Sex and Sexual Health Talk among Debra Birhan University Students, North Shewa, Ethiopia: A Qualitative Study

By

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Sex and Sexual Health Talk among Debra Birhan University Students, North Shewa, Ethiopia: A Qualitative Study Using Grounded Theory

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Summary

***Background**: Friends are considered an important source of advice and information about sex. Sexual communication has been noted in various situations to be predictive of condom use. Therefore it is important to explore and examine sexual health talk of young people`s descriptions of the social and contextual conditions that are perceived to affect sexual health communication among and by people in higher institution.*

***Objective**: To explore young people`s sex and sexual health talk among Debra Birhan University students, Debra Birhan, Ethiopia.*

***Methods and Materials**: Grounded theory approach qualitative study design was used. Participants for this study were selected from regular students of Debra Birhan University. The study used criterion purposive sampling approach to sample participants. FGD guides were used as data collection tools. FGDs were be audio-recorded and transcribed verbatim, with participants' assigned pseudonyms to protect their confidentiality, checked for accuracy and uploaded to Atla.ti 7 software for coding. There was constant comparative analysis.*

***Result:** Students employ to talk about sex rather than talking on other sexual health issues was how they described the talk/discussions that they have with peers and sex partners. Issues of sex like how to have sex, where and when to have sex, what type of sexual practice students need to have and with whom they have sex are the most common talk topic for the students. Sex talk is related to sexual practice of the students. The use of language influences youth sexuality. Peer pressure, having concurrent and multiple sex partners for economic and academic purpose, going to bars/night clubs or 'over mawutat' (for drinking, dancing and doing sex), and globalization were the most common reasons and motivators for sexual behavior (practice).*

***Conclusion and Recommendation:** Youth have developed a specialized language to talk about sex and sexuality and this language has become part of the daily discourse, so that unsafe sexual practices become norms and are justified. Therefore, strengthening BCC on risk perception, life skill training, peer-education, availing services including condom and working together with all stakeholders is recommended.*

***Key Words:** Sex, Sexuality, Sexual Health, Sex talk, Sexual health talk, Grounded theory.*

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Abbreviations

AIDS: Acquired Immuno deficiency Syndrome

BSc: Bachelor of Science

BSS: Behavioral Surveillance Survey

CCM: Constant Comparison Methods

CDA: Critical Discourse Analysis

CPHMS: College of Public Health and Medical Sciences

DBU: Debra Birhan University

ETB: Ethiopian Birr

FGD(s): Focus Group Discussion(s)

FP: Family Planning

HAPCO: HIV AIDS Prevention and Coordinating Office

HEBS: Department of Health Education and Behavioral Sciences

HIV: Human Immuno-deficiency Virus

IDI: In-depth Interview

JU: Jimma University

MPH: Masters in Public Health

NGO(s): Non-governmental Organization(s)

PI: Principal Investigators

RH: Reproductive Health

SRH: Sexual and Reproductive Health

STI(s): Sexually Transmitted Infection(s)

VCT: Voluntary Counseling and Testing

WHO: World Health Organization

CHAPTER 1: INTRODUCTION

1.1. Background

"It is important to observe that throughout the world, young people have a unique language that they use when talking among peers."(1)

Sexuality is a central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. It is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviors, practices, roles and relationships but not all of them are always experienced or expressed(2). Sexual health is a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. It requires a positive and respectful approach to sexuality and sexual relationships. The sexual rights of all persons must be respected, protected and fulfilled to attain and maintain it (3).

Friends are considered an important source of advice and information about sex. Young women and gay men usually find it easier than heterosexual males to talk seriously and openly with their friends. Embarrassment, lack of trust and concern about not being taken seriously inhibit young men from disclosing private information to friends. Young people are more likely to talk openly with close friends they know well, can trust, and who will take the problem seriously. Within most friendship groups, there are taboo topics which are avoided, but these topics tend to vary from one friendship group to another (4).

Popular portrayals of discussions about sex and sexual health often depict women as talking too much (with each other) and men as talking too little (with anyone at all). Some authors relate men's reticence to engage in discussions about health in general to dominant masculine ideals that prescribe stoicism, independence, self-reliance and a lack of interest in self-health(5).

When chatting light-heartedly about sex, male conversations tend to be more explicit and involve more banter and bravado. Young women tend to chat more about new relationships and previous partners and less about current relationships. Young people can still learn about sex from these less serious conversations. Conversations about sex among young people tend to generate norms which either influence or exert pressure on individuals to conform to group standards. This influence/pressure may be positive as well as negative. The norm of heterosexuality is particularly strong among teenagers (4).

Sexual health requires a positive approach to human sexuality and an understanding of the complex factors that shape human sexual behaviour. These factors affect whether the expression of sexuality leads to sexual health and well-being or to sexual behaviors that put people at risk or make them vulnerable to sexual and reproductive ill-health. Individual risk was affected by interpersonal aspects of sexual behaviour, formal and informal social structures, and organizational aspects of the person's life. It was also affected by the social context. The sexuality of young people is, to a large extent, shaped and influenced by conversations and interactions with peers.(3).

Ethiopia is struggling with the mixture of 'Western' influences and its traditional culture, where sex and sexuality is not openly discussed (6). Studies in the area of gender and sexuality are very much limited in Ethiopia; therefore, scientific literatures on the subject are in short supply (7). Lack of open discussion and communication between families and community members about reproductive health, HIV/AIDS and sexual risk behaviors, and other similar issues is one of perceived existing barriers among the several barriers related to HIV/AIDS prevention and control in Ethiopia. The absence of parent-child discussion on sex in the context of an external environment that encourages sex was also said to contribute to premarital sex (8).

1.2. Statement of the Problem

Rapid changes in the social environment, as a result of urbanization, migration, displacement and globalization, are affecting expectations and behaviour. Despite these changes, however, understanding of sexuality, gender dynamics, and the family remain. Factors such as education about protective behaviour, condom knowledge, support from peers, connection to a social network, and positive institutional support are protective. Risk factors include lack of information, skills and power, gender inequalities, poverty and unemployment, negative peer influences, substance abuse and lack of services (3).

Sexuality is a locus of control not only between men and women, but across racial, class, and national divides (9). Although it is important that young people can make well-informed decisions on sex and sexuality, few young people receive adequate information and preparation for their sexual lives. As a result, this leaves them potentially vulnerable to abuse, exploitation, STIs, coercion and unintended pregnancy.

In many contexts young people get conflicting and confusing messages about sexuality and gender, due to the silence about the topic, the disapproval of open discussion of sexual matters by adults and embarrassment to talk about sexuality (8). Adolescent Reproductive life involves government representatives, NGOs, community groups, young people, and other in a program to increase awareness about RH issues, encourage advocacy, and provide service (10).

Sexual communication has been noted in various situations to be predictive of condom use. Among incarcerated Latino adolescents with high numbers of sexual partners in the USA, it was reported that youth who communicated with their sex partners about each others' sexual history were significantly more likely to use condoms. In central Africa condom use was more likely if women reported discussion with their sexual partner about STDs or condoms. Sexual communication has also been reported as a means to self-efficacy among heterosexuals in Holland (11). As a result of a cultural taboo, adolescents in many developing countries rarely discuss sexual matters explicitly with their parents. Most information for their patchy knowledge often comes from peers of the same sex, who may themselves be uninformed or incorrectly informed (12). Lack of communication also affects behaviors and attitudes (13).

Sex has always been an essential part of life. Men and women still seem to speak different languages when it comes to sex. But in spite of our differences, these days communication is more important than ever. With the advent of HIV/AIDS and the increased spread of dangerous sexually transmitted infections, talking to your partner about sex before you have sex could literally save life. A good sexual relationship takes work and communication. Bad communication is one of the biggest problems for every couple. If you do decide to practice safer sex, you may want to bring up the subject with your partner before actually having sex. Usually, the best time to have this talk is before you both get worked up (14).

The importance of discussing sexual health, together with the difficulties of doing so, are increasingly recognized (4). Adolescent often lack basic reproductive health information, skills in negotiating sexual relationships and access to affordable confidentiality reproductive health services. Many adolescent lack strong and stable relationships with their parents or other adults whom they can talk to get reliable information about their reproductive health concern, which put them at risk of various reproductive health challenges (15).

As socially constituted behaviour, the meanings, values and motivations ascribed to sexual expression vary widely across cultures as well as within particular populations. Sexual expression encompasses a range of sexual behaviors and ideologies that include sexual activities, desires, attitudes, beliefs and moral codes whose shared meanings are mediated by historical and economic forces that vary over time (16).

Most studies that have examined young people`s sexual health-related discussions focus on their communication within and about healthcare service provision situations. Parent-child communication was well studied but to date, there is little empirical and theoretical literature examining young people`s sexual health talk with their peers regarding their sexuality and sexual health (such as sex practices, contraception and sexually transmitted infections)(5). Upon a review of the literature I found that there few studies which were done outside Ethiopia. Thus, use of grounded theory approach to study sexual health talk among students helps to reveal how sexual health issues discussed among students, whether there is a difference among male and female, the content of talk among peers and taboo areas which in turn helps to improve sexual health of young people (students) at higher institution.

Therefore it is important to explore and examine sexual health talk of young people`s descriptions of the social and contextual conditions that are perceived to affect sexual health communication among and by people in higher institution. Special attention to how notions of idealized masculinity or femininity appear to influence (or not influence) young people`s discussions of their sexual health practices with their peers and sex partners will be paid. Hence, the purpose of this research is to explore sexual health talk among Debra Birhan University students, North Shewa, Ethiopia.

CHAPTER 2: LITERATURE REVIEW

2.1. Sexual Communication

Sexuality simply was not believed to be a proper topic of discussion or even of casual talk. It was almost a taboo (17,18). A cornerstone of the Sexual Health Model is the ability to talk comfortably and explicitly about sexuality, especially one's own sexual values, preferences, attractions, history and behaviors. The authors believed that such communication is necessary for one to effectively negotiate safer sex with sexual partners, and is a valuable skill that must be learned and practiced (19).

aSexuality communication about sexual matters, perhaps now more than any other time in the history the issue of sexual health is important for virtual every one. This is because adolescents are affected with the burden of unwanted pregnancy and its complication, sexual transmitted diseases including HIV/AIDS, and other sexual and reproductive health issue (15).

2.1.1. Talking about Sexual Health

Different studies conducted in Ethiopia and England shows that there is difficulty in communicating about sexual health, which also has been identified by many as a major impediment both to sexual health education and to the provision of sexual health advice and counseling by healthcare professionals (4,5,20,21). Also according to qualitative study conducted in England, fewer than 10 percent of respondents find discussing sex easy with a new partner (4).

Recent research identified guy talk and manning up as two thematic sections that exemplify the discourses men employ to talk about sexual health. In this study, most participants explained that their discussions about sex typically consisted of descriptions about their sexual encounters (whom they had sex with and what sex acts they engaged in) and several participants referred to this as guy talk. Sexual health was frequently described by participants as a side issue that distracted from or diluted the details of their discussions about sexual conquest and pleasure. A few men explained that, although it was difficult, they occasionally engaged in discussions about sexual health with their peers and⁄ or sex partners (for example, STI symptoms or testing; notifying sex partners of potential infections) (5).

2.1.2. Setting, Communication Partner, Subject Matter and Expressed Feelings

From peer communication and sexuality study, in general, participants prefer to talk about sexuality in a private setting, just with one other person or in a small group, and somewhere where they will not be disturbed. Depending on the individual and his or her socio-cultural context, communication partners can be found in the family/peer group or unrelated adult confidants; parents, brother, sister; boyfriend, girlfriend, best friend (same sex or other sex), group of friends (same sex or mixed) roommates, classmates; or teacher, counselor/psychologist. A wide range of topics are discussed including sexual education, contraception, pornography; friendship, problems; sexuality, first sexual intercourse, first kiss; being in love, relationships; ending a relationship, jealousy; and sexual experiences, embarrassing experiences (22).

Discussions with peers about feelings and inner experiences were not generally very open, maybe because adolescents seem to find it difficult to verbalize their emotions and innermost feelings. Expressed feelings were regret, shame, disappointment; trust, curiosity; being in love, joy/pleasure, having fun; fear, nervousness, shock, overload, aggression; and sadness, worries. Very different types of communication were mentioned in the interviews. Reporting experiences, talking, having a shoulder to cry on; listening, getting advice, being asked questions; answering questions, giving support, being influenced; judging, being made fun of, fooling around; bragging, lying, quarrelling, discussing; and counseling. The study indicated that healthy sexual behaviour is connected with certain aspects of peer group communication such as the communication partner or type of communication (22).

2.1.3. Language preferences

Report from England on talking about sexual health, which had highlighted communication as a crucial focus in risk-reduction behaviour and which explored the way in which young people communicate regarding sexual matters in a variety of contexts indicated that at the interpersonal level, even within intimate relationships, there may not be an appropriate language with which to raise issues, describe practices, or express preferences. Because sex is rarely discussed matter-of-factly, many terms, even those used frequently in health educational literature are simply misunderstood or totally unfamiliar. This has major implications for health education (4).

From this report, it seems that most young people would like to converse in 'normal, everyday language' that they can understand. For instance, the word 'sex' would take the middle ground between slang and formal terms. What may be required is a standard vocabulary which professionals and young people could refer to without embarrassment or confusion (4).

2.1.5. Peer Communication

A study conducted in Ethiopia reported that high proportion of both male (78%) and female (72%) students preferred to discuss sexual and reproductive health issues with peers compared to less than 27% who prefer to discuss with parents. Moreover, there were sex preferences in discussing SRH health issues. Both males and females were more comfortable to discuss sexual and reproductive health issues with same sex (21). Adolescents who feel comfortable talking frankly about sexuality with their parents and describe trusting and supportive relationships tend to have friends with similar attitudes. They do not feel as pressured by their peers and tend to be able to develop their sexual behaviour autonomously and in their own way (22). Study from America shows students who discussed HIV with their peers were more likely than those who did not have had multiple partners and to have had unprotected sexual intercourse. Subgroup analyses show that young women were influenced more by HIV discussions with parents, while young men were influenced more by discussions with peers; some communication effects differed by race and ethnicity. Students who received HIV instruction in school were more likely to have talked about HIV with both parents and peers (23).

2.2. Sexual Behavior

2.2.1. Young people's sexuality

Figures on sexual health show that a great part of young people worldwide in most cultures and societies are sexually active, starting at an increasingly earlier age and practicing pre-marital sex in spite of traditional and religious norms of the communities they live in (24–28). For example a study conducted on Jimma University Students in Ethiopia on a sample of 1986 showed that 60 of those who had sexual experience were exposed to sexually transmitted infections and 46.6% were exposed to both unplanned pregnancy and sexually transmitted infections (29).

Safer sexual behaviour remains the single most effective method of preventing HIV infection. It has become clear that effective HIV risk reduction interventions extend beyond basic information giving and help: sensitize people to personal risk, improve couples sexual communication, increase individual's condom use skills, the perception of lower risk practices as an accepted social norm, and help people receive support and reinforcement for their efforts at changing (11).

2.2.2. Number of Sexual Partners

Reference to men's previous monopoly on 'enjoying life', a reference that was often expressed in terms of multiple sexual partners was another popular theme in women's narratives of relationships. Multiple sexual partnering was frequently linked to discourses on changing times and the present representing women's time to enjoy any number of concurrent partners. An 18-year-old put it this way:

> *'It's very hard with one boyfriend today, as we are young we must enjoy ourselves… do things, go places, look smart. You cannot do this when you are poor or old. Men must wake up. A modern woman needs three or at least two boyfriends to satisfy her these days'.*

Maintaining relationships with more than one partner concurrently was viewed as a 'modern' activity and not uncommonly framed by discourses on gender equality and human rights (16).

2.2.3. Condom Use

The following figures were from Behavioral surveillance survey (BSS) of 2005 in Ethiopia. Among ISY that had ever had sex, 43.1% (45.2% of males and 37.3% of females) had used a condom. Males were 1.4 times more likely than females to have used a condom during their first sex (95% CI=1.1, 1.7). The commonest reasons mentioned for the non-use of condoms were fear that condoms would reduce sexual pleasure and that the individual didn't think of it (each 40%) (25,30). Insisting on condom usage by partners was viewed as a near-impossibility. The ultimate decision to use or not use a condom was left to the men. In the case of married men, women reported higher condom usage due to what they said was the man's fear of making his girlfriend pregnant. Many reported to be using injectable contraceptives, but partner mistrust often led men to use a condom (16).

2.2.4. Negotiating safer sex

Many studies in different part of the world indicate that it is taboo to negotiate safe sex both among spouses and unmarried partners. Women usually do not take a lead in talking about safe sex and the use of protection with their partners because it is “uncultured” and they fear losing their male partners who might suspect them of infidelity (1,8,16,25,31–33). Most young people understand the term ‘safe sex’ to mean ‘use a condom’. Young women but not young men tended to also view safe sex in its wider context, e.g. discussing previous partners. Most young people recognize the importance of discussing contraception, but find it difficult to do in practice. Raising the subject tends to become slightly easier with age and sexual experience. Timing can also be a problem; talking about contraception before sex occurs is unacceptable to many, but by the time sex has begun, it is often too late. Although condoms are rarely discussed, this does not necessarily mean they are not used (4).

The research identified three scenarios in which unprotected sex is more likely to occur: where there are power imbalances within relationships, when both partners are drunk, and when sex is totally unexpected. Willingness to discuss safer sex is determined in part by the degree to which individuals see themselves at risk. Discussing contraception with a steady partner is generally considered less problematic. However, the decision to stop using condoms is often fraught with communication problems (4).

2.3. Socio-cultural Influences

Traditional views of sexual behaviors are frequently changing as the factors influencing them are changing. There are evidences that sexually risk-taking behaviors are influenced by many diverse factors which include sex, marital status, religion, culture, education, and economic factors (poverty), race, ethnicity, and religiosity, puberty age, peer relations, school performance, and curiosity for sex, coercion, family composition and relationships (3,25,27,29). People’s ability to make decisions about their sexual life is influenced by all of these factors, often simultaneously. Less recognized, but equally significant to decision-making, is the meanings, motivations and desires that people associate with sexual activity, behaviors and practice (3).

Given its conservative culture and religion, Ethiopia is faced with an overwhelming challenge to assist its young people (and society, in general) to openly discuss issues related to sex, sexuality, family planning, reproductive health, STIs, and HIV/AIDS. Parents and adults also feel ill-prepared, uncomfortable, or awkward talking about sex with their children. This cultural unwillingness and embarrassment to discuss such issues presents a great barrier to youth and youth reproductive health programs to reduce the number of unintended pregnancies and STIs/HIV in Ethiopia (34).

2.3.1. Pursuit of Modernity

Socio-demographic characteristics, substance use and students behavior in relation to watching pornographic films and attending night clubs were identified as determinants of ever having sexual intercourse in this study. Current substance users were about three times more likely to ever have sexual intercourse as compared to non-users. Respondents who used to attend night club in the last three months were about two times more likely to ever have sexual intercourse as compared to non attendants in this study (16,25,29,35–38). Lack of parental control, prior expectation about the university, being in the youth age group, and living out-offs campus, substance use, peer pressures, campus and outside environment and low income level were identified as predisposing factors for risky sexual behaviour among Jimma University students (36–38) .

Theoretical Approach to the Study

Grounded Theory

This research aimed to gather an in-depth understanding of the contents, social contexts and socio-cultural influences of sex and sexual health talk in relation to sexual behaviors of the students in Debra Birhan University, North Shewa, Ethiopia. For the purpose of these research questions, a qualitative methodology employing grounded theory study design was used.

Grounded theory is one of the most popular research designs in the world. It requires using a set of data collection and analytic procedures aimed at developing theory and methods consisting of a set of inductive strategies for analyzing data (39). Developing 'emergent' theories of social action through the identification of analytical categories and the relationships between them(40).

SIGNIFICANCE OF THE STUDY

Even though few authors have been worked on sex and sexual health talk in Western countries, and forwarded different perspectives on sex and sexual health talk and the way it related to sexual health problems, in Ethiopia sexual health talk among higher institution students is not investigated. Therefore the result of this study will explore the contents and contexts of sexual health talk, difference in sexual health talk among males and females or how sexual health talk is influenced by gender and the taboo areas among Debra Birhan University Students, North Shewa, and Ethiopia.

It aims to inform discourse and guide communication strategies in a variety of settings – be concerned bodies for psychosexual counseling or sex education (peer-to-peer education). It will help professionals working in these settings to improve the effectiveness of provision of information on sexual health and develop guidelines for sexual communication and peer-to-peer education and guide the development of appropriate training packages for use in higher institutions. The results of the study will assist programmers to develop appropriate intervention methods to target those most relevant factors in the move towards integrating STI/HIV prevention efforts such as negotiating safer sex. In addition, this research makes practical suggestions on how to improve communications among young people (students).

The research finding will provide implications for policy makers, planners and implementers to give the cultural-sensitive and context-specific sexual health care services to enhance the quality of sexual life for young people, particularly to improve sex education program and peer-to-peer and life skill education.

Moreover, it is also expected to stimulate further research and provide a framework for interested researchers to conduct quantitative studies peer communication add to the current limited body of literature in this behavior.

CHAPTER 3: RESEARCH QUESTIONS AND OBJECTIVES

3.1. Research Questions

- What are the contents of sexual health talk among the students?
- What are social context in which students talk about sexual health with their peers or sex partners or other persons?
- What and how socio-cultural factors influence sexual health talk?

3.2. Objectives

3.2.1. General Objective

To explore young people`s sex and sexual health talk among Debra Birhan University students, Debra Birhan, Ethiopia from March to April, 2014.

3.2.2. Specific Objectives

- To investigate the social contexts in which young people talk about sexual health with their peers or sex partners.
- To explore contents of sexual health talk and terms used by the students.
- To explore how sexual health talk related to and influenced by socio-cultural factors among young people.

CHAPTER 4: METHODS AND MATERIALS

4.1. Study Setting (Area) and Period

The young people (men and women) were recruited to the study from Debra Birhan University (DBU), Ethiopia. Debra Birhan University is located in Debra Birhan town in North Shewa, Amhara regional State and 130 Kms far from Addis Ababa (the capital city of Ethiopia) to the North western part of the country. According to foreign and public relations directorates of the university, after six year tempting journey, the enrolment capacity of DBU have progressed to around 1400 students from its intake capacity of 725 regular program students since its establishment. The academic and supportive staffs have also grown to 677 and 535, from 68 instructors and 7 supportive staffs, respectively (41).

