Correlations between Risky Sexual Behavior and Parental Communication among Youth in Dilla Town, Gedeo Zone, South Ethiopia

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**Abstract**

**Background:** The youth is vulnerable to risky sexual behaviors that could lead to unfavorable health outcomes. Youth communication can be one of the most effective strategies in reducing risky sexual behaviors. Only a little has been explored about the role of a parent influence in protecting youths from risky sexual behaviors. Thus, this study tried to assess risky sexual behaviors and the influence of parents on risky sexual behavior among youths in Dilla Ethiopia.

**Methods:** A community based cross-sectional study design, supplemented by a qualitative study was employed. The data were collected in January, 2012 by using interview administered questionnaire for the quantitative part, while focus group discussion was employed for qualitative part of the study. Statistical Package for Social Sciences version 20 was used to analyze the data.

**Results:** From sexually active youths, nearly half (48.3%) of youths reported unprotected sex. In the recent sex, 23.9% of youths had two or more lifetime sexual partners and 12.6% of youths had sex with non-regular partners. Males had two times more sexual partners than females (AOR: 2.02, 95% CI: 1.02, 4.21), on the other hand, females had three times more sex with non-regular partners than males (AOR: 2.67, 95% CI: 1.10, 6.51). Parental communication showed a significant relation to risky sexual behavior. The odds of having had multiple sexual partners were three fold higher among youths who don’t discuss about sexual issues than who discussed (AOR: 3.12, 95% CI: (1.37,7.08). About one-fifth of youth had a discussion about sexual issues with their parents and they preferred the same sex to discuss on sexual issues with their parents and peers.

**Conclusion:** A substantial proportion of youths engaged in risky sexual behaviors in both sexes. Parents play a greater role in shaping the behavior of youths. Therefore, Behavior change communication should consider family environment and other factors which predict risk sexual behaviors has to be strengthened.

**Keywords:** Risky sexual behavior; Sexual communication; Parental communication; Dilla Ethiopia

**Background**

According to the World Health Organization (WHO), youths cover the age of 15 to 24 years, while young people cover the age of 10 to 24 years [1]. During this year, the challenges that youth face and the decisions they can make have a great impact on the quality of their lives [2]. In this stage, youth begin thinking about the future and places more emphasis on goal-setting and self-esteem. However, youth may begin to exhibit more risky sexual behaviors during these ages [3]. It may result from being easily influenced by peers, cultural taboos, inadequate sexual communication, limited support from parents and inappropriate parenting roles [4-6]. Risky sexual behaviors are any behavior that could lead to unfavorable health outcomes, including HIV/AIDS or other sexually transmitted diseases (STD), unplanned pregnancy and unsafe abortions [7,8]. It also includes behaviors like, having multiple partners, having risky casual or unknown sexual partners, early sexual initiation, having sex under the influence of stimulant substances, or having sex immediately after watching pornographic media and failure to take protective actions, such as use of condoms and birth control [4-6,9].

Worldwide, risky behaviors related to sexual practices among young people were one of the great challenges [10]. Young people’s involvement in risky sexual activities remains a concern in sub-Saharan Africa [11]. Against the prevailing cultural norms in Sub-Saharan Africa, young people tend to engage in having multiple sexual partners, concurrent sexual partners and unprotected sexual intercourse [12,13]. Risky sexual behavior is not an exception in Ethiopia [14]. In Ethiopia, 60% of adolescent pregnancies are unwanted resulting from unprotected sexual intercourse [15]. Among youth, around 1.1% of women are infected with HIV [16]. Published researches also indicate that young adults are at high risk of practicing risky sexual behaviors [17,18].

Sexual communication is a crucial aspect of sexual socialization and plays a key role in influencing risky sexual behaviors [19]. The expectation is that frequent and positive parent–child communication on such matters will lower the probability of sexual risk taking [20]. Available evidence suggests that frequent, open and positive sexual communication between youth with their parents, teachers as well as peers decreases sexual-risk taking behaviors and promotes positive sexual behavioral outcomes, including delaying sexual debut, having fewer sex partners and promoting contraceptive use [21-24]. According to published research work, lack of communication of youth with their...
parents was highly associated with risky sexual behavior [25-28].

