

PREMARITAL SEX AND ASSOCIATED FACTORS AMONG HIGH SCHOOL  
STUDENTS IN KAFFA ZONE, SOUTHERN NATIONS NATIONALITIES  
PEOPLES REGIONAL STATE, SOUTH WEST ETHIOPIA.

BY GEBEYEHU G/MEDEHIN

A Thesis Paper for the preparation of a master thesis to be submitted to the Department of Epidemiology, College of Public Health and Medical Sciences, Jimma University as Partial Fulfillment of the Requirements for the Degree of Master of General Public Health (GMPH)

June 2014

JIMMA UNIVERSITY

ETHIOPIA

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## *ABSTRACT*

*Background: sexual initiation at younger age increases young peoples' risk for infection with HIV and other STIs, and reproductive health problems. It is crucial to understand the factors associated with pre-marital sexual practices in a broader context for designing and implementing effective interventions targeting adolescents.*

*Objective; was to assess pre-marital sexual practices and identify associated factors among high school students, Keffa zone, SNNPR, ETHIOPIA.*

*Methods: A cross sectional study was conducted from March 5-25/2014 in Keffa zone among high school students; using both quantitative and qualitative data collection methods. Total sample size of 1,004 was calculated using single and two population proportion formula. The quantitative data were collected using structured and self-administered questionnaires and the data were coded, edited and entered into Epi data 3.13, data base, and exported to SPSS 16 for windows for analysis. Odds ratios were calculated to determine the strength of associations of selected variables. Logistic regression was applied to control the effects of some variables on the outcome variables. Focus group discussions (FGD) as well as in-depth interviews were conducted and finding was first transcribed, summarized, analyzed with quantitative finding.*

*Results: among the sampled students 138 (13.7%) of males and 73(14.6%) of females surveyed adolescents had experienced sexual intercourse. The mean age of sexual initiation was 15.8 years for male and 15.4 years for female students. Logistic regression analysis showed that age of respondents (AOR [95% CI] =22.55[3.42, 148.85]), watching pornographic materials (sexual content news papers and magazines) (AOR [95% CI] =2.69[1.01, 7.15] were associated with adolescent sexual practice.*

*Conclusion: The lowest mean age of premarital sexual practice in the study area as compared to several studies conducted in Ethiopia indicating that adolescents are at higher risk of STDs and other adverse reproductive health outcomes. Delaying sexual debut is the pillar of HIV/STIs prevention among young people. This can be achieved through education programs targeted to sexual activities at earlier life, strengthen and implement the proclamation designed for the age at marriage.*

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## ACRONYMS

AIDS_____	Acquired Immune Deficiency Syndrome
COR_____	Crude Odds Ratio
CI_____	Confidence Interval
EDHS_____	Ethiopian Demographic health survey
FGDS_____	Focus Group Discussion
FHAPCO_____	Federal HIV/AIDS Prevention and Control Office Ethiopia
HIV_____	Human Immune Deficiency Virus
IDI_____	In-Depth Interview
JU_____	Jimma University
NGO_____	Non Governmental Organization
OR_____	Odds Ratio
PPS_____	Proportional to size allocation
RH_____	Reproductive Health
SRH_____	Sexual and Reproductive Health
SRS_____	Simple Random sampling
STIs_____	Sexually Transmitted Infections
UNICEF_____	United Nations Children's Fund
UNFPA_____	United Nations' Fund for Population Activities
WHO_____	World Health Organization

## CHAPTER ONE - INTRODUCTION

### *BACKGROUND*

Adolescence is a transitional period from childhood to adulthood characterized by significant physiological, psychological and social changes. World Health Organization defines the age group of 10-19 years of age as adolescent that constitute 20% of the world's population and over 85% of adolescents live in developing countries [1].

Ethiopia is experiencing the largest cohort of adolescents 40% of the population is less than 15 years old. With such a young population, the country is facing a critical moment with the potential for massive population growth. If unchecked, the population is projected to increase to 173 million by 2050, which will make Ethiopia Africa's second most populous country after Nigeria [2].

Many behaviors developed during adolescence, such as sexual activity or tobacco use, are continued into later life, impacting adult morbidity and mortality. WHO estimates that 70% of premature deaths in adulthood are caused by behaviors started during adolescence [1,3]. Sexual intercourse is commonly initiated during adolescence. Almost everywhere, sexual activity begins for most men and women in the later teenage years (ages 15–19 years). Even though sexuality is a normative event and considered a normal aspect of healthy adolescent development; sexually experienced adolescents are typically unaware of the consequences of unprotected sexual intercourse and are poorly informed of their sexuality and means of protecting themselves, often leading to poor health outcomes [1, 2, 3]

## 1.2. STATEMENT OF THE PROBLEM

Premarital sexual activity is whether the in-school adolescents in the study ever had premarital sex. First sexual intercourse was started during adolescence worldwide. An increase in the percentage of adolescents engaging in sexual intercourse accompanied with a decrease in the age of sexual initiation time have occurred during the last 30 years and the number of sexual partners before the age of 18 has also been steadily rising[3,5].

Each day half a million young people are infected with a sexually transmitted disease. The majority of sexually active males age 15-19 are unmarried whereas two-thirds of sexually active young women in the same age group are married. Only 17 percent of sexually active young people use a contraceptive method. In generalized epidemics the main mode of HIV transmission is through penetrative heterosexual sex in the general population. An ever-increasing adolescent sexuality has become one of the majority risk factors in the current pandemic of AIDS which the eight leading cause of death among adolescents aged 15-19, and the sixth leading cause among 10-14 years [15, 17]. The highest rate of new cases of HIV transmission occurs among young people. An estimated 5 million young people between the ages of 15 and 24 are living with HIV in 2013; early 80% (4 million) live in sub-Saharan Africa. The HIV epidemic has been harsh on the lives of young women, who comprise 66% of infections among young people worldwide [15].

Despite many cultural taboos, a large proportion of adolescents are sexually active. Sixty eight percent of adolescents in the United States and 72% in France have had premarital sex; 43% of women in sub-Saharan Africa and 20% of women in Latin America have had premarital sex [1, 3, 5].

In Africa cross-national differentials were seen in terms of the propensity for first sexual intercourse during adolescence. In some countries, half of young women had engaged in sexual intercourse before their 18th birthday, and in others the proportion surpassed three-quarters. The highest level of adolescent first sex was found in Mali (81%) whereas the lowest was in Zimbabwe (40%). Several studies in Sub-Saharan Africa have also documented high and increasing premarital sexual activities among adolescents with two-thirds reporting recent sexual activity compared with three-quarters of those in industrialized countries for women, median age at first intercourse is low in regions in which early marriage is the norm. Men start to have sex later than do women [4, 6, 7].

Sexual experience begins early in Ethiopian society. Early and premarital sexual practice is becoming common and is one of the risky sexual behaviors of adolescents. A study revealed that 71.9% of boys and 71.4% of girls had had first sexual intercourse between the ages of 15 to 17 years, while 13% reported having sex between the ages of 10-14 years [8, 9]. Urban-rural differentials as well as various backgrounds show a variation in first intercourse and differences in sexual initiation between males and females are expressed as a gender issue. In Amhara region Adolescent sexual activity occurred within the context of marriage. 99% percent of sexually active adolescent girls were married and 86 percent of boys had first sex within marriage[10].

Therefore, within this rural population, marriage largely drove the timing of first sex. Marriage for girls occurred at an earlier age than for boys. Girls' marriages occurred at extremely early ages, with 14% of girls married by age 10, 39 % of girls married by age 15 and 56 % married by age 18, making marriage a common feature of girls' adolescence in the region[10,11].

Age at first sexual intercourse is lowest in Amhara and highest in Addis Ababa; among men, it is lowest in Gambela and highest in Somali. Generally, it is observed that the median age at first intercourse is lower for women than for men [11, 12].

The timing and context in which sexual intercourse is initiated has significant personal and public health implications. For behavioral as well as physiological reasons, early sexual debut increases young peoples' risk for infection with HIV and other STIs. The increased STI risk among persons who initiate sexual intercourse at younger ages is more likely to have high-risk or multiple partners, less likely to use condoms and young women are especially vulnerable because of their biological susceptibility—i.e., the immaturity of their reproductive organs [12]. Ethiopia has one of the largest populations of HIV infected people in the world, with an estimated 1.1 million people living with HIV. Adult HIV prevalence in 2009 is currently estimated to be between 1.4% and 2.8 and HIV/AIDS epidemic pattern continues to be generalized and heterogeneous with marked regional variation [16, 17,].

An individual who initiates sexual activity at age 15 will have more exposure to conception over the reproductive span than one who initiates sex at age 21. Early childbearing has been linked to higher rates of maternal and child morbidity and mortality, truncated educational opportunities, and lower future family income. Adolescent fertility has also been associated with larger completed family sizes, which in turn may lead to greater population growth [16].

Most young adults who enter into a sexual relationship for the first time do not use any form of contraception, leaving them vulnerable to unintended pregnancies and unplanned parenthood. One in every 10 births worldwide and 1 in 6 births in developing countries is to women age 15-19. Pregnancy-related health risks are much higher among women under age 18; with girls age 10-14, five times more likely to die during pregnancy or childbirth than women age 20-24. One in 10 abortions worldwide occur among women age 15-19; more than 4.4 million women in this age group have an abortion every year, and 40 percent of these abortions take place in unsafe conditions [17, 18].

Young adults in Ethiopia are vulnerable to unintended pregnancies, because they initiate sex at a relatively early age, are not knowledgeable about their sexuality, are unlikely to use contraception, have little access to family planning information and services, and often have little control over their reproductive health [19].

As part of the country Keffa zone where the present study was undertaken is sharing the above mentioned problem. Therefore, a proper understanding of premarital sexual practice and associated factors in high school students has a paramount importance in bridging gaps of knowledge on premarital sexual practice and related problems, which paves the way for the intervention of the associated factors in the country as well as in the area. Particularly, it may have a significant contribution in the improvement of the health status of adolescents.

## CHAPTER:-TWO

### 2.1. LITRATURE REVIEW

#### *2.1.1. Premarital sexual practice*

*Premarital sex* is an important indicator of exposure to risk of pregnancy and sexually transmitted infections during adolescence. In fertility studies age at first marriage is often used as a proxy measure of the onset of a woman's exposure to pregnancy, but in many societies premarital sexual activity is common, and age at first sex would be a better proxy. In the context of the AIDS pandemic, accurate monitoring of trends in age at first sex has become increasingly important, as interventions target adolescents and discourage premarital sexual activity [17,18, 19]. A study conducted on age at first sex in six African countries found that there is a wide diversity of patterns, trends, and sex differentials in age at first sex in these six countries. Median age ranges from 16.2–18.6 years for females, 15.8–18.6 years for males. Sex differentials are not uniform, with males having an older age at first sex and slower progression than females in Ghana and Uganda, with the reverse for Kenya. Historically, Uganda recorded the lowest female age at first sex, but in recent times Zambian women reported ages equally as low. Females in Zimbabwe report the oldest starting age for sexual activity, and the slowest progression [19]. A cross-sectional study conducted in Dessie Town, North East Ethiopia showed that the Mean & median age of sexual initiation in this study were 16.8 years) and 17 years respectively [18, ].A study conducted in Metu, south west Ethiopia showed that the mean and the median ages at first sexual debut were 17.1(SD= $\pm$ 2.1) and 17 years respectively [20].A comparative study conducted among preparatory students in West Gojjam showed that age at first sexual intercourse varied and was inconsistent, with the highest percentage having sex at age 18 years. The mean age of sexual initiation was 18 years with a SD = 2.27 , 17.7 years with a SD of 2.9 for urban and 18.1 years with a SD of 2.1 for rural; 17.9 years with a SD = 2.3 for males and 18.6 years with a SD = 2.2 years for female students[21].

A cross-sectional study conducted among school adolescents in Nekemt Town, North West Wellega found mean age at first sexual intercourse was about 16.2 years for males and 15.2 years for females [8, 21].

A cross-sectional study conducted among school adolescents in Gondar Town, North West Ethiopia showed that the mean age of sexual commencement was 16.9 years both sexes. It was 17.0 years for boys and 16.4 years for girls. [22, 28].

A cross-sectional study conducted among high school adolescents in Ambo town showed that the overall mean age at first sexual intercourse was 15.91 years. The mean age at first sexual intercourse for male and female respondents was 16.08 years and 15.66 years respectively [23].

Population council report on The Experience of Adolescence in Rural Amhara Region Ethiopia showed that in Amhara region Adolescent sexual activity occurred within the context of marriage. 99% percent of sexually active adolescent girls were married and 86 percent of boys had first sex within marriage. Therefore, within this rural population, marriage largely drove the timing of first sex. Marriage for girls occurred at an earlier age than for boys. Girls' marriages occurred at extremely early ages, with 14% of girls married by age 10, 39 % of girls married by age 15 and 56 % married by age 18, making marriage a common feature of girls' adolescence in the region[10, 23]

A study conducted in Bahirdar town showed that 44.4% females and 47.55% sexually active respondents the mean age of sexual initiation was 15.45 years for females and 16.7 years for males [24].

#### 2.1.2. Adolescents sexual behavior

Sexual health encompasses sexual development and reproductive health, as well as such characteristics as the ability to develop and maintain meaningful interpersonal relationships; appreciate one's own body; interact with both genders in respectful and appropriate ways; and express affection, love, and intimacy in ways consistent with one's own values. Achieving sexual health requires the integration of psychological, physical, societal, cultural, educational, economic, and spiritual factors [25].



Many adolescents and young adults engage in sexual intercourse, often times with multiple sex partners and without using condoms. In 2007, 47.8% of high school students in the U.S. reported having had sexual intercourse with 7.1% reporting having had sexual intercourse for the first time before age 13. Although most adolescents do not have concurrent sex partners at any given point in time, the number of sex partners. In spite of the fact that many adolescents have used condoms at some time during an episode of sexual intercourse, comparatively few report using them every time they have sex. Thus, adolescents engage in sexual behaviors that place them at risk for acquiring STIs, including HIV[26].

A study conducted in Ethiopia showed that men tend to marry at considerably older ages than women. Premarital sex in Ethiopia tends to be closely linked to entry into a marital union [27].

A study conducted in Gondar town, North east Ethiopia showed that 65% of male and 35% of female already initiated sexual intercourse at mean age of 17.3 and 17.1 years respectively. About 39 % reported having unprotected sex (sex without condom); 43.3% of sexually active students had more than one sexual partner; 5% reported having sex with sex workers; 15% reported having sex under the influence of alcohol; 31.7% undergo sexual intercourse in unusual route 5% shared sharps[28].

A study conducted in Nekemt town, South West Ethiopia showed that the mean age at first sexual intercourse was 16.2 years with SD 1.5 for males and 15.2 years with SD 1.7 for females. Among those adolescents who had premarital sex, the majority 57.2% had their first sexual intercourse between the ages of 15 and 17 years. The main reasons for initiation of sexual intercourse were: fell in love, which accounted for 49 (33.8%), desire to practice sexual intercourse in 44 (30.3%), peer pressure in 25 (17.2%), and for money or gifts in 11 (7.6%) of the cases [8, 28].

### 2.1.3. Risky sexual behaviors among adolescents

Sexual behaviors before and during adolescence emerge from a complex interplay of individual biological, and emotional, cognitive, and behavioral factors combined with the many levels of social forces that are important during particular phases of life [29,30].

The risky sexual practices in this age group may include early sexual debut, having multiple sexual partners, engaging in unprotected sexual intercourse, and contact with sex workers, engaging in sex with older partners and consumption of alcohol and illicit drugs, erratic use of contraceptives and for a considerable minority of young people sexual debut and sexual activity are not consensual [31].

A study conducted in USA showed a proportion of teenagers are initiating sexual activity by early or middle adolescents, with 21% of adolescent males having engaged in sexual intercourse by age 15 and 7.2% of students having had sexual intercourse before age of 14. Twenty four point seven percent of sexually active students used alcohol or drugs at the time of their most sexual experience. 10-20% use condom consistently. A study conducted in Gondar town, North West Ethiopia showed that 65% of male and 35% of female already initiated sexual intercourse at mean age of 17.3 and 17.1 years respectively. About 39 % reported having unprotected sex (sex without condom); 43.3% of sexually active students had more than one sexual partner; 5% reported having sex with sex workers; 15% reported having sex under the influence of alcohol; 31.7% undergo sexual intercourse in unusual route and 5% shared sharps. Further analysis indicated significantly more risk behaviors that can predispose students to HIV and other STIs were practiced in male, alcohol users and drugs [29, 31].

### 2.1.4. Impact of premarital sexual practice on sexual and reproductive Health of adolescents

A study conducted in USA showed that initiation of sexual intercourse at younger ages has been linked to increased risk of sexually transmitted infections (STIs) and pregnancy during adolescence, teenage, unintended pregnancy, and unsafe abortion and to the increased likelihood of engaging in riskier sexual behaviors (unprotected sex, multiple sexual partners) [32].

A study conducted in Ethiopia showed that the earliest age reported at first birth was 12 years of age. The mean (+ SD) and median age at first birth was 16.2 (SD=1.5) and 16 years respectively. One out of six female adolescents aged between 15 and 19 years were either pregnant or had already given birth [33].

A study conducted In Bahir Dar Town, North West Ethiopia among out of school adolescents showed that about 39 % reported having unprotected sex (sex without condom); 43.3% of sexually active students had more than one sexual partner; 5%males reported having sex with sex workers; 15% reported having sex under the influence of alcohol [28, 33].

#### 2.1.5. Factors affecting premarital sexual practice of adolescents

##### 2.1.5.1. Premarital sexual practice and Socio demographic factors

A study done in North East Ethiopia found that younger age group was tended to initiate sexual intercourse earlier [18].

A study conducted in six African countries showed that there is a wide diversity of patterns, trends and sex differentials in age at first sex. Median age ranged from 16.2–18.6 years for females, 15.8–18.6 years for males. Sex differentials are not uniform, with males having an older age at first sex and slower progression than females in Ghana and Uganda, with the reverse for Kenya. Females in Zimbabwe report the oldest starting age for sexual activity, and the slowest progression [19, 20, and 21].

