

# FACTORS AFFECTING THE SEXUAL BEHAVIOR OF YOUTH AND ADOLESCENT IN JIMMA TOWN, ETHIOPIA

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## Abstract

Youth and adolescents account for the highest number of population in Ethiopia which can potentially contribute to the development of the country. However, there are several sexual related problems which can hinder them from being productive. Several organizations are working to promote Sexual and Reproductive Health (SRH) services including safe sex practices to reduce the extent of the problems. Most of the previous studies focused on the identifications of negative factors that can hinder adolescents and youth from safe sexual practices. The aim of this study is to identify facilitative factors which can help adolescents to develop their capacity for better decision about safe sexual behavior. These factors are identified at individual, family and organizational levels by using salutogenic approach as a guiding principle. A qualitative cross-sectional study design was used to investigate factors affecting adolescents and youths' safe sexual behavior by using an in-depth interview and FGD. The results show various facilitative factors at different levels of the community. SRH knowledge and life motives are identified as resources at individual level while strong children-parental communications are motives at family level. Availability of SRH integrated services and involvements of peer counselors are motivating factors identified at organizational level. These facilitative resources are vital in developing the capacity of the youth and adolescents for safe sexual behavior. Poor parental communication, peer pressure and socioeconomic problems related to youths living departed from their families are identified as barriers. These factors make individuals likely to have less sense of coherence to use the available resources. This study suggests the involvement of parent in youth SRH service promotion to reduce the strong cultural ties distancing children-parental discussion on sex and sexuality.

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**Keywords:** Youth and adolescent, safe sex practice, facilitators and barriers factors, Jimma

## **Introduction**

In Ethiopia, youth accounts for the largest proportion of the total population. According to Ethiopian demographic survey about 33% of the total population is between the age group of 10-24 years(CSA 2012). Having productive youth has a great contribution to the development of the country and alleviation of poverty. To achieve these, maintaining the health and productivity of the youth is essential. Currently there are several organizations working on promoting youth and adolescents' sexual and reproductive health. However, adolescents and youth in developing countries are facing several sexual and reproductive health (SRH) related problems due to lack of sufficient information and services. Unwanted pregnancy due to unsafe sex practice is among some of the SRH related problems the youth is facing today. Unsafe sex practice especially among youth could be one of the main causes for unsafe abortion, death and sexually transmitted diseases. About 32% of the maternal death in Ethiopia is associated to unsafe abortion(Birhan Research and Development Consultancy (BRDC) PLC January 2012).

Several NGO and government organizations are working to increase awareness to avert the extent of the problems. Maternal mortality rate is one of those issues considered in millennium development goals with a target to halve by 2015. The government of Ethiopia is also focusing on the goal with the motto of "no mother should die with maternity case". As a means to achieve this, the Ethiopian government formulated a law to allow legal abortion as one of the SRH right(Wada 2008). However, any abortion whether it is safe or unsafe has a certain psycho-social and health consequences. Study shows an increased case fatality rate of abortion in Ethiopia after legalization (Gebrehiwot and Liabsuetrakul 2009) despite the global declining rate of unsafe abortion(Sedgh 2012). Promotion of safe sex practice could be an essential tool to reduce this and other SRH related problems.

According to International Planned Parenthood Federation (IPPF) charter, the right to sexual and reproductive health indicates that people are able to enjoy a mutually satisfying and safe relationship, has to be free from violence and without fear of infection and pregnancy(Bois 2003). These includes among others; the right to non-discrimination to access to health services including SRH information, the right to decide number of children woman wants to have, right to privacy sexuality and confidentiality for reproductive health services, right to equality in marriage and divorce and right of woman to control and make decisions about her life(Shaw 2009). However, there are several factors that prevent adolescents from accessing SRH information and services. Lack of access to appropriate information on SRH and services are some of the factors that can expose adolescents and

youth to negative health outcomes. Awareness creation on sexual and reproductive health related issues, involvement of different sectors and approaching youth in a friendly manner can create healthy and productive generation (Shaw 2009). To address the reproductive health problems among this group using non-judgmental approach and encouraging their involvement in program designing and implementations is important.

