



ADDIS ABABA UNIVERSITY

COLLEGE OF HEALTH SCIENCES

SCHOOL OF PUBLIC HEALTH

EXPOSURE TO SEXUALLY EXPLICIT MATERIALS AND ITS ASSOCIATION WITH AGE AT FIRST SEX AMONG YOUTH IN PREPARATORY SCHOOL OF ADAMA, ETHIOPIA

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A THESIS SUBMITTED TO ADDIS ABABA UNIVERSITY, COLLEGE OF HEALTH SCIENCES, SCHOOL OF PUBLIC HEALTH, DEPARTMENT OF REPRODUCTIVE, FAMILY AND POPULATION HEALTH AS PARTIAL FULFILLMENT FOR THE REQUIREMENT OF MASTER OF PUBLIC HEALTH IN REPRODUCTIVE AND FAMILY HEALTH

SEPTEMBER 2021

ADDIS ABABA, ETHIOPIA

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ACKNOWLEDGEMENT

I would like to express my gratitude to my advisors Dr. Solomon Emyu and Mr. Nigussie Assefa for their constructive comments and continuous support for the development of this thesis.

I would like also to thank AA city administration education Bureau, Adama City Education Bureau staffs, school directors, students and FGAE, Adama cluster coordination office for their unlimited cooperation and support.

My special thanks also extend to those individuals provided me their unreserved advice and support starting from the proposal development to the final work.

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ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
CSA	Central statistical Agency of Ethiopia
EDHS	Ethiopian Demographic and Health Survey
FSI	First sexual intercourse
HIV	Human Immune Deficiency Virus
NGOs	Non-Governmental Organizations
RH	Reproductive Health
STD	Sexually Transmitted Disease
STIs	Sexually Transmitted Infections
SEMs	Sexually Explicit Materials
SRH	Sexual and reproductive health
UNFPA	United Nations Fund for Population Activities
WHO	World Health Organization

Abstract

Background:In Ethiopia evidence shows that the median age at first sexual debut among in school youth is below 18 years and majority of them start sexual intercourse early and before marriage. Early sexual intercourse increases risk of sexual and reproductive health problems commonly, sexually transmitted infections (STI) including HIV/AIDS and risk of teenager's pregnancy and its consequence. One of the major factors for the present-day youth and adolescents' sexual behaviors is exposure to sexually explicit material. Sexually explicit materials are textual, visual, or aural materials that depict sexual behaviors or acts or that expose the reproductive organs of the human body. It includes erotic and pornographic materials, which get released through print media, video films, Internet, and music videos.

Objectives:To assess exposure to sexually explicit materials and its association with age at first sex among youth in preparatory school of Adama, Ethiopia.

Methods:A cross sectional study design using both quantitative and qualitative approaches was conducted in Adama town from December 07, 2020 to December 10, 2020 among six hundred four (604) randomly selected preparatory school students. Pre-tested, self-administered structured questionnaire and in-depth interview were a method for data collection. Bivariate and multivariable logistic regression analysis was done to evaluate the degree of association between associated factors and the outcome variables. For the qualitative approach the data was analyzed by thematic analysis.

Result:358(59.4%) students were exposed or ever watched sexually explicit materials and majority of them 246(70.3%) were exposed first to this material in their early age (11-15 years of age). The overall proportion of sexual initiation was 127(21.1%) and the median age at first sex was 17.00 years. This study found that, age at first sex has significantly associated with exposure to sexually explicit materials and those who had exposed to sexually explicit materials more likely to start sex early (AOR= 7.55, 95%CI: 1.47-38.75) than those who were not exposed.

Conclusion: Currently significant number of in school youth consumes sexually explicit materials widely and being exposed to sexually explicit materials in early age affects age at first sex.

1. INTRODUCTION

1.1. Background

The World Health Organization (WHO) defines young people between 10-24 years age and includes both adolescents (10-19 years) and youth (15-24 years)(1). More than a quarter of the World's population is between the ages of 10 and 24 years and 86% of them are living in less developed countries(2, 3). Sub-saharan Africa youths constitute 20% - 30% of this population(3). According to 2007 census report, in Ethiopia youth population constitute 20.58% of the total population(4).

Despite of their similarities, the concept of youth differs in different countries (5). Youth are a very heterogeneous group and cannot be categorized as one group. They are different in age, sex, education, marital status, and residence. So, their health as well as need also different(2). Adolescence period is a bridge between childhood and adulthood which is primarily characterized by mental, emotional, physical, sexual and attitudinal changes as well as change in social roles(6). Generally, adolescent and youth health is affected by many interdependent factors like, socio-cultural influence, families, peers, communities and even access to health care services, education and job opportunities(6).

Exposures to sexually explicit materials contributed for the present day adolescents and youth risky sexual practice and evidence shows that consumption of online pornography has effect on several behavioral, psychophysical and social outcomes(7). Watching pornography films also significantly related to early sexual debut(8). SEM is textual, visual, or aural materials that depict sexual behaviors, acts or that expose the reproductive organs of the human body. They include erotic and pornographic materials, which get released through print media, video films, Internet, music videos etc(9, 10). The increment of internet use and advances in supporting technologies SEMs widely available and increasingly accessible and this has resulted in widespread use of SEMs among adolescents(11).

1.2. Statement of the problem

Today's generation of young people is approaching adulthood in a world hugely different from the previous generation: Rapid globalization, rising urbanization, ever increasing technological advancements and electronic communication radically transformed the experience of being young. And these new changing landscapes add a complex layer of difficulty to the already challenging transition from adolescence to adulthood. Due to increasing technological advancements and electronic communication, the exposure of adolescents to SEMs is dramatically increased. But most parents, healthcare professionals, Program planners and policy makers neglect this issue. For instance, a study conducted in Hawassashowsthat about 77.3 % of students knew about the presence of SEM and most of the respondents (75.5 %) watched SEM films and 73.9 % were exposed to sexual explicit texts and the overall exposure to SEM in school youths was 77.2 % (12).

In Ethiopia evidence shows that the median age at first sexual intercourse among both sexes is below 18 years and majority of them start sexual intercourse early and before marriage. For instance, the prevalence of early sexual initiation among preparatory and high school students in Woldia town was 18.4% (13). The median age at first sexual intercourse (FSI) is 0.5 years earlier than the median age at first marriage for women and 2.5 years earlier for men this indicates that both women and men engage in sex before marriage and one in four (24%) women has FSI before age 15 and 62% before age 18 and By age 20, 76% of women have had sexual intercourse (14). Early sexual debut increases adolescents, high-risk sexual practices, including multiple sexual partner, unprotected sex and sex with commercial sex workers (15, 16) and exposed to sexual transmitted infections (STI), including HIV/AIDS and also unwanted and teenagers pregnancy, which may cause serious health, social and economic problems (17). In addition, unwanted pregnancy may lead to school dropout and a failure to complete their education. The situation gets worse for those who are not physically and mentally matured. Most frequently, unwanted pregnancies also end up with abortion, which can lead to multiple complications and death (18).

The knowledge and understanding about the risks and consequence of early sexual act and the skill on the means to protect themselves from the consequence of early and unprotected sexual act such as using condom, contraceptive is another problem that affect the adolescents and youth sexual behavior.

Though different studies were conducted about exposure to SEMs among in-school youths, the association with age at first sex is still limited. Additionally, we do not have sufficient evidence on the knowledge aspects of youths on the risks and consequence of early sexual act. So, this study will assess the association of exposure to SEMs and age at first sex among in-school youth and at the same time the study will explore the knowledge gap on risks and consequence of early sexual act.

1.3. Rational of the study

Generally, giving attention to adolescents and youth health in Ethiopia is very crucial because of many reasons. First, this group accounts a proportion that is nearly half (42%) of the country's population (19). Second, as this group joins the workforce, the foundations that are laid during adolescence in terms of health, education and skills will have great implications for social, political, and economic development. Third, healthy, educated, skilled adolescents are important not only for the future but also for the present. They are a key asset and resource, with great potential to contribute to their families, communities, and their country. One of the most important aspects of adolescent health is sexual and reproductive health (SRH) and the root cause (predisposing factor) to adolescent sexual and reproductive health (ASRH) problem is early initiation of sexual intercourse (6).

In Ethiopia evidence shows that the median age at first sexual debut among in school youth is below 18 years and majority of them start sexual intercourse early and before marriage (14, 20). So, the first reason of conducting this study is to figure out the association of exposure to SEMs and age at first sex among in-school youth. Due to technological advancements and increased access to social medias the exposure of in-school youth to SEMs is increased (20). Despite of this, the magnitude of exposure to SEMs among Adama preparatory school youth is still not known. So, the second reason is to estimate the magnitude of exposure to SEMs among youth in preparatory school of Adama. Thirdly, most studies which is done in the past in this area

is come up with some limitations and off course some of the studies also recommend further studies so, working on that limitation will generate better evidence and improve the finding by using qualitative approach in addition to the quantitative method.

Generally, delaying age at first sexual intercourse among adolescents at least to 18 years and above has significant contribution to reduce early sexual activity and premarital sex and prevent the risk of sexual and reproductive health problems like STI, HIV/AIDS, teenage pregnancy, and its consequence. Hence this study is interested to see the association between exposure to SEMs and age at first sex and to identify the knowledge gap so, the result of this study will be helpful on improving and designing appropriate adolescent health program that consider the influence of knowledge and exposure to SEMs on adolescent sexual activities so that adolescents and youths are prepared to lead a healthy sexual and reproductive life.

2. LITRATURE REVIEW

2.1. Exposure to sexually explicit material (SEM) among youth

The increment of internet use and advances in supporting technologies have made SEMswidely available and increasingly accessible and this has resulted in widespread use among adolescents(21, 22).For instance,online cross-sectional survey study conducted in Netherlands among 4,600 young people, 15-25 years of age found that 88% of men and 45% of women had consumed SEMs in the past 12 months and the association between SEMsconsumption and a variety of sexual behaviors was also found to be significant(23). Another study conducted in Africa, Southwest Nigeria, among in-school students in 2016, the overall proportion of students exposed to sexually explicit material 3 months prior to data collection was37%(24).

In Ethiopia, several studies have shown that youth sexual activity is affected by exposure to SEM. According to one Cross sectional study conducted in Addis Ababa among preparatory school students in 2016, The overall proportion of students exposed to sexually explicit material was 51.67% and male exposure 53.97% ,female 46.03% and 27.6% of students were exposed to sexually explicit material before age 15(25). Another Institutional based cross-sectional study conducted among 403 ambo university students in 2018 found that about 55% of the university students were exposed to sexually explicit electronic materials throughout their life and 52% were exposed in the last 12 months prior to data collection period(26). Similar cross-sectional descriptive study was conducted among 810 high school students in Addis Ababa found that nearly 18% of the participants were sexually active and the magnitude of ever-exposure to sexually explicit texts and watching pornographic movies were 65.3% and 69.5% respectively. The odds of frequent exposure to sexually explicit movies increased with being male, consuming alcohol and Khat, having positive attitude towards sexually explicit materials, ever having a boy or girl friend, sexual experience, and school type. Probability of sexual engagement decreased among those who live with their parents(27).Another school based cross-sectional survey conducted among a total of 1123 unmarried high school female students in bahir Dar town shows that the exposure to sexually explicit materials is common among the students and 30.8% reported pre-marital sexual debut. The major associated factors were frequent watching of pornographic video, peer pressure and chewing khat(28).

2.2. Age at first sex among youth

Adolescence is a time of transition from childhood to adulthood where new behaviors are more easily learned than when in adulthood(29, 30). Sexual behavior among youth aged 15-24 is a time for initiation of sexual activity and it is often a time of sexual experimentation and may involve risky behaviors(31).

Studies in many western countries revealed that a large number of teenager have had sexual intercourse, that they do at an earlier age than previous generations(32). for instance, A study conducted among 9948 school children from nationally representative samples from six Caribbean countries in 2016, found that approximately one-fourth of the sample (26.9%) had experienced sexual debut before age 15 years, 37.2% among boys and 16.9% among girls and being male gender, substance use (smoking and alcohol use), having been in a physical fight in the past 12 months, sedentary behavior, truancy and lack of parental or guardian attachment were associated with early sexual debut(33).Another study conducted in Jamaica among 469 sexually experienced adolescents attending public high schools in the rural parish of Hanover found that the mean age at sexual debut was 11 years for boys and 15 years for girls and early adolescent sexual activity was associated with liberal attitudes about negative sexual out come , first sexual partner not being a steady boyfriend or girlfriend ,Female gender and older age at time of survey were protective and Girls who were early starters were more likely to have been initiated by partners who were not steady boyfriends(34).

In Africa different studies also shows that early sexual initiation among adolescents and youth is common. For instance, A cross sectional study conducted among secondary school students in Ido-Ekiti, South-West Nigeria in 2017, found that More than two-thirds, (67.8%) had early sexual debut. The mean age of sexual debut was 13.10, the mean age for early sexual debutants was 11.68, and the mean number of sexual partners was 2.44. Being Male gender and having friends who engaged in sexual activities had association with early sexual exposure. Alcohol intake had the strongest strength of association for early sexual debut among the students(35).Another similar study conducted among 2,070 never-married adolescents aged 15–19 years in Nigeria found that respondents (18% males; 22% females) were sexually experienced. Educational attainment, age, positive attitudes regarding condom efficacy, positive

attitudes to family planning use, a greater perception of condom access, and alcohol use was significantly associated with adolescent sexual initiation among both males and females. A personal attitude in favor of delayed sexual debut and higher level of religiosity was associated with lower sexual debut rate(36).

In Ethiopia evidences shows that age at first sexual intercourse among both sexes is below 18 years which is both sexes starts sexual intercourse early and before marriage(14). For instance, according to a cross sectional study conducted among 700 secondary school students in DebreMarkos town in 2013, found that about 22.3% of study participants started sexual intercourse at the time of the study. The median age at first sexual intercourse was 16. Socio-demographic factors such as being grade nine, living with renting alone and getting 100 birr/month pocket money were significantly associated with early sexual activity. Similarly, students who did not hear about the negative effect of early sexual activity and who did not agree with the idea of their parental connection and supervision significantly associated with early sexual debut(37). Another Community-based cross-sectional study conducted among 675 young women in West Shoa, Ambo Town, found that Three hundred seventeen (49.9%) of the respondents have ever had sexes. The mean age at first sexual initiation was 16.6 years. Being in age group 20-24, Educational level, being in school, having paid job, peer pressure, alcohol consumption, and pornographic materials had significant association with sexual initiation(17). Similar cross sectional studies were conducted among 270 preparatory school students in FaggetaLekoma district, Awi zone, Northwest Ethiopia in 2015, found that the mean age of the respondents was 18.82 years, of which 117 (43.3%) were females, and 156 (57.8%) were rural residents. Among the total students who attended their class within the study period, 55 (20.4%) students had early sexual initiation. Age, grade, having of a boy/girlfriend, parental supervision and peer pressure were found to be significantly associated with early sexual initiation(38).

STUDY FRAMEWORK

Many variables like age, sex, family factors, peer pressure, substance abuse and other extra familial factors put their influence in adolescents and youth sexual behavior. Additionally, from this literature review noted that exposure to print and electronic media which have a sexual content contribute a lot for especially in the present-day youth sexual practices. Finally, Study framework is developed for this paper after reviewing the relevant literatures. Since sexual behavior is a product of complex interaction involving different factors that network among themselves, this framework is not designed to exhaustively investigate the interactions rather a simple linear association among variables of interest is considered (figure 1).

