

*Addis Ababa University*  
*Faculty of Medicine, School of Public Health*

*Assessment of Exposure to Sexually Explicit Materials  
and other factors as Predictors of Sexual activity  
among In-school Youth in Addis Ababa*

By

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A THESIS SUBMITTED TO THE SCHOOL OF GRADUATE STUDIES OF  
ADDIS ABABA UNIVERSITY IN PARTIAL FULFILMENT FOR THE DEGREE  
OF MASTER OF PUBLIC HEALTH

**June 2008**

**Addis Ababa**

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## **ACKNOWLEDGEMENT**

I am indebted to my advisor Dr. Jemal Haidar, for his invaluable intellectual support from the inception to the culmination of this thesis work. My gratitude extends to CORHA for sponsoring this study and its staff for their constructive comments on the thesis proposal.

Most importantly, I am grateful to the directors, unit leaders and students of Abiyot Kirs, Addis Ketema, Awolia, Bole, Dagmawi Minilik, Derartu Tulu, Dejazmatch Wondiyrad, Entoto Technique, Finote Tibebe, Higher 4 and 23, Lideta Catholic, Lideta Lijageredoch, Lazarist, Kidist Mariam, Kokeb, Magic Carpet Yeka branch, Mekanisa Abadir and Nazareth high schools. This paper is none but the product of their input.

Finally, I appreciate the secretaries and librarians of School of Public Health, Statistics unit of Addis Ababa Education Bureau, Ethical Clearance Committee of Addis Ababa Health Bureau and all the ladies and gentlemen who got involved in data collection and supervision.

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## ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
AOR	Adjusted odds ratio
C.I.	Confidence Interval
COR	Crude odds ratio
CORHA	Consortium of Reproductive Health Associations
FGD	Focus group discussion
FP	Family Planning
HIV	Human Immunodeficiency Virus
IEC	Information Education Communication
PSU	Primary Sampling Unit
RH	Reproductive Health
SE	Sexually explicit
SEM	Sexually Explicit Media/Materials
SPSS	Statistical Package for Social Scientists
STDs	Sexually transmitted Diseases
STI	Sexually Transmitted Infections
TV	Television
UNAIDS	Joint United Nation Program on HIV/AIDS
UNFPA	United Nations Fund for Population Agency
UNICEF	United Nations Children's' Fund
USA	United States of America
VCD	Visual Compact Disc
WHO	World Health Organization

## **ABSTRACT**

**Background:** Sexually explicit media (SEM) are textual, visual, or aural materials that depict sexual acts or expose the reproductive organs of the human body. These erotic and pornographic materials usually portray sex in a risk free manner. Exposure of urban youth to such media is argued to contribute for adoption of risky sexual behavior.

**Objective:** This study aimed to assess magnitude of exposure to SEM and factors contributing to exposure among in-school youth as well as describe sexual behavior and the role of exposure and other factors as predictors of in-school youth sexual activity.

**Methodology:** A cross-sectional descriptive study involving 810 randomly selected students among 18 Addis Ababa high schools was conducted in March 2008. Pre-tested questionnaire was used to collect quantitative data, which was entered and cleaned using EPI INFO 2000 version 3.3 and analyzed using SPSS version 13.0 statistical packages. Odds Ratio with 95% Confidence Interval was used and multiple logistic regression analysis was performed to assess association among variables. Tape-recorded qualitative data, from four FGDs were transcribed and analyzed into predetermined themes.

**Results:** Magnitude of ever-exposure to sexually explicit texts and watching movies were 65.3% and 69.5% respectively. The odds of frequent exposure to SE movies increased with being male, consuming alcohol and *Khat*, having positive attitude towards SEM, and sexual experience while the later two and school type affected frequency of reading SE texts. Nearly eighteen percent of the participants were sexually active. Likelihood of



being sexually active grew with frequent reading of SE texts with AOR of 3.69 (95% C.I. =1.17, 11.63), frequent viewing of SE movies, AOR 7.68 (95% C.I. =2.74, 21.57), alcohol drinking, AOR 3.77 (95% C.I. =1.54, 9.21), *Khat* chewing AOR 4.10 (95% C.I. =1.36, 12.32), and ever having a boy or girl friend AOR 3.43, (95% C.I. =1.65, 7.12). Probability of sexual engagement decreased among those who live with their parents AOR 0.20(95% C.I. =0.04, 0.88). Recalled attendance of school sex education by 56.5% showed no significant association. Inconsistent condom use by 60.9% and having multiple sexual partners by 57% of the sexually active youth were also reported.

**Conclusion and recommendation:** A strong link was revealed between frequent exposure to sexually explicit materials, alcohol and *Khat* consumption, and sexual activity of the in-school youth. Large proportions of sexually active youth are also engaged in risk sexual behavior. Considering these, developing media criticizing skill of students, decreasing accessibility to SEM through legal measures, promotion of peer and school sex education and encouraging parental guidance were some of the recommendations forwarded.

## **1. INTRODUCTION**

### ***1.1. Background***

The UN defines the youth as persons between 15 to 24 years and the same definition is used in the Ethiopian Social Security and Development Policy (1). More than one billion of the world population falls in this age group (2), while this segment of the population constitutes 20-30% of the total population in Ethiopia (1, 3).

World interest in youth health issues has grown dramatically in the past few decades. At the 1994 International Conference on Population and Development (ICPD), the international community for the first time acknowledged the reproductive health challenges facing young people and nations agreed to make adolescent sexual and reproductive health a priority (4). However, amid this burgeoning attention, the youth continue to be the butt of sexual activity related problems (5).

Among the number of reasons that expose youth to reproductive health risks, lack of adequate information on sexual and reproductive health issues is of prior concern (5). Naturally, youth particularly adolescence is a developmental period that is characterized by intense information seeking especially about adult roles (6, 7). Given the lack of readily available information about sexual activity to teens, they turn to media for information about sexual norms and they may also use the media as a sexual super-peer that encourages them to be sexually active (8). This lets media play a significant role in moulding youth sexual activity.

During the exploratory period of young adulthood, the youth are exposed to different sources of information including *sexually explicit media* (SEM). *These are textual, visual, or aural materials that depict sexual behaviors, acts or that expose the reproductive organs of the human body.* They include erotic and pornographic materials, which get released through print media, video films, Internet, music videos etc., (9, 10).

In today's world, TV, movies, print media, music clips, or the Internet are widespread and sexual talk and behaviour are increasingly getting explicit. Significant proportions of music videos and Hollywood movies also portray sexual activity or eroticism (11). Driven by a commercial ground, technological innovations, and globalization, sexually explicit media are getting more and more accessible to adolescents (12). Unfortunately, such media are usually vectors for messages counteracting to those in IEC materials related to HIV/STDs and family planning (11). Ironically, despite data showing the youth are frequent media users and consumers of unhealthy media messages about sexual behaviour, media influence are rarely studied in models that explain sexual activity (13).

However, these days, the study of media impact on adolescents' sexual behavior is among the priority areas of family planning and prevention of HIV infection and STDs, in some countries (14). Availability of a body of research that addresses the nature and magnitude of the role of media in young people's decisions regarding sexual intercourse and protection from disease and unintended pregnancy is believed to guide future policy and programming both in the government and youth reproductive health interventions (14). This is what this thesis dares to achieve in the Ethiopian context together with assessing other factors related to sexual activity among the youth.

## ***1.2. Statement of the problem***

Worldwide, almost 6,000 youth aged 15 to 24 are infected with HIV each day and this is about half of all new HIV infections (15, 16). Globally, an estimated 12 million people of this age group are living with HIV/AIDS; three-fourth of these resides in Sub-Saharan Africa. In Ethiopia around 12.3% (8.9-15.6%) of the HIV infected people are in the same age group (17), mainly acquiring infection through unsafe sexual intercourse.

In spite of this fact, premarital sexual activity which is characterized as being unanticipated, unpredictable, inconsistent with values, and personally uncontrollable, is becoming a common feature among teenagers (18, 19, 20, and 21). Consequently, nearly 4.5 million of the world adolescents undergo abortion each year (22). Fifty to seventy five percent of first teenage pregnancies, in Sub-Saharan Africa are unwanted and unplanned, while 25-57.5% of induced abortions in Ethiopia occur among young women aged 15-20 years (5).

In Ethiopia, there are many taboos about sexual activity and sex education is practically non-existent in the school system (23). In such a context of reticence by conventional sexual socialization agents, the media may be powerful sex educators because they provide frequent and compelling portraits of sex as fun and risk free (24).

The currently pervasive sexually explicit media, channelled through movies, music videos and print media, too often presents unrealistic, inaccurate, and misleading messages that are accepted by young people as facts. Such media users are more likely to adopt behaviour depicted by characters who are perceived as attractive and realistic, and

who are not punished but rewarded for their behaviour (25). The sexual content in the media along with peers may also dilute the positive impact of traditional sexual values espoused by adults (26). This in turn results in manifestations of risky sexual behaviour and its consequences (27, 28, 29, and 30).

It is also agreed that teens whose media diet includes more sexual content and content that presents sexual activity in a risk free light tend to engage in more sexual activity and suffer its negative outcomes (30). A study among high school students in Sweden determined that male high pornography consumers are likely to be involved in different sexual practices such as anal intercourse, sex with casual friend or group sex (31). Worryingly, prolonged exposure to pornographic and erotic images is also implicated to normalize sexual assault and desensitise men to rape (28). Many feminists also argue that the sexual subordination of women in sexually explicit materials reflects, endorses and encourages the social and sexual subordination of women in the society (32).

Despite youth's diversity in culture, background, language, and socioeconomic status, their lives reflect similar, intersecting issues and events (5). Hence, presumably young people worldwide who are exposed to materials which portray sexual activity or eroticism in a risk free manner bear more or less similar consequences. Furthermore, if the postulation that media are arguably the most powerful environmental health influence of our age (33) is accepted, it makes their role alone and along with other factors worth investigating to guide future policy and programming in youth sexual and reproductive health.

## **2. LITERATURE REVIEW**

### ***2.1. Exposure to SEM***

Most of the studies regarding exposure to SEM are done in western countries where exposure is expected to be high. According to a study done in Sweden in 2005, among 876 young people (555 females and 321 males) aged 15-25 years who visited a youth centre for a period of one year, most had been exposed to pornographic movies and the youngest boys reported viewing the most pornography (34). It was further stated that peers were important sources of information.

In a study conducted in America in 2001, it is reported that nearly 30% of a sample of 522 adolescent females reported watching X- rated movies i.e. movies with high sexual content, within the past 90 days (27).

Another study done in USA by Marrow G. on a total of 45 students, faculty, staff and administrators from Edinbro university of Pennsylvania (age range 17-63) 41 out of 45 participants reported exposure to sexually explicit materials in the past year, while 21(51%) reported exposure to sexually explicit magazines and 58% to sexually explicit internet sites within the past year. Around half (51%) have neutral attitude, 24% usually negative, 15% negative, 7% usually positive and 2% positive attitude. 48% had viewed such films with romantic partners and 27% with same sex friend and 20% with opposite sex friend for once or more time(35).

In another qualitative study, undertaken in Sweden among ten women and eight men aged 16-23 sexually explicit material is claimed to be everywhere; referring not only to the easy availability of pornographic materials but also to other media which offer a highly sexualised content (36).

Even though studies on the extent of exposure of the youth to such media are not available for most of the developing countries, exposure to erotic and pornographic media is cited to be common among the Ethiopian youth in different behavioural surveillance studies conducted by Family Health International (37, 38, 39, and 40).

Additionally, in Ethiopia, open discussion with parents and interactive education at schools on sexual activity and HIV/AIDS are reported in lesser proportions (23, 42, and 43). These factors boost the likelihood of mass media use among many as a major source of information (8, 43, 44) and, reasonably, use of other alternative sexual media too (8).

## ***2.2. Sexual behavior of in-school youth***

Young people engaged in early and premarital sexual practices are at risk of unwanted and teenage pregnancy, induced abortion and death due to its complications as well as school dropout and STIs, in particular HIV infection (19). Among People aged 15-19 years in Brazil, Hungary and Kenya, more than a quarter are reported of having sex before they were 15 years old (45).

In Ethiopia, recent studies conducted on adolescent fertility and reproductive risk behaviour, have shown that adolescents begin sexual intercourse before the age of 15.

The mean age reported for first sexual initiation is between 13.6 and 19 years. In a study done in Addis Ababa, it was found that the earliest age reported for sexual intercourse for girls was 14 years (mean age 15.30 years), and for boys earliest initiation was at 12 years (mean age 16.45 years) (5).

As stated by a study done in Ethiopia among in-school and out of school youth aged 15-24 to describe the association between *Khat* chewing, alcohol consumption and risk sexual behaviour, sexual initiation among in school youth of 15-19 was found to be 5.2%, one of the lowest figures recorded (46).

Numerous thesis works have also been produced investigating the sexual behaviour of high school students in Addis Ababa and other towns. A thesis conducted among in-school youth of Addis Ababa in 2002, came up with a proportion of 11.1% sexually active youth. 17.7% of these had more than one sexual partner and consistent use of condom was reported to be 58.7% (42).

A descriptive study done in 2004 to assess barriers of using contraceptives among adolescents in Addis Ababa, 16.6% of the in-school participants were found to be sexually active and mean age of sexual debut was reported to be  $15.94 \pm 1.74$ . Consistent use of contraceptives was 49.3% (47).

In another study undertaken in Nekemt, Ethiopia, among high school students in 2006, 21.4% (70.3% of males and 29.7% of females) reported having premarital sexual intercourse (47). The mean age was  $16.2 \pm 1.5$  years for males and  $15.18 \pm 1.7$  years in



females. The major reasons for sexual debut were falling in love and sexual desire. Seventy four percent of the study population claimed ever use of condom (48).

A study on similar population conducted on Dessie preparatory schools, North Ethiopia, in 2004, reported a proportion of 25.8% sexually active youth. The mean age of sexual debut was  $17 \pm 1.55$  years. Out of these, 43.1% had history of sexual encounter with more than one partner and consistent condom use was 44% (43).

In a cross sectional study conducted in Agaro, Ethiopia (2004), 25% of the in-school youth were claimed to be sexually experienced and the average age of sexual debut was 16.74 years. Fifty four percent of them used condom at least once and 46.9% reported using condom always (49).

In another study conducted among Bale in-school youth, south east Ethiopia, in 2004, 30.8 % of the study participants (72.1% of males and 29.9% of the females) were sexually active and the mean age at first sexual intercourse was  $15.87 \pm 1.84$  years. The main reason forwarded for sexual initiation was, personal desire. Forty eight percent of them had sexual encounter with multiple sexual partner. Majority, 58.1%, have never used condom during any sexual intercourse episode, while only 19.4% of them used consistently (50).

Similar study done among students of Ambo high school, Ethiopia, in 2006, claimed 19% of the study subjects had experienced sexual intercourse. The overall mean age at first sexual intercourse was  $15.91 \pm 1.8$  years. The mean ages at first sexual intercourse for

male and female respondents were  $16.08 \pm 1.708$  years and  $15.66 \pm 1.975$  years, respectively. More than half, 56.4% claimed to have more than one sexual partner and only 27.6% reported consistent condom use (51).

### ***2.3. SEM and Other Factors as Predictors of Youth Sexual activity***

#### **Sexually explicit media as factors**

According to the social learning theory, young people can learn about sexual activity from observing others depicted in the media (25). Numerous studies that illustrate media's powerful influence on adolescents' sexual attitudes, values, and beliefs have verified the essence of this theory (12).

In a certain study conducted in USA, in 2004 assessing mass media as an important context for adolescents' sexual behavior, media influences were significantly associated with sexual intention and behavior in a sample of early adolescents even after considering influences from other important socialization sources, such as family, religion, school and peers (13).

In the qualitative study conducted in Sweden among youth aged 16-23, three out of four considered that pornography could influence the sexual behaviour of others, whereas 25-50% of the respondents considered that it influenced their own sexual behaviour. The informants also thought that they and others were influenced in one way or another. Once exposed to such media, its implication is translated into testing the scenario in action (52).

The proportion of those who believe that sexual content on television influences the behaviour of their peers 'somewhat' or 'a lot' reaches 75% according to a study done in USA among 15-17 year olds (53). This study reveals that adolescents who watched TV for two or more hours per day and reported no control on the content had the highest rate of sexual initiation.