Having knowledge on reproductive health, puberty and sexuality and the consequence of sexual and reproductive behavior helps adolescents and youth in making responsible decision (Shaw 2009). In the study conducted in south Ethiopia, it was found that those who have been a member of reproductive health club and had discussion about reproductive and sexual right have a better knowledge (Adinew 2013). Traditionally it was believed that providing knowledge on SRH rights and availability of services make individuals to become sexually active (Magwaza 2007; Shaw 2009). This traditional believe cannot delay an individual's involvement in sexual practice but rather expose them to unwanted health risks. Study show that students received comprehensive sex education have the likelihood of reduced teenage pregnancy and delay in involving in sexual practice compared to those who have not received (Shaw 2009). Sex and HIV education among youth decrease sexual risky behavior and increase the use of condom and contraceptives (Kirby 2007). This implies that individuals with better knowledge have the likelihood of resisting pressure from their peer and will have healthy relationship. Parental involvement and having open discussion with children can be one of the ways of promoting safe sexual life. Study show that poor parental involvement and lack of discussion on safe sexual life leads to lack of skill that helps youth to make important decision about their sexuality (Kasiye 2014).

Safe sex can be defined in this study as having safe sexual relationship which includes delaying time of initiating sexual activity or use of contraceptives and condoms to prevent STI's and unwanted pregnancies. Several studies have been conducted to identify factors affecting safe sex practice among youth and adolescents. Lack of sufficient information, peer pressure and lack of follow-up of the parents are among some of the identified factors (Taffa 2003; Taffa 2002). Unfavorable attitude, lack of self-efficacy and social influence are also identified as causes for lack of exercising safe sex specially on the use of condom (Taffa 2002). Factors related to cultural and social values, addictive behaviors and weak child-parental relationship are also identified in many of the studies (Borawski 2003; Fekadu 2007; Molla 2008). Most of these studies focused on the identifications of negative factors that can influence safe sexual practices. It can be equally stressed that there are also facilitative factors that helps youth to develop the skill of safe sexual life. This factor has not been yet identified,

which the current studies stressed on. The aim of this study is therefore to identify determinant factors affecting safe sexual practice and facilitating resources that can help to develop healthy sexual behavior. The strength at individual level and opportunities that favors them to exercise their SRH rights was investigated mainly focusing on safe sex practices. The weakness at individual level and threats at external environment was also assessed. This finding will contribute to the existing body of knowledge on determinant factors of safe sex practice among youth and adolescents in Jimma, Ethiopia and also gives direction for service providing organizations to empower youth and adolescent on safe sex practices. The rest part of the paper is organized as follows. The second section presents the theoretical model used for the study. The methodology used for the study is described in section 3. The results are presented in section 4 and discussed in section 5. Finally, concluding remarks and recommendations are forwarded in the last section.

### **Theoretical model**

Salutogenic approach was used for this research as a guiding principle. Salutogenic approach focuses on what creates health and wellbeing (Antonovsky 1996). According to (Eriksson 2009) “salutogenesis is the process of enabling individuals, groups, organizations and societies to emphasize on abilities, resources, capacities, competences, strengths and forces in order to create a sense of coherence and thus perceive life as comprehensible, manageable and meaningful”. Salutogenic has two core concepts which is generalized resistance resources (GRR’s) and Sense of Coherence (SOC). Generalized resistance resource (GRR’s) can be any resources or opportunity that can be internal or external character ranging from material to virtual spiritual strength or any psychological process that would help people to manage life easier (Eriksson 2009). Not only having GRR’s is enough to develop but they have to be able to use GRR’s which is sense of Coherence. According to (Sagy and Antonovsky 2000) empowering individuals to use the available resources provide a person with meaningful and coherent life experience which in turn contribute to develop strong sense of Coherence.

Identifying determining factors that can help to promote safe sexual practice among adolescents and youth is essential. The focus was given for factors that facilitate the chance of exercising safe sex practice. These resources can be identified at individual level, family and at organizational level. Factors that determine safe sex practice, such as use of family planning, the skill of negotiating condom use with partner and refusing to have sex before marriage are some of them that are considered in this study. Strengths at individual level that help adolescents to use the available

services and access important information on safe sex practices were focused. This can be individual's life skill developed through experience, knowledge, self-confidence, spirituality or any psychological strength and material that helps in exercising safe sexual practice. At group level, relationship and connection they have with their families, peers, friends, school and with service providing institutions was assessed. At the same time, it is also important to understand challenging factors this group faces at different levels. Personal risky behavior or weakness and/or any threat that hinder the chance of exercising the safe sexual practice was investigated at individual, family and institutional levels.