A study done in South Nigeria found 24.3%of males and 28.7% of females had initiated sex compared to 12.1% of males and 13.1% of females in the North. Only religion was significantly associated with adolescent sexual initiation among both males and females; however, educational attainment and age were also significant among males [36].

A study done in the USA found that boys reported younger ages of first sexual intercourse than girls and boys had higher rates of sexual intercourse, nearly ten percent higher, than girls' [37]. A study done in North West Ethiopia showed that being female by gender were significantly associated with early sexual initiation[18].

A Study done in Southern Brazil showed that mean age of sexual debut has decreased among both sexes, though a little less in the case of women [38].

A cross-sectional study conducted in Gondar high school adolescents found that the mean age of sexual commencement was 16.9(SD= $\pm$ 1.4) years, 17.0(SD= $\pm$ 1.3) for boys and 16.4(SD= $\pm$ 1.6) years for girls [22]. A cross-sectional study conducted among school adolescents in Nekemt town showed that early and premarital sexual practice was becoming common and was one of the risky sexual behaviors of adolescents and young people. In this study, the mean age at first sexual intercourse was about 16.2 + 1.5 years for males and 15.2 + 1.7 years for females [8].

Religion has significant effect on early sexual initiation. A study done on Santiago Island, Cape Verde, West Africa, among boys the highest rates of sexual initiation was associated with Catholic religion [34].

Another study done in Zambia found that there were statistically significant differences by religious affiliation in the proportion of respondents who had not initiated sex. 54% of Seventh Day Adventists and 59% of Jehovah's Witnesses had not initiated sex. Baptists were the least likely to have not initiated sex: four of ten (42%) Baptist women had not initiated sex. Pentecostals were somewhat below average in the proportion who had not initiated sex: 46% of Pentecostal women had not initiated sex [39].

Religiosity has significant effect on sexual experience. In Kenya Participants were grouped into one of three groups based on their responses to the aforementioned items: low/medium low religiosity (attended 0-2 services in prior month, some importance placed on religiosity or no attendance and low importance placed on religiosity), medium high religiosity (attended 2-4 services in prior month, some importance placed on religiosity or high importance placed on religiosity but low attendance), and high religiosity (attended 4 or more services in prior month, high importance placed on religiosity). Finally this study found that Religiosity was not associated with sexual activity among females. Among males, over 90% of those who stated that they did not belong to any religious organization were sexually experienced. Males professing low or medium low religiosity had greater odds of reporting sexual activity than males professing high religiosity [7,40].

Ethnicity/race is important factor on the early sexual initiation among adolescents. A cross-sectional study conducted grade 9-12 US adolescents showed that African-American males experienced sexual debut earlier than all other groups and Asian males and females experienced

sexual debut later than all groups. The probability for sexual debut by their 17th birthday was greatest for African Americans (74% females, 82% males) and Hispanic males (69%).so this study showed that gender and racial/ethnic differences has significant association on time to sexual initiation. A study in USA found racial differences in rates of early sexual intercourse were found in that African Americans had rates of intercourse 12 percentage points higher than Whites [41].

Place of residence has significant effect early sexual initiation. A study done in North West Ethiopia, found that rural youths were found to engage in sexual intercourse earlier than their urban counterparts [18].

Educational status of adolescents has significantly associated early sexual initiation. A study conducted on Santiago Island, Cape Verde, West Africa explores that the highest rates of sexual initiation were associated with more than nine years of schooling for both boys and girls [34]. A study done in North east Ethiopia found that having less educational status were more likely to be early sexual initiators[18].

#### 2.1.5.2. Premarital sexual practice and individual behaviors

A Crossectional study conducted among school adolescents in Nekemt town showed that adolescents with higher grade level found to be more engaged in sexual activity than low grade level adolescents [8].

A study conducted among in-school adolescents in Mongolia, found that the causal link between alcohol-use and adolescent sexual activity; Alcohol-use increased the probability of sexual intercourse. However, there is less evidence that heavy drinking has a significant effect on sexual intercourse [42]. A study among African-American urban adolescents found that early drinking was associated with sexual initiation and sexual risks through mid-adolescence. Early drinkers were more likely to report, unprotected sexual intercourse, multiple partners, being drunk during sexual intercourse, and pregnancy. Among females, early drinking was also related to sexual initiation and recent sexual intercourse [43].

A study conducted among never-married adolescents (10-19) in Uganda from 746 virgins (310 males) aged 12 to 16 years were analyzed to assess the relationship between baseline substance use and sexual initiation at 3, 6, and 9 months. Compared to virgins with no substance use,

virgins who had used three or more substances were three times more likely to initiate sex over the ensuing 9 months. The use of alcohol, tobacco, and marijuana and the use of more than three substances are highly specific for predicting sexual initiation [44, 45].

A study done in Canada explores the relationship between teen sexual activity and substance use, some interesting findings include: Teen marijuana users were much more likely to be sexually active than nonusers. An increase of episodes of drunkenness correlated with greater likelihood of being sexually active, Increased time with a boyfriend or girlfriend related to a greater likelihood of sexual activity, Correlations were found between a emptying suicide and being sexual active among girls [45]. The use of Khat and alcohol and other substances is significantly and independently associated with risky sexual behavior among Ethiopian youths. A study done in Ethiopia showed that Daily Khat intake was also associated with unprotected sex. There was a significant and linear association between alcohol intake and unprotected sex, with those using alcohol daily having a threefold increased odds compared to those not using it [35, 46].

watching pornographic materials (sexual content videos, films and news papers and magazines) has significant effect on sexual initiation time. A study conducted in Asian countries showed that in multivariate analysis, the strongest factor associated with sexual intercourse among male adolescents was viewing of pornography. Those who viewed pornography were 6 times more likely than those who did not do so to engage in sexual intercourse [13, 47].

School performance has significant effect on early sexual initiation. There is evidence indicating that the greater likelihood that a child who does better in school is likely to have higher self-esteem, better planning skills, and a more stable home environment (i.e. behaviors protective against early sexual onset) [48].

The results of the studies indicated that childhood sexual abuse was significantly associated with an increased risk of early sexual onset and that this abuse was likely to be causal in the early onset of sexual activity [48].

### 2.1.5.3. Premarital sexual practice and Familial Level Factors

Parent educational status has significant effect early sexual initiation among adolescents .A study done in Washington indicated that compared with those whose parents had a college level education, children whose parents had less than a 12th-grade education were 5.7 times more likely, and children whose parents had a high school education or equivalent were 7.0 times

more likely to have initiated sexual intercourse. Also, children whose parents were unemployed were 3.7 times more likely to have had sexual intercourse [49].

Young family women with higher level of education tended to delay their sexual initiation. Imposition of traditional values was found to influence early sexual initiation among men and women with lower level of education [38].

Family structure or living with single parent/both has significant effect early sexual initiation. A cross-sectional study done in Brazil shows that, those not living with either parent reported higher levels of various characteristics related to crime, violence, drugs, and sexual risk. Those living with only one parent also differed from those living with two parents on a number of variables. Females were least likely to be sexually experienced if they lived with both parents, somewhat more likely if they lived with one parent, and much more likely if they lived with neither parent (26%, 37%, and 71%) respectively. The same was not true for males [50]. Family connectedness has significant effect early sexual initiation study conducted in North east Ethiopia showed that]). Less family connectedness significantly associated with early sexual initiation [18].

Family communication has significant effect on early sexual initiation. Specific parent-child communication about sexual issues has been examined as a potential protective factor against early sexual onset. Through establishing an effective dialogue with their child, a parent can convey information on the risks of early sexual onset, the dangers of substance use and loss of control, and convey a negative attitude toward early onset of sexual activity. This communication, in turn, can shape the adolescent's attitudes and intent toward early sexual intercourse, and can provide the child with behaviors and skills that protect them from situations likely to increase the risk of early sexual onset.[46]

However, there are a number of contradictory findings with regard to the relationship between parent/child communication about sex and early sexual onset. Some international cross-sectional research indicates a significant protective effect of communication. Whereas, other studies conducted on family communication failed to find an effect. One study conducted in Africa identified that parent/child communication about sex prior to the onset of puberty acted as a risk factor for early initiation of sexual intercourse The longitudinal research looking specifically at

parent/child 'communication about sex' also provides contradictory results. Some research indicates a protective effect of communication about sex [47].

A study done in North east Ethiopia found that participants who didn't find it easy to discuss about important matters with their mother were more likely to initiate sex-earlier [18].

Family support has significant effect on early sexual initiation. Parental support has the ability to impact on early sexual initiation through a number of different mechanisms: First, through long-term effects of parenting on a child developing protective social, emotional and behavioral characteristics; second, by fostering a trusting and open relationship between parent and child, allowing free flow of information on sexual matters and, third, making parental monitoring of an adolescent's whereabouts, activities and friends easier. The evidence examining the relationship between parental support and sexual onset is mixed. Some longitudinal studies have found a significant protective effect of good quality parental support [47].

Parental supervision/monitoring have significant effect early sexual initiation. Parental monitoring refers to the awareness of a parent over their child's whereabouts, activities and friends. Parental awareness over a child's actions allows a parent to take steps in preventing their child from partaking in risky behavior and preventing them from associating with peers that may influence the child's behavior. Additionally, the lack of supervision allows delinquent behaviors to go unpunished, increasing the likelihood that these behaviors will occur, and escalate, in the future. A number of longitudinal studies aimed at examining the influence of parental monitoring on the likelihood of early sexual initiation have been conducted in many countries with a number of different cultural and ethnic backgrounds.

The consistent finding across most of these studies is that higher levels of parental monitoring provide a strong protective effect against early onset of sexual intercourse for both boys and girls [47].

Family income has significant effect early sexual initiation. A study done in South Africa showed that adolescents from poorer homes are likely to feel they have fewer opportunities in life, and they might lack the educational, career and recreational aspirations characterizing adolescents from wealthier homes. This finding concurs with a study of older adolescents (15–19 years old), where those from homes with insufficient money for food and clothes were almost twice as likely to have had their sexual debut as those from homes in which some luxury goods were affordable [51].



A study done in Brazil showed that women from higher-income families tended to delay marriage or cohabitation, seeking new forms of individualization by valuing their academic professional education, and pursuing better financial stability [38].

Another study on southern Brazil found that Prevalence of early sexual initiation was higher among black and mixed men and those with low level of family income in 1982 and 2004-5 [50]. A cross-sectional study done among school adolescents in Nekemt town found that Young girls enter into sexual relationship with older and wealthy men (referred as sugar daddies) who can assist them with school related expenses, or purchase of material goods [8].

#### 2.1.5.4. Premarital sexual practice and Peer pressure

Peers pressure has significant effect early sexual initiation of adolescents. Direct pressure from peers (from either the same sex or opposite sex) may result in an elevated risk for early sexual onset. A number of studies have indicated that increased pressure from peers to engage in sexual behaviors increase the risk of early sexual. Conversely, research examining the factor 'peer support to not have sex' has indicated that this may be a strong protective factor in the early onset of sexual intercourse [47].

It was found that that a 10% increase in the proportion of close friends who initiates sex increases the probability that an individual chooses to initiate sex by 5% and a 10% increase in number of sexual partners among close friends increases an individual's sexual partner by 5% [3].

Many girls associated their first experience of intercourse with the sexual behavior of their peers. "Everybody else was doing it" emerged as a strong theme. An internal desire for peer approval, which acted alongside "peer pressure", was an important factor underlying sexual initiation. One participant remarked, "It's a lot of pressure, peer pressure, people talk about it at school and stuff and you just don't feel like you fit in unless you've done it." Being able to meaningfully contribute to conversations about sex through their own experiences was important in maintaining their status within the peer group: "I just felt like everyone else was doing it and they were all talking about it and I didn't have anything to talk about so I was like, yeah I might as well" [52].

#### 2.1.5.5. Premarital sexual practice and Society-Level Factors

Early marriage has significant effect on early sexual initiation. One study done in Amhara region North east Ethiopia found that younger age group were tend to initiate sexual intercourse earlier. Moreover, being in marital union was more likely to be early sexual initiators [18].

Sexy Media Matter: (Exposure to Sexual Content in Music, Movies, Television, and Magazines) has significant effect on sexual onset. Number of studies has examined sexual contents viewing on television as a risk factor for early sexual onset. Evidence from both cross-sectional and longitudinal studies has indicated an association between increased viewing of sexual content and early onset of sexual behavior [13, 47, 52].

A study conducted in southern United States showed that adolescents who are exposed to more sexual content media were 2.2 times as likely, to have initiated sexual intercourse than adolescents who were in the lowest exposure [12, 29].

A study done in America found that Sexual initiation was associated with high television use and lack of parental regulation of television programming [13, 52].

A cross-sectional study conducted among school adolescents in Nekemt town showed that increased number of unfiltered pornographic films in the town, females dressing styles, mentioned as a major contributing factor to premarital sexual practices in the study area [8].

## 2.2. Conceptual frame work of study

The reproductive health issue is very crucial factor for adolescents. Socio demographic factors, family level factors, Peer influence and societal level factors are directly or indirectly affect Personal/individual behavior. Personal/individual behavior directly affects sexual initiation of adolescents. We can easily see the link between the dependent and independent variables to the reproductive health problems among adolescents of the study area. In this study, efforts are, however, made to investigate the direct influence of the aforementioned variables on premarital sexual practice; among female and male high school students in Keffa zone Conceptual frame work is adapted from literatures.

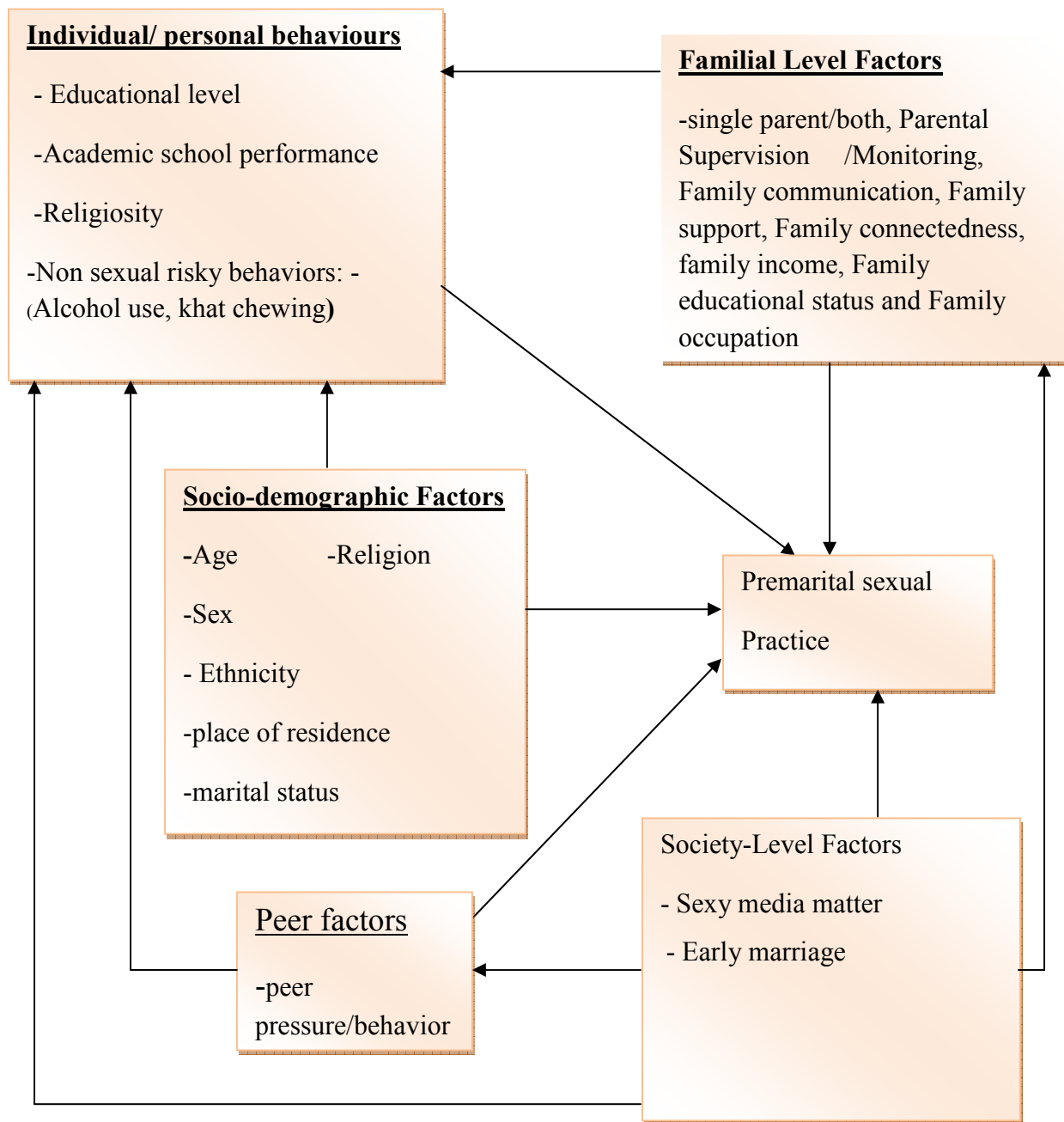


Figure 1: Conceptual Frame Work for the Study of Premarital sexual Practice and Factors

### 2.3. SIGNIFICANCE OF THE STUDY

For behavioral as well as physiological reasons, premarital sexual practice at younger age increases young peoples' risk for infection with HIV and other STIs. Adolescents who begin sexual activity early are more likely to have high-risk sex or multiple sexual partners and are less likely to use condoms [17]. It is crucial to understand the factors associated with premarital sexual practice in a broader context for designing and implementing effective interventions targeting adolescents. As far as our knowledge goes no similar studies conducted in the study area on similar issue, and therefore the result will serve researchers as baseline data.

## CHAPTER –THREE

### OBJECTIVES

#### 3.1. General objectives:

- To assess premarital sexual practice and associated factors among high school

#### 3.2. Specific Objectives:

1. To determine the prevalence of premarital sexual practices among high school students
2. To determine factors associated to premarital sexual practices among high school students.