According to the study conducted in America, in 2001, among a sample of female in-school adolescents, those who were exposed to movies with high sexual content had more negative attitude about using contraceptives, were twice as likely to have multiple sex partners, and had sex more frequently (27). Another longitudinal study analysing the effect of watching TV on initiation of sexual behaviour among adolescents, concluded adolescents who viewed more sexual content were more likely to initiate intercourse. This study recommends parents who view films having sexual content with their children and discuss their own beliefs regarding the behaviour depicted may be able to reduce the effects of positively portrayed risky sexual contents on their children's behaviour (54).

In Ethiopia, despite the absence of studies done primarily on the influence of sexually explicit materials, several qualitative studies have shown youth sexual activity is affected by exposure to SEM (37-40). According to one study conducted in Addis Ababa in 2003, unlicensed video films in private homes appeared to be the major shapers of erotic intentions among young people (23).

All in all, in discussing the association of exposure to sexually explicit media with youth sexual activity, it is reasonable to assume a bi-directional process. Increased exposure to

sexual content predicts early initiation of sexual intercourse and conversely more sexually experienced adolescents may seek out more sexual media content which bolsters their interest and may stimulate increased sexual experimentation (8).

### **Other factors associated with youth sexual activity**

According to a literature review of one study, different studies have shown gender (sex), early puberty, substance use, low parental education, parental absence, self-esteem, grade, perceived peer sexual norms, and cultural and family patterns of early sexual activity to be some of the predictors of youth sexual activity (53).

A study in US has revealed that, greater parental decision making, centred on the child's activities within (e.g., TV watching) and outside (e.g., hanging with peers) of the home was associated with a lower likelihood of sex initiation (54).

In a study done in Ethiopia, among in-school and out of school youth aged 15-24, to describe the association between *Khat* chewing, alcohol consumption and risk sexual behaviour over 90% of the in-school youth did not use *Khat* or alcohol and only 7.5% of them used *Khat* everyday or once weekly. *Khat* use was strongly associated with initiation of sexual activity with four fold increased odds in both daily and weekly users while alcohol use was strongly and linearly associated with initiation of sexual activity by four fold (46).

Another study conducted in 2004 among students in Dessie preparatory school (North Ethiopia), to assess the effect of living arrangement and parental attachment on sexual

risk behaviour found out, living with friends, alcohol consumption, parental monitoring and older age to be associated with increased odds of sexual activity (43). In the same year, another study among in-school youth in Bale, South East Ethiopia, has shown associations between sexual intercourse among unmarried youth and consumption of *Khat* and alcohol (50). Even though alcohol is known to decrease inhibition and increase risk-taking behaviour the contribution of *Khat* chewing for practicing risky sexual behaviour is not yet well understood (46).

A number of qualitative studies done among in and out of school youth in Ethiopia have also revealed a close link between alcohol consumption and *Khat* use with sexual activity among the youth (23, 37-40). As one youth based study describes, *Khat* chewing and alcohol consumption often in combination provide a fertile environment for the execution of pre-contemplated ideas on sex (23).

### 3. CONCEPTUAL FRAMEWORK

As depicted in Figure 1, conceptual framework was developed for this paper after reviewing the relevant literatures. Since sexual behaviour is a product of complex interaction involving different factors that network among themselves, this framework did not dare to exhaustively investigate the labyrinth of interactions. Rather a simple linear association among variables of interest is considered.

Socio demographic factors, source and adequacy of information on sexual activity, behavioural and environmental factors (The yellow zone- relatively well investigated) are assumed to have a direct link with sexual behaviour or they can predispose to frequent exposure to sexually explicit materials (Grey zone- less investigated) which may further be linked with sexual behaviour. Frequent exposure to sexually explicit material by itself can be linked with sexual behaviour bi-directionally. In the present study, selected factors out of those enlisted (*within the underlined variables*) in figure 1, are investigated for having relationship with sexual activity.

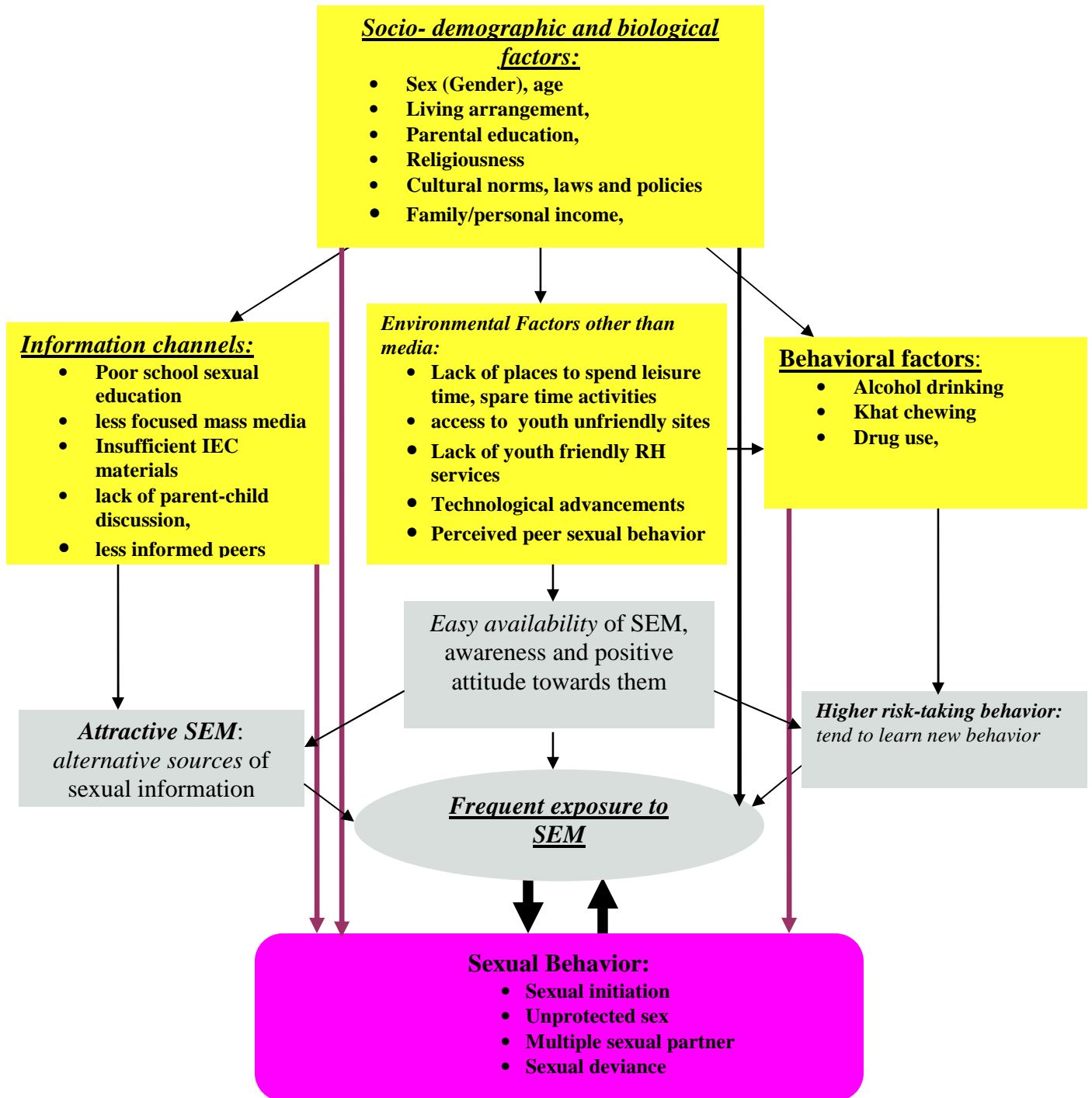


Figure 1: Conceptual framework of factors predicting youth sexual activity

## **4. OBJECTIVES**

### ***3.1. General Objective***

To assess magnitude and effect of exposure to sexually explicit materials and other factors associated with in-school youth sexual activity and frequent exposure to SEM

### ***3.2. Specific Objectives***

- To measure magnitude of exposure to sexually explicit materials
- To assess factors related to frequent exposure to SEM
- To describe sexual behaviour of the youth
- To assess the association of SEM and other selected factors with in-school youth sexual activity



## **5. METHODS AND MATERIALS**

### ***4.1. Study Area***

The study was conducted in Addis Ababa, the capital city of Ethiopia. Based on the 1994 National Census, Addis Ababa had a projected population of 3,164,411 for 2006/2007. There are a total of 129 secondary schools out of which 32 are public, 60 private, 11 missions, 3 church and 2 mosque owned schools among others. Schools are distributed in the city unevenly. The total number of students in the academic year 2006/2007 was 114,993.

### ***4.2. Study Design***

A cross-sectional descriptive study with analytic component was conducted among randomly selected high school youth on March, 2008.

### ***4.3. Source population***

All youth of age 15-24 years attending class in high schools of Addis Ababa

### ***4.4. Study Population***

High school students in Addis Ababa enrolled in grade 10 through 12 for the 2007/2008 academic year selected from the source population using two-stage sampling.

### **Exclusion Criteria**

The following categories of schools/students were excluded from the study.

- Schools with special student population such as prison
- Foreign community schools
- Ninth grade students to involve students greater than 15 years old

- Individual students who are not able to complete the questionnaire without assistance such as the visually impaired
- Schools and students unwilling to participate in the study

**Inclusion criteria**

- Schools with grades 9-12/10-12
- Willing to participate in the study

**4.5. Sample Size**

The sample size for the study was calculated by taking level of significance to be 95%, ( $Z_{\alpha/2}=1.96$ ), power 80%, design effect 2, margin of error 5%. Since magnitude of exposure to sexually explicit materials was not known, 50% prevalence was taken to get the largest sample size. Five percent allowance for non-response was considered.

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

$$= \frac{(1.96)^2 0.5(1-0.5)}{(0.05)^2}$$

Where:

$n$  = sample size

P= prevalence of exposure to sexually explicit materials=50%

D= margin of error between the sample and the population=0.05

$Z_{\alpha/2}$ = critical value at 95% confidence level of certainty (1.96)

The calculated sample size= 384 and non response rate (5%) =19 (384+19=403)

Design effect= 2 (403\*2=806)

Based on these assumptions the required sample size was 806, later adjusted to **810** to get equal number of students from each school.

#### ***4.6. Sampling Procedure***

A two-stage sampling was conducted to select the study subjects. (See figure 2)

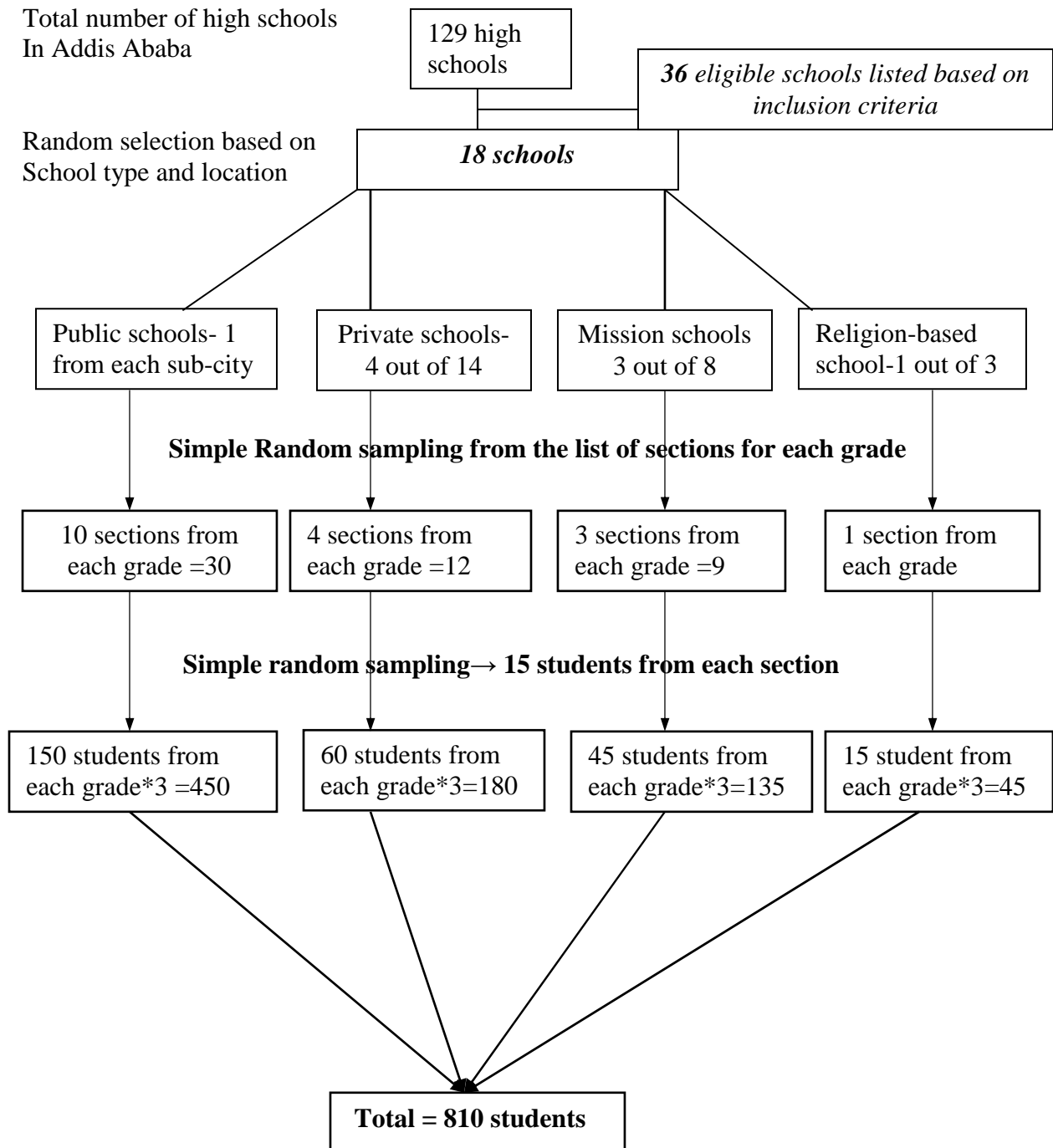
##### **First Stage**

As shown in Figure 2, schools that fulfil the inclusion criteria were taken as a primary sampling unit (PSU). These made a total of 36 schools which constitutes 10 public, 14 private, 8 mission and 3 church/mosque schools. A total of 18 schools were included in the study by considering the available resource. (See Annex V for the detail). Each school type was treated separately and all public schools one from each sub-city were included, four private schools out of 14, three mission schools out of eight and one religious school out of three were randomly selected one from each sub-city.

##### **Second Stage**

From each of the 18 schools all sections of grade 10, 11 and 12 were separately enlisted and one section from each grade was randomly selected by applying a lottery method. Out of each selected section, 15 eligible subjects were randomly selected by calling random numbers from the class roster making the total number of students from each school sum up to 45. In cases where a school was not willing to participate in the study a school with the same ownership status located in the vicinity was included.

For the qualitative study, two public, one mission and one private school were randomly selected out of the 18 schools, the contact persons of Anti-AIDS and Mini-media clubs were communicated to gather volunteer members to make the total of participants 30.



**Figure 2: Schematic Presentation of the Sampling Procedure**

#### ***4.7. Data Collection Methods***

**Instrument:** A closed and open-ended self-administered questionnaire was prepared in English. It was translated to Amharic then back to English to ensure clarity, message consistency and reliability. Finally, it was administered in Amharic. The instrument was pre-tested in a school which was not selected for the study before the final administration of the questionnaire. The principal investigator also prepared a semi-structured focus group discussion guide in Amharic.

**Data Collection Process:** Two supervisors and eight data collectors were recruited and trained for a half day on data collection technique by the principal investigator. The schools were communicated and pre-test was done in the week before data collection. Actual data collection was conducted from March 10 to March 15; the process took one more day than expected.