## **Methodology**

A qualitative cross-sectional study design was used to identify determining factors affecting safe sexual practice among youth and adolescents attending Family Guidance Association of Jimma, Ethiopia (FGAE) youth center for SRH, library and recreational services. FGAE provides an integrated SRH services at its model clinic and youth center which can help to create awareness on safe sex practices. This organization is selected as a study setting based on its approach, long years of experience and contribution in promoting sexual and reproductive health services. The study population is the adolescent and youth attending the youth center for SRH and other services like library and internet. Individuals who are willing to participate and agree to written consent were selected for face-to-face in-depth interview. The interview was conducted by using semi-structured interview guideline. Audio recording was made for individuals who are willing in addition to note taking. The in-depth interview data was supplemented with observation, focus group discussion (FGD) and key informant interview. Two focus group discussions containing eight individuals in each group were conducted with college students taking into account their age categories. Three key informants are included from the service providers at the youth center and at clinic. The data from different sources were analyzed using a thematic based content analysis. First, ideas from the data was coded and categorized thematically based on the research questions. Interpretation and giving meaning for newly emergent theme was followed. Newly emergent ideas are supported by the quotations of the respondents view and presented in the results. Contents significant for the study were discussed in line with other similar literatures.

## **Results**

### **Socio-demographic characteristics of respondents**

Table 1 shows the demographic characteristic of the study participants. Totally sixteen individuals were interviewed, out of which nine

of them were females. The largest age group (75%) is between the ages of 18 and 25 years and the rest are under the age of 18 year. Eleven (70%) of the study participants were interviewed while visiting the youth center for library services and the rest were for SRH services and recreational activities. Ten (60%) of the study participants were single out of which seven of them have no history of sexual intercourse at the time of interview and reported as they have a plan to delay. Eleven (70%) of the study participants were students visiting the organization for library services. The results from the key informants and FGD are also included in the analysis along with the in-depth interview results.

Table 1 Socio-demographic characteristics of the study subjects

Variables	Category	Reason for visiting the organization			Total
		Family planning	Use of library	Entertainment	
Sex	Male	2	4	1	7
	Female	2	7	0	9
Age	11-17	0	4	0	4
	18-25	4	7	1	12
Marital status	Single	0	10	0	10
	Married	4	1	1	6
Occupation	Student	1	10	0	11
	Non-student	3	1	1	5
Religion	Christian	4	8	1	13
	Muslim	0	3	0	3

### Factors identified as determinant for safe sexual practices

The identified determining factors on safe sexual practices at different levels of the society are presented in Table 2. As shown in the data, the determining factors are categorized as facilitators and barriers while due attention is given to facilitating factors. The factors are grouped at different levels of the society as individual, family and organizational. Having SRH knowledge, communication skills and personal motives were identified as facilitators at individual level while family approach for open discussion and follow-up are identified as facilitators at family level. Availability of integrated SRH services and involvement of peer counselors are identified as facilitators at organizational level. Lack of knowledge, poor child-parent discussion, peer influences and socio-economic problems are identified as barriers at individual and family levels while less parental involvement in youth programs is identified as a barrier at organizational level.

Table 2 Identified determining factors

Category	Factors	
	Facilitators	Barriers
Individual	communication skills, personal motive, having knowledge	Lack of knowledge, socio-economic problems
Family	family approach for open discussion and follow-up	peer pressure, poor parental communication
Organizational	Availability of integrated services, peer counselors	Lack of parental involvement

## **Facilitators at individual and family level Communication skills**

The contribution of effective communication skill on safe sex practice is vital. Individuals who have better communication skills can easily share their ideas to their parents, peers and partners to cope-up with their situations. Most of the participants reported that developing communication skill through discussion with their parents and peers at early age helps in making informed decision on sex and sexuality. They can help them to develop self-confidence to discuss sexual and reproductive health related issues, freely participate in dialogue and use SRH services. They easily negotiate and decide to use condom for safe sex, decide the number of children want to have or delay their sexual intercourse being in relationship. The connection they have with their parents is essential to make an informed decision in their life. Adolescents prefer a person who is intimate or closer to them to discuss about their sex and sexuality related issues. For instances, most female prefer their mother or elder sister while some prefer to consult their peer incase when they need SRH information or face sexual related problems. Some of the in-depth interview participants described their experiences regarding the benefit of early childhood communication with family member.

