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**ADOLESCENT SEXUALITY AMONG ETHIOPIAN
IMMIGRANTS IN ISRAEL**

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Abstract

This research focuses on sexuality, among Ethiopian adolescent immigrants studying in youth villages in Israel, in its most comprehensive expression (WHO, 2002). It builds on the past, investigating male-female relations between adolescents in Ethiopia in order to understand the profound changes these relations have undergone in Israel. It dwells on their attitudes and beliefs towards relationships, love and sex, as well as on their perception of their own sexual behavior, including gender stereotypes and risk taking, use of contraception and HIV/AIDS. These important issues must be understood in the context of the dilemmas inherent to this unique immigrant population in the specific context of youth villages in Israel.

Background

Adolescent sexuality and sexual behavior are of great concern worldwide. Due to the decrease in the age of sexual initiation and increase in the age of marriage, young people tend to have more sexual partners in types of relationships with varying meanings, putting them at greater risk for pregnancy and HIV.

Contrary to the biological determinist or essentialist view which dominated sexuality for many decades, the social constructionist perspective sustains that sexuality is not universal and that biology has a small role in determining sexuality. Sexuality is deeply influenced and constructed by social, political, economical and cultural factors. Therefore, the specific meanings attached to it must be examined at particular historical moments in particular cultures. Thus, research attention has been shifting from sexual behavior itself, to the cultural settings within which it takes place and to the cultural rules which organize it (Parker & Easton, 1998).

The awareness of the ways in which different communities and cultures structure the possibilities of sexual contact among their members has drawn special attention to the dynamics of gender power relations, particularly in relation to reproductive health and to the rapid spread of HIV infection among women (Rivers & Aggleton 1998).

Their extended immigration process had a strong impact on Ethiopian Jews. They left behind a familiar traditional rural society and encountered a Western multicultural one in their host country. The transition to Israel has affected all life spheres, including relations within the family and between members of the opposite sex. In Ethiopia, gender roles were very clear and strict and marriage was arranged by parents and elders at a very early age. All this changed radically upon immigration since adolescents learned the new language

quickly, had the opportunity to study and their acculturation process proceeded faster than their parents'. Nevertheless, they often find themselves in a difficult situation. They want to integrate into their new homeland and be fully accepted by their peers in residential schools and at the same time, and to some extent, they are still influenced by the traditional attitudes and beliefs sustained by their parents.

Methodology

Over the past two decades, the anthropology of sexuality has gained impetus due to the advocacy of qualitative methods to inform HIV/AIDS prevention programs and the urgent calls for culturally appropriate interventions, in which the need to give meanings to sex and sexuality issues and not just to measure them, has become increasingly important (Lindenbaum, 1991).

Focus groups were selected as the most appropriate research method to explore a range of opinions on pre-determined topics in a specific social environment, in which participants influence each other just as in real life (Krueger and Casey, 2000). Thus, they were considered suitable for understanding adolescents from culturally diverse backgrounds living in a host country, where they have adapted aspects of their traditional culture to those of their current environment (Halcomb et al., 2007). The group setting often encouraged them to reveal their thoughts and views on sexuality - including stigmatized issues or topics that may be considered taboo - as they felt more comfortable and secure in the presence of peers who share similar attitudes, opinions and behaviour (Nkwi, Nyamongo & Ryan, 2001; Kitzinger 1995). The study encompassed twelve single-sex focus groups conducted among adolescents aged 15-18 in six youth villages throughout Israel. They provided insights into the context of peer social relations and dynamics, thus enhancing the understanding of their lived experiences, of how they negotiate relationships and how they develop coherent sets of meanings from their sexual thoughts, feelings and behaviors.

Results

The findings of the study indicate that most Ethiopian adolescent immigrants distinguish three main categories of relationships between girls and boys: friendship, casual and steady romantic ones. Most of them aspire to the later kind of relationship, although some do not really understand its significance. Love and trust are considered the most important qualities in a steady romantic relationship. Sexual activity is also usually considered a part of it, although girls are often ambivalent about this, and fear that their partners may be in the relationship mainly for sex. The issue of double standards regarding partners for sexual activities was also raised.

Additional reasons to engage in sexual activity mentioned by adolescents of both genders include pressure from the partner due to unequal gender power relations, peer pressure from members of the same gender, influence of substance abuse, of the environment and of the media. Boys also referred to biological needs, curiosity and fun as motivators for engaging in sexual activities.

Ethiopian immigrant adolescents related to the differences in gender relationships between Ethiopia and Israel. The issues discussed included marriage patterns, expected gender roles (females are expected to be modest and obedient), the importance of virginity and partner selection. Many adolescents, especially boys, indicated that they would still prefer to have an Ethiopian girl-friend or boy-friend in Israel.

Adolescents demonstrated a certain amount of knowledge regarding contraception and the risks of getting pregnant or contracting HIV through unprotected sex. Nevertheless a number of barriers to condom use exist. Many of them admitted that they are often embarrassed to bring up the issue of contraception with a partner or are afraid of the gender stereotype attached to such an initiative (for example, a girl who brings a condom is considered a slut). In addition, adolescents engaged in romantic relations, who know and trust their partners, feel that they are not at risk and therefore have a low level of condom use.

Boys also believe that condoms reduce pleasure and influence spontaneity. Loss of control under the influence of alcohol and drugs, as well as lack of availability, may also pose barriers to condom use.

The general knowledge of HIV/AIDS expressed by adolescents was quite accurate, as well as their perception regarding different ways of infection. Nevertheless, they expressed fear towards people that are infected with HIV/AIDS and specifically of the social stigma attached to the disease.

The analysis of all the aforesaid indicates that there is a considerable discrepancy between adolescents' knowledge and their sexual behavior.

Two important variables underlying this finding are their low level of perceived vulnerability, as well as the lack of an open communication among couples on issues related to sexuality and sexual behavior.

An additional factor which influences Ethiopian immigrant adolescents' sexuality is the issue of their personal identity. Although most of them share the boy-girl relationships with their Israeli-born peers and prefer them to the traditional ones, they sometimes still feel the conflict of living between two worlds and cultures.

Contribution

The findings of this study will enable the development of culturally-significant sexual health programs for Ethiopian adolescent immigrants in Israel, based on the understanding of their perceptions, attitudes, beliefs and behavior regarding sexuality and on the range of cultural meanings they attach to boy-girl relations (Irvine, 1994). The educational activities in this intervention will build on development of life skills, such as decision making and inter-personal communication, which are fundamental to promote healthy sexuality and health behavior.

Chapter 1

Introduction

1.1 The research aims

This study will investigate relationships and sexuality, in their most comprehensive expression, among Ethiopian adolescent immigrants in youth villages (residential schools) in Israel. It will examine the meanings they attribute to relationships, love and sex, as well as their perceptions, attitudes and beliefs regarding sexual behavior, use of contraception and HIV/AIDS.

The findings elicited from the study will enable the development of a culturally-significant sexual health educational program for Ethiopian adolescent immigrants in youth villages in Israel.

1.2 The research questions

The main research questions are derived from the objectives of the study. Each of them will be probed in depth by additional questions.

1. What are the meanings of boy-girl relationships for Ethiopian immigrant adolescents in Israel?
2. What are the differences perceived between relationships in Ethiopia and in Israel?
3. What are the reasons that adolescents engage in sexual activity?
4. What are the motivators and barriers to contraception use among adolescents?
5. How do adolescents perceive the risks (including infection and social aspects) related to HIV/AIDS?

1.3 Methodological observations

Qualitative research is exploratory and inductive and its objective is to learn from the ethnographic data. Therefore, the present inductive study is expected to derive understanding on adolescent sexuality among Ethiopian immigrants based on the focus group discussions, as opposed to testing a preconceived hypothesis or theory. Nevertheless, it is presumed that the adolescents' cultural background, as well as additional factors such as unequal power relations and

gender sexual stereotypes, will affect sexual behavior and relationships among them.

1.4 The contribution of the research

Ethiopian Jews came from a traditional culture with strict norms regarding relations between members of both genders. Profound changes occurred in family structure and intergenerational relations during their difficult immigration and integration process into Israeli society. The transition from small rural villages to an urban life-style, which they did not understand, led to many acculturation problems, especially among adults.

The possibility for education opened up for adolescents in Israel– even for those who could not read or write in their mother tongue. Most of them went to youth villages (residential schools) where their physical and intellectual needs were catered for. Although they learned Hebrew and began to act like their Israeli peers, they often found it difficult to cope with daily challenges, especially in interpersonal relations with members of the opposite gender. This confusion often led to problematic situations.

This investigation hopes to elicit a deep and comprehensive understanding of the meanings that boy-girl relationships have for Ethiopian immigrant adolescents. It will explore their expectations, attitudes and beliefs regarding love, sexual activity, contraception and HIV/AIDS. At the same time it will seek to elicit the dilemmas facing them as young immigrants functioning between two cultures.

The contribution of the present study will be two-fold. On one hand, it will enhance the understanding of the educational staff in youth villages towards their Ethiopian adolescent pupils, thus allowing them to deal in a more culturally-sensitive and effective way with every day problems related to boy-girl relations and sexuality. On the other hand, it will set the foundations for the development of a culturally-significant sexual health program for Ethiopian adolescent immigrants in Israel, based on the understanding of the range of cultural meanings they attach to boy-girl relations. Educational activities will try to combine elements from Ethiopian traditional culture with the development of life skills necessary to cope with sexuality in the context of multicultural Israeli society, such as decision making and inter-personal communication, which are fundamental to promote healthy relations and sexual behavior.

Chapter 2

Sexuality in a theoretical framework

This study focuses on sexuality among adolescent Ethiopian immigrants studying in residential schools in Israel. In this chapter sexuality will be explored in the light of different theoretical perspectives in general and within anthropological research in particular. Emphasis will be put on adolescent sexuality, including male-female relationships, gender stereotypes, sexual behavior and attitudes towards HIV/AIDS.

2.1 Definitions of sexuality and theoretical perspectives

The terms sex and sexuality have been defined in different ways and with emphasis on different aspects. Human sexuality has been considered to encompass the sexual knowledge, beliefs, attitudes, values, and behaviors of individuals. According to this conception, dimensions include the anatomy, physiology, and biochemistry of the sexual response system; identity, orientation, roles and personality; and thoughts, feelings, and relationships. The expression of sexuality is influenced by biological, psychological, economic, political, ethical, spiritual, cultural, and moral concerns (SIECUS, 2005; WHO, 2002).

Broader definitions assume that sexuality incorporates individual capacity and desires, sexual actions, the social organization of sexual relations, links between sexual behavior and personal identity, appetite, style and community identity based on sexual practice and/or preference. These definitions have differed across time as well as between disciplines and professions, as a result of the political and cultural context of the production of knowledge (Manderson et al., 1999).

Studies of gender, sexual identity and sexuality and the inter-relationships of these categories, gained prevalence from the 1970s, partly in response to the feminist and gay liberation movements and related theoretical and empirical research. But despite these early roots in social movements, much of the research was predefined by medical discourse and dominated by disciplines concerned more with the individual than the social contexts in which individuals operate, such as psychology. This trend became clearer as social research expanded with the emergence of the AIDS epidemic. Since then a great part of anthropological research concerned with sexual behavior has been related to HIV/AIDS (Farmer, 1997).

While seeking ways to achieve effective multicultural sexuality education, educators design culturally diverse programs based on their own ideas about sexuality. Some beliefs and assumptions about sexuality keep professionals narrowly focused on the individual while others encourage them to examine the role that different cultures play in making individuals sexual people. This has led to two different theoretical perspectives on sexuality: essentialism and social construction theory. The core assumptions of each perspective lead educators to ask different questions about sexuality and result in different educational strategies (Irvine, 1995).

2.1.1 Biological determinism perspective

The first perspective sustains that there is an internal force or (biological) sexual drive within the individual. According to it, sexual urges and instincts are located in people's bodies and cannot be ignored. Thus, the biological self drives the sexual person (Masters & Johnson, 1966). There are two common essentialist themes embedded in this argument: that universal differences exist between male and female sexuality and that these differences are the result of biological factors that constitute the sex drive or biological determinism (Bundesen, 1951).

Sexuality is considered not just as an internal force but as one that is predictably stable and similar both across cultures and throughout different historical times. Therefore, meanings, values and belief systems about sexuality which are specific to our culture in the present are universalized. It is assumed that people in different cultures or in different historical periods think and feel the same way about different sexual activities or practices.

This perspective is nowadays undergoing changes. Sexuality is considered to encompass much more than the capacity for certain physical acts (genital and mostly heterosexual). It is also viewed as an aspect of an individual's total personality and includes emotions, beliefs, attitudes and values. Individual decisions about sexual activity are not only related to knowledge but to other factors such as self-esteem and personal empowerment. Nevertheless, in this new expanded definition, the emphasis remains on sexuality as a deep and natural individual expression. This perspective is denominated essentialism and is still the most common way of thinking about sexuality in Western society (Irvine, 1995).

2.1.2 Social constructionist perspective

Over the past two decades, historians and sexual scientists have developed a new perspective on sexuality that has challenged essentialism. According to social constructionists, sexuality is not a fixed arena in human life that unfolds in a predictable way because of certain biological functions. Instead, the meanings, beliefs, values and practices that comprise sexuality may vary in different circumstances, times and cultures. Constructionists agree that biology by itself does not determine any particular form of sexual expression as normal or natural.

Of central importance to critical considerations of sexuality has been the work of Michel Foucault (1978). It has brought a historical understanding to constructions of sexuality and thus also to social and theoretical norms. Foucault adopted a thoroughly anti-essentialist notion of sexual drives and identity and saw sexuality as being organized along the binaries of normal and deviant behaviors through the regulative discourses of modern societies. His belief that “sexuality ... is a name that can be given to a historical construct” encouraged the view that sexuality can be redefined or re-constructed (Foucault, op.cit.).

The social constructionist perspective sustains that sexuality is not universal and that biology plays a small role in determining sexuality. Sexuality is deeply influenced and constructed by social, political, economical and cultural factors. Thus, the specific meanings attached to sexuality must be examined at particular historical moments in particular cultures.

Although perspectives which can be described as social constructionist have become increasingly important in anthropological research on sexuality in recent years, this has not always been the case (Parker & Easton, 1998). Vance, in his review, sustains that the traditional anthropological approaches to understanding sexuality have not changed or been significantly challenged from 1920 to 1990. Throughout this period, the cultural influence model has driven most anthropological work in sexuality. Although this model acknowledges cross-cultural variation in the expression of sexuality, the manifestation of sexuality and its assumed biological impetus and ultimate reproductive function is generally viewed as universally consistent. The cultural influence model represents a significant advance over the previous approaches. It is based on anthropological premises of relativism and cross-cultural variability and has served to question the uniformity and inevitability of Western sexual norms and mores (Vance, 1991).

An additional review of anthropological literature related to sexuality finds that its faithfulness to indigenous categories and concerns, emphasizing the institutions of reproduction, overshadows its interest in the practices of sexual relations themselves for most of the 20th century. In addition, accounts of

sexual behavior are usually embedded in rich ethnographic detail, but are not analyzed conceptually. Not enough attention is given to the interaction between events and ideas such as the relationship between sexual acts and ideas about the sexual being (Manderson et al., 1999).

According to social construction theory sexual acts have varying social significance and subjective meanings in accordance with the cultural context in which they occur, as evidenced by cross-cultural variation in sex categories and labels. All definitions are based on the underlying assumption that sexuality is mediated by cultural and historical factors. Social construction theory also allows distinctions to be made between sexual acts, sexual identities, and sexual communities. For example, the meaning of being male or female, masculine or feminine, in different social and cultural contexts may vary greatly, and gender identity is not reducible to any underlying biological dichotomy. According to this approach, all biological males and females undergo a process of sexual socialization in which culturally specific notions of masculinity and femininity are shaped across the life course. It is through this process that individuals learn the sexual desires, feelings, roles, and practices typical of their cohorts or statuses within society - as well as the sexual alternatives that their culture opens up to them.

The inherent reflexivity of social construction models permits an exploration of the validity of imposing Western folk beliefs about sexuality cross-culturally (Parker & Easton, 1998). During the last decades, it has become apparent that many of the key categories and classifications that have been used to describe sexual life in Western medicine and in public health epidemiology are in fact far from universal in all cultural settings. Categories such as homosexuality or prostitution, and even masculinity and femininity may be differently structured or even absent, in some societies and cultures. Moreover, other significant categories may well be present that do not fit into the classificatory systems of Western science. By focusing more carefully on local categories and classifications, researchers have sought to move from the outsider perspective to what anthropologists define as an insider perspective, namely from the "experience-distant" (epic) concepts of science to the "experience-near" (emic) concepts that the members of specific cultures use to understand and interpret their own reality (Parker, 1994).

The understanding of sexuality as being socially constructed has refocused anthropological research attention on the social and cultural systems shaping not only a person's sexual experience, but the ways in which that experience is interpreted and understood. This view of sexuality and sexual activity has increasingly focused research attention on the inter-subjective nature of sexual meanings - their shared, collective quality, not as the property of atomized or isolated individuals, but of social persons integrated within the context of

distinct, and diverse, sexual cultures (Vance, 1991). In much recent anthropological research on sexuality and sexual conduct, this emphasis on the social organization of sexual interactions, on the contexts within which sexual practices occur, and on the complex relations between meaning and power in the constitution of sexual experience, has led to a new focus on the investigation of diverse sexual cultures.

Research attention has increasingly shifted from sexual behavior, in and of itself, to the cultural settings within which it takes place and to the cultural rules which organize it. Special emphasis has been given to analyzing the indigenous cultural categories and systems of classification that structure and defines sexual experience in different social and cultural contexts (Parker & Easton, 1998). Moreover, within the complex world system that has emerged in the late 20th century, notions of sexual difference can no longer be understood as simply the product of distinct social and cultural settings. As many other aspects of human life, sexuality has increasingly become subject to a range of rapidly accelerating and often disruptive processes of change, taking place within this context of complex globalization (Appadurai, 1996). Therefore, it is important to interpret local sexual cultures as caught up within the cross-currents of these global processes of change in order to move past a superficial interpretation of sexual similarities and differences and to obtain a more comprehensive cross-cultural understanding of the complexities of sexual experience in the contemporary world (Parker & Gagnon, 1995).

The awareness of the ways in which different communities and cultures structure the possibilities of sexual contact (for example, with whom one is allowed to have sex and which are the accepted ways) has drawn special attention to socially and culturally sanctioned differentials in power, particularly between men and women. Precisely because different sexual cultures organize sexual inequality in specific ways, these cultural rules and regulations place specific limitations on the potential for negotiation in sexual interactions and, in turn, condition the possibilities for the occurrence of sexual violence, for patterns of contraceptive use and for HIV/AIDS reduction strategies. The dynamics of gender power relations have thus become a major focus for contemporary research, particularly in relation to reproductive health and to the rapid spread of HIV infection among women (Parker & Easton, 1998; Rivers & Aggleton, 1999).

Finally, the HIV/AIDS pandemic that began to emerge in the early 1980s has proven to be a major catalyst for sexuality research in general and for social construction theory in particular (Parker & Gagnon, 1995).

The reliance on sexuality research for understanding HIV transmission and prevention has highlighted some of the inadequacies of existing research and

methodologies. For instance, epidemiological methods of conceptualizing and quantifying sexuality do not allow for an understanding of the meanings associated with it.

The practical demands of analyzing and responding to the pandemic have thus stimulated the social constructionist approach in anthropology and related disciplines, as cross-cultural data have increasingly been used to deconstruct accepted notions of sexual conduct (Vance, 1991; Parker & Easton, 1998). Thus, the anthropology of sexuality gained impetus from the advocacy of qualitative methods to inform HIV/AIDS prevention programs and the urgent calls for culturally appropriate interventions, in which the need to give meaning to sex and not just to measure it became an increasingly important research area (Lindenbaum, 1991).

2.2 Summary of chapter

Sexuality is explored through different theoretical perspectives, in general, and within anthropological research in particular. The essentialist perspective, which dominated sexuality studies for many decades, attributed a biological determinism to male and female sexual behavior. The cultural influence model represented a significant advance over the previous approach. Based on anthropological premises of relativism and cross-cultural variability it questioned the uniformity and inevitability of Western sexual norms and mores, building on indigenous ones.

The social constructionist perspective sustains that sexuality is not universal and that biology plays a small role in determining sexuality. It considers that sexuality is deeply influenced and constructed by social, political, economical and cultural factors. Thus, the specific meanings attached to sexuality must be examined at particular historical moments in particular cultures.

Chapter 3

Adolescent sexuality

The last century has marked an important transition in sexual meanings. The seemingly inevitable link between sexuality and reproduction has weakened; the contemporary emphasis is on sex as an integral component of individual identity and personal fulfillment. Sex is now often considered vital to relationships, central to intimacy, romance and physical pleasure. Yet another set of changes, prompted by economic, political, and demographic shifts, has occurred during this same historical period.

Adolescence has emerged as a distinct life-style phase demarked by childhood and adulthood. As a concept it only began to evolve a century ago in Europe and America based on the work of Stanley Hall, who advocated that adolescence required a moratorium on the assumption of adult responsibilities by teenagers. Anthropologists have portrayed adolescence as a much more stressful period of life in modern than in traditional societies, because of their lack of a natural path of progression from childhood to youth and adulthood (Kett, 2003).

In the postwar period, unemployment, the extension of education and the decline of the family-based farm began to create a social class of people who were neither children nor adults and enjoyed a lengthy period of semi-autonomy. Adolescence usually became culturally defined as a life stage when full-time education replaced full-time employment as these young people's primary activity. This transformation was typical of Western nations with advanced economies and paved the way for the development of a youth culture.

During the last decades of the twentieth century, with the rise of age at marriage and of departure from parent's home, the transition to adulthood has extended well into the third decade of life. In modern society, adolescence is often considered a problematic stage. Culturally, youth are simultaneously indulged and castigated – allowed and even encouraged to seek their own company yet reproached for being self-centered, irresponsible and occupied with self-destructive or socially destructive behaviors (Furstenberg, 2000).

In some African traditional and relatively unchanging societies, adolescence as a defined stage seemed almost inexistent, considering that upon marriage young people became much like the older generation that preceded them. Nevertheless, in the last few decades a definite period of adolescence has developed, shaped by the decline of some traditional practices, the increase of education and urbanization and of external influences. Adolescence was created by postponing female marriage until well past puberty and by keeping girls in school before they marry (Caldwell et al., 1989). It has emerged in the developing world because of massive economic, institutional and social changes brought about by Western colonial expansion and by the move towards a global economy and society. The formation of a global teenage culture of music and fashion has been less important than the export of the western concept of companionate heterosexual relations before and during marriage (Caldwell, op.cit.).

The onstake of sexual relations, their relation to rites of passage, initiation ceremonies, marriage and pregnancy have always been associated with the age

period we now consider adolescence. Although a relatively recent social invention, adolescence is widely accepted today as a developmental stage with its own particular set of tasks and challenges (Manderson et al., 1999).

Traditionally, studies tended to relate more to adolescents' reproductive health than to their sexuality. The definitions of adolescent sexuality though, vary across professional, cultural and theoretical perspectives. The literature, in general, has been prone to a narrow conceptualization of teenage sexuality. It often refers to adolescent sexuality in static, a-historical terms. Thus, adolescence itself is viewed as a universal, transcultural phenomenon rather than a recently invented life stage shaped by economical and political influences. In addition, it tends to present sex as a set of homogeneous and physiological imperatives. Professionals often refer to teenagers as "walking hormones", implying that sexual behavior is predetermined and biologically driven, thus reinforcing an essentialist perspective (Irvine, 1994).

The history of professional attempts to regulate adolescent sexuality is older than the category of adolescence itself and is characterized by proscriptions against practices such as masturbation, petting and premarital intercourse. Because of a measure of cultural authority over issues of sexuality and gender, medical and health-related professionals still constitute the front line of those who analyze, advise and regulate adolescent sexual relations (Irvine, 1994). This has led to a process of "medicalization" by which a growing number of social issues are taken over by the medical profession and framed as health problems.

Drinking, teen pregnancy and drug use are among the experiences that have been medicalized and are usually referred to in terms of health and disease (Spruijt-Metz, 1995). Experts who medicalize sexual issues tend to invoke the brain or hormones in order to explain the source of "diseases" such as "sex addiction" or "inhibited sexual desire" or even the cause of homosexuality rather than examining how individual's ideas about appropriate levels of sexual activities derive from social and cultural norms. Applying medical ideas about health and disease to the area of sexuality strengthens the belief that there is an internal and individual sex drive. Thus, sexual essentialism has been reinforced by the medicalization of sexuality (Irvine, 1995).

The 1970's invention of the idea that there is an epidemic of teenage pregnancy marked an apex of the medicalization of adolescent sexuality, which was consolidated by the threat of the AIDS pandemic. Nevertheless, medical discourse on social problems is usually circumscribed. In the case of adolescent sexuality it fails to address the complicated historical, social and economic influences that have infused teenage sex with a particular set of meanings.

The biomedical model focuses more on behavioral rates rather than on the elaboration of the cultural logics of sexuality. Another of its serious shortcomings is its one-dimensional view of adolescents, considered usually white, middle-class and heterosexual. It often does not consider the actual needs of the variety of youth populations in many countries, such as students and out-of-school adolescents, ethnic minorities, immigrants and various sexual identities (Irvine, 1994; Ward & Taylor, 1994).

The emergent interest in adolescent sexuality has been driven by the continuing spread of the AIDS epidemic. However, the dominant paradigm of youth as a risk group, who engage in risky sexual practices, has resulted in the segregation of youth sexuality from sexuality in general as well as from the context within which sexual relations take place. Contemporary anthropological approaches are shifting the emphasis towards the broader social and cultural contexts within which young people express and experience their sexuality (Manderson et al., 1999).

The social construct model sustains that adolescent sexuality must be studied as a historical process mediated by many social and political influences. The limitations in much of the theoretical literature on the subject also limits the understanding of the lived experience of adolescents, of how they negotiate sexual development and create a coherent set of meanings from their sexual thoughts, feelings and behaviors. Adolescent sexuality is informed by a complex set of factors, including gender, race, class and sexual identity. Therefore, the meanings teenagers attach to sexuality and relationships will vary based on different messages and imperatives from their myriad social worlds (Irvine, 1994).

Finally, social construction theory inserts culture as the key factor for understanding adolescent sexuality. It suggests that investigators examine the culture or cultures into which an adolescent has been socialized, whether based on ethnicity, gender, sexual orientation, or a range of other factors, in order to truly understand sexual meanings and behavior. As Vance notes cultures provide widely different categories, schema and labels for framing sexual and affective experiences. He considered that cultures infuse sexuality with meaning (Vance, 1991). Therefore, in order to truly understand an individual's sexuality, the range of meanings he/she attaches to particular behaviors, feelings, fantasies must be understood.

3.1 Patterns of relationships

The development of adolescent sexuality is influenced by the type of relations and interactions between partners. Studies around the world discern various patterns of relationships among teenagers, which can be grouped into broadly defined categories. Thus, Abraham (2002) refers to three types of heterosexual relationships among youth in Mumbai, India, through which sexuality is channeled and experienced by them. The first is a platonic brother-sister type friendship that is called “bhai behen”. There is a boundary marker that distinguishes it from other categories of tabooed friendships since this type of interaction is within the culturally and socially permissible limits. Such a relationship allows for a boy and girl to eat together, study together and sit together. The most important feature of this relationship is the absence of any form of physical intimacy. This type of relationship corresponds to the concepts of “pals” or simply friends in Western culture. In Mumbai, when a girl wants to distance herself from a boy that is pursuing her, she can declare his intentions as “bhai-behen”. This type of relationship can also provide girls with the opportunity of getting to know boys, without compromising their sexual reputation (Abraham, 2002; Nyanzi et al., 2000).

The second category of relationships found by Abraham is based on romantic “true love”: usually a long term relationship, characterized by an emotional involvement of the partners, with an explicit or implicit intention of marriage sometime in the future. It implies commitment and responsibility. Taking into consideration that virginity till marriage is still stressed in Indian society, sexual intercourse is not widespread although kissing, hugging and caressing occur. This category broadly corresponds to the concept of steady boy-girl friend relationships in Western culture, in which sexual intercourse is often considered an accepted part of the relationship. This is what Moore and Rosenthal refer to as committed sex.

It is usually preceded by a “courtship game”, which involves communication of sexual or romantic interest and over time, the formation of a romantic relationship (Eyre et al., 1998). The courtship also gives potential sexual partners the opportunity to learn more about each other and to discuss the risks involved in sexual relations and the need for self-protection. It also serves as a platform for possible long-term relationships and commitment (Taffa et al., 2002a).

It is estimated that the relationship pattern mostly found among adolescents in the US is serial monogamy, namely, a succession of relatively committed relationships in which the partners fall in love at the beginning of a relationship and out of love at the end of it (Moore & Rosenthal, 1998).

The last category of relations includes casual, transitory and sexual “time pass” relationships, characterized by sexual intimacy including sexual

intercourse. Partners seek sexual experience or pleasure that does not include commitments or lead to marriage. Moore and Rosenthal (1998) call this casual or recreational sex. Generally initiated by a boy, they may involve a “duplicitous game”, which draws on the conventions of the courtship game (Eyre et al., 1998) in order to trick a partner into having sexual intercourse. After the boy succeeds, he usually loses interest in her (Abraham, 2002).

These three types of relationships broadly define the boundaries of sexual behavior for unmarried youth. Nevertheless, the boundaries in all three are fluid and can change over a period of time. Friendship can turn into a romantic steady relationship and a steady boy-girl friend relationship can become a casual one. This fluidity can create situations in which the partners have contradictory perceptions of their relationship: the girl seeing it as true love and the boy as casual (Abraham, 2002; Eyre et al., 1997). This may be understood, taking into consideration that considerable differences were found between males and females regarding concepts of sex and love. Young women may be romancing relationships by defining them as regular and steady, while their male partners may view them as casual, with lower levels of commitment (Moore & Rosenthal, 1998).

Other forms of relationships involving sex are embedded in social and economic conditions and include child prostitution and other forms of sexual abuse, such as sugar daddies, which are common in some African countries (Nyanzi et al., 2000). A sugar daddy is an older man who offers gifts to female adolescents in exchange for sexual favors (Barker & Rich 1992).

3.2 Sexuality between tradition and modernization

The urbanization and rapid modernization, in developing countries in general and in Africa in particular, have had a profound effect on society, family structure, as well as on adolescent sexuality. In recent decades, concerns about adolescent sexuality, pregnancy and the impact of HIV/AIDS have been mounting worldwide. In many countries, due to socio-cultural and economic changes, adolescents are sexually active at earlier ages than in the past making them more vulnerable to contract the disease (Bambra, 1999; Gueye et al., 2001; Taffa et al., 2002a; Okonofua, 2000).

The interrelations between adolescence and sexuality and between reproduction and marriage are not simple and are not the same everywhere in the developing world. In agrarian Asia, the same social and religious norms that were used in the past to ensure unions within the appropriate landed class, by controlling female premarital sexuality, marriage and reproduction, are now

being used to ensure that adolescents succeed in the new economic and social system. In sub-Saharan Africa, where marriage for girls at puberty was universal and religious proscription was not as strong, it is more difficult to control marriage and adolescent pregnancy until schooling is completed. Modern contraception, as well as admonitions from relatively recently introduced religions, are often used for these purposes (Caldwell et al., 1998).

In urban areas in Southeast Asia and Africa both teenage boys and girls are moving towards the uniquely adolescent behavioral form of steady boyfriend/girl-friend relations, which is mostly an imported concept in these societies. Educated young Sinhalese (Sri Lanka) for example, tend to adopt the self-selection boyfriend-girlfriend, although usually non-sexual relationship. This option is enhanced because they meet each other at school and are also influenced by novelettes and magazines that show a European concept of romantic love (Caldwell et al., 1998).

Nowadays, the trend of self-selected partners (girl-boy friend relationships) encourages young people towards companionable marriages based on self-selection of partners and romantic love, as opposed to traditional arranged ones. It has the potential to transform family life, hastened by other cultural imports and by the move towards a global society (Caldwell et al., 1998).

According to Gueye et al. (2001), the social and economic context in which Malian adolescents begin sexual activity is different from that experienced by previous generations. Increasing urbanization, modernization and education, together with exposure to Western media, appear to have led to a weakening of traditional values and, in particular, to have reduced the importance of virginity at marriage.

Evidence also suggests that the decline in the authority of parents and elders have undermined the societal and cultural rules that used to control and inform adolescent sexuality. Previously in many African societies, sexual health information was transmitted during formal rituals such as circumcision or initiation. Nowadays, the weakening of traditional structures has reduced the sources of social support for adolescents with sexual health questions, leading to increasing sexual health problems.

In urban areas in Mali, as in other countries, the age of marriage is increasing, accompanied by a decline in the age of first intercourse. Thus, sexual activity occurs more before marriage, leading to unwanted pregnancies and the risks associated to them. In rural areas, the first partner for a girl is still more likely to be her husband (Gueye et al., 2001).

Nyanzi et al. (2000) relate to the conflict between traditional and modern sex roles among teens in Uganda. There is a clear conflict between the traditional idea of female chastity and submissiveness and the modern image of sexual freedom. This image is partly due to exposure to Western magazines, TV and films, in which sexual license and promiscuity are emphasized rather than the monogamous romantic idea. In this context, virginity and abstinence are not only held in low esteem, but they are actually stigmatized by most adolescents. Therefore, for many of them, multiple partnerships are highly valued as a sign of sophistication.

