ADDIS ABABA UNIVERSITY MEDICAL FACULTY
CENTRALIZED SCHOOL OF NURSING

RISK FACTORS FOR UNSAFE SEXUAL BEHAVIOR AMONG PREPARATORY YOUTH STUDENTS OF ADDIS ABABA

By

Azeb Dessie (BSc)

Thesis submitted to the School Of Graduate Studies Of
Addis Ababa University Medical Faculty
In Partial Fulfillment Of The Requirements For The Degree Of Masters
Of Science In Maternity And Reproductive Health Nursing

July, 2009
Addis Ababa, Ethiopia

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Advisor

Ato Mesfin Abebe

July, 2009

Addis Ababa, Ethiopia

Dedicated to

Sisay,Yared, Emnet, Tsega &Tesfa

Whose fraternal interest has been a constant delight

Approval by the Board of Examiners

This Thesis by _____ is accepted in its present form by the Board of Examiners as satisfying Thesis requirement for the degree of Masters of Science in Nursing.

Internal Examiner

_____	_____	_____
Full Name	Rank	Date

Research Advisor/Supervisor

Ato Mesfin Abebe		
_____	_____	_____
Full Name	Rank	Date

Approved by Examining Board, Chairman Department Graduate Committee

_____	_____	_____
Full Name	Rank	Date

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List of abbreviations

A.A	Addis Ababa
AAU	Addis Ababa University
AIDS	Acquired Immuno Deficiency Syndrome
ARH	Adolescent Reproductive Health
ARHS	Adolescent Reproductive Health Service
CSA	Central Statistical Authority
DHS	Demographic and Health Survey
ESSDP	Ethiopian Social Security and Development Policy
FGD	Focus Group Discussion
FHD	Family Health Department
HAPCO	HIV/AIDS Prevention and Control Office
HIV	Human Immunodeficiency Virus
ICPD	International Conference for Population Development
IRB	Institutional Review Board
MOE	Ministry of Education
MOH	Ministry of Health
RH	Reproductive Health
SEM	Sexually Explicit Media /Materials
SPSS	Statistical Package for Social Science
SRH	Sexual Reproductive Health
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infections
UN	United Nations
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organization
USA	United States of America

ABSTRACT

Background: Youth's sexual risk taking, which is recognized by involvement in premarital sexual activity, reluctance to use protective contraceptive, is observed to be the causes of various problems. As far as youths are exposed to high risk activities/ behavior is reported to be growing, it is obviously associated with Reproductive Health Risks (RHR), including the risk of HIV contraction, mainly acquiring the infection through unsafe sexual intercourse. Recognizing and addressing risk factors contributing to unsafe sexual behavior, and also understanding why they engage in risk behavior should be thought.

Objective: The objective of this study is to assess the risks factors related to unsafe sexual behaviors

Method: A cross-sectional study that employed quantitative data collection method supplemented by qualitative focus group discussion was used to assess risk factors for unsafe sexual behavior among preparatory youth students. The study was conducted from April to May 2009 in randomly selected 13 preparatory schools in A.A.on 461 samples of study subjects. Data entry, cleaning and analysis were done using SPSS version 13.0, bi-variate analysis was used to describe some of the socio-demographic variables, and logistic regression model was used to measure the association of outcome variables of different characteristics of the study subjects. Results were presented by tables and figures.

Result: Out o 461 sample size 454 participated in the study making the response rate of 98.48%, 46.70% of the respondents were sexually active, the majority were males within the age group of 18-19 years. More than half of the sexually active students (60.84%),had their first sexual intercourse under the age of 18 years, the mean age of first sexual contact 16.4 years.60.85% of the respondents had multiple sexual partners, using condom consistently was practiced only by 40.6% of the sexually active respondents. Risks to unsafe sex like substances uses, peer pressure for doing sex, and loose family connectedness were found to be significantly associated (OR: 2.75, 95% CI: 1.633-4.636), (OR: 2.557,95% CI: 1.509-4.333), (OR:2.187, 95% CI: 1.172-4.084), respectively.

Conclusion: The majority of youth students are at higher risk of acquiring unsafe sexual behavior which is related to risk factors or behaviors they are exhibited and obviously revealed with score on the AIDS risk behavior index. Considering the risk factors for youth unsafe sexual behavior preventive and promotive work should be strengthened through effective BCC and family life education.

1. Introduction and statement of the problem

1.1 Introduction

The time of adolescence and youth is the developmental period that bridges the gap between childhood and adulthood. It is the stage in which the person is required to adapt and adjust childhood behaviors to the culturally acceptable norms of society (1).

The local definition of youth as it is a cultural phenomenon differs among societies and culture. However, United Nation (UN) defines youth as those in the age group between 15 to 24 years, which is having the same definition as it is used by the Ethiopian Social Security and Development Policy (ESSDP). This segment of the population constitutes more than one billion of the world population, with four out of five living in the developing countries(2).

In Ethiopia, according to the Ministry of Health as cited in Govindasamy et al., youth represent a significant proportion of the society. Currently, it is estimated that young people between ages 10-24 constitute more than one third of the total population, which is roughly more than 21 million (3).

The time of youth is a period of learning, experimentation and risk taking. Fulfilling the physical, psychosocial and health needs of this group, as well as giving them the opportunity to contribute to their physical and social well being at this crucial part of their lives has an immense contribution to who they become when they mature into adulthood (1).

Demographic Health Surveys (DHS) in many of the developing countries have shown that today, boys and girls experience puberty at younger ages than the pervious generations; most of these changes are attributed to better health and nutrition (4). As a result, the transition period from childhood to adulthood increases, rapid reproductive maturity will be marked, which could involve them in early and non-marital sexual activity, most of it being unsafe, with the reluctance to use contraceptive and exposing them to all its consequences, such as, unwanted pregnancy, abortion and Sexually Transmitted Diseases (STD) including HIV/AIDS (4). As far as youths are exposed to high risk activities / behavior like alcohol drinking and addictive substances like chat chewing and shisha smoking, it is obviously associated with reproductive health risks (RH) (5).

World interest in youth health issues has given the necessary attention in the past few decades. In 1994, in Cairo on the International Conference for Population Development (ICPD), the international community including our country for the first time acknowledged the reproductive health challenges facing young people, and nations agreed that young people not only need but also have the right to reproductive health information and service and also to make youth reproductive health a priority (6).

In 2005 Ethiopia Demographic Health Survey (DHS), women and men were asked how old they were when they first had sexual intercourse. Among women ages 25-49, 32 percent had sexual intercourse before age 15, 65 percent before age 18 and by age 25 most Ethiopian women have had sexual intercourse. The median age at first sexual intercourse for women age 25-49 years is 16.1 years. Data shows that men initiate sex at a later age than women that is the median age at first intercourse for men age 25-59 is 21.2 years (7).

The situation of adolescents and youths reproductive health requires serious attention and intervention all over the world as it affects these groups of people themselves, their parents, and the community at large. Among the types of factors that expose youth to unsafe sexual behavior, lack of adequate information on sexual and reproductive health issues is of primary concern (8). Obviously, youth, mainly adolescence is a developmental period that is characterized by intense information seeking especially about adult roles (9). Given the lack of readily available information about sexual activity to teens, they turn to media for information about sexual norms and use the media as sexual super-peer that encourages them to be sexually active particularly after watching pornographic films as factors contributing to the practice of risky sex (10).

The context of the adolescent and youth family is considered as the primary social influence. It is carrying substantial weight for the introduction of risk and / or protective factors into youth's life. Communication between parent and child considering sexual issues is one aspect of family dynamics that have received considerable attention and positive association from the different studies (11).

Negotiation skills and self efficacy development should always be a priority in reproductive health service particularly among female adolescents' and youths' who are especially vulnerable because of their biological susceptibility i.e. the immaturity of their reproductive organs (3). If women had the power to make decisions about sexual activity

and its consequence, they could avoid many of the 80 million unwanted pregnancies each year, 20 million unsafe abortions, some 500,000 maternal deaths (12).

In Ethiopia to date, though it is indicated in the health policy that addressing the health problems and needs of adolescents and youths as an issue and the Family Health Department (FHD) of Ministry of Health (MOH) is undertaking some initiatives, practical activities are not yet visible at public health service delivery points (13). Effective prevention that enables to adapt safer behavior requires not only just knowing who is at risk, but also understanding why they engage in risk behavior, motivating them to reduce their risk; developing their knowledge and skills; improving their access to means of prevention in ways that are appropriate to them, and providing a supportive social and policy environment for behavioral change need to be considered (14). Taking this into consideration, this study dares to assess the sexual behavior of youth regarding on issue of risk factors for unsafe sexual behavior particularly in Addis Ababa.

1.2 Statement of the problem

Adolescents and youths reproductive health is important for their health development as well as it has an immense contribution to who they become when they mature into adulthood (1).It is also a great concern because of related consequences like HIV/AIDS, other STDs and unwanted pregnancies (1).

Furthermore, because of the long latency period of AIDS many people who are becoming sick now were infected during their teens. The World Health Organization (WHO) estimates that the people infected with HIV now acquired the infection between the ages of 15 and 24, mainly through unsafe sexual intercourse therefore, countries should not wait for physical evidence that HIV is affecting youths (14, 15, 16).

Youths lack adequate information and proper guidance, which may lead them to unrealistic decision and often become sexually active without consciously deciding (1). Even though developing countries are far behind in other aspects of development from those of developed countries, ideas supporting pre-marital sexual practices are easily transmitted. Movies, music, books and mass media play a great role in transmitting such influences (17).

Stereotyped sexual norms and peer pressure encourage young males to prove their manhood and enhance their social status by having sex. At the same time, young women are socialized to be submissive and not to discuss sex, which leaves them unable to refuse sex or insist condom use. Women's economic dependence on men also leads young females to exchange sex for the sake of earning money (18).

Since 1998 the World Health Organization's Global Program on AIDS (WHO-GPA) has been working on school health education for the prevention of AIDS and STD. GPA, also provides technical assistance to the national AIDS program to develop culturally relevant school curricula in developing countries (18).

Despite of all these activities and commitment of our government in enhancing its unprecedented leadership in fighting HIV/AIDS by coordinating all sectors, still in Ethiopia, the magnitude of HIV infection is high particularly, among youths' aged 15 to 24 (19). HIV prevention depends on identifying risk factors and changing risk behavior (10). Adolescents and youths are mostly interested in relationships during their formative, and therefore risk- taking years. AIDS education must address this key aspect of young people lives and efforts to encourage youths to postpone sexual activity; which is most likely to succeed if the young have not already started having sex, and promote protected sex (16).

At present, the reproductive and sexual health of young people in the country is generally affected by the major social changes. Young people are assets so that recognizing and addressing the increased health risks particularly risk factors contributing to unsafe sexual

behavior faced by adolescents and youths is very essential and at last promoting and establishing healthy behaviors that can continue into adulthood (13) is by itself a social investment and economic development (20).

Youth are without question, highly exposed to all sorts of problems which go much deeper into different and complex issues and situations. Recognizing the challenges and problem of Ethiopian youths' few studies in different parts of the country have shown the magnitude of different problems of youths on selected RH issues (16, 19). However, risk factors for unsafe sexual behavior among youths in Ethiopia is not well addressed (1, 4, 5). Effective prevention that enables to adapt safer behavior requires not only identifying who is at risk, but also realizing why they engage in risk behavior and providing a supportive social and policy environment. Thus this study is launched to contribute in filling this gap.

1.3 Significance of the study

In Ethiopia todate, though it is indicated in the health policy that, addressing the health problems and needs of adolescents and youths as an issue, and the FHD of MOH is undertaking some initiatives,still practical activities are not yet visible at public health service delivery points. Inlight of the previous findings and the magnitude of the problem,reduction of the number of people exposed to HIV/AIDS and other consequences of youth sexual behavior is found to be necessary .

The purpose of this study is therefore to generate information on risk and protective factors that are likely to influence the sexual behavior of youth;therefore the outcome of this study is belived to provide insight to:-

- Identify who is at risk.
- Realize why youths' are engaged in risk behavior.
- Develop their knowledge and skills towards self-efficacy.
- Recognize the need for family life and sex education which is the area of primary prevention that enables young people to adapt safe behavior.
- Come up with recommendations that enable the responsible bodies and policy environment which coulde bring changes in youths sexual bhavior
- Provide valuable information for more extensive research in the area.

2. Literature review

Adolescence is a time of transition from childhood to adult hood where new behaviors are easily learned than when in adulthood. What happens between the ages of 10 and 19, whether for good or ill, shapes how girls and boys live out their lives as women and men-not only in the reproductive arena but in the social and economic realm as well (1). Adolescents and young people ages 10 to 24 are the largest group ever to be entering adulthood in Ethiopian history(13), in which this cohort of about 21 million makes up to 30% of the total population .

Young people are assets! Programs promoting gender equity, adolescent empowerment and access to education and employment will have a major and long lasting impact on Ethiopian society as a whole. Investing in the health and well being of this large cohort is vital if Ethiopia is to meet the poverty reduction goals so that social investments in education and health with a renewed focus on vulnerable groups, could build a strong economic bases for the country (13)

Young men and women face different social pressure affecting their ability to approach sexual responsibility which is supported also from the normal part of adolescent development that is experimentation any unfamiliar new issue, which could also expose them to health risks (21).Because adolescents and youths tend to have multiple sexual partners (sequentially, if not concurrently), without using condoms consistently they become vulnerable to coercion; so that, the behavior of adolescent and young adults will play a crucial role in the course of HIV epidemic (5).

Sexual risk-taking behaviors, among youth and the extent to which these may be changing over time have been the focus of every nation and country all over the world mainly in the Sub-Saharan African countries (22). However, comprehensive assessment should approach young people who are experiencing varieties of issues and events in a different social context (23).Therefore this study has identified eight categories of risk- related factors that influence youth risk taking for unsafe sexual behaviors among preparatory students of Addis Ababa. Demographic characteristics, communication with and support from family members and friends concerning sex, parental monitoring, peer behaviors and influence, self-efficacy and partner communication concerning reproductive health risks and contraception and exposure to sexual explicit media or materials were considered.

2.1 Premarital sex

Initiating sexual activity is a natural transition, made nearly by all humans. Nevertheless, it is not the occurrence of this transition but its timing and the circumstances under which it occurs that has significant implications as a major public health concern all over the world (24).

A level of sexual activity amongst the youth is increasing. A study has been conducted to assess the sexual behaviors of youths (16). According to this study youths' are in fact

sexually active with figures ranging from 17.3 % to 83 % and in which the trend is increasing, at the same time they seem to be engaging sex earlier so that they lack the appropriate information to make informed decision (25). Premarital unprotected sexual intercourse especially at early ages can have grave consequences like unsafe abortion, complication at delivery, mortality and infertility, school drop out and social abandoning (26).

Adolescents and youths face different social situations in which their own decisions and action will determine their exposure. Research through out much of Africa indicates that the first sexual experiences of today's young people are taking place in a different social context from those of previous generations (23) .This is because of increasing urbanization, modernization and education together with exposure to western media, appear to have led to a decline in traditional values and, in particular to have reduced the importance of virginity at marriage. It suggests also that parental control and authority over young people are declining and that adolescents are no longer willing- or- required to be accountable to the societal structures, leading to increasing social health risks and problems (23).

Clinical and behavioral research has found strong associations between age at first intercourse and subsequent sexual health (27). An earlier age at first intercourse is likely to lead to an increased life time number of sexual partners, an increased likelihood of multiple and concurrent partners, a lower probability of using modern contraceptive methods and an increased chance of infection with HIV or other sexually transmitted diseases (STDS)(27).In Ethiopia different studies conducted in different parts of the country regarding adolescent reproductive risk behavior and adolescent fertility revealed that adolescent begin sexual intercourse before the age of 15 and the mean age for first sexual initiation is in between 13.6 and 19 years of age (8).

2.2 Drug and alcohol use

Psychotropic drugs such as tobacco, alcohol, marijuana and chat are frequently used and abusing the norm of the culture to the extent that these substances are easily available to the youth from different corners (28). Drug and alcohol use have potential roles in predisposing individuals to the practice of premarital as well as to unprotected sex. In the developed world, drugs have invaded the society and particularly the youths' are the most

highly affected segment of the society. Because of urbanization, modernization and exposure to western life style and media, it's also in rapid spread in the developing world including our country Ethiopia. In study done in selected areas of Ethiopia, substance abuse like chat chewing and alcohol drinking could attribute to the high risk of exposure of youth to HIV/AIDS and reproductive health (RH) problems like sexual violence (1).

In Ethiopia, using alcohol, chat and tobacco is an old trend. Ethiopian youths' mainly students rely on chewing chat as it is believed to sharpen the mind and bring issues in to sharp focus and it is used also widely for lifting mood and as a leisure time activity by out of school youths and young adults(1). A study on drug use in government and private high school students in Addis Ababa shows, the magnitude of ever use of cigarette 5.1 % and 48.9%, cannabis 1% and 31%, chat 9.2% and 35.6% and alcohol 17.9% and 57.8% respectively (29).

2.3 Family/Community connectedness

Being "connected" with the community as well as family and school has beneficial effects across a range of health and social outcome (17). Young people who report high level of connectedness tend to be psychologically happier physically healthier than those who don't have connectedness to the required limit.

Through time with progressive civilization, urbanization and migration, the parental role gets affected by socio-economic factors like increasing women working, both parents working, breakage of families results in single parenthood, which have got influence on weakening traditional structures and reducing sources of social support. Thus loose family and community connectedness results in peers to play more significant roles which may have more influence on youths' initial sexual behavior and recourse for adolescents and youth with sexual health questions and leading to increasing sexual risks (17).
Parent-teen connected and its association with sexual risk taking behavior has been examined by different researchers and there is evidence that shows association between close relationship with parents and less sexual activity among youths (17). A review of 18 studies in the United States dated 1980-1998, showed positive parental connectedness to be related to decreased risk of adolescent pregnancy (30).

Family structure also contributes to the healthy development of a child. Different studies show that the sexual activity of youths is related to family structure (31).In Ethiopia; study

revealed that, living with friends increased the likelihood of sexual activity while living with parents was related to sexual abstinence (31).

2.4. Sexual explicit media

Normally media can reach different large audiences at a low cost, raise awareness, disseminate information and have the potential to change behavior. However, exposure to western media mainly explicit sex scenes could play a significant role in moulding youth sexual activity (17).

Research through out much parts of Africa indicates that the first sexual experiences today's young people are taking place in different social context from those of previous generations (17).

A study done in USA, which assessed mass media as an important context for adolescent's sexual behavior, showed that media particularly pornography film influences were significantly associated with sexual intention and behavior even after considering influences from other important socialization sources, such as family, religion., school and peers (32).

In Ethiopia, studies are not done on the influence of sexually explicit materials; however, qualitative studies have shown that how youth sexual activity is affected by exposure to sexually explicit media (SEM). Supporting this idea, one study conducted in A.A in 2003, revealed that unlicensed video films in private homes around very strategic areas appeared to be the major shapers of erotic intentions among young people (33).

2.5. Self efficacy

Self- efficacy refers to an individual's belief that he or she is capable of doing something (34).The theory of self efficacy developed in the late 1980s, which is important in the sense that it views intelligence as ever changing (i.e. Not constant). This theory encourages learners to achieve beyond what someone else says they are capable of doing which is particularly appropriate in the area of critical thinking (34).

It refers to one's confidence in being able to carry out a specific behavior (ex. Resist sexual advances, negotiate condom use with a partner, partner communication), and is associated with a number of health behavior, including actions to prevent HIV transmission.

Developing and improving self efficacy has been shown to be an important status to minimize reproductive health risks for adolescents and youths in Sub-Saharan Africa. A successful health education program in Namibia used a curriculum based, on social cognitive theory to increase youths' self efficacy and associated perceived control of their sexual relationships, which resulted in increased negotiation of condom use, delay in the timing of first intercourse, and refuse unwanted sexual advances (23).

In Zambia, self efficacy was found to be strongly associated with sexual behavior and condom use among males. Consistent with this, studies done in Ghana indicated that higher perceived self-efficacy in sexual relationships was a protective factor with respect to behavioral outcomes among females (17).

