ADDIS ABABA UNIVERSITY

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Early sexual initiation and its associated factors among in-school adolescents ofAddis Ababa, Ethiopia.

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ACRONYMS

AIDS Acquired Immune Deficiency Syndrome

AOR Adjusted Odds Ratio

DVD digital versatile disc

EDHS Ethiopian Demographic and Health Survey

FDRE federal Democratic Republic of Ethiopia

FGD focus group discussions

HIV Human Immune Deficiency Virus

MDGs Millennium Development Goals

PLWHA people live with HIV/AIDS

RH Reproductive Health

SD Standard Deviation

STDSexually Transmitted Disease

STIsSexually Transmitted Infections

UNECA United Nations Economic Commission for Africa

USA United State of America

VCT Voluntary counseling and testing

WHO World Health Organization

Abstract

Introduction: Early sexual debut has become an emerging global concern, and adolescents who begin early sexual activity are less likely to use condoms and more likely to have multiple partners and early child bearing which intern brings about higher rates of maternal and child morbidity and mortality. Higher rates of unintended pregnancy, HIV/AIDS and other sexually transmitted infections among adolescents make it fundamental to understand factors associated with early sexual initiation in a wider perspective for designing and implementing effective interventions.

Objective: To assess the prevalence of early sexual initiation and its associated factors among in-school adolescents of Addis Ababa**.**

Methodology: A quantitative comparative cross sectional facility based study supplemented with qualitative enquiry was conducted from March - April/ 2017 to draw a total sample of 548adolescents attendingprimary and secondary education in Addis Ababa. A multistage sampling technique was applied to select the study participants. A pretested structured questionnaire was used to collect quantitative data while FGD were used to generate qualitative information. After data have been collected, Epi data 3.1 was used for data entry and cleaned and coded data was analyzed by using SPSS version 20. Bivariate and multivariate analyses were done. Odds ratio with 95% confidence interval was estimated to identify predictors of early sexual debut using multivariable logistic regression analysis.

Result: Ninety two (17.4%) surveyed adolescents have ever had sexual debut and the prevalence of early sexual initiation in our study was 16.4%.The median age at first sex in our finding was similarly 15 years for both community international and governmental students.Being encountered pressure from friends to have sex Adjusted OR=7.1(1.7, 28.8), using computer for games and internet for more than two hours/week Adjusted OR=3.5(1.1, 11.6), not religious Adjusted OR=5.7(1.2, 28.2), RH club member ship, Adjusted OR=11(2.0, 69.1) perceptions towards father response concerning menstruation will be not helpful Adjusted OR=4.5(1.4, 14.4) were significantly associated with early sexual initiation. More over the odds of ever view/see/read pornographic materials was twenty three times higher than who hadn't viewed Adjusted OR=23.1(1.1, 85.4)

Conclusions and recommendations:-This study indicates that a considerable proportion of adolescents were engaged in sexual activity at an early age and continues to practice risky sexual behaviors and the median age of sexual initiation between governmental and community intern. In order to delay sexual debut, well designed sexual education which address adolescents SRH should be considered.

1.Introduction

1.1. Back ground of the study

Adolescence is transitional period from childhood to adulthood, characterized by significant physiological, psychological and social changes (1). WHO defines youths as those in the age group of 15-24 and adolescent constitutes the population aged 10-19 years. Today's adolescent and young adults constitute the largest cohort ever to enter the transition to adulthood. Evidence showed that nearly half of the global population was less than 25 years old and nearly 90% live in developing countries (2). In Ethiopia young people (10-24ys) represent the largest group, comprising about 35 % of the population (3).

Adolescents and young adults have an increased interestin the opposite sex, highly concerned with physical and sexual attractiveness, and are frequently changing relationships. Besides, they are risk takers who are more likely to make decisions about the future without adequately considering the consequences (4).In addition to its implications for reproductive health and behavior, change in the context of sexual initiation is of interest because of its potential significance for family dynamics and spousal relations (5).

Early sexual debut among adolescents is influenced by a wide range of factors including: - age, sex, residence, peer influence, parent youth communication concerning reproductive health, viewing pornographic, alcohol drinking, khat chewing, and ever having a boy or a girl friend were associated with increased sexual debut, while living with parents was associated with decreased pre-marital sexual debut(6-10).

Youth who begin early sexual activity are more likely to have high-risk sex or multiple partners and are less likely to use condoms (11). According to EDHS 2011; among women age 25-49, 29% had sexual intercourse before age 15 and 62 % before 18 years. Previous studies in Ethiopia indicated that from 17.8% to 21.5% of the adolescents are sexually active(6-7).Adolescents are also likely to have a sexual partner who is five or more years older and be involved in multiple sexual partnerships(12).

About 16 million adolescent girls aged 15–19 give birth each year, roughly 11% of all births worldwide and almost 95% of these births occur in developing countries.(13) Young girls in Ethiopia are more vulnerable to HIV than boys because of early age at sexual debut, early marriage, sexual abuse and violence such as rape and abduction.(14)

1.2. STATEMENT OF THE PROBLEM

Adolescence is a period of dynamic change representing the transition from childhood to adult hood that begins at puberty. WHO classifies adolescence as the age group 10-19 years, & it is a time when many young people experience critical and life-defining challenges such as their first sexual experience, marriage, pregnancy, and parenthood. Adolescent sexual behavior is important not only because of the possible reproductive outcomes, but also because risky sexual behavior is associated with sexually transmitted infections such as HIV/AIDS (1, 3).

One in every 10 births worldwide and 1 in 6 births in developing countries is to women age 15-19.13 Pregnancy-related health risks are much higher among women under age 18; with One in 10 abortions worldwide occur among women age 15-19; more than 4.4 million women in this age group have an abortion every year. Each day half a million young people are infected with a sexually transmitted disease. The majority of sexually active males age 15-19 are unmarried whereas two-thirds of sexually active young women in the same age group are married (2, 5)

The young population in Ethiopia has been increasing during the last few decades. Currently, adolescents constitute about 24% Sexual experience begins early in Ethiopian society. According to Ethiopian DHS 2011; among women age 25-49, 29 % had sexual intercourse before age 15,62 % 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 (14).

The 2007 Epidemiological Synthesis study found that young populations, especially never married sexually-active females carry the greatest risk of HIV infection in the country, with prevalence rates much higher than the average for both urban and rural areas as well as all women of reproductive age. Girls are at a much greater risk at early ages because of both biological and cultural factors (15).

Young girls in Ethiopia are more vulnerable to HIV than boys because of early age at sexual debut, early marriage, sexual abuse and violence such as rape and abduction. Many studies have shown that girls in Ethiopia often form sexual relationship with men who are on average ten years older. As well, adolescent girls are at risk because they are unlikely to have had any training or experience in sexual negotiation skills, and are especially vulnerable in situations with older men where age, wealth, physical strength and other power dynamics put them at a disadvantage (15).

Even though there have been many studies in the area of adolescent reproductive health in Ethiopia, many of these have largely ignored the prevalence and factors associated with early sexual initiation. It is crucial that an attempt be made to understand the prevalence &factors associated with early sexual initiation in a broader but local context for designing and implementing effective interventions targeting adolescents. The aim of this study therefore is to examining the various factors and prevalence of first sex among adolescents.

1.3. Rationale of the study

Early sexual initiation carries a significant health, socio economic and psychological hazards and that it can set the patterns for subsequent sexual and other bad behaviors. According to EDHS 2016 Children born to very young mothers are at increased risk of sickness and death. Teenage mothers are more likely to experience adverse pregnancy outcomes and are more constrained in their ability to pursue educational opportunities than young women who delay childbearing. 13 %of women age 15-19 in Ethiopia have begun childbearing: 10 % have had a live birth, and 2 % were pregnant with their first child at the time of interview. The proportion of women age 15-19 who have begun childbearing rises rapidly with age, from 2 percent among women age 15 to 28 percent among those age 19.

The purpose of this study was to assess the prevalence of early sexual initiation and factors associated with it among inschool adolescents of Addis Ababa. Realizing and recognizing the factors that are associated with early sexual initiation is a center for improved understanding of SRH problems among adolescents and designing meaningful strategies to tackle the adverse consequences of adolescent sexual intercourse such us tackling HIV/AIDS, unwanted pregnancy and its consequences:- induced abortion, teenage pregnancy, school dropouts etc. It can aid in the design and implementation of effective prevention programs and also encourage other researchers and policy makers to carry out a more extensive research in this particular area.

Young people, especially sexually active school youths age 15-24 years have the greatest risk of HIV infection in the country. The limited recent data and research, especially on these high risk groups, makes further conclusions tricky, and things to see the obvious need for more research. Especially in the study setting, the place chosen to conduct this study, previous researches on the same subject involving adolescents are very rare while HIV/AIDS and unwanted pregnancy and several other adolescent sexual and reproductive health problems are prevalent.

2. LITERATURE REVIEW

2.1 Early sexual initiation among adolescents

Initiating sexual activity is a natural transition, made nearly by all humans. Nevertheless, it is not the occurrence of this transition but its timing and the circumstances under which it occurs that has significant implications as a major public health concern all over the world. Early entry to sexual initiation has very important implications for the sexual and reproductive health of youths (14).

Study in USA among adolescents have showed that 46% of high school students nationwide initiate sexual activity by the 12th grade.(16) An analysis of data from the National Youth Risk Behavior Survey in USA found that 12% of students reported having sex before age 14(17).

A study done among 2,070 nationally representative sample of Nigerian adolescents showed that 1,195 males and 875 females age 15-19 years, living in Nigeria reported that the median age of sexual debut was slightly but not significantly lower for males (15 years) compared to females (16 years).Analysis of the data of the 2,070 never-married adolescents showed no gender difference with respect to sexual debut before age 16. Girls with secondary school/higher education were significantly more likely to have initiated sex compared to non-educated girls (28).

A cross-sectional data collected from school-based study conducted on a random sample of 210 female students aged 14-24 years, living in Limbe urban area of Cameroon reported that, the majority (56.2%) reported being sexually active, and the mean age of first sexual intercourse was15.5 years of which 60.2% were 16 years or less at their first sexual intercourse, denoting an early age of sexual debut. Twenty percent of sexually active respondents indicated that their first sex was forced. 33.3% respondents had multiple sexual partners in the past one year prior to this study. Of the sexually active respondents, 60.9% did not use condoms during their first sexual encounters (18).

Among women age 25-49, 29% had first sexual intercourse before age 15 and 62% before age 18. 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 (14).

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. As is the case with age at first marriage, men tend to initiate sexual activity later in life than women. The median age at first sex for men age (25-49) is 21.2 year, about six years later than for women. The median age at first intercourse among the different age cohorts suggest no significant change in age at first sexual intercourse for men over the past 20 years.(14)

2.2Factors associated with early sexual initiation

2.2.1. Socio- demographic characteristics

A study used a non-experimental cross-sectional design among adolescents age 15-19 in Southern California. On average, enjoying sex was perceived as a more likely outcome for male respondents when compared to females (19). Urban women have their first sexual intercourse about two years later than rural women, while urban men have their first intercourse about a year earlier than rural men. Women with at least some secondary education have their first intercourse about 5 years later than women with no education. On the other hand, highly educated men initiate sex a year earlier than men with no education (20).

Study done in University of Pittsburgh School of Medicine conducted a secondary analysis on data from a randomized controlled trial comparing intervention designed, among 572 female adolescents aged 13 to 21,the mean age was 17.4 years.68% had been sexually active, with mean age at first intercourse of 15 years (21).

Across sectional survey among youth in Bahirdar revealed that out of 498 respondents 64.6% was females. More than four-fifth of the respondents (84.7%) was never married .The mean age of the study population was 21.5 years. Slightly more than half of the respondents (52.9%) were living alone in rented house without their family and the rest were living with family. Students who were living alone in rented house were about two times risk to have multiple sexual partners compared to students who live with their families. More than half of the respondents (52.5%) got pocket money below average 296 Ethiopian birr per month, while 23.3% of the respondents got above 400 birr per month (22).

2.2.2 Religiosity

Religiosity is another factor that may influence adolescents' decisions about sexual debut. Study done among female adolescents in University of Pittsburgh School of Medicine showed that, one third of respondents attended religious services once a week or more, while 21.9% never attended religious services. Frequently attending religious services was significantly associated with sexual debut .Concerning the influence of religious beliefs on decisions about having sex, few reported that their religious beliefs affect them completely, while 47.2% reported no influence. Those who never had intercourse were more likely to report that their religious beliefs affected their decisions regarding sex (21).

Study done in Dese Ethiopia revealed that youth who didn't pray or go to church/mosque regularly/not at all were significantly associated with early sexual initiation than those who start sexual intercourse at older age (8).

2.2.3 Knowledge about HIV, STI and Unintended pregnancy

Study done in Uganda on factors associated with onset of sexual intercourse among adolescent revealed that respondents those who had reproductive health and HIV knowledge were less likely to engage in sexual debut at early age than their counter part (23).

Study done among adolescents in Machakal district, Northwest Ethiopia reported that**,** majority of the adolescents 343 (91.5%) have ever heard about HIV/AIDS and listed unsafe sexual intercourse as the major way of acquiring the disease 198 (66.6%) followed by sharing sharp materials like needles and syringes 66 (22.2%); only 18 (5.9%) responded mother-to-child transmission as a route of acquiring the virus. More than four-fifth of the adolescents, 279 (81.2%), responded as there were mechanisms through which STIs and HIV/AIDS could be avoided/prevented (24).

2.2.4 Attitude towards early sexual debut

Study done in Uganda on factors associated with onset of sexual intercourse among adolescents reported that, disapproved sexual debut at early age was significantly associated with reduced odds of sexual onset (23). Study done on age at first sex and its associated factors among youth in Dese, Ethiopia showed that, approval having sex while I am teenager would just be doing what everybody else is doing was significantly associated with sexual debut at early age (8).

2.2.5 Peer pressure towards sexual initiation

Young people are most likely to gravitated and adapt the behavior of their peer groups, since this is the age where they are dominated by peer pressure than the family members. Peers influences also plays through peers beliefs about sexual behavior, youth beliefs about what his/her peers are doing, and peer support/caring for youth. Study done on predictor of early sexual initiation among adolescents in France revealed that, deviant-peer involvement with initiation of sexual intercourse was two times higher among early sexual initiators than their counter part (25).

Study done on assessment of sexual activity and condom utilization among preparatory school youths in Ethiopia showed that, peer pressure was reported by the majority of the study population as a factor for the initiation of sex (26).

2.2.6. Parental youth communication concerning reproductive health risk

Parental monitoring on adolescent sexual behavior has been serving as a dual prevention. Primarily, it avoids or delays the onset of risk behavior and secondly, it reduces the frequency of risk behavior in which youth are already involved. The influence on sexual activities starts with the gap of communication of parents and adolescents. Study Children born to very young mothers are at increased risk of sickness and death.

study done in Uganda toward parent adolescent communication on the subject of sexuality and HIV/AIDS in Uganda revealed that, 75.8% of mothers talked to their adolescents about the subject of sexuality and HIV/AIDS while 24.2% reported that they did not discuss with them. 67.9% daughters acknowledged their mothers' having talked to them about sexuality and HIV/AIDS. However, or a third of the daughters reported their mothers had never talked to them about sexuality and HIV/AIDS (23).

Most parents in Ethiopia are more reluctant to monitor their children activity and interest and do not discuss about changes in adolescence, sexuality and contraception with their children. Studies on determinants of sexual initiation among youths in north East Ethiopia showed that, less parental communication and connectedness were identifies as a predictor of early sexual initiation (8).

2.2.7. Substance use (alcohol and drug use)

Substance use increases the probability that an adolescent will initiate sexual activity, and relatively, sexually experienced adolescents are more likely to initiate substance use. Study done in New York reviled that early sex was associated with an increased risk of alcohol/drug use at last sex among all ethnic groups. Alcohol/drug use was almost 4 times more likely among those who had early versus later sex. Early sex was more strongly associated with non-use of condoms among Whites (27).

A study done among nationally representative sample of Nigerian adolescents showed that, among males, the use of alcohol was found to be significantly associated with sexual initiation during adolescence those who reported drinking were about twice as likely to report having had sexual intercourse(28).Study done in Ghanaian adolescent shows that tobacco use, drunkenness and other drug use were all found to increase the likelihood of engaging in sex as well as having one or multiple sexual partners (29).