To summarize, the socio-cultural context of young people's sexuality in urban Africa, in general and in Ethiopia in particular, is thus influenced by the clash between traditional values and modernization and its ideals. This is reflected in the conflicts between youth and societies. Cultural norms of premarital virginity, emphasized more for females than males, are still the rule. Nevertheless, the practice of premarital sex among adolescents is widespread, contrary to these norms. Deeply rooted social functions coexist with modern external features (Taffa et al., 2003).

3.3 Acculturation and adolescent sexuality

Berry (1997) defines acculturation as the general processes and outcomes of intercultural contact. In practice, acculturation tends to affect one group more than the other, inducing more changes in it.

Immigrants, who grew up in one cultural context and must reestablish their lives in another one, usually go through an extended process of acculturation. Their new cultural identity (how they think of themselves) is constructed along two dimensions: their identification with their ethno-cultural group and its heritage and their identification with the larger or dominant society. Immigrants, as well as ethnic minorities, tend to combine the aforesaid dimensions using different strategies (Berry, 1997, 2001).

Intergenerational conflicts due to different levels of acculturation are evident among ethnic minorities in Western countries. Taking this into consideration the unique and difficult situation of immigrant youth must be considered. In a study of Somali youth in North American schools, Forman (2001) describes the inevitable culture clashes that erupt as teenagers become adapted to their new surroundings in North America, acquiring language and skills at school and often drifting away from the core values of their families and religion, thus producing a generational dissonance. Among parents, this is reflected on a feeling of cultural erosion and of loss, as they watch their children gradually

become westernized. Somali teenagers are also frequently adrift between cultures.

A pioneer study among migrant children in France – encompassing both Moroccan and Turkish origin – dwells on the contradictory influences which shape these children's socialization. These include the conflicts between the culture of the family and the culture of the host country and how immigrants experience and cope with them (Gokalp, 1984). The study refers to the uprooting from the home country and culture and to its effects on the immigrant community in a host country. A significant change is the passage from the extended family system to the nuclear one, in which a conjugal couple must take on responsibilities (education, exercise of authority, etc) which in the home country were shared by members of the extended family, such as elders and relatives.

Medrano (1994) considers broader influences in the lives of Latino youth in the US which contribute to their disproportionate risk to HIV infection. The environmental and demographic factors that shape these adolescents life experiences include: country of origin, degree of acculturation, immigrant status, socio-economical status and level of education.

Another important influence on the behavior of Latino adolescents is the extent to which an adolescents' parents' degree of acculturation differs from that of their teenage child. In addition to experiencing the developmental struggles faced by all adolescents, these must also cope with the difficult challenges and conflicts involved in reconciling their culture of origin to the dominant American culture. It should also be taken into consideration that many of the youth live in impoverished urban areas, where educational and economical opportunities for their families and themselves are limited. Levels of acculturation also play an important role in prevention and treatment of AIDS since misconceptions may increase the risk of HIV infection (Medrano, 1994).

An additional study among Latino families focused on the gap between parental expectations and date practices, especially concerning their daughters, which were perceived as a source of conflict and tensions. According to traditional values, parents restricted age of dating, types of clothes and make-up of daughters. As a result daughters "sneak dated" to be with their peers. There was a low level of communication regarding sexuality and parental messages centered on the importance of not having sex, without information of how to avoid negative outcomes. Thus, when eventually girls left home they were vulnerable and unequipped to negotiate sexual encounters (Raffaelli & Ontai, 2001).

3.4 Gender and sexuality

Gender inequality is rooted in the social world, characterized by male power and dominance. Struggles over power and control often affect sexual relations of couples across race, ethnicity and socio-economic class. It is within relationships that issues such as pleasure and safety are negotiated. Gender shapes rather than determines sexuality. Taking into consideration the social, political and economic changes of the last few decades, including the growing influence of feminism, the ways in which gender shapes sexuality are not always clear. Nevertheless, gender differences continue to be determinants in such areas as level of sexual activity, types of sexual behavior, meanings attributed to sex and the practice of contraception and safer sex. Given these factors, gender is a very important issue that must be considered in research as well as by sexuality and AIDS educators (Rivers & Aggleton, 1999; Irvine, 1995).

The same sexual event or activity can be experienced in different ways or have different meanings for people in different cultural groups and gender systems (which may also be considered as sub-cultures). Thus, men's focus on sex and women's emphasis on emotional relationships have cultural origins. These responses reflect a socialization process in which women were encouraged in all areas of personality development except for sexual expression, while men were limited in all areas of emotional development except for the sexual realm.

Adolescent attitudes towards sex also differ by gender. Research indicates that the male gender acquires a more sexual orientation with regard to male-female relationships, whereas the female gender acquires an orientation which puts more emphasis on intimacy and love (Eyre et al., 1997).

Anderson (1990) relates to the different male and female scripts among youth as "the game and the dream", men want sex and women love. Girls have a dream: they long for love, relationships, commitment and a family. Boys want as much sex as possible since it represents status among their peers. Centuries of laws, regulations, norms, expectations and values may explain the different behavior patterns between men and women. Men, as opposed to women, are expected to be sexual and have the social legitimacy to be so. Therefore, unlike girls, they may feel fewer limits on their sexual behavior (Irvine, 1995).

The socialization process within gender identities and stereotypes from early childhood impart different social images of being a boy or a girl and also

determine the relative privilege of premarital sexual practice. While the dominant ideologies of femininity in many societies promote ignorance, innocence and virginity, the dominant versions of masculinity encourage young men to seek sexual experience with a variety of partners. This pattern has emerged from studies in a variety of countries, such as Nicaragua (Zelaya et al., 1997), the USA (Rivers & Aggleton, 1999), Europe (Hendrickx et al., 2002), Zimbabwe (Basset & Mhloyi, 1991) and Ethiopia (Taffa et al., 2002a).

According to the dominant femininity script, young women are not supposed to desire sex or be sexually assertive. A female's sexual reputation is often constructed by her peers. She can be labeled a whore or a slut if she is perceived as too assertive or sexually knowledgeable by her peers or by male sexual partners (Eyre, 1998). Thus, the climate of the peer culture influences the extent in which young women conform to conventional femininity in their intimate relations (Holland & Thomson, 1998; Kumar et al., 2001).

Taking into consideration the costs of including full sexual intercourse in a relationship, Abraham (2002) notes that girls in Mumbai are careful to guard their honor and virginity and therefore, many of them often are reluctant to have sex, even if the true-love relationship is steady over a long time period and they are planning to marry. In many societies, the consequences of premarital sex can affect a girl throughout all her life. Thus, the thought of coping with long-term psychological and social costs such as bad name, loss of honor, and respect, may outweigh the immediate pleasure of sex itself and lead them to conform to the dominant femininity script (Abraham, 2002; Hendrickx et al., 2002).

A girl's refusal to have sexual intercourse may also be a way of testing a boy's love and commitment to their relationship and to ensure that he is not merely interested in a casual one. Nevertheless, sexual intercourse may also be perceived as a proof of love and commitment to their partner (Abraham, 2002; Moore & Rosenthal, 1998; Rivers & Aggleton, 1999).

In a study among Latino and African-American males in the USA, a clear distinction was made between girls they just have sex with and girls they have a relationship with, in which case their interest is more serious and romantic, rather than purely physical. Considering this difference, some adolescent males suggested that sex could be postponed if pursuing a long-term relationship with a girl (Aarons & Jenkins, 2002).

Once the taboo of premarital sex is broken, young people are likely to be sexually active with more than one partner. As gendered relationships are asymmetrical, casual relationships have different outcomes for boys and girls.

Since female sexuality in many societies is linked to personal and family honor, girls in casual relationships are seen as liberal, of bad character or as an object for general consumption (since she has violated the norms on female sexuality by having premarital sex). On the contrary, such relations enhance boys' masculinity and self-esteem, as they don't carry the burden of preserving family and personal honor (Abraham, 2002; Taffa et al., 2002a). Ward & Taylor (1994) found the universal theme of double standards towards sexual behavior and sex roles among adolescents of six different ethnic groups or migrant groups in the US. Basically it is limiting and oppressive to females, while males were allowed more freedom and assumed to be more sexually active. Sexual activity is usually discouraged for girls and only acceptable in long-term relationships or marriage, and premarital pregnancy brings shame to the adolescent and her family. Thus, girls and women are often seen in terms of their sexual reputation rather than on the basis of their personal characteristics.

Although female and male scripts are rooted in sexual stereotypes, the concept of heterosexuality is often based on a biological masculine understandings and definitions. Thus, sex is still sometimes defined as vaginal penetration and male ejaculation, where women are perceived as passive recipients of the sexual act and the objects of male desire. With this conception, other non-penetrative sexual activities such as touching, mutual masturbation or oral sex are relegated to the category of foreplay. Considering the aforesaid, young women may have difficulty expressing themselves in sexual encounters and often describe sex as something that happens to them. They seem to have internalized beliefs about the priority of male sexual pleasure (Holland & Thomson, 1998). Thus, considering that the broader concepts of masculine and feminine sexuality in cultures are social constructs, they can sometimes blur the distinction between normal sex, violence, coercion and rape (MacPhail & Campbell, 2001).

Even though many changes have taken place in the realm of sexuality under the influence of feminism and equality, hegemonic masculinity often continues to dominate the sexual cultures of youth. Sexual experience continues to enhance young men's status within their peer groups (Hendrickx et al., 2002), encouraging young males to build up their social reputation by tending to exaggerate their sexual activities through the "prestige game" (Eyre et al., 1998). Therefore, a boy's goal is to get as much sexual experience much as possible (De Oliveira, 2000; Kumar et al., 2001). For this purpose he may also employ the "duplicity game" and looks for ways of getting over a girl's sexual defenses, even by pretending love and commitment (Eyre et al., 1998).

3.5 Reasons for engaging in sexual relations

Various studies relate to adolescents preferences for their sexual initiation. In general a male will prefer to have his first intercourse with a woman he has no attachment with and a female with a man whom she is in love with and may want to marry (Dusek, 1991). This finding corresponds with the masculine and feminine gender scripts previously presented (Anderson, 1990; Eyre et al., 1997).

Many biological, psychosocial, cultural and economical factors influence the initiation of sexual intercourse among teenagers. These may include love, the physical and hormonal changes of puberty, gender sexual role expectations, peer pressure, parental supervision, influence of media and use of alcohol and tobacco (Aarons & Jenkins, 2002).

3.5.1 Love

Gueye and his colleagues (2001) examine the timing of the first intercourse among adolescents in Mali. Females in urban areas stated that the main factor for sexual initiation is love, and the promise of marriage in rural areas. These factors may also include financial benefits.

A study of adolescents, cutting across race and gender in the US, noted that many of them believed that you have sex when you love your partner and feel that the time is right for it (Eyre et al., 1997). Loving, caring and affection were found to be the primary motivators for engaging in sexual relations among the majority of middle-class adolescents in many other countries worldwide (Abbott-Chapman & Denholm, 1997; De Oliveira, 2000; Harrison & Nonhlanla, 2001; Moore & Rosenthal, 1998).

Romantic love is illustrated by girls as: “the fuel that keeps you loving (having sex) with one boy, even when your parents beat you and tell you to leave him. Sometimes when you don’t see him for a week, you fail to concentrate in class and your food is no longer tasty” (Nyanzi et al., 2000).

A study in Tasmania examined the relation between romantic values such as being in love, caring for your partner, it feels right and commitment. These values, together with idealized perceptions of sexual relationships, led adolescents to believe that love also offered a protection against HIV transmission (Abbott-Chapman & Denholm, 1997).

Findings from a research on sexuality in Ethiopia, indicate that for many adolescents it is inconceivable to be in love and avoid sex (Taffa et al., 2002a).

3.5.2 Pressure from male partner

As discussed previously, sexual experience often enhances young men's status within their peer groups. Considering this, pressure from males on females is common in adolescent heterosexual relationships. For some females, especially in certain cultural and social contexts, sexual pressure and even assault can become integrated with socially-constructed roles of proper masculine sexual behavior. Therefore, for young women who are particularly vulnerable to HIV infection, gender inequality in relationships has become a serious health risk (Kumar et al., 2001; De Oliveira, 2000). For many young men sexual persuasion is a legitimate component of the masculine sexual role (MacPhail & Campbell, 2001).

The degree of male persuasiveness can vary from consistent pestering their female partner for sexual intercourse to actual rape (Kumar et al., 2001). This situation is not exclusive to developing countries. In the developed world, girls are also often pressured by boys to have sex as proof of love and obedience. Thus they often have little influence over decision-making or the use of contraception (MacPhail & Campbell 2001; Rivers & Aggleton, 1999).

3.5.3 Peer pressure

In addition to the pressure of one of the partners in a male-female relationship, peer pressure is another important factor that influences sexual relations in adolescence. Most studies refer to pressure of boys on boys, who try to conform to the male gender sexual stereotype, according to which more sexual experience gives them a higher status (Nyanzi et al. 2000; Anderson, 1990; Eyre et al., 1997).

Some studies also cite peer pressure of girls on girls encouraging them to lose their virginity early (Nyanzi et al., 2000; Aarons & Jenkins, 2002).

3.5.4 Curiosity

In addition to peer pressure (to prove that you're a man), adolescent males in Mali and South Western Uganda, reportedly engaged in sex because of curiosity, desire to experiment, natural (biological) manly demands (Gueye et

al., 2001; Nyanzi et al., 2000). Sexual opportunism was also found to be a cause among male adolescents in the US (Eyre et al., 1997).

3.5.5 Influence of substance abuse

Sexual activity was also found to be correlated to other risk behaviors such as smoking, alcohol or drug use (Aarons & Jenkins, 2002; Eyre et al., 1997). Taffa et al. (2002a), indicates that in Ethiopia khat chewing and alcohol consumption, together with unlicensed erotic films, often provide the environment for sex.

3.5.6 Additional reasons

Female adolescents also referred to financial benefits as a reason for engaging in sex, such as gifts, favors, money (including sugar daddies). Some adolescents of both genders reported having sex in order to gain experience and because they enjoy it. In addition, some considered it prestigious (among peers) to have many sexual partners (Nyanzi et al., 2000).

Many of the aforesaid causes reflect the influence of Western values through novels, videos, pornography, as well as peer pressure and lack of parental control (Aarons & Jenkins 2002; Nyanzi et al., 2000).

Overall it was found that sexual behavior is often a peer norm in adolescence and the advantages of sexual abstinence in order to prevent pregnancy and STDs are not sufficient to override motivators such as being a part of the “in-crowd”, maintaining a relationship, satisfying one’s curiosity or emotional needs, or in the case of young men, doing what is expected of them - including having multiple partners (Aarons & Jenkins, 2002).

3.6 HIV/AIDS

It is estimated that more than 25 million people have died from the Acquired Immunodeficiency Syndrome (AIDS) since it was recognized 25 years ago. Despite access to treatment in some parts of the world, approximately 2.9 million people died from AIDS in 2006, among them 380,000 children. The estimated number of people living with the disease at present is around 40 million, of which close to 4.3 million were infected in 2006. Two thirds of all people living with AIDS are in sub-Saharan Africa, although the epidemic is also expanding in Eastern Europe, Central and East Asia. The proportion of women affected by the disease continues to increase (17.7 million), of which 77% live in sub-Saharan Africa.

Although responses to AIDS have improved over the past few years - including access to antiretroviral treatment - in countries outside of North America and Europe, this is barely felt. In Africa, only one out of ten people in need of this treatment was receiving it in mid-2005 (UNAIDS, 2006).

Epidemiological studies across the developing world show that young people are not equally affected by HIV/AIDS. The risk of infection is increased by socio-cultural, political and economic forces such as poverty, migration, war and civil disturbance. Other causes that influence are social positions, unequal life chances, rigid and stereotypical gender roles and poor access to education and health services (Rivers & Aggleton, 1999).

The sexual and reproductive health of young people in developing countries have been affected in the last few decades by rapid urbanization, rural-urban migration, the replacement of the traditional extended family by the nuclear one. All these factors, together with the increased pressure to be sexually active and the decline in the age of sexual initiation, have led to major changes in adolescent sexual health add to the risk of contracting HIV (Erinosho et al., 2003; Fuglesang, 1997).

The HIV/AIDS epidemic has served to further deepen gender inequalities, which combined with socio-economic disadvantaged populations (often minority groups) put young women at a higher vulnerability for contracting HIV through unprotected, high-risk heterosexual intercourse (Rivers & Aggleton, 1999).

Gendered power relations influence sexual heterosexual practices in ways that increase young women's risk to HIV infection. Although adolescent relationships usually are in a private atmosphere, they are located within complex social networks of peers, where information is exchanged and sexual reputations are constructed (Kumar et al., 2001). Thus, the use of metaphors of games to refer to actions related to sex among Afro-American adolescents was investigated. Social risks of sex were evident in the "disclosure game", which refers to the spread of stories about one's own and others' sexual-related activities to peers through a gossip network (Eyre et al., 1998).

Gender, socio-economic status, sexuality and age are also important factors that affect vulnerability. Thus, unequal power relations may render young women especially vulnerable to coerced or unwanted sex and increase HIV risk. This is reinforced by stereotypical gender roles. In many parts of the developing world, girls have little control over how, when and where sex takes place (Harrison & Nonhlanla, 2001; Rivers & Aggleton, 1999). This is also the

case when girls and young women are forced into survival sex, increased child sexual exploitation, especially in the developing world (Kumar et al., 2001).

In Canada the number of reported HIV infections is on the rise with more teens infected ever than before. With the high increase of incidence among women both in the industrialized and the developing world, there is a growing awareness that HIV/AIDS is a highly gendered disease. A combination of biological and social factors increases this risk for young women (Kumar et al., 2001). Biologically, the risk of HIV infection during unprotected vaginal intercourse is as much as two to four times higher for women. In South Africa, for example, the HIV incidence is much higher among females than among males (UNAIDS, 2006).

3.7 Contraception

The perception of health risks which can result from female/male relationships in adolescence is minimal in comparison to the social risks involved (girls are especially concerned about their reputation). The major risks perceived by them are being caught by the family and/or pregnancy (Abraham, 2002). The risks of teen pregnancy increase with early sexual debut. This is because younger adolescents are more vulnerable to coercion, less likely to use contraception and more likely to combine sex with other risk behaviors such as alcohol or drug use (Aarons & Jenkins, 2002; Kirby, 1999).

In most developing countries the gap between the age at the first sexual intercourse and the age at first marriage have both risen, but the increase at the age of marriage is greater, resulting in a widening gap, which allows for a larger number of sexual partners. In addition, most adolescents are unlikely to use a contraceptive the first time they have sexual intercourse, and therefore are at risk of undesired pregnancy, accompanied with other negative outcomes (Blanc & Way, 1998).

Adolescents worldwide are not significant consumers of contraceptives and have low levels of safe sex (Harrison & Nonhlanla, 2001). This may be due to ignorance, lack of resources or availability, to individual, social or cultural pressures as well as their perception that they are not at risk for pregnancy, HIV or other sexually transmitted infections (Rivers & Aggleton, 1999; Irvine, 1995). The contraception methods reported by them include:

3.7.1 Natural methods of contraception

The withdrawal method (coitus interruptus) that fosters penis penetration in the vagina and a quick withdrawal just before ejaculation, is considered by many adolescents a safe way to prevent pregnancy (Aarons & Jenkins, 2002; Kibret, 2003).

A few studies also refer to the natural and rhythm method as a viable way to avoid pregnancy among both males and females, therefore only engaging in sex on the days of the month believed to be safe from the risk of conception/pregnancy (Hulton et al., 2000; Kibret, 2003).

3.7.2 Oral contraception

The existence of oral contraception or “the pill” is common knowledge among adolescent girls in many societies though not widely used (Goldman, 1999; Hulton, op.cit.). This may be due to the social and moral stigmas that are still attached to young unmarried adolescent girls applying for contraception, to the scarcity of youth friendly counseling and medical services in many communities worldwide, as well as to lack of knowledge regarding their use or the lack of financial resources (Kibret, 2003; Rivers & Aggleton, 1999).

A study of among African-American youth in Washington found that this was mostly due to misconceptions and negative comments about oral contraception. Adolescents expressed more fear about the possibility of serious side effects and other adverse health consequences while using the pill, than the fear of getting pregnant. They also believed that the pill was sometimes ineffective (Aarons & Jenkins, 2002).

The use of newer contraceptive methods for females, such as the patch or the injection were only found in use by a limited group of adolescents in the US (Aarons & Jenkins, 2002), but are still not relevant to most young females, due to limited availability of this method in many countries world-wide (Hulton et al., 2000).

3.7.3 Condoms and barriers to condom use

The condoms have become the most talked-about, recommended and promoted means of contraception in the last decades, especially since the onset of the AIDS pandemic. This is due to the message that they can serve a two-fold role of contraception and prevention of HIV/AIDS and other sexually transmitted diseases.

Many studies on adolescent sexuality have investigated condom use. They dwell on motivators and barriers for condom use; for which specific partners they should be used; negotiation and decision-making regarding condom use and risk perception, as well as on the influence of gender and ethnicity towards condom use (Harrison & Nonhlanla, 2001; Hodges et al., 1992; Hulton et al., 2000; Irvine, 1994; MacPhail & Campbell, 2001; Taffa et al., 2002b). Condom use also varies according to gender and ethnic differences in adolescents' attitudes

For some young men, the male condom use is associated with “un-masculine” (gay) sexual activity. Therefore discouraging condom use during heterosexual intercourse reaffirms a masculine heterosexual identity amongst their peers (Kumar et al., 2001).

Although, on the cognitive levels adolescents understand that condom use enables safe sex there is a widely spread perception among adolescents that condoms are generally not necessary in steady relationships, but should be used in casual encounters. This distinction between the partners who require condom use and those who do not is mostly made by males (Harrison & Nonhlanla, 2001).

Trust is the main reason for not needing condoms and it is based mostly on the appearance and the reputation of a partner and not on discussing sexual histories of partners or HIV testing (Moore & Rosenthal, 1998). Considering the aforesaid, the use of condoms is important when having causal relations or relations with a prostitute, but not if there is no perceived risk for them, as in the case of sex with a girl-friend (Hendrickx et al., 2002; Merchan-Hamann et al., 2002).

Condom use is also directly related to power relations between members of both genders. In the developed world, as well as in developing countries such as South Africa, studies show that many young women and girls experience abuse and violence in the course of their relationships. This limits their ability to either refuse sex or to negotiate condom use (MacPhail & Campbell, 2001). Lack of communication is also related to sexual gender stereotypes. Although hegemonic masculinity still dominates the sexual cultures of youth, young men and women may both benefit from not communicating about sex in their early sexual encounters. Silence can maintain ambiguity between partners as to whether sex will occur or not. The decision to even mention condoms at the initial stages of a still undefined relationship presumes that sexual relations will take place. This opens the possibility of the male being rejected or of tarnishing the girl's sexual reputation (De Oliveira, 2000).

Unprotected and spontaneous sexual intercourse allows for young men to maintain their masculine sexual dignity and for young women to maintain their proper sexual roles through sexual passivity, innocence and ignorance (Kumar et al., 2001).

Safe sex negotiations present a challenge because of socio-cultural norms that have traditionally encouraged female sexual passivity, innocence and ignorance. For a young woman to insist that her male partner use a condom (or to give him one), implies that she is sexually experienced and therefore, promiscuous. In addition, to insist on condom use with a steady partner indicates lack of respect and trust and could destroy a girl's reputation within the peer group (MacPhail & Campbell, 2001).

Girls that ask for condoms may be considered sluts. Faced with the threat of being labeled "easy" or a slut many young women feel pressured to maintain a "good" female reputation among their peers and thus remain passive and let males determine whether or not a condom will be used. Girls may also agree to unprotected sex in order to please their partners, since condom use may lessen their pleasure, thus also increasing the risk of HIV infection (De Oliveira, 2000; Harrison & Nonhlanla, 2001; Kumar et al., 2001).

Conformism to accepted sexual gender stereotypes may also enhance sexual ignorance, in the sense that both young men and women remain poorly informed about issues related to sexual health. While young women risk their sexual health because they must appear to be ignorant and so cannot openly seek information, young men risk their sexual health because they must appear to be knowledgeable and so cannot seek information either (Weiss et al., 1996).

An empowered young woman with her own sexual desires, who demands safe sex on her own terms, may often be perceived as sexually and socially deviant and not as a normal feminine woman (Holland & Thomson, 1998; Kumar et al., 2001). Physical and verbal abuse may also occur when women act assertively in a sexual situation, such as asking a partner to use a condom (Ward & Taylor, 1994). One study reported that for some girls it may be easier to refuse sex than to negotiate condom use (Harrison & Nonhlanla, 2001).

On a more positive note, among adolescents in Mali, it was found that high self-esteem and internal locus of control enable girls to refuse unwanted sexual advances and increase the use of contraception (Gueye et al., 2001).

Other beliefs, mainly among female adolescents, which may act as barriers to condom use are the fear that it can get stuck in the vagina, or that it can have holes or burst, thus being ineffective (Hulton et al., 2000).

Although boys report that they can feel more without condoms, forgetting to use condoms is also sometimes due to the influence of alcohol and drugs (Hendrickx et al., 2002; Merchan-Hamann et al., 2002).

It is important to note that young men are also belittled by their peers if they use condoms (MacPhail & Campbell, 2001)

Other reasons or barriers for not using condoms reported in studies worldwide include carelessness, ignorance, unplanned intercourse or lack of access to contraception (Kibret, 2003).

3.7.4 Romance, trust and safe sex

The conflict between the romantic notion of true love and the practicalities of safe sex appears often in literature. The fear of destroying romance is a rational for not using condoms for HIV prevention among adolescents and young people, mostly among women. For both genders, the perception of a relationship as steady appears to allow for unsafe practices, such as not using condoms. Thus, it is less necessary to use protection when your partner is someone that you know well, love and trust. Caring for someone and trusting means that you have nothing to fear from them. Young women are inclined not to use condoms based on this trust to love justification (Taffa et al., 2002a; MacPhail & Campbell, 2001). However, this behavior can often lead to increased risk of infection. (De Oliveira, 2000; Holland & Thomson, 1998).

The trusting to love justification for not using condoms has been extensively discussed on Sobo's (1998) qualitative research among poor black US women in "the Monogamy Narrative", which shows that although many men cheat on their partners, the perceived ideal heterosexual union is still of faithfulness and trust. Thus, believing that one's partner is unfaithful damages the emotional security of the relationship and the fantasy of true love. Not using condoms is an additional way of keeping this fantasy alive.

Since females are also more concerned (than males) about their reputation and fear the disapproval associated with casual sex, they often tend to re-interpret their casual relationships as more meaningful and long- term ones and thus believe them to be low risk to HIV. This is problematic when actually referring to serial monogamy, as nowadays when young people initiate their

sexual activities at a younger age and get married at an older age than their parents did (Moore & Rosenthal, 1998).

The reality of relationships in adolescence is that some break up, new ones begin and faithfulness is not always maintained, although almost all adolescents expect their sexual partners to be faithful. However, while most girls have similar expectations for their own behavior, boys are less willing to commit themselves to one partner at a time. A schism exists between the perceptions of romantic and pragmatic sex (sex related to hedonistic pleasure and need reduction) and it often acts as a barrier to safe sex practice. Although sex can be idealized when linked with love and commitment, it can also be idealized, mostly by males, as a healthy recreation or as having as many partners as possible. Safe sex campaigns often target the “sex as recreation” theme thus enabling many teenagers who view their relationships in terms of commitment and fidelity to ignore safety messages (Moore & Rosenthal, 1998).

In the era of AIDS and high rates of sexually transmitted infections, romantic views of the world can influence rational decision making concerning safe sex.

In addition, in both developed and developing countries there are a number of obstacles which make it difficult for young people to protect their sexual and reproductive health. They may have less access to information, services and resources than adults, and often these are not designed specifically to meet their needs or served by staff properly trained to do so (Blanc & Way, 1998; Rivers & Aggleton, 1999).

3.8 Adolescent Sexuality in Israel

National surveys on adolescent health behavior, have been conducted in Israel as part as an international CDC project. The results of the section on sexual behavior indicated that 25% of Jewish 10th graders in secular schools reported having engaged in sexual relations at least once, 44% among boys and 10.5% among girls. The average age for first time was 14 for boys and 15 for girls. Among those sexually active more than 75% reported using condoms in their most recent relations. The comparison between the 1994 and 1998 surveys indicate a rise among boys having engaged in sexual relations as well as in the use of condoms (Harel et al., 2002). It is important to note that this study did not consider divisions among youth of different ethnic backgrounds.

A few studies have investigated in depth some of the complex issues related to adolescent sexuality in Israel. Shachar (1993) examined attitudes of youth

towards choosing a partner and marriage through comparative studies of youth from different ethnic origins in 1975 and 1990, finding that the trend towards intra-marriage still persists among youth of Oriental (parents from Asia and Africa) and Western (parents from the US and Europe) origins. In contrast to her first study, in 1990, Sabras (second and third generation to parents born in Israel) no longer preferred members of their own groups of origin and tend towards inter-marriage, especially with Westerners.

Adolescent romantic behaviors and perceptions were examined taking into consideration age (14, 16 and 19 year olds), gender and dating experience (Shulman & Scharf, 2000). This study showed that half of the adolescents aged 16 and 19 were engaged in romantic relationships and that the conceptions of companionship and friendship were an integral part of their perception of romance. The age differences in the perception of a romantic partner show that earlier age romantic partners serve more as companions and friends, together with higher level of fascination. At a later stage a partner is more expected to provide support, comfort and care-giving. Differences according to gender were found regarding romantic behaviors in all the age groups. Girls reported higher level of affective intensity with their romantic partners. On the other hand, boys perceived romantic relations as game-playing love This is similar to findings in the US (Eyre et al., 1997).

3.9 HIV/AIDS in Israel

Although Israel is considered a country with low incidence for HIV infection (Ministry of Health, 2007; UNAIDS, 2006), the caseload and main modes of transmission have changed dramatically since 1991 after massive immigration from countries with generalized HIV epidemics (Chemtob & Grossman, 2004). According to official figures, there are approximately 5,100 people presently living in Israel with the virus. The main mode of transmission being by heterosexual unprotected relations (Ministry of Health, 2007).

For the past decade there has been an increase in the number of new infections, in part attributed to the new immigrants from Ethiopia and the former USSR (Slonim-Nevo, 2001).

Studies among adolescents in the past few years have dealt mostly with knowledge and preventive behavior, especially in relation to HIV/AIDS. A pioneer investigation among pupils attending urban high schools, explored their knowledge, attitudes and sources of information concerning the disease. The main sources of information were found to be mass media (mostly TV), newspapers and school. Many misconceptions regarding the disease were expressed, as well as anxiety about infection and willingness to be tested for HIV. In addition, some pupils expressed intolerant attitudes towards AIDS and HIV patients, which may reflect social anxiety and vulnerability to AIDS (Brook, 1999).

It was also found that youth may acknowledge that the threat of HIV infection is real and dangerous, but find many ways to deny its relevance to themselves. This denial enables them to overcome anxious feelings and be able to engage in unprotected sexual intercourse with infrequent use of condoms (Ben-Zur et al., 2000).

3.10 Summary of chapter

The interpretation of adolescent sexuality is viewed, both through the essentialist perspective, which tended to medicalize it, and through the social constructionist perspective. Various issues that shape adolescent sexuality are discussed based on relevant literature. Among them, patterns of male-female relationships in adolescence, as well as the influence of the cultural transition and of gender stereotypes on sexuality and sexual behavior.

Adolescents' beliefs and attitudes towards contraceptives and HIV/AIDS were also considered. Special emphasis was given to studies of adolescents in multi-ethnic societies, as well as investigations carried out in Africa, Ethiopia and Israel.

Chapter 4

Ethiopian Jews and their immigration to Israel

In order to understand Ethiopian immigrant adolescents and their sexuality as it is manifested in Israel, we must understand the cultural and social background of the community in historical perspective, including the life style of Ethiopian Jews, the transition process which they have experienced in recent decades, due to the changing situation in Ethiopia, their immigration process and to the complex absorption in their new homeland. The special context of immigrant adolescents in youth villages in Israel is also explored.

4.1 History of Beta Israel

Jews have resided in Ethiopia for hundreds of years. The Jews in Ethiopia have traditionally been referred to as “Falashas” or “Beta Israel”. According to some sources, the word Falasha derives from the Semitic root F-L-S (פ-ל-ש) (Waldman, 1985). In Ge’ez, the ancient Semitic liturgical language, it means moved or gone into exile. The Jews of Ethiopia were already known as Falashas in the Middle Ages. It was considered an insulting name given by the Ethiopians to the foreign community that settled in their country. Ethiopian Jews use the term "Beta Israel" (House of Israel) or simply Israel (Kessler, 1996).

According to the Ethiopian national epic, the Kebra Nagast, Ethiopians were the descendants of Menelik, the son of King Solomon and the Queen of Sheba (Kaplan, 1992; Shelemay, 1989). When he reached maturity, Menelik visited his father in Jerusalem. Ethiopian Christians believe that the Ten Commandments were brought to Aksum from Jerusalem by Menelik and his entourage (Kaplan, 1992; Shelemay, 1989). This theory is not generally accepted by the Jews of Ethiopia (Kaplan, 1992).

One of the versions accepted by Ethiopian Jews is that at the time of the division of the Kingdom of Solomon between Judea and Israel, rather than becoming involved in the approaching civil war, the tribe of Dan preferred to go down south to Egypt, and from there, they continued to Abyssinia, as Ethiopia was called in former times (Azrieli & Mieslish, 1989; Corinaldi, 1998; Kaplan, 1992; Kessler, 1996). This theory was supported by Biblical references to the dispersed Jews. In the words of the prophet Zephania (3, 10) in the seventh century BC, “From beyond the rivers of Kush, even my

dispersed community, shall I bring my offering.” The dispersed people of Kush were also mentioned in Isaiah (11,11).

