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# **ORIGINAL RESEARCH ARTICLE**

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# PARENTAL INFLUENCE ON THE SEXUAL BEHAVIOR OF HIGH SCHOOL ADOLESCENTS IN MEKELLE CITY, ETHIOPIA, A MIXED APPROACH STUDY

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#### **ABSTRACT**

**Background:** Parental monitoring is generally defined as "the acquisition of knowledge about the activities, whereabouts, and companions of one's son or daughter. A parent can directly and indirectly influence the sexual behavior of adolescent. The influence of perceived parental approval or disapproval with regard to sexual behaviors varies with the developmental status and socio culture of the community. Though, such topic was scarce on sub-Saharan Africa and in the study area as well.

**Objective:** the objective of this study was to assess parents influence on the sexual behavior of high school adolescents in Mekelle city, Ethiopia.

**Result:** among the participants156 (38.1 %) ever practiced sexual intercourse, of these 76 (48.7%) have had sex in three months presiding to the study. Adolescents with illiterate father had a slightly increased sexual risk (15.4%) compared to those with an illiterate mother (13.8%). Adolescents who had parental approval on their sexual engagement were 6.51 times higher to have risky sexual behavior as compared to those, whose sexual behavior was disapproved (AOR= 4.10, 95% CI: (3.48, 12.44) p: <0.001)

**Conclusion and recommendation:** The study finding suggests that, parental disapproval on adolescents' sexual activity are protective factors which enhance a adolescent's sexual behavior to be health; and parents should understand that, the lowest adolescents perceiving their parents control on their sexual is a higher risk sexual involvement will be resulted.

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## **INTRODUCTION**

Adolescents are defined by the World Health Organization as young people between the age of 10 and 19 year, and it is a period in which pattern of behavior which has long-life consequences are formed and become established. For instance, it is in adolescence that many individuals begin sexual relations and some become involved in risky sexual behaviors with life threatening consequence (1, 2). Different factors and situation influence adolescent's sexual behavior but some factors like parents took the pivot. Parent can directly and indirectly influence the behavior of an adolescent through their communication styles, supervision, and actual (or

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perceived) parental practices and attitudes with regard to specific risk and protective behaviors. Certain communication styles are characterized by warmth, but with clearly articulated demands or expectations. Such parenting styles have been associated with a lower frequency of adolescent risk involvement compared to styles characterized by high demands without warmth or by warmth without expectations (3, 4). Parental monitoring is generally defined as "the acquisition of knowledge about the activities, whereabouts, and companions of one's son or daughter" (5) note that there are three mechanisms that allow parents to acquire this knowledge: children may voluntarily disclose information, parents may solicit the information from the child directly or may ask the child's friends or the friend's parents for information and finally, parents may control children's ability to engage in whatever behavior they would like to by requiring

that they seek permission or explain their whereabouts (6). The opportunity for communication about risk and protective behaviors with parents or other adults may also have changed considerably as a result of increased media attention on the topic of parental roles in risk prevention. These relationships have been found across multiple ethnic niches with a vast array of behaviors, including sexual behaviors. So since such study was limited in the multi ethnic and custom nation Ethiopia, conducting such study would be helpfulto assess the influence of parents control on the sexual behavior of adolescents.

#### METHODS AND MATERIALS

#### Study area and study design

School based cross sectional study was conducted among high school students in mekelle city from March one up to thirty, 2017. The sample size was calculated using a single population proportion formula by considering proportion of parent's influence as 49.8 (7) and 5% margin of error and 95% confidence level.

$$n = \underbrace{(Z\alpha/2)^2 P}_{d^2} \underbrace{(1-P)}_{} = \underbrace{(1.96)^2 * 0.498 * (1-0.498)}_{} = 384$$

Assuming 10% non-response rate and by adding 38 participants the total participants were 422. To select the participants, a multistage sampling procedure was employed to select representative sample students. First from 21 schools high schools in the city eight were selected randomly through lottery method. The sample size was proportionally allocated to each selected school and participants were through computer generated number using the roster of students as sampling frame. To collect the data, first structured selfadministered questionnaire was adapted from YSBS (youths sexual behavior surveillance) (8) for adolescents in high school to assess the direct markers of sexual behavior developed in English. To assess the parent's characteristics, questions were added by reviewing relevant literature and considering the local situation. Content validity of the questionnaire was assured by experts.

