

ADDIS ABAABA UNIVERSITY
SCHOOL OF GRADUATE STUDIES

“FEMALE ADOLESCENTS’ SEXUAL PRACTICE AND ITS
INFLUENCE ON THEIR DEVELOPMENT”

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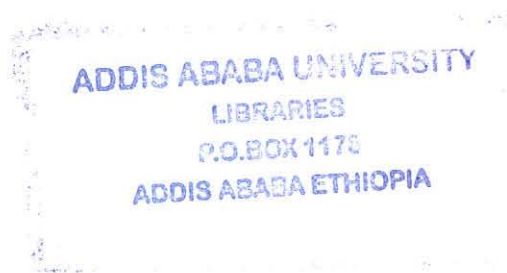
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THE DEGREE OF MASTER OF ARTS IN
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BY
KELEMSIS GEDLU

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SCHOOL OF GRADUATE STUDIES

BY

KELEMSIS GEDLU

Approved by Board of Examiner

John Zewdie

Chairman, department Graduate Committee

[Signature]

Signature

John Zewdie

Advisor

[Signature]

Signature

Belong Yefrem

Examiner, Internal

[Signature]

Signature

Chirma Lemma

Examiner, External

[Signature]

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ABSTRACT

The major objective of the present study was to examine if there was significant relationship among female adolescents sexual practices and their involvement in actual risky behavioral practices in two secondary schools in Adama. The study explored the awareness of the female adolescents about menarche, attitudes of female adolescents towards menarche and sexual practices. It also examined peer influence in relation to sexual practices, and risky sexual practices, and parent and female adolescent relationship with regard to sexual practices.

Analysis of the data was made using quantitative and qualitative methods. Results of the study revealed that age showed significant relationship in the female-parent, peer, and mate relationship on sexual practices. However, rural-urban residence did not have shown any of the relationships mentioned. Hence, the study shows the importance of age-based information for the healthy growth and development of the female adolescents.

CHAPTER ONE

I. Background of the Problem

The period of adolescence is the most crucial period in the life of human development. It is the time when the surge of life reaches its highest peak. It is a time of full hope, strength, freedom to think, and a period on which the adolescents set their own goals and discover means to achieve them; it is a period that the adolescents enjoy life in youthful dreams. Love and power are the strong motivating forces in life. This joy is felt from within and without.

However, there are many restraints that keep the adolescent under control. These controls come from home as well as society. So, as most agree, adolescence is a time of great tension and a transitional stage that links childhood and adulthood periods (Santrock, 2002), or it is a developmental transition between childhood and adulthood entailing major, interrelated physical, cognitive and psychosocial changes (Papalia, D, E., 2002). The implication is that there are changes, in adolescence, which are the effects of biological, psychosocial and environmental conditions occurring on the onset of puberty.

1.1. Adolescent Development

Adolescence may be defined as a period within the life span when most of the person's physical, psychological and social characteristics are in a state of transition from what they were in childhood to what they would be in adulthood.

In short, “the nature of adolescence is characterized by genetic, biological, environmental and social factors (Santrock, 2002). Simply stated, adolescence is a period of life characterized by several major changes that bring the person from childhood to adulthood.

On the other hand, with a newly emerging cognitive structure the adolescent begins to think about thinking. The questions become “who am I?” and “where am I going?” are given due attention. According to Erickson, a sense of identity emerges with a feeling that one is a unique human being, with likes, goals and some control of one’s own destiny. Erickson termed this stage of development as “Identity versus Identity confusion” the fifth stage in his psychological theory of development (Erickson, 1963).

At present, adolescents appear to be moving toward adulthood with a healthy integration of previous experiences, self confidence, and optimism about the future. It is obvious that there are differences among adolescents, but commonly adolescents perceive themselves as able to exercise self control, they value work and school, to be confident about their sexual values, to have positive feelings towards their families and to be capable to cope with life’s stresses, and not to exactly be in a storm and stress period as usually port raid of adolescence (Santrock, 2002).

The young adolescents of every generation have seemed radical, unnerving and different from adults of their time -they are different in how they look, in how they behave, in the music they enjoy, in their hair styles, and in clothing they choose (Papalia, D.E, 2002). In addition, the present day's adolescents face demands and expectations as well as risks and temptations, which appear to be more complex and challenging than those faced by adolescents a generation ago.

Accordingly, early adolescence, as the transition period from childhood, offers opportunities for growth in different respects: physical, cognitive, emotional and social competence. However, there are also greater hazards to their physical and mental wellbeing than did their counterparts in earlier years. All over the world, adolescents surely share certain things in common; but it is obvious that generalizing about the nature of adolescence is no easy task (Steinberg, L, 1993).

In general, adolescence begins in biology, when hormones that bring about physical changes that prepare the body for sexual reproductions are released into the blood stream. And adolescence development ends in culture, where one's status is defined by the new role played in society and the transition to adulthood begins (Gardner, H.W., 2002).

To put it differently, biological changes under normal conditions are inevitable and universal; all adolescent ought to experience the onset of pubertal development. And culture defines whether the adolescent is big or small, long or

short, and whether its social demands represent an abrupt changes or only a gradual transition from earlier periods of development (Cogner. 1991).

1.2. Fundamental Changes in Adolescence

According to many developmentalists, there are three major features of adolescent development, “that gives the period its special flavor and significance: 1) the onset of puberty, 2) the emergency of more advanced thinking, and 3) the transition to new roles in society” (Steinberg, L., 1993).

1. Onset of Puberty

The biological changes of puberty, which signal the end of childhood (average age 11) result in rapid growth in height and weight, changes in body proportions and form, and attainment of sexual maturity. These dramatic physical changes are part of a long, complex process of maturation that begins even before birth, and their psychological ramification continue into adulthood (Papalia, D.E, 2002) or puberty is a period of rapid physical maturation involving hormonal and bodily changes that occur primarily during early adolescence (Santorck, 2002).

What are the underlined hormonal changes that eventually account physical maturation at puberty?

At this period the pituitary gland when stimulated by the signal from the brain known as the hypothalamus sends extra growth hormones throughout the body. One result is the familiar growth spurt and another result is a shift in the balance

of sex linked hormones in boys and girls. The pituitary through its hormones stirs the adrenal glands and testes of boys, and ovaries and adrenal glands of girls, into action. Sex- linked hormones are secreted into blood stream. Suddenly, boys have high level of androgens and girls have high levels of estrogen and dramatic sex differences in bodily development begin (Santrock, 2002; Papalia E., 2002; Steinberg L, 1993).

According to many developmentalists, five major biological changes occur at the pubescent stage uniformly across cultures:

- 1) Rapid acceleration in growth, dramatic increases in both height and weight, (adolescent growth spurt)
- 2) Further development of gonads or sex glands (testes and ovaries),
- 3) Development of secondary sex characteristic -breast, public hair, changes of facial appearance, auxiliary hairs, or physical features that help us distinguishing female and male sex,
- 4) Changes in body composition specifically in the quantity and distribution of fat and muscle (boys are wide at the top and girls become wide at the bottom),
- 5) Changes in the circulatory and respiratory system- they develop strength and tolerance for exercise (Steinberg L, 1993; Santrock, 2002).

This means the adolescents attain the development of reproductive capability, the ability to conceive children. In other words, genetic and body mass are key factors in puberty's occurrence. For example, for menarche to begin and continue, fat must make up 17 percent of the girls body weight (Santrock, 2002; Papalia, D.E,

2002). In young girls, the hips broaden, the breasts begin to develop and menarche, which is the first menstrual period, occurs. Menarche is the first marker of puberty in girls and usually occurs in the middle of puberty and also varies widely among individuals due to different factors.

For boys such distinct markers like whisker or wet dreams are hidden events. Though unnoticed, they indicate the appearance of pubertal stage. The implication is that less is known about boy's reaction to body changes in puberty than girls.

In the puberty stage the mean age of menarche may vary from person to person, and from culture to culture. Researchers indicated the mean age of menarche that marks puberty in girls has dropped at the rate of four months per decade since 1850-“**secular trend**” as it is called by psychologists. This is due to the increasing standard of living, health care and nutrition. For example, in Norway it has dropped from 17 years to 13 since 1840's and in USA from 14.2 years to 12.45 years since 1990 to the present days (Steinberg, L., 1993; Santrock, 2002). In Ethiopia, the average menarche is found to be 14.53 (Tirusew, 1990). In short, the determinant factors related to puberty include nutrition, health, heredity and body mass.

2. Cognitive Changes in Adolescence

Adolescents not only look different from younger children; they also think differently (Papalia, D.E; 2002). Most adults recognize that teens have better

thinking skills than younger children. These advances in thinking can be observed in several areas, for example, developing *advanced reasoning* skills. These include a more logical thought process and the ability to think about things hypothetically. Adolescents begin to think about far reaching problems, about their future and the nature of the society they will enter.

Adolescents can also develop *abstract thinking* skills. Thinking about things that can not be seen, heard or touched, examples includes things like faith, trust, beliefs and spirituality whereas 'younger children can think logically and systematically only as long as they refer to tangible objects that can be subjected to real activity (Grain, W.C, 2000).

According to Piaget, adolescents enter the highest level of cognitive development (e.g.- a stage of formal operations-)when they develop the capacity for abstract thought. This development gives them a new, more flexible way to manipulate information. No longer limited to the here and now, they can understand historical time and extraterrestrial space. They can use symbols and thus can learn algebra and calculus. They can better appreciate metaphor and allegory and thus can find richer meanings in literature. They can think in terms of what might be, not just what is. They can imagine possibilities and can form and test hypotheses, (Miller, P.H., 1993; Papalia, D, E., 2002).

Developing the ability to think about thinking in a process is known as “meta-cognitions”. Meta-cognition allows them to think about how they feel and what they are thinking. It involves being able to think about how one is perceived by others, (Santrock, 2002). Adolescents demonstrate a heightened level of self-consciousness. They tend to believe that every one is as concerned with their thought and behaviors as they are. This leads them to believe that they have an ‘imaginary audience’ of people who are always watching them (Papalia, D.E., 2002; Santrock, 2002). This adolescent’s egocentrism is the attention getting behavior motivated by a desire to be noticed, visible and on stage.

Moreover, adolescents tend to believe that no one else has ever experienced similar feeling and emotions. They may become overly dramatic in describing things that are upsetting to them. They may say things like ‘you will never understand’, and ‘my life is ruined!’ Some psychologists termed this as pseudo-stupidity, excessively suspicious or adolescent skepticism (Santrock, 2002).

Teens tend to exhibit the “It can’t happen to me” syndrome also known as a “personal fable.” This is the part of adolescent egocentrism that involves an adolescent sense of uniqueness. This belief causes teens to make unnecessary risks like drinking, have unprotected sex or smoking for they have the feeling that nothing harms them.

David Elkind used these terms: “Imaginary audience” and “personal fable” to denote a belief by adolescents that they are special, that their experience is unique, and that they are not subject to the rules that govern the rest of the world and this special form of egocentrism for Elkind underlies much risk, self destructive behavior (Crain, William C, 2000; Santrock, 2002; Papalia, D.E., 2002).

To sum up, formal operational period -mental operations are no longer limited to concrete objects, they can be applied to purely verbal or logical statements, to the possible as well as the real, to the future as well as the present. Adolescents carry concrete operation one step further. They can generate hypothesis; and thought has become truly logical, abstract and hypothetical. That is, the ability to consider abstract ideas, the future and various possibilities is evident in adolescents’ social world. They are concerned with the world of ideas. They can discuss and debate various moral and political issues. However, there is still a lingering egocentrism, and adolescents are impressed with the power of thought and naively underestimate the practical problems involved in achieving an ideal future for them or for society. They feel that their sheer forces of logical thought will move mountains (Miller, P.H, 1999).

The other cognitive development in adolescence is the decision making ability about what is right and wrong. Practically adolescents have to make judgments about right and wrong, when they do this, they are reasoning about moral issues.