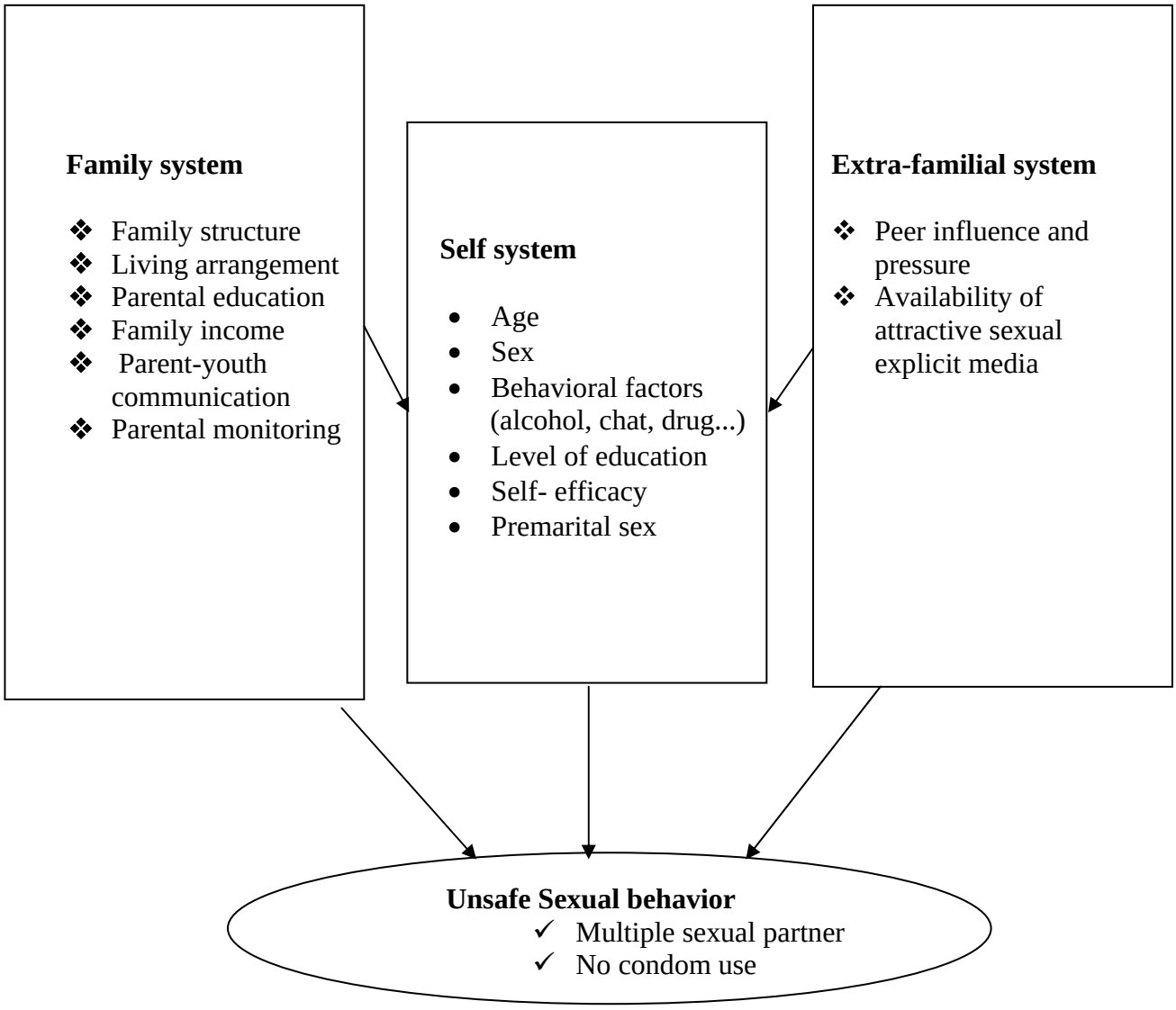
World wide, the period of adolescent is lengthening as biological maturity is reached earlier while social and economic independence is reached later. Once opposite sex relationship has been established, indulging in premarital sex, in most instances is inevitable; furthermore, experiencing coerced or forced intercourse, the incidence of unintended pregnancies, unsafe abortion using substances and drugs, the risk of HIV/AIDS among the youth has also reached an alarming stage (23,35).

Counseling experience shows that Ethiopia youth have wide ranging problems including many aspects of sexual and reproductive health. As HIV infection is most common among young adults, a significant part of the generation of young parents is lost and family composition undergoes rapid changes, thus the loss of young adults in their productive years of life will affect the country's overall economic output (1).

Therefore, in general, the enormity of adolescence as the combination of rapid physical and psychosocial growth, psychological stress, peer pressure, media misinformation, etc. can predispose youths to myriad of problems for which they may need the appropriate guidance and timely care from family, community, and health care providers to make this age group a time of opportunity rather than a time of risk.

As depicted in figure 1 conceptual framework is developed for this study after reviewing relevant literatures. The self factors, the family and the extra-familial system which has got a multisystemic perspective are assumed to be linked with sexual behavior. Since sexual behavior is a product of complex interaction involving different factors that network among themselves this framework will not dare to exhaustively investigate the labyrinth of interactions. However it is considered to reveal association among variables of interest.

Figure 1: Conceptual Framework Of Risk Factors For Youth Unsafe Sexual Behavior



3. Objectives

3.1 General objective

The general objective of this study is to assess risk factors for unsafe sexual behaviors among preparatory youth students of AA.

3.2 Specific objectives

♦To describe the sexual behavior of preparatory youth students of A.A.

♦To identify risk factors related to unsafe sexual behavior (no condom use and multiple sexual partners) of preparatory youth students of A.A.

♦To determine factors influencing (loose parental monitoring, weak parent-youth communication…) youth's unsafe sexual behavior.

♦To determine the association between risk factors (pre-marital sex, substance abuse, sexual explicit media…) with the sexual behavior of preparatory youths of Addis Ababa.

3.3 Research hypothesis

H_1 There will be a relationship between selected socio- demographic variables (sex, age, level of education, living arrangement …) and unsafe sexual behavior of preparatory youths.

H_2 There will be a significant association between risk factors (pre-marital sex, substance abuse, sexual explicit media …) with the sexual behavior of preparatory youths.

4. Methodology

4.1 Study area and period

The study was conducted in Addis Ababa, the capital city of Ethiopia. The city is located between 9 degrees latitude and 38 degrees east longitude in a plateau that stretches at the range of 2200 – 2800 meters above sea level. It has a total population of 3, 650, 889 out of which 1, 753, 467 (48.03%) are males and 1, 897, 422 (51. 97%) are female. Considering youth population (15-24 age group) there are 877, 146 youth of which 391, 385 (44.62%) are males whereas 485, 761 (55.38%) are females (37).

Regarding to the distribution of health infrastructure report of Addis Ababa City Government Health Bureau of 2006, there are 44 hospitals in the city of Addis Ababa of which 5 are owned by Federal Ministry of Health (FMOH), 1 by Addis Ababa University (AAU), 5 by Addis Ababa City Government Health Bureau and the rest are owned by missionaries, non-governmental and by private sectors. The population of the city as well as different institutions like schools and health facilities are not evenly distributed over the ten sub-cities and 99 kebeles

Based on Education Statistics Annual Report, there are 123 secondary schools out of which 46 secondary schools train preparatory students (Figure 2). The total number of students in 2008/2009 academic year are 114, 993 out of which 22,239 are preparatory students of which 14,361are governmental and the rest 7871 are non-governmental

Figure 2: Preparatory Schools Found In Addis Ababa By Ownership And Location, May 2009

Sub City	Private Schools				Foreign Community Schools	Public Schools	Other Local Community	Total
	Private	Religious Schools						
		Church	Mission	Mosque				
Addis Ketema	1		1		1	1		4
Akaki Kalliti	1					1	1	3
Arada		1	3		3	1		8
Bole	1		1			1		3
Gulele	4	1	1			2		8
Kirkos	4		1			1	1	7
Kolfe-Keranio	1			1			2	4
Lideta						1		1
Nifas Silk Lafito	1			1		1		3
Yeka	4					1		5
Total	**17**	**2**	**7**	**2**	**4**	**10**	**4**	**46**

4.2 Study design

A descriptive cross-sectional study design that employed quantitative data collection method supplemented by qualitative focus group discussion was used in Addis Ababa within randomly selected preparatory schools.

4.3 Study population and sampling

4.3.1 Population

The source population was all secondary school preparatory youth students in Addis Ababa enrolled during 2008/2009 academic year. From these a random sample of 461 students was selected using the class name list of the preparatory grades and sections.

Inclusion criteria

All voluntary preparatory youth students who were in 15-24 age groups were included in the study.

Exclusion criteria

Schools and students with peculiar socio-demographic characteristic composition and inconveniences to conduct the study were excluded; regarding this the following listed below preparatory school students were not included in the study.

1. Foreign community schools
2. Boarding schools
3. Religious based schools
4. Gender based schools
5. Special student population such as prison, orphans
6. Evening students
7. Students who were not able to complete the questionnaire without assistance (having visual and hearing impairments)

4.3.2 Sample size calculation

A. Quantitative method

To determine the sample size for the study the following assumption is made. The Actual sample size for the study was determined using the formula for single population proportion by assuming 5% marginal error and 95% confidence interval (∂ alpha=0.05) and the proportion or prevalence of unsafe sexual behavior among youth in A.A is 50% (P=0.5) and so based on the above information the total sample size was calculated by using the following formula.

$$n=\frac{\left(Z\frac{\alpha}{2}\right)^2 p(1-p)}{d^2}=\frac{Z^2 p(1-p)}{d^2}=\frac{(1.96)^2 X\,0.5(1-0.5)}{(0.05)^2}=384$$

⇨ By assuming non response rate (NR) and incomplete questionnaires around 20%.

That is 384X20%=77

With these and taking the total population (N) of 11,565, the sample size was found to be 461.

B. Qualitative method

For qualitative method 32 students were engaged in the focus group discussion categorized in four groups selected purposively from two preparatory schools according to sex and grade level(male, female and preparatory one, preparatory two).

4.3.3 Sampling techniques

A. Quantitative study

Considering the source population as exclusion criteria students from 27 preparatory Schools were secured for use as a sampling frame in the city of Addis Ababa. (10 governmentals and 17 non- governmentals).From each ownership 50% of the preparatory schools were selected by lottery method (5 governmental preparatory schools and 8 non-governmental preparatory schools), making in general 13 preparatory schools. The number of students from each grade level and sections according to their sex were identified: by using proportional to size allocation technique**.** Final selection of the sample was derived based on systematic sampling method; using the name list of each section.

Figure 3: The Final Sample Size of the Preparatory Students of Addis Ababa, May

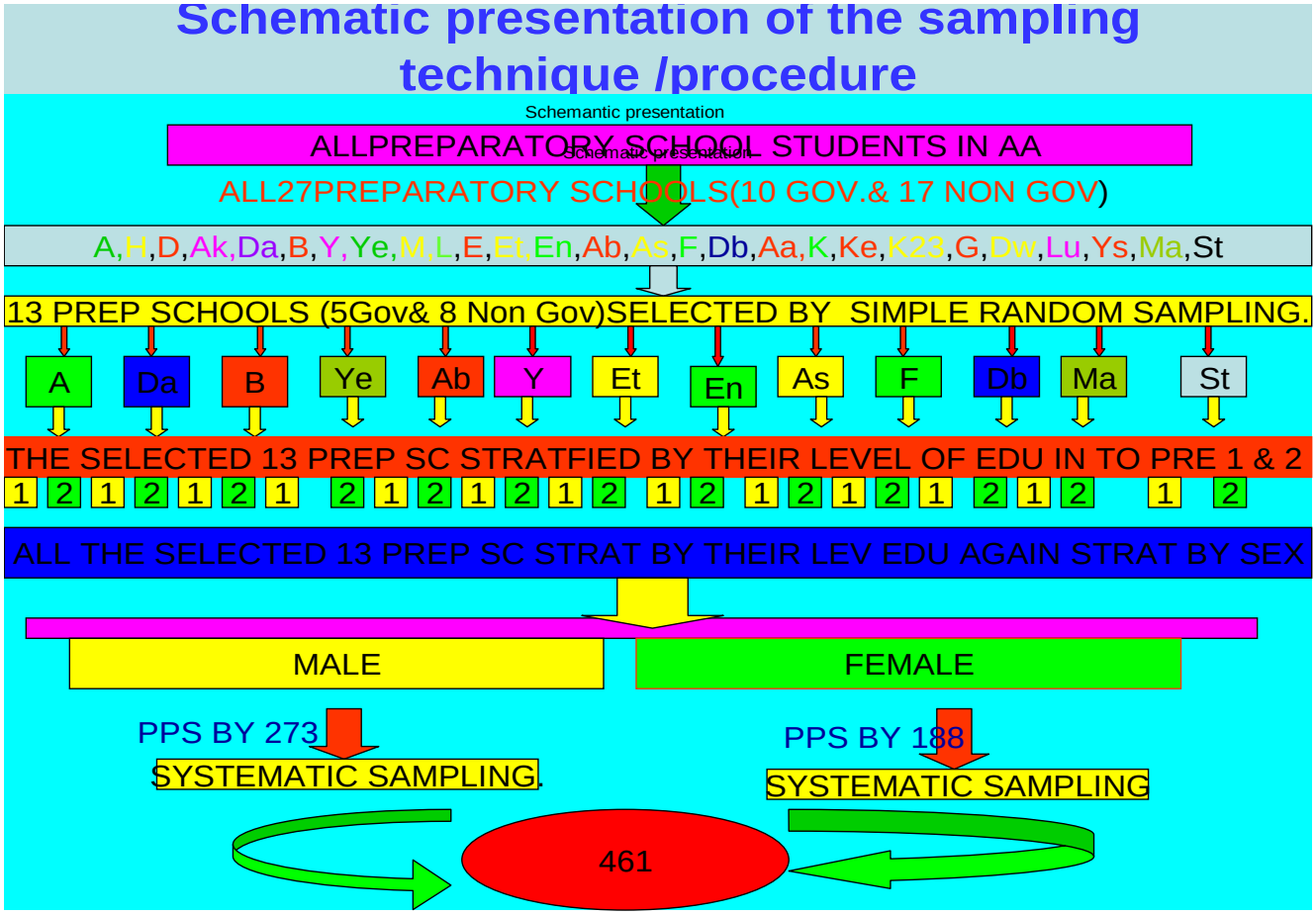
2009.

S.NO	Name of the School	Ownership	Total Number of Students (N)	Grade Level				Sample Size				
				Prep. One		Prep. Two		Prep. One		Prep. Two		
				M	F	M	F	M	F	M	F	n
1	Addis Ketema	Gov.	N_1= 1741	527	344	622	248	21	14	25	10	n_1=70
2	Dagmawi Menelik	Gov.	N_2= 1679	480	360	490	349	19	14	19	14	n_2=66
3	Bole Secondary School	Gov.	N_3= 1959	500	480	579	400	20	19	23	16	n_3=78
4	Yekatit 12	Gov.	N_4= 2094	600	494	623	377	24	20	25	15	n_4=84
5	Abiot Kirsie	Gov.	N_5= 2344	680	492	763	409	27	20	30	16	n_5=93
6	Yenegew Sew	Non-Gov.	N_6= 211	66	40	62	43	3	2	2	2	n_6=9
7	Ethio- Parent	Non-Gov.	N_7= 64	11	21	14	18	0	1	1	1	n_7=3
8	Enat	Non-Gov.	N_8= 172	48	38	41	45	2	1	2	2	n_8=7
9	Asayie	Non-Gov.	N_9= 267	94	73	69	31	4	3	3	1	n_9=11
10	Finote –Tibeb	Non-Gov.	N_{10}=57	18	11	12	16	1	0	0	1	n_{10}=2
11	Dandi Boru	Non-Gov.	N_{11}=228	67	48	60	53	3	2	2	2	n_{11}=9
12	Majic Carpet	Non-Gov.	N_{12}=518	162	102	141	113	6	4	6	4	n_{12}=20
13	School of Tomorrow	Non-Gov.	N_{13}=231	67	65	50	49	3	2	2	2	n_{13}=9
Total(N_1+N_2+N_3+----------+N_{13})			11565	$n_1 + n_2 + n_3$ +----------+ n_{13}								n=461

Prep. One =Preparatory one Gov. =Governmental

Prep. Two =Preparatory two Non-Gov. =Non-governmental

Figure 4: Schematic Presentation of the Sampling Procedure of Preparatory Students of Addis Ababa, 2009.



A=Addis Ketema	Y=Yenegew Sew	Db=Dandi Boru
Da=Dagmawi Menelik	Et= Ethio- Parent	Ma=Magic Carpet
B= Bole	En=Enat	St=School of Tomorrow
Ye=Yekatit 12	As=Asayie	1=Preparatory one
Ab=Abiot Kirsie	F=Finote-Tibeb	2= Preparatory two

B. Qualitative study

A series of four focus group discussion were carried out among purposely selected 32 students' subjects disaggregated by sex and level of education, which had been taken from both governmental and non-governmental schools, selected voluntarily.

4.4 Data gathering instruments

In this study, questionnaire and focus group discussions were used in gathering relevant information.

4.4.1 Questionnaire

An anonymous structured closed-ended Amharic language questionnaire was used for the study. The items for the study were adopted based on literature and from existing studies. A pool of questions which can address the sensitive behavior and predictors of interest were made after extensive review of available relevant literature (11,18,22,24,29,31,32,33).The questionnaire which was originally developed in English was translated to Amharic and then back to English to ensure understandability and message consistency.

4.4.2 Focus group discussion

A series of four focus-group discussions were carried out among purposely-selected students to supplement some of the findings from the questionnaire. The discussion group was divided by sex (male and female students), and also by grade level (preparatory one and preparatory two).

4.5 Pre-testing

After the development of the questionnaire and discussion guides, it was pre-tested on preparatory students other than the study samples. The questionnaire was pre-tested on 42 students randomly selected from the two preparatory grades. During the pre-testing, the questionnaire was assessed for its clarity, understandability, completeness and reliability. In addition to this the sensitivity of the subject matter and pattern of response were also assessed. As soon as the questionnaire for the pretest was completed, discussion was conducted by the principal investigator in order to gain feedback on the weakness and strength of the questionnaire. Further more to enhance honest and frank response confirming confidentiality of the response, maintaining the privacy of each individuals by separating male and female participants, keeping appropriate distance between individuals

and securing silence in the room were identified to be most important. Taking these points into consideration, finally appropriate modifications were made on the instrument.

4.6 Data gathering procedure

The principal investigator made the necessary official contact with the concerned bodies; the Addis Ababa City Education Bureau, the Sub-city Education Bureau, the Head Master of each selected schools, Unit leader of each grade level and Student Guidance Officers of each school and informed about the objectives of the study. Before the day of administration, the date and time of questionnaire and focus group discussion administration were set, and the actual data collecting time appointments were made with schools to obtain student lists and identify the respondents to facilitate the data collection process. The principal investigator arranged to complete data collection period in maximum of seven days to avoid data contamination.

The administration of the questionnaire was facilitated with two professional supervisors and short time trained 8 youth counselors. Most schools arranged halls, big size classrooms and libraries to use them simultaneously particularly to separate the male and female students. In most schools to get all the selected samples the unit leaders allowed to conduct the survey during the middle of the 2^{nd} and 3^{rd} period. The principal investigator and one trained youth counselor managed the overall coordination of the survey, administrative and logistics issues

The facilitators were responsible for proper seating arrangement of the respondent in each room, distributing the questionnaires, giving the appropriate instruction and explanation to assist the respondent how to respond to the questions. The facilitators maintain silence in each room, moving around to assist the respondent in filling the questionnaire. No respondent was allowed to leave even he or she finished filling the questionnaire until all had finished. A box was arranged in each room and respondent were asked to drop their own questionnaire into the box by themselves which was located at the exit of each room to assure the confidentiality of their responses and no school community member was allowed to enter in each room.

For the focus group discussion, appropriate rapport was established before starting the focus group discussion. The respondents were assured that their responses will be kept confidential. The principal investigator moderated all focus group discussion session, and

the two trained supervisors assist in tape recording and note taking of all the discussions. After each group discussion the principal investigator gave appropriate feedback. The principal investigator and the supervisors transcribed the tape after each session. Although diverse opinion was expected within each group preliminary coding of transcript was done and consistent themes that are directly related to the objectives of the study were identified.

4.7 Data quality assurance

To assure the data quality, short time training had been given for 8 youth counselors and two professional supervisors. Appropriate information and instruction had been given on the objective, relevance of the study, confidentiality of information, respondent's rights, informed consent, and technique of data collection.

Ethical clearance had been obtained at each level of the research process. Pre-test was conducted on 10% of the study population other than the selected preparatory schools. Principal investigator and supervisors closely followed the data collection process properly; daily filled questionnaires were checked for completeness and errors. Privacy and confidentiality of the respondents as well as good interaction between respondents, youth counselors and supervisors were maintained.

4.8 Data management and analysis

After the data collection, the question number in the questionnaire was identified and the appropriate variable name was given by data coding. The responses were entered on to a computer after the layout scheme was developed. Following this, two individuals who have expertise in data entry entered the data using SPSS version 13. Range and skip checks were done during data entry. Random sample (20%) of the data was entered and printout was visually compared with the original data. Errors identified were corrected by referring to the raw data whenever needed.

