

**ADDIS ABABA UNIVERSITY GRADUATE STUDIES
PROGRAM: FACULTY OF EDUCATION,
DEPARTMENT OF PSYCHOLOGY**

**PSYCHOSOCIAL CHARACTERISTICS OF ADOLESCENTS
AND ITS IMPLICATION FOR RISKY BEHAVIORS: A CASE
OF GONDAR TOWN SECONDARY SCHOOLS**

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GRADUATE STUDIES
ADDIS ABABA ETHIOPIA**



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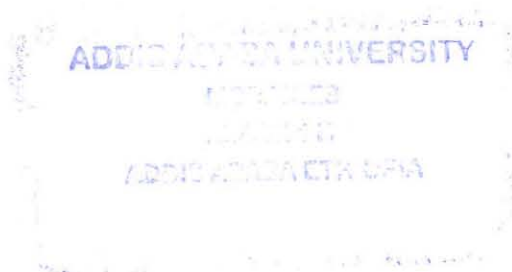
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SECONDARY SCHOOLS**

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By:

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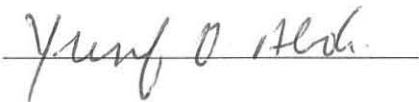
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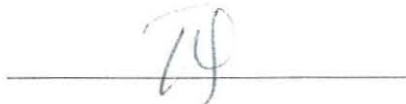


Table of contents

Contents	Pages
Acknowledgement	I
Table of Contents	II
List of Tables	IV
List of Abbreviations	V
Abstract	VI
Chapter One: Introduction	1
1.1 Background of the Problem	1
1.2 Statement of the Problem	3
1.3 Objectives	4
1.3.1 General Objective	4
1.3.2 Specific Objectives	4
1.4 Significance of the Study	5
1.5 Delimitation of the Study	6
1.6 Operational Definition of Terms	6
Chapter Two: Review of Related Literatures	8
2.1 Historical and Cultural Perspectives on Adolescence	8
2.2 Definition and Terminologies Used in Defining Adolescence	10
2.3 Theoretical Background	12
2.4 Characteristics of Adolescence	16
2.4.1 Age of Onset of Adolescence	16
2.4.2 Physiological and Psychological Changes	17
2.4.3 Psychosocial Characteristics of Adolescence	18
2.4.4 Adolescents' Relationship with Parents	20
2.4.5 The Nature of Adolescents' Relationship with Peers and Opposite sex	23
2.5 Risky Behaviors during Adolescence	26
2.6 Adolescent in Ethiopia	29
2.6.1 Adolescent and Sexuality and Related Problems	33
2.6.2 Drug Alcohol Abuse and Smoking	36

Chapter Three: Methodology	38
3.1 Study Design	38
3.2 Survey Site	38
3.3 Source population	38
3.4 Study Population	38
3.5 Sampling procedure	39
3.6 Sample Size	39
3.7 Principal research methods	40
3.7.1 Questionnier.....	40
3.7.2 Focus group discussion.....	41
3.8 Pre-testing	42
3.9 Data Collection	42
3.10 Data Analysis	43
Chapter Four: Results	44
Chapter Five: Discussions	74
Chapter Six: Conclusion and Recommendation	87
6.1 Conclusion	87
6.2 Recommendations	89
6.2.1 Short Term Recommendations	89
6.2.2 Long Term Recommendations	90
References	92
Annexes	
Annex I Questionnaire English and Amharic Versions for Students	
Annex II Questionnaire English and Amharic Versions for Parents	
Annex III Questionnaire English and Amharic Versions for Teachers	
Annex IV Focus Group Discussion Guide-English Version	

List of Tables	Page
Table 1 Socio-demographic characteristics of students	44
Table 2 Sources of Information for Menarche	45
Table 3 Emotional Reactions of menarche	46
Table 4 Psychological Characteristics of Respondents (students).....	47
Table 5 Adolescent parent/family Relationship	49
Table 6 Treatment/attitude of Parent/Family/community of Adolescent.....	50
Table 7 Peer Relationship	50
Table 8 Nature Peer Relationship	51
Table 9 Peer Influence	52
Table 10 Opposite Sex Relationship	53
Table 11 About the first sexual Intercourse and Motivating factors for first Sexual contact	54
Table 12 Family/parent-adolescent Discussion of Sexual Matters	56
Table 13 Discussion on Sexual matters Among Peers	57
Table 14 Discussions of Adolescents about the Consequence of unsafe sex with other people	58
Table 15 Adolescent-teacher relationship	59
Table 16 Adolescents knowledge of Risky-behaviors	60
Table 17 Respondents involvement in risky behaviors	61
Table 18 About Adolescents Vulnerability to Risky behaviors	62
Table 19 Socio-demographic Characteristics of parents	64
Table 20 Parents/Family's description of their Adolescents' behavior	65
Table 21 Adolescent parent relationships	67
Table 22 Socio-demographic characteristics of teachers	68
Table 23 Descriptions of Adolescents' behavior by their teachers	69
Table 24 Adolescent-teacher relation ship	70

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List of Abbreviations

AIDS	Acquired Immuno Deficiency Syndrome
CSA	Central Statistical Authority
EPHA	Ethiopian Public Health Association
FGAE	Family Guidance Association of Ethiopia
FGD	Focus Group Discussion
HIV	Human Immuno Deficiency Virus
MOH	Ministry of Health
STDs	Sexually Transmitted Diseases
STIs	Sexually Transmitted Infections
UNFPA	United Nations Population Fund
WHO	World Health Organization

Abstract

The study was conducted in Amhara Regional State, North Gondar Zone, Gondar town, Fassiledes secondary and preparatory school students. The study was carried out in an attempt to disclose adolescents' psychosocial characteristics and its implication for risky behaviors.

A comparative cross-sectional study supplemented with focus group discussion and interview was conducted. A sample of 323 (161 males and 162 females) completed the pre-tested structured questionnaire. Forty-seven parents and 44 teachers also completed the pre-tested, structured separate questionnaire. Qualitative information was obtained from focus group discussions and interview of two teachers and two parents as key informants.

The average age of menarche (onset of puberty for girls) was 14.55 years with a range of 10-17 years. The study revealed that 52.3% of adolescents reported over all unpleasant emotional characteristics of adolescence. A statistically significant higher proportion of late adolescents have an over all unpleasant emotional characteristics ($P=0.000$).

More than 56% of the adolescents have an over all negative parent-adolescents relationship and a statistically significant higher proportion of late adolescents have an over all-negative parent adolescent relationship ($P=0.0213$).

The majority (87.7%) of respondents reported as they have good peer relationships, 50.2% of them reported also well adolescent-teacher relationship.

A significant proportion of respondents have a "good" knowledge about risky behaviors. About 80% of them reported they were not involved in any of the risky behaviors. Only 13% of the respondents were sexually active.

The over all research finding indicate that respondents (students) have "good" knowledge about the physical, psychosocial characteristics of adolescence, risky behaviors and have good or positive peer-to peer relationship well as low rate of involvement in risky activities.

CHAPTER ONE

1. INTRODUCTION

1.1. Background of the Problem

Human development is a long journey, which starts at the time of conception and ends at death. This developmental process is determined by the interaction of both biological and environmental factors.

Basically, it has prenatal and postnatal periods of development. On the basis of major developmental characteristics, both prenatal and postnatal periods are classified into various developmental periods. One of the postnatal developmental periods is adolescence. It is a transitional stage, which bridges between childhood and adulthood periods (Santrock, 1999; Fabes & Martin, 2000).

The period of adolescence is one of the most important periods in human lifespan characterized by rapid physical, cognitive, social and psychological changes (Hurlock, 1980; Yusuf, 1998; Santrock, 1999; Papalia, 1999; Fabes & Martin, 2000). These dramatic changes are direct and indirect effects of hormonal changes that occur around the onset of adolescence (puberty).

Adolescence is described both as the best of times and the worst of times. It offers opportunity for growth and development in physical, cognitive, social competence, autonomy, self-esteem and intimacy if adolescents are supported, monitored, accepted

warmly and communicated freely by their parents, teachers peers ,etc (Santrock,1999;Papalia,1999;Fabes & Martin, 2000]. Yusuf (1998) also noted that every human being in general, adolescents in particular should be understood and helped by parents, teachers, peers, counselors and others.

On the other hand, if adolescents are not properly treated and understood by themselves, parents and others, it is a great potential developmental stage for the development of risky behaviors such as drug and alcohol abuse, antisocial behaviors, smoking, suicide, unsafe sex with all its consequences, etc (Santrock, 1999;Fabes & Martin, 2000).

Adolescents constitute a significant proportion of a population and are potential resources that can play a vital role for a country's social, cultural, political and economic development (Yordanos, 2000; FDRE-MOH, 2002).

In Ethiopia, over 50% of the population is under 20 years of age and half of these are under 14 years (Yusuf, 1998; FDRE-MOH, 2002). This indicates that Ethiopia is a country of youth that deserve special attention to foster positive physical, cognitive and psychosocial development, which is important for the country's overall development. However, the limited available resources indicated that Ethiopian youth in general and adolescents in particular are the most neglected and least understood age groups (Yusuf, 1998)

Significant proportions of Ethiopian youth are being involved in a number of risky behaviors such as unsafe sex, drug abuse, alcoholism, delinquency etc (Yusuf, 1998; -

FDRE-MOH, 2002). This is evidenced by, for instance, the highest prevalence of HIV infection is being observed among age groups 15-24 years of age (FDRE-MOH, 2002).

The aforementioned discussion indicates that Ethiopian adolescents are facing a lot of problems and are being involved in different risky behaviors. In spite of this; no much research has been done on the developmental characteristics and problems of adolescents. Therefore, the investigator believes that the psychosocial characteristics (nature), time, risky behaviors and contributing factors of adolescence period should be studied and identified to pave a way for fertile or conducive environment for Ethiopian adolescents.

1.2 Statement of the Problem

Adolescence is one of the most important developmental periods in human life span, which is characterized by rapid physical, cognitive and psychosocial changes. It is a very sensitive and vulnerable period for both positive and negative factors. It is said to be the best and the worst developmental period in human life span.

If adolescents themselves, parents, teachers, peers and others understand the time and the nature of the period and react positively, the transition from childhood to adulthood will be smooth and constructive. This, in turn, offers opportunities for good growth and development for the would-be future adults.

On the other hand, if the period is not well understood and mishandled, it may be a problematic transitional period affecting the overall psychosocial characteristics and

personality development of adolescents' negatively. These may lead them to be involved in various risky behaviors. Therefore, the study will attempt to answer the following questions.

1. What are the main psychological characteristics of adolescents at the study site?
(Average onset and emotional characteristics)
2. What are the main social characteristics of adolescents, like relationships with parents, teachers, and peers and opposite sex?
3. Is the developmental nature of adolescents' well understood and treated by parents, teachers and adolescents themselves?
4. Do the psychosocial characteristics of adolescents in the study site imply high likelihood of risky behaviors?
5. Which sex and age group (early Vs late adolescence) is more vulnerable for risky behaviors?

1.3 Objectives

1.3.1. General Objective

The general objective of the study is to get insight on the psychosocial characteristics of adolescents and its implication for potential risky behaviors at the study site.

1.3.2. Specific Objectives

1. To investigate the average onset of puberty
2. To identify the main emotional characteristic of adolescents

3. To identify the main social characteristics of adolescents like their relationship with parents, teachers, peers and opposite sex partners.
4. To investigate how the period of adolescence is perceived and treated by adolescents themselves, parents and teachers
5. To investigate the implication of adolescents' behavior for risky behaviors.
6. To identify the more vulnerable age and sex group for problems and risky behaviors
7. To propose possible intervention mechanisms for the identified problems

1.4. Significance of the Study

There is abundant literature about adolescents' developmental characteristics in Western and industrialized societies, which are the main sources of our every day talk, explanation and expectation of adolescents' developmental characteristics. However, there are some retrospective studies conducted long ago by Levine (1965) Cox (1967) Renner (1969) about adolescents in Ethiopia. These studies were aimed at acquiring some clue about adolescence in Ethiopian context. There are no detailed investigations of the nature, time (the period of adolescence) and problems of adolescents' development. In addition, there are a lot of socio-cultural changes and problems due to various, technological, political and other factors that brought changes in Ethiopian adolescents' environment.

As Yusuf (1998) indicates, and from the investigator's everyday experience and observation, more "risky behaviors" are being conducted by adolescents like unsafe sex,

drug and alcohol abuse, etc. The investigator feels that these could be, at least in part, due to misunderstanding and mistreatment of the nature of the adolescence period by adolescents themselves, parents and others.

Generally, there is a wide time and knowledge gap about adolescents' psychosocial characteristics in Ethiopian context. Besides, adolescents are confronting a lot of problems. Therefore, this study will attempt to fill the aforementioned gaps, will pave a way for further research and possibly will indicate appropriate measures to be taken.

1.5. Delimitation of the Study

Due to the constraints of time, budget and other resources, the study is delimited to adolescents with age ranges of 13-18 years who are enrolled in 1997 at two secondary schools, in Gondar town, their parents and teachers.

Methodologically, the study is also delimited to self-administered questionnaire, interview and focus group discussion. Both qualitative and quantitative methods of data analysis were used.

1.6. Operational Definition of Terms

- **“Adolescents”**: - Individuals from sexual maturity (puberty to young adulthood).

In this study, it represents individuals with age ranges of 13-18 years of age.

Psychosocial Characteristics:- Refers to the nature of adolescents' psychological make up or emotional states like stress, anxiety, worry, tension, happiness, self - concept ,etc, and their relationships with parents, teachers, peers and opposite sex.

“Risky Behaviors”:- Activities that have negative impact on adolescents overall development and perceived or considered inappropriate by the community. These include unsafe sex and its consequences like unwanted pregnancy, STDs including HIV/AIDS, abortion, alcohol and drug abuse (especially chat), antisocial behaviors, smoking and others.

“Early Adolescents”:- Sexually mature individuals with age ranges of 13-15 years of age.

“Late Adolescents”:- Sexually mature individuals with age ranges of 16-18 years of age.

CHAPTER TWO

2. REVIEW OF RELATED LITERATURES

2.1. Historical and Cultural Perspectives on Adolescence

The term adolescence generally refers to the developmental period between childhood and adulthood. Although this transitional period was recognized by ancient Romans, Greeks and Egyptians, the concept of adolescence did not exist until the mid nineteenth century. At that time, increased urbanization led to social and legal reforms that contribute to the social acceptance of adolescence as a stage of development (Conger, 1991; Fabes & Martin, 2000).

In the twentieth century, as technology advanced, increasingly specialized skills were demanded from workers. More extensive and finely tuned education and training were needed to produce highly skilled workers where the pressures continued to expand the time period of adolescence (Fabes & Martin, 2000).

Consequently, the postponing of adult responsibilities gives young people increased opportunities to explore different roles and values and to greatly extend their education. On the other hand, extending adolescence has some negative consequences. For instance, it makes career choice more difficult for many adolescents, it increases the length of time young people are dependent on their parents, which may contribute to family conflicts, etc (Fabes & Martin, 2000).

As a developmental period, adolescence varies from one culture to another. Obviously there are teenagers in every country and culture around the world. However, the meaning that various cultures give to adolescence differs greatly (Kimmel, 1985; Fabes & Martin, 2000).

Hence, adolescence, it has been said, begins in biology and ends in culture. The biological changes that accompany adolescence are inevitable and dramatic. These include rapid increase in height and weight, changes in body proportions, the development of secondary sex characteristics, the maturation of reproductive capacity and further growth and development of cognitive abilities (Kimmel, 1985; Conger, 1991; Santrock, 1999).

The biological changes and the young person's need to adjust to them differentiate adolescence from earlier periods of development. Culture determines whether adolescence is long or short and whether its social demands represent an abrupt changes or only a gradual transition from earlier periods of development (Conger, 1991).

Early this century, overgeneralizations about the universal aspects of adolescence were made based on data and experience in a single culture-the middle culture of the United States, it was believed that adolescents everywhere went through a period of "storm and strain" characterized by self doubt and conflict. However, there are different cultures in the world and the culture of a society may facilitate or hinder the young person's adjustment to biological changes of puberty. It also influences whether these changes are sources of pride or anxiety and confusion (Conger, 1991; Santrock, 2000).

Generally, in less industrialized and primitive cultures, the period of adolescence is very brief and adulthood begins early when the individual is capable of reproduction or reaches sexual maturity. In these cultures, usually adolescence has been marked by initiations or rites of passage that mark the new status and roles of adolescents within their community. The natures of these rites vary across cultures ranging from severe tests of strength and endurance to relatively painless ceremonies (Papalia & Olds, 1982; Kimmel, 1985; Santrock, 1999; Fabes & Martin, 2000).

2.2. Definitions and Terminologies Used in Defining

Adolescence

There is no one clear cut and universally accepted definition of adolescence; the same is true for its onset and end. Definitions are given on the basis of its transitional nature, developmental characteristics and in terms of time.

Fabes & Martin (2000) defined “adolescence” as the period from about 11 years of age to about 19. Similarly; Papalia & Olds (1999) defined adolescence as the span of years between childhood and adulthood. It came from a Latin word “adolescer” which means to grow to maturity. It covers the time from the age of 12 or 13 till early twenties.

Adolescence is a time for natural experimentation, abstract thought, contemplating the future, empathy and idealism. It is also a time of increasing self-consciousness, building self-esteem; a time of self-criticism and the questioning of others. A time of burgeoning sexual feelings and impulses combined with the beginning of the capacity to reproduce.

It is a time when new skills and knowledge are needed for positive relations with others and to begin life in the work place: a time to enjoy life before the responsibilities of adulthood begin, in a way, which does not threaten their health and well being (WHO, 1999). WHO (1999) indicates that, this definition includes the age group between 10-24 years old.

The aforementioned broad and inclusive definition gives the idea that adolescence is one of the most crucial periods in an individual's lifespan. This is because during adolescence many key biological, psychosocial, economic and demographic events occur that set the stage for adult life.

There are different terms used interchangeably for defining adolescence but they are different in meaning to some extent. These are puberty, pubescence, youth, teenager and juvenile (Fabes & Martin, 2000).

Puberty: Is a term most commonly associated with adolescent development. Puberty is a developmental milestone reached when a person becomes sexually mature and capable of reproduction. It refers to first phase of adolescence (Fabes & Martin, 2000).

Pubescence: Is used to refer to the time during which sexual maturation is taking place (Fabes & Martin, 2000).

Youth: is a broad non-specific term for the younger generation-children, adolescents and young adults. All societies have younger generations but do not have adolescents (Fabes & Martin, 2000).

Teenager: According to Fabes & Martin (2000), this term is applied to anyone who is 13 to 19 years of age, but it is widely used to refer to adolescents. It also often carries negative connotations like wildness and irresponsibility.

Juvenile: Another age-defined term used is juvenile. It is a legal term used to refer to an individual who is not an adult in the eyes of law. In most states, anyone under the age of 18 is a juvenile (Fabes & Martin, 2000).

2.3. Theoretical Background

For most of this century, scientists and scholars tended to assume that the changes associated with adolescence were almost entirely dictated by biological influences. It has been viewed as a time of “storm and stress”, which represents a turbulent, transitional stage for the human race. A psychologist G. Stanley Hall, formulated this theory in 1904 and he popularized the notion that adolescence is inevitably a time of psychological and emotional turmoil (Cox, 1967; Renner, 1969; Papalia & Olds., 1982; Conger, 1999; Mickle, 1999).

Half a century later, psychoanalytic writers including Anna Freud accepted and augmented Hall’s emphasis on turmoil. Even today, “ranging hormones” continue to be a popular explanation for the liability, aggression and sexual activity associated with adolescence. Intense conflict between adolescents and their parents is often considered unavoidable consequences of adolescence. However, this assumption has not been supported by scientific evidence. The assumption that turmoil and conflict are inevitable

consequences of teenage years may even have prevented some adolescents from receiving the support and service they needed (Mickele, 1999).

As Mickele (1999) indicates, research is now creating a more realistic view of adolescence. It continues to be seen as a period of time encompassing difficult developmental challenges but there is a wider recognition that biology is only one factor that affects young people's development, adjustment and behavior.