Youth believed that their sexual health and sexual decision making is influenced by their parents, and says parental communication would help them make healthy choices [22]. But due to cultural taboos, being ashamed and lack of communication skill makes them not to discuss openly with their parent [29,30]. In addition to these, parent’s lack of confidence, talk perceived as unnecessary, and talk perceived as encouraging sex are considered as barriers to communication about sex [31]. Due to different barriers only 1 in 5 Ethiopian youth had discussed on sexual issues with their parents [27]. Another study conducted in Nekemte Town, West Ethiopia, only 23.4% of the respondents had ever communicated with their parents, i.e., mother or father [32].

The low levels of parent-youth sexual communication shown by previous studies might raise concerns regarding the efficiency of programs aiming to promote safer sexual practices among young people by targeting parent-child communication as a complementary source of information on reproductive health. Hence, parent-child sexual communication, when it starts during early adolescence and youth is quite important. Yet the dynamic nature of the problem of youth’s risky sexual behavior is exacerbated by lack of studies about the influence of parents on the risky sexual behavior and communication in Ethiopia. Thus, this study tried to assess risky sexual behaviors and the influence of parents on risky sexual behavior among youth in Dilla Ethiopia.

Methods

Study settings and participants

The study was conducted in Dilla town, Gedeo Zone, which is located about 365 Kms south of Addis Ababa, the capital city of Ethiopia, and 85 Kms south of Awassa, the regional capital of Southern Nations Nationalities and Peoples’ Regional State. A community based cross-sectional study design, supplemented by a qualitative study was employed in this study. This study included youth in the age group of 15-24 years residing in four randomly selected kebeles of Dilla town.

Sample and sampling procedure

The sample size was calculated with a single population formula by considering, proportion of unprotected sexual intercourse among youth (P= 65%) in Dessie town [19], 95% confidence level and a 4 percent margin of error. After adding 10 % for the non - response rate, the total sample size was 603. Study subjects were sampled with systematic sampling technique from four randomly selected kebeles. The selection of study participants was based on probability proportional to size for randomly selected kebeles. Systematic sampling technique was used to select the study participants by considering the intervals. If there were more than one eligible youth in a household, one youth was selected randomly by using a lottery method during the data collection period; however, if eligible youth was not found in a household, the next immediate household was considered. A total of thirty youth was included in focus group discussion session with an average of seven youth per group within similar age groups. Among the total discussant sixteen males and fourth females were attended. Selection study subjects purposely sampling techniques which were living in a similar residential area.

Data collection method and measurement of variables

A quantitative data was collected using a standardized pre-tested interviewer questionnaire adapted from Sexual and Reproductive Health (SRH) questionnaires of the World Health Organization (WHO) [33] and Ethiopia demographic health survey questionnaire. Data collectors were given three days intensive training. Five trained data collectors were collecting the data through a face to face interview. Qualitative data were collected by using semi-structured, open-ended questionnaires.

Measurement of study variables

Risky sexual behavior was defined as a behavior that includes the number of sexual partners or sex with non-regular sexual partner or unprotected sex in the last 12 months. Risky sexual behavior was measured by using three yes / no item questions. We asked whether the participants used condom in their every instance of sexual intercourse and the frequency of condom use, number of sexual partners and the tendency of having sex with non-regular sexual partners in the last 12 months. The responses to these questions were dichotomous; “Yes” and “No” and these were used as the dependent variables in this study. Four dichotomous variables were created for the analysis: 1) sexually active in the last 12 months, 2) multiple partnerships in the last 12 months, 3) condom use with sexual partners in the last 12 months, and 4) having sex with non – regular sexual partners in the last 12 months.

Parent-youth communication was defined as the exchange of ideas or information about sexual issues between parent and youth. Parent– youth communication was assessed by four “yes or no” questions. We asked if respondents ever discussed with their parents at each key moment about sexual intercourse or sexual education, condom use during sexual intercourse or safe sex, number of sexual partners and sex with causal partner or unknown partner in last 12 months. These four items were summed and the scores ranged from 0 to 4.

