ADDIS ABABA UNIVERSITY COLLEGE OF HEALTH SCIENCE SCHOOL OF PUBLIC HEALTH

Magnitude of unsafe sex and its contributing factors among non-married Preparatory School Adolescent Students in Addis Ababa

A Thesis submitted to the School Public Health of Addis Ababa University in Partial Fulfillment of the Requirements for the Masters Degree in Public Health.

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ADDIS ABABA UNIVERSITY COLLEGE OF HEALTH SCIENCE

SCHOOL OF PUBLIC HEALTH

Magnitude of unsafe sex and its contributing factors among non-married Preparatory School Adolescent Students in Addis Ababa

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DECLARATION

I hereby declare that the work which is being presented in this thesis entitled ‘‘Magnitude of unsafe sex and its contributing factors among non-married preparatory school adolescent students in Addis Ababa” is original work of my own, has not been presented for a degree to any other university and all the materials used for the thesis have been duly acknowledged.

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As thesis research advisor, I hereby certify that I have read and evaluate this thesis prepared under my guidance by Haregewayin Tesfaye entitled magnitude of unsafe sex and its contributing factors among non-maried preparatory school adolescent students in Addis Ababa, Ethiopia. I recommended that it be submitted as fulfilling the thesis requirement.

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Internal Examiner	Signature	Date

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ACRONYMS

AAU	Addis Ababa University
AIDS	Acquired Immune Deficiency Syndrome
AOC	Adjusted odds ratio
COC	Crude odds ratio
CI	Confidence Interval
EDHS	Ethiopian Demographic and Health Survey
HIV	Human Immune Deficiency Virus
HPV	Human Papiloma Virus
NGOs	Non-Governmental Organizations
RH	Reproductive Health
SD	Standard Deviation
SEMs	Sexually Explicit Materials
SPH	School of Public Health
SPSS	Statistical Package for Social Science
SRH	Sexual and reproductive health
STD	Sexually Transmitted Disease
STIs	Sexually Transmitted Infections
WHO	World Health Organization

ABSTRACT

Background: There is a growing evidence suggesting that adolescent students in school are practicing risky sexual behavior. Ethiopian adolescents age 10 – 19 years have emerged as the segments of the population most vulnerable to a broad spectrum of serious sexual health problems including STI/HIV, unwanted pregnancy and unsafe abortion due to growing practice of unsafe sex.

Objectives: The main objective of this study was to assess the magnitude of unsafe sex and factors contributing to it among preparatory school adolescent students in Addis Ababa.

Methods: A school based cross-sectional study design was employed using a pre-tested self-administered questionnaire and supplemented by focus group discussions which were conducted from May 1 to May 10, 2017 among preparatory students in Addis Ababa. A total of 840 students were selected using a malti- stage sampling technique. SPSS software version 16 was used to perform descriptive statistics, bivariate and multivariable logistic regression analyses to identify factors associated with no/ inconsistence condom use and having mutiple sexual partener. Qualitative data were manually analyzed.

Results: Of the 789 study participants age 15-19 years, female participants were 465 (59%) and 324 (41%) male participants were involved. Three hundred fifteen (39.9%) respondents ever had sexual practice. From those students who ever had sexual practices, 122(38.7%) practicing unsafe sex, out of the 315 sexual active students 238(75.5%) ever had multiple sexual partners, 112(35.55%) used condom inconsistently whereas 220 (69.84%) of students never used condom during the last sexual intercourse and 224(28.4%) reported that their families didn't know their friends. Regarding the behavior of Adolescent, 324 (41.1%) drink alcohol, 215(27.2%) chew khat, 87 (11.0%) smoked shisha and 541 (68.6%) watched pornographic video. Adolescent students having family monitoring were protected from unsafe sex than those who don't have family monitoring (AOR=0.282, [95%CI: 0.130, 0.611], P=0.001). Adolescent consumed alcohol are 2.7 times at risk than adolescent not consuming alcohol (AOR=2.682, [95%CI: 1.166, 6.202], P=0.021).

Conclusion: Engaging in unsafe sexual behaviors was independently associated with drinking alcohol and parental monitoring. Adolecents who drink alcohol are at risk for unsafe sex and adolecents who have family monitoring were protected from unsafe sex.

Therefore, preparatory school based, risk reduction and behavior change focused interventions are recommended.

1. INTRODUCTION

1.1. Background

Adolescence is the time of transition from childhood to adulthood. Adolescents experience significant physiological, psychological and social changes following puberty. They are also vulnerable to many health problems (1).

Young people aged 15-24 constitutes more than one billion of the world population, with four out of five living in the developing countries (2) About 20 percent of the sub- Saharan African people are youth (3). According 2007 in Ethiopia census, they are more than 15.2 million and constitute 20.6% of whole population (4).

In Ethiopia, according to the Ministry of Health youth represent a significant proportion of the society. Currently, it is estimated that young people between ages 10-24 constitute more than one third of the total population, which is more than 21 million (5).

Unprotected/unsafe sex is a sexual intercourse where an exchange of body fluids takes place with no barrier such as condom: can transmit STI, including HIV, between partners (6) .But, in addition to this, females may end up with unwanted pregnancy and its negative sequelae. Both male and female adolescents are usually curious to discover sex and are highly liable to practice usually unprotected.

According to EDHS 2016, women and men were asked how old they were when they first had sexual intercourse. Among women age 25-49 yrs, 29% first had sexual intercourse before age 15 ,62% first had sexual intercourse before age 18 indicating that nine out of ten married women had their first sex during adolescence. Median age at first sexual intercourse for women age 25-49 years is 16.6 years. Data shows that men initiate sex at a later age than women that is the median age at first intercourse for men age 25-59 is 21.2 years (7).

Most young people are exposed to risky behavioral practices in their teens. Moreover, because they practice risky behaviors without precautions, they are exposed to various SRH problems including unwanted pregnancy, unsafe abortion, HIV/AIDS and sexually transmitted diseases (STD); STDs are major public health problems

Globally, in the past 20 years, more than 6 million people have been infected with HIV, half of whom became infected between the age 15 and 24 years (8).

Adolescent's reproductive health requires serious attention and intervention all over the world as the problem affects these groups of people themselves, their parents, and the community at large. Among the types of factors that expose adolescents to unsafe sexual behavior, lack of adequate information on sexual and reproductive health issues is of primary concern (9). Obviously, adolescence is a developmental period that is characterized by intense information seeking especially about adult roles (10). Given the lack of readily available information about sexual activity to teens, they turn to media for information about sexual norms and use the media as sexual super-peer that encourages them to be sexually active particularly after watching pornographic films as factors contributing to the practice of risky sex (11). The context of the adolescent and youth family is considered as the primary social influence. It is carrying substantial weight for the introduction of risk and / or protective factors into youth's life. Communication between parent and child considering sexual issues is one aspect of family dynamics that have received considerable attention and positive association from the different studies (12).

Individual communication skills and self-confidence should always be a priority in reproductive health service particularly among female adolescents who are especially vulnerable because of their biological susceptibility. If women had the power to make decisions about sexual activity and its consequence, they could avoid many of the 80 million unwanted pregnancies each year, 20 million unsafe abortions and 500,000 maternal deaths (13).

Effective prevention that enables to adapt safer behavior requires not only just knowing who is at risk, but also understanding why they engage in risk behavior, motivating them to reduce their risk; developing their knowledge and skills; improving their access to means of prevention in ways that are appropriate to them, and providing a supportive social and policy environment for behavioral change need to be considered (14).

Taking this into consideration, this study will assess the magnitude of unsafe sex and contributing factors among adolescent students particularly in Addis Ababa.

1.2.Statement of the problem

Adolescent reproductive health is important for the health development of Adolescents and it has immense contribution to who they become when they mature into adulthood. It has related consequences like HIV/AIDS, STDs, unwanted pregnancies, abortion, school dropout and early marriage. Adolescents lack adequate information and proper guidance, which may lead them to unrealistic decision and often become sexually active without consciously deciding. They are without question, highly exposed to all sorts of problems. One in every five people in the world is an adolescent, defined by World Health Organization as a person between 10 to 19 years of age. Unsafe sex is a major threat to the health and survival of millions of adolescents. Each year, one in 20 adolescents worldwide contracts STI including HIV. Every day, over 7000 young people aged from 10 to 24 years become infected with HIV. Globally more than half of all new HIV infections are among 15 to 24 years old (15).

Several studies from Ethiopia have shown that young people are engaged in premarital sex, have multiple sexual partners, and do not use condoms at all or use them irregularly. Adolescents in Ethiopia are also exposed to various risks such as unprotected sex, early marriage, early pregnancy, sexually transmitted infections (STIs) and HIV/AIDS, unemployment, drug abuse and crime (16). In order to tackle these problems, adolescents should learn to develop the life skill they need to survive in their environment. Life skill-based education enables them to develop an ability in critical thinking, problem solving, Self-management and inter personal communication skill in order to adopte a health behavior. When sexuality is discussed openly and when young people learn more about their bodies and their emotions they are better able to cope with sexual maturations. Schools are the ideal places where adequate and accurate information be provided along with their formal education. Moreover, peer groups in school play a great role in information dissemination and help students internalize the facts that lead to behavioral change. Actually, this needs the integrated effort of adolescents, school- teachers, the family and other relevant bodies. In general, many literatures suggest that the individual, family and peer variables have considerable influence on the sexual behavior of the adolescent. However, in Ethiopia few researches done in this topic, it is imperative to study the magnitude of unsafe sex and contributing factors among adolescent students in order to inform planners to develop appropriate and timely intervention programs to prevent unsafe sexual practices in these populations.

1.3.Significance of the study

The purpose of this study is to generate information on contributing factors that are likely to influence the sexual behavior of adolescent; the outcome of this study is believed to provide insight information about factors contributing to unsafe sex among teenagers in Preparatory school of Addis Ababa.

2. LITERATURE REVIEW

Literatures related to magnitude and factors contributing to unsafe sex among preparatory school students in Addis Ababa were reviewed.

2.1. Magnitude of unsafe sex among preparatory school students

Adolescents all over the world are sexually active, but the age at which they start sexual intercourse varies between regions and within a country, between urban and rural settings (17). Age at first sexual activity in many areas tends to begin at a younger age than in the past. The mean age of marriage has gradually been increasing while the age of puberty in both sexes appears to be falling (18).

Adolescents' premarital sexual activities are increasing in the countries around the world, many of which are risky, unplanned, and unprotected. WHO estimated that 340 million new cases of curable STIs – syphilis, gonorrhea, and trichomoniasis occur every year. Young people are the most affected group in the population. The largest number of new infections occurred in south and south East Asia, followed by sub-Saharan Africa (19).

The danger of sexually transmitted infection; HIV, unwanted pregnancy, and abortion are being higher from time to time (20). Of the estimated 333 million new STDs that occur in the world every year, at least one-third occur in young people under 25 year of age. According to WHO estimates, 1 in 20 adolescents worldwide acquires an STD each year. Studies conducted both in develop and developing countries have confirmed that STDs are a major public health problem, but in sub-Saharan Africa the incidence rates are far higher. The prevalence of STDs in Ethiopia is the highest in Africa. Similarly, a survey conducted among teenagers in seven districts of Nepal showed risky sexual behavior especially among young boys. About 22% of the boys interviewed had premarital sexual experience and only two thirds of them used condom. The number of boys who had sex with multiple partners was also high (21).A study conducted in Addis Ababa showed that 19.5% had a coital exposure at least once prior to the study of which 83.8% were boys and 13.5% were girls. The minimum age of sexual onset for boys was 12 years and that of girls was 14 years.

The reasons given by these students for starting sex were peer pressure (35.2%), forced sex (21.6%), alcohol use (11.5%) and drug (10.3%).This study showed that 10% of the sexually active male students admitted having sex with commercial sex workers. This study showed that 82% of the sexually active did not use condoms on their first sexual encounter. Only 27.7% of the sexually actives claimed that they had continuously used condoms.

The two outstanding reasons for not using condoms were negligence (28.2%) and embarrassment in buying from shop or pharmacy (22).

Generally, early initiation of sexual activity is linked to higher numbers of non-marital sex partners, minimal condom use, increased rates of STIs, increased rates of out-of-wedlock pregnancy and birth, increased single parenthood, decreased marital stability, increased maternal and child poverty, increased abortion, increased depression, and reduced happiness(23)

2.2. Factors contributing to unsafe sex among preparatory school students

Adolescent are initially socialized in the home environment but as they begin to attend school, other people, like teachers and peers, begin to have an influence on them and their behaviors as well. There are multiple factors that are likely to influence unsafe/unprotected sexual behavior among adolescents and some of those factors are highlighted in the discussion as follow.

2.2.1. Gender

According to international research, gender has a definite influence on adolescent sexuality. Gender and power differentials in most societies disadvantage female adolescents. Male partners control all decisions pertaining to sexual relations thus predisposing female adolescents to risky sexual behavior (24)

More boys than girls reported the use of condoms during their first sexual encounter. The reason for this could be that since the boys' priority for sex is physical pleasure, they seek sex from whoever will give it to them and so may have sex with strangers, thus see the need to use a condom. Girls in contrast, attach emotion to sexual intercourse and are likely to only have sex with a partner they have had a relationship with and trust and therefore are not likely to use a condom. (25)

2.2.2. Family/Community connectedness

Being "connected" with the community as well as family and school has beneficial effects across a range of health and social outcome. Young people who report high level of connectedness tend to be psychologically happier physically healthier than those who don't have connectedness to the required limit. Through time with progressive civilization, urbanization and migration, the parental role gets affected by socio-economic factors like increasing women working, both parents working, breakage of families results in single parenthood, which have got influence on weakening traditional structures and reducing sources of social support. Thus loose family and community connectedness results in peers to play more significant roles which may have more influence on

youths' initial sexual behavior and recourse for adolescents and youth with sexual health questions and leading to increasing sexual risks (26).

A review of 18 studies in the United States dated 1980-1998, showed positive parental connectedness to be related to decreased risk of adolescent pregnancy (27). Family structure also contributes to the healthy development of a child. Different studies show that the sexual activity of youths is related to family structure.In Ethiopia; study revealed that, living with friends increased the likelihood of sexual activity while living with parents was related to sexual abstinence (28).

2.2.3. Age

In a study conducted in South Africa, it was found that more than a third of adolescents were sexually active and that sexual activity started early at an average age of 15 with multiple partners (29).

2.2.4. Social and cultural factors

The social set up, especially in African countries puts adolescents at risk. In a study carried out in Zomba, Malawi, Mwale (30) reports that boys and girls are exposed to cultural practices when they become adolescents. Under these practices the initiates are instructed to cleanse themselves by engaging in unprotected sex with experienced persons of the opposite sex. This practice exposes the adolescents to sexually transmitted infections since these experienced persons carry out the ritual every initiation season and has other adult partners.

2.2.5. Economic factors

Poverty is one factor that is regarded as fuelling the practice of unsafe/unprotected sex in Sub-Saharan Africa. Mboup, Kanki, Marlink and Tlou (31) state that, due to extreme levels of poverty in Africa, some parents persuade their female adolescents to engage in sex for money so that they can contribute to the family income. These adolescents are inexperienced and due to gender inequalities in African culture, do not have the necessary skills to negotiate for safer sex even when they are aware of the risks involved.

In a study done in Ghana, one-third (33%) of the sexually-active female adolescents and 13 percent of the sexually-active males indicated that they had sex for a financial reward (32). Qualitative as well as quantitative data in the same study indicated that unsafe/unprotected sex was common.

2.2.6. Provider biases

Access to professional care is difficult for the adolescents because the environment at the health facilities is not adolescent-friendly and opening hours are not convenient. (33).

Importantly, health care providers sometimes have conflicting views between their professional responsibility and religious values, such that they fail to provide services to the adolescents (34). Such attitudes deprive adolescents of safe sex services and predispose them to unsafe/unprotected sex practices.

2.2.7. Drug and alcohol use

Drug and alcohol use have potential roles in predisposing individuals to the practice of premarital as well as to unprotected sex. In the developed world, drugs have invaded the society and particularly the adolescents are the most highly affected segment of the society. Because of urbanization, modernization and exposure to western life style and media, it's also in rapid spread in the developing world including our country Ethiopia. In study done in selected areas of Ethiopia, substance abuse like chat chewing and alcohol drinking could attribute to the high risk of exposure of adolescents to HIV/AIDS and reproductive health (RH) problems. (35).

In Ethiopia, using alcohol, chat and tobacco is an old trend. Ethiopian youths' mainly students rely on chewing chat as it is believed to sharpen the mind and bring issues in to sharp focus and it is used also widely for lifting mood and as a leisure time activity by out of school youths and young adults (35). Psychotropic drugs such as tobacco, alcohol, marijuana and chat are frequently used and abusing the norm of the culture to the extent that these substances are easily available to the youth from different corners (36).

A study on drug use in government and private high school students in Addis Ababa shows, the magnitude of ever use of cigarette 5.1 % and 48.9%, cannabis 1% and 31%, chat 9.2% and 35.6% and alcohol 17.9% and 57.8% respectively (37).

2.2.8. Peer pressure

Study state that a commonly cited reason for initiating sexual relations among adolescents was pressure from society and their peers. In their quest for a sense of belonging and to avoid rejection by the group the adolescents succumb to this pressure (38). Report that when adolescents perceive that their friends of similar age are engaging in risky sexual practice (23).

2.2.9. Media

Media can reach different large audiences at a low cost, raise awareness, disseminate information and have the potential to change behavior. However, exposure to western media mainly explicit sex scenes could play a significant role in moulding youth sexual activity.

