



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

**Early sexual initiation and its associated factors
among youth in Addis Ababa, Ethiopia**

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Acronyms

HIV	Human Immune Deficiency Virus
AIDS	Acquired Immune Deficiency Syndrome
STD	Sexually Transmitted Disease
EDHS	Ethiopian Demographic and Health Survey
RH	Reproductive Health
WHO	World Health Organization
MDGs	Millennium Development Goals
FGD	Focus Group Discussion
STIs	Sexually Transmitted Infections
USA	United State of America
SD	Standard Deviation
AOR	Adjusted Odds Ratio
VCT	Voluntary counseling and testing
SRH	Sexual and reproductive health
CSW	Commercial sex worker
OR	Odds ratio

Abstract

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

Objective: To assess the magnitude of early sexual initiation and its associated factors among youths in Addis Ababa, April 2014

Methodology: A quantitative cross sectional facility based study supplemented with qualitative enquiry was conducted on a sample of 622 youth's attending youth centers in Addis Ababa. A systematic random sampling technique was applied to select the study participants. A pretested structured questionnaire was used to collect quantitative data while focus group discussions using semi-structured interviewer guide were used to generate qualitative information. Bivariate and multivariate analyses were done. Odds ratio with 95% confidence interval was estimated to identify predictors of early sexual debut using multivariable logistic regression analysis. Qualitative data were analyzed using thematic analysis.

Result: Early sexual initiation (sex before the age of 18yrs) among youth in Addis Ababa was 42%. Among youths who had history of sexual debut at early age thirty-seven percent of them didn't use condom at first sex and 44% of male participant had sex with commercial sex workers in their life time. Multivariate analysis:-Being female AOR = 4.46(1.41, 14.15), younger age group AOR= 3.20[1.50, 6.82], school attendance AOR=3.52(2.14, 5.79), reported pressure to have sexual intercourse AOR=2.18(1.13, 4.23), watching sex movies at early age AOR=7.27(3.65, 14.48) and using alcohol AOR=2.48(1.09, 5.63) were identified as independent predictors of early sexual initiation. Regarding consequences 37% of pregnancies were before the age of 18years. In addition, 47% of youths had history of STI in the past 12 month prior to survey.

Conclusions: This study indicates that a considerable proportion of youths engages in sexual activity at an early age and continues to practice risky sexual behaviors. Peer influence played a major role in youths sexual behaviors. Watching sex movies at younger age (15-19) and use of alcohol were found to be independent predictor of early sexual initiation. In order to protect youth from early sexual debut, schools should focus on promoting peer educators and the way of peer discussion. Strategies should be designed to control the use of alcohol and to restrict watching sex movies at early age.

1. INTRODUCTION

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

Adolescents and young adults have an increased interest in the opposite sex, highly concerned with physical and sexual attractiveness, and are frequently changing relationships. Besides, they are risk takers who are more likely to make decisions about the future without adequately considering the consequences (4)

Youth are highly exposed to all sorts of problems which go much deeper into different and complex issues and situations. The problems of youth arise from lack of understanding and proper response to the changes that occur during development, due to emotional behavior, and the lack of experience of the prevailing social system and its interactions. In order to be prepared and respond to problems related to adolescence it is necessary to acquire a comprehensive knowledge concerning adolescence (5)

As evidenced by different literatures early sexual debut among youths is influenced by a wide range of factors Including: -Age, sex, Residence, peer influence, parent youth communication concerning reproductive health, viewing pornographic, alcohol drinking, khat chewing, and ever having a boy or a girl friend were associated with increased sexual debut, while living with parents was associated with decreased pre-marital sexual debut.(6-10) early sexual debut increases young peoples' risk for infection with HIV and other STIs.

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

About 16 million adolescent girls aged 15–19 give birth each year, roughly 11% of all births worldwide and almost 95% of these births occur in developing countries.(13) Young girls in Ethiopia are more vulnerable to HIV than boys because of early age at sexual debut, early marriage, sexual abuse and violence such as rape and abduction.(14) Early childbearing has been linked to higher rates of maternal and child morbidity and mortality, truncated educational opportunities, and lower future family income, larger family sizes, which in turn may lead to greater population growth. (10, 15)

Rationale of the study

Early sexual initiation carries a significant health, socio economic and psychological hazards and that it can set the patterns for subsequent sexual and other bad behaviors. According to EDHS 2011 a quarter of all pregnant adolescents and young women (15-24 yrs) feel that their pregnancies are unintended (mistimed or unwanted). Higher rates of unintended pregnancy, abortion, HIV/AIDS and other sexually transmitted infections among youths make it crucial for a need to understand and assess the factors that are associated with early sexual initiation. The purpose of this study will help to assess the magnitude and factors associated with early sexual initiation among youths in Ethiopia particularly in the study area.

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

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

2. LITERATURE REVIEW

2.1 Early sexual initiation among youth

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

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

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

A cross-sectional data collected from school-based study conducted on a random sample of 210 female Lerner aged 14-24 years, living in Limbe urban area of Cameroon reported that, the majority (56.2%) reported being sexually active, and the mean age of first sexual intercourse was 15.5 years.60.2% were 16 years or less at their first sexual intercourse, denoting an early age of sexual debut. Twenty percent of sexually active respondents indicated that their first sex was forced. 33.3% respondents had multiple sexual partners in the past one year prior to this study. Of the sexually active respondents, 60.9% did not use condoms during their first sexual encounters. (18)

Among women age 25-49, 29% had first sexual intercourse before age 15, 62% before age 18, and by age 25 the majority of Ethiopian women (88%) had had sexual intercourse. The median age at first sexual intercourse for women age 25-49 years is 16.6 years, which is very close to the median age at first marriage of 16.5 years. This suggests that Ethiopian women generally begin sexual intercourse at the time of their first marriage.

The median age at first sexual intercourse has increased over the past two decades, from 15.6 years for women currently age 45-49 to 18.8 years for women currently age 20-24.

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

2.2 Factors associated with early sexual initiation

2.2.1. Socio- demographic characteristics

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

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

Across sectional survey among youth in Bahirdar revealed that out of 498 respondents 64.6% was females. More than four-fifth of the respondents (84.7%) was never married. The mean age of the study population was 21.5 years. Slightly more than half of the respondents (52.9%) were living alone in rented house without their family and the rest were living with family. Students who were living alone in rented house were about two times risk to have multiple sexual partners compared to students who live with their families.

More than half of the respondents (52.5%) got pocket money below average 296 Ethiopian birr per month, while 23.3% of the respondents got above 400 birr per month.(22)

2.2.2 Religiosity

Religiosity is another factor that may influence adolescents' decisions about sexual debut

Study done among female adolescents in University of Pittsburgh School of Medicine showed that, one third of respondents attended religious services once a week or more, while 21.9% never attended religious services.

Frequently attending religious services was significantly associated with sexual debut. Concerning the influence of religious beliefs on decisions about having sex, few reported that their religious beliefs affect them completely, while 47.2% reported no influence. Those who never had intercourse were more likely to report that their religious beliefs affected their decisions regarding sex.(21)

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

2.2.3 Knowledge about HIV, STI and Unintended pregnancy

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

Study done among adolescents in Machakal district, Northwest Ethiopia reported that, Majority of the adolescents 343 (91.5%) have ever heard about HIV/AIDS and listed unsafe sexual intercourse as the major way of acquiring the disease 198 (66.6%) followed by sharing sharp materials like needles and syringes 66 (22.2%); only 18 (5.9%) responded mother-to-child transmission as a route of acquiring the virus.

More than four-fifth of the adolescents, 279 (81.2%), responded as there were mechanisms through which STIs and HIV/AIDS could be avoided/prevented. (24)

2.2.4 Attitude towards early sexual debut

Study done in Uganda on factors associated with onset of sexual intercourse among adolescents reported that, disapproved sexual debut at early age was significantly associated with reduced odds of sexual onset.(23)

Study done on Age at first sex and its associated factors among youth in Dese, Ethiopia showed that, approval having sex while I am teenager would just be doing what everybody else is doing was significantly associated with sexual debut at early age.(8)

2.2.5 Peer pressure towards sexual initiation

Young people are most likely to gravitate and adapt the behavior of their peer groups, since this is the age where they are dominated by peer pressure than the family members. Peers influences also plays through peers beliefs about sexual behavior, youth beliefs about what his/her peers are doing, and peer support/caring for youth.

Study done on predictor of early sexual initiation among adolescents in France revealed that, deviant-peer involvement with initiation of sexual intercourse was two times higher among early sexual initiators than their counter part.(25)

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

2.2.6. Parental youth communication concerning reproductive health risk

Parental monitoring on adolescent sexual behavior has been serving as a dual prevention. Primarily, it avoids or delays the onset of risk behavior and secondly, it reduces the frequency of risk behavior in which youth are already involved. The influence on sexual activities starts with the gap of communication of parents and adolescents.

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

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

2.2.7. Substance use (alcohol and drug use)

Substance use increases the probability that an adolescent will initiate sexual activity, and relatively, sexually experienced adolescents are more likely to initiate substance use.

Study done in Newyork reviled that early sex was associated with an increased risk of alcohol/drug use at last sex among all ethnic groups. Alcohol/drug use was almost 4 times more likely among those who had early versus later sex. Early sex was more strongly associated with non use of condoms among Whites (27).

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

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

2.2.8. Exposure to sexual explicit media

Naturally adolescence is period that is characterized by intense information seeking especially about adult roles. But because of lack of readily available information about sexuality, they use media as sexual super peer which encourages them to be sexually active (31-32).

A study done in Zimbabwe on factors underlying early sexual initiation among adolescents showed that, media played a significant role in shaping adolescents' sexual activity. Films, pornographic books and novels, and internet have been recognized as underlying factors to early sexual debut among adolescents.(33) It also helps them "to break the silence" about sexuality at least in their own minds and in the course of their peer groups, which may lead them to engage in risky sexual behaviors.(34)

Study done among Jigjiga university students, 45.3% respondents participated in the study reported they have watched pornographic films. Out of these 21.5% watched it more than three times per week and 54.1% watched it once per week.71% of respondents who had sexual intercourse had watched pornographic films at the time of survey. Students who have watched pornographic films were 5.9 times more likely to engage in sexual intercourse than those who didn't.(35)

2.3 Reproductive health consequences of early sexual initiation

Study done in Newyork reviled that early sex was associated with a higher likelihood of pregnancy, with Whites who had early sex over 8 times more likely to report Pregnancy than those who had later sex (27)

Study done in University of Pittsburgh School of Medicine conducted a secondary analysis on data from a randomized controlled trial comparing intervention designed, among 572 female adolescents aged 13 to 21, among those who had been sexually active, approximately 12% had ever been pregnant and 17% ever had an STI.(21)

Study done risky sexual practices among youth attending a sexually transmitted infection clinic in Dares Salaam, Tanzania showed that, the prevalence of STIs was; gonorrhea 0.68%, syphilis 1.4%, candidacies 2.0%, pelvic inflammatory disease (PID) 5.7%, genital ulcer disease 13.7% and vaginal discharge syndrome 23.0%.(36)

Study done in Ethiopia reported that, there was 58% of pregnancy at early age (<18yrs), from these 70.8 percent of pregnancy was unwanted. And also 68.4 percent of pregnancy ended up with abortion. The likelihood of developing sexual transmitted disease were two times higher for early initiator than late initiators.(8)

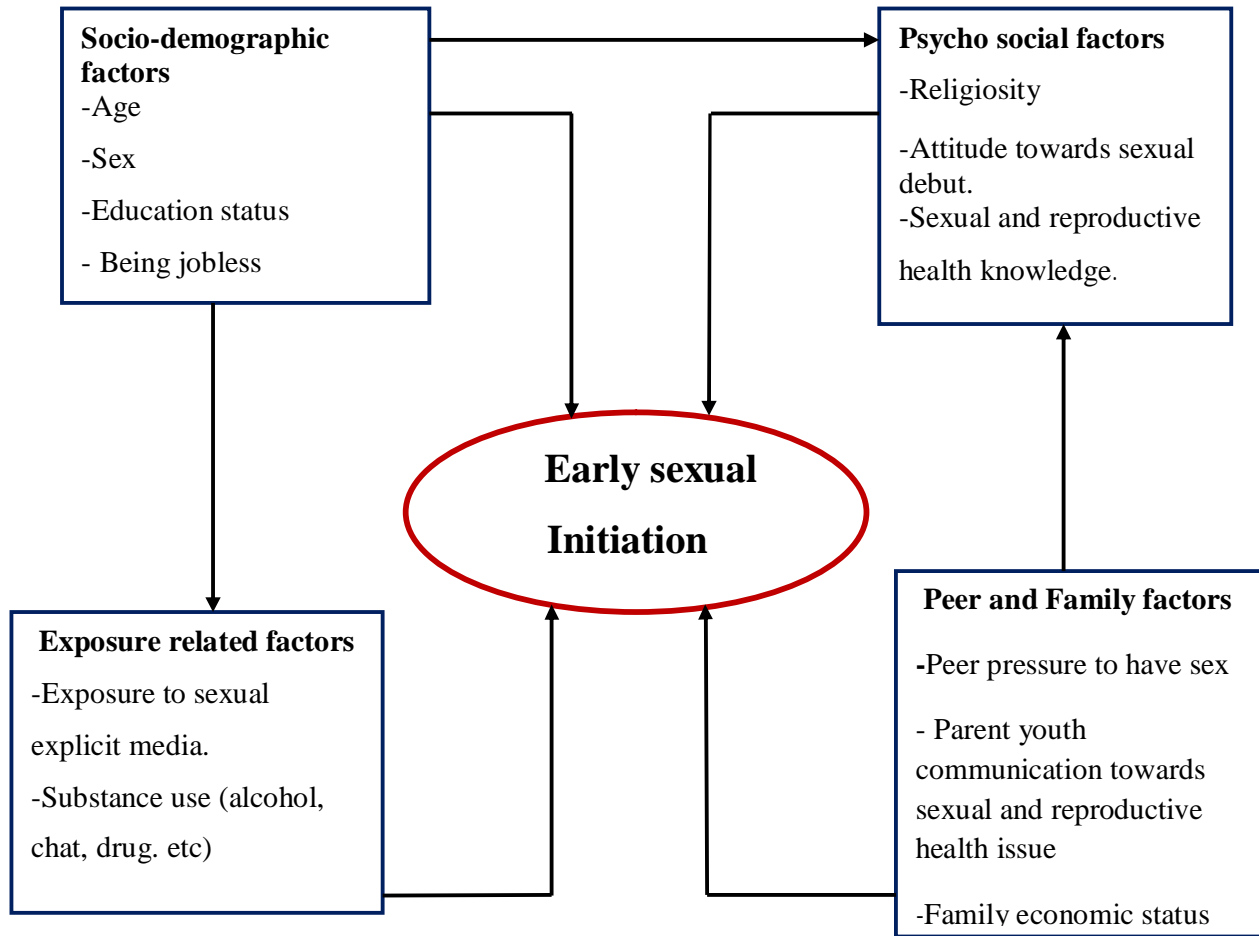


Figure 1. Conceptual framework

Analytical framework for the study of early sexual initiation and its associated factors among youth in Addis Ababa, 2014