For data cleaning computer printouts of frequencies were used to check for outliers; logical and consistency errors were checked after completing data entry. After the data was cleaned backup copies were made and kept in a safe place along with the codebook.

To establish associations between dependent and independent variable crude odds ratio with 95% confidence interval were calculated from a cross-tabulation. Adjusted odds ratios that control for potential confounding variables were calculated from logistic regression and statistical significance was considered at p-value less than 0.05.

4.9 Measurement variables

Independent variables

- Socio-demographic characteristics: sex, age, school grade, ethnicity, religion group, parents existence, parents educational status, parents work out of home, and perceived family economical status of each student
- Parental monitoring and connectedness with the respected child
- Substance uses that are chat, cigarette, alcohol, cannabis, and shisha.
- Peer influence on sexual matters
- Exposure to Sexual explicit media

Dependent variables

- Sexual behavior including age difference, reasons for first time sexual contact, relationship with sexual partner, and number of life time sexual partners
- Patterns of condom uses that is consistently, sometimes and never uses, and reasons for not using

4.10 Operational definition of terms

Commercial sex worker: A person who was paid money in exchange for sex.

Consistent condom use: Use condom every time when sexual intercourse performed.

Drugs: In this study drugs are any sort of stimulants, which alters the body physiology; e.g. alcohol ,chat, shisha, hashish (marijuana), cocaine, benzene etc.

Extra-familial system: It refers to peer influence or pressure and availability of attractive

sexual explicit media or material; as it is measured from self-rated instrument.

Family-child connectedness: The degree of closeness | warmth experiences in the relationship that youths have with their parents.

Family structure: Refers to the presence of one or both parents in the home which will be measured by asking currently living with the youth.

Family system: It is represented by family structure, living arrangement, parental education, family income, parent and youth communication/connectedness and parental monitoring; as measured from self-rated instrument.

High-risk-sex: Defined a history of sexual intercourse involving either multiple partner and/or no condom use.

Parental monitoring: Is defined as the parents' knowledge of their child's about whom they are with and where they are spending their time.

Self - efficacy: -Refers to one's confidence in being able to carry out a specific behavior. Self efficacy is measured based on answers one able to refuse sex if did not want to have intercourse and condom use which is measured by items how respondents were that they could use a condom every time they had sex.

Self-system: It implies the participants age, gender, behavioral factors, grade level, self–efficacy and pre-marital sex; as measured by the self-rated instrument.

Shisha: A mixture that may include tobacco, hashish and spices; it is smoked from an oriental tobacco pipe, which has a long, flexible tube that draws the smoke through a water-filled container.

Substance abuse: Practice of chewing chat, using hashish, smoking cigarettes, shisha and drinking alcohol.

Unsafe sexual behavior: In this study unsafe sexual behavior is referred to those who were not married, started sex with no consistent condom use, whose age less than 18 years, having sexual partner and those with more than one sexual partner.

Safe sex: In this study defined as those students who did not started sexual intercourse or who had sexual intercourse but with consistent condom use, married with only one partner and those whose age was above 18 years and with one partner

Youths: In this study, young people (preparatory students) between the ages of 15 to 24 are considered as youths.

4.11 Ethical consideration

Ethical approval was obtained from the School of Nursing Research Committee Team and from Addis Ababa University, Medical Faculty, Institutional Review Board (IRB). Official letters written by the university given to Addis Ababa City Administration Educational Bureau and to the respected schools administrators so that permission could be secured at all levels.The respondents were given the necessary explanation about the purpose and the procedure of the study and their right to participate or not to participate in the study.

Confidentiality of the response were declared to the respondents by the anonymity of the self- administered questionnaire,and no school community member were allowed to observe questionnaire administration, and finally confidentiality at all level were maintained. Detail explanation about the objective (purpose) and benefit of the study was described to the study population to ensure their full cooperation. Finally written consent was obtained from those who appear to be volunteer for the study and finally the respondents themselves dropped their anonymous responses in the collection boxes.

4.12 Communication of the research findings

This Thesis paper is submitted to Addis Ababa University, Medical Faculty, Centralized School of Nursing. A copy will be given to Addis Ababa City Government Education Bureau, and to all responsible governmental and non-governmental organization responsible in Youth Reproductive Health Services and private stakeholders.

5. Results

5.1 Response coverage

Out of 461 randomly selected students from 13 preparatory schools 454 participated in the study which gives a response rate of 98.48%, of which the majority of the respondents 93(20.46 %) , 84 (18.5 %), 78(17.18 %) were from Aboit-kires, Yekatit 12, and Bole high schools respectively and the list respondents 7(1.54%) , 3(1 %) were from Enat and Ethio-Parent high schools respectively. In addition from 454 respondents 230(50.66%) were preparatory one and 224(49.34%) were preparatory two.

5. 2 Socio-demographic characteristics of the study population

A Quantitative result

Out of 454 participant in the study,181 (39.9%) were females, 273(60.1%) males, the age of youths ranged from 18-24; and 396(87.22%) were in the age group 18-19 years. The mean (+SD) and median age for the study population were found to be 18.65(± 0.9270) and 18 years respectively. Regarding their religion, Orthodox Christianity was the dominant religion consisting of 349(76.88%), followed by Muslims 50(11.01%), Protestants 40(8.81%) and others 15(3.30%). Two hundred twenty (48.46%) of the students were Amharas, 76(16.74%) Oromo, 69 (15.2%) Guraghe and Others 34(7.49%) consisted of Gamo, Kembata and Siltae were by their ethnicity. Eleven (2.42%) of the respondents were currently married of which 7(63.63%) were females. Among the respondents 265 (58.5%) were raised by both parents, of which 163 (59.7%) were males and 102 (56.7%) were females. Those who were raised by mothers only were 74(16.3%)

and 28 (2.8%) were raised by fathers only. Generally, 195(42.95%) students were living with both parents, and 77 (16.96%) were living with their mothers (Table 1).

Table 1: Distribution of preparatory students by their Demographic Characteristics Addis Ababa, May 2009

Variables	Male (n,%)	Female (n, %)	Total (n ,%)
Sex	273 (60.1)	181 (39.9)	454 (100)
Age			
18-19	228 (83.52)	168 (92.82)	396 (87.22)
≥ 20	45 (16.48)	13 (7.18)	58 (12.78)
Educational Status			
Preparatory One	134 (49.08	96 (53.04)	230 (50.66)
Preparatory Two	139 (50.92)	85 (46.96)	224 (49.34)
Religion			
Orthodox Christian	204 (74.73)	145 (80.11)	349 (76.88)
Muslim	33 (12.09)	17 (9.39)	50 (11.01)
Protestant	26 (9.52)	14 (7.73)	40 (8.81)
Others	10 (3.66)	5 (2.76)	15 (3.30)
Ethnicity			
Amhara	129 (47.25)	91 (50.28)	349 (76.88)
Oromo	51 (18.68)	25 (13.81)	50 (11.01)
Gurage	38 (13.92)	31 (17.13)	69 (15.20)
Tigrie	31 (11.360)	24 (13.26)	55 (12.11)
Others	24 (13.26)	10 (5.52)	34 (7.49)
Currently Married			
Yes	4 (1.47)	7 (3.87)	11 (2.42)
No	269 (98.53)	174 (96.13)	443 (97.58)
Raised by			
Both parents	163 (59.7)	102 (56.7)	265 (58.5)
Mother only	44 (16.1)	30 (16.7)	74 (16.3)
Father only	18 (6.6)	10 (5.6)	28 (6.2)
Other family member	48 (17.6)	38 (21.1)	86 (19.0)
Currently living with			
Both parents	110 (40.29)	85 (46.96)	195 (42.95)
Father only	17 (6.23)	5 (2.76)	22 (4.85)
Mother only	52 (19.05)	25 (13.81)	77 (16.96)
Grand parents	12 (4.40)	7 (3.87)	19 (4.19)
Others	82 (30.03)	59 (32.6)	141 (31.05)

Among the respondents 97(21.4%) of students were without father where as 40(8.8%) had no mother. The respondents who perceived their family economic status as medium were 338 (74.45%) and 294(64.9%) were provided pocket money regardless of the amount. Regarding educational level of parents, 99(27.7%) fathers of the students had educational level of college and above; 50 (14%) were illiterate and 90(25.17%) were reported to be civil servants. One hundred twelve (27.1%) mothers of the participants had educational level of 7-12 grade, 106(25.6%) illiterate (can't read and write), 146(35.3%) were unemployed (Table 2).

Table 2: Parental Characteristics of Preparatory Students of Addis Ababa, May 2009

Variable	Male (n, %)	Female (n, %)	Total (n, %)
Mother's employment status			
Unemployed	90 (36.3)	56 (33.7)	146 (35.3)
Government employed	39 (15.7	34 (20.5)	73 (17.6)
Non-government employed	11 (4.4)	12 (7.2)	23 (5.6)
Self employed	50 (20.2)	27 (16.3)	77 (18.6)
Business woman	37 (14.9)	21 (12.7)	58 (14.0)
Others	21 (8.5)	16 (9.6)	37 (8.9)
Mother Currently Alive			
Yes	247 (90.48)	166 (91.71)	413 (90.97)
No	25 (9.16)	15 (8.29)	40 (8.81)
I don't know	1 (0.37)	—	1 (0.22)
Perception on Family's Economic Status			
Poor	71 (26.01)	24 (13.26)	95 (20.93)
Medium	189 (69.23)	149 (82.32)	338 (74.45)
Rich	13 (4.76)	8 (4.42)	21 (4.63)
Father's educational status			
Illiterate	28 (13.1)	22 (15.3)	50 (14.0)
Read and write only	34 (15.9)	14 (9.7)	48 (13.5)
Elementary 1-6 grade	29 (13.6)	18 (12.5)	47 (13.2)
7-12 grade	55 (25.7)	34 (23.6)	89 (24.9)
College and above	53 (24.8)	46 (31.9)	99 (27.7)
I don't know	14 (24.8)	10 (6.9)	24 (6.7)
Father's employment status			
Unemployed	5 (2.3)	6 (4.2)	11 (3.1)
Government employed	51 (23.9)	39 (27.1)	90 (25.1)
Non-government employed	33 (15.5)	19 (13.2)	52 (14.5)
Self employed	60 (28.2)	34 (23.6)	94 (26.3)
Business man	36 (16.9)	30 (20.8)	66 (18.4)
Others	28 (13.2)	16 (11.1)	44 (12.6)
Mother's educational status			
Illiterate	68 (27.4)	38 (22.9)	106 (25.6)
Read and write only	35 (14.1)	19 (11.4)	54 (13.0)
Elementary 1-6 grade	33 (13.3)	29 (17.5)	62 (15.0)
7-12 grade	67 (27.0)	45 (27.1)	112 (27.1)
College and above	37 (14.9)	32 (19.3)	69 (16.7)
I don't know	8 (3.2)	3 (1.8)	11 (2.7)

NB: Analysis done on valid N

5.3 Perceived parental monitoring and family connectedness

As can be seen from Table 3, majority of the students 267(58.81%) were never asked where they go other than school times. Results from the Chi-square statistical analysis shows significant difference with regards to parental monitoring(X^2= 20.9043, P =< 0.01). Regarding pocket money, most of the students 208(71%) were asked sometimes what they do with the pocket money given to them. Statistically significant difference is observed by the students perception on parental monitoring on given pocket money (X^2 =17.1297, P< 0.01).Regarding family connectedness, in any area of issue, feeling of inconveniency to discuss with parents was identified by 178(65.2%) male respondents and 99(55.2) females, they prefer to discuss their problem other than their family member. As can be seen from the same table parent and child communication on issue of sexuality, majority of males 199(72.9%) and 116(64.4%) females respondents revealed that they do not discuss anything regarding sexual issues with their parents. There was no statistically significant association between male and female students with regard to parent-child communication on sexuality (X^2 =3.6558, P= 0.056).

Table 3: Respondents Perception on Parental Monitoring and Family Connectedness by Sex, Addis Ababa, May 2009

Variable	Male (n,%)	Female (n,%)	Total (n,%)	X^2 test
Parental Monitoring On Areas Other Than School				X^2=20.9043 P =0.000*
Always	31 (11.36)	51 (28.18)	82 (18.06)	
Sometimes	67 (24.54)	38 (20.99)	105 (23.13)	
Never	175 (64.10)	92 (50.83)	267 (58.81)	
Total	273 (100.00)	181 (100.00	454 (100.00)	
Parental Monitoring On Given Pocket Money				X^2 =17.1297 P =0.000*
Always	35 (20.00)	50 (42.37)	85 (29.01)	
Sometimes	140 (80.00)	68 (57.63)	208 (70.99)	
Total	175 (100.00)	118 (100.00)	293 (100.00)	
Loose Family Connectedness				X^2 = 7.1710 P =0.067
Agree	178 (65.2)	99 (55,0)	277 (61.1)	
Disagree	95 (34.8)	81 (45.0)	176 (38.9)	
Total	273 (100.0)	180 (100.0)	453 (100.010	
Parent-Child Communication On Sexuality				X^2 =3.6558 P =0.056
Yes	74 (27.11)	64 (35.56)	138 (30.46)	
No	199 (72.89)	116 (64.44)	315 (69.54)	
Total	273 (100.0)	180 (100.0)	453 (100.0)	

*=Statistically significant at P: P<0.05

Students were also asked with whom they feel very comfortable to discuss about sexuality in addition to parents. As table 10 shows, the overall 454(100%) of the students reported that they have had discussion with the most preferred people about sexuality. More

students preferred as their first choice, peers 288 (63.4%).Statistically significant difference was also found by gender, where more males than females reported discussing with peers (X^2 =7.565,P<0.05). The preference of the respondents to discuss about sexuality with their fiancé 46(10.1%) was reported of which 21(11.6%) by females. As the finding on the same Table shows, preference to discuss about sexuality inclined to mothers. Statistically significant difference was also found by gender, where more females than males reported discussing with mothers (X^2 =8.432, P<0.05).

Table 4: Communication & Discussion Regarding Sexuality, Addis Ababa May, 2009

Variable	Male (n, %)	Female (n, %)	Total (n, %)	X^2 test
Most comfortable discussing About Sexuality Both Parents				X^2=1.031 P =0.314
Yes	5 1.8	6 3.3	11 2.4	
No	268 98.2	175 96.7	443 97.6	
Mothers				X^2=8.432
Yes	11 4.0	20 11.0	31 6.8	P =0.004*
No	262 96.0	161 89.0	423 93.2	
Fathers				X^2 =3.397
Yes	1 0.4	4 2.2	5 1.1	P = 0.085
No	272 99.4	177 97.8	449 98.9	
Other relatives				X^2 =0.082
Yes	12 4.4	9 5.0	21 4.6	P =0.471
No	261 95.6	172 95.0	433 95.4	
Friends				X^2=7.565
Yes	187 68.5	101 55.8	288 63.4	P =0.04*
No	86 31.5	80 44.2	166 36.6	
Fiancé				X^2=0.714
Yes	25 9.2	21 11.6	46 10.1	P =0.245
No	248 90.8	160 88.4	408 89.9	
Mass media				X^2=0.832
Yes	4 1.5	1 0.6	5 1.1	P =0.338
No	26.9 98.5	180 99.4	499 98.9	
Teachers				X^2=0.173
Yes	2 0.7	2 1.1	4 0.9	P =0.523
No	271 99.3	179 98.9	450 99.1	
Health professionals				X^2=0.389
Yes	17 6.2	14 7.7	31 6.8	P =0.329
No	250 93.8	167 92.3	423 93.2	
Religious area				X^2=1.137
Yes	9 3.3	3 1.7	12 2.6	P =0.225
No	264 96.7	178 98.3	442 97.4	

*

5.4 Exposure to sexual explicit media

Regarding knowledge on the availability of sexual explicit media (SEM), majority of the respondents 402 (88.5%) reported that they do have awareness on the availability of sexual explicit media; among this 145 (80.1%) were males. There is statistically significant association between males and females which shows male students report more on the

availability of SEM (X^2 =21.120, P<0.01). Majority of the respondents 404 (88.99%) revealed their opinion that exposure to sexual explicit media predisposes to unsafe sex**.** As shown in Table 5 there is no association between gender and opinion towards exposure to sexual explicit media in predisposing to unsafe sex (X^2 =0.1066, P>0.05) Among the types of SEM, 376 (82.8%) of the respondents were mostly exposed to video and music films. The calculated Chi-square value (X^2=16.3301, P< 0.01), revealed that there is statistically significant association between gender and exposure to video films and music films.

Table 5: Respondents Knowledge on the Availability and Opinion towards Exposure to Sexual Explicit Media Addis Ababa, May 2009

Variable	Male (n, %)	Female (n, %)	Total (n, %)	X^2 test
Knowledge on SEM				
Yes	257 (94.1)	145 (80.1)	402 (88.5)	X^2 =21.120
No	16 (5.9)	36 (19.9)	52 (11.5)	P =0.000*
Types of Sexual-Explicit Medias				
News paper and Magazines				X^2 =0.352
Yes	163 (59.7)	103 (56.9)	266 (58.6)	P =0.553
No	110 (40.3)	78 (43.1)	188 (41.4)	
Radio and Television				
Yes	161 (59.0)	87 (48.1)	248 (54.6)	X^2 =5.225
No	112 (41.0)	94 (51.9)	206 (45.4	P =0.22
Video and Music Films				
Yes	242 (88.6)	134 (74.0)	376 (82.8)	X^2 =16.3301
No	31 (11.4)	47 (26.0)	78 (17.2)	P =0.000*
Internet				
Yes	164 (60.1)	86 (47.5)	250 (55.1)	X^2 =6.939
No	109 (39.9)	95 (52.5)	204 (44.9)	P =0.008*
Respondents Opinion Towards SEM Predispose to Unsafe Sex				X^2 =0.1066
Yes	244 (89.38)	160 (88.40)	404 (88.99)	P =0.744
No	29 (10.62)	21 (11.60)	50 (11.01)	

*=Statistically significant at P: P<0.05

5.5 Substance uses

The assessment of magnitude of substance uses among the preparatory students revealed 82 (18.1%) chewed chat, 38 (8.4%) smoked cigarette, 139 (30.6%) drank alcohol, 17 (3.8%) used cannabis; and shisha was mostly used by the respondents 98 (21.6%) in comparing with other types of substances other than alcohol

Table 6: Magnitude of Substance Uses by Preparatory Students of Addis Ababa, May 2009

Variables	Yes		No		Total	
	No.	%	No.	%	No.	%
Chat	82	18.1	372	81.9	454	100.0
Cigarettes	38	8.4	416	91.6	454	100.0
Alcohol	139	30.6	315	69.4	454	100.0
Cannabis	17	3.8	436	96.2	453	100.0
Shisha	98	21.6	356	78.4	454	100.0

5.6 Peer influence and behavior

From the overall 454 respondents 201 (44.27%) had pressure from friends/peers to have sex of which males 135 (49.45%) were the majority and 66 (36.46) females. There is statistically significant association between sex and peer influence to have sexual activity which shows male students are more influenced by peer pressure than female students (X^2=7.4398, P<0.01).

Table 7: The Distribution of Peer Influence among Students of Addis Ababa, May 2009

Variables	Male (n, %)	Female (n, %)	Total (n, %)	X^2 test
Peer Pressure To Have Sexual Intercourse				X^2 =7.4398 P =0.006*
Yes	135 (49.45)	66 (36.46)	201 (44.27)	
No	138 (50.55)	115 (63.54)	253 (55.73)	
Total	273 100.0	181 100.0	454 100.0	

*=Statistically significant at P: P<0.05

5.7 Sexual behavior

Overall, 212(46.7) reported having had sexual intercourse less than half of the students admitted that they had sexual intercourse. From the Table 8, it can be seen that the percentage of sexually active student among the age group of 18-19, 176(83.02%) was very high as it is compared from age group of 20-24, 36 (16.98 %). The calculated Chi-square value (X^2 =6.313, P=<0.05) revealed that there is statistically significant association between age group with the sexual activity of the respondents.