Research through out much parts of Africa indicates that the first sexual experiences today's young people are taking place in different social context from those of previous generations (25). In

Ethiopia, studies are not done on the influence of sexually explicit materials; however, qualitative studies have shown that how youth sexual activity is affected by exposure to sexually explicit media (SEM). Supporting this idea, one study conducted in A.A in 2003, revealed that unlicensed video films in private homes around very strategic areas appeared to be the major shapers of erotic intentions among young people (39).

2.3. Conceptual framework of the study

Unsafe sex is the outcome of a complex interaction among various factors. In line with literature reviewed, this conceptual framework is developed by taking some ideas from "ecological model of adolescent" available through internet (Int J adolesc med health, 2014).

Therefore, the schematic design here under depicted contributing factors of unsafe sex among adolescent students. As often taken as deriving forces, in most literatures, socio-economic and demographic factors played significant role in the occurrence of unsafe sex. In this conceptual framework, risk factors are identified at four levels; at individual, family, peer and environment. At individual level demographic characteristics (age and sex) which are the main factors to the problem, are briefly stated. Next to this, attitude towards substance (alcohol, chat, and drug) abuse are indicated. Personal relationship within a family, intimate partners, family income and peers influence are described. All the factors outlined in the conceptual framework are interwoven and their relationship is not unidirectional.

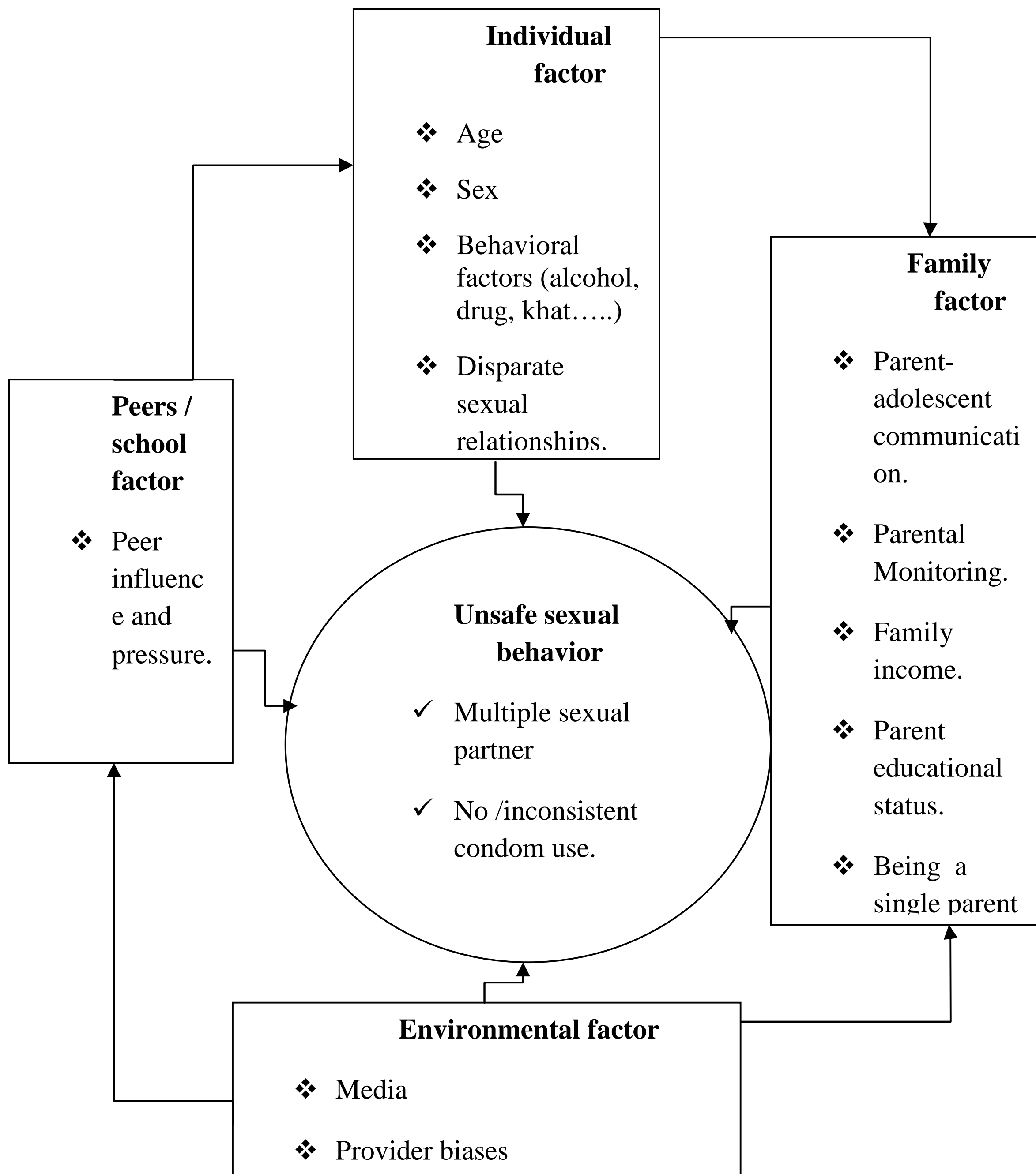

Figure 1: Conceptual framework that sketch out contributory factors for unsafe sex.

Source: Conceptual framework Adopted and modified from In J Adolesc Med Health .2014

3. OBJECTIVE

3.1. General Objective

- To assess the magnitude of unsafe sex and factors contributing to it among preparatory school adolescent students of Addis Ababa.

3.2. Specific Objectives

- To determine the magnitude of unsafe sex among preparatory school adolescent students of Addis Ababa.
- To identify factors associated with unsafe sex practices among preparatory school adolescent students of Addis Ababa.

4. METHODS

4.1. Study Area

The study was conducted in both private and government selected preparatory school students in Addis Ababa. The total number of secondary schools 308, (government 75, private 233) and total number of students was 140,076 in 2014. Addis Ababa is the capital city of Ethiopia and Africa with estimated population of 4 million. Administratively, the city is divided in to 10 sub-cities and 116 woredas. The city is located between 9 degrees latitude and 38 degrees east longitude in a plateau that stretches at the range of 2200-2800 meters above sea level.

4.2. Study design

A school based cross-sectional quantitative study method was conducted. A qualitative method was also used to supplement the quantitative survey and back up any information lacking during quantitative survey and enable the discussant freely to reflect on sexual life, experience and contributing factors for unsafe sexual practices in their school environment.

4.3. Source population

The source population for this study was all high school preparatory students in Addis Ababa.

4.4. Study population

The study population included all private and government preparatory students in the age group between 15-19 years old attending class during the study period who were selected by a multi-stage sampling method.

4.5. Study period: The data were collected from May 1 to 10, 2017

4.6. Inclusion criteria: All preparatory adolescent students in the age group between 15-19 years who were a day time class attendant were included in the study.

4.7. Exclusion criteria: Students not able to fill the questionaries, night time students, seriously sick and mentally ill students were excluded.

4.8. Dependent variable: The dependent variable is unsafe/ unprotected sex.

4.9. Independent variables: This study try to address a range of independent variables that potentially have association with unsafe/ unprotected sex includes socio-economic, cultural, demographic, family and peer pressure.

4.10. Operational definition

Unsafe sex /unprotected: is a sexual intercourse where an exchange of body fluids takes place with no barrier such as condom and/or having more than one sexual partner.

Inconsistent condom use: irregular or no use of condom during sexual intercourse performed.

Multiple sexual partners: having sex with more than one sexual partner.

Parental monitoring: Is defined as the parents' follow their child's whom they are with and where they are spending their time.

Substance abuse: Practice either chewing khat, using hashish, smoking cigarettes, shisha or drinking alcohol.

Sexually Explicit Materials: Any pictorial materials (newspapers, magazines, books, Photographs, films) displaying direct physical stimulation of unclothed genitals, masturbation, sodomy (i.e. bestiality or oral or anal intercourse).

4.11. Sample size determination and method

To determine the sample size literatures with different proportion or prevalence of risk factor for unsafe sex among preparatory students were used for comparison.

The sample size was calculated using the single population proportion formula with the following assumptions: 5% marginal error and 95% confidence interval (alpha=0.05) and from the study conducted (40) proportion or prevalence of unsafe sex = 53.7% (P=0.537) N>10,000 so based on the above information the total sample size was calculated by using the following formula. $n = z_{r/2}^{2} \frac{p(1-p)}{D^{2}} = 382$

Using the above formula, a total of 382 samples were estimated. With 10% non-response (NR) we planned a total sample size of (382+38=420) respondents to sufficiently represent the target populations in the study area. This study used a multi-stage sampling method and a design effect of 2 was used to increase a final sample size to (420x2=840).Thus, the final sample size was 840 students.

Sampling technique/Method

The study population was selected from the source population using a multi-stage sampling. Addis Ababa is administratively divided into 10 Sub Cities. In the first step one high school was selected by simple random sampling method from each sub-city. The sample size for each selected school was assigned proportionate to the total student population. Then from the school being selected, two sections were randomiy selected from each grade (from grade 11 two sections from grade 12 two sections). Students from the identified sections were selected using a systematic sampling method. The starting number was chosen by lottery method from their class room attendance. Then every randomly chosen number student has been taken until the assigned number is reached.

Schematic presentation of the sampling technique

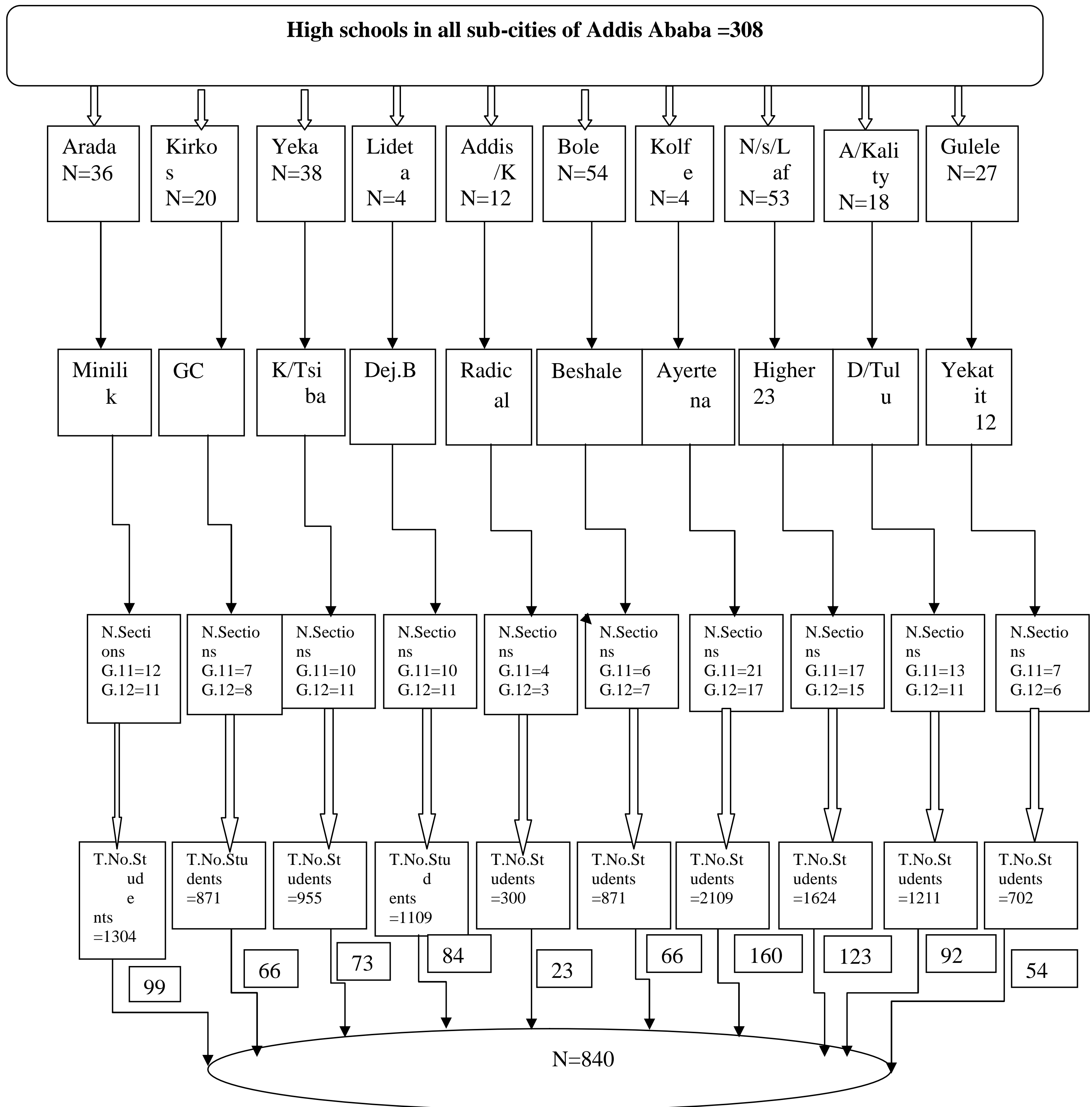

Figure 2: Schematic presentation of the sampling procedure used for the study conducted among preparatory school students in Addis Ababa, Ethiopia in academic year 2016/2017.

4.12. Data collection

The data was collected from selected preparatory school students in 2016/2017 academic year using pre-structured self-administered questionnaires. The questionnaires were prepared in English by reviewing different literatures on the subject and translated in to Amharic and then back to English to check its consistency. Three facilitators and one supervisor and principal investigator were participating in this study. To supplement the quantitative findings, focus group discussions (FGDs) among purposively selected 15–19 yrs in-school adolescent was conducted. The FGDs, segregated by sex and school, was conducted using semistructured and open-ended questions which were enable the discussants to reflect on unsafe sexual practices and major contributing factors by using a pre-prepared discussion guide. In addition to this, notes were taken by the facilitater; the discussants' ideas were tape-recorded.

4.13. Data quality assurance: In order to enhance the quality of the data, pretest was conducted prior to the actual data collection from 20 students who are not included in the main study. This assisted the identification of the gap in the questioner, if any. Training was given for facilitators and supervisors; the data were reviewed and checked for completeness and consistency on every day at field and office level.

4.14. Data entry, analysis and processing

Data collected by self administrative questionnaires were entered to Epi-Info and analyzed using SPSS. Before data analysis, some internal consistency checks were made to assess the quality of the data. Descriptive statistics was computed to determine the frequencies of the dependent and independent variables. Bivariate analyses were done to evaluate associations of each independent variable with the unsafe sex. A variable which shows significant association with the outcome variables in the bivariate analyses were entered into multiple logistic regression models to control confounding variable and identify independent factors associated with unsafe sexual practices. Statistical significance was set at a P value of <0.05. The tape-recorded qualitative data were first transcribed, translated and then manully analyzed. The emerged themes of the qualitative findings were used to supplement quantitative findings.

4.15. Ethical consideration: After receiving approval from Institution Review Board (IRB) of Addis Ababa University for both quantitative and qualitative method, the anonymity and privacy of those who participated in the research process was respected and treated equally. From the onset of this study, participants were informed that their participation is voluntary, free to withdraw at the middle and they can refuse to respond to any questions without any penalty.

For fewer than 18 age students, parents were asked by sending a letter (slip) for permission to participate on the study and only those who got permission from parents participated in the study. Written informed consent was obtained from age group (18-19) participants. Personal information concerning research participants kept confidential.

4.16. Dissemination strategies: Results of this study will be submitted to Addis Ababa University and will be available on the web site of Addis Ababa University. It will be submitted and presented at local and international conferences.

5. RESULTS

5.1. Socio demographic characteristics of respondents

Out of the total 840 Adolescent age 15-19 years sample to participate in the study, 789 participated in this study and making a response rate of 94%. The mean age was 17.6 years with SD (±0.91), range 15-19 years. The majority (58.9 percent) of respondents were females and 41.1 males. Orthodox Christianity was the dominant religion consisting of 602(76.3%), Muslim 112(14.2%), Protestant 63 (8.0%) and other 12(1.5%). Majority of the study participants attended religious program 688(87.2) and the majority attended more than twice in a week 271(34.3%).

With regard to ethnicity, Amhara takes the larger proportion of the participants 326 (41.3%). Majority of the respondents' father occupation was self employed 213(27.0%) and mother's occupation was unemployed 240(30.4%). Four hundred twenty-four (53.7%) of the respondents living with both parents and 537(68.1%) of students answered their family economic status has been medium.