A case control study done in Gamo-Gofa Zone, South West Ethiopia reviled that, Khat users were 7 times more likely to initiate sexual intercourse before 18 years of age than their counterparts (30)

2.2.8. Exposure to sexual explicit media

Naturally adolescence is period that is characterized by intense information seeking especially about adult roles. But because of lack of readily available information about sexuality, they use media as sexual super peer which encourages them to be sexually active (31-32).A study done in Zimbabwe on factors underlying early sexual initiation among adolescents showed that, media played a significant role in shaping adolescents' sexual activity. Films, pornographic books and novels, and internet have been recognized as underlying factors to early sexual debut among adolescents (33). It also helps them "to break the silence" about sexuality at least in their own minds and in the course of their peer groups, which may lead them to engage in risky sexual behaviors (34).

Study done among Jigjiga university students**,** 45.3% respondents participated in the study reported they have watched pornographic films. Out of these 21.5% watched it more than three times per week and 54.1% watched it once per week. Seventy one percent of respondents who had sexual intercourse had watched pornographic films at the time of survey. Students who have watched pornographic films were 5.9 times more likely to engage in sexual intercourse than those who didn't (35).

2.2.9. Adolescents physical activity and screen time

The only physical activity behavior that was a significant predictor of early sexual intercourse initiation was sports club membership. Adolescent boys and girls who were members of a sports club) were more likely to have had early sex (OR = 2.17; 95% CI = 1.33, 3.56. Significant gender interaction effects indicated that boys who watched TV 2 hours/ day (OR = 2.00; 95% CI = 1.08, 3.68) and girls who used the computer 2 hours/day (OR = 3.92; 95% CI = 1.76, 8.69) were also significantly more likely to have engaged in early sex (36).

American television, nearly one third of family hour shows contain sexual references, and the incidence of vulgar language has increased greatly. Show extramarital sex eight times more commonly than sex between spouses. At the present time there have only been four studies examining the relation between early onset of sexual intercourse and television viewing. However, there are numerous studies which illustrate television's powerful influence on teenagers' sexual attitudes, values, and beliefs.25 26 teens rank the media second only to school sex education programmers as a leading source of information (37).

Conceptual framework

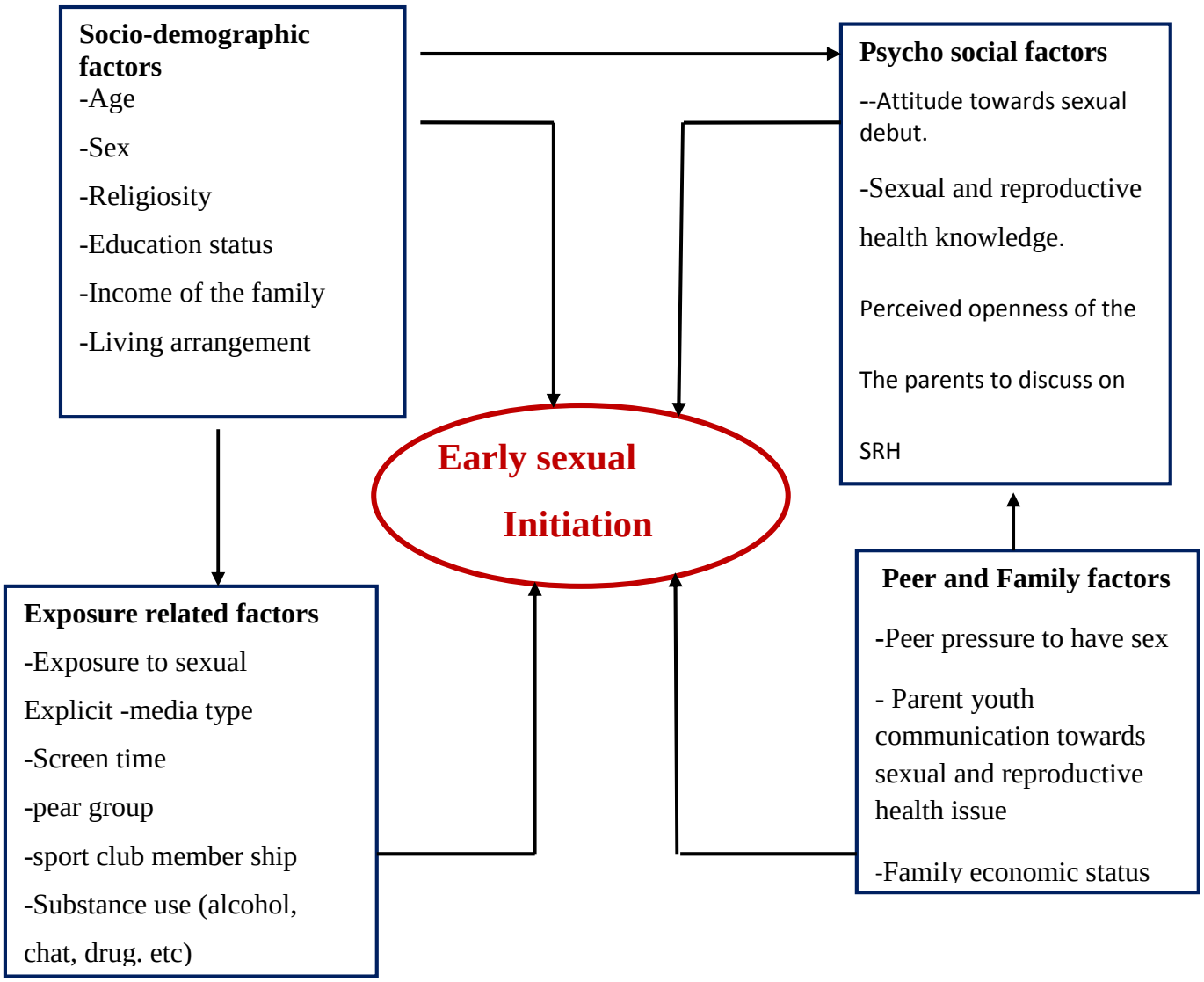

Figure 1. Analytical framework for the study of early sexual initiation and its associated factors among school adolescents in Addis Ababa, 2017

Source: Adopted by reviewing different literatures

3. OBJECTIVES

3.1. General Objective

To determine the prevalence of early sexual initiation and its associated factors among in-school adolescents of Addis Ababa

3.2. Specific Objectives

1. To measure the prevalence of early sexual initiation among youth attending secondary and primaryschoolsin Addis Ababa
2. To compare the median age of early sexual initiation among students in governmental and community international secondary& primary schools of Addis Ababa.
3. To identify factors associated with early sexual initiation among youth attending secondary and primary schools in Addis Ababa

4. METHODOLOGY

4.1. Study area

The study was conducted from March 20 to April 28, 2017 in government and international community schools found in Addis Ababa City administration &Addis Ababa is the capital city of the federal democratic republic of Ethiopia with an area of 540 km2; b/n 9^0 Latitude and 38^0 East Long at range of 2200 – 2800 meters above sea level (3).

The city has 3 admin level structures: city council, 10 SCs and 116 wordas (3).The total population of the city projected for the year 2016, by Population Census Commission, was 3.3 million with male to female ratio of 0.92().In Addis city administration a total of 653,566 students were attending grade 5 to 12 and there are 814 primary &310 secondary schools in Addis Ababa (39).

4.2. Study design

A quantitative comparative cross sectional facility based study with qualitative enquiry was conducted.

4.3. Source Population

All students enrolled to governmental and community international primary and secondary schools of Addis Ababa.

4.4. Study population

Sampled youths aged 15 to 19 years attending grade (8-12) in primary &secondary schoolsduring the study period

Inclusion criteria

All regular day time students age 15 to 19 years in grade 8-12 at time of data collection who volunteered to participate in the study was included

Exclusion criteria

Night class attendees, students in the religious, private schools, whose age is less than 15 or greater than 19 years& adolescents who have visual or hearing impairment.

$$n_1 = \frac{\left[Z_{\frac{\alpha}{2}} \sqrt{\left(1+\frac{1}{r}\right) \bar{P}(1-\bar{P})} + Z_{\beta} \sqrt{P_1(1-P_1) + \frac{P_2(1-P_2)}{r}} \right]^2}{(P_1 - P_2)^2}$$

4.6. Sampling procedure

4.6.1 Quantitative methods

Schools in Addis Ababa city administration were stratified in to governmental and community international schools and all schools in 10 sub city clustered in to primary and secondary. By simple random sampling four sub cities (Arada, Bole, Kirkose& kolfe keraniyo) were selected. Four primary and four secondary schools were selected from four sub cities similarly by Simple random sampling, then from all grades in each school one grade was selected by simple random sampling.

Lastlythe number of students from each grade level and sections according to their sex were identified: by using proportional to size allocation technique**.** Final selection of the sample was derived based on systematic sampling method; using the name list of each section in each schools were obtained and required number of students who fulfill the inclusion criteria in governmental and community international and sample of 548 (274 from the government & 274 from community international) were obtained by using systematic random sampling.

No of school/students	Types and number of schools in Addis Ababa									
	Primary					Secondary and preparatory				
	Community	Government	public	Private &others	total	Cm-unity	Government	public	Private &others	Total
schools	5	217	2	595	814	4	76	2	232	310
Total students					505,947					147,947

Table 1: Total number of schools in Addis Ababa, 2017

School name	sub city	Owner		Type of school		grade	Total student	Sample
		government	Community international	primary	secondary			
Tikur anbassa	Arada	✓	-	-	✓	9	953	130
Lycee G/M.	Arada	-	✓	-	✓	1o	93	60
Biritish	Bole	-	✓	✓	-	8	55	35
Hidasse	Bole	✓	-	✓	-	8	326	45
Biru tesffa	koife	✓	-	✓	-	8	241	33
Millennium	kolfe	✓	-	-	✓	11	485	66
Greek	Kirkos	-	✓	✓	-	8	56	36
Greek	kirkos	-	✓	-	✓	12	224	143
total							2433	548

Table 2: Table show sampling of the study, Addis Ababa 2017

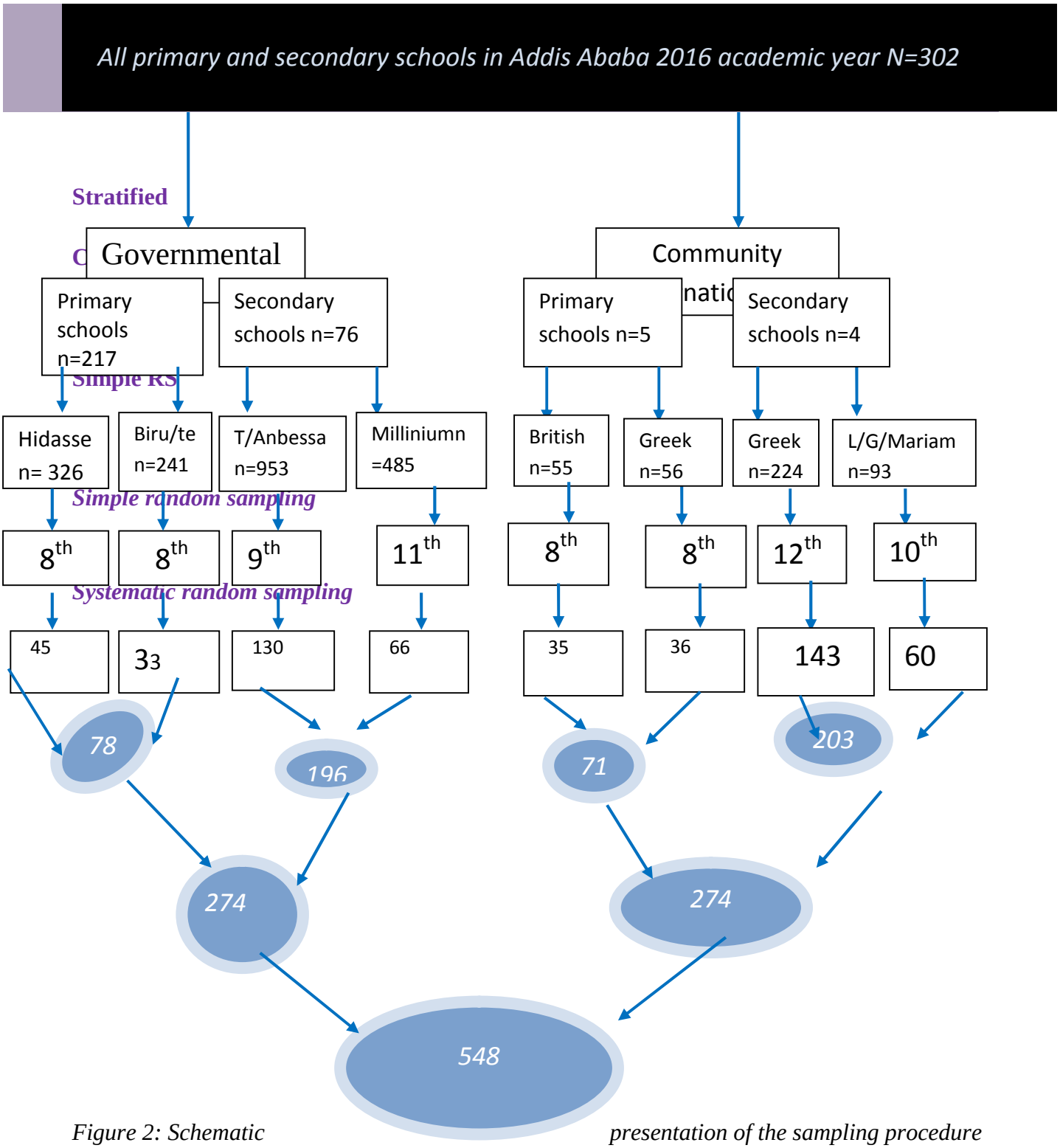

Figure 2: Schematic presentation of the sampling procedure used in the study, Addis Ababa, Ethiopia, 2017

4.6.2. Qualitative methods

Purposive sampling procedure wasapplied to select the study participants using different Criteria like age and sex. Selections of participants of the FGD were carried out from the selected primary and secondary schools where quantitative data was taken.

4.7. Data collection tools and procedure

4.7.1. Quantitative part

The quantitative data was collected using self-administered structured questioner, which was prepared in English then translated into Amharic language; English questioner was used to collect data from foreigners in community international schools and Amharic for governmental schools. The administration of the questionnaire were facilitated by two five diploma nurse who were assigned to provideself-structured questioner to study participant & were arrange separate class for male and female students to be filled by students and two supervisors who were graduated with BSc in nursing were assigned to daily check the collected data.

4.7.2. Qualitative part

Open ended semi-structured interviewer guide was used. Focus Group Discussion (FGD) was conducted using a discussion guide on attitude towards early sexual initiation. The principal investigator and supervisors were moderated the discussions. In order to keep privacy, discussion of different sexes was hold in different rooms. The purpose, aim and rules of the discussion were explained to the participants and also verbal consent was obtained. Special attention was paid to maintain privacy and confidentiality during the discussions. Tape recorded as well as hand in hand notes were used both by the researcher and an assistant during focus group discussion.

4.8. Data quality management

To ensure the quality of the data first training of the data collectors and their supervisors were carried out for two days by the principal investigator on the objectives, relevance of the study, methods sampling, confidentiality of information and informed consent. The data collection tool was prepared in English, translated in to Amharic.

Pretest was done before the actual data collection work to see for the accuracy of responses and to estimate time needed and the questionnaire is adjusted accordingly. Five data collectors who have diploma in nursing werecollected the data.

4.9. Data processing and analysis

After the data collection was completed; the quantitative data was checked for completeness and consistencies, then entered and cleaned using EPI data version 3.1 statistical software and exported to SPSS 20 for analysis. Data was presented using frequency tables and charts Bivariateanalyses were used to examine the association between outcome variable and each explanatory variable of the study.

