

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

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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 $\alpha \leq 0.05$ was determined for statistical tests. A qualitative study was analyzed using a 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 99 (87.6%), 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

Variable	Number	Percent
Sex (n=598)		
Male	308	51.5
Female	290	48.5
Age (n=598)		
15-19	238	
20-24	360	60.2
Educational status of respondents (n=598)		
High school (grade 9-10)	290	48.5
Primary and junior (grade 1-8)	146	24.4
preparatory (grade 11-12)	115	19.2
Diploma	46	7.7
Illiterate	1	0.2
Religion of respondents(n=598)		
Protestant	265	44.3
Orthodox	257	43
Islam	52	8.7
Catholic and no religion	24	4
Ethnic group(n=598)		
Gedeo	150	25.1
Wolayita	103	17.2
Gurage	101	16.9
Amhara	90	15.1
Oromo	82	13.7
Sidama	69	11.5
Others specify (burge, kembata, tigray)		
Youth living with (n=598)		
Father and Mother	497	83.1
Mother only	62	10.4
Father only	39	6
Educational status of parents (n=598)		
Both parents literate	409	68.4
At least one parent literate	154	25.8
Both illiterate	35	5.9
Fathers' Occupation (n=598)		
Government employee	180	30.1
Merchant	157	26.3
Daily Labour	73	12.2
Driver	71	11.9
private employee	57	9.5
Farmer	37	6.2
Has no job	16	2.7
Others Specify	7	1.2
Mothers' Occupation(n=598)		
House wife	251	42
Merchant	112	18.7
Private employee	89	14.9
Government employee	69	11.5
Daily lobar	58	9.7
Farmer	11	1.8
Others Specify	8	1.3
Family's monthly income (n= 598)		
< 500	79	13.5
500-1000	136	23.2
1000-1500	185	31.6
>1500	183	30.6
Don't known	15	2.5

Table 1: Socio-demographic characteristics of youths and youths' parent in Dilla town, Gedeo zone, January 2012/13.

Variable	Male n (%)	Female n (%)	Total n (%)
Ever had sex (n=598)			
Yes	144 (24.1%)	12(21.6%)	273 (45.7%)
No	164 (27.4%)	161(26.9%)	325 (54.3%)
Age at first sex (n=273)			
15-19	82 (30%)	92 (33.7%)	174 (63.7%)
20-24	40 (14.7%)	28 (10.2%)	68 (24.9%)
I do not remember	22 (8.1%)	9 (3.3%)	31(11.4%)
Reasons to start sex (n=341)			
Peer influence	60 (17.6%)	51 (15%)	111 (32.6%)
Maintain relationship	42 (12.3%)	39 (11.5%)	81 (23.8%)
Love of boy/girl friend	41 (12%)	33 (9.7%)	74 (21.7%)
Influence of alcohol	21 (6.2%)	5 (1.4%)	26 (7.6%)
Sex film influence	19 (5.6%)	-	19 (5.6%)
Rape/sexual coercion sex	-	17 (5%)	17 (5.0%)
To gain money	-	9 (2.9%)	9 (2.9%)
Influence of Khat	4 (1.2%)	2 (0.5%)	6 (1.7%)
Other	3 (0.9%)	1 (0.3%)	4 (1.2)
(I don't know, personal interest)			
Relation of the first sex partner (n=273)			
Boy/girl friend	104 (38.1%)	91(33.3%)	195 (71.4%)
Non-regular partner	20 (7.3%)	38 (14%)	58 (21.3%)
Commercial sex workers	19 (6.9%)	-	19 (6.9%)
Other (classmate, friend)	1 (0.4%)	-	1 (0.4%)
Condom used at first sex (n = 273)			
Yes	44 (16.1%)	14 (5.1%)	58 (21.2%)
No	100 (36.6%)	115 (42.2%)	215 (78.8%)
Ever had sex in last 12 month (n=273)			
Yes	120 (44%)	110 (40.3%)	230 (84.3%)
No	24 (8.7%)	19 (7%)	43 (15.7%)
Relation of the last 12 months sex (n = 261)			
Boy/girl friend	102 (44.3%)	105 (45.7%)	207 (79.4%)
Commercial sex workers	24 (10.4%)	-	24 (10.4%)
Non-regular partner	12 (5.4%)	17(7.2%)	29 (12.6%)
Condom use in last 12 months sex (n=230)			
Yes	63 (27.4%)	56 (24.3%)	119 (51.7%)
No	57 (24.8%)	54 (23.5%)	111 (48.3%)
Frequency of Condom use in last 12 months (n=119)			
Every time	57 (47.9%)	49 (41.2%)	106 (89.1%)
Some times	6 (5%)	7 (5.9%)	13 (10.9%)
Number of sexual partner (n=230)			
Only one	80 (34.8%)	95 (41.3%)	175 (76.1%)
Two	16 (7%)	8 (3.4%)	24 (10.4%)
More than two	24 (10.4%)	7 (3.1%)	31(13.5%)
Condom used when have sex more than one partner in the last 12 month (n=55)			
Yes	40 (72.7%)	14 (25.5%)	54 (98.2%)
No	-	1(1.8%)	1(1.8%)
Frequency of Condom use when sex more than one partner in last 12 months (n=54)			
Every time	37 (68.5%)	13 (24.1%)	50 (92.6%)
Some times	3 (5.6%)	1 (1.9%)	4 (7.4%)

