ADDIS ABABA UNIVERSITY

DEPARTMENT OF PSYCHOLOGY

GRADUATE PROGRAM

GENDER STEREOTYPES AGAINST FEMALES AS A FACTOR FOR HIV/AIDS VULNERABILITY: THE CASE OF GIRLS IN TWO SELECTED HIGH SCHOOLS OF YEKA SUB-CITY ADMINISTRATION

BY

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JUNE 2006

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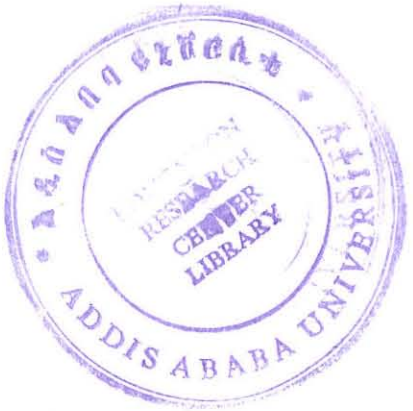

A THESIS SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF ARTS IN DEVELOPMENTAL PSYCHOLOGY

JUNE 2006

AKCNOWLEDGEMENT

First and for most, I would like to glorify God for His faithfulness in helping me finish this study. Secondly and most importantly, my genuine and special thanks goes to my advisor, Dr. Belay Tefera for his constructive criticisms, insightful comments and un reluctant follow up of the progress of the study.

My special thanks also goes to the School communities at the two high schools this research was conducted for their valuable and considerable support and cooperation during data collection.

I am still grateful to my beloved parents, sisters and brothers, especially Dereje Befekadu and Tewodros Tesfaye, for their selfless support in the accomplishment of this study.

Last but not least, I thank my beloved friends, Sintayehu Regassa, Tigist Girma, Kidist Yacob, Mihret Ayele, Simeneh, Wondessen and Ephrem for their encouragement and unreserved support to the successful completion of this study.

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Abstract

This study attempted to examine gender stereotypes against female adolescents and how these stereotypes could make girls vulnerable to HIV/AIDS in terms of access to information, discussion hold with parents and partners, decision making and taking initiatives on matters relating to sexuality and HIV/AIDS.

A sample of 343 female students of ages 14 to 20 years were drawn from two high schools in the Yeka Sub-city Administration. A pilot- tested questionnaire and focus group discussions were used to solicit data from these participants.

The finding generally suggested that there were many gender stereotypes against females, and that these stereotypes seemed to limit girls' efforts for an access to information relating to sexuality and HIV/AIDS. The gender stereotypes also seemed to limit the type and extent of discussions the girls had with their parents and their partners as well. More over, the participants also reported to have lesser involvement in decision making and taking initiatives on the very issues that directly affect their sexuality and vulnerability to HIV/AIDS. As an after math, they apparently appeared vulnerable to HIV/AIDS. Discussions were made based on these findings, and recommendations were finally given to reduce the vulnerability of these female adolescents.

CHAPTER ONE

INTRODUCTION

1.1 Background

In most cultures women have minimum role in making decisions on various aspects of their lives. Certain cultural norms and expectations about women and girls (i.e. gender stereotypes) seem to emphasize silence rather than open discussion on sexual matters. As the result it is considered inappropriate for females to talk about sexuality, safe sex practices and prevention of HIV/AIDS.

Studies on gender stereotypes against females and their vulnerability show that the forms of gendered expectations and beliefs that underlie and perpetuate females' vulnerability, are culture specific. This being the case, in Ethiopia, no research has been conducted to explain how women and girls are vulnerable to HIV/AIDS as a result of stereotypically gendered expectations, that is of special importance for intervention in adolescence because this is the age for developing gender roles.

Gender discourse is not in fact an entirely new phenomenon to academia in Ethiopia. It is almost close to two decades since gender has been introduced as a subject of scientific discourse. Existing literature seem to discuss the effect of gender on women and girls education (Anbesu, 1991) and employment (Worku, 1997), violence against females (Yohannes, 2003), early marriage (population council, 2004) and related issues.

Literature is scanty when it comes to the role of gender stereotypes in HIV/AIDS vulnerability. Little is known, among others, about which stereotypes, how they affect significant others communicating with and supporting girls learn about HIV/AIDS, how girls themselves believe about these beliefs, and more importantly, the influence of these stereotypes exposing girls to HIV/AIDS infection

On the other hand, the most recent HIV sentinel surveillance conducted in 2003 by the Ethiopian Disease Prevention and Control Department of the Federal Ministry of Health (DPCD, 2004) indicates among others, not only that the HIV prevalence rate is still on the rise but also the rate is high among women (5.0%) than men (3.8%). This could be explained partly in terms of gender stereotypes against women that limit their access to HIV/AIDS prevention mechanisms.

Bearing this in mind the present research attempts to examine the influence of gender stereotypes towards making school girls vulnerable to HIV/AIDS.

1.2. Statement of the problem.

In Ethiopia, focus is only on HIV/AIDS prevention mechanism and less or no attention is paid to gender stereotypes against girls. Because of this, more women are vulnerable to HIV/AIDS. This can be evident from the rising prevalence rate with women. This research therefore addresses the role of gender stereotype towards vulnerability to HIV with a particular reference to high school girls. This paper attempts to address these issues. It specifically attempts the following research questions.

1. What are the typical gender stereotypes in Addis Ababa?
2. How do these stereotypes affect individuals, institutions and the society?
3. How do females feel about these stereotypes?

4. How do gender stereotypes in Addis Ababa affect females with respect to HIV/AIDS?
5. How do girls compare on the above issue age and grade wise.

1.3 Objectives

By way of answering the above research questions, the major objectives of this research are

1. To identify how gender stereotypes make school girls vulnerable to HIV/AIDS infection and
2. Suggest strategies of interventions to reduce this vulnerability.

1.4 Delimitation of the study

The study is delimited to two high schools in Addis Ababa, Yeka Sub-city. Moreover, even if there are factors that expose girls to HIV, much emphasis is given to some. Further more, the research work is delimited to use of self report questionnaire and focus group discussion.

Therefore, further investigation is needed that comprises both of objective and subjective reality, girls from different geographical areas and a longitudinal study may need to be undertaken, preferably to determine the generalizability of the result with other age groups.

1.5 Operational Definitions

Gender stereotypes - societal belief that females should not get access to information about sexuality and HIV/AIDS, not to discuss openly with their parents and partners about such issues, not to take initiatives and make decisions in many parts of their lives.

CHAPTER TWO

LITERATURE REVIEW

In the literature review we are going to see what gender and gender stereotypes are. Following this, Social learning, ecological and related theories are going to be discussed. In this chapter, both the empirical studies of foreign and local studies are included. This means that the review includes issues like what are these gender stereotypes, how are these stereotypes encouraged, and finally we are going to see the relation between gender stereotypes with HIV/AIDS.

2.1 Gender and Gender Stereotypes

The review of related literature on what gender and gender stereotypes are discussed as follows.

> *Gender is defined as the widely shared expectations and norms with in a society about appropriate male and female behavior, characteristics and roles, which ascribe to men and women differential access to power, including productive resources and decision making authority* (UNAIDS, 1999, P.5).

In other words, gender is how we are shaped after we are born in to society. Girls are socialized from early age not to adopt masculine traits and are blamed if they show signs of masculinity. Moreover, girls who are not acting feminine enough and boys who do not act masculine enough may be less accepted among their opposite or the same sex peers (Steinberg, 1993).

As wikipedia (2005), pointed out, stereotypes are group concepts. They are often used in a negative or prejudicial sense and are frequently used to justify certain discriminatory behaviors. As a result of the discriminatory behaviors, inequality and violence against the other may result from stereotype. Therefore stereotype can be defined as reducing a person to a mere instance of a characteristic.

Gender-bias and the resulting violence begin at early life with sex selection (Inter African committee, 1997). Different local studies show that discrimination against girls continues through out their lives. For instance: in education (Anbesu, 1991), employment (Worku, 1997), marriage (Population council, 2004) and generally violence against females (Yohannes, 2003).

According to Mule cited in Josiah (2004), gender stereotypes refer to socially constructed beliefs about men and women. They are constructed through, sayings, songs, proverbs, the media, culture, custom, education, drama, etc. She argued that gender stereotypes play an important role in how women are perceived and how women perceive themselves. They are expected to live and act according to these stereotypical roles.

Cobb (2001) reported that the age of adolescence is the age at which girls or boys develop or achieve masculine or feminine social roles. Thus, males are expected to be more assertive, strong and independent and females are expected to be dependent. Cobb (2001) described that culture expects males to be strong, active, assertive and independent and females to be weaker, and passive. "Well-defined gender roles await adolescents, reflecting our culture's view of characteristic male and female behavior, most adolescents will confirm in large measure to these expectations" (Santrock (cited in Cobb, 2001) pp.24.)

2.2 Theories

There are many psychological and sociological theories explaining the meaning of gender, its development and how it affects behavior. In this review we are to focus only on two but major theories to explain the meaning, development and impact of gender and gender stereotypes: Social learning and ecological theories.

2.2.1. The Social Learning theory

The social learning theory describes how everyone understands the standards which are considered appropriate for one's sex. This is to say that as individuals grow, they start to understand the patterns and standards by which they are expected to live(Oslon&Ferrain,2000).

> *Children at young age dichotomize the world as female versus male and have a strong desire to match their own personal characteristics with the gender role standards they learn from parents and society in general.* Jerome Kegan (cited in Oslon & Ferain, 2000, p.251).

Social learning theory explains that what a person learns about masculinity or femininity will vary according to his/her clan, ethnic group, and family composition. In due course, all environmental factors influence gender development (Unger & Crawford, 1994).

2.2.2. The ecological theory and its implication

Both biological and social factors influence sexuality. Society's role in shaping the behavior of the adolescent is explained in different theories. For the purpose of this study, the ecological theory is also used to explain the role of the society and culture in determining people's behavior.

Ecological system theory explains the influence of multiple systems on a peoplesbehavior and the reciprocal relationships among them. These systems are the microsystem, ecosystem, ecosystem, macrosystem (Bronferbrenner, 1986). The micro system is the setting in which the adolescent operates through out the day: home, school, friends, activities, interpersonal relations, roles that involve the adolescents in face-to-face interactions with others. It is easy to imagine how such interactions might affect an adolescent, whether they take the form of supportive eye contact from a friend or a verbal exchange with a parent. This theory of Brenfenbrenner shows how society's beliefs affect everyone's socialization, and how females and males should act accordingly.

Manlove (2001) also supports the above idea that multiple aspects of adolescent's life could be affected by many things. For instance: family, one's own attitude and behavior, peer's attitudes and behavior. He also reported, in other words, the characteristics of the teen's community that is the school context, neighborhood involvement and the broader policies of a nation may affect the reproductive health behavior of males and females.

> *Culture contributes to once development. Women's economic dependence on men creates a psychological dependence and a need to have men validate their self-worth. In connection to this, our personality development comes from the situations we are passed through. (Horney (cited in Cobb, 2001) p.24).*

2.3. The role of Cultural beliefs in encouraging gender stereotypes

Olson and Frain (2000) pointed that in traditional culture females are encouraged to be good listeners. Hence, the man initiates the dates and he is also the one who takes the lead in initiating sex with his partner. According to Margaret (2000), research show that males social prerogative

mostly conditions women's relationship to health care systems as a result gender inequalities hinder women to make decisions by their own.

Among the stereotypes labels against women, some of them are as follows: Women are affectionate, child like, compassionate, do not use harsh language, eager to sooth hurt feelings, they are feminine, love children, they are loyal, sensitive to the needs of others, they are shy, soft-spoken, sympathetic, tender and warm. They are also considered as fearful, fussy, sensitive, soft-hearted, weak, anxious, complaining, dependant, submissive and timid (Mule, 2004).

2.3.1. Sayings and Proverbs about females

In Ethiopia, there are sayings which show and encourage gender stereotypes against women. Mengistu (1982) compiled some of the sayings as follows.

- *"set lebet wofcho leduket"*- this proverb denotes that the society believes that women are responsible for executing household chores as if it is naturally bestowed on them.
- *"set ena meret yemaychilut yelem"*- it is a believed that a woman is made to tolerate any kind of hardship.
- *"set ena beklo endegeriwa new"*- Like a mule, a woman does not know how to descipline herself, due to this she needs someone to watch over and supervise her, a father or a husband.
- "*set tawik bewend yalk*"- even if a woman is wise and knowledgeable, her husband's decision is the one that excels and lasts.
- *"set agibtew set biweldu yet ale gindu"*- the daughter's father would know that his name would not be called in the future descendants.
- *"set ena feres yesetutin yikems"*- women are and should be provided for. This implies that she has to focus on the household chores instead of participating in outside productive works.

- *"setin yamene gumin yezegene"*- a woman is not trust worthy and she is not firm in her decisions.
- *"setin yewededе wedegehaneme esat ywerede"*- it denotes that a man does not have to fall in love with a woman. Falling in love with a woman is like going to hell.
- *"set yametaw teb ayberdim"*- means a woman is the source of all major quarrels i.e. the quarrel she causes does not get resolved.
- *"mist ena dawit bebibit"*- this prevents a woman's right to expression and assertion. A husband should prohibit his wife from any public exposures.

2.4. How are gender stereotypes manifested?

2.4.1. Hindering girls from having access to Information about sexuality and related issues.

Gender ideals are important determinants in socializing children and in defining how they should act and what to know (UNAIDS, 1999).

As UNAIDS (1999), reported, in most societies, usually gender determines how and what men and women are expected to know about sexual matters and sexual behavior. This means that girls know less or nothing about reproduction and sex where as boys/men are expected to know. Discrimination against women ends up with hindering them from owning land, property, and other productive resources. Due to these reasons, girls in these societies are socialized to be shy and unable to take part in decision making in matters related even to their body. As a result they are more susceptible to STDs including HIV/AIDS.

2.4.2. Hindering girls from discussion, taking initiatives, and Decision making

According to Harris (2005), girls do not have a right to express themselves with originality and enthusiasm. Studies show that girls are expected to speak softly and not cause trouble. Gender stereotypes limit the girls' right to take risks, strive freely, and take pride in success. Studies evidenced that girls are expected to be confined to getting married and taking care of the household chores which lead them not to prepare themselves for other professions.

Stereotypes limit the right to express themselves with originality and enthusiasm. Beside these, in school, boys think they have the right to discuss girls' bodies in public. Due to these stereotypes, girls have limited rights to accept and appreciate their bodies (Jones, 1991).

Many societies prepare girls to be "good" wives by socializing them to be submissive to men. Families, teachers, and peers reinforce the assumption that girls are inferior to boys. The power imbalance between men and women can make it impossible for women to stop unwanted or unprotected sex, negotiate condom use, or use contraception against partner's wishes. Unlike their female counter parts, boys are often expected and even encouraged to be sexually active at early age. Moreover, in many societies, having multiple sex partners is considered essential to being a man (Kathleen, 2005).

Solomon (1999) shows in his study, Domestic Violence against Women, in our society men are expected to play the dominant role and women to be passive and submissive. As Netsanet (1999), also reported men and women are equal and have equal sexual derive. It is rather gender role socialization that plays the most significant part in causing sexual harassment. This is because the society expected men to be sexually aggressive and dominant and women to be receptive to men's sexual initiation.

Harris (2005) pointed out that there are many kinds of gender stereotypes against girls. These stereotypes most associated with women are "feminine" "emotional" "superstitious" "sensitive" while men are considered as "masculine" "adventurous" "forceful" "strong", "tough", and "coarse".

According to Tesfaye (2003), in his study on the Incidence, Causes and Affects of sexual harassment against female secondary school students, great majority of the respondents show that the father is the major decision maker in the family which in turn shows male biased beliefs and that they are the one who influence women in every aspect. His study also shows that the perception of male-female relation is determined by the socio-cultural belief that portrays males as active and female as passive.

2.5. Effects of Gender Stereotypes

The limitations placed up on females exposed them to clinical and sub clinical depression and the cumulative health problems decreased their quality of life and hinder their psychosocial adjustment (Silverstein & Lynch, 1998). Mule (2004) puts environment as a factor which lead to depression. In due course, gender, society, and parenting roles confirm that gender differences influenced by the environment.

As Santrock (1999), pointed out parents in the category of authoritarian parenting style exhort the child to follow their direction in leading his/her life. More over, these parents cause their children to have little social competence which is manifested by anxiety, failure to initiate activity and developing poor communication skills. Olson& Frain (2000) also explained that adolescents from

authoritarian parents are often in conflict, unhappy, irritable in behavior, vulnerable to stress and unfriendly.

Girls are more vulnerable to sexual abuses. However, while they are suffering from the consequences, the society accuses these girls for not doing well. Ultimately these girls end up rejecting themselves, develop shame and social phobia (Mule, 2004). According to Hurlock (2004), when girls reach adolescence, they would be confused to play their female roles. This is because while they were children they were permitted to do most of the things that their age group males are allowed. But after a while they are expected to change and act as females. She also pointed that this sex role typing encourages masculine superiority over females which devalue females. This has an effect on females and is manifested in self-rejection, mal-adjustment, unhappiness, and social isolation.

According to Morgan, King, & Rweisz (2003), achieving identity is the key task of adolescence. If adolescents fail to achieve a sense of identity, they would face confusion over what roles they should play in life. Hurlock (2004) pointed out that girls are expected to be family – oriented and if they refuse to act according to the expected standards of female roles, they will be rejected by their friends, the opposite sex groups and by the society in general.

2.6. Gender Stereotypes and HIV/AIDS

> *HIV is a virus that attacks the immune system, causing it to break down. This in turn leaves the body defenseless against infection, eventually resulting in death from any of a number of secondary opportunistic infections, and the final stage is AIDS* (Cobb, 2001, p.269).