Table 1: Socio demographic characteristics of preparatory school students in Addis Ababa, Ethiopia on May, 2017

Variables	Frequency	Percent (%)
Age		
15-17	357	45.2
18-19	432	54.7
Sex		
Male	324	41.1
Female	465	58.9
Religion		
Orthodox Christian	602	76.3
Muslim	112	14.2
Protestant	63	8.0
Other(specify)	12	1.5
Attending Church/Mosque		
Yes	688	87.2
No	89	11.3
Frequency of Church/M attendance		
Once in 6 months up to one year	38	4.8
Once a month	37	4.7
Once in two weeks	99	12.5
Once in a week	255	32.3
More than twice in a week	271	34.3
Ethnicity		
Amhara	326	41.3
Oromo	175	22.2
Guraghe	101	12.8
Tigrie	100	12.7
Others (specify)	87	11.0

Number of people living with		
< 5	387	49.0
5-10	326	41.3
> 10	76	9.6
Person raised you		
Both parents	497	63.0
My mother	114	14.4
My father	51	6.5
Other people	127	16.1
Currently living with		
With both parents	424	53.7
Only with father	74	9.4
Only with mother	99	12.5
Only with grand father	38	4.8
Other relatives	76	9.6
With friends	13	1.6
Other (specify	65	8.2
Father alive		
Yes	601	76.2
No	176	22.3
Father's educational status		
Illiterate	12	1.5
Read and write only	100	12.7
Elementary < 6	75	9.5
7 – 12	302	38.3
College and above	173	21.9
I don't know	89	11.3
Father's employment status		
Unemployed	38	4.8
Government employed	187	23.7
Non-government employed	200	25.3
Self employed	213	27.0
Business man	52	6.6
Others (specify)	74	9.4
Father's estimated monthly income		
< 500	37	4.7
501 -1000	61	7.7
1001 -1500	63	8.0
> 1501	186	23.6
Nothing	37	4.7
I don't know	169	21.4
Mother's alive		
Yes	648	82.1
No	129	16.3
Mother's educational status		
Illiterate	76	9.6
Read and write only	174	22.1
Elementary	63	8.0
7 – 12	302	38.3

College and above	110	13.9
I don't know	51	6.5
Mother's employment status		
Unemployed	240	30.4
Government employed	99	12.5
Non-government employed	152	19.3
Self employed	148	18.8
Business woman	86	10.9
Others (specify)	51	6.5
Mother's estimated monthly income		
< 500	37	4.7
501 -1000	72	9.1
1001 -1500	87	11.0
> 1501	135	17.1
Nothing	114	14.4
I don't know	155	19.6
Perception of family's economic status		
Poor	88	11.2
Medium	537	68.1
Rich	66	87.6

5.2 Perceived parental monitoring and family connectedness

Majority of the parents know friends of their children 565 (71.6%) and it is easier for the students to discuss problems with people outside the family rather than the family members 402(50.9%). Majority of the students were closer to their mother 298(37.8%) than other family members. About a quarter, 201(25.5%) of respondents were never asked where they go other than school times. Regarding pocket money, most of the students are getting pocket money from their parents 563(71.4%), 214(27.1%) students were asked sometimes what they do with the pocket money given to them.

Table 2: Perceived parental monitoring and family connectedness of preparatory school students in Addis Ababa, Ethiopia on May, 2017

Variables	Frequency	Percent (%)
Family members knows their childs friend		
Yes	565	71.6
No	224	28.4
Easier to discuss problems with people outside the family rather than family member		
Strongly agree	173	21.9
Agree	229	29.0
Disagree	237	30.0
Strongly disagree	150	19.0
Closer to		
Father	76	9.6
Mother	298	37.8
Both	213	27.0
No one	202	25.6
Frequency of closeness		
Always	286	36.2
Often (usually)	175	22.2
Sometimes	190	24.1
Seldom (rarely)	138	17.5
Parents knows where their childrens after school and away from home		
Yes	588	74.5
No	201	25.5
Parents knows where childrens go		
Always	379	48.0
Often (usually)	121	15.3
Sometimes	88	11.2
Telling to parents before going out		
Always	303	38.4
Often (usually)	88	11.2
Sometimes	163	20.7
Seldom (rarely)	196	24.8
Parents provides pocket money		
Yes	563	71.4
No	214	27.1
Having pocket money		
Always	174	22.1
Often (usually)	134	17.0
Sometimes	216	27.4
Seldom (rarely)	51	6.5
Asking about pocket money		
Always	138	17.5
Often (usually)	163	20.7
Sometimes	214	27.1
Seldom (rarely)	200	25.3

5.3. Parent adolescent communication on sexual issues

About tow-fifths, 323(40.9%) of the respondents prefere to discuss about sexuality at home while more than half of the respondents 466(59.1%) don't want to discuss about sex at home. Students were also asked with whom they feel very comfortable to discuss about sexuality in addition to parents. As shown in table 3, students reported that they preferred to discussion about sexuality with peers 288 (36.5%). The person, group of persons or institution helps the students to know about puberty are both parents 124 (15.7), mother 87(11.0%), father 13(1.6%), from mass media 166 (21.0%) and from teachers 123 (15.6%). From this result we conclude that students got information about puberty primarily from mass media and teachers. Less information is shared from their father.

Table 3: Parent adolescent communication on sexual issues of preparatory school students in Addis Ababa, Ethiopia on May 2017

Variables	Frequency	Percent (%)
Source of information about puberty		
My both parents	124	15.7
My mother	87	11.0
My father	13	1.6
Other family member	24	3.0
My friend(s)	100	12.7
My girlfriend/boyfriend	25	3.2
From mass media	166	21.0
Teachers	123	15.6
From health professional	38	4.8
From religious area	89	11.3
Contact to get information about sex		
My both parents	24	3.0
My mother	60	7.6
My father	25	3.2
Other family member	62	7.9
My friend(s)	288	36.5
My girlfriend/boyfriend	63	8.0
From mass media	140	17.7
Teachers	26	3.3
From health professional	39	4.9
From religious area	62	7.9
Discussion about sex at home		
Yes	323	40.9
No	466	59.1

5.4. Substance uses

The assessment of magnitude of substance uses among the preparatory students revealed 215(27.2%) chewed khat, 115(14.6%) smoked cigarette, 324 (41.1%) drank alcohol, 86 (10.9%) used cannabis; and shisha used by the respondents 87 (11.0%). Majority of the respondents drank alcohol comparing with other types of substances.

Table 4: Substance uses of preparatory school students in Addis Ababa, Ethiopia on May, 2017

Variables	Frequency	Percent (%)
Chewing chat		
Yes	215	27.2
No	574	72.8
Smoking cigarettes		
Yes	115	14.6
No	674	85.4
Drinking alcoholic beverages like tela, tej areke, beer and the like		
Yes	324	41.1
No	465	58.9
Using cannabis (hashish)		
Yes	86	10.9
No	703	89.1
Smoking shisha		
Yes	87	11.0
No	702	89.0

5.5. Peer pressure/ influence

From the overall 789 respondents 259(32.8%) had pressure from friends/peers to have sexual intercourse. Some of them are applying what their best friends are telling them for the sake of comforting their friends 249 (31.6%).

Less than half of the respondents don't have a girl/boy friend 374(47.4%) only 247(31.3%) of respondents are asked/insisted by their friends to do sexual intercourse. 227(34.7%) of students are influenced by their friends and did what they are asked.

Some of respondents are not doing sexual intercourse because of the following reasons: -No money 39(4.9%), fear of parents 13(1.6), religious reasons 121(15.3%), fear of pregnancy 38(4.8%), fear of sexual transmitted diseases like HIV 12(1.3%) and No sex before marriage 293(37.1%) and other reasons 39(4.9%). From this statistical analysis we conclude that religious restriction and no sex before marriage is the main reason for students not to be influenced by their friends to have sexual intercourse.

Table 5: Peer pressure/ influence of preparatory school students in Addis Ababa, Ethiopia on May, 2017

Variables	Frequencey	Percent (%)
Pressure from friend(s) to have sexual intercourse.		
Yes	259	32.8
No	530	67.2
Practically apply what best friend(s) tell(s) to do.		
Yes	249	31.6
No	540	68.4
Knowledge about friends doing sexual intercourse.		
Yes	225	28.5
No	174	22.1
I do not know	366	46.4
Girl/Boy friend asked/insisted to do sexual intercourse		
Yes	247	31.3
No	168	21.3
I do not have girl/boy friend	374	47.4
Action taken based on the question.		
Yes	227	34.7
No	116	14.7
Reason for not doing sexual intercourse		

Fear of my parents	13	1.6
Religious reasons	121	15.3
No trust of my girl/boy friend	26	3.3
Not decided to marry her/him	13	1.6
Fear of pregnancy	38	4.8
Fear of sexual transmitted diseases like HIV	12	1.3
No sex before marriage	293	37.1
If you do have a long term plan with your girl/boy friend, suppose if she/he asks you to do sexual intercourse, your response will be		
If I love her/him I will do sex even without condom	148	188
If I love her/him I will do sex with condom	113	143
Even if I love her/him I will resist not doing sex till I finish my education	52	6.6
Even if I love her/him I will resist not doing sex before marriage	102	12.9
If your sexual partner insist not to use condom, your response;		
I will do sex not to miss my partner even without condom.	139	17.2
I will insist on using condom	83	10.5
I will provide him condom to use	12	1.5
I will not do sex without condom	77	9.8

5.6. Sexual risk-taking behavior

Overall, 315(39.9%) reported having had sexual intercourse. From those sexually active students 122(38.8%) practiced unsafe sex. From the Table 6, it can be seen that the percentage of age at first sex student among the age group of 15-17, 250(79.3%) was very high as it is compared from age group of 18-19, 65(20.6). Among sexually active students, ever had multiple sex partners were 238

(75.5%). Of which 51(16%) reported for physical pleasure, 25(7.9%) influenced by their friends and 51(16%) convinced with money or gift to be engaged in multiple sexual contact. Among those who had sex during the last 12 months, 88(27%) of the respondents had used condom, 189(60%) of the respondents didn't used condom and 38(12%) of the respondents didn't remember whether they used condom first time they had sexual intercourse or not.

Regarding reasons for not using condom, 90(28.57%) reported that their partner objects to use, 101 (32%) reported that they will use only with other than their friend, 12(3.8) they have only one partner, 26(8.2) they couldn't afford the cost of the condom, 72(22.8) they never thought about it and 14(4.4) reported that they don't know how to use it.

Concerning relationship to their first sexual partner, fiancé 101(32%), school friend 138(43%), relative 39(12%), House maid 26(8.2%), Sugar daddy/mammy 8(2.5%) and others 3(.9%).

Table 6: Sexual risk-taking behavior of preparatory school students in Addis Ababa, Ethiopia on May, 2017

Variables	Frequency	Percent (%)
Having a boy/girl friend		
Yes	374	47.4
No	403	51.1
Having sexual intercourse		
Yes	315	39.9
No	462	58.6
Using condom during first Sexual intercourse		
Yes	88	27
No	189	60
I don't remember	38	12
Reason for not using condom		
Partner objects to use	90	28.7
Use only with other than my friend	101	32
Have only one partner	12	3.8
Condom is too costly	26	8.2
Never thought about it	72	22.8
Do not know how to use	14	4.4
Age at first sexual intercourse		
15-17	250	79.3
18-19	65	20.6
Relationship to first sexual partner.		

Fiancé	101	32
School friend	138	43
Relative	39	12
House maid	26	8.2
Sugar daddy/mammy	8	2.5
Others (specify)	3	0.9
Age difference between first Sexual partner.		
5 or more years older than me	38	12
5 years younger than me	51	16
3 or more years older than me	13	4
3 years younger than me	77	24
About the same age	136	43
Main reason for doing sexual intercourse for the first time		
Physical pleasure	51	16
Because all friends are doing sex	25	7.9
Convinced with money or gift	51	16
Love affair	98	31
Was married	52	16.1
Others (specify)	38	12
Partner consume alcohol or any other drug before having sexual intercourse for the first time		
Yes		
No	101	32
	214	67.9
Number of sexual partners		
Three and more		
Two	138	43.8
One	100	31.7
	77	24.4
Total no of sexualparteners during the last 12 months		
Three and more	77	24.4
Two	123	39.04
One	115	36.5
With no one	91	11.5

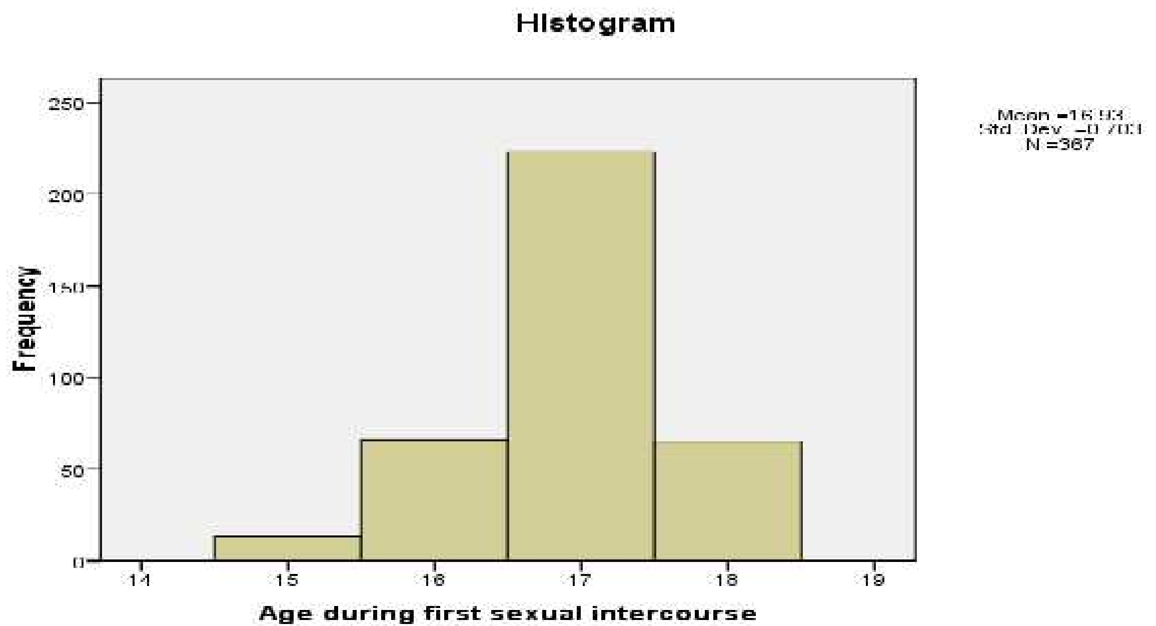

Figure 3: Age during first sexual intercourse.

5.7. Sexual-explicit media/materials

Among the study participants, 524(66.4%) reported as they know the availability of advanced sexual explicit media/materials. respondents most of the time see and read about sexual explicit media with boy/girl friend is reported to be 137(17.4%), with friends of opposite sex 74(9.4%),with friends of the same sex 152(19.3%), with family members39(4.9%), alone 215(27.2%) and others 25(3.2%).From the above statistical analysis we conclude that most of the time students see and read about sexual explicit materials whenever they are alone.

Regarding practicing what they have seen from movies, 365(46.3%) practiced what they have seen from movies and 364(46.1%) respondents didn't practice what they have seen from movies.

Table 7: Sexual-explicit media/materials of preparatory school students in Addis Ababa, Ethiopia on May, 2017

Variables	Frequency	Percent (%)
Knowledge about availability of advanced sexual explicit media/materials.		
Yes	524	66.4
No	253	32.1
The person with most of the time see or read sexual explicit media		
With my boy friend/girl friend	137	17.4
With friend(s) of opposite sex	74	9.4
With friends of the same sex	152	19.3
With my family members	39	4.9
With my family members	75	9.5
Alone	215	27.2
Others (specify)	25	3.2
Practicing what seen from movies		
Yes	365	46.3
No	364	46.1
Exposure to the sexual explicit media/materials predispose to unsafe sexual behavior		
Strongly agree	367	46.5
Agree	197	25.0
Disagree	92	11.7
Strongly disagree	70	8.9

5.8. Condom use

Regarding condom use during the last sexual intercourse about 220 (69.84%) of respondents reported that they did not use condom. The respondents who were sexually active, used condom consistently are 95(30.16%). About 203(64.44%) of respondents had never used condom. 112(35.56%) of respondents used condom inconsistently. Whereas majority of the respondents 637(80.7%) know the use of condom in general.

From the research conducted we understood the awareness of students about using condom more than once. The research reveal that 99(12.5%) of respondents still believe that condom can be used more than once, 351(44.5%) of respondents reported that condom can't be used more than once and 313(39.7%) reported that they are not sure of whether condom can be used more than once or not.