Table 2: Prevalence of risky sexual behavior among sexually active youths 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 compare to their counterparts (19.6% Vs 4.3%). 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 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

Variable	Male n (%)	Female n (%)	Total n (%)
Reasons for not using a condom in first sex (n 231)			
I trust my sexual partner	61(26.4%)	53(23.0%)	114 (49.4%)
I had accidental sex	35(15.2%)	50 (21.6%)	85 (36.8%)
I was drunk	10 (4.3%)	6 (2.6%)	16 (6.9%)
It reduces sexual feeling	2(0.8%)	5(2.2%)	7 (3%)
I did not have a condom	1(0.4%)	3 (1.3%)	4 (1.7%)
Not like condom	2(0.9)	-	2 (0.9)
Partners are not like	-	3 (1.3)	3 (1.3)
Reasons not using a condom at last 12-month sex (n=113)			
I trust my sexual partner	53 (46.9%)	46 (40.7%)	99 (87.6%)
I had accidental sex	2(1.8%)	4 (3.6%)	6 (5.4%)
It reduces sexual feeling	2 (1.8%)	2 (1.8%)	4 (3.6%)
Not have a condom	2 (1.8%)	-	2 (1.8%)
My partner do not like condoms	1 (0.9)	-	1 (0.9%)
Embarrassing to buy	1 (0.9)	-	1 (0.9%)

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

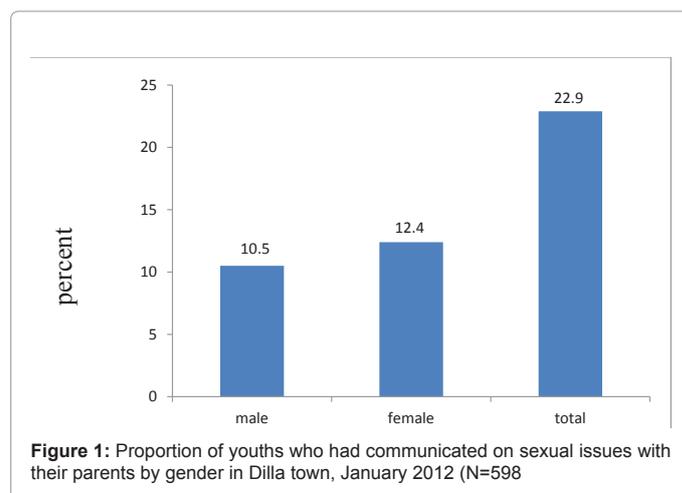


Figure 1: Proportion of youths who had communicated on sexual issues with their parents by gender in Dilla town, January 2012 (N=598)

Variables	Had sex with multiple sexual partners in the last 12 months			
Sex	Yes	No	COR (95% CI)	AOR (95% CI)
Male	40 (57.4)	80 (34.8)	3.17 (1.63, 6.15)*	2.02 (1.02, 4.21)*
Female	15 (6.5)	95 (41.3)	1	1
Sexual communication				
Yes	10 (4.3)	60 (26.1)	1	1
No	45 (19.6)	115 (50)	2.35 (1.11, 4.99)*	3.12 (1.37, 7.08)*
khat Chewing				
Yes	34 (14.8)	43 (18.7)	4.97(2.61, 9.46)*	2.66 (1.25, 5.67)*
No	21 (9.1)	132 (57.4)	1	1
Alcohol drink				
Yes	47 (20.4)	82 (35.7)	6.66 (2.98, 14.92)*	4.16 (1.70, 10.17)*
No	8 (3.5)	93 (40.4)	1	1

Key* = (P-Value < 0.05, P-Value < 0.001), Parental communication includes at least one sexual issue

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).

