Strategies for the promotion of youth friendly sexual and reproductive health services in Addis Ababa, Ethiopia

by

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DECLARATION

Here I declare that **STRATEGIES FOR THE PROMOTION OF YOUTH FRIENDLY SEXUAL AND REPRODUCTIVE HEALTH SERVICES IN ADDIS ABABA, ETHIOPIA** is my own work and has not been submitted for any other degree or professional qualification by individual or an organization. All sources I have used or cited have been mentioned and acknowledged by means of complete references.

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STRATEGIES FOR THE PROMOTION OF YOUTH FRIENDLY SEXUAL AND REPRODUCTIVE HEALTH SERVICES IN ADDIS ABABA, ETHIOPIA

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ABSTRACT

Adolescents and young people don't hesitate to make any decisions pertaining to their sexual and reproductive health matters without sufficiently examining the consequences and taking precautions to protect themselves. School adolescents in Ethiopia have no adequate level of awareness and information on issues that have pronounced impact on their sexual and reproductive health matters. Their health service seeking behavior is very low. The existing health services are mal-distributed and are adult centered. Health service providers are not well equipped to provide adolescent-specific sexual & reproductive health services.

The purpose of this study was; therefore, identifying risky sexual behaviours among preparatory school students and to improve the sexual and reproductive health needs of preparatory school adolescents in Addis Ababa city administration through provision of a vibrant and effective adolescent and youth-friendly SRH service strategy.

A qualitative study design was employed to ascertain deeper understanding and insights about the existence of risky sexual behaviors, attributing factors, untoward consequences resulted from the behaviours. And to consult what should be done to enhance the sexual and reproductive health needs of students in preparatory schools based on the research finding. A series of open-ended questionnaires were used to

collect data from male and female focus group discussants of school adolescents and from an in-depth interviewee providing adolescent related health services and teachers from the respective school selected for this study.

The study has documented that, significant number of school adolescents in Addis Ababa are lacking good level of knowledge about their sexual health, they are more neglected and passive to discuss and make informed decision despite quite a lot of them are engaged in risky sexual behaviour either boldly or inaudibly. Sexual violence and offensive behaviour against schoolgirls was escalating though it was hidden and unreported.

Adolescents sexual and reproductive health promoting strategies were developed based on the research findings under the corresponding thematic areas and validated by a group of qualified and experienced experts and their feedbacks have been incorporated for enrichment.

In conclusion, fairly large numbers of preparatory school students in Addis Ababa are suffering from unpleasant consequences resulting from practicing harmful sex. Unprotected sex leading to unintended teenage pregnancy, attempt to terminate pregnancy usually reported to be unsafe, sexually transmitted infection, school drop-out, physical and psychological abuse are among others.

List of useful recommendations were also highlighted to consolidate and strengthen the strategic functions.

Key Concepts:

Preparatory school, risky sexual practice, adolescent sexual and reproductive health, violence, Abuse, exposure, triggering, unintended, untoward consequences, emerging behaviour, transactional sex, cross-generational sex, access, utilization, promotion

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DEDICATION

Even though, he is not alive, this study is dedicated to my beloved father who continuously emboldens me to study hard since my childhood and wishes me to attain the maximum degree and of course, to my mother who is still alive and brought me to this end, and to my wife and children including all my siblings too.

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LIST OF ABBREVIATIONS

ABC	Abstinence Be faithful and Condom use
ASRH	Adolescent Sexual and reproductive Health
BoFED	Bureau of Finance and Economic Development
CDC	Centers for Disease Control
DQA	Data Quality Assurance
EGSECE	Ethiopian General Secondary Education Certificate Examination
ESOG	Ethiopian Society of Obstetricians and Gynaecologists
FFGD	Female Focus Group Discussant
HIV	Human Immunodeficiency Virus
IDI	In-Depth Interview
MFGD	Male Focus Group Discussant
MOE	Ministry of Education
SRH	Sexual Reproductive Health
SSA	Sub-Saharan Africa
STI	Sexually Transmitted Infection
WHO	World Health Organization

CHAPTER 1

ORIENTATION TO THE STUDY

1.1 INTRODUCTION

Adolescence can be broadly divided into three stages: Early adolescent (10–13 years), middle adolescent (14–16 years), and late adolescent (17–19 years). Physical changes start in early adolescence, where they are very concerned about their body image. During adolescent cognitive development, abstract thinking and reasoning takes place. Different behavioral experimentation is seen in early adolescence, risk taking in middle adolescence and emotional sense of identity and assesses their own risk taking during late adolescence (Sujika, Ananya and Abhishek 2015:70).

Adolescence is the period of switch from childhood to adulthood during which young people experience changes following puberty and requiring special attention and protection (WHO 2011:55).

In this study, school adolescents age between 10-19 years (early, middle and late) school adolescents are considered.

Over 35% of the total population in Ethiopia falls within this age range (10-24years). Despite their high numbers, traditionally they have been considered as less priority to various health interventions. Nevertheless, risky behaviour patterns that endanger their sexual and reproductive health needs have been affecting their transition from childhood to adulthood (Population reference bureau 2013:6).

Lemessa, Yemane and Alemayehu (2012:2) describes, fewer studies have been conducted in Ethiopia to assess school adolescents' sexual and reproductive health behaviour despite the fact that, their number is continuously mounting across all corners of the country. This study was therefore aimed at discovering the existence of risky sexual practices in schools, identify contributing factors and consult on what should be

done to properly address their sexual and reproductive health needs of preparatory school students in Addis Ababa city administration.

1.2 BACKGROUND TO THE RESEARCH PROBLEM

Adolescents and young people don't hesitate to make any decisions pertaining to their sexual and reproductive health matters without sufficiently examining the consequences and taking precautions to protect themselves (Zelalem, Melkamu & Muluken 2013:2). World Bank (2014:3) reports that, adolescents between the age group 10-19 years across the world face numerous challenges in full filling their sexual and reproductive health needs. They have no adequate access to information and health services. Significant numbers of them are engaged in hazardous sexual activities that can result in inadvertent sexual health problems (Dingeta, Oljira & Assefa 2012:11).

Nearly, half of the new HIV/AIDS infections globally occur among young age groups. In 2014, about 2 million adolescents between the ages of 10 and 19 were living with HIV worldwide (UNICEF 2014:5). The World Health Organization statistics put the global adolescent birth rate at 49 per 1000 girls of this age. Girls who do become pregnant and those who opt to terminate their pregnancies don't have access to quality antenatal and to safe abortion care (WHO 2014:3).

Because a substantial proportion of their pregnancies are unplanned, many of them end in abortions which are often unsafe and result in preventive death (Charlotte, Susanna, & Venkatraman 2013:11). Some studies conducted in different parts of Ethiopia indicate that adolescent students usually commence the first sexual intercourse while they are in secondary schools. Study conducted in Jimma University reveals that, out of 267 who identified sexually active students, 75.6% of them started first sexual intercourse during secondary school. Among who ever had sex, 51% had sex in the last 12 months and 28.3% had multiple sexual partners. Consistent condom use with non-regular partner in the last 12 months was 69.1% (Gurmesa, Fessahaye & Sisay 2012:1). A report on unsafe abortion made public by the Ethiopian Society of Obstetricians and

Gynecologists (ESOG) indicates that, over 45% of cases who visited health facilities because of unsafe abortion were adolescents in the age group 15-19 years (Vlassoff, Fetters, Kumbi & Singh 2012: 127–133). A study conducted in North East Ethiopia among Debre-Markos preparatory school students indicate that, about half (51.3%) of the study participants had initiated sex at the median age of 17 years, about 47.2% students were having more than one sexual partner though less than half (45.2%) of them have used a condom during sexual intercourse. While 24.3% experienced unintended pregnancy, and of which 89% ended up with abortion (Mellie, Direslgne & Abyu 2015:12-13).

Besides, as a study conducted among high school students in Addis Ababa enrolled in 2014 academic year, 174(20.8%) out of 806 participants had initiated sexual intercourse. The median age at first sex was 16 years, 18% of girl students reported, whose first sexual partner was 10 year older than their age, 37.4% had multiple sexual intercourse in the last 12 month, and 57% of the sexually active didn't use a condom in the first sexual intercourse and 45% in subsequent intercourse. Many other similar studies have also documented that school adolescents are experiencing untoward consequences because of their engagement in risky sexual practices **(**Gizaw, Jara & Ketema, 2014: 3-7). Though various school based studies were undertaken in Addis Ababa, none of them were qualitative in nature and addressing preparatory school adolescents' risky sexual and reproductive health behaviours. Hence, the researcher wants to complement new dimensions of understanding about school students from their own words or insider's perspective

1.3. PROBLEM STATEMENT

Preparatory school students as part of a young people, they are exposed to a wide range of risky sexual behaviours. The time spent in preparatory schools and the separation from families and relatives where parental supervision is minimal favors young students to engage themselves in to hazardous and risky sexual activities (Dingeta et.al 2012:8).

Though, some school based adolescent sexual and reproductive health specific studies are conducted, most of them are University or College focused. Yet, very diminutive is known about the sexual and reproductive health behaviours of Ethiopian students attending preparatory schools. As it is depicted in the background section of this study, it was learnt that most of school based study findings have revealed a wide range of school adolescents are practicing risky sexual behaviours usually resulting in awful health outcomes, including physical, psychological and social catastrophes (Gurmesa et al 2012:170).

Early commencement to sexual intercourse, HIV/AIDS, STD, unintended pregnancy and unsafe abortion has been the concerns among adolescent including school students (Lemessa et al 2012:2). Unprotected sexual intercourse or lower rates of condom use, engaging in sex with older partners for females and commercial sex workers for males, use of substances, exposure to the ever expanding sexual explicit materials including pornographies are exacerbating the risk of school adolescents sexual health (Deresse & Debebe 2014:211-215)

Despite the fact that Ethiopian young school adolescents constitutes the larger group of the population, most of them have no appropriate access to SRH service and information that have great impact on their sexual reproductive health. The available services are adult centered & health care providers are poorly equipped to address adolescent-specific needs (Dessalegn, Misganaw and Fikire. 2012:2). It was imperative to undertake rigorous and continuous assessments of adolescent sexual & reproductive health behaviour in Addis Ababa, as it is the capital of the country and the hub of diversified communities living in and other predisposing factors are assumed to be existed.

1.4 RESEARCH QUESTION

The researcher seeks to provide answers to the following questions in the study:

1.4.1 What factors contribute to risky sexual behavior among preparatory school students in Addis Ababa city administration?

1.4.2 Do preparatory school students in Addis Ababa engaged in risky sexual practices? What are the untoward consequences?

1.4.3. What could be done by health care practitioners and stakeholders to provide improved youth friendly SRH services?

1.5 AIM OF THE STUDY

In this section the researcher presents the main purpose and the objectives on which the study was based.

1.5.1 Intention of the research

The main intention of this study was to improve the sexual and reproductive health of preparatory school students in Addis Ababa city administration by providing youth-friendly SRH services that is accessible to the youth.

1.5.2 Research objectives

The research was desired to achieve the following objectives;

1.5.2.1 *To describe factors contributing to risky sexual behaviours among preparatory school students (Phase 1).*

1.5.2.2 *To generate and promote youth-friendly SRH services for the preparatory school adolescent in Addis Ababa, Ethiopia (Phase 2).*

1.6 THE SIGNIFICANCE OF THE STUDY

The study discovers facts in relation to students' sexual behaviour and emerging factors attributing to the untoward consequences of sexual health. It also adjoins the potential values and put in new findings on the existing knowledge about adolescent sexual health in preparatory schools. The findings of the study can be applied to another situation and utilized as a baseline for proceeding and advanced studies.

It will be used as guidance for the education sector to improve school based sexual and reproductive health interventions and as well as helpful to make evidence based decisions making.

1.7 THE CONTEXT OF THE STUDY

Addis Ababa city administration is divided in to 10 sub cities and 116 districts. The estimated total population as projected based on the census of 2007 is approximately 3.3 million. The total land area is 540Km^2, Bole is the largest sub-city while, Addis ketema is the smallest but densely populated (Tsegaye 2011:3). According to BoFED annual abstract report (2013:12-15), a total of 53,230 students (23,715 boys and 29,515 girls) were enrolled in 106 government and private preparatory schools distributed in the respective sub cities. Students who took the 10th grade national examination or the Ethiopian General Secondary Education Certificate Examination (EGSECE) are streamlined into Academic and Vocational Technical schools on the basis of scored results on EGSECE. Those going into academic fields are categorized as preparatory students. After two years of preparatory study, they are expected to sit for University entrance examination (MOE 2014:5-8).

1.8 DEFINITION OF TERMS

1.8.1 Cross-generational sex: Is a sexual relationship between an adolescent girl and a partner who is older, usually 10 or more years (Population Reference Bureau 2008:1)

1.8.2 Preparatory school: The type of school where by receiving students who have successfully passed grade 10 and prepare them for higher education (college or University) for two years. After two years, students sit for grade twelve matriculations. Those who passed the examination will join higher education while those who didn't will join the vocational stream (MOE 2013:5-8).

1.8.3 Substance use: Use of at least any one of the following substances: alcohol, Khat cigarette, Shisha, Hashish or drug that are assumed to affect the level of thinking and increase the risk of involving in risky sexual behaviour (Gurmesa et al 2012:170).

1.8.4 Transactional Sex: Is the sexual relationships in which girls receive money or goods in exchange for sex. The participants don't necessarily frame themselves in terms of prostitutes/clients, but often as girl/boyfriends or sugar babies/daddies (Hoefinger Heidi 2013:31)

1.9 PARADIGMATIC PERSPECTIVE OF THE STUDY

Research paradigms are sets of beliefs and practices that regulate inquiry within a discipline by providing lenses, frames and processes through which the study is carried out. It is a way of looking at natural phenomena that encompasses a set of philosophical assumptions and that guides one's approach to inquiry (Makombe 2017:63-82).

Assumptions refer to principles that are believed to be true without proof or verification. Assumptions provide a basis to develop theories and research instrument and therefore influence the development and implementation of the research process (Pilot and Beck 2008:14). In this study, the researcher has made explicit the meta-theoretical (ontological) assumptions, theoretical (epistemological) assumptions and lastly, methodological assumptions in their naturalistic settings.

1.9.1 Ontological (Meta-theoretical) assumptions

This assumption "raises basic questions about the nature of reality. There is no single reality but encompasses multiple realities to any phenomenon. Every individual perceives, interpret and experience a situation or phenomena by their own differently (Polit & Beck 2008:3). The researcher has made due consideration to address appropriate queries to the sexual and reproductive health nature of school adolescents by exploring multiple realities or phenomena of interest from the students own

perceptions, interpretations and experience. In order to view the concept of interest in different ways, the researcher has executed the conceptual framework of nursing theories (meta-paradigm of nursing), which comprises; human being/person, environment, Health and Nursing. These meta-paradigms are discussed below.

1.9.1.1 Human being or person

The person component of the metaparadigm consists of the patient, as well as the patient's family and friends (https://www.topregisterednurse.com/metapardigm-of-nursing). Here in the researcher's context, a person refers to adolescent students who are enrolled in preparatory schools of Addis Ababa city administration during the study. The researcher aimed at investigating the risky sexual behaviorus and outcomes among adolescents in order to develop youth friendly sexual and reproductive health services.

1.9.1.2 Environment

The environmental component of the metaparadigm focuses on the patient's physical surroundings that includes both their emotional and social surroundings as well. In other words, a patient's surroundings It can include anything that may have an impact on their health and wellbeing (https://www.topregisterednurse.com/metapardigm-of-nursing). The study explored, all external and internal influences affecting the sexual and reproductive health nature of school adolescents for any positive or negative outcome created due to their interaction with the environment.

1.9.1.3 Health

Health is the degree of wellness or illness experienced by the person (Fawcett 2005:6). In this case, degree of wellness or illness experienced by preparatory school adolescents.

1.9.1.4 Nursing

Actions, characteristics and the attributes of a person giving care. It refers to all of the special skills that an individual must acquire to become a care-giver to a human being

including; medical knowledge, technical skills, compassionate skills, and any “hands-on” care (Fawcett 2005:6). The study assessed, the availability of quality adolescent specific sexual reproductive health services and well-trained service providers or health workers in or near by preparatory schools that can be easily accessed by students.

1.9.2 Epistemological assumptions

It is the theory of knowledge and the assumptions and beliefs that we have about the nature of knowledge. How do we know the world? What is the relationship between the inquirer and the known? (Crotty 2008:3). In this study the researcher respects the belief and understanding that all preparatory students have throughout the study.

1.9.3 The Donabedian’s Modal

In this study the Donabedian’s model is a conceptual model of choice to guide the researcher in executing the study. This model provides a framework for examining health services and evaluating the quality of care. In this model, information about quality of care can be drawn from three categories or classification systems: “structure,” “process,” and “outcomes. This classification system was named after the physician and researcher who formulated the model (Visnjic, Velickovic & Jovic 2012: 53-58).

1.9.3.1 *Structure*

It refers to the assembly where health care service is provided. The facility, the equipment, finance and the human resources make up the structure (Visnjic, et al 2012:60). In this study, the researcher has examined the availability of health care institutions providing adolescent specific sexual & reproductive health services and information in study areas.

1.9.3.2 *Process*

The process denotes the transactions between patients and providers throughout the delivery of healthcare. It is the sum of all actions that make up healthcare. These commonly include diagnosis, treatment, preventive care, and patient education but may

be expanded to include actions taken by the patients or their families (Visnjic, et al 2012:60). In this study process refers to the approaches or the means of providing adolescent sexual & reproductive health care services and treatments to school adolescents.

1.9.3.3 *Outcome*

The outcome contains all the effects of healthcare on clients or populations, including changes to health status, behavior, or knowledge as well as clients satisfaction and health-related quality of life (Visnjic, et al 2012:60). In this study, the outcome refers to the result or impact of the sexual and reproductive health care on school adolescents including improvements in their knowledge, behaviour and the degree of satisfaction.

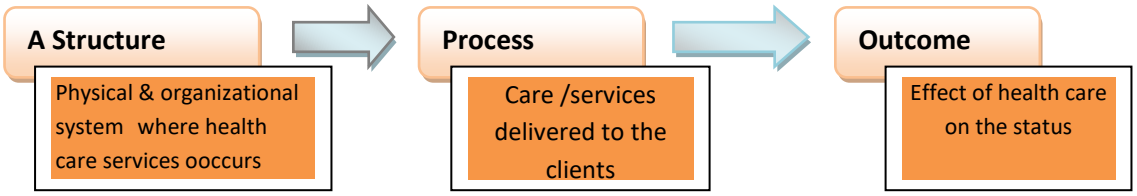


Figure 1: Fundamental dimensions of Donabedian's health model followed to explore sexual and reproductive health of adolescents in school

The researcher has examined how the outcome of sexual and reproductive health needs of school adolescents were being affected in terms of health structures and service delivery. Based on the model, the identified gaps were discussed and the researcher put forward workable strategies to promote and improve youth friendly service in preparatory schools. The researcher facilitated the interaction of the participants in focus group discussion and in-depth interviews so as to know the level of their understanding about their own risky sexual and reproductive health practices in school and untoward consequences.