In relation to this, Lawrence Kohlberg pointed that levels of moral development, moral reasoning passes through three different levels with two stages in each level, representing a more sophisticated and complex orientation toward justice and normative moral principles as people mature i.e., adolescents' moral reasoning as is identified by Kohlberg (Crain, William, 2000), they enter into the post conventional level, in which they rely on abstract principles that go beyond common place views of ethics and morality (Gardner, H.W., 2002). Teens tend to exhibit a justice orientation and they may become very cause oriented. They may become active and their activism is related to the ability to think about abstract concepts such as 'justice, love, independence, self,' etc... .

3. Development of New Roles in Society (Identity Formation)

Adolescent's cognitive development now enables them to construct a "theory of the self". In fact, adolescence is a time of opportunities and risks. As Erickson emphasized a teenager's effort to make sense of the self is not "a kind of maturational malaise" (Crain, William, 2000; Papalia, D.E, 2002). It is part of a healthy, vital process that builds on the achievements of earlier stages: on trust, autonomy, initiative, and industry-and lays the groundwork for coping with the crisis of adult life. In line with this, David Elkind (1989) pointed the ways to identity formation ;a process of differentiation and integration: becoming aware of the many ways in which one differs from others, and then integrating these distinctive parts of oneself into a unified, unique whole .

Steinberg (1993) also indicated that changes in social roles and status constitute yet another universal feature of development during adolescence. During adolescence, world views become important to individual that shows individual entering into what Erickson calls “psychological moratorium,” a gap between the security of childhood and the autonomy of adulthood (Crain,William,2000; Santrock, 2002).

In all societies, adolescence is a period of social transition for the individual. Over the course of adolescent years, the individual ceases to be viewed by society as child and comes to be recognized as an adult. Although the specific elements of this social passage from childhood into adulthood vary considerably from one society to another, the presence during adolescence of some sort of recognition that the individual’s status has changed –a social redefinition of the individual –is universal (Steinberg, L, 1993; Gardner, H.W., 2002).So, adolescents experiment with numerous roles and identities they draw from the surrounding culture.

Adolescence is a time of being interested in finding out who one is, what one is all about, and where one is heading in life (Miller,PH,1993;Santrock, 2002)or young people encounter one of the most important developmental tasks of their lives-the establishment of individual identity (Crain, William C,2000;Gardner, H.W.,2002).The chief task of adolescence as pointed by Erickson is to confront the crisis of identity versus identity confusion (identity versus role confusion), so as to become a unique adult with a coherent sense of self and a valued role in society (Miller, PH, 1993; Crain, William C, 2000).

Identity forms as young people resolve three major issues: *the choice of an occupation, the adoption of values to believe in and live by, and the development of satisfying sexual identity.* Attainment of adult status may transform the young person's self-concept causing him or her to feel more adult like and to think more seriously about future work and family roles.

In other words, seeking identity involves searching for continuity and sameness in one self, trying to get a clear sense of what one's skills and personal attributes are ,to discover where one is headed in life ,and to believe that one can count on recognition from "significant others."

The adolescent who forms a sense of identity gains two key benefits, according to Erickson: feeling of being at home in one's body, and a sense of psychological wellbeing (Erickson, 1963).Adolescents who fail to achieve a sense of identity may face confusion over what roles they can or should be playing in life. They may delay any commitment to adult roles, a delay which psychologists call as psychological moratorium. Some adolescents in this period may develop a rebellious pattern that leads them to the pursuit of negative identity. One of the most commonly repeated explanations for high-risk behavior among teens is that adolescents underestimate or ignore the probability of bad outcomes because they see themselves as invulnerable and invincible.

What makes this task of identity formation even more challenging is the fact that individuals must take into account not only their own view of themselves but also the views of others and of society. In other words, identity is achieved through a complex process of judging oneself (1) as an individual (2) in comparison with others' judgments, and (3) in comparison to social and cultural norms (Gardner, H.W, 2002).

1.3. Adolescent Psychosocial and Personality Development

Basically, the family remains an extremely important influence on adolescent psychosocial development, for example that of *identity, autonomy, intimacy, sexuality or achievements*, etc. as discussed by many psychologists.

Establishing an *identity* has been called one of the most important tasks of adolescents'. The question of "who am I" is not one that teens think about at a conscious level. Instead, over the course of the adolescent years, teens begin to involve the opinions of influential others (e.g. parents, other caring adult, friends, etc.) into their own likes and dislikes. The eventual outcome is people who have a clear sense of their values and beliefs, occupational goals, and relationship expectations. People with secure identities know where they fit (or where they don't fit) in their world. (Miller, P.H, 1993; Crain, Miller C, 2000).

And some people assume that *autonomy* refers to becoming completely independent from others. They equate it with teen "rebellion." But establishing autonomy during the teen years really means becoming an independent and self-

governing person within relationships. Autonomous teens have gained the ability to make and follow through with their own decisions, live by their own set of principles of right and wrong, have become less emotionally dependent on parents. Autonomy is a necessary achievement if the teen is to become self-sufficient in society (Steinberg, L., 1993; Miller, P.H, 1999; Santrock, 2002; Papalia, D.E., 2002).

Many people including teens, equate *intimacy* with sex. In fact, intimacy and sex are not the same. Intimacy is usually first learned within the context of same-sex friendship, then utilized in romantic relationships. Intimacy refers to close relationships in which people are open, honest, caring, and trusting. Friendship provides the first setting in which young people can practice their social skills with those who are their equals. It is with friends that teens learn how to begin, maintain, and terminate relationships, practice social skills and become intimate (Crain, Miller C, 2000).

The teen years mark the first time that young people are both physically mature enough to reproduce and cognitively enough to think about it. Given this, the teen years are the prime time for the development of *sexuality*. How teens are educated about and exposed to sexuality will largely determine whether or not they develop a healthy sexual identity. Many experts agree that mixed message teens receive about sex contribute to problems such as teen pregnancy and sexually transmitted diseases because in many societies sexualities are considered as taboos, which in turn affect negatively the teen's development.

Because of cognitive advances, the teen years are a time when young people can begin to see the relationship between their current abilities and plans about their future vocational aspirations. They need to figure out what their *achievement* preferences are –what they are currently good at and areas in which they are willing to strive for success.

In general, identity confusion is reflected not just in problems of identity, it rather manifests itself in the area of autonomy, intimacy, sexuality, and achievements. Researcher like James Marcia extended the study on identity to determine identity status in adolescence. Marcia considered two important issues: 1) How far adolescents make actual commitment in terms of identity formation? And 2) How far explorations were conducted to get into a certain identity portfolio? So, Marcia combines these two issues i.e. commitment and exploration to identify four types of identity status categories (Steinberg, 1993; Miller, P.H, 2000; Santrock, 2002). Marcia's ideas of identity status are elaborated in detail in different books. Marcia defines crisis (exploration) as a period of conscious decision making and commitment as a personal investment in an occupation or system of beliefs or ideology (Miller, P.H., 1993; Papalia, D.E., 2002) .

The people in each of the four identity status reflect different behavior and characteristics. For example, adolescents with *identity achievement* are characterized by commitment to choices made following a crisis, a period spent in exploring alternatives. Adolescents in this category are found to be more mature and more competent in relationships than adolescents in the other three statuses.

That is, they display characters such as a sense of self that includes the ability to understand, appreciate, and accept as normal pubertal changes, gender identity and sexual orientation. And these teens because they formed a healthy sexual identity, they communicate with their family about all issues, including sexual matters effectively. They can also express love, sexual attraction and believe that both partners have equal rights and responsibilities in any sexual relationship as well as the necessary skills to evaluate and progress to a more mature sexual relationship.

Adolescents with *identity foreclosure*, on the other hand, though there is no crisis, do commit themselves in many activities. The adolescents in this category are thought to be happy, self assured, in some way dogmatic when their opinions is questioned, and they do have close family ties and are obedient and tend to follow a powerful leader.

Moreover, adolescents with *moratorium* status are in a time out state from sources of excessive responsibilities and obligation that might restrict the young person's pursuit of self- discovery. This may account for a healthy sense of identity formation but if delayed or extended too much it may extremely restrict the development of healthy sense of identity.

The other identity status is *identity diffusion*. Adolescents in such state are characterized by the disruption in the individual sense of time i.e. something seems to happen much faster than they really do while others seem to take

forever. They are characterized by excessive self-consciousness to the point that it is difficult to make decision. They also have problems in work achievement related activities, i.e. a tendency towards failure or at least a perception of that sort. The adolescents in this status have difficulty in forming intimate relationships with others (-for instance as quoted in Papalia, 2002), because they are not sure of themselves etc. Elkind called adolescents in such status as “patchwork selves” -a self put together from borrowed, often conflicting, bits and pieces ,they have low self-esteem and they want to be some body else by the method of substitution. They show no commitment and no serious consideration of alternatives. These are the major psychosocial developments in adolescence period that help individuals to form a unique personality development according to many developmental psychologists.

1.4. Adolescent Sexuality

Adolescence is a time of sexual exploration and experimentation, of sexual fantasies and realities, of incorporating sexualities into one’s identity (Santrock, 2002). Because seeing oneself as a sexual being, recognizing one’s sexual orientation, coming to terms with sexual stirrings, and forming romantic or sexual attachments, all are part of achieving sexual identity and this urgent awareness of sexuality is an important aspect of identity formation, profoundly affecting self-image and relationships (Crain, Miller C,2000;Papalia, D,E., 2002). Societal interest in this phenomenon has expanded as the rate of teenagers engaging in sexual activity has risen; the percentage of adolescents, especially females, who

report being sexually active has generally increased over the last 20 years. For example, in 1988, 81% of both white and black women in the United States were sexually active by the age 19. For males, 82% of Hispanic teens, 85% of Caucasian teens, and 96% of African American adolescents reported being sexually active by age 19 (J. Grunbaum, et al, 2002).

Thus, young people may begin sexual activity early. Supporting this idea, Eyob, Abate, and Genet (1996) indicated that childbearing and *sexual* practices start at an early age and concentrates among teenagers, as a result, adolescents in school and out of school are exposed to sexual abuses, unplanned sexual practices and unintended pregnancies.

Moreover, the world today is largely and significantly populated by young people. The developing countries, specially the sub-Saharan African countries have an increasing number of adolescent population amounting about 20% of the people of the region, which are aged 11-20 years (EPHA, 2003). As member of this region, Ethiopian adolescents are increasing and estimated about one third (1/3) of the country's total population (CSA., 1998).

Generally speaking, sexual orientation becomes a pressing issue in adolescence period. Parents should realize that it is a normal developmental character of adolescent of any generation, though the degree and rate of its practice varies from one society and culture to the other. One reason may be an expectation that

parental openness about sexuality –which is generally equated with the communication process –will encourage teenagers’ use of contraceptives. The argument in support of parent –child communication holds that adolescents lack information about the adverse consequences of pre-marital sex, information that peers are unlikely to provide (Teen sexualities, et al, 2006).

But if teenagers had such information, they would understand the dangers of early sexual involvement and would postpone sexual activity until they are older. Conversely, parents who don’t discuss these issues are seen as passively contributing to the likelihood of early sexual activity by depriving their children of guidance (Adolescent sexualities, et al, 2006).

Adolescent sexuality development begins in the pre-teen years and continues into adulthood .The adolescent’s body produces hormones that cause the outward changes .These changes include things like breast development in girls ,the appearance of facial hair in boys ,or growth of hair under the arms and in the genital areas for both boys and girls. Moreover, puberty is more than physical changes .As adolescent body grows into adulthood, their ways of thinking, their emotions, their wants and needs will change as well(Adolescent sexualities, et al,2006).

The implication is that the anatomic sex, gender identity, and sexual orientation will all become a part of how these changes affect the female adolescent as a person. So, female adolescents face the most significant developmental challenges concerning the development of healthy sexual identities and behavior.