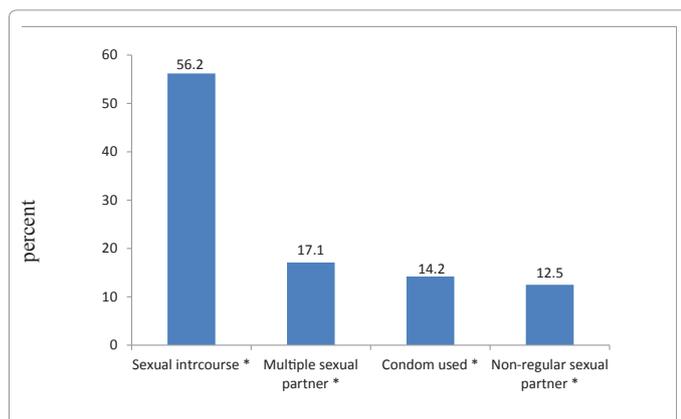


Figure 2: Youths' response to communication on different sexual issues with their parents in Dilla town, Gedeo zone, January 2012, (* = multiple responses were possible).

Topics of discussion	With whom they had discussed	
	Mother * (n = %)	Father * (n = %)
Sexual intercourse (n=147)		
Male	42 (28.6)	27 (18.4)
Female	67 (45.6)	11 (7.5)
Condom used (n=36)		
Male	10(27.8)	8(22.2)
Female	16(44.4)	2(5.6)
Sex with multiple sexual partner (n= 44)		
Male	11(25)	8(18.2)
Female	21(47.7)	4(9.1)
Sex with non-regular sexual partner (n=33)		
Male	10(30.3)	5(15.2)
Female	14(42.4)	4(12.1)

*= multiple responses were possible

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

Topics of discussion	With whom they had discussed other than parents (n = %)				
	Male friend*	Female Friend *	Boy/girl friend*	Brother*	Sister*
Sexual intercourse (n=998)					
Male	253 (25.4)	111(11.1)	94 (9.4)	44 (4.5)	24 (2.4)
Female	84 (8.4)	238 (23.8)	85 (8.2)	15 (1.5)	50 (5)
Condom use (n=558)					
Male	249(44.6)	80 (14.3)	43 (7.7)	56 (10)	9 (1.6)
Female	72 (12.9)	226 (40.5)	45 (8.1)	24 (4.3)	34 (6.1)
Multiple sexual partner(n=714)					
Male	66 (9.2)	248 (34.7)	16 (2.2)	19 (2.7)	9 (1.3)
Female	239 (33.5)	43 (6)	17 (2.3)	20 (2.8)	26 (3.6)
Non-regular partner(n=668)					
Male	248 (37.1)	57 (8.5)	16 (2.4)	32 (4.8)	9 (1.3)
Female	43 (6.3)	236 (35.3)	17 (2.5)	5 (0.7)	26 (3.9)

* Multiple responses were possible

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

Topics of discussed	Reasons for not communicate			
	Shame	Culturally unacceptable	Parents are not good Listener	Don't know the reason
Sexual intercourse (n= 474)	323(47.9%)	217(45.8%)	123(25.9%)	11(1.6))
Condom use (n= 711)	404(56.8%)	221(31.1%)	61(8.6%)	22(3.1%)
Sex with multiple sexual partner (n=694)	400(57.6%)	213 (30.7%)	59(8.5%)	22(31.7%)
Sex with non-regular sexual partner(n=714)	422(59.1%)	213 (29.8%)	58(8.1%)	21(29.4%)

Nb. Multiple responses were possible

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.

This finding was supported by focus group discussion results.

A twenty three 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."

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 = 0.024). Similarly, alcohol drinking and Khat chewing showed a significant relation of having multiple sexual partners (p = 0.001) (Table 9).

"Focus group discussant said that, the use of substance, particularly alcohol, chat, and hashish led them to risky sexual behavior. Majority youth remarked that nightclubbing might facilitate for casual sex, commercial sex worker, and having multiple sexual partners. Peer pressure was also motioned as an important predisposing factor for inducing youth to risky sexual behavior".

