

**Prevalence of Premarital sexual practices and associated factors
among Jimma Teacher training college students in Jimma Town**

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JIMMA ETHIOPIA

JIMMA UNIVERSITY
COLLEGE OF PUBLIC HEALTH AND MEDICAL SCIENCE
DEPARTMENT OF NURSING AND MIDWIFERY

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Abstract

Background- The World Health Organization defines “adolescents” as people age 10-19; “youth” as those age 15-24; and “young people” as those ages 10-24. Related to their premarital sexual activities, adolescents in Ethiopia are exposed to various risks such as unprotected sex, early marriage, early unwanted pregnancy, unsafe abortion, maternal death, sexually transmitted infections and human immune-deficiency virus, unemployment, drug abuse and crime.

Objectives –to assess the prevalence of premarital sexual practices and associated factors among Jimma Teacher Training College students in Jimma Town.

Methods – A facility based cross-sectional study (both quantitative and qualitative) design was conducted on 361 students. A pre-tested structured questionnaires and semi structured interview guides used to collect data from February 28 to March 05,2013.The data was entered, cleaned and analyzed by using SPSS version 16. Bivariate and multivariate logistic regressions were used for quantitative data analysis while thematic analysis was used for qualitative data analysis.

Result - One hundred forty two (39.7%) of the study population had practiced premarital sexual intercourse, of whom 90(63.4%) were males and 52(36.6%) were females. The mean age at first sexual intercourse was 17.75 for males and 17.98 for females.

Variables such as, level of students (college year), mothers having private business, having pocket money, friends dating experience, communication with families, source of sexual and reproductive health and seeing pornography were significantly associated with young people’s premarital sexual practices both at crude and adjusted odd ratios at $p < 0.05$.

Conclusion and recommendations- There is a high prevalence of premarital sexual practices(39.7%) among the young people. Young people were found to start premarital sexual practice at their earlier age (15-19) with mean age of 17.75 for males and 17.98 for females. Young people were practicing risky sexual behaviors such as seeing of pornography, drinking alcoholic beverages, chewing chat, having more than one sexual partner, sex with commercial sex workers and using drugs like hashish. Therefore, an integrated effort needs to be initiated to address such young people’s sexual and reproductive health problems through consistent provision of sorted and filtered information about young people reproductive health in general and premarital sexual practices and associated factors in particular to the college young people by the concerned governmental and non- governmental agencies.

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Lists of Acronyms

AOR- Adjusted odds ratio

AIDS- Acquired Immune Deficiency Virus.

CI- Confidence interval

CSA-Central statistics authority

CSW- Commercial sex workers

Edu.-Education

FGD-Focused group discussion

HIV- Human Immune deficiency Virus

IEC-Information, education and communication

JTTC-Jimma teachers training college

ISY- In-school youth

MOLSA- Ministry of labor and social affairs

OSY- Out of school Youth

OR- Odds ratio

PMSP-Premarital sexual practices

R/ship-Relationship

SPSS-Statistical package for social science

STD –Sexually transmitted disease

SRH-Sexual and reproductive health

STIs- Sexually transmitted Infections

VCT-Voluntary counseling test

WHO- World Health Organization

PPS-Probability proportionate to sample size

CHAPTER ONE

INTRODUCTION

1. Background

The terms “youth,” “adolescents,” and “young people” are all used to describe people in the stage of life that marks the transition from childhood to adulthood during which young people experiences changes following puberty. The World Health Organization defines “adolescents” as people age 10-19; “youth” as those age 15-24; and “young people” as those age 10-24.

Adolescence is also the time when many people start to engage in sexual activity. While age at marriage is rising in virtually every country, age at first intercourse is falling. A large proportion of adolescents, therefore, are engaging in premarital sexual activity (1).

Young people, 10-24 years old currently accounts for over 30% of the world’s total population. In Ethiopia, over 65% of its population is under 25 years of age and trends are upwards, particularly in the urban areas of developing countries. Young people undergo a period of development when biological, physical, cognitive, and social traits mature from childhood to adulthood. During this stage, the challenges that youth face and the decisions they make can have a tremendous impact on the quality and length of their lives. Many important life events and health-damaging behaviors that are contributing for premarital sexual activities start during these years (2).

