

## Adolescent Girls' Communication with their Mothers on Sexual and Reproductive Health Matters among Secondary and Preparatory Schools' Students

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**Abstract:** In many parts of the world, adolescents are poorly informed about their health, bodies, sexuality, and physical well-being. Adolescent girls in particular are often kept from learning about sexuality and reproductive health (SRH) issues because of cultural and religious sensitivities. **The study aimed to** assess adolescent girls' communication with their mothers on sexual and reproductive health matters among preparatory and secondary schools' students. Cross-sectional descriptive research design was adopted for this study. The study sample included 630 adolescent girls which selected randomly from five preparatory and secondary schools at Assuit City on March 2016. One tool questionnaire sheet was utilized to collect data pertinent to this study which designed by the researchers. **Results:** The mean age of adolescent girls were  $13.42 \pm 2.71$  years. Nearly three fourth of them (73.3%) reported that the most common source of information about SRH were their friends. Nearly one-third (29.76%) of them were identified as satisfactory communication with their mothers, 38.91% were poor communication, and 31.33% were very poor communication. 74.1% of the them reported that the barriers which made them difficult to discuss these topics with their mothers were their mothers fear of directing their girls to engage in sexual activity followed by 60.2% were feel shame to discuss these topics with their mother. **Conclusion:** The study concluded that large proportion of the studied adolescent girls was poor and very poor communication with their mothers related to discussion of SRH topics. **Recommendation:** Parents need to be educated to understand that adolescents are not young as at that age, they are aware of sexual needs, and some of them may be sexually active. They need all the necessary education and information before it is too late to correct any mistakes.

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**Key words:** Adolescent Girls, Communication, Sexual, Reproductive Health, Mothers, Secondary, Preparatory Schools.

### 1. Introduction:

Adolescence is a period of transition from childhood to adulthood. It is when several physiological, social, and psychological growth and development are undergoing. Sexual and reproductive growth and development is one of the remarkable changes during this period (**Richter, 2006**). The physiological changes which take place during this period result in the formation of sexuality and present the first challenge to healthy adolescent growth. During this period adolescents engage in sexual exploration and experimentation without adequate knowledge of reproductive health issues, information sources and services that are available (**International Clinical Epidemiology Network, 2006**). Parent-child communication about sexual and reproductive health is an important proximal reproductive health consequence (**Evans et al., 2011**).

Adolescents receive information about sexual and reproductive health (SRH) issues from various sources including school, other adults, the media and friends. Some of this information may be incorrect.

Adolescents' preference for information sources may be based on their level of knowledge and perception of sources' ability to maintain confidentiality (**Shivered et al., 2014**). In spite of socio-cultural barriers to effective communication between parents and children on SRH issues, such as age and gender hierarchies, adolescents view their parents as a key source of information (**Bankole et al., 2007**).

Many adolescents often lack strong and stable relationships with their parents or other adults which are necessary to openly discuss reproductive health concerns. Therefore, many teenagers do not have access to reliable information regarding their RH needs. In most cultures, parents and family members are an influential source of knowledge, beliefs, attitudes, and values for children and young people. Parents often have the power to guide children's development in sexual health matters, encouraging them to practice reasonable sexual behavior and develop good personal decision making skills (**Berhanu and Gail, 2005**). Researches indicated that increased parent-child communication leads to a

raised awareness and reduction in risk taking behaviors (**Huberman, 2002**).

Parent-adolescent relationship and interaction, and perceptions on communicating about sexual issues with their parents in the perspective of the adolescents' behavioral beliefs, subjective norms and their perception of comforts to communicate on sexual issues and their parental reproductive health knowledge are important factors in the SRH communication. Further, the adolescent-parent television co-viewing and discussions are a meditational influence in the young people sexual knowledge, attitude and behavior (**Guo and Nathanson 2011**). When parents are expected to socialize their children, in which parent-adolescent sexual and reproductive health (SRH) communication is one. The communication helps to transmit values, beliefs and expectations about SRH matters to their adolescents (**Bastien et al., 2011**).

