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**MANAGEMENT (DRHHSM)**

**SEXUAL INITIATION AND CONTRACEPTIVE USE AMONG FEMALE YOUTHS IN**  
**AMBO TOWN**

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# Table of Contents

<b>Acknowledgment</b>	<b>i</b>
<b>Table of Contents</b>	<b>ii</b>
<b>List of tables</b>	<b>iii</b>
<b>List of Figures</b>	<b>iv</b>
<b>Acronyms</b>	<b>v</b>
<b>Abstract</b>	<b>vi</b>
<b>1: Introduction</b>	<b>1</b>
1.1 Background .....	1
<b>2: Literature Review</b>	<b>3</b>
2.1. Age at first sexual initiation .....	3
2.2 Factors associated with early sexual initiation .....	4
2.2. Contraceptive Use .....	5
<b>3: Objective of the study</b>	<b>8</b>
3.1 General.....	8
3.2 Specific .....	8
<b>4: Method and Materials</b>	<b>9</b>
4.1 Study Area and Period .....	9
4.2 Study design: -.....	10
4.3 Source and study population: -.....	10
4.4 Sample size and Sampling procedure: .....	10
4.5 Study variables .....	13
4.5.1 Dependent variables.....	13
4.5.2 Independent variables .....	13
4.6 Data collection.....	13
4.7 Data management and quality control measures .....	14
4.8 Operational definitions .....	14
4.9 Data Entry and Analysis .....	14
4.10 Ethical clearance.....	15
4.11 Dissemination of results:.....	15
<b>5 Result</b>	<b>16</b>
<b>6. Discussion</b>	<b>42</b>
<b>7. Strength and limitations of the study</b>	<b>48</b>
<b>8. Conclusion</b>	<b>49</b>
<b>9. Recommendation</b>	<b>50</b>
<b>10. Annex</b>	<b>51</b>
I. References .....	51
II: Informed consent agreement .....	53
III: Questionnaire .....	54
IV: Focus Group Discussion Guide .....	59

## **List of tables**

**Table 1:** Socio-demographic characteristics of the study participants in Ambo, April 2013

**Table 2:** Parental characteristics of sexually experienced female youths age 15-24 in Ambo town, April 2013

**Table 3:** Peer pressure concerning sexual initiation among sexually active age 15-24 females in Ambo town, April 2013

**Table 4:** Sexual activities at sexual initiation among female youths in Ambo town, April 2013

**Table 5:** High risk sexual activities among sexually experienced female youths in Ambo town, April 2013

**Table 6:** Percentage distribution of non-sexual behavior among sexually active age 15-24 females in Ambo town April 2013

**Table 7:** Percentage of all female youth respondents who have heard of any contraceptive methods and their perceptions, by specific method, Ambo April 2013

**Table 8:** Percent distribution of all sexually experiencing female youths age 15-24 by contraceptive method used Ambo, April 2013

**Table 9:** Socio-Demographic association by age at first sexual initiation among female youths in Ambo town, April 2013

**Table 10:** The consequence of peer pressure on age at first sexual initiation among age 15-24 female youths in Ambo town, April 2013

**Table 11:** Logistic regression depicting the risk of non-sexual risk activities to age at first sexual initiation among female youths in Ambo town, April 2013

**Table 7:** Logistic regression analysis result on current use of contraception among 635 sexually experienced female youths aged 15-24 years: In Ambo town, April 2013

## **List of Figures**

**Figure 1:** Schematic representation of the sampling procedure for the selection of female youths in Ambo town, west Shoa; Ethiopia

**Figure 2:** Percentage Distribution of Female Youths by their sexual perception, Ambo town 2013

**Figure 3:** Distribution of the 309 female youths by age at first sexual initiation, Ambo town, 2013

**Figure 4:** Issues encouraged to start first sex among female youths in Ambo town, 2013

**Figure 5:** Reasons for not having sexual intercourse by female youths in Ambo town, 2013

**Figure 6:** Factors that hinders contraceptive use by female youths in Ambo town, 2013

## **Acronyms**

<b>AIDS</b>	Acquired Immuno Deficiency Syndrome
<b>EDHS</b>	Ethiopia Demographic and Health Survey
<b>FGD</b>	Focus group discussion
<b>HIV</b>	Human Immuno-Deficiency Virus
<b>IUC</b>	Intrauterine contraception
<b>NGO</b>	Non-governmental Organization
<b>SRH</b>	Sexual and Reproductive Health
<b>SSA</b>	Sub-Sahara Africa
<b>STI</b>	Sexually transmitted Infections
<b>UNFPA</b>	United Nations For Population Affairs
<b>WHO</b>	World Health Organization

## Abstract

**Background:** Early sexual debut may be linked to reproductive health problems later in life. In addition, both the timing of first sex and contraceptive use are affected by a variety of factors and this makes the consequences of youth sexuality much more serious. It is important to understand what influences youths' sexual initiation, the need to use contraceptive methods and the consequences of these behaviours. These may affect the design and implementation of effective early pregnancy and disease prevention strategies.

**Objectives:** The aim of this study was to determine the age at first sexual intercourse, contraceptive use and related factors among female youths in Ambo town.

**Methods:** A cross-sectional community-based study was conducted in Ambo town of West Shoa Zone, Oromia Regional State between January and February, 2013. Two kebeles out of three were randomly selected. Multistage cluster sampling technique was used to draw sample size of 675. Then, households were selected by systematic sampling technique. Structured and pretested questionnaire and semi structured FGD guide was employed to collect data. Descriptive statistics such as frequencies, percentages and graphs were used. To determine the association between dependent and independent variables, odds ratio with 95% confidence interval was computed. Logistic regression was also employed to assess possible factors.

**Result:** Overall, nearly half, 48.7% of the surveyed participants have ever had sex. The median age at first sex being 17 years while; the mean  $\pm$  SD age was  $16.7 \pm 2.1$ . Multivariate analysis showed that age group of 20-24 [AOR= 7.35, (95%CI 4.80, 11.26)], those who attend, at least secondary education [AOR = 3.09 (95%CI;1.44, 6.66)], those who encouraged by their friends to have boyfriend [AOR = 2.09 (95% CI; (1.42, 3.06), ever drank alcohol [AOR = 5.76 (95 % CI; 3.57, 9.31), and ever watched pornographic materials [AOR = 1.78(95%CI; 1.19, 2.66)] were more likely to initiate sex.

Knowledge of at least one contraceptive method was 95.4% and overall contraceptive current use was 37.3%. Multivariate analysis shows that age group of 20-24 [AOR= 3.22, (95%CI 2.08, 4.98)] and youths with partners who have discussed about the method [AOR= 2.15 (95%CI, 1.38, 3.34)] were more likely to use contraceptives. Currently unmarried [AOR= 0.17 (95%CI, (0.09, 0.31)] was less likely to use contraception compared to currently married. As the qualitative data suggested, the perceived age at sexual debut among young girls is very early.

**Conclusion and Recommendation:** Substantial amount of female youths had started sexual activity that might expose them to different reproductive health problems. Thus, early sexual initiation coupled with very low contraceptive use among youth females is a potential risk of the development of sexual and reproductive health problems. Therefore, in view of our finding, an active effort to promote sexuality education and contraceptive use should be intensified among female youths in the town, particularly young women, in making informed decisions about sexual intercourse and contraceptive uses.

# 1: Introduction

## 1.1 Background

World health organization (WHO) classifies adolescence as the age group 10-19 years, “young people” as those between the ages of 10-24 years and youth as those between the ages of 15-24 years. Adolescence is a time when many young people experience critical and life-defining challenges such as their first sexual experience, marriage, pregnancy, and parenthood(1).

More than 1 billion people in the world are between the ages of 15 and 24, and most live in developing countries(2,3) Youth (aged 15 to 24) constitute slightly more than 20 per cent of Africa’s population.

Early initiation of sexual relations is not a new phenomenon in SSA. In the past, virginity was valued in many societies and sexual initiation, at a young or later age, took place during marriage. However, today, puberty occurs at a younger age, and age at marriage is rising; therefore, sexual initiation of adolescents is likely to be earlier and premarital. As a result of this, youths are more exposed to risks of early pregnancy, unwanted pregnancy, premature births, and sexually transmitted diseases that have harmful health, social and economic consequences for the individual as well as her family and community(4,5). Other adversities include perpetual poverty, low educational attainment, limited vocational opportunities, separation of family including divorce, and repeated pregnancy(6).

Ethiopia as a Sub-Saharan African country, characterized by rapid population growth, as a result the majorities of its population are young. Adolescent (age 10 to 20) constitute one fourth of the total population of the country. Being a country with complex cultural diversity, there are different cultural and social values and practices that determine or influence the age at which adolescent female begin sexual relation. In this process they become victims of unprotected sex, early marriage, early pregnancy and death from unsafe abortion(7,8).

On the other hand, young people often face enormous pressure to engage in sex; especially from peers, exposure to unlicensed erotic video films and the desire for economic gain. As a result of this, a significant number of adolescents are involved in sexual activities at an early age(9).

In the same way, most young adults who enter into a sexual relationship for the first time do not use any form of contraception, leaving them vulnerable to unintended pregnancies and unplanned parenthood. A sizeable proportion of young Ethiopians know about family planning. However, most sexually experienced young women in Ethiopia do not use contraceptives(10).

In addition, access (physical, financial, and socio-cultural) to reproductive health care can influence an individual's familiarity with contraception and knowledge of the health risks of early childbearing or STI infection, and in turn off early sexual activity(4).

Therefore, the study was conducted for intent of determining the median age at first sex and factors associated with sexual initiation, and contraceptive use among female youths in Ambo town. Yet, the determinants that throw in to sexual initiation and contraceptive utilization practices were not discussed in depth within the Ambo town. Thus, it is crucial to understand what influences youths' sexual behaviour, contraceptive use and the consequences of that behaviour may facilitate the design and implementation of effective early pregnancy and disease prevention strategies.

## **2: Literature Review**

Youth's health is greatly determined by their behavior. An important and complex area of adolescent behavioral health is sexuality. Some of the issues of experience and activity include the timing of first intercourse, number of sex partners, the need to use contraceptives method, pregnancy, and sexually transmitted infections (STIs). Given the severity of negative consequences associated with sexual activity, ensuring that youth receive sexuality education is important for healthy development(11).

### ***2.1. Age at first sexual initiation***

Worldwide, studies on adolescent sexual behavior show that young people's premarital sexual encounters are generally unplanned, infrequent and sporadic, a pattern that pre-disposes the youth to unwanted pregnancy and sexually transmitted infections. In sub-Saharan Africa, 7.4% of all 15-24 years aged youth were infected with HIV in 1997, mainly thorough unprotected heterosexual intercourse(12).

Cross-sectional studies conducted in Africa have shown that early age at first sex is associated with having several sexual partners. In Cameroon, 12- to 25-year-old who initiated sexual relations before the age of 16 were more likely to have multiple sex partners at the time of the study and to have had casual sex in the 12 months prior to the study(4).

Cross-sectional studies have also shown an association between age at first sexual relation and the risk of contracting sexually transmitted infections and HIV. In a study conducted in Ethiopia, the authors observed an association between early onset of sexual activity among women and increased prevalence of sexually transmitted diseases and pelvic inflammatory disease(13).

The young population in Ethiopia has been increasing during the last few decades. Currently, adolescents constitute about 24% while young adults 10-24 years constitute about 30% of the total population. Sexual experience begins early in Ethiopian society. According to Ethiopian DHS 2005; among women age 25-49, 32 % had sexual intercourse before age 15, 65 % before age 18, and by age 25 most Ethiopian women have had sexual intercourse. Traditional practices and poor living conditions often lead young people to engage in sex at an early age. Many young women are forced to practice sex for money. Lack of family support and limited educational

opportunities have led many youth to turn to life on the streets which in turn increases risk of sexual encounter(1,10).

In Ethiopia, trends in sexual initiation have changed little between 2000 and 2005 EDHS(14).

According to Ethiopian Demographic and Health Survey (EDHS) 2011; among women age 25-49, 29 percent first had sexual intercourse before age 15, 62 percent before age 18, and by age 25 the majority of Ethiopian women (88 percent) had had sexual intercourse. The median age at first sexual intercourse for women age 25-49 years is 16.6 years, which is very close to the median age at first marriage of 16.5 years. This suggests that Ethiopian women generally begin sexual intercourse at the time of their first marriage. The median age at first sexual intercourse has increased over the past two decades; from 15.6 years for women currently age 45-49 to 18.8 years for women currently age 20-24(5,15).

## **2.2 Factors associated with early sexual initiation**

Several studies done in sub Saharan Africa, including Ethiopia, have shown a high prevalence of STIs including HIV among youth, with females having higher prevalence compared to males. Reasons for higher susceptibility of females have been found to be multifactorial and include biological, economic and social demographic factors; mixing patterns among sexual partners, the age difference between male and female sexual partners, with males seeking sexual gratification from younger females and peer pressure(16,17).

A cross sectional survey among youths in Addis Ababa revealed that 29% had planned sex while the remaining 71% reportedly had casual sex. Moreover, 22% reported ever use of condoms, while 24% admittedly experienced abortion. With the average age at sex debut (Mean = 16.7 years, SD=1.7), the respondents initiated sex as early as 11 years. Some of the reasons for sexual debut were identified, with 'maintaining relation with male partner's (51%), 'for the sake of passionate love'(45.8%), and 'to overcome loneliness' (40%) as the three most important reasons. Regarding self-restraining capacity, the majority of the respondents (75.4%) indicated that they had 'little or no control over' their sexuality in the face of sexual advances made by male partners(18,19).

