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**PREMARITAL SEXUAL BEHAVIOR,
PREGNANCY INCIDENCE AND ITS RESOLUTIONS
IN BAHIR DAR TOWN**

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**A Thesis Submitted in Partial Fulfilment for the Degree of Master of Science in
Demography in Addis Ababa University**

June 1998

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1998

ADDIS ABABA UNIVERSITY
SCHOOL OF GRADUATE STUDIES

Premarital Sexual Behavior, Pregnancy Incidence and its Resolutions
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ACKNOWLEDGEMENT

I am greatly indebted to my advisor Dr. Gebremeskal Habtemariam for his contribution to theory, methodology and analysis embodied in this document. I have greatly benefited from his comment and suggestions from the first to the final draft of this thesis.

I would also like to thank Dr. Charles Teller for his follow up and generous help in many aspects during the preparation of this document and particularly in the area of qualitative data collection methodologies.

I am also indebted to Dr. Markos Izra, Co-ordinator of Demographic Training and Research Centre, A.A.U., for his support and encouragement while I was in a very tightened schedule of the work.

I would also like to acknowledge the Amhara Regional State and Bureau of Water, Mines and Energy Resource Development for sponsoring me to this training program.

My thanks also go to my friends Ato Frew Mekonnen and Ato Tesfaye Bekalu for their generous help relating to computer services.

Particular thank is due to my friend Ato Amsaya Anteneh for his encouragement from the beginning to the end of the program of the study.

Finally, I would like to express my deepest feeling to my parents and the family as a whole for their concern and understanding during the entire period of the study.

ABSTRACT

A study was conducted on premarital sexual behaviour, pregnancy incidences and resolutions among the youth population in Bahir Dar Town, Ethiopia. The Eligible population for the study was defined as never married females between the ages of 15-24. The sample was designed to be drawn from a sampling frame based on household listings. Questionnaires were completed by 865 unmarried female adolescents.

The majority of the respondents indicated that they had received information on reproductive health. The principal sources of information were partners and female friends. Few respondents approved of premarital sex without restriction, but many approved of such relations if the couple is engaged to be married.

Among the respondents, over 42 per cent reported that they have had sexual relations. The proportion varied considerably as age increases. Incidence of premarital pregnancy among sexually active adolescents in the study area were found to be about 25 per cent. Prevalence of induced abortion was estimated to be 10 to 69 per cent among the study respondents.

Premarital sexual behaviour and pregnancy risk among adolescents appear to be related to a series of socio demographic and family background characteristics.

The study indicates a need to target the school teenagers and design programmes which will effectively inform and educate the young in the area of reproductive health counselling and services.

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CHAPTER I

INTRODUCTION

1.1. Background and Justification

Adolescent premarital pregnancy now a day is a serious problem. An increasing number of young unmarried girls are sexually active before marriage and many women specially in urban areas bear children outside marriage. In African countries many traditional values and social practices which requires premarital chastity, now a days have undergone changes during the course of modernization. Studies conducted in African countries have pointed that there is a gradual erosion of the traditional premarital sexual norms. Feyisetan et al (1989) in their study on the Nigerian community asserted that the change in the norm may be a consequence of the transformation taking place in the institution of marriage itself, and in particular, the transition from family arranged to individual choice marriages, and also due to a general loosening of family control over the behavior of young men and women (Feyisetan et al.,1989).

The proportion of women in Ethiopia who have never married in early age of adolescence was higher for urban area than for rural. A survey in Ethiopia indicated that the proportion never married in the age group 15-19 accounts for 90.2% and in the age group 20-24 it accounts for 49.6% in urban area (CSA,1993:87). Again an examination of mean age at first marriage by time trend indicated that it was increasing over time. Those women who married in 1976 and after entered in to marital union at a relatively higher age than those married earlier (CSA, 1993:94). This trend confirmed the fact that the likelihood of adolescents to have entered into premarital sexual union is higher. A study conducted by Zubeida (1992) on the reproductive behavior of unmarried adolescent women in urban Ethiopia asserted that the proportion of female adolescents in the age group 15-24 who have had premarital sexual experience were 18.8%, and among those who have had sexual experience about 28.5% had risk of premarital pregnancy (Zubeida, 1992).

Teenage childbearing is in turn associated with adverse health and social consequences for young mothers and their children. Previous researches in African countries have documented that the risks that the child of a young mother aged less than 20 will be still born, or die soon after birth, or be born prematurely or with a serious physical or mental handicap are much higher than those for women in their twenties (Menken, 1981 cited by Letamo 1993). Apart from it, teenage pregnancy has been associated with termination of education of mothers which in itself has a spiral effect on the socio economic status of the individual and, hence, the child.

With regard to the use of contraceptives, the contraceptive prevalence rate among adolescents aged 15-24 in urban area is very low. Of course teenagers do not become pregnant intentionally. Letamo's finding in Botswana indicated that 88% of the teenagers become pregnant by accident (Letamo 1993). This study also noted that 94% of all teenagers consider teenage pregnancy a problem.

The finding of a survey conducted by Ministry of Labor and Social Affairs (MLSA) (1992) in urban Ethiopia also indicated that only 23.9% at age 16; 8.8% in the age 17; 19.7% at age 18; and 4.7% at the late adolescent age of 24 were reported to have been using contraceptives (MLSA 1991:61). Such findings led to the hypotheses that there have been a possibility of practicing unprotected and early initiation of sexual activity. Kumah (1996) and others asserted that unprotected sexual activity often led to two sets of negative outcomes (i) pregnancy and its consequences; and (ii) STD and rapid spread of HIV (Kumah, 1996; Gage, 1994).

With such low level of use of contraceptives among adolescents previous researches conducted in Ethiopia pointed out that many teenagers in urban areas continue to accept induced abortion, though illegal, as a final resolution to the risk of premarital pregnancy (MLSA, 1991; Zubeida, 1992).

Thus the consequence of teenage pregnancy are enormous. Apart from the health problem associated with it adolescent's premarital pregnancy would result in multiple socioeconomic impact on mothers as well as children. These changes and the associated problems such as risk of premarital pregnancy and the problems in decision to terminate or to continue with premarital pregnancy has now become a serious problem of female adolescents in urban Ethiopia. As already explained earlier studies conducted in Ethiopia in assessing sexual behavior of adolescents claim that around 47.4% of adolescents are sexually active, and those sexually active do not practice safe sex. Consequently, adolescent sexuality and its subsequent problem is not an issue to be ignored and thus implies that there is an urgent need to know exactly the problem and formulate policies and programs that will address the problems faced by female adolescents.

Having this objective, the present research is primarily intended to provide an understanding on the multiple processes and underlying problems reflected and associated with premarital sexual behavior, and incidence of risk of premarital pregnancy and its resolution in urban Ethiopia by conducting a survey in Bahir Dar town, North Western Ethiopia.

Since the magnitude of the problem is much reflected in urban areas than in rural, Bahir Dar town is selected as a study area for this research. Bahir Dar town was selected as the area of the study due to the following two main reasons. First there are no demographic studies specific to this issue conducted in the study area particularly in Bahir Dar. Secondly the town is a newly growing urban center with a rapid socioeconomic changes among the dwellers.

1.2. Review of Literature

Several studies have documented the influence of socio economic, demographic, behavioral as well as cultural factors on premarital sexual behavior and pregnancy incidence and the findings of most of these studies come up with diverse conclusions and different priority

proposals. In this section an attempt is made to review studies previously done in the area of adolescent sexuality and its risk factors.

Sexual Behavior and Contraceptive Use

Studies show that in various African countries from a third to two thirds of all adolescents are sexually active, and in many instances sexual activity begin quite early (Kumah,1996:3). In a study of 3000 unmarried Kenyan adolescents aged 12-19, Ajayi et.al (1991) found that over 39% of female adolescents were sexually active, having initiated sex at age 13-14. Similarly a study of sexual networking in Ekiti, Nigeria, by Oruboloye et al. (1991) showed a high level of premarital and extramarital sexual activity, with higher level in urban area than in rural areas (Oruboloye,1991, cited in Gage et al.,1994). A survey of young adult aged 14-24 in Harare, Zimbabwe, which was conducted by Boohene et al.(1991) obtained information about the sexual behavior of unmarried adolescents. The results of the survey indicated that 14% of young women were unmarried at the time of first intercourse (Boohone et al.,1991:266).

Sexual activity among some group of adolescents in Ethiopia particularly among the unmarried segments living in urban areas, is also thought to be high and rising (Gebeyehu et al.,1995; MLSA,1991).

Several factors have contributed to the increase in sexual practice among adolescents. Research on premarital sexual activity support different explanations for the high incidence of this behavior. Some studies emphasize that marital patterns are changing and that informal unions are becoming increasingly prevalent among younger cohorts (Ochola-Ayalo et al.,1991). Similarly, Oruboloye et al (1991) in his study on the Nigerian community noted that premarital virginity was no longer considered important particularly in urban areas (Oruboloye et al, 1991;cited in Gage,1994:45). Furthermore studies carried out in Kenya and

Nigeria at different points in time asserted that:

"Earlier onset of menarche among females; earlier initiation of sexual activity; a lengthening of socially defined period of adolescence; Social change and modernization; low and ineffective use of contraceptives; delayed age at marriage; and a deterioration of the traditional family centered constraints on sexuality; have all been described as influential factors in the study area as well as elsewhere in sub saharan Africa" (Nichols et al,1986; Gyepi-Garbrah,1985; Chirlin & Riley,1986; Liskin, 1985; Senderowitz & Paxman,1985; cited in Ajayi et al. 1991:205).

Consequently Agounke et al., (1991) asserted that proof of pregnancy is becoming a prerequisite for testing relationships with potential partners (Agounke et al., 1991; cited in Gage,1991).

The pattern and level of contraceptive use determines the risk of premarital conception and birth. Research on teenage contraceptive behavior suggest that there is low level of contraceptive use (Khan et al,1991). Studies conducted in Harare, Zimbabwe, indicated that use of family planning methods at first intercourse was low among unmarried young adults (Boohene et al., 1991). A focus group discussion with Kenyan adolescents also reveal that the information gap amongst adolescents concerning sexuality and contraception is one of these age group's major concern (Yeboah,1993). From his review of African DHS data Yeboah asserted that the proportion of African adolescent women who know any thing about modern methods of contraception vary from about 30% in Nigeria and Mali to 94% in Botswana; but when it comes to actual use of contraceptive methods, the percentages are much smaller, ranging from only 1% in Brundi and Senegal to 26% in Botswana (Yeboah,1993; Kumah,1996). Among the explanation given to this observed low level of contraceptive use, less knowledge about the consequence of unprotected sex, less knowledge about the available contraceptives and access to it are the major ones (Khan, 1990; Yeboah,1993). Since the level of contraceptive prevalence rate is the major determinant of fertility, there can be many justification to prove that a low level of contraceptive use among adolescents results in a high risk of pregnancy.

Risk Factors for Adolescent Premarital Sexuality and Pregnancy

The factors influencing sexual behavior and premarital pregnancy suggested by previous literature and which are believed to be relevant for this study are discussed here. These include socio demographic, family environment and other related factors.

Educational level and Enrollment status

Regarding individuals education and its effect on sexual and marriage behavior, many researchers have provided varied but consistent argument. Education is viewed as one of the most dynamic factors in shaping individuals behavior. It is believed that the school going adolescents had higher level of modernity than those who had never gone to school. As the women have access to education the expected age at marriage tend to rise hence the risk of having premarital sex increases. Being in school also has an influence on the behavior of adolescents with regard to their sexual behavior. Literature have suggested that students are more sexually active at earlier age than non students.