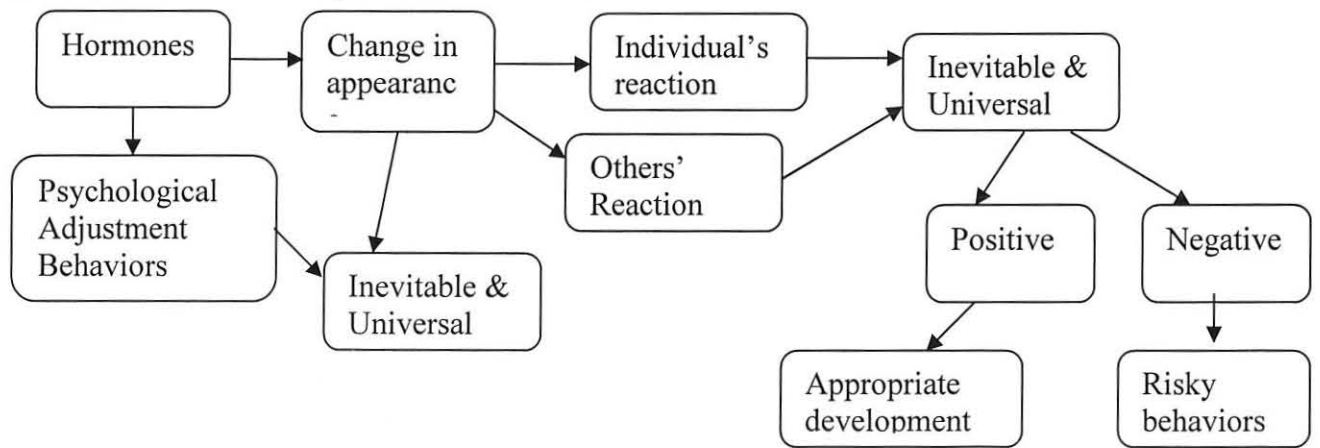
There is also a mounting evidence to suggest that adolescence years need not to be troubled ones. For instance, Anthropologist Margaret Mead, who studied adolescence out of American and European cultures, had found that adolescence, as we know, is not a universal phenomenon, and there is the importance of cultural factors in development (Papalia & Olds, 1982; Conger, 1991; Mickele, 1999).

There is now greater recognition that most young people move through adolescent years without experiencing great trauma or getting into serious trouble. Although adolescence can certainly be a challenging span of years, individuals negotiate it with varying degrees of difficulty, just as they do other periods of life. Moreover, when problems do arise during adolescence, they should not be considered "normal" that is the adolescent will grow out of them-nor should they be ignored. Indeed, parents, teachers, members of the community, service providers and social institutions can both promote healthy development among adolescents and intervene effectively when problems do arise (Mickele, 1999).

behavior is the result of the interaction of various socio-cultural factors in the individual's social and physical environment (Kimmel, 1985).

This also implies that the nature of various interacting factors determine the behavior of the individual. The specific culture, values, beliefs attitudes, etc may positively or negatively affect the behavior of adolescents.

In support of Bronfenbrnner's ecological model, Hurlock (1980) pointed out that, unfortunately, adolescence is a "dreaded age". Many of the popular beliefs about adolescents are stereotyped and negative, which affect negatively their self-concepts and attitudes. As a result, it affects appropriate parent-adolescent communication. It also makes the transition to adulthood difficult and risky. These great potentialities towards both negative and positive developmental directions make adolescence one of the most foci periods in human life span. To sum up the above discussions, the period of adolescence is both a very crucial and vulnerable stage of development .It also has both universality and non-universality nature in terms of its determinant factors-hormonal and cultural. This can be easily illustrated as follows:



(Adapted from Fabes & Martin, 2000)

2.4. Characteristics of Adolescence

The characteristics of adolescence are mentioned in one way or another, in a general manner in the earlier discussions. Here, an attempt is made to describe in detail the time and psychosocial characteristics of adolescence universally as well as in Ethiopian context.

2.4.1. Age of Onset of Adolescence

Puberty, the onset of adolescence, is a period of development in which a young person becomes physically capable of sexual reproduction. Its timing varies widely among individuals due to hereditary, environmental, nutritional and health conditions, technological advancements, etc (Appleby & Matlin, 1995; Santrock, 1999).

In young women, the hips broaden, the breasts begin to develop and menarche, which is the first menstrual period, occurs. The young women may also experience pre menstrual syndrome (PMS), which can involve headaches, swing and emotional reactions (Appleby & Matlin, 1995). Menarche is the first marker of puberty in girls and usually occurs in the middle of puberty and also varies widely among individuals in starting (Santrock, 1999).

No single marker heralds puberty for boys. Whisker or wet dream is an event that could mark its appearance but both may go unnoticed (Santrock, 1999). In line with this, Appleby & Matlin (1995) also noted that, we know less about boys' reaction to body changes in puberty than we know about girls reactions. Boys do seem to receive less

information from parents and peers about ejaculation (release of semen) than girls do about menstruation.

The mean age of menarche varies from individual to individual and widely across nations. In general, the mean age of menarche that marks puberty in girls has been dropping at a rate of 4 months per decade in the last 100 years (Santrock, 1999). This is mostly associated with increased standards of living or diet and advanced in medical science. For instance, in Norway it dropped from 17 years to 13 years during the period of 1840's to the present time. Similarly the average age of menarche for children in USA was 14.2 years in 1990 and has dropped to 12.45 years currently (Santrock, 1999).

In Ethiopia, the average menarche was found to be 14.4 years, (Eyob, 1996). Similarly, Tirusew (1990) has found that the average age of menarche was 14.53 years.

As described earlier, it is very difficult to know when boys reach puberty. But a significant proportion of sources reported that, on average, boys reach puberty about two years later than girls (Hurlock, 1980; Papalia & Olds 1982; Kimmel, 1985; Conger, 1991; Santrock, 1999; Fabes & Martin, 2000).

2.4.2. Physiological and psychological changes

There are some inevitable and dramatic changes that accompany puberty. The physical changes are mainly caused by the increment of hormonal production in the body of pubescence. Testosterone and estradiol are hormones associated with changes in

secondary sexual characteristics development of boys and girls, respectively. These changes contribute a lot for the psychological and behavioral adjustment of adolescent girls and boys (Santrock, 1999).

The most obvious psychological aspect of physical changes in adolescence is adolescent pre-occupation with their bodies and development of individual images of what their bodies are like. This pre-occupation with one's body image is strong throughout adolescence. However, it is especially acute during puberty (early adolescence), a time when adolescents are more dissatisfied with their bodies than in late adolescence. This is highly affected by the nature of maturation-(early Vs late maturation) (Santrock, 1999; Papalia & Olds, 1999; Fabes & Martin, 2000).

It is also obvious that puberty affects some adolescents stronger than others and some behaviors more strongly than others. Body image, dating interest, and sexual behaviors are among the behaviors that can be seriously affected by pubertal changes (Santrock, 1999).

2.4.3. Psychosocial characteristics of Adolescence

Some authors like G. Stanley Hall believed that adolescence is a period of permanent strain and stress, and emotional instability for most of the adolescents. However, a significant proportion of authors noted that the period is also characterized by various pleasant emotional states such as calm, happiness and enjoyment (Kimmel, 1985; Conger, 1991). These various pleasant and unpleasant emotions that characterize adolescence are mainly associated with or interrelated with several social factors.

In this regard, Kimmel (1985) described that adolescence in the human life span is a time of transition. It is a time of greater vulnerability and stress. It is also a time of wonder, change and positive growth. Some find it overwhelming; others move through it with relative calm.

Kimmel (1985) again described that adolescence can be a lonely, troubled period or one of too rapid growth into parenthood and total independence. Sometimes it is marked by running away trouble with families, school or police delinquency, drug abuse or reaching out for help and finding out that no one cares. Often times, however, adolescence is a period of new development, greater excitement, a time of searching, discovering and living day to day with the best of one's wits in a complicated social world of new friendships, new feelings, and different responsibilities and expectations.

Kimmel (1985) further indicated that, occasionally, there are unpredictable reactions and strong feelings: some times a poetic sensitivity; perhaps ups and downs that are hard to understand. But also there are calm periods of boredom and plain ordinary living and working. For all, adolescence is a period of transition- a time of change from one phase of life to another. Immaturity of childhood is being left behind: the challenges and potentials of adulthood are not adopted. One is no longer a child but not yet an adult.

Cox (1967) noted that, adolescence is often described as a difficult period of life because of its marginal and transitional character. In many societies, roles for adolescents are not well established or consistent. As a result, the treatment accorded to adolescents is

variable and often contradictory. Neither the adolescent nor the adult knows whether the person should be considered to be a child or an adult.

Similarly, Santrock (1999) indicated that, adolescence is not only a time of rebellion, crisis, pathology and deviance. A far more accurate vision of adolescence is a time of evaluation, decision-making, commitment, and craving out a place in the world. Most of the problems of today's adolescents and youth are not with the adolescents themselves. But what adolescents need is access to a range of legitimate opportunities and a long-term support from adults who care deeply about them.

2.4.4. Adolescents' Relationship with Parents.

Most writers consider family relationships as a very significant aspect of human development. There is much evidence to support the position that parent-child relationships are of the extreme importance in the emergence of personality. This is due to the fact that parents or home environment is the direct, immediate and strongest socializing agent for children's development (Cox, 1967; Cole & Cole, 1994).

During adolescence, family remains an extremely important influential factor on adolescents' development. Having a positive and warm relationship with parents is one of the most important predictors of healthy and secure development during the adolescent years.

In this regard, Mickle, (1999) and Santrock, (1999) noted that adolescents are most likely to develop into healthy, happy and productive adults when caring family supports

them. Such a positive environment is characterized by nurturing, mutual respect and sustained interest of parents in the lives of their adolescent children.

Warm, supportive and accepting parental behavior is associated with the development of social competence by adolescents and children of all ages. Parents, who hug, kiss, praise and spend positive time with their adolescents' foster close ties and communicate confidence in their adolescents' abilities. As a result, adolescents who receive support and nurturance from parents have high self-esteem and a well-developed identity, are less anxious, depressed and aggressive than those who do not (Fabes & Martin, 2000)

In addition, warm and supportive parenting also prepares adolescents for intimate peer relationships. This in turn helps them to select peers who reinforce rather than contradict parental values (Kimmel, 1985; Conger, 1991; Fabes & Martin, 2000).

In spite of this extreme and very crucial importance of positive parent-adolescent relationship for the appropriate and healthy personality development of adolescents, a significant proportion of sources revealed that, during adolescence, a more hostile atmosphere is the norm in most homes especially during early adolescence (Kimmel, 1985; Conger, 1991; Appleby & Matlin, 1995; Santrock, 1999; Fabes & Martin, 2000)

According to Santrock (1999) and Fabes & Martin (2000), while attachment and connectedness to parents remain strong during adolescence, the attachment and connectedness are not always smooth. Specifically, early adolescence is a time when conflict with parents escalates beyond childhood levels. This may be due to a number of factors. These include the biological changes of puberty, and cognitive changes

involving increased idealism and logical reasoning. Social changes focused on independence and identity, maturational changes and violated expectations on the part of parents and adolescents. The adolescent compares his/her parents to an ideal standard and then criticizes the flows. In addition the adolescent demands logical explanations for commands and disciplines.

Many parents see their adolescents changing from a compliant child to someone who is noncompliant, oppositional and resistant to parental demands. When this happens, parents tend to clamp down and put more pressure on adolescents to conform to parental standards. Moreover, parents often expect their adolescents to become mature adults overnight instead of understanding that the journey takes 10 to 15 years (Santrock, 1999).

Parent-adolescent conflict becomes intensified if there is conflict of basic interests, beliefs and values between the youth and their parents. This is called generation gap. When these differences do exist they are more likely to revolve around personal life style choices (Papalia & Olds, 1982; Fabes & Martin, 2000).

Minor every day disputes and negotiations can serve as a positive developmental function that fosters adaptive changes in parent-adolescent relationships. These minor disputes and negotiations facilitate adolescents' transition from being dependent on parents to becoming autonomous individuals. For instance, adolescents who expressed disagreement with parents explored identity development more actively than adolescents who did not express disagreement with their parents (Santrock, 1999; Fabes & Martin, 2000)

However prolonged, intense, repeated and unhealthy conflict is associated with a number of adolescent problems. These include moving away from home, juvenile delinquency, school dropout, pregnancy and early marriage on their own initiative, drug abuse, joining religious sects, etc (Santrock, 1999).

2.4.5. The Nature of Adolescents' Relationship with Peers and Opposite Sex

Peers play a crucial role in the psychological and social development of most adolescents. This is true especially, in age segregated, technologically advanced societies, in which entry to adult world of work and family responsibility is increasingly delayed (Conger, 1991)

During adolescence, more than at any other time in life, the young person needs to be able to share emotions, doubts, and dreams. Adolescence is typically a time of sociability, but it can also be a time of loneliness. Consequently, being accepted by peers generally, and especially having one or more close friends, may make a great difference in the young person's life (Conger, 1991).

The peer group provides opportunities to learn how to interact with others, control social behavior, develop age-relevant skills and interests, and share problems and feelings. This role of peers is especially critical during adolescence. Relations with both same and opposite sex peers during the adolescence years come closer to serving as prototypes for adult relationships- in social relations, work, and interaction with members of the opposite sex. Moreover, a mature, warm, interested and non-exploitive adolescent peer

plays a crucial role in helping a boy or a girl to gain a clear self-concept, a feeling of personal worth and renewed hope for the future (Hurlock, 1980; Conger, 1991; Fabes & Martin, 2000).

Adolescents are also dependent on peer relations because their ties to parents become looser as they gain greater independence. In addition, their relations with family members are likely to be changed with conflicting emotions. Especially in the early years of adolescence, dependant yearnings exist alongside independent strivings, hostility is mixed with love; many areas of adolescent's inner life and outward behavior cannot readily be shared with parents (Kimmel, 1985; Conger, 1991).

Hence, most adolescents expressed the belief that a close friend understood them better than their parents did; that they felt more "themselves" with that friend: and that they could learn more at this time in life from that friend than from their parents. As a result, adolescents spend twice as much time with peers than parents or other adults (Conger, 1991; Kimmel, 1985, Hurlock, 198; Santrock, 1999).

Despite, the crucial importances of peers during adolescence, peers are also often cited as the most important factors affecting the behavior of adolescents negatively.

In this regard, Santrock (1999) indicated that, especially in early adolescence there is a greater tendency to conform to peers' standards. Thus, conformity to peers especially to their antisocial standard is high. Teens may engage in all sorts of negative conformity behavior. For instance, they might use seedy language, steal, vandalize, etc. However, a

great deal of peer conformity is not negative and consists of the desire to be involved in the peer world.

Similarly Mickle (1999) noted that, the influence of peers can be direct or passive. Indeed, young people are sometimes influenced as much by what they think their peers are doing as by what they really are doing. A young person may think that everyone is smoking or everyone is sexually active and may therefore, feels pressurized to try those behaviors.

Another important aspect of social relationship during adolescence is relationship with opposite sex partners. There is no other period, rather than adolescence that attraction by opposite sex member is high and more common due to sexual impulses and related physiological and psychological changes (Conger, 1991).

As maturation continues, boys and girls begin to pay more attention to one another. Earlier sex antagonism and crushes begin to wane and heterosexual interests increase. These new interests, which begin to develop when sexual maturation is complete are romantic in nature and are accompanied by a strong desire to win the approval of members of the opposite sex (Hurlock, 1980; Conger, 1998).

According to Fabes & Martin (2000), over the course of early adolescence, sexual behaviors become more and more part of intimate relationships. This represents a significant advance in sexual behavior because it requires the ability to negotiate and share sexual experiences.

Similarly, Santrock (1999) described that dating takes on added importance during adolescence. Adolescents spend considerable time either dating or thinking about dating, which has gone far beyond its original courtship function to become a form of recreation, a source of status, achievement, and a setting for learning about close relationships, etc.

Dating becomes more intimate as adolescents mature, and it is a critically important relationship for adolescents and their development. It is evidenced that, adolescent girls and boys who never date are at risk for depression, excessive dependency on parents and deficient social skills. However, the age at which adolescents begin to have sex is important for many reasons. Early initiation of intercourse is associated with increased of risks such as early pregnancy and sexually transmitted disease, etc (Fabes & Martin, 2000).

2.5. Risky Behaviors during Adolescence.

No longer children, but not yet adults, adolescents everywhere face tremendous challenges during the transitional years of adolescence. Adolescence is frequently described as a time of increased risk taking. This is due to, in part, the fact that, adolescence is developmentally a time when teenagers begin to experiment with tobacco, alcohol, and other drugs and initiate sexual intercourse (Mickele, 1999).

It is also because the outcomes associated with some of these behaviors can be so disastrous; the rates of many sexually transmitted diseases are highest during adolescence and young adulthood. As a result, many adolescents experiencing

unintended pregnancies, unsafe abortion, sexually transmitted diseases including HIV, which can significantly affect their life course and limit future opportunities (Mickele, 1999; FDRE-MOH, 1998, 2001, 2002; UNFPA, 2003)

Adolescents' involvement in risky behaviors has often been attributed to their thinking of themselves as "invulnerable"-as thinking that bad consequences will not happen to them. Studies have shown that adolescents are more likely than adults to see themselves as invulnerable. In addition, as children developed into adolescents, they gain greater autonomy and are exposed to greater variety of adults and peers. Therefore, they begin to have more opportunities to make choices about who they will spend time with and how they will behave (Mickele, 1999).

As Mickele (1999) indicates, generally, adolescents' social cognition- the way they think about their social world, the people they interact with, and the groups they participate in, differs from that of adults and influence their decision-making skills. A large proportion of adolescents in the United States are engaging in sexual activity at earlier ages than before, often without the knowledge or skills required to protect themselves from unintended pregnancies, and infection with sexually transmitted diseases including HIV.

Study shows that, in USA by the 12th grade nearly 70% of adolescents have had sexual intercourse, and approximately a quarter of all students have had sex with four or more partners. This put many adolescents at high risk for unintended pregnancy, increased incidence of sexually transmitted diseases and a host of emotional problems associated with a lack of preparation for sex (Mickele, 1999).

Cigarette smoking, alcohol and drug abuse, juvenile delinquency, antisocial behaviors etc., are also commonly observed behaviors among teenagers. Cigarette smoking is the leading cause of avoidable death in USA. Most smokers begin smoking during childhood and adolescence. The average age of the beginning of smoking is 14.5 years (Mickele, 1999).

With regard to alcohol use, in USA, young people of junior high school drink to a greater extent than was true a generation ago. A larger percentage of them drink, they have their first drinking earlier; they drink larger quantities and they report more frequent intoxication (Mickele, 1999).

There are various reasons that account for adolescents' vulnerability to potential risky behaviors ranging from different personal, social contextual factors. However, a substantial body of literature emphasizes the importance of parents and other family members. A number of studies have found that, the nature of teenager's relationship with their parents determines their sexual and other risk taking behaviors (Mickele, 1999).

In line with this, Santrock (1999) noted that, there is a growing consensus that adolescents with parents who provide guidance, discipline and close supervision are significantly less likely to engage in kinds of behaviors that put them at risk or poor health outcomes such as, unintended pregnancy, infection with sexually transmitted diseases, involvement in antisocial behaviors, use of drugs and they are more likely to experiences success with their peer and at school.

There is also a large body of evidence to suggest that if teenage girls have good line of communication with their mother and use their mother as a source of information about birth control, they are significantly more likely to use contraception (Mickele, 1999).

Peers are often cited as the most important factor influencing the initiation of adolescents to sexual intercourse, drug and alcohol abuse, juvenile delinquency and antisocial behaviors. Increasingly, adolescents are also believed to be at increasing risk of involvement to potential risky behaviors, because they are exposed to mixed and inconsistent message from their families, their peers, the community and the mass media regarding what are the expected, appropriate, and socially desirable behaviors (Mickele, 1999).

2.6 Adolescence in Ethiopia

Adolescents have a large and significant share of the world and developing countries population. Several countries in sub-Saharan Africa have large and increasing adolescent population that exceeds those from other parts of the world. Approximately 20 percent of Sub-Saharan countries population is adolescents, aged 10-19 years (EPHA, 2003).

Ethiopia is one of the least developed Sub-Saharan countries, with increasing number of adolescent population. According to CSA (1988) adolescents between age ranges 10-19 years are estimated to be 19.3% of the total population. If they are given the opportunities to use their full energy and creativity they can bring tremendous dividends and can play vital role to their family and to the society as a whole (CSA. 1998).

In Ethiopia there are few studies conducted long ago by foreigners regarding the psychological aspects of adolescents' development.

On the other hand, there are relatively more sources on adolescent risky behaviors.

Levine (1965) indicated that the time of adolescence passes usually unnoticed in rural Amhara, even with no name given to the period. He described the period as:

In Amhara culture adolescence scarcely exists as a concept, let alone as a problem, while there are Amharic words, which signify "young person", there is no word in Amharic that specifically denotes a transitional stage between childhood and adulthood. The goals of a stage of transition to adult status, which to us have become problematic-continuity of social order and crystallization of personal identity, are customarily attained among the Amhara as a matter of course (Levine, 1965, p. 96).

Levine's study was conducted almost half a century ago on rural Amhara adolescents. His description, which showed, no name given to the period of adolescence, is not correct nowadays. There are names which are specifically given to adolescent boys and girls even in rural areas. "Goremmsa" and "Korreda" are the names given for adolescent boys and girls, respectively. However, Levine also indicates that modernizing factors in

urban societies of Ethiopia have brought adolescence into developmental category and a challenge.

Cox (1967) conducted a retrospective study on Haile Silasie First University (HSIU) students. In his study, 72% of the respondents reported adolescence as a period of “stress and strain”. Eighty six percent reported that adults expected a different standard of behavior from adolescents. Seventy two percent believed that they had often been treated as children when they should have been accepted as adults. Sixty five percent reported that their parents were too authoritarian and had repeated conflicts with them. Fifty four percent had problems of social adjustment at school or elsewhere.