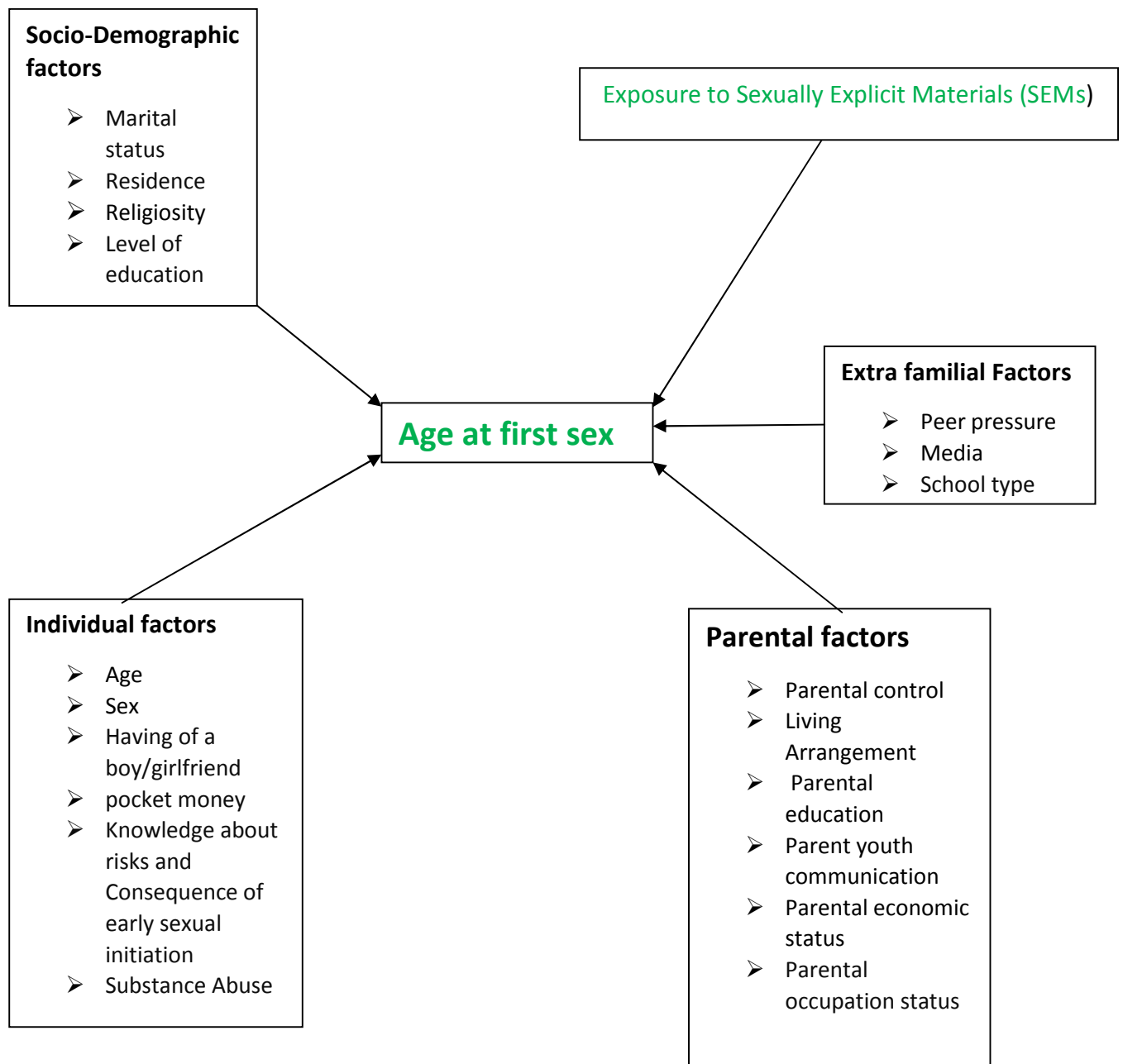


Figure.1 Study framework for the study of exposure to sexually explicit materials and its association to age at first sex among youth in preparatory school of adama, Ethiopia 2019/2020.

3. OBJECTIVES

3.1. General objective

- The study assesses student exposure to sexually explicit materials and its association with age at first sex among youth in preparatory school of Adama, 2019/2020.

3.2. Specific objectives

- To estimate magnitude of exposure to sexually explicit material among youth in Preparatory school of Adama in 2019/20.
- To examine age at first sex among youth in Preparatory school of Adama in 2019/20.
- To assess the association of exposure to sexually explicit material and age at first sex among youth in Preparatory school of Adama in 2019/20.

4. Methods and Materials

4.1. Study area and Period

The study was conducted in preparatory school of Adama from December 07, 2020 to December 10, 2020 with the primary objective to assess student's exposure to sexually explicit materials and its association with age at first sex. Adama, officially known as Adama and formerly Nazareth, is a city in central Oromia region, Ethiopia. Adama forms a special zone of Oromia and is surrounded by East Shewa zone. The town is located at 8.54°N and 39.27°E, at an elevation of 1712 m, about 99 km southeast of Addis Ababa. It is a rapidly growing major city near Addis Ababa in central Ethiopia. According to the 2007 Census conducted by the central statistical agency of Ethiopia (CSA), this city has a total population of 220,212 (39). According to the Adama town education bureau, there are 8 preparatory schools in the city, out of these 5 are private and 3 are government's schools.

4.2. Study design

- ❖ Cross-sectional study design using both quantitative and qualitative approaches.

4.3. Source population

- ❖ All preparatory school students in Adama town.

4.4. Study population

- ❖ Students at preparatory schools selected one section from each grade from each school.

4.5. Inclusion and Exclusion criteria

4.5.1. Inclusion criteria

- ❖ Regular students and age between 15 years and 24 years.

4.5.2. Exclusion criteria

- ❖ Extension students and students with hearing, visual or speech impairments (excluded because of difficulty in communication during data collection).

4.5. Sample size determination

4.5.1. For Quantitative

The sample size for Objective 1 and 2 is calculated using a formula for single population proportions. The assumptions for calculating the sample size includes 95% ($\alpha=0.05$) of degree of confidence, 5 percent margin of error, and from previous study the prevalence of exposure to sexual explicit material is 77.2 % (12), and the prevalence of early sexual initiation among secondary school students is 18.4% (13). After adjusting sample, we multiply by 2 as design effect and Ten percent (10%) allowance was considered for non-response rate based on the finding from previous school based study (25). Finally, sample size for exposure to sexually explicit material is **604** students, for early sexual initiation is **504** students and sample size for double population proportion is **451**.

So, preferred maximum sample size of **604** Students as a final sample size for the study.

$$n = \frac{(Z_{\alpha/2})^2 p(1-p)}{d^2}$$

$$z = 1.96$$

$$d = 0.05 \text{ (5\%)}$$

P = proportion of exposure to sexually explicit material (0.77),

P = proportion of early sexual initiation (0.18) and

Design effect (DE) = 2

10% non-response rate

$$n_1 = \frac{(1.96)^2 \cdot 0.77 \cdot (1-0.77)}{(0.05)^2} = 272 \quad n_2 = \frac{(1.96)^2 \cdot 0.18 \cdot (1-0.18)}{(0.05)^2} = 227$$

$$n_1 \text{ (adjusted)} = 272 + 30 = 302$$

$$n_2 \text{ (adjusted)} = 227 + 25 = 252$$

Total sample size for $n_1 = 302 \times 2 = 604$ Total sample size for $n_2 = 252 \times 2 = 504$

For objective 3 sample size required to conduct this study is calculated using Epi-Info 7 by using double population proportion formula based on the assumption mentioned in table below and the study conducted in woldia (13). The minimum sample size required is 203 however with accounting a design effect of 2 and a 10% non-response rate the sample size will be **451**.

Table.1 Sample size calculation by using double population proportion formula for objective 3 for the study of exposure to sexually explicit materials and its association to age at first sex among youth in preparatory school of adama, Ethiopia 2020

Variables	Value labels	CI	power	Ratio (unexposed: exposed)	Outcome in unexposed in (%)	AOR	sample size
Exposed to pornographic materials	Yes					2.7	203
	No	95%	80%	426:346= (1.23)	16	1	

4.5.2. For Qualitative

Sample was taken until the research question is adequately answered and reach saturations. A total of 11 purposely selected respondents were participated for an in-depth interview. Out of the 11 participants 7 of them were students (4 from grade 11 students and 3 from grade 12 students), 3 of them are school directors and the rest one (1) participants is service provider from Adama youth friendly service (YFS).

4.6. Sampling Procedure

4.6.1. For Quantitative

Multistage sampling procedure was conducted to select students from eight (8) preparatory schools that are included in the study. From the total of 8 preparatory schools in the city 5 are private and 3 are government's school and there was a total of 7,464 regular preparatory students in the town (male= 3,546 and female= 3,918). The number of schools and students in each school was obtained from the town education office. In average one section has a maximum of 50 students in private school and 60 students in government school. By using simple random sampling method one section per grade per school was taken from all schools that are included in the study and finally, students from the identified section were also selected by using simple random sampling method.

4.6.2. For Qualitative

Purposive sampling method was employed to get appropriate data from information-rich cases.

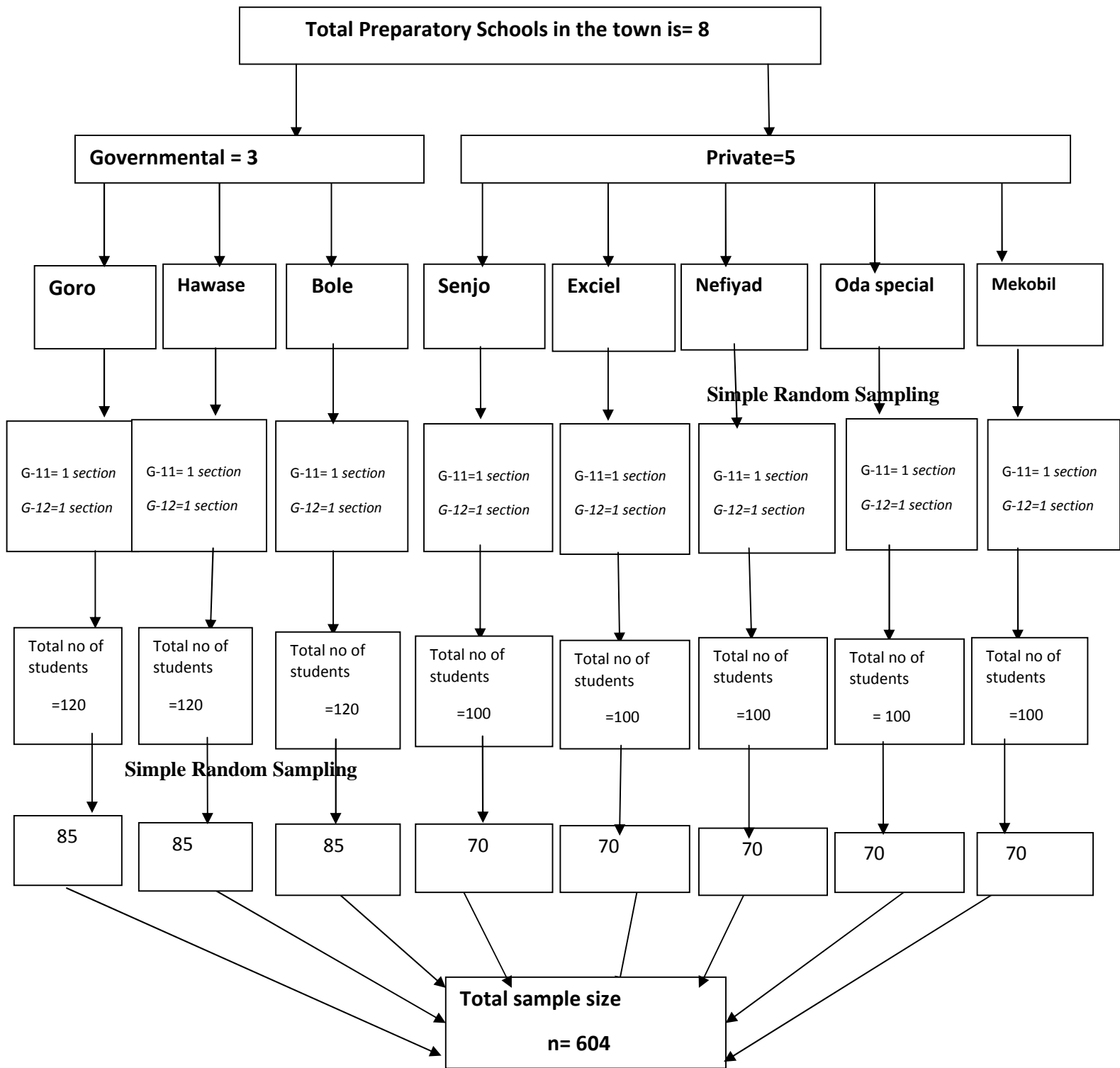


Figure 2 Schematic presentation of sampling procedure for the study of exposure to sexually explicit materials and its association to age at first sex among youth in preparatory school of Adama, Ethiopia in 2019/2020.

4.7. Data collection

4.7.1. For quantitative

Pre-tested, self-administered structured questionnaire was used. The questionnaire was first developed in English and questions are thematically organized and arranged according to objectives to make it coherent for interviewees. After that the final version of the English questionnaire is translated to Amharic version. Pre-test is done on 5% of the sample in one preparatory school in kolife sub-city, Addis Ababa and redundancy, vagueness, and logical flow of the questions was revised and corrected. Since the topic is sensitive the data collection was facilitated by age matched facilitators (peer from youth friendly services). Two (2) facilitator and one (1) supervisor (BSc nurse) were participated in the data collection and the data collection was done for 4 days duration.

4.7.2. For qualitative

An open-ended interview guide was prepared for the in-depth interview. A total of 11 purposely selected respondents were participated for an in-depth interview. Out of the 11 participants 7 of them were preparatory students (4 from grade 11 students and 3 from grade 12 students), 3 of them are school directors and the rest one (1) participants is service provider from Adama youth friendly service (YFS). The in-depth interview was conducted by the principal investigator.

4.8. Study variables

4.8.1. Dependent variables

- Age at first sex.

4.8.2. Independent variable

- Sexually explicit material.
- Age at first exposure to sexually explicit materials: was measured by asking How old were you when you first exposed to SEMs?
- Socio demographic factors (Marital status, Residence and Religiosity)
- Parental factors (Parental control, living arrangement, Parental education, Parent youth communication, Parental economic status, Parental occupation status)
- Individual factors (age, sex, having of a boy/girlfriend, pocket money, knowledge about risks and consequence of early sexual initiation, level of education)
- Extra familial factor (Peer pressure, media, and school type).

4.9. Data quality assurance

4.9.1. For quantitative

To assure the data quality one (1) day training was given for supervisor and data collectors/facilitators. Objective, relevance of the study, confidentiality of information, respondent's rights, informed consent, and technique of data collection were discussed during the training. Orientation also given for the students about the purpose of the study and how to complete the questionnaires before the data collection. Pre-test is also done before the actual data collection was started on 5% of the sample in one preparatory school in kolife sub-city, Addis Ababa and redundancy, vagueness, and logical flow of the questions was revised and corrected accordingly.

4.9.2. For qualitative

The In-depth interview was conducted by using sensitive questions asking techniques to get real information as much as possible by principal investigator and the audio information also tape recorded and additionally, note was taken during the interview to document main points raised during the discussion.

4.10. Operational definitions:

Age at first sex: age at first sexual intercourse (which include vaginal sex or anal sex or oral sex) and was measured by asking age at first sex (how old were you first had vaginal sex or anal sex or oral sex?).

Vaginal sex: vaginal penile penetration (when the penis is inserted into the vagina).

Anal sex: When a person's penis is inserted into another person's anus.

Oral sex: When a person's penis enters to another person's mouth.

Early sexual initiation: Having sexual intercourse before 18 years age.

Sexually Explicit Material (SEMs): is textual, visual, or aural materials that depict sexual behaviors or acts or that expose the reproductive organs of the human body. It includes erotic and pornographic materials, which get released through print media, video films, Internet, music videos.

Exposure: a condition subjected to or accessing sexually explicit material (ever reading or watching a material which is defined as sexually explicit).

School type: Ownership status of the school (government or private school).

4.11. Data Analysis

4.11.1. For quantitative

The data was checked for completeness and inconsistencies manually and then entered using epi-data version 4.6.0.2 software and exported to SPSS version 25 for data cleaning and analysis. Descriptive statistics such as frequency, percent, mean, median and standard deviation was employed. Binary and multivariable logistic regression analysis was done to evaluate the degree of association between associated factors and the outcome variables. Crude and adjusted odds ratio with 95% confidence intervals was used to inform the strength of the association. Variables with P-value <0.20 during the binary analysis was included in the multivariable logistic regression analysis to see further association. In multivariable logistic regression analysis covariates having p-value less than 0.05 was considered as statistically significant.

4.11.2. For qualitative

The audio record was transcribed into Amharic then it was translated into English language. Then the word document was exported to Open Code software and the entire data was coded and categorized, and finally the data was analyzed thematically.

4.12. Ethical consideration

The ethical issues was considered throughout the study by considering the basic ethical research principles: First, the proposal was submitted to the ethical review committee of AAU for approval of this project and after approval formal letter was submitted to all concerned bodies to obtain their co-operation. Furthermore, each participant was presented with information sheet and consent paper prior to the data collection. In addition, assent form was prepared for those participants whose age is less than 18 years.