Another version holds that with the destruction of the First Temple, the Jewish community in Egypt expanded. Archeological findings in Elephantine, near Aswan in southern Egypt, indicate the existence of Jewish settlements, where a temple was found, some of whose customs resemble those of the Jews of Abyssinia (Kaplan, 1992). Other sources tell of a large number of Jews brought as slaves from Israel by Talmi the First (322-285 BC) and settled on the Sudan border (Waldman, 1989).

The theory preferred by Ethiopian Jews themselves is that they were descendants of Israelites (not specifying what tribe) who dispersed to the south after the destruction of the first Temple and settled in Ethiopia (Sabar-Friedman, 1990; Shelemay, 1989).

Some scholars have suggested that the Beta Israel were the descendants of a group speaking Agaw - a Cushitic language - converted by Jews from southern Arabia (present-day Yemen) about 2,000 years ago (Quirin, 1992). When Christianity was adopted as the official religion of the kingdom of Abyssinia in the fourth century, however, Beta Israel were forced to relocate to the mountainous region around Lake Tana (Kaplan, 1992). It was likely that the name “Falasha” was attached to them at this time (Kaplan, 1992; Quirin, 1992). Some scholars suggest that over the centuries the Beta Israel, numbering in the hundreds of thousands, ruled a powerful state in what was today Ethiopia (Azrieli & Mieslish, 1989).

During the sixteenth and seventeenth centuries, the arrival of firearms into the region helped put an end to the independence of Beta Israel when they were caught in the middle of a civil war between the Christians and the Muslims. The Ethiopian emperor Galandewos finally defeated the last Jewish stronghold led by King Gideon in 1543 and seized the people's lands (Kaplan, 1992; Messing, 1982). Half a century later, another Gideon who led a final Falasha uprising was also crushed (Kaplan, 1992; Kessler, 1996).

Most Beta Israel gradually gave up their Agaw language and adopted the Tigrinya or Amhara language of their neighbors. As they were prohibited from owning land during this period, they became artisans which enabled their economic survival (Kaplan, 1992; Quirin, 1992). Among the occupations that the men took up was ironsmith, a trade needed as well as despised and feared by the Christians, because of the belief that the burning iron was related to sorcery and witchcraft (Messing, 1982).

Until the 19th century, there were only sporadic encounters between the Jews of Ethiopia and the rest of the Jewish people. One was related by Benjamin of Tudela who traveled from Spain to Abyssinia in the years 1160 to 1173 and reported on Jewish rule in the area (Kaplan, 1992; Messing, 1982). During the sixteenth century, a number of Ethiopian Jews were reported to have reached Cairo. In 1626, Solomon of Vienna became the first Ashkenazi Jew to reach the Beta Israel (Corinaldi, 1998; Quirin, 1992).

The number of visitors to Africa, and in particular to Ethiopia increased in the late 18th and 19th centuries. Travelers, researchers and missionaries returned to Europe with news of a strange tribe of Jews living in the heart of Abyssinia (Quirin, 1992).

The modern history of the Beta Israel began in 1859 with the establishment in their midst of a Protestant Mission under the auspices of the London Society for Promoting Christianity among the Jews (Shelemay, 1989). It was the mission's activities more than anything else in the period preceding the 20th century that made these isolated Jews aware of the existence of a more universal form of Jewish identity and brought them to the attention of world Jewry (Messing, 1982; Kessler, 1996).

Missionaries from Western Europe had visited the Jewish villages and were making great efforts to convert them (Shelemay, 1989). They explained to the "lost" tribe, who did not even know that there were other Jews in the world, that the Messiah for whom they were waiting had already come and redeemed the world, and that the light could now shine upon them too. Faced with widespread religious controversy and increasing pressure from the anti-Falasha government, some members of the community accepted baptism (Kessler, 1996).

Though the missionary activity among the Jewish community led to a significant number of conversions to Christianity, the community excommunicated anyone who had been baptized or who had married a Christian or a Muslim. Thus, the Falasha villages remained genealogically pure with no internal assimilation (Kessler, 1996).

In response to the missionary threat, a number of prominent Jewish leaders began to lobby for aid to be sent to the Beta Israel (Azrieli & Mieslish, 1989; Kessler, 1996). In 1867, Joseph Halevy was sent to Ethiopia from Paris as the emissary of the Alliance Israelite Universelle (Kessler, 1996; Messing, 1982; Waldman, 1989).

Approaching the Jewish villages the following winter, Halevy encountered Beta Israel for the first time in the Wolkait district, but met with resistance from them. Suspicious of this European's claim that he was Jewish, they feared he was a missionary with intentions to tempt them towards Christianity. Thus, they initially shunned him and only after a great effort was he able to convince them he was Jewish. Summing up his journey, Joseph Halevy appealed to the Jewish People worldwide and above all to the Alliance Israelite Universelle, to help Ethiopian Jews, whose number he estimated at between 150,000 and 200,000 (Kessler, 1996). They were indeed Jews, he asserted, and their miserable circumstances called for urgent religious-spiritual aid and action to provide them a general education (Azrieli & Mieslish, 1989).

Halevy's mission, though highly successful, had few concrete results. The Alliance rejected any further activity, and world Jewry did little to contact and approach Beta Israel for the next forty years (Kaplan, 1992). During that relatively short period of time, Beta Israel's numbers had dwindled significantly. According to some estimates, at the beginning of the twentieth century Beta Israel numbered between 50,000 and 60,000 (Kaplan, 1992; Kessler, 1996; Waldman, 1985). The Great Famine of 1888-1892 and epidemics took their toll (Kaplan, 1992) as well as the invading Dervishes from Sudan had razed many villages in western Abyssinia (Kessler, 1996; Waldman, 1989).

Despite Halevy's unequivocal confirmation of the Beta Israel's Jewishness, and his enthusiastic support for the establishment of institutions to assist them, no action was taken until Halevy's pupil Jacques (or Ya'acov) Faitlovitch journeyed to Ethiopia in 1904 (Waldman, 1985; Azrieli & Mieslish, 1989).

Faitlovitch, who promised to dedicate his life to the cause of Ethiopian Jewry (Faitlovitch, 1959), was responsible more than any other single person for their entry into Jewish history and consciousness (Shelemay, 1989). The common link that ran through all aspects of his program on their behalf was the attempt to bring them closer to other Jewish communities (Kaplan, 1992). For this purpose, he sought to raise their standards of education and tried to create a Western-educated elite capable of interacting with their foreign Jewish counterparts. He also attempted to reform Beta Israel religion to bring it closer to normative Judaism. Among the innovations he introduced were the lighting of Sabbath candles, the recitation of Hebrew prayers, the use of the Star of David, and the observance of holidays such as Simhat Torah. (Azrieli & Mieslish, 1989). Faitlovitch worked on behalf of Ethiopian Jewry until his death in 1955.

Faitlovitch traveled to Ethiopia numerous times and established “Pro-Falasha” Committees throughout the Jewish world. He brought forty young Jews from Ethiopia and enrolled them in religious institutions in Jerusalem, Italy, Germany, France and Switzerland. Upon their return to Ethiopia, some worked as teachers and strengthened the morale of fellow members of the community (Azrieli & Mieslish, 1989). However, until the establishment of the State of Israel in 1948, activity among the Jews of Ethiopia was extremely intermittent.

Haile Selassie, both as Regent after 1916, and as Emperor of Ethiopia after 1930, had a positive attitude toward the Jews of his country, perhaps partly because he traced his own origins back to Menelik, who is believed to be the son of King Solomom (a Jew) and the Queen of Sheba. He was influential in modernizing Ethiopia, was responsible for Ethiopia’s entry into the League of Nations in 1923, and for the adoption of a constitution in 1931. Under Haile Selassie’s influence, the first regular, permanent school for Jewish education was opened in Addis Ababa in 1923 (Kessler, 1996). These efforts were cut off in 1936 with Mussolini’s occupation of Ethiopia and the short period of Italian rule (1936-1941) that followed it, at which time Haile Selassie went into exile.

According to some sources, one of the first victims of the Italian occupation was the Jewish school in Addis Ababa, which was closed in 1936. With the expulsion of the Italians by the British at the outset of World War II, Haile Selassie returned to Ethiopia and, despite strong pressure on the part of Protestant missionaries, allowed Jewish education to be reinstated (Azrieli & Mieslish, 1989; Kessler, 1996).

With the birth of the State of Israel in 1948, and the great waves of immigration that followed, hopes were raised that the Beta Israel would also be resettled there. Nevertheless, during the years immediately following the establishment of the State, no attempt was made to bring Ethiopian Jews to Israel. Lingering questions concerning their Jewishness, as well as social and political considerations influenced successive Israeli governments to defer any decisive action on their behalf (Banai, 1988; Kessler, 1996).

In the 1950s, efforts were made by the Jewish Agency and other organizations to strengthen the ties of Ethiopian Jews to world Jewry and Israel. From 1953 to 1958, representatives of the Jewish Agency's Department for Biblical Education in the Diaspora were active in Ethiopia. Its first emissary to Beta Israel, Rabbi Shmuel Be’eri, was sent in 1953 (Kessler, 1996). His task, in effect, was to continue Dr. Faitlovitch's work in setting up a Jewish educational infrastructure and training youth groups for schooling in Israel. These youths would subsequently return to Ethiopia as teachers of Hebrew and

Jewish studies in their villages. Two groups totaling 27 Ethiopian adolescents were brought to the Kfar Batya, a Youth Aliyah village in Israel, to be trained as teachers and future leaders of their fellow Ethiopian Jews (Azrieli & Mieslish, 1989).

Eventually a network of schools was established throughout the Gondar region, which at its peak served hundreds of students. Various publications concerning Jewish holidays were issued in Amharic, as was the Jewish calendar; Beta Israel accepted them eagerly. The emissaries who followed bolstered and expanded the network of small schools which had come into existence. Each emissary was welcomed enthusiastically; each encountered Beta Israel's yearning for Jerusalem and full acceptance of Jewish tradition (Azrieli & Mieslish, 1989). These operations lasted a number of years.

The impact of the Jewish Agency's representative's efforts was not felt evenly among all sectors of the population. Some communities, particularly those in peripheral regions, remained largely unaffected by them. Others, in or near villages in which schools were established, underwent a more dramatic transformation as they were exposed to rabbinic Judaism, Zionism, and modernization. Israel and Jerusalem, which had existed mainly as symbols of a lost Biblical period, began to be perceived as living realities and, for some, a goal to be struggled toward. After these schools were established, many village children attended them for several years even when this demanded that they walk great distances every day to get there (Waldman, 1985).

During the 1950's and 1960's, the teachers in many of the schools were graduates of Kfar Batya or of the Falasha Teachers' Seminary in Addis Ababa (Bogale, 1985). All teachers were paid by the Jewish Agency (Cohen, 1989). After completing 6 to 8 grades in the Jewish schools, some young people continued their studies in the city of Gondar. This put them in contact with the changes occurring in Ethiopia, which influenced them in different ways. A handful of them even gravitated to Addis Ababa joining the Jews who already lived there (Shelemay, 1989).

Although, the Jews in Ethiopia theoretically had equal rights under the law, the community continued to face persecution and discrimination and, along with many other Ethiopian groups. They suffered a great deal, especially under the repressive military Marxist regime of Mengistu Haile Mariam which followed the Ethiopian revolution of 1974 and led to the overthrow of Emperor Haile Selassie.

After the revolution, many changes took place in the economic, educational and medical spheres in Ethiopia. These changes encompassed the Jews as

well, and the degree to which they influenced them was related to the relative geographic distance between their rural villages to the larger towns and cities where these changes were most prominently felt. Young people exposed to secular education and political indoctrination rejected the ways of their elders as old-fashioned. Contacts with non-Beta Israel increased significantly as young people joined political organizations, were conscripted into the security forces, or simply sought the professional and educational opportunities available in urban areas (Friedman & Freidman, 1987).

Although promises of land reform and freedom of worship led many to hope that Ethiopia's Marxist rulers would ameliorate the situation of the Beta Israel, this did not prove to be the case. While seldom victims of organized persecution, they suffered all the tribulations inflicted on the general population as well as those reserved for a particularly weak and vulnerable minority group. As conditions in Ethiopia deteriorated, their religious devotion to Jerusalem began to be transformed into an active desire to emigrate (Kessler, 1996).

4.2 Lifestyle of Beta Israel in Ethiopia

The majority of Beta Israel lived in hundreds of small villages in northern Ethiopia, having been driven into remote areas after the defeat of the Jewish kings in the sixteenth century. They lived in small villages of their own or in groups of huts set apart from neighboring Christian villages (Kahanah 1977; Kessler, 1996). These villages generally numbered between three to five and at most ten to fifteen families. The village was always situated near a body of water - river or spring - which served for ritual purposes of immersion and purification (Leslau, 1951). At first glance, Jewish villages were not very different from surrounding ones. Their traditional life style was similar to their Christian neighbors except for their religious practices and traditions and the fact that, as many of them did not own their land, they continued to supplement their income by traditional occupations such as blacksmithing, pottery and weaving (Kessler, 1996; Waldman, 1985; Kahana 1977).

The Beta Israel village communities lived under simple and difficult conditions. The typical home was a round hut with a cone-shaped roof and a dirt floor. The walls and roof were made of logs and branches tied together and strengthened with clay. All the members of the family lived in one house with all their belongings and minimal furnishings: beds or cots and a few low stools (Birhani, 1990). Cooking was done on an open fire or simple stove, using earthenware implements. There was no electricity and campfires or oil lamps were used for light (Banai, 1988; Cohen, 1989).

Most Beta Israel were farmers. The main crops included teff (*Eragrostis abyssinica*), a staple grain of highland Ethiopian as well as barley, wheat, corn, beans, lentils and oil seeds. The land was tilled by ox-drawn plough, while stones were cleared with hoes and reaping was done with scythes. Livestock - cattle, sheep and goats - were raised for meat and dairy products. Whatever was not needed for food was sold. Horses were also raised and mules were used to transport loads from the fields to the village and to the market.

There was a clear division of labor between men and women (Weil, 1991). The men were responsible for supporting the family and represented it before the elders and the authorities (Birhani, 1990). They made a living at agricultural labor, such as tending sheep and working the land, and crafts such as the manufacture and repair of iron tools and weaving (Messing, 1982; Waldman, 1985). Women did hard physical work in the house, and in the fields when necessary. They carried out the customary home-making and child-rearing roles: they cooked, cleaned, fetched water and took care of the garden plots next to the houses. They also worked at various crafts such as pottery. They often had to walk long distances over difficult terrain to gather firewood. Since the men took no part in the housework, if the women needed help, they turned to their mothers or daughters (Birhani, 1990). Boys helped out in the fields and girls in household chores beginning around the age of six (Bodowski et al., 1994).

Historically, the Jews did not develop commerce because this necessitated journeys by caravan which involved travel on Saturday, eating food prepared by strangers and direct contact with non-Jews. Jewish law, resting on the "touch-me-not" approach, demanded that people observe cleansing ceremonies after any contact with non-Jews (Messing, 1982). With the improvement of roads, and the relaxation of some taboos, commerce increased.

The strict observation of traditional customs and religious laws permitted Ethiopian Jews' survival as such for hundreds of years (Kessler, 1996; Leslau, 1951; Messing, 1982). Three structures set Jewish villages apart from the others: the synagogue or mesgid and two huts at the edge of the village, one for menstruating women and the other one for childbearing women (Messing & Bender, 1985; Shelemay, 1989). Beta Israel once had its own Nazirites (ascetics or monks) who secluded themselves in their homes for years, praying and studying the holy writings and taking care to avoid all contact which would cause ritual impurity (Kessler, 1996). These monks were considered saints. By the 1980s, almost no monks remained in the community (Shelemay, 1989; Waldman, 1985).

The social structure of the village was hierarchical and reflected the religious organization: the most important member of the community was the qes or cahen, who served as the priest of the community, and was responsible for the religious life of the villagers (Birhani, 1990). Every large village or group of small ones had a qes, whose function parallels that of a rabbi. The title qes was not hereditary and was awarded only after studies and examinations culminating in ordination by the veteran qesoch or cahenat (plural of qes and cahen). The qes was in charge of the prayers and was responsible for the upkeep of the synagogue, held religious services on holidays, festivals and in times of mourning (Shelemay, 1989). He also taught the Bible and its commandments. Confessions were made to him and he decided how the party in question could atone for sins or compensate for a broken promise (Waldman, 1985). The community members provided for the qes with various gifts and donations from their harvests and possessions.

A person who wished to become a qes had to pass examinations and prove that there was no stain on his personal life. He usually had assistants among those studying to become a qes, or those who never completed their studies. These aides were called debtara, and it was they who taught the children of the congregation. They also acted as cantors, teachers of the Bible and the Jewish law, and served as judges in religious matters. In addition to the debtara, there were village elders or shmagloch who in their lifetimes learned the religious law and took the place of the qes in his absence. Family quarrels were settled by the village elders who played an important part in making judgments and serving as mediators in the event of disputes (Birhani, 1990; Kahana, 1977; Waldman, 1985).

Religious services were held daily in the synagogue, usually attended by the qes, the village elders and those who were not engaged in work. The entire community, however, attended Sabbath and Festival services and other religious events. Celebrations such as weddings or the purification of mothers after childbirth, and solemn occasions such as funerals or ceremonies for commemoration of the dead – tazkar- united all members of the community in special feasts and prayer services led by the cahen or the debtara. Family members and relatives arrived for these events from even the most distant villages (Kahana 1977; Shelemay, 1989).

4.2.1 The Family

Beta Israel families were extended and monogamous. The community endeavored to preserve the family framework in the traditional village

environment. They were patrilocal, therefore sons got married and lived in their father's village (Weil, 1991). Up to four generations lived together and often roles were interchangeable, for example, brothers of the parents or grandparents could function as parents in the very broad family structure.

Extended family members were responsible for one another. When parents grew old, they remained with their grown children who unflinchingly cared for them (Birhani, 1990; Bodowski et al., 1994). The status of men and elders was important within the family unit, of which the grandfather was usually the head (Waldman, 1985).

Children in Ethiopia were raised in an authoritarian atmosphere. The family had a patriarchal structure, and honor of adults and elders was highly valued. The criteria which defined authority were age, familial authority and tribal role (Ben Ezer, 1999).

The extended family (zemed) was the major societal-community cell. A large family was a positive factor: it could protect its members in times of crisis. Having many children raised the family's power and respect. It was the father who decided which children would work and which would go to school. Decisions made by the father were accepted by all members of the family (Banai, 1988).

The nuclear family (betesev) lived in close proximity to the extended family, and ran a unified household. Uncles were considered fathers and cousins functioned as brothers (Messing, 1982). What a person was called reflected his status and position in the family hierarchy. The same person could be called one name by his father, another by his grandfather and a third by his brother.

Although women were considered men's property, couples respected one another. If a woman did not respect a man, he could punish and "educate" her. The status of women was seemingly lower, but in practice, she was influential in all aspects of family life. She also had rights when it came to divorce and inheritance (Messing, 1982).

Adults were considered wise and were treated with great respect. Children obeyed their parents and other adults, began their meals only after their elders had eaten, and spoke to them only when permitted to. Respect was shown in many other ways, such as washing the parents' feet when they came home after a journey or a hard day at work (Bodowski et al., 1994).

Boys and girls learned their respective gender roles gradually and by imitation from an early age. For example, small girls accompanied their mothers to get water from the river, taking a small clay container, which was replaced by a

larger one as they grew older. Small boys took care of some sheep and cows from a very early age. When they grew older they took care of a larger herd further away from the household. By the time children were ten or twelve years old, they could perform most of the tasks relevant to their gender (Nudelman, 1995).

In Ethiopia, adolescence was not perceived as a defined period as it is in Western society. The passage from childhood to adult life was gradual and most children did not have the opportunity to enjoy some years of official moratorium, since they were married young.

4.2.2 Marriage in Beta Israel

Endogamy was strictly practiced within the Beta Israel. A person defying these rules, ran the risk to be excommunicated (Weil, 1991).

The first marriage between young people was usually arranged by the parents. When a son reached the age of 15-20, their fathers began to look for a bride. The age of marriage for women was 12-14, as reported by some researchers (Corinaldi, 1998; Davids, 1999), others referred to even younger child-brides from age 9 (Aescoly, 1943; Kahana, 1977).

Although the bride was betrothed at an early age, the wedding was usually held after the appearance of her first menstruation (Ben Ezer, 1990). Community members in Israel agree that the age of marriage in Ethiopia was young and that males were usually several years older than females (Weil, 1991). The match was agreed upon only after extended inquiries and negotiations conducted with the assistance of qessotch – religious leaders - and shmaglotch – community elders.

Traditionally, Beta Israel were forbidden to marry anyone from their zemed (extended family), as reckoned for seven generations. In the course of reviewing genealogies for this purpose, the history of each family, its purity, and its standing were also investigated (Faitlovich, 1959; Westheimer & Kaplan 1992). The groom's father was concerned with the prospective bride's family status, financial situation as well as the girl's appearance and behavior.

The marriage agreement was arranged between the parents and the groom's father gave the future bride jewelry, which she would wear until the marriage took place (Ben Dor, 1990; Kahana, 1977). The future bride and groom had no say in the matter. Usually they only met for the first time on their wedding day (Kahana 1977; Nudelman, 1995).

Most marriage arrangements were among families from distant villages. Even if young people from the same village were attracted to each other, they obeyed their parents and married according to the arrangement. Only in the case of second marriages (after divorce), they could choose their own spouses (Kahana, 1977).

Some exceptions to these arranged marriages occurred in the case of students, who went to live in the city of Gondar or other cities in order to attend high school, especially in the last decades before immigration to Israel. Education was highly valued and enhanced social and financial status in Ethiopian society with a high percentage of illiteracy. Thus, a son who completed high school could be employed in the public service or as a teacher. In-facto this sometimes enabled him to postpone his marriage ceremony, to reject the father's bride selection for him and even insinuate the name of the bride of his choice, so that the father could proceed to arrange the marriage in the traditionally accepted way. For girls who continued their studies, the age of marriage could also be deferred and their own choices for a groom sometimes taken into consideration (Nudelman, 1995).

A first wedding (of a virgin) usually took place on a Wednesday was performed by the qes and was a large, week-long wedding festival with hundreds of family and friends attending. It was usually held after the harvest when there was enough food to provide for all the guests, and not during the rainy season when it was difficult for the people to travel. The dowry given at the wedding usually included sheep and cows (Kahana, 1977).

The first part of the celebration took place in the bride's village and the rest in the groom's. The wedding ceremony was held in the bride's village where the qessoch blessed the couple, who signed a written agreement together with the witnesses. The wedding feast and celebrations took place at the groom's village, usually after the bride's virginity had been confirmed (Ben Dor, 1990; Kahana, 1977; Waldman, 1985).

Virginity was highly valued and brought honor to the families. The wedding guests awaited the bride's cry of pain and the groom's confirmation that she was indeed a virgin. In many cases, this also was validated by an examination by three old women. If the girl proved not to be a virgin, the wedding was annulled and the girl banished in great shame from the village (Kahanah, 1977).

The wedding feast included the slaughter of a cow and sheep, preparation of meat and injara, which were accompanied by tella – traditional Ethiopian drink. Family members and neighbors helped in all the preparations for the

feast. The next days were spent dancing, eating and drinking together (Kahanna, 1977).

After the wedding, the girl left her natal village and went to live with her husband's family. If a girl was younger than 13, or had not yet reached puberty, she usually continued to live with her parents and would visit her husband's family frequently in order to become accustomed to them. The visits would gradually become longer and the husband's mother would care for the girl like her own daughter. Because the girl left her parents at a young age, a guarantor (vaas) acceptable to both sides was appointed to help the girl, and guarantee her dowry, health and welfare in her new home village (Bodowski et al., 1994; Birhani, 1990).

At first, the newlyweds lived in the husband's parents' home. When the first child was born, they usually built their own home near them (Weil, 1991). Women nursed their children until they got pregnant again. The average family had between six and ten children (Goldman, 1999; Kahana, 1977).

If the couple was not suited, they were divorced and the woman was entitled to half of the property the couple had accumulated. A second marriage could not take place sooner than 3-6 months after the divorce, and was usually based on the choice of the couple themselves. A second wedding was smaller, usually held on a Thursday, and the ceremony was performed by a village elder with the approval of the qes (Kahana, 1977).

Although officially Ethiopian Jews practiced monogamy, in fact some men who worked far from their villages developed lasting ties other than marriage with women, whom they supported to cook and run their second household for them. Children were sometimes born of these ties (Bodowski et al., 1994; Weil, 2004).

4.3 Immigration to Israel

This section will describe the transition of Ethiopian Jews to Israel and relate to its influence on the family structure and relations in general, and to adolescents in particular.

In 1977, all but about 100 Ethiopian Jews lived in Ethiopia. Today, most of them (approximately 105,000) live in Israel. Many arrived in Israel during two mass airlifts: Operation Moses in 1984 and Operation Solomon in 1991 and in smaller groups up to date.

In 1973, Israel's chief Sephardi rabbi, Ovadia Yosef, decreed that "that the Falashas are unquestionably of the Tribe of Dan and (that) only because there

were no sages and masters of Oral tradition among them were they overtaken by superficial interpretations of Written Law and therefore were Jews according to Jewish law” (Waldman, 1989). But until 1977, two years after the Israeli government ruled that the Law of Return could be applied to Ethiopian Jews, no action was taken to bring about their immigration. In the wake of insurgencies that swept Ethiopia in the late 1970s, and the imprisonment, torture and slaughter of a large number of Beta Israel, pressure on the Israeli government to save the Ethiopian Jews increased.

In 1977, 121 Ethiopian Jews were brought to Israel as part of an "arms for Jews" deal between the Israel and the Ethiopia. Unfortunately, when in February 1978, the Israeli Foreign Minister revealed that Israel was helping to arm Ethiopia in its war against Somalia. In response, the Ethiopian leader Mengistu Haile Mariam terminated the arrangement after only two flights (Parfitt, 1985; Rapoport, 1986).

4.3.1 Immigration through Sudan

In the late 70's thousands of Eritrean and Tigrean refugees fled on foot to refugee camps in Eastern Sudan. Among these were some 4,000 Beta Israel, virtually the entire Jewish population of Tigre and Walqayit. They left their villages and walked hundreds of kilometers on their way to Jerusalem - after hearing that one of their own leaders had opened the way for them and they could now fulfill a dream of generations (Yilma, 1995). Many of them were nuclear and even extended families and they spent months and even years in refugee camps.

Jews from the Gondar area also began to arrive from 1982 onwards. In exchange for bribes to Sudanese government officials, most of these Jews were brought to Israel by the end of 1983 in a complex intelligence operation. Some of these refugees were taken from the camps in land-rovers to Khartoum and flown out on commercial aircraft via Athens to Israel; others were trucked to Port Sudan and transported on Israeli naval vessels to Eilat. A third route involved landing Hercules planes in the desert between the camps, and flying the refugees at night directly to Israel (Rapoport, 1986).

By January 1984, the Sudanese camps were virtually empty of Jews. But then a flood of Ethiopian refugees from the Gondar region arrived, fleeing from yet another famine in war-torn Ethiopia (Rapoport, 1986). By the middle of that year, close to 10,000 additional Ethiopian Jews had crossed the border into Sudan. They believed that redemption time had arrived and were willing to take all the risks involved in the long journey. It is estimated that over ten

percent died on the way. The refugees remained in the camps for months and died in droves from starvation, disease and contaminated water (Parfitt, 1985; Rapoport, 1986).

Leaving their country of origin was a difficult and dangerous stage in the lives of Ethiopian Jewry. Not only were they compelled to hastily abandon their homes and villages, but they left behind them a familiar traditional culture according to which they had lived for thousands of years, embarking on a long journey towards the unknown, on their way to the “Jerusalem” of their dreams. During this period, Ethiopian Jews lived in constant fear that the Sudanese or other refugees would reveal their Jewish identity, and this made them mistrust all foreigners. Physical dangers were always present during their transit stop in Sudan, a Muslim country, whose relations with Ethiopia on the one hand, were unstable, and with Israel, undefined (Edga, 2000; Nudelman, 1986).

The living conditions in overcrowded refugee camps in Sudan, during this transition period, caused a variety of diseases from which hundreds of Ethiopian Jews died, among them many children and elderly (Rapoport, 1986; Parfitt, 1985; Edga, 2000). In addition, twenty to thirty people were crowded into one room huts or tents, and under such conditions it was impossible to maintain basic standards of hygiene. All these factors increased the spread of diseases such as TB, malaria and diarrhea.

In general, although the medical options in Sudan were not fundamentally different from those in Ethiopia, the fact that so many Jews died there created a feeling of panic and helplessness since both Western and traditional medicine failed to save their loved ones (Nudelman, 1986). It is estimated that around 4,000 Jews died on the way to Sudan or during their waiting period in the camps (Edga, 2000).

In addition, the immigration process often led to family separation and to the breakdown of the traditional status quo and social order. This immigration wave was characterized by many young people and adolescents, who began the journey without parents or family members. Females arriving in the camps without parents or husbands to protect them lived in constant fear of being kidnapped, raped or abused by Sudanese or other refugees. A survival reaction to this situation enabled the formation of “patronage couples” (a kind of a fictive marriage) between unaccompanied girls and men of the community. They lived together; the man took the girl under his protection and made decisions for her, thus fitting the familiar social and gender roles from their country of origin, which were also relevant in Sudan (Bodowski et al., 1994).

Ethiopian Jews viewed their difficult refugee experience as a temporary situation in which the daily fight for survival justified the interruption of some of their social, cultural and religious practices. At the same time, this engendered abnormal situations in many life spheres, including male-female relations (Nudelman, 1995).

Operation Moses

In view of the difficult situation in the camps, and the high mortality rate reported for Ethiopian Jews, pressure was placed both on the US and Israel by Ethiopian immigrants in Israel and North American organizations. Thus, in cooperation with the US Department of State, the Israeli government decided to abandon its policy of gradual immigration in favor of a more ambitious policy. During a period of less than two months, starting in mid-November 1984, more than 6,700 Ethiopian Jews were airlifted to Israel in what became known as “Operation Moses”.

Though Operation Moses was an open secret, strict censorship was imposed in Israel, in order not to endanger the operation. Despite stories which appeared in the Jewish and international press, the Sudanese government allowed the operation to continue as long as there was no official Israeli reference to the airlift. But on January 3, 1985, after the Israeli press reported on the operation, representatives of the Jewish Agency, the Foreign Ministry, and the Ministry of Immigrant Absorption gave a detailed briefing about Ethiopian immigrants already in Israel to the local and foreign press. Reacting to this, on January 5, the Sudanese government suspended the airlift (Rapoport, 1986).

The disruption of Operation Moses left several hundred Jews stranded in the Sudan and the US and Israeli governments immediately formulated plans to rescue them. At the end of March, 648 Beta Israel were transported from the Sudan in a CIA-sponsored airlift known as Operation Sheba (Parfitt, 1985; Rapoport, 1986).

Between August 1985 and the end of 1989, about 2,500 additional immigrants reached Israel, either directly from Addis Ababa or in small groups from the Sudan (Jewish Agency, 1992; Kessler, 1996).

As a result of the political situation and the lack of an organized immigration route for close to a decade, thousands of Ethiopian Jewish families were separated and often remained out of contact, which led to strong feelings of helplessness, loss and guilt (Edga, 2001). This was enhanced by personal and cultural bereavement, due to the loss of family members and the problems of acculturation and alienation posed by life in Israeli Western-oriented society (Ben Ezer, 2002; Nudelman & Eisenbruch, 1989).

It is important to note that during these years of disconnection, some Beta Israel remained in their villages while others moved around - especially those who had begun the journey to Sudan and were forced to return home. They sometimes found often their villages had been vacated by Jews and populated by other people - who often victimized them (Edga, 2000).

The liminal situation during this period led to the reinforcement of traditional patterns, such as arranged marriages at an early age, which had been partially relaxed due to the mass exodus to the camps in Sudan. This enabled the bride's family to delegate the responsibility for her safety and honor to the groom's family, thus relieving them from this task in the difficult transition conditions (Nudelman, 1996).

4.3.2 Immigration through Addis Ababa

Diplomatic relations between Ethiopia and Israel, which had been severed in 1973 in the wake of the Yom Kippur War, were reestablished in the fall of 1989, thus creating the conditions for a renewal of legal immigration to Israel. In 1990, thousands of members of the Beta Israel community arrived in Addis Ababa from Gondar province. They lived in very difficult conditions in the slums of Addis as refugees in their own country. Their harsh living conditions also increased illness and death. The JDC (Joint Distribution Committee) opened a clinic to treat them.

At that time, the Israeli Embassy began caring for some 20,000 Jews. A school consisting of some 20 thatch huts was set up on embassy grounds and served about 5,000 children ranging in age from 5 to 18 (Feldman, 1998; Jewish Agency, 1992).

Although emigration from Ethiopia was limited at this time, the government allowed small numbers of Ethiopian Jews to leave on a regular basis. Between August 1990 and April 1991 about 1,000 a month left Addis for Israel.

Operation Solomon

In 1991, civil war was again raging and the armies of the organizations fighting to free Ethiopia from the military socialist dictatorship of Mengistu Haile Maiam (known as the Derg) were approaching the capital. Therefore, plans were formulized for evacuating the Jews to Israel.