In other words, female adolescent sexuality development includes physical, intellectual, social and emotional change. This development occurs in the context of the family, peer group and community; but the family and peer group are particularly important influences in the lives of teenagers.

During adolescence, young girls begin to form meaningful adult relationships – both within and outside the family. Female adolescents who have experienced open communication with parents are better prepared to communicate honestly and openly about sexuality with adults as well as peers. In fact, peers play an important role in female adolescents' sexual development, because adolescents want to identify with and belong to peers. It is in this development of sexual interests that female adolescents begin to establish intimate relationship through dating (Teen sexualities, et al, 2006).

Indeed, female adolescents need to be assured that sexual desire is natural. Santrock indicated similar view that adolescent sexuality development and interests are normal aspects of adolescent development and that the majority of adolescents have healthy sexual attitudes and engage in sexual practices that will not compromise their development (Santrock, 2002). At the same time, adolescent should be taught that sexual desire is to be acted upon in ways concomitant with personal, family, and/or community values regarding sexuality and sexual behavior.

1.4.1. A Female Adolescent Sexual Identity

A female adolescent's sexual identity involves an indication of sexual orientation (homosexual, heterosexual, bisexual), and it also involves activities, interests and styles of behaviors (Santrock , 2002).Most teens will come to identify themselves primarily as heterosexual ,homosexual or bisexual; it is not surprising if adolescent feel confused over some of these issues during adolescence years.

Once female adolescents are in puberty, they are likely to begin to have strong physical and emotional attractions to others .The adolescent's sexual orientation refers whether they are primarily attracted to people of the opposite sex (heterosexual), or of the same sex (homosexual), or both (bisexual).Like the other aspects of psychosocial growth, the development of sexual identity is determined largely by its context. Of particular importance is the way in which female adolescents and children are exposed to and educated about sexuality-a process called *sexual socialization* (Steinberg, L., 1993).For sexuality education to be appropriate and successful, values from different perspectives must be respected. At the same time, it is crucial that age –appropriate information be provided. Female adolescents must be encouraged to make choices and decisions based upon factual information as well as respect for themselves and others. In this way, it is essential that the female adolescent form sexual identity and a sense of sexual well-being. Because, these process determine their comfort with their own emerging sexuality as well as that of others. It is important for them to become

comfortable with their own changing bodies ,learn to make good decisions about what ,if any, sexual activities they wish to engage in, and how to be safe in the process .In fact, they are beginning to become involved in intimate relationships, where sexual activities often occur.

1.4.2. Female Adolescents Sexual Practices and Risky Factors for Sexuality

Female adolescents engage in a rather consistent progression of sexual behavior. This may be observed through necking, standing and talking for a long time with opposite sex. Next comes intercourse, or, in some cases oral sex, which has increased substantiality in adolescence in recent years (Hoff, et al, 2003), or in the same way, Steinberg indicated the progression of sexual behavior having similar sequences in which the young adolescents engage in various sexual activities, i.e. necking and petting are more common activities and occur earlier than genital contact, or intercourse, which in turn occur earlier than oral sex (Steinberg, L., 1993).

The study of female adolescent sexuality has been divided into two important areas: the development of a healthy sexuality in adolescence and the risks that are associated with too early or unsafe sexual activity. Engaging in “safer” sexual activity has been linked to psychosocial maturity and sexual well-being. Developing a healthy sense of one’s own sexuality and learning to express it in a safe and mature manner should be given much attention as one aspect of

adolescent development .But many studies have indicated the serious nature of the possible negative outcomes of adolescent sexual practices and the subsequent risky behaviors have to be avoided (Hoff, et al, 2003).

In adolescence years, it is normal to want to begin to experiment with sexual activity. As female adolescent continue to grow and mature, they will be better able to make choices about intimacy and physical relationships, which is the precondition for sexual intercourse. And there might be many ways in which they express their intimacy. The teens may spend time with another person, holding hands, or may kiss each other to show affection, or actually involve in sexual intercourse.

The two major concerns regarding female adolescent sexual activity are the risk of contracting sexually transmitted diseases and pregnancy. Most young girls who start sexual activity early, who have multiple partners, who do not use contraceptives, and who have inadequate information- or misinformation-about sex are very much at risk (Papalia, D, E., 2002).

There might be many reasons for the female adolescents' risky sexual behaviors. Among the major ones such factors as lack of awareness and communication about sexual practices, peer influences, economic problems, drugs, family break down, academic problems etc., are usually cited.

The U.S. Centers for Disease control and Prevention regularly publishes the Youth Risk Behavior Surveillance System (YRBS) that measures sexual behaviors and other risky behavioral practices of adolescents. The 2001 YRBS found that teens are engaging in sexual intercourse with a possibility of having multiple partners as follows:45.6% high school students (48.5% of males and 42.9%of females) reported having had sexual intercourse; 60.5% of twelfth graders,51.9% of eleventh graders,40.8% of tenth graders ,and 34.4% of ninth graders reported having had sexual intercourse in general ;60.8%of Black students,48.4%of Hispanic students, and 43.2%of white students reported having had sexual intercourse. Even 6.6% of students reported initiating sexual intercourse before age 13.On the other hand, 14.2% of students (17.2% of male and 11.4% of females) reported having had sexual intercourse with four or more partners; 21.6% of twelfth graders, 15.2% of eleventh graders, 12.6% of tenth graders, and 9.6% of ninth graders reported having had sexual intercourse with four or more partners; 26.6% of Black students, 14.9% of Hispanic students and 12% of white students reported having had sexual intercourse with four or more partners. The data's indicated in this study shows the intensity and high magnitude of the problem of adolescent's sexual practices and its influences on their development.

A similar study in Adama by FSCE (2003) indicated that large numbers of young girls are vulnerable to sexual abuse and exploitation, and the commonest type of sexual abuse is rape, early marriage, and abduction as the type of sexual abuse.

The main perpetrators of sexual abuses on young girls are young people, followed by elderly people, drunkards, drug addicts etc. The implication is that ,still, the intensity and high magnitude of the problem of female adolescent's is too much.

1.5. Statement of the Problem

Female adolescents need reliable information about healthy sexual development and risk prevention. Proper guidance, monitoring and support of the family can have a significant contribution to female adolescents in forming healthy behaviors and attitudes, and safe sexual practices i.e., parent-child-connectedness and specific parenting such as monitoring, guidance, and open communication are effective ways to build a healthy female adolescent sexual development. One reason may be an expectation that parental openness about sexuality would encourage teenagers' use of contraceptives, postpone early and unsafe sexual practices.

Moreover, if female adolescents, parents, teachers, peers, and all others concerned understand the time and the nature of female adolescent period and react positively, the transition from childhood to adulthood would be smooth and constructive, which in turn offers opportunities for good growth and development to the would be adults.

On the contrary, if the female adolescence period is not well understood but misconceived by all, it may be a problematic transitional period and its consequences would be undesirable. For example, the female adolescents would

involve themselves in activities against the norms and laws of their community; they might become antisocial, drug addicted, participates in risk taking and unsafe sexual practices and unwanted pregnancy that may affect their development.

In Ethiopia the highest prevalence of HIV/AIDS is between age ranges of 15-24 and the *number of females infected in this range is higher* than those of males in the same ranges (FDRE-MOH, 2002; Path Finder, 2004) and also high death rate is observed in the same age range. As indicated by the Ministry of Health (2002) HIV/AIDS affects more than 2.2 million people in the country with the highest prevalence of HIV/AIDS infection among adolescents between ages 15 to 24 years notably female adolescents.

The challenges that females adolescents' face is not only HIV/AIDS, they face problem related to urbanization and modern life such as career insecurity, delinquency, vandalism, rape, drug abuse ,unsafe sex ,alcoholism, unwanted pregnancy, abortion etc . In short, Ethiopian female adolescents today face physical, physiological and psychological challenges than their counterparts a generation ago.

In a survey conducted among some of the high schools in Addis Ababa, 38% reported to be sexually active .Of this sexually active adolescents involved in the first act of sex 71% were between age 14-16; somewhat similar findings were observed in Jimma and Gonder indicating 64% and 55% of the respondents

respectively were to be sexually active (Dagne, 1999; Kidane&Azeze, 1995).

Female adolescent in Ethiopia faces many developmental problems of which sexuality is the major one .However, it was overlooked by parents, communities, and even by the female adolescents themselves.

But sexuality is a natural and biological event, which is a developmental feature of adolescence years. Female adolescents' sexuality need to be treated in a cautious way, or else it significantly affects and risks their development. Hence, the study will endeavor to answer the following questions.

1. Is there a difference of awareness of female adolescents about menarche in ages and residences?
2. Are there differences of reactions of adolescents toward menarche and sexual practice in age and residences?
3. Is there a difference of parent and female adolescents' relationship toward sexual practices in age and residences?
4. Is the form of peer relationship towards sexual practices show difference in age and residences?
5. Are the form of mate relationship prevailing towards sexual practices differ in ages and residences?
6. Are the experiences of female adolescents towards risky behaviors and risky sexual practices differ in age and residences?
7. What are the possible recommendations?

1.6. General Objective

The general objective of the research is to investigate the experiences of female adolescents towards sexual practices in their development.

1.7. Specific Objectives

1. To identify whether there is difference of awareness of female adolescents about menarche by age and residences.
2. To investigate the difference of reaction of female adolescents towards menarche and sexual practices by age and by residences.
3. To identify the difference of parent –female adolescents relationship towards sexual practices by age and by residences.
4. To trace out the form of peer relationship difference toward sexual practices by age and by residences.
5. To investigate the prevailing difference of female adolescents' mate relationship in age and residences towards sexual practices.
6. To trace out the difference of female adolescents towards risky behaviors and risky sexual practices by age and residences.
7. To propose a recommendation for the identified problems of female adolescents' sexual practices.

1.8. Significance of the Study

There are number of studies written about the nature, character and development of adolescence period, but most of them address this issue on a Western context.

So, the researcher feels that there is a wide time and knowledge gap about the adolescence developmental stages, especially about the awareness and reaction of female adolescents towards sexual practices and the influence of sexual practices on their development. Hence, the study will explore the awareness and reaction of female adolescents towards sexual practices; adolescents' sexual practices, peer influence, mate relationship with regard to sexual practices, the parent and female adolescents' relationship towards sexual practices, risk incurred due to sexual practices and suggest possible intervention to the problems identified.

The study which attempts to deal with these issues related to female adolescents would be very significant to give insight to female adolescents, parents, to the community and the policy makers, as well give insight about the nature, character and female adolescence development, and help them gain a better understanding about female adolescents, and give insight to all the need of forming quality parent and female teenagers' relationship, the degree of parents openness to and comfort in discussing sex and sex related topic in terms of their influence on female adolescent sexual values and behaviors and their influence on their development.

Moreover, the study may initiate the need (desire) in taking preventive measures to the risks incurred to female adolescents due to unsafe sexual practices and sexual abuses. Because more than 50% of the country's population are under 20 years (FDRE-MOH(2002)), so what is more significant than studying this period of developmental stage and providing information that would be of great use to population.

The study might also be a springboard for other researchers to deal with the issues extensively and come up with their own findings to fill the gap in time and knowledge.

1.9. Delimitation

Due to time constraints, budget and resources, the study was delimited to female adolescents with age ranges of 13-21 years who are dwellers in Adama urban and rural areas, and also selected parents were included.

The study was also delimited, methodologically, to self administered questionnaire, and interview. The analysis was made quantitatively and qualitatively

1.10. Operational Definition

✓ *Adolescence – the female adolescents in the age between 13-21.*

Adolescent growth spurt - the female adolescent's dramatic increase in height and weight that occurs during puberty.

✓ *Gender - significance of being female adolescents.*

Personality- refers to the development of *female* adolescent's unique characteristic, comprising identity formation, self-understanding, socialization, family influence, and culture and relationship they form in the process of development.