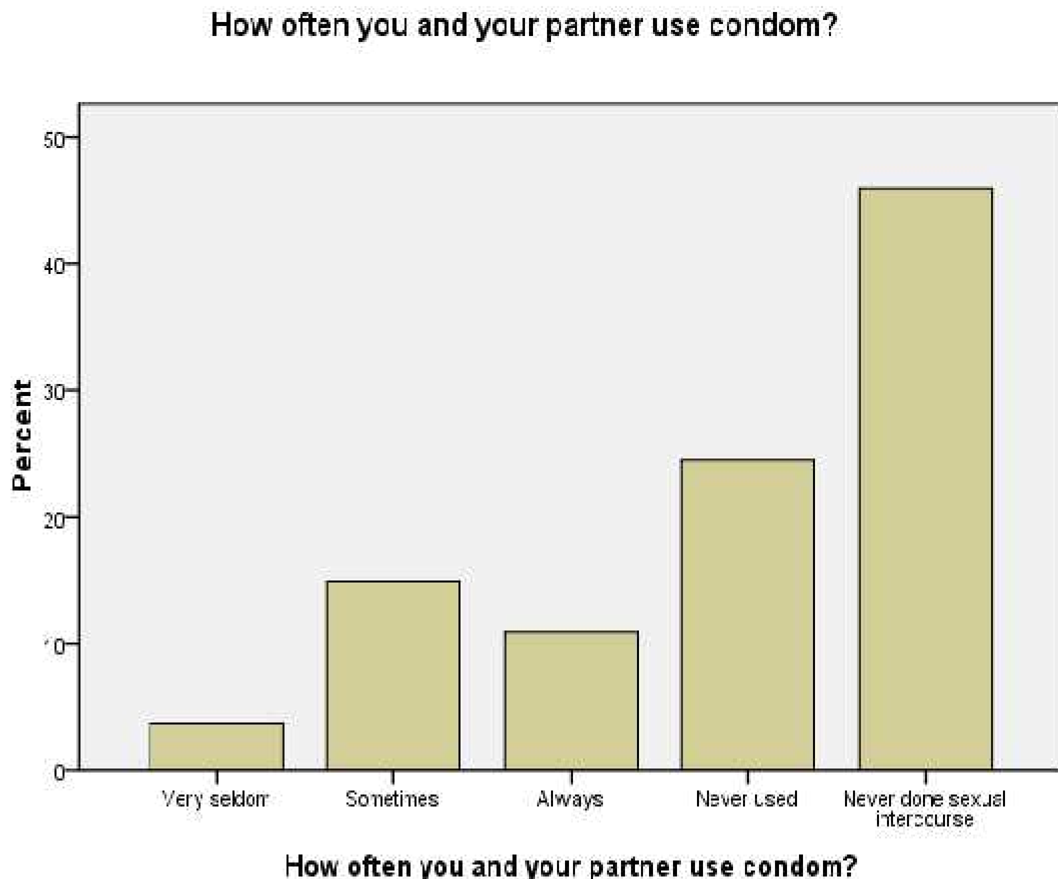

Figure 4: Consistency of condom use

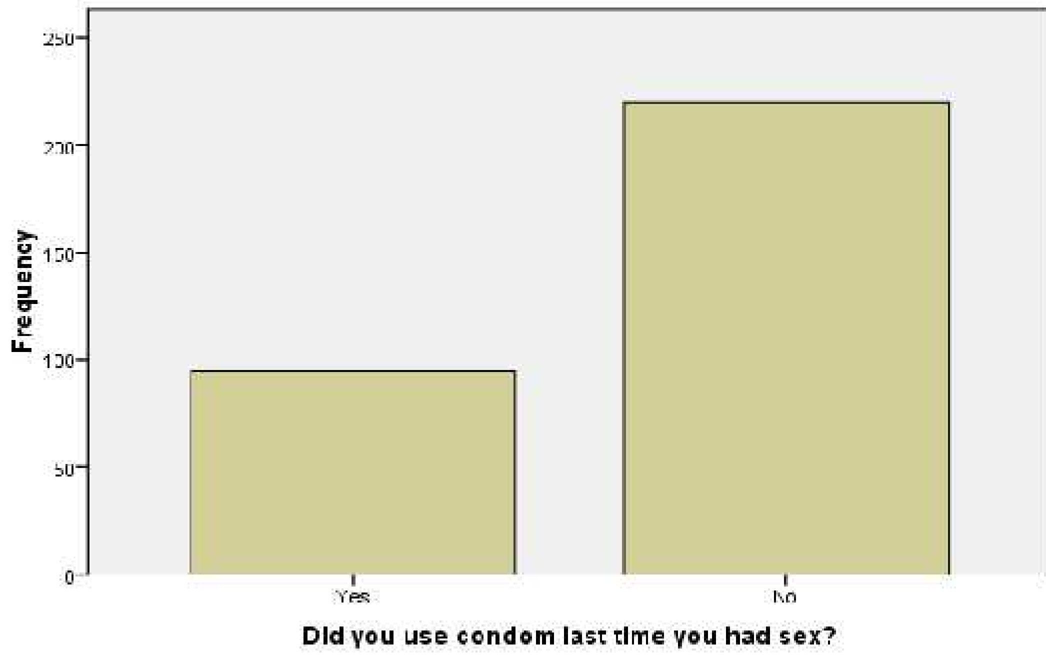

Figure 5: Condom use during the last sexual intercourse.

5.9-Sexual partner communication

Study conducted reveal that majority of the respondents know about reproductive health risks 588(74.5%) and about 287(36.4%) respondents discussed with their sexual partner about reproductive health risks. About 429(54.4%) of students never discussed with their sexual partner about reproductive health risks and they don’t have sexual partner communication at all.

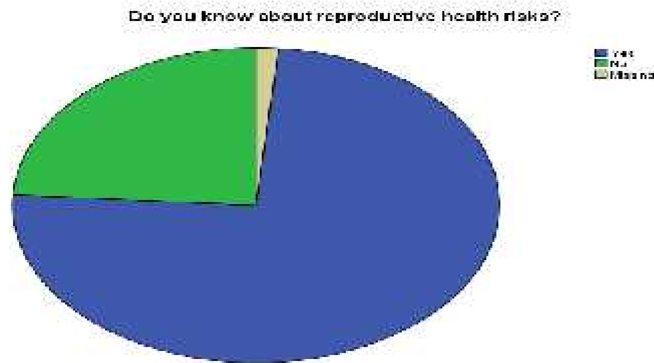

Figure 6: Knowledge about reproductive health risks.

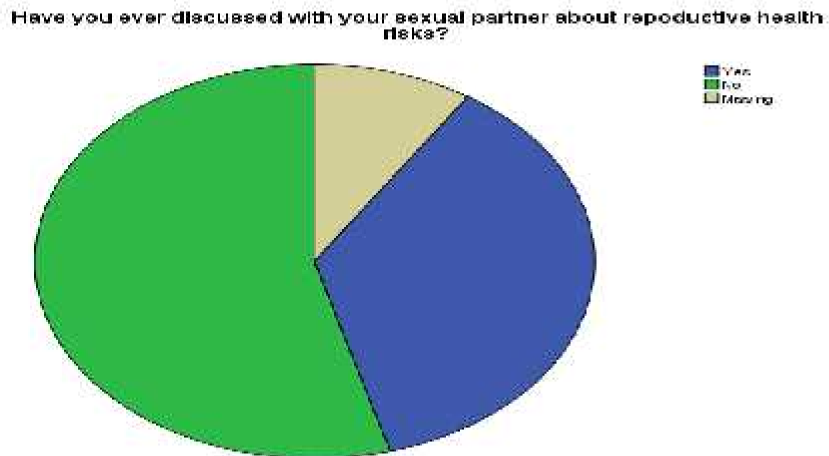

Figure 7: Discussion with sexual partner about reproductive health risks.

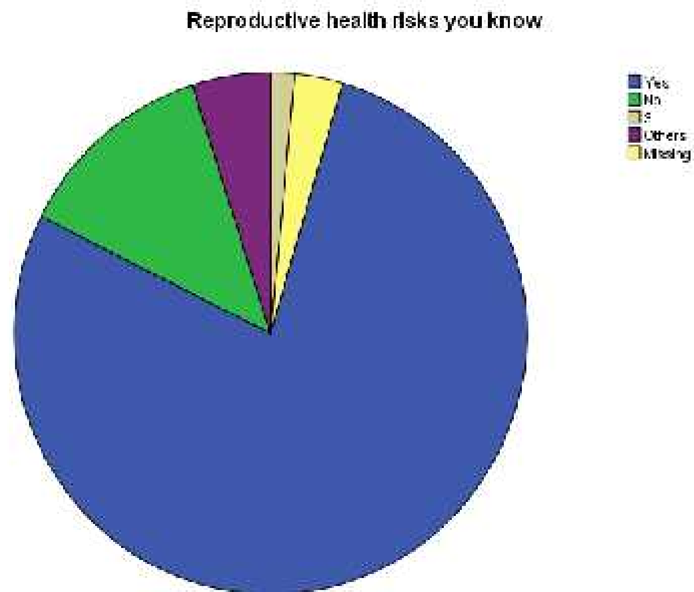

Figure 8: Reproductive health risks the students know.

Bivariate

A bivariate analysis assessment was done to know the factors contributing to unsafe sex. Different variables were analyzed like socio demographic characteristics, perceived connectedness to family and parental monitoring, parent-Adolescent communication on sexual issues, substance use, peer pressure, sexual risk-taking behavior, sexual-explicit media/materials, condom use and sexual partner communication.

Chi square test was done to establish the relationship between unsafe sex and socio-demographic characteristics. The results are showed on the table. The Chi square result with P value for People living with them in the family (2=6.819, COR=2.538, [95%CI: 1.235, 5.212] P=0.011) age group (2=1.280, COR=1.413, [95%CI: 0.773, 2.583], P=0.261) sex (2=0.001, COR=1.010, [95%CI: 0.571, 1.785], P=0.973) were calculated. Based on the chi-square result and P value People living with them in the family (2=6.819, COR=2.538, [95%CI: 1.235, 5.212], P=0.011) establish significant association with unsafe sex at 0.05 level of significance. The remaining socio-demographic variables couldn't establish significant association with unsafe sex.

Chi square and P- value was carried out in order to establish the relationship between unsafe sex and perceived connectedness to family and parental monitoring. The Chi square result with P value for family members know their friends (2=7.452,COR=0.442, [95%CI:0.245,0.797],P=0.007)

Parents know where they go after school and away from home (2=7.452,COR=0.442, [95%CI:0.245,0.797],P=0.07) parents provide pocket money (2=5.630,COR=0.429, [95%CI:0.208,0.887],P=0.22) were calculated. Based on the chi-square result and P value the above mentioned variables establish significant association with unsafe sex at 0.05 level of significance. The remaining perceived connectedness to family and parental monitoring variables couldn't establish significant association with unsafe sex.

Regarding peer pressure/influence the Chi square result with P value for pressure from friends (2=1.631,COR=1.719, [95%CI:0.751,3.935],P=0.200),applying what they are told by their friends(2=4.426,COR=1.998, [95%CI:1.049,3.809] ,P=0.035*) were calculated. Applying what they are told by their friends has significant association with unsafe sex at 0.05 level of significance. Remaining peer pressure variables has no significant association with unsafe sex.

The Chi square and P value is analyzed for sexual risk-taking behavior variables. Relationship to first sexual partner (2=55.634, COR=3.042, [95%CI: 1.233, 7.506], P=0.016*).showed significant association with unsafe sex at 0.05 level of significance. The remaining sexual risk-taking behavior variable has no significant association with unsafe sex. From sexual-explicit media/materials, with whom most of the time they see or read sexual explicit media (2=49.635, COR=4.083, [95%CI: 1.510, 11.041], P=0.006*).showed strong association with unsafe sex at 0.05 level of significance. Where as the remaining variables have no significant association.

Knowledge about reproductive health risks (2=4.572, COR=0.472, [95%CI: 0.232, 0.96], P=0.038*) showed significant association with unsafe sex at 0.05 level of significance.

Table8. Bivariate analysis for facors contributing to unsafe sex among preparatory school students in Addis Ababa, Ethiopia on May, 2017

Variables	Options	Chi-square	Sig.	COR	95.0% C.I.AOR Lower Bound	Upper Bound
Age	15-17 18-19	1.280 Ref	.261	1.413	.773	2.583
Sex	Male Female	.001 Ref	.973	1.010	.571	1.785
Number of people living with	>10 <5	6.819 Ref	.011*	2.538	1.235	5.212
Family members know their childs friends	Yes No	7.452 Ref	.007*	.442	.245	.797

Parents knows where their childrens are after school and away from home	Yes No	7.452 Ref	.007*	.442	.245	.797
parents provide pocket money	Yes No	5.630 Ref	.022*	.429	.208	.887
Source of information about puberty	Yes No	56.006 Ref	.060	2.627	.959	7.195
Discusion about sex at home	Yes No	1.112 Ref	.294	1.377	.757	2.505
Chewing chat	Yes No	.126 Ref	.723	1.117	.605	2.063
Smoking cigarettes	Yes No	1.914 Ref	.167	.667	.376	1.184
Drink alcoholic beverages	Yes No	.297 Ref	.585	1.185	.644	2.180
Smoking shisha	Yes No	.885 Ref	.349	1.331	.731	2.423
Pressure from friends	Yes No	1.631 Ref	.200	1.719	.751	3.935
practically applying what best friend(s) tells to do	Yes No	4.426 Ref	.035	1.998	1.049	3.809
Relationship to the first sexual partner	School friend Others	55.634 Ref	.016*	3.042	1.233	7.506
Knowledge about sexual explicit media/materials	Yes No	.719 Ref	.402	.724	.340	1.542
The person with most of the time see or read sexual explicit media	With my boy friend/girl friend Others	49.635 Ref	.006*	4.083	1.510	11.041
Condom can be used more than once	Yes No I don't know	5.176 Ref	.076	2.108	.925	4.804
Knowledge about reproductive health risks	Yes No	4.572 Ref	.038*	.472	.232	.960
Discussion with sexual partner about reproductive health risks	Yes No	39.841 Ref	.997	1.430	.000	2.304

COR; Crude Odd Ratio; AOR; Adjusted Odd Ratio;* significant at $P < 0.05$ and confidence interval is 95%.

Multivariate

On multivariable analysis P value and AOR is calculated to identify the variable which has significant association with unsafe sex. Parents know where their childerens are after school and away from home (AOR=0.282, [95%CI:0.130, 0.611], P=0.001*), using cannabis (hashish) (AOR=1.414, [95%CI:0.478,4.186], P=0.531), pressure from friends (AOR=1.261), [95%CI:0.465,3.424], P=0.649),drinking alcohol beverages (AOR=2.682, [95%CI:1.166, 6.202], P=0.021*), knowing reproductive health risks (AOR=0.359, [95%CI:0.166, 0.777], P=0.009) were calculated. Based on the odd ratio and P value test parents know where their childerens are after school and away from home (AOR=0.282, [95%CI:0.130, 0.611], P=0.001*) are more protected from unsafe sex than adolescents who have not family monitoring. Adolescents who knows about reproductive health risks (AOR=0.359, [95%CI: 0.166, 0.777], P=0.009) are more protected from unsafe sex than adolescents who have not knowledge about reproductive health risks. Adolescents who drink alcohol beverages are 2.7 times at risk than who don't drink alcohol (AOR=2.682, [95%CI: 1.166, 6.202], P=0.021*).

Table9. Multivariate analysis for facors contributing to unsafe sex among preparatory school students in Addis Ababa, Ethiopia on May, 2017

Variables	Sig.	AOR	95.0% CIAOR	
			Lower Bounder	Upper Bounder
Drinking alcohol beverages	0.021*	2.682	1.166	6.202
Using cannabis (hashish)	0.531	1.414	0.478	4.186
Pressure from friends	0.649	1.261	0.465	3.424
Parents know where their childerens are after school and away from home	0.001*	0.282	0.130	0.611
Knowledge about reproductive health risks	0.009*	0.359	0.166	0.777

COR; Crude Odd Ratio; AOR; Adjusted Odd Ratio;* significant at $P < 0.05$ and confidence interval is 95%.

Qualitative result

A total of 36 participants were involved in six focus group discussions. The discussion was carried out among 15-19 age group, female and male students separately. The students were drawn voluntarily from 11th and 12th grades. The themes emerged from the discussion are presented as follows:-The opening question for discussants was about the Peer pressure/Influence. Most of the participants in the focus group discussion said that the students are highly influenced by their friends to have sex.

As one male participant 17 years old said.

"Every time I am free during break and lunch time my friends are telling me about their friends who had sex, about the pornographic video they watched and their plan in the future to implement what they watched from movies. Always they insisted me to have sexual partner unless they will be no more my friends" The next question posed for discussants was about sexual risk- taking behavior. During the focus group discussion the participants universally agreed that some of female students are receiving money or certain gift for sex from man.

As one female 11th grade student 18 years old said

"*Honestly speaking I was receiving money or gift like mobile phone from my sexual partner because I am from poor family they cannot afford the money to buy this expensive gifts. Unfortunately, majority of my friends and class mates are from rich families. I am using this opportunity not to be seen as poor and I want to show them that I am capable of covering all my expenses."*

Our qualitative research reveal that majority of the students are having multiple sexual partners at one time. They are having girl/boy friends in different grade level.

One male 12th grade student said

"*I have three girl friends from different grade level and sections. First of all I don't want to have bad days when we are quarreling with one of my girl friend because after all our friendship is for fun. I don't want to marry my school friends in the future thus why I don't care whether they are three or ten.* "

A question regarding to Condom use was forwarded for discussion. From our focus group discussion we agreed that those sexually active students are not using condom. The female students are highly influenced by their sexual partners. They failed to convince their partner. Majority of the male students are not using condom because of different reasons. Some of them are afraid of buying condom from pharmacy or taking from any health centers for free where as the rest of them are not willing to use condom.

As one female participant of preparatory student 19 years old said

"I have a boy friend. We had sex but there is no single day that we talked about using condom.
We afraid each other but we discussed about menstrual cycle not to be pregnant."

Regarding sexual - explicit media/materials, Majority of the participants of the focus group discussion agreed that most of the students are exposed to sexual-explicit media/materials. Even the movies they are watching is not according to their age limit. Watching pornographic videos and romantic films are common among preparatory students. Some of them are highly influenced by their friends and others have poor parent follow up.

As one male student of preparatory 18 years old said

"*I like to read fictions which is highly romantic than story based fictions. It is obvious that we are highly attracted when we are told, read and watch about opposite sex than simple sitting and watching a movie while a police man kills someone.* "

Another question participant asked was about parent-adolescent monitoring and communication on sexual issues. From our discussion we come to know that parents' adolescent communication depends on the family students have. Some of the families have open discussion with their children whereas some of them are not very close to their children to have communication regarding sexual issues. They will not encourage their children to discuss openly about sexual issues. Most of the participants in the focus group discussion irrespective of sex, said that parental monitoring is right/ good if it is moderate, but if parental control; is high and very tight it could sometimes encourage the students to involve themselves into risky behaviors in the same way lower level of parental control does.

One female student of preparatory 19 years old said

"*Every time I return home my father always asks me where I am from whom I am with. This made me feels disappointed and encouraged me to involve in risky sexual behavior; strict monitoring is not appropriate by it instead, there should be trust between parents and adolescents/youths."*

The students were also asked about family economic and education status which may influence unsafe sexual practices.