Whilemultivariate analyses were employed to identify independent predictors of early sexual initiation and to control for all possible confounders using binary logistic regression. Odds ratio with 95% confidence interval was estimated to measure the strength of the association. For the qualitative part, analysis was done using the thematic content approach by using open code software. Qualitative responses were read for emergent themes and then be coded. Maximum care was taken as a result; codes capture the meaning of each respondent as accurate as possible**.**

4.10. Measurement variables

Independent variables

- Socio demographic characteristics:-
  -Age in completed years
  -Parent educational status
  -Sex
  -Educational status of the family
  Religion
- Attitude of youth towards sexual debut
- Sexual and reproductive health knowledge
- Parent youth communication on sexuality and reproductive health
- Peer influence on sexual matters
- Religious influence
- Substance use like:-drug, Alcohol, khat…
- Exposure to sexual explicit media and watching television
- Screen time and sport club member ship.

Dependent Variables

- Early sexual initiation

4.11. Operational definitions

Adolescent :(WHO) defines adolescent as person between 10 and 19 years of age.

Secondary schools: includes those grades 9 to 10(first cycle) 11to12 preparatory & 9 to 12(both cycle).

Early sexual initiation is defined as experience of sexual intercourse before the age of 18 years (14).

Comprehensive knowledge on HIV measured by ability to identify the two important prevention ways (being faithful & condom use), being aware that a healthy-looking person can have HIV and reject the two locally common misconceptions about HIV transmission (mosquito bite & sharing food)

Knowledge about STI prevention: for each close endedknowledge question, if respondents respondedat least two Prevention and reject two misconceptions (douching &using herbs).

Alcohol use-A study participant was considered as ever drinker if he/she responds yes to the question 'Have you ever drunk alcohol in your life?' Then follow up questions were employed to collect information such as drinking in the past one year and frequency of drinking. Current alcohol use is defined as use of alcohol at least once during the past 30 days before the study.

Risky sexual behaviors- early sexual intercourse, unprotected sex and multiple sexual partners

Unprotected sex Sexual intercourse without or with occasional use of condom.

Commercial sex worker: A woman who sells sex for money

4.12. Ethical consideration

Ethical approval for the research was obtained from Addis Ababa University, College of Health Sciences, and School of Public Health Research Ethics Committee. Official letters written by the university was given to Federal ministry of education, Addis Ababa education Bureau, to the respected governmental and international community school directors. Written informed consent was obtained from each participant, so that permission could be secured at all levels. The respondents were informed the necessary explanation about the purpose, the procedure of the study, their right to participate or not to participate in the study and potential risk, benefits. Confidentiality of the information was assured by omitting names of study participants from the questionnaire and respondents were filled the questioner separately to maintain their privacy.

4.13. Dissemination of results

Final result of this paper will be given to School of Public Health, Addis Ababa Health Bureau, Addis Ababa education Bureau and also given to governmental and international community secondary schools. Publication in a reputable journal and presenting it in conferences will be considered.

5. RESULTS

5.1 Quantitative part

5.1.1 Adolescents and parental Socio demographic characteristics

Out of the total 548 adolescents age 15-19 years,530(49.8%fromgovernmental &50.2% incommunity international schools)participated in this study making the response rate of 96.7%.The mean age was 16.41years, range from15-19 years. The socio-demographic of the study subjects are shown in Table-2 clearly as53% of respondents were females. Orthodox Christianity was the dominant religion in both community and governmental schools consisting of 67.7% followed byMuslim 16.6% and 30.4% of adolescents wereattending church or mosque once a week. Regarding their parent's education, 41.2% of mothers and 42.6% fathers of students in community schools were acquired above secondary while17% of mothers& 21% of fathers whose students were learning in governmental schools similarly attained above secondary.

Table 3 Socio demographic characteristics of adolescents in Addis Ababa, May 2017

Variable	Frequency		
	Government N=264(49.8%)	Community international N=266(50.2%)	Total N =530(100%)
Age			
15-17	**204(38.5)**	**224(42.3)**	**428(80.8)**
18-19	**60(11.3)**	**42(7.9)**	**102(19.2)**
Mean age =16.41 ±1.17			
Sex			
Male	**129(24.3)**	**120(22.6)**	**249(47.0)**
Female	**135(25.5)**	**146(27.5)**	**281(53.0)**
Educational status			
Grade 8	**92(17.4)**	**71(13.4)**	**163(30.8)**
Grade 9	**112(21.1)**	**0(0.0)**	**112(21.1)**
Grade 10	**0(0.0)**	**66(12.5)**	**66(12.5)**
Grade 11	**60(11.3)**	**0(0.0)**	**60(11.3)**
Grade 12	**0(0.0)**	**129(24.3)**	**129(24.3)**
School type			
Primary	**92(17.4)**	**71(13.4)**	**163(30.8)**
Secondary &prep	**172(32.5)**	**195(36.8)**	**367(69.2)**
Religion			
Orthodox	**178(33.6)**	**181(34.2)**	**359(67.7)**
Catholic	**5(0.9)**	**10(1.9)**	**15(2.8)**
Protestant	**18(3.4)**	**41(7.7)**	**59(11.1)**
Muslim	**62(11.7)**	**26(4.9)**	**88(16.6)**
Others	**1(0.2)**	**8(1.5)**	**9(1.7)**
Attend church/mosque			
Yes	**256(48.3)**	**240(45.3)**	**496(93.6)**
No	**8(1.5)**	**26(4.9)**	**34(6.4)**
Frequency of attending church/mosque			
Daily	**74(14.9)**	**22(4.4)**	**96(19.4)**
More than twice in a week	**91(18.4)**	**57(11.5)**	**148(29.9)**
Once a week	**62(28)**	**99(20.0)**	**161(32.4)**
Once in two weeks and more	**1128(5.7)**	**62(12.5)**	**90(18.2)**

Living with			
Mother and father	**154(29.1)**	**166(31.3)**	**320(60.4)**
Mother only	**49(9.2)**	**50(9.4)**	**99(18.7)**
Father only	**11(2.1)**	**11(2.1)**	**22(4.2)**
Others	**50(9.4)**	**39(7.4)**	**89(16.8)**
House hold monthly income			
Less than 100$	**18(3.4)**	**1(0.2)**	**19(3.6)**
100-300 $	**24(4.5)**	**5(0.9)**	**29(5.5)**
Greater than300$	**9(1.7)**	**8(1.5)**	**17(3.2)**
Don't know	**213(40.2)**	**252(47.5)**	**465(87.7)**
Mothers 'Educational status			
Illiterate	**35(6.7)**	**3(0.6)**	**38(7.3)**
Read &write only	**90(17.3)**	**28(5.4)**	**118(22.6)**
Primary	**46(8.8)**	**8(1.5)**	**54(10.4)**
Secondary	**53(10.2)**	**66(12.7)**	**119(22.8)**
Diploma	**16(3.1)**	**57(10.9)**	**73(14.0)**
Degree	**20(3.8)**	**99(19.0)**	**119(22.8)**
Fathers 'Educational status			
Illiterate	**16(3.0)**	**0(0.0)**	**16(3.0)**
Read &write only	**69(13.0)**	**19(3.6)**	**88(16.6)**
Primary	**37(7.0)**	**10(1.9)**	**47(8.9)**
Secondary	**63(11.9)**	**41(7.7)**	**104(19.6)**
Diploma	**16(3.0)**	**31(5.8)**	**47(8.9)**
Degree	**33(6.2)**	**147(27.7)**	**180(34.0)**

5.1.2 Knowledge of Youths about Pregnancy, STI and HIV

Four hundred ninety four (92.6%) of adolescents were reported that they knew about disease transmitted through sexual intercourse but only 72.9%were able to list at least two sign &symptoms of STI.363(74.1%)of respondents able to list the threeprimary preventionof HIV butonly 27.1% of respondent had comprehensive knowledge of HIV. In addition forty five (8.5%), fiftyone (9.6%) and eighty nine (16.8) of adolescents had misconception as HIV transmitted through kissing, insect bite and sharing of for food with PLWHA respectively.

Similarly 144(27.2%) and 55 (10.4%) of students had misconceptionsas douching and using herbs prevent STI transmission and adolescents who were learning in community international schools had more misconceptions than students in governmental schools and a majority respondents (73.8) had no knowledge about post pill. (Table 3)

Table 4 Knowledge of in school adolescent of Addis Ababa about Pregnancy, STI and HIV, 2017

Variable	Frequency		
	Government N=264(49.8%)	**Community (international) N=266(50.2%)**	**Total N=530 (100%)**
Do you know any diseases transmitted through sexual intercourse?(n=)			
Yes	**234(44.2)**	**257(48.9)**	**491(92.6)**
No	**30(5.7)**	**9(1.7)**	**39(7.4)**
Knowledge of STI Signs and symptoms			
Didn't know any sign or knew only one sign/symptom	**54(11.0)**	**79(16.1)**	**133(27.1)**
Knew at list two sign/symptoms	**179(36.5)**	**178(36.3)**	**357(72.9)**
Others	**31(5.8)**	**9(1.7)**	**40(7.5)**
Knowledge about HIV preventive Measure			
Knew the three primary preventive measures	**167(34.1)**	**196(40.0)**	**363(74.1)**
Didn't Knew the three primary preventive measures	**66(13.5)**	**61(12.4)**	**127(25.9)**
Others	**30(5.7)**	**9(1.7)**	**40(7.5)**
Had misconception HIV transmission			
Sharing Item like food with HIV infected individuals	**43(8.1)**	**46(8.7)**	**89(16.8)**
Insect bite transmit HIV	**17(3.2)**	**34(6.9)**	**51(9.6)**
Kissing transmit HIV	**16(3)**	**29(5.5)**	**45(8.5)**
Had misconceptions about STI prevention			
Using herbs	**21(4)**	**34(6.4)**	**55(10.4)**
Washing/douching	**55(10.4)**	**89(16.8)**	**144(27.2)**
Comprehensive knowledge of HIV			
Has Comprehensive knowledge	**54(11.0)**	**79(16.1)**	**133(27.1)**
No Comprehensive knowledgeable	**179(36.5)**	**178(36.3)**	**357(72.9)**
Knowledge about post pill within 72 hours			
Yes	**55(10.4)**	**84(15.8)**	**139(26.2)**
No	**209(39.5)**	**182((34.3)**	**391(73.8)**

5.1.3Peer pressure, attitude towards sexual debut and parent youth communication towards Sexual and reproductive issue

Ninety seven (18.3%) of adolescents have been encouraged by friends/peers to have boyfriend or girlfriend. Moreover, 44(8.3%)of respondents have encountered pressure frequently from their peers to have sexual intercourse. However, 282(53.2%) of participants strongly oppose sexual debut at early age while 61(11.5%) of adolescents agreed to engage in sexual activity as teenagers is normal.(Table 4)

Table 5: Peer pressure and attitude towards sexual debutamong in school adolescents in Addis Ababa, May 2017

Variable	Frequency		
	Government N=264(49.8%)	**Community(international) N=266(50.2%)**	**Total N= 530(100%)**
Encouraged/influenced by friends to have boyfriend or girl friend			
Not at all	**221(41.7)**	**212(40.0)**	**433(81.7)**
Yes frequently	**16(3.0)**	**28(5.3)**	**44(8.3)**
Yes occasionally	**27(5.1)**	**26(4.9)**	**53(10.0)**
un married friends had sexual inter			
None of them	**91(17.2)**	**116(21.9)**	**207(39.1)**
Few of them	**38(7.2)**	**32(6.0)**	**0(13.2)**
About half of them	**9(11.7)**	**10(1.9)**	**19(3.6)**
Most of them	**13(2.5)**	**14(2.6)**	**27(5.1)**
All of them	**5(0.9)**	**11(2.1)**	**16(3.0)**
Don't know	**108(20.4)**	**83(15.7)**	**191(36.0)**
Attitude of in school adolescent towards sexual debut			
To engage in sexual activity as teenagers is normal (n=530)			
Strongly disagree	**139(26.2)**	**143(27.0)**	**282(53.2)**
Disagree	**67(12.6)**	**61(11.5)**	**128(24.2)**
Not sure	**28(5.3)**	**23(4.3)**	**51(9.6)**
Agree	**29(5.5)**	**32(6.0)**	**61(11.5)**
Strongly agree	**1(0.2)**	**7(1.3)**	**8(.5)**

Adolescent's communication on sexual issues

Two hundred thirteen (40.2%) of students had no discussion on sexual and reproductive health issues and 350 (71.4%) &321(65.5) students perceived that their fathers and mothers will not answer helpfully if they ask question about sexual intercourse, Nevertheless,35.2% of students perceived that their mother will answer helpfully for menstruation related questions. Adolescents in community schools were had better discussion with their parents whether or not have sex than their counterparts which is 26.6% and 20.2% respectively.

Table 6parents – adolescent's communication on sexual issuesamong students in Addis Ababa, May 2017

Variable	Frequency		
	Government N=264(49.8%)	Community international N=266(50.2%)	Total N= 530(100%)
Perception of adolescents on parents' Responsiveness to SRH related questions			
Father response on nocturnal emission			
Will answer helpfully	**76(15.5)**	**91(18.5)**	**167(34.0)**
Will not answer helpfully	**161(32.8)**	**163(33.2)**	**324(66.0)**
Mother response on nocturnal emission			
Will answer helpfully	**103(19.7)**	**124(23.7)**	**227(43.4)**
Will not answer helpfully	**156(29.8)**	**140(26.8)**	**296(56.6)**
Father response on menstruation			
Will answer helpfully	**73(14.9)**	**109(22.2)**	**182(37.1)**
Will not answer helpfully	**164(33.4)**	**145(29.5)**	**309(62.9)**
mother response on menstruation			
Will answer helpfully	**153(29.3)**	**186(35.6)**	**339(64.8)**
Will not answer helpfully	**106(20.3)**	**78(14.9)**	**184(35.2)**
Father response on sexual intercourse			
Will answer helpfully	**59(12.0)**	**81(16.5)**	**140(28.6)**
Will not answer helpfully	**178(36.3)**	**172(35.1)**	**350(71.4)**
Mother response on sexual intercourse			
Will answer helpfully	**81(16.5)**	**88(18.0)**	**169(34.5)**
Will not answer helpfully	**156(31.8)**	**165(33.7)**	**321(65.5)**
Father response about contraception			
Will answer helpfully	**81(16.5)**	**88(18.0)**	**169(34.5)**
Will not answer helpfully	**156(31.8)**	**165(33.7)**	**321(65.50**
mothers response about contraception			
Will answer helpfully	**138(26.4)**	**129(24.7)**	**267(51.1)**
Will not answer helpfully	**122(23.3)**	**34(25.6)**	**256(48.9)**
Discussed with family on SRH issue			
Yes	**129(24.3)**	**188(35.5)**	**317(59.8)**
No	**135(25.5)**	**78(14.7)**	**213(40.2)**

Topics discussed about SRH withbiological parents			
Body changes during puberty/Menstrual cycle			
Yes	**76(24.1)**	**133(42.1)**	**209(66.1)**
No	**52(16.5)**	**55(17.4)**	**107(33.9)**
How to avoid getting pregnant			
Yes	**60(18.9)**	**96(30.3)**	**156(49.2)**
No	**69(21.8)**	**92(29.0)**	**161950.8)**
Relationships with the opposite sex			
Yes	**66(20.8)**	**88(27.8)**	**154(48.6)**
No	**63(19.9)**	**100(31.5)**	**163/951.4**
Whether or not to have sex			
Yes	**64(20.2)**	**84(26.5)**	**148(46.7)**
No	**65(20.5)**	**104(32.8)**	**169(53.3)**
Abortion			
Yes	**62(19.6)**	**66(20.8)**	**128(40.4)**
No	**67(21.1)**	**122(38.5)**	**189(59.6)**
About condom			
Yes	**44(13.9)**	**61(19.2)**	**105(33.1)**
No	**85(26.8)**	**127(40.1)**	**212(66.9)**
Drugs and alcohol			
Yes	**92(29.1)**	**133(42.1)**	**225(71.2)**
No	**37(11.7)**	**54(17.1)**	**91(28.8)**

Sport club membership, screen time and viewing pornographic materials

Naturally adolescence is period that is characterized by intense information seeking especially about adult roles. But because of lack of readily available information about sexuality, they use media as sexual super peer. Only 23(4.3%) of respondents were members of anti HIV/AIDS and reproductive health club members and a majority, 266 (50.2%) of respondents were respond as Kana TV is their preferable television. Regarding programs, 284(53.6%) of students were respond as film or movies are programs they like most. One hundred ten (20.8%) of in school adolescents were use computer for games and internet for more than two hours per week.