1.9.4 Methodological assumptions

Methodological assumption is an articulated, theoretically informed approach to the production of data and how we gain knowledge about the world (Creswell 2012:2).

In this study, the researcher has made a meticulous attention to choose appropriate methods that suit the collection of data from school adolescent sexual and reproductive health practices and information, including the potential factors attributing for the presence of risky behaviours and ways of improving the services.

The researcher followed inductive, emerging and context bound approaches in collecting the data and examining the findings to answer the research questions. Detail of the research methodology is presented in Chapter 3.

1.10 RESEARCH DESIGN AND METHOD

A qualitative study design was employed to explore the sexual and reproductive health practices of students in preparatory school. The researcher was the key instrument across the research process and implemented two different phases in-order to attain the set objectives in the study. Chapter 3, section 3.2.1 explains why the qualitative designed was preferred in this study.

1.10.1 Phase 1: Explore risky sexual and reproductive health problems among preparatory students.

In phase one, the researcher focused to examine and explore whether or not school adolescents are practicing risky sexual activities resulting in untoward SRH outcomes and also looked at the possible potential factors attributing for the existence of risky sexual behaviours.

1.10.1.1 Research method

Though detail methodology is explained in chapter 3 of this study, the researcher would like to introduce the method used briefly. In this study, purposely selected preparatory school students from Addis Ababa city administration were the participant. All boys and girls of regular second year preparatory students age between 10-19 years were the source population. The participants were purposely or judgmentally selected who can best inform the research questions and enhance understanding of the phenomenon

under study. Chapter 3 sub-section 3.3.5.2 explains how selection of study participants took place in this particular study. The Sample size in this study should generally follow the concept of saturation or when no new or relevant information emerges with respect to the newly constructed theory

A semi structured with a series of open ended questionnaire was used to collect data from group discussants and in-depth interviewees. Equal number (6-12 members) of male and female group discussant were arranged in the selected schools and discussions were made separately so as to explore specific topics in a permissive and non-threatening environment.

A well-trained moderators and note takers were used to undergo the focus group discussion and the in-depth interview. The moderators and the note takers were a mix of male and female. One male moderator and one male note taker facilitated the male FGDs and one female moderator and one female note taker facilitated the female FGDs. An in-depth interview to health professionals providing adolescent SRH service and school teachers was also conducted.

The collected data was analyzed thematically by the researcher, after a thorough transcription and translation is completed. ATLAS.ti software was used to analyze the collected data. The researcher led the data management process in order to ensure the quality of data output.

1.10.2 Phase 2: the description of guidelines to improve SRH services

In phase two, the researcher executed ways of improving adolescent's SRH services in the intended area of the study on the bases of the research findings. The researcher has generated possible strategies to be implemented and ultimately improve adolescent SRH services in schools. More about the methodology is discussed in chapter 3 of this paper.

1.11 MEASURES TO ENSURE TRUSTWORTHINESS

According to Micheal (2011:7), trustworthiness in qualitative research is closely tied to the paradigmatic underpinnings of a discipline in which a particular investigation is conducted. Susan (2005:251-252) states that, credibility, transferability, dependability and confirmability are described as the four criteria explaining trustworthiness in qualitative research. Chapter 3 of this study explains detail of each criterion.

1.12 ETHICAL CONSIDERATION

The researcher has considered all the basic ethical principles in regard to the participants, the institution, research integrity and domain specific ethical concerns. Clearance was obtained from the departmental higher degree research ethical committee of UNISA (Clearance number REC-012714-039, HSHDC/361/2014) and from Addis Ababa city administration Bureau of Education. Informed verbal consent was also obtained from the study participants prior to the commencement of interviewing and focus group discussion. Strict confidentiality was kept and granted at each step of the research process. In the meantime, students who reported any sexual and reproductive health related problems or conditions during the data collection were informed to visit health facility or consult health professionals in the nearby health facilities for them to have further investigation and treatment.

1.14 SCOPE OF THE STUDY

The study was conducted in Addis Ababa city administrative region of the country. It focuses on preparatory school adolescents' sexual and reproductive health behaviours. The study provides exploratory evidences of risky sexual practices, contributing factors for the behaviours to exist, the untoward consequences and outlines strategies on what could be done to improve adolescent and youth friendly services in preparatory schools.

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

2.1.1 Conceptual meaning of a literature review

A literature is a term used to describe written or sometimes spoken material. It is derived from the Latin literature meaning “writing formed with letters” (https://lets-be-smart.eu/Platform/literature/).

A literature review is a survey of scholarly sources on a specific topic. It provides an overview of current knowledge, allowing you to identify relevant theories, methods, and gaps in the existing research. Writing a literature review involves finding relevant publications (such as books and journal articles), critically analyzing them, and explaining what you found (https://www.scribbr.com/dissertation/literature-review).

A literature review is, a “comprehensive study and interpretation of written items that addresses a specific topic”. It is an opportunity to tell about the research story by carving a space for your topic and research question in relation to previous studies. A literature review creates a "landscape" for the reader, giving them a full understanding of the developments in the field. This landscape informs the reader that the author has indeed assimilated the vast majority of previous significant works in the field into her or his research. In writing the literature review, the purpose is to convey to the reader what knowledge and ideas have been established on a topic, and what their strengths and weaknesses are. It must be defined by a guiding concept like: the research objective, the problem or issue the researchers are discussing and is not just a descriptive list of the material available, or a set of summaries (Aveyard 2019:3).

2.1.2 Types of literature review

Literature reviews are many different types. Each with its own approach, analysis and purpose. According to John Dudovskiy (2018:2), the most popular and commonly used

types of literature review in many studies are: The narrative, the systematic, argumentative, integrative and the theoretical literature reviews. The narrative literature review critiques the literature and summarizes the body of a literature. Draws conclusions about the topic and identifies gaps or inconsistencies in a body of knowledge. One needs to have a sufficiently focused research question to conduct such type of literature review. The systematic literature review requires more rigorous and well-defined approach compared to most other types of literature reviews. It is comprehensive and details the timeframe within which the literature was selected. The argumentative literature review examines, literatures selectively in order to support or refute an argument, deeply imbedded assumption, or philosophical problem already established in the literature. It should be noted that a potential for bias is a major shortcoming associated with argumentative literature review. The integrative literature reviews critiques and synthesizes secondary data about research topic in an integrated way such that new frameworks and perspectives on the topic are generated. The theoretical literature review focuses on a pool of theory that has accumulated in regard to an issue, concept, theory, phenomena. This type of literature review play an instrumental role in establishing what theories already exist, the relationships between them, to what degree the existing theories have been investigated, and to develop new hypotheses to be tested.

2.2 PURPOSE OF THE LITERATURE REVIEW

The purpose of the literature review was, to enable the researcher to learn more from previous theories on the subject, provide a context and justification for research. And show that the study is adding to the understanding and knowledge of the field. It helps to figure-out what is already known about and examine existing research in order to acquire insight in to the topic under study.

2.3 THE ASPECTS OF ADOLESCENTS

The World Health Organization and the United Nations defines ‘Adolescents’ as individuals in the 10-19 years age group and ‘Youth’ as the 15-24 years age group.

While ‘Young People’ covers the age range 10-24 years. Adolescent begins with the onset of physiologically normal puberty, and ends when an adult identity and behaviours are accepted. Adolescence is a time of self-discovery, physical, and cognitive development. It is within this time that adolescent sexual development and behavior occurs. The contemporary adolescents and young adults constitute the largest cohort ever to enter the transition to adulthood. Evidence shows that, nearly half of the global population is less than 25 years old and nearly 90% live in developing countries. This large demographic of young people presents the world with a precedent opportunity to accelerate economic development and reduce poverty (Zelalem et al 2013:1).

Adolescents are not homogeneous population. They exist in a variety of circumstances and have diverse needs. The transition from childhood to adulthood involves drastic, physical, sexual, psychological and social developmental changes all taking the same time. In addition to opportunities for development, this transition poses risks to their health and wellbeing. Most adolescents are full of optimism and represent a positive force in society, an asset now and for the future as they grow and develop into adults. When supported, they can be resilient in absorbing setbacks and overcoming problems. However, adolescents are exposed to risks and pressures on a scale that their parents did not face. Especially adolescent girls and young women, suffer disproportionately from negative sexual and reproductive health outcomes, which challenge their ability to contribute to their communities and countries development (George, Helena, Jeannie, Michael, Michelle, Spence, Susan & Tollit 2011:308-316).

The summit foundation (2011:1) states, young people face substantial social and economic barriers in accessing sexual and reproductive health information and services, which is evidenced by persistently high levels of unmet need for contraception, maternal mortality and HIV incidence. Such negative sexual and reproductive health outcomes have economic, social and health consequences that affect young people throughout their lives, as well as their families, countries and the global community at large. The use of substance like alcohol & tobacco, inadequate exercise, exposure to

violence, and/or unprotected sex can endanger not only their contemporary health, but often their health for years to come. Taking steps to better protect young people from health risks are critical for the prevention of health problems in adulthood and for countries' future health and social infrastructure (WHO 2014:1)

2.4 ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH RISK BEHAVIOURS

Adolescence, derived from the Latin word "adolescere" meaning "to grow up" is a critical developmental period. During adolescence, major biological as well as psychological developments take place (Sujika et al 2015:70-74). Adolescents are particularly exposed to high-risk behaviors and many of such behaviors are founded in this period. High-risk behaviors can have detrimental effects on adolescents' development and health, or can impede their future success and development http://extensionpublications.unl.edu/assets/pdf/g1715.pdf

2.4.1 Unsafe sexual practice

Adolescents and young people don't hesitate to make any decisions pertaining to their sexual and reproductive health matters without sufficiently examining the consequences and taking precautions to protect themselves.They have also an increased interest in the opposite sex, and extremely concerned with physical and sexual attractiveness and are frequently changing relationships (Zelalem et al 2013:2).

Adolescents are predisposed to engross into risky sexual behaviour due to their perceptions and inclination to focus on the immediate, rather than long-term consequences of their behaviour. In many countries where the HIV prevalence is high, young people become vulnerable to the sexual transmission of HIV, as their potential partners are often already heavily infected (Tesfaye & Abulie 2014: 184-188).

World Bank (2014:2) reports, adolescents (10-19 years of age) around the world face tremendous challenges in meeting their sexual and reproductive health needs. Inadequate access to health information and services, inequitable gender norms, can

have serious implications to their health and welfare, as well as economic development and poverty reduction.

As cited in CDC (2012:2) sexually transmitted disease surveillance, many young people engage in sexual risk behaviours that can result in unintended health outcomes. Sexual risk behaviours place adolescents at risk for HIV infection and other sexually transmitted diseases (STDs).

According to a survey conducted among high school students in the US in 2013, 41% of students did not use a condom the last time they had sex, 15% had had sex with four or more people during their life. Only 22% of sexually experienced students have ever been tested for HIV. Young gay and bisexual men (aged 13-24) accounted for an estimated 19% (8,800) of all new HIV infections in the United States, and 72% of new HIV infections among youth in 2010. Nearly half of the 20 million new STDs each year were among young people, between the ages of 15 to 24 (CDC 2013:5-28)

Adolescent and young adults in developing countries are particularly more affected with the highest rate of curable sexually transmitted infections, because the majority of the population is under the age of 40 years. Close to 86% of the world's burden of STIs occurs in the developing world, many of which are in Sub-Saharan Africa (Yohannes, Gelibo and Tarekegn 2013:86). In SSA, AIDS is a generalized epidemic. Young people are majorly affected, accounting for almost two-thirds of the people living with HIV in the region. Especially, young women face greatest risk of HIV (Michelle & Adesegun 2009:2).

In Sub Saharan Africa, HIV/AIDS affected majority of young people. Among the total people living with HIV in the region, two-thirds of them are young people. Especially, young women face the greatest risk compared to men (Michelle & Adesegun 2009:2). According to Dingeta & Assefa (2012:8), premarital sexual activities among adolescents have been documented high and increasing in Sub Saharan Africa. The extent of practicing protected sex determines the susceptibility adolescents to STI. Cross-

generational sex between an unmarried girl and a man 10 or more years older and transactional sex is not unusual in the Sub-Saharan region (Karin & James 2010:11-12).

Uganda demographic and health survey (2011:8) shows that, as many as 20% of 15-19 years old girls and 25% in Nigeria had sex with an older partner in the last year. As economic needs are often the driving factors, they have little negotiating power to use a condom and decide the timing and conditions of sex. As a result, they are experiencing a higher risk of becoming pregnant and contracting sexually transmitted infections (STIs), including HIV/AIDS (Minki, Nancy, David and Philip 2012:56-72).

Some studies conducted in Ethiopia reveals, condom use by the adolescent who are practicing sex is very minimal. A significant number of sex practicing adolescents are still not using a condom. According to study conducted in Jimma University on the utilization of a condom (2009:161-162) shows 59.6% of students were practicing sex without a condom. A similar study undertaken in Bahir Dar University (2014:4) shows 62% of students practice sex without a condom.

2.4.2 Unintended pregnancy and unsafe abortion in an adolescent

About 16 million adolescent girls between 15 and 19 years old give birth each year, accounting for roughly 11% of all births worldwide. Evidence suggests, up to 10% of girls are mothers by the age of 16, with the highest rates in sub-Saharan Africa and South-Central and South-Eastern Asia. For some of these young mothers, pregnancy and childbirth are planned and wanted while for many others they are not (Charlotte, Susanna & Venkatraman 2013:11).

Complications linked to pregnancy and childbirth are the second cause of death for 15-19-year-old girls globally (11% of all births worldwide), and the vast majorities are in low- and middle-income countries. In developing countries, complications of pregnancy and childbirth are the leading cause of death among young women aged 15–19 years. Because a substantial proportion of adolescent pregnancies are unwanted and many end up with unsafe abortions (Charlotte et al 2013:11)

The World Health Organization Statistics put the global adolescent birth rate at 49 per 1000 girls of this age. Girls who do become pregnant need access to quality antenatal care. Adolescents who opt to terminate their pregnancies should have access to safe abortion (WHO 2014:3).

WHO (2014:2) health statistics report indicates that, childbearing in early age increases the risk of mortality to both the mothers and the new-born. Pregnant adolescents are more likely to have unsafe abortions and complication than adult and are the major contributor to maternal and child mortality and to the cycle of poverty.

Charlotte et al (2013:11) describes, close to 3 million unsafe abortions occur globally every year among adolescent girls age between 15-19 years. Lack of access to safe abortion services, lack of trained health care provider and the societal stigma associated with abortion have exacerbated the problem to exist. Besides, nearly 215 million women of reproductive age around the world have unmet need for contraception. They do not wish to have children, but are not currently using contraception. In some regions of the world, women ages 15-19 are two times more likely to have an unmet need for contraception than women in their 20's. The highest unmet need is reported in Sub Saharan Africa (www.advocatesforyouth.org).

A report on unsafe abortion made public by the Ethiopian Society of Obstetricians and Gynaecologists (ESOG) indicates that over 45% of cases who visited health facilities because of abortion were adolescents in the age group 15-19 years (Vlassoff, Fetters, Kumbi & Singh 2012:127–133).

2.4.3 Sexual violence and adolescent girls

Sexual violence encompasses acts that range from verbal harassment to forced penetration, and an array of types of coercion from social pressure and intimidation up to physical force (WHO 2012:1). UNFPA (2012:16) states that, sexual violence is a human rights violation as articulated in many regional and international conventions

including: The convention on the rights of child (CRC), the Geneva conventions and the Maputo protocol. Yet many adolescents' first experiences of sexual intercourse are coerced or violent.

According to adolescent students behaviour surveillance conducted in the US nationwide (2013:10-11), 7.3% of students had ever been forced to have intercourse when they did not want to.

School based violence is not only violates the girls' essential rights to self-esteem, equality, and free from violence, but it also undermines their rights to education (Christina Beninger 2013:281-301).

Women and law in South Africa-Zambia and Cornell University law school (2012:17:26) indicates that often times, male classmates, teachers and other staffs are reported as perpetrators. Relationships between teachers and students sometimes occur under threat or on the promise of good grades or money. In countries where teenage pregnancy is common, teachers are sometimes identified as the father.

According to study conducted on female students of Madawalabu University in Ethiopia (2015:4), 66% of study participants have encountered forced sexual act. More than one third (36.5%) of them had experienced unwanted sexual act within the past twelve months. One out of five students experienced unwelcomed kiss (22.3%) and unwelcome touch on their breast or genital area (21.5%). One quarter (25.1%) of the participants escaped from a forced sexual attempt. The prevalence of rape was 10.9%.

2.4.4 Adolescent's sexual behaviour and substance use

Lerebo, Teferi and Fisseha (2015:2-3) states that, substance use such as, khat, tobacco, alcohol and drugs have become a widespread socioeconomic and public health problem worldwide. Alcohol and illicit drug attributes 5.4% of the global burden of

diseases and tobacco use 3.7%. Because of urbanization and associated life styles, adolescent health is increasingly at risk of substance abuse.

HHS Public access (2015:74-88) states that, as many as 22.1% of adolescents in US engaged in substance use during their most recent intercourse. Adolescents who regularly abuse substance are more likely to become sexually active at their earlier age, have more sexual partners and more likely to have unprotected sex compared to the non-substance using peers.

As in many developing countries, substance use is a growing problem in Ethiopia. Most often, Khat, and alcohol are the frequent abused substances compared to others. College and university students are at the highest risk of substance use. Joining university often leads to new opportunities, independence from family control, self-decision making, and peer-pressures to use or abuse alcohol or other drugs (Tesfaye, Deresse and Teshome 2014:3).

Mulu, Yimer and Abera (2013:4-6) states that, substance use, attending night clubs, and watching pornographic videos are attributing factors of risky sexual practices among Bahir-dar University students. Because of the attributers, 62% of the students practiced unprotected sex, 42.7 % had sex with multiple partners, 7.4 % of male students had sex with prostitutes and 4% of female students had sex for the exchange of money.

Study conducted among proportionally sampled in-school and out-of school adolescents from different parts of Ethiopia reveals, the linear association of substance use and sexual practices. Sexual initiation among both in-school and out-of school using Khat, alcohol and other substance was four to six fold much higher than non-substance users. The majority of the sexual practices following khat chewing and drinking alcohol use are unproductive and resulting in untoward consequences. When adolescents are using alcohol, Khat and illicit drugs, they lose their control-over on their sexual drive and get forced to have premarital sex (Kebede, Alem, and Mitike, 2009:109).