As an 18 years old female preparatory student explained

"*Even if parents are highly educated, if they don't discuss every expected issue of youngsters well, and if they don't apply appropriate (moderate type of monitoring) their education or the amount of income they do have or even pocket money if they give to their children it's all useless. All will facilitate risky behavior of the child including sexual risks*."

Regarding exposure to sexual explicit media, in the qualitative study conducted in one of the preparatory schools among male students six out of eight considered that video films mainly pornography type could influence the sexual behavior of the adolecents in one way or another.

One male student of preparatory 18 years old said that

"*The sexual explicit media is highly available in the town of Addis, students know where they can go and get such kinds of media even very near to the school environment and there is no question for its being influential on the behavior of the young people; once Adolescent are used to be exposed to such sexual explicit media, its implication is translated into testing the scenario in action.* "

Final question raised for the discussant was about sexual behavior of preparatory students. Unlike the result from the questionnaire, in the focus group discussion, the participants in the different groups indicated that proportion of preparatory students who are practicing sex is very high.

As one male participant 17 years said

"*Students who are not doing sex are given nickname as if they are out of the world and very lazy; so that everybody this days is doing sex; I can say more than half of the students are doing sexual intercourse.*"

6. DISCUSSIONS

The study was conducted among 789 regularly attending preparatory school students in Addis Ababa using pre structured questionnaire to assess the magnitude of unsafe sex and contributing factors among preparatory school adolescent students of Addis Ababa.

This study found that, students are practicing risky sexual behavior. People living with them in the family, mother's educational status, applying what best friends are doing, relationship to first sexual partner, consuming alcohol before having sexual intercourse, the person with whom most of the time they see or read sexual explicit media, practicing what they have seen from movies were contributing factors for unsafe sex practices among preparatory school adolescent students of Addis Ababa.

Age at first sex is an important indicator of risky sexual behavior. The mean age at first sexual practice is 16.9 years. Starting sex at this age predisposes young people to several negative reproductive outcomes such as unintended pregnancy and unsafe abortion. This study reveals that they started sex earlier than the reports of EDHS (18.2 years) and Incontrast, the mean age of first sex was a bit lower than findings of Jimma University (17.7 years) (41). This current study showed that 39.9% of respondents ever had sexual practice. This result is comparable with the study conducted in other universities (26.9% to 34.2%), of Ethiopia (42, 43,) but very lower in comparison with the study conducted in other (49% to 59%), African universities (44). This disparity in the proportion of sexual intercourse among youths of different studies could be due to difference in traditional, cultural background, socio demographic characteristics and difference in sample size.

In the present study, majority (79.36%) of sexually active respondents initiated sex before18 years of age. This high percentage of early initiation of sex during their early teenage may indicate that sex was carried out with little regard for what can happen and its outcomes and in unfavorable environments. Early initiation of sex can be very risky and the adolescent may get STIs/HIV and/or unwanted pregnancy in their first sex at very young age (45).

The proportion of ever had multiple sexual partners among those who had sexual intercourse was 30.2%. Having multiple partners predisposes adolsent people to sexually transmitted infections including HIV. Studies indicated that decreasing sexual partners drops the risk of HIV and STI (46).

This result is comparable with the study done in Jimma University (28.9%) (41) and Bahir Dar University (27.8%) (47). It is slightly lower than the finding of the study conducted in Haromaya University (35.4%) (43). the difference in figures could be due to the difference in sample size and living arrangement i.e. majority of students in this study reported living with both families

424(53.7%). Some of them are living with their father only 74(9.4%), only with mother 99(12.5%), only with grandfather 38(4.8%), other relatives 76(9.6%), with friends 13(1.6),

Concerning condom utilization, only (11.2%) of study participants reported that they used condom. This result is almost similar with 10.7 % the study conducted in Nigeria among in school youths [53] and the result is higher as compared to 6.0% study done in Jimma [54]. The variation might be due to increased awareness through time and difference in study setting as well as methodology used might be considered as a reason. This study reveals that inconsistent use of condom was 59.3%. This can be very risky and increase the risk of STIs/HIV, unwanted pregnancy and unsafe abortion. This result is higher than study done at Madawalabu University (40.4%), Ethiopia (46). This may be due to different reasons associated with condom use. For instance, the main reasons given for infrequent use of condom in this study were in love with their partner, condom reduces pleasure.

Exposure to sexually explicit media, contribute a lot for the present day adolescents risky sexual behaviors' [55, 56]. One of the popular sexually explicit material adolescents being exposed is pornography. The findings in this study indicated that 541 (68.6%) were exposed to sexual explicit media/materials. The overall exposure is higher than 53.3% study done in Addis Ababa among government preparatory students [57] but lower than 77.2% a similar study done in Hawassa among 770 preparatory school students [58] and almost similar with 72.5% the study done in Addis Ababa among high school students [59]. The variation may be due to the difference in number of samples and level of exposure among studied groups as well as the study area may put its contribution and sampling procedure might also have contribution.

Alcohol consumption may increase the susceptibility of adolescent to risky behaviors by affecting their judgments and making them less responsible in sex acts (45). In this study, compared to adolescent who do not use alcohol, those who are alcohol users were by 58.9% and 41.1% more likely to initiate unsafe sex.

The result of multiple logistic regression models also revealed. Drinking alcohol were risk for unsafe sex, adolescents who had high family communications were less likely to engage in unsafe sexual bahevior. Similar to this study finding, other studies conducted in Ethiopia and different countries found that adolescents who had higher level of family monitoring and communications were less likely to engage in unsafe sexual behavior. (48, 49, 50, 51)

Strength of the study:

- The study was conducted to assess the magnitude of unsafe sex and factors contributing to it among preparatory school adolescent of Addis Ababa which is the most vulnerable group.
- The results of this study will be used to promote preventive strategies of unsafe sex and hopefully it prevents many adolescent from experiencing serious negative consequences.
- The present findings offered important information on the role of parental monitoring and support in fostering youths' trust in their parents.
- The study provides useful information that will inform policy makers to design a strategy that promotes healthy sexual behavior.

Limitation of the Study:

- All factors determining risky sexual behaviors were not included in a wider range in the study because of time and finance.
- Measurements of sexual activity relies on self-response for sensitive issues which can invite social desirability bias and therefore underestimate prevalence of ever had sex and sex with multiple sexual partners.
- This study contains a recall bias, especially, in estimating age at first sexual experiences.

7. CONCLUSSION

The results of this study reveal that a considerable proportion of preparatory adolescent students of Addis Ababa engage in risky sexual behaviors such as early initiation of sex, having multiple sexual partners, unprotected sex and substance use like alcohol. Majority of the respondents drank alcohol comparing with other types of substances.

Less than half of the students admitted that they had sexual intercourse. Among sexually active students majority of the respondents didn't used condom first time they had sexual intercourse. This study shows that unsafe/unprotected sex has strong association with alcohol intake it is risk factor for unsafe sex and family connectedness or monitoring were protected factor for unsafe sex.

RECOMMENDATION

Based on the above findings, the following recommendations were given to the concerned bodies:

- ✓ Students should be advised not to use any drug or alcohol by their teachers at the school level.
- ✓ Parents should know where their kids are going after school properly and they need to have good communication with their children.
- ✓ Educational bureau should work together to address the identified risky sexual practices with particular focus on behavior change communication such as raising awareness about the risks, safer sex practices, condom promotion and integration of gender issues in the programs are recommended.
- ✓ A school based intervention program aimed at reducing risky sexual behaviors amongst the students must be organized, strengthened, effectively implemented and monitored at preparatory level.

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9. ANNEXES

Annex I

Addis Ababa University school of Public Health Graduate Study Program Participant Information Sheet (English version)

Here, I undersigned, at Addis Ababa University school of Public Health Graduate Study Program, currently I will be conducting research on a **Magnitude of Unsafe Sex and contributing factors among Preparatory school adolescent Students of Addis Ababa.**

For this study, you have been chosen to participate, so you need to know all necessary information regarding the study before giving your consent of participation.

The objective of this study is to assess the magnitude of unsafe sex and factors contributing to it among preparatory school adolescent students of Addis Ababa. The information you give will be used in contribution to promote preventive strategies of unsafe sex hopefully it Prevent many adolescent from experiencing serious negative consequences.

Procedure and guidelines: The study will be carried out simply by asking you with predetermined structured questions, but you may find some of the questions to be too personal and difficult to give response about, but sharing your experience with others will be helpful to all adolescent students, their families, school communities, health professionals and policy makers. Filling the questionnaire will take about 50 minuets. All information you give will be kept confidential and won't be accessible to any third party; your name won't be registered on the question sheet so that you will not be identified. The procedure does not have risk any physical or psychological trauma. For your participation in the study no payment will be granted or has no any special privilege to you, but participating in the study and giving your genuine information will provide great input to bring change in *adolescent* reproductive health status.

Your participation in the study will be totally based on your willingness. You have the right not to participate from the beginning, or you may stop participating at any time after starting the participation. You won't be forced to give information that you do not know.

If you have any questions about the study please be free to ask and contact to:-

Haregeweyin Tesfaye, Mobile: 0911793831 mailto:haregtesfaye27@gmail.com

Finally, I would like to thank you for your responses.

__________________ ________________ ________________

The principal investigator Signature Date

Annex IIA- Participant Consent form (English version)

Addis Ababa University school of Public Health Graduate Study Program Participant Consent form

In signing this document, I am giving my consent to participate in the study entitled **"Magnitude of Unsafe Sex and contributing factors among Preparatory school adolescent Students of Addis Ababa.**

I have been informed that the purpose of this particular research project is to assess the sexual behavior of preparatory adolescent students. I understand that I am selected to participate in this study randomly from preparatory students. I have been informed that participation in this study is entirely voluntary and at any point I can refuse to answer any specific questions or decide to terminate the study.

I have been told that my answers to questions will not be given to anyone else and no reports of this study will ever identify me in any way. I have also been informed that my participation or my refusal will have no effect on me and my grades. I understand that the results of this research will be given to me if I ask for them. I the invited participant, given all relevant information concerning the purpose of this particular study, participants to be included, the study procedure, benefits and risks of the study, consent and confidentiality read and explained to me, **I decided to agree/ or disagree** to participate in this respective study.

Please indicate any of your response agree or disagree by making "√" within the box accordingly.

Agree responses ☐ **Disagree responses** ☐

Sign ___________ Sign ___________

________________________________ ________________ ________________

The principal investigator Signature Date

Annex IIB- Consent form focus group discussion (English version)

A study on **Magnitude of Unsafe Sex and contributing factors among Preparatory school adolescent Students of Addis Ababa.**

Group name (code) ___________ Name of Moderator __________________

Name of note taker(s) ________________ ________________

23.

Date ________ Total time taken ____minutes Code number of tape recorded _______

School of attendance (School-----------) Grade level (prep ----------------)

Hello, thank you for taking your time to talk to us, we are ________ (the moderator) and ________ (the note takers).

We are working on a research approved by Addis Ababa University, School of public Health conducted in partial fulfillment of master's degree in public Health. We are here to learn from you about contributing factors for unsafe sex among adolescents which will contribute to design better preventive programs. We would like to tell you some rules considered in our meeting.

1. The discussion will last about 1 -1:20 hours
2. Everything you say will remain confidential
3. Your name will not be used when reporting on the findings and your participation is voluntary.
5. A tape recorder will be used only to facilitate the recording and analysis of the discussion and all tapes will be destroyed after they have been transcribed.

Permission to tape records the discussion? Yes______ No ______

Annex IIC- Parents/Guardian Consent Form(English version)

Addis Ababa University school of Public Health Graduate Study Program

Parents/Guardian Consent Form

Here, I the undersigned, at Addis Ababa University, school of Public Health Graduate Study Program, currently I will be conducting research on a **Magnitude of Unsafe Sex and contributing factors among Preparatory school adolescent Students of Addis Ababa.**

Dear parents /Guardian!

Your child has been selected randomly to participate in this study. Since your child is under age 18, as a parent/guardian you need to be aware of every detail information regarding the study to declare your agreement concerning the participation of your child in the study before hand.

The study will be carried out by asking your child predetermined structured questions which will take about 50 minutes. All information given by your child will be kept confidential and won't be accessible to any third party. Your child participation in the study will be totally based on your agreement and the child has the right not to participate from the beginning, or may stop participating at any time after starting participation and will not be forced to give information that he/she does not know. Sharing experience and giving genuine information will provide great input to bring change in adolescent reproductive health. This will contribute for designing preventive strategies of risky sexual behavior which will be helpful to all adolescent students, their families, school communities, health professionals and policy makers.

Therefore, I kindly requested your agreement by indicating any of your response agree or disagree by making " "within the box accordingly. Finally, I would like to thank you for all your contribution.

If you have any questions about the study please contact to:-

Haregeweyin Tesfaye, Mobile: 0911793831 mailto:haregtesfaye27@gmail.com

Agree responses Disagree responses

Sign ___________ Sign ____________

_____________________ ________________ ________________

The principal investigator Signature Date

Annex IIIA-Questionnaires

Questionnaire English version

Instruction: Please indicate your answer by circling the number of your choice or by writing your response in the space provided accordingly.

Part I Socio-demographic characteristics.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1.1	Age	…………….years.	
1.2	Sex	Male……………………………… 1 Female …………………….…….2	
1.3	Religion	Orthodox Christian …………..…1 Muslim ……………………..……. 2 Protestant ……………….…….. 3 Other(specify) …………………96	
1.4	Do you attend Church/Mosque?	Yes ………………………………1 No ……………………………….2	 →Q.1.5
1.5	How often?	Once in 6 months up to one year.. 1 Once a month ………………..…. 2 Once in two weeks ………..……. 3 Once in a week …………………. 4 More than twice in a week ………5	
1.6	Ethnicity	Amhara ………………………..….. 1 Oromo ……………………..……. 2 Guraghe ……………………..….. 3 Tigrie …………………………..…. 4 Others (specify)…………………96	
1.7	Are you currently married?	Yes …………………………….. 1 No ……………………………..…2	
1.8	People living with you in your family	< 5…………………………….... 1 5-10 …………………………….. 2 > 10 …………………………..…3	
1.9	Who raised you?	Both parents ……………………..1 My mother ………………….……2 My father ……………………..…3 Other people …………………....96	
1.10	Currently living with	With both parents………………...1 Only with father……………….... 2 Only with mother ………………..3 Only with grand father…………...4 Other relatives ………………..…5 With friends ……………………..6 Alone …………………………..….. 7 Other (specify)…………………96	
1.11	Is your father alive?	Yes ……………………………...1 No ………………………………. 2	 →Q 1.14

1.12	Father's educational status	Illiterate………………………..... …1 Read and write only…………….. 2 Elementary < 6………………….. 3 7 – 12…… ………………….…... 4 College and above ………………5 I don't know ………………….. 98	
1.13	Father's employment status	Unemployed…………………….…. 1 Government employed …………. 2 Non-government employed…….. 3 Self employed ………………….. 4 Business man ………………….. 5 Others (specify) ……….......... 96	
1.14	His estimated monthly income	< 500……………………….…….1 501 -1000 ………………………. 2 1001 -1500 ……………….…….. 3 > 1501 ……………………….....4 Nothing ………………………..5 I don't know …………………. 98	
1.15	Is your mother's alive?	Yes ……………………….....….1 No ……………………………… 2	 → Q 1.18
1.16	Mother's educational status	Illiterate……………………..……1 Read and write only……………..2 Elementary ……………….……..3 7 – 12……………………………4 College and above …………….....5 I don't know …………………98	
1.17	Mother's employment status	Unemployed…………………......1 Government employed …………. 2 Non-government employed…….. 3 Self employed………………….. 4 Business woman ……………… 5 Others (specify) ……………… 96	
1.18	Her estimated monthly income	< 500………………………….…1 501 -1000 ……………………… 2 1001 -1500 ……………….…….. 3 > 1501 ………………..………...4 Nothing …… …………………...5 I don't know ………………….. 98	
1.19	Your perception on family's economic status	Poor ……………………………. 1 Medium ………………..……. 2 Rich ……………………….….. 3	

II. Perceived connectedness to family and parental monitoring. For Those who lived with parents/guardian

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
2.1	Our family members know my friends	Yes…… ………………………...1 No……………………..……….2	 → Q. 2.2
2.2	How much your family know your Friends?	Always ………………….……1 Often(usually) ……………..……2	

		Sometimes ……………………….3 Seldom (rarely) ………………... 4	
2.3	It is easier for me to discuss problems with people outside the family rather than my family member.	Strongly agree …………………. 1 Agree …………………………... 2 Disagree ………………………...3 Strongly disagree ………………. 4	
2.4	To whom are you more close?	Father ………………………….. 1 Mother …………………………. 2 Both ……………………………. 3 No one …………………………..4	
2.5	Based on your above choice, how much do you feel close?	Always …………………………1 Often (usually) …………………2 Sometimes ………………………3 Seldom (rarely) ………………... 4	
2.6	My parent s know where I am after school and away from home	Yes…… ………………………. 1 No……………………………….2	→Q 2.7
2.7	How often do they know where you go?	Always …………………………1 Often (usually) …………………2 Sometimes ………………………3 Seldom (rarely) ………………... 4	
2.8	I tell to my parents whom I am going to be with before going out.	Always …………………………1 Often (usually) …………………2 Sometimes ………………………3 Seldom (rarely) ………………... 4	
2.9	My parents provide me pocket money	Yes…… ………………………. 1 No……………………………….2	→Q 2.10
2.10	How often are you given pocket money?	Always …………………………1 Often (usually) …………………2 Sometimes ………………………3 Seldom (rarely) ………………... 4	
2.11	I have been asked to tell what I did with the pocket money given to me.	Always …………………………1 Often (usually) …………………2 Sometimes ………………………3 Seldom (rarely) ………………... 4	