Source: Adopted by reviewing different literatures

3. OBJECTIVES

3.1. General Objective

To assess the magnitude of early sexual initiation and its associated factors among youths attending youth centers in Addis Ababa

3.2. Specific Objectives

1. To measure the magnitude of early sexual initiation among youth attending youth Centers in Addis Ababa
2. To identify factors associated with early sexual initiation among youth attending youth Centers in Addis Ababa
3. To describe reproductive health consequences of early sexual initiation among youth attending youth centers in Addis Ababa

4. METHODOLOGY

4.1. Study area: The study was conducted from January to February 2014, in government Youth centers 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 with estimated population of 3, 038,096 million among which Youths (age group 15-24) are estimated to be 29% .Totally there are 44 hospitals of which 6 public, 36 private and 2 NGO hospitals. There are 52 Health Centres (of which 45 are public and 7 are NGO health centres) and also more than 700 clinics, and 500 Drug vendors. There are 74 functional youth centers in all sub cities which gives provision of services for youths like VCT and ICT service, library, cafeteria, DSTV, shower service and others.

4.2. Study design

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

4.3. Source Population

All Youths in the age group 15 to 24 years who are residing in Addis Ababa

4.4. Study population

Sampled youths aged 15 to 24 years attending the youth center during the study period

Inclusion criteria

Youth's age group 15-24 years who attend the youth center at the time of data collection

Willing to participate in the study

Exclusion criteria

Youths who were unable to speak and hear

Youth who leaves out of Addis Ababa but visited the youth centers at the time of data collection.

4. 5. Sample size determination

4.5.1. Quantitative method

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

Table 1 Sample size determination using factors for early sexual initiation among youth in

Addis Ababa, Ethiopia

Variable	Early sexual initiation		OR	Ratio	CI 95%	Power	Sample size		Total sample size
	Unexposed	Exposed					unexposed	Exposed	
Age	20-24	15-19	2.0	1/1	✓	80	149	149	298
Ref (8)	50.8	67.37							
Peer pressure	No	Yes	2.55	1/1	✓	80	92	92	184
Ref (37)	55.7	76.2							
Drink alcohol	No	Yes	2.16	1/3	✓	80	82	246	328
Ref (8)	35.9	49.83							
Drug use	No	Yes	2.05	3/1	✓	80	270	90	360
Ref (8)	35.9	53.45							

On the other hand, Determination of the sample size was according to a previous study, done in South west Ethiopia among youths considering the prevalence of early sexual initiation to be 56.9%(7).Marginal error (0.05), non response rate of 10% with 95% confidence limit The power of the study is 80% with alpha of 5% Based on these assumptions the total samples size will be estimated using a single population proportion formula.

$$n = \frac{(Z_{\alpha/2})^2 P (1-P)}{(d)^2} = \frac{(1.96)^2 0.569 (1-0.569)}{(0.05)^2}$$

376.84

As the highest sample size of determinants was lower (360) than sample size using single population proportion for prevalence of early sexual initiation. Then the sample size was determined using single population formula of 376.84. By adding 10% of non response rate and design effect of 1.5 the total sample size were **622**.

4.5.2. Qualitative methods

For qualitative method the minimum number of youths planned to be interviewed in one group of FGD were eight. Finally selection was continued until the saturation of the information.

4.6. Sampling procedure

4.6.1 Quantitative methods

There are 74 functional youth centers which give services for youth from 10 sub cities of Addis Ababa. By using simple random sampling youth centers found in five sub cities will be selected from 10 sub cities by lottery method. Then from each sub cities five youth centers will be randomly selected using simple random sampling method .The calculated sample size will be used to take on study subjects from the selected youth centers using proportional to the unit client size. Systematic random sampling procedure was used to select eligible participants from each youth centers. Every “10th youth age from 15-24 coming for youth center services were selected.” K” was calculated by dividing the total number of youths coming for youth center services within a month prior to data collection by the total sample size.

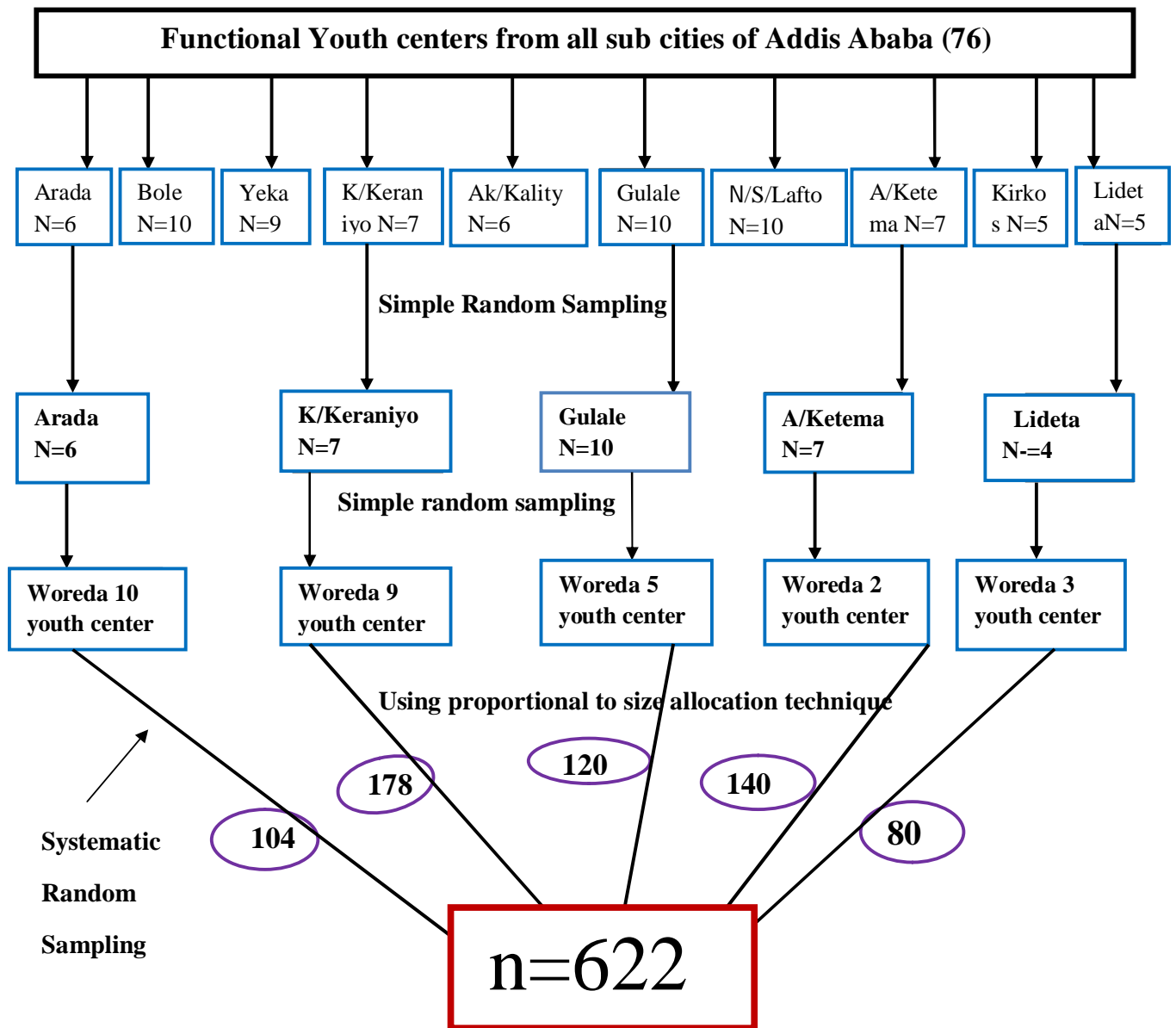


Figure 2: Schematic presentation of the sampling procedure used in the study,

Addis Ababa, Ethiopia, 2014

4.6.2. Qualitative methods

Purposive sampling procedure was applied to select the study participants using different Criteria like age and sex. Selection of participants of the FGD were carried out from the selected youth centers where quantitative data was taken but participants of the qualitative interview were different from those who participated in the quantitative data collection.

4.7. Data collection tools and procedure

4.7.1. Quantitative part

The quantitative data were collected using structured questioner. It was prepared in English then translated into Amharic language, for the data collection purpose, and back to English again in order to maintain the validity of the Instrument. The administration of the questionnaire were facilitated by two professional supervisors (BSC) and field by five data collectors (diploma nurse).Face to face interview was used and the interviewers were female gender in order to decrease embarrassment especially females as some of the questions are about personal sexual lifestyle issues.

4.7.2. Qualitative part

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

4.8. Data quality management

To ensure the quality of the data first training of the data collectors and their supervisors were undertaken for one day by the principal investigator on the objectives, relevance of the study, methods interviewing, confidentiality of information and informed consent. The data collection tool was prepared in English, translated in to Amharic, and then back to English to check its consistency.

Pre test was done before the actual data collection work to see for the accuracy of responses and to estimate time needed and the questionnaire was adjusted accordingly. Five data collectors who have diploma in nursing were used as data collectors.

4.9 Data processing and analysis

After the data collection is completed; the quantitative data was checked for completeness and consistencies, then entered and cleaned using EPI Info version 3.5.3 statistical software and exported to SPSS 21 for analysis. Data were presented using frequency tables. Bivariate analyses were done to examine the association between outcome variable and each explanatory variable of the study while multivariate analyses were employed to identify independent predictors of early sexual initiation and to control for all possible confounders using binary logistic regression. Odds ratio with 95% confidence interval was estimated to measure the strength of the association. For the qualitative part, analysis was done using the thematic content approach by using open code software. Qualitative responses were read for emergent themes and then be coded. Maximum care was taken so that codes capture the meaning of each respondent as accurate as possible.

4.10. Measurement variables

Independent variables

- Socio demographic characteristics: -Age in completed years
 - Sex and marital status of youths
 - Educational status of youth
 - Availability of paid job and economic status
- Attitude of youth towards sexual debut
- Sexual and reproductive health knowledge
- Parent youth communication on sexuality and reproductive health
- Peer influence on sexual matters
- Religious influence
- Substance use like:-drug, Alcohol, khat...
- Exposure to sexual explicit media

Dependent Variables

- Early sexual initiation

4.11. Operational definitions

Youth: Those 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

Knowledge about HIV/AIDS: for each close ended knowledge question, if respondents responded three Prevention and three transmission methods of HIV

Knowledge about STI: for each close ended knowledge question, if respondents responded two Prevention and two transmission methods of HIV

Alcohol use: If he/she responds yes to the question ‘Have you ever drunk alcohol in your life?’

Then follow up questions were employed to collect information such as drinking in the past one year and frequency of drinking.

Current alcohol use is defined as use of alcohol at least once during the past 30 days before the Survey

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

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

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

4.12. Ethical consideration

Ethical approval for the research was obtained from Addis Ababa University, College of Health Sciences, and School of Public Health Research Ethics Committee. Official letters written by the university was given to City government of Addis Ababa women’s, children and youth Affairs Bureau and to the respected youth center administrator. So that permission could be secured at all levels. The respondents were given the necessary explanation about the purpose and the procedure of the study and their right to participate or not to participate in the study. Confidentiality of the information was assured by omitting names of study participants from the questionnaire and respondents were interviewed separately to maintain their privacy.

4.13 Dissemination of results

Final result of this paper will be given to School of Public Health, Addis Ababa Health Bureau and City government of Addis Ababa women’s, children and youth Affairs Bureau and also given for the sponsor and others governmental and non-governmental organization responsible in Youth reproductive Health Services. Publication in a reputable journal and presenting it in conferences will be considered.