2.4.5 Peer pressure to risk sexual practice

School adolescents who recognize their friends are engaged in sexual practices are more likely to adopt those same behaviours compared to those who did not have this perception. Peer pressures are the leading driver of risky sexual behaviour among school student (Cherie and Berhane 2012:159-164). As they give more attention to their peers' opinion than they do to those of adults, they are so vulnerable to socially prescribed norms and negative consequences of sexual behaviours (Salikow, Ahmed, Flisher, Mathews and Mukoma 2009:107).

2.4.6 Sexual behaviour and exposure to sexually explicit sites

Today, significant numbers of young people are using various sources of media to watch sexual explicit sites around the world. Sexually explicit materials allowed people of all ages, particularly adolescents to consume and distribute the content to others. The recent advancement in technology and use of internet has favoured an intentional or accidental viewing of these materials online (Strasburg, Wilson and Jordan 2009:15).

A study conducted among young people in Nigeria; about the influence of sexual explicit materials exposure reveals that, changes in sexual behaviour were reportedly observed in 31.1% of respondents and 19.5% practiced what they have seen. The post exposure practices include; oral sex (48.3%), body tattoo (18.3%), having multiple sexual partners (11.6%) and homosexuality (5.0%) (The Pan African Medical Journal 2016:261).

As study conducted in Kenya on the sexual behaviour of adolescents showed that, significant proportion of the adolescents commenced practicing sex following the exposure to sexually explicit materials. In most of Sub-Saharan African countries, more than 70 percent of young women begin sexual activity during adolescent period. This too large extent is as a result of exposure to media effect (Sammy and Hellen 2014:1-2).

A study conducted among secondary school student in the Eastern part of Ethiopia also indicates that, adolescents who are exposed to sexually explicit movies were twice

more likely to engage themselves in to a risky sexual behaviour than those who didn't (Seifadin and Wakeshi 2018:3)

2.5 CONCLUSION

The review of the existing literature on adolescent sexual and reproductive health has made the researcher to examine and comprehend the extent of theory and knowledge about adolescent sexual and reproductive health behaviour. Most of the findings of studies as stated in various literature in Sub Saharan Africa including Ethiopia lack in-depth understanding.

Often times, the studies conducted in Ethiopia in regard to adolescents' sexual and reproductive health overlooks looking closely in to participants speaking, actions, records and arrangements of meaning which emerge from the data. The types of studies designated tend to indicate statistics rather than exploring and conceptualizing findings. Given the fact that, the size of school adolescents in Ethiopia accounts a quarter of the total population (NAYHS 2015:14), a very limited number of studies have been conducted to assess the level of school adolescents SRH program, strategic interventions and existing gaps particularly in pre-college and preparatory school adolescents.

This review has therefore enabled the researcher to know what is existing and the area of focus in the proceeding school based research.

CHAPTER 3

STUDY DESIGN AND METHOD

3.1 INTRODUCTION

In the previous chapter two of this thesis, a literature review on the topic of interest was discussed in detail. This chapter emphasizes on the study design chosen and the method employed. The aim of this study is to explore strategies to promote youth friendly sexual and reproductive health practices of preparatory school students in Addis Ababa. The data collection process, management, analyses and how the data is synthesized are given a particular attention in this chapter. The chapter also presents the measures to be taken to ensure trustworthiness of research and ethical standards to be considered.

3.2 RESEARCH DESIGN

A study design is an overall strategy of a framework that we choose to integrate the different components of the study in a coherent and logical way. Or it is a blueprint for conducting a research project. It details the steps necessary for obtaining the information needed to structure or solve research problems (Shahid 2014:224).

3.2.1 Qualitative study design

It is the type of study design that provides unique insights in to specific context or social situation. Focuses on the “why” and “how” rather than the “how many”, or “how often”. It provides in-depth understanding of social phenomena within their natural setting (Creswell 2013:43). It delivers insights into the problem and uncovers trends in thought and opinions, and dive deeper into the problem. It describes, interpret and demonstrate understanding of phenomena as they present themselves (Susan et al 2011:3). Qualitative research takes into account the natural contexts in which individuals or groups function to provide an in-depth understanding of real-world problems. The research questions are generally broad and open to unexpected findings. The choice of a qualitative design primarily depends on the nature of the research problem, the

research question(s) and the scientific knowledge one seeks (Irene and Albine 2017:274-279)

In this study, the researcher implements these characteristics so as to explore, describe and contextualize the sexual and reproductive health behavior of study participants.

By using the qualitative design, the researcher wants to add new dimensions of understanding about school students from their own words or insider's perspective, understanding the importance of local context, studying intricate sexual and reproductive health episodes that occur over time in preparatory schools.

3.3 RESEARCH METHODOLOGY

In this section, the researcher presents the research methods employed in generating strategies to promote youth-friendly SRH services for preparatory school adolescents in Addis Ababa, Ethiopia. The researcher is the key instrument across the research processes. To attain the objective of the study, the research methods were dealt within two different phases. Namely phase 1: The exploration of risky sexual and reproductive health behaviour of school going adolescents in Addis Ababa and phase 2: Dealt with the description of guidelines to improve SRH.

PHASE 1: THE EXPLORATION OF RISKY SEXUAL AND REPRODUCTIVE HEALTH BEHAVIOUR OF SCHOOL GOING ADOLESCENTS IN ADDIS ABABA

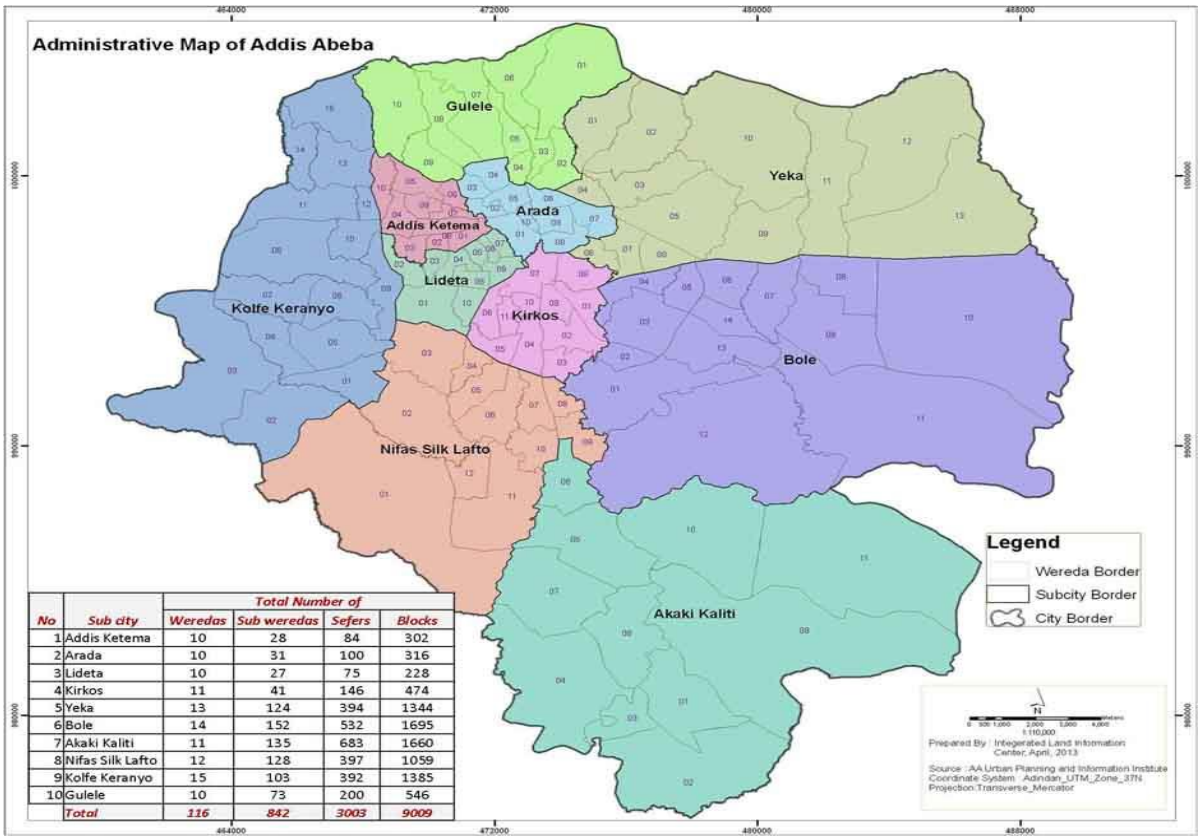
In this phase of the study, the researcher investigates whether or not school adolescents are practicing sexual activities that result in untoward SRH outcomes. The researcher also explores the possible potential factors attributing for the occurrence of risky sexual behaviours among school adolescents.

Focus group discussion for school adolescents and in-depth interview for health care providers and teachers were used as a tool to collect the sexual behaviours of the study participants.

3.3.1 The Study Setting

This study is conducted in Addis Ababa city administration. According to Census 2007 population projection, the estimated total population of the city is nearly 3.3 million. Administratively, the Addis Ababa city comprises 10 sub cities and 116 districts. The total land area is 540Km^2. Bole is the largest sub-city while, Addis ketema is the smallest but densely populated (http://www.ilic.gov.et/index.php/en/administrative-boundaries). The study addresses five preparatory schools in the respective sub city as purposely selected by the researcher (Figure 2).

Figure 2 Administrative map of Addis Ababa city including the ten sub cities.



No	Sub city	Total Number of			
		Weredas	Sub weredas	Sefers	Blocks
1	Addis Ketema	10	28	84	302
2	Arada	10	31	100	316
3	Lideta	10	27	75	228
4	Kirkos	11	41	146	474
5	Yeka	13	124	394	1344
6	Bole	14	152	532	1695
7	Akaki Kaliti	11	135	683	1660
8	Nifas Silk Lafto	12	128	397	1059
9	Kolfe Keranyo	15	103	392	1385
10	Gulele	10	73	200	546
	Total	*116*	*842*	*3003*	*9009*

3.3.2 Sampling

Sampling is a process of selecting a smaller set of data that a researcher chooses from a larger population by using a pre-defined selection method. These elements are known as sample points, sampling units, or observations. Hence, examining the sample

provides insights that the researcher can apply to the entire population. It is a method of selecting individual members or a subset of the population to make inferences from them and estimate characteristics of the whole population (Khalifa 2012:7).

The researcher undertook purposive sampling based on gender characteristics in the selected preparatory schools. A male and a female group of participants each comprising 6-12 members were used in each school as a discussant. And one health care provider from health facility nearby selected school and a teacher from each school were purposely selected for in-depth interview.

3.3.3 Source or target population

It is the population from which the study subjects are drawn and the results of the study may be extrapolated out to, even if not all members of this population were eligible for sampling. It is the entire set of cases from which research sample is drawn (Khaled 2015:3-6). The source population for this particular study was preparatory school adolescents enrolled in public schools in Addis Ababa city administration during the academic year 2018.

3.3.4 Study unit

A study unit is also called sampling unit. It is an individual or an object about which information is collected or whose characteristics are to be measured in a particular study (Ilker, Sulaiman, & Rukayya 2016:1-4). In this study, the sampling units for the focus group discussion are individual male and female second year adolescents in the selected preparatory schools and teachers/team leaders of the selected schools and health care providers carrying out adolescent sexual and reproductive health services either in government and/or private health facilities in Addis Ababa.

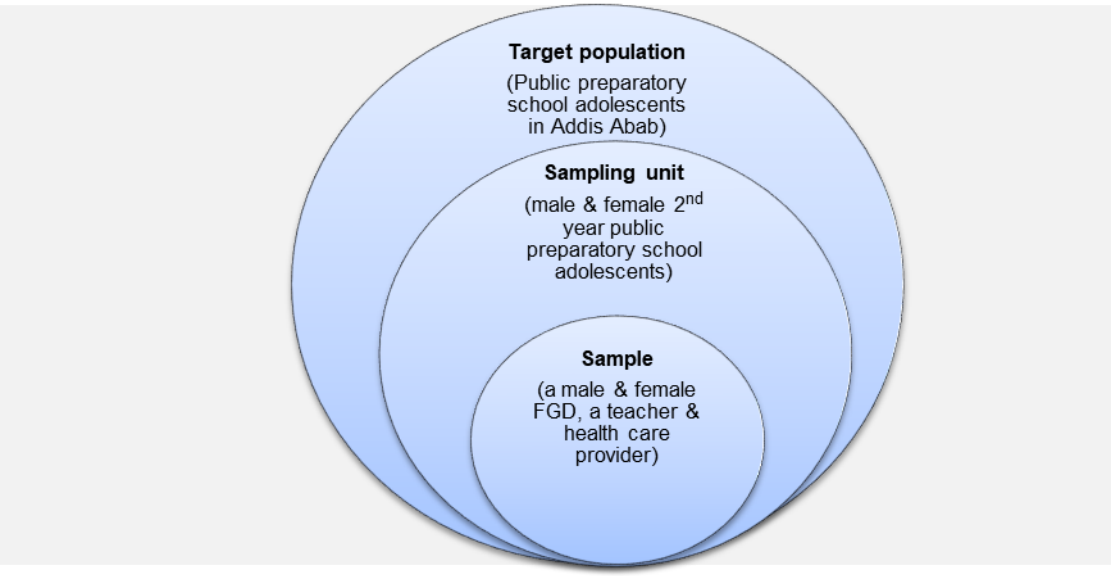


Figure 3 Target or source populations from which sample was drawn and the sampling /study units in Addis Ababa 2018.

3.3.5 Sampling Strategies or techniques

Prior to examining the various types of sampling method, it is worth noting what is meant by sampling technique, along with reasons why researchers are likely to select a sample. Sampling strategy is the plan you set forth to be sure that the sample you use in your research study represents the population from which you drew your sample. In general, sampling technique could be either probability sampling or non-probability sampling (Ilker et al 2016:1-4).

3.3.5.1 Probability sampling technique

Probability sampling technique is that every item in the population has an equal chance of being included in sample. Probability or random sampling has the greatest freedom from bias but may represent the most costly sample in terms of time and energy. Simple random sampling, systematic sampling, cluster sampling, stratified random sampling and multistage sampling are among the various types of probability sampling technique

each of which execute their own approach in sampling process. It is often used in quantitative research one than qualitative (Ilker et al 2016:1-4).

3.3.5.2 Non-probability sampling technique

This sampling technique is often associated with case study research design and qualitative research. It is intended to examine a real life phenomenon, not to make statistical inferences in relation to the wider population. A sample of participants or cases does not need to be representative, or random, but a clear rationale is needed for the inclusion of some cases or individuals rather than others. Convenience sampling, judgmental or purposive sampling, snowballing sampling and quota sampling are the different types of non-probability sampling technique used in research (Susan et al 2011:5). In this study, the researcher implemented the non-probability sampling technique (in this case, judgmental or purposive sampling) as the study method selected was a qualitative by its nature (Figure 3).

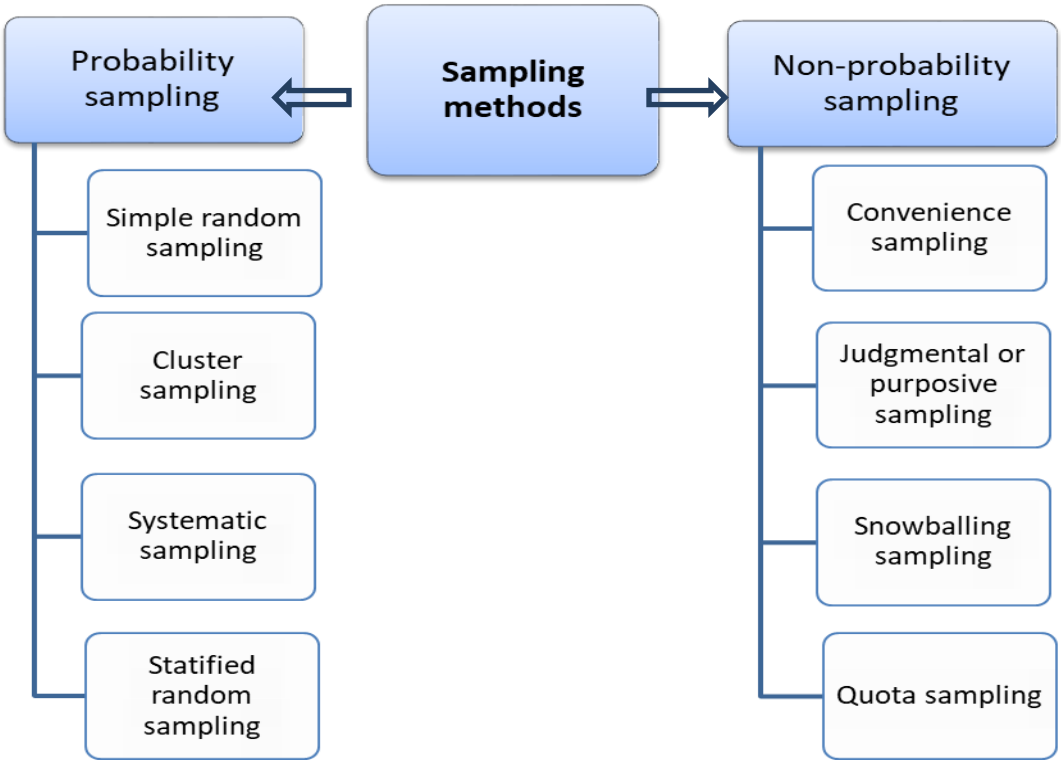


Figure 4 Types of probability and non-probability sampling technique in research

Focus group discussion (FGD): is a form of group interviewing in which a small group usually 6 to 12 people is led by a moderator (interviewer) in a loosely structured discussion of various topics of interest (Krueger and Casely 2009:5). Focus groups can produce valuable information that is not likely to come from a personal interview or a survey. One focus group meeting uses fewer resources like; time and money than multiple personal interviews or large surveys that fail to ask the important questions. Responses can be clarified and expanded upon with probing follow-up questions. Non-verbal responses can be recorded and interpreted.

Group members can react to and build upon each other's responses to produce information or ideas that they might not think of on their own. Focus groups can be a natural forum for new ideas. The course of the discussion is usually planned in advance and most moderators rely on an outline, or moderator's guide, to ensure that all topics of interest are covered. More flexible and excellent for obtaining details about background information. Easy to accommodate contingencies by changing sceneries in midstream if necessary. It is the moderator's task to focus the discussion on pertinent issues and not let the conversation stray too far off the track. The facilitator systematically approaches the discussant so as to make ease the ongoing discussions. Opening questions, introductory questions, transition question, key question and ending question approach would be followed (Khalifa et al 2012:4).

In this study, the researcher first, purposely selected five preparatory schools from the entire preparatory schools found in Addis Ababa during this study. An updated list of schools was used to purposely select the schools under study. Then, identified sections whereby the final year two (12^{th} grade) students are located from the selected schools. Then, identified male and female students who are willing and bold enough to deliberate the sexual & reproductive health matters as focus group discussant and were organized based on their gender while the researcher controls the entire process.