#### **Operational Definitions**

**Adolescents:** students between the age category of 14 and 19.

**Risky sexual behavior:** If Adolescents any of the following was commuted; early sexual engagement, inconsistent condom use, multiple sexual partner, drug or substance use before sex and poor unintended pregnancy prevention (8).

**Data processing, Analyses & interpretation:** The assessment was done through SPSS version 22. Bivariate logistic regression was done to determine the association between independent and dependent variables and those variables with p value < 0.2.5was introduced to multivariate logistic regression in order to control confounders. Before inclusion of predictors to the final logistic regression model, the multicollinearity effect was checked using VIF/Tolerance test and the values were <10and > 0.1 respectively. The Hosmer-Leme show goodness-of-fit statistic was used to check if the data were fit to the logistic model and the p- value was (0.90). Adjusted Odds ratio with 95% confidence interval for those variables with p value < 0.05 was declared to show level of association and statistical significance. The qualitative

information was recorded through Tape recorder, listened and transcribed, finally analyzed (quoted, coded and exported) using qualitative data analyses software ATLAS.7 and major findings were summarized based on thematic areas and triangulated with quantitative finding in order to better understand the phenomenon.

Ethical Consideration: Ethical clearance was obtained from Institutional Review Board of Mekelle University College of health sciences and permissionwas obtained from the selected schools. Full written informed consent was obtained from participants greater than 18 ages and for student's age less than 18, written consent was obtained from their parent and assent were obtained from the students less than 18 age as well. Privacy and strict confidentiality was maintained during the data collection and analyses process.

#### **RESULTS**

Socio demographic characteristic of respondents: The final analysis was made on the basis of 409 completed questionnaires making a response rate of 96.9%. In the qualitative study 15 in-depth interviews were participated. Among the quantitative study participants 212(51.8%) were male. Males showed increased risky sexual behavior (19%) than females (15.2%). The mean age of respondents' was  $17 \pm 1.09$  years, ranging from 14-19 years. Almost three fourth, 302(73.8%) participants live with their both parents. Participants birth position showed that 64 (15.6%) of the participants were last born. Participants who had an active, daily religious contacts were 147(35.9%) and 230(56.2%) had) a pocket money (Table: 1)

Table 1. Socio demographic characteristic of high school adolescents in Mekelle (n=409), 2017

Characteristics	Frequency	Sexual b	ehavior
	(n)	Health n (%)	Risky n (%)
Age		,	` /
≤15 years	35(8.6)	33(94.3)	2 (5.7)
≥16 years	374(91.4)	305(81.6)	69(18.4)
Sex			
Male	212(51.8)	171(80.7)	41(19.3)
Female	197(48.2)	167(84.8)	30(15.2)
Grade	` '		
9 <sup>th</sup> and 10 <sup>th</sup>	193(47.2)	159(82.4)	34(17.6)
11 <sup>th</sup> and 12 <sup>th</sup>	216(52.8)	179(82.9)	37(17.1)
Religious affiliation	, ,	` ′	, ,
Daily	147(35.9)	116(78.9)	31(21.1)
Once in a week	213(52)	180(84.5)	33(15.5)
Occupationally	49(12.1)	42(85.7)	7(14.3)
Living arrangement			, , , ,
Live With both parent	302(73.8)	247(81.8.	55(18.2)
Live With one parent	43(10.5)	37(86)	6(14)
Live with brother or sister	19(4.6)	16(84.2)	3(15.8)
Live alone	45(11.1)	38(84.4)	7(15.6)
Birth position	. ,	. ,	` '
First child	129(31.6)	104(80.6)	25(19.4)
Middle one	216(52.8)	181(83.8)	35(16.2)
Last child	64(15.6)	53(82.8)	11(17.2)
Pocket money	` '	` /	` /
Yes	230(56.2)	186(80.9)	44(19.1)
No	179(43.8)	152(84.9)	27(15.1)