Nurses in many settings have direct access to children and adolescents and thus have the potential for performing many helpful interventions. Assessing for risky sexual behavior is an essential starting point. It is important for nurses to ask adolescents direct questions about this issue. School nurses and nurses working in primary care offices often have access to parents as well. These nurses must empower parents to educate themselves and their children. Nurses must educate parents about the risks their children face and direct them to resources needed to help their children. For parents expressing concerns about parenting or talking with their children, resources include parenting information and opportunities for parents to learn how to talk with their adolescent (**Bartlett et al., 2007**).

#### **Significance of the study:**

In Egypt, however, health education is weak and the public school curriculum offers little to educate students about health in general and about reproductive health in particular. Youth are often reluctant to ask elders for details about sexuality, fearing that questions might raise suspicions of illicit activity. Elders, on the other hand, may wish to discuss sexuality with young people but are not equipped to do so. The end result is that young people are left in the dark and lack access to reliable information. If unaddressed, this situation can put the health and well-being of adolescents at risk (**Tawfik et al., 2013**).

In many parts of the world, adolescents are poorly informed about their health, bodies, sexuality, and physical well-being. Adolescent girls in particular are often kept from learning about sexuality and reproductive health (SRH) issues because of cultural and religious sensitivities. This is particularly true in Egypt, where adolescents are often reluctant to ask for SRH information from adults in their families,

communities, or in professional settings (**Ragab and Mahmoud, 2006**).

Adolescence age group was chosen in this study because it is a time when girls undergo major physical and emotional changes, and the communication between mothers and daughters is crucial. Determining parent-adolescent communication about reproductive health issues helps to design appropriate intervention programs. Therefore, this study aimed to assess adolescent's girls' communication on reproductive health matters with their mothers among secondary and preparatory schools' students in Assuit City.

#### **Aim of the study:**

The study aimed to assess adolescent girls' communication with their mothers on sexual and reproductive health matters among secondary and preparatory schools' students.

#### **Research questions:**

- 1- To what extent do adolescent girls communicate with their mothers about reproductive health issues?
- 2- What are the possible topics adolescent girls are most likely to discuss in their reproductive health communication engagement with the mothers?
- 3- What are the reasons/barriers that adolescent girls are not discuss all topics in their reproductive health communication with the mothers?
- 4- What are the other different sources of information about sexuality and
- 5- RH preferred by adolescent girls?
- 6- Who is the other trusted persons and various potential sources of
- 7- information about sexuality and RH to adolescent girls?

#### **2. Subjects and methods:**

**Research design:** Cross-sectional descriptive research design was adopted for this study.

**Setting:** This study was conducted at three preparatory and two secondary school students at Assuit City. The selected schools represent all geographic areas of Assuit City. These include El-Nahda, om El-momenen, Ayesha preparatory school, and Khadega Youssef and El-Khayate secondary school. Data collection was conducted on March 2016.

**Subjects:** Multi stages sample were be used in this study, Assuit City contains 15 governmental girls' preparatory schools; and 10 secondary schools. We selected 20% from the total number of schools by stratified random sample which was about five schools. The total number of students in all preparatory and secondary schools was about 550 to 650 students, we taken 10% of students from the five schools by simple random sample (630 girls) which

was selected systematic randomly. The students were from grade one, two and three.

The inclusion criteria were: Adolescent girls' students, at the preparatory and secondary schools, aged from 13 up to 18 years.

**Tool for data collection:**

A questionnaire sheet was utilized to collect data pertinent to this study which designed by the researchers based on reviewing the relevant literatures. It consisted of two parts.

**Part I:** It included six questions related to the socio-demographic characteristics of the adolescent' girls and their family as follow: girls' age and their educational level, mothers' age, mothers' work and education, and with whom the girls live.

**Part II:** It included eight questions regarding adolescent girls' communication with their mothers about SRH as: with whom the adolescent girls preferred to discuss reproductive health issues, communication methods had been used with girls about reproductive health, adolescent girls' communication with their mothers regarding SRH, sources of information and barriers of communication between adolescent girls and their mothers.

**Pilot study:**

Pilot study was done on 10% of the study sample (60 adolescents). Those respondents used for the pilot testing were not considered for the main study.

The data were collected using the structured questionnaire sheet which is written by Arabic language.