Family Structure

One crucial aspect that influence the adolescent sexual behavior is the family structure i.e. whether the child is raised in a single parent or both parent family (Wu, 1996; Thornton et.al,1987). Studies have consistently found a significant association between women's family structure and out of wedlock childbearing (Wu,1996; Martinson et al.,1990). Martinson et al.(1990) in their study on the impact of family background on premarital birth among women under 30 have asserted that "...growing up in a stable, two parent family is most advantagious, and conversely, that single-parent experience is likely to have negative consequences for cognitive and social development as well as for school achievement and later family formation behavior" (Martinson et al. 1990:1). The explanation asserted by many authors for the effect of family structure on premarital conception and birth is that single

parent families have more difficulty in supervising adolescent than do two-parent families and that these difficulties in supervision help explain the higher incidence of out of wedlock childbearing for those women who spent part of adolescence in a non intact family (Dornbusch et al.,1985).

The second explanation with regard to family variable was the family change occurring in the life of adolescents. Wu (1996) argued that out of wedlock childbearing results from the stresses accompanying changes in a woman's family structure (Wu,1996). The idea around this view was that family disruption may weaken parent-child attachment or encourage a young woman to seek emotional support or intimacy outside the family, which may increase the risk of premarital birth.

Parental Education

Previous literature have also suggested that the educational attainment of parents was related to adolescent sexuality (Thornton and Camburn, 1987; Wu, 1996). According to Thornton and Camburn (1987), the relationship was explained as follows:

"Education may reflect exposure to liberalizing ideas that increase acceptance of premarital sexuality. At the same time, however, highly educated parents have greater educational aspirations for their children, and with widespread recognition of the difficulty of combining educational achievements with early marriage and parenthood, highly educated parents may discourage sexual activity among their children" (Thornton and Camburn, 1987:325).

In connection to this it has also been argued that because of greater skills and resources, highly educated parents may be able to exercise greater control over their children's activities (Thornton and Camburn, 1987:326). Hence it appears that parental education influences child's sexual attitude and behavior.

Parental Income Level

It is argued by many researchers that young women from disadvantaged economic backgrounds may be more likely to practice early sexual intercourse and to bear a child out-of-wedlock than those from economically advantaged backgrounds. Wu (1996) in his article, reviewed the effect of economic deprivation on the risk of premarital birth. He hypothesized and supported the idea that the risk of premarital birth is higher for women from disadvantaged background because they possess fewer or less attractive economic opportunities.

Marriage opportunity

It is believed that the acceptable age at marriage, the desired age at marriage, the marriage market (available mates) all have their own influence on adolescent's premarital sexual behavior. In countries where age at first marriage is relatively higher, the proportion sexually active before marriage would also be more. Yeboah (1996) in his article explained that a widening bio social gap between menarche and marriage have strong implication on the sexual behavior of unmarried adolescents. The mean age at first marriage in Africa ranges from 16 in Sierra Leone to 19 in Ghana; in Latin America the range is between 18 & 22 years, and in Asia, Bangladesh has the lowest mean age at first marriage in the world at 11.6 years (Yeboah, 1993:11). There is also evidence that menarche is occurring earlier in Africa (Yeboah, 1996). Thus the trends in rising age at first marriage and declining average age at menarche bring those women in these age groups to have had a period of possible unprotected sexual activity. With regard to the observed age at marriage, there is evidence that adolescents in urban areas would like to get married later than their counterparts in the 1970s and 80s (CSA, 1993).

Sexual Exploitation

Another aspect to be considered as a risk factor for premarital pregnancy is the circumstances in which early sexual experience takes place for adolescent girls. There is evidence that in several countries a high proportion of early sexual intercourse take place without the consent of the girl due to abuse or rape (Yeboah,1996:20). Thus adolescent girls are more likely to be exposed to unwanted pregnancy.

Consequences of premarital Sexuality and Pregnancy

There is an increasing awareness that premarital pregnancy among adolescent girls poses serious social and health problems. Young girls who become pregnant especially out of wedlock face stigmatization. School girls face expulsion, hostility from their parental home and rejection by their peers and parents. For this reason one of the most visible consequences of sexual activity among unmarried adolescents is the increasing incidence of abortion complications (Kulin,1988, cited by Gage et al., 1994). In the Kenyan National Hospital of Nierobi, abortion was the leading cause of admission to the emergency gynaecological ward and women aged 15-19 accounted for one-third of all abortion cases admitted, 60% of which were induced outside the hospital (Ajayi et al.,1991; cited by Gage 1994). Similarly studies conducted to women admitted to Jimma Hospital gynaecological ward in Ethiopia revealed that 41.8% of all abortions admitted within the observation period were suspected of illegal abortions (Ahmed, 1997).

Sexually transmitted disease, including HIV/AIDS also constitutes another danger for the adolescent who engaged in unprotected sex. Studies conducted in Africa show a very high incidence of STDs among adolescents (Kumah,1996). According to the estimates of WHO, about 1 million adult AIDS cases have occurred in Africa during the year 1992, and a commulative total of 6.6 million HIV infections (Yeboah,1993:20). Data on the 1988 sero-survey conducted in Ethiopia, the prevalence of HIV infections among female commercial sex

workers in Bahir Dar town was 35.9%. This estimate increased to 49.1% in 1989 and Bahir Dar took the lead among the surveyed town (Mihret et al,1990 cited by Misganaw et al., 1996). Survey data in Bahir Dar again indicated that about 95.4% out of school young persons aged 15-24 heard about AIDS, yet 51.3% of them didn't like to use condom (Misganaw et al,1996). There are also evidences which revealed the lowering of the age profile of the HIV victims. Data collected by emergency AIDS prevention programme in Zambia, Kenya and Ghana as well as an examination of the trends in the age profile of HIV victims in Ethiopian HIV/AIDS surveillance data also revealed this fact. The Ethiopian HIV/AIDS surveillance data asserted that more than half of the total 18042 victims in the year 1995 are those aged 29 or below. Again, of all victims identified in 1995, the proportion of female victims was estimated to be about 39% (MOH, 1995). This indicates that unprotected sexual activity is taking place outside marriage among group of adolescents. The prevalence of such high level of STD and HIV/AIDS is associated with the level of sexual activity and the low level of condom use among adolescents. Discussions about premarital pregnancy thus can not be separated from the issue of HIV/AIDS since both are the consequences of unprotected sexual activity.

Premarital Pregnancy Resolutions

Cookesy (1990) presented the possible forms of pregnancy outcomes in the following way:

"For teens who become pregnant, a number of resolutions are possible, including legitimation, out-of-wedlock childbearing, adoption, abortion, and miscarriage" (Cookesy, 1990:207).

Many articles examine the effect of individual as well as family background factors on first premarital pregnancy resolution for adolescents. Cookesy (1990) stressed that premarital pregnancy resolution has a strong implication for future familial organization.

Among the type of premarital pregnancy resolutions sought by adolescents, induced abortion is the one commonly observed. According to Powell-Grinder and Tent (1987), induced

abortions are defined as “the purposeful interruption of pregnancy with the intention other than to produce a live-born infant or to remove a dead fetus, which doesn’t result in a livebirth” (Eve & Trent, 1987). Among the countries of the world, the legal status of induced abortion ranges from complete prohibition to elective abortion at the request of the pregnant woman. About 7 % of the world’s population live in countries where abortion is prohibited without exception, about 36 per cent live in countries allowing termination of pregnancy at the request of the pregnant woman, and 12% in the countries where abortion is permitted only to save the life of the pregnant woman. About 15% live under statutes authorizing abortion on broader medical grounds rather than judicial grounds (rape, incest, etc.), 22 per cent live in countries where social factors may be taken into account to justify termination of pregnancy (Tietze Dawson ,1973 cited in Ojo et al,1976).

It is known that legal grounds relating to pregnancy and abortion for adolescents in Ethiopia is restrictive, except that abortion is permitted only when necessary to save the pregnant woman from grave and permanent danger to life or health which is impossible to avert in any other way. Although therapeutic abortion (i.e to save life of the woman, prevent serious mental or physical effects on health) is permitted, cumbersome administrative restrictions limit the number of abortions performed legally on those grounds. Thus many women resort to illegal abortion (UN,1992 :126).

The most consistent finding regarding factors that affect decision on pregnancy resolution is the importance of education variables, academic achievement, and aspirations (Mensch et.al. , 1992). The study further elaborated the idea that when the opportunity cost of childbearing is viewed as sufficiently high, a decision to terminate a pregnancy is made frequently (Mensch et al., 1992). However the legal response of abortion have an effect on the decision. For example,in USA, legalization of abortion in 1973 had a profound effect on pregnancy resolution on teenagers; an estimated 40% of all pregnancies to girls aged 15-19 now end in abortion (Hayes , 1987 cited in Cookesy ,1990).

1.3. Conceptual Framework

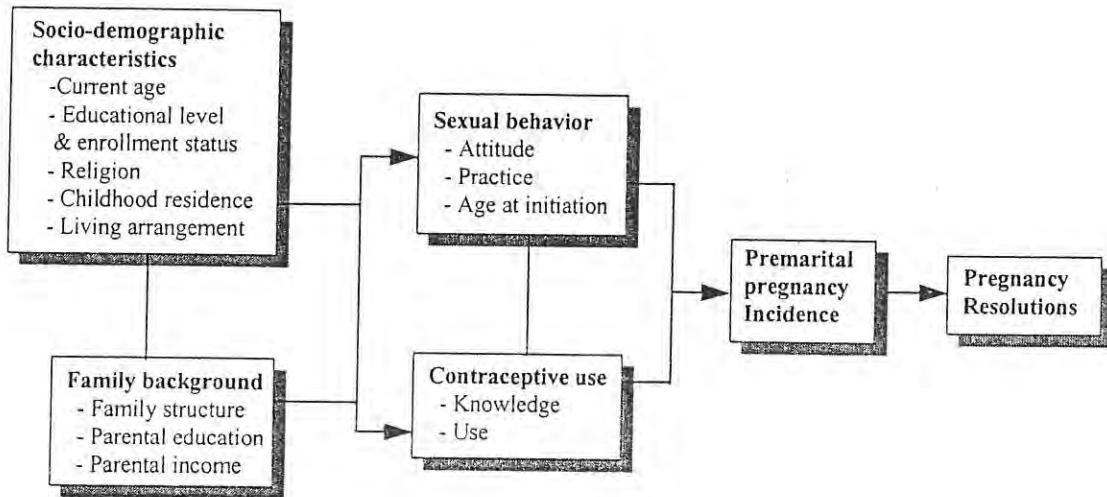
The literature on the effect of socio demographic and parental background characteristics thus conclude that there is strong relationship between these variables and the individuals sexual/contraceptive behavior.

Figure 1.1 is a general framework within which premarital sexual behavior, pregnancy incidence and its outcome will be analyzed in the present study. The framework is adapted with modification from Cooksey (1990), Wu (1996) and Martinson(1990) at different times in their analysis on the effect of one's background , family environment and behavioral patterns on sexual behavior and pregnancy incidences.

The framework outlines the variables that are likely to influence patterns and levels of premarital sexual behavior. The framework doesn't provide a comprehensive or exhaustive list of factors that enter into the woman's decision concerning sexual initiation and behavior (e.g. attitude and personality variables). Its primary concern is to depict the influence of respondent's demographic, socioeconomic and family background on sexual and contraceptive behavior of adolescents and then its effect on pregnancy incidence and resolutions sought.

The analysis of premarital pregnancy incidence extends beyond measuring the number of pregnancy incidences. It will include some details about how the pregnancy is resolved.

Figure I Conceptual framework of the study



Adapted with modification from Coomes (1990), Wu (1996) and Martinson (1990)

1.4. Objective of the Study

Given the importance of changes in adolescent sexuality and risk of premarital pregnancy in developing countries, the general objective of the study is to provide an understanding on the multiple processes and underlying problems associated with adolescent sexual behavior and risk of premarital pregnancy.

The specific objectives of the proposed study are the following:

1. To gain preliminary understanding on sexual behavioral patterns of female adolescents in urban settings.
2. To estimate the incidence of premarital pregnancy among unmarried adolescents and assess the patterns of premarital pregnancy resolutions.
3. To investigate the risk factors for premarital sexual activity among female adolescents.
4. To recommend appropriate policy implications in the area of adolescent sexuality and associated consequences.