Bonellet *al.* found that females who disliked school were significantly more likely to report pregnancy (by age 16) compared with those who liked school. This association remained largely unaffected by adjusting for other factors, including expectations (of parenting and education at

age 20), confidence (in rejecting unwanted sex and communicating about sex) or knowledge (about emergency contraception timing and contraception services). In the same study lack of expectation of being in higher education at age 20 was also significantly associated with early pregnancy(20).

Greater urbanization and exposure to mass media, together with declining influence of the Catholic Church, are accompanied by greater sexual freedom for today's teenagers than their counterparts of even a decade earlier practiced. Young women's early experience of sexual intercourse raises fundamental concerns about their health and social development. Unprotected intercourse is associated with the risks of acquiring STI and of experiencing an unprotected pregnancy, along with the potential consequences of either clandestine abortion or higher rates of maternal and child morbidity and mortality, should the woman choose to bear the child(21,22).

## **2.2. Contraceptive Use**

Contraceptive use benefit the health of children by preventing early pregnancy that most likely result in low birth weight baby less likely to survive, and by making all children wanted and cared for(23).

### 2.2.1 Knowledge and the use of contraception

Knowledge and use of contraceptive among adolescents showed very wide variation among regions of SSA than other regions of the world. In conformation with this study among adolescent aged 15-19 in Ghana revealed that 85% knows at least one modern method of contraception while only 11% of sexually active adolescent used modern contraceptive the rate for any methods was 27% (24). Similar study in Nigeria has revealed that over 60% of urban adolescent have heard of at least one method but only 4.7% of sexually active adolescents practice contraceptive of which 3.5% of them practice modern methods. Another study indicated 90% of Kenyan high school students knew at least one method, 49% of male and 42% of female student ever used cp. The same study has also shown an increase in contraceptive use from 25% versus 28% during the first to 31% versus 29% during the last intercourse among male and female students respectively, however only 11% of ever users considered themselves as frequent users(24,25).

In 2005, 86 percent of all women knew about at least one method of contraception: 83 percent knew about the pill; 81 percent knew about injectable contraception. Less than half knew about condoms, implants, female sterilization, or intrauterine contraception (IUC). Nearly 91 percent of

men knew about at least one method of modern contraception. In 2005, 16 percent of married female teens and 24 percent of married 20- to 24-year-old women used a modern method of contraception while 52 percent of sexually active unmarried females ages 15-24 used a modern method(26).

A more comprehensive cross sectional study conducted in 55 urban parts of Ethiopia showed that 87% of sexually active female youth were aware of pill, however only 39% of female respondent have ever used pill. The same study has documented that 10% of female has used periodic absence. Similar study have also documented 98.1% of unmarried adolescent women have heard at least about one contraceptive method, 85% have positive attitude towards contraceptive while 57.4% reported to ever practice contraceptive, but only 30.7% of adolescent age 15-17 reported to ever practice contraceptive. Community based survey in Nazareth also revealed that 95% of sexually active adolescents had information about at least one method of contraceptives and 78% of them ever used contraceptive. The same study indicated the level of contraceptive use was 38% during the first and 69% during the last intercourse(27,28).

According to Ethiopian Demographic and Health Survey (EDHS) 2011 report, Knowledge of at least one method of contraception is nearly universal among both women and men in Ethiopia, regardless of marital status and sexual experience. For instance, unmarried sexually active women and men know of more methods than their married counterparts. Similarly the contraceptive prevalence rate for all Ethiopian women age 15-49 is 20 percent and 29 percent for currently married women, and 57 percent for sexually active unmarried women. The most common modern method used by each group of women is Injectable, currently used by 14 percent of all women, 21 percent of currently married women, and 32 percent of unmarried sexually active women. The current contraceptive use is lower among young women and among older women (some of whom are no longer fecund) than among those at the intermediate age groups. For example, 5 percent of all women age 15-19 report current use of any contraceptive method. This proportion increases until it peaks at 29 percent in the 30-34 age groups, after which it decreases steadily to 11 percent among women age 45-49(15,21).

### 2.2.2 Factors associated with use of contraception

The contraceptive prevalence in most developing countries remains very low. Many developing countries have substantial geographic variations in contraceptive use, although the factors shaping these variations are little understood. Previous studies suggested that variations in contraceptive

use typically remain after accounting for individual and household factors. Contextual factors such as community-level cultural beliefs, the presence and quality of reproductive health services, the physical characteristics of the area, macroeconomic factors, and the presence of transport routes have been suggested as causes of geographic variations in contraceptive use(29).

According to Ethiopian Demographic and Health Survey (EDHS) 2011, Women of educated and higher family monthly incomes have a much higher increased chance of contraceptive use compared to women with less educated and low monthly incomes. Current contraceptive use increases with women's education. Twenty-two percent of women with no education report current use of any method, compared with 68 percent of women with more than secondary education. Similarly, current use of any contraceptive method increases with wealth, from 13 percent of women in the lowest quintile to 52 percent of women in the highest quintile(15).

### **3: Objective of the study**

#### **3.1 General**

To assess sexual initiation and contraceptives use and associated factors among female youths aged 15-24 years in Ambo town of West Shoa Zone in Oromia Regional State, Ethiopia, 2012/13

#### **3.2 Specific**

To determine median age at first sex among female youths

To assess knowledge of contraceptives among female youths

To assess contraceptives utilization by female youths

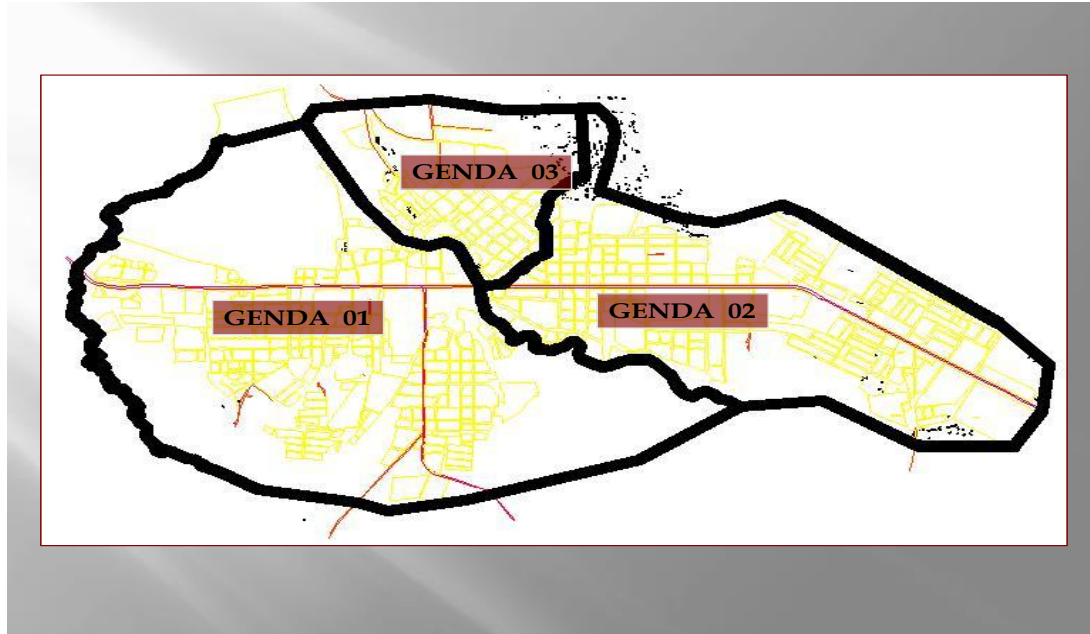
To explore factors associated with sexual initiation among female youths

To explore factors associated with use of contraceptives among sexually active female youths

## 4: Method and Materials

### 4.1 Study Area and Period

Ambo town is a zonal town with the 2<sup>nd</sup> grade (stage) of administrative status. The distance of Ambo town from the capital Finfinne (Addis Ababa) is approximately 114 kms. According to Ambo town municipality, the town has three urban kebeles (Ganda): genda 01, 02 and 03.



*Source: Ambo town profile*

Ambo town is the capital town of West Shewa Zone with population size of more than 67,514 in 2009/2001 including the population of expansion areas of which males 34,276 (50.8%) and females 33,238 (49.2%) and, respectively. Of the total population size of the town, youths (both sexes) account 15.9% in age group of 15-19 and 11.1%, 20-24. Male youth population is slightly higher 9387 (13.9%) than female youth population 8842 (13.1%) at the town level and thus the sex ratio is estimated to be 106. Female youths alone account 8842, of which 59.5% are in age group of 15-19 and 40.5% in 20-24 years.

In Ambo town there are eleven Kindergartens, one primary first cycle school (1-4), seventeen full primary schools (1-8), one secondary school (9-10), one Preparatory and TVET School, eight college level educational institutions and one University. There are also a total of 28 health institutions. Among these institutions, 6 of them owned by government, 2 by non-governmental organization, and 20 privately owned (30). The data was collected between January and February, 2013.

## **4.2 Study design: -**

A cross-sectional community-based study was conducted in Ambo town. The study also used qualitative study to supplement quantitative data. Thus, both quantitative and qualitative methods of data collection were employed on female youths.

## **4.3 Source and study population: -**

### **4.3.1 Source population: -**

*Quantitative study:* - The source population were all female youths in the age group of 15 to 24, who reside in Ambo town at the time of the survey.

### **4.3.2 Study population: -**

*Quantitative study:* - All sampled 15-24 years aged female youths who were selected for the study in the study area.

*Inclusion criteria:* - Those female youths who were permanent residents of Ambo town who were willing to participate in the study.

*Exclusion criteria:* - Those who were sick, and not in the study area at the time of the survey.

*Qualitative study:* - Female youths who participate actively in different youth related organizations (e.g. in school, out of school, and religious) and were selected purposively.

## **4.4 Sample size and Sampling procedure:**

### **4.4.1 Sample size**

The sample size for this particular study was calculated using the following formula:

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

*With the assumptions:* - Prevalence (p) of sexual initiation before 18 years for urban youths being 50% (1), margin of error (5%).

**Where:** n = required minimum sample sizes

$Z_{\alpha/2}$  = Critical value for normal distribution at 95% confidence level which equals to 1.96

P = Sexual initiation before 18 years for urban youths

d = An absolute precision (margin of error 5%)

By adding 10% for non-response and a design effect of 1.6, the required total sample sizes was 675 eligible female youths.

#### **4.4.2 Sampling procedure**

To select a representative sample of female aged 15-24 years, a multistage cluster sampling technique was employed to obtain the required sample size. Below are the detailed descriptions of sampling procedures:

##### **Stages of sampling**

###### **First stage:**

###### **Selection of Kebeles**

The three Kebeles were identified by name as kebele 01, 02 and 03. Then kebele 01 and 03 were selected using simple random sampling. Each Kebele is organized into four sub-units called Ketenas.

###### **Second stage:**

###### **Selection of Households**

Households of the two target kebeles were identified by numbers (430 HHs from kebele 01 and 245 from kebele 03). The number of households included in the study were proportionally, allocated to selected kebele. A representative sample of households was selected from both kebeles by systematic sampling technique until the desired sample size was reached. All sampled females 15-24 years age who were permanent resident were eligible for the survey. In the selected households, 675 eligible females 15-24 age were identified for individual interview and only a single female in the identified households was selected by a lottery method and studied.