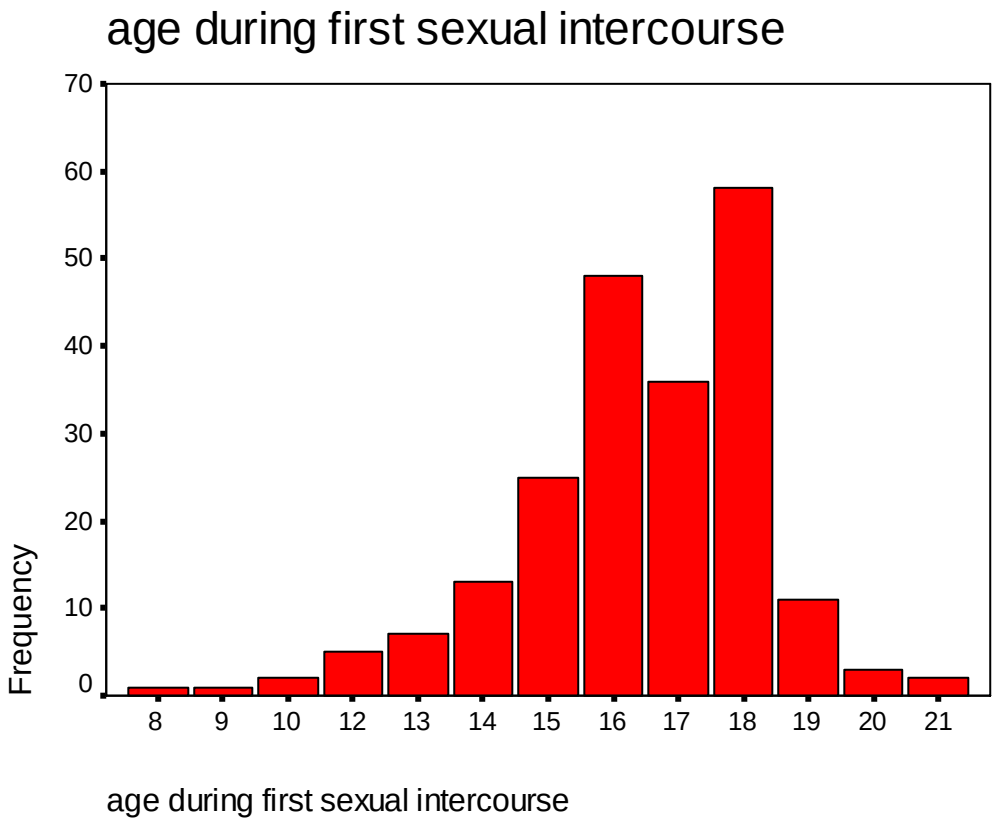
Table 8: Sexually Active Students by Age Addis Ababa, May 2009

	Ever had Sex

Age in Groups	Yes (n, %)	No (n, %)	Total (n, %)	X^2 =6.313
18-19	176 (83.02)	220 (90.91)	396(87.2)	P =0.009*
20-24	36 (16.98)	22 (9.09)	58 (12.8)	
Total	212 (100.0)	242 (100.0)	454 (100.00)	

*=Statistically significant at P: P<0.05

Figure 5: Respondents by Age and Experience of Having Sex Addis Ababa, May 2009



The assessment of unsafe sexual behavior of the preparatory students revealed, 212 (46.70%) of the respondents were sexually active. As can be seen from the Table 9 from 212 sexually active 146(68.9%) were males and 66(31.1%) females.

Age of sexually active students at the time of first sexual contact ranged between 8 to 21 years. As the finding shows more than half of the sexually active students (60.84) had their first sexual intercourse at a younger age(under the age of 18 years).The mean age of first sexual contact was 16.4 (SD ± 1.99.)There was no statistically significant between male and female students with regard to age of first sexual intercourse.(X^2=0.114,P=>0.05).

Coming to relation with first sexual partner of the sexually active students 43 (29.5%) of males, 36 (54.5%) of females the first sexual partner was a fiancé, for 31 (21.2%) of males

and 11 (16.7%) of females a school friend, for 13 (8.9%) of males and 10 (15.2%) of females were sugar daddy / mammy, for 7 (4.8%) of males and 2 (3.0%) of females were relatives, for 12 (8.2%) of males only, the first sexual partner was a house maid and for 40 (27.4%) of males and 3 (4.5%) of females others were mentioned. Others were specified as very close relatives, commercial sex workers, neighbor and unspecified identity, particularly reported by males. There was statistically significant between male and female students with regard to relation with the first sexual partner of the sexually active respondents X^2=36.103,P<.05).

As shown on Table 9 from 84 (39.62%) of sexually active youths, 37 (25.3%) of males, 47 (71.2%) of females reported that their first sexual partner were at on older age than them, that indicate statistically significant between male and female students with regard to age of first sexual partner of the sexually active respondents (X^2=40.993,P<.05).

The sexually active respondents were asked about the number of partners they had sex with until the time of the study. Accordingly, as identified on Table 9, 129 (60.85%) of the respondents admitted having sexual intercourse with more than one person. Chi-square analysis shows there was statistically significant difference between male and female students with regard to number of sexual partner (X^2=6.113, P=0.043). Similarly, as can be

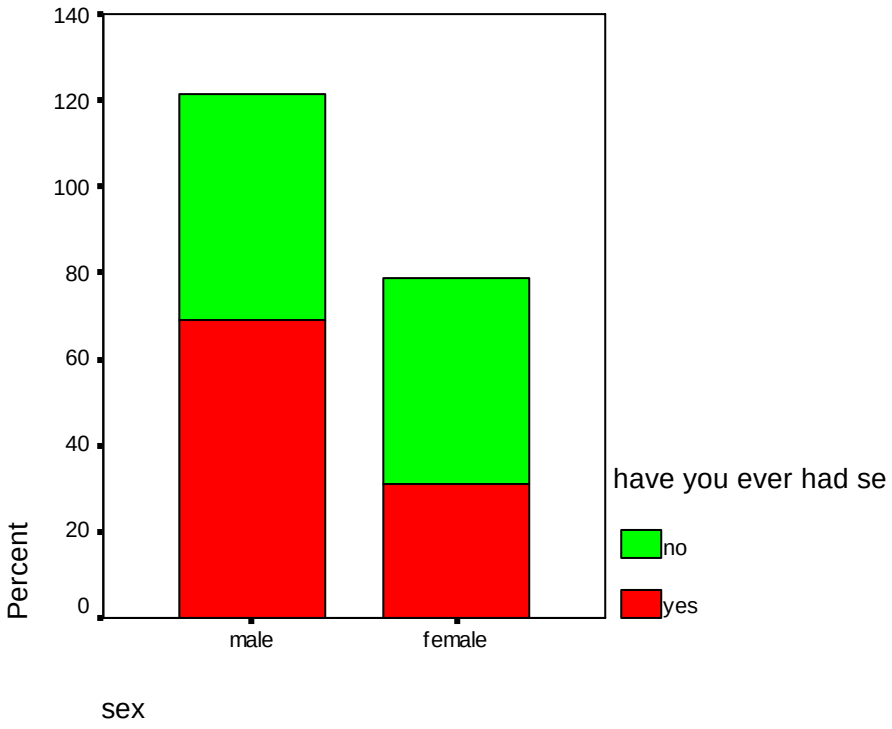
seen from the same table, 80 (37.74%) of the students of which 74 (50.88%) males and 6 (9.09%) females reported that physical pleasure was their reason for first sexual contact followed by love affair 34 (23.29%) of males and 20 (30.30%) females. For the rest 13 (8.9%) males and 5 (7.58%) females first sexual intercourse was initiated by peer pressure. Regarding forced sex from 13 (6.13%) of the students 9(13.64%) females are more prone to engage in sexual activity by being forced; that indicate statistically significant between male and female students with regard to main reason to engage in premarital sexual practice (X^2=57.737,P< 0.01)

Table 9: Percentage Distribution of Respondents by Sex and Premarital Sexual Activities, Addis Ababa May 2009

Characteristics	Male n (%)		Female n (%)		Total n (%)		X^2 test
Ever had sex							X^2=12.660
Yes	146	68.9	66	31.1	212	46.70	P =0.000*
No	127	52.5	115	47.5	242	53.30	

Age of first sex							
< 13	6	4.11	3	4.55	9	4.26	X^2=0.114
13-17	88	60.27	41	62.12	129	60.84	P =0.945
≥ 18	52	35.62	22	33.33	74	34.90	
Relation with first partner							
Fiance	43	29.5	36	54.5	79	37.3	X^2=36.103
School friend	31	21.2	11	16.7	42	19.8	P =0.000*
Spouse	-	-	4	6.1	4	1.9	
Relatives	7	4.8	2	3.0	9	4.2	
House maid	12	8.2	-	-	12	5.7	
Sugar daddy/mammy	13	8.9	10	15.2	23	10.8	
Others	40	27.4	3	4.5	43	20.3	
Age of first partner							
Older	37	25.3	47	71.2	84	39.6	X^2=40.993
Same age	69	47.3	9	13.6	78	36.8	P =0.000*
Younger	40	27.4	10	15.2	50	25.6	
Number of sexual partner so far							
Three and more	48	32.88	11	16.7	59	27.8	X^2=6.113
Two	46	31.51	24	36.4	70	33.02	P =0.043*
One	52	35.62	31	46.9	83	39.15	
Main reason to engage in premarital sex							
Physical pleasure	74	50.68	6	9.09	80	37.74	X^2=57.737
Peer influence	13	8.90	5	7.58	18	8.49	P =0.000*
Financial gain	4	2.74	14	21.21	18	8.49	
Forced sex	4	2.74	9	13.64	13	6.13	
Love affair	34	23.29	20	30.30	54	25.47	
Married	0	00.00	4	6.06	4	1.89	
Others	17	11.64	8	12.12	25	11.79	

Figure 6: Respondents Sexual Practice by Sex Addis Ababa, May 2009



Students who were having a boy friend/ girl friend at the same time who had been asked to do sexual intercourse by their boy/girl friend and gave "No" response were assessed to identify their reasons for not having sexual intercourse. Accordingly, the most important reason for not doing sexual intercourse for females as well as for males out of the respondents 27 (21 females 80.8%, 6 males 60%) reported that no sex before marriage.

Table 10: Reasons of Respondents for Not Having Sexual Intercourse by Sex, Addis Ababa, May 2009

Reasons For No Sexual Intercourse	Male (n, %)		Females (n, %)		Total (n, %)	
Fear of parents	1	10.0	1	3.8	2	5.6
Religious reasons	2	20.0	2	7.7	4	11.1
Fear of STD/AIDS	1	10.0	2	7.7	3	8.3
No sex before marriage	6	60.0	21	80.8	27	75.5
Total	**10**	**27.8**	**26**	**72.2**	**36**	**100.0**

Regarding condom use during the first sexual intercourse among sexually active respondents 212, 177 (74.06) respondents reported that they did not use condom first time they had sexual intercourse of which 106 (72.60%) were males and 51 (77.27%) females.

As shown on Table 11, 86 (40.6%) of the respondents who were sexually active, used condom consistently of which 54 (19.78%) were males, 32 (17.68%) females and 108 (50.9%) had never used condom while they are sexually active of which 79 (54.1%) were males, 29 (43.9%) females. As can be seen from the table below, the statistical test showed that there was statistically significant difference between the two sexes, where more males than females reported condom use at sexual debut(X^2=19.0013, P<0.01)

Regarding condom use last time the sexual active respondents had sex, among 210 sexually active respondents 133 (63.3%) had not used condom last time they had sex. Regarding reasons for not using condom among sexually active respondents during first time of sexual intercourse, the main reasons which was reported by 61(38.85%) respondents of which 50(47.17) males and 11(21.57) females was never thought about it. The second most reason identified was because of having only one partner reported by 13(12.26) males and 21(41.18) females, the third main reason was do not know how to use it was reported by 17(13.21) males and 3(5.88) females. The statistical test showed that there was statistically significant difference between the two sexes, where more females than males reported no condom use at sexual debut(X^2=26.2862, P<0.01).

Respondents opinion on partner's objection towards condom use was assessed and the majority of the sexually active respondents 95(44.8) of which 58(40.8%) males and 37(52.9%) females revealed that they will do sex not to miss sexual partner; and 38 (17.9%) of which 30 (21%) of males and 8 (11.4%) of females reported no sex without condom. The statistical test showed that there was no statistically significant difference between the two sexes regarding respondents opinion towards partner objection on condom use at sexual debut(X^2=6.356, P>0.05).

Table 11: Distribution of Condom Use, Reasons for Not Using Condom, Respondent Opinion towards Partner Objection on Condom Use among Sexually Active Students by Sex Addis Ababa , May 2009

	Male (n, %)	Females (n,%)	Total (n, %)	X^2 test
Consistency of Condom Usage				
Sometimes	13 (8.94)	5 (7.6)	18 (8.5)	X^2=19.0013
Always	54 (36.9)	32 (48.5)	86 (40.6)	P =0.001*
Never Used	79 (54.10)	29 (43.9)	108 (50.9)	

Reasons For Not Use Condom				X^2=26.2862
Objection from partner to use	6 (5.7)	7 (13.7)	13 (8.3)	P =0.000*
Uses only other than my friend	4 (3.8)	1 (2.0)	5 (3.2)	
Have only one partner	13 (12.3)	21 (41.2)	34 (21.7)	
Was a forced sex	8 (7.5)	6 (11.8)	14 (8.9)	
Diminishes sexual pleasure	11 (10.4)	2 (3.9)	13 (8.3)	
Never thought about it	50 (47.2)	11 (21.6)	61 (38.9)	
Do not know how to use	14 (13.2)	3 (5.9)	17 (0.8)	
Respondent Opinion on Partner's Objection on Condom Uses				X^2=36.356
Do sex not to miss partner	58 (40.8)	37 (52.9)	95 (44.8)	P =0.096
Insist on using condom	42 (29.6)	23 (32.9)	65 (30.7)	
I will provide condom	12 (8.5)	2 (2.9)	14 (6.6)	
No sex without condom	30 (21.1)	8 (11.4)	38 (17.9)	

Analysis done on valid N

On bivariate analysis of logistic Regression model, Unsafe sexual behavior significantly associated with Substance uses, and Loose family Connectedness OR=2.49 (1.57.3.92) and 3.13(1.87,5.23) respectively. In addition to that Unsafe sexual behavior was 41% less likely influenced by Peer pressure OR0.59(0.399,0.862).On the other hand, Parental monitoring on pocket money, Exposure to SEM, Parent-child communication and Perception on family economic status had no association with Unsafe sexual behavior OR1.23(0.56,2.97), 0.36 (0.22.0.60),1.49 (0.99,2.23),and 1.28 (0.52,3.17) respectively.

Risk to unsafe sex among youth preparatory students being sexually active was found to be significantly associated after controlling for possible confounding using Multivariate logistic regression. Regarding respondents who are not using substances were three times more protected from risks of unsafe sex OR=2.752,95%CI, (1.633,4.636).Those reported to have peer pressure for doing sex were about two and half times at risk
OR=2.557, 95%CI, (1.509, 4.333). Respondents reported to have partner with same age are one time more at risk for unsafe sexual behavior OR=1.039, 95%CI, (.244, 4.425). Those who admitted loose family connectedness with their parents about two times more at risk for unsafe sexual behavior OR=2.187,95% CI,(1.172.4.084)

Table 12: Association between Unsafe Sexual Behavior of Respondents Towards Some Variables Addis Ababa, May 2009

Variable	Male(n,%)	Female(n,%)	Total (n, %)	OR(95% CI)** Crude	OR(95%CI)** Adjusted
Substance Uses					
Yes	95 (34.8)	32 (17.7)	127 (28.0)	1*	1*
No	178 (65.2)	149 (82.3)	327 (72.0)	2.485(1.575,3.92)	2.752 (1.63,4.64)

Loose Family Connectedness					
Agree	178 (65.2	99 (55.0)	277 (61.1)	1*	1*
Disagree	95 (34.8)	81 (45.0)	176 (38.4)	3.13(1.87,5.23)	2.187(1.172,4.084)
Parental Monitoring On Given Pocket Money					
Always	35 (20.00)	50 (42.37)	85 (29.01)	1*	1*
Sometimes	140 80.00)	68 (57.63)	208 (70.99)	1.23(0.56,2.97)	2.75(1.59,4.67)
Exposure to SEM (video& music films)					
Yes	242 (88.64)	134 (74.03)	376 (82.82)	1*	1*
No	31 (11.36)	47 (25.97)	78 (17.18)	0.365(0.22,0.60)	0.435(0.258,0.732)
Age of First Partner					
Older	37 (25.3)	47 (71.2)	84 (39.6)	1*	1*
Same age	69 (41.3	9 (13.6)	78 (36.8)	5.08(2.25,11.50)	1.039(0.24,4.43)
Younger	40 (27.4)	10 (15.2)	50 (25.6	.522(.196,1.392)	1.939 (1.05,3.584)
Parent-child Communication					
Yes	74 (27.11)	64 (35.56)	138 (30.46)	1*	1*
No	199 (72.89)	116 (64.44)	315 (69.54)	1.484(0.99,2.23)	1.204(0.78,1.87)
Peer pressure to Have Sex					
Yes	135 (49.45	66 (36.46)	201 (44.27)	1*	1*
No	138 (50.55)	115 (63.54)	253 (55.73)	0.587(.399,.862)	2.557(1.509,4.333)
"					
Perception On Family's Economic Status					
Poor	71 (26.01)	24 (13.26)	95 (20.93)	1*	1*
Medium	189 (69.23)	149 (82.32)	338 (74.45)	0.55(0.20,1.49)	0.51(0.18,1.43)
Rich	13 (4.76)	8 (4.42)	21 (4.63)	1.28(0.52,3.17)	1.17(0.44,2.81)

NB: Sample size varies due to missing responses. Analysis done on valid N.

* Referent group

******95% CI= 95% Confidence Interval

B. Qualitative result

Perceived parental monitoring and family Connectedness

Most of the participants in the focus group discussion irrespective of sex, said that parental monitoring is right/ good if it is moderate, but if parental control; is high and very tight it could sometimes encourage the students to involve themselves into risky behaviors in the same way lower level of parental control does.

As one male participant 18 years old said

"Every time I return home my father always asks me where I am from whom I am with. This made me feels disappointed and encouraged me to involve in risky sexual behavior;

strict monitoring is not appropriate by it instead, there should be trust between parents and adolescents/youths."

As an 18 years old female preparatory one student explained

"Even if parents are highly educated, if they don't discuss every expected issue of youngsters well, and if they don't apply appropriate (moderate type of monitoring) their education or the amount of income they do have or even pocket money if they give to their children it's all useless. All will facilitate risky behavior of the child including sexual risks."

Communication and discussion regarding sexuality

During the focus group discussion the participants universally agreed that most young people discuss more with their peers and other people than their parents. Moreover, the discussants in the different groups indicated their view that most parents do not discuss in detail about sexuality with their adolescent children

As one 17 years female preparatory one participant said,

"My mother never talks to me on sex related issues clearly rather she goes round and round in the form of warnings, threatening and prohibitions. Deeper discussion of sexual matters is almost absent in our home and I feel at easy and comfortable to talk with others especially with my friends because I spend more time with friends; parents should consider the importance of having close relationship, and discuss with their children about different issues which are very important for the children. "

Exposure to sexual explicit media

In the qualitative study conducted in one of the preparatory schools among male students seven out of eight considered that video films mainly pornography type could influence the sexual behavior of the youths in one way or another.

One male 19 years of age of preparatory one participant said that,

"The sexual explicit media is highly available in the town of Addis, students know where they can go and get such kinds of media even very near to the school environment and there is no question for its being influential on the behavior of the young people; once

youths are used to be exposed to such sexual explicit media, its implication is translated into testing the scenario in action".

Sexual behavior

Unlike the result from the questionnaire, in the focus group discussion, the participants in the different groups indicated that proportion of preparatory youths who are practicing sex is very high.

As one male participant 17 years said

"Students who are not doing sex are given nickname as if they are out of the world and very lazy; so that every body this days is doing sex; I can say almost two third of the students are doing sexual intercourse."

Regarding the focus group discussion, one female 19 years old student from preparatory one said;

"These days since the demand of girls are increasing great majority of student's families are not able to fulfill their children demand; to get money what we call sugar daddy has become common, many girls have sex with older men to get money without realizing consequences that could follow later."

Similarly, a preparatory one 18 years of age male student clearly stated that;

"Boys feel very comfortable and feel very pleasure having sex with girls 3-5 years older than them , this is because that the elder girls do not create disagreement as young girls are doing in doing sex furthermore, they are used for different types of sexual activities so that they create sexual enjoyment and pleasure very easily."

6. Discussion

The present study has revealed the magnitude of the selected risk factors related for unsafe sexual problems of the youth.

In the sub-Saharan African, as in many countries in the industrialized world and elsewhere, people embark on sexual activity when they are in their teens-often around mid-teens. Initiating sexual activity is a natural transition, made nearly by all humans. Nevertheless, it is not the occurrence of this transition but its timing and the circumstances under which it occurs that has significant implications as a major public health concern all over the world (24).