Puberty - process by which *female adolescents* attain sexual maturity, and the

ability to reproduce, or the biological changes of *female adolescents*.

Risky factors -conditions that increases the likelihood of contracting HIV/AIDS, STIs, pregnancy, abortions etc., that enhance a negative developmental outcomes.

Self-concept - *female adolescents* sense of self, descriptive and evaluative mental picture of their abilities and traits.

Sexually active-refers to *female adolescents* who have at least experienced sexual intercourse once.

Sexual orientation- *female adolescents* focuses of consistent sexual, romantic and affectionate interest, heterosexual, homosexual or bisexual

✓ *Sexual practices* - *female adolescents'* sexual intercourse, usually regarded as sexual contact with opposite sex.

Teens- used synonymously with *female adolescence in the study*.

CHAPTER TWO

2. METHODOLOGY

2.1. Sampling

The target populations of the study were female adolescents in two secondary schools in Adama. The population of Adama was estimated to be 200,000 thousands. Adama has three Wereda's and fourteen kebeles'. There are two government high schools and one preparatory school. There are also different elementary, junior and high schools in the surrounding of Adama. Adama is now growing very fast, and many activities like hotel industry, trading and tourism are carried in the town and the surroundings. Moreover, the population is increasing in a greater speed. It is also observed that female adolescents in Adama and its surrounding are likely to be in risky sexual practices.

The researcher took a total of 130 female adolescents as his study target because he believed that females are the most vulnerable section of the society which could be worth studying. The study was conducted in Adama urban and the surrounding. The sample was selected using non-random purposeful sampling techniques from two schools located in the city and outside the city. From urban Adama preparatory school, 70 female adolescents and from rural Adama Nahmad high school, 60 female adolescents. The sampling consisted female adolescents of different ages, socio-demographic status and educational background as shown in the table below.

2.2. Socio-demographic Characteristics of Female Adolescents in Age, Grade and Residence

Age level	N	Grade	
		Class	N
13-16	26	9	15
17-18	51	10	39
19-21	53	11	44
Total	130	12	32
Residence	Urban	70	
	Rural	60	
	Total	130	

2.3. Data Collection Instrument

A questionnaire and unstructured interviews were the main data gathering instruments. 51 questionnaire items were adopted for the study that indicate information about socio-demographic factors, family make up and communications about sexuality, parental monitoring, family connectedness, sexual behavior or reactions and related issues to the study. The questionnaire items had two parts, i.e. the multiple parts and open ended questions. Self-administered questionnaire items were preferred for this study as the issues under study were sensitive and as the instrument had to minimize the bias of the respondents. The questionnaire items were administered with the help of two assistants with MA degree in English and history, and who were familiar in administering the instruments. Two assistants were required because the target

populations for the study were female adolescents from different areas, urban and rural Adama. Also selected parents were included in the study.

Unstructured interviews were the other instrument used for data gathering. The unstructured interview covered and asked multiple problems behaviors like female adolescent's physical makeup, sexual behavior, whether it is normal to participate in sexual intercourse. The influence and risk incurred due to the practices and very sensitive and important questions were included in the interviews with the parents. And ten (six females and four males) parents were asked about their views of the female adolescents' nature, development, and sexual practices.

The selection of the interviewees was on a voluntary participation of the parents to give information about their young offspring's sexual history, attitudes, and practices, sensitive and personal matters. The researcher will appeal to the full consent of the interviewees.

2.4. Data Analysis

The research used both quantitative and qualitative methods. For the quantitative data analysis SPSS version 11 was used –The statistical analysis used percentage, mean, one way ANOVA, and T-test. The data's obtained from parents through interviews and from the open ended questions would be analyzed using qualitative description method of analysis.

CHAPTER THREE

3. RESULTS

The result was presented using percentage and then comparison of the result was conducted to see whether there is statistically significant difference between age, and residence. As indicated in the method, the study was analyzed quantitatively as well as qualitatively. The quantitative data was generated through the survey questionnaires and the qualitative data were obtained from the open ended questions and interviews.

3.1. Characteristics of the Respondents

Table one shows the demographic characteristics of the respondents. It was found out that out of the total 130 respondent, 26 (20%) were in the age range of 13-16, 51 (39%) in the age range of 17-18, 53(40-8%) in the age range of 19-21. This showed that the majority (32%-40%) of the female adolescents are between the age ranges of 17-21.

As shown below, 44 (33.8%) respondent were in grade 11, 39 (30%) were in grade 10, 32 (24.6%) were in grade 12, 15 (11.5%) were in grade 9 respectively. As indicated below, most respondents, 113 (86, 9%) were unmarried and 15 (11.5%) married and 2 (1.5%) were outside the two groups and the majority (63.1%) of the respondents were Orthodox Christians, (15.4%) protestant, (12.3%) Muslim and (9.2%) Catholic. As shown in the table that 70 (53.8%) were urban dweller and 60 (46.2%) were living in rural Adama. It was also shown that 42(32.3%) of the respondents live with both parents (father and mother), 29 (22.3%), 19 (14.6%). 17(13.1%), 19 (6.9%), and 14(10.6%) with mother, father, sibling, relatives and others respectively. On the other hand, 62(47.7%) of the fathers' and 45(14.6%) of the mothers' education status was above secondary level.

Table 1. Socio-Demographic Characteristics of the Respondents

Variables	Frequency	Percent
Age-13-16	26	20.0
17-18	51	39.2
19-21	53	42.8
Total	130	100.0
Grade-9	15	11.5
10	39	30.0
11	44	33.8
12	32	24.6
Total	130	100.0
Marriage-Married	15	11.5
Unmarried	113	86.9
Other	2	1.5
Total	130	100.0
Religion-Orthodox	82	63.1
Muslim	16	12.3
Protestant	20	15.4
Catholic	12	9.2
Total	130	100.0
Residence-Urban	70	53.8
Rural	60	46.2
Total	130	100.0
Living with –Both parent	42	32.3
Mother only	29	22.3
Father only	9	6.9
Siblings	17	13.1
Relatives	19	14.6
Other	14	10.8
Total	130	100.0
Father's Edu. Status		
-Illiterate	16	12.3
Basic education	24	18.5
Primary education	17	13.1
Secondary education	28	21.5
College/University	34	26.2
Other	11	8.5
Total	130	100.0
Mother's Edu. Status		
-Illiterate	16	12.3
Basic education	37	28.5
Primary education	29	22.3
Secondary education	30	23.1
College/University	15	11.5
Other	3	2.4
Total	130	100.0

Table-2. Respondent’s Awareness about Menarche

variable	Total N(130)		
		N	%
Do you have information before you experience menarche?	Yes	110	84.6
	No	19	14.6
	Und	1	.9
	Total	130	100
Did you get the awareness about menarche from your families?	Yes	12	9.2
	No	105	81.8
	Und	13	10.0
	Total	130	100
Did you get the awareness about menarche from your teachers?	Yes	56	43.6
	No	74	57.4
	Und	-	-
	Total	130	100
Did you get the awareness about menarche from your friends?	Yes	45	34.4
	No	72	55.4
	Und	13	10.0
	Total	130	100

Table 2 presents the awareness of the respondents about menarche. Respondents were asked whether they had information about menarche before they experience it and out of the total 130, 110(84.6%) said they had information about menarche before and 19(14.6%) indicated that they didn’t have any information about menarche. This shows that large number of the respondents had awareness about menarche. Similarly, they were also asked the source of the information about menarche and 12 (9.2%) respondents said they get the information from their friends, 56(43.6) of the respondents indicated that they have the information from their family and 45 (34.6%) pointed that their teachers were the source of the information. With respect to the information about menarche, respondents have access to the information from different source of which family and teachers were the main sources with (43.6%) and (34.6%) respectively. This may indicate that there was open communication between parent, teacher, and the respondents.

Table 3. Respondents' Reactions to Menarche and Sexual Discussions

variables	Total N(130)		
		N	%
Was your first reaction to menarche positive?	No	53	40.7
	yes	21	16.2
	Und	56	42.5
	Total	130	100
Was your reaction to sexual practice natural and pleasant?	No	26	20.0
	yes	95	73.0
	Und	9	6.9
	Total	130	100
Did you have positive discussion about sex and sexual practice with your family or guardian or friends?	No	72	55.4
	yes	55	42.3
	Und	3	2.3
	Total	130	100

Table 3 presents about the reaction of the respondents toward menarche and sexual practice. Respondents were asked if their reactions towards menarche was positive and, 53(40.7%) of the respondents replied that they had no positive feelings toward the experience of menarche whereas 21(16.2%) of the respondent said their experience was natural and pleasant, but 56(42.5%) did not know whether their experience was positive or negative. This indicated that female adolescents did not have proper information about menarche because a large number of the respondents did not tell as to what it feels to experience menarche. This shows that still the adolescents were confused. Moreover, they were asked if they considered sex and sexual practices natural and 95(73.5%) of the respondents acknowledged that sex was natural.

In addition, 72(55.4%) of the respondents indicated that they did not discuss about sex and sexual practices with either their family or friends or anyone else while 55(42.3%) of the respondents expressed that they used to discuss about sex and sexual matters with their families as well as friends. Though large percent of the respondents claimed sex to be natural, it was however indicated that 55.4% of the respondents were ashamed of discussing sex with any one . This may show that sex and sexual practices may be viewed as taboos.

**Table 4. Parents and Female Adolescents' Relationship
And Sexual Practices.**

Variables	Total N(130)	
	N	%
Was the relationship you have with your parents differed from childhood?	yes	38 29.3
	No	87 66.9
	Und	5 3.5
	Total	130 100
Do you discuss with about sex in a positive way?	yes	58 44.6
	No	55 42.3
	Und	17 13.1
	Total	130 100
Are your families/guardians reaction to your sexual practices welcoming?	yes	51 39.3
	No	66 50.8
	Und	13 10.0
	Total	130 100
Do your parents treat your boyfriends with respect?	yes	39 30.0
	No	34 26.2
	Und	57 43.9
	Total	130 100
Do you discuss about sex and sexual practices with your family /guardians?	yes	55 42.3
	No	72 55.4
	Und	3 2.3
	Total	130 100
Do you feel that you are ashamed of talking about sex with your family /Guardian?	yes	77 59.2
	No	53 40.8
	Und	-- --
	Total	130 100

Table 4 indicates about reaction of the respondent's relationship with their parents on sex and sexual practices. Respondents were asked if their relationships with their parents or guardian differ from their childhood and most of them 87 (66.9%) replied that their relationship with their parents or guardian was not different from their childhood period. They were also asked whether their relationship with their family was positive and 58 (44.6%) pointed that they had a positive relationship, that they had good communication with their family, whereas 55 (42. %) indicated that their relationship was negative, stress and storm portrait of the respondents. This showed that both type of relationship (positive and negative) was indicated between the family (parents) and the female adolescents.

In addition, respondents were asked as to the reaction of their parents or guardian towards their sexual practices. Accordingly, 66(50.8%) expressed that their family had negative reaction to their sexual practices. This showed that still sex and sexual practices were not the privilege of female adolescents and most parents were found out to have negative attitude towards their female adolescents' sexual practices.

Moreover, 34 (26.2%) pointed that their parents treated their lovers with hatreds, suspicion and fear; However, 51(39.3%) indicated that their parents, though not compassionate, they were not against the respondents' sexual practices and, 39(30%) of the respondent indicated that their parents treated their boyfriends (lovers) with respect, where as large number of respondents 57(43.9%) did not notice anything, which in turn indicated the absence of strong and positive communication between the family or guardian and the female adolescents.

Respondents were further asked about the attitude of their parents towards their nature, and 87(67%) said their family was confused about the nature of female adolescents. On the other hand, 41(31.6%) said their family was not confused about their nature and that they were treated by their family or parents properly.