## CHAPTER FOUR

### 4. Methods and Participants

#### 4.1. *Study area*

The study area is Keffa zone, administratively the zone was divided into 11 Woredas namely: Chena, Bita, Gimbo, Gesha, Saylem, Gewata, Dech, Cheta, Telo, Adiyu, and Bonga zuriya woreda found in SNNPR. Bonga is the main town of the zone located 449 kms and 724kms south west of Addis Ababa and Awassa town respectively. The boundaries of keffa zone are Jimma zone in north and Dawuro zone in the south, Sheka and Bench maji in east and west directions. It has Dega, Woina dega and Kolla agro climatic zones accounting 30%, 67% and 3% respectively. The total population projected from the 2004 census was 1,764,600 of which 50.6% were females. Male to female ratio was 1:1. Total of 1735640 (98.4%) people lived in the rural area and the remaining 28960 (1.6%) people were urban dwellers. The population density was 11433.3 per square kilometer of land [ 56 ].

The majority (95%) were Keffa by ethnic group. There were 291 rural and 03 urban kebeles. The major economic activities of the people were farming and small businesses accounting 87% and 13% respectively [ 56 ]. Coffee was the major crop produced and main source of income. Enset and Maize is the major food item accounting 96%. The two woreda towns have all weather roads and they are accessible throughout the year. All woreda towns have postal service, digital telephone, and six woredas have 24 hours electric services. In the zone there are 42 government health centers, 257 health posts, 1 government general hospital, 7 midlevel private clinics, 1 private pharmacy, 19 drug store and 7 rural drug venders which are providing curative and preventive health care services to the people. The health service coverage in 2012-13 was 83%. There were 19 high schools in keffa zone; in the first semester of 2013-14 academic year 21416 students (42.8% females) were enrolled in these high schools. Among these, 9117(46.7%), 10409(53.3%), 1078(57.03%) and 812(42.9%) were in ninth, tenth, eleventh and twelfth grade respectively. There were 190 sections in which these students were assigned. There were functioning anti AIDS and reproductive health clubs in high schools [56].

#### 4.2. Study Design and period

The study employed cross-sectional study design from March 5-25/2014.

#### 4.3. Population

#### *4.3.1 Source population*

For the quantitative data- all students who were attended high schools education in the keffa zone.

For qualitative data- teachers, representatives of minimedia, gender office and Anti AIDS club.

*4.3.2 Study population;* for the quantitative data- Sampled students included in the study. For qualitative data- purposively selected teachers, representatives of minimedia, gender office and Anti AIDS club.

#### *4.4. Inclusion and Exclusion criteria*

Inclusion criteria: All high school students who are attending school at the time of data collection.

Exclusion criteria: those who have disability or illness that prevents them from filling the self-administered questionnaire.

#### *4.5. Sample size and sampling procedure*

##### *4.5.1 Sample size determination*



### 4.5.1 Sample size determination

The sample size was initially computed for the first objective which was to determine the prevalence of premarital sex among in school adolescent using a single population proportion formula with the following assumptions: 95.0% level of confidence, where the proportion of expected prevalence of premarital sexual practice (PMSP) is 50.4%, [57] margin of error of 2%, and a contingency of 10.0% for possibilities of non-response. Accordingly, a total of 384 samples were obtained. Secondly, sample size was estimated to assess factors associated with premarital sex among in school adolescent, using two population proportions formula

$$N1 = \frac{(Z_{\alpha/2} \sqrt{(1+1/r) p (1-p)} + Z_{\beta} \sqrt{p1 (1-p1) + p2 (1-p2)/r})^2}{(P2-p1)}$$

To achieve an adequate power with the following assumptions: 95.0% level of confidence, 90% power, proportion of premarital sex among female in school adolescent 53,8% , proportion of premarital sex among male in school adolescent 50%, and non-response rate yielding a total of 620 of 310 males and 310 females [7]. The sample size was calculated using the statically program of Epi7 and finally, the largest sample size was considered in this study [57].

Qualitative: A total of eight Focus Group Discussions (FGDs) as well as a total of 4 in-depth interviews were conducted

### 4.5.2 Sampling procedure

A multistage sampling technique was carried out to get the required sample size. Ten schools out of 19 were selected using simple random method. The total sample was distributed to the selected schools proportionate to their student population size. The number of respondents calculated from each school was divided equally in to two grades; 9th and 10th. From each grade, 95 sections were selected randomly and finally all students in the selected sections were then invited to participate in the survey.

Qualitative: For FGD participants were purposively selected, similarly purposive sampling method were applied to select participants for in-depth interview.

### 4.5.3 Sampling frame:

Sampling frame were list of students name according to their respective school selected section.

Quantitative data

Schematic presentation of sampling procedure

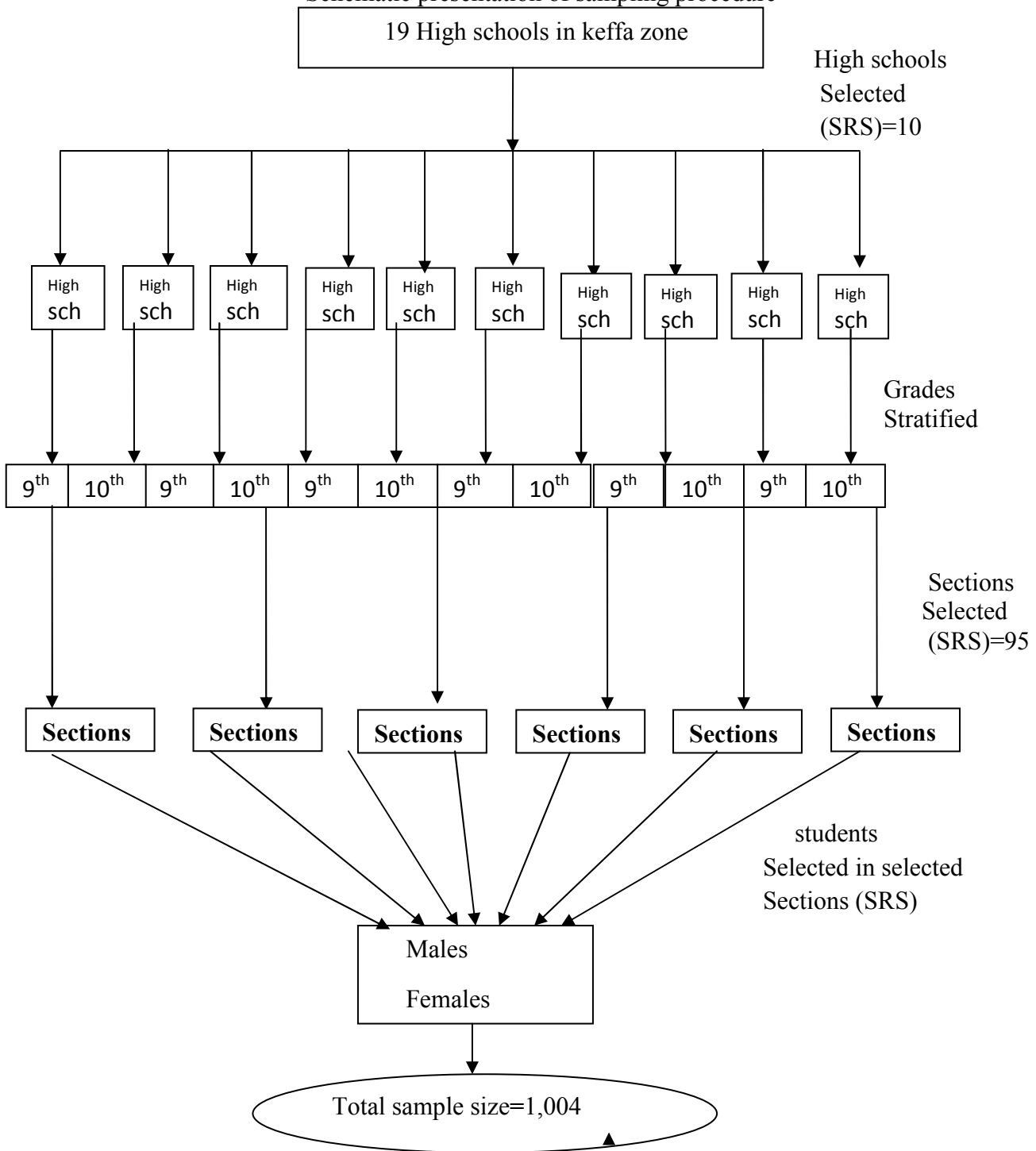


Figure 2: Schematic presentation of sampling frame

## 4.6. Data collection techniques

### 4.6.1. Quantitative Data.

Quantitative data were collected using structured self administered Amharic version questionnaire. The questionnaire was originally in English and then translated into Amharic. It was then back translated to English after review of relevant literatures. Most of the items were adapted from existing surveys [18, 20, 30]. Pre-testing was carried out in Gimbo high school which is located 10 Km from Bonga on 5% of the sample size of respondents having the same characteristics with the study subjects that were not included in the study. Pretest of the questionnaire was carried out on selected students of the same grade. The result of the pre test was discussed & some corrections and changes were made on the questionnaires. Supervisors and principal investigator checked collected data in order to maintain its accuracy and completeness on daily basis.

Five data collectors who have completed 12th grade and four supervisors (a health officer, 2 teachers and one environmental health worker) were selected. Training was given for all of them by the investigator for one day before the pre-test and for one day after the pretest. On the day of data collection, the randomly selected students were informed earlier by their teachers to remain in their class. Survey completion required duration of one class period for each shift. When finished, students were told to put their completed questionnaire in a box, which is located at the exit of each room.

### 4.6.2. Qualitative Data

All interviews were conducted and transcribed in Amharic. The questions were prepared in English and translate into Amharic and translate back into English prior to data collection to check their correctness and consistency. A qualitative method was designed to triangulate responses on some issues of premarital sex.

#### Focus group discussion (FGD)

A total of eight Focus Group Discussions (FGDs) were conducted to supplement the quantitative survey in the study area. The first four FGDs segregated by sex and school were conducted for adolescent students using semi-structured open-ended questions which enabled the discussants to

reflect on sexual experience and determining factors for premarital sexual experience. The participants were in the age range of 15-19 years.

The other four FGDs for teachers were organized in the same way. The FGDs were moderated using a pre prepared discussion guide to backup any information lacking during quantitative survey. A Male health officer moderated the FGD for males and a female teacher moderated the FGD for females. The moderator tape-recorded the discussants' ideas, which were later on transcribed and translated. The participants for the discussion were selected purposively. as well as a total of 4 in-depth interviews were conducted with 1 purposively selected teacher, 1 individual from mini-media representative, 1 individual from anti AIDs club representative and 1 individual from gender office head one week after the quantitative data collection. Topics for interview were prepared to collect qualitative information. Principal investigator conducted in-depth interviews. Tape recording was used in addition to note taking during the interview.

#### 4.7.1 Study variables

Dependent variable

- Premarital sexual practice

Independent variables

#### **Individual/ personal behaviours**

Educational level, Academic school performance, Religiosity

Non sexual risky behaviors: - (Alcohol use, khat chewing)

#### **Familial Level Factors**

Single parent/both, Parental Supervision /Monitoring, Family communication, Family support, Family connectedness, family income, Family educational status and Family occupation

#### **Society-Level Factors**

Sexy media, early marriage

#### **Peer factors**

Peer pressure/behavior

#### *4.8.1. Data collection tool*

The survey instrument for this study was adapted from previous studies [18, 20]. The self administered questionnaire included questions on socio-demographic, individual, peer, family and societal context variables

#### *4.9. Operational definitions*

- Premarital sexual practice: is sexual intercourse before marriage.
- School performance- child's grade 8<sup>th</sup> result, last year average result and rank in the class.
- Parent-teen discussion is defined as communication of issues related to: pregnancy, sexuality, alcohol, sexual abuse/coercion abstinence or HIV/AIDS and other STDs.
- Parental monitoring or supervision- parental interest of teen's academic manners interest on teen's friends and teens seeking approval to do things.
- Parental support is-having parental encouragement or discouragement of teen's to do things, affirming teen's ideas and helping their teens to do things and to decide on with whom and when to have sex.
- Parent-child connectedness is- having parent child bonding, parent child relationship, happiness on parent child relationship and parental care for their child, open communication between child and parent and the teens having time to leave the home when they would like to leave.
- High-risk sexual behavior: is defined as any behavior that increases the probability of negative consequences associated with sexual contact such as sexually transmitted diseases (STDs) including AIDS. It involves having multiple partners and/ or having unprotected sex with non-regular partner.

#### *4.10. Data quality control*

To ensure the quality of the data the following measures were undertaken. A brief orientation session about the whole purpose of the research project was arranged for all students. The questionnaires were translated to Amharic and back translate to English. Pre-testing of the questionnaire was undertaken in 5 percent of the sample size in another high school before the actual data collection were taken place and corrections on the instruments were, made accordingly.

A total of three days' intensive training were given for all supervisors and data collectors. Data was daily checked for completeness, clarity and consistency by the supervisors and the principal investigator. Overall activity was controlled by the principal investigator, who supervised carefully during data collection.

#### *4.11. Data processing and analysis*

The data were coded, edited and entered into Epi data 3.13, and exported to SPSS for windows version 16 for analysis. Odds ratios were calculated to determine the strength of associations of selected variables. Logistic regression was applied to control the effects of some variables on the outcome variables using SPSS software. The qualitative finding was first transcribed, summarized and compared with quantitative finding. Themes that emerged regarding the topic area were identified; different positions or dimensions that emerged were Summarized and analyzed in the final write up.

#### *4.12. Ethical clearance*

The study was carried out after getting approval from the ethical clearance committee of Jimma University, College of Public Health and Medical Science. Then, written consent was obtained from zonal administration and also high school directors were communicated through formal letter from zonal administration in addition to personal communication by the investigator. All selected students were communicated about the study in order to obtain their verbal consent before administering questionnaires. To ensure convenience of teaching process some academic and administrative staff were also communicated about the study. Participants were also informed that they have full right to decline or refuse to participate in the study. Answers to any questions were completely confidential. Health education was given on premarital sex and reproductive health related problems for those study participants who wanted to know about it.

#### *4.13. Plan for data dissemination and utilization of findings*

The study was conducted for the partial fulfillment for the requirement of degree of Masters in public health and Medical Science in Jimma University department of Epidemiology and the result of the study will be submitted to the department and an advisor. Study result will also be given to relevant bodies such as Federal Ministry of Health, Federal Ministry of Education, Regional Health Bureau, Regional Education Bureau, Zonal and District Health Offices, Zonal and District Education Offices and to the high schools.

## CHAPTER FIVE: RESULT

### 5.1. Respondents and parental socio-demographic characteristics

A total of 99.6% respondents participated in the study .Three hundred seventy eight (76%) of male and 346(69%) of female respondents were rural residents. Four hundred sixty four (92.8%) of male and 496(99.2%) female respondents were between 15-19 years with the mean age 17.5 years and 16.8 years for male and female respondents respectively. The majority of the respondents, 644 (64%), were Keffa, followed by 349 (34%), Amhara. The distribution of respondents by religion showed that majority were Orthodox Christian (92.9%) females and (95.8%) male. Regarding respondents school performance grade 8<sup>th</sup> average result, last year class average result and rank in the class was 57.6, 73.7,8 and 51.5, 66.6, and15 in male and female respondents respectively. Regarding their education level, 528 (53%) and 475 (47%) of the respondents were attending 9thand 10th grade, respectively. Among all the respondents, 393 (39%), 13(1.3%), and 31 (3%) were never married, ever married and divorced, respectively. (table-1).

Concerning family structure, nearly 68(16.7%) male and 340(83.3%) female respondents were living with both biological parents. The majority 282(62%) of male and 256(59%) of female participants had illiterate mothers. Farmer was dominant occupation for both parents of male & female respondents. For those participants who were able to report their family income majority 40(75.5%) of female participant parents and 45(47.4%) of male participant parents had income greater than 100 Ethiopian Birr per month with mean income of 168 and 128 (Table 2).