The study revealed that 212(46.70%), almost half of the respondents admitted having sexual experience accounting for 68.9% of males and 31.1% of females,respectively.The finding showed that males were more likely to report sexual activity than females. Similar finding was obtained by other researchers within the country(Solomon G 1990).The difference in sexual activity between males and females may be due to the protective factor of their family and cultural reasons. The figure about the prevalenc for sexual activity in the study is almost the same when it is compared with previous findings done on school-

based studies,(Evan 2003, Negussie 2002, Solomon G 1990, Solomon S. 2004), in Southern Ethiopia (Taffa, 1998) but the present study showed a little higher than (46 .7 % Vs 32-41%) from previous Addis Abab study (Tadesse 1996,Abate 1998). This may suggest that the risk-taking behavior regarding sexual matter increased among times which might be assumed because of increasing urbanization advanced technology and modernization in the city of Addis.However it is believed that young adolescents often underreport their sexual experiences, but when they are asked about their friends behavior they are likely to be more honest than their own. In the same way, the focus group discussion participants indicated that majority of young people practice premarital sex. Generally, the magnitude of sexual activity among the school adolescents is getting high as shown by previous school-based studies as well as by the present studies which imples that a great chance of HIV/ STDs transsmition through unsafe sexual intercourse is existing within the students.At present schools are considered as information media and very captive for any knid of interventions to reduce problems associated with sexuality and unsafe sex practices.

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In this study, students commence their sexual experience at early age.Youths in the study differed by age when sexual activity is considered. As the finding shows more than half of the sexually active students (60.84%) had their first sexual intercourse at a younger age (under the age of 18 years).The mean age of first sexual contact was 16.4 (SD $\pm$ 1.99). The findings regarding gender difference showed that there was no statistically significant difference between male and female students with regard to age of first sexual intercourse. A number of recent studies done among various youths population in different parts of Ethiopia also documented similar findings on first sexual experience at early age. In Addis Ababa, high school students had first sex between the ages of 14-16 years. In Gondar, College students 40.2% had previous sexual experience at the mean age of 17 years and other studies among high school students from different part of the country indicated the mean age at first sexual intercourse to range from 15.3 to 16.5 years (5, 8, 10).Surveys from a number of African countries also indicated that there is early sexual initiation (18).

Regarding the type of sexual partners, males were more prone to have sexual contact with students (a high risk group).Similarly more males reported to have sexual contact with older women who can create sexual enjoyment very easily because of repeated practice and exposure to sexual explicit media. The finding confirmed by the focus group

discussion is that sexual activity with older partners is becoming a common practice among sexually active male youths. On the other hand, more females reported to have sexual contact with older men who can help them financially as compared to males. This finding was also confirmed by the focus group discussion participants that sexual activity with older partners is a common practice among economically disadvantaged female students.

Furthermore, the analysis of the study revealed the reason of participants for sexual intercourse. The majority of students reported that their first sexual practice was initiated just because of physical pleasure, followed by love affair that is simply to express the extent or degree of their love to their partner. The statistical analysis showed an association between sex of respondents and reason for first sexual practice (X^2=57.737,P=0.000). More males reported physical pleasure as their reason for sexual intercourse while more females reported love affair as their major reason for sexual intercourse. This trend is highly supported and got emphasis by male group discussants in the focus group discussion.

As the finding of the study showed, majority of the sexually active respondents (60.9%) reported having multiple sexual partners. The mean number of sexual partners is found to be 2.11±.812; this figure is highly supported by focus group discussion. Statistical difference was found between male students and female students. Generally, male students were more likely to have multiple sexual partners than female students. Similar findings were also documented by other studies on a survey done on senior high schools students in Ethiopia (1990, 2002). Reports in previous studies in Ethiopia indicated that the prevalence of multiple-sexual partner among youth/adolescents ranged from 25% to 60.2% (1996, 1998). Although vast majority of sexually active rural (81.8%) and (67.3%) urban adolescent reported that they are limited to one sexual partner, still considerable proportion of urban (32.9%) and rural (18.2%) adolescents have reported to have two or more sexual partners. The mean number of sexual partner for urban adolescent is found (1.63± 1.14) and that of the rural group is 1.29± 0.70. The finding in this study is higher than the previous studies this could be because of the advancement of technology, increased modernization, the use of western media, a decline in traditional values, movement and availability of drugs and substances. The number of sexual partners may be considered part of a large pattern of adolescent/youths unsafe sexual behavior. Sexually active students are

at risk because many of them have multiple partners, which facilitate the transmission of HIV/AIDS among young people. History of multiple sexual partners was the main risk factor for HIV infection among AIDS patients in Ethiopia. According to the report of AIDS cases, 87% of the cases had history of contact with multiple sexual partners (13).

Minimal use of condom is another characteristic which places adolescents/youths at risk. Among the sexually active students 18.94% reported condom use at sexual debut consistently, while 50.9% had never used. Regarding recent uses of condom during last sexual practice 63.3% of the sexually active students not used condom last time they had sex. This figure is highly supported by focus group discussion since young people are doing sex mainly for physical pleasure there is no intention of protecting self or even others from any STDs including HIV/AIDs. The result of this study is consistent with previous findings indicated by Solomon G's and Eyob's findings, in Addis Ababa and all over Ethiopia (2002, 2007, 1990). There is statistically significant difference between the two sexes, where more males than females reported using condom during sexual debut. In the study of young people in Sub-Saharan Africa, particularly on study done in Ghana found that 10%of young men and 4% of young women uses condoms at intercourse (1992, 2003). A similar finding based on demographic health survey data (cited in Govindasamy et al,2002),revealed that condom use is extremely low among young women in Ethiopia. The finding indicated that sexually experience adolescents/youths are at a greater risk of exposure to HIV/AIDs and other STDs. School based interventions must make sure that adolescents/youths are confident that they can negotiate condom use through skill training and reward towards practiced behaviors

Regarding income of parents it can directly and indirectly affects the sexual behavior of adolescents/youths. Directly in that students involve in sexual activity for financial reasons while indirectly it can affect parental practices. As Yong Mi Kim et al. (2001) indicated parents who are low income earners may not have the ability to provide adolescents with all the basic needs of life which could exposes their children to sexual exploitation. During the focus group discussion, the participants mentioned the importance of parental education and income in relation to sexual behavior of female adolescent /youths who can not get the basic things from their family directly or indirectly they will be involved in unsafe sexual practices; so that the financially disadvantaged females have sex with older men economically got stabilized. Furthermore, the discussants indicated that educational

level and income of parents are important issues however, in order to be effective in developing mature and responsible behavior among adolescent and youths important family connectedness pattern should be implied to promote trust, understanding, and transparent communication between parents and their children.

Concerning parental monitoring and family connectedness with regard to unsafe sexual behavior of the respondents, in this study parental monitoring has no significant association with the unsafe sexual behavior of the students; regarding parent-child connectedness with issue of sexuality has significant association between female and male respondents. Previous studies done in Sub-Saharan African countries are in agreement with the findings of the present study that positive parent-adolescent communication is associated with later onset of sexual activity(Gyepi-Garbrah B (1995)) Researchers in the developing world identified that adolescents from non-intact families are more likely to be sexually active when compared to those from intact families (Adih WK et al.1992, Solomon S. 2004) Result in this study showed that more males than females have discussed about sexual issues with their parents mainly with mothers based on the result of the respondents preference to discuss about sexual matters. This finding is partially supported among respondents participated in focus group discussion; the participant agree there must be monitoring but it has to be supported in the sense of transparent child-parent communication so that parents could be able to discuss about any issue with their children mainly regarding sexuality. The reason they give were that most parents do not have the knowledge and skill further more culturally, it is inappropriate and shameful to discuss such matters with their adolescent children even if it is discussed, parents assume that, such discussions encourage and facilitate sexual risk practices on the part of their children. In this connection researchers indicated similar findings (Nigusse T,Rahel H., Selamu D)

The other finding of the present study was that peer influence on adolescent/youths sexual behavior. The findings from this study showed that peer influence is significantly associated with unsafe sexual behavior regarding gender differences .It was noted that students who are pressured by peers reported more sexual activity than those who are not pressured by their peers. In the focus group discussion almost all discussants agreed that those students who are associating with friends who are sexually active are more prone to practice pre-marital sex themselves. Other researchers have also identified similar findings done in Ethiopia and Namibia (Fissehaye G, Mouhamadou et al).

Media can reach different large audience at a low cost, regarding exposure to sexual explicit media which has got a great role in moulding youth sexual activity. In the present study, adolescents/youths exposure to sexual explicit media has no association with unsafe sexual behavior of the respondents. Findings from U.S.A. revealed different results that media particularly pornography film influences were significantly associated with sexual intention and behavior (2006). Regarding focus group discussion majority of the discussants agreed that medias particularly sexual explicit media, such as video films has got great part in provoking young people in testing and implementing any unsafe sexual practice. The discussants were emphasizing particularly pornography films which has got power to provoke adolescents/youths in any type of sexual practices. Supporting this findings one qualitative study conducted in Addis Ababa revealed that unlicensed video films in private homes around very strategic areas appeared to be the major shapers of erotic intentions among young people (2002).

One finding concerned risk factor for unsafe sexual behavior of the youth was observed with abuse of alcohol, khat, shisha, hashish and cigarette. A significant association was observed with sex differences. This association was also observed similarly in previous studies done in Addis Ababa in 1999. The pattern of substance use that is alcohol being the most frequently used substance to be followed by smoking shisha, khat, cigarette and lastly cannabis is not consistent with other studies done in Addis Ababa and other parts of Ethiopia (Kassaye 1999, Gebreselassie 1995). The high prevalence rate in this study could be because of increasing modernization, advanced technology, availability and increased movement of substances like shisha

Strenth and Limitation of the study

The study employed a random sample of preparatory students which can represent the overall youths of Addis Ababa .The achievement of high response rate,the ues of appropriat methods to minimize bias,control of confounding factors and the consistency with studies in other countries makes this study valid and genrralizable to urban youths.

Finally, it is worth to note that the study has limitations in that only preparatory students in Addis Ababa were considered which may not be representative of school youth in the country. In addition, emphasis was given on only selected factors. However, though focus group discussion was used, information was obtained mainly by self-administered questionnaire from the students only no information was obtained from their parents or guardians for addressing various view.

Since the study deals with sexual behavior which is very complex and personal issue ,the possibility of obtaining accurate and honest response among youths'could not be expected.

Despite the above limitations, this study gives insight for concerned bodies about crucial factors on adolescent/youth unsafe sexual behavior and found that the selected characteristics are protective against unsafe sexual practices of youths.

7. Conclusion and Recommendation

7.1 Conclusion

- Parent-child connectedness is considered as a protective factor against risky behaviors
- Peer pressure and perception of friends as having sex have statistically significant association with sexual experience of adolescents/youths.
- Peers were reported to be the most preferred people to discuss with about sexuality
- The advancement of sexual explicit media is another risk factor that can pressurized students to engage in risky sexual behaviors
- Substance abuse influence youths to engage in risky sexual activity
- The majority of students are practicing risky, unsafe sexual behaviors (early initiation of sex, multiple sexual partners, non condom use)

Nursing Implication

The time of adolescence and youth is a period of learning and risk taking. Fulfilling the physical, psychosocial and health needs of youth, as well as giving them the opportunity to contribute to their physical and social well being at this crucial part of their lives has an immense contribution to who they become when they mature into adulthood.

Nursing functions are more of educational:

1. Strengthening the adolescents/youths reproductive health services
2. Identifying the reproductive health needs of youth and their access to RH information and services.
3. Planning and discussing sex education at all levels of the community and trying to change sexual morals of the young people
4. Making a difference in the spread of HIV epidemic among adolescents/youths
5. Revealing individual's right to make a responsible decision on sexual activity.

7.2 Recommendation

Based on the findings of the study the following recommendations are forwarded:

- Preventive and promotive work should be strengthened through effective BCC and strengthening family life education in schools.
- School based interventions must make sure that adolescents/youths are confident that they can negotiate condom use through skill training and reward towards practiced behaviors
- Even if sex prior to marriage is not socially acceptable in our society, it was found that significant proportion of youths had sex prior to marriage. Therefore, there must be an expansion of sexual health services for unmarried youths.
- Because involvement in other risk behavior like chewing chat which ultimately found to increase the likelihood of sexual risk, concerned governmental bodies should take strict and sustainable measures against the newly flourishing "chat chewing houses",
- A strong link was revealed between frequent exposure to sexually explicit media and sexual activity of the young people; therefore, means of decreasing accessibility to SEM through legal measures should be taken.
- Different organizations, including governmental bodies, churches, mosques, etc, need to develop appropriate strategies that promote positive parent-adolescents/youths relationships. This can create opportunity for provision of adult education to facilitate discussion on sexual matters and also creation of group activities such as formation of youth associations where panels, workshops and forums are prepared by youths, parents and other concerned bodies could be examples of initiatives that can be undertaken by the community

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ANNEXES

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Annex IA

Addis Ababa University Medical Faculty Centralized School of Nursing Graduate Study Program

Participant Information Sheet

Here, I undersigned, at Addis Ababa University, Medical Faculty, Centralized School of Nursing, Graduate Studies Program, currently I will be conducting research on a **topic** entitled as ***"Risk Factors for Unsafe Sexual Behavior among Preparatory Youth Students of Addis Ababa".***

For this study, you have been chosen to participate, so you need to know all necessary information regarding the study before giving your consent of participation.

1. **Objectives of the study:** The objective of this study is to assess risk behaviors for unsafe sexual behavior among youths. The study asks knowledge, attitudes and experiences regarding to sexual behavior. The information you give will be used in contribution to promote preventive strategies of risky sexual behavior hopefully preventing many youths from experiencing serious negative consequences from unsafe sexual behavior.
2. **Participants to be included:** Participants to be included in this study are preparatory students who are attending preparatory schools during the study period.
3. **Participation procedure and guidelines:**

3.1 The study will be carried out simply by asking you with predetermined structured questions, but you may find some of the questions to be too personal and difficult to give response about, but sharing your experience with others will be helpful to all youth students, their families, school communities, health professionals and policy makers.

3.2 Filling the questionnaire will take about one hour, so you are kindly requested to return the filled questionnaire on time. However, if you don't want to participate in the study please put the format upside down on the table and remain in your seat till others finish.

4. Confidentiality: All information you give will be kept confidential and won't be accessible to any third party; your name won't be registered on the question sheet so that you will not be identified.

5. Benefits and risks of the study:

5.1 Risks: The procedure does not bear any physical or psychological trauma. Furthermore you will not be forced to respond to information you do not know.

5.2 Benefits: For your participation in the study no payment will be granted or has no any special privilege to you, but participating in the study and giving your genuine information will provide great input to bring change in youth reproductive health status.

6. Consent: Your participation in the study will be totally based on **your willingness**. You have the right not to participate from the beginning, or you may stop participating at any time after starting the participation. You won't be forced to give information that you do not know.

7. Rights as a participant: If you have any questions about the study please be free to ask and contact to:-

Azeb Dessie, Mobile: 0911478787 Email:azebdes@yahoo.com

Institutional Review Board contact address telephone 0115538734

E-mail aaumfirb@yahoo.com

Finally, I would like to thank you for your either responses.

_____ _____ _____

The principal investigator Signature Date

Annex IB

Addis Ababa University Medical Faculty Centralized School of Nursing Graduate Study Program

Participant Consent form

In signing this document, I am giving my consent to participate in the study entitled **" *Risk Factors for Unsafe Sexual Behavior among Preparatory Youth Students of Addis Ababa".***

I have been informed that the purpose of this particular research project is to assess the sexual behavior of preparatory youth students. I understand that I am selected to participate in this study randomly from preparatory students. I have been informed that participation in this study is entirely voluntary and at any point I can refuse to answer any specific questions or decide to terminate the study. I have been told that my answers to questions will not be given to anyone else and no reports of this study will ever identify me in any way. I have also been informed that my participation or my refusal will have no effect on me and my grades. I understand that the results of this research will be given to me if I ask for them. I the invited participant, given all relevant information concerning the purpose of this particular study, participants to be included, the study procedure, benefits and risks of the study, consent and confidentiality read and explained to me, **I decided to agree/ or disagree** to participate in this respective study.

Please indicate any of your response agree or disagree by making "√" within the box accordingly.

Agree responses ☐ **Disagree responses** ☐

Sign _____

_____ _____ _____

The principal investigator Signature Date

Annex IC
Addis Ababa University Medical Faculty Centralized School of Nursing Graduate Study Program

Parents/Guardian Consent Form

Here, I the undersigned, at Addis Ababa University, Medical Faculty, Centralized School of Nursing, Graduate Studies Program, currently I will be conducting research on a **topic** entitled

"Risk Factors for Unsafe Sexual Behavior among Preparatory Youth Students of Addis Ababa".

Dear parents /Guardian!

Your child has been selected randomly to participate in this study. Since your child is under age 18, as a parent/guardian you need to be aware of every detail information regarding the study to declare your agreement concerning the participation of your child in the study before hand.

The study will be carried out by asking your child a predetermined structured questions which will take about one hour. Some of the questions are very personal and sensitive. However, while responding to the questions no name will be registered on the questionnaire, so that your child will not be identified. All information given by your child will be kept confidential and won't be accessible to any third party. Your child participation in the study will be totally based on your agreement and the child has the right not to participate from the beginning, or may stop participating at any time after starting participation and will not be forced to give information that he/she does not know, and because of her/his refusal your child will not face any problem on her/ his grades. However, sharing experience and giving genuine information will provide great input to bring change in youth reproductive health status. This will contribute for designing preventive

strategies of risky sexual behavior which will be helpful to all youth students, their families, school communities, health professionals and policy makers.

Therefore, I kindly requested your agreement by indicating any of your response agree or disagree by making " √ "within the box accordingly. Finally, I would like to thank you in advance for all your contribution

If you have any questions about the study please contact to

Azeb Dessie, Cell phone 0911478787 azebdes@yahoo.com

Agree responses ☐ **Disagree responses** ☐

Sign _____ Sign _____

_____ _____ _____

The principal investigator Signature Date

Annex ID

Questionnaire English version

Instruction: Please indicate your answer by circling the number of your choice or by writing your response in the space provided accordingly.

Part I Socio-demographic characteristics.