Unprotected sexual activity carries with it risks to reproductive health at any age but most particularly during adolescence, because the risks of infection are greater when full physical maturation is incomplete, and the risks of pregnancy are greater at the youngest maternal ages and when the pregnancy is unwanted, which is often the case when a pregnancy occurs prior to marriage (3).

Adolescents today are going through an era of diverse changes affecting their social needs, perceptions and obligations that need to be recognized. Also, the period of adolescence is lengthening, as biological maturity is reached earlier and social and economic independence achieved later because of the increase in opportunity for further education. It is also common knowledge that sexual activity among adolescents is increasing (4).

Premarital sexual activities among adolescents have been reported to be increasing worldwide. A rising prevalence of early sexual activity among youth has been witnessed in Taiwan and around the world for the past decade. studies done in Taiwan have identified that the factors associated with early onset of sexual activity among youth include individual, socio demographic factors, such as age, gender, educational status, and race/ethnicity , interpersonal factors related to knowledge, attitudes, beliefs, expectations, family structure and parental involvement(5).

In Ethiopia, an increasingly large number of adolescents are enrolled in both private and government colleges and they often live away from parental guidance. Early engagement in premarital sexual activity without having proper protection has been one of the concerns, which might be due to lack of inadequate education on their SRH and contraceptive use (6).

Related to their premarital sexual activities, adolescents in Ethiopia are exposed to various risks such as unprotected sex, early marriage, early pregnancy, unsafe abortion sexually transmitted infections (STIs) and HIV/AIDS, unemployment, drug abuse and crime .Moreover, studies show that in Ethiopia, 60% of adolescents' pregnancy is unwanted or unintended pregnancies resulted from unprotected sexual intercourse (7).

Ethiopian women tend to marry early, at a median age of 16. The median age for first intercourse is also 16, suggesting relatively little premarital sex among women. In fact, 94% of sexually active adolescent girls 15- 19 are married. Men, on the other hand, have higher rates of premarital sex and their median age at first intercourse (20.3 years) is three years lower than their median age at first marriage (23.3 years) (8).

Data from ministry of labor and social affairs (MOLSA) showed that 22.9% of males and 19.7% of females in the 15-19 years age group, and 53.4% of males and 19.7% of females in the 18-19 years age group had had sexual intercourse before marriage (9).

The vast majority of sexual intercourse during adolescence period is unprotected and therefore, the risk of unwanted pregnancy, unsafe abortion, and STIs including HIV/AIDS is very high. Lack of accurate information about reproductive health and sexuality, lack of access to health services including contraception, and vulnerability to sexual abuse put adolescents at highest risk (10).

Studies conducted in some parts of Ethiopia identified inconsistent predictors of premarital sexual activities among adolescents. Gender was associated with both increased and decreased pre-marital sexual activity. Reading or viewing sexually explicit materials, alcohol drinking, khat chewing, and ever having a boy or a girlfriend were associated with increased pre-marital sexual activity, while living with parents was associated with decreased pre-marital sexual activity (11).

Fall in the age of menarche, increasing age at first marriage, increased participation of Women in the labor force, wide spread migration to urban towns, weakening of traditional norms and values and transmission of new ideas through films, music, book and mass media are believed to be contributory for premarital sexual activity of adolescents (12).

Non experimental cross sectional studies that are undertaken in other countries outside Ethiopia revealed that male gender, alcohol consumption, substance use and living out of parental close supervision were associated with early initiation of premarital sexual activity (13).

The majorities of studies done previously in some parts of Ethiopia have focused mainly on the relationships between premarital sexual initiation and socio-demographic variables but rarely go beyond that as well as there were no recent studies conducted on this topic for college students, especially at this study area, so in spite of that, this study assessed the magnitude of pre-marital sexual practices and other additional factors contributing to it among JTTC students, in Jimma Town of south west Ethiopia.

1.1. Statements of the problems

Premarital sex is a penetrative vaginal or anal sexual intercourse performed between couples before formal marriage. Some people who advocate virginity and abstinence argue that those people engaged in such sexual practice may have sex with many sexual partners and may have high number of life time sexual partners. As a result, they may be liable to acquire STIs including HIV. Besides, females, particularly adolescent girls may end up with unwanted pregnancies, abortions, teenage deliveries, and various complications of these including death. Moreover, the girls may drop out from school to rear their children and in most cases they become economically dependent upon their parents (14).