5. RESULTS

5.1 Quantitative part

5.1.1 Socio demographic characteristics of respondents

Out of the total 622 youths age 15-24 years, 598 participated in this study making the response rate of 96%.The median age was 20 years, range 15-24 years. Seventy nine percent of respondents were males. Orthodox Christianity was the dominant religion consisting of 496(83%).Eighty four percent of youth acquired secondary and above education. Fifty percent are currently enrolled in school, and 53% involved in some kind of paid job with mean monthly earning of 1546 birr (SD of 1230 birr). Of those who had job for pay 27% earn less than1300 Ethiopian Birr. 395 (66%) of participants grew up with both biological parent up to age 14. Regarding family income 304(51%) earn less than 2000 Birr. (Table 2)

Table 2 Socio demographic characteristics of youths in Addis Ababa, May 2014

Variable	Frequency(n=598)	Percent
Age		
15-19	264	39.1
20-24	334	55.9
Sex		
Male	473	79.1
Female	125	20.9
Educational status		
No formal education	18	3.0
Primary	80	13.4
Secondary	17	36.3
Above secondary	282	47.3
Currently in school		
Attending school	300	50.2
Out of school	298	49.8
Religion		
Orthodox	496	82.9
Muslim	47	7.9
Protestant	48	8.0
Others (Catholic and wake feta)	7	1.2
Attend church		
Yes	521	87.1
No	77	12.9

Frequency of attending church		
Daily	111	18.6
More than twice in a weak	123	20.6
Once a weak	156	26.1
Once in two weak	42	7.0
Once a month	108	18.1
Job for pay		
Yes	317	53.0
No	281	47.0
Monthly income of youth (n=317) *		
Less than 1300ET	155	48.9
Greater than 1300 ETB	162	51.1
House hold income **		
Less than 2000 ETB	304	50.8
Greater than 2000 ETB	294	49.2

*-Using the median of monthly income of youth

** -Using the median of house hold income

5.1.2 Knowledge of Youths about Pregnancy, STI and HIV

Five hundred eighty eight (98.3%) of youths reported that they knew about disease transmitted through sexual intercourse. Furthermore, 20.6% were able to list at least three ways of transmission of HIV and also 30% of respondents able to list three or more ways of prevention of HIV. In addition 72% of youths were able to list a single or no sign and symptom of STIs. On the other hand, 16.1 % respondents believed that douching can prevent both HIV and other sexual transmitted infections. 24.2% of youths knew about emergency contraception to prevent unintended pregnancy. (Table 3)

Table 3. Knowledge about HIV, STI and unintended Pregnancy among youth in Addis Ababa, May 2014

Variables	Frequency	Percent
Do you know any diseases transmitted through sexual intercourse? (n=598)		
Yes	588	98.3
No	10	1.7
Knowledge about how to transmit HIV(n=588)		
Less knowledgeable	475	79.4
High knowledgeable	123	20.6
Knowledge about HIV preventive Measure (n=588)		
Less knowledgeable	437	73.1
High knowledgeable	161	26.9
Knowledge about STI Symptoms(n=588)		
Less knowledgeable	433	72.4
High knowledgeable	165	27.6
Misconception about ways of HIV/STI Prevention (n=588)		
Douching/washing	96	16.1
Sharing items	16	2.7
French kissing	11	1.8
Mosquito bite	10	1.7
Knowledge about post pill within 72 hours		
Yes	145	24.2
No	453	75.8

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

Three hundred forty nine (58.4 %) of youths have been encouraged by friends/peers to have boy friend or girl friend. Moreover, 290 (48.5 %) of respondents have encountered pressure from their peers to have sexual intercourse. However, 58.6% of participants oppose sexual debut at early age. Regarding Parent-youth communication 137 (23%) perceived that their fathers will answer helpfully if they ask sexual and reproductive health related issues, Nevertheless,54.1% of youths perceived that their mothers will not answer SRH related questions. In addition 185 (30.9%) discussed with their biological parents.(Table 4)

Table 4: Peer pressure, attitude towards sexual debut and parent youth communication on sexual and reproductive health issues among Youth in Addis Ababa, May 2014

Variables	Frequency (n=598)	Percent
Encouraged by friends to have boy friend or girl friend		
Yes	349	58.4
No	249	41.6
Encountered pressure from peers to have sexual intercourse		
Yes	290	48.5
No	308	51.5
Friends who had premarital sex		
None of them	79	13.2
Few of them	96	16.1
About half of them	57	9.5
Most of them	149	24.9
All of them	143	23.9
Don't know	74	12.4
Having sex while I am teenager would just be doing what everybody else is doing		
Agree	177	29.6
Not sure	71	11.9
Disagree	350	58.5
Perception of youth on parents' Responsiveness to SRH related questions		
Father -Will answer helpfully	138	33.7
-Will not answer	271	66.3
Mother -Will answer helpfully	173	34.9
- Will not answer	323	65.1

Discussed with family on SRH issue		
Yes	185	30.9
No	413	69.1
Topics discussed about SRH with biological parents **		
Body changes during puberty/Menstrual cycle	167	27.9
Relationships with the opposite sex	145	24.2
Whether or not to have sex	134	22.4
How to avoid getting pregnant	116	19.4
Unwanted pregnancy and abortion	100	16.7
STI or HIV/AIDS	109	18.2
Use of condoms	107	17.9
Drugs and alcohol	158	26.4
Sexual abuse/coercion	134	22.4
** Multiple responses		

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

Three hundred eighty nine (66.6%) reported ever watched pornographic materials. From these 93% of respondents were exposed to videotapes/films. Concerning the age at first watch of sex movies, 66% of youths ever viewed at early age (less than 18 years). In addition, 114(36%) of participant ever tried practicing what they have seen from movie. Regarding substance use, thirty seven percent of youths have used drugs. From these, 95.9%used Khat and 27.7%used hashish (unpurified cannabis). Forty four percent of youths had history of sexual intercourse after using drug. In relation to alcohol conception, 64% of youth were drunken alcohol in their life time. From these, 67% of youths had sex after drinking alcohol. (Table 5)

Table 5. Watching pornographic materials and using drug and alcohol among youths in Addis Ababa, May 2014

Variables	Frequency	Percent
Ever viewed pornographic		
Yes	398	66.6
No	200	33.4
Age at watching pornography(n=398)		
Less than 18 years	263	66.0
Greater than 18 years	135	44.0
Frequency of watching pornography (n=398)		
Daily	14	3.5
Often(3-4 times per weak	42	10.5
Occasionally (1-4 times per month)	54	13.6
Rarely (once in a month)	288	72.4
Type of pornographic materials viewed *		
videotapes/films	373	93.7
Newspaper/Magazine	30	7.5
Photographs and pictures	52	13.1
Ever tried practicing what they have seen from movies(n=398)		
Yes	114	28.6
No	284	71.4
Used drug(n=598)		
Yes	220	36.8
No	378	63.2
Type of drug(n=220)*		
Khat	211	95.9
Hashish	61	27.7
Others	28	8.2
Sex after using drug(n=220)		
Yes	97	44.1
No	123	55.9

Drink alcohol the last 12 months(n=598)		
Yes	360	60.2
No	238	39.8
Drink alcohol in the past 30days(n=360)		
Yes	230	63.9
No	130	36.1
Sex after drinking alcohol (n=360)		
Yes	189	67.7
No	90	32.3

*Multiple response

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

Three hundred sixty nine (61.7%) surveyed youths have ever had sexual debut. From these, 42% youths start sexual intercourse before 18 years. The median age of sexual initiation in our finding was 18 years. Sexual debut were initiated with casual 49% followed by 51% with girl or boy friend. 10.3% of male participant initiated their first sex with CSW. Furthermore 62.5% of first sexual practice was unprotected and also 83.9% of respondents had history of sexual intercourse in the last 12 months prior to the survey. Eighty one percent of the sexually active youths have more than one sexual partner in their life time. The proportion of youths who reported to have multiple Partners in the last 12 months was 70.6%. Forty four percent of male respondents had sex with a commercial sex partner in the past 12 month prior to the survey and 30.4% of them hadn't use condom consistently. (Table 6)

Table 6. Sexual behavior of youths attending youth centers of Addis Ababa, May 2014

Variables	Frequency	Percents
Ever had sex(598)		
Yes	369	61.7
No	229	38.3
Age at first sex(369)		
Less than 18 years	155	42
Greater than or equal to 18 years	214	58
mean±SD=18.16±2.07 median=18		
Relationship with first partner (n=155)		
Wife/Husband	0	
Live-in partner(living together as if married)	2	1.3
Boyfriend not living with respondent	51	32.9
Casual(acquaintance)	76	49.0
Commercial sex workers	16	10.3
Others	10	6.5
Used FP method at first sex(n=155)		
Yes	58	37.5
No	97	62.5
Sex in the past 12 months (n=155)		
Yes	130	83.9
No	26	16.1
Number of partners in the last12 months(n=130)		
One sexual partner	39	29.4
Multiple sexual partners	91	70.6

Number of life time sexual partners(n=155)		
One sexual partner	29	18.7
Multiple sexual partners	126	81.3
Sex with casual partner last12 months(n=155)		
Yes	107	69
No	22	31
Condom use with causal partner(n=107)		
Always	52	48.6
Some times	40	37.4
Never	15	14
Sex with a commercial sex partner(n=126)		
Yes	56	44.4
No	70	55.6
Condom use with CSW (n=56)		
Always	39	69.6
Sometimes to never	17	30.4

Regarding reasons for first sexual intercourse, among youths who were sexually active at early age (less than 18years) the main reasons for them to engage in sex at the first time were curiosity for 30.4% youths, followed by watching sex movies for 25.2% of youths. After drinking alcohol, because of friends have boy/girl friend and to get many were accountable for 11.6%, 7.7% and 5.2% of sexual initiations respectively.

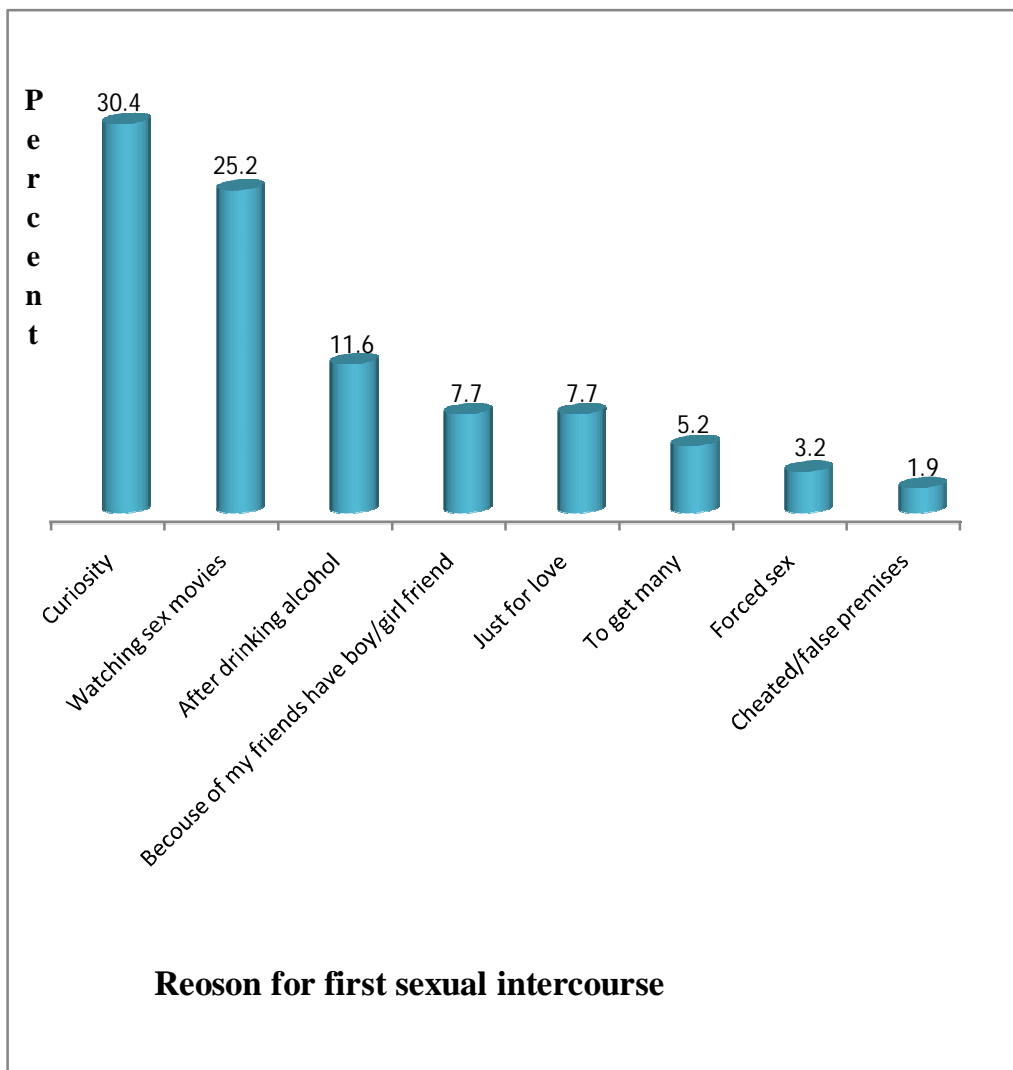


Figure 3.Reasons for first sexual debut among early sexual initiators youths in Addis Ababa, Ethiopia May 2014

Concerning reasons to delay sexual initiation by youth who were not sexually active the main reason for their abstinence were religious value against it by 32.7% of youth followed by want to wait until marriage for 26.6% of youths. Not emotionally ready to do it and fear of pregnancy/disease were accountable for 21.4 and 6.1% respectively.