4.13. Dissemination of results

The result of this study will be disseminated to Addis Ababa University (AAU) and all stockholders such as Adamatown education Bureau, ministry of health, Adamatown health bureau and furthermore the manuscript of the research will be prepared and submitted to appropriate journals for possible publication.

5. RESULTS

5.1 Socio-demographic characteristics:

Table two (2) presented the socio-demographic characteristics of the respondents. Six hundredfour (604) students were participated in the quantitative study and the response rate was 99.8%. Outof study participants, 279(46.3%) were malesand 324(53.7%) females. Student's age ranged between 16-22 years with mean (SD) of 18.09(1.214).The age group of 15-17 years were 197(32.7%) while 18-24 years were 406(67.3%). Almost equal, 309(51.2%) and 294(49.8%) of participants were from grade 11 and grade 12, respectively. Nearly two-thrid students 356(59.0%) were from private school.Orthodox 377(62.5%) were the dominant religion.Majority of the respondents 397(65.8%) reported that they attended religious program. Almost all respondents 597(99.0%) are never married. Living arrangement, majority of the respondents are living with both parents 492(81.6%). The educational status of the parents for majority of the respondents were above high school,which was 232(38.5%) and 429(71.1%) for mother and father,respectively.Regardingt the economic status,majority of the respondent's family 415(68.8%) havemoderate economic status and half of the respondents 312 (51.7%) receive permanent pocket money from their families. Substance use among the students is also assessed and the frequency of alcohol consumption 2-3 in weekwere reported as 14(2.3%) and smoking ciggarateand chewing chat sometimes were 45(7.5%) and 84(13.9%) respectively.

Table-2: Socio-demographic characteristics of students in Adam preparatory schools, Ethiopia 2020.

Variable	Category	Frequency (n=603)*	Percentage(%)
Age	15-17	197	32.7
	18-24	406	67.3
Sex	Male	279	46.3
	Female	324	53.7
Grade level	Grade 11	309	51.2
	Grade 12	294	48.8
School type	Goverement	247	41.0
	Private	356	59.0
Religion	Orthodox	377	62.5
	Catholic	11	1.8
	Protestant	126	20.9
	Muslim	89	14.8
Attended religious program.	yes	397	65.8
	no	194	32.2
Frequency of attending religious program.	Daily	72	11.9
	More than twice in a weak	133	22.1
	Once a week	134	22.2
	Once in two weeks	29	4.8
	Once a Month	35	5.8
Place where do you grow-up	urban	546	90.5
	rural	57	9.5
Marital status	never married	597	99.0
	married	3	0.5
	Divorced/separted	3	0.5
Living arrangement	with both parents	492	81.6
	with father only	13	2.2
	with mother only	35	5.8
	with my frinds	7	1.2
	with my relatives	49	8.1
	alone	7	1.2
Mather's educational status	illitirate	48	8.0
	read and write	84	13.9
	elementery	67	11.1
	highschool	172	28.5
	above highschool	23	38.0

Table-2:Continued

Father's educational status	illitirate	2	3.0
	read and write	27	4.5
	elementary	18	3.0
	highschool	127	21.1
	above highschool	429	71.1
Mather's occupational status	unemployed	211	35.0
	employed	279	46.3
	self employed	89	14.8
	daily laborer	16	2.7
	other	8	1.3
Father's occupational status	unemployed	5	0.8
	employed	318	52.7
	self-employed	229	38.0
	daily laborers	36	6.0
	others	15	2.5
Family income status	poor	90	14.9
	moderate	415	68.8
	rich	91	15.1
	i do not know	7	1.2
Received Permanent Pocket money	yes	312	51.7
	no	291	48.3
Frequency of Pocket money	always	85	14.1
	usually,	46	7.6
	sometimes	155	25.7
	rarely	26	4.3
Drinking Alcohol	never	403	66.8
	once in a month	43	7.1
	2-3 in a month	143	23.7
	2-3 in a week	14	2.3
Smoking ciggarate	never	557	92.4
	sometimes	45	7.5
	often	1	0.2
Chewing chat	never	504	83.6
	sometimes	84	13.9
	often	15	2.5

***variation is due to missing.**

5.2 Exposure to sexually explicit materials (SEMs)

Out of a total of 603 participants in the study 358(59.4%) were reported that they were exposed or ever watched sexually explicit materials (SEMs). The mean (SD) age at first exposure to SEMs was 15(0.959), the minimum age was 11 years, and the maximum age was 18 years old. Majority of the respondents, 189(53.8%) and 99(28.2%) preferred to watch adult pornography and child pornography, respectively and most of them 300(85.2%) preferred to watch/see SEMs all one (Figure 3).

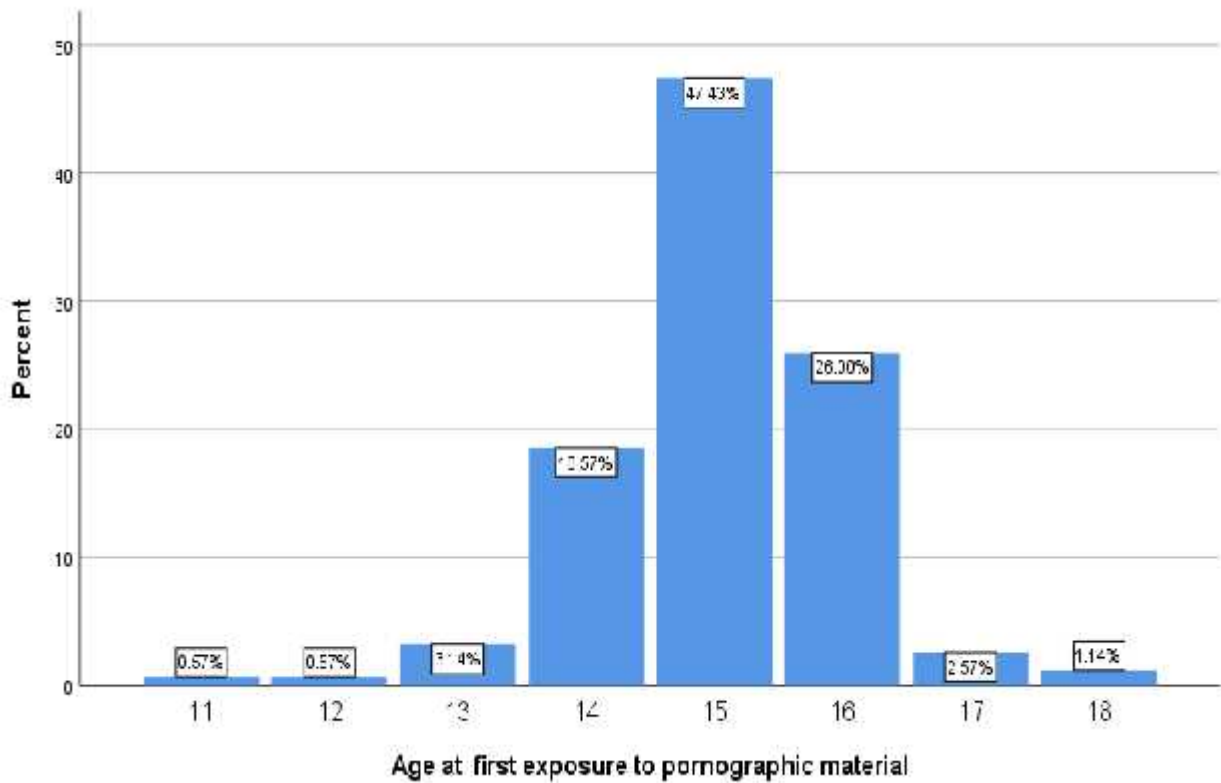


Figure-3 Respondents by age and exposure status to pornography for preparatory school of Adama, Ethiopia 2020.

Regarding the source of SEMs, almost all respondents 334(94.1%) answered that the source was from internet and almost all 320(95.5%) of the respondents access the internet from their own personal mobile phone. Among the responded participants majority of them 317(88.8%) have personal mobile phone that works internet application and from the study participants who were exposed to SEMs one-fourth of the respondents 92(25.9%) have SEMs on their personal mobile phone at the time of the study and they reported that the primarily source were downloading from internet (89.0%). From the study participants almost two-third of them 451(74.9) have facebook account and the frequency of using facebook always were 280(62.2%). Among the study participants that use facebook, 170(37.9%) of them have the chance to be encountered with SEMs on the facebook and majority of them 106(60.9%) reported that accessed it deliberately. Almost one-third (31.9%) of the respondents answered that they have practiced what they have seen/read from SEMs(Figure 4).

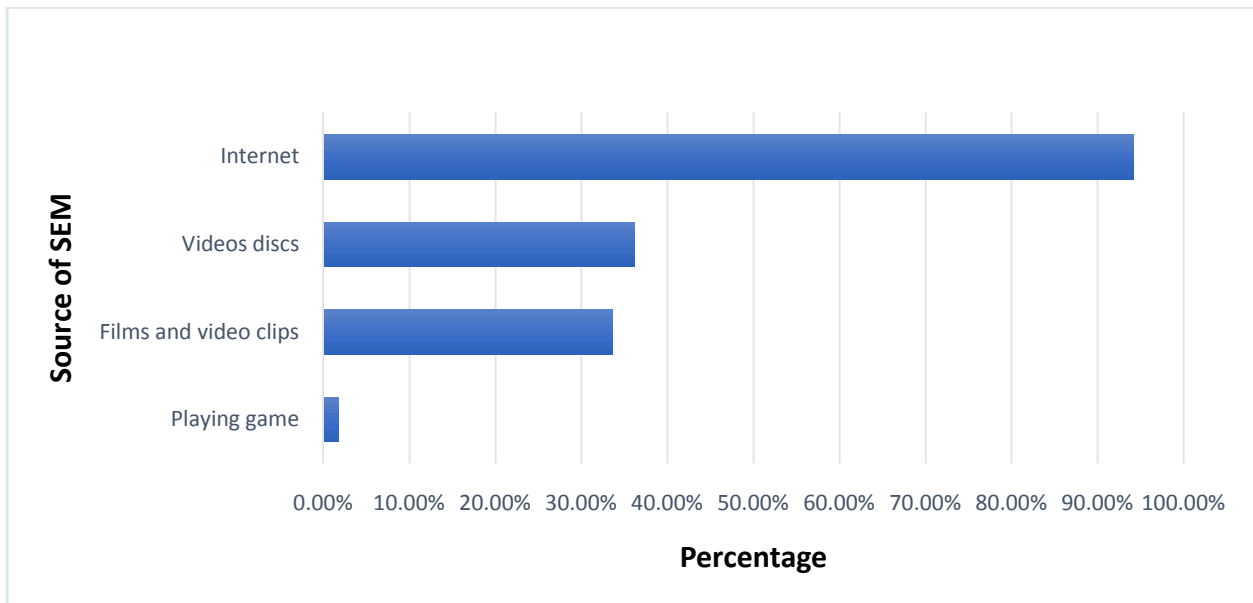


Figure-4 Sources of sexually explicit materials(SEMs) reported by respondents in preparatory school of Adama, Ethiopia 2020.

Table-3 Exposure status of the students to sexually explicit material in Preparatory school of adama , Ethiopia 2020.

Variable	Category	Frequency (n= 603)*	Perecentage(%)
Ever watched/saw SEMs/pornography	Yes	358	59.4
	No	245	40.6
Type of pornography preferred to watch.	violent/hardship pornography	10	2.8
	child pornography	99	28.2
	adult pornography	189	53.8
	romantic pornogrsphy	53	15.1
Frequency of waching SEMs/pornography	Daily	14	3.9
	often(3-4 times per week)	127	35.6
	occasionally (1-4 times per month)	131	36.7
	Rarely (once in months)	85	23.8
Age at first expouseto SEMs/pornography	11-15	246	70.3
	16-18	104	29.7
With whom did you watched/sawSEMs/pornography?	Allone	300	85.2
	with frinds	51	14.5
	With family members	1	0.3
Source of SEMs	Internet	334	94.1
	Videos discs	128	36.1
	Playing game	6	1.7
	Films and video clips	119	33.5
Source of mobile phone	personal	321	94.1
	Friends	17	5.0
	Family	3	0.9
Source of Video discs	home	10	7.4
	video house	88	65.2
	friends house	37	27.4
Source of internet	Mobile phone	320	95.5
	Interenet center	15	4.5
Do you have personal mobile phone that works internet application?	Yes	317	88.8
	No	40	11.2

Table-3: Continued

Is there any pornographic film/picture on your mobile phone right now?	Yes	92	25.9
	No	263	74.1
Source of pornographic film/picture on your mobile phone	downloaded from internet	81	89.0
	Shared via Bluetooth	10	11.0
Have facebook account.	Yes	451	74.9
	No	151	25.1
Frequency of using facebook	always	280	62.2
	usually,	76	16.9
	sometimes	60	13.3
	rarely	34	7.6
Encountered with pornographic film/picture on facebook	Yes	170	37.9
	No	279	62.1
Deliberately encountered on facebook	Yes	106	60.9
	No	68	39.1
Ever trying or practicing what you have seen/read from SEMs	Yes	95	31.9
	No	203	68.1

* variation is due to missing.

5.3 Age of first sex and Sexual activities

Out of a total of 603 Participants,127(21.1%) werestarted sexual intercourse at the time of the study and the median age at first sexual intercourse was 17.0 years,the minimum age was 11 years, and the maximum age was 19 years old. All students that had experienced sex reported that the type of first sex were vaginal. Majority of the students 88(70.4%) experienced their first sex within the age range of 11-17 years, which is started before celebrating the 18th birthday and the others, which is nearly one-third 37(29.6%) of them started sexual intercourse within the age range of 18-24 years.Pornographic movies 60(46.9%), Curiosity 41(32.0%), and Love 42(32.8%) were reported by the students as the major factors that encouraged for the first sex(Figure 5).

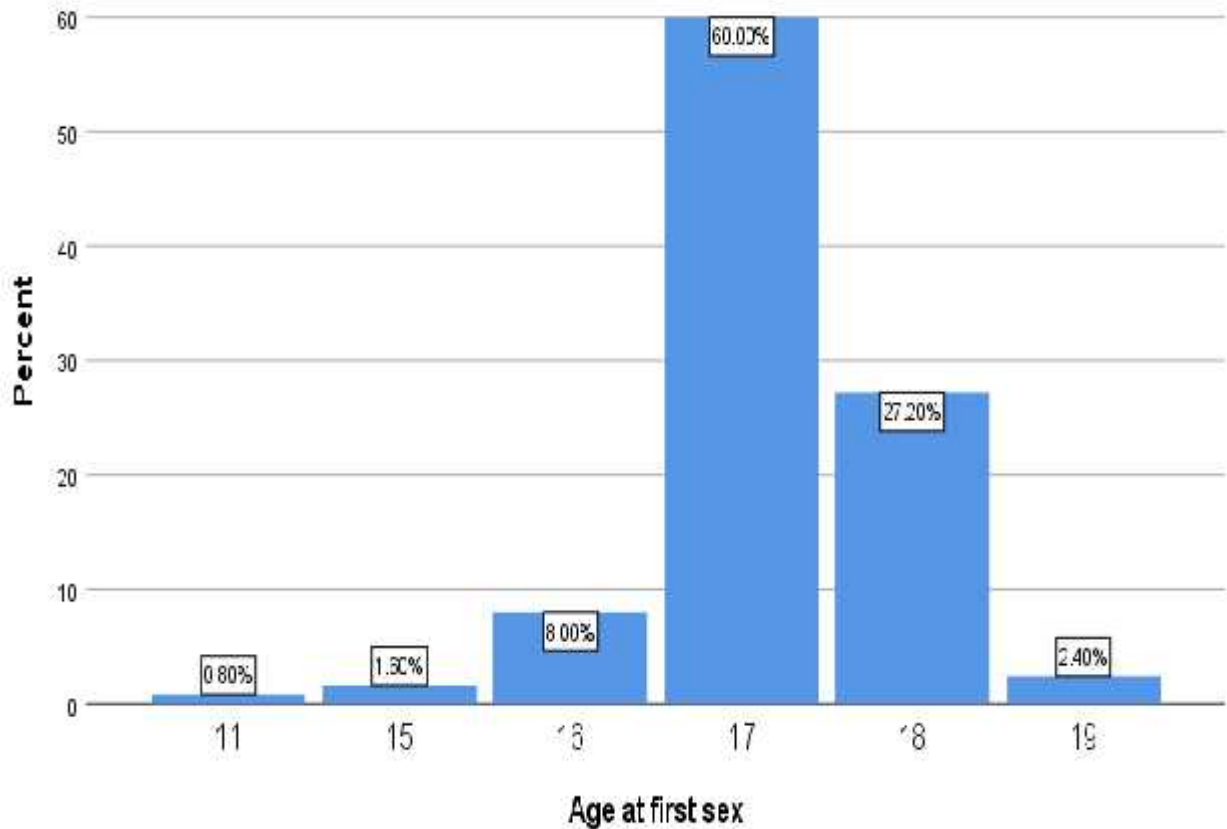


Figure-5 Respondents by age and experience of having sex in preparatory school of Adama, Ethiopia 2020.