Table 7:sport club membership, screen time and viewing pornographic materials among adolescents in Addis Ababa, 2017

Variable	Frequency		
	Government N=264(49.8%)	**Community international N=266(50.2%)**	**Total N= 530(100%)**
Are you a sport club member ship?			
Yes	**100(18.9)**	**66(12.5)**	**166(31.3)**
No	**164(30.9)**	**200(37.7)**	**364(68.7)**
Are you member of sport club in school or out of school?			
In school	**15(9.2)**	**14(8.6)**	**29(17.8)**
Out of school	**82(50.3)**	**52(31.9)**	**134(82.2)**
How many days per week do you participatein sport outside school?			
No exercise in a weak	**9(5.5)**	**7(4.3)**	**16(9.8)**
One –three day in a week	**75(46.0)**	**49(30.1)**	**124(76.1)**
Four –seven days in a week	**13(8.0)**	**10(6.1)**	**23(14.1)**
Reproductive Health club membership			
Yes	**16(3.0)**	**7(1.3)**	**23(4.3)**
No	**248(46.8)**	**259(48.9)**	**507(95.7)**

Table 8.Screen time question related to TV/DVD among adolescents in Addis Ababa, 2017

Variable	Frequency		
	Government N=264(49.8%)	**Community international N=266(50.2%)**	**Total N= 530(100%)**
Which TV do you prefer to watch?			
Kana	**148(27.9)**	**118(22.3)**	**266(50.2)**
EBC	**36(6.8)**	**12(2.3)**	**48(9.1)**
Nahoo	**12(2.3)**	**22(4.2)**	**34(6.4)**
JTV	**7(1.3)**	**11(2.1)**	**18(3.4)**
Other channels	**61(11.5)**	**103(19.4)**	**164(30.9)**
What type of program you like to watch most Of the time?			
film or movie	**155(29.2)**	**129(24.3)**	**284(53.6)**
music	**20(3.8)**	**29(5.5)**	**49(9.2)**
Drama	**21(4)**	**12(2.3)**	**33(6.2)**
news	**10(1.9)**	**14(2.6)**	**24(4.5)**
DVD	**5(0.9)**	**8(1.5)**	**13(2.5)**
Others	**53(10)**	**74(14.0)**	**127(24.0)**
How many hours per day do you watchTV/DVD?			
zero hour	**5(0.9)**	**18(3.4)**	**23((4.3)**
One hour	**23(4.3)**	**21(4.0)**	**44(8.3)**
Two hours	**20(3.8)**	**25(4.7)**	**45(8.5)**
Three hours	**35(6.6)**	**19(3.6)**	**54(10.2)**
Four hours	**42(7.9)**	**45(8.5)**	**87(16.4)**
Five hours more hrs.	**139(26.2)**	**123(26)**	**277(52.3)**
use Computer (e.g. for games or internet) per day			
Two and less than two hours	**235(44.3)**	**185(34.9)**	**420(79.2)**
Greater than two hours	**29(5.5)**	**81(15.3)**	**110(20.8)**

Watching pornographic materials and Substance use (drug and alcohol use)

One hundred ninety five (36.9%) reported ever watched pornographic materials. From these 172(88.2%) of respondents were exposed to videotapes/films. Concerning the age at first watch of sex movies,(39%) of adolescents were ever viewed at less than 14 years. In addition, 63(36%) of participant ever tried practicing what they have seen from movie. Regarding substance use, seventy nine (14.9%)of students have used drugs. From these, 18.8% used heroin, 30% used Khat and 51.2 %used hashish. Fifty five (70.5%) respondents had history off sexual intercourse after using drug. In relation to alcohol conception, 161(30.4%) of students were drunk alcohol in their life time. From these, 15.2% of youths had sex after drinking alcohol.

Table 9.Watching pornographic materials and using drug and alcohol among adolescents in Addis Ababa, May 2017

Variable	Frequency		
	Government N=264(49.8%)	**Community international N=266(50.2%)**	**Total N= 530(100%)**
Ever viewed pornographic material			
Yes	**109(20.6)**	**86(16.3)**	**195(36.9)**
No	**155(29.3)**	**180(33.8)**	**335(63.1)**
How often pornographic material viewed			
Daily	**9(4.6)**	**16(8.20**	**25(12.8)**
Often (3-4 times per week)	**10(5.1)**	**7(3.6)**	**17(8.7)**
Occasionally (1-4 times per month)	**60()30.**	**20(10.3)**	**80(41.0)**
Rarely (once in months)	**30(15.4)**	**43(22.1)**	**73(37.4)**
Age at first viewed pornographic materials			
<=14 age	**30(15.4)**	**46(23.6)**	**76(39.0)**
>14 age	**79(40.5)**	**40(20.5)**	**119(61.0)**
Type of pornographic materials viewed last time			
videotapes and films	**92(47.2)**	**80(41.0)**	**172(88.2)**
Newspaper/Magazine	**5(2.6)**	**3(1.5)**	**8(4.1)**
photograph/pictures	**12(6.2)**	**2(1.0)**	**14(7.2)**
Other	**0(0.0)**	**1(0.5)**	**1(0.5)**
Ever tried practicing what you have seen from movies			
Yes	**35(17.9)**	**28(14.4)**	**63(32.3)**
No	**74(37.9)**	**58(29.7)**	**132(67.7)**

Sexual Behavior of adolescents at early age (less than 18 years)

Ninety two (17.4%) surveyed adolescents have ever had sexual debut and the prevalence of early sexual initiation in our study was 16.4%. From these, 10% of adolescents in governmental and 6.4% of students in community international schools were initiated sex before the age of 18 years.

Themedian age at first sex in our finding was similarly 15 years for both community international and governmental students. Sexual debut initiated with girl or boy friend was 57% followed by casual 22.6%.Furthermore only 36.1% of respondents used condom with causal partners and also 89.2% of respondents had history of sexual intercourse in the last 12 months prior to the survey. The proportion of youths who reported to have multiple Partners in the last 12 months was 42.2%.

Table 10 median age of first sex among adolescents in Addis Ababa, may 2017

			school type		Total
			governmental	**community international**	
early sexual initiation	No	Count	**211**	**232**	**443**
		% of Total	**39.8%**	**43.8%**	**83.6%**
	yes	Count	**53**	**34**	**87**
		% of Total	**10.0%**	**6.4%**	**16.4%**
Total		Count	**264**	**266**	**530**
		% of Total	**49.8%**	**50.2%**	**100.0%**
early sexual initiation		Mean	**14.72**	**14.88**	**14.78**
		Median	**15.00**	**15.00**	**15.00**
		Mode	**15**	**15**	**15**
		Standard deviation	**2.627**	**2.041**	**2.404**
		Variance	**6.899**	**4.168**	**5.777**

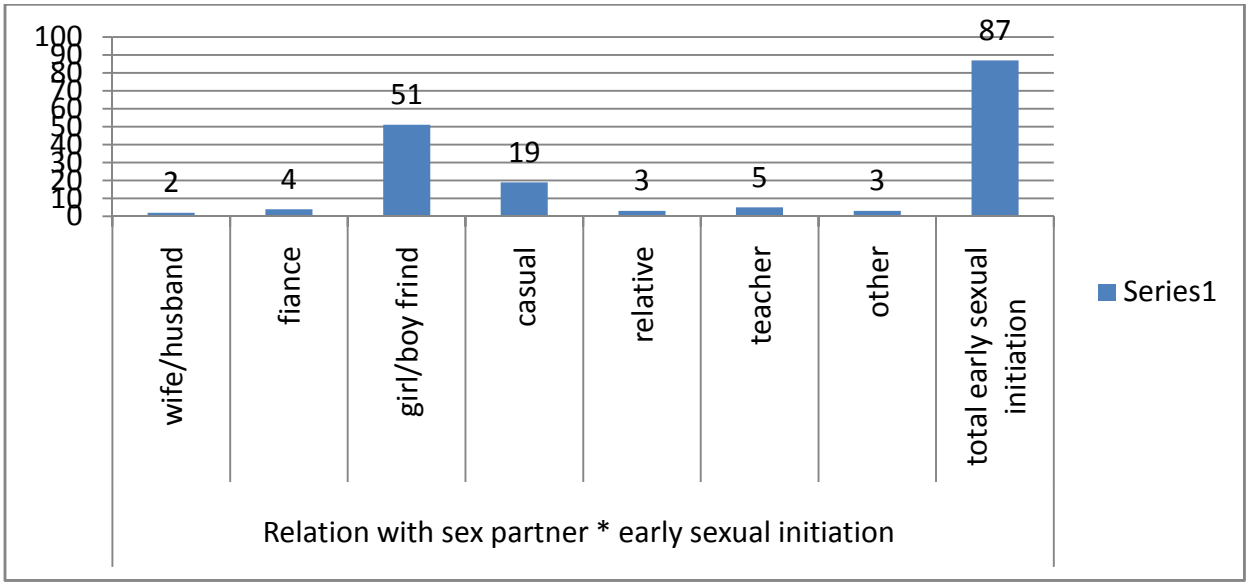
100
90
80
70
60
50
40
30
20
10
0
2
4
51
19
3
5
3
87
wife/husband
fiance
girl/boy frind
casual
relative
teacher
other
total early sexual initiation
Relation with sex partner * early sexual initiation
Series1

Table11.Sexual behavior of in school adolescents in community international and government school of Addis Ababa, May 2017

Variable	Frequency		
	Government N=264(49.8%)	**Community international N=266(50.2%)**	**Total N= 530(100%)**
Ever had sex			
Yes	**55(10.4)**	**37(7.0)**	**92(17.4)**
No	**209(39.4)**	**229(43.2)**	**438(82.6)**
Early sexual initiation			
Yes	**53((10.0)**	**34(6.4)**	**87(16.4)**
No	**211(39.8)**	**232(43.8)**	**443(83.6)**
Contraceptive use during first sexual intercourse			
Yes	**17(18.3)**	**11(10.8)**	**28(29.0)**
No	**38(41.9)**	**26(29.0)**	**64(71.0)**
Contraceptive method used			
Condoms only	**10(35.7)**	**8(28.6)**	**18(64.3)**
Pills	**4(14.3)**	**3(10.7)**	**7(25.0)**
Injectable	**2(7.1)**	**0(0.0)**	**2(7.1)**
Traditional	**1(3.6)**	**0(0.0)**	**1(3.60**
Reason to use family planning at first sex			
To prevent pregnancy	**6(22.2)**	**4(14.8)**	**10(37.0)**
To preventpregnancy and STD	**11(40.7)**	**6(22.2)**	**17(63.0)**
Sex in the past 12 month			
Yes	**49(52.7)**	**34(36.6)**	**83(89.2)**
NO	**7(7.5)**	**3(3.2)**	**10(10.8)**
Number of sexual partner in the past 12 month			
One partner	**27(31.0)**	**23(26.4)**	**50(57.5)**
Multiplepartner	**25(28.7)**	**12(13.8)**	**37(42.5)**
Casual sexin the past 12 month			
Yes	**15(16.7)**	**19(21.1)**	**34(37.8)**
No	**38(42.2)**	**18(20.0)**	**56(62.2)**

condom use with casual partner			
Yes	**4(11.1)**	**9(25.0)**	**13(36.1)**
No	**13(36.1)**	**10(27.8)**	**23(63.9)**
Drug used in the last 12 month			
Yes	**38(7.2)**	**41(7.7)**	**79(14.9)**
NO	**226(42.6)**	**225(42.5)**	**451(85.1)**
Type of drug used			
Heroin	**5(6.2)**	**11(12.5)**	**16(18.8)**
Chat	**14(17.5)**	**10(12.5)**	**24(30.0)**
Hashish	**19(25.0)**	**20(12.5)**	**39(51.2)**
Purpose of drug used			
Enjoyment	**30(37.5)**	**36(45.0)**	**66(82.5)**
Feel strong on sex	**4(5.0)**	**3(3.8)**	**7(8.8)**
Others	**4(6.3)**	**2(2.5)**	**6(8.8)**
sex practiced after drug			
Yes	**27(34.6)**	**28(35.9)**	**55(70.5)**
No	**11(14.1)**	**12(15.4)**	**23(29.5)**
drunk alcohol			
Yes	**93(17.5)**	**68(12.8)**	**161(30.4)**
No	**171(32.3)**	**198(37.4)**	**369(530)**
Drunk alcohol in 12month			
Yes	**51(31.7)**	**53(32.9)**	**104(64.6)**
No	**42(27.3)**	**15(8.1)**	**57(35.4)**
Have sex when drinking alcohol			
Yes	**43(8.1)**	**37(7.0)**	**80(15.2)**
No	**221(41.9)**	**227(43.0)**	**448(84.8)**

Factors associated with early sexual initiation.

In the Bi-variate analysis

Age(18-19), educational status of the student (being 11thgrade) ,church or mosque non attendants, poor knowledge of STI prevention, poor comprehensive knowledge of HIV, adolescents who hadpeer pressure occasionally to had sex, respondents who were approved to engage in sexual activity as a teenager is normal, perceptions towards father response concerning menstruation will be not helpful,RH member ship,computer use for greater than two hoursper day ,thosewho hadn't discussions on sexual& reproductive issues, respondents whose un married friends have had sex have showed significant association with early sexual initiation. But, sex, father's education and mother's education were not significantly associated with early sexual initiation. Age (18-19) Crude OR=3.3(2.0, 5.5), being grade 11th crude OR [95%CI] 3.1(1.5, 6.4), not religious Crude OR=3.5 (1.7, 7.3), poor STI prevention knowledge OR=2.1(1.1, 4.1), no comprehensive knowledge of HIV crude OR 2.0(1.2, 33),peer influence crude OR 3.7(1.6,8.8),had no discussions on SRH crude OR 2.0(1.3,3.2) and view pornography OR 32.4(14.5,72.4), were significantly associated with early sexual initiation.