S.No	Questions	Alternative responses
1.1	Age	……..years.
1.2	Sex	Male…… 1 Female ……2
1.3	Educational Status	Preparatory One….1 Preparatory Two...2
1.4	Religion	Orthodox Christian ……1 Muslim ……. 2 Protestant …….. 3 Other(specify) ……89
1.5	Do you attend Church/Mosque?	Yes ……1 No …….2 skip to Q.1.7
1.6	How often?	Once in 6 months up to one year…….. 1 Once a month …… 2 Once in two weeks …… 3 Once in a week ……. 4 More than twice in a week ……5
1.7	Ethnicity	Amhara …….. 1 Oromo …… 2 Guraghe ……. 3 Tigrie ……. 4 Others (specify)……89
1.8	Are you currently married?	Yes …… 1 No ……2
1.9	People living with you in your family	< 5…….. 1 5-10 …. 2 > 10 ……3

1.10	Who raised you?	Both parents ….1 My mother ……2 My father …….3 Other people …….3
1.11	Currently living with	With both parents….1 Only with father….. 2 Only with mother …3 Only with grand father...4. Other relatives ……5 With friends ……..6 Alone …….. 7 Other (specify)…….89
1.12	Is your father alive?	Yes …….1 No ……. 2 skip to Q 1.16
1.13	Father's educational status	Illiterate……..... …1 Read and write only... 2 Elementary ≤ 6…… 3 7 – 12…… …… .. 4 College and above …5 I don't know ……. 99

1.14	Father's employment status	Unemployed……. 1 Government employed .. 2 Non-government employed.. 3 Self employed …….. 4 Business man …….. 5 Others (specify) ……..... 89
1.15	His estimated monthly income	≤ 500…….1 501 -1000 ……. 2 1001 -1500 …….. 3 ≥ 1501 ……...4 Nothing ……5 I don't know ……. 99
1.16	Is your mother's alive?	Yes …….1 No ……. 2 skip to Q 1.20
1.17	Mother's educational status	Illiterate……1 Read and write only ……..2 Elementary ≤ 6….. …..3 7 – 12……4 College and above …...5 I don't know ……99
1.18	Mother's employment status	Unemployed……. ..1 Government employed .. 2 Non-government employed.. 3 Self employed …… . 4 Business woman ……. 5 Others (specify) ……. 89
1.19	Her estimated monthly income	≤ 500…….1 501 -1000 ……. 2 1001 -1500 …….. 3 ≥ 1501 ……...4 Nothing …… …...5 I don't know ……. 99
1.20	Your perception on family's economic status	Poor ……. 1 Medium ……. 2 Rich ……. 3

Part II Perceived connectedness to family and parental monitoring. For those who lived with parents/guardian (2.1.1 – 2.1.11)

S.No	Questions	Alternative responses
2.1.1	Our family members know my friends	Yes……. ……...1 No…….2 Skip to Q. 2.1.3

2.1.2	How much your family knows your friends?	Always ……1 Often (usually) ……2 Sometimes ……3 Seldom (rarely) ……... 4
2.1.3	It is easier for me to discuss problems with people outside the family rather than my family member.	Strongly agree …… 1 Agree ……... 2 Disagree ……...3 Strongly disagree …… 4
2.1.4	To whom are you more close?	Father …….. 1 Mother ……. 2 Both ……. 3 No one ……..4
2.1.5	Based on your above choice, how much do you feel close?	Always ……1 Often (usually) ……2 Sometimes ……3 Seldom (rarely) ……... 4
2.1.6	My parent s know where I am after school and away from home	Yes……. ……. 1 No…….2 Skip to Q 2.1.9
2.1.7	How often do they know where you go?	Always ……1 Often (usually) ……2 Sometimes ……3 Seldom (rarely) ……... 4
2.1.8	I tell to my parents whom I am going to be with before going out.	Always ……1 Often (usually) ……2 Sometimes ……3 Seldom (rarely) ……... 4
2.1.9	My parents provide me pocket money	Yes……. ……. 1 No…….2 Skip to Q 2.2
2.1.10	How often are you given pocket money?	Always ……1 Often (usually) ……2 Sometimes ……3 Seldom (rarely) ……... 4
2.1.11	I have been asked to tell what I did with the pocket money given to me.	Always ……1 Often (usually) ……2 Sometimes ……3 Seldom (rarely) ……... 4

2.2 Parent – youth communication on sexual issues.

S.No.	Questions	Alternative responses

2.2.1	The person, group of persons or institution helps you to know about puberty (Multiple answers possible)	- My both parents …… 1 - My mother……. .2 - My father ……. …….. 3 - Other family member…….. 4 - My friend(s) …….. 5 - My girlfriend/boyfriend …. 6 - From mass media ……... 7 - Teachers …… 8 - From health professional … 9 - From religious area …….. 10
2.2.2	If you want some information on sex, whom you would like to contact most? (Multiple answers possible)	- My both parents …… 1 - My mother……. .2 - My father ……. …….. 3 - Other family member…….. 4 - My friend(s) …….. 5 - My girlfriend/boyfriend …. 6 - From mass media ……... 7 - Teachers …… 8 - From health professional … 9 - From religious area …….. 10
2.2.3	Do you discuss about sex at home?	Yes…… 1 No ……2

2.3 Risk related behavior.

S.No.	Questions	Alternative responses
2.3.1	Do you chew chatt?	Yes……. 1 No…….2
2.3.2	Do you smoke cigarettes?	Yes……. 1 No …….2
2.3.3	Do you drink alcoholic beverages like tela, tej areke, beer and the like?	Yes……. 1 No …….. .2
2.3.4	Do you use cannabis (hashish)?	Yes……. 1 No …….2
2.3.5	Do you smoke shisha?	Yes……. 1 No …….2

2.4 Implication of peer pressure

S.No	Questions	Alternative responses
2.4.1	Do you have pressure from your friend(s) to have sexual intercourse?	Yes……. 1 No …….2

2.5 Sexual risk-taking behavior.

S.No	Questions	Alternative responses
2.5.1	Do you have a boy/girl friend ?	Yes ……. 1 No ……2
2.5.2	Have you ever had sexual intercourse?	Yes ……. 1 No ……2
2.5.3	Did you use condom first time you had sexual intercourse?	Yes ……. ……. 1 skip to Q 2.5.5 No ……2 I don't remember…. 3 skip to Q 2.5.5
2.5.4	Why did not you use condom?	Partner objects to use…….1 Use only with other than my friend …..2 Have only one partner ……. 3 Was a forced sex ……. 4 Condom diminishes pleasure ……. 5 Condom is too costly ……. 6 Never thought about it …….. 7 Do not know how to use …… 8
2.5.5	Age during first sexual intercourse.	……. years
2.5.6	Relationship to your first sexual partner.	Fiancé …… .1 School friend …… 2 Spouse ……. . 3 Relative ……. 4 House maid ……... 5 Sugar daddy/mammy …… 6 Others (specify) …….. 89
2.5.7	Age difference between you and your first sexual partner.	5 or more years older than me ……... 1 5 years younger than me …… 2 3 or more years older than me …….. 3 3 years younger than me …….. 4 About the same age ……. 5
2.5.8	Main reason for doing sexual intercourse for the first time	Physical pleasure …… 1 Because all friends are doing sex… 2 Convinced with money or gift …… 3 Was forced …….. 4 Love affair …….. 5 Was married …… 6 Others (specify) ……. 89
2.5.9	Did you /your partner consume alcohol or any other drug before hand you had sexual intercourse for the first time?	Yes …… 1 No ……..2
2.5.10	How many sexual partner (s) have you had so far?	Three and more …… 1 Two ……. 2 One ……... 3
2.5.11	People in the total you ever had sexual intercourse with during the last 12 months	Three and more …… 1 Two ……. 2 One ……... 3 With no one …… 4

2.6 Sexual-explicit media/materials

S.No	Questions	Alternative responses
2.6.1	Did you know before the availability of advanced sexual explicit media/materials?	Yes …… 1 No ……..2
2.6.2	Where you find sexual explicit media/materials. (Multiple answers possible) News papers Magazines/books Radio Television films Video films Music films Internet Others (specify)	 Yes …… 1 No ……..2 Yes …… 1 No ……..2 Yes …… 1 No ……. 2 Yes …… 1 No ……..2 Yes …… 1 No ……..2 Yes …… 1 No ……..2 Yes …… 1 No ……..... 2 ……89
2.6.3	Which type(s) of sexual explicit media/ materials do you have access to be exposed ? (Multiple answers possible) News papers Magazines/books Radio Television films Video films Music films Internet Others (specify	 Yes …… 1 No ……..2 Yes …… 1 No ……..2 Yes …… 1 No ……..2 Yes …….. . 1 No ……..2 Yes …… 1 No ……..2 Yes …… 1 No ……..2 Yes …… 1 No ……. 2 ……89
2.6.4	With whom most of time you see or read sexual explicit media?	With my boy friend/girl friend…1 With friend(s) of opposite sex …2 With friends of the same sex …. 3 With my family members ……...4 With my family members …….. 5 Alone …… 6 Others (specify) …… 89
2.6.5	Have you ever tried practicing what you have seen from movies?	Yes …… 1 No ……. 2
2.6.6	In your opinion do you think that exposure to the sexual explicit media/materials predispose to unsafe sexual behavior?	Strongly agree … ……. 1 Agree …… 2 Disagree…… 3 Strongly disagree…….. 4

2.7 Condom use

S.No	Questions	Alternative responses
2.7.1	Have you ever heard about condom?	Yes …… 1 No ……..…2

2.7.2	You heard about condom primarily from	Mother ……. ….1 Father ……. .2 Brother/sister ….3 Friends' .....4 Mass media…….5 Health professional…6 Boy/ girl friend ..7 Teachers …….. 8 Books ……9 Others (specify) ……..
2.7.3	How often you and your partner use condom?	Very seldom …… 1 Sometimes ……2 Always …… 3 Never used ……... 4 Never done sexual intercourse ……. 5
2.7.4	Did you use condom last time you had sex?	Yes ……. 1 No ……. 2
2.7.5	Do you think condom can be used more than once?	Yes ……. 1 No …….. 2 I don't know ….. ……99
2.7.6	Opinion towards condom use. **(Multiple answers possible)** Prevents pregnancy. Prevents sexual transmitted diseases including HIV/AIDS. Prevents pregnancy, sexual transmitted diseases and HIV/AIDS. No need to use if faithful to each other Decreases sexual pleasure. Others	 Yes ……... 1 No ……... .. 2 Yes …….... 1 No……... 2 Yes ……... 1 No…….. 2 Yes ……... 1 No……. . 2 Yes ……... 1 No …….. 2 ……..... 89

2.8 Self- efficacy

S.No	Questions	Alternative responses
2.8.1	Do you practically apply what your best friend(s) tell(s) you to do for the sake of comforting your friend(s)?	Yes ……. 1 No…….. 2
2.8.2	Do you know that your best friend(s) is/are doing sexual intercourse?	Yes ……. 1 No…….. 2 I do not know …99
2.8.3	Did your girl/boy friend asked/insisted you to do sexual intercourse?	Yes …….. 1 No……. 2 Skip to Q 2.8.6 I do not have girl/boy friend… 3 Skip to Q 3
2.8.4	Did you do based on the question?	Yes ……... 1 Skip to Q 2.8.7 No…… 2
2.8.5	Why did not you do sexual intercourse?	No money …….. 1 Fear of my parents ……. …… 2 Religious reasons …… 3 No trust of my girl/boy friend ……. 4 Not decided to marry her/him ……. 5

		Fear of pregnancy ……... 6 Fear of sexual transmitted diseases like HIV.. 7 No sex before marriage ……. 8
2.8.6	If you do have a long term plan with your girl/boy friend, suppose if she/he asks you to do sexual intercourse, your response will be;	If I love her/him I will do sex even without condom1 If I love her/him I will do sex with condom …… 2 Even if I love her/him I will resist not doing ……. 3 sex till I finish my education Even if I love her/him I will resist not doing ……. 4 sex before marriage
2.8.7	If your sexual partner insist not to use condom, your response;	I will do sex not to miss my partner …… 1 even without condom. I will insist on using condom ……2 I will provide him condom to use …… 3 I will not do sex without condom …… 4

2.9 sexual partner communication

S.No	Questions	Alternative responses
2.9.1	Do you know about reproductive health risks?	Yes …… 1 No…… 2
2.9.2	Have you ever discussed with your sexual partner about reproductive health risks?	Yes …… 1 No…… 2
2.9.3	Reproductive health risks you know Unwanted pregnancy Abortion Sexually transmitted diseases /HIV/AIDS Others(specify)	 Yes …… 1 No…… 2 Yes …… 1 No…… 2 Yes …… 1 No…… 2 …….. 89

Part III Questionnaire on future plan

3.1Which of the following behavioral change (s) do you plan to use in the future to prevent yourself from risk factors for unsafe sexual behavior? **(Multiple answers are possible)**

S.No	Questions	Alternative responses
3.1.1	Reduce number of sexual partner	Yes …… 1 No…… 2
3.1.2	Abstain sexual intercourse	Yes …… 1 No…… 2
3.1.3	Being faithful to sexual partner	Yes …… 1 No…… 2
3.1.4	Use condom before sexual intercourse	Yes …… 1 No…… 2
3.1.5	Carefully select sexual partner	Yes …… 1 No…… 2
3.1.6	Communicate with parents in every issue	Yes …… 1 No…… 2
3.1.7	Avoid sex with casual partner	Yes …… 1 No…… 2
3.1.8	HIV/AIDS test before sex	Yes …… 1 No…… 2

Annex IIA

አዲስ አበባ ዩኒቨርስቲ ሜዲካል ፋካልቲ አጠቃላይ ነርስ ት/ቤት የድህረ ምረቃ መርሀ ግብር ለጥናቱ ተሳታፊዎች የመረጃ ቅጽ

ከዚህ በታች እንደተመለከተው በአዲስ አበባ ዩኒቨርስቲ ሜዲካል ፋካልቲ አጠቃላይ ነርስ ት/ቤት የድህረ ምረቃ መርሀ ግብር በአሁኑ ወቅት *"<u>የመሰናዶ ክፍል ወጣት ተማሪዎችን</u>*

ጤናማ ላልሆነ ወሲባዊ ግንኙነት ሊያጋልጡ የሚችሉ ነገሮችን ማሰስ" በሚለው ርዕስ በአዲስ አበባ በሚገኙ የመሰናዶ ት/ቤቶች ጥናት እያካሄድኩ ነው።
በጥናት ላይ ለመሳተፍ እርስዎ ተመርጠዋል በጥናቱ ላይ ለመሳተፍ ፈቃደኝነትዎን ከመጠየቅ በፊት ጥናቱን በተመለከተ አስፈላጊ የሆኑ መረጃዎችን ማግኘት ያስፈልግዎታል።

1. **የጥናቱ ዓላማ**፡- የጥናቱ ዓላማ ወጣት ተማሪዎችን ጤናማ ላልሆነ ወሲባዊ ግንኙ ነት ሊያጋልጡ የሚችሉ ነገሮችን ለማስስ ነው። ጥናቱ ወጣት ተማሪዎች ስለወሲባዊ
   ግንኙነት ስለአላቸው ዕውቀት ግንዛቤና ተሞክሮ የሚዳስስ ይሆናል። እርስዎ በዚህ ጥናት ላይ የሚያበረክቱት መረጃ ወጣቶችን ጤናማ ላልሆነ ወሲባዊ ግንኙነት ሊያጋልጡ የሚችሉ ነገሮችን በማወቅ ይህንን ችግር ለመከላከል በሚያስችል ማንኛ ውም የመከላከል ዘርፍ ላይ እገዛ ያደርጋል ብሎም በቀጣይ ብዙ ወጣቶችን ጤናማ ባልሆነ ወሲባዊ ግኑኝነት ምክንያት ሊከሰት ከሚችል ጉዳት መከላከል ይቻላል ተብሎ ይታመናል።
2. **በጥናቱ የሚካተቱ ተሳታፊዎች**፡- ጥናቱ በሚካሄድበት ወቅት የመሰናዶ ትምህርት በመማር ላይ የሚገኙ ወጣት ተማሪዎች በጥናቱ ላይ የሚካተቱ ይሆናል።
3. **የተሳትፎ አካሄድና *መመሪያ*** :-
   3.1 ጥናቱ የሚካሄደው ቀደም ብሎ ለዚሁ ጥናት ታስቦ የተዘጋጀውን ጥያቄ በመጠየቅ ነው። በመጠይቁ ውስጥ በጣም ሚስጥራዊ የሆኑና ለመመለስ የሚያስቸግሩ ግላዊ የሆኑ ጉዳዮች ተካተዋል ሆኖም ግን ያላችሁን ተሞክሮ ብታካፍሉን ለሌሎች ወጣት ተማሪዎች ፣ ለወላጆች ፣ ለትምህርት ቤት ማህበረሰብ ፣ ለጤና ባለሞያዎች እንዲሁም ለሕግ አውጪ የመንግስት አካላት በወጣቶች ስርዓተ ተዋልዶ የጤና አገልግሎት መስክ ላይ ለሚደረገው ጥረት ከፍተኛ እገዛ ያደርጋል።
   3.2 ጥያቄውን ለመሙላት አንድ ሰዓት ያህል ሊወስድ ይችላል ስለሆነም መጠይቁን በሰዓት ሞልተው እንድትመልሱልን በትህትና እንጠይቃለን ሆኖም ግን በጥናቱ ላይ ለመሳተፍ ፍቃደኛ ካልሆኑ መጠይቁን በጠረጴዛዎ ላይ ወደታች በመድፋት ሌሎች እስኪጨርሱ ድረስ እመቀመጫዎ በመሆን ይጠብቁ።
4. **ሚስጥር የመጠበቅ ሁኔታ**፡- ጥናቱን አስመልክቶ እርስዎ የሚሰጡት ማንኛውም መረጃ በሚስጥር የሚጠበቅ በመሆኑ በማንኛውም መንገድ ለሶስተኛ አካል አሳልፎ አይሰጥም ወይም አይጋለጥም ማንነትዎ እንዳይታወቅም ስምዎ በጥያቄው ወረቀት ላይ አይመዘገብም።
5. **የጥናቱ ጥቅምና ጉዳት**፡-

5.1 ጉዳት ፡- በጥናቱ ላይ በመሳተፍዎ ምክንያት በአካል ሆነ በአእምሮ ላይ የሚከሰት ምንም ዓይነት ጉዳት አይኖረውም የማያውቁትንም መረጃ እንዲሰጡ አይገደዱም፡፡

5.2 ጥቅም፡- በጥናቱ ላይ በመሳተፍዎ የሚከፈልዎት ክፍያ ወይም የተለየ ጥቅም አይኖርም ነገር ግን በጥናቱ ላይ በመሳተፍዎ ለሚጠየቁት ጥያቄ በዕውነት ላይ የተመሰረተና ተገቢ የሆነ መረጃ መስጠትዎ በወጣቶች ስርዓተ ተዋልዶ ዙሪያ ላይ ተገቢውን አገልግሎት በመስጠት ከፍተኛ ለውጥ ያስገኛል፡፡

6. **በጥናቱ ላይ ለመሳተፍ ፈቃደኝነትዎን በተመለከተ**፡- በጥናቱ ላይ ለመሳተፍ ሙሉ በሙሉ በራስዎ ፍላጎትና ፍቃደኝነት ላይ የተመሰረተ ነው ከመጀመሪያው በጥናቱ ላይ ላለመሳተፍ እንዲሁም መሳተፍ ጀምረው በመሃከል ለማቋረጥ መብትዎ ሙሉ በሙሉ የተጠበቀ ነው፡፡ ለማያውቁት ጥያቄ መረጃ እንዲሰጡ አይገደዱም፡፡
7. **የተሳታፊው መብት** ፡- ጥናቱን በተመለከተ ማንኛውም ዓይነት ጥያቄ ቢኖርዎት በሚቀጥለው አድራሻ በነፃነት መጠየቅ ይችላሉ፡፡

አዜብ ደሴ ሞባይል 0911478787 ኢሜል azebdes@yahoo.com

የኢንስትቱዩሽናል ሪቢው ቦርድ ስልክ 011553874 ኢሜል aaumfirb@yahoo.com

በመጨረሻም ለሚሰጡን ለየትኛውም ዓይነት ምላሽ አመሰግናለሁ፡፡

አጥኚው አካል	ፊርማ	ቀን

Annex IIB

አዲስ አበባ ዩኒበርሲቲ ሜዲካል ፋካልቲ አጠቃላይ ነርስ ት/ቤት

የድህረ ምረቃ መርሀ ግብር

የተሳታፊዎች የፈቃደኝነት መግለጫ ቅጽ

በተሳታፊዎች የፈቃደኝነት መግለጫ ቅጽ ላይ መስማማቱን በመግለጽ "***<u>የመሰናዶ ክፍል ወጣት ተማሪዎችን ጤናማ ላልሆነ ወሲባዊ ግንኙነት ሊያጋልጡ የሚችሉ ነገሮችን ማሰስ</u>***" በሚለው ርዕስ የጥናቱ ተሳታፊ በመሆን ተስማምቻለሁ።።

የመሰናዶ ክፍል ወጣት ተማሪዎችን ጤናማ ላልሆነ ወሲባዊ ግንኙነት ሊያጋልጡ የሚችሉ ነገሮችን ማሰስ በሚለው ርዕስ ላይ የሚደረገው ጥናት ዓላማው እንዲሁም በዚህ ጥናት ላይ ለመሳተፍ ከመሰናዶ ክፍል ካሉት ተማሪዎች መሃከል በአጋጣሚ መመረጤ ተገልያልኛል በዚህ ጥናት ውስጥ ተሳታፊ ለመሆን ሙሉ በሙሉ በፈቃደኝነት ላይ የተመሰረተ ስለሆነ ከመጠይቁ መሃከል መልስ ለመስጠት የማልፈልገውን ማንኛውንም ጥያቄ ለመተውና ከጀመርኩ በኋላ ለማቋረጥ እንደምችል ተገልያልኛል ። መጠይቁን አስመልክቶ የምሰጠው ምላሽ ለማንም ግለሰብ እይታ የማይቀርብና የጥናቱ መግለጫ በማንኛውም መንገድ ስለ እኔ መግለጽ እንደማይችል ተገልያልኛል ። በጥናቱ ላይ ለመሳተፍ ፍቃደኛ ብሆንም ባልሆንም በእኔ ላይ እንዲሁም በትምህርቴ ላይ ሊያሳደርብኝ የሚችል ተጽዕኖ እንደሌለ ተነግሮኛል ። በማንኛውም ወቅት የጥናቱን ውጤት ጠይቆ ለማወቅ ብፈልግ ማግኘት እንደምችል ተረድቼአለሁ። እኔ በጥናቱ ላይ ለመሳተፍ እጩ ሆኘ ፣ የተመረጥኩኝ ጥናቱን በተመለከተ አግባብ ያለው ለማወቅ የሚያስፈልገኝን መረጃ የጥናቱን ዓላማ በተመለከተ የተሳታፊዎች አመራረጥ የጥናቱ አካሄድ የሚያስገኘው ጥቅምና የሚያስከትለው ጉዳት የፈቃደኝነት መግለጫ እንዲሁም ሚስጥራዊ አሰራሩን በማንበብና በመረዳት በዚህ ጥናት ላይ **ለመሳተፍ ወይንም ላለመሳተፍ ተስማምቻለሁ**