- The tool was tested for its reliability of Arabic version by Alpha Cronbach's test ( $\alpha=0.852$ ). The tool was tested for its validity by 5 experts in the nursing and pediatrics field where its value was 92.3%.

**Field of the work:-**

Data was collected on March 2016. Data collection was done by the researchers during school day. The data collected according to every school policy. The actual work started by meeting the school manager throughout the morning or evening school day, the researchers first introduced themselves to them and gave them a complete back ground about the study and the questionnaire format which pre-designed by the researchers in Arabic language in order to collect the required data. Then the researchers gone to the participants classes and introduce themselves to students, and explain the aim for their visits and the research aims, and invited them to participate in the study by filling out the questionnaire. Then the questionnaire was distributed to 630 adolescent' girls and collected on the same day.

**Methods for data collection:**

- Before starting this study, formal administrative approval were taken from authorities in the setting. Permission was obtained from ministry of education

in Assiut City, official permission from the managers of the five preparatory and secondary schools.

- After obtaining the written permission from the schools and oral permission from the girls for data collection, the girls were interviewed face to face by the researchers and a total of 630 questionnaires were distributed.

- The Participants were invited to complete the questionnaire in the presence of the researcher to assess their level of communication with their mothers about SRH.

- The Participants were asked to read each question carefully and to answer the questions honestly. Also, they were asked to circle the answer that best described them the majority of the time.

- The researchers were available for more clarification whenever needed. Once the participants completed the questionnaires, the researchers collected it from the participants by themselves in every visit.

- The researchers visited each school three to four times every week to collect the data. It was done during the routine work of the school.

-The participants take about 20-30 minutes to fulfillment the questionnaire.

- Evaluation was done through assessing the level of communication between adolescent girls and their mothers about SRH.

**Scoring system for assessing the level of communication:**

- Scores were used to evaluate level of communication between adolescent girls and their mothers about SRH using a Likert scale with 5 responses ranging from never to always.

-The girls' possible answers of communication items (9 related items) were presented in five options namely 1=never, 2=rarely, 3=some times, 4=most times, 5=always.

- The level of the girls' communication with their mothers was considered satisfactory if the percent score was more than 65%, poor communication if the percent score was between  $50 < 65\%$  and very poor if their communication was less than 50%.

**Ethical consideration:**

The researchers explained to girls the aim and benefit of the study. The girls were clearly informed that their participation is voluntary and have the ethical right to participates or refuse the participation in the study. It was further emphasized that their responses are confidential, and had their right to withdraw from the study any time without giving further explanation. Privacy and confidentiality were resolutely kept in all data collection procedures.

**Statistical analysis:**

Data collected and analyzed by computer program SPSS" ver. 21" Chicago. USA. Data

expressed as mean, Standard deviation and number, percentage. Person's correlation used to determine significance between variables in same group. N.s P > 0.05 no significant, \* P < 0.05 significant, \*\* P < 0.001 moderate significance and \*\*\* p < 0.000 highly significance.

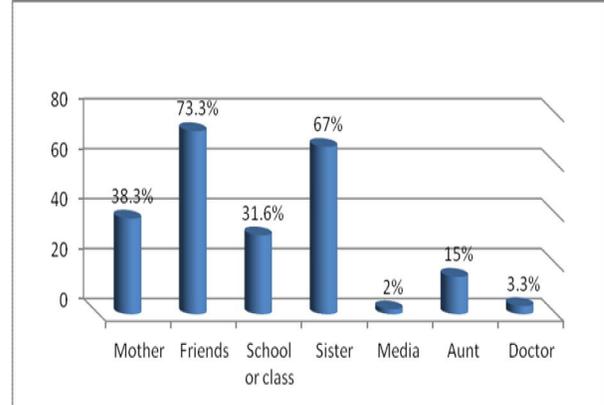
### 3. Results:

The findings of the current study were presented in narrative and tabulated forms and figures. The aims of this study conducted to assess adolescent's girls' communication with their mothers on sexual and reproductive health matters among secondary and preparatory schools' students.

