



**ADDIS ABABA UNIVERSITY
COLLEGE OF HEALTH SCIENCES
SCHOOL OF PUBLIC HEALTH**

**“ASSESSMENT OF EXPOSURE TO SEXUALLY EXPLICIT MATERIALS,
EFFECTS ON EARLY SEXUAL INITIATION AND OTHER RISKY SEXUAL
BEHAVIOURS AMONG PREPARATORY SCHOOL STUDENTS IN ADDIS
ABABA, ETHIOPIA.”**

By: Alehegn Ketema

**A thesis report submitted to the school of graduate studies of Addis Ababa
University in partial fulfillment of the requirements for the degree of
Master of public health**

**June, 2016
Addis Ababa**

**ADDIS ABABA UNIVERSITY
SCHOOL OF GRADUATE STUDIES**

As thesis research advisor, I hereby certify that I have read and evaluate this thesis prepared under my guidance by Alehegn Ketema entitled assessment of exposure to sexually explicit materials, effects on early sexual initiation and other risky sexual behaviours among preparatory school students in Addis Ababa, Ethiopia. I recommended that it be submitted as fulfilling the thesis requirement.

_____ Advisor	_____ Signature	_____ Date
------------------	--------------------	---------------

Approved by the examining board

_____ Chairperson	_____ Signature	_____ Date
----------------------	--------------------	---------------

_____ External Examiner	_____ Signature	_____ Date
----------------------------	--------------------	---------------

_____ Internal Examiner	_____ Signature	_____ Date
----------------------------	--------------------	---------------

ACKNOWLEDGEMENT

I would like to express my heartfelt gratitude to my advisors Dr. Mitike Molla and Mr. Mulugeta Tamire for their valuable and constructive comments and unreserved support. I am also grateful to the City Government of Addis Ababa Education Bureau Staffs and school principals as well as those individuals provided me their unreserved advice and support both financially and technically. Also heartfelt thanks go to study participants who spent their precious time in responding to the questionnaire and the data collectors participated in this study.

Table of contents

Page

ACKNOWLEDGEMENT.....	II
TABLE OF CONTENTS.....	III
LIST OF TABLES AND FIGURES.....	V
ACRONYMS.....	VI
ABSTRACT.....	VII
1. INTRODUCTION.....	1
1.1 Background.....	1
1.2 Statement of the problem.....	2
1.3 Significance of the study.....	3
2. LITERATURE REVIEW.....	4
2.1 Magnitude of exposure to sexually explicit materials adolescents and youth.....	4
2.2 Magnitude of early sexual initiation among adolescents and youth.....	5
2.3 Consequence of exposure to sexually explicit materials on early sexual initiation and other risky sexual practices.....	6
3. OBJECTIVE.....	10
3.1. General Objective.....	10
3.2. Specific Objectives.....	10
4. METHODOLOGY.....	11
4.1. Study design.....	11
4.2. Study area.....	11
4.3 Source population.....	11
4.4. Study Population.....	11
4. 5. Sample size determination.....	11
4.6. Sampling procedure.....	12
4.6.1Inclusion criteria.....	14
4.6.2 Exclusion criteria.....	14
4.6.3 Study variables.....	14
4.7. Data collection procedures.....	14
4.8. Operational definitions.....	14
4.9. Data analysis procedure.....	15

4.10. Data quality management.....	15
4.11. Ethical consideration.....	16
4.12. Dissemination of results.....	16
5. RESULTS.....	17
6. DISCUSSION.....	33
7. STRENGTH AND LIMITATION OF THE STUDY.....	36
8. CONCLUSION.....	37
9. RECOMMENDATION.....	38
10. REFERENCES.....	39
11. ANNEXES.....	44
ANNEX-I: CONSENT FORM (FOR AGE 18 AND ABOVE).....	44
ANNEXE-II: PARENTAL CONSENT FORM.....	45
ANNEX-III: ASSENT FORM (15-17 AGES).....	46
ANNEX-IV: QUESTIONNAIRE FORM.....	47

LIST OF TABLES AND FIGURES

Table.1 The sample size determination using factors for the study exposure to sexually explicit materials, effects on early sexual initiation and other risky sexual behaviours among preparatory school students in Addis Ababa, Ethiopia in academic year 2015/2016.....	11
Table 2 Socio demographic characteristics of preparatory school students in Addis Ababa, Ethiopia on May, 2016.....	17
Table.3 Sexual and reproductive health knowledge among preparatory school students in Addis Ababa, Ethiopia on May, 2016.....	19
Table.4 Viewing sexually explicit materials among preparatory school students in Addis Ababa, Ethiopia on May, 2016.....	20
Table.5 Early sexual initiation and risky sexual behavior among preparatory school students in Addis Ababa, Ethiopia on May, 2016.....	24
Table.6 Reproductive health consequences of sexual initiation among preparatory school students in Addis Ababa, Ethiopia on May, 2016.....	27
Table.7 Bivariate and multivariate analysis for determinants of early sexual initiation among preparatory school students in Addis Ababa, Ethiopia on May, 2016.....	30
Table8 Bivariate and multivariate analysis for determinants of early sexual initiation among preparatory school students in Addis Ababa, Ethiopia on May, 2016.....	32
Figure.1 Conceptual framework of the study exposure to sexually explicit materials, effects on early sexual initiation and other risky sexual behaviours among preparatory school students in Addis Ababa, Ethiopia in academic year 2015/2016.....	9
Figure.2 Sampling procedure to be used for the study exposure to sexually explicit materials, effects on early sexual initiation and other risky sexual behaviours among preparatory school students in Addis Ababa, Ethiopia in academic year 2015/2016.....	13
Figure.3 Proportion of kind of sex among preparatory school students in Addis Ababa, Ethiopia on May, 2016.....	23
Figure.4 Factors for early sexual initiation among preparatory school students in Addis Ababa, Ethiopia on May, 2016.....	24
Figure .5 Factors for early sexual initiation among preparatory school students in Addis Ababa, Ethiopia on May, 2016.....	27

ACRONYMS

AAU	Addis Ababa University
AIDS	Acquired Immune Deficiency Syndrome
AOC	Adjusted odds ratio
COC	Crude odds ratio
EDHS	Ethiopian Demographic and Health Survey
HIV	Human Immune Deficiency Virus
HPV	Human Papiloma Virus
NGOs	Non-Governmental Organizations
RH	Reproductive Health
SD	Standard Deviation
SEMs	Sexual Explicit Materials
SPH	School of Public Health
SRH	Sexual and reproductive health
STD	Sexually Transmitted Disease
STIs	Sexually Transmitted Infections
WHO	World Health Organization

ABSTRACT

Background: Adolescence is an important time in the life cycle of human being for establishing healthy behaviors, attitudes, and lifestyles that contribute to current and future health. Globally, youths and adolescents are more sexually active. One of the important factors for the present day youth and adolescents' risky behaviors is exposure to electronic media which has explicit content.

Objective: To assess the prevalence of exposure to sexually explicit materials and its effect on early sexual initiation and other risky sexual behaviours among preparatory school students in Addis Ababa, Ethiopia.

Method: Across-sectional descriptive study was conducted among randomly selected 1128 regularly attending preparatory school students in Addis Ababa, Ethiopia using pre structured self administered questionnaire and data was entered using EPI info version 3.1 software and analysis was done using SPSS 20.

Result: The overall proportion of students exposed to sexually explicit material was 528 (51.67%) and male exposure (53.97%) was higher than female (46.03%) and 146 (27.6%) of students were exposed to sexually explicit material before celebrating their 15th birthday. Sexually explicit material consumers were found to be 7 times more likely to have early sexual initiation as compared to non users [AOR (95% CI) 7.053(3.520 -12.122)].

The overall proportion of sexual initiation was 187(18.6%) and 131(70%) of students started sex before celebrating their 18th birthday as well as 116(88.55%) had history of exposure to sexually explicit material. The overall proportion of oral and anal sex was 21(2.10%) and 25(2.50%) respectively and of them 20 (89%) of students had oral sex and all 25 (100%) had anal sex, had history of exposure to sexually explicit material.

Conclusion and Recommendation: Youths who were sexually active and exposed to pornography more likely to perform mal and risky sexual act- oral and anal sex. Schools should establish and strengthen school mini-media clubs and organize peer education programs. Also well organize school based counseling program is crucial.

1. INTRODUCTION

1.1. Background

World Health Organization defines adolescent and youth as people between the age of 10-19 and 15-24, respectively [1]. Youth making up about 20% of the world's population, of whom 85% live in developing countries [2]. Sub-Saharan Africa youths constitute 20% - 30% of this population [3]. According to 2007 census report, in Ethiopia youth population constitute 20.58 % of the total population and in Addis Ababa the youth population constitute 14.08% of the total [4].

The transition to adolescence is a period of rapid change [5]. One of the important changes during this time is a very high drive to practice sexual intercourse. Despite various literatures define sexual initiation differently, in Ethiopia early sexual initiation is defined as performing sexual intercourse before the age of 18 years and is associated with risks to sexual and reproductive health [6]. Globally, youths are more sexually active than any subgroup of the population [7]. In Sub-Saharan Africa, up to 25% of adolescents of age between 15 to 19 years reported having sex before the age of 15 [8]. According to the Ethiopian Demographic and Health Survey (EDHS) 2011, 29% of women started sexual intercourse before the age of 15 years and 62% before the age of 18 years [9].

Adolescent health behaviours do not occur in isolation. They are living in a complex interaction at the individual, peer, family, school, community, and societal levels. One of the important sources of the risky behaviours of adolescents and youth now a day is exposure to electronic media which has sexual contents like pornography and sex movies [10]. Emerging research suggests sexual media affects sexual behaviour of adolescents and youth [11]. Currently in Addis Ababa, in relation to the spreading of different social medias and easily accessibility of pornographic movies through internet especially using smart phones coupled with low access to a comprehensive recreational centres, a large number of youths are spend their free time using social medias and watching different movies which have pornographic acts. As a result it is not uncommon to observe immoral acts among the current youths in the city which are often emulate from the film-shows [12].

1.2. Statement of the problem

Early onset of sexual intercourse is associated with increased lifetime prevalence of sexual partners, thereby increasing the risk exposure to sexually transmitted diseases, including HIV/AIDS, and pregnancy. Early sexual debut also increases the risk of Human papilloma Virus (HPV) infection, due to cervical immaturity; and thus the risk of cervical cancer increases. Additionally, given the risk of pregnancy, early sexual initiators are less likely to complete their schooling thereby limiting their social and vocational futures [13].

Since the advent of the internet, the pornography business has expanded to reach users that historically lacked access to sexually explicit media in the previous era. Simultaneously, internet based pornographic media has grown in intensity and explicitness that surpasses any of the previous and more traditional forms of eroticism like books, magazines and mainstream movies. While pornography is legally produced exclusively for adult consumption, currently it is widely used by adolescents [14].

Different studies conducted in different parts of the world on the impact of exposure to sexually explicit materials on the users, suggested that sexually explicit materials (SEMs) consumption is associated with higher levels of sexual arousal, a wider sexual repertoire, early sexual debut, having multiple sexual partners, higher likelihood of engaging in casual sex or group sex, having procured or offered sex in exchange for money or goods (i.e., transactional sex), not having used a condom during the sexual intercourse, and having had a sexual transmitted infection (STI) [15].

Another research conducted on the area indicated that male youth who use sexually explicit material may develop unrealistic sexual values and beliefs and show sexual preoccupation, whereas female youth feeling physically inferior [16].

Even though, the health policy of Ethiopia gives attention for youth reproductive and sexual health, Ethiopian adolescents and youth are being exposed to mal and risky sexual behaviour associated with the current globalization [17]. According to one cross-sectional study conducted in Jimma zone among 270 preparatory school students, higher level of alcohol consumption, exposure to pornographic film and having girl/boy friend have been reported a major contributor for risky sexual behaviour [18].

Though different studies were conducted in different parts of Ethiopia including Addis Ababa on exposure to sexually explicit materials as well as social medias, the information and magnitude on how much accessing these materials impact up on the risky and mal-sexual practice of youth and adolescents particularly oral-sex and anal-sex practices is still limited. Thus, this study will investigate how much accessing these materials influence the present day youth early sexual initiation, oral sex and anal sex practices.

1.3. Significance of the study

Nearly one fifth of the world's inhabitants are adolescents; and in the developing nations, this group comprises an even higher proportion (23%) of the population [19]. One of the most important aspects of adolescent health is sexual and reproductive health (SRH) [20].

In order to develop effective pregnancy and STI prevention efforts for adolescents and youth in the country, it is important to understand the prevalence and magnitude of early sexual initiation, and exposure to sexually explicit materials as well as social medias which acts as a driving force that leads to practice risky sexual behaviours in this age-group. It is also helpful to understand the consequence and to ensure that the different interventions are relevant to youth's needs.

The study aimed to explore the magnitude of accessing sexually explicit materials as well as social medias and their role on risky and mal-sexual acts particularly early sexual initiation as well as oral-sex and anal- sex practices among preparatory school students in Addis Ababa. This study will provide information for policy makers, NGO's and Government institutions working on Adolescents and Youths. In addition, the study contribute an input for awareness raising campaign and interventions on sexual and reproductive health problems of youth and adolescents to create healthy and productive citizens as well as encourage further studies on the area.

2. LITRATURE REVIEW

Adolescence represents a transition from childhood to adulthood with features including secondary sexual growth, changes in hormonal setting, emotional, cognitive and psychological development [21]. Adolescents have still largely been approached as a high risk group because of their engagement in sexual behavior while lacking in maturity, precaution, skills, and experience [22]. In addition adolescence/youth is often characterized as a stage of increased imitation and exploration with a range of risky behaviours [23].

2.1 Magnitude of exposure to sexually explicit material among adolescents and youth

Over the past few decades, there is increased and more explicit exposure of sexual materials in the media [24]. One of the popular sexually explicit material youth and adolescents being exposed is pornography. Pornography affects the present day youth in different ways. According to the studies conducted in this area, young individuals who are addicted to porn lose interest & concentration in school-work; lag behind in studies which in turn may lead to anxiety & depression [25].

According to a study conducted in Leuven, Belgium, adolescents who use sexually explicit websites frequently is five times more likely to have initiated sex. In this study it has also indicated that the relation between the use of sexually explicit websites and having initiated sex was positive for adolescents especially in an early pubertal stage [26].

Another population-based study carried out in Iran among males aged 15–18, 20% of study participants reported having engaged in sexual activity. In addition the finding of this study indicated that the sexual experience was associated with exposure to media like satellite television [27].

Different studies done in different parts of Africa showed that pornography has an impact for the risky sexual behaviour of youth and adolescents living in the continent. One qualitative study

conducted in Kisumu, Kenya, indicated that exposure to pornography in video halls encourages liberal sexual attitudes and behaviour among young people [28].

According to a study conducted in Hawassa city among 770 preparatory school students, 75.5% of the respondents reported that they watched sexually explicit films/movies and the other 73.9 % told they were exposed to sexually explicit texts. In the study indicated that the overall exposure to sexually explicit materials among participants was 77.2 %. In addition the study find out that the school youths were often exposed to sexually explicit materials within their immediate environment through friends and family members [29].