Parents socio demographic and economic characteristic verses adolescents sexual behavior: Adolescent report on their parent's socio demographic and economic variables showed that, 343(82.2%) parents were married and 360(88%) of their parents had an active religious affiliation. Participants

report regarding their parents educational status showed that, 58(14%) of their mother and 39(9.5%) of their parents were illiterate. Adolescents with illiterate father had a slightly increased sexual risk (15.4%) compared to those with an illiterate mother (13.8%). Regarding the parents occupation, 79(19.3%) fathers and 57(14%) of their mothers were civil servant, 144(27.9%) of fathers 230 (56.2) of their mother were private business owners. Adolescents who had a civil servant father and a house wife mother showed an increased risky sexual behavior (26.6%) and (42.6%) respectively (Table 2). All the adolescents able to estimate their parent's monthly income and the median monthly income a single parent was 4000 Birr, with IQR of 3650 Birr.

if they had more than one sexual partners and they showed a decreased sexual risk behavior (16.8%) compared to those who perceive to have an approval(21.6%). One hundred fifty five (37.9%) participants believe that, their parents approve them to use a contraceptive. Generally 254 (62.1%) participants reported that, their parents were strictly controlling them not to have any sexual involvement (Table: 3).

#### Adolescent's sexual behavior

Among the 409 participants, 156(38.1 %) ever practiced sexual intercourse, of these 76 (48.7%) have had sex in three months presiding to the study.

Table 2. Parents socio demographic and economic characteristic in Mekelle (n=409)

Characteristics	Frequency (n)	Sexual behavior	
		Health n (%)	Risky n (%)
Marital status			
Married	343(83.8)	282(82.2)	61(17.8)
Divorced, Separated, widowed	66(16.2)	56(84.8)	10(15.2)
Parents Religious affiliation			
Active	360(88)	296(82.8)	64(17.8)
Not Active	49(22)	42(85.7)	7(14.3)
Mothers educational status			
No education	58(14)	50(86.2)	8(13.8)
Primary education	94(22.9)	79(84)	15(16)
Secondary education	164(40.4)	133(81.1)	31(18.9)
More than secondary	93(22.7)	76(81.7)	17(18.3)
Fathers educational status			
No education	39(9.5)	33(84.6)	6(15.4)
Primary education	92(22.5)	79(85.9)	13(14.1)
Secondary education	142(34.7)	111(78.2)	31(21.8)
More than secondary	136(33.3)	115(84.6)	21(15.4)
Fathers occupation			
Civil servant	79(19.3)	58(73.4)	21(26.6)
Privet business owner	114(27.9)	101(88.6)	13(11.4)
Farmer	94(23)	77(81.9)	17(18.1)
Privet recruited	122(29.8)	102(83.6)	20(16.4)
Mothers occupation			
Civil servant	57(14)	42(73.7)	15(26.3)
Privet business owner	230(56.2)	170(74)	60(26)
House wife	122(29.8)	70(57.4)	52(42.6)

Table 3. Results on Perceived parental approval on adolescent's sexual behavior (n=409)

Perceived Parental control		Adolescents sexual behavior				
		Frequency (%)	Healthy		Risky	
		• • • •	Count	%	Count	%
Do you think your parent approve sex before marriage	Yes	48(11.7)	42	87.5%	6	12.5%
	No	361(88.3)	296	82.0%	65	18.0%
Do you think your parent approve sex at your age	Yes	26(6.4)	20	76.9%	6	23.1%
	No	383(93.6)	318	83.0%	65	17.0%
Do you think your parents approve condom use	Yes	33(8.1)	27	81.8%	6	18.2%
7 7 1 11	No	376(91.9)	311	82.7%	65	17.3%
Do you think your parent approve more than one sexual partner	Yes	51(12.5)	40	78.4%	11	21.6%
7 7 1 11	No	358(87.5)	298	83.2%	60	16.8%
Do you think your parents approve contraceptive use	Yes	155(37.9)	126	81.3%	29	18.7%
y	No	254(62.1)	212	83.5%	42	16.5%
Do you think your parents are controlling you not to have sex	Yes	252(61.6)	206	81.7%	46	18.3%
- v ) v w ) v v - F w w v 8 ) v w v v v	No	157(38.4)	132	84.1%	25	15.9%