On the other hand, Renner (1969) conducted the same kind of study on Haile Silasie First University students and had found 44% of the respondents reported their adolescent years were characterized by happiness and enjoyment. Twenty percent of her subjects’ experienced permanent stress, worries and tension, and the rest experienced both happiness and stress.

Yusuf (1998) noted that today’s Ethiopian youth face the most rapidly changing physical, physiological and psychological processes more than their elders. They face problems like stress, strain, frustration, depression, inferiority and superiority complexes, identity problems, etc. They also face problems related to urbanization and modern life such as career insecurity, delinquency, vandalism, rape, drug abuse, alcoholism, unsafe sex and its consequences including HIV/ AIDS.

All these and other problems often result from the nature and characteristics of being adolescent in unfavorable socio-cultural conditions. Yusuf (1998) further described that; Ethiopian adolescents are the most “neglected” and “least understood” age group. They are often perceived as isolate, unkept, unpredictable, emotionally hot, adventures (JEBDEGNOCH) and challenging.

In addition, nowadays there is an Amharic word called “findata” used to notify adolescents. This term has a negative connotation to indicate that adolescents are emotionally hot, irresponsible, etc.

Similarly, EPHA (2003) noted that youths are perceived by the community as irresponsible and immature. They are considered to be the sole creators of their own problems. They are always held responsible for what happened to them. They are perceived to be complicated and reluctant to change or to listen to advises.

EPHA (2003) also indicates communities have been overlooking the problems of adolescents for many years. Communities have not yet visualized the long-term effect of adolescents’ problems and risky behaviors. Moreover, the impact of their problem to the society and the national development is not yet observed.

From the aforementioned discussions, one can understand that Ethiopian adolescents have problems that have direct and indirect effects of the stage of development. However, it seems that there is misunderstanding, in the part of the adults and the community, about the nature and causes of problems of adolescents’ and hence unfair treatments are given.

With respect to risky behaviors, the available sources indicate that, majority of “risky behaviors” such as unsafe sex, STDs, HIV/AIDS, drug and alcohol abuse, antisocial behaviors, etc, are conducted and being conducted by adolescents. The next discussions state this.

2.6.1. Adolescent Sexuality and Related Problems

Sexuality is a universal phenomenon in all young people and it is one of the developmental milestones during adolescence. Adolescence sexuality needs a critical caution and appropriate treatment. Otherwise, it will significantly endanger the young person that in turn adversely affects a nation (EPHA. 2003).

Young people in both developing and developed countries begin sexual activity relatively early. The lowest median age at first sexual contact in Nigeria is 15 years for men (Packard foundation, 2000).

The situation is also the same in Ethiopia. According to FGAE (1995) 71.9% boys and 71.4% of girls have had their first sexual contact within age range of 15-17 years. Thirteen percent reported that they started sexual activity between 10 and 14 years of age. A study conducted on high school students in Northwestern Ethiopia, revealed that, the mean age at first sexual contact was 16 years of age (Asnake, 2001). Similarly, a study in Bahir Dar showed that 53% of males and 24% of females out of school youth were sexually active with mean age at first sexual contact being 16.9 ± 2.3 years of age (Mesganaw, 1995).

Regarding unsafe sex and its related problems, EPHA (2003) reported that adolescents are exposed to unsafe and early sex especially in developing countries. Poverty and lack of appropriate information makes the adolescents vulnerable for STDs including HIV/AIDS. As a group, adolescents tend to be misinformed, or uninformed about sexuality and reproductive health, and reluctant to take action to protect themselves.

In Ethiopia, the highest prevalence of HIV/AIDS is between age ranges of 15-24 and the number of females infected between 15-19 years is much higher than the number of males in the same age group (FDRE-MOH, 2002; Path finder, 2004).

On the other hand, unsafe abortion is mostly common among the adolescents because of early sexuality and unintended pregnancy. Adolescent abortions are estimated to be between 1-4 million per year (in the world), and most are unsafe as they are performed illegally and under hazardous circumstance by unskilled practitioners (EPHA, 2003).

Adolescents account 24-37% of all hospitalized abortion patients in small studies in Malawi, Uganda and Zambia (Bongaart J and Choen B. June, 1998). Similarly, a study in Kenya showed that as many as 10,000 teenage girls a year dropout of school because of unwanted pregnancies and abortions. One third of maternal mortality in Kenya is due to unsafe abortion (Murkrran & Maricah, 2000). Studies carried out in Ethiopia indicated that complication form unsafe abortion account for almost 55% of all recorded maternal deaths, some 13% of which occur among women under age of 20 (Korra & Haile 1999).

A study conducted by Nigussie, Rahel, Selamu, Alemayehu, Kedir (1999) revealed that adolescents' knowledge on aspects of their sexuality is incomplete and not enough to minimize risk-taking. More than half of the respondents believed that it is not acceptable to discuss about sexuality matters with their parents. Peers were the preferred ones for discussion on such issues. The above-mentioned study also showed that 31.5% of respondents were sexually active and 20% of parents reported discussion with their adolescent children about changes of adolescence and sexuality.

Similarly, a cross-sectional study conducted at Dessie on high school adolescent indicate that 25% of the students admitted to be sexual active with the mean age of 17 years for the first sexual contact. However, educational level of parents was associated with sexual activity of adolescents. The study also showed that there was no statistically significant difference across sex and 90% of the respondents reported that they were using some form of HIV prevention methods (Solomon, 2004).

A substantial body of sources attempts to explain the possible reasons for the problems related to adolescents' sexuality in Ethiopia. It explained as there is no open discussion on adolescent reproductive health, when and how fertility begins, the time of fertility in the menstrual cycle and the probability of conception etc in the family, school, and community at large (Dagne, 1999; Nigussie et al., 1999; Friewione, 2000; Yordanos, 2000; EPHA, 2003; Solomon, 2004; Pathfinder, 2003).

There are strong cultural, traditional and religious barriers on sexuality issues. Adolescents are not allowed or encouraged to converse these issue in their family or

with their teachers. As a result, youth are unable to access the knowledge and skills needed to make healthy decisions and it limits their ability to seek contraception, family planning, counseling services when necessary (Nigussie et al., 1999; Dagne,1999; EPHA, 2003).

2.6.2. Drug Alcohol abuse and Smoking

The use of alcohol, chat and drugs such as tobacco and marijuana is nothing new in Ethiopia. It has been observed since earlier times though no reliable information is available (Ephrem, 1996; Million: 1996).

Chat is the most widely used substance in Ethiopia. It is widely used in the younger generation of almost all faiths (Million, 1996; Ephrem, 1996). The use of alcohol and tobacco is also increasing at alarming rates. Consumption of alcohol beverages among younger people is becoming a common practice (Ephrem, 1996).

Regarding the proportion of chat and alcohol consumption by adolescents, Solomon (2004) found out that 48.9% and 23% of his respondents reported consumption of chat and alcohol, respectively.

According to EPHA (2003) the extent of drug related problems is not yet clear, although it has been noted that, many African countries are on drug transit routes. In Ethiopia, alcohol and drugs, like chat, are commonly used in both urban and rural areas particularly by adolescents. Chat chewing drinking alcohol and using drugs are taken as means of spending spare time and entertainment.

The exposure to drug, alcohol and chat leads the adolescents to earlier sexual initiation; unprotected sexual intercourse and multiple partners, putting young people at risk of sexually transmitted diseases including HIV/AIDS, unintended pregnancy and sexual violence. It is also described that, the exposure to drug, alcohol and chat indulge the adolescents into crime and violence, which is a serious problem of security to a nation (EPHA, 2003; Path finder, 2004).

CHAPTER THREE

3. METHODOLOGY

3.1. Study Design

Comparative cross – sectional study supplemented with focus group discussions.

3.2. Survey Site

The study took place in one secondary and preparatory school at Gondar town, North Gondar Zone, Amhara National Regional State of Ethiopia. At the town of Gondar and its surroundings, there are three high schools and one preparatory school. Fassileds secondary and preparatory school was selected mainly because it consists the largest population of students serving a relatively rich mix of students from different age groups.

3.3 Source Population

The source population of the study was adolescents in Fasiledes secondary and preparatory school, Gondar, Ethiopia.

3.4 Study Population

Adolescents in Fassileds secondary and preparatory school enrolled in the year 2004/2005.

3.5. Sampling Procedure

The sample frame consisting, of all students was obtained from students' registration book of the two schools. Then, from a total of 3000 students, 350 students were selected based on the assumption that all or the majority of students are in the age range of 13 – 18 years old. Nearly, equal proportion of males and females were included. Students were also grouped into two by age as early and late adolescents (13 – 15 and 16 – 18) respectively and also nearly equal proportion of these age groups were included.

3.6. Sample Size

Sample size was calculated considering the proportion of students in the school.

The assumption was that the majority or all students in the school are between age ranges of 13 – 18 years of age. For the sample size determination, single population proportion method using 95% confidence interval was used.

The calculation was based on the proportion of students and 95% CI.

The formula used was $\frac{(Z_{\alpha/2})^2 \times P(1-P)}{d^2}$ (Marcello.P, & Kimberlee.G, 2000)

Where: - $(Z_{\alpha/2})^2 = (1.96)^2$ for two tailed test

P= Proportion of students taken for the study from the total students, was 30%, P= 0.3;

$$(1-P)^2 = (0.7)^2$$

$$d^2 = (0.05)^2$$

Therefore, total sample size using the above formula

$$= \frac{(1.96)^2 \times 0.3 (1-0.3)}{(0.05)^2} = 322.6 = \underline{323}$$

Nearly, ten percent of the calculated sample size was added for inconsistencies, thus the initial sample size taken was 350. To supplement the information obtained from students

(main study samples), 44 teachers and 47 parents were included which represents nearly 15% of the students' sample size. Stratified random sampling by age and sex using lottery method for students was employed. The total number of participants for the self administered questionnaires were 441 (350 students, 47, parents and 44 teachers).

Inclusion criteria: - All students enrolled in the year 2004/2005 G.C with the age range of 13 – 18 years old.

Exclusion criteria: - Students out of the age range of 13 – 18 were excluded.

3.7. Principal Research Methods

The study used three kinds of survey instruments; self – administered questionnaire for students, parents and teachers, focus group discussion with some students, who are not participated in fulfilling the self administered questionnaire, and non-structured interview with some parents and teachers to supplement the information obtained from the questionnaire.

3.7.1. The Questionnaire

A pre-tested, structured, self-administered Amharic language questionnaire comprising 52 multiple choice and open-ended items was developed for the students' questionnaire. For parents' 20 items and for teachers' 26 items which consist both open and closed-ended items were used. These questionnaires were originally developed in English and then translated into Amharic. A professional translator, who has a master's degree in Amharic, did the translations.

A self-administrated questionnaire is preferred for this kind of survey, that dealing with such sensitive issues so as to minimize social desirability and interviewer distortion that often limit the use of face-to-face interviews. Different questionnaires were also used for parents and teachers to supplement the information obtained from students (major study subjects).

To ensure standardized or uniform transmission of information, supervisors and the principal investigator were around to respond to questions that may arise from misunderstandings or doubts. The investigator tried her best to avoid incompletely filled questionnaires and/or implausible answers that may follow negligence or misunderstanding.

3.7.2. Focus Group Discussion

A series of 4 focus group discussions were carried out among purposely selected students to explain some of the findings from questionnaire and interview. Discussions were gender segregated and divided into late and early by age. The number of participants in each group ranged from 9 – 10 individuals. A semi-structured discussion guideline was used to lead the discussions.

The principal investigator moderated all focus group discussions. Two trained research assistants tape-recorded and took note of all discussions. The focus group discussions centered on adolescents' psychosocial characteristics, its implication for risky behaviors and tried to elucidate reasons for some of the psychosocial problems.

The focus group discussion did not include parents and teachers because of their unwillingness to participate in the focus group discussion and difficulty of time arrangement, which is it was very difficult to arrange time which is convenient for students, parents and teachers at the same time. However, the investigator interviewed two teachers and two parents as key informants.

3.8. Pre- testing

Questionnaires (three independent) and discussion guideline were pre-tested between Hailemariam Mamo secondary and preparatory school students at Debrebrihan town of Amhara National Region, North Showa Zone. The reliability (internal consistency) was then calculated and found to be 0.765. Some important modifications were made after the pretest.

3.9. Data Collection

The two trained research assistants administered the survey during a 45 – 60 minutes make up class. The research assistants distributed the questionnaire to the students, remained in the classroom during administration and transported the completed questionnaire, from school. The principal investigator supervised the research assistants throughout the data collection. The questionnaire for parents was filled by going at their home and the teachers' questionnaire was filled when they are at the school in their spare time.

3.10. Data Analysis

SPSS version 11.01 was used to enter, clean and analyze the quantitative data. Questionnaires that were not properly filled or inconsistent were excluded. Thirty questionnaires from the three groups (for teachers, parents and students) were excluded. Percentages, means, standard deviation, and chi – square tests were used to analyze the data. Qualitative descriptions were also used for open-ended questions.

CHAPTER FOUR

4. RESULTS

Table 1: Selected Socio- Demographic Characteristics of the Respondents (Students)

Variables	Frequency	Percent
• Sex: - Male	161	49.8
Female	162	50.2
Total	323	100
• Age: - 13 – 15	160	49
16 – 18	163	51
Total	323	100
• Living condition:- With both parents	203	68.2
Mother only	47	14.6
Father only	14	4.3
Relatives	47	14.6
Others	12	3.7
Total	323	100
• Father's Education: - Illiterate	49	21.5
Basic education	31	13.6
Primary education	34	14.9
Secondary education	59	28.8
College /university	52	25.9
Others	3	1.3
Total	228	100
• Mother's Education: - Illiterate	73	29.1
Basic education	48	19.1
Primary education	43	17.1
Secondary education	52	20.7
College /university	34	13.3
Others	1	0.4
Total	251	100
• Relatives Education:-Illiterate	7	13.3
Basic education	10	19.6
Primary education	4	7.8
Secondary education	18	35.3
Collage /university	12	23.3
Others	0	0
Total	52	100

Table 1, shows that out of a total 323 students (study samples), 49.8% were males

and 50.2% of them were females; 49.54% early adolescents, 50.46% late adolescents. The mean age of respondents was 16 years with SD of 1.428. The mode is also 15 years.

Sixty eight percent of the respondents live with both parents; 14.6%, 4.3%, 14.6% live with their mother only, father only and relatives, respectively. Fifty four percent of the fathers and 34% of the mothers were educated above primary school level.

The average age of menarche (first menstruation) is 14.55 and the range is 10 – 17 years of age. The mode is 15 years old. From a total of 162 female respondents, 119 (73.9%) of them were informed/ pre-informed about menarche and the rest 42 (26.1%) had no information before their menarche. The following table (table 2) shows the different sources of information

Table 2: Sources of Information for Menarche

Sources of Information	Yes		No	
	N	%	N	%
Teachers / school	61	51.3	58	48.7
Family	41	34.5	78	65.5
Peers	25	21.0	97	79
Radio /TV	16	13.4	103	86.6
Magazine /Journals/ books	15	12.5	104	87.5
Others	4	4.2	115	95.8

Multiple responses are possible

The top three sources of information are teachers/ school, family and peers respectively.

N.B N = 119 for each sources of information i.e. all female respondent who said yes and percent is calculated from each figure for each source independently.

Table 3: Emotional Reactions of Menarche

Variables	Yes		No	
	N	%	N	%
Feelings of embarrassment and frustration	82	50.9	79	49.1
Feelings of inferiority and lack of self – confidence	57	35.4	104	64.6
Ashamed of being a woman	30	18.6	131	81.4
Feeling of being deflowered	18	11.2	143	88.8
Feeling of being hurt or injured	26	16.1	135	83.9
Nothing felt (No different feeling)	37	23	124	77
Others	4	2.5	157	97.5

- Multiple responses are possible.

The main emotional reactions for the first menstruation are feeling of embarrassment and frustration followed by feeling of inferiority and lack of self-confidence. Nothing felt takes the third rank.

Regarding the physical changes that occur during adolescence, all the respondents know and mentioned at least some of the physical changes that occur during adolescence on males and females(in the open-ended questions).

N = 162 for all female respondent for each variable and percentage is calculated for each variable because all respondents have the possibility to experience all the above mentioned feelings

Table 4: Psychological Characteristics of Respondents

Variables	Over all positive feelings	Mainly unpleasant feelings	Not different from childhood	Unnoticed/ I don't know	χ^2 (P-value)
Sex					
Male (N=161)	44 (27.33%)	88 (54.66%)	16 (9.93%)	13 (8.08%)	4.273 (0.233)
Female (N=162)	40 (24.69%)	81 (50%)	29 (17.90%)	12 (7.41)	
Age					
13-15(N=160)	50 (31.25%)	64 (40%)	28 (17.5%)	18 (11.25%)	20.497 (0.000*)
16 -18(N=163)	34 (20.86%)	105 (64.42%)	17 (10.43%)	7 (4.29)	
Father's Educ.					
Up to 1° (N=99)	27(23.48%)	68(59.13%)	13(11.30%)	7(6.04%)	4.551 (0.208)
Above1°(N=83)	34(30.09%)	51(45.13%)	18(15.93%)	10(8.85%)	
Mother's Educ.					
Up to 1°(N=127)	43(26.70%)	87(54.04%)	22(13.66%)	9(5.6%)	4.911 (0.178)
Above 1°(N=62)	23(25.56%)	40(44.44%)	16(17.78%)	11(12.22%)	
Relatives' Educ.					
Up to 1° (N=15)	5(23.81%)	13(61.91%)	2(9.52%)	1(4.76%)	0.492 (0.220)
Up to 1° (N=15)	7(23.33%)	17(56.67%)	3(10%)	3(10%)	
Above 1°(N=28)					

Educ. = education *statistically significant.

1°= Primary

One hundred sixty nine students (52.3%) reported that, their adolescence period is generally characterized by storm and stress which involve unpleasant feelings of tension, worry, stress, etc. Eighty-four (26%) of them reported that their adolescence period is

mainly being characterized by positive feeling such as feelings of wonder, excitement, happiness etc.

Forty-five (13.9%) of them reported that it is not different from their childhood period and the rest 25 (7.7%) said that they had not noticed the psychological /emotional characteristics of their adolescence period.

There is no statistically significant difference with sex and parents educational status in relation to the emotional feelings of adolescence. There is a statistically significant difference with age. Statistically significant higher proportion of students in late adolescence period are more likely to feel unpleasant feelings of adolescence ($p=0.000$).

Two hundred fifty one respondents (77.7%) reported that there is a change in relationship with their parents / family as compared with their childhood period (not tabulated). The nature of the relationship is illustrated in Table 5.

Table: 5 Adolescent parent / family relationship

Variables	How do you describe your relationship with parents/family?		
	Overall positive	Over all negative	χ^2 (P-value)
<ul style="list-style-type: none"> • Sex 			
Male (N=161)	60(45.5%)	72(54.5%)	0.466
Female (N=162)	49(41.2%)	70(54.5%)	(0.495)
<ul style="list-style-type: none"> • Age 			
13 -15(N=160)	57(47.5%)	63(52.5%)	1.553
16-18(N=163)	52(39.69%)	79(60.31%)	(0.0213*)
<ul style="list-style-type: none"> • Father's Educ. 			
Up to 1 ^o (N=99)	42(42.42%)	57(57.58%)	0.207
Above 1 ^o (N=83)	38(45.78%)	45(54.22%)	(0.649)
<ul style="list-style-type: none"> • Mother's Educ. 			
Up to 1 ^o (N=127)	61(48.03%)	66(51.97%)	2.663
Above 1 ^o (N=62)	35(56.45%)	27(43.5550)	(0.103)
<ul style="list-style-type: none"> • Relatives' Educ. 			
Up to 1 ^o (N=15)	4(26.67%)	11(73.33%)	2.869
Above1 ^o (N=28)	15(53.57%)	13(46.43%)	(0.090)

Educ. = Education

* statistically significant.

1^o = Primary

Overall, 142, (56.57%) of the respondents reported that their relationship with parents is not good, which includes that parents are too authoritarian, or too careless and permissive, suspicious to adolescents result in the relationship is full of conflict.

There was no statistically significant difference with regard to sex and parental educational status. A statistically significant higher proportion of late adolescents reported overall negative relationship with their parents/family ($P= 0.0213$).

Table 6: Treatment (Attitude) of parents/ community of Adolescents

Variables		N	%
How parents/ community treat you or adolescents?	As a child	17	5.26
	As an adult	124	38.39
	Both	125	40.2
	In a different way	8	2.47
	I do not know	44	13.62
	Total	323	100

Table 6 shows that, how parents /family/ community treat adolescents. One hundred twenty five, (40.2%) of the respondents said that, they are being treated as both an adult and a child followed by as an adult 124 (38.39%).