Sexual activities among adolescents have been reported to be increasing worldwide. Several studies in Sub-Saharan Africa have also documented high and increasing premarital sexual activities among adolescents. The rise in premarital sex in Africa has resulted from a sexual revolution that came with western culture (15).

Studies clearly point out that in most parts of the world; young people have sex at an early age outside of marriage. Many unmarried girls and boys have their sexual debut before the age of 15, including those in Africa (16).

A cross sectional study conducted in Addis Ababa showed that 39.8% of the boys and 5.6% of the girls had a coital exposure with the minimum age of sexual onset for boys was 12 years with mean age of onset being 16.45 ± 4.02 and that of girls was 14 years with mean age of onset being 15.3 ± 5.7 years (14).

Studies have also revealed that the prevalence of premarital sex among school youth is higher in Oromia (31.3%) than nationally (19%). However, factors that contribute to such an early initiation of sexual practices were not dealt with in the study area. Due to sensitivity of this issue, young people receive inadequate education, guidance and services on reproductive health. With their limited knowledge about their bodies and their sexuality, they find themselves vulnerable to sexually transmitted diseases and infections, including HIV/AIDS, unplanned early childbearing and unsafe abortions (17).

Young people have limited knowledge about sexual and reproductive health and know little about the natural process of puberty. This lack of knowledge about reproductive health may have grave consequences. Moreover, sexual activities are occurring in the midst of an HIV/AIDS pandemic that is proportionately affecting adolescents and young adults (17).

Other factors associated with premarital sex include number of siblings, possession of future partner by teens, literacy, urban residents, religion, the breakdown of traditional family system, influence of mass media, curiosity, peer influence, expectation of gift and money, force, a measure of friction between respondent's parents, living arrangements and school location, incomplete, inadequate and unappreciated feelings, gender, substance use and staying with single parents (18).

Adolescents who become sexually active early—at age 14 or younger face numerous health risks. They are more likely to engage in high-risk sexual behavior such as unprotected sex, having multiple and/or high-risk partners, raping a partner, and being intoxicated while having sex, alcohol and drug abuse, stealing, violence, and poor performance in school (19).

High divorce rates, sexually transmitted diseases, unwanted pregnancies, abortions, and related health problems frequently follow romantically-driven decisions on sexual relationships. The psychological and socioeconomic cost of these problems and the impact of their cascade on the national social welfare, with the universal nature of sexual relationships, are immense (20).

There is a few study done on the related topic at Jimma town and little is known about what mechanisms shape premarital sex behaviors among youth and even less in this study area, so this study assessed the prevalence of premarital sexual practices and factors contributing to it in which a good understanding of this will help to generate policy guidelines that can lead to a reduction in premarital sex and thus avoid the harmful psychological and physical effects of premarital sex.

1.3. Significance of the study

Previous studies done in some parts of Ethiopia dealt only with socio-demographic factors of premarital sex. This study by identifying factors associated with premarital sex, such as, individual, socio- demographic, peer influence, knowledge of SRH issue ,risky behaviors and reasons for first sex ,will help to generate policy guidelines that can strive to eradicate these factors. It will also contribute for the improvement of the sexual and reproductive health of young peoples.

Reduction in premarital sex by addressing associated factors will avoid the harmful psychological and physical effects of premarital sex has on health of young people's such as unwanted pregnancy ,abortion, maternal deaths ,STI/HIV and other effects of it.

Understanding the recent young people's premarital sexual practices and the factors associated to it among adolescent will also useful for developing policy and programmatic interventions to ensure safe sexual behavior among adolescents, make improvements on the existing family life, education Program and develop new peer and parents education programs and modify the existing ones. The finding of this study will also help health professionals and policy makers to know the recent sexual and reproductive health status of young people and to respond accordingly as well as to undertake necessary measures. It will also be used by other researchers to conduct further research on this topic.