እባክዎትን ሊሰጡት የፈለጉትን የመስማማት ወይንም ያለመስማማት ምላሽዎን በማስመር ወይንም በተዘጋጀው የመልስ ሳጥን ውስጥ ይህንን ✓ ምልክት በማድረግ ይግለጹ።።

ተስማምቻለሁ ☐ **አልስማማም** ☐

ፊርማ _____ **ቀን** _____

_____	_____	_____
አጥኚው አካል	**ፊርማ**	**ቀን**

Annex IIC

አዲስ አበባ ዩኒበርሲቲ ሜዲካል ፋካልቲ አጠቃላይ ነርስ ትምህርት ቤት
የድህረ ምረቃ መርሀ ግብር
የወላጅ / አሳዳጊ የፈቃደኝነት መግለጫ ቅጽ

ከዚህ በታች እንደተመለከተው በአዲስ አበባ ዩኒበርስቲ ሜዲካል ፋካልቲ አጠቃላይ ነርስ ትምህርት ቤት የድህረ ምረቃ መርሀ ግብር በአሁኑ ወቅት የመሰናዶ ክፍል ወጣት

ተማሪዎችን ጤናማ ላልሆነ ወሲባዊ ግንኙነት ሊያጋልጡ የሚችሉ ነገሮችን ማሰስ በሚል ርዕስ በአዲስ አበባ በሚገኙ የመሰናዶ ትምህርት ቤቶች ጥናት እየተካሄደ ነው።።

የተከበሩ ወላጅ / አሳዳጊ።
የእርስዎ ልጅ በጥናት ላይ ለመሳተፍ ተመርጥዋል።። ሆኖም ልጅዎ ከ18 ዓመት ዕድሜ ክልል በታች ስለሆኑ እርስዎ ወላጅ / አሳዳጊ እንደመሆንዎ ልጅዎ በጥናቱ ላይ ከመሳተፉቸው በፊት ጥናቱን በተመለከተ ማንኛውንም መረጃ በማግኘት ፈቃደኝነትዎን እንዲያስታውቁን ያስፈልጋል።።

ጥናቱ የሚካሄደው ቀደም ብሎ ለዚሁ ጥናት ታስቦ የተዘጋጀውን ጥያቄ በመጠየቅ ነው።። ጥያቄውን ለመመላት አንድ ሰዓት ያህል ሊወስድ ይችላል።። በመጠይቁ ውስጥ ጥቂት ሚስጢራዊ የሆኑና ግላዊ ጥያቄዎች ተካተዋል።። ሆኖም ልጅዎ መጠይቁን በሚሞሉበት ወቅት ማንነታቸው እንዳይታወቅ ስማቸው በጥያቄው ወረቀት ላይ አይመዘገብም።። የሚሰጡት ማንኛውም መረጃ በሚስጥር የሚጠበቅ በመሆኑ በማንኛውም መንገድ ለሶስተኛ አካል አሳልፎ አይሰጥም ወይም አይገለጥም።።

የልጅዎ በዚህ ጥናት ላይ ለመሳተፍ ሙሉ በሙሉ በእርስዎ ፍላጎትና ፈቃደኝነት ላይ የተመሰረተ ነው።። ልጅዎ ከመጀመሪያ በጥናቱ ላይ ላለመሳተፍ እንዲሁም መሳተፍ ጀምረው በመሀከል ለመተው መብታቸው ሙሉ በሙሉ የተጠበቀ ሲሆን። ለማያውቁት ጥያቄ መረጃ አይሰጡም። አይገደዱም።።

ሆኖም በእውነት ላይ የተመሰረተ ተሞክሮና መረጃ በወጣቶች ስርዓተ ተዋልዶ ዙሪያ ላይ ተገቢውን አገልግሎት በመስጠት ከፍተኛ ለውጥ ያስገኛል።። ይህም መረጃ ወጣቶች ጤናማ ላልሆነ ወሲባዊ ግንኙነት ሊያጋልጡ የሚችሉ ነገሮችን በማወቅ ለሌሎች ወጣት ተማሪዎች።ለወላጆች።ለትምህርት ቤት ማህበረሰብ። ለጤና ባለሙያዎች እንዲሁም ለህግ አውጪ የመንግስት አካላት ይህንን ችግር ለመከላከል በሚያስችል ማንኛውም የመከላከል ዘርፍ ላይ ለሚደረገው ጥረት ከፍተኛ እገዛ ያደርጋል።።

በቅድሚያ ለሚያደርጉት የስምምነት ምላሽ እያመሰገንን ሊሰጡን የፈለጉትን የመስማማት ወይም ያለመስማማት ምላሽዎን በተዘጋጀው የመልስ ሳጥን ውስጥ ይህንን ✓ ምልክት በማድረግ ይግለጹ

ተስማምቻለሁ ☐ **አልስማማም** ☐

ፊርማ _____ ቀን _____

_____ _____ _____

አጥኚው አካል ፊርማ ቀን

ጥናቱን በተመለከተ ማንኛውም ዓይነት ጥያቄ ቢኖርዎት በሚቀጥለው አድራሻ በነጻነት መጠየቅ ይቻላሉ።። አዜብ ደሴ ሞባይል 0911478787

የኢንስትቱዩሽናል ሪቢው ቦርድ 0115538734 aaumfirb@yahoo.com

Annex II D

Questionnaire Amharic version

መመሪያ:- መልሶችህን/ሽን አጠገቡ ያለውን ቁጥር በመክበብ ወይንም በተሰጠው ክፍት ቦታ ላይ በመጻፍ አሳይ

ክፍል አንድ መረጃ ስለ ማህበራዊ ሁኔታ

ተ/ቁ	ጥያቄዎች	አማራጭ ምላሽ
1.1	እድሜ	..... ዓመት

1.2	ጾታ	ወንድ.....1 ሴት..... 2
13	የትምህርት ደረጃ	መሰናዶ አንድ.....1 መሰናዶ ሁለት.....2
1.4	ሃይማኖት	ኦርቶዶክስ ክርስትያን.....1 ሙስሊም .....2 ፕሮቴስታንት.....3 ሌላ /ይጠቀስ/.....89
1.5	ወደ ቤተክርስትያን/ መስጊድ ትሄዳለህ/ጃለሽ?	አዎ .....1 አይደለም..... 2 ወደ ጥያቄ 1.7 ተሻገር
1.6	ምን ያህል ጊዜ ትሄዳለህ/ሽ?	ከ6 ወራት አስከ ዓመት ውስጥ አንድ ጊዜ.....1 በወር ውስጥ አንዴ..... .2 በ2 ሳምንት አንዴ..... 3 በሳምንት አንዴ..... 4 በሳምንት ውስጥ ከአንድ ጊዘ በላይ..... 5
1.7	ብሔር	አማራ.....1 ኦሮሞ.....2 ጉራጌ.....3 ትግሬ .....4 ሌላ /ይጠቀስ/.....89
1.8	የጋብቻ ሁኔታ	ያገባ.....1 ያላገባ.....2
1.9	በቤተሰብ ውስጥ የሚኖረው ሰው ብዛት	ከ5 በታች.....1 ከ5–10.....2 ከ10 በላይ.....3
1.10	ያደከው/ሸው	ከሁለቱም ወላጆች.... 1 ከእናት ጋር.....2 ከአባት ጋር..... 3 ከሌሎች ቤተሰቦች...4
1.11	አሁን የምትኖረው/ሪው	ከእናትና አባት ጋር..1 ከአባት ጋር ብቻ.....2 ከእናት ጋር ብቻ.....3 ከአያት ጋር ብቻ.....4 ከሌሎች ዘመዶች.....5 ከጓደኞች.....6 ለብቻ .....7 ሌለ /ይጠቀስ/.....89
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1.13	የአባትህ/ሽ የትምህርት ሁኔታ	ያልተማረ.....1 ማንበብና መጻፍ.....2 ከ1 - 6ኛ.....3 ከ7 - 12ኛ..... 4 ኮሌጅና ከዛ በላይ....5 አላውቀውም..... 99
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1.17	የእናትህ/ሽ የትምህርት ሁኔታ	ያልተማረ..... 1 ማንበብና መጻፍ..... 2 ከ1 - 6ኛ..... 3 ከ7 - 12ኛ..... 4 ኮሌጅና ከዛ በላይ ....5 አላውቀውም 99
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1.19	የእናትህ/ሽ የወር ገቢ	≤ 500 ..... 1 501 - 1000 ..... 2 1001 - 1500 ..... 3 ≥ 1501 ..... 4 ገቢ የላትም.....5 አላውቀውም 99
1.20	በአንተ/ቺ አመለካከት የቤተሰብህ/ሽ የኑሮ ደረጃ	ደሃ ..... 1 መካከለኛ.....2 ሀብታም 3

ክፍል ሁለት መረጃ ስለ ቤተሰብ ግንኙነትና የወላጅ ክትትል ከወላጅ /ከአሳዳጊ ጋር ለሚኖሩ

(2.1.1 - 2.1.11)

ተ/ቁ	ጥያቄዎች	አማራጭ ምላሽ
2.1.1	በቤተሰቤ ውስጥ ጓደኞቼ ይታወቃሉ።	አዎን ..... 1 አይደለም ..... 2 ወደ ጥያቄ 2.1.3 ተሻገር
2.1.2	ጓደኞችህ/ሽ በቤተሰብ ውስጥ ምን ያህል ይታወቃሉ	ሁልጊዜ ..... 1 በአብዛኛው ..... 2 አልፎ አልፎ ..... 3 በጣም በጥቂት 4
2.1.3	ከቤተሰቤ ጋር ለችግር መፍትሔ ለማግኘት ከመነጋገር ይልቅ ከቤተሰቤ ውጭ መወያየት ይቀለኛል	በጣም እስማማለሁ .. 1 እስማማለሁ ..... 2 አልስማማም ..... 3 በጣም አልስማማም .. 4
2.1.4	ከወላጆችህ/ሽ በይበልጥ ማንን ትቀርባለህ/ቢያለሽ ?	አባትህን ..... 1 እናትህን ..... 2 ሁለቱንም ..... 3 ማንንም 4
2.1.5	እላይ የመረጥከውን/ሽውን ምን ያህል ትቀርባለህ/ቢያለሽ ?	ሁል ጊዜ ..... 1 በአብዛኛው ..... 2 አልፎ አልፎ ..... 3 በጣም በጥቂት 4
2.1.6	ወላጆቼ ከቤት ሆነ ከት/ቤት ውጭ የምሄድበትን ያውቃሉ።	አዎን ..... 1 አይደለም ..... 2 ወደ ጥያቄ 2.1.9 ተሻገር
2.1.7	ወላጆችህ/ሽ የምትሄድበትን/ጅበትን ምን ያህል ያውቃሉ ?	ሁልጊዜ ..... 1 በአብዛኛው ..... 2 አልፎ አልፎ ..... 3 በጣም በጥቂት 4
2.1.8	ከቤት ስወጣ ከማን ጋር እንደምውል ለወላጆቼ በቅድሚያ እናገራለሁ	ሁልጊዜ ..... 1 በአብዛኛው ..... 2 አልፎ አልፎ .....3 በጣም በጥቂት 4
2.1.9	ወላጆቼ የኪስ ገንዘብ ይሰጡኛል	አዎን ..... 1 አይደለም ..... 2 ወደ ጥያቄ 2.2 ተሻገር
2.1.10	የኪስ ገንዘብ የሚሰጥህ/ሽ ምን ያህል ጊዜ ነው ?	ሁልጊዜ ..... 1 በአብዛኛው ..... 2 አልፎ አልፎ ..... 3 በጣም በጥቂት 4
2.1.11	ወላጆቼ የሚሰጡኝን የኪስ ገንዘብ ለምን እንደተጠቀምኩበት ይጠይቁኛል	ሁልጊዜ ..... 1 በአብዛኛው ..... 2 አልፎ አልፎ ..... 3 በጣም በጥቂት 4

2.2 መረጃ ወላጆች ከልጆቻቸው ጋር ስላላቸው ጸታዊ ባህሪ ውይይት

ተ/ቁ	ጥያቄዎች	አማራጭ ምላሽ

2.2.1	ስለጾታ አካል እድገት መረጃ ያገኘኸው/ሽው (ከአንድ በላይ መልስ ይቻላል)	ከሁለቱም ወላጆቼ/አሳደጊዎቼ ..... 1 ከእናቴ ..... 2 ከአባቴ ..... 3 ከሌላ የቤተሰብ አባል ..... 4 ከጓደኞቼ ..... 5 ከፍቅር ጓደኛዬ ..... 6 ከመገናኛ ብዙሐን ..... 7 ከመምህራን ..... 8 ከጤና ባለሙያ ..... 9 ከሃይማኖት ሥፍራ 10
2.2.2	አሁን ባለህበት/ሽበት ደረጃ ስለ ጾታዊ ጉዳዬች መረጃ ብትፈልግ/ጊ መነጋገር የሚስማማህ/ሽ (ከአንድ በላይ መልስ ይቻላል)	ከሁለቱም ወላጆቼ/አሳደጊዎቼ ..... 1 ከእናቴ ..... 2 ከአባቴ ..... 3 ከሌላ የቤተሰብ አባል ..... 4 ከጓደኞቼ ..... 5 ከፍቅር ጓደኛዬ ..... 6 ከመገናኛ ብዙሐን ..... 7 ከመምህራን ..... 8 ከጤና ባለሙያ ..... 9 ከሃይማኖት ሥፍራ 10
2.2.3	ከቤተሰብ አባል ጋር በግልጽ ስለጾታዊ ጉዳዬች ተወያይተህ/ሽ ታወቃለህ/ቂያለሽ ?	አዎን ..... 1 አይደለም 2

2.3 መረጃ በባህሪ ላይ አሉታዊ ተጽእኖ ስለሚያመጡ ልማዶች/ሱሶች

ተ/ቁ	ጥያቄዎች	አማራጭ ምላሽ
2.3.1	ጫት ትቅማለህ/ትቅሚያለሽ?	አዎን..... 1 አይደለም 2
2.3.2	ሲጋራ ታጨሳለህ/ታጨሺያለሽ?	አዎን..... 1 አይደለም 2
2.3.3	አልኮል ለምሳሌ ጠላ፣ ጠጅ፣አረቂ፣ቢራ የመሳሰሉትን ትጠጣለህ/ትጠጫለሽ?	አዎን..... 1 አይደለም 2
2.3.4	ሀሽሽ ትጠቀማለህ/ትጠቀሚያለሽ?	አዎን..... 1 አይደለም 2
2.3.5	ሺሻ አጭሰህ/ህ ታውቃለህ/ቂያለሽ?	አዎን..... 1 አይደለም 2

24 መረጃ ስለ ጓደኛ ግፊት ተጽእኖ

ተ/ቁ	ጥያቄዎች	አማራጭ ምላሽ
2.4.1	ጓደኛህ/ሽ የግብረ ሥጋ ግንኙነት እንድትፈጽም/እንድትፈጽሚ ግፊት አድርጐብህ/ጋብሽ ያውቃል?	አዎን..... 1 አይደለም 2

2.5 መረጃ ጤናማ ስላልሆነ ጾታዊ ግንኙት

ተ/ቁ	ጥያቄዎች	አማራጭ ምላሽ
2.5.1	የፍቅር ጓደኛ ኖሮህ/ሽ ያውቃል?	አዎን..... 1 አይደለም 2
2.5.2	የግብረ ሥጋ ግንኙነት ፈጽመህ/ሽ ታውቃለህ/ታውቂያለሽ?	አዎን..... 1 አይደለም 2
2.5.3	በመጀመሪያ የግንኙነት ወቅት ኮንዶም ተጠቅመሃል/ተጠቅመሻል?	አዎን ..... 1 ወደ ጥያቄ 2.5.5 ተሻገር አይደለም ..... 2 አላስታውስም ..... 3 ወደ ጥያቄ 2.5.5 ተሻገር

2.5.4	ኮንዶም ያልተጠቀምህበት/ሽበት ምክንያት	ጓደኛዬ ስለምትቃወም/ ስለሚቃወም .... 1 የምጠቀመው ከጓደኛ ውጭ ሲሆን ነው..2 ለጓደኛዬ ታማኝ ስለሆንኩ .....3 ያለፍላጐት የሆነ ግንኙነት ስለነበረ ..... 4 የወሲብ ደስታችንን ስለሚቀንስ ..... 5 ውድ ስለሚሆንብኝ ..... 6 አስቤበት አላውቅም ..... 7 አጠቃቀሙን ስለማላውቅ 8
2.5.5	በመጀመሪያ የግብረ ሥጋ ግንኙነት የፈጸምክበት/የፈጸምሽበት እድሜ	.....
2.5.6	በመጀመሪያ የግብረ ሥጋ ግንኙነት ከፈፀምከው/ሽው ሰው ጋር ያላችሁ ግንኙነት	የፍቅር ጓደኛ .....1 የት/ቤት ጓደኛ ..... 2 ባለቤቴ ..... 3 ዘመዴ ..... 4 የቤት ሠራተኛ ..... 5 በጥቅማ ጥቅም የያዝኩት የወሲብ ጓደኛ..6 ሌላ /ይጠቀስ/ 89
2.5.7	የእደሜ ልዩነታችሁ	አምስት ዓመትና ከዛ በላይ ..... 1 ከአምስት ዓመት በታች ..... 2 ሶስት ዓመትና ከዛ በላይ ..... 3 ከሶስት ዓመት በታች ..... 4 እኩያሞች 5
2.5.8	ለመጀመሪያ ጊዜ የግብረ ሥጋ ግንኙነት እንድታደርግ/ደርጊ ያነሳሳህ/ሽ ምክንያት	በመጓጓት ..... 1 ከሌሎች ጓደኞቼ ላለመለየት ..... 2 ገንዘብ/ስጦታ ለማግኘት ..... 3 ተገድጄ ..... 4 በፍቅር መውደቅ ..... 5 ትዳር ለመመስረት ..... 6 ሌላ ይጠቀስ ..../89/
2.5.9	በዛን ወቅት አንተ/ቺ ወይም ተቃራኒ ጾታህ/ሽ አልኮል ወይም እጽ በቅድሚያ ወስደህ/ሽ ነበር?	አዎን..... 1 አይደለም 2
2.5.10	እስከአሁን እድሜህ/ሽ ከስንት ሰዎች ጋር የግብረ ሥጋ ግንኙነት ፈጽመሃል/ሻል?	ከሶስትና ከዛ በላይ ..... 1 ከሁለት ሰው ..... 2 ከአንድ ሰው 3
2.5.11	ባለፈው 12 ወራት ውስጥ የግብረ ሥጋ ግንኙነት የፈጸምከው/ሽው	ከሶስትና ከዛ በላይ ..... 1 ከሁለት ሰው ..... 2 ከአንድ ሰው ..... 3 ከማንም 4

2.6 መረጃ ወሲባዊ ይዘት ስላላቸው የመገናኛ ውጤቶች

ተ/ቁ	ጥያቄዎች	አማራጭ ምላሽ
2.6.1	ወሲባዊ ይዘት ያላቸው የመገናኛ ውጤቶች መኖራቸውን ታውቃለህ/ታውቂያለሽ?	አዎ ..... 1 አይደለም ..... 2 ወደ ጥያቄ 2.6.6
2.6.2	እነኚህ የመገናኛ ውጤቶች የሚገኙት (ከአንድ በላይ መልስ ይቻላል) - ከጋዜጦች - ከመጽሔቶች/ መጽሐፍት - ሬዲዮ - ከቴሌቭዥን ፊልሞች - ከቪዲዮ ፊልም - የሙዚቃ ፊልም/ክሊፓች - ከኢንተርኔት - ሌላ /ይጠቀስ/	 አዎን..... 1 አይደለም ..... 2 አዎን..... 1 አይደለም ..... 2 አዎን..... 1 አይደለም ..... 2 አዎን..... 1 አይደለም ..... 2 አዎን..... 1 አይደለም ..... 2 አዎን..... 1 አይደለም ..... 2 አዎን..... 1 አይደለም 2 89