Like the other Sub-Saharan African countries, the HIV pandemic is increasing in Ethiopia. Currently, there are about 2.2 million out of approximately 69 million Ethiopians who are infected with HIV, 54.5 % of which are women (UNAIDS, 2003).

Gender inequalities in sexual relationships diminish the chance of taking preventive measures, dramatically increasing the risk of HIV infection. Correspondingly with gender roles: come gender identities. The gender stereotypes can be said to affect gender identities the most severely (Mule, 2004).

As Asmeret (cited in Ananie, 1995, p.16), young women are more vulnerable to HIV than young men. Among the different reasons for their vulnerability, girls are sexually abused and end up with unwanted pregnancies and HIV infection. These problems bring other traumas and psychological distress. In cultures where a woman does not have a power for decision making in every part of their lives, they are more vulnerable because they are not in a position to refuse sexual advances or insist condom use. The traditional practices are also making females more vulnerable to HIV.

Women are more susceptible, biologically and socially, to HIV infection:

Biologically- Women's genital tracts have larger exposed areas that permit the virus to survive longer than in men. Men on the other hand, are more efficient at transmitting HIV because there is a higher concentration of the virus in men's reproductive fluid than in the women's (UNAIDS, 1999).

Socially- According to UNAIDS(1999), differences in social norms for rearing girls and women affect young women's ability to control sexual situations, thus making them vulnerable to gender-based violence and coerced sex. One reason for high rates of sexual violence is the

common belief that men are not able to control their sexuality and hence their demand for sex is understandable. Certain cultural norms and expectations emphasize a culture of silence on sexual matters so that it becomes inappropriate for men and women to talk about sexuality. Gender inequality in socio economic status is one of the most significant causes of the increasing rate of HIV infection. The marital power bestowed upon men in some societies makes it difficult for women to negotiate for safer sex.

Gender inequality in sexual relations diminishes the chance of taking preventive measures, dramatically increasing the risk for HIV infections. What complicates condom use is perception about condoms. Condom use is often associated with promiscuity. It is thus difficult for a woman to suggest to a man that he wears a condom because she might not trust the partner or it may be interpreted that she does not trust the partner (UNAIDS, 1999).

Studies show that in countries where HIV prevalence is high, rape and sexual coercion by men would be high. This is because these men believe that having sex with these child-girls (virgin) does not make him vulnerable to HIV infection (Kathleen, 2005). Studies also evidenced that in many societies the fact that young men have multiple partners is encouraged and considered essential to being a "man". The traditional concept of masculinity encouraged domestic violence against women (Kathleen, 2005).

As Asmeret's (2002) finding shows most female students seem to have less awareness of HIV/AIDS. Besides, their concern of safe sexual encounter and practice is likely to be limited.

The stereotypes that the society has over females encourage the perception that girls are inferior and have no worth for greater positions. Besides girls are socialized to accept that they stand last (African Center for Women, 1997). These stereotypes against women encourage people to make

discrimination against girls. As a result of this discrimination, inequality emerges. Women's health status is affected by the unequal power that their men counterparts exercise over them. Ultimately, all decisions are made by their male counterparts (Margareth, 2000).

Women are poorly informed about sexual issues. In societies like Ethiopia an emphasis on preserving woman's virginity before marriage actually increase their vulnerability. Fear that people will suspect they are sexually active prevent many young women from asking questions about sex, using contraceptives to prevent pregnancy, negotiating condom use to prevent STI's, or seeking reproductive health service. In countries like Ethiopia, harmful sexual practices have their origin in patriarchy i.e. in a culture that promote the male superiority (NCTPE,2003).

UNICEF (2003), shows how gender based violence relate with HIV/AIDS vulnerability overlap.

1. Forced sex can increase the risk of HIV transmission
2. Women because of fear threats and violence, they become unable to negotiate safe sexual intercourse
3. Childhood sexual abuse may lead adolescent girls to develop sexual risk taking behavior
4. If women ask their partners about HIV test results, it increases risks of violence

Women in action No. 1(2005) & UNICEF (2003), put the major gender based violence which are battering, sexual abuse, female genital mutilations, domestic violence, marital rape, intimidation at work and in educational institutions etc.

According to Mule (2004), unequal gender relations are found to be critical factors in contributing to high HIV/AIDS prevalence and have been blamed for the HIV/AIDS epidemics

in sub-Saharan Africa. Mule, (2000), also puts expectation about what it means to be a man or a woman which are an integral part of most children's socialization, leave many adults ill prepared to enjoy their sexuality or protect their health. She also discusses how gender stereotypes of submissive females and powerful males many restrict access to health information, hinder communication, and encourage risky behaviors among women and men in difficult ways. Ultimately, they increase the vulnerability to sexually transmitted infections (STls), including HIV.

Through the analysis of these stereotypes, the belief that women are viewed as inferior to men is not far fetched. Women are in conflict to live up to these stereotypical roles and expectations of perfection every day, no matter how many roles they take on in their every day life. Through the analysis of these gender roles, it is evident that women are dissatisfied with their gender responsibilities Mule, (2000).

CHAPTER THREE

METHODS AND PROCEDURES

3.1 Data source

The population of this study was confined to government high schools (Secondary and preparatory) located in Yeka Sub-city Administration.The reason why the researcher used this Sub-city was due to convenience. Out of a total of three schools in this sub-city, only two were randomly selected. These schools were Dajazamch Wondirad and Kokebe Tsibah high schools. According to the list of schools obtained from the Education Bureau of this Sub-City, there were a total of 4231 students (2245 girls) in the first and 5756 (3128 girls) students in the second school.

3.2 Sampling

It was originally decided to take a random sample of 200 female students from each school, a total of 400 participants. This figure was proportionally distributed for each school, grade and section and hence, the fixed number of sample female's students was randomly drawn from each section and grade. However, out of the total sample, some of the respondents did not fill out their questionnaire properly and some other ones were found to have no brother; which in fact was needed in the research for comparative reasons. These respondents, who were rejected from the sample, sum up to, a total of 57. Hence, the actual sample consisted of a total of 343. The following Table presents summary of the sample considered along with the demographic characteristics.

Data were collected on selected Socio-demographic characteristics of the participants. We shall present it in Table 1.

Table 1: Sample size and demographic characteristics of respondents

Factor/Variable		Groups	Grade levels		Total
			Secondary (grade 9-10)	Preparatory (grade11-12)	
Number of female students		• Wondirad and .Kokebe Tsibah Schools	174(50.7%)	169(49.3%)	343
Age in years		• 14-17 • 18-20 • mean • Total	145(83.3%) 29(16.7%) 16.84 174(100)	88(52.1%) 81(47.9%) 17.5 169(100)	233(67.9%) 110(32.1%) 17 343(100)
Religion		• Orthodox • Muslim • Protestant • Others • Total	124(71.2%) 13(7.5%) 29(16.7%) 8(4.6%) 174(100)	136(80.5%) 9(5.3%) 20(11.8%) 4(2.4%) 169(100)	260(75.8%) 22(6.4%) 49(14.3%) 12(3.5%) 343(100)
Family income		• Very low • Low • Medium • High • Total	8(4.6%) 22(12.8%) 109(63.4%) 33(19.2%) 172(100)	3(1.8%) 17(10.2%) 92(55.1%) 55(32.1%) 167(100)	11(3.2%) 39(11.5%) 201(59.3%) 88(26%) 339(100)
Number of brothers		• 1-2 • 3-4 • 5and above • Total	112(64.4%) 56(32.2%) 6(3.4%) 174(100)	112(66.3%) 51(30.2%) 6(3.5%) 169(100)	224(65.3%) 107(31.2%) 12(3.5%) 343(100)
Currently living with		• father only • mother only • both parents • others • Total	10(5.7%) 39(22.4%) 100(57.5%) 25(14.4%) 174(100)	8(4.7%) 29(17.2%) 109(64.5%) 23(13.6%) 169(100)	18(5.2%) 68(19.8%) 209(61%) 48(14%) 343(100)
educational level of parents	Father's	• Illiterate • Read and write • Primary • Secondary and above • Total	12(7%) 36(20.8%) 31(17.9%) 94(54.3%) 173(100)	9(5.4%) 26(15.6) 36(21.5%) 96(57.5%) 167(100)	21(6.2%) 62(18.2%) 67(19.7%) 190(55.9%) 340(100)
	Mother's	• Illiterate • Read and write • Primary • Secondary and above • Total	28(16.2%) 32(18.5%) 42(24.3%) 71(41%) 173(100)	30(18%) 32(19.2%) 34(20.3%) 71(42.5%) 167(100)	58(17.1%) 64(18.8%) 76(22.3%) 142(41.8%) 340(100)

As it was mentioned earlier, the study was conducted in two high schools. Overall, a total of 343 students participated in the study. Among the participants of the study, 50.7% and 49.3% of them are in the secondary (consists 9th and 10th graders) and preparatory (consists 11th and 12th graders) respectively.

The socio-demographic characteristics of the respondents are also shown on Table1. The youngest participant in the study is 14 years old and the oldest is 20 years. Mean age of the secondary school and preparatory respondents was 17. Moreover, 67.9% of the respondents are between the ages of 14-17 while 32.1% students are between the ages of 18-20. Orthodox Christianity was the dominant religion (75.8%) followed by Protestants (14.3%), Muslims (6.4%) and others (3.5%). For the majority of the students (59.3%), the monthly income of the main income earner is medium, followed by high income (26%). Thirty nine (11.5%) came from a low income family where as 11(3.2%) of them are from a very low monthly income.

When family structure is seen, the majority of the students (61%) came from homes with both parents present, followed by students who live with their mothers 68(19.8%). Then 48(14%) of them live with others while 5.2% of them live with their fathers. About 65.3% of the respondents have brothers between 1-2 while 31.2% have 3-4 brothers and 3.5% have five and above.

Regarding education level of parents, about 6.2% of fathers and 17.1% of mothers are illiterate while 19.7% of fathers and 18.85 of mothers are able to read and write. Sixty seven

(19.7%) of fathers of the participants and 22.3% of their mothers reached the primary level. At last, 55.9% of the fathers' and 41.8% of the mothers of the participants attained at the secondary and above level.

3.3 Tools

Questionnaire prepared for this research and focus group discussions were used in gathering data. Please see them all in the appendices.

3.3.1 Questionnaire

A structured questionnaire was administered in Amharic. This questionnaire comprises of 65 items. Of these items, 10 focus on socio-demographic and background characteristics, 11 items focus on access to information on sexuality and HIV/AIDS, 21 items focus on discussion with parents and partners on same issues, 10 items on taking initiatives and decision making, 5 items on respondents attitudes on marriage and contraceptive use and 8 items focus on social expectation and beliefs.

3.3.2 Focus Group Discussion

The Focus Group Discussion has the same content as the questionnaire and some other more including, what do females feel about their situations (these stereotypes) and what are the effects of these stereotypes on individual, institutions and society as well. There were 10 questions and each has other probe questions. In each focus group discussion, eight participants were included. The mean age of the participants in the first group was 16.5, the second group 17, the third group 17.5 and the fourth group was 18.5. During the focus group discussion Amharic language was used.

3.4 Pre-test

The questionnaire was originally developed in English and translated into Amharic by the researcher and two other post graduate students. Retaining similar translations and rewriting those with differences, another drafter was prepared and this was subjected to pre-test.

In so far the instrument was prepared by the researcher for the first time, the need for pilot testing was essential to check the appropriateness and quality of the instruments in general and clarity of the items in particular. The pilot test was also used to learn how far the respondents cooperate responding. The questionnaire was pre-tested with 20 randomly selected female students.

The pilot test helped the researcher to cast out some questions which were not clear and some which had repetitive ideas. Finally, based on the feedback from the pilot test, appropriate modifications were made on the instruments. This is presented on Table 2

Table 2: Results of the pre-test of the questionnaire and modifications made accordingly

Type of problems observed with questionnaire items	Number of items with such problems	Illustrative items with these problems	Measures taken	Number of items which the measure was taken	Illustrative examples of items for the measure was taken
Lack of clarity	2	Being a girl made you get information?	Modified	2	Being a girl made you not to get information?
		Being a girl make you take initiative?	Modified		Being a girl made you not to take initiative for relation ship like the boys?
Repetitive ideas	2	Do you think girls would ask about their partners' sex life?	Rejected	2	Rejected
		What will happen if people know that you took initiative to start a relation ship/	Rejected		Rejected

There were two focus group discussions to get more clarification on the same contents of questions in the questionnaires. Each group consisted of eight female students with ages ranging from 15-20 years. Four of them were 9th graders and the other four were 10th grade students. Each FGD took 1:00-1:30hr to cover all portions. The FGDs were tape recorded with the consent of the participants.

3.5Procedures

The data collection was held in two forms, questionnaire and discussion guides. To administer the questionnaire, two assistants were given short-term training on the basic objective, content and ethical considerations of the study. Moreover, they were also told how to administer the questionnaire and focus group discussion.

The first thing before administration was getting consent from the school officials. Hence, the purpose of the study was explained to the directors and concerned personalities in the two schools. Then the researcher and the administrators set time for the administration of the questionnaire and the discussions. Moreover, students were oriented about the whole purpose of the study, how they are expected to fill the questionnaire.

Respondents were told to return the questionnaire after they fill in a special box. This is done to make them feel more secured about the information they give. The researcher was set there to answer all their questions while they were filling. In the discussion session, students were informed that the information they give will be kept confidential. In the discussion, the two assistants wrote the reports and tape-recorded all the discussions while the researcher moderate the whole session.

3.6 Ethical consideration

Before the administration of the questionnaire and the focus group discussion, the school administration was contacted to get the consent of the school. Respondents were also told that they have the right to participate in the study or not. Finally, respondents were told that their

responses will be kept confidential. Thus, all participants of the study gave their consent to be part of the study.

3.7 Analysis

Responses on gender stereotypes are analyzed first. This is followed by analysis of responses showing the effect of gender stereotypes on individual's percept of girls. Finally, the effect of stereotypes on girls of themselves and their vulnerability are presented.

The questionnaire and the focus group discussions are going to be presented in continuation under each of the above themes.

CHAPTER FOUR

FINDINGS

The major objectives of this study are the following: to investigate whether there are gender stereotypes and how these stereotypes affect individuals, institutions, and the society in general, what females feel about these stereotypes; and finally how these stereotypes make females vulnerable to HIV/AIDS. Data were collected from a sample of female students from two high schools using questionnaire and Focus Group Discussions. This section deals with presentation of data obtained from the selected sample group.

4.1 Gender stereotypes

Students were asked about the societal expectations towards females in our country's context. The responses are summarized on the next Table.

Table 3: Societal expectations towards female adolescents

Items	Responses	Frequency	Percentage
What are the expected behaviors of females at home?	• One who works very hard at home	83	24.2%
	• One who stays at home all times	83	24.2%
	• One who accepts all things she's told	73	21.3%
	• One who is very shy	67	19.5%
	• One who is submissive to others	37	10.8%
	• Total	343	100
What are the expected behaviors of females out of home?	• One who always bow down her head on her way	98	28.5%
	• One who doesn't stand with boys any where	73	21.3%
	• One who wears long dress	73	21.3%
	• One who doesn't laugh loudly	65	19%
	• One who respect others	34	9.9%
	• Total	343	100
Do you accept it?	• Yes	103	30%
	• No	240	70%
	• Total	343	100
How much do you have of these characters?	• None	123	35.9%
	• Some	113	32.9%
	• Most	59	17.2%
	• All	48	14%
	• Total	343	100

Students were asked about the expected behaviors of a "proper" girl at home and outside. The expected behaviors at home described by the respondents. About 24.2% reported that a girl who carries out the household chores is considered to be a 'good' or 'proper' girl while 21.3% said that a 'good' girl is expected to accept things she is told regardless of her interest. Eighty three (24.2%) reported that a girl who stays at home except going to school is taken as 'good' or 'proper' girl. Other respondents which consists 19.5% reply that a 'good' girl preferred to be shy.

As to the expected behaviors of a 'good' or 'proper' girl, out side home, about 28.6% said that a girl who always bow down her head as a sign of decency while 21.3% replied that a girl who is not associate with the opposite sex group is considered as a 'proper' girl.

The above Table also shows that how much the respondents meet the standards of a 'good' girl in the society. Hence, 35.9% replied that they do not have any of them while32.9% said they have some of them. Fifty nine (17.2%) of them said that they attain most of them where as 14% of them have them all. It can be said that about 64.1% of the respondents have some, most or all of the expected characters where as 35.9% replied they do not have.

Participants of the focus group discussion pointed out how the 'proper' girl is expected to act:

> *A 'proper' or 'good' girl is preferred to be shy, submissive, and who is not associated with guys. If we happen to act in any other way, people consider us as we are not acting in a right way. At home, a 'good' girl is expected to take care of the household chores and stay at home after school. (FGD, 10th Graders ,Kokebe Tsibah).*

Table 3 also shows that whether the respondents accept the societal expectation, 30% replied that they accept them while the rest 70% do not. The FGD participants also discussed that:

Whether we like it or not, we are expected to perform them. Otherwise we will be considered as bad girls who do not respect their families.(FGD, 12th Graders, Wendirad).

4.2 Implications of gender stereotypes

Typical gender stereotypes were also assessed indirectly by asking participants if seeking information, having discussion with others etc is gendered. We shall begin with seeking information.

The students were asked if they get more information on sexuality and HIV/AIDS as compared to the boys at home; how much time they have for information and factors that make girls not to get information. The responses are summarized on Table 4.