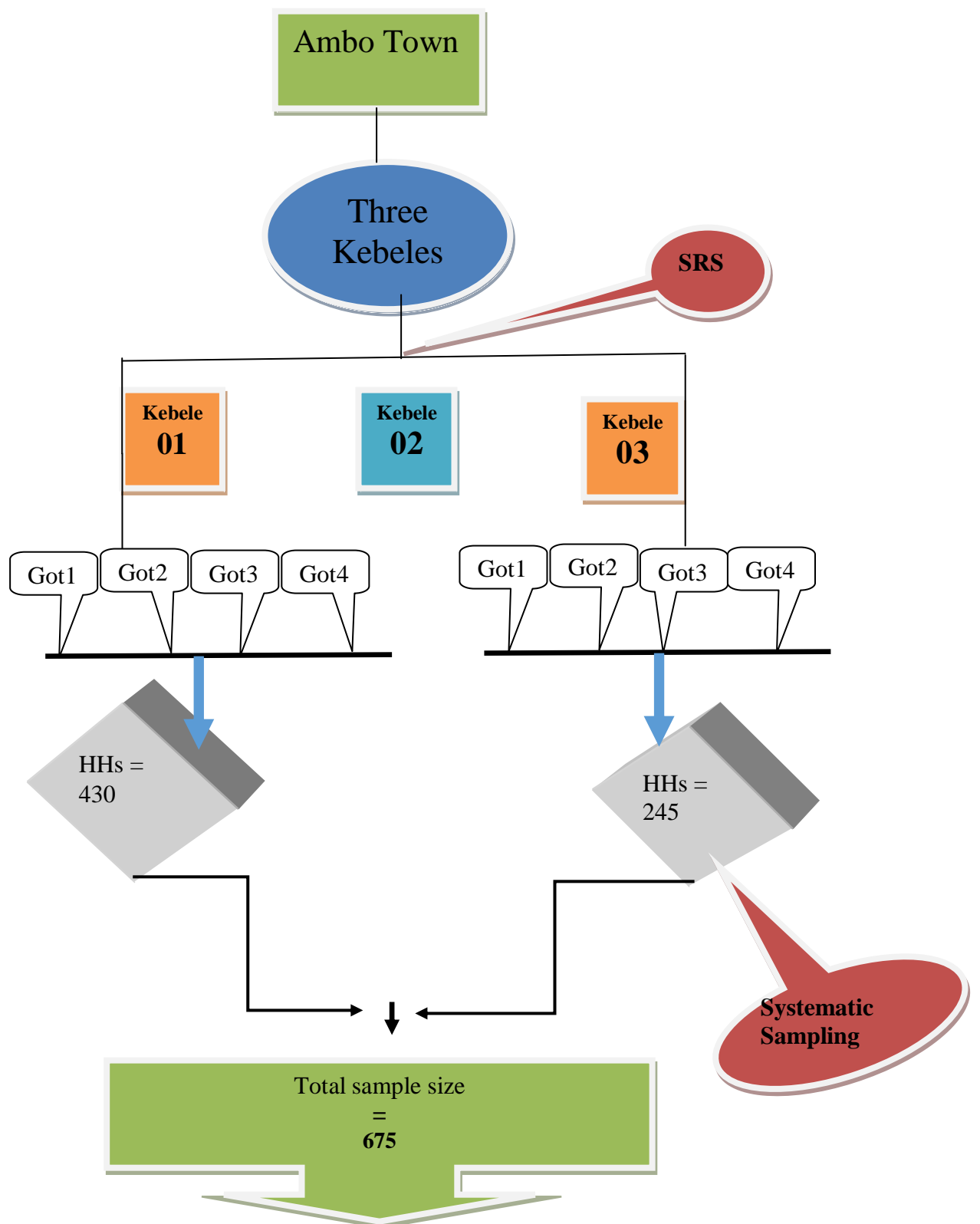


Figure 1: Schematic representation of the sampling procedure for the selection of female youths in Ambo town, west Shoa; Ethiopia

## **4.5 Study variables**

### **4.5.1 Dependent variables**

Age at first sexual initiation

Current contraceptive use

### **4.5.2 Independent variables**

**Socio demographic characteristics:** - Age, Marital Status, Religion, Educational level, Ethnicity, Availability of paid job and Monthly income.

**Family characteristics:** - Education, occupation & Monthly HH income

**Peer pressure**

**Non-sexual risky behaviors:** - Alcohol use, Substance use (Tobacco use, Chat chewing), Watching pornographic materials

## **4.6 Data collection**

### **For quantitative study**

A semi-structured, pre-tested, and standardized questionnaire was utilized for data collection. The instrument was first prepared in English, and then translated to Afan Oromo and back to English again. Four data collectors and two supervisors were participated during the data collection period. A one day intensive training was given to the data collectors and supervisors before the pre-test is undertaken. The interviewers were of the same gender as the respondents in order to reduce embarrassment as some of the questions are about personal sexual lifestyle issues. During the data collection, respondents were arranged in a manner that can ensure their privacy.

### **Qualitative Part**

Sixteen focus group participants were purposively selected. A possible attempt was made to capture participants from all categories of female youths in equal proportion in-school, out-school, and female youths who attend religious place regularly. Two successive focus group discussions were conducted with female youths in Ambo university campus. The prime purpose of these focus group discussions was to complement the data that was generated by quantitative survey, elaborate issues that may not be clearly reflected in the survey findings and also to

identify the information, knowledge and opinion of the participants. The discussion was moderated by the principal investigator and one other experienced professional in FGD as an assistance. The purpose, of the discussion was explained to the participants and verbal consent obtained. All selected female youths have agreed to participate in discussions. Tape recorded as well as hand in hand notes were taken both by the principal investigator and assistant during focus group discussion.

#### ***4.7 Data management and quality control measures***

The instrument was derived from standard data collection tools prepared by EDHS. It was pre-tested for consistency of responses by taking 5% of the sample size, after selecting one kebele which was not included in the main study. After analysing the pre-test result, necessary modifications was made accordingly before using it in the actual survey. The supervisor and principal investigator have closely followed the day-to-day data collection process and ensure completeness and consistency of the collected questionnaire daily.

#### ***4.8 Operational definitions***

**Age at sexual initiation:** is age at first intercourse (vaginal-penile penetration) [other non-intercourse sexual contacts (Kissing, dating) will not include(2)]

**Early sexual debut** will be taken as an experience of first intercourse before 16 years of age(15).

**Pornographic materials** are “Printed or visual materials intended to stimulate sexual excitement.

#### ***4.9 Data Entry and Analysis***

##### **For quantitative data**

Data was coded, entered, cleaned and analysed using EPI INFO version 3.5.3. Both descriptive and analytical statistical procedures were utilized. Moreover, logistic regression was employed to assess possible predicting factors for sexual initiation and contraceptive use. Statistical significance was declared if the P-value is less than 0.05.

### **For qualitative data**

Data was transcribed in to an English text by the principal investigator by replaying the tape recorder. The different ideas were coded by thematic areas based on the question guideline and summarized manually.

#### ***4.10 Ethical clearance***

It was obtained from the school of public Health; Addis Ababa University. Officials at different levels including Ambo town municipality and administrative office and selected Kebeles were communicated through formal letters by the SPH, AAU. Participants were informed about the purpose and objective of the study. They were also told that, they have every right to discontinue or refuse to participate in the study and verbal consent was obtained from each study participant. Confidentiality of the information and, privacy was assured and maintained.

#### ***4.11 Dissemination of results:***

The results of this study will be communicated to the community of West Shoa, Ambo town administration, and to relevant NGOs (UNFPA). It will be also accessed to interested researchers and academicians through the school of public health; Addis Ababa University. Health managers and policy makers at Zonal, regional level were gain from the input of this study.

## 5 Result

### 5.1.1 Female youth and Parental Socio-Demographic variables

In this community based cross-sectional study, six hundred and thirty five female youths aged 15-24 out of six hundred and forty eight total calculated sample, have participated, giving a response rate of 94.1%. Of the filled questionnaires, 5.9% were excluded for general incompleteness and inconsistencies.

In the finding as it is indicated on the (**table 1**), more than half (54 %) were between the age of 15-19 years. The median ages of sample population were 19.0 and mean 19.4 years. Among the various ethnic groups in the town, Oromo (66.5%) constituted more than half percentage of the total population. Next to Oromo, Amhara (18.7%), Tigre (9.1%) and others (such as Gurage, Silte) (5.7%). Orthodox religion followers, constituted 50.6% of the total population, while Protestant (31.8%), Muslim (10.2%), Catholic (5.0%), and others (Adventist, Wakeffata) (2.4%). The majority 82.4% of female youths in the town were currently unmarried at the time of the survey and Only 38.3% of female youths had had secondary school and above education. About 91.2% of female youths were currently enrolled in school. Nearly 84 percent of female youths had not had job for pay and only 52.1% have income of less than 450 Ethiopian Birr (Table 1).

**Table 1: Socio-demographic characteristics of the study participants in Ambo, April 2013**

<b>Variables</b>	<b>Frequency</b>	<b>Percent</b>
	n = 635	
<b>Age group (years)</b>		
15–19	340	53.5
20–24	295	46.5
<b>Ethnicity</b>		
Oromo	422	66.5
Amhara	119	18.7
Tigre	58	9.1
Others	36	5.7
<b>Religion</b>		
Orthodox	321	50.6
Protestant	202	31.8
Muslim	65	10.2
Catholic	32	5.0
Others	15	2.4
<b>Current marital status</b>		
Married	112	17.6
Unmarried	523	82.4
<b>Education</b>		
Illiterate	13	2.0
Primary School grade 1-8	152	23.9
Secondary School grade 9-10	243	38.3
Preparatory & TEVT	173	27.2
College/University	54	8.5
<b>Currently in school</b>		
Yes	579	91.2
No	56	8.8
<b>Paid job</b>		
Yes	102	16.1
No	533	83.9
<b>Youths income ( ETB)</b>	<b>n=96</b>	
<450	50	52.1
>=450	46	47.9

Regarding parental characteristics, the majority 593 (93.4%) of a female youths grew up with their both biological parents at least up to 14 years age, while 42 (6.6%) were live with others, i.e. other than their biological parents. Majority of the participants had illiterate mothers 245 (38.6) and father 223 (36.4%) who can read and write (Table 2).

As to parents occupation, housewife 344 (57.4%) were dominant occupation for mothers while fathers occupation was mainly farmer 248 (41.8%). Those female youths who were asked to list

their parental income, about nearly half (51.3%) of female youth parents had income of greater than 1900 ETB per month (Table 2).

**Table 2: Parental characteristics of sexually experienced female youths age 15-24 in Ambo town, April 2013**

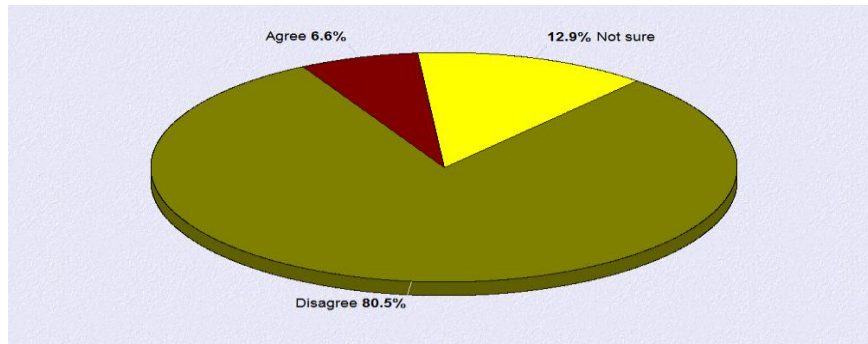
<b>Variables</b>	<b>Frequency</b>	<b>Percent</b>
<b>Your mother &amp; father currently living together</b>	<b>n=635</b>	
Yes	593	93.4
No	42	6.6
<b>With whom, did you grow up until age 14</b>	<b>n=42</b>	
Both parents	10	23.8
Single parent	21	50.0
Grand parent	6	14.3
Other	5	11.9
<b>Mothers educational level</b>		
Illiterate	245	38.6
Read and write	188	29.6
Grades 1-6	143	22.5
Grades 7-12	35	5.5
12+	24	3.8
<b>Father's Education level</b>		
Illiterate	173	28.3
Read and write	223	36.4
Grades 1-6	108	17.6
Grades 7-12	59	9.6
12+	49	8.0
<b>Mother's Occupation</b>		
Civil servant	34	5.7
Housewife	344	57.4
Farmer	86	14.4
Daily labourer	43	7.2
Merchant	92	15.4
<b>Father's Occupation</b>		
Civil servant	74	12.5
Daily labourer	88	14.8
Driver	43	7.2
Farmer	248	41.8
Merchant	141	23.7
<b>Family Income (ETB)</b>	<b>n=189</b>	
<1900	92	48.7
>=1900	97	51.3

About thirty seven percent of the study participants have ever been encouraged by their friends to have boyfriend. While 105 (16.5%) female youths have been encountered pressure from their peers to have sexual intercourse. Study participants stated that, thirty nine percent of their friends had premarital sex whereas about nearly sixty one percent of their friends' had not had pre-marital sex (Table 3).

**Table 3: Peer pressure concerning sexual initiation among sexually active age 15-24 females in Ambo town, April 2013**

<b>Variables</b>	<b>Frequency</b>	<b>Percent</b>
<b>Encouraged by others to have boyfriends</b>		
Yes	235	37.0
No	400	63.0
<b>Encountered a pressure by peers to have sexual intercourse</b>		
Frequently	105	16.5
Occasionally	250	39.4
Not at all	280	44.1
<b>Friends had premarital sex</b>		
Yes	249	39.2
No	386	60.8

More than three fourth (80.5%) of respondents disapprove premarital sex, while 12.9 % of participants were not sure whether premarital sex is good or bad and 6.6 % of them agreed that premarital sex is good (**Fig 2**).