Regarding to type of sex ever had, all of them experienced vaginal sex. The proportion of oral sex and anal sex among sexually active students were 24.4% and 3.3% respectively. Majority of the respondents (68.0%) reported that their first sex was not planned and only one-third (31.0%) of them use condom during the first sex. Shop (89.8%) and pharmacy (70.9%) were reported as the dominant source of condom. 67.0% of sexually active respondents used post pills as a contraceptive method during first sex and the reason used contraceptive at first sex were reported as, to prevent pregnancy (81.3%). Regarding the relationship with partner at first sex majority of the respondents (67.2%) reported that their sexual partner was either girlfriend or boyfriend (Figure 6).

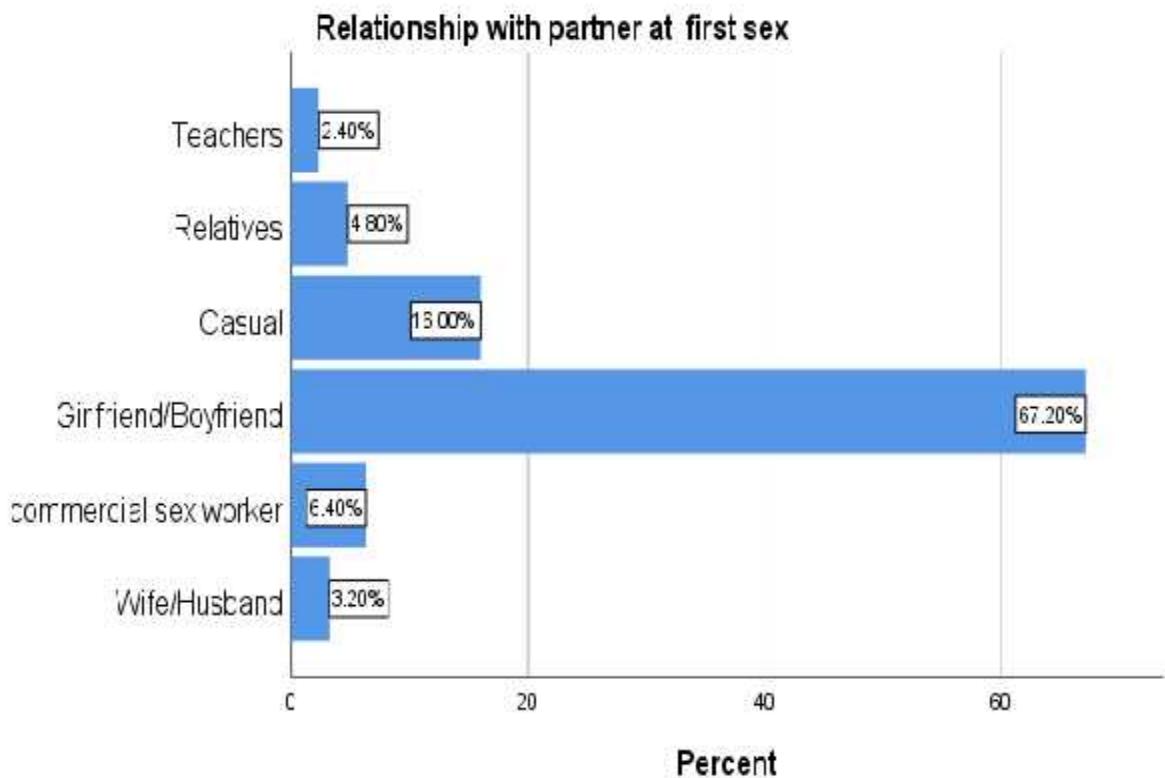


Figure-6 Relationship with partner at first sex in preparatory school of Adama, Ethiopia 2020.

Majority of sexually active students (72.4%) reported that they have had sex with one or two sex partners in the past 12 months and the maximum no. of sex partner they have through out their lifetime reported was 3. Regarding ever discussion on sexual issues with family members, only one-third (32.3%) of the respondents had discussed openly with family members on sexual issues. Waiting until become older age (40.94%) and my religion values are against it (29.64%) are the two-dominant reason of respondents not to be engaged in sexual intercourse (figure-7).

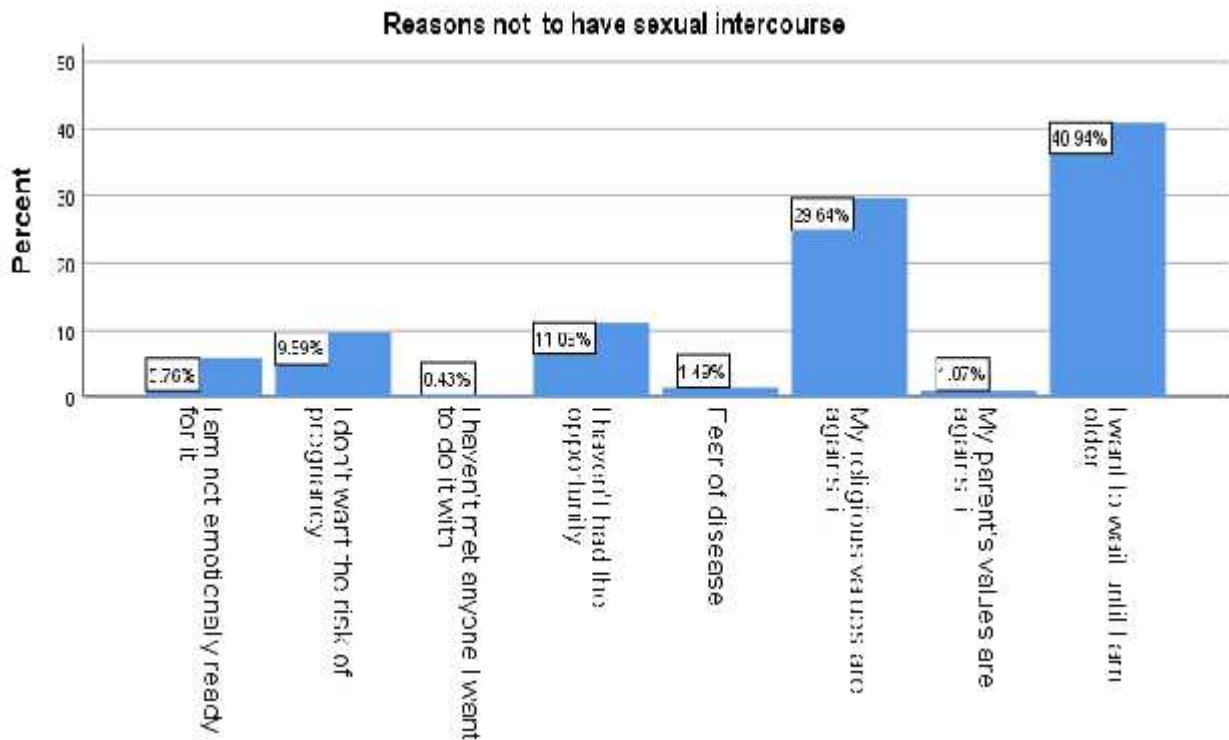


Figure 7: Reasons not to have sexual intercourse in preparatory school students of Adama, Ethiopia 2020.

Table-4 Sexual activity & age at first sex of the students in Preparatory school of Adama, Ethiopia 2020.

Variable	Category	Frequency (n= 603)*	Percentage(%)
Ever had sex	yes	127	21.1
	no	476	78.9
Age at first sex	11-17	88	70.4
	18-24	37	29.6
First sex practiced.	vaginal	123	100.0
Factors for first sex.	Forced sex/rape	3	2.3
	marriage	4	3.1
	For money	1	0.8
	Curiosity	41	32.0
	Just for love	42	32.8
	My boy/ girl friend insisted me to do so	1	0.8
	because of my age(wanted)	24	18.8
	Cheated/ False premises	1	0.8
	Movies	60	46.9
	After/during taking of Alcohol	4	3.1
	Present/gifts	15	11.7
	Peer pressure	24	18.8
Ever had a boyfriend/girlfriend	yes	108	18.2
	no	487	81.8
Type of sex ever had.	vaginal sex	123	100.0%
	Oral sex	30	24.4%
	Anal sex	4	3.3%
First sex planned	yes	40	32.0
	no	85	68.0
Condom use at first sex	yes	39	31.0
	no	87	69.0
Source of condom	Govt. hospital/ health center	21	16.5%
	School	7	5.5%
	Private clinic	10	7.9%
	Pharmacy	90	70.9%
	Shop	114	89.8%
	FGAE Clinics	40	31.5%
	Hotel/bar	26	20.5%

Table-4: Continued

Any Contraceptive use during first sex	yes	106	83.5
	no	21	16.5
Type of contraceptive used at first sex	condom only	35	33.0
	Post pills	71	67.0
Reasons used the contraception at first sex	To prevent pregnancy	87	81.3
	To prevent STD	18	16.8
	Both	2	1.9
Ever had sex in the past 12 months	yes	90	70.3
	no	38	29.7
Frequency of sex in the past 12 months	Once or twice	50	55.6
	Rarely (a few times per year)	33	36.7
	Sometimes (1-4 times a month)	7	7.8
Condom use in the past 12 months	yes	72	80.9
	no	17	19.1
Frequency of condom use in the past 12 months during sex	Always	36	50.0
	Quite often	8	11.1
	Sometimes	22	30.6
	Rarely	6	8.3
Number of people had any kind of sex in the past 12 months	1	71	77.2
	2	21	22.8
No.of people had any kind of sex in the lifetime	1	68	53.1
	2	39	30.5
	3	21	16.4
Ever discussed openly on sexual issues with family members	yes	192	32.3
	no	403	67.7

* variation is due to missing.

5.4 Sexual and reproductive health knowledge (SRH)

Regarding the knowledge on sexual and reproductive health, almost all study participants (95.5%) responded that they knew about sexually transmitted disease and all of them (99.5%) have listed at least 2 symptoms. STD (38.0%), unwanted pregnancy (39.0%) and abortion (22.2%) were reported by the participants as a risks and consequence of early sexual initiation. Majority of the participants (62.2%) preferred abstinence as the method of preventing STDs (Table 5).

Table-5 Sexual and Reproductive health knowledge(SRH) in preparatory school of Adama,Ethiopia 2020.

Variable	Category	Frequency (n= 603)*	Perecentage(%)
Know any disease transmitted through sexual intercourse	Yes	565	95.1
	no	29	4.9
Knowledge on Symptoms of Sexually transmitted disesea	Discharge from penis/vagina	242	18.4
	Pain during urination	392	29.8
	Ulcers/sores in genital area	455	34.6
	Scrotal swelling	159	12.1
	Lower abdominal pain	61	4.6
	Do not know any symptoms	6	0.5
Knowledge on the risks and consequence of early sexual initiation	STDs	447	38.8
	Unwanted pregnancy	449	39.0
	Abortion	256	22.2
Knowldge on prevention of STDs	Abstinence	479	62.2
	Use of condom	214	27.8
	Be-faithful	64	8.3
	Washing/douching	10	1.3
	Using herbs	3	0.4

* variation is due to missing.

5.5 Sub-group analysis

5.5.1 Exposure to sexually explicit materials (SEMs)

Out of a total of 358 students that are exposed or ever watched to sexually explicit materials, 135 (37.7%) of students were reported from the government schools where as 223 (62.3%) were reported from private schools. And this result shows that private schools students have higher exposure to SEMs compared to governmental schools' students (Figure 8).

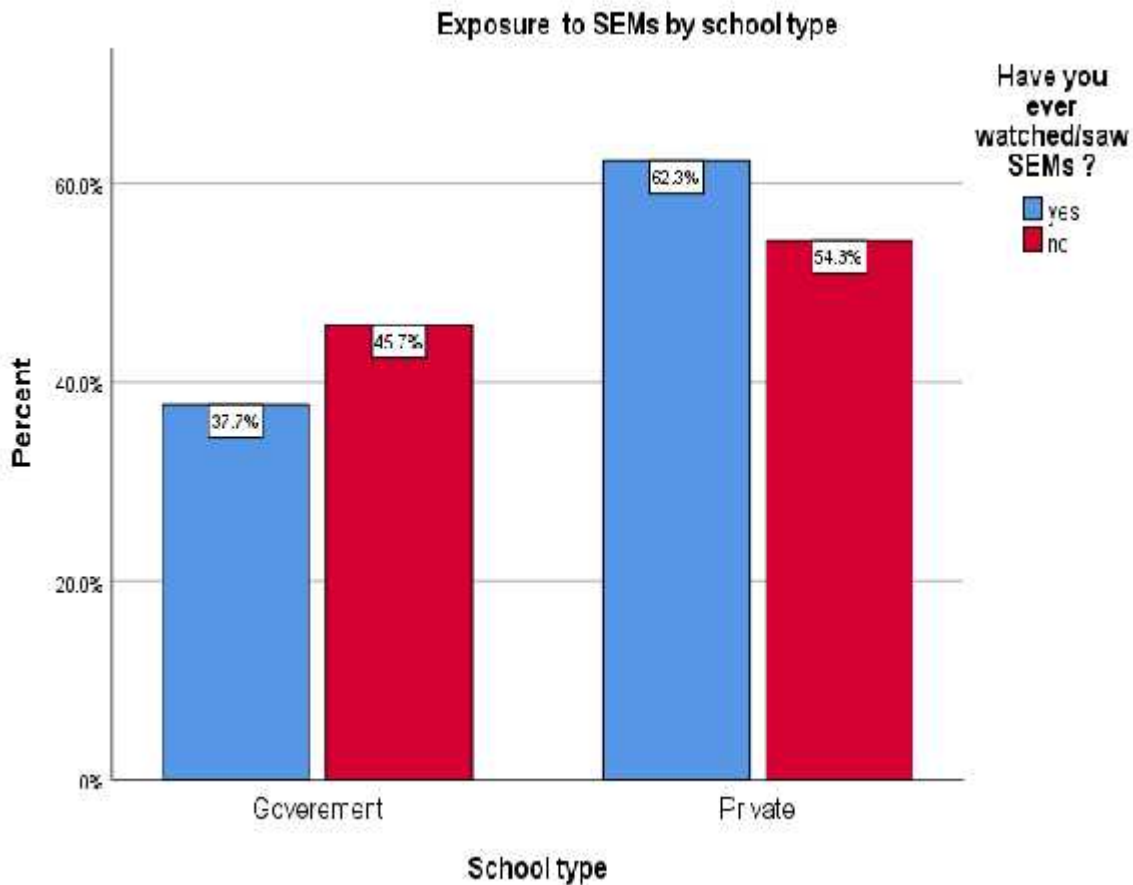


Figure 8: Exposure to SEMs by school type in preparatory school students of Adama, Ethiopia 2020.

5.5.2 Age of first sex and Sexual activities

Out of a total of 128 students that are ever had sex, 38(29.7%) of students were reported from the government schools where as 90(70.3%) of students were reported from private schools. The minimum age of age at first sex for government schools and private schools was 15 and 11 years respectively. However, the median age at first sexual intercourse for both schools was 17.00 years(Figure 9).