*My mother discusses with me about sexual and reproductive health issues openly. Now I have a confidence to express my feeling and to say no to what I do not want to do. I do not feel shame to discuss sex and sexuality related issues since it is part of my life (18 years old married women).*

As this young married woman mentioned, she has an open discussion with her husband and decided to use family planning to continue her education.

*My parents have given me time to discuss about sex and sexuality and the consequences of unsafe sex which helped me to negotiate to have safe relationship. Having safe relationship is not about having sex always, it is a way of creating safe relationship through negotiation not to have sex before marriage (20 years old female college student).*

Some of the participants also mentioned that they delay the time of having sexual relationship or decide to abstain from having sex by tolerating influences from their peers. As these groups mentioned it is the skill that they develop at their early age that helped them to stay safe and negotiate in having safe relationship with their peers and others.

Children-parent strong connection encourages student's performance to their education as well as in making informed decision in their life. Parents can facilitate conditions and encourage their children to feel responsible in every decision in their life.

*My family always encourages me to feel responsible about my future and this helped me to develop self confidence (18years old female).*

### **Personal motives**

Adolescents with certain goal to achieve in their life do not want to engage in risky behavior as some of them mentioned. This is common among adolescents with strong connection to their family and have defined goal. One of the in-depth interview participants described her experiences as follows.

*I have a good relationship with my peer; I just tell them my priority is my education, and there is time for everything, no needs to be hurrying for sex (17 years old, female student).*

She mentioned that she convinces her friends peacefully not to engage in any sexual activity before marriage. She also discuss with her brother on how to deal with the pressure from her peer. As this participant mentioned there is open discussion on SRH issues within her families which gives her confidence to discuss her matter to her family members when she needs help.

*I approach my friends in a friendly manner and inform them that I do not want to engage in unhealthy behavior. I restrict myself from those who engage in risky behavior like using of “khat” and alcohol (18 years old male).*

He mentioned his experiences that most of the time risky behavior is common among those who are out of school or who have poor connection with their family. In order to overcome the pressure from his peers he strictly follows his schedule and often busy with other recreational activities. Most of them mentioned that they schedule a head on how to spend their free time beside their regular academic schedules. Some of them are members of different clubs such as SRH, anti-AIDS, sport and music clubs. Having own goal of life or to achieve a certain objectives helps the adolescents to restrict themselves from unsafe sexual relationship.

*I always discuss with my family, what I want to be in the future after completing my education and about my time schedule (17years old female).*

### **Knowledge of SRH**

Individuals with sufficient knowledge on SRH and its related problems protect themselves from practicing unsafe sex. Having knowledge about the availability of the services also helps individuals to easily get access to the services when the need arise. As participants in this study mentioned and as observed those who are actively participating in SRH clubs have better understanding on the consequences of unsafe sexual practice. Most of them mentioned that they gained SRH knowledge through training

and discussion with their peer. They also easily get access to different reading materials like leaflets that are available at the youth center. School and social Medias are also some of the sources of information mentioned. Some of the participants stated the benefit of SRH knowledge on their ability to make informed decision.

*Thanks to FGAE and my family, I know how to protect myself from having unsafe sexual relationship. I always think critically before taking any action (17years old, Female)*

She mentioned clearly the consequences of unsafe sex and how to protect herself from engaging risky sexual behavior.

*In addition to providing advice to my friends to protect themselves from unhealthy behavior, the knowledge I acquired on SRH helped me a lot to lead my life positively (18 years old male).*

Some of the participants mentioned that being member of SRH club and having active participation helped them to develop safe sexual behavior. Besides having knowledge about safe sex practice observing the consequences of unsafe sex practice also helped them to protect themselves as frequently mentioned by the participants.