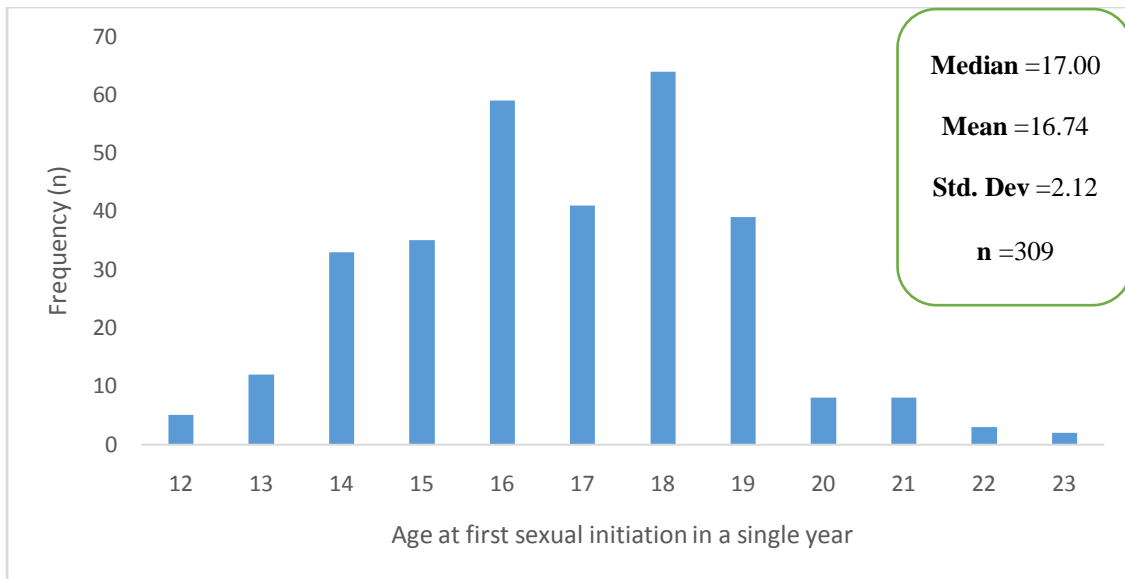


**Figure 2:** Percentage distribution of female youths by their sexual perception, Ambo town 2013

### 5.1.2 Sexual Activities and Factors at Sexual Initiation

According to our study finding, three hundred nine (48.7%) of the surveyed participants have ever had sex. Three-fifth (60%) of the study participants were initiate sex before age of 18 years. The median age at first sex is 17 years while; the mean age at first sex is  $16.74 \pm 2.1$ , with a mode of 18 years (**figure 3**).

First sex began mostly with boyfriends (62.5%). With first sexual practices being unexpected (25.6%)and unprotected (40.1%)(**Table 4**).

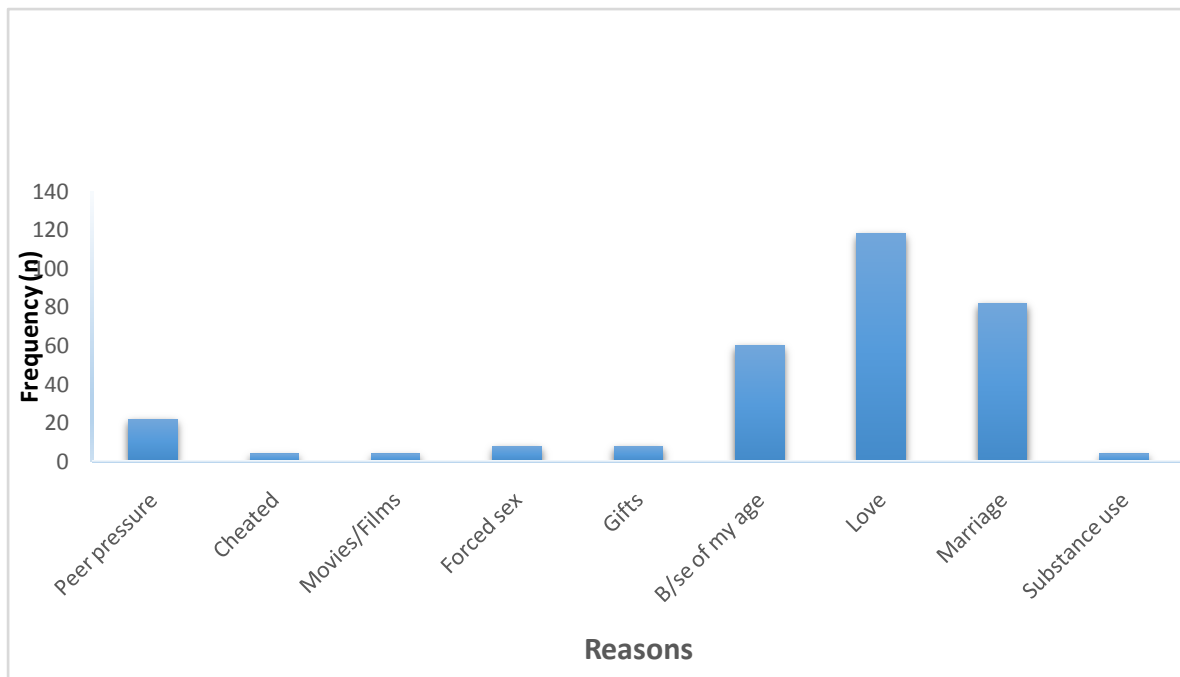


**Figure 3:** Age distribution of 309 female youths by age at first sexual initiation, Ambo town, 2013

**Table 4: Sexual activities at sexual initiation among female youths in Ambo town, April 2013**

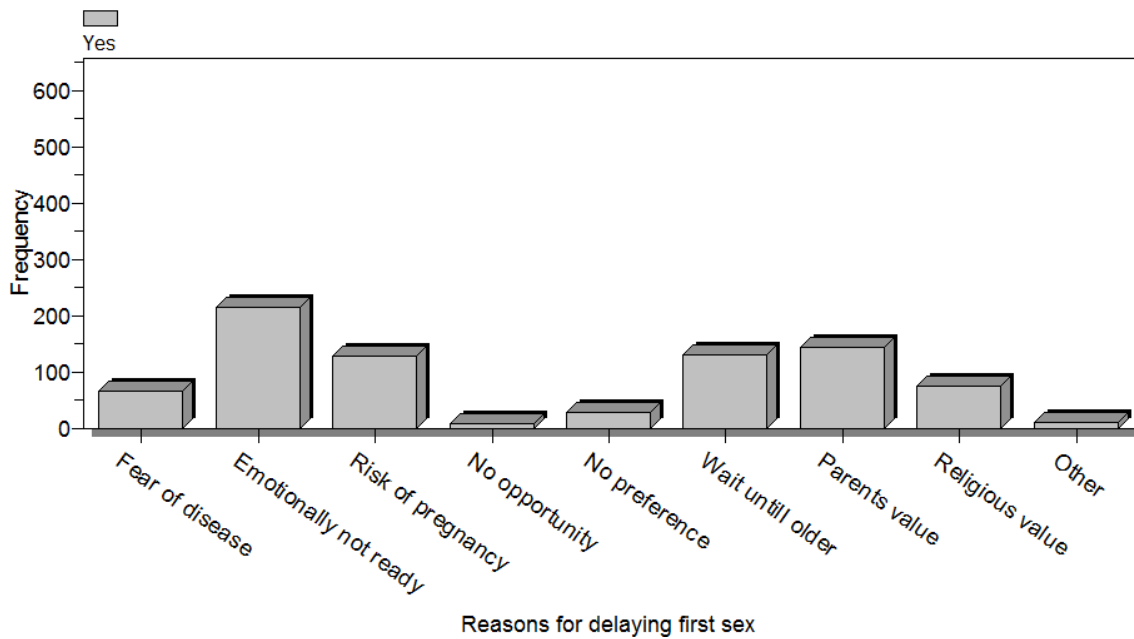
<b>Variables</b>	<b>Frequency</b>	<b>Percent</b>
<b>Ever had sex</b>	n=635	
Yes	309	48.7
No	326	51.3
<b>R/ship with first partner</b>	n=309	
Boyfriend	193	62.5
Husband	95	30.7
Teacher	12	3.9
Relative	2	0.6
Others	7	2.3
<b>First sex condition</b>	n=309	
Planned	230	74.4
Unexpected	79	25.6

In figure 4, the main reasons to engage in first time sex, among sexually experienced female youths aged 15-24 years, were passionate love(38.2%) and followed by marriage (26.5%),because of my age (19.4%), and because my girlfriends had boyfriend (7.1%).



**Figure4:** Issues encouraged to start first sex among female youths in Ambo town, 2013

Similarly, the reasons for delay from sexual debt were, they are not emotionally ready for first sex (31.42%), respecting their parents value (21.15%) fear of the risk of pregnancy (18.65%), not to do it before marriage (19.24%), fear of sexually transmitted disease (9.54%) including HIV/AIDS, etc. (**Figure 5**).



**Figure5:** Reasons for not having sexual intercourse by female youths in Ambo town, 2013

### 5.1.3 Tall risk sexual activities in the first sex and subsequent years

Seventy four percent of all female youths age 15-24 years old were sexually active in the last one year before the data collection. Almost all (95%) of the sexually experienced female youths have one sexual partner in the last twelve months, which is encouraging in the prevention of sexually related problems and nearly thirty six percent had multiple sexual partner in their life time at the time of the survey. In the past twelve months, nearly forty three percent of sexually experienced females had had sex with their spouses, and followed by boyfriend not living together (30.8%), boyfriend living together (24%). In the same way, sexually experienced participants were also committed sex with casual or non-regular partner in the last twelve months prior to the data collection. As it is indicated in table 5, among study participants 62.2% had had sex with non-regular sexual partners. However, only twenty four percent of sexually experienced female youths used condoms steadily (**Table 5**).

**Table 5: High risk sexual activities among sexually experienced female youths in Ambo town, April 2013**

<b>Variables</b>	<b>Frequency</b>	<b>Percent</b>
<b>Had sex in the past one year</b>	n=298	
Yes	221	74.2
No	77	25.8
<b>Number of sexual partners in the last one year</b>	n=221	
Single	209	94.6
Multiple	12	5.4
<b>Life time sexual partner</b>	n=278	
Single	177	63.7
Multiple	101	36.3
<b>R/ship with sex partner in past one year</b>	n=221	
Boyfriend not living together	68	30.8
Cohabiting (live-in) boy friend	53	24.0
Spouse	94	42.5
Others	6	2.7
<b>Had sex with non-regular partner in past one year</b>	n=135	
Yes	84	62.2
No	51	37.8
<b>Frequency of condom use in past one year</b>	n=203	
Always	49	24.1
Sometimes	38	18.7
Rarely	35	17.2
Never	81	39.9

#### **5.1.4 Non sexual risk behaviours**

Interviewers asked the study participants, have you ever used drug. As shown in the table 6 below, only seven percent of the respondents were ever used drug; mainly Khat (93.6%).

From all female youths participated in this study, twenty five percent ever drunk alcohol, and more than half (62.9%) were found to be in the age group of less than eighteen years when they first drink. Around sixty nine percent of sexually experienced female participants were drunk alcohol in the past twelve months prior to the survey. In the same way, significant portion of participants (30.2%) have had sex on that occasion.

The frequency of alcohol consumption by the study participants were occasionally (46.2%) one to four times per a month and rarely (46.2%) in a special occasion that is holiday.

Among those who responded to ever smoke cigarette question, a very small portion (1.2%) of female youths ever smoke cigarette.

In this study, thirty three percent of participants reside in ambo town were ever viewed pornographic materials. The majority (82.7%) of the respondents who viewed pornographic materials were in the age of less than 18 years when viewed for the first time. Mostly viewed pornographic materials by the study participants were movie/films (48.2%), photograph/picture (27.8%), Newspaper or Magazine, (12.7%), and other (11.3%) like leaflet (**Table 6**).

**Table 6: Percentage distribution of non-sexual behavior among sexually active age 15-24 females in Ambo town April 2013**

<b>Variables</b>	<b>Frequency</b>	<b>Percent</b>
<b>Ever used drug</b>		
Yes	47	7.4
No	588	92.6
<b>Type of substances used</b>	n=47	
Khat	44	93.6
Others	3	6.4
<b>Ever drunk alcohol</b>		
Yes	159	25.0
No	476	75.0
<b>Age when drunk alcohol for the first time</b>	n=159	
<18 years	100	62.9
>=18 years	59	37.1
<b>Drunk in the previous month</b>	n=159	
Yes	110	69.2
No	49	30.8
<b>Had sex on that occasion</b>	n=159	
Yes	48	30.2
No	111	69.8
<b>Usually have sex after drinking alcohol</b>	n=159	
Yes	26	16.4
No	133	83.6
<b>Frequency of drinking alcohol</b>	n=145	
Occasionally (1-4 times per month)	67	46.2
Rarely (on holydays)	67	46.2
Often(3-4 times per week)	7	4.8
Other	4	2.8
<b>Ever smoked cigarette</b>		
Yes	7	1.2
No	569	98.8
<b>Ever viewed pornographic material</b>		
Yes	208	32.8
No	427	67.2
<b>Age when view pornographic Materialfor the first time</b>	n=208	
<18 years	172	82.7
>=18 years	36	17.3
<b>Type of pornographic materials viewed</b>		
Movie	201	48.2
Photograph/picture	116	27.8
Newspaper or Magazine	53	12.7
Other	47	11.3

### 5.1.5 Knowledge of contraceptive methods and perception

Interviewers gathered information concerning knowledge of contraceptive methods if she had heard of any contraceptive method. Based on this, almost all (95.4%) of the participants heard of at least one contraceptive method. Most commonly mentioned contraceptive methods by the respondents were Injectable (20.8%), Condom (19.1%), Pill (18.1%), IUD (16.0%), and Norplant (15.8%). Some traditional methods were also listed by the respondents (3.57%). These were safe period, rhythm, and withdrawal methods.

Regarding perception of contraceptive methods, majority (89.3%) was like to know any type of contraceptives, particularly modern methods. Two-third (76.5%) of the respondents' favoured use of contraception by adolescents. When asked the responsibility to use contraceptive, nearly seventy one percent reported that both male and female partner should be responsible. Nearly, three-fourth (66%) of the study population had discussed about contraceptive methods with their partner before they had sex (Table 7).