Table 7: Peer relationships

Variables		N	%
Which sex peer do you have?	Same sex peer	165	51.1
	Opposite sex peer	31	9.6
	Both	89	27.6
	I have no peers/ friends	38	11.8
	Total	323	100

Two hundred eighty five respondents (88.9%) reported that they have friends, which consists of the same sex, opposite sex peer and both sexes. Among these, the majority (51.1%) of the respondents have same sex peer followed by both sex peers (27.6%). Thirty-eight (11.8%) of the respondents reported that they have no peers and their major reasons given in the open-ended questions are the following in a descending order.

1. No one is faithful.
2. To avoid negative peer influences.
3. Unable to communicate with people.

Table 8: Nature of Peer relationships

Variables	Peer relationship			χ^2 (P- Value)
	Overall positive	Overall negative	Acceptable	
Sex				
Male (N = 144)	125 (86.81%)	81 (12.50%)	1 (0.69%)	0.241 (0.886)
Female (N=141)	125 (88.65%)	15 (10.64%)	1(0.71%)	
Age				
13-15 (N = 143)	123 (86.01%)	19 (13.29%)	1 (0.70%)	0818 (0.664)
16-18 (N=142)	127(89.44%)	14 (9.86%)	1(0.70%)	

Table 8, shows the nature of peer relationship among respondents. As it has shown in the table, the majority 250 (87.7%) of the respondents reported that they have good peer relationship, which is characterized by mutual understanding, openness and respect and few 33 (11.6%) of the reported that they have no good relationship with their peers or their age mates. Although it is statistically non-significant more females and late

adolescents appear to have positive relationship with peers than males and early adolescents.

One hundred and eighty five (57.3%) of the respondents said that they are not influenced by their peers (not tabulated); however, the rest 138, (42.7%) admitted that they want to imitate or do peers' behaviors. Table 9 shows the type of peer influence or imitation.

Table 9: Peer influence

The question for table 9 is which peers' behaviors do you want to imitate?

Variables	Yes		No		Total	Cum%
	N	%	N	%		
Dressing style	93	67.4	45	32.6	138	100
Way of Acting	19	13.8	119	86.2	138	100
Hair Style	18	13	120	87	138	100
Chewing Chat	3	2.2	135	97.8	138	100
Drinking Alcohol	2	1.4	136	98.6	138	100
Others	42	30.4	96	69.9	138	100

Multiple responses are possible to the above-mentioned question.

Cum=cumulative percent

Others, for table 9 refer behaviors like, studying together, academic competitions, and other "good" behaviors. In the same way, N =138 for each type of behaviors and percentage is calculated independently from each figure.

Among the respondents who said that they want to imitate / do peers behaviors, dressing style takes the first rank (67, 4%) followed by others (30.4%) and way of acting (13.8%), respectively.

Behaviors like chat chewing and drinking of alcohol are reported by insignificant number of respondents (2.2 & 1.4%), respectively. Respondent who reported that they do not want to imitate peers behaviors gave the following main reasons in the open-ended questions.

1. To avoid “bad” behaviors (negative peer influence)
2. Self- confidence
3. Inability to act / do like their peers due to different factors in a descending order.

Table 10: Opposite Sex Relationship

Variable	Sex		Age	
	Male (N=161)	Female (N=162)	13-15 (N=160)	16-18 (N=163)
Do you have a lover?				
Yes	24(14.81)	30 (18.64)	24 (15%)	30(18.40)
No	137 (85.19)	132 (81.37)	136(85%)	133 (81.60)
χ^2 (P- Value)	0.757 (0.384)		0.94(0.332)	
Do you ever have sexual intercourse?				
Yes	28(17.39)	14(8.64%)	16(10%)	26(15.95%)
No	133(82.6%)	148(91.35%)	144 (90%)	137(84.05%)
χ^2 (P- Value)	5.464(0.019*)		0.071(0.790)	

*Statistically significant

From both sexes fifty-four (16.71%) of the respondents have a lover or boy/girl friend. Similarly 42 (13%) of the respondents from both sexes are sexually active. Relatively a higher proportion of females have a lover or boy friend as compared to males (18.5% vs. 14.9% respectively). On the other hand, more males (17.39%) are sexually active than females (8.64%).

Regarding, the average age of first sexual contact, it is 16 years and the minimum age of the first sexual contact is 12 and the mode is 15 years old.

Table 11: About the first sexual intercourse and motivating factors for the first sexual contact

Variables		Frequency	Percent
With whom did you have the first intercourse?	With lover /boy/ girl friend	30	71.43
	With Commercial sex workers	3	7.3
	To earn money	1	2.4
	Rape	1	2.4
	Marriage	7	17.1
	Total	42	100
What factors motivated /pushed you for sexual intercourse?	Personal interest	21	51.2
	Peer influence	12	29.3
	Rape	1	2.4
	Influence of alcohol, Chat and drugs	2	4.9
	To earn money	2	4.9
	Others	4	9.8
	Total	42	100

Thirty (71.43%) of the sexually active respondents said that they have had the first sexual contact with their boy /girl friend followed by others (17.7%).

Rape and to earn money represents the least (2.4%) for each.

Regarding the factors that motivated /pushed the sexually active respondents to make the first sexual contact, personal interest is the leading (51.2%) followed by peer influence (29.30%). Twenty-five (59.52) reported consistent use of condom, 28.5%of them are married and believe to be faithful to one partner. Only 5(11.85) did not use condom or any protective measures.

Table 12: Family / Parent – Adolescent Discussion on Sexual Matters

Variables	Parent-Adolescent discussion on sexual matters		χ^2 (P-value)
	Yes	No	
Sex			
Male (N=161)	37(22.98%)	124(77.02%)	0.501 (0.479)
Female (N=162)	32(19.75%)	130(80.25%)	
Age			
13 – 15(N=160)	30(18.75%)	130(81.25%)	1.713 (0.191)
16 – 18(N=163)	39(23.93%)	124(76.07%)	
Father's Educ.			
Up to 1° (N=99)	14(12.17%)	101(87.83%)	12.899 (0.000*)
Above 1°(N=83)	36(31.86%)	77(68.14%)	
Mother's Educ.			
Up to 1° (N=127)	31(19.25%)	130(80.75%)	4.513 (0.034*)
Above 1°(N=62)	28(31.11%)	62(68.89%)	
Relatives' Educ.			
Up to 1° (N=15)	1(4.76%)	20(95.23%)	4.800 (0.028*)
Above 1°(N=28)	8(26.67%)	22(73.33%)	

*Statistically significant Educ. = Education

From the two sexes and age groups, 254 (78.6%) of the respondents said that they do not discuss about sexual matters with their family /parents. The rest 69 (21.4%) reported that they have discussion with their parents on sexual matters.

Males and late adolescents appear to have more likely to discuss sexual matters with parents/family but the difference is not statistically significant. However, educational status of parents/family positively affects the discussion. Statistically significant proportion of adolescents from educated parents above primary school discuss about sexual matters with their parents when compared to adolescents of under primary education parents/family.

Table 13: Discussion on Sexual Matters among Peers

Sex	Variables	Always	Usually	Some time	Rarely	Never
		N (%)	N (%)	N (%)	N (%)	N (%)
Male (N=161)	How often do you discuss sexual matters with your peers /friends?	9 (2.78)	10(93.09)	47(14.55)	41(12.69)	54(16.71)
Female (N=162)	How often do you discuss sexual matters with your peers /friends?	5(1.54)	9(2,78)	42 (13)	29(8.97)	77(23.83)

N.B Percentages were calculated from the total number of students for the below mentioned descriptions.

The majority (88.9%) of the respondents in both sexes said that there is discussion among peers about sexual matters in a range of frequencies (always – rarely) among which, rarely (40.6%) takes the first rank followed by some times (27.6%) and always is the least. On the other hand, few (11.1%) said that, they have never discussed sexual

matters with peers among those females proportion is relatively higher than males (23.83% VS 16.71%).

Table 14: Discussion of adolescents about the consequences of unsafe sex with other people

Variables	Do you discuss on the consequences of unsafe with other people?		
	Yes (N, %)	No (N, %)	χ^2 (P-value)
Sex			
Male (N=161)	98(60.87%)	63(39.13%)	1.444
Female (N=162)	109(67.3%)	53(32, 72%)	(0.230)
Age			
13-15(N=160)	96(60%)	64(40%)	2.301
16-18(N=163)	111(68.1%)	52(31.9%)	(0.129)

Two hundred seven respondents (64.1%) from both sexes and age groups reported that they have discussed with other individuals on the consequences of unsafe sex including HIV/AIDS. The discussion was made with peers, teachers, family, school counselors and others in descending order were mentioned in the open-ended questions.

A relatively higher proportion of females and late adolescence have discussions on consequences of un safe sex as compared to males and respondents in early adolescence (67.28%; 68.10% VS 60.87%; 60%). However, the difference is not statistically significant.

Table 15: Adolescent – teacher relationship

Variables	Yes (N, %)	No (N, %)	χ^2 (P-value)
Do you discuss about the physical, psychosocial changes of adolescence with your teachers?			
Male (N=161)	101(62.7%)	60(57.3%)	2.675(0.262)
Female (N=162)	112(69.13%)	49(30.87%)	
13-15(N=160)	114(71.25%)	46(28.75%)	5.314(0.069)
16-18(N=163)	99(60.73%)	64(39.26%)	
Do you think that teachers are appropriately guiding and supporting adolescents?			
Male (N=161)	77(47.83%)	84(52.17%)	0.696(0.404)
Female (N=162)	85(52.47%)	77(47.53%)	
13-15(N=160)	93(58.12%)	67(41.87%)	8.056(0.005*)
16-18(N=163)	69(42.33%)	94(59.67%)	

* Statistically Significant.

Overall, two hundred thirteen respondents (65.9%) reported that, they have discussion with their teachers on the physical and psychosocial changes of adolescence. Similarly, 162, (50.2%) of the respondents said, that teachers are giving the appropriate guidance and support for adolescents to successfully cope with adolescence-related problems. In both cases, it seems that, females are relatively free to discuss and have positive attitude for teacher's contribution for adolescents but it is not statistically significant.

Regarding age groups, statistically significant higher proportion of early adolescents have a positive attitude for teachers than late adolescents ($p=0.005$).

Table 16: Adolescents' knowledge of risky behaviors

Variables		Yes		No	
		N	%	N	%
Which of the following is /are risky behavior/s)?	Unsafe sex	293	90.7	30	9.3
	Rape	274	84.8	49	15.2
	Drug abuse	228	70.6	95	29.4
	Alcoholism	224	69.3	99	30.7
	Smoking	217	67.2	106	32.8
	Chat chewing	208	64.4	115	35.5
	Group conflict	175	54.2	148	45.8
	Others	49	15.2	274	84.8

- Multiple responses is possible to the above raised question

A significant number of respondents have the knowledge on each mentioned risky behaviors. As has shown in table 16, unsafe sex is the first recognized risky behavior by 293 (90.7%) of the respondents followed by rape 274, (84.8%) of the respondents.

Table 17: Respondents involvement in risky behaviors

Variables		Yes		No		Cum Total	Cum %
		N	%	N	%		
In which risky behaviors are you involved?	Unsafe sex	13	4	310	96	323	100
	Alcoholism	17	5.3	306	94.7	323	100
	Smoking	12	3.7	311	96.3	323	100
	Chat Chewing	13	4	310	96	323	100
	Drug abuse	2	0.6	321	99.4	323	100
	Group Conflict	14	4.3	309	95.7	323	100
	Not involved in any of them	258	79.9	65	21.1	323	100
	Others	2	0.6	321	99.4	323	100
Have you ever had /been?	STIs	10	3.1	313	96.9	323	100
	Abortion	8	2.5	314	97.2	323	100
	Un wanted pregnancy	10	3.1	319	96.9	323	100
	Detained in prison or caught by the police	32	9.9	291	90.1	323	100
	Others	6	1.85	317	98.14	323	100

Table 17, shows the proportion of respondents who involved in risky behaviors as well as respondents who were exposed to the consequences of risky behaviors. As it has been shown in the table, a significant proportion of respondents (79.9%) of were not involved in any of the above mentioned risky behaviors. However, few respondents were involved in risk behaviors. Among these, alcoholism (5.3%) group conflict (4.3%) and unsafe sex (4%) and chat chewing (4%) represent the first three ranks respectively.

Regarding the consequences of risky behaviors, a significant proportion of respondent were not exposed but few. Among those, being detained in prison or caught by the police is the leading (9.9%) followed by STIs (3.1%) and unwanted pregnancy (3.1%).

Overall, 221(68.42%) of adolescents believe that adolescents are more vulnerable to risky behaviors than adults and children. The following table, table 18 shows this. The questions for table 18 is do you think that adolescents are more vulnerable to risky behaviors than adults and children?

Table 18: Adolescents Attitude towards Adolescents' Vulnerability to Risky Behaviors

Variables	Sex		Age	
	Male (N=161)	Female (N=162)	13-15 (N=160)	16-18 (N=163)
Yes	109(67.70%)	112(69.5)	98(61.25%)	123(75.46%)
No	52(32.30%)	50(30.86%)	62(38.75%)	40(24.54%)
χ^2 (P-value)	0.077(0.782)		7.546(0.006*)	

*Statistically significant.

From both sexes and age groups, more than 68% believe that adolescents are more vulnerable than other age groups for risky behaviors. There is no a statistically significant difference among sex on the response of the above mentioned question. However, statistically significant higher proportion of late adolescences believe that

adolescents are more vulnerable for risky behaviors than any age groups ($p < 0.05$).

The main reasons for this as given in the open-ended questions are the following in descending order.

1. Nature or characteristics of the period, that is, the period is mainly characterized by high sexual desire, emotionality, instability, feelings or thinking of invulnerability etc.
2. Because the period is highly sensitive to peer influence and risky behaviors.
3. Lack of awareness, appropriated guidance and support from family, school and the society at large.
4. Lack of different opportunities for adolescents like, poverty, unemployment, absence of different recreational places etc.
5. Access or easy availability of inappropriate places like, places of chat chewing; alcoholic drinks, etc and limited awareness creating services/ programs.

On the other hand, among, the respondents who believe that, adolescents are not more vulnerable than adults and children for risky behaviors have given the following reasons in rank order in the open-ended questions.

1. Because adolescents have the awareness
2. Due to the availability of various, awareness creating programs.
3. Because there is guidance and support from family, school etc
4. Fears of being ashamed of having HIV/AIDS are among the major reasons

Table 19: Socio-demographic characteristics of parents

Variables	Frequency	Percent
• Age: -30 -40	2.0	42.6
41-50	2.3	48.9
51-60	3	6.4
61-70	1	2.1
Total	47	100
• Sex: - Male		
Female	29	61.7
	18	38.3
• Educational status: -Illiterate	3	6.4
1-6	7	14.9
7-12	17	31.9
12+2	13	27.7
12+4	6	12.8
>12+4	1	2.1
Others	1	2.1
Total	47	100
• Relationships: - Father	14	29.1
Mother	24	51.1
Others	9	19.1
Total	47	100

The above age classification is not based on any standards but simply to make short.

A total of forty-seven parents were included in the study to supplement the information obtained from students. Among the parents/family who participated in the study the majority (51.1%) of them were mothers, 29.1% were fathers and the rest 19.1% of them

was non-biological parents. More than 75% of the parents/family are educated at least above primary level.

Table 20: Parents/Family's Description of their Adolescents' Behavior

Variables		Yes		No	
		N	%	N	%
How do you describe adolescents' behavior?	Problematic & challenging	23	48.9	24	51.1
	Emotional & unstable	28	59.61	19	40.4
	Disobedient & disrespectful	30	63.83	17	36.17
	Irresponsible; over acting	25	53.2	22	46.81
	Calm & stable	21	44.7	26	55.3
	Obedient & respectful	22	46.8	25	53.2

- Multiple responses are possible to the above-mentioned question.

Table 20 shows how parents' family describe their adolescent behavior or psychosocial characteristics. As it has been shown in the table, the majority of parents (63.8%) think that adolescents are disobedient and disrespectful; 59.61% of them reported emotional and unstable. The description of parents/family of adolescents' behavior appears more inclined to the negative side as compared to the positive descriptions.

Twenty seven (57.4%) of parents reports that, they treat their adolescents as both an adult as a child followed by as an adult 15, (31.9%) few 4, (8.5%) said that they treat them in a special way and the last 1(2.1%) treat as child (this item is not presented in tabular form).

Forty-five (95.7%) of family /parents reported that they know the physical and psychological changes during adolescence on both males and females, and they mentioned at least some of the physical and physiological changes. However, it seems that they know more about the physical changes as compared to the psychological changes as they mentioned in the open-ended questions.

Only thirty-four, (27.7%) of family/parents reported that they discuss, with adolescents on the physical, psychosocial changes of adolescence and sexual matters. On the other hand, 34 (72.3%) of parents family reported that they do not discuss on changes related to adolescence and risky behaviors with their adolescent children (these items are not tabulated).

The major reasons given for this in the open-ended questions are the following in descending order.

1. Discussion with adolescents on those issues is not well accustomed in our culture especially on sexual matters.
2. Lack of awareness or because I thought that it is not important
3. Religious restriction

Table 21 Adolescent -parent relationships

Variables		Frequency	Percent
How do you describe your relationship with your adolescent children?	Overall positive relationship	28	59.6
	Overall negative relationship	15	31.9
	Not different from their childhood period	4	8.5

Table 21, shows that the nature adolescents-parents relationship. As it has been shown in the table, 28(59.6%) of parents family reported that their relationship is overall positive which is characterizes by mutual understanding respect, etc. On the other hand, 15(31.9%) of parents/family reported that their relationship is overall negative, which is not based on mutual understanding, open discussion, respect and mainly characterized by conflict. The rest few, 4(8.5%) reported that the relationship is not different from adolescents' childhood period.

Forty-four, (93.6%) of parents /family believed that, adolescence is a period which is highly vulnerable for risky behaviors than any other periods of development (the item is not tabulated). They listed some of the risky behaviors that are highly being practiced by adolescents

In descending order the common risky behaviors of adolescents as mentioned by their parents in the open-ended questions are; -

1. Addiction of chat, alcohol etc)
2. Unsafe sex.
3. Antisocial behaviors (stealing, rape, etc)

Table 22: Socio-demographic Characteristics of Teachers

	Variables	Frequency	Percent
Sex	Male	41	93.18
	Female	3	6.81
	Total	44	100
Age	23-30	5	11.4
	31-40	17	38.6
	41-50	20	45.5
	> 50	2	4.5
	Total	44	100
Educational status	12+2	11	25
	12+4	33	75.0
	Total	44	100
Years of experience in teaching	1-5	5	11.4
	6-10	5	11.4
	11-15	5	11.4
	16-20	9	20.5
	21-30	19	43.2
	>30	1	2.3
	Total	44	100

Age classifications for the above table are not based on any standards but simply to make short.

A total of forty-four teachers were also included in the study. As table 22 shows, the majority (93.18%) of them were males. Similarly, about 88% of them have more than six years of experience in teaching.

Table 23: Description of Adolescents' Behavior by their Teachers

Variables.	Yes		No	
	N	%	N	%
Challenging and problematic	30	68.2	14	31.8
Disobedient	31	70.5	13	29.5
Emotional and unstable	25	56.8	19	43.2
Irresponsible and overacting	40	90.9	4	9.4
Calm and responsible	17	36.64	27	61.36
Obedient and respectful	4	9.1	40	90.9

- Multiple responses are also possible here.

The majority of teachers (90.9%) described adolescents as irresponsible and over acting, (68.2%) as challenging and problematic and (70.5 %) as disobedient. On the other hand, few teachers, (36.4%) described adolescents as calm and responsible and (9.1%) as obedient and respectful.

Forty (90.9%) of the teachers reported that adolescents' behavior is different from children's. They mentioned the following main psychosocial changes that occur during adolescence on the majority of adolescent students (open ended question)

1. Carelessness, being disobedient, feeling of superiority and conflict with others,
2. Being influenced easily by peers, opposite sex, and different addictive behaviors
3. Vulnerability to unsafe sex and its consequences including HIV/ AIDS.
4. Not ready to admit their faults to their parent/ others.
5. Being self-centered and enjoy fantasy and fear and being isolated.

Table: 24 Adolescent-Teacher Relationship

Variables	Yes		No	
	N	%	N	%
Do you discuss on the physical and psychosocial changes of adolescence with your adolescent students?	7	15.9	37	84.1
Do you discuss with your adolescent students about unsafe sex and its consequences and risky behaviors?	5	11.36	39	88.63
Do you think that adolescent students are more vulnerable to unsafe sex and other risky behaviors?	25	56.81	19	43.18

Overall 37, (84.1%) of teachers reported that they do not discuss on the psychosocial and physical changes of adolescence with adolescent students. Similarly, the majority 88.63% of them also said that they do not discuss with adolescent students on the issues of unsafe sex, and other risky behaviors,

Even though, a significant proportion of teachers (56.81 %) believed that, adolescent students are more vulnerable to unsafe sex and its collerates, the majority (88.6%) of them reported that they did not discuss about the above-mentioned issues,

The main reasons given for this are the following in descending order as they mentioned in the open-ended questions.