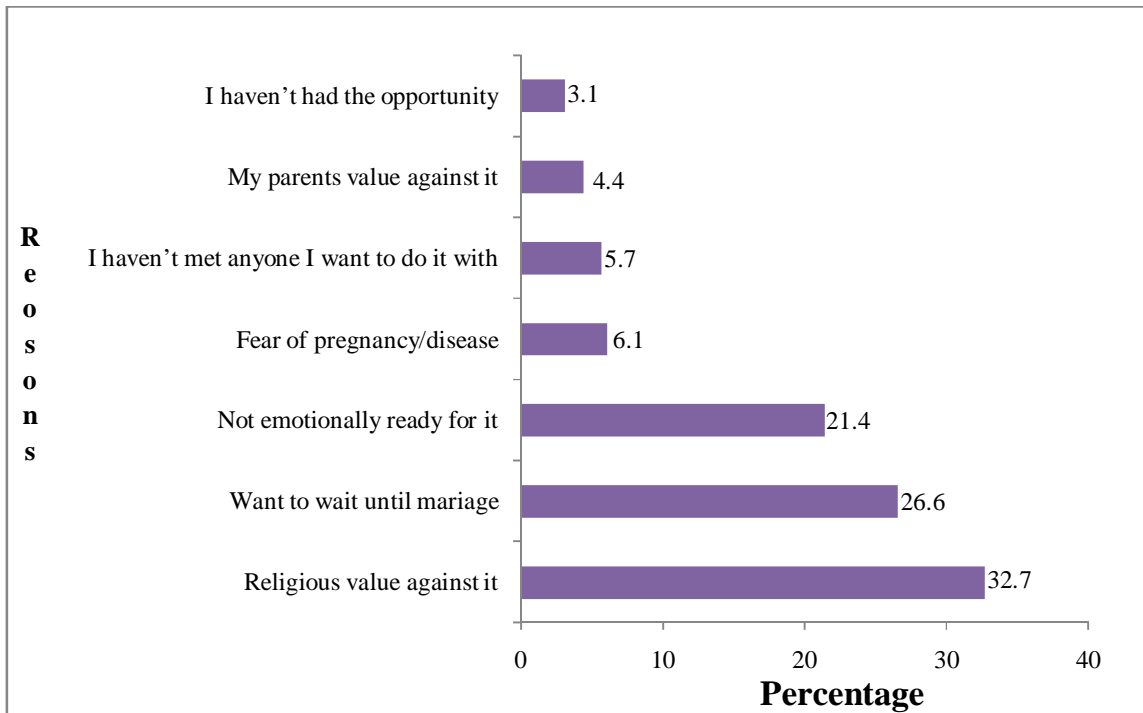


Figure 4.Reasons to delay sexual initiation by youths in Addis Ababa Ethiopia, May 2014

Reproductive health consequences of early sexual initiators like unintended pregnancy, Abortion and Sexual transmitted disease

Of the 155 male and female youths engaged for early sexual debut 50(32%) were ever pregnant/caused pregnancy at least once in their sexual life time. Among these 100% were unintended. In addition, 88 percent of the unintended pregnancies ended up with induced abortion. When asked about the person who carried out the abortion youths reported that 35% of the abortion was induced by non health care providers .47% of sexually active youths at early age report STI in the past 12months prior to the survey. (Table 7)

Table 7. Reproductive health consequences of early sexual initiators like unintended pregnancy, Abortion and ST I among youths in Addis Ababa, April 2014

Variables	Frequency	percent
Ever pregnant/caused pregnancy(n=155)		
Yes	50	32.2
No	105	67.8
Age at first pregnancy (n=15)		
Less than 18 years	11	73.3
Greater than 18 years	4	26.7
Age of male partner during pregnancy(n=35)		
Less than 18 years		
Greater than 18 years	13	37.1
	22	62.9
Unintended/unplanned pregnancy(n=50)		
Yes	50	100
No	0	
Abortion (n=50)		
Yes	44	88
No	6	12
Induced abortion (44)		
Yes	44	100
No	0	
Induced abortion takes place (44)		
Self induced	7	15.9
By a lay provider	8	18.2
Health professional	29	65.9
Sexually transmitted disease(n=155)		
Yes	73	47.1
No	82	52.9

Predictors of early sexual initiation

In the Bi-variate analysis

Age(15-24), sex(being female) ,in school youths, being a jobless, less knowledgeable towards prevention and transmission of HIV/AIDS, peer pressure to have sexual intercourse, viewing sex movies at early age and drug use have showed significant association with early sexual initiation. But attitude towards premarital sex approved by the respondent, Religiosity, Parent youth communication towards SRH and drug use were not significantly associated with early sexual initiation. Younger age group Crude OR=6.64(3.85, 11.44), being females crude OR [95%CI] 6.80(2.89, 15.99), currently attending school Crude OR=3.08 (1.96, 4.84), family income earn less than 2000 Ethiopian Birr Crude OR=2.05(1.19, 3.52) and being jobless crude OR 3.82(2.41, 6.05 were significantly associated with early sexual initiation. Similarly, less knowledgeable on prevention of HIV/AIDS crude OR=2.00(1.25, 3.21) Pressure from friends to have sex Crude OR=2.89(1.82, 4.60) and alcohol use Crude OR=2.17(1.29, 3.65) were significantly associated with sexual debut at early age.

In the multivariate analysis

Being a female sex, Younger age group, being jobless, encountered pressure from friends to have sex, viewing sex movies at early age and using alcohol have showed significant association with early sexual initiation. But less knowledge on the ways of HIV prevention and family income had no significant association with early sexual debut. Being females sex Adjusted OR=10.53(1.59, 69.53) Younger age group Adjusted OR=7.27(3.65, 14.48) and being jobless Adjusted OR=2.15(1.08, 4.25) were significantly associated with early sexual initiation. Moreover, the odds of alcohol use and pressured from friends to have sex was two times higher among youths sexually active at early age than the later respectively. Adjusted OR=2.48(1.09, 5.63) and Adjusted OR=2.28(1.16, 4.46).Watching sex movies at early age Adjusted OR=7.27(3.65, 14.48) were significantly associated with early sexual initiation than the later age. (Table 8)

Table 8. Bivariate and multivariate analysis for determinants of early sexual initiation among Youths in Addis Ababa, April 2014

Explanatory variables	Early sexual initiation		Crude OR (95%CI)	Adjusted OR (95%CI)
	Yes	No		
Age				
15-19	67(75.3%)	22(24.7%)	6.64(3.85,11.44)	7.27(3.65,14.48)
20-24	88(68.5%)	192(31.5%)	1.00	1.00
Sex				
Female	29(80.5%)	7(19.5%)	6.80(2.89,15.99)	10.53(1.59,69.53)
Male	126(37.9%)	207(62.1%)	1.00	1.00
Educational status(n=598)				
No education	5(29.5%)	12(70.5%)	0.62(0.21,1.85)	0.79(0.23,2.63)
Primary education	14(37.8%)	23(62.2%)	0.91(0.44,1.89)	0.84(0.38,1.86)
Secondary education	66(47.2%)	74(52.8%)	1.33(0.85,2.09)	1.36(0.83,2.23)
Above secondary	70(40%)	105 (60%)	1.00	1.00
Currently attending school (n=598)				
Yes	72(60.5)	47(39.5%)	3.08(1.96,4.84)	2.53(1.19,5.35)
No	83(33.2)	167(66.8%)	1.00	1.00
Job for pay(n=598)				
No	76(63.8%)	43(36.2%)	3.82(2.41,6.05)	2.15(1.08,4.25)
Yes	79(31.6%)	171(68.4%)	1.00	1.00
Monthly household income				
<2000birr	88 (44.2)	111(55.8%)	2.05(1.19,3.52)	1.85(0.90,3.85)
>2000birr	67 (39.5)	103 (60.5)	1.00	1.00
Frequency of religious Attendance				
Non or less than once weakly	84(46.1%)	98(53.9%)	1.40(0.92,2.12)	1.34(0.87,2.11)
At least once weakly	71(38.0%)	116(62.0%)	1.00	1.00
Knowledge towards transmission of HIV/AIDS *				
Less knowledgeable	130(42.6%)	175(57.4%)	1.16(0.66,2.01)	1.03(0.32,1.78)
High knowledgeable	25(39.1%)	39(60.9)	1.00	1.00

Knowledge towards prevention of HIV/AIDS*				
Less knowledgeable	126(45.6%)	150(54.4%)	2.00(1.25,3.21)	1.78(0.83,3.81)
High knowledgeable	29(18.7%)	64(29.9%)	1.00	1.00
Pressure from friends to have sex(n=598)				
Yes	120(50.8%)	116(49.2%)	2.89(1.82,4.60)	2.28(1.16,4.46)
No	35(26.4%)	98(73.6%)	1.00	1.00
Having sex while I am teenager would just be doing what everybody else is doing (n=598)				
Agree	71(48.3%)	76(51.7%)	1.47(0.94,2.31)	1.32(0.65,2.12)
Not sure	20(35.1%)	37(64.9%)	0.85(0.45,1.59)	0.34(0.23,1.34)
Disagree	64(38.7%)	101(61.3%)	1.00	1.00
Discussed with parents on SRH (n=185)				
No	118(40.8%)	171(59.2%)	0.80(0.48,1.32)	0.56(0.34,1.23)
Yes	27(38.5)	43(61.5)	1.00	1.00
Watching pornographic materials (n=598)				
Yes	120(40.7%)	175(59.3%)	0.76(0.45,1.27)	0.45(0.34,1.12)
No	35(47.3%)	39(52.7%)	1.00	1.00
Age at viewing pornography				
Less than 18 years	104(57.4%)	77(42.6%)	8.27(4.52,15.15)	7.27(3.65,14.48)
Greater than 18 years	16(14%)	98(86%)	1.00	1.00
Using drug **				
Yes	84(40.9%)	121(59.1%)	0.90(0.60,1.37)	0.7290.44,1.18)
No	71(43.3%)	93(66.7%)	1.00	
Drink alcohol				
Yes	130(46.3%)	151(53.7%)	2.17(1.29,3.65)	2.48(1.09,5.63)
No	25(28.4%)	63(71.6%)	1.00	1.00

*High knowledgeable – Youths who knew three or more ways of transmission and three or more ways

Of Prevention of HIV/AIDS

*Low knowledgeable- Youths who knew less than three ways of transmission /prevention of HIV/AIDS.

** Using drug- Chat, Hashish, Benzene...

5.2 Qualitative part

5.2 FOCUS GROUP DISCUSSION

Twenty four youths purposely sampled from each selected youth centers, from school and out of School youths divided in to three groups disaggregated by age and sex were participated in the focus group discussion. The discussion was moderated by the principal investigator and moderator. We tried to see how youths able to understand early sexual initiation, factors associated with it, parent youth communication towards SRH and also health risk and preventive method of early sexual initiation.

5.2.1 Attitude towards the meaning of early sexual initiation

The discussants in the focus group were asked about the meaning of early sex. They were discussed and list down points like any sexual intercourse before 18 years old, having sex while youths are physically immature and sexual activity before marriage. But majority of the respondents' considered any sexual intercourse before 18 years old is as early sex. Similarly Most of participants suggest that sexual intercourse must be started after marriage and physically as well as economically developed. A 17 years old out of school male participant said;- "*It is not only age that we have to see to define early sexual initiation but also we have to understand is that;- does he/she mentally or economically ready/matured to accept if there is anything happened after sexual intercourse like pregnancy and others*"

5.2.2 Factors associated with early sexual initiation

Most of participants claimed that the main factor influencing sexual initiation is substance use and drinking alcohol. A 19 years old in school youth claimed that;-

"There are so many drugs like Mariana that induce youths to engage them for early sexual initiation. after using this drug they perceive themselves as they are very happy and also they said that, today is our great Day let us enjoy by drinking alcohol, due to this reason they exposed to early sexual initiation."

Most of focus group discussant also illustrated that, sexual explicit media, such as video films has got great part in provoking young people in testing and implementing early sexual practice.

The discussants were emphasizing particularly pornography films which have got power to provoke adolescents/youths in any type of sexual practices.

“The main problem with sex movies is that, because of the advancement of technology we can easily download movies from internet and see irrespective of age. Once youths are exposed to such sexual explicit media, its implication is translated in to testing the scenario in action.”

(18 years old male in school youth)

Some of the discussants mentioned that, the other factor for early sexual initiation was low economic status of youths and their family.

A 17 year's old female school youth replied economical reason is main determinant. *“I am attending Mennen preparatory school there are three female students who have poor economic status, most of the time they enjoy with Sugar Daddies to overcome their economic need.”*

Most of FGD participant claimed that peer pressure influence young peoples to start sex early. A 16 year's old female school youth described that, *“If my friend use alcohol and engage in early sex most of the time my decision will be similar with him.”*

Other 20 years old male from out of school youth describe that *“peer influence is the main factor for early sex. Sexual intercourse cements a relationship saying that they encourage their peer to start sex so that that they start sexual debut at early age. This is known in all male youths.”*In addition to the above factors mentioned as a reason for initiation of sexual activities, Participants also added a recreation area such as party or dance rooms plays a major role for starting sexual relations. This may indicate that, the place where young people spent their free time, which means the environment where they choose for recreation purpose can also has an effect on shaping their sexual behavior.