**Table 7: Percentage of all female youth respondents who have heard of any contraceptive methods and their perceptions, by specific method, Ambo April 2013**

<b>Variables</b>	<b>Frequency</b>	<b>Percent</b>
<b>Heard of any contraceptives</b>		
Yes	606	95.4
No	29	4.6
<b>Methods listed by respondents</b>		
Injectable	543	20.8
Condom	497	19.1
Pill	471	18.1
IUD	416	16.0
Norplant	411	15.8
Female sterilization	133	5.1
Jell/foam	43	1.6
Others (traditional)	93	3.57
<b>Happy to know contraceptive methods</b>		
Yes	567	89.3
No	68	10.7
<b>Talk over contraceptives with your friends</b>		
Yes	421	66.3
No	214	33.7
<b>Support contraceptives use by youths</b>		
Yes	486	76.5
No	149	23.5
<b>Duty to practice contraceptives</b>		
Both partners	452	71.2
Female partner	139	21.9
Male partner	44	6.9

### 5.1.6 Contraceptive use and Factors associated with it

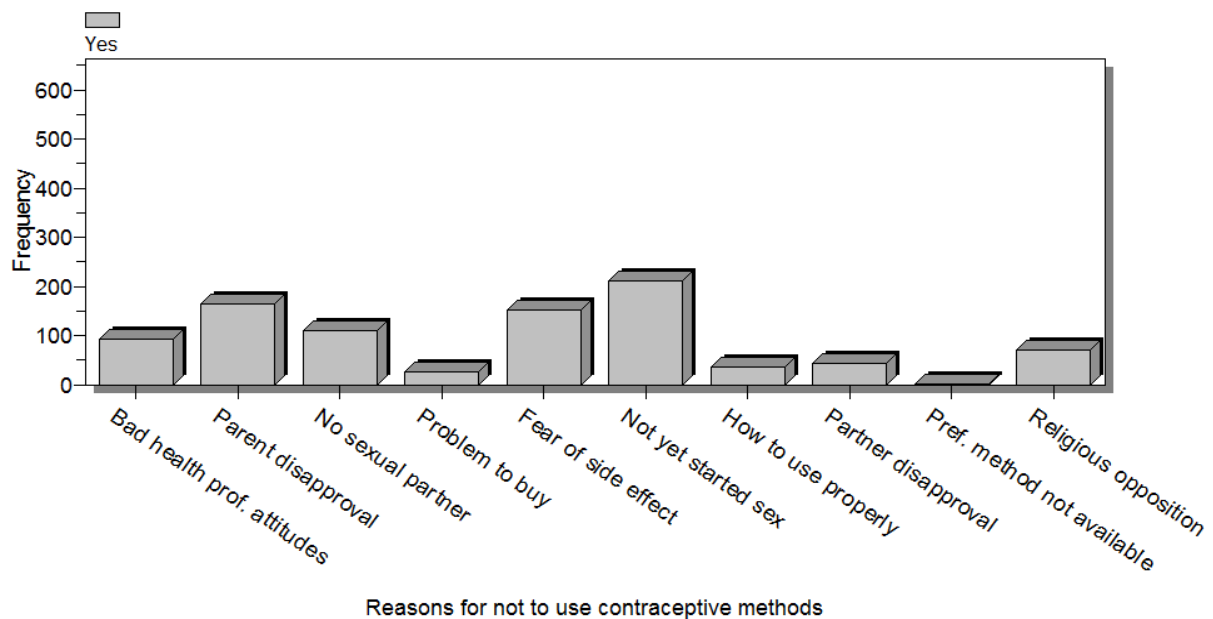
Table 8 presents use of contraceptive methods among all sexually experienced female youths in age group of 15-24. Modern contraception methods are more commonly used by the study participants than traditional methods. Currently 37.3% of sexually experienced age 15-24 female youths were used contraceptive methods. Among those who had sex for the first time, only forty percent of them used contraceptive methods. And the most common method used by these sexually experienced females was condoms (54.9%), Injectable (15.9%), Safe period (12.6%), and Pills (7.9%). Nearly forty percent of the study participants were used contraceptive methods consistently, whereas, majority (60.5%) were used inconsistently.

Question was also asked for those who are not currently used any type of contraceptive as, what was the problems to use contraceptive methods. Significant portion said not yet began sex (31.59%), fear of being seen by their parents (16.99%), partner disapproval (6.26%), fear of side effect (14.90%), no sexual partner (16.39%), and bad health professional attitude (13.86%) during buying etc. (**Figure 6**)

Therefore, participants were asked "Do you have plan to use in the future?". All most all of them (96.7%) have plan to use contraceptive methods, particularly modern methods such as condom, Injectable, and pills (**Table 8**).

**Table 8: Percent distribution of all sexually experiencing female youths age 15-24 by contraceptive method used Ambo, April 2013**

<b>Variables</b>	<b>Frequency</b>	<b>Percent</b>
<b>Current contraceptive use</b>	n=635	
Yes	237	37.3
No	398	62.7
<b>Contraceptive use first time you had sex</b>	n=309	
Yes	124	40.1
No	185	59.9
<b>Type of contraceptive used in first sex</b>	n=124	
Condoms	83	54.9
Injectable	24	15.9
Pills	12	7.9
Safe period	19	12.6
Withdrawal	13	8.6
<b>Freq. of contraceptive use since first sex with partner</b>	n=124	
Always	49	39.5
Some times	75	60.5
<b>Plan to use contraceptive in the future</b>	n=398	
Yes	385	96.7
No	13	3.3



**Figure 6:** Factors that hinders contraceptive use by female youths in Ambo town, 2013

### 5.1.7 Factors for Sexual Initiation

Among the socio-demographic characteristics mainly age, job for a pay or pocket money, enrolment in school and educational level, were either directly or inversely significantly associated with sexual initiation. For instance, female respondents age 20-24 years old [AOR = 7.35(95%CI 4.80, 11.26)]; seven times more likely to initiate sex, than their younger sisters age 15-19. The results also indicate that education has a significant effect on the timing of first sex: female youths with at least secondary education [AOR = 3.09(95%CI;1.44, 6.66)]were more likely than those with University and/or college education to initiate sexual activity early. And similarly, being enrolled in school[AOR =0.19(95%CI;0.08, 0.44)]and those who had means to get money[AOR = 0.17(95%CI;0.09, 0.32)] were less likely to start sex (**Table 9**).

**Table 9: Socio-Demographic association by age at first sexual initiation among female youths in Ambo town, April 2013**

Determinants	Sexual Initiation		Crude OR (95% CI)	Adjusted OR (95% CI)
	Yes	No		
<b>Age group (years)</b>				
15-19	99 (32.9)	241 (72.2)	1.00	1.00
20-24	202 (67.1)	93 (27.8)	5.29 (3.77, 7.42)***	7.35(4.80, 11.26)***
<b>Educational level</b>				
1 <sup>o</sup> school grade 1-8	63 (20.4)	102 (31.3)	1.13(0.59, 2.15)	1.98(0.88, 4.47)
2 <sup>o</sup> school grade9-10	143 (46.3)	100 (30.7)	2.63(1.42, 4.86)**	3.09(1.44, 6.66)*
Prep. & TEVT	84 (27.2)	89 (27.3)	1.73(0.92, 3.27)	1.48(0.69, 3.16)
Colle/University	19 (6.1)	35 (10.7)	1.00	1.00
<b>Currently in school</b>				
Yes	262 (84.8)	317 (97.2)	0.16 (0.08, 0.33)***	0.19(0.08, 0.44)**
No	47 (15.2)	9 (2.8)	1.00	1.00
<b>Mothers education</b>				
Illiterate	129 (41.7)	116 (35.6)	2.22 (0.91, 5.38)	2.64 (0.52, 13.17)
Read & write	88 (28.5)	100 (30.7)	1.76 (0.71, 4.31)	2.13 (0.42, 10.38)
Grade 1-6	76 (24.6)	67 (20.6)	2.26 (0.91, 5.63)	3.41 (0.70, 16.58)
Grade 7-12	8 (2.6)	27 (8.3)	0.59 (0.18, 1.88)	0.83 (0.17, 3.96)
Grade 12+	8 (2.6)	16 (4.9)	1.00	1.00
<b>Paid job</b>				
Yes	21 (6.8)	81(24.8)	0.22 (0.13, 0.37)***	0.17(0.09, 0.32)***
No	288 (93.2)	245 (75.2)	1.00	1.00

Notes: Significance: \*\*\*  $p < 0.000$ , \*\*  $p < 0.01$ , \*  $p < 0.05$ .

As indicated in table-10, those female youths who are encouraged by their friends to have boyfriend were twice more likely to initiate sex; [COR = 2.92 (95% CI; 2.09, 4.08)] and [AOR = 2.09 (95% CI; 1.42, 3.06)].

Female youths who perceive premarital sex is not practiced by everyone [AOR = 0.14 (95%CI0.05, 0.43)] and those who perceive none of their friends had premarital sex [AOR = 0.24 (95%CI0.11, 0.50)] were less likely to initiate sex.

**Table 10: The consequence of peer pressure on age at first sexual initiation among age 15-24 female youths in Ambo town, April 2013**

Determinants	Sexual Initiation		Crude OR (95% CI)	Adjusted OR (95% CI)
	Yes	No		
<b>Encouraged by others to have boyfriends</b>				
Yes	153 (49.5)	82 (25.2)	2.92 (2.09, 4.08)***	2.09 (1.42, 3.06)***
No	156 (50.5)	244 (74.8)	1.00	1.00
<b>Condition of peer pressure encountered</b>				
Frequently	67 (21.7)	38 (11.7)	1.00	1.00
Occasionally	106 (34.3)	144 (44.2)	0.35 (0.21, 0.58)***	0.95 (0.55, 1.66)
Not at all	136 (44.0)	144 (44.2)	0.53 (0.34, 0.85)**	0.87 (0.51, 1.46)
<b>Friends have premarital sex</b>				
None of them	54 (17.5)	115 (35.3)	0.14 (0.07, 0.29)***	0.24 (0.11, 0.50)***
Half of them	120 (38.8)	74 (22.7)	0.50 (0.25, 0.99)*	0.64 (0.31, 1.31)
All of them	42 (13.6)	13 (4.0)	1.00	1.00
<b>Having sex during teen everybody else is doing</b>				
Agree	38 (12.3)	4 (1.2)	1.00	1.00
Disagree	231 (74.8)	280 (85.9)	0.09 (0.03, 0.25)***	0.14 (0.05, 0.43)***
Not sure	40 (12.9)	42 (12.9)	0.10 (0.03, 0.31)***	0.14 (0.04, 0.45)**

*Notes: Significance: \*\*\*  $p < 0.000$ , \*\*  $p < 0.01$ , \*  $p < 0.05$ .*

As indicated in table 11 below, the binary logistic regression analysis presented that female youths who ever drank alcohol five times [AOR = 5.76 (95 % CI;3.57, 9.31)],and those who ever watched pornographic materials [AOR = 1.78 (95%CI;1.19, 2.66)] were more likely associated to initiate first sex.

**Table 11: Logistic regression depicting the risk of non-sexual risk activities to age at first sexual initiation among female youths in Ambo town, April 2013**

Determinants	Sexual Initiation		Crude OR (95% CI)	Adjusted OR (95% CI)
	Yes	No		
<b>Ever used drug</b>				
Yes	42 (13.6)	5 (1.5)	10.10 (3.94, 25.89)***	4.17 (1.52, 11.42)
No	267 (86.4)	321 (98.5)	1.00	1.00
<b>Ever drank alcohol</b>				
Yes	132 (42.7)	27 (8.3)	8.26 (5.25, 13.0)***	5.76 (3.57, 9.31)***
No	177 (57.3)	299 (91.7)	1.00	1.00
<b>Ever view pornographic materials</b>				
Yes	143 (46.3)	65 (19.9)	3.46 (2.43, 4.92)***	1.78 (1.19, 2.66)**
No	166 (53.7)	261 (80.1)	1.00	1.00

Notes: Significance: \*\*\*  $p < 0.000$ , \*\*  $p < 0.01$ , \*  $p < 0.05$ .

In Table 12 are the results of logistic regression on current use of contraception by the sexually experienced female youths. The model shows that some of the explanatory variables have each a statistical significant effect on current use of contraception. Older age group 20-24[AOR = 3.22(95%CI; 2.08, 4.98)] tend to use contraceptive methods than 15-19 ages group.

Currently unmarried female youths [AOR = 0.17 (95%CI; 0.09, 0.31)] were less likely as the married youths to use contraception. And, partners those who discussed about contraceptive methods were twice more likely to use contraception [AOR = 2.15(95%CI; 1.38, 3.34)]. Similarly having a job for a pay was inversely associated with current use of contraception. Thus, females those who have a job [AOR = 0.30 (95%CI; 0.16, 0.59)] were significantly less likely to use contraception compared to their counterparts. Unfortunately, educational level, for a currently attending education, approve contraceptive use by female youths, and responsibility to practice contraceptive use, were statistically insignificant after running the adjusted multiple logistic regression model.