One focus group discussant from each gender was considered from each school and that makes a total of ten FGDs for the entire study in five preparatory schools. A well

experienced two male and two female moderators were recruited and the researcher provided them intensive training before they were deployed to undergo the focus group discussions. In each group, one moderator was responsible to manage the questionnaire while the other moderator was responsible for tape recording and note taking during the course of the discussions. To make the discussion ease and more comfortable, a male moderators were assigned to male focus group discussants and a female moderators to female group discussants.

In-depth interview (IDI): is a qualitative data collection method that offers the opportunity to capture rich and in-depth understanding about the research. It can be used as a standalone research method or as part of a multi method design, depending on the needs of the research. In depth interviews are normally carried out face to face so that a rapport can be created with respondents. Body language is also used to add a high level of understanding to the answers. Telephones can also be used by a skilled researcher with little loss of data. The style of the interview depends on the interviewer. Successful in-depth interviewers listen rather than talk. They have a clear line of questioning and use body language to build rapport. The interview is conducted using a discussion guide which facilitates the flushing out of the respondent's views through open ended questioning (Turner 2010:754).

In this study, the researcher identified five health care professionals working in high volume health facilities accessible to the selected five preparatory schools providing adolescent sexual and reproductive health services, more preferably the person in-charge of the department and five teachers more preferably team leaders from the selected schools. One health care provider and one teacher for every school, making a total of five health care providers and five teachers or team leaders in five selected schools were involved in the in-depth interview part of the study.

A well trained two moderators (one interviewer and one tape recorder & note taker) were used to undertake the in-depth interview session.

3.3.6 Ethical issues related to sampling

Ethical clearance was obtained from the departmental higher degree research and ethical committee of UNISA. A letter of permission from Addis Ababa bureau of education and head of the health facility was granted to undertake the research in the selected preparatory schools and health facilities providing adolescent reproductive health in the respective sub-cities of Addis Ababa.

3.3.7. Data collection

How the data collection course of action undertaken in this study are discussed in-detail as depicted below.

3.3.7.1 Data collection approach and method

A semi structured with a series of open ended questionnaire or an interview guide to collect data from focus group discussants of school adolescents and an in-depth interviewee to collect data from health workers providing adolescent sexual and reproductive health service and school teachers were used so as to generate and explore a range of information that yields a deeper understanding in due course time.

A well trained and experienced moderators and note takers were used to undergo the focus group discussions. The moderator systematically approaches the discussant so as to make ease the ongoing discussions.

In order to make the data collections more ease and convenient, male moderators & note takers were used for male discussant and female moderators and note takers for female discussants. In total, four data collectors were deployed to undergo five female and five male FGDs in five purposely selected schools. Besides, a pair of interviewer (One moderator and one note taker) carried-out the in-depth interview session against the health care providers and teachers.

The researcher purposively selected the in-depth interviewee using the following selection criteria so as to obtain a wide range of response for the interview. Health

professional who had at least one year experience in adolescent sexual reproductive health, licensed and registered health professional by the Federal Ministry of Health. A school teacher/ team leader who had close attachment with school students and have at least one year experience in the school and willing to give consent and respond to all questions.

3.3.7.2 Data collection tools development and testing

The tools were initially prepared in English, translated in to local language (Amharic) and then translated back to English to check for consistency. Before the actual data collection starts, the tools were pre-tested in a preparatory school students, teachers and health care providers which are not included as study participants and enrolled in other schools not selected for this particular study.

The tool is amended in alignment with identified gaps and limitations during pre-testing. The researcher ensured the availability of enough copies of the tools and a functioning voice recording device is in place prior to each interview session.

The researcher planned the research and ensured that the process was followed through systematically and logically. The researcher included few but very concise and pertinent questions that commonly elicit the longest answer from the respondent so as to examine the sexual behaviour of school adolescents in the study area. A separate male and female FGD moderators' interview guide and IDI guide were used.

3.3.7.3 The data collection process

In this section of the researcher describes the data gathering process undertaken throughout the course of the study. Before the commencement of the interview and/or the discussion, a comfortable seating arrangement and place of discussion was ensured to facilitate communication. The participants were welcomed and greeted at the beginning of each discussions and/or interview session in a culturally accepted manner.

In order to enhance communication, the researcher was able to exercise showing understanding and interest, active listening, paraphrasing, clarification, reflection, minimal verbal response, linking knowledge, and probing in a culturally sensitive way.

3.3.8 Data management and analysis

In qualitative research, data analysis is defined as the process of systematically searching and arranging the interview transcripts, observation notes, or other non-textual materials that the researcher accumulates to increase the understanding of the phenomenon. The process of analysing qualitative data predominantly involves coding or categorizing the data. Basically it involves making sense of huge amounts of data by reducing the volume of raw information, followed by identifying significant patterns, and finally drawing meaning from data and subsequently building a logical chain of evidence (Malays 2008:14).

The researcher used Madelon's method of data analysis (Madelon 2015:6) to analyze the data that was gathered during focus group discussion and IDIs. This method depicts some steps of data analysis. Below is explained the details of the steps implemented.

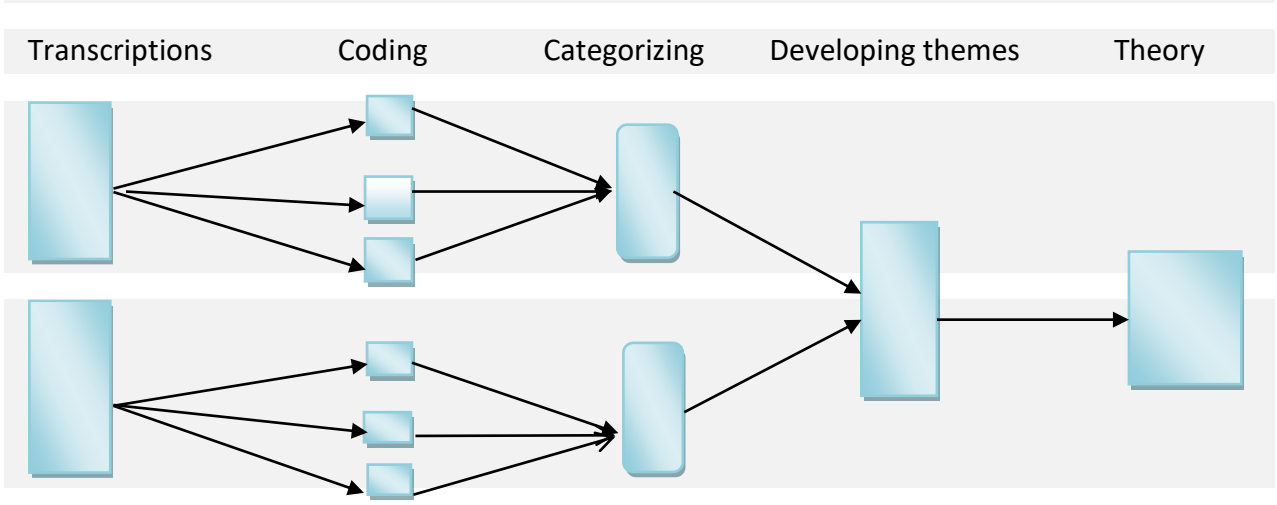


Figure 5 Illustration of step by step data analysis followed by the researcher (data transcription to theory development)

Listen to soundtracks, written notes and transcripts again. This is done in one day as it is fresh in the researcher's mind. Summaries were made as per respondent or per topics.

3.3.8.2 Establish codes and themes

Here is the point where it all comes together. This means that, cutting and pasting extracts and putting them together under each code based on contextual uniformities. A table with different color was used to recognize which extract came from which interview. See certain trends in the data. Which respondents, with which characteristics tend to give which answers? And more importantly: what does that mean? Asking these last questions, give extra value about the conclusion that is going to be made.

PHASE TWO: THE DESCRIPTION OF GUIDELINES TO IMPROVE SRH SERVICES

In this phase of the study, the researcher executes ways of improving adolescents' SRH services in preparatory schools on the bases of the research findings. The researcher has highlighted practical guiding principles for the implementation of improved adolescent friendly SRH services

3.4 MEASURES FOR ENSURING TRUSTWORTHINESS

Trustworthiness in qualitative research is establishing; credibility, transferability, dependability and conformability in the research (Susan et al 2005:251-252).

Table 1 Positivist and naturalistic terms appropriate to the aspects of trustworthiness

Aspects	Quantitative term/positivist paradigm	Qualitative term/naturalistic
True value	Internal validity	Credibility
Applicability	External validity / generalizability	Transferability
Consistency	Reliability	Dependability
Neutrality	Objectivity	Comfirmability

3.4.1 Credibility

It is an equivalent concept to internal validity in positivist researchers. Credibility ensures what a particular study is actually intended to measure. It examines, how consistent are the findings of a study with reality and how accurately recorded the phenomena under scrutiny (McBrien 2008:1286).

To maximize the credibility, the researcher has intensively worked on the data collection tools in order for the whole participants easily understand and respond accordingly. The researcher was also able to establish a prolonged engagement with the participants, was able to triangulate data from various source (FGDs and ID interviews) was able to share the verbatim transcript of the participants, and also conducted validation of respondents or check.

3.4.2 Transferability

Transferability does mean that, the extent to which the findings of one study can be applied to another situation or settings (Bitsch 2005:85).

Although generalization about the population of interest is difficult in this study, the way the study was applied will lay a ground to other apparently similar studies. The researcher was able to ensure the transferability of the study by elucidating the clear description of the study and provided a detailed audit trail in order to let other researchers reiterate the same enquiry in a similar setting.

3.4.3 Dependability

It is the synonymous of reliability in the quantitative study. Dependability describes the consistency and repeatability of a research finding. Similar result could be obtained if the same study is repeated with the same method, same context, and the same participants (Bitsch 2005:86).

The researcher was able to clearly present the logic used for selecting the participants, events and overall data management. The researcher was able to prepare the data collection tools in comparison with WHO and DHS standard guidelines. Acceptable dependability audit trial was also maintained. An independent peer reviewer was also evaluated the appropriateness of the entire steps the researcher has undergone to see how well the techniques are meeting dependability standards have been followed.

3.4.4 Confirmability

It is identical to objectivity in quantitative study. Confirmability ensures that the outcome of the study is the result of experience and thought of the participants, not the preferences of the researcher. This study considered, the confirmability audit trail was conducted to see if the data and interpretations the researcher made are internally coherent and represent more than figments of the imagination (Bowen 2009:307).

4. ETHICAL CONSIDERATION RELATED TO DATA COLLECTION

Research ethic applies moral principles to scientific pursuits, particularly research. It is the moral principles that govern a person's behaviour. It is also referred to as doing what is morally and legally right in research. Ethical consideration is actually norms for conduct that distinguish between right and wrong, and acceptable and unacceptable behaviours (David 2020:2).

This study considered all the basic ethical principles and examined the ethical concerns in regard to the participants, institution, and research integrity and domain specific ethical issues. Ethical clearance was obtained from the departmental higher degrees research and ethical committee of the University of South Africa (UNISA), a support letter from Addis Ababa UNISA branch office and from Addis Ababa city administration Bureau of Education. Informed verbal consent was obtained from the study participants prior to the commencement of the actual focus group discussions and interviewing.

Strict confidentiality has been kept and granted at each step of the research process. In the meantime, students who reported any sexual and reproductive health related

problems were told to visit health facility or consult health professions for help. Though this study is not invasive in its nature, the following ethical principles are taken in to account along all the research processes.

4.1 Autonomy /Self-determination/

The principle of self-determination describes the acknowledgement of the right of the individual participant to make informed decision (Taofeek 2013:242). In this study, participants' right to freedom to choose their own destiny is fully respected and made them understand no penalties or risks involved if they decided not to respond to questions or wanted to withdraw from the study.

4.2 Beneficence (Maximizing Benefit)

Beneficence refers to the prospective risks and harms that a research subject may face by participating in a study with the prospective benefits that may arise from the research for either the subject or, more generally, society with the development of new knowledge. Providing benefits and balancing benefits and risks/harms are the two aspects of beneficence. Its principle supports moral rules and obligations, such as: protecting and defending the rights of others, preventing harm from occurring to others, removing conditions that cause harm, help persons with disabilities and rescue persons in danger (Chiror 2011:225). In this study, no vulnerable participants included and nobody required special protection. The participants were reassured that they would remain anonymous throughout the process and at no time would their identity be disclosed. Have been informed beforehand that, they could withdraw from the study any time they want.

4.3 Nonmaleficenece (Minimizing Harm)

The principle of nonmaleficence holds that there is an obligation not to inflict harm on others. It is closely associated with the maxim ''*primum non nocere''* (first do no harm). The principle of nonmaleficence supports rules, such as: do not kill, don't cause pain or suffering, don't injure and don't cause offence. The research participants must not be

subject to any unnecessary risks during the research process (Chiror et al 2011:226). This study also implemented the principle of nonmaleficence to avoid harm to others.

4.4 Justice

The principle of justice obliges us to equitably distribute benefits, risks, costs, and resources. The principle of justice supports rules, such as; each person an equal share each person according to need, effort, contribution and merit (Chiror et al 2011:225-226). In this study, no segment of the study population was unfairly burdened with research and ensured all participants are equally treated.

4.5 Privacy and confidentiality

Confidentiality refers to the rights of participants to have some control over how the information is collected, used, disclosed and communicated. Confidentiality also means, not disclosing any information gained from an interviewee, deliberately or accidentally, in ways that might identify an individual. Confidentiality applies to the data to be collected, while privacy applies to the person how the potential participants are identified, the setting that the participant interact, the method & type of information to be collected (Wiles, Crow, Heath, & Charles 2008:417).

In this study, precautions were taken to ensure that information is kept secret only to the extent possible. Only the researcher and the data collectors would have the access to the information collected and their privacy related issues too.

4.6 Informed consent

Informed consent provides participants with sufficiently detailed information on the study so that they can make an informed, voluntary and rational decision to participate (RCN 2011:3). In this study, the researcher supplied the participants with written information that explains the purpose, the expected duration, the procedure, the advantage and disadvantage of being part of the research and obtained verbal consent. .

5. SCOPE OF THE STUDY

The study was undertaken in five preparatory schools limited to one city administrative region found in the country. The participants were purposely selected second year male and female students and in-depth interviewee comprising teachers & health care providers. A total of ten focus group discussions and ten in-depth interviews were conducted in five selected preparatory schools.

The study focused on exploring sexual and reproductive health practices of preparatory school adolescents. Provided exploratory evidences of risky sexual practices, contributing factors and untoward consequences of the behaviours against school adolescents. Highlighted strategies and way-out to improve the sexual and reproductive health need of school adolescents by providing a vibrant adolescent friendly services.

6. CONCLUSIONS

This chapter discussed the details of the research design and methodology including the way to enhance trustworthiness, ethical consideration, and scope of the study. The study design favored the researcher to look into new dimensions of understanding about school students from their own words of understandings or insider's perspective. The researcher also believes that, as the practice in doing such a qualitative study designs in preparatory schools were limited, the outcome of this study contributes significant essences towards the sexual and reproductive health matters of school adolescents even if the scope of the study is limited to one region in the country only.

CHAPTER-4

DESCRIPTION OF RESEARCH FINDINGS

4.1 INTRODUCTION

The main purpose of this chapter is to describe the research findings and make conclusive remarks on the basis of the research outcome.

The researcher described the perception of preparatory school students, their teachers and adolescent health care service providers about the existence and trends of school adolescents risky sexual and reproductive health practices, as well as the factors attributing for them to engage in sexual practices and the untoward consequences arising from their sexual behaviours.

As discussed in detail on how the sampling technique was carried out in the methodology (chapter 3) section 3.3.4, the researcher used a set of open ended interview questions to explore a range of information from the study participants that yields a deeper understanding about research.

A well trained and experienced moderators and note takers were used to undergo focus group discussions with the direct supervision and involvement of the researcher. Taken the objective of the study into account, a set of open-ended questions were directed to the respective male and female student focus group discussants, and in-depth interviewees of school teachers and adolescent sexual and reproductive health care service providers.

4.1.1 First set of open-ended questions

These open-ended questions were directed to male and female discussants. The questions are revealed below. Some questions are directed to male participants only and some others to female ones.

Would you please tell me about what do you know all about adolescent sexual and reproductive health and associated health problems does mean?

What type of adolescent related sexual and reproductive health problems do you know? Do you think students in your school practice unsafe sex? If so, can you please tell me untoward consequences of it? Probe, for any scenario happened to anyone in their school.

What factors do you think will affect or motivate students to practice unsafe sex? Probe, on substance use, emerging technologies, pornography, living alone etc.

Have you ever heard about sexual violence, harassment or coercion against school girls committed by either male students or teachers, how do you evaluate your school in terms of safety to female students?

Do you think that students in school practice sex with older people or with people whom they think will provide them money or things in kind? Probe, the type of people practicing sex with them, use of condom and contraceptive.

Is there an adolescent specific SRH service in your school? If not, from where do students in your school seeks SRH service? What type of adolescent focused SRH service do you think is required for adolescents in your school? Probe why? any more things, you want to tell us before we wrap up the discussion?

4.1.2 Second set of open-ended questions

These sets of questions were directed to in-depth interviewees (health care providers and Teachers). Some of the questions are specific to the health care providers and some others to the teachers only.

Would you please tell me about the type of adolescent specific health services you are providing in your health facility?

Would you please describe the health seeking behaviour adolescent? Specifically, those adolescents attending school in preparatory school?

What specific SRH related problems do school students experience? How do you explain the magnitude or the extent of these problems?

Do you have any school based SRH service in your area? If so, do you think that your health facility is well equipped to provide school based SRH services to the young?

How frequently do you visit them? Probe the gaps on service provision, supplies and trained staffs

Is there any strategy or policy document you are relying on to implement adolescent sexual and reproductive health?

Do you think that your students are vulnerable to risky sexual behaviours?

Do you think that the location of your school or the surrounding environment is conducive enough for students to attend school?

Do you have any experience or scenario you can mention in regard to risky sexual behaviour happened to students in your school? Probe on unintended pregnancy, school drop-out, physical or psychological incidences.

Do you have any comment or suggestions that you think will improve the service more?

4.2 DATA ANALYSIS

In chapter three sections 3.3.6.1, the details of data collection approaches & processes have been thoroughly explained. Following the data collection, the researcher implemented the following key steps to analyze the data so as to come up with important findings of the research.

Transcription of data collected was first made with the original source language (Amharic) and then translated in to the target language (English). The collected data as audio-visual recordings are transcribed as textual files for archiving and sharing.
Computer-assisted qualitative data analysis software (CAQDAS) was used to transcribe collected data. In this particular study, the researcher used the *ATLAS.*TI software

package to extract, categorize, and interlink data segments from a large variety and volume of source documents.