Moreover, regarding to the number of program and facilities, remarkable departure from the initial has been there. That is, 33 undergraduate programs and 4 postgraduate programs, embraced in to five colleges, two schools and two institutes. These are College of Business and Economics, College of Natural and Computational Science, College of Agriculture and Natural Resources and College of Law and College of Social Sciences and Humanities, School of Computing Sciences and School of Engineering, Institute of Health Sciences and Medicine and Institute of Education. Currently the university had 14,812 students including extension, summer and postgraduate students of which 10,006, 6,596, and 3,387 were regular students of all programs, regular female and male students respectively. (41).

The study was conducted from March to April, 2014.

4.2. Study Design

Grounded theory approach, a qualitative study design, was used as a research design to undertake this study to explore the ways in which social contexts and practices constitute how specific topics (such as sexual health) are discussed (or not discussed).

4.3. Study Participants

Participants for the study were selected from regular students of Debra Birhan University to gather primary data. Both male and female regular students who attended the university since September 2013 G.C were the potential participants.

All sampled regular students and who fulfilled the sampling criteria (sexually active students or those who more engage in such event) were the study participants.

4.4. Eligibility Criteria

4.4.1. Inclusion Criteria

Participants were eligible for the study, when they were 18 years or older, unmarried who have been regular students of Debre Birhan University and who consented to participate in the study were included in the study from different departments.

4.4.2. Exclusion Criteria

Those students who are critically sick during the study period were excluded from the study.

4.5. Sample Size Determination and Sampling Method

The sample size was determined by saturation of data and categories that reached after no new themes or categories were identified. There was a constant comparative analysis (CCA) of cases with each other and to theoretical categories. This iterative and constantly back-and-forth process proceeded until theoretical saturation of categories achieved.

Eight FGDs structured by sex (four for male and four for female) and year of study (1^{st}, 2^{nd}, 3^{rd}, and 4^{th} year) were conducted. The selection was done by considering of resources for study, data collection method, time for study and nature of the study. Totally 69 students (37 male and 32 female) participated in eight focus groups. The numbers of individuals per FGD were 7-11(averagely 9 students per FGD).

4.6. Sampling Technique and Procedure

4.6.1. Sampling Technique

This study used criterion purposive sampling approach to sample participants. Participants were recruited considering sex and year of study. Participants were unmarried young men and women, regular students, above 18 years of age, and from selected programs. Participants were selected based on the knowledge and exposure they have in relation to the topic of the study.

That is, students from clubs like anti- AIDS club, gender club, and Hiber Tena club, who have taken life skill training and sexually active students or those who more engage in such event, were considered because they are expected to be more informed and knowledgeable about sexuality and sexual health matters.

4.6.2. Sampling procedure

The researcher was contacted and worked through HIV/AIDS offices and gender offices of each program of the university and recruited participants both men and women young people of 18 years and above for FGDs. This means participants were reached through HIV/AIDS office and gender office of each program.

Framework for Focus Group Discussion Selection

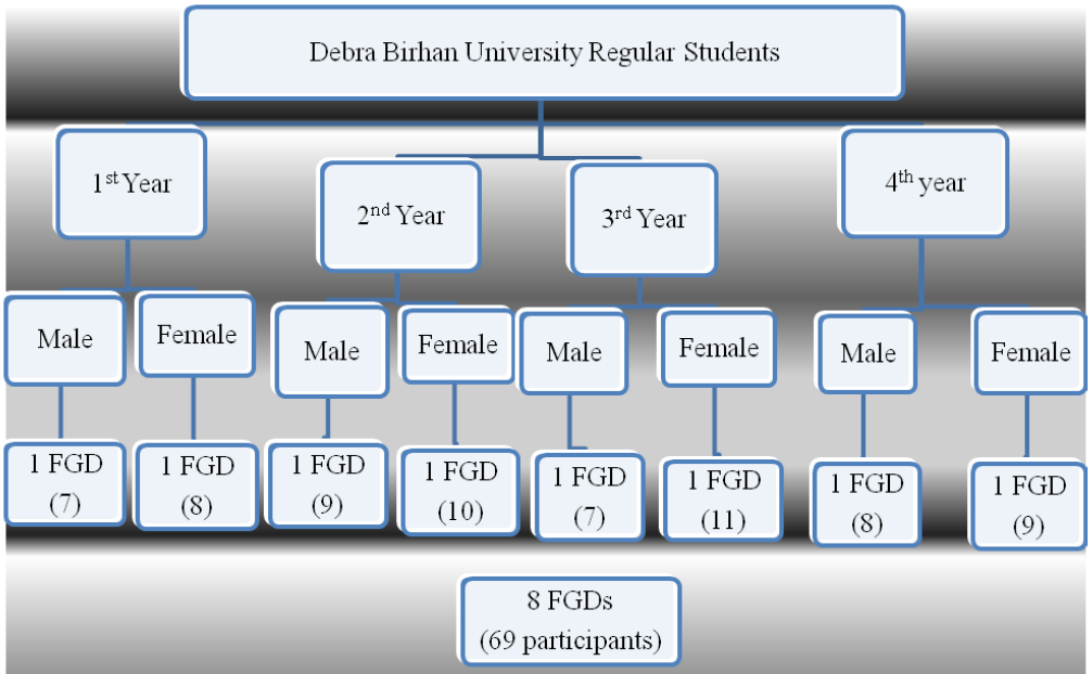

Figure 1: Framework for Focus Group Discussion Selection indicating Number of FGDs and Participants

The researcher was developed recruitment guidelines that explained the procedure briefly to the participants. Legible students who fulfilled the criteria were selected in collaboration with the afro mentioned offices and invitation letter which contain the aim of the study and asks for their willingness to take part was sent to the students.

Many students (more than the minimum sample size) were contacted, since there is the probability of absentees and non- respondents. Also confirmation letter to confirm interest and availability of participants was sent to the selected students and those who are interested to confirm their participation, indicating the date, time and place where the FGD was conducted and were communicated through phone and told when, where, and how it is going on.

4.7. Data Collection Method and Process (FGD Process)

4.7.1. Data Collection Method

The data was collected through FGDs to explore and to share the experiences, thoughts, feelings, attitudes and ideas of participants about sex and sexual health talk they had with friends and sex partners. After the first two FGD (one from each of male and female), theme was emerge and decision was made to continue the left FGDs for saturation of the emergent theme based on iteration level and constant comparison methods (CCM).

4.7.2. Data Collection Process

Constant Comparative analysis was done at the end of each FGD to note themes and to sample participants. The sampling and FGD process was flexible. Sampling and data collection continued until theoretical saturation i.e. till no new concepts were developed and additional data do not require changes in conditions, characteristics, or consequences of the existing categories.

Each FGD was conducted by experienced data collector/moderator who hold BSc. degree and above. The moderator hold BSc. and the assistant moderators holds MSc. Informed oral (verbal) consent was obtained from all participants individually prior to both the discussions as well as audio recorded using voice recorder. The moderator was the principal investigator for all FGDs and assistant moderator was gender matched to participants. The moderator facilitated the discussion (prompting members to speak, requesting overly talkative members to let others talk, and encouraging all the members to participate). Furthermore, the moderator was also taken notes that inform potential emergent questions to ask. The assistant moderators` were recorded the session (i.e. by audio); taken notes, create an environment that is conducive for group discussion (e.g., dealing with late-comers, being sure everyone has a seat, arranging for refreshments).

The discussions were prescheduled and took place in class rooms or in lecture hall in the campus at the university (DBU) that guarantee optimum privacy. Each FGD was last 60 to 80 minutes (on average it lasted about 1hr) to carry out. During the discussion, the participants were asked to describe the situations in which students engaged in discussion and talk about sexual health with their peers and sex partners.

4.8. Data Collection Tools

4.8.1. FGD guide

In order to answer the research questions and attain the intended objectives of the study, FGD guide was used as data collection tool. The guide was semi-structured open-ended questions emerged from the study objectives and developed by researcher after different literatures were searched for. The guide consisted of eleven questions.

Each English version FGD guide was translated into Amharic language, which is the common language students have been using. Also voice recorder was used to record focus group discussions in addition to note taken during discussion in order to prevent loss of pertinent data to collect credible information.

4.8.2. Pre-test

The draft of the FGD topic guide was pre-tested on a separate group of young people (students) of the same age, 18 and above, (n = 9, 4 females) from Jimma University students. After the discussion, this group was gave feedback on the content and format of the topic guide to see whether the guide is intended to answer the questions to meet objectives and the time needed for the group discussion was considered accordingly. These feedbacks were incorporated into the final version of the guide. Also different FGD guide was used for different FGDs after necessary modification was made on the FGD guide

4.8.3. Reflective Journal

The last form of data was taken by keeping a reflective journal and field notes. The journal allowed the researcher to describe his feelings about conducting research in this area of study. Reflective journal added rigor to this qualitative inquiry as the investigator was able to record his/her reactions, assumptions, expectations, and biases about the research process. The field notes were also provided additional data for the analysis.

4.9. Role of the Researcher

The researcher or the principal investigator was the center for this study. The researcher facilitated and kept the conversation on track during the focus group discussion. He undertaken the whole research process, starting from proposal development, participant selection in collaboration with anti- AIDS, gender and Hiber Tena club leaders in DBU and assistant moderator, data memo writing, transcribing field note and voice recorded, data analysis and report writing. Also he coordinated, supervised and monitored each and every activity during FGD and throughout the research process.

4.10. Data Management and Analysis Procedures

This is the stage where the researcher undertaken data reduction steps. Data was organized, reduced through summarization and categorization, and patterns and themes in the data were identified and linked during analysis. Data collection and analysis were undertaken simultaneously in line with the looping nature of qualitative research method. Focus group discussions were audio-recorded and transcribed verbatim. The PI transcribed and translated all the recorded interviews. On average an hour long discussion took about 6 hours to transcribe and five hour to translate. All discussions which were audio taped and field note of the discussions were fully transcribed to Amharic (the Ethiopian official language) then translated into the English language. Before the analysis repeated reading of the transcribed data to immerse and familiarize with the data was done. Finally, the data were analyzed using grounded theory constant comparison approach based on Strauss and Corbin`s recommendation. To manage the overall coding and memo developing process ATLAS.ti 7 Software was used.

The process of analysis proceeded with open coding, identifying concepts, categories, properties/subcategories, and emergent storyline integrated using axial coding model. The codes were assigned to the data collected from each participant and compared with the data (words and sentences to identify incidents or facts) from other participants in relation to their underlying meanings, patterns, occurrences and similarities in sexual talk. First, the PI read the complete transcripts and generates a list of codes and 264 codes were emerged. Then reading data and using thematic coding, codes were emerged to 26 codes (code families or categories) and 6 super-families (themes). Those codes were aggregated and the concepts were defined; all the codes used were inductive and categories were formed by clustering similar codes and giving them an initial name (code family).

This constant comparison of the data from each FGD during the process of open coding made the identification of similarities and differences between codes so easier by used to recognize when saturation occurred and helped for more focused data collection. PI developed memos which elaborate the concepts/categories developed and throughout the process memos were written with attention being directed toward actions, events, observations and questions. Also like the codes at first attempt of analyzing the data, 11 memos were emerged by the researcher and in order to make the concepts more clear and understandable; memos are also merged to 6 major memos.

Categorization ended when there were no significant categories emerged. Finally, integration of categories were done which is linking categories around a core category (central theme) and refining and trimming the resulting theoretical construction using techniques of rereading memos and raw data (immersed in the data), creating a story line/descriptive sentences, doing diagrams and plain thinking.

4.11. Strategies for maintaining trustworthiness

To maintain the trustworthiness of the study, the researcher tried to follow rigorous criteria, using several strategies. Developing an early familiarity with culture of participants, creating honesty in participants during contributing data (reading for participants the consent form, describing the aim of the study in detail and briefly, introducing facilitator (moderator) and note takers for FGDs) and interactive questioning was employed.

The moderator and assistant moderator were build trust and rapport to learn the details of the context to enhance credibility. Also to for the credibility of the study, the researcher gone back to participants to see whether the transcribed data correctly represent their points of views for participant validation after each field note and audio recorded data were transcribed. A the level of data collection (multiple types of data collected during focus group, including audiotapes of the participants, notes taken moderator and assistant moderator, and items recalled by the moderator and assistant moderator), researcher reflexivity, and thick rich description.

Moreover, the judgment of the transferability of the theory to a new set of situations depends on the contextual information provided by the investigator, thus in this report I hope there is a rich description that can help reader to understand the circumstances.

The confirmability of the findings are an easily met criteria in trustworthiness of findings since the criteria that can be used to make sure the confirmability of finding in grounded theory was not taken as necessary one. The aim of doing grounded theory is not to justify, prove or affirm anything rather develop a living theory that can explain the phenomena well and able to be modified when it is needed. Thus in this research the researcher did an explorative study and explained the core phenomena well. Moreover, at the end He left open the stage on the proposed theoretical explanation for further modification of the model.

4.12. Definitions

Sex: - refers to the biological characteristics that define human as female or male. But in this material, the term sex refers to "sexual activity", "sexual intercourse" or "things related to sexual activity" during communication in the context of sexuality and sexual health talk or discussions but not for sexual differentiation (42).

Sex Talk: - Talk among students with peers, friends, sex partners or between students and other people on things related to sexual activities or about sex like when, where and how to have sex, and sexual behaviors.

Sexuality: - is a central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviors, practices, roles and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical, religious and spiritual factors. (42).

Sexual health: - Sexual health is a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.

It involves an ability to be intimate with a partner, to communicate explicitly about sexual needs and desires, to be sexually functional, to act intentionally and responsibly, and to set appropriate sexual boundaries (42).

Sexual Health Talk: - Talking among students about SRH issues in order to communicate explicitly about sexual needs and desires, about health seeking behavior and about preventive behavior to be sexually functional, to act intentionally and responsibly in order to prevent STIs including HIV/AIDS and unintended or unwanted pregnancy, and in order to use barriers including condom and other contraceptives.

4.13. Ethical Consideration

The research and ethical committee of the College of Public Health and Medical Sciences at Jimma University approved the study and ethical clearance was obtained as it was required from the institution. A formal (support) letter was obtained from the department of HEBSs of the College of Public Health and Medical Sciences (CPHMS) of Jimma University and submitted to DBU. Prior to gaining consent from participants, permission and cooperation to collect data was obtained from concerned bodies of DBU.

Moreover, the aims of the study were explained in detail for each participants and informed oral consent was obtained from all informants who participated in the both for participation and audio recorded. Participation in the study was voluntary and privacy of individuals and confidentiality and anonymity of the information was assured both during and after data collection by providing pseudonym to protect their identity. All of the participants were informed about their right to resign from being part of the study.

4.14. Dissemination plan

The findings of the study will presented to JU Scientific community and will be submitted to the College of Public Health and Medical Sciences (CPHMS) and Department of Health Education and Behavioral Sciences (HEBS), and Debra Birhan University (DBU). The findings will be also communicated to different stakeholders that have a contribution to improve young people`s reproductive health. Finally, efforts will be made to present in various seminars and workshops, and for publication in national or international journals.

CHAPTER 5: RESULT

5.1. Demographic Characteristics of the Study Participants

A total of 69 (37 male and 32 female) students were recruited for the focus group discussion from 19 different department or discipline of study and took part in the eight FGDs. The age of participants were between 19 and 25 with the mean age of participants was 21.2 years. Four FGDs were made up of males, four of females. 15, 19, 18, and 17 students were selected from their first, second, third, and fourth year of study from different areas of study respectively. Almost all (63 of them) were living in the dormitories while the left 6 were non-dorm students (currently living out dorm). Also 32 of the students were from rural and the left 37 were from urban (previous resident). The pocket money which students got from different sources ranges from 100 to 2000 Birr per month. The FGDs were homogenous by sex and year of study but varied by age, ethnicity, religion, and previous residence (Table -1).

Table 1: Self-identified (Socio-demographic) Characteristics of Young Male and Female participants, Debra Berhan University, May 2014.

Socio-demographic Characteristics		Frequency		Sex	
				Female	Male
		No	Percent	No	No
Age of the Participants	19	**13**	18.8	11	2
	20	**10**	14.5	4	6
	21	**17**	24.6	7	10
	22	**11**	15.9	4	7
	23	**15**	21.7	5	10
	24	**1**	1.4	-	1
	25	**2**	2.9	-	2
	Total	**69**	**100.0**	32	37
Sex of the Participants	Female	**32**	46.4	32	
	Male	**37**	53.6		37
	Total	**69**	**100.0**		
Year of Study	1st Year	**15**	21.7	**8**	**7**
	2nd Year	**19**	27.5	**9**	**10**
	3rd Year	**18**	26.1	**7**	**11**
	4th Year	**17**	24.6	**8**	**9**
	Total	**69**	**100.0**	32	37
Living Condition	Dorm	**63**	91.3	27	36
	Non-dorm	**6**	8.7	5	1
	Total	**69**	**100.0**		
Previous Residence	Rural	**32**	46.4	11	21
	Urban	**37**	53.6	21	16
	Total	**69**	**100.0**		

5.2. Findings of the Study

In this study, six major themes, divided into two thematic sections (one central theme and five themes) relevant to the study questions were identified in excerpts with content related to one of the codes (described under analysis part in methods and materials above). These are (1) Social Contexts of talk, (2) Contents and Lexicons of Words, (3) Means/Channels of Communication and Functions of talk, (4) Socio-cultural Influences, and (5) Sexual Behavior. The central theme was talking about Sex and Sexual Health and these are shown in Table -2.

First, 264 codes were emerged and categorized under 26 sub-themes (code families) and refined again and aggregated to 6 themes (super-families) through open, axial and selective coding process. All those codes used were inductive and categories were formed by clustering similar codes and giving them name (code family and super family). Some of the outputs of the software, ATLAS.ti v 7, were annexed at the end of this document (see Annex N).

Table 2: Table showing Central Theme, Themes and Categories identified by principal investigator, Debra Berhan University, May 2014.

Talk about Sex and Sexual Health (Central Theme)					
Super Families (Themes)	**Sexual Behavior among students**	**Social Contexts of Talk**	**Contents and Lexicons of Words**	**Socio-cultural Influences**	**Means/Channels of Communication and Functions of talk**
Families (Categories)	Predisposing, Reinforcing & Enabling Factors • Perceived Barrier • Attitude • Practice Level of Risk	Place (Where) of Talk Time (When) of Talk How to talk and Feelings Expressed Partners (With Whom) to Talk	Contents of Talk Lexicons of Words	Male-Female Differences Urban-Rural Differences Religion and Religious teaching Influences of Culture and Globalization	Advantages of Talk Disadvantages of Talk Means/Channels of Communication

The researcher used quotes from participants to illustrate these themes and to further contextualize how they described the discussions that students have with peers and sex partners about sex and sexual health. With respect to the complexity of relations across the key themes, the themes are first presented each of them in detail with appropriate descriptions to enhance clarity before considering their interactions and implications for communication toward positive impacts on sex health and behavior.

5.2.1. Talking about Sex and Sexual Health (Central Theme)

Before describing sex and sexual health talk that the students have its better to see difference between them.

Difference between Sex Talk and Sexual Health Talk

Talk among students (with peers, friends, sex partners or other people) on things related to sexual activities or about sex like sexual relationships (when, where and how to have sex) refers to sex talk while talking among students on sexual reproductive health matters/issues like in order to communicate explicitly about sexual needs and desires, about health seeking behavior, and about preventive behavior to be sexually functional, to act intentionally and responsibly in order to prevent STIs including HIV/AIDS, pregnancy or unintended pregnancy, and in order to use barriers including condom and other contraceptives is considered as sexual health talk. Sex talk is men's and female`s talk relating to sexual performance where descriptions of sexual acts and partners or talking about sexual relationship. But there is no clear cut point of distinction between the two and there is overlapping between the two because while students raised issues of sex, they may also raise issues of sexual health and vice versa.

Talking About Sex and Sexual Health

Students employ to talk about sex than to talk about sexual health was how they described the talk/discussions that they have with peers and sex partners about talking on sexual intercourse. Talking on sex is most common than talking on other sexual health issues. A 21 years old 3rd year male student from History Department said:

> *"When there is a talk ... mostly the talk is about sex. .... Mostly the talk is sex talk, for example talk on how to have partner and practice sex."*

Most participants explained that their discussions about sex typically consisted of descriptions about their sexual relationship (how they have sex, where they have sex, whom they had sex with and what sex acts they engaged in). A 24 years old 4th year male student from Nursing Department said:

> *"Mostly students discuss on how they make relationship with opposite sex; males discuss on how they have to meet females and females too discuss on how they get and make relationship with males…."*

In the same way to the above a 21 years old 2nd year male student from Health Officer Department expressed it as follows:

"Means now…, after they make relationship, they play about "when to make sex", when and where to practice sexual intercourse, what we call right time, right place and right conditions. These things are discussed. …."

In addition male students discuss also on how they have to negotiate female students for sexual activities. Also a 19 years old 2nd year male student from Nursing Department said:

"…. For example, the talk may be about when and where to have sex, how to initiate female students for sex like using alcohol, take them to dancing room or night clubs` and the like."

In addition students expressed talking about sex as an entertainment for them it create feelings of happiness and comfort and most of the students may talk on it unlike that of talking on other issues except for few religious and conservative students. A 21 years old 3rd year male student from Computer Science Department said:

""Yea" Most of the time there are "funs" or "funny talks", what have been raised are things to related sex. To have funny things, since sex is nearest to our sensation (feelings), most of the time you talk on it. …. for example on how to relate females or "approach her through this or doing this" is the issue of talk mostly in the dorm."

Similarly students take talking about sex as an agenda. A 21 years old 2nd year male student from Health Officer Department said:

"…. What is here is, what is the talk in the University is talk on sex. "Ah ha" It is taken as an agenda because what you observe when you come out of the campus is "male and female walking and talking together…."

Talking on sexual reproductive health issues among students is uncommon except few students talking on the issues like HIV, contraception, and diseases cases or STIs. Such talk is observed between close friends or sex partners if any as 23 years old 3rd year female student from Civics Department said:

"…. They may rise during this time different sexual and reproductive health issues like… HIV, contraception, diseases cases, STIs and etc."

Students talk targeted at being tested for HIV sometimes for having sexual intercourse (with sex partner) rather than talking on contraceptive methods (including condom use) and other STIs. They consider using condom as the role of male and using contraceptives as the role of females. A 21 years old 3rd year male student from Computer Science Department said:

> *"Many students do not consider pregnancy prevention or STIs, what they consider and target on is only HIV testing concerning sex. Students consider pregnancy prevention methods is the responsibility of females and similarly using condom is the role of males."*

In this qualitative grounded theory study, social contexts of talk, contents and lexicons of words of sexual health talk, socio-cultural influence of talk, means and channels of communication, functions of talk (advantages and disadvantages of talk) and sexual behavior among students were emerged as the main themes and presented below.

5.2.2. Social Contexts of Sex and Sexual Health Talk

From the FGDs, the discussants gave their response for the place, time, how and with whom students communicate about sexual issues were identified and presented in the following sub-sections.

Place (Where) of Talk

Places on which students talk upon sexual issues or discuss about sex and sexual health includes reading rooms which they called "space", around females dormitories which also known as "Begtera" in the students` term, dormitories, class rooms and on the field around class when teachers are late to enter the class, students` lounge, DSTV rooms and sometimes in cafeterias and libraries as well as on the way to class, cafeterias or libraries. These are the place where students engage in sexual talk or play with their peers/friends and/or sex partners in the campus. In addition students used place like bars and restaurants, hotels and night clubs, play stations or movie houses (for example, pool playing house) to talk on sex and sexual health issues. Also the place of talk depends on the personality (who and with whom they talk) of students and the topic of talk matters too.

Places like dormitories, 'Begtera' and 'space' were commonly used while place like library, cafeterias and health facilities (hospitals for example) were infrequently used. A 19 years old 1st year female student from Health Officer Department said:

"The talk may be with one person or in groups. It may be in the dormitory, cafeterias, at "Begtera", on the road, etc in the campus, and at Play stations, Bars and Restaurants, Night clubs, Hotels and etc out of the campus."

Similarly another 19 years old 1st year male student from Nursing Department said:

"....There is a place called "Begtera" where male and female students meet for discussing on their relationship. They communicate everything about sex and relationship there."

Time (When) of Talk

Time during which students met and talked or discussed about love and relationship, about sexual activities, and on other sexual issues together either in group or in person with their peers/friends or sex partners in different places includes during training/programs (this is during programs arranged by proctors together with the higher officials of the University, during training prepared by Anti-AIDS club or other clubs or by ARC (DBU HABCO) and during life skill- education), when problem occurred (after some problem faced by somebody), evening & weekend time (Saturday is a special day in particular), when go for walking together, when male sees female (related to male sexual harassment), during break time, when teachers late and between classes (mostly among classmates and sex partners).

Also female students may asked or ask after she come back from night clubs (after "Over") and from Begtera. Couples and sex partners took long time duration talking on sex. Again the time of talk depends on topic & person, and mostly the time of talk is not specified as that of place of talk (students use every opportunity). Female students talked on sex and sexual health issues when there was program; tea-coffee preprogram prepared by proctors, ARC (HABCO) and DKT Ethiopia giving training and during life skill training by gender office. A 22 years old 3rd year female student Chemistry Department said:

".... Also many students experienced abortion (prevalent). So that, to create awareness among female students or to equip students with knowledge on the issues, there was meeting then. Weekly on Sunday at females` dormitories on each block (TV rooms), there were tea and coffee programs and then students gathered and discussed on different sexual and reproductive health issues. Proctors facilitated the program. They also invite health science students or teachers on the program to educate or give information on sexual issues during

the meetings."

Students, particularly females and rural students talk on sex and sexual issues mostly if they faced sexual reproductive health problem. A 19 years old 2nd year female student from Electrical Engineering Department said:

"There is also talk or play on sexual issues if some problem occurred. As a result of reproductive health problem, the talk (discussion) is with same sex friends or with close friends whom he/she rely on and who can keep your information confidential (secret)."

Also another student from 4th year Electrical Engineering Department (23 years old female) expressed it this way:

"Mostly there is no planned or formal way of talking on sex and sexual health. But if someone one faced (experienced) a problem there may be a talk or discussion on the problem. For example if some female student experienced pregnancy or some other problem like abortion, etc. ….."

A 22 year old 2nd year male student from Chemical Engineering Department added about talk between couples for their staying long duration of time talking about sex and relationship.

"Here student lost a lot of time talking on sex (consumed majority of their time for this purpose), particularly couples."

Partners (With Whom) of Talk

Most FGD participants mentioned that students first and for most discuss (talk) on sex and sexual issues with their same sex close friends. Then students talk to sex partner (s) and other friends (classmates or dorm mates). Male students talk commonly both with their male and female friends unlike female students. Female students select both the place of talk and with whom they talk. Students talk with only one close friend if it is secret things.

Students rarely talk to or discuss with parents (mother or father) or family members. Most of the students in general and females and rural students in particular communicate their parent if and only if they faced problem and also if there were free talk among family members previously. A 20 years old 2nd year female student from nursing Department reflected that:

"*Yes! Few students may talk (discuss) on sex and sexual health with their parents, family members or community members like religious leaders. Particularly, female students may discuss on sexual issues with their mothers or older sisters if there is previously open talk or free discussion among family members on such an issues."*

A quote from a 22 years old 3rd year female students from Nursing Department supports the above idea saying:

"Students discuss about sex and sexual health issues with close friends. Some people discuss on sexual issues freely "with pause" and those people who are open and free were the chosen one to talk with about sex and sexual health, mostly to gain an advice."

How to talk and Feelings Expressed

How Students talk/discuss about sex and sexual health

Students talked by recounting their experiences (sharing experiences, opinion, ideas and knowledge). Also there was advising each other and asking for opinion from other students particularly female students ask for opinion from other females (close friends). Selecting peoples to talk with and who may keep their information confidential was common among females.

The talk may be with one person or in group at different places and during different time. Usually the talk on sex between students was **"Hot talk".** The talk between couples is also very attentive talk. Male starts the talk with greeting (associated with sexual harassment) if the talk is between opposite sexes. Males also talk referring to female students. Some students talk to be seen by others considering their talk as their strength. Generally students who initiated sex took part of the talk voluntarily and interestingly while those who didn`t initiate sex were not participated.

For example, a 23 years old 4th year male students from construction Engineering Department said talk about sex is a "Hot talk" among students.

"Sex and sexual issues are "hot issues". But everybody is interested to talk or discuss on such issues freely. But most of the time it is not formal talk or discussion. It is expected that there are a talk or discussion in every dormitories since it is "hot issue" for everyone.

The talk between opposite sex was started by male partner most of the time. A 19 years old 1st year female student from Nursing Department students said:

"Always it is male who starts the talk (discussion) first. First they start the talk with greetings "laughing". But if it is in the case of talk/discussion in dormitory, students in the dorm ask for her time out if she go to night club or 'Begtera'."

Feelings expressed by students while talking about sex and sexual health

If the talk is between close friends, they talk freely & comfortably. Similarly, if the talk is among those who initiated sex, they talk/discuss freely & comfortably. But if talk is with or between students who do not initiates sex, they become embarrassed by it. Again if the talk is between opposite sex, it may create fear to either partner. Most of the students feel free and comfortable while talking on sex and also they become happy because sex talk is taken as "funny talk" and needed for entertainment purpose. If talk is on new things, for example, if it on unusual topic, students may surprised or admired. If the talk is on already occurred problem, students discuss/talk on it freely. For example a 23 years old 4th year male students from Psychology Department expressed it as follow:

"Everybody talk on sex and sexual health comfortably. Those who talk on sex (or want to talk on it) are happy. Talking on sex make them feel happy. Even those who do not want to talk on sexual issues also become happy and feel comfortable by hearing such a talk."

5.2.3. Contents of Sexual Health Talk and Lexicons of Words by Students Talking on Sex and Sexual Health

Contents of Sex and Sexual Health Talk among Students

The contents of students` talk concerning sex and sexual health issues include: about sex and sexual relationship, love and relationship (discussed by almost all FGDs), HIV/AIDS issues, condom and contraceptive utilization, problem occurred, pregnancy & abortion, cohabitation, negotiating female, and previous sexual life from the one on which students talk usually to the one on which they talked less frequently (Table 3).

Table 3: Contents of sex and sexual health talk as identified from the students from commonly used (frequency) as talk topic to less commonly used one, Debra Birhan University, May 2014.

Area/issue of Talk (taken as talk/discussion topic)	Grounded (Fr.)	Area/issue of Talk (taken as talk/discussion topic)	Grounded (Fr.)
About Sex and Sexual Relationship	21	Pregnancy & Abortion	3
Love & Relationship	11	Pregnancy & Contraceptives	3
Different Issues of Sex & Sexual Health	10	Previous Sexual Life	2
Condom Use + Contraceptive Methods	8	Diseases Case/STIs	1
HIV/AIDS Issues	7	Negotiating Female	2
About Sex + Pregnancy + Contraceptive	1	Cohabitation,	1

Issues of sex and sexual relationship like how to have sex, where and when to have sex, what type of sexual practice students need to have and with whom they have sex are the most common talk topic for the students to talk on or to discuss upon it (almost all FGDs raised as topic of talk), as it is described in the above section (sex talk). In addition students commonly raised issues of love and relationship, HIV/AIDS issues and contraceptive methods including the use of condom to talk on at different place in and out of the campus and using different opportunity. For example, a 21 years old 4th year female student from History Department put the talk about love and relationship in this way:

"Mostly students talk on relationship and how they enter into friendship (how they get girl friend or boy friend). So, they talk with their friends to do so. ... Couples discuss together on love and relationship as well as on their sexual life."

Students also talk on HIV/AIDS issues like testing and methods of prevention. Also the talk on it is mostly related to the occurrence of HIV positive case and when information heard from other students. A 23 years old 4th year female student from Civil Engineering Department said:

"HIV/AIDS is now well known and there are many talks about it. Only HIV/AIDS will be the issues of discussion but other STIs not. But there are many serious diseases other than HIV/AIDS …."

Other male students also supported the above idea. For example, a 21 years old 3rd year male student from Computer Science Department said:

"And also what is there in the campus is and what I belief as well as what many people think is that, HIV/AIDS testing or they say "Let us test ourselves for HIV" before having sex."

Students rarely talked or discussed about their previous sexual life, diseases case/STIs other than HIV/AIDS, cohabitation (living together) according to the FGD discussant. Cohabitation is one of the talk topics among some students. For example 21 years old 2nd year male student from Psychology Department expressed it as follow:

"Students talk on how they live together in love. ... There is what we call "Cohabitation" which means how couples stay together in love or coexist and how they continue in love (or maintain their love for long period of time)."

Lexicons of Words (Terminologies) Used by Students Talking on Sex and Sexual Health

This section explores the language young people would be likely to use during talking on sex and sexual health issues with their peer and sex partners. The findings are based on focus group discussions among young male and female students in the university. The commentary of terms **(Appendix M for Glossary)** provides a further insight into young people's terminology/lexicon. Students use different languages, what they call 'modern languages', which may not know by the external community for communicating each others about sex and sexual issues. The commentary (the words young people were used in comparable contexts with their meaning) covers terminology around naming using condom (describing using or not using condom), around sex and going for sex out of the campus (describing heterosexual intercourse with male penetration and place for having sex), naming HIV/AIDS or a person, sexual relationship (describing how to establish relationship and having sex partners) and also related to females` experiencing pregnancy and abortion during their stay in the campus. Thus participants express a preference for these terms. The following table shows those terms used by students while talking on sex and sexual health (Table- 4).

The language students used to talk or discuss on sexual reproductive health issues among themselves have an association with their sexual practices and vice versa. For example, words like 'Bemalata', 'Bebado', 'Bedo egir' or 'Yefisig' in Amharic referred to having sex without condom for which the English equivalent terms may be 'with bald', 'with null or with nothing', 'barefoot' and 'without fast' respectively while 'with sock', 'with fast', and 'with glove' are the English equivalent for Amharic 'Bekalsi', 'Yetsom' or 'Begoant' for having sex using condom respectively. Terms given for condom itself were 'that thing', 'eraser', 'plastic bag', 'cap' or 'sock' in English respectively for Amharic 'Yachi negar', 'Laphis', 'Phestal', 'Kofiya' or Kalsi' referring to condom'by fasting'. In similar manner, students used terms like 'Inover', 'Over inwuta', 'Inwuta', 'Inchabsi', 'Chabsi', or 'Over wata or watach' for going out of the campus to use substances (like drinking, chat chewing, etc.) and for going to night clubs (for dancing and having sex).

Table 4: Terminologies Used by Students while Talking about Sex and Sexual Health, Debra Berhan University, May 2014.

Lexicons of W**ords** (Terminologies)		
Arif Balace Nech	Dakele	Matibas
Asfenaterachew	Diwi Lergat	Over weta/Over wetach/Over mawutat
Astabisagn/Astabishign	Eyatarakat new/Eyagenaganat new	Phara nechi
Awatahat	Eye Blinking	Scrach gaba/Foul gaba
Bamalata/Bebado	Eyetagoatatenew/Eyetagoatatu	Shera gutata/Shera watare
Banker	Fam	Shewaye
Bedoegir	Findata	Tabebe/Gingana
Begtera	Gardame	Takeyefa
Bekalsi	Hep Bilalechi/Quatralechi	Tetabesu/Tebesat/Tebesachu
Begoant	Inover/Over Inwuta	Watach
Belekafa	Joker	Yachi negar/Kalsi
Chabisi/Inchabisi	Kalsi	Yefisig
Chapa	Kalsi/Laphis/Phestal	Yemeadin Gudgad Makofar/Kufara
Chicke new (Chicke nech)	Koatralech	Yetsom
Chickoch	Kofiya/Phestal/Kalsi	Yisanagal
Chickology	Lawutash	Fonka/Fonka Yizotal
Chickology Yisatahal	Lekefa/Lekefukoat	Using Nickname
Chomesachew	Chomesat	
Chomesat	Magna Nat	

It was generally recognized that young people often expect and want to adapt their language when talking to each other or presenting with friends, they are likely to use these slang terms associated with friendship groups in favour of more formal language. In the absence of clarification, use of this term may cause misunderstandings but attitude is more important than language. Where terms were explained by the participants in the discussion, these meanings have been used. Thus meanings are not dictionary definitions, but indications of the way that terms are understood by research participants. This list is also not intended to be comprehensive.

5.2.4. Means/Channels of Communication and Functions of talk

This section presents the means and channels of communication, advantages and disadvantages of talking on/about sex and sexual health. Functions of talk mean how the talk affects negatively or positively students or how it influences the students' sexual behavior.

Advantages and Disadvantages of Talk

The advantages of talking on sex and sexual health include: experiences & information sharing, peer education, as solution for problems (preventing problems), for practicing safer sex or to know & use barriers (To know about HIV/AIDS, condom, and contraception), fulfilling precondition sexual life (knowing stage of sexual intercourse), and entertainment (talk for laughing/joking) among others.

Oppositely the most common disadvantages of talk students raised include enhancement for sexual drive and motivate students to practice sex (students may initiate & practice sex/unsafe sex), following and practicing as Western people practices, and focusing on sexual practice than education or learning so that it become obstacle to meet objective. Also some students said it may create conflict among students if it occurs in dormitories (source of conflict) and may harm those students who lack awareness. Majority of the FGDs discussant do not veiled or hide that the talk/discussions were mostly not educational since it focused on sexual practices. Table-5 below indicates the advantages and disadvantages of having free talk on sex and sexual health.

Table 5: Advantages and Disadvantages related to Sex and Sexual Health Talk among Students, Debra Berhan University, May 2014

Advantages Related to Sex and Sexual Health Talk	Fr.	Disadvantages Related to Sex and Sexual Health Talk	Fr.
Experiences & Information Sharing	23	Enhance Sexual Drive (Initiate & Practice Sex)	11
Solution for Problems	8	Focusing on Sexual Practice	1
Preventing Problems & Safe Sex	6	Source of Conflict	1
Fulfilling Precondition Sexual Life	5	Obstacle to Meet Objective	1
Knowing & Using Barrier	5	Adopting/Adapting Western practice	1
Peer Education	4	Students who Unaware Harmed	1
May Entertaining	1	Talk/Discussion not Educational	1
Talk for Laughing/Joking	1		

To start from its advantages, talking freely on sex and sexual health helps for many things as we can see from the following quote from a 19 years old 1st year female student from Chemistry Department:

""Yea", it is helpful. Having free talk is advantageous because through talk or discussion there is many important experiences, advices, ideas and opinions to be shared which may help students to become knowledgeable on the topic of interest. He/she may differentiate good and bad, helpful and harmful, etc. things. For example, 1st year students may have no experience and seniors may take female fresh students to unnecessary areas. So seeking an advice from wise students and discussing/talking on the issues with other students may bring the solution for many different problems."

Quote from other student explained the advantages of having sex and sexual health talk in preventing unintended pregnancy, having safe sexual practice, and the role it play in shaping sexual behavior of students. A 20 years old 2nd year female student from Psychology Department put it in the following manner:

"…. Among its advantages are how to prevent unwanted pregnancy, how to have safe sexual intercourse (sex), and how to fulfill the requirements (prerequisite) for protected sex. Information about all things can be obtained from sharing ideas, opinions and information while talking or discussing on sex and sexual issues. So it plays roles in such a way in shaping sexual behavior of the students."

Oppositely some focus group discussant added the negative effect of talking on sex and sexual health even though many of the FGD discussant agreed up on the idea that its advantages overweight its disadvantages. A 23 years old 4th year female student from Civil Engineering Department said:

> *"…. Its disadvantages is that, those students who do not know detail about sexuality may become engaged in (practice) sexual intercourse as a result of hearing from friends and peers due to peer pressure. They may consider it as a good practice whenever they hear from their friends without being well informed and having readiness."*

Similar information was obtained from the same age and year male student from Psychology Department while supported that advantages of having free talk overweigh its disadvantages:

> *"Talk (discussion) on sex has both advantages and disadvantages. Some students may become initiated during discussion and then practice different sexual behavior (involved in sexual life). This may harm them. But having talk (discussion) on sex and sexual health is more advantageous because students gain different information on different issue(s)."*

Means/Channels of Communication

Students used verbal and non-verbal, formal and informal communication to talk on sex and sexual health as reported by the group. Telephone is currently the most commonly used means of communication. The following table (Table-6) summarizes the means or ways and channels of communication between students while talking on sex and sexual health.

Table 6: Means or Ways and Channels of Communication While Students Talking about Sex and Sexual Health, Debra Birhan University, May 2014.

Means/Forms or Ways and Channels of Communication used by the Students to Talk on Sex and Sexual Health	
MC of Communication	**Grounded (Fr.)**
Face-to-face	13
Phone + Text Message + Face book	12
Through 3rd person (agents)	8
Helping Relationship	7
Sign languages like eye blinking or giving some gifts	4
Through Harassment	3

A 21 years old 2nd year male student from Midwifery Department said:

> *"Students use verbal and non-verbal communication. For example, using non-verbal communication, students may communicate using "sign languages". For example "eye blinking" shows that he needs her for relationship (or sex). "With loud voice" they may also use other things. For example, symbolic things may be used. Male students may give for the female they need "flowers" or "heart shaped figures" or some other "gift"."*

Phone call (Mobile), text message and face book are the most commonly used means of communications other than face-to-face communication. A 19 years old 1st year female students from Health Officer Department said:

> *"Phone call (Mobile), text message and face book are the most commonly used means of communication other than face-to-face communication. I know there are students who become married communicating through face book."*

Communicating through letter writing was now thought as traditional means of communication and it was replaced by telephone conversation and the later was also on the way to be replaced by face book or internet. For example the quote from a 23 years old 3rd year male student from Nursing Department speech supports the above idea.

> *"During previous times, the means of communication is through letter writing. That is now disappeared all in all with step wise absence. Then the means of communication transferred from letter writing to telephone, I mean through phone call. Now then through time also using face book for communication has been replacing phone. …."*

There is what students called helping relationship and they also use 3rd person or their close friends as an agent to communicate on sex and male students also use what is called locally "Lekefa' to start communication which is part of sexual harassment as it was said by 22 years old 3rd year male student from Information Technology Department.

> *"Most of time… students start communication using "Lekefa", male harassing female. Secondly, also they communicate using their friends (as third party). …. Then if I do have female friend and if she has also another female friends, then I ask her female friend for one of my male friend. There is also mostly studying together being male and female in "space", in class room or may be at library. This is usually face-to-face communication and called helping relationship."*

5.2.5. Socio-cultural Influences on Sex and Sexual Health Talk

Socio-cultural influences was another theme that emerged from the data and affects students` talk about sex and sexual health negatively (mostly) and positively in converse. Male-female differences, urban-rural differences, and the influence of religion are some of the identified sub-theme related to socio-cultural influences. The influence of culture in general and the effect of religion, gender, norms and traditions in particular on sex talk and sexual health talk as well as in regulating sexual behavior of students were identified.

Male-Female Differences (The influence of gender norms)

Male students are free to talk on any sexual health issues including sex anywhere at any time without fear and embarrassment unlike that of female students who select place, person and time of talking on any sexual health issues. Always male start and expected to start any talk related to sex and sexual health. But female students were more of responsible to decide on anything related to their relationship. Due to gender and traditions females are less talkative or silent on sexual issues but they are more exposed and affected by the problem related to sex and sexual health

Table 7: Differences among Male and Female Students Concerning Talking about Sex and Sexual Health, Debra Berhan University, May 2014.

Difference identified from FGD Discussants between Male and Female Talking about Sex and Sexual Health	
Males	**Females**
Males don`t fear or embarrassed talking on sex and sexual health, they talk freely	Females fear or embarrassed talking on sex and sexual health
Male talk or discuss real life situation to/with each other	Females hide things or they see as taboo talking on sex and sexual health
Male ask for love or sex	Females don`t ask male for love or sex
Male starts talk to make relationship	Females mostly don`t start sex talk or discussion on sexual issues
Males talk at anytime and anywhere	Females talk when problem occurred or when someone faced problem
It is males` responsibility to start relationship first	Females responsible for all after relationship

Most majorities of the participants indicate the differences between males and females are due to culture, parenting styles, religion, gender norms and traditions. A 21years old 3rd year male student from Civics Department expressed it saying:

"There is also difference between male and female. Males do have sex talk more than females, more frequently and more freely. This may be due to culture, parenting styles, religion, gender norms, traditions and background which affects whether they have to talk or not to talk about sex and sexual health."

Also if female talk on sexual issues they were not respected and accepted by the community and even she may blamed by others but no one blame males whenever he talk about sex or sexual health. Mostly people thought 'she was overacting" or "she was not shameful" if female talk on such an issues and also said 'Ayenawuta'in local term. For example, a 21 years old 4th year female student from English Language department said:

"If female students talk on sex and sexual health issues, it is said to be "is she talk on such issues!" And also she is called "Ayenawuta" in Amharic or "over acting" or 'bold' to mean "she is without shame or she is not afraid of". But males can talk as he like. No one blame him."

Starting communicating female and establishing relationship was the role of male partners while females don`t express their feeling early. But after relationship started, female students were responsible for any decision and activities related to their relationship. A 20 years old 2nd year male student from History Department said:

"... early in their relationship, males start the talk (discussion) on sexual issues using verbal communication. Females do not express their love rather they "Hide it". But after they start relationship, females are responsible even to initiate sexual intercourse (sex). She decide and tell her partner when and where to meet. She is females who invite males for sex. So, in starting communication and relationship males are more open and free than females as well as responsible."

Females select place of talk and person to talk with on sex and sexual health issues unlike males. A 23 years old 3rd year female student from Civics Department expressed it saying:

".... Most of times females are "hidden animals", they do not want to express their feeling. For example, when she talks on phone with her boyfriend (sex partner), she need free compound before she has enter into telephone conversation. Male talks freely and does not afraid of talking on sexual issues anywhere and at any time."

Males consider themselves as "hero" and they feel pride by talking on sex. The way they talk on sex and sexual issues seems that they want to be seen (observed) by others. Some females also consider themselves involved in such issues and talking on it as strength. For example the following quote is from a 25 years old 4th year male student from Electrical Engineering Department:

> *"They consider themselves as "hero" and they feel "proud" by talking on sex. For example, they need to be admired by others want to be said "he cheats her……", "He uses her ……", "He make her……" if they are males. In case of females, she wants to be supported/encouraged by others. For example, she needs to be said "she was liked by many males". Involved in sex and sexual health talk is considered as strength of that student."*

Urban-Rural Differences

Talking on sex is considered as a taboo by some students especially students who grew up in rural areas and those who are females think that talking on sex is a taboo. But those students who come from urban areas talk freely on sex and sexual health issues. These may be related to and influenced by culture, gender norms, religion, and parenting styles. In addition having free talk with peers or close friends currently is related to and is the result of the presence of parent child communication during previous time. A 23 years old 4th year male students from Construction Engineering Department Said:

> *"… where they grew up and the previous parenting styles of the families, influence females to talk or discuss on sexual matters with male friends or sex partner(s) and even with other females or not to talk (discuss) on it .For example, if there were discussion and free talk on sexual matters among family members previously, she will also make currently free talk with her peers (friends). Especially female students who come from urban areas do this. Oppositely there are students (both male and female) who become embarrassed and fear to talk on sexual matters."*

In comparison to students from urban who talk freely on sexual issues, students from country side fear and embarrassed to talk on sex and sexual health since they consider such talk as a taboo. For example, the following quote from a 21 years old 3rd year female student from History Department shows this difference:

"Talking on sex is considered as a taboo by some students. For example, students who come from rural areas may think that talking on sex is a taboo. But those students who come from urban areas talk feely sexual issues. Talking about sex or intercourse, for example, is nothing for them. Also talking on sexual issues among families previously may influence students to be involved or not involved in sex and sexual health talk now."

Sex and sexual health talk between students and their families occur if they face problem in general and this common for students from rural Ethiopia in particular. This is another difference between students from urban and rural. A 21 years old 3rd year female student from Biology Department said:

"Most of the time sex and sexual health talk between students and family (parents) may occur after the occurrence of same problem to the students or if their families are free and open to discuss (talk) on sexual issues. This is if they come from urban areas but students who come from rural areas fear to talk (discuss) on sex and sexual health issues. So, those who come from rural Ethiopia may only talk with their families or parents if they face some problem."

Male and female students talked about the role of parents and parenting styles being conservativeness and connecting things to religion in students` sex talk and sexual health talk. Most of FGD participants mentioned absence of parent child connectedness (communication) affecting students' talk on sex and sexual health.

Influences of Cultural Norms, Religion and Religious Teachings

The influence of religion and other component of culture on sexuality are still high and strong. There are misconceptions and dilemmas among students in higher institution still now. As we can observe clearly from the following quote, religious students became conservative even to talk on sex and sexual health issues. Some students afraid even to call condom due to the influence of religion and religious beliefs. A 21 years old 3rd year female student from Health Officer Department said:

"Mostly students talk on sexuality feeling comfortable except for some students particularly those who are religious and conservatives. Few students may not want to talk or discuss on sex and sexual health. Those who talk (discuss) on sex and sexual health issues talk or discuss freely, without fear and embarrassed by it."

In similar way the influence of religion and religious teaching not only prevent students from having free talk or discussion but may also create inability to choose from scientifically proved and evidence based practice and tradition practices. A 22 years old 2nd year male student from Chemical Engineering Department said:

"Following what science says is difficult due to the influence of religion and beliefs. But most of the time students not compliant to the sayings and enter into this things. For example, according to Christian or in Christianity, most of the time peoples do not advised to use contraceptives. It is said to be "killing children in wombs". There is such thinking. "These are there!" .... For example our cultures and our background from where we come influence whether to talk on or not to talk on sexual issues frankly (freely)."

Another FGD discussant, a 21 years old 2nd year male students from Midwifery Department, also supported the above idea adding the influence of religion and religious teaching on contraceptive utilization including condom use supporting the idea of abstinence only till marriage saying:

""Means", according to religion and religious teaching not only condom but also other contraceptives are not permitted to use unless you was married, because they say "children are the gift of God!" when you are in marriage."

Most of the FGD participants agreed that local (native) cultural belief and norms influences negatively as well as positively having sex and sexual health talk. A 23years old 2nd year male student from Psychology Department said:

".... In other ways, there are some students who do not talk (discuss) on sex with their parents (family members) completely. Such students do not share their secret to their parents, they make sexual issues secret. They fear! It may be cultural influence. They fear that their families become irritated and angry."

Also FGD participants mentioned the influences of norm on talk and sexual behavior. Most of the participants supported that norms prevent students from unsafe sexual practice. The quote from 22 years old 4th year male student from Civil Engineering department shows this:

"Our culture influences the sexual life of students negatively or positively. Sometimes our norms restrict students (us) from some harmful and unnecessary sexual practices. In such away they help in shaping sexual behaving of students. ...."

Culture has both negative and positive things in comparison with the Western Cultures according to most of students participating in FGDs. It helps and harms. It also prevents talking on issues of sex and sexual health and practicing sex before marriage. This quote was taken from the speech of 21 years old 3rd year male student from Computer Science department.

"....Our cultures or principles have fifty- fifty percent influencing the sexual behavior of students I think they both helped us as well as harmed us in shaping our sexual behavior. Among the things that I think we benefited from our cultural and social norms ... there are abstaining from sex even being also in love and relationship."

Globalization (The Influences of Western Culture)

The influence of globalization (global culture or cultural diffusion) is high due to internet, face book, and films related to sex. Students were practicing Western cultural practice and what they see on internet, face book and what they watch from films. They want to act like what they observed. They are in the way to replacing local cultural practices with that of Whites` because they take it as modernity. A 21 years old 2nd year male student from Health Officer Department said:

"....Even their practice and acts were not what I observed previously. They changed their culture or "Habesha styles" too and engaged in "Whites` style". Students also go to night clubs and Hotels to practice different sexual intercourse."

Also another FGD participant, a 20 years old 2nd year student from Nursing Department said that:

"Globalization influences students' sexual behavior. Many students engaged in different forms of sexual behavior (practices) as the result of globalization. For example, pornography affects sexuality and sexual behavior of students. While they observe such films students may initiate sex, practice unprotected sex or addicted without knowing about contraceptives and other things well. Students may engage in sexual intercourse. Foreigners have enough knowledge on every issues and what they have to do as well as how to prevent the different consequences of sex but our community lacks knowledge."

5.2.6. Sexual Behavior among Students

Predisposing, Reinforcing or Enabling Factors

Students described the most common reasons and motivators or why students perform or engaged into different forms of sexual behavior (practice) as it is indicated below as identified from the focus group discussion (Table-8). These factors could be predisposing, enabling or reinforcing factors for sexual behaviors (practices) and for talking.

Table 8: Some of the PRE Factors for Sexual Behavior of the Students and Talking identified from the Focus Group Discussants, Debra Berhan University, May 2014.

Predisposing, Enabling and Reinforcing (PRE) Factors	
High peer pressure	Environmental pressure
Going to bars & night clubs 'over mawutat'	Absence of parental monitoring
Absence of talk on sexual issues (STIs, contraceptive, condom, sex, and sexual behavior)	Lack of money
Disrespecting of culture and absence of taboo	Addiction or substance abuse
Having multiple sex partners	Wearing styles of female students
Western culture (whites` styles) and globalization	Cohabitation
Lack of awareness and negligence	Presence of Marie Stop's & Hospitals

Attitude/Beliefs

Different forms of attitude expressed by students towards different contents of talk towards the talk itself. For example, female student say "Let He use it" leaving responsibility for males concerning the use of. Similarly, male students also say "Let She use it" leaving the use of contraceptive as the only role for female partner. Female students say male plays great role in sexual life. Some students distribute misleading and confusing information saying "there is no AIDS" and many other students also say "I don`t like using Condom". Such information may create unfavorable attitude among students. In addition many of the students had negative attitude for STIs & FP.

Students consider the western sexual practice distributed through internet, films and face book posts as good and modernity (thinking Western practice as modern). Leaving communicating on different forms of sex and sexual health issues for male partner rather than negotiating for safer sex was also not uncommon among students.

Seeking advice after problem faced unlike thinking over the methods to prevent problems, equating love and sex (making love only for the seek of sex), having partner for future and for knowing each other (which may enhance sexual practice) and considering as she have history of sexual life if females ask for love are some other forms of attitude or beliefs identified.

The above forms of attitude or beliefs were among most common thinking of students which have negative implication for sexual reproductive health communication and which may distribute through peer communication among the students and affect their current and future sexual life. The following quote is from a 21years old 2nd year male student from Psychology Department concerning attitude towards HIV/AIDS:

> *"For example, there are students who say "there is no HIV/AIDS." "Enough!" since it goes with us together and it stays long duration as well as there is lack of awareness or since there is negligence and it has been forgot."*

Similarly students considered using condom as male partners' responsibility and in contrast using contraceptives as female partners' responsibility. Concerning this, a 21 years old 3rd year male student from Computer Science Department said:

> *"....When we look at condom in addition, female students too consider it as males` responsibility or "If males want, Let he use it" similar to pregnancy prevention methods which is considered by males as the responsibility of females, they assume it as she have to use it if she need it."*

Students also heard saying 'I don`t like using condom' as most of the FGD participants mentioned it. For example, a 25 years old 4th year male student from Electrical Engineering Department said the following in favor of supporting this idea:

> *"....Concerning sexual health talk, when we discuss on such issues, students say "I don't like using condom" but to prevent pregnancy students used pills or injectable contraceptives since clubs` are promoting different contraceptives."*

FGD participants also described that seeking treatment is preferred by students rather than prevention. Preventing problems before their occurrence is not seen because many students experienced pregnancy (unwanted), abortion and their complication. A 20 years old 2nd year female student from Nursing Department said:

"…. Most students do not talk with their peers and sex partner(s). They also not use the guidance and counseling services in the campus before problem occurs to them. But many students face different problems and go out of the campus for advice particularly students go to Marie Stops for different services like abortion, abortion care, contraceptives uses, etc."

Practice

Most of the students reflected on the question "How do you see sexual behavior among Debre Birhan University Students" and expressed that sexual behavior among the students was not good in general due to different reason. In general the sexual behavior among DBU students was unsafe and unrestricted according to the information obtained from the students. A 23 years old 4th year female student from Nursing Department said:

"I think the sexual behavior or sexual life of students in this campus is risky. Because many students engagement in different forms of unsafe and unprotected sexual behavior (intercourse)."

Generally students called "Over mawutat" in their language, the activities related to sexual practice outside the campus starting from going to Hotels, bars or night clubs, and the subsequent drinking and dancing and sexual practice which is most common among the students. These activities were common during evening and on weekends. The quote from a 22 years old 3rd year female student from Nursing Department supports this.

"In addition there is unhealthy and unrestricted sexual behavior (practice) or sexual relationship. There are drinking, dancing, and practicing sexual intercourse, which are called together "over mawutat" in Amharic to mean "going out of the campus to have substance use and sex"."

Another FDG discussant add on the above and expressed the sexual behavior among students by supported his saying with information from health facilities. A 19 years old 2nd year female student from Health Officer Department said:

"According to the information from health institutions (from Hospital and Marie stop clinic) indicated, students perform different forms of sexual practice (behavior) which are not safe. Many students become pregnant and experienced abortion and have faced many other reproductive health problems. These indicate that many of the students practice unsafe sex and do not use contraceptives including condom."

Another similar and supportive idea was supplemented from a 21 years old 2nd year male student from Psychology Department put it as:

"Mostly there is no utilization of condom, I think. If I love her, I directly go to practice that thing whatever its consequences. So what we call condom does not needed more. There is such thinking and relationship which does not last and discontinued after short period. There is also what we call "Romantic Love", for example. While we stay in the University usually we practice most of the time "Romantic Love" and what we call again "intimacy relation" and "Passionate Love". These are what practiced at the level of Universities (or during campus life)."

Perceived Barrier

These are things which help students not to practice sex (or unsafe sex) during their stay at the university as identified from students during FGDs. These are what the students raised as protective and preventive against different problems related to unsafe sexual practice including unwanted pregnancy, STIs including HIV/AIDS and abortion among others. Also some of these were inhibitors of talking about sex and sexual health.

Table 9: Barriers to Practice Sex/Unsafe Sex or for Sexual Behavior (Inhibitors for Talking about Sex and Sexual Health), Debra Berhan University, May 2014.

Barriers to practice sex/unsafe sex	
Cold weather not favorable (very cold weather)	Limited no of bars & night clubs
Religious teaching and being conservative	Local belief →Preventive/protective
Fear of sayings like guilty or un shameful	Female give advice →for sex partners
Ethiopian families conservativeness	Absence Sugarmamy & Sugardady
Norms restricts (influence of norms)	Focusing on study/learning
Absence of forests & bushes	

A 24 year old 4th year male students from Nursing Department reflected that:

"…. But the weather condition of Debre Birhan tow is cold and sometimes very cold, negatively influencing the sexual behavior of student and talking about sex. Unlike hot place, students' sexual drive may be calmed down here. The environment of the University is free from bushes and forests unlike that of other Universities which have bushes and even forests that used as a place of sexual contact between students. Students do not stay outside dormitory at evening due to cold weather condition."

Going to religious areas, following sermon and taking part of religious programs help students not to engage in unsafe sexual practice. A 22 years old 1st year male students from Psychology Department said:

> *"Going to religious areas, following sermon and taking part of religious programs help students not to engage in unsafe sexual practice. Religious leaders teaching and advice is very important in shaping sexual behavior of students."*

Another barrier which prevents students in taking part of sexual practice or talk is that the absence of 'sugarmam' and 'sugardad' and the limited number of bars and night clubs in comparing DBU with other universities like Addis Ababa University. A 20 years old 1st year male student from Midwifery Department said:

> *""Yes", I think there are good things in our campus. There are limited number of bars and night clubs in the town as well. In the case of other Universities, there are many cars (sugarmami and sugardad) waiting for students on the gate to take them away for sexual intercourse. Such things are absent in case of DBU. …."*

Peer pressure

Peer influence was identified as one of the contributing factors (the most influencing one which negatively influence) for initiation and engagement of practicing sexual intercourse which may be unsafe or unprotected. A 19 years old 1st year male student expressed it as follow:

> *"'Yea', nothing is a taboo in the campus. Now a days` students consider those students who didn`t initiate sex and who do not have sex partner(s) as foolish or unwise. Also as the same time, having sex and sex partner(s) as well as enjoying it during campus life is considered as modernization."*

The following is another important quote expressed peer pressure in different way while supporting the above quotations. A 24 years old 4th year male student from computer science said:

"Apart from practicing sexual intercourses such students even help their friends to be engaged in such a practice. For example, they may help their friends to initiate and practice sex by helping in money for hotel beds for their friends so that there is peer pressure in such a practices. Mostly students practicing sexual behavior are enhancing other non-partner students to have sex partner(s); those who do not initiate sex to be enhanced to initiate sex as well by using different mechanisms."

Level of Risk

Students gave their reason why they say the sexual behavior is not good referring to health service statistics (from Hospital and Marie stop clinic) and other information they got from different reports like from gender office and DBU HABCO, for example the prevalence of HIV/AIDS in the University indicating the level of risk. A 20 years old 2nd year female student from Psychology Department said:

"In addition there is unhealthy and unrestricted sexual behavior (practice) or sexual relationship. This University is the 2nd or 3rd in HIV/AIDS prevalence next to Hawasa University as we heard. This indicate that students` sexual need (drive/feeling) and awareness do not much. Their sex need exceeded their knowledge about sexual reproductive health or they may not use the information they heard for good."

Similarly a 23 years old 2nd year male students from English Language department said:

"In one report during Gender Association meeting, I heard that, out of Ethiopian Universities, DBU is the 2nd in HIV/AIDS prevalence next to Hawasa University. This shows that there is high HIV/AIDS transmission which mostly due to the presence of unsafe sexual practice in the campus."

From the previous quotation again one can see the severity of the problem in terms of unintended pregnancy and abortion. This is an indication of unsafe or unprotected sex among the students. Most of the FGD discussant mentioned sexual behaviors of the students were risky, unsafe and unhealthy.

In supporting the above sayings and in comparing DBU with other campus (Universities) in addition to the influences of peers another FGD discussant, a 21 years old 3rd year male student from Computer Science department, mentioned the following:

> *"In relation to other campus, the sexual life (behavior) of students have been said to be good. But when we see statistics, for example, abortion is excess. There are many female students experienced abortion. So, the sexual behavior of students is not said to be good. We cannot say the cold weather hinder the sexual behavior of students, what is observed here is that, now among dorm members if one has partner, there is high peer pressure on those students who do not have friends (partners). No one needs to be said he/she has no partner. So, you need to have partner. Most of the time, the relationship in the campus do not continue, the end of such relationship is sex or sexual expressions."*

Finally, the following theoretical framework was developed from the data obtained from FGDs discussants by the researcher considering the research objective and topic. Among the socio-demographic variables sex and being dorm or non-dorm affects the sexual talk of the students and then their sexual behavior. The social contexts [place (where), time (when), person (with whom) and how] of the talk also affects sexual talk among students. In the same way socio-cultural factors (culture, religion and globalization) are the major influence of the sexual talk either inhibit or enhance (facilitate) sexual talk as well as the sexual practices among the students. Sexual behavior is related to and influenced by socio-cultural factors and contents/lexicons of words of the sexual talk among the students. Contents and lexicons of words or terminologies are as the result of sexual talk among the students. Functions of sexual talk (its advantages and disadvantages) and the means or ways and channels of communication are related to sexual talk among the students.

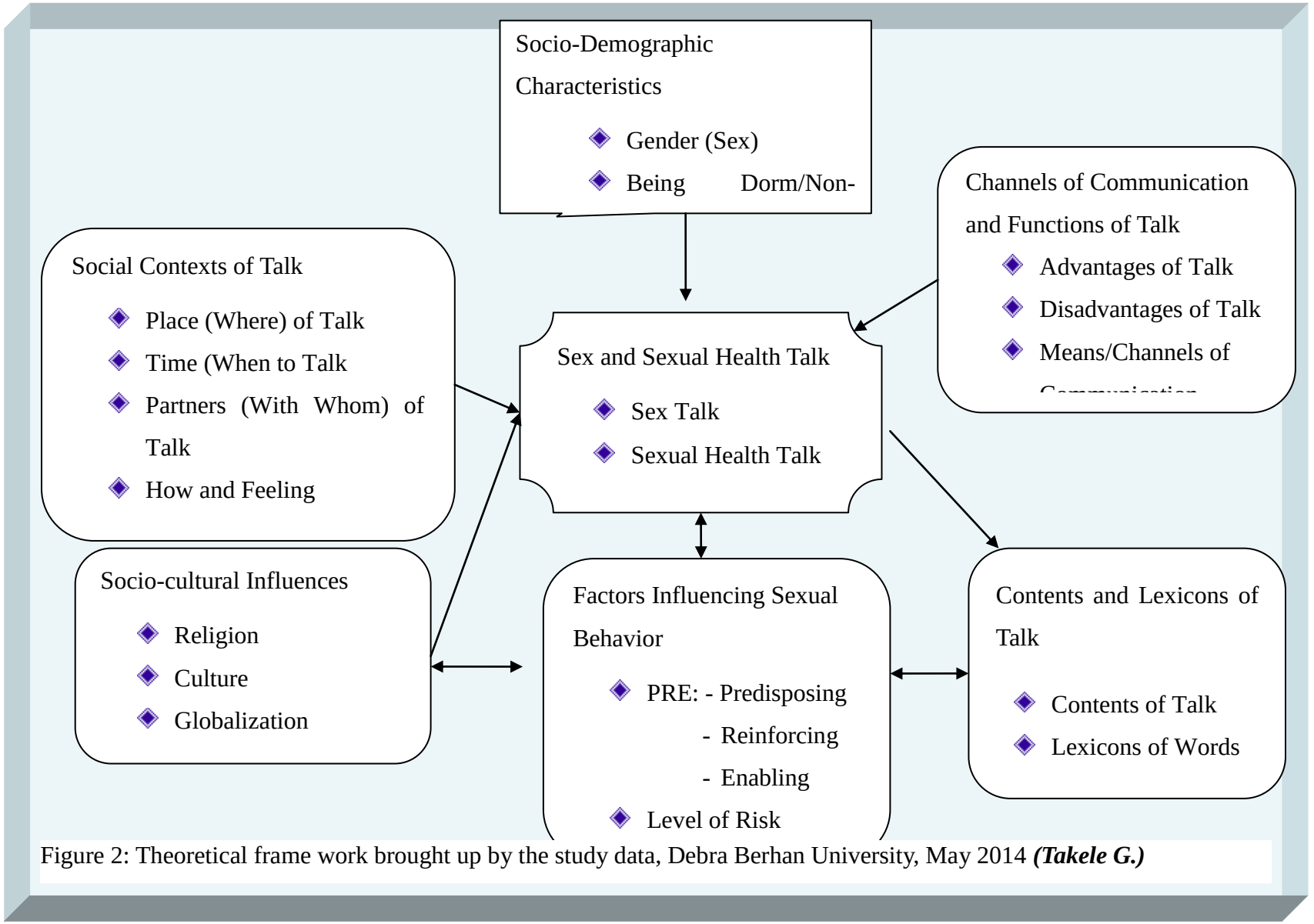

Figure 2: Theoretical frame work brought up by the study data, Debra Berhan University, May 2014 ***(Takele G.)***

CHAPTER 6: DISCUSSION

In this study 'Sex and Sexual Health Talk' was the central theme grounded in the data. Students employ to talk about sex rather than talking on other sexual health issues was how they described the talk/discussions that they have with peers and sex partners. Similarly students took talk on sex as an agenda than talking on other SRH issues. Most participants explained that their discussions about sex typically consisted of descriptions about their sexual relationship (how they have sex, where they have sex, whom they had sex with and what sex acts they engaged in or having boy or girl friend/sex partner) and on how they have to enhance and negotiate female students for sexual activities. This finding is consistent with the study conducted in England which showed sexual health was frequently described by participants as a side issue that distracted from or diluted the details of their discussions about sexual conquest and pleasure (5).

Talking about sex (or on sex) is also used for entertainment. It creates feelings of happiness and comfort for students and also it related to their sexual desire and practices. Even those students who do not want to talk about sex want to hear the talk on sex between their friends. This may indicate that sex talk is highly related to sexual practice of the students. This is in line with the finding of different studies (25,29,43) conducted on students of Jimma University indicated that sexual desire is the leading cause for sexual practice. But few religious and conservative students do not want to talk on SRH issues in general and about sex in particular.

Talking on other sexual reproductive health issues among students is uncommon except few students talked on some issues. But such talk is observed between close friends or sex partners sometimes. In addition students commonly raised contraceptive methods including the use of condom, HIV/AIDS issues like VCT and methods of prevention to talk on at different place in and out of the campus and using different opportunity. But the talk on HIV/AIDS was mostly following the occurrence of HIV positive case and when they heard information from other students or media. Students rarely talked or discussed on the topic of pregnancy, abortion, their previous sexual life, diseases case/STIs, cohabitation (living together), negotiating female for sex, and on previously faced problem.

The most common reason students raised not to have sexual health talk was feeling of knowledgeable on different topics of SRH in addition to socio-cultural factors. This is in line with some studies conducted in Ethiopia and England which showed that there is difficulty in communicating about sexual health between youth and their parents, peer or sex partner due to socio-cultural influences and other reasons (4,5,12,21,22). But students raised these and some other sexual health issues when they faced some problem or when some SRH problem occurred to someone among the students especially when seeking help from family members (parents).

Places of talk/discussion about sex and sexual health includes reading rooms or "space", "Begtera", dormitories, class rooms, students` lounge, DSTV rooms and sometimes cafeterias and libraries as well as on the way to class, cafeterias or libraries (on the roads). In addition, students used place like bars and restaurants, hotels, night clubs, play stations or movie houses to talk on sex and sexual health issues. Also the place of talk depends on the personality of the students and the topic of talk. Places like dormitories, Begtera and space were commonly used while place like health facilities and play stations were infrequently used. Females and couples select place of talk (prefer private settings) unlike males. But males can talk elsewhere without fear and embarrassment. This may be the influence of cultural beliefs and gender norm. This finding is consistent with peer communication and sexuality fact sheet on qualitative research by IPPF European Network which showed that participants prefer to talk about sexuality in a private setting, just with one other person or in a small group, and somewhere where they will not be disturbed (22).

The time during which students talk/discuss about sexual health issues with their peers/friends or sex partners include during training or tea/coffee program arranged by clubs/NGOs and proctors (for female students), when some sexual reproductive health occurred or faced by some students, during evening and weekend when students go out of the campus (Saturday is special day for going to night clubs) or when they go for walk together, and in between classes (during break time or when teacher late). Mostly female students and those students from county side were mostly talk to their partners when they faced problem seeking for help unlike males and students from urban which may be as the result of gender norm and culture.

Firstly, students discuss (talk) on sex and sexual issues with their same sex close friends. Then students talk to sex partner (s) and other friends (classmates or dorm mates). Male students talk commonly both with their male and female friends unlike female students. Female students usually talk with same sex best friends. Other partners of talk for the students include nearby school students, mothers, older sisters and brothers. IPPF European Network report also showed that depending on the individual and his or her socio-cultural contexts, communication partners can be found in the family/peer group or unrelated adult confidants; parents, brother, sister; boyfriend, girlfriend, best friend (same sex or other sex), group of friends (same sex or mixed) roommates, classmates; or teacher, counselor/psychologist (22).

Students talk on sexual issues especially about sex recounting their experiences and by sharing information. The talk may be with one person or in group at different places and during different time. Female students ask for opinion from their friends (mostly same sex close/best friends). This is related to females` selection for the peoples they talk with and who may keep their information confidential. Males feel proud, hero and popular by sex talk they have. Usually the talk on sex between students is **"Hot talk".** Female students expect from males to open discussion or talk related to sexual issues and male start the talk with greeting usually. This is also related to male sexual harassment and the influence of gender norm. Students were very happy and feel comfortable except those who are strictly religious and conservative while talked on sexual health issues, particularly when talked on sex. This is in contrast with the report of IPPF European Network which showed that expressed feelings were regret, shame, disappointment; trust, curiosity; being in love, joy/pleasure, having fun; fear, nervousness, shock, overload, aggression; and sadness, worries from peer communication and sexuality factsheet on qualitative research (22). It may be also due talk is more about sex than sexual health talk.

Students use different languages which may not known by the external community for communicating each others. Students use what they call "modern languages". For example, words used for condom included terms like 'Bemalata', "Bebado", 'Bedo egir' or 'Yefisig' for having sex without condom, 'Bekalsi', 'Yetsom' or 'Bekalsi/Begoant' for having sex with condom or using condon and 'Yachi negar', 'Laphis', 'Phestal', 'Kofiya' or Kalsi' referring to condom. The language students used to talk or discuss on sexual reproductive health issues among themselves have an association with their sexual practices and vice versa.

The above finding is in line with the study conducted in England (4). It was generally recognized that young people often expect and want to adapt their language when talking to each other or presenting with friends, they are likely to use these slang terms associated with friendship groups in favour of more formal language. In the absence of clarification, use of this term may cause misunderstandings but attitude is more important than language. A case study of youth ["We have our own special language" Language, sexuality and HIV / AIDS] in an urban township in South Africa by T. Selikow (44) and 'The Language of Sex and HIV/AIDS study among University Students in Kenya' by N. Ogechi (1) findings were also similar.

The presence of free talk plays great role in shaping students` sexual behaviors. Experiences/information sharing and peer education, fulfilling precondition for sexual life (knowing stage, risk and consequences of sexual intercourse), solution for problems (for example knowing & using barriers or having safe sexual practices using condom and contraceptive) are some of the advantages of having free talks on sex and other sexual health issues. This finding is consistent with the peer communication and sexuality factsheet on qualitative research indicated that healthy sexual behaviour is connected with certain aspects of peer group communication such as the communication partner or type of communication (22). These are also important for HIV/AIDS prevention programs and supported by the different Ethiopian strategies including National Reproductive Health Strategy, TB, TB/HIV and Leprosy Prevention and Control Strategic Plan and others since HIV/AIDS prevention programmes focus on three important aspects of behaviour: using condoms, limiting the number of sexual partners (or staying faithful with one uninfected, mutually faithful partner), and delaying sexual debut (abstinence) among the young and the never-married (45,46).

Also oppositely some focus group discussant added the negative effect (disadvantages) of talking on sex and sexual health. They said it may motivate students to practice unsafe sex, students may focus on sexual practice than education or learning which may in turn make them unable to meet their main objective, talk or discussion on such an issues was not educational most of the time since it focus on sexual relationship/behavior and it may create conflict among the students in the dorm even though many of the FGD discussant agreed up on the idea that its advantages overweight its disadvantages.

There are verbal and non-verbal, formal and informal communication to talk about sex and sexual health as reported by the group. Phone call (Mobile), text message and face book are the most commonly used means of communications other than face-to-face communication. A telephone conversation is currently the commonest means of communication. Communicating through letter writing was now thought as traditional means of communication and it was replaced by telephone conversation and the later was also on the way to be replaced by face book or internet chatting. Students also use 3rd person or their close friends as an agent to communicate on sex and male students also use what is called locally "Lekefa' to start communication which is part of sexual harassment.

While male students talk on sex and sexual issues openly and freely without fear and embarrassment, female students fear and embarrassed to talking about sex and other sexual health issues. Even they (females) see as a taboo. Again female students are hidden, don`t ask for love or sex and they don`t start such a talk unlike male students. To start communication with female and establishing relationship was the role of male partners while females don`t express their feeling early. But after relationship was established, female students were responsible for every decision. These differences were there due to cultural beliefs, traditions, parenting styles, religion, gender norms and may not apply to all students.

Talking on sex is considered as a taboo by some students especially students who grew up in rural areas and those who are females thought that talking on sex is a taboo. But those students who come from urban areas talk freely on sexual issues. These may be related to and influenced by culture, gender norms, religion, and parenting styles. In addition having free talk with peers or close friends currently was related to and is the result of the presence of parent child communication during previous time. Some study also showed the same (13,23,31).

The influence of religion and other component of culture on sexuality are still high and strong and create misconceptions among students. Religious students became conservative to talk on sex and sexual health issues and some students afraid even to call condom due to the influence of religion and religious beliefs. It not only prevents students from having free talk or discussion but also created inability to choose from scientifically proved and evidence based safe sex practice and unsafe sexual practices. This may be related to religious teaching of abstinence only till marriage sex education.

Going to religious areas, following sermon and taking part of religious programs help students not to engage in unsafe sexual practice. This finding was similar with the finding of a study conducted by Fantie A. *et al* on sexual practices and their development pattern among Jimma University students showed students who had not the habit of attending church/mosque appear to be more likely to practice sex, kissing, masturbation, and sex without condom (29). Similarly this is supported by the finding of boy/girl friend and virginity values, and stigma related to condom study conducted at the same setting (43). Norms may prevent students from unsafe sexual practice. But many students are non-compliance to do so.

Students had negative attitude towards contraceptive utilization including condom and STIs including HIV/AIIDS. Students consider using condom as the role of male and using contraceptives as the role of female partner (s) in contrary (pushing responsibility to one partner rather than negotiating for safe sex). For instance, female students leave the decision to use condom for their male partner and say 'Let he use it if he want to use it' and there is also the 'Let she use it' thinking among male students. But they had positive attitude for Western culture and practice and considered it as modernity. This is challenge for the HIV/AIDS prevention strategy activities of the county (30,47) due to liberalization of sex. Similarly, transaction sex and the pursuit of modernity study conducted in University of Cape Town by L. Suzanne indicated that the ultimate decision to use or not use a condom was left to the men and many reported to be using injectable contraceptives, but partner mistrust often led men to use a condom (16).

These forms of attitude have negative implication for sexual reproductive health communication and which may distribute through peer communication among the students and affect their current and future sexual life. The influence of global culture and cultural diffusion (globalization) was high due to internet, face book, and films related to sex and sexual activities. Students are in the way to replacing local cultural practices with that of Whites`. This was in contrary with negotiating for safer sex practice. Reports of EDHS 2011 and BSS 2005 also indicated that knowledge about HIV transmission and ways to prevent it are of little use if a woman feels powerless to negotiate safer sex practices with her partner (30,47).

Peer pressure, going to bars/night clubs and subsequent substance abuse (drinking, dancing and having sex), disrespecting culture and absence of taboo, having multiple sex partners, western culture (whites` styles) and globalization, lack of awareness and negligence, environmental Peer pressure, having concurrent and multiple sex partners for economic and academic purpose, going to bars/night clubs or what students called 'over mawutat' in local language (for drinking, dancing and doing sex), absence of parental monitoring and western culture and globalization were the most common reasons and motivators for why students perform or engaged into different forms of sexual behavior (practice). This is supported by mixed method study conducted on Jimma University students which identified lack of parental control, substance use, peer pressure, campus and outside environment as predisposing factors (25) and other studies (29,35,48). Also another study conducted in South Africa showed that maintaining relationships with more than one partner concurrently was viewed as a 'modern' activity and not uncommonly framed by discourses on gender equality and human rights (16).

Un-favorability of the weather condition (very cold weather) and not fully functional "Begtera", fear of sayings like guilty or un-shameful, limited no of bars and night clubs, absence/minimal of 'sugarmam' & 'sugarmam' and focusing on study/learning were some of the factors which hinder students from performing sexual practice as they want and when they need it.

Limitations

This study is not without limitations. First, the study's findings are based on data gathered from a small, non-representative sample of Debra Birhan University students. While the findings are not claimed to be generalizable to all men's and women`s sex and sexual health talk, one of the central aims of the research is to explore contexts and contents of young people`s talk about sex and sexual health and the language used by young people to talk about sex in a range of contexts. The use of focus group technique presents some limitations in the achievement of this aim. One drawback is that it is difficult to bridge the widely acknowledged gap between what young people say they do and what they actually do. In addition, difficulties recalling the language used in given contexts may be compounded by the fact that young people are usually unaccustomed to examining their own language.

CHAPTER 7: CONCLUSION AND RECOMMENDATION

Conclusion

Students employ to talk about sex with peers and sex partners rather than talking on other sexual health issues. Mostly the students` discussions about sex typically consisted of descriptions about their sexual relationship (how, where, whom they had sex with and having boy/girl friend or sex partner). Sex talk is related to sexual practice of the students. The most common reason students raised not to have sexual health talk was feeling of knowledgeable on different topics of sexual health in addition to socio-cultural factors. Mostly students discuss (talk) on sex and sexual issues with their same sex close friends, sex partner (s) and other friends (classmates or dorm mates). The use of language influences youth sexuality. Youth have developed a specialized language to talk about sex and sexuality and this language has become part of the daily discourse, so that unsafe sexual practices become norms and are justified. The realm of language can be a creative way for peer and HIV/AIDS educators to work with youth towards creating a healthier sexuality. However, as language always occurs in a material context, it is also necessary to work towards changing the material and social environment, such as night clubs and peer influence. These environments not only facilitate the development of a particular language but it also encourages unsafe sexual practice.

Students had negative attitude towards contraceptive utilization including condom and STIs including HIV/AIIDS and consider using condom as the role of male and using contraceptives as the role of female partner(s) (pushing responsibility to one partner rather than negotiating for safe sex). Peer pressure, having concurrent and multiple sex partners for economic and academic purpose, going to bars/night clubs or ‘over mawutat’ (for drinking, dancing and doing sex), absence of parental monitoring and western culture and globalization were the most common reasons and motivators for sexual behavior (practice).

This study makes important contribution to the literature. The findings highlight the ways in which different factors influenced sex and sexual health talk/discussions describing the contextual and social conditions that affect young peoples` (students`) talk/discussions about sex and sexual health must also account for diversity within the broad social category. The current analysis offers some insights into these social and cultural forces. Also it shows what terms young people used to talk about sexual issues and the local and global cultural influences.

Recommendation

Based on the findings of this study the following recommendations are made:

Promotion of condoms must continue with targeted and focused message for university students. Designing audience-specific strategies and messages to persuade target groups should be given priority. Potential prevention measures should focus particularly on female and students from country side, who are probably, predisposed to risky sexual behaviour due to the tendency to less open communication styles in their families.

Anti-AIDS and other clubs, which were found to be of great value in terms of improving knowledge, attitude and practice of youth, have to be strengthened and systematically supported.

It is recommended that the youth language is used in the oral discussions, literature, posters, drama etc. that target the youth. It is important to find out if the same or similar youth code is used in the other areas among the youth generally and if there are any differences in the code used in different areas. Why the students devise and use these slang terms has to be researched in relation to attitude towards sexual practice.

Entertainment facilities for youth must be expanded, in order that they are dissuaded from going to night club and other place for substance use and sexual practice.

Negotiation skills should always be a priority in training. In particular, females should be encouraged to demand condom use.

Encouraging students to openly discuss sexual issues and working with them, educating about risk factors and teaching communication skills and other skills necessary to reinforce behavior.

Therefore, strengthening BCC on risk perception, life skill training, peer-education, availing services including condom and working together with all stakeholders and the surrounding community is recommended. Life skill/Peer education (sex educators targeting university students) should be strengthened focusing on problems of unprotected sex.

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Appendixes

Appendix A: English version letter of invitation for FGD participants

“Hello, Can I ask you a few questions if you can participate in my discussion group? First of all my name is Takele Gezahegn. I am from Jimma University College of Public Health and Medical Sciences in department of Health Education and Behavioral Science, where I am studying my master degree on Public Health. You have been identified as relevant respondent for this study. So, I would like your participation in FGD to discuss about sex and sexual health talk. The general purpose of this study is explore young people`s about sex and sexual health talk through group discussion. The aim of the FGD is to obtain rich information from the students like you.

The information you provide is confidential (will not conveyed to others unless you permit to do so) and will only be used for the above mentioned objective of this study for research purpose and for designing health intervention on sexual health for young people accordingly. A pseudonym/ID number will identify every participant and no names will be used. Participation is voluntary; you have the right to participate, or not to participate or refuse at any time during the FGD. Your refusal will not have any involve no penalty or loss of benefits. However, your participation is very important for the success of the study.

No harm is apparent because of participating in this research. There is no right or wrong answers to the focus group questions. In respect for each other, I ask that only one individual speak at a time in the group and that responses made by all participants be kept confidential. The tapes and written material will be kept safe and not shared outside the research team. The FGD will last approximately for 60-90 minutes.

For further information my address is: Takele Gezahegn (BSc. In Public Health) Phone: (+251) 912 136051 OR (+251) 924 357081 Email: takele.gez44@gmail.com

Would you like to participate in the study?

Yes_____ No_____

If you agree to partake in the study please put your Signature on the informed consent form below.

Appendix B: Focus Group Confirmation Letter to confirm interest and availability of Participants

March 15, 2014

Dear _____,

Thank you for your willingness to participate in our focus group. We would like to hear your ideas and opinions about sex and sexual health talk among Debra Birhan University students. You will be in a group with 8 to 12 other Debra Birhan University students. Your responses to the questions will be kept anonymous. But you will be not paid as a result of your participation. The date, time, and place are listed below. Please look for signs once you arrive directing you to the room where the focus group will be held.

DATE
TIME
PLACE

If you need directions to the focus group or will not be able to attend for any reason please call +251 912 136051 OR +251 924 357081 before this day. Otherwise we look forward to seeing you.

Sincerely,

Investigator/ FGD conducting team

Appendix C: English Version Statement of Informed Consent for FGD Participants

You have been invited to take part in a research project described below. The researcher will explain the project to you in detail. You should feel free to ask questions. If you have more questions later, Takele, the person mainly responsible for this study, (+251) 912 136051 or (+251) 924 357081, will discuss them with you. You must be at least 18 years old to be in this research.

Description of the project:

Project Name*:* Talk about Sex and Sexual Health among Debra Birhan University Students, North Shewa, Ethiopia: A Qualitative Study Using Grounded Theory**.** Takele Gezahegn, from Jimma University College of Public Health and Medical Sciences in department of Health Education and Behavioral Science, is under taking this study.

Aim of the Research: The general purpose of this study is to explore about young people`s sex and sexual health talk through group discussion. The aim of the interview/FGD is to obtain rich information from the students like you.

What will be Done:

If you decide to take part in this study here is what will happen: You will be interviewed as a group with your friends and it will last approximately for 60-90 minutes. FGD will be also audio- recorded.

Risks or discomfort:

No harm is apparent because of participating in this research. Your refusal will not have any penalty or loss of benefits.

Benefits of this study:

Your participation is very important for the success of the study. The information you provide will only be used for the above mentioned objective of this study for research purpose and for designing health intervention on sexual health for young people accordingly. Although there will be no direct benefit to you for taking part in this study, the researcher may learn more about sex and sexual talk among students.

Confidentiality:

Your part in this study is confidential and anonymous. None of the information will identify you by name. A pseudonym/ID number will identify every participant and no names will be used. Participation is voluntary; you have the right to participate or not to participate or refuse at any time during the FGD. All records (tapes and written) material will be kept safe and not shared outside the research team. Your refusal will involve no penalty or loss of benefits. However, your participation is very important for the success of the study.

Decision to quit at any time:

The decision to take part in this study is up to you. You have the right to participate or not to participate. If you decide to take part in the study, you may quit at any time. Whatever you decide will not have any penalty or loss of benefits (will in no way affect your grade, status as a student). If you wish to quit, simply inform Takele (principal investigator) of your decision. Call on (+251) 912 136051.

Rights and Complaints:

If you are not satisfied with the way this study is performed, you may discuss your complaints with Takele, anonymously, if you choose. Email: takele.gez44@gmail.com.

You have read the Consent Form. Your questions have been answered. Your signature on this form means that you understand the information and you agree to participate in this study.

_____	_____
Signature of Participant	Signature of Researcher
_____	_____
Typed/printed Name	Typed/printed name
_____	_____
Date	Date

Please sign both consent forms, keeping one for yourself!

Appendix D: Focus Group Introduction

WELCOME

Thanks for agreeing to be part of the focus group. We appreciate your willingness to participate.

INTRODUCTIONS

Moderator: _____

Assistant moderator: _____

PURPOSE OF FOCUS GROUPS

We have been asked by the principal investigator to conduct the focus groups.

The reason we are having these focus groups is to explore young people`s talk about sex and sexual health among Debra Birhan University students.

We need your input and want you to share your honest and open thoughts with us.

GROUND RULES

1) We want you to do the talking.
   We would like everyone to participate.
   I may call on you if I haven't heard from you in a while.
2) There are no right or wrong answers
   Every person's experiences and opinions are important.
   Speak up whether you agree or disagree.
   We want to hear a wide range of opinions.
3) What is said in this room stays here
   We want folks to feel comfortable sharing when sensitive issues come up.
4) We will be tape recording the group
   We want to capture everything you have to say.
   We don't identify anyone by name in our report. You will remain anonymous.

Appendix E: Focus Group Participant Demographics

It is important to collect demographic information from participants since age, gender, or other attributes are important for correlation with focus group findings during analysis and interpretation.

Date: _____

Time: _____ \

Place: _____

FGD Category: _____ (Men, Female)

Table 10: Showing focus group participant demographics

Pseudo name	Age	Year of Study	Discipline	ID #	Living Condition	Remark
#1						
#2						
#3						
#4						
#5						
#6						
#7						
#8						
#9						
#10						
#11						
#12						

Appendix F: Guiding Questions for a Focus Group on Sex and Sexual Health Talk

Pseudonyms: _____

Guide

Engagement Questions:

Q1 How do you see sexual behavior of students among Debra Birhan University students?

Q2 Do students often talk/discuss issues of sex and sexual health? How do you describe sexual talk in this campus?

Exploration Questions:

Q3 **Social contexts:** What are the social contexts in which students engage in sexual talk or play with their peers or sex partners?

Probe

a) When and where students *engage in sexual conversation?*

b) How do women/men of your age talk about sex and sexual health? Who starts the discussions?

Q4 **Communication partner:** Who is approached? In whom do students confide about sexual issues?

A) **Talking about sex with friends/sex partners:** Do women/men of your age talk about sex with friends? With sex partners?

Probe:

a) Does this tend to be with male and/or female friends?

b) With one person or in groups?

B) **Talking about sex with others**: Do students of your age talk to other people about sex?

Probe:

a) Do you think that young people would like certain people to be more open about sexual matters? For example, parents, other family and community members?

b) What do they talk about (about what issues)? How do they talk about it? Who starts the discussions?

Q5 **Contents of talk:** What are contents of sexual health talk by the students? On which sexual and reproductive health matters students talk with peer and/or sex partners?

Probe

a) *What discussion do young people have about sex, relationships, contraception, STI and HIV/AIDS? Why? Why not?*

b) *What are taboos areas concerning sex and sexual health talk among students?*

Q6 **Type of communication:** How do students communicate about sex and sexual health?

Probe

a) Do they recount their experiences? Is advice given? Do students ask the opinions of others?

b) ***Channels**: In what form does communication about sex and sexual health take place? (Would you mention please?)*

Q7 **Language used:** What are the languages (terms) and vocabularies students use to discuss on sex and sexual health matters?

Probe

a) *Would you mention them please!*

b) *What does these mean? Why used?*

Q8 **Feelings**: What feelings do they express? Do students feel comfortable talking or discussing sex and sexual health? Are they embarrassed by it? Does it make them feel uncomfortable?

Q9 What **roles do cultural/social norms** play in shaping sexual behaviour in you**r** community?

Probe

a) Gender, stigma, norms and traditions

b) What are the areas of discussion reported to have a need in change social norms at different levels?

c) How sexual conversation related to and influenced by gender among young people?

d) What differences are there between young men and women? Do you think it's the same for women/men of your age? How are they similar? How are they different?

Q10 **Importance**: What roles do talk on sex and sexual health play in shaping sexual behaviour of students?

Probe:

a) *Are the talk/discussions about sex and sexual health useful? How important?*
b) *Is there any advantage and disadvantage related to talking (discussing) about sex and sexual health with peer or sex partner?)*
c) *What is good sex? For Male? For Female?*

Exit Questions:

Q11 Do you want to add anything else? What do you recommend?

Thank the respondents!

THANK YOU VERY MUCH FOR YOUR TIME. YOUR CONTRIBUTIONS HAVE BEEN VERY HELPFUL!!!

Appendix G: ተሳታፍዎችን ወደ ቡድን ዉይይት የሚገብዝ ደብዳቤ

ጤና ይስጥልን! በቡድን በሚናደርገዉ ዉይይት ለይ ለመሳተፍ ፍቃደኛ ከሆንክ(ሽ)ጥቅት ጥያቄዎችን ልጣይቅህ(ሽ)፤ እችላለሁኝ? በመጀመሪያ ሥሜ ታከለ ገዛኸኝ ይባላል፡፡ የመጣሁት በጅማ ዩንቨርሲቲ፤ የሕብረተሳብ ጤናና ሕክሚና ሳይንስ ኮሌጅ ከጤና ሥነ-ባኅሪ ሳይንሶች ትምህረት ክፍል ስሆን፣ እዚያ በሕብረተሳብ ጤና ሔልዝ ኢዱኬሽንን “Health Education and Promotion” በመጥናት ላይ ነኝ፡፡ አንተ(ች) በዚህ ጥናት ለይ መሠታፍ ከሚችሉት አንዱ(Ã) ሆነህ(ሽ) ተላይተህል(ሻል)፡፡ስለዚህ በቡድን ዉይይቱ ላይ ስለ ግብረ-ሥጋ ግኙኙናት እና ስለ ሥሪዓተ-ጽታ ጤና ላይ በሚናደርዉ ዉይይት ላይ እንድትሳተፍ ተገብዛህል(ሻል)፡፡ የጥናቱ ዋና ዓላማም ወጣቶች (ተማሪዎች) በግብረ-ሥጋ ግኙኙናት እና ሥሪዓተ- ጽታ ጤና ላይ የሚያደርጉትን ንግግር ወይም ዉይይት ምን እንደ ሆነ በጥልቅ ለመወቅ ነዉ፡፡ የዚህ ዉይይት ዓላማም በቅ ኢንፎርሜሽን ከአንተ(ች) እና አንተን(ችን) ከሚመስሉ ተማሪዎች ለማግኛት ነዉ፡፡

አንተ(ች) የሚትሰጣን(ጭኝ) ኢንፎርሜሽን ምስጥራዊ ይሆናል፡፡ አንተ(ች) ከልፋቀድክ(ሽ) በስተቀር ለማንም ተገላጭ አይሆንም፤ ከላይ ለተጠቀሰዉ ለጥናቱ ዓለማ ብቻ የሚዉል ስሆን፣ እንድሁም በወጣቶች ሥሪዓተ- ጽታ ጤና ላይ ፕሮግራሞችን ለመሻሻል (ለመቅረå) ይረዳል፡፡ ሥምህ(ሽ) ስለማይጠቀስ ጊኤያዊ ሥም ለመለያናት እንጠቀመለን፡፡ በጥናቱ (በቡድን ዉይይቱ) ላይ የሚትሠተፈዉ(ፊ) በፍቃደኝናት ስሆን፣ አንተ(ች) ለመሳተፍም ሆነ ላላመሳተፍ እንድሁም ለመgረጥ ሙሉ መብት አለህ(ሽ)፡፡ላላመሰተፍ መወሠንህ(ሽ) ምንም የሚያመጣ ጉዳት የለዉም፡፡ሆኖም ተሳትፎህ(ሽ) ለትናቱ ስኬት በጣም ዋሳኝ ነዉ፡፡

ተሳተፍዎች በጥናቱ ላይ ስለተሳተፉ ብቻ የሚመጣ ጉዳት የለም፡፡ ተሳተፍዎች ለቡድን ጥያቄዎች የፉላጉትን መልስ መመለስ ይችላሉ፣ ትክክለኛ ወይም ትክክለኛ የልሆነ የሚበል መልስ የለም፡፡ እያንዳዱ የቡድን አባላት ኢየተካበቡ፣ አንድ ሰዉ ብቻ በአንድ ጊዜ ስናገር ሌላዉ ዝም ብሎ ይሰመዎል፡፡ለትያቄዎች የሚሠቱ መልሶችም ሚስጥራዊ በሆነ መልኩ ይያዛሉ፡፡ በቡድኑ አባላት በፍቃዳኝነት የሚያዳርጉት ዉይይት ይቀደል፡፡ ይህ የቡድን ዉይይትከ60-90 ዳቂቃች የሚቆይ ይሆናል፡፡

ለበለጠ መራጃ አድራሻ፡ ታከለ ገዛÇ

ስልክ፡(+251) 912 136051 ወይም (+251) 924 357081

ኢ.ሜል፡ takele.gez44@gmail.com

በጥናቱ ላይ ለመሳተፍ ፍቃዳኛ ነህ(ሽ)?

አዎ _____ አየደላሁም _____

በጥናቱ ላይ ለመሳተፍ ፍቃዳኛ ከሆንክ(ሽ) ፍርማህን(ሽ) በዉሉ ላይ አኑር(ሪ)!

Appendix H: በቡድን ዉይይቱ ላይ የተሳተፍዎችን ፍላጎት እና መገኛተቸዉን የሚያረገግጥ ደብደቤ

መጋብት 15, 2006 ዓ. ም.

ዉድ _____,

በቡድን ዉይይታችን ላይ ለመሠተፍ ፍቃደኛ ስለ ሆንክ(ሽ) እናመሠግናለን፡፡ በተማሪዎች መካካል በወስብ እና ሥነ-ተዋልዶ ጤና ላይ ስለሚዳረገዉ ንግግር (ዉይይት) ላይ ያለህን(ሽን) ሓሳብ እና አመላካካት ከአንተ ለመስመት ወዳናል፡፡ ከሌሎች ከ 6-10 ከሚደርሱ ተማሪዎች ጋራ በቡድን ትሆናላችሁ፡፡ ለጥያቄዎቹ የሚትሳጠቸዉ (የሚትሳጭዉ) መልስ ሚስጥራዊ ይሆናል፡፡ ነገር ግን በጥናቱ ላይ ስለተሳታፍክ (ሽ) የሚካፋልህ(ሽ) ክፍያ አይኖርም፡፡ ሳዓቱ እና ቦታዉ በታች ተገልፆአል፡፡ በቦታዉ በደረስክ(ሽ) ጊዜ የቡድን ዉይይቱ ወደሚደረግበት ክፍል የሚመረህ(ሽን) ምልክት መያት ትችላለህ(ሽ)፡፡

ቀን
ሳዓት
ቦታ

ወደ ቡድን ዉይይቱ ለመምጣት ምሪት ከፋላክ(ሽ) ወይም ላላመሳተፈፍ ከፋላክ(ሽ) በዚህ ስልክ (+251) 912 136051 ወይም (+251) 924 357081 ከዚህ ቀን በፍት ደዉለህ(ሽ) ሊታሳዉቀን(ቅን) ትችላለህ(ትችያለሽ)፡፡ አላዚያ ልናገኝህ(ሽ) እንጣብቅህለን(ሽለን)!

ከሠለምታ ጋሪ!

የጥናቱ በለቤት

ታከለ ገዛኸኝ

Appendix I: የአማርኛዉ የስምምናት ዉል ለቡድን ዉይይት አበላት

እኔ _____ በወስብ እና ሥነ-ተዋልዶ ጤና ላይ በተማሪዎች መከከል ስለሚደረግ ዉይይት ወይም ንግግር (Sex and Sexual Health Talk) በሚያጣናዉ ጥናት ላይ እንድሳታፍ ተጠይቃለዉ፡፡ መምህር ታከለ ገዛኸኝ በጅማ ዩንቨርሲቲ በሕብረተሠብ እና ሕከምና ሣይንስ ኮሌጅ የጤና ትምህርት እና ሥነ-በጎሪ ትምህርት ክፍል ተማሪ ስሆን ይህንን ጥናት በማካሄድ ላይ ነዉ፡፡ እንደ ተረዳሁት የጥናቱ ዋና ዓለማም ተማሪዎች በሥነ-ፆታ እና በሥነ-ፆታ ጤና ላይ የላቸዉን ዉይይት ወይም ንግግር (Talk) ምን እንዳንነስል በቡድን ዉይይት ለመላያት እንደ ሆነ ተገንዝባለዉ፡፡

የጥናቱ በለቤት ጥልቅ የሆነ ኢንፎርሜሽን በርዕሱ ላይ የቡድን ዉይይትን በመጣቀም እዉቀት ከላቸዉ ተሳተፊ ተማሪዎች መገኛት ይፈልጋል፡፡ ተሳተፊ እንዳመሆኔ በመገኛዉም ምክንያት ከቡድን ዉይይቱ መዉጣት እንዳሚችል ተረድቻለዉ፡፡ እንድሁም የቡድን ዉይይቱ ከአንድ ሳዓት እስከ አንድ ሳዓት ተኩል እንደሚፈልግ ተረድቻለዉ፡፡ መቀጣል የማልችል ከሆነም በመገኛዉም ጊዜ ተሳትፎዬን መቆም እንደሚችል ገብቶኛል፡፡ ከጥናቱ በላቤት ጋሪም ኢንፎርሜሽን እንዳምንቀያያር ተገንዝበየለዉ፡፡ ይህንንም ኢንፎርሜሽን ምስጥራዊ ለማድረግ ከፍታኛ ጥንቃቄ እንደሚደረግ ተረድቸወለሁ፡፡ ከዉጤቱ

ቦታላም የሚጻፋዉ ሪፖርት ወይም መሳሳቢያ የማንንም የተሳተፊ ሥም አይጠክስም። በጥናቱ ላይ በመሠተፍ ሊመጣ የሚችል ምንም ጉዳት የለም።

በላመሠተፌም የሚመጣ ቅጣት ወይም የጥቅም መጣት አይኖርም። ማንኛዉንም ጥያቄ እንድችል እድል ይሰጣኛል። የዚህም ደብደቤ ኮፕ ይሰጣኛል። እኔ (ተሳተፊዉ) በነፃነት እና በፍቃደኝነት በዝህ ጥናት ላይ ለመሠተፍ ተስማምቸለዉ። እንድሁም ከጥናቱ በላቤት ጋር ያሚናደርገዉ ዉይይቱ እንድቀዳ ፈቅጀለዉ። መስማማቴንም በዚህ ፅሁፍ ላይ በመፈረሜ አረገግጠለሁ።

እኔ ይህን ኢንፎርሜሽን ተረድቼ እንድሁም ከላይ እንዳተገለፀ ለመሳተፍ ተስማምቸለዉ።

_____ _____

የተሳተፊዉ ፍርማ ቀን

እኔ ይህ ዉይይት እንድቀዳ ተስማምቸለዉ።

_____ _____

የተሳተፊዉ ሥም መናሻ ፍዳል ቀን

በእኔ አምነት(አስተሳሰብ) ፋቅጇ እና እያወቁኝ ይህንን ስምምነት (ዉል) በጥናቱ ላይ ለመሳተፍ ሕገዊ በሆነ መልኩ ሳጥቻለዉ።

_____ _____

የእማኝ ፍርማ ቀን

_____ _____

የተመራማሪዉ ፍርማ ቀን

ታከለ ገዛሽኝ ስልክ (ሞባይል)፡ (+251) 912 136051 ወይም (+251) 924 357081
የጤና ትምህርት እና ሥነ-በኅሪ ትምህርት ክፍል ኢ. ሜል፡ takele.gez@gmail.com
ቦታዉ ፖ.ሣ.ቁ፡ 445 (ደ/ብርሃን ዩንቫርሲቲ)

Appendix J: የቡድን ዉይይቱ መግቢያ

እንኩን ደህና መጡ!

የቡድን ዉይይቱ አበል ለመሆን ስለተስመመህ(ሽ) እናመሳግናለን። ለመሳተፍ የለህን(ሽን) ፍላጎትህን እናደንቀለን።

መግቢያ

የቡድን መሪ፡ _____

የቡድን መሪዉ ረዳት፡ _____

የቡድን ዉይይቱ ዓለማ

ይህንን የቡድን ዉይይት እንድናካሄድ በጥናቱ በለቤት ተጠይቃለሁ። የቡድን ዉይይቱን እንድናካሄድ የተፈለገበት ዋና ምክንያትም በደብረ ብርሃን ዩንቫርሲቲ ወጣት ተማሪዎች መከከል በወስብ እና ሥነ-ተዋልዶ ጤና ላይ የሚደረግ ዉይይት ወይም ንግግር (Discussion or Talk) ምን እንዳሆነ በጥልቀት ለመዋቅ ተፈልጎ ነዉ። የአንተን(ችን) ነፃ ሓሳብ እንደ ግብዓት ለመጠቀም እንፈልገለን።

መማሪያዎች

1) የአንተን(ችን)ንግግር እንፈልገለን።
   ሁሉም የቡድኑ አበል ተሳትፊ እንድሆኑ ይፋላገል።
   ማንም መናገር ከልፋልገ የአንዳችሁን ሥም ጣሪቼ እንድትሠተፉ አደርገዋለሁ።

2) ትክክለኛ እና የተሳሳተ መልስ የሚበል የለም።።
የማንም ተማሪ ልምድ እና አስተሳሰብ ወይም ሓሳብ ጣቃሚ ነዉ።።
ስህተት ብመስልህ(ሽ) እንካ፣ ከሌሎች ሓሳብ ብትስማማም በትስማማም ተነገር(ሪ)።።
ለጥናቱ ስባል የተላያዩ አስተሳሰቦችን መስመት እንፈልገለን።።

3) እዚህ የሚንናጋገረዉ ነገሮች በሙሉ እዚሁ ይቀረሉ።።
ምስጥረራዊ ነገሮች ብነሱ እንከ ሁሉም የቡድኑ አባላት ዘና ብሎ እንድናገሩ እንፈልገለን።።

4) የቡድን ዉይይቱ ይቀደል።።
አንተ(ች) የሚተለዉን(ይዉይዉን) ነገሮች በሙሉ መያዝ እንፈልገለን።።
በሪፖርታችን ማንንም በሥም አንለይም።። ምስጥራዊ ይሆናል።።

Appendix K: የቡድን ተሳታፊዎች የግል እንፎርሜሽን

የተማሪዎችን የግል መህዳር እንፎርሜሽን መሳብሳብ አስፋላግ ነዉ።። ምክንያቱም እድሜ፣ ፆታ ወይም ለሎች ይህን የሚመሳስሉ መላያዎች በአናልስስ (Analysis) እና በትርጉም (Interpretation) ጊዜ ከጥናቱን ዉጤት ጋረ ለመገናኛት ይራዳሉ።።

ቀን፡ _____

ሳዓት፡ _____

ቦታ፡ _____

የቡድኑ ዓይነት፡ _____ (የወንዶች/የሴቶች)

ሠንጣራዥ ፲፩ ፡ የቡድን ተሳታፊዎችን የግል እንፎርሜሽን የሚያሳይ

መላያና ጊዜያዊ ሥም	እድሜ	የ___ኛ ዓመት ተማሪ	የት/ት ክፍል	መላያ ቁጥር (ID No)	የአኗኗር ሁኔታ	መግላጫ
#1						
#2						
#3						
#4						
#5						
#6						
#7						
#8						
#9						
#10						
#11						
#12						

Appendix L: በግብረሥጋ ግኑኙናት (በወስብ) እና ሥነ-ተዋልዶ ጤና ላይ የቡድን ዉይይት መሪ ሪዕሳ ጉዳዮች (ትያቄዎች)

መላያ፡

<u>ሪዕሳ ጉዳይ</u>

<u>የመግብያ ጥያቄዎች</u>

1ኛ) በዚህ ካምፓስ (በደብረ ብሪሃን ዩንቨርሲቲ ተማሪዎች መካካል) የተማሪዎች ፆታዊ ባህሪ እንዴት ተያለህ(ሽ)?

2ኛ) ታማሪዎች አብዛኛዉን ጊዜ በሥሪዓተ-ፆታ እና ሥነ-ተዋልዶ ጤና ላይ ንግግር ወይም ዉይይት ያዳርገሉ? በዚህ ካምፓስ ስለ ሥርዓተ-ፆታ የለ ንግግርን (ዉይይትን) እንዴት ትገልፃለህ(ሽ)?

ዋና ዋና ጥያቄዎች

3ኛ) **ሁናቴዎች (ሶሺል ኮንቴክስት)፡** ተማሪዎች ከጎደኞቻቸዉ ወይም የወሰብ አጋሮቻቸዉ ጋሪ በወሰባዊ ንግግር ወይም ጫዋታ ተሳተፊዎች የሚሆኑት ሁናቴዎች ምን ምንድን ናቸዉ?

በጥልቀት

ሀ) ተማሪዎች ሰለ ወሰብ የሚያወሩት ማቼ እና የት ነዉ?

ለ) በአንተ(ች) እድሜ የሉ ወንዶች ወይም ሴቶች ሰለ ወሰብ እና ሰለ ሥነ-ተዋልዶ ጤና የሚያወሩት እንዴት ነዉ? ማን ቀድሞ ዉይይቱን ይጀምራል?

ሐ) ንግግሩ (ዉይይቱ) ለወንዶች ተመሣሣይ ይመስላሃል (ይመሰልሻል)?

4ኛ) **የኮምንኬሽን አጋሮች፡** ማንን ነዉ የሚቀርቡት? ስለ ወሰባዊ ጉዳይ ታሪዎች በማን ላይ ተስፋ ያደርጋሉ?

1ኛ) **ስለ ወሰብ (ዖታዊ ግንኙነት) ከጎደኞች ወይም አጋሮች ጋር መዉራትን** በተመለከተ፣ በአንተ(ች) እድሜ የሉ ወንዶች ወይም ሴቶች ከጎደኞቻቸዉ ጋሪ የወራሉ? ከወሰብ አጋሮቻቸዉ ጋሪስ?

በጥልቀት

ሀ) *ይህ ከወንድ እና/ወይም ከሴት ጎደኞች ጋሪ ነዉ?*

ለ) *ከአንድ ሰዉ ጋሪ ወይም በቡድን?*

2ኛ) **ስለ ወሰብ (ዖታዊ ግንኙነት) ከሌሎች ሰዎች ጋር መዉራትን** በተመለከተ፣ በአንተ(ች) እድሜ የሉ ወንዶች ወይም ሴቶች ከሌሎች ሰዎች ጋር የወራሉ?

በጥልቀት

ሀ) ወጣት ተማሪዎች ሰለ ወሰባዊ ጉዳዮች ነፃና ግልፅ እንድሆኑላቸዉ የሚፋለጉት ሰዎች ይኖራሉ? ለምሳሌ? (አበት እና እናት፣ ሌሎች የቤተሰብ እና የህብረተሳብ አባላት)

ለ) ሰለ ምን ጉዳይ የሚያወሩ (የሚወያዩ) ይመሰላል? እንዴት ያወራሉ (ይወያያሉ)? ማን ዉይይቱን ይጀምራል?

ሐ) በወጣት ወንዶች እና ሴቶች መካካል የሉ ልዩናት ምንድን ናቸዉ?

5ኛ) **የንግግሩ (የዉይይቱ) ይዛቶች፡** በተማሪዎች መካካል ስለ ሥነ-ተዋልዶ ጤና የሚ ወራ (የሚደረግ ዉይይት) ይዛቱ ምንድ ነዉ? ተማሪዎች በምን የሥነ-ተዋልዶ ጤና ጉዳይ ላይ ከጎደኞቻቸዉ እና/ወይም የወሰብ አጋሮቻቸዉ ጋር ያወራሉ (ይወያያሉ)?

በጥልቀት

ሀ) ስለ ወሰብ፣ ዖታዊ ጉኑኙነት፣ የቤተሳብ ምጣኔ፣ የአበላዛር በሽታዎች እና ኤች አይ ቪ ኤድስ ወጣቶች የላቸዉ ዉይይት ምንድነዉ? ለመን? ለምን አይኖራቸዉም?

ለ) ስለ ወሰብ እና ሥነ-ተዋልዶ ጤና በተማሪዎች መካካል የሚደረግ ንግግርን (ዉይይትን) በተመለከተ፤ እንደ ነዉር የሚተዩ ነገሮች ምንድን ናቸዉ?

ሐ) ቱኩራት ልሰጣዉ (ልተዩ) የሚገበቸዉ ግልፅ የልሆኑ ፍላጎቶች ምንድን ናቸዉ?

6ኛ) **የግኙኙነቱ (የኮምንኬሽኑ) አይነቶች እና ቻናል፡** ተማሪዎች ስለ ወሰብ እና ሥነ- ተዋልዶ ጤና እንዴት ኮምንኬት (ግንኙነት) ያዳርገሉ?

በጥልቀት

ሀ) የራሰቸዉን ልምድ ያካፍላሉ; ምክር ይሳጣል; ተማሪዎች የሌሎችን ሃሳብ ይጣይቃሉ (ይሻሉ)?

ለ) ምስጥራዊ የሆኑ ወሬዎች (ዉይይቶች) በጎኞች ወይም በቡድን ዉይይት ጊዜ ይኖራሉ?

ሐ) ቻናል፡ ምን አይነት የግኙኙነት (የኮምንኬሽን) ቻናል ይጣቃማሉ?

7ኛ) **የተጣቀሚቸዉ ቋንቋዎች፡** ተማሪዎች በወሰብ እና በሥነ- ተዋልዶ ጤና ጉዳዮች ላይ ስያወሩ (ስወያዩ) የተጣቀሙበቸዉ ቋንቋዎች (languages or terms) እና ቮካቡላሪዎች (vocabularies) ምን ምንድን ናቸዉ?

በጥልቀት

ሀ) ልትገልፃቸዉ (ልትዛራዝራቸዉ) ትችላለህ (ትችያለሽ)?

ለ) ምን ማለት ነዉ; ይጣቅመሉ?

8ኛ) **ስሜቶች፡** ምን ዓይነት ስሜቶች ይጋላፃሉ; ተማሪዎች ስለ ወሰብ እና ሥነ-ተዋልዶ ጤና ስያወሩ (ስያዩ) ምን ይሳማቸዋል? ደስተኞች ናቸዉ? ይሻመቃቀሉ? ዳስታኛ አያዳርገቸዉም?

9ኛ) ባኅል እና ህብረተሰባዊ ደንቦች የተማሪዎችን ዖታዊ ባኅሪ ለመቅረፅ በአንተ መህባረሰብ ዊስጥ ምን ሚና አለቸዉ?

<u>በጥልቀት</u>

ሀ) የሥርዓተ-ዖታ፣ የመግላል፣ የዳንቦች እና የባኅል ሚናን ብትጣቅስ(ሽ)?

ለ) በተማሪዎች መካካል ዖታዊ ንግግር እንዴት ከሥርዓተ-ዖታ ጋር ይገናኛሉ? ሥርዓተ-ዖታስ እንዴት ተፅዕኖ ይኖረዋል?

ሐ) የትኛዉ የዉይይት ጉዳዮች ህብረተሰብ ኢቃፍ ዳንቦች እንድቀያሩ ይፈልጋሉ?

መ) በወጣት ወንዶች እና ሴተቶች መካካል ልዩናቶች አሉ?

10ኛ) ስለ ግብረሥጋ ግኙኙነት (ስለ ወስብ) እና ሥነ-ተዋልዶ ጤና መዉራት (መወያያት) የተማሪዎችን ዖታዊ ባኅሪን በመቅረፅ ዉስጥ ያለዉ ሚና ምንድን ነዉ?

<u>በጥልቀት</u>

ሀ) ስለ ወስብ እና ሥነ-ተዋልዶ ጤና መዉራት (መወያያት) ጥቅም አለዉ? እንዴት? በቂ ነዉ?

ለ) ከኃደኛ ወይም ከወስብ ኢጋር ጋር ስለ ወስብ እና ሥነ-ተዋልዶ ጤና መዉራት (መወያያት) የሚኖረዉ ፋይዳ (ጥቅም) ምንድን ነዉ? ጉዳቱስ?

ሐ) ጥሩ ወስብ ምንድን ነዉ? ለወንዶች? ለሴቶች?

<u>የመዝጊያ ጥያቄዎች</u>

11ኛ) ልላ መጨመር የሚትፈልግ(ጊ) ነገር ካለህ(ሽ)? የምተሳስበን ነገር ካለህ(ሽ)?

ስለ ጊዜህ(ሽ) እጅግ በጣም እናመሰግናለን! ተዋዕዖ በጣም ይጠቅመናል!!!

Appendix M: Glossary

Lexicons of words (Terminologies) students` used while they communicate about sex and sexual health among themselves or with their peers and sex partners and their commentaries.

Terms (Lexicon) used to describe different sex and sexual health issues	Commentary
Appreciating Words/Nickname	These are terms used to call a person by giving him/her a nick name or using appreciation words. For example, if her name is Tigist, they may use "Tg" to call her.
Arif Balace Nech	Mean she is a beautiful girl.
Asfenaterachew	Females who have abortion to "she aborted" or experienced abortion.
Astabisagn/Astabishign	To mean "let you help me in getting (meeting) sex partner (girl or boy friend)" for male and female respectively.
Awatawhat	To mean take her for sex out or go for sexual intercourse together or have sex with someone (with his girlfriend). Used by males for sexual intercourse or named after they have sexual intercourse. Even male students feel pride and they say "Awatawhat" to mean "I take her away" while talking to their male or female friends after they have sex with their sex partners.
Bamalata/Bebado	Refers to having sex without condom
Banker	Words referring to those sexes' partner(s) who have money or who are rich whether they are students or other community members. But mostly this refers to those sex partner(s) other than students.
Bedo egir	To mean "barefoot" this refers to again "sex without condom".
Begtera	A place where males meet females at the back of (in front of) the females` dormitories talk (discuss) on sexual issues and on their relationship.
Bekalsi/Begoant	To mean "with sock" or "with glove" these refers to "sex with condom".
Belekafa	Starting communication through harassment or harassing females.
Chabisi/Inchabisi	Refers to "Let us use substances". May used for substance use like drinking alcohol, chewing Kcat, etc. together or in group.
Chapa	For large buttock may be while looking at females.
Chick /Chicke/ Chicke new/Chicke nech	Refers to either female friend (girlfriend) or male friends (boyfriend) or sex partners and to mean he/she is my friend for girl or boy friend (reversibly used) respectively.
Chickoch	Refers to the plural form of "chick" or for many friends
Chickology	To mean "chickology will be given to you!" and mostly used to mean courses teaching about male and female relationship, love and sex.

Chickology Yisatahal	for male who fear (afraid) or who do not know how to approach female or who has shame, he is said "Chickology Yisatahal" to
Chomesachew Chomesat" or Chomasi argilign	To mean she have sex with male (for female) and to mean he have sex with female or made sexual intercourse (for male) respectively. The later term refers to the term used by male friends when one want to say help me in having sex partner for another.
Dakele	To mean he make sexual intercourse, with somebody.
Diwi Lergat	Males saying to his friends when he was going to have sex with someone (with his sex partner)
Eyatarakat new or Eyagenaganat new	Is used to refer, they are in process to make relationship.
Eye Blinking	Sign language for wanting communication with person.
Eyetagoatatenew/Eyetagoatatu	Refers to the process of convincing (negotiating) for sex or preaching female students for relationship or sexual intercourse. Also used to refer, they are in process to make relationship.
Fam	Refers to a girl or a female.
Findata	Name given for those who have multiple sex partners or for stylish person.
Fonka	Refers to love, particularly if someone fall in love with somebody it is called "Fonka Yizotal" to mean he/she was fall in love. Also for love.
Fonka/Fonka Yizotal	Refers to love, particularly if someone fall in love with somebody it is called "Fonka Yizotal" to mean he/she was fall in love.
Gardame	For female students with large body size
Hep Bilalechi/Quatralechi	Being pregnant or having pregnancy for those female students who experienced pregnancy.
Inover/Over Inwuta	To mean "Let us go to night club" for having substance use and dancing.
Inwuta	To mean "Let us go out" which refers to "let us have sexual intercourse).
Joker	To mean HIV/AIDS (or it is the name given for HIV/AIDS).
Kalsi/Laphis/Phestal	Names given for condom. Especially when students want to minimize its use or when they want to say it is not useful or important, they give it the name "Phestal" for condom. The terms are similar (corresponds) to the English words or terms "sock", "eraser" and "plastic bag" respectively. But "Kalsi" is commonly used for condom.
Koatralech	If females become pregnant.
Kofiya/Phestal/Kalsi Yachi negar/Kalsi	These refer to condom, names given for condom.
Lawutash	To mean "let me take you out or "let us go for sex".
Lekefa/Lekefukoat	Refers to sexual harassment, particularly when males harass females while she was walking on the road.
Magna Nat	To say "she is Beautiful".

Matibas	Refers to the process of starting new relationship and having sex partner (friends).
Over weta/Over wetach/Over mawutat	To mean going to night club (for male and female respectively) with sex partner(s). Specifically for these who go to night clubs for drinking and dancing. They may stay overnight there and come back on the next day or at morning.
Phara nechi	For female student if her wearing style was good but not her speaking, if she do not know means of communication or not involved in sexual life of the campus.
Scrach gaba/Foul gaba	For unsuccessful relationship and for male who didn't succeed or who cannot be a boyfriend or who do not have good mood in having partner.
Shera gutata/Shera watare	To mean pulling or stretching blanket for kissing.
Shewaye	For male who do not know the way to approach females.
Tabebe/Gingana/Tebesa	Refers to the process of making relationship and convincing each others to be a partner of one another (for having sex or girl or boy) friend starting from their first communication up to they meet each other or enter into relationship.
Takayfoal/Takeyefa/Takeyefach/Tekayefkugn	To mean he fall in love with someone for male and she falls in love with someone for female.
Tetabesu/Tebesat/Tebesachu	If they love each other or they are in love, these terms refers to sex partners, male and female sex partners or friends respectively.
Yefisig	To mean "without fasting" when students prefer to have sex without condom which is to say sex without condom.
Yemeadin Gudgad Makofar/Kufara	Which mean "mining" and this refers to "Let us have sex". Mostly used by males when they talk to their male friends.
Yetsom	To mean "with fasting" when the students want to use condom during sexual intercourse which is to say sex with condom.
Yisanagal	To mean "having sex" or "going out for sexual intercourse".

Appendix N: Codes and Code Families Lists (Output from ATLAS.ti v7 Soft ware)

Code-Filter: All Codes

Advantage: Experiences & Information Sharing
Advantage: Fulfilling Precondition Sexual Life
Advantage: Knowing & Using Barrier
Advantage: May Entertaining
Advantage: Peer Education
Advantage: Possible to control Education & Relationship
Advantage: Preventing Problems + Safe Sex
Advantage: Solution for Problems
Advantage: Talk for Laughing/Joking
Advantage: Topic & Who Talk Matters
Attitude: Female for Condom ~ Let He Use it
Attitude: Male for Contraceptive ~ Let She Use it
Attitude: Male Plays Great Role in Sexual Life
Attitude: Seeking Advice after Problem faced
Attitude: Males` Responsibility Open Communication
Attitude: Equating Love and Sex
Attitude: Having Partner for Future > Knowing Each Other
Attitude: If Females Ask for Love ~ Hx of Sexual life
Attitude: Negative for STIs & FP
Attitude: No HIV/AIDS
Attitude: Western Practice Modern
Attitude: Don`t Like Condom
Barrier: Absence of Forests & Bushes
Barrier: Begtera Not Functional
Barrier: Cold Weather Not Favorable
Barrier: Contradiction b/n Science & Religion + Beliefs
Barrier: Ethiopian Families Conservativeness
Barrier: Fear of Sayings > Guilty/Unshameful
Barrier: Female Give Advice ~ Sex Partners
Barrier: Limited No of Bars & Night Clubs
Barrier: Local Belief ~ Preventive
Barrier: No Sugarmam & Sugardad
Barrier: Norms Restricts
Barrier: Not using Contraceptives
Barrier: Religious ~ Conservative
Barrier: Religious Teaching
Barrier: Responsibility Shared
Barrier: Study
Communication: Face-to-face
Communication: Face-to-face > Before Love & Relationship
Communication: Helping Relationship
Communication: Letter Writing > Phone > Face book
Communication: Phone & Text Message
Communication: Phone +Text Message +Face book
Communication: Sign Languages > Eye Blinking
Communication: Through 3rd Party/Friends ~ Agents
Communication: Through Harassment
Communication: Verbal + Non-verbal
Content: About Sex + Pregnancy + Contraceptive
Content: Cohabitation
Content: Condom Use + Contraceptive Methods
Content: Diseases Case/STIs
Content: HIV/AIDS Issues
Content: Issues of Sex
Content: Issues of Sex & Sexual Health
Content: Love & Relationship
Content: Negotiating Female
Content: Pregnancy & Abortion
Content: Pregnancy & Contraceptives
Content: Previous Sexual Life
Content: Problem Faced
Content: Sexual Relationship
Cultural norms: Beliefs Matters
Cultural norms: Culture + Gender + Traditions + Religion
Cultural norms: Norms Restricts from Harmful Sex
Cultural norms: Not Talk with Family Members > Culture
Cultural norms: Previous Residence Influence
Cultural norms: Religious ~ Conservative
Cultural norms: Rural Students Embarrassed
Cultural norms: Sexual Issues Secret
Disadvantage: Enhance Sexual Drive + Initiate & Practice Sex
Disadvantage: Focusing on Sexual Practice
Disadvantage: Non-lasting Relationship
Disadvantage: Obstacle to Meet Objective
Disadvantage: Practicing As Western
Disadvantage: Source of Conflict
Disadvantage: Talk/Discussion Not Educational
Disadvantage: Unaware Students Harmed
Feelings: Close Friends ~ Freely & Comfortably
Feelings: Comfortably & Happy
Feelings: If Initiated Sex ~ Freely & Comfortably
Feelings: If not Initiates Sex ~ embarrassed
Feelings: Most students ~ Freely & Comfortably
Feelings: New Things ~ Surprised/Admired
Feelings: Opposite Sex Talk ~ Fear
Feelings: Situation/Approach Determine
Feelings: Talk Entertaining
Feelings: Talk Problem Occurred ~ Freely
How: Admiring
How: Advising Each Others
How: After Problem Occurred
How: Among Students in Dorms Informal
How: Asking for Opinion
How: Couples Talk Very Attentively
How: Feeling Comfortably & Interestingly
How: Formal & Informal
How: Hot Talk
How: If Initiated Sex ~ Voluntarily
How: Male Feeling Pride & Hero
How: Male Starts Talk With Greeting
How: Males Referring to Females
How: Proctors` Arranged Programs
How: Recounting Experiences
How: Selecting Peoples
How: To be Seen
How: With One Person/Group
Leve of Risk: 2nd in HIV Prevalence
Leve of Risk: Fifty Fifty
Leve of Risk: Good in r/n to Other Univ.
Leve of Risk: Unintended Pregnacy
Level of Risk: Being Enter into Fire ~ caution
Level of Risk: Culture Influences Fifty - Fifty

Level of Risk: Excess Abortion ~ Statistics
Level of Risk: Male Sexual Harassment
Level of Risk: Pregnancy & Abortion > Little Awareness
M-F Difference: Due to Culture + Parenting Style + Religion + Gender Norms + Traditions
M-F Difference: Females Don`t Ask for Love/Sex
M-F Difference: Females Fear/Embarrassed
M-F Difference: Females Hide Things/See as Taboo
M-F Difference: Females More Needy ~ Sexual Feeling
M-F Difference: Females Responsible For all after R/ship
M-F Difference: Females Talk When Problem Occurred
M-F Difference: Male Starts Talk To Make Relationship
M-F Difference: Male Talk Freely
M-F Difference: Starting Talk Based on Conditions
Place: Bars, Night Clubs & Hotels
Place: Begtera/Space
Place: Cafeterias + Begtera + Go to Trip + Night Clubs + Hotels
Place: Cafeterias + Lounge
Place: Cafeterias, Library, Lounge, Class Rooms
Place: Class, Cafeterias, Space, On Roads, Play Stations, Parking
Place: Depends on Topic & Person
Place: Dormitories
Place: Dormitory, Cafeterias, Begtera, On Roads, Play Stations, Bars & Restaurants, Night Clubs, Hotels
Place: Dormitory, Cafeterias, Space, On Road on the way to class, Library
Place: Dormitory, Cafeterias, Space, Students` Lounges, DSTV Rooms
Place: Dormitory, Class, Begtera, Hospital
Place: Dormitory, Class, Space, On Roads
Place: Play Station/Movie Houses/DSTV Rooms
Practice: Drinking, Dancing, Sex
Practice: Foreign Sexual Culture ~ Stage Less Sex
Practice: Only Talking about Sex
Practice: Sex in Space or Some Corners
Practice: Sex Without Condom
Practice: Sexual Practice >Rental House
Practice: Unsafe/Unprotected sex/Untimely Sex
Predisposing: Absence of Parental Monitoring
Predisposing: Absence of Talk on Sexual Issues
Predisposing: Disrespection of Culture/Absence of Taboo
Predisposing: Environmental Pressure
Predisposing: Going to Bars & Night Clubs
Predisposing: Having Multiple Sex Partners
Predisposing: High Peer Pressure
Predisposing: Lack of Awareness + Negligence
Predisposing: Lack of Money
Predisposing: Western Culture ~ Whites` Styles
Time: After Came Back From Begtera
Time: After Over
Time: Depends on Topic & Person
Time: During Break Time, When teachers Late, Between Classes
Time: During Training/Programs
Time: Evening & Weekend
Time: Long Time
Time: Not Limited
Time: Sometimes Talk on Sexual Issues
Time: Using Every Opportunity
Time: Walking & Talking Together
Time: When Male Sees Famele
Time: When Problem Occurred
Urban - Rural: Background + Parenting Styles
Urban - Rural: Diversity > Smallest Ethiopia
Urban - Rural: Rural Students Fear/Embarrassed
Urban - Rural: Rural Students See sex Talk Taboo
Whom: Brothers + Older Sisters
Whom: Best Friends + Classmates + Sex Partners
Whom: Close Friends
Whom: Close Friends + Classmates + Dorm Members
Whom: Close Friends + Sex Partners
Whom: Family/Parents > After some Problem
Whom: Female With Mothers + Older Sisters
Whom: Few Students With Parents/Families
Whom: Friends + Classmates
Whom: Male With Male & Female
Whom: Near by School Students
Whom: Peoples Whom Issues Concerns
Whom: Same Sex Close Friends
Whom: Sex Partners
Whom: Sex Partners & Friends
Whom: Students from Urban With Parents
Whom: With One Close Friends > Secret Things

Code with their frequencies

Name

Advantage: Experiences & Information Sharing {23-23}
Advantage: Fulfilling Precondition Sexual Life {5-10}
Advantage: Knowning & Using Barrier {5-9}
Advantage: May Entertianing {1-4}
Advantage: Peer Education {4-15}
Advantage: Preventing Problems + Safe Sex {6-8}
Advantage: Solution for Problems {8-16}
Advantage: Talk for Laughing/Joking {1-12}
Attitude: Don`t Like Condom {1-3}
Attitude: Equating Love and Sex {2-4}
Attitude: Female for Condom ~ Let He Use it {1-8}
Attitude: Having Partner for Future > Knowing Each Other {1-5}
Attitude: If Females Ask for Love ~ Hx of Sexual life {1-5}
Attitude: Male for Coontraceptive ~ Let She Use it {1-6}
Attitude: Male Plays Great Role in Sexual Life {1-5}
Attitude: Males` Responsibility Open Communication {1-3}
Attitude: Negative for STIs & FP {1-6}
Attitude: No HIV/AIDS {1-8}
Attitude: Seeking Advice after Problem faced {1-8}
Attitude: Western Practice Modern {1-8}
Barrier: Absence of Forests & Bushes {1-3}
Barrier: Begtera Not Functional {1-2}
Barrier: Cold Weather Not Fovarable {6-13}
Barrier: Contradiction b/n Science & Religion + Beliefs {1-4}
Barrier: Ethiopian Families Conservitiveness {2-3}
Barrier: Fear of Sayings > Guilty/Unshameful {2-2}
Barrier: Female Give Advice ~ Sex Partners {1-3}
Barrier: Limited No of Bars & Night Clubs {1-2}
Barrier: Local Belief ~ Preventive {1-4}
Barrier: No Sugarmamy & Sugardady {1-2}
Barrier: Norms Restricts {1-3}
Barrier: Religious ~ Conservative {2-6}
Barrier: Religious Teaching {3-5}
Barrier: Responsibility Shared {2-4}
Barrier: Study {1-0}
Communication: Face-to-face {10-15}
Communication: Face-to-face > Before Love & Relationship {1-3}
Communication: Helping Relationship {2-8}
Communication: Letter Writing > Phone > Face book {2-5}
Communication: Phone & Text Message {2-4}
Communication: Phone +Text Message +Face book {9-13}
Communication: Sign Languages > Eye Blinking {1-3}
Communication: Through 3rd Party/Friends ~ Agents {4-6}
Communication: Through Harassment {1-3}
Communication: Verbal + Non-verbal {1-3}
Content: About Sex + Pregnancy + Contraceptive {1-3}
Content: Cohabitation {1-3}
Content: Condom Use + Contraceptive Methods {8-17}
Content: Diseases Case/STIs {2-10}
Content: HIV/AIDS Issues {7-18}
Content: Issues of Sex {17-30}
Content: Issues of Sex & Sexual Health {10-25}
Content: Love & Relationship {11-23}
Content: Nagotiating Female {1-4}
Content: Pregnancy & Abortion {1-6}
Content: Pregnancy & Contraceptives {3-11}
Content: Previous Sexual Life {2-8}
Content: Problem Faced {1-3}
Content: Sexual Relationship {4-15}
Cultural norms: Beliefs Matters {1-3}
Cultural norms: Culture + Gender + Traditions + Religion {21-26}
Cultural norms: Norms Restict From Harmful Sex {1-3}
Cultural norms: Not Talk with Family Members > Culture {2-4}
Cultural norms: Previous Residence Influence {1-1}
Cultural norms: Religious ~ Consevative {8-19}
Cultural norms: Sexual Issues Secret {1-6}
Disadvantage: Enhance Sexual Drive + Initiate & Practice Sex {11-10}
Disadvantage: Focusing on Sexual Practice {1-5}
Disadvantage: Obstacle to Meet Objective {1-8}
Disadvantage: Practing As Western {1-6}
Disadvantage: Source of Conflict {1-5}
Disadvantage: Talk/Discussion Not Educational {1-10}
Disadvantage: Unawared Students Harmed {1-7}
Facilitator: Being Free/Personality {1-1}
Facilitator: Being in Same Age Group {1-0}
Facilitator: Environmental and peer influence {2-8}
Facilitator: Globalization ~ Films + Internet/Facebook Posts {4-6}
Facilitator: Helping Relationship {1-5}
Facilitator: Light Off {1-2}
Facilitator: Male Sexual Harrassment {1-1}
Facilitator: New Information {2-6}
Facilitator: Presence of Marie Sropes + Hospital {2-6}
Facilitator: Previous Parent Child Communication {4-9}
Facilitator: Romantic Love and causal sex {2-5}
Feelings: Close Friends ~ Freely & Comfortably {3-9}
Feelings: Comfortably & Happy {3-6}
Feelings: If Initiated Sex ~ Freely & Comfortably {1-4}
Feelings: If not Intiates Sex ~ Embarrassed {1-2}
Feelings: Most students ~ Freely & Comfortably {1-4}
Feelings: New Things ~ Surprised/Admired {1-3}
Feelings: Opposite Sex Talk ~ Fear {1-2}
Feelings: Talk Entertaining {2-7}
Feelings: Talk Problem Occurred ~ Freely {1-2}

How: Admiring {1-1}
How: Advicing Each Others {2-7}
How: Asking for Opinion {4-7}
How: Couples Talk Very Attentively {1-3}
How: Hot Talk {2-5}
How: If Initiated Sex ~ Voluntarly {1-4}
How: Male Feeling Pride & Hero {3-7}
How: Male Starts Talk With Greeting {1-0}
How: Males Referring to Females {1-5}
How: Recounting Experiences {3-7}
How: Selecting Peoples {2-7}
How: To be Seen {1-8}
How: With One Person/Group {2-7}
Inhibitor: Absence of Talk With Parents {6-16}
Inhibitor: Considering Sex Talk A Taboo {1-0}
Inhibitor: Culture,Traditions, Norms and Religion {2-4}
Inhibitor: Demoralizing Free Talker {1-0}
Inhibitor: Feeling Knowledgeable {3-11}
Inhibitor: Going to Night Clubs + Hotels + Play Stations {1-1}
Inhibitor: Rural Students Embarrassed {1-2}
Inhibitor: Veiling Having Partner {1-4}
Level of Risk: 2nd in HIV Prevalence {2-8}
Level of Risk: Being Enter into Fire ~ caution {1-3}
Level of Risk: Culture Influences Fifty - Fifty {1-2}
Level of Risk: Excess Abortion ~ Statistics {1-5}
Level of Risk: Fifty Fifty {2-5}
Level of Risk: Good in r/n to Other Univ. {1-4}
Level of Risk: Male Sexual Harassment {1-1}
Level of Risk: Pregnancy & Abortion > Little Awareness {4-13}
Level of Risk: Unintended Pregnacy {4-17}
Lexicon: Appreciating Words/Nickname {1-0}
Lexicon: Arif Balace Nech {1-0}
Lexicon: Asfenaterachew {1-0}
Lexicon: Astabisagn/Astabishign {1-0}
Lexicon: Awatahat {3-0}
Lexicon: Bamalata/Bebado {1-0}
Lexicon: Banker {1-0}
Lexicon: Bedoegir {1-0}
Lexicon: Begtera {4-0}
Lexicon: Bekalsi {1-0}
Lexicon: Bekalsi/Begoant {1-0}
Lexicon: Belekafa {1-2}
Lexicon: Chabisi/Inchabisi {1-0}
Lexicon: Chapa {1-0}
Lexicon: Chicke new/Chicke nech {9-0}
Lexicon: Chickoch {1-0}
Lexicon: Chickology {1-0}
Lexicon: Chickology Yisatahal {1-0}
Lexicon: Chomesachew {1-0}
Lexicon: Chomesat {2-0}
Lexicon: Dakele {1-0}
Lexicon: Diwi Lergat {1-0}
Lexicon: Eyatarakat new/Eyagenaganat new {1-0}
Lexicon: Eye Blinking {1-0}
Lexicon: Eyetagoatatenew/Eyetagoatatu {1-0}
Lexicon: Fam {1-0}
Lexicon: Findata {1-0}
Lexicon: Fonka/Fonka Yizotal {4-0}
Lexicon: Gardame {1-0}
Lexicon: Hep Bilalechi/Quatralechi {1-0}
Lexicon: Inover/Over Inwuta {3-0}
Lexicon: Joker {3-0}
Lexicon: Kalsi {1-0}
Lexicon: Kalsi/Laphis/Phestal {1-0}
Lexicon: Koatralech {1-0}
Lexicon: Kofiya/Phestal/Kalsi {1-0}
Lexicon: Lawutash {1-0}
Lexicon: Lekefa/Lekefukoat {1-0}
Lexicon: Magna Nat {1-0}
Lexicon: Matibas {1-0}
Lexicon: Over weta/Over wetach/Over mawutat {3-0}
Lexicon: Phara nechi {1-0}
Lexicon: Scrach gaba/Foul gaba {1-0}
Lexicon: Shera gutata/Shera watare {1-0}
Lexicon: Shewaye {1-0}
Lexicon: Tabebe/Gingana {1-0}
Lexicon: Takeyefa {3-0}
Lexicon: Tetabesu/Tebesat/Tebesachu {2-0}
Lexicon: Watach {1-0}
Lexicon: Yachi negar/Kalsi {1-0}
Lexicon: Yefisig {1-0}
Lexicon: Yemeadin Gudgad Makofar/Kufara {1-0}
Lexicon: Yetsom {1-0}
Lexicon: Yisanagal {1-0}
M-F Difference: Due to Culture + Parenting Style + Religion + Gender Norms + Traditions {3-4}
M-F Difference: Females Don`t Ask for Love/Sex {4-7}
M-F Difference: Females Fear/Embarrassed {6-11}
M-F Difference: Females Hide Things/See as Taboo {8-19}
M-F Difference: Females More Needy ~ Sexual Feeling {2-7}
M-F Difference: Females Responsible For all after R/ship {2-2}
M-F Difference: Females Talk When Problem Occurred {2-0}
M-F Difference: Male Starts Talk To Make Relationship {5-8}
M-F Difference: Male Talk Freely {13-22}~
M-F Difference: Starting Talk Based on Conditions {1-2}
Place: Bars, Night Clubs & Hotels {5-11}
Place: Begtera/Space {7-17}
Place: Cafeterias + Begtera + Go to Trip + Night Clubs + Hotels {1-0}
Place: Cafeterias + Lounge {1-4}
Place: Cafeterias, Library, Lounge, Class Rooms {2-5}

Place: Class, Cafeterias, Space, On Roads, Play Stations, Parking {1-0}
Place: Depends on Topic & Person {6-10}
Place: Dormitories {12-19}
Place: Dormitory, Cafeterias, Begtera, On Roads, Play Stations, Bars & Restaurants, Night Clubs, Hotels {3-8}
Place: Dormitory, Cafeterias, Space, On Road on the way to class, Library {1-5}
Place: Dormitory, Cafeterias, Space, Students` Lounges, DSTV Rooms {2-8}
Place: Dormitory, Class, Begtera, Hospital {1-3}
Place: Dormitory, Class, Space, On Roads {2-7}
Place: Play Station/Movie Houses/DSTV Rooms {2-5}
Practice: Drinking, Dancing, Sex {2-6}
Practice: Foreign Sexual Culture ~ Stage Less Sex {2-8}
Practice: Only Talking about Sex {1-2}
Practice: Sex in Space or Some Corners {1-5}
Practice: Sex Without Condom {5-10}
Practice: Sexual Practice >Rental House {1-6}
Practice: Unsafe/Unprotected sex/Untimely Sex {14-18}
Predisposing: Absence of Parental Monitoring {2-8}
Predisposing: Absence of Talk on Sexual Issues {10-20}
Predisposing: Disrespecting Culture/Absence of Taboo {7-19}
Predisposing: Environmental Pressure {2-4}
Predisposing: Going to Bars & Night Clubs {12-21}
Predisposing: Having Multiple Sex Partners {7-12}
Predisposing: High Peer Pressure {12-22}
Predisposing: Lack of Awareness + Negligence {4-9}
Predisposing: Lack of Money {1-5}
Predisposing: Western Culture ~ Whites` Styles {4-12}
Time: After Came Back From Begtera {1-2}
Time: After Over {2-5}
Time: Depends on Topic & Person {1-3}
Time: During Break Time, When teachers Late, Between Classes {2-6}
Time: During Training/Programs {9-15}
Time: Evening & Weekend {3-8}
Time: Long Time {2-6}
Time: Not Limited {3-8}
Time: Sometimes Talk on Sexual Issues {3-5}
Time: Using Every Opportunity {1-3}
Time: Walking & Talking Together {1-1}
Time: When Male Sees Famele {1-5}
Time: When Problem Occurred {8-15}
Urban - Rural: Background + Parenting Styles {1-4}
Urban - Rural: Diversity > Smallest Ethiopia {2-5}
Urban - Rural: Rural Students Fear/Embarrassed {6-15}
Urban - Rural: Rural Students See sex Talk Taboo {4-7}

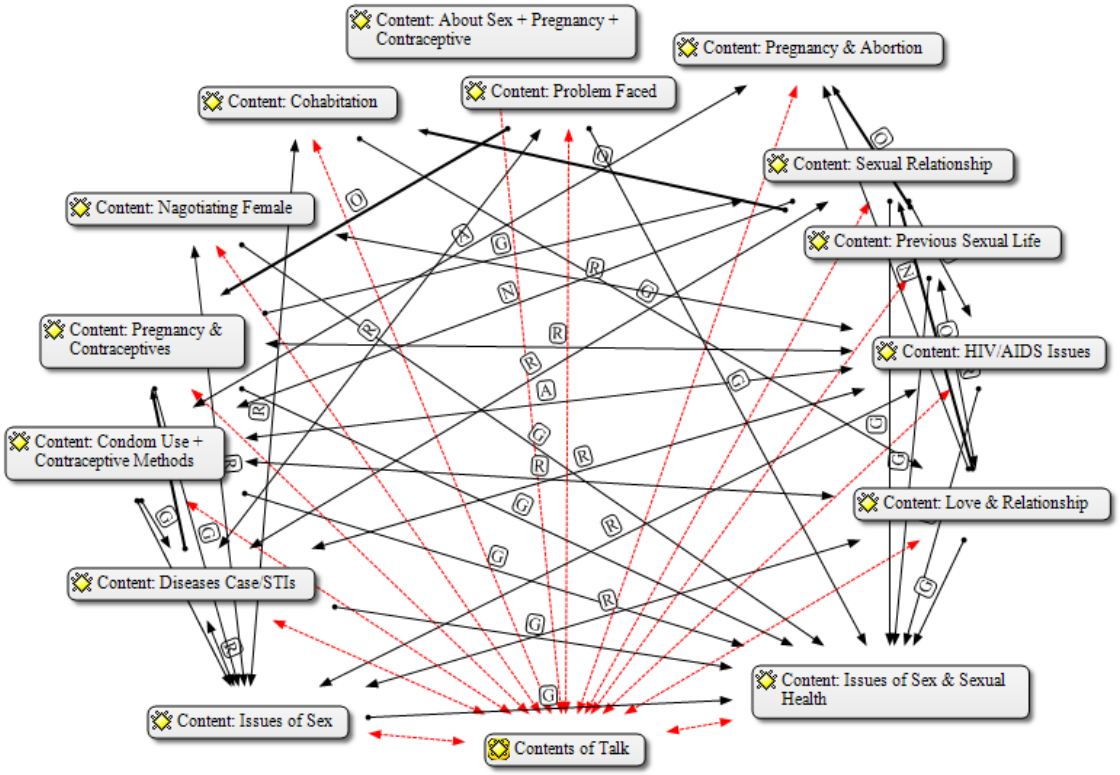
Code Families (Families and super Families)

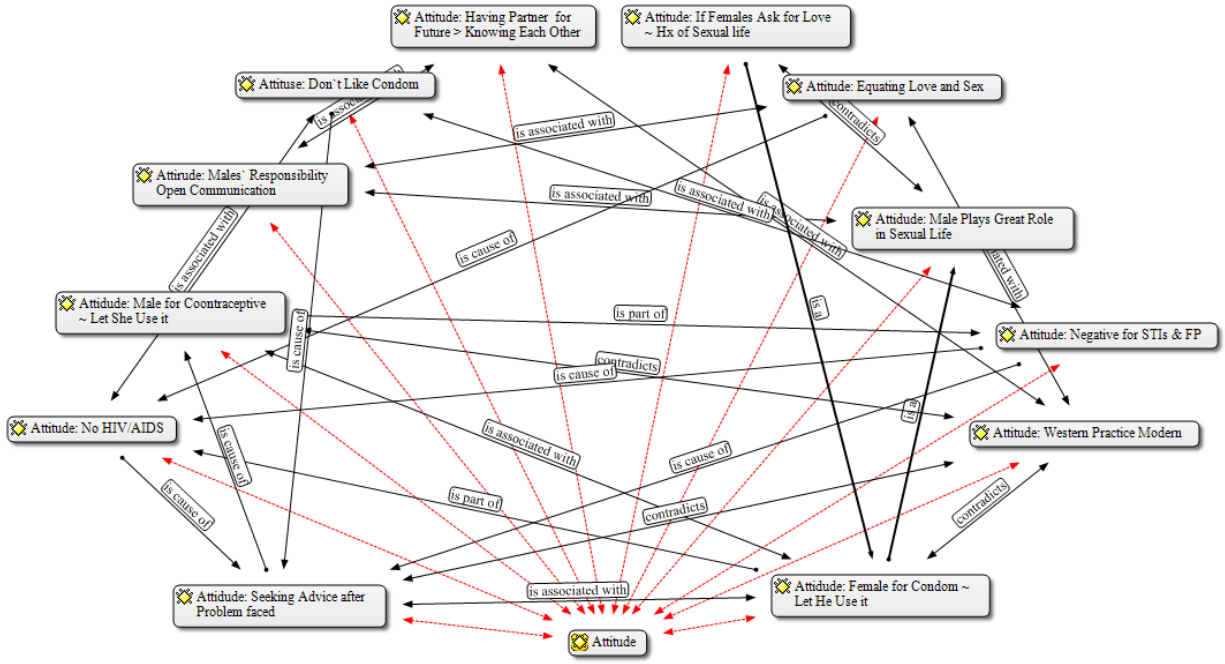
Table 12: Code Families and themes

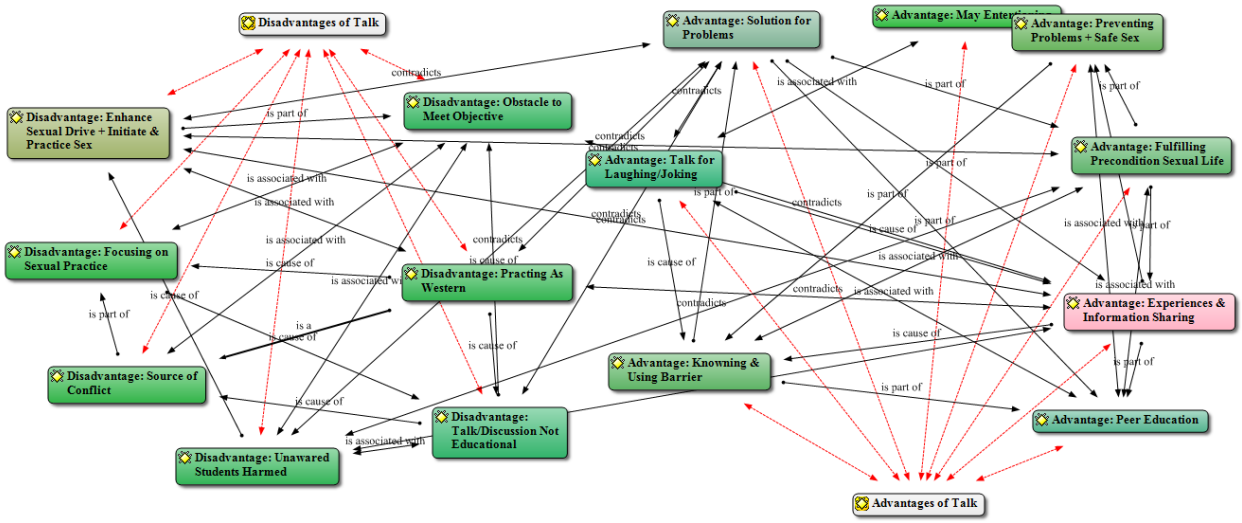
Code Family: Advantages of Talk	Code Family: Partners (With Whom) of Talk
Code Family: Attitude	Code Family: Perceived Barrier
Code Family: Contents of Talk	Code Family: Place (Where) of Talk
Code Family: Contents of Talk and Lexicon of Words	Code Family: Practice
Code Family: Cultural Norms	Code Family: Predisposing Factors
Code Family: Disadvantages of Talk	Code Family: Religious Differences
Code Family: Feelings Expressed by Students	Code Family: Sex and Sexual Health Talk
Code Family: How of Talk	Code Family: Sexual Behavior
Code Family: Level of Risk	Code Family: Social Contexts of Talk
Code Family: Lexicon of Words	Code Family: Socio-cultural Influences
Code Family: M - F Differences	Code Family: Time (When) of Talk
Code Family: MC of Communication	Code Family: U - R Differences
Code Family: MC of Communication and Functions of Talk	

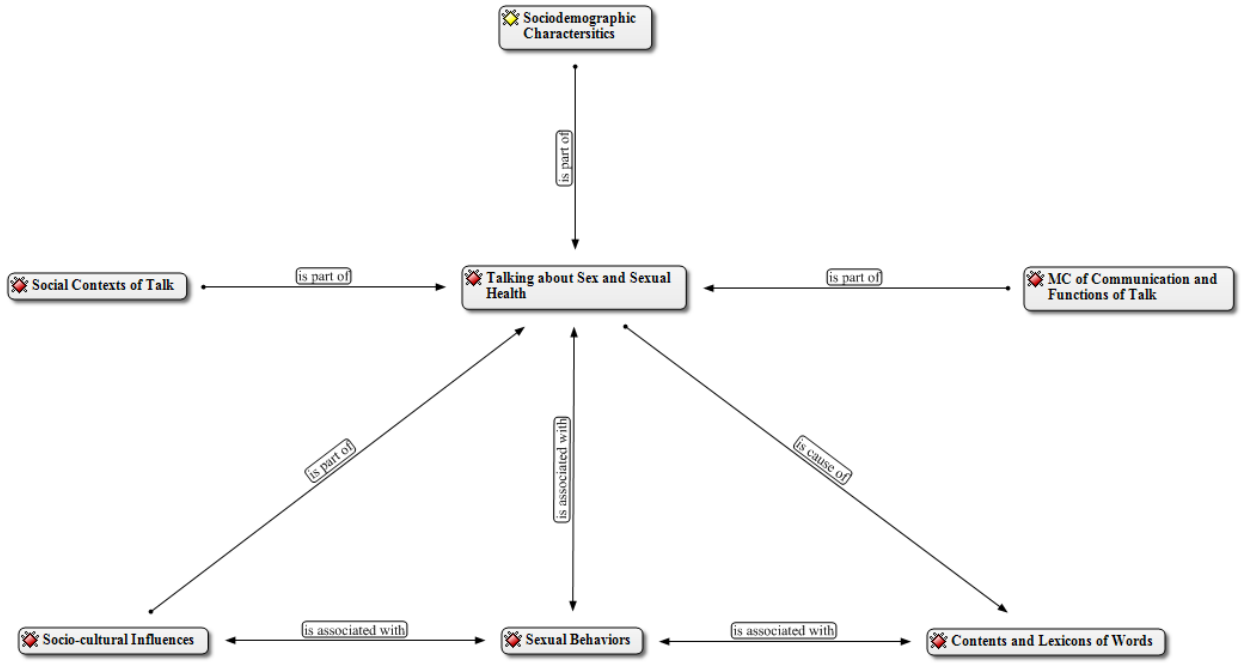
Foot note: In this table, dark colored families are the themes while the green colored one is the central theme for the data.

Appendix O: Some Emergent Categories and Themes (Output from ATLAS.ti v7 Soft ware)






Disadvantages of Talk
Advantage: Solution for Problems
Advantage: May Enter
Advantage: Preventing Problems + Safe Sex
Disadvantage: Enhance Sexual Drive + Initiate & Practice Sex
Disadvantage: Obstacle to Meet Objective
Advantage: Talk for Laughing/Joking
Advantage: Fulfilling Precondition Sexual Life
Disadvantage: Focusing on Sexual Practice
Disadvantage: Practing As Western
Advantage: Experiences & Information Sharing
Disadvantage: Source of Conflict
Advantage: Knowing & Using Barrier
Disadvantage: Talk/Discussion Not Educational
Advantage: Peer Education
Disadvantage: Unawared Students Harmed
Advantages of Talk
contradicts
is part of
is associated with
is cause of
is a


Sociodemographic Characersitics
is part of
Social Contexts of Talk
Talking about Sex and Sexual Health
MC of Communication and Functions of Talk
is associated with
is cause of
Socio-cultural Influences
Sexual Behaviors
Contents and Lexicons of Words