Simultaneously, four FGDs were conducted in four schools among two groups of female, one group of male and one mixed groups of students who were members of anti-AIDS and mini-media clubs and who didn't take part in the quantitative studies. Two groups consisted of seven girls each, one group eight boys and the remaining group consisted of five girls and three boys. FGDs among the two female groups were moderated by a female nurse and that of the males and the mixed group by the principal investigator. Each discussion was fully tape-recorded, and short notes were taken by the moderators.

#### ***4.8. Data Quality***

- The questionnaire was developed by reviewing relevant literatures on the subject to ensure reliability.
- The questionnaire was pre-tested and modified where necessary.
- Probing questions were asked to reduce error arising from respondents' memory lapse.
- Data collectors and supervisors were trained on data collection technique.
- Informed and surprise supervision were made during the data collection process.
- Each completed questionnaire was checked immediately after return from interview to ascertain all the questions has been answered consistently
- The information entered was rechecked in 10% of randomly selected subjects.

#### ***4.9. Data Management and Analysis***

Data was entered and cleaned using EPI INFO 2000, version 3.3 statistical package. During descriptive analysis frequencies, proportions, as well as mean and standard deviation were used to by applying SPSS version 13.

Univariate analysis and multivariate logistic regression models were used to check crude and independent effect of variables by using Odds Ratio with a 95% Confidence Interval (C.I.) Chi-square trend analysis was used and p-value less than 0.05 was taken as statistically significant.

Tape-recorded qualitative data from focus group discussions were transcribed; the transcript was read thoroughly, and descriptive summary was made by categorizing responses into predetermined themes.

#### ***4.10. Ethical Consideration***

- Ethical clearance was obtained from the Addis Ababa University Research and Publications Ethical Clearance Committee
- The ethical committee of Addis Ababa Health Bureau also revised the document.
- A formal letter was written from Addis Ababa University to all the concerned authorities communicated through the process.
- Permission was secured at all levels, before the start of the study.
- Each individual was presented with information sheet and consent paper prepared in Amharic. (Annex I, II and III)
- The right to withdraw from the study was respected.
- Responses were anonymous and kept confidential.

#### ***4.11. Variables***

##### **Dependent Variables**

- Frequent exposure to sexually explicit materials (SE texts and movies)
- History of sexual intercourse

##### **Independent Variables**

- Socio economic and demographic characteristics: sex, age, school grades, ethnic group, religious group, living arrangement, parents educational status, income of parents, and access to video player at home,
- School type,
- Perceived presence of sex education at school, open discussion on sexual issues with a family member
- Attitude towards sexually explicit materials
- Frequent exposure to sexually explicit materials
- Other risk behaviours (smoking, alcohol drinking and chewing chat)

#### ***4.12. Operational Definitions***

**Sexually explicit media/materials.....** refer to textual, visual, or aural materials that depict sexual behaviors or acts or that expose the reproductive organs of the human body. It includes erotic and pornographic materials, which get released through print media, video films, Internet, music videos etc.

**Exposure to sexually explicit materials .....** ever reading, or watching a material which is defined as sexually explicit

**Pornography/erotica .....** a material perceived to be sexually explicit by the subject



**Frequent reading/watching of sexually explicit text/movie.....** Reading sexually explicit texts in a self reported frequency ranging from 'sometimes' to 'often'

**Infrequent reading/watching of sexually explicit text/movie.....** Reading/Watching sexually explicit texts in a self-reported frequency ranging from never to rarely (once or twice)

**School type.....** Ownership status of the school

**Sexual activity/experience.....** refers to having history of sexual intercourse

**Consistent condom use.....** refers to condom use reported to be 'always'

**Multiple sexual partners.....** having two or more sexual partners

**Positive attitude towards existence of sexually explicit materials.....** to strongly agree/agree to the presence or existence of sexually explicit materials

#### ***4.13. Dissemination of the Results***

The finding report after being defended at Addis Ababa University will be submitted to the School of Public Health and CORHA, the funding agent. As deemed necessary, it will also be communicated in scientific conferences and will be sent for publication to a relevant scientific journal.

## **6. RESULTS**

### ***6.1. Quantitative Findings***

A total of 810 students sampled from 18 governmental and non-governmental high schools throughout Addis Ababa participated in the quantitative phase of the study. Seven of the questionnaires were discarded for being grossly incomplete establishing the total response rate at 99%. In those questionnaires taken for final analysis, response rate for individual questions ranged from 93% to 100%.

#### **6.1.1. Socio-demographic Characteristics**

As displayed in Table 1, out of the 803 respondents, 450(56%) were from the ten public schools involved in the study, 178 (22.2%) from four private schools, 132 (16.4%) from three mission schools and 43 (5.4%) from one religious (mosque school).

Among them, 339 (42.2%) were males and 464(57.8%) females making the male to female sex ratio 1:1.4. Age of the respondents ranged from 15 to 24 and the overall mean was 17.15 years with standard deviation of  $\pm 1.33$ . Regarding grade, 265 (33%) of the participants were from grade 10, 269 (33.5%) from grade 11, and 269 (33.5%) from grade 12.

With the exception of very few (1%) of the subjects, who were married, nearly all students at the time of interview were single (99%).

The proportion of students whose religion is Orthodox Christian, Moslem, and Protestant were 564 (70.2%), 129 (16.1%) and 78 (9.7%) respectively.

The majority 533 (66.8%) of the students live with both of their parents, whereas 50(14.5%) live with their mothers only and 35 (4.4%) with their fathers only.

Slightly over half (54.6%) of the fathers of the students were reported to complete college level, 15.6% attained secondary school level, and 15.9 % were illiterate/can read and write; while 24% of the mothers had college level education, 32.3% secondary school level education, and 24.5% were illiterate/can read and write.

Radio was reported to be owned by 780 (97.1%) followed by TV 735 (91.5%), any type of video player by 624 (77.7%) and cable TV/ satellite dish by 315 (39.2%) of the households where the respondents live. (Not displayed in the table.)

**Table 1: Socio-demographic characteristics of the respondents by gender in high schools of Addis Ababa, March 2008\***

Characteristics	Male	Female	Total
	Freq. (%)	Freq. (%)	Freq. (%)
<b>School Type (n=803)</b>			
Public	225(66.4)	225(48.5)	450(56.0)
Private	49(14.5)	129(27.8)	178(22.2)
Mission	45(13.3)	87(18.8)	132(16.4)
Religious/Mosque	20(5.9)	23(5.0)	43(5.4)
<b>Age Category(n=803)</b>			
15-16	81(23.9)	158(34.1)	239(29.8)
17-18	195(57.5)	266(57.3)	461(57.4)
19-24	63(18.6)	40(8.6)	103(12.8)
<b>Current grade(n=803)</b>			
10th	108(31.9)	157(33.8)	265(33.0)
11th	114(33.6)	155(33.4)	269(33.5)
12th	117(34.5)	152(32.8)	269(33.5)
<b>Marital status(n=803)</b>			
Single	336(99.1)	459(98.9)	795(99.0)
Married	2(0.9)	5(1.1)	7(1.0)
<b>Religion (n=803)</b>			
Orthodox	242(71.4)	322(69.4)	564(70.2)
Muslim	59(17.4)	70(15.1)	129(16.1)
Protestant	21(6.2)	57(12.3)	78(9.7)
Catholic	10(2.9)	11(2.4)	21(2.6)
Others	7(2.1)	4(0.9)	11(1.4)
<b>Lives with (n=798)</b>			
Both parents	216(64.3)	317(68.6)	533(66.8)
Mother only	50(14.9)	66(14.3)	116(14.5)
Father only	18(5.4)	17(3.7)	35(4.4)
Grandparents	12(3.6)	11(2.4)	23(2.9)
Relatives	22(6.5)	38(8.2)	60(7.5)
Others	18(5.4)	13(2.7)	31(4.0)
<b>Father's educational status (n=787)</b>			
Illiterate/read and write	62(18.8)	63(13.8)	125(15.9)
Elementary	52(5.8)	57(12.4)	109(13.9)
Secondary	54(16.4)	69(15.1)	123(15.6)
Tertiary	161(48.9)	269(58.7)	430(54.6)
<b>Mother's educational status (n=784)*</b>			
Illiterate/read and write	96(29.4)	96(21.0)	192(24.5)
Elementary	71(21.8)	80(17.5)	151(19.3)
Secondary	105(32.2)	148(32.3)	253(32.3)
Tertiary	54(16.6)	134(29.3)	188(24.0)

\* Sample size varies due to missing responses. Analysis was done for valid cases.

### 6.1.2. Substance Use and Pastime of Respondents

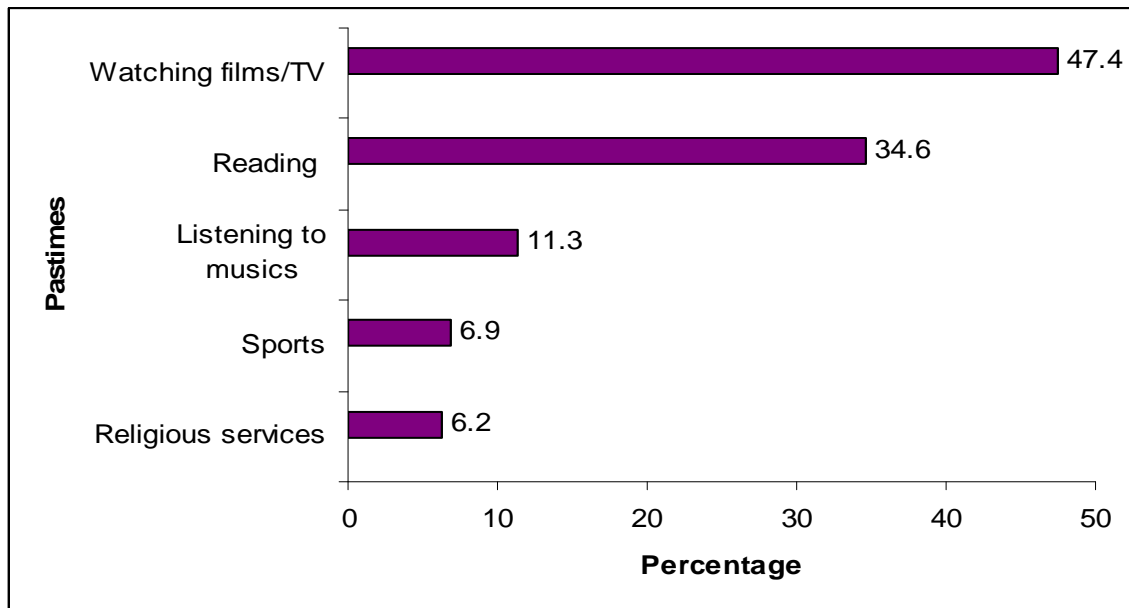
Assessment of risk personal behavior among the students revealed that about 390(48.6%) of the students have never drunk alcohol, 706(88.3%) never smoked cigarette and 706(88.6%) never chewed *Khat*. As seen in Table 2, the proportion of males who ever consumed alcohol, cigarette, and *Khat* in varying degrees, apparently excels that of females.

**Table 2: Distribution of risk personal behavior among respondents by gender in high schools of Addis Ababa, March 2008 \***

Variable	Male	Female	Total
	Freq. (%)	Freq. (%)	Freq. (%)
<b>Alcohol drinking (n= 803)</b>			
Never	118(34.8)	272(58.6)	390(48.6)
Rarely	121(35.7)	122(26.3)	243(30.3)
Sometimes	87(25.7)	61(13.1)	148(18.4)
Often	13(3.8)	9(1.9)	22(2.7)
<b>Cigarette smoking (n=800)*</b>			
Never	281(83.4)	425(91.8)	706(88.3)
Rarely	25(7.4)	20(4.3)	45(5.6)
Sometimes	24(7.1)	16(3.5)	40(5.0)
Often	7(2.1)	2(0.4)	9(1.1)
<b>Khat chewing (n=797)*</b>			
Never	273(81.5)	433(93.7)	706(88.6)
Rarely	26(7.8)	11(2.4)	37(4.6)
Sometimes	30(9.0)	16(3.5)	46(5.8)
Often	6(1.8)	2(0.4)	8(1.0)

\* =Sample size varying due to missing responses. Analysis was done only for valid cases.

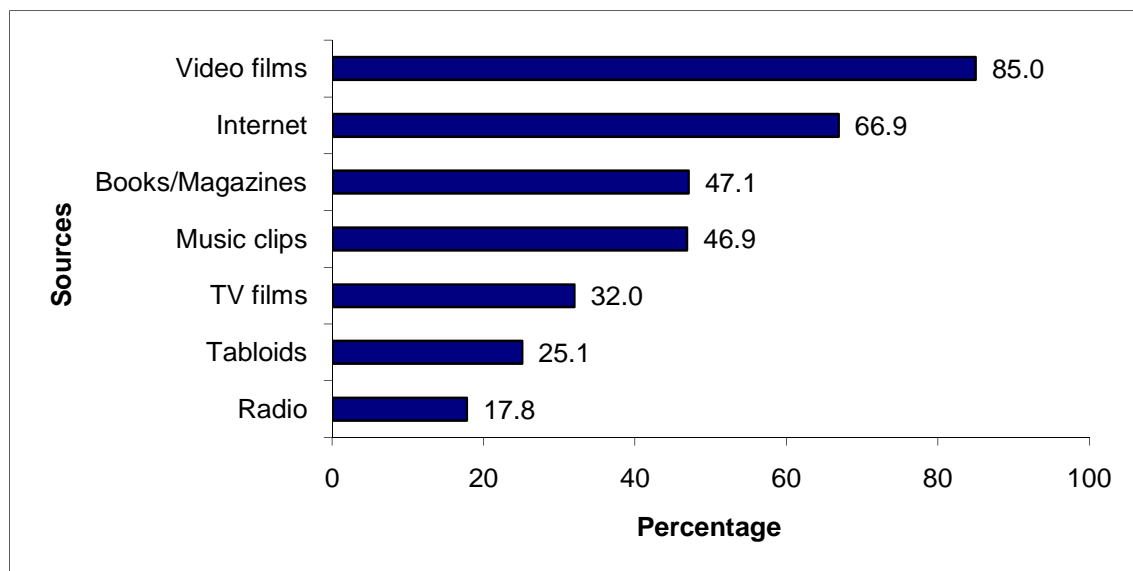
As displayed in Figure 3, in response to the open-ended question on how they mainly spent their spare time, 326(47.4%) of 688 participants answered through watching films/TV, 238(34.6%) reading different types of books, 78 (11.3%) listening to music, 48(6.9%) participating in sports and 36(5.2%) attending religious services among others.



**Figure 3: Percentages of leisure time hobbies of respondents in high schools of Addis Ababa, March 2008.**

### 6.1.3. Exposure to sexually explicit materials

Seven hundred eighty four (97.6%) of all respondents were aware of the existence of sexually explicit materials as defined in this study. Video films were cited as the major source of sexually explicit information by 666 (85.0%) of the students, internet by 524 (66.9%) and radio only by 139 (17.8%) of the students. Access to SEM was deemed 'very easy' by 77.1% and 'difficult' to 'impossible' by only 9% out of 782 respondents.



**Figure 4: Sources of sexually explicit materials as cited by respondents in high schools of Addis Ababa, March 2008**

#### 6.1.3.1. Exposure to Sexually Explicit Text and Factors Related

Regarding exposure to sexually overt reading materials, (65.3%) of the participants recalled their being exposed to such texts. Friends were the major source of the reading materials for 76.8% of the males and 78.6% of the females. Buying of sex oriented reading materials also had a considerable share i.e. 24.6%, whereas (5.3%) mentioned other sources like book rentals, messages through mobile phones and internet.

Texts with high sexual content were usually read alone as reported by 68% of the respondents, shared with same sex friends by 25.1% and with opposite sex friends by 9.4% while the latter two were relatively frequented by males.

With regard to frequency of reading, 35.8% of the respondents out of the 509 exposed, read such materials rarely (once or twice) and 45 (8.84%) read them often. Out of 502 respondents, 138 (27.5%), recalled citation of HIV/FP in the reading material/s they came across , the rest either did not read or remember the case.