The researcher was able to get familiar with data collected as it is fresh in researchers mind. Listen to recordings, notes, and transcribe them immediately. The researcher was able to read and re-read texts and notes until he managed to understand the concept of the transcribed data before data coding and categorizing steps took place.

After transcribing and translating the collected data from focus group discussants and interviewees, the researcher was able to systematically lessen the bulk of information, to consolidate and reduce ideas which are appearing repeatedly and providing similar meaning in their very nature. The data reduction process happened once the researcher become familiar with the content of the data collected.

Once the coding schemes are developed, the researcher organized identified data into coding the scheme in line with research objectives and questions. During this process, a new code may arise; others may disappear and /or may merge together. The researcher kept moving across segments and adapted the coding scheme until it all fits.

The researcher after identifying and giving names to the basic meaning of units or codes from what is transcribed, a family of codes or categories have been created to eventually produce overarching ideas. The researcher critically looked at the regularities in data. Divided the categories into small segments and asked a question at each category: what is this category's meaning all about? Then, extract meaningful phrases that are aligning with the objective of the study.

Those extracts are going to be the researcher's themes. From there, overlapping themes that can be put together under a new theme. Checked whether these sets of themes capture what is going on and develop the final list that can be analyzed and interpreted.

4.3 RESEARCH FINDINGS

The research was conducted in five purposely selected public preparatory schools in Addis Ababa. These are: Fitawirari Abayneh preparatory school from Akaki Kality sub-city, Bole Medhanialem preparatory school from Bole sub-city, Dagmawi Minilik preparatory school from Arada sub-city, Addis Ketema preparatory school from Addis Ketema sub-city and Ayer Tenna preparatory school from Kolfe sub-city. These preparatory schools account for five out of twenty-one (24%) of the total preparatory schools currently existing in Addis Ababa.

4.3.1 Sample Description

The researcher employed a purposive sampling technique to select the participants to be studied. The researcher first, purposely selected five preparatory schools from the entire public preparatory schools found in Addis Ababa during this study. An updated list of public schools obtained from the education bureau of Addis Ababa is used to select the schools from the respective sub-cities. Once the schools are delineated, the researcher identified sections whereby the final year two students are located. From there, purposely selected one section and then, identified male and female focus group discussant.

To ease the group discussion, male and female discussants are arranged separately. Female and male moderators were used for female and male group discussants respectively. One male and one female focus group discussants, each comprising 8-10 members and adolescents age 15-24 years-old were considered from each school. That makes a total of 10 (ten) FGDs for the entire study in the five schools..

Besides, the researcher interviewed a total of five healthcare workers providing adolescent reproductive health services in high volume health facilities that are accessible to selected schools and five teachers, one from each school, preferably

team leaders. This makes a total of ten in-depth interviewees (one health worker and one teacher or team leader from each preparatory school). For the purpose of ease analysis and confidentiality, numbers were used to represent schools, male and female discussants and in-depth interviewees.

Table 4.1 Selected preparatory schools, male & female discussants and IDIs by sub-city in Addis Ababa 2018

School no	Name of preparatory school	Sub-city	Male FGDs	Female FGDs	Total FGDs	IDI-HWs	IDI-teachers	Total IDIs
Sch-1	Fitawirari Abayneh	Akaki Kality	MFGD-1	FFGD-1	2	1	1	2
Sch-2	Bole Medhanialem	Bole	MFGD-2	FFGD-2	2	1	1	2
Sch-3	Dagmawi Minilik	Arada	MFGD-3	FFGD-3	2	1	1	2
Sch-4	Addis Ketema	Addis Ketema	MFGD-4	FFGD-4	2	1	1	2
Sch-5	Ayer Tena	Kolfe	MFGD-5	FFGD-5	2	1	1	2
	Total	**5**	**5**	**5**	**10**	**5**	**5**	**10**

4.3.2 Themes Identified in the analysis

The researcher had gone through a rigorous step by step analysis to reach at the themes identified and explored. The study revealed six thematic areas. These are:

1. Level of awareness about sexual reproductive health,
2. Availability and utilization of adolescent reproductive health service
3. Adolescent specific SRH problems currently existing in preparatory schools,
4. Triggering factors to risk sexual practice in preparatory schools,
5. The unintended health outcome of risk sexual behaviour
6. Strategies to alleviate adolescent SRH problems in schools" or what should be done to alleviate school adolescents SRH problems?

Detailed themes, categories and sub-categories of this study are presented in table 4.2 below.

Table 4.2 Identified themes, categories and sub-categories

Themes	Categories	Sub-categories
1. Level of awareness about sexual & reproductive health	Perceived level of the SRH information	○ Media spots are inadequate ○ No school based ASRH awareness creation program
	Perceived level of attention provided to adolescents concern	○ School adolescents are neglected
2. Service availability & utilization	Limited access to SRH service	○ No adolescent SRH service in schools ○ Limited public & private facilities providing SRH service around schools
	Perceived level of service utilization	○ Negative attitude to SRH service ○ Facilities are not well equipped
3. Adolescent specific SRH problems currently existing in preparatory schools	Sexual violence against school girls	○ Learners are subjected to grave and unnecessary sexual relationship ○ School girls are not protected by from offenders
	Physical abuse	○ Hitting, shoving, restraining, slapping & hair pulling are daily experience of school girls
	Psychological abuse	○ Girls receive fear inducing activities
4. Factors triggering risk sexual practice in schools	Peer pressure	○ Sexually active students tell others, how tastily doing sex is ○ Sexually not actives are considered as if they are slothful
	Substance use	○ Availability of shops selling; alcohol, Khat, hashish, cigarettes & drugs close to schools ○ Lack of recreational areas, public libraries and playing fields for the young
	Exposure to sexual explicit materials	○ Expansion of pornographic video show houses ○ Increasing trends of using internet to download videos and films

	Poverty induced	○ Girls from low income families un able to pay compulsory school expenses ○ Girls are encourage to enter into sexual relationships by their relative/parents
	Love or intentional	○ Falling in love with schoolmates and/or even with their teachers
	Emergence of new form of sexual trade	○ Coffee and/or tea sellers (new form of prostitution) ○ Increased sex tourism and sex brokers ○ Expansion of night clubs and massage houses
5. The untoward result of risky sexual practices	Teenage pregnancy and abortion	○ Low rates of condom and contraceptive use ○ Limited parental control ○ Early sexual initiation
	Sexually transmitted infections	○ Unprotected sexual practice ○ Multiple sexual practices ○ Sexual practice with the most risk group
	School drop-out	○ School absenteeism rates increases ○ No interest to education
	Psychological and Social crises	○ Confused feelings about themselves and experience unhappiness, guilt, irritable, and unease
6. Strategies to alleviate adolescent SRH problems in schools	Policy & strategy	○ Strategies & policies not updated or reviewed ○ Youth centers not well established & strengthened ○ Poor access & unfavorable environment to SRH services for school adolescents
	Synergy of efforts	○ Inadequate coordination & collaboration ○ Inadequate involvement of adolescents (adolescents' voice are heard & informed decision not encourage)

4.3.2.1 Findings of theme 1: Level of awareness about adolescent sexual & reproductive health in preparatory schools

The awareness level of the study participants in respect to adolescent and youth friendly reproductive health service was seemingly very low, though there were few participants found with some level of understanding about their sexual matters.

Category 1.1 Perceived level of adolescent SRH information

The study has documented the cognizance and thoughts of focus group discussants and interviewees about adolescents' SRH in schools. In this regard varieties of understandings and views were observed from the study participants of the respective schools. No opportunity has been given for the young people to let us know it. In fact, sometimes various messages are disseminated through mass media, like radio and television about sexual reproductive issues. But that is not enough. It must be widespread and able to address all of us around. How do we know about adolescent SRH services unless the service is available in school and we are made aware of it? (School 1: male & female FGD 1).

Most school students particularly, adolescent girls whether they are in school or out of school are so passive & still feel shy to discuss sexual matters with schoolmates, with their own sisters, brothers and parents. This means that, whether we are boys or girls, if we are keeping quiet and embarrassed to discuss, it is clear that our awareness level is truncated. The bad thing is, despite all these deficiencies we have, quite a lot of us are engaged in risky sexual behaviour inaudibly (school 3: male FGD 3).

In-depth interviewee teachers 2 & 3 emphasize that, school based adolescent reproductive health service delivery is non-existing in almost all preparatory schools in Addis Ababa. That is why; our students are suffering from various risky behaviours. It is imperative to find out ways of making adolescents aware of safe sexual and reproductive health practices and better equip them to make safe choices.

Category 1.2 Perceived level of attention provided to adolescents concern

“We adolescents, particularly those attending school are so neglected” given that we are the most vulnerable to SRH related problems than other population group. The government needs to review its national strategy or available service to ensure that school adolescents’ reproductive health needs are clearly and adequately addressed. Only very few organizations are supporting school adolescent SRH activities. Ensuring the availability of a multi-sectorial partnership and efforts are very essential to ease problems of adolescents’ sexual and reproductive health (School 4: teachers IDI 4).

On top of what has been discussed above, apparently similar thoughts and conclusions have been reached among other school focus group discussants and in-depth interviewees in regards to sexual and reproductive health awareness level in preparatory schools in Addis Ababa.

4.3.2.2 Findings of theme 2 : Service availability and utilization by school adolescents

In this study, it is revealed that school specific adolescent sexual and reproductive health service is either very inadequate or not available at all in the five preparatory schools selected for this study.

Category 2.1 Status of SRH service availability

The availability of SRH services in preparatory schools in Addis Ababa are either non-existing or are so limited and difficult to get them around. When need arises and things are getting worse, those students who can only afford the transportation cost and medical fee need to seek the service outside their school and travel somewhere else to look for public or private health facilities.

The rest who can't afford the cost will refrain from the service. This is fact, widespread and a deep rooted problem.

Category 2.2. The level of perceived service utilization

It is learned that different arguments among study participants were reflected pertaining the pros and cons of sexual and reproductive health service availability in schools. The majority of the participants agreed that availing the service in school is good and compulsory. Some other say, making the services more accessible to school students by itself does mean that, provoking sexual arousal among those who already have started to do "sex" and even among those who didn't ever.

What does that mean, bringing condoms and other birth control methods to schools? It is clearly mean that *"begid zimut fetsimu endemalet newe"* (It is just like imposing us to practice sex or motivating us to get involved in sexually activities). I am not very comfortable in availing the service in schools. It is as equal as putting a fuel in to burning fire (school 4: male FGD 4 & female FGD 4).

''I know, most of us like to have good knowledge about our own sexual and reproductive health matters rather than talking about the use of condom and contraceptives in schools. Our objective is to study hard and attain what we wanted to be. We have to forget about sex. We have to respect our good culture and abide by the norms and values'' (school 2: male FGD 2).

On the other hand, a number of group discussants have also enlightened the advantage of service accessibility in schools by discussing different scenarios currently practiced in schools. One of the male group discussant 4, from school 4 underlined that, "I wonder why some of us are not sincere." If we are bold enough to disclose what is going on right now, be it in our school or others, there are plenty of urging reasons to seriously

utilize school specific adolescent and sexual health services in all areas where adolescents are.

A female discussant from the same school as mentioned above said, there are a lot of evidences that signify a number of young students are victims of HIV/AIDs, STI, and unwanted pregnancies. “Why is this happening? Is it because we students are so genuine and not engaged in a risky behaviour or just it is because *“yegiziher sitota”* (something given from God)?” In my opinion, I wish if SRH service is available in every school at all time. It is up to each student whether to use it or not.

We, particularly girl students, are suffering from a variety of sexual violence in schools, most of which are not reported often times. Therefore, there is no question to demand the availability of the services provided that we really wanted to enhance the level of awareness among us (school 4: female FGD 4).

In-depth interviewees of all school teachers and all health care providers from all schools strongly agreed that, a comprehensive adolescent friendly health services that are so relevant need to be accessible to the young people in schools. Some of the participants recommended that, the service should be made available, not only in preparatory schools, but also in junior secondary schools, as the trend of sexual initiation is changing time after time. School teenagers need to receive regular counseling pertaining the importance of sexual abstinence, delaying sexual intercourse, safe sex practice, and about birth control options. The prevalence of induced abortion and sexually transmitted infections among school students is increasing. This implies that, unsafe sexual practice is rampant and still girls and boys are not getting the intended SRH service in schools (school 2, 3: HW IDI 2, 3).

It is very common to see a very young school girls get pregnant and claim for termination in a health facility every time. You can imagine, *“what will happen to the pregnant girl if the option of termination is not available in health facilities?”* On the other hand, *“what is the destiny of those pregnant girls who are afraid to come to visit health*

facilities and get the service?" The answer is clear; either she commits some other traditional ways to terminate the conception or drop school or commit suicide (school 3: HWs IDI 3,). Almost all health care provider in-depth interviewees have similar observations and conclusions as interviewees in school 3 mentioned above.

4.3.2.3 Findings of theme 3: Sexual & reproductive health problems discovered

The study revealed that, preparatory school adolescents in Addis Ababa are experiencing various forms of SRH problems ranging from sexual violence to physical and psychological abuses have been documented (Category 3.1 to 3.3 below explains).

Category 3.1 Sexual violence against school girls

The study revealed educators, learners and other staffs had subjected school girls to grave and unnecessary sexual relationship in preparatory schools (school 1: male & female FGD1).

Many adolescents' first experience of sexual inter-course is violent. Abusive behaviour towards girls is widespread and traditional in schools like us and even in high schools (school 2: female FGD 2).

An advanced word, text message, and unwanted kiss, unwelcome touch on the girl's breast or genital area is very common in our school. In order to escape accountability of male student's crime, the male student or the offender urges the girl to hide everything happened to her or make sure no one listens (School 1: female FGD 1).

In my opinion, I feel many sexual abuses practiced in schools and taking place even elsewhere to young girls in Addis Ababa and the country at large are under reported or hidden. If you are going to report a rape or any sexual abuse, the police and our community members won't believe you. They will say you just changed your mind. Therefore, we school girls rather pertained not to disclose the matter. *"Betam Yamal"* (what is happening is really painful). There are a lot of issues and practices against school girls for which I don't want to mention it now (school 3: female FGD 3). Now

days, not only girls are victims of sexual violence, but also young boys and children are also the most vulnerable group to the growing practice of guys and sexual abuses in Addis Ababa (school 4, 5: Male FGD4, 5).

Category 3.2 Physical Abuse

Almost all female discussants in the schools under study, have criticized the different forms of physical abuse they are experiencing on daily bases. Schoolmates and rarely those young people outside schools are the one committing abuse against school girls. The participants have also able to spell out the root cause why school girls are vulnerable to physical abuse is the ignorance or disagreement of female students to male students' request for love or have sexual relationships. *"Konjo kayu, beka malef aychilum"* (if they see the beautiful girls they do not leave them). School rules are very loose and none of school girls are protected (school 3: female FGD 3).

The in-depth interviewees of the respective schools under study have reiterated the view of the female discussants and underpinned physical abuse to female students are drawing attention in many schools. There are male students whose behaviour is a bit deviated and reportedly causing physical abuse to innocent girls. Usually those offenders are poor performing their academic matters and having lower grades than their peers. Besides, they are seemingly engaged in various forms of addictions demanding money. They tend to act as a broker and try to reach and negotiate beautiful girls to have sex with someone and earn money as a reward. If the girls are refusing or not welcoming the request, the guys start to abuse the girls directly or indirectly. Even, we teachers are not in a position to take administrative action against those misbehaving students in our school, because the law doesn't protect us (school 1: IDI teachers 1).

Category 3.3 Psychological Abuse

The study participants of all selected schools (discussants and in-depth interviewees) have revealed that emotional or psychological abuse particularly; abuse against school

girls is widespread in Addis Ababa. Such abuses against school girls usually take place by classmates and teachers. Psychological abuse which inspires fear of rape, abduction and abuses which cause the girls to be disheartened are common in schools. Since virgins are targeted, school girls are always living in fear of abuse (school 3: female FGDs 3).

Often times, we school girls, receive verbal and written love requests from school boys and even from our teachers. Imagine, how much we are psychologically threatened. Our objective is to attend school and eventually be successful and move forward not to engage ourselves in to *"shirmutina"* (unacceptable sexual relationship with someone). In this regard boys and teachers are *"enkifatoch"* (bottle neck and obstructing our way to attain what we are intended for) (school 5: female FGDs 5).

A number of our schoolmates and friends have been suffering from such types of abusive behaviours in Addis. Many girls give their virgin just because teachers and school boys influence them. Teachers and students undermine girls' confidence and ridicule them in the classroom and discourage their question & participation. This make them dispirited provided that they are not willing to satisfy their sexual enquiries. Because of these fears inducing activities, school girls are experiencing psychological syndromes like: depression, anxiety and emotional stress leading to school drop-out and grave squeals (school 4, male & female FGDs 4).

It is very clear that what will happen to a school girl if she refuses sexual request by her teacher and/or school boys. Currently, the number of school girls visiting health facilities with emotional disorders to the extent of attempting suicide is most frequently resulted from loss of virginity before marriage, unintended pregnancy, fear of sexually transmitted infections and societal discrimination is increasing (school 5: health workers IDI 5).

4.3.2.4 Findings of theme 4: Triggering factors to risky sexual behaviour among preparatory school students in Addis Ababa

Category 4.1 Peer pressure

It was learnt from the participants that adolescents are more susceptible to peer derived behaviours and opinions than any other societal groups. Adolescents who perceive their friends are engaged in sexual practices are more likely to adopt those same behaviours compared to those who did not have this perception (School 2: male female FGDs 2).

In a circle of friends where boys and girls are sexually active, the pressure to engage in sex is intense: They get pressurized by friends who are sexually active. Whether it good or bad practice, some schoolmates and friends trigger young boys and girls to taste sexual practices without their prior willing. Once they started, they continue to enjoy it and feel as if they attained something looking impossible. You know, *"our friends insult us if we are failed to start sex while we are in school"*. Most of the time, the insult is very irritating. Just like: are you *"Fara?"* (A person who doesn't sense or not wise). Please come and join us! "You are the only person in the group who didn't taste how sweet sex is" (school 1: male FGD 1).

No question that; there are a lot of bad students in every school. Instead of focusing on their objective, they tend to do unacceptable things in schools. They don't respect school regulations, teachers, and other school members including the team leaders, the director and the gate keepers. They are so negligent; some of them are *"rasachewin tilewal"* (lost their dignity and respect) and addicted to different behaviours in their early age. These bad guys are the ones violating the sexual rights of our school girls, and are sex dealer as well. They negotiate and convince girls to have sex with someone in school or outside school and in turn earn money from the beneficiaries. Today, such a practice is spreading from one school to another (school 2: male FGD 2).