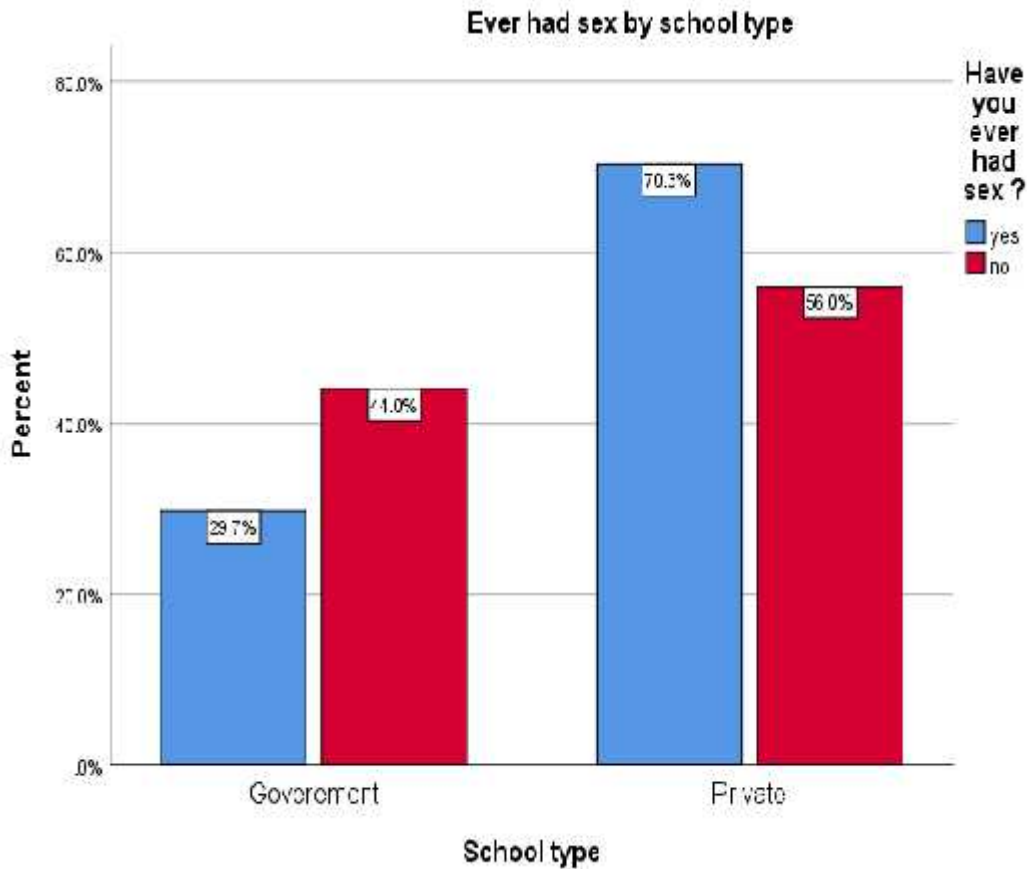


Figure 9: Ever had sex by school type in preparatory school students of Adama, Ethiopia 2020.

5.6 Binary logistic regression analysis

5.6.1 Socio-demographic factors associated with age at first sex:

Students who have never discussed openly on sexual issues with a family member were (AOR=2.16, 95%CI: 0.51-9.08) more likely to start sexual intercourse early than those who have discussed. Students who received permanent pocket money more likely to start sex early (AOR=10.72, 95%CI: 2.36- 48.63) than those who did not receive permanently. Similarly, The odds of starting sex early among students who are living with father only (AOR=3.47, 95%CI: 0.35 - 34.53) and living mother only (AOR=1.65, 95%CI: 0.12 - 22.08) times more likely than those who are living with both parents. (Table-6).

Table-6 Socio-demographic factors associated with age at first sex among preparatory school students of Adama, Ethiopia 2020.

Predictor Variables	Age at first sex		Bi-variate Model		Multivariable model
	Had sex <18	Have no sex<18	COR	P-value	AOR [95% CI]
	Freq (%)	Freq (%)			
School type					
Government (Ref)	21(21.4)	77(78.5)			
Private	67(36.8)	115(63.1)	2.13	0.009	0.34 [0.077,1.535]
With whom you are living					
Both parents (Ref)	62 (27.7)	162 (72.3)			
Father only	5 (38.5)	8 (61.5)	2.61	0.13	3.47 [0.35,34.537]
Mother only	21 (48.8)	22 (51.2)	1.63	0.41	1.65 [0.125,22.08]
Do you have permanent pocket money?					
yes	81 (60.0)	54 (40.0)	29.5	<0.001	10.72 [2.367, 48.636] ***
no(Ref)	7 (4.8)	138 (95.2)			
Ever discussed openly on sexual issues with a family member					
yes (Ref)	19 (22.6)	65 (77.4)			
no	69 (35.7)	124 (64.3)	1.9	0.032	2.16 [0.514,9.084]

* $p<0.10$, ** $p<0.05$, *** $p<0.01$

COR: Crude Odds Ratio

AOR: Adjusted Odds Ratio

5.6.2 Sexually explicit materials(SEMs) and other factors associated with age at first sex.

Age at first sex have significantly associated with exposure to sexually explicit materials and those who had exposed to sexually explicit materials more likely to start sex early (AOR= 7.55, 95%CI: 1.47-38.75) than those who are not exposed. Similarly, age at first exposure to SEMs also have an association with age at first sex and those who had first exposed to SEMs in the age group of 11-15 years more likely to start sex early (AOR=3.14, 95%CI: 0.47 - 20.85) compared to those who watched SEMs in their late age (16-18 years). Having a boy or girl friend also have showed strong association with age at first sex and those students who had not have a boy or girl friendless likely to start sex early (AOR=0.006, 95%CI: 0.001 - 0.032) compared to those who had have a boy or girl friend. The odds of starting sex early among students who were smoked cigarettes sometimes/often and chewed chat sometimes/often were (AOR=4.77, 95%CI: 0.21 - 106.28) and (AOR=2.13, 95%CI: 0.29 - 15.72) respectively. (Table 7)

Table-7 Sexually explicit materials(SEMs) and other factors associated with age at first sex among preparatory school students of Adama, Ethiopia 2020.

Predictor Variables	Age at first sex		Bi-variate Model		Multivariable model
	Had sex <18	Have no sex<18	COR	P-value	AOR [95% CI]
	Freq (%)	Freq (%)			
Have you ever watched/saw Pornographic (SEM)					
yes	82 (52.9)	73 (47.1)	22.3	<0.001	7.55 [1.472,38.758] **
no(Ref)	6 (4.8)	119 (95.2)			
Age at first exposure to SEM					
Watched at 11-15 years	64 (51.2)	61(48.8)	2.14	0.098	3.14 [0.473, 20.852]
Watched at 16-18 years (Ref)	18 (69.2)	8 (30.8)			
Never watched/saw SEM	6 (4.8)	119 (95.2)	0.04	<0.001	1 [1.00,1.00]
Have you ever had a boy/girl friend?					
yes (Ref)	70 (95.9)	3 (4.1)			
no	17 (8.3)	188 (91.7)	0.004	<0.001	0.006 [0.001,0.032]***
Smoke cigarette					
Never (Ref)	55 (22.3)	191 (77.7)			
Sometimes/Often	33 (97.0)	1 (3.0)	114.6	<0.001	4.77 [0.215,106.289]
Do you chew chat?					
never (Ref)	40 (17.7)	186 (82.3)			
Sometimes/Often	48 (88.8)	6(11.2)	31.7	<0.001	2.13 [0.290,15.720]

* $p<0.10$, ** $p<0.05$, *** $p<0.01$

COR: Crude Odds Ratio

AOR: Adjusted Odds Ratio

5.7 Qualitative Result

A total of eleven (11) purposely selected respondents were participated for an in-depth interview. Seven (7) of them are preparatory students (4 from grade 11 students and 3 from grade 12 students), 3 of them are school directors and the rest one (1) participants is service provider from Adama youth friendly service (YFS).

Theme 1: Exposure to sexually explicit materials (SEMs).

1.1 Knowledge/Information about sexually explicit materials SEMs).

Almost all respondents know or have information about the presence of sexually explicit materials (SEMs). And majority of the respondents define sexually explicit materials as sex films, naked body pictures and romantic films.

18-year-old female student said, *“Yes I know about sexually explicit materials (SEMs) and currently widely used through videos and films and even I have information that Ethiopia is the first country from Africa by searching sex film on google and currently even in our country Amharic films started to show sexually explicit contents in their films.”*

One school director said *“Yes, and I know about sexually explicit materials (SEMs), at this time due to technological advancement widely it is available on internet and social medias and even we catch some students here in our school seeing this material and sometimes also we found sexual emoji /pornographic pictures and sexual animation videos on their personal mobile phones.”*

1.2 Ever seen pornography/Sexually explicit materials (SEMs) and the type of pornographic materials viewed the last time.

Among interviewed participants (students) all of them explained that they had the chance to see sexually explicit materials (SEMs) from different sources and majority of them reported that they have seen pornographic film/sex film for the last time.

17-year-old male student said, *“My friends usually see pornographic film in group by mobile phone and I had also the chance to see this films with my friends in group But, me I don't have interest to see this films because am raised in a church and my religion did not allow to see such films or pictures and according to my religion, it is an evil act to see pornography films, But due to my friends pressure I sometimes exposed to this films.”*

Some of the respondents also mentioned that sometimes they even exposed to sexually explicit materials on internet and social medias unintentionally when they browse for other reasons (usually they exposed to naked body pictures).

“I had the chance to see frequently pornographic pictures on Telegram group and this picture is also usually released on goggle as a promotion and when I browse and use the internet, I had the chance to see it even if am not interested at that time.”

1.3 Source of Sexually explicit materials(SEMs).

Almost all respondents mentioned that their dominant source of sexually explicit materials is from internet by downloading the films with their personal mobile phone and even some share this film with friends, some of them access from social media especially from telegram group and few of the respondents also mentioned video house as another source of this materials.

1.4 The degree of exposure of in-school youth to sexually explicit materials(SEMs) and its effect on sexual life.

Almost the entire respondents mentioned that due to technological advancements and easy accessibilities of internet and social medias the exposure of in-schools youth to SEMs is very high. For majority of the respondents their sources of SEMs were from their personal mobile phone by downloading from internet and social medias.

Majority of the respondents also believed that being exposed to these materials have influence on their sexual life. They also explained that SEMs have a potential to elicit an individual sexual desire and even result in thinking of opposite sex and this may push an individual to engage in early sexually activities.

18-year-old female student said, *“Exposure to SEMs influences sexual life because firstly, being youth age group by itself is a challenging, it is a fire age, and additionally, when we exposed to these materials our sexual desire will be increased, and it will be difficult to control it and this may push us to be engaged in sexual activities.”*

Sometimes students in school see this pornographic film and naked body pictures in the classroom by their personal mobile phone when the class is free or during the break time. And some of the students even try or practice what they seen/watched from the pornographic

filmwright away. One school director from private school said, *“once up on a time in our school we catch girls while seeing pornographic films in group by their personal mobile phone”*. This shows that in-school youth have a chance of exposure to SEMs even though it is not allowed in school and we follow and control strictly.

17-years-old female student also said, *“I had the chance to meet my friendsatisfaying herself by touching her vagina with her finger.”*

1.5 Discussion about sexually explicit materials (SEMs) in school and/or youth center.

Almost all participants mentioned that there is no habit to discuss about SEMs as one topic so far. Most of the time clubs in schools and youth friendly service the discussion more focused on SRH topics like HIV/AIDS, teenagers pregnancy and even in biology class they only teach about reproductive organs and neglect other sexual issues. Generally, the discussion about SEMs and its influence on the youth sexual life is very poor and entirely neglected topic.

Youth friendly service provider said, *“NO, we never had discussed on SEMs issue as one topic usually we focused more on SRH issues like: HIV/AIDS, STI, teenager’s pregnancy and unwanted pregnancy and its complications. But this issue is also very important and currently highly affecting the sexual life of youth and I strongly suggest including this topic as one part of SRH service.”*

Theme 2: Sexual activities and knowledge about SRH

2.1 Ever had sex, age at first sex and factors for the first sex.

Among interviewed participants (students) majority of them mentioned that they did not engage in sexual activities so far. But, different factors are listed by the participants that could encourage/push in school youth to sexual activities and from this relationship (having boyfriend/girlfriend), being exposed to sexually explicit films and pictures, and lack of knowledge on the risk and consequence of early engagement of sexual activities are the dominant factors that explained by the participants.

17 year-old-female student said, *“YES, I have had sex when I was 17 years old, I was in a relationship and I had sex because we loved each other’s and even we have had long term plan to be married for the future, but at the end we break up.”*

2.2 Main reasons which contribute for early sexual initiation/ age at first sex for in school youths.

Most of the participants explained that multiple factors contribute for early sexual initiation of in school youth. Relationship, boyfriend/girlfriend and falling in love are the dominant factors that mentioned by the participants. The other reasons listed by the participants were: Substances abuse like, drinking alcohol, “shisha” and chewing chat and usually the youth in school abuse these substances due to the influence by their friends/Peer pressure. Some of the respondents explained that exposure to sexually explicit materials (SEMs) especially for pornographic films and naked body pictures is also one major contributing factor for early sexual initiation of in school youth. One participant explained that due to the availability and easy accessibility of contraceptive, especially post pills sometimes female students in school engage in sexual activities even without any protection.

17-year-old-female student said, *“From my experience, what I see and heard in our school, some of female students start sexual intercourse early because of the availability and easy accessibility of emergency contraceptive/post pills and the women think that they have no risk of pregnancy so that they engage in early sexual activities even without using any protection.”*

2.3 Risks and consequence of early sexual initiation

Most of the participants mentioned different risks and consequence of early sexual initiation. Among this the common risks explained are sexually transmitted disease (STDs) including HIV/AIDS, unwanted and teenager pregnancy. Some of the participants indicated that teenager pregnancy among in school youth usually ends up with abortion and due to this female students face psychological, social and health problems and even sometimes face school drop out.

Youth friendly service provider said, *“Youth students usually come to this youth center with different SRH problems like sexually transmitted infection (STI) and others, but commonly female students visit this youth center with a problem of unwanted/teenager pregnancy and usually they ask us to terminate/abort it.”*

school director from private school said, *“Once upon a time a grade 11 female students faced unwanted pregnancy in our school and she search money to undergo abortion, but her friends inform the issue secretly to me and I decided to discuss the problem with the student and her mothers and finally we agreed not to abort it.”*

2.4 What should be done to improve in school youth sexual life.

Almost all participants mentioned that open discussion on the area of sexual life within the family members and in the school is generally very poor and sexually explicit materials (SEMs) is also another problem which is currently affecting youth sexual life but not given attention so far. So, because of this poor discussion the students have no adequate information and knowledge on SRH and SEMs issues.

Currently due to technological advancements youth are highly busy and wasting their time on social medias by unnecessarily things like watching pornographic films and pictures and there is gap on Personal development, so the government, community, and school need to work on generation/personal developments like Youth centered motivational speech.

Some of the participants said that at national level the films that released should consider the society and need to be take care of specially films with sexually explicit contents for adolescents and youth age group. Majority of participants explained and agreed that families /parents have great role on the sexual life of their children.

Academic vice director from private school said, Families/parents need to have open discussion on SEMs and sexual issue with their children *“father should be near to his boy and mother should be near to her daughter and need to talk freely on sexual issue.”* So, raising parental awareness on the need of open discussion on sexual activity and proper monitoring and guidance of their children is very important. Additionally, the families also need to control their children at home from exposure of textual, video and online sexually explicit materials.

Schools is also one of the key places that affect the sexual life of the youth. School clubs like HIV/AIDS club, virgin club and youth club should be strengthened and be functional. Majority of the students mentioned that the clubs in the schools mainly focus on SRH issues and they did not have the chance to discuss on sexually explicit materials (SEMs) so far and due to this they explained that they have no adequate information and knowledge about SEMs and the students recommended that the schools club should discuss freely about SEMs as one topic.

Some of the respondents also indicated that in youth center there must be an open discussion about SEMs.

Youth friendly service provider said, *“Youth center as a service provider also need to include the issue of SEMs as one topic/components in SRH education and awareness creation services and plan to have open discussion regularly with youth.”*

6-Discussion

A cross sectional study design using both quantitative and qualitative approaches was conducted to assess the exposure of in school youth to sexually explicit materials (SEMs) and its association with age at first sex. Six hundred four (604) students were participated in the quantitative study and the response rate was 99.8%. In Ethiopia evidence shows that the median age at first sexual debut among in school youth is below 18 years and majority of them start sexual intercourse early and before marriage (14,20). Early sexual debut increases adolescents & youth, high-risk sexual practices (15, 16). It is also a risk for unwanted and teenagers pregnancy, which may cause serious health, social and economic problems (17). Most frequently, unwanted pregnancies also end up with abortion, which can lead to multiple complications and death (18). In the last two decades, the increment of internet use and advances in supporting technologies SEMs is widely available and accessible and this has resulted in widespread use of SEMs among adolescents (26).