**Table 3: Exposure of respondents to sexually explicit reading materials by gender among high school students of Addis Ababa, March 2008\***

Characteristics	Male	Female	Total
	Freq. (%)	Freq. (%)	Freq. (%)
<b>Exposure to Sexually explicit text(n=779)</b>			
Yes	226(66.47)	283(64.46)	509(65.34)
No	62(18.24)	112(25.51)	174(22.34)
I don't remember	52(15.29)	44(12.94)	96(12.32)
<b>Sources of sexually explicit text(n=509)**</b>			
Home	19(11.31)	26(12.09)	45(8.84)
From friends	129(76.79)	169(78.60)	298(58.55)
Library	37(22.02)	44(20.47)	81(15.91)
Buying	57(25.22%)	65(22.97)	125(24.56)
Others	10(4.42%)	17(6.00)	27(5.30)
<b>Usual reading partner(n=509)**</b>			
Alone	148(66.37)	198(71.22)	346(67.98)
Same sex friends	65(29.15)	63(22.66)	128(25.15)
Opposite sex friends	28(12.56)	20(7.19)	48(9.43)
Family members	6(2.69)	12(4.32)	18(3.54)
<b>Frequency of reading (n=509)</b>			
Once or twice	75(33.33)	107(37.68)	182(35.76)
Sometimes	133(59.11)	149(52.46)	282(55.40)
Often	17(7.56)	28(9.86)	45(8.84)
<b>HIV/FP usually mentioned (n=502)</b>			
Yes	63(28.25)	75(26.88)	138(27.50)
No	97(43.50)	152(54.48)	249(49.60)
I don't remember	93(41.70)	52(18.64)	115(22.9)

\*Sample size varies due to missing responses. Analysis was done for valid cases. \*\* Multiple responses were possible.



As depicted in Table 4, univariate and multivariate logistic regression was done to assess factors related to frequent exposure to such materials. Attending in a mission school raised likelihood of frequent reading by more than two folds with COR of 2.50(95% C.I.=1.05, 5.92) and after controlling for selected variables, this significance was maintained with AOR of 5.53 (95%CI=1.51-20.22) and being a public school student was also found to be positively and significantly associated with AOR of 3.12(1.02-9.54).

Alcohol consumption (labeled 'sometimes') was positively associated with frequent reading of SE texts having COR 1.94(1.18, 3.19). This association was not sustained in the multiple logistic regression model (AOR=1.46, 95%C.I. =0.62, 5.03). Additionally, having a positive attitude towards the existence of SEM and being sexually active also increased the odds of frequent reading of sexually explicit texts by three and two folds with COR of 3.19(95%C.I.=1.97,5.16) and COR 2.20(95%C.I. =1.36-3.57) respectively. Association remained significant after adjustment with AOR of 2.67(1.42-5.03) for positive attitude while association with having sexual experience was marginally non-significant with AOR of 2.35(0.93, 5.91).

Nonetheless, gender, age, prohibition against reading, open discussion at home on sexual issues and recalled attendance of sex education at school lacked significant association with frequent reading of sexually explicit texts.

**Table 4: Factors predicting frequent reading of SE texts among respondents in high schools of Addis Ababa, March 2008**

Variable	Frequent reading		COR (95% C.I)	AOR* (95.0% C.I)
	Yes	No		
<b>School type</b>				
Mosque school	15	14	1.00	1.00
Public	188	90	1.96(0.91-4.24)	<b>3.37(1.12, 10.12)**</b>
Private	57	53	1.00( 0.44-2.28)	2.49(0.75, 8.25)
Mission	67	25	<b>2.50( 1.051-5.918)**</b>	<b>5.07(1.39-18.52)**</b>
<b>Gender</b>				
Female	177	107	1.00	1.00
Male	150	75	1.20(0.83,1.73)	0.85(0.46,1.54)
<b>Age category</b>				
15-16	101	51		1.00
17-18	187	109	0.86 (0.57-1.29)	1.10(0.59, 2.04)
19-24	39	22	0.89 (0.48-1.65)	1.70(0.60, 4.86)
<b>Alcohol drinking</b>				
Never	127	86	1.00	1.00
Rarely	101	63	1.09(0.72, 1.65)	0.72(0.38, 1.37)
Sometimes	86	30	<b>1.94(1.18, 3.19)**</b>	1.46(0.62, 3.45)
Often	14	3	3.16(0.88, 11.33)	2.05(0.13, 31.52)
<b>Khat chewing</b>				
Never	276	162	1.00	1.00
Rarely	14	8	1.03(0.42, 2.50)	3.98(0.46, 34.35)
Sometimes	29	9	1.89(0.87, 4.10)	-----
Often	5	2	1.47(0.28, 7.65)	-----
<b>Sex education at school</b>				
Yes	184	104	0.92(0.64, 1.33)	0.73(0.41, 1.28)
No	142	74	1.00	1.00
<b>Open discussion at home</b>				
Yes	150	78	1.13(0.78, 1.63)	1.00(0.57, 1.77 )
No	175	103	1.00	1.00
<b>Attitude to existence</b>				
Positive	115	31	<b>3.19 (1.97, 5.16)**</b>	<b>2.67(1.42, 5.03)**</b>
Negative	115	99	1.00	1.00
<b>Reading prohibited</b>				
Yes	141	70	1.165 (0.78-1.75)	0.80(0.41, 1.28)
No	128	74		
<b>Sexual experience</b>				
Yes	88	26	<b>2.203(1.36, 3.57)**</b>	<b>2.35(0.93, 5.91)</b>
No	231	151	1.00	1.00

\*AOR-Adjusted for school type, gender, age, alcohol drinking, *Khat* chewing, sex education at school, open discussion at home, attitude to existence of SEM, prohibition against reading and history of sexual intercourse  
 \*\*significant association

### **6.1.3.2. Exposure to Sexually Explicit Films and Factors Related**

In response to the question of ever-exposure to sexually explicit movies, 511 of the 735 respondents (69.52%) reported positively. The sex specific proportion of ever-exposure was apparently higher in males i.e. 83.65% Vs 58.75% of females. Pertaining to history of recent exposure, 39.49% of them have been exposed in the most recent vacation they had (which falls within a month period of this study for all schools), to similar films. The proportion of males is still higher. Among those who responded for how frequent, 88 (17.6%), reported watching sex films often, 252(49.7%) sometimes and 32% rarely (once or twice).

Video rental was the major source of sexually explicit movies (64%) followed by sharing among friends (34.6%) and entering video houses (16%). Infrequently cited sources were internet, mobile phones and buying of such films by 27(4.40%) of the respondents.

Such movies were usually watched alone among females (41.25%) and with same sex friends in case of males (57.58%). Females watch in higher proportion with their family members than males (18.33% Vs 7.20%). Among the respondents who admitted of being exposed to SE movies, 112(22%) reported of having tried to exercise what they have seen in movies. Chi-square trend analysis showed trying to exercise what was watched increases with frequency of watching ( $\chi^2= 8.21, p=0.004$ ). The odds of attempting to practice ranged from five times among those who watch SE movies 'sometimes' to 17 times among those who watch 'often'. Only 5.7% of those who were exposed to SE movies could recall films which display any mode of safe sex.

**Table 5: Exposure of respondents to sexually explicit movies by gender in high schools of Addis Ababa, March 2008\***

Variable	Male	Female	Total
	Freq. (%)	Freq. (%)	Freq. (%)
<b>Ever exposure to SE movies (n=735)</b>			
Yes	266(83.65)	245(58.75)	511(69.52)
No	52(16.35)	172(41.25)	224(30.48)
<b>Exposure in the most recent break (n=509)</b>			
Yes	130(48.87)	71(29.22)	201(39.49)
No	136(51.13)	172(70.78)	308(60.51)
<b>Frequency of watching (n=507)</b>			
Once or twice	54(20.45)	113(46.50)	167(32.94)
Sometimes	146(55.30)	106(43.62)	252(49.70)
Often	64(24.24)	24(9.88)	88(17.36)
<b>Sources of SE movie (n=509)**</b>			
Video rental	175(67.83)	152(67.26)	327(77.88)
Video house	67(25.97)	15(6.64)	82(13.38)
Friends	93(36.05)	84(37.17)	177(28.87)
Others	13(3.74)	14(5.28)	27(4.40)
<b>Trial based on the films (n=509)</b>			
Yes	75(28.19)	37(15.22)	112(22.00)
No	191(71.80)	206(84.77)	397(77.99)
<b>Usually watches movies with, (n=504)</b>			
Alone	103(39.02)	99(41.25)	202(40.08)
Same sex friends	152(57.58)	91(37.92)	243(48.21)
Opposite sex friends	28(10.61)	28(11.67)	56(11.11)
Family member	19(7.20)	44(18.33)	63(12.50)
<b>Any display of safe sex (n=510)</b>			
Yes	15(5.60)	14(5.78)	29(5.69)
No	232(86.60)	201(83.10)	433(84.10)
I don't remember	21(7.81)	27(11.15)	48(9.41)

\*Sample size varies due to missing responses. Analysis was done for valid cases.

\*\* Multiple answers possible.

As shown in Table 6, univariate and multivariate logistic regression was done to assess factors predicting frequent exposure to sexually explicit movies. Among the socio-demographic variables being male was shown to increase the odds of watching such films by four fold, COR=4.18(95% C.I. =3.10, 5.64) an association which was maintained after controlling for selected variables with AOR 2.74(95% C.I. =1.73, 4.34). Increment in age raised likelihood of frequent viewing with COR 1.38 (95% C.I. =1.00, 1.90) for those between 17 and 18 and COR 2.47 (95% C.I. = 1.54, 3.96) for 19-24 year olds but failed to show independent association after adjustment.

On the other hand, frequent alcohol drinking and *Khat* chewing showed an increasing trend of watching frequency; from drinking rarely (COR= 2.15(1.54, 3.01) to 'sometimes' (COR= 7.14(4.67, 10.93) and chewing rarely COR= 6.22(2.8, 13.80) to 'sometimes' COR=14.07(5.49, 36.04). But only moderate ('sometimes') consumption of alcohol sustained significant association after controlling possible confounders.

Having a positive attitude towards the existence of SEM increased the odds of frequent exposure to SE films by seven fold with COR of 7.24 (95% C.I. =4.87, 10.78) and being sexually active by nearly eight times with COR 7.69 (95% C.I. =4.93, 12.00). Significant association still existed for both in the multiple logistic regression model with AOR of 4.75 (95% C.I. =2.87, 7.84) for positive attitude and AOR 3.07 (95% C.I. =1.54, 7.94) for having sexual experience.

Presence of video player at home, prohibition against watching, recalled attendance of sex education and open discussion at home on sexual issues showed no significant association at all.

**Table 6: Factors predicting frequent watching of SE movies among the study participants in high schools of Addis Ababa, March 2008**

Characteristics	Frequent watching		COR (95% C.I.)	AOR* (95% C.I.)
	Yes	No		
<b>School type</b>				
Mosque school	19	24	1.00	1.00
Public	203	247	1.04 (0.55, 1.95)	0.83(0.33-2.06)
Private	64	114	0.71 (0.36, 1.39)	0.59(0.21-1.63)
Mission	54	78	0.87 (0.44, 1.75)	0.73(0.25-2.11)
<b>Gender</b>				
Male	210	129	<b>4.18(3.10, 5.64)**</b>	<b>2.74(1.73, 4.34)**</b>
Female	130	334	1.00	1.00
<b>Age category</b>				
15-16	84	155	1.00	1.00
17-18	197	264	<b>1.38 (1.00, 1.90)**</b>	0.99(0.60, 1.65)
19-24	59	44	<b>2.47 (1.54, 3.96)**</b>	1.07(0.51, 2.26)
<b>Video player at home</b>				
Yes	261	363	0.91 (0.65-1.27)	1.14(0.64, 2.02)
No	79	100	1.00	
<b>Alcohol drinking</b>				
Never	107	283	<b>1.00</b>	1.00
Rarely	109	134	<b>2.15(1.54, 3.01)**</b>	1.38(0.83, 2.32)
Sometimes	108	40	<b>7.14(4.67, 10.93)**</b>	<b>2.44(1.25, 4.73)**</b>
Often	16	6	<b>7.05(2.69, 18.53)**</b>	1.33(0.27, 6.46)
<b>Khat chewing</b>				
Never	260	446	1.00	1.00
Rarely	29	8	<b>6.22(2.8, 13.80)**</b>	2.70(0.83, 8.86)
Sometimes	41	5	<b>14.07(5.49, 36.04)**</b>	2.31(0.57, 9.36)
Often	7	1	<b>12.01(1.47, 98.14)**</b>	-----
<b>Attitude towards SEM</b>				
Positive	131	48	<b>7.24 (4.87, 10.75)**</b>	<b>4.75(2.87, 7.84)**</b>
Negative	112	297	1.00	1.00
<b>Sex education at school</b>				
Yes	193	250	1.04(0.78, 1.38)	0.82(0.52, 1.28)
No	140	196	1.00	1.00
<b>Open Discussion at home</b>				
Yes	146	247	0.88(0.66, 1.17)	0.80(0.51, 1.25)
No	192	240	1.00	1.00
<b>Watching prohibited</b>				
Yes	190	211	1.20 (0.88, 1.64)	1.22(0.77, 1.91)
No	116	155	1.00	1.00
<b>Sexual experience</b>				
Yes	112	28	<b>7.69 (4.93, 12.00)**</b>	<b>3.07(1.54, 6.14)**</b>
No	221	425	1.00	1.00

\*AOR: adjusted for school type, sex, age, alcohol/khat consumption, video player at home, sex education at school, open discussion with family, attitude towards SEM, prohibition and sexual history \*\*= Significant

#### 6.1.4. Attitude towards Sexually Explicit Materials

Out of 782 respondents 22.89% had positive attitude (strongly agree/agree) towards the existence of sexually explicit materials while 52.31% had negative attitude (strongly disagree/disagree) to the presence of such materials. The majority, (72.15%) believed that SEM are able to alter sexual characteristics, while (14.15%) did not agree. Eighty five percent wished to learn the benefits and harm of being exposed to such materials either from their teachers or from their family. Accessibility of these materials to the whole public is disapproved by the majority, 526(67.2%).

**Table 7: Attitude of the respondents towards sexually explicit materials by gender in high schools of Addis Ababa, March 2008\***

Variable	Male	Female	Total
	Freq. (%)	Freq. (%)	Freq. (%)
<b>Existence important (n=782)</b>			
Strongly agree	57(17.07)	36(8.04)	93(11.89)
Agree	49(14.67)	37(8.26)	86(11.00)
Neutral	87(26.05)	107(23.88)	194(24.81)
Disagree	69(20.66)	121(27.01)	190(24.30)
Strongly disagree	72(21.56)	147(32.81)	219(28.01)
<b>Alters sexual characteristics (n=779)</b>			
Strongly agree	137(41.02)	196(44.04)	333(42.75)
Agree	99(29.64)	130(29.21)	229(29.40)
Neutral	51(15.27)	56(12.58)	107(13.74)
Disagree	27(8.08)	43(9.66)	70(8.99)
Strongly disagree	20(5.99)	20(4.49)	40(5.13)
<b>Family/teachers should notify (n=784)</b>			
Strongly agree	189(56.59)	268(59.56)	457(58.29)
Agree	82(24.55)	129(28.67)	211(26.91)
Neutral	33(9.88)	32(7.11)	65(8.29)
Disagree	18(5.39)	9(2.00)	27(3.44)
Strongly disagree	12(3.59)	12(2.67)	24(3.06)
<b>Available to whole public (n=783)</b>			
Strongly agree	41(12.24)	31(6.92)	72(9.20)
Agree	33(9.85)	27(6.03)	60(7.66)
Neutral	57(17.01)	68(15.18)	125(15.96)
Disagree	100(29.85)	139(31.03)	239(30.52)
Strongly disagree	104(31.04)	183(40.85)	287(36.65)

\*Sample size varies due to missing responses. Analysis was done for valid cases.

Regarding major source of information on sexual issues, most of the students (456/58.7%) cited friends, 108(13.9%) radio/TV and 80(10.3%) parents and 67(8.6%) lovers. When asked about their preferred source of information, friends were still favored by the majority (22.25%) followed by radio/TV (21.35%), and parents by (20.1%).

Nearly half (45%) of the students claimed having open discussion on sexual issues with someone in their family. Furthermore, slightly above half (56.4%) responded positively for attending sexual education at school.