Another study done in Addis Ababa for partial fulfillment of master of public health among high school students indicated that 72.5% of study participants were exposed to sexually explicit materials at least once and 47% consumed these materials repeatedly. In the study it has been reported that male students are consumed pornography more than female students and students who used pornography were in higher proportion performing sexual activities without using condom and have multiple sexual partners. In addition, the study explored that Pornographic consumers were 6 times more likely to start early sexual initiation as compared with non users [30].

2.2 Magnitude of early sexual initiation among adolescents and youth

Early age at first sexual practice is now common around the world and has been found to create both social and public health problems especially in the developing countries including HIV, STIs, unwanted pregnancy, induced abortion and Human Papilloma Virus infection [31]. One study conducted in China among 29,409 participants based on a sample taken from two universities showed that 6% of students initiated sexual activity before they reached high school where as 37% of participants started sexual activity while they were attending their high school class [32].

Like in the other world early sexual initiation is becoming a problem in Africa as well. According to a study conducted in Sub-Saharan Africa, nearly 60% of young women and 45% of

young men have had sex before celebrating their 18th birthday [33]. Another cross-sectional study conducted in Tanzania among 550 secondary school students indicated that more than one third of the study participants reported that they had experienced sexual intercourse with mean age of 17.2 years and the other one sixth of the participants told they had multiple sexual partners [34].

Different studies conducted in different parts of Ethiopia have reported that early sexual activity and other risky and mal sexual behaviours are being practiced among adolescents and youth. One study done in Shendi town among 826 in school youths showed that 19% of the study participants reported having had sexual intercourse, of which 22.7% were males and 15.5% were females. In the study the mean age at first sexual intercourse was reported that 16.48 for males and 15.89 for females. This study also indicated that more than three - fourth of sexually active in-school youths started sexual activity before they reached 18 years of age [35]. Another study conducted in Debre Markos University among 273 study participants showed that among who have had sexual intercourse, 64.7% of respondents reported as they started sexual intercourse during the age range of 16-19 years old [36].

Even though psychological factors (such as religion, reproductive and sexual health knowledge), family environment, peer pressure, substance use play their own role on early sexual initiation and other risky sexual behaviour in addition to socio-demographic character, exposure to sexually explicit content in the media contribute a lot for the present day adolescents and youth risky and mal sexual behaviours [37, 38].

To take necessary measures and interventions, understanding the contribution of exposure to sexually explicit materials on the mal and risky sexual behaviours youth and adolescents is crucial [39].

2.3 Consequence of exposure to sexually explicit materials on early sexual initiation and other risky sexual practices

Exposures to sexually explicit materials contributed for the present day adolescents and youth risky sexual practice. Adolescents who initiate sexual activity early engage in behaviours that

place them at high risk for negative health results [40]. The emerging sexuality coupled with adolescence creates fundamental challenges for the present young people. The challenge is highlighted by the unfamiliar excitement of sexual arousal, the attention related to seen being sexually attractive, and the new level of physical intimacy and psychological vulnerability created by sexual encounters. Adolescents' responses to these challenges are mainly influenced by the social and cultural context in which they live [41].

According to the study conducted in Cambodia among 1049 high school students of age 14 to 20 years, 12.7% reported that they had sexual intercourse during the past three months before the study, the other 34.6% reported had two or more sex partners over the same period, and 52.6% reported that did not use a condom during their last sexual intercourse [42].

Another study done in Mexico among 15–21 year olds showed among those participants who had reported that they were sexually active; Chlamydia was detected in the 8% of participants where as nearly 12% were positive for herpes type 2-specific antibodies. In this study it also was indicated that a greater proportion of girls resulted positive for both cases as compared to boys [43].

In Africa reproductive health consequence of early sexual initiation and other risky sexual behaviour of adolescents and youth is one of a public health burden of the continent. According to a cross-sectional descriptive study carried out in Nigeria among 384 in school adolescents, from 34.3% who have had first sexual exposure, about 40.8% reported as they have multiple sexual partners [44].

In Ethiopia since recent years, observing and hearing some immoral sexual acts among youth and adolescents especially in big cities like Addis Ababa is becoming a common phenomenon. According to a cross sectional study conducted among regularly attending high school youth in Addis Ababa in 2009, it has been reported that the proportion of school youth engaged in oral and anal sex is considerable about 1 in 20 youth were involved in oral and anal sex practices among adolescents and youth started sex in their early age. Moreover, a large proportion of youths involved in oral and anal sex were not taking appropriate protection measures such as consistent condom use [45].

Even though numerous variables like age, sex, family, peer pressure, substance abuse and other psychological factors put their influence in adolescents and youth risky sexual behaviour, from this literature review noted that exposure to print and electronic media which has a sexual content contribute a lot for especially in the present day youth risky sexual practices like early sexual initiation, oral sex, anal sex, having multiple sexual partner as well as performing sex without using condom [44, 45].

With that end in mind, the following conceptual framework will present a summary of the correlation of socio-cultural, economical, political, demographic, familial, extra familial, psychological and behavioural factors with exposure to sexually explicit materials, early sexual initiation and other risky sexual behaviours among preparatory school students in Addis Ababa in the academic year 2015/2016.

SOCIO-CULTURAL, ECONOMICAL AND POLETICAL FACTORS

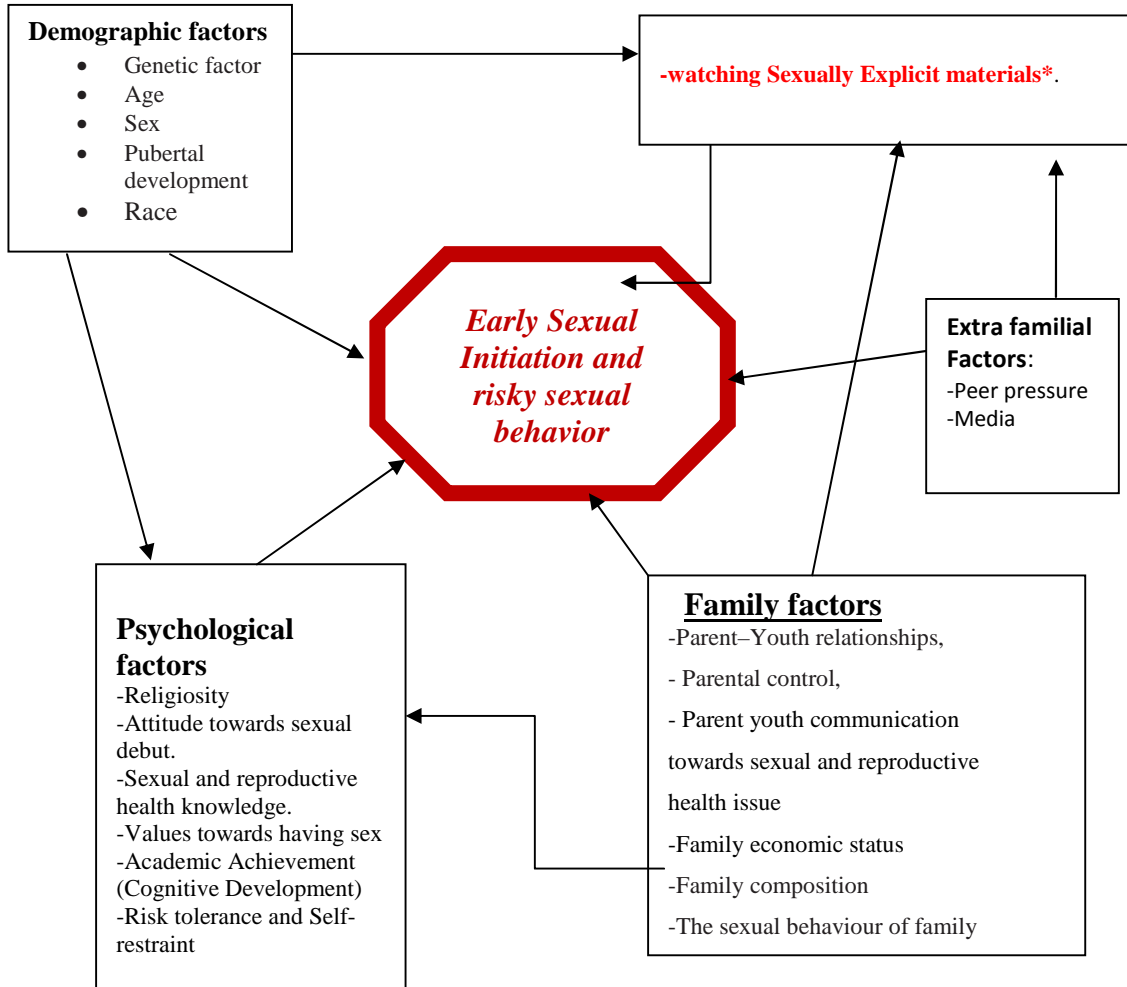


Fig-1: Conceptual Framework. Adapted and modified from Ali J, Aji MO, Ifeadike CO, Emelumadu OF, Ubajaka C, Nwabueze SA et al.[37] and Beth AK, Anne S, Rex F. [38]

3. OBJECTIVE

3.1. General objective

- To assess the prevalence of exposure to sexually explicit materials and its effect on early sexual initiation and other risky sexual behaviours among preparatory school students in Addis Ababa, Ethiopia in academic year 2015/2016.

3.2. Specific Objectives:

- I. To assess the magnitude of exposure to sexually explicit materials among preparatory school students in Addis Ababa.
- II. To identify factors associated with exposure to sexually explicit materials.
- III. To determine the consequence of exposure to sexually explicit materials on early sexual initiation and other risky sexual practices among selected preparatory school students in Addis Ababa.

4. METHOD

4.1 Study design

A cross-sectional study was conducted among regular preparatory school students in Addis Ababa, Ethiopia.

4.2 Study area

The study was conducted from April 15 to May 10, 2016 in selected preparatory schools found in Addis Ababa City Administration. Addis Ababa is the capital city of the Federal Democratic Republic of Ethiopia. The city has 10 Sub-cities and 116 woreda's [46]. According to the 2007 population and housing census of Ethiopia. Addis Ababa population is estimated 3, 038,096 million among which Youths (age group 15-24) are estimated to be 29% of the total population. According to the Addis Ababa Education Bureau Annual Educational Statistics Abstract published in 2014, there were 308 secondary schools in the city (75 Government, 2 Public, private and foreign community together 231 schools). The total number of regular secondary school students estimated that 140,076 of which 67,290 (48.04%) are male where as 72786 (51.96%) are females [47].

4.3 Source population

- All preparatory school students in Addis Ababa

4.4 Study population

- Students of preparatory schools from selected sub-city.

4.5 Sample size

The sample size was determined by using factors associated with early sexual initiation in the table below.

Table.1 the sample size determination using factors for the early sexual initiation and other risky sexual behaviours among preparatory school students in Addis Ababa, Ethiopia in academic year 2015/2016

Variables	Early Sexual Initiation		OR	Ratio	CI	Power	Sample Size		Total Sample Size
	Exposed	Unexposed					Exposed	Unexposed	
Age(28)	20-24 35.8	15-19 16.53	2.82	1/2	95%	80%	155	67	222
Pornographic Viewing(24)	20.7	8.4	2.84	1/5	95%	80%	444	93	537
Drug Use(24)	53.9	18.27	5.23	1/4	95%	80%	86	21	107
Peer Pressure (3)	95.1	84.5	3.56	1/1	95%	80%	132	170	302

*The number indicated within the parenthesis (3, 31 and 35) highlighted the specific reference source

Based on the sample size determination using the factors in the above table, the maximum sample size (n) selected was 537.

Thus, using the above selected sample size the maximum sample size was calculated as follows, by considering:-

- design effect 2,
- Ten percent (10%) allowance was considered for non-response rate based on the finding from previous school based study [48].

The calculated sample size was= 537 and the design effect was = 2, therefore $(537*2=1074)$

Non response rate (10%) =53.7, $(1074+53.7=1127.7)$

***There for the final sample size were: 1128**

4.6 Sampling procedures

The study population was selected from the source population using a multi-stage sampling. Addis Ababa is administratively divided into 10 Sub Cities. In the first step one high school was selected by simple random sampling method from each sub-city. The sample size for each selected school was assigned proportionate to the total student population. Then from the school selected, two sections were selected from each grade (from grade 11 two sections from grade 12 two sections) by randomly. Students from the identified section were selected using a systematic sampling method. The starting number was chosen by lottery method from their class room attendance. Then every randomly chosen number student has been taken until the assigned number is reached.

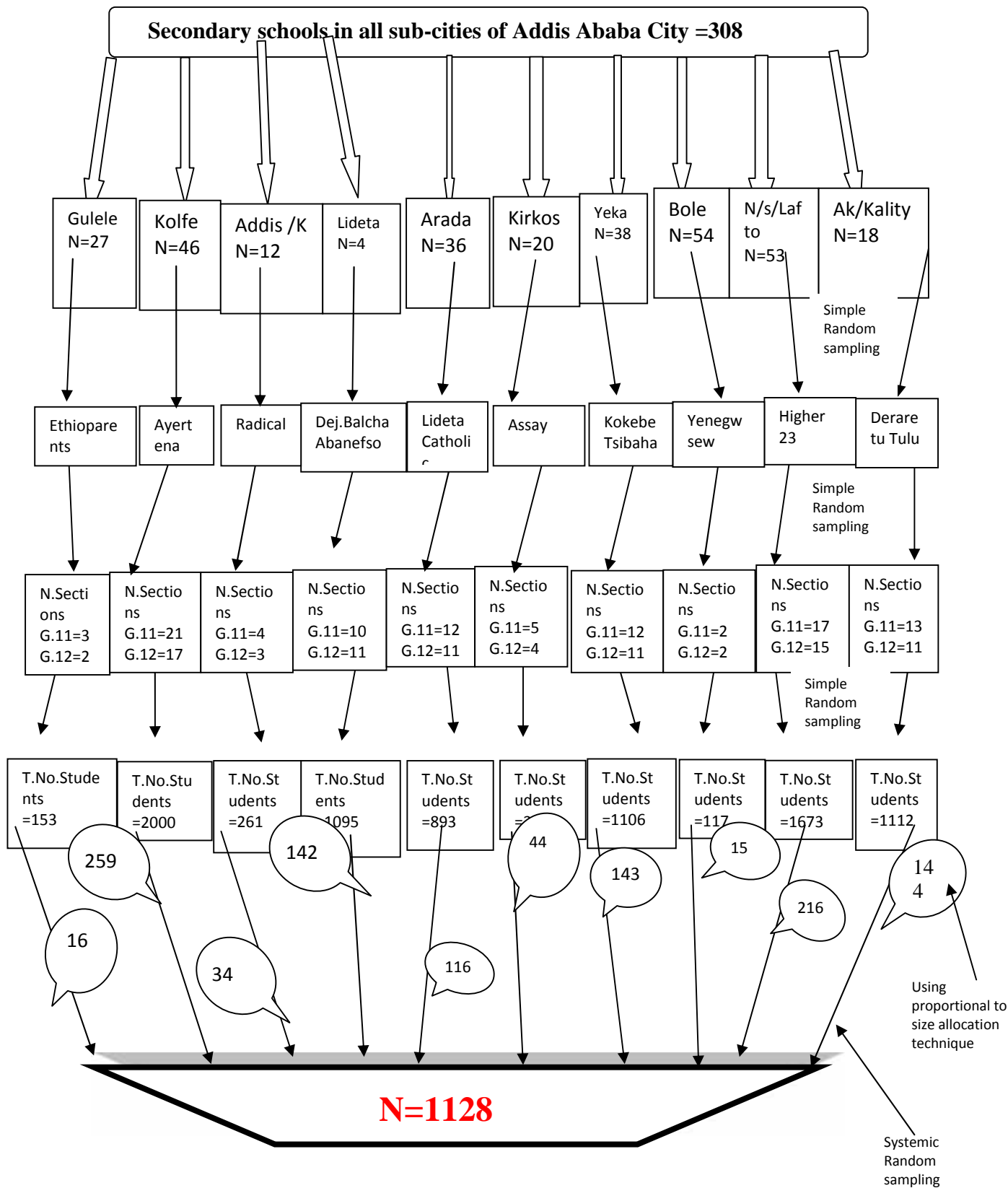


Figure-2: Schematic presentation of the sampling procedure used for the study conducted among preparatory school students in Addis Ababa, Ethiopia in academic year 2015/2016

4.6.1 Inclusion criteria

- All regular preparatory school students in the city of Addis Ababa;
- Students whose age between 15-24 years

4.6.2 Exclusion criteria

- All students whose age less than 15 and greater than 24;
- All extension students like night time students, distance students;
- Students with hearing or speech impairments.