All interviewed teachers and health care providers from the respective school 1-5 have reiterated similar opinions as the discussants did. ‘’As a school teacher, I do observe a lot of unnecessary practices experienced by our students. No one can deny, as there are a lot of disciplined students in various schools, there are also few students spoiling the image of our school and negatively influencing other students formerly known to be innocent and well mannered’’. We have plenty of examples and lesson learnt from subsequently enrolled students in our school (school 1: teacher IDI 1).

Bad students have strong potential to manipulate their classmates and friends towards practicing risky behaviours including; rather than wearing school recommended uniform, tend to come with inappropriate dressing eliciting sexual feeling sometimes to the extent of exhibiting underwear and their breasts, engage in early sexual practice which is usually unprotected and accidental, consuming prohibited substances around school and outside (school 2: teachers IDI 2).

As health care provider, even if the services we are delivering is not up to the mark and able to address the health need of adolescents in general and school students in particular, there are still significant number of students are visiting our facilities to seek a different type of services most of which are devastating. It is very common to see a very young student boy or girl demands for condoms or contraceptives for them to have sex with someone most frequently triggered by their own peers (school 1: HWs IDI 1).

Nobody can assume students particularly very young ones practice sex. The truth is different. In our facility, one third of clients seeking help on daily bases are school students more frequently from high schools, preparatory schools and higher institution be it from private or public. Most of the time, their own friends or peer groups who already have engaged in doing sex motivate the beginners. Though there are few students doing protected sex, significant numbers of them are practicing it left and right specially, in their first sexual debut (school 5: HWs IDI 5).

Category 4.2 Substance use

Both male and female discussants have mentioned that the use of alcohol, ‘’khat’’, ‘’hashish’’ and other ‘’drugs’’ have been suggested as major triggering factors to risky sexual practice in school adolescents in Addis. Now days, the growing expansion of small scale businesses in Addis Ababa which are apparently accessible to students and schools including shops selling ‘’alcohol’’, ‘’Khat’’, ‘’hashish’’, ‘’cigarettes’’ and other ‘’drugs’’ are exacerbating the risk of adolescents’ sexual and reproductive health problems (school 1: male FGD 1).

Since recently, we used to observe a quite large number of male students from different schools, including ours, are seriously engaged in khat chewing during and out of school time. Most often, the chewing takes place in hidden places like guest houses, small shops, individual houses temporarily rented for this purpose, under the shade of large trees and bushes. There are students who are addicted already and often begging money from their friends and whom they meet on the street to buy the type of substance they are addicted for (school 2 male & female FGD 2).

Another member from the same group discussant mentioned above restated that, the growing trends of khat chewing have also resulted in high alcohol consumption by school students to nullify the effect of chewed Khat. It is common to see such type of practices these days than ever. It is obvious that alcohol is sold, either in hotels, bars, shops, *“Areke”* (locally made alcohol) houses and hidden places often called dirty corners where mixed businesses are taking place. The students who chew Khat must visit these areas in order to get the type of alcohol they want and able to afford the cost. It is believed that these areas are places where commercial sex workers, prostitutes and street ladies who are selling sex are concentrated. Then, what does that a drunken student putting himself inside most at risk population group mean? The answer is clear; either try to engage in sex, most likely unprotected or tends to commit sexual violence against other ladies whom he meets on his way or street” (school 2: male FGD 2).

In some instances, what is emerging around students now days are the use of “hashish smoking,” khat chewing’’, and ‘’alcohol consumption’’. They feel these combinations make them more joyful and courageous enough to carry-out whatever they want. There is no strong control by the government or any legal body, and hence one can easily find these substances everywhere. In fact, it is very uncommon to see students of Addis who are using drugs for various purposes as compared to Khat chewing & drinking alcohol. I could say, those bad practices, would have been decreased provided that there are a good number of recreational places, public libraries and playing fields for the young people (school 4: female & male FGD 4).

Unlike male students, the position of female preparatory students in terms of using any types of substance is very limited. However, they are still believed to be the victim of male students who are used to practice it already (school 1: male & female FGD1).

Category 4.3 Exposure to sexual explicit sites

The study revealed that young school boys and girls tendency to use the internet and other Medias having the potential to arouse sexual feeling is substantially increasing time after time whether it is utilized for academic purpose or seeking new knowledge on various issues including sexual explicit videos and messages.

Even if, the government of Ethiopia is not in the position of allowing pornographic videos to be watched by adults or the young people, still pornographic movies are spreading underground in Addis Ababa. Quite significant numbers of young people have access to get pornographic containing videos and movies either from internet cafes or use their own cell phone. Those having their own cell phone can easily download using mobile data, while those who don’t have a cell phone, visit internet cafes or business areas where Wi-Fi is available and watch or download whatever type of sexual explicit or pornographic videos they want (school 4: male & female FGD 4).

Female focus group discussant 2, in school 2 and male focus group discussant 1 in school 1 described, the internet had reportedly influenced the good tradition of our society. Young people including students have been using Internet-enabled devices without any limit. This uncontrolled use of sexually explicit materials ultimately increases the opportunity of viewing the pornographies by others who doesn't have any idea about sexual activities before. The potential influence has to do with the fact that young people want to try, experiment, test and experience new things they learn from the media or anywhere that eventually harms their lives.

As there are very limited or no recreational places to be visited in Addis Ababa, pornography is an alternative means of spending time for adolescents whenever they are free. Especially, when school is closed for semester or summer vacation, students tend to watch pornography as they don't always read or sleep the whole day. Therefore, going to the video house is a good choice to kill time. Though, some students have a smart phone, the cost of the internet using mobile data is much higher than the cost of watching video in video house. By doing so, students tend to practice what they have watched in the video (school 3: male FGD 3).

''In my opinion, as watching pornographic videos and messages have negative outcomes, there is also a positive contribution in various ways. Watching pornography messages helped me to know a lot of new things. Before I see pornographic videos, I had no idea about sex between the same sex (men with men and women with women). Which is also called gay and lesbians respectively''. Though I am not practicing it, I have learned how sexual partners are gratifying using different sexual positions and styles (School 2, male FGD 2. "There is no one who can exactly tell us what we need to do to bring pleasure to our partner or ourselves. Personally, I feel, I am benefited to prevent the disagreement that arises between me and my girlfriend due to sexual dissatisfaction that arises during sexual intercourse'' (school 4: male FGD 4).

Most of the people who visit video houses for the purpose of viewing pornographic movies are academically weak, not well dressed, school dropout, may be addicted to substances like: cigarettes, Khat, local alcohols and drugs. They are surrounded with a lot of pains they need to forget. They tend to reduce their bad feeling by watching pornographic videos. As a result, with repeated viewing, then started to think about having a boy or a girlfriend to test the pleasure their friends experienced even if they are still very young to initiate sex (school 1: Male FGD 1).

Viewing pornography starts just for fun. However, it grows to the level of mimicking and practice of sexual acts viewed. Young boys and girls start to go out of school together, just for the sake of doing what they have seen in the pornography and engage themselves in risky sexual activities. Such practices are common to all preparatory school students (both male and female) in Addis Ababa (school 2, 5, teachers IDI 2, 5).

Category 4.4 Poverty/lack of income

Those girls relatively from poor income families are forced to engage themselves into unintended sexual practice only because they are poor. From the experience we have noticed so far in our school, poverty drives young female students to become the most vulnerable to sexual exploitation, abuse and rape (school 4: female & male FGD 4).

Poor school girls, whether they are our schoolmates or they are from schools elsewhere, though they have the dream to be successful in their academic achievements as students from well to do families do, their parents can't be able to afford to pay the different types of compulsory school expenses like: textbooks, school supplies, uniforms, school fees, transportation fees, and other expenditures as demanded. That is the reality, why poor girls are engaging themselves in to unpleasant risky behaviours as an option (school 2: female FGD 2).

Poor girls neither be able to demand a good amount of money for the exchange of sex nor able to negotiate to undergo protected sex. Thus, they are always exposed to sexual behaviours resulting in untoward consequences (school 5: male FGD 5).

Category 4.5 Love or intentional sexual relations

This study revealed that, a pretty good number of preparatory school students have boy or girl friends established intentionally. Those love affairs are not a priority for a student who is till dependent on his/her family, it is witnessed that they are still falling in love with school friends and even with their teachers and practice sex. Such type of sexual relationship sometimes become long-lasting, to the extent of getting married each other or sometimes may end up with a devastating circumstances resulting in risky sexual consequences like; unwanted & teenage pregnancy, abortion, STI, poor academic achievements and school drop-out. Almost all participants directly or indirectly have cited the various scenarios they have observed in their respective schools (school 5: male & female FGD 5).

Category 4.6 Emergence of a new form of sexual trade

Now days, young girls in Addis Ababa and even at regional and zonal towns across the country are massively engaged in selling coffee and tea. They used to rent small house or areas usually close to main streets or in-front of hotels, restaurants, business areas and bars. Most of these girls are those who failed to succeed in their academic careers or those who never visited schools either because they are poor or not interested to join school at all. For masking purpose, their title is just a coffee and/or tea sellers. However, their main business is sex. Sometimes, these young girls are also acting as brokers. They intentionally, try to communicate and pull school girls and link with men and make business out of it. Such experience is wide spreading and attracting quite a number of school girls to join the system and generate income in the exchange of sex (School 1,3, male FGD 1,3 and female FGD 1).

The present Addis Ababa is being turned in to a brothel place for sex tourists coming from various countries like: Arab countries, Western nations and Africans. All the foreigners we see in Addis Ababa today are not there to alleviate the suffering and pain of the nation only; instead, they tend to satisfy their own hidden mission including mingling and targeting the local young ladies, particularly, those young girls attending school, out of school girls and even children. The perception is that these groups are apparently safe from sexually transmitted infections including HIV/AIDS than those who regularly trade sex for money (school 2, male FGD 2).

The study revealed that night clubs are flourishing in the Ethiopian capital, Addis Ababa, favoring a thriving sex industry, in which copious young boys and girls including college and high school students trade sex for cash. Not only the girls from the poor family who are forced to trade sex to survive attend nightclubs, but also those young boys and girls from well to do families just to relax and enjoy their life.

On the other hand, the ever expansion of guest houses and massage houses in the various corridor of Addis Ababa city to the extent very close to where schools are located, has increased the vulnerability of young school students to engage with sexual practices just because the situation favors. Often times, the massage and the guest houses have their own brokers who facilitate the connection of the school girls with their clients (school 2, 4: teachers IDI 2, 4).

4.3.2.5 Findings of theme 5: Risky sexual behaviour outcomes discovered in the study

In this session, the study elucidates the different forms of risk sexual behaviour outcomes as revealed by this study. The sub-sections 5.1 through 5.4 below enlighten the untoward consequences of behaviours.

Category 5.1 *Teenage pregnancy and abortion*

Early sexual inter-course, unwanted pregnancy and abortion have been the concerns among school students in Addis Ababa. There are a lot of evidences in every school that signifies the occurrences of unwanted pregnancy to very young girls in school. In this regard, preparatory schools like ours are very unsafe. Because some of the boys and girls attending here are from very far areas where parental control is not there. Hence, they can easily engage themselves in to sexual practices that can lead them to a serious outcome (school 3: male & female FDG 3)

As we all know, we school students are not getting proper information and services as far as an adolescent SRH program is concerned. Therefore, it is not surprising to see risky behaviours among us. If the services are not available enough, it means that students are more likely to be absorbed into unprotected sexual practices like; lower rates of a condom and contraceptive use, having sex with older partners for girls and non-regular partners such as commercial sex workers for boys (school 2: male FGD 2).

Besides, get involved in to risk exacerbating practices such as use of illicit drugs or substances, exposure to ever expanding sexual explicit materials or pornographic films and videos. As a result of this, the prevalence of teenage pregnancy & tempted abortion among our school girls is increasing from time to time (School 4: HWs IDI 4).

Male and female discussants from school 3, 4, & 5 disclosed that, some of their schoolmates have suffered a lot because of unintended pregnancy and its complications. Substantial proportion of these pregnancies ended up with abortions and most frequently associated with greater health risks for the teenage pregnant. They usually face stigma and discrimination from all aspects of social interactions. Some of them have dropped school & others were admitted to hospitals with serious infections & complications following unsafe abortion.

Almost all in-depth interviewees of adolescent sexual and reproductive health care providers from the selected health facilities for this particular study explained that, it is very common to see young ladies demanding termination of pregnancy or seeking consultation on daily bases. While the majority of these ladies are school girls from high school, preparatory schools, colleges and/or universities. Sometimes it is unbelievable to see a very young school girl, whom you assume she is virgin, will tell you "I am pregnant, or I am suffering from sexually transmitted infection and seeking help." Habitual pregnancies and abortions are also common. The health workers underlined that, school adolescents are the most neglected population group in Addis Ababa subsequently & disproportionately affected with risky sexual behaviour outcomes.

Category 5.2 sexually *transmitted infections (STIs)*

Although the magnitude of STIs among sexually active young students is not clearly released, the tradition of practicing unprotected sexual intercourse left and right implies that, the existence of sexually transmitted infections are very likely (school 5: male & female FGD 5).

There are rumours in our school, as there are a few students suspected of HIV/AIDS and yet they didn't disclose themselves. Evidence from health care provides reveals that, quite a lot of students be it from the public or from private schools are seeking medical treatment for various forms of sexually transmitted infections they are suffering from(school 3: male FGD 3). The risk of acquiring the disease is common on those students practicing flesh to flesh or unprotected sex and having sex with older partners for females and non-regular partners such as commercial sex workers for males and those having multiple sexual partners (school 1: HWs IDI 1).

Category 5.3 *School drop-out*

In this study, many of the discussants and the interviewees revealed that quite significant numbers of preparatory school students are obliged to drop their education

for a number of reasons. As it is pinpointed in the study, the researcher has been able to discover that, one of the most overwhelming causes of school drop-out is the engagement of school students in risk sexual matters and other practices that predispose them to do so. This exercise could be initiated intentionally of forcefully.

It is not very uncommon to see boys or girls in our school practicing sexual relation one another. I always wittiness that, these students usually come late to school and leave early from school. It is very much understood, they spend somewhere. *"Yaw lemedeset weyinim lemzinanat yemiyamechachew bota"* (places where they can hide themselves and enjoy free sex). When the other students and their classmates are released from school in the last period, they join them on their way to home and act as if they are coming from school (school 3 male & female FGD 3).

In our school, we are not getting information about sexuality. Most of us are young and we don't know what is bad and good. There is no sex education and counseling program in our school, so it is not surprising if we engage in to risk sexual practices while we are in school or outside school. Sometimes we will be influenced by our own friends or schoolmates. *"Fara lalemabalim andandie, eyawkin enadergewalen"* (whether you are a boy or a girl, if you remain virgin for so long time and have no a girl or a boyfriend in school, we will be considered as if we are stupid). In that case, we usually and deliberately tend to search to taste how doing sex feels in spite of the fact that we partly know the untoward consequences (school 1, 2: male FGD 1, & female FGD 2).

Love affair among the students is also one of the abortive elements contributing to absenteeism, losing academic achievements and school disruption. School boys and girls may fall in love with each other in school or with someone outside the school community and begin to practice sex in their early age. In that case they may prefer to devote their valuable time and energy for the love affair instead of using their time for academic purpose. They think that their present day educational level is the last destination for them and desire to devise other means of living to lead their life.

"Keziya timihirt akuarto meseded yimetal mallet new" (consequently, they leave school, their home and migrate somewhere else & look for a kind of employment to lead some form of subsistence although some may not make it).

On the other hand, if they are practicing unprotected sex, the girl may get pregnant. Such pregnancy is definitely unwanted and unacceptable in the society. In that case, the student is forced to drop school to look after her *"Dikalla"* (a child born out of marriage and against societal norms). Such types of incidents are common in many other schools and even in our school though it is rare (School 4: female and male FGD 4).

Many of the interviewees are also sharing what the group discussants of the various schools have said. Now-days, a growing trend in many schools around Addis Ababa is; the creation of *"Delallas"* (sex brokers) facilitating student girls to have sex with someone so that she will be getting a good amount of money in cash or gift in kind. Specially, those girl students apparently from the poor family are the most vulnerable and exposed group for such type of practices. (School 4: teachers IDI 4). Of course, there is no guarantee for the rest of students from mid-level income families as well. What matters is the pulling factor. We are afraid that, ultimately, as such risk sexual practices against school students are expanding, we feel, a remarkable number of girl students drops from school (School 1: teachers IDI 1).

Category 5.4 *Psychological and Social crises*

The study revealed that, risky sexual behaviours are associated with a wide range of negative outcomes on mental and social wellbeing of adolescents including young school students. Confused feelings about themselves, unhappiness, irritable, and being unease are some of the behaviours girls with a history of sexual violence experienced. It is only few students who started sexual practice in their earlys, meet their objective. A significant number of them end up with very bad behaviours (school 3: male & female FGD 3).

I remember, a sister of our friend got pregnant from her boyfriend in their school, for which I don't want to mention her name, committed suicide when her boyfriend started to deny the pregnancy. This is just one scenario; there are plenty of examples that can be cited. Let me add one more example; a classmate of a girl raped her recently, started to hide and withdraw herself from social contacts as the rumour is wide spreading. She is so depressed and demoralized (school 2: male FGD 2).

From my long time experience, I am witnessing that the number of students suffering from psychologically related problems are increasing time after time. Most of the time, the reasons are directly or indirectly associated with the bad outcome of risky sexual practices that could have been prevented, provided that they are able to be abstained from such a behaviour. The absence or inadequate guidance and counselling service in most of the schools in Addis have also contributed the problem to exist (school 4: teachers IDI 4).

The in-depth interviews conducted with the health care providers in selected school areas have reiterated the same ideas. The number of young students, particularly the girls visiting health facilities with mild to moderate psychological disorder is rising. Often times, the causes are connected with virginity lose, unprotected sexual practices resulting unwanted pregnancy, abortion, and fear of STI including HIV/AIDS. Anxiety, depression & stress are very common to them. They feel as if all students in their school and even their family members stigmatised or ostracised them (school2, 5: HWs FGD 2, 5).

4.3.2.6 Findings of theme 6: What should be done to alleviate the problems?

Category 6.1 Synergy of efforts

To improve adolescent reproductive health service utilization in the school requires, the availability of a well-equipped youth centers as important step. What we understand so far is, school based adolescent services are inattention by the Ethiopian government

and stakeholders. Coordination and collaboration among adolescent SRH service implementing partner is very crucial (school 1, 3: male & female FGD 1, 3).

As a student, it would have been good if we are able to be informed and aware of ourselves in regards with our sexual matter is concerned. Truly speaking, we have never seen or heard when somebody is talking about students' sexual matter in our school. In my opinion, the school must create a conducive environment for school boys and girls to access enough information and education about the type of undesirable sexual behaviours students face in school and its consequence. Must be involved and be part of the solution as well (school 2, 4: male & female FGD 2, 4).