In the multivariate analysis

Being encountered pressure from friends to have sex, viewing sex movies, using computer for games and internetfor more than two hours per week, RH club member ship, view/read/see pornographic materials, not religious and perceptions towards father response concerning menstruation will be not helpful have showed significant association with early sexual initiation. But poor knowledge on the ways of STI prevention, educational status, age and sex had no significant association with early sexual debut. Being encountered pressure from friends to have sexAdjusted OR=7.1(1.7, 28.8), using computer for games and internet for more than two hours/week Adjusted OR=3.5(1.1, 11.6), not religious Adjusted OR=5.7(1.2, 28.2), RH club member ship, Adjusted OR=11(2.0, 69.1) perceptions towards father response concerning menstruation will be not helpful Adjusted OR=4.5(1.4, 14.4)were significantly associated with early sexual initiation. More over the odds of ever view/see/read pornographic materials was twenty three times higher than who hadn't viewed Adjusted OR=23.1(1.1, 85.4).Table

Table 12 .Bivariate and multivariate analysis for assessment of early sexual initiation among

In school adolescents in Addis Ababa, April 2017

Explanatory variables	Early sexual initiation		Crude OR	Adjusted OR
	No(%)	Yes N (%)	(95%CI)	(95%CI)
Age of students				
15-17	**374(70.6)**	**54(10.2)**	**1.00**	**1.00**
18-19	**69(13.0)**	**33(6.2)**	**3.3(2.0-5.5)**	**2.4(0.7-7.8)**
Sex of students				
Female	**242(45.7)**	**39(7.4)**	**1.4(0.9-2.3)**	**1.2(0.4-3.2)**
Male	**201(37.9)**	**48(9.1)**	**1.00**	**1.00**
Educational status of students				
Grade 8	**142(26.8)**	**21(4.0)**	**1.00**	**1.00**
Grade 9	**90(1.7)**	**22(4.2)**	**1.6(0.8-3.1)**	**2.2(0.5-10.6)**
Grade 10	**57(10.8)**	**9(1.7)**	**1.1(0.4-2.4)**	**3.2(0.6-10.4)**
Grade 11	**41(7.7)**	**19(3.6)**	**3.1(1.5-6.4)**	**3.5(0.7-17.2)**
Grade 12	**113(21.3)**	**16(3.0)**	**0.9(0.4-1.9)**	**0.3(0.08-1.7)**
Attend church or mosque				
Yes	**422(79.6)**	**74(13.09)**	**1.00**	**1.00**
No	**21(3.6)**	**13(2.4)**	**3.5(1.7-7.3)**	**5.7(1.2-28.2)**
Mothers education status				
Primary school and lower				
Secondary school	**173(33.2)**	**37(7.1)**	**1.1(0.68-1.9)**	**1.8(0.4-8.9)**
Diploma and above	**100(19.2)**	**19(3.6)**	**1.0(0.5-1.9)**	**1.9(0.5-8.0)**
	162(31.1)	**30(5.7)**	**1.00**	**1.00**
Fathers education status				
Primary school and lower				
Secondary school	**129(26.7)**	**23(4.7)**	**1.00**	**1.00**
Diploma and above	**87(18.0)**	**17(3.5)**	**1.1(0.5-2.1)**	**0.8(0.2-3.1)**
	188(38.9)	**39(8.1)**	**1.2(0.6-2.0)**	**2.7(0.6-12.1)**
Knowledge of STI Prevention				
Poor knowledge	**297(60.6)**	**66(13.4)**	**2.1(1.1-4.1)**	**3.4(1.1-10.5)**
Good knowledge	**115(23.5)**	**12(2.4)**	**1.00**	**1.00**

Comprehensive HIV Knowledge				
Poor knowledge	**187(38.1)**	**49(1.0)**	**2.0(1.2-33)**	**1.2(0.5-3.2)**
Good knowledge	**225(45.9**	**29(5.9)**	**1.00**	**1.00**
Peer influence to have sex				
Not at all	**400(75.4)**	**33(6.2)**	**1.00**	**1.00**
Yes frequently	**12(2.2)**	**32(6)**	**0.1(0.1-2.0)**	**7.1(1.7-28.8)**
Yes occasionally	**31(5.8)**	**22(4.1)**	**3.7(6.0-21.3)**	**2.3(0.7-7.8)**
How many of your friends Who are not married have had sexual intercourse?				
None of them had sex	**200(37.7)**	**7(1.30)**	**0.4(0.1-1.0)**	**0.5(0.-2.0)**
Few and more had sex	**67(12.6)**	**65(12.20**	**11.3(0.7-1.6)**	**5.5(1.5-19.5)**
I don't know	**176(33.)**	**15(2.80**	**1.00**	**1.00**
To engage in sexual activity As a teenager is normal				
Dis agree	**258(48.6)**	**24(4.5)**	**1.00**	**1.00**
Not sure	**111(20.9)**	**17(3.2)**	**0.04(0.02—0.09)**	**0.9(0.3-3.2)**
Agree and strongly agree	**39(7.3)**	**12(2.2)**	**1.67(1.3-2.1)**	**0.7(0.2-2.6)**
Perception of adolescents to Ward their fathers response if They ask about menstruation				
Would answer help fully	**165(33.4)**	**18(3.7)**	**1.00**	**1.00**
Wouldn't answer helpfully	**247(50.3)**	**62(12.6**	**2.2(1.3-4.0)**	**4.5(1.4-14.8)**
Perception of adolescents to Ward their mothers response if They ask about sexual intercourse				
Would answer help fully	**165(31.4)**	**21(4.0)**	**1.00**	**1.00**
Wouldn't answer helpfully	**273(52.1)**	**65(124)**	**1.8(1.3-4)**	**2.8(0.8-9.4)**
Ever discussed about SRH With parents				
Yes	**278(52.4)**	**39(7.3)**	**1.00**	**1.00**
No	**48(9.0)**	**48(9.0)**	**2.0(1.3-3.2)**	**1.2(0.4-3.1)**
Reproductive health club Membership				
Yes	**15(2.8)**	**8(1.5)**	**2.8(1.1-7.0)**	**11.8(2.0-69.1)**
No	**429(80.7)**	**79(14.9)**	**1.00**	**1.00**
How many hours Per day you use computer?				
Two hours and less	**357(67.3)**	**63(11.8)**	**1.00**	**1.00**
Greater than two hours	**86(16.2)**	**24(4.5)**	**1.5(0.9-2.6)**	**3.5(1.1-11.6)**
Ever viewed/read/see Pornographic material?				
Yes	**114(21.5)**	**80(15.1)**	**32.4(14.5-72.4)**	**23.1(1.1-85.4)**
No	**328(62.0)**	**7(1.3)**	**1.00**	**1.00**

5.2 Qualitative part

5.2. FOCUS GROUP DISCUSSION

Thirty two in-school adolescents purposely selected from primary and secondary schoolsin Addis Ababa and divided in to four groups disaggregated by age, sex and reproductive club members were participated in the focus group discussion & the discussion was moderated by the principal investigator and moderator. We tried to see how adolescents able to understand early sexual initiation, factors associated with it, parent youth communication towards SRH , opinion to delay sexual initiation and their expectation from school principal, teachers and parents.

5.2.1Attitude towards the meaning of early sexual initiation

Participants in the focus group were asked about the meaning of early sex and their opinions towards the age of sexual initiation for male and female. They were discussed and list down points like any sexual intercourse before 18 years old, having sex while adolescents are not physically matured, sex before completion of secondary school and sexual activity before marriage. But majority of the respondents' consideredany sexual intercourse before 18 years old is as early sex for both male and female. Similarly Most of participants suggest thatsexual intercourse must be started after marriage and when physically, economically and psychologically ready and capable to play his or her responsibility. A17 years old male participant said;-"*It is not only age that we have to see to define* early sexual initiation but also we have to understand is that;-does he/she mentally or economically ready/matured to accept if there is anything happened after sexual intercourse likepregnancy and others"

5.2.2 Factors associated with early sexual initiation

Most of the participants claimed that the main factor which enforces young people to engage in early sexis peer pressure. A 15 years old grade 8 female student claimed that;-

"When I was in grade six I knew a young girl with good behavior in our class but had a friend of a commercial sex worker who was encourage to be like her and after some time she started to show "weta yale bahiri" meaning un usual behavior who later drop out the school and became commercial sex worker at early adolescence.."

Most of focus group participants also illustrated that, sexual explicit media, such as video films has got great part in provoking young people in testing and implementing early sexual practice were emphasizing particularly pornography films which have got power to provoke adolescents/youths in any type of sexual practices.

"Know a day's everybody has mobile phone the main problem with sex movies is that, because of the advancement of technology students who have mobile phone can easily download movies from internet and see irrespective of age. Once adolescents are exposed to such sexual explicit media, they became addicted &&need to perform sex."(16years from RH club.)

Some of the discussants mentioned that, the other factor for early sexual initiation was low economic status of youths and their family. .
A17yearsold male student replied as low economic status is a factor for early sexual initiation. "I know young girls from poor family who became commercial sex workers&the other enforced by their parents to get married at very young age in order to support their families."

In addition to the above factors mentioned as a reason for initiation of sexual activities, Participants also added a recreation area such as party or dance rooms plays a major role forstarting sexual relations. This may indicate that, the place where young people spent their free time, which means the environment where they choose for recreation purpose can also has an effect on shaping their sexual behavior.

5.2.3 Perception towards parent youth communication on SRH

Most of FGD participant said that lack of parent youth communication towards SRH is the main problem for initiating sex at early age."

A 17 years old male student suggests that;-"*My parents never talks to me on sex related issues. Discussion of sexual matters is almost absent in our home and I feel comfortable to talk with others especially with my friends because I spend more time with friends. If I ask them opposite sex related questions they defiantly conclude as I have girlfriend and may say "arfeh betmar yishalahal" (it is better for you if you only concentrate on your education) so that parents should consider the importance of having close relationship and discussion with their children about different issues which are very important for their children mainly regarding sexuality."*

5.2.3 Perception towards advantages and dis advantages of early sex

Few students listed advantage of having sex during adolescence like temporary satisfaction, strengthen love among sexual partners&for reproduction and the majority of participants agreed as the disadvantages over -weight the advantages

17 years grade 9 student claimed that;-"I personally say early sex has no advantage, even in our culture female have value in the community when she gate married "kene kibrwa" Meaning being virgin."

Another17years old male in secondary school claimed that, *"I know a female student who exposed to sexual initiation at her 16 years old and who become pregnant at her first sex, interrupt her education and now she is homeless"*

5.2.5 What measures should be taken to delay sexual initiation

The participants suggested as parents and teachers should be trained on adolescent's sexual and reproductive health to share skill and clear information. And also they were comment as government should have some means of control on influx western cultures like porn and sex films.

15 years old student from primary school claimed that," weteme" meaning, parent students and teachers should work with the government bodies to make the school environment safe to the young ,as there are illegal khat sellers and shisha(un purified cannabis) rooms around most of the schools in Addis Ababa."

6. DISCUSSION

The prevalence of early sexual initiation in this study was 16.4%,which was higher than study done in Uganda (12.2%)(23). And relatively lower when compared to other prior study findings in the country with the prevalence of early sexual initiation of 19%, another study on median age and determinants of sexual initiation among youths in north east Ethiopia with the prevalence of 56.9%&finding from EDHS 2011, which reported 62%.(40, 8, 14) The difference may be explained by, the main reasons for early sexual initiation in most rural countries were early marriage (8, 15) Other explanation, a higher proportion of young women in rural residents have had sex before age 18 than their urban counterpartsurban youths initiate sexual intercourse at later age than their counter parts because of knowledge increases in urban youths than rural youth (14).

The prevalence of early sexual initiation in Uganda was lower than our study explained as AIDS-ravaged countries; campaigns to delay first sexual intercourse Might have had an inhibiting effect for early sexual initiation. Last explanation for low prevalence might be Adolescents in community schools had better discussion with their parents whether or not have sex than their counterparts and tight supervision of the students from parents specially community international schools.

The median age at first sex in our finding was similarly 15 years for both community international and governmental students. This is lower thanEDHS 2011 anda study done in the country 16.6&17 years(8, 14).The difference may be, because of increasing modernization, advanced technology, availability and increased movement of substances like shisha, drugs in urban may influence urban adolescent for early sexual initiation. The other explanation is the EDHS survey participants who were interviewed were between 15-59years may be subjected to recall bias.

Regarding factors associated with early sexual initiation, different factors contribute to impulse school adolescents to engage sexual intercourse at early age. Our study also showed that the odds of having pressure from their peers frequently involved in early sexual activity were seven times higher than those who had no pressureAdjusted OR=7.1(1.7, 28.8), This study also reported that,18.3% of adolescents have been encouraged by friends or peers to have boyfriend or girlfriend. Moreover, 44(8.3%) of respondents have encountered pressure frequently from their peers to have sexual intercourse. This finding is in line with previous study done inSouthern California(19).

Studies in Rwanda also describe the perception that peers are sexually active is associated with increased likelihood of experiencing early sexual debut (41).Results from the FGD also showed that the frequent exposure of young people to those peer encountered pressure frequently from their peers to have sexual intercourse.

Naturally adolescence is period that is characterized by intense information seeking especially about adult roles. But because of lack of readily available information about sexuality, they use media as sexual super peer. In our study adolescents who were usecomputer for games and internet for more than two hours per week were three times more likely had early sexual initiation than who were use computer for less than two hour, Adjusted OR=3.5(1.1, 11.6).This is similar with study done in Netherland (36).

Religiosity is another factor that may influence adolescents' decisions about sexual debut. Concerning the influence of religious beliefs on decisions about having sex, few reported that their religious beliefs affect them completely. In our study 30.4% of adolescents were attending church or mosque once a week and the odds of participants who were not attend church or mosque were five times more likely initiate sex than who were attend church or mosque AOR=5.7(1.2, 28.2).this study was supported by study done in university of Pittsburgh also showed those who never had intercourse were more likely to report that their religious beliefs affected their decisions regarding sex.(21).In addition to this, study done in Dese Ethiopia revealed that, youth who didn't Pray/or go to church/mosque regularly or not at all were significantly associated with early sexual initiation than those who start sexual intercourse at older age.(8)

Adolescents who are members of reproductive & HIV/AIDS clubs are logically assumed to have more knowledge on adolescent reproductive health but our study surprisingly has showed that odds of RH members were eleven times more likely had early sexual initiation than non-members. This finding is in line with previous study done in Uganda a relatively high level of knowledge on reproductive health and HIV issues was associated with a 2.16 increased odds of sexual onset.(23).The other explanation is there might be no well-designed peer discussion and communication strategy among the members towards early sexual initiation and its consequences.

Our study further identifies that adolescents' perception toward willingness of father to answer sexuality related questions.

The odds ofadolescent's perception father wouldn't answer helpfully were four times more likely to had early sexual initiation than those perceive father would answer helpfully.

AOR=4.5(1.4, 14.4) Perceived family connectedness continued to be significantly and independently associated with sexual activity (42).

Viewing pornographic materials were other factors associated with early sexual initiation identified by this study. One hundred ninety five (36.9%) reported ever watched pornographic materials. From these 88.2% of respondents were exposed to videotapes/films. Concerning the age at first watch of sex movies, (39%) of adolescents were ever viewed at less than 14 years. In addition, 63(36%) of participant ever tried practicing what they have seen from movie. More over the odds of ever view/see/read pornographic materials was twenty three times higher than who hadn't viewed Adjusted OR=23.1(1.1, 85.4).This is similar with study done in North East Ethiopia. Even our finding from FGD showed young people view pornographic pictures and videos from internet.

7. STRENGTH AND LIMITATION OF THE STUDY

7.1 Strength

1. Qualitative data were utilized to complement the survey findings.
2. The achievement of high response rate

7.2 Limitation

- In this study we couldn't be Sure whether parental monthly income have association with dependent variable or not for two reason:-
    1. The majority of participant response don't know their parents monthly income
    2. Couldn't access the cut off point for monthly income wealth index category Wealth quintile**: -** Lowest, Second, Middle, fourth, Highest from EDHS 2016
- This study was based on cross-sectional data, which implies that the direction of Causal relationships cannot always be determined.
- social desirability bias may not be eliminated
- Limited number of community international schools

8. CONCLUSION

The prevalence of early sexual initiation among in school adolescents of Addis Ababa in this study was 16.4% and the median age of sexual initiation among government and community international school had no difference in our study.

This study identify peer influence, viewing pornographic materials at earlier age , using computer for games and internet for more than two hours per week, RH club member ship, not religious and adolescent's perception father wouldn't answer helpfully to SRH questions were an independent predictors of early sexual initiation, further more comprehensive knowledge of HIV was low and misconceptions about STI prevention and HIV transmission were high & Adolescents who were initiated early sex had multiple sexual partners and less likely to use condom with causal partner

9. RECOMMENDATIONS

- ✓ There is a need to perform further research in order to deeply explore temporal relationship
- ✓ The Federal Ministry of health and Ministry of education should give special attention to incorporate sexual and reproductive health of adolescent in formal education starting from primary school.
- ✓ Parents and teachers should be trained in a way that can enable them toacquire their teens with the necessary skill for sexual negotiation.
- ✓ Parents and teachers should monitor the purpose and time adolescents spent to use computer.
- ✓ Appropriate sexual education program should be designed for in school Adolescents and regular support for RH clubs by primary health care professionals should be considered
- ✓ Parents should encourage adolescents to attend church or mosque programs and involve religious leaders in sexual and reproductive health education especially on abstinence norm of virginity.

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11. Annexes

Questioners ID----------

Information sheet

Questioners prepared to study early sexual initiation and its associated factors among in- school adolescents of Addis Ababa in 2016/17.

Good morning /Good afternoon ,I am…….working as data collector in this study that asses early sexual initiation and its associated factors among in school adolescents of Addis Ababa .Dear respondents here are lists of questioners with different sections ,which are designed for research work to be conducted in partial fulfillment of in master Degree in public health by Gelana Lulu from Addis Ababa university and you are going to be asked some very personal questions that some people find it difficult to answer. your responses are completely confidential .Your name will not be written on these questioner, and will never be used in connection with any of the information you provide .you don't have to answer any question that you do not want to answer, and you may end to participate in the study any time you want .However, your honest response to this questions will help us to better understand the prevalence and associated factor of early sexual initiation. We would greatly appreciate your help in responding to these questions. It will take about 30 minutes and there is no benefit or payment that you get for your participation in this study. But your honest &genuine response to each question will play a major role in the attainment of the objective of the study. There for we thank you in advance and greatly appreciate your helping. Do you understand all that has been said so far?