**Table 8: Responses of respondents regarding sexual information in high schools of Addis Ababa, March 2008\***

<b>Variable</b>	<b>Frequency</b>	<b>Percentage</b>
<b>Major source of information ( n= 777)</b>		
Friends	456	58.69
Radio/TV	108	13.90
Parents	80	10.30
Lover	67	8.62
Teachers	38	4.89
Other family member	29	3.73
Religious sites	15	1.93
Health facility	10	1.29
Others	2	0.26
<b>Preferred source of information (n=773)</b>		
Friends	172	22.25
Radio/TV	165	21.35
Parents	155	20.05
Health facility	97	12.55
Religious sites	80	10.35
Lover	45	5.82
Teachers	30	3.88
Other family member	24	3.10
Others	5	0.65
<b>Open discussion with family members (n=785)</b>		
Yes	353	44.97
No	432	55.03
<b>Sex education at school (n=785)</b>		
Yes	443	56.43
No	342	43.57

\* Sample size varies due to missing responses. Analysis was done for valid cases.



### **6.1.5. Sexual behavior of the study group**

Table 9 shows the sexual behavior of the study group. Out of the 793 respondents, 353 (44.5%) have/had a boy/girl friend. Regarding history of sexual intercourse, 140 out of 786 (17.8%) claimed to be sexually active. Among 121 of those who recalled their age at first sex, a mean of  $16.2 \pm 2.022$  and modal age of 16 is recorded (mean for males=  $16.4 \pm 1.67$  and for females  $15.89 \pm 2.05$ ). Males were more likely to be sexually active. ( $p=0.000$ )

The proportion of those who had more than two sexual partners was 56.8%. When this finding is disaggregated by gender, the proportion of male participants with history of two or more sexual partners is higher than that of females ( $p=0.000$ ). Among 139 sexually active respondents, 92 (66.2%) reported ever use of condoms while 47 (33.8%) did not. Ever condom use was reported more among males than females and the difference noted was significant. ( $p=0.000$ )

Out of the 92 ever users of condom only 38.7% claimed to use it always (consistently), 48.4% sometimes while 14% did only once or twice. Out of the 96 respondents who had sexual experience, 21.6% of the males, and 68.8% of the females reported ever-use of contraceptives other than condom.

**Table 9: Sexual Characteristics of respondents by gender in high schools of Addis Ababa, March 2008\***

Characteristics	Male	Female	Total	P-value
	Freq. (%)	Freq. (%)	Freq. (%)	
<b>Ever had a boy/girl friend (n=793)</b>				
Yes	153(45.81)	200(43.57)	353(44.51)	0.532
No	181(54.19)	259(56.43)	440(55.49)	
<b>Sexual intercourse (n=786)</b>				
Yes	86(26.06)	54(11.84)	140(17.90)	0.000**
No	244(73.94)	402(88.16)	646(82.19)	
<b>Number of sexual partners(n=132)</b>				
One	23(27.71)	34(69.39)	57(43.18)	0.000**
Two	26(31.33)	10(20.41)	36(27.27)	
Three or more	34(40.96)	5(10.20)	39(29.55)	
<b>Condom ever use(n=139)</b>				
Yes	67(78.82)	25(46.30)	92(66.19)	0.000**
No	18(21.18)	29(53.70)	47(33.81)	
<b>Frequency of condom use (n=92)</b>				
Consistent	29(42.65)	7(29.17)	36(39.13)	0.281
Inconsistent	39(57.35)	17(70.83)	56(60.87)	
<b>Ever use of other contraceptives(n=96)</b>				
Yes	11(21.57)	14(31.11)	25(26.04)	0.284
No	40(78.43)	31(68.89)	71(73.96)	

\*Sample size varies due to missing responses. Analysis was done for valid cases.

\*\* Significant

As described in Table 10, falling in love was the major drive in females to have their first sexual intercourse whereas sexual desire or curiosity was the reason mostly forwarded by males.

**Table 10: Reasons for having the first sexual intercourse among respondents by gender in high schools of Addis Ababa, March 2008**

Reason	Male (N/%)	Female (N/%)	Total (N/%)
Love	20 (24.7)	29(49.1)	49 (35.0)
Sexual desire	48(5.9)	10(16.9)	58(41.4)
Marriage	1(1.2)	7(11.9)	8 (5.7)
Forced	--	6(10.2)	6 (4.3)
For money/other gifts	--	1(1.7)	1(0.7)
Others	10(12.3)	8(13.6)	18 (12.9)
Total	81	59	140(100)

### 6.1.6. Factors Related to Sexual Activity

Based on the conceptual framework, factors deemed to be related with history of sexual intercourse were grouped and analyzed using univariate and multivariate logistic regression model and were presented in Table 11.

The odds of being sexually active was more than two times higher among males than females with COR of 2.62 (95% C.I. =1.80, 3.82). When compared with the lower age category (15-16 years) the effect of age ranged from nearly three times among 16-17 year olds with COR 2.82(95% C.I. =1.65-4.83) to seven times 7.11 (95% C.I. =3.81-13.29) (in 19-24) year olds but these associations were lost after controlling for possible confounders.

Among other socio-demographic factors, living arrangement was shown to have a significant association with sexual activity. When compared with living alone<sup>1</sup> other living arrangements were negatively associated with sexual experience but only living with both parents showed independent effect. Students who live with their parents, were less likely to be sexually active with COR of 0.14 (95% C.I. =0.05-0.37) and AOR 0.20 (95% C.I. =0.04-0.88) than others.

Frequent consumption of alcohol and chewing of *Khat* were likely to predict sexual experience with COR 9.9 (95% C.I. = 5.94, 16.48) and 14.14 (95% C.I. = 7.34-27.24) respectively. Significant association remained after controlling selected variables with

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<sup>1</sup> Living with spouse not considered since its effect was not shown after adjusting for selected variables due to its small sample size.

AOR 3.77 (95% C.I.=1.54, 9.21) for alcohol and AOR=4.10 (95% C.I. =1.36-12.32) for *Khat* consumptions.

Most importantly, more frequent exposure to SEM (labeled 'often') increased probability of having sexual experience by five fold COR 5.28, (95% C.I. =2.53, 11.01) in case of reading to nineteen times COR 18.54 (95% C.I.9.17-37.47) for viewing with AOR of 3.69 (95% C.I. =1.17, 11.63) and 7.68 (95% C.I. =2.74, 21.57) in order. This finding made more frequent watching of sexually suggestive films the strongest predictor of sexual engagement among the students<sup>2</sup>.

Regarding the role of courtship/dating, ever-having a boy/girl friend raised likelihood of sexual initiation by more than eight times with COR of 8.41 (95% C.I. =5.27-13.44) and AOR 3.43 (1.65-7.12) in the multivariate analysis.

Open discussion with someone in the family on sexual issues was shown to decrease probability of being sexually active with COR of 0.66(95% C.I. =0.45-0.96) but it failed to maintain significance after being adjusted for other variables with AOR= 0.83(95% C.I. = 0.43-1.61). Recall of attending sex education at school [COR= 0.77(0.54-1.12)] and attending religious schools or else, did not show any association with sexual experience.

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<sup>2</sup> 'Often' consumption of *Khat* was not considered since its effect was not shown after adjusting for selected variables due to its small sample size.

**Table 11: Factors predicting sexual activity among respondents in high schools of Addis Ababa, March 2008**

Characteristics	Sexually active		COR (95% C.I.)	AOR(95%C.I.)*
	Yes	No		
<b>School Type</b>				
Religious/Mosque	97	342	1.00	1.00
Public	16	154	1.46 (0.63-3.38)	7.53(0.98-58.18)
Private	20	114	0.67(0.26-1.70)	2.60(0.29-23.05)
Mission	7	36	0.72(0.28-1.89)	2.88(0.33-24.91)
<b>Gender</b>				
Female	86	402	1.00	1.00
Male	54	402	<b>2.62(1.80-3.82)**</b>	1.23(0.61-2.49)
<b>Age category</b>				
15-16	18	219	1.00	1.00
17-18	84	362	<b>2.82(1.65-4.83)**</b>	1.89(0.83-4.31)
19-24	38	65	<b>7.11(3.81-13.29)**</b>	2.62(0.90-7.59)
<b>Lives with</b>				
Both parents	85	438	0.14(0.05-0.37)	<b>0.20(0.04-0.88)**</b>
Mother only	20	92	0.15(0.05-0.45)	0.33(0.07-1.59)
Father only	4	31	0.09(0.02-0.37)	0.30(0.040-2.21)
Grandparents	4	19	0.15(0.04-0.63)	0.11(0.01-1.18)
Relatives	9	49	0.13(0.04-0.43)	0.20(0.03-1.41)
Friends	1	5	0.14(0.01-1.47)	0.40(0.02-10.14)
Spouse	7	0		-----
Alone	10	7		1.00
<b>Alcohol drinking</b>				
Never	27	352	1.00	1.00
once or twice	38	201	<b>2.46(1.46-4.16)</b>	2.18(0.93-5.10)
Sometimes	63	83	<b>9.90(5.94-16.48)**</b>	<b>3.77(1.54-9.21)**</b>
Often	12	10	<b>15.64(6.20-39.49)</b>	2.59(0.57-11.72)
<b>Khat chewing</b>				
Never	88	602	1.00	1.00
Once or twice	14	22	<b>4.35(2.15-8.82)**</b>	1.38(0.43-4.43)
Sometimes	31	15	<b>14.14(7.34-27.24)**</b>	<b>4.10(1.36-12.32)**</b>
Often	6	2	<b>20.52(4.08, 103.3)**</b>	-----
<b>Frequency of reading</b>				
Once or twice	26	151	1.00	1.00
Sometimes	68	209	<b>1.89(1.15-3.11)**</b>	1.67(0.81-3.48)
Often	20	22	<b>5.28(2.53-11.01)**</b>	<b>3.69(1.17-11.63)**</b>
<b>Frequency of watching</b>				
Once or twice	14	149	1.00	1.00
Sometimes	58	190	<b>3.25(1.75-6.05)**</b>	1.56(0.65-3.79)
Often	54	31	<b>18.54(9.17-37.47)**</b>	<b>7.68(2.74-21.57)**</b>

Table 11: (contd.)

<b>Open discussion with family member</b>					
Yes	51	298	<b>0.66(0.45-0.96)**</b>	0.83(0.43-1.61)	
No			1.00	1.00	
<b>Sex education at school</b>					
Yes	71	233	0.77(0.54-1.12)	0.75(0.39-1.44)	
No			1.00	1.00	
<b>Ever have/had a boy/girl friend</b>					
Yes	115	233	<b>8.41(5.27-13.44)**</b>	<b>3.43(1.65-7.12)**</b>	
No			1.00	1.00	

\*AOR= adjusted for school type, gender, age category, living with, alcohol drinking, *Khat* chewing, frequency of reading SE texts, frequency of watching SE films, open discussion with family member, sex education at school and ever having a boy/girl friend

\*\*=significant association

## ***6.2. Qualitative Findings***

Four FGDs were conducted among randomly chosen two public, one mission, and one private schools. Two groups consisted of seven girls each, one group eight boys and the remaining group, five girls and three boys. The FGDs were conducted to augment the quantitative study and understand further the magnitude of exposure to sexually explicit materials and to identify other factors related to sexual behavior of the students through use of semi-structured FGD guide. All discussants were in the age between 16 and 19 years.

### **Magnitude of exposure, sources, and factors affecting**

Most of the participants of both male and female groups agreed on the inevitability of exposure to sexually explicit materials among young boys and girls in high schools whether they like it or not.

They stated students are commonly exposed to sexually overt pictures, which expose the nudity of women. They further mentioned the presence of students who have better access to internet and are able to download such pictures, photocopy and distribute them to some of their friends or post them in classes when the teachers were not around.

The majority of the participants in the male group claimed that almost everybody is exposed to such materials through sex films. Moreover, these days as there are IT classes in high schools; students are equipped with the skills needed to browse through the internet and get any type of material they want related to sexual activity.

A girl of 17 from a private school exclaimed, "*Dare to write the word sex and click, you can get whatever you wished or not wished. Such pictures and films are there in a disgusting expanse... that is too immoral.*"

However, majority of the participants mentioned presence of higher degree of exposure among out-of school youth. They also stated that it is difficult to say these materials are widely used by students or not since students do not discuss this issue except with their close friends.

Almost all agreed that it is not easy to find tabloids with high sexual content in Amharic but mainly translated works or original foreign novels and 'psychological' books on sex, provide with materials exposing human sexual activity freely. Still, most admitted reading is still better than the pictures and movies.

All participants said, nowadays, it is easier more than any time to access sex films. A 16 year old boy said, "*You can either rent for one birr or even buy such movies from the streets. When you hear friends talking about such things you will come to say at least watching doesn't matter. Then exposure starts.*" Most of them agreed on the presence of familial/parental prohibition against watching similar movies; nevertheless, the ease of accessibility triggers exposure at least alone or else with same sex friends.

A 17 years old girl from the group in the mission school said, "*Feature films presented in Ethiopian TV are edited off their sexual content. That is nice. However, in the era of technology we exchange short films through cell phones and enjoy them whenever we wish. Hence censoring films or prohibition can't be the way to stop much exposure to*



*such pictures rather open discussion on sexual activity may keep children out of reach of such movies."*

Village's video houses, cinemas, including newly coming Amharic movies and western music clips were also blamed for contributing to higher degree of exposure among the in-school youth.

Factors that are agreed by many to decrease frequency of watching among students are parental prohibition and monitoring, having friends that are less exposed to similar media and being more open on sexual issues both at home and at school. A 16-year-old boy from public high school claimed, *"When the issue of sexual activity is raised at home, we usually condemn people who act in unacceptable and immoral way rather than discussing our own problems and concerns. This makes you search for any information on sexual activity alone or in groups. Along the way you may fell victim to the most sexually vile contents."*

### **Perceived Benefit and Harm of SEM**

With regard to the perceived benefit and harms of exposure to sexually explicit materials, there were debates among participants. Nevertheless, almost all said children at lower ages should not be exposed.

The majority of the participants (almost all of the girls) agreed watching such pictures, or movies, compels the youth to engage in untimely sexual activity, ranging from self-abuse to direct sexual intercourse. They further claimed that those who are frequently exposed to sex films also aim to act the same way and engage sooner into sexual life.

Most of them further stated watching such movies and music clips is a waste of time. Some of the girls mentioned deterioration in self confidence after watching similar still pictures or movies. They condemned such materials by saying the boys who enjoyed such media usually judge their (female students') physical appearance or dressing style based on those women on the pictures or movies, and that hurts their self-confidence.

The males groups relatively supported the importance of exposure at their level for the sake of knowledge. A 17 years old boy said, *"I wish my family approved exposure to such materials at early age. Such things are highly prohibited as a kid. So whenever you get the opportunity alone or with your friends at our age you need to explore this hidden world; by watching others and practicing. But had there been exposure early, it (sex) wouldn't be a thing of wonder for us now."*

The effect of reading 'psychological' books written on love and sexual activity is ranked better by most of the participants. A 16-year-old girl quoted *'You can get scientific books written on love and sex everywhere. I believe reading such books in our spare time is constructive. After all we need to make ourselves ready for what is ahead.'*

Participants from one public and one mission schools claimed discussing on the issue of sexually explicit materials among anti-AIDS club members, otherwise it is said open discussion on this area is not common, even between close friends. Limiting access to such materials through banning of video houses, dealers of similar materials on the streets and regulating the internet were solutions forwarded by discussants to decrease exposure.

### **Other factors affecting in-school youth sexual activity**

While listing different factors that affect sexual behavior of high school youth, the male and female groups mentioned different factors. Most of the girls stated the verbal abuse they suffer from the in-school and out-of-school boys force them to act in a way they don't want, like having a protective boy friend and caring too much for appearance.

Most of the girls, in all groups also raised the issue of varying degree of abuse posed on them by their male teachers. A 17-year-old girl from a public school said, "*Unless you responded positively to non-academic questions from male teachers, no one is there to give you a solution. Even the officials tell us to sort it out between ourselves. You may think of going to Guidance and Counseling office but he is also a male and won't help much.*" The effect of people outside the school compound who follow girls by cheating through giving money and gifts was also raised by some in the girls' groups.