## **Facilitators at organizational level**

### **Availability of integrated youth friendly services**

Availability of SRH and other youth oriented integrated services at youth center helps to promote sexual and reproductive health services. Youth come to the center to use library, free internet services and other sport activities. On their way they benefit from SRH and counseling services. Most of the beneficiaries mentioned that they acquired a lot of knowledge and services through this integrated center. It was also observed that youth coming to the center learn how to develop healthy sexual behavior since they have the chance of talking to experienced peoples coming for SRH services. The services are provided in a non-judgmental friendly approach. In addition, the counselor also links the beneficiaries to other SRH services based on the necessity of the services to the client. For instance, a client treated for STI also counseled for HIV test and safe sex practices. The center also provides comprehensive abortion care, thus those who visit the center for safe abortion also counseled for HIV test and post abortion family planning. Making the service integrated helps the adolescents to avoid wastage of time on fragmented services. The service providers are trained on all components of SRH services and provide all the services under one roof. Adolescents and youth are encouraged to be a member of SRH clubs and participate in training.

*Thanks to FGAE Jimma youth center, I am equipped with appropriate SRH knowledge. Now I am serving as a volunteer peer counselor at this center (25years old, male).*

This person has a girlfriend with whom he stayed together for more than a year being abstained from sexual practices. He visited the youth center with his girlfriend to conduct HIV test and decide on their future life. He mentioned that by now he has his own income and mature enough for any decision. He appreciates the services at the organization which is provided in a friendly manner and with fair price. Moreover, provision of free library, internet and recreational services prevents youth from spending their time in a place where they might fall in danger. Other individuals benefiting from the integrated services also mentioned the significant contribution of the center to youth healthy behavior. The library is equipped with appropriate books for their academic performance and internet services. There is also silent and safe place for group discussion in the compound. They mentioned that reading in group in such environment motivates them to work hard and to spend more time on reading than being on activities which might expose them to unhealthy behavior. Organized coffee ceremony is one of the youth friendly approach through which awareness creation on SRH is implemented. This approach can make the adolescents to share their view and learn from each other.

As participants in FGD mentioned, nowadays there is a change in promotion of Sexual and reproductive health due to improved organizational services. A government health policy also gives especial attention to prevention of disease and promotion of sexual and reproductive health services as a tool for reduction of maternal and child mortality rate. In each village there are trained health extension workers assigned to provide education on SRH and HIV/AIDS. An extended promotion on SRH is also being implemented through social Medias mainly focusing on safe sexual practices. This gives an opportunity to create discussion within families as mentioned by the participants. It is mentioned that due to increasing awareness, families are now open for discussion with their children on sexual and reproductive health and related problems. In general SRH focused integrated organizational services provide an access to holistic services which can promote safe sexual practices.

### **The involvement of volunteer peer counselors**

One of the best strategies to promote sexual and reproductive health among youth is involvement of youth in the service provisions. The participation of youth on SRH is high as the youth center head mentioned and as observed during the data collection. FGA provides basic SRH training for selected volunteer peer counselors and frontline college student to

participate to the activities. Youths are the member of board in the organization. Thus, they participate in designing activities, implementations, monitoring and evaluation of the services. Volunteer youth acts and works as a leader of youth. They provide volunteer peer counseling and work on promotion of sexual and reproductive health services. They work closely with youth center, organize coffee ceremony and create dialogue forum on sexual and reproductive health. They give education for their peer on safe sex practice, distribute condom and provides emergency contraceptive. Beside to that, the peer counselor uses entertaining education, like drama and role play to attract the attention of their peer. The volunteer peer counselors address youths' SRH issues through structured development group containing five members. In each group, there is one trained student that can provide SRH education for his/her group and facilitate discussion within the group. As the area office manager and service providers mentioned, they address high number of individuals through this development group involving peer counselors. The contribution of peer counselors on promotion of safe sex practices was also mentioned during the FGD.

### **Barriers at individual and family level**

#### **Poor child-parent discussion on SRH issues**

Poor parental communication with their children prevents children from developing skill of negotiation on safe sexual practice and leads them to lack of self confidence in discussing sex and sexuality related issues. Some participants reflected their poor parental communication on their informed decision.