# Perceived parental approval on adolescents sexual behavior

Concerning adolescents perception of parent's approval on their own sexual behavior, 361(88.3%) of the respondents thought, their parents condemn sexual intercourse before marriage and only 26(6.4%) believe their parents approve to have sex at their age. Parent's perception regarding condom use was assessed and only 33(8.1%) adolescents believe, their parents could approve condom use. Most of respondents 358(87.5%) perceive that, their parents couldn't tolerate them

The mean age at sexual engagement was  $16.8 \pm 1.9$  the same for both sex. Falling in love was a reason for 64 (41%) adolescents, followed by having a desire to sexual engagement 30 (19.2). Among the sexually experienced adolescents 53 (32.7%) used condom correctly and consistently in their routine sexual practice. Twenty three (14.2 %) had more than four sexual partners. Adolescents also reported that, 83 (51.2 %) respondents as they ever used alcohol, chat or pornographic media just before they practiced sexual intercourse. Fifty eight (38.5%) of the sexually active adolescents, prevent from

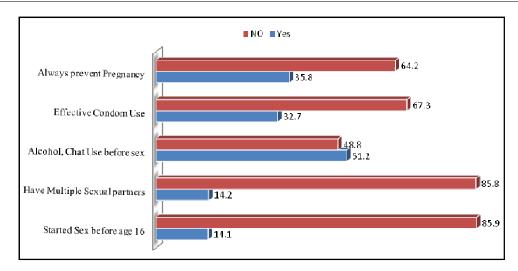


Figure 1. Sexual behavior of Adolescents in Mekelle, Ethiopia (n=409)

Table 4. Binary Logistic regression of parental influence on sexual behavior of high school adolescents in Mekelle city 2017

Variable -	Sexual	behavior	COR(95%CI)	AOR (95% CI)	
	Risky n (%)	Healthy n (%)			
Parents Religious affiliation					
Active	64(17.8)	296(82.2)	1.29(1.05,3.01)	1.2 (0.40,2.35)	
Not Active	7(14.3)	42(85.7)	1	1	
Mothers educational status					
No education	8(13.8)	50(86.2)	0.71(0.28,1.78)	0.89 (0.49,2.93)	
Primary education	15(16)	79(84)	0.84(0.39,1.28)	0.90(0.40,2.01)	
Secondary education	31(18.9)	133(81.1)	1.04(0.54,2.00)	1.00(0.50,2.02)	
More than secondary	17(18.3)	76(81.7)	1	1	
Parent approve sex before marriage					
Yes	6(12.5)	42(87.5)	0.65(0.26, 1.59)	0.51(0.20,1.32)	
No	65(18)	296(82.0)	1	1	
Parents approve condom use					
Yes	6(18.2)	27(81.8)	1.06(0.42,2.67)	0.96(0.36,2.58)	
No	65(17.3)	311(82.7)	1	1	
Parents Approve more than one sexual partner					
Yes	11(21.6)	40(78.4)	1.36(0.66,2.81)	0.88(0.40,1.91)	
No	60(16.8)	298(83.2)	1	1	
Parents are controlling not to have sex					
Yes	14(6.4)	206(93.6)	1	1	
No	57(30.2)	132(69.8)	6.35(3.50,11.6)	6.51(3.48,12.44)*	

pregnancy (Figure 1). Generallythe magnitude of risky sexual behaviors in Mekelle high school adolescents was 17.4 % with 95% CI (14%, 21%).

# Parents influence on highs school adolescent's sexual behaviors

By controlling other factors, a bivariate and multivariate logistic regression analyses was done to assess the influence of perceived parental approval control. In the bivariate analyses parents' religious affiliation (p: 0.03), mother's educational status (p: 0.041) and perceived parents control on adolescent's sexual behavior showed an association (p: 0.001), and only perceived parents control showed an association on in the multivariate analyses. Adolescents who had parental approval on their sexual engagement were 6.51 times higher to have risky sexual behavior as compared to those, whose sexual behavior was disapproved (AOR= 4.10, 95% CI: (3.48, 12.44) p: <0.001) (Table 4). The qualitative study strongly supports this result. All interviewee agree that, parental control is the most important strategy to protect adolescents from health risk sexual behavior. If parents approve early exposure to sexual practice or loosen their control together with minimal communication on sexual issues the probability of adolescents to have risky sexual behavior can be increased.