In May 1991, in what was called Operation Solomon, 14,163 Beta Israel were transported to Israel in a 36-hour airlift. The complex operation involved 30 buses carrying them from the embassy to the airport in Addis, and 38 aircraft

(nine El Al planes, one Ethiopian Airlines plane, and the rest, Israeli Air Force planes).

After Operation Solomon, there were still some Ethiopian Jews left in different parts of Ethiopia as well as a whole community in the Quara region on the Ethiopian-Sudan border, which could not be reached at the time of the airlift. Between September 1991 and July 1992, 4,500 of them were brought in groups from Quara to Tedah, and from there to Addis, and flown to Israel (Kessler, 1996; The Jewish Agency, 1992).

The immigration from 1992 onwards (apart from some hundreds from Quara in 1999) has been mostly of Falas Mora, comprising Beta Israel who converted to Christianity in different periods, and lived among themselves as a marginal group - neither accepted by their Jewish kinsmen, nor by their Christian neighbors. Encouraged by American Jewish organizations, many of them began a process of return to Judaism while awaiting immigration in camps in Ethiopia (Odenheimer, 2005).

Today the Ethiopian Jewish community in Israel comprises 105,500, of which 32,700 were born in Israel (Central Bureau of Statistics, 2006).

4.4 Transition to life in Israel

The Jews of Ethiopia abandoned a familiar social structure with the aim of reaching the Holy Land and fulfilling their life's dream. Their immigration process to Israel took them from their native villages, on a dangerous journey through deserts and jungles to refugee camps in the Sudan and crowded slums in Addis Ababa.

Following the period of transition and suffering which befell them in Sudan and in Addis Abeba, they looked forward to redemption upon arrival in the Holy Land. They expected a return to a familiar social order and an ending to their years of suffering. They also hoped to find a remedy to all their ailments upon arrival in Jerusalem, considered a land of milk and honey, where people are pious and good (Edga, 2001).

The reality they discovered was different from their dreams. They encountered strange white Jews with an unintelligible language and a culture they did not understand, as well as different gender roles and behavior patterns in general and between adults and children in particular. This led to a big amount of confusion (Banai, 1988; Nudelman, 1996).

The aforesaid sheds light and serves as the background to understand Ethiopian immigrants' difficult integration process into a new society and culture in Israel. Instead of going to live in Jerusalem as they had dreamt, they were dispersed in absorption (immigration) centers throughout the country. Thus, extended family members, who arrived in Israel at different times found themselves separated by great distances, living next to strangers from different villages of origin and unable to continue with their familiar social and religious communal way of living.

In addition, immigrants were often accommodated in multi-story buildings and hotels, and in the 90's in caravan sites usually far away from central cities, which did not facilitate their integration and enhanced ghettoization (Banai, 1988; Edga, 2001).

Their lives were run by staff of the immigration centers, whose objective was to teach them how to manage life in Israel. But they often did not understand Ethiopian Jews' cultural codes, leading to lack of communication and misunderstandings, especially during the first wave of immigration through Sudan during the 80's. It is important to note that many of these absorption workers were women, who "gave orders" to the male family heads, thus weakening their status, while at the same time seeking to empower women in the family (Banai, 1988; Fekado, 2005).

Adolescents were often sent to residential schools, where they underwent a very different acculturation process than their families, both allowing them to mediate between their families and the host society, while at the same time widening the gap between them (Weinstein, 1997).

The immigration from the 90's onwards was characterized by the recruitment of veteran Ethiopian immigrants as immigration workers, in order to facilitate the newcomers' integration - though not always achieving this objective.

Three decades after the beginning of the immigration of Ethiopian Jews to Israel, it is possible to discern different assimilation patterns in the community. Individual veteran families, especially those whose members arrived many years ago, studied and received professional skills in Israel, have succeeded in integrating well (Yaacov, 2004).

On the other hand, many immigrants who arrived at a mature age and/or without the necessary skills to overcome the gap from rural traditional society to life in modern Western one, have remained secluded among themselves, concentrated in weak neighborhoods and marginalised cities. They encounter

many difficulties in raising children and providing them with the skills to succeed in educational and other issues (Edga, 2001).

4.4.1 Changes in Family patterns

The complex transition process towards integration into an urban Western society in Israel, very different from the traditional rural lifestyle in Ethiopia, also accelerated the weakening of Ethiopian Jews' traditional family patterns (Bodowski et al., 1994; Weil, 1991).

The long immigration process and the years in Israel have witnessed the disintegration of the extended family and the strengthening of the nuclear family unit. Extended family members who live in different cities, usually only come together for special ceremonies or occasions, such as funerals and weddings. Age of marriage is on the rise since young people tend to adapt Western mate selection patterns. The seven-generation kinship unit is beginning to break down and some young people chose to marry partners who are relatives in the fourth or fifth generation.

As a result of their complex process of immigration, one third of Ethiopian Jewish families in Israel are one-parent families, while many among the other two thirds are composed of "intrinsically unstable complex families" constructed from two or more one-parent families living together in one household (Weil, 2004).

The balance of relations within the nuclear family has also deteriorated due to the consequences of the changes in gender relations in Israel. The most significant changes are in women's status since the traditional patriarchal hierarchy has weakened in Israel and many different opportunities have opened up for women. They now have the possibility to study, learn a trade or profession, work outside home and participate in social activities.

Married women are encouraged by social workers to work in order to contribute to the family income. In addition, it is often easier for women than for men to find employment especially in temporary unskilled jobs, such as cleaning buildings or working in kitchens (Weil, 2004). All this enhances their independence. Ethiopian immigrant women in Israel also learned about their rights and the possibilities to choose. They usually dominate the new language better than their husbands, thus making it easier for them to adapt better to the way of life in their new society (Shabtay & Kassan, 2005).

This process is also facilitated by the fact that women have many more role models among the authority figures surrounding the immigrants in everyday

life, such as social workers and teachers. In addition there are many official institutions in Israel that protect women's rights.

As a consequence of all these changes, Ethiopian men tend to be suspicious of their wives and jealous of other men they may come in contact with during their daily activities outside of their homes. Women's demands for men to help in activities which in Ethiopia were exclusively female, such as cleaning the house or helping in the kitchen, only exacerbate these feelings. The changes in gender status and roles are a source of tension and conflicts among many couples. Husbands, who feel threatened by all these changes, try to keep the previous customs, while wives want to adopt the changes, thus leading to crisis situations among them (Bodowski et al., 1994).

These gender conflicts may be illustrated by an example. In Ethiopia money issues were usually managed by or through the husband. In Israel, some women are often dealing with money for the first time in their lives and their wages are paid directly into their bank accounts. These may even exceed the amount that their husbands earn (if they are employed) or in other cases may be the only source of family income. As a consequence, money issues cause many quarrels, which may even lead to divorce. The divorce rate among Ethiopian Jews in Israel is higher than among the general population (Weil, 2004).

Thus, the traditional balance between men and women in the community has been fractured. While women get empowered, men feel that their position is weakened, that they lose control over their lives, their resources, their families and their honour (in relation to their high status in Ethiopia). Men's loss of status increases their feeling of frustration and alienation in equalitarian Israeli society.

Projects aimed at empowering women have achieved their aim and they have become more independent and have achieved equality in many realms (Shabtay & Kassan, 2005). In addition, many educational programs have targeted both women and their children, forgetting men. This has increased their frustration and engendered situations which were not common in Ethiopia, such as violence in the family and even some cases of females murdered by their male partners (Fekado, 2005).

As a consequence of the changing gender roles, women lead the forces of change in the community, while men try to conserve and recreate traditional roles (Shabtay & Kassan, 2005).

The immigration and integration processes have also accelerated role changes between parents and children. Children - and especially adolescents - often act as cultural brokers and translators between their parents and public officers, such as teachers and health providers. This points to a reversal of the traditional parent-child role, diminishing the image of parents and elders as the wise people and authority figures, whom they can depend on and seek advice from, and thus transforming them into somewhat helpless “children”, who are not capable of dealing with basic daily issues in Israeli society. These conflicting generational roles, confuse children and often lead to lack of respect and disobedience towards their elders and broaden the generational gap between parents and children (Bodowski et al., 1994).

Although programs and budgets have been used to implement educational and enrichment programs for children and to deal with adolescents at risk, especially in neighbourhoods and towns with a high concentration of Ethiopian immigrants, drop-out rates from schools, as well as identity issues and delinquency among Ethiopian immigrant youth are on the rise (Getahun, 2001).

4.5 Ethiopian immigrant adolescents in Youth Aliyah

Youth Aliyah is an organization that for more than sixty years has dealt with the absorption, education and advancement of youth from different ethnic groups (Gottesman, 1988). The organization absorbed unaccompanied children and adolescents, escaping from the Holocaust and from Europe after the Second World War. In the fifties and sixties it received children from North Africa and Iraq. Throughout the years it welcomed different groups of adolescents (arriving before their parents) from Iran, South America and various other countries.

Youth Aliyah has also proven itself as a successful educational alternative for Israeli-born children of immigrants who needed a supportive educational environment away from home and thus study in youth villages, which are residential schools often situated in rural settings (Gottesman, 1988).

During the past two decades the student population in the youth villages (residential schools) has become extremely multicultural. More than half are immigrants from Ethiopia and the Former Soviet Union. The rest are Israeli-born adolescents, who themselves are often children or grandchildren of immigrants from many different countries and cultural backgrounds (Nudelman, 2002).

In 1996 the organization was integrated into the Administration for Rural Education and Youth Aliyah of the Ministry of Education of Israel. From the first years of Ethiopian Jews' illegal immigration via Sudan, adolescents - many of whom arrived without their parents - were sent directly or shortly after arrival to youth villages. This was their first home in Israel and opened up educational possibilities, which did not exist in Ethiopia or in the absorption (immigration) centers where their families lived. At a later stage, the different integration pace of youth in residential schools, also contributed to driving a wedge between them and their families (Weinstein, 1997; Getahun, 2001).

4.6 Sexuality: Boy-girl relations in transition

Adolescents in residential schools are together many hours a day. They see each other in classes, in the dining-room, in extra-curricular activities and also spend some of their free time together. They have a much more intensive interaction than their peers in regular high-schools, who go home every day after formal classes, are over. Under these circumstances the issues of sexuality and sexual health education are central in these adolescents lives (Nudelman, 2002).

During their first years in Israel, after the initial cultural shock began to wear off, Ethiopian immigrant adolescents began observing the gender roles and sexual behavior of their Israeli-born peers. They often tended to imitate their behavior without understanding its meaning, in order to feel that they were integrating in a social sense (Soskolne & Shtarkshall, 2002). For example, going-steady or having a boy-friend or girl-friend was unknown in traditional rural life style in their country of origin. Since Ethiopian Jews were not used to expressing their feelings in public, a couple holding hands was often interpreted by them as an indication of full sexual relations. Thus, Israeli youth were perceived as promiscuous and the new reality was often interpreted according to the norms and values of their old culture (Nudelman, 1996).

Relations between Ethiopian immigrant boys and girls during the first years after Operation Moses (1984-5) were characterized by confusion, pressure upon girls to make decisions which were previously made by parents or older brothers, and a deep feeling of lack of control, leading to problematic situations such as unwanted pregnancies. Girls often reported being told by young Ethiopian men, with whom they had an undefined relationship, that in Israel sexual relations were accepted and necessary steps before marriage. This period was a difficult one for young men as well, as they were not used to controlling their sexual needs, considering that if they had stayed in their villages in Ethiopia, they would have been married and fathers to children (Nudelman, 1995; Goldman, 1999).

The dynamics of change were assessed among adolescents aged 17-18, five or six years after their immigration. They had more information and a greater understanding about gender roles and the social and cultural meaning of young people's sexual behavior in Israel. In addition to traditional values that were still considered important in mate selection, new ones relevant to Israeli society were mentioned. These patterns are similar to those found among Turkish immigrants in Germany (Gokalp, 1984).

Most Ethiopian male adolescents did not refer to virginity as the main condition for a prospective girl-friend, although it was still considered an important quality. Their ideal female partner was a pretty, modest (referring mainly to her attire and clothes), quiet and well-behaved girl, who should know how to prepare injara - the staple basis for Ethiopian food. All of these attributes correspond to Ethiopian traditional gender roles and values. In addition, they considered it important for the girl to study and be smart. But as one student said: "not smarter than boys" (Nudelman, 1995).

Even though after a few years in Israel, many girls still tended to behave in public according to traditionally acceptable patterns, their expectations regarding a future boy-friend reflect a rapid adaptation to Israeli mainstream ones. Their ideal was an educated and polite partner that must respect his girl-friend as a person. For example, "after marriage he should help in the house like Israeli husbands: mopping the floor, shopping and taking care of the children" (Nudelman, 1995). These newly shared gender roles were still not accepted by many Ethiopian immigrant young men and have caused problems among married couples as well (Goldman, 1999).

After a few years of acculturation in Israeli society in general and in youth villages in particular, some youth also stressed the importance of love in a serious relationship, which was an issue not considered in traditional marriage arrangements.

A serious problem arose for some adolescents who had been in a relationship for a long time, when that they discovered that they were kin relatives (Weil, 2004). This occurred mostly during the period that many youth were separated from their parents due to the interruption of the immigration (1984-1991). According to Ethiopian Jews' customs, it is forbidden to marry kin members up to the seventh generation and should this happen "the whole lineage is destroyed". This discovery generated great emotional stress and family pressure in the 90's, and usually lead to the ending of the relationship (Nudelman, 1995; Weil, 2004).

More than a decade after immigration, many Ethiopian immigrant adolescents still had not openly adopted modern Israeli and Western dating patterns. This was partly due to the fact that their social relations were often kept secret from their families, thus reducing their level of commitment if the relationships ended.

Nevertheless, a new pattern of mate-selection was developing, adapting the traditional pattern to the new social and cultural context in Israel. First, young people chose their partner. Later on representatives of the male's family visited the female's, working out an agreement, accompanied by some of the traditional rituals and ceremonies which were accustomed in Ethiopia, thus sealing an engagement, which should lead to marriage at a later stage. Thus, when a relationship was open and formalized, the young man could bring his girlfriend to his parents' home, where she was treated like a young wife in Ethiopia (Nudelman, 1996). In this respect, it is interesting to note the similarity to case of second generation Maghrebian immigrants in France, who adapted their definitions of marriage to life in a non-Muslim environment. Freedom of choice marriage partners was common, but at the same these must satisfy some basic familiar requirements (Streiff, 1983).

An additional factor that influenced relationships was that many adolescents perceive their studies as incompatible with marriage or even with serious committed relationships. The common phrase: "first you study then you get married" reflects a continuation of the student status that existed in Ethiopia and sometimes causes frictions between the couple and/or their families. It is possible that the multiple opportunities for academic or vocational studies in Israel have served both as an excuse to postpone marriage and as a way of evading commitment or responsibilities (Nudelman, 1995; Goldman, 1999).

In her study among Ethiopian immigrant females, aged 17-25, Goldman (1999) found an increase in pregnancies and lack of contraception use.

Going steady or having a girlfriend-boyfriend in Israel was almost as common as early marriage in Ethiopia and these relations often included sexual intercourse (Nudelman, 1996).

It is important to note that in Ethiopia, sexual activity and subsequent pregnancy occurred within the framework of marriage, so both were legitimized at an early age. However in Israel while sexual activity is still occurring at an early age, it is no longer in the framework of marriage. Therefore, unintended pregnancies followed by legal abortions or by rushed marriages were common during the first decade following immigration (Goldman, 1997). The aforesaid can be understood in view of the dramatic changes in the life style of young Ethiopian immigrants in Israel. The age of marriage has risen; dating is a new phenomenon as well as the concept of boy/girl friends (including sexual intercourse) and the significance of a number of partners before marriage. In addition, the lack of communication among couples and the ambivalent attitudes and beliefs towards contraceptives have kept these from becoming more widely used (Goldman, 1997).

Ethiopian-born adolescents in Israel have lived between two worlds and cultures since their immigration. On one hand, their families and community, with whom they share week-ends, holidays, and ceremonies trying to conform to culturally accepted behavioral norms. On the other hand, the social and cultural world of the youth village, where they live most of the time with their peers and the educational staff, interacting according to a completely different set of norms and rules.

Families and adolescents are often at different stages of their integration in Israeli society. Adolescents try to adapt to both worlds, which sometimes proves very difficult because of the conflicting values and expected behavioral patterns. This process also affects their sexuality and sexual health behavior.

Shabtay (1999) studied the emerging identity of first generation Ethiopian immigrant soldiers, most of whom had studied previously in youth villages. They adopted an integration strategy (Berry, 2001) in which they chose components from both cultures -Ethiopian and Israeli-, creating a new cultural identity for themselves. This enabled them to continue with some Ethiopian cultural values, while at the same time developing an Israeli identity, which allowed them to cope in Israeli society. In the sphere of personal relationships, they continued to respect their elders and considered it important to keep the seven generation gap in marriage (Ethiopian values). Nevertheless, they were completely against arranged marriage and wanted to choose their own girlfriend (Israeli custom).

An additional study among Ethiopian high school students confirms this integrative approach to identity building. They deal with their present struggles through strong reference to their Ethiopian cultural past and traditional family values. This empowers them to hope for a better future with personal and socio-economic achievements and a sense of belonging to Israeli society (Goldblatt & Rosenblum, 2007).

In the past years, however, an additional dimension has contributed to identity confusion of some adolescents who feel the conflict of being at the same time Ethiopian, Israeli, Jewish and black. Thus, their search for a sense of belonging has led them to imitate certain aspects of Afro- American culture, such as music, dance, clothing and hair-styles. They frequent disco clubs with black music (reggae and rap) in order both to forget themselves and to find themselves. The drinking, smoking and violence associated with the clubs also influence their sexual behavior (Shabtay, 2001).

4.7 Summary of chapter

This chapter discusses Beta Israel's historical background and life style in Ethiopia. It also dwells on the renewed contact of this community with the Jewish world, which had a strong impact on their religious life as well as on the education of their children. In Ethiopia, the family structure was patriarchal and hierarchies were strictly maintained. Gender roles were very clear and marriage was arranged by parents at an early age. Their prolonged immigration process had a strong impact on Ethiopian Jews. They left behind a familiar traditional rural society and encountered a Western multicultural one in Israel, which was different from their mythical dream of Jerusalem. This transition affected all life spheres. The extended family was fractured, as well as the balance of powers between males and females, due to the influence of Israeli egalitarian society. Adolescents learned the new language quickly and their acculturation process proceeded faster than their parents'. Many of them studied in youth villages where they tended to imitate their Israeli peers' behavior. There, they slowly adopted new types of relationships between boys and girls, without fully understanding their meaning. Although Ethiopian immigrant adolescents want to integrate into their new homeland and be fully accepted by their peers in youth villages, they are still influenced by the traditional attitudes and beliefs of their Ethiopian culture.

Chapter 5

Methodology

Qualitative research methods were selected for this study, as they are considered the most appropriate to provide a holistic understanding of adolescent sexuality and behavior. Qualitative data is a source of well grounded rich descriptions and explanations in their social and cultural context. They have the potential to enhance the understanding of social phenomena using an inside (emic) perspective (Mathews et al., 1995). The investigation is based on Focus Group Discussions (FGD) and complemented by participant observation and informal conversations with adolescents (Spradley, 1979).

Focus groups were chosen in order to move away from the conceptualization of ‘sexual behavior’ as the product of individual decisions, in favor of the concept of ‘sexuality’ as a socially negotiated phenomenon, strongly influenced by peer norms (MacPhail & Campbell, 2001). They allow to explore a range of opinions across several groups and present a natural environment because participants are influencing and influenced by others just as in real life (Krueger & Casey, 2000). Thus, they seem particularly suitable for understanding adolescents from culturally diverse backgrounds living in a host country, where they have adapted aspects of their traditional culture to those of their current environment (Halcomb et al., 2007).

5.1 Focus groups

Focus groups are a social science technique that is gaining popularity as a rapid assessment method for applied projects. It is a formal group interview method that allows researchers to simultaneously discover baseline data on targeted issues, as well as provide important information about cultural interactions between informants during the course of the focus group session (Trotter, 1991)

The focus group method is a form of group interview which generates data through the opinions expressed by participants individually and collectively (Halcomb et al., 2007; Kitzinger, 1995). It allows the researcher or interviewer to question several individuals systematically and simultaneously (Babbie, 2006) and is focused on a specific topic facilitated by a moderator (Sim, 1998).

As a form of qualitative research, focus groups are basically group interviews, although not in the sense of a discourse between a researcher’s questions and individual participants’ responses. Instead, focus groups use group interaction as part of the method, based on specific topics that are supplied by the researcher who typically takes the role of a moderator. Participants are

encouraged to talk to one another, to ask questions and comment on others' experiences and opinions (Kitzinger, 1995).

The hallmark of focus groups is their explicit use of group interaction to produce data and insights that would be less accessible without the interaction found in a group (Morgan, 1997).

5.1.1 Background

The focus group interview is employed extensively nowadays. Nevertheless, professionals in the fields of marketing and advertising have used focus group interviews for more than 30 years to derive consumer expectations and to understand people's perceptions and feelings about a particular issue, product, service or idea (Krueger & Casey, 2000).

From a historical perspective, focus groups are not really new within the social sciences either (Morgan, 1997). Bogardus (1926) description of group interviews is among the earliest published work (in Morgan 1997, page 4). Group interviews also played a notable part in applied social research programs during War World II, including studies on factors that affected the productivity of work groups (Thompson & Demerath, 1952).

Merton and his colleagues used this method to examine the persuasiveness of propaganda efforts and the effectiveness of training material for the troops (Merton et al., 1956). They named this technique "the focused interview" and laid the basis for its nature, use, criteria and procedures. But despite this pioneer publication, for several decades the method was rarely used in social science research, which relied mostly on large scale surveys and quantitative methods (Sutter, 2000).

Applied social scientists outside of the academy began using focus groups extensively in the late 80's to investigate how to improve the effectiveness of educational, developmental and other programs. At the same time social scientists in academic institutions were also rediscovering the method (Krueger, 1994; Morgan, 1997). The most significant methodological outcome in the last decade was Morgan and Krueger's joint publication "The Focus Group Kit" which combined Morgan's expertise in academic work and Krueger's in applied one (Sutter, 2000).

Focus groups interviews are utilized nowadays in the research of a variety of disciplines, including social sciences, education, psychology, health and nursing, thus allowing professionals to listen to the perspectives of their clients

and to understand their perceptions, beliefs and feelings regarding specific issues (Sim, 1998; Vaughn et al., 1996).

5.1.2 Characteristics of focus groups

Morgan (1997) broadly defines focus groups as a research technique that collects data through group interaction on a topic determined by the researcher. In essence, it is the researcher's interest that provides the focus, whereas the data themselves come from the group interaction. A focus group is a carefully planned discussion designed to obtain perceptions on a defined area of interest in a permissive environment (Krueger, 1994).

Focus groups typically include between six to twelve participants which are brought together to engage in a guided discussion of some topic. The participants are selected on the basis of relevance to the topic under study (Greenbaum, 2000). They are similar to each other in a way that is important to purpose of the study and this homogeneity is the basis for their selection. Thus, they may be recruited on the basis of similar demographics, psychographics, buying attitudes, or behavior (Krueger & Casey, 2000).

The participants engage in a discussion of a particular topic, led by a trained moderator, who uses a structured or semi-structured interview guide with open-ended questions. The purpose of the study is to explore rather than to describe or explain issues in any definitive sense.

Participants are encouraged to express themselves freely and spontaneously. The objective is to determine in a profound way the perceptions and ideas of a group of persons on a given issue in order to understand what they think or why they feel and behave in a certain way (Babbie, 2006; Nkwi et al., 2001).

Folch-Lyon and Trost (1981) indicate that in addition to help explain how and why people behave as they do; focus groups also provide the means to probe their emotional reactions to issues. This is particularly relevant in psychological fields in which further understanding of target individuals' reactions to issues assists in better understanding the research findings. It is important to remember that the purpose of the focus group interview is not consensus building, but rather, obtaining a range of opinions from people about specific issues (Vaughn et al., 1996).

A major assumption of focus groups is that with a permissive atmosphere, or what Greenbaum (2000) refers to as a nonthreatening environment, that fosters a range of opinions, a more complete and revealing understanding of the issues

will be obtained (Vaughn et al., 1996). The discussion is comfortable and often enjoyable as the participants share ideas and perceptions. Group members also influence each other by responding to ideas and comments throughout the discussion (Krueger, 1994).

Focus group interviews must always be conducted in series (Krueger, 1994). If only one focus group is convened, there is always a danger that a single group of people may be too atypical to offer any generalizable insights (Babbie, 2006).

5.1.3 Rationale for the selection of focus groups

The two traditional methods of collecting qualitative data in the social sciences are participant observation, which usually occurs in groups, and open-ended ethnographic interviews, which typically occur with individuals.

Participant observation is the traditional ethnographic method to study issues that occur naturally within everyday life and conversation. In contrast, the focus group method allows access to participants' interaction on topics that are either difficult to observe or rare in occurrence. (Sutter, 2000).

The main advantage of focus groups in comparison to participant observation is the opportunity to observe a large amount of interaction on a topic in a limited period of time based on the researcher's ability to assemble and direct the focus group sessions.

There is a trade-off between the natural observations on a field setting and the ability to collect a concentrated set of interactions in a short amount of time through focus groups. This choice largely depends on the research topic itself (Morgan, 1997). Since this study dwells on adolescent sexuality, it is practically impossible to investigate it using participant observation.

In comparison to individual interviews, a focus group interview widens the range of responses due to the increase in the number of participants. Focus groups offer a unique opportunity to both collectively interview participants as well as to observe them interacting while discussing the selected topics (Sutter, 2000). In addition and as opposed to in-depth interviews, which explore individuals' attitudes and views, focus groups reveal the way in which particular individuals' opinions are accommodated or assimilated within an evolving group process (MacPhail & Campbell, 2001).

Another comparative advantage of focus groups, as an interview technique, lies in its ability to observe interaction on a topic. Group discussions provide direct evidence about similarities and differences in the participants' opinions and experiences as opposed to reaching such conclusions from post hoc analyses of separate statements from each interviewee.

Focus groups, by their nature, involve group dynamics, and individuals may respond differently to questions in a group setting than they would in an individual interview. For example, a person who is more passive in an individual setting can be more vocal about a controversial topic in a group setting if he or she perceives a sense of support from other group members (Aarons & Jenkins, 2002). This has also been demonstrated in various studies of Ethiopian immigrant adolescents in Israel (Nudelman, 1993, 1996).

Finally, the selection of focus groups over individual interviews was determined by the empirical research agenda of this study, whose objective was to uncover both normative and counter-normative discourses regarding sexuality and relationships among Ethiopian immigrant adolescents in youth villages in Israel. These were considered more likely to be expressed in the context of debate and argument inherent in the focus group approach, than in the less controversial setting of an individual interview (MacPhail & Campbell, 2001).

5.1.4 Benefits of using focus group discussions

Participants may feel empowered and supported by a sense of group membership and cohesiveness. The group setting often encourages them to reveal their thoughts and views as they feel more comfortable and secure in the presence of people who share similar attitudes, opinions and behavior (Nkwi et al., 2001). Thus focus groups may encourage a greater degree of spontaneity in expression of views than other methods of data collection. In addition, participants do not feel obliged to respond to every question since others are around to do it (Sim, 1998).

Among the advantages of using focus groups for research in adolescent health are the richness of ideas generated in the group discussions and the general level of excitement over the topic (Spruijt-Metz, 1995). Group dynamics frequently bring out aspects of a topic that would not have been anticipated by the researcher and would not have emerged from interviews with individuals (Greenbaum, 2000; Krueger, 1994).

Since focus groups are based on group interaction they tap on interpersonal communication, which can identify shared knowledge, cultural values and group norms (through the analysis of humor, consent and dissent within group, types of narratives used within the group). This makes focus groups a data collection technique particularly sensitive to cultural variables, which is why it is often used in cross cultural research and work with ethnic minorities (Barker & Rich, 1992; Halcomb et al., 2007; Kitzinger, 1995).

Focus groups can also provide a forum for the discussion of topics that are taboo, rarely discussed in naturally occurring group settings, or about which participants have not yet explored their feelings, attitudes, opinions, and motivations (Morgan, 1997; Sutter, 2000). This is basically achieved because the more outspoken members of the group often break the ice for the more inhibited ones.

Participants can also provide mutual support in expressing feelings that are common to their group but which they consider that deviate from the mainstream culture (or the culture of the researcher). This is very important when studying stigmatized or taboo experiences such as sexual violence and abuse (Kitzinger, 1995).

In health-related research focus groups are invaluable for guiding the development of interventions and ensuring that they meet consumers needs (Morgan, 1997). Focus groups examine peoples' opinions and experiences and provide greater insight and rationale for these behaviors (Kitzinger, 1995).

Understanding the meanings in which behavior are invested offer a valuable tool for the development of effective health education (Aarons & Jenkins, 2002; Nudelman, 1999; Rich & Ginsburg, 1999; Spruijt-Metz, 1995). In addition, the focus group setting gives youth an opportunity to discuss sensitive issues in a 'safe' environment, free from the threat of sanction from teachers or other adults (Wellings et al., 2000; Aarons & Jenkins, 2002).

To summarize, Krueger (1994) considers that the main advantage of focus groups is that it is a socially oriented research method capturing real life data in a specific social environment. In addition it is flexible, produces speedy results, has high face validity and is lower in cost than other qualitative research methods (Greenbaum, 2000).

The disadvantages of the focus group method include the difficulties in assembling groups, in moderating and controlling them in an appropriate way and in data analysis (Krueger, 1994, Nkwi et al., 2001). Although it is often considered that focus groups require greater attention to the role of the

moderator and provide less depth and detail about the opinions and experiences of any given participant, issues of depth can sometimes favor groups (Morgan, 1997).

A few investigators claim that focus groups do not generate qualitative information that can be projected to larger population (Vaughn et al., 1996). Nevertheless, most of these difficulties can be overcome by a careful planning of all phases of the study, including the recruitment of participants, the development of the focus group guide, the selection of the venue, the training of moderators and a rigorous data analysis (Halcomb et al., 2007; Krueger, 1994).

5.1.5 Focus groups in research on adolescent sexuality

Focus group interviews have been found appropriate and effective in a large amount of studies on health behavior, sexuality and HIV among adolescents over the last two decades. They pave the way to comprehend the meaning of a wide range of issues, which are a primary determinant for both health and risk behaviors in adolescence.

Spruijt-Metz (1995) used focus groups to study health behavior, risk behavior and general health among Dutch, Turkish and Moroccan adolescents in Amsterdam (including topics as nutrition, hygiene, sports, dental, smoking and drinking), as well as to understand the meanings of smoking among Chinese American and Taiwanese American college students (Hsia & Spruijt-Metz, 2003).

Many additional studies using focus groups were initiated worldwide in order to give recommendations for sexual health and HIV prevention interventions or as an input to existing programs. They provide a more holistic understanding of adolescent sexuality and its cultural context (Mathews et al., 1995).

In India, a study of young people's sexuality was conducted among low-income, unmarried, higher secondary school (16-18) and college students (20-22) in Mumbai. Focus groups were selected to explore their social interaction, views on marriage, partners and premarital sex, sexual experiences and sources of information (Abraham, 2002).

An investigation was conducted among Latino and African-American youth in Washington, D.C. in order to develop an intervention to delay sexual activity among young adolescents (12-14). Focus groups were conducted with slightly

older ones (high school ages 14–19) from the same communities to explore the prime motivators for sexual involvement, attitudes towards pregnancy and contraception, peer and family influences on sexual decision-making, and preferred sources of information and advice on sexual matters (Aarons & Jenkins, 2002).

In studies conducted in Uganda, focus groups were selected to explore the negotiation of sexual relationships among school pupils (Nyanzi et al., 2000), as well as to understand the perceptions of the risks of sexual activity and their consequences - such as pregnancy and HIV - among adolescents (Hulton et al., 2000).

The sexual behavior of adolescents trying to find a balance between traditional attitudes and safe sex was studied among second generation Moroccan immigrants in Antwerp, Belgium, by the use of focus groups (Hendrikx et al., 2002).

Focus groups were also selected for a study among high school students and teachers in Cape Town, South Africa, in order to learn about their attitudes, perceptions and behavior related to AIDS in a specific cultural and social context. This research gave an insight to the meanings they attributed to sexuality and AIDS (Mathews et al., 1995).

Harrison and Nonhlanla (2001) employed focus groups to explore gender narratives of HIV and pregnancy prevention among rural South African school-going youth, and specifically the gap that exists between awareness and practice concerning risk behavior. The study's objective was to understand sexual risk perception in this age group, how it influences negotiation and decision-making in relationships and how in turn, these factors influence access to prevention.

An additional study of condom use among adolescents and young people in a Southern African township selected the focus group method to investigate the broader contextual factors (social, community, cultural) that influence the use or non-use of this type of contraception (MacPhail & Campbell, 2001).

HIV prevalence and socio-cultural contexts of sexuality among youth in Addis Ababa, Ethiopia were also studied through focus groups. The discussions focused on sexuality and its determinants among young people (including the dynamics involved in learning and practicing sex, societal roles in modeling the sexual life of young people and pressures to engage in sex), gender relations and their influences on young people's sexuality and their perceived vulnerability to sexually transmitted infections, including AIDS (Taffa et al.,

2002a). In an additional study in Ethiopia, focus groups were used to complement a quantitative study on reproductive health knowledge, attitudes and practices among school students in Bahar Dar. This study dealt with adolescents' knowledge of both modern and traditional forms of contraception, their perceptions of sexual experiences and of the available services for reproductive health (Kibret, 2003).