This may indicate that the respondents' family and the society did not treat the female adolescents properly and did not inform them what was to be informed about developmental changes like (biological, physical and sexual developments), which in turn might lead to risky behavioral practices. As to the communication and discussion about sexual practices, 72(55.4%) of the respondents said they did not discuss about sexual practices with their parents because they considered sex or sexual practices as taboo. 77(59.2%) of the respondent assume that it is shameful to talk about sexual matter with their families .Still, these showed that not only the gap of communication between family and the female adolescents about sex and sexual practices was big, but also the negative feeling of the female adolescents (feeling of shame to talk to their parents) about sex and sexual practices was too much. , 55 (42.3%) indicated that they discussed about sexual practices with their family and 53(48.8%) said it is ok to talk about sexual practices and they were used to discussing sex with their parents. However, both agree the tension between parents and the female adolescents would decrease as the adolescents mature.

Table 5. Peer Relationship and Sexual Practices

Variables	Total N(130)		
		N	%
Do you think your relationship with your peers was positive?	yes	92	70.8
	no	11	8.5
	und	27	20.8
	Total	130	100
Do you think it was ok to imitate your friends' behaviors?	yes	45	34.8
	no	80	61.5
	und	5	3.8
	Total	130	100
Do your friends encourage you to practice sex?	yes	7	5.4
	no	35	27.0
	un	88	67.7
	Total	130	100
Do you always/often talk with your peers about sexual matters?	yes	36	27.6
	no	79	60.0
	und	15	11.5
	Total	130	100

The idea raised in table 5 was about peer relationship especially on matters of sexual practice. Respondents were asked whether their peer relationship was positive or not and most respondents 92(70.8%) expressed that they had positive relationship with their peers and 11(8.5%) said that it was not positive .On the other hand, 45(34.8%) indicated it is ok to imitate their peers behavior and 7 (5.4%) of the respondents affirmed that their friends encouraged them to practice sex. This was also confirmed in the open ended questions that most female adolescents who had friends from both sexes were likely to be involved in sexual practices.

However, 80(61.3%) said that they did not want to imitate their peers behavior.

And 35(27%) said they were not encouraged to practice sex. Though small percentage of the respondents indicated that their peers did encourage or influence them to involve in any sexual practices, in the table above, it was shown that large number (67.7%) of the respondents were confused as to the practice of sex. In a similar way, 36 (27.6) of the respondents said that they always /often discussed about sexual matters with their peers, but 79 (60.8%) indicated that they did not discuss about sexual practices with their friends.

According to the result, discussion about sex and sexual practices between parents and female adolescents, and among peers was not exercised and it was not a privilege to talk for the female adolescents.

Table 6. Mate Relationship and Sexual Practices

Variables		N	%
Do you have a boy friend (sexual partner)?	Yes	66	50.8
	No	64	49.2
	Und	-	-
	Total	130	100
Have you started sexual practices at an early age?	Yes	52	40.0
	No	78	60.0
	Und	-	-
	Total	130	100
Did you have sexual intercourse with your boy friend?	Yes	39	30.0
	No	8	6.1
	Und	83	63.8
	Total	130	100

Table 6 presents about mate relationship and sexual practices. Respondents were asked if they had sexual partners. Out the total, 66(50.8%) indicated that they have boyfriends (lovers or sexual partner) .As to the experience of sex, 52(40%) of the respondents affirmed that they had sexual intercourse at an early age. But 64 (49.2%) of the respondents said they did not have boyfriends(lovers). 78(60%) indicated they did not have sex and sexual intercourse at an early age and 8(6.1%) said they did not have sex with their boyfriends. And 83(63.8%) of the respondent did not tell with whom they had their first sexual intercourse. The table above hinted that the respondents had involved themselves in risky sexual behavioral practices for about 40% of the respondents started sexual intercourse at an early age and because large number (63.8%) were confused and did not tell with whom they had sexual intercourse.

Table 7 .Awareness of Risky Sexual Practices

Variables		N	%
Do you discuss sexual matters with your family or guardian?	Yes	55	42.3
	No	72	55.4
	Und	3	3.2
	Total	130	100
Do you discuss about sexual matters with your friends?	Yes	3	2.3
	No	77	59.2
	Und	50	38.5
	Total	130	100
Do you use condom or contraceptive when you have sex?	Yes	46	27.6
	No	79	60.8
	Und	15	11.5
	Total	130	100
Do you have sexual intercourse at early age?	Yes	52	40.0
	No	78	60.0
	Und	-	-
	Total	130	100
Did you have sexual intercourse with more than one person?	Yes	16	12.3
	No	41	31.5
	Und	73	56.2
	Total	130	100

Table 7 indicated about awareness of risky sexual practices. 55(42.3) of the respondents expressed that they discussed about sexual related topics with their family, which may show that the female adolescents developed a healthy sexual attitude towards the practices. In addition, 3 (2.3%), though very small, said they discussed about sexual matters with their friends, which was still indicating healthy attitude of the female adolescents about the practices.

Nevertheless, 72(55.4%) said they did not discuss with anyone of their family members. Furthermore, 77 (59.2%) indicated that they did not discuss any sexual issues with their peers. This might lead the female adolescents to be involved in risky sexual practice as they were not open either with their family or with their peers. This means discussion about sex and sexual practices was closed and viewed as shame, hidden, a privilege only for adults.

It was also shown that 46(27.6%) of the respondent used contraceptives whereas 79(60.6%) indicated that they did not use contraceptives or condom when they did sex and 15(11.5) did not give answer either way. Out of the total respondents, 60.8% were at high risk sexual practices .Still 52(40.0) indicated that they had sexual intercourse at an early age and 16(12.3) said that they have more than one sexual partners that indicated the lack of awareness of the risky sexual practices and which indicated that the female adolescents were at a higher risk of sexual practices..

Table 8. Attitude of Risky Sexual Practices

variables		N	%
Do you think it is possible to prevent (avoid) sexual problems by using condom or contraceptives or be loyal to a partner?	yes	117	90.0
	no	5	3.9
	und	8	6.2
	total	130	100
Do you have more than one sexual partner?	yes	16	12.3
	no	41	31.3
	und	73	56.2
	total	130	100
Do you like to practice whatever was practiced by your friends?	yes	45	34.6
	no	80	61.5
	und	5	3.8
	total	130	100
Do you practice drinking, smoking, and chewing?	yes	51	41.5
	no	73	56.2
	und	3	2.3
	total	130	100
Did you involve in group sex?	yes	21	16.1
	no	109	83.9
	und	-	-
	total	130	100

Respondents were asked whether it is possible to prevent risky sexual practices by using condom, contraceptive or by being loyal to one partner .To this items 117(90.0%)replied that it was possible to prevent risky sexual practices by using these methods, but 5(3.9%) said no. This showed that a large number of the respondents had positive attitude as to how to prevent risky sexual practices. This was hinted where by the fact that 41(31.5%) replied that they were loyal to one sexual partner while 80(61.5%) said no .Furthermore, 73(56.2%) said that they did not practice drinking, smoking, and chewing. Still a large number of the respondents109 (83.9%) said no, they did not involve themselves in group sex and sexual practices. This may indicate that the female adolescents were conscious of risky sexual practices. And with respect to attitude of risky sexual practices, the majority of the respondents expressed the possibility to prevent risky sexual practices using the methods indicated above.

3.2. Demographic characteristics of Parents

Age in years			Female	Male	Total	Education Status	
Below-35	Above-35	Total				Elementary	Secondary & above
3	7	10	6	4	10	-	10

Ten parents (4 fathers and 6 mothers) were interviewed and all were asked as to how they perceive the nature of their female adolescents. The majority indicated that their children were very young to be viewed as adolescents. They added that their children were not yet ready for any kind of sex and sexual practices or for any sort of discussion on topics related to sexual practices. Moreover, it was revealed that the parents treated their female adolescents with mixed feeling, sometimes as an adult and at some other times as a child.

As to the physical changes, almost all parents expressed similar features of their young girls' nature like breast development, widening of hips, and enlargement of torso, growth of pubic hairs. This may show that the parents did have the knowledge about the physical changes of their young girls as compared to the psychological changes.

They were also asked whether it was very important to inform the female adolescents about sex related practices, the mothers acknowledged its importance while the father said to tell their young girls about sex and sexual practices at an early age was to encourage the female adolescents to practice sex. So for the fathers interviewed it was not important. This was, may be due to culture, religion, or low level of consciousness, understanding and experiences about sex and risky sexual practices. But one thing they

all agree was that the female adolescents should not involve in any kind of sex and sexual practices before marriage.

To see whether there was any difference in age level and residence against the variable, ONE WAY ANOVA TEST and T-test analysis test were employed. The ONE WAY ANOVA test was employed to identify whether the three age levels (early, middle, and late adolescence years) had difference in the female adolescent's sex and sexual related practices by age. But T-test was used to see if there was significant difference of the urban-rural female adolescents' sex and sex related practices by residences.

Table- 9. ONE WAY ANOVA test on Awareness of Menarche by Age Group

VARIABLES		Sum Squares	df	Mean Square	F	Sig.
Awareness of menarche	Between groups	.777	2	.388	.055	.947
	Within groups	911.849	128	7.124		
	Total	912.626	130			

As could be observed from table 9, age level had no any significant differences on the female adolescents' awareness about menarche with $F_{(2,128)} = 0.055$, $P > 0.05$. This means that their age group, whether the female adolescents was in early, or middle or late adolescence years, did not differ in awareness about menarche.

Table- 10. T-test on the Difference of Awareness of Menarche in Groups

By residence

VARIABLES	Residence	N	Mean	Std. deviation	t	df	p
Awareness of menarche	Urban	70	6	2.830	.250	129	0.803
	Rural	60	6.12	2.694	.250	122.324	

As the independent sample T-Test table -10 showed, respondents did not differ on the awareness of menarche by residence with $t = .250, df = 129, P > 0.05$. This means that there was no significance differences in awareness of the respondents about menarche whether they dwell in urban or rural areas.

Table-11. ONE WAY ANOVA test of Reaction of Female Adolescents

Towards Menarche in Age

VARIABLES		Sum Squares	df	Mean Square	F	Sig.
Attitude of menarche	Between groups	15.664	2	7.832	.923	.400
	Within groups	1086.581	128	8.489		
	Total	1102.244	130			

As indicated in table 11, there was no significance difference in the respondents attitude towards menarche in age level with $F_{(2,128)} = 0.923, P > 0.05$. Age group did not show significance relation or difference. The implication was that whether the female adolescents were at early, middle, or late adolescent years, the reaction they had towards their first experience of menarche did not show any significance differences.

Table-12. T-test Difference on Respondents' Reactions to Menarche

By Residence

VARIABLES	Residence	N	Mean	Std. deviation	t	df	p
Attitude towards menarche	Urban	70	8.01	3.035	.679	129	0.498
	Rural	60	7.07	2.772	.684	128.202	

T-Test difference towards reaction of menarche in residence was observed in table 12 with t- .679, df-129, $P > 0.05$. The table showed that there was no significant difference between urban and rural female respondents in terms of their reaction to their first menstruation flow.

Table-13. One Way ANOVA test of Parents and Female Adolescents'

Relationship and Sexual practices

VARIABLES		Sum Squares	df	Mean Square	F	Sig.
parents and female adolescents' relationship with respect to sex in age	Between groups	440.331	2	22.165	5.754	.004
	Within groups					
	Total	4859.369	127			
		5299.700	129			

The ONE WAY ANOVA test showed that with $F_{(2,127)} = 5.754$, $P = 0.004$, Parents and female adolescents relationship and sexual practices in age, though weak, was significant. This showed age level had significance influence in the relationship between parents and female adolescents' reaction to sex and sexual practices. The implication was that as age

of the female adolescents grows, the parent-adolescents relationship with respect to sex had significant difference, i.e. the relationship differed according to the level of age the adolescents were in.