CHAPTER TWO

LITERATURE REVIEW

2.1. Premarital Sexual Activity of Adolescents

The likelihood of beginning a sexual relationship prior to marriage is increasing globally, including the Asia and Pacific region. Likewise, premarital sexual activity is common in many parts of the world and is reported to be on increasing in all regions. Premarital sexual activity in South-Asian countries is uncommon. A study of 15-19 age groups in India, 16% of men and 33% of women reported to be sexually active. The average age at first sexual encounter was 16 years for men and 18 years for women (21).

An explorative recent study in Brazil showed that 64% of 15 to 17 years old male reported engaging in sex before marriage as opposed to only 13% of females (22). Another study in rural Kenya revealed that among students aged 15 to 19 years, boys perceived sexual activity as part of their initiation into manhood. Many were sexually active and many had multiple sexual partners (23).

The premarital sexual activity and reproductive health of young people in developing countries have also attracted considerable attention over the last 15 years, in which youth constitute a large proportion of the populations and are disproportionately affected by HIV/AIDS and other negative reproductive health outcomes. The existing literatures document that adolescents engage in premarital sex with insufficient knowledge of reproductive health and family planning, and the small proportion use contraceptive, especially condom (24).

Across sectional comparative study done in East Gojjam zone, northwest of Ethiopia showed that more than 45% of adolescents had premarital sexual experience at the mean age of first sexual onset of 13.6 years(25).while the same study done in Dessie town indicates that 51.3% of the youths have ever had sex at the median age of sexual debut of 16 years. High risk sexual initiation was noted among the study participants, in which 2.4% & 8.7% initiated their first sex with CSW and casual partner, respectively. Moreover first sexual practices were unplanned in 39% of the respondents and among these 65% were unprotected. Sixty one percent of youths started their sexual intercourse before age of 18 (26).

Other cross sectional study in Nekemte town showed that (21.5%) adolescents reported having had premarital sexual intercourse at the mean age of first sexual intercourse of 16.2 years for males and 15.2 for females. In which their first sexual intercourse for 77 (53.1%) of them was executed with their friends followed by acquaintance, 48(33.1%).In this adolescents the reason for their premarital sexual practices were fell in love, which accounted for 49 (33.8%), desire to practice sexual intercourse in 44 (30.3%), peer pressure in 25 (17.2%), and for money gifts in 11 (7.6%) of the cases, and 95 (65.5%) of them had only one sexual partner while 50 (34.5%) had two or more sexual partners in the past 12 months prior to that survey(27).

Similar study done in eastern Ethiopia also shows that About one in four, (24.8%) never married in-school adolescents reported premarital sexual debut; significantly more males (28.8%) than females (14.7%) reported premarital sexual debut .The age at pre-marital sexual debut ranged from 13 to 19 years, and the mean was 15.6 . Males had lower (15.5 years) mean age at pre-marital sexual debut compared to females (16.0 years)(11).

Premarital sexual activity poses health risks for both young males and females. Most young adults who enter into sexual relationships for the first time do not use any form of contraception leaving them vulnerable to unplanned parenthood and HIV/AIDS/STI. The primary consequence of premarital sex in adolescent females is unwanted pregnancy. It may lead to unsafe abortion, in which the case an inexperienced or ashamed adolescents are likely to expense late in the pregnancy and involve greater risks to life, health and future fertility (48).

2.2. Factors Affecting Adolescents premarital Sexual activities

Studies in some Asian and African countries found that many diverse factors influence adolescents' level of risky sexual behavior. Age at puberty, poverty, ethnicity, religiosity, peer relations, school performance, involvement in risk taking behaviors like drinking alcohol and taking drugs, and family composition and relationships have all been identified as determinants of adolescent sexual behavior (28).

In some societies, adolescents' sexual behavior may be influenced by family characteristics, like parents' education and occupation, family income, living arrangements and conflict between parents (29).

2.2.1 Age

Adolescents all over the world are sexually active, but the age at which they start having intercourse varies between regions and, within a country, between urban and rural settings (21). Many authors have documented the strong correlation between age and sexual experience; as age increases, the likelihood of participation in sexual activity increases. Age can also increase opportunities for independence and decision making for adolescents, but there are variations in the age at which young men and women begin sexual relation (31).

A cross sectional study from Cape Verde shows that, Mean age at sexual initiation for boys and girls was, respectively, 14 (SD = 2.0) and 15 (SD = 1.64), and the proportions of sexually initiated male and female adolescents were very different, 65.6% (252) and 30.2% (116), respectively (46).