Table 4: Access to information on sexuality and HIV/AIDS by grade level

Items	Responses	Secondary school	Percent-age	Preparatory School	Percent-age	Total
Who gets more information about sexuality and HIV/AIDS?	• My brothers	120	69%	116	68.6%	236(68.8%)
	• My self	34	19.5%	32	19%	66(19.2%)
	• Both of us	20	11.5%	21	12.4%	46(12%)
	• Total	174	100	169	100	343(100)
How much time do you have at home for listening, reading on sexuality and HIV/AIDS?	• no time	36	20.7%	43	25.4%	79(23%)
	• little	81	46.6%	85	50.3%	166(26%)
	• enough	46	26.4%	37	21.9%	83(31.2%)
	• more than enough	11	6.3%	4	2.4%	15(19.8%)
	• Total	174	100	169	100	343(100)
What makes girls not to get such information?	• parents don't want it	46	26.4%	33	19.5%	79(23%)
	• household chores	50	28.8%	39	23.1%	83(26%
	• boys have access out side home	48	27.6%	59	34.9%	107(31.2%)
	• parents believe girls don't change decision making	30	17.2%	38	22.5%	68(19.8%)
	• Total	174	100	169	100	343(100)
What is your parents' reaction when they see you attending?	• Indifferent	59	33.9%	76	45%	135(39.4%)
	• give me hard time	85	48.9%	69	40.8%	154(44.9%)
	• encourage me	30	33.9%	24	14.2%	54(15.7%)
	• Total	174	100	169	100	343(100)

As we can see from Table 4, about 68 % of the participants reported that their brothers get more information while only 19.2% replied that they themselves get more. On the other hand, 12% of the respondents replied that both themselves and the boys at home get equal information about sexuality and HIV/AIDS. Table 3 also shows that there is no major difference between the

responses of the secondary and preparatory groups in getting information about sexuality and HIV/AIDS.

Focus Group Discussion was also conducted with respect to this issue and the discussants pointed out that boys have more access to information than girls:

> *Comparing males and females with respect to the time we have for seeking information on opposite sex relation ships, love and sex- related issues, it is incomparable. Our brothers have plenty time compared to us to access information. In the first place, being a girl by itself made us to be shy. At home we are expected to cover the household chores whereas boys are free to go out. But girls should stay at home even if there is nothing to do. Because staying at home is taken as a sign of being a good girl. (FGD, 12th Graders, Wendirad).*

In another Focus Group Discussion, the fact that girls are not encouraged to get enough information was still emphasized:

> *Boys can easily get information about opposite sex relationships, love and sex related issues than ourselves. In our culture, males are expected to be assertive in dealing with the above issues. On the contrary, girls are expected to be receptive in dealing with such matters. These kinds of beliefs in the society has made us to get less access to information, mainly on issues of opposite sex*

relationships, love and sex-related issues compared to the boys. (FGD, 11th graders,. Wendirad).

In the same Table above the second issue of concern relates to the amount of time respondents have for TV or radio programs on such issues or reading books and magazines on sexuality and HIV/AIDS, 23% of the respondents said that they have no time while 26% of them replied that they have little time to attend. On the other hand 31.2% of the students have enough time to attend while the rest 19.8% have more than enough time.

As can be seen from Table 4, there is little a difference between the secondary and the preparatory students in the time they get to attend such programs. The Table shows that no major difference has seen in the time the secondary and the preparatory school students have.

Some of the focus group discussants said that they get information about such issues just like their brothers:

The programs we attended include: yibekal, a program on HIV/AIDS broad casting every Monday, Wednesday and Friday on FM.Addis 97.1, Dagmawi's Tele Conference on HIV/AIDS and related issues broad casting every Sunday evening on the FM Addis radio, Mestawat on Fm Addis radio, and Fegegta talkshow broad casting every Sunday morning on ETV. (FGD 9th and 10th Graders, Kokebe Tsibah)

Most of the FGD participants replied that they do not have the access to attend such programs:

Whenever we want to know about sex-related issues, we do not have the courage to look for it while our parents are aware of it. FGD, 11th Graders, Wendirad)

FGD participants were also discussed about the reaction of their parents towards them and their brothers:

> *Our parents are not comfortable to see their children watching/ listening sex-related programs frequently. Especially, when it comes to us they would get serious.* One girl said that *' my mom is not comfortable when she observed me watching sex-related issues and she always tells me ' a girl only has one life, if she spoils it that will be the end' and this always threatens me".* Another girl said that*" when my mom finds me reading or watching programs related to sexuality, she asks me ' does it mean that you are grown up'" (FGD, 11th Grader, Wendirad School and 9thGraders, Kokebe Tsibah)*

As can be seen from the same Table, 23% of the respondents mentioned parents' unwillingness as one reason for not to attending such programs. The other reason which was reported by 26% of the respondent was household chores. The third reason mentioned by 31.2% of the students was that boys have access to go out of home and easily get information. At last, 19.8% of them reported that parents believe that girls do not have any power in decision making whether they get information or not. As can be seen from the above table, there is no major difference between the secondary and the preparatory students in their reasons (for girls not to get information).

Some of the focus group discussants mentioned reasons for girls not to attend such programs:

> *We have limited access to information on sex-related issues due to parental influences. Girls in our age are not encouraged to*

know details about sexuality like the boys, i.e., boys can go to libraries, information centers where they can read books, magazines, news papers related to the above issues. (FGD, 10th Graders, Kokebe Tsibah.)

On the parental reaction, 39.4% of them said that their parents are indifferent whereas 44.9% responded that their parents give them hard time. Finally 15.7% said that thei parents encourage them to attend different programs about sexuality and HIV/AIDS. As can be seen on the above Table, grade level does not show major difference on their parents' reaction. Most of the respondents' parents are uncomfortable to their daughters while they are attending programs on such issues.

Generally, the society considers a girl who looks for information on sexuality as if she is very much interested towards doing it. Moreover, the society believes that if a girl knows more on such issues, it pushes her towards it and will make her active sexually than helping her protect oneself from unwanted pregnancies, negotiating safe sex.

The FGD participant also discussed that females do not have access to information about opposite sex relations, love, sex and HIV/AIDS like the boys:

First of all, we do not get sufficient information about sex-related matters. On top of this, we are not able to apply them properly because we are not part takers of the decision made by our partners on sex related issues.(FGD, 9th Graders, Kokebe Tsibah).

The FGD participants were asked other possible ways of getting information on issues of sexuality and HIV/AIDS.

> *The possible place where we could get information about such issues is at school from our friends. However, there is a mentality of considering a girl who has better information as sexually experienced. As a result, many of our friends are not willing to share even if they are well informed. The other possible means to access information is through joining the HIV/AIDS clubs at school. It is not easy for a girl of our age to join such clubs. This is because our parents think that being active in these clubs might expose us to be sexually active. (FGD, 11th Graders, Dej. Wendirad).*

Participants were also asked if they hold discussion on sexuality and HIV/AIDS with parents compared to boys, and the reasons, if not. Their responses are summarized on Table5.

Table 5: Discussion held with parents by selected background factors

Items	Groups		Responses			
			Yes	No	Some times	Total
Discussion with parents by religion	• Orthodox • Protestant • Muslim • Others • Total		43(16.5%) 10(20.4%) 3(13.6%) 2(16.7%) 58(17%)	139(53.5%) 23(46.6%) 13(59.1%) 6(50%) 181(52.7%)	78(30%) 16(32.7%) 6(27.3%) 4(33.3%) 104(30.3%)	260(100) 49(100) 22(100) 12(100) 343(100)
Existence of discussion by type of parents and education level	Discussion with fathers	Educational level	Yes	No	Some times	Total
		• Read and write • Primary • Secondary & above • Total	14(16.9%) 10(14.9%) 33(17.4%) 57(16.8%)	52(62.7%) 37(55.2%) 91(47.9%) 180(53%)	17(20.4%) 20(29.9%) 66(34.7%) 103(30.2%)	83(100) 67(100) 190(100) 340(100)
	Discussion with mothers	• Read and write • Primary • Secondary & above • Total	22(18%) 9(11.8%) 27(19%) 58(17%)	62(50.9%) 46(60.6%) 72(50.7%) 180(53%)	38(31.1%) 21(27.6%) 43(30.3%) 102(30%)	122(100) 76(100) 142(100) 340(100)
Do parents discuss with sons more than daughters by religion?	• Orthodox • Protestant • Muslim • Others • Total		132(50.8%) 24(49%) 13(59%) 4(33.3%) 173(50.4%)	128(49.2%) 25(51%) 9(41%) 8(66.7%) 170(49.6%)		260(100) 49(100) 22(100) 12(100) 343(100)
Being a girl made you not to discuss with your parents?			177(51.6%)	166(48.4%)		343(100)

Regarding discussion with parents, 17% of the respondents reported that they discuss with their parents about sexuality and HIV/AIDS while 52.7%of them do not. As it can be seen on the above Table, Protestants discuss relatively better than the other groups, followed by the Orthodox and Muslims respectively.

According to the above Table, 16.9% and 18% of the respondents whose fathers and mothers know how to read and write respectively hold discussion with their parents. Among those whose fathers and mothers have attended primary school, 14.9% and 11.8% have discussions with their parents. On the other5 hand, 17.4% of the respondents whose fathers attained secondary level and above have access to discussions on sexuality and HIV/AIDS with their parents. The same is true for 19% of the respondents whose mothers reached the same educational level. On the contrary, the above Table also shows that 62.7% of the students' fathers and 50.9% of their mothers who only reads and write do not discuss with their parents. In the same manner, 55.2% of the students' fathers and 60.6% of their mothers attained primary school do not have access for discussions. At last, 47.9% and 50.7% of the respondents' fathers and mothers reached secondary and above level have not experienced discussion with their parents.

Focus group discussion participants were also explained that open discussion is not as such encouraged between children and parents due to the very belief considering it as a taboo. While this has been the case, parents are more uncomfortable discussing matters like sexuality and related issues with their daughters than sons.

> *Though children in general are not expected to raise issues of sexuality in front of parents, it is more embarrassing for us to initiate such discussions. This is because, our parents would say "you are a girl, how can you talk about such things?" Further more, they would suspect us as though we are involved sexually. (FGD, 10th Graders, Kokebe Tsibah).*

On the same Table, it has been tried to assess that if the boys discuss more than girls with parents about sexuality and HIV/AIDS by taking religion as a factor. About 59% of the Muslim

respondents replied that their brothers held more discussion than themselves. Following this, about50.8% of the Orthodox and 49% of the protestant respondents replied in the same manner. Generally, it can be said that among the groups, the Muslim respondents have less discussion with their parents.

Students were asked whether they or their brothers discuss with their parents. Then, 50.4% of the respondents replied that their brothers discuss more while 49.6% said their brothers do no discuss more than themselves with their parents about sexuality and HIV/AIDS. As the above table shows, Muslim respondents said that their brothers discuss more than themselves and followed by the Orthodox believers. How ever, generally, it can be said that parents of all religion respondents do not discuss sexuality and HIV/AIDS differently with their sons than their daughters.

On Table 5 students were asked that being a girl made them not to discuss with their parents and 51.6% replied that it made them not to discuss while 48.4% replied that it does not hinder them from discussion. As the result shows, major difference is not observed in relation to their sex. But, the slight difference tells that parents are not comfortable to discuss with their daughters compared to their sons.

Respondents were asked whom they feel more at ease to discuss about sexuality and HIV/AIDS at home. Their responses are summarized on Table 6 by grade level.

Table 6: Parental preference for discussion on sexuality and HIV/AIDS by grade level

Items	Response	Grade level				Total
		Secondary school	Percentage	Preparatory school	Percentage	
Whom you feel discussion easy with	• Father	7	4%	7	4.1%	14(4.1%)
	• Mother	61	35.1%	50	29.6%	111(32.4%)
	• Both	17	9.8%	14	8.3%	31(9%)
	• Sisters	18	10.3%	21	12.4%	39(11.4%)
	• Brothers	13	7.5%	16	9.5%	29(8.4%)
	• No One	58	33.3%	61	36.1%	119(34.7%)
	• Total	174	100	169	100	343(100)

Regarding the respondents preference of discussion with family members on sex related issues, the following result has been obtained. As to whom they feel easy discussion easy with, 33.3% of the secondary and 36.1% of the preparatory school respondents preferred not to discuss the issue with anyone. About 35.1% of the secondary respondents and 29.6% of the preparatory respondents mentioned their mother as their first preference. In both grade levels, fathers are their last choices to hold discussion with. As can be seen on the findings, major difference is not observed between the two groups.

Participants of the study were asked about their sexual experiences including safe practices. These are summarized on Table 7.

Table 7: Sexual experiences and safe practices

Issues		Items and groups		Responses		
		Items	Groups	Yes	No	Total
Sexual experiences		Ever had a boy friend?		162(47.2%)	181(52.8%)	343(100)
		Have boy friend now?		116(71.6%)	46(28.4%)	162(100)
		Ever had sex?	• 14-17years	53(22.7%)	180(77.3%)	233(100)
			• 18-20years	33(30%)	77(70%)	110(100)
			• Total	86(25.0%)	257(74.9%)	343(100)
Safe Practices	Discussion on Condom use	Do you discuss about condom use with your partner?		42(41.2%)	60(58.8%)	102(100)
		If "No" why?	Reason	Frequency	Percentage	
			• He never raise the issue	11	18.3%	
			• It embarrasses me to ask	8	13.4%	
			• I tried but he got angry	17	28.3%	
			• Afraid to be considered experienced	14	23.3%	
			• It doesn't satisfy my partner	10	16.7%	
			• Total	60	100	
	Discussion about partners' sexual experience	Items		Yes	No	Total
		Do you ask your partner about his sexual experience? (Now or in the future)		157(45.8%)	186(54.2%)	343(100)
		If "No" why?	Reasons	Frequency	Percentage	
			• Don't know how to ask	57	30.6%	
			• Not to be considered experienced	28	15.1%	
			• Afraid of being suspicious	66	35.5%	
			• Don't want to know	35	18.8%	
			• Total	186	100	

The above Table shows that 47.2% of the respondents had a boy friend while 52.8% never had before. Out of the 162 who have been involved in a relationship, 71.6% are still with their partners while 28.4%are not in a relationship currently. As can be seen from Table 7, out of the 25% who reported to have sex before, 22.7% are under the age group of 14-17; where as, 30% of the sexually active ones are in the age group of 18-20. From this it can be concluded that those girls in the age group of 18-20 are more sexually involved than those between the age group of 14-17 years.

Regarding discussions with their partners about condom use, 41.2% of the respondents said that they discuss freely while 58.8% replied they do not. The reason for not having discussion include: Eleven (18.3%) said because their partners never mentioned about the issue, 13.4% replied it would embarrass them to ask and/or even raise the very issue. About 28.3% of them mentioned that they once tried to discuss however, their partners got angry because they felt are not been trusted. Moreover, those who said their partners might consider them as experienced consist 23.3% while 16.7% respond that the partners do not allow a room for discussion since they think that using condom reduce their sexual satisfaction. From the above figures, one can say that there is a trend that the majority of sexually active girls do not discuss condom use with their partners rather they tend to confirm on their partners' decision.

FGD participants discussed that it is difficult for females to ask for condom use:

> *First of all, asking a partner to use condom during sexual intercourse can give an impression to our partners that we are sexually experienced. Secondly, our partners would feel they are not being trusted. On top of this the very idea that we are not able to take part on the decision and our partners are unwillingness to*

use condom will facilitate our vulnerability to HIV/AIDS. (FGD, 12th Graders,. Wendirad).

On Table 7, students were asked whether they did/will ask their partners sexual lives. The result shows that 46.4% of the respondents will ask about the sexual life of their partners while 55.6% of the group would not. The reason for not asking their partners sex life, as can be seen on Table 7 that 30.6% reported that they do not know how to ask. Twenty eight (19.1%) replied that they are afraid of being considered as experienced. About 45.5% of the respondents said that their partners would think as if they are not trusted where as 18.8% replied that they do not want to know their partners' sex life. From the above explanation, it can be said that girls are not assertive enough to find out their partners' sex lives.

Participants were asked the discussion level they have with their partners on HIV and related matters. It is summarized on the next Table.

Table 8: Discussion about HIV

Items	Responses	Frequency	Percentage
Do you discuss HIV with your partner?	• Yes • No • Total	66 105 171	38.6% 61.4% 100
Ask partner to go and check HIV test together?(now or to the future)	• Yes • No • Total	157 186 343	45.8% 54.2% 100
If you say "No", why?	• Afraid of him • He consider me as experienced • I believe him • We already start sex • Total	72 55 29 30 186	38.7% 29.6% 15.6% 16.1% 100

Respondents who have partners were asked whether they discuss issues related to HIV or not with their partners. Thus, 38.6% reported that they discuss it very well where as 61.4% replied they do not.

In the same manner, on the participants were asked if they did/ will ask their partners to go with them for HIV test. In due course, 45.8% replied that they have the courage to ask while the rest fail to do that. Different reasons have been given for failing to ask their partners for HIV test. About 38.7% said that they are afraid of their partners while 29.6% of the respondents think that their partners would consider them as experienced. On top of these, 15.6% replied that they would trust their partners, hence they do not want to take HIV test where as the rest 16.1% reported that they already have started sexual intercourse which makes them feel it is too late to get tested.

Respondents were asked about taking initiatives and making decision on sex related matters and reasons for failing, if not. Responses are respectively summarized on Table9 and 10 respectively

Table 9: Taking initiatives and decision making by grade level

Items	Responses	Grade level		Total
		Secondary school	Preparatory school	
Who took the initiative to start relation ship	• he • I • Total	81(93.1%) 6(6.9%) 87(100)	77(89.5%) 9(10.5%) 86(100)	158(91.3%) 15(8.7%) 173(100)
Being a girl made you not to take initiative?	• Yes • No • Total	107(61.5%) 67(38.5%) 174(100)	118(69.8%) 51(30.2%) 169(100)	225(65.6%) 118(34.4%) 343(100)
Who took the first initiative to have sex?	• He • I • Total	43(95.6%) 2(4.4%) 45(100)	47(97.9%) 1(2.1%) 48(100)	90(96.8%) 3(3.2%) 93(100)
Who decides when to have sex?	• He • I • both of us • Total	17(47.2%) 13(36.1%) 6(16.7%) 36(100)	39(83%) 7(14.9%) 1(2.1%) 47(100)	46(67.5%) 20(24.1%) 7(8.4%) 83(100)

With regards to taking initiatives to start a relationship, 91.3% of the respondents said that men/ boys play the major role. On the other hand, 8.7% of the respondents replied that they are the ones who took initiatives. From the Table, it can be observed that males are active in initiating relationships than females. Hence, major difference is not observed in their responses with regards to their grade levels.