Focus groups were also selected for studies among Ethiopian adolescent immigrants in Israel including issues related to culture and health (Nudelman, 1993, 1999), a longitudinal study of changing sexual roles (Nudelman, 1995, 1996) and a research on attitudes towards contraception among young female immigrants (Goldman, 1999).

5.1.6 The focus group guide

Focus groups have a focused discussion and therefore, the questions in a focus group are carefully predetermined. They are phrased and sequenced so they are easy to understand and logical to the participant. Most are open ended questions, which are developed through considerable reflection upon the topic and the specific target population. The set of questions - called the questioning route or interview guide - is then arranged in a natural, logical sequence (Krueger & Casey, 2000). The focus group guide is one of the keys to the success of this research method.

The interview or question guide of this study was developed taking into consideration that it was targeted towards adolescent sexuality among Ethiopian immigrant adolescents studying in youth villages in Israel. The guide included a series of questions in order to understand the meanings they attribute to male-female relationships amongst their peers, as well as to explore their attitudes and behavior, through the group discussion.

The questions referred to issues such as gender roles, love, sexual activity, contraception and HIV/AIDS. It also sought to explore their perceptions of the differences between Ethiopia and Israel on some of the issues.

A funnel-based approach was used as a frame for the question route which combined various levels of structure. In a funnel-based interview, each group begins with a less structured approach that emphasizes free discussions, thus allowing for a wider perspective of individual experiences at the beginning of the session. The subsequent stages of the interview are more structured and participants are guided to directly answer the research questions (Halcomb et al., 2007; Morgan, 1997; Hsia & Spruijt-Metz, 2003).

The development of the question guide or route (sequence of questions) for focus groups is very important because it enhances the consistency of data obtained between groups and contributes to the data analysis of a set of groups (Halcomb et al., 2007; Krueger, 1994).

The questions in this study were designed taking into consideration the cultural background, the transition from Ethiopia to Israel and the context of Ethiopian adolescent immigrants' lives in Israel in general, and in youth villages in particular.

The aim of the question guide is to initiate the discussion with a simple introductory question in order to stimulate group discussion. This question allows the researcher to gain some insight into the group members' basic views on the subject. For example:

Please tell us your name and some word (or thought) that comes to your mind when you think of girl-boy relationships.

The introductory question is followed by transition questions that gradually narrow the focus of the discussion:

What kinds of boy-girl relationships do you know?

Subsequently, the key questions, which represent the core of the focus group discussion, are asked:

What does having a steady boy-girl friend mean?

When /why do boys and girls in steady relationships decide to have sex?

The session is closed with an ending question, enabling participants to reflect on the group discussion or to add additional comments:

In your opinion, what is the most important issue we discussed? or

Would you like to add something?

The focus group guide was discussed with young adult Ethiopian immigrants, mostly university students in their twenties, who work as sexual health educators with adolescents and are familiar with the topic of the research. It was also pilot tested in two focus groups: one with boys and one with girls. As a result, modifications were made both in the wording and in the sequencing of a few questions (Krueger, 1994).

5.2 Conducting a focus group study

5.2.1 Sampling and recruitment

The study was conducted among 10th and 11th grade Ethiopian adolescent immigrants (aged of 15-18) in six co-ed youth villages or residential schools. Three of them were religious and the other three were secular. Altogether twelve single-sex focus groups were conducted, six for girls and six for boys, half of them in religious and half in secular schools. A minimum of three focus groups was planned for each subcategory of participants (boys-religious school; boys- secular school; girls-religious school; girls- secular school) as it was considered important that sufficient data should be collected from each participant type to facilitate the emergence of patterns and themes between and across groups (Krueger & Casey, 2000; Morgan, 1997).

In the first stages of the research it became evident that practically no differences existed between the data collected from the group discussions in religious and secular schools. This may be explained by the fact that these adolescents all came from a same traditional cultural background and had gone through a similar integration process in Israel. The relative homogeneity between the groups allowed capitalizing on their shared experiences (Kitzinger, 1995). It was also found that brothers and/or sisters studied in different types of youth villages due to reasons such as a good level of education in the school or their wish to join a school where some of their friends studied, and not related at all to their level of religiosity.

After conducting ten groups it became evident that data saturation had been achieved (Morgan, 1997; Sim, 1998), since no new information was obtained from the subsequent ones. Nevertheless, the remaining two planned focus groups were completed in order to balance the different types of schools.

Each group met for two separate sessions with a week interval between them for two reasons. In the first place, it took a relatively long time to gain the participants confidence and to get down to work. In addition, the time allocated for each meeting (one and a half hours) was not sufficient to cover all the topics included in the interview guide (Kitzinger, 1995). This variation of the focus group method with repeated sessions for the same group of adolescents was also used in a study related to condom use in South Africa (MacPhail & Campbell, 2001).

The number of participants in the focus groups varied between 6 and 12, with most groups counting between 8 and 10, which were found to be the optimal number of participants (Krueger, 1994; Morgan, 1997; Sim, 1998). Thus, the size of each group was large enough to create discussion but not too large as to

deter some participants from sharing their insights within the available time (Krueger & Casey, 2000).

The selection strategy was voluntary. The coordinator of informal education and social studies (after formal school activities) told the students about the project and asked who would like to participate. A list was drawn up and presented to the researcher or the research assistant who visited the school. If there were too many names on the list, candidates were selected randomly.

In cases when there were not enough candidates for a group, it was completed through snowball sampling, in which accepted candidates suggested additional ones. Encouraging candidates to recruit their own friends has the potential to increase the naturalistic nature of the interaction, since the emerging group is not created for the focus group, but indexes preexisting relationships (Sutter, 2000).

It is important to note that the goals of focus groups are to understand and to provide insights about how specific groups perceive topics or situations. Therefore, although a degree of randomization may be used, it is not considered the primary factor in participant selection (Krueger, 1994).

The excitement of having a forum to discuss issues related to boy-girl relations and sexuality with someone other than the school staff was the incentive for most adolescents to participate in the group. No material incentives were offered, although the participants knew that coffee and cookies would be available during the meeting.

5.2.2 Venue

The venue selected for the sessions was the participants' clubrooms which are situated in the dormitories where they live in the youth villages. This was very convenient because although they were close to their rooms, it also allowed for privacy. It also contributed to the overall comfort of the group, since they were in their natural and comfortable surroundings (Sutter, 2000).

The time chosen for the session varied from group to group and was arranged at the participants' convenience, generally after school hours during their free time in the late afternoon or evening (Nkwi et al., 2001).

The research team usually brought along cookies or cakes and the participants prepared coffee and tea (that are provided in the dormitory kitchen), which

was an important component for enhancing a comfortable and positive environment.

The school authorities and staff were not involved in the data collection process and were not present at the time of the meetings. This contributed to creating a non-threatening atmosphere and in gaining participants' cooperation (Abraham, 2002).

5.2.3 The research team

The implementation of the focus group method requires, at least, a team of two researchers to be present at each group session. The team in this study was composed of the main investigator, who acted as the moderator, and of an assistant, who also had the role of note-taker (Halcomb et al., 2007; Nkwi et al., 2001). None of the team members were affiliated with the schools participating in the study (Aarons & Jenkins, 2002).

The researcher had twenty years of experience conducting qualitative research employing focus groups on a variety of health-related issues among Ethiopian immigrants in general and among adolescents in particular. She has interacted extensively with the community, is familiar with their culture and with the difficulties they are going through in their integration process in Israel and speaks basic Amharic. This knowledge, together with adolescents' perception of her personal commitment to their community and her empathy towards themselves, contributed to her credibility as well as to creating an atmosphere of trust in the groups (Halcomb et al., 2007).

Three university students (in their twenties), with experience as sexual health educators among adolescents, were trained as research assistants. Their training process included handling of sensitive topics, such as sexual health, as well as special considerations when dealing with an ethnic minority (Elam & Fenton, 2003). All team members had experience working with Ethiopian immigrants and were sensitive to their cultural background. They were also familiar with adolescents' interests and concerns, including the vocabulary and language that they used to discuss sex and sexuality (Abraham, 2002).

Special consideration was given to the inclusion of a facilitator who was a member of the participants' community and shared their culture (Nkwi et al., 2001), since cultural mistrust has been reported to have a negative effect on participants' willingness to disclose information. It was also taken into account that in some cultures the use of a facilitator who is too close to the participants

(for example, knows their families) may be an impediment in terms of the perception of maintaining confidentiality (Halcomb et al. 2007).

In present study it was found that some adolescents were excited and curious when the research assistant was Ethiopian and fluent in Amharic. Nevertheless, the participants chose to express themselves in Hebrew and her translation skills were not necessary. Similar behavior was observed in a research conducted among youth in South Africa (MacPhail & Campbell, 2001). Interestingly, it was found that the quality of the data collected was similar among groups irrelevant of the cultural background of the assistants. This was probably due to the warmth and the empathy expressed by the other assistants towards the immigrant adolescents.

The main researcher acted as the moderator, directing and controlling the discussion. She encouraged the adolescents to explore their perceptions of the topics and tried to keep conversation flowing throughout the session (Krueger, 1994). This was achieved by following attentively what every participant said and trying to link up their comments with the next questions.

The moderator was flexible to some changes proposed by participants, while at the same time trying to ensure that the discussion did not derail from the topic (Nkwi et al., 2001). She also watched the interaction between participants as well as their non-verbal responses, including gestures (such as annoyance or fatigue, frustration), since they assisted her in guiding the trend of the discussion.

The research assistant also served as a note-taker, taking comprehensive notes of the discussion and of the interactions as they occurred within the groups. Although audio-taping of some of the group sessions provided data to produce a verbatim transcription, the role of note-taker was invaluable in both in recording sessions in detail and in capturing non-verbal communication, such as facial expression, gestures and body language (Wellings et al., 2000).

The assistant also documented participant interaction such as reactions to people's comments, which would otherwise be lost in a purely audio recording (Aarons & Jenkins 2002; Krueger & Casey, 2000). In addition to taking notes, the assistant sometimes helped the moderator by asking additional questions, probing participants' responses (Krueger, 1994) or even occasionally intervening in the course of conflicts which arose during the discussion.

5.2.4 The discussion session

The research team always arrived at the established venue a few minutes before the time selected for the focus group meeting. Usually there were already some adolescents in the clubroom and they assisted in arranging the chairs in a circle (or similar arrangement). At the same time, a corner table with coffee, tea and refreshments was prepared.

The session always started according to a prescribed pattern for introducing the discussion (Krueger, 1994). This was a very important phase because it often determined the tone, atmosphere and the consequent behavior of the participants during the session (Nkwi et al., 2001).

The team members first introduced themselves and then proceeded to explain the objectives and significance of the study:

We would like to understand how Ethiopian adolescents view boy-girl relationships and sexuality and the dilemmas and issues that you cope with here in Israel. This information is very important for us in order to improve programs on sexual health and AIDS prevention that may be helpful to you and to Ethiopian adolescents in many other youth villages.

We are here because we want to learn from you. The opinions of each and every one of you are very important to us and we invite everyone to feel free to contribute to the discussion.

In continuation, some of the ground rules of the discussion were stated (Abraham, 2002). For example:

It is important that participants take turns to speak and not everybody at the same time.

There are no right and wrong answers and it is legitimate to express different points of view.

We assure you that everything that is said in this room will remain strictly confidential and will not be discussed with the school staff.

Other explanations were also given at this stage, such as:

Mary will be taking notes throughout all the session. This is very important in order for us to capture all the important things that you will be talking (and teaching us) about.

These basic explanations were followed by a short ice-breaker activity (Aarons & Jenkins, 2002; MacPhail & Campbell, 2001). This was usually a game in which the participants were asked to say their name and their

meanings (Ethiopian names usually have significant stories related to them). As an alternative ice-breaker, in a few groups the participants were asked to say their name and a work or phrase that came to their mind when thinking about boy-girl relationships. These activities put the participants at ease and gave the research team a feeling of each member and of the group as a whole.

After the initial activity, the researcher began the session using the question guide or route (see Appendix 1). The first question was always a general one, which served to lure all participants to intervene.

The questions were worded in a manner that asked participants what their peers think and feel about a particular issue. This was done in order to minimize embarrassment and eliminate the need for a participant to divulge personal information. Despite this approach, once the group members felt comfortable they often spoke of personal situations or anecdotes.

The discussions followed the structured question guide, although the conduct of the group was open-ended so that the flow of the discussion was participant-led. (Krueger, 1994).

The questions were intended to elicit information about the context in which adolescent sexuality is negotiated among adolescent Ethiopian immigrants in Israel. The research team encouraged the participants in each session to interact with each other, thus enhancing the quality of the output (Greenbaum, 2000).

In all groups, debates were lively with participants frequently interrupting one another and arguing over points of disagreement. The adolescents were willing to share their views and experiences in a non-threatening environment. For many, this was an opportunity to discuss matters of sexuality, to clarify doubts and gather information.

Using preexisting groups of adolescents, who study and live together in a youth village, also allowed for observation of fragments of interactions that approximated naturally occurring data. An additional advantage was that friends and peers could relate each other's comments to incidents in their shared daily lives. They even sometimes challenged each other on contradictions between what they profess to believe and how they actually behave in their everyday life (Kitzinger, 1995). For example, in a group of girls, two of them spoke of their assertiveness with their boyfriends if they suggested having sex without a condom. Some of their peers retorted that in reality most of them would do anything (including unprotected sex) in order to

keep a boy-friend, especially if he was a popular one. This interaction triggered a discussion on self-esteem and on reasons for having sex.

The researcher tried to be sufficiently involved in the group to fulfill the role of facilitator, but not so dominant as to bias or inhibit discussion. This was achieved at times by adopting a relatively passive role and allowing discussion to be led primarily by the participants, enabling the expression of potentially sensitive or emotive issues (Sim, 1998). On other occasions the interviewer had to be careful in order to avoid over-directing the interview and the interviewees, thus bringing her own views into play (Babbie, 2006).

Controlling the dynamic within the group was sometimes a challenge. It was important not to let one or two outspoken members dominate the discussion, thus reducing the chances that others would be able to express themselves. Throughout the focus group discussion the researcher reminded the participants of the value of differing points of view (Krueger, 1994), doing her utmost to get everyone to participate fully on all the issues brought in the interview and succeeding in most cases (Babbie, 2006; Nkwi et al., 2001).

Probing was used as the main technique to elicit additional information and to encourage more debate. For this purpose, some prompting phrases were employed throughout all the discussion:

Would you please explain further?

Would you give me an example of what you mean?

Towards the end of the session the moderator or the assistant gave a short summary of the session and then asked participants if this had essentially captured their thoughts and if anything has been left out (Krueger, 1994). Participants were also asked to state their final position and to summarize what issues discussed they considered important.

Finally, they were encouraged to share how they felt during the focus group discussion sessions. In the feedback sessions at the end of the single sex focus groups, adolescents reported that they had enjoyed participating in the groups, had found the discussions interesting and informative. Many stressed how unusual and positive they had found the experience of being able to argue openly about sex and relationships in a supportive context. Some added that they had felt free to discuss issues they had never talked about before, and which they might not have raised individually or in a group with members of both genders. These reactions were similar to those obtained in a study on condom use among adolescents in South Africa (MacPhail & Campbell, 2001).

To conclude the session, the researcher thanked the participants for their contribution and assured them that their opinions would be taken into account within the framework of the study and in the design of sexual health and AIDS prevention programs for adolescents in youth villages.

5.3 Data Analysis

The researcher serves several functions in the focus group: moderator, listener, observer, and eventually analyst using an inductive process. The inductive researcher derives understanding based on the discussion as opposed to testing a preconceived hypothesis or theory (Krueger & Casey, 2000). In focus groups an inductive approach to data analysis based on content analysis is generally employed (Sim, 1998).

An important factor that differentiates the focus group method from other interview techniques is that the group is the unit of data analysis and not the individuals who comprise it. A key challenge in managing data and undertaking analysis is capturing the group dynamics and interactions between participants (Halcomb et al., 2007; Kitzinger, 1995).

According to Kitzinger (1995), analyzing focus groups is basically the same as analyzing any other qualitative self-report data. The researcher draws together and compares discussions of similar themes and examines how these relate to the variables within the same population. As in all qualitative analysis, deviant case analysis is important.

Unlike quantitative analysis, qualitative analysis, and particularly focus-group analysis, occurs concurrently with data collection (Rabbie, 2004). A continuum of analysis, ranging from the mere accumulation of raw data to descriptive statements and to the interpretation of data must be considered (Krueger, 1994). Therefore, in order to generate findings that transform raw data into new knowledge and to interpret and structure meanings that can be derived from data, a qualitative researcher must engage in active and demanding analytic processes throughout all phases of the research (Thorne, 2000).

5.3.1 Phases of analysis

Qualitative research must be situationally responsive. The inductive properties of qualitative research assume that the researcher makes decisions and refines the quest for knowledge en route. Sample size is clarified en route when data saturation is reached, questions are adjusted and fine-tuned en route and the analysis protocol should also be responsive to en route signals from the environment (Krueger, 1994).

The process of data analysis in this investigation among Ethiopian immigrant adolescents began with data collection itself. During the focus group interviews, the researcher tried to maintain a logic sequencing of questions in order to allow maximum insight throughout the process of data collection. She also tried to clarify a few issues in real time, such as vague or unclear comments and changes of opinion, which would have been difficult to analyze later. This was mainly achieved through probing.

In addition, careful notes describing key points in the discussion, notable quotes, and important observations (such as silences, heated interchanges between participants and body language) were taken during the focus group sessions. This kind of information sometimes provided insights from the discussion that were not captured on recording.

At the end of each session, participant verification of the data collected was sought in two different ways. In some cases, participants were asked to give individual summary statements on some critical issues discussed. In addition, the moderator or the assistant summed up the key points of the discussion, encouraging the participants to verify if the summary was accurate and complete. This step ensured that the researcher team had understood the intent of the participants (Krueger, 1994, 1998).

A debriefing session between the researcher and the assistant was conducted immediately after each focus group. They assessed the quality of the field notes to ensure that reflections were still fresh and representative of the group process. The most important themes or ideas expressed in the group, as well as unexpected or unanticipated findings were also discussed. The findings of each focus group were compared and contrasted with findings from earlier ones. During the first groups, the need for revision or adjustment of the questions and was also discussed in the debriefing session. The assistant was extremely helpful in performing the post-meeting analysis of the session (Krueger, 1994; Sim, 1998).

The analysis strategy selected for this study among Ethiopian immigrant adolescents was a combination of transcript based and note-based analysis. Tape transcripts, together with field notes and the debriefing from the research

team, were thus used in the analysis process. It is important to note that only some of the focus groups were taped, since the participants in others were not comfortable with the tape recorder.

Subsequently, the group discussions were analyzed by means of a two-stage interpretative thematic analysis, involving the detailed reading and re-reading of the discussions in order to generate explanations of why adolescents get involved in specific types of relationships and why sometimes they knowingly continue to engage in potentially risky sexual behavior (MacPhail & Campbell, 2001).

The first stage of the data analysis involved sorting the focus group transcripts into broad content categories. Because of the informal nature of the focus groups, much effort went into systematizing the data. The transcripts and field-notes of each separate category (such as boys in secular schools, girls in secular schools, etc) were read by the researcher and the assistant while looking for emerging themes. This was done first question by question and then overall. The aim was to immerse in the details and get a sense of the interview as a whole before breaking it into parts. During this process the major themes begin to emerge (Rabbie, 2004).

Codes were then developed to identify and summarize the major themes of the discussion and the two researchers coded the transcripts manually and independently. A more complete analysis of the transcripts was conducted once all the sessions had been held (Hulton et al., 2000).

Coding discrepancies were resolved by discussion and consensus among members of the research team (Aarons & Jenkins, 2002). Axial coding using codes placed in the margin of a transcript was employed (Krueger, 1998).

After thematic coding the transcripts, qualitative content analysis was carried out on the data under the questioning route (Aarons & Jenkins, 2002; Hulton et al., 2000; MacPhail & Campbell, 2001). Major themes were identified at this stage, such as female-male relationships, reasons for engaging in sexual activity, contraception, AIDS and comparisons of adolescent sexuality between Ethiopia and Israel.

The themes emerged both from the interview protocol, which informed the topics to be discussed, and from the interview transcripts, which gave form and substance to the topics. When categories overlapped, the decision to attribute specific segments of a transcript to one category or another was based on iterative discussion between members of the research team (Hsia & Spruijt-Metz, 2003).

Grids were utilized for managing and subsequently analyzing focus groups, facilitating the comparison of data between groups (Halcomb et al., 2007; Miles & Huberman, 1994).

Axial coding allowed the research team to selectively retrieve and review information pertaining to certain codes, combination of codes or related situations in subsequent stages of the analysis. This information was sometimes assembled differently from the original version (Krueger, 1998).

The main goal sought in the data analysis was to establish broad areas of consensus amongst focus group respondents on the topics discussed, while at the same time drawing attention to areas of controversy or debate (Hulton et al., 2000).

Considering all the aforesaid, groups corresponding to different categories were considered first. For example, girls in religious youth villages and girls in secular ones were analyzed separately. In continuation the findings of both these categories were compared and a broader category of girls emerged. The same process was applied to analyzing categories of boys. Finally the findings from the groups of boys and of girls were compared between themselves.

The second stage of immersion in the data sought to probe, for example, factors mediating adolescents' expectations from a steady boy-girl relationship and the discrepancy with the relationship itself, or factors mediating between high levels of knowledge about HIV and low levels of condom use among the participants and their peer groups.

This stage of analysis pointed to several broad groupings of factors that mediate the relationship between AIDS-related knowledge and condom use Ethiopian immigrant adolescents: not necessary when you love and trust your partner, lack of control, spontaneity, lack of availability, embarrassed to discuss the issue and pressure from the partner.

The interpretation of the data was thus aimed at discovering how different themes and sub-themes are related to each other and to the data as a whole and even build hypothetical models to illustrate these links (Hendrickx et al., 2002; Nkwi et al., 2001). For example: adolescent females in a relationship with a steady boy-friend tend to behave according to gender female stereotypes (passive in many aspects due to unequal power relations). Thus, they often are likely to engage in sexual activity with their boyfriends (even if they do not feel ready for it yet). This may be due to pressure from the partner, as well as to keep the boyfriend (status among peers). The female gender stereotype also

impedes girls from negotiating condom use (if a girl brings up the issue, the boyfriend may think that she is a whore). Thus, often girls may engage in unprotected sex, even if they are scared of getting pregnant or contracting HIV.

Systematic analysis processes forced the researcher to examine and challenge her assumptions throughout the whole process. Considering that analysis should be verifiable, in the sense that another researcher must be able to arrive at similar conclusions using the available documents and raw data, the preliminary reports were shared with other members of team for review, verification and comment (Krueger, 1994; Krueger & Casey, 2000).

It is important to note that during the whole analysis process, the researcher was constantly looking for trends and patterns related to adolescent sexuality that cut across the various categories of Ethiopian adolescent immigrants that were included in this research. Although the findings of the focus groups cannot strictly be generalized by empirical data, such as statistics, it may be possible to project them to other settings which have similarities to the context in which the data was gathered (Sim, 1998).

5.4 Summary of Chapter

Focus groups were selected because of their explicit use of group discussion to produce data and insights that would be less accessible without the interaction found in a group. The question guide was carefully prepared. Specific topics related to adolescent sexuality were discussed among peers in a comfortable and secure environment with the researcher acting as the moderator and the research assistant as the note-taker. Data was transcribed, coded and analyzed according to themes, using different strategies for verification.

Chapter 6

Research findings: Male-female relationships in adolescence

This section dwells on the findings of the data collected during the focus group discussions with Ethiopian immigrant adolescents. It includes their “voices” regarding the meaning of relationships, love, sexual behavior and HIV for adolescents.

6.1 Types of relationships

Adolescents distinguish three different types of possible relationships between members of both genders. These include platonic friendships, more complex steady boy-girl relationships and casual (sexual) ones, without emotional significance. They held interesting discussions about the meanings, differences and boundaries of the first two types of relationships: simple friendship and romantic relationships:

Boys described relations with friends of the opposite sex:

“When you are her friend you can talk to her about everything”.

“I talk to her freely like I do with my own sister. You can tell her personal things”.

“You ask her advice about sex (that you plan with another girl)”.

According to girls:

“A (male) friend is like a good girl-friend. You don’t kiss or make out. It’s just talking”.

“A friendship is about two people without involving feelings. It is spiritual. They believe more in one another, they feel free to talk”.

“A (male) friend will never judge you. A friend is forever, a boy friend is temporal, and you can break up”.

The issue of confidentiality and trust in a serious boy-girlfriend relationship is controversial among youth of both genders. Most girls seem to agree that a platonic friend is a better secret keeper:

“A boy friend has certain ideas, he can judge you. You cannot tell him everything. You can only tell secrets to a (male) friend”.

A few girls disagree and think that you can tell your boyfriend many more things than to a male friend.

Adolescent males, on the other hand, think that:

“You have no limitations with your girl-friend. With a friend (female) you can’t talk about sex or do it”.

“With a girl-friend there is closeness, privacy, you can talk about every issue. She is more caring. The relationship is more caring. There is more respect”.

Nevertheless, some boys disagree:

“You can’t tell her things that scare you such as that once you got a girl pregnant or about betrayals. If you break up she may tell others (about it)”.

When discussing the differences between romantic and casual relationships, boys suggest that:

“There are just relationships and there are serious relationships. If I love her it is something different than if I just want to have her (sex)”.

“There are also short term relationships and relationships which are just to fuck. When I am hot (horny) I go to her”.

For girls this distinction is also clear, but they often exclude themselves from being involved in a casual type of relationship by projecting it on others:

“Some girls in discos go with boys just for fun”

Most adolescents interviewed spoke of the importance of having a meaningful girl or boy friend. According to boys:

"It is important to speak about life, what we plan for the future, tell each other our secrets, what affects us or hurts us".

"If there is trust then there is a real relationship".

"Trust, understanding, caring about the other and love".

Girls confirm boys' statements:

"Love, understanding and trust are important in a relationship. Otherwise it is not worthwhile. Flattery is also very important. All

this should be mutual or the relationship will not last when we leave the boarding school".

In summary, members of both genders would like to have a serious relationship, which should include trust, honesty, respect, understanding and love.

6.1.1 Love in a romantic relationship

Love is considered a mutual internal feeling that takes time to develop:
In the words of the girls:

"Love is the taste (the meaning) of life: like a bee that needs nectar to make honey, that is how we need love".

"It is hard to define. It is a feeling, a spark that ignites between two people. Only they can feel it".

"Love is a feeling that words cannot describe. It influences you, you act strangely, have butterflies in your stomach...You think about him. It affects your studies...your life depends on him. You can't live without him. But only if it is mutual, otherwise it is not real love".

Girls also tend to emphasize the importance of feelings, of deep and warm relationships, of knowing how to compromise when necessary and of obtaining a feeling of security with one another:

"A boy-friend should love you, should compliment you...above all trust and understand you. He should not be moody or bossy"

"He does not have to pamper you; sometimes you can see that he cares and that he loves you even if he does not say it".

Many boys conveyed that they want love (and not only sex) in a relationship:

"Love is trust, that she will be faithful to you".

"That they both show each other that they love".

"Love is that you care, that you are willing to sacrifice yourself for her".

One of them admitted that:

"I don't know what love is, have never loved".

Nevertheless, male adolescents often have difficulty in expressing their feelings and love because they are scared of being manipulated by the girls or of being ridiculed by other boys:

"Boys don't always feel something at the beginning (of a relationship)... To demonstrate his love lowers a boy's honor (respect) but girls feel good if they are loved".

Some girls seem to understand boys' difficulty to openly express their feelings:

"I don't think that I can talk to him (a boyfriend) about love. For him it is nothing. For us it is something important".

"Boys hide it -even if it is important for them".

Some boys emphasize the importance of a girl-friend's honor:

"It's important that she has honor/dignity. If she has honor I will do everything for her".

By honor they refer mostly to modesty as an important quality in traditional Ethiopian culture, which is shown through proper dress and modest behavior.

6.2 Sexual initiation

When discussing the age of sexual initiation, some boys consider that it may begin as early as thirteen:

"Boys start from 13 to 17. You are horniest when you are 13. You begin when you get sperms, not to waste them".
"Around 16-17 is a good age to begin".

Females suggest that sexual initiation may take place from the age of fifteen:

"There is no fixed age to begin. If a girl is 15 and she has been with some one for 3 years, must she wait more? "

Other girls think that the best age to initiate sex is after completing their secondary education:

"Around 18 or 20; after school, after the army. Before that you are still a child. After that you know what you want".

And some females think that it is not only related to age, but to maturity:

"You must feel that you are ready for it".

The issue of sexual initiation, including virginity, led to a heated debate in a male focus group. The following dialogue took place among two adolescents who had immigrated to Israel when they were children:

"I would like to marry a virgin"
"In Israel you don't find virgins. Maybe one in a million".
"There is no possibility of finding one; today no one keeps their virginity until they marry"

Two stereotypes can be observed in the aforesaid conversation. The first boy reflects the influence (at least in theory) of the norms and customs that prevailed in their traditional society in Ethiopia, where virginity was an essential value, considering the fact that girls were wed in arranged marriages at a very young age. The second boy expresses a preconception that all girls in Israel have sex before marriage.

This dialogue triggered a discussion on the issue. One of the minority voices in the group then suggested that the truth is probably some place in the middle.

Females also relate to this polarization of virginity among Ethiopia and Israel:

"You must take care of your virginity till marriage (all agree in theory), but in Israel most have sex before".

"Here it is not like in Ethiopia. There they examined to see that you were still a virgin. In Israel no one examines a girl".

"Virginity adds to your self-esteem, but it is rare to find girls who take care of it here (in Israel). If a girl will say that she is a virgin, others may make fun of her".

"Among Ethiopians, being a virgin is nice, it brings honor".

Age of marriage and sexual initiation

Most youth think that the ideal age of marriage is after the age of 25, when they have completed their military service, studies in the university or learned a trade and can financially manage to support themselves. Therefore, for many of them a future marriage is usually not a main factor influencing whether to have sexual relationships or not at present.

6.3 Reasons for engaging in sexual relations

6.3.1 Love in steady romantic relationships

Most adolescents agree that a serious relationship should include feelings and that sex is also a part of it. Often youth do not perceive that going out together can exist without having sexual intercourse, as expressed by a girl:

"If the relationship with a boy friend is really strong and deep, there is no reason not to have sex"

All girls and many of the boys spoke of the importance of sex as part of a relationship of love. Most agreed that the best sex was sex with love.

According to some of the males:

"Sex with love is with all my heart, it is spiritual".

"A girl friend is not just for sex, it is to be together with her, to share"

Girls' aspirations are similar to boys on this issue:

"To have sexual relations, only with love. It is not worth while without love; it is not fun with someone you do not love".

"With a boy-friend you have physical contact, you make out. You tell him personal things. You respect him more. You have more fun with a boy-friend. You should only have sex with a boyfriend".

"We must connect love to sexual relations. If there is no love there is no reason to have them. We are not animals. Tomorrow he will go and tell his friends".

When referring to true love, some girls think that sexual relations can strengthen the bond and even serve to test the quality of the relationship:

"It takes time for love to develop. But if it really is love, he won't abandon you, even if you get pregnant".

Nevertheless, some girls are worried that a relationship should be only for sex. Therefore, sex is often an ambivalent part of the equation:

"You do everything with a boy-friend. One must be sure that he will always be there for you, that he is not only interested in sex".

"If you love him, it doesn't mean that you must sleep with him".

Most of the group agreed with this, at least theoretically.

Some of them even suggest that most boys are looking for sex and a only a minority of them seek love as well:

"If a relationship is not healthy, sex will have a negative effect on it and it is probable that after the male gets what he wants, he'll leave you. But if the relationship is a real one, the boy will value that you gave him the most precious possession (your virginity) and the relationship will become even stronger".

On the other hand, if it is real love, there are boys who declare that they are willing to postpone or even to renounce having sexual intercourse for their girl-friend's sake:

"One checks when both are ready for sex. It does not have to be so fast... If you love her you wait..."

"I could wait and see what happens (how things develop)..."

"I am willing not to have sex with a girl that I love"... "if it's a girl with whom I really plan to do things: get engaged, meet her parents, get married...I would not sleep with her".

One male even suggested that:

"I could go on being her boy-friend and go sleep with other girls".

Different opinions were expressed about the timing of sexual relations in the context of a steady boy-girl relationship, although most of the adolescents think that it should happen when both partners feel ready for it and consent. According to adolescent males:

"Average, you can begin (to have sex) after a month".

"It depends when the girl is ready for it. Boys are always ready".

"If the girl is easy, in a couple of days or a week. Some girls don't 'give' so you wait three months or half a year".

"Virgins don't allow it for a long time. To do it with a virgin you have to show her that you really love her".

"I will wait till she is ready. When she says 'yes' I'm in".

Some girls stated that it, in addition to consenting and feeling ready for sex, one must be sure that the boy cares about you and loves you:

"There are relationships in which you just start having sex when you have been together for a long time".

"There must be a mutual agreement to have sex. In many cases they will discuss it".

"If you are making out and he asks you and you are not sure, that means that you are still not ready for it (sex)".

"When you feel ready for it and when you are sure that he loves you".

"You see that he is serious, that he really cares about you.

When you think that you won't regret it afterwards".

When asked how they know when a partner is ready for sex, most girls thought that this question is not an issue with males, since they are always ready. On the other hand, boys debated this issue, ranging from obtaining verbal and non-verbal consent at different stages:

"You just ask her if she wants to have sex".