*My parent do not like to discuss anything about sexual and reproductive health issues with me due to the cultural influences that discussing about sex within the family considered as deprivation of respect the parents expect from their children(25years old, male).*

*I never discussed about SRH issues with anyone including my parents; when I need information on SRH issues I prefer reading books, leaflets and hearing from medias(21years old, male).*

As some of the participants mentioned, some parents consider having an open discussion with their children on sex and sexuality related issues might lead to early sex practice. Poor parental communication at childhood limits adolescents from having an open discussion on sex and sexuality in relationship. Some of them prefer their peer or intimate friend to discuss when they need information or face related problems.

*I prefer to discuss about SRH related issues with my friends or to consult my peer incase when I need SRH information (18years old female).*

*Discussion of SRH and related issues is not common between partners especially among uneducated individuals. Most of the time females*

*use family planning without informing their husbands (23 years old female FGD participant).*

### **Lack of knowledge**

According to information from FGD, some of the students do not have sufficient knowledge about sex and sexuality. Some of them do not have confidence to ask for information or even to use family planning or condom for safe sex practices. Especially new college students face several sexual and reproductive health related problems. There are students who are afraid of using family planning or ask for emergency contraceptives. Some engage in unsafe sexual practice due to lack of information and negotiation skill to protect themselves from SRH related problems.

*As I observed during my college stay, some students lack confidence to use post pill or family planning (20 years old female - FGD participant).*

### **Socioeconomic problems**

Some college students engage in risky sexual behavior for a number of reasons as FGD participants and service provider at the organization mentioned. Some of them engaged into multi-partner sexual practices for incentive and others due to being free from parental control. This is mostly apparent among some of the female students who do not have sufficient SRH knowledge and from poor families unable to pay for their room rent. Their living condition exposes them to engage in unsafe sexual practices since they are enforced to partner relationship to share their living expenses. This could be due to insufficient stipend to cover their living expenses as mentioned by the FGD participants.

### **Peer Influences**

Peer can influence each other to be engaged into risky sexual behaviors. As some of the participants mentioned, there is a pressure from their peer especially from those who started exercising sexual activity at their early age. Most of the time these individuals enforce their friends to follow their foot-steps.

*I have a friend with whom I study who always enforces me to have a boyfriend without my interest (17years old, female)*

Some students mentioned that the pressure from their peer could be difficult to resist due to sophisticated techniques they use to convince.

*Sometimes it is difficult for me to resist influences of my friend since they also try to use forces (19years old female)*

## **Barriers at organizational level**

### **Less parental involvement**

As mentioned in FGD and observed, there is less parental involvements in promotion of the SRH services. As suggested, involving family in the youth SRH program can enhance an open discussion between parent and children which is very limited currently. Some of the participants raised the issues of family hesitation about the youth program at the center due to lack of sufficient information. Thus, families may not feel comfortable about their children participation in the activities of the youth center programs. This can in turn create a gap between children and family which can hinder promotion of the SRH services and furthermore safe sex practices.

## **Discussion**

As presented in the results, several facilitative factors that can encourage youth and adolescents to have safe sex practices are identified. These facilitative factors are grouped into different levels ranging from individual to organization. The role of family and organization to enhance individual's ability to have healthy sexual behavior is focused and discussed below.

### **The role of parent-children relationship**

The role of family in shaping their children's behavior is very crucial. Children from family with strong connection could be in better position about their future life and feel responsible in making decision. This could be depends on how the family raise and develop their children at their childhood. Children from families with open discussion on any topic including sex and sexuality can develop better self-confidence. When children develop self-confidence it is easy for them to negotiate and decide about their sexuality. Study revealed that youth were much less likely to have initiated sexual intercourse if their parents taught them to say no, set clear rules, talked about what is right and wrong and about delaying sexual activity(Aspy et al. 2007; Borawski et al. 2003). Development of self-confidence also helps adolescents to have better communication skills. Communication skill is a tool by which adolescents can share their ideas, acquire knowledge and make better decision.