With respect to the idea that whether being a girl has an effect on initiating opposite sex relationships, 65.6% of them failed to do so because of their sex while 34.4% of the respondents said that being a girl does not hinder them from taking initiatives.

The sexually active respondents were asked about who took the first step to initiate sex with their partners. Accordingly, as shown in the above table, 96.8% of the students replied that their partners took the first steps to have sex where as 3.2% of the respondents replied that they did.

The above Table also shows that 24.1% of sexually active adolescent girls decide when to have sex with their partners while 67.5% of them responded that their partners play the major role in decision making.

When FGD participants were asked who decides when to have sex:

> *It is not easy for a girl to communicate boldly when to have sex. Since we are expected to react passively and be receptive in relation to such matters. (FGD, 9th & 10th Graders, Kokebe Tsibah).*

Table 10: Reasons for not taking initiatives for relationships and to have sex

Items	Responses	Frequency	Percentage
If you take initiative for relationship, what will happen?	• He may disrespect me	34	21%
	• he may take me as experienced	31	19.1%
	• mock at me with his friends	41	25.3%
	• refuse	29	17.9%
	• he may be happy	27	16.7%
	• Total	162	100
If you think being a girl made you not to take initiative, what is the reason?	• cultural influence	96	42.9%
	• even if I ask, it will disgrace me	60	26.8%
	• I don't have self confidence to ask	68	30.3%
	• Total	224	100
If you ask your partner for sex what will happen?	• he might be happy	50	14.6%
	• disrespect me	87	25.4%
	• take me as experienced	72	21%
	• nothing will happen	78	22.7%
	• it embarrass me to ask	56	16.3%
	• Total	343	100
If you say no to sex what will happen?	• he will stop the relationship	98	28.5%
	• think I've affair with some one else	59	17.2%
	• he thinks that I don't love him	76	22.2%
	• nothing will happen	61	17.5%
	• may use force (Rape me)	49	14.3%
	• Total	343	100

As it can be seen on the above Table, respondents gave ideas on what is going to happen if girls initiate relationships. About 21% of them reported that there is a fear of disrespect from their partners while 19.1% said that they might be taken as experienced. Forty one (25.3%) responded that the boys and their friends ridicule the girls where as 17.9% of the respondents reported that the other party might reject the proposal totally. Among them, only 16.7% replied that they would be successful if they propose. From the above findings, it can be said that 83.3% of the respondents are not courageous enough to initiate relationships for one or another reasons.

The focus group mentioned that there is a traditional belief which encourages males to initiate relationships:

> *These days, we see some females taking initiatives boldly. But still most females including ourselves have no confidence to do so. The reason behind is that if a girl initiates a relationship, there is a high possibility of being disrespected by the other party. On top of this, he might agree with her proposal but he gets proud and unwilling to be committed to the relationship. (FGD, 9th Graders, Kokebe Tsibah).*

On the same Table, students who said being a girl made them not to take initiatives pointed out the following reasons. About 42.9% reported that the very idea of the societal expectations for a man to take initiatives on such issues discourages girls from doing so. On top of this, 26.8% of the respondents, regardless of their interests to ask, they are more liable to focus in the shame and disgrace they will face as a result. Sixty eight (30.3%) reported that their up bringing gave them no room for self confidence to express their feelings.

When focus group discussants were asked what they feel towards their being unable take initiatives:

> *It is not easy to initiate relationship for us, even if we have a feeling to do so. The fact that it is considered 'proper' for guys to ask girls out made us to be passive and receptive.*
> *(FGD, 9th, 10th, 11th &12th Graders of kokebe Tsibah &. Wendirad).*

Table 10 shows that if girls take initiatives to have sex, what will be the possible responses they can get form their partners. Accordingly, 14.6% of the respondent partners' will be happy about it where as 25.4% of them feared that they would be disrespected by their partners. As last 16.3% replied that it is embarrassing for them to ask such questions.

According to the FGD participants, both the sexually active and those who have never had sex before replied that:

> *It is not comfortable for us a girl to take initiatives towards sex.*
> *No matter girls want to have It, they will not express it verbally.*
> *(FGD. 10th Graders, Kokebe Tsibah).*

As can be seen from the above Table, it describes that how partners react if the respondents refuse to have sex with them. Accordingly, 28.5% replied that their partners would get angry and terminate the relationship while 17.2% responded that partners might think that the girl is involved with some one else. Further more, 22.2% of the respondents' partners consider their refusal as a sign of less or no love for them. At last 14.3% responded that their partners might use force in response to the refusal.

Students were asked about proposals for marriage and decision making for contraceptive use as well. The responses are summarized on Table 11.

Table 11: Taking initiatives for marriage and contraceptive use

Items	Responses	Frequency	Percentage
Who propose for marriage formally?	• He • She • Both can ask • Total	226 74 43 343	65.9% 21.6% 12.5% 100
What will happen if she asks?	• the society disrespect her • spoil her family's name • considered as a bad girl • nothing will happen • Total	71 85 97 90 343	20.7% 24.8% 28.3% 26.2% 100
Who ask for contraceptive use between married couples	• He • She • Both can ask • Total	24 226 93 343	7% 65.9% 27.1% 100
Who decide on contraceptive use	• He • She • Both • Total	162 71 110 343	47.2% 20.7% 32.1% 100

Students were asked to give their opinions regarding marriage and contraceptive use. As the above Table shows, 65.9% of the respondents pointed out that men are expected to propose formally where as 12.5% of the students replied that it can be done regardless of their sex. Students were also asked what will happen if a girl proposes for a marriage formally. About 20.7% said that the society would disrespect her and she would not get acceptance while 24.8% replied that she would be a disgrace for her family. At last, only 26.2% of the respondents said that it is a normal thing.

Regarding the initiative and the decision to use contraceptives between married couples, 7% said the husband would initiate where as 65.9% said the wife is the one. Ninety three (22.1%) replied

both can bring the idea of contraceptive use. In decision making on the issue, 42.2% replied the husband is the decision maker while 20.7% said the wife and finally 32.1% replied both could decide on it.

The FGD discussants were asked the role of women in deciding contraceptive use:

> *The wife can raise the issue of contraceptive use and if the husband agrees she will use where as if he is not convinced, she is forced not to use it. (FGD, 9th &10th Graders, Kokebe Tsibah).*

4.3. What do girls feel about gender stereotypes?

Students were asked how they fell towards their being unable to be considered as the boys because of the stereotypes. Their responses are summarized on Table 12.

Table 12: Feelings related to gender stereotypes

Items	Responses	Frequency	Percentage
What do girls feel when they are not in a position to get information like the boys about sexuality and HIV/AIDS?	• when they are not in a position to solve problems they stigmatize themselves from the society	87	25.4%
	• they would live a life with no self confidence	96	27.9%
	• exposed to depression and loneliness	85	24.8%
	• will not be happy in their marriage life	75	21.9%
	• Total	343	100
What do girls feel when they are not in a position to discuss about sexuality with others like the boys do?	• Feel weak	85	24.8%
	• inferiority	79	23%
	• stigmatize themselves	85	24.8%
	• feel dependent	94	27.4%
	• Total	343	100
What do girls feel when they are not in a position to decide on different parts of their lives??	• bad attitude towards marriage	77	22.4%
	• loneliness and depression	73	21.3%
	• minimize their self confidence	93	27.1%
	• inferiority	100	29.2%
	• Total	343	100

As can be seen on the above Table, students mentioned how they feel about gender related stereotypes. They have addressed how they feel towards their limited access for information on issues of sexuality and sex related matters. Accordingly 25.4% of the respondents said that they feel stigmatized. About 27.9% replied that it can make them lose their self confidence on these areas while the rest 21.9% said that they would not be happy in their marriage life and feel they lose control over their situations.

FGD participants also mentioned the following:

> *The fact that we are not in a position to get detailed information on sexuality would make us feel vulnerable. This vulnerability might expose us to feelings of depression and helplessness.*
> *(FGD, 11th Graders, Wendirad).*

Students were also asked how they feel about the effects of gender stereotypes with regards to lack of discussion on sexual matters. About 24.8% said that it would make them not to communicate and tackle problems properly and as a result they feel weak. Seventy nine (23%) reported that they would develop inferiority. Moreover, 27.4% said that it would make them develop a sense of dependency.

Focus group discussants reported concerning the above issue as follows:

> *Since we are not experiencing open discussion about sexuality, if we are exposed to sex-related problems we do not communicate that with any one. Then, it would be impossible to get out of it. As a result, it would make us feel dependent and lonely. (FGD, 10th Graders, Kokebe Tsibah).*

Respondents were asked how girls feel towards their being unable to take part in deciding sexual matters. About 22.4% said that they would develop bad attitude towards marriage while 27.1% of them reported that it would lower their confidence towards decision making. The rest 29.2% said it would lead them to develop inferiority complex.

The focus group discussant explained the effect of gender stereotype at individual, institutional and the society in general:

> *At the individual level, it would make as feel weak and dependent. These feelings of weakness and dependency will affect our effectiveness at work and in our marriage lives in the future. This will make us powerless to contribute what is expected from women to solve societal problems. (FGD, 9th-12th Graders, Kokebe Tsibah and Wendirad).*

4.4. Gender stereotypes with respect to HIV/AIDS

Respondents were asked about gender stereotypes with respect to HIV/AIDS and their responses are summarized on Table 13.

Table 13: Sayings, HTP and exposure of females to HIV/AIDS

Items	Responses	Frequency	Percentage
Do the different sayings/Proverbs about females have effect on females?	• Yes • No • Total	253 90 343	73.8% 26.2% 100
If "yes", how?	• female adjust themselves towards these sayings • men also believing these sayings and discourage females • it makes others not listen to women • it leads females towards lack of confidence • Total	34 57 81 81 253	13.4% 22.6% 32% 32% 100
Do HTP expose females to HIV /AIDS?	• Yes • No • Total	321 22 343	93.6% 6.4% 100
If "yes", which ones?	• domestic violence against females • early marriage • arranged marriage • FGM • Total	73 78 89 81 321	22.7% 24.3% 27.8% 25.2% 100

Table 13 shows, whether the different sayings and proverbs about females have an effect on the way they think about themselves or not. About 73.8% responded that it would affect them while 26.2% replied it would not. The effects of these proverbs and sayings have been assessed. Accordingly, 13.4% of the respondents said that it would make females to adjust themselves towards these sayings while 22.6% replied that it would enhance male superiority over them. About 32% replied that the sayings encourage others not to respect females.

As FGD participants explained:

> *The sayings have discouraging effects. This is because they tend to compare females with different animals and objects. For instance,*
>
> *"set ena beklo endegeriwa new" which implies a woman is not assertive enough to decide for her life.*
>
> *"set ena meret yemaychilut yelem" which implies that there is a belief that a women tolerates hardships.*
>
> *Since the society accepts these sayings, we feel worth less about our selves.(FGD, 9th Graders, Kokebe Tsibah).*

Regarding the relationship between Harmful Traditional Practices (HTP) and the risk of exposure to HIV, majority of the respondents explained that would highly expose them to HIV. The major HTPs which expose females to HIV were also mentioned. Hence, 25.2% replied that Female Genital Mutilation (FGM) and 27.8% of the respondents said arranged marriage respectively.

On the focus group discussion it was highlighted that females are more susceptible to HIV/AIDS:

> *Because of economical dependency, girls of our age are forced to date men of not their age. Rich older men use their experiences, money or goods to get girls to have sex with them. (FDG, 12th Graders, Wendirad).*

Students were asked if they were happen to be abused in one or another way, to whom they might tell their situation. Their answer is summarized on Table 14.

Table 14: Incidents which expose females to abuses

Items	Responses	Frequency	Percentage
Is one of them happen to you , please choose the most recent one	• unnecessary jokes	30	8.7%
	• pushed to have sex	22	6.4%
	• someone touched your body	100	29.2%
	• escape from attempted rape	46	13.4%
	• rape	11	3.2%
	• none	134	39.1%
	• Total	343	100
If one of the above happened to you, whom did you tell?	• no one	88	42.2%
	• a friend	73	34.9%
	• my brother	10	4.8%
	• my sister	19	9.1%
	• parents/guardian	12	5.7%
	• law enforcement bodies	7	3.3%
	• Total	209	100
If you tell no body why?	• do not know what to do	53	60.2%
	• afraid of parent's reaction	20	22.7%
	• afraid of others	15	17.1%
	• Total	88	100

As Table 14 shows, participants were asked if they were abused in one way or another. Thus, 29.2% replied that they faced unwanted body touches while 6.4% are forced to have sex. Among the respondents, 13.4% have escaped from an attempted rape where as 3.2% are raped. The respondents were also asked if they told any one about the abuse. About 42.2% replied that they fail to tell any one while 34.9% told their friends. Only 5.7% of them told their parents about the abuse they have encountered.

Students who failed to tell any one about the abuses they faced pointed out their reasons. In due course, 60.2% replied that they did not know what to do while 22.7% said they are afraid of their parents' reaction.

CHAPTER FIVE

DISCUSSION

In this part, the findings of the study are discussed in light of previous research. We shall first deal with gender stereotypes and then the implications of these stereotypes in making girls more vulnerable than boys.

5.1 Gender Stereotypes

Gender stereotypes were examined in terms of socially and culturally expected behaviors and roles of females in general and girls in particular. The finding of the present study revealed that the expected behaviors of the "proper" or "good" girl at home appeared to suggest gendered stereotyped roles. Respondents replied that a girl who carries out all the household chores is considered as a "good" girl. Others said that a girl who accepts everything she is told to do, even if she does not believe in it is a 'good' girl. Moreover, she should be shy and also spends her days at home. Similar findings (e.g. Harries, 2005) indicated that girls do not have right to express themselves with originality and enthusiasm (Mule, 2004; UNAIDS, 1999).

Regarding the behavior that a "good" girl is expected to show out side of the house , 28.6% said that a girl should bow down her head anywhere she goes. And 21.3% replied that a good girl is the one who does not stand and talk with any man/boy on the road. Furthermore, girls should not laugh in a loud voice which shows their decency. The present study shows that about 64.1% of the respondents at least some, if not most or all of these expected behaviors. In the same way, the focus group discussion participants indicated that the majority of girls are forced to have such

expected behaviors, whether they accept it or not. Kathleen's (2005) finding shows that many societies prepare girls to be "good" wives by socializing them to be submissive to men (UNAIDS, 1999).

5.2. Implication of Gender Stereotypes: females' vulnerability to HIV/AIDS

5.2.1. Access to information about sexuality and HIV/AIDS

The study revealed that 68.8% of the students admitted that boys get more information about sexuality and HIV/AIDS than the girls. This finding is similar with other findings, UNAIDS (1999), that girls have no access to know about reproduction and sex whereas boys are allowed to know. Similar finding was also obtained by Mule (2000).

Due to different reasons, adolescent girls do not get access to information about sexuality and HIV/AIDS. Many parents do not allow their daughters to attend programs or read Magazines or anything related to it. This is because they think that if these girls are allowed to get such information, they might get spoiled and start to do it. The other reason is that girls are more expected to carry out household chores than their brothers. Furthermore, boys can go out of home whenever they wanted and they can get whatever information where as, girls are expected to stay at home. Many parents still believe that whether girls get information on such issues or not, they do not bring any difference on decision making, so it is better for girls not to get information. This is consistent with earlier study made by (Inter African committee 1997).

Students even if they differed by age and grade level, both groups show that boys get more information than girls. Other researchers have also arrived at similar findings (UNAIDS, 1999).

This finding was also confirmed by the focus group discussion participants. They reported that boys get more information than girls about sexuality and HIV/AIDS. They also pointed out how they feel worthless because they do not get enough information about sexuality just like their brothers.

Girls are not allowed to get information on sexuality and HIV/AIDS like the boys. This implies that every time these girls face a problem, they may not know how to handle it because they do not have enough information. If they do not know how to protect themselves, they are easily vulnerable to unwanted pregnancy, unnecessary abortion, and different sexual transmitted infections including HIV/AIDS. Moreover, after they are exposed to such things, they become depressed and lonely.

5.2.2. Access to discussion about sexuality and HIV/AIDS

5.2.2.1. Discussion with parents

The results of the present study disclosed that the majority of students reported that they do not have access for a discussion with their parents about sexuality and HIV/AIDS. Among students who do not have access to discuss explained the reasons. Their parents are not happy about discussion on sexuality and HIV/AIDS. Besides, respondents also said that it is embarrassing for themselves to discuss such issues in front of parents because they have never experienced open discussion at home.

Coming to educational level of parents, majority of students who have parents who read and write, attained primary and secondary and above of them reported that they do not discuss with parents. Boys who discuss are (50.4%) and there is almost no major difference with those who do not discuss (45.5%). As UNAIDS (1999) indicated that there are certain cultural norms expectations emphasize a culture of silence on sexual matters.

Discussion about sexuality and HIV/AIDS is a taboo in our country. But, there is a stereotypical attitude towards female. Whenever girls want to raise an issue of sexuality, everybody says something negative about it. In due course, girls who grew up in such areas will not have self confidence to express themselves in front of people. At last, as these women are not in a position to express their feelings, indirectly the society is affected.

In the same way, the focus group discussion participants indicated that it is not the usual thing to discuss about sexuality with parents. But they reported that it is more exaggerated when it comes to females than males. Boys are excused if they talk or raise the issue of sexuality but for girls it is always taken seriously.

The finding of the current study revealed that the majority of the secondary school respondents prefer to discuss with their mothers, if they are allowed, while the majority of the preparatory prefer not to discuss with any one.