**Table (1):** Illustrates the socio-demographic characteristics of adolescent girls and their mothers, as shown in this table, the mean age of adolescent girls were  $13.42 \pm 2.71$ , 44.3% of the mothers their age ranged from 35 to < 40 years old. More than half of mothers (54.2%) were illiterate, and 59.7% of girls lived with both parents.

**Table (1): Socio-demographic characteristics of adolescent girls and their mothers.**

Items	No. (n= 630)	%
<b>Age(years)</b>		
13 to < 15	254	40.3
15 to < 17	219	34.7
17-18	157	25.0
<b>Mean± SD</b>	13.42 ± 2.71	
<b>Educational level:</b>		
Preparatory.	422	67.0
Secondary	208	33.0
<b>Mothers' age (years)</b>		
to <	280	44.3
to <	275	43.7
	75	12.0
<b>Mothers' work</b>		
House wife	496	78.7
Working	134	21.3
<b>Mothers' education:</b>		
Illiterate	341	54.2
Read & write	63	10.0
Primary education	40	6.3
Preparatory education	49	7.7
Secondary education	38	6.0
University education	81	12.9
Others (diploma, master,...)	18	2.8
<b>With whom girls lives</b>		
With both parents	376	59.7
With father alone	81	12.9
With mother alone	95	15.0
With relatives	78	12.4



**Figure (1): Girls' sources of information for sexual and reproductive health**

**Figure (1):** Shows girls' sources of information regard sexual and reproductive health. As shown in this figure, nearly three fourth of girls (73.3%) reported that their sources of information were from their friends followed by their sisters (67.0%). More than one third (38.3%) their sources of information were from their mothers followed by school and class were 31.6%.

**Table (2):** Frequency distribution SRH topics which the girls' needs to know information about it. It was noted that the majority of girls needs to know information about the structure and function of genital organ and menstruation (95.0 %) and (88.9%) respectively. More than two thirds of them (67.8%) need to know about Physical changes during puberty. More than one third of them need to know information about the Breast self examination and Sexual transmitted disease (37.0%) and (35.5%) respectively and more than one quarter of them (27.0%) need information about sexual intercourse.

**Table (3):** Illustrates frequency distribution of girls regards their preference to get access reliable and accurate sources of SRH information. It was found that 45.0% of girls prefer to get access reliable and accurate sources of SRH information from schools, followed by T.V (30.0%) and 20.0% prefer their mothers.

**Figure (2):** Methods of communication which prefer by girls to discuss sexual and reproductive health. It was found that more than half of girls (56.7%) prefer face to face method of communication, nearly one third (32.0%) prefer books and one quarter (25.0%) prefer T.V as a method of communication.

**Table (4):** Illustrates adolescent girls' communication with their mothers regards SRH topics. It was found that, the topics related to family planning methods, sexual intercourse, structure and function of genital organ, sexual transmitted diseases, and about a bout reproduction/ pregnancy was never communicated with the mothers as reported by studied girls

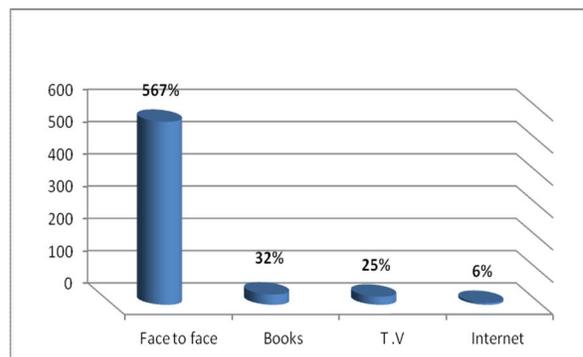
(82.81%), (81.08%), (80.83%), (76.39%) and (73.87%) respectively. While nearly two thirds (64.02%) of girls reported that sometimes communicate the topic related to menstruation with their mothers.

**Figure (3):** Presents the level of communication between adolescent girls and their mothers. It was showed that, 29.76% of the adolescent' girls were identified as satisfactory communication, more than one third of them (38.91%) were poor communication, and 31.33% were very poor communication.