Adolescents from strong parental connection could have better motive to achieve their goal. Human beings can be proactive and engaged and largely as a function of the social conditions in which they develop and function(Ryan and Deci 2000). Such kinds of adolescents are less likely influenced by their peers and the environment they exposed to. Having better communication skills is not only limited to sharing information but also

helps in convincing someone for better decision. Those who communicate well can have better position to decide about their sexual reproductive rights. They can discuss and decide to use condom for safe sex, decide the number of children want to have or delay their sexual intercourse while being in relationship(Aspy et al. 2007). Since the family is the dominant social environment that children's inhabit the Parental-children interaction contributes in developing their sense of coherence(Mosley-Hänninen 2009).Early childhood awareness creation through strong children-parental relationship can be a resource which helps adolescents to develop strong sense of coherence in their life.

On the other hand, parents with less communication mostly focus on controlling their children rather than providing appropriate information and shaping them. Adolescents from such family are less likely to make appropriate decision. Some times when they depart from their family the probability of being involved in unsafe sexual behavior could be high considering their departure as a freedom. This could be originated from developing less self-esteem and motive. The probability to be influenced by their peers could be also high. It has been indicated that young children with less parental monitoring and supervision were more likely to fall in risky sexual behavior (Browning, Leventhal, and Brooks-Gunn 2005; Borawski et al. 2003).

### **The role of organizational services**

The availability of recreational activities at the youth center, such as indoor playing and different clubs helps youth to prevent themselves from early onset of sexual activity. It also helps the youth to protect themselves from engaging in other risky behavior that can expose them to early sexual activities. In places where there is a problem of unemployment and less recreational activities young people engage in early sexual activities (Kelly 2000).Study shows that those who were not enrolled in school or those who have less attachment involves in risky behavior than those who are busy with regular activities(Catalano et al. 2004; Akers, Muhammad, and Corbie-Smith 2011).According to these findings the existence of recreational activities and facilities for youth prevents youth from engaging in risky behaviors. Encouraging youth to be a member of different clubs like SRH, music and sport clubs can help adolescents to develop healthy relationship with their peers. Through participation in different clubs young people would have the chance of involving in training, learning-teaching forum and dialogue which can help them to develop life skills. It also helps them to develop their communication skills, self confidence and negotiation skill on safe sex practices. The existence of these resources helps adolescents to develop their capacity which in turn helps in developing sense of coherence. As study

shows adolescent with strong sense of coherence are in better position to have health behavior, possess the capacity to cope up with stressors and perceives good health(Mosley-Hänninen 2009).

Organizational services involving volunteer peer counselor can help promotion of SRH services accessibility to individuals who prefer to consult their peers. As mentioned in FGD most of the college students prefer to get services from their peers especially when they need emergency contraceptives. Study show that peer based education achieves significant behavioral changes among students with risky sexually behaviors (O'Hara et al. 1996). It is easy for similar age individuals to discuss about their matter with their peers without any fear or ask whatever unclear for them. The influence of peer is not only to positive directions but also involves negative effects. It has been indicated that an increase in the proportion of close friends who initiates sex increases the probability that an individual chooses to initiate sex(Ali and Dwyer 2011). Integration of SRH services with other recreational activities back-up with monitoring and evaluation likely reduces such risky behavior by diverting their intention for sex.

This study did not include quantitative data to make further statistical analysis. Since discussion of sex and sexuality related issues are highly private, the finding might be subjected to response bias. However, triangulation of individual response with key informant interview, FGD and observation helped to draw valid conclusion.

## **Conclusion**

This study addresses determining factors affecting adolescents' sexual behavior by using a salutogenic approach as a guiding principle. These factors are identified as facilitators and barriers. Facilitative factors are resources which help adolescents to develop their capacity to decide on safe sex practices. These factors are identified at individual, family and organizational levels. Individuals SRH knowledge and life motives are identified as resources at individual level while strong children-parental communication identified at family level. Availability of SRH integrated services and involvements of peer counselors are identified as organizational facilitators that help to promote safe sex practices among adolescents. These facilitative resources are vital in developing the capacity of the adolescents for better healthy behavior including safe sex practices. Factors like poor children-parental communications, peer pressure and socioeconomic problems related to youths living departed from their families are identified as barriers. These barriers make individuals likely to have less sense of coherence to use the available resources. This study suggests the involvement of parent in youth SRH service promotion to reduce the strong cultural ties distancing children-parental discussion on sex and sexuality.

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