To mention some, one 17 years old grade 11 female said "...My parents, they are too strict. I know it doesn't mean they can control me from having sex but I respect them; they always wish good things for me, so for the sake of their respect and their need I don't want to have any contact or affection". Another 17 years old grade 10 male said "...my parents always need me to be serious at my class even they don't need me to have a girlfriend, they always argue with my sister perceiving that she is affecting me badly because she have a boyfriend but I respect this".

## **DISCUSSION**

This study provides intuition into the operation of the positive and negative influence of parental control on the sexual behavior of high school adolescents in mekelle city. The study result showed that, 38.1 %of the study participants ever practiced sexual intercourse, of these 76 (48.7%) have had sex with in three months presiding to the study. This result strengthens the documented WHO estimation on the increment in sexual engagement of adolescents in the early age(9). The result was higher than study done in different towns of Ethiopia, shire (21%)(10)and wolaita (29.1%) (11); but the study result is lower than studies done in Ibadan Nigeria

(45.1%)(12) and in various settings in Asia (39%-54%)(9). The reason for this discrepancy might be due to the increasing exposure to the globally distributed and wildly available sexually seducing Medias, and internet accesses. In addition to this, the current failure of interventions designed to minimizing early sexual debut on adolescents in Ethiopia could increase the adolescent's exposure. Among the sexually experienced adolescents 53 (32.7%) used condom correctly and consistently in their routine sexual practice. This result is lower than study results from different setting settings of sub-Saharan Africa which range from 34 % - 57 (9, 13). The reason might be, due to time, sociocultural and governmental concerns difference in the study areas.

It is also lower than studies done in Agaro Ethiopia 46 %(14)Addis Ababa 67% (15) and Bodditti Ethiopia 69 % (11), the reason could be due to time to time decreasing attention on the promotion of condom use and interventions previously done within school clubs. On the other hand the currently neglected community mobilization in enhancing condom use and HIV/AIDS prevention in the community might directly impact the school adolescents. In this study perceived parental approval on sexual activities shows significant association with sexual behavior of adolescents. Adolescents who had parental approval on their sexual engagement were more likely to have risky sexual behavior as compared to those who thought having a strict parental control (AOR= 6.51, 95% CI: (3.48, 12.44)). This finding is reveling that, high school adolescents' perception towards their parent's control on their sexual activity is a determinant factor even beyond the parent and adolescent's communication. This study examined a generalized and perceived parents monitoring behaviors, which may or may not be thought of parents as a ways to influence their teens' sexual behavior. The fact that these monitoring behaviors have significant associations with delays in sexual activity, suggests that parents ought to be made aware that all of these parenting behaviors have effects in the realm of sexual behavior. Study done in Darussalam Tanzania strongly supported this result; a higher level of parental monitoring was associated with increased likelihood of condom use at last sexual intercourse of school adolescents (AOR: 1.56, 95% CI: 1.05-2.32; p=0.03) (7).

Another study from Tanzania also documented that, a significant relationship between parental care and adolescent sexual behavior was observed(16). This finding is also in line with similar studies done in Oklahoma high school, Rhode Island, Nigeria and EthiopiaNekemt, Jimma, Addis Ababa (11, 17-21). The qualitative study result strongly supported this finding; participants thought that, family control, specifically on sexual behavior can significantly reduce adolescent's exposure to early sexual engagement and other risky sexual activities as well. They also believe that, only tight control or disapproval can't yield satisfactory result; it needs closeness and a trial to create the disapproval attitude of the unneeded behavior instead of verbalizing the disapproval for all younger and older adolescents. This result signifies that effectiveness of parents controlling could determine early sexual initiation and risk taking behavior of adolescents. This strengthens the fact that, parental control is one of the most important strategies to protect adolescents from health risk sexual behavior. If parents show an approval of sexual exposure and practice or loosen their control, adolescent's behavior might be riskier.

#### Conclusion

The study finding suggests that, parental disapproval on adolescents' sexual activity are protective factors which enhance a adolescent's sexual behavior to be health. Regardless of the communication they have, if adolescents perceive a control on their sexual behavior they would have an improved sexual behavior beside their engagement. So parents should understand that, the lowest adolescents perceiving their parents control on their sexual is a higher risk sexual involvement will be resulted.

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