4.6.3 Study Variables

Dependent Variables

- Early sexual initiation
- Risky sexual behaviour-oral and anal sex

Independent variables

- Sexually explicit materials, Social Medias, Age, Sex, Religion, Ethnicity, family education, family occupation status, and living arrangement, peer influence, family economic status

4.7 Data collection procedures

The data was collected from preparatory school students in 2015/2016 academic year using pre structured self-administered questionnaires. The questionnaires were prepared in English by reviewing different literatures on the subject and translated in to Amharic and then back to English to check its consistency. Three data collectors and one supervisor were participated in this study.

4.8 Operational definitions

Youth: those segments of the population who are in the age group 15-24 years.

Early sexual initiation is defined as experience of sexual intercourse before the age of 18 years

Sexually Explicit Materials: Any pictorial materials (newspapers, magazines, books, Photographs, films) displaying direct physical stimulation of unclothed genitals, masturbation,

sodomy (i.e. bestiality or oral or anal intercourse).

Risky sexual behaviours - Early sexual intercourse, anal sex, oral sex, unprotected sex and having multiple sexual partners.

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

Oral-Sex - is all the sexual activities that involve the use of mouth and throat to stimulate genitalia or anus.

Anal-Sex-is insertion of penis, finger or other sex toys in to anus of the other person's or oneself.

Exposure- a condition subjected to or accessing sexually explicit material.

Effect- Consequence of exposure to sexually explicit materials for early sexual initiation and other risky sexual behaviours.

4.9 Data Analysis procedures

After the data was collected, checked for completeness and consistencies, then it was entered and cleaned using EPI Info version 7.0 statistical software and exported to SPSS 20 for analysis. Descriptive statically analysis such as frequencies, proportions, as well as mean and standard deviation will be used to present the data. Bivariate and multivariate logistic regression models were also be used to check crude and independent effect of variables by using Odds Ratio with a 95% Confidence Interval (C.I.) and the data was presented using frequency tables. Odds ratio with 95% confidence interval was estimated to measure the strength of the association. Finally, proper summary were drawn out of the processed data; the task of interpretation and reporting writing of the result were followed.

4.10 Data quality management

To ensure the quality of the data training was given for data collectors and their supervisor for one day about the objectives, relevance of the study, methods interviewing, confidentiality of information and informed consent.

In addition, pre-test was done by selecting five percent of students sample in a school which was not selected for the study before the actual data collection work started to see for the accuracy of responses and to estimate the time needed as well as to adjust the questionnaire accordingly.

4.11 Ethical consideration

All needed research activities was carried out with great care. The following sound ethical considerations were used as a guiding principle.

- Ethical clearance and permission was obtained from the Ethical Clearance Committee of the Addis Ababa University, College of Health Sciences, and School of Public Health before the data collection started.
- A formal letter was written from Addis Ababa University to all the concerned Authorities through the communication process.
- Permission was secured at all levels, before the start of the study
- Each individual above 18 was presented with information sheet and consent paper which is prepared in Amharic and for those participants less than 18 years of age consent paper was sent to their family a day prior to the data collection to let their Childs to be involved in the study. In addition, assent form was prepared for those participants whose age less than 18 years.
- The right to withdraw from the study was respected.
- For confidentiality the name of the school and the participants were not be typed on the questionnaire.
- All responses were anonymous and kept confidential.

4.12 Dissemination of results

The final result of this study will be disseminated to Addis Ababa University (2 copies), Addis Ababa education Bureau (2 copies), Ministry of health (2 copies), Addis Ababa Health bureau and other government and non government organizations working on adolescents and youth (10 copies). In addition publication in one internationally recognized journal and presenting it in conferences will be considered.

5. RESULTS

5.1 Socio demographic characteristics of respondents

Out of the total 1128 youth's age 15-24 years, 1016 participated in this study and making the response rate of 90.10%. The mean age was 17.99 years with SD (1.04), range 15-24 years. 54.3 percent of respondents were females and 45.7 males. Six hundred forty (63%) study participants were grade 11 where as grade 12 students constitute 37% of the study. Orthodox Christianity was the dominant religion consisting of 682(67.1%) and majority of the study participant attended religious program 898(88.4%) and the majority attended at least once per week 430(47.9%). With regard to ethnicity, Amhara takes the larger proportion of the participants (38.2%). Above high school takes the largest proportion of family education status of the respondents and majority of the respondents' father occupation was self employed 388(38.5%) and mother's occupation was employed 287(28.4%). Six hundred seventy four (66.3%) of the respondents living with both parents and 718 (70.7%) of students answered their family economic status has been moderate. (Table 2)

Table 2: Socio demographic characteristics of preparatory school students in Addis Ababa, Ethiopia on May, 2016

Variable	Frequency	Percent (%)
Age (n=1016)		
15-19	939	92.4
20-24	77	7.6
Sex (n=1016)		
Male	464	45.7
Female	552	54.3
Grade level (n=1016)		
Grade 11	640	63
Grade 12	376	37
Religion (n=1016)		
Orthodox	682	67.1
Catholic	21	2.1
Protestant	116	11.4
Muslim	167	16.4
Other (Pagan, Jova witness)	30	3.0
Attend religious program (n=1016)		
Yes	898	88.4

No	118	11.6
Frequency of Attending religious program(n=898)*		
Daily	92	9.1
More than twice in a weak	430	42.3
Once a week	150	16.8
Once in two week and above		
Living arrangement (n=1016)		
With both parents	674	66.3
With mother only	127	12.5
With father only	57	5.6
Other (relatives)	158	15.6
Mother's education status(n=1016)		
Illiterate	116	11.4
Read and write	244	24.0
Elementary	120	11.8
High School	262	25.8
Above high school	269	26.5
Father's education status(n=1004)*		
Illiterate	57	5.6
Read and write	150	14.8
Elementary	107	10.5
High School	255	25.1
Above high school	435	42.8
Mother's Occupation status (n=1009)*		
Unemployed	253	24.9
Employed	287	28.2
Self Employed	285	28.1
Daily labourer	39	3.8
Other (pensioned)	145	14.3
Father's Occupation status (n=1009)*		
Un employed	47	4.6
Employed	380	37.4
Self Employed	388	38.2
Daily labourer Unemployed	59	5.8
Other (pensioned)	135	13.3
Family economic status (n=1014)*		
Poor	66	6.5
Moderate	718	70.7
Rich	102	10.0
I don't know	128	12.6

***Variation is due to missed value**

5.2 Reproductive health knowledge of study participants

Seven hundred ninety two (82.3%) of students reported that they knew about a disease transmitted through sexual intercourse. Furthermore, 84.7% were able to list at least one sign and symptoms of sexually transmitted disease. Regarding knowing the method to avoid STI, majority of the students know at least one method to avoid STI (41.8%) of respondents answered use condom only where as abstinence only were 13.3%, be faithful only 10.3% and 28.7 % of respondents listed three or more ways of prevention. However, 1.7% of the participant respondents believed that douching and 0.7% of the respondent believed that using herbs can prevent STI. (Table 3)

Table3: Sexual and reproductive health knowledge among preparatory school students in Addis Ababa, Ethiopia on May, 2016

Variable	Frequency	Percent (%)
Know any diseases that can be transmitted through sexual intercourse (n=962)*		
Yes	792	82.3
No	60	6.3
I don't know	110	11.4
Knowledge about signs and symptoms of sexually transmitted infection (n=816) *		
Discharge from penis/vagina	185	22.7
Pain during urination	264	32.4
Ulcers/sores in genital area	66	8.1
Other (weight loss)	22	2.7
Don't know any signs	125	15.3
Know All	154	18.9
Know the method of prevention of STI(n=815)*		
Use of condom	341	41.8
Washing/douching	14	1.7
Be faithful	84	10.3
Abstinence	108	13.3
Using herbs	6	0.7
Other (use emergency pills)	28	3.4
Use condom, Be Faithfull and Abstinence	234	28.7

****Variation is due to missed value***

5.3 Exposure to sexually explicit materials

More than half of the participants (52.2%) reported to had ever watched pornographic materials. Among those who reported to have watched pornographic material, 34.4% reported that were

exposed to internet. Regarding the source of pornography 64.6% of the respondent answered mobile phone was their source and the majority (64.6%) reported the phone was personal. Concerning having mobile phone working internet, 90.9 % reported that they have and 56.7 % reported that there was pornography on their mobile phone at the time of the study were conducted as well as these students answered that 47.4% downloading from internet, 39.9% sharing via bluetooth where as 9.3 % reported both downloading from internet and sharing via bluetooth and only 3.4 reported from other source. Most, 84.6 % of respondents exposed before the age of 18. About (41.6%) of the respondents preferred romantic pornography and almost half of them (47.6%) reported to had watched it alone.

Among the study participants, 81% reported as they have facebook account and half of them (50.1%) told as they accessed it daily and 32.3 % of them reported as they encountered pornography when they were accessed facebook and more than half of them (57.7%) reported deliberately accessed it. Regarding practicing seen or watched pornography, 13.9% of the respondents reported as they practiced what they have seen or watched (Table 4)

Table 4: Viewing sexually explicit materials among preparatory school students in Addis Ababa, Ethiopia on May, 2016

Variable	Frequency	Percent (%)
Ever watched/saw Pornographic (Sexually explicit) materials (n=1016)		
Yes	528	52.0
No	488	48.0
Type of pornographic materials viewed (n=526)*		
Internet	181	34.4
Video	116	22.1
Magazines	14	2.7
Games	29	5.5
Films and video clips	163	31.0
Other	23	4.4
Frequency of watching/seeing pornographic materials (n=525)*		
Daily	108	20.6
Often	99	18.9
Occasionally	111	21.1
Rarely	207	39.4
Age at first exposed to pornographic Material (n=521)*		
<15	146	28.0
15-19	370	71.0

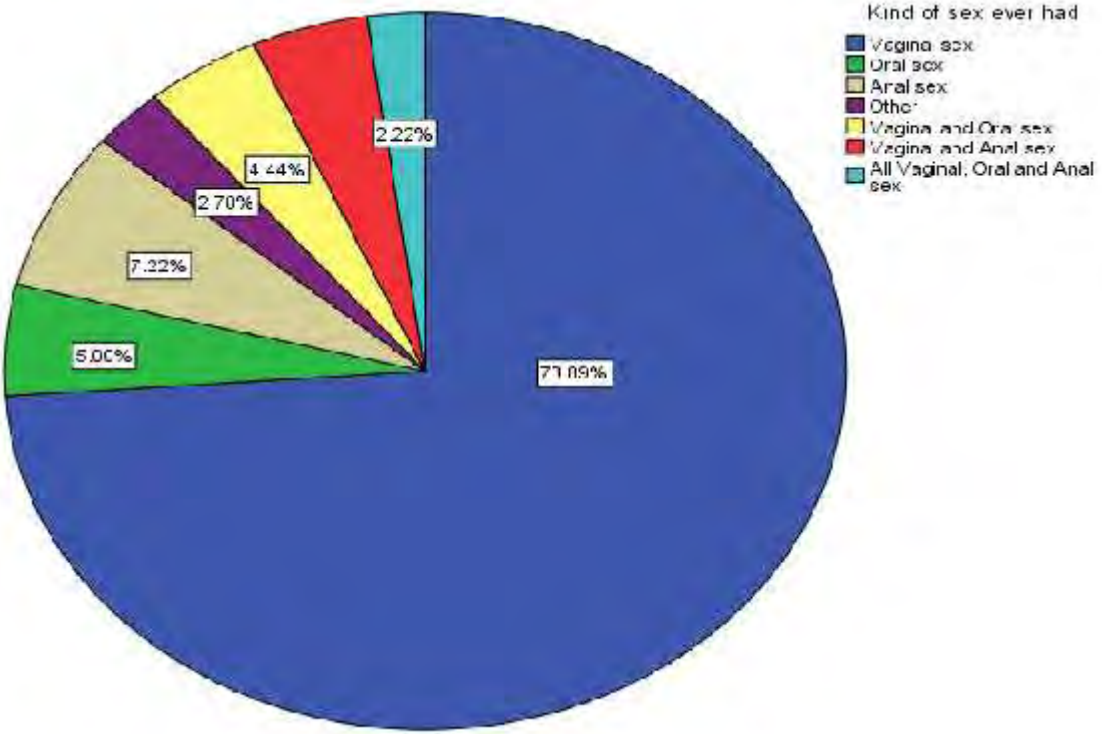
20-24	5	1.0
Type of pornography prefer to read/watch (n=517)*	60	11.6
Violent/hardship pornography	46	8.9
Child pornography	136	26.3
Adult pornography	215	41.6
Romantic Pornography	56	10.8
Other	4	0.8
All type		
With whom did you read/ watch pornographic materials (n=513)*	244	47.6
Alone	244	34.9
With friends	179	10.5
With family members	54	7.0
Other	36	
Source of pornographic materials (=506)*	313	61.9
Mobile phones	51	10.0
Video discs	12	2.4
Video houses	67	13.2
Internet	16	3.2
Other (Megazine)	47	9.3
All kind of source		
Source of Mobile phone (n=381)*	246	64.6
Personal	64	16.8
From friends	55	14.4
From family	16	4.2
Other (Boy/girlfriend, husband/wife)		
Source of video discs(n=159)*	100	62.9
At home	19	11.9
At video houses	22	13.9
At friends home	18	11.3
Other (School)		
Source of internet(n=204)*	165	80.9
Mobile phone	32	15.7
Internet centres/cafe	7	3.4
Other (School computer)		
Have personal mobile phone that works internet application (n=519)*	472	90.9
Yes	47	9.1
No		
Have pornographic film or picture on mobile phone (n=513)*	291	56.7
Yes	222	43.3
No		
Mode of accessing pornographic film or picture on mobile phone (n=291)*	138	47.4
Downloading from internet	116	39.9
Sharing via Bluetooth	10	3.4
Other (copy from CD)	27	9.3