The result of this study showed that out of a total of 603 participants in the study 358 (59.4%) were reported that they exposed sexually explicit materials. This result is higher than 51.67 % with a similar recent study conducted in Addis Ababa among 1128 randomly selected preparatory school students (25) but lower than 77.2% with a similar study conducted in Hawassa among 770 preparatory school students (12) and 72.5% the study conducted in Addis Ababa among 806 randomly selected high school students (40). The difference of the result might be due to sample size variation, the study area and even difference in study settings (preparatory school Vs high school). The other reason could be the time variation (time difference on which the research is conducted) this is because the degree of exposure of students to SEMs might be affected by the current technological advancement and easy accessibility of the materials.

This finding is also supported by the qualitative findings. Among interviewed participants in the qualitative study all of them mentioned that they had seen sexually explicit materials (SEMs) from different sources and majority of them reported that they have seen pornographic film recently. 17 years old male student said, *“My friends usually see pornographic film in group by mobile phone and I had also the chance to see this films with my friends together But, me I don't have interest to see this films because am raised in a church and my religion did not allow to see such films or pictures and according to my religion, it is an evil act to see pornography films, But still due to my friends pressure I sometimes exposed to this films.”*

This study indicated that 21.1% students started sexual intercourse at the time of the study. This result is similar to 21.6% which is a study conducted in Ethiopia, Bishoftu among 530 preparatory school students(41) and 21.3% a cross sectional study which is conducted among 700 secondary school students in Debreworkos town(42). Similarly, the result is also supported by another recent study(22.5%) which is conducted among high school youth students in Deberetabor town(8). However, this study finding is lower than 39% a study conducted among 573 male college students in Nepal(43), 30.8% a study conducted among 1123 unmarried high school female youth students in Bahirdar town(28) and 24.8% a similar cross-sectional study conducted among 2880 in school adolescents in eastern Ethiopia(44). But the finding is higher than 18.4% which is a similar cross-sectional study conducted among 723 randomly selected preparatory and high school students in Wolidiya town(13). The difference of the result might be due to the difference of knowledge on the risks and consequence of early sexual initiation among the study students. The sample size variation, the study area and difference in study settings also might be another reason for the difference of the results.

In this study the median age at first sexual debut among in school youth was 17.00 years. This finding is higher than 16 and 15 years which is a similar study conducted in Ethiopia, Shendi town(15) and another nationally representative samples from six Caribbean countries(33) respectively. However, majority of the students(70.4%) in this study experienced their first sex within the age range of 11-17 years, which is started sex before celebrating the 18th birthday. This result is also supported by another similar study which is conducted in Ethiopia, Debreworkos town and the mean age at first sex among in school youth was 15.7 years(37).

In this study movies (46.9%), curiosity (32%), and love (32.8%) were reported by the students as the major factors that pushed them for the first sex and majority of the students (67.2%) reported that their sexual partner was girlfriend/boyfriends. These findings are nearly similar to 75% a study which is conducted in Debreworkos town(37).

This finding is also supported by the qualitative findings. The participants are mentioned different factors that could push in school youth to sexual activities and from this, relationship(having boyfriend/girlfriend), being exposed to sexually explicit films and pictures, and lack of knowledge on the risk and consequence of early engagement of sexual activities were

the dominant factors that are explained by the participants. 17 years old female students said, “*YES, I have had sex when I was 17 years old, I was in a relationship and I had sex because we loved each other’s and even we have had long term plan to be married for the future, but at the end we break up.*”

This study also revealed that exposure to sexually explicit materials (SEMs) shows a statistically significant association with age at first sex and those who have never had exposure to sexually explicit materials are less likely to start sex early compared to those who have been exposed. This finding is supported by a similar recent systematic review and meta-analysis study conducted in Ethiopia (45). The finding is also supported by another similar study which is conducted among adolescents in Jamaica and revealed that exposure to SEMs has an association with sexual intercourse before age 16 (46). Substance abuse like chat chewing, smoking and drinking alcohol have effects on the sexual life of adolescents and youths and usually push them to early sexual initiation (29). This study also found similar findings which are the odds of starting sex early among students who smoked a cigarette (sometimes/often) and chewed chat often were higher than those students who did not smoke and chew chat. However, a similar study conducted among school adolescents in Nekemete town found that students who drank alcohol are less likely to start sexual intercourse than those who did not drink (47). The difference in the results might be due to the variation of knowledge and understanding about the risks and consequences of early sexual initiation among the students.

This result is also supported by the qualitative findings which show that a majority of the participants believed that substance abuse like drinking alcohol, “shisha” and chewing chat has an influence on their sexual life and they mentioned that youth in school usually abuse these substances due to the influence by their friends or peer pressure.

This study found that students who have never discussed openly about sexual issues with a family member are more likely to start sexual intercourse early than those who have discussed. This finding is also supported by a similar study conducted among high school students with their parents in Benishangul Gumuz, Ethiopia (48). Having an open discussion with a family member might be a good opportunity for the students to have adequate knowledge and understanding about SRH problems and develop the means to protect themselves. Similarly, a study conducted in Gamo Gofa, southwest Ethiopia found that those who do not have adequate knowledge on HIV are 8.3 times more likely to have sexual intercourse early than those who do (49). This finding is also supported by

the qualitative findings. The study participants mentioned that families and parents should have discussed openly on sexual issues. One academic vice director from private school said, *“Families/parents need to have open discussion with their children and father should be near to his boy and mother should be near to her daughter and need to talk freely on SEM and sexual issue.”*

Living arrangements is also another factor which affects youth age at first sex and in this study the odds of starting sex early among youth students who are living with father only and living with mother only is 3.47 and 1.65 respectively times more likely than those who are living with both parents. This finding is comparable with similar study conducted in Dessie town, North east Ethiopia(50). This is probably due to families/parents' close follow-up or supervision for their children not to be engaged in sexual activities early and support them only to focus on their education.

7. Streangth and limitation of the study

7.1 Streangth

- All preparatory schools' students in Adama town are included in the sample study and this makes the sample study more representative.
- In addition to the quantitative approach the study tries to explore the truth and real experience from the students and tried to triangulate with school director and youth center survice provider through qualitative approach.

7.2 Limitation

- Recall bias.
- Social desirability bias.
- The study is based on cross-sectional data so that the cause and effect can notbe determined.

8. Conclusion

The study indicated that majority 358(59.4%) of the students were exposed to sexually explicit materials. Students were first exposed to sexually explicit materials at the mean age (SD) of 15.0 (0.959) years and the source of sexually explicit materials for almost all students 334(94.1%) were from internet and nearly all 320(95.5%) of the students access the internet from their own personal mobile phone and one-third (31.9%) of them even tried or practiced what they have seen from SEMs. This indicated that the current technological advancement and easy accessibility of internet increased the exposure of in school youth to sexually explicit material.

One (1) out of five (5) students 128(21.1%) were started sexual intercourse at the time of the study and the median age at first sex was 17.00 years and majority of the students 88(70.4%) experienced their first sex within the age range of 11-17 years, which is started before celebrating the 18th birthday. In summary, this study revealed that age at first sex is significantly associated with exposure to sexually explicit materials and those who had exposed to SEMs more likely to start sex early than those who had not exposed.

9. Recommendation

- At school level: from this study findings, school clubs mainly focus and discuss only on SRH problems and neglect the issue of SEMs due to this in school youths have no adequate information and knowledge about the consequence of exposure to SEMs. So, schools clubs need to have open discussion about SEMs. Additionally, the school community especially teachers and school directors need to control the students not to be exposed to SEMs in schools.
- Families/parents need to have open discussion on SEMs and sexual issue with their children, father should be near to his son and mother should be near to her daughter and need to talk freely on SEMs & sexual issue. So, raising parental awareness on the need of open discussion on SEMs & sexual issues and proper monitoring and guidance of their children is very important. Additionally, the families also need to restrict pocket money and mobile use at home to control from exposure of textual, video and/or online sexually explicit materials.
- In youth friendly service center (YFS) as a service provider also need to include the issue of SEMs as one topic/components in SRH education and awareness creation services and plan to have open discussion regularly with youth.”
- From this study findings, some of the student's reason for delaying their first sex was “my religion values against it”. So, attending religious program is a protective for early sexual initiation and so families/parents need to encourage their children to go to church and religious leader also have unlimited role in sexual life of in school youth.

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ANNEXES:

ANNEXE-I: CONSENT FORM (FOR AGE 18 AND ABOVE)

Good morning /Good afternoon, I am _____working as data collector in a study conducted by Samuel bayu for partial fulfillment for the requirement of Master of Public Health in reproductive and family healthfrom Addis Ababa University. The objective of the study is to assess exposure to sexually explicit materials and its association with age at first sex among youth in preparatory school of Adama, 2019/2020.

Dear respondents here are lists of questioners with different sections; I am going to ask you some very personal questions that some people find it difficult to answer. Your responses are completely kept confidential .Your name will not be written on this questioner and will never be used in connection with any of the information you provide. You are not obligated to answer any question that you do not want to answer, and you may end to participate in the study at any time you want. However, your honest responses to these questions will help us to better understand exposure to sexually explicit materials and its association with age at first sex.

We would like to greatly appreciate your help in responding to these questions. It will take about 30 minutes to fill them and there is no benefit or payment that you get for your participation in this study. But your honest and genuine response to each question will play a major role in the attainment of the objective of the study. Thank you very much in advance for your unreserved help.

I the selected participant heard the information in the study information sheet and understood the purpose, benefit and what is required from me if I take part in the study. I understood that all the information regarding me like name and all answers given by me must not be transferred to a third party. I also understood that I can decide whether or not to take part in the study or even withdraw from the study at any time. So I am willing to participate in the study.

Signature of the participant-----Date-----

Data collector Name-----sign-----Date-----

We thank you in advance and greatly appreciate your helping

Contact Address of the Investigator

Name: Samuel Bayu

Tel. 0910151571

Email: sambayu10@gmail.com

ANNEXE-II: PARENTAL CONSENT FORM

Dear parent, your child is being invited to take part in a research project conducted by Samuel Bayu

For partial fulfillment for the requirement of master of public health in reproductive and family health from Addis Ababa University. The objective of the study is to assess exposure to sexually explicit materials and its association with age at first sex among youth in preparatory school of Adama, 2019/2020.

The responses of your child during the study are completely kept confidential. Your child's name will not be written on the questionnaire, and will never be used in connection with any of the information your child provides. Your child has the right to skip answering any question that he/she does not want to answer, and the child may end to participate in the study any time he/she wants. You, the parent, can also withdraw the consent you gave at any time.

To fill the questionnaire it will take about 30 minutes, and there is no benefit or payment that your child gets for his/her participation in this study. However, your child's honest response to the questions will help us to better understand exposure to sexually explicit materials and its association with age at first sex of youth. We would like to greatly appreciate your help.

I give my consent for my child _____, to participate in the research project described above. I understand that this participation is voluntary and that I may withdraw my consent at any time. I also understand that my child may withdraw his/her assent at any time.

Signature of Parent or Authorized Representative

Date

Data collector Name----- sign-----

Date-----

We thank you in advance and greatly appreciate your helping

In case you need to contact:

Contact Address of the Investigator

Name: Samuel Bayu

Tel. 0910151571

Email: sambayu10@gmail.com

ANNEX-III: ASSENT FORM (15-17 AGES)

Good morning /Good afternoon, I am _____ working as a data collector

for a research work to be conducted by Samuel bayu for partial fulfillment for the requirement of master of public health in reproductive and family health from Addis Ababa University. The objective of the study is to assess exposure to sexually explicit materials and its association with age at first sex among youth in preparatory school of Adama, 2019/2020.

Dear respondent, I am going to ask you some very personal questions that some people find it difficult to answer. However, your responses are completely kept confidential. Your name will not be written on this questioner, and will never be used in connection with any of the information you provide. Also you are not obligated to answer any question you do not want to answer or to do anything that you do not want to do. Everything you say and do will be private and your parents will not be told what you say or do while you are taking part in the study. When we tell other people what we learned in the study, we will not tell them your name or the name of anyone else who will take part in the research study. However, your honest responses to these questions will help us to better understand exposure to sexually explicit materials and its association with age at first sex of youth.

I would like to greatly appreciate your help in responding to these questions. It will take about 30 minute and there is no benefit or payment that you receive for your participation in this study. But your honest and genuine response to each question will play a major role in the attainment of the objective of the study.

If anything in the study worries you or makes you uncomfortable, let us know and you can stop. No one will be upset, if you change your mind and decide not to participate. You are free to ask the investigator any questions at any time and you can talk to your parent any time you want.

Signature of participant Date

Data collector Name-----sign-----Date-----

We thank you in advance and greatly appreciate your helping.

In case you need to contact:

Contact Address of the Investigator

Name: Samuel Bayu

Tel. 0910151571

Email: sambayu10@gmail.com

QUESTIONNAIRE FORM

INSTRUCTION: PLEASE GIVE APPROPRIATE RESPONSES TO EACH QUESTION

ON THE ‘RESPONSE’ COLUMN

PART ONE: BACKGROUND INFORMATION

No	Questions	Alternative responses (coding category)	Code
1.1	Age (how old are you?)	_____ years old	
1.2	Sex	1.Male 2.Female	
1.3	School Grade level	1. Grade 11 2.Grade 12	
1.4	School type	1.Goverment 2.Private	
1.5	What is your religion?	1. Orthodox 2.Catholic 3. Protestant 4. Muslim 5.Others (Specify	
1.6	Do you attend religious program?	1.Yes 2.No	If ‘No’ skip to Q 1.8
1.7	How often do you attend?	1.Daily 2.More than twice in a weak 3. Once a week 4.Once in two week 5. Once a Month 6. Once in 6 months to one year	
1.8	Where do you grow up?	1.urban 2.rural	
1.9	What is your marital status?	1. Never married 2. Married 3.Divorced 4.Separated 5.Widowed	
1.10	With whom you are living currently?	1. With both parents 2. With father only 3. With mother only 4. With my friends 5. With my relatives 6.Alone	
1.11	What is your mother’s education status?	1.Illiterate 2.Read and write 3.Elementary 4.High School 5.Above high school	
1.12	What is your father’s education status?	1.Illiterate 2.Read and write 3.Elementary 4.High School 5.Above high school	
1.13	What is your mother’s Occupation status?	1.Unemployed 2.Employed	

		3. Self Employed 4. Daily laborers 5. Other (Specify) _____	
1.14	What is your father's Occupation status?	1. Unemployed 2. Employed 3. Self Employed 4. Daily laborers 5. Other (Specify) _____	
1.15	How do you perceive your family economic status?	1. Poor 2. Moderate 3. Rich 4. I don't know	
1.16	Do you have permanent pocket money?	1. Yes 2. No -----	If No skip to Q.1.18
1.17	How often are you given pocket money?	1. Always 2. Often (usually) 3. Sometimes 4. Seldom (rarely)	
1.18	Do you drink alcoholic beverages? (Beer, Areke.	1. Never 2. I have drunk once in a month 3. I have drunk 2-3 in a month 4. I have drunk 2-3 in a week 5. 4 or above in a week	
1.19	Do you smoke cigarette?	1. Never 2. Sometimes 3. Often 4. Always	
1.20	Do you chew chat?	1. Never 2. Sometimes 3. Often 4. Always	

PART TWO: ASSESEMENT OF EXPOSURE TO SEXUALLY EXPLICIT MATERIALS

Note: The term "Sexually explicit materials" refers to newspapers, magazines, books, Photographs, videotapes, films, internet etc.