1. I am busy and it is not my concern.
2. Students are not willing to accept, or to discuss.
3. It is not accustomed or usual discussing on these issues
4. Because I thought that students can get information from different sources,

5. It may be an encouragement (may have negative side effect).

Regarding the reason why adolescents are highly vulnerable to the consequences of unsafe sex and risky behaviors, they also give the following reasons in the open-ended questions orderly.

1. Nature of the period.
2. Lack of awareness.
3. Peer pressure to practice sex and other risky behaviors.
4. Economical problems and fear to use safety measures (i.e. they may not have money to use safety measures or may not be comfortable to use those methods like condom).
5. Lose family monitoring and access to inappropriate places.

The majority (79.5%) of the teachers reported that their relationship with students is not good and acceptable. Of which 36.36 % of them reported, the relationship is totally negative. The main reasons given in the open-end questions are:

1. Students are not willing for discussion
2. They do not respect and give value for teachers' advise
3. They are disobedient and disrespectful
4. Students assume themselves as self-sufficient

Main Results of the FGD and Interview

On the FGD mainly the following points were identified

- The name "Gorremsa" and Korreda" were known by discussants to notify adolescents
- The discussants know well about the physical, and psychosocial changes of adolescence as well as risky behaviors
- They revealed that their relationship with family is not 'good'
- There is no open discussion on sexual matters, physical and psychosocial changes of adolescence and risky behaviors with parents
- No mutual understanding between parents and adolescents
- Too strict control is the way of monitoring of parents
- Parents are too suspicious of adolescents

Among the reasons for these, low levels of parents' education, cultural sanctions are the major ones.

- On the part of the adolescents they admitted that they are reluctant to accept parents' advice, there is: -

Over-confidence

A tendency of giving opposite response to parents' requests

A tendency of interpreting parents' suggestions and advices negatively.

- The discussants approved that they have good, close relationship with their peers. They discuss on sensitive issues like sex, effects of unsafe sex, changes in adolescence, etc more easily, freely, and dependably with peers than they do with their parents and teachers.
- Although to a lesser degree, majority agree that their relationship with their teachers is acceptable

An 18-year-old girl said parents are not doing their responsibilities to teach us which is wrong and right, rather than they concentrate on daily nagging and suspicious of sexual acts. However, we cannot blame them solely because their education is low and our social norm is not good. Thanks to our peers we can discuss openly almost every detail of our issues.

A 16-year-old girl said that parents impose strict follow up on us, but we should know that it is for good by their thinking. They are not educated therefore we should interpret it positively.

A 15-year-old boy said that I did not yet starts sex but I occasionally go home late doing my home work this is my habit since childhood, recently my parents putting sanctions and are becoming suspicious of my activity. However no one told me directly but I understand their fear.

Quotations taken from the interview

A 40 years old teacher (vice school director) said students' behavior is deteriorating via the civic education, they grasped only their rights leaving aside their obligations .I think this could be one of the main reasons why a dolescent s tudents a re becoming m ore a nd more a rrogant, negligent ... and low school performance. However, I think it will improve through time.

A 45-year-old mother described adolescents try to gamble occasionally, however as a mother we should control them by giving advice, and warning, and occasionally even corporal punishment.

CHAPTER FIVE

5. DISCUSSION

This study is believed to have shed light on the issue of adolescent psychology in Ethiopian context. It attempted to investigate the average age of onset of adolescence, what the psychosocial characteristics of adolescents seem, and what it implies to risky behaviors.

The average age of menarche was found to be 14.55 years. It is nearly similar to what has been described by Eyob (1996), which showed 14.4 years, and 14.53 years by Tirusew (1990). Although it is very difficult to know when boys reach adolescence (puberty), a significant proportion of sources revealed that, on average, boys reach puberty two years later than girls (Hurlock, 1980; Papilla & Olds, 1982; Kimmel, 1985; Conger, 1991; Fabes & Martin, 2000).

Therefore, it can be said that the average age of onset of adolescence in the study site is between 14.55 – 16.55 years of age. However, this average age of onset of adolescence is relatively later than that of western societies; example Norway 13 years and USA 12.5 years (Fabes & Martin, 2000).

Since adolescence is a period of some inevitable physiological as well as psychosocial changes, previous knowledge and information about the nature of the period can play a significant role for the appropriate adjustment of the individual. In this study 73.9% of

female respondents had got information from different sources about menarche and the remaining 26.1% had no information before they experienced it. Their major sources of information were school, peers and family respectively.

This result is different from previous study findings, which showed that a significant proportion of girls were not aware of menarche and onset of fertility (Dagne, 1999; Friwoine 2000; Yordanos, 2000; Pathfinder, 2004).

Although, the number of female respondents who had got information is higher than the respondents who had no information, the investigator believed that the proportion of respondents who had no information is not non-significant when we consider its importance.

The major emotional reactions of menarche, as reported by female students, are feelings of embarrassment and frustration, feelings of inferiority and lack of self-confidence, ashamed of being a woman and others. These emotional reactions are also revealed in the findings of Tirusew (1990). However 23% of the respondents have felt nothing in the current study. This figure is higher than Tirusew's finding (16.48%). Among the possible reasons, the presence of knowledge about menarche by the majority of respondents would have decreased their negative emotional reactions due to mental readiness.

Adolescence is a period characterized mainly by unpleasant feelings of tension, worry, stress etc in 52.3% of the respondents. This is also evidenced by the description of

respondents in the open-ended questions and in the focus group discussion. This finding appears similar to Renner's (1996) who reported that 56% of adolescents experienced storm and stress, of which 20% of them experienced permanently storm and stress. Cox (1967) also found out that 72% of adolescents experienced storm and stress.

On the other hand, substantial proportion of respondents (47.7%) in the current study reported that their period of adolescence is being characterized by pleasant feelings of happiness, excitements, wonder, feelings not different from childhood period etc. This proportion also appears similar with Renner's 44%. This study results indicate that the period of adolescence is not universally a period of storm and stress for all adolescents.

The possible reasons for such significant proportion of adolescents with pleasant feelings could be the socio cultural context, individual difference, and strong or positive peer relationship observed among the respondents. The other possible reason could be the proportion of study subjects, especially some males, may not reached adolescence because the mean age of adolescence at the study site is around 14.55-16.55 years of age and the study subjects encompass age ranges of 13-18.

Late adolescents are, significantly, higher in the unpleasant feelings of adolescence. This age related result seems contradictory to what has been described by Santrock, (1999); Papalia & Olds (1999) and Fabes & Martin (2000). These texts noted that early adolescents confront stressful situations and unpleasant feelings more as compared to late adolescents.

However, when we come to the current study, the average age of onset of puberty for males is about 16 years. This shows that some of the respondents labeled as late adolescents could be actually in the early adolescence period due to late onset of puberty and some of those labeled as early adolescents may not have reached adolescence and couldn't yet experience adolescence characteristics.

Although not statistically significant, adolescents of educated families beyond primary level appear to have more positive emotional characteristics. This is consistent with the general truth that the more the families are educated, the more likely open discussion is present at home. This truth is also seen at least partially in the parent-adolescent relationship part in this study as mentioned below.

Parent/family-adolescent relationship is not positive or smooth in 56.5% of the respondents in which parents are too authoritarian, suspicious of adolescents or too careless/permissive. This results in parent – adolescent interaction full of conflict. The rest 43.5% of the adolescents reported that the interaction is mainly positive and parents are democratic.

The former figure in the current study is a bit lower than that of Cox's (1967) finding which showed that 65% of his respondents had a negative relationship with parents in which parents' are too authoritarian and strict control was their means of monitoring. Some possible reasons, for the less proportion of negative parent –adolescent relations as compared with Cox's finding (56.5% vs. 65%), could be: -

Parents' education, socio cultural changes and others affecting the type of parenting style so that good relation is being seen in the current educated authoritative parents because Cox's study was conducted 38 years ago where modern education was almost absent for Ethiopian parents.

Statistically significant higher proportion of late adolescents reported that they have overall negative parent-adolescent relationship. This appears paradoxical with many literatures, because early adolescents are said to have more hostile environment and stressful conditions at home. Here again, some proportion of subjects labeled, as late adolescents are likely to be actually in the early period of adolescence. In addition, males and adolescents of educated parents above primary level appear to have more positive parent-adolescent relationship; however, this is not statistically significant.

Although only 43.5% of the respondents reported that their relationship with parents is smooth, the majority of the parents (59.6%) believed that their relationship with adolescents is smooth and positive. In addition, findings of the focus group discussion support the idea that adolescents' relationship with parents is mainly characterized by conflicts, suspicious of adolescents, strict and unreasonable trial to control. The possible reason could be, parents may perceive that their relation with their adolescents is good while perceived as bad by their adolescents due to lack of open discussion.

A relatively higher proportion of respondents (40.2%) are being treated as an adult and a child by parents/society, 38.39% of them as an adult. An insignificant proportion of respondents (2.4%) reported that they are being treated in a different way (neither an

adult nor a child). Similarly, the majority of parents (57.4%) reported that they treat their adolescents both as an adult and a child, 31% as an adult and few, (8.5%) in a special way.

This finding is opposite with Cox's (1967) that showed 72% of his respondents believed that they had often been treated as children when they should have been accepted as adults. However, the current result strengthens the idea that adolescence is often described as a difficult period of life because of its marginal and transitional character. In many societies, the roles for adolescents are not well defined or consistent. As a result the treatment accorded to adolescents is variable and often contradictory. Neither the adult nor the adolescent knows whether the person should be treated as a child or as an adult (Cox, 1967).

The majorities (88.9%) of respondents have peers, which consist of same sex (51.1%), both sexes (27.6%) and opposite sex (9.6%). About 87% of the respondents reported that they have positive, constructive and smooth relationship with peers. These figures indicate that the nature of peer relationship among respondents is much better than their parent- adolescent relationship as described by students (87.7 % vs. 43 %)

This is consistent with most of the literatures that indicate peer relationship is high and close during adolescence years, serving as prototype for adult relationship in social relations, work and interaction with members of opposite sex. Adolescents are also dependent on peer relations than younger children because their ties to parents become looser as they gain greater independence. In addition, their relations with family

members are likely to be charged with conflicting emotions (Kimmel, 1985; Conger 1991). The nature of peer relationship did not significantly differ among sex and age groups in this research.

About 42% of the respondents have admitted that they want to imitate or do peers' behaviors; however, the conformity is not inclined towards risky behaviors. About sixty seven percent (67.4%) want to imitate their peers dressing style, 13.8% peers' way of acting ... 2.2 % chewing chat and 1.4% drinking alcohol. The last two figures consist an non-significant proportion. This result appears similar with that has been described by Santrock (1999) which indicates that, although peer conformity is high during adolescence, a great deal of peer conformity is not negative and consist the desire to be involved in the peer world.

On the other hand, 57.3% of the respondents reported that they do not want to imitate peers' behaviors and they also mentioned their reasons why they do not want to do like their peers. These include avoiding negative peer influence and self-confidence. This indicates that most of them have the knowledge about the advantage and disadvantages of peer influence. The same idea was raised during the focus group discussion.

The aforementioned paragraphs indicate that adolescents' peer relationship is very common, mainly constructive and negative peer influence is insignificant. This positive peer relationship could contribute a great share for psychosocial development of adolescents, which in turn can contribute a lot to reduce risk-taking activities in adolescents.

The reported result indicates that only 13% the respondents are sexually active. This proportion of reported sexual activity is significantly less than previous research findings. For instance, Mickle (1999) indicated that nearly 70% of adolescents in America have had sexual intercourse by the 12th grade. Other studies in Ethiopia by Nigussie et al. (1999) and Solomon (2004) showed the reported proportion of sexual activity on high school adolescents is 31.5% and 25% respectively.

In the current research, the reported sexual activity is much less than the previous study results. Among the possible reasons for this low proportion of sexual activity, the following can be mentioned.

- Generally, it is believed that there is under reporting of their sexual activity in adolescents. This is evidenced partially during the focus group discussion because they described that sexual activity is not uncommon among their friends at school.
- The strongly positive peer relationship observed among respondents may influence adolescents' sexual behavior positively.
- Majority of the respondents have a good knowledge of risky behaviors as it has been shown in the result part.
- The increasing prevalence of HIV/AIDS, currently being a hot issue and around every body could bring a positive behavioral change on sexual activity of adolescents.

From the above-mentioned study findings conducted in Ethiopia, adolescents' sexual activity appears decreasing progressively (Nigussie et al., 1999 =31.5%; Solomon, 2004

=25% and the current study =13%). This fact is also evidenced during the focus group discussion. However, other studies are needed before generalization.

Out of the 42 sexually active respondents, 12(28.57%) were married and believe that they are one-to-one, 25(59%) reported consistent use of condom and only 5(11.8%) did not use any means of HIV prevention method. This implies that from the small proportion of sexually active adolescents only 11.8% of them have unsafe sexual behaviors. This is similar with Solomon (2004), who stated that about 90% his respondents use some preventive methods.

From the preceding discussions we can see that sexual risky behaviors are low in the study subjects, creating a hope that the future generation could control HIV/AIDS prevalence. It should be acknowledged and maintained but studies encompassing both rural and urban, different ethnic groups needed to be conducted before generalization.

Statistically significant more males are sexually active than females. This is also evidenced by previous study findings of Nigussie et al. (1999) Solomon (2004). Among the possible reasons, cultural restrictions and taboos could be the main factor for this gender difference. On the other hand there was no a statistically significant difference across age.

In the current study, the average age of the first sexual contact is found to be 16 years with a range of 12 – 18 years. This is more or less similar with one study finding in Nigeria and some other previous findings in Ethiopia. A study in Nigeria revealed that the mean age of the first sexual contact is 15 years for men. Similarly Asnake (1993) and

Misganaw (1995) had found out that the average age at first sexual contact is 16 and 16.9 years of age respectively.

The majority of respondents (78.6%) reported that they do not discuss about sexual matters with their family parents. The main reasons given by students for this low rate of discussion are shamefulness to discuss sexual matters and parents are not ready (conformable) to discuss these issues with their adolescents. This finding appears similar with previous findings by Dagne (1999); Nigussie et al. (1999); Friewion (2000); Yordanos (2000); EPHA (2003) indicated that discussing sexual matters with their children (adolescents) is not the culture in most homes. Nigussie et al. (1999) reported that, parents were not only the non – preferred sources of information on issues related to sexuality and reproductive health, but also were not better knowledgeable.

Statistically significant higher proportion of adolescents from educated families above primary level reported the presence of family-adolescent discussion on sexual matters. This is the expected fact because the more the parents are educated, the more likely that they become aware of the importance of open parent-adolescent discussion, disastrous consequences of risky behaviors and generally authoritative parenting style is the likely outcome.

Peers and teachers (school) are the preferred sources of information for sexual matters as compared to parents /family. This is also evidenced by the focus group discussion result and responses given by parents. Only 27.7% of parents said that they discuss on the physical, psychosocial changes of adolescence as well as risky behaviors and sexual

matters. The finding strengthens the idea that has been described by Nigussie et al. (1999) which says, as a result of a cultural taboo; adolescents in many developing countries rarely discuss sexual matters explicitly with their parents. Most information for their knowledge often comes from peers of the same sex.

When we come specifically, on the issues of consequences of unsafe sex, 64.1% of the students described that they discuss about the matters with other people of which, (56.5%) with peers, (21.8%) with teachers, (10.4%) with family, (7.3%) with school counselors and others. In the focus group discussion, adolescents were complaining that parents are not discharging their responsibility by free and open discussion about the consequences of unsafe sex and other issues, they said that it is relatively easy to discuss with teachers than parents.

Teacher-student relationship is another concern of the study. Responses given by students have shown that their relationship with teachers is better than with parents. However the reverse is true in the responses given by teachers. The focus group discussion result also strengthens students' responses. About 66% of students reported that, they discuss with teachers on the physical and psychological changes of adolescence and 50.2% of them believed that teachers are giving the appropriate guidance and support for them to cope with adolescence related changes. In the contrast, only 15.9% of teachers reported that they discuss, with their students, on physical and psychosocial changes of adolescents.

Only 11.36% of the teachers reported that they have been discussing with their students on sexuality and risky behaviors. The possible reasons for this difference in proportion (responses by teachers 15.9% and students 66%) could be

- Students may consider issues mentioned in the formal teaching learning process as a discussion
- Students may compare teachers with their parents and think this relatively high.
- There may be a perception difference between teachers and students in order to say we have been discussing on the raised issues.

A significant proportion of respondents have knowledge on risky behaviors like unsafe sex drug abuse, chat chewing etc. as shown on table 16. About 80% of the respondents reported that they are not involved in any of the risky behaviors. The reported proportion of respondents who are involved in risky behavior like unsafe sex, alcoholism, chat chewing, etc are less (4%; 5.3%; 4% respectively) as shown on table 17.

Similarly, few proportion of respondents reported that they have had experienced the consequences of unsafe sex and risky behaviors (as shown on table 17, 3.1 %, STDs; 2.5 %, abortion; 3.1 % unwanted pregnancy and 9.9% detained in prison). This finding appears contradictory with previous reports by Million, (1996); Epherem (1996); EPHA (2003), which showed that risky behaviors like alcohol, chat, unsafe sex and all its correlates etc. are highly practiced and being observed on the younger people or adolescents. The possible reasons for this discrepancy could be.

- Respondents have a satisfactory knowledge about risky behaviors and consequences of risky behaviors

- The majority of them (68. %) believed that adolescents are more vulnerable for risky behaviors. This may help them to take appropriate measures to be protected from risky behaviors. Literatures stress that one of the main reasons for risk-taking behavior of adolescents is their thinking as if they are immuned from risky behaviors.
- Risky behaviors such as HIV/AIDS, etc. are currently hot issues that are given due attention by the media and different awareness creating programs. As a result this may help them to have the awareness, and brought a positive behavioral change.
- The majority of respondents has well (non-exploitive) peer relationship.

CHAPTER SIX

6. CONCLUSION AND RECOMMENDATIONS

6.1. CONCLUSION

Nearly half of the respondents described that their adolescence period is characterized by pleasant feeling of happiness, wonder, excitement, etc, not different from their childhood period and unnoticed.

Statistically significant higher proportions of late adolescents are more likely to experience unpleasant feelings of adolescence.

The physical and psychosocial characteristic of adolescence is well understood by adolescents themselves, parents and teachers. This is evidenced by the fact that all of them know and mentioned at least some of the physical and psychosocial changes that occur during adolescence. However, 56.5% of parents are not communicating openly and treating their adolescent children properly.

The perceived parent adolescent relationship by adolescents is not positive or smooth for the majority of the adolescents; however, the reverse is true in the perception of the parents.

Late adolescents have significantly more negative relationship with their parents ($p=0.0213$).

The majority (88%) of respondents have peers, which consist of same sex, opposite sex and both sexes. Among these, the same sex constitutes the highest proportion.

There is a good or positive relationship among peers, and it is also much better than the relationship between parents and teachers.

The reported proportion of negative peer influence is non-significant. Behaviors like chat chewing, drinking alcohol are reported by only 2.4 and 1.4% of respondents, respectively.

Although reported rate sexual activity of adolescents is very low, statistically significant higher proportion of males reported that they were sexually active ($p=0.019$). There was no a statistically significant difference with age.

Among the sexually active respondents the majority claim to be using safety measures, like, condom, one to one etc (59.52 & 28.5% respectively).

The majority of respondents (78.6%) do not discuss on sexual matters, consequences of unsafe sex, physical and psychosocial changes of adolescence with parents as a result of cultural sanctions and other reasons. Peers and teachers are the preferred sources of information on these issues

As compared to adolescents from up to primary level educated families, statistically significant proportion of adolescents from educated families of above primary level

reported the presence of better parent-adolescent relationships as well as discussion on sexual matters.

Adolescents (students) have more positive attitude for teachers than teachers for adolescents. The reverse is true for parents and adolescents.

A significant proportion of respondents have a satisfactory knowledge about risky behaviors, as well as majority of them are not exposed to the consequences of risky behaviors (see tables 16 & 17).

5.2 .Recommendations.

On the basis of the major findings of the study, the following points are recommended.

6.2.1. Short Term Recommendations

1. Create awareness among parents; sensitize them on communication education and information

A. Parents should have close relationship with their children in general and with adolescents in particular. Open discussion should be developed between parents and adolescents on the physical, psychosocial changes, adolescence sexuality and risky behaviors through breaking the taboo.

B. Parents should acquire knowledge about the importance of open discussion, support, guidance, appropriate and reasonable monitoring and controlling, which are very important for children's or adolescents' appropriate personality development. Public education initiatives that enhance recognition and understanding of the importance of

parent – adolescent relationship should be encouraged. Strategies to achieve this goal include media advertising campaigns, and provision of information brochures through government agencies, schools and any other social organizations.

C. Teachers should develop friendly or positive attitude towards students and the relationship need to be improved.

D. School, mass media, and other social organizations, need to develop and promote teacher- adolescent-parent relationships to discuss the possible problems that could occur on adolescents so as to make better opportunities for adolescent (the would-be adults).

6.2.2. Long Term Recommendations

1. More effective work on the counseling services need to be developed in schools; schools should have tutorial classes as well as counseling service including voluntary counseling and testing should be accessible to students, teachers and the community.