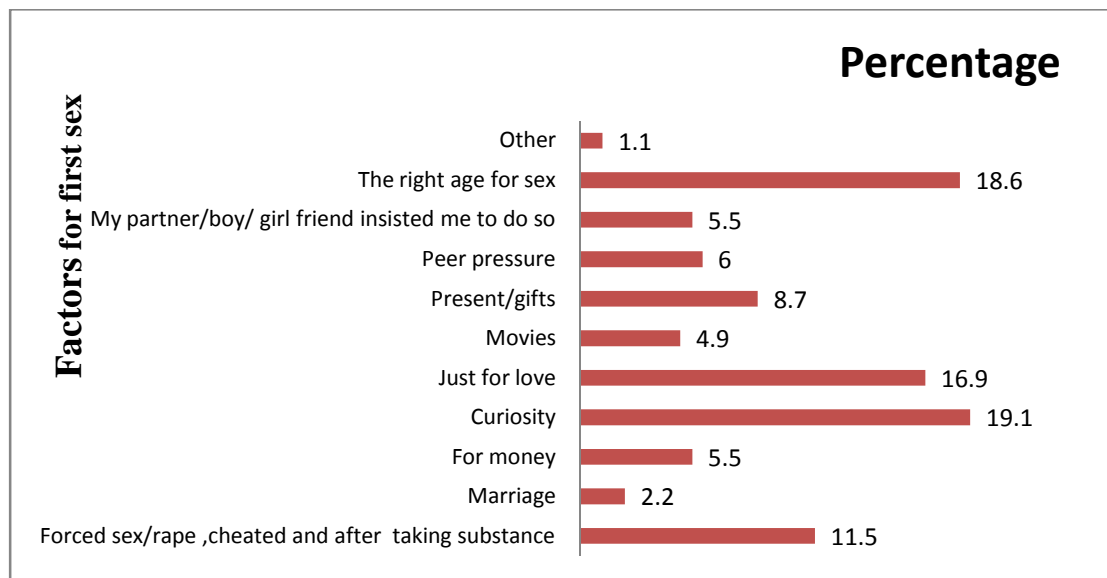
Both downloading and sharing via Bluetooth		
Have facebook account(n=1003)*		
Yes	812	81.0
No	191	19.0
Frequency of using facebook (n=809)*		
More than one times per day	88	10.9
Daily	405	50.1
Weekly	189	23.4
Occasionally	104	12.9
Other (Once in life time)	23	2.8
Ever encountered with pornography (n=808)* on facebook		
Yes	261	32.3
No	547	67.7
Deliberate accessing of pornography on facebook (n=265)*		
Yes	153	57.7
No	112	42.3
Trying or practicing which have been read/seen from sexually explicit materials (n=908)*		
Yes	126	13.9
No	782	86.1

**Variation is due to missed value*

5.4 Early sexual initiation and risky sexual behaviour

One hundred eighty seven (18.6%) interviewed students have had their sexual debut. From these, 70.8% youths started sexual intercourse before 18 years. The median age of sexual initiation in the study finding was 17 years. Reasons for sexual initiation curiosity 19.1% followed by feeling of the right the right age to have sex (18.6%), just for love(16.9%), forced sex(11.5%), present or gifts(8.7%), peer pressure(6.0%), for money(5.5%), pushing by partner(5.5%), movies(4.9%), marriage (2.2%) and other (1.1%). On the other hand 66.7% of respondents reported that their first sexual initiation was with their Girlfriend/Boyfriend. Concerning kind of sex ever had, 73.9 % reported as they had vaginal sex, 5.0% reported they had Oral sex, 7.2 % reported ever had anal sex, 4.4% both Vaginal and Oral sex, 4.4 % both Vaginal and Anal sex, where as 2.2% of respondents reported as ever had Vaginal, Oral and Anal sex as well as 2.8% reported as they had other kind of sex like masturbation.





Variable	Frequency	Percent (%)
Ever had sex (n=1007)		
Yes	187	18.6
No	820	81.4
A reasons that not chosen to have sexual intercourse (n=719)*		
I am not emotionally ready for it	265	36.9
I don't want the risk of pregnancy	17	2.4
I haven't met anyone I want to do it with	14	1.9
I haven't had the opportunity	8	1.1
Fear of disease	43	6.0
My religious values are against it	134	18.6
My parent's values are against it	31	4.3
I want to wait until I am older	108	15
Other	99	13.8
Age at the first time sex (n=185)*		
<15	24	13
15-19	158	85.4
20-24	3	1.6
Factors that encouraged for the first sex(n=183)*	21	11.5

Forced sex/rape ,cheated and after taking substance	4	2.2
Marriage	10	5.5
For money	35	19.1
Curiosity	31	16.9
Just for love	9	4.9
Movies	16	8.7
Present/gifts	11	6.0
Peer pressure	10	5.5
My partner/boy/ girl friend insisted me to do so	34	18.6
The right age for sex	2	1.1
Other		
Relationship with partner at first sex (n=177)*		
Wife/Husband	6	3.4
Fiancé	7	4.0
Girlfriend/Boyfriend	118	66.7
Casual	23	13.0
Relatives	11	6.2
Teachers	8	4.5
Other	4	2.3
Kind of sex ever had (n=180)*		
Vaginal sex	133	73.9
Oral sex	9	5.0
Anal sex	13	7.2
Other	5	2.8
Vaginal and Oral sex	8	4.4
Vaginal and Anal sex	8	4.4
All Vaginal, Oral and Anal sex		2.2
	4	
Condom use during first sexual intercourse (n=176)*		
Yes	87	49.4
No	89	50.6
Contraceptive method use during first sexual intercourse(n=169)*		
Yes	81	47.9
No	56	33.2
Don't remember	32	18.9
Kind of contraceptive method used(n=100)*		
Condom only	64	64.0
Birth control pills	11	11.0
Injectables	10	10.0
IUD	8	8.0
Traditional family planning method	7	7.0
The that used contraceptive method (n=98)*		
To prevent pregnancy	45	45.9
	1	1.0

To prevent STD	52	53.1
Both		
Ever had sex in the past 12 months(n=178)*		
Yes	145	81.5
No	33	18.5
Number of sex had with partner in the past 12 months (n=143)*		
Once or twice	52	36.4
Rarely	17	11.9
Sometimes	28	19.6
Several times per week	19	13.3
Not sure	24	16.8
Other	3	2.1
Condom use in the past 12 months during sexual intercourse(n=139)*		
Yes	101	72.7
No	38	27.3
Frequency of use condom in the past 12months (n=108)*		
Always	51	47.2
Quite often	18	16.7
Sometimes	29	26.9
Rarely	10	9.3
Number of people had any kind of sex in the past 12 months (n=138)*		
With one	85	61.6
With two	24	17.4
With three	22	15.9
With Four	4	2.9
With five	2	1.4
With more than five	1	0.7
Number of people had any kind of sex in lifetime (n=153)*		
With one	80	52.3
With two	22	14.4
With three	24	15.7
With four	8	5.2
With more than five	19	12.5

**Variation is due to missed value*

Conflict with family	10	5.1
School dropout	1	0.5
Other	1	0.5
No problem happened	143	73.3
Ever been pregnant(n=148)*		
Yes	14	9.5
No	134	90.5
Number of times ever been pregnant(n=14)*		
One	13	92.9
Two	1	7.1
Age at Your first Pregnancy (n=13)*		
15-19	13	100
20-24	0	0
Un intended or unplanned pregnancy(n=14)*		
Yes	13	92.9
No	1	7.1
Outcome of pregnancy (n=14)*		
Currently pregnant	0	0
Abortion	14	100
Live birth	0	0
Other	0	0
Ever had an abortion (n=14)*		
Yes	14	100
No	0	0
Ever been Impregnating someone (n=113)*		
Yes	18	15.9
No	95	84.1
Number of times Impregnating someone (n=16)*		
One	8	50.0
Two	6	37.5
Three	1	6.3
Four	1	6.3
Age at your first causing Pregnancy(n=16)*		
<15	1	6.3
15-19	13	81.1
20-24	2	12.6
Causing any unintended or unplanned Pregnancy(n=17)*		
Yes	16	94.1
No	1	5.9
Outcome of partner Pregnancy (n=17)*		
Currently pregnant	0	0
Abortion	17	100
Live birth	0	0
Other	0	0
Partner ever had an abortion (n=17)*		
Yes	17	100
No	0	0

Kind of abortion(n=31)*		
Induced	23	74.2
Spontaneous	8	25.8
Mode the abortion was took place (n=27)*		
It was self induced	6	22.2
By a health professional	20	74.1
It was induced by non health provider	1	3.7
Other	0	0
Place that the abortion was took place (n=30)*	17	56.7
Private health institution	7	23.3
Government health institution	4	13.3
NGO health centres like Marie Stops Clinic	2	6.7
Traditional abortion centre		

****Variation is due to missed value***

Magnitude of exposure to sexually explicit materials

The magnitude of pornographic material exposure is high. The findings in this study indicated that 528 (51.67%) were exposed to pornography and male proportion 285(54%) took the larger share where as female exposed group 243(46%). Among the exposed group, 118(23.3%) of them practiced what they have seen or watched and about 158(29.92%) of students ever had at least on kind of sexual act in their life time. In addition, 203(38.4%) of students reported that they exposed while using facebook and 312(59%) reported that their main source of pornography was mobile phone as well as 246(46.6%) reported the mobile phone was personal and 107(20.2%) students accessed pornography at least once per day and also 118(22.3%) of students had history of practiced the sexual act that they have seen or watched from the material and 146(27.6%) of students were exposed to sexually explicit material before celebrating their 15th birthday.

Bivariate and Multivariate logistic regression analysis Factors associated with exposure to sexually explicit materials

Bivariate and Multivariate logistic regression analysis was made to see the associations between different variables with sexually explicit materials exposure. In this study finding exposure to sexually explicit materials had strong association with age group (20-24) (Adjusted OR= 2.075(1.211-3.555)) and having facebook account (Adjusted OR=3.672(2.554-5.280)). Also sex

being female, family economic status being moderate as well as mother's occupation being self employed had association with exposure to sexually explicit materials.

However, living arrangement, mother's and father's education, as well as father's occupational status had no association with exposure to sexually explicit material and also having mobile phone with internet access had no association with exposure to pornography in this study finding. (Table7)

Table7. Bivariate and multivariate analysis for determinants of exposure to sexually explicit materials among preparatory school students in Addis Ababa, Ethiopia on May, 2016

Explanatory variables	Exposure to SEMs		Crude OR (95%CI)	Adjusted OR (95%CI)
	Yes	No		
Age				
15-19	473(50.7%)	460(49.3%)	1.00	1.00
20-24	51(66.2%)	26(33.8%)	2.023(1.234-3.315)	2.075(1.211-3.555)
Sex				
Male	285(61.4%)	179 (38.6%)	1.00	1.00
Female	243(44.0%)	309(56.0%)	2.189 (2.081-2.329)	1.212(1.092-1.369)
Mother's Occupation status				
Unemployed	141(55.7%)	112(44.3%)	1.00	1.00
Employed	148(51.6%)	139(48.4%)	0.785(0.526-1.171)	0.852(0.553-1.313)
Self employed	146(51.2%)	139(48.8%)	1.581(1.284-2.19)	1.562(1.261-2.114)
Daily Labourer	23(59%)	16(41%)	0.795(0.533-1.188)	0.843(0.546-1.301)
Other	66(45.5%)	79(54.5%)	0.664(0.44-1.00)	0.63(0.403-0.983)
Family Economic status				
Poor	37(56.1%)	29(43.9%)	1.00	1.00
Moderate	346(48.2%)	372(51.8%)	1.771(1.273-2.502)	1.635(1.159-2.346)
Rich	68(66.7%)	34(33.3%)	0.731(0.425-1.257)	0.74(0.416-1.314)
I don't know	76(59.4%)	52(40.6%)	1.146(0.628-2.089)	1.108(0.576-2.131)
Have Facebook account				
Yes	471(58%)	341(42%)	3.711(2.621-5.254)	3.672(2.554-5.280)
No	52(27.2%)	139(72.8%)	1.00	1.00

Magnitude of exposure to sexually explicit materials on early sexual initiation and other risky sexual practices

Exposures to sexually explicit materials contributed for the present day adolescents and youth risky sexual practice. In this study findings, the overall proportion of sexual initiation among study participants was 187(18.6%) and 116(31%) of them had history of sexually explicit material exposure. The other finding was among 131(70%) of study participants started sex before celebrating their 18th birthday, the majority 116(88.55%) of them had history of exposure to sexually explicit material.

Among who have had sexual exposure, about 34.4% reported as they had two and more sexual partner and half of them (50.6%) reported that they did not use condom during their first sex. Among the study participants reported did not use condom during first sexual initiation, 89.9% them had history of sexually explicit material exposure. In addition among students reported had multiple sexual partner, 54.5% of them had history of sexually explicit material exposure.

The overall proportion of oral and anal sex in this study was 21(2.10%) and 25(2.50%) respectively. However, 20 (88.9%) of students ever had oral sex and all 25 (100%) ever had anal sex, had history of exposure to sexually explicit material.

Regarding the factors contributed for initiation of sex, the larger proportion of students 35 (19.1%) answered curiosity followed by due to age 34 (18.6%). This might be due to exposure to sexually explicit material, because 31(88.6%) of students answered curiosity and 33(97.1%) answered due to age had history of sexually explicit material exposure.

Bivariate and Multivariate logistic regression analysis Factors associated with exposure to early sexual initiation

In this study finding, early sexual initiation have showed significant association with exposure to sexually explicit materials (Adjusted OR=7.053(3.520 -12.122)), have facebook account (Adjusted OR=4.115(1.535-11.031)) and age group (20-24) (Adjusted OR= 2.815(1.501-5.279)).

In addition, being female, mother's educational status able to read and write as well as mother's occupation being self employed have also showed association with early sexual initiation in this study finding. But family economic status, father educational and occupation status, living arrangement had no association with early sexual initiation. (Table 8)

Table 8 Bivariate and multivariate analysis for determinants of early sexual initiation among preparatory school students in Addis Ababa, Ethiopia on May, 2016

Explanatory variables	Ever had sex		Crude OR (95% CI)	Adjusted OR (95% CI)
	Yes	No		
Age				
15-19	147(15.9%)	778(84.1%)	1.00	1.00
20-24	37(48.7%)	39(51.3%)	5.021(3.097-8.140)	2.815(1.501-5.279)
Sex				
Male	111(24.3%)	346 (75.7%)	1.00	1.00
Female	75(13.6%)	475(86.4%)	1.989 (1.881-2.019)	1.285(1.089-1.580)
Mother's Occupation status				
Unemployed	59(23.5%)	192(76.5%)	1.00	1.00
Employed	52(18.3%)	232(81.7%)	0.729(0.480-1.109)	
Self employed	40(14.2%)	242(85.8%)	1.238(1.045-1.438)	1.266(1.023-1.692)
Daily Labourer	9(23.1%)	30(76.9%)	0.979(0.439-2.173)	
Other	25(17.2%)	120(82.8%)	0.678(0.403-1.141)	
Mother's Education status				
Illiterate	27(23.3%)	89(76.7)	1.00	1.00
Reade and Write	34(14%)	208(86%)	1.266(1.023-1.692)	1.239(1.007-1.646)
Elementary	15(12.6)	104(87.4)	0.475(0.238-0.949)	
High school	55(%21.2)	205(%78.8)	0.884(0.524-1.493)	
Above High school	52(19.6%)	213(80.4%)	0.805(0.475-1.363)	
Have Facebook account				
Yes	175(5.8%)	634(94.2%)	4.492(2.389-8.446)	4.115(1.535-11.031)
No	11(21.6%)	179(78.4%)	1.00	1.00
Exposed to SEM				
Yes	163(31.2%)	360(68.8%)	9.075 (5.742-14.344)	7.053(3.520-12.122)
No	23(4.8%)	461(95.2%)	1.00	1.00

6. DISCUSSIONS

Across-sectional descriptive study was conducted among 1128 regularly attending preparatory school students in Addis Ababa using pre structured questionnaire to assess the prevalence of exposure to sexually explicit materials and its effect on early sexual initiation and other risky sexual behaviours. Over the past few decades, there is increased and more explicit exposure of sexual materials in the media [24]. Exposure to sexually explicit content in the media, contribute a lot for the present day adolescents and youth risky and mal sexual behaviours [37, 38]. One of the popular sexually explicit material youth and adolescents being exposed is pornography.