In case you need to contact:

Contact Address of the Investigator……. Name: Gelana Lulu

Tel.0933542652

Email gelanal@yahoo.com

Consent form

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

Yes ☐

Signature/finger print of participant----------Date----------

Proceed with the interview

No ☐

Terminate the interview

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

English questionnaire form

Section 1: Distribution of students by their demographic characteristics

NO	Questions	*Alternative responses (coding category)*	Skip to
101	Age (how old are you?)	----------years.	
102	Sex	1,Male 2, Female	
103	Nationality	----------	
104	What is your current educational status?	1, grade 8 5.grade12 2,grade 9 3,grade 10 4,grade 11	
105	In which type of school you are attending currently?	1. governmental 2. community international	
106	What is the name of the school you are currently attending?	1.Hidasse 2.Buru tesfa 3.Tikur anbessa 4.Millinium 5. Biritish 6.Greec 7.L/G/Miriam	
107	What is your religion?	1. Orthodox 4.Muslim 2. Catholic 5.Others (specify)--------- 3. Protestant	
108	Do you attend church /Mosque?	1,Yes 2,No	If No skip to Q.110
109	How often?	1.Dailly 2.More than twice in a weak 3. Once a week 4.Once in two week 5.Once a month 6. Once in 6 month up to one year	
110	With whom are you living?	1. Lives with mother and father 2. With mother only 3. With father only 4. Others (specify)---------	
111	Parents or care taker income per month	1. ----------Birr 2.do not know	
112	mothers' educational status	1. Illiterate 5. Diploma 2. Read and write only 6. Degree 3. Primary school 7. No mother 4. Secondary school	
113	Father's educational status	1. Illiterate 2. Read and write only 3. Primary school 4. Secondary school 5. Diploma 6. Degree 7. No father	

Section 2: Sexual and reproductive health knowledge

201	As far as you know, are there any diseases that can be transmitted through sexual intercourse?	1. Yes 2. No 3. Don't know	If no(don't know) skip to Q206
202	What are the signs and symptoms of sexually transmitted disease in a man/woman?(**multiple answers are acceptable)**	1. Discharge from penis/vagina 2. Pain during urination 3. Ulcers/sores in genital area 4. Others……. 5. Don't know any signs	
203	Is there anything a person can do to avoid getting asexually transmitted disease? (**multiple answers are acceptable**)	1. Use of condom 2. Washing/douching 3.Befaisful 4. Abstinence 5. Using herbs 6. Other, specify----------	
204	How do people get HIV/AIDS? **(multiple answers are acceptable)**	1. Unprotected sex 2. From mother to child 3. From sharing of sharp objects 4. From blood transfusion 5. Shaking hand with infected person 6. Kissing infected person 7. Sharing items with infected person 8. From mosquito bites 9. Healthy looking person can have HIV 10. Other, please specify_____	
205	Do you know how to Prevent HIV/AIDS? **(multiple answers are acceptable)**	1. Abstinence 2. Being faithful 3. To use condoms 4. Do not have sex with multiple partners 5. Do not share sharp items with PLWHA 6. To use mosquito net 7. To avoid any contact with HIV infected person.	
206	What are the consequences of unprotected sexual intercourse For females?	1.unwanted pregnancy 2.abortion 3.HIV/AIDS 4.sexual transmitted disease 5.If other specify	
207	Do you know any method for women can to prevent unwanted pregnancy if she had unprotected sexual intercourse?	----------	
Section 3 peer pressure of youth towards sexual debut			

301	Have you ever been encouraged or influenced by your friends to have sexual intercourse?	1. Not at all 2. Yes frequently 3. Yes occasionally	
302	How many of your friends who are not married have had sexual intercourse?	1, None of them 4. Most of them 2. A few of them 5. All of them 3. About half of them 6. Don't know	
	attitude of youth towards sexual debut		
303	TO engage in sexual activity as teenager is normal.	1. Strongly disagree 2. Disagree 5, strongly agree 3. Not sure 4. Agree	

Section 4: parents – youth communication on sexual issues

401	If you asked your father or mother about nocturnal emission, what would be his or her response? ***(Check one.)***	Father **Mother** 1. Would answer helpfully 1. Would answer helpfully 2. Would turn me away 2. Would turn me away without giving an answer Without giving an answer 3. Would scold me 3. Would scold me 4. Not competent enough 4. Not competent enough to give an answer to give an answer 5. I don't ask b/c I afraid him 5. I don't ask b/c I am afraid her 6. If other…….6.If other……	
402	If you asked your father or mother about menstruation, what would be his or her response? ***(Check one.)***	**FatherMother** 1. Would answer helpfully 1. Would answer helpfully 2. Would turn me away 2. Would turn me away without giving an answer Without giving an answer 3. Would scold me 3. Would scold me 4. Not competent enough 4. Not competent enough to give an answer to give an answer 5. I don't ask b/c I afraid him 5. I don't ask b/c I am afraid her 6. If other…….6.If other……	
403	If you asked your father or mother about sexual intercourse, what would be his or her response? ***(Check one.)***	**FatherMother** 1. Would answer helpfully 1. Would answer helpfully 2. Would turn me away 2. Would turn me away without giving an answer Without giving an answer 3. Would scold me 3. Would scold me 4. Not competent enough 4. Not competent enough to give an answer to give an answer 5. I don't ask b/c I afraid him 5. I don't ask b/c I am afraid her 6. If other…….6.If other……	

404	If you asked your father or mother about contraception, what would be his or her response? ***(Check one.)***	**FatherMother** 1. Would answer helpfully 1. Would answer helpfully 2. Would turn me away 2. Would turn me away without giving an answer Without giving an answer 3. Would scold me 3. Would scold me 4. Not competent enough 4. Not competent enough to give an answer to give an answer 5. I don't ask b/c I afraid him 5. I don't ask b/c I am afraid her 6. If other……6.If other……	
405	Have you ever discussed with your parents about sexual & reproductive health?	1.Yes 2.No	If no skip To Q 501
406	**Have you ever discussed about the following topics with your parents**		
A	Body changes during puberty/Menstrual cycle	1=Yes 2=No	
B	How to avoid getting pregnant	1=Yes 2=No	
C	Relationships with the opposite sex	1=Yes 2=No	
D	Whether or not to have sex	1=Yes 2=No	
E	Unwanted pregnancy	1=Yes 2=No	
F	Abortion STIs or HIV/AIDS	1=Yes 2=No 1=Yes 2=No	
G	About condoms	1=Yes 2=No	
H	Drugs and alcohol	1=Yes 2=No	
I	Sexual abuse/coercion	1=Yes 2=No	

Section 5: sport club membership, screen time and viewing pornographic materials

501	Are you a sport club member ship?	1,yes 2,No	If no skip to Q 504
502	Are you member of sport club in school or out of school?	1,in school 2,out of school	
503	How many days per week do you participate in sport outside school?	1,zero day 4,three days 7,six days 2,one day 5,four days 8,seven days 3, two days 6,five days	
504	Are you reproductive health or HIV/AIDS club member ship?	1.Yes 2.No	

Section 6: screen time question related to TV/DVD

Television/digital versatile disc watching and computer use for (game, internet)

601	Which TV Chanel do you prefer to watch?	1.Kana 2.ETV 3.Naho 4. Others specify----------	
602	What type of program you like to watch in TV most of	----------	

	the time?		
603	How many hours per day do you watch TV/DVD?	1,zero hour 4,three hours 2,one hour 5,four hours 3, two hours 6,five hours	
604	How many hours per week do you watch TV/DVD?	1,zero hour 4,three hours 2,one hour 5,four hours 3, two hours 6,five hours	
605	How many hours per day do you use the computer (e.g. for games or internet)?	1,less than an hour 4,three hours 2,one hour 5,four hours 3, two hours 6,five hours	

Section 7: viewing pornographic materials

The term "pornographic material" refers to newspapers, magazines, books, Photographs, videotapes, films, etc**.**

701	Have you ever viewed/read/sea pornographic material?	1,Yes 2,No	If no skip to Q,801
702	How often?	1.daily 2. Often (3-4 times per week) 3. Occasionally (1-4 times per month) 4. Rarely (once in months)	
703	How old were you when you first viewed pornographic material?	Age: _____ years	
704	What type of pornographic materials did you view the last time?(Multiple answer is possible)	1. videotapes and films 2. Newspaper/Magazine 3. Photograph/pictures 4. Others (specify)……..	
705	Have you ever tried practicing what you have seen from movies?	1,Yes 2,No	

Section 8: about youth's sexual behavior

You are going to be asked some personal questions about your sexual experience .since the following questions are more personal and secret, please answer them honestly. Remember your name is not written on the questionnaire.

801	Have you ever had sexual intercourse?	1. Yes 2. No	*If yes skip to Q803*
802	Are there reasons why you have not chosen to have sexual intercourse?	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. If others……..	Skip to Q 901
803	How old were you when you had sexual intercourse for the very first time?	Age: _____ years	

804	At the time you had first sexual intercourse, what was your relationship with your partner?	1. Wife/Husband 2. Fiancé 3.Girlfriend/Boyfriend 4.casual 5.Relatives 6.Teachers 7. Others specify……. 8.Don't remember	
805	What are the factors that encouraged you for the first sex? (you can answer more than one)	1. forced sex/rape 2. marriage 3. for money/ to support myself and my family 4. curiosity 5. just for love 6. my partner/boy/ girlfriend insisted me to do so 7. I wanted to/ because of my age 8. cheated/ False premises 9. Films 10. After/during taking of drugs, Alcohol and chewing chat. 11. Getting gifts 12. because my friends have boy/girl friend 13. Please specify your own experience if other reasons…….	
806	At the time you had first sexual intercourse; did you or your partner use any contraceptive method?	1. Yes 2. No 3. Don't remember	if no skip to 809
807	Which contraceptive method did you or your partner use at first intercourse?	1. Condoms only 2. Birth control pills 3. Injectables 4. IUD 5. Traditional family planning method (specify)_____ 6. fathers specify ----------	
808	Why do you use this method?	1. To prevent pregnancy 2. To prevent STD 3. Both	
809	Have you had sex in the past 12 months?(before this survey)	1. Yes 2. No	If no skip to Q,815
810	With how many different numbers of people have you had sexual partners' intercourse in the last 12 months?	1._____ partners 2.I don't know	
811	Have you had sex with a casual sex partner in the past 12 months?	1.yes 2.No	If no skip to Q 815
812	How often did you have sex with a casual sex partner in the past 12 months?	1. Once or twice 2. Rarely (a few times per year)	

		3. Sometimes (1-4 times a month) 4. Several times per week 5. Not sure 6. Others, specify _____	
813	Did you and/your casual sex partner use condom in the past 12 months	1.yes 2.No	If no skip to Q 815
814	How often did you and/or your casual sex partner use condom in the past 12months?	1. Always 2. Quite often 3. Sometimes 4. Rarely	
815	In total, with how many different people have you had sexual intercourse in your life?	1._____ people 2.I don't Remember	
816	Have you ever had sexual intercourse with commercial sex worker? (**for male only)**	1 .Yes 2 .No	If no skip to Q 901
817	Did you and/your commercial sex partner use condom	1.yes 2.No	
818	How often did you and/or your commercial sex partner use condom **(for male only)**	1.Always 2. Most of the time. 3.Some times 4. I don't remember	

Section 9: substance use related with risky behaviors

901	Have you ever used any drug the last 12 month?	1,Yes 2,No	If no skip to Q.905
902	What drugs have you used? **(multiple responses)**	1. Heroin or cocaine 2. Chat 3. Hashish 4.other specify	
903	Why drugs were used?	_____ ----------	
904	Have you ever practiced sexual intercourse after using a drug?	1.Yes 2.No	
905	Have you ever drunk Alcoholic beverages like (Tej, Tella, Beer, and Arake) in your life?	1.Yes 2.No	If no stop here it is the end
906	Have you ever drunk Alcoholic beverages like (Tej, Tella, Beer, and Arake) and the like for the last 12 months?	Tej 1, Yes 2. No Tella 1.Yes 2. No Beer 1.Yes 2. No Arake 1.Yes 2. No	
907	How frequently do you Drink Tej? **(If the participant drink Tej)**	1. Always (daily) 2. Often (3-4 times per week) 3. Occasionally (1-3 times per month) 4. Rarely (on holydays)	
908	How frequently do you drink Tella? **(If the participant drink Tela**)	1. Always (daily) 2. Often (3-4 times per week) 3. Occasionally (1-3 times per month) 4. Rarely (on holydays)	
909	How frequently do you drink Beer? (**If the participant drink Beer)**	1. Always (daily) 2. Often (3-4 times per week) 3. Occasionally (1-3 times per month) 4. Rarely (on holydays)	
910	How frequently do you drink A rake? **(If the participant drink Arake)**	1. Always (daily) 2. Often (3-4 times per week) 3. Occasionally (1-3 times per month)	

		4. Rarely (on holydays)	
911	Have you ever drunk alcohol in the past 30 days?	1.Yes 2.No	
912	Did you have sex when you are drinking Alcohol?	1.Yes 2.No	

<u>የጥናቱመግለጫቅጽ</u>

የመጠይቅመለያቁጥር----------

ጤናይስጥልኝስሜ----------ይባላልበጥናቱ ውስጥበመረጃሰብሳቢነትነውየምሠራው፡፡የጥናቱ በአፍላ ወጣትነት ወጣቶችካለዕድሜአቸውየሚያደርጉትጾታዊግኑኝነትምክንያቶችለማወቅበገላና ሉሉበአ/አዩንቨርስቲየህ/ሰብጤናክፍልየድህረምረቃኘሮግራምማሟያየሚሆንነው፡፡በዚህመጠይቅውስጥየተለያዩንዑስክፍሎችያሉትጥያቄዎችየተካተቱሲሆንየጥናቱዓላማየወጣቶችየስነተዋልዶጤናበተለይምየሥነጾታንትኩረትበመስጠትወጣቶች ካለዕድሜያቸውየሚያደርጉትንጾታዊግንኙነትምክንያቶችንለማጥናትነው፡፡ጥናቱየወጣቶችንእናታዳጊዎችንየሥነተዋልዶጤናችግሮችለመፍታትበተለይምቀድመው(ከ 18 አመትበፊት) ግብረስጋግኑኝነትበማድረግየሚመጡየጤናችግሮችማለትምያልተፈለገዕርግዝና፣በልጅነትእናትነትና ውርጃናኤችአይቪየሚያደርሱትንየሞትና የህመም ሁኔታ ለመቀነስ ይረዳል፡፡

ተሳትፎአችሁበፈቃደኝነትላይየተመሠረትነው፡፡በመጠይቁውስጥበጣምሚስጢራዊየሆኑእናግላዊየሆኑጉዳዬች የተካተቱሲሆን ያላችሁንተሞክሮብታካፍሉንየጠቀስናቸውንናሌሎችንምየወጣቶችእናታዳጊዎችችግርለመፍታትእጅግበጣምጠቃሚነው፡፡ ጥያቄውንለመሙላትሰላሳደቂቃያህልሊወስድይችላል፡፡ጥናቱንአስመልክቶእርስዎየሚሰጡትማንኛውምመረጃበሚስጢርየ ሚጠበቅበመሆኑበማንኛውምመንገድ ለሶስተኛአካልተላልፎአይሰጥምወይምአይጋለጥም፡፡ማንነትዎእንዳይታወቅምስምዎበጥያቄውወረቀትላይአይመዘገብምበጥ ናቱላይበመሳተፍዎየተለየጥቅምአይኖርምነገርግንበጥናቱላይበመሳተፍዎለሚጠየቁትጥያቄበዕውቀትላይየተመሠረተናተገቢ የሆነመረጃመስጠትዎበወጣቶችስርአተተዋልዶዙሪያላይተገቢውንአገልግሎትበመስጠትከፍተኛለውጥያስገኛሉ፡፡