Data processing and analysis

Data were entered and cleaned by using Epi INFO vision 3.5.1 and was transported to SPSS V. 20 for analysis. Descriptive statistics were run to see the overall distribution of the study subjects with regard to the variables under study. Bivariate logistic regression analysis was used to test the possible association of the independent variables with the dependent one. Furthermore, multivariate logistic regression analysis was used to see the net effects of each of the independent variables in explaining variation in the outcome variables. A level of significance at α ≤ 0.05 was determined for statistical tests. A qualitative study was analyzed using thematic approach. Themes arising from the summary were used to write the text and were used complement the quantitative results and discussions.

Ethical considerations

Ethical clearance was obtained from Research and Ethics Committee (REC) of the school of public health, Addis Ababa University. After getting ethical clearance, permission letter was obtained from the Dilla town Administration office for data collection process. More importantly informed consent was obtained from all participants as well as confidentiality of the data was ensured.

Results

Socio-demographic characteristics of participants

Out of 603 youths, a total of 598 youths participated in the study making the response rate of 99.2 %. Nearly half (48.5%) of females and 51.5% males were participating in the study. Among total (60.2%) of youths were between the age ranges of 20 to 24 years, 49.8% of them were between 15 to 19 years. The mean age of the respondents was 20.23 (± 2.56 SD) years. The majority of respondents were Gedeo 150 (25.1%) followed by Wolayita 103 (17.2%). Two hundred sixty five, 44.3% of the
respondents were protestant. Four hundred ninety seven respondents (83.1%) were living with their both parents, whereas 62 (10.4%) of them were living only with their mother (Table 1).

Initiation of sex and recent sexual behavior

Of the 598 participants, 273 (45.7%) had initiated sex, with the mean age of sexual initiation 18.6 (± 1.57 SD) years. More than half, 63.7% of the sexual initiations occurred from age 15-19 years. Among those who initiated sex, only 58 (21.2%) had used condoms, while 215 (78.8%) reported that they did not use condoms during their first sexual intercourse. The leading reasons (multiple responses) for their first sexual intercourse were partner trust pressure 111 (32.6%), maintaining relationship with their partner 81 (23.8%) followed by alcohol/substances influence 26 (7.6%). Risky sexual behavior was noted among the study subjects, 19 (6.9%) and 58 (21.3%) had sex with commercial sex workers and non-regular sexual partners respectively. Moreover, a significant proportion of first sexual practice was unplanned (42.9%) and unprotected 215 (78.8%). The proportion of female youth who had unprotected sexual intercourse was higher than males (42.2% Vs 36.6%) in their first sex. The commonest reason for unprotected sex was reported to be partner trust 114 (49.4%) and accidental sex 85 (36.8%) (Tables 2 and 3).

Recent (in the last 12 months) sexual behavior indicated that 230 (84.3%) had had sexual intercourse during that time. When asked about the type of recent sex partner/s, 207 (79.4%) reported regular partners and 29 (12.6%) indicated non-regular partners. Regarding the number of recent sex partners, 175 (76.1%) had one partner, while 55 (23.9%) had two or more partners. Among those who had multiple sexual partner, 31 (13.5%) had more than two sexual partners, while 24 (10.4%) had two sexual partners. Only 119 (51.7%) reported using condoms in their most recent sexual encounter, while 111 (48.3%) had not used condoms. Of those who used condoms, only 106 (89.1%) used them consistently. The leading reasons (multiple responses) for not using condom during the recent sex were partner trust pressure 215 (78.8%), accidental sex 6 (5.4%) and It reduces sexual feeling 4 (3.6%) (Tables 2 and 3).

This finding was also supported by focus group discussion results. Discussants mentioned that risky sexual behaviors were very common in this age group. “A twenty two year old girl said that “having multiple sexual partners, unprotected sex, and sex with non-regular partners were very common. Even when they had condoms, they practiced unprotected sex just by trusting the partners; some partners were still not open to discuss on the use of condom”.

Substance use and sexual behaviors

Of 150 alcohol drinker, 129 (86%) had sex in the last 12 months under the influence of alcohol. Among sexually active alcohol drinker, 23 (14.7%) had sex with non-regular sexual partners and about (30%) of youth practiced unprotected sex in last 12 months. Twenty-one (13.5%) of male respondents had sex with commercial sex workers. Of 87 khat chewer, 77 (88.5%) had sex in the last 12 months under the influence of khat. Among sexually active khat chewer, 14 (14.6%) had sex with non-regular sexual partners and about (21%) of sexual practice was unprotected. Moreover, twenty (25.9%) of male respondents had sex with commercial sex workers after consuming khat in the past 12 months.