Category 6.2 Policy and strategy

It is very commanding that school adolescent voices are heard, we are aware that our future depends on, not only what others can do for us, but also what we can do for ourselves. Today the dynamics of the world and emergence of new risk sexual behaviours are challenging adolescents' health whether they are in school and out of school. In order to alleviate the SRH problems of an adolescent, there must be a promising policy and strategy that involves the young population and ensure its implementation at all level (school 4,5: male & female FGD 4,5).

Besides, information and services to the youth must be accessible, adolescent friendly, offer privacy, avoid stigma, and have promising safe environment and convenient service hours. Health care providers need to be technically competent, able to offer a quality of care including health promotion, prevention and treatment (school 3: male & female 3).

Almost all teacher in-depth interviewee from the five selected schools mentioned; various means of delivering the service need to be established. Health facilities, adolescent specific centers, youth clubs, community or peer outreach and mobile units are required to deliver reachable and inclusive adolescent health services in schools.

Quality sexuality education, quality contraceptive commodities like condoms, pills and injectable must be made available at all time. Teachers and counselors should be knowledgeable about the appropriate actions to be taken in cases of abuse and violence in their respective schools. The government should institute various forms of policies and regulations that protect adolescents engagement from risky behaviours. Those factors exacerbating the occurrence and expansion of risky sexual practices among school adolescent such as: watching sexual explicit videos, substance use, night clubs, guest houses and other emerging factors must be restricted from being accessible to all schools in Addis Ababa city administration.

4.4 CONCLUSIONS

This study demonstrated that the level of cognizance of school adolescents about their own SRH matter is very limited. As school specific adolescent reproductive health service delivery is not available in most of the preparatory schools in Addis Ababa, access and utilization to SRH services in school is found to be so difficult. When need arises and things are getting worse, students need to seek the service outside schools and travel somewhere else to look for public or private health facilities.

The study has discovered many school adolescents' first experiences of sexual intercourse are violent or physically forced to have sexual intercourse rather than self-motivated and intentional. School girls who live in extreme poverty, among banished communities and without family support are particularly vulnerable to coerced sex and violence. Abusive behaviour toward school girls by their own schoolmates and teachers is widespread and traditional in schools. Those adolescents who recognize their peer groups are involved in sexual practices are more likely to follow same behaviours compared to those who did not have this perception.

Educators, learners and other staffs had subjected female learners to grave and unnecessary sexual relationship in preparatory schools. Now-days, not only girls are

victims of sexual violence in schools, but also young boys and children are also the most vulnerable group to the growing practice of guys and sexual abuses in Addis.

The ever increasing numbers of small scale business shops, local drink selling houses, guest houses, massage houses and video houses around school areas have favored students to access addictive substances, pornographic videos and favorable area to commence early sexual practices. Such phenomena have exacerbated the level of risky sexual and reproductive health problems of school adolescents in Addis Ababa.

The increase in the number of sex brokers in Addis has also created a new form of connection between young girls with foreign visitors/tourists and diplomats. The foreigners are targeting the local young ladies, particularly those girls attending college, preparatory, out of school girls, domestic workers and even children. The perception is that these groups are apparently safe, not at risk and provide them more sexual pleasure than prostitutes or commercial sex workers. In this regard, the study has revealed that significant numbers of school girls are pulled towards practicing transactional and cross-generational sex just to gain economic paybacks out of it.

The participants commonly reported that, unintended and habitual pregnancy, unsafe abortion, sexually transmitted infections; school drop-out, social and psychological cries as the outcome of practicing risky sexual behaviors among school adolescent. What should be done to alleviate the sexual and reproductive health problems of school adolescents in Addis Ababa has already been briefly discussed in section 4.4 above and more explicitly in the recommendation section of the next chapter (Chapter-5).

CHAPTER 5

DEVELOPMENT OF STRATEGIES

5.1 INTRODUCTION

In this chapter, the strategies are consequently developed based on the research findings under the corresponding thematic areas, categories and reviewed materials. The general purpose or rationale of developing the strategy is to improve adolescent friendly sexual and reproductive health service in preparatory schools. Though, the country has a multiyear (2007-2015) national adolescent and youth reproductive health strategy, it doesn't properly implicate and address preparatory school adolescents' sexual and reproductive health matters and was not evidence based. And hence by doing preparatory specific qualitative study, the researcher wanted to add deep dive new dimensions of understanding about school students from their own words or insider's perspective. The findings of the study were used to develop a strategy that promotes sexual & reproductive health services in preparatory schools.

5.2 DESRIPTION OF THE FINDINGS

This study was able to discover numerous findings and is stipulated across the themes identified. Section 5.2.1 through section 5.2.6 below describes the findings under the respective themes.

5.2.1 Findings of theme 1: Level of awareness about the sexual reproductive Health

- Lack of information dissemination and media
- Lack of school based ASRH awareness creation program available
- School adolescents are neglected or undermined.

5.2.2 Findings of theme 2: Service availability and utilization

- No adolescent specific SRH service in most of the schools.
- Limited public & private facilities providing SRH service around the schools or nearby.
- Negative attitude towards school adolescents SRH service.
- Facilities are not well equipped with trained health workers & the required supplies

5.2.3 Findings of theme 3: Adolescent specific SRH problems currently existing

- Learners (school girls) are subjected to grave and unnecessary sexual relationship and violence.
- The law doesn't adequately protect school girls' right
- Physical abuses like: hitting, shoving, restraining, slapping & hair pulling are daily experience of school girls.
- Often times, school girls also receive fear inducing activities or psychological abuses from their schoolmates and even teachers

5.2.4. Findings of theme 4: Triggering factors to risk sexual practices in schools

- Sexually active students or peer groups tell others, how tastily doing sex is.
- Sexually not active are considered as if they are slothful.
- Availability and expansion of shops selling: alcohol, Khat, hashish, cigarettes & drugs close to the schools.
- Lack of recreational areas, public libraries and playing fields for the young.
- Expansion of pornographic video show houses and the increasing trend of using the internet to download videos and films.

- Expansion of night clubs and massage houses around school
- Girls from low income families (poor families) are not able to pay compulsory school expenses and hence selling sex remains an alternative income source.
- Poor parents may encourage their daughters to enter sexual relationships to be able to cope up school related expenses.
- Emergence of coffee and/or tea sellers (the new form of prostitution).
- Increasing trends of sex tourism and sex brokers.

5.2.5. Findings of theme 5: The unintended health outcome of risk sexual behaviour of the study participants

- Low rates of a condom and a contraceptive use/ Unprotected sexual practice
- Limited parental control
- Early sexual initiation
- Multiple sexual practices
- Sexual practice with the most at risk population groups
- Increased rate of school absenteeism
- Lack of interest to education
- Confused feelings about themselves and experience unhappiness, guilt, irritable, and unease

5.2.6 Findings of theme 6: What should be done to alleviate SRH problems?

- Strategies & policies not updated or reviewed
- Youth centers not well established & strengthened
- Poor access & environments were not conducive to SRH services
- Inadequate coordination & collaboration of stakeholders
- Inadequate involvement of adolescents (adolescents' voice are heard & informed decisions not encouraged)

5.3 PURPOSE OF THE DEVELOPED STRATEGIES

The developed strategy enriches the existing adolescent reproductive health service approaches and promotes improved adolescent friendly SRH and well-being services among young people in general and school adolescents in particular. The strategy also allows empowering adolescents for them to access and exploiting quality reproductive health information and services to make voluntary informed choices over their reproductive lives. Correspondingly, the strategy provides a cue to predict and address newly emerging sexual and reproductive health problems of the study participants.

5.4 STRATEGIES DEVELOPED TO PROMOTE YOUTH FRIENDLY SRH SERVICES IN SCHOOLS

The strategies were developed based on the findings of research in order to help adolescent sexual and reproductive health care providers, implementing partners, line sectors such as: ministry and bureau of health and education to provide direction to improve adolescent SRH services in preparatory schools.

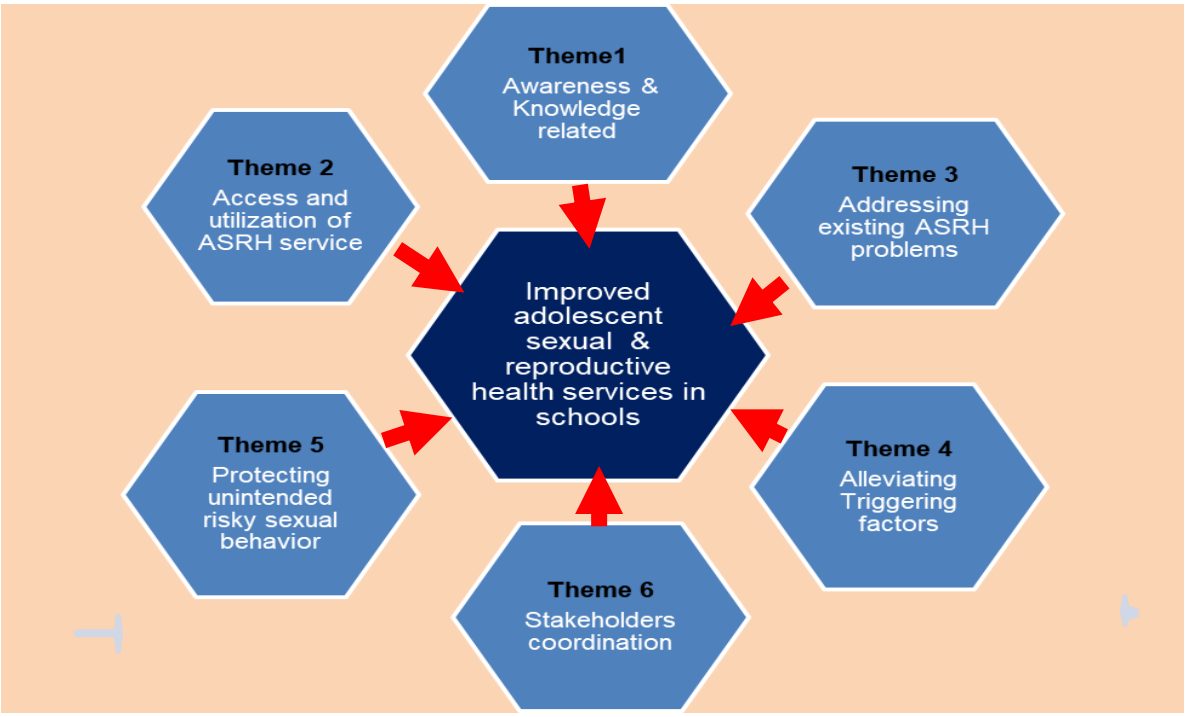


Figure 1 Diagramatic presentation of themes from which strategies were developed

5.4.1 Strategy for the theme 1

Level of awareness about sexual reproductive health

In the previous chapter, the awareness level of the study participants in respect to their own sexual & reproductive health matters was explained in detail. The findings of the study regarding level of awareness were thoroughly discussed and outlined under each theme and categories as well. In this regard varieties of understandings, views and gaps were observed from the participants of the respective schools. The researcher put forward that, the application of the following list of strategies would improve the awareness level and knowledge gaps of the participants as identified under theme one.

Table 5.4.1: Strategy for the level of awareness about sexual reproductive health

Findings	Strategies
Inadequate SRH information	Scale up delivering information through Radio & TV spots. Establish and promote school-based youth clubs, stand-alone youth centers, community or peer outreach, and mobile units.
Lack of attention to adolescent SRH service	All stakeholders must take in to account ASRH service is a cross-cutting task requiring committed multi- sectorial implementation approach. Government need to introduce & advocate a promising policy & strategy and monitor its application

5.4.2 Strategy for theme 2

Service availability and utilization

The study revealed that, adolescent school focused service availability and use is limited and/or inadequate. Though they are accessible in some other schools, either they are not well equipped by trained health care providers or lack required supplies. Table 5.4.2 below, depicts the strategy to improve the service availability and utilization.

Table 5.4.2: Strategy for ASRH Service availability and utilization

Findings	Strategies
Limited access to SRH service	Establish ASRH service providing facilities across all schools Establish referral linkage with other facilities for better management and guidance
Inadequate service utilization	Advocate for service utilization across all media network Train & deploy competent service providers and avail required supplies Ensure privacy and confidentiality is maintained in service provision areas

5.4.3 Strategy for theme 3

Adolescent specific SRH problems currently existing in preparatory schools

The various forms of SRH problems currently prevailing in preparatory schools in Addis Ababa has been discovered in this study. Table 5:3 below, describes, different types of strategies proposed for the list of identified problems under this theme.

Table 5.4.3 Strategy for adolescent specific SRH problems currently existing in preparatory schools.

Findings	Strategies
Sexual violence against the school girls	Reinforce law that protects school girls and punish violent actions/perpetrators. Zero tolerance practices to sexual violence in all schools & monitor its applicability Empower girls, to understand their sexual rights & report any sexual inconveniences to the law enforcing bodies
Physical and Psychological abuse	Promote educating male students or schoolmates and teachers that any abuse committed to girls is as crime as sexual violence. Girls are vulnerable to physical/psychological abuse as they ignore or disagree with their request for love or have sexual relationships with them Strengthening school rules and regulations condemning miss-behaviours and take corrective actions

5.4.4. Strategy for theme 4

Triggering factors to risk sexual practice in schools

In the previous chapter, what elicits risk sexual practices among school adolescents has been clearly figured out in section 4.3.5. Here, the researcher has put a list of strategies to mitigate risky sexual behaviours contributing factors in schools (Table 5.4.4)

Table 5.4.4: Strategy for triggering factors to risk sexual practice in schools

Findings	Strategies
Peer pressure	Establish good youth clubs & allow them to practice promising lessons. Strength counseling and guidance to support misbehaving students in school.
Substance abuse	Establish youth specific recreational places, playing fields and public libraries. Promote activities that make substances inaccessible to school youth.
Exposure to sexual explicit items	Institute sexual explicit video and movies restricting regulation by the government.
Poverty induced	Government and partners need to enhance poverty reduction activities by establishing a wide range of family income generating schemes and motivate women/ girls to get involved.
Emergence of a new form of sexual trade	Restricting and monitoring any tourism activities from targeting sexual exploitation of school and young girls. Introduce strong control measures against any form of activities exacerbating the expansion of risk sexual behaviours around schools. Such as: night clubs, khat selling shops & chewing houses, massage houses, hotels, guest houses, alcohol selling houses. Create jobs for the young focusing with minimum risk to sexual exposure.

5.4.5. Strategy for theme 5

The unintended health outcome of risk sexual behaviour

The study has documented that, preparatory school students are exposed to numerous forms of inadvertent risky sexual outcomes. Chapter four, section 4.3.6 enlightens the details of the behaviour outcomes. Submitted by the researcher here is a list of strategies that are able to mitigate unintended outcomes (Table 5.4.5).

Table 5.4.5: Strategy for the unintended health outcome of risk sexual behaviour

Findings	Strategies
Teenage pregnancy and abortion	Addressing sex abstinence, being faithful, safe sex practice and use of contraceptives. Introduce sex and life skill education in the school curriculum
Sexually transmitted infections	Establish or strengthen existing early detection and treatment center in schools. Ensure safe and protected sex is in place and/or accessible to school adolescent
Psychological and Social cries	Institute or strengthen a well-equipped guidance and counseling service in schools
School drop out	On top of guidance and counseling, implement school girls specific universal support and education program in preparatory schools.

5.4.6 Strategy of theme 6

What should be done by the government and stakeholders to alleviate school SRH problems?

The findings of this study revealed that, school adolescent voices are not heard, they are not well equipped with the required basic information about their sexual health. Even though, the future of the nation is at the mercy of the young people, yet there is no promising strategy and policy that responds the felt need of the young population in the country at large and schools in particular.

Due to the dynamics of the world and emergence of new risk sexual behaviours, present-day adolescents whether they are in school or out of school, are facing several challenges, they are given less attention and limited resource allocation to address quality and inclusive adolescent health care service (Table 5.4.6).

Table 5.4.6: Strategy to alleviate Adolescents SRH problems

Findings	Strategies
Policy and strategy gaps	Institute a promising policy and strategy that involves the young population in planning and its implementation at every level
Lack of synergy of effort among stakeholders	Prepare and implement government and non-state actors or stakeholders joint plan to ensure duplication of effort are not there
Lack of monitoring and follow up of activities	Establish strong system to monitor and regularly evaluate the implementation of planned strategies and activities

5.5 VALIDATION OF STRATEGIES

The proposed strategies were sent to four highly qualified professionals who had practical and programmatic experience in the field of adolescent sexual and reproductive health and HIV to validate and review externally. The objective of the validation was to ensure that the proposed strategies were feasible, acceptable and practical.

Table 5.5.1: The basic biography of the experts validating the strategies

S.n	Qualification	Work experience
1	MPH, PhD	Assistant Professor, expert reproductive health at Dilla University
2	MPH, PhD	HIV and adolescent RH expert and consultant for more than six years
3	MD, MPH	Advisor quality improvement on RH at GO & NGO level for more than ten years
4	MD, MPH	Head, regional family health and adolescent reproductive health for eight years

A set of five criteria each carrying different scoring values were used to evaluate the strategies enumerated under each thematic area. Excellent, very good, good, fair and poor are the criteria. The maximum score given to the respective strategy was supposed to be five (Excellent criteria). That is when the reviewer assumes the proposed strategy by the researcher is outstandingly clear, realistic and specific to answers the intended objective. On the other hand, when the proposed strategy is unrealistic and found difficult to implement, the minimum score one (poor criteria) is given.

Table 5.5.2. Scoring criteria and description of validating each strategy

Score	Criteria	Description
5	Excellent	The strategy is outstandingly clear, realistic, and specific & attains the objective.
4	Very good	Feasible and acceptable by the population at large
3	Good	The strategy able to address the required elements satisfactorily.
2	Fair	The poor or limited strategy
1	Poor	Unrealistic and difficult to apply or implement.

The strategies were sent to four peer reviewer/professionals for them to review and score each strategy based on given criteria. The sum score of the four reviewers were taken out of twenty. Then the researcher accepted if the sum of the reviewers' score met 16 out of 20 (80%) and above.

Based on the criteria provided, the researcher was able to collect feedback from all reviewers and complied accordingly. Those strategies, their sum of the score is less than 80% were reviewed again to explore the most appropriate and fitting strategies.