2. The strong positive peer relationship should be maintained through encouragement by parents, teachers, mass media and the community at large.

3. The high level of knowledge of risky behaviors and low rate of reported risk taking activity need to be encouraged and maintained through incorporating and promoting sex education in the curriculum, forming different clubs and educating programs by the schools, community etc.

4. Further research using representative samples, including rural adolescents and different ethnic groups need to be conducted to get a generalized view of adolescents' in Ethiopia.
5. Networking systems should be developed between schools, NGOs, and other stakeholders to create better opportunities for the needs and interests of adolescents.
6. Further sensitizations and agitations through mass media on implementations of social and government policies should be done to create a better future for the younger generation.

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Appendix I

STUDENTS' QUESTIONNAIRE

Dear respondents

This questionnaire is designed for a research work to be conducted in partial fulfillment of a masters degree in developmental Psychology. Thus, I ask your cooperation and giving appropriate information as to each of the following questions. I really need your help and honest responses for questions in order to make complete the research work.

This information is completely confidential and no need to write your name. If you decided not to participate in the study please return the questionnaire to the supervisor/investigator.

The investigator

March, 1997 E.C

General Instructions

The questionnaire has two parts. The first part is about general background characteristics of the respondents and the second part consists multiple choice as well as open ended questions. You need to circle your answers in the closed ended questions and need to write your answers with clear hand writing for the open ended questions.

**THANK YOU IN ADVANCE FOR TAKING
YOUR TIME TO RESPOND TO THIS QUESTIONNAIRE!**

Part one:- General information

S.N	Questions	Code Classification	Skipping Pattern
1	Sex	Female.....1 Male2	
2	Age	_____	
3	Grade level	_____	
4	Marital status	Married1 Single.....2 Others 9 (Please specify)_____	
5	Ethnicity	_____	
6	Religion	Orthodox1 Muslim2 protestant.....3 Catholic.....4 Adventist5 others9 (Please specify)._____	
7	Living arrangement	With both parents1 With mother only.....2 With father only.....3 With siblings4 With relatives5 others9 (Please specify)_____	→ Go to Q.9 } Go to Q.10

8	Father's educational status	Illiterate.....1 Basic education2 Primary education3 Secondary education.....4 College/university5 Others9 (Please specify)_____	
9	Mother's educational status	Illiterate.....1 Basic education2 Primary education3 Secondary education.....4 College/university5 Others9 (Please specify)_____	
10	Relatives educational status	Illiterate.....1 Basic education2 Primary education3 Secondary education.....4 College/university5 Others9 (Please specify)_____	

Part two:- Questions Answered by Girls Only

S.N	Questions	Code Classification	Skipping Pattern																											
1	At what age did you have your menarche?	_____																												
2	Did you have an information or advise as to menstruation before you had a menarche?	Yes.....1 No.....2	Go to Q.4																											
3	If yes from where did you get the information? (More than one answer is possible)	<table style="width: 100%; border: none;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>Family</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Peer</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Teachers.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Radio/TV</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Magazine/Journals/ Books.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		Yes	No	Family	1	2	Peer	1	2	Teachers.....	1	2	Radio/TV	1	2	Magazine/Journals/ Books.....	1	2										
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4	What did you feel at menarche? (More than one answer is possible)	<table style="width: 100%; border: none;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>Embracement/ Frustration</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Inferiority & lack of self-confidence..</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Ashamed of being a woman.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Feeling of being deflowered</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Feeling of being hurt/injured</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Nothing felt</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Others</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>(Please specify) _____</td> <td></td> <td></td> </tr> </tbody> </table>		Yes	No	Embracement/ Frustration	1	2	Inferiority & lack of self-confidence..	1	2	Ashamed of being a woman.....	1	2	Feeling of being deflowered	1	2	Feeling of being hurt/injured	1	2	Nothing felt	1	2	Others	1	2	(Please specify) _____			
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Part Three :- Questions Answered by both sexes

S.N	Questions	Code Classification	Skipping Pattern
1.	Mention the physical changes that occur during adolescence on males?	1. _____ 2. _____ 3. _____ 4. _____ 5. _____	
2	Mention the physical changes that occur during adolescence on females?	1. _____ 2. _____ 3. _____ 4. _____ 5. _____	
3	Which emotional feelings are you experiencing mainly in your adolescence stage?	Overall positive feelings of happiness, wonder, excitement etc.....1 Overall negative feelings of tension, worry, depression etc.....2 It is not different from my childhood period3 Unnoticed/I don't know4 Others9 (Please specify) _____	
4	If positive explain why?	1. _____ 2. _____ 3. _____ 4. _____	
5	If negative explain why?	1. _____ 2. _____ 3. _____ 4. _____	

6	Is the relationship you have with your parents/family changed from your childhood period?	Yes1 No.....2 →	Go to Q. 8
7	If "Yes" how do you describe the relationship?	Overall positive, with mutual understanding, open discussion, respect etc.....1 Parents/guardians are too authoritarian, strict control and no open discussion.....2 Parents/guardians are suspicious to me and the relationship is full of conflict.....3 Parents/guardians are too permissive/careless4 others9 (Please specify) _____	
8	What is the attitude/treatment of parents/the community towards adolescents'?	As a child1 As an adult2 Both as a child and an adult3 In a special way4 I don't know5	
9	Which sex peer do you have?	Same sex.....1 Opposite sex.....2 Both.....3 Have no friends/peers.....4	Go to Q. 11
10	If you say have no peers explained why	1. _____ 2. _____ 3. _____ 4. _____	

11	How do you describe your relationship with peers?	Based on mutual understanding, openness respect etc.....1 Not based on mutual understanding, self centeredness and conflict are common....2 Others..... 9 (please specify) _____																									
12	Do you want to imitate peers' behaviors?	Yes.....1 No2																									
13	If "Yes" which behaviors do you want to imitate? (More than one answer is possible)	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>Clothing style</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Way of acting</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Hair style</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Chewing chat</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Drinking alcohol</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Others</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td colspan="3">(Please specify) _____</td> </tr> </tbody> </table>		Yes	No	Clothing style	1	2	Way of acting	1	2	Hair style	1	2	Chewing chat	1	2	Drinking alcohol	1	2	Others	1	2	(Please specify) _____			
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14	If "No" Explain why?	1. _____ 2. _____ 3. _____ 4. _____																									
15	Do you have a lover/boy/girl friend?	Yes1 No.....2																									
16	Do you ever have sexual intercourse?	Yes1 No.....2	→ Go to Q.21																								
17	At what age you did have the first sexual contact?	_____																									

18	With whom did you have the first intercourse?	With my girl/boy friend1 With a commercial sex worker..2 To earn money3 Rape4 Others.....9 (Please specify)_____	
19	Do you use condom consistently and appropriately?	Yes1 No.....2	
20	What factors motivated you to have the first sexual intercourse?	Personal interest1 Peer influence2 Rape3 Influence of alcohol, chat or drugs.....4 To earn money5 Others.....9 (Please specify)_____	
21	Mention the consequences of early and unsafe sex?	1. _____ 2. _____ 3. _____ 4. _____ 5. _____	
22	What measures need to be done to avoid or minimize the mentioned problems	Abstinence.....1 Appropriate use of condom2 Being faith full in one to one relationship3 Often use of condom4 Others9 (Please specify) _____	

23	Do you discuss sexual matters with parents/guardians?	Yes1 No.....2																						
24	If no what could be the reasons?	Shamefulness to discuss sexual matters with parents1 Parents are not willing or comfortable to discuss sexual matters2 Cultural sanctions3 Lack of awareness about its importance.....4 Others9 (Please specify) _____																						
25	How often do you discuss about sexual matters with your peers?	Always1 Usually2 Sometimes3 Rarely4 Never.....5																						
26	Do you discuss about the consequences of unsafe sex, like STDs, HIV/AIDS, unwanted pregnancy etc with other people?	Yes1 No.....2																						
27	If "Yes" with whom do you discuss? (More than one answer is possible)	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>Family</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Teachers</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Friends/peers</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Counselors.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Others</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td colspan="3">(Please specify) _____</td> </tr> </tbody> </table>		Yes	No	Family	1	2	Teachers	1	2	Friends/peers	1	2	Counselors.....	1	2	Others	1	2	(Please specify) _____			
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28	Do you think teachers are properly guiding and supporting adolescents?	Yes1 No.....2																															
29	Which of the following is/are risky behaviors? (More than one answer is possible)	<table border="0"> <thead> <tr> <th></th> <th style="text-align: right;">Yes</th> <th style="text-align: right;">No</th> </tr> </thead> <tbody> <tr> <td>Unsafe sex</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Alcoholism.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Smoking</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>chewing chat</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Group conflict</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Rape</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Others</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td colspan="3">(Please specify)_____</td> </tr> </tbody> </table>		Yes	No	Unsafe sex	1	2	Alcoholism.....	1	2	Smoking	1	2	chewing chat	1	2	Group conflict	1	2	Rape	1	2	Others	1	2	(Please specify)_____						
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32	Which one of the following describes your adolescence period mainly?	Mainly dominated by negative behaviors1 Mainly dominated by positive behaviors .2 Not different from childhood period3 I don't know4																															
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35. Do you think that adolescents are more venerable than adults and children to risky behaviors like HIV/AIDS, and other consequences of unsafe sex?

Yes1

No.....2

36. If yes what are the reasons?

1. _____

2. _____

3. _____

4. _____

5. _____

37. If "No" what are the reasons?

1. _____

2. _____

3. _____

4. _____

5. _____

38. What should be the role of family, peers, teachers/counselors and community to enable adolescents' to cope successfully with changes related to adolescence?

A. Family

1. _____

2. _____

3. _____

4. _____

5. _____

B. Peers/friends

1. _____
2. _____
3. _____
4. _____
5. _____

C. Teachers/counselors

1. _____
2. _____
3. _____
4. _____
5. _____

D. Community/ religious leaders

1. _____
2. _____
3. _____
4. _____
5. _____

THANK YOU VERY MUCH FOR YOUR COOPERATION!

በተማሪዎች ብቻ የሚሞላ መጠይቅ

ውድ ተጠያቂ

ይህ መጠይቅ የተዘጋጀው በእድገት ስነልቦና (Developmental psychology) የትምህርት ዘርፍ የሁለተኛ ዲግሪ ማሟያ ዕሁፍ ለማዘጋጀት የሚረዳ መረጃ ለማሰባሰብ ታስቦ ነው። ስለዚህ ክታች በዝርዝር ለቀረቡት ጥያቄዎች ተገቢውን ምላሽ በመስጠትና የጥናቱን ሥራ የተሟላ በማድረግ እገዛዎት እንዳይለየኝ በትህትና እጠይቃለሁ። የሚሰጡት መረጃ በሚስጥር የሚያዝ ይሆናል። በመጠይቁ ላይ ስም መፃፍ እያስፈልግም። በጥናቱ ለመሳተፍ ካልፈለጉ መጠይቁን ለሚያስሞላው ሰው ወዲያውኑ መመለስ ይችላሉ።

አዘጋጁ
መጋቢት 1997 ዓ.ም.

አጠቃላይ መመሪያ

የዕሁፍ መጠይቁ ሁለት ክፍሎች አሉት። አንደኛው ክፍል አጠቃላይ የሆነ መረጃን የሚጠይቅ ሲሆን፣ ሁለተኛው ክፍል ደግሞ በምርጫ የሚመለስ ዝግ ጥያቄዎችና በዕሁፍ የሚመለሱ ክፍት ጥያቄዎችን የያዘ ነው። በምርጫ የሚመለሱ ጥያቄዎች የሚመለሱት በማክበብ ነው። በዕሁፍ የሚመለሱት ደግሞ የእናንተን ግልፅነት የሚጠይቁ ስለሆነ በግልፅና በሚነበብ ዕሁፍ በመመለስ እንድትተባበሩኝ በትህትና እጠይቃለሁ።

Q

ስለትብብራችሁ በቅድሚያ አመሰግናለሁ።

ክፍል አንድ: - አጠቃላይ መረጃ

ተራ ቁጥር	ጥያቄዎች	መልስ መስጫ	የይዘት ትክክለኛነት
1	ጾታ	ሴት _____ 1 ወንድ _____ 2	
2	እድሜ	_____	
3	የክፍል ደረጃ	_____	
4	የጋብቻ ሁኔታ	ያገባ _____ 1 ያላገባ _____ 2 ሌላ _____ 9 (ካለ ይጠቀስ) _____	
5	ብሔር	_____	
6	ሃይማኖት	ኦርቶዶክስ _____ 1 ሙስሊም _____ 2 ፕሮተስታንት _____ 3 ካቶሊክ _____ 4 እድሹንቲስት _____ 5 ሌላ _____ 9 (ካለ ይጠቀስ) _____	
7	የአኗኗር ሁኔታ (አሳዳጊ ወይም በዋናነት አስተዳዳሪ)	ከአናትና አባት ጋር _____ 1 ከአናት ጋር ብቻ _____ 2 ከአባት ጋር ብቻ _____ 3 ከአባት/ወንድም _____ 4 ከዘመድ ጋር _____ 5 ሌላ _____ 9 (ካለ ይጠቀስ) _____	ወደ ጥያቄ 9 ወደ ጥያቄ 10
8	የአባት የትምህርት ደረጃ	ያልተማሩ _____ 1 መሠረተ ትምህርት የተማሩ _____ 2 አንደኛ ደረጃ የተማሩ _____ 3 ሁለተኛ ደረጃ የተማሩ _____ 4 ኮሌጅ/ዩኒቨርሲቲ _____ 5 ሌላ _____ 9 (ካለ ይጠቀስ) _____	ወደ ጥያቄ 10
9	የአናት የትምህርት ደረጃ	ያልተማሩ _____ 1 መሠረተ ትምህርት የተማሩ _____ 2 አንደኛ ደረጃ የተማሩ _____ 3 ሁለተኛ ደረጃ የተማሩ _____ 4 ኮሌጅ/ዩኒቨርሲቲ _____ 5 ሌላ _____ 9 (ካለ ይጠቀስ) _____	ወደ ክፍል 2
10	የአሳዳጊ/አስተዳደሪ የትምህርት ደረጃ	ያልተማሩ _____ 1 መሠረተ ትምህርት የተማሩ _____ 2 አንደኛ ደረጃ የተማሩ _____ 3 ሁለተኛ ደረጃ የተማሩ _____ 4 ኮሌጅ/ዩኒቨርሲቲ _____ 5 ሌላ _____ 9 (ካለ ይጠቀስ) _____	

ክፍል ሶስት፡- በሁለቱም የታዎች የሚመለሱ

ተራ ቁጥር	ጥያቄዎች	መልስ መስጫ	የይለፍ ትእዛዝ
1	በጉርምስና ዘመን በወንዶች ላይ የሚታዩ አካላዊ ለውጦችን ዘርዝሩ።	1 ----- 2 ----- 3 ----- 4 ----- 5 -----	
2	በኮረዳነት ዘመን በሴቶች ላይ የሚታዩ አካላዊ ለውጦችን ዘርዝሩ።	1 ----- 2 ----- 3 ----- 4 ----- 5 -----	
3	በጉርምስና/ኮረዳነት ዘመን በይበልጥ የሚሰሟችሁ ስሜቶች የትኞቹ ናቸው?	አዎንታዊና የተረጋጋ ስሜት (ለምሳሌ፡- መደነቅ፣ መደሰት፣ መንገት ወዘተ....)-----1 አሉታዊ ስሜቶች (ለምሳሌ፡- ጭንቀት፣ ድብርት፣ መነጫነጭ ከሌሊሎች ጋር መጋጨት ወዘተ----- -----2 ከሀፃንነት ዘመኔ የተለየ ምንም ስሜት የለኝም-----3 አይታወቅም-----4 ሌላ-----9 (ከስ ይገለፅ)-----	
4	እንደ አዎንታዊ ለውጥ የምታየው/ይው ከሆነ ለምን? ምክንያቱን ግለፅ።	1 ----- 2 ----- 3 -----	
5	እንደ አሉታዊ ለውጥ የምታየው/ይው ከሆነ ለምን? ምክንያቱን ግለፅ።	1 ----- 2 ----- 3 -----	
6	ከወላጆቻችሁ ወይም በዋናነት ከሚያስተዳድሩችሁ ሰው ጋር ያላችሁ ግንኙነትና አቀራረብ ከሀፃንነት ጊዜያችሁ ይለያል?	አዎ-----1 የለም-----2	

14	መልሳችሁ የለም ከሆነ የእድሜ አቅጣጫውን የሚያደርጉትን መከተል ወይም ማድረግ የማትፈልጉት ለምንድን ነው? ምክንያቱን ግለፅ።	1.----- 2.----- 3.-----	
15	የፍቀር ጓደኛ አለህ/ሽ?	አዎ -----1 የለም -----2	
16	የግብረ ስጋ ግንኙነት አድርገህ/ሽ ታውቃለህ/ሽ?	አዎ-----1 የለም----- 2	ወደ ጥያቄ 21
17	መልሱ አዎ ከሆነ በመጀመሪያ የግብረ ስጋ ግንኙነት ያደረግከው/ሽው በስንት አመትህ/ሽ ነው?	-----	
18	በመጀመሪያ የግብረ ስጋ ግንኙነት ያደረግከው/ሽው ከማን ጋር ነው?	ከፍቅረኛዬ ጋር----- 1 ከሌተኛ አዳሪ ጋር-----2 ገንዘብ ከፍለው የግብረ ስጋ ግንኙነት ከሚያደርጉ ሰዎች ጋር-----3 በመደፈር-----4 ሌላ -----9 (ካለ ይገለፅ) -----	
19	በመጀመሪያ የግብረ ስጋ ግንኙነት ወቅት ኮንዶም ተጠቅመሃል/ሽል?	አዎ-----1 የለም-----2	
20	የመጀመሪያውን የግብረ ስጋ ግንኙነት እንድታደርግ/ህ የገፋፋህ/ሽ ዋነኛ ምክንያት ምንድን ነው?	ነጻ ፍላጎት-----1 የጓደኛ ግፊት-----2 መደፈር-----3 ምመጠጥ፣ በጫት፣ በአደንዛዥ እፅ በመገፋፋት-----4 ገንዘብ ለማግኘት -----5 ሌላ-----9 (ካለ ይገለፅ)-----	
21	ጥንቃቄ የሳይለውና ያሰገዘው የሚፈፀም የግብረ ስጋ ግንኙነት የሚያስከትላቸውን ችግሮች ዝርዝር?	1.----- 2.----- 3.----- 4.----- 5.-----	
22	የተጠቀሱት ችግሮች እንዳይከሰቱ ምን ማድረግ ያስፈልጋል?	መታቀብ -----1 ሁልጊዜ ኮንዶም መጠቀም -----2 እንድ ለእንድ መመሥን-----3 አልፎ አልፎ በኮንዶም መጠቀም -----4 ሌላ -----9 (ካለ ይገለፅ) -----	

23	ከወላጅ/ ቤተሰብ አሳዳጊዎች ጋር ስለ ግብረ ስጋ ግንኙነት ውይይት አድርጋችሁ ታውቃላችሁ?	አዎ -----1 የለም -----2	→ ወደ 25																					
24	ተወያይታችሁ የማታውቁ ከሆነ ለምን?	ስለ ግብረ ስጋ ግንኙነት መወያየት ስለሚያሳፍር -----1 ስለግብረ ስጋ ግንኙነት ለመወያየት እድሉ ስለማይሰጠኝ -----2 በባህላችን ነውር (ኦርም) ስለሆነ -----3 ስለጠቀሜታው በቂ እውቀት ስለሌለኝ -----4 ሌላ -----5 (ካለ ይገለፅ) -----																						
25	ስለ ግብረ ስጋ ግንኙነት ከጓደኞቻችሁ ጋር ለምን ያህል ጊዜ ትወያያላችሁ?	ሁልጊዜ ----- 1 አብዛኛውን ጊዜ ----- 2 አልፎ አልፎ ----- 3 አንዳንድ ጊዜ -----4 ተወያይተን እናወቅም -----5																						
26	ጥንቃቄ በጎደለው የግብረ ስጋ ግንኙነት ሊከሰቱ ስለሚችሉ የአባላ ዘር በሽታዎች፣ ኤች.አይ. ቪ/ኤ.ድ.ቪ፣ ያልተፈለገ እርግዝና ወዘተ... ከሌሎች ሰዎች ጋር ተወያይታችሁ ታውቃላችሁ?	አዎ ----- 1 የለም ----- 2	→ ወደ 28																					
27	መልሱ አዎ ከሆነ ከማን ጋር ትወያያላችሁ? (ከአንድ በላይ መልስ መስጠት ይቻላል) ««	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">አዎ</th> <th style="width: 10%; text-align: center;">የለም</th> </tr> </thead> <tbody> <tr> <td>ከቤተሰብ -----</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>ከመምህራን -----</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>ከጓደኛ -----</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>ከምክር አግልግሎት ሰጭዎች (counselors) -----</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>ሌላ -----</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>(ካለ ይገለፅ) -----</td> <td></td> <td></td> </tr> </tbody> </table>		አዎ	የለም	ከቤተሰብ -----	1	2	ከመምህራን -----	1	2	ከጓደኛ -----	1	2	ከምክር አግልግሎት ሰጭዎች (counselors) -----	1	2	ሌላ -----	1	2	(ካለ ይገለፅ) -----			
	አዎ	የለም																						
ከቤተሰብ -----	1	2																						
ከመምህራን -----	1	2																						
ከጓደኛ -----	1	2																						
ከምክር አግልግሎት ሰጭዎች (counselors) -----	1	2																						
ሌላ -----	1	2																						
(ካለ ይገለፅ) -----																								
28	በጎረምሳነት /ኮረድነት ወቅት ሊከሰቱ ስለሚችሉ አካላዊ፣ ማህበራዊና ስነልቦናዊ ለውጦች ከመምህራኖቻችሁ ጋር ተወያይታችሁ ታውቃላችሁ?	አዎ -----1 የለም -----2																						
29	በጉርምስና /ኮረድነት ጋር በተያያዘ የሚከሰቱ ችግሮችን በተመለከተ መምህራን ተገበውን ምክርና እገዛ ይሰጣሉ?	አዎ -----1 የለም -----2																						