The findings in this study indicated that 528 (51.67%) were exposed to pornography and male proportion 285(54%) took the larger share where as female exposed group were 243(46%). The overall exposure to pornography 528 (51.67%) in this study is almost similar to 53.3% a similar study done in Addis Ababa among government preparatory students [31] but lower than 77.2% a similar study done in Hawassa among 770 preparatory school students [29] and 72.5% the study done in Addis Ababa among high school students [30]. The variation may be due to the difference in number of samples and level of exposure among studied groups as well as the study area may put its contribution and sampling procedure might also have contribution.

Regarding knowledge on reproductive health among participants, 792 (82.3%) of students reported that they knew about a disease transmitted through sexual intercourse. Related to this, majority of the students knew at least one method to avoid STI but 1.7% of the respondents believed that douching and 0.7% of them using herbs can prevent STI. However the result in this study finding 82.3% is lower than 98% the study done among youths in Addis Ababa in 2014 [50]. The variation might be the study setting. But the result in this study showed that health education and awareness creation among adolescents and youths should be strengthen at school as well as youth centers.

The magnitude of sexual debut among youths in this study was 18.6 %, which is almost similar to 19% the study done in Shendi town among 826 in school youths [35] and 20% a population-based study carried out in Iran among young males [27] as well as with 20.4% in the study done among 270 preparatory school students of Faggeta Lekoma District, Awi Zone, Northwest Ethiopia [3] and 21.5% a study done in Nekemete town among school adolescents [48]. However

it is lower than 25.3% a study done among governmental preparatory school Students, Addis Ababa, Ethiopia [31], 27.4% the study carried out among Addis Ababa University under graduate students [49] and 34.3% cross-sectional descriptive study carried out in Nigeria among 384 in school adolescents [44] and the other prior study finding 64.7% a study done in Debre Markos University among 273 students [36]. The difference might be explained by the study area, sample size and the target groups might contribute for the variation. Other explanation is might be the level of knowledge increases through time.

Regarding the factors contributed for initiation of sex, the larger proportion of students 35 (19.1%) answered curiosity followed by due to age 34 (18.6%). The major factor for this study curiosity is similar to 34% the study finding done in 2014 in Addis Ababa curiosity was the major factor with 34% share [50] but different in the study done in Nigeria and the study done in Jimma [18] which was peer pressure [37] and the study done in Debre Markos University Students Cigarette smoking was the major factor [36]. Also different from the study done among in-school youths of shendi town, west Gojjam zone, North Western Ethiopia “fall in love” was the major factor [28] as well as the study done in Tanzania among secondary school adolescents which was “just for fun” the major factor [34]. The variation may be in this study finding curiosity might be associated with exposure to sexually explicit material and accessibility of different social Medias like facebook with the advancement of technology through time.

Pornography affects the present day youth in different ways. Young individuals who are addicted to porno lose interest & concentration in school-work; lag behind in studies which in turn may lead to anxiety & depression as well as to practice risky sexual act [25]. In this study, the magnitude of practice of oral and anal sex was 21(2.10%) and 25(2.50%) respectively but the proportion is smaller than oral sex(5.4%) and anal sex(4.3%) a study done in 2009 among 3840 regularly attending high school youth in Addis Ababa [45]. The variation may be due to the study setting and the sample size. The data collection method might have also contribution for the variation. Even though the finding is small as compared with the previous similar study, this finding showed that still there is the exposure.

Concerning condom utilization, only half of study participants (50.6%) reported that they used condom and among students reported not used condom at first sex 89.9% are exposed to pornography. The finding of condom utilization in this study (50.6%) is almost similar to 48% the study done in Cambodia[42].However the result is higher as compared with 10.7 % the study conducted in Nigeria among in school youths [7] and 6.0% similar study done in Jimma [18] . The variation might be due to increased awareness through time and difference in study setting as well as methodology used might be considered as a reason.

Regarding having multiple sexual partners, among who have had first sexual exposure, about 34.4% reported as they had two and more sexual partner which is almost similar to 34.7% the study conducted in Cambodia [42] but higher than 17.6% the study done among secondary school students in Tanzania [34]. However the finding is slightly lower than 40.8% the study done in Nigeria [44]. The finding in this study is higher than the previous studies this could be because of the advancement of technology, increased modernization, the use of western media, movement and availability.

In addition it might be due to the study area, the sampling method as well as or the procedure might contribute for the variation. The other reason might be the contribution of exposure to sexually explicit material because among the study participants reported they had two and more sexual partners, almost more than half of them (54.5 %) had history of sexually explicit material consumption. This indicates that exposure to pornography has contribution for having multiple sexual partners among the present day youth and adolescents.

In this study in addition to numerous variables like age, sex, family, peer pressure, substance abuse and other psychological factors put their influence in adolescents and youth risky sexual behaviour, curiosity associated to exposure to print and electronic media which has a sexual content contributed its own share for early sexual initiation and risky sexual practices among study participants.

7. STRENGTH AND LIMITATION OF THE STUDY

7.1 Strength

- Relatively achievement of high response rate
- Including both government and private high schools

7.2 Limitation

- The study topic by itself assesses sensitive issues related to sexuality which might have reason for underreporting of some behaviors like oral and anal sex practices;
- The sample taken from the facilities, hence study result may not be generalized to all youth in the country;
- This study was based on cross-sectional data, which implies that the direction of causal relationships cannot always be determined;

8. CONCLUSION

This study indicates that a considerable proportion of students exposed to sexually explicit material at an early age and practiced risky sexual behaviors early sexual initiation as well as risky sexual act.

- The overall proportion of students exposed to sexually explicit material was 528 (51.67%) and 146 (27.6%) of students were exposed to sexually explicit material before celebrating their 15th birthday;
- The rate of exposure to sexually explicit material is determined by age group (20-24), having facebook account sex being female, family economic status being moderate as well as mother's occupation being self employed;
- High rate of early sexual initiation is determined by exposure to sexually explicit materials, have facebook account and age group (20-24);
- In this study finding, curiosity played a major role in youths sexual behaviors associated with exposure to sexually explicit material and social Medias like facebook;
- The overall proportion of oral and anal sex was 21(2.10%) and 25(2.50%) respectively;
- Among students exposed to sexually explicit material, 89.9% of participants reported as they did not use condom during first sexual initiation and more than half of the exposed group (54.5 %) had more than one sexual partner in their life time this indicates that exposure to sexually explicit material put its influence on mal and risky sexual practices;
- Youths who were sexually active and exposed to pornography more likely to use condom inconsistently and perform mal and risky sexual act- oral and anal sex.

9. RECOMMENDATIONS

- Schools should work on reproductive health by establishing different mechanism like strengthening school mini-media clubs and organize peer education programs;
- Parents and teachers should be trained in a way that can allow them to obtain their children with the necessary skill for sexual negotiation and open discussion;
- Educating regarding youth sexual behaviour to the public through media outlets, churches, mosques, and other formal and informal gatherings is important;
- Strategies should be designed to restrict viewing sexually explicit mater at early age which is responsible for the engagement of early sexual initiation in this study;
- Government and nongovernment organizations need to teach about the impact of exposure to sexually explicit materials early sexual initiation;
- Establish and strengthen school based counselling program in order to alleviate the problems of students like those addicted to pornography and social media as well as those practiced risky sexual behaviour like oral and anal sex;
- There is also a need to perform further research on the area in order to deeply explore the association of exposure to sexually explicit material and early sexual initiation and its impact on risky sexual practice especially oral and anal sexual acts among the present day adolescents and youth.

10. REFERENCES

1. World Health Organization. Programming for Adolescent Health and Development Technical Report Series 886. World Health Organization, Geneva; 1999.
2. Meskerem A, Worku A. Utilization of Youth Reproductive Health Services and Associated Factors among High School Students in Bahir Dar, Amhara Regional State, Ethiopia. *Open Journal of Epidemiology*. 2014; 4: 69-75.
3. Dessalew B, Zewdie A, Getachew MK. Assessment of Early Sexual Initiation and Associated Factors among Preparatory School Students of Faggeta Lekoma District, Awi Zone, Northwest Ethiopia. *International Journal of Clinical Medicine*. 2015; 6: 521-529.
4. Central Statistical Agency of Ethiopia. The 2007 National Population and Housing Census: Statistical Report for Addis Ababa City. Addis Ababa, Ethiopia: Central Statistical Agency; April 2012.
5. Marelign T, Gistane A. Factors associated with age at first sexual initiation among youths in Gamo Gofa, South West Ethiopia: a cross sectional study. *BMC Public Health*. 2013; 13:622.
6. Fekadu M, Alemayehu W. Age at sexual initiation and factors associated with it among youths in North East Ethiopia. *Ethiop. J. Health Dev*. 2009; 23(2):154-162.
7. A.F. Fagbamigbe, A. S. Adebawale, F. A. Olaniyan. A Comparative Analysis of Condom Use Among Unmarried Youths in Rural Community in Nigeria. *Public Health Research*. 2011; 1(1): 8-16.
8. Aoife M, Sue NM, Mary L, David A. The sexual behaviour of adolescents in sub-Saharan Africa: patterns and trends from national surveys. *Tropical Medicine and International Health*. 2012; 17(7): 796–807.
9. Central Statistical Agency of Ethiopia and ORC Macro: Ethiopia Demographic and Health Survey 2011. Addis Ababa, Ethiopia: Central Statistical Agency of Ethiopia and ORC Macro; March 2012.
10. Soledad LE, Craig AA. Media and Risky Behaviors. *The future of Children*. 2008; 18(1):147-180.
11. Michele L, Victor C. Sexual Media exposure, sexual behaviour and sexual violence victimization in adolescence. *Clinical Pediatrics*. 2014:1-9.

12. Youth impact Ethiopia. Description of the problem. Addis Ababa, Ethiopia: Youth Impact Ethiopia; 2012 [Cited 2015, Oct.20].Available at: <http://www.youthimpactethiopia.org/problem.htm>.
13. Adesegun OF, Robert WB. Predictors of early sexual initiation among a nationally representative sample of Nigerian adolescents.BMC Public Health. 2008; 8:136.
14. Bloom, Zachary D, Hagedorn, W.Bryce. Male adolescents and contemporary pornography: Implication for marriage and family counsellors.The Family Journal.2015; 23(1):82-89.
15. Gert MH, Philippe CA, John W. Does Viewing Explain Doing? Assessing the Association between Sexually Explicit Materials Use and Sexual Behaviors in a Large Sample of Dutch Adolescents and Young Adults. Journal of Sexual Medicine. 2013 [cited 2015 October21]. doi: 10.1111/jsm.12157.
16. Wens EW, Behun RJ, Manning JC, Reid RC. The impact of internet pornography on adolescents: A review of the research. Sexual Addiction & Compulsivity. 2012; 19: 99-122.
17. Ministry of Health [Ethiopia].National adolescent and youth reproductive health strategy 2006 – 2015.Addis Ababa, Ethiopia: Ministry of Health; 2007.
18. Abebe MG, Netsanet FB. Family Environment and Sexual Behaviours in Jimma Zone, South West Ethiopia. Science Journal of Public Health. 2014; 2(6): 539-545.
19. Michelle JH, Charlotte S, Jane F. Setting research priorities for adolescent sexual and reproductive health in low- and middle-income countries. Bull World Health Organ.2013; 91:10–18.
20. Kristin M, Nan A. Urban adolescent sexual and reproductive health in low-income and middle-income countries. Arch Dis Child. 2014 [cited 2015 November10]; 0:1–5. doi:10.1136/archdischild-2013-304072.
21. Morhason-Bello IO, Oladokun A, Enakpene CA, Fabamwo A O, Obisesan KA, Ojengbede OA. Sexual behaviour of in-school adolescents in Ibadan, South-West Nigeria.African Journal of Reproductive Health. 2008; 12(20):89-97.
22. Ronny A, Sara C, Dena J, Anna W. Sexual Milestones and Factors Associated with Coitus Initiation Among Israeli High School Students. Arch Sex Behav.2009; 38:591–604.

23. Shenghui L, Hong H, Gang X, Yong C, Fengrong H, Xiuxia Y. Substance use, risky sexual behaviours, and their associations in a Chinese sample of senior high school students. *BMC Public Health*.2013; 13:295. Vivek A, Saranya D. Harmful Effects of Media on Children and Adolescents. *Journal of Indian Association Child and Adolescent Mental Health*. 2012; 8(2):38-45
24. Vivek A, Saranya D.Harmful Effects of Media on Children and Adolescents. *Journal of Indian Association Child and Adolescent Mental Health*. 2012; 8(2):38-45
25. Somasundara B. Effects of pornography on porn viewers. *Indian Journal of Applied Research*.2014; 4 (12): 435-437.
26. Vandebosch L, Eggermont S. Sexually Explicit Websites and Sexual Initiation: Reciprocal Relationships and the Moderating Role of Pubertal Status. *Journal of Research on Adolescence*. 2013; 23: 621-634.
27. Mohammad RM, Kazem M, Farideh FKF, Siamak A, Mohammad Z, Fahimeh RT et al. Reproductive Knowledge, Attitudes and Behaviour among Adolescent Males in Tehran, Iran. *International Family Planning Perspectives*. 2006; 32(1):35–44.
28. Carolyne N, Helene AV, Pieter R. Porn video shows, local brew, and transactional sex: HIV risk among youth in Kisumu, Kenya. *BMC Public Health*. 2011; 11:635.
29. Tony H, Zewdie A, Serawit L. Assessment of exposure to sexually explicit materials and factors associated with exposure among preparatory school youths in Hawassa City, Southern Ethiopia: a cross-sectional institution based survey. *Reproductive Health*. 2015; 12:86.
30. Dawit E. Pornographic consumption and its association with sexual debut among high school students of Gulele Sub-city, Addis Ababa, Ethiopia.2015. Thesis paper submitted to School of public health, College of health science, Addis Ababa University.
31. Dereje G, Getachew H, Mulatu A, Kassahun K. Factors of Early Sexual Initiation among Governmental Preparatory School Students, Addis Ababa, Ethiopia. *Journal of Community Medicine and Health Education*. 2015; 5(1):1-7.
32. Qiaoqin M, Masako OK, Liming C, Guozhang X, Xiaohong P, Saman Z, et al. Early initiation of sexual activity: a risk factor for sexually transmitted diseases, HIV infection, and unwanted pregnancy among university students in China.*BMC Public Health*. 2009; 9:111.