"First you 'heat her up' and at the same time you ask her if she wants to do it".

"Sometimes you do not speak (verbally) with your girlfriend about sex. It just happens. You know according to her reaction. If she doesn't stop you, you can continue".

"There must be consent, otherwise it is rape".

Although love is considered by many adolescents as the ideal situation in which sexual relations should take place, there are also additional reasons for adolescents to engage in them:

6.3.2 Needs or fun

Some boys distinguish between sex with and without love. In the later case they often have sex because of their biological needs or just for fun:

"We have sex for fun, for our (sexual) satisfaction. To feel like a man! "

"If there is no love, there is no commitment. It's just sex for fun".

"If you don't love her, you look for sex and that's it".

"There are also relations just for sex, you fuck and dump (her)".

Some girls agree that the aforesaid reasons for engaging in sex exist, but are only relevant for members of the opposite gender:

"Most boys just want sex with a girl and then dump her". "Around 50% just do it for their own satisfaction".

6.3.3 Pressure from the partner

Although adolescents of both genders think that sexual relations should be based on a joint decision, they also mention pressure, mostly of boys on girls, as a factor that may lead to them. Opposite attitudes on this issue were expressed by the boys. Most of them think that:

"When a girl says no, it means that the time is still not right for her, that you have to restrain yourself and wait".

"One does not pressure a girl- friend. If she does not want to have sex, you just wait or get yourself a different girl-friend".

There were also a few adolescents males who suggested that:

"There are also girls who say no but don't mean it".

One of them added:

"If my girlfriend will refuse me, I will go around the boarding school hot (showing my anger), I may even get a little drunk in order to bring pressure upon her".

Female adolescents refer to the pressure of male partners:

"There are some boys who pressure their girlfriend to have sex, and she agrees, because she is afraid that otherwise he will leave her. In this case, it's obvious that he doesn't love her and is just looking out for his own interests (sexual satisfaction)."

"A girl can agree to have sex just to prove (to him) that she loves him".

"If you love him you are willing to give him everything. This is not good because you don't have a will of your own. The brain should control the feelings even if sometimes it is very hard to do. "

"I will be with him (have sex with him) even if I don't want to. He is very popular and by being his girl-friend I am popular too..."

"If a girl doesn't agree (to have sex) he'll spread bad rumors about her around the school...like she's a whore..."

It is important to note that a minority voice among the girls, suggesting that:

"There are girls that would break up if the boy wants sex (and she is not willing yet)".

In many of the aforesaid examples it can be observed that low self-esteem and lack of self-confidence often lead girls towards sexual behavior that they do not really desire or they do not enjoy. As one girl explained:

"Some girls lack self-confidence and want boys' attention...they can get it by selling their bodies".

All the aforesaid reflect unequal gender power relations between partners. A few girls insinuated that boys could even physically coerce girls into having sex.

6.3.4 Peer pressure

Female adolescents relate to pressure exerted both by girls on girls and by boys on boys to have sexual relations. They indicate that girl-friends often tend to put pressure on an undecided girl to go ahead and have sex, especially if most of them are already sexually active:

"I have friends that did it, so I did it too".

"Boys put pressure on boys. Among us girls there is also pressure, but less (than among boys), because girls are more shy and closed up (uncommunicative) on these issues".

When referring to the pressure of boys-on-boys, girls say:

"To have sex with a girlfriend makes a boy 'cool'".

"Often a male is not interested in the future. In adolescence the most important thing is to have a girlfriend and that the others (boys) know that he has a girlfriend (and that he has sex with her)".

Males only refer to social pressure of boys on boys, confirming the girls' insight:

"It is important to show that you are a man, that you did it (had sex with the girlfriend)".

"If a guy tells you that he did it, you want to do it too".

"If you want to do it (have sex) and she does not want to do it with you, other boys will humiliate you".

Sexual gender stereotypes are very generalized, as seen through the aforesaid examples. Most adolescents agree that it is socially acceptable that boys need more sex than girls, and therefore it makes it legitimate, even in cases of infidelity towards their girl-friends.

As one of the female adolescents explained:

"In the boarding school there are many cases of girls that sleep (have sex) with boys and everyone knows about it right away. This is the type of information that is transmitted by sign language. The boys are disgusting, they humiliate girls, and they go and tell about their sexual affairs, sometimes even before they have actually had them. They will also tell each other things like: she is a slut, go to her".

In conclusion, it seems that coping with gender stereotypes is a significant issue for adolescents and has a big influence on their sexual behavior. As expressed by a group of males:

"A boy can have sex with more than one girl. A girl that has a lot of sexual relations gets addicted to sex and becomes a whore".

This is confirmed by females:

"If a girl has (a lot of) sex with men – it devaluates her honor/dignity". But boys are proud (of having sex), they can say 'I laid another one ...or I added another girl to my collection'. We (girls) also agree with this (characterization)".

A number of other additional reasons for engaging in sexual relations were mentioned by members of both genders:

6.3.5 Curiosity

The natural curiosity, as well as hormonal and physical changes that accompany development in adolescence, are considered by a few boys as an additional factor for engaging in sexual relations:

"In adolescence, young people feel the need to experience sex".

"You begin out of curiosity and you continue for your pleasure.

You also want to discover a girl's body"

"In adolescence hormones go crazy. Every guy is hotter than the other. People get horny and they want to do it".

As expressed by a female adolescent:

"You change (develop). You are in a certain environment (sexually hot situation in Israel) and, out of curiosity you want to try it (sex)".

6.3.6 Loss of control

Loss of control is perceived as an additional factor which enhances sexual relations among adolescents. It is usually related to substance abuse and adolescents referred specifically to the influence of alcohol, which is on the rise among adolescents in Israel in general and in some residential schools in particular. According to males:

"We must be worried about alcohol...when you drink, your senses are aroused, they get sharper, and then you do not stop...it just makes you hotter (hornier)".

Girls agree with the aforesaid:

"Alcohol is bad. A drunken girl does not know what she is doing. He is taking advantage of her".

Some males also related to loss of control when making out with their girlfriends:

"Sometimes when you are making out, and you cannot control yourself" (and therefore just continue to full sexual relations).

6.3.7 Influence of environment and the media

The influence of the media: television, newspapers, the Net and even pornography, was mentioned by some youth of both genders as additional factors leading to sexual relations:

*"Adolescents are influenced by the surroundings and by television, they think that they know it all and that they are old enough to have sexual relations"
"We are exposed to sex on TV. It is interesting and it makes us horny, so we try it out with the people around us".*

6.4 Differences between relationships in Ethiopia and Israel

Adolescents of both genders depicted the differences between male-female relationships in Ethiopia and in Israel. When referring to Ethiopia, girls state that:

"In Ethiopia there was no boy-friend. There was respect. Some girls were married when they were 12. In Ethiopia they examined you to see that you are a virgin. This was sacred. A virgin brings honor to the family".

Boys agree with girls, thus confirming the aforesaid:

*"There (in Ethiopia) a boy does not come on to a girl. There is no sex before marriage. It is completely different than here. You don't know her before the wedding. In the villages, the parents speak among themselves, make the marriage arrangements. Girls marry at 12, boys at 14-15. The first time you meet her is at the wedding. If she is not a virgin, she is dumped on the wedding night".
"But this is only in the villages, in the city it is like in Israel".*

The differences between Ethiopia and Israel were then further discussed by females:

"There every girl with nida (isolation during the menstrual period), does not mix (with members of the opposite sex). Here they mix".

"Here it is rare to find a virgin, both among Israeli and Ethiopian girls. If she admits that she is a virgin they will laugh at her. "

"They tell you that when you are 18 you can do what you wish, you are responsible for yourself. In Israel, Ethiopian parents are very primitive. If you do as you wish (have a boy-friend/sex), your relationship with them will be destroyed".

According to adolescent males:

"In Israel it is the opposite of Ethiopia".

"In Ethiopia there is no such thing as a French kiss, mouth to mouth. Here everyone lies down (has sex) with everyone".

"Here you meet a girl to go out with her or to be her boyfriend. Or for a one-time fling. At our age, who thinks about marriage? (in comparison to Ethiopia) "

"In Israel there is a Western culture. A woman is an equal, she is valued. It is better for girls to live in Israel (than in Ethiopia)".

While discussing the advantages of being an adolescent in both countries, the following dialogue between boys took place:

"I prefer to live here because girls are worth more. There they choose for you and it is primitive".

"I prefer to live there (in Ethiopia). They choose a wife for you, you can find one easily. There are no betrayals, there is honor and respect".

6.5 Preferred partners

There is not a general consensus on the issue of the preferred ethnic origin for a girl-friend or boy-friend. Most boys agree that they would prefer a partner of the same origin, from Ethiopia:

"I would prefer an Ethiopian because there is a mutual understanding".

"If it is just a girlfriend, this may not be important, but to get married, only with an Ethiopian".

"If she belongs to the community, she will understand your mother.

With an Ethiopian partner there will not be cross-cultural conflicts and tensions".

"When you come from different cultures, there is less understanding. If we don't marry among ourselves, Ethiopians will become extinct".

Just a few boys thought that the ethnic issue was not important:

"It does not matter. Any girlfriend can be OK for me (not only an Ethiopian one)".

During a dialogue connected to the aforesaid issue, the following ideas were expressed:

"Why do I need white children?

My brother married a Moroccan and they have a black child just as it should be!"

In contrast to males, females were almost evenly divided on the perceived importance of a partner's origin:

"It is preferable that my partner should belong to the (Ethiopian) community. He knows the customs, traditions, behavior".

"He knows Amharic and can speak to my parents".

Nevertheless, other girls think that the partner's ethnic origin is not fundamental:

"The most important thing is that he should be a good human being".

"Many Ethiopian girls marry men from other origins.

My boy-friend is Iraqi and we are together for five years".

It is interesting to note that upon being asked what their parents think about the preferred ethnic origin of a boy/girl-friend, these transpire as more open-minded than their children. Some adolescents admit that they have never openly discussed this issue with their parents, but can deduce their parents' attitudes from conversations at home. It is also possible that some of the opinions attributed to the parents reflect their own aspirations. According to adolescent boys:

"For my parents it is important that she should be Ethiopian because she will respect them".

"Who says that an Ethiopian girl will respect them? In Israel it is not that way. Girls here are different".

"Actually it is less complicated with a girl who does not belong to the (Ethiopian) community. You do not have to check seven generations (to see if you can be with her)".

"It is respectable to marry outside the community. It has more value because it is still uncommon. People see you and appreciate that you have married this way".

"My parents would welcome anyone. They don't care from where she comes (origin). The most important thing is to get along well".

Female adolescents also represent their parents as open-minded:

"Whoever is good for me is good for them".

"My parents prefer an Ethiopian. We have the same customs, the same culture".

"My boy-friend is Iraqi. My parents accept him warmly. They don't have a problem with this issue (other origin). His parents also accept me".

6.6 Summary of chapter

Most Ethiopian adolescent immigrants differentiate between three main categories of relationships: friendship, casual and steady romantic ones. Most of them aspire to the later kind of relationship, although some do not really understand its significance. Love and trust are considered the most important qualities in a steady romantic relationship. Sexual activity is also often considered a part of it, although girls are often ambivalent about this, and fear that boys may be in the relationship mainly for sex. The issue of double standards regarding partners for sexual activities was also raised. Additional reasons to engage in sexual activity mentioned by adolescents of both genders include pressure from the partner due to unequal gender power relations, peer pressure from members of the same gender, influence of substance abuse and of the environment and the media. Boys also referred to biological needs, curiosity and fun as motivators for engaging in sexual activities.

Ethiopian immigrant adolescents related to the differences in gender relationships in Ethiopia and in Israel, mainly to early marriage, to females expected modest role and to virginity as a prized value and to partner selection. Many of them – especially among the boys – would still prefer to have an Ethiopian partner.

Chapter 7

Research findings: Contraception

Adolescents are aware of the existence of different kinds of contraception, although their knowledge is often vague or inaccurate. Their perceptions are influenced by cultural, social and psychological factors.

7.1 *Type of contraception*

When considering contraception, most adolescents of both genders refer to condoms or to oral contraception, although some also suggest the use of 'natural methods', such as quick withdrawal (coitus interruptus) and the 'safe days'. As expressed by female adolescents:

“There are 14 days every month when you can have sex and not worry (about pregnancy)”.

“But they are not really safe, because the sperm can just stay there and get you pregnant later on”.

One of the boys raised the issue of the safety of this method:

“The problem is that we don't know exactly what days are safe!”.

The most common answer given in most groups when asked about types of contraception was:

“There are condoms and there are pills”

Many girls heard that oral contraception can prevent pregnancy, but very few actually know how it is used:

“It must be taken every day. There are 21 pills, after that the period comes and you begin again”.

“I heard that it has side effects” (although no one knew what these are).

A few girls related to incidents in which a boy-friend gave a girl a pill just before engaging in sexual activity, assuring her that by taking it she would prevent pregnancy.

Some boys are aware that a girl can take specific tablets or pills to prevent pregnancy, although they do not know how they must be taken in order to prove effective. Many think that oral contraception is effective if a girl takes a pill just before each time she engages in sex, the same way as a male who uses a condom:

“A girl brings a pill like a boy brings a condom”.
“The pills kill the sperm. But I can’t trust a girl to take the pills (as they should be taken). Some girls don’t take them on purpose just to get themselves pregnant!!!!”

Many boys agree with the aforesaid statements.
Another contraception method that only a few girls were aware of is the UID, which they heard is for married women and has side effects.

Most immigrant adolescents have some kind of knowledge about condoms. Females relate to condoms as follows:

“It is a rubber that stretches. It can have different tastes”.
“It prevents the sperm from meeting the egg”.
“Only condoms can prevent pregnancy and also AIDS”.

According to adolescent males:

“A condom is made of rubber. You put it on your penis and nothing of mine is passed on to the girl”.

Many boys think that they know how to use a condom correctly, including the right way of putting it on and also how to check the date on the package. As one of them summarized:

“It is all written on the package”.

Although awareness of condom use was generalized among all FGD participants, some girls were skeptical about its reliability:

“It can burst or tear. This happens often. I can’t depend on it. It is scary; to use a condom is to take a risk...maybe it will tear”.
“Maybe we should use two for safety”.
“How can we know in advance that a condom is really OK...condoms are good (effective) maybe 50% of the time”.

Boys expressed more faith in condom use than girls, emphasizing their importance for self-protection and stating that they use them regularly:

“My life is more important than five minutes of pleasure. Why should I take a risk? Even if I know her I can’t be sure if she is infected or not”.

“No one has sex without condoms! It is important to always carry one in your pocket”.

“I would prefer sex without them, but condoms are a must”.

Adolescent males also relate to condoms as a way of preventing pregnancy:

“Although it is more fun without a condom, most guys use them. Otherwise we would have many abortions and pregnancies here (in the boarding school)”.

“All boys use condoms. No one wants to take a chance and get her pregnant”.

When discussing what to do in a situation when there is no condom available, some boys also suggest that:

“If you don’t have a condom on hand, you can use a plastic bag or even a rubber glove instead... in order to protect yourself. A glove like a doctors’, it’s even safer than a condom”.

“Some girls are willing to do it with a plastic bag too”.

In spite of their knowledge about condoms, a big gap can be observed between most adolescent's declarations of intentions and their every-day sexual behavior. When discussing what to do in an intimate situation when a condom is not available, males declared:

“If I realize in the middle (of a sexual act) that I forgot a condom, I just continue forgetting. I don’t believe that anyone will stop in the middle and just walk away...unless she says stop”.

“No chance that I would get up and leave...The solution is oral sex”.

Some boys think that the best solution in this case is quick withdrawal, although others disagree:

“I would stop in time and finish outside”.

“To finish outside is risky. Why do I need a baby now”?

Relating to the aforesaid potential situation, an opposite point of view was also expressed:

“If there is no condom, you don’t have sex. It is scary to think of getting her pregnant. Maybe I would just go up to my room and get a condom”.

This discussion about being in an intimate situation without a condom, sometimes varied when referring to a girl-friend in a steady relationship:

“Young girls don’t have AIDS”.

“Maybe I would continue with my girl friend because I trust her and I believe that she does not have AIDS”.

A peer replied:

“What does that matter? I would also stop if it was my girlfriend (and did not have a condom)”.

When asked how many of their classmates do they estimate really use any form of contraception, girls replied:

“Just a few, maybe half of them...we know about many girls that got pregnant”.

“Some girls get drunk and have sex without knowing it (so they can’t think about contraception)”.

The following discussion took place in a male focus group:

“You don’t talk about it (contraception) beforehand. When you get to the point she asks you; do you have a condom? If you don’t have one, most girls (not all of them) won’t do it”.

“Or she can ask you: can you control yourself and finish outside (quick withdrawal)?”

“OK, but that may prevent pregnancy but not sexual diseases”.

As the issue was discussed more in-depth adolescents admitted that many of their peers do not regularly use condoms or any other form of modern contraception. They estimate that in reality maybe less than 50% of adolescents use condoms.

7.2 *Barriers to condom use*

A variety of reasons for not using condoms were mentioned, starting from denial of the barriers or of the dangers implicated in not using condoms. According to males:

"I don't think that there are people who don't use condoms".

"There are people who prefer to finish outside".

"I don't always have a condom. I don't think about AIDS".

Many adolescents, especially boys, believe that condom use reduces enjoyment and excitement:

"There is much less pleasure with a condom. It is not the real thing. Maybe for girls it doesn't make a difference".

Condom use is perceived as affecting spontaneity, as often engaging in sex is unintended and therefore, not planned in advance:

"In that moment you don't think of anything (such as looking for a condom), you just do it".

Condoms are often considered unnecessary when you know, love and trust your partner but should be used with casual ones:

"If I know her well, I am sure she is healthy. Then we can do it without a condom".

Adolescents of both genders also refer to the embarrassment of discussing the issue of condoms or contraception with their partner. In their words:

"How can I bring up the subject..?"

The use of condoms is often also related to traditional gender sexual stereotypes and to different kinds of relationships. Boys fear being considered less "manly" and girls "a whore" if they initiate a discussion about condom use with their partner.

Female adolescents also relate to carelessness as a factor influencing condom use:

"We are aware of the importance (of condom use) and we are scared of getting pregnant and of abortions. But as time goes by (in an ongoing relationship) one gets more and more careless".

Intoxication is also considered a factor for loss of control and therefore also a barrier to condom use (as well as a reason for having sex, as mentioned before):

“The use of alcohol, drugs and distraction make a person forget everything and not use a condom”.

Lack of availability of condoms may be a problem, considering that they are not always within reach, and often can't be obtained at residential schools or nearby. A solution to this situation was proposed by some boys:

“Each time that you don't have a condom, you just finish outside”.

In this case though, the quick withdrawal method is mostly considered effective to prevent pregnancy but not necessarily HIV infection.

The feeling of awkwardness and embarrassment when buying condoms in certain places was mentioned mostly by boys, as most girls do not purchase condoms:

“To buy a condom is embarrassing...sometimes you just can't go up to the counter and ask for it (male)”.

“You buy quickly. If there are many people in the Super-Pharm (a big chain of drug stores in Israel), I won't buy then”.

“It is better to buy condoms in the Super-Pharm. The quality will be better than buying in a kiosk”.

According to a female adolescent:

“I am embarrassed to buy condoms. I just rely on the pill”.

7.3 *Responsibility for contraception*

There is a general agreement that a boy is responsible to bring a condom and a girl for using oral contraception. Members of both genders consider that a female is responsible for taking the pill:

“If she takes pills, it's her body. She is responsible (girl)”.

“A girl is responsible for it because it is her body (boy)”.

Some girls disagree and suggest that a couple must share responsibility for contraception. One of them related to this issue from a different angle:

“ I won't spend a cent on either one (condom or pill). It is enough that I am giving it (sex) to him ”.

When considering who should bring a condom, most male adolescents agree that it the boys' role:

“Boys must take care. A boy that brings a condom is a boy in control (of the situation)”.

In general, the male is considered the initiator. Therefore he should always be prepared and have a condom with him.

Many girls agree that it is the boys' responsibility to bring a condom:

“Because usually he is the one that wants to have sex”.

“If he uses a condom it is his responsibility to bring one along”..

Different attitudes towards girls who bring condoms were expressed. Some adolescents (male and female) think that a girl who brings a condom is 'cheap' (as in sexual gender stereotypes).

The following opinions were expressed in a male FGD:

“If she brings a condom, she is a whore.

“If she is his girl-friend it is acceptable (for her to bring one)”.

“It can have a positive side; she really cares and wants to take care of herself”.

“If she gets raped, it's good if she has a condom”.

Girls have divided opinions on this issue:

“A girl that brings a condom is cheap/ smart/ embarrassing” ...

“If you care, it's a big responsibility (to bring a condom). But it's even a bigger one to get pregnant and have a child”.

7.4 *Reasons for using contraception*

Most adolescents consider that contraceptives must be used mostly to prevent pregnancy, although many are also scared of AIDS. Boys express their feelings on these issues:

"We are scared of AIDS but even more of pregnancy. You don't think about AIDS. She's young. How can she have it? On the other hand, pregnancy has a solution. AIDS does not. I must think about my own future".

"We are scared of AIDS. We can deal with pregnancy: an abortion, get married..."

"If she is on the pill, she doesn't think of AIDS. AIDS is very scary, don't know how to deal with it. But as you grow older pregnancy is not so scary. One can get married".

According to female adolescents:

"Many girls don't have sex because they are scared of getting pregnant". "We are much more scared of pregnancy than of diseases".

"We are more worried about pregnancy than AIDS. In pregnancy, you can know why and when it happened. In the case of AIDS, you can't know, maybe only after a few months if you get a test...and I don't believe that someone (like us) bothers to go to be tested..."

7.5 Summary

Adolescents have a certain amount of knowledge about contraception, as well as of the risks of getting pregnant or contracting HIV through unprotected sex. Nevertheless a number of barriers to condom use were mentioned. They are often embarrassed to bring up the issue of contraception with a partner or are afraid of the gender stereotype attached to this initiative (for example, a girl who brings a condom is considered a slut). Adolescents who are engaged in romantic relations, and know and trust their partners, feel that they are not at risk and therefore have a low level of condom use.

Additional barriers to condom use include beliefs that condoms reduce pleasure and influence spontaneity as well as lack of availability. Loss of control under the influence of alcohol and drugs may also pose a barrier to condom use.

Chapter 8

Research findings: HIV/AIDS

8.1 Perception of HIV/AIDS

The focus group discussions indicated that most of the adolescents - males and females alike - have a certain amount of knowledge of many issues related to HIV/AIDS, although some of it is vague and unclear.

“AIDS is a virus, a dangerous disease...you die from it...it is contagious...The body slowly dies from within...”

AIDS is often described as a disease that attacks the immune system:

“AIDS is a virus that makes the immune system collapse. It shrinks a person's body...attacks the white blood cells. Every minor illness can be critical. You don't die from AIDS but from other diseases”.

“AIDS is a disease that destroys the organs and eats the flesh”.

Some adolescents also identify AIDS with cancer:

“It's a disease; a cell that grows in our body like a cancer. It can't be cured. The body tries to overcome it through its immune system but it (AIDS-cancer) destroys the cells and together with them also destroys the immune system”.

The origins of AIDS were perceived in different ways, such as:

“An experiment, someone had sex with a monkey and it (AIDS) passed on to human beings”.

In addition, some think that AIDS originated in Africa and many of them think that the disease is common in developing countries in general:

“In the Third World there are many more people that are sick and have died from AIDS...in Africa or India there is no means to fight AIDS like they have in the modern world”.

Most youth indicated that they had never come in contact with PLWA and therefore do not know how to identify them. They think that PLWA can be recognized by external signs of the body, such as:

“He is bald – like a person with cancer” or “a person who suddenly becomes very thin”.

Others adolescents do not accept this characterization and sustain that HIV status can only be determined scientifically, through blood tests.

Some Ethiopian immigrant youth supplied detailed descriptions about the differences between HIV carriers and sick people:

“It can take a few years. A person like this (with HIV+ status or carrier) is not really sick, but can infect other people”.

“While he is a carrier you can’t see anything...only when he is sick...you can tell at the final stage when he gets sick. Then he becomes white, thin, weak, indifferent (apathetic). He is prone to infections. A person who has AIDS is always tired. He has sores, his hair falls out...”

“First a person is a carrier; the virus just sits inside his body. When the disease blows up, he becomes very sick, goes to hospital and in the end will die”.

In general, being sick with full-blown AIDS is considered a more serious stage than living with HIV+ status.

8.2 Modes of Infection

Adolescents of both genders have some knowledge of two of the main modes of transmission of the HIV virus: through the reproductive organs and blood. Most of them are aware that HIV can be transmitted during unprotected sexual intercourse.

“If he or she have AIDS and have sex without a condom the partner can catch it (get infected). The chances are 100%”.

“If you have sex with an HIV+ partner the chance of getting AIDS is not 100%, because you don’t catch it every time you have sex. So it is not so dangerous not to use a condom sometimes...” (boy)

“If you kiss and your partner has a sore in her mouth”.

“Most infections are through blood. There is a big chance of getting infected through rubbing of the sexual organs during intercourse which can cause a little bleeding and from this you can catch AIDS”.

Many adolescents think that AIDS can be transmitted by blood through the use of infected syringes, as in the case of intravenous drug users. In addition, some sustain that:

“There are some (people) who pass it on to others in trance parties; they prick people on purpose... (using needles with infected blood)... Some go around giving AIDS to others as revenge (because they have been infected themselves)”.

“There are bad people that infect others on purpose. Even girls can do that on the rebound”.

It is interesting to note that an article in an Israeli newspaper related a story about someone pricking people with a syringe containing blood infected with AIDS in a night club as revenge. It is possible that this story started circulating among adolescents at that time, since none of the ones who mentioned it had personally witnessed the incident.

Piercing and tattooing were also mentioned by a few adolescents as ways of getting infected through blood:

“When you get earrings put in or if they don’t clean out (sterilize) the instrument or the needles used for tattooing”.

Some adolescents suggested that the virus can also be passed from mother to child at birth, although others think that it may be a genetic disease:

“A carrier may have gotten AIDS by heredity from his father or mother”.

Only a small number of boys mentioned that homosexuals have AIDS and therefore are a major source of infection.

Among other beliefs mentioned in addition to the aforesaid ones, a small number of students considered saliva or urine as of means of transmission of the virus:

“We heard of someone who got infected because he shared a tooth brush with an HIV carrier who had a gum infection”.

“You can get it by saliva...although we heard you need about two liters of it to get infected”.

Other adolescents disagree on the aforesaid issue:

*“Saliva does not infect, you can kiss as much as you feel like”.
“You can also cough, hug and kiss, nothing will happen to you”.*

When discussing ways through which HIV cannot be transmitted, most groups did not reach a consensus. Many adolescents believe that AIDS can't be transmitted by air or by physical contact:

“Hugs, kisses, cough, touching someone are OK. You cannot get it”.

Nevertheless, a few think that one can get infected by physical proximity:

“If you get too close to a person with AIDS, you can get it too”.

Most immigrant adolescents believe that one cannot get infected by sharing the same toilet, plates or cups:

“We can use the same plates and cutlery as them (HIV+); you can't get infected that way”.

But others disagree:

“It is forbidden to eat from the same plates...also to use the same toilet seat...there is a big chance of becoming infected because of the urine”.

8.3 Groups at risk for contracting AIDS

Homosexuals, drug-users, prostitutes and people from developing countries were defined as people with high risk of contracting AIDS and therefore people one should be wary of:

“In Africa there are many sick people. In the villages people don't sleep around with everyone so they don't get infected a lot. But, those that live in the cities can get infected much more easily. That is what happened to some Ethiopian immigrants who spent a long time in Addis Ababa on their way to Israel”.

“In Africa there are more PLWA. In Israel there are maybe 1,000 or 2,000 people. It is an insignificant percentage”.

Many think that adolescents are also at high risk because to contract AIDS because:

"They sleep with everyone...have more sex than others, or at least half of them do".

"Kids who have sex with many partners...with all types (of people) can easily get infected".

"Youth are at high risk because there are betrayals, curiosity, enthusiasm".

"Youth want to make an impression (show off). Boys here go to whores".

An additional reason that puts youth at risk of getting HIV is the use of drugs:

"Youth can get infected because they go wild at the disco and sometimes there are also drugs".

8.4 Psychological and social factors related to HIV/AIDS

In spite of having some basic knowledge about AIDS, it is evident that most adolescents are very scared of the disease, and this fear influences their beliefs as well as their attitudes and behavior towards people living with HIV/AIDS. The first level of fear is psychological: the fear of getting infected:

"They say that 6 million people have died of AIDS. That is like all the people that live in this country (Israel)! "

"Although we know that AIDS can't be transmitted through the air or by contact, if we would meet an HIV carrier, we would move away from him. It is very scary! "

"I would be scared to come close to a carrier or to hug her. One could never know what could happen... I may catch it myself".

Most students believe that there is a small chance to get infected at their boarding school:

"The probability of a student with HIV+(status) is very small, at the most maybe one in the whole residential school".

Many adolescents expressed fear to study or to live with a peer who is HIV+ (a carrier):

"The reason that AIDS should worry us is because of the possibility that there is a sick person among us that we don't know about".

"I am not willing to risk my life!!!

I think that an infected student should be expelled so he won't endanger everyone at school".

"If he stays here, he can infect through his blood and may also put girls in danger. And if it is a girl she can endanger the boys".

A group of girls held a heated discussion over this issue:

"I am not willing to live with a (HIV) carrier in the same room, not willing to put my life at risk".

"But poor thing! We can take care of ourselves and she can take care not to put our lives at risk. Remember that she did not want to get infected in the first place! "

There was also disagreement about how the educational staff should relate to a HIV+ student in the residential school:

"If I was the residential school director I would expel him, send him to a school where there are other HIV carriers".

"If I was a residential school director, I would keep him here because staying with his friends would probably help him".

"I would like the director to tell everyone about him, so people can take care of themselves".

On the other hand, some youth considered that:

"If he does not put other students at risk, it is not necessary to tell anyone about him. It can be kept a secret. But, if he is putting other people at risk and the school staff covers up (his HIV status) - it is a crime".

Nevertheless, it is important to note that quite a few adolescents indicated that they would try to overcome their fears and expressed feelings of compassion towards a hypothetical classmate who got infected with HIV/ AIDS:

"If he was a good friend of ours, maybe we could overcome the fear.

If a friend of ours got infected we would feel sorry for him, support him so he wouldn't feel lonely...after all he is our friend".

"If a student had HIV and was a good person who did not want to infect other students, she can stay here. I would spend time with her".

The fear of the social stigma attached to AIDS was raised while discussing how adolescents should behave if they discovered that they had AIDS. This hypothetical situation raised a dilemma: on the one hand, they consider that it is important to tell the truth and not to be ashamed of being HIV+. But on the other hand, they expressed a great fear of social rejection due to the stigma attached to AIDS, and therefore, most of them agreed that it would be better to

hide the fact and not to share it with others. One male student shared his deepest feelings on this issue:

“If I found out that I was infected, I would not go near anyone. I don’t want to hurt anyone. I would not rely on a condom, why should I ruin someone else’s life? I would masturbate, I would go to a club for sick people or I would not leave my home”.

A female adolescent expressed her fear of social stigma:

“My whole world would be destroyed (if I found out I had AIDS). Nobody would want to be with me. I might even commit suicide”.

8.5 Testing for HIV

Most students know that a person’s HIV status is determined by a blood examination and some have detailed information of the procedure:

“You can have a blood test in the hospital or when you donate blood. It is a special test...you get a result in a day or two: positive or negative. Positive means you are sick, negative that you are not infected”.

“One can have a blood examination and then they will tell you (if you have HIV) after a week or maybe a month?”

At least theoretically, many adolescents are aware of the importance of testing for AIDS before beginning a sexual relationship, but in practice they don’t do it:

“People should be tested before their wedding because after it they will have sexual intercourse without any protection”.

“A person can infect because he does not know that he has AIDS. That is the why it is important to be tested”.

“I would not go for a test, what for? It is preferable to use contraceptives. I may take a standard blood test...you know, one that is not especially for AIDS... I don’t want to mark myself”.

This statement highlights once more the stigma related to AIDS, including the fear of social rejection which seems also to apply to those being tested, as if being tested for HIV equals admitting that one has the disease.

Many adolescents indicated that if they are involved in a long-term serious relationship and decide to have sex, testing for HIV/AIDS is irrelevant for them. Boys' explanations are based on their on-going personal relationship with their girl-friend and on their perception of her personality and behavior, thus reaffirming sexual gender stereotypes:

"It is most probable that if I know her for a long time, she doesn't have AIDS. I trust her. If she is my girl-friend, she will tell me everything in order not to harm me".

On the other hand, they consider that testing for HIV is relevant in casual relationships:

"If a girl that you are having sex with, sleeps with everyone, then you should be scared, she may have AIDS".

"A girl that does it (sex) with all sorts of guys, there's a big chance that she has AIDS (and should be asked to go for the test)".

In contrast to their male peers, girls' explanations relating to the irrelevance of their boy-friends testing for HIV, are based mostly on external and physical factors:

"I know him ...he looks fine...if he had AIDS, he'd be in a hospital. Do you think that a person who plays football can be sick? Football players are given many medical tests, they're OK".

"In order to be admitted to our boarding school, we have to take blood and urine tests. Then they surely would have discovered (if he had AIDS)".

These above sentences enhance gender sexual stereotypes. At the same time, they reaffirm the connection that many adolescents attribute to romance and trust as a guarantee of healthy sexual relations, thus leading to reduced condom use and increasing the risk for HIV infection.