No	Questions	Alternative responses (coding category)	Code
2.1	Have you ever watched/saw sexually explicit materials/pornography?	1. Yes 2. No	If 'No' skip to Q no. 2.13
2.2	What type of sexually explicit materials/pornography do you prefer to read/watch?	1. Violent/hardship pornography 2. Child pornography 3. Adult pornography 4. Romantic Pornography 5. Others (specify) _____	
2.3	How often do you watched/saw?	1. Daily 2. Often (3-4 times per week) 3. Occasionally (1-4 times per month) 4. Rarely (once in months)	
2.4	How old were you when you were first exposed to sexually explicit materials/pornography ?	1. Age: _____ Years	
2.5	With whom did you read/ watch sexually explicit materials ?materials?	1. Alone 2. With friends 3. With family members 4. Others (specify) _____	
2.6	What is your source of sexually explicit materials/pornography? (More than one answer is possible.)	1. Internet 2. Videodiscs 3. magazines 4. Playing game 5. films and video clips 6. Others (specify) _____	
2.7	If you get from Mobile phone, where did you get it?	1. Personal 2. From friends 3. From family 4. Others (specify) _____	If your source is not mobile phone skip to Q. No.2.8
2.8	If your answer is video discs, where did you see/watch them?	1. At home 2. At video houses 3. At friends home 4. Others (specify) _____	If your source is not video discs skip to Q. No.2.9
2.9	If your answer is internet, where did you access it?	1. Mobile phone 2. Internet centers/cafe 3. Others (Specify) _____	If your source is not internet skip to Q. No.2.10
2.10	Do you have personal mobile phone that works internet applications?	1. Yes 2. No	
2.11	Is there any pornographic film or picture on your mobile phone right now?	1. Yes 2. No	If 'No' skip to Question No. 2.13
2.12	Where do you get it?	1. Downloading from internet 2. Sharing via Bluetooth 3. Others (specify) _____	
2.13	Do you have face book account?	1. Yes 2. No	If 'No' skip to PART THREE
2.14	If 'yes' to Question No. 2.13, how often do you use face book?	1. More than one times per day 2. Once in a day 3. Once in a Weekly	

		4. Occasionally 5.Others (specify) ____	
2.15	Have you ever encountered with pornography on face book?	1.Yes 2.No	
2.16	If 'yes' to Question No. 2.15, was it deliberate?	1.Yes 2.No	
2.17	Have you ever tried practicing what you have read/seen from sexually explicit materials?	1.Yes 2.No	

PART THREE: AGE OF FIRST SEX AND FACTOR ASSOCIATED WITH EARLY SEX

Now it is time to ask you some personal questions about your sexual experience. This includes vagina sex or anal sex or oral sex. Vaginal sex is when the penis is inserted into the vagina. Anal sex is when a person's penis is inserted into another person's anus. Oral sex is when a person's penis enters to another person's mouth. Since the following questions are more personal and secret, please answer them honestly. Remember your name is not written on the questionnaire. Please think back to the first time you had sex and provide answers to the next questions.

No	Questions	Alternative responses (coding category)	Code
3.1	Have you ever had sex	1.Yes 2.No	If 'NO' skip to Q No.3.5
3.2	How old were you the first time you had sex (Vagina sex or anal sex or oral sex?)	Age _____ Years	
3.3	What type of sex you had for the first time?	1.Vaginal sex 2. Anal sex 3.Oral sex 4.Other (Please specify)_____	
3.4	What are the factors that encouraged you for the first sex? (you can answer more than one)	1. Forced sex/rape 2. marriage 3. For money 4. Curiosity 5. Just for love 6. My boy/ girl friend insisted me to do so 7. because of my age(wanted) 8. Cheated/ False premises 9. Movies 10. After/during taking of Alcohol 11. Present/gifts 12. Peer pressure 13. Other (Specify)	
3.5	Are there reasons why you have not chosen to have sexual	1. I am not emotionally ready for it 2. I don't want the risk of pregnancy	

	intercourse?	3. I haven't met anyone I want to do it with 4. I haven't had the opportunity 5. Fear of disease 6. My religious values are against it 7. My parent's values are against it 8. I want to wait until I am older 9. If others_____	
3.6	Have you ever had a boy/girl friend?	1. Yes 2. No	
3.7	At the time you had first sex, what was your relationship with your partner?	1. Wife/Husband 2. commercial sex worker 3. Girlfriend/Boyfriend 4. Casual 5. Relatives 6. Teachers 7. I don't remember 8. Others specify_____	
3.8	What kind of sex you ever had? (Multiple answer possible)	1. Vaginal sex 2. Oral sex 3. Anal sex 4. Other (Please specify)_____	
3.9	Was your first sex planned?	1. yes 2. No	
3.10	At the time you had first sexual intercourse; did you use condom?	1. yes 2. No 3. Don't remember	
3.11	If you want to obtain condom where do you get? (More than one answer is possible)	1. Govt. hospital/ health center 2. School 3. Private clinic 4. Pharmacy 5. Shop 6. FGAE Clinics 7. Hotel/bar 8. Other (specify).....	
3.12	Which of the following consequence you faced from your first sexual exposure?	1. STDs 2. Pregnancy 3. Nothing was happened 4. abortion 5. Other (specify).....	
3.13	At the time you had first sexual intercourse; did you or your partner use any contraceptive method?	1. yes 2. No	If 'NO' skip to Q No.3.16
3.14	Which contraceptive method did you or your partner use at first intercourse?	1. Condom only 2. Injectables 3. Birth control pills 4. IUD 5. Traditional family planning method (specify)_____	

3.15	Why did you use this method?	1. To prevent pregnancy 2. To prevent STD 3. Both	
3.16	Have you ever had sex in the past 12 months?	1.yes 2.No	If 'NO' skip to Q No.3.21
3.17	How often did you have sex with a sex partner in the past 12 months?	1. Once or twice 2. Rarely (a few times per year) 3. Sometimes (1-4 times a month) 4. weekly 5. Not sure 6. Others, specify _____	
3.18	Did you and/your sex partner use condom in the past 12 months during sexual intercourse?	1.Yes 2.No	
3.19	How often did you and/or your sex partner use condom in the past 12months during sexual intercourse?	1. Always 2. Quite often 3. Sometimes 4. Rarely	
3.20	In the past 12 months, with how many people have you had any kind of sex?	_____	
3.21	In your lifetime, with how many people have you had sex?	_____	
3.22	Have you ever discussed openly on sexual issues with a family member?	1. Yes 2. No	

PART FOUR: SEXUAL AND REPRODUCTIVE HEALTH KNOWLEDGE

4.1	Are there any diseases that can be transmitted through sexual intercourse?	1. Yes 2. No 3.I don't know	
4.2	What are the symptoms of sexually transmitted disease in a man/woman?(multiple answers are possible)	1. Discharge from penis/vagina 2. Pain during urination 3. Ulcers/sores in genital area 4.Scrotal swelling 5.Lower abdominal pain 6. Others..... 7. Don't know any symptoms	
4.3	What are the risks and consequence of early sexual initiation? (More than one answer is possible)	1.STDs 2.Un wanted pregnancy 3. Abortion 4.Others.....	
4.4	Is there anything a person can do to avoid getting a sexually	1. Abstinence 2. Use of condom	

	transmitted disease? (multiple answers are acceptable)	3. Be faithful 4 Washing/douching 5. Using herbs 6. Other, specify-----	
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Guide for In depth interview (IDI)

1-Background Characteristics

1. Age.....
2. Sex.....
3. Religion.....
4. Grade.....
5. School type.....
6. Living arrangement.....
7. Substance abuse like chewing chat,smoking and alcohol

2-Questions about Exposure to Sexual Explicit Materials (SEM)

1. What do you know about SEM?
2. Have you ever seen SEM? If so, what type of pornographic materials did you view the last time?

Probe: As you know, some evidence in school shows youth in school have been watching Pornographic (Sexually explicit Materials) these days What about you?

3. What is your source of pornographic materials?
4. Do you think that exposure to SEM has an effect on sexual activity?

Probe:How?

5. What do you say about the degree of exposure of in-school youth to sexually explicit materials?

Probe: Do you think it has an effect on their sexual activity? How?

6. Do you think sexually explicit materials are easily available to in-school youth? If so where do you think are the youth exposed to such media?
7. Have you ever discussed about sexually explicit materials in class room and youth center.

3-Questions about Age at first sex and Knowledge about SRH

- 1-Have you ever had sex?

ርጃናኤችአይቪ/ኤድስእንዲሁምሌሎችየአባላዘርበሽታዎችየሚያደርሱትንየሞትናየህመምሁኔታለመቀነስይረዳል።በተጨማሪም በወጣቶችስርአተ-ተዋልዶዙሪያላይለሚዎጡፖሊሲዎች፤ለሚደረጉማሻሻያዎችናየአገልግሎቶችመስፋፋትከፍተኛአስተዋጽኦያበረከታል።

ልጅ-----
ከላይበተጠቀሰውጥናትተሳታፊእንዲሆንፈቃድኝነቱንሰጥቻለሁ፤እንዲሁምተሳትፎወበፈቃድኝነትላይየተመሰረተመሆኑንናየሰጠ ሁትንፈቃድኝነትበማናቸውምጊዜማንሳትእንደምችልተረድቻለሁ።ልጄምቢሆንፈቃድኝነቱን/ቷንበማንኛውምጊዜማቋረጥእንደ ሚችል/ትችልአወቄአለሁ።

----- የወላጅወይምያሳዳጊፈርማቀን

----- የጥናቱባለቤትፈርማቀን

መጠየቅ (ማነጋገር) የሚፈልጉትንገርካለ:-

ሳሙኤልባዩ (የጥናቱባለቤት)

ስልክቁጥር 0910151571

ኢ-ሜል: sambayu10@gmail.com

እድሜዓቸውከ15-17 ለሆኑፈቃድመጠየቂያቅጽ

ጤናይስጥልኝስሜ-----
ይባላል።በጥናቱውስጥበመረጃሰብሳቢነትነውየምሠራው።የጥናቱአላማወሲብቀስቃሽለሆኑነገሮችየወጣቶችተጋላጭመሆንናካ ለዕድሜለሚጀመርዎሲባዊግንኙነትያላቸውንተፅኖእንዲሁምሌሎችወሲባዊግንኙነቱንተከትለውስለሚመጡየስነተዋልዶየጤና ችግሮችንለማቅበሳሙኤልባዩበአ/አዩንቨርስቲየህ/ሰብጤናክፍልየድህረምረቃኖሮግራምየሚካሄድጥናትሲሆንጥናቱየሚካሄደ ዉበ 2012 ዓ.ምበአዳማከተማወሰጥትምህርታቸውንበመከታተልላይበሚገኙየመሰናዶተማሪዎችላይነዉ።

በዚህመጠይቅውስጥየተለያዩንዑስክፍሎችያሉትጥያቄዎችየተካተቱሲሆንበመጠይቅውስጥበጣምሚስጢራዊየሆኑእናግላዊየሆ ኑጉዳዮችተካተዋል።።ተሳትፎወበፈቃድኝነትላይየተመሠረተነውነገርነገርግንያለህን/ሽንተሞክርብታካፍሉንየጠቀስናቸውንናሌ ሎችንምየወጣቶችእናታዳጊዎችችግርለመፍታትእጅግበጣምጠቃሚነው።።ጥያቄውንለመሙላትሰላሳደቂቃያህልሊወስድይችላል ።።

ጥናቱንአስመልክቶምትሰጠዉ/ጪዉማንኛውምመረጃበሚስጢርየሚጠበቅበመሆኑበማንኛውምመንገድለሰስተኛአካልአሳል ፎአይስጥምወይምአይጋለጥም፤ማንነትህ/ሽእንዳይታወቅምስምበጥያቄውወረቀትላይአይመዘገብምእንዲሁምየሰጠሽዉ/ሽዉም ላሽለቤተሰብኤነገርም።ይሁንእንጂበጥናቱላይበመሳተፍህ/ሽየተለየጥቅምአይኖርም።።ነገርግንበጥናቱላይበመሳተፍህ/ሽእናለሚ ጠየቁትጥያቄዎችበዕውቀትላይየተመሠረተናተገቢየሆነመረጃስጠትህ/ሽበወጣቶችስርአተዋልዶዙሪያላይለሚዎጡፖሊሲዎ ች፤ለሚደረጉማሻሻያዎችእንዲሁምአገልግሎቶችመስፋፋትከፍተኛአስተዋጽኦያበረከታሉ።።በመጨረሻምለሚሰጡትለየትኛውምአ ይነትምላሽአመሰግናለሁ።።

በጥናቱላይማናቸውምየሚያስጨንቅወይምየማይመችህ/ሽነገርካለበማናቸውምጊዜአሳዉቆማቋረጥይቻላል።።ጥናቱንማቋረጥከፈ ለግህ/ሽማንምሊረብሽህወይምሊያስገድድህአይችልምእንዲሁምጥያቄመጠየቅከፈለግህ/ሽበማናቸውምጊዜመጠየቅበተጨማሪ ምክወላጅጋርመነጋገርይቻላል።።በመጨረሻምበጥናቱለመሳተፍፈቃድኛከሆንህ/ሽከታችበተሰጠዉክፍትበታፈርም/ሚ -----

----- የጥናቱተሳታፊፈርማቀን

----- የመረጃሰብሳቢስምናፈርማቀን

መጠየቅ (ማኪጋገር) የሚፈልጉትን ገርካለ:-

ሳሙኤልባይ (የጥናቱ ባለቤት)

ስልክ ቁጥር 0910151571

ተ.ቁ	ጥያቄ	አማራጭ	ይለፍ
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ኢ-ሜል: sambayu10@gmail.com

በአማርኛ ቋንቋ የተዘጋጀ መጠየቅ

እባክህ/ሽለጥያ ቋንቋዎችን ቢጠይቁ ልሰጥ/ሜ

ክፍል-1: አጠቃላይ መረጃ

1.1	ዕድሜህ/ሽሰንትነው?	_____ ዓመት	
1.2	ጾታ	1. ወንድ 2. ሴት	
1.3	የክፍልደረጃ	1. 11ኛ 2. 12ኛ	
1.4	የትምህርትቤቱአይነት	1. የመንግስት 2. የግል	
1.5	ሐይማኖትህ/ሽምንድንነው?	1. ኦርቶዶክስ 2. ካቶሊክ 3. ፕሮቴስታንት 4. ሙስሊም 5. ሌላካለይጠቀስ _____	
1.6	ቤተክርስቲያን/መስጊድትሄዳለህ/ጂአለሽ?	1. አዎ 2. አልሄድም	መልሱአልሄድምከሆነወደጥያቄ 1.8 ተሻገር/ሪ
1.7	ምንያህልጊዜቤተክርስቲያን/መስጊድትሄዳለህ?/ጂአለሽ?	1. በየቀኑ 2. በሳምንት ከ 2 ጊዜ በላይ 3. በሳምንት አንዴ 4. በ2 ሳምንት አንዴ 5. በወር አንዴ ጊዜ 6. ከስድስት ወር እስከ አንድ አመት ባለ ጊዜ ውስጥ አንዴ	
1.8	ያደግህበት/ያደግሽበት የትነው ?	1. ከተማ 2. ገጠር	
1.9	በአሁን ሰዓት የጋብቻ ሁኔታሽ/ህምንይ መስላል ?	1. እስካሁን ያላገባ 2. ያገባ 3. የፈታ 4. የተለያየ 5. ባል/ሚስት የሞተበት	
1.10	ከማንጋርነው የምትኖር/ሽ?	1. ከእናት እና አባቴ ጋር 2. ከአባቴ ጋር ብቻ 3. ከእናቴ ጋር ብቻ 4. ከዘመዶቼ ጋር 5. ከጓደኞቼ ጋር 6. ብቻዬን	
1.11	የእናት የትምህርት ሁኔታ?	1. ያልተማረች 2. ማንበብና መጻፍ የምትችል 3. አንደኛ ደረጃ 4. ሁለተኛ ደረጃ 5. ከዚያ በላይ _____	
1.12	የአባት የትምህርት ሁኔታ?	1. ያልተማረ 2. ማንበብና መጻፍ የሚችል 3. አንደኛ ደረጃ 4. ሁለተኛ ደረጃ 5. ከዚያ በላይ _____	
1.13	የእናትህ/ሽ/የስራ ሁኔታ?	1. ስራ የሌላት 2. የመንግስት ሰራተኛ 3. ነጋዴ 4. የቀን ሰራተኛ 5. ሌላ (ይጠቀስ) -----	

1.14	የአባት/ሽ/የሰራተኛ?	1. ስራ-የሌለው 2. የመንግስት ሰራተኛ 3. ነጋዴ 4. የቀንሰራተኛ 5. ሌላ (ይጠቀስ) -----	
1.15	በአንተ/አንች አመለካከት የቤተሰብ/ሽ/የኑሮ ደረጃ ምን ይመስላል?	1. ድሃ 2. መካከለኛ 3. ሀብታም 4. አላውቅም::	
1.16	ቋሚ የሆነ የኪስገንዘብ አለህ/ሽ?	1. አዎን 2. አይደለም	መልሱ የለኝም ከሆነ ወደ ጥያቄ ቁጥር 1.18 ተሻገር
1.17	የኪስገንዘብ የሚሰጥህ/ሽ ምን ይህል ጊዜ ነው?	1. ሁሉ ጊዜ 2. በአብዛኛው 3. አልፎ አልፎ 4. በጣም በጥቂት	
1.18	አልኮልት ጠጣለህ/ሽ? (ቢራ፣ አረቄ፣)	1. በፍፁም 2. በወር አንድ ጊዜ 3. ከ 2-3 ጊዜ በወር 4. ከ 2-3 ጊዜ በሳምንት 5. 4 ወይም ከዚያ በላይ በሳምንት	
1.19	ሲጋራ ታጨሳለህ/ሽ?	1. በፍፁም 2. አንዳንድ ጊዜ 3. አብዛኛው ጊዜ 4. ሁሉ ጊዜ	
1.20	ጫት ቅመው ታውቃለህ/ሽ?	1. በፍፁም 2. አንዳንድ ጊዜ 3. አብዛኛው ጊዜ 4. ሁሉ ጊዜ	