1.5. Research Variables and Hypotheses

Definition

Adolescence:- There is no universally accepted definition of the term adolescence. Adolescence is generally understood as the period of transition from childhood to adulthood, and describes both the development of sexual maturity, and to psychological and relative economic independence (IPPF,1994).

For the purpose of this study, the term adolescence has been used to designate segment of the population in the age bracket 15-24. This paper frequently used the term 'youth' or 'young women' interchangeably with 'adolescents' and covers those in the age group 15-24.

Variables

The study focuses on premarital behavior of young unmarried women because it is expected that the nature of sexual activity as well as its consequence are different for unmarried than for married.

Dependent Variable

The dependent variable to be measured is Premarital Sexual Practice, that is, whether the respondent ever had sexual relation.

Independent Variables

The selection of explanatory variables for the dependent variable to be measured is guided by the literature reviewed.

The literature suggest that factors associated with respondent's background characteristics (i.e. current age, educational level and enrolment status, childhood residence, living arrangement at age 14, religious affiliation,) and family environment (i.e. family structure, parental education, family income) are likely to influence adolescent's sexual behavior and subsequent outcomes.

The independent variables used in this study are defined as follows:

- i. Age of Respondents:** Ages of respondents were obtained from self reports of the question "How old are you?". Respondents are grouped in to three catagories i.e 15-17, 18-19, and 20-24.

ii. Educational Level: In this variable two aspects of respondent's educational characteristics are measured: educational level attained and current enrolment status. Responses of educational level are categorized into two groups: lower education and higher education. Low education refers to those who have elementary level education (grade 6 and below) including those who reported not able to read and write. Higher education refers to those who have attained above elementary level education (grade 7 or above). Respondent's current enrolment status is grouped into two categories: those who are currently in school and those who are not currently in school. The latter category includes those dropouts, school leavers as well as illiterates. In the analysis two groups are created: students and non students.

iii. Childhood Residence: This variable is measured by whether the adolescent lived in rural or urban area until the age of 14. Responses are coded into two categories: urban and non-urban origin.

iv. Living Arrangement: Responses were obtained from questions on living arrangement i.e., whether the respondent lived with parents, alone or under a different set up. Responses are classified into two: lived with both biological parents (if the arrangement is with both biological parents), and, not lived with both parents (if the arrangement is in other forms such as those living in mother headed household, living with relatives, alone or other forms).

v. Religious Affiliation: In this variable, the respondent's religious characteristics is measured by whether the respondent is christian, muslim or other.

vi. Mother's and Father's Education: This variable refers to whether the respondent's mother or father attend some level of education. Responses were coded into two categories i.e. originated from low educated parent if they have some level of education below elementary, and those who originated from high educated parent if the parent have some level of education above elementary.

vii. Family Income: In this variable, the respondent's family income was asked and coded under two categories, namely low income family (if monthly income is Br. 300 or below) and high income family (if greater than Br. 300).

Hypotheses

The following are the research hypotheses to be tested in this study:

- the likelihood of having premarital sexual activity and pregnancy is higher among adolescents who are currently in school.
- Living in rural areas at the age of childhood reduces the chance of having premarital sex at lower age.
- Premarital sexual activity and conception is higher among adolescents originated from low income parents.
- Premarital pregnancy incidence is higher among adolescents originated from non intact families.
- most premarital pregnancies among unmarried adolescents end up with induced abortion.

1.6. Organization of the Study

Chapter two deals with the methodology of the study. A brief explanation about the study area, methods of data collection and instruments used are presented. Chapter three explores selected characteristics of the study population. Chapter four and five are devoted to a detailed analysis of certain aspects of premarital sexual and contraceptive behavior, pregnancy incidence and resolutions. Following the discussion of the bivariate relationships between selected background variables and sexual behavior and pregnancy incidence, details of the multivariate analysis of the factors is presented. In the final chapter conclusions and policy implications based on major findings are presented.

CHAPTER II

METHODOLOGY OF THE STUDY

2.1 The Study Area

The study was conducted in Bahir Dar town, the regional state capital of Amhara. According to the 1994 census data the region as a whole had a total population of 13,834,297, out of which 12,568,982 or 90.8% were reported as living in rural areas and 9.2% living in urban areas (CSA,1995(a)).

Bahir Dar town is located in the north western part of the country about 570 km. from the capital, Addis Ababa. The town is divided in to two Upper Urban Association i.e. “kefetegna” and seventeen Urban Dweller’s Association i.e. “kebele” administrative units.

According to the data from the 1994 Population and Housing census, the total population of Bahir Dar town was 96,140; of these there were 45,436 males and 50,704 females (Sex ratio=0.89 for total population and SR=0.74 for age group 15-24). The town’s population has increased substantially from an estimated size of 54,766 people in 1984 to about 96,140 in 1994. The increase in size of population appears to have been more rapid for the last ten years. The two consecutive censuses revealed that much of the change in population size is attributed to the flow of migrants. Of the total of 54766 population in 1984, about 16,851(30.7%) were migrants. where as, in 1994 about 54.4% of the people were migrants (CSA,1995(a)).The census further revealed that of the total female population in the town about 56% were migrants i.e. their place of birth is different from the current place of residence.

Bahir Dar town is not as such a multi ethnic town, it is inhabited mainly by Amhara ethnic group and then followed by Tigre. According to the census, Amhara and Tigre constituted 93% and 4% of the population of the town respectively (CSA, 1995_(a)).

The two major religions in the town are Christianity and Islam. Again the census revealed that 87% and 11% of the population were adhered to these religions respectively (CSA,1995_(a)). A very few number of the population, that is, less than 2% were from other type of religions.

With regard to the educational level, more than two-thirds (71.3%) of the population of the town aged 10 and above are literate that is, able to read and write, which shows a high literacy rate. (CSA,1995_(a)).

The town has 37,213 total economically active population of which 6,035 are unemployed which indicates unemployment rate of 16.2.

2.2 Data Collection

2.2.1. The Data

The inavailability of survey data on adolescent premarital sexual behavior, pregnancy and birth has influenced the present research to be initiated and rely on survey data. Thus a survey was conducted in Bahir Dar town, Northwestern Ethiopia during the month of March and April 1998 to obtain relevant information required for the study.

The data for this study was derived from two sources which involved both quantitative and qualitative methodology. The first source is a survey of 971 never married females in the age bracket 15-24 residing in Bahir Dar town. The second source of data is information obtained from a couple of focus group discussions conducted among 6-7

participants. In support of the survey data, issue like adolescent premarital pregnancy, abortion incidence and problems associated with the whole cycle were given as discussion guidelines.

2.2.2. Study Design

The study employed multi-stage sampling design. It includes the selection of kebeles, zones, households and finally the selection of ultimate sampling units. The investigator thus decided to take four zones from three 'kebeles' selected randomly. Enumeration of usual residents in selected zones and the final questionnaire was carried out by female high school graduates who were trained for two days for this purpose.

2.2.3. Sampling

The eligible population for the study was never married females aged 15-24. A total sample size of 971 unmarried females in the age group 15-24 were decided to be included for the study.

Table 2.1 List of Sampled kebeles and Zones with the number of ultimate sampling units.

Sample Kebeles	Sample Zones selected	Number of House Holds in Selected Zones	Number of Usual Residents Enumerated	Total number of Eligibles Identified	Ultimate sampling Units
03	B	775	4030	454	410
04	D	324	1595	195	172
	E	396	1752	254	210
15	A	336	1848	212	179
		1831	9225	1115	971

Table 2.1 provides the list of kebeles and zones from which the ultimate sampling units were drawn. As can be seen from the table, a break down of number of households by zone shows a substantial difference in number of eligible women to be considered for the study. Zones (in Amharic called “Ketena”) are the smallest geographic areas next to kebele.

2.2.4. Instruments

2.2.4.1. The Questionnaire

A precoded survey questionnaire which contain relevant information for the study was prepared , pretested, modified and administered. The survey questionnaire was first prepared in English then translated in to Amharic.

There are two parts in the questionnaire: the household questionnaire and the individual questionnaire. The main purpose of the household questionnaire is to identify eligible respondents for interview. The individual questionnaire was then used to interview eligibles identified in the household schedule. The adolescent’s survey questionnaire consisted of six sections. These covered issues on household background, respondent’s demographic and socio economic characteristics, sexual and marriage behavior, contraceptive use, pregnancy incidence and resolutions and HIV/AIDS and STD. Most of the questions were precoded and few open ended. In general the content of the questionnaire was organized in line with the survey objectives.

The Amharic translated questionnaire was pretested before final use. The objective of the pretest was first to insure that the questions were in logical sequence, the translation comperhensible and the precoded catagories adequate and meaningful; second to obtain an indication of the general receptivity or resistance to the survey in

general and to the potentially sensitive questions in particular. The results of the pretest caused (a) some modification in the wording of questions and, (b) a great challenge in the non responsiveness of sensitive questions. Thus it was realized that non response to sensitive questions and/or high level of social desirability bias could be minimized through careful administration of the interview process.

2.2.4.2. Focus Group Discussions

It is thought that survey of this type by questionnaire method alone do not lead to sufficient understanding of the real motives of the studied population. In this study, the investigator used a methodology which combines the advantage of a survey by questionnaire with the advantage of a qualitative survey. Thus, to add to the understanding of how young unmarried female behave on sexual matters and on how frequent premarital pregnancy incidence is, the investigator conducted two focus group discussions (FGDs) with young unmarried women in th study area. Specifically the goal of these FGDs were to gather relevant qualitative information usefull for the study and to collect information on the perception of young people on sensitive and personal issues like premarital sexual practice and abortion.

The FGDs conducted in support with this survey addressed topics like how is sexual life among adolescet and youths; perception, cause and danger of early unwanted pregnancy, and knowledge, attitude and practice toward induced abortion.

The two FGDs were held among adolescents aged 15-24. One group consisted of young unmarried females who are currently in school and the other group of similar size consisted of non students, i.e. those who are not currently in school.

The discussion outline with proposed questions were prepared by the investigator as a guide for the focus group facilitators. The facilitators introduced the discussion topic

by asking about the general problem facing young unmarried females, then raised each of the topic. Finally the participants were asked to make recommendations for addressing the issue of unwanted premarital pregnancy incidence and abortion among youth people in the town. The facilitators were given special training for a day regarding focus group discussion techniques, including how to conduct a session and at the same time, take essential notes.

2.2.4.3. Hospital Records

In support of the survey as well as FGD results obtained on pregnancy resolutions, particularly on prevalence of induced abortion, this study also used hospital records in the study area to strengthen the findings.

2.3. Response Rate and Data Quality

Of the total 1831 households, 971 female adolescents were selected and the final questionnaire administered. An overall non response rate, attributed for various reasons, was found to be 11%. In examining the quality of the filled questionnaire, 65 questionnaires (about 7.5% of all interviewed) were found to be of low quality. The reason was a complete refusal to answer some of the basic parts of the questionnaire i.e. questions about premarital sexual practice and premarital pregnancy incidence. It was realized that there were two reasons for non response: (a) embarrassment at the question; and (b) unwillingness to admit to premarital sexual relations. Thus all these types of questionnaires were excluded from the analysis. Finally the refined sample of respondents used in this study were 865.

In evaluating the quality of age data, an internal consistency checks were performed. For example, current age of respondents were crosstabulated with age at first sex; age

at first menses; age at first pregnancy, etc. The result show that age reportings are more or less consistent.

It is also important to note that, because of the sensitivity of the subject, some women who had premarital sexual relations may have told the interviewer that they didn't. We would expect that such women and those who failed to answer the question at all were more likely to underreport premarital sexual activity. While there is no way to exactly know the extent of underreporting, it is important to bear in mind that our results may be biased by underreporting to an unknown degree.

2.4. Methods of Data Entry and Analysis

The data obtained from survey questionnaire were coded and translated to a computer for statistical analysis. The SPSS PC+ data entry and analysis facilities were used for data processing.

The transcription of focus group discussion were also used for strengthening the results of the analysis obtained from quantitative data.