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, 6.6). 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

Variables	Had sex with non-regular partners in the last 12 months		
	Yes (n %)	No (n %)	X2 (p-value)
Sex			
Male	12 (5.2)	106 (46.1)	3.32 (0.06)
Female	17 (7.4)	95 (41.3)	
Age			
15-19	6 (2.6)	25 (10.9)	1.48 (0.22)
20-24	23 (10)	176 (76.5)	
Educational status of youth			
Primary and High school	17 (7.4)	96 (41.7)	1.20 (0.23)
Preparatory and above	12 (5.2)	105 (45.6)	
Parent educational status			
Both literate	18 (7.8)	149 (64.8)	1.85 (0.17)
Other(++)	11 (4.8)	52 (22.2)	
Youth live with			
Both parents	23 (10)	165 (71.7)	0.13 (0.72)
Single parent	6 (2.6)	36 (15.7)	
Religion			
Orthodox	14 (6.1)	105 (45.7)	1.16 (0.69)
Other(+++)	15 (6.5)	96 (41.7)	
Ethnicity			
Gedeo	7 (3.0)	43 (18.7)	1.64 (0.83)
Non-Gedeo	22 (9.6)	158 (68.7)	
Family income			
< 1000	15 (6.5)	89 (38.7)	2.03 (0.25)
>1000	14 (6.1)	109 (47.4)	
Father's occupation			
Private and government Employer	17 (7.4)	122 (53)	2.75 (0.27)
Other (+++V)	12 (5.2)	79 (34.3)	
Mother's occupation			
Housewife	14 (6.1)	79 (34.3)	0.85 (0.36)
Other (+++V)	15 (6.5)	122 (53)	
Sexual communication			
Yes	5 (2.2)	67 (29.)	3.05 (0.06)
No	24 (10.4)	134 (58.3)	
Chew khat			
Yes	14 (6.1)	61 (26.5)	3.71 (0.06)
No	15 (6.5)	140 (60.9)	
Alcohol drink			
Yes	23 (10)	104 (45.2)	7.79 (0.005)*
No	6 (2.6)	97 (42.2)	

Key: * showed significant, Other (++) includes (illiterate and one parent literate), Other (+++) includes (Protestant, Muslim, Catholic---) non Gedeo includes (Amahara, sidama, gurage --), Other (+++V) includes (merchant, driver, farmer---) Other (+++V)includes(merchant, gov't and private employer -----)

Table 8: Chi-square test analysis of factors associated with risky sexual behavior of non-regular sexual practice among (230) sexually active youths in Dilla town, January, 2012/13

Variables	Had sex with multiple sexual partners in the last 12 months		
	Yes (n %)	No (n %)	X2 (p-value)
Sex			
Male	40 (57.4)	80 (34.8)	12.24 (< 0.001)*
Female	15 (6.5)	95 (41.3)	
Educational status of youths			
Primary and high school	32 (13.9)	105 (45.7)	0.06 (0.81)
Preparatory & above	23 (10)	70 (30.4)	
Parent education			
Both literate	37 (16.1)	130 (56.5)	1.04 (0.31)
Others (+)	18 (7.8)	45 (19.6)	
Living with			
Both parents	43 (18.7)	145 (63)	0.61 (0.43)
Single parent	12 (5.2)	30 (13.1)	
Religion			
Orthodox	33 (14.3)	87 (37.8)	1.77 (0.18)
Other(++)	22 (9.6)	88 (38.3)	
Ethnicity			
Gedeo	14 (6.1)	36 (15.7)	0.59 (0.44)
Non-Gedeo	41 (17.8)	139 (60.4)	
Family income			
< 1000	21(9.1)	58 (25.2)	0.48 (0.49)
>1000	34 (14.8)	169 (73.5)	
Father's occupation			
Private and government Employer	24 (10.4)	107 (46.5)	1.05 (0.45)
Other (+V)	31(13.5)	68 (29.6)	
Mother's occupation			
Housewife	22 (9.6)	72 (31.3)	0.02 (0.88)
Other (+++V)	33 (14.3)	103 (44.8)	
Sexual communication			
Yes	10 (4.3)	60 (26.1)	5.13 (0.02)*
No	45 (19.6)	115 (50)	
Chew khat			
Yes	34 (14.8)	43 (18.7)	26.07 (< 0.001)*
No	21 (9.1)	132 (57.4)	
Alcohol drink			
Yes	47 (20.4)	82 (35.7)	25.31 (< 0.001)*
No	8 (3.5)	93 (40.4)	

Key: Other (+) includes (illiterate and one parent literate), Other (++) includes (Protestant, Muslim, Catholic) non-Gedeo includes (Amahara, sidama, gurage --), Other (+V) includes (merchant, driver, farmer---) Other (+++V) includes (merchant, gov't and private employer) Parental communication includes at least one sexual issue

Table 9: Chi-square test analysis of factors associated with risky sexual behavior of having multiple sexual partners among (230) sexually active youths in Dilla town, January, 2012/13.