ክፍል-2: ወሲባዊ ዘወት ስላላቸው የመገናኛው ጤቶች (ጋዜጦች፣ ፊልሞች፣ ድረ-ገፅ፣ መፅሐፍትና ቪዲዮዎችን ይመለከታል)

2.1	ወሲብ ቀስቃሽ የሆኑ የመገናኛው ጤቶችን አይተህ/ሽ ታውቃለህ/ቁያለሽ ?	1. አዎ 2. አይቼ አላውቅም	መልሱ አይቼ አላውቅም ከሆነ ወደ ጥያቄ 2.13 ተሻገር/ሪ
2.2	ምን አይነት የወሲብ ቀስቃሽነትን ያለባቸውን ማየት ስርዓት አለህ/ሽ?	1. ሀይል የተቀላቀለበት/ማስገደድ ያለበት 2. ከ18 አመት በታች/ህፃናት ያለበት 3. የአዋቂዎች 4. የፍቅር ዘወት ያላቸውን 5. ሌላ ካለ ይገለፅ _____	
2.3	ለምን ይህል ጊዜ ወሲብ ቀስቃሽ የሆኑ የመገናኛው ጤቶችን ታያለህ/ሽ ወይም ታነባለህ/ሽ?	1. በየቀኑ 2. በሳምንት ከ3-4 ጊዜ 3. በወር ከ1-4 ጊዜ 4. አልፎ አልፎ	
2.4	ለመጀመሪያ ጊዜ እነዚህን ወሲብ ቀስቃሽነት ስርዓትን ስታይ እድሜህ/ሽ ስንት ነበር?	_____ ዓመት	
2.5	ከመገንጋርነት አብዛኛው ጊዜ እነዚህን ቅደም ተከተል ያየህ/ሽው	1. በቻየን 2. ከጓደኛ ጋር	

		13 ሌላካለይገለጽ.....	
3.5	ለምንግብረስጋግንፍነትአንዳላደረግህ/ሽልትገልጽልኝ/ጨልኝትችላለህ/ዩአለሽ ?	<ol style="list-style-type: none"> 1. አይምሮዩንአላዘጋጀሁትም 2. እርግዝናይከሰትብኝ/ይከሰትባትይሆናልብዬስለምፈራ 3. የምፈልገውንሰውስላላገኘሁ 4. እድሉንአላገኘሁም 5. በሽታበመፍራት 6. እምነቴ (ሃይማኖቴ) ስለማይፈቅድ 7. በቤተሰብተጽእኖ 8. ዕድሜዬገናነው 9. ሌላካለ..... 	<p>ግብረስጋግንፍነትአድርገክ/ሽየምታውቅ ከሆነወደጥያቄ 3.6ተሻገር</p>
3.6	የግብረስጋግንፍነትጓደኛኖርክ/ሽያውቃል?	<ol style="list-style-type: none"> 1. አዎን 2. የለም 	
3.7	ለመጀመሪያጊዜግብረስጋግንፍነትካደረከው/ካትጋርግንፍነታችሁምነበረ?	<ol style="list-style-type: none"> 1. ሚስት/ባል 2. ሴተኛአዳሪ 3. ፍቅረኛ 4. ባጋጣሚተገናኝተን 5. ዘመድ 6. መምህር 7. አላስታውስም 8. ሌላካለይጠቀስ..... 	
3.8	ምንአይነትግብረስጋግንፍነትፈፀመሽ/ህታውቁአለሽ/ህ? (ከአንድበላይመልስማክቡብይቻላል)	<ol style="list-style-type: none"> 1. በብልትየሚፈጸምወሲብ 2. በአፍየሚፈጸምወሲብ 3. በፈንጥጣየሚፈጸምወሲብ 4. ሌላካለይገለጥ..... 	
3.9	ለመጀመሪያጊዜግብረስጋግንፍነትስትፈጽም/ሚበእቅድነበር?	<ol style="list-style-type: none"> 1. አዎ 2. አይደለም 	
3.10	ለመጀመሪያጊዜግብረስጋግንፍነትስትፈጽም/ሚኮንደምተጠቀመህ/ሽነበር?	<ol style="list-style-type: none"> 1. አዎ 2. የለም 	
3.11	ኮንዶምስምትፈልግ/ጊበትጊዜከየትማግኘትችላለህ/ሽ? (ከአንድበላይመልስማክቡብይቻላል)	<ol style="list-style-type: none"> 1. ከመንግስትሆስፒታል/ጤናጣቢያ 2. ከት/ቤት 3. ከግልክሊኒክ 4. ከመድሀኒትቤት 5. ከሱቅ 6. ከቤተሰብመምሪያክሊኒክ 7. ከሆቴል/ቡናቤት 8. ሌላካለግለፅ/ጭ..... 	
3.12	የመጀመሪያጊዜወሲብከመፈፀምሽ/ህጋርተያይዞምንአይነትችግርነበርያጋጠመሽ/ህ?	<ol style="list-style-type: none"> 1. ያባላዘርበሽታዎች 2. እርግዝና 3 የለም (አጋጥሞኝአይወቅም) 4. ውርጃ 5. ሌላይገለጽ..... 	
3.13	ለመጀመሪያጊዜግብረስጋግንፍነትስታደርጉፍቅረኛህ/ሽየወሊድመቆጣጠሪያተጠቅማችሁነበር?	<ol style="list-style-type: none"> 1 አዎ 2 አልተጠቀምንም 	<p>መልሱአልተጠቀምንም ከሆነወደጥያቄ 3.16ተሻገር</p>
3.14	የትኛውንአይነትየወሊድመቆጣጠሪያዘዴነበርየተጠቀማችሁት?	<ol style="list-style-type: none"> 1. ኮንዶምብቻ 2. መርፌ 	

		3. የሚዋጡ እንክብሎች 4. በማህጸን የሚገባሉ፣ 5. በተፈጥሮ መከላከያ ዘዴ (ይጠቀስ).....	
3.15	ወሲድ መቆጣጠሪያ ዘዴውን የተጠቀሙት ሆስፒታሎች ለምን ነበር?	1. እርግዝናን ለመከላከል 2. የአባላዘር በሽታን ለመከላከል 3. ሁለቱንም ለመከላከል	
3.16	ለአለፉት 12 ወራት ወሲብ ፈጽመሽ/ህታው ቁአለሽ/ቃለህ?	1. አዎ 2. የለም አድርጌ አላውቅም	መልሱ አድርጌ አላውቅም ከሆነ ወደ ጥያቄ 3.21 ተሻገር
3.17	ባለፉት 12 ወራት ውስጥ ስንት ጊዜ ወሲብ አድርገህ/ሽታው ቃለህ/ቁአለሽ?	1. አንዴ ወይም ሁለት 2. ለጥቂት ጊዜ ብቻ (በአመት ለጥቂት ጊዜ ያትብቻ) 3. አልፎ አልፎ (በወር ውስጥ ከ1-4 ጊዜ) 4. በየሳምንቱ 5. እርግጠኛ አይደለሁም 6. ሌላ ካለ ይገለጥ	
3.18	ባለፉት 12 ወራት ውስጥ ወሲብ ስትፈጽም/ሚኮን ይምትጠቀም/ሚነበር?	1. አዎ 2. የለም	
3.19	ባለፉት 12 ወራት ውስጥ ባለገናኙት ስታደርገ/ግምን ያህል ጊዜ ኮንዶምት ጠቀም/ሚነበር?	1. ሁልጊዜ 2. ብዙ ጊዜ 3. አልፎ አልፎ 4. አንዳንድ ጊዜ	
3.20	ለአለፉት 12 ወራት ማንኛውንም አይነት ወሲብ ከስንት ሰዎች ጋር ፈጽመሻል/ሀል?	-----	
3.21	በአጠቃላይ በህይወት ዘመንህ/ሽከስንት ሴቶች/ወንዶች ጋር ማንኛውንም አይነት ወሲብ አድርገሃል/ሻል?	1. ከ..... ሴቶች/ወንዶች ጋር 2. አላስታውስም	
3.22	ከቤተሰብ አባል ጋር በግልጽ ስለሆነ ታዋቂ ጉዳዮች ተወያይተህ /ሽታው ቃለህ/ሽ	1. አዎ 2. አላውቅም	

ክፍል-4 :- የስነተዋል ደዕወቀት

4.1	በግብረሰጋ ግንኙነት ምክንያት ሊመጡ የሚችሉ በሽታዎች ይኖራሉ?	1. አዎ 2. የለም 3. አላውቅም	
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እንደጾታዎቻቸው ለደረጃው፡፡ በዚህም ከንጹህነት ወጣቶች በወጣትነታቸው ጊዜ ለተለያዩ የጤና ችግሮች ለጋለጡ ይችላል ለምሳሌ የህልል አባላዎች ለእርጅና እና ሌሎች አይሺብሽታ፡፡ የዚህ ጥናት አላማ ወጣቶች ለመጀመሪያ ጊዜ ወሲ በየሚጀምሩበት ጊዜ ማዎቅ እና ለዚህ ድርጊት የሚገፋፉ ምክንያቶችን መለየት ነው፡፡ በተጨማሪም ወጣቶች ስለስነተዋል ደያላቸው ንእዛቸው፣ አመለካከት እና አጠቃቀም በጥናቱ ይዳሰሳል፡፡ የዚህ ጥናት ውጤት በአሁኑ ሰዓት የወጣቶችን ጤና እና ህይወት ለማሻሻል በወጣቶች ዙሪያ ለሚሰሩ መንግስታዊ እና መንግስታዊ ያልሆኑ ድርጅቶች እና ተቋማት ለጤና፣ ለትምህርት፣ ለማህበራዊ እና ለኢኮኖሚያዊ ስራዎቻቸው ወይን ደግሞ በዓት ሊያገለግል እና የወጣቶችን ምኞት ፈትህ ይወት በማስተካከል ለቤተሰቦቻቸው፣ ለማህበረሰቡ እና ለሀገር ጠቃሚ እንዲሆኑ ይረዳል፡፡ ለዚህ ጥናት የተመረጠ ጥያቄ/ሽያጭን ተ/ች ሃሳብ ለዚህ ጥናት አስፋላ ለሀገር ስላገኘነው ነው፡፡ ያንተ/ች ተክክለኛ መልስ ለወጣቶች የስነተዋል ደጤና ስራዎች እና አቅጣጫ ወችን ለመቅረፅ በጣም ጠቃሚናቸው፡፡ በጥናቱ ለመሳተፍ በሙሉ ፈቃደኝነት ላይ የተመሰረተ ነው፡፡ ማንኛውም ግልፅ ያልሆነ ጥያቄ ካለ አሁን መጠየቅ ይቻላል፡፡ በሌላ ጊዜም

መጠየቅ (ማነጋገር) የሚፈልጉትን ነገር ካለ፡-

ሳሙኤል ባዩ (የጥናቱ ባለቤት)

ስልክ ቁጥር 0910151571

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የዚህ ጥናት አላማ ተገልጿል፡፡ በተጨማሪም በመጠይቁ ካልተሰማ ማህበረሰብ ለማንኛውም ሰዓት መቋረጥ እንደምትችሉ ተነግሮኛል፡፡ ለጥናቱ መሳካት ተብሎ እንደተመረጠ ጥሁስ እና ተሳትፎ የምንጠይቅ ሁሉንም ሰዓት ለማህበረሰብ አገራዊ ጥናቱ ለሌሎች ስራዎች እና ለሌሎች ስራዎች እና አቅጣጫ ወችን ለመቅረፅ በጣም ጠቃሚናቸው፡፡ በጥናቱ ለመሳተፍ በሙሉ ፈቃደኝነት ላይ የተመሰረተ ነው፡፡ ማንኛውም ግልፅ ያልሆነ ጥያቄ ካለ አሁን መጠየቅ ይቻላል፡፡ በሌላ ጊዜም

የአማርኛ ጥልቅ መጠይቅ

1. መሰረታዊ መረጃዎች

1. እድሜ _____
2. ጾታ _____
3. የትምህርት ደረጃ _____
4. የትምህርት ቤቱ አይነት _____
5. እምነት _____
6. ከማንኛውም የምትኖር/ሽ? _____
7. ህጾችን ተጠቅሞ ለህ/ሽ (ሲጋራ፣ አልኮል፣ ጫት.....) _____

2. ወሲ በወጣቶች ስለላቸው ማተሪያ ሎቶች ጋላጭነት ጥያቄዎች

- 1- ወሲ በወጣቶች ስለላቸው ማተሪያ ሎቶች ምን ታውቃለህ/ቁያለሽ ?
- 2- አንዳንድ ቤት ላይ የተሰሩ ጥናቶች እንደሚሰሩት በአሁኑ ሰዓት ወጣቶች ወሲ በወጣቶች ስለላቸው ፊልሞች/ ማተሪያ ሎቶች ይመለከታሉ እንዴት ነው አንተ ስ/ሽ ?
ምን አይነት ወሲ በወጣቶች ስለላቸው ፊልሞች/ ማተሪያ ሎቶች ለመጨረሻ ጊዜ ተመልክተካል?
- 3- ወሲ በወጣቶች ስለላቸው ፊልሞች/ ማተሪያ ሎቶች የምን ታገኝ በትምን ጭክሮች ነው?
- 4- ለነዚህ ፊልሞች/ ማተሪያ ሎቶች መጋለጥ ጾታዊ ህይወት ላይ ተጽዕኖ አለው ብለህ/ሽ ታስባለህ/ሽ ካለው ስለእንዴት?

- 5- በት/ቤታችሁውስጥያሉወጣቶችወሲባዊይዘትላላቸውፊልሞቻ/
 - ማተሪያሎቻቸውምጋለጥመጠንምንያክልነው?ለነዚህፊልሞቻ/
 - ማተሪያሎቻቸውምጋለጥጾታዊህይወትላይተጽኖአለውበለህ/ሽታስባለህ/ሽካለውስእንዴት?
- 6- በት/ቤታችሁውስጥያሉወጣቶችንወሲባዊይዘትያላቸውንፊልሞቻ/
 - ማተሪያሎቻቸውበቀላሉማግኘትይችላሉበለህ/ሽታስባለህ/ሽ?ይህከሆነእነዚህንፊልሞቻ/
 - ማተሪያሎቻቸውምግንጥንትምንጭከየትነው?
- 7- በክፍልውስጥወይምበወጣቶችማህከልስለጾታዊጉዳዮችስትማሩወሲባዊይዘትስላላቸውፊልሞቻ/
 - ማተሪያሎቻቸውወይይታችሁታውቃላችሁ?

3.ስለመጀመሪያጊዜወሲብናየስነተዋልዶዕዉቀትጥያቄዎች

- 1- ወሲብፊጽመሽ/ህታውቁአለሽ/ቃለህ? ለመጀመሪያጊዜወሲብስትፈጽም/ሚእድሜሽ/ህስንትነበር?
 - ለመጀመሪያጊዜወሲብስትፈጽም/ሚምክንያትየሆነህ/ሽምንድንነው?
- 2- በት/ቤትውስጥያሉወጣቶችንያለጊዜያቸውጾታዊግንኙነትእንዲጀምሩየሚያደርጉምክንያቶችምንድናቸው?
- 3- ያለጊዜውየሚጀመርጾታዊግንኙነትምንአይነትችግሮችንሊያስከትልይችላል?
- 4- ያለጊዜውየሚጀመርጾታዊግንኙነትበጠና፣በኢኮኖሚእንዲሁምበማህበረሰቡላይየሚያስከትለውተጽኖምንድንነው?ከ
 - ጠናጋርበተገናኘሰለሚያስከትለውችግርበምሳሌልትነግረኛችላለህ/ሽ?
- 5- ሌላስለወሲባዊይዘትያላቸውፊልሞቻ/ ማተሪያሎቻእናስለመጀመሪያጊዜወሲብ
 - ህይወትክ/ሽዙሪያየምትነግረንነገርይኖራል?

አመሰግናለሁ !