30	<p>ከሚከተሉት ውስጥ የትኛው ለአደጋ የሚያጋልጥ ባህርይ ነው? (ከአንድ በላይ መልስ መምረጥ ይቻላል)</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">አዎ</th> <th style="width: 10%; text-align: center;">የለም</th> </tr> </thead> <tbody> <tr> <td>ጥንቃቄ የጎደለው የግብረ ስጋ</td> <td></td> <td></td> </tr> <tr> <td>ግንኙነት -----1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>ጠጭነት -----1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>አጫሽነት -----1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>ቃሚነት -----1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>እፅ ተጠቃሚነት -----1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>የቡድን ጥል -----1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>አስገድዶ መድፈር -----1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>ሌላ -----1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>(ካለ ይጠቀስ)-----</td> <td></td> <td></td> </tr> </tbody> </table>		አዎ	የለም	ጥንቃቄ የጎደለው የግብረ ስጋ			ግንኙነት -----1	1	2	ጠጭነት -----1	1	2	አጫሽነት -----1	1	2	ቃሚነት -----1	1	2	እፅ ተጠቃሚነት -----1	1	2	የቡድን ጥል -----1	1	2	አስገድዶ መድፈር -----1	1	2	ሌላ -----1	1	2	(ካለ ይጠቀስ)-----						
	አዎ	የለም																																					
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ጠጭነት -----1	1	2																																					
አጫሽነት -----1	1	2																																					
ቃሚነት -----1	1	2																																					
እፅ ተጠቃሚነት -----1	1	2																																					
የቡድን ጥል -----1	1	2																																					
አስገድዶ መድፈር -----1	1	2																																					
ሌላ -----1	1	2																																					
(ካለ ይጠቀስ)-----																																							
31	<p>ከላይ ከተጠቀሱት ወይም ሌላ ጎጂ ባህርያት ውስጥ እናንተ የምትሳትፉባቸውን ዘርዘሩ? (ከአንድ በላይ መልስ መምረጥ ይቻላል)</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">አዎ</th> <th style="width: 10%; text-align: center;">የለም</th> </tr> </thead> <tbody> <tr> <td>ጥንቃቄ የጎደለው የግብረ ስጋ</td> <td></td> <td></td> </tr> <tr> <td>ግንኙነት -----1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>ጠጭነት -----1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>አጫሽነት -----1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>ቃሚነት -----1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>እፅ ተጠቃሚነት -----1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>የቡድን ጥል -----1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>አስገድዶ መድፈር -----1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>በየትኛውም አልሳተፍም ----- 1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>ሌላ -----1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>(ካለ ይጠቀስ)-----</td> <td></td> <td></td> </tr> </tbody> </table>		አዎ	የለም	ጥንቃቄ የጎደለው የግብረ ስጋ			ግንኙነት -----1	1	2	ጠጭነት -----1	1	2	አጫሽነት -----1	1	2	ቃሚነት -----1	1	2	እፅ ተጠቃሚነት -----1	1	2	የቡድን ጥል -----1	1	2	አስገድዶ መድፈር -----1	1	2	በየትኛውም አልሳተፍም ----- 1	1	2	ሌላ -----1	1	2	(ካለ ይጠቀስ)-----			
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32	<p>ከሚከተሉት ውስጥ የትኛው አጋጥሞሽ/ሀ ያውቃል? (ከአንድ በላይ መልስ መምረጥ ይቻላል)</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">አዎ</th> <th style="width: 10%; text-align: center;">የለም</th> </tr> </thead> <tbody> <tr> <td>የአባልዘር በሽታ -----1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>ውርጃ -----1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>ያልተፈለገ እርግዝና -----1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>በፖሊስ መያዝ (መታሰር) -----1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>ሌላ -----1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>(ካለ ይገለፅ) -----</td> <td></td> <td></td> </tr> </tbody> </table>		አዎ	የለም	የአባልዘር በሽታ -----1	1	2	ውርጃ -----1	1	2	ያልተፈለገ እርግዝና -----1	1	2	በፖሊስ መያዝ (መታሰር) -----1	1	2	ሌላ -----1	1	2	(ካለ ይገለፅ) -----																		
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የለውም -----3	3	}																																					
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34	<p>አሉታዊ ባህርያት የሚያይሉበት ከሆነ ከሚከተሉት የትኞቹ ናቸው? (ከአንድ በላይ መልስ መምረጥ ይቻላል)</p>	<table border="0"> <thead> <tr> <th></th> <th>አዎ</th> <th>የለም</th> </tr> </thead> <tbody> <tr> <td>ስሜታዊነትና ትግስት ማጣት-----</td> <td>1</td> <td>2</td> </tr> <tr> <td>የተቃራኒ ጾታ ፍላጎት አስቸጋሪ</td> <td></td> <td></td> </tr> <tr> <td>የሚሆንበት -----</td> <td>1</td> <td>2</td> </tr> <tr> <td>አለመታዘዝ/ግጭት የሚበዛበት -----</td> <td>1</td> <td>2</td> </tr> <tr> <td>የበላይነት፣ ማንአሰብኝነትና</td> <td></td> <td></td> </tr> <tr> <td>ጀብደኝነት ስሜት የሚገፀባረቅበትኛ</td> <td>1</td> <td>2</td> </tr> <tr> <td>የሱስ ተግኝተኝነት የሚገፀባረቅበት-----</td> <td>1</td> <td>2</td> </tr> <tr> <td>በራስ መተማመን ማጣትና</td> <td></td> <td></td> </tr> <tr> <td>የበታችነት ስሜት የሚገፀባረቅበት -----</td> <td>1</td> <td>2</td> </tr> <tr> <td>ጥንቃቄ ለጎደለው ግብረ ስጋ</td> <td></td> <td></td> </tr> <tr> <td>ግንኙነት የሚጋለጡበት-----</td> <td>1</td> <td>2</td> </tr> <tr> <td>ሌላ -----</td> <td>1</td> <td>2</td> </tr> <tr> <td>(ካለ ይገለፅ)-----</td> <td></td> <td></td> </tr> </tbody> </table>		አዎ	የለም	ስሜታዊነትና ትግስት ማጣት-----	1	2	የተቃራኒ ጾታ ፍላጎት አስቸጋሪ			የሚሆንበት -----	1	2	አለመታዘዝ/ግጭት የሚበዛበት -----	1	2	የበላይነት፣ ማንአሰብኝነትና			ጀብደኝነት ስሜት የሚገፀባረቅበትኛ	1	2	የሱስ ተግኝተኝነት የሚገፀባረቅበት-----	1	2	በራስ መተማመን ማጣትና			የበታችነት ስሜት የሚገፀባረቅበት -----	1	2	ጥንቃቄ ለጎደለው ግብረ ስጋ			ግንኙነት የሚጋለጡበት-----	1	2	ሌላ -----	1	2	(ካለ ይገለፅ)-----			
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ግንኙነት የሚጋለጡበት-----	1	2																																											
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35	<p>አዎንታዊ ባህርያት የሚያይሉበት ከሆነ ከሚከተሉት የትኞቹ ናቸው? (ከአንድ በላይ መልስ መስጠት ይቻላል)</p>	<table border="0"> <thead> <tr> <th></th> <th>አዎ</th> <th>የለም</th> </tr> </thead> <tbody> <tr> <td>የተሻለ ለመስራትናለማወቅ ጥረት</td> <td></td> <td></td> </tr> <tr> <td>የሚደረግበት-----</td> <td>1</td> <td>2</td> </tr> <tr> <td>ለአደጋ ከሚያጋልጡ ባህርያት</td> <td></td> <td></td> </tr> <tr> <td>የሚቆጠቡበት-----</td> <td>1</td> <td>2</td> </tr> <tr> <td>ኃላፊነትና ግዴታን ለመወጣት</td> <td></td> <td></td> </tr> <tr> <td>የሚዘጋጅበት -----</td> <td>1</td> <td>2</td> </tr> <tr> <td>ሌላ -----</td> <td>1</td> <td>2</td> </tr> <tr> <td>(ካለ ይገለፅ) -----</td> <td></td> <td></td> </tr> </tbody> </table>		አዎ	የለም	የተሻለ ለመስራትናለማወቅ ጥረት			የሚደረግበት-----	1	2	ለአደጋ ከሚያጋልጡ ባህርያት			የሚቆጠቡበት-----	1	2	ኃላፊነትና ግዴታን ለመወጣት			የሚዘጋጅበት -----	1	2	ሌላ -----	1	2	(ካለ ይገለፅ) -----																		
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የተሻለ ለመስራትናለማወቅ ጥረት																																													
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ኃላፊነትና ግዴታን ለመወጣት																																													
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ሌላ -----	1	2																																											
(ካለ ይገለፅ) -----																																													

36. እንደ እናንተ ጎረምሳ/ኮረዳ የሆኑ ወጣቶች ከሌላው የህብረተሰቡ ክፍል የበለጠ ለኤች.አይ.ቪ /ኤድስና ለሌሎች ጥንቃቄ በጎደለው ወሲብ አማካይነት ለሚከሰቱ ችግሮች የተጋለጡ ናቸው ብላችሁ ታምናላችሁ?

አዎ _____ 1
 የለም _____ 2 → ወደ ጥያቄ 44

37. አዎ ካላችሁ ለምን ምክንያቶቹ ዘርዝሩ።

1. _____
2. _____
3. _____
4. _____
5. _____

38. የለም ካላችሁ ለምን ምክንያቶቹን ዘርዝሩ።

1. _____
2. _____
3. _____
4. _____
5. _____

39. በጎርምስና /ኮረዳነት ዘመን የሚመጡ ለውጦችን በተሳካ ሁኔታ ለማለፍ እንዲቻል ቤተሰብ፣ ቅደኛ፣ መምህራን /የስነልቦና ባለሙያዎችና ማህበረሰቡ ለጎረማሶች/ኮረዶች ምን ማድረግ አለባቸው ትላላችሁ በዝርዝር ጻፉ?

ሀ. ቤተሰብ

1. _____
2. _____
3. _____
4. _____
5. _____

ለ. ቅደኛ

1. _____
2. _____
3. _____
4. _____
5. _____

ሐ. መምህራን/የምክር አግልግሎት ሰጭዎች (counselors)

1. _____
2. _____
3. _____
4. _____
5. _____

መ. ማህበረሰብ/የሀይማኖት አባቶች

1. _____
2. _____
3. _____
4. _____
5. _____

ስለ ትብብራችሁ በጣም አመሰግናለሁ።

Appendix II

PARENTS/FAMILY'S QUESTIONNAIRE

Dear respondents

This questionnaire is designed for a research work to be conducted in partial fulfillment of a masters degree in developmental Psychology. Thus, I ask your cooperation and giving appropriate information as to each of the following questions. I really need your help and honest responses for questions in order to make complete the research work.

This information is completely confidential and no need to write your name. If you decided not to participate in the study please return the questionnaire to the supervisor/investigator.

The investigator

March, 1997 E.C

General Instructions

The questionnaire has two parts. The first part is about general background characteristics of the respondents and the second part consists multiple choice as well as open ended questions. You need to circle your answers in the closed ended questions and need to write your answers with clear hand writing for the open ended questions.

THANK YOU IN ADVANCE FOR TAKING

YOUR TIME TO RESPOND TO THIS QUESTIONNAIRE!

Part: One General Information

S.N	Questions	Code Classification
1	Sex	Female1 Male2
2	Age	_____
3	Educational status	
4	Occupation	_____
5	Monthly income	_____
6	Relationship	Father.....1 Mother.....2 others.....3 (please specify)_____
7	How many adolescents do you have?	Male _____ Female_____

Part Two: Questions about parent/family-adolescent relationship

S. N	Questions	Code Classification	Skipping Pattern																		
1	How do you describe your adolescents' behavior mainly? (More than one answer is possible)	<table style="width: 100%; border: none;"> <tr> <td style="text-align: right;">Yes</td> <td style="text-align: left;">No</td> </tr> <tr> <td>Challenging & problematic.....1</td> <td>2</td> </tr> <tr> <td>Disobedient & disrespectful.....1</td> <td>2</td> </tr> <tr> <td>Emotional & unstable.....1</td> <td>2</td> </tr> <tr> <td>Over acting & Irresponsible.....1</td> <td>2</td> </tr> <tr> <td>Obedient & respectful.....1</td> <td>2</td> </tr> <tr> <td>Responsible & not over acting....1</td> <td>2</td> </tr> <tr> <td>Others.....1</td> <td>2</td> </tr> <tr> <td>(Please specify)_____</td> <td></td> </tr> </table>	Yes	No	Challenging & problematic.....1	2	Disobedient & disrespectful.....1	2	Emotional & unstable.....1	2	Over acting & Irresponsible.....1	2	Obedient & respectful.....1	2	Responsible & not over acting....1	2	Others.....1	2	(Please specify)_____		
Yes	No																				
Challenging & problematic.....1	2																				
Disobedient & disrespectful.....1	2																				
Emotional & unstable.....1	2																				
Over acting & Irresponsible.....1	2																				
Obedient & respectful.....1	2																				
Responsible & not over acting....1	2																				
Others.....1	2																				
(Please specify)_____																					

8	<p>If "No" what are the reasons? (More than one answer is possible)</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>I think it is not important.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Adolescents are not willing</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Cultural restrictions</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Religious restrictions</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Lack of awareness about its importance</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		Yes	No	I think it is not important.....	1	2	Adolescents are not willing	1	2	Cultural restrictions	1	2	Religious restrictions	1	2	Lack of awareness about its importance	1	2				
	Yes	No																						
I think it is not important.....	1	2																						
Adolescents are not willing	1	2																						
Cultural restrictions	1	2																						
Religious restrictions	1	2																						
Lack of awareness about its importance	1	2																						
9	<p>How do you describe the relationship with your adolescents' mainly?</p>	<p>Mainly positive (characterized by understanding respect, open discussion etc.....)1</p> <p>Mainly negative (full of conflict and misunderstanding.....)2</p> <p>The relationship is not different from their child hood period3</p> <p>Others4 (Please specify) _____</p>																						
10	<p>Do you think that the period of adolescents is highly vulnerable to risky behaviors?</p>	<p>Yes1</p> <p>No.....2</p>																						
11	<p>If yes for which risky behaviors? (More than one answer is possible)</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>Un safe sex</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Addictions.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Anti-social behaviors (stealing etc).....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Rape.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Others</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>(Please specify) _____</td> <td></td> <td></td> </tr> </tbody> </table>		Yes	No	Un safe sex	1	2	Addictions.....	1	2	Anti-social behaviors (stealing etc).....	1	2	Rape.....	1	2	Others	1	2	(Please specify) _____			
	Yes	No																						
Un safe sex	1	2																						
Addictions.....	1	2																						
Anti-social behaviors (stealing etc).....	1	2																						
Rape.....	1	2																						
Others	1	2																						
(Please specify) _____																								

12	What should be done to prevent or protect adolescents from risky behaviors? (More than one answer is possible)		Yes	No
		Making close relationship and awareness	1	2
		Experience sheering	1	2
		provide opportunities to what educational movies and read books.....	1	2
		Punish when they make mistakes.	1	2
		Strict control	1	2
		Others.....	1	2
		(Please specify)_____		

13. How do you describe your adolescents' behavior in general?

1. _____
2. _____
3. _____
4. _____
5. _____

14. As a parent what do you think is expected from you in protecting your adolescents from being exposed to risky behaviors?

1. _____
2. _____
3. _____
4. _____
5. _____

THANK YOU VERY MUCH FOR YOUR COOPERATION!

በወላጆች/አሳዳጊዎች የሚሞላ መጠይቅ

ውድ ተጠያቂ

ይህ መጠይቅ የተዘጋጀው በእድገት ስነልቦና (Developmental psychology) የትምህርት ዘርፍ የሁለተኛ ዲግሪ ማሟያ ዕሁፍ ለማዘጋጀት የሚረዳ መረጃ ለማሰባሰብ ታስቦ ነው። ስለዚህ ከታች በዝርዝር ለቀረቡት ጥያቄዎች ተገቢውን ምላሽ በመስጠትና የጥናቱን ሥራ የተሟላ በማድረግ እገዛዎት እንዳይለየኝ በትህትና እጠይቃለሁ። የሚሰጡት መረጃ በሚስጥር የሚያዝ ይሆናል። በመጠይቁ ላይ ስም መጻፍ እያስፈልገኛለሁ። በጥናቱ ለመሳተፍ ካልፈለጉ መጠይቁን ለሚያስሞላው ሰው ወዲያውኑ መመለስ ይችላሉ።

አዘጋጁ

መጋቢት 1997 ዓ.ም.

አጠቃላይ መመሪያ

የዕሁፍ መጠይቁ ሁለት ክፍሎች አሉት። አንደኛው ክፍል አጠቃላይ የሆነ መረጃን የሚጠይቅ ሲሆን፣ ሁለተኛው ክፍል ደግሞ በምርጫ የሚመለስ ዝግ ጥያቄዎችና በዕሁፍ የሚመለሱ ክፍት ጥያቄዎችን የያዘ ነው። በምርጫ የሚመለሱ ጥያቄዎች የሚመለሱት በማክበብ ነው። በዕሁፍ የሚመለሱት ደግሞ የእናንተን ግልፅነት የሚጠይቁ ስለሆነ በግልፅና በሚነበብ ዕሁፍ በመመለስ እንድትተባበሩኝ በትህትና እጠይቃለሁ።

ስለትብብራችሁ በቅድሚያ አመሰግናለሁ።

ክፍል አንድ:- አጠቃላይ መረጃ

ተ.ቁ	ጥያቄዎች	መልስ መስጫ
1	ዕድሜ	
2	ፆታ	ሴት -----1 ወንድ-----2
3	የትምህርት ደረጃ	
4	ሥራ/መተዳደሪያ	
5	የወር ገቢ መጠን	
5	ዝምድና ሁኔታ	አባት -----1 እናት -----2 ሌላ ይግለጹ -----
6	በጉርምስና /ኮረዳነት እድሜ ክልል የሚገኙ ልጆችዎ ብዛት ስንት ነው?	ወንድ-----1 ሴት -----2

ክፍል ሁለት:- በቤተሰብ/አሳዳጊዎችና በጉረምሳ/ ኮረዳ ልጆች መካከል ያለውን ቅርርብ በተመለከተ የሚጠየቁ ጥያቄዎች

ተ.ቁ	ጥያቄዎች	መልስ መስጫ	የይለፍ ትእዛዝ
1	በአብዛኛው የጎረምሶች/ኮረዳች ባህርይ ምን ይመስላል (እንዴት የገልፁታል)? (ከአንድ በላይ መልስ መምረጥ ይቻላል)	<p>አስቸጋሪ/እምቤተኛ -----1 2</p> <p>ህገወጥ -----1 2</p> <p>ግብታዊ ችኩል -----1 2</p> <p>እታይ እታይ ባይና ኃላፊነት</p> <p>የጎደላቸው -----1 2</p> <p>ፀጥተኛ/ ተረጋጋ ባህሪ-----1 2</p> <p>ሰው አክባሪ/ታዛዥ-----1 2</p> <p>ኃላፊነት የሚሰማቸውና -----1 2</p> <p>ልታይ ልታይ የማይሰው -----1 2</p> <p>ሌላ -----1 2</p> <p>(ካለ ይገለፁ)-----</p>	
2	ጎረምሳ/ኮረዳ ልጆችዎትን እንዴት ይይዟቸዋል? ያሳተናግዷቸዋል?	<p>እንደ ህጻን-----1</p> <p>እንደ ጎልማሳ -----2</p> <p>እንደ ህፃንም እንደ ጎልማሳም -----3</p> <p>ከዚህ በተለየ መልኩ -----4</p> <p>ሌላ -----5</p> <p>(ሌላ ካለ ይግለፁ) -----</p>	