Table 14. T-test of Parents and Female Adolescents' Relationship and Sexual Practices by Residence

VARIABLES	Residence	N	Mean	Std. deviation	t	df	p
parents and female adolescents' relationship and sexual practices in residence	Urban	70	15.57	6.965	.630	12	.530
	Rural	60	16.28	5.729	.639	127.790	

As observed in the T-Test table 14 with $t = .630$, $df = 128$, $P > 0.05$, there was no significant difference in parent and female adolescents' relationship in sex issues whether in urban or rural female adolescents.

Table 15. One Way ANOVA test between Peer Relationship and Sexual Practices by Age

VARIABLES		Sum Squares	df	Mean Square	F	Sig.
peer relationship and sexual practices	Between groups	7986.756	2	399.379	13.275	.000
	Within groups	3850.753	128	30.084		
	Total	4649.511	130			

Peer relationship and sexual practices as observed in table 15 with $F_{(2,128)}=13.275$, $P<.0005$ was significant, i.e. the mean difference in age was significant. Since the calculated value was greater than the critical F-value, peer relationship attitude towards sexual practices was significant in age. This means the more the relationship prevailed among the female adolescents peers, the higher the influence may be in their practices of sex, i.e. early adolescent peer influence showed significant difference from late adolescent peer influence with regard to sexual practices.

Table 16. T-test Peer Relationship and Sexual Practices by Residence

VARIABLES	Residence	N	Mean	Std. deviation	t	df	p
Peer relationship	Urban	70	14.17	6.220	.478	129	.634
Influence and sexual practices	Rural	60	13.67	5.724	.481	128.030	

It is observed in table 16 that peer relationship attitude and sexual practices against residence with $t= .478$, $df=129$, $P>0.05$ was not significant. Since the P-value was greater than 0.05, residence did not have any significance difference whether they were urban or rural dwellers.

**Table 17. One way ANOVA test Mate Relationship and Sexual Practice
by Age**

Variable		Sum of square	df	Mean square	F	Sig.
Mate relationship and sexual practices in age	Between groups	503.408	2	251.704	20.093	.000
	Within groups					
	Total	1603.477	128	12.527		
		2106.885	130			

Since the calculated F was greater than critical F, i.e. $F(2,128) = 20.093$, $P < 0.0005$, there was significant relationship on mate relationship and sexual practices. This implied that female adolescents' mate relationship with respect to sex showed significant difference, i.e. the adolescent's mate may influence the female adolescents to practice sex.

Table 18. T-test Mate Relationship and Sexual Practices in Residence

Variable	Residence	N	Mean	Std. deviation	t	df	P
Mate relationship attitude towards sexual practices in residence	City	70	10.35	3.990	.988	129	.325
	Rural	60	11.08	4.069	.987	124.530	

As observed in table 18, mate relationship attitude and sexual practice with $t = .988$, $df = 129$, $p > 0.05$. This shows that there was no significant relationship between urban and rural female adolescents.

Table19. ONE WAY ANOVA test Awareness of Risky Behavioral

Practices by Age

Variable		Sum of squares	df	Mean square	F	Sig
Awareness of risk behavioral practices	Between groups	1918.681	2	959.341	15.763	.000
	Within groups					
	total	7789.944	128	60.859		
		9708.626	130			

In the above test of awareness of risk behavioral practices in age with $F_{(2,128)} = 15.763$, $p < .0005$ was significant. This means there is significant relationship in awareness of risk behavioral practices by age, the mean difference is significant. As the female adolescent mature in age, their awareness of risky behavioral practice showed significant difference than their awareness at early adolescent years.

Table 20. T-test Awareness of Risky Behavioral Practice by Residence

Variable	Residence	N	Mean	Std. deviation.	t	df	P
Awareness of risk behavioral practices	Urban	70	21.6197	9.48738	.623	129	.534
	Rural	60	22.5667	7.56747	.635	128.598	

There was no significant deference in awareness of risky behavioral practices by residence as the table indicated that $F = .623$, $df = 129$, $P > 0.05$. This means whether the female adolescents were urban or rural dwellers, with respect to their awareness of risky behavioral practices there was not any differences.

Table21. One way ANOVA test Adolescents Risky Behavior and Sexual Practice by Age

Variables		Sum squares	df	Mean squares	F	Sig.
Attitude of risk behavioral practice and sexual practices	Between groups	596.865	2	298.433	13.353	.000
	With in groups					
	total	2860.677	128	22.349		
		3457.54	130			

As observed in the ANOVA test, risky behavioral practice of the adolescents was significant ($f_{(2,128)} = 13.353, p < .0005$). This explained that if the female adolescents were involved in risky behaviors, in one way or the other, they were involved in risky sexual practices. The implication was that risky behaviors and risky sexual practices had significant relation in age level, and as age matured the difference was observed.

Table 22-T-test analysis of Risky Behavioral Practices by Residence

Variables	Residence	N	Mean	Std. deviation	t	df	P
Altitude of risk behavioral practices	Urban	70	18.1268	4.99122	.522	129	.603
	Rural	60	18.6000	5.37792	.519		

As indicated in table22, with $t .522, df-129, P > .05$ this means residence didn't have any significance difference in the adolescent attitude of risky behavioral practice whether the female adolescents were urban or rural dwellers. The implication was that the female adolescents showed more or less similar practices of risky behaviors irrespective of their residences.

CHAPTER FOUR

4. DISCUSSION

This study tried to address the female adolescents problems related to sex and sexual practices .Consequently; the following main points were noted to merit further discussion.

4.1. Awareness of the Respondents about Menarche

In table 2, it was indicated that 84.6%of the respondents were found to have awareness about menarche, 43.6%and 34.6% of the respondents got the information from their parents and teachers respectively. This finding was consistent with the previous study by Mulunesh (2005), who indicated in her study that 73.9%of female adolescents got the information about menarche from different sources notably schools, peers, and family. This may be because the education status of the respondents' parents was above secondary level and access of education to the female adolescents' was increasing. The implication was that the information they obtained from the different sources helped them to get awareness about menarche.

4.2. The Respondents' Reaction towards Menarche and Sexual Practices

In table 3, 40.7% of the respondents did not feel well when they experienced menarche. Instead they were ashamed, felt hurt and confused; even 42.5% of the respondents did not know what it felt to experience menarche. This might be due to such factors as culture,

religion and/or low level of consciousness. The implication was that still the female adolescents lacked clear perception about the feeling and experience of menarche, and were confused with regard of what to do when experiencing menarche. This indicated the lack of detailed communication of the female adolescents with their families about menarche.

On the other hand ,it was indicated that 73% of the respondents acknowledged that sex and sexual practices were to be natural .This may be due to the fact that they had access to the information from different sources like mass media ,magazines ,news ,films and internet. The possible reason for this significant proportion of the female adolescents with pleasant feeling about sex and sexual practices may be the socio-cultural context, individual differences, strong or positive relationship among peers, and open communications with parents etc.

Similarly, 55.4% of the respondents indicated that they did not discuss about sex and sex related practices either with their families or friends or any other persons. The implication was that, however conscious or informed they were about sex and sexual practices, the respondents did not change their behavior as expected, and may be because sex and sex related practices were viewed as conditions only exercised by adults..

4.3) Parents' and Female Adolescents' Relationship and

Sexual Practices

In table 4, it was indicated that 66.9% of the respondents said their relationship with their family was not different from their childhood period .However, 42.0 % indicated their relationship was full of conflicts, criticism and domination. This was indicated also by 50.8% of the respondents, who stated that their families and/or guardians didn't accept any form of their sexual practices .The respondents said that their families and/or guardians had unfavorable attitude towards the females' adolescents' sexual partners. Instead their parents saw their sexual partners with hatred, suspicion, and fear.

Most researchers characterized teenage years as a time of “rebellions”, involving emotional turmoil, conflict within the family, alienation from adult society, and reckless behaviors and rejections of adults' values ..In some way this finding was consistent with the study of Mulunesh (2005), where the relationship between parents and female adolescents were too authoritarian, full of suspicion, and where parent child interaction was full of conflicts. Cox (1969) indicated that 65% of the respondents in his study had a negative relationship with their parents while parents were too authoritarian and strict control was their means of monitoring, characterizing the period by unpleasant feeling, tension, worry, and stress.

Papalia(2002) indicated also that “recognizing that adolescence may be a difficult time can help parents and teachers to put troubling behaviors in perspectives, but adults who assume that adolescents' turmoil is normal and necessary may fail to heed the signals of the occasional young person who need special help.”

Many reasons may be assumed that parent- child communication about sex was desirable; one reason may be an expectation that parent openness about sexuality which was generally equated with the communication process will encourage teenagers' use of contraceptives. The implication was that parenting might have shown love, affection, exercising reasonable measures, consistent monitoring and the like were characteristics that were manifested in parents' behaviors, which might promote female adolescents to acquire positive behavior, and this situation in turn may discourage the female adolescents from any risky behavioral practices.

One problem with this reasoning, however, was that openness about sexuality is not the same as direct, specific discussion between a parent and child about the child's behavior. The implication was that a behavioral change was not that simple to bring in the female adolescents nature.

As to the tension between the parents and the female adolescents, both pointed that the conflicts, the disagreements and the tension would decrease as the adolescents mature in age .The implication was that teens may begin to interact with parents as people and they may ask more question about how a parent was when he or she was a teen, and they may attempt to interact with adults as equals. Teens may have more questions about sexuality. They may ask about adults' values and beliefs. They may ask how you knew it was time to have sex or why you waited and when teens did not get their way in the relationships, they may say, "You just don't understand."

So, the more the female adolescents communicate with the experiences of their parents, the less the disagreements and the conflicts would become, and the more they develop a healthy communication. This would help the female adolescents to collect information about practices which were accepted by their parents as well those practices that were not accepted by their parents. In the mean time this develop healthy relationship between them, which in turn would be good to the development of a healthy sex and sex related practices .

4.4. Peer Relationship and Sexual Practices

In table 5, most respondents (70.8%) were found to have positive relationship with their peers and indicated that their relationship was based on mutual understanding and respect; the implication was that the more positive the relationship among peers was, the greater the influence to one another may be. This positive attitude among peers was evidenced in the need of imitating peers behaviors and 35% of the respondent indicated that it was ok to imitate their peers' behaviors like dressing, hairs style, and even some said drinking and smoking. Papalia (2002) pointed that "one of the most powerful influences was the perception of peer group norms, which was the strongest predictors of the young girls inclination to begin sexual activity by the end of the school year was the intention to do so. The intention was most strongly influenced by the belief that most of their friends had already done so." Establishing intimacy was one of the characteristic of peer relationship. And most people equate intimacy with sex. The female adolescents were not different too. Intimacy is first learned within the context of same sex friends, and then utilized in romantic relationships. Intimacy refers to close relationships in which

people are open, honest, caring and trusting. Friendship could provide the first setting in which the young girls could practice their social skill with those who were their equals .It was with friends that teens learn how to begin ,maintain, and terminate relationships, practice social skills, and become intimate. The implication was that the female adolescents may be comfortable with their sexuality and physically mature enough to reproduce and cognitively advanced enough to think about sex and sex related practices. .Given this, the teen years were the prime time for the development of sexuality. How teens were educated about and exposed to sexuality would largely determine whether or not they develop a healthy sexual identity or be involved in risky sexual practices..

In a similar way, a large number of the respondents (61.5%) said they did not imitate their peers' behavior. The implication was that the female adolescents were conscious of their deeds and developed self confidence. This was confirmed where 27% of them said that their peers did not influence them to be involved in any sexual practices. From the result it could be observed that peer influence was rated low. And this was reflected in the fact that very few of the respondents (5.4%) did acknowledge the influence of their peers in practicing sex .

It was important to remember that even though teens were spending increased amount of time with their friends they still tend to conform to parental ideals when it comes to decisions about values, education, and long term plans. The implication was that teenagers with more sexual experiences were more likely to postpone sexual intimacy – the most effective means of birth control so that they might be safe from any risky sexual practices.