Participants from the males groups mainly emphasized the dressing style of the female students as a factor that raises their sexual tension. They also mentioned the presence of teachers who often talk about behaving like a student and dressing uniforms while they themselves dress inappropriately.

"Shisha" (a mixture that may include tobacco, honey, hashish and spices smoked using an oriental tobacco pipe) and "Khat" houses which flourish around high schools were also named by the majority to be sites where most of the in-school youth practice risk behaviors like smoking and *Khat* chewing which might end up in alcohol drinking and committing unsafe sexual practice.

Almost all mentioned the assumption of having a boy or girl friend as a thing of modernity among students. Still high school films and music clips were believed to be the origin of such assumption. The subsequent growth in intimacy between opposite sexes was thus blamed for being a cause of early initiation of sexual intercourse.

### **Source of information on sexual and reproductive health issues**

Regarding the presence of open discussion on sexual activity in formal classes, most of the participants said, sexual and reproductive issues are mainly covered in Biology course in the form of lecture and do not invite for any discussion. An 18-year-old girl from a public school said seriously, "*Let alone talking deeply about sexual activity, we didn't understand the whole teaching on reproductive system in biology for our teacher is too shy.*"

A 16-year-old boy from a private school said, "*I believe there should be strong sexual education starting from lower grades. Because at high school level and as a teenager most of us believe we know everything and are not ready to hear much from the elders. I think that is biological. Thus, early intervention is the best.*"

Most of the discussants said they would like to learn about sexual activity from their parents but the culture does not allow this to happen. Hence, they turn to mass media and friends to get information on different issues of sexual activity and reproduction.

Finally, most of the students have mentioned the weakness of anti-AIDS clubs in their respective schools and the need to strengthen activity of such groups at schools so that students can get the right information from the right outlet.

## **7. DISCUSSION**

Early and unprotected sexual activities are major risk factors for teenage pregnancy and STIs, in particular HIV infection among young adults. Although early sexual activity may be caused by a variety of factors, the media are believed to play a significant role (27, 28, 29, and 30). This study aimed mainly on exploring the association between sexual activity of in-school youth and their exposure to sexually explicit materials in addition to examining other related factors.

In this study, 17.8% of the respondents were sexually active and 16.9% of them were engaged in premarital sexual activity around the age of 16 years. These findings are more or less similar with those of other studies conducted in recent years among high school students of Addis Ababa, Agaro, Nekemt, and Ambo (47-49, 51) indicating early and premarital sexual intercourse is not uncommon and needs due attention.

Among other factors, positive history of sexual intercourse was significantly associated with frequent reading of sexually explicit texts and watching of movies with high sexual content. Specially, frequent exposure to sexually explicit movies was found to be the major predictor of sexual initiation among in-school youth. A similar finding was reported in a study conducted in USA to assess mass media effect on adolescents' sexual behavior (13). Other cross-sectional and longitudinal studies done mainly in USA have also demonstrated the presence of significant association between media consumption and sexual activity among teenagers (13, 25, 26, 27, and 54). Adolescents whose media diet includes more sexual content and content that presents sexual activity in a risk-free light were more likely to engage in a sexual activity (30).

Furthermore, in the present study, the positive relationship noticed between increased frequency of watching sexually explicit movies and trial based on what was seen, was in line with the social learning theory, which claims that young people can learn about sexual activity from observing others in the media (25). According to this theory, information is gleaned from what others say as well as what they do to influence perceived norms regarding sex and sexual behaviour.

However, it is reasonable to assume a bi-directional relationship between exposure and sexual practice since sex might have been initiated well before frequent exposure to SEM or vice versa. Exposure can precede sexual initiation or more sexually experienced youth may seek out more sexual media content to stimulate increased sexual experimentation (8, 55). Causative role can be established only by conducting further analytic studies on this issue. But be the role of SEM in initiating or intensifying sexual activity among the youth, their effect is worth considering by looking at the magnitude of exposure.

Regarding ever-exposure to SEM, 66.5% of the males and 65.34% of the females have reported reading sexually explicit texts while 83.65% of males and 58.75% of the females claimed to be exposed to sexually explicit films at least once. The findings are acceptable given watching movies and reading extra-curricular books, were the most favorite pastimes of the majority and perceived ease of accessing SEM was high (77.1%) whereas higher degree of exposure among males, particularly to SE movies, can be because males can have better access for these materials outside home (e.g. at video houses). Anyway, the level of exposure recorded becomes of more a concern when the content of the materials is taken into account (30).

Sexually explicit media rarely depict sexual behaviour in the context of a long-term relationship; most importantly, they give less emphasis to the use of contraceptives or the potential negative consequences of sexual behaviour (25, 26, and 27). Similarly, in the present study majority of the students reported of being exposed to materials with high sexual content that do not exhibit any of the methods for preventing HIV or unwanted pregnancy. Only 27.5% of them recalled reading sexually suggestive text that alerts about HIV or family planning and 5.7% remembered watching films displaying safe sex. Hence, guiding the youth to be selective in their reading and watching, developing their skill of criticizing literatures, movies, or artworks idealizing sex and understanding other factors affecting frequent exposure is deemed important by taking the magnitude of exposure, influence of exposure and content of the media into account.

Such was the premise that fueled the attempt to find out factors that predict frequent exposure to SEM. Exposure to both SE texts and movies increased significantly with having positive attitude to existence of SEM and being sexually active. The two independent variables might be interrelated since sexually active students may likely reveal positive attitude to SEM. In case of SE movies, males showed higher possibility of being exposed that may be due to their having a better access than females or because of the culture that gives them better chance to be active seekers of and players on sexual issues. Alcohol drinking and *Khat* chewing were also shown to be significant predictors of frequent exposure in line with the assumption that youth with risk personal behavior tend to cross other social norms to try new behavior.

Despite expectation, prohibition against both reading and watching of SEM did not convey significant difference in the frequency of exposure; rather many of the students reported consumption of sexual materials alone or with same sex friends indicating mere banning is not enough to curb frequent exposure of students to such materials. However, a study undertaken in USA among students younger than 16 years has shown that lack of parental regulation of TV programs, is one factor associated with initiation of sexual intercourse (54). Therefore, parental regulation still needs to be encouraged to minimize access to SEM; basing on open discussion, as many participants (85%) in this study were willing to learn harms and benefits of SEM from influential others.

Lack of significant association between age categories and frequent exposure shows that the youth become exposed to such materials early in life. Studies indicate media influences are significantly associated with sexual intention and behavior mainly among early adolescents (13). Hence, this finding may add one justification for initiating sex education before adolescence. Early disclosure of real information on human sexual activity was also backed by most participants in the FGDs.

Since much of the reading and watching of sexually suggestive materials takes place alone or with same sex friends, there is less opportunity for discussing what the youth read or viewed with experienced and responsible others which might curtail the negative effects of sexual portrayals that do not contain risk information (24). Where this is not happening youngsters may take this usually veiled but attractive information for real and rush to practice it. As agreed unanimously by almost all of the participants in the qualitative study, the youth would find it difficult to control sexual urge after exposure to



sex films and may engage in unintended sexual activity if the opportunity is there. Such qualitative findings are also reported in studies done elsewhere (37, 38, 39, and 40).

Unlike other studies on in-school youth where mass media is found to be the major source of information on sexual activity (42, 43), friends were cited as major sources of sexual information in this study. Only 44.5% of the study participants reported having open discussion on sexual issues with a family member and 56.4% recalled taking course on sexual activity at school. These findings add up to raise doubt on the quality of information the in-school youth are acquiring and its adequacy to counterbalance the seductive information they acquire from either the less educational SEM or friends.

When other factors linked with in-school youth sexual activity were considered, living with both parents was negatively associated with sexual initiation in line with other studies done among adolescents and youth (43,54). This may further indicate the role parents have on youth sexual behavior that can produce a positive effect if guided properly.

In the present study, 51.4% and 11.4% of the participants admitted ever consumption of alcohol and *Khat* respectively. In conformity with various studies, alcohol and *Khat* consumption were found to be positively associated with sexual activity among the youth (43, 46, and 50). This issue was also raised repeatedly in FGDs among the youth addressed here and elsewhere (23, 37, 38, 39, and 40). Even though alcohol is known to inhibit rational thinking and increase risk-taking behavior, how *Khat* can predispose to increased sexual activity is not yet clearly understood (46).

In addition to their independent effect, by raising frequency of exposure to SEM as shown in this study, alcohol and Khat may further encourage sexual activity. As one qualitative study conducted in Addis Ababa concluded, *Khat* chewing and alcohol consumption, often in combination, provide a fertile environment for the execution of pre-contemplated ideas on sex (23). The FGDs have further pointed out, the mushrooming of '*Shisha*' and '*Khat*' houses as factors fostering experience of substance use among students. Hence monitoring the school environment to keep it safe from such threats as well as discussing on the effect of these substances with in-school youth through different channels is essential to limit the spread of use and thus consequences.

Another factor significantly associated with positive history of sexual intercourse was having a boy/girl friend. This finding sounds natural making this variable one of the least associated variables in many studies reviewed for this study. The proportion of those having either a boy/girl friend was 44.5% showing that courtship is a fairly common experience among in-school youth; an 'expression of modernity' as referred in the FGDs.

In fact, courtship/dating is known to be a positive phenomenon which gives potential sexual partners the opportunity to learn more about each other, discuss the risks involved, and agree on the need for self protection (23). However, the finding of this study seem to tell that the youth are somewhat equating courtship with having sexual intercourse and the vice versa. Once involved in intimate relationship, they may not be well equipped with the skills needed to say no to their partner or monitor their sexual urge (23). Thus, enabling students to grasp firmly the consequences of early sexual activity and developing their assertive communication skills is important.

Regarding condom use, the proportion of ever condom users in this study was 66.2%. However, only 39.1% used it consistently. A proportion of less than fifty percent is also reported in different studies among in-school youth (47-51). This finding indicates that unprotected sex is more common to a level that seeks sustained intervention.

Moreover, the experience of having more than one sexual partner, as reported by 57% appears to be relatively higher than findings of other studies (43, 50 and 51). Taking into account the higher proportion of inconsistent condom use (60.9%), many students might be at risk of acquiring negative consequences of sexual activity and therefore well planned sex education is on high demand.

Most worryingly, in addition to the quantitative findings of the perceived lack of sex education at schools and open discussion at home, almost all participants in the FGDs agreed that anti-AIDS clubs in their schools are not working to their level best. These added to the presence of misbehaving teachers, who were supposedly key information sources, may entrust students to the guidance of information gathered mainly from mass media, less knowledgeable friends, or else recklessly presented sexually explicit materials. Hence, further evaluation and revitalizing of the clubs or other channels working on adolescent/youth sexual and reproductive health in schools should be given emphasis by those engaged in the same area of interest.

## **8. STRENGTHS AND LIMITATIONS OF THE STUDY**

### **Strengths**

- ◆ This paper pioneers in assessing the magnitude of exposure and association of sexually explicit materials with sexual activity among in-school youth by reproducing some of the tools from studies done elsewhere into the Ethiopian context,
- ◆ It applied pre-tested questionnaire and triangulated of quantitative findings with qualitative findings.

### **Limitations**

- ◆ The study is based on self report and more subjective form of assessing frequency which may affect precision,
- ◆ Lack of similar studies in Ethiopian context to validate the tools,
- ◆ The possibility of social desirability bias cannot be ruled out since the study is on socially sensitive issue; recall bias may occur since assessment is done within a limited period of time and selection bias due to unwillingness of some schools' to participate in the study
- ◆ Causal inferences can never be drawn out of the findings since the study is a cross-sectional one.

## 9. CONCLUSION

According to the findings of this study,

- ◆ Great majority of the in-school youth were found to be exposed for SEM and significant association was drawn between frequent exposure and sexual activity. More frequent exposure to SE movies was the major predictor of sexual experience.
- ◆ Having positive attitude to the existence of SEM and being having sexual experience were shown to be positively associated with frequent exposure to both to SE texts and movies while being female and living with both parents were factors identified to decrease likelihood of frequent exposure. Mere prohibition against exposure did not show significant association with frequent reading or viewing.
- ◆ Huge proportion of the in-school youth had negative attitude towards the existence and universal accessibility of SEM and wished to learn about their benefit and/or harm of from parents or teachers.
- ◆ Living with both parents, which may indirectly indicate parental monitoring was shown to be an important factor negatively associated with both exposure to SEM and sexual activity. Open discussion on sexual issues with family members also showed a decreased likelihood of being sexually active.

- ◆ Despite lower proportion of alcohol and *Khat* use, frequent consumption of both was significantly associated with sexual activity among the study group, signifying the need to consider substance use in addressing in-school youth sexual activity. The presence of an environment conducive for initiation of substance use around some schools was implicated as a factor in the qualitative part of the study.
  
- ◆ Large proportion of the respondents had perceived absence of sex education in many of the schools involved. Majority of the participants were noted to lack open discussion with family members on sexual issues that drive them to acquire more information on this subject from their peers.
  
- ◆ Majority of the sexually active youth reported inconsistent condom use and having multiple sexual partners which may expose them to negative consequences of unsafe sex.

## 10. RECOMMENDATIONS

- ◆ Empowering the sexual media criticizing skills of students to help them filter and discard the negative image of SEM through sex education at school and family life education
  
- ◆ Decreasing accessibility of students to textual, video and online sexual explicit materials through effective legal measures and supportive policies at higher levels, and providing with textual and visual references on sexual activity that depict responsible sexual behaviour at school level
  
- ◆ Promotion of formal sex education and peer education in schools so that the youth can get the right information from these commonly used and preferred sources of information
  
- ◆ Raising parental awareness on the need of open discussion on sexual activity and proper monitoring and guidance of their children
  
- ◆ Developing assertive communication skills among the students to help delay of sexual initiation
  
- ◆ Intensifying discussions among students on general and sexual activity related effects of using substances and monitoring school environment, within and without, which can be conducive to exercise risk behaviour among students

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## 12. ANNEXES

### *ANNEX I- Information Sheet*

#### **Hello!**

I am a member of a survey team from Addis Ababa University, School of Public Health. I am working on a thesis research project. I am asking the responses of the in-school youth about their sexual behaviour, factors affecting it and in particular their attitude and degree of exposure to sexually explicit media. Sexually explicit media are textual or visual materials that depict sexual behaviors or acts exposing the reproductive organs of the human body. They include erotic and pornographic materials which get released through print media, VCDs, internet, music videos, and video games. The finding of the study will be used to develop need based information materials for the youth and to further recommend enrich youth sexual and reproductive health programs.

Here, I am going to ask you some very personal questions that some people find it difficult to answer. Your name will not be written on this questionnaire, and will never be used in connection with any of the information you provide. You do not have to answer any question that you don't want to answer, and you may end to participate in the study any time you want to. However, your honest responses to these questions will help us to better understand sexual behaviour of the youth. We would greatly appreciate your help in responding to this survey. It will take about 45 minutes to answer the questions. Nevertheless, if you don't want to participate in the study please leave the format upside down on the table and remain in your seat until others finish filling the questionnaire.

***ANNEX II. Consent Form***

Would you be willing to participate in the study? (Indicate by ticking the appropriate response.)

I hereby agree to participate in this study and give my voluntary consent.

Yes \_\_\_\_\_

No \_\_\_\_\_

**ANNEX III. Survey Questionnaire (English and Amharic Versions)**

**Addis Ababa University  
School Of Public Health**

Survey questionnaire to assess exposure of in-school youth to sexually explicit media on and to study its effect alone and together with other factors affecting sexual activity

**PART ONE: BACK GROUND CHARACTERISTICS**

No	Questions	Choice	Code
1.1	Age of the respondent		
1.2	Sex of the respondent	1. male 2. female	
1.3	Religion	1. Orthodox 2. catholic 3. Protestant 4. Muslim 5. Other( specify)	
1.5	What is your current marital status?	1. Never married 2. married 3. Others ( specify)	
1.6	With whom do you live?	1. My father and mother 2. My mother only 3. My father only 4. My grand father/mother 5. Relatives 6. Friends 7. Alone 8. Other( specify)	
1.7	Father educational status	1. Illiterate 2. read and write 3. 1-6 grade 4. 7-8 grade 5. 9-12 grade 6. Above 12 grade	
1.8	Mother's educational status	1. Illiterate 2. read and write 3. 1-6 grade 4. 7-8 grade 5. 9-12 grade 6. Above 12 grade	
1.9	What is your father's occupation?	1. daily labourer 2. private employee 3. civil servant 4. He doesn't work 5. I don't know 6. He is not alive.	