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).

Variables	Had sexual intercourse with non-regular partners in the last 12 months			
	Yes	No	COR (95% CI)	AOR (95% CI)
Sex				
Male	12 (5.2)	106 (46.1)	1	1
Female	17 (7.4)	95 (41.3)	1.58(0.72, 3.48)	2.67 (1.10, 6.51)*
Sexual communication				
Yes	5 (2.2)	67 (29.1)	1	1
No	24 (10.4)	134 (58.3)	2.40(0.88, 6.57)	2.76 (0.98, 7.77)
Chew khat				
Yes	14 (6.1)	61(26.5)	2.14 (0.97, 4.71)	1.88 (0.74, 4.83)
No	15 (6.5)	140 (60.9)	1	1
Alcohol drink				
Yes	23 (10)	104 (45.2)	3.58(1.40, 9.15)*	3.65 (1.26, 10.42)*
No	6 (2.6)	97 (42.2)	1	1

Key: * (P-Value < 0.05, P-Value < 0.001), Parental communication includes at least one sexual issue

Table 10: Bivariate and multivariate analysis of factors associated with risky sexual behavior of non-regular sexual practice among (230)sexually active youths in Dilla town, January, 2012/13.

Discussions

This study attempted to provide some insights on risky sexual behaviors and parent–youth communication on sexual issues. In addition, the study tried to see the influences of parent on risky sexual behavior of youths. This current study illustrates that as 84.3% youths had sex in the last 12 months. This finding is slightly higher than the study done in Dessie town (51.3%), in Bahir Dar town (64.8%), in Hawossa town (51.1%) and in the Gedeo zone (52.9%) [25,26,34,35]. This inconsistency may be due to the sample size and geographical variation. In this study, 6.9% and 21.3% of youth initiated sex with commercial sex workers and non-regular sexual partner respectively. In their first sex, about 42.9% and 78.8% of sexual practices were unplanned and unprotected respectively. This calls for a well-organized information, education and communication through peer educators to bring about behavioral change

In this study, 12.6% of youth had sex with non-regular sexual partner. This finding was lower than the studies done in Hawassa (43.3%), Bahir Dar (33%) and Dessie towns (14.2%) in Ethiopia and abroad in Nigeria (55.1%), [25,26,35,36]. Even though there is a lower proportion of this study, still it needs extraordinary attention to change their sexual behavior. Comparatively, in this study, 7.2 % of female youths and 5.4% of male youths had sex with non- sexual partners.

In this study, female youth had three times more sex with non-regular partner than male youth. Youths who drink alcohol were nearly four times more likely to engage in sexual activity with a non-sexual partner than those who didn't drink. This may be individuals who believe that alcohol promotes sexual behavior should be more likely to engage in risky behaviors when they drink than those who do not hold these beliefs. Others also indicated that alcohol users are almost two times more likely to have non-regular sex partner than non-users [37,38]. Yet sexual communication has an insignificant association with sex with non-regular sexual partner in this study.

In the current study, 23.9 % of youth had two or more sexual partners in the last 12 months, of which 10.4% had two and 13.5% had more than two sexual partners. This finding was slightly higher than the studies conducted in Assedabo town (21.5%) and Gedeo Zone-Ethiopia (8.9%) [26,33]. However, it was lower than the studies done in Bahir Dar 26.1%, Nekemet 34.5%, and Dessie

towns 36% in Ethiopia and abroad in Nigeria (59.2%) [25,29,36,39]. Comparatively, in this study, 57.4 % of male youths and 6.5% of female youth had two or more sexual partners. Indeed, male youth had two times more sexual partner than female youth.

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 kaht than who didn't it. 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 Assedabo 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 of the parents. 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 Bulleln 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 Bulleln 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 conversations 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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