Parent-youth communication about sexual issues

Among the total respondents, almost all (98.7%) of respondents answered youth-parent sexual communication was important for future life. Generally, 137 (22.9%) youths reported that they had ever discussed on the use of condom.

Table 1: Socio-demographic characteristics of youths and youths’ parent in Dilla town, Gedeo zone, January 2012/13.
discussed on sexual issues with their parents, while 461 (77.1%) had never discussed on sexual issues with their parents. Female respondents reported significantly more sexual communication with their parents than males (12.4 Vs 10.5%) (Figure 1). The proportion of youth who have multiple sexual partners was higher among youths who don’t discuss about sexual matters than who discussed (AOR: 3.12, 95% CI: (1.37, 7.08) (Table 4)). Youth who reported low rates of parental discussion on sex with non-regular sexual behavior. The odds of having had multiple sexual partners were three fold higher among youths who don’t discuss about sexual matters than who discussed (AOR: 3.12, 95% CI: (1.37, 7.08) (Table 4)).

<table>
<thead>
<tr>
<th>Variable</th>
<th>Male n (%)</th>
<th>Female n (%)</th>
<th>Total n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ever had sex (n=598)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>144 (24.1%)</td>
<td>12 (21.6%)</td>
<td>273 (45.7%)</td>
</tr>
<tr>
<td>No</td>
<td>164 (27.4%)</td>
<td>161 (26.9%)</td>
<td>325 (54.3%)</td>
</tr>
<tr>
<td>Age at first sex (n=273)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15-19</td>
<td>82 (30.3%)</td>
<td>40 (14.7%)</td>
<td>172 (63.7%)</td>
</tr>
<tr>
<td>20-24</td>
<td>40 (14.7%)</td>
<td>28 (10.2%)</td>
<td>66 (24.9%)</td>
</tr>
<tr>
<td>I do not remember</td>
<td>22 (8.1%)</td>
<td>9 (3.3%)</td>
<td>31 (11.4%)</td>
</tr>
<tr>
<td>Reasons to start sex (n=341)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Peer influence</td>
<td>60 (17.6%)</td>
<td>51 (15%)</td>
<td>111 (32.6%)</td>
</tr>
<tr>
<td>Maintain relationship</td>
<td>42 (12.3%)</td>
<td>39 (11.5%)</td>
<td>81 (23.8%)</td>
</tr>
<tr>
<td>Love of boy/girl friend</td>
<td>41 (12%)</td>
<td>33 (9.7%)</td>
<td>74 (21.7%)</td>
</tr>
<tr>
<td>Influence of alcohol</td>
<td>21 (6.2%)</td>
<td>5 (1.4%)</td>
<td>26 (7.6%)</td>
</tr>
<tr>
<td>Sex film influence</td>
<td>19 (5.6%)</td>
<td>-</td>
<td>19 (5.6%)</td>
</tr>
<tr>
<td>Rape/sexual coercion sex</td>
<td>-</td>
<td>17 (5%)</td>
<td>17 (5.0%)</td>
</tr>
<tr>
<td>To gain money</td>
<td>-</td>
<td>9 (2.9%)</td>
<td>9 (2.9%)</td>
</tr>
<tr>
<td>Influence of Khat</td>
<td>4 (1.2%)</td>
<td>2 (0.5%)</td>
<td>6 (1.7%)</td>
</tr>
<tr>
<td>Other</td>
<td>3 (0.9%)</td>
<td>1 (0.3%)</td>
<td>4 (1.2%)</td>
</tr>
<tr>