		7. Others	
1.10	What is your mother's occupation?	<ol style="list-style-type: none"> <li>1. daily labourer</li> <li>2. private employee</li> <li>3. civil servant</li> <li>4. She doesn't work</li> <li>5. She is not alive.</li> <li>6. I don't know</li> <li>7. she doesn't work</li> <li>8. others</li> </ol>	
1.11	How do you perceive your family economic status?	<ol style="list-style-type: none"> <li>1. Poor</li> <li>2. moderate</li> <li>3. rich</li> <li>99. I don't know</li> </ol>	
1.12	Which grade are you in?	<ol style="list-style-type: none"> <li>1. Grade 9</li> <li>2. Grade10</li> <li>3. Grade11</li> <li>4. Grade 12</li> </ol>	
1.13	How do you usually spend your lesiure time?	_____	
1.14	Which Equipment is available in your home? (Multiple answers possible)	<ol style="list-style-type: none"> <li>1. Radio</li> <li>2. TV</li> <li>3. VCD/DVD</li> <li>4. Satellite receiver</li> <li>5. Other(specify)_____</li> </ol>	
1.15	Do you drink alcoholic beverages?	<ol style="list-style-type: none"> <li>1. Never</li> <li>2. I have drunk once or twice</li> <li>3. Sometimes</li> <li>4. Often</li> </ol>	
1.17	Do you smoke cigarette?	<ol style="list-style-type: none"> <li>1. Never</li> <li>2. I have smoked once or twice</li> <li>3. Sometimes</li> <li>4. often</li> </ol>	
1.18	Do you chew chat?	<ol style="list-style-type: none"> <li>1. Never</li> <li>2. I have chewed once or twice</li> <li>3. Sometimes</li> <li>4. often</li> </ol>	

**PART TWO: ATTITUDE AND EXPOSURE TO SEXUALLY EXPLICIT MATERIALS**

NO	QUESTION	RESPONSE	CODE
2.1	Do you know about the presence of sexually explicit materials?	1. Yes 2. No (skip to question 2.28)	
2.2	Where do you think such materials are available?	1. Newspapers 2. Magazines 3. Radio 4. Television 5. Sex Films 6. Music Videos 7. Internet 8. Others( Specify)	
2.3	Have you ever read a sexually explicit book, magazine or paper?	1. Yes 2. No( skip to question 2.8 )	
2.4	If you have done so, with whom did you do that?	1. Alone 2. Same sex friends 3. Opposite sex friends 4. With family members 5. Others( specify)	
2.5	How often did you read such materials?	1. Once/ Twice 2. Sometimes 3. Often	
2.6	Where did you find such material?	1. Buying 2. At Home 3. From A Friend 4. Other( Specify)	
2.7	Did the text mention use of HIV/AIDS prevention method or tell the use of family planning?	1. Yes 2. No 99. I Don't Remember	
2.8	If yes, have you been told about the reason?	1. Yes 2. No 99.I Don't Remember	
2.9	Have you ever been told not to read such materials?	1. Yes 2. No 99.I Don't Know	
2.10	Have you ever watched a sexually explicit film?	1. Yes 2. No( Skip To Question___	
2.11	With whom did you usually watch the film?	1. Alone 2. Same Sex Friends 3. Opposite Sex Friends 4. Others( Specify)	
2.12	Did the film/s display any mode of preventing HIV/AIDS or use of family planning method?	1. Yes 2. No 3. I Don't Remember 4.	

2.13	Have you discussed openly about the film with others?	1. Yes 2. No 3. I Don't Remember	
2.14	How often did you watch such materials?	1. Once/ Twice 2. Sometimes 3. Often 4. Other( Specify)	
2.15	Have you ever tried to practice what you have watched in the films?	1. Yes 2. No	
2.16	Where did you find the film?	1. Rental 2. From A Friend 3. Found It At Home 4. Bought It 88.Others (Specify)	
2.17	Have you ever been told not to watch such films?	1. Yes 2. No	
2.18	If yes, have you been told about the reason?	3. Yes 4. no 5. I don't remember	
2.19	Have you been exposed to sexually explicit films/print materials/music clips in the past year?	1. Yes 2. No(Skip to Q. no. 2.21)	
2.20	Have you watched a sex film in your recent break?	1. Yes 2. No	
2.21	Have you got friends who are exposed to similar materials?	1. Yes 2. No (Skip to Q. no. 2.23) 99. I don't know	
2.22	Do you think their sexual behaviour is affected by it?	1. Yes 2. No 99. I don't know	
2.23	Possibility of getting sexually explicit materials among students?	1. Very easy 2. Very difficult 3. Impossible 99. I don't know	
2.24	Existence of sexually explicit materials is important.	1. Strongly agree 2. Agree 3. Neutral 4. Disagree 5. Strongly disagree	
2.25	Everybody should have access to sexually explicit materials.	1. Strongly agree 2. Agree 3. Neutral 4. Disagree 5. Strongly disagree	

2.26	Exposure to sexually explicit materials has harmful effect on youth sexual activity.	<ol style="list-style-type: none"> <li>1. Strongly agree</li> <li>2. Agree</li> <li>3. Neutral</li> <li>4. Disagree</li> <li>5. Strongly disagree</li> </ol>	
2.27	Family/teachers should tell about harms and benefits of such materials to their children.	<ol style="list-style-type: none"> <li>1. Strongly agree</li> <li>2. Agree</li> <li>3. Neutral</li> <li>4. Disagree</li> <li>5. Strongly disagree</li> </ol>	
2.28	Your major source of sexual information	<ol style="list-style-type: none"> <li>1. My parents</li> <li>2. other family members</li> <li>3. sexual partner</li> <li>4. friends/peers</li> <li>5. school</li> <li>6. Health institution</li> <li>7. Church</li> <li>8. Mass media</li> <li>88. Others</li> </ol>	
2.29	Among those sources listed above from which do you really like to get information?	_____	
2.30	Have you taken sex education (course related to sexual activity) at school?	<ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> </ol>	
2.31	Have you ever discussed openly on sexual issues with a family member?	<ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> </ol>	

**PART FOUR: INFORMATION REGARDING SEXUAL BEHAVIOUR**

NO	QUESTIONS	RESPONSE	CODE
3.1	Have you ever had a boy/girl friend?	<ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No (Skip to Q.3.3)</li> </ol>	
3.2	Have you ever discussed about sexual intercourse?	<ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> </ol>	
3.3	Have you ever had sexual intercourse with any one?	<ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> </ol>	
3.4	At what age did you first have sexual intercourse?	age in years _____ 99.I don't remember	
3.5	What made you have your first sexual intercourse?	<ol style="list-style-type: none"> <li>1. Fell in love</li> <li>2. Had a personal desire</li> <li>3. I got married</li> <li>4. I was forced.</li> </ol>	

		5. To get money and other gifts 6. Others( specify)	
3.6	How many sexual partners did you have?	1. One person 2. two persons 3. three or more	
3.7	Have you ever used condom?	1. Yes 2. No (skip to question 3.7)	
3.8	How often did you use condom?	1. Always 2. Sometimes 3. Once or twice	
3.9	Have you ever used any other contraceptive?	1. Yes (Specify) _____	
3.10	If yes, how often?	2. No 1. Always 2. Some Times 3. Rarely	

**Thank you!**



**አዲስ አበባ ዩኒቨርሲቲ  
የህብረተሰብ ጤና ትምህርት ቤት**

**በት/ቤት ወጣቶች ጾታዊ ህይወት ዙሪያ የተዘጋጀ መጠይቅ**

**ጤና ይስጥልኝ!**

ይህ ጥናት የሚጠናው ከአዲስ አበባ ዩኒቨርሲቲ የህብረተሰብ ጤና ትምህርት ቤት በመጣ የጥናት ቡድን ነው። ጥናቱም የከተማችን ወጣቶች በጾታዊ ግንኙነት ዙሪያ ስላላቸው ባህሪ እንዲሁም ከፍተኛ ወሲባዊ ይዘት ላላቸው የመገናኛ ውጤቶች ያላቸውን አመለካከትና መጋለጥ ይህም በባህሪያቸው ላይ የሚያሳድረውን ተጽዕኖ ለማጥናት ይሞክራል።

በዚህ ጥናት ውስጥ ከፍተኛ ወሲባዊ ይዘት ያላቸው የመገናኛ ውጤቶች የሚለው ቃል ማንኛውም በጽሁፍ በስዕል ወይም በቃል የሰዎችን የመራቢያ አካላት የሚያጋልጡና ጾታዊ ስሜትን የሚያነቃቁ ማቴሪያሎችን ይመለከታል። እነዚህ ማቴሪያሎች በህትመት በሙዚቃ ክሊፖች በቪዲዮ ፊልሞች (sex films) በተለያዩ ስዕሎች አሊያም በኢንተርኔት የሚሰራጩ ሊሆኑ ይችላሉ። ይህ ጥናት በዚህ ጉዳይ ዙሪያ ለሚመለከተው አካል አስተያየቶችን ለማቅረብና የወጣቶችን ጾታዊ ህይወት በጤናማ መልኩ ለመቅረጽ የሚረዱ ማቴሪያሎችን ለማዘጋጀት ይረዳል።

በመጠይቁ ውስጥ ግላዊ የሆኑ ጥያቄዎች ተካተዋል።ስምዎት በመጠይቁ ላይ አይጻፍም ስለሆነም ማንነትዎ ከሚሰጡት መረጃ ጋር ተያይዞ የሚቀርብበት መንገድ አይኖርም።ለመመለስ የማይፈልጉትን ጥያቄ እንዲመልሱም አይገደዱም። ይሁንና ለማንኛውም ጥያቄ የሚሰጡት ምላሽ በጥናቱ ዙሪያ ጥልቅ ግንዛቤ እንዲኖር ያስችላል። በቅድሚያ በጥናቱ ለመሳተፍ በመዘጋጀትዎ ከልብ እናመሰግናለን።መጠየቁን ለመሙላት ሰላሳ ደቂቃ ያህል ይወስዳል።

በዚህ ጥናት ውስጥ ለመሳተፍ ፈቃደኛ ነዎት?

ከላይ ስለ ጥናቱ የቀረበውን መረጃ አንብቤ በመረዳት ለመሳተፍ ፈቃደኛነቴን እገልጻለሁ። (መልስዎት ላይ ምልክት ያድርጉ።)

አዎ\_\_\_\_\_

አይደለም\_\_\_\_\_

**ክፍል አንድ: መሰረታዊ መረጃዎችን የተመለከቱ ጥያቄዎች**

ተ.ቁ	ጥያቄ	መልስ	ኮድ
1.1	ዕድሜ	--	
1.2	ጾታ	1. ወንድ 2. ሴት	
1.3	ሃይማኖት	1. ኦርቶዶክስ ክርስቲያን 2. ካቶሊክ 3. ፕሮቴስታንት 4. ሙስሊም 5. ሌላ(ይገለጽ)	
1.4	የጋብቻ ሁኔታ	1. ያላገባ 2. ያገባ 99. ሌላ(ይገለጽ)	
1.5	አሁን የሚኖሩት ከማን ጋር ነው?	1. ከእናትና ከአባቱ ጋር 2. ከእናቱ ጋር ብቻ 3. ከአባቱ ጋር ብቻ 4. ከአያቱ ጋር 5. ከዘመዶቹ ጋር 6. ከጓደኞቹ ጋር 7. ብቻዬን 8. ሌላ(ይገለጽ)-----	
1.6	የአባት የትምህርት ሁኔታ	1. ያልተማረ 2. ማንበብና መጻፍ 3. ከ 1-6ኛ ክፍል 4. ከ 7-8ኛ ክፍል 5. ከ 9-12ኛ ክፍል 6. ከ 12ኛ በላይ	
1.7	የእናት የትምህርት ደረጃ	1. ያልተማረች 2. ማንበብና መጻፍ 3. ከ 1-6ኛ ክፍል 4. ከ 7-8ኛ ክፍል 5. ከ 9-12ኛ ክፍል 6. ከ 12ኛ በላይ	
1.8	የአባት ሥራ	1. የመንግስት ሠራተኛ 2. የግል ሠራተኛ 3. የቀን ሠራተኛ 4. አይሠራም 5. በህይወት የለም 88. ሌላ(ይገለጽ)----- 99. አላውቅም	
1.9	የእናት ሥራ	1. የመንግስት ሠራተኛ 2. የግል ሠራተኛ 3. የቀን ሠራተኛ 4. አይሠራም 5. በህይወት የለችም 88. ሌላ(ይገለጽ)----- 99. አላውቅም	

1.10	በአንተ/ቺ አመለካከት የቤተሰብ/ሽ የኑሮ ደረጃ ምን ይመስላል?	1. ድሃ 2. መካከለኛ 3. ሀብታም 99. አላውቅም	
1.11	አሁን ያለህበት የትምህርት ደረጃ	1. 9 ኛ 2. 10 ኛ 3. 11 ኛ(10ተ1) 4. 12 ኛ (10ተ2)	
1.12	የረፍት ጊዜህን/ሽን በይበልጥ የምታሳልፈው በምን መንገድ ነው?	_____	
1.13	ከሚከተሉት በቤትዎት ውስጥ የሚገኝ የኤሌክትሮኒክስ መሳሪያ የቱ ነው? (ካንድ በላይ መልስ መስጠት ይቻላል::)	1. ሬዲዮ 2. ቴሌቪዥን 3. ቪ.ሲ.ዲ/ዲቪ.ዲ 4. የሳተላይት መቀበያ/ ዲሽ 99. ሌላ/ይገለጽ-----	
1.14	አልኮል መጠጥ ይጠጣሉ?	1. አዘውትራ 2. አልፎ አልፎ 3. አንዴ/ሁለቱ ጠጥቼ አውቃለሁ 4. በፍጹም	
1.15	ሲጋራ ያጨሳሉ?	1. አዘውትራ 2. አልፎ አልፎ 3. አንዴ/ሁለቱ አጭሼ አውቃለሁ 4. በፍጹም	
1.16	ጫት ይቅማሉ?	1. አዘውትራ 2. አልፎ አልፎ 3. አንዴ/ሁለቱ ቅሜ አውቃለሁ 4. በፍጹም	

**ክፍል ሁለት: ክፍተኛ ወሲባዊ ይዘት ላላቸው የመገናኛ ውጤቶች ያለው አመለካከትና የመጋለጥ መጠን**

ተ.ቁ	ጥያቄ	መልስ	ኮድ
2.1	ክፍተኛ ወሲባዊ ይዘት ያላቸው የመገናኛ ውጤቶች መኖራቸውን ከዚህ በፊት ታውቅ/ቂ ነበር?	1. አዎ 99. አላውቅም(ወደ ጥያቄ ቁጥር 2.28 ይለፉ::)	
2.2	እንዲህ አይነት ማቴሪያሎች የሚገኙት ከየት ነው? ( ከአንድ በላይ መልስ መስጠት ይቻላል::)	1. ከጋዜጦች 2. ከመጽሔቶች/መጽሃፎች 3. ከሬዲዮ 4. የቴሌቪዥን ፊልሞች 5. የቪዲዮ ፊልሞች 6. የሙዚቃ ፊልሞች/ክሊፖች 7. ከኢንተርኔት 88. ሌላ/ ይገለጽ -----	
2.3	ግልጽ የሆነ የወሲብ ትረካ የሚተርክ ጋዜጣ/ መጽሔት/ መጽሃፍ አንብበህ/ሽ ታውቂያለሽ/ህ?	1. አዎ 2. አይደለም (ወደ ጥያቄ ቁጥር 2.8 ይለፉ::) 3. አላስታውስም (ወደ ጥያቄ	