Table 1: Respondents socio-demographic characteristics by gender in Keffa zone high school students, June 2014

<b>Variables</b>	<b>Male</b>	<b>Female</b>	<b>TOTAL</b>
	N (%)	N (%)	%
<b>Age</b>			
<15 Years	7(1%)	2(0.4%)	9(0.9%)
15-19 Years	464(92.8%)	496(99.2%)	960(96%)
20-24 Years	29(5.8%)	2(0.4%)	31(3%)
<b>Residence</b>			
Rural	378(76%)	346(69%)	724(72%)
Urban	122(24%)	154(31%)	276(28%)
<b>Religion</b>			
Orthodox	480(96%)	464(92.8%)	944(94.5%)
Protestant	6(1%)	9(1.8%)	15(1.5%)
Muslim	12(2%)	22(4%)	34(3.4%)
Catholic	2(1%)	5(1.4%)	7(0.7%)
<b>Ethnicity</b>			
Keffa	280(56%)	364(73%)	644(64%)
Amhara	215(43%)	134(26.6%)	349(35%)
Tigre	0(0%)	2(0.4%)	2(0.2%)
Oromo	3(1%)	0(0%)	3(0.3%)
<b>Grade</b>			
Nine	254(51%)	274(55%)	528(52.9%)
Ten	246(49%)	226(45%)	475(47.5%)
<b>Marital status</b>			
Never married	138(21%)	252(79%)	393(39%)
Ever married	6(46.2%)	7(53.8%)	13(1.3%)
Divorced	4(0.3%)	27(5%)	31(3%)

Table 2: Parental socio-demographic characteristics of Keffa zone high school students, June 2014

Variables	Male	Female	Total
	N (%)	N (%)	%
<b>With whom do you live</b>			
Both parents	68(16.7%)	340(83.3%)	408(41%)
Single parents	21(21.9%)	75(78.1%)	96(10%)
Grand parents	34(30.9%)	76(36.1%)	110(11%)
Others <sup>a</sup>	30(6.6%)	31(6.2%)	61(6%)
<b>Mothers educational level</b>			
Illiterate	282(62%)	256(59%)	538(5.4%)
Grades 1-4	112(25%)	108(25%)	220(22%)
Grades 5-12	23(5%)	32(7%)	55(6%)
12 and above	24(5%)	22(5%)	46(5%)
Don't know	13(3%)	18(4%)	31(3%)
<b>Fathers educational level</b>			
Illiterate	193(46%)	154(39%)	347(35%)
Grades 1-4	137(33%)	133(34%)	270(2.7%)
Grades 5-12	36(9%)	47(12%)	83(8%)
12 and above	40(10%)	42(11%)	82(8%)
Don't know	11(2%)	18(4%)	29(2.9%)
<b>Mothers occupation</b>			
Farmer	335(74%)	318(73%)	653(65%)
Civil servant	23(5%)	20(5%)	43(4%)
House wife	81(18%)	73(17%)	154(15%)
Others <sup>b</sup>	13(3%)	26(5%)	39(3.9%)
<b>Fathers occupation</b>			
Farmer	328(78%)	313(76%)	642(64%)
Civil servant	39(9%)	36(9%)	75(7.5%)
Merchant	40(9%)	52(13%)	92(9%)
Others <sup>c</sup>	16(4%)	11(2%)	27(2.7%)
<b>Family income</b>			
<500	17(17.9%)	3(5.7%)	20(2%)
500-999	33(34.7%)	10(18.9%)	43(4%)
≥1000	45(47.4%)	40(75.4%)	95(10%)
<b>The economic status of family as compared to the neighbors</b>			
High	88(18%)	100(20%)	189(19%)
Medium	337(68%)	347(69%)	685(69%)
Low	72(14%)	53(11%)	126(13%)

Others<sup>a</sup> include fiance, uncle, aunt. Others<sup>c</sup> include Merchant, daily laborer, driver

Others<sup>b</sup> include House wife, Merchant, House maid, Daily laborer, driver

## 5.2. Premarital Sexual history

From 627 respondents, 402 (64.2%) reported to have ever had sexual intercourse at least once in their lifetime. Among the 138 unmarried males 65(13%) of male and among the 272 unmarried female study participants, 97 (47.5%) reported that they have ever had sexual intercourse, 241 (49.6%) had sexual intercourse at least once in the past 12 months before the study period. Among 320 males who responded to this question 110(34.5%) reported that they had had sexual intercourse at least once with a non-regular sexual partner in the last 12 months while only 63 (21%) of the females reported that they had had sexual intercourse with non-regular sexual partner in the past 12 months. In addition, among 298 female respondents, 41 (13.4%) reported to have had sex in exchange for money or gift at least once in the past 12 months and among a total of 323 males 71 (22.2%) reported that they had had sexual intercourse with female commercial sex worker at least once in the past 12 months by paying money or giving gift. (Table 3) Sixty two (88%) of girls had their first sex with a partner age at least 10 years greater than girls. From all sexually active adolescents, the large proportion, 51 (78.8%) of males and 57 (80.6%) of females had their first sexual intercourse after the age of 14 years. Thirty eight (60% of boys and 47(65.6%) of the girls) had their first sexual intercourse with plan while 25(40%) males and 26(36%) females unexpectedly. This finding was also supported by a result of in-depth interview. For instance a director of one of the schools stated,

*“...Drivers look for young girls in our high school and it has become common to see young girls in bars, hotels, cafeterias etc with drivers.”*

Among those who were sexually active the main reason for engaging in sex at first time was just for love 22(32.3%) in case of males and marriage in case of females 38(53.4%) followed by self initiative/interest for (29.2%) of males and just for love in 12(15.1%) of females.

This finding was supported by a result of FGDs, a 29 years old female teacher discussant stated *“If no pocket money,’ daughters will be forced to engage in unplanned and risky sexual practice to satisfy their needs. Moreover, girls engage in multiple sexual partners, to get money, support or to get marriage while boys do it for satisfaction or fame.”*

Among the total respondents who were sexually active the mean age at which they started sex was 17.4 + 2.6 and the minimum age was 12 years. The mean age of their first male sexual partner was 23.9 + 5.5 and the maximum age was 38year. Reason to have the first sexual intercourse was, 58(33.0%) because of marriage, 62(35.8%), not because of marriage but wanted to have sex, 26(14.8%) being forced, and 11(6.3%)

Table 3: Premarital Sexual history of high school students, in Keffa zone, June 2014

Variables	Male N (%)	Female N (%)	Total %
<b>Ever had sex</b>			
<b>Yes</b>	165(23%)	237(34.6%)	402(40.2.8%)
<b>No</b>	435(87%)	427(85.4%)	862(86%)
<b>Age at first sex</b>			
<b>10-14 years</b>	7(10.6%)	8(11.1%)	15(1.5%)
<b>15-19 years</b>	52(78.8%)	58(80.6%)	110(11%)
<b>Relation of the first partner</b>			
<b>Husband/wife</b>	4(6%)	32(44%)	36(3.6%)
<b>girl friend/boyfriend</b>	42(65%)	26(36%)	68(6.8%)
<b>Friend</b>	10(15%)	6(8%)	16(1.6%)
<b>Relative</b>	4(6%)	4(5%)	8(0.8%)
<b>Teacher</b>	5(8%)	5(7%)	10(1%)
<b>Partner age at 1<sup>st</sup> sex compared with girls age</b>			
<b>Less than</b>	29(45%)	2(3%)	31(3%)
<b>Equal</b>	19(29%)	7(10%)	26(2.6%)
<b>Greater than</b>	17(26%)	64(87%)	81(8%)
<b>First sex was planned</b>			
<b>Planned</b>	38(60%)	47(64%)	85(8.5%)
<b>Unexpected</b>	25(40%)	26(36%)	51(5%)

Among participants who were not sexually active the main reason for their abstinence included: “I haven’t the opportunity” for males (99%) and my parents values are against it (99%) for females. Followed by I do not want the risk of pregnancy, I am not emotionally ready for it, and my religious values are against it

### 5.3. Peer Pressure and involvement in RH/religious clubs

One hundred twenty one (25%) male and 88(18%) of female respondents were encouraged by their friends to have boy/girl friend. Furthermore, 21(4.5%) of male and 21(4.1%) of female participants have encountered pressure from their peers to have sexual intercourse. A 19 years old HIV/AIDS representative discussant said: “*information is not knowledge to be protected and even it was not behavioral change so that peers are encouraged by peers*”. Majority of respondents reported that they did not know whether their peers had a boy/girl friend. Three hundred ninety three (82.6%) of male and 409(85.2%) of female adolescents attended church/mosque in the last 12 months prior to the survey. Two hundred sixty eight (57%) male and 291(58%) of female respondents were involved in at least one of youth or religious clubs (Table 4).

Table 4: Peer pressure and involvement in RH/religious clubs of students, in Keffa zone high school, June 2014

Variables	Male N (%)	Female N (%)	Total %
<b>Ever been encouraged by peers to have a boy or girl friend</b>			
<b>Yes</b>	121(25%)	88(18%)	209(21%)
<b>No</b>	373(75%)	407(82%)	780(78%)
<b>Encounter a pressure by peers to have sexual intercourse</b>			
<b>Not at all</b>	470(96%)	474(96%)	944(94.4%)
<b>Yes occasionally</b>	4(1%)	8(1%)	11(1%)
<b>Yes frequently</b>	17(3%)	14(3%)	31(3%)
<b>Friends have sex premarital</b>			
<b>No</b>	141(54%)	137(60%)	278(28%)
<b>Yes</b>	120(46%)	90(40%)	210(21%)
<b>Church/mosque attendance in the past 12 months</b>			
<b>Yes</b>	393(82.6%)	409(85.2%)	802(80%)
<b>Never</b>	82(17.4%)	72(14.8%)	151(15%)
<b>Frequency of pray</b>			
<b>Daily</b>	221(44.9%)	253(51.2%)	474(47.4%)
<b>At least once a week</b>	78(16%)	91(18.3%)	169(17%)
<b>Never</b>	192(39.1%)	151(30.5%)	343(34.3%)
<b>Involved in RH or religious clubs</b>			
<b>Yes</b>	268(57%)	291(58%)	559(56%)
<b>No</b>	203(43%)	209(42%)	412(41%)

#### 5.4 Non-sexual risk behavior of adolescents

Participants were asked for their experience of non sexual risky behaviors. 23(38.4%) males and 122(19.7%) of female have drunk alcohol. Seventy two (94.8%) males and 71(97.2%) females had started alcohol drinking at age less than 18 years. Out of alcohol drinkers 8(4%) males and 10(3%) females have sex on that occasion. 263 (42%) reported that they never drink any kind of alcoholic drinks, 112 (18%) drink alcohol about once in a week, 84 (13.6%) drink twice in a week and the rest 74 (12%) reported that they drink alcohol daily.

Thirteen (42.4%) males and 132(20.4%) of females were Khat chewers. On the other hand 10(9%) male and 9(13%) female were viewed pornographic materials.

## Risky sexual behaviors among sexually active adolescents

From the total 112 students who reported sexual intercourse in exchange of money or gift, 41 (37%) reported to use condom every time, 26 (24%) never use condom and the rest 45 (32%) used condom sometimes. On the other hand among 110 study participants who reported to have sex with non-regular sexual partner in the past 12 months, 53 (36.8%) reported to use condom every time, 47 (28.1%) never used condom and 12 (30.4%) used condom sometimes. The commonest reasons for non-use of condoms reported were partner trust (50%) and both partner trust and don't enjoy sex when using condoms (20%). The major reasons mentioned for some sexually active adolescents for not using condom were religious affairs, 24 (21%), condom was not available, 16(13.3%), ashamed to ask partner, 18 (14%), condom decreases satisfaction, 14 (13%), ashamed to buy condom, 15 (13%) and was drunk, 9 (7%).

Table 5; risky sexual behaviors among sexually active high school students, in Keffa zone, June 2014

<b>Variables</b>	<b>Male</b> (N %)	<b>Female</b> N %)	<b>Total</b> %
<b>Sex in the past 12 months</b>			
<b>Yes</b>	12(36.9%)	28(38.9%)	40(4%)
<b>No</b>	41(63.1%)	44(61.1%)	85(8.5%)
<b>Number of life time sexual partner</b>			
<b>One sexual partner</b>	43(74.1%)	47(83.9%)	90(9%)
<b>Multiple sexual partner</b>	15(25.8%)	9(16.1%)	24(2.4%)
<b>Number of sexual partner in the last 12 months</b>			
<b>One sexual partner</b>	17(70.8%)	25(86.2)	42(4.2%)
<b>Multiple sexual partner</b>	7(29.2%)	11(20.8%)	18(1.8%)
<b>Condom use with causal partner</b>			
<b>Yes</b>	17(47.2%)	10(28.6%)	27(2.7%)
<b>No</b>	19(52.8%)	25(71.4%)	44(4.4%)
<b>Sex with commercial sex partner(CSW) for males</b>			
<b>Yes</b>	5(62.5%)		5(63%)
<b>No</b>	3(37.5%)		3(38%)

Multiple logistic regression was used to identify the factors contributing to premarital sexual practice. Coefficients were expressed as crude and adjusted OR relative to the referent category and variables that showed significance at  $P < 0.25$  in bivariate logistic regression analysis were taken as a candidate for multivariable analysis, and the model was built with backward stepwise elimination. Finally, the p-values less than 0.05 were considered statistically significant. The regression analysis showed that age and ethnicity of respondents, mother's education level and viewing pornographic materials (sexual content news papers and magazines) were significantly associated with the premarital sex of study subjects at  $p < 0.05$ . (Table 6, 9, 11&12).

Among the socio-demographic variables, sex of the respondents, living arrangements of the respondents, and family income as well as from the behavioral variables, drinking alcoholic beverages and chewing chat were evaluated using logistic regression against premarital sexual practices.



Table 6: predictor variables evaluated for possible association with sexual practice among high School students, Keffa zone, 2014

Variables	premarital sex		OR (95%CI)	
	Male (N %)	Female N (%)	Crude	Adjusted
Relative, fiancé	43(30.9)	77(69.1)	0.22(1.72, 4.15) **	2.59(1.9, 4.09) **
Friends	82(36.1)	5(9.5%)	0.24(0.74, 3.65)	1.38 (0.61, 3.14)
Alone	59(32%)	19(11%)	1.00	1.00
Sex/discussion				
Male	101(28.0)	261(72.)	0.23(1.65, 3.6)**	2.43(1.65, 3.6)**
Female	43 (13.8)	269(86.2)	1.00	1.00
Family income				
Yes(good)	52(29.6)	123(70.4)	0.024(1.2, 2.63)*	1.75 (1.68, 2.65)*
No(poor)	90(19.1)	51(11.8)	1.00	1.00
Drink alcohol				
Yes	24(38.4%)	38(61.3%)	0.43 (0.25, 0.75)	0.64(0.34,1.22)
No	121(19.4%)	493(80.3%)	1.00	1.00
Khat chewing				
Yes	14(42.4%)	19(57.6%)	0.36 (0.18, 0.73)	0.50(0.22, 1.16)
No	131(20.4%)	512(79.6%)	1.00	1.00

Similarly, male adolescents who have good family income were more likely to report premarital sexual practice both in crude (COR=0.24, 95%CI, 1.2, 2.63) (AOR= 1.75, 95%CI, 1.68, 2.65). Those who discuss sex and related issues with their fathers less practicing premarital sexual intercourse than those who were not [OR=0.23(1.65, 3.6) ;2.43(1.65, 3.6). On the other hand, adolescents who were living with friends, relatives, and fiancé were, 2.6, 1.72 and 1.9 times more likely to have odds of premarital sexual practices than those currently living with both parents, single parents and living alone, respectively. Alcohol and chewing khat were found to have no association with premarital sexual practice (AOR=0.64, 95 % CI, 0.34, 1.22 and 0.50, 95% CI, 0.22, 1.16), respectively

### 5.5. Media exposure, early marriage and sexual practices

This study tried to assess sources of information of respondents regarding sexual issues. One hundred seventy three (34.7%) male and 153(30.6%) female participants heard messages on sexual issues on radio at least once a week and 12(5%) male and 13(7%) female respondents have sex. One hundred twenty three (25%) of male and 98(20%) of female respondents watched messages about sexual issues on television. The participants were also asked about the ideal age for females and males for marriage.

Accordingly, 313 (46.6%) of the respondents believe that the ideal age for female to marry is between the age of 15 and 17 years while 196 (29.1%) of the respondents mentioned that the ideal age for males is 14 to 19 years. Three hundred fifteen (64%) of male and 265(55%) of female respondents listed magnitude of early marriage in their society was medium.

### 5.6 Parent-teen communication on sexuality and reproductive health issues

This study identified that major sexual and reproductive issues haven't been touched by parents. HIV/AIDS and alcohol were the most common SRH topic discussed by parents with male respondents and HIV/AIDS and menstrual cycle by parents with female respondents. Least common topics discussed were condom, abortion and rape in male respondents. Respondents with communication score above mean had good communication while communication scores less than mean taken as poor communication. Almost 31% of male and female respondents had good parent teen communication on sexual and reproductive health related issues (Table 7).

## 5.7 Parent teen connectedness, parental supervision/monitoring and parental support

A total of 22 questions were asked to assess respondent's connectedness with their parents, parental supervision, and parental support. Then 22 questions were grouped in to three variables Parent teen connectedness, parental supervision and parental support. Those who score above the mean had highly connected score, more supervision and more support while those who score less than the mean grouped as less connected score, less supervision and less support. Two hundred twenty five (57.5%) male and 246(61.2%) female respondents had highly connected score, and majority of female respondents had more parental supervision and support score but males had less parental support and supervision

More than half, 81 (51.2%) of the sexually active respondents never discuss sex related issues with their fathers and 69 (43.67%) of sexually active students never discuss sex related issues with their mothers. Pre-marital sexual intercourse was associated with discussion of sex related issues with their fathers were less practicing premarital sex

## 5.9 Impact of premarital sexual practice on sexual and reproductive health

Almost half of 7 (43.75%) of the respondents were those who made sexual intercourse with commercial sex workers.

Fifteen (58.3%) male and 22 (79.3%) female participants had used contraceptives. This finding was supported by FGD result, a 49 years old female discussant stated as,

*"...there was 16 years old grade 10<sup>th</sup> female student in my neighbors she was very silent and religious but once a time she became pregnant out of marriage after that her mother was very angry and yelled at her and told her to leave the house. The girl has been out of her parents' home and still has not delivered the pregnancy."*

Nearly 5(35.7%) unwanted pregnancies end up in abortion and almost all abortions 5(35.5%) were induced. (Table10).

Table 7: Impact of premarital sexual practice on sexual and reproductive health of respondents in Keffa zone high school students, June 2014.

<b>Variables</b>	<b>Male</b> (N %)	<b>Female</b> (N %)	<b>Total</b> %
<b>Contraceptive use</b>			
<b>Yes</b>	15(58.3%)	22(79.3%)	37(3.7%)
<b>No</b>	11(41.7%)	7(20.7%)	11(1%)
<b>Pregnancy</b>			
<b>Yes</b>		14(19.4%)	14(1.4%)
<b>No</b>		58(80.6%)	58(5.8%)
<b>Unplanned pregnancy</b>			
<b>Yes</b>		10(76.9%)	10(1%)
<b>No</b>		3(23.1%)	3(0.3%)
<b>Have abortion</b>			
<b>Yes</b>		5(35.7%)	5(0.5%)
<b>No</b>		9(64.3%)	9(0.9%)
<b>Abortion induced</b>			
<b>Yes</b>		5(35.5%)	5(0.5%)
<b>No</b>		9(64.3%)	9(0.9%)
<b>Sexually transmitted infection</b>			
<b>Yes</b>	8(11.5%)	9(11.4)	17(1.7%)
<b>Never</b>	55(88.5%)	63(88.6%)	118(11.8%)

Table 8: logistic regression analyses for independent predictors of premarital sexual practice of high school students, in Keffa zone, June 2014.

Variables	Premarital	
	sex	
	COR (95%CI)	AOR (95%CI)
<b>Age</b>		
<15≥9 Years	0.24(1.70,30.82)**	22.55(3.42, 148.85)**
15-19 Years	1.00	1.00
<b>Viewing Pornographic materials(Sexual content news papers and magazines)</b>		
Yes	0.14(1.07,5.76)*	2.69(1.01,7.15)*
No	1.00	1.00
<b>Residence</b>		
Rural	378(76%) 346(69%) 0.21(0.879,1.781	0.603(0.373,0.975)*
Urban	651(88%) 312(60%) 1.00	1.00

*This model is adjusted for Age, residence, Mothers education level and viewing sexual content news papers and magazines.*

,\*=P<0.05

Age and viewing pornographic materials of respondents were independent predictor for premarital sex of respondents (p<0.05).