III. Parent – Adolescent communication on sexual issues.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
3.1	The person, group of persons or institution helps you to know about puberty (Multiple answers possible)	- My both parents ……………...1 - My mother……………………2 - My father ………. …………...3 - Other family member………… 4 - My friend(s) ……………... …..5 - My girlfriend/boyfriend ……... 6 - From mass media ……………. 7 - Teachers ……………………... 8 - From health professional … …..9 - From religious area ……....... 10	

3.2	If you want some information on sex, whom you would like to contact most? (Multiple answers possible)	- My both parents ……………. 1 - My mother………………….. .2 - My father ………. ………….. 3 - Other family member……….. 4 - My friend(s) ……………….... 5 - My girlfriend/boyfriend …. ….6 - From mass media ……….. ….7 - Teachers ……………….……. 8 - From health professional ….… 9 - From religious area ……... …..10	
3.3	Do you discuss about sex at home?	Yes…… 1 No ………2	

IV. Substance use/Risk related behavior.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
4.1	Do you chew chatt?	Yes………………..1 No ………………..2	
4.2	Do you smoke cigarettes?	Yes………………..1 No ………………2	
4.3	Do you drink alcoholic beverages like tela, tej areke, beer and the like?	Yes……………… 1 No ………………2	
4.4	Do you use cannabis (hashish)?	Yes……. …………1 No ………………2	
4.5	Do you smoke shisha?	Yes……. …………1 No ………………2	

V. peer pressure/Influence

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
5.1	Do you have pressure from your friend(s) to have sexual intercourse?	Yes……………………………...1 No ……………………………...2	
5.2	Do you practically apply what your best friend(s) tell(s) you to do for the sake of comforting your friend(s)?	Yes ……………………………...1 No……………………………....2	
5.3	Do you know that your best friend(s) is/are doing sexual intercourse?	Yes ……………………………..1 No……………. ………………..2 I do not know ………………......98	
5.4	Did your girl/boy friend asked/insisted you to do sexual intercourse?	Yes ………….. ……..……………1 No…………….………………....2 I do not have girl/boy friend…..…3	→Q5.5,5.7
5.5	Did you do based on the question?	Yes ………..…......................... 1 No……………………………….. 2	→ Q 5.8

5.6	Why did not you do sexual intercourse?	No money …………………… …………1 Fear of my parents ……. ……………..…..2 Religious reasons …………… ………….. 3 No trust of my girl/boy friend …………… 4 Not decided to marry her/him …………... 5 Fear of pregnancy ……………..................6 Fear of sexual transmitted diseases like HIV… 7 No sex before marriage …………………... 8	
5.7	If you do have a long term plan with your girl/boy friend, suppose if she/he asks you to do sexual intercourse, your response will be;	If I love her/him I will do sex even without condom……………………………………...1 If I love her/him I will do sex with condom….. 2 Even if I love her/him I will resist not doing…..3 sex till I finish my education Even if I love her/him I will resist not doing … .4 sex before marriage	
5.8	If your sexual partner insist not to use condom, your response;	I will do sex not to miss my partner …………1 even without condom. I will insist on using condom ……………..…2 I will provide him condom to use …………... 3 I will not do sex without condom …………... 4	

VI. Sexual risk-taking behavior.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
6.1	Do you have a boy/girl friend ?	Yes ………………….. 1 No ……………………2	
6.2	Have you ever had sexual intercourse?	Yes …………………... 1 No ……………………2	
6.3	Did you use condom first time you had sexual intercourse?	Yes …… ………… ………………..1 No ………………………………...2 I don't remember…………………... 3	→ Q 6.4 → Q 6.4
6.4	Why did not you use condom?	Partner objects to use………………....1 Use only with other than my friend…..2 Have only one partner ……….. ……...3 Was a forced sex ………….……….... 4 Condom diminishes pleasure ……….. 5 Condom is too costly ……..………… 6 Never thought about it ………………. 7 Do not know how to use …..............… 8	
6.5	Age during first sexual intercourse.	……………. years	
6.6	Relationship to your first sexual partner.	Fiancé …………………………….. .1 School friend ………………… …...2 Spouse ……………………. . ……3 Relative ……………………………. 4 House maid ………………….........5 Sugar daddy/mammy ……………… 6 Others (specify) ….………………..96	
6.7	Age difference between you and your first	5 or more years older than me …...... 1	

	Sexual partner.	5 years younger than me ……… ……2 3 or more years older than me ……... 3 3 years younger than me …………… 4 About the same age ………………... 5	
6.8	Main reason for doing sexual intercourse for the first time	Physical pleasure …………………… 1 Because all friends are doing sex…… 2 Convinced with money or gift ……... 3 Was forced ………………………… 4 Love affair ………………………….. 5 Was married ………………………… 6 Others (specify) ……. ……………...96	
6.9	Did you /your partner consume alcohol or any other drug before hand you had sexual intercourse for the first time?	Yes …………………... 1 No ………….……...2	
6.10	How many sexual partner (s) have you had so far?	Three and more………...1 Two …………………...2 One ……………………3	
6.11	People in the total you ever had sexual intercourse with during the last 12 months	Three and more ……… .1 Two ……………………2 One …………………….3 With no one ……………4	

VII . Sexual-explicit media/materials

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
7.1	Did you know before the availability of advanced sexual explicit media/materials?	Yes ……… 1 No………..2	→ Q 7.2
7.2	Where you find sexual explicit media/materials. (Multiple answers possible) News papers Magazines/books Radio Television films Video films Music films Internet	Yes ……… 1 No ………..2 Yes ……… 1 No ………..2 Yes ……… 1 No ………. 2 Yes ……… 1 No ………..2 Yes ……… 1 No ………..2 Yes ……… 1 No ………..2 Yes ……… 1 No ……..... 2 Others (specify) …………96	
7.3	Which type(s) of sexual explicit media/ materials do you have access to be exposed ? (Multiple answers possible) News papers Magazines/books Radio Television films Video films	Yes ……… 1 No ………..2 Yes ……… 1 No ………..2 Yes ……… 1 No ………..2 Yes …….. . 1 No ………..2 Yes ……… 1 No ………..2	

	Music films Internet	Yes ……… 1 No ………..2 Yes ……… 1 No ………. 2 Others (specify) …………..…96	
7.4	With whom most of time you see or read sexual explicit media?	With my boy friend/girl friend…1 With friend(s) of opposite sex …2 With friends of the same sex …. 3 With my family members ……...4 With my family members …….. 5 Alone ………………………… ..6 Others (specify) ……………… 96	
7.5	Have you ever tried practicing what you have seen from movies?	Yes ……… 1 No ………..… …2	
7.6	In your opinion do you think that exposure to the sexual explicit media/materials predispose to unsafe sexual behavior?	Strongly agree … …………..…. 1 Agree ………………………..… 2 Disagree……………………..… 3 Strongly disagree……………..... 4	

VIII. Condom use

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
8.1	Have you ever heard about condom?	Yes ………… 1 No …………..2	→ Q 8.2
8.2	You heard about condom primarily from	Mother ……. …………………..1 Father …………………………......2 Brother/sister ………….............3 Friends' ....4 Mass media……………………......5 Health professional……………...6 Boy/ girl friend ………................7 Teachers ……………………..…8 Books …………………………......9 Others (specify) ……………….96	
8.3	How often you and your partner use condom?	Very seldom ……………………1 Sometimes ……………………..…2 Always ………………………….....3 Never used ……………… ……..4 Never done sexual intercourse 5	
8.4	Did you use condom last time you had sex?	Yes …………. 1 No ……………. 2	
8.5	Do you think condom can be used more than once?	Yes …………. 1 No ……………..2 I don't know ….. ……………..…98	
8.6	Opinion towards condom use. **(Multiple answers possible)** Prevents pregnancy. Prevents sexual transmitted disease	 Yes …………….. 1 No …………. 2 Yes ……………..... 1 No…………...2	

	including HIV/AIDS. Prevents pregnancy No need to use if faithful to each other Decreases sexual pleasure.	 Yes ……………..1 No……………2 Yes ……………. 1 No……………2 Yes ……………. 1 No …………...2 Others(specify)…………………..96	

IX.Sexual partner communication

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
9.1	Do you know about reproductive health risks?	Yes ……… 1 No………… 2	
9.2	Have you ever discussed with your sexual partner about reproductive health risks?	Yes ……… 1 No………… 2	
9.3	Reproductive health risks you know Unwanted pregnancy Abortion Sexually transmitted diseases /HIV/AIDS	 Yes ……… 1 No………… 2 Yes ……… 1 No………… 2 Yes ……… 1 No………… 2 Others(specify …………...96	

Annex IIIB-Focus group discussion guide (English version)

Discussion points:

Sexual behavior and selected family characteristics which include socio-economic status of parents/ family, parent- adolescent communication about sexual matters, parental monitoring, family structure and sexual explicit media.

1. How it is common students at your age have sexual intercourse before marriage?
2. How is the pressure adolescent student face to have sex by peers?
3. Do their partners tend to be the same age, younger or older?
4. Have you noticed or heard of adolescent students receiving money or certain gift for sex from man/woman.?
5. Is it common for adolescent students to have multiple sexual partners at one time?
6. Do you think that adolescent students who are sexually active use condom?
7. What do you say about the degree of exposure adolescents to sexually explicit materials/media?
8. Is it common for adolescent students to talk openly with their parents about sex related matters?
   Why, Why not?
9. Do you think that parental monitoring have an effect on adolescent sexual behavior?
   Explain how/ why /why not?

10. Do you think that adolescent who come from well educated and high income families differ in their sexual and reproductive health than those who come from low socio- economic status? Why /Why not?
11. Do you think that adolescent students have got information on reproductive health risks?
12. How do you relate the sexual behavior of adolescent in relation with the knowledge they have about consequences of reproductive health risk?
13. Could there be barriers which hinder adolescent from bringing sexual behavioral change?
14. Do you have anything you would like to tell us about adolescent sexual behavior in relation to risk factors?

Annex IV- Participant information sheet (Amharic version)

አዲስ አበባ ዩኒቨርሲቲ ጤና ሳይንስ ኮሌጅ የህብረተሰብ ጤና ትምህርት ክፍል የድህረ ምረቃ መርሀ ግብር ለጥናቱ ተሳታፊዎች የመረጃ ቅጽ

በአሁኑ ወቅት ጤናማ ያልሆነ ወሲባዊ ግንኙነት እና ሊያስከትሉ የሚችሉ ምክንያቶች ማሰስ በሚለው ርዕስ በአዲስ አበባ በሚገኙ የመሰናዶ ት/ቤቶች ጥናት በማካሄድላይ እገኛለሁ፡፡

በጥናት ላይ ለመሳተፍ እርስዎ ተመርጠዋል በጥናቱ ላይ ለመሳተፍ ፈቃደኝነትዎን ከመጠየቅ በፊት ጥናቱን በተመለከተ አስፈላጊ የሆኑ መረጃዎችን ማግኘት ያስፈልግዎታል፡፡

የጥናቱ ዓላማ :- ወጣት ተማሪዎችን ጤናማ ያልሆነ ወሲባዊ ግንኙነት እና ሊያስከትሉ የሚችሉ ምክንያቶች ለማሰስ ነው፡፡ እርስዎ በዚህ ጥናት ላይ የሚያበረክቱት መረጃ ወጣቶችን ጤናማ ላልሆነ ወሲባዊ ግንኙነት ሊያጋልጡ የሚችሉ ነገሮችን በማወቅ ይህንን ችግር ለመከላከል በሚያስችል ማንኛውም የመከላከል ዘርፍ ላይ እገዛ ያደርጋል ብሎም በቀጣይ ብዙ ወጣቶችን ጤናማ ባልሆነ ወሲባዊ ግንኙነት ምክንያት ሊከሰት ከሚችል ጉዳት መከላከል ይቻላል ተብሎ ይታመናል፡፡

የተሳትፎ አካሄድና መመሪያ:- ጥናቱ የሚካሄደው ቀደም ብሎ ለዚሁ ጥናት ታስቦ የተዘጋጀውን ጥያቄ በመጠየቅ ነው፡፡ በመጠይቁ ውስጥ በጣም ሚስጥራዊ የሆኑና ለመመለስ የሚያስቸግሀ ግላዊ የሆኑ ጉዳዮች ተካተዋል ሆኖም ግን ያላችሁን ተሞክሮ ብታካፍሉን ለሌሎች ወጣት ተማሪዎች ፣ ለወላጆች ፣ ለትምህርት ቤት ማህበረሰብ ፣ ለጤና ባለሞያዎች እንዲሁም ለሕግ አውጪ የመንግስት አካላት በወጣቶች ስርዓተ ተዋልዶ የጤና አገልግሎት መስክ ላይ ለሚደረገው ጥረት ከፍተኛ እገዛ ያደረጋል፡፡

ጥያቄውን ለመሙላት 50 ደቂቃ ያህል ሊወስድ ይችላል ጥናቱን አስመልክቶ እርስዎ የሚሰጡት ማንኛውም መረጃ በሚስጥር የሚጠበቅ በመሆኑ በማንኛውም መንገድ ለሶስተኛ አካል አሳልፎ አይሰጥም ወይም አይጋለጥም ማንነትዎ እንዳይታወቅም ስምዎ በጥያቄው ወረቀት ላይ አይመዘገብም፡፡ በጥናቱ ላይ በመሳተፍዎ ምክንያት በአካል ሆነ በአእምሮ ላይ የሚከሰት ምንም ዓይነት ጉዳት አይኖረውም ፡፡

በጥናቱ ላይ በመሳተፍዎ የሚከፈልዎት ክፍያ ወይም የተለየ ጥቅም አይኖርም ነገር ግን በጥናቱ ላይ በመሳተፍዎ ለሚጠየቁት ጥያቄ በዕውነት ላይ የተመሰረተና ተገቢ የሆነ መረጃ በመስጠትዎ በወጣቶች ስርዓት ተዋልዶ ዙሪያ ላይ ተገቢውን አገልግሎት በመስጠት ከፍተኛ ለውጥ ያስገኛል፡፡

በጥናቱ ላይ ለመሳተፍ ሙሉ በሙሉ በራሰዎ ፍላጎትና ፍቃደኝነት ላይ የተመሰረተ ነው ከመጀመሪያው በጥናቱ ላይ ላለመሳተፍ እንዲሁም መሳተፍ ጀምረው በመሃከል ለማቋረጥ መብትዎ ሙሉ በሙሉ የተጠበቀ ነው፡፡ ለማያውቀት ጥያቄ መረጃ እንዲሰጡ አይገደዱም፡፡

ጥናቱን በተመለከተ ማንኛውም ዓይነት ጥያቄ ቢኖርዎት በሚቀጥለው አድራሻ በነፃነትመጠየቅ ይችላሉ፡፡ ሀረገወይን ተስፋይ ሞባይል 0911793831 ኢሜል haregtesfaye27@gmail.com. በመጨረሻውም ለሚሰጡን ለየትኛውም ዓይነት ምላሽ አመሰግናለሁ፡፡

______________ ______________ ______________

አጥኚው አካል ፊርማ ቀን

Annex VA- Participant consent form (Amharic version).