This study employs both univariate, bivariate and multivariate statistical methods of analysis. First, at the univariate and bivariate stage frequencies and cross tabulation were used. In this analysis the association/ relationships between background variables and sexual practice and premarital pregnancy incidences and pregnancy resolutions are covered.

At a bivariate stage a Chi square test is employed in order to identify the important explanatory variables which should be retained in the multi variate analysis for further investigation. Second, in the multivariate analysis logistic regression model is used.

The general form of the model used in this study is:

$$\ln(P_i/1-P_i) = B_0 + B_1X_1 + B_2X_2 + \dots + B_kX_k$$

where P_i = the probability of having one character

\ln = the natural logarithmic function

B_i = the logistic regression coefficient

X_i = the independent variables

In this procedure of analysis, the dependent variable, premarital sexual intercourse, is related to a number of socio demographic characteristics of adolescents. This procedure is applied to assess the contribution of each independent variable, net of others, in explaining the variation in the dependent variable. Included here are the effect of parental background (education, income and family structure); one's education, enrollment status, religious affiliation, and age of respondent on the dependent variable to be measured.

2.5. Limitation of the Study

Even though it is difficult to know the exact figure on the sexual behavior, pregnancy incidence and the type of resolutions sought among unmarried adolescents, the problem is so serious that one can not deny it. Hence the present research admits that information on the extent of premarital sexual behavior, pregnancy and abortion in countries like Ethiopia is difficult to obtain, yet the use of indirect questions coupled with the results of the focus group discussions and hospital records is believed to generate the required information to a greater extent.

Given the fact that much of the data used in this study is derived from sample survey, the study do not guarantee sufficiency in the qualification of the interviewers involved in the research process. With regard to the inclusion of variables, the study never include attitude and personality variables such as self esteem and locus of control and educational aspiration as intermediate variables that may have different effects at different decision points in the sexual behavior of adolescents.

Lastly, because the number of valid cases were found to be very small in the analysis of premarital pregnancy resolutions, this study was not able to see some of the correlates and determinants of premarital pregnancy and pregnancy resolutions.

CHAPTER III

SOCIO DEMOGRAPHIC PROFILE OF THE STUDY POPULATION

3.1. Characteristics of the Study Population

Data for this section was collected from household lists on age, sex, marital status and educational backgrounds of each household members.

3.1.1. Age Sex Structure

The inhabitants in the selected sample areas of the study by broad age and sex group is provided in Table 3.1 The age structure of the sample population resembles that of other urban centers i.e. a very high concentration of the population in the younger age group (0-14) and a few at older age.

Table 3.1. Age and Sex Distribution of the study Population, Bahir Dar, 1998.

Age Group	Male		Female		Total		SR*
	Count	%	Count	%	Count	%	
0-14	1391	32.5	1931	39.1	3322	36.1	0.72
15-64	2835	66.2	2953	59.7	5788	62.7	0.96
65+	55	1.3	60	1.2	115	1.3	0.92
Total	4281	100	4944	100	9225	100	0.87

*SR = Sex Ratio

Source: Sample Survey

3.1.2. Marital Status

The distribution of sample population by marital status and sex is provided in Table 3.2. The results of the marital status data for population aged ten and over in this population shows that about 38% of the total population were married, 57.1% single; 2.1% widowed and the remaining 2.8% divorced and separated.

Table 3.2. Distribution of Population Aged Ten and Over by Marital Status, Bahir Dar, 1998

Marital Status	Male		Female		Total	
	N	%	N	%	N	%
Single	2341	61.5	1772	52.2	4113	57.1
Married	1359	35.7	1377	40.5	2736	38.0
Widowed	54	1.4	98	2.9	152	2.1
Divorced/Separated	53	1.4	149	4.4	202	2.8
Total	3807	100	3396	100	7203	100

Source: Sample Survey

3.1.3. Education

The educational attainment of the study population was gathered during the household listing. Table 3.3 below shows the educational status of the studied population aged seven and over. According to the table, 11.3% of the population were illiterate. The data further revealed that, of the total population, about 24.7% attended primary level and 62.2% attended secondary or above level of education.

Table 3.3. Educational Characteristics of the population Aged Seven and over, Bahir Dar, 1998

Educational Level	Male		Female		Total	
	N	%	N	%	N	%
Illiterate	279	7.1	590	15.6	869	11.3
Non Formal	86	2.2	55	1.5	141	1.8
Primary	944	24.0	961	25.4	1905	24.7
Secondary & Above	2624	66.7	2183	57.7	4807	62.2
Total	3933	100	3789	100	7722	100

Source: Sample Survey

3.2. Selected Characteristics of the Respondents

In this section selected background characteristics of the respondents and those variables that are deemed to be important in influencing the sexual behavior of respondents is presented.

Table 3.4 below shows the distribution of respondents by age group. During the survey only women aged 15 to 24 are included in the study. The table shows that about 31.2% of the sample were in the age group 15-17; 31.9% in the age 18-19 and 36.9% in the age group 20-24. The mean age of respondents was 18.8 years.

The sampled population were characterized by a high level of literacy status and two third of the respondents were currently attending formal schooling.

Table 3.4. Frequency of Sampled Population by Age Group, Bahir Dar, 1998

Age Group	Frequency	%
15-17	270	31.2
18-19	276	31.9
20-24	319	36.9
Total	865	100.0

In Table 3.5 below, the respondents educational level, enrollment status, religious affiliation, and their family background characteristics and living arrangement by age group are presented. As indicated in the table respondents generally constitutes a literate population. Only 2.3 % of the respondents have never been to school. About 11.7 per cent had primary level education, while 86.3 per cent had junior and high school level of education.

With regard to the current enrollment status of respondents, 66.5 per cent were currently attending school and the rest i.e. 33.5 per cent were not currently in school.

Among the respondents, the larger proportion i.e. 89.3 per cent were Christians and Muslims comprise only 10.7%. In terms of religiosity, 73.1% of the sampled population attend religious places at least once in a week, 12.3% once or twice in a month, and 8.2% few times a year. Only about 5.7% never attend at all.

Table3.5. Percent Never Married Urban Women Aged 15-24 by Selected Socio-Demographic characteristics and Age Group, Bahir Dar, 1998.

Back Ground Characteristics	Age Group			Total 15-24
	15-17	18-19	20-24	
Educational Level				
Never Attend	-	-	5.6	2.3
Primary Level	30.5	4.1	4.9	11.7
Secondary & Above	69.5	95.9	89.5	86.3
Enrollment Status				
Currently in school	83.6	86.2	34.2	66.5
Not currently in school	16.4	13.8	65.8	33.5
Religious Affiliation				
Christian	88.3	85.4	93.6	89.3
Muslim	11.8	14.6	6.4	10.7
Father's Education				
Never Attended	27.2	37.6	54.0	40.4
Primary	10.5	18.8	12.6	14.0
Junior	5.4	7.8	6.3	6.5
Secondary & above	56.9	35.7	27.0	39.0
Mother's Education				
Never Attended	39.7	47.4	69.9	53.7
Primary	20.3	12.3	15.2	15.8
Junior	6.3	6.7	2.6	5.1
Secondary & above	33.8	33.6	12.3	25.5
Childhood Residence				
Urban	96.5	93.4	84.0	91.0
Non urban	3.5	6.6	16.0	9.0
Family Structure				
Intact	53.1	68.8	48.5	56.5
Non intact	46.9	31.3	51.5	43.5
Employment Status				
Employed	8.5	8.2	34.5	17.9
Unemployed	91.5	91.8	65.5	82.1
Migration Status				
Migrant	48.8	48.1	51.4	49.6
Non migrant	51.2	51.9	48.6	50.4

source: Sample Survey

Data on educational attainment of parents indicate that about 40.4 per cent and 53.7 per cent of the fathers and mothers had never attended any formal schooling respectively. About 14% of fathers and 15.8% of mothers attended primary school and over 45 % and 30% had attended post primary schooling respectively.

With regard to the respondent's current living arrangement about 36.6% reported that they live with both biological parents and about 63.4% live in some other forms. A close look at some of the major types of living arrangements revealed that 18.3 per cent living in female headed households, 8.9 per cent with relatives and 11.3 per cent reported living alone.

Information on the respondent's childhood place of residence revealed that 91% were living in urban area until age 14; and about 9 per cent were reported to be rural origin.

The survey data also indicated that about 50 per cent of respondent's place of birth were different from the current place of residence. In terms of respondent's employment status about 17.9 per cent were employed and 82.1 per cent unemployed.

CHAPTER IV

PREMARITAL SEXUAL BEHAVIOR, PREGNANCY INCIDENCE AND RESOLUTIONS

In this section an attempt is done to present the descriptive results of the study by examining the sexual and contraceptive behavior of adolescent. The discussion follows on describing the extent and magnitude of premarital pregnancy incidences and resolution sought among sexually active adolescents.

4.1. SEXUAL ACTIVITY

4.1.1. Information and Knowledge

Now a days adolescents in many parts of the world and particularly in urban areas are practicing premarital sexual relation at younger ages. A review of the characteristics of young people at the time of their first sexual experience provides insights in to when sexual activity is likely to begin, how wide spread is the knowledge of contraceptive use and incidence of unintended pregnancy.

The results of the survey indicated that the great majority of respondents reported that they had heard information about reproductive health. Responses obtained from the question "Have you ever heard of information about reproductive health?" revealed that 74.8% of the sampled young unmarried female population were so informed. Respondents were also asked whether they have awareness about the pregnancy risk period in the menstrual cycle. The percentage who reported yes for the question on the knowledge of fertile period accounted for about 50.6%. Given that this figure is not supported by cross check responses for confirming

the accuracy of the reported knowledge , it still illustrates how limited actual knowledge of reproductive health is among adolescents. It was also found that the majority of the respondents receive this information from their female friends. Parents are not cited by most of the adolescents. Some studies have documented that parents and their adolescent children do not communicate well. Kumah (1996) suggest that this may be partly due to the fact that in many traditional societies information and education on sexuality was provided not by parents but by other family members such as aunts and grand mothers.

Table 4.1 Percentage distribution of respondents having Information on Reproductive Health by Age and Level of Education, BahirDar, 1998

Knowledge/ Source	15 - 17		18-19		20-24		Total	
	Low Edu.	High Edu.	Low Edu.	High Edu.	Low Edu.	high Ed.	%	N
<u>Information about RH</u>								
.A lot of Information	68.5	32.2	66.7	66.4	13.3	52.5	52.5	296
.A Little information	7.4	32.2	-	15.1	63.6	21.8	22.3	126
.No Information	24.1	35.6	33.3	18.5	23.3	25.6	25.2	142
<u>Source of Information</u>								
.Female Friend	55.9	71.4	50.0	21.7	-	20.7	32.6	46
.Partner	44.1	28.6	50.0	13.0	-	27.6	24.1	34
.Family	-	-	-	32.6	-	-	10.6	15
.School	-	-	-	32.6	-	-	10.6	15
.Health Institution	-	-	-	-	100	-	11.3	16
.Other	-	-	-	-	-	51.7	10.6	15
<u>Knowledge about Fertile Period</u>								
.Yes	50.0	37.0	33.3	52.3	13.0	61.5	50.6	241
.No	50.0	63.0	66.7	47.7	87.0	38.5	49.4	235

Majority of the respondents also reported that they have known atleast one sexually transmitted disease including AIDS. Among students the knowledge of AIDS is almost universal.

4.1.2. Sexual Behavior

An important part of this study was to ascertain the attitude of adolescents towards sexual activity and contraception, and to assess how premarital sexual activity is prevailing among the study population.

One of the important biological factor to be considered in discussing about adolescent sexuality is the assessment of time of onset of menstruation among the study population. Theories in this regard suggest that declining age at menarche is a contributing factor in the increase in adolescent pregnancies (IPPF, 1994). The survey data thus indicated that the mean age at first menses was 14.6 years. About 3.1 per cent of the respondents reported that they had seen first menses at age of less than 13; 41.1 per cent reported during the age interval of 13 and 14; and 52.5 per cent reported at the age of 15. It was also found that 3.3 per cent (about 11% of the respondents in the age group 15-17) have not yet seen this biological response, all of which are of course at age 15.