2.6.3	በቅርብ የምታገኘው/ኚው የወሲብ ይዘት ያለው ውጤት (ከአንድ በላይ መልስ ይቻላል) - ከጋዜጦች - ከመጽሔቶች/ መጽሐፍት - ሬዲዮ - ከቴሌቭዥን ፊልሞች - ከቪዲዮ ፊልም - የሙዚቃ ፊልም/ክሊፖች - ከኢንተርኔት - ሌላ /ይጠቀስ/	 አዎን..... 1 አይደለም ..... 2 አዎን..... 1 አይደለም ..... 2 አዎን..... 1 አይደለም ..... 2 አዎን..... 1 አይደለም ..... 2 አዎን..... 1 አይደለም ..... 2 አዎን..... 1 አይደለም ..... 2 አዎን..... 1 አይደለም 2 89
2.6.4	በአብዛኛው ጊዜ ያነብብከው/ሽው ወይም የተመለከትከው/ሽው ከማን ጋር ነው?	ከፍቅር ጓደኛዬ ጋር .....1 ከተቃራኒ ጾታ ጓደኞቼ ..... 2 ከተመሳሳይ ጾታ ጓደኞቼ ..... 3 ከቤተሰብ አባል ጋር ..... 4 ብቻዬን ..... 5 ሌላ /ይጠቀስ/ 89
2.6.5	በእነኚህ ማቴሪያሎች/ፊልሞች ያየኸውን/ሽውን ለመፈፀም ሙከራ አድርገሃል/ሻል?	አዎን..... 1 አይደለም 2
2.6.6	በአንተ/ቺ አመለካከት ለወሲባዊ ይዘት ላላቸው የመገናኛ ውጤቶች መጋለጥ ጤናማ ላልሆነ የወሲባዊ ባህሪ ይዳርጋል?	በጣም እስማማለሁ ..... 1 እስማማለሁ ..... 2 አልስማማም ..... 3 በጣም አልስማማም 4

2.7 መረጃ ስለ ኮንዶም ጥቅም

ተ/ቁ	ጥያቄዎች	አማራጭ ምላሽ
2.7.1	ስለ ኮንዶም መረጃ አለህ/ሽ	አዎን..... 1 አይደለም 2
2.7.2	ይህንን በመጀመሪያ የሰማኸው/ሽው	ከእናቴ ..... 1 ከአባቴ..... 2 ከወንድሜ/እህቴ. .3 ከጓደኛዬ ..... 4 ከመገናኛ ብዙሀን.5 ከጤና ባለሙያዎች..6 ከፍቅር ጓደኛዬ.. 7 ከመምህራን ..... 8 ከመጽሐፍት .....9 ከሌላ /ይጠቀስ/..... 89
2.7.3	በግንኙነት ወቅት ከፍቅር ጓደኛህ/ሽ ጋር የኮንዶም አጠቃቀማችሁ፣	አንድ አንድ ጊዜ ..... 1 አልፎ አልፎ..... 2 ሁልጊዜ ..... 3 በፍጹም አንጠቀምም ..... 4 ግንኙነት አላደርግም 5
2.7.4	በመጨረሻ በነበረህ/ሽ የግንኙነት ወቅት ኮንዶም ተጠቅመሃል/ሻል?	አዎን ..... 1 አይደለም .....2 ግንኙነት አላደርግም 3
2.7.5	ኮንደምን ከአንድ ጊዜ በላይ መጠቀም ይቻላል?	አዎን ..... 1 አይደለም..... 2 አላውቅም 99
2.7.6	ስለ ኮንደም ያለህ/ሽ አመለካከት **(ከአንድ በላይ መልስ ይቻላል)** - እርግዝናን ይከላከላል - የአባለዘር በሽታዎችን/ኤች አይቪ ኤድስን ጭምር ይከላከላል - እርግዝናን የአባለዘር በሽታዎችን/ኤችአይቪ ኤድስንም ጭምር ይከላከላል - መተማመን ካለ መጠቀም አያስፈልግም - የወሲብ ደስታን ይቀንሳል - ሌላ (ይጠቀስ)	 አዎን..... 1 አይደለም ..... 2 አዎን..... 1 አይደለም ..... 2 አዎን..... 1 አይደለም ..... 2 አዎን..... 1 አይደለም ..... 2 አዎን..... 1 አይደለም 2 89

2.8 መረጃ በራስ የመተማመን ብቃት

ተ/ቁ	ጥያቄዎች	አማራጭ ምላሽ

2.8.1	የቅርብ ጓደኛህን/ሽን ላለማስከፋት እናድርግ ያለህን/ሽን ሁሉ ተግባራዊ ታደርጋለህ/ጊያለሽ?	አዎን. ..... 1 አይደለም 2
2.8.2	ጓደኛህ/ሽ የግብር ሥጋ ግንኙነት እንደሚያደርግ / ምታደርግ ታውቃለህ/ቂያለሽ	አዎን. ..... 1 አይደለም 2
2.8.3	የፍቅር ጓደኛህ/ሽ የግብረ ሥጋ ግንኙነት አንድታደርግ/ጊ ጠይቃህ/ቆሽ ያውቃል?	አዎን. ..... 1 አይደለም ..... 2 ወደ ጥያቄ ቁጥር 2.8.6 የፍቅር ጓደኛ የለኝም ..3 ወደ ጥያቄ ቁጥር 3
2.8.4	በጥያቄው መሠረት ፈጽመሃል/ሻል?	አዎን. ..... 1 ወደ ጥያቄ 2.8.7 ተሻገር አይደለም 2
2.8.5	የግብረ ሥጋ ግንኙነት ያልፈጸምክበት/ሽበት ምክንያት	ገንዘብ ስለሌለን ..... 1 ቤተሰቦቼን ስለምፈራ ..... 2 ሃይማኖቴ ስለማይፈቅድልኝ .....3 ጓደኛዬን ስለማላምን .....4 ላገባት/ው ስለማልፈልግ ..... 5 እርግዝና ፍራቻ ..... 6 የአባለዘር በሽታን/ኤድስን በመፍራት ..7 ከጋብቻ በፊት ግንኙት ስለማልፈልግ. 8
2.8.6	ከፍቅር ጓደኛህ/ሽ ጋር የረዥም ጊዜ እቅድ ካላችሁ የግብረ ሥጋ ግንኙነት ለማድረግ ብትጠይቅህ/ቢጠይቅሽ ምላሽህ/ሺሽ	- የምወዳት/ደው ከሆነ ኮንደም ..... 1 ሳንጠቀምም ቢሆን ግንኙነት አፈጽማለሁ - የምወዳት/ደው ከሆነ ኮንዶም ..... 2 በመጠቀም ግንኙነት አደርጋለሁ - ብወዳትም/ውም ትምህርቴን ..... 3 እስክጨርስ ግንኙነቱን እንድናዘገይ እጠይቃለሁ - ብወዳትም/ደውም ከጋብቻ በፊት ... 4 ግንኙነት እንደማንፈጽም አረጋግጥላታለሁ/ለታለሁ
2.8.7	የፍቅር ጓደኛህ/ሽ በግብረ ሥጋ ግንኙነት ወቅት ኮንደም አንጠቀምም ብትልህ/ቢልሽ	ጓደኛዬን ከማጣት አለኮንደምም ቢሆን ..1 እፈጽማለሁ ኮንዶም እንድንጠቀም እናገራለሁ ..... 2 ኮንዶም ስለሚኖረኝ አንድንጠቀም .... 3 አደርጋለሁ ከኮንዶም ውጭ የግብረ ሥጋግንኙነት ..4 አላደርግም

2.9 መረጃ ከፍቅር ጓደኛ ጋር ስለአለ ግልጽነት

ተ/ቁ	ጥያቄዎች	አማራጭ ምላሽ
2.9.1	ስለ ሥነተዋልዶ የጤና ጠንቆች ግንዛቤ አለህ/ሽ?	አዎን. ..... 1 አይደለም 2
2.9.2	በእነኚህ ሀሣቦች ዙሪያ ከፍቅር ጓደኛህ/ሽ ጋር ትነጋገራለህ/ሪያለሽ?	አዎን. ..... 1 አይደለም 2
2.9.3	የምታወቃቸው የሥነተዋልዶ የጤና ጠንቆች (ከአንድ በላይ መልስ ይቻላል) - ያልተፈለገ እርግዝና - ውርጃ - የአባለዘር በሽታዎች/ኤች አይቪ ኤድስ - ሌላ /ይጠቀስ/	 አዎን..... 1 አይደለም ..... 2 አዎን..... 1 አይደለም ..... 2 አዎን..... 1 አይደለም 2 89

ክፍል 3 መረጃ ስለቀጣይ የሕይወት ውሳኔ

ተ/ቁ	ጥያቄዎች	አማራጭ ምላሽ

3.1	ጤናማ ካልሆነ የወሲብ ድርጊት ራስህን/ሽን ለመጠበቅ የምታቅደው/ጅው ውሳኔ (ከአንድ በላይ መልስ ይቻላል)	
3.1.1	- የወሲብ ጓደኛ ቁጥር መቀነስ	
3.1.2	- ከግብረ ሥጋ ግንኙነት መታቀብ	አዎን..... 1 አይደለም 2
3.1.3	- ለፍቅር ጓደኛ ታማኝ መሆን	አዎን..... 1 አይደለም 2
3.1.4	- በግንኙነት ወቅት ኮንዶም መጠቀም	አዎን..... 1 አይደለም 2
3.1.5	- የፍቅር ጓደኛን በጥንቃቄ መምረጥ	አዎን..... 1 አይደለም 2
3.16	- ከወላጆች ጋር በማንኛውም ጉዳይ በግልጽ መነጋገር	አዎን..... 1 አይደለም 2
3.1.7	- ብዙ ከማላውቀው ሰው ጋር የግብረ ሥጋ ግንኙነት አለመፈጸም	አዎን..... 1 አይደለም 2
3.1.8	- ከግንኙነት በፊት የኤች አይቪ ምርመራ ማድረግ	አዎን..... 1 አይደለም 2

Annex IIIA

Consent form focus group discussion (English version)

A study on risk factors for unsafe sexual behavior among preparatory youths of Addis Ababa

Group name (code) _____ Name of Moderator _____

Name of note taker(s) _____ _____

Date _____ Total time taken ____minutes Code number of tape recorded _____

School of attendance (School A /School B) Grade level (prep 1 /prep 2)

Hello, thank you for taking your time to talk to us, we are _____ (the moderator) and _____ (the note takers).

We are working on a research approved by Addis Ababa University, Medical faculty, School of Nursing to be conducted in partial fulfillment of master's degree in Reproductive Health and Maternity Nursing. We are here to learn from you about risk factors for unsafe sexual behavior of youths which will contribute to design better preventive programs.

We would like to tell you some rules considered in our meeting

1. The discussion will last about 1 -1:30 hours

2. Everything you say will remain confidential
3. Your name will not be used when reporting on the findings and your participation is voluntary.
5. A tape recorder will be used only to facilitate the recording and analysis of the discussion and all tapes will be destroyed after they have been transcribed.
Permission to tape record the discussion? Yes_____ No _____

Focus group discussants:

Characteristics of the group.

S.No.	Sex	Educational level
1		
2		
3		
4		
5		
6		
7		
8		

Annex IIIB

Focus group discussion guide (English version)

Discussion points:

Sexual behavior and selected familial characteristics which include socio-economic status of parents/ family, parent- youths communication about sexual matters, parental monitoring, family structure, sexual explicit materials and

1. **Sexual behavior.**

Question:
Do girls/boys at your age have sexual intercourse before marriage?
Probe:
What proportions of students have sexual intercourse?
How common is it for a girl/ boy to have sexual intercourse?
Question:
What are the reasons for having sexual intercourse?
Probe:
Why do you think young people of your age have sex?
How is the pressure young person face to have sex by peers?
Have you noticed or heard of a boy/girl receiving money or certain gift for sex from man/woman
who is not her/his husband/wife or regular partner?

Do their partners tend to be the same age, younger or older?

Question:

What high risk behavioral patterns are observed?

Probe:

Do most boys/ girls have premarital sex?

Does this sexual activity tend to be for a long/short term with the same person or with different people?

Is it common for girls/ boys to have multiple partners at one time? Do you think that most girls/ boys who are sexually active use condom?

2. Sexual-Explicit media/materials.

Question:

What do you say about the degree of exposure of school youths to sexually explicit materials/ media?

Do you think that it alters the sexual activity of youth?

3. Family Characteristics.

A. Communication about sexuality:

Question

Do young people talk openly with their parents about sex related matters including HIV/AIDS?

Probe:

Why, Why not?

B. Parental monitoring:

Do you think that parental monitoring have an effect on youth's risky sexual behavior?

Probe:

Explain how/ why /why not?

C. Parent –Youths Communication:

How do you see the effect of parental closeness on youth sexual risk taking?

D. Socio-Economic Status:

Do you think that youths who come from well educated and high income families differ in their sexual and reproductive health than those who come from low socio-economic status?

Probe Why /Why not?

4. Knowledge on complication of reproductive health risk.

Question:

Do you think young people have got information on reproductive health risks?

Probe:

How do you relate the sexual behavior of most youths in relation with the knowledge They have about consequences of reproductive health risk?

5. General Question

Could there be barriers which hinder youth from bringing sexual behavioral change?

Do you have anything you would like to tell us about youth's sexual behavior in relation to risk factors?

Annex IV A
Consent form for focus group discussion (Amharic Version)

ለውይይት መጠየቂያ የተዘጋጀ የስምምነት መግለጫ ፎርም

በመሰናዶ ክፍል በሚገኙ የአዲስ አበባ ወጣት ተማሪዎች ጤናማ ላልሆነ ጸታዊ ባህሪ ሊያጋልጣቸው በሚችል መንስኤ ላይ የሚደረግ ጥናት፡፡

የቡድኑ መለያ _____የአወያዩ ስም _____የፀሐፊው ስም ----------

ቀን _____ውይይቱ የፈጀው ሰዓት _____ ደቂቃ የቅጅው መለያ _____

ውይይቱ የተካሄደበት የትምህርት ቤቱ መለያ _____

የክፍል ደረጃ /መሰናዶ አንድ፣ መሰናዶ ሁለት/

በመጀመሪያ ጤና ይስጥልኝ ጊዜያችሁን መስዋዕት አድርጋችሁ ከእኛ ጋር ለመወያየት በመምጣታችሁ በቅድሚያ እናመሰግናለን፡፡

ስም _____ _____ አንባላለን በአዲስ አበባ ዩኒቨርስቲ የድህረ ምረቃ ትምህርት ዘርፍ በሚደረግ ጥናት ከቡድኑ ጋር አብረን እየሰራን እንገኛለን፡፡ አሁን እዚህ የተገኘነው ከእናንተ ጋር ወጣት ተማሪዎች ጤናማ ላልሆነ ጸታዊ ባህሪ ሊያጋልጣቸው በሚችል መንስኤ ላይ በመወያየት ይህንን የጤና ችግር ለመቅረፍ በሚያስችል የጤና ኘሮራም ላይ የሚገኘው ውጤት አጋዥ ይሆናል፡፡

ወደ ውይይቱ ከመግባታችን በፊት የምንከተላቸው መመሪያ

1. **ውይይቱ ከ1 ሰዓት እስከ 1 ሰዓት ተኩል ይፈጃል**
2. **ማንኛውንም የምንነጋገረው ነገር በሙሉ በሚስጥር የሚጠበቅ ነው**
3. **በውይይቱ ለመሳተፍ ስም አይጠየቅም ስለሆነም ማንነትዎ ከሚሰጡት መረጃ ጋር ተያይዞ የሚቀርብበት መንገድ አይኖርም ሆኖም በውይይቱ ላይ ለመካፈል የእርስዎን ፈቃደኝነት**

ይጠይቃል

4. የውይይቱን ሃሳብ ለማያያዝ እንዲያመች የሚደረግው ውይይት በቴኘ ይቀዳል ሆኖም ግን በመጨረሻ የተቀዳው ቅጅ በሙሉ ይደመሰሳል::

በውይይቱ በመሳተፍ ድምፅዎ እንዲቀዳ ፈቃደኛ ነዎት? አዎን ☐ አይደለም ☐

የተሳታፊዎች መግለጫ

ተ/ቁ	ጾታ	የትምህርት ደረጃ
1		
2		
3		
4		
5		
6		
7		
8		

Annex IV B

Focus group discussion guide (Amharic version)

የመወያያ ሀሳቦች

ስለ ጾታዊ ባህሪ፣ የቤተሰብ የኑሮ ሁኔታ እንዲሁም የኑሮ ደረጃ፣ የቤተሰብና የልጆች መቀራረብ እንዲሁም ስለሥነ ተዋልዶ የሚደረግ ልዩነት ፣ የቤተሰብ ክትትልና ወሲባዊ ይዘት ስላላቸው ማቴሪያሎች የሚዳስስ ውይይት::

1. ጾታዊ ባህሪ

ጥያቄ
- ወጣቶች ከጋብቻ በፊት የግብረ ሥጋ ግንኙነት ይፈጽማሉ?
- ይህ በወጣቶች ዘንድ ከጋብቻ በፊት የግብረ ሥጋ ግንኙነት መፈጸም ምን ያህልየተለመደ ነው?
- ከጓደኛ የሚመጣ ግፊት ወጣቶችን ከጋብቻ በፊት የግብረ ሥጋ ግንኙነት እንደፈጽሙ ምን ያህል ተጽእኖ አለው?
- በአብዛኛው ሲታይ ወጣቶች የግብረሥጋ ግንኙነት ከሚፈጽሙት የወሲብ ጓደኞቻቸው ጋር የእድሜ ልዩነታቸው ምን ይመስላል?
- ወጣቶች የግብረ ሥጋ ግንኙነት የሚፈጽሙት በአጭር ጊዜ ትውውቅ ላይ በተመሠረተ ወይንስ ከአንድ ጓደኛ ጋር ለረዥም ጊዜ በመሆን ነው?

- ወጣቶች ገንዘብ ወይንም ሌላ ጥቅማ ጥቅም ለማግኘት ሲሉ ከጓደኞቻቸው ወይንም ከባለቤቶቻቸው ውጭ የግብረ ሥጋ ግንኙነት እንደሚፈጽሙ ምን ያህል ግንዛቤ አላችሁ?

- በወጣቶች ዘንድ ከአንድ በላይ የፍቅር ጓደኛ መያዝ ምን ያህል የተለመደ ነው?

- በግብረ ሥጋ ግንኙነት ወቅት ወጣቶች በኮንደም የመጠቀም ሀኔታ እንዴት ነው?

- ወጣቶች የጸታዊ ባህሪ ለውጥ ለማምጣት የሚያዳግታቸው ነገር ምን ይሆናል?

2. ስለ ከፍተኛ የወሲብዊ ይዘት ስላላቸው ማቴሪያሎች /ፊልሞች

ጥያቄ - ወጣቶች ወሲባዊ ይዘት ላላቸው ማቴሪያሎች ወይም ፊልሞች የመጋለጥ ሁኔታ እንዴት ነው?

- ይህ ሁኔታ በጸታዊ ህይወታቸው ላይ ተጽዕኖ አለው ትላላችሁ?

3. የቤተሰብ ሁኔታ

ሀ. የቤተሰብ ግልጽነት፤

ጥያቄ - ወጣት ልጆች ከቤተሰባቸው ጋር ስለ ጸታዊ ጉዳዬች እንዲሁም ኤች አይቪ ኤድስንም አስመልክቶ በግልጽነት ይወያያሉ?

ለ. የቤተሰብ ቁጥጥር፤

ጥያቄ፡ የወላጅ ወይንም የአሳዳጊ ቁጥጥር መኖር ወጣቶች ጤናማ ላልሆነ ጸታዊ ባህሪ እንዳይጋለጡ የሚያሳድረው ተጽእኖ አለው?

ካለው እንዴት?

ከሌለው እንዴት?

ሐ. የቤተሰብ ቅርርብ፤

ጥያቄ፡ ወላጆች ከልጆቻቸው ጋር የቀረበ ግንኙነት ቢኖራቸው ወጣቶች ጤናማ ላልሆነ ጸታዊ ባህሪ እንዳይጋለጡ የሚፈጥረው ተጽእኖ አለው

መ. የኑሮ ደረጃ፤ የቤተሰብ የትምህርት እንዲሁም የኑሮ ደረጃ ልጆች ጸታዊና የሥነ ተዋልዶ ጤንነት ላይ ተጽእኖ ሊያሳድር ይችላል?

ለምን ያሳድራል?

ለምን አያሳድርም?

4. ስለ ሥነ ተዋልዶ የጤና ጠንቆች መረጃ ፤

ጥያቄ፡ - ወጣቶች ስለ ሥነ ተዋልዶ የጤና ጠንቆች በቂ መረጃ ይኖራቸዋል?

- ወጣቶች ስለሥነ ተዋልዶ የጤና ጠንቆች ያላቸውን ግንዛቤ ከጸታዊ ባህሪ ጋር እንዴት ታዩታላችሁ

5. -ወጣት ተማሪችን ጤናማ ላልሆነ ጾታዊ ባህሪ የሚያጋልጣቸው ምን ይሆናል?
-ወጣት ተማሪች የባህሪ ለውጥ ለማምጣት የሚያውካቸው ነገር ምን ሊሆን ይችላል?
-በተጨማሪ በወጣቶች ጾታዊ ባህሪ ላይ አሉታዊ ሆነ አውንታዊ ተጽእኖ ሊያስከትል ይችላላ ብላችሁ በምታሰቡት ሁኔታ ላይ ተጨማሪ ሃሳብ ካለ መወያየት ይቻላል::