5.2.2.2 Discussion with partners about sexuality and HIV/AIDS

The current finding shows that 25.1% of the respondents are sexually active. Among these sexually active students, majority of them do not discuss with their partners about condom use. This is due to different reasons. It is embarrassing for a girl to discuss about the issue and others

replied that they have tried once, but their partners got angry because they took it as they are suspected. Moreover, asking to use condom during sexual intercourse may put these girls as an experienced. About 61.4% of the respondents do not ask their partner about going to VCT centers to check HIV together. Prior studies in relation to discussion and negotiating a safe sex show that girls/women are not in a position to discuss and negotiate safe sex (UNICEF, 2003; Mule 2004; UNAIDS, 1999; Kathleen, 2005).

Regarding asking the partner about his past sex life, more than half of the respondents do not ask. This is some how consistent with the previous studies, (UNAIDS, 1999) culture of silence on sexual matters.

5.2.3. Females roles in decision making

The findings of the current study revealed that majority of the sexually active respondents' partners make decisions on when to do sex. The finding is similar with previous studies (Margaret, 2000; UNAIDS 1999; Kathleen 2005). Gender inequalities hinder females to make decisions by their own and girls are socialized to be shy and who can not part in decision making on their body.

As the present finding reveals, even if girls do not want to have sex with their partners, because of the different unpleasant responses of their partners they are forced to do it. This means that if a girl refuses to have sex with her partner, he might decide to terminate the relation ship he has with her. Others may think that their girlfriends have another affaire with someone else and even they can think their partners do not love them because they think that "if she likes me she has to

have sex with me". In the present study, it is also said that if the girls refuse to have sex, their partners will use force to do it, which is rape.

The fact that girls do not want to split up the relation ship and they do not have power to persuade their partners, they directly start sex. It has been discussed that girls do not get enough information about sexuality and other sexually transmitted infections including HIV. Besides, they are not encouraged to discuss on such issues. Hence, whenever they are in the middle of such situations they do not have any choice. Finally, after they are exposed to many problems, the society still condemns them for what happened. This leads girls to stigmatize themselves and get depressed. FGD participants explained how they feel helpless about themselves. The result is fairly comparable with other studies, olson & Frain, 2000 and Margaret, 2000).

5.2.4. Taking Initiatives

5.2.4.1. Taking initiatives to start a relation ship and to start sexual intercourse

The study revealed that 91.3% of the students replied their partners took initiatives to start a relationship accounting for 93.1% of secondary and 89.5% of the preparatory, respectively. Furthermore most of them replied the reasons why they do not take initiatives. In due course, these girls are afraid to ask because those guys who are asked may disrespect the girls and boast on them. Besides, they are also afraid that what if these men/boys say no. This is consistent with earlier studies by Harris (2005) and Mule (2004), these stereotypes most associated with women are "feminine", "shy" and "affectionate" where as men are considered as "masculine" and "forceful".

5.2.4.2. Taking initiatives for marriage and contraceptive use

Concerning marriage and contraceptive use, 65.9% reported that men usually proposed for marriage. This is due to the culture in Ethiopia and if a woman asks for a marriage, she is considered as an experienced and spoiled girl. Moreover, she is taken as spoiling her family's name (it is shame for her family). A similar finding by (Tesfaye,2003; Mule,2004; Solomon,1999 and Netsanet,1999) revealed that girls are considered and expected to be receptive, fearful, dependent and submissive. This means encourage girls to identify with the expectation and not to take steps by themselves.

Regarding the contraceptive use, many of them said that even if the wife asks or want to use, it is the husband who decides whether she has to use it or not. This result is fairly comparable with other studies. Kathleen's 2005 finding showed that the power imbalance between men and women can make it impossible for women to negotiate condom use or contraception against partner's wishes.

5.2.5. Sayings and the different proverbs about females

As the finding shows 73.8%, reported that different sayings and proverbs in our society affect females. And this was explained that girls who grew up listening to these different sayings and proverbs, start to adjust themselves towards such sayings (to confirm with the society). Furthermore, it has been said that even men who grew up in this society adopt these things and do not let women around them to speak boldly and decide for themselves. In the same way, the focus group discussants indicate that these sayings hinder girls not to take initiatives and have a role in decision making. These stereotypical sayings make people not to listen to women and

refuse to give value to what they say. Similar findings are reported by Mule (2000) women are conflicted to live up to these stereotypical roles and expectations of perfection everyday. Women are viewed as inferior to men. Mule cited in Josiah (2004), women are expected to live and act according to these stereotypical roles.

Regarding the harmful traditional practices and other violence can be taken as some of the factors to HIV vulnerability. In due course, majority of the respondents agreed that it exposes women to HIV. They also said that the violence against female exposes them and others replied due to the arranged marriage. Other researchers have also arrived at similar findings (Traditional practices, 1997; Women in Action, 2005 and UNICEF,2003).

As the UNAIDS, 1999, explained differences in social norms or rearing girls affect young women's ability to control sexual situations, thus making their vulnerability to gender based violence and coerced sex. According to Mule (2004), gender has been found to be a critical factor in contributing to high HIV/AIDS prevalence and has been blamed for the HIV/AIDS epidemics in sub-Saharan Africa.

This implies that if females are forced to live up to the expected life styles, they can not develop their real identity. Then, at the end, they loose their self confidence.

5.2.6. Views about Gender Stereotypes

Regarding the effect that these stereotypes may bring, 25.4% said that because girls do not get enough information about sexuality, once they get in to troubles they do not know how to solve it and start to stigmatize themselves because of the accusations they are facing. About 24.8% said that they may be exposed to depression and loneliness. If they do not learn discussing about sex-

related issues, whenever they are exposed to unwanted pregnancies, caught by different STDs including HIV, they will not be able to tell anyone. As a result, they will expose themselves to depression and lose their confidence.

Silberstein and Lynch, 1998, suggest that limitations placed up on women exposed them to clinical and sub clinical depression. Mule (2004) also said that girls are more vulnerable to sexual abuses. However, while they are suffering from the consequences, the society accuses these girls for not doing well. Ultimately, these girls end up with interpersonal rejection, shame and develop social phobia. (Traditional practices, 1997, and Mule, 2000).

Generally, the finding of the present study is linked with the Social learning and ecological theory. The study findings reveal that the stereotype against females activity exists in the setting in which these females live. This shows that the family in particular and the society in general affects the out being of females.

Finally, it is worth to note that the study has limitations in that only two schools in Addis Ababa were considered which may not be representative of in and out of school youth girls in the country. Moreover, even if focus group discussion was used, mainly information gathered through self-report questionnaire from the girls only. In due course, no information was obtained from family or others who are part of this society.

Despite of the above limitations, this study gives insight for concerned bodies about the stereotypes that brings discriminations against females which ultimately expose them to HIV. This finding contributes significantly to the growing literature in the area.

CHAPTER SIX

CONCLUSION AND RECOMMENDATION

6.1 Overview

At present, female adolescents' situation and their vulnerability to HIV/AIDS creates a great concern. During this period, female adolescents are at risk because of the different pressures come up on them. This may be in part due to the cultural stereotype towards female, parents also do not have the awareness how to guide and raise their children. In this study an attempt was made to investigate the different factors and stereotypical beliefs that are considered to be related to female adolescents and their vulnerability to HIV/AIDS.

To gather information, both qualitative and quantitative methods were used. Two assistants were recruited, trained, and used for the data collection.

The study included a sample of 343 female students drawn from two high schools. To analyze the data, cross tabulation and frequency distribution were applied using SPSS. Moreover, the focus group discussions were also narrated. The findings were analyzed and the discussions were reported on the basis of existing literature.

6.2 Conclusion

The finding of the study has come to the following conclusion.

- In our society, considering females as inferior, weak, dependent, receptive and submissive are the major gender stereotypes. Hence, girls are expected to carry out household chores than their brothers, should stay at home and at school they are expected not to associate with the opposite sex groups.
- Gender stereotype hindered females in general and girls in particular to have better access for information and exchange ideas through discussions. Moreover, they are not a position to decide on sex-related matters.
- The stereotypes manifested in a way of discouraging girls from being assertive, ultimately, left them with the feelings of dependency, weakness and lower their confidence.
- As a result of failing to take part on decision making, girls are more vulnerable and unable to protect themselves from sex-related problems including HIV/AIDS.
- The fact that girls are expected to be passive and receptive affects them as an individual to take steps for themselves. On top of this, it has consequences for the future in crippling their effectiveness at work and their marriage lives. Ultimately, it will make them powerless to contribute what is expected from females in different sectors.
- Discussion about sex-related issues is not the usual thing. However, it is more uncomfortable for parents or others to listen to girls talking about such issues than boys.
- Females are more likely to be shy and afraid of discussing condom use with partners. Majority of the sexually active do not tend to ask their partners to use condom because of

afraid of being called experienced. Moreover, girls are afraid of their partners for it looks that they do not trust their partners.

- Most girls are not courageous to take initiatives to start a relationship and to have sex with their partners. In this connection, most girls do not have the boldness to ask their partners' sex lives. More over, it can be concluded that girls because of afraid of their partners' reaction, they are not assertive enough to say 'no' to sex.
- The different sayings and proverbs about females cause females not to be respected.

6.3 Recommendations

In light of the findings of the study, the following recommendations are made so that they may help reduce the vulnerability of girls to HIV/AIDS

- Awareness raising and education to parents, guardian and the society about the importance of giving equal value for both females and males. Hence, the society in general and parents in particular should be made aware of effects of parental attitudes on female adolescents on their self confidence and decision making abilities.
- Parents need to be aware of the importance of their relationship with their children. They must take responsibility of creating conducive atmosphere where by their daughters feel free to discuss issues related to sexuality and HIV/AIDS.
- Thus, parents and the society should give a special attention to female adolescents by encouraging and providing them with social, psychological, emotional as well as material support.
- Different organizations which include government and non government should create opportunities for discussion with the society at the grass root level through *idirs* and

different social gathering about the issue of stereotypical attitudes of the society and how it affects the potentials of these girls.

- By using media, the society could be made aware of how girls are vulnerable to HIV/AIDS because of the stereotypical attitude of the society and the risk factors.
- Finally, the study is believed to have contributed in the efforts to have insight on effects of stereotypes on the lives of females. However, further studies are needed in order to have a broader insight which covers samples (e.g. Parents)not included and explained in this particular study.

APPENDICES

Appendix-A

Addis Ababa University
Graduate Studies
Department of Psychology

Questionnaire for High School Students on Gender Stereotypes against females as a factor for HIV/AIDS vulnerability

Questionnaire Serial Number_____

Confidentiality and consent

Dear respondents,

This questionnaire is designed for research work approved by Addis Ababa University, Department of Psychology to be conducted in partial fulfillment of masters' degree in Developmental Psychology. I am interested in learning more about your perceptions and practices related to your access to information about sexuality issues and HIV/AIDS; your access to discussion about such issues, and your role in decision making on different parts of your lives. The questionnaire explores a lot in very personal areas, this being the case, the information to be obtained from you is very essential to the successful completion of this study. I, therefore request you to kindly fill in the questionnaire as accurately and carefully as possible. Regarding confidentiality, the whole process of questionnaire administration is set up in such a way that utmost secrecy is maintained. To assure this, you are not expected to write your name in any of the questionnaire pages and the name of your school will not be mentioned in the study. In addition, all the information you give will be kept confidential.

To indicate your response, please put ____mark or write your answers in the space provided for the question that require written responses. It will take you 40-45 minuites to complete the whole questionnaire. I thank you in advance for taking your time to respond to the questionnaire.

Would you be willing to participate in the study?

Agree_____ Disagree_____

If you decide not to participate, please return the questionnaire to the supervisor.

Part I Background Characteristics

Write the Number in the space provided

1. Grade_____

2. Age_____

Please check one

3. Religion

   1. Orthodox
   2. Muslim
   3. Protestant
   4. Others

4. Parental educational level
   i. Father
      1. Illiterate
      2. Read and write
      3. Primary
      4. Secondary
      5. 12+1
      6. College diploma and above
   ii. Mother
      1. Illiterate
      2. Read and write
      3. Primary
      4. Secondary
      5. 12+1
      6. College diploma and above
5. Do your parents live together?
   1. Yes
   2. No.
6. With whom do you live know?
   1. Mother
   2. Father
   3. Both
   4. Aunt
   5. Uncle
   6. Sister/Brother
   7. Grand Parents
   8. Others(Specify)_____
7. How many are you in the house (other than your mother and father)?

   - How many sisters you have? _____
   - How many brothers do you have? _____
   - How many others live with you? _____

8. Who generates money for the family?
    1 Father .only
    2. Mother only
    3. Both mother and father
    4. Relative
    5. Elder brother
    6. Elder sister
    7. Organization
    8. Others (Specify)_____
9. To what effect does the monthly household income satisfies the basic family needs?
    1. Very low
    2. Low
    3. Medium
    4. High
10. How do you compare your family income to that of your neighbors?
    1. Very low
    2. Low
    3. Equal
    4. Better
    5. Exceeds

Part II Access to Information

1. Do you listen to radio and watch television program concerning opposite sex relationship, love, sexual intercourse, HIV/AIDS and related matters and follow books and magazines?
    1. Yes
    2. No
    3. Sometimes
2. If your answer to question 1 is 'No', why?
    1. My parents think that it would spoil me.
    2. No interest
    3. Household chores is over me
    4. It embarrasses me
3. Do you have the opportunity to follow on radio, television and other written materials about opposite relationship, love, sex-related information and HIV/AIDS?
    1. Yes
    2. No
4. If 'No' why?
    1. My parents think that I will be spoiled if I access the information
    2. No interest
    3. I do much more work than boys at home
5. If 'Yes', which program have you attend recently? What was it about?
    1. '*Yibekal'*
    2. '*Mestawot*'
    3. '*Fegegta'* talkshow
    4. FM, Dagmawi's Sunday night program
    5. '*Lambadina*' magazine
    6. Other (specify)_____
6. what is your parents' response when they see you attending program about sexuality, HIV/AIDS and other related matters?
    1. Indifferent
    2. Give e hard time
    3. Encourage me

7. How much do you have to follow television and radio program and read articles about sexuality and HIV/AIDS at home?
    1. No time
    2. Little time
    3. Enough time
    4. More than enough
8. If your answer to question 3 is 'No time', why?
    1. Parents would not be happy
    2. No interest
    3. Household chores
    4. I am afraid of my family for they may consider me spoiled
9. In comparison with boys at home who is more accessible to information about opposite sex relationship, love, sex and HIV/AIDS?
    1. My brothers
    2. Myself
    3. Both of us equally
10. If your answer to question 9 is' My brothers', why do you think girls fail to do so?
    1. Parents think that girls don't need those types of information to that of boys
    2. Girls are over burdened at home
    3. Boys are more access to external exposure than girls (can go out of home easily)
    4. Girls are considered as they do not bring difference in decision making whether they know it or not
11. What do female feel that they are not accessed like the boys i.e., lack of information about opposite relationship, love, sexual and HIV/AIDS ?
    1. Due to lack of sufficient information about such matters, if girls exposed to related problems they would stigmatize themselves afraid of others responses
    2. Insufficient information about the matters will erode their confidence.
    3. Due to lack of information if they face any problem related to the issues, there would be loneliness and depression
    4. They would be dependent in the relationship they have including their marriage life.

Part III Access to Discussion with parents and partners

1. Do you discuss issues related to relationship, love, sex and HIV/AIDS with your parent at home?
    1. Yes
    2. No
    3. Sometimes
2. If your answer to question no 1 is 'No;, why?
    1. My parent will be unhappy
    2. No interest
    3. I feel embarrassed /ashamed
    4. No inviting mood at home
3. With whom do you feel ease to talk to about opposite sex relationship, love, sex and HIV/AIDS?
    1. Father
    2. Mother
    3. Both mother and father
    4. Sisters
    5. Brothers
    6. No one
4. Being a girl made you not to discuss with your parents about the above issues?
    1. Yes
    2. No

5. If boys are available at home, do they discuss the matters in question 3 with parents?
    1. Yes
    2. No
6. The following are the most common gender based violence. Which of these have you encountered?
    1. Jokes about sexuality by boys that you don't like at all.
    2. Pressure to have sex with out your interest
    3. Touching different parts of your body without your consent
    4. Escape from attempted rape
    5. Rape
    6. None
7. If you were a victim of one or another of the above violent acts, to whom did you consult/ tell?
    1. No one
    2. To a friend
    3. To my brother/s
    4. To my sister/s
    5. To health professionals
    6. To the legal office
8. If your answer to question 7 is 'No one' why is that?
    1. I didn't know want to do
    2. Afraid of my parent
    3. In fear of people response
    4. Afraid of the perpetrator
    5. Afraid of bad personality tag on me
    6. Other /specify_____
9. Have you ever had a boy friend?
    1. Yes
    2. No
10. Do you have a boy friend now?
    1. Yes
    2. No
11. If your answer is 'Yes', have you ever discussed matters like sexuality with him?