**Table 12: Logistic regression analysis result on current use of contraception among 635 sexually experienced female youths aged 15-24 years: In Ambo town, April 2013**

Determinants	Current contraceptive use		Crude OR (95% CI)	Adjusted OR (95% CI)
	Yes	No		
<b>Age group (years)</b>				
15-19	69 (29.1)	271 (68.1)	1.00	1.00
20-24	168 (70.9)	127 (31.9)	5.19 (3.66, 7.38)***	3.22 (2.08, 4.98)***
<b>Educational level</b>				
1° school grade 1-8	38 (16.0)	127 (31.9)	0.65(0.33, 1.28)	1.38 (0.56, 3.36)
2° school grade 9-10	110 (46.4)	133 (33.4)	1.80(0.96, 3.37)	2.26 (0.99, 5.17)
Preparatory & TEVT	72 (30.4)	101 (25.4)	1.55(0.81, 2.96)	1.48 (0.64, 3.39)
College or University	17 (7.2)	37 (9.3)	1.00	1.00
<b>Current marital status</b>				
Married	93 (39.2)	19 (4.8)	1.00	1.00
Unmarried	144 (60.8)	379 (95.2)	0.08 (0.04, 0.13)***	0.17 (0.09, 0.31)***
<b>Currently in school</b>				
Yes	203 (85.7)	376 (94.5)	0.35 (0.19, 0.61)***	0.89 (0.43, 1.86)
No	34 (14.3)	22 (5.5)	1.00	1.00
<b>Talk over CPM with your friends</b>				
Yes	194 (81.9)	227 (57.0)	3.39 (2.31, 4.99)***	2.15 (1.38, 3.34)***
No	43 (18.1)	171 (43.0)	1.00	1.00
<b>Job for a pay</b>				
Yes	17 (7.2)	85 (21.4)	0.28 (0.16, 0.49)***	0.30 (0.16, 0.59)***
No	220 (92.8)	313 (78.6)	1.00	1.00
<b>Support CPMs use by youths</b>				
Yes	196 (82.7)	290 (72.9)	1.78 (1.19, 2.66)**	1.55 (0.95, 2.53)
No	41 (17.3)	108 (27.1)	1.00	1.00
<b>Duty to practice CPMs</b>				
Both partners	176 (74.3)	276 (69.3)	1.00	1.00
Female partner	41 (17.3)	98 (24.6)	0.66 (0.43, 0.99)*	1.29 (0.78, 2.14)
Male partner	20 (8.4)	24 (6.0)	1.31 (0.70, 2.4)	1.85 (0.88, 3.87)

Notes: Significance: \*\*\*  $p < 0.000$ , \*\*  $p < 0.01$ , \*  $p < 0.05$ .

## **5.2 Findings from Qualitative Studies**

### **5.2.1 How do you define sexual initiation?**

#### **Sexual initiation**

The age at first sexual debut may be interpreted as survival time from a virgin state to a non-virgin state. Fascinatingly more than half of 9 (56.2%) the focus group discussion participants responded sexual initiation were defined as the time when two opposite sexes have sex for the first time before marriage (i.e less than 18 years). While others defined it as time to takes place before or after marriage. Surprisingly, other FGD discussants defined sexual initiation as having sex with their beloved boyfriend for first time and if both opposite sexes lose their virginity before or after marriage.

### **5.2.2 Where do adolescents spend their free time?**

Discussants agreed that, most youths spend their leisure time in an unwanted area such as illegal video houses, khat houses, shisha houses, in bars etc. while, others spend in reading books, watching television, listening to the radio, playing games with their friends or helping their parents.

Behavioural changes like chewing khat, drinking alcohol and watching pornographic materials have blurred the perceptions of youths to see the consequences of engaging in premarital sex. FGD participants also stated that *“for some youths’ joblessness and shortage of money had made sex an inexpensive alternative of having leisure time and an easier way of getting an income.”*

Discussants also stated that, *“majority of parents do not teach and guide their youngsters the way they should handle their natural emotion. This lack of guidance about good sexuality behaviour made youths vulnerable to the challenges of peer pressure.”*

### **5.2.3 Age at which youths start having sex and reasons for sexual initiation**

As stated by almost all FGD participants, now a day, majority of female youths begin sex at a very younger age which is at the time of development of secondary sexual characteristics. The frequently mentioned ages to start first sex by discussants’ are below 15 years.

*As a result of marriage, some young females begin first sex at the age of 15 and above years but in most other occasions, females lose their virginity at the age of 13 years and below thirteen with or without their willingness (in school female student).*

The main reasons described by FGD participants for sexual debut were:

**Places where youths spend their free time:** Partakers made frequent orientation to the bad social environment explaining that now a day you find pornographic materials everywhere. In most developing countries, including Ethiopia, youths spend their free time in these bad social environments. Video houses were the main sources for pornography in addition now a day's adolescent are using internets to view different legal or illegal pornography.

Internet is available everywhere at a reasonable cost therefore; youths use it to view pornography.

**Peer pressure:** An in school female said, *“If one female had a boyfriend, she tells for her girlfriend as she is always happy. Her girlfriend feels inferiority and consequently enforced to have boyfriend.”*

**Parental pressure:** *If there is a strict parental supervision within the house, female youths are more encouraged to practice or see what is prohibited by their parents (female out of school youth).*

**Movies or films that youths watched:** As focus group participant noted, *“most youths spend their free time in a prohibited areas (ALIBALE BOTA). These are illegal places which push youths to practice sexual activities (in school 21 years old female).”*

**Being virgin:** An in school 19 years old female said, *“Now a day's being virgin becomes ashamed. The reason was if a lady is virgin, she called by the name of MARIA THERESA who was a monk. As a result she is considered as “FARA” or “Nobody wants her”.*

**Economic reasons:** Majority of the focus group participants described that sizeable portion of female youths have financial problems. There are numbers of teenagers who lack economic support. To fulfil their need, they engage into sexual practices which are easiest way to get money.

*A 23 years old female from out of school responded “economical reason is main factor. It’s known that females want to have stylish cloths, ornaments. For poor females it may be an existence issue especially if either or both of the parents died.”*

#### **5.2.4 Reasons for female youth engagement in sexual activity before marriage**

Sexual practice before marriage is becoming common and is one of the risky sexual behaviour of youths. Almost all focus group participants believe that the reason for divorce is sexual dissatisfaction between the two opposite sexes.

*A 23 years old school female strongly said “Most females agree to test their sexual congruence or satisfaction with their boyfriends before marriage. This is due to fear of divorce and to avoid this fear they have to check whether they satisfied to each other or not. And it is very important for their future life.”*

*Another discussant said “Youths think that sex is a pre-requisite for love. For instance, if a female has a beloved boyfriend and stayed without had sex for a certain period of time, he may ignore her. Therefore, just not to be ignored, she agrees to have sex with her boyfriend” (17 years old in school female).*

The ideas of youth engagement in sexual activities before marriage are differ from individual to individual.

For instance, as some female teenagers think, *“if a female has no boyfriend, she will not be wanted by anyone. This is because she is not “Arada”Or “YICHI EKO LE WANDOCH ATIMECHIM.” Similarly the majority think that having sex is a sign of beauty, popularity and effectiveness in every aspect” (19 years in school female).*

*A 22 years old in school; discussant also said “they are in the right time in deciding to have sexual intercourse unless used substances (Khat, Hashish, Alcohol, etc.) that alter our mind thinking. We know the right thing to do at this age. Because after age of 13 years, 85% of our brain will develop and at age of 18 years it become complete. Therefore, at age of 18 years or even below that is in age range of 13-18 years, we can do safer sex.”*

### 5.2.5 Female youth's knowledge level and contraceptive use

All focus group discussants thought that almost all female youths of their age living in Ambo town would have enough information about contraceptive methods. However majority of discussants had uncertainties about whether or not most youths knew how to use contraceptive method properly. Similarly there are worries concerning contraceptive use due to fear of being seen by others.

*A 20 years old high schoolgirl said "If I plan to use contraceptive method from hospital, I don't want to use it, because of being seen by people such as parents, peers, relatives and others those who know me. And they ask a question why she came to hospital?"*

*Most females are not willing to use contraceptives. For instance, in those females who use Depo, the side effect is observed boldly (example weight gain, rash like nodules on face) (18 years old in school female).*

Most discussants point out that youths have different sources of information about contraceptives. The most important sources being friends, mass media, posters, leaflet. The majority of discussants underlined that it is important that youths get basic knowledge of contraception from appropriate sources in order to avoid confusion by conflicting information from different sources.

*"Now a day, more information about contraceptive is provided through radio and television. Again if we are in Health center, there are more things to hear and see concerning contraceptives. But youths lack attention to the information. The reason for poor attention is that; if a female carefully follow description given about contraceptive, others (friends) complain her as why you are listening about contraception." (A 21 years in school female).*

*Another discussant said "It is difficult to say that there are individuals who do not heard about contraceptive methods. Because in addition to provision of information through mass media, currently Health extension professionals also provide information."*

*Most youths believe that "contraceptives are only given for married couples" (A 24 years old married out school female)*

Generally, focus group discussants largely thought that more than half of sexually experienced youths know contraception; however, there is uncertainty if all youths use any contraceptive

methods every time they have sex. Discussants pointed out negligence, engaging in unplanned sex, having sex when the state of mind is not clear due to the influence of substances such as alcohol, khat or other substances, adventure of checking for fertility, and opposition from partner as reasons for unreliable use.

### **5.2.6 Problems faced by female youths during contraceptive use**

The majority of the focus group discussants agreed that, almost all youths face problems during contraceptive use both at the purchase and use level. Discussants further explained that ‘side effect, parental disapproval, service providers and disapproval by sexual partner’ as an important problem faced by almost all contraceptive users’ female youths.

The sizeable portion of discussants also agreed that in their future life, youths fear loss of fertility and facing other general health problems if they use contraceptive methods for a long time.

*A 16 years old in school girl said “In my locality there are number of problems concerning contraceptive use. Family is the primary source of problem. The reason is that; in our culture, there is no free talk. For instance having boyfriend before marriage is socially unacceptable.”*

*Sexually experienced males do not support any contraceptive use. For instance, they are not interested to use condom because males think that; condom reduce sexual pleasure and at the same time if I use IUD, they complain that it has no comfort (A 22 years in school girl).*

*A 19 years old out school female claimed that “females face numerous problems: the first is humiliation by service providers about why she has become sexually experienced girl, the second is refusal from partner if she requests a male method such as condom and the third is lack of a secret place to hide contraceptive method at home and the fear of being found while taking.*

*A 21 years old in school, Muslim religion follower girl said “If a girl uses contraceptives, she is considered as not a followers of that particular religion (KAHADI). And in case, if she unable to give birth within two years, they believe that this is the work of God (YE EGZI’ABHER KUTA WEREDEBAT). And it is believed that, she cannot give birth throughout her life.”*

Another discussant said “regarding decision to use contraceptive, consumers’ choices are not respected. For instance, in health facility, health professionals were persuading consumers to take long acting contraceptives and again the government also not want us to give birth.”

### **5.2.7 Focus group discussants suggested ideas:**

Youths should be thought and directed about sexuality before the age they are likely to engage in sexual activities.

Majority also rose that youths engage in unprotected sexual activity when their state of mind is not clear because of influence of different substance, and adolescents involve in substances use because of joblessness and lack of entertaining places. Thus programs that encourage safe sex should also consider anti substance movement, income generating activities and preparing recreational place.

Furthermore, since youths have different needs and face different problems to the use of contraceptives, discussants suggested it is better to make contraceptives available for youths through different means.

Discussants also pointed out that establishing versatile youth club (library, play grounds and different income generating activities) could help in solving economic and recreational problem and as well as reducing the fear of youths or developing self-reliance to make use of youths centre for contraceptives fear of being identified as sexually experienced.

Generally, large portion of them well-known that parental health education has got remarkable uses in which some of them are their recognition of their children to educating, advising, leading, communicating with and increasing the relationship existing between their youths and them to overall enabling them to be protected from HIV/AIDS and other STIs to lead healthful life.

## 6. Discussion

Sexual initiation poses health risks for young women. Most young adults who enter into a sexual relationship for the first time do not use any form of contraception, leaving them vulnerable to unintended pregnancies and unplanned parenthood. Unprotected sex also exposes the young to sexually transmitted infections(10). Youths are start to have intercourse too early, but also that they are more likely than others to involve in a pattern of risky sexual behaviors known to be related to a host of negative consequences. This study focused on sexual initiation the context of sexual initiation and risk-taking behavior, and the consequences of unsafe sexual activities among female youths in Ambo town.

The median age at first sexual intercourse has increased over the past two decades, from 15.6 years for women currently age 45-49 to 18.8 years for women currently age 20-24(15). In this study, overall, 48.7% of respondents ever had sexual intercourse and the median age at first sex is 17 years; range (12-23 years). Similarly, the mean age of sexual initiation at first was 16.74 +2.1 years. The onset of sexual activity is fairly early. By age 16, 19.3 per cent of the female youths were already sexually experienced and by age 18, 20.6 per cent of them had already had their first sex. According to FGD participants view, the perceived age at first sexual debut among young girls is very quick. These results are in conformity with those found in earlier studies in Ethiopia (1, 2, 9, 14) and in some other African countries(4,16,22). In general the median age at first sex is an overall measure of the youth of the start of sexual activity, tells us how quickly sexual activity builds up among the young population(10,26).