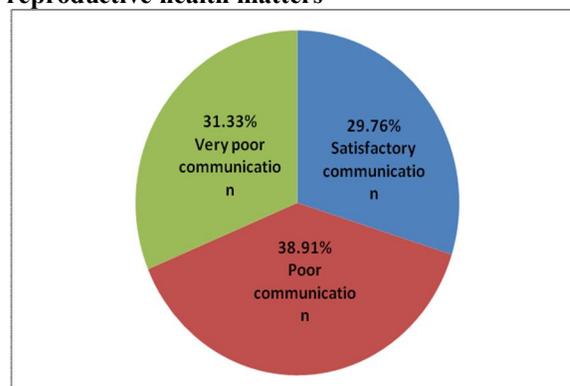
**Table (5):** Shows the relation between the level of adolescent girls and their mothers' communication and their socio-demographic characteristics. As shown in this table, moderate statistical significant difference (<0.001) were found between the level of adolescent girls and their mothers' communication and the age of girls, educational level of girls, mothers' work, mothers' education and with whom girls lives.

**Figure (4):** Presents the barriers for communication between adolescent girls and their mothers on sexual and reproductive health. When adolescent girls were asked about what barriers made them difficult to talk with their mothers about sexual and reproductive health nearly three fourth (74.1%) of the them reported that their mothers were fear of directing their girls to engage into sexual activity and 60.2% of them reported that they were feel shame to discuss these topics with their mothers followed by 54.5% said that they young to discuss these topics, 40.8% of girls said their mothers are lack of knowledge about SRH, 35.7% don't know the barriers, 29.3% of them

reported that their culture not accepted the talking in these topics, and 19.6% said their mothers are busy.



**Figure (2):** Methods of communication which preferred by girls to discuss sexual and reproductive health matters



**Figure (3):** Level of communication between adolescent girls and their mothers

**Table (2):** Frequency distribution SRH topics which the girls' needs to know information about it.

Topics	No. (n= 630)	%
Breast self examination	233	37.0
Menstruation	561	88.9
Sexual intercourse	170	27.0
Sexual transmitted disease	256	35.5
Relation and choosing boy friend	107	17.0
Physical changes during puberty	427	67.8
The reproduction and pregnancy	14	2.2
Structure and function of genital organ	599	95.0
Family planning methods	3	0.5

**Table (3):** Frequency distribution of girls regards their preference to get access reliable and accurate sources of SRH information

Items	No. (n= 630)	%
Mothers	126	20.0
School	284	45.0
Radio	31	0.5
T.V	189	30.0

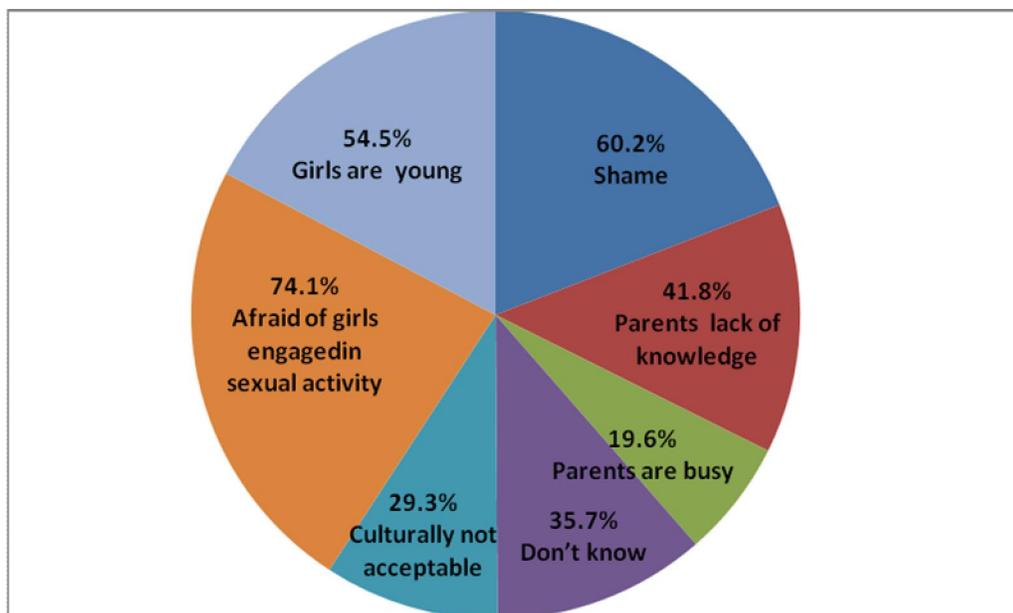
**Table (4): Adolescent girls' communication with their mothers regards SRH topics**