    1 Yes
    2. No
    3. Some times
12. If your answer for Q. no11 is 'No', why?
    1. I don't have the culture of talking about such issues
    2. I fear to discuss such issues
    3. If I discuss with him, he would consider me spoiled
    4. Both of us never thought about this
13. Have you ever had sexual intercourse before?
    1. Yes
    2. No
14. Do you and your partner discuss to use condom?
    1. Yes
    2. No
15. If your answer to Q.no.14 is 'No', why?
    1. He never mentioned about it
    2. Even if I wanted to use condom, it embarrasses me
    3. When I try to ask and discuss, it enrages him because he thought that I don't believe him
    4. I fear that my request might make him suspicious
    5. He doesn't enjoy it with condom

16. .Do you discuss about HIV/AIDS with your partner?
    1. Yes
    2. No
17. If you have a partner now or in the future, would you ask him about his past sex life?
    1. Yes
    2. No
18. If your answer to Q. no. 17 is No, why?
    1. I do not know how to ask him
    2. I am afraid that if he considers me as an experienced if I ask
    3. He might feel un trusted
    4. I don't want to know
19. If you have a partner now or in the future, would you ask him to go to VCT center with you to check HIV before you have sex?
    1. Yes
    2. No
20. If your answer to Q. no 19 is 'No', why?
    1. I am afraid to ask
    2. If I ask, he considers me as experienced
    3. I don't need to ask him for I believe in him
    4. We had sex with out preparation that it wasn't possible to ask
21 What do you think that girls feel that they are not in a position to discuss with their parents and partners about sexuality and HIV/ AIDS in an open manner?
    1. For the fact that girls did not have the culture to discuss the matters, whenever she faces problems associated with related issues, she fail to communicate and would face depression and isolation.
    2. She would develop a feeling of inferiority
    3. She could not have the confidence to decide by herself
    4. She would be vulnerable to different diseases because of her selflessness. As a result she would hate her life

Part IV Taking Initiative and Decision Making

1. Who took the initiative to start your love affair between you and your boyfriend?
    1. He did
    2. I did
2. If your answer to question 46 is He did, what would he had to say if you took the initiative?
    1. He would be very proud on me and would disrespect me
    2. He would consider me an experienced
    3. He might tell his friends and ridicule me
    4. He may reject me
    5. He would have been happy
3. Does your gender have any effect on you not to take the initiative by yourself?
    1. Yes
    2. No
4. If your answer to question 48 is yes, why?
    1. Because our culture encourages the male to take the first step to ask.
    2. Even if I have to ask with courage, I don't want to face the disgrace
    3. I wasn't brought up with such confidence
5. Who took the initiative to go for sexual intercourse between you and your boy friend?
    1. He did
    2. I did

6. If you had sec before, what do you think is wrong if you first have sex?
    1. He might have been happy
    2. He might disrespect me
    3. He might have considered me as an experienced
    4. Nothing will happen
    5. It is not an easy thing to do / I am afraid to do so
7. What do you think will happen if you refuse your boy friend request to have sex?
    1. He would stop the relationship
    2. He would suspect me of having another affair
    3. He would think I don't love him
    4. Nothing will happen
    5. He might use force to have sex
8. Who decides when to have sex between you and your boy friend?
    1. He
    2. Me
    3. Both of us
9. Have you ever used condom to have sexual intercourse?
    1. Yes
    2. No
10. If your answer to Q. no. is 'Yes', who asked and decide the use of condom?
    1. He
    2. Me
    3. Both of us
11. Who do you think proposes for marriage?
    1. Male
    2. Female
    3. Both
12. If the girl asks for marriage, how do you think the society responds?
    1. The society would disrespect her
    2. She would be considered shame for her family
    3. She would be considered as spoiled brat '*Ayene awta'*
    4. Nothing will happen
13. Who do you think will ask after marriage on the use of contraceptive control?
    1. The husband
    2. The wife
    3. Both
14. Who do you think decides on the use of contraceptive control after marriage?
    1. The husband
    2. The women
    3. Both can ask
15. What would girls feel when they are not in a position to decide by themselves about opposite sex relationship, love, sexual intercourse, marriage and contraceptive control as well?
    1. When she get married, her feeling about love and marriage would be distorted
    2. It distracts her self confidence
    3. she develops the feeling of inferiority

Part V Societal beliefs towards females

1. What are the societal expectations for a 'good' girl's behavior at home?
    1. One who always take care of the household chores
    2. One who remains at home after school
    3. One who accepts all things she is told
    4. One who is very shy
    5. One who is submissive to others

2. What are the characters of a girl anticipated by the society when she is out side home?
    1. One who bow down her head on her way
    2. One who doesn't talk to opposite sex /male/ any where
    3. One who wears long dresses
    4. One who doesn't laugh too loud
    5. One who respects other
3. Do you accepts these trends?
    1. Yes
    2. No
4. How much of the mentioned characters do you have?
    1. None
    2. Some
    3. Most
    4. All
5. Do you think proverbs and the different sayings about females in our country has contributed its share to weaken their decision making at all?
    1. Yes
    2. No
6. If your answer to Q. no. 5 is 'Yes', how?
    1. They adjust themselves towards these sayings
    2. Men grow up listening the proverbs do not allow women to decide
    3. it makes others not to listen to females
    4. Proverbs will take away women self confidence
7. Do the Harmful Traditional Practices expose girls to HIV/AIDS?
    1. Yes
    2. No
8. If your answer to Q. no. 7 is 'Yes', which?
    1. Domestic violence
    2. Early marriage
    3. Arranged marriage
    4. Female Genital Mutilation

Appendix- B

Discussion Guide for Focus Group Discussion of female Adolescents. A study of Gender Stereotypes against Females as a Factor for HIV/AIDS Vulnerability among High School Students in Addis Ababa, Yeka Sub-city.

Name of Moderator_____
Name of Note taker_____
Date_____ Total time taken_____ minutes_____
Code number of tape recorded_____
School attendance (1st school/ 2nd school)
Hello, thank you for taking your time to talk to us. We are_____(the moderator) and _____(note taker). We are working on a research approved by Addis Ababa University, Department of Psychology to be conducted in partial fulfillment of masters degree in Developmental Psychology.

We are here to learn from you about the societal beliefs and attitudes towards girls; the place the society gives for them and how girls get important and enough information and the like. We would like to explain to you some of the ground rules for the meeting.

1. The discussion will last about 1 hour- 1:30.
2. Everything you say will remain confidential.
3. Your name will not be used when reporting on findings.
4. Your participation is voluntary.
5. A tape recorder will be used only to facilitate the recording and analysis of the discussion. All tapes will be destroyed after they have been transcribed.

Permission to tape record the discussion?
Yes_____ No_____
Before we start the discussion, just like we did, would you introduce yourself in accordance with the following questions?

FGD Discussants
Characteristics of the group

Ser. No.	Age	Grade level	Family background		
			Mother & Father	Brothers	Sisters
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Focus Group Discussion Guide

Discussion Points

Gender stereotypes against females and selected manifestations of these stereotypes which include: getting information, discussion, taking initiatives and decision making.

I Access to Information

A. Which types of information are not easy to access for girls? Why?

Probe

- Do girls follow up issues like sexual relation ship, love, sexuality, and other related matters as those of boys? Are they accessible? How?
- Does the society believes in its importance?
- To what extent do girls at your age listen to issues like sexual relationship, love, sexuality, and reproductive health on radio and television?
- Do girls at your age follow this program as those of boys? Why?
- Please tell us what you have observed recently.

B. What do you think will happen if some girl is caught following such program? How does the girl fill then after?

Probe

- What if her brothers watch it? How does he respond? What does she feel after that?
- Do you think boys would face the same thing if watching similar program?
- Do girls have sufficient time to follow up programs like sexual relationship love, sexuality and reproductive health on radio and television? How about boys?
- Why do you think girls are unable to follow such issues unlike boys? What are the factors?
- How does the society feel if girls would know about sexual relationship, love, sexuality and condom use? And what if boys?
- What would girls do if they needed this information?
- What is the effect of these at individual institutional and on the society?
- Do girls at your age listen to radio and television about HIV/AIDS?
- Do these girls equally follow the program as boys? Why?

II Discussion with different people

A. Discussion with parents

- Do you think girls in our country discuss issues like sexual relationship, love, sexuality and other related issues with their parents? Why? Haw? How about boys?

Probe

- What do you think will happen if girls discuss issues like sexual relationship, love, sexuality and other related issues with their parents?
- Do you think girls with your age the issue with other people if they got sexually abused? Why?
- What do you feel towards your being unable to discuss these things unlike boys?

B. Discussion with partners

- Do girls with your age issues like sexual relationship, love, sexuality and other related issues with their boyfriends? How?

Probe

- Do girls with your age discuss about HIV/AIDS with their boyfriends? How? Why?
- Do girls with your age discuss on the need to use condoms during sex with their boyfriends? Why?
- What do you think is the effect of girls being unable to discuss these issues unlike boys? What is the effect of this at individual, societal and country level?

III Decision making and Taking Initiatives

A. Making decisions on different issues regarding sexual relationships.

- Who will take the first step to initiate sexual relationship? Why? How? Who will make the decision? Why?

Probe

- Who will decide among lovers when to have sex? What will happen if the girl initiated it?
- How do people perceive her?
- Would there be any problem if the boy initiated it?

- Who will initiate to use the condom during sexual intercourse?
- Have you ever made that before/Will you take the step?
- Have you ever decide to do that?

- Will you decide?
- What do you think will happen if the girl initiated to use condom?

IV Taking Initiative For marriage and Contraceptive use

- Who proposes for the marriage? Who decides?

Probe

- Have you ever proposed?
- Will you propose?
- Have you ever made the decision?
- Will you decide?
  - What will happen if the girl proposes?
  - How do people perceive her?
  - Will there be any problem if the boy proposes?
  - What will happen if the girl is one who decides?
  - How do people perceive her?
  - Will there be any problem if the boy made the decision?
  -

- After marriage who will be deciding issues like when to have children and the number of childrens? Who will decide? Why?

Probe

- What will happen if the girl initiates a discussion on the number of children and the time to have them?
- How do people perceive her?
- Will there be any problem if the guy initiates the decision?

- After marriage who will decide on the use contraceptives? Why?

V. Expected Behaviors of Girls

- What type of behavior does the society expects from a 'good' girl? Why? Do you believe in that?

Probe

- What type of behaviors does the society expects from a good girl at home? Do you believe in that?

በአዲስ አበባ ዩኒቨርሲቲ
የትምህርት ፋኩልቲ
የሳይኮሎጂ ትምህርት ክፍል

ለሁለተኛ ደረጃ ሴት ተማሪዎች የተዘጋጀ መጠይቅ

ውድ ተማሪዎች

የዚህ መጠይቅ ዋና አላማ ማህበረሰቡ ለወጣት ሴቶች ያለውን አመለካከት፣ የሚሰጠው ቦታ እንዲሁም የሚያደርገው ድጋፍም ካለ በተጨማሪም ሴቶች ምን ያክል ጠቃሚ መረጃዎችን ያገኛሉ የሚለውን ለመረዳት ይሆናል። መጠይቆቹ የግል ሁኔታዎችን ለማወቅ በዝርዝር የተቀመጡ ቢሆኑም የእናንተ ምላሽ ግልፅነት ለጥናቱ መሳካት ከፍተኛ ሚና አለው። ስለዚህም በመጠይቆቹ የእኔን አመለካከት ይገልፃል የምትሉትን ሀሳብ እንድትመልሱ በትህትና እጠይቃለሁ። በዚህም መሠረት በመጠይቁ ላይ የማንም መልስ ስህተት ነው ተብሎ አይወሰድም። መጠይቁ የተዘጋጀው መልሶቻችሁ በሙሉ በሚስጥር እንዲያዙ ተደርጎ ነው። ይሽውም በመጠይቁ ላይ ስማችሁን መፃፍ አያስፈልግም። በተጨማሪም የምትማሩበት ትምህርት ቤት ስም በጥናቱ ላይ አይጠቀስም። እንዲሁም የምትሰጡት ማንኛውም መረጃ በሚስጥር የሚያዝ ይሆናል።

- መጠይቁን ሙሉ በሙሉ ሞልቶ ለመጨረስ ከ40፡00 - 45፡00 ደቂቃ ሊወስድ ይችላል።

- ይህንን መጠይቅ ለመሙላት ጊዜአችሁን መስዋዕት ስላደረጋችሁ በቅድሚያ አመሰግናለሁ።

- መጠይቁን ለመሙላት ፈቃደኛ ናችሁ (ነሽ)? ምልክት አድርጉበት
  አልስማማም ---------- እስማማለሁ ----------

- መጠይቁን ለመሙላት ፈቃደኛ ያልሆነ ሰው ለአስተባባሪዋ እንደመልስ በትህትና እጠይቃለሁ።

ክፍል 1፡- የግል ሁኔታ

መመሪያ፡- *ከዚህ በታች ላሉት ጥያቄዎች በተሰጠው ቦታ አስፈላጊ መረጃዎችን ሙይ*

1. *ዕድሜ ሀ/ 14-17*
   ለ/ 18-20
2. *ሀይማኖት ሀ/ ኦርቶዶክስ ለ/ሙስሊም*
   ሐ/ ፕሮቴስታንት መ/ሌሎች
3. *የክፍል ደረጃ ------*

ክፍል 2፡- የቤተሰብ ሁኔታ

መመሪያ፡- *ከዚህ በታች ላሉት ጥያቄዎች በተሰጠው ቦታ አስፈላጊ መረጃዎችን በመሙላት እንዲሁም በምርጫ መልክ ለተቀመጡት ደግሞ የእኔን አመለካከት ይገልፃል የምትይውን አስምሪ*

1. *የወላጆች የትምህርት ሁኔታ*
   - *አባትሽ*
     ሀ/ የልተማረ (ማንበብና መፃፍ የማይችል)
     ለ/ ማንበብና መፃፍ የሚችል
     ሐ/ 1ኛ ደረጃ
     መ/ 2ኛ ደረጃ
     ሠ/ 12 እና 1 አመት
     ረ/ ኮሌጅ ዲፕሎማ እና ከዚያ በላይ
   - *እናትሽ*
     ሀ/ ያልተማረች (ማንበብና መፃፍ የማትችል)
     ለ/ መደበኛ ት/ቤት ያልገባች ነገር ግን ማንበብና መፃፍ የምትችል
     ሐ/ 1ኛ ደረጃ

መ/ 2ኛ ደረጃ
ሠ/ 12 እና 1 አመት
ረ/ ኮሌጅ ዲፕሎማ እና ከዚያ በላይ

2. እናትሽና አባትሽ አብረው ነው የሚኖሩት?
ሀ/ አዎ
ለ/ አይ
3. በአሁኑ ሰዓት ከማን ጋር ነው የምትኖሪው?
ሀ/ ከእናቴ ጋር ሐ/ ከሁለቱም ጋር
ለ/ ከአባቴ ጋር መ/ ከአክስቴ ጋር ሠ/ ከአጎቴ ጋር
4. በቤት ውስጥ የምትኖሩት (ከእናትና አባትሽ ውጭ) ስንት ናችሁ?
- ስንት እህት አሉሽ? ----------
- ስንት ወንድሞች አሉሽ ----------
- ሌሎች በቤት ውስጥ የሞኖሩ ካሉ ስንት ናቸው? ----------
5. ቤተሰባችሁን በገንዘብ የሚደግፈው ማነው?
ሀ/ አባቴ ብቻ ሐ/ ዘመድ
ለ/ እናቴ ብቻ ሠ/ ሌላ ከሆነ ማን? ----------

6. በአጠቃላይ የቤተሰቦችሽ የወር ገቢ መጠን የቤተሰቡን መሰረታዊ ፍላጎት ምን ያህል ያሟላል?
ሀ/ በጣም ዝቅተኛ ሐ/ በቂ
ለ/ ዝቅተኛ መ/ በጣም በቂ

7. በአጠቃላይ የቤተሰቦችሽ የወር ገቢ ከጎረቤቶች ጋር ሲወዳደር
ሀ/ በጣም ያንሳል ሐ/ እኩል ነው
ለ/ ያንሳል መ / ይበልጣል
ሠ/ በጣም ይበልጻል

ክፍል 3፡- መረጃን ስለማግኘት

መመሪያ፡- መልሳችሁን ለማመልከት በምርጫ መልክ የተቀመጡትን በማስመርና ለምን ያን እንደመረጣችሁ ለምን በሚለው ትይዩ በማብራራት እንዲሁም ሌሎች ጥያቄዎን ደግሞ በተሰጠው ቦታ አስፈላጊ ነው፤ የእኔን አመለካከት ይገልፃል የምትሏቸውን መረጃዎች በፅሁፍ አብራሩ።

ሀ. 1. በቤት ውስጥ ስለ ተቃራኒ ፆታ ግንኙነት ፣ ፍቅር፣ ወሲብና፣ ኤች አይ ቪ/ኤድስ እና ተያያዥ ጉዳዮች በራዲዮና ቴሌቪዥን እንዲሁም በተለያዩ መጽሐፍትና መጽሔቶች የተለያዩ መረጃችን ትከታተያለሽ?
ሀ/ እከታተላለሁ ሐ/ አንዳዴ እከታተላለሁ
ለ/ አልከታተልም
2. ለጥያቄ ቁጥር 1 መልስሽ አልከታተልም ከሆነ ለምን?
ሀ/ ወላጆቼ/ አሳዳጊዎቼ ደስ ስለማይላቸው ለ/ ፍላጎት ስለሌለ
ሐ/ በቤት ውስጥ የስራ ጫና ስላለብኝ መ/ መከታተል ስለሚያሳፍረኝ
3. በቤት ውስጥ እንደ ወንዶች በራዲዮና ቴሌቪዥን እንዲሁም በተለያዩ መጽሐፍትና መጽሔቶች ስለ ተቃራኒ ፆታ ግንኙነት፣ ፍቅር፣ ወሲብ እና ኤች አይ ቪ ሲወሳ ትከታተያለሽ?
ሀ/ እከታተላለሁ
ለ/ አልከታተልም
4. ለጥያቄ ቁጥር 3 መልስሽ አልከታተልም ከሆነ ለምን?
ሀ/ ወላጆቼ/ አሳዳጊዎቼ ደስ ስለማይላቸው ለ/ ፍላጎት ስለሌለ
ሐ/ በቤት ውስጥ የስራ ጫና ስላለብኝ መ/ መከታተል ስለሚያሳፍረኝ

5. ለጥያቄ ቁጥር 3 መልስሽ እከታተላለሁ ከሆነ እስቲ በቅርብ የተከታተልሽውን ፕሮግራም ንገሪኝ? ስለምን ነበር?