<td>(I don’t know, personal interest)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relation of the first sex partner (n=273)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Boy/girl friend</td>
<td>104 (38.1%)</td>
<td>91 (33.3%)</td>
<td>195 (71.4%)</td>
</tr>
<tr>
<td>Non-regular partner</td>
<td>20 (7.3%)</td>
<td>38 (14%)</td>
<td>58 (21.3%)</td>
</tr>
<tr>
<td>Commercial sex workers</td>
<td>19 (6.9%)</td>
<td>-</td>
<td>19 (6.9%)</td>
</tr>
<tr>
<td>Other (classmate, friend)</td>
<td>1 (0.4%)</td>
<td>-</td>
<td>1 (0.4%)</td>
</tr>
<tr>
<td>Condom used at first sex (n=273)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>44 (16.1%)</td>
<td>14 (5.1%)</td>
<td>58 (21.2%)</td>
</tr>
<tr>
<td>No</td>
<td>100 (36.6%)</td>
<td>115 (42.2%)</td>
<td>215 (78.8%)</td>
</tr>
<tr>
<td>Ever had sex in last 12 month (n=273)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>120 (44%)</td>
<td>110 (40.3%)</td>
<td>230 (84.3%)</td>
</tr>
<tr>
<td>No</td>
<td>24 (8.7%)</td>
<td>19 (7%)</td>
<td>43 (15.7%)</td>
</tr>
<tr>
<td>Relation of the last 12 months sex (n=261)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Boy/girl friend</td>
<td>102 (44.3%)</td>
<td>105 (45.7%)</td>
<td>207 (79.4%)</td>
</tr>
<tr>
<td>Commercial sex workers</td>
<td>24 (10.4%)</td>
<td>-</td>
<td>24 (10.4%)</td>
</tr>
<tr>
<td>Non-regular partner</td>
<td>12 (5.4%)</td>
<td>17 (7.2%)</td>
<td>29 (12.6%)</td>
</tr>
<tr>
<td>Condom use in last 12 months sex (n=230)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>63 (27.4%)</td>
<td>56 (24.3%)</td>
<td>119 (51.7%)</td>
</tr>
<tr>
<td>No</td>
<td>57 (24.8%)</td>
<td>54 (23.5%)</td>
<td>111 (48.3%)</td>
</tr>
<tr>
<td>Frequency of Condom use in last 12 months (n=119)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Every time</td>
<td>57 (47.9%)</td>
<td>49 (41.2%)</td>
<td>106 (89.1%)</td>
</tr>
<tr>
<td>Some times</td>
<td>6 (5%)</td>
<td>7 (5.9%)</td>
<td>13 (10.9%)</td>
</tr>
<tr>
<td>Number of sexual partner (n=230)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Only one</td>
<td>80 (34.8%)</td>
<td>95 (41.3%)</td>
<td>175 (76.1%)</td>
</tr>
<tr>
<td>Two</td>
<td>16 (7%)</td>
<td>8 (3.4%)</td>
<td>24 (10.4%)</td>
</tr>
<tr>
<td>More than two</td>
<td>24 (10.4%)</td>
<td>7 (3.1%)</td>
<td>31 (13.5%)</td>
</tr>
<tr>
<td>Condom used when have sex more than one partner in the last 12 month (n=55)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>40 (72.7%)</td>
<td>14 (25.5%)</td>
<td>54 (98.2%)</td>
</tr>
<tr>
<td>No</td>
<td>-</td>
<td>1 (1.8%)</td>
<td>1 (1.8%)</td>
</tr>
<tr>
<td>Frequency of Condom use when sex more than one partner in last 12 months (n=54)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Every time</td>
<td>37 (68.5%)</td>
<td>13 (24.1%)</td>
<td>50 (92.6%)</td>
</tr>
<tr>
<td>Some times</td>
<td>3 (5.6%)</td>
<td>1 (1.9%)</td>
<td>4 (7.4%)</td>
</tr>
</tbody>
</table>