Similar study conducted in Dessie town indicates that the age at sexual debut was higher among males [(mean [95% CI] = 17.22 [16.98-17.00]) than the females (mean [95% CI] = 16.47 (16.22 16.71))(19). But, study results undertaken among Harar adolescent students shows males had lower (15.5 years) mean age at pre-marital sexual debut compared to females (16.0 years)(11).

2.2.2 Academic performance and education

Some studies stressed on a relationship between the quality of the academic program or performance and adolescents' sexual behavior. The findings of a survey in Jamaica found that school attendance as well as academic performance may be related to early sexual activity (32).

A cohort analysis study in Costa Rica also documented a considerable increase in girls' education and the concurrent beginning of a decline in the incidence of age at first intercourse.

With increasing education, more young women are delaying marriage, thereby reducing the length of the period of engagement, which in turn decreases premarital sex (33).

Similarly study from North West Ethiopia shows that adolescents having low educational status have more engaged in premarital sexual activities (25). Studies in Addis Ababa on school adolescents showed that 39.8% of males and 5.6% of females reported to having had sexual intercourse. While in South Gondar, study done among out of school adolescents showed that 46.2% and 16.2% of males and females reported sexual practice, respectively.

2.2.3 Exposure to mass media

The explosion of telecommunications across cultural boundaries is influencing the sexual behavior of young people by providing so called “role models”. In many countries in the west, it is socially accepted, indeed encouraged that teenagers experiment with adult patterns of language, dress and sexual behavior. In the developing world, where opportunities are limited and health care availability inadequate, emulating western patterns of behavior has disastrous consequences as they are not equipped with the necessary health and family planning services. As a result, they are often faced with lack of adequate knowledge and access to services in this regard and practice unsafe sex (35).

Media exposure plays a significant role in promoting social changes in attitudes towards Sexual and reproductive behavior, especially as a function of the type of information and programs that are broadcast and also due to linguistic homogeneity, even if it did not prove relevant to the outcome of study conducted in Santiago Island (46).

The values and lifestyles depicted on television, movies and through music videos exert powerful influence on the aspirations and desires of young people. Programs which are sexually suggestive strengthen the notion that being sexually active in one’s teens is the normal thing to do (21).

2.2.4 Knowledge on sexuality and reproductive health issues

According to a survey of sex education studies in developed countries, there was no increase in sexual activity among adolescents and clear evidence of higher level abstinence, a later start to sexual activity, higher contraceptive use, fewer sexual partners and/or reduced rates of unplanned pregnancy and STD. The report also noted that sexual health programs do not encourage sexual experimentation (36).

Numerous studies in developing countries have shown that young people lack adequate knowledge about contraception and disease prevention and many have misconceptions about reproductive health issues and sexuality (37).

Adolescents also lack knowledge regarding reproductive anatomy and physiology. It appears that most young boys and girls do not have the appropriate knowledge regarding puberty and menstruation (38). Therefore increased knowledge about contraception and condoms alone may not be sufficient to reduce sexual risks.

Those who become sexually active early and change partners frequently are at greater risk. Thus, while adolescents require the appropriate sexual and reproductive health education to prepare them for a better and healthier future, the content of the sexual and reproductive health education program also need to be studied carefully.

A study done in Cameroon, Burkina Faso, Uganda, Mali, and Niger, shows that 44% to 59% proportion of adolescents ever married have low educational level on SRH which was related to premarital sexual activity of this age groups (39).

A cross sectional comparative study from east Gojjam zone also shows that adolescents tend to be poorly informed regarding their own sexuality, physical well-being, as well as their health and their bodies and only 8.0% of the study subjects, 80% of whom were from urban areas, knew that a woman is most likely to become pregnant half way between two periods(25).

2.2.5 Socioeconomic Status of Parents

A cross sectional study done on Kenyan adolescents shows that neither of parental socioeconomic status nor of religious participation seemed to be significantly related to age at first sexual relations (40). But, in a similar study in Philippines, adolescents whose families had higher socioeconomic status were found to be less likely to be sexually active, perhaps as a result of the social environment and perceived opportunities and role models available to them (41). However, a study conducted in India found that family socioeconomic status had no significant associations with sexual behavior (32). Furthermore, some studies indicated that in case of parents with a low income, their daughters had some type of sexual relationship which involved money (29).