ሀ/ ይበቃል ለ/ መስታወት ሐ/ ፈገግታ ቶክሾ መ/ ኤፍ ኤም የእሁድ ማታ ኤች አይ ቪ ፕሮግራም

6. ስለወሲብና ስለ ኤች አይቪ ኤድስ እና ተያያዥ ጉዳዮች ስትከታተይ ወላጆችሽ ቢያዩሽ ምን ይላሉ?

ሀ/ ምንም አይሉም ለ/ይቆጣሉ ሐ/ ያበረታቱኛል

7. በቤት ውስጥ ስለወሲብና ኤች አይ ቪ ጉዳዮች በሬዲዮና በቴሌቪዥን ለመከታተል እንዲሁም የተለያዩ የሚነበቡ መረጃዎችለማንበብ ምን ያክል ግዜ አለሽ?

ሀ/ ምንም ግዜ የለኝም ለ/ ጥቂት ግዜ አለኝ

ሐ/ በቂ ግዜ አለኝ መ/ ከበቂ በላይ ጊዜ አለኝ

8 ለጥያቄ ቁጥር 7 መልስሽ ምንም ጊዜ የለኝም ከሆነ ለምንድን ነው ጊዜ የሌለሽ?

ሀ/ ወላጆቼ/ አሳዳጊዎቼ ደስ ስለማይላቸው ለ/ ፍላጎት ስለሌለ

ሐ/ በቤት ውስጥ የስራ ጫና ስላለብኝ መ/ መከታተል ስለሚያሳፍረኝ

9. በቤት ውሰጥ ወንዶች ልጆች ካሉ ካንቺና ከእነርሱ ስለተቃራኒ ፆታ ግንኙነት፣ ፍቅር፣ ወሲብ እንዲሁም ኤች አይ ቪ መረጃዎችን በይበልጥ የሚያገኘው ማነው?

ሀ/ እነሱ ለ/ እኔ

10. ለጥያቄ ቁጥር 9 መልስሽ እነሱ ከሆነ ሴቶችን እንደወንዶች እንደነዚህ አይነት መረጃዎችን እንዳይከታተሉ እና እንዳያነቡ የሚያደርጉ ነገሮች አሉ? ምንድናቸው?

ሀ/ ወላጆቼ/አሳዳጊዎቼ ሴት ልጅ እንደ ወንድ መረጃ ስለተነሱት ጉዳዮች ማግኘት የለባትም ብለው ስለሚያምኑ

ለ/ ሴት ልጅ በቤት ውስጥ የስራ ጫና ስላለባት

ሐ/ ወንዶች ብዙ ጊዜ ከቤት ውጪ መውጣት ስለሚፈቀድላቸው በቂ መረጃ ከሴቶች በበለጠ ያገኛሉ

መ/ ሴቶች ቢከታተሉም ምንም ለውጥ አያመጡም ተብሎ ስለሚታመን

11. ሴቶች እንደወንዶች ስለተቃራኒ ፆታ ግንኙነት፣ ፍቅር፣ ወሲብና ኤች አይ ቪኤድስ መረጃን አለማግኘታቸው ምን እንዲሰማቸው ያደርጋል?

ሀ/ ሴቶች ስለ ወሲብና ተያያዥ ጉዳዮች በቂ መረጃ ስለማያገኙ ችግር ሲገጥማቸው እራሳቸውን ያገላሉ

ለ/ በራስ የመተማመን ብቃታቸው እንደ ቀነሰ ይሰማቸዋል

ሐ/ ችግር በሚደርስባቸው ጊዜ ለተለያዩ ጭንቀቶችና ብቸኝነት ይዳረጋሉ

ክፍል 4፡- ከተለያዩ ሰዎች ጋር ስለመወያየት

1. በቤት ውስጥ ከወላጆችሽ/ አሳዳጊዎችሽ ጋር ስለ ተቃራኒ ፆታ ግንኙነት፣ ፍቅር፣ ወሲብ፣ ኤች አይ ቪ/ኤድስና ተያያዥ ጉዳዮች ትወያያለሽ?

ሀ. እወያያለሁ ለ. አልወያይም ሐ. አንዳንዴ እወያያለሁ

2. ለጥያቄ ቁጥር 1 መልስሽ አልወያይም ከሆነ ለምን?

ሀ/ ወላጆቼ/ አሳዳጊዎቼ ደስ ስለማይላቸው ለ/ ፍላጎት ስለሌለ

ሐ/ ስለማፍርና ስለምሸማቀቅ መ/ በቤት ውስጥ ግልጽነት ስለሌለ

3. በቤት ውስጥ ከማን ጋር ነው ስለተቃራኒ ፆታ ግንኙነት፣ ፍቅር፣ ወሲብና ኤች አይ ቪ መወያየት የሚቀልሽ?

ሀ/ ከአባቴ ጋር ለ/ ከእናቴ ጋር ሐ/ ከእናትና አባቴ ጋር

መ/ ከእህቶቼ ሠ/ ከወንድሞቼ ረ/ ከማንም ጋር ማውራት አይቀለኝም

4. ሴት መሆንሽ በቤት ውስጥ ጥያቄ ቁጥር 1 ላይ ስከተጠቀሱት ጉዳዮች ከወላጅ ጋር እንዳትወያዩ አድርጎሻል? ለምን?

ሀ/አድርጎኛል ለ/ አላደረገኝም

5.በቤት ውስጥ ወንዶች ካሉ በጥያቄ ቁጥር 1 ላይ ስለተጠቀሱት ጉዳዮች ከወላጆች/ ከአሳዳጊዎች ጋር ይወያያሉ?

ሀ/ ይወያያሉ ለ/ አይወያዩም

6. የሚከተሉን ችግሮች በብዙ ሴቶች ላይ ሊደርሱ ይችላሉ፡፡ ከነዚህ ውስጥ የደረስብሽ ነገር አለ? እባክሽ አስምሪባቸው

ሀ/ ወንዶች በአንቺ ላይ ስለወሲብ አላስፈላጊ ቀልዶችን መቀለድ

ለ/ ወሲብ አለፍላጎትሽ አንድትፈጽሚ መገፋፋት

ሐ/ ያለፍቃድሽ የተለያዩ የሰውነት ክፍሎችሽን መንካት

መ/ አስገድዶ ወሲብ ሊፈጽምብሽ ሲል ያመለጥሽበት አጋጣሚ

ሠ/ አስገድዶ መደፈር

ረ/ ምንም ደርሶብኝ አያውቅም

7. ከዚህ በፊት ከላይ ከተጠቀሱት ውስጥ አንድ ወይም ሌላ ደርሶብሽ ከሆነ ይህንን ችግር ለማን አዋየሽ?

ሀ/ ለማንም ሠ/ ለጤና ባለሙያ

ለ/ ለጓደኛዬ ረ/ ለወላጆቼ/አሳዳጊዎቼ

ሐ/ ለወንድሜ ሰ/ ለሚመለከተው የሕግ ክፍል

መ/ ለእህቴ

8. ለጥያቄ ቁጥር 6 መልስሽ ለማንም ከሆነ ለምንድነው በሚስጥር የያዝሽው ምክንያቶቹን አስምሪ

ሀ/ ምን ማድረግ እንዳለብኝ ስላላወቅኩ

ለ/ ወላጆቼን ፈርቼ

ሐ/ የሰዎችን ምላሽ ፈርቼ

መ/ በደሉን የፈጸመብኝን ሰው ፈርቼ

ሠ/ ባለጌ እንዳልባል

ረ/ ሌላ ----------

9 የፍቅር ጓደኛ ኖሮሽ ያውቃል?

ሀ/ ያውቃል ለ/ አያውቅም

10. በአሁኑ ሰዓትስ የፍቅር ጓደኛ አለሽ?

ሀ/ አለኝ ለ/ የለኝም

11.ለጥያቄ ቁጥር 7 እና 8 መልስሽ ፍቅረኛ ኖሮኝ ያውቃል ወይም አለኝ ከሆነ ከፍቅረኛሽ ጋር ፍቅርና ወሲብ ነክ ጉዳዮችን ትወያያላችሁ?

ሀ/ እንወያያለን ለ/ አንወያይም ሐ/ አንዳንዴ

12. ለጥያቄ ቁጥር 11 መልስሽ አንወያይመ ከሆነ ለምን?

ሀ/ ስለነዚህ ጉዳዮች ማውራት ልምድ ስለሌለኝ

ለ/ ስለምፈራ

ሐ/ ካወራሁ ባለጌ ናት ስለሚለኝ መ/ ሁለታችንም ስለዚህ ነገር አስበን አናውቅም

13. ከዚህ በፊት ወሲብ ፈፅመሽ ታውቂያለሽ?

ሀ/ አውቃለሁ ለ/ አላውቅም

14. ከፍቅረኛሽ ጋር ኮንዶም መጠቀም እንዳለባችሁ ትወያያላችሁ?

ሀ/ እንወያያለን ለ/አንወያይም

15.ለጥያቄ ቁጥር 14 መልስሽ አንወያይም ከሆነ ለምን?

ሀ/ ኮንዶም ስለመጠቀም አንስቶብኝ ስለማያቅ

ለ/ እኔ መጠየቅ ብፈልግ እንኳን ያሳፍረኛል

ሐ/ ለመወያየት ሞክሬ ስለተቆጣኝ(የተጠራጠርኩት ስለመሰለው)

መ/ ብዙ ልምድ ያለኝ እንዳይመስለው ስለፈራሁ

ረ/ ጓደኛዬ በኮንዶም መጠቀም አያስደስተኝም ስለሚል

16. ከፍቅረኛሽ ጋር ኤች አይቪ/ኤድስን በሚመለከት ትወያያላችሁ?

ሀ/ እንወያያለን ለ/ አንወያይም

17 አንቺ ስለፍቅረኛሽ ስለ ቀድሞ የፍቅርና ወሲብ ህይወቱ ትጠይቂያለሽ?

ሀ/ እጠይቃለሁ ለ/ አልጠይቅም

18.አንቺ አሁን/ወደፊት ፍቅረኛ ቢኖርሽ ወሲብ ከመፈጸማችሁ በፊት የኤች አይ ቪ የምርመራ አብራችሁ እንድታደርጉ ትጠይቂዋለሽ?

ሀ/ እጠይቀዋለሁ ለ/ አልጠይቀውም

19. ለጥያቄ ቁጥር 18 መልስሽ አልጠይቅም ከሆነ ለምን?

ሀ/ ይህን መጠየቅ ስለሚያሳፍረኝ

ለ/ በመጠየቄ ብዙ ልምድ ያለኝ እንዳይመስለው

ሐ/ ፍቅረኛዬን ስለማልጠረጥረው

መ/ ወሲብ የፈጸ ምነው ባላሰብኩት ሰአት ስለነበር ለመጠየቅ እድሉን አላገኘሁም

20.ሴቶች ልጆች ከወላጆቻቸው እና ከፍቅረኛቸው ጋር ስለተቃራኒ ፆታ ግንኙነት ፣ ፍቅር፣ ወሲብ፣ ኮንዶም ስለመጠቀም እንዲሁም ስለ ኤች አይ ቪ ኤድስ በግልጽ መወያየት ባለመቻላቸው ምን የሚሰማቸው ይመስልሻል?

ሀ/ የመወያየት ልምድ ስለሌላቸው በችግር ሰአት ለጭነቀት ይዳረጋሉ

ለ/የበታችነት ስሜት እንዲሰማቸው ያደርጋል

ሐ/ በራሳቸው እንዳይተማመኑ ያደርጋቸዋል

ክፍል 5፡- ውሳኔ ስለመስጠት

ሀ. 1. በአንቺና በፍቅረኛሽ መሀከል የፍቅር ግንኙነት ለመጀመር የመጀመሪያውን እርምጃ የወሰደው ማነው?

ሀ/ እሱ ለ/ እኔ

2. ለጥያቄ ቁጥር 1 መልስሽ እሱ ከሆነ አንቺ ይህን እርምጃ ወስደሽ ቢሆን ፍቅረኛሽ ምን ይል ነበር?

ሀ/ በጣም ሊንቀኝና ሊኮራብኝ ይችላል ለ/ ብዙ ልምድ ያላት ነች ሊለኝ ይችላል

ሐ/ ለጓደኞቹ ነግሮ ሊያስቅብኝ ይችላል መ/ እንቢ ሊለኝ ይችላል ሠ/ ደስ ሊለው ይችላል

3. ሴት በመሆንሽ ምክንያት ብቻ የፍቅር ግንኙነት ለመጀመር እንደወንዶች የመጀመሪያውን እርምጃ እንዳትወስጂ አድርጎሻል?

ሀ. አድርጎኛል ለ. አላደረገኝም

4 ለጥያቄ ቁጥር 3 መልስሽ አድርጎኛል ከሆነ ለምን?

ሀ/ በባህላችን ሁል ጊዜ ወንዶች ለፍቅር ግንኙነት ስለሚጠይቁ

ለ/ ደፍሬ ብጠይቅ እንኳን ከዛ በውሀላ ያለውን ንቀቱን ፈርቼ

ሐ/ በራሴ እንዳልተማመን ሆኜ ነው ያደግኩት

ለ. 1. ከፍቅረኛሽ ጋር ወሲብ ለመፈጸም የመጀመሪያውን ጥያቄ የሚያቀርበውና የሚወስነው ማነው?

ሀ/ እሱ ለ/ እኔ

2. ወሲብ ከፍቅረኛሽ ጋር ለመጀመር አንቺ ወሳኝ ብትሆኚ ምን ችግር አለው ብለሽ ታስቢያለሽ?

ሀ/ በጣም ደስ ሊለው ይችላል ለ/ ሊንቀኝ ይችላል

ሐ/ ብዙ ልምድ ያለኝ ሊመስለው ይችላል መ/ ምንም ችግር የለውም ሠ/ በጣም ያሳፍራል

3. ፍቅረኛሽ ወሲብ እንፈጽም ብሎ ሲጠይቅሽ እምቢ ብትይ ምን ይፈጠራል ብለሽ ታስቢያለሽ?

ሀ/ ሊጣላኝ ይችላል ለ/ ከሌላ ሰው ጋር የፍቅር ግንኙነት ያለኝ ሊመስለው ይችላል

ሐ/ የማልወደው ይመስለዋል መ/ ምንም አይለኝም

ሠ/ አስገድዶ ወሲብ ሊፈጽምብኝ ይችላል

ሐ. 1. ከፍቅረኛሽ ጋር ወሲብ መቼ መቼ መፈጸም እንዳለባችሁ የሚወስነው ማነው?

ሀ/ እሰ ለ/ እኔ ሐ/ ሁለታችንም

2. አንቺና ፍቅረኛሽ ግንኙነት ለማድረግ ኮንዶም ተጠቅማችሁ ታውቃላችሁ?

ሀ/እናውቃለን ለ/ አናውቅም

3. ለጥያቄ ቁጥር 2 መልስሽ እናውቃለን ከሆነ ኮንዶም ለመጠቀም የጠየቀው ወይም የወሰነው ማነው?

ሀ/ እሱ ለ/ እኔ ሐ/ ሁለታችንም

ሠ. 1. በአንቺ እምነት በሁለት ፍቅረኞሞች መሀከል የጋብቻን ጠያቄ ለመጀመሪያ ጊዜ የሚያቀርበው ማነው?

ሀ/ ወንዱ ለ/ ሴቷ ሐ/ ሁለቱም

2. ሴት ብትጠይቅ ምን ይሆናል/ በሕብረተሰቡ ዘንድ ይህንን ጥያቄ በማቅረቧ ምን የምትባል ይመስልሻል?

ሀ/ ተቀባይነት አይኖራትም ለ/ ዘር አሰዳቢ ትባላለች

ሐ/ አይን አውጣ ትባላለች መ/ ምንም አትባልም

3. በአንቺ እምነት ሴት ባል ካገባች በኋላ የወሊድ መቆጣጠሪያ ለመጠቀም የሚወስነው ማነው ብለሽ ታስቢያለሽ?

ሀ/ እሱ ለ/ እሷ ሐ/ ሁለቱም

4. በአንቺ እምነት ጥያቄ ቁጥር 3 ላይ የተነሳው ጉዳይ ላይ የሚወስነውስ ማነው?

ሀ/ እሱ ለ/ እሷ ሐ/ ሁለቱም

5.በእኛ አገር ሴቶች በአራሳቸው ስለፈለጉት ጉዳዮች ማለትም ስለተቃራኒ ፆታ ግንኙነት፣ ፍቅር፣ ወሲብ እንዲሁም ስለጋብቻና ወሊድ መቆጣጠሪያ የመጀመሪያ እርምጃን እንዲሁም መወሰን አለመቻላቸው ምን እንዲሰማቸው ያደርጋል?

ሀ/ ለፍቅርና ለትዳር የሚሰማቸው ስሜት ጥሩ አይሆንም

ለ/ አይናፋርና ፈሪ ይሆናሉ

ሐ/ በራስ መተማመናቸው ይቀንሳል

መ/ የበታችነት ስሜት እንዲሰማቸው ያደርጋል

ክፍል 6. ከሴቶች የሚጠበቁ ባህያት

1.ህብረተሰቡ ጥሩ ሴት ልጅ በቤት ውስጥ ልታሳያቸው የሚገቡ ባህሪያት ብሎ የሚያምናቸው የትኞቹ ናቸው?

ሀ/ በቤት ውስጥ ስራ በደንብ የምትሰራ

ለ/ ከቤት የማትወጣ

ሐ/ የሚነገራትን ያለ ምንም ተቃውመሞ ባታምንበትም አሜን ብላ የምትቀበል

መ/ አይናፋር

ሠ/ ታዛዥ እና ጥሩ ስነ ምግባር ያላት

2.ህበረተሰቡ ጥሩ ሴት ልጅ ከቤት ውጪ ልታሳያቸው የሚገቡ ባሪያት ብሎ የሚያምናቸው የትኞቹ ናቸው? ግለጪያቸው?