		<b>ቁጥር 2.8 ይለፉ::)</b>	
2.4	መልስህ/ሽ አዎ ከሆነ አብዛኛውን ጊዜ ያነበብክ/ሽው ከማን ጋር ነበር?	1. ብቻዬን 2. ከተመሳሳይ ጾታ ቅደሞቼ ጋር 3. ከተቃራኒ ጾታ ቅደሞቼ ጋር 4. ከቤተሰብ አባል ጋር 88. ሌላ/ ይገለጽ-----	
2.5	ተመሳሳይ አቀራረብ ያላቸውን ጽሁፎች ምን ያህል ጊዜ አንበበህ/ሻል?	1. አዘውትራ 2. አልፎ አልፎ 3. አንዴ/ሁለቱ	
2.6	ያነበብክ/ሻቸው ጽሁፎች ስለ HIV መከላከያ ዘዴ ወይም የቤተሰብ ምጣኔ መንገድ ይገልጻሉ?	1. አዎ 2. አይደለም 11. አላስታውስም	
2.7	እንዲህ አይነት የህትመት ውጤቶች የት ያገኛሉ?	1. በመግዛት 2. ከቤት 3. ከቅደሞቼ በመዋስ 4. ከላይ-በረረ 88. ሌላ/ ይገለጽ-----	
2.8	እንዲህ አይነት የህትመት ውጤቶች እንዳታነብ/ቢ ተነግሮህ/ሽ ያውቃል?	1. አዎ 2. አይደለም (ወደ 2.10 ይለፉ) 11. አላስታውስም (ወደ 2.10 ይለፉ)	
2.9	እንዳታነብ/ቢ የተባለበት መክንያት ተብራርቶልህ/ሽል?	1. አዎ 2. አይደለም 11. አላስታውስም	
2.10	ግልጽ የሆነ የወሲብ ትዕይንት የሚያሳዩ ፊልሞች አይተህ/ሽ ታወቃለህ/ሽ?	1. አዎ 2. አይደለም ( ወደ ጥያቄ 2.16 ይለፉ) 11. አላስታውስም (ወደ ጥያቄ 2.16 ይለፉ)	
2.11	መልስህ/ሽ አዎ ከሆነ አብዛኛውን ጊዜ ያየህ/ሽው ከማን ጋር ነበር?	1. ብቻዬን 2. ከተመሳሳይ ጾታ ቅደሞቼ ጋር 3. ከተቃራኒ ጾታ ቅደሞቼ ጋር 4. ከቤተሰብ አባል ጋር 88. ሌላ/ ይገለጽ-----	
2.12	ፊልሙ HIV የመከላከያ ዘዴ ወይም የቤተሰብ ምጣኔ መንገድ ሲጠቀሙ ያሳያል?	1. አዎ 2. አይደለም 11. አላስታውስም	
2.13	ባየህ/ሽው ፊልም ዙሪያ ከሌሎች ጋር በግልጽ ተነጋግረህ/ሽ ታወቃለህ/ሽ?	1. አዎ 2. አይደለም 11. አላስታውስም	
2.14	ምን ያህል ጊዜ ተመሳሳይ ፊልሞችን ተምልክተሃል/ሻል?	1. አዘውትራ 2. አልፎ አልፎ 3. አንዴ/ሁለቱ	
2.15	በፊልም ያየህውን ለመፈጸም ሙከራ	1. አዎ 2. አይደለም	

	አድርገህ/ሽ ታውቃለህ/ሽ?		
2.16	እንዲህ አይነት ፊልም የምታገኘው/ኚው ከየት ነው?	<ol style="list-style-type: none"> <li>1. ከቪዲዮ ቤት በኪራይ</li> <li>2. ቪዲዮ ቤት በመግባት</li> <li>3. ከጓደኛ</li> <li>4. ከቤት</li> <li>5. በመግዛት</li> </ol> 88. ሌላ/ ይገለጽ	
2.17	እንዲህ አይነት ፊልሞች እንዳታይ ተነግሮህ/ሽ ያውቃል?	<ol style="list-style-type: none"> <li>1. አዎ</li> <li>2. አይደለም(ወደ 2.19 ይለፉ)</li> </ol> 11. አላስታውስም (ወደ 2.19 ይለፉ)	
2.18	እንዳታይ የተባለበት ምክንያት ተብራርቶልሃል/ሻል?	<ol style="list-style-type: none"> <li>1. አዎ</li> <li>2. አይደለም</li> </ol> 11. አላስታውስም	
2.19	ባለፈው አንድ አመት ውስጥ ግልጽ ወሲባዊ ድርጊቶችን የሚያሳዩ/የሚተርኩ ማቴሪያሎችን (ፊልሞች፣ የህትመት ውጤቶች፣ ክለፖች፣) የማንበብ/የማየት አጋጣሚ ነበረህ/ሽ?	<ol style="list-style-type: none"> <li>1. አዎ</li> <li>2. አይደለም (ወደ ጥያቄ ቁጥር 2.21 ይለፉ።)</li> </ol>	
2.20	በቅርብ በነበረህ/ሽ የረፍት ጊዜ ተመሳሳይ ይዘት ያለው ፊልም ተመለክተሃል/ሻል?	<ol style="list-style-type: none"> <li>1. አዎ</li> <li>2. አይደለም</li> </ol>	
2.21	ለተመሳሳይ የመገናኛ ውጤቶች የተጋለጡ ጓደኞች አሉህ?	<ol style="list-style-type: none"> <li>1. አዎ</li> <li>2. አይደለም</li> </ol> 99. አላውቅም	
2.22	መልስህ/ሽ አዎ ከሆነ የጾታዊ ግንኙነት ህይወታቸው በዚህ የተነሳ ተጽዕኖ ደርሶበታል ትላለህ?	<ol style="list-style-type: none"> <li>1. አዎ</li> <li>2. አይደለም</li> </ol> 99. አላውቅም	
2.23	ግልጽ የወሲብ ድርጊቶችን የሚያስቀምጡ ማቴሪያሎችን ማግኘት ለተማሪዎች	<ol style="list-style-type: none"> <li>1. በጣም ቀላል ነው።</li> <li>2. በጣም ያስቸግራል።</li> <li>3. እንደውም ማግኘት አይቻልም።</li> </ol> 99. አላውቅም።	
2.24	ከፍተኛ ወሲባዊ ይዘት ያላቸው የመገናኛ ውጤቶች መኖር አስፈላጊ ነው።	<ol style="list-style-type: none"> <li>1. በጣም እስማማለሁ</li> <li>2. እስማማለሁ</li> <li>3. ምንም አልልም</li> <li>4. አልስማማም</li> <li>5. በጣም አልስማማም</li> </ol>	
2.25	ከፍተኛ ወሲባዊ ይዘት ያላቸው የመገናኛ ውጤቶችን ማንኛውም የጎብረተሰብ ክፍል ማግኘት አለበት።	<ol style="list-style-type: none"> <li>1. በጣም እስማማለሁ</li> <li>2. እስማማለሁ</li> <li>3. ምንም አልልም</li> <li>4. አልስማማም</li> <li>5. በጣም አልስማማም</li> </ol>	
2.26	ተመሳሳይ ይዘት ላላቸው የመገናኛ ውጤቶች መጋለጥ በወጣቶች ጾታዊ ባህሪ ላይ ለውጥ ያመጣል።	<ol style="list-style-type: none"> <li>1. በጣም እስማማለሁ</li> <li>2. እስማማለሁ</li> <li>3. ምንም አልልም</li> </ol>	

		4. አልስማማም 5. በጣም አልስማማም	
2.27	ቤተሰብ/መምህራን ተመሳሳይ ማቴሪያሎች ስላላቸው ጥቅም ወይም ጉዳት ለልጆች ማሳወቅ አለባቸው።	1. በጣም እስማማለሁ 2. እስማማለሁ 3. መልስ የለኝም 4. አልስማማም 5. በጣም አልስማማም	
2.28	ስለጾታዊ ግንኙነቶች በዋናነት መረጃ የምታገኘው/ኚው ከየት ነው?	1. ከወላጆች 2. ከሌላ የቤተሰብ አባል 3. ከፍቅር ጓደኛ 4. ከጓደኞች 5. ከመምህራን 6. ከጤና ተቋም 7. ከሀይማኖት ቦታ 8. ከመገናኛ ብዙሀን 88. ከሌላ( ይገለጽ)-----	
2.29	ከተዘረዘሩት የመማማሪያ መንገዶች የቱን መንገድ ተመርጧለህ?( ከላይ ከተጠቀሱት አማራጮች አንዱን በቁጥር ጻፍ።)	-----	
2.30	የጾታ ትምህርት (በጾታዊ ግንኙነት ዙሪያ) በትምህርት ቤት ውስጥ ወስደህ ታውቃለህ?	1. አዎ 2. አይደለም	
2.31	ከማንኛውም የቤተሰብ አባል ጋር በግልጽ ስለ ጾታዊ ጉዳዮች ተወያይተህ/ሽ ታውቃለህ/ሽ?	1. አዎ 2. አይደለም	

**ክፍል ሦስት: ጾታዊ ግንኙነትን የተመለከቱ ጥያቄዎች**

ተ.ቁ	ጥያቄ	መልስ	ኮድ
3.1	የፍቅር ጓደኛ ኖሮህ/ሽ ያውቃል?	1. አዎ 2. አይደለም (ወደ 3.3 ይለፉ።)	
3.2	በግብረ-ሥጋ ግንኙነት ዙሪያ ተነጋግራችሁ ታውቃላቸዋል?	1. አዎ 2. አይደለም	
3.3	የግብረ-ሥጋ ግንኙነት ፈጽመህ/ሽ ታውቃለህ/ሽ?	1. አዎ 2. አይደለም	
3.4	ለመጀመሪያ ጊዜ የግብረ-ሥጋ ግንኙነት የፈጸምክ/ሽበት ዕድሜ	1.----- 99.አላስታውሰውም	
3.5	ለመጀመሪያ ጊዜ የግብረ-ሥጋ ግንኙነት እንድታረግ/ጊ ያረገህ/ሽ ምክንያት ምንድን ነው?	1. በፍቅር መውደቅ 2. ለማየት መጓጓት 3. ትዳር መመስረት 4. ተገድጄ 5. ገንዘብ/ ሌሎች ስጦታዎች ለማግኘት) 88. ሌላ (ይገለጽ)-----	
3.6	እስካሁን ድረስ ከስንት ሰዎች ጋር የግብረ ስጋ ግንኙነት ፈጽመው ያውቃሉ?	1. አንድ ሰው 2. ሁለት ሰው 3. ሶስትና ከዚያ በላይ	

3.7	በግንኙነት ወቅት ኮንዶም ተጠቅመው ያውቃሉ?	1. አዎ 2. አላውቅም( ወደ ጥያቄ 3.9 ይለፉ::)	
3.8	ኮንዶም በግንኙነት ወቅት የሚጠቀሙት	1. አንድ አንድ ጊዜ 2. አልፎ አልፎ 3. ሁልጊዜ	
3.9	ሌላ የእርግዝና መከላከያ ዘዴ ተጠቅመው ያውቃሉ?	3. አዎ( አይነቱ ይገለጽ) ----- 4. አላውቅም	
3.10	መልስዎ አዎ ከሆነ አጠቃቀምዎት ምን ይመስላል?	1. አንድ አንድ ጊዜ 2. አልፎ አልፎ 3. ሁልጊዜ	

**ስለትብብርዎት በጣም እናመሰግናለን::**

**ANNEX IV- Guide for Focus Group Discussion**

*(Please, read the informed consent to the participants at first. record age and grade.)*

1. What factors do you think affect in-school youth sexual activity? (በትምህርት ቤት ውስጥ ያሉ ወጣቶችን ጸታዊ ህይወት ላይ ተጽዕኖ የሚያሳድሩ ነገሮች ምን ምን ናቸው ትላላችሁ?)
2. What do you say about the degree of exposure of in-school youth to sexually explicit materials? Do you think it has an effect on their sexual activity? (የትምህርት ቤታችሁ ወጣቶች ከፍተኛ ወሲባዊ ይዘት ላላቸው ማቴሪያሎች ያላቸው የመጋለጥ መጠን ምን ይመስላል? ይህ ነገርስ ጸታዊ ህይወታቸው ላይ ተጽዕኖ አለው ትላላችሁ?)
3. Do you think sexually explicit materials are easily available to adolescents? If so where do you think are the youth exposed to such media? (በትምህርት ቤት ውስጥ ያሉ ወጣቶች እንዲህ አይነት ማቴሪያሎችን በቀላሉ ማግኘት ይችላሉ ብላችሁ ታስባላችሁ? ይህ ከሆነ ለእንዲህ አይነት ማቴሪያሎች የሚጋለጡት የት ነው/ምንጫቸው የት ነው ትላላችሁ?)
4. Have you ever discussed about sexually explicit materials in class, with your peers? Was an issue of media effect on sexual activity included during your training on any topic related to sexual activity? (በክፍል ውስጥ ስለጸታዊ ጉዳዮች ስትማሩ ተመሳሳይ ይዘት ስላላቸው የመገናኛ ወጤቶች ተወያይታችሁ ነበር?)
5. If your friends ask you about sexually explicit materials what do you tell them?(ንደኛችሁ ተመሳሳይ ይዘት ስላላቸው ማቴሪያሎች ጥቅም/ጉዳት ቢጠይቃችሁ ምን መልስ ትሰጡታላችሁ?)
6. Do you have anything you would like to tell us about adolescent sexual activity in relation to in-school youth? ( ሌላ በትምህርት ቤት ውስጥ ባሉ ወጣቶች ጸታዊ ህይወት ዙሪያ የሚተነግሩን የቀረ ነገር ይኖራል?)

**ANNEX V- Schools fulfilling the inclusion criteria**

<i>Sub city</i>	<i>School type and name</i>	<i>Total No. of students(2006/07)</i>
<b><i>Public schools</i></b>		
Addis Ketema	Addis Ketema*	4352
Akaki-Kaliti	Derartu tulu*	3032
Arada	Dagmawi Menilk Sec.*	4198
Bole	Bole Sec. School*	4899
Gullelie	Yekatit 12**	5236
Gullelie	Medhanalem Sec*	7730
Kirkos	Abyot Kirs*	5860
Kolfe Keranio	Kefitegna 4 Secondary School*	729
Nifas Silk Lafto	Kefitegna 23 Sec. School*	2895
Yeka	Dej wondyirad sec school*	4236
Gullelie	Entoto Technique school*	n/a
<b><i>Private schools</i></b>		
Addis Ketema	Horizon Youth Academy	132
Akaki Kaliti	Akaki adventist	833
Bole	Yenegew Sew**	528
Gullelie	Lazarist*	356
Gullelie	Eleshadaye Holyseviar Secondar	326
Gullelie	Enat Secondary School	430
Kirkos	Dandii Boru**	
Kirkos	Finote Tibebe*	143
Kirkos	Adey Ababa	683
Yeka	Lucy Academy	248
Yeka	Yeha Science Tecnology Academy	39
Yeka	School of Tommorrow	579
Kolfe Keranio	Kokeb*	507
Yeka	Magic carpet yeka branch*	1295
<b><i>Mission schools</i></b>		
Addis Ketema	Bethel Mekane Yesus	447
Arada	Lideta Mariam Lijageredoc	558
Arada	Lideta Catholic Cathedral*	1173
Arada	Nazareth*	483
Bole	Kidist Mariam	713
Bole	Bole Meserete Hiwot	437
Kirkos	Kidus Yoseph**	537
Kolfe Keranio	Awoliya Muslim mission*	745
<b><i>Religion based schools</i></b>		
Arada	Kidist Sillassie (church sch.)**	931
Gullelie	Miskaye Hizunan (church sch.)	877
Nifas silk-Lafto	Mekanissa Abadir (church sch.)*	191

\*Schools involved in the study \*\* Schools among the primarily selected list but not willing to participate

## ***Declaration***

I, the undersigned, declare that this is my original work and has not been presented in this or any other university and all sources of materials used for this thesis have been duly acknowledged.

Name **Lioul Berhanu**

Signature \_\_\_\_\_

Date **June 30, 2008**

Place **Addis Ababa University**

This thesis has been submitted for examination with my approval as University advisor.

**Dr. Jemal Haidar**

Associate Professor

School of Public Health

Addis Ababa University

Signature \_\_\_\_\_

Date **June 30, 2008**

Place **Addis Ababa University**