5.2.3 Perception towards parent youth communication on SRH

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

A 21 years old male out of school youth explain that, *“There is nothing discussion with parents in our family. Even they blame us if we talk about opposite sex.*

Once upon a time when my mother was washing my clothe she has got a single condom in my pocket, at that time she criticize me rather advise how to protect myself from different diseases.”

Other 16 years old female school youth suggests that;-*“My parents never talks to me on sex related issues.*

Discussion of sexual matters is almost absent in our home and I feel comfortable to talk with others especially with my friends because I spend more time with friends. If I asked them they may decide to me to leave out the home; parents should consider the importance of having close relationship and discussion with their children about different issues which are very important for their children mainly regarding sexuality.”

5.2.4 Perceived consequences of early sexual initiation

Most of the participants illustrated that, the main problem with sexual initiation is unwanted pregnancies, HIV/AIDS, sexual transmitted infections, psychological problems and homeless. And also they noted that female youths obviously would be encountered with a great deal of problems than male youths in which they are prone to contract the drastically increasing HIV/AIDS, other STDs and unwanted pregnancies. They went on emphasizing that youths’ problems directly or indirectly will affect the families and the nation in general.

“She was a sister of my friend who ever had pregnancy at 17 years. When she told to her boy friend as she became pregnant, he responds that as he was not cooperative to accept the pregnancy .In addition she is from a very poor family. She made conflict with her family because of the pregnancy and finally now she is a nine month pregnant lady and homeless.”

(A 16 years old female youth from school)

Similarly 22 years old male out of school youth claimed that, *“I know a female student who exposed to sexual initiation at her 17 years old and who become pregnant at her first sex, interrupt her education and now she is homeless”*

5.2.5 What measures should be taken to prevent consequences

The participants also discussed about prevention measures should be taken by youths to prevent unintended pregnancy, STI and HIV/AIDS infection. They have listed the three rules ABC abstinence, be faithfulness and consistent use of condom. And also they declared that avoid watching sex films, avoid using drugs, and having discussion with family. A peer friendship has also provided a healthy setting for positive youth development. *“If one has a friend who do not smokes, chew khat or drink alcohol, then he or she gravitates towards him or her”*
(16 years in school female youth)

6. DISCUSSION

The magnitude of early sexual debut among youths in this study was 42%. Which is similar with study done in South Africa (43%) (38). To the contrary, this finding is relatively lower compared to other prior study findings in the country with the prevalence of early sexual initiation of 56.9% and another study on factors associated with age at first sexual initiation among youths in Gammon Gofa, with the prevalence of 63%. (8, 30). The difference may be explained by, the main reasons for early sexual initiation in most rural countries were early marriage (8, 15) but in this study, 98% sexually active youths were never married youths. Other explanation, among young women a higher proportion of rural residents have had sex before age 18 than their urban counterparts (14). Another explanation may be the level of knowledge increases in urban youths than rural youth (14); this may be an inhibitory effect for early sexual debut. The mean and median age at first sex of the respondent were, 18.1 (SD=2.03) and 18 years respectively, which is higher than study done in the country (8, 28, 32). The difference may be, urban youths initiate sexual intercourse at later age than their counter parts.

Regarding predictors of early sexual debut, different factors contribute to push youths to engage sexual intercourse at early age. Because of their age they need to exercise different things they expose to. This study also reported that, Females were more likely to initiate sex early than male similar studies show that a much higher percentage of young women reported having early sexual debut than young men (5, 8, 28). Youths who haven't job for pay were more likely to engage in sexual debut at early age than jobless. The possible justification for higher risk of early sexual initiation among jobless may be related to the use of alcohol which prone them to have early sexual debut. This study is in line with previous study done in the country (39). There is no association between attending church and frequency of attending church to start sex at early age. The odds of having sexual debut at early age were three times higher for in school youths than out of school at the time of the study.

This study is in line with study done in Uganda of school youth. (23) Nevertheless, other studies shows out of school youth were associated with sexual debut at early age. (38) The possible reason is that they might be influenced by their peers because in most cases they spent their time with their friends. Other explanation, in this study educational status of majority of out of school youths were above secondary so they may be more protective than their counterpart.

Knowledge towards transmission and prevention of HIV/AIDS and approval of sexual initiation at early age by the respondent were not significantly associated with early sexual initiation.

Most young people are highly sensitive to peer opinion, perception of what peers think have a greater influence on sexual and other risk taking behavior than the opinions of parents or other peoples. Most studies recognize that peer influence plays a role in shaping adolescent behavior both positively and negatively. Our study also showed that the odds of having pressure from their peer groups to involve in early sexual activity were two times higher than later sexual activity. This finding is in line with previous study (19, 40). Studies in Rwanda also describe the perception that peers are sexually active is associated with increased likelihood of experiencing early sexual debut (41). Results from the FGD also describe that the frequent exposure of young people to those peer groups who already engaged in early sex let them to adapt and perform their activities; similar research in Ethiopia also shows the same findings (8) A peer friendship has also provided a healthy setting for positive youth development. A participant from FGD in this study described as if one have a friend who do not use drug or drink alcohol, then he or she gravitate towards him or her, this finding is also supported by another research were described as peer friendship can be a safe place for youth (42)

Regarding parent youth communication 31% young people reported to have ever discussed on sexual and reproductive health topics with either of their biological parents during their life time. This finding was relatively larger than the finding of the study done in Zeway, Ethiopia that only 20% of parents reported to ever have discussed with their children (43). This difference may be attributable to the difference in the study population that the study done in Zeway collected information from parents while the current study collected information from young people. Youths who had no history of discussion with their parents about reproductive health were two times higher than those who had history to engage in sexual debut at early age. But there was no significant difference between early and later initiators.

In contrary most of focus group discussant illustrated that, lack of parent youth communication towards sexual and reproductive health issue is the main problem for initiating sex at early age. But parents should consider the importance of having close relationship and discuss with their children about different issues which are very important for their children mainly regarding sexuality.

Regarding exposure to sexual explicit media many young people in our study (66%) were viewed pornographic videos. But no significant difference between early and late sexual initiators. However, when we stratify the age of sexual initiation with the age at viewing sex movies, those who have viewed under the age of 18 years were seven times higher to start sexual intercourse early age. This finding was supported by study done in Dese.(8) Most of focus group discussant also illustrated that, sexual explicit media, such as video films has got great part in provoking young people in testing and implementing early sexual practice. The discussants were emphasizing particularly pornography films which have got power to provoke adolescents/youths in any type of sexual practices.

Regarding substance use, 82% of sexually active youths have reported that they were using alcohol. The odds of drinking alcohol were two times higher for sexually active youths at early age than the later age. This study was also in line with study done in the country (7-8, 44) Study in other African countries also showed comparable results.(45) Youths who had not chewing chat were more protective to delay sexual debut. In addition, majority of focus group discussant agreed that those young people who are using alcohol are more prone to practice sexual debut at early age.

Concerning sexual behavior of early sexual initiators, most sexual debut took place with casual partner (49%) and boy friend or girl friends (33%) about 10 % of first sex were initiated with commercial sex worker. The existence of risky sexual behavior including having multiple sexual partners, unprotected sex and sex with commercial sex worker and non regular partner was reported by the study participant which is high risk behavior and can be ended up with STI and or HIV/AIDS .

In our study 68% of youths have more than one partner in the past 12 months prior to survey. Study done in Dese showed that 36% of youths had more than one partner. From Bahir Dar study among private college students reported that 65% of male and 35% of female had multiple sexual partners.(24) In Nairobi Kenya 65% of sexually active respondents had only one sexual partner within the last twelve months before the survey.(46)

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 of drugs and substances. This study also showed that, the odds of having multiple sexual partners have been three times higher for male than their counter part.

But there was no significant difference between youths who start sex at early age and older age having more than one sexual partner with in the last twelve month prior to the survey. Other features of youths which make them high risk are unprotected sex specifically inconsistent or non use of condom. Among early sexual initiators 38% of youth had never used condom at first sex.

They were also encountered their sexual practice with risk groups in that, 82% had sex with non-regular partner in the past 12 months prior to survey. In addition 44% of male participant had sex with commercial sex workers in their life time and nearly one third of respondents (30%) use condom inconsistently.

Regarding the consequence of early sexual initiation, from 155 male and female youths engaged for early sexual debut there was a high incidence of pregnancy at early age (37%) among youth. which is lower than study done in Dese (45%) and youth net assessment team report 45.7%. But higher than study done in USA among urban adolescents (15.4%). This might be related to study setting. All of pregnancies (100%) were unintended, for that reason, 88% of unintended pregnancy ended up with induced abortion. about 35% of abortion were carried out by non health professional in unsafe condition which is lower than study done in Dese (62.7%).

This difference might be related to awareness towards safe abortion service higher in urban youths than rural. It might be related to availability and accessibility of the service.

The other effect of early sexual initiation in the study was, sexual transmitted disease which accounts 47% from early sexual initiators which is lower than study done in the country (78%).(8) which is supported by FGD participants that STI is common among youth engaged in sexual debut at early age. This difference might be related to knowledge and awareness towards prevention methods of HIV/other STD which is higher in urban than rural. In most cases indicate prevailing unsafe abortion.

7. STRENGTH AND LIMITATION OF THE STUDY

7.1 Strength

- Qualitative data were utilized to complement the survey findings
- The achievement of high response rate

7.2 Limitation

- ❖ The study topic by itself assesses sensitive issues related to sexuality which might have reason for underreporting of some behaviors.
- ❖ The sample taken from the facilities, hence study result may not be generalized to all Youths in the country.
- ❖ Sexual behaviors such as age of sexual debut and number of sexual partners may be affected by recall bias
- ❖ This study was based on cross-sectional data, which implies that the direction of causal relationships cannot always be determined
- ❖ Outcome and exposure measurement regarding reproductive health consequence were based on self-report.

8. CONCLUSION

- ❖ This study indicate that a considerable proportion of youths engage in sexual activity at an early age and continue to practice risky sexual behaviors. Nearly a third of the first sex was subjected to unprotected sex.
- ❖ The high rate of early age at sexual debut was determined by youths age (15-19), sex (being female), job for pay (jobless) and in school youths.
- ❖ Peer influence played a major role in youths sexual behaviors. Watching sex movies at younger age (15-19) and use of alcohol were found to be independent predictor of early sexual initiation.
- ❖ Youths who were sexually active at early age more likely to use condom inconsistently and to have sex with commercial sex workers, ended up with unintended pregnancy and STI.

9. RECOMMENDATIONS

- ✓ Peers have greater influence on the positive and negative behavior of their friends. In order to protect youth from early sexual debut, schools should focus on promoting peer educators and the way of peer discussion.
- ✓ Parents and teachers should be trained in a way that can allow them to obtain their children with the necessary skill for sexual negotiation
- ✓ A comprehensive campaign to educate young people about the harmful effect of substance is necessary. Its effectiveness is likely to be enhanced by incorporating sensitization in to the curriculum. Educating the public through media outlets, churches, mosques, and other formal and informal gatherings is needed.
- ✓ Strategies should be designed to control the use of alcohol and to restrict viewing sex movies at early age this is responsible for the engagement of early sexual initiation in this study
- ✓ Concerned bodies: - government organizations and nongovernment organizations need to teach about the consequences of early sexual initiation.
- ✓ There is a need to perform further research in order to deeply explore temporal relationship

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ANNEXES

Information sheet

Questioners prepared to study early sexual initiation and reproductive health consequences among youths in Addis Ababa city government in selected youth centers in 2014.