Cross tabulation between current age and age at first menses revealed that age at first onset of menses was early among younger cohorts than those in the later ages. The proportion who had seen their first menses at the age of 14 or below among those currently aged 15-17 was reported to be 52.5 per cent . The comparative figure for those currently aged 20-24 was 44.2 per cent.

Another aspect to be considered in the study of sexual behavior is the extent of sexual experience and age at initiation among never married female adolescents. Even though it is difficult to know the true extent of such information, a number of adolescents in the study area have admitted that they were sexually active at the time of the survey. The survey result indicated that about 42.3 per cent of the respondents in the age bracket 15-24 have had sexual experience. In analysing the data on sexual experience by age, it was reported that as age increases, sexual activity becomes higher. The proportion sexually active by age category indicated that those in the age group 20-24 were almost double of those in the age group 15-17. Only 30 per cent of those in the age group 15-17 reported that they had sexual relation, 34.4 per cent in the age group 18-19 and about 59.4 per cent in the late adolescent age.

Table 4.2 below presents the extent of the magnitude of sexual practice observed in the study population. The reported age at initiation of sexual relations indicated that 8.3 per cent of respondents had started sexual activity at the age of below 15; and 55.9 per cent reported that they had started in the age between 15 to 17 , and 35.8 per cent at age 18 and over. The mean age at first sex was found to be 16.68.

Table 4.2. Percent Distribution of Age at Onset of Menses and Sexuality Among Never married Urban Adolescents Aged 15-24.

Sexual Behavior	Age Group			Total	
	15-17	18-19	20-24	%	N
Age At First Menses					
<13	3.3	4.7	1.6	3.1	25
13-14	49.2	39.1	36.3	41.1	334
15+	36.6	56.3	62.1	52.5	427
Never happened yet	11.0	-	-	3.3	30
Ever Had Sex					
Yes	30.0	34.4	59.4	42.3	360
No	70.0	65.6	40.6	57.7	492
Age at First Sex					
<15 years	2.7	2.9	13.8	8.3	24
15-17	97.3	63.8	31.7	55.9	162
18-19	-	33.3	42.8	29.9	86
20+	-	-	11.7	5.9	17
Number of Sexual Partners in the Past years					
One	67.2	56.3	51.1	55.6	180
Two	23.4	8.8	2.2	8.0	26
More than Two	1.6	8.8	18.5	18.5	60
None in the Past year	7.8	26.3	17.9	17.9	58

Source : Sample Survey

Cross tabulation between current age and age at first sex revealed that the younger cohorts i.e. those at the age 15-17 are considerably more likely to have started sexual relations at an earlier age than the older cohorts i.e. those in the age bracket 20-24. Table 4.2. indicated that 97.3 per cent of respondents in the age group 15-17 were sexually active while they were at age of 17 or below. Where as the experience of the older cohorts (20-24) in this regard revealed that only 45.5 per cent of them had been sexually active at the age of 17 or below.

Studies conducted in some African countries have asserted that the number of sexual partners before marriage appeared to be considerably higher in urban areas. For example, in Nigeria, 23 per cent of urban female had 5-9 partners before marriage (Gage et al,1994). Results of the present study however indicated that the mean number of sexual partners in the last twelve months per sexually active adolescent was relatively lower. About 55.6 per cent of

respondents reported that they had one partner, 8.0 per cent had two partner, and over 18 per cent had more than two partners during the preceeding year. About 18 per cent reported that they never had any sexual partner during the year. The prevalence of such multiple sexual partnership, however, would have a major health implication particularly in the area of contraction of STD and spread of HIV/AIDS.

4.1.3. Attitude toward Premarital Sex

Inspite of the relatively conservative attitude toward premarital sex in the country as a whole and particularly in the study area, an opinion was asked from respondents whether to agree or not for an unmarried young women to have had sexual relation with a man before marriage. The result shows that 10.8 per cent approve of sexual activity before marriage, while about 33.8 per cent approved it only if partners planned to get married.

When the attitude is interpreted by educational characteristics, approval of premarital sex under any condition or on condition of engagement was given by 75.8 per cent of low educated respondents and 43.0 per cent of their high educated counterparts (see Table 4.3). Attitude by enrollment status also indicated that approval rate for students was lower (41.6%) than that for non students (55.6%).

Table 4.3. Per cent Distribution of attitude toward premarital sexual Behavior Among Unmarried Adolescents by Level of Education and Enrollment Status, Bahir Dar, 1998.

Back ground characteristics	Attitude toward Premarital Sex				N
	Per Cent Disapprove	Per cent Approved			
		Any time	If engaged	Total	
Level					
.Low Education	24.2	53.8	22.0	75.8	91
.High Education	57.0	5.7	37.3	43.0	563
Enrollment Status					
.currently in school	58.4	9.0	32.6	41.6	534
.Not currently in school	44.4	15.5	40.1	55.6	277

Source: Sample survey

With regard to marriage behavior of adolescents, the attitude of respondents toward married life was higher. About 84 per cent reported that they like to be married at some point in time. The respondents were further asked about their attitude towards traditional marriage arrangement. The data revealed that about 86.8 per cent disagreed family arranged marriage.

4.2. Contraceptive Use

4.2.1. Information and Knowledge

Despite low rates of contraceptive use, knowledge of family planning or at least the ability to recognize methods is widespread among younger population in the study area. The knowledge of contraceptives, i.e able to mention at least one method, among the entire respondents was found to be 82.0 per cent. Cross tabulation of knowledge by sexual experience controlling for age explored that the reported knowledge about methods of family planning among sexually active females aged 15-19 is 96.5 per cent. This figure has increased to 97.3 per cent among sexually active respondents in the age group 20-24, indicating that knowledge of family planning increases with the increase in ages.

Table 4.4 Per cent Distribution of Knowledge and ever use of Family Planning Methods for nmarried females by school enrollment status, age group and whether sexually active, Bahir Dar, 1998.

Knowledge/ Ever Use	Enrollment Status				Age Group			
	Students		Non students		15-19		20-24	
	SA	NSA	SA	NSA	SA	NSA	SA	NSA
Knowledge of Family Planning								
Yes	94.2	76.4	100	69.0	96.5	72.1	97.3	83.1
No	5.8	23.6	-	31.0	3.5	27.9	2.7	16.9
Total	100	100	100	100	100	100	100	100
N	190	347	166	113	172	344	186	124
Ever Used contraceptive								
Yes	85.6	NA	86.8	NA	82.2	NA	89.6	NA
No	14.4	NA	13.1	NA	17.8	NA	10.4	NA
Total	100	NA	100	NA	100	NA	100	NA
N	146	NA	160	NA	135	NA	173	NA

NA= Not applicable

SA=Sexually Active

NSA=Not sexually active

Source: Sample Survey

4.2.2. Ever Use of contraceptives

According to the result obtained in Table 4.4 above , the reported knowledge of contraceptives among sexually active groups is substantially high. The reported ever use of contraceptives for those sexually active students and non students was found to be 85.6% and 86.8% respectively. Both knowledge and ever use seem to be high among the youth population in the study area.

4.3. Premarital Pregnancy Incidence and Resolutions

4.3.1. Incidence

Despite the reported high level of knowledge, and even high ever use of contraceptives among some groups, a substantial proportion of adolescents reported that they had been pregnant. Self reported figure regarding the incidence of premarital pregnancy among sexually active adolescents indicated that the proportion ever had pregnancy was about 25%. In a survey of similar study conducted in Awasa by Teweldeberhan(1996) it was reported that prewedlock conception has occurred to 46.1 per cent of adolescent women at least for one time. In the present study, however, due to the sensitivity of the issue it was suspected that self reported figures on incidence of pregnancy over the life of adolescent was understated. To supplement an understanding on the issue, the study attempt to get supporting data through some indirect questions relating to the experience of other adolescents.

As indicated in Table 4.5 about 77.8 per cent of respondents reported that they knew an unmarried pregnant woman . Over 6 percent reported that they knew 6-10 such cases, 13.6 per cent knew eleven or more such cases, 44.5 per cent reported 3 to 5 such woman and 35.8 per cent reported one to two women. With regard to the knowlege on the experience of other adolescents about pregnancy resolutions and places to go for abortion, about 64.6 per cent reported that they knew a woman who has undergone abortion, and about 36.7 per cent reported that the usual place to go for abortion were village abortionists.

Table 4.5. Knowledge about Unmarried female Adolescents Regarding the experience of other adolescents premarital pregnancy and abortion, Bahir Dar, 1998.

Knowledge	Per cent	N
<u>Know any unmarried pregnant woman</u>		
Yes	77.8	544
No	22.2	144
<u>How many such pregnant woman do you know</u>		
1-2	35.8	198
3-5	44.5	246
6-10	6.1	34
11 and over	13.6	75
<u>Occupational Characteristics of women who were pregnant</u>		
Students		
Non students	99.5	572
	0.5	3
<u>Per cent who know a woman who has undergone abortion</u>		
Yes		
No	64.6	529
	35.4	290
<u>Reason for decision to abort</u>		
Pregnancy was before marriage	62.8	338
Pregnancy was due to rape	6.5	35
Hazard to health	2.4	13
Other	28.3	152
<u>Place to go for abortion</u>		
Private clinic	17.4	145
Village abortionist	36.7	306
Self medication	8.4	70
Other	41.5	313

Source: Sample Survey

Cross tabulation of reported pregnancies by selected background characteristics revealed that 58.9 per cent have occurred to students, and 40 per cent to non students (see Table 4.6). By age category about 64.4 per cent of all pregnancies occurred to adolescents aged 20 to 24.

Table4.6. Reported Number of Preganancies By Selected Back ground Characteristics, Bahir Dar, 1998.

Back ground Variables	Reported Pregnancies	
	N	%
Age of Adolescent		
15-17	6	6.7
18-19	26	28.9
20-24	58	64.4
N	90	100
Enrollment Status		
Students	53	58.9
Non students	36	40.0
Not Stated	1	1.1
N	90	100
Parental Structure		
Intact	40	44.4
Non Intact	42	46.7
Not Reported	8	8.8
N	90	100
Living Arrangement		
Both Biological Parents	25	27.8
Not With both parents	65	72.2
N	90	100

Source: Sample Survey

4.3.2. Premarital Pregnancy Resolutions

In presenting results from this study's survey data on premarital pregnancy resolutions by different socio economic and background characteristics, the investigator recognize that under reporting of pregnancy resolutions, even the pregnancy itself, is likely to be very high, and that this fact greatly weakens the value of these estimates. Yet considering the result of this study remains important for having at least an approximate estimates of incidences and practice of abortion among groups of adolescents.

In this section estimates of abortion incidences among urban dwelling females in the study area are discussed based on hospital records and then follows the reported figures from the present survey data.

Estimate of Abortion Complications

Hospital Records:- Hospital records in the study area show that the number of patients admitted to gynaecological ward, particularly due to cases of incomplete abortion is increasing over time. Records from Felege Hiwot Hospital in the study area produced a count of 400 patients admitted to gynaecological ward for the period between September 1997 and February 1998. Of all admitted patients about 37 per cent (148 women) were suspected to be cases of some form of abortion.

The socio demographic and clinical characteristics of patients hospitalized due to abortion complication is presented in Table 4.7.

Table 4.7. Profile of Patients Admitted to Gynaecological Ward From Cases of Abortion Complications, As of September 1997 - February 1998, Bahir Dar, 1998.

Characteristics	Number	Per cent
Age Structure		
Below Age 15	-	-
15-19	21	14.2
20-24	53	35.8
Over Age 24	67	45.3
Not Reported	7	4.7
Marital Status		
Single	33	22.3
Married	58	39.2
Not Reported	57	38.5
Occupation		
Student	17	11.5
Non Student	63	42.6
Not Reported	68	45.9
Type of Abortion		
spontaneous	80	54.1
Induced	57	38.5
Not reported	11	7.4
Condition on Discharge		
Improved	146	98.6
Same	-	-
Died	2	1.4

Source: Felege Hiwot Hospital, MOH.