Adolescents who were found in the age group <15 years are 22 times more likely to be engaged in sexual intercourse (Adjusted OR [95% CI] =22.55[3.42, 148.85]). This result was supported by the findings of FGDs, almost all of discussants agreed to the fact that

*“...female adolescents in the study area initiate sexual intercourse at 12-14 years of age.”*

It also supported by the findings of in-depth interview of school mini media representative who stated as,

*“...Adolescents in the community start sexual intercourse at 14-15 years of age.”*

Adolescents who were viewing pornographic materials (sexual content news papers and magazines) nearly 3 times more likely engaged in sexual intercourse (Adjusted OR [95% CI] =2.69[1.01, 7.15]) A 30 years old teacher Said: *“If you ask what they learnt yesterday, they will reply few or none. But if you ask about the film they saw, they will miss no point”*.

## **CHAPTER SIX: DISCUSSION**

In Ethiopia, information on adolescent sexuality is not available as needed everywhere and some of the information does not address the target group. This study has described premarital sex and factors associated to it in randomly selected Keffa Zone high school students. The study showed that 165(17%) of male and 237(24%) of female respondents had experienced sexual intercourse. These finding is lower than a study done in West Gojjam with 25 % male and 19.4% female. The difference might be due to large sample size of the study (999) participants compared with a previous study with sample size of 314 participants [21].

The mean age of premarital sex in this study was 15.8 years for male and 15.4 years for female students. This finding is lower compared to the results of several previous studies in Ethiopia (8, 21, 22, 23, 24, and 55). The fact that age at first sex found in this study is lower than the reports of studies done in Gondar (17 years), Nekemte (16.2 years), Gojjam (18.6 years), and Ambo (15.91years). The difference may be due to the traditional practice of early marriage in the study area (Keffa Zone in SNNPR) as compared with Oromiya. The reason for lower mean age found in this study compared to the one in West Gojjam Zone (18.6 years), could be attributed to the fact that this study is done in high school students, whereas study done in West Gojjam was conducted among preparatory students [21].

The reason for lower mean age found in this study compared to the study done in HIV/AIDS Behavioral Surveillance Survey (BSS) Ethiopia (16 years). The difference may be this study was conducted in both single and married high school students whereas study done in HIV/AIDS Behavioral Surveillance Survey (BSS) Ethiopia was conducted among single school youths (55). In the study area there is no significant gender difference on sexual practice of adolescents. This finding is consistent with a study done on risky sexual practices among youth attending a sexually transmitted infection clinic in Tanzania [31].; the amount of pocket money per month was a strong predictor, in that the higher the amount of pocket money per month, the greater was the pre-marital sexual debut. This is may be due to lack of skills to wisely use the pocket money which may be above what was required for subsistence. Particularly as the association was significant for male gender may be because more pocket money may predispose to commercial sex for males corresponding to the pocket money per month.

The main reason for first sex in this study is marriage (53.4%) in females, just for love (32%) in males. The finding is higher than a study done in North East Ethiopia with marriage (41%) and for love (19%). The difference may be traditional practice of early marriage and adolescents in the study area have no enough information on sexuality, sexual and reproductive health (18).

The existence of risky sexual practices, unprotected sex with non-marital partners, sex with commercial sex workers were reported by participants. The study found that 29.2% male and 20.8% female students had more than one sexual partner in their life time. This finding is lower than a study done in Gondar (43.3%), West Gojjam Zone (33%) and (34.5%) in Nekemt. The difference may be the socio-cultural setups of populations [28, 21, 8].

Another characteristic feature which makes adolescents sexual activity high risk is their either none or minimal use any protective measures, specifically the use of condom. Nearly 72% females and 52.8% males didn't use condom with casual partner in the last 12 months prior to the survey. The finding is slightly higher than a study done in Gondar (39%). Sixty three percent of male respondents had sex with commercial sex partner in the last 12 months and 83.3% didn't use condom regularly. The finding is higher than a study done in Gondar only 5% of males having sex with sex workers [28]. This may be lack of behavior change in regular use of condom.

The study found out that age is significantly associated with sexual practice of adolescents showing that respondents in the age group <15 years are nearly 22 times more likely to initiate sexual intercourse than respondents 15-19 years. This result was supported by the findings of FGDs, 90% of discussants stated as,

*"...Female adolescents in the study area initiate sexual intercourse at 13-15 years of age.*

A 15 years old female student discussant said:

*'As males' sweet words mislead girls, girls' clothing styles perfumes, hair groom mislead boys. So we girls should wear a normal cloth that doesn't expose our body, and doesn't attract the opposite sex and focus on...'* It also supported by the findings of in-depth interview of school mini media representative who stated as,

*"...Adolescents start sexual intercourse at 14-15 years of age."* This finding is not consistent with findings of a study conducted on factors associated with sexual activity among high-school students in Kenya (48) and age differences at sexual debut and subsequent reproductive health in Haiti [50, 54]. The difference may be the socio-cultural setups of the two populations.

Adolescents viewing pornographic materials were nearly 3 times more likely to start sexual intercourse. This is in line with a study done on Premarital Sexual Intercourse among adolescents in an Asian Country: [5]. Residential area was associated with pre-marital sex. The adolescents from urban families were more likely to engage in pre-marital sex than those from rural area. This finding is consistent with the study conducted in South Africa, which identified peri-urban residence association with earlier age at first sex [50, 54]. This may be due to the more liberal life styles in urban areas compared to cultural conservatism in rural areas.

Pre-marital sexual intercourse was associated with discussion of sex related issues with their fathers. This is consistent finding with the study in Kenya that both male and female adolescents would be most comfortable discussing sexual matters with their father and siblings (7).



## 7. Strengths and limitations of the study

### 7.1. Strengths

This study has tried to assess the magnitude of premarital sexual practice, factor contributing to premarital sex among high school students. Appropriate sampling technique was employed and high response rate was achieved. The data collection tools were anonymously structured, male and females were made to give their responses in separate classes to maintain privacy and confidentiality of the respondents and to minimize bias. A Combined data collection tools (quantitative and qualitative) were used to collect more information.

### ***7.2. Limitations of the study***

Since this study touches a very sensitive and very personal issues and the behavioral outcomes are based on self-reported information the possibility of reporting errors and biases may be not ruled out.

## CHAPTER EIGHT:

### CONCLUSION AND RECOMMENDATION

#### 8.1. Conclusion

Understanding of the premarital sexual experience and identification of risks associated with sexual activities must be the fundamental element of interventions that are working in the area of STIs, HIV/AIDS, and sexual and reproductive health

This study has revealed that significant number of school adolescents of the study area started sexual intercourse early and are involved with high-risk sexual practices, including multiple sexual partner and sex with commercial sex workers. Moreover, remarkable number of sexually active adolescents had the history of sexually transmitted diseases and best part are practicing unprotected sexual intercourse.

While it is true that sex is not talked about openly in the community and within the families still significant proportion of the respondents don't talk sex related issues with their families and access to accurate information on adolescent reproductive health is denied to remarkable amounts of the respondents.

From these one can also conclude that the major problems that influence sexual behavior of the study subjects are still linked to lack of accurate information on adolescent reproductive health, social factors, peer influence, and lack of support from family members.

## 8.2. Recommendation

To Regional Health Bureau / Regional Education Bureau and NGOs

- Delaying sexual debut is the pillar of HIV/STIs/pregnancy prevention among young people. This can be achieved through sexual education programs at earlier life. Sexuality and adolescent reproductive health education should be included in the school curriculum at all levels.
- Strengthening the norm of virginity, which delays sexual intercourse, should be advocated both at national, Regional and Zonal level.
- Moreover, establishing rural reproductive health and anti AIDS clubs is important to sustain the intervention of reproductive health at rural level.
- Facilitate situations for further research to conduct.

To high schools/institution

- ❖ Improving access to condom and other contraception methods particularly for sexually active adolescents and those who are close to initiate sexual intercourse at each high school.
- ❖ High schools should strengthen school based sexual health education, anti AIDS clubs and give a basic and sounding knowledge through continuous behavioral change communication for students.
- ❖ Parents and teachers should be trained in a way that enables them to acquire their teens with the necessary skill for sexual negotiation.

To Government Bodies and Regional Government

- Strengthen and implement the proclamation designed for the age at marriage.
- Involve religious leaders in sexual and reproductive health education especially they are important in convincing parents and enforcing the norm of virginity.
- Finally, policy makers should think of restricting video houses renting and selling unfiltered pornography films.

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## 10. ANNEX

### Annexe-1: Survey Instruments

#### Informed Consent agreement

Dear respondent,

How are you, I am\_\_\_\_\_. I am studying post graduate studies in Jimma University, college of public health and medical sciences, the department of Epidemiology and Biostatistics.

This survey is to know premarital sexual practice and associated factors among high school students.

The research will be helpful to tackle the sexual, reproductive and other problems of adolescents and also will help us to develop services and educational programs. Thus, your ideas are very essential for us to better understand your problems in relation to sexuality and reproductive health problems.

You are selected and included in the study as part of the sample population to complete the questionnaire designed by the researcher. The information obtained in this study will be used only for research purposes. We hope you will help us by completing this questionnaire. None of your answers will be available to anyone at anytime. All the information you give us will be kept private. Do not put your name anywhere on this questionnaire. Involvement in this study is optional; but we really need your honest response to better understand the impact of premarital sex, contributing factors and sexual risk behaviors of school adolescents in Keffa.

If you have any questions, please don't ever hesitate to ask the supervisors.

It is very important to explain that participants should answer every question truthfully,

Would you be willing to participate in the study? Agree\_\_\_\_\_ Disagree\_\_\_\_\_

Yes, continue No, thank you!

PART I. RESPONDENT'S BACKGROUND INFORMATION

S.NO.	QUESTIONS	ALTERNATIVES	CODE
101	Sex of respondent	1. Male 2. Female	
102	How old are you?	Age: _____ years	
103	Residence	1. Rural 2. Urban	
104	What is your grade?	_____ Grade	
105	What is your Religion?	1. Orthodox 2. Protestant 3. Muslim 4. Others, specify _____	
106	What is your ethnicity?	1.keffa 2. Amhara 3.Tigrie 4.Oromo 5. Others, specify _____	
107	Have you ever married?	1. Never married 2 .Ever married 3.Divorced 4.Widowed	
108	What was your grade 8 <sup>th</sup> result?	Grade 8 <sup>th</sup> result _____	
109	What was your last year average result?	Average result _____	
110	What was your last year's rank in the class?	Last year's rank in the class _____	
111	Are your mother and father currently living together?	1. Yes →to Q113 2. No →to Q 112	
112	With whom are you living until now?	1. With both of my parents 2. With my mother only 3. With my father only 4. With brothers/sisters 5. With grandparents 6. With my mother and stepfather	

		7. With my father and stepmother 8. Others, specify _____	
113	What is the educational level of your Mother?	1. Illiterate 2. Grades 1-4 3. Grades 5-8 4. 9-10 5.11-12 6.12+ 7. Don't know	
114	What is the educational level of your Father?	1. Illiterate 2. Grades 1-4 3. Grades 5-8 4. 9-10 5.11-12 6.12+ 7. Don't know	
115	What is your mother's occupation?	1. Farmer 2. Civil servant 3. Housewife 4. Merchant 5. Housemaid 6. Daily laborer 7. Driver 8. Others, specify _____	
116	What is your father's occupation?	1. Farmer 2. Civil servant 3. Merchant 4. Daily laborer 5. Driver 6. Others, specify _____	
117	What is the monthly income of your Household?	Per month _____ Birr Don't know _____	
118	What is the Economic Status of your family compared to your neighbors?	1. High 2. Medium 3. Low	

PART. II. QUESTIONS RELATED TO ADOLESCENT SEXUAL BEHAVIOUR

201	Have you ever had sexual intercourse?	<ol style="list-style-type: none"> <li>1. Yes →Go to Q 203 and continue up to Q 230.</li> <li>2. No →Go to Q 202 then go to Q 301.</li> </ol>	
202	Are there reasons why you have not chosen to have sexual intercourse? (MARK ALL THAT APPLY)	<ol style="list-style-type: none"> <li>1. I am not emotionally ready for it</li> <li>2. I don't want the risk of pregnancy</li> <li>3. I haven't met anyone I want to do it with</li> <li>4. I haven't had the opportunity</li> <li>5. Fear of disease</li> <li>6. My religious values are against it</li> <li>7. My parent's values are against it</li> <li>8. I want to wait until I am older</li> </ol>	

Below are some questions about the first time you had sex and the sexual activity in general, so the following questions up to number 230 is only if the answer to question number 201 is yes.

203	How old were you the first time you had sexual intercourse?	Age: _____ years	
204	How old was the person with whom you had intercourse for the first time?	<ol style="list-style-type: none"> <li>1. Older than I was, age: _____ years</li> <li>2. Younger than I was, age: _____ years</li> <li>3. The same age as I was age: _____ years</li> </ol>	

205	At the time you had first sexual intercourse, what was your relationship with your partner?	<ol style="list-style-type: none"> <li>1. Husband/wife</li> <li>2. Girl friend/Boy friend</li> <li>3. Friend</li> <li>4. Commercial sex workers</li> <li>5. Relative</li> <li>6. Teacher</li> <li>7. Others, specify _____</li> </ol>	
206	What were the factors that encouraged you for the first sex? (MARK ALL THAT APPLY)	<ol style="list-style-type: none"> <li>1. forced sex/rape</li> <li>2. marriage</li> <li>3. for money/ to support myself and my family</li> <li>4. just for love</li> <li>5. my partner/boy or girl friend insisted me to do so</li> <li>6. I wanted to/ because of my age</li> <li>7. cheated/ False premises</li> <li>8. Films</li> <li>9. After/during taking of drugs, Alcohol, During Chat chewing</li> <li>10. Getting gifts</li> <li>11. because my friends have boy/girl friend</li>   <li>12. please specify your own experience different from the above listed reasons _____ _____</li> </ol>	
207	Would you say it was planned or unexpected?	<ol style="list-style-type: none"> <li>1. Planned</li> <li>2. Unexpected</li> </ol>	
208	If unexpected Please specify the condition	<p>-----</p> <p>-----</p> <p>-----</p>	

209	The first time you had intercourse, were you forced into it against your will?	1. Yes 2. No 3. Don't remember	
210	When you played sex the first time, had you/your partner consumed any alcohol or use 'Chat' or any other drug beforehand?	1. Yes 2. No 3. Don't Know	
211	How many people have you had sex with during your life	1. _____ people 2. Do not remember	
212	Have you had sex in the past 12 months?	1. Yes →Go to Q 213 to 230 2. No →to Q 217 to 230	
213	How many sexual partners do you have during the last 12 months?	_____ People	
214	When You had sex with your partner; during the last 12 months did you or your partner use any contraceptives	1. yes 2. No	
215	If your response for Qno.214 is yes, what method did you use?	1. Condoms only 2. Natural family planning (specify) _____ 3. Pills 4. Birth control pills 5. Injectables 6. Other (Specify)_____	
216	How often did you and/or your partner use a contraceptive method in the past 12 months?	1. Always 2. Quite often 3. Sometimes 4. Rarely 5. Never	
217	When you had sex with your partner; did you or your partner use any methods to prevent AIDS or STDs?	1. Yes 2. No	
218	If your answer for Qno.217 is "No", Why?	Why? _____	

219	If your response for Qno.217 is yes, what HIV/AIDS prevention methods did you use?	1. condom 2.abstinence 3. Being faithful 4.Do not know 5. If other, specify	
220	Only for males: Have you ever had sex with a commercial sex partner?	1. Once 2. More than once 3. Never→ Go to Q 230	
221	Only for males: Have you ever had sex with a commercial sex partner in the past 12 months?	1. yes 2. No→ Go to Q 230	
222	Only for males: How often did you and/or your commercial sex partner use condom in the past 12 months?	1. Always 2. Quite often 3. Sometimes 4. Rarely 5. Never	
223	FEMALES: Have you ever been pregnant?	1. Yes 2. No→ to Q 230	
224	FEMALES: How many times have you been pregnant?	_____times.	
225	FEMALES: What was your age at your first pregnancy?	1. Age: _____ years 2. Don't know _____	
226	Did you have any unintended/unplanned pregnancy?	1. Yes 2. No	
227	Have you ever had an abortion	1.Yes 2.No→ to Q 230	
228	Was the abortion an induced one or spontaneous?	1. Induced 2. Spontaneous	

229	If the abortion was an induced one, how did it take place?	1. self induced 2. by a health professional in a health facility 3. It was induced by a lay provider 4. Other, specify _____	
230	Have you ever had a sexually transmitted infection	1. Once 2. More than once 3. Never	

PART.III. PARENT CHILD COMMUNICATION ON SEXUALITY AND REPRODUCTIVE HEALTH

Have you ever discussed about the following with one or both of your parents?