8.6 Treatment for AIDS

Many adolescents referred to the treatment for PLWA. In Israel, the National Health Law ensures that every infected person has the right to obtain antiretroviral treatment, commonly referred to as "the cocktail". It is included in the basic basket of medications, which is free of charge. This is in contrast to many other countries where these drugs are not available to the general population or are very expensive.

Many Ethiopian immigrant youth spoke about the treatment and it is interesting to observe that a few of them had detailed knowledge about the actual usage and the effects of the medications:

“There are medicines that a person who is HIV+ can take so he won’t get sick. AIDS can be treated if it is discovered in time”.

“A person takes medicines, antibiotics, even chemotherapy. The treatment just delays the end - maybe for 20 or 30 years”.

“The pills try to kill the viruses, but they don’t succeed because there are so many of them. Also as time goes by, the AIDS viruses get used to the pills (and they don’t help as much as before)”.

“It is like a mental illness. You can’t cure it but you can repress it”.

“When an HIV carrier becomes a sick person, he is isolated so he can’t transmit it to others. He takes a lot of pills that delay the development of the disease and prolonged his life. He also gets injections 2 or 3 times a day”.

8.7 Modes of AIDS Prevention

Abstinence and just keeping away from people living with AIDS were mentioned by a few adolescents as ways of preventing infection. A small number of girls also believe that 'the pill' can protect them from HIV. Nevertheless, most adolescents of both genders consider that HIV/AIDS can be prevented by using condoms:

“Only a condom can prevent AIDS infection ...only condoms can prevent pregnancy and also AIDS”.

See previous section on contraception (page 9-23)

8.8 Summary of chapter

Adolescents' general knowledge of HIV/AIDS was quite accurate, including about the different ways of infection. Nevertheless, many believe that they are not at risk and therefore testing their HIV status is not relevant for them, especially if they are involved in relationships with a steady partner. Some expressed fear of being in contact with people infected with HIV/AIDS and specifically of the stigma attached to the disease.

Chapter 9

Discussion and conclusions

9.1 Discussion

This study has endeavored to investigate adolescent sexuality among Ethiopian immigrants in Israel from a broad framework. Therefore, in order to understand the sexual meanings and behavior of Ethiopian adolescent immigrants in youth villages, they were situated in a social construct perspective. An effort was made to consider the historical, political and social factors that influenced and constructed their sexuality in Ethiopia, and throughout their immigration and integration process in Israeli society.

Adolescent sexuality is informed by meanings from the different worlds that adolescents belong to or identify with. These comprise both their family with traditional Ethiopian culture and their peers in the youth village, who represent the Israeli way of life. Thus, the cultures in which these adolescents have been socialized were examined in order to understand the rules and norms by which their sexuality is organized (Irvine, 1995; Parker & Easton, 1998).

Considering the aforesaid, this chapter focuses on the patterns of relationship embraced by Ethiopian adolescents in Israel. It also dwells on their experience of living between two cultures that may transmit conflicting messages related to sexual health, during a crucial life period for the development of their own sexuality (Soskolne & Shtarkshall, 2002).

The influence of gender stereotypes on the potential for negotiation in sexual interactions, contraceptive use and HIV/AIDS prevention among Ethiopian immigrant adolescents is also discussed. This is related to the dynamics of gender power relations, which have become a major focus in contemporary research on sexual and reproductive health research, encouraged by the social constructionist perspective (Parker & Easton 1998; Rivers & Aggleton, 1998).

Finally the denial of relevance of HIV preventive behavior and its influence on risk taking behavior will also be considered.

9.1.1 The significance of a boy-friend/girl-friend

Ethiopian immigrant adolescents referred to three different types of possible relationships between members of both genders: friendship, romantic boy-girl relationships and casual (sexual) ones without emotional significance, which correspond broadly to those indicated by Abraham (2002) among adolescents in Mumbai, India.

Simple friendship is quite common between boys and girls, especially in co-ed youth villages and it includes companionship and helping one another, without any physical intimacy.

Most Ethiopian adolescent immigrants strive for a significant steady relationship with a member of the opposite sex, based on values such as love, trust, understanding and respect, which are sometimes idealized by them. This may be preceded by a courtship game, which involves communication of sexual or romantic interest and over time, the formation of a romantic relationship with some degree of commitment (Eyre et al., 1998; Taffa et al., 2002a).

This kind of relationship is becoming quite common throughout the world. Although it is an imported European concept, in Southern Asia and Africa adolescents are moving towards steady boy/girl-friend relationships, though often non-sexual (Caldwell et al., 1998).

It is estimated that the relationship pattern mostly found among adolescents in the US is serial monogamy, namely, a succession of relatively committed relationships in which the partners fall in love at the beginning of a relationship and out of love at the end of it (Moore and Rosenthal, 1998). A study in Israel noted that almost half of adolescents aged 16 to 19 year olds were engaged in a romantic relationship (Shulman & Scharf, 2000).

Although it is very important for Ethiopian immigrant adolescent to have significant boy-girl-friend relationships, they don't always understand their meanings and implications. It must be considered that this Western type of relationship, which they share with their Israeli peers, is a relatively new concept in their community.

Love is idealized among many adolescents, but while girls emphasized the importance of feelings, boys admitted difficulty in expressing them. While most adolescents claimed that a relationship should be based on mutual trust,

distrust toward the partner was sometimes expressed. Members of both genders feared that if they confide intimate secrets from their past to their boy/girl-friend, these may betray them if they break up. Some girls also referred to mistrust regarding a boy-friend's faithfulness. Some even consider that a friend (of the opposite sex) may be a better confidant than a boy-friend.

Many adolescents agree that a serious relationship should include feelings and that sex is also a part of it. This idea broadly corresponds to the concept of steady boy-girl friend relationships in Western culture, and Moore and Rosenthal (1998) refer to it as committed sex.

Some Ethiopian immigrant adolescents do not perceive that a relationship can exist without engaging in sexual intercourse (Taffa et al., 2002a). Nevertheless, its inclusion in a steady relationship is ambivalent for some girls. On one hand, they believe it can strengthen a relationship that is based on real love. On the other hand, they fear that a boy may be in a relationship because he wants sex and thus, if a girl gets pregnant the boy-friend may abandon her (Aarons & Jenkins, 2002; Goldman, 1997).

Most adolescents consider that sexual activity may be introduced into a steady relationship when both partners feel ready for it. The concept of a girl's honor, which is a traditional Ethiopian value, was projected by a few boys onto this issue. Thus, they may honor a girl-friend whom they love and may want a future with, even if it means postponing or giving up sex (Shabtay, 2001).

The last category of relations described by Ethiopian adolescent immigrants refers to temporary ones, characterized by sexual experience or pleasure that does not include commitments. Moore & Rosenthal (1998) call this casual or recreational sex. Generally initiated by a boy, it may involve a duplicity game, which is similar to a courtship game, in order to trick a partner into engaging in sex (Eyre et al., 1998). After the boy succeeds, he often loses interest in the girl (Abraham, 2002).

Some Ethiopian immigrant boys in Israel perceive girls in disco-clubs as casual partners for fun, but not for serious relationships. They tend to describe them as sluts with provocative clothes, who have lost their self-respect. Girls think that boys have double standards because they can speak of the importance of a girl-friend's honor and at the same time have casual relations (Shabtay, 2001).

These three types of relationships: friendships, steady and casual ones, broadly define the boundaries of sexual behavior for Ethiopian youth. But the fluidity between them can sometimes create situations in which the partners have

different and even contradictory perceptions of their relationship .The female can see it as romantic love and the male can relate to the relationship with a lower degree of commitment or just as a casual relationship (Abraham, 2002; Eyre et al., 1997; Moore & Rosenthal, 1998).

A comparative study between American youth of different ethnic origins about reasons for selecting a partner showed that boys were often looking for sex and girls for love and intimacy. This may be understood, taking into consideration that considerable differences were found between males and females regarding concepts of sex and love (Aarons & Jenkins, 2002). A study in Israel noted that girls usually have higher level of affective intensity and boys sometimes perceive romantic relationships as game-playing love. Nevertheless, most of them wanted to be involved in a steady romantic relationship (Shulman & Scharf, 2000).

This study suggests that most Ethiopian adolescents would like to have a steady partner, although they admit this is not always possible. As a result, varieties of other kinds of intermediate relationships are constantly taking place and accepted (Moore & Rosenthal, 1998).

To conclude, it seems that the steady boy/girl-friend represent a new pattern of relationships among Ethiopian immigrant adolescents in Israel, which has replaced the early arranged marriages in Ethiopia (Nudelman, 1996).

This kind of relationship gives adolescents a sense of personal security, while fulfilling different needs. On the psychological side, the need for love and affection, which is especially significant for youth in transition, who live away from home. Ultimately, Ethiopian youth want to find good and loving partners (Goldblatt & Rosenblum, 2007).

Steady romantic relationships also supply a sense of belonging to the global culture of adolescence, as it is perceived through the electronic media, in soap-operas and other programs, in Israel and worldwide.

In addition, some boys and girls may also satisfy biological sexual needs with their steady partners.

Nevertheless, the most important aspect of having a boy-friend or a girl-friend is often the social one. It raises their status among their peers in the youth village and, and consequently, also has the potential to raise adolescents' self-esteem and their sense of belonging in Israeli society.

9.1.2 Between two cultures: Youth in transition

Adolescents' perception of the differences between Ethiopia and Israel reflect their conflict of living between two cultures. The first one is the traditional world of the family, in which adolescents participate on week-ends and holidays. Adults sit together and tell stories about good memories of Ethiopia in a familiar life-style and cultural surrounding. There, they lived according to defined cultural rules and norms, such as virginity and early arranged marriages. In contrast, adults in Israel often feel a loss of control over their lives in complex modern Israeli society, where the language and the way of life are difficult to understand. They feel that in Israel no boundaries exist, especially concerning issues such relations between spouses, between parents and children and gender roles. This is reflected on their perception of boy-girl relationships in Israel, which they cannot comprehend as they seem characterized by sex and by no clear commitment.

The youth village – which is a community with its own rules and norms – represents the second world, in which Ethiopian immigrant adolescents interact with their peers of different cultural backgrounds.

For some adolescents, the conflict of living between two cultures is compounded by a third one: the African-American youth culture. It is related to the subculture of disco clubs and to black music with social messages (Shabtay, 2001). A similar phenomenon was observed among Somali youth in North America, who often felt adrift between traditional and Western cultures. Thus, some of them adopted codes such as hip-hop, rap songs and clothing from Afro-American youth culture, which helped to strengthen their own evolving identity (Forman, 2001). Moroccan and Turkish youth in France also identified with youth culture in order to overcome cultural conflicts and accelerate their integration into their own age group in the host country (Gokalp, 1984).

The permissive policy typical of many Israeli schools and boarding schools, which encourages youth to decide for themselves, often seems confusing and elicits ambiguity among them. This situation is in sharp contrast to their experience of life in Ethiopia (Goldblatt & Rosenblum, 2007). These feelings are further enhanced by the lack of parental control and of communication between parents and children, especially on sexual related issues, which are reflected on acts such as sneak dating or slipping away to the disco, while spending a week-end at home. Similar situations were reported between Latino parents living in the US and their children (Raffaeli & Ontei, 2001; Medrano, 1994).

Adolescents feel that the permissive environment in Israel encourages sex due to a lack of boundaries. In view of the aforesaid, many of them embrace the Israeli type boy-girl relationships, although some may not understand their

meaning or enjoy them (Nudelman, 1996). Similar findings were suggested in a study of Filipino girls in Australia, who are especially vulnerable and caught between cultures. They face pressures related to their sexuality and must negotiate contradictions between the values of home and school, parents and peers. It was reported that most young Filipina women rapidly adopted host society values even if they conflicted explicitly with the values of their parents. (Manderson et al., 2002).

A similar study among teenage Asian women in England noted that although they observed most Asian religious taboos and cultural norms when they lived at home, some had short-term, non-sexual relations without the parents' knowledge. Nevertheless, upon leaving the parental home, their social and sexual behavior changed. Some reported that their first sexual experience was under pressure, which may indicate that - the same as for some Ethiopian adolescents -the meanings of boy-girl relationships in their new society were not clearly understood (Hennink et al., 1999).

Although immigrant adolescents tend to choose the Israeli model towards boy-girl relationships, they still feel that Ethiopian customs are embedded with important values and that there is too much freedom in Israel. Adolescents related to virginity as an important value in Ethiopian Jewish tradition which bestowed honor upon a girl's family. It was connected to arranged marriages at an early age and to young people's respect towards the decisions of family members and elders. As opposed to Ethiopia, many consider that it is rare to find a virgin in Israel, where boys meet girls and get involved in relationships without thinking of marriage.

Nevertheless, it is important to note that a minority of Ethiopian adolescent immigrants still continue to adhere to traditional values, such as virginity, which are also advocated in the religious primary schools, that most of them attended. In order to facilitate the aforesaid some girls choose to study in single sex religious youth villages.

The custom of isolation during menstruation was also recalled as a positive value in Ethiopia culture and family life, compared to the fact that girls in Israel "mix" (are not isolated and go on with their regular activities) during this time.

A Western value perceived as important in Israel, both by boys and girls, is that a woman is an equal, and is therefore valued more than in Ethiopia.

Some of the boys would like to be able to relive their meaningful good memories related to boy-girl relationships in Ethiopia. While also sharing

these good memories, girls usually prefer the new situation in Israel, which they perceive as more favorable towards themselves.

Notwithstanding different attitudes expressed on the aforesaid issues, almost all adolescents were against arranged marriages and wished to select their partners themselves, as done in Israel.

Most boys prefer Ethiopian partners, especially when considering marriage. This will enable them to continue with some aspects of their Ethiopian culture and to communicate with their parents in Amharic, according the appropriate cultural norms. These findings coincide with additional studies, which indicate males' preference to marry girls with traditional values, who will behave according to normative Ethiopian gender expectations (Goldbaltt & Rosenblum, 2007). Nevertheless some of the males reveal a double standard when seeking partners outside of their community at present, but not later on for marriage purposes (Shabtay, 1999).

Girls were divided on the issue of partner selection. Some of them would prefer an Ethiopian partner for cultural continuity as indicated by boys. Nevertheless, others consider that modern values such as love, respect and additional good qualities are more important than their future husband's ethnic background (Goldbaltt & Rosenblum, 2007). To marry a non-Ethiopian may also be a way for crossing cultural boundaries and integration (Shabtay, 2001).

The influence of living between cultures is reflected on Ethiopian immigrant adolescents' perceptions and expectations regarding sexuality. Although they often adopt relationship patterns perceived as Israeli ones, they reminisce traditional values. Adolescents still desire clear boundaries in their lives. Therefore, the past is depicted as an ideal time and the family and all it represents are highly valued, because they enhance a needed sense of belonging (Goldblatt & Rosenblum, 2007).

9.1.3 The impact of gender on sexuality

The influence of gender stereotypes was noted throughout the study of sexuality among Ethiopian adolescent immigrants in youth villages. In traditional Ethiopian society, gender scripts and stereotypes were very distinct. Beginning from an early age they were internalized in the socialization process, including the culturally accepted sexual roles (Nudelman, 1996; Taffa

et al., 2002a). This also corresponds to studies in other developing countries and in Europe (Hendrickx et al., 2002).

The traditional femininity script promotes ignorance, innocence and virginity. Young women are not supposed to desire sex or be sexually assertive. On the other hand, the masculine script encourages young men to seek sexual experience with a variety of partners (Rivers & Aggleton, 1999). In addition, in Western societies, gender scripts indicate that males acquire a more sexual orientation with regard to male-female relationships, whereas females acquire one which puts more emphasis on intimacy and love (Eyre et al., 1997).

The immigration of Ethiopian Jews to a more egalitarian society in Israel had a strong impact on gender and sexual roles, affecting the family structure and the power balance between men and women in general. Although a new Western femininity script is cognitively accepted and embraced by many women, their behavior may still be influenced by traditional gender stereotypes. Thus, many of them complete their education and get jobs, but dress modestly, continue with their traditional Ethiopian duties at home and defer to their husbands in public. As a result, traditional gender roles are also fresh in adolescents' minds and have the potential to influence boy-girl relationships.

Traditional sexual gender stereotypes are generalized among Ethiopian adolescents and many agree that it is socially acceptable that boys need more sex than girls. Therefore, this may sometimes even legitimize cases of infidelity regarding their girl-friends. In addition, it is common for boys to pressure other boys, in order to conform to the male gender sexual stereotype, according to which more sexual experience gives them a higher status (Nyanzi et al., 2000; Anderson, 1990; Eyre et al., 1997). This is further enhanced by the prestige game, in which boys tend to exaggerate about their sexual activities in order to build their social reputation in the eyes of their peers (Eyre et al., 1998).

Ward and Taylor (1994) investigated the universal theme of double standards towards sexual behavior and sex roles among adolescents of six different ethnic groups or migrant groups in the US. Basically, it is limiting and oppressive to females, while males were allowed more freedom and assumed to be more sexually active. This double standard was also found to affect Ethiopian immigrant adolescent girls' reputation. As illustrated by a male adolescent:

“A boy can have sex with more than one girl. A girl that has a lot of sexual relations gets addicted to sex and becomes a whore”.

The issue of their reputation is very important to most Ethiopian adolescent females. Rumors can ruin a girl's reputation among her Ethiopian immigrant peers, especially considering that they move in the same circles. Thus, gossip, whether false or true, passes very quickly from one to another, corresponding to the disclosure game (Eyre et al., 1998). Some girls indicated that if a girl does not agree to engage in sex with a boy, he may bad rumors about her. This issue is illustrated through the words of a female adolescent:

“In the boarding school there are many cases of girls that sleep (have sex) with boys and everyone knows about it right away. This is the type of information that is transmitted by sign language. The boys are disgusting, they humiliate girls, and they go and tell about their sexual affairs, sometimes even before they have actually had them. They will also tell each other things like: she is a slut, go to her”.

Casual relationships have different outcomes for boys and girls due to the asymmetrical character of gendered relationships. Ethiopian males often perceive girls in discos as whores because they dress provocatively and act differently to the accepted Ethiopian female stereotype.

As a girl's sexual reputation is constructed by her peers, she can also be labeled a whore or a slut if she is perceived as too assertive or sexually knowledgeable by them or by male sexual partners (Eyre et al., 1998).

Considering the impact of traditional sexual stereotypes, some girls have difficulty expressing themselves in sexual encounters and often describe sex as something that happens to them. Some may even have internalized beliefs about the priority of male sexual pleasure (Holland & Thomson, 1998). This is further emphasized by the lack of interpersonal communication between partners in Ethiopian culture, suggesting that they rarely have conversations about decisions concerning sexual activity or condom use (Goldman, 1997; Kibret, 2003).

Unequal power relations and gender sexual stereotypes influence both the initiation of sexual activity among partners, as well as the negotiation of contraception use. For many young men sexual persuasion is a legitimate component of the masculine sexual role (MacPhail & Campbell, 2001). Male pressure reflects the legitimacy of traditional (Ethiopian) gender sexual stereotypes and of unequal gender power relations, in which the male is dominant and decides and the girl is passive and submissive (Kibret, 2003; Taffa et al., 2002b).

Ethiopian adolescents refer mostly to verbal pressure, although a few insinuated that mild physical pressure could sometimes be involved.

This situation is wide-spread both in developed and developing countries. A study in Canada noted that girls are also often pressured by boys to have sex as proof of love (Kumar et al., 2001). Thus, a girl's ability to influence decision-making, to refuse sex or negotiate the use of condoms is limited (MacPhail & Campbell, 2001; Rivers & Aggleton, 1999).

Female Ethiopian adolescent immigrants indicated that girls sometimes accede to their partner's pressure to engage in sexual relations, not only to satisfy his needs or to prove her love for him, but as a way to hold on to a boy-friend, who otherwise may abandon her. Apparently, having a boy-friend may justify engaging in sexual activity, even if a girl does not feel ready for it yet or may just not want to do it. Some noted that it is hard for girls to keep their honor in Israel, and that sometimes they agree to sex because of social pressure (Shabtay, 2001).

The lack of interpersonal communication between partners may inhibit them to initiate a discussion on sexual issues, but it also allows maintaining gender stereotypes and sexual roles. Although the male script dominates the sexual cultures of youth, both genders may benefit from not talking about sex at the beginning of a relationship. Silence can maintain ambiguity between them regarding sex. To speak about condoms at that stage presumes that it will happen and opens the possibility of the boy being rejected or of tarnishing the girl's sexual reputation (De Oliveira, 2000; Irvine, 1995).

In addition, for a girl to insist on condom use, even with a steady partner may indicate lack of respect and trust and could destroy her reputation within the peer group (MacPhail & Campbell, 2001). It may also imply that she is sexually experienced and therefore, promiscuous. Hence, boys often think that girls that ask for condoms may be considered sluts.

Another important issue to be considered, especially in the era of AIDS, is that gender inequality in relationships makes girls vulnerable to HIV infection and therefore, has become a serious health risk (De Oliveira, 2000; Kumar et al., 2001).

To conclude, the lack of communication on sensitive issues between Ethiopian immigrant adolescents is an important factor that influences both sexual activity and the negotiation of condom use (Goldman, 1997). This may often be attributed to the difference in perceived gender roles and power relations, which affect adolescent sexuality in general and HIV/AIDS related

perceptions and prevention behavior, in particular (Goldman, 1997; Kumar et al., 2001; Rivers & Aggleton, 1999).

Although gender stereotypes and scripts have been changing in the past few decades, gender inequality still shapes sexual attitudes and behavior worldwide. Among Ethiopian immigrant adolescents this is further compounded by the influence of the gender scripts that they share with their Israeli peers and of the traditional Ethiopian ones. Learning to cope with gender stereotypes is a significant issue for adolescents and affects their perceptions of sexuality and their sexual behavior.

9.1.4 Low level of perceived vulnerability

When discussing issues such as HIV/AIDS preventive behavior, Ethiopian immigrant adolescents' knowledge is often not reflected on their health behavior. Throughout the research, they have spoken of different life situations, related to condom use and to AIDS, in which they do not adopt a healthy preventive behavior because they feel that the threat is not relevant to them or that they are not at risk. Additional factors such as gender stereotypes and lack of communication between partners (embarrassment to discuss sensitive issues) that contribute to this behavior, have been previously discussed.

Many studies world-wide point to a strong discrepancy between knowledge and sexual behavior. Knowledge of safe sex behavior and reported behavior often have little in common (Hulton et al., 2000), as often reflected through high level knowledge on contraception and low level of use. Additional research indicates that accurate knowledge concerning AIDS is only marginally associated with HIV/AIDS preventive behavior (Ben-Zur et al., 2000; Kibret 2003).

This study among Ethiopian adolescent immigrants in Israel revealed that a wide gap exists between declaration of intentions (such as "*we must always use a condom*") and every day sexual behavior. They admitted that probably less than half of the youth really use condoms, although most of them believed that they were important for HIV and pregnancy prevention. This confirms a study in Ethiopia, which found that although adolescents had a high level of knowledge, only half of them reported using contraception (Korra & Haile, 1999).

The motivators for this behavior are embedded in adolescents' feeling that they are not at risk and therefore, precautionary sexual behavior is not really relevant to them (Gerrard et al., 1996).

Love and trust are often indicators of absence of risk and hence the redundancy of condom use in a steady boy-girl relationship, although they should be used with casual ones. The fear of destroying romance is a rational for not using condoms for HIV prevention. Caring for someone and trusting means that you have nothing to fear from them. Girls are especially inclined not to use condoms based on this trust to love justification. However, this can often lead to increased risk of infection (Holland & Thomson, 1998; Taffa et al., 2002a).

Although trust is based on feelings, it may also rely on the appearance (physically healthy, strong) and the reputation of the partner. The importance of a partner's appearance and its relevance for risk behavior has been noted in many studies (Fisher & Fisher, 1998; MacPhail & Campbell, 2001).

An investigation in a rural area in Australia indicated that most adolescents base this sense of personal invulnerability or lack of risk towards contracting HIV on a range of protective beliefs, such as trusting, reputation, appearances or the quality of the relationship. Informal sexual history taking, through conversation with a partner or facilitated through gossip, also contributed towards this feeling (Hillier et al., 1998).

The issue of love and trust may often refer to serial monogamy. Considering the reality of relationships in adolescence, some break up, new ones begin and faithfulness is not always maintained. Nevertheless, many of them view their relationships in terms of commitment and fidelity and thus tend to ignore safety messages (De Oliveira, 2000; Moore & Rosenthal, 1998).

Among Ethiopian immigrant adolescents, the issue of trusting the boy-friend or girl-friend is projected onto additional risky behaviors. Some girls indicated that they abided their partner's advice by taking one pill (oral contraception) every time before engaging in sex, as a guarantee for avoiding pregnancy. This confirms the findings of a previous study among Ethiopian young women aged 18-25 (Goldman, 1997).

Testing for HIV was also considered irrelevant by most Ethiopian immigrant adolescents, especially when they were involved in a long-term serious relationship. Girls indicated that asking their boy-friend to check his HIV status was irrelevant, mainly based on his external appearance (strong and healthy body look). In contrast to girls' explanations, boys considered testing

unnecessary for a girl-friend, based on their on-going personal relationship with her, embedded in trust, as well as on their perception of her personality, behavior and reputation. Nevertheless, some boys stressed the importance of the HIV test for casual partners.

Thus, while enhancing gender sexual stereotypes, Ethiopian adolescent immigrants reaffirm the connection between romance and trust as a guarantee of healthy sexual relations, which may lead to reduced condom use and to increased risk for HIV infection.

Most Ethiopian immigrant adolescents acknowledge that the threat of HIV infection is real and dangerous, but they do not perceive themselves as vulnerable to the disease. Many feel that the information they receive about AIDS is not relevant to them personally because they are engaged in romantic sex, or because they do not belong to groups at high risk (such as homosexuals and drug-users), even though the rates of HIV infection are higher among their community compared to the general population in Israel (Chemtob & Grossman, 2004).

The denial of personal relevance and responsibility are the most prominent contributors to the infrequent use of condoms among adolescents who engage in sexual intercourse. The denial of the threat involved is a coping process which enables adolescents to overcome feelings of anxiety and to be able to engage in unprotected sex, even after they have obtained knowledge on HIV/AIDS (Ben-Zur et al., 2000).

This denial mechanism is reflected on adolescents' low level of perceived vulnerability (Fisher and Fisher, 1998; Gerrard et al., 1996; MacPhail and Campbell, 2001) as well as on their risk-taking sexual behavior. It is based on a strong feeling that: *"It won't happen to me"*.

9.2 Conclusions

The main objective of this investigation was to elicit a comprehensive understanding of the meanings that boy-girl relationships and sexuality have for Ethiopian immigrant adolescents in youth villages in Israel. Thus, a social constructionist perspective, which sustains that the specific meanings attached to sexuality must be examined at particular historical moments in particular cultures, was embraced.

Focus groups were selected because of their explicit use of group discussion to produce meaningful data and insights that would be less accessible with other methods. Focus groups enabled the study to move from the concept of sexual behaviour, as the product of individual decisions, to the concept of sexuality,

as a socially negotiated phenomenon, strongly influenced by peer norms (MacPhail & Campbell, 2001). The comfortable and secure environment of the focus group allowed for the discussion of a variety of topics related to adolescent sexuality, including some considered taboo or rarely mentioned (Morgan, 1997; Sutter, 2000; Kitzinger, 1995).

Ethiopian Jews in Israel, and adolescents as an integral part of the community, have gone through many changes in a very short period of time. Many grew up in a traditional patriarchal rural society in Ethiopia, with a familiar life style, which they left in order to fulfill a dream to go to Jerusalem. Their immigration process was extended, often spending months and even years in camps in Sudan or in Addis Ababa in hard conditions. The transition to a completely strange, modern and pluralistic life style in Israel was very painful for them. This process led to the breakdown of the traditional extended family structure, as well as to the weakening of intergenerational relations. It was also reflected on to the disruption of many traditional customs, such as marriage patterns (Bodowsky et al., 1995; Edga, 2000).

Adolescents went through a faster acculturation process than their parents, including changes in behavior and the adoption of norms of the Israeli society, and specifically of the adolescent culture in the youth villages. Nevertheless, they are still influenced by the values obtained during their socialization process in Ethiopian and reinforced by their families in Israel (Nudelman, 1996; Goldman, 1999).

Ethiopian immigrant adolescents engage in different types of boy-girl relationships in Israel, although they prefer a steady romantic one. This seems to represent a new emerging pattern of relationship among these adolescents in Israel, which has replaced early arranged marriages in Ethiopia (Nudelman, 1996).

This kind of steady relationship fulfills the need for love and affection, which is important for youth who live away from home, (Goldblatt & Rosenblum, 2007). Nevertheless, the most important aspect of having a boy-friend or a girl-friend is often the social one. It raises their status among their peers in the youth village and, as in consequence, also has the potential to raise adolescents' self-esteem and their sense of belonging in Israeli society.

In addition, steady romantic relationships supply Ethiopian immigrant adolescents a sense of belonging to the global culture of adolescence, as it is perceived through the electronic media and TV programs, such as soap-operas. This demonstrates how local sexual cultures are caught up within the cross-currents of global processes (Parker & Gagnon, 1995).

This study also indicates that although Ethiopian immigrant adolescents tend to adopt relationship patterns perceived as Israeli ones, the influence of living between cultures is still reflected on their perceptions and expectations regarding sexuality. Some reminisce traditional values, such as virginity and the traditional female (behavioral) script.

The difference in perceived gender roles and power relations influence HIV/AIDS related perceptions and prevention behavior among Ethiopian immigrant adolescents, such as negotiating for safe sex and condom use (Kumar et al., 2001). This is exacerbated by the lack of communication on sensitive issues between partners (Goldman, 1997).

Lastly, a significant discrepancy between knowledge and behavior was found. Most Ethiopian immigrant adolescents acknowledge the threat of HIV infection, but they do not perceive themselves as vulnerable to the disease. The denial of personal relevance and responsibility is reflected on their low level of perceived vulnerability, as well as on their risk-taking sexual behavior, such as infrequent use of condoms among adolescents who engage in sexual intercourse (Fisher & Fisher, 1998; MacPhail & Campbell, 2001).

To conclude, this study explored Ethiopian adolescent immigrants' expectations, attitudes, beliefs and the meanings that they attach to relationships in Israel, as compared to Ethiopia. Most of them have embraced a form of steady romantic relationship, which substitutes the early marriage pattern in Ethiopia. Motivators and barriers for sexual activity and contraception, as well as their perception of risk of HIV/AIDS, were explored. Cultural influences, gender stereotypes and power relations, as well as adolescents' low level of perceived vulnerability have a significant influence on their sexuality and sexual behavior. At the same time, the investigation highlighted some of the dilemmas they must cope with as young Ethiopian immigrants in youth villages in Israel. Understanding the meanings that these adolescents attribute to sexuality and behavior offers a valuable tool for the development of effective sexual health education and HIV prevention (Spruijt-Metz, 1995; Nudelman, 1999; Aarons & Jenkins, 2002).

Chapter 10

Recommendations for an educational intervention

The findings from this research will contribute to the development of a specific culturally-significant sexual health and HIV prevention educational program for Ethiopian adolescent immigrants in youth villages in Israel.

This intervention should be designed according to the Information-Motivation-Behavior Skills (IMB) Model, which specifies that, in order to be effective, sexual health education should include all three elements. Therefore, it must address information that is relevant to sexual health behavior, address the motivational factors that drive behavior change, and teach specific behavioral skills that are needed to effectively perform sexual promotion behaviors (Fisher & Fisher, 1998; McKay et al., 2001). In order to achieve this, the educational intervention must be based on elicitation research, such as this dissertation, conducted to determine the specific information, motivation and behavioral skills needs of a specific target population. This approach has previously been employed in Israel (Nudelman, 1999; Slonim-Nevo, 2001).

An effective strategy must be based on understanding adolescents' experiences within their specific context (Hulton et al. 2000). In addition, a program must consider the vulnerability of youth in relation to the larger social and cultural contexts in which their masculine and feminine sexualities are constructed and experienced (Abraham, 2002; Kaaya et al., 2002).

Studies have demonstrated that significant sexual education and HIV prevention programs may delay sexual initiation, decrease sexual activity and increase condom use. Thus, they have the potential to reduce teen-pregnancy and STI's, including AIDS (Kirby, 2002a & 2002b; McKay, 2001).

Among the characteristics necessary for effective sexual health and HIV prevention programs, Kirby (1999) suggests to focus on specific sexual behaviors, to constantly reinforce clear prevention messages, to provide basic accurate information about the risks of sexual activity and methods of protection. He also recommends to include activities that deal with social pressures related to sexual behavior in the programs.

Skill development is also considered a basic component for an effective intervention. HIV prevention programs for young people should emphasize building assertive communication skills in sexual negotiations and condom use (Gueye et al., 2001; Taffa et al., 2002b).

10.1 Peer educators

It is suggested that committed peers, a few years older than the adolescents in youth villages, who can serve as role models should lead this intervention. Ethiopian immigrants will have priority over other candidates. They will be trained as peer educators to help adolescents increase their confidence, knowledge and skills and to reduce the risk of HIV, other STI's and unwanted pregnancy (Kibret, 2003; Kirby, 1999).