Yet, large number (67.7%) of the respondents did not respond either way or this may indicate the respondents' lack of concrete information about peer relationship and its influences. This was also observed in the result in the fact that 60.0% of the respondents did not discuss issues related to sex and sexual practices with their friends in any way. The implication was that discussion about sex and sexual practices among peers and between parents and female adolescents was not welcomed by either group, which might lead the female adolescents to hide their involvement in any sexual practices and risk behavioral practices.

4.5. Mate Relationship and Sexual Practices

In table 6, out of the total, 50.8% indicated that they had sexual partners and 33% of the respondents confirmed that they had sexual experiences. Still 40% of the respondents confirmed that they had sexual intercourse at an early age, which in turn lead them to be vulnerable to risk sexual practices. Most surprising of the result was 63.8% were even confused with whom they had the first sexual intercourse who were very much at risky development.

Of course, 49% of the respondents said that they have no sexual partners, and 66.2% indicated that they did no any form of sexual practices. The implication was that a good number of the respondents seemed to decide by themselves anything about sex and seemed again that they deliberately delayed sex and sexual practices.

4.6. Awareness of Risky Behavioral Practices and Involvement in Risky Sexual Practices

In table 7, about 55% of the respondents claimed that they never discussed any sex related issues with their family and 59.2% confirmed they did not raise issues related to sex with their peers (friends). The implication was that a lot of the respondents did not have the necessary information about problems related to sex and sexual practices. This may lead them to be vulnerable to risky sexual practices for they lack the proper awareness about the risky behavioral practices.

This was implicated in the result in the fact that 60.8% of the respondents acknowledged that they did not use condom or any form of contraceptives while practicing sex. The implication was out of the total respondents, 60.8% were at high risk of sexual practices. Still 40% indicated that they had more than one sexual partners. This may show that the respondents lack awareness about risky sexual behavioral practices. This finding was not consistent with the previous study by Mulunesh (2005) where she indicated that significant proportion of her respondents did have the awareness about risky behaviors, and 79.9% of them were not involved in risk behavioral sexual practices

On the other hand, the majority of the respondents (90.0%) affirmed positively as it was possible to prevent risky behavioral sexual practices by using condom, contraceptive and/or by being loyal to one partner and 31.5% said being loyal to one partner would help to prevent risky sexual practices. Moreover, 56.2% indicated not drinking, smoking, and chewing would minimize the involvement of risky sexual behavioral practices.

In addition, 83.9% of the respondents said they never participated in group sexual practices. This indicated that the female adolescents' involvement in risky sexual practices was positively related to awareness of the risky sexual practices for many reasons. The main reasons for the female adolescents not to engage in risky sexual practices as indicated in the open ended questions referred the female adolescents access to the information about the danger of risk sexual practices from different sources like parents, schools, mass media, magazines, films, and to the experience of the actual danger of risky behavioral sexual practices such as STIs, STDs, including HIV/AIDS, unwanted pregnancy, abortion etc.

In the study the one way ANOVA test and T- test analysis were employed to see whether there was any deference in age level and residence.

And the one way ANOVA test analysis of awareness of menarche indicated that there was no any significant difference by age level, the same was also true about the reaction of the female towards menarche by residence. However, parents and female adolescents' relationship and sexual practices by age, though very weak, had significant difference. With respect to residences, there was no significant difference whether the respondents were urban or rural dwellers. This was because of the technological advancement that paved the way to access information easily to people dwelling either in city or in rural places ,like access to education ,to medical care etc. ,i.e. ,what ever was available in urban ,may also be available in rural places.

On the contrary, the one way ANOVA test proved significant difference between peer relationship sexual practices by age level. But in the independent T-test analysis, peer influence with respect to residence, showed no significant difference. Yet, mate relationship and sexual practice was found to be significant in the one way ANOVA test but residence in the independent T-test analysis of mate relationship and sexual practices was not significant.

In the one way ANOVA test, awareness of risk behavioral practices in age was significant but in T-test analysis, residence did not have significant difference in their awareness of risky behavioral practices.

In addition, attitude of risky behavioral sexual practices by age level was found to be significant in ANOVA test. Furthermore, residence did not have significant difference in the respondent attitude towards risky behavioral sexual practice.

What could be observed in the one way ANOVA test and independent T-test analysis was that age had significant difference on parent –adolescent relation, peer relation, mate relation, whereas residence did not have significant difference. Age showed significant difference on awareness of risky sexual practices and in attitude of risky sexual practices. So, in the female adolescents development, it could be claimed that age based information was a very important element for the healthy growth and development of the female adolescents life.

CHAPTER FIVE

5. SUMMARY, CONCLUSION AND RECOMMENDATION

5.1. SUMMARY

The major objective of the present study was to examine the practice of female adolescents in sexual matters and its influence on their development. Accordingly, 130 female adolescents in two schools in urban and rural Adama were surveyed. In an attempt to investigate, the study explored the awareness of the female adolescents about menarche, reaction of female adolescents to experiences of menarche and sexual practices, and peer influence in sexual practices, risky sexual practices, and parent and female adolescent relationship in sexual practices.

The study used survey questionnaire and interviews to gather data. The analysis employed percentage, mean, one way ANOVA test, and Independent T-test.

5.2. CONCLUSION

From the outcome of the present study and the forgoing analysis, one may arrive at the following conclusions.

-Age in most cases was a significant factor and showed the difference of the female adolescents' sex related practices.

-Age, yet again, had impact in the difference of parents and female adolescents' relationship with regard to sexual practices

-Age, still, showed very significant difference among the female adolescents and their peers' relationship towards sex and sexual practices and age had significant difference in the female adolescents' relationship with their mate towards sex and sexual practices.

-But the residence or the place the adolescents live did not have any difference in all the cases investigated as indicated in the results

5.3. RECOMMENDATION

Age becomes a powerful bonding agent in the female adolescents' relations with others and among themselves. It is obvious that adolescents spend more time with peers and less with family. The teen years have been called a time of adolescents' rebellion, involving emotional turmoil, conflict within the family, alienation from adult society, reckless behaviors, and rejection of adults view.

Yet, even if female adolescents turn to peers for companionship and intimacy, they look to parents for "secure base" from which they can try their efforts. This means teen girls' fundamental values remain closer to their parents than is generally realized. Most young people feel close to and positive about their parents, share similar opinion on major issues and value that need their parents' approval.

Many developmentalists pointed that when a culture provides a gradual serene transition from childhood to adulthood, the storm and stress envisaged by psychologists like Hall, G.S would not be a problem for adolescents.

Hence, for a healthy development of the female adolescents in finding themselves the followings are recommendation of the researcher:

- *Positive characteristics of the parents that enhance sexual health education would be required. The female adolescents should be helped to feel good about their changing bodies and emotions.*

- *Female adolescents should be communicated genuinely and effectively, verbally as well as non-verbally and be given a profound respect and concern in what ever age they are.*
- *To give them the chance to be heard and show them an honest interest to listen to what they wanted to say.*
- *The female adolescents' ability, limitation and characters should be respected.*
- *They should be helped in establishing a relationship based on tolerance, trust, and openness with others while maintaining positive attitudes, respecting confidentiality and privacy.*
- *Presenting sexuality in a positive light as a stimulating and interesting part of life .Instead discussing sexuality solely in terms of diseases should be avoided. And moreover, open and frank depiction of sexuality in the media should be reinforced by equally open and frank discussions in peer groups, schools, medical practices, youth agencies, and families. This is because parents and other supporting young people are required in fostering communication and healthy relationship skills.*
- *-To help female adolescents develop an assertive characteristics in their behaviors they could be able to say no for any kind of sex related demands and help them develop confidence in directing ,handling their emotions, characters and interests.*
- *Finally, it is very important to direct the female adolescent and help her to be healthy, self–confident, self-aware, conscious of her deeds and activities, and conscious of risky behavioral sexual practices; a female adolescent who can deliberately postpone any risky sexual practices for the ultimate healthy life.*

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APPENDIX

Female Adolescents' Questionnaire

Dear Respondents!

This questionnaire is designed for a research work to be conducted in partial fulfillment of a Masters' degree in developmental psychology. Hence, I request your full consent to give appropriate information to each of the following questions presented in this format .Your honest answer is needed to complete the research work!!

The information obtained is confidential and there's no need to write your name or address or any other indicators.

The questionnaire has different parts .The first part is about general background characteristics of the respondents and the other parts consists multiple choices as well as open-ended questions .You need to put a mark in the box to indicate your answers for the closed ended questions and need to answer with clear hand writing for the open ended questions.

Thank You

Part one: General information

SN	Questions	Code Classification	
1	Sex	Female-----1	
2	Age	13 ,14,15,16,17,18, 19,20,21, years old	
3	Educational status	Primary-----1 Secondary-----2 College/University	
4	Marital status	Married-----1 Single-----2 Other(please specify)-----	
5	Ethnicity	-----	
6	Religion	Orthodox-----1 Muslim-----2 Protestant-----3 Catholic-----4 Adventist-----5 Other(please specify)-----	
7	Living arrangement	With both parents -----1 With mother only-----2 With father only-----3 With siblings-----4 With relatives-----5 Others(please specify)-----	
8	Place of living	Urban-----1 Rural-----2	

9	Father's educational status	Illiterate-----1 Basic education-----2 Primary education-----3 Secondary education-----4 College/university education-----5 Other(please specify)-----	
10	Mother's educational status	Illiterate-----1 Basic education-----2 Primary education-----3 Secondary education-----4 College/university education-----5 Other(please specify)-----	
11	Relatives educational status	Illiterate-----1 Basic education-----2 Primary education-----3 Secondary education-----4 College/university education-----5 Other(please specify)-----	

Part two; Questions to be filled by Adolescent Females

S.N	Questions	Code Classification	
1	At what age did you have menarche?	13,14,15,16,17,18,19,years	
2	Did you have an information or advise as to menstruation before you had a menarche?	yes-----1 no-----2	