አዲስ አበባ ዩኒቨርሲቲ ጤና ሳይንስ ኮሌጅ የህብረተሰብ ጤና ትምህርት ክፍል የድህረ ምረቃ መርሀ ግብር የተሳታፊዎች የፍቃደኝነት መግለጫ ቅፅ

በተሳታፊዎች የፍቃደኝነት መግለጫ ቅፅ ላይ መስማማቴን በመግለፅ የመሰናዶ ክፍል ወጣት ተማሪዎችን ጤናማ ያልሆነ ወሲባዊ ግንኙነት እና ሊያስከትሉ የሚችሉ ምክንያቶች ማሰስ በሚል ርዕስ ላይ የሚደረገው ጥናት ዓላማው እዲሁም በዚህ ጥናት ውስጥ ተሳታፊ ለመሆን ሙሉ በሙሉ በፍቃደኝነት ላይ የተመሰረተ ስለሆነ ከመጠይቁ መሃከል መልስ ለመስጠት የማልፈልገውን ማንኛውንም ጥያቄ ለመተውና ከጀመርኩ ቡሃላ ለማቋረጥ እደምችል ተገልፆልኛል፡፡ መጠይቁን አስመልክቶ የምሰጠው ምላሽ ለማንም ግለሰብ እይታ የማይቀርብና የጥናቱ መግለጫ በማንኛውም መንገድ ስለ እኔ መግለፅ እደማይችል ተገልፆልኛል፡፡ በጥናቱ ላይ ለመሣተፍ ፍቃደኛ ብሆንም ባልሆንም በእኔ ላይ እዲሁም በትምህር!ላይ ሊያደርስብኝ የሚችል ተፅእኖ እደሌለ ተነግሮኛል፡፡በማንኛውም ወቅት የጥናቱ ውጤት ጠይቶ ለማወቅ ብፈልግ ማግኘት እደምችል ተረድቻለሁ፡፡ እኔ በጥናቱ ላይ ለመሳተፍ እጩ ሆኜ የተመረጥኩት ጥናቱን በተመለከተ አግባብ ያለው ለማወቅ የሚያስፈልገኝን መረጃ የጥናቱን ዓላማ በተመለከተ የተሳታፊዎች አመራረጥ የጥናቱ አካሄድ የሚያስገኘው ጥቅምና የሚያስከትለው ጉዳት የፍቃደኝነት መግለጫ እዲሁም ሚስጥራዊ አሰራሩን በማንበብና በመረዳት በዚህ ጥናት ላይ ለመሳተፍ ወይንም ላለመሳተፍ ተስማምቻለሁ

እባኮዎትን ሊሰጡት የፈለጉትን የመስማማት ወይንም ያለመስማማት ምላሾዎትን በማስመር ወይንም በተዘጋጀው የመልስ ሳጥን ውስጥ ይህን ምልክት ✓ በማድረግ ይግለፁ ፡፡

ተስማምቻለሁ ☐ አልተስማማሁም ☐

ፊርማ------------ ቀን-------------- ፊርማ------------ ቀን-------------

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አስጠኚ አካል ፊርማ ቀን

Annex VB- Parent/guardian consent form (Amharic version).
አዲስ አበባ ዩኒቨርሲቲ ጤና ሳይንስ ኮሌጅ የህብረተሰብ ጤና ትምህርት ክፍል የድህረ ምረቃ መርሀ ግብር

የወላጅ /አሳዳጊ የፍቃደኝነት መግለጫ ቅፅ

ከዚህ በታች እደተመለከተው አዲስ አበባ ዩኒቨርሲቲ ጤና ሳይንስ ኮሌጅ የህብረተሰብ ጤና ትምህርት ክፍል የድህረ ምረቃ መርሀ ግብር በአሁኑ ወቅት የመሰናዶ ክፍል ወጣት ተማሪዎችን ጤናማ ያልሆነ ወሲባዊ ግንኙነት እና ሊያስከትሉ የሚችሉ ምክንያቶች ማሰስ በሚል ርዕስ በአዲስ አበባ በሚገኙ የመሰናዶ ተምህርት ቤቶች ጥናት እየተካሄደ ነው፡፡

የተከበሩወላጅ/አሳዳጊ

የእርስዎ ልጅ በጥናት ላይ ለመሳተፍ ተመርጧል ፤ ሆኖም ልጅዎ ከ18 ዓመት እድሜ ክልል በታች ስለሆነ እርስዎ ወላጅ /አሳዳጊ እደመሆንዎ ልጅዎ በጥናቱ ላይ ከመሳተፋቸው በፊት ጥነቱን በተመለከተ ማንኛውንም መረጃ በማግኘት ፍቃደኝነተዎን እዲያስታውቁን ያስፈልጋል፤

ጥናቱ የሚካሄደው ቀደም ብሎ ለዚሁ ጥናት ታስቦ የተዘጋጀውን ጥያቄ በመጠየቅ ነው፤ ጥያቄውን ለመሙላት 50 ደቂቃ ያህል ሊወስድ ይችላል በመጠይቁ ውስጥ ጥቂት ሚስጥራዊ የሆኑ እና ግላዊ ጥያቄዎች ተካተዋል፤ ሆኖም ልጅዎ መጠይቁን በሚሞላበት ወቅት ማንነታቸው እዳይታወቅ ስማቸው በጥያቄው ወረቀት ላይ አይመዘገብም የሚሰጡትን ማንኛውም መረጃ በሚስጥር የሚጠበቅ በመሆኑ በማንኛውም መንገድ ለሶስተኛ አካል አሳልፎ አይሰጥም ወይም አይገለጥም፤

የልጅዎ በዚህ ጥናት ላይ ለመሳተፍ ሙሉ በሙሉ በእርስዎ ፍላጎት ፍቃደኝነት ላይ የተመሰረተ ነው፤ ልጅዎ ከመጀመሪያ በጥናቱ ላይ ላለመሳተፍ እዲሁም መሳተፍ ጀምረው በመሃከል ለመተው መብታቸው ሙሉ በሙሉ የተጠበቀ ሲሆን ፤ ለማያውቁት ጥያቄ መረጃ አይሰጡም አይገደዱም፤፤

ሆኖም በእውነት ላይ የተመሰረተ ተሞኩሮ እና መረጃ በወጣቶች ስርዓት ተዋልዶ ዙሪያ ላይ ተገቢውን አገልግሎት በመስጠት ከፍተኛ ለውጥ ያስገኛል፤፤ ይህም መረጃ ወጣቶች ጤናማ ላልሆነ ወሲባዊ

ግንኙነት ሊያጋልጡ የሚችሉ ነገሮችን በማዎቅ ለሌሎች ወጣት ተማሪዎች፤ለወላጆች፤ ለትምህርት ቤት ማህበረሰብ፤ለጤና ባለሙያዎች እዲሁም ለህግ አዊጪ የመንግስት አካላት ይህንን ችግር ለመከላከል በሚያስችል ማኛውም የመከላከል ዘርፍ ላይ ለሚደረግ ጥናት ከፍተኛ እገዛ ያደርጋል፤

በቅድሚያ ለሚደረጉ የስምምነት ምላሽ እያመሰገንን ሊሰጡን የፈለጉትን የመስማማት ወይም ያለመስማማት ምላሽ በተዘጋጀ የመልስ ሳጥን ውስጥ ይህንን' √' ምልክት በማድረግ ይግለፁ

ተስማምቻለሁ ☐ አልተስማማሁም ☐

ፊርማ------------------ቀን---------------- ፊርማ--------------------- ቀን--------------

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አስጠኚ አካል ፊርማ ቀን

Annex VC- **Consent form focus group discussion (Amharic version).**

ለውይይት መጠየቂያ የተዘጋጀ የስምምነት መግለጫ ፎርም

በመሰናዶ ክፍል በሚገኙ የአዲስ አበባ ወጣት ተማሪዎች ጤናማ ላልሆነ ግብረ ስጋ ግንኙነት

ሊያጋልጣቸው በሚችል ምክንያቶች ላይ የሚደረግ ጥናት፡፡

የቡድኑ መለያ ____________የአወያዩ ስም _________የፀሐፊው ስም ________________

ቀን _____________ውይይቱ የፈጀው ሰዓት ____ደቂቃ የቅጅው መለያ ________

ውይይቱ የተካሄደበት የትምህርት ቤቱ መለያ________________

የክፍል ደረጃ / መሰናዶ______፣

በመጀመሪያ ጤና ይስጥልኝ ጊዜያችሁን መስዋዕት አድርጋችሁ ከእኛ ጋር ለመወያየት በመምጣታችሁ በቅድሚያ እናመሰግናለን፡፡

ስም ____________ ____________ እንባላለን በአዲስ አበባ ዩኒቨርስቲ የድህረ ምረቃ ትምህርት ዘርፍ በሚደረግ ጥናት ከቡድኑ ጋር አብረን እየሰራን እንገኛለን፡፡ አሁን እዚህ የተገኘ ነው ከእናንተ ጋር ወጣት ተማሪዎች ጤናማ ላልሆነ ግብረ ስጋ ግንኙነት ሊያጋልጣቸው በሚችል ምክንያቶች ላይ በመወያየት ይህንን የጤና ችግር ለመቅረፍ በሚያስችል የጤና ፕሮግራም ላይ የሚገኘው ውጤት አጋዥ ይሆናል፡፡

ወደ ውይይቱ ከመግባታችን በፊት የምንከተላቸው መመሪያ

1. ውይይቱ ከ1 ሰዓት እስከ 1 ሰዓት ከሀያ ደቂቃ ይፈጃል
2. ማንኛውንም የምንነጋገረው ነገር በሙሉ በሚስጥር የሚጠበቅ ነው
3. በውይይቱ ለመሳተፍ ስም አይጠየቅም ስለሆነም ማንነትዎ ከሚሰጡት መረጃ ጋር ተያይዞ የሚቀርብበት መንገድ አይኖርም ሆኖም በውይይቱ ላይ ለመካፈል የእርስዎን ፈቃደኝነት ይጠይቃል

4. የውይይቱን ሃሳብ ለማያያዝ እንዲያመች የሚደረግው ውይይት በቴፕ ይቀዳል ሆኖም ግን በመጨረሻ የተቀዳው ቅጅ በሙሉ ይደመሰሳል፡፡

በውይይቱ በመሳተፍ ድምፅዎ እንዲቀዳ ፈቃደኛ ነዎት ? አዎን ☐ የለም ☐

Annex VIA- Consent form focus group discussion Amharic version.

መመሪያ፡- መልሶችህን/ሽን አጠገቡ ያለውን ቁጥር በመክበብ ወይንም በተሰጠው ክፍት ቦታ ላይ በመፃፍ አሳይ

ክፍል 1 ስለማህበራዊ ሁኔታ

ተ/ቁ	ጥያቄ	የመልስ ምርጫ	እለፍ
1.1	እድሜ?	--------ዓመት	
1.2	ጾታ?	ወንድ-------------------1 ሴት---------------------2	
1.3	ሃይማኖት?	ኦርቶዶክስ---------------1 ሙስሊም-----------------2 ፕሮቴስታንት-------------3 ሌላ/ይጥቀሱ--------------96	
1.4	ወደ ቤተክርስቲያን/ መስጊድ ትሄዳለህ/ጃለሽ?	አዎ-----------------------1 አልሄድም------------------2	→ 1.5
1.5	ምን ያህል ጊዜ ትሄዳለህ/ሽ?	ከ6 ወር እስከ ዓመት ውስጥ አንድ ጊዜ-1 በወር ውስጥ አንዴ----------------------2 በ2 ሳምንት አንዴ-----------------------3 በሳምት አንዴ----------------------------4 በሳምንት ውስጥ ከአንድ ጊዜ በላይ-------5	
1.6	ብሄር?	አማራ --------1 ኦሮሞ----------2 ጉራጌ-----------3 ትግሬ------------4 ሌላ/ ይጥቀስ/--------96	
1.7	የጋብቻ ሁኔታ?	ያገባ----------1 ያላገባ----------2	

1.8	በቤተሰብ ውስጥ የሚኖረው ሰው ብዛት?	ከ5 በታች----------------------------1 ከ5-10------------------------------2 ከ10 በላይ---------------------------3	
1.9	ያደከው/ሽው?	ከሁለቱም ወላጆች--------------------1 ከእናት ጋር---------------------------2 ከአባት ጋር---------------------------3 ከሌሎች ቤተሰቦች ጋር----------------4	
1.10	አሁን የምትኖረው/ሪው?	ከእናትና ከአባቴ ጋር------------------1 ከአባት ጋር ብቻ----------------------2 ከእናት ጋር ብቻ----------------------3 ከአያት ጋር ብቻ----------------------4 ከሌሎች ዘመዶች---------------------5 ከጓደኞች-----------------------------6 ለብቻ---------------------------------7 ሌላ /ይጥቀስ/------------------------96	
1.11	አባትህ/ሽ በህይወት አሉ?	አዎ----------------------------------1 የለም--------------------------------2	→ 1.14
1.12	የአባትህ/ሽ የትምህር ሁኔታ?	ያልተማረ----------------------------1 ማንበብና መፃፍ---------------------2 ከ1-6ኛ------------------------------3 ከ7-12ኛ ---------------------------4 ኮሌጅና ከዚያ በላይ------------------5 አላውቀውም-------------------------98	
1.13	የአባትህ/ሽ የስራ ሁኔታ?	ስራ የሌለው--------------------------1 የመንግስት ሰራተኛ--------------------2	

		የድርጅት ሰራተኛ----------------------3 የግል ሰራተኛ--------------------------4 ነጋዴ---------------------------------5 ሌላ /ይጥቀስ/------------------------96	
1.14	የአባትህ/ሽ ወር ገቢ?	‹ 500-----------------------------1 501-1000 ------------------------2 1001 — 1500----------------------3 ›1501----------------------------4 ነጋዴ---------------------------------5 ሌላ ይጥቀስ/------------------------96	
1.15	እናትሽ በህይወት አሉ?	አዎ---------------------------------1 የለችም------------------------------2	→ 1.18
1.16	የእናትሽ የትምህር ሁኔታ?	ያልተማረች---------------------------1 ማንበብና መፃፍ----------------------2 ከ1-6ኛ------------------------------3 ከ7-12ኛ ---------------------------4 ኮሌጅና ከዚያ በላይ------------------5 አላውቀውም------------------------96	
1.17	የእናትህ/ሽ የስራ ሁኔታ?	ስራ የሌላት--------------------------1 የመንግስት ሰራተኛ-------------------2 የድርጅት ሰራተኛ---------------------3 የግል ሰራተኛ--------------------------4 ነጋዴ---------------------------------5 ሌላ /ይጥቀስ/------------------------96	
1.18	የእናትህ/ሽ የወር ገቢ?	‹ 500-----------------------------1 501-1000 -----------------------2 1001 — 1500----------------------3	

		›1501-------------------------------4 ነጋዴ----------------------------------5 ሌላ ይጥቀስ/--------------------------96	
1.19	በአንተ/ቺ አመለካከት የቤተሰብህ/ሽ የኑሮ ደረጃ?	ድሃ----------------------------------1 መካከለኛ------------------------------2 ሀብታም--------------------------------3	

ክፍል ሁለት መረጃ ስለ ቤተሰብ ግንኙነትና የወላጅ ክትትል ከወላጅ/አሳዳጊ ጋር ለሚኖሩ

ተ/ቁ	ጥያቄ	የመልስ ምርጫ	እለፍ
2.1	በቤተሰቤ ውስጥ ጓደኞቼ ይታወቃሉ?	አዎ--------------------------------1 አይደለም---------------------------2	→ 2.2
2.2	ጓደኞችህ/ሽ በቤተሰብ ውስጥ ምን ያህል ይታወቃሉ?	ሁል ጊዜ---------------------------1 በአብዛኛው-------------------------2 አልፎ አልፎ-------------------------3 በጣም በጥቂት---------------------4	
2.3	ከቤተሰቤ ጋር ስችግሬ መፍትሄ ለማግኘት ከመነጋገር ይልቅ ከቤተሰቤ ውጪ መወያየት ይቀለኛል ?	በጣም እስማማለሁ-----------------1 እስማማለሁ--------------------------2 አልስማማም------------------------3 በጣም አልስማማም-----------------4	
2.4	ከወላጆችህ/ሽ በይበልጥ ማን ትቀርባለህ/ቢያለሽ?	አባትህን----------------------------1 እናትህን----------------------------2 ሁለቱንም---------------------------3 ማንንም----------------------------4	
2.5	እላይ የመርጥከውን/ሽውን ምን ያክ ትቀርባለህ/ቢያለሽ?	ሁል ጊዜ---------------------------1 በአብዛኛው-------------------------2 ኣልፎ አልፎ-------------------------3	

		በጣም በጥቂት--------------------4	
2.6	ወላጆቼ ከቤትም ሆነ ከትምህርት ቤት ውጪ የምሄድበትን ያውቃሉ?	አዎ------------------------------1 አይደለም-------------------------2	→ 2.7
2.7	ወላጆችህ/ሽ የምትሄድበትን/ጂበትን ምን ያህል ያውቃሉ?	ሁል ጊዜ--------------------------1 በአብዛኛው------------------------2 ሳልፎ አልፎ------------------------3 በጣም በጥቂት--------------------4	
2.8	ከቤት ስወጣ ከማን ጋር እደምውል ለወላጆቼ መቀድሚያ እናገራለሁ?	ሁል ጊዜ--------------------------1 በአብዛኛው------------------------2 ሳልፎ አልፎ------------------------3 በጣም በጥቂት--------------------4	
2.9	ወላጆቼ የኪስ ገንዘብ ይሰጡኛል?	አዎ------------------------------1 አይደለም-------------------------2	→ 2.10
2.10	የኪስ ገንዘብ የሚሰጥህ/ሽ ም ያህል ጊዜ ነው?	ሁል ጊዜ--------------------------1 በአብዛኛው------------------------2 ሳልፎ አልፎ------------------------3 በጣም በጥቂት--------------------4	
2.11	የኪስ ገንዘብ የሚሰጥሽን የኪስ ገንዘብ ለምን እደተጠቀምሽበት ይጠይቁኛል?	ሁል ጊዜ--------------------------1 በአብዛኛው------------------------2 ሳልፎ አልፎ------------------------3 በጣም በጥቂት--------------------4	

ክፍል 3 መረጃ ወላጆች ከልጆቻቸው ጋ ስላላቸው ፆታዊ ባሬ ውይይት

ተ/ቁ	ጥያቄ	የመልስ ምርጫ	እለፍ
3.1	ስለ ፆታ አካል እድገት መረጃ ያገኘኸው/ሸው ?(ከአንድ በላይ መልስ ይቻላል)	ከሁለቱም ወላጆቼ/አሳዳጊዎች------------------1 ከእናቴ--2	

		ከአባቴ--3 ከሌላ የቤተሰብ አባል----------------------------4 ከጓደኞቼ--5 ከፍቅር ጓደኛዬ----------------------------------6 ከመገናኛ ብዙሃን-------------------------------7 ከመምህራን-------------------------------------8 ከጤና ባለሙያ---------------------------------9 ከሃይማኖት ስፍራ------------------------------10	
3.2	አሁን ባለህበት/ሽበት ደረጃ ስለ ፆታዊ ጉዳዮች መረጃ ብትፈልግ/ጊ መነጋገር የሚስማማህ/ሽ ((ከአንድ በላይ መልስ ይቻላል)	ከሁለቱም ወላጆቼ/አሳዳጊዎች-------------------1 ከእናቴ--2 ከአባቴ--3 ከሌላ የቤተሰብ አባል----------------------------4 ከጓደኞቼ--5 ከፍቅር ጓደኛዬ----------------------------------6 ከመገናኛ ብዙሃን-------------------------------7 ከመምህራን-------------------------------------8 ከጤና ባለሙያ---------------------------------9 ከሃይማኖት ስፍራ------------------------------10	
3.3	ከቤተሰብ አባላት ጋር በግልፅ ስለ ፆታዊ ጉዳዮች ተወያይተህ/ሽ ታውቃለህ/ቂያለሽ?	አዎ---1 አይደለም---2	