SRH topics	Frequency of communications									
	Never (%)		Rarely (%)		Some times (%)		Most times (%)		Always (%)	
Communication about menstruation	49	7.84	88	13.93	404	64.02	68	10.76	22	3.45
Communication about reproduction/ pregnancy	465	73.87	77	12.20	59	9.31	19	3.08	10	1.54
Communication about physical changes during puberty	357	56.64	105	16.68	108	17.19	48	7.60	12	1.87
Communication about sexual transmitted diseases	481	76.39	72	11.38	52	8.33	15	2.47	9	1.42
Communication about choosing boy friend	452	71.78	54	8.56	66	10.50	47	7.42	11	1.75
Communication about family planning methods	522	82.81	46	7.25	49	7.84	12	1.87	2	0.25
Communication about sexual intercourse	511	81.08	55	8.75	37	5.82	27	4.36		0.25
Breast self examination	88	13.93	404	64.02	49	7.84	68	10.76	22	3.45
Structure and function of genital organ	509	80.83	27	4.36	2	0.25	55	8.75	37	5.82

**Table (5): Relation between the level of adolescent girls and their mothers' communication and their Socio-demographic characteristics**

Socio-demographic characteristics	N (630)		Communication about SRH			p- value
	N	%	Satisfactory	poor	Very poor	
<b>Age(years)</b>						**<0.001
13 to < 15	254	40.3	23.55	43.53	32.92	
15 to < 17	219	34.7	38.76	28.24	33.0	
17-18	157	25.0	37.69	28.68	33.63	
<b>Educational level</b>						**<0.001
Preparatory.	422	67.0	51.0	33.7	15.3	
Secondary	208	33.0	39.0	46.3	14.7	
<b>Mothers' work</b>						**<0.001
House wife	496	78.7	33.70	37.07	29.23	
Working	134	21.3	27.0	35.0	38.0	
<b>Mothers' education</b>						**<0.001
Illiterate	341	54.2	34.85	41.65	23.50	
Read & write	63	10.0	34.36	31.18	34.48	
Primary education	40	6.3	24.87	38.06	37.07	
Preparatory education	49	7.7	27.10	37.16	35.74	
Secondary education	38	6.0	27.20	35.16	37.64	
University education	81	12.9	28.20	33.16	38.64	
Others (diploma, master,...)	18	2.8	36.75	31.48	31.77	
<b>With whom girls lives</b>						**<0.001
With both parents	376	59.7%	25.67	41.65	32.23	
With father alone	81	12.9%	29.36	37.17	33.47	
With mother alone	95	15%	27.87	35.0	36.5	
With relatives	78	12.4%	27.10	37.16	35.74	

\*\* P&lt;0.001 moderate significance



**Figure (4): Barriers for communication between adolescent girls and their mothers on sexual and reproductive health**

#### 4. Discussion:

Communication within the family appears to be particularly important during the adolescent years especially concerning reproductive health issues and adolescent girls in particular are often kept from learning about sexuality and reproductive health (SRH) issues because of cultural and religious sensitivities that may lead to risky sexual behaviors (Kerri, 2009).

So this study aimed to assess adolescent's girls' communication with their mothers on sexual and reproductive health matters among secondary and preparatory schools' students.

The current study in table (1) revealed that, the age of adolescent girls was range from 13 to 18 years, and the mean age of adolescent girls was  $13.42 \pm 2.71$ . This age group was chosen because it is a time when adolescent girls undergo major physical and emotional changes during puberty, and communication between mothers and daughters is very crucial. This result was matched with the result which conducted by Mulatuwa *et al.* (2014) who found that, the mean age of participants in his study was  $17.1(\pm 1.5)$  years old. Also in this study more than half of mothers were illiterate; this result was in disagreement with result of Mulatuwa *et al.* (2014) who mentioned that less than one third of students' mothers had no formal education.