According to this table, the number of cases of abortion complications admitted to the hospital yield about 148 patients. The age distribution of abortion patients revealed that about 14.2 per cent are below age 19 and 35.8 percent in the age group 20-24. Of all reported abortion complications, about 22 % has occurred to an unmarried female population. In terms of occupational status 11.5 percent of the total patients were students. Of the total patients admitted 38.5 per cent of the patients were suspected as cases from an attempt of induced abortion.

Survey Results:- Given that abortion is illegal and women are not likely to feel free to report these events in such a household survey, it is nevertheless important to note that the reported figures on abortion coupled with results obtained from hospital records would suggest a high level of abortion incidence among unmarried urban females.

In presenting the survey result the units of analysis are those unmarried females who ever had pregnancy in the past years. Those adolescents who reported pregnancy were further asked how the pregnancy was resolved.

Table 4.8. Percentage Distribution of Reported Pregnancy Resolutions Among Never Married Adolescents Ever Had Pregnancy By Selected Background Characteristics, Bahir Dar, 1998.

Background Characteristics	Pregnancy Resolutions					
	First Pregnancy N=37			Second Pregnancy N=26		
	OWB	IA	Other	OWB	IA	Other
Age of Adolescents						
15-17	50.0 (1)	50.0 (1)	- -	- -	100.0 (1)	- -
18-19	50.0 (4)	12.5 (1)	37.5 (3)	33.4 (4)	50.0 (6)	16.7 (2)
20-24	66.7 (18)	25.9 (7)	7.4 (2)	23.1 (3)	61.5 (8)	15.4 (2)
Enrollment Status						
Students	52.9 (9)	23.5 (4)	23.5 (4)	31.6 (6)	57.9 (11)	10.5 (2)
Non Students	70.0 (14)	25.0 (5)	5.0 (1)	14.3 (1)	57.1 (4)	28.6 (2)
Living Arrangement						
Both Biological Parents	68.4 (13)	15.8 (3)	15.8 (3)	43.8 (7)	43.8 (2)	12.5 (2)
Not with both parents	55.6 (10)	33.3 (6)	11.1 (2)	- -	80.0 (8)	20.0 (2)

Note: OWB= Out of wed lock Birth

IA= Induced Abortion

Source: Sample Survey

Table 4.8 indicated the patterns of premarital pregnancy resolutions among unmarried adolescents by selected back ground characteristics. Although the number of observations in each cell are very small and do not allow us to provide detailed description about the situation, little can be said to this end.

As indicated in the table, only 9 cases of induced abortions and 23 cases of out of wedlock births are reported. The prevalence of induced abortion among sexually active and pregnant women in the study population, thus, was estimated to be about 10 per cent.

Differential by selected background characteristics suggested that of the total number of abortions in response to first pregnancy, 44 per cent were reported by students as opposed to non students; and 66.6 per cent reported by those adolescents not living with their biological parents as opposed to those living with their biological parents. This indicated that differences in the decision to resolve premarital pregnancies were influenced by the situation where the adolescent live.

Results of Focus Group Discussions also pointed that a number of sexually active adolescents are engaged into unprotected sexual practices and thus were exposed to different social psychological and health problems. Both the student and non student FGD groups have stressed that adolescents were frequently facing problems of unintended pregnancy. Explicitly, the FGDs reflected that the type of resolutions usually sought by these young people is induced abortion. Particularly among students abortion is a common phenomenon, both FGDs participants stated.

The estimated figure on the prevalence of induced abortion could however be higher than the reported one. As it is indicated in the table above, of all the 90 females who reported ever having pregnancy in the past , only 37 have reported how the pregnancy was resolved. As to the investigator's belief, the remaining 53 cases, if not all, were suspected of performing an induced abortion.

Generally the present study indicate that a substantial proportion of young unmarried population are sexually active, and that a substantial proportion of adolescents engaged in

sexual relations with out benefit of contraceptive protections that leads to the risk of unintended pregnancies and possibly induced abortions among adolescents.

CHAPTER V

RISK FACTORS FOR ADOLESCENT PREMARITAL SEXUAL BEHAVIOR

In this chapter the effect of socio demographic, family background and other behavioral factors on adolescent's premarital sexual behavior are examined.

The dependent variable to be measured is premarital sexual activity. To analyse the factors influencing the incidence of premarital sexual behavior, both bivariate and multivariate analysis were used. In the bivariate analysis, Chi square is used as an indicator of the association. In the multivariate analysis logistic regression is used to show the net effect of each predicting variable on the dependent variable.

The list of independent variables includes: the socio demographic characteristics include adolescent's age, educational level, enrollment status, childhood place of residence, living arrangement at age 14, religious affiliation, migration status and employment status. The family variables include family structure, father's education, mother's education and family income.

Premarital Sexual Behavior

Several studies have consistently found a significant association between adolescent's socio demographic and family back ground variables and premarital sexual relation.

The relationship between premarital sexual activity and a set of independent variables is analysed using bivariate and multivariate statistical techniques.

5.1. Bivariate Analysis

The bivariate relationship between the dependent variable and a number of independent variables is presented in Table 5.1.

According to the result of the Chi square test, age of adolescent, educational level and enrolment status, migration status, family income, mother's education, living arrangement and employment status emerged as being associated with premarital sexual activity.

Age is associated with premarital sexual activity. The proportion having premarital sexual intercourse is higher among adolescents in the age group 20-24 than those in the age 15-19. The bivariate result confirmed that the percentage of respondents ever had sexual intercourse among those aged 20-24 is 59.4 per cent.

Educational level of respondents was also significantly associated with premarital sexual intercourse. In the present result, high educated adolescents are less likely to have premarital sexual relations than low educated adolescents. The finding of this study on education variable was not consistent with some studies conducted in this area.

Table 5.1. Per cent Distribution of Unmarried Adolescent Premarital Sexual Relations by Selected Background Variables.

Background Variables/categories	Premarital Sexual Relation				Chi-square
	Ever Had		Never Had		
	%	N	%	N	
Age of Adolescent					
15-19	32.2	173	67.8	364	59.97449***
20-24	59.4	187	40.6	128	
Educational Level					
Low Education	65.6	61	34.4	32	18.16912***
High Education	41.9	243	58.1	337	
Religious Affiliation					
Christian	43.3	322	56.7	422	3.93357*
Muslim	32.2	28	67.8	59	
Migration Status					
Migrant	51.7	212	48.3	198	34.98662***
Non migrant	31.4	130	68.6	284	
Enrollment Status					
Currently in School	34.3	192	65.7	367	45.43169***
Not in school	58.7	166	41.3	117	
Childhood Residence					
Urban	40.1	292	59.9	436	7.62586**
Non Urban	57.1	40	42.9	30	
Parental structure					
Intact	37.7	176	62.3	291	10.15861**
Non intact	48.7	175	51.3	184	
Fathers education					
Low education	45.3	189	54.7	228	5.02056*
High education	37.3	131	62.7	220	
Mother's education					
Low education	46.8	255	53.2	290	16.75298***
High education	31.1	74	68.9	164	
Family income					
Low income	34.4	93	65.6	177	12.39865***
High income	49.0	148	51.0	154	
Past Religiosity					
Attendant	43.2	51	56.8	67	0.03033
Non attendant	42.4	308	57.6	419	
Living Arrangement					
Both biological Parent	33.4	180	66.6	359	38.67184***
Not with both parent	55.7	161	44.3	128	
Employment status					
Employed	72.3	102	27.7	39	11.18355***
Unemployed	58.7	236	41.3	402	

* significant at $p < 0.05$

** significant at $p < 0.01$

*** significant at $p < 0.001$

The religious affiliation and commitment of adolescents also, though not strongly associated, play an important role in their sexual behavior. Membership in the religious group that sets forth traditional and stringest perceptions concerning sexuality may influence both the behavior and attitude of young people. A number of researches previously conducted have shown that Muslims were less sexually active. The survey result in this study have shown that Muslims were considerably less likely than Christians to have had premarital sexual relations. According to the survey data around one-third of the Muslims had had premarital sexual experience as opposed to two-fifth of the Christians.

Migration status of an adolescent is another variable found to be significantly related to sexual behavior. The data revealed that migrants were more likely to be sexually active than non migrants. The proportion ever had sexual activity before marriage accounted for about 52 per cent as opposed to 31 percent of non migrants.

With regard to enrollment status some studies have shown that the propensity of practicing sexual relations before marriage among adolescents who are currently in school is higher. The bivariate relationship in this study however shows that larger proportion of non students were engaged into premarital sexual activity than students.

Another variable which is significantly related with adolescent's sexual behavior is the mother's education. The data revealed that substantial proportion of adolescents with low educated mothers were sexually active. Adolescents originated from low income families and those living elsewhere other than with both biological parents were expected to have engaged in to premarital sexual activity than their counterparts. The bivariate result however shows

that adolescents originated from low income families were found to be less sexually active; where as those living not with both their parents were found to be more sexually active. The finding of this study with regard to the relationship between living arrangement and sexual activity is in conformity with other studies conducted elsewhere. For instance, in a study of the relationship between family background and premarital first birth, Martinson (1990) suggest that father's absence would be more harmful because of the lack of male role in the household (Martinson, 1990).

The bivariate relationship between employment status and sexual activity also indicated that employed are more sexually active than unemployed youth population.

5. 2. Multivariate Analysis

In the preceeding section attempts were made to find out whether an association exists between premarital sexual activity among adolescents and different sociodemographic characteristics and family background variables. Chi square test have been applied for each variable independently, and a statistically significant association was observed for most of the variables considered in the analysis.

The association between premarital sexual intercourse and background variables of adolescents proved that there is significant relationship between these variables. However, this type of analysis lacks in estimating the net effect of a particular variable on premarital sexual practice among the study respondents. It is believed that the application of the multivariate

analysis will provide a good estimate of the net effect of each independent variable by controlling the effect of other variables. Thus logistic regression analysis was applied.

The response variable in the logistic model applied here is premarital sexual behavior. The explanatory variables entered in the model are age of adolescent, educational level, enrollment status, migration status, religious affiliation, employment status, childhood residence, living arrangement, parental structure, father's education, mother's education, and family income.

Results and Discussion

The multivariate relationship between premarital sexual behavior and selected independent variables are shown in Table 5.2.

The multivariate analysis demonstrated that age of adolescent, educational level, parental structure, family income and mother's education were found to be the most powerful predictors of premarital sexual relations and statistically significant.

Table 5.2. Logistic Regression Analysis of the Influence of Socio Demographic Variables on Premarital Sexual Relations Among Unmarried Adolescents

Independent Variables /Categories(a)	B	Exp. (B)
Age of Adolescent (15-19) 20-24	0.7168***	2.0478
Educational Level (Low education) High education	-0.6257***	0.5349
Religious Affiliation (Muslim) Christian	-0.9044*	0.4048
Parental Structure (Intact) Non intact	0.5426***	1.7205
Family income (High income) Low income	-2.2975***	0.1005
Living Arrangement (Both biological parent) Not with both parent	0.4763**	1.6101
Mothers Education (High Education) Low education	1.6562***	5.2395
Constant	0.8593	

* significant at $p < 0.05$

** significant at $p < 0.01$

*** significant at $p < 0.001$

(a)The reference category is in parentheses

In the multivariate model, age has a strong effect on premarital sexual behavior. As age increases the likelihood of an adolescent to have engaged in to sexual relation increases. The risk of premarital sex among adolescents in the age group 20-24 is 2.04 times higher with reference to those in the age group 15-19. This is consistent with the result obtained from the bivariate analysis, which indicates that the proportion ever had sexual intercourse increases

with increase in age. The bivariate result asserted that premarital sexual activity increased from 32.2 per cent in the age group 15-19 to 59.4 per cent in the age 20-24.

Educational level of adolescents was also found to be significant predictor of premarital sexual activity. The data indicated that the risk of having sexual activity before marriage among high educated adolescents is reduced by a factor of 0.47 as compared to low educated ones.