Table 5.5.3 the validation results of proposed strategies as evaluated by experts

Thematic area	Strategies	Scoring the result of four reviewers (The score out of 5)				Reviewers' total (out of 20)
		First Reviewer	Second Reviewer	Third Reviewer	Fourth Reviewer	
Theme 1	Strategy 1.1	4	5	4	4	17
	Strategy 1.2	3	5	5	4	17
	Strategy 1.3	3	4	4	3	14 *
	Strategy 1.4	4	4	4	5	17
Theme 2	Strategy 2.1	5	4	5	5	19
	Strategy 2.2	4	3	5	4	16
	Strategy 2.3	5	5	4	4	18
	Strategy 2.4	4	4	4	4	16
Theme 3	Strategy 3.1	5	5	5	5	20
	Strategy 3.2	4	4	3	4	15 *
	Strategy 3.3	4	4	3	5	16
	Strategy 3.4	4	5	3	5	17
Theme 4	Strategy 4.1	4	4	4	5	17
	Strategy 4.2	5	4	5	5	19
	Strategy 4.3	4	3	4	4	15 *
	Strategy 4.4	5	5	4	5	19
	Strategy 4.5	4	4	5	3	18
	Strategy 4.6	5	3	4	4	16
	Strategy 4.7	3	5	5	5	18
Theme 5	Strategy 5.1	4	5	3	4	16
	Strategy 5.2	4	4	3	5	16
	Strategy 5.3	4	5	3	5	17
	Strategy 5.4	4	4	4	5	17
Theme 6	Strategy 6.1	5	5	5	5	20
	Strategy 6.2	3	5	4	4	16

5.5.4 Outcome of the validation as assessed by the reviewers

As it was presented in table 5.5.3 above, except, strategy 1.3, strategy 3.2 and strategy 4.3, the sum of the score of most of the strategies proposed by the researcher have attained or exceeded the maximum result (greater or equal to 16/20 or 80%). Each

reviewer was able to comment against those not convincing strategies or lacking clarity, feasibility, and difficult to implement them for various reasons.

Given the genuine recommendations of the reviewers in to account, the researcher was able to modify those strategies whose score is less than 80%. Modified, strategies have already been inserted under the respective theme area in section 5.4 above.

5.6 CONCLUSION

The researcher has developed strategies based on the outcome of the study. It intends to bring school adolescents sexual and reproductive health into one step forward. The strategy also allows empowering adolescents to access and exploit quality SRH information and services. It would also help them to make a voluntary informed decision over their reproductive lives and correspondingly enriches the existing adolescent reproductive health service approaches.

The strategy provides a cue to predict and address newly emerging SRH problems in general and school specific adolescents' problems in particular. Detail of the conclusion and recommendations of the study is also presented in the forthcoming chapter.

CHAPTER 6

CONCLUSIONS, RECOMMENDATIONS AND LIMITATIONS

6.1 INTRODUCTION

In the preceding chapter, the researcher developed strategies that promote adolescents friendly SRH services in preparatory schools. The strategies were developed based on thorough evaluation of the research outcome and thematic areas in such way that, the proposed strategies were capable to address the SRH breaches of school adolescents.

This chapter outlines the conclusions of the study. Furthermore, the chapter presents the limitations accredited by the researcher within the methodology followed in the study. Correspondingly, the researcher also presents recommendations intended to improve youth friendly SRH services in the study area.

6.2 CONCLUSIONS

This study was conducted in selected preparatory schools in Addis Ababa with the aim of discovering the existence and attributing factors of risky sexual practices, untoward consequences and consult on what should be done to improve preparatory school adolescents' SRH services in the study area.

Focus group discussion for school adolescents and in-depth interview for health care providers and school teachers were used a method to collect the sexual behaviours of the participants. The study has documented a variety of findings in relation to the subject of the study. Although, there is an assumption that residents of Addis Ababa are aware about risky behaviours, yet a significant number of school adolescents are lacking good level of knowledge about their sexual matters. They are still more neglected and remain passive to discuss and make informed decision despite quite a lot of them are engaged in risky sexual behaviour either boldly or inaudibly.

Adolescent SRH service is either very inadequate or not available at all in the schools selected for this study. There is also misconception among some beneficiaries even if the service is made available in their respective school. They believe that, making the services more accessible to school students by itself does mean that, provoking sexual arousal among those who already have started sexual intercourse and even initiating those who didn't start ever.

A large proportion of preparatory school adolescents in Addis Ababa are experiencing various forms of SRH problems ranging from sexual violence to physical and psychological abuses. Educators, male students and other staffs had subjected female students to grave and unnecessary sexual relationship.

School girls first experience of sexual intercourse is violent. Specifically, those girls from extreme poverty and without family support are more vulnerable to coerced sex and violence. Many sexual abuses happened in schools are under- reported or remain hidden. This is just because, the law enforcement bodies or community members won't believe them. And hence, school girls rather pertained not to disclose what happened to them.

Currently, the number of school girls from Addis Ababa visiting health facilities with emotional disorders to the extent of attempting suicide is most frequently resulted from loss of virginity before marriage, unintended pregnancy, fear of sexually transmitted infections and societal discrimination is increasing.

The study also revealed that, school adolescents are more susceptible to peer derived behaviours than any other societal groups. Bad students have strong potential to manipulate their classmates and friends towards practicing risky behaviours.

Substances use like: Khat, alcohol, hashish, cigarettes and drugs have been suggested as a major determining factor for school adolescents to engage into risky

sexual behaviour in Addis Ababa. Now days, the growing expansion of small scale businesses availing those substances in the city which are apparently accessible to students or school areas are augmenting the risk behaviour to take place in a larger extent.

The study revealed that the inclination of school adolescents to use the internet is substantially increasing whether it is utilized for academic purpose or seeking new knowledge on various issues including sexual explicit videos and messages. A quite significant number of school adolescents have access to get pornography containing videos and movies, either from internet cafes or use their own cell phone to download and watch them or distribute sexually explicit contents to the social media and ultimately increases intentional or fortuitous viewing the pornographic materials by others who don't have any idea about sexual activities before.

The study revealed that, school girls relatively from poor income families in Addis Ababa are forced to engage themselves in to unintended risky sexual practices only because they are poor. Poverty drives young female students to become the most vulnerable to sexual exploitation, abuse and rape. These girls neither be able to demand a good amount of money for the exchange of sex nor able to negotiate to undergo protected sex. Thus, they are always exposed to sexual behaviours resulting in untoward consequences. The increased in the number of sex tourists, expansion of night clubs, massage therapy providing houses, guest houses and the emergence of sex brokers across all corridors of Addis Ababa city has been found as a pulling factor for school adolescent to engage in to risk sexual behaviour.

This study explored that, a fairly large number of preparatory school students in Addis Ababa are suffering from unpleasant consequences resulting from practicing harmful sex. Unprotected sex leading to unintended teenage pregnancy, attempt to terminate pregnancy that is usually reported to be unsafe, sexually transmitted infection, school drop-out, physical, mental and social problems are among others.

Consequently, strategies were developed based on the research findings under the corresponding thematic areas and reviewed literatures. The general purpose of the strategy is to promote adolescent friendly sexual and reproductive health service in preparatory schools. Before the strategies are completed, the feedbacks of the validators were considered. The researcher in consultation with the supervisor therefore presented the following strategies to be endorsed.

Strategy 1: Improving level of awareness about adolescent sexual reproductive health

Strategy 2: Enhancing adolescent specific service availability and utilization

Strategy 3: Mitigating adolescent SRH problems currently existing in schools

Strategy 4: Eliminating triggering factors to risk sexual practices in schools

Strategy 5: Managing the untoward health outcome of risk sexual behaviour

Strategy 6: What should be done to alleviate SRH problems in terms of policy and synergy of effort or resource utilization.

6.3 LIMITATIONS OF THE STUDY

The study was conducted in selected preparatory schools found in Addis Ababa city administration only. It is therefore, difficult to generalize the findings of the study beyond Addis Ababa and to the rest of the regions in the country.

The study was limited to the 12th grade preparatory school students enrolled in public schools during 2018 academic year only. Given the resource was adequate, the researcher believes that more insights could have been explored provided that both first and second year (11th and 12th grade) students in public and private schools were involved in the study. It was noticed that, during the data collection, some of the participants, particularly female focus group discussants were not comfortable enough to positively react and deliver their opinions to sensitive questions. Thinking that confidentiality can break somewhere as long as voice recording is there.

As a result, few probing questions demanding deeper understanding and response ended prematurely. However, in spite of the limitations, the researcher believes that the study provides adequate understandings about school adolescents sexual and reproductive health matters including associated risky behaviours and means of improvement.

6.4 RECOMMEDATIONS

As it was explained in chapter 4 earlier, research has clearly spelled out adolescents' SRH problems in preparatory schools. Therefore, the following section delivers the recommendations based on the findings.

6.4. Government and stakeholders need to denounce activities that favor the engagements of school adolescents into risky sexual behaviour around schools

- Condemn the establishment of night clubs, massage houses, hotels and bars close to schools.

- Condemn the expansion of pornographic video show house, shops selling substances like: ‘’Khat’’, ‘’ Hashish’’, ‘’cigarettes’, and ’’ drugs’’ close to schools
- Critically monitor schools and their surroundings regularly to ensure that school adolescents are not victims of risky sexual practices including the emerging sex tourism, sex brokers and the like.

6.4.2 Establish a vibrant and well-functioning adolescent and youth friendly center to ensure school adolescents can access and utilize the service as demanded

- Improve the awareness and competence level of school adolescent about their own SRH issues and facilitate informed decision.
- Scale up delivering school adolescent sexual and reproductive health information through radios or mini media, TV spots in appropriate language and establish school based SRH clubs.
- Encourage and authorize schools to establish adolescent managed youth friendly centers letting them to actively participate in the design and implementation of youth serving programs.
- Ensure the availability of a well-equipped guidance and counseling service in schools. School teenagers need to receive regular and comprehensive sexual and reproductive health counseling addressing sex abstinence, being faithful, and safe sex practice including contraceptive options available to them.
- Introduce sex and life skill education in the school curriculum.
- Deploy well-trained & competent sexual and reproductive health service providers who are capable enough in maintaining privacy and confidentiality of the beneficiaries.

6.4.3 Undertake further study

A wider range of study with a combination of study design needs to be carried-out to attain more sound and representative findings and conclusions.

6.4.4 Plan and implement adolescent sexual and reproductive health risk mitigating measures

- Establish strong rules and regulations that can protect school adolescent girls from sexual violence and abuse.
- Enhance coordination and work closely with stakeholders including school partners in all aspects of risk mitigation measure and activities in schools

6.4.5 Review the national adolescent and youth reproductive health strategy and enhance rule of law against sexual offenders.

- The existing Ethiopian adolescent and youth reproductive health strategy inadequately addresses school adolescent. This strategy need to be revised to address key missing elements of the school adolescents SRH needs
- Prepare and implement a multi-sectorial plan to ensure resources are efficiently utilized and school adolescents are extensively benefited.
- Abusive behaviour against girls is widespread and traditional in preparatory schools. Many adolescent girls, first experience of sexual intercourse is violent or physically forced to have sexual intercourse when they did not want to. Despite these facts, there is no strong rule of law which is capable to protect the girls from the offenders.
- Therefore, the government need to reinforce the rule of law that protects school girls and punish violent actions/perpetrators. Zero tolerance to sexual violence in all schools & monitor its implementation from every angle.

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Annex 1

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UNIVERSITY OF SOUTH AFRICA
Health Studies Higher Degrees Committee
College of Human Sciences
ETHICAL CLEARANCE CERTIFICATE

REC-012714-039

HSHDC/361/2014

Date: 26 November 2014 Student No: 5576-423-1

Project Title: Strategies for the promotion of youth friendly sexual and reproductive health services in Addis Ababa, Ethiopia.

Researcher: Tadesse Gossaye Birru

Degree: D Litt et Phil Code: DPCHS04

Supervisor: Prof TR Mavundla
Qualification: D Cur
Joint Supervisor: -

DECISION OF COMMITTEE

Approved [√] **Conditionally Approved** [ ]

Prof L Roets
For **CHAIRPERSON: HEALTH STUDIES HIGHER DEGREES COMMITTEE**

Prof NM Moleki
ACADEMIC CHAIRPERSON: DEPARTMENT OF HEALTH STUDIES

PLEASE QUOTE THE PROJECT NUMBER IN ALL ENQUIRES

Annex 2

UNISA university of south africa

23 APRIL, 2018

UNISA-ET/KA/ST/29/23-04-18

ADDIS ABABA CITY ADMINISTRATION

EDUCATION BUREAU

ADDIS ABABA

Dear Madam/Sir,

The University of South Africa (UNISA) extends warm greetings. By this letter, we want to confirm that Mr. Tadesse Gossaye Birru (student Number: 55764231) is a PhD student in the department of Health Studies at UNISA. Currently, he is on the stage of data collection on his PhD research entitled "**Strategies for the promotion of youth-friendly sexual and reproductive health services in preparatory schools in Addis Ababa**."

This is therefore to kindly request your assistance in supporting the student by giving him access to data sources. Attached, please find the ethical clearance that he secured from the department of Health Studies, UNISA.

Sincerely,

Dr. Tsige GebreMeskel Aberra

Deputy Director – Academic and ICT Support

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Annex 3

Informed consent, Focus Group Discussions (FGD)

The purpose of this research is to improve the sexual and reproductive health of preparatory school students in Addis Ababa city administration by providing youth friendly services that is accessible to the youth. If you decide to participate in this study, you will take part in a focus group discussion with 6-12 other participants, which will be led by a focus group facilitator. A focus group assistant/observer will also be present during the focus group session. We will audio-tape the session and make a written copy for later analysis.

The question that the focus group facilitator will ask you addresses your opinions about school adolescents' sexual reproductive health matters. The focus group session will last approximately 1 to 1 ½ hour. The information collected in this study will remain confidential. This means that your identity as a participant will not be revealed to people other than the investigators. All research materials will be kept locked and all audio recordings will be erased at the completion of the study.

We do not anticipate that participation in this study will pose physical or psychological risks beyond what you encounter in everyday life. Participation in this study is voluntary; you will not be penalized if you decide not to participate. If you are uncomfortable answering a question, you are free to refuse to answer the question, and you are free to quit the study at any time. However, your participation in this study is beneficial.

The study explores attributing factors to risky sexual and reproductive health practices of preparatory school students in Addis Ababa, and examines critical gaps, and proposes operational recommendations for the improvement of sexual & reproductive health in school communities. The results of the study will also be shared with all concerned decision makers.

Signature of discussants _____ Date _____

Signature of facilitator _____ Date _____

Annex-4

Interview guide for male Focus Group Discussant (FGD)

Thank you and welcome to take part in this discussion. As per your consent here I am presenting the discussion questions for you.

1. *Would you please tell me about what you know all about adolescent sexual and reproductive health and associated health problems?*
2. *What type of adolescent related sexual and reproductive health problems you know?*
3. *Do you think students in your school practice unsafe sex? Probe on consistent use of condom and use of contraceptives.*
4. *What motivate preparatory school students to practice unsafe sex?*
5. *What other factors do you think will affect school adolescents' sexual reproductive health? Probe on (age, parental income, parental education)*
6. *Who do you think, preparatory students living alone in a rental house or those living with their relatives would be more vulnerable to sexual and reproductive health problems? Please describe.*
7. *Do you think students are accessible to emerging technologies that could precipitate adolescents' engagement in a risky sexual behavior? If so what type of technologies would favor for such practice to happen?*
8. *Do students use substances like alcohol, Khat, drugs and other harmful substances? What motivates them to use? Probe on the consequences.*
9. *Is there SRH service in schools? If not, from where do students in your school seek SRH service? Probe on the existing gaps in their opinion/*
10. *Do you and your parents including your brothers, sisters openly discuss issues regarding sexual reproductive health matters?*
11. *What type of adolescent focused SRH service do you think is required for adolescents in school? Probe, why?*
12. *Any more things, you want to tell us before we wrap up the discussion?*

Thank you for taking part in the discussion.

Annex-5

Interview Guide for Female Focus Group Discussant (FGD)

Thank you and welcome to take part in this discussion. As per your consent here I am presenting the discussion questions for you.

1. *Would you please tell me about what you know about adolescent sexual and reproductive health and associated health problems do mean?*

2. *What type of adolescent related sexual and reproductive health problems do you know? Please describe them.*

3. *What other factors do you think will affect school adolescent s' sexual health?*

4. *Can you tell me about what risky sexual practice mean? do you think students in your school practice it? Probe on consistent use of condom, use of contraceptives, multiple sexual partner…*

5. *Have you ever heard about unintended pregnancy? What is it? Can you tell me any scenario happened to anyone in school?*

6. *Who do you think, preparatory students living alone in a rental house or those living with their relatives would be more vulnerable to sexual and reproductive health problems? Please describe.*

7. *Do you think students are accessible to emerging technologies that could precipitate adolescents' engagement in a risky sexual behavior? If so what type of technologies would favor for such practice to happen?*

8. *Have you ever heard about sexual harassment or coercion to female students in your school either by male students or teachers?*

9. *Do you think that some students in school practice sex with older people or with people whom they think will provide them money or things in kind? Probe, type of*

people practicing sex with them, use of condom and contraceptive

10. *Do you think there is SRH service in schools? If not, from where do students seek SRH service?*
11. *What type of adolescent focused SRH service do you think is required for adolescents in school? Probe, why?*
12. *Do you and your parents including your brothers, sisters openly discuss issues regarding sexual reproductive health matters?*
13. *How do you evaluate your school in terms of safety to female students?*
14. *Any more things, you want to tell us before we wrap up the discussion?*

Thank you for taking part in the discussion.

Annex-6

In-depth interviewer guide for health professionals providing sexual and reproductive health services to adolescent.

Thank you and welcome to take part in this interview. Here with the interview questions;

1. *Would you please tell me about the type of health services you are providing in your health facility?*

2. *What type of adolescent specific SRH services are provided to young people here in your health facility?*

3. *Would you please describe the health seeking behavior of adolescent? Specifically, those adolescents attending school in preparatory school?*

4. *What specific SRH related problems do school students experience? How do you explain the magnitude or the extent of these problems?*

5. *Do you think that your health facility is well equipped to provide SRH services to the young? If not, describe the gaps you identified. Probe on service provision, supplies and trained staffs.*

6. *Do you have any school based SRH service in your area? If yes, what? And how frequently do you visit them?*

7. *What is your general impression about adolescent sexual and reproductive health service in your area?*
8. *Any other thing you want to mention other than what we have discussed so far?*

I have finished my query

Many thanks for your time and patience

Annex-7

In-depth interviewer's guide for teachers/team leaders in preparatory schools.

Thank you and welcome to take part in this interview. Here with the interview questions

What do you know about adolescent sexual reproductive health service does mean?

Is there school adolescent specific sexual reproductive health service in your school?

Do you think students in your school practice unsafe sex? What specific SRH related problems do school students' experience? How do you explain the magnitude of these problems?

What factors do you think will motivate school students to engage in risk sexual practice? Probe on peer pressure, substance use, poverty/source of income, sexual abuse, use of mobile & internet, Facebook, pornography …

What do you think is the solution/the way forward?

Any general other additional opinion you have?

I have done

Many thanks for your time and patience