Table 2: Prevalence of risky sexual behavior among sexually active youths in Dilla town, Gedeo zone, January 2012/13.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Male n (%)</th>
<th>Female n (%)</th>
<th>Total n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reasons for not using condom in first sex (n=231)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I trust my sexual partner</td>
<td>61 (26.4%)</td>
<td>53 (23.6%)</td>
<td>114 (49.4%)</td>
</tr>
<tr>
<td>I had accidental sex</td>
<td>35 (15.2%)</td>
<td>50 (21.6%)</td>
<td>85 (36.8%)</td>
</tr>
<tr>
<td>I was drunk</td>
<td>10 (4.3%)</td>
<td>6 (2.6%)</td>
<td>16 (6.9%)</td>
</tr>
<tr>
<td>It reduces sexual feeling</td>
<td>2 (0.8%)</td>
<td>5 (2.5%)</td>
<td>7 (3%)</td>
</tr>
<tr>
<td>I didn’t have a condom</td>
<td>1 (0.4%)</td>
<td>3 (1.5%)</td>
<td>4 (1.7%)</td>
</tr>
<tr>
<td>Not like condom</td>
<td>2 (0.9%)</td>
<td>-</td>
<td>2 (0.9%)</td>
</tr>
<tr>
<td>Partners are not like</td>
<td>-</td>
<td>3 (1.3%)</td>
<td>3 (1.3%)</td>
</tr>
<tr>
<td>Reasons for not using a condom at last 12-month sex (n=113)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I trust my sexual partner</td>
<td>53 (46.9%)</td>
<td>46 (40.7%)</td>
<td>99 (87.6%)</td>
</tr>
<tr>
<td>I had accidental sex</td>
<td>2 (1.8%)</td>
<td>4 (3.6%)</td>
<td>6 (5.4%)</td>
</tr>
<tr>
<td>It reduces sexual feeling</td>
<td>2 (1.8%)</td>
<td>2 (1.8%)</td>
<td>4 (3.8%)</td>
</tr>
<tr>
<td>Not have a condom</td>
<td>2 (1.8%)</td>
<td>-</td>
<td>2 (1.8%)</td>
</tr>
<tr>
<td>My partner do not like condom</td>
<td>1 (0.9%)</td>
<td>-</td>
<td>1 (0.9%)</td>
</tr>
<tr>
<td>Embarrassing to buy</td>
<td>1 (0.9%)</td>
<td>-</td>
<td>1 (0.9%)</td>
</tr>
</tbody>
</table>

Table 3: Reasons for not using condom among sexually active youths in Dilla town, Gedeo zone, January 2012.

![Figure 1: Proportion of youths who had communicated on sexual issues with their parents by gender in Dilla town, January 2012 (N=598)](image-url)

<table>
<thead>
<tr>
<th>Variables</th>
<th>Had sex with multiple sexual partners in the last 12 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex</td>
<td>Yes</td>
</tr>
<tr>
<td>Male</td>
<td>40 (57.4%)</td>
</tr>
<tr>
<td>Female</td>
<td>15 (6.5%)</td>
</tr>
</tbody>
</table>

Table 4: Bivariate and multivariate analysis of factors associated with risky sexual behavior of having multiple sexual partners among (230) sexually active youths in Dilla town, January 2012/13.
partner reported higher rates of sexual behaviors with non-regular partner compare to their counterparts (11.7% Vs 0.8%).

With regard to youth-parent communication on different sexual issues, 135 (56.2%), 41 (17.1%), 34 (14.2%) and 30 (12.5%) of youth discussed on sexual intercourse, multiple sexual partners, condom use and non-regular sexual partner with their parents respectively (Figure 2).

On preference of the parents, males discussed on sexual intercourse with both their father and mother (18.4% Vs 28.6%) respectively, while females preferred to discuss with their mother 67 (45.6%). Male respondents preferred to discuss on condom use with their father (22.2%), female youths preferred to discuss on condom use with their mother (47.1%). With regard to sex with non-regular sexual partners, males preferred to discuss with their mother than father (33.3% Vs 16.7%), whereas female chose their mother (47.7%) (Table 5). Regarding youth discussion with their peer friends, they discussed with the same sex from their peer friends (Table 6).

Hindrances to youth, parent communication on sexual issues

Quite a number of factors were identified as hindering youth, parent communication on sexual issues. It was noted that youth blamed the Ethiopian culture which makes it a taboo to talk about sexuality issues with their parents. The most commonly mentioned reasons were shame to discuss followed by unacceptability with cultural taboo (Table 7).