Literature on the relationship between premarital sexual behavior and education variable suggest that increase in level of education may be a factor for contributing to the apparently high level of sexual activity among unmarried youths. It is argued that education increases exposure to modern norms, increases the availability of potential sexual partner (Gage et al., 1994). If such is the case, it is expected that better educated girls will report higher level of sexual experience than less educated girls after controlling for age. The survey data however revealed that the proportion sexually active among low educated adolescents was estimated to be 65.6 per cent. Both the bivariate and multivariate results were found to be contrary to the common belief that an increase in education cause an increase in the level of premarital sexual activity. It is, however, believed that the effect of education may not always be unidirectional. As one advances in education the need to aspire further education might discourage the need to initiate sexual activity before marriage.

Parental structure was another variable in explaining the variation in the risk of having premarital sexual relation among adolescents. In conformity with the bivariate result, the

multivariate analysis also shows that the likelihood of being engaged in to premarital sexual relations is higher among adolescents originated from non intact families.

The multivariate result revealed that the risk is 1.7 times higher among adolescents originated from non intact families as compared to those living with both biological parents. The finding of this study concerning this variable was also found to be consistent with other studies. A study conducted by Wu (1996) regarding the effect of family structure on risk of premarital birth suggest that single parent families have more difficulty in supervising adolescents than do two- parent families. Another study conducted by Martinson (1990) also asserted that family separation at younger ages may have the greatest effect in the development sequence of the adolescent.

The result of the logistic regression on the effect of family income level on sexual activity shows that adolescents with low income parents have low risk of being engaged in to premarital sexual practice. As indicated in the bivariate analysis, adolescents who are more likely to be sexually active are those originated from high income parents. The finding of this study particularly with regard to this variable was not consistent with some of the studies conducted elsewhere. For instance, Wu (1996) have found that the young women from disadvantaged economic background may be more likely to be sexually active than those from advantaged family background. Again this may not always be unidirectional. Adolescents with low income parents might have greater responsibility in managing the household they live in, being involved into some income generating activities and being deprived of accesses to "modern" way of life etc.

Another most powerful predictor variable obtained in this study was the mother's education. Adolescents whose mother is low educated have higher likelihood of being engaged in to premarital sexual activity than those from high educated parents. The risk was estimated to be about five times higher among these groups. Literature have suggested that although direct communication between parents and children about sexuality is limited in many families, parents might be sources of guidelines for children. Parents with restrictive attitude towards adolescent sexuality exert more supervision over their children and allow less autonomy which reduces adolescent sexual behavior. The finding of this study is in support of the idea that since educated parents have greater educational aspirations for their children, highly educated parents may discourage early sexual activity among their children.

CHAPTER VI

SUMMARY, CONCLUSION AND POLICY IMPLICATIONS OF MAJOR FINDINGS

6.1 Summary and Conclusion

Adolescent sexuality and its associated consequences have now a days been given particular attention all over the world. Many studies show that the problem of early and unprotected sexual intercourse would result multiple effects. Among the major ones are unintended pregnancy and induced abortion and contraction of STD/HIV (Kumah, 1996).

The purpose of this study was to explore the sexual behavior of adolescents in the study area and to investigate some socio demographic and family background factors associated with women's sexual behavior and premarital pregnancy incidences.

The study was based on sample survey of unmarried urban adolescents aged 15-24 in Bahir Dar town. To achieve the objective of the study, a sample of 865 young unmarried females were considered.

After the discussion of the background characteristics of the respondents, the prime interest of this paper has fallen on examining the sexual behavior, pregnancy incidences and resolutions sought among never married urban adolescents.

The finding indicate that information and knowledge about reproductive health among adolescents were substantially higher. According to the data 74.8 per cent reported that they

have had information about reproductive health. The most frequently cited source of information were female friends.

With respect to sexual activity, the data indicated that a substantial proportion of unmarried adolescents in that age group 15-24 were sexually active before marriage. Even though it is difficult to know the true extent of such information, about 42.3 per cent of the respondents admitted that they were sexually active at the time of the survey. Other studies conducted in urban Ethiopia revealed that there is an increase in the proportion of adolescents sexually active in the age bracket 15-24. A study conducted by Ministry of Labor and Social Affairs (1991) on the youth population's fertility and reproductive behavior indicated that over 47 per cent of adolescents in urban area were sexually active. Again a study conducted in Bahir Dar town by Misganaw et al (1996) on sexual behavior among out of school youth aged 15-24 in the town revealed that 59.3 per cent of respondents had practiced sexual intercourse before marriage.

The reported age at initiation of sexual activity in this survey data indicated that over half of adolescents (55.9 %) started sexual activity between the age of 15 and 17. The mean age at first sexual intercourse was found to be 16.7. Cross tabulation between current age and age at first sex have shown an interesting result. It suggest that the younger cohorts ,i.e. those in the age 15-17, are considerably more likely to have started sexual relations at an early age than the older cohorts (those aged 20-24).

With regard to the attitude of adolescents toward premarital sex, a total of about 44.6 per cent approved sexual act before marriage, of which , over 30 per cent aproved it on condition of

only if partners planned to get married. Attitude by educational level and enrollment status revealed that 75.8 per cent of low educated groups and 55.6 per cent of non students approved premarital sex any time.

Information on the knowledge and ever use of contraceptives revealed that majority of the respondents (82%) have knowledge of at least one method of contraceptives. Reported ever use of contraceptives among adolescents ever had sexual activity was still found to be high. The most frequently cited types of methods used among sexually active adolescents were pills, condom and injectables.

Despite the reported high level of knowledge and ever use of contraceptives, a substantial proportion of adolescents also reported that they had been pregnant. Among all sexually active adolescents, the proportion ever had pregnancy was found to be 25 per cent. The finding of this survey on pregnancy incidence was compared with other studies conducted in urban area or elsewhere in Ethiopia. A survey study on premarital pregnancy among adolescents in Awassa town revealed that prewedlock conception has occurred to about 46.1 per cent of adolescents at least for one time.

Differential by sociodemographic and family background characteristics of adolescents were significantly observed by most of the variables with respect to the experience of sexual activity. Among the variables considered in the bivariate analysis, age, educational level, enrollment status, religion, migration status, living arrangement, employment status, childhood residence, parental structure, mother's education and household income have shown significant association with premarital sexual activity. Adolescents who originated from non

intact families, low parental education, and those not living with both biological parents were observed to have higher likelihood of being engaged in premarital sexual activity.

Attempt was made to obtain information on premarital pregnancy resolutions and estimates of the level of induced abortion from the survey data. Self reported figures on induced abortion, however, revealed that only nine cases of the total pregnant women (i.e. 10 %) reported that they had performed induced abortion to get rid of the pregnancy occurred to them before marriage., and 44 per cent of the reported abortions were performed by students. Since abortion is illegal and women are not likely to feel free to report this event, the data on abortion should be treated with caution. Thus it is believed that the application of diversified methods of data collection techniques coupled with the use of well trained interviewers in such type of research process would help complement the information gap.

In the analysis of factors associated with one's sexual behavior, both bivariate and multivariate analysis were performed. The bivariate relationships were first examined using Chi square test.

With respect to premarital sexual relations, most of the adolescent's socio demographic and family background variables were statistically significant. The variables that emerged from the multivariate analysis as a risk factors for adolescent premarital sexual relation were age of adolescent, educational level, employment status, family income, enrollment status, living arrangement, migration status and mother's education. All of these variables appear to be statistically significant.

The effect of age variable on premarital sexual behavior is particularly strong. The result is consistent with the expectation that the higher the age of adolescent, the more the likelihood of being engaged in sexual activity.

The effect of mother's education on the other hand was reflected as the most powerful predictor on sexual activity. This result is also consistent with the common belief that the more highly educated the parents, the more likely is the girl to value her education. In this variable, a more thorough analysis seems important to identify mechanisms through which increased parental education helps prevent premarital sexual relation and a subsequent livebirth.

Generally the high prevalence, and early age at initiation, of sexual activity among adolescent women and the high number of sexual partners before marriage brings in to focus in assessing existing programs pertaining to the psychological as well as physical wellbeing of adolescents.

The major findings summarized here, thus, suggest a number of policy implications, the very important of which are mentioned below.

6.2 Policy Implications

The present study on adolescent sexuality, pregnancy incidence and resolutions finds that a significant proportion of young unmarried population in the study area are sexually active and that a substantial proportion of adolescents are engaged in sexual relations without the

benefit of contraceptive protection., and thus a large proportion of adolescent women have been pregnant.

The result of this study illustrate the importance of examining the dynamics of early sexual activity and pregnancy incidence. The government of Ethiopia adopted a population policy in 1993 with the ultimate goal of reducing the high fertility rate of 7.7 children per woman in 1990 to approximately 4 children by the year 2015. With regard to the situation of children and adolescents and associated problems, unwanted pregnancy and criminal abortions were strongly emphasized. Among the strategic components mentioned, establishing teenage and youth counselling centres in reproductive health, making population and family life related education and information available via formal and informal media, and providing career counselling services in second and third level institutions to enable students specially girls to make appropriate career choice were some of the areas of intervention mentioned in the policy (TGE,1993).

At the present time, the higher prevalence of premarital sexual activity and pregnancy incidences observed in the study area as well as else where in urban Ethiopia confirm that an overwhelming majority of urban adolescents are suffering from health risks associated with induced abortion, contraction of STD/HIV which calls for further research specially in the area of abortion.

The finding of this study revealed that educational level, enrollment status, parental education, parental structure, and living arrangement were some of the factors that contribute to the prevalence of early sexual intercourse and pregnancy. Thus, program interventions aiming to

lower the apparently high level of premarital sexual activity and pregnancy should be enhanced. The finding also indicated that the most vulnerable group in this regard were students.

Thus, the existing population policy and programs as well as future program interventions in the area of adolescent reproductive health should mainly target secondary school girls. Programs should aim at reducing the rate and incidence of unintended pregnancy among school-age teenagers since they are at most the exposed segments of the population with regard to early sexual activity and unintended pregnancy.

In summary, the future program interventions should mainly focus on three main aspects. Firstly, to avoid unwanted pregnancy among unmarried adolescents, intensive sex education is essential. Since many teenagers are emotionally unequipped to handle sexual relationships, they should be informed about all the risks associated with early sexual activity. Secondly, contraceptives should be readily available to adolescents in the context of educational and counselling program. Third, the legal status of abortion in the country should be assessed on the basis of not only on health factors (i.e. to save the life of the pregnant mother from danger) but also on other factors such as economic and social factors (i.e. rape, incest, etc.).

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QUESTIONNAIRE I

1. HOUSEHOLD SCHEDULE

a. Identification

1	REGION	
2	TOWN	
3	HIGHER	
4	KEBELE	
5	HOUSE NUMBER	

b. List of household members

Ser NO.	Name of usual member in the household	Age	Sex 1.M 2.F	Marital status 1.Married 2.Single 3.Divorced 4.Widowed 5.Separated	Education 1.illtrate 2.1-6 3.7-8 4.9-12 5.12+ 6.Non formal	Eligible Respondent (Mark "x" those Unmarried females aged 15-24)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

NUMBER OF UNMARRIED FEMALES AGED 15-24 IN THE HOUSEHOLD _____

**ADDIS ABABA UNIVERSITY
INSTITUTE OF DEVELOPMENT RESEARCH
DEMOGRAPHIC TRAINING & RESEARCH CENTER**

***A Survey on Adolescent Sexual Behavior, Risk of Premarital Pregnancy and its
Resolution in Bahir Dar Town, 1997/98
Survey Questionnaire II
(For Eligible Women Only)***

I. IDENTIFICATION

REGION	
TOWN	
HIGHER	
KEBELE	
HOUSE NUMBER	
SERIAL NO. OF ELIGIBILITY	

II. INTERVIEW STATUS:

1. Completed
2. Partially Completed
3. Postponed
4. Refused
5. Dwelling vacant
6. Other, specify _____

Interviewer's Name _____ Field Supervisor's Name _____
signature _____ Signature _____
Date _____ Date _____

SECTION ONE: HOUSEHOLD/FAMILY BACKGROUND

Q101 How many usual members are there in the household?