33. Rob S, Calleen S, Catherine F. Community Factors Shaping Early Age at First Sex among Adolescents in Burkina Faso, Ghana, Malawi, and Uganda. *Journal of Health, Population and Nutrition*. 2014; 32(2):161-175.
34. Madan M L. The Sexual Behaviour of Secondary School Adolescent Students in Tanzania: Patterns and Trends. *International Journal of Caring Sciences*.2013; 6 (3):472-484.
35. Alemayehu B, Assefa S. Premarital sexual practices and its predictors among in-school youths of Shendi town, West Gojjam Zone, North Western Ethiopia. *Reproductive Health Journal*. 2014; 11:49.
36. Getachew MK, Girmay T, Nurilign A, Woldie B, Teferi T, Desalegne A, et al. Early Sexual Initiation and Associated Factors among Debre Markos University Students, North West Ethiopia. *Science Journal of Clinical Medicine*.2015; 4(5): 80-85.
37. Ali J, Aji MO, Ifeadike CO, Emelumadu OF, Ubajaka C, Nwabueze SA et al. Adolescent Sexual Behavior and Practices in Nigeria: A Twelve Year Review. *Afri-Medic Journal*.2013; 4(1):10-16.
38. Beth AK, Anne S, Rex F. Adolescent sexual risk behavior: A multi system perspective. *Clinical Psychology Review*.2001; 21(4):493-591.
39. Chie K, Yuji N, Shiori K, Hiroko K, Masako K, Yuki S, Motoyoshi K, Motoi W .Relationships of youth risk behaviors with norm-consciousness and resilience among Japanese high school students. *Open Journal of Preventive Medicine* .2012; 2(3):306-311.
40. Lydia OD, Carl RD, Ann S. Early Sexual Initiation and Subsequent Sex Related Risks among Urban Minority Youth: The Reach for Health Study. *Family Planning Perspectives*. 2001; 33(6):268-275.
41. Lisa JC, Marcela R, Kristin LM. Adolescent Sexuality: Behaviour and Meaning .*Blackwell Handbook of Adolescence*. 2003: 371–392.
42. Siyan Yi, Krishna CP, Junko Y, Paula HP, Songky Yi, Masamine J. Role of risk and protective factors in risky sexual behavior among high school students in Cambodia. *BMC Public Health*. 2010[cited 2015 October19]; 10(477). doi:10.1186/1471-2458-10-477

43. Juan-Pablo G, Stefano MB, Carlos JC, Miguel-Angel S. Risk behaviors of 15–21 year olds in Mexico lead to a high prevalence of sexually transmitted infections: results of a survey in disadvantaged urban areas. *BMC Public Health*. 2006; 6:49.
44. Duru CB, Ubajaka C, Nnebue CC, Ifeadike CO, Okoro OP. Sexual Behaviour and Practices Among Secondary School Adolescents in Anambra State, Nigeria. *Afrimedical Journal* 2010; 1(2):22-27.
45. Amsale C, Yemane B. Oral and anal sex practices among high school youth in Addis Ababa, Ethiopia. *BMC Public Health*. 2012; 12:5.
46. Addis Ababa city administration integrated land information center. Addis Ababa administrative divisions. Addis Ababa, Ethiopia: Addis Ababa city administration integrated land information center; 2014 [Cited 2015, November1]. Available at: <http://www.ilic.gov.et/index.php/en/administrative-boundaries>
47. City Government of Addis Ababa Education Bureau. Educational Statistics Annual Abstract 2014. Addis Ababa, Ethiopia: City Government of Addis Ababa Education Bureau; August 2014.
48. Assefa S, Dessalegn W. Premarital sexual practice among school students in Nekemete Town, East Wollega. *Ethio.J.Health. Dev.* 2008; 22(2):167-173.
49. Mulu TY, Alemayehu WY, Alemayehu BM, Agumasie SD. Sexual initiation and factors associated with it among Addis Ababa University undergraduate students, Addis Ababa, Ethiopia. *American Journal of Health Research*. 2014; 2(5): 260-270.
50. Tigist B. Early sexual initiation and its associated factors among youths in Addis Ababa, Ethiopia. 2014. Thesis paper submitted to School of public health, College of health science, Addis Ababa University.

11. ANNEXES

ANNEXE-I: CONSENT FORM (FOR AGE 18 AND ABOVE)

Good morning /Good afternoon, I am _____working as data collector in a study conducted by Alehegn Ketema for partial fulfillment of Master of Science in Public Health from Addis Ababa University public Health department. The objective of the study is to assess the prevalence of exposure to sexually explicit materials, effects on early sexual initiation and other risky sexual behaviours among preparatory school students in Addis Ababa, Ethiopia in academic year 2015/2016.

Dear respondents here are lists of questioners with different sections; I am going to ask you some very personal questions that some people find it difficult to answer. Your responses are completely kept confidential .Your name will not be written on this questioner and will never be used in connection with any of the information you provide. You are not obligated to answer any question that you do not want to answer, and you may end to participate in the study at any time you want. However, your honest responses to these questions will help us to better understand exposure to sexually explicit materials and effects on early sexual initiation and other risky sexual behaviour as well as reproductive health consequences.

We would like to greatly appreciate your help in responding to these questions. It will take about 30 minutes to fill them and there is no benefit or payment that you get for your participation in this study. But your honest and genuine response to each question will play a major role in the attainment of the objective of the study. Thank you very much in advance for your unreserved help.

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

Signature of the participant-----Date-----

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

In case you need to contact:

Contact Address of the Investigator

Name: Alehegn Ketema

Tel.0911952711

Email: alehegn16@gmail.com

ANNEXE-II: PARENTAL CONSENT FORM

Dear parent, your child is being invited to take part in a research project conducted by Alehegn Ketema for partial fulfillment of Master Science in Public Health from Addis Ababa University Public Health Department. The objective of the study is to assess the prevalence of exposure to sexually explicit materials, effects on early sexual initiation and other risky sexual behaviours among preparatory school students in Addis Ababa, Ethiopia in academic year 2015/2016.

The responses of your child during the study are completely kept confidential .Your child's name will not be written on the questionnaire, and will never be used in connection with any of the information your child provides. Your child has the right to skip answering any question that he/she does not want to answer, and the child may end to participate in the study any time he/she wants. You, the parent, can also withdraw the consent you gave at any time.

To fill the questionnaire it will take about 30 minutes, and there is no benefit or payment that your child gets for his/her participation in this study. However, your child honest response to the questions will help us to better understand exposure to sexually explicit materials and effects on early sexual initiation and other risky sexual behaviour as well as reproductive health consequences among adolescents and youth. We would like to greatly appreciate for your help.

I give my consent for my child _____, to participate in the research project described above. I understand that this participation is voluntary and that I may withdraw my consent at any time. I also understand that my child may withdraw his/her assent at any time.

Signature of Parent or Authorized Representative

Date

Signature of Investigator

Date

We thank you in advance and greatly appreciate your helping

In case you need to contact:

Contact Address of the Investigator

Name: Alehegn Ketema

Tel.0911952711

Email: alehegn16@gmail.com

ANNEX-III: ASSENT FORM (15-17 AGES)

Good morning /Good afternoon, I am _____ working as a data collector for a research work to be conducted by Alehegn Ketema for partial fulfillment of Master of Science in Public Health in Addis Ababa University, Department Public Health. The objective of the study is to assess the prevalence of exposure to sexually explicit materials, effects on early sexual initiation and other risky sexual behaviours among preparatory school students in Addis Ababa, Ethiopia in academic year 2015/2016.

Dear respondent, I am going to ask you some very personal questions that some people find it difficult to answer. However, your responses are completely kept confidential. Your name will not be written on this questioner, and will never be used in connection with any of the information you provide. Also you are not obligated to answer any question you do not want to answer or to do anything that you do not want to do. Everything you say and do will be private and your parents will not be told what you say or do while you are taking part in the study. When we tell other people what we learned in the study, we will not tell them your name or the name of anyone else who will take part in the research study. However, your honest responses to these questions will help us to better understand exposure to sexually explicit materials, effects on early sexual initiation and other risky sexual behaviour as well as reproductive health problems.

I would like to greatly appreciate your help in responding to these questions. It will take about 30 minutes and there is no benefit or payment that you receive for your participation in this study. But your honest and genuine response to each question will play a major role in the attainment of the objective of the study.

If anything in the study worries you or makes you uncomfortable, let us know and you can stop. No one will be upset, if you change your mind and decide not to participate. You are free to ask the investigator any questions at any time and you can talk to your parent any time you want. If you want to be in the study, write your name and put your signature on the space given below:

Respondant Name and Signature

Date

Signature of Person Obtaining Assent

Date

Thank you very much in advance for your unreserved helping.

In case you need to contact:

Contact Address of the Investigator

Name: Alehegn Ketema

Tel.0911952711, Email: alehegn16@gmail.com

ANNEXE-IV: QUESTIONNAIRE FORM

INSTRUCTION: PLEASE GIVE APPROPRIATE RESPONSES TO EACH QUESTION ON THE ‘RESPONSE’ COLUMN

PART ONE: BACKGROUND INFORMATION

<i>No</i>	<i>Questions</i>	<i>Alternative responses(coding category)</i>	<i>Code</i>
1.1	Age (how old are you?)	_____years old	
1.2	Sex(Observed sex)	1.Male 2.Female	
1.3	School Grade level	1. Grade 11 2. Grade 12	
1.4	What is your religion?	1. Orthodox 2.Catholic 3. Protestant 4. Muslim 5.Others (Specify) _____	
1.5	Do you attend religious program?	1Yes 2.No If ‘No’ skip to Q 1.7	
1.6	How often do you attend?	1.Daily 2.More than twice in a weak 3. Once a week 4.Once in two week 5. Once a Month 6. Once in 6 months to one year	
1.7	Ethnicity?	1. Oromo 2.Amhara 3. SNNP 4. Tigre 5.Others (Specify)_____	
1.8	With whom you are living currently?	1. With both parents 2. With mother only 3. With father only 4. Other (Specify) _____	
1.9	What is your mother’s education status?	1.Illiterate 2.Read and write 3.Elementary 4.High School 5.Above high school	
1.10	What is your father’s education status?	1.Illiterate 2.Read and write 3.Elementary 4.High School 5.Above high school	
1.11	What is your mother’s Occupation status?	1.Unemployed 2.Employed 3.Self Employed 4.Daily labourer 5.Other (Specify)_____	
1.12	What is your father’s Occupation status?	1.Employed 2.Self Employed 3.Daily labourer 4.Unemployed 5.Other (Specify)_____	
1.13	How do you perceive your family economic status?	1.Poor 2.Moderate 3.Rich 4.I don’t know	

PART TWO: VIEWING SEXUALLY EXPLICIT MATERIALS

Note: The term “Sexually explicit materials” refers to newspapers, magazines, books, Photographs, videotapes, films, internet etc.

2.1	Have you ever watched/saw Pornographic (Sexually explicit) materials?	1.Yes 2.No If ‘no’ skip to Q no. 2.14	
2.2	What type of pornographic materials did you view the last time?(Multiple answers are possible)	1. Internet 2.Video 3.Magazines 4.Games 5.Films and video clips 6.Others (specify)_____	
2.3	How often do you watched/saw?	1. Daily 2. Often (3-4 times per week) 3. Occasionally (1-4 times per month) 4. Rarely (once in months)	

2.4	How old were you when you were exposed to pornographic material?	1.Age: _____ Years	
2.5	What type of pornography do you prefer to read/watch?	1.violent/hardship pornography 2. Child pornography 3.Adult pornography 4. Romantic Pornography 5.Others (specify)_____	
2.6	With whom did you read/ watch pornographic materials	1. Alone 2. With friends 3. With family members 4.Others (specify)_____	
2.7	What is your source of pornographic materials? More than one answer is possible.	1. Mobile phones 2.Video discs 3.Video houses 4.Internet 5. Others (specify)_____	
2.8	If your answer is Mobile phone , where did you get it?	1. Personal 2. From friends 3. From family 4.Others (specify) _____	
2.9	If your answer is video discs , where did you see/watch them?	1. At home 2. At video houses 3. At friends home 4.Others (specify) _____	
2.10	If your answer is internet , where did you access it	1. Mobile phone 2. Internet centres/cafe 3.Others (Specify)_____	
2.11	Do you have personal mobile phone that works internet applications?	1.Yes 2.No	
2.12	Is there any pornographic film or picture on your mobile phone right now?	1.Yes 2.No If 'No' go to Question No. 2.14	
2.13	If 'yes' to Question No. 2.12 where do you get it?	1. Downloading from internet 2. Sharing via Bluetooth 3. Others (specify) _____	
2.14	Do you have facebook account?	1. Yes 2. No (If 'No' go to Question No. 2.18)	
2.15	If 'yes' to Question No. 2.14 , how often do you use facebook?	1. More than one times per day 2. Daily 3. Weekly 4. Occasionally 5.Others (specify) _____	
2.16	Have you ever encountered with pornography on facebook?	1. Yes 2. No	
2.17	If 'yes' to Question No. 2.16, was it deliberate?	1. Yes 2. No	
2.18	Have you ever tried practicing what you have read/seen from sexually explicit materials?	1.Yes 2.No	

PART THREE: ASSESSMENT OF EARLY SEXUAL INITIATION AND RISKY SEXUAL BEHAVIOUR

I am going to ask you some personal questions about your sexual experience. Since the following questions are more personal and secret, please answer them honestly. Remember your name is not written on the questionnaire.