S.No	Questions	Alternatives	Alternatives	CODE
301	If you ask your father or Mother sex-related questions (e.g., nocturnal emission, menstruation, contraception, sexual intercourse), what Would be his or her response? <i>(Check one.)</i>	Mother 1. Would answer helpfully 2. Would turn me away without giving an answer 3. Would scold me 4. Response would vary with type of question 5. Not competent enough to give an answer	Father 1. Would answer helpfully 2. Would turn me away without giving an answer 3. Would scold me 4. Response would vary with type of Question 5. Not competent enough to give an answer	
302	Body changes during puberty/Menstrual cycle	1. Yes	0. No	
303	How to avoid getting pregnant	1	0	
304	Relationships with the opposite sex	1	0	
305	Whether or not to have sex	1	0	
306	Unwanted pregnancy	1	0	
307	Abortion	1	0	
308	STIs or HIV/AIDS	1	0	
309	About condoms	1	0	
310	Alcohol	1	0	
311	Sexual abuse/coercion	1	0	



312	How did you feel about your talks with a Parent on the topics described above?	1. Very good 2. Good 3. Neutral 4. Bad 5. Very bad 6. Have not talked		
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PART.IV. PARENT CHILD CONNECTDNESS, PARENTAL SUPERVISION/MONITORING AND PARENTAL SUPPORT

S.No	Parent teen Connectedness		Strongly Agree	Agree	Not sure	Disagree	Strongly disagree	Code
401	She (He) cares about me	Mother	5	4	3	2	1	
		Father	5	4	3	2	1	
402	I am happy with my relationship with my mother (father)	Mother	5	4	3	2	1	
		Father	5	4	3	2	1	
403	I feel my parents trust me	Mother	5	4	3	2	1	
		Father						
404	I have open communication with my parents	Mother	5	4	3	2	1	
		Father						
405	There are times when I would like to leave home	Mother	5	4	3	2	1	
		Father						

Statements asking adolescents about parental supervision

S.NO.	Parental supervision	Strongly Agree	Agree	Not sure	Disagree	Strongly disag
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						ree	
406	My parents show interest in my Academics	5	4	3	2	1	
407	My parents show interest in my manners	5	4	3	2	1	
408	My parents show interest in my friends	5	4	3	2	1	
409	I should seek approval of my parents to drink beer and other alcoholic beverages	5	4	3	2	1	
	Statements asking adolescents about parental support	Strongly agree	Agree	Not sure	Disagree	Strongly Disagree	
410	My parents affirm my ideas	Mother	5	4	3	2	1
		Father	5	4	3	2	1
411	My parents encourage me to do good things.	Mother	5	4	3	2	1
		Father	5	4	3	2	1
412	My parents discourage me to do bad things	Mother	5	4	3	2	1
		Father	5	4	3	2	1
413	My parents helps me to decide on with whom and when to have sex	Mother	5	4	3	2	1
		Father	5	4	3	2	1

#### PART.V. RELIGIOSITY AND PARTICIPATION IN CLUBS

S.No	Questions	Alternatives	Code
501	In the past 12 months, on religious days in which you should attend Church/ mosque, how often did you go?	1. All of the time 2. Most of the time 3. Sometimes 4. Rarely 5. Never	
502	How often do you pray?	1. Daily 2. At least once a week 3. Rarely 4. Never	

503	How many clubs or groups or societies are you currently a member of? Please specify	<p>-----</p> <p>-----</p> <p>-----</p>	
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PART.VI. PEER INFLUENCE

S.No	Questions	Alternatives	Code
601	Have you ever been encouraged by other boys or girls or your friends to play sex with girls or ladies or boys?	1. Yes 2. No	
602	Have you ever encountered pressure from your friends to have sexual intercourse?	1. Not at all 2. Yes frequently 3. Yes occasionally	
603	How many of your friends who are not married have had sexual intercourse?	1. None of them 2. A few of them 3. About half of them 4. Most of them 5. All of them 6. Don't know	

604	Having sex while I'm a teenager would just be doing what everybody else is doing.	1. Strongly disagree 2. Disagree 3. Not sure 4. Agree 5. Strongly agree	
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**PART.VII. NON SEXUAL RISKY BEHAVIORS**

Questions related to alcohol consumption, khat chewing and viewing pornographic materials (sexual content videos, films and news papers and magazines).

701	Have you ever drunk alcohol (Beer, local Areke)	1. Yes 2. No →Go to Q 705	
702	How old were you when you first drank beer or spirits?	1.Age: _____ years 2.Don't know/don't remember	
703	Did you have sex on that occasion?	1. Yes 2. No	
704	How frequently do you drink beer or Local areke?	1. Always (daily) 2. Often (3-4 times per week) 3. Occasionally (1-4 times per month) 4. Rarely (on holydays)	
705	Have you ever chewed khat?	1. Yes 2. No→to Q 709	
706	How old were you when you first chewed khat?	1.Age: _____ years 2.Don't know/don't remember	
707	Did you have sex on that occasion?	1. Yes 2. No	
708	How frequently do you chew khat?	1. Always (daily) 2. Often (3-4 times per week) 3. Occasionally (1-4 times per month) 4. Rarely (on holydays)	
709	Have you ever viewed pornographic materials or films?	1.Yes 2.No→ to 801	
710	How old were you when you first viewed pornographic material films?	Age: _____ years	
711	Did you have sex due to viewing of pornographic materials?	1.Yes 2.No	

712	Have you viewed pornographic materials in the last 12 months?	1. No 2. Often (3-4 times per week) 3. Occasionally (1-4 times per month) 4. Rarely (once in months)	
713	What type of pornographic materials Did you view?( Multiple answer is possible)	1.sexual content Films 2. sexual content Photograph 3. sexual content news papers and magazines 4. Other, specify_____	

PART.VIII. SOCITAL LEVEL FACTORS: - EXPOSURE TO SEXUAL CONTENT IN PUBLIC-ACCESS (MASS MEDIA) IN THE FORM OF MUSIC, MOVIES (FILMS), PICTURES THROUGH TELEVISION, RADIO, AND MAGAZINES

S.NO.	QUESTIONS	ALTERNATIVES	
801	Do you listen to sexual content music's and messages from radio?	1. Almost every day 2. At least once a week 3. Not at all → to 803	

802	Did you have sex due to listening sexual content music's and messages from radio?	1.Yes 2.No	
803	Do you watch television?	1.Yes 2. No→ to 901	
804	Did you have sex due to watching sexual content messages on television?	1.Yes 2.No	

IX. QUESTIONS RELATED WITH EARLY MARRIAGE)

S.NO.	Early marriage	Strongly agree	agree	Not Sure	disagree	Strongly disagree	
901	The society in my area is practicing early marriage by now.	5	4	3	2	1	
902	In my area one reason for early sex is early marriage.	5	4	3	2	1	

903	At what age the children going to marry in your area?	_____ age in years.	
904	What is the prevalence of early marriage in your area?	1.High 2. Medium 3. Low	
905	Had you ever married?	1. Yes 2. No→ to 907	
906	At what age you had married?	_____ years old.	

907	What did you think are the factors for to start	-----	
-----	---	-------	--

	sex early?	----- ----- ----- -----	
908	What did you think are consequence of early sex?	----- ----- ----- -----	

**በጥናቱ ለመሳተፍ የስምምነት መግለጫ ቅፅ**

**ውድ ተሳፊዎች**

ጤና ይስጥልኝ ስሜ ----- ይባላል።አኔ የመጣሁበት ምክንያትም የወጣቶችንና የተዳጊዎችን የሥነ-ተዋልዶ ጤና በተለይም ሥነ-ፆተን ትኩረት በመስጠት ወጣቶች ዕድሜያቸው ሳይደርስ በልጅነት የሚያደርጉትን ፆተዊ ግንኙነት፤ ምክንያቶችና፤ተከትለው የሚመጡ ችግሮችን ለማጥናት ነው። ጥናቱ የወጣቶችንና የተዳጊዎችን የሥነ-ተዋልዶ ጤና ችግሮች ለመፍተት ነው። በተለይም በልጅነት ማለትም ዕድሜያቸው ሳይደርስ ከ18 ዓመት በተች ዕድሜ ላይ የግብረ-ሥጋ ግንኙነት በማድረግ የሚመጡ የጤና ችግሮችን ማለትም ያልተፈለገ ርግዝና፤ በልጅነት አናትነት፤ ውርጃና ኤች አይቪ የሚያደርሱትን የሞትና የህመም ሁኔታ ለመቀነስ ይረዳል። ስለሆነም አናንተ የምትሰጡን መረጃ የጠቀሰናቸውንና ሌሎችንም የወጣቶችና የተዳጊዎች ችግር ለመፍተት አጅግ በጣም ጠቃሚ ነው። ተሳትፎአችሁ በፈቃደኝነት ላይ የተመሠረተ ነው።

አናንተ የተመረጣችሁት በጥናት አድራጊው የተዘጋጀውን ይህን ጥያቄ ለመመለስ ነው። ከአናንተ የምናገኘው መረጃ የሚውለው ለጥናት ብቻ ነው። ጥያቄዎችን በመሙላት

ተግዙፍላችሁ ብለን ተስፋ አናደርጋለን። በዚህ መጠይቅ የምትመልሱት ማንኛውም መልስ በሚስጢር የሚያዝና ስለመለሳችሁት መልስም ከናንተ በስተቀር ማንም አንዳያውቅ ተደርጎ ሚስጥራዊነቱ ይጠበቃል። ለዚህም ሲባል ስማችሁን ወይም ሌላ መለያ ማስቀመጥ አያስፈልግም።

ለያንዳንዱ ጥያቄ አውነተኛ የሆነ መልስ አጅግ በጣም ለጥናተችን ጠቃሚ ነው። ግልፅ ያልሆነ ጥያቄ ካለ በማንኛውም ጊዜ መጠየቅ ይቻላል። ስለዚህ በጥናቱ ለመሳተፍ ፈቃደኛ ነሽ/ነህ:-

አዎ አሳተፋለሁ

አልሳተፍም ካልሽ/ህ ምክንያቱን ባጭሩ ብትገልጭልን/ብትገልጥልን፤

አመሰግናለሁ።

ስምምነቱን ያስፈረመው መረጃ ሰብሳቢ

ስም \_\_\_\_\_

ፊርማ\_\_\_\_\_

**ክፍል 1 አጠቃላይ መረጃ**

ተ.ቁ	ጥያቄ	አማራጭ	ኮድ
101	ጅተ	1. ወንድ 2. ሴት	
102	ድሜ	-----ዓመት	
103	የመኖሪያ አድራሻ	1. ገጠር 2. ከተማ	
104	ስንተኛ ክፍል ነህ (ነሽ)?	----- ክፍል	
105	ሃይማኖት	1. ኦርቶዶክስ 2. ፔንጤ 3. ስልምና 4. ሌላ ካለ ይጠቀስ -----	



106	ብሔር	<ol style="list-style-type: none"> <li>1. ከፋ</li> <li>2. አማራ</li> <li>3. ትግሬ</li> <li>4. አሮሞ</li> <li>5. ሌላ ካለ ይጠቀስ-----</li> </ol>	
107	የትዳር ሁኔታ	<ol style="list-style-type: none"> <li>1. ያላገባ(አግብቶ የማያውቅ)</li> <li>2. ባለትዳር</li> <li>3. አግብቶ የፈተ (አግብተ የፈተች)</li> <li>4. ባሏ የሞተባት (ሚስቱ የሞተችበት)</li> </ol>	

108	የ8ኛ ክፍል የሚኒስትሪ ውጤት/ሽ/ ስንት ነበር?	የ8ኛ ክፍል የሚኒስትሪ ውጤት -----	
109	ያለፈው ዓመት የክፍል አማካይ ውጤት ስንት ነበር?	የክፍል አማካይ ውጤት-----	
110	ያለፈው ዓመት የክፍል ደረጃህ ስንት ነበር?	የክፍል ደረጃ-----	

111	በአሁኑ ሰዓት አናትና አባት አብረው ነው የሚኖሩት?	<ol style="list-style-type: none"> <li>1. አዎ → ወደ ጥያቄ ቁጥር 113 ይሂዱ</li> <li>2. አብረው አይኖሩም(የለም) → ወደ ጥያቄ ቁጥር 112 ይሂዱ</li> </ol>	
112	አሁን ከማን ጋር ነው የምትኖረው	<ol style="list-style-type: none"> <li>1. ከአናትና ከአባቱ ጋር</li> <li>2. ከአናቱ ጋር ብቻ</li> <li>3. ከአባቱ ጋር ብቻ</li> <li>4. ከወንድሜ ጋር</li> <li>5. ከአሁኑ ጋር</li> <li>6. ከአያቶቹ ጋር</li> <li>7. ከናቴና ከአንጀራ አባቱ ጋር</li> <li>8. ከአባቱና ከአንጀራ ናቴ ጋር</li> <li>9. ሌላ ካለ ጥቀስ/ሽ/-----</li> </ol>	
113	የአናት የትምህርት ሁኔ	1. ያልተማረች	

		<ol style="list-style-type: none"> <li>2. ከ1-4 ተምራሶች</li> <li>3. ከ5-12 ተምራሶች</li> <li>4. ከ12ኛ ክፍል በላይ ተምራሶች</li> <li>5. አላውቅም</li> </ol>	
114	የአባት የትምህርት ሁኔታ	<ol style="list-style-type: none"> <li>1. አልተማረም</li> <li>2. 1-4 የተማረ ነው</li> <li>3. 5-12 የተማረ ነው</li> <li>4. ከ12ተኛ ክፍል በላይ ተምሯል</li> <li>5. አላውቅም</li> </ol>	
115	የአናት የሥራ ሁኔታ	<ol style="list-style-type: none"> <li>1. ግብርና</li> <li>2. የመንግስት ሠራተኛ</li> <li>3. የቤት አመቤት</li> <li>4. ነጋዴ</li> <li>5. የቤት ሠራተኛ</li> <li>6. የቀን ሠራተኛ</li> <li>7. ሹፊር</li> <li>8. ሌላ ካለ ይጠቀስ-----</li> </ol>	

116	የአባት የሥራ ሁኔታ	<ol style="list-style-type: none"> <li>1. ግብርና</li> <li>2. የመንግስት ሠራተኛ</li> <li>3. ነጋዴ</li> <li>4. የቀን ሠራተኛ</li> <li>5. ሹፊር</li> <li>6. ሌላ ካለ ይጠቀስ-----</li> </ol>	
117	የቤተሰብ የወር ገቢ ስንት ነው?	<ol style="list-style-type: none"> <li>1.-----ብር በወር</li> <li>2. አላውቅም</li> </ol>	
118	የቤተሰብ ሀብት ከጎረቤት ጋር ሲወዳደር ምን ያህል	<ol style="list-style-type: none"> <li>1. ሐብተም ናቸው</li> <li>2. መካከለኛ ናቸው</li> </ol>	

ነው?	3. ድሃ ናቸው	
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ክፍል 2 የወጣቶችና የተዳጊዎች የስነ-ፆተና የስነ-ተዋልዶ ባህሪያት

ተ.ቁ	ጥያቄዎች	አማራጭ	ኮድ
201	የግብር ሥጋ ግንኙነት አድርገህ/ሽ/ ውቃለህ/ ውቁያለሽ?	<ol style="list-style-type: none"> <li>አዎ →203 ስክ ጥያቄ ቁጥር 230 ድረስ ይሙሉ።</li> <li>አላደረግኩም(የለም) → ወደ ጥያቄ ቁጥር 202 ይሂዱ ከዚያም ወደ ጥያቄ ቁጥር 301 ይሂዱ</li> </ol>	
202	የግብረ-ሥጋ ግንኙነት ሳተደርግ /ጊ/የቆየሽው ወይም የቆየሽው በምን ምክንያት ነው?	<ol style="list-style-type: none"> <li>የግብረ-ሥጋ ግንኙነት ለማድረግ ዝግጁ ስላልነበርኩ</li> <li>ርግዝና ስለምፈራ</li> <li>ከማንም ጋር ግንኙነት ስለማልፈልግ</li> <li>አጋጣሚው ስለአልነበረኝ</li> <li>ምሽተ ስለምፈራ</li> <li>ምነቴ(ሀይማኖቴ) ስለማይፈቅድ</li> <li>ወላጆቼ ስለማይፈቅዱልኝ</li> <li>ዕድሜዬ ስከሚደርስ ወይም ትልቅ ስከምሆን ድረስ መቆየት ስለምፈልግ</li> </ol>	

ከዚህ በተች ያሉት ጥያቄዎች የሚሞሉት ለጥያቄች ቁጥር 201 መልስ አዎ ብለው ለመለሱ የግብረ-ሥጋ ግንኙነት አድርገው ለሚያውቁ ተማሪዎች ሲሆን ከጥያቄ ቁጥር 201 አስከ ጥያቄ ቁጥር 230 ድረስ ይሞላል።

203	ለመጀመሪያ ጊዜ የግብረ ሥጋ ግንኙነት ያደረግከው ወይም ያደረግሽው በስንት ዓመትህ(ሽ) ነበር?	-----ዓመት	
204	ለመጀመሪያ ጊዜ የግብረ-ሥጋ ግንኙነት ያደረግሽ/ህ/ ሰው ስንት ዓመቱ /ቷ/ ነበር?	<ol style="list-style-type: none"> <li>ከ ኔ ይበልጣል በ-----ዓመት</li> <li>ከ ኔ ያንሳል በ-----ዓመት</li> <li>ከ ኔ ኩል ነው።-----ዓመት</li> </ol>	
205	ለመጀመሪያ ጊዜ የግብረ-ሥጋ ግንኙነት	1. ባሌ /ሚስት/	

	<p>ያደረግሽዉ/ያደረግሀት/ ሰው ምንሽ ነበር? ወይም ምንህ ነበረች?</p>	<ol style="list-style-type: none"> <li>2. ጮኛዬ</li> <li>3. ፍቅረኛዬ</li> <li>4. ንደኛዬ</li> <li>5. አብረን ነዋሪ/ጎረቤቴ/</li> <li>6. ዘመድ</li> <li>7. መምህራ</li> <li>8. ሴተኛ አዳሪ</li> <li>9. ሌላ ክለ ይጠቀስ -----</li> </ol>	
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206	<p>የመጀመሪያ የግብረ -ሥጋ ግንኙነት አንድተደርጊ/ግ/ ያደረገህ ምክንያት ምን ነበር? (ከአንድ በላይ መልስ መመለስ ይቻላል)::</p>	<ol style="list-style-type: none"> <li>1. ለፍቅር /ለፍቅርኛዬ ብዬ/</li> <li>2. የግብረ ሥጋ ግንኙነት ማድረግ ስለፈለግሁኝ /ለመሞከር/</li> <li>3. በጋብቻ ምክንያት</li> <li>4. ተደፍሬ /ተገድጄ/</li> <li>5. ገንዘብ ለማግኘት/ድህነት/</li> <li>6. በንደኛ ተገፋፍቼ</li> <li>7. ተተልዬ/ተሽውጄ/</li> <li>8. በማያቸው ፊልሞች ተገፋፍቼ</li> <li>9. ጫት ወይም መጠጥ ጠጥቼ ስለነበር</li> <li>10. ስጦተ ስለተሰጠኝ</li> <li>11. ንደኞቼ የወንድ /የሴት/ ፍቅረኛ ስለአላቸውና አንደዚያ ስለሚያደርጉ</li> <li>12. ሌላ ካለ ይጠቀስ-----</li> </ol>	
207	<p>የመጀመሪያ ግንኙነትሽ /ህ/ ተስቦበት ነው ወይስ ሳይተሰብ</p>	<ol style="list-style-type: none"> <li>1. ስቦበት</li> <li>2. ሳይ ሰብ</li> </ol>	
208	<p>የመጀመሪያ ግንኙነት ያልተሰበ ከሆነ አስኪ ያኔ የነበረውን ሁነቴ ጻፍ</p>	<p>አስኪ ያኔ የነበረውን ሁነቴ ጻፍ-----</p>	