3	በጉርምስና/ኮረድነት ዘመን የሚከሰቱትን አካላዊና ሥነልቦናዊ ለውጦች ያውቋቸዋል?	አዎ -----1 የለም-----2	ወደ ጥያቄ 6																											
4	መልስዎ አዎ ከሆነ በወንዶች ላይ ስለሚከሰቱ አካላዊና ስነልቦናዊ ለውጦች ይዘርዘሩ?	1. ----- 2. ----- 3. ----- 4. -----																												
5	ከሴቶች ላይ የሚከሰቱ አካላዊና ስነልቦናዊ ለውጦች ይዘርዘሩ?	1. ----- 2. ----- 3. ----- 4. -----																												
6	በጉርምስና/ ኮረድነት ዘመን ስለሚከሰቱ ለውጦች ከጎረምሳ/ኮረዳ ልጆችዎ ጋር ተወያይተው ያውቃሉ?	አዎ -----1 የለም-----2																												
7	ከኮረዳ/ጎረምሳ ልጆችዎ ጋር ስለ ግብረ ሥጋ ግንኙነትና ጥንቃቄ በጎደለው ግብረሥጋ ግንኙነት ስለሚከሰቱ ችግሮች ተወያይተው ያውቃሉ?	አዎ -----1 የለም-----2																												
8	የስባተኛው ጥያቄ መልስዎ ተወያይቼ አላውቅም ከሆነ ምክንያቱም ምንድነው?	<table border="0"> <tr> <td></td> <td>አዎ</td> <td>የለም</td> </tr> <tr> <td>የማይጠቅም/ የማያስፈልግ ስለሆነ</td> <td>-----1</td> <td>2</td> </tr> <tr> <td>ጎረምሳ/ኮረዳ ልጆች ለመወያየት ዕድሉን</td> <td></td> <td></td> </tr> <tr> <td>ስለማይሰጡኝ</td> <td>-----1</td> <td>2</td> </tr> <tr> <td>በባህላችን ስላልተለመደ (ነውር ስለሆነ)</td> <td>-----1</td> <td>2</td> </tr> <tr> <td>በሃይማኖት ስለማይፋቃድ</td> <td>-----1</td> <td>2</td> </tr> <tr> <td>ግንዛቤው ስለሌለኝ/ስለማላውቅ</td> <td>-----1</td> <td>2</td> </tr> <tr> <td>ሌላ</td> <td>-----1</td> <td>2</td> </tr> <tr> <td>(ካለ ይገለጹ)</td> <td>-----</td> <td>-----</td> </tr> </table>		አዎ	የለም	የማይጠቅም/ የማያስፈልግ ስለሆነ	-----1	2	ጎረምሳ/ኮረዳ ልጆች ለመወያየት ዕድሉን			ስለማይሰጡኝ	-----1	2	በባህላችን ስላልተለመደ (ነውር ስለሆነ)	-----1	2	በሃይማኖት ስለማይፋቃድ	-----1	2	ግንዛቤው ስለሌለኝ/ስለማላውቅ	-----1	2	ሌላ	-----1	2	(ካለ ይገለጹ)	-----	-----	
	አዎ	የለም																												
የማይጠቅም/ የማያስፈልግ ስለሆነ	-----1	2																												
ጎረምሳ/ኮረዳ ልጆች ለመወያየት ዕድሉን																														
ስለማይሰጡኝ	-----1	2																												
በባህላችን ስላልተለመደ (ነውር ስለሆነ)	-----1	2																												
በሃይማኖት ስለማይፋቃድ	-----1	2																												
ግንዛቤው ስለሌለኝ/ስለማላውቅ	-----1	2																												
ሌላ	-----1	2																												
(ካለ ይገለጹ)	-----	-----																												
9	ከጎረምሳ/ኮረዳ ልጆችዎ ጋር ያለዎትን ግንኙነትና አቀራረብ በይበልጥ እንዴት ይገልፀታል?	አዎንታዊ (መግባባት፣ መደጋገፍ፣ መከባበር፣ ግልፅ ውይይት፣ ማበረታታት) ያለበት -----1 አሉታዊ (አለመግባባትና ግጭቶች የሚበዙበት) -----2 ከህፃንነት ጊዜአቸው የተለየ ግንኙነት የለንም -----3 ሌላ -----9 (ካለ ይገለጹ) -----																												
10	ጎርምስነት/ኮረዳነት አደገኛ ለሆኑ ባህርያት ያጋልጣል ብለው ያምናሉ?	አዎ -----1 የለም-----2	ወደ ጥያቄ 12																											

		አዎ	የለም
11	መልስዎ አዎ ከሆነ ለምን እይነት አደገኛ ባህሪት ያጋልጣል ብለው ያስባሉ?	ጥንቃቄ ለጎከለው ወሲብ -----1	2
		ለሱስ ተገርነት -----1	2
		ለስርቆት -----1	2
		አስገድዶ መድፈር -----1	2
		ሌላ -----1	2
		(ካለ ይግለፁ) -----	
12	ጎረምሶችን/ኮረዶችን ከአደገኛ ባህሪያት ለመታደግ ወይም ለመርዳት በእርስዎ በኩል ምን አድርገዋል (ምን መደረግ አለበት ይላሉ)? (ከአንድ በላይ መልስ ይቻላል)	መቀራረብን መፍጠር ጉዳትና -----1	2
		ጥቅሙን ለይተው እንዲገነዘቡ መጣር-----1	2
		የእድሜ ተሞክሮን ለማካፈል መጣር-----1	2
		ትምህርታዊ ፊልሞችን መፅሃፍትንና መፅሔቶችን እንዲመለከቱ ነፃነት መስጠት-1	2
		ጥፋተኛ ሆነው ሲገኙ መቅጣት -----1	2
		በጥብቅ መቆጣጠር-----1	2
		ሌላ-----1	2
		(ካለ ይግለፁ) -----	

13. በአጠቃላይ የጎረምሶ/ኮረዳ ልጆችዎትን ባህሪ እንዴት ይገልፁታል?

- 1.-----
- 2.-----
- 3.-----
- 4.-----
- 5.-----

14. ጎረምሶ/ኮረዳ ልጆች ለአደገኛ ባህሪያት እንዳይጋለጡ እንደወላጅ/ አሳዳጊነትዎ ምን ማድረግ ያለብዎት ይመስልዎታል?

- 1.-----
- 2.-----
- 3.-----
- 4.-----
- 5.-----

ስለ ትብብርዎ አመስግናለሁ!

Appendix III

TEACHERS' QUESTIONNAIRE

Dear respondents

This questionnaire is designed for a research work to be conducted in partial fulfillment of a masters degree in developmental Psychology. Thus, I ask your cooperation and giving appropriate information as to each of the following questions. I really need your help and honest responses for questions in order to make complete the research work.

This information is completely confidential and no need to write your name. If you decided not to participate in the study please return the questionnaire to the supervisor/investigator.

The investigator

March, 1997 E.C

General Instructions

The questionnaire has two parts. The first part is about general background characteristics of the respondents and the second part consists multiple choice as well as open ended questions. You need to circle your answers in the closed ended questions and need to write your answers with clear hand writing for the open ended questions.

**THANK YOU IN ADVANCE FOR TAKING
YOUR TIME TO RESPOND TO THIS QUESTIONNAIRE!**

Part one: General information

S.N	Questions	Cod Classification
1	Sex	Female1 Male2
2	Age	_____
3	Educational status	_____
4	Subject	_____
5	Grade level of teaching	_____
6	Year of teaching experience	_____

Part two; Questions about teacher-adolescent students' relationship

S.N	Questions	Code classification	Skipping Pattern																		
1	How do you describe adolescent students' behavior mainly? (More than one answer is possible)	<table style="width: 100%; border: none;"> <tr> <td style="text-align: right;">Yes</td> <td style="text-align: left;">No</td> </tr> <tr> <td>Challenging & problematic.....1</td> <td>2</td> </tr> <tr> <td>Disobedient1</td> <td>2</td> </tr> <tr> <td>Emotional and Unstable.....1</td> <td>2</td> </tr> <tr> <td>Over acting & irresponsible1</td> <td>2</td> </tr> <tr> <td>Calm and stable1</td> <td>2</td> </tr> <tr> <td>Responsible.....1</td> <td>2</td> </tr> <tr> <td>Others1</td> <td>2</td> </tr> <tr> <td colspan="2">(Please specify) _____</td> </tr> </table>	Yes	No	Challenging & problematic.....1	2	Disobedient1	2	Emotional and Unstable.....1	2	Over acting & irresponsible1	2	Calm and stable1	2	Responsible.....1	2	Others1	2	(Please specify) _____		
Yes	No																				
Challenging & problematic.....1	2																				
Disobedient1	2																				
Emotional and Unstable.....1	2																				
Over acting & irresponsible1	2																				
Calm and stable1	2																				
Responsible.....1	2																				
Others1	2																				
(Please specify) _____																					
2	Do you think that adolescents' behavior is different from children's?	<table style="width: 100%; border: none;"> <tr> <td>Yes1</td> <td></td> </tr> <tr> <td>No.....2</td> <td rowspan="2" style="font-size: 2em; vertical-align: middle;">}</td> </tr> <tr> <td>I don't know3</td> </tr> </table>	Yes1		No.....2	}	I don't know3	Go to Q.4													
Yes1																					
No.....2	}																				
I don't know3																					

3	If yes Describe how and why	1. _____ 2. _____ 3. _____ 4. _____ 5. _____	
4	What are the main physical changes that observed on adolescent students'?	1. _____ 2. _____ 3. _____ 4. _____ 5. _____	
5	What are the main psycho-social changes and problems that observed on adolescent students'?	1. _____ 2. _____ 3. _____ 4. _____ 5. _____	
6	Do you discuss on their physical and psycho-social changes with your adolescent students'?	Yes1 No.....2	→ Go to Q 8
7	If "No" explain why?	1. _____ 2. _____ 3. _____ 4. _____ 5. _____	
8	Do you discuss or teach about unsafe sex and its consequences with your adolescent students'?	Yes1 No.....2	→ Go to Q.10

9	If "No" explain why?	1. _____ 2. _____ 3. _____ 4. _____ 5. _____	
10	Do you think that adolescent students more vulnerable to unsafe sex, HIV/AIDS and other risky behaviors than any age groups?	Yes.....1 No2	
11	If Yes explain the reasons?	1. _____ 2. _____ 3. _____ 4. _____	
12	Are there students coming to you to get counseling on adolescence related problems	Yes.....1 No2	
13	If "Yes" on what issues they ask counseling/advise?	1. _____ 2. _____ 3. _____ 4. _____	
14	In your opinion, are there many adolescent students who are exposed to risky behaviors?	Yes.....1 No2	

15	How do you describe your relationship with adolescent students in general?	Mainly positive.....1 Acceptable2 Mainly negative3	
16	If positive what factors do you think make the relationship positive?	1. _____ 2. _____ 3. _____ 4. _____	
17	If negative what factors do you think make the relationship negative?	1. _____ 2. _____ 3. _____ 4. _____	
18	Do you contribute directly or indirectly to help adolescent students to cope with age related problems?	Yes1 No.....2	
19	If "Yes" mention the contributions you have done?	1. _____ 2. _____ 3. _____ 4. _____	
20	What should be the role of teachers to help adolescents' students to cope with age related changes?	1. _____ 2. _____ 3. _____ 4. _____ 5. _____	

THANK YOU VERY MUCH FOR YOUR COOPERATION !

በመምህራን የሚሞላ መጠይቅ

ውድ ተጠያቂ

ይህ መጠይቅ የተዘጋጀው በእድገት ስነልቦና (Developmental psychology) የትምህርት ዘርፍ የሁለተኛ ዲግሪ ማሟያ ዕሁፍ ለማዘጋጀት የሚረዳ መረጃ ለማሰባሰብ ታስቦ ነው። ስለዚህ ከታች በዝርዝር ለቀረቡት ጥያቄዎች ተገቢውን ምላሽ በመስጠትና የጥናቱን ሥራ የተሟላ በማድረግ እገዛዎት እንዳይለዩኝ በትህትና እጠይቃለሁ። የሚሰጡት መረጃ በሚስጥር የሚያዝ ይሆናል። በመጠይቁ ላይ ስም መጻፍ እያስፈልግም። በጥናቱ ለመሳተፍ ካልፈለጉ መጠይቁን ለሚያስሞላው ሰው ወዲያውኑ መመለስ ይችላሉ።

አዘጋጁ

መጋቢት 1997 ዓ.ም.

አጠቃላይ መመሪያ

የዕሁፍ መጠይቁ ሁለት ክፍሎች አሉት። አንደኛው ክፍል አጠቃላይ የሆነ መረጃን የሚጠይቅ ሲሆን፣ ሁለተኛው ክፍል ደግሞ በምርጫ የሚመለስ ዝግ ጥያቄዎችና በዕሁፍ የሚመለሱ ክፍት ጥያቄዎችን የያዘ ነው። በምርጫ የሚመለሱ ጥያቄዎች የሚመለሱት በማክበብ ነው። በዕሁፍ የሚመለሱት ደግሞ የእናንተን ግልፅነት የሚጠይቁ ስለሆነ በግልፅና በሚክብ ዕሁፍ በመመለስ እንድትተባበሩኝ በትህትና እጠይቃለሁ።

ስለትብብራችሁ በቅድሚያ አመሰግናለሁ።

ክፍል አንድ: - አጠቃላይ መረጃ

ተ.ቁ	ጥያቄዎች	መልስ መስጫ
1	ፆታ	ሴት -----1 ወንድ-----2
2	እድሜ	
3	የትምህርት ደረጃ	
4	የሚያስተምሩት ትምህርት አይነት	
5	የሚያስተምሩበት የክፍል ደረጃ	
6	የአገልግሎት ዘመን	

ክፍል ሁለት:- በጎረምሳ/ኮረዳ ተማሪዎችና መምህራን መካከል ያለ ግንኙነትን በተመለከተ የሚጠየቁ ጥያቄዎች

ተ.ቁ	ጥያቄዎች	መልስ መስጫ		የይለፍ ትእዛዝ
		አዎ	የለም	
1	በአብዛኛው የጎረምሳ/ኮረዳ ተማሪዎች ባሕሪ ምን ይመስላል? (ከአንድ በላይ መልስ ይቻላል)	አስቸጋሪ/እምቤተኛ -----1 ህገወጥ -----1 ግብታዊ ችኩል -----1 እታይ እታይ ባይና ኃላፊነት የጎደላቸው -----1 ፀጥተኛ/ የተረጋጋ ባህሪ ያላቸው1 ሰው አክባሪና ታዛዥ-----1 ኃላፊነት የሚሰማቸው -----1 ሌላ -----1 (ካለ ይገለፅ)-----	2 2 2 2 2 2 2 2	
2	የጎረምሶችና ኮረዶች ባህሪ ህፃናትና ከጎልማሶች ይለያል ብለው ያስባሉ?	አዎ -----1 የለም -----2 አላውቅም -----3		ወደ ጥያቄ 4
3	መልስዎ አዎ ይለያሉ ከሆነ ለምንና እንዴት እንደሚለዩ ምክንያቶቹን ይዘርዝሩ?	1.----- 2.----- 3.----- 4.-----		
4	በጎረምሳ/ኮረዳ ተማሪዎች ላይ የሚያስተውሏቸውን ዋና ዋና አካላዊ ለውጦች ምንድናቸው?	1.----- 2.----- 3.----- 4.----- 5.-----		

5	ከጉርምስና ወይም ኮረድነት ጋር ተያይዘው የሚያጋጥሙ በተማሪዎች ላይ የሚስተውሏቸው ማህበራዊና ሰነልቡናዊ ችግሮች ምንድናቸው?	1.----- 2.----- 3.----- 4.----- 5.-----	
6	በጉርምስና/ኮረድነት የእድሜ ክልል ስለሚከሰተው የአካልና የሥነ ልቦና ለውጥ ከተማሪዎች ጋር ውይይት አድርገው ያውቃሉ?	አዎ -----1 የለም -----2	ወደ ጥያቄ 8
7	መልስዎ የለም ከሆነ ምክንያቱን ይዘርዝሩ?	1.----- 2.----- 3.----- 4.-----	
8	ከተማሪዎች ጋር ጥንቃቄ ስለጎደለው የግብረ ስጋ ግንኙነትና ስለሚያስከትላቸው ችግሮች ተወያይተው ወይም አስተምረው ያውቃሉ?	አዎ -----1 የለም -----2	ወደ ጥያቄ 10
9	መልስዎ የለም ከሆነ የማይወያዩበት ወይም የማያስተምሩበት ምክንያት ምንድነው?	1.----- 2.----- 3.----- 4.-----	
10	በእርስዎ አመለካከት ጎረምሶችና ኮረዶች ከጎልማሶች (አዋቂዎች) የበለጠ ጥንቃቄ ለጎደለው የግብረ ስጋ ግንኙነትና፣ ኡች.አይ.ቪ/ ኤድስ፣ ለሱስ ወዘተ የተጋለጡ ናቸው ብለው ያስባሉ?	አዎ -----1 የለም -----2	ወደ ጥያቄ 12
11	መልስዎ አዎ ከሆነ ምክንያቱን ይግለጹ?	1.----- 2.----- 3.----- 4.-----	
12	ከጉርምስና ወይም ኮረድነት ጋር በተያያዘ ችግር ወደርስዎ ምክር ለመጠየቅ የመጡ ተማሪዎች አሉ?	አዎ -----1 የለም -----2	ወደ ጥያቄ 14

13	መልስዎ አዎ ከሆነ ምክር የተጠየቁበት ችግር ምን ነበር?	1.----- 2.----- 3.-----	
14	በእርስዎ እይታ ከጎረምሳ/ኮረዳ ተማሪዎች መካከል ለአደገኛ ባህሪያት ተጋለጡ ብዙ ናቸው ብለው ይገምታሉ?	አዎ -----1 የለም -----2	
15	በእርስዎና በጎረምሳ/ኮረዳ ተማሪዎች መካከል በአብዛኛው ያለውን ግንኙነት እንዴት ይገልጹታል?	አዎንታዊ -----1 ምንም አይልም-----2 አሉታዊ -----3	ወደጥያቄ 17
16	ከጎረምሳ/ኮረዳ ተማሪዎች ጋር አዎንታዊ ግንኙነት እንዲኖርዎት ምክንያት የሆኑ ነገሮች ምንድናቸው?	1.----- 2.----- 3.-----	
17	ከጎረምሳ/ኮረዳ ተማሪዎች ጋር አሉታዊ ግንኙነት እንዲኖርዎት ምክንያት የሆኑ ነገሮች ምንድናቸው?	1.----- 2.----- 3.-----	
18	ጎረምሳ/ኮረዳ ተማሪዎች ከእድሜአቸው አንጻር የሚያጋጥሟቸውን ችግሮች እንዲቋቋሙና ትክክለኛ አካሄድ እንዲኖራቸው በቀጥታ ወይም በተዘዋዋሪ ያደረጉት ድጋፍ አለ?	አዎ -----1 የለም -----2	
19	መልስዎ አዎ ከሆነ ምን ምን ድጋፍ አድርገው ያውቃሉ	1.----- 2.----- 3.-----	
20	ተማሪዎች የጉርምስና/ኮረዳነት ዘመንን ተከትለው የሚያጋጥሙ አካላዊ፣ ማህበራዊና፣ ስነልቦናዊ ችግሮችን ተቋቋመው እንዲያልፉ መምህራን ምን እገዛ ማድረግ አለባቸው ብለው ያስባሉ?	1.----- 2.----- 3.----- 4.----- 5.-----	

እጅግ በጣም አመሰግናለሁ!

Appendix IV

Discussion Guide for FGD of Adolescents

Name of the moderator _____

Name of the rap-porter _____

Date _____ Total time taken _____ Minutes

Code no. of tape record _____

FGD Discussants:

Characteristics of the Groups

Ser No.	Sex	Age	Remark
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Discussion points:

Section I: - Points on psychosocial characteristics of adolescence.

1. What does it mean by adolescence?
2. What physical and psycho-social changes occur during adolescence?
Why? and why not?
3. How do you describe your relationship with, parents, teachers, peers, and opposite sex? Why? and why not?

4. Do you discuss with parents/family, teachers, peer, about the changes related to adolescence? Why? and why not?

Part II: Risky behaviors

1. Do you think that adolescents are more vulnerable to risky behaviors than adults and children? Why? and why not?
2. Which risky behaviors do think are being observed more an adolescents? Why?
3. Which group of adolescents do you think are at higher risk of risky behavior?
 - With respect to sex
 - With respect to age why? and why not?
4. Do you discuss openly about sexual matters, consequences of unsafe sex and other risky behaviors, with parents/family, teachers, peers etc? Why? and why not?
5. How do you evaluate the contribution of parents, teachers, peers and the community for adolescents' appropriate psychosocial development? why? and why not?

Declaration

“I hereby declare that this thesis is my original work. It has not been presented for a degree in any other University and that all sources of material used for the thesis have been duly acknowledged.”

Name: Mulunesh Abebe

Signature:  _____

Place: Addis Ababa University

School of Graduate Studies

This Thesis has been submitted for examination with my approval as University advisor.

Name: Yusuf Omer Abdi (Dr.)

Signature:  _____