Nearly half (49%) of the youth were sexually experienced, with most of the first sexual (92.9%) experiences occurring within the 15-19 age group. First sex was begun mostly with boyfriends (62.5%). Furthermore, important sizes of first sexual exercises or practices were unplanned (25.6%) and unprotected (40.1%). The foremost reasons to engage in first time sex, among sexually experienced female youths, were passionate love (38.2 %) and followed by marriage (26.5%), because of my age (19.4%), and because my girlfriends had boyfriend (7.1%). These views were also strengthening by focus group discussants. Similar study done among youths in North East Ethiopia also showed that, most sexual initiation took place among girls were with boyfriend in urban youths (32%). Among those who initiate sex the main reasons for them to initiate sex were marriage 20%, curiosity 23.9% of urban adolescents. Cheated and after using drugs/alcohol, and rape were accountable for 10.9% 6.2% and 6.9% of initiations respectively. Rape is slightly lower from previous studies in per-urban areas in Ethiopia 10.3 %(2,8).

On other hand, in our finding, the reasons for delay from sexual debt were, they are not emotionally ready for first sex (31.42%), respecting their parents value (21.15%) fear of the risk of pregnancy (18.65%), not to do it before marriage (19.24%), fear of sexually transmitted disease (9.54%) including HIV/AIDS, etc.

The significant portions of the respondents admit their indulgence in unprotected sexual intercourse, thus making themselves vulnerable to the risks of HIV/AIDS infection and unintended pregnancy. Such sexual risk tendencies are implied in the high proportions reported for 'abortion experiences', 'multiple sex partners', 'casual sex', and 'non-use of condom' or its inconsistent use, thus, favorably comparing to earlier reports in the country(18).

In our finding; seventy four percent of all female youths age 15-24 years were sexually active in the last one year before the data collection. Nearly thirty six percent of them have multiple sexual partners in their life time. In the same way, sexually experienced participants were also committed sex with causal or non-regular partner (62.2%) in the last twelve months prior to the data collection. About 42.5% of them had had sex with non-regular sexual partner at least one to four times per a month. However, only twenty four percent of sexually experienced female youths used condoms steadily. Thus, this might suggest to the sexual risk tendency among youths. However, almost all (95%) of the study participants have one sexual partner in the last twelve months, which is encouraging in the prevention of sexually related problems. In the past twelve months, nearly forty three percent of sexually experienced females had had sex with their spouses, and followed by boyfriend not living together (30.8%), boyfriend living together (24%). This is the reason to 'maintaining the relationship with male partner' and 'overcoming loneliness' are indicated as important 'psychosocial factors' attributable to the commencement of sex(18,22).

Regarding non-sexual risk behavior, a lot may be said about the relationships among the various reasons for sex-debuts. While all the observed correlation are statistically significant, 'alcohol' and 'khat' use have strong links with the incidence of 'rape' as a factor, contributing to sexual initiation. The observed associations among these 'problem behaviors', that is, the uses and misuses of 'khat' and 'alcohol', coupled with 'peer pressure', these suggest to the conditions under which premarital sexuality might occur among youths. Unfortunately, in our result, only seven percent of the respondents were ever used drug; of this mainly Khat (93.6%) and twenty five percent of them ever drunk alcohol, and more than half (62.9%) were found to be in the age group of less than eighteen years. And around sixty nine percent of sexually experienced female participants were drunk alcohol in the past twelve months prior to the survey. In the same way,

significant portion of participants (30.2%) have had sex on that occasion. Thirty three percent of participants were ever viewed pornographic materials. Of which, 82.7% of the respondents were in the age of less than 18 years when viewed for the first time. Mostly viewed pornographic materials were movie/films (48.2%), photograph/picture (27.8%), Newspaper or Magazine, (12.7%), and other (11.3%).

Other socio-demographic association in our study was age, being in age group of 20-24 years (46.5%) was seven times more likely than their younger sisters 15-19 year to initiate sexual debut [AOR =7.35 (95%CI; 4.80, 11.26)]. Other study done in north east Brazil, and in Ethiopia indicate the risk of sexual initiation among women essentially increases monotonically with age over the period of adolescence; younger teens are less likely to engage in sexual activity compared with those who are older. In the same way, three in four women age 20-24 have had sex compared with about one in three women age 15-19 and more than half of 20–24-year-old women still had their first sexual experience prior to age 18(8,10,22).

The results also indicate that education has a significant effect on the timing of first sex: female youths with at least secondary education [AOR = 3.09 (95%CI; 1.44, 6.66)] were more likely than those with University and/or college education to initiate sexual activity early. And similarly, as indicated in table 7, being enrolled in school [AOR = 0.19 (95%CI; 0.08, 0.44)] and those who had means to get money [AOR = 0.17 (95%CI; 0.09, 0.32)] were less likely to start sex. Other study also indicate that; the school setting may provide greater freedom from parental supervision and traditional societal constraints and therefore offer more opportunities for meeting eligible members of the opposite sex and developing intimate relations(22). We also examined the effect of personal income on sexual relationship among those female youths who earned some income. Even though the result should be taken with caution because of the characteristic incompleteness of income data as well as the small number of youths who earn income, the finding indicates a rising age of sexual initiation as income increases. Women desire to belong to different associations or social clubs, and in order to meet the demands of the associations and ‘feel among’, some are pushed to engage in sex-for-money(21,25).

The multivariate result on the consequence of peer pressure on age at first sexual initiation showed that; those who are encouraged by their friends to have boyfriend [COR = 2.92 (95% CI; (2.09, 4.08)] and [AOR = 2.09 (95% CI; 1.42, 3.06)]were twice more likely to initiate sex; while those who perceive premarital sex is not practiced by everyone [AOR = 0.14 (95%CI; 0.05, 0.43)]and those who recognize none of their friends have premarital sex [AOR = 0.24 (95%CI;

0.11, 0.50)] were less likely to initiate sex. Similar study done in Thailand, conform to our result; youth who are aware that most of their friends have had sexual experience are more likely to engage in premarital sex than those who say their friends have not had such experience(5).

In our finding; those who ever drank alcohol [AOR = 5.76 (95 % CI; 3.57, 9.31)], and those who ever watched pornographic materials [AOR = 1.78 (95%CI; 1.19, 2.66)] were more likely associated to initiate first sex. Other finding also suggested that, alcohol consumption by youths are influenced by attendance of nightclubs, bars and parties; and this is especially so for females. Although alcohol appears to have significant effects on the sexual behavior of youths, other social factors also play important roles in determining frequency of sexual intercourse. There is also a consensus that freely accessible pornographic materials encourage sexual debut, thereby exposing the youth to sexual risks. In fact, nearly everybody who spoke on this issue mentioned the negative influence of new technologies, including TV, computer, home video, etc.(17, 19).

Knowledge of contraception is a prerequisite to gaining access to and eventually adopting a family planning method. Three in four Ethiopian youth age 15-24 know of at least one contraceptive method, with knowledge increasing to over 80 percent among currently married young women and unmarried women who are sexually experienced. There was a 99.2% level of knowledge of at least one contraceptive among the youth (99.5% for males and 99% for females). Main sources of this knowledge were educational institutions, media and peers(10,12). Expectedly, our finding also showed that 95.4% of the study participants heard of at least one contraceptive method. And Injectable, Condom, Pill, IUD, and Norplant were the most commonly contraceptive methods mentioned by the respondents. Majority (89.3%) were like to know any type of contraceptives, particularly modern methods and two-third (76.5%) of respondents favored use of contraception by adolescents. However, there exists a disparity between contraceptive knowledge and practice, indicating that knowledge does not always constitute practice. The Focus Group Discussion participants also strengthen this idea.

Despite the relatively high level of contraceptive knowledge by the female youth, there is still a marked lack of factual information that promotes misgiving and groundless myths. The mystery around and undue restrictions on youth contraception contribute to negative attitudes towards effective use of the methods.

Our finding indicated that, the overall current contraceptive use among in age group of 15-24 was 37.3%. About 29.1% of 15-19 years age group had used contraception; whereas about 70.9% of

their older sisters age 20-24 have done so. Among those who had sex for the first time, only forty percent of them used contraceptive methods. And the most common method used by these sexually experienced females was condoms (54.9%), Injectable (15.9%), Safe period (12.6%), and Pills (7.9%). Nearly forty percent of the study participants were used contraceptive methods consistently, whereas, majority (60.5%) were used inconsistently. Preferably, modern contraception methods are more commonly used by the study participants than traditional methods.

The socio-demographic association of current contraceptive use results indicate that statistical significant effect on use of contraception. Older age group [AOR = 3.22 (95%CI; 2.08, 4.98)] tend to use contraceptive methods. Age group influences contraceptive use at different stages of a youth's life. The young female youth (15-19 years old) is less likely to have used or to be currently using a contraceptive method. The younger the respondent during the first sexual experience, the less the probability of using a contraceptive method during this first sexual act. And, the older the female youths (20-24 years old) at first marriage, the greater the probability of contraceptive use. Therefore, current contraceptive use is higher among women and men age 20-24 than among teens(10).

In our result, currently unmarried female youths (82.4%) are less likely as the married youths (17.6%) to use contraception [AOR = 0.17 (95%CI; 0.09, 0.31)]. The same study done in Kenya also indicate that; Ever married adolescent were twice more likely as the single adolescents to use contraception. A qualitative data done in sub-Saharan countries; points out that the youth getting married at older ages are more mature and responsible and are thus able to make rational decisions related to their sexuality, including use of contraceptives(21,29). While the younger sisters are less mature and thus unable to make rational decisions related to use of contraceptives. The other reason might be; younger sisters want to maintain the relationship with male partner and overcoming loneliness.

Women who reported frequent discussion of family planning with their partners were more likely to be using contraception than were women who reported they never discussed family planning(25). Correspondingly, we examined partners those who discussed about contraceptive methods [AOR = 2.15 (95%CI; 1.38, 3.34)] were twice more likely to use contraception. Likewise, having a job for a pay [AOR = 0.30(95%CI; 0.16, 0.59)] were significantly less likely to use contraception compared to their counterparts.

Widespread availability and use of effective contraception prevents pregnancy, and in the case of condom offers further protection against STI's; it has been argued most often without any objective basis; that increased adolescent promiscuity and an increased incidence of STI's will result if contraceptives are made easily available to all youths. Traditional societies in developing countries like Ethiopia and there are still low awareness among some religious leaders(12,15). In our finding; currently 62.7% of sexually experienced study participant were not used any sort of contraception. Thus, the reason for not used contraception were not yet began sex (31.59%), fear of being seen by their parents (16.99%), partner disapproval (6.26%), fear of side effect (14.90%), have no sexual partner (16.39%), bad health professional attitude (13.86%) during buying and religious opposition are some of the reasons mentioned by study participants.

Many religious groups do not support widespread use of artificial contraceptives especially by adolescents. For instance; FGD discussants were strongly criticize religious leaders during the discussion period. Other study also confirm that; religion, though often explicitly not mentioned, greatly influences contraceptive practice among the youth and is indeed the basis of the recurrent morality concerns by the opponents of youth contraception(12).

As indicated in Table 11, nearly 97% have plan to use contraceptive for future, particularly modern methods. Condom, injectable and pill were the three most preferred modern methods for future use in their respective orders.

## **7. Strength and limitations of the study**

### **Strength**

- I. Data collectors were carefully chosen and have got the proper preparation furthermore, the same sex interviewer were exploited

### **Limitation**

Our study involved three significant limitations

- i. Female youths may have underreported their involvement in sexual activities since some perceive this as an indicator of feminine.
- ii. Our findings are limited by including only female youths
- iii. Finally, the study design lacks the capacity to establish a causal relationship between the variables of interest.

## 8. Conclusion

Considerable amount of female youths had started sexual activity that might predispose them to different reproductive health problems. Moreover, contraceptive uses among sexually experienced females are very low. Therefore, in view of the above discussion, the following conclusions are drawn.

- I. While half of the study participants ever had sex, about six in ten (majority) did so.
- II. The median age at first sexual intercourse being 17 years while; the mean  $\pm$  SD age was 16.7 $\pm$ 2.1
- III. Individual's perception and practices in the study area, exacerbate young people's vulnerability to first time sexual activity.
- IV. The study also identified that non sexual risky behaviors like drinking alcohol and exposure to pornographic materials at earlier age are independent predictors of sexual initiation
- V. Although, the level of knowledge of contraceptive method was quite high the overall contraceptive current use in the study area is low.
- VI. Some of the factors that affect youth's contraceptive use were: fear of being seen by parents, partner disapproval, fear of side effect, and bad health professional attitude.

## 9. Recommendation

Based on the findings of the study, the following points are recommended. For Ambo town health bureau, women's affairs, educational institutions, non-government organization

- a) Promoting youth access to comprehensive sex education/family life education for female youths
  - To encourage them to delay sexual activity as much as possible
  - To practice safe sex when it eventually commences.
  - To reduce young people's engagement in high risk sexual practices
- b) Solidification of the norm of virginity should be advocated
- c) More information on human sexuality, conception and contraception should be made available early at primary school level
- d) Adolescent should be empowered to take responsibility for the contraceptives use.
- e) Girls should have access to confidential counseling and quality contraceptive information and service, including emergency contraception, where appropriate; that is convenient place for young people to use.
- f) An effort should be made to promote active taking part and participation of boys in the reproductive health services. Parents and religious leaders could become partners in this campaign by playing an active role.
- g) Finally, the author also recommends that youths should abstain from sexual intercourse, but any adolescent who cannot abstain from sex should use contraceptive and also seek health, parent counseling.