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

In case you need to contact:

Contact Address of the Investigator..... Name: Tigist Belay

Tel.0911734456

Email tigistbelay11@gmail.com

Consent form

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

Yes

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

Proceed with the interview

No

Terminate the interview

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

English questionnaire form

SECTION 1: Distribution of youths by their demographic characteristics

NO	Questions	Alternative responses (coding category)	Skip to
101	Age (how old are you?)	-----years.	
102	Sex (observed sex)	1, Male 2, Female	
103	What is your educational status?	1, Illiterate 2. Read and write 3. primary 4. Secondary 5. preparatory 6. TVET 7. College or university	
104	Are you currently attending school	1. yes 2. no	
105	What is your religion?	1. Orthodox 2. Catholic 3. Protestant 4. Muslim 5. Others (specify)-----	
106	Do you attend church /Mosque?	1, Yes 2, No	If No skip to Q.108
107	How often?	1. Dailly 2. More than twice in a weak 3. Once a week 4. Once in two week 5. Once a month 6. Once in 6 month up to one year	
108	What is your current marital Status?	1. Never married 2. Married 3. Divorced 4. Separated 5. Widowed	
109	Are you currently have a job for pay?	1. Yes 2. no	If no skip to Q.111
110	What is your monthly income	_____ Birr	
111	What is the monthly income of your household?	1.birr 2. I don't know	

Section 2: Sexual and reproductive health knowledge

201	As far as you know, are there any diseases that can be transmitted through sexual intercourse?	1. Yes 2. No 3. Don't know	If no (don't know) skip to Q206
202	What are the signs and symptoms of sexually transmitted disease in a man/woman?(multiple answers are acceptable)	1. Discharge from penis/vagina 2. Pain during urination 3. Ulcers/sores in genital area 4. Others..... 5. Don't know any signs	

203	Is there anything a person can do to avoid getting asexually transmitted disease? (multiple answers are acceptable)	1. Use of condom 2. Washing/douching 3. Befaisful 4. Abstinence 5. Using herbs 6. Other, specify-----	
204	How do people get HIV/AIDS? (multiple answers are acceptable)	1. Unprotected sex 2. From mother to child 3. From sharing of sharp objects 4. From blood transfusion 5. Shaking hand with infected person 6. Kissing infected person 7. Sharing items with infected person 8. From mosquito bites 9. Other, please specify_____ 10. Don't know	
205	Do you know how to Prevent HIV/AIDS? (multiple answers are acceptable)	1. Abstinence 2. Being faithful 3. To use condoms 4. Do not have sex with multiple partners 5. Do not share sharp items with PLWHA 6. To use mosquito net 7. To avoid any contact with HIV infected person.	
206	What are the consequences of unprotected sexual intercourse For females?	1.unwanted pregnancy 2.abortion 3.HIV/AIDS 4.sexual transmitted disease 5.If other specify-----	
207	Do you know any method a women can do to prevent unwanted pregnancy if she had unprotected sexual intercourse?	----- --	
300 peer pressure and attitude of youth towards sexual debut			
301	Have you ever been encouraged by your friends to play sex with girls/boys?	1,Yes 2,No	
302	Have you ever encountered pressure from your friends to have sexual intercourse?	1. Not at all 2. Yes frequently 3. Yes occasionally	
303	How many of your friends who are not married have had sexual intercourse?	1, None of them 2. A few of them 3. About half of them 4. Most of them 5. All of them 6. Don't know	
304	Having sex while I'm a teenager would just be doing what everybody else is doing.	1. Strongly disagree 2. Disagree 3. Not sure 4. Agree 5. Strongly agree	

Section 4: parents – youth communication on sexual issues

401	If you asked your father or mother sex-related questions (e.g., nocturnal emission, menstruation, contraception, sexual intercourse), what would be his or her response? <i>(Check one.)</i>	<p>Father</p> <ol style="list-style-type: none"> 1. Would answer helpfully 2. Would turn me away without giving an answer 3. Would scold me 4. Response would vary With type of questions 5. Not competent enough to give an answer 6. If other..... 	<p>Mother</p> <ol style="list-style-type: none"> 1. Would answer helpfully 2. Would turn me away Without giving an answer 3. Would scold me 4. Response would vary With type of question 5. Not competent enough to give an answer 6. If other..... 	
402	Have you ever discussed with your parents about SRH?	<ol style="list-style-type: none"> 1. Yes 2. No 		If no skip To Q 501
403	Have you ever discussed about the following topics with your parents			
A	Body changes during puberty/Menstrual cycle	1=Yes	2=No	
B	How to avoid getting pregnant	1=Yes	2=No	
C	Relationships with the opposite sex	1=Yes	2=No	
D	Whether or not to have sex	1=Yes	2=No	
E	Unwanted pregnancy	1=Yes	2=No	
F	Abortion STIs or HIV/AIDS	1=Yes 1=Yes	2=No 2=No	
G	About condoms	1=Yes	2=No	
H	Drugs and alcohol	1=Yes	2=No	
I	Sexual abuse/coercion	1=Yes	2=No	

SECTION 5: viewing Pornographic Materials

The term “pornographic material” refers to newspapers, magazines, books, Photographs, videotapes, films, etc.

501	Have you ever viewed/read/seen pornographic material?	<ol style="list-style-type: none"> 1, Yes 2, No 	If no skip to Q, 601
502	How often?	<ol style="list-style-type: none"> 1. daily 2. Often (3-4 times per week) 3. Occasionally (1-4 times per month) 4. Rarely (once in months) 	
503	How old were you when you first viewed pornographic material?	Age: _____ years	
504	What type of pornographic materials did you view the last time?(Multiple answer is possible)	<ol style="list-style-type: none"> 1. videotapes and films 2. Newspaper/Magazine 3. Photograph/pictures 4. Others (specify)..... 	
505	Have you ever tried practicing what you have seen from movies?	<ol style="list-style-type: none"> 1, Yes 2, No 	

SECTION 6: ABOUT YOUTH'S SEXUAL BEHAVIOR

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.

601	Have you ever had sexual intercourse?	1. Yes 2. No	<i>If yes skip to Q603</i>
602	Are there reasons why you have not chosen to have sexual intercourse?	1. I am not emotionally ready for it 2. I don't want the risk of pregnancy 3. I haven't met anyone I want to do it with 4. I haven't had the opportunity 5. Fear of disease 6. My religious values are against it 7. My parent's values are against it 8. I want to wait until I am older 9. If others.....	Skip to Q 701
603	How old were you when you had sexual intercourse for the very first time?	Age: _____ years	
605	At the time you had first sexual intercourse, what was your relationship with your partner?	1. Wife/Husband 2. Fiancé 3. Girlfriend/Boyfriend 4. casual 5. Relatives 6. Teachers 7. Others specify..... 8. Don't remember	
606	What are the factors that encouraged you for the first sex? (you can answer more than one)	1. forced sex/rape 2. marriage 3. for money/ to support myself and my family 4. curiosity 5. just for love 6. my partner/boy/ girl friend insisted me to do so 7. I wanted to/ because of my age 8. cheated/ False premises 9. Films 10. After/during taking of drugs, Alcohol and chewing chat. 11. Getting gifts 12. because my friends have boy/girl friend 13. Please specify your own experience if other reasons.....	
607	At the time you had first sexual intercourse; did you or your partner use any contraceptive method?	1. Yes 2. No 3. Don't remember	if no skip to 610

608	Which contraceptive method did you or your partner use at first intercourse?	1. Condoms only 2. Birth control pills 3. Injectables 4. IUD 5. Traditional family planning method (specify)_____	
609	Why do you use this method?	1. To prevent pregnancy 2. To prevent STD 3. Both	
610	Have you had sex in the past 12 months?(before this survey)	1. Yes 2. No	If no skip to Q,616
611	With how many different numbers of people have you had sexual partners' intercourse in the last 12 months?	_____ partners I don't know	
612	Have you had sex with a casual sex partner in the past 12 months?	1.yes 2.No	If no skip to Q 616
613	How often did you have sex with a casual sex partner in the past 12 months?	1. Once or twice 2. Rarely (a few times per year) 3. Sometimes (1-4 times a month) 4. Several times per week 5. Not sure 6. Others, specify _____	
614	Did you and/your casual sex partner use condom in the past 12 months	1.yes 2.No	If no skip to Q 616
615	How often did you and/or your casual sex partner use condom in the past 12months?	1. Always 2. Quite often 3. Sometimes 4. Rarely	
616	In total, with how many different people have you had sexual intercourse in your life?	_____ people I don't know	
617	Have you ever had sexual intercourse with commercial sex worker? (for male only)	1 .Yes 2 .No	If no skip to Q 701
618	Did you and/your commercial sex partner use condom	1.yes 2.No	
619	How often did you and/or your commercial sex partner use condom (for male only)	1.Always 2. Most of the time. 3.Some times 4. I don't remember	

SECTION 7: Substance use related with risky behaviors

701	Have you ever used any drug to make you feel high?	1, Yes 2, No	If no skip to Q.704
702	What drugs have you used? (multiple responses)	1. Chat 2. Hashish 3. other specify-----	
703	Have you ever practiced sexual intercourse after using a drug?	1. Yes 2. No	
704	Have you ever drunk Alcoholic beverages like (Tej, Tella, Beer, and Arake) in your life?	1. Yes 2. No	If no skip to Q.801
705	Have you ever drunk Alcoholic beverages like (Tej, Tella, Beer, and Arake) and the like for the last 12 months?	Tej 1, Yes 2. No Tella 1. Yes 2. No Beer 1. Yes 2. No Arake 1. Yes 2. No	If all are no skip to Q.711
706	How frequently do you drink Tej? (If the participant drink Tej)	1. Always (daily) 2. Often (3-4 times per week) 3. Occasionally (1-3 times per month) 4. Rarely (on holydays)	
707	How frequently do you drink Tella? (If the participant drink Tela)	1. Always (daily) 2. Often (3-4 times per week) 3. Occasionally (1-3 times per month) 4. Rarely (on holydays)	
708	How frequently do you drink Beer? (If the participant drink Beer)	1. Always (daily) 2. Often (3-4 times per week) 3. Occasionally (1-3 times per month) 4. Rarely (on holydays)	
709	How frequently do you drink A rake? (If the participant drink Arake)	1. Always (daily) 2. Often (3-4 times per week) 3. Occasionally (1-3 times per month) 4. Rarely (on holydays)	
710	Have you ever drunk alcohol in the past 30 days?	1. yes 2. no	
711	Did you have sex when you are drinking Alcohol?	1. Yes 2. No	

SECTION 8: Questions related to reproductive health consequences of sexual initiation					
(if the participant started sex only)					
	FOR FEMALE ONLY		FOR MALE ONLY		
801	Have you ever been Pregnant?	1. Yes 2. No	Have you ever been Impregnating someone?	1. Yes 2. No	If no skip to Q.809
802	How many times have you been pregnant?	----times	How many times have you been Impregnating someone?	----times	
803	What was your age at Your first Pregnancy?	Age: _____ years Don't know-----	What was your age at your first causing Pregnancy?	Age: _____ years Don't know-----	
804	Did you have un intended or unplanned pregnancy?	1. Yes 2. No	Did you cause any unintended or unplanned pregnancy?	1. Yes 2. No	
805	What was the outcome of pregnancy	1. Currently pregnant 2. Abortion 3. Live birth 4. Others, specify-----			
806	Have you ever had an abortion?	1. Yes 2. No	Have your partner ever had an abortion?	1. Yes 2. No	If no skip to Q 809
807	Was the abortion an induced one or Spontaneous?	1. Induced 2. Spontaneous			If it is spontaneous skip to
808	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 _____			
809	Have you had genital discharge during the past 12 months?	1. Yes 2. No			
810	Have you had a genital ulcer/sore during the past 12 months?	1. Yes 2. No			

Consent form for focus group discussion

Good morning/ Good after noon! I am Tigist Belay who came from Addis Ababa

University Faculty of Medicine attending a post graduate study in public health. Currently I am doing my master thesis here in Addis Ababa town on assessing the predictor and reproductive health consequences of early sexual initiation among youth. You are free to talk whatever information you think as a predisposing factor based on the topic guideline prepared. I assure you that you will not face any kind of harm for your participation in this study. Whatever information that you give me will be very useful for the study. This information will help policy makers to design intervention activities based on research findings. I thank all of you for your voluntary participation. Are you voluntary to participate in the study? Yes, continue
If there is anyone who don't want to participate in the study thanks and leave him/her

6.5. Guide to Focus Group Discussion

1. What is early sexual initiation?
1. When do you think the age to start sexual intercourse?
3. In your opinion, what factors do you know which pushes young people to engage in an early sexual initiation?
4. How do you see role of communication between parents and youths in relation to early sex and delay of sex?
5. What factors do you know which protects youth from early sexual intercourse?
6. What do think about the benefits of early sexual initiation?
7. What do you think about the disadvantage of early sexual initiation &its consequences?
8. What are the things youths do to prevent early sex and the consequences if it happens?

የጥናቱ መግለጫ

የመጠይቅ መለያ ቁጥር-----ጤና ይስጥልኝ ስሜ-----ይባላል በጥናቱ ውስጥ በመረጃ ሰብሳቢነት ነው የምሠራው። የጥናቱ ርዕስ ወጣቶች ካለዕድሜአቸው የሚያደርጉት ጾታዊ ግንኙነት ምክንያቶች እና ተከትለው የሚመጡ የስነ ተዋልዶ የጤና ችግሮችን ለማወቅ በትዕግስት በላይ በአ/አ ዩንቨርሲቲ የህ/ሰብ ጤና ክፍል የድህረ ምረቃ ንግግራም ማሟያ የሚሆን ነው። በዚህ መጠይቅ ውስጥ የተለያዩ ንዑስ ክፍሎች ያሉት ጥያቄዎች የተካተቱ ሲሆን የጥናቱ ዓላማ የወጣቶች የስነ ተዋልዶ ጤና በተለይም የሥነ ጾታን ትኩረት በመስጠት ወጣቶች ካለ ዕድሜያቸው የሚያደርጉትን ጾታዊ ግንኙነት ምክንያቶችና ተከትለው የሚመጡትን ችግሮች ለማጥናት ነው።፤፤ ጥናቱ የወጣቶችን እና ታዳጊዎችን የሥነ ተዋልዶ ጤና ችግሮች ለመፍታት በተለይም ቀድመው ግብረ ስጋ ግንኙነት በማድረግ የሚመጡ የጤና ችግሮች ማለትም ያልተፈለገ ዕርግዝና፣ በልጅነት እናትነትና፣ ውርጃና ኤችአይቪ የሚያደርሱትን የሞትና የህመም ሁኔታ ለመቀነስ ይረዳል። ተሳትፎአችሁ በፈቃደኝነት ላይ የተመሠረተ ነው። በመጠይቁ ውስጥ በጣም ሚስጢራዊ የሆኑ እና ግላዊ የሆኑ ጉዳዮች ተካተዋል። ያላችሁን ተሞክሮ ብታካፍሉን የጠቀስናቸውንና ሌሎችንም የወጣቶች እና ታዳጊዎች ችግር ለመፍታት እጅግ በጣም ጠቃሚ ነው። ጥያቄውን ለመሙላት ሃያ 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 በጥናቱ ላይ በመሳተፍዎ የተለየ ጥቅም አይኖርም ነገር ግን በጥናቱ ላይ በመሳተፍዎ ለሚጠየቁት ጥያቄ በዕውቀት ላይ የተመሠረተና ተገቢ የሆነ መረጃ መስጠትዎ በወጣቶች ስርአተ ተዋልዶ ዙሪያ ላይ ተገቢውን አገልግሎት በመስጠት ከፍተኛ ለውጥ ያስገኛሉ። በመጨረሻም ለሚሰጡት ለየትኛውም አይነት ምላሽ አመሰግናለሁ።፤፤ ግልጽ ነው? ያልገባህ/ሽ ነገር አለ?