209	የመጀመሪያ ግንኙነት ሰግዴ /ሳትፈልጊ/ሳትፈልግ/ ነበር	1. አዎ 2. አይደለም 3. አላስተውስም	
210	የመጀመሪያ የግብረ-ሥጋ ግንኙነት ስተደርግ አንተ ወይም የግብረ- ሰጋ ግንኙነት ያደረግሽው ሰው መጠጥ፤ጫት ወይም ሌላ ነገር ጠጥቶ ነበር	1. አዎ 2. አልጠጣም 3. አላስተውስም	

211	አስከ አሁን ድረስ ከስንት ሰዎች ጋር የግብረ ሥጋ ግንኙነት አድረገሃል	1. -----ሰዎች 2. አላስተውስም	
212	ባለፈው አንድ ዓመት ውስጥ የግብረ ሥጋ ግንኙነት አድረገሃል(ሻል) ወይ?	1. አዎ→ ከጥያቄ ቁጥር h213 ስክ 230 2. የለም→ከጥያቄ ቁጥር h217 ስክ 230	
213	ባለፈው አንድ ዓመት ውስጥ ከስንት ሰዎች ጋር የግብረ ሥጋ ግንኙነት አድረገሃል ወይ	-----ሰዎች	
214	የግብረ- ሥጋ ግንኙነት በምተደርግበት ጊዜ አንተ ወይም የግብረ-ሥጋ ግንኙነት ያደረግሽው ሰው የርግዝና መከላከያ ተጠቅማችሁ ነበር?	1. አዎ 2. አልተጠቀመም	
215	ለጥያቄ ተራ ቁጥር 214 መልስህ /ሽ/አዎ ከሆነ አንተ(ቺ) ወይም ፍቅረኛህ /ሽ/ የትኛውን የወሊድ ወይም የ ርግዝና መከላከያ ዘዴ ነው የተጠቀምሽው /ከወ./ ወይም የተጠቀመው ወይም የተጠቀመችው?	1. ኮንዶም ብቻ 2. በተፈጥሮ መከላከያ ዘዴ ----- 3. የሚዋጡ፤ አንክብሎች/ፒል ስ/ 4. መርፌ 5. በማህፀን የሚገባ ሉፕ 6. ሌላ ካለ ይጠቀስ-----	
216	ባለፈው አንድ አመት ምን ያህል ጊዜ የወሊድ	1. ሁልጊዜ	

	መቆጣጠሪያ አንቺ/ተ/ ና ፍቅረኛህ /ሀ/ ተጠቅመሻል/ሃል/	2. ብዙ ጊዜ 3. አልፎ አልፎ 4. አንዳንዴ 5. ተጠቅመን አናውቅም	
217	የግብረ ስጋ ግንኙነት ስተደርግ አንተ/ቺ/ ወይም የግብረ ስጋ ግንኙነት ያደረግሽው /ሽ/ሰው የኤች አይ ቪ ኤድስ መከላከያ ዘዴ ተጠቅማችኋል?	1. አዎ 2. አንጠቀምንም	
218	ለጥያቄ ቁጥር 217 መልስህ አልተጠቀምኩም ከሆነ ያልተጠቀምክበትን ምክንያት ያፋ.....	ያልተጠቀምክበትን ምክንያት ያፋ.....	

219	ለጥያቄ ቁጥር 217 መልስህ አዎ ከሆነ የትኛውን የኤች አይቪ መከላከያ ዘዴ ነው የተጠቀምክው/ሽው/	1. ኮንዶም 2. መተቀብ 3. አንድ ላንድ መወሰን 4. አላስተውስም 5. ሌላ ካለ ይጠቀስ	
220	ይህ ጥያቄ ፤ለወንዶች ብቻ ነው። ከሴተኛ አዳሪ ጋር የግብረ -ሥጋ ግንኙነት አድርገህ ተውቃለህ	1. አንድ ጊዜ አድርጌአለሁ 2. ከአንድ ጊዜ በላይ አድርጌአለሁ 3. አድርጌ አላውቅም→ወደ ጥያቄ ቁጥር 230	
221	ይህ ጥያቄ ፤ለወንዶች ብቻ ነው። ባለፈው አንድ ዓመት ውስጥ የግብረ ሥጋ ግንኙነት ከሴተኛ አዳሪ ጋር የግብረ -ሥጋ ግንኙነት አድርገህ ውቃለህ	1. አዎ 2. የለም→ ጥያቄ ቁጥር 230	
222	ለወንዶች ብቻ አንተ ና ሴተኛ አዳሪዎ ባለፈው አንድ አመት ምን ያህል ጊዜ ኮንዶም ተጠቀማችኋል?	1. ሁል ጊዜ ተጠቅመናል 2. ብዙ ጊዜ ተጠቅመናል 3. አልፍ አልፎ 4. ጥቂት ጊዜ 5. ተጠቅመን አናውቅም	
223	ለሴቶች ብቻ አርግዘሽ ተውቁያለሽ	1. አዎ 2. የለም→ ጥያቄ ቁጥር 230	
224	የመጀመሪያ አርግዘናሽ ጊዜ ዕድሜሽ ስንት ነበር?	1. -----ዓመት 2. አላስ ውስም	

225	ስንት ጊዜ አርግዘሽ ተውቂያለሽ	-----ጊዜ አርግዜአለሁ	
226	ያልተሰበ /ያልተፈለገ/ ርግዝና አጋጥሞሽ ያውቃል	1. አዎ 2. አላጋጠመኝም /የለም/	
227	ውርጃ አድርገሽ ውቂያለሽ	1. አዎ 2. የለም → ወደ ጥያቄ ቁጥር 230	
228	ውርጃው ያስወረደሽ በራሱ ጊዜ ነው ወይስ ተነካክው ነው?	1. ተነካክቶ 2. በ ራሱ ጊዜ	
229	አስወርደሽ ካወቅሽ ያስወረድለሽ ሰው	1. ራሴ ነበርኩ (ራሴ መድሃኒት ወስጄ) 2. በሐኪም ነው 3. ሐኪም ባልሆነ ሰው ነው 4. ሌላ ካለ ይጠቀስ	
230	የአባልዘር በሽተ ይዞሽ/ህ/ ያውቃል	1. አንድ ጊዜ 2. ከአንድ ጊዜ በላይ 3. ይዞኝ አያውቅም	

ክፍል 3. ስለ ስነ-ምግባርና ስነ-ተዋልዶ ከቤተሰብናወጣቶች (ልጆች) ጋር የሚደርግ ውይይት የሚያሳዩ መጠይቆች

ተ.ቁ	ጥያቄዎች	አማራጭ	
301	አናት ና አባትሽን (ሀን) ስለስነ ምግባር ለምሳሌ የወር አበባ ብትጠይቁ /ቅ/ ፤ ወንድህ ደግሞ በአንቅልፍ ልባቸው ስለብልት ፈሳሽ ብትጠይቅ የሚኖራቸው መልስ	1. በደንብ ይመልሱልኛል 2. መልስ አይሰጡኝም ወይም ፊተቸውን ያዙራሉ 3. ይገላምጡኛል 4. በምጠይቀው ጥያቄ ይወሰናል 5. አነሱም ስለማያውቁ መልስ አይሰጡኝም	አባቴ 1. በደንብ ይመልሱልኛል 2. መልስ አይሰጡኝም ወይም ፊተቸውን ያዙራሉ 3. ይገላምጡኛል 4. በምጠይቀው ጥያቄ ይወሰናል 5. አነሱም ስለማያውቁ

			መልስ አይሰጡኝም
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ከናትህ ወይም ከአባትህ (ከሁለቱም) ጋር ስለሚከተሉት ተወያይተሽ (ሀ) ተውቂያለሽ (ሀ)?

ተ.ቁ	ጥያቄዎች	1. አዎ	2. የለም
302	በጉርምስና ጊዜ ስለሚመጣ የአካላት ለውጥና የወር አበባ	1	0
303	ርግዝና አንዴት መከላከል አንደሚቻል	1	0
304	ስለ ተቃራኒ ያተ	1	0
305	ግንኙነት ማድረግ አንደሚገባና አንደሚይገባ	1	0
306	ስለ አልተፈለገ ርግዝና	1	0
307	ስለ ውርጃ	1	0
308	ስለ አባላዘር በሽተዎች ና ኤች አይ ቪ ኤድስ	1	0
309	ስለ ኮንዶም	1	0
310	ስለ መጠጥ	1	0
311	ስለ አስገድዶ መድፈር	1	0
312	የተሰጠኝ መልስ አጥጋቢና	1. በጣም ጥሩ ነው 2. ጥሩ ነው 3. አውርተን አናውቅም 4. መጥፎ ነው 5. በጣም መጥፎ ነው 6. መወሰን አልቻልንም	



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ክፍል 4. የልጆችና የወላጆች ግንኙነት ወጣቶች(ልጆች ከወላጆቻቸው ጋር ስላላቸው ግንኙነት የሚሰማቸውን ስሜት የሚጠይቁ ጥያቄዎች፤ ወላጆች ልጆቻቸውን (ወጣቶችን) ቁጥጥርን በተመለከተ ጥያቄዎችና የቤተሰብ አገዛ ( ድጋፍ)

ተ.ቁ	ወጣቶች ቤተሰባቸው ጋር ስላላቸው ግንኙነት ያላቸው አመለካከት		በጣም አስማ ማለሁ	አስማ ማለሁ	ርግጠኛ አይደለሁም	አልስማም	በጣም አልስማም
401	አናቴ (አባቴ) ስለኔ በጣም ይጨነቃሉ	አናቴ	5	4	3	2	1
		አባቴ	5	4	3	2	1
402	ከአናቴ (ከአባቴ) ጋር ባለኝ ግንኙነት አጅግ ደስተኛ ነኝ	አናቴ	5	4	3	2	1
		አባቴ	5	4	3	2	1
403	ቤተሰቦቼ ያምኑኛል ብዬ አስባለሁ	አናቴ	5	4	3	2	1
		አባቴ	5	4	3	2	1
404	ከቤተሰቦቼ ጋር ግልፅ (ነፃ የሆነ) በንግግሮች ላይ መናገር አለ	አናቴ	5	4	3	2	1
		አባቴ	5	4	3	2	1
405	አንዳንድ ጊዜ ከትምህርት ቤት ውጪ ከቤት ወጥቼ ከጓደኞቼ ጋር አንድጫወት ቤተሰቦቼ ይፈቅዱልኛል	አናቴ	5	4	3	2	1
		አባቴ	5	4	3	2	1

ተ.ቁ	የወላጆች ቁጥጥር(ክትትል)	በጣም አስማማ ለሁ	አስማማ ለሁ	ርግ ጠኛ አይደለ ሁም	አልስማማ ም	በጣም አልስማ ማም
406	ወላጆች ትምህርቱን ይከተላሉ	5	4	3	2	1
407	ወላጆች ፀባዬንና አለባበሴን ይቆጣጠራሉ	5	4	3	2	1
408	ቤተሰቦቼ ማንን ዓይኛ መያዝ አንዳለብኝ ይከተላሉ	5	4	3	2	1
409	አልኮል ለመጠጣት ና ጭፈራ ከዓይኖቼ ጋር ለማዘጋጀት የቤተሰቦቼ ፈቃድ ማግኘት አለብኝ	5	4	3	2	1

ተ.ቁ	የቤተሰብ አገዛ (ድጋፍ)		በጣም አስማማለ ሁ	አስ ማማ ለሁ	ርግጠኛ አይደለሁ ም	አልስ ማማ ም	በጣም አልስማማ ም
410	አናቴ ና አባቴ ሀሳቤን ያከብራሉ(ያዳምጡኛል)	አናቴ	5	4	3	2	1
		አባቴ	5	4	3	2	1
411	አናቴ (አባቴ) ጥሩ ነገሮችን ንድሰራ ያበረ ቱኛል	አናቴ	5	4	3	2	1
		አባቴ	5	4	3	2	1
412	አናቴ (አባቴ) ጎጂ የሆኑ ነገሮችን አንዳልሰራ ይመክሩኛል	አናቴ	5	4	3	2	1
		አባቴ	5	4	3	2	1
413	አናቴ (አባቴ) መቼና ከማን ጋር ግንኙነት ማድረግ አንዳለብኝ ይመክሩኛል	አናቴ	5	4	3	2	1
		አባቴ	5	4	3	2	1

ክፍል 5. የሐይማኖት ሁነተና በማህበራት ወይም በድርጅት የመሳተፍ ሁኔታ፤ በተመለከተ ጥያቄዎች

ተ.ቁ	ጥያቄዎች	አማራጮች
501	ወደ ቤተክርስቲያን ወይም መስጊድ በአለፈው አንድ ዓመት ውስጥ ስንት ጊዜ ሄድሽ (ሀ) ትክ ተያለሽ (ትክ ተላለህ)	<ol style="list-style-type: none"> <li>1. ሁልጊዜ</li> <li>2. ብዙ ጊዜ</li> <li>3. አንዳንድ ጊዜ</li> <li>4. አልፎ አልፎ</li> <li>5. ሄጄ አላውቅም</li> </ol>
502	ምን ያህል ጊዜ ትፀልያለሽ (ሀ)	<ol style="list-style-type: none"> <li>1. በየቀኑ</li> <li>2. በሳምንት አንድ ጊዜ</li> <li>3. አልፎ አልፎ</li> <li>4. ፀልዬ አላውቅም</li> </ol>
503	የምን ያህል ማህበራት አባል ነህ(ህሽ)	ይዘርዘሩ ----- ----- -----

ክፍል 6. የጓደኛ ተፅዕኖ (ግፊት)

ተ.ቁ	ጥያቄዎች	አማራጭ
601	ጓደኞችሽ (ሀ) የፍቅር ጓደኛ አንድ-ትይዢ (ዝ) ተበረተተሽ(ሀ) ውቂያለሽ ( ውቃለህ)	<ol style="list-style-type: none"> <li>1. አዎ</li> <li>2. የለም</li> </ol>
602	የግብረ ሥጋ ግንኙነት ከጓደኞችህ ግፊት (ተፅዕኖ) ተደርጎብህ (ሽ) ተውቂያለሽ አጋጥሞሽ ያውቃል?	<ol style="list-style-type: none"> <li>1. በፍፁም አላውቅም</li> <li>2. አዎ</li> <li>3. አልፎ አልፎ</li> </ol>
603	ጓደኞችሽ (ሀ)ውስጥ ምን ያህል የግብረ ሥጋ ግንኙነት አድርገዋል ብለህ (ሽ) ተስቢያለሽ	<ol style="list-style-type: none"> <li>1. ምንም አላደርግም</li> <li>2. በጣም ትንሾቹ</li> <li>3. ግማሽ የሚሆኑ</li> <li>4. ብዙዎች</li> <li>5. አላውቅም</li> </ol>
604	በወጣትነት (ልጅነት) ግንኙነት ባደርግ ወይም ማድረግ ማንኛውም ሰው የሚያደርገው ስለሆነ ጓደጥፋት መቆጠር የለበትም	<ol style="list-style-type: none"> <li>1. በጣም አልሰማማም</li> <li>2. አልሰማማም</li> <li>3. ርግጠኛ አይደለሁም</li> <li>4. ስማማለሁ</li> </ol>

5. ምጣም ስማማላሁ

ክፍል 7. ሌሎች ከግንኙነት ውጭ ያሉ ባህርያት ስለ መጠጥ መጠጣት፤ ጫት መቃም ና ወሲብ ነክ የሆኑ ወይም ወሲብ ቀስቃሽ ፊልሞች በተመለከተ መጠይቆች፡-

ተ.ቁ	ጥያቄዎች	አማራጭ
701	የአልኮል መጠጦችን (ጠላ ፤ አረቄ ወዘተ ጠጥተህ ውቂያለሽ ( ውቃለህ)	1. አዎ 2. የለም → ወደ ጥያቄ ቁጥር 705
702	ለመጀመሪያ ጊዜ አልኮል ስትጠጩ (ስትጠጣ ዕድሜሽ(ህ) ስንት ነበር?)	1. -----ዓመት 2. አላስተውስም
703	አልኮል (መጠጥ) ከጠጣህ በኻላ ብዙ ጊዜ ግንኙነት ተደርጋለህ (ሽ)	1. አዎ 2. አላደርግም
704	በአማካኝ ምን ያህል ጊዜ የአልኮል መጠጦችን ጠላ (አረቄ) ትጠጣለህ/ሽ/	1. ሁልጊዜ (በየቀኑ) 2. ብዙ ጊዜ (ከ3-4 ጊዜ በሳምንት) 3. አልፎ አልፎ (ከ1-4 ጊዜ በወር) 4. በበአላት ቀን ብቻ (በአጋጣሚ)
705	ጫት ቅመህ/ሽ/ ተውቃለህ	1.አዎ 2.የለም→ወደ ጥያቄ ቁጥር 708
706	ለመጀመሪያ ጊዜ ጫት የቃምከወ/ሽ/ በስንት ዓመትህ/ሽ/ ነበር?	1. -----ዓመት 2. አላስ ውስም
707	በአማካኝ ምን ያህል ጊዜ ትቅማለህ/ሽ/ ?	1. ሁልጊዜ (በየቀኑ) 2 ብዙ ጊዜ (ከ3-4 ጊዜ በሳምንት) 3. አልፎ አልፎ (ከ1-4 ጊዜ በወር) 4. በበአላት ቀን ብቻ (በአጋጣሚ)
708	ወሲብ ቀስቃሽ የሆኑ የፍቅር ፊልሞችን ከፊልም ቤት በመከራየት ወይም በመግዛት ከቤተሰብ ጋር ወይም ለብቻ ወይም ከጓደኛ ጋር አይተህ /ሽ/ ውቃለህ/ሽ/	1. አዎ 2. የለም→ወደ ጥያቄ ቁጥር 801
709	ወሲብ ቀስቃሽ የሆኑ የፍቅር ፊልሞችን ማየት የጀመርከው(ሽው) በስንት አመትህ(ሽ) ነው?	ዕድሜ -----ዓመት
710	ወሲብ ቀስቃሽ የፍቅር ፊልሞችን ካየህ በ ላ የግብረ ሥጋ ግንኙነት አድርገሃል?	1. አዎ 2. የለም
711	ባለፈው አንድ አመት ውስጥ ወሲብ	1. አዎ