3.1	Have you ever had sex?	1.Yes 2.No (If 'YES' skip to Q No.3.3)	
-----	------------------------	---	--

3.2	Are there reasons why you have not chosen to have sexual intercourse?	1. I am not emotionally ready for it 2. I don't want the risk of pregnancy 3. I haven't met anyone I want to do it with 4. I haven't had the opportunity 5. Fear of disease 6. My religious values are against it 7. My parent's values are against it 8. I want to wait until I am older 9. If others_____	
3.3	How old were you the first time you had sex?	Age _____ Years	
3.4	What are the factors that encouraged you for the first sex? (you can answer more than one)	1. Forced sex/rape 2. marriage 3. For money 4. Curiosity 5. Just for love 6. Movies 7. Present/gifts 8. Peer pressure 9. My partner/boy/ girl friend insisted me to do so 10. I wanted to/ because of my age 11. Cheated/ False premises 12. After/during taking of drugs, Alcohol and chewing chat etc... 13. Other (Specify) _____	
3.5	At the time you had first sex, what was your relationship with your partner?	1. Wife/Husband 2. Fiancé 3. Girlfriend/Boyfriend 4. Casual 5. Relatives 6. Teachers 7. Others specify_____	
3.6	What kind of sex you ever had? (Multiple answer possible)	1. Vaginal sex 2. Oral sex 3. Anal sex 4. Other (Please specify)_____	
3.7	At the time you had first sexual intercourse; did you use condom?	1. Yes 2. No	
3.8	At the time you had first sexual intercourse; did you or your partner use any contraceptive method?	1. Yes 2. No 3. Don't remember	
3.9	Which contraceptive method did you or your partner use at first intercourse?	1. Condom only 2. Birth control pills 3. Injectables 4. IUD 5. Traditional family planning method (specify)_____	
3.10	Why did you use this method?	1. To prevent pregnancy 2. To prevent STD 3. Both	
3.11	Have you ever had sex in the past 12 months?	1. Yes 2. No	
3.12	How often did you have sex with a sex partner in the past 12 months?	1. Once or twice 2. Rarely (a few times per year) 3. Sometimes (1-4 times a month) 4. Several times per week 5. Not sure 6. Others, specify_____	
3.13	Did you and/your sex partner use condom		

	in the past 12 months during sexual intercourse?	1.Yes 2.No	
3.14	How often did you and/or your sex partner use condom in the past 12months during sexual intercourse?	1. Always 2. Quite often 3. Sometimes 4. Rarely	
3.15	In the past 12 months, with how many people have you had any kind of sex?	_____	
3.16	In your lifetime, with how many people have you had any kind of sex?	_____	

PART FOUR: SEXUAL AND REPRODUCTIVE HEALTH KNOWLEDGE

4.1	As far as you know, are there any diseases that can be transmitted through sexual intercourse?	1. Yes 2. No 3.I don't know	
4.2	What are the signs and symptoms of sexually transmitted disease in a man/woman?(multiple answers are acceptable)	1. Discharge from penis/vagina 2. Pain during urination 3. Ulcers/sores in genital area 4. Others..... 5. Don't know any signs	
4.3	Is there anything a person can do to avoid getting a sexually transmitted disease? (multiple answers are acceptable)	1. Use of condom 2. Washing/douching 3. Be faithful 4. Abstinence 5. Using herbs 6. Other, specify-----	

PART FIVE: QUESTIONS RELATED TO REPRODUCTIVE HEALTH CONSEQUENCES OF SEXUAL INITIATION (Only for participants who started sex)

5.1	What kind of problem did you face due to premarital sexual initiation?	1. Unplanned pregnancy 2. Abortion 3. Infection (like Genital discharge, Genital ulcer/sore) 4. Conflict with family 5.School dropout 6. Other specify _____ 7. No problem happened	
Dear interviewee from Q 5.2 to Q 5.7 are for only females, Male respondents please skip to Q 5.8			
5.2	Have you ever been pregnant?	1. Yes 2. No If 'Yes' continue to Q 5.3, If 'No' you have finished thank you!	
5.3	How many times have you been pregnant?	_____times	
5.4	What was your age at Your first Pregnancy?	1. Age: _____ years 2. Don't know	
5.5	Did you have un intended or unplanned pregnancy?	1.Yes 2.No	
5.6	What was the outcome of pregnancy	1.Currently pregnant 2.Abortion 3.Live birth 4.Others,specify_____	
5.7	Have you ever had an abortion?	1.Yes 2.No If your answer is 'YES' go to Q5.14	
Dear respondent from Q 5.8 to Q 5.13 are for only Male			
5.8	Have you ever been Impregnating someone?	1. Yes 2. No If 'Yes' continue to Q 5.9, If 'No' you have finished thank you!	
5.9	How many times have you been Impregnating someone?	_____times	
5.1	What was your age at your first	1.Age:_____ years 2.Don't know_____	

0	causing Pregnancy?		
5.1 1	Did you cause any unintended or unplanned pregnancy?	1.Yes 2.No	
5.1 2	What was the outcome of Pregnancy?	1.Currently pregnant 2.Abortion 3.Live birth 4.Others,specify _____	
5.1 3	Have your partner ever had an abortion?	1.Yes 2.No If your answer is 'YES' go to Q5.14	
Dear interviewee from Q5.14 to Q5.16 are for both Male and female			
5.1 4	Was the abortion an induced one or spontaneous?	1. Induced 2.Spontaneous	
5.1 5	If the abortion was an induced one, how did it take place?	1. It was self induced 2. by a health professional 3. It was induced by a lay provider 4. Other, specify _____	
5.1 6	Where did the abortion take place?	1.Private health institution 2.Government health institution 3.NGO health centres like Marie Stops Clinic 4.Traditional abortion centre	

Thank You!

በአማርኛ ቋንቋ የተዘጋጀ መጠይቅ ፈቃድ መጠየቂያ ቅጽ

ጤና ይስጥልኝ ስሜ-----ይባላል በጥናቱ ውስጥ በመረጃ ሰብሳቢነት ነው የምሠራው። ጥናቱ በአለሽኝ ከተማ በአ/አ ዩንቨርሲቲ የህ/ሰብ ጤና ክፍል የድህረ ምረቃ ኘርግራም ማሟያ ሲሆን አላማው ወሲብ ቀስቃሽ ለሆኑ ነገሮች የወጣቶች ተጋላጭ መሆንና ካለ ዕድሜ ለሚጀመር ዎሲባዊ ግንኙነት ያላቸውን ተፅዕኖ እንዲሁም ሌሎች ወሲባዊ ግንኙነቱን ተከትለው ስለሚመጡ የስነ ተዋልዶ የጤና ችግሮችን ለማወቅ ሲሆን የሚካሄደው በ 2008 ዓ.ም በአዲስ አበባ ከተማ ውስጥ ትምህርታቸውን በመከታተል ላይ በሚገኙ የመሰናዶ ተማሪዎች ላይ ነው።

በዚህ መጠይቅ ውስጥ የተለያዩ ንዑስ ክፍሎች ያሉት ጥያቄዎች የተካተቱ ሲሆን በመጠይቁ ውስጥ በጣም ሚስጢራዊ የሆኑ እና ግላዊ የሆኑ ጉዳዮች ተካተዋል። መጠይቁን ለመሙላት ሰላሳ ደቂቃ ያህል ሊወስድ ይችላል። ጥናቱን አስመልክቶ እርስዎ የሚሰጡት ማንኛውም መረጃ በሚስጢር የሚጠበቅ በመሆኑ በማንኛውም መንገድ ለሶስተኛ አካል አሳልፎ አይሰጥም ወይም አይጋለጥም፤ ማንነትዎ እንዳይታወቅም ስምዎ በጥያቄው ወረቀት ላይ አይመዘገብም ይሁን እንጂ በጥናቱ ላይ በመሳተፍዎ የተለየ ጥቅም አይኖርም፤ ነገር ግን በጥናቱ ላይ በመሳተፍዎ እና ለሚጠየቁት ጥያቄ በዕውቀት ላይ የተመሠረተና ተገቢ የሆነ መረጃ መስጠትዎ በወጣቶች ስርአተ-ተዋልዶ ዙሪያ ላይ ለሚዎጡ ፖሊሲዎች፣ ለሚደረጉ ማሻሻያዎች እንዲሁም የአገልግሎቶች መስፋፋት ከፍተኛ አስተዋጽኦ ያበረክታሉ። በመጨረሻም ለሚሰጡት ለየትኛውም አይነት ምላሽ አመሰግናለሁ።

እኔ ተሳታፊ የሆንኩ ከላይ የተገለጹትን በሙሉ ሰምቼአለሁ፤ አላማውንና ጥቅሙንም ተረድቼአለሁ፤ ሚስጥር እንደሚጠበቅና ለሶስተኛ አካል እንደማይተላለፍ ተገንዝቤአለሁ፤

ስለዚህ በጥናቱ ለመሳተፍ

ፈቃደኛ ነኝ አዎ እሳተፋለሁ ፊርማ.....ቀን.....

መረጃ ሰብሳቢ ስም-----ፊርማ-----ቀን.....

መጠየቅ (ማነጋገር) የምትፈልጉት ነገር ካለ ፤- አለሽኝ ከተማ (የጥናቱ ባለቤት)

ስልክ ቁጥር 0911952711

ኢ-ሜል: alehegn16@gmail.com

እድሜዓቸው ከ15-17 ለሆኑ ፈቃድ መጠየቂያ ቅጽ

ጤና ይስጥልኝ ስሜ-----ይባላል። በጥናቱ ውስጥ በመረጃ ሰብሳቢነት ነው የምሠራው። የጥናቱ አላማ ወሲብ ቀስቃሽ ለሆኑ ነገሮች የወጣቶች ተጋላጭ መሆንና ካለ ዕድሜ ለሚጀመር ዎሲባዊ ግንኙነት ያላቸውን ተፅዕኖ እንዲሁም ሌሎች ወሲባዊ ግንኙነቱን ተከትለው ስለሚመጡ የስነ ተዋልዶ የጤና ችግሮችን ለማወቅ በአለኸኝ ከተማ በአ/አ ዩንቨርስቲ የህ/ሰብ ጤና ክፍል የድህረ ምረቃ ኘሮግራም የሚካሄድ ጥናት ሲሆን ጥናቱ የሚካሄደው በ 2008 ዓ.ም በአዲስ አበባ ከተማ ወስጥ ትምህርታቸውን በመከታተል ላይ በሚገኙ የመሰናዶ ተማሪዎች ላይ ነው።

በዚህ መጠይቅ ውስጥ የተለያዩ ንዑስ ክፍሎች ያሉት ጥያቄዎች የተካተቱ ሲሆን በመጠይቁ ውስጥ በጣም ሚስጢራዊ የሆኑ እና ግላዊ የሆኑ ጉዳዮች ተካተዋል።።ተሳትፎው በፈቃደኝነት ላይ የተመሠረተ ነው ነገር ነገር ግን ያለህን/ሽን ተሞክሮ ብታካፍሉን የጠቀስናቸውንና ሌሎችንም የወጣቶች እና ታዳጊዎች ችግር ለመፍታት እጅግ በጣም ጠቃሚ ነው።።ጥያቄውን ለመሙላት ሰላሳ ደቂቃ ያህል ሊወስድ ይችላል።

ጥናቱን አስመልክቶ የምትሰጠው/ጪው ማንኛውም መረጃ በሚስጢር የሚጠበቅ በመሆኑ በማንኛውም መንገድ ለሶስተኛ አካል አሳልፎ አይሰጥም ወይም አይጋለጥም፤ ማንነትህ/ሽ እንዳይታወቅም ስም በጥያቄው ወረቀት ላይ አይመዘገብም እንዲሁም የሰጠሽው/ሽው ምላሽ ለቤተሰብ ኤነገርም። ይሁን እንጂ በጥናቱ ላይ በመሳተፍህ/ሽ የተለየ ጥቅም አይኖርም። ነገር ግን በጥናቱ ላይ በመሳተፍህ/ሽ እና ለሚጠየቁት ጥያቄዎች በዕውቀት ላይ የተመሠረተና ተገቢ የሆነ መረጃ መስጠትህ/ሽ በወጣቶች ስርአተ-ተዋልዶ ዙሪያ ላይ ለሚዎጡ ፖሊሲዎች፤ ለሚደረጉ ማሻሻያዎች እንዲሁም አገልግሎቶች መስፋፋት ከፍተኛ አስተዋጽኦ ያበረክታሉ።በመጨረሻም ለሚሰጡት ለየትኛውም አይነት ምላሽ አመሰግናለሁ።

በጥናቱ ላይ ማናቸውም የሚያስጨንቅ ወይም የማይመችህ/ሽ ነገር ካለ በማናቸውም ጊዜ አሳውቆ ማቋረጥ ይቻላል።።ጥናቱን ማቋረጥ ከፈለግህ/ሽ ማንም ሊረብሽህ ወይም ሊያስገድድህ አይችልም እንዲሁም ጥያቄ መጠየቅ ከፈለግህ/ሽ በማናቸውም ጊዜ መጠየቅ በተጨማሪም ከወላጅ ጋር መነጋገር ይቻላል። በመጨረሻም በጥናቱ ለመሳተፍ ፈቃደኛ ከሆንህ/ሽ ከታች በተሰጠው ክፍት ቦታ ፈርም/ሚ

የጥናቱ ተሳታፊ ስምና ፊርማ
ቀን

የመረጃ ሰብሳቢ ስምና ፊርማ
ቀን

መጠየቅ (ማነጋገር) የምትፈልጉት ነገር ካለ ፤- አለኸኝ ከተማ (የጥናቱ ባለቤት)
ስልክ ቁጥር 0911952711 ኢ-ሜል: alehegn16@gmail.com

ክፍል-2: ወሲባዊ ይዘት ስላላቸው የመገናኛ ውጤቶች (ጋዜጦች፣ ፊልሞች፣ ድረ-ገፅ፣ መፅሐፍትና ቪዲዮዎችን ይመለከታል)

2.1	ወሲብ ቀስቃሽ የሆኑ የመገናኛ ውጤቶችን አይተህ/ሽ ታውቃለህ/ቂያለሽ ?	1.አዎ 2.አይቼ አላውቅም መልሱ የለም ከሆነ ወደ ጥያቄ 2.14 ተሻገር/ሪ	
2.2	ምን አይነት የወሲብ ትዕይንቶችን ያገኛቸውን ማየት ትመርጣለህ/ሽ	1. ሀይል የተቀላቀለበት/ማስገደድ ያለበት 2. ከ18 አመት በታች/ሀፃናት ያለበት 3. የአዎቂዎች 4. የፍቅር ይዘት ያላቸውን 5. ሌላ ካለ ይገለፅ	
2.3	ለምን ያህል ጊዜ ወሲብ ቀስቃሽ የሆኑ የመገናኛ ውጤቶችን ታያለህ/ሽ ወይም ታነባለህ/ሽ?	1.በየቀኑ 2.በሳምንት ከ3-4 ጊዜ 3.በወር ከ1-4 ጊዜ 4.አልፎ አልፎ አልፎ	
2.4	እነዚህን ወሲብ ቀስቃሽ ነገሮችን ስታይ እድሜህ/ሽ ስንት ነበር?	_____ ዓመት	
2.5	ምን አይነት የወሲብ ትዕይንቶች ያሉባቸውን ማየት ትመርጣለህ/ሽ	1. ሀይል የተቀላቀለበት/ማስገደድ ያለበት 2. ከ18 አመት በታች/ሀፃናት ያለበት 3. የአዎቂዎች 4. የፍቅር ይዘት ያላቸውን 5. ሌላ ካለ ይገለፅ	
2.6	ከማን ጋር ነው አብዛኛውን ጊዜ እነዚህን ትዕይንቶች ያየህ/ሽ?	1. ብቻየን 2. ከጓደኛ ጋር 3. ከቤተሰብ አባሌ ጋር 4. ሌላ ካለ ይገለፅ	
2.7	የምታገኝበት ምንጭ ከምንድነው? (ከአንድ በላይ መልስ መስጠት ይቻላል)	1. ከእንቴርነት 2. ከቪዲዮዎች 3. ከጋዜጣ 4. መጫወቻ ጌሞች 5. ከፉልምና ቪዲዮ ክሊፖች 6. ሌላ ካለ ይገለፅ	
2.8	የወሲብ ትዕይንት የሚያሳዩ ነገሮችን የማግኛ ምንጭ የሞባይል ስልክ ከሆነ ከየት ነው ስልኩን ያገኘህ/ሽ?	1. በራሱ/ የግል ስልክ ላይ 2. ከጓደኛ ስልክ 3. ከቤተሰብ አባል የሞባይል ስልክ 4. ሌላ ካለ ይገለፅ	
2.9	የወሲብ ትዕይንት የሚያሳዩ ነገሮች የማግኛ ምንጭ ቪዲዮ ስዲዎች ከሆኑ የት ነው ያየሽ/ሽ?	1. በመኖያ ቤቱ ውስጥ 2. ቪዲዮ ቤት 3. ጓደኛ ቤት 4. ሌላ ካለ ይገለፅ	
2.10	የወሲብ ትዕይንት የሚያሳዩ ነገሮች የማግኛ ምንጭ ኢንቴርነት ከሆነ ከየት ነው ያየሽ/ሽ?	1. ከሞባይል ስልክ 2. ከኢንቴርነት ቤት 3. ሌላ ካለ ይገለፅ	
2.11	እንቴርነት የሚሰራ የግል ስልክ አለህ/ሽ?	1. አለኝ 2. የለኝም	
2.12	በአሁኑ ሰዓት የወሲብ ፊልም ወይም ተመሳሳይ ፍቶ በስልክህ/ሽ ውስጥ አለ?	1. አዎ 2. የለም መልሱ የለም ከሆነ ወደ ጥያቄ 2.14 ተሻገር/ሪ	
2.13	ለ --- የጥያቄ ቁጥር መልስህ/ሽ አዎ ከሆነ እነዚህን ነገሮች ከየት ነው ያገኘህ/ሽ?	1. ከኢንቴርነት ዳውንሎድ በማድረግ 2. በብሉቱዝ በመቀባበል 3. ሌላ ካለ ይጠቀስ	
2.14	የፌስቡክ አካውንት አለህ/ሽ?	1. አዎ/አለኝ 2. የለኝም መልሱ የለም ከሆነ ወደ ጥያቄ 2.18 ተሻገር/ሪ	
2.15	ለ --ጥያቄ መልስህ/ሽ 'አዎ' ከሆነ	1. በቀን ከአንድ ጊዜ በሊይ	