መጠየቅ(ማነጋገር) የምትፈልጉት ነገር ካለ ፤-ትዕግስት በላይ (የጥናቱ ባለቤት)

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ፈቃድ መጠየቂያ ቅጽ

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.....

ፈቃደኛ አይደለሁም አልሳተፍም ፊርማ.....ቀን.....

መረጃ ሰብሳቢ ስም-----ፊርማ-----ቀን.....

ክፍል 1:-አጠቃላይ መረጃ

ተ.ቁ	ጥያቄ	አማራጭ	ይለፍ
101	ዕድሜህ/ሽ ስንት ነው? ዓመት	
102	ፆታ(በመመልከት)	1.ወንድ 2.ሴት	
103	የትምህርት ደረጃህ/ሽ እስከምን ድረስ ነው?	1.ማንበብና መፃፍ የማይችል 2.ማንበብና መፃፍ የሚችል 3.አንደኛ ደረጃ 4.ከፍተኛ ሁለተኛ ደረጃ	5.መሰናዶ 6.ቴክ/ሙያ 7.ኮሌጅ ዩኒቨርሲቲ
104	በአሁኑ ወቅት ትምህርት እየተማርክ/ሽ ነው?	1.አዎ 2.አይደለም	
105	ሐይማኖትህ/ሽ ምንድን ነው?	1.ኦርቶዶክስ 2.ካቶሊክ 3.ፕሮቴስታንት	4.ሙስሊም 5.ሌላካለ ይጠቀስ.....
106	ቤተክርስቲያን/መስጊድ ትሄዳለህ/ጂ.አለሽ/ትከታተላለህ/ዩ.አለሽ?	1.አዎ 2.የለም	መልሱ የለም ከሆነ ወደጥያቄ108ተሻ ገር
107	ምን ያህል ጊዜ ትሄዳለህ/ጂ.አለሽ ? ትከታተላለህ/ዩ.አለሽ?	1.በየቀኑ 2.በሳምንት ከ 2 ጊዜ በላይ	3.በሳምንት አንዴ 4.በ2 ሣምንት አንዴ 5.በወር አንድ ጊዜ
108	የጋብቻ ሁኔታ	1.ያለገባ (ች) 2.ያገባ (ች) 3.የተፋታ (ች)	4.የተለያየ (ች) 5.የሞተበት (ባት)
109	ገቢ ሊያስገኝ የሚችል ስራ አለህ/ሽ?	1.አዎ 2.የለም	መልሱ የለም ከሆነ ወደ ጥያቄ 111ተሻገር
110	ወራዊ ገቢህ/ሽ ምን ያህል ነው ? ብር	
111	አጠቃላይ የቤተሰብህ/ሽ ወርሃዊ ገቢ ምን ያህል ነው?ብር አላውቅም	

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

201	በግብረ ስጋ ግንኙነት ምክንያት ሊመጡ የሚችሉ በሽታዎች ይኖራሉ?	1.አዎ 2.የለም 3.አላውቅም	መልሱ የለም/ አላውቅም ከሆነ ወደ ጥያቄ 206 ተሻገር
202	የአባልዘር በሽታ ምልክቶች ምን ምን ናቸው ? (ከ አንድ በላይ መልስ ሊኖረውይችላል)	1.ክብልት የሚወጣ ፈሳሽ 2.ሽንት ሲሸና የማቃጠል ስሜት/ህመም 3.በብልት አካባቢ የሚታይ ቁስለት 4. ሌላ ይጠቀስ..... 5.ምንም ምልክት አላውቅም	

203	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.....	
204	ሰዎች እንዴት በ ኤች ኤይ ቪ ኤድስ ይያዛሉ ? (ከ አንድ በላይ መልስ ሊኖረው ይችላል)	1 ጥንቃቄ በጎደለው የግብረ ስጋ ግንኙነት 2 ከእናት ወደ ልጅ 3 በስለታማ ነገሮች 4 በደም ዝውውር(ደም ከሰው በሚወሰድበት ጊዜ) 5 ቫይረሱ ካለበት ሰው ጋር በሰላምታ/በመሳሳም 6 በትንኝ በመነከስ 7 እቃ በመለዋወጥ 8 ሌላ ካለ ይጠቀስ	
205	ኤች ኤይ ቪ ኤድስን እንዴት መከላከል ይቻላል? (ከ አንድ በላይ መልስ ሊኖረው ይችላል)	1 መታቀብ 2 አንድ ለአንድ መወሰን 3 ኮንዶም መጠቀም 4 ከተለያዩ ሰው ጋር ግብረ ስጋ ግንኙነት አለማድረግ 5 ስለታማ ነገሮችን አለመዋወስ 6 አጎበር መጠቀም 7 ከቫይረሱ ጋር ከሚኖሩ ሰዎች ጋር ማንኛውንም ግንኙነት አለማድረግ	
206	አንዲት ሴት ልቅ የሆነ የግብረ ስጋ ግንኙነት ብታደርግ ሊከሰቱ የሚችሉ ችግሮች ምን ምን ናቸው?	1.ያልተፈለገ እርግዝና 2. የአባላዘር በሽታ 3. ኤች ኤይቪ ኤድስ 4.የስነ ልቦና ችግር 5.ሌላ ካለ.....	
207	አንዲት ሴት ልቅ የሆነ የግብረ ስጋ ግንኙነት ብታደርግ እርግዝናን ለመከላከል የሚያስችል ዘዴ ታውቃለህ/ቁአለሽ? ጥቅስ/ሽ?	

ክፍል ሶስት:- የጓደኛ ተፅእኖን በተመለከተ

301	ጓደኞችህ/ሽ የፍቅር ጓደኛ እንድትይዝ/ሽ እና ወሲብ እንድትፈጽም/ሚ አበረታተውህ/ሽ ያውቃሉ ?	1. አዎ 2. የለም	
302	የግብረስጋ ግንኙነት እንድታደርግ/ሊ ከጓደኞችህ/ሽ ግፊት (ተፅዕኖ) ደርሶብህ/ሽ ያውቃል ?	1. አዎ 2. የለም	
303	ከጓደኞችህ/ሽ ውስጥ ምን ያህሉ ከጋብቻ በፊት ግብረስጋ ግንኙነት አድርገዋል?	1.ማንም አላደረገም 2.በጣም ጥቂቶቹ 3.ግማሽ የሚሆኑት 4. ብዙዎቹ 5.ሁሉም 6.አላውቅም	
304	በ አፍላ ወጣትነት (በልጅነት) ግብረስጋ ግንኙነት ባደርግ ወይም ማድረግ ማንኛውም ሰው የሚያደርገው ስለሆነ እንደጥፋት መቆጠር የለበትም	1.በጣም አልስማማም 2.አልስማማም 3.እርግጠኛ አይደለሁም 4.እስማማለሁ 5.በጣም እስማማለሁ	

ክፍል አራት፣-ሰለ ሥነ- የታ እና ስነ- ተዋልዶ ከቤተሰብ እና ወጣቶች ጋር የሚደረግ ውይይት በተመለከተ

401	አባት-ህን/ሽን ወይም እናት-ህን/ሽን ስለ ሥነ ተዋልዶ ጥያቄ ብትጠይቅ/ቁ (ስለ ህልመ ለሊት ፣ የወር አበባ ፣ ግብረሰጋ ግንኙነት፣ የወሊድ መቆጣጠሪያ፣ የአባልዘር በሽታ) መልስ የሚኖራቸው	አባት	እናት	
		1.በደንብ ይመልስልኛል 2.መልስ ሳይሰጠኝ ይቆጣኛል 3 ይናደድብኛል 4.እሱም ስለማያውቅ በቂ መልስ አይሰጠኝም 5.ስለምፈራው-አልጠይቀውም 6. ሌላ ካለ	1. በደንብ ትመልስልኛለች 2.መልስ ሳትሰጠኝ ትቆጣኛለች 3.ትናደድብኛለች 4.እሷም ስለማታውቅ በቂ መልስ አትሰጠኝም 5 ስለምፈራት አልጠይቃትም 6.ሌላ ካለ	
402	ከቤተሰብህ/ሽ ጋር ስለ ስነ ጾታና ስነ ተዋልዶ ተወያይተህ/ሽ ታውቃለህ/ቁአላሽ?	1.አዎ 1.የለም		መልሱ የለም ከሆነ ወደጥያቄ 501ተሻገር
403	ከቤተሰብህ/ሽ ጋር ስለሚከተሉት ጥያቄዎች ተወያይተህ/ሽ ታውቃለህ/ታውቁአላሽ?			
ሀ	በጉርምስና ወቅት ስለ ሰውነት ለውጥ/ ህልመ ለሊት/የወር አበባ	1.አዎ	2.የለም	
ለ	ስለ ተቃራኒ ጾታ ግንኙነት	1.አዎ	2.የለም	
ሐ	ግብረ ሰጋ ግንኙነት ማድረግ እንደሚገባና እንደማይገባ	1.አዎ	2.የለም	
መ	እርግዝናን እንዴት መከላከል እንደሚቻል	1.አዎ	2.የለም	
ሠ	ስላልተፈለገ እርግዝና እና ውርጃ	1.አዎ	2.የለም	
ረ	ስለአባልዘር በሽታ	1.አዎ	2.የለም	
ሰ	ስለ ኮንዶም	1.አዎ	2.የለም	
ሸ	ስለ አደንዛዥ እጽ እና አልኮል	1.አዎ	2.የለም	
ቀ	ስለ አስገድዶ መድፈር	1.አዎ	2.የለም	

ክፍል አምስት፣-ወሲባዊ ይዘት ስላላቸው የመገናኛ ውጤቶች(ጋዜጦች፣ፊልሞች፣መፅሐፍትና ቪዲዮዎችን ይመለከታል)

501	ወሲብ ቀስቃሽ የሆኑ የመገናኛ ውጤቶችን አይተህ/ሽ ታውቃለህ/ቁአላሽ ?	1.አዎ 2.አይቺ አላውቅም		መልሱ አይቺ አላውቅም ከሆነ ወደ 6018 ይሻገሩ
502	ምን ያህል ጊዜ?	1.በየቀኑ 2.በሳምንት ከ3-4 ጊዜ	3.በወር ከ1-4 ጊዜ 4.አልፎ አልፎ አልፎ	
503	እነዚህን ወሲብ ቀስቃሽ ነገሮችን ስታይ/ዩ እድሜህ/ሽ ስንት ነበር?	----- ዓመት		
504	የትኞቹ አይነት የወሲብ ቀስቃሽ የመገናኛ ውጤቶችን አይተህ/ሽ ታውቃለህ/ቁአላሽ? (ከአንድ በላይ መግለፅ ይቻላል)	1.ፊልሞችና ቪዲዮች 2.ጋዜጦች እና መፅሔቶች 3.ፎቶግራፎች እና ስዕሎች 4.ሌላ ካለ ይጠቀስ.....		
505	እነዚህን ወሲባዊ ይዘት ያላቸውን የመገናኛ ውጤቶች ከተመለከትክ/ሽ በኋላ በተግባር ፈፅመኸው/ሽው ታውቃለህ/ቁአላሽ?	1.አዎ 2.አልፈ.ፀምኩም		

ክፍል 6 :-ስለ ወጣቶች ስነ ተዋልዶ ባህሪ አሁን ስለ ግላዊ ስነተዋልዶ ባህሪ/ሽ ነው የምጠይቅህ/ሽ።፤

ከዚህ በታች ያሉት ጥያቄዎች ምስጢራዊና ግላዊ እንደመሆናቸው መጠን ማንነትዎ እንዳይታወቅ ስምዎ በጥያቄው ወረቀት ላይ አይመዘገብም ስለዚህ በግልጽ እንድትመልስልኝ/ሺልኝ በትህትና እጠይቃለሁ!