- A. Male-----
- b. Female---
- c. Total----

Q102 How many brother and sisters aged 15-24 are there in your household?(indicate their numbers in the space provided)

- A. Brothers _____
- B. Sisters _____
- C. Others _____

Q103 Whom did you live with until age 14?

(circle all applicable)

- 1=Both biological parents 2=Father and step father
- 3=mother and step father 4=mother alone
- 5=Father alone 6=Relatives/Friends
- 7=Other, specify _____

Q104 Are any or both of your parents alive or dead?

- 1=Both alive----->Skip to Q106
- 2=Mother only died
- 3=Father only died
- 4=Both died

Q105 How old were you at the death of one or both of your parents?

Age in years _____

Q106 Whom do you live with currently?

- 1=Both Biological Parents 2=Father and Step mother
- 3=Mother and Step Father 4=Mother Alone
- 5=Father Alone 6=Relatives/Frieds
- 7=Other , Specify

Q107 Does the household own the following items?

- A. Radio/Tape 1=Yes 2=No
- B. TV 1=Yes 2=No
- C. Fridge 1=Yes 2=No
- D. Car 1=yes 2=No

Q108 What is/was the educational status of your father?

- 1=Illiterate
- 2=Literate but not formal
- 3=Primary (1-6)
- 4=Junior (7-8)
- 5=High school (9-12)
- 6=Above 12
- 7=Dont know

- Q109 What was the highest level of schooling your mother completed?
 1=Illiterate
 2=Literate but not formal
 3=Primary (1-6)
 4=Junior (7-8)
 5=High school (9-12)
 6=Above 12
 7=Dont know
- Q110 What was the employment status of your father by the time you were age 14?
 (Specify the type of work _____,
 (if no work, write unemployed)
- Q111 What was the employment status of your mother by the time you were age 14?
 (SPECIFY THE TYPE OF WORK _____, IF NO WORK, WRITE UNEMPLOYED)
- Q112 Are your parents living together?
 1=Yes----->Skip to Q114
 2=No
- Q113 Why are your parents not living together now?
 1=Divorced 2=Separated
 3=Widowed 4=Other,speciify_____
- 114 What was the estimated monthly income of your parents while you were age 14?
 1=Less than Br.120 2=Br. 120-300
 3=Br. 301-600 4=Br. 601-900
 5=Br. 901 and above
- Q115 What is the religion of your parents?
 1=Orthodox 2=Protestant
 3=Catholic 4=Muslims
 5=Other, specify_____

SECTION TWO: RESPONDENTS DEMOGRAPHIC/SOCIO-ECONOMIC CHARACTERISTICS

- Q201 How old were you at your last birth day?
 Age in years _____
- Q202 In what month and year were you born? _____
- Q203 What is your current religion?
 1=Orthodox 2=Protestant
 3=Catholic 4=Muslims
 5=Other, specify_____
- Q204 How frequently did you attend religious services in the past?
 1=Not at all 2=Few times a year
 3=1 to 2 times a month 4=Once per week or more

- Q303 How old were you when you had sexual intercourse for the first time?
Age in years _____
- Q304 Were you okay/agree/ to have the first sexual intercourse?
1=Yes 2=No
- Q305 What was the most important reason for the first sexual intercourse?
1=Biological need 2=Love
3=Forced by partner 4=Need to get help
5=Need to have a child 6=Other, specify
- Q306 Have you had unintended/forced intercourse/rape in the past years after the previous one?
1=Yes 2=No
- Q307 Did you ever have a regular sexual partner?
1=yes 2=No
- Q308 Do you have a regular sexual partner currently?
1=yes 2=No
- Q309 How many sexual partner did you have during the last 12 months?
1=One 2=Two
3=Three 4=More than three
5=Non in the last year 6=Dont know
- Q310 How often have you had sexual intercourse in the last three months?
1=Ones or twice a month 2=Once or twice a week
3=Three or four times a week 4=None
5=Other, specify _____
- Q311 Can one stay away from sex?
1=Yes 2=No
- Q312 Where do you think that male-female relationships are mostly initiated among adolescents?
1=At school 2=Along the roads
3=At home 4=Recreational area
5=Other, specify _____ 6=Don't Know
- Q313 What is your opinion about unmarried girl having sexual relation with a man?
1=Agree in any situations
2=Agree only if she plans to marry
3=Disagree
4=Strongly disagree
5=Dont know
- Q314 Do you like to be married at some points in your life?
1=Yes
2=No--->Skip to Q316
- Q315 At what age do you like to get married?
Age in years _____
- Q316 What should be the legal age at marriage in this country?
Age in years _____
- Q317 Have you ever been asked for marriage by someone?
1=Yes 2=No

Q318 Which type of relationship do you think that is most prevalent in your surrounding?

- 1=Female Vs Male students
- 2=Female student Vs Teachers
- 3=Female student Vs Government employees
- 4=Female students Vs other unemployed
- 5=female prostitutes Vs other males
- 6=other, specify_____

Q319 Do you agree with the statement that the idea of forming a family should be initiated and arranged by parents?

- 1=Agree
- 2=Disagree

INTERVIEWER : CHECK Q302

Yes ----->skip Q401

No ----->Ask Q320

Q320=What was the main reason that you never had sexual intercourse?

- 1=Religious reason
- 2=Fear of pregnancy
- 3=Fear of parents
- 4=Fear of HIV/STD
- 5=Want to wait until married
- 6=Other, specify_____

SECTION FOUR: CONTRACEPTIVE BEHAVIOR

Q401 Are you familiar with any method that may be used by a couple to prevent unwanted pregnancy?

- 1=Yes
- 2=No----->skip to q406

Q402 Which of the following listed methods of avoiding pregnancy have you heard of? (circle all applicable) (INTERVIEWER PLEASE PROBE)

- 1=Pill
- 2=Condom
- 3=IUD
- 4=Diaphragm, foam, Jelly
- 5=Female sterilization
- 6=Male sterilization
- 7=Injection
- 8=Traditional Medicine
- 9=Withdrawal
- 10=Prolonged abstinence
- 11=Safe period
- 12=Induced abortion
- 13=Other, specify

Q403 If you ever had sexual intercourse, which of the following listed methods of avoiding pregnancy have you ever used? (circle all applicable)

- 1=Pill
- 2=Condom
- 3=IUD
- 4=Diaphragm, foam, Jelly
- 5=Traditional Medicine
- 6=Prolonged abstinence
- 7=Safe period
- 8=Other
- 99=None

Interviewer: Check Q302

YES----->ask Q404

No ----->skip Q407

Q404 Were you using any means of avoiding pregnancy when you first entered in to sexual union?

1=Yes

2=No

Q405 How old were you when you first used any type of contraceptives?

Age in years_____

Q406 If you are not currently using contraceptives, what is the reason?

1=Not practicing sex

2=Infrequent sex

3=Want to get pregnant

4=Currently pregnant

5=Can't get contraceptives

6=Fear of side effect

7=Religious reason

8=Partner opposed

9=Other, specify_____

Q407 Have you ever heard of any information about reproductive health(i.e.contraceptives, how pregnancy occur, STD, Menstrual cycle, etc.)

1=Yes, a little

2=Yes, quite a lot

3=No----->Skip to Q501

Q408 If yes what was your principal source of information on reproductive health?

1=Female friends/relatives

2=Partner

3=Parent/mother

4=Thought in school/read

5=Health institutions

7=other, specify_____

Q409 Do you have the correct knowledge concerning the fertile period of the menstrual cycle?

1=Yes

2=No

SECTION FIVE: PREGNANCY INCIDENCE & RESOLUTION

Q501 DO you know such a woman i.e. a young unmarried woman who is pregnant?

1=Yes

2=No----->Skip to Q504

Q502 Has any of your close friend/relative become pregnant before marriage?

1=Yes

2=No

Q503 (a)How many such pregnancies do you know?

Numbers_____

Q503 (b).What is their occupational status?

Specify the type of occupation most of them have-----

- Q504 Do you know a woman who has undergone abortion?
 (not required to mention names)
 1=Yes
 2=No----->Skip to Q508
- Q505 How many such women do you know?
 Numbers _____
- Q506 What was the most frequently cited reason for terminating their pregnancy through induced abortion?
 1=Women was unmarried and didn't plan to marry
 2=Pregnancy was due to rape
 3=It was hazard to health
 4=other,specify
- Q507 Do you know of a woman who lost her life in an attempt to terminate pregnancy through induced abortion?
 1=Yes
 2=No
- Q508 Where do women usually go for abortion?
 1=Private clinic/hospital / 2=Gov't clinic/hospital
 3=Friend's home 4=Village abortionist
 5=Self medication 6=Other,specify-----
 7=Don't know

Interviewer: Check Q302

Yes-----> Ask Q509

No-----> Skip Q514

- Q509 Have you ever been pregnant?
 1=Yes
 2=No, ----->skip to q514
- Q510 How many times such pregnancies occurred to you?
 (Number of pregnancies -----)
- Q511 How old were you when you became pregnant for the first time?
 Age in years ____
- Q512 If you have ever been pregnant, please tell me your premarital pregnancy outcomes
- A. First pregnancy?
 1=.Livebirth
 2=Induced Abortion
 3=Misscarriage/still birth
 4=Other _____
- B. Second pregnancy?(If secocnd pregnant occured to you!)
 1=Livebirth
 2=Induced Abortion
 3=Misscarriage/ stil birth
 4=Other _____
- Q513 With whom were you living when you had the first premari tal pregnancy?
 1=Alone 2=Both parents
 3=Mother alone 4=Father alone

Q607 Have you ever seen a person having contacted HIV/AIDS?

1=yes

2=No

Q608 What can a person do to avoid getting AIDS?

1=Do not have sex

2=Use condom during sex

3=Do not have sex with prostitutes

4=Limit sexual partners

5=Avoid blood transfusion

6=Seek God's help

7=Go for traditional healers

8=other, specify_____

INTERVIEWER: Check Q302

Yes----->Ask Q609

No ----->STOP INTERVIEW

Q609 Since you heard of AIDS, have you changed your sexual behavior to prevent getting AIDS?

1=Yes

2=No----->Skip to Q611

Q610 If yes what did you do? (circle all applicable)

1=Restricted sex to one partner

2=Started using condom

3=Stopped sex totally/practice abstinence

4=Others, specify_____

Q611 If no, why you have not changed your sexual behavior?

1=Already with one partner

2=Partner opposed

3=I am not sure of the existence of AIDS

4=Other, specify_____

@@@@@@@*****T H A N K Y O U*****@@@@@@@

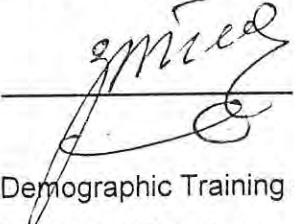
Guidelines for Focus Group Discussion(FGDs) Participants

1. How is sexual life among adolescents and youths?
 - a. In school communities
 - sexual exploitation
 - prostitution
 - boy/girl friend relationship
 - motivating factor toward sexual act
 - b. Out side school communities
 - sexual exploitation
 - prostitution
 - boy/girl friend relationship
 - motivating factor toward sexual act
2. Perception cause and danger of early unwanted pregnancy
 - a. Perceptions
 - b. Causes
 - c. Dangers
3. Knowledge, attitude and practice toward illegally induced abortion
 - a. Knowledge
 - b. Attitude
 - c. Practice
4. Availability and extent of use of village abortionists
 - a. Availability
 - b. Extent of use
5. Marriage behavior
 - freedom to choose marriage partner
 - attitude toward celibacy
 - Age at marriage
 - Attitude toward married life
6. Recommendations on adressing the problem of premarital pregnancy incidence and abortion that adolescents are facing.

DECLARATION

I, the undersigned, declare that this thesis is my work and that all sources of the materials used for this Thesis have been dully acknowledged.

Name BERHANU AYICHEW WORKINEH

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