በመጨረሻምለሚሰጡትለየትኛውምአይነትምላሽአመሰግናለሁ፡፡ የተነጋገርነውግልጽነው? ያልገባህ/ሽ/ነገርአለ? መጠየቅ(ማነጋገር) የምትፈልጉትነገርካለ፤-

ገላና ሉሉ

ስልክቁጥር፡-0933542652

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<u>ፈቃድ መጠየቂያቅጽ</u>

እኔተሳታፊየሆንኩከላይየተገለጹትንበሙሉሰምቼአለሁ፤አላማውንናጥቅሙንምተረድቼአለሁ፤

ሚስጢርእንደሚጠበቅናለሶስተኛአካልእንደማይተላለፍተገንዝቢአለሁ፡፡

ስለዚህበጥናቱለመሳተፍፈቃደኛነኝአዎእሳተፋለሁፊርማ……..ቀን…….
አልሳተፍምፊርማ……..ቀን…….
መረጃሰብሳቢስም----------ፊርማ----------ቀን……

ክፍል 1፡-አጠቃላይ መረጃ

ተ.ቁ	ጥያቄ	አማራጭ	ይለፍ
101	ዕድሜህ/ሽ/ ስንት ነው?	-------- ዓመት	
102	ፆታ	1.ወንድ 2.ሴት	
103	ዜግነት	---------- ----------	
104	የትምህርት ደረጃህ/ሽ/ እስከምን ድረስ ነው?	1.8ኛ ክፍል 2.9ኛ ክፍል 3.10ኛ ክፍል 4.11ኛ ክፍል 5.12ኛ ክፍል	
105	በአሁኑ ወቅት የትኛው ትምህርት ቤት እየተማርክ/ሽ/ ነው?	1.የመንግስት ት/ት ቤት 2.አለምአቀፍ የህዝብ ት/ት ቤት	
106	እየተማርክ/ሽ/ ያለበት ት/ቤት ስሙ ምን ይባላል?	1. ህዳሴ 2. ብሩህ ተስፋ 3. ጥቁር አንበሳ 4 ሚሊኒየም 5 ብርቱሽ 6 ግሪክ 7 ሊሴ ገ/ማርያም 8 ሳምፎርድ	
107	ሐይማኖትህ/ሽ/ ምንድን ነው?	1.ኦርቶዶክስ 4.ሙስሊም 2.ካቶሊክ 5.ሌላካለ ይጠቀስ---------- 3.ፕሮቴስታንት …….	
108	ቤተክርስቲያን/መስጊድ/ ትሄጃለሽ /ህ/ ትከታተያለሽ/ህ/	1.አዎ 2.የለም	መልሱ የለም ከሆነ ወደጥያቄ110 ተሻገር
109	ምን ያህል ጊዜ ትሄዳለህ?/ሽ/? ትከታተላለህ/ያለሽ/	1.በየቀኑ 4. በ2 ሣምንት አንዴ 2.በሳምንት ከ 2 ጊዜ በላይ 5. በወር አንድ ጊዜ 3.በሳምንት አንዴ 6. በስድስት ወር አንድ ግዜ	
110	ከማን ጋር ነው የምትኖረው/ሪው?	1.ከእናትና አባቱ ጋር 2.ከእናቱ ጋር ብቻ 3.ከአባቱ ጋር ብቻ 4.ሌላ ካለ ይጠቀስ----------	
111	አጠቃላይ የቤተሰብህ/ሽ/ ወይም የአሳዳጊህ/ሽ/ወርሃዊ ገቢ ምን ያህል ነው?	1……..ብር 2.አላውቅም	
112	የእናትህ/ሽ/ የትምህርት ደረጃ	1.ማንበብና መፃፍ የማትችል 5. ዲፕሎማ 2.ማንበብና መፃፍ የምትችል 6.ዲግሪ	

		3.አንደኛ ደረጃ 7.እናት የለችም 4. ሁለተኛ ደረጃ	
113	የአባትህ/ሽ/ የትምህርት ደረጃ	1.ማንበብና መፃፍ የማይችል 5. ዲፕሎማ 2.ማንበብና መፃፍ የሚችል 6. ዲግሪ 3.አንደኛ ደረጃ 7.አባት የለችም 4 ሁለተኛ ደረጃ	

ክፍል 2 ፡- ወጣቶች ስለ ስነ- ጾታ እና ስነ- ተዋልዶ ያላቸውን እውቀት ለመረዳት የቀረቡ ጥያቄዎች

201	በግብረ ስጋ ግንኙነት ምክንያት ሊመጡ የሚችሉ በሽታዎች ይኖራሉ?	1.አዎ 2.የለም 3.አላውቅም	መልሱ የለም/ አላውቅም ከሆነ ወደ ጥያቄ 206 ተሻገር
202	የአባለዘር በሽታ ምልክቶች ምን ምን ናቸው ? **(ከ አንድ በላይ መልስ ሊኖረውይችላል)**	1.ከብልት የሚወጣ ፈሳሽ 2.ሽንት ሲሸና የማቃጠል ስሜት/ህመም 3.በብልት አካባቢ የሚታይ ቁስለት 4. ሌላ ይጠቀስ..... 5.ምንም ምልክት አላውቅም	
203	አንድ ወጣት የአባለዘር በሽታ እንዳይዘው ለመከላከል ምን ማድረግ ይኖርበታል ?**(ከ አንድ በላይ መልስ ሊኖረውይችላል)**	1. ኮንዶም መጠቀም 2 . ብልትን መታጠብ/ ግብረ ውሃ/ 3. በአንድ መወሰን 4 መታቀብ 5 የባህል መድኃኒት መጠቀም 6 ሌላ ካለ ይጠቀስ.....	
204	ሰዎች እንዴት በ ኤች አይ ቪ ኤድስ ይያዛሉ ? **(ከ አንድ በላይ መልስ ሊኖረውይችላል)**	1 ጥንቃቄ በጎደለው የግብረ ስጋ ግንኙነት 2 ከእናት ወደ ልጅ 3 በስለታማ ነገሮች 4 በደም ዝውውር(ደም ከሰው በሚወሰድበት ግዜ) 5 ቫይረሱ ካለበት ሰው ጋር ለሰላምታ/መጨባበጥ/ 6 ቫይረሱ ካለበት ሰው ጋር በመሳሳም 7 እቃ በመለዋወጥ (ቫይረሱ ያለበት ሰው የተጠቀመበት ዕቃ መጠቀም) 8 በትንኝ በመነከስ 9 ጠነኛ ሰዉ ኤች አይ ቪሊኖረው ይችላል 10 ሌላ ካለ ይጠቀስ	
205	ኤች አይ ቪ ኤድስን እንዴት መከላከል ይቻላል? **(ከ አንድ በላይ መልስ ሊኖረው ይችላል)**	1 መታቀብ 2 አንድ ለአንድ መወሰን 3 ኮንዶም መጠቀም 4 ከተለያየ ሰው ጋር ግብረ ስጋ ግንኙነት አለማድረግ 5 ስለታማ ነገሮችን አለመዋዋስ 6 አጎበር መጠቀም 7 ከቫይረሱ ጋር ከሚኖሩ ሰዎች ጋር ማንኛውንም ግንኙነት አለማድረግ	

206	አንዲት ሴት ጥንቃቄ የጎደለው የግብረ ስጋ ግንኙን ብታደርግ ሊከሰቱ የሚችሉ ችግሮች ምን ምን ናችው?	1.ያልተፈለገ እርግዝና 4. የአባላዘር በሽታ 2. ውርጃ 5.ሌላ ካለ..... 3. ኤች አይቪ ኤድስ	
207	አንዲት ሴት ጥንቃቄ የጎደለውየግብረ ስጋ ግንኙነት ብታደርግ እርግዝናን ለመከላከል የሚያስችል ዘዴ ታውቃለህ/ቂአለሽ/? ጥቀስ /ሽ/?	....	

ክፍል ሶስት፡- የጓደኛ ተፅእኖን በተመለከተ

301	የግብረስጋ ግንኙነት እንድታደርግ/ጊ/ ከጓደኞችህ/ሽ/ ግፊት (ተፅዕኖ) ደርሶብህ/ሽ/ ያውቃል ?	1. በጭራሽ 2. አዎ በተደጋጋሚ 3. አዎ አልፎ አልፎ	
302	ከጓደኞችህ/ሽ/ ውስጥ ምን ያህሉ ከጋብቻ በፊት ግብረስጋ ግንኙነት አድርገዋል?	1.ማንም አላደረገም 4. ብዙዎቹ 2.በጣም ጥቂቶቹ 5.ሁሉም 3.ግማሽ የሚሆኑት 6.አላውቅም	
	አመለካከትን በተመለከተ		
303	በአፍላ ወጣትነት (በልጅነት) ግብረስጋ ግንኙነት ባደርግ ወይም ማድረጌ ማንኛውም ሰው የሚያደርገው ስለሆነ እንደጥፋት መቆጠር የለበትም	1.በጣም አልስማማም 4.እስማማለሁ 2.አልስማማም 5.በጣም እስማማለሁ 3.እርግጠኛ አይደለሁም	

ክፍል አራት፤-ስለ ሥነ- ፆታ እና ስነ- ተዋልዶ ከቤተሰብ እና ወጣቶች ጋር የሚደረግ ውይይት በተመለከተ

401	አባትህን/ሽን ወይም እናትህን/ሽን ስለ ህልመ ለሊት ብትጠይቅ/ቂ፣መልሳቸው ምን ሊሆን ይችላል?	አባት 1.በደንብ ይመልስልኛል 2.መልስ ሳይሰጠኝ ይቆጣኛል 3 ይናደድብኛል 4.እሱም ስለማያውቅ በቂ መልስ አይሰጠኝም 5.ስለምፈራውአልጠይቀውም 6. ሌላ ካለ ----------	እናት 1. በደንብ ትመልስልኛለች 2.መልስ ሳትሰጠኝ ትቆጣኛለች 3.ትናደድብኛለች 4.እሷም ስለማታውቅ በቂ መልስ አትሰጠኝም 5 ስለምፈራት አልጠይቃትም 6.ሌላ ካለ ----------	
402	አባትህን/ሽን/ ወይም	አባት	እናት	

	እናትህን/ሽን/ ስለ ወር አበባ ብትጠይቅ/ቂ/፣መልሳቸው ምን ሊሆን ይችላል?	1.በደንብ ይመልስልኛል 2.መልስ ሳይሰጠኝ ይቆጣኛል 3 ይናደድብኛል 4.እሱም ስለማያውቅ በቂ መልስ አይሰጠኝም 5.ስለምፈራውአልጠይቀውም 6. ሌላ ካለ ----------	1. በደንብ ትመልስልኛለች 2.መልስ ሳትሰጠኝ ትቆጣኛለች 3.ትናደድብኛለች 4.እሷም ስለማታውቅ በቂ መልስ አትሰጠኝም 5 ስለምፈራት አልጠይቃትም 6.ሌላ ካለ ----------	
403	አባትህን/ሽን/ ወይም እናትህን/ሽን/ ስለ ግብረስጋ ግመንኙነት ብትጠይቅ/ቂ/መልሳቸው ምን ሊሆን ይችላል?	አባት 1.በደንብ ይመልስልኛል 2.መልስ ሳይሰጠኝ ይቆጣኛል 3 ይናደድብኛል 4.እሱም ስለማያውቅ በቂ መልስ አይሰጠኝም 5.ስለምፈራውአልጠይቀውም 6. ሌላ ካለ ----------	እናት 1. በደንብ ትመልስልኛለች 2.መልስ ሳትሰጠኝ ትቆጣኛለች 3.ትናደድብኛለች 4.እሷም ስለማታውቅ በቂ መልስ አትሰጠኝም 5 ስለምፈራት አልጠይቃትም 6.ሌላ ካለ ----------	
404	አባትህን/ሽን ወይም እናትህን/ሽን/ ስለ ወሊድ መቆጣጠሪያ ብትጠይቅ/ቂ/መልሳቸው ምን ሊሆን ይችላል?	አባት 1.በደንብ ይመልስልኛል 2.መልስ ሳይሰጠኝ ይቆጣኛል 3 ይናደድብኛል 4.እሱም ስለማያውቅ በቂ መልስ አይሰጠኝም 5.ስለምፈራውአልጠይቀውም 6. ሌላ ካለ ----------	እናት 1. በደንብ ትመልስልኛለች 2.መልስ ሳትሰጠኝ ትቆጣኛለች 3.ትናደድብኛለች 4.እሷም ስለማታውቅ በቂ መልስ አትሰጠኝም 5 ስለምፈራት አልጠይቃትም 6.ሌላ ካለ ----------	
405	ከቤተሰብህ/ሽ/ ጋር ስለ ስነ-ጾታና ስነ-ተዋልዶ ተወያይተህ/ሽ/ ታውቃለህ /ሽ/	1.አዎ 1.የለም		መልሱ የለም ከሆነ ወደጥያቄ 501ተሻገር
406	**ከቤተሰብህ /ሽ/ ጋር ስለሚከተሉት ጥያቄዎች ተወያይተህ /ሽ/ ታውቃለህ /ሽ/**			
ሀ	በጉርምስና ወቅት ስለ ሰውነት ለውጥ/ ህልመ ለሊት/የወር አበባ	1.አዎ	2.የለም	
ለ	ስለ ተቃራኒ ጾታ ግንኙነት	1.አዎ	2.የለም	
ሐ	ግብረ ስጋ ግንኙነት ማድረግ እንደሚገባና እንደማይገባ	1.አዎ	2.የለም	
መ	እርግዝናን እንዴት መከላከል እንደሚቻል	1.አዎ	2.የለም	
ሠ	ስላልተፈለገ እርግዝና እና ውርጃ	1.አዎ	2.የለም	
ረ	ስለአባለዘር በሽታ	1.አዎ	2.የለም	
ሰ	ስለ ኮንዶም	1.አዎ	2.የለም	
ሸ	ስለ አደንዛዥ እጽ እና አልኮል	1.አዎ	2.የለም	
ቀ	ስለ አስገድዶ መድፈር	1.አዎ	2.የለም	

ክፍል አምስት:የስፖርት/ስነ-ተዋልዶ ክለባት አባልነት በተመለከተ

501	የስፖርት ክለብ አባል ነህ/ሽ/	1.አዎ 1.የለም	መልሱ የለም ከሆነ ወደ ጥያቄ504
502	በየትኛው የስፖርት ክለብ ውስጥ ነው የምትሳተፈው?	1,በትምህት ቤት ውስት ባለው የስፖርት ክለብ 2,ከትምህር ቤት ውጭ ባለው የስፖርት ክለብ	
503	ከትምህርት ቤት ወጭ ባለው የስፖርት ክለብ በሳምንት ስንት ጊዜ ትሳተፋለህ/ሽ/?	1,አልሳተፍም 4, 3 ጊዜ 7, 6 ጊዜ 2,1 ጊዜ 5, 4 ጊዜ 8, 7 ጊዜ 3, 2 ጊዜ 6, 5 ጊዜ	
504	በት/ቤታችሁ የስነ-ተዋልዶ ጤና ወይም የኤች አይቪ ኤድስ ክለብ አባል ነሽ/ነህ/?	1. አዎ 2. አይደለሁም	
ክፍል ስድስት፤-ቴለቪዥን/ኮምፒተር/ መጠቀምን በተመለከተ			
601	የትኛውን የቴልቪዥን ቻናል ማየት ነው የምትመርጠው/ጪው/?	1. ቃና ቴሌቪዥን 2. ኢትዮጵያ ቴሌቪዥን 3. ናሆ ቴሌቪዥን 4. ሌላ ካለ ይገለጽ----------	
602	የትኛው የቴሌቪዥን ፕሮግራም አዘውትረሽ /ህ/ ታያለህ /ሽ/	----------	
603	**በቀን ምን ያህል ሰአት** ቴሌቪዥን ትመለከታለህ/ቻለሽ?	1,ከአንድ ሰዓት በታች 4.ሶስት ሰዓት 2,አንድ ሰዓት 5.አራት ሰዓት 3,ሁለት ሰዓት 6,አምስት ሰዓት	
604	በሳምንት ምን ያህል ሰዓት ቴሌቭዥን ትመለከታለህ/ሽ/?	1,ከአንድ ሰዓት በታች 4.ሶስት ሰዓት 2,አንድ ሰዓት 5.አራት ሰዓት 3,ሁለት ሰዓት 6,አምስት ሰዓት	
605	**በቀን ምን ያህል ሰአት ኮምፒተር** ትጠቀማለህ/ሚያለሽ?ምሳሌ፡-ጌም፣ኢንተርኔት)?	1.ምንም አልጠቀምም 4, ሶስት ሰዓት 2.አንድ ሰዓት 5,አራት ሰዓት 3ሁለት ሰዓት 6, አምስ ት ሰዓት	
ክፍል ሰባት፤-ወሲብ ቀስቃሽ የሆኑ የመገናኛ ውጤቶችን ማየትን በተመለከተ			