601	የግብረ ስጋ ግንኙነት አድርገህ/ሽ ታውቃለህ/ቁአለሽ ?	1 አዎ 2 የለም(አድርጌ አላውቅም)	መልሱ አዎ ከሆነ ወደ ቁጥር603 ተሻገር
602	ለምን ግብረስጋ ግንኙነት እንዳላደረግህ/ሽ ልትገልጽልኝ/ጪልኝ ትችላለህ/ዩአለሽ ?	1 አይምርዩን አላዘጋጀሁትም 2 እርግዝና ይከሰትብኝ/ ይከሰትባት ስለማይፈቅድ ይሆናል ብዬ ስለምፈራ 3 የምፈልገውን ሰው ስላላገኘሁ 4 እድሉን አላገኘሁም 6.እምነቴ (ሃይማኖቴ) 7. በቤተሰብ ተጽእኖ 8. ዕድሜዬ ገና ነው 9. ሌላ ካለ.....	ወደ ቁጥር701 ተሻገር
603	ግብረ ስጋ ግንኙነት ለመጀመሪያ ጊዜ ስታደርግ/ሊ ስንት አመትህ/ሽ ነበር?አመት	
604	ለመጨረሻ ጊዜ የግብረ ስጋ ግንኙነት ያደረግከው/ሽው መች ነበረ ?	1. ከቀን በፊት 2. ከሳምንት በፊት 3. ከወር በፊት 4. ከአመት በፊት	
605	ለመጀመሪያ ጊዜ ግብረ ስጋ ግንኙነት አብረህ/ሽ ካደረከው/ላት ሰው/ሴትጋር ግንኙነታችሁ ምን ነበረ?	1. ሚስት/ባል 2. ፍቅረኛ (አብር/ሬኝ የሚኖር/ምትኖር) 3. ፍቅረኛ (አብረ አንኖርም) 4.ባጋጣሚ ተገናኝተን 5.ሴተኛአዳሪ 6.ሌላ ካለ ይጠቀስ.....	
606	በመጀመሪያ ጊዜ ግብረ ስጋ ግንኙነት እንድታደርግ/ሊ ምክንያት የሆነህ/ሽ ምንድንነው?	1 ተደፍራ/ተገድጄ 2 ጋብቻ 3 ገንዘብ ለማግኘት(ድህነት) 9.በማያቸውፊልሞችተገፋፍቼ 4 ካለኝ ፍላጎት አንጻር 5 ስለ ፍቅር ብዬ 6 ፍቅረኛዬ ስለ ገፋፋኝ/ችኝ 7.አድሜዬ ስለደረሰ ፈልጌ ነው 8. ተሸውጄ ነው 10 አልኮል ወስጄ ስለነበር 11.ስጦታ ስለተሰጠኝ 12.ጓደኞቼ የወንድ/የሴት ፍቅረኛ ስላላቸው እና እንደዛ ስለሚያደርጉ 13 ሌላ ካለ ይገለጽ.....	
607	ግብረ ስጋ ግንኙነት ስታደርጉ ፍቅረኛህ/ሽ ወይም አንተ/ቺወሊድ መቆጣጠሪያ ተጠቅማችሁ ነበር?	1 አዎ 2 አልተጠቀምንም 3 አላስታውስም	አልተጠቀምንም ካለ/ች ወደቁጥር 610 ተሻገር
608	የትኛውን አይነት የወሊድ መቆጣጠሪያ ዘዴ ነበር የተጠቀማችሁት?	1 ኮንዶም ብቻ 2 የሚዋጡ እንክብሎች 3 መርፌ 4 በማህጸን የሚገባ ሉፕ 5 በተፈጥሮ መከላከያ ዘዴይጠቀስ	
609	ወሊድ መቆጣጠሪያ ዘዴውን የተጠቀማችሁት ለምን ነበር?	1 እርግዝናን ለመከላከል 2 የአባልዘር በሽታን ለመከላከል 3 ሁለቱንም ለመከላከል	
610	ባለፉት12 ወራት ውስጥ ግብረ ስጋ ግንኙነት ፈጽመህ/ሽ ነበር?	1 አዎ 2 የለም	መልሱ የለም ከሆነ ወደቁጥር 616 ተሻገር

611	ባለፉት12 ወራት ውስጥ ከስንት ሴቶች/ወንዶች ጋር ግብረ ስጋ ግንኙነት አድርገዋል/ሻል?	ከ.....ሴቶች/ወንዶች ጋር	
612	ባለፉት12 ወራት ውስጥ ባጋጣሚ ከተዋወቅከው/ሽው ሰው ጋር ግብረ ስጋ ግንኙነት አድርገህ/ሽ ታውቃለህ/ቂአለሽ?	1.አዎ 2.የለም	መልሱ የለም ከሆነ ወደ ቁጥር616 ተሻገር
613	ባለፉት12 ወራትውስጥ ባጋጣሚ ከተዋወቅከው/ሽው ሰው/ሴት ጋር ምን ያህል ጊዜ ግብረ ስጋ ግንኙነት አድርገህ/ሽ ታውቃለህ/ቂአለሽ?	1.ሁልጊዜ 2.አልፎ አልፎ 3.ተጠቅሜ አላውቅም	
614	ባለፉት12 ወራት ውስጥ ባጋጣሚ ከተዋወቅከው/ሽው ሰው/ሴት ጋር ግብረ ስጋ ግንኙነት ስታደርጉ ኮንዶም በአግባቡ ትጠቀም/ሚ ነበር?	1.አዎ 2.የለም	መልሱ የለም ከሆነ ወደ ቁጥር616 ተሻገር
615	ባለፉት 12 ወራት ውስጥ ባጋጣሚ ከተዋወቅከው/ሽው ሰው ጋር ግብረ ስጋ ግንኙነት ስታደርጉ ምን ያህል ጊዜ ኮንዶም በአግባቡ ትጠቀም/ሚ ነበር?	1 ሁል ጊዜ 2 ብዙ ጊዜ 3 አልፎ አልፎ 4 አንዳንድ ጊዜ	
616	በአጠቃላይ በህይወት ዘመንህ/ሽ ከስንት ሴቶች/ወንዶች ጋር ግብረ ስጋ ግንኙነት አድርገዋል/ሻል?	ከ.....ሴቶች/ወንዶች ጋር	
617	ከሴተኛ አዳሪ ጋር ግብረ ስጋ ግንኙነት አድርገህ ታውቃለህ? (ለወንድ ብቻ)	1 አዎ 2 አድርገህ አላውቅም	መልሱ አላደርኩም ከሆነ ወደ ቁጥር 701 ተሻገር
618	ከሴተኛ አዳሪ ጋር ግብረ ስጋ ግንኙነት ስታደርግ ኮንዶም በአግባቡ ትጠቀም ነበር?(ለወንድ)	1.አዎ 2.የለም	መልሱ የለም ከሆነ ወደ ቁጥር 701 ተሻገር
619	ከሴተኛ አዳሪ ጋር ግብረ ስጋ ግንኙነት ስታደርግ ምን ያህል ጊዜ ኮንዶም በአግባቡ ትጠቀም ነበር? (ለወንድ ብቻ)	1 ሁል ጊዜ 2 ብዙ ጊዜ 3 አልፎ አልፎ 4 አላስታውስም	ወደ ቁጥር 701 ተሻገር

ክፍል 7፤- አደንዛዥ እጽ (ሄሮይን/ኮኬን፣ቤንዚን፣ጫት፣ሽሻ/ማሪዎና እና አልኮል) መጠቀምን በተመለከተ

701	ሱስ የሚያስይዙ መድኃኒቶችን ወይም እጾችን ተጠቅመህ/ሽ ታውቃለህ/ቂአለሽ?	1 አዎ 2 ተጠቅሜ አላውቅም	ካልተጠቀመ ወደ ቁጥር 704 እለፍ
702	የትኛውን መድኃኒት ነበር የተጠቀምከው/ሽው? (ከአንድ በላይ መልስ ይቻላል)	1.ጫት 2.ሽሻ 3.ሌላ ካለ	
703	ይህን እጽ/መድኃኒት ከተጠቀምክ/ሽ በኋላ በወቅቱ ግብረሰጋ ግንኙነት አድርገህ/ሽ ታውቃለህ/ቂአለሽ?	1.አዎ 2.የለም	
704	የአልኮል አይነቶችን እንደ (ጠጅ፣ቢራ/ድራፍት፣ጠላ እና አረቄ) የመሳሰሉትን በህይወት ዘመንህ/ሽ ጠጥተህ/ሽ ታውቃለህ/ቂአለሽ?	1.አዎ 2.የለም	መልሱ የለም ከሆነ ወደ ጥያቄ ቁጥር 801ተሻገር
705	ላለፉት 12 ወራት የአልኮል አይነቶችን ጠጥተህ/ሽ ታውቃለህ/ቂአለሽ?	1. ጠጅ 1 አዎ 2.የለም 2. ቢራ/ድራፍት 1 አዎ 2.የለም 3. ጠላ 1 አዎ 2.የለም 4. አረቄ 1 አዎ 2.የለም	
706	በአማካኝ ምን ያህል ጊዜ ጠጅ ትጠጣለህ/ጨአለሽ? (ጠጅ የሚጠጣ ከሆነ ብቻ)	1 በየቀኑ(ሁልጊዜ) 2 ብዙ ጊዜ(በሳምንት ከ3-4 ጊዜ) 3 አልፎ አልፎ(በ ወር ከ1-3ጊዜ) 4 በበአላት ቀን ብቻ ወይም በአጋጣሚ	
707	በአማካኝ ምን ያህል ጊዜ ቢራ/ድራፍት ትጠጣለህ/ጨአለሽ? (ቢራ/ድራፍት የሚጠጣ ከሆነ ብቻ)	1 በየቀኑ(ሁልጊዜ) 2 ብዙ ጊዜ(በሳምንት ከ3-4 ጊዜ) 3 አልፎ አልፎ(በ ወር ከ1-3ጊዜ) 4 በበአላት ቀን ብቻ ወይም ባጋጣሚ	
708	በአማካኝ ምን ያህል ጊዜ ጠላ ትጠጣለህ/ጨአለሽ? (ጠላ የሚጠጣ ከሆነ ብቻ)	1 በየቀኑ(ሁልጊዜ) 2 ብዙ ጊዜ(በሳምንት ከ3-4 ጊዜ) 3 አልፎ አልፎ(በ ወር ከ1-3ጊዜ) 4 በበአላት ቀን ብቻ ወይም ባጋጣሚ	
709	በአማካኝ ምን ያህል ጊዜ አረቄ ትጠጣለህ/ጨአለሽ? (አረቄ የሚጠጣ ከሆነ ብቻ)	1 በየቀኑ(ሁልጊዜ) 2 ብዙ ጊዜ(በሳምንት ከ3-4 ጊዜ) 3 አልፎ አልፎ(በ ወር ከ1-3ጊዜ) 4 በበአላት ቀን ብቻ ወይም ባጋጣሚ	
710	ባለፉት 30 ቀናት ውስጥ አልኮል ጠጥተህ/ሽ ታውቃለህ/ቂአለሽ?	1.አዎ 2.የለም	
711	አልኮል ከጠጣህ/ሽ በኋላ ግብረ ስጋ ግንኙነት አድርገህ/ሽ ታውቃለህ /ቂአለሽ?	1 አዎ 2 አድርገህ አላውቅም	

ክፍል 8፣ የስነ ተዋልዶ የጤና ችግሮችን የሚዳስስ ጥያቄ (ግንኙነት ማድረግ ጀምሮ/ራ ከሆነ ብቻ)

801	እርግዝና አጋጥሞሽ/አርግዘሽ ታውቂያለሽ?	1 አዎ 2 የለም	የፍቅር(የወሲብ) ጉዳደኛህን አስረግዘህ ታውቃለህ?	1 አዎ 2 የለም	መልሱ የለም ከሆነ ወደ ቁጥር 809 ተሻገር
802	ስንት ጊዜ አርግዘሻል?ጊዜ	ለስንት ጊዜ አስረግዘህ ታውቃለህ? ጊዜ	
803	እድሜሽ ስንት ነበር ለመጀምሪያ ጊዜ ስታረግገር?	1.....አመት 2. አላውቅም	እድሜህ ስንት ነበር ለመጀምሪያ ጊዜ ስታስረግዝ? 1.....አመት 2.አላውቅም የአረገዘሻልህስ?1.....አመት 2.አላውቅም		
804	እርግዝናው ያልተፈለገ ወይም ያልታሰበ ነበር ?	1 አዎ 2 የታሰበ ነበር			
805	የእርግዝናው ውጤት ምን ነበር ?	1 አሁን እርጉዝ ነኝ/ነች 2 ውርጃ ነበር	3 ልጅ ወልጄ/አለሁ/ወልዳለች 4 ሌላ ካለ ይገለጽ.....		
806	ውርጃ አጋጥሞሽ ያውቃል ?	1 አዎ 2 አያውቅም	የፍቅር(የወሲብ) ጉዳደኛህ ውርጃ አጋጥሟት ያውቃል?	1 አዎ 2 አያውቅም	ካላጋጠማት ወደቁጥር 809 ተሻገር
807	ውርጃው ተነክቶ ነው ወይስ በራሱ/በተፈጥሮ ነው የተከሰተው?	1 ተነክቶ/በሃኪም 2 በራሱ/በተፈጥሮ			መልሱ በተፈጥሮ ከሆነ ወደ ቁጥር 809 ተሻገር
808	ውርጃው እንዴት ነበር የተከናወነው?	1 ለራሱ/ሲመድኃኒት ወስጄ/ዳ 2 በሃኪም ነው	3.ሀኪም ባልሆነ ሰው ነበር 4.ሌላካለ ይጠቀስ.....		
809	ላለፉት 12 ወራት ከብልት የሚወጣ ፈሳሽ አጋጥሞህ/ሽ ያውቃል?	1.አዎ 2.የለም			
810	ላለፉት 12 ወራት በብልት አካባቢ የሚታይ ቁስለት አጋጥሞህ/ሽ ያውቃል	1.አዎ 2.የለም			