience and 10% of the female participants reported that they had become pregnant.[19] This study finding and the other study findings showed that adolescents initiate sexual intercourse in early ages and school grades, the need to regularly educate and aware comprehensive sexuality education is very critical to prevent risky sexual behaviours.

Majority of in-school adolescents communicated at least one SRH issue with their parents. This finding is relatively consistent with a study conducted in Ethiopia (Haiyk & Agaro) areas where the adolescents communicated SRH issues with their parents.[21,22] This finding is relatively higher than a study finding conducted in Ethiopia (Jimma) that established that the proportion of adolescents who communicated with their parents on SRH issues was low.[23] However, comprehensive communication about common SRH matters with their parents in the present study finding was very low at 5.7%. The majority (86.5%) of in-school adolescents stated that they never discussed SRH issues with their fathers. This finding is consistent with a study conducted in Ethiopia (Jimma) that found that 90.4% had never discussed issues with their mothers, and 93.4% never discussed issues with their fathers.[23]

This study was conducted on both in-school adolescents and their parents. The major findings indicated that parents lacked adequate knowledge to communicate and aware their adolescents on SRH related issues that make the level of communication on comprehensive SRH issues too low. Furthermore, adolescents disclosed that feeling ashamed, embarrassed, lack of knowledge and cultural unacceptability as major barriers for sexual and reproductive health issues communication with their parents. This study contributed to developing guidelines for improving parent -adolescent communication on SRH issues.

Limitations

The major limitation of this research was the cross-sectional nature of the study design which did not show the temporal relationship between the dependent variables and some of the explanatory variables. The study topic covered very sensitive and personal issues related to sexuality and reproduction which might have caused social desirability bias to the study participants. The study was undertaken in Addis Ababa, Ethiopia and only among in-school adolescents paired with their parents from four selected secondary schools. Hence, the findings are valid for in-school adolescents attending secondary schools in Addis Ababa and may not be generalized to the national and out-of-school adolescents. However, the findings of this study could be used as a valuable indicator for other areas where Addis Ababa city residents are heterogeneous populations originating from all parts of the country. Thus, the key findings of this research result should be interpreted with these limitations.

Conclusion

Comprehensive discussion among in-school adolescents and their parents on selected SRH issues were found to be low in Addis Ababa, Ethiopia, something that needs to be improved to assist in-school adolescents in avoiding risky sexual behaviours. The major reasons indicated by adolescents for not communicating SRH issues with their parents were feeling ashamed, lack of knowledge, feeling embarrassed and cultural unacceptability. Effective PCC on SRH issues is a factor that can influence adolescents towards adopting safer sexual behaviour to prevent teenage pregnancies, sexually transmitted infections, and other risky sexual behaviours. Parent- adolescent joint actions can accelerate a more comprehensive approaches to ensure adolescent health. Parents, adolescents, school community, health professionals and community participation are key players for the success of the proposed guideline implementation.

Authors contribution

ABM was responsible for conceptualization, methodology, data collection, data analysis, write up and prepared the manuscript

RGM was responsible for conceptualization, methodology, reviewing and editing. All authors

contributed to the final reviewing and editing of the manuscript before submission to the journal and approved.

Conflict of interests

There is no any conflict of interest on the article design and submission for publication.

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References

1.UNICEF and National Statistical Office Thailand, MICS: Monitoring the Situation of Children and Women. Generating evidence to deliver for children 2022; https://mics-surveysprod.s3.amazonaws.com/MICS6/East%20Asia%20and%20the%20Pacific/Thailand/2022/Survey%20findings/MICS2022_National%20%28English%29.pdf

2.WHO, Adolescent Pregnancy 2. 2023. https://www.who.int/news-room/fact-sheets/detail/adolescent-pregnancy

3.UNFPA, East and Southern Africa Regional Office Adolescent Pregnancy 2022. https://esaro.unfpa.org/en/topics/adolescent-pregnancy

4.UNFPA, MOTHERHOOD IN CHILDHOOD: The Untold Story 2022. https://www.unfpa.org/publications/motherhood-childhood-untold-story

5.UNICEF, ENGAGED AND HEARD! Guidelines on Adolescent Participation and Civic Engagement 2020. chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.unicef.org/media/73296/file/ADAP-Guidelines-for-Participation.pdf

6.Haile B, Shegaze M, Feleke T, Glagn M and Andarge E. Disparities in Utilization of Sexual and Reproductive Health Services among High School Adolescents from Youth Friendly Service Implemented and Non-Implemented Areas of Southern Ethiopia. Archives of Public Health 2020; 78(1): 1–11. doi: 10.1186/s13690-020-00508-w.