ክፍል 4 መረጃ ባህሪ ላይ አሉታዊ ተፅእኖ ስለሚያመጡ ልማዶች/ሱሶች

ተ/ቁ	ጥያቄ	የመልስ ምርጫ	እለፍ
4.1	ጫት ትቅማለህ/ትቅሚያለሽ?	አዎ------------------------------1 አይደለም------------------------2	
4.2	ሲጋራ ታጨሳለህ/ታጨሺያለሽ?	አዎ ------------------------------1 አይደለም------------------------2	

4.3	አልኮል ለምሳሌ ጠላ፣ ጠጅ፣አረቄ፣ቢራ የመሳሰሉትን ትጠጣለህ/ትጠጫለሽ?	አዎን---------------------------1 አይደለም-----------------------2	
4.4	ሀሽሽ ትጠቀማህ/ትጠቀሚያለሽ?	አዎ------------------------------1 አይደለም-----------------------2	
4.5	ሺሻ አጭስህ/ሽ ታውቃለህ /ቂያለሽ?	አዎ------------------------------1 አይደለም-----------------------2	

ክፍል 5 መረጃ ስለ ጓደኛ ግፊት ተፅእኖ

ተ/ቁ	ጥያቄ	የመልስ ምርጫ	እለፍ
5.1	ጓደኛህ/ሽ የግብረ ስጋ ግንኙነት እድትፈፅም /እድትፈፅሚ ግፊት አድርጎብህ/ጋብሽ ያውቃል?	አዎን---------------------1 አይደለም------------------2	
5.2	ጓደኛህ/ሽ ግብረ ስጋ ግንኙነት ታደርጋለች/ያደርጋል ?	አዎን---------------------1 አይደለም------------------2 አላውቅም----------------98	
5.3	ጓደኛህ/ሽ ግብረ ስጋ ግንኙነት እድታደርግ/ጊ ትጠይቅሻለች?	አዎን---------------------1 አይደለም------------------2 የፍቅር ጓደኛ የለኝም------3	→5.4
5.4	በጥያቄው መሰረት ታደርጋለህ/ሽ ?	አዎን---------------------1 አይደለም------------------2	→5.6
5.5	የፍቅር ጓደኛህ/ሽ የግብረ ስጋ ግንኙነት ከጠየቀሽ መልስህ/ሺ ምን ይሆናል?	ከወደድኳት/ኩት ያለ ኮንዶም ግብረ ስጋ ግንኙነት አደርጋለሁ------------------1 ከወደድኳት/ኩት በ ኮንዶም ግብረ ስጋ ግንኙነት አደርጋለሁ ----------------2 ከወደድኳት/ኩት ትምህርን እስክጨርስ ግብረ ስጋ ግንኙነት አላደርግም------------------3 ከወደድኳት/ኩት ከጋብቻ በፊት ግብረ ስጋ ግንኙነት አላደርግም----------------------------4	
5.6	የፍቅር ጓደኛህ/ሽ የግብረ ስጋ ግንኙነት ያለ ኮንዶም እድታደርጊ ከጠየቀሽ መልስህ/ሺ ምን ይሆናል?	ግብረ ስጋ ግንኙነት እዳላጣው ያለ ኮንዶም አደርጋለሁ--1 ኮንዶም እድንጠቀም እገፋፋዋለሁ---------------------2	

		ኮንዶም እድንጠቀም እስጠዋለሁ---------------------3 ያለኮንዶም የግብረ ስጋ ግንኙነት አላደርግም--------4	

ክፍል 6 መረጃ ጤናማ ስላሆነ ፃታዊ ግንኙነት

ተ/ቁ	ጥያቄ	የመልስ ምርጫ	እለፍ
6.1	የፍቅር ጓደኛ ኖሮህ/ሽ ያውቃል?	አዎን----------------------1 አይደለም-------------------2	
6.2	የግብረ ስጋ ግንኙነት ፈፅመኅ/ሽ ታውቃለኅ/ታውቂያለሽ?	አዎን----------------------1 አይደለም-------------------2	
6.3	በመጀመሪያ የግንኙነ ኮነዶም ተጠቅመሀል/ተጠቅመሻል?	አዎን---------------------1 አይደለም-------------------2 አላስታውስም--------------3	→ 6.4 → 6.4
6.4	ኮነዶም ያልተጠቀምህበት/ሽበት ምክንያት?	ጓደኛየ ስለሚቃዎም/ስለምትቃወም-----------1 የምጠቀመው ከጓደኛ ውጪ ሲሆን ነው-----2 ለጓደኛየ ታማኝ ስለሆንኩ----------------------3 ያለፍላጎት የሆነ ግንኙነት ስለነበረ------------4 የወሲብ ደስታችንን ስለሚቀንስ----------------5 ውድ ስለሚሆንብኝ-----------------------------6 አስቤበት አላውቅም-----------------------------7 አጠቃቀሙን ስለማላውቅ-----------------------8	
6.5	በመጀመሪያ የግብረ ስጋ ግንኙነት የፈፀምክበት/ሽበት እድሜ?	--------------	
6.6	በመጀመሪያ የግብረ ስጋ ግንኙነት የፈፀምከው/ሽው ሰው ጋር ያላችሁ ግንኙነት?	የፍቅር ጓደኛ -------------------------------1 የት/ቤት ጓደኛ---------------------------------2 ባለቤት--3 ዘመዴ--4 የቤት ሰራተኛ---------------------------------5	

		በጥቅማጥቅም የያዝኩት የወሲብ ጓደኛ----6 ሌላ/ይጥቀስ/----------------------------------96	
6.7	የዕድሜ ልዩነታችሁ?	አምስት አመትና ከዚያ በላይ-----------------1 ከአምስት አመት በታች-----------------------2 ሶስት አመት እና ከዚያ በላይ-----------------3 ከሶስት አመት በታች--------------------------4 እኩያሞች--------------------------------------5	
6.8	የመጀመሪያ የግብረ ስጋ ግንኙነት እድታደርግ/ደርጊ ያነሳሳሽ ምክንያት?	በመጓጓዝ---------------------------------------1 ከሌሎች ጓደኞቼ ላለመለያየት ---------------2 ገንዘብ/ስጦታ ለማግኘት-----------------------3 ተገድጄ--4 በፍቅር መውደቅ--------------------------------5 ትዳር ለመመስረት------------------------------6 ሌላይጥቀስ-------------------------------------96	
6.9	በዛን ወቅት አንተ/ቺ ወይው ተቃራኒ ፆታሽ አልኮል ወይም እፅ ወስደህ/ሽ ነበር	አዎን----------------- ----1 አይደለም-------------------2	
6.10	እስካሁን እድሜህ/ሽ ከስንት ሰዎች ጋር የግብረ ስጋ ግንኙነት ፈፅመሃል/ሻል	ከሰዎስት እና ከዚያ በላይ------------------1 ከሁለት ሰው---------------------------------2 ከአንድ ሰው----------------------------------3	
6.11	ባለፈው 12 ወራት ውስጥ የግብረ ስጋ ግንኙነት የፈፀምከው /ሽው	ከሰምስት እና ከዚያ በላይ-------------------1 ከሁለት ሰው----------------------------- ---2 ከአንድ ሰው-----------------------------------3 ከማንም---------------------------------------4	

ክፍል 7 መረጃ ወሲባዊ ይዘት ስላላቸው የመገናኛ ውጤቶች

ተ/ቁ	ጥያቄ	የመልስ ምርጫ	እለፍ
7.1	ወሲባዊ ይዘት ያላቸው የመገናኛ ውጤቶች መኖራቸውን	አዎን------------------------------1	

	ታውቃለህ/ታውቂያለሽ?	አይደለም-------------------------2	→ 7.2
7.2	እነኚ የመገናኛ ውጤቶች የሚገኙት (ከአንድ በላይ መልስ ይቻላል)	ከጋዜጣ አዎን-----1 አይደለም--------2 ከመፅሀፍት አዎን---1 አይደለም--------2 ሬድዮ አዎን----1 አይደለም--------2 ከተለቪዥን ፊልሞች አዎን---1 አይደለም--2 ከቪዲዩ ፊልም አዎን---1 አይደለም--2 የሙዚቃ ፊልም አዎን--1 አይደለም------2 ከኢንተርኔት አዎን-----1 አይደለም------2 ሌላ /ይጥቀስ/ -------------------------------------96	
7.3	በቅርብ የምታገነው/ኚው የወሲብ ይዘት ያለው ውጤት(ከአንድ በላይ መልስ ይቻላ) ከጋዜጣ ከመፅሄቶች/መፅሀፍት ሬድዮ ከተለቪዥን ፊልሞች ከቪዲዩ ፊልም ከኢንተርኔት የሙዚቃ ፊልም/ክሊፖች	አዎን---------------1 አይደለም------------2 አዎን---------------1 አይደለም------------2 አዎን---------------1 አይደለም------------2 አዎን---------------1 አይደለም------------2 አዎን---------------1 አይደለም------------2 አዎን---------------1 አይደለም------------2 አዎን---------------1 አይደለም------------2 ሌላ /ይጥቀስ/-------------------------------------96	
7.4	በአብዛኛው ጊዜ ያነበብከው/ሽው ወይም የተመለከትከው/ሽው ከማን ጋር ነው?	ከፍቅር ጓደኛየ ጋር -----------------------------1 ከተቃራኒ ፆታ ጓደኞቼ ጋር --------------------2 ከተመሳሳይ ፆታ ጓደኞቼ ጋር--------------------3 ከቤተሰብ አባል ጋር------------------------------4 ብቻዬን--5 ሌላ ይጥቀስ--96	
7.5	በእነኚህ ማጤሪያሎች /ፊልሞች ያየኸውን/ሽውን ለመፈፀም ሙከራ አድርገሃል/ሻል?	አዎን----------------1 አይደለም------------2	

7.6	በአንተ/ቺ አመለካከት ለወሲባዊ ይዘት ላላቸው የመገናኛ ውጤቶች መጋለጥ ጤናማ ላልሆነ የወሲባዊ ባህሪ ይዳርጋል?	በጣም እስማማለሁ-------------------1 እስማማለሁ----------------------------2 አልስማማም----------------------------3 በጣም አልስማማም-------------------4	

ክፍል 8 መረጃ ስለ ኮንዶም ጥቅም

ተ/ቁ	ጥያቄ	የመልስ ምርጫ	እለፍ
8.1	ስለ ኮንዶም መረጃ አለህ/ሽ?	አዎን-----------------------1 አይደለም-------------------2	→ 8.2
8.2	ይህንን በመጀመሪያ የሰማኸው/ሽው?	ከእናቴ--------------1 ከአባቴ-----------------2 ከወነድሜ/እህቴ---3 ከጓደኛዬ---------------4 ከመገናኛ ብዙሀን--5 ከጤና ባለሙያዎች--6 ከፍቅር ጓደኛዬ-----7 ከመምህራን----------8 ከመፅሀፍት---------9 ከሌላ/ይጥቀስ/------96	
8.3	በግንኙነት ወቅት ከፍቅር ጓደኛህ/ሽ ጋር የኮንዶም አጠቃቀማችሁ ?	አንድ አንድ ጊዜ-----------------1 አልፎ አልፎ---------------------2 ሁል ጊዜ------------------------3 በፍፁም አንጠቀምም-----------4 ግንኙነት አላደርግም-----------5	
8.4	በመቸረሻ በነበረህ/ሽ የግንኙነት ወቅት ኮንዶም ተጠቅመሃል/ሻል?	አዎን-----------------------1 አይደለም-------------------2	
8.5	ኮንዶም ከአንድ ጊዜ በላይ መጠቀም ይቻላል?	አዎን-----------------------1 አይደለም-------------------2 አላውቅም-----------------98	
8.6	ስለ ኮንዶም ያለህ/ሽ አመለካከት(ከአንድ በላይ መልስ ይቻላል) እርግዝና ይከላከላል? የአባላዘር በሽታዎችን/ኤች አይቪ ኤድስን	አዎን----------------------1 አይደለም----------2	

	ጭምር ይከላከላል? መተማመን ካለ መጠቀም አያስፈልግም የወሲብ ደስታን ይቀንሳል?	 አዎን---------------------1 አይደለም----------2 አዎን---------------------1 አይደለም----------2 አዎን---------------------1 አይደለም----------2 ሌላ ይጥቀስ-------------96	

ክፍል 9 መረጃ ከፍቅር ጓደኛ ጋር ስላለ ግልፅነት

ተ/ቁ	ጥያቄ	የመልስ ምርጫ	እለፍ
9.1	ስለ ስነ ተዋልዶ የጤና ጠንቆች ግንዛቤ አለህ/ሽ?	አዎን---------------------1 አይደለም-------------------2	
9.2	በእነኚህ ሃሳቦች ዙሪያ ከፍቅር ጓደኛህ /ሽ ጋር ትነጋገራለህ/ሪያለሽ ?	አዎን---------------------1 አይደለም-------------------2	
9.3	የምታውቃቸው የስነ ተዋልዶ የጤና ጠንቆች (ከኣንድ በላይ መልስ ይቻላ) ያልተፈለገ እርግዝና ውርጃ የአባላዘር በሽታዎች/ኤች አይ ቪ ኤድስ	 አዎን---------------------1 አይደለም-------------------2 አዎን---------------------1 አይደለም-------------------2 አዎን---------------------1 አይደለም-------------------2 ሌላ /ይጥቀስ-----------------96	

Annex VIB-Focus group discussion guide (Amharic version)

የመወያያ ሀሳቦች

ስለ ጾታዊ ባህሪ፣ የቤተሰብ የኑሮ ሁኔታ እንዲሁም የኑሮ ደረጃ፣ የቤተሰብና የልጻች መቀራረብ እንዲሁም ስለሥነ ተዋልዶ የሚደረግ ልዩነት፣ የቤተሰብ ክትትልና ወሲባዊ ይዘት ስላላቸው ማቴሪያሎች የሚዳሰስ ውይይት።

1. በወጣቶች ዘንድ ከጋብቻ በፊት የግብረ ሥጋ ግንኙነት መፈጸም ምን ያህል የተለመደ ነው?
2. ከጓደኛ የሚመጣ ግፊት ወጣቶችን ከጋብቻ በፊት የግብረ ሥጋ ግንኙነት እንዲፈጽሙ ምን ያህል ተጽእኖ አለው?
3. በአብዛኛው ሲታይ ወጣቶች የግብረሥጋ ግንኙነት ከሚፈጽሙት የወሲብ ጓደኞቻቸው ጋር የእድሜ ልዩነታቸው ምን ይመስላል?
4. ወጣቶች ገንዘብ ወይንም ሌላ ጥቅማ ጥቅም ለማግኘት ሲሉ የግብረ ሥጋ ግንኙነት እንዲፈጽሙ ምን ያህል ግንዛቤ አላችሁ ?
5. በወጣቶች ዘንድ ከአንድ በላይ የፍቅር ጓደኛ መያዝ ምን ያህል የተለመደ ነው?

6. በግብረ ሥጋ ግንኙነት ወቅት ወጣቶች በኮንደም የመጠቀም ሁኔታ እንዴት ነው?
7. ወጣቶች የጾታዊ ባህሪ ለውጥ ለማምጣት የሚያዳግታቸው ነገር ምን ይሆናል?
8. ወጣቶች ወሲባዊ ይዘት ላላቸው ማቴሪያሎች ወይም ፊልሞች የመጋለጥ ሁኔታ እንዴት ነው ይህ ሁኔታ በጾታዊ ህይወታቸው ላይ ተጽዕኖ አለው ትላላችሁ?
9. ወጣት ልጆች ከቤተሰባቸው ጋር ስለ ጾታዊ ጉዳዮች እንዲሁም ኤች.አይ.ቪ ኤድስንም አስመልክቶ የመወያየት ሁኔታ እንዴት ነው ?
10. የወላጅ ወይንም የአሳዳጊ ቁጥጥር መኖር ወጣቶች ጤናማ ላልሆነ ጾታዊ ባህሪ እንዳይጋለጡ የሚያሳድረው ተጽእኖ እንዴት ነው ?
11. የቤተሰብ የትምህርት እንዲሁም የኑሮ ደረጃ ልጆች ጾታዊና የሥነ ተዋልዶ ጤንነት ላይ ተጽእኖ ሊያሳድር የሚችልበት ሁኔታ እዴት ይመስላል ?
12. ወጣቶች ስለሥነ ተዋልዶ የጤና ጠንቆች ያላቸውን ግንዛቤ ከጾታዊ ባህሪ ጋር እንዴት ታዩታላችሁ?
13. ወጣት ተማሪዎች ጤናማ ላልሆነ ፆታዊ ባህሪ የሚያጋልጣቸው ምን ሊሆን ይችላል
14. በወጣቶች በታዩ ፆታዊ ባህሪ ላይ አሉታዊ ሆነ አውታዊ ተፅእኖ ሊያስከትል ይችላል ብላችሁ የምታስቡት ሁኔታዎች?