701	ወሲብ ቀስቃሽ የሆኑ የመገናኛ ውጤቶችን አይተህ/ሽ/ ታውቃለህ/ሽ/ ?	1.አዎ 2.አይቼ አላውቅም	መልሱ አይቼ አላውቅም ከሆነ ወደ 801 ይሻገሩ
702	ምን ያህል ጊዜ?	1.በየቀኑ 4.አልፎ አልፎ አልፎ 2.በሳምንት ከ3-4 ጊዜ 5 በወር አንዴ 3.በወር ከ1-4 ጊዜ	
703	እነዚህን ወሲብ ቀስቃሽ ነገሮችን ስታይ/ እድሜህ/ሽ/ ስንት ነበር?	---------- ዓመት	
704	የትኞቹ አይነት የወሲብ ቀስቃሽ የመገናኛ ውጤቶችን አይተህ/ሽ/ ታወቃለህ /ሽ/? **(ከአንድ በላይ መግለፅ ይቻላል)**	1.ፊልሞችና ቪዲዩዎች 2.ጋዜጦች እና መፅሄቶች 3.ፎቶግራፎች እና ስዕሎች 4.ሌላ ካለ ይጠቀስ.....	
705	እነዚህን ወሲባዊ ይዘት ያላቸውን የመገናኛ ውጤቶች ከተመለከትክ/ሽ/ በኃላ በተግባር ፈፅመኸው/ሸው/ ታውቃለህ /ሽ/?	1.አዎ 2.አልፈፀምኩም	

ክፍል 8 :-ስለ ወጣቶች ስነ ተዋልዶ ባህሪ አሁን ስለ ግላዊ ስነተዋልዶ ባህሪህ/ሽ/ ነው የምጠይቅህ/ሽ/ከዚህ በታች ያሉት ጥያቄዎች ምስጢራዊና ግላዊ እንደመሆናቸው መጠን ማንነትዎእንዳይታወቅስምዎበጥያቄውወረቀትላይአይመዘገብም ስለዚህ በግልጽ እንድትመልስልኝ /ሺልኝ/ በትህትና እጠይቃለሁ።

801	የግብረ ስጋ ግንኙነት አድርገህ/ሽ ታውቃለህ/ቂአለሽ ?	1 አዎ 2 የለም(አድርጌ አላውቅም)	መልሱ አዎ ከሆነ ወደ ቁጥር803 ተሻገር
802	ለምን ግብረስጋ ግንኙነት እንዳላደረግህም/ሽም/ ልትገልጽልኝ/ ጪልኝ ትችላለህ/ያለሽ/ ?	1 አይምሮዬን አላዘጋጀሁትም 6.እምነቴ (ሃይማኖቴ) 2 እርግዝና ይከሰትብኝ/ ይከሰትባት ስለማይፈቅድ ይሆናል ብዬ ስለምፈራ 7. በቤተሰብ ተጽእኖ 3 የምፈልገውን ሰው ስላላገኘሁ 8. ፅድሜዬ ገና ነው 4 እድሉን አላገኘሁም 9. ሌላ ካለ.....	ወደ ቁጥር901 ተሻገር
803	ግብረ ስጋ ግንኙነት ለመጀመሪያ ጊዜ ስታደርግ/ጊ ስንት አመትህ/ሽ ነበር?	.....አመት	
804	ለመጀመሪያ ጊዜ ግብረ ስጋ ግንኙነት አብረህ/ሽ/ ካደረከው/ሺው/ ሰው /ሴት/ጋር ግንኙነታችሁ ምን ነበረ?	1. ሚስት/ባል 2. እጮኛ (አብሮኝ/ራኝ/ የሚኖር/የምትኖር) 5. ዘመድ 6. መምህር 3. ፍቅረኛዬ 7. ሌላ ከካለ -------- 4. ባጋጣሚ ተገናኝተን 8. አላስታውስም	
805	በመጀመሪያ ጊዜ ግብረ ስጋ ግንኙነት እንድታደርግ/ጊ/ ምክንያት የሆነህ/ሽ/ ምንድን‌ነው?	1 ተደፍሬ/ተገድጀ/ 8. ተታልዬ ነው 2 ጋብቻ 9.በማያቸው ፊልሞች ተገፋፍቼ 3 ገንዘብ ለማግኘት(ድህነት) 10 አልኮል ወስጄ ስለነበር 4 ካለኝ ፍላጎት አንጻር 11.ስጦታ ስለተሰጠኝ ለማወቅ/ለመሞከር ነው 12.ጓደኞቼ የወንድ/የሴት/ ፍቅረኛ 5 ስለ ፍቅር ብዬ ስላላቸው እና እንደዛ ስለሚያደርጉ 6 ፍቅረኛዬ ስለ ገፋፋኝ/ችኝ/ 13 ሌላ ካለ ይገለጽ..... 7.እድሜዬ ስለደረሰ ፈልጌ ነው	
806	ግብረ ስጋ ግንኙነት ስታደርጉ ፍቅረኛህ/ሽ/ ወይም አንተ/ቺ/ ወሊድ መቆጣጠሪያ ተጠቅማችሁ ነበር?	1 አዎ 2 አልተጠቀምንም 3 አላስታውስም	አልተጠቀምንም ካለ/ች/ ወደ ቁጥር 809 ተሻገር
807	የትኛውን አይነት የወሊድ መቆጣጠሪያ ዘዴ ነበር የተጠቀማችሁት?	1 ኮንዶም ብቻ 4 በማህጸን የሚገባ ሉፕ 2 የሚዋጡ እንክብሎች 5 በተፈጥሮ መከላከያ ዘዴ 3 መርፌ 6. ሌላ ካለ ይጠቀስ	

808	ወሊድ መቆጣጠሪያ ዘዴውን የተጠቀማችሁት ለምን ነበር?	1 እርግዝናን ለመከላከል 2 የአባለዘር በሽታን ለመከላከል 3 ሁለቱንም ለመከላከል	
809	ባለፉት12 ወራት ውስጥ ግብረ ስጋ ግንኙነት ፈጽመህ/ሽ/ ነበር?	1 አዎ 2 የለም	መልሱ የለም ከሆነ ወደቁጥር 815 ተሻገር
810	ባለፉት12 ወራት ውስጥ ከስንት ሴቶች/ወንዶች/ ጋር ግብረ ስጋ ግንኙነት አድርገሃል/ሻል/?	ከ.....ሴቶች/ወንዶች/ጋር	
811	ባለፉት12 ወራት ውስጥ ባጋጣሚ ከተዋወቅከው/ሽው/ ሰው ጋር ግብረ ስጋ ግንኙነት አድርገህ/ሽ/ ታውቃለህ/ቂአለሽ?	1.አዎ 2.የለም	መልሱ የለም ከሆነ ወደ ቁጥር815 ተሻገር
812	ባለፉት12 ወራት ውስጥ ባጋጣሚ ከተዋወቅከው/ሽው/ ሰው ጋር ምን ያህል ጊዜ ግብረ ስጋ ግንኙነት አድርገህ ታውቃለህ/ቂአለሽ?	1.አንድ ሁለቴ 2. በአመት ውስጥ በጣም ጥቂት ቀናት 3. አልፎ አልፎ / በወር ውስጥ ከ 1- 4 ግዜ/ 4. በሳምንት ብዙ ግዜ 5. እርግጠኛ አይደለሁም 6. ሌላ ካለ ይጠቀስ	
813	ባለፉት12 ወራት ውስጥ ባጋጣሚ ከተዋወቅከው /ሽው/ ሰውጋር ግብረ ስጋ ግንኙነት ስታደርግ /ጊ/ ኮንዶም በአግባቡ ትጠቀም /ሚ/ ነበር?	1.አዎ 2.የለም	መልሱ የለም ከሆነ ወደ ቁጥር 815 ተሻገር
814	ባለፉት 12 ወራት ውስጥ ባጋጣሚ ከተዋወቅከው/ሽው ሰው ጋር ግብረ ስጋ ግንኙነት ስታደርጉ ምን ያህል ጊዜ ኮንዶም በአግባቡ ትጠቀም/ሚ/ ነበር?	1 ሁል ግዜ 2 ብዙ ግዜ 3 አልፎ አልፎ 4 አንዳንድ ግዜ	
815	በአጠቃላይ በህይወት ዘመንህ /ሽ/ ከስንት ሴቶች/ወንዶች/ ጋር ግብረ ስጋ ግንኙነት አድርገሃል/ሻል/?	1. ከ.....ሴቶች/ወንዶች/ ጋር 2. አላስታውስም	
816	ከሴተኛ አዳሪ ጋር ግብረ ስጋ ግንኙነት አድርገህ ታውቃለህ? **(ለወንድ ብቻ)**	1 አዎ 2 አድርጊ አላውቅም	መልሱ አላደርኩም ከሆነ ወደ ቁጥር 901 ተሻገር
817	ከሴተኛ አዳሪ ጋር ግብረ ስጋ ግንኙነት ስታደርግ ኮንዶም በአግባቡ ትጠቀም ነበር?**(ለወንድ)**	1.አዎ 2.የለም	መልሱ የለም ከሆነ ወደ ቁጥር 901 ተሻገር
818	ከሴተኛ አዳሪ ጋር ግብረ ስጋ ግንኙነት ስታደርግ ምን ያህል ጊዜ ኮንዶም በአግባቡ ትጠቀም ነበር? **(ለወንድ ብቻ)**	1 ሁል ግዜ 2 ብዙ ግዜ 3 አልፎ አልፎ 4 አላስታውስም	ወደ ቁትር 901 ተሻገር

ክፍል 9፡- አደንዛዥ እጽ (ሄሮይን/ኮኬን፤ቤንዚን፤ጫት፤ሽሻ/ማሪዋና እና አልኮል) መጠቀምን በተመለከተ

901	ሱስ የሚያስይዙ መድኃኒቶችን ወይም እጾችን ባለፉት 12 ወራት ውስጥ ተጠቅመህ/ሽ/ ታውቃለህ/ቂአለሽ/?	3. አዎ 2 ተጠቅሜ አላውቅም	ካልተጠቀመ ወደ ቁጥር 905 እለፍ
902	የትኛውን መድኃኒት ነበር የተጠቀምከው/ሽው? **(ከአንድ በላይ መልስ ይቻላል)**	1.ሄሮይን ወይም ኮክየን 2. ጫት 3.ሽሻ ወይም ማሪዋና 4.ሌላ ካለ ……..	
903	እነዚህን መድሃኒቶች ለምን ነበር የምትጠቀመው/ሚው/?	_____ --- --------	
904	ይህን እጽ/መድሃኒት/ ከተጠቀምክ/ሽ/ በኃላ በወቅቱ ግብረስጋ ግንኙነት አድርገህ/ሽ/ ታውቃለህ/ሽ/?	1.አዎ 2.የለም	
905	የአልኮል አይነቶችን እነደ (ጠጅ፤ቢራ/ድራፍት፤ጠላ እና አረቂ) የመሳሰሉትን በህይወት ዘመንህ/ሽ/ ጠጥተህ/ሽ ታውቃለህ/ቂአለሽ?	1.አዎ 2.የለም	መልሱ የለም ከሆን ጥያቄ **ጨርሰሃል**
906	ላለፉት 12 ወራት የአልኮል አይነቶችን ጠጥተህ/ሽ/ ታውቃለህ/ሽ/?	1. ጠጅ 1 አዎ 2.የለም 2. ቢራ/ድራፍት 1 አዎ 2.የለም 3. ጠላ 1 አዎ 2.የለም 4. አረቂ 1 አዎ 2.የለም	
907	በአማካኝ ምን ያህል ጊዜ ጠጅ ትጠጣለህ/ጫለሽ/? **(ጠጅ የሚጠጣ ከሆነ ብቻ)**	1 በየቀኑ(ሁልግዜ) 2 ብዙ ጊዜ(በሳምንት ከ3-4 ጊዜ) 3 አልፎ አልፎ(በ ወር ከ1-3ጊዜ) 4 በበአላት ቀን ብቻ ወይም በአጋጣሚ	
908	በአማካኝ ምን ያህል ጊዜ ቢራ/ድራፍት/ ትጠጣለህ/ጪአለሽ/? **(ቢራ/ድራፍትየሚጠጣ ከሆነ ብቻ)**	1 በየቀኑ(ሁልግዜ) 2 ብዙ ጊዜ(በሳምንት ከ3-4 ጊዜ) 3 አልፎ አልፎ(በ ወር ከ1-3ጊዜ)	

		4 በበአላት ቀን ብቻ ወይም ባጋጣሚ	
909	በአማካኝ ምን ያህል ጊዜ ጠላ ትጠጣለህ/ጪአለሽ/? **(ጠላ የሚጠጣ ከሆነ ብቻ)**	1 በየቀኑ(ሁልጊዜ) 2 ብዙ ጊዜ(በሳምንት ከ3-4 ጊዜ) 3 አልፎ አልፎ(በ ወር ከ1-3ጊዜ) 4 በበአላት ቀን ብቻ ወይም ባጋጣሚ	
910	በአማካኝ ምን ያህል ጊዜ አረቄ ትጠጣለህ/ጪአለሽ/? **(አረቄ የሚጠጣ ከሆነ ብቻ)**	1 በየቀኑ(ሁልጊዜ) 2 ብዙ ጊዜ(በሳምንት ከ3-4 ጊዜ) 3 አልፎ አልፎ(በ ወር ከ1-3ጊዜ) 4 በበአላት ቀን ብቻ ወይም ባጋጣሚ	
911	ባለፉት 30 ቀናት ውስጥ አልኮል ጠጥተህ/ሽ/ ታውቃለህ/ሽ/?	1.አዎ 2.የለም	
912	አልኮል ከጠጣህ/ሽ/ በኋላ ግብረ ስጋ ግንኙነት አድርገህ/ሽ/ ታውቃለህ /ሽ/?	1 አዎ 2 አድርጊ አላውቅም	

Consent form for focus group discussion

Good morning/ Good after noon! I am Gelana Lulu from Addis AbabaUniversity collage of health science attending a post graduate study in public health. Currently Iam doing my master thesis here in Addis Ababa city administration on assessment of early sexual initiation and its associated factors among in-school adolescents of Addis Ababa. You are free to talk whatever information you think based on the topic guideline prepared. I assure you that you will not face any kind of harm for your participation in this study and whatever information that you give me will be very useful for the study. This information will help policy makers to design intervention activities based on research findings. I thank all of you for your voluntary participation.

Are you voluntary to participate in the study? Yes, continue

If there is anyone who don't want to participate in the study thanks and leave him/her

Guide to Focus Group Discussion

The guideline will be as follow:

1. Greeting

2. Ask the willingness of the students for participating in the discussion.

3. Explain the objective of the study and focus group discussion.

4. Telling the participant that confidentiality will be maintained and telling them we will use tape recorder.

Topics to be discussed

1. What age should a young female should start sexual practice? Why.
2. What age should a young male should start sexual practice? Why.
3. In your opinion, what factors pushes young people to engage in sex?

4. How do you explain early sexual initiation? (At what age).
5. What factors do you know which protects youth from early sexual intercourse?
6. How do you see role of communication between parents and youths in relation to early sex and delay of sex?
7. What do think about the benefits of early sexual initiation?

8. What do think about the harm of early sexual initiation?

9. What are the things adolescents do to prevent early sex?
1o.what roles do peers have in early sexual initiation?
11. What roles do school principal have in early sexual initiation?
12. What roles do teachers have in early sexual initiation?
13. What roles do parents have in early sexual initiation?