Also the current study showed that more than half of adolescent girls lived with both parents, this study was in accordance with the study which conducted by Abubakar *et al.* (2014) who found that majority, (67.2%) of students lived with both parents.

Presence of both parents with their adolescent is important to discuss issues related to SRH with them and both parents become more responsible for guiding their daughter or son, but divorced parents mean that either the father or mother may not be available to sit down and discuss issues with them.

The girls' sources of information regard sexual and reproductive health was shown in (Figure 1), nearly three forth of girls reported that their sources of information were from their friends followed more than two thirds from their sisters. More than one third their sources of information were from their mothers followed by less than one third from the school and class. These results were in consistent with the findings of Tesfaye *et al.* (2015) who reported that (74.7%) of students preferred their peers to discuss about their sexual and reproductive health issues. But these results were not in the same line with the study conducted by (Dessalegn and Mesganaw, 2014) who reported that the most frequently mentioned source of information for SRH were school (83.3%) followed by friends (27.6%).

In this study girls prefer their friends and sisters to discuss SRH matters this may be due to they don't punish them like parents, they take time to listen, have interest to discuss on SRH, and the natural of the adolescent spend less time with parents and more with friends. Also in Egypt many schools not give enough knowledge about sexuality and reproductive health so the girls search about the required knowledge from their friends more than schools.

Regarding to the SRH topics which the girls' needs to know information about it. It was noted that

**in table (2)** the majority of girls needs to know information about the structure and function of genital organ and menstruation. More than two thirds of them need to know about physical changes during puberty. More than one third of them need to know information about the breast self examination and sexual transmitted disease and more than one quarter of them need information about sexual intercourse. These findings may be related to most adolescent have a lot of questions about sexuality and reproductive health and want to know more about these issues and understand the changes taking place in their bodies. This is normal and natural.

**Table (3)** in this study illustrates the frequency distribution of girls regards their preference to get access reliable and accurate sources of SRH information. It was found that nearly half of girls prefer to get access reliable and accurate sources of SRH information from schools, followed by T.V and less than one quarter prefer their mothers. These results were in agreement with a study conducted by **(Dessalegn and Mesganaw, 2014)** who reported that, the majority of the respondents preferred to get access of SRH information from school account (75.9%) followed by Television and Radio.

Adolescent girls' communication with their mothers regards SRH topics were presented **in table (4)**. It was found that, the topics related family planning methods, sexual intercourse, structure and function of genital organ, sexual transmitted diseases, and about a bout reproduction/ pregnancy was never communicated with the mothers as reported by more than three fourth of studied girls. While nearly two thirds of girls reported that sometimes communicate the topic related to menstruation with their mothers. These results were in accordance with the results of study conducted by **(Tefaye et al., 2015)** who found that parental communications are directed towards a few topics, the topics that are commonly discussed by parents include abstinence, menstruation (girls), HIV prevention, STD prevention, puberty and physical development.

Regarding to the methods of communication which prefer by girls to discuss sexual and reproductive health **(figure 2)**, it was found that more than half of girls prefer face to face as a direct method of communication, nearly one third prefer books and one quarter prefer T.V as a method of communication. This result may be related to face to face method of communication give the girls chance to ask about any question that are not clear to them and decrease misunderstanding about sexual and reproductive health matters.

As regards the level of communication between adolescent girls and their mothers **(figure 3)**, the current study revealed that, about one-third of the

adolescent' girls were identified as satisfactory communicators, more than one third were poor communicators, and less than one third were very poor communicators. These finding was similar to a study done by **(Dessalegn and Mesganaw, 2014)** who stated that about one-third (30.91%) of the adolescents were identified as satisfactory communicators, 38.76% as poor communicators, and 30.34% as very poor communicators. While these results were inconsistent with the findings by Wilson et al., (2015) who reported that young people was in a higher proportions of communication with mothers because they confide in their mothers when it came to talking about body changes during puberty. They believed that mothers were better suited for this task because they had had similar life experiences. **Fikre, (2009)** also stated that in another administrative region in Ethiopia those female adolescents were more likely to discuss sexual topics with their mothers. Also other study founded, mothers communicate relatively more to both daughters **(Kapungu et al., 2010 and Sneed et al., 2013)**.