## 10. Annex

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## **II: Informed consent agreement**

How are you, I am-----I am working in the research team of Addis Ababa University School of public health; Department of Reproductive Health and Health service management.

This survey is to know the median age at first sexual initiation, contraceptive use and associated factors. The research will be helpful to tackle the sexual, reproductive and other problems of youths and also will help us to develop services and educational programs.

Thus, your ideas are very essential for us to better understand your problems in relation to sexuality, contraceptive use and reproductive health problems. Your participation is voluntary. You don't have to answer any questions that make you feel uncomfortable. Your name will not be on the survey so no one will know your answers. Everything you say will be kept private and confidential.

If you feel discomfort with the interview, please feel free to drop it any time you want. This interview will take about 30 minutes. Could I have your permission to continue?

1. If yes, signature\_\_\_\_\_, Continue the interview.
2. If no, skip to the next participant by writing reasons for his/her refusal.

-----

### **Interviewer who Collect the Consent**

Name \_\_\_\_\_

Signature \_\_\_\_\_



		4. Farmer 5. Housewife 6. Daily laborer 7. Merchant 8. Housemaid 9. Others, specify _____	
15	What is your father's occupation?	1. Civil servant 2. Driver 3. Teacher 4. Farmer 5. Merchant 6. Daily labourer 7. Others, specify _____	
16	What is the monthly income of your household?	Per month _____ Birr Don't know _____	
Section II: Youth Sexual Behavior			
<b>Peer Influence</b>			
17	Have you ever been encouraged by other boys or girls or your friends to play sex with boys?	1. Yes 2. No	
18	Have you ever encountered pressure from your friends to have sexual intercourse?	1. Not at all 2. Occasionally 3. Frequently	
19	How many of your friends who are not married have had sexual intercourse?	1. None of them 2. Most of them 3. A few of them 4. All of them 5. About half of them 6. Don't know	
20	Having sex while I'm a teenager would just be doing what everybody else is doing.	1. Strongly disagree 2. Agree 3. Disagree 4. Strongly agree 5. Not sure	
Below Are Some Questions About The First Time You Had Sex And The Sexual Activity In General			
21	Have you ever had sexual intercourse?	1. Yes →to 2. No	Q 26
22	Are there reasons why you have not chosen to have sexual intercourse? <b>(Circle all that Apply)</b>	1. I am not emotionally ready for it 2. I don't want the risk of pregnancy 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. Other	
23	How old were you when you had sexual intercourse for the very first time?	Age: _____ years	
24	How old was the person with whom you had intercourse for the first time?	1. Older than I was, age: _____ years 2. Younger than I was, age: _____ years 3. The same age as I was age: -----years	
25	At the time you had first sexual intercourse, what was your relationship with your partner?	1. Husband 2. Relative 3. Boyfriend 4. Teacher 5. Don't remember. 6. Friend 7. Other, specify _____	
26	Would you say it was planned or unexpected?	1. Planned 2. Unexpected, (Please specify)	
27	The first time you had intercourse, were you forced into it against your will?	1. Yes 2. No 3. Don't remember	
28	What were the factors that encouraged you for the first sex? <b>(Circle all that Apply)</b>	1. forced sex/rape 2. marriage 3. for money/ to support myself and my family 4. curiosity 5. just for love 6. I wanted to/ because of my age 7. cheated/ False promises 8. Films 9. Substance influence (after/during taking of drugs, Alcohol, after/during Chat chewing 10. Getting gifts 11. because my friends have boy/girl friend 12. please specify your own experience different from the above listed reasons _____	

29	Before you had sex for the first time, did you and your partner talk about using contraception?	1. Yes 2. No 3. Don't remember	
30	Have you had sex in the past 12 months?	1. Yes →to 2. No	Q 31
31	Please describe the nature of your relationship with your sex partner for the past 12 months?	1. Spouse 2. Boyfriend not living together 3. Cohabiting (live-in) boy friend 4. Others, specify _____	
32	How many sexual partners you have had in the past 12 months?	_____ partners Don't know _____	
33	How many people have you had sex with during your life?	_____ people Don't know _____	
34	How often did you have sex with a casual sex partner in the past 12 months?	1. Once or twice 2. Sometimes (1-4 times a month) 3. Rarely (a few times/year or less) 4. Several times per week 5. Not sure 6. Others, specify _____	
35	How often did you and/or your casual sex partner use condom in the past 12 months?	1. Always 2. Sometimes 3. Rarely 4. Never	
<b>Non Sexual Risky Behaviours</b>			
36	Have you ever used any drug to make you feel high?	1. Yes 2. No →to	Q 44
37	What drugs have you used? (Circle all that Apply)	1. Heroin &/or Cocaine 2. Marijuana 3. « Khat » 4. Benzene 5. Other	
38	Have you ever used a drug to enhance a sexual experience?	1. Yes 2. No	
39	What drugs have you used to enhance a sexual experience? (Circle all that Apply)	1. Heroin 2. Cocaine or Marijuana 3. "Khat" 4. Benzene 5. Other, specify _____	
40	Have you ever drunk alcohol?	1. Yes 2. No	
41	How old were you when you first drank alcohol?	Age: _____ years Don't know/don't remember _____	
42	Have you been drunk in the pastmonth?	1. Yes 2. No	
43	Did you have sex on that occasion?	1. Yes 2. No	
44	Do you usually have sex after drinking alcohol?	1. Yes 2. No	
45	How frequently do you drink alcohol?	1. Always (daily) 2. Occasionally (1-4 times per month) 3. Often (3-4 times per week) 4. Rarely (on holidays) 5. Other , specify _____	
46	Have you ever smoked cigarette?	1. Yes →to 2. No	Q 47
47	In the last 24 hours, how many cigarettes did you smoke?	Cigarettes . . . . .	
48	Do you currently smoke or use any other type of tobacco?	1. Yes. →to 2. No	Q54
49	What (other) type of tobacco do you currently smoke or use?	1. Pipe 2. Shisha 3. Chewing tobacco 4. Gaya 5. Other (specify)	
50	Have you ever chewed Khat?	1. Yes. →to 2. No	Q 55
51	During the last 30 days how many days did you chew chat?	Days . . . . .	
<b>Pornographic Material: It refers to newspapers, magazines, books, photographs, videotapes, films, etc</b>			
52	Have you ever viewed pornographic material?	1. Yes. →to 2. No	Q 60
53	How old were you when you first viewed?	Age: _____ years	
54	Have you viewed pornographic materials in the last six months?	1. No 2. Occasionally (1-4 times per month) 3. Often (3-4 times per week) 4. Rarely (once in months) 5. Other	
55	What type of pornographic materials did you view the last time? ( Multipleanswer is possible)	1. Newspaper OR Magazine 2. Photograph 3. Movie 4. Other, specify	
56	What did you think are the consequences of early sexual initiation	----- -----	
<b>Section III: Youth Contraceptive Use Behaviour</b>			
Contraceptives Knowledge			

57	Have you heard of any contraceptives?	1. Yes 2. No →to	Q 63
58	Please name all contraceptive methods you know.	..... .....	
59	Which of the following have you heard to be contraceptive methods? ( <b>Circle all that Apply</b> )	1. Pill 2. Inject able 3. Norplant 4. Condom 5. Chloroquin 6. Jell/foam 7. Female sterilization 8. Ampicillin 9. Natural methods 10. IUD 11. Other specify	
<b>Attitude Toward Contraceptive Methods</b>			
60	Would you like to know more about modern contraceptive methods?	1. Yes 2. No →to	Q 66
61	Why are you interested to know more about contraceptive	.....	
62	Why are you not interested to know more about contraceptive	.....	
63	Do you discuss about modern contraceptive with your friends?	1. Yes 2. No	
64	Which of the following best describe your feeling about contraceptives	1. Contraceptives are harmful for health 2. Contraceptives are not very important 3. Contraceptives are not as important as some people says 4. More people should be aware of the importance of contraceptive 5. If two people are having sex and are not ready to have a child it is very important that they use contraceptives 6. Contraceptives are very important 7. Others specify _____	
65	Do you approve use of modern contraceptive methods by adolescents?	1. Yes 2. No 3. Others/ specify-----	
66	Who do you think should take responsibility to practice modern contraceptive?	1. Female partner 2. Male partner 3. Both partners	
<b>Youth Contraceptive Use</b>			
67	Currently have you used contraceptive methods?	1. Yes 2. No →to	Q 77
68	Did you or your partner use contraceptive the first time you had sex?	1. Yes 2. No 3. Do not remember	
69	What method did you or your partner used the first time you had sex?	1. Condom 2. Injectable 3. Pills 4. Withdrawal 5. Safe period 6. Others / specify _____	
70	Have you or your partner used contraceptive method the last time you had sexual intercourse?	1. Yes 2. No →to	Q 77
71	What was the method you used?	1. Condom 2. Spermicidal 3. Pill 4. IUD 5. Inject able 6. Calendar /rhythm/ method 7. Other specify -----	
72	Why you used the method you used during the last intercourse?	1. Easy for secret use 2. Easy to get it 3. Cheap to buy 4. I get it for free 5. Have better knowledge about it 6. Other specify-----	
73	Since from the first intercourse how often you or your partner did used contraceptive methods?	1. Always 2. Some times 3. Never	
74	Do you, plan to use contraceptive method in the future	1. Yes 2. No →to	Q 79
<b>Factors That Hinders Contraceptive Use</b>			
75	What were the problems you faced to use contraceptive methods? (For current users only) ( <b>Circle all that Apply</b> )	1. Lack of knowledge on how to use properly 2. Shortage of money 3. Long waiting at the health institute 4. Disapproval by parent 5. Disapproval by partner 6. Lack of information where to get contraceptive 7. Bad health workers attitudes 8. Fear of side effect	

		9. Embracement to buy 10. Others /specify-----	
76	Why you did not use modern contraceptive methods.( For current non-users) <b>(Circle all that Apply)</b>	1. Lack of knowledge 2. Religious opposition 3. Fear side effect 4. Afraid of being seen by parents 5. Partner disapproval 6. Do not know where to get contraceptive 7. I can't afford to buy 8. Embracement to buy 9. Fear of bad health workers attitude 10. Fear of being seen by someone who knows me 11. Preferred method not available 12. Preferred source is far 13. Do not have sexual partner 14. I have not yet started sexual intercourse 15. Other/specify-----	

Interviewer's Name \_\_\_\_\_

Signature: \_\_\_\_\_

#### **IV: Focus Group Discussion Guide**

My name is \_\_\_\_\_. My colleague near to me is called Mr/Miss \_\_\_\_\_.

We came from Addis Ababa University

##### **Read the following as it is:**

After a brief introduction we will be talking about sexual initiation and use of contraceptive methods. The research will be helpful to tackle the sexual, reproductive and other problems of youth and also will help us to develop services and educational programs. We will eventually conclude the session by asking for your recommendations on ways to bring about changes in youths to postpone early initiation into sexual intercourse until later age/typically until marriage following the development of certain appropriate interventions basically attributed to your comments and suggestions.

Would you be willing to participate in the discussion?

If yes, proceed.

If no, thank and stop the discussion.

Signature\_\_\_\_\_ (Signature of the moderator certifies that consent has been obtained verbally).

Date\_\_\_\_\_ Time\_\_\_\_\_

**Part I:** Where do youths spend their leisure time and

**Probes:** what do they do?

- Why are they engaged in sexual activity before marriage?
- At what age do they start having sex and why?
- What do you perceive about early sex, its factors (causes, prevention, and its consequences)?
- How do you relate early sex with HIV/AIDS and other STDs and also with unwanted pregnancies?
- What are the things youths do to prevent early sex and the consequences if it happens
- How do youths of your age perceive youth's engagement in sexual activity before marriage?

**Method:** free discussions

**Part II:** How do you perceive the level of knowledge and use of contraceptive among female youths?

**Probes:** From where or whom do youths get information about contraceptive methods?

- ✓ From where or whom youths get information about contraceptive and uses

**Method:** free discussion

**Part III:** Do youths face problems in trying to use contraceptives?

**Probes:** From where or whom the problem comes/emanates?

- Where do youths prefer to get contraceptives services?

**Method:** Free listing and then comparison among groups

**Thank you very much for your participation in the discussion**

## **DECLARATION**

I, the undersigned, declared that this is my original work, and has not been presented for a degree in this or any other university. All sources of materials used for this thesis have been fully acknowledged.

Name: Digafe Tsegaye

Signature: \_\_\_\_\_

Place: Addis Ababa, Ethiopia

Date of submission: June, 2013

This thesis has been submitted for examination with my approval as a university Advisor.

Name of Advisor: Dr. Assefa Seme

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

ADDIS ABABA UNIVERSITY,  
SCHOOL OF PUBLIC HEALTH

**SEXUAL INITIATION AND CONTRACEPTIVE USE AMONG FEMALE YOUTHS IN  
AMBO TOWN**

By: DigafeTsegaye (B.Sc.)

Approved by the examining board

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Chairman, Department Graduate Committee

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