	በምን ያህሌ ጊዜ ነው ፌስቡክ የምትጠቀሙት/ሚው?	2. በቀን አንዴ 4. በአጋጣሚ 5. ሌላ ካለ ይጠቀስ-----	3. በሳምንት አንዴ
2.16	በፌስቡክ የወሰነ ትዕይንት የሚያሳይ ነገር አጋጥሞ/ሽ ያውቃል?	1. አዎ	2. አላጋጠመኝም
2.17	ለ 216 ጥያቄ መልስ/ሽ 'አዎ' ከሆነ ፈልገኸው/ሺው ነበር ያየኸው/ሺው	1) አዎ	2) አይደለም
2.18	እነዚህን ወሲባዊ ይዘት ያላቸውን የመገናኛ ውጤቶች ከተመለከትክ/ሽ በኃላ በተግባር ፈፅመኸው/ሽው ታውቃለህ/ቂያለሽ?	1.አዎ	2.አልፈፀምኩም

ክፍል-3 :-ስለ ወጣቶች ስነ ተዋልዶ ባህሪ

አሁን ስለ ግላዊ ስነተዋልዶ ባህሪ/ሽ ነው የምጠይቅህ/ሽ። ከዚህ በታች ያሉት ጥያቄዎች ምስጢራዊና ግላዊ እንደመሆናቸው መጠን ማንነትህ/ሽ እንዳይታወቅ ስም በጥያቄው ወረቀት ላይ አይመዘገብም ስለዚህ በግልጽ እንድትመልስልኝ/ሺልኝ በትህትና እጠይቃለሁ!

3.1	ማንኛውንም አይነት ወሲብ ፈጽመሽ/ህ ታውቁአለሽ/ቃለህ?	1.አዎ የለም(አድርጌ አላውቅም) መልሱ የለም ከሆነ ወደ ጥያቄ 3.3 ተሻገር/ሪ	2
3.2	ለምን ግብረሰጋ ግንኙነት እንዳለደረግህ/ሽ ልትገልጽልኝ/ጪልኝ ትችላለህ/ዩአለሽ ?	1.አይምሮዬን አላዘጋጀሁትም 2.እርግዝና ይከሰትብኝ/ ይከሰትባት ይሆናል ብዬ ስለምፈራ 3.የምፈልገውን ሰው ስላላገኘሁ አላገኘሁም 5. በሽታ በመፍራት (ሃይማኖቱ) ስለማይፈቅድ 7. በቤተሰብ ተጽእኖ ገና ነው 9. ሌላ ካለ.....	4.እድሉን 6.እምነቴ 8. ዕድሜዬ
3.3	ማንኛውንም አይነት ወሲብ ግንኙነት ስትፈፅሚ/ም እድሜሽ/ህ ስንት ነበር?	-----ዓመት	
3.4	በመጀመሪያ ጊዜ ወሲብ ስትፈጽም/ሚ ምክንያት የሆነህ/ሽ ምንድን ነው?	1 ተደፍራ/ተገድጄ 3 ገንዘብ ለማግኘት(ድህነት) ፍላጎት አንጻር 5 ስለ ፍቅር ብዬ 6 ፍቅረኛዬ ስለ ገፋፋኝ/ችኝ ፍቅረኛ ስላላቸው እና እንደዛ ስለሚያደርጉ 7.እድሜዬ ስለደረሰ ፈልጌ ነው ተሸውጄ ነው 9.በማያቸውፊልሞችተገፋፍቼ 10 አልኮል ወስጄ ሞቅ ብሎኝ ስለነበር ለማወቅ/ለመሞከር ነው 11.ስጦታ ስለተሰጠኝ የወንድ/የሴት ግፊት 13 ሌላ ካለ ይገለጽ.....	2 ጋብቻ 4 ካለኝ 8.

3.5	ለመጀመሪያ ጊዜ ግብረ ስጋ ግንኙነት አብረህ/ሽ ካደረገው/ላት ወንድ/ሴት ጋር ግንኙነታችሁ ምን ነበረ?	1. ሚስት/ባል (አብር/ራኝ የሚኖር/ምትኖር) 3. ፍቅረኛ (አብረ አንኖርም) 4. ባጋጣሚ ተገናኝተን 5. ዘመድ 6. መምህር 7. ሌላ ካለ ይጠቀስ..... 8. አላስታወስም	2. ፍቅረኛ	
3.6	ምን አይነት ግብረ ስጋ ግንኙነት ፈፅመሽ/ህ ታወቁአለሽ/ህ?	1. በብልት የሚፈጸም ወሲብ 2. በአፍ የሚፈጸም ወሲብ 3. በፊንጥጣ የሚፈጸም ወሲብ 4. ሌላ ካለ ይገለጥ		
3.7	ለመጀመሪያ ጊዜ ግብረ ስጋ ግንኙነት ስትፈጽም/ሚ ኮንዶም በአግባቡ ትጠቀም/ሚ ነበር?	1. አዎ 2. የለም		
3.8	ለመጀመሪያ ጊዜ ግብረ ስጋ ግንኙነት ስታደርጉ ፍቅረኛህ/ሽ ወይም አንተ/ቺ ወሊድ መቆጣጠሪያ ተጠቅማችሁ ነበር?	1 አዎ 2 አልተጠቀምንም 3 አላስታወስም		
3.9	ለመጀመሪያ ጊዜ ወሲብ ስትፈጽም/ሚ የትኛውን አይነት የወሊድ መቆጣጠሪያ ዘዴ ነበር የተጠቀማችሁት?	1 ኮንዶም ብቻ 2 የሚዋጡ እንክብሎች መርፌ 4 በማህጸን የሚገባ ሎፕ 5 በተፈጥሮ መከላከያ ዘዴ (ይጠቀስ).....	3	
3.10	ወሊድ መቆጣጠሪያ ዘዴውን የተጠቀማችሁት ለምን ነበር?	1 እርግዝናን ለመከላከል 2 የአባልዘር በሽታን ለመከላከል 3 ሁለቱንም ለመከላከል		
3.11	ለአለፉት 12 ወራት ማንኛውንም አይነት ወሲብ ፈጽመሽ/ህ ታወቁአለሽ/ህ?	1. አዎ 2. የለም (አድርጌ አላውቅም)		
3.12	ባለፉት 12 ወራት ውስጥ ስንት ጊዜ ማንኛውንም አይነት ወሲብ አድርገህ/ሽ ታወቃለህ/ቱአለሽ?	1. አንዴ ወይም ሁለቱ 2. ለጥቂት ጊዜ ብቻ (በአመት ለጥቂት ጊዜያት ብቻ) 3. አልፎ አልፎ (በወር ውስጥ ከ1-4 ጊዜ) 4. በየሳምንቱ 5. እርግጠኛ አይደለሁም 6. ሌላ ካለ ይገለጥ		
3.13	ባለፉት 12 ወራት ውስጥ ወሲብ ስትፈጽም/ሚ ኮንዶም በአግባቡ ትጠቀም/ሚ ነበር?	1. አዎ 2. የለም		
3.14	ባለፉት 12 ወራት ውስጥ ግብረ ስጋ ግንኙነት ስታደርገህ/ህ ምን ያህል ጊዜ ኮንዶም በአግባቡ ትጠቀም/ሚ ነበር?	1 ሁል ጊዜ 2 ብዙ ጊዜ 3 አልፎ አልፎ 4 አንዳንድ ጊዜ		
3.15	ለአለፉት 12 ወራት ማንኛውንም አይነት ወሲብ ከስንት ሰዎች ጋር ፈጽመሻል/ህል?	-----		
3.16	በአጠቃላይ በህይወት ዘመንህ/ሽ ከስንት ሴቶች/ወንዶች ጋር ማንኛውንም አይነት ወሲብ አድርገሃል/ሻል?	1. ከ..... ሴቶች/ወንዶች ጋር 2. አላስታወስም		

ክፍል-4 :-የሰነ ተዋልዶ ዕውቀት

አሁን ስለ ስነተዋልዶ ያለሽ/ህን ዕውቀት ነው የምጠይቅህ/ሽ። ከዚህ በታች ያሉት ጥያቄዎች ምስጢራዊና ግላዊ እንደመሆናቸው መጠን ማንነትህ/ሽ እንዳይታወቅ ስም በጥያቄው ወረቀት ላይ አይመዘገብም ስለዚህ በግልጽ እንድትመልስልኝ/ሽልኝ በትህትና እጠይቃለሁ!

4.1	በግብረ ስጋ ግንኙነት ምክንያት ሊመጡ የሚችሉ በሽታዎች ይኖራሉ?	1.አዎ 2.የለም 3.አላውቅም	
4.2	የአባላዘር በሽታ ምልክቶች ምን ምን ናቸው ? (ከ አንድ በላይ መልስ ሊኖረው ይችላል)	1.ክብልት የሚወጣ ፈሳሽ 2.ሽንት ሲሸና የማቃጠል ስሜት/ህመም 3.በብልት አካባቢ የሚታይ ቁስለት 4. ሌላ ይጠቀስ..... 5.ምንም ምልክት አላውቅም	
4.3	አንድ ወጣት የአባላዘር በሽታ እንዳይዘው ለመከላከል ምን ማድረግ ይኖርበታል ?(ከ አንድ በላይ መልስ ሊኖረው ይችላል)	1 መታቀብ 2 በአንድ መወሰን 3 ኮንዶም መጠቀም 4 ብልትን መታጠብ/ ግብረ ውሃ 5 የባህል መድኃኒት መጠቀም 6 ሌላ ካለ ይጠቀስ.....	

ክፍል-5: የሰነ ተዋልዶ የጤና ችግሮችን የሚዳስስ ጥያቄ (ወሲብ መፈጸም ጀምሮ/ራ ከሆነ ብቻ)

5.1	ወሲብ ከመፈጸምሽ/ህ ጋር ተያይዞ ችግር አጋጥሞሽ /ህ ያወቃል?	1.አዎ 2.የለም (አጋጥሞኝ አያወቅም)	
5.2	ምን አይነት ችግር ነበር ያጋጠመሽ/ህ?	1.ያባላዘር በሽታዎች(ለምሳሌ የብልት ፈሳሽ፣ መቁሰል ወዘተ....) 2.ከቤተሰብ ጋር ግጭት 3.ትምህርት ማቋረጥ 4.ሌላ ካለ ይገለጽ.....	
በሌቶች ብቻ የሚመለስ			
5.3	እርግዝና አጋጥሞሽ/ አርግዘሽ ታውቋለሽ?	1 አዎ 2 የለም መልሱ የለም ከሆነ ወደ ጥያቄ 5.3 ተሻገር/ሪ	
5.4	ስንት ጊዜ አርግዘሻል?ጊዜ	
5.5	እድሜሽ ስንት ነበር ለመጀምሪያ ጊዜ ስታረግጥ?	1.....አመት	
5.6	እርግዝናው ያልተፈለገ ወይም ያልታሰበ ነበር ?	1 አዎ 2 የታሰበ ነበር	
5.7	የእርግዝናው ውጤት ምን ነበር ?	1 አሁን እርጉዝ ነኝ/ነች 2 ውርጃ ነበር 3 ልጅ ወልጄ/አለሁ /ወልዳለች 4 ሌላ ካለ ይገለጽ.....	
5.8	ውርጃ አጋጥሞሽ ያወቃል ?	1 አዎ 2 አያውቅም	
በወንዶች ብቻ የሚመለስ			
5.9	የፍቅር(የወሲብ) ጉዳዮችህን	1 አዎ 2 የለም	

	አስረገዘህ ታውቃለህ?	መልሱ የለም ከሆነ ወደ ጥያቄ 5.9 ተሻገር/ሪ	
5.10	ለስንት ጊዜ አስረገዘህ ታውቃለህ?ጊዜ	
5.11	እድሜህ ስንት ነበር ለመጀምሪያ ጊዜ ስታስረገዝ?	1.-----ዓመት 2. አላውቅም	
5.12	እርግዝናው ያልተፈለገ ወይም ያልታሰበ ነበር ?	1 አዎ 2 የታሰበ ነበር	
5.13	የእርግዝናው ውጤት ምን ነበር ?	1 አሁን እርጉዝ ነኝ/ነች 2 ውርጃ ነበር 3 ልጅ ወልጄ/አለሁ /ወልዳለች 4 ሌላ ካለ ይገለጽ.....	
5.14	የፍቅር(የወሲብ) ጉዳዩን ውርጃ አጋጥሟት ያውቃል?	1 አዎ 2 አያውቅም	
5.15	እርግዝና አጋጥሞሽ/ አርግዘሽ ታውቂያለሽ?	1 አዎ 2 የለም	
5.16	ስንት ጊዜ አርግዘሻል?ጊዜ	
5.17	እድሜሽ ስንት ነበር ለመጀምሪያ ጊዜ ስታረገገር?	1.....ዓመት 2. አላውቅም	
5.18	እርግዝናው ያልተፈለገ ወይም ያልታሰበ ነበር	1 አዎ 2 የታሰበ ነበር	
5.19	የእርግዝናው ውጤት ምን ነበር ?	1 አሁን እርጉዝ ነኝ/ነች 2 ውርጃ ነበር 3 ልጅ ወልጄ/አለሁ /ወልዳለች 4 ሌላ ካለ ይገለጽ.....	
5.20	ውርጃ አጋጥሞሽ ያውቃል ?	1 አዎ 2 አያውቅም	
በጋራ የሚመለስ			
5.21	ውርጃው በሰው ተነክቶ ነው ወይስ በራሱ/በተፈጥሮ ነው የተከሰተው?	1 ተነክቶ/በሃኪም 2 በራሱ/በተፈጥሮ	
5.22	ውርጃው እንዴት ነበር የተከናወነው?	1 ለራሱ/ሲመድኃኒት ወስጄ/ዳ 3.ሀኪም ባልሆነ ሰው ነበር 2 በሃኪም ነው 4.ሌላካለ ይጠቀስ.....	
5.23	ላለፉት 12 ወራት ከብልት የሚወጣ ፈሳሽ አጋጥሞህ/ሽ ያውቃል?	1.አዎ 2.የለም	
5.24	ላለፉት 12 ወራት በብልት አካባቢ የሚታይ ቁስለት አጋጥሞህ/ሽ ያውቃል	1.አዎ 2.የለም	

አመስግናለሁ !