This study finding was also similar with a study done by **Wamoyi et al. (2010)**, who found that parents did not seem to communicate with their school daughters about sexual and reproductive health issues where traditionally, sexual communication is perceived to be a taboo. While another study by **Kunnuji, (2012)** reported prevalence of communication was 69%. Also in opposite with other study by **Opara et al. (2010)** who found higher levels of parent-child communication about 65% of mothers had discussed sexuality issues with their children. These different findings may be due to the different in culture, in Egypt, the culture concenter the girls' talking on sexuality and reproductive health is a shame.

In this study **table (5)** shows the relation between the level of adolescent girls and their mothers' communication and their Socio-demographic characteristics. As shown in this table, a statistical significant difference ( $<0.001$ ) were found between the level of adolescent girls and their mothers' communication and the age of girls, educational level of girls, mothers' work, mothers' education and with whom girls lives. These results were on the same line with the study conducted by **Abubakar et al., (2014)** who showed that child's age was significantly associated with parent and child communication. Also agreed with **Musa et al., (2008)** who found that the age of adolescent girls 'mothers were more likely to be high communicators ( $p < 0.001$ ).

Also these findings were similar with a study done by **Bastien et al., 2011 & Tesso et al., 2012)** who found that frequency of communication increased with higher level of education of the parents.

Communication was positively associated with mothers' level of education, but not agreed with a study conducted by **Gebreysus and Fantahun, (2010)** who reported that educational status of parent had no association with having communication about sexual and reproductive health issues because sexual conversation is considered as taboos although of educational level.

The barriers for communication between adolescent girls and their mothers on sexual and reproductive health were presents in **Figure (4)**. Adolescent girls found difficult to talk with their mothers about sexual and reproductive health for these reasons: nearly three fourth of the them reported that their mothers were fear of directing their girls to engage into sexual activity and more than half of them reported that they were feel shame to discuss these topics with their mothers and said that they young to discuss these topics, nearly half of girls said their mothers are lack of knowledge about SRH, more than one fourth of them reported that their culture not accepted the talking in these topics, These results were agreed with other study conducted by **yasmine and Heba (2012)** who stated that, many adolescent girls reluctant to ask their mothers for this type of information because of embarrassment; fear of judgment; and perceived lack of their mother's interest or willingness, time, and trust.

Also these findings were in lined with study done by **Hindin and Fatusi, (2009) & Tesfaye et al. (2015)** who stated that the reasons for not discussing about sexual and reproductive health with their parent is they mentioned were as follows: parents are not knowledgeable; they consider it as socio-cultural taboo; they worried about their parents' reaction; and the parents will think they have had sex or are going to have sex, even in the community since it is considered culturally unacceptable and socially embarrassing.

### Conclusions:

Based on the finding of this study concluded that:

Large proportion of the studied adolescent girls was poor and very poor communication with their mothers related to discussion of SRH topics. Nearly half of girls preferred get access of SRH information from their schools followed by T.V as a reliable and accurate source of information. More than half of girls preferred direct methods of communication as face to face. The main barriers for girls to open communication with their mothers on sexual and reproductive health (SRH) matters were the mothers fear of directing their girls into sexual activity and girls feel shame to discuss these topics with their mothers followed by mothers are lack of knowledge,

and culture is not accepted the girls' talking in SRH topics.

### Recommendations:

Based on the finding of this study recommended that:

- 1- Parents need to establish an open and comfortable communication with their adolescent girls is therefore, extremely important and creating an open environment with them for free discussion, asking and getting responses as required about SRH.
- 2- Parents need to be educated to understand that adolescents are not young as at that age, they are aware of sexual needs, and some of them may be sexually active. They need all the necessary education and information before it is too late to correct any mistakes.
- 3- Farther studies for addressing and knowing the barriers and reasons for poor communication between the girls and their mothers which can lead to improve the communication between them and the girls will be able to face puberty and adolescence in healthy and empowered ways.
- 4- Reliable information disseminated through the media, and the educational system as schools should be designed to ensure that young people acquire accurate knowledge about their health, especially information on sexuality and reproductive health.
- 5- Development strategy to implement in school, family and community level to increase parent-adolescent communication.

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