Chi-square test analysis for factor associated with risky sexual behavior

Socio-demographic variables were cross-tabulated to identify factors associated with risky sexual behavior. As presented in Table 8, Alcohol drinking showed a significant relation with sex with non-regular sexual partners (p = 0.005). Sex of respondents showed a significant relation to risky sexual behavior of having multiple sexual partners (p = 0.001). Parental communication was an important variable to influence youth’s risky sexual behavior. It showed a significant relation to risky sexual behavior of having multiple sexual partners (p = 0.005). Sex with multiple sexual partner showed a significant relation of having multiple sexual partners (p = 0.024). Similarly, alcohol drinking and Khat chewing showed a significant relation of having multiple sexual partners (p = 0.001) (Table 9).

This finding was supported by focus group discussion results.

A twenty years old young man said that “youth realize the importance of discussing with their parents on sexual issues, but it is considered as a taboo topic and culturally unacceptable. Even it creates discomfort with families and feels embarrassed.”

Table 5: Youths’ response to the preference of parent’s to communicate on different sexual issues in Dilla town, Gedeo zone, January 2012.

Table 6: Youths’ response to preference of other than parents to communicate on different sexual issues in Dilla town, Gedeo zone, January 2012.

Table 7: The major reasons for not communicating on different sexual issues with their parents among youths in Dilla town, Gedeo zone, January 2012/13.
Multivariate analysis of factors associated with risky sexual behavior

In multivariate analysis, sex of the respondent, parental communication, Khat chewing and alcohol drinking showed significant association with risky sexual behavior. Besides, female youth had three times more sex with non-regular partner than male youth. (AOR: 2.67, 95% CI: 1.10, 6.66). Youth who drank alcohol had nearly four times more sexual intercourse with non-regular sexual partner than those who were not drinking alcohol (AOR: 3.65, 95% CI: 1.26–10.42) (Table 10).

On the other hand, male youth had two times more sexual partners than females, (AOR: 2.02, 95% CI: 1.02, 4.21). Parental communication showed a significant relation to sexual practice of multiple sexual partners before and after adjusting for other variables. Youth who had never discussed on sexual issues with their parents had three times more sexual partners than those who discussed on sexual issues with their parents (AOR: 3.12, 95% CI: 1.37, 7.08).

By adjusting for other variables, it was found that khat chewers were nearly three times more likely to have multiple sexual partners than those who did not chewing of khat (AOR: 2.66, 95% CI: 1.25, 5.67). In addition, youth who drank alcohol were four times more likely to have multiple sexual partners than those who were not (AOR: 4.16, 95% CI: 1.70, 10.17) (Table 4).
Parents are a powerful influence in the lives of their children. Youths believe that parents are the ones who have the most influence on their children’s decisions about sex and were less likely to have risky sexual behavior. In this current study, the proportion of youth who have multiple sexual partners was higher among youth who don’t discuss about sexual issues compare to their counterparts. Parental communication showed a significant relation to risky sexual behavior in this study. The odds of having had multiple sexual partners were three fold higher among youths who don’t discuss about sexual issues than who discussed. Different research elsewhere showed youth who has more perceived parental connectedness have reduced the level of risky sexual behavior [40].

Alcohol consumption was significant predictors of risky sexual behavior and it showed that alcohol users are four times more likely to have multiple sexual partners than those who didn’t drink. Regarding khat chewing, the odds of having had multiple sexual partners were three fold higher among youth who chewing of kah that than who didn’t. For the successful behavior change, individual should pay more attention about the linkage and possible consequences of such exposure to risky sexual behavior. Joining of knowledge on the linkage of exposure is helping youth to make lifestyle changes and offer the support to achieve optimal health.

In this study, 48.3% of youth practiced unprotected sex. This finding was higher than other study conducted in Ethiopia [33,34]. However, this finding was lower than the studies done in Dessie and Assendabo towns [25,41]. The finding was consistent with focus group discussion results; one female participant said that “even though we knew about the importance of condom, due to lack of social support, we are not using it with confidence at all time. We need always to be encouraged to ‘think out of the box’.”

Hence the availability of scientific knowledge and attitude concerning condom utilization is an important issue.