The same study in Botswana found the same trend that about one-in- five of the out of school adolescent girls reporting that it is difficult to refuse sex when money and gifts are offered to them (30).

Study from east Wollega zone indicates that male adolescents who were from rich families and have pocket money were more likely to report premarital sexual practice while the reverse is true for female adolescents (27).

2.2.6 Relationship with parents

The absence of a conducive atmosphere in the home with their families leads young people to seek entertainment outside the home, often in the wrong company, as they are still too young to understand or differentiate between the good and the bad amongst themselves.

Study done in Uganda on school-going youth confirms that children who grow up with responsible parents are less likely to manifest excesses in sexual behavior, and most of the students' sexual activities occurred when parents were away or when the students were staying with relatives (29).Other study from Botswana also indicates that respondents who had weak emotional bonds with significant others in their families were more likely to be sexually active than those who had strong emotional bonds with family members(47).

2.2.7 Parent-child communication

Adolescents mostly find it impossible or uncomfortable for them to talk about sexuality with their parents or other family members. For the majority, therefore, the sources of information often are peers and adult movies and magazines, in that order they engage in premarital sexual activities (42).

Studies from China, Kenya and Nigeria suggest that, lack of communication and negotiation skills, limited parental and community support, inaccessible and unfriendly health services hinder young people's ability to engage in safe sex and wanted sexual relations (34).

Poor communication with parents have been related to depressive symptoms, which are positively associated with permissive sexual attitudes and having friends who engage in premarital sexual activities (47)

Other study in our country shows that participants who didn't found it easy to discuss about important matters with their mother were more likely to initiate sex-earlier (adjusted OR [95%CI]=2.48 [1.48, 4.17])(26).

2.2.8 Educational status of family

Study done in Cameroon, Burkina Faso, Uganda, Mali, and Niger, shows that low educational level of family was related to early marriage and premarital sexual practices of adolescents(29).Study from north west Ethiopia also indicates that sexual activity was found to be significantly associated with mother's educations.(25)

2.2.9 Relationship with opposite sex

The risk of increased probability of premarital sexual activity execution among adolescents if the age difference among sexual partners is large and if individuals have multiple partners in which the general pattern of this situation is common to most societies in where young women are seduced into sexual relationships with rich partners or 'sugar daddies' (37). This is similar to findings from Nigeria, where sexual initiation tends to be an affair between young peers; only once young women are sexually active do they begin to have older partners (43).

Study in our country also shows that young girls enter into sexual relationship with older and wealthy men who can assist them with school related expenses, in achieving their long term objectives, searching jobs while 7.6% of the adolescents made relationship with them for exchange of sex for money or gifts (27).

2.2.10. Peer Influences

Interaction with peers often exposes young people to norms and values that are more likely to facilitate their premarital sexual behavior. The young may be more likely to perceive peer attitudes as desirable and behave according to their values. Some study pointed out that, peer influence is stronger in males than females because males are supposed to initiate love or sex and boys are more free than girls to live on their own and, most likely, to experiment with sex (28).

Research on sexual experience of Thailand adolescents in rural area found that the peers' pressure has motivated them to have premarital sexual intercourse. Moreover, peers play important role in making someone's personality, attitudes and behavior. Further research has shown that individual behavior get influence from peer behavior and it commonly happens in adolescents (44).

A cohort study conducted in a sample of Philippines and Taiwanese youth who successfully completed a competitive college entrance exam, showed that adolescents report peer pressure as a powerful influence in their decision to initiate and experiment with a variety of risky health behaviors and it identified perceived sexual activity by best friends as an influential factor in the initiation of sexual activity in an adolescent's own life (45).

Study from Nekemte town indicates that peer pressure contributes for 17.2% premarital sexual initiation of adolescents (27).

2.2.11. Sexual risky behavior

Seeing pornography, Smoking cigarette, having multiple sexual partners and drinking alcohol are factors that have been found to have a bearing on sexual activity and more boys than girls have been identified as smokers and consumers of alcohol (29).

A cohort study from Taiwanese multivariate analysis indicated that Adolescent cigