

**Sexual Exposure and Sexual
Experience among Night School Youth
at Misrak Ber No. 1 Primary Level
Government School
in Addis Ababa, Ethiopia**

**MSW Dissertation Project Research Report
(MSWP-001)**

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Annexure VI

DECLARATION

I hereby declare that the dissertation entitled **SEXUAL EXPOSURE and SEXUAL EXPERIENCE AMONG MISRAK BER NO. 1. PRIMARY GOVERNMENT NIGHT SCHOOL PUPIL, ADDIS ABABA, ETHIOPIA** submitted by me for the partial fulfillment of the MSW to Indira Gandhi Open University, (IGNOU) New Delhi is my own original work and has not been submitted earlier, either to IGNOU or to any other institution for the fulfillment of the requirement for any other program of study. I also declare that no chapter of this manuscript in whole or part is lifted and incorporated in this report from any earlier work done by me or others.

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ABBREVIATIONS AND ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
CSA	Central Statistical Agency
CSWs	Commercial Sex Workers
DHS	Demographic and Health Survey
ECP	Emergency Contraceptive Pills
FDRE	Federal Democratic Republic of Ethiopia
FGC	Female Genital Cutting
FP	Family Planning
HIV	Human Immuno-deficiency Virus
IGNOU	Indira Gandhi National Open University
MoH	Ministry of Health
MoLSA	Ministry of Labour and Social Affairs
MYSC	Ministry of Youth, Sport and Culture
RH	Reproductive Health
STIs	Sexually Transmitted Infections
TV	Television
UN	United Nations
UN-AIDS	Joint United Nations Program on HIV/AIDS
UNFPA	United Nations Population Fund
WHO	World Health Organization

ABSTRACT

This study was aimed at identifying the sexual exposure, sexual initiation and factors contributing to sexual initiation aiming at night school youth at Misrak Ber Number I Primary level Government School in Addis Ababa Bole Sub City of the City Administration of Addis Ababa, Ethiopia. Descriptive research study was used to understand the nature of the situation using primary quantitative and qualitative data collected from the main target groups, pupil in age range 15-24 and important stakeholders. A combination of non-probability and probability sampling techniques was used for selecting and drawing samples for the study. Descriptive and inferential statistical techniques including frequency distribution, mean, median, and standard deviation and tests like Chi-Square, Spearman and Pearson, logistic regression analysis with odds ratio was performed to check for relationships and occurrence of one phenomenon and its magnitude. The majority of the night school pupils were low income migrants working in the informal sector. They were in poor literacy level with difficulty to express them in writing. Early sexual initiation is aggravated by forced sex particularly in females and unintended abortion making them more vulnerable. Lack of RH and HIV/AIDS clubs and limited awareness on associated topics lead them to have unprotected sex making them susceptible to HIV/AIDS. In order to protect the night school pupil from sexual exposure and experience, the school administration can perform three main activities: (1) Use own resource to know the problems including assessing the reason for absentees and linkages with the existing RH and anti-HIV/AIDS clubs to promote peer support; (2) Networking and coordination role with other stakeholders that can provide support; and (3) Play a part in the technical design of the awareness program by putting the pupil themselves in the design process and by considering the technical suggestions given in this research report.

CERTIFICATE

This is to certify that **Mrs Aster Tefera** student of MSW from Indira Gandhi National Open University, New Delhi was working under my supervision and guidance for her Project Work for the Course of **MSWP-001**.

Her Project Work entitled **Sexual Exposure and Sexual Experience among Night School Youth at Misrak Ber No. I Primary Level Government School in Addis Ababa, Ethiopia** which she is submitting is her genuine work and original work.

Place: _____

Signature _____

Date: _____

Name _____

Address of the Supervisor _____

Phone No: _____

Chapter I

Introduction

1.1. Background of the Study

Sexual exposure refers to the state or conditions motivating or forcing youth to have inclination or intentions for sexual desire. Sexual experience is the actual engagement in sexual act or sexual initiation. Youth as defined by the United Nations and the Ministry of Labour and Social Affairs (MoLSA) of the Ethiopian Government is those people in age category between 15 and 24. According to the 2012 Report of the Population Census Commission of the Federal Democratic Republic of Ethiopia (FDRE), youth account 20.2 percent of the total population of Ethiopia in 2011 (CSA, 2012, p.20). Thus, youth are the reserve army for the country's future development.

Youth face multi-dimensional problems in Ethiopia in general and in Addis Ababa in particular. Among these, unemployment, migration, early marriage and early sexual initiation, reproductive health hazards to women, and marriage by abduction and female genital cutting (FGC) are some of the problems. Youth have become addicted to substance abuse including drinking alcohol, smoking cigarette and chewing chat. As a result, female youth are being exposed to unwanted pregnancy, unsafe abortion, various sexually transmitted infections (STIs) and above all to HIV/AIDS (MYSC, 2005).

HIV/AIDS is one of the deadly diseases in the world, including Ethiopia affecting every human being and age group. However, it has more devastating effect on the reproductively active youth groups.

Understanding the conditions which are triggering the youth for sexual exposure and sexual experience is important to minimize the vulnerability of youth to HIV/AIDS infection.

An increase in cost of living in the capital city of Ethiopia results in dropout of the poor girl and boy youth from the regular day school to support them and resort to continuing their education at night. Thus, a remarkable number of youth are attending their schooling in private and government night schools in Addis Ababa. There are some previously conducted studies on sexual experience and HIV inducing risk factors among the high school and university students attending their lessons during the regular day program. However, there is scanty study undertaken on night school students who have been attending their schooling at night schools even if they share all the stated problems, including challenges related to sexual exposure and sexual experience. They are unreached, neglected and vulnerable groups in relation to addressing information on HIV/AIDS prevention and control which is making the study significant using social work perspective. Therefore, it appears to be imperative to study what the youth have experienced at primary cycle of education in Bole Sub-City of Addis Ababa using cross sectional data in May 2012. This helps the education administrators and other officials at different levels to take into consideration the findings of the study and to take appropriate and timely actions to help youth to prevent themselves and the rest of the society members from HIV infections.

1.2. Statement of the Problem

Night school youth are at lower grade with higher ages compared to similar age group of day session students. Higher age, in turn, brings higher sexual desire compared to those in similar education level in day session.

Youth who are attending their lessons at private and public primary schools face intricate problems and challenges. The night school youth are from low income groups. They secure their livelihoods, including their dependents by engaging themselves in the informal sector where the medium for HIV information transmissions may not be available or the daily tiresome job with much physical engagement wouldn't favour to hear the HIV prevention information in the work place. Youth prefer entertainment programs such as music from radio or television set to limited attention to awareness raising lessons from these media. Even if they have access to these pieces of information on HIV/AIDS and its multifaceted problems, poor young girls and boys have shown limited attempts to internalize and interpret this package of information as knowledge of HIV/AIDS prevention and control and to practice safe sexual intercourse. Therefore, they give limited attention to educational ones.

A significant number of night school students are migrants from different corners of the country. Lack of social control system and absence of close adult mentors for sharing emotional issues have led the youth to seek sexual pleasure in their work place, with slum area commercial sex workers or with night school students of similar background. Seeking pleasure by ignoring classes and entertaining multiple sexual partners, including with close friends, is a common risky behaviour that have spread HIV /AIDS and STIs. Generally, there is low level of awareness of HIV/AIDS among the night school pupils.

Women and girls are exposed to sexual abuse by the peer or drunken people while walking to and from the schools at night. Thus, they face a high probability of sexual violence compared to a similar age group who are attending their classes during the day time. Hence, a number of inter-related factors

may contribute their share to put those youth at night schools at stake of HIV infection making them vulnerable to other STIs. The relative lack of power over their body and their sexual lives supported and reinforced by their social and economic inequality make the women and girls vulnerable to HIV infection. This is further fuelled by lack of assertiveness and negotiation power on their part.

Lack of vision for the future lets the night school pupils leave home for school as a break to rest, for seeking pleasure, to have boyfriend or girl friend and enjoy more sexual pleasure as the expense of concentrating on their education. The findings of those studies conducted on youth experience at night schools showed that most of them had become happy when there were accidental electric interruption and left the classrooms faster. Generally, low level of self confidence and inability to set a clear vision for their future have led them to consider the night schools as a way out from their daily routine tasks that lead them to seek sexual pleasure which results in unplanned pregnancy and unsafe abortion.

Night school youth have relative freedom to use their meagre income for drinking alcohol, smoking cigarettes, chewing chat, visiting different places of entertainment, or visiting commercial sex workers in case of males to seek pleasure. As a result, the youth are exposed to various sexually transmitted infections (STIs), including HIV/AIDS.

The primary level night schools (from grade 1-8) are providing basic education with fixed schedule and integrated curriculum so that pupils may develop theoretical knowledge about HIV/AIDS. However, youth have a difficulty in translating the theoretical knowledge into practice for self-protection from HIV infection. School clubs such as Life Skill, Reproductive Health and Anti-

HIV/AIDS Clubs that are available and functional during day time schooling are important to the youth in general for self- protection, but they are missed by the night schools youth.

Available evidence on such night school pupils shows that an act of walking alone at night in less illuminated areas had exposed girls to sexual violence and physical attack. However, there is no supportive evidence or information on whether being a night school pupil exposes night school girls to sexual violence or not.

Thus, this study aimed at assessing sexual exposure and sexual experience among primary night school youth, and to identify contributing factors to sexual exposure and sexual experience for initiating the need for HIV prevention sensitization programs and services by the school Anti-HIV-AIDS, RH and other clubs as has been managed similarly for the day time regular students in the same school.

1.3. Objectives of the Study

The MSW project aimed at assessing sexual exposure and sexual experience and identifying contributing factors to such encounters aiming night school youth at Misrak Ber No. 1.Primary Level Government School in Addis Ababa Bole Sub City of the City Administration of Addis Ababa, Ethiopia. The specific objectives of the study are as follows:

Specific Objectives

- To assess sexual exposure among the youth in the category of age 15-24 in Misrak Ber No. I Primary Level night School;
- To identify sexual experience among the youth in Misrak Ber No. I Primary Level night School;

- To identify contributing factors to sexual exposure and risky sexual experience among the primary night school youth; and
- To identify coping mechanisms which have been employed by night school pupils for preventing themselves from risky sexual experience and sexual exposure in the Primary Level School in Addis Ababa.

1.4. Delimitations of the Study

The study is delimited to government primary level night school pupils from grades two to eight. Both genders in age range from 15 to 24 were the focus of the study. There is ample research on regular day school students' sexual exposure and experience, while there was no much information on the problems and experiences of night school pupils. The researcher believes that the problems of this marginalized group need to be known to get attention as a citizen by responsible authorities to help them protect themselves from RH complications and HIV/AIDS. Thus, the study highlighted the challenges associated with sexual exposure and experience and the plausible measures to be taken by the school administration in collaboration with other stakeholders at different levels.

1.5. Limitations of the Study

The study has some limitations. First, the study was based on self-reported behaviors, and the data are thus subject to reporting errors which may get skewed to unknown direction and magnitude. Interviewing and recording of the responses of the respondents were self-managed by the female researcher. There is a possibility to conceal the reality for the particular sensitive questions among the male respondents which, in turn, affected the findings of some aspects of the study.

Engagement on the study was based on volunteerism and only those pupils that had time and showed interest to participate were engaged in the study. Thus, those pupils, particularly showing sexual behaviours on the extreme side and the shy groups may not involve limiting the findings and representativeness of the sample.

The respondent sampling frame was based on the available school records. However, it was observed that those records had not had the actual ages of the respondents. Some respondents voluntarily withdrew from the interviews after they had clearly understood the objectives of the study and the age restriction on the part of the study. There was a probable occurrence of respondents whose ages were greater than 24 years and who had had much sexual experience, especially among the male pupils that could affect the findings.

Language problem and limitation of conceptual clarity of few of the concepts and terms which were incorporated into the interview schedule or questionnaire may affect the accuracy of the findings and these may hinder the participation of potential respondents or informants, especially in the qualitative part of the study.

The data generated were cross-sectional and the direction of causal relationships between variables could not always be determined. Furthermore, longitudinal panel studies may be required to disentangle causal relationships between certain variables in the study. Generally, there were technical limitations as well. In this regard, some of those check lists which were employed in the actual qualitative data collection did not incorporate sufficient number of questions for triangulation. These limitations may finally affect the findings of the study under consideration.

1.6. Operational Definitions of Terms and Concepts

- **Youth** is defined by the United Nations and the Ministry of Labour and Social Affairs (MoLSA) of the Ethiopian Government as those people in age category between 15 and 24.
- **Sexual exposure** refers to the state or conditions motivating or forcing youth to have inclination or intentions for sexual desire.
- **Sexual experience** is the actual engagement in heterosexual act or sexual initiation.
- **Primary first Cycle Level Night School Pupil** are those pupils learning from grade one to grade four at a regular and night school session in government schools. However, the Primary First Cycle education in the context of this report includes only education from grades 2 to 4. The grade one pupil was managed by other bodies and was not part of the delimitation of the study.
- **Primary Second Cycle Level Night School Pupil** are those pupils learning from grade five up to grade 8 in a regular night school session.

1.7. Organization of the Dissertation Report

The report is organized into five main chapters. The First Chapter is an introduction that has the statement of the problem, the research objectives, the limitations of the study, and operational definitions of the thesis and organization of the report as well. The second chapter is on the review of literature. Based on the objective of the study, findings from relevant literatures are displayed. Chapter three is on study design and methodology including description of the study area. The fourth chapter presents, analyzes, interprets the empirical data and discusses major findings in the light of previous relevant studies. Finally, the study draws the major findings together to conclude based on these empirical evidence and then to forward suggestions for action.

Chapter II

Literature Review

2.1. Introduction

Youth share a remarkable number from the global population. In 2011, 17 percent of the world youth lived in Africa and will significantly increase to 29 percent by the middle of the twenty-first century. The current economic crisis poses vulnerability; 40% of the world's population became unemployed - about 81 million were between 15 and 24 years of age. The youth are exposed to such problems as they are working at wage levels below the poverty line, in unsafe conditions, and insecure jobs with no prospect for advancement. Inequalities in education led youth to be less competent to fulfil the labor market and unemployment rate is higher by three times than adults. Prevalence of diseases like malaria and HIV/AIDS is engulfing the youth; substance abuse is threatening. Reproductive health challenges as causes and consequences of poverty are affecting the youth more. It has been estimated that 15 percent of all migrants are youth worldwide (UN General Assembly Youth Panel, 2011).

Sexual exposure of the youth is aggravated by many factors. Media has become one of the central concerns for study due to its influence to shape the sexual behaviour of adolescents and youth. The study on influence of media has been started in America since 1981. Teen magazines that were read by adolescent girls are simultaneously coaching girls to be sexually alluring. TV has been known as the frequent information supplier to adolescents is known to have more sexual content or sexual talk, showing precursor acts like kissing or sensational touch including actual sexual behaviours. A longitudinal prospective survey of 1,461 youth ages 12 to 17 in US who were interviewed three times over three years by Collins and colleagues (2004) showed that those with high exposure to sexual

content on TV were twice as likely to initiate sexual intercourse in an upcoming year. They also became sexually active, on average, six months earlier than their peers with low exposure to televised sexual content. Girls viewed more sexual content on TV than did boys, and younger adolescents viewed more sexual content than older adolescents (Rich, p. 26).

A qualitative study among 16-17 year student girls in South Africa conducted in Mabopane revealed that television influenced their attitude and sexual behaviour as the displays on TV are considered role models. In addition to TV, they have mentioned parental guidance and peer pressure shaping their sexual behaviour and attitude (Mosowang, 2005, p. viii).

Living and working arrangements and leisure time use has a contribution to sexual exposure and experience. A study conducted on working class in the United States concluded that unsafe sex had been induced by working far away from family, and low academic performance with less aspiration to education (Aung cited in Baumer, 2001); more chance to be free from family supervision (Aung, 2005, p.14).

A study which involved 810 high school students in Addis Ababa had revealed that the magnitude of ever exposure to sexually explicit texts and watching movies were 65.3% and 69.5% respectively. Frequent exposure is also increased with being male and consuming alcohol and Khat resulting in having a positive attitude towards sexual experience (Lioul, 2008, p.vi).

The trends of sexual experience among the youth are showing a transition. Frye cited (Singh & Casterline, 2005) and (Barbara, 2006) mentioned that adolescent's across most sub-Saharan African

countries remain unmarried until after their eighteenth birthday than were earlier in the last two decades leading to an increasing proportion of first sexual experiences to occur outside of marriage (Frye, 2010, p.2). Delayed marriage means many young people have multiple sexual relationships in their lifetimes (Henry Kaser Foundation, 2007, p. 12) leading to HIV and other sexually transmitted infections and unintended pregnancy resulting in abortions and other health complications.

High risk sex is affecting adolescents and youth. A desk review of literatures revealed significant relationships between cross-generational sex, unsafe behaviors, and HIV risk. U.S. teens with partners who are six or more years older are nearly four times more likely to become pregnant than teens who date someone within two years of their own age (Hope, 2007, p. 16). In Manicaland, Zimbabwe, substantial age difference between female and male sexual partners has been identified as the major behavioral determinant of the more rapid rise in HIV prevalence in young women than in men.

The risk factors related to delinquency and/or violent behaviour among the American Indian/Alaska Native youth include selling drugs, using alcohol and/or marijuana, lying to parents, running away from home, using weapons, failing to use birth control, using substances before or during sex, and having multiple sex partners (Bartlett, Holdich-Davis, & Belyea cited in Pavkov et al., 2010, p. 124). Except the weapons, all the risk factors also hold true to sexual experience of youth.

In Ethiopia, the risk factors are associated with addiction to alcohol, smoking, khat, dangerous medical drugs and narcotics drugs (MYSC, 2005, sece.2, para. 11). Lioul cited Kebede et.al (2005) among in-school and out of school youth aged 15-24. Only 7.5% of them used Khat everyday or once weekly. Khat use was strongly associated with initiation of sexual activity with four fold increased odds in both daily and weekly users while alcohol use was strongly and linearly

associated with initiation of sexual activity by four fold. According to (Negussie et al, 2002), unlicensed video films in private homes are major shapers of erotic intentions among youth in Addis Ababa (Lioul, p. 10-p.11). All are aggravating the susceptibility of youth to HIV/AIDS.

In 2009, young people aged 15 to 24 accounted for 41 percent of new HIV infections worldwide due to physical vulnerability, social inequality and exclusion and other reasons (UN General Assembly, 2011). In the United States alone, half of all new infections are estimated to be among people under age 25 years and the majority of young people are infected sexually. Ronny citing WHO (2007) stated that about 16 million adolescent girls give birth every year or roughly 11% of all births worldwide (Ronny, 2007, p.1). According to 2004 Report of the WHO, between 38% and 68% of women treated for complications of abortion in hospitals of many developing countries were under twenty years of age (Fasika, 2010, p.7).

In parts of Africa and Caribbean, young women aged 15 to 25 are up to six times more likely to be infected by HIV than young men of their age. In Ethiopia, the HIV prevalence in youth 15-24 age is below 1% (CSA, 2012, p. 251-258). Therefore, the literature review revolves around vulnerability of the youth in relation to sexual exposure and experience and associated factors contributing to it.

2.2. Conceptual/Theoretical Framework

The dominant theoretical framework describing sexual experience of people is individualistic. However, social relationships and institutions have great impact on sexual experience of adolescents and youth revealing the individual behavioural factors alone doesn't clearly show sexual exposure and experience of the youth. The literature review displays the interrelated and interwoven socio-cultural,

environmental and individual risk factors that are relevant to the study group. The conceptual framework is organized into four categories: socio-demographic variables and education, sexual exposure, sexual experience and factors contributing to sexual exposure and experience of the youth.

Sexual experience has direct relationship with socio-demographic factors, sexual exposure and risk factors. There is an interaction between sexual exposure and risk factors as well. The lower the awareness on HIV/AIDS and with risky consumption behaviors, the higher exposure to sex affiliated media, and, the more influenced by peer pressure. This is aggravated by lack of discussion with the family, the overall effect being sexual initiation.

The following conceptual frame work illustrates the variables included in the study:

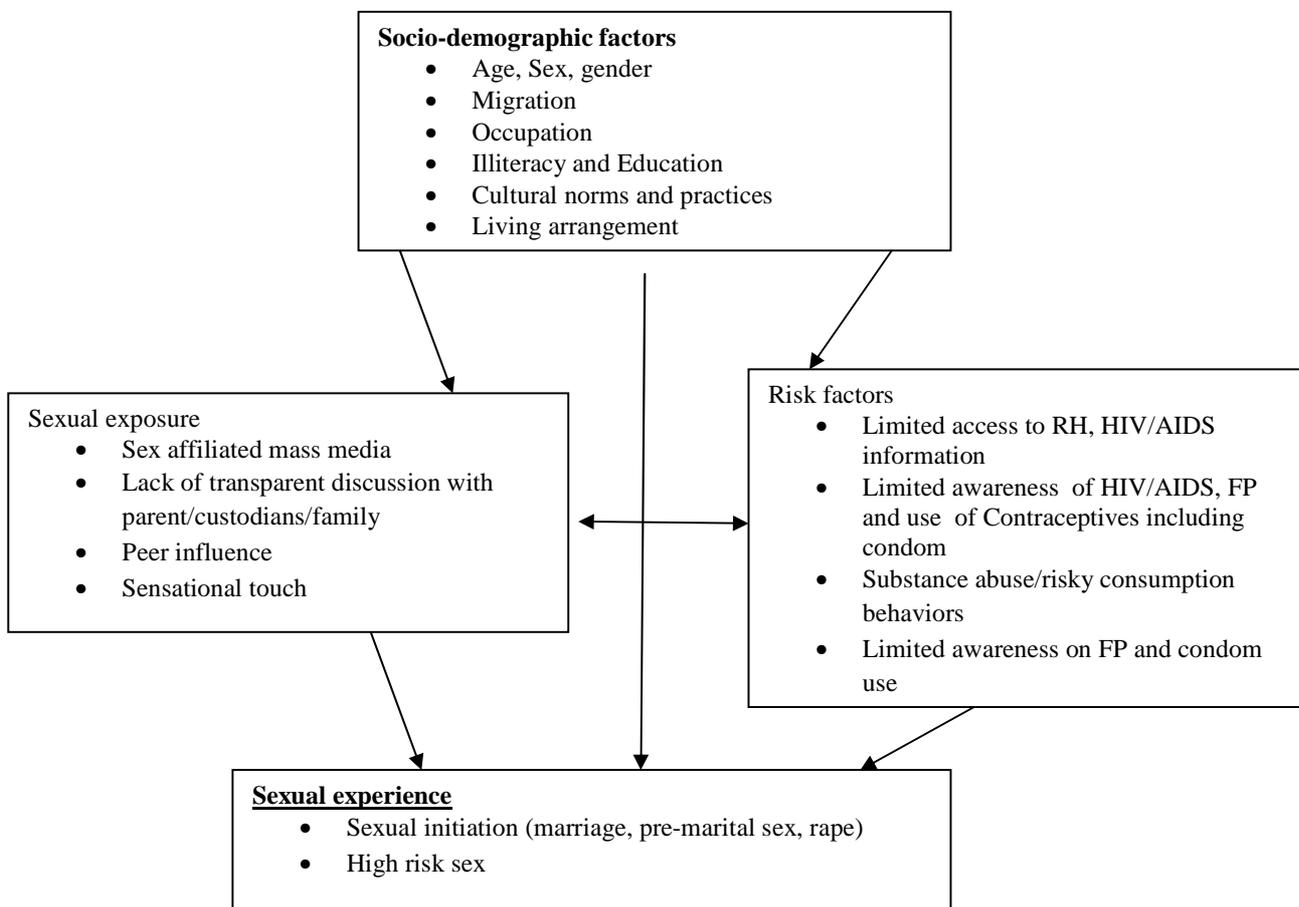


Figure 1. Conceptual Framework for Predicting Youth Sexual Exposure and Sexual Experience

Source: Adapted from (Lioul, 2008, p14).

2.3. Socio-demographic Factors

Socio-demographic variables including age, gender, migration and illiteracy are among others which have implications to sexual exposure and sexual experiences of the youth. These variables are described as below.

2.3.1. Age

There is a strong correlation between age and sexual experience. As age increases, the participation in sexual experience increases. Situmorang (2011, p.9), citing Leena and Kumar (1999), said that the rise of age can also increase opportunities for independence and decision making for adolescents. The age range between 15 and 24 years is a critical stage in a person's life, representing the transition from childhood to adulthood. During this period, certain decisions that have an impact on an individual's future are made, including whether to stay in school or not, to find employment, initiate sexual relations or to try drugs, but to name a few. Mid or late adolescence is a time for experimentation and risk taking with little regard for the possible consequences (Ahmed, 2004, p. 2- 7). Early to mid adolescence is a period of early marriage engagement to most girls. Higher age gap between adolescent girls and their older partners serve to heighten the influence of these factors and to weaken girls' negotiation power.

2.3.2. Gender

Gender refers to the socially constructed roles, responsibilities and relationships between men and women in a society. It is shaped by social norms and values of society that are dynamic in nature,

differ from place to place and are culture specific (Pathfinder International Ethiopia, 2007, p. 2). The key areas of concern in gender relations related to sexual exposure and sexual experience are the gender division of power, access and control of benefits; access to reproductive health and HIV related information and social and economic conditions. Relative lack of power over their body and their sexual lives supported and reinforced by their social and economic inequality make women a vulnerable group (Fikremarkos, 2008, p.21).

Gender norms of male dominance and female obedience, female economic dependence on men, as well as lack of knowledge about the realities of risk on HIV (Luke & Kurz, 2002, p. 25) exposes young women to sexual affairs and relationship making them more susceptible to HIV infection than the unmarried counterparts. Lack of knowledge and access to information, economic dependence and in some cases, forced sex describe the gender dimension of HIV/AIDS (Panos- Ethiopia, 2000, p 18).

2.3.3. Migration

Young people in rural areas are increasingly migrating to urban centers. Migrant workers are one of the risk groups in relation to HIV infection. Migration increases the risk of exploitation and sexual violence such as domestic workers, street vendors and boys (MoH, 2007, p 5). The Ethiopian Gender Survey among age groups 15-49 in seven regions shows 39% of women aren't native to the area. In Addis Ababa, 58.8% were migrants to the area (Erkular et al, 2010, p. 12). Migrant youth especially girls, face additional disadvantage. Lack of safe stay place in the destination area aggravates their vulnerability.

Compared to urban non-migrants, rural-to-urban migrant and rural non-migrant young women, particularly were at greater risk of earlier age of sexual initiation. Rural-to-urban migrant men and rural non-migrant women were more likely to report unprotected sex and inconsistent contraceptive use with their first partners (Sudhinaraset, 2011, Abstract). In Ethiopia, many studies are conducted on female sex workers; fundamental interventions that target girls migrating from rural to urban areas and to the capital city are very minimal (Getenet & Melese, 2008, p.11).

2.3.4. Occupation

The study on HIV/AIDS epidemic and response in Ethiopia (Getenet & Melese, 2008, p.10) shows that youth both in school and out of school, vulnerable women and adolescents are among the most at risk population. The potential risk groups are daily laborers, street children, merchants, migratory workers those working in bars/hotels, nightclubs and streets.

2.3.5. Illiteracy and Education

Education is expected to enhance health seeking behaviours such as contraceptive use and knowledge of HIV/AIDS (MoH, 2007, p. 6). School participation and grade attainment rates lag far behind the poor, with poor and excluded girls at the greatest disadvantage (Lloyd, 2007 cited in Lewis & Lockheed, 2006). This implies that the illiterate poor youth or youth with low level of education have a difficulty to analyze the consequences of sexual exposure and sexual experience in the context of HIV epidemic.

Studies show that primary schools are typically more effective in terms of changes in knowledge and behaviors in particular, abstinence and the use of condoms than secondary schools. Programs can be

more effective when targeted to students at an earlier stage of development, particularly before they become sexually active (Lloyd, 2007, p. 6) as higher age leads to sexual desire and motivation for sexual initiation. However, great care shall be taken to develop the reproductive health curriculum. There is a challenge for sexual and reproductive health teaching using common curriculum when the same age adolescents are distributed across different grades (Lloyd, 2007, p. 5).

Children who achieve literacy, language, and critical thinking skills are able to make informed choices and to acquire the information needed to maintain good health both during school and in later years. Thus, the longer-term health benefits of schooling require the acquisition and retention of basic literacy and language skills, not just the completion of a certain number of grades (Lloyd, 2007, p.10).

Studies in South Africa reveal that there is an association between academic performance, sexual initiation and pregnancy. Students who do better in school are less likely to initiate sex, more likely to use condom if sexually active, and, for girls, less likely to become pregnant or drop out if pregnant according to Lloyd as cited in (Grant & Hallman, 2006). Engaging in problem behaviors such as skipping school has a contribution to teen pregnancy (Adamson, 2008).

2.3.6. Cultural Norms and Practices

In most societies of Ethiopia, people suppress their sexual desires. Talking about sexual issues openly is not approved of and it is considered shameful or even sinful particularly by women. Many ways are resorted in rural Ethiopia to minimize sexual desires including not wearing miniskirts, or other provocative styles that expose their bodies. Preventing women from wearing provocative styles is, therefore, for protecting men from sexual drive. Getenet cited in (Rhodes &

Cusick, 2002) stated that men expressed powerlessness in terms of biological drive, sexual pleasure, and the dressing style of women (2006, p. 88). All these measures imply that sexual desire and pleasure are portrayed as something to be avoided.

In studying HIV/AIDS, a risky aspect of an individual sexuality has been studied mostly rather than investigating sexuality in a broader context of social and cultural factors that shape sexual experience in different settings. Not all aspects of sexual experience are determined by the will of the individual, especially women. Early marriage is a cultural imposition that leads the youth particularly women to early sexual initiation.

Men are also exposed to pre-marital sexual experience in early ages to fulfil the societal obligation as a 'male' and for ensuring sexual compatibility as an important consideration in marriage. A qualitative study with in-school students in Dessie town revealed that it would be preferable for the male to have had sexual experience prior to marriage to minimize sexual incompetence and develop the necessary skills in love making. However, the female is expected to be virgin until marriage (Getnet, 2006, p 88).

Even if social value of virginity has somewhat diminished, women still take it into high account and men also give it attention. However, a qualitative study in urban adolescents of 14-18 old Brazilian primary school students showed another perspective. Virginity is considered a burden one has to get rid of including by women (Borges & Nakamura, 2009, p.94-100) that has maximized sexual exposure and experience at earlier ages.

Generally, socio-demographic variables particularly gender, cultural norms and practices and migration among the others are some of the main determinants that help defining sexual exposure and sexual experience among the youth besides the individual behavioral factors. The cultural norm and practices determine the gender roles and responsibilities and the behavioral attributes of women and men in a given society. The cultural norms and practices are also influenced and shaped by education resulting in altering gender relations, responsibilities, gender decision making including in sexual matters.

2.4. Sexual Exposure

Family relationship, peer pressure and influence, mass media, leisure time stay place with opposite sex and influence of sensational touch among others enhance or minimize sexual exposure. The sub topic describes both the social and the physical environments and their influence on youth's sexual exposure.

2.4. 1. Family Relationship

Family is the primary agency for socialization where youngsters learn values of the society. In the context of this study, family relationship is not restricted to those having blood ties only. Rather, it signifies the living together of members for sharing emotions and resources; their cooperation and mutual support whether there is blood tie or not. There is a link between relationship quality and sexual activity at the family level, at the community and in the neighborhoods. The better the relationships, the less likely children and adolescents are to engage in early sexual activities (Lynn, & Katherine, 2008, p. 3). A loving home environment, parental monitoring and parent-child communication allow parents to make their sexual values clear and convey disapproval of the risky behaviours that are inconsistent with those values. Based on the study of Zweig, Phillips and Lindberg

(2002), Lynn and Katherine (2008, p. 3) stated that adolescent females who had been scoring high on communication with their parents were almost twice as likely to refuse unwanted sexual intercourse compared to adolescents scoring low on parent communication. Close and transparent relationship with the family, giving love and warmth has a positive role to play to inculcate values and norms to avoid sexual exposure and for not engaging in risky mysterious sexual experience. Living in a single-parent household also has a contribution to teen pregnancy (Adamson, 2008).

2.4. 2. Sex Affiliated Mass Media

Mass media is a socializing agent due to its power to reach audiences faster. Advertisements, films and soap operas expose the audience to life styles and value systems which are at a distance from them (School of Social Work, 2008, p. 33). According to social cognitive theory, people learn to perform new behaviours by observing others and will imitate the behaviours they have observed insofar as those behaviours are perceived to have functional value. Adolescents and teens who are listening to musicians sing about having sex with no unfavourable consequences will lead them to perceive this behaviour as appropriate and desirable, thereby increasing the likelihood that they will imitate the behaviour.

The contents of popular music lyrics influence on adolescent's sexual intention, sexual development, romantic relationships and sexual behaviour (Pardun, 2005 cited in Martino et al, 2006). They found that the more teens listened to music that contained such references; the more likely they were to be sexually active and to anticipate future sexual activity (Martino et al, 2006, p. 430). This shows that those already having prior sexual experience became more active and those who have not yet started are encouraged to start the practice. Language used to describe sex has become increasingly direct in

popular music (Martino et al, 2006, p. 431). This leaves unforgettable memories to youth which, in turn, are encouraging them to engage in sexual practice.

There is an association between exposure to sexual messages and portrait in TV or video and sexual initiation and teen pregnancy. A longitudinal study on US girls within the age category of 12-17 in 2001 and with subsequent studies among the first and third year revealed that frequent exposure to TV sexual content was associated with a significantly greater likelihood of teen pregnancy in the following three years (RAND Corporation, 2008. Teens who watch more televised sexual content (both depictions of sex and dialogue or discussion about sex) have a greater risk of pregnancy, according to the same source of document.

2.4.3. Peer Influence and Pressure

Peer group refers to similar age group which a person belongs to during adolescent or youth period. The person is judged by his merit and has to perform to get acceptance of the peers (Thomas, G.(Ed), 2008, p. 33). A study in Latin America reveals that peer pressure is one of the aspects that has determined choices regarding the moment, partner choice and context in which sexual initiation occurs. Among boys, virginity becomes a weight in adolescents' lives and operates as an element of pressure (Borges & Nakamura, 2009, p.95).

Migrant youths are influenced by peer friends as they are the one who share their emotions and feelings in the absence of family and relatives. Peer influence can cause sexual exposure as those migrating individuals show affinity towards each other to get comfort, especially at the early period of family separation. The importance of peers in sexual initiation is transitory but has a considerable

importance in a period between the progressive distancing from the family of origin and the constitution of a new one (Borges & Nakamura, 2009, p. 100).

Peer pressure was not a significant factor in sexual initiation among Ethiopian youths. A survey in age 12-24 in Ethiopia in 2009 shows that only 13% of boys and 7% of girls reported pressure from peers in first sex. Among the boys, curiosity and feeling of obligation as a partner or spouse are stated for sexual initiation while the common reason cited by 50% of the girls was out of obligation as a partner and to show love (Erkular et al, 2010, p. 43).

Peer influence as well has a contribution to discourage sexual initiation. If one's friends had not initiated sexual intercourse, there would be a tendency to delay the initiation of sexual practice (Dilorio et al, 2001; p. 208-16).

The way youngsters use their leisure time and the place where they interact with opposite sex has an influence for sexual initiation and further continuation of the sexual act. The skin is an important sensory organ, especially the dermis is very rich in nerve endings. When touched, the sensory nerve endings are stimulated, convey impulses to the brain and the sensation is perceived (Longman Group Limited, 1973, p.301) and the necessary action is taken.

As has been stated above, family or people living close by, mass media and peer friends are the important socializing agents for youth. The more there is positive relationship with the family, the less the children are able to initiate or engage in unprotected sex. The messages portrayed in the media without showing the consequences lead to sexual exposure as the messages are perceived having no

difficulty. The place of interaction with opposite sex and close intimacy are other additional forces leading to sexual exposure.

2.5. Sexual Experience among the Youth

Sexual experience among the youth is expressed in terms of sexual initiation and sexual debut and occurrences of high risk sex. Sexual initiation happens in the context of marriage or in pre-marital sex, including by forced sex or rape in some cases.

2.5.1. Sexual Initiation and Sexual Debut

2.5.1.1. Marriage

Early marriage is one of the commonest harmful traditional practices affecting girls, leading to sexual experience before they are biologically and socially matures to take responsibilities of child bearing and managing household and community responsibilities. Such adolescents and young women that initiate their sex life at early age are at higher risk of HIV infection. In the Indian context, cultural practices such as child marriage, early marriages, as well as forced marriages increase the risk. More than four-fifths of HIV positive women worldwide had contracted infection from their husbands or primary partners showing that marriage brought vulnerability to women (Thomas, G. (Ed), 2009, p.39).

Early sexual activity happens more often in the developing world (excluding China) and continuing high levels of child marriage, especially in Africa and South Asia (UNFPA, 2010 cited in Situmorang, 2011, p.8) making young girls susceptible to HIV and STIs. United Nations (2002) citing a Report of the Society for Human Ecology (2007, p.44) stated that in Ethiopia as in other Sub-Saharan Africa, the main mode of HIV transmission is heterosexual intercourse.

Physiologically, young women in heterosexual relations are susceptible to HIV infections due to the thin mucosal lining and the larger surface area of the vagina that accommodate more semen. Relatively, semen from an infected person has a higher concentration of HIV than similar vaginal fluid (School of Social Work, 2009, p.39).

The first sexual experience among women and men in Sub-Saharan countries is between ages 16 and 18, and 15 to 20 respectively. The median age for women of first marriage is between 18 and 20 and for men is between ages 22 and 26 respectively. However, the median age disguise what is taking place in some countries. For example in Mali, 24 % women had their first sexual experience before age 15, most in the context of child marriage and 70 % are married before 18. Early marriage is often involuntary, and violates international agreements that states the legal age of marriage as 18 for women. Adolescents rarely use protection when having sex for the first time and younger adolescents face greater risk than older adolescents of acquiring sexually transmitted infections, including HIV (Population Reference Bureau, 2010, p. 9).

The 2009 Population-Based Survey constituting 10,000 young people aged 12-24 was conducted in seven regions of Ethiopia, namely, Addis Ababa, Tigray, Amhara, Oromia, Benshangul Gumz, Afar and Southern Nations Nationalities, and People's Region. This study revealed that 16% of the boys and 36% of the girls are sexually experienced. Most sexual activity among girls takes place in the context of marriage (Erkular et al, 2010, p. ii) even if age 18 is the legally accepted age of marriage. Early marriage is the beginning of unprotected sexual relation for girls. Half of these early marriage ends in divorce or separation and the single women often migrate to urban centers in search of work

(MoH, 2007, p.10). This shows that there is cultural imposition and not personal consent that is important for sexual initiation at early age.

In Ethiopia, the median age at first marriage among women aged 25-49 is 16.5 years and for men aged 25-59 is 23.1 years. The Ethiopian women generally begin sexual intercourse at the time of their first marriage. In contrast, men initiate sexual intercourse two years before their first marriage (CSA, 2012, p. 59) showing that premarital sex is silently accepted for men.

2.5.1.2. Pre-marital Sex

The time between puberty and marriage is increasing to youth in all regions of the world (UNFPA, 2009 cited in Situmorang, 2011) that has brought premarital sex as a consequence. Premarital sex is becoming a common phenomenon in every culture and country and shows variation between rural and urban settings and between the sexes. A study in India found that young boys tend to have premarital sexual activity than young girls and similar patterns happened in Malaysia and China. Furthermore, the boys began earlier sexual intercourse than girls (Situmorang, 2011, p.9).

In a study conducted in Malawi, 56% of the 300 female adolescents surveyed reported being sexually experienced. The mean age at first intercourse was 13.6 years (Mulugeta, 2006, p. 3). In the DRC and Liberia, nearly a fifth of young women have initiated sex before age 15. In these countries, sex is more likely to have taken place prior to marriage. The Population Reference Bureau citing the Mozambique Demographic and Health Surveys of 2003-2008/9 stated that the highest rates of premarital sex had seen in Mozambique, where 28 percent of women and 31 percent of men had initiated sex before age 15 (Population Reference Bureau, 2010, p. 11).

A school-based survey in Dodowa, Ghana showed that 54% and 32% of never married male and female students reported sex experience respectively. Three percent of in-school female adolescents reported that they had had sex with partner who was a stranger. All findings reveal that sexual debut was before the age of 18 years and 15-16 % of the male and female adolescents were exposed to forced sex (Mulugeta, 2006, p. 4).

In a study undertaken in three sub-cities of Addis Ababa (i.e. Addis Ketema, Kolfe Keranyo and Gulele) with 620 samples in each sex whose ages range from 12 to 24 reported that 21% of boys and 19% of girls were found to be sexually experienced. Of the adolescents who had never been married among the sample, 19% and 7% of boys and girls were sexually experienced respectively. This shows that premarital sex is relatively common in boys than girls. As age increases, the percentage of people who had sex increases. About 50 percent of all adolescents experience sex by the age of 21-24. In the study area, females were younger by mean years of 7.7 years than their first sexual partner. There is a variation in sexual experience based on education status. In Addis Ababa, primary first cycle education, 15.6% of the boys and 15.9 % of the girls and in the primary second cycle 10.7 % and 17.7 % of boys and girls were sexually experienced respectively (Erkular et al, 2010, p. 14) showing more proportion of girls than boys are experiencing sexual initiation at both the first and second primary level education.

The above-stated studies reveal that premarital sex before age 18 is becoming common among adolescents and the youth. Premarital sex leads to unintended pregnancy, early child bearing and girls for having an induced abortion. The problem of early child bearing is not only biomedical but can also

hamper young girls' educational and economic opportunities, perpetuating a cycle of poverty (Ahmed, 2004, p. 13). MoH (2006), citing Fasika, abortion is the second leading cause of death for women after tuberculosis. He further referenced (WHO, 2004) and stated that the hospital records of many developing countries had shown between 38% and 68% of women treated for complications of abortion are under twenty years of age (Fasika, 2010, p 7).

A national longitudinal study engaging Hispanic and white high school students who had no sexual experience as examined by BasenEngquist et al (1997) revealed that participants who expressed more conservative attitudes about adolescents having sex were more likely to express intentions to remain abstinent. This shows that personal outcome expectancies for not having sex are important factors related to initiation of vaginal intercourse (Dilorio et. al, 2001, p. 208-216).

Frye citing Michelle Poulin (2008), states that a set of qualitative interviews conducted with Malawi schoolgirls revealed that commitment to future ambitions is intimately linked to avoidance of sexual activity and romantic partnerships. Marital aspirations are further linked to sexual activity among youth in Malawi (Clark, Poulin, & Kohler, 2009 cited in Frye, 2010, p.4).

2.5.1.3. Forced Sex

Not all sexual experiences of young people are voluntary. Extant evidence indicated that coerced first sex among girls in Sub-Saharan Africa ranged from 32% to 50% (Fikremarkos, 2008, p.2). Thus, male violence can negate the limited degree of bargaining power that adolescent girls possess (Luke & Kurz, 2002, p. 25) leading to unintended sexual experience. The Ethiopian Young Adult Survey conducted in seven regions revealed that among sexually experienced youth ages 12-24, 15% girls and

2% of the boys had reported having experienced forced sex. A remarkable percentage, 38% in urban and 14% of rural victims blames themselves for what happened (Erlukar, 2010, p. 64). A study among sexually experienced women in Ethiopia among ages 15-49 had showed that the most common perpetrators of forced sex were intimate partners, including husbands, boyfriends, fiancés and class mates (Erlukar, 2010, p.60).

In addition to the health problems, rape has psychological, social and economic consequences. Rape is associated with social stigma as the victims lose their dignity and respect in society. They also find it difficult to participate in social activities, and as a result, alienate themselves from society and run away to face prostitution, street life and social problem (Tadiwos, 2000 cited in Melesse & Getnet, 2008, p. 38).

2.5.2. High Risk Sex

Unprotected sexual intercourse (i.e. non-use of condom every time when having sex or other birth controls, entertaining casual or unknown multiple partners, transactional sex and age mixing, especially intergenerational sex are among the high risk sexual behaviours. According to (Lloyd, 2007, p.6), citing NRC/IOM (2005), unprotected sexual intercourse is one of the riskiest behaviours that young people can undertake, particularly in settings where HIV/AIDS is widespread Thus, use of contraception by youth in the realm of HIV/AIDS is indispensable for prevention of HIV epidemic, STI and pregnancy.

Condom serves not only as family planning methods, but it is the commonest method for HIV prevention when there is proper and consistent use as well (i.e. wearing every time when having sexual

intercourse with care and keeping at the right place). Both male and female condoms serve the purpose.

Casual and unknown sexual partners can bring susceptibility to HIV virus or STIs upon one another especially in the absence of condom as they may not reveal their prior sexual practice or mayn't be transparent to reveal the reality due to less rapport building time in the relationship. This is further aggravated by transactional sex, an exchange of sex for money for one to get relief of sexual desire and for the other due to poverty.

2.5.2.1. Entertaining Multiple and Casual Partners

The life of sexual partners is dependent upon one another. Having multiple partners hampers responsibility taking in their relationship. Sexual intercourse with multiple sexual partners in the absence of condom will result in higher probability of contracting HIV. Based on the United Nations 2002 report, multiple heterosexual partnerships are considered to be the major HIV transmission route in Ethiopia, as in other sub-Saharan African countries (Kloos & Lindtjørn, 2007, p. 44).

The mean number of sexual partners during their life among the female youth age 15-24 who had sexual intercourse with two or more sexual partners in the past 12 months, is 0.4 % and 1.5 % respectively. For men of the same age, it is 1 % and 1.9 % respectively (CSA, 2012, p.202-203). Men ages 15-24 who had 2+ partners in the past 12 months accounted 1% and those who reported using a condom during the last sexual intercourse is 47.2 % (CSA, 2012, p.203) showing that the majority having more than one partners don't used condom. The risk of HIV transmission increases with the

mean number of lifetime partners (CSA, 2012, p.203) and unprotected sex aggravates the probability of contracting HIV virus.

2.5.2.2. Transactional and Intergenerational Sex

Transactional sex is another factor that is more pronounced among urban than rural youth that leads to compromised power relations maximizing the susceptibility to HIV infection. Among the Ethiopian male youth 15-24 having ever sex, 1.5% ever paid for sexual intercourse while 1 % was engaged in exchange of sex for money in the last one year (CSA, 2012, p.205).

A national survey of HIV prevalence and sexual behaviour conducted in South Africa in 2003 among 11, 904 15–24 year old youth, and 48% of 15–19 year olds reported ever having had sex in comparison with 89% of 20–24 year olds, having no significant differences between the sexes. Both sexes aged 15-24 were asked separately whether or not they have received material or any other kind of support such as money, presents, alcohol, food, clothes, better grades, transportation, etc. in exchange for sex. Thus, 2 % of females and 3% of males reported ever having engaged in transactional sex (Williams, & Wilkins, 2005, p. 1528). In Kenya, of the 2132 adolescent women age 15-24 that are the sexually experienced, the majority, 91.3% reported that had never given or received money or gift or favors in exchange for sex. However, 8.7 percent of them indicated that indeed they did give or receive money/gift/favor in return for sex. These results suggest that financial transactions do not characterize much of the sexual activity among the adolescents (Ikamari, & Towett, 2007, p. 6).

Higher age gap between partners creates power imbalance and women are unable to negotiate for safer sex. Young women age 15-17, those who ever married, women in urban areas, and those with primary

or no education are more likely than other women to have had sex with a man ten years or more older than they are (CSA, 2012, p. 222). Sex with men much older than women, may lead women to contract sexually transmitted infections (STIs) as the older people may experience the disease and the women are unable to negotiate for safer sex due to the age gap.

The same data stated above from the Kenyan 2003 DHS showed that 54% of the adolescents had had their first sex with an older partner; 44.3 % of them had a partner who was older by less than ten years and 9.8% had a partner who was at least ten years older. About 43 per cent of the adolescents had their first sex with a partner who was about their age and 0.8 % had a younger partner. These results suggest that young women seem to prefer partners who are older than themselves to those who are younger than them (Ikamari & Towett, 2007, p. 6).

Unprotected sex, coupled with multiple sexual partners and transactional sex are likely to pave the way to sexually transmitted infections. Sexually transmitted infections are a co-factor in HIV transmission (CSA, 2012, p.211). Unplanned pregnancies in turn are consequences of unprotected sex.

Unplanned pregnancies and STIs are more common among those who begin sexual activity earlier, probably because some youth begin sexual activity before they are prepared for the responsibilities entailed or because they begin having sex as part of relationships/circumstances that are less likely to foster responsible behavior (Martino, 2006, p.430).

In India 2005-06 survey, 11 % of women and 8 % of men who have ever had sexual intercourse reported an STIs or STI symptom in the 12 months preceding the survey. Higher proportions of

adolescent men show abnormal bad smelling, genital discharge and genital sore or ulcer than men age 20-24. It is higher among never married compared to ever-married. One in every 1,000 youth in India is HIV positive (Parasuraman, Kishor, Singh & Vaidehi, 2009, p. viii).

Generally, the context for sexual initiation varied between regions, within a country between rural and urban settings and between sexes. Early marriage, 'induced' premarital sex and forced sex lead to sexual initiation. . In most Sub-Saharan countries, girls marry at age around 15 and most sexual activity occurs in the context of marriage while boys initiate sex earlier and marry later. Early marriage disguise the internationally accepted legal age of marriage, age 18. Early initiation of sexual activity prolongs the period of exposure to risk of sexually transmitted infections including to HIV/AIDS and to unplanned pregnancy among the girls that may lead to unsafe abortions. The time between puberty and marriage is increasing to youth in all regions of the world leading to premarital sex. Transactional sex is not very common among adolescents and young people while intergenerational sex and age mixing varies based on the context that aggravates the vulnerability of girls to HIV and STIs.

2.6. Contributing Factors to Sexual Exposure and Risky Sexual Experience

Limited access to reproductive health (RH) and HIV/AIDS information, limited awareness on HIV/AIDS and STIs, limited knowledge and utilization of contraception's, high risk consumption behaviors especially drinking alcohol and chewing Khat are the focus of this sub topic. All are interrelated. Lack of access or availability limits awareness that in turn limits utilization of the RH facilities and HIV prevention methods, aggravating the intension of risky consumption behaviors.

2.6.1. RH and HIV/AIDS Information and Awareness on HIV/AIDS

In Ethiopia, exposure to mass media is low; the highest exposure is to radio, 38 % and 22 % in men and women than watching TV or reading news paper respectively. Men have greater access than women to each of these media (CSA, 2012, p. 44). In India, seventy percent of women and 88 percent of men age 15-24 have at least weekly exposure to television, radio, or news papers / magazines or monthly exposure to the cinema. Media exposure is much lower in rural than in urban areas. The most common form of media to which youth are exposed is television. Women are much less likely than men to be exposed to each type of media (Parasuraman et al, 2009, p.iii).

Awareness about HIV/AIDS is high among the youth in Ethiopia. The 2011 EDHS survey revealed that 96.4 % and 98% of youth women and men respectively heard of AIDS (CSA, 2012, p.190). However, stating the different modes of HIV transmission and prevention methods is still low. The Ethiopian young adult survey conducted in Addis Ababa among age groups 12 to 24 targeting 612 males and 629 females revealed the awareness and knowledge of the youth on HIV modes of transmissions. Sexual intercourse has been identified by 94.5 % of both sexes as the most stated modes of HIV transmissions. Mother to child transmission was mentioned less often with only 15 % and 21 % of boys and girls mentioning breast milk respectively. Transmission during childbirth was identified by 22 % and 19 % of boys and girls respectively and transmission during pregnancy by 23% and 9 % of boys and girls respectively. Circumcision with unsterilized tools was mentioned by 46 % of the boys and 35.6 % of the girls showing the girls knowledge on HIV transmission is lagging behind the boys (The Population Council Inc, 2010, p.22).

Knowledge of youth on HIV prevention methods was another aspect studied. In Ethiopia HIV/AIDS prevention programmes focus on three important aspects of behavior: 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 (CSA, 2012, p. 190). The success of a program is evaluated in terms of positive response given at least to two of the prevention methods.

In 2004, a household survey was conducted among 692 Gikongoro, Rwanda youth households aged 12 to 24 to understand their awareness on HIV/AIDS. Abstinence from sex, use of condoms and being faithful to one sexual partner was reported by 98.8%, 57.9 % and 23.7% of the youth respectively as HIV prevention measures. Knowledge of condom use as prevention against infection was significantly higher among males. Knowledge of both condom use and being faithful to one sexual partner was reported by 19.8% of respondents. Knowledge of the full "ABC" message (Abstinence, Be faithful to one partner and Condom use) was low at less than 20% of respondents and males were more likely to have higher scores than females (Ntaganira et.al, 2012, p. 5).

Many young people don't connect knowledge and risk perception with behavior aggravating their vulnerability to sexual exposure and sexual experience. The potential to internalize the information accessed and developing critical thinking for prevention of sexual exposure and risky sexual experience is another challenge observed among the youth. For example, the percentage of women and men in age groups 15 to 24 from age range 15- 49 that heard of AIDS accounted for 96.4 % and 98% respectively. Compared to those who have heard of HIV/AIDS, only 48.5 % of women and 64.7 % of men in the similar age category have knowledge about HIV prevention methods including condom use

and limiting sex partners to one uninfected partner (CSA, 2012, p. 190). This shows that knowledge is not enough (UN-AIDS, 2002, p. 81).

Conducting a general HIV test is the result of internalizing and information processing on HIV modes of transmission and prevention to assess the former sexual experience and HIV exposing risk factors that will lead to control or limit future sexual exposure and risky sexual experience. However, about six in every ten Ethiopians have never been tested for HIV (CSA, 2012, p. 206) even if the majorities have HIV awareness. More percentage of males than female's youth in age 15-24, (64.4 % and 59.5 %) respectively have never tested for HIV (CSA, 2012, p. 207 -208).

Sexually transmitted infections are also common among the youth. Among women and men age 15-24 who ever had sexual intercourse, the percentage reporting having an STI and/or symptoms of an STI (discharge, sore or ulcer) in the past 12 months account 3.6 percent for women and 4.4 percent for men (CSA, 2012, p. 232).

2.6. 2. Awareness and Use of Contraception Methods

Understanding the different modern and traditional methods of contraception's is important for the youth to prevent them from sexually transmitted infections and unwanted pregnancy. Knowing the varieties expands the probability of choosing a better option. A survey on a nationally representative sample of more than 1,800 young people ages 13-24 conducted in California between 2001-2002 showed that more than nine in ten sexually active adolescents (who are aged 15-17 years) report using birth control protection at least "most of the time" compared to the young adolescents aged 18-24 that

constituted 80 %. Thus, more percentage of youth is using contraceptive methods regularly for HIV and STIs and prevention of pregnancy.

Condoms and birth control pills – often in combination with each other and other methods – are the most commonly cited methods used by young people (Henry J. Kaiser Family Foundation, 2003, p.30). Other methods such as the rhythm or calendar method and withdrawal are used less frequently by most young people, although more than 40 % reported using withdrawal at least some of the time (Henry J. Kaiser Family Foundation, 2003, p.31).

Emergency contraceptive pills (ECP) or morning after pills (MAPS) are used after a condom breaks during sexual intercourse, when a woman misses one or two pills in a row or to prevent pregnancy after unprotected sex and not to terminate an established pregnancy. However, almost half of the respondents are unaware that there is something a woman can do to prevent pregnancy; even those who heard about it, don't know how it works. Females are more likely than males to know there is something they can do to prevent pregnancy after unprotected sex and are more likely to have heard of ECPs (Henry J. Kaiser Family Foundation, 2003, p. 36).

Data on unmarried and ever married 3453 women aged 15-24 years from Kenyan DHS 2003 was analyzed to know the ever use of contraception among the sexually experienced adolescents. The findings revealed that 46.9% had ever used a contraceptive with 37.7% of them reporting ever use of modern contraceptives. However, use of condom during their first sex is accounted to about 13 percent of the respondents. These indicated that most of the respondents had unsafe sex (Ikamari, & Towett, 2007, p. 7).

The current use of contraceptives has been assessed from a survey of 15- 49 ages of women in Ethiopia. The injectables constituted the most commonly used contraceptives to all age groups accounting to 21.5%. Use of the injectables among the currently married 15-19 and 20-24 years old constituted 18.9% and 28.5% respectively, while it is 32.5 % and 32.1 % for the same age group of unmarried women respectively. This shows that more percentage of the unmarried sexually active youth women benefited from use of injectables than the married ones. For the unmarried group use of male condom comes next to injectables, while pills come next to injectables in married women (CSA, 2012, p. 98).

Previous studies revealed that adolescents who had held positive outcome expectancies or positive attitudes about condoms had been more likely to use condoms. The other perspective is that participants who had held more favourable views about their partners' attitudes toward using condoms were more likely to use condoms consistently (Dilorio et al, 2001, p. 208-16). This is important for girls in heterosexual relationship as their safety is dependent on the male partner's positive attitude in using or encouraging the use of condoms.

2.6. 3. Substance Abuse / risky consumption behaviours

Alcohol abuse and drugs use, among the risk conditions, including Khat chewing were identified as factors that would facilitate indulgence in unprotected sex and multiple sexual partnerships (Getnet & Melesse, 2008, p. 11). Khat intake was found to be associated with unprotected sex, and alcohol intake was linearly associated with unprotected sex. A study conducted on casual sex-debuts among female adolescents in Addis Ababa, 'alcohol' and 'khat' use were found to have strong links with the incidence of 'rape' of females and contribute to early sexual initiation (Fekadu, 2001 cited in Getnet &

Melesse, 2008, p. 33). There is also a similar finding from Missouri-Columbia among college students. A desk review of publications in the last 10 years and using event-level random sampling had revealed an association between drinking and risky sex. Analysis of event characteristics showed that drinking was more strongly associated with decreased protective behaviors among younger individuals, on first intercourse experiences and for events that occurred on average longer ago (Cooper, 2002).

2.6. 4. Lack of Assertiveness and Sexual Negotiation Skills

Cultural norms forced girls to be timid and silent. Lack of free discussion on sexual affairs, power dominance and considering sexual matters discussion as a taboo made girls to have less courage and with less information ground for initiating RH and HIV /AIDS discussion. This limits the knowledge base and skill to negotiate on their RH and sexual affairs with partners making them more prone to HIV. “Girls are often raised as submissive and culturally subordinate to male counterparts. Men’s sexual relationship outside marriage is considered normal and accepted by society” (Panos-Ethiopia, 2004, p.13) in which women and girls accept sexual acts of men silently as they are part of the same society.

Assertiveness training is one of the risk reduction training to women. Assertiveness will be more equipped to successfully resist verbal and emotional pressure for sexual activity and that sexually aggressive men may be less likely to target assertive women for verbal coercion because they perceive such advances to be unsuccessful. However, when unwanted sexual advances are accompanied by force, assertiveness is unlikely to be sufficient to avoid victimization (Walker, 2006, p.1).

2.6. 5. Personal Feelings and Attitudes

Feelings are messengers telling us there is something happening to the system or person. The primary emotions or feelings are anger, fear, depression, sadness, anxiety and joy/happiness. Thoughts,

memories and images in the mind result in biological and behavioral responses. The behavioral responses are voluntary or chosen behaviors (Unknown writer, power point presentation). The main point that links personal feelings and attitudes to sexual experience is our reaction to get rid of the negative feelings. The voluntary behavioral responses like going to a party, seeking to speak to friends or avoidance behavior (ignoring what is disturbing us intentionally) or engagement in risky consumption behaviors are important either to protect or to engage in sexual initiation.

Lack of access to RH and HIV/AIDS related information and inability to internalize that message for critical thinking for inducing safer life and safe sexual practice is a contributing factor leading youth to sexual engagement. Risky consumption behaviors including chewing Khat and drinking alcohol, negative personal feelings and attitudes due to environmental influence or problems in the individual all contribute to sexual exposure and engagement in 'unintended' sexual experience of the youth.

Generally, youths face many problems; the major ones being associated with sexual exposure and experience. Unprotected media, peer pressure and influence, parental supervision and communication and safe stay place for leisure time are among the many that have influence for sexual exposure. Early sexual initiation is it culturally imposed due to marriage or 'intended' pre-marital sex or due to forced sex, all contribute to the vulnerability of the youth. Early initiation prolongs the exposure period to STIs including HIV/AIDS and unintended pregnancy that are aggravated by having multiple partners. Low paid informal sector jobs, low education and migration aggravates the scene leading the youth to be prone to risky consumption behaviors.

Chapter III

Research Design and Methodology

3.1. Description of the Study Area

Misrak Ber No. 1 Primary School is found at the junction of the main ring road in Megenagna area of Bole Sub-City in Addis Ababa City Administration. The School is a primary level government school which has schooling from grade 1 to grade 8 and conducts the teaching-learning programme during the day and night sessions.

3.2. Study Design/ Methodology

Descriptive research study was used to understand the nature of the situation as it exists during the research period. Primary data were collected from the main target groups (pupils) and the important stakeholders in the School. In the study, both quantitative and qualitative data were collected. The quantitative data was used to show the significance of a given issue under study, while the qualitative data tried to show the coping mechanisms used by the youth pupil to prevent themselves from sexual exposure and experience and possible suggestions by the stakeholders, as well as by the researcher to mitigate the problems the youth have faced. Field test on interview schedules or questionnaires were conducted and appropriate feedbacks were collected and then incorporated in the research instruments.

3.3. Universe of the Study

The universe of the study is the Misrak Ber Number 1 Primary Level Night School youth from both sexes which is located in District 6 under the auspices of Bole Sub-city in Addis Ababa. The universe of this study consists of a total of 1052 population who were currently attending in grades 2 to 8 in 14

sections. The target population is the Misrak Ber Number 1 Primary Level Night School Youth who are formal class attendants in grade 2 to grade 8 and in the age category which ranges from 15 to 24. The size of the target population in those seven sections was about 280. Therefore, it is appropriate to conduct the study on these youth's sexual exposure and experience and to identify multi-faceted contributing factors for such encounters.

3.4. Sampling Methods

A combination of non-probability and probability sampling techniques was used for selecting and drawing sample to be used in the study. Non-probability purposive sampling was used to select the school based on the convenience to the researcher. All grades of regular night school pupils have equal chance of appearing in the sample, while the researcher is employing probability sampling method. In grades with multiple sections, only one section in each grade became part of the study sample and a total of seven sections were engaged in the study. Probability simple random sampling using lottery method was used to identify and draw the sections and the sample pupils in these sections that will engage in the study. The current enrolment register (attendance register) in each grade was the sampling frame used to draw the actual list of sample pupils in the ages 15-24. In addition, proportionate stratified random sampling was used to identify the proportion of pupils from the sampling frame of each section in the school. Thus, a total of 75 night school youth pupils form the sample in the study.

3.5. Data Collection Tools and Procedures

The study was conducted in Bole Sub City of Addis Ababa in May 2012. In the present study, it is felt that the use of any single data collection tool/instrument is bound to have only a limited relevance in meeting the general and specific objectives of the MSW project. Hence, structured interview schedule

or questionnaire was used to collect primary data from the pupils. The tool has mixed, but limited number of open-ended questions and numerical rating scales together with close-ended questions for expression of opinions and judgments with the pupil to collect the quantitative data. An interview guide/protocol was used for collecting qualitative data from the school principal and the leaders of Anti-HIV/AIDS and RH Club to understand their views on the need for addressing the night school for preventing them from risky sexual experience and sexual exposure and for identifying some possible steps to be taken. Besides, the open-ended questions used to collect the coping mechanisms of the pupils that form the 63 primary target groups, and three additional respondents were engaged in the qualitative inquiry.

3.6. Data Processing and Analysis

Most of the quantitative data was in close-ended form where the pre-coding has already been done. Regarding some open-ended questions, the major responses were identified, coded and a category was developed based on similarity and differences of the responses. The data was entered using the data entry template of the SPSS for Windows Version 15 and data cleaning was done.

Two types of data analysis techniques were employed: Descriptive and inferential statistical techniques. In the descriptive statistical analysis, frequencies with percentage for a single variable and cross tabulation for bivivariate variables were computed. Some tests like Chi-Square test, Spearman and Pearson were also applied to identify the existence of significance association and correlation between the variables under investigation. Inferential analysis was performed to identify the existence of significant relationships under investigation between one variable and another or other variables. As the dependent variables in this study are dichotomous variables (i.e. binary responses), logistic regression analysis was performed to check whether or not there exist relationships between dependent variables and variables that affect it (them) or the explanatory variables in the study.

Chapter IV

Analysis and Interpretation of Data

This study was conducted in Primary Night School pupils enrolled in one of the government schools in Bole Sub-City of Addis Ababa. The results of study are organized into the pupils' socio-demographic and educational characteristics, their sexual exposure and sexual experiences, and factors contributing to sexual exposure and experience of the night school pupils.

4. 1. Socio-demographic Characteristics

A total of 75 pupils from a primary government night school in Addis Ababa participated in the study. The findings of descriptive statistics in age, migration, occupation, religion, illiteracy and education, living arrangement and cultural norms and practices were discussed under the sub-topic. As displayed in Table 4.1, 37.3% of the respondents were males and 62.7% were females with 1: 1.7 male to female ratio respectively.

4.1.1. Age

Ages of respondents were found to range from 15 to 24 years and the overall mean was 19.9 years with standard deviation of 2.9. Respondents in the age category which ranges from 15 to 19 years and 20 to 24 years were 44% and 66% respectively. Females dominated in the age group which ranges from 15 to 19 years and accounted for 63.8% of the total girls. Males dominated in the age bracket between 20 and 24 years, accounting for 89.3% of the total males. Thus, the males were found to be relatively older than the females.

4.1.2. Marriage and Religion

The ever married respondents were found to be 17.3 % and never married were 82.7 %. From each sex category, 15 % and 21 % of the females and males were married respectively and showed the ever married males have higher proportion in the sample.

The proportion of pupil with Orthodox Christian, Protestants and Muslim religion were 74%, 20 % and 6.7 % respectively. The higher proportion of the Orthodox Christians in the sample coincides with the higher proportion of Orthodox Christians (CSA, 2012, p.3) in the general population of Ethiopia.

4.1.3. Migration

Migrants constituted 96% of the respondents. This was much higher than the findings in the Gender Survey study (Erlukar et.al, 2010) with similar age's group youths in Addis Ababa that showed 58% of the populations as migrant. The place of origin for the majority (57%) was in Amhara Administrative region followed by Oromia (17%) and SNNPR (16%). The mean years for staying in Addis Ababa was 6.67($\mu= 6.67$ years). In terms of ethnicity, Amhara, Oromo and Gurages dominated constituting 61%, 20% and 9.3% respectively.

4.1.4. Occupation and living arrangement

The occupation of the respondents showed that they were engaged in low skill, labor intensive work. Garage, Construction, Wood and Metal workers that get their wages on daily or weekly bases were categorized together as Daily Laborers. The major occupations were Domestic workers, Daily laborers, Guards, Cleaners/Janitors, and Waitress with 33%, 24%, 8%, 8% and 7 % respectively. All

domestic workers were females'. During the study, the respondents without occupation were 5.3 %. The occupation analysis revealed that they were relatively among the low income groups. The living arrangement varied greatly. Those living with their employer, relatives, living alone, living with male/female roommate, with one parent and spouse constitute 29.3%, 20%, 17.3%, 16%, 5.3% and 4% respectively. None of the respondents including the non migrants were living with both parents.

Table 4.1: Socio-demographic Characteristics of Sample Respondents by Sex, in Misrak Ber No. 1 Primary Night School of Addis Ababa, May 2012.

Variable	Category	Male	Female	Total
Sex		28(37.3)	47(62.7)	75(100)
Age groups	15-19	3(10.7)	30(63.8)	33(44)
	20-24	25(89.3)	17(36.3)	42(56)
Marriage status	Ever married	6(21.4)	7(14.9)	13(17.3)
	Never married	22(78.6)	40(85.1)	62(82.7)
Religion	Orthodox Christians	20(71.4)	35(74.5)	55(73.5)
	Protestant	6(21.4)	9(19.1)	15(20)
	Muslim	2(7.1)	3(6.4)	5(6.7)
Administrative birth place	Tigray	0	3(6.4)	3(4)
	Amhara	19(67.9)	25(53.2)	44(57.2)
	Oromia	4(14.3)	9(19.1)	13(17.3)
	SNNPR	3(10.7)	9(19.1)	12(16)
	Addis Ababa	2(7.1)	1(2.1)	3(4)
Migration status	Migrant	26(92.9)	46(97.9)	72(96)
	Non-migrant(no)	2(7.1)	1(2.1)	3(4)
Education Level	Primary first cycle*	9(32.1)	19(40.4)	28(37.3)
	Primary second cycle	19(67.9)	28(59.6)	47(62.7)
Illiteracy	Be able to write and read with difficulty	8(26.6)	26(55.3)	34(45.3)
	Be able to write read only	2(7.1)	8(17)	10(13.3)
	Write and read without difficulty	18(64.3)	13(27.7)	31(41.3)

Occupation	No jobs	0	4(8.5)	4(5.3)
	Cleaner/janitor	1(3.6)	5(10.6)	6(8)
	Domestic worker	0	25(53.2)	25(33.3)
	Guard	6(21.4)	0	6(8)
	Petty trade/ small business	4(14.3)	3(6.4)	7(9.3)
	Daily laborer	15(53.6)	3(6.4)	18(24)
	Shoe shiner	1(3.6)	0	1(1.3)
	Waitress	0	5(10.6)	5(6.7)
	Child care center	0	1(2.1)	1(1.3)
	Hair dressing	0	1(2.1)	1(1.3)
	Gardner	1(3.6)	0	1(1.3)
	Living arrangement	Spouse		3(6.4)
Relatives		6(21.4)	9(19.1)	15(20)
Female room mate		0	5(10.6)	5(6.7)
Employer		3(10.7)	19(40.4)	22(29.3)
Male room mate		7(25.0)	0	7(9.6)
Co-worker		1(3.6)	2(4.3)	3(4)
Alone		9(32.1)	4(8.5)	13(17.3)
With one parent		2(7.1)	2(4.3)	4(5.3)
Ethnicity	Sister/brother	0	3(6.4)	3(4)
	Amhara	18(64.3)	28(59.6)	46(61.3)
	Oromo	6(21.4)	9(19.1)	15(20)
	Tigrrie	0	3(6.4)	3(4)
	Gurage	3(10.7)	4(8.5)	7(9.3)
	Hadiya	0	1(2.1)	1(1.3)
	Kenbata	0	1(2.1)	1(1.3)
	Wolyita	1(3.6)	0	1(1.3)
Yem	0	1(2.1)	1(1.3)	

*don't include grade 1.

Source: Own survey results, 2012.

4.1.5. Illiteracy and Education

More percentages of the pupils (63%) were learning in the primary second cycle level compared to the 37 % in the primary first cycle level. The grade one pupils were excluded from the study as their teaching-learning process was not managed by the school administration. Pupils that were able to read and write without difficulty were 41.3%; those with difficulty were 45.3 % and those who were

reading only were 13.3. It means, the majority of the respondents have a problem to communicate in writing or to understand what has been written. Some respondents reported that they have a difficulty to read in Amharic if fonts are smaller.

In the current academic year, the total absentees constituted 67 %. More percentages of males (71.4%) than females (63.8 %) were absent from the school in the last three months (Refer Figure 1 below). The mean number of days the pupil absent from the school was 5.81 days with a standard deviation (*SD*) of 8.160 and variance of 66.58.

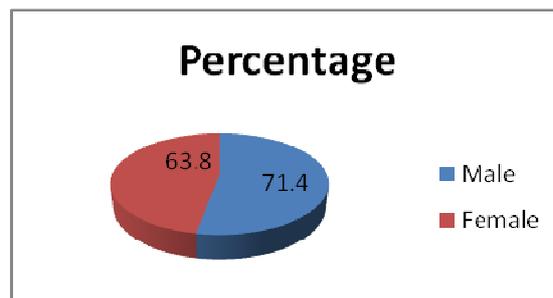


Figure 4.1: Sex wise distribution of absentees' among the sample in Misrak Ber No.1 Primary Night School of Addis Ababa, May 2012.

The main reasons for being absent from the school in the past three months were having task or duty in those days, sickness and additional responsibilities in the work place constituting 24 %, 20% and 19 %. Totally, less than 3 % of the respondents have missed classes to play with same sex friends or due to appointment with a boy/girl friend. It is unusual to be absent from class to watch films/videos as none of the pupils gave positive response. (see Table 4.2).

Table 4.2: Reasons for being absent among Sample respondents in Misrak Ber No. 1 Primary Night School of Addis Ababa, by Sex, May 2012

Characteristics	Responses	Male	Female	Total
Absence from school	Yes	20(71.4)	30(63.8)	50(66.7)
	No	8(28.6)	17(36.2)	25(33.3)
Reasons for being absent				
Have other responsibilities	Yes	5(17.9)	9(19.1)	14(18.7)
	No	17(60.7)	22(46.8)	39(52)
Due to sickness	Yes	2(7.1)	13(27.7)	15(20)
	No	20(71.4)	18(38.3)	38(50.7)
Have a duty task	Yes	11(39.3)	7(14.9)	18(24)
	No	11(39.3)	24(51.1)	35(46.7)
To play with same sex friends	Yes	1(3.6)	0	1(1.3)
	No	21(75)	31(66)	52(69.3)
Appointment with a girl friend	Not applicable	6(21.4)	16(34)	22(29.3)
	No	22(78)	31(66)	53(70.7)
Appointment with a boy friend	Yes	1(3.6)	0	1(1.3)
	No	21(75)	31(66)	52(69.3)
To watch video films/cinemas	Yes			
	No	22(78.6)	31(66%)	53(70.7)

Source: Own survey, 2012

Age grade distribution of the pupils in Table 3 below revealed that lower grades were not necessarily associated with lower ages as has been common in regular day school students. Categorizing all the respondents from ages 15 to 24 to independent age groups revealed the presence of ten age categories inclusive of age 15 and 24 as a category. In one section, eight age categories were dispersed and the least distribution of age categories per section was three. This showed that same age pupils were distributed in different grades. This is in line with the findings of Lloyd (2007) in developing countries that revealed the dispersal of similar age groups in different grades. Lloyd further stated the challenge of using common reproductive health and related curriculum when same age adolescents are distributed across different grades.

Table 4.3: Age Wise Distribution in Different Grades among the Sample in Misrak Ber No.1 Primary Night School of Addis Ababa, May 2012

Grade	No. of Age Groups and Corresponding Ages	Total frequencies
Grade 2	3(17,18,24)	4
Grade 3	6(15,17,18,19,21,23)	9
Grade 4	7(15,16,19,20,21,22,23,24)	15
Grade 5	6(17, 18,20,21,22,24)	10
Grade 6	7(15,16, 18, 21,22,23,24)	13
Grade 7	8(17,18,19,20,21,22,23,24)	10
Grade 8	7(16,17,18,19,20,22,23)	14
7 grades		75

Source: Own survey outputs, May 2012

The annual total grade average for the last two years has been identified. As shown in figure 1, the two extreme grade averages, 50 to 59 (satisfactory) and 90 to 100 (excellent) were obtained by 13% and 12% of the respondents respectively. More percentage of males (14.3) got the excellent marks compared to the females (10.6). Majority (43%) were average students with grade average of 60-79. There were no pupils with grade averages less than 50 % in the last two academic years showing that there were no detained pupils in the same class among the sample population. Pupil with annual grade average less than 50 % don't get promoted to the next level in Ethiopia.

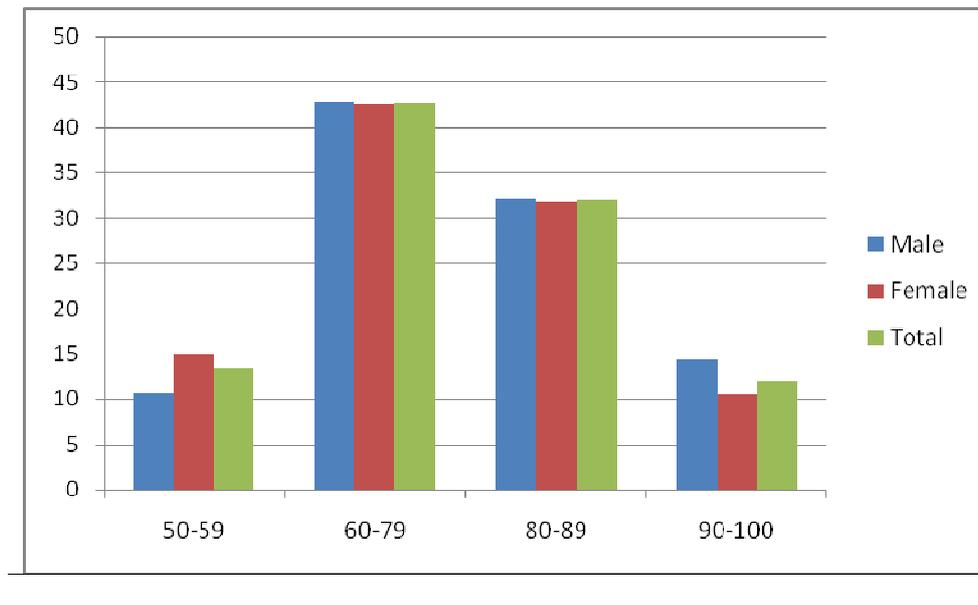


Figure 4.2: Annual grade averages for the last two years among the samples from Misrak Ber No.1 Primary Night School Pupils in Addis Ababa, May 2012.

Source: Own survey results, 2012

The respondents were asked to identify the objectives for going to school by agreeing or disagreeing to a given statements (table not shown). Vision for higher education was agreed as the main reason for going to the night school by 50.4% of the respondents. Being visionary prevents youth from risky sexual behavior and exposure to related factors. It helps youth for self protection, for taking care of their actions and become responsible for their actions. Obtaining some level of certification for salary increments has been agreed by 12%. Nearly 7% reasoned out to get rid of the daily routine and to play with same sex friends as their objective for going to school. Other stated reasons include to get knowledge and for better life by 5.2%; not using a thumb for signature and to improve reading and writing skills by 4.85%. These reflections were indications of the difficulty the pupils faced that are also important for the acquisition of the necessary information for self protection which unless otherwise may lead to less awareness on the consequences of sexual exposure and early sexual

initiation. The researcher has also witnessed that there were pupils even at the second cycle level that were unable to construct a complete sentence to describe their view.

The results of the grade average in the excellent and very good range were in line with the majority's objective for striving to higher education. This has a protective role not to expose the pupil to risky sexual behaviors and sexual initiation.

Enhancing the reading and writing skill among these respondents is important to help them benefit from written media related to RH and HIV/AIDS information and knowledge for protecting them from sexual exposure. As supported by Lloyd (2007), to acquire and retain basic literacy and language skills is needed for a longer term benefit of schooling than counting the achieved grade levels. However, detailed literacy test on how far they are able to read and describe their concern in writing is needed to reach to conclusions.

Pupils from all ages of 15 to 24 were distributed in the different grades. Up to eight different age categories were found in one grade. Lloyd (2007) stated the challenge of using common reproductive health and related curriculum when same age adolescents are distributed across different grades. This requires developing an age disaggregated information before organizing RH and HIV/AIDS awareness programs or clubs than using a uniform curriculum. However, an in-depth interview with students, RH and Anti HIV/AIDS club leaders revealed that there is no such clubs or regular life skill trainings for the night school pupil except in rare cases by NGOs. The teachers revealed that HIV/AIDS and RH topics were mainstreamed in the curriculum especially with biology subject but stressed the necessity of organizing supplementary sessions. Encouraging the pupils to develop a vision and to strive towards

that vision, assisting them to benefit from schooling is important to fight hopelessness and to protect them not to engage in risky sexual behaviours.

4.1.6. Cultural Norms and Practices

There are some societal values that are important to protect the youth from sexual exposure and experience and still some norms induce sexual exposure. Among these include those associated with virginity and exercising sex before marriage to boys (Refer Annex 1). Acceptance of exercising sexual intercourse with commercial sex workers (CSWs) for boys before marriage was one of the practices that has got acceptance by 16% of the total respondents of whom males accounted 25% and females 11 %. The p value= .101 at df=1 and CI= 95% showing the association. Getnet, in his study in (2006) in north-eastern Ethiopia confirmed that sexual experience prior to marriage is acceptable to minimize sexual incompetence's and to develop the necessary skills in love making during marriage. Exposure to CSWs has an implication to youth in this period of HIV pandemic.

Of the total respondents, 2.7 % responded that virgin girls don't have a demand and the rest rejected the assumption. There is an association between the societal value of having demand of virgin girl and sexual initiation with p. value of .063 at df=1 and 95% CI. The societal value of maintaining virginity brings respect to the girl and her family has been accepted by 46.4 % and 63.8 % of the males and females respectively and 54% of the males and 36 % of the females were against this value. The association is statistically shown by p value= .141 at df=1 and 95% CI. A similar phenomenon was described by Borges & Nakamura (2009). He stated that the Brazilian youth considered virginity as a burden to avoid. The trend among the respondents also showed erosion of the value system leading to sexual exposure.

Staying virgin until marriage to boys and girls was favored by 76% of all respondents and the remaining denies this value. The strong association between the societal value of maintaining virginity to boys and girls until marriage and sexual initiation is shown by Pearson Chi-Square result $(3.361) = .067, < .05$ and $df = 1$). The acceptance of sex before marriage to both boys and girls was rejected by 97.3 % of the respondents. The Chi-Square test with 95% confidence interval and $df = 1$ has p value = .707 showed a strong association between the societal value of acceptance of sex before marriage to both boys and girls and sexual initiation.

Being virgin before marriage is favored to both boys and girls is accepted by 76 % and rejected by 24% of the respondents with p value = .063. The p value = .063 therefore shows that the societal value of staying in chastity before marriage to both genders has a strong relationship with sexual initiation rejecting the null hypothesis that shows no relationship.

An odds ratio is computed to know the influence of month of arrival in Addis Ababa on changing or maintaining the societal values of accepting sex before marriage to boys and girls that have a contribution to sexual exposure. The Odds ratio is .029, $p = .000$ shows that month of arrival doesn't have a significant influence to change the perception of the respondents societal value of accepting sex before marriage. It means, they maintain the value and don't engage in sexual exposing factors.

As the number of years staying in Addis Ababa increase, there are so many factors affecting the maintenance of societal values. Loneliness, to be considered as 'civilized', media influence, interaction with many people, etc all have pressure resulting in declining of maintaining virginity until marriage. This expected change of societal values is higher especially to those who left in earlier ages of

adolescent. The odds ratio computed for the number of years stayed in Addis Ababa with the societal value of maintaining virginity up to marriage brings respect to the girl and the family is 1.344, $p=.206$ is therefore an indication of the objective reality.

To know the impact of staying longer Addis Ababa to sexual initiation, an odds ratio is computed for the number of years stayed with whether the respondent has started sexual initiation or not. The odds ratio = 1.083, $p= .729$. This tells that, the higher the number of years passed, the more the likelihood of being engaged in sexual initiation.

4.2. Sexual Exposure

Sexual exposure refers to conditions that induce the feeling of sexual act. Family relationship, peer pressure and influence, mass media, leisure time stay place with opposite sex and associated sensational touch were identified to induce sexual exposure. Annex 1: Table 1 (annexed at the end) shows some of the factors defining sexual exposure among the study group.

4.2.1. Family relationship

Transparency to Families and Custodies or with People Living Together as a factor for sexual exposure was assessed. The targets with age less than 18 ($N=20$) were asked whether they are going to reveal to their parents, custodians or to people whom they are living with where they are going and with whom they are going to stay when leaving home. The percentage proportion of youths that don't agree revealing where to go and with whom to stay with to someone when leaving home was 45 % and those who agree accounted for 55 %. Hiding their movement and not seeking other people's supervision leads to decision making in their own way without understanding its repercussion. (Data not shown) This result was supported by the ideas of Ahmed (2004) that stated mid or late adolescence

as a time for experimentation and risk taking with little regard for the possible consequences. Relatively the girls (58.8 %) have agreed revealing their whereabouts compared to a similar age boys (33.3) when leaving home. This may be, culturally girls were expected to state where they go than boys of the same age.

4.2. 2. Sex Affiliated Mass Media as a factor for Triggering Sexual Desire

Without considering the previous sexual experience, the respondents were asked what conditions have triggered sexual desire when exposed. Sexy film on TV/video and sexy or romantic musical themes were stated as triggering sexual desires by 24 % and 14.7 % of the respondents respectively showing the probability of anticipated sexual initiation in the future.

The idea of sexy musical theme is in line with the findings of the (Martino. et al, 2006) who stated that the more teens listened to music that contained sexual intention and romantic relationships, the more they are likely to be sexually active and to anticipate future sexual activity. Among both sexes, more percentages of males than female were influenced by sexy TV/Video film. However, higher proportions of females (17%) compared to males (10.7 %) have felt sexual desire when hearing sexy musical themes. Sexy magazine was the least stated to trigger sexual desire. This can be explained due to less access and availability of the magazines in this low income groups. However, it needs further confirmation.

As a natural phenomenon in human beings and particularly during youth period, sexual desires are inevitable even if the degree varies. However, 29.3 % of the respondents stated that they don't have any sexual desire and nothing will induce such intent to them. This can be partially explained by the

cultural values on the need of suppressing and not revealing such emotions to others. This is supported by the findings from Getnet (2006), talking about sexual issues openly is not approved of and it is considered shameful or even sinful. However, if sexual desire is completely null in youth period, it is unhealthy situation and needs further study to reach into generalization.

Among the other sexual interest triggering factors include hearing sexual content stories or soap operas in the radio (6%), TV, Radio and romantic themes in radio were stated by 6%. The qualitative data collected from respondents revealed that kissing or sensational touch, friends talking of sex repeatedly and looking beautiful girls with short skirts were among the ones known to stimulate sexual desire. Nearly all of the respondents were migrants from rural areas where wearing of body exposing cloths was prohibited. Looking youngsters with exposed features that were unfamiliar from early childhood can inevitably induce sexual desire. This is supported by findings from Getenet (2006) who stated that wearing miniskirts induce sexual desire and don't have acceptance by rural communities in the northern Ethiopia

The Chi-Square test computed with 95% confidence interval revealed that the computed value is similar to the actual value. There was a great association between sexual desire arousal and attending sex affiliated media among both sexes with $p = 0.635$ and $df = 10$. However, the association was not linear. Listening romantic themes in music trigger sexual desire in relatively higher proportions among females than males while in all the rest of the variables, the proportion of males' arousal was higher. Binary logistic regression is computed using enter method on whether the respondent has sexual initiation against media (factors triggering sexual desire) revealed odds ratio = .974, $p = .908$. There is a likelihood of engaging in sexual intercourse initiation when exposed to frequent media with sexual content. Martino, S. et al, (2006) findings support this idea. They found that the more teens listened to

music that contained sexy and romantic references, the more likely they were to be sexually active and to anticipate future sexual activity. It means, those who were already engaged, they became more active while those that don't have engaged were likely to engage in the near future.

Early marriage has an implication for sexual arousal and identified as a factor by 1.3% of the respondents. This is supported by Frye's (2001) study that showed the linkages of marital aspirations to sexual activity among youth.

Triggering Factors for starting Sexual Intercourses

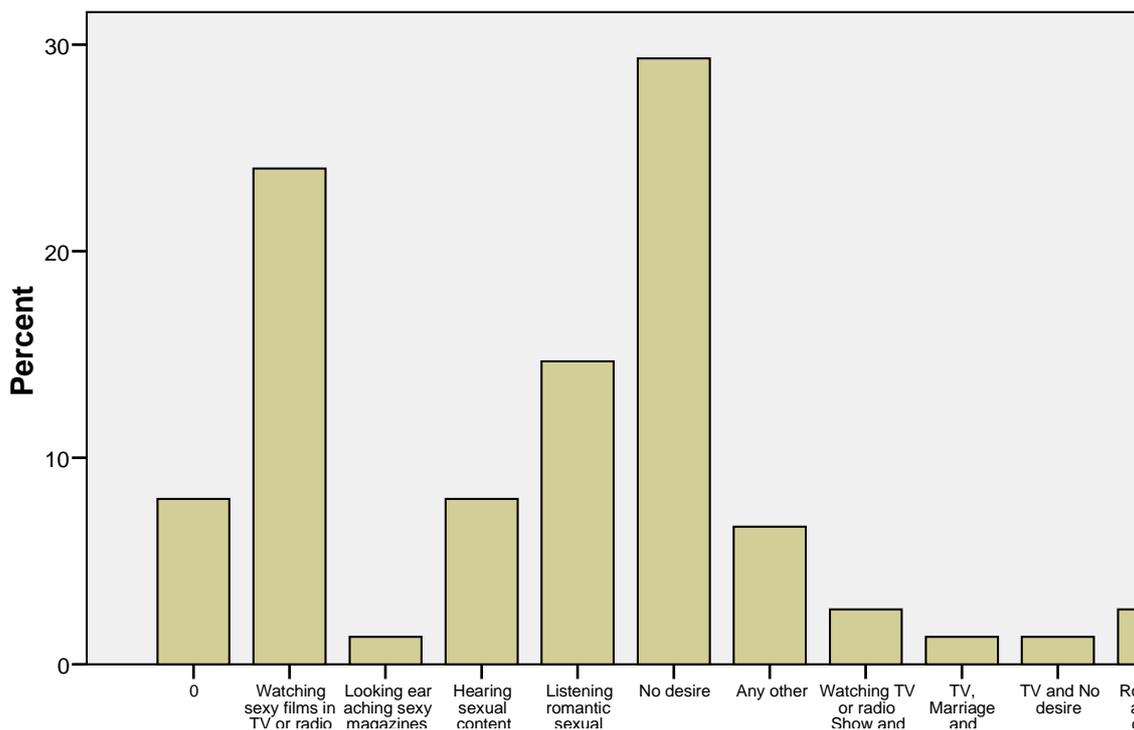


Figure 4.3: Triggering Factors for Sexual Intercourse Initiation among the Sample Pupils in Misrak Ber No. I primary Night School, May 2012.

Source: Outputs of own study data analysis, 2012

4. 2.3. Peer Pressure and Influence

Adolescents and young people are influenced and pressurized by peer friends. Age of the closest friend is therefore, a factor in the relationship. The proportions of pupil having friends of the same age were 44% while friendship with older and younger friends accounts 32 % and 13.3 % respectively. The closer the age, the more they open to discuss and influence each other positively or negatively. Also older friends influence the younger ones if they themselves were engaged in sexual affairs making the younger prone to engage in similar affairs. This is justified by the findings from the OR= 1.057, p=.814.

The coincidence between the period of arrival in Addis Ababa as a migrant and the age of the closest friend and experience of sexual initiation, there is a likelihood of the former to be engaged in sexual initiation as well. This is supported by the findings from (Borges & Nakamura, 2009) who stated the importance of peers in sexual initiation in a period between the progressive distancing from the family of origin and the constitution of a new one.

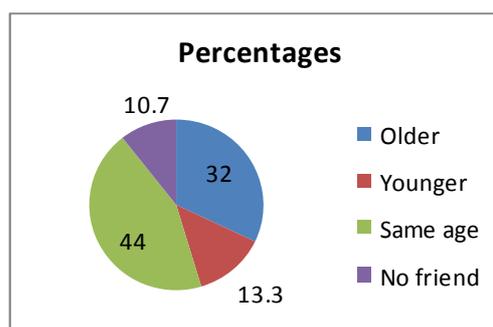


Figure 4.4: Age of Respondents Friends in Misrak Ber No. 1 Primary Night School Pupils, May 2012

Source: Own study, 2012

Influences of stay place with opposite sex and sensational touch implication to sexual exposure has been identified. All the respondents were asked if they have been stayed in less illuminated places with opposite sex and on the possibility of engagement in sensational touch. Twenty three percent confirmed that they have been staying in dark place with opposite sex and have faced sensational touch. The consequences of sensational touch was further confirmed and 13.3 % revealed engagement in sexual intercourse and 2.7 % confirmed that they have resisted sexual intercourse due to the influence of religion and another 2.7 % , mainly males revealed that they had no sexual intercourse. The Chi-Square test computed at 95% confidence interval revealed a p value of = .130 at $df = 1$ that there is a weak association between staying in dark places with opposite sex that can induce sensational touch with the likelihood of sexual initiation(see Annex 1: Table 1).

The likelihood of staying in dark place with opposite sex and sexual intercourse initiation is strongly confirmed by the $OR = 1.083$, $p = .729$. The probability of staying in dark place with opposite sex and exposure to sensational touch and the likelihood of being engaged in sexual intercourse of those exposed to touch is further confirmed by the $OR = .969$, $p = .967$. This shows that those youth that have stayed in dark place with opposite sex and exposed to sensational touch were highly likely to be exposed to sexual initiation. Stimulation of the sensory nerve endings when touched and associated responses based on the stimulus were also confirmed by Longman Group Limited (1973) that supports the probability of sexual initiation when touched.

4.2.4. Personal Feelings and Attitudes

Personal feelings and attitudes are reflections of what is happening on the individual or in the system that the person exists. This implies the school, family, marriage, work environment, the community in

which they live among others. How each respondent feels about him/herself and personal attitude during the study has been assessed. Those that said they are hopeless feel no good at times, feel like in a failure accounted for 6.7%, 20.0% and 2.7% respectively. It means, nearly 30% of the respondents were having negative feelings about themselves. What is important here is what actions or voluntary behaviors are exercised to go out of such feelings. Do they avoid the feelings and thoughts by pushing them back to their mind? Do they expose themselves in risky entertainment or having risky sexual behavior? Peoples' feelings and attitudes have a relationship with their sexual behavior. The scope of the study is limited and doesn't show the actions taken at later time that requires further study.

Majority of them have positive attitude towards themselves. Those who responded that they are proud of themselves accounted for 46.7 % and those that feel intelligent as their peers represent 24 % of the respondents. Females are better optimistic about their future; 55 % said they are proud of themselves compared to 32% of the males to the same variable.

Generally, those who felt hopeful and have confidence of their bright future outnumber the pessimists that feel like in a failure or hopeless. Having a bright future helps youth to develop a vision that in turn helps develop protective mechanism from HIV and to become responsible for their actions.

Table 4.4: Personal Feelings and Attitudes among Misrak Ber No. 1 Primary Night School Pupils, May, 2012

Personal Feelings and Attitudes	Response	Male	Female	Total
You feel as intelligent as most other persons of your age	Yes	9(32)	9(19)	18(24)
	No	19(67.9)	38(80.9)	57(76)
You don't have hope for your future	Yes	2(7.1)	3(6.4)	5(6.7)
	No	26(92.9)	44(93.6)	70(93.3)
At times, you feel like you are no good at all	Yes	7(25)	8(17)	15(20)
	No	21(75)	39(83)	60(80)
You feel you have much to be proud of	Yes	9(32.1)	26(55.3)	35(46.7)
	No	19(67.9)	21(44.7)	40(53.3)
All in all, you feel like you are in a failure	Yes	1(3.6)	1(2.1)	2(2.7)
	No	27(96.4)	46(97.9)	73(97.3)

Source: Own survey results, 2012

4.2. 5. Influence of socioeconomic factors on media use

In order to predict the association of socioeconomic factors, particularly age and living arrangement on media use, Chi-Square test was computed (see Annex 2: Table 2) .

4.2.5.1. Age as a factor

Age groups 15-19 and 20-24 are cross tabulated with triggering factors for sexual initiation to know the influence. A very weak association is observed between age and use of sex affiliated media with Pearson's value= 12.935, $p= 0.227$ at $df=10$ and .05 % CI. However, the association was not linearly maintained. Higher proportions of the 20-24 age groups are watching sexy films in TV/video show, look sexy magazines and hear sexual content stories in radio. But relatively sexual themes in music content were more realized by age group 15-19(54.5%) against 45.5 % of the 20-24. Those who

responded that they have no desire show higher proportion in age group 15-19. The younger adolescent's preferred radio and influenced by sexual themes in music contents while the older ones were watching TV/video films and magazines. Thus, age determines the type of media preference. However, access and availability of different media shall be studied to reach to generalizations.

4.2.5.2. Living arrangement

The affinity to watch sexy film on TV/radio, sexual content stories in the radio and romantic sexual themes in music content has been assessed for those living with relatives, employers, female roommate and alone. Those living with relatives show 16.7%, 50.0% and 27.3% respectively. Those living with employers showed 22.2 %, 16.7% and 36.4% respectively. Those living with the female roommate showed 22%, 16.7 %, 16.7% respectively. Unique result showed among those living alone with 22%, 16.7 % and 16.7 % respectively with the above stated media while 100% is shown in reading sexy magazines that was not seen among other respondents. There is a strong association between the category of people whom the respondent lives and intention for different media use that trigger interest for sexual initiation with Pearson Chi Square value (73.690), $p = 0.677$ at $df = 80$ and at .05 % CI. Respondents living alone were relatively watching sexy films on TV/video; hear sexual content stories in radio more than the rest of the respondents with the higher probability of sexual arousal after the exposure. Unlike the rest of the respondents, those living alone read sexy magazines leading to higher sexual exposure. Thus, living arrangement has an association with sexual exposure due to varied media types with higher degree of exposure to the stated sex affiliated media. This can be related due to lack of parental supervision and loneliness.

4.3. Sexual Experience

Sexual experience refers to the actual act of sexual intercourse engagement. In the context of this paper, sexual engagement refers to heterosexual relationship. Understanding sexual experience helps to know the behavioral patterns of an individual and engagement in risky behaviors that leads to contract HIV/AIDS and other STIs or unplanned pregnancy in cases of females. Under this topic, the study findings related to sexual initiation and sexual debut, relationship with the first sexual partner, age of the first sexual friend, premarital sex, forced sex and high risk sex were presented.

4.3.1. Sexual Initiation and Sexual Debut

Of the total respondents, 50.7% experienced sexual initiation. Sexual initiation between sexes varied; 67.9 % and 40.4 % of the males and females respectively have started sexual intercourse. The mean age for sexual debut to both sexes was 17. 2 ($\mu= 17.2$ years) and the median age was 18. This is in line with the Population Reference Bureau report (2010) that stated the first sexual experience among women and men in Sub-Saharan countries to be in ages 16 to 18 and 15 to 20 respectively. The mean value for sexual intercourse initiation among females is lower (15.63) than the average, while the median is 16. This is lower by 0.5 years compared to the CSA (2012) report in Ethiopia that stated age 16.5 as the median age at first marriage that overlaps with the first sexual initiation. The mean age for sexual initiation for males is 16. 86 year. This is higher by more than a year compared to mean age of sexual initiation among females. The lowest age for sexual initiation among females was 6 years and experienced by one (2.6%) respondent.

Females experienced sexual intercourse initiation at lower age compared to males unlike to the Population Reference Bureau (2010) report that stated males to initiate sex earlier. This is explained by the fact that Ethiopia is one of the countries where early marriage is highly prevalent, the most affected

being females. Among females, 21% started sex before completing age 14 and 39 % before completing age 18. In both sexes, 60.5 % of the respondents have had sexual initiation before completing age 18. Nearly in all sexes, sexual intercourse has been initiated before completing age 23. This has been supported by a similar study conducted in Addis Ababa by Erlukar et al, (2010). The study showed that about 50 % of all adolescents experienced sex by the age of 21-24.

Table 4. 5: Age of Sexual Debut by Sex among the Samples from Misrak Ber No.1 Primary Night School Pupils of Addis Ababa, May, 2012

Age of sexual Debut	Male	Female	Total	Cumulative (%)
Less than 12 years	0	1(2.6%)	1(2.63%)	2.6
From 12 to 14 years	1(2.6%)	7(18.4%)	8(21.05%)	23.7
15-18	7(18.4)	7(18.4)	14(36.8)	60.5
19-20	6(15.7)	3(7.89)	9(23.6)	84.1
Above 20 but < 24	5(13.5)	1(2.6%)	6(15.7)	99.8
Total	19	19	38	

Source: Own survey, 2012

4.3.1. 1. Relationship with the Sexual Partner

The relationship with the sexual partner is an indication on the susceptibility of the youth to STIs and unplanned pregnancy due to unsafe sexual practices. The respondents were asked to identify the first sexual partner in life (see Annex 3: Table 3) and not applicable was given by 49.3% of the respondents by those who don't have engaged in sexual initiation. The first sexual partner for the 22.7 % of the sexually engaged respondents was their spouse /Fiancée/Fiancée's' indicating that sexual initiation was associated with marriage.

Diversity on the first sexual partner has been observed for the rest of the respondents, and all was premarital. The first sex with a stranger, broker, guard and social friend was mentioned by 2.7% in each. Co-worker, CSWs, employer and stranger was stated by 8%, 1.3%, 4% and 2.7 %. Among the males, those who gave not applicable response were 32.1 % and the first sex with the spouse is 32.1 %. The other major ones were with a Co-worker (14.2 %), social friend and stranger each with 7.1 %, CSWS and domestic worker each with 3.6 %. Males that practiced the first sexual intercourse with a stranger and with commercial sex worker all together accounted for 10.6 %. Unprotected sexual intercourse with a stranger and commercial sex worker was one major mode of HIV transmission including other STIs making the males prone to these infections.

Among the females, those who gave not applicable response to the first sexual friend constituted 59.6 % and with a spouse/ fiancé is 17 %. The rest mentioned employers, co-workers, brokers and guards and neighbor each with 4.2 %, with sum of 21 % while with the boy friend accounted 2.1 %.

Statements for the possible reasons for the first sexual initiation were given and respondents were asked whether they will agree or not based on their perspective. The respondents that were agreed on the stated reasons were tabulated. The highest proportion was observed on curiosity of the initiation that was agreed by 55.3 % of the respondents followed by the thought that other friends were doing it by 53.7%; felt obliged due to favor done to them by 26.3 % and friends pressure by 39 %. Beating by the partner and physically forced was mentioned by 17.1 % in each for reasons to have the first sex.

The association between the stated reasons and engagement of each sex was further analyzed by considering those who have agreed with those who don't agreed on the particular reason. In both the

males and females, 26.3 % agreed on being felt obliged due to things their partner done to them. A Pearson Chi-Square result (0), $p = 1$, $CI < .05$ and $df = 1$, showing a strong association between sexual intercourse initiation and favours done or given to them by the partners. However, the findings from Erlukar et al(2010) revealed that the first sexual intercourse initiation in similar age group is associated with marriage. A weak association is also observed being obliged as a partner and friends pressure for the initiation of the first sex with males showing agreement with 63.2 % 28.6 % while the females agreed were 42% and 17 % respectively. The p value= .194 and .160 respectively at $df=1$ and $CI = .05\%$. The higher sexual intercourse initiation due to favour or association due to friends' pressure in this group is associated due to the vulnerable situation as a result of migration. For the rest of the reasons statistically significant association was not observed.

Generally, the findings reveal that the first sexual intercourse initiation for the 21% of the girls was with broker's guards and neighbors and employers. These people are usually familiar to the girls making difficult to predict the conditions for sexual initiation aggravating their vulnerability. The first sexual intercourse for 14% of the males was with strangers and CSWs and domestic workers showing their vulnerability for contracting STIs including HIV/AIDS. Intercourse with fellow friends and Co-workers has also a significant proportion, with joint value of 14.2 % in males and 4.2 % in females.

One of the gaps observed was, the study doesn't show whether the first sexual initiation happened before the respondents migrate from home area or after reaching in Addis Ababa for reaching in to generalization. However, the case with guards and brokers has been mentioned in the qualitative finding showing the problems girls face.

4.3.1. 2. Premarital Sex and Forced Sex

To understand the occurrence of premarital sex, the never married respondents were further assessed for sexual intercourse initiation and to see the association between sex, age group and premarital sex. In this case, pre-marital sex is defined as that sexual intercourse engagement in the absence of intended marriage. Forced sex is also considered as part of the pre-marital sex. From the total 61 respondents that were not married, the male were 21 and females were 40. Out of this, 52.4% of the males and 30 % the females have been involved in sexual initiation. The findings clearly show the association between premarital sex and gender, with males having higher proportion of sexual initiation. The Pearson Chi Square value $(2.937) = .087, p < .05$ at $df= 1$ reveal the high degree of association. This finding is supported by the study of Situmorang (2011) in India and China and Erkular et al (2010) in Addis Ababa that showed boys having higher premarital sexual activity than young girls.

Age wise premarital sexual intercourse initiation shows that 61.1 % of the males and 41.7% of the females at age 20-24 category have been engaged in sexual intercourse. In age category of 15-19, 25 % of the females and none of the males have been engaged in sexual intercourse. This shows that the higher the age, the more the probability of engagement in sexual intercourse. The Pearson Chi Square value $(3.850) = .050, p < .05$ at $df= 1$ justifies this association.

Forced Sex

Of those experiencing sexual initiation, only 27 % (10) of female respondents revealed forced sexual experience. Out of them, 60% have faced forced sex twice and 40 % have faced once in life. In 2008, Fikremarkos studied that coerced first sex among girls in Sub-Saharan Africa ranged from 32% to 50% as well and this is not unique to the night school girls. From those who have faced forced sex,

80% of the respondents faced forced sex by the people whom they know including by employer, neighbour and peer friend and broker as has been justified by former surveys from Erlukar (2010) in Ethiopia. This conditions and copying mechanisms to minimize forced sex has been stated by the girls as follows:

I was raped by our neighbor in my home area while I was six years old. I can't determine his age. However, he was much more than 20 years older than me by the time (a girl age 16, grade 7). Working for a bachelor man and in homes having a guard increases the probability of rape. I prefer not working in such homes even if they offer better payment. (A girl, age 17, grade 6th). I don't change my employer's frequently far as the environment is safe to me. When, I left my job, I prefer going to distant relatives. I don't prefer staying with brokers as they themselves are sexually abusing the girls staying with them. (Age=18, 7th grade, who has not yet started sexual intercourse).

In this study, 80% of the victims of forced sex don't reveal the problems they had faced to any one. None of them have got legal, physiological or medical support after the incident. Forced sex leads to trauma that may stay longer in life depending on the severity of the condition. If the perpetrator is HIV positive, the girls are likely to be infected with the virus.

The girls were asked to identify any copying strategy used to protect them during the time of forced sex. Twenty percent of them tried to scape but were dominated by force. Half of them were assertive and negotiated to delay the situation but it was denied by the perpetrator; 10 % shouted for support but no one was available to support them. A similar condition has been justified by Walker (2006). He stated that assertiveness is unlikely to be sufficient to avoid victimization since unwanted sexual advances are accompanied by force. Those who have stopped negotiating or arguing with the perpetrator to conceal the situation from being known by others were 20 % of the total abused girls. This may be associated with the social stigma of the victims as cited by Tadiwos (2000). He stated the association of rape with social stigma and loses of societal respect for the victim. Girls are usually

blamed during forced sex and they prefer keeping it as a secret that may aggravate their psychological condition. The researcher observed a confusion among some of the male respondents during the interview and there was a suspect for the probable experience of forced sex but were not able to reveal to a female interviewer.

4.3.1.3. Unprotected Sex, STIs and Unplanned Pregnancy

Incidence of STIs is a marker of unprotected sex and a cofactor for HIV infection. Unplanned pregnancy is also the result of unprotected sex among the female youth. The sexually experienced respondents (N=38) were encouraged on self-reporting of the STIs cases while revealing pregnancy of social friends, partners and personal cases were assessed.

The sexually experienced youth (N=38) were asked whether they ever had symptoms of STIs such as abdominal pain, foul smelling discharge, burning pain on urination or genital sores. Those who ever faced the symptoms of STI accounted for 28.9%. Men have a higher percentage, 37% compared to 21% of the females that showed similar symptoms. To know the recent susceptibility to STI infection, they were further asked if they had unusual discharge from the genital area in the past 12 months. Six of the respondents, 54% have had STI symptoms. Out of these, 50% of them got treatment while the remaining doesn't get treatment due to resource scarcity, fear of revealing the situation and not knowing where to get the treatment.

All the respondents irrespective of sexual initiation were asked if they had known someone who had faced unplanned pregnancy and abortion among the night school pupil. Four of the girls (5.3%) responded that they have faced pregnancy; one of the girls among them was pregnant during the

survey period. Among the males, 10.7 % confirmed that their partner had faced unplanned pregnancy; 21% of the samples confirmed that their social friend had got pregnant. The findings reveal that the rate of unplanned pregnancy is undeniable.

The respondents were further asked to identify someone from night school pupil whom they know and had ever faced abortion. Three of the girls (12.5%) of the total said they themselves have faced abortion. Of the males, 2(22%) reported that their partner faced abortion; 37.5 % of the total respondents said that their social friend aborted; 21% of the total respondents stated that the girls delivered in peace even if they had dropped out of school. Government hospitals and private clinics as abortion stations were stated by 44.5% of the respondents. 17 % reported that the abortion was taking place in neither of the stated health stations and kept secretly. This may be an indication of illegal abortion among the group that may cause reproductive health complications and transmissions of STIs including HIV.

Table 4.6: STI and Unplanned pregnancy among the Samples from Misrak Ber No. I. Night School Pupils of Addis Ababa, May, 2012

STI and unwanted pregnancy	Male	Female	Total
I had symptoms of STI in life (Q418)(N=38)	7(36.8)	4(21.1)	11(28.9)
I have unusual discharge from the genital area in the past 12 months(n=11)	2(28.6)	4(100)	6(54.5)
I got treatment for the STI	1(50)	2(50)	3(50)
From those who said no, reason for non treatment (don't know the treatment place, no money, afraid to discuss)	1(100)	2(100)	3(50)
Awareness of someone from night pupil who had faced unplanned pregnancy(n=75)			
I got pregnant	0	4(8.5)	4(5.3)
A partner of mine got pregnant	3(10.7)	0	3(4)
A friend of mine(social friend) had got pregnant	6(21.4)	10(21.3)	16(21.3)
I don't know	19(67.9)	33(70.2)	52(69.3)
Total	28(100)	47(100)	75(100)
Awareness of someone from night school pupil who had faced abortion(n=24)			
Yes, I aborted	0	3(20)	3(12.5)
My partner aborted	2(22.2)	0	2(8.3)
My friend aborted	2(22.2)	7(46.7)	9(37.5)
Dropped out and delivered	3(33.3)	2(13.3)	5(20.8)
I don't know	2(22.2)	3(20)	5(20.8)
Total	9(100)	15(100)	24(100)
Treatment for abortion			
In government hospital	1(14.3)	3(27.3)	4(22.2)
In private clinic	1(14.3)	3(27.3)	4(22.2)
None of the above & not specified	1(14.3)	2(18.2)	3(16.7)
I don't know	3(42.9)	2(18.2)	5(27.8)
Still pregnant(not aborted)	1(14.3)	1(9.1)	2(11.1)
Total	7(100)	11(100)	18(100)

Source: Own study results, 2012

4.3.1. 4. The Association between Socio-demographic Variables and Sexual initiation

4.3.1.4.1. Age and sexual initiation

The relationship between socio-demographic variables and sexual initiation has been identified using descriptive analysis to see the impact of these factors on sexual initiation. Actual engagement in sexual act has been cross tabulated with each of the variables and Pearson Chi-Square tests p- values were computed at CI= .05% .

Respondents that have started sexual intercourse were 50.7 %. Considering each sex category, the sexually initiated males and females were 67.9 % and 40.4 % respectively. The association between sexual initiation and sex of respondent is weak, $p= 0.22$ at $df= 1$ and $CI= 0.05$ %. Higher proportion of sexual initiation among males compared to females is against the findings from (Erkular et al, 2010) that showed higher proportion of females than males being sexually engaged in similar age groups. This is partially explained by the higher age of the respondents. The researcher also observed that males were hiding their actual age and the one registered by the school was completely different from the reality.

Sexual initiation based on gender revealed 32.1 % of the total males and 59.6 % of the total females don't involve in sexual initiation. This was against the initial assumption that the pupil is seeking sexual pleasure against their education. Higher percentages of respondents need sensitization to abstain from sex or for safer sex, accepting the ideas of Lloyd (2007). Lloyd stated that programs can be more effective when targeted to students at an earlier stage of development or before sexual initiation.

Sexual initiation is higher in age group 20 to 24 for both sexes. Among the males, 76 % and among the females 58.8 % were sexually engaged in age category 20-24 compared to none in males and 30 % among the females in age category 15-19. The strength of relationship is higher in age group 20-24 males (72.2%), compared to female (41.7). However, the association is weak. The Pearson result $(7.093) = .008, p < .05$ and at $df= 1$.

The findings generally reveal that the older are more active in premarital sexual relationship than the younger. This is supported by the idea of Situmorang citing (Leena & Kumar, 1999). As age increases, the participation in sexual experience has been increased.

4.3.1. 4.2. Migration and Sexual Initiation

The non-migrants were 4%. The findings by (Erkular et al, 2010) with similar age group showed that nearly 60 % of the youth were migrants. From the non-migrants, only one (33.3%) has initiated sexual intercourse (data not shown). Compared to the non-migrants, higher percentages of migrants were having sexual initiation. This idea is supported by (Sudhinaraset, 2011) that stated rural to urban migrants were engaged in sexual intercourse initiation at younger ages more than the urban non-migrants.

The mean age of staying in Addis Ababa showed the vulnerability situation of the migrant youth. The mean age for staying in Addis Ababa was $\mu= 6.67$ years, $SD= 3.446$ and variance 11.874. The maximum years passed in Addis Ababa was 17 years. This shows that majority of the respondents left familiar social control system at very younger ages aggravating their vulnerability and exposure to sexual affairs. Higher variance showed great heterogeneity in terms of years passed in Addis. When

adolescents are separated from family and relatives at very young ages and left by themselves, they will be exposed to sexual initiation. This aggravates their susceptibility to HIV and other infections.

4.3.1. 4.3. Relationship of Sexual Initiation with living arrangement and Occupation

As stated by Adamson (2008), living in a single-parent household has a contribution to teen pregnancy that implies early sexual initiation. The findings reveal that 5.6 % of the respondents who were living with one parent have been engaged in sexual initiation. Of all respondents, those living with female or male roommate and living alone were showing relatively higher proportion while those living with relatives and employers were less in sexual initiation. However, the association between sexual initiation and living arrangement is not significant. The p-value = .000 at df =8 and CI .05%.

The findings from the study reveal that from among the sexually initiated groups 16.7 % were petty trade workers, 27.8 % daily laborers; waitress's and Janitors each 8.3 % and Domestic workers were 14 %. Petty trade workers, daily laborers and bar workers were considered as potential risk groups in HIV infection with the likelihood of having higher sexual initiation. The odds ratio computed between the occupations of the respondents in the 12 months preceding the study and sexual intercourse initiation revealed that there is association between occupation and sexual intercourse initiation. The more the engagement in the occupation, the higher the probability of sexual initiation with OR of 1.083, $p=.729$.

4.3.1.5. Sexual Initiation and Family Relationship

Descriptive analysis has been computed by cross tab between being transparent to families and sexual initiation (table not shown). Among those who were not sexually engaged, 52.4 % agree to reveal the

whereabouts when leaving home and with whom to stay with to people whom they live with; 43 % disagreed and 4.8 % were neutral to reveal the where about when leaving home. The former shows positive communication and good relationship that may help them share positive values that could help them protect from unintended sexual initiation. This is supported by Lynn & Katherine (2008) that stated the better the relationships, the less likely children and adolescents are engaging in early sexual activities due to sharing of positive values and mentoring by the elderly for not engaging in early sexual initiation.

Lack of transparency can be further explained due to losing intimacy with the household as most are migrants living with people having no blood relationship; some live with the employers where there is high power imbalance making personal communication difficult. To reach to generalizations, studying the relationship quality between the adolescents and the 'family', identifying the duration of stay with the people whom they are living currently is needed. Rapport building requires staying for some time together for sharing of emotions and concerns and for using that relationship for prevention of early sexual initiation among the youth.

4.3.1.6. Sexual Initiation and Peer Influence

Those respondents that don't have started sexual intercourse (N=39) were asked if their friends will agree or disagree if he/she has sexual intercourse next year. Among the total respondents, those who disapprove their friend's engagement and the neutral group accounted for 26.6 % and 4 % respectively. From this, we can say that friends' opinion about sexual engagement was not important for sexual initiation among the respondents. The p value=0.000 shows that there is no association between the feelings and opinions of friends for sexual intercourse initiation. This is in line with the

findings of Erkular et al (2010) that showed peer pressure was not a factor for the first sexual intercourse initiation in Ethiopia.

Peer pressure was not a factor to encourage the first sexual initiation for the majority of the respondents. However, there was still a remarkable proportion of youth, 21.3% that supported their friend's sexual initiation. Boges (2009) reflected the importance of peer pressure in sexual initiation for migrant youth especially during the transition period. Thus, enabling them understand the pros and cons of early sexual initiation is required to assist the early adolescents from engaging in sexual practice and have safer sex if not.

4.3.1.7. Sexual initiation and influence of media

The intention of the respondents who were not yet engaged in sexual affairs was checked how they feel when exposed to different sexual media and musical themes. Intentions to sexual engagement was revealed by 27 %, 2.7 %, 5.4% and 21.6 % when observing sexy film on TV/video, sexy magazines, sexy radio stories and sexy musical themes respectively. This shows a possibility for sexual engagement in the near future if repeatedly exposed. The findings on sexy videos are in line with the findings from RAND Corporation (2008) that showed the association between exposure to sexual messages and portrait in TV and video and sexual initiation that has resulted in teen pregnancy. The influence of musical themes for sexual initiation has been agreed by 22% of the youth. This is supported by Martino (2006) that showed the implication of sexual content and influence of direct language in popular music, that are unbearable to youth, encouraging sexual engagement.

4.3.2. High risk sex

High risk sex is explained in terms of multiple sexual partners in life and during at least the last three months to know the recent vulnerability to STIs and unplanned pregnancy; failure to have consistent condom use every time when having sexual intercourse were described as having high risk sex.

4.3.2.1 Multiple Sexual Partners and Unprotected Sex

One of the indicators of risky behaviors is the number of life time partners. Nearly 53% of the female respondents have only one life time partner while 36.8% of the males have two life time partners. The mean number of sexual partners in life and in the last three months to all respondents was 2.4 and 1.3 respectively (data not shown).

Sexual partners in the last three months have been analyzed. Respondents without partners were 7.7%. Those with one and two partners constituted 64.1% and 20.5%. Respondents with 4 and above four partners constituted 2.6 %. The mean number of sexual partners is therefore higher than observed a similar age group in the general population of Ethiopia (CSA 2012). Higher percentages of males, 65% have had one partner while females with one partner were 63.2%. The respondents without a partner in the last three months were 7.7 % and those with more than four partners were 5.2 %. Within sexes, 5 % of the males and 5.3% in females' category were with more than four partners. The Pearson Chi-result between sex and number of sexual partners is: $(8.020) = .155$, $p\text{-value} < 0.05$ at $df= 1$.

There is a weak association between sex and number of sexual partners in the last three months. Only females were without partners while nearly equal percentages of both sexes show similar number of partners.

Unprotected sex is one of the riskiest behaviors aggravating the vulnerability of youth to HIV and other STIs. The sexually experienced respondents were asked for condom use during the first and last sexual intercourse. Only 26% and 52 % respectively used condom in the first and last intercourse showing the susceptibility of higher percentage of youth to various infections. The findings from Ikamari and Towett (2007) in Kenya also supported this result. Among the sexually active adolescents, 87% had never used condom during their first sex. Consistent condom use in the last three months had been reported by 45% of the respondents; 15% used some times and 36% of them never used condom showing the likelihood of being affected by any sexually transmitted infections including HIV and the possibility of pregnancy among girls if other FP methods were not used.

Use of condom during the first sexual initiation has been confirmed by 28.9 % of the total respondents; more percentage of males, 47.4 % than the 10.5 % of the females have been using condom during the first initiation showing weak association between condom youth in first sexual initiation. This is shown by Pearson value $(6.269) = .012, p < .05$ at $df=1$.

The findings reveal that unprotected sex is a major phenomenon among the youth during the first sex that could expose them to dangers of STIs including HIV/AIDS and pregnancy in case of females. A similar study on adolescents' sexual experience in Kenya by (Ikamari & Towett, 2007) revealed that majority of the adolescents have experienced unsafe first sexual practice.

Table 4.7: Sexual Partners and Condom use among the Samples in Misrak Ber No. 1 Primary Night School Pupils of Addis Ababa, May, 2012.

Condom use	Male	Female	Total
You/your partner used a condom during the first sex (agreed) n=38	8(42.1)	2(10.5)	10(26.3)
Condom was used in the last three months; N= 33; missing 5	9(50)	6(40)	15(45)
Always(never missed)	1(5.6)	4(26.7)	5(15.2)
Sometimes	7(38.9)	5(33.3)	12(36.4)
Never	1(5.6)	0	1(3)
Total	18	15	33
Condom was used during the last sexual intercourse			
Missing=7; n=31			
Yes	9(56.3)	7(46.7)	16(51.6)
No	6(37.5)	6(40)	12(37.8)
I don't know	1(6.3)	2(13.3)	3(9.7)
Total	16	15	31

Source: Own survey, 2012

4.3.2.2. Transactional and Intergenerational Sex

Gift receiving of was mentioned by none of the males before or after sexual contact while 6(15.8%) % of the females reported that they have received gift. Gift from a regular partner who was not a spouse was confirmed by 2(33.2%), from casual contact by 3(49.8 %) and from a fiancé by one (16.6%). Having the smaller number of the sample, it was not possible to generalize that financial transactions are characterizing sexual life among the night school girls. Gift receiving after sex has been observed among Kenyan girls by Ikamari and Towett (2007) and stated that less than 10.0% have been engaged in receiving gift and this financial transactions don't characterize the sexual activity of the female respondents. Even if the findings are smaller among the group, it requires attention to help the girls take precautions measures.

The age of the first sexual friend to all the boys was either of the same age, or less or greater than by 1-4 years. The first sexual friend for nearly 90% of the girls was older than themselves ranging from 1-4 years to greater than 20 years older showing intergenerational sex was practiced. The presence of higher age difference between girls and their sexual partner inhibit girls to have negotiation power on condom use or other safer sexual practice making them susceptible to STIs and higher RH complications.

The first sexual friend for the majority of the girls was older than them. However, the study don't show whether the practice was due to preference for older men unlike the Kenyan young women that seem to prefer partners who are older than themselves compared to those who are younger as studied by Ikamari & Towett in 2007. The available evidence shows that early marriage and power imbalance in sexual affairs especially forced sex led girls to have sex with people older than themselves. To reach to generalizations, it requires further study.

The relationship with the sexual partner in the last one year has been further accessed to know the vulnerability of the youth. Only 18% of the total respondents have a regular partner or spouse and 45% with a regular, non-cohabit boy/girl friend. Those who have practiced sex with commercial sex workers were accounted 2.6%; with clients who paid for sex were 7.9% and having casual sexual contact with strangers were 21%. Even if the degree varies, sexual contact with strangers was practiced on the school based survey in Dodowa, Ghana. Sexual contacts especially with strangers are hazardous as they may happen accidentally without taking any protective measures. They cause HIV, STIs and among the girls, pregnancy, hampering the future development of the youth (This topic will be further explained under high risk sex).

Table 4.8: Age of the First Sexual Friend by Sex from the Sample in Misrak Ber No. 1 Primary Night School Pupils of Addis Ababa, May, 2012

<i>Age of the first sexual friend</i>	<i>Male (Freq, %)</i>	<i>Female (Freq, %)</i>	<i>Total Freq, (%)</i>
Same age	7(36.8)	1(5.3)	8(21.1)
One to four years younger	8(42.1)	1(5.3)	9(23.7)
One to four years older	4(21.1)	7(36.8)	11(28.9)
Five to 10 years younger	0	1(5.3)	1(2.6)
Five to 10 years older	0	5(26.3)	5(13.2)
10 + older(>10<20)	0	2(10.5)	2(5.3)
(Others)More than 20 years	0	2(10.5)	2(5.3)
Total	19(100)	19(100)	38(100)

Source: Own survey results, 2012

4.4. Contributing Factors to Sexual Exposure and Experience

Sexual exposure and risky sexual experience is aggravated by limited access to RH and HIV/AIDS information, by low awareness of HIV, STIs and FP methods, risky consumption behaviors, lack of assertiveness and sexual negotiation skill and personal feelings and attitudes. Besides these, respondents revealed their own concern on factors that induce sexual exposure.

4.4.1. Respondents Opinion on factors to Sexual Exposure

The opinions of the different sexes were identified on the factors leading youth to sexual exposure. The analysis was done using Pearson Chi square at .05 CI and multiple responses were possible. The analysis was done to show the difference in the response of the sexes. However, a linear association was not observed. Lack of censorship of sexy video films or TV programs and lack of transparent discussion about sex and sexuality with parents and custodians were identified by 58% and 33.8 % respectively. In the former, the Pearson test result, ($.001$), $p = .973$ and the later with Pearson result, ($.599$), $p = .439$ both computed at $df = 1$ and $CI = .05$.

Minimum package of sex and sexuality education in schools was identified by 14.5% of the respondents. The Pearson result (.952), $p = .621$ at $df= 2$. Nearly 12% of the respondents identified loose relationship between the youth and relatives or employers as a factor that doesn't favor free discussion on sex and sexuality. The Pearson result (.620), $p = .431$ at $df=1$.

Scarcity of youth friendly recreation centers and minimum packages of sex and sexuality education in schools was identified by 13 % and 14.5% of the respondents. In-depth discussion with anti HIV/AIDS club leader also revealed that even if some RH and HIV topics are incorporated in the curriculum of some subjects at the second cycle level education; these were not enough to help take protection measures. The proportion within sexes revealed that none of the boys had mentioned scarcity of recreation center as a factor while 20.9 % of the females identified as a factor for sexual exposure. The Pearson result, $(6.258, p) = .012$ at $df=1$. All analysis was computed at $p= 05\%$.

Availability of youth friendly recreation center is very important to girls as compared to the boys as the females are bearing the consequences of sexual abuse that may lead them to unintended pregnancy even if exposure to HIV is equal to them leading females to mention recreation centers as factors to sexual initiation.

4.4.2. Limited Access to RH and HIV/AIDS Information

Radio and TV were identified by 60 % of the respondents as the major information sources on RH and HIV/AIDS. In Ethiopia, radio has been identified as the major information source (CSA, 2012) among the youth and men are having a better chance of getting information than women. However, in this group females have better exposure than males. This can be explained due to their occupation

related to staying at home as domestic workers or around restaurants where radio and TV were available.

Peer friends and print media including information brochures, pamphlets were stated by 54.0% and 25% of the respondents as most important source of information. Night school curriculum, church and work place awareness programs were stated by 18.7%, 13.3% and 20.0% of the respondents respectively. In all sources of HIV related information, females have a better access. The Pearson Chi Square test was computed at 95% confidence interval. The *p values* displayed below all justify the association between access to information sources and getting the necessary information related to RH and HIV by the opposite sexes from the given source. Females were having a better access.

Among the other identified sources of information include books, families including employers, former day school education, Health centers and from HIV/AIDS related awareness program organized by the school, all having maximum proportion of 2.7 %. Females got information from employers in form of print materials like brochures and pamphlets than the males. This may be associated with employers are more concerned with the girls as they are living and taking care of the children.

Work place awareness program has been identified as source of HIV/AIDS related information. However, there is a fear of clarify of the concept to the respondents. There is no means for cross checking the availability of such information sources in the work places that requires further study.

Table 4.9: Information Source on RH and HIV/AIDS in Misrak Ber No. 1 Primary Night School Pupils of Addis Ababa, May, 2012.

Sources of HIV related information	Pearson Value(r)	p -Value	df
Radio and TV	.152	.697**	1
Peer friends	2.514	.113*	1
Print media	.360	.548**	1
Night school curriculum	.565	.452	1
Church or Mosque	.265	.607**	1
Work place awareness program	.912	.340	1

**all show high association; * weak association

Source: Own survey, 2012

4.4.3. Limited Awareness on HIV/AIDS

Access to media maximizes the awareness level on HIV/AIDS. Limited awareness on modes of HIV transmission and prevention method is a contributing factor for sexual exposure and experience. Descriptive analysis results showed that all respondents (100%) had heard of a syndrome called HIV/AIDS.

Each respondent was asked to state any mode of HIV transmission and responses were recorded against the given choices without reading the choices to them. The Chi- Square analysis was done by considering the association between awareness on HIV/AIDS modes of transmissions and sexual exposure and experience by controlling gender to know the difference between the sexes. Unprotected sex, use of unsterilized needle and common use of sharp objects were stated as the main modes of HIV transmissions by 91%, 41 % and 34.5 % of the respondents respectively. Their p value at df= 1 and at 95% CI is .751, .081 and .25 (see Table 4.10 below). It shows the association

between HIV/ AIDS awareness and sex of the respondent with higher percentage of females having better awareness than the males with the stated modes of HIV/AIDS transmission. As stated above, females have better access to Radio and TV. Therefore, better awareness is associated with better access to information sources due to their occupation related to staying at home as domestic workers or around restaurants where radio and TV were available.

In all the responses, higher p values are observed. However for some of them, there are cells with minimum count less than five (those without *) making the finding unreliable due to smaller number of responses than the expected.

Unprotected sex as mode of HIV transmissions has the highest score that is in line with the Population Council (2010) findings among the youth in Addis Ababa. HIV transmission by unsterilized tools, mother to child transmission during pregnancy and delivery and during blood transfusion has been responded by 4 to 8% of the respondents showing the least response. None of them mentioned transmission of the virus from mother to child through breast milk. Thus, less knowledge of the mother to child transmissions of the virus is supported by the study of Population Council (2010) that showed a similar trend. There is no statistically significant result as well. Still 2.7% of the respondents believe that sharing of food utensils will transmit the virus. This is another challenge that could result in stigma and discrimination of the HIV infected and affected people by the respondents.

Rape, marriage without VCT, sharing of tooth brush and blood contact was mentioned as modes of HIV transmission. Such concerns show the gender dimensions of HIV virus transmissions that reveal power imbalance, less awareness and power to resist marriage without VCT. Poverty and less

awareness leading to sharing meager resources and gender roles associated with caring and supporting the sick and the weak that may lead to have blood contact with infected people (see Annex 3: Table 4.10A).

Table 4.10 Pearson Chi-Square test results on awareness of HIV/AIDS modes of Transmissions among Respondents in Misrak Ber No. 1 Primary Night School Pupils of Addis Ababa, May, 2012

Awareness on modes of HIV/AIDS Transmissions	Pearson value	df	p
Unprotected sexual intercourse	.101*	1	.751*
Injections with unsterilized needles and syringes	0.077*	1	0.081
Circumcision with unsterilized tools	0.045	1	.833*
During childbirth/delivery	.688	1	0.407
Through breast milk	.275	1	0.6
Transfusion of infected blood			
Sharing food utensils	.021	1	.884*
Sexual intercourse with a person having HIV/AIDS; with CSWs	.0141	1	0.707
Common use of sharp objects	.360*	1	0.548
Any other	1.323*	1	0.25
Blood contact	0.028*	1	0.536
Common use of tooth brush	.221	1	0.638
Use of sharp objects	0.29*	1	0.59
I don't remember, deep kissing, sex without VCT	016*	1	0.898

Pearson *no count less than; p* shows better awareness of HIV/AIDS.

Source: Outputs of own survey, 2012

4.4.4. Knowledge on HIV/AIDS Prevention Methods

The respondents were asked to state the different HIV prevention methods without reading the choices to them and their responses were marked against the given choice. Use condom every time you have sexual intercourse was the highest prevention method identified by 72 % of the respondents. This is due to the higher promotion of condom in the media and awareness programs.

Be faithful to one partner and abstinence were the second and third highest scores identified by 61 % and 55% of the respondents respectively as HIV/AIDS prevention methods. The least mentioned prevention strategy were avoiding casual sex (8%) and limiting sex after marriage with only the partner, by 9.3 % (Refer Annex 4: Table 411A).

Table 4: 11. Pearson Chi-Square test results on Knowledge of HIV/AIDS Prevention Methods among Respondents in Misrak Ber No. 1 Primary Night School May 2012.

Knowledge on HIV/AIDS prevention methods	Pearson	p. value	df
Abstinence	.226	.883*	1
Be faithful to one partner	0.802	0.371	1
Avoid casual sex	1.191	0.275	1
Limit sex after marriage only with the partner	1.753	0.186	1
Avoid sex with CSWs	0.005	.943*	1
Use condom every time you have sexual contact	0.659	.709*	2
Any other(VCT before marriage, avoid blood contact and common use of tooth brush)	1.366	0.242	1

P value* shows high association. Source: Own survey, 2012

Awareness on ABC (Abstinence, Be faithful and regular and consistent condom use) method was also analyzed based on age categories. Those that didn't mention any method were 5.3%. Those stating one, two of the three methods, and mentioned all the three methods were 28%, 38.7% and 28 %. Thus, 66.7% were able to state 2-3 methods. According to (CSA, 2012), those who are able to record at least two out of three methods were known to be with better awareness and shows the success if they were engaged in an awareness program. A linear association was not observed based between knowledge of HIV prevention methods and an increase in age of each gender. Thus, the results were not displayed.

Descriptive analysis was computed using grade level as a control to know the effect of being in primary first cycle or second cycle education on awareness of modes of HIV transmission and knowledge of HIV prevention methods. Unlike the formal day school students that have lower age in the primary cycle level showing a better awareness and knowledge with improved grade (Erlukar, 2010), there is no linear association between being in primary first or second cycle and awareness and knowledge of HIV mode of transmissions and prevention. Respondents that stated none of the method, those stated any one, two, three, four and five methods of modes of HIV transmission were 1.3 %,14.7 %, 40%, 26.7%, 8.3% and 8% respectively.

Comparison between those in primary first cycle level and secondary cycle level revealed that there was an increase in stating different modes of transmission with education except on those who have stated three factors as mode of transmission.(see Table 4.12 below). There is higher percentage of pupil at the primary first cycle than those at the second cycle that stated three modes of HIV transmission.

The same is true also on HIV prevention methods. Those that have stated none, one, two, three, four and five methods of HIV prevention were 1.3%, 22.7%, 30.7%, 29.3%, 10.0% and 2.7%. Those that have stated three methods were from the first cycle. This may be due to an error or due to many people having engaged in sensitization programs. However, it requires further study.

The need for general HIV test is the result of awareness and knowledge on modes of transmissions and prevention and a commitment to take care of future actions. Respondents were asked whether or not they have an HIV/AIDS test whining the past one year. Nearly a quarter of them (22.7%) didn't

ever get tested in life. Comparatively, this is a bit higher than those tested similar age groups in the general population. Nearly six out of ten were tested for HIV/AIDS (CSA, 2012). 10.7% tested before a year and only 37.3% have tested within the past 12 months and 29.3% don't have tested with in the past 12 months.

Table 4.12: Association of Grade level, HIV Awareness and Knowledge on HIV Prevention Methods among the Sample Pupil in Misrak Ber Primary Night School, May 2012

Characteristics/variables	Grade 2-4 (N=28)	Grade 5-8(%) (N=47)	Total N=75
Sexual intercourse initiation			
Yes	16(57.1)	22(46.8)	38(50.7)
No	12(42.9)	25(53.2)	37(49.3)
Awareness on modes of HIV transmissions			
I don't know any casual factor	1(3.6)	0	1(1.3)
Those who know only one factor	4(14.3)	7(14.9)	11(14.7)
Those who know two factors	11(39.3)	19(40.4)	30(40)
Those who know three factors	10(35.7)	10(21.3)	20(26.7)
Those who know four factors	2(7.1)	5(10.6)	7(9.3)
Those who know five factors	0	6(12.8)	6(8)
Total	28	47	
Knowledge on HIV prevention methods			
No knowledge of any method	0	1(2.1)	1(1.3)
Those who know only one method	5(17.9)	12(25.5)	17(22.7)
Those who know two methods	11(39.3)	12(25.5)	23(30.7)
Those who know three methods	8(28.6)	14(29.8)	22(29.3)
Those who know four methods	4(14.3)	6(12.8)	10(13.3)
Those who know five methods	0	2(4.3)	2(2.7)

Source: Outputs of own survey, 2012

4.4.5. Limited Awareness and Utilization of Family Planning Methods

Access to information creates awareness and the awareness induces to take protection measures against HIV and other STI and prevention of unwanted pregnancy. Use of family planning methods is an indication of precaution measures to protect self and responsibility for protecting others from

sexually transmitted diseases and pregnancy that will be achieved as the result of awareness and internalizing the information for self protection. The respondents were asked on awareness of any family planning methods and 89 % of them gave positive response.

The sexually experienced respondents were asked to state the type of family planning method common to them or their partner. Among the most frequently used contraceptive methods stated include male condom, by 45.9% and injectibles by 40.5%. Among the youth in the United States, injectibles are also the common contraceptives as stated by The Henry J. Kaiser Family Foundation (2003). Next from injectables were the pills that were used by 16.2% of the respondents. Female condom was not known by any of the respondents. Use of the calendar method was stated by two of the total respondents (5.4%), and one of them was a female. The use of female condom and calendar method especially by females will tell the full authorization and decision making of women to have a safer sex and for asserting reproductive health rights. However, the findings reveal that the limited awareness may not enable them to assert their rights.

Use of emergency contraceptives (ECs) was stated by 5.4 % of the total respondents and these were mainly females. These girls were conscious of what they were doing to prevent them from STI and pregnancy at times of emergency. However, it requires further investigation whether it has been used for emergency cases or as a regular contraception. The findings from US youth by The Henry J. Kaiser Family Foundation (2003) stated the same issue. It is the females that were aware of the presence and use of the emergency contraceptives. Of the women that have sexual initiation, 10.5% revealed that they had not done use any contraceptive methods showing the vulnerability situation of the respondents.

4.4.6. Risky Consumption Behaviours

Alcohol consumption and Khat chewing were taken as risky consumption behaviors among the study group. Alcohol consumption and Khat chewing was confirmed by 21% and 5.3% of the respondents respectively with males having relatively higher proportion in both cases. Unwanted sexual intercourse after drinking alcohol was confirmed by 4.0% of the respondents and males share highest proportion, 7.1% among the sex while women were 4.3%. Last time, Khat chewing and engagement in sexual intercourse by the same day has been confirmed by 2 (2.7%) of the respondents, all being females. On the same day of chewing chat and having sex, condom was used only by 1.0% of the respondents. The number of respondents engaged in risky consumption was found to be small and statistical confirmation was not possible.

Even if the percentage of respondent's consumption of alcohol and Khat was minimum based on self report, the qualitative information reveals that the trend seems higher. The coping strategy suggested minimizing the exposure and experience of the youth shows that fear. Nearly 23.0% of the respondents prefer to avoid intoxicating with Khat, alcohol and drugs. Among the sexes, 20.83% males and 24.3% females suggested this mechanism. The lowest percentage of consumption behaviours disproves the initial assumption that night school pupils are not using their meagre resources for drinking alcohol and chewing chat. The lower percentage however, may be due to lack of transparency to reveal their drinking and chewing habit.

Table 4.13: Substance Abuse and Sexual Intercourse among the Sample Pupil in Misrak Ber Primary Night School, May 2012

Substance Abuse and Sexual Intercourse	Male	Female	Total
Alcohol consumption(yes)n=75	10(35.7)	6(12.8)	16(21.3)
Chat consumption(yes); n=75	2(7.1)	2(4.3)	4(5.3)
unwanted sexual intercourse after drinking Alcohol(N=17)yes	2(7.1)	1(2.1)	3(4)
Last time Khat chewing & sexual engagement	0	2(4.3)	2(2.7)
Occasional drinking and Khat	0	1(2.1)	1(1.3)
Sex, Chat and condom use		1(2.1)	1(1.3)

***Multiple responses were favoured**

Source: Own survey, 2012

4.5. Coping Mechanisms of the Youth

In addition to the quantitative part, the respondent's interview schedule has a qualitative section at the end. It deals on copying mechanisms; identified what has been done by the youth to prevent themselves from sexual exposure and experience. After the rest of the interview has been completed, the questionnaire was given to the respondent to give them time to think and structure their response. Then, the responses were recorded by the researcher unless for the very few that preferred doing it by themselves (see Table 4.14 below).

The participants that have been engaged in the qualitative interview were 63(84.0%) of the respondents. A total of 12 respondents, 4 males (14.28%) and 8 females (17.02%) were not engaged due to time shortage. Thus, 24(85.7%) of the males and 37(82.9%) of the females have been engaged in the interview. The coping strategies suggested by the youth were categorized in to three major groups: relationship related, personal behavioural factors and environment related (see Table 4.14 below).

4.5.1. Relationships Related to Copying Mechanisms

Eleven coping strategies were stated under this sub topic. The highest record was on respecting advice from teachers, religious leaders & family (8.1%); facing away from the opposite sex (6.85%) and choosing friends (6.0%). Respecting religious by-laws and advices from elderly people were given relatively better concern. “Even if I stayed in less illuminated areas with opposite sex, it was my religion that helped me not engaging in sexual practice,” said one of the male respondents.

The boys were astonished by the dressing style and polished body of the girls. Some said distancing pretty girls is preferable. The girls also stated that there are males that have very soft tongue that can easily attract even the toughest girl. There was a fear not to get trapped from each side. Thus, both genders preferred distancing from each other to other mechanisms.

The importance of choosing the best friend that fits to one’s character was mentioned. As raised by the respondents, some people prefer talking about sexual engagement and their heroic story that may induce sexual feeling to others; girls are telling the benefit they have got from the multiple boyfriends that may initiate a feeling of getting a similar benefit at the expense of sexual engagement. Others argued that there is no genuine social friendship these days. “I personally don’t introduce my boyfriend to my in-school friends for fearing that he may be taken by others.” The statements reveal that besides inducing a feeling for sexual desire, there is high probability of taking one’s friend that easily transmits various infections. As stated by a girl, avoiding girls with multiple sexual partners is very important. “These girls usually play the role of brokers and will introduce you to someone, encouraging sexual initiation”. All these show that premarital and multiple sexual partnership sex is common and selecting friendship has a positive contribution for non-engagement.

In youth period, shortening the period of separation between couples has been stated as a prevention strategy as age itself is threatening them to engage in sexual affairs. This copying mechanism shows the diversity in strategy between married and unmarried groups among night school students for preventing sexual exposure and unintended sexual experience.

The very active girls were having a 'nominal boy friend'. It means, they don't arrange any appointment alone with him or don't spend in lonely places together. However, they consider each other as boy friend and girl friend and introduce themselves as such. This has advantages particularly for the girls. It is a prevention mechanism to hinder other's approaching the girl. The nominal boy friend will accompany her at night to home and is a protection strategy. Such girls were conscious of what they were doing and take advantage of the friendship. If the man persists to initiate sexual affairs, they usually will ignore him. These girls are skilful and assertive to protect themselves from sexual experience.

Wearing at least a Silver wedding ring was mentioned by 1.58 % of the respondents, mainly by females showing that they are already engaged. It has a protective role for minimizing sexual engagement if the girl sticks to her decision and not telling the secret to anyone.

Avoiding sugar daddies was mentioned by one of the respondent girls. Non-participant observations of the researcher confirmed the same phenomenon. In a walking distance from the main gate at the dim corner in front of the school, a middle aged man with vehicle was hovering around at the school leaving hour at night and was asking to give them lifts. These people are well to do people that

would like to buy sex with money from this poor youngsters encouraging intergenerational sex. Understanding the intention of the individual by studying the face and words of the person of interest is raised by others which are a very good protective mechanism to avoid unintended sexual initiation.

Employers and brokers encouraged sexual engagement, as stated by the 16-years-old girl:

When I left one job, I will go to distant relatives until I got another job. I won't change my job every now and then to avoid confronting with brokers. Brokers are cheating girls imitating that they will let the girls get a better good job or send them to Arab countries. They will force them for sex when they left their jobs and without stay place and consume their money as well. Avoid being very close or very far to people especially to employers. I will study the face and words of the person whom I suspect and avoid him.

Generally, relationships related to coping mechanisms are dependent upon the strength of characteristics of the individuals and are successful mechanisms if consistently exercised.

4.5.2. Behaviour Related Coping Mechanisms

The behaviour related coping mechanisms are further sub-categorized in to sexuality related, consumption behaviour and vision oriented. Firm stands on abstinence until marriage (10.9%), control internal motive for sex (5.5%), be proactive and deny sexual request (2.7%) are related to sexuality. Another copying mechanism that can be categorized under sexuality is avoiding biased perceptions on sexuality and relationship mentioned by 4.5% of the respondents. As stated by the respondent, "Females shall stop saying that they can't live in the absence of male, eating salt and pepper. This attitude shall be substituted by becoming abstained" (Female, aged 22 years, grade 7). The other biased perception was linking being with opposite sex as affinity towards sexual initiation. Making the relationship clear and firm stand to maintain that relationship with opposite sex is

important to benefit from the relationship and not engaging in sexual exposure and sexual experience. This is also supported by another strategy, control internal motive for sex stated by 5.5%.

Avoiding intoxication with Khat, alcohol and drugs was having the highest score (22.6%) of all the mentioned strategies. This is in line with what has been stated in the quantitative information. Only limited respondents gave a positive response to consuming these substances.

4.5.3. Environment Related Coping Mechanisms

The copying strategies under this topic are all in line with the quantitative findings. Staying with opposite sex in dark places, brokers as sexual partners have been identified as inducing sexual exposure and experience which the respondents preferred avoiding. As a whole, the copying mechanisms stated are supporting the findings in the quantitative assessment.

Table 4.14: Copying Mechanisms of the Youth to minimize Sexual Exposure and Experience in**Misrak Ber No. 1 Primary School, May 2012**

Relationship related Copying Mechanisms	Frequency	Distribution	
	Male	Female	Total
Choose your friends	1(4.1%)	3(8.1)	4(6%)
Shorten the period of separation with the spouse	1(4.1%)	1(2.7)	2(3.4%)
Limit one to one trustful relationship	1(4.1%)		1(2)
Transparent discussion on sexuality with the family	2(8.33)	1(2.7)	3(5.5)
Avoid 'Sugar Daddies'	0	1(2.7)	1(1.58)
Have 'nominal boy friend' as a protector	0	1(2.7)	1(1.58)
Have a wedding ring to repel those hovering around	0	1(2.7)	1(1.58)
Turn your face away from the opposite sex	2(8.33)	2(5.4)	4(6.85)
Restrict your relationship with the employer and brokers	0	2(5.4)	2(2.7)
Read the faces and study words of suspected person and avoid contact	0	1(2.7)	1(1.58)
Respect advice from teachers, religious leaders & family	2(8.33)	3(8.1)	5(8.1)
Total	9	16	25
Behavioural Related			
Avoid intoxicating with Khat, alcohol and drugs	5(20.83)	9(24.3)	14(22.6)
Develop a plan and work towards your vision with confidence	2(8.33)	5(13.5)	7(10.9)
Becoming busy on work and study	2(8.33)	4(10.8)	6(9.57)
Firm stand on abstinence until marriage	2(8.33)	5(13.5)	7(10.9)
Avoid biased perceptions on sexuality and relationship	1(4.1%)	2(5.4)	3(4.75)
Be proactive and say no to sexual request	0	2(5.4)	2(2.7)
Pray	1(4.1%)	1(2.7)	2(3.4%)
Control internal motive for sex	2(8.33)	1(2.7)	3(5.5)
Total	15	29	44
Environment Related			
Avoid staying with opposite sex in isolated or dark places	1(4.1%)	3(8.1)	4(6)
Avoid having employment where there are guards; in bachelors home and where there are youth	0	4(10.8)	4(5.4)
Predict sex inducing factors and avoid	1(4.1%)	1(2.7)	2(3.4%)
Ignore sexy films sent through mobile	1(4.1%)	0	1(2.1)
Avoid walking at night	0	2(5.4)	2(2.7)
Total	3	10	13

*Multiple responses were considered.

Source: Own survey results, 2012

Chapter V

Conclusion and Suggestions

5.1 Conclusion

The respondents are migrants who are in low income groups and none of them are living with both parents. Males dominate in the age category of 20 to 24 years, while the majority of the females are in the age category of 15 to 19. The primary second cycle level pupils dominates in the study group. However, higher percentages of respondents read with difficulty. This has implications to utilize the RH and HIV/AIDS related information for safer sexual practices. Sickness and additional tasks and job responsibilities are causes for missing classes, disproving the initial assumption of sexual and other pleasures as reasons for pupils to have missed classes. More female respondents are absent from class due to sickness compared to males during the same period showing their vulnerable situation. Religion has a contribution to protect the youth from not engaging in an intended sexual contact. Thus, age, sex, migration, level of literacy, occupation among other socio-economic factors is contributing to sexual exposure and experience.

The night school youth are in ambivalence situations regarding maintaining the cultural norms of virginity. Acceptance of maintaining virginity to both boys and girls until marriage while some accepting boys practising sex before marriage, which is a risky situation, especially in the absence of safer sexual practice, leading to sexual exposure. The adolescents below age 18 doesn't agree revealing whereabouts when leaving home and with whom to stay with. When disaggregated by gender, higher percentage of boys compared to the girls don't reveal where they go and with whom to stay with. The higher percentage in case of boys may be associated with the less expectation by

the society to reveal their whereabouts compared to girls. Generally, both genders do not get benefits from elderly people's pieces of advice which, in turn, make them susceptible to sexual exposure.

Sexy TV and Video films are triggering sexual desires among the males where as romantic musical themes influences females. One of the gaps observed is even if sex affiliated media is influencing to trigger sexual desire, trend analysis is not conducted to conclude presence of actual sexual engagement following film watching or listening music among the group. There is no justification whether the intention is anticipated or action follows after listening music or observing sexy videos. Showing interest is not necessary acting.

The stay place for the youth with the opposite sex has contributing factor for sexual exposure. Youngsters need to choose where to stay with opposite sex to minimize the probability of sexual engagement as unlike charges usually attracts each other.

The mean age for sexual initiation to all respondents is relatively higher compared to same age group in the general population in Ethiopia. However, the gender disaggregated data shows that the mean age for females is much lower and higher percentage of girls started sexual initiation before completing age 14. The mean value for males is also lower than the average value. Sexual intercourse at young ages without understanding the consequences places them in a vulnerable situation.

Sexual initiation based on sex reveals that majority of the girls and a third of the males don't involve in sexual initiation. This disproves the initial association of absenteeism of girls with seeking sexual pleasure, especially of females.

Sexual initiation among the night school students shows an affinity between co-workers, social friends, domestic workers and guards. Brokers, employers and neighbours complicate the picture of sexual initiation among females.

The first sexual initiation shows a great association in both genders with what has been done and favour given to them by the other partner. Adolescent girls and youths face forced sex by the people whom they know well or have some level of trust to them. Girls' fear of other people knowing the situation is as hard as the forced sex itself as people blame the girls. Above all, they are not getting timely psychological, medical, legal and other supports to prevent them from HIV and other STIs and for unsafe abortion making them vulnerable.

Very small number of girls shows transactional sexual practices. Thus, it was not possible to generalize that financial transactions are characterizing sexual life among the night school girls. However, it needs making them conscious on what has to be done and to focus on their vision.

Relatively, males have less access to information sources in all the stated media. This is associated with their work as daily laborer that consumes intensive energy.

Generally, level of awareness on HIV transmission is low as less than half of them states two of any of the methods of HIV mode of transmissions. The impact of sensitization program has been revealed by knowing up to five methods of HIV/AIDS modes of transmissions compared to the majority that identified two modes of any of the methods of transmissions. This requires organizing additional sensitization programs.

Age-grade distributions of the pupils shows that up to eight different age categories are learning in one section revealing the challenges in using a common RH and HIV curriculum during sensitization or training sessions. In-depth interviews with students, RH and Anti-HIV/AIDS club leaders reveal that there are no such clubs or regular life skill trainings for the night school pupil except in rare cases by NGOs. Rather HIV/AIDS and RH topics are mainstreamed in the curriculum especially with biology subject. However, organizing supplementary sessions is a necessity. The highest awareness on unprotected sex is an indicator that the youth is aware of heterosexual relationship as the major mode of HIV transmissions.

The awareness on mother to child transmissions of HIV/AIDS is limited in both sexes that need much attention. Sharing of food utensils as a factor for HIV transmission is mentioned. It is another focus area to be addressed during awareness sessions to minimize stigma and discrimination. Youths are the reproductively active age groups and were expected to use the varieties of contraceptive methods. However, only male condom and injectables are the frequently used methods. Women's awareness to choose alternative FP methods is limited. The use of female condom and calendar method especially by females tells the full authorization and decision making of women to have a safer sex and for asserting reproductive health rights. However, the findings reveal that the limited awareness may not enable them to assert their rights.

The percentage of youth consuming khat and alcohol is smaller. However, an affinity is observed between those consuming and engagement in sexual initiation.

Generally, three different types of coping mechanisms are identified. Behavioral related, relationship related and environment related. The individual related characteristics are related to being vision oriented by focusing on education and work; be assertive and proactive and negate sexual initiation before marriage, curbing sexual appetite and avoid consuming intoxicating substances. The relationship related vary from choosing social friends to having 'nominal boyfriend' and restricting intimacy in relationship and respecting advices from elders and religious leaders. Choosing recreation places, identifying and ignoring sexual exposing factors like video film or message through mobile and choosing the best work place that may minimize exposure and sexual experience are environment related factors stated by the respondents.

5.2 Suggestions

To mitigate the problem of night school students associated with sexual experience and exposure requires different level of stakeholders. The following suggestions are inputs to strengthen support mechanism in the school. The main role of the school will be networking and linkages with responsible stakeholders by being main gender disaggregated evidence supplier to the rest of the stakeholders associate with night school students.

Enhancing the reading and writing skill among these respondents is important to help them benefit from written media related to RH and HIV/AIDS information and knowledge for protecting them from sexual exposure. As supported by Lloyd (2007), acquiring and retain basic literacy and language skills is needed for a longer term benefit of schooling than counting the achieved grade levels.

Conducting an assessment of the absentees of the night school pupil is required as has been done for the day time students to know the problems and seek solutions together with other stakeholders. Assessment of the absentees will remove the biases towards particularly the night school girls that were considered more of pleasure seekers and not vision oriented for going to school. The school is organizing counselling service to day school students. The same people or the home room teachers can assess the problem of the absentees.

Overburdening the already loaded teachers to set RH and Anti HIV/AIDS clubs to night school pupils may not work and the pupils themselves don't have time as well to participate regularly in club activities. However, the school can form a network and linkages with the Sub-City to organize sessions with health centres and health extension workers. The bases of such sensitization programs is an age disaggregated information to design age appropriate messages rather than grade wise design.

The night school pupils came from different cultures. Whenever reproductive health and HIV/AIDS message are prepared to these groups, participatory exploration of societal beliefs and attitudes affecting sexual initiation and leading to sexual exposure is a necessity. Building on culturally accepted sexual practice is important when ever sensitization meetings are organized than merely advocating on safer sex at least to minimize early sexual initiation. Additionally, a remarkable number of the pupil still believes in maintaining virginity till marriage. Building on this traditional value system and encouraging abstinence is important to protect the youth that has not been engaged in sexual initiation. Participatory exploration of cultural values and norms and their contribution to sexual exposure and experience needs to be made at the centre of the discussion.

It is good to consider pupil below age 18 as a special groups in night school. As most are migrants, they were having less parental supervision and there was no transparent discussion with their employers and custodians. The school is the only hope to shape these children. If identified among the absentees in higher proportion, knowing the reason for being absent and advising and shaping them for not engaging in sexual exposure is necessary. Understanding who their friends' are, accompanied with absenteeism history tells the presence or absence of peer pressure.

Controlling video houses and TV programs is one of the protective mechanisms to control sexual exposure. Sensitizing artists for developing musical themes to help youth to be creative and win life challenges will be a longer term focus area by the government than propagating the copy of eastern media in the Ethiopian context. Controlling text and photos through mobiles needs governments' attention. The role of the school is finding a forum to inform the responsible authorities on the dangers in every available forum and encouraging youths to focus on vision of self improvement in education and occupation areas.

Encouraging parents and custodians to advise the youth to demand for some kind of faith and to respect religious laws is important to protect them from unprotected and unintended sexual experience. On the supply side, preparing an attractive, participatory youth specific religious messages based on the challenges the youth faces is needed to help youth learn and benefit from the religious doctrines and principles for preventing them from sexual exposure. Generally, the study on sexual exposure shows that one stakeholder alone is unable to mitigate the problems youths' face. It needs a concerted effort.

Lack of desire for sexual initiation is mentioned by a remarkable percentage of respondents. This may be due to culture that accepts suppressing and hiding such feelings as normal. During the biology sessions or in RH clubs, it needs to be stressed that sexual desires during youth periods are natural. However, such natural phenomenon should be taken with care not to override them affecting their vision. Complete absence requires visiting a physician.

Sexual initiations among the night school students show an affinity between Co-workers, social friends, domestic workers and guards. Brokers, employers and neighbours also make the picture of sexual initiation among females more complicated. Awareness on HIV/AIDS and safe sexual practice among night school students, therefore, shall bring this picture in to focus and deal on precautionous measures to be taken. As the respondents were from the low income group, affinity towards a person doing favor was the major hazard in the period of HIV epidemic that may lead them to contract the infection and need to be sensitized to take precautions measures.

A separate program is needed to brokers not to spread the HIV pandemic in to the society. Work place awareness program especially for the daily labourers like construction workers is important to minimize the hazards of sexual initiation as those working together show an affinity in sexual engagement. The school shall inform such association and the research findings to NGOs and organizations that have HIV/AIDS programs to address brokers. There are many brokers and waiting spots for jobs seekers closer to the school. Addressing that broker's center can have an impact.

The school has many clubs including gender, RH and HIV-AIDS among others. Initiating linkages of the clubs to give support and fight sexual abuse and violence's taking place in the school and in the community has dual advantages. A uniting theme, say 'Zero Tolerance for Sexual Abuse' can

bind the children to be sensitive on the issue; to report what they saw and to assist the victim. Awareness shall foster positive action. Awareness for the day school students has also repercussion to night school pupil as they are from the nearby community. Therefore, mass awareness is required to prevent the occurrence of forced sex and to build a societal support system with zero tolerance for sexual abuse. Linking the legal bodies including the police and the judiciary with health and community support system is needed to help the girls that have already facing the situation to provide psychological, medical and legal support. In addition, advising girls to reveal the situation to minimize the hazards they face is important. Law enforcing bodies like the police and judiciary need to be accountable to give timely support to the girls. Schools can cooperate with the police to prevent girls from being disturbed when leaving night school.

The incidence of STI and unplanned pregnancy among the night school pupil is undeniable. The school can play great role to minimize the incidence by linking the pupil with the Health stations in the same woreda for awareness rising and service provision. Women teachers and those serving in the counselling program can help girls to protect them from HIV/AIDS and unplanned pregnancy. The RH and HIV clubs can network with NGOs and government health institutions having RH and pregnancy control programs to get Emergency contraceptives to mitigate the problem of pregnancy and not contracting HIV/AIDS as the result of sexual abuse. Through the day time clubs, the services can also reach to the night school pupils through volunteer teachers and counsellors. Encouraging newly graduate Social workers to provide voluntary service in schools has advantages to raise awareness and minimize the incidence.

Consideration of understanding the night school target group is a necessity in awareness raising program related to HIV/AIDS and RH. The married and unmarried and those not engaged in sexual

initiation and the children in early childhood have different RH and HIV/AIDS information requirements. Secondly, judgmental attitude towards the youth sexual life needs to be stopped. The reality reveals that a quarter of the males and the majority of the female are not sexually initiated. It means, higher percentages of respondents need sensitization to abstain from sex until vision is fulfilled or for safer sex before sexual initiation.

Strengthening peer to peer information exchange and workplace awareness programs is necessary especially to daily laborers like construction workers. Equipping the youth with the necessary information is strengthening the support system to help each other, substituting the role of families.

Generally, to help mitigate the problems of sexual initiation and associated challenges of the night school pupil, linkages of the day RH and HIV programs with the night session, the day time clubs and club leaders to help as brokers networking the night school with awareness and service providers are needed. This needs sacrifice of teachers to understand the situation of the pupil, and, school leaders need to know that the school is the only closer institution to such people for getting advice.

Increasing the awareness, access, availability and utilization of the various contraceptive methods is important to protect the youth and the rest of the population interacting with them through networking with other organizations and institutions. Further, an attempt of assessing the proper utilization of ECs is required to know if it has been used for the unintended purpose.

The copying mechanisms stated by the youth are very good. However, they may not be strongly exercised due to various factors. The behavioral related factors are based on strong awareness and

internalizing the knowledge for safer sexual practice. This means, the pupil require additional sensitization programs. The environment related factors asks for establishing options for recreation places and restricting sexy videos and films. The relationship focused copying mechanisms even if the youth is trying to minimize intimacy with others, issues like forced sex are affecting them. Thus, designing mechanisms for making the abuser accountable and fast screening before evidence vanishes and taking immediate actions to control HIV/AIDS and unintended pregnancy is needed. This requires the working together of the school and the community with the police, health stations and judiciary system. Similar services linkages are in the infancy state in Zewditu Hospital in Addis Ababa and further information could be assessed.

Generally, the findings from a study with the night school pupil on sexual exposure, sexual experience and contributing factors reveal the overall problems of the youth in the general population. It requires the working together of different stakeholders at all levels. The role of the school is mainly sensitization and networking with institutions providing the services.

In order to protect the night school pupil from sexual exposure and experience, the school administration can perform three main activities. 1) Use own resource to know the problems including assessing the reason for absentees 2) Networking and coordination role with other stakeholders and with in-school clubs that can provide support and 3) Play a part in the technical design of the awareness program by putting the pupil themselves in the design process and by considering the technical suggestions given in this research report.

The topics for further study include understanding the relationships between absentees from the school and health related-complications of night school pupil; detailed literacy test on how far the night school pupil are able to read, understand and describe their concern in writing to know the contribution of education to safe life before reaching to generalizations on the illiteracy level of night school pupil. It is worth conducting study on the communication patterns and relationship style between this migrant youth and their custodians and employers to know the reason behind not revealing where they go and whom they stay with even by those under age 18 children.

A remarkable percentage of respondents are mentioning that they don't have any desire for sexual initiation and nothing triggers them. This requires further study to know the reason behind whether it is due to the cultural inhibition of not talking of sex or any other problem.

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ANNEXES

Annex 1 Table 1 Societal values and attitudes and influence of stay place binding to the respondent on sexual initiation

Societal values and attitudes binding to the respondent on sexual initiation	Response	Male	Female	Total
Sex before marriage is accepted to both boys and girls*1	No	96.4	97.9	97.3
	Yes	3.6	2.1	2.7
Exercising sex with commercial sex workers or experienced women is accepted for boys*2 before marriage.	No			
	Yes	25	10.6	16
A virgin girl is considered as having no demand of her*3	No	75	89.4	84
	Yes	7.1	0	2.7
Maintaining virginity up to marriage bring respect to the girl and her family*4	No	53.6	36.2	42.7
	Yes	46.4	63.8	57.3
Being virgin before marriage is favoured to both boys and girls*5	No	35.7	17	24
	Yes	64.3	83	76
Sitting in less illuminated places with opposite sex*6	No	67.9	83	77.3
	Yes	32.1	17	22.7
Exposed to sensational touch*7	No	67.9	83	77.3
	Yes	32.1	17	22.7
Consequences of the respondent's *8 exposure to touch	No sex	3.6	2.1	2.7
	Had sex	10.7	14.9	13.3
Religion helped not to have sex	No sex	7.1	0	2.7

Note: The Pearson Chi Square test is computed for all the above stated values at $df= 1$ and $CI < .05$ and the following values are obtained.

*1(.141), $p=.707$; *2(2.693), $p=.101$; *3(3.449), $p=.063$; *4(2.17), $p=.141$; *5(3.36), $p=.067$;

*6(2.289), $p=.13$; *7(2.28), $p=.13$

*8(3.766), $p=.288$, at $df=3$.

Annex 2: Table 2 *The Relationship between the Socio -demographic Variables and Sexual**Initiation among the Misrak Ber No. 1 Primary Night School Pupils of Addis Ababa, May 2012.*

Characteristic		Sexual Initiation		Total
		Yes	No	
Sex	Male	19(67.9)	9(32.1)	28(37.3)
	Female	19(40.4)	28(71.8)	47(62.7)
Age	15-19	9(25)	24(61.5)	33(44)
	20-24	27(75)	15(38.5)	42(56)
Religion	Orthodox	26(72.2)	29(74.4)	55(73.3)
	Protestant	6(16.7)	9(23.1)	15(20)
	Muslim	4(11.1)	1(2.6)	5(6.7)
Marital status	Ever married	13(36)	1(2.6)	14(18.7)
	Not married	23(63.9)	38(97.4)	61(81.3)
Occupation	No jobs	1(2.8)	3(7.7)	4(5.3)
	Cleaner/Janitor	3(8.3)	3(7.7)	6(8)
	Domestic worker	7(14)	18(46.2)	25(33.3)
	Guard	4(11)	2(5.1)	6(8)
	Petty trade	6(16.7)	8(20.5)	14(9.3)
	Daily Laborer	10(27.8)	8(20.5)	18(24)
	Shoe Shiner	0	1(2.6)	1(1.3)
	Waitress	3(8.3)	2(5.1)	5(6.7)
	Child care Center	1(2.8)	0	1(1.3)
	Gardner	1(2.8)	0	1(1.3)
	Hair Dressing	1(2.8)	0	1(1.3)
	Total	36(48)	39(52)	75

Note:

Pearson Chi Square computed for sex (.894), $p=.022$ at $df=1$; for age (10.143), $p=.008$ at $df=1$; for religion (2.448), $P=.294$; for marital status (13.876), $p=0$ at $df=1$ and for Occupation (53.425), $p=0$ at $df=10$

Annex 3: Table 4.10A: Awareness on HIV Mode of Transmissions among Respondents in Misrak Ber No. 1 Primary Night School Pupils of Addis Ababa, May, 2012

Awareness on modes of HIV/AIDS Transmissions	Response	Male	Female	Total
Unprotected sexual intercourse	No	3(10.7)	4(8.5)	7(9.3)
	Yes	25(89.3)	43(91.5)	68(90.7)
Injections with unsterilized needles and syringes	No	17(60.7)	27(57.4)	44(58.7)
	Yes	11(39.3)	20(42.6)	31(41.3)
Circumcision with unsterilized tools	No	26(92.9)	43(91.5)	69(92)
	Yes	2(7.1)	4(8.5)	6(8)
During pregnancy	No	27(96.4%)	43(91.5)	70(93.5)
	Yes	1(3.6)	4(8.5)	5(6.5)
During childbirth/delivery	No	27(96.4)	44(96.3)	71(100)
	Yes	1(3.6)	3(6.4)	4(5.3)
Through breast milk	No	28(100)	47(100)	75(100)
	Yes	-	-	-
Transfusion of infected blood	No	27(96.4)	45(95.7)	72(96)
	Yes	1(3.6)	2(4.3)	3(4)
Sharing food utensils	No	27(96.4)	46(97.9)	73(97.3)
	Yes	1(3.6)	1(2.1)	2(2.7)
Sexual intercourse with a person having HIV/AIDS; with CSWs	No	22(78.6)	34(72.3)	56(74.7)
	Yes	6(21.4)	13(27.7)	19(25.3)
Common use of sharp objects	No	16(57.1)	33(70.2)	49(65.3)
	Yes	12(42.9)	14(29.8)	26(34.7)
Any other	No	19(67.9)	31(66)	50(66.7)
	Yes	9(32.1)	16(34)	25(33)
Blood contact	No	24(85.7)	42(89.4)	66(88)
	Yes	4(14.3)	5(10.6)	9(12)
Common use of tooth brush	No	26(92.9)	45(95.7)	71(94.7)
	Yes	2(7.1)	2(4.3)	4(5.3)
Use of sharp objects	No	26(92.9)	44(93.6)	70(93.3)
	Yes	2(7.1)	3(6.4)	5(6.7)
I don't remember, deep kissing, sex without VCT,	No			
	Yes	1(3.6)	6(11.4)	7(9.7)

Annex 4: Table 4: 11A. Knowledge of HIV/AIDS Prevention Methods among Respondents in Misrak Ber No. 1 Primary Night School May 2012.

Knowledge on HIV/AIDS prevention methods	Response	Male	Female	Total
Abstinence	No	13(46.4)	21(44.7)	34(45.3)
	Yes	15(53.6)	26(55.3)	41(54.7)
Be faithful to one partner	No	9(32)	20(42.6)	29(38.7)
	Yes	19(67.9)	27(57.4)	46(61.3)
Avoid casual sex	No	27(96.4)	42(89.4)	69(92)
	Yes	1(3.6)	5(3.8)	6(8)
Limit sex after marriage only with the partner	No	27(96.4)	41(87.2)	68(90.7)
	Yes	1(3.6)	6(12.8)	7(9.3)
Avoid sex with CSWs	No	24(85.7)	40(85.1)	64(85.3)
	Yes	4(14.3)	7(14.9)	11(14.7)
Use condom every time you have sexual contact	No	8(28.6)	12(25.5)	20(26.7)
	Yes	20(71.4)	34(72.3)	54(72)
Any other(VCT before marriage, avoid blood contact and common use of tooth brush)	No	25(89.3)	37(78.7)	62(82.7)
	Yes	3(10.7)	10(21.3)	13(17.3)

Source: Own survey, 2012

*no count less than 5

P* shows better awareness of HIV/AIDS

Annex 3: Table 3: Relationship with the Sexual Partner, and, Reasons for sexual Initiation among Sample Respondents in Misrak Ber No. 1 Primary Night School Pupils of Addis Ababa, May, 2012

Relationship with the first sexual partner(N=38)	Male	Female	Total
Not applicable	32.1	59.6	49.3
Spouse/Fiancée/Fiancée's'	32.1	17	22.7
Girl Friend/Boy Friend	0	1(5.3)	1(2.6)
Employer		1(5.3)	1(2.6)
Social Friend	7.1	0	2(5.3)
Stranger/Unknown person	7.1	0	2(5.3)
Co-worker	2(7.1)	1(5.3)	3(7.9)
Commercial sex worker	3.6	0	1(2.6)
Fellow student	2(7.1)	1(5.3)	3(7.9)
Broker	0	2(10.5)	2(5.3)
Guard	0	2(10.5)	2(5.3)
Domestic worker	1(3.6)	0	1(2.6)
Others(neighbors(2) and employer's relative)	0	3(15.8)	3(7.9)
Agree on reasons and actions related for the first sexual initiation(N=38)			
Felt obliged because of the things the partner done	5(26.3)	5(26.3)	10(26.3)
Felt obliged as a spouse/girl/boy friend	12(63.2)	8(42.1)	20(52.1)
The partner was curious about the action	17(89.5)	4(21.1)	21(55.3)
The partner used a condom during first sex	9(47.4)	2(10.5)	11(28.9)
You were physically forced	1(5)	6(28.6)	7(17.1)
Your partner hir or beat you to have sex for the first time	0(0)	7(33.3)	7(17.1)
Some of your friends pressurized you	10(50)	6(28.6)	16(39)
You thought your other friends were doing it	14(70%)	8(38.1)	22(53.7)
Relationship with the sexual partners in the last one year (N=38)			
Regular, spouse/cohabit partner	3(15.8)	4(21.1)	7(18.4)
Regular, non-cohabit boy/girl friend	11(57.9)	6(31.6)	17(44.7)
Casual sexual contact	4(21.1)	4(21.1)	8(21.1)
Commercial sex worker	1(5.3)	0	1(2.6)
Client who paid for sex	0	3(15.8)	3(7.9)
Others(a girl living with relatives,)	1(5.3)	1(6.3)	2(5.7)

Source: Own survey, 2012