This study finding showed that less than one third (22.9%) of youth had communication at least one sexual issue topics with their parent. This finding was much lower than studies done in the USA (50%) and China (46%) [26,42]. This finding was also lower than studies done in Bullen woreda (29.8%) and Bahir Dar special Zone (60%) in Ethiopia [28,43]. The difference might be due to variation in the content of topics and cultural factors between these countries. Another possible reason may be due to difference in accessing information and the background and cultural factors between these countries. Researchers’ interpretations of the low levels of parent–child communication emphasize the following main aspects. First, the transmission of information on the cultural norms of sexual conduct by parents is not a traditional practice. Second, low levels of parent–child communication about sexual issues may be explained by the sharing of child-rearing responsibilities between the parents and other family members from the nuclear or the extended family unit [44]. This finding is consistent with the FGD result, which may indicate that there is a gap in discussing the positive aspect of youth sexuality related issues. This shows us, it is important to establish and strengthen reproductive health club in and out-of-school youth centers; so that they can provide adequate information and services they need for in and out-of-school youths on reproductive and sexual issues.

In this study female youths had more sexual communication with
their parents than male youths. One explanation is that parents may have perceived that their unmarried youth were more vulnerable to social and health consequences of sexual activity, and engaged early discussions on sexual matters with them. The preference of youth to discuss on sexual issues depends on same sex. This finding was consistent with a study done in Bulleen woreda, Bahir Dar special zone region of Ethiopia [28,44]. The focus group discussion finding of this study also suggests mothers are more comfortable to talk with their daughter and father to son. Youth also prefers the same sex from their peers’ friends to discuss sexual issues. This implies discussion with friends rather than parents may have a negative impact on youth’ sexual behavior if their peer friends were not equipped with appropriate information on sexual issues. Therefore, there is a need to equip friends on sexual issues to avoid on such negative impact of youth’ sexual behavior. But, why youth preferred non family member to discuss on the sexual issue could be another important research question that needs further investigation.

Cultural taboos, being ashamed and parent failure to give time to listen makes them not to discuss openly with their parent about sexual issue. This finding was in line with studies done in Bulleen woreda, Bahir Dar special in Ethiopia and abroad in Nigeria and Tanzania stated that the reason for not discussing about sexual issues with their parent is fear of parents, embarrassment, taboo attached to sex, parent fails to give time to listen, and parents lack of interest to discuss [28,43,45]. This is due to the fact that sexual communications are deemed a taboo subject in many African communities. Hence sexual communication program on different sexual issues should be considered at the program level.

Strength and Limitation of the Study

The strength of this study is using quantitative and qualitative data. The limitations that sexual behavior was assessed based on self-reporting and it might be affected by social desirability bias because of sensitive nature and cultural barrier. Again, communication on sexual behaviors and attitude outcomes are sensitive and based on self-reported information, therefore some information may not be reported honestly. Longitudinal research is needed to examine what triggers, quality and timing of parent- youth communication on sexual related issues and the effect of communication on safer sexual behaviors.

Conclusions

This study has shown that a considerable proportion of youth engage in risky sexual behaviors in both sexes. Khat chewing, alcohol consumption and lack of parental communication were significantly associated with risky sexual behavior. There was low communication about sexual and reproductive health issues between parent and youth. Communications about sexual issues depend on the same sex basis and held more with peers than parents. Cultural taboo, feel ashamed and parent failure to give time to listen affect youth-parent communication about sexual issues.

Understanding the sexual experience of youth about the risks associated with sexual activities must be the fundamental element of interventions that are working in the area of risky sexual behaviors. Family environment, mostly family communication and positive relationships between parents and youth are linked to prevent or minimize risky sexual behaviors and also associated with avoidance or lower use of substance and less likely to initiate sex or be sexually active. Interventions that emphasize different domains of the risk factors and protective factors (family connection and support) in an integrated manner may be the most effective strategies. Consequently, programs and policies focused on reducing youth’s sexual activity and the negative results should encourage the parents’ presence and involvement in the lives of their children.

Competing Interests

All authors declare that they have no conflict of interest associated with the publication of this manuscript.

Authors’ Contributions

AE conceived and designed the study and collected data in the field, performed analysis, interpretation of data, and draft the manuscript. AZ assisted with the design, analysis, and interpretation of data and the critical review of the manuscript. HT assisted with the design, interpretation of data and the critical review of the manuscript. YA participated in preparing the draft manuscript and critically reviewed the manuscript. All authors read and approved the final manuscript. All authors participated in critical appraisal and revision of the manuscript.

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