Youth are often willing to listen and follow advice from their peers. Therefore, peer outreach programs have potential for success because they rely on common language and informal support networks that already exist (Barker & Rich, 1992). Different studies note that peers can reinforce safe-sex messages and reduce high-risk behaviors (Gueye et al., 2001; Hulton et al., 2000; MacPhail & Campbell, 2001; Nyanzi et al., 2000). They may also have the potential to correct misinformation about contraceptives and encourage frank discussions between youth and also with their parents or other caring adults (Aarons & Jenkins, 2002).

10.2 The program

The sexual health and AIDS prevention educational program proposed is based on the anthropological research of this thesis.

The program's main goal will be to promote healthy relationships and sexual behavior among adolescents through skill development and personal empowerment. It will seek to combine meaningful concepts and issues from Ethiopian Jew's culture with the knowledge and skills necessary to cope with life in complex Israeli society.

The comprehensive educational program will include biological, social, cultural and behavioral aspects of sexual health and HIV/AIDS prevention. Among the main topics that should be considered: different social and cultural meanings to female-male relations; sexual and gender-related stereotypes; need of boundaries in female-male relationships; the male and female reproductive systems; pregnancy and contraceptive methods and HIV/AIDS and stigma. The curricula should be adapted to the age, sexual experience and culture of the students.

Ethiopian immigrant adolescents in youth villages are the target population. The ideal group should encompass up to 15 participants of the same gender (Eggleston et al., 1999), thus allowing them to participate openly in debates. The sexual health educator will be of the same gender as the group. Considering that mixed (gender) groups may be considered multicultural based on the different gender scripts of boys and girls (Irvine, 1995), they are therefore not recommended for this intervention.

The adolescents in the program will be of high-school age (14-18), like their peers who participated in the focus group discussions. Nevertheless, in youth villages where there are younger students, it may begin at the age of 13. It is noted that interventions at that age may delay the onset of sexual activity (Eggleston et al., 1999; Kaaya et al., 2002).

The duration of the intervention is important in order to sustain behavioral change (Aaron & Jenkins, 2002; McKay, 2001). Therefore, it will comprise between 12 to 15 meetings weekly meetings. A booster a few months after its conclusion is recommended (Slonim-Nevo, 2001).

The framework for the meetings and activities of the program should be a club-room in the informal surroundings of the adolescents' dormitories.

The educational approach should be cross-cultural, interactive and dynamic in order to encourage participation, and therefore the activities will be different from those in a classroom situation.

In order to make the information more accessible, the cultural background of the students will be taken into account and used to illustrate and explain various themes. The health messages should be developed taking into consideration issues raised by adolescents and real situations from their everyday life, as well as the findings from this thesis. Interactive methods such as games, role-play, songs and other group activities should be used, in order connect to adolescent's life experiences in their own terms (Abraham, 2002). Stories, situations and dilemmas from Ethiopian adolescents own culture will serve as a trigger for debate and health promotion.

Drama and interactional theatre can also be useful for the behavioral components of sexuality education such as: sexual empowerment, cultural issues, direct communication about sex and condom negotiation, which is practically inexistent among our target population (Irvine 1995; Taylor & Lourea, 1992). Use of personal stories, especially when dealing with HIV prevention, is also recommended (Brook, 1999).

The intervention should be periodically evaluated through the use of focus groups, in order to adapt it to the changing needs of the target population.

Bibliography

Aarons, S. & Jenkins, R. (2002). Sex, pregnancy and contraception-related motivators and barriers among Latino and African-American youth in Washington, DC. Sex and Education 2(1), 5-30

Abbott-Chapman, J. & Denholm, C. (1997). Adolescent risk taking and the romantic ethic: HIV/AIDS awareness among 11th and 12th grade students. The Australian and New Zealand Journal of Sociology 33(3), 306-321

Abraham, L. (2002). *Bhai-behen*, true love, time pass: friendships and sexual partnerships among youth in an Indian metropolis. Culture, Health and Sexuality 4(3), 337-353

Aescoly, A.Z. (1943). The Book of the Falashas. Jerusalem: Reuven Mas (Hebrew)

Anderson, E. (1990). Street wise: race, class and change in an urban community. Chicago: University of Chicago Press

Appadurai, A. (1996). Modernity at large: Cultural dimensions of globalization. Minneapolis: University of Minnesota Press

Azrieli, Y. & Mieslish, S. (1989). Mission Ethiopia. Jerusalem: Elinore (Hebrew)

Babbie, E. (2006). The Practice of Social Research (11th edition). United States: Thomson Wadsworth.

Bambra, C.S. (1999). Current status of reproductive health behavior in Africa. Human Reproduction Update 5(1), 1-20

Banai, N. (1988). Ethiopian Absorption: The Hidden Challenge. Jerusalem: United Israel Appeal and The Jewish Agency

Barker, G. & Rich, S. (1992). Influences on adolescent sexuality in Nigeria and Kenya: findings from recent focus-group discussions. Studies in Family Planning 23(3), 199-210

Basset, M. & Mhloyi, M. (1991). Women and AIDS in Zimbabwe: the making of an epidemic. International Journal of Health Sciences, 21(1), 143-156

Ben Dor, S. (1990). The religious background of Beta Israel. In Ben Dor, S. (editor). Saga of Aliyah. Ministry of Education and Culture, 24-38

Ben Ezer, G. (2002). Migration Journey: the Ethiopian Jewish Exodus. London, UK and New York, Routledge

Ben Ezer, G. (1990). The young immigrant from Ethiopia: a psycho-cultural profile. In V. Netser, R. Elazar & S. Ben-Dor (Eds.), Saga of Aliyah: The Jews of Ethiopia – Aspects of their Linguistic and Educational Absorption:12-23. Jerusalem: Ministry of Education and Culture

Ben Ezer, G. (1999). Cross-cultural misunderstandings: The case of Ethiopian immigrants in Israeli society. International Journal of Adolescent Medicine and Health 11 (1-2), 21-38

Ben-Zur, H., Breznitz, S., Wardi, N. & Berzon, Y. (2000). Denial of HIV/AIDS and preventive behavior among Israeli adolescents. Journal of Adolescence 23, 157-174

Berry, J.W. (1997). Immigration, acculturation and adaptation. Applied Psychology: An International Review 46(1), 5-68

Berry, J.W. (2001). A psychology of immigration. Journal of Social Issues 57(3), 615-631

Birhani, Z. (1990). Family and community life of the Jews in Ethiopia and Israel. In Bodowski D. et al. (ed.), Issues on the Ethiopian Jewish Family 4. Jerusalem: Betachin, Joint Israel, 5-16, (Hebrew)

Blanc, A. & Way, A. (1998). Sexual behavior and contraceptive knowledge and use among adolescents in developing countries. Studies in Family Planning 29 (20), 106-116

Bodowsky, D., Yoseph, D., Baruch, A. & Eran, Y. (1994). Ethiopian Jews in cross-cultural transition and their life-cycle. Family Issues of Ethiopian Jews 5. Jerusalem: Joint Israel (Hebrew)

Bogale, Y. (1985). Schools among Beta Israel in Ethiopia, Pe'amim 22: 89-92 (Hebrew).

Brook, U. (1999). AIDS knowledge and attitudes of pupils attending urban high schools in Israel. Patient Education and Counseling 36,

Bundesen, H. (1951). *Toward Manhood*. Philadelphia: Lippincott 1951. Quoted from: Irvine J (1995). Sexuality Education Across Cultures. San Francisco: Jossey-Bass Publishers

Caldwell, J., Caldwell, P., Bruce, K. & Pieris, I. (1998). The construction of adolescence in a changing world: implications for sexuality, reproduction and marriage. Studies in Family Planning 29 (2), 37-153

Central Bureau of Statistics (2006). Statistical Abstract of Israel 2006. Jerusalem

Chemtob, D. & Grossman, Z. (2004). Epidemiology of adult and adolescent HIV infection in Israel: a country of immigration. International Journal of STD & AIDS 15(10), 691-696

Cohen, A. (1989). From Ambober to Jerusalem: Diary Entries. Jerusalem: Elinore (Hebrew)

Corinaldi, M. (1998). Jewish Identity: The Case of Ethiopian Jewry. Jerusalem: Magnes Press, The Hebrew University of Jerusalem (Hebrew)

Davids, J.P. (1999). Fertility decline and changes in the life course among Ethiopian Jewish women. In: T. Parfitt and E. Trevisan Semi (eds.), The Beta Israel in Ethiopia and Israel. Richmond, Surrey: Curzon

De Oliveira, D.L. (2000). Adolescent women's ways of seeing sexual risks and the epistemological dimension of "risky sex". <http://www.ioe.ac.uk/ccs/conference2000/papers/pde/papers/deoliveira.html>

Dusek, J.B. (1991). Adolescent Development and Behavior. Englewood Cliffs, NJ: Prentice Hall

Edga, A. (2001). Looking forward. Tel Aviv: Cherichover (Hebrew)

Edga, A. (2000). The Journey to the Dream. Tel Aviv (Hebrew)

Eggleston, E., Jackson, J. & Hardee, K. (1999). Sexual attitudes and behavior among young adolescents in Jamaica. International Family Planning Perspectives 25(2), 78-91

- Elam, G. & Fenton, A. (2003). Researching sensitive issues and ethnicity: lessons from sexual health. Ethnicity & Health 8(1), 15-27
- Erinosh, Y., Spruijt-Metz, D., Weingrod, A., Nudelman, A. & Osotimehin, B. (2003). Sexual abuse of adolescent girls in urban Nigeria. Final Scientific Report to Netherlands-Israel Research program (NIRP)
- Eyre, S., Read, N. & Millstein, S. (1997). Adolescent sexual strategies. Journal of Adolescent Health 20 (4), 286-293
- Eyre, S., Hoffman, V. & Millstein, S. (1998). The gamesmanship of sex: a model based on African American adolescent accounts. Medical Anthropology Quarterly 12(4), 67-489
- Faitlovich, J. (1959). The Journey to the Falashas. Tel Aviv: The Dvir Co. (Hebrew)
- Farmer, P. (1997). AIDS and Anthropologists: ten years later. Medical Anthropology Quarterly 11, 516-525
- Fekado, B. (2005). A crisis as big as the dream. Eretz Acheret, 30, 58-61 (Hebrew)
- Feldman, M. (1998). The Ethiopian Exodus. Jerusalem: The Jewish Agency for Israel (Hebrew)
- Fisher, W. & Fisher, J. (1998). Understanding and promoting sexual and reproductive health behavior: theory and method. Annual Review of Sex Research 9, 39-77
- Forman, M. (2001). "Straight outta Mogadishu": prescribed identities and performance practices among Somali youth in North American high schools. Topia 5, 33-60
- Foucault, M. (1978). The History of Sexuality, Volume 1: Introduction. New York: Pantheon
- Friedman, J. (1992). Operation Solomom: a Year and another Thirty-one Hours. Jerusalem (Hebrew)
- Friedman, Y. & Freidman, G. (1987). Changes among the Jews of Ethiopia: 1983-1974. Pe'amim, 33: 128-139 (Hebrew)

Folch-Lyon, E. & Trost, T. (1981). Conducting focus group sessions. Studies in Family Planning 12, 443-448

Fuglesang, M. (1997). Lessons for life: past and present modes of sexuality education in Tanzanian society. Social Science and Medicine 44(8), 1245-1254

Furstenberg, F. (2000). The sociology of adolescence and youth in the 1990s: a critical commentary. Journal of Marriage and the Family 62: 896-910

Gerrard M., Gibbons F.X. & Bushman B.J. (1996). Relation between perceived vulnerability to HIV and precautionary sexual behavior. Psychological Bulletin 119(3), 390-409

Getahun, S. (2001). Self identity, personal adjustment and family functioning perceptions: a comparison between Ethiopian born and Israeli born detached adolescents. Master of Education Thesis, Bar Ilan University (Hebrew)

Goldman, S. (1999). Contraceptive attitudes of a population in transition: the case of Ethiopian female immigrant students. International Journal of Adolescent Medicine and Health 11 (1-2), 47-56

Goldman, S. (1997). Heterosexual Relationships and Contraception: a Qualitative Study exploring the Attitudes and Fears of Young Adult Female Immigrants from Ethiopia. Jerusalem: Thesis for Masters in Public Health, The Hebrew University

Gokalp, A. (1984). Migrants' children in Western Europe: differential socialization and multicultural problems. International Social Science Journal 36(3), 487-500

Goldblatt, H. & Rosenblum, S. (2007). Navigating among worlds: the experience of Ethiopian adolescents in Israel. Journal of Adolescent Research 22(6), 585-611

Gottesman, M. (1988). Educating away from home. The Israeli Way, Youth Aliyah: continuity and change. London: Freund

Greenbaum, T.L. (2000). Moderating Focus Groups. Thousand Oaks, CA: Sage

Gueye, M., Castle, S. & Konate, M. (2001). Timing of first intercourse among Malian adolescents: implications for contraceptive use. International Family Planning Perspective 27(2), 56-70

Halcomb, E.J., Gholizadeh, L., Digiacomio M., Phillips, J. & Davidson, P.M. (2007). Literature review: considerations in undertaking focus group research with culturally and linguistically diverse groups. Journal of Clinical Nursing 16, 1000-1011

Harel Y., Ellenbogen-Frankovits, S., Molcho M., Abu-Asbah, K. & Habib J. (2002). Youth in Israel – Social Well-Being and Risk Behaviors from an International Perspective. Jerusalem: Brookdale Institute

Harrison, A. & Nonhlanla, K. (2001). Understanding safe sex: gender narratives of HIV and pregnancy prevention by rural South African school-going youth. Reproductive Health Matters 9(17), 63-76

Hendrickx, K., Lodewijckx, E., Van Royen, P. & Denekes, J. (2002). Sexual behaviour of second generation Moroccan immigrants balancing between traditional attitudes and safe sex. Patient Education and Counseling 47, 89-94

Hennink, M., Diamond, I. & Cooper, P. (1999). Young Asian women and relationships: traditional or transitional? Ethnic and Racial Studies 22(5), 867-891

Hillier, L., Harrison, L., & Warr, D. (1998). "When you carry condoms all the boys think you want it": negotiating competing discourses about safe sex. Journal of Adolescence, 21, 15-29

Hodges, B., Leavy, M., Swift, R. & Gold, R.S. (1992). Gender and ethnic differences in adolescents' attitudes towards condom use. Journal of School Health 62(3), 103-106

Holland, J. & Thomson, R. (1998). Sexual relationships, negotiation and decision making. In: Coleman, J. and Roker, D. Teenage Sexuality: health risk and Education. Amsterdam: Harwood Academic Publishers, 59-79

Hsia, F. & Spruijt-Metz, D. (2003). The meanings of smoking among Chinese American and Taiwanese American college students. Nicotine & Tobacco Research 5(6), 837-849

Hulton, L., Cullen, R. & Wamala Khalokho, S. (2000). Perceptions of the risks of sexual activity and their consequences among Ugandan adolescents. Studies in Family Planning 31(3), 35-46

Irvine, J. (1995). Sexuality Education Across Cultures. San Francisco: Jossey-Bass Publishers

Irvine, J. (1994). Cultural differences and adolescent sexualities. In: Irvine, J. (Ed.), Sexual Cultures and the Construction of Adolescent Identities. Philadelphia: Temple University Press: 3-28

Kaaya, S., Fischer, A., Mbwambo, J.K., Schaalma, H., Edvard Aaro, L. & Klepp, K.N. (2002). A review of studies of sexual behaviour of school students in sub-Saharan Africa. Scandinavian Journal of Public Health 30, 148-160

Kahana, Y. (1977). Among Long Lost Brothers. Tel Aviv: Am Oved Publishers (Hebrew)

Kaplan, S. (1992). The Beta Israel (Falasha) in Ethiopia: From Earliest Times to the Twentieth Century. New York: New York University Press

Kessler, D. (1996). The Falashas: A Short History of the Ethiopian Jews (3rd rev. ed.). London: Frank Cass

Kett, J. (2003). Reflections on the history of adolescence in America. History of the Family 8, 355-373

Kibret, M. (2003). Reproductive health knowledge, attitude and practice among school students in Bahar Dar, Ethiopia. African Journal of Reproductive Health 7(2), 39-45

Kirby, D. (2002a). Effective approaches to reducing adolescent unprotected sex, pregnancy and childbearing. The Journal of Sexual Health 39 (1), 51-57

Kirby, D. (2002b). The impact of schools and school programs upon adolescent sexual behavior. The Journal of Sex Research 39(1), 27-33

Kirby, D. (1999). Reflections on two decades of research on teen sexual behavior and pregnancy. Journal of School Health 69(3), 89-94

Kitzinger, J. (1995). Introducing focus groups. British Medical Journal 311, 299-302

Korra, A. & Haile, M. (1999). Sexual behavior and level of awareness on reproductive health among youths: evidence from Harar, Eastern Ethiopia. Ethiopian Journal of Health Development 13(2), 107-114

Krueger, R.A. (1998). Analyzing and Reporting Focus Group Results: Focus Group Kit 6. Thousand Oaks: Sage Publications

Krueger, R.A. (1994). Focus groups: a practical guide for applied research. Thousand Oaks, CA: SAGE Publications

Krueger, R.A., & Casey, M.A. (2000). Focus Groups - A Practical Guide for Applied Research (3rd edition). Thousand Oaks, CA: Sage

Kumar, N., Larkin, J. & Mitchell, C. (2001). Interplay of gender roles, age and HIV risk throughout the world. Canadian Woman Studies 22(2), 35-42

Leslau, W. (1951). Falasha Anthology. New Haven, CN: Yale University Press

Lindenbaum, S. (1991). Anthropology rediscovers sex. Social Science and Medicine 33, 865-907

MacPhail, C. & Campbell, C. (2001). "I think condoms are good but, aai, I hate those things": condom use among adolescents and young people in a Southern African township. Social Science and Medicine 52, 1613-1627

Manderson, L., Bennett, L. & Sheldrake, M. (1999). Sex, social institutions and social structure: anthropological contributions to the study of sexuality. Annual Review of Sex Research 10, 184-210

Manderson, L., Kelaher, M., Woelz-Stirling, N., Kaplan, J. & Greene, K. (2002). Sex, contraception and contradiction among young Filipinas in Australia. Culture, Health and Sexuality 4(4), 381-391

Masters, W. & Johnson, V. (1966). Human Sexual Response. Boston, MA: Little Brown

Mathews, C., Everett, K., Binedell, J. & Steinberg, M. (1995). Learning to listen: formative research in the development of AIDS Education for Secondary School Students. Social Science and Medicine 41 (12), 1715-1724

McKay, A., Fischer, W., Maticka-Tyndale, E. & Barret, M. (2001). Adolescent sexual health education: does it work? can it work better? An analysis of recent research and media reports. The Canadian Journal of Human Sexuality 10(3-4), 127-135

Medrano, L. (1994). AIDS and Latino adolescents. In: Irvine, J. (Ed.), Sexual Cultures and the Construction of Adolescent Identities. Philadelphia: Temple University Press: 3-28

Merchan-Hamann, E., Ekstrand, M., Hudes, E.S. & Hearst, N. (2002). Prevalence and correlates of HIV-related risk behaviors among adolescents at public schools in Brasilia. AIDS and Behavior 6(3), 283-293

Merton, R.K., Friske, M. & Kendall, P.L. (1956). The focused interview: a manual of problems and procedures. Glencoe, IL: The Free Press

Messing, S.D. (1982). The Story of the Falashas: "Black Jews" of Ethiopia. Brooklyn, NY: Balshon Printing Co.

Messing, S.D. & Bender, L. (1985). Highland Plateau Amhara of Ethiopia. New Haven, Con. :Human Relations Area Files Inc.

Miles, B.M. & Huberman, A.M. (1994). Qualitative Data Analysis (2nd edition). Thousand Oaks: Sage

Ministry of Health of Israel (2007). HIV/AIDS in Israel, Epidemiological Periodic Report 1981-2005. Jerusalem: Department of Tuberculosis and AIDS, Public Health Services

Moore, S. & Rosenthal, D. (1998). Contemporary youth's negotiations of romance, sex and sexual disease. In: Munck, V. (Editor) Romantic love and sexual behavior: perspectives from the Social Sciences (pp. 233-247). Westport, CT: Praeger

Morgan, D.L. (1997). Focus Groups as Qualitative Research (second edition). Newbury Park, CA: Sage

Nkwii, P., Nyamongo, I. & Ryan, G.W. (2001). Field Research into Socio-cultural Issues: Methodological Guidelines. Yaounde, Cameroon: ICASSRT

Nudelman, A. (2002). Sexual education in residential schools in Israel: An active approach. Education for Health, FICE, Bucharest, 113-121

Nudelman, A. (1999). Culture and health behavior: The case of adolescent Ethiopian immigrants in Israel. International Journal of Adolescent Medicine and Health, 11 (1-2), 3-20

Nudelman, A. (1996). "From child-bride to girl-friend": role transition among Ethiopian immigrant adolescents in Israel. Paper presented at: The First International Conference on Culture and Health in Adolescence, Jerusalem

Nudelman, A. (1995). Adolescents in transition: the case of Ethiopian immigrants in Israel. Paper presented at the Workshop on "Women in Africa: past, present and future", Abidjan, Ivory Coast

Nudelman, A. (1993). Understanding Adolescent Immigrants. Practicing Anthropology 15(2):13-15

Nudelman, A. & Eisenbruch, M. (1989). Cultural bereavement among Ethiopian adolescents in Israel. Paper presented at the Fourth International Conference on Psychological Stress and Adjustment in Times of War and Peace, Tel Aviv

Nudelman, A. (1986). The transition from the Ethiopian medical system to the Israeli medical system. Youth Aliyah Medical Services, Tel Aviv (Hebrew)

Nyanzi, S., Pool, R. & Kinsman, J. (2000). The negotiation of sexual relationships among school pupils in South-Western Uganda. AIDS Care 13(1), 83-98

Odenheimer, M. (2005). The destiny of the converts. Eretz Acheret, 30, 48-57 (Hebrew)

Okonofua, F. (2000). Adolescent Reproductive Health in Africa: Future Challenges. African Journal of Reproductive Health 4 (1), 7-12

Parfitt, T. (1985). Operation Moses: The Story of the Exodus of the Falasha Jews from Ethiopia. London: Weidenfeld and Nicholson

Parker, R.G. (1994). Sexual cultures, HIV transmission and AIDS prevention, AIDS, 8 (suppl.), 309-314

Parker, R.G. & Easton, D. (1998). Sexuality, culture and political economy: recent developments in anthropological and cross-cultural sex research. Annual Review of Sex Research 9, 1-20

Parker, R.G. & Gagnon, G.H., editors (1995). Conceiving sexuality: Approaches to sex research in a postmodern world. New York: Routledge

Quirin, J. (1992). The Evolution of the Ethiopian Jews: A History of the Beta Israel (Falasha) to 1920. Philadelphia: University of Pennsylvania Press

Rabbie, F. (2004). Focus group interview and data analysis. Proceedings of the Nutrition Society 63, 655-660

Raffaelli, M. & Ontai, L. (2001). “She’s 16 years old and there’s boys calling over to the house”: an exploratory study of sexual socialization in Latino families. Culture, Health and Sexuality 3(3), 295-310

Rapoport, L. (1986). Redemption Song: The Story of Operation Moses. San Diego: Harcourt Brace Jovanovich

Rich, M. & Ginsburg, K. (1999). The reason and the rhyme of qualitative research: when, why and how to use qualitative methods in the study of adolescent health. Journal of Adolescent Health 25, 371-378

Rivers, K. & Aggleton, P. (1999). Adolescent sexuality, gender and the HIV epidemic. UNDP Issues Papers
<http://www.undp.org/hiv/publications/gender/adolesce.htm>

Sabar-Friedman, G. (1990). The Jews of Ethiopia: An historical survey, edited and expanded by S. Kaplan and S. Ben-Dor, in V. Netser, R. Elazar & S. Ben-Dor (Eds.), Saga of Aliyah: The Jews of Ethiopia – Aspects of their Linguistic and Educational Absorption:12-23. Jerusalem: Ministry of Education and Culture

Shabtay, M. (1999). Best Brother: The Identity Journey of Ethiopian Immigrant Soldiers. Tel Aviv: Cherichover Publishers (Hebrew)

Shabtay, M. (2001). Between Reggae and Rap: the Integration Challenge of Ethiopian Youth in Israel. Tel Aviv: Cherichover Publishers (Hebrew)

Shabtay, M. & Kassan, L. (2005). Men from Ethiopia, Women from Israel. Eretz Acheret, 30, 62-65 (Hebrew)

Shachar, R. (1993). The attitudes of Israeli youth towards inter-ethnic and intra-ethnic marriage: 1975 and 1990. Ethnic and Racial Studies 16 (4), 683-695

Shelemay, K.K. (1989). Music, Ritual and Falasha History (second edition). Michigan State University Press

Shulman, S. & Scharf, M. (2000). Adolescent romantic behaviors and perceptions: age and gender-related differences, and links with family and peer relationships. Journal of Research on Adolescence 10(1), 99-118

SIECUS – Sexuality Information and Education Council of the United States (2005). Guidelines for comprehensive sexuality education. www.siecus.org/pubs/guidelines/guidelines.pdf

Sim, J. (1998). Collecting and analyzing qualitative data: issues raised by the focus group. Journal of Advanced Nursing 28(2), 345-252

Slonim-Nevo, V. (2001). The effect of HIV/AIDS prevention intervention for Israeli adolescents in residential centers: results at 12-month follow-up. Social Work Research 25(2), 71-87

Sobo, E. (1998). Narratives of love and the risk of safer sex. In: Munck, V. (Ed.) Romantic love and sexual behavior: perspectives from the Social Sciences. Westport, CT: Praeger, 233-247

Soskolne, V. & Shtarkshall, R. (2002). Migration and HIV prevention programmes: linking structural factors, culture, and individual behavior – an Israeli experience. Social Science and Medicine 55, 1297-1307

Spradley, J. (1979). The Ethnographic Interview. New York: Rinehart and Winston

Spruijt-Metz, D. (1995). On Everyday Health-related Behavior in Adolescence. Amsterdam: Vrije Universiteit

Streiff, F. (1983). Mate selection and social identity: marriages of second-generation Maghreb immigrants. Mediterranean Peoples 24, 103-116

Sutter, E. (2000). Focus groups in ethnography of communication: expanding topics of inquiry beyond participant observation. The Qualitative Report 5(1-2) <http://www.nova.edu/ssw/QR/QR5-1/suter.html>

Taffa, N., Sundby, J. & Bjune G. (2003). Reproductive health perceptions, beliefs and sexual risk-taking among youth in Addis Ababa, Ethiopia. Patient Education and Counseling 49, 165-169

Taffa, N., Sundby, J., Holm-Hansen, C. & Bjune, G. (2002a). HIV prevalence and socio-cultural contexts of sexuality among youth in Addis Ababa, Ethiopia. Ethiopian Journal of Health Development 16(2), 139-145

Taffa, N., Klepp, K., Sundby, J. & Bjune G (2002b). Psychosocial determinants of sexual activity and condom use intention among youth in Addis Ababa, Ethiopia. International Journal of STD and AIDS 13, 714-719

The Jewish Agency (1992). Beta Israel Returns Home. Jerusalem: The Jewish Agency

Thompson, J.D. & Demerath, N.J. (1952). Some experiences with group interviews. Social Forces 31, 148-154

Thorne, S. (2000). Data analysis in qualitative research. Evidence-Based Nursing 3, 68-70

Trotter, Robert II (1991). Ethnographic research methods for Applied Medical Anthropology. In: Hill, C.(editor) Training Manual in Applied Medical Anthropology. Washington, D.C.: American Anthropological Association

UNAIDS (2006). AIDS Epidemic Update 2006
<http://www.unaids.org/Epi2006/doc/report.html>

Vance, C. (1991). Anthropology rediscovers sexuality: a theoretical comment. Social Science and Medicine 33, 875-884

Vaughn, S., Schumm, J. S., & Sinagub, J. (1996). Focus Group Interviews in Education and Psychology. Thousand Oaks, CA: Sage

Waldman, M. (1985). The Jews of Ethiopia: The Beta Israel Community. Jerusalem: Joint Israel (Hebrew)

Waldman, M. (1989). Beyond the Rivers of Ethiopia: The Jews of Ethiopia and the Jewish People. Tel Aviv: Ministry of Defense (Hebrew)

Ward, J.V. & Taylor, J.M. (1994). Sexuality education for immigrant and minority students: developing a culturally appropriate curriculum. In: Irvine J. (Ed.), Sexual Cultures and the Construction of Adolescent Identities. Philadelphia: Temple University Press: 51-68

Weil, S. (1991). Ethiopian One-parent Families in Israel. The NCJW Research Institute for Innovation in Education, The Hebrew University of Jerusalem (Hebrew)

Weil, S. (2004). Ethiopian Jewish women: trends and transformations in the context of transnational change. Nashim: A Journal of Jewish Women's Studies & Gender Issues 8, 73-86

Weinstein, M. (1997). From Ethiopia to Israeli society through Youth Aliyah: the history of the absorption of immigrant adolescents from Ethiopia. In: Amir, A.; Zehavi, A. and Pragayi, R. One Root – Many Branches: the Story of the Absorption of Young Immigrants from Ethiopia in Youth Aliyah. Jerusalem: Magnes Press, The Hebrew University (Hebrew)

Weiss, E., Whelan, D. & Gupta, G.R. (1996). Vulnerability and Opportunity: Adolescents and HIV/AIDS in the Developing World. Washington DC: International Center for Research on Women

Wellings, K., Branigan, P. & Mitchell, K. (2000). Discomfort, discord and discontinuity as data: using focus groups to research sensitive topics. Culture, Health and Sexuality 2(30), 255-267

Westheimer, R. & Kaplan, S. (1992). Surviving salvation: From old virgins to soldiers. <http://www.webstories.co.nz/focus/etiopia/falash2.html>

WHO (2002). Defining Sexual Health. www.who.int/reproductive-health/publications/sexualhealth/index

Yilma, S. (1995). The way to Jerusalem. Tel Aviv: Reshafim (Hebrew)

Yaacov, M. (2004). Social mobility of Ethiopian immigrants in Israeli society. Paper presented at the International Conference of the Society for the Study of Ethiopian Jewry. Addis Ababa University

Zelaya, E., Marin, F.M., Garcia, J., Berglung, S., Liljestrand, J. & Persson, L.A. (1997). Gender and social differences in adolescent sexuality and reproduction in Nicaragua. Journal of adolescent Health 21, 39-46

Appendix

Focus Group Guide

Adolescent Sexuality among Ethiopian Immigrants in Israel

Theme 1: Types of relationships

1. What kind of boy-girl relationships do you know about?
2. What is the meaning of boy-girl friendship?
3. What do you do together with a friend of the opposite gender?
4. What is the meaning of a steady boy-girl relationship?
5. What do you do with a steady boy/girl-friend?
6. What are the differences between having a friend or a girl/boy-friend? Please explain.
7. What qualities are important for you in a steady boy/girl-friend? (Probe for qualities related to Ethiopian and Israeli culture)
8. What is love? Please tell us about it.
9. How were male-female relationships in adolescence in Ethiopia?
10. What was similar and different from boy-girl relations in Israel (for example, virginity, age of marriage)? Probe for meanings.
11. Some people think that it is important that their boy/girl-friend is of the same ethnic background. What do you think about this?
12. What are the advantages and disadvantages of having an Ethiopian boy/girl-friend? Please elaborate.
13. What do your parents think about this issue?

Theme 2: Sexual activity

1. When do young people initiate sexual activity?
2. What do you think is the appropriate age for sexual initiation? Why?
3. What do you think of sexual activity before marriage?
4. Why do adolescents engage in sexual activity? Please explain different reasons.
5. With whom do adolescents have sex (casual, steady boy/girl-friend, other)?
6. What are the meanings of these types of sexual relations?
7. When/why partners in a steady relationship begin having sex?
8. How does sex affect a romantic steady relationship?
9. How can a boy or girl know that their partner is ready for sex?

Theme 3: Contraception

1. How can you prevent pregnancy?
2. What type of contraception methods do you know about?
Please explain each method mentioned (the pill, condom, quick withdrawal, other).
3. What are the advantages and disadvantages of each one?
4. Some people think that it is difficult to demand contraception from a partner or to refuse to have sex without it. What do you think?
5. Some people think that it is difficult to discuss contraception with a boy/girl-friend. What do you think about this?
6. Who initiates a conversation about contraception?
7. Who is responsible for bringing/using contraception? Boys/girls?
Please explain.
8. What can a couple do when there is no contraception available?
9. With whom is it necessary to use or not to use a condom?
Please elaborate.
10. Do you think that youth usually use contraceptives? Please explain.
11. Let's make a list of reasons why adolescents don't use condoms.
Please explain each reason (barrier).
12. Where can youth obtain condoms?

Theme 4: Perceptions, attitudes and beliefs about HIV/AIDS

1. What is AIDS? What can you tell us about HIV/AIDS?
2. How do you think it began?
3. What are the symptoms of the disease?
How can you tell that a person has HIV? Please explain.
5. What is the difference between a person with HIV+ (a carrier) and a sick person (AIDS)?
6. How can people get infected with HIV?
Please explain each cause mentioned.
7. What people do you think are at risk for contracting HIV? Why?
8. If you knew a person with HIV+, how would you behave towards him/her? Why?
9. How would you feel about studying with a friend from your peer group that contracted HIV? Please explain.
10. Why should AIDS concern adolescents?
11. What are the chances that a someone like yourselves may contract AIDS? Please explain.
12. Is it possible to discuss HIV and its prevention with a partner?
13. What is an HIV test?
14. Where can people get tested?

15. Who do you think should go for an HIV test? Why?
16. What treatment does an HIV+ person get?
17. How can HIV infection be prevented? Please elaborate.