ሀ/ መንገድ ላይ አንገቷን ደፍታ የምትሄድ ለ/ በማንኛውም ሁኔታ ከወንድ ጋር ቆማ የማታወራ

ሐ/ ረጅም ልብስ የምትለብስ መ/ ጮክ ብላ የማትስቅ መ/ ሰው የምታከብር

3.አንቺስ ታምኚበታለሽ?

ሀ. አምንበታለሁ ለ. አላምንበትም

4.አንቺ ከእነዚህ ባህሪያት ውስጥ ምን ያህሉ አሉሽ?

ሀ/ ምንም የሉኝም ለ/ ጥቂቶቹ አሉኝ ሐ/ ብዙዎቹ አሉኝ መ/ሁሉም አሉኝ

5.ስለ ሴቶች የሚነገሩ ምሳሌያዊ አባባሎች ሴቶች ተሰሚነት እንዳይኖራቸው ወይም ውሳኔ ሰጪ እንዳይሆኑ ተፅእኖ ያደርጋሉ?

ሀ. ያደርጋሉ ለ. አያደርጉም

6.ለጥያቄ ቁጥር 5 መልስሽ ያደርጋሉ ከሆነ እንዴት?

ሀ/ እነዚህ አባባሎች ሲሰሙ ያደጉ ሴቶች እንደ አባባሉ ራሳቸውን ይቀርጹታል

ለ/ ወንዶችም ለሴቶች በራሳቸው የመወሰን እድልን አይሰጡዋቸውም

ሐ/ሴቶች ተሰሚነት እንዳይኖራቸው ያበረታታሉ

መ/ ሴቶች በራሳቸው እንዳይተማመኑ ያደርጋሉ

7.በሕብረተሰቡ ውስጥ ያሉ ጎጂ ልማዳዊ ድርጊቶች ሴቶች ለኤች አይ ቪ ኤድስ እንዲጋለጡ ያደርጋሉ?

ሀ. ያደርጋሉ ለ. አያደርጉም

8.ለጥያቄ ቁጥር 7 መልስሽ ያደርጋሉ ከሆነ የትኞቹ ናቸው እንዲጋለጡ የሚያደርጓቸው?

ሀ/ የሴቶች ጥቃት ለ/ ያለ እድሜ ጋብቻ ሐ/ በቤተሰብ የሚመጣ ባል መ/ የሴት ልጅ ግርዛት

የመወያያ መመሪያዎች

- የአወያዩ ስም _____
- መረጃዎችን የሚጽፈው ሰው ስም _____
- ቀን _____
- ውይይቱ የተጀመረበት ሰዓት _____ያለቀበት ሰዓት _____
- የካሴት ቁጥር _____

ጤና ይስጥልን በቅድሚያ ግዜአችሁን መስዋእት በማድረግ አሁን ለምናደርገው ውይይት በመገኘታችሁ በጣም እናመሰግናለን:: እኛ_____ /አወያይ/ እንዲሁም _____ /መረጃዎችን የሚጽፍ/ ስንሆን አሁን የምናጠናው ጥናት በአዲስ አበባ ዩኒቨርሲቲ በሳይኮሎጂ ትምህርት ክፍል እውቅናና ማረጋገጫ ያለው ሲሆን ጥናቱም ለድህረ ምረቃ ዲግሪ ማሟያ የሚሆን ነው::

እኛ እዚህ የተገኘነው ከእናንተ ብዙ ለመማር ሲሆን የምንማረውም ህብረተሰባችን ለሴት ልጆች ያለውን አመለካከትና የሚሰጠውን ቦታ እንዲሁም ሴቶች ምን ያህል የተለያዩ ጠቃሚ መረጃዎችን ማግኘት እንደሚችሉ ይሆናል:: በቅድሚያ ግን ስለምናደርገው ውይይት አንዳንድ መሠረታዊ ጉዳዮችን እንንገራችሁ::

1. ውይይቱ ከ1:00-1:30 ሰዓት ያህል ጊዜ ሊወስድ ይችላል::
2. በውይይታችን ወቅት ማን ምን ተናገረ የሚለው እዚህ ካሉት ተሳታፊዎች በስተቀር ሌላ ማንም የውጪ ሰው እንዲያውቀው አይደረግም:: ማለትም የዚህን ጥናት ውጤት አጠናቅረን ስንጽፍም ሆነ ስናቀርብ የእናንተ ስም በፍጹም አይጠቀስም::
3. በዚህ ውይይት የምትካፈሉት በሙሉ ፈቃደኝነት ብቻ መሆን አለበት::
4. ከፈቀዳችሁልን በውይይቱ ወቅት የሚነሱት ሀሳቦች እንዳያመልጡን በቴፕ እንቀዳለን::

ቴፕ የምንጠቀመው ውይይቱን በሚገባ ለመቅዳትና በውይይቱ ወቅት የተነሱትን ነጥቦች በኋላ ላይ በግልጽ ለመረዳት ነው:: በካሴቶቹ ላይ የተቀዱ ውይይቶች ወደ ወረቀት ላይ በሚገባ ከተገለበጡ በኋላ ካሴቶች ሁሉ ይደመሰሳሉ:: ስለዚህም ቴፕ እንድንጠቀም እንድትፈቅዱልን በትህትና እንጠይቃለን::

ወደ ውይይቱ ከመግባታችን በፊት ልክ እኛ እንዳደረግነው እናንተም ተራ በተራ ራሳችሁን ብታስተዋውቁ ለዚሁም እንዲረዳን እኛ የምንጠይቃቸውን ጥያቄዎች በመመለስ መልኩ ራሳችሁን ብትገልጹልን::

የውይይቱ ተካፋዮች

ኮድ	እድሜ	የክፍል ደረጃ	ሀይማኖት	የቤተሰብ ሁኔታና ብዛት		
				አባትና እናት	ወንድሞች	እህቶች
1						
2						
3						
4						
5						
6						
7						
8						

1. **መረጃ ስለማግኘት**

ሀ. ሴቶች ከወንዶች ይልቅ በቀላሉ ማግኘት የማይችሏቸው መረጃዎች አሉ? ምን አይነት መረጃዎች ናቸው? ለምን?

- ሴቶች ስለ ተቃራኒ ፆታ ግንኙነት፣ ፍቅር፣ ወሲብ እንዲሁም ተያያዥነት ስላላቸው ነገሮች ልክ እንደወንዶች መረጃዎች ይከታተላሉ? ማግኘትስ ይችላሉ? እንዴት?
- ህብረተሰቡ ይህን ለሴቶች አስፈላጊ ነው ብሎ ያምናል?
- በእናንተ እድሜ ያሉ ሴቶች ስለ ተቃራኒ ፆታ ግንኙነት፣ ፍቅር፣ ወሲብና ስነተዋልዶ ጉዳዮች በሬዲዮና በቴሌቭዥን ሲወሳ ምን ያህል ይከታተላሉ?
- በእናንተ እድሜ ያሉ ሴቶች እንደ ወንዶች ይከታተላሉ? ለምን?
- እስቲ በቅርብ ጊዜ የተከታተላችሁትን ንገሩን::

ለ. አንዲት ሴት ስትከታተል ወላጅ ቢያይ ምን ይላል? እንዴት ይመለከታታል? እሷስ ምን ይሰማታል?

- ወንድሟ ቢያይ ምን ይላል? እንዴት ይመለከታታል? እሷስ ምን ይሰማታል?
- ወንዶች ስለተነሱት ጉዳዮች ሲከታተሉ ወላጆች ቢያዩ እንዲሁም ሌሎች ቢያዩ እንደሴቶቹ አይነት ምላሽ የሚሰጡ ይመስላችኋል?
- ሴቶች በቤት ውስጥ ስለ ተቃራኒ ፆታ ግንኙነት፣ ፍቅር፣ ወሲብና ስነተዋልዶ ጉዳዮች በሬዲዮና በቴሌቪዥን ለመከታተል ምን ያህል ጊዜ ይኖራቸዋል? ወንዶችስ?
- ሴቶች እንደወንዶች እንዳይከታተሉ የሚያደርጉ ነገሮች አሉ? ምንድናቸው?
- ህብረተሰቡ ምን ጉዳት አለው ብሎ ያምናል? ወንዶች ቢያውቁስ?
- በእናንተ እድሜ ያሉ ሴቶች ልጆች ስለ ኤች አይ ቪ ኤድስ በሬዲዮና በቴሌቪዥን ይከታተላሉ?
- እነዚህ ሴቶች እንደወንዶች ይከታተላሉ? ለምን?
- እስቲ በቅርብ ጊዜ የተከታተላችሁትን ንገሩን::

2. **ከተለያዩ ስዎች ጋር ስለ መወያየት**

ሀ/ ከወላጆች ጋር ስለመወያየት

1. በእኛ አገር ሴቶች ልጆች ከወላጆቻቸው ጋር ስለ ተቃራኒ ፆታ ግንኙነት፣ ፍቅር፣ ወሲብ እንዲሁም ተያያዥ ስለሆኑ ጉዳዮች ይወያያሉ? ለምን? እንዴት? ወንዶችስ?

- ሴቶች ልጆች ከወላጆቻቸው ፣ ከአሳዳጊዎቻቸው ጋር ስለተቃራኒ ፆታ ግንኙነት፣ ፍቅር፣ ወሲብ ነክ ጉይዮች ቢወያዩ ምን ችግር አለው?
- በእናንተ እድሜ ያሉ የወሲብ ጥቃት ቢደርስባቸው ስለደረሰባቸው ችግር ለሰዎች ይናገራሉ? ለምን?
- እናንተ ልክ እንደ ወንዶች ስለተነሱት ጉዳዮች መወያየት ባለመቻላችሁ ምንይሰማችኋል?

ለ/ ከፍቅረኛ ጋር ስለመወያየት

- በእናንተ እድሜ ያሉ ሴቶች ከወንድ ፍቅረኛቸው ጋር ስለ ወሲብና ስነተዋዶ ችግሮች ይወያያሉ? እንዴት?
- በእናንተ እድሜ ያሉ ሴቶች ከወንድ ፍቅረኛቸው ጋር ስለ ኤት አይ ቪ ኤድስ ይወያያሉ? እንዴት? ለምን?
- በእናንተ እድሜ ያሉ ሴቶች ከፍቅርኛቸው ጋር ኮንዶም መጠቀም እንዳለባቸው ይወያያሉ? ለምን?
- ሴቶች ልክ እንደወንዶች በተነሱት ጉዳዮች ላይ በግልፅ መወያየት አለመቻላቸው በግለሰብ ደረጃ እንዲሁም በህብረተሰብና በአገር ደረጃ የሚፈጥረው ችግር ምንድን ነው?

3. **ውሳኔ ስለመስጠት**

- በወንድና ሴት የፍቅር ጓደኝነት መህል በተለያዩ ጉዳዮች ላይ ውሴኔ ስለመስጠት እንዲሁም የመጀመሪያ እርምጃ ስለመውሰድ

ሀ/ የፍቅር ግንኙነት ለመጀመር የመጀመሪያውን እርምጃ የሚወስደው ማነው? ለምን? እንዴት? ወሳኙ ማነው? ለምን?

- እናንተ የመጀመሪያ እርምጃ ወስዳችኋል?
- እናንተ የመጀመሪያ እርምጃ ትወስዳላችሁ?
- እናንተ ወስናችሁ ታውቃላችሁ?
- ወደፊት ትወስናላችሁ?
- እናንተ እንደወንዶች የመጀመሪያውን የፍቅር ግንኙነት ለመጀመር ሀላፊነት መውሰድ ባለመቻላችሁ ምን ይሰማችኋል?

- የፍቅር ጥያቄ ሴት ብታቀርብ ምን ይሆናል?
  - ምን ትባላለች?
  - ምን ችግር አለው?
  - ወንድ ጥያቄ ቢያቀርብ ምን ይሆናል? ችግር አለው?
  - የፍቅር ግንኙነት ለመጀመር ሴት ወሳኚ ብትሆን ምን ይሆናል?
  - ምን ትባላለች?

ለ/ ወሲብ ለመፈፀም የመጀመሪያ ጠያቂ ማነው? ወሳኙስ ማነው? ለምን?

- በፍቅረኛሞች መሐከል ወሲብ መቼ መቼ መፈፀም አንዳለባቸው የሚወስነው ማነው? ለምን?
- የመጀመሪያውን ጥያቄ ሴት ብታቀርብ ምን ይሆናል?
- ምን ትባላለች?
- ወንድ ቢያቀርብስ?
- ሴት ወሳኝ ብትሆን ምን ይሆናል?
- ምን ትባላለች?
- ምን ችግር አለው?
- ወንድ ወሳኝ ቢሆንስ?
- እናንተ ልክ እንደወንዶች በተነሱት ጉዳዮች ላይ መወሰን ባለመቻላቸሁ ምንይሰማችኋል?
  - ወሲብ መቼ መቼ መፈፀም አንዳለባቸው ሴቷ ጥያቄ ብታቀርብ ምን ይሆናል?
  - ምን ትባላለች ?
  - ምን ችግር አለው? ወንዱ ቢጠይቅ ምን ችግር አለው?
    - ❖ እናንተ በዚህ ጉዳይ ላይ ወሳኝ ካልሆናችሁ ምን ይሰማችኋል?
    - ❖ ኮንዶም ለመጠቀም የሚጠይቅ ማነው? የሚወስነው ማነው?
      - ➢ እናንተ የመጀመሪያውን እርምጃ ለመጠቀም ወስዳችኋል?
      - ➢ እናንተ ይህን እርምጃ ትወስዳላችሁ?
      - ➢ ይህን ጥያቄ ሴት ብታቀርብ ምን ይሆናል?
      - ➢ ሴቶች በዚህ ጉዳይ ላይ ወሳኝ አለመሆናቸው ምንየሚሰማቸው ይመስላችኋል?

4. ጋብቻ እና የወሊድ መቆጣጠሪያ ለመጠቀም የሚወሰድ እርምጃ

- ❖ የጋብቻ ጥያቄ መጀመሪያ የሚያቀርበው ማነው? የሚወስነው ማነው?
- ❖ እናንተ የመጀመሪያ አርምጃ ወስዳችኋል?
- ❖ ትወስዳላችሁ?
- ❖ ወስናችሁ ታውቀላችሁ?
- ❖ ትወሰናላችሁ?
  - ➢ ጥያቄውን ሴት ብታቀርብ ምን ይሆናል?
  - ➢ ምን ትባላለች?
  - ➢ ምን ችግር አለው? ወንድ ጥያቄ ቢያቀርብስ?
  - ➢ ሴት ወሳኝ ብትሆን ምን ይሆናል?
  - ➢ ሴቶች የጋብቻ ጥያቄን ባለማቅረባቸው ምን የሚሰማቸው ይመስላችኋል?
  - ➢ ምን ትባላለች?
  - ➢ ምን ችግር አለው? ወንድ ቢወስንስ?

- ሴት ልጅ ባል ካገባች በኋላ መቼ እና ስንት ልጅ መውለድ እንዳለባት የሚወስነው ማነው? ለምን?
  1. እናንተ ወደፊት እርምጃ ትወስዳላችሁ?
  2. እናንተ ትወሰናላችሁ?
  - ስንት ልጅና መቼ መውለድ አንዳለባት ሴት ብትጠይቅ ሃሣብ ብታቀርብ ምን ይሆናል?

- ምን ትባላለች?
- ወንድ ጥያቄውን ቢያቀርብስ?
  - ♦ ሴት ወሳኝ ብትሆን ምን ይሆናል?
  - ♦ ምን ትባላለች? ወንድ ቢወስንስ?
  - ♦ ምን ችግር አለው?

- ሴት ባል ካገባች በኋላ የወሊድ መቆጣጠሪያ ለመጠቀም የሚወስነው ማነው? ለምን?
  - ➢ እናንተ ወደፊት አርምጃ ትወስዳላችሁ?
  - ➢ እናንት ወደፊት ትወስናላችሁ?
    - ጥያቄ ሴት ብታቀርብ ምን ይሆናል?
    - ምን ትባላለች ?
    - ምን ችግር አለው?

- ➢ ሴት ወሣኝ ብትሆን ምን ይሆናል?
- ➢ ምን ትባላለች?
- ➢ ምን ችግር አለው?

5. <u>ከሴቶች የሚጠበቁ ባህሪያት</u>
   - ➢ በሕብረተሰቡ ዘንድ ሴቶች ሊኖራቸው የሚገቧቸው ባህሪያት
   - ➢ ጥሩ ሴት ልጅ በህብረተሰቡ ምን አይነት ፀባይ ሊኖራት ይገባል ብሎ ነው የሚታሰበው? ለምን ? እናንተስ ታምኑበታላችሁ? ምን ያህል አላችሁ?
   - ➢ ሕብረተሰቡ ጥሩ ሴት ልጅ ከቤት ውስጥ ልታሣያቸው የሚገቡ ባህሪያት የትኞቹ ናቸው? እናንተስ ታምኑባቸዋላችሁ ?ምን ያህል አላችሁ?
   - ➢ ሕብረተሰቡ ጥሩ ሴት ልጅ ከቤት ውጪ ልታሣያቸው የሚገቡ ባህሪያት የትኞቹ ናቸው?
   - ➢ እናንተ እነዚህ አባባሎችን ስትሰሙ ምን ይሰማችኋል?
   - ➢ እናንተስ ታምኑበታላችሁ? ምን ያህል አላችሁ?
   - ➢ በሀገራችን ስለ ጥሩ ሴት ልጅ የሚባሉ አባባሎች አሉ? ግለጿቸው :: ታምኑቸዋላችሁ? ምን ያህል አላችሁ?
   - ➢ ሴቶችን ለኤች አይቪ ኤድስ አንዲጋለጡ የሚያደርጓቸው ባህላዊ ጉዳዬች ፣ እምነቶች፣ አባባሎች፣ ደንብና ስርዓቶች ወይም ልምዶችን ጥቀሱ

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