3	If your answer is yes for Q2, from where did you get the information?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;"></th> <th style="width: 20%; text-align: center;">Yes</th> <th style="width: 20%; text-align: center;">no</th> <th style="width: 10%;"></th> </tr> </thead> <tbody> <tr> <td>Family-----</td> <td style="text-align: center;">1</td> <td></td> <td style="text-align: center;">2</td> </tr> <tr> <td>Peer-----</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td></td> </tr> <tr> <td>Teachers-----</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td></td> </tr> <tr> <td>Radio/TV-----</td> <td style="text-align: center;">1</td> <td></td> <td style="text-align: center;">2</td> </tr> <tr> <td>Magazine/Journal</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Books-----</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td></td> </tr> </tbody> </table>		Yes	no		Family-----	1		2	Peer-----	1	2		Teachers-----	1	2		Radio/TV-----	1		2	Magazine/Journal				Books-----	1	2										
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4	What did you feel at menarche?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;"></th> <th style="width: 20%; text-align: center;">Yes</th> <th style="width: 20%;"></th> <th style="width: 10%;"></th> </tr> </thead> <tbody> <tr> <td>Embarrassment/ Frustration--</td> <td style="text-align: center;">1</td> <td></td> <td></td> </tr> <tr> <td>Inferiority, lack of self-confidence-----</td> <td style="text-align: center;">1</td> <td></td> <td></td> </tr> <tr> <td>Ashamed of being a woman -----</td> <td style="text-align: center;">1</td> <td></td> <td></td> </tr> <tr> <td>Feeling of being deflowered-----</td> <td style="text-align: center;">1</td> <td></td> <td></td> </tr> <tr> <td>Feeling of being hurt/injured-----</td> <td style="text-align: center;">1</td> <td></td> <td></td> </tr> <tr> <td>Nothing felt-----</td> <td style="text-align: center;">1</td> <td></td> <td></td> </tr> <tr> <td>Others(please specify-----</td> <td></td> <td></td> <td></td> </tr> <tr> <td>-----</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Yes			Embarrassment/ Frustration--	1			Inferiority, lack of self-confidence-----	1			Ashamed of being a woman -----	1			Feeling of being deflowered-----	1			Feeling of being hurt/injured-----	1			Nothing felt-----	1			Others(please specify-----				-----				
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5	What form of attitude you have about sex?	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>Shame-----</td> <td style="text-align: center;">1</td> <td></td> <td></td> </tr> <tr> <td>Pleasant-----</td> <td style="text-align: center;">2</td> <td></td> <td></td> </tr> <tr> <td>Hurting-----</td> <td style="text-align: center;">3</td> <td></td> <td></td> </tr> <tr> <td>Normal-----</td> <td style="text-align: center;">4</td> <td></td> <td></td> </tr> <tr> <td>Others(specify)-----</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Shame-----	1			Pleasant-----	2			Hurting-----	3			Normal-----	4			Others(specify)-----																				
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6	Do you have a boy friend?	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>Yes-----</td> <td style="text-align: center;">1</td> <td></td> <td></td> </tr> <tr> <td>No -----</td> <td style="text-align: center;">2</td> <td></td> <td></td> </tr> </tbody> </table>	Yes-----	1			No -----	2																															
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7	How do your parents treat your boy friend?	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>With respect-----</td> <td style="text-align: center;">1</td> <td></td> <td></td> </tr> <tr> <td>With suspicions-----</td> <td style="text-align: center;">2</td> <td></td> <td></td> </tr> <tr> <td>With hatred-----</td> <td style="text-align: center;">3</td> <td></td> <td></td> </tr> <tr> <td>With neglect-----</td> <td style="text-align: center;">4</td> <td></td> <td></td> </tr> <tr> <td>With fear-----</td> <td style="text-align: center;">5</td> <td></td> <td></td> </tr> </tbody> </table>	With respect-----	1			With suspicions-----	2			With hatred-----	3			With neglect-----	4			With fear-----	5																			
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8	As a female what were the positive emotional experiences?	<p>Overall positive feelings of happiness wonder, excitement etc-----1</p> <p>Overall negative feelings of tension, worry, depression etc-----2</p> <p>It is not different from my childhood period -----3</p> <p>Unnoticed /I don't know-----4</p> <p>Other(please specify)-----</p>	
9	How was the relationship you have with your parents/family from your childhood time?	<p>Good-----1</p> <p>Bad-----2</p>	
10	How do you describe your relationship with your family/guardian?	<p>Overall positive ,with mutual understanding, open discussion ,respect etc-----1</p> <p>Parents/guardians are too authoritarian strict control and no open discussion-----2</p>	
11	How did your parents treat you as an adolescent?	<p>As a child-----1</p> <p>As an adult-----2</p> <p>Both as a child and an adult--3</p> <p>In a special way-----4</p> <p>I don't know-----5</p>	
12	What is the attitude of Your parents towards your sexual practices?	<p>Negative-----1</p> <p>Positive-----2</p> <p>Rejecting-----3</p> <p>Critical-----4</p> <p>Tolerant-----5</p>	
13	Who were your best important peers?	<p>girls-----1</p> <p>boys-----2</p> <p>both-----3</p> <p>have no friends/peers-----4</p>	

14	How do you describe your relationship with peers?	Based on mutual understanding, openness, and respect etc----- -----1 Not based on mutual understanding,---- -----2 Dominated by self centeredness and conflict -----3 Others(please specify)-----	
15	If your answer is "yes" for Q13, which behaviors do you mostly imitate?	Yes no clothing-----1 2 Way of acting-----1 2 Hairstyle-----1 2 Chewing -----1 2 drinking alcohol-----1 2 Others(please specify)-----	
16	Do you have a lover/boy friend?	yes----- No-----	
17	Do you ever have sexual intercourse?	Yes----- No----- Any other response-----	
18	At what age did you have the first sexual intercourse?	13,14,15,16,17,18,19,20 years	
19	With whom did you have the first intercourse?	With my boyfriend-----1 With commercial sex worker--2 To earn money-----3 Rape-----4 Others(please specify)-----5	
20	How often do you practice sexual intercourse?	Always-----1 Sometimes-----2 Frequently-----3 Once in a week/month-----4 Never-----5	
21	Do you use condom consistently and appropriately?	Yes-----1 No-----2	

22	What factors motivated you to have the first intercourse?	Personal interest -----1 Peer influence-----2 Rape----- 3 Influence of alcohol, chat, or drugs----- -----4 To earn money----- -----5 Others (please specify) -----	
23	What forms of protection do you use?	contraceptives-----1 Condoms-----2 Others(please specify)----- -----	
24	Have you ever had sexual intercourse with more than one person?	Yes-----1 No-----2 Any other-----	
25	What measures need to be done to avoid or minimize the problems?	Abstinence-----1 Appropriate use of condom----- -----2 Being faithful in one to one relationship -----3 Often use of condom----- -----4 Others(please specify)-----	
26	Do you discuss sexual matters with parents/guardians?	Yes-----1 No-----2	

27	If your answer is 'no' for Q27, what could be the reasons?	Shameful to discuss sexual matters with parents----- -----1 Parents are not willing /comfortable to discuss sexual matters----- -----2 Cultural sanctions----- -----3 Lack of awareness about its importance----- -----4 Others(please specify)-----																			
28	What are the major activities practiced among peers?	vandalism-----1 alcoholism-----2 drugs like 'chat'/'shisha'/'hashish----- -----3 Sexuality-----4 Any other-----																			
29	How often do you discuss about sexual matters with your peers?	Always----- Usually----- Sometimes----- Rarely----- Never-----																			
30	Do you discuss the Consequences of unsafe sex-linked STDs ,HIV/AIDS, unwanted pregnancy etc with other people?	Yes----- No----- Any other----- -----																			
31	If your answer is 'yes', with whom do you discuss?	<table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">no</td> </tr> <tr> <td>Family-----1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Teachers-----1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Friends/Peers-----1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Counselors-----1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>others(please specify)-----</td> <td></td> <td></td> </tr> </table>		Yes	no	Family-----1	1	2	Teachers-----1	1	2	Friends/Peers-----1	1	2	Counselors-----1	1	2	others(please specify)-----			
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32	Do you think teachers are properly guiding and supporting adolescents in their heterosexual behaviors?	Yes----- No-----																												
33	Which of the following is/ are risky behaviors?	<table style="width: 100%; border: none;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">no</th> </tr> </thead> <tbody> <tr> <td>Unsafe sex-----1</td> <td></td> <td style="text-align: center;">2</td> </tr> <tr> <td>Alcoholism-----1</td> <td></td> <td style="text-align: center;">2</td> </tr> <tr> <td>Smoking-----1</td> <td></td> <td style="text-align: center;">2</td> </tr> <tr> <td>Chewing Chat----1</td> <td></td> <td style="text-align: center;">2</td> </tr> <tr> <td>Group Conflict----1</td> <td></td> <td style="text-align: center;">2</td> </tr> <tr> <td>Rape-----1</td> <td></td> <td style="text-align: center;">2</td> </tr> <tr> <td>Others(please specify)-----</td> <td></td> <td></td> </tr> <tr> <td>-----1</td> <td></td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		Yes	no	Unsafe sex-----1		2	Alcoholism-----1		2	Smoking-----1		2	Chewing Chat----1		2	Group Conflict----1		2	Rape-----1		2	Others(please specify)-----			-----1		2	
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34	Do you frequently use condom/contraceptive when you make intercourse?	Yes-----1 No-----2																												
35	Have you ever been in illegal acts?	<table style="width: 100%; border: none;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">no</th> </tr> </thead> <tbody> <tr> <td>STIs-----1</td> <td></td> <td style="text-align: center;">2</td> </tr> <tr> <td>Abortion-----1</td> <td></td> <td style="text-align: center;">2</td> </tr> <tr> <td>Unwanted pregnancy----1</td> <td></td> <td style="text-align: center;">2</td> </tr> <tr> <td>Detained in prison/caught by police-----1</td> <td></td> <td style="text-align: center;">2</td> </tr> <tr> <td>Others(pleas specify)----1</td> <td></td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		Yes	no	STIs-----1		2	Abortion-----1		2	Unwanted pregnancy----1		2	Detained in prison/caught by police-----1		2	Others(pleas specify)----1		2										
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36	In which risky behaviors are you involved?	<table style="width: 100%; border: none;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">no</th> </tr> </thead> <tbody> <tr> <td>Unsafe sex-----1</td> <td></td> <td style="text-align: center;">2</td> </tr> <tr> <td>Alcoholism----- 1</td> <td></td> <td style="text-align: center;">2</td> </tr> <tr> <td>Smoking----- 1</td> <td></td> <td style="text-align: center;">2</td> </tr> <tr> <td>Chewing Chat-----1</td> <td></td> <td style="text-align: center;">2</td> </tr> <tr> <td>Group Conflict-----1</td> <td></td> <td style="text-align: center;">2</td> </tr> <tr> <td>Rape-----1</td> <td></td> <td style="text-align: center;">2</td> </tr> <tr> <td>Others(please specify)---1</td> <td></td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		Yes	no	Unsafe sex-----1		2	Alcoholism----- 1		2	Smoking----- 1		2	Chewing Chat-----1		2	Group Conflict-----1		2	Rape-----1		2	Others(please specify)---1		2				
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37	Which one of the following mainly describes your adolescence period?	Mainly dominated by negative behaviors-----1 Mainly dominated by positive behaviors-----2 Not different from childhood period-----3 I don't know-----4																												
38	If negative behaviors are dominant which of the following?	<table border="0" style="width: 100%;"> <tr> <td></td> <td style="text-align: center;">YES</td> <td style="text-align: center;">No</td> </tr> <tr> <td>Emotionality and impatience</td> <td></td> <td></td> </tr> <tr> <td>Intense sexual desire-----</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Disobedience and conflict-----</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Feeling of superiority and invulnerability-----</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Vulnerability to addictions-----</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Lack of self confidence and feelings of inferiority-----</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Vulnerable to unsafe sex-----</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Others(please specify)-----</td> <td></td> <td></td> </tr> </table>		YES	No	Emotionality and impatience			Intense sexual desire-----	1	2	Disobedience and conflict-----	1	2	Feeling of superiority and invulnerability-----	1	2	Vulnerability to addictions-----	1	2	Lack of self confidence and feelings of inferiority-----	1	2	Vulnerable to unsafe sex-----	1	2	Others(please specify)-----			
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39	If positive behaviors are dominant which are most dominant?	<table border="0" style="width: 100%;"> <tr> <td></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">no</td> </tr> <tr> <td>Eagerness to learn new things and work in anticipating the better future-----</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>A period of protecting oneself from risky behaviors-----</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>A period of preparing to take responsibilities and obligations-----</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Others(please specify)-----</td> <td></td> <td></td> </tr> </table>		Yes	no	Eagerness to learn new things and work in anticipating the better future-----	1	2	A period of protecting oneself from risky behaviors-----	1	2	A period of preparing to take responsibilities and obligations-----	1	2	Others(please specify)-----															
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40	Have you ever incurred problems in using condoms/ contraceptives when you make sexual practices?	Yes----- No-----	
41	What kind of problem you faced while using contraceptives/ condoms?	STIs/STDs-----1 Pregnancy-----2 Dissatisfactions-----3 Others(please specify)----- ----- 4	
42	What are the sexual activities the adolescents of your age's practices or are involved?	Hetrosexual-----1 Bisexual-----2 Lesbians'-----3	

Any other comments-----

Declaration

“I hereby declare that this is my original work .It has not been presented for a degree in any other University and that all sources of material used for the thesis have been duly acknowledged.”

Name: Kelemsis Gedlu

Signature: -----

Place: Addis Ababa University

School of graduate Studies

This Thesis has been submitted for examination with my approval as University advisor,

Name: Teka Zewdie (Dr)

Signature: -----