	ቀስቃሽ የፍቅር ፊልሞችን አይተሃል (ሻል)?	2. የለም → ወደ ጥያቄ ቁጥር 801
712	ባለፈው አንድ አመት ውስጥ ወሲብ ቀስቃሽ ፊልም ስንት ጊዜ አይተሃል?	1. በየቀኑ አያለሁ 2. በሳምንት 3-4 ጊዜ 3. በወር 1-4 ጊዜ 4. በወር 1 ጊዜ
713	የትኞቹን ወሲብ ቀስቃሽ ፊልሞችን ነው ባለፈው 1 ዓመት ውስጥ ያዩኸው(ሽ)	1. ወሲብ ቀስቃሽ የፍቅር ፊልሞችን 2. ወሲብ ቀስቃሽ ፎቶ ግራፍና ስዕሎች 3. ወሲብ ቀስቃሽ ጋዜጣና መፅሔት 4. ሌላ ካለ ይጠቀስ-----

ክፍል 8. ወሲብ ነክ ፊልሞችን ፤ በሙዚቃዎችንና መልክቶችን በህዝብ መገናኛ መንገዶች ማለትም በቴሌቪዥን፣ ሬድዮ፣ በሲኒማ ቤት ጋዜጣና በመፅሔት ወዘተ በሀገር ወይም በማህበረሰብ ደረጃ የሚተላለፉትን መከተልተና ያለ ዕድሜ ጋብቻ በተመለከተ ጥያቄች

ተ.ቁ	ጥያቄዎች	አማራጭ
801	በሀገር ደረጃ የሚተላለፉ ወሲብ ነክ(ቀስቃሽ) የሆኑ ሙዚቃዎችንና መልክቶችን በሬድዮ ተዳምጣለህ(ትከተተላለህ)?	1. በየቀኑ አዳምጣለሁ 2. በሳምንት ፤ በደንስ አንድ ጊዜ 3. አዳምጬ ፤ አላውቅም → ወደ ጥያቄ ቁጥር 803
802	በሀገር ደረጃ የሚተላለፉ ወሲብ ነክ(ቀስቃሽ) የሆኑ ሙዚቃዎችንና መልክቶችን በሬድዮ ከሰማህ በኻላ የግብረ ሥጋ ግንኙነት አድርገሃል (ሻል)?	1. አዎ 2. የለም
803	በሀገር ደረጃ የሚተላለፉ ወሲብ ነክ(ቀስቃሽ) የሆኑ ፊልሞችን፣ ሙዚቃዎችንና መልክቶችን በቴሌቪዥን ትክ ተላለህ( ያለህ) ( ያለሽ)?	1. አዎ 2. የለም → ወደ ጥያቄ ቁጥር 901
804	በሀገር ደረጃ የሚተላለፉ ወሲብ ነክ(ቀስቃሽ) የሆኑ ፊልሞችን፣ ሙዚቃዎችንና መልክቶችን	1. አዎ 2. የለም

በቴሌቪዥን ከአየህ በካላ የግብረ ሥጋ ግንኙነት አድርገሃል (ሻል)?	
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ክፍል 9.ያለ ዕድሜ ጋብቻን የተመለከተ ጥያቄ

ተ.ቁ	ያለ ዕድሜ ጋብቻን	በጣም ስማ ማለሁ	አስማማ ለሁ	ርግጠኛ አይደለሁም	አልስማማም	በጣም አልስማማም
901	አኔ በተወለድኩበት ወይም በምኖርበት አካባቢ ያሉ ሰዎች ልጆችን ዕድሜያቸው ሳይደርስ ይዳራሉ ወይም ኃላፊያዎቹ ያደርጋሉ።	5	4	3	2	1
902	ያለ ዕድሜ ጋብቻ በምኖርበት አካባቢ ልጆች አድገተቸውን ሳይጨርሱ ቀድመው የግብረ ስጋ ግንኙነት አንዲያደርጉ አያደረገ ነው	5	4	3	2	1
903	ህብረተሰቡ ልጆችን በስንት ዓመታቸው ነው የሚድሯቸው?	በ-----አመት ይድራሉ።				
904	በአሁኑ ጊዜ አንተ(ቺ) በምትኖርበት ወይም በተወለድክበት አገር ልጆችን ያለዕድሜያቸው የሚድሩ ሰዎች ብዛታቸው ምን ያህል ነው?	<ol style="list-style-type: none"> <li>1. ከፍተኛ</li> <li>2. መካከለኛ</li> <li>3. ዝቅተኛ</li> </ol>				

905	አንተ (ቺ) አግብተሃል(ሻል)	<ol style="list-style-type: none"> <li>1. አዎ</li> <li>2. የለም → ወደ ጥያቄ ቁጥር 907</li> </ol>
906	በስንት አመትሽ ነው ያገባሽው(ሽው)	-----ዓመት
907	በልጅነት የግብረ ስጋ ግንኙነት ማድረግ ማለትም ዕድሜያቸው ከ18 ዓመት በተች የሆኑ ልጆች የግብረ ስጋ ግንኙነት	<p>ምክንያቶችን ጻፉ-----</p> <p>-----</p> <p>-----</p>

	የሚያደርጉበት ምክንያት ምንድነው ብለህ ተስባለህ?	-----
908	አድገትን ሳይጨርሱ ማለትም ዕድሜያቸው ከ18 ዓመት በተች ያለ ልጆች ወይም ወጣቶች የግብረ ስጋ ግንኙነት ማድረግ የሚያስከትለውን ችግሮች ምንድናቸው ብለህ ተስባለህ?	የሚያስከትለውን ችግር ፻፩----- ----- ----- ----- -----

Annex 2. Focus group discussion guideline

My name is \_\_\_\_\_. My colleague near to me is called \_\_\_\_\_. We came from

Read the following as it is:

“After a brief introduction we will be talking about different issues related to premarital sex and contributing factors to it among high school students as well. We will be asking you questions about your experience pertaining to it. We will eventually conclude the session by asking for your recommendations on ways to bring about changes in adolescents to postpone premarital sexual until later age/typically until marriage following the development of certain appropriate interventions basically attributed to your comments and suggestions. Would you be willing to participate in the discussion?

If yes, proceed.

If no, thank and stop the discussion.

Signature \_\_\_\_\_

(Signature of the moderator certifies that consent has been obtained verbally).

Date \_\_\_\_\_ Time \_\_\_\_\_

Topic guideline for focus group discussion:

1. What is the age at which first sexual intercourse happens among high school students in your area?
2. What are contributing factors for sexual debut among high school students?
3. What are the consequences of sexual practice at younger ages?
4. Is there difference on sexual practice time among boys and girls?
5. Are contributing factors for sexual debut among adolescent boys and girls different?
6. Have adolescent girls' sexual debut at younger age than adolescent boys?
7. What are risky sexual behaviors of sexual practice at younger age?
8. How do you relate younger age sexual debut with HIV/AIDS and other STDs and also with unwanted pregnancies?
9. Who will be involved in the adverse effect of early sexual debut? (Probe)
10. How to prevent sexual practice at younger ages in adolescents?
11. How do you see role of communication, connectedness between parents and adolescents, parental education and strict supervision in relation to sexual debut at younger age?
12. What are the advantages of preventing early sex in adolescents, family and society?

This is the end of our discussion. Thank you very much for your participation in the discussion.

### Annex 3. In-depth interview guideline

Good morning/afternoon, we thank you all for your coming on time.

My name is \_\_\_\_\_ my colleague near to me is called \_\_\_\_\_. We came from



Read the following as it is:

“After a brief introduction we will be asking you different points about premarital sex initiation among high school students and contributing factors to it.” We will be asking you questions related to it. We will finally conclude the interview by asking you for your recommendations on means to bring about changes in adolescents to postpone sex until later age, typically until marriage following the development of certain appropriate interventions basically attributed to your comments and suggestions.

Would you be willing to participate in the in-depth interview?

If yes, proceed. If no, thank and stop the interview.

Signature\_\_\_\_\_ (Signature of the moderator certifies that consent has been obtained verbally).

Date\_\_\_\_\_ Time\_\_\_\_\_

Questions for in-depth interview

1. Can you tell me what you know about age at sexual practice among adolescents? What have you heard from others? In your opinion, are these things true? Tell me anything else about sexual practice in adolescents? What are the impacts of sexual practice on adolescents?
2. Would you tell me what you know contributing factors sexual practice in adolescents at younger age? What have you heard from friends? Other points related to delay of sex?
3. Would you tell me what you know on sexual practice between boys and girls there is difference?

4. Would you tell me what you know who has sexual practice at earlier age when you compare adolescent girls and/ boys?

5. What do you think are the disadvantages of sexual practice at younger age? How could early sexual debut harm adolescents?

6. What do you think are the advantages of delay/ postponement of sex? How can delay of sex help adolescents? Can you mention some ways delay of sex could help adolescents, parents and community at large?

7. How do you see the prevalence of sexual practice at younger ages? What are suggestions, comments and recommendations being given/ discussed among people? Can you give me more information on how adolescents engage sexual practice at younger age?

This is end of our in-depth interview. Thank you for your participating in the interview

Annex 2: የጋራ መወያያ መመሪያ ቅፅ

ስማ \_\_\_\_\_ይባላል ከአጠገቤ የሚገኘው ጓደኛዬ \_\_\_\_\_ይባላል

የመጣነው ከ\_\_\_\_\_ ነው

አጠር ያለ የንግግር መክፈቻ በካላ ስለ ተዳጊዎችና ወጣቶች ሰነድ ሥነ-ተዋልዶ በተመለከተ የተለያዩ ነገሮችን አንነጋገራለን።

አናንተን የምንጠይቃችሁ በምትኖሩበት አካባቢ ካሳለፋችሁት ልምድ አንፃር የሁለተኛ ደረጃ ተማሪዎች መቼ ና በምን ምክንያት የግብረ ስጋ ግንኙነት ንደሚጀምሩ ነው። በመጨረሻም ሃሳባችንን የምናጠቃልለው ተዳጊዎችና ወጣቶች የግብረ ስጋ ግንኙነትን ሳይጀምሩ አንዲቆዩ ማለትም አስከ ጋብቻ ድረስ አንዲቆዩ የሚያደርጉ ነገሮችን ከተነጋገርን በ ላ ነው።

ለመሳተፍ ፈቃደኛ ነህ

አዎ ንግግሩ ይቀጥላል

አልሳተፍም ከሆነ አናመሰግነውና ግለሰቡን ናሰናብተዋለን።

ንግግሩን የሚመራው ሰው ይፈርማል

ቀን\_\_\_\_\_ሰዓት\_\_\_\_\_

የጋራ መወያያ ዕርሶች

1. አናንተ በምትኖሩበት አካባቢ የሁለተኛ ደረጃ ተማሪዎች ወጣቶችና ተዳጊዎች የግብረ ስጋ ግንኙነት የሚጀምሩበት ዕድሜ መቼ ነው?
2. ወጣቶችና ዳጊዎች የግብረ ስጋ ንዲጀምሩ የሚያደርጉ ምክንያቶች ምንድን ናቸው?
3. ተዳጊዎች ዕድሜያቸው ሳይደርስ ማለትም ከ18 ዓመት በተች በሆነ ዕድሜ ላይ የግብረ ስጋ ግንኙነት ማድረግ የሚያስከትለው ችግር ምንድነው?
4. የግብረ ስጋ ግንኙነት የሚጀምሩበት ጊዜ በወንድና በሴት ተዳጊ (ወጣት) ይለያያል?
5. የግብረ ስጋ ግንኙነት ለመጀመር የሚሆኑ ምክንያቶች በወንዶችና በሴቶች ይለያያሉ ወይ?
6. የግብረ ስጋ ግንኙነት የሚጀምሩበት ዕድሜ የሴቶች ከወንዶች ያንሳል ወይ?
7. ድገ ቸውን ሳይጨርሱ ወይም ከ18 ዓመት በተች ዕድሜ ላይ የግብረ ስጋ ግንኙነት የሚጀምሩ ተዳጊዎችና ወጣቶች አደገኛ የሆኑ የግብረ ስጋ ግንኙነቶች ምንድን ናቸው?

8. ያለ ዕድሜ የግብረ ስጋ ግንኙነት ማድረግና ኤች አይ ቪ /ኤድስና ያልተፈለገ ርግዝና አንዴት ይገናኛሉ?
9. ያለ ዕድሜ የግብረ ስጋ ግንኙነት በማድረግ ጉዳት የሚደርስበት ማን ነው?
10. ያለ ዕድሜ የግብረ ስጋ ግንኙነት አንዴት መከላከል ይቻላል?
11. ያለ ዕድሜ የግብረ ስጋ ግንኙነት ማድረግ ልጆችና ወላጆች ፍቅር፣የወላጆች የትምህርት ደረጃና የወላጅ ልጁን መቆጣጠር ጥቅሙ ምንድን ነው?
- 12.የ ተዳጊዎችና ወጣቶች ያለ ዕድሜ የግብረ ስጋ ግንኙነት ማድረግን መከላከል ለወጣቱ፣ ለህብረተሰብና ለቤተሰብ ምን ጥቅም ይሰጣል?

Annex 3: የግለሰቡ ቃለ መጠይቅ መመሪያ ቅጽ

ንደምን አደሩ ወይም አንደምን ዋሉ አናመሰግናለን

እኔ ስሜ ----- ይባላል። ከአጠገቤ የሚገኘው ጓደኛዬ----- ይባላል።

የሚቀጥለውን በሙሉ አንብበው ከትንሽ የመግቢያ ገለፃ በካላ አሁን የምንጠይቅህ ጥያቄ ስለ ተዳጊዎችና ወጣቶች የግብረ ስጋ ግንኙነት በተመለከተ ይሆናል። በተጨማሪም አንተ የምትኖርበት አካባቢ ከምተየውና ከአጋጠመህ ልምድ አንፃር ተዳጊዎች ወጣቶች የግብረ ስጋ ግንኙነት የሚያደርጉበት ዕድሜና ምክንያቶችንም እንጠይቅሃለን።

በመጨረሻም ምን በማድረግ ተዳጊዎችንና ወጣቶች የግብረ ስጋ ግንኙነት አንዳይጀምሩ አንዲቆዩ ማለትም አስከ ጋብቻ ድረስ አንዲቆዩ የሚያደርጉ ዘዴዎችን ከነገረከን በካላ ነው።

ለመሳተፍ ፈቃደኛ ነህ?

አዎ ካለ ጥያቄህን ቀጥል

አልሳተፍም ካለ አመሰግናለሁ ብለህ አሰናብተው።

የጠያቂው ፊርማ-----

ቀን-----

ሰዓት-----

የግለሰብ ሃሳብን ለመጠየቅ በተመለከተ ጥያቄዎች

1. የሁለተኛ ደረጃ ዳጊዎችና ወጣቶች መቼ በስንት ዕድሜያቸው የግብረ ስጋ ግንኙነት ንደሚጀምሩ ልትነግረን ትችላለህ? ሌሎች ሲናገሩ የሰማኸው ካለ? በአንተ አመለካከት ነዚህ ክስዎች የሰማሃቸው ትክክል ናቸው ብለህ ምናለህ? ወጣቶችና ዳጊዎች የግብረ ስጋ ግንኙነት በማድረጋቸው የሚመጡ ችግሮች ምንድናቸው?
2. ተዳጊዎችና ወጣቶች ያለ ዕድሜያቸው ቀድመው የግብረ ስጋ ግንኙነት ንደሚጀምሩ የሚያደረጉ ምክንያቶችን ልትነግረኝ ትችላለህ? ሌሎች ሰዎች ወይም ጓደኞችን ስለዚህ ጉዳይ ምን ይላሉ? የግብረ ስጋ ግንኙነትን ለማዘግየት መፍቷዎች ምንድናቸው?
3. ወንድና ሴት ወጣቶች የግብረ ስጋ ግንኙነት የሚያደረጉበት ዕድሜ ልትነግረን ትችላለህ?
4. ከወንድና ከሴት ወጣት የትኛው ቀድሞ የግብረ ስጋ ግንኙነት ንደሚጀምሩ ልትነግረን ትችላለህ?
5. ያለ ዕድሜ ወይም ከ18 ዓመት በተች ባለው አድሜ ላይ የግብረ ስጋ ግንኙነት መጀመር ጉዳቱ ምንድን ነው? ተዳጊዎችንና ወጣቶችን አንዴት ይጎዳል?
6. የግብረ ስጋ ግንኙነትን ማራዘም ጥቅሙ ምንድን ነው? አንዴት ማራዘም ወይም ማዘግየት ይቻላል? የግብረ ስጋ ግንኙነት ለማዘግየት ተዳጊዎችን ወጣቶች ወላጅ ና ህብረተሰቡ ምን ማድረግ አለበት?
7. ያለ ዕድሜ የግብረ ስጋ ግንኙነት መጀመር በምትኖርበት አካባቢ ስፋቱን ወይም ብዛቱን አንዴት ትገልፀዋለህ?
8. ያለ ዕድሜ ግንኙነት ለመከላከል ምን ማድረግ አለበት?
9. ተዳጊዎችና ወጣቶች ለምን በልጅነት ግንኙነት አንደሚጀምሩ ተጨማሪ መረጃ ልትነግረን ትችላለህ?

ጨርሰናል!

አመሰግናለሁ!!