7.Cuschieri S. The STROBE guidelines. Saudi J Anaesth 2019; 13(Suppl 1): S31-S34. doi: 10.4103/sja.SJA_543_18.

8.Mamo K, Siyoum M and Birhanu A. Teenage pregnancy and associated factors in Ethiopia: a systematic review and meta-analysis. International Journal of Adolescence and Youth 2021; 26(1): 501-512. DOI: 10.1080/02673843.2021.2010577

9.Seyoum K and Mengistu S. Prevalence and determinants of repeat induced abortion in Ethiopia: A systematic review and meta-analysis. Heliyon 2023; 9(10). Doi: 10.1016/j.heliyon. 2023.e20277.

10.Dessie Y, Berhane Y and Worku A. Parent-Adolescent Sexual and Reproductive Health Communication Is Very Limited and Associated with Adolescent Poor Behavioural Beliefs and Subjective Norms: Evidence from a Community Based Cross-Sectional Study in Eastern Ethiopia. Plos One 2015; 10(7)1–14. Doi: 10.1371/journal.pone.0129941.

11.Mekie M, Addisu D Melkie A and Taklual W. Parent-Adolescent Communication on Sexual and Reproductive Health Issues and Its Associated Factors in Ethiopia: A Systematic Review and Meta-Analysis. Italian Journal of Paediatrics 2020; 46(162): 1–13. DOI: https://doi.org/10.1186/s13052-020-00921-5

12.Toru T, Sahlu D, Worku Y and Beya M. Parent-Adolescents Communication on Sexual and Reproductive Health Issues and Associated Factors among Students in High School and Preparatory in Arekit, Southwest, Ethiopia. International Journal of Africa Nursing Sciences 2020; 17. https://doi.org/10.1016/j.ijans.2022.100509.

13.Putri A, Munirah D, Sansuwito T, Utami R and Ramadia A. Knowledge of Sexual and Reproductive Health Among High School Students, Batam, Indonesia. Science Midwifery 2022; 10(5):4237–45. doi: 10.35335/midwifery.v10i5.1008.

14.Sagnia PG, Gharoro EO and Isara AR. Adolescent – Parent Communication on Sexual and Reproductive Health Issues amongst Secondary School Students in Western Region 1 of The Gambia. African Journal of Primary Health Care & Family Medicine 2020; 12(1): e1-e7. Doi: 10.4102/phcfm.v12i1.2437.

15.Bekele D, Deksisa A, Abera W and Megersa G. Parental Communication on Sexual and Reproductive Health Issues to Their Adolescents and Affecting Factors at Asella Town, Ethiopia: A Community - Based, Cross - Sectional Study. Reproductive Health 2022; 19(1):114. doi: 10.1186/s12978-022-01408-8.

16.Malango NT, Hegena TY and Assefa NA. Parent – Adolescent Discussion on Sexual and Reproductive Health Issues and Its Associated Factors among Parents in Sawla, Gofa zone, Ethiopia. Reproductive Health 2022; 19(108): 1–11. Doi: 10.1186/s12978-022-01414-w

17.Abdurahman C, Oljira L, Halilu S and Mengesha MM. Sexual and Reproductive Health Services Utilization and Associated Factors among Adolescents Attending Secondary Schools. Reproductive Health 2022; 19(161):1–10. https://doi.org/10.1186/s12978-022-01468-w

18.Thepthien BO and Celyn. Risky Sexual Behavior and Associated Factors among Sexually - Experienced Adolescents in Bangkok, Thailand: Findings from a School Web-Based Survey. Reproductive Health 2022; 19 (1):127. doi: 10.1186/s12978-022-01429-3.

19.Adam ND, Demissie GD and Gelagay AA. Parent-Adolescent Communication on Sexual and

Reproductive Health Issues and Associated Factors among Preparatory and Secondary School Students of Dabat Town, Northwest Ethiopia. J Environ Public Health. 2020. DOI: 10.1155/2020/4708091
20. Wakasa BF, Oljira M, Demena M, Regassa LD and Daga WB. Risky Sexual Behavior and Associated Factors among Sexually Experienced Secondary School Students in Guduru, Ethiopia. Preventive Medicine Reports 2021; 23:101398. doi: 10.1016/j.pmedr.2021.101398.
21. Abdissa D and Sileshi W. Parent-Young Communication on Sexual and Reproductive Health Issues and Its Associated Factors: Experience of Students in Agaro Town, Ethiopia. Reproductive Health 2023; 20(1):1–10. doi: 10.1186/s12978-022-01553-0.
22. Chane T and Cherie N. Parent-Adolescent Communication about Sexual and Reproductive Health and Associated Factors among Preparatory School Students in Haiyk Town, Northeast Ethiopia. Research in Medical & Engineering Sciences 2018; 5(2):417–23. doi: 10.31031/RMES.2018.05.000606
23. Abraham G, Nebeb GT, Deressa BG, Megeressa B, Bayou NB, Teklehaimanot AN, and Khali KY. Rural Adolescents: Parental Communication on Sexual and Reproductive Health Matters in Jimma Zone, Southwest Ethiopia. Hindawi International Journal of Reproductive Medicine 2022; doi: doi.org/10.1155/2022/8033853
24. Ewnetu L, Mekonnen A, Alemu Y, and Shume W. 2021. Parent-Adolescent Communication about Sexual and Reproductive Health Issues and Associated Factors among Mothers in Wogdie District, North. Research Square 2021; 1–22. DOI: https://doi.org/10.21203/rs.3.rs-138716/v1
25. Bikila TS, Dida N, Bulto GA, Debelo BT, and Temesgen K. Adolescents' Communication on Sexual and Reproductive Health Matters with Their Parents and Associated Factors among Secondary and Preparatory School Students in Ambo Town. International Journal of Reproductive Medicine 2021. doi: 10.1155/2021/669783
26. Eshete A, and Shewasinad S. 2020. Adolescent-Parent Communication on Sexual and Reproductive Health Issues in Ethiopia: A Systematic Review and Meta-Analysis. Ethiop J Health Sci 2020; 30(5):817-828. doi: 10.4314/ejhs.v30i5.22.
27. Feyissa M, Adugna H, Aferu T, and Nigussie T. Parent-Adolescent / Youth Sexual and Reproductive Health Communication: The Case of Secondary and Preparatory School Students in Fiche Town , Oromia Regional State, Ethiopia. The Open Public Health Journal 2020; 415–24. doi: 10.2174/1874944502013010415.
28. Kusheta S, Bancha B, Habtu Y, Helamo D, and Yohannes S. 2019. Adolescent-Parent Communication on Sexual and Reproductive Health Issues and Its Factors among Secondary and Preparatory School Students in Hadiya Zone, Southern Ethiopia: Institution Based Cross Sectional Study. BMC Paediatrics 2019; 19(9) 1–11. https://doi.org/10.1186/s12887-018-1388-0
29. Wudineh KG, Chekole F A, and Tesfu A A. 2021. Adolescent-Parent Communication on Sexual and Reproductive Health Issues and Associated Factors among Secondary School Students in Woreta Town, Northwest Ethiopia: An institutional based cross sectional study. Heliyon 2021; e06528. doi: 10.1016/j.heliyon.2021.e06528.
30. Yalew M, Adane B, Kefale B, Damtie Y, Arefaynie M, and Wedajo S. 2020. Parent-Young Communication on Sexual and Reproductive Health Issues and Its Association with Sex and Perceptions of Young People in Ethiopia, 2020: A Systematic Review and Meta-Analysis. Archives of Public Health 2020; 78(133):1–11. https://doi.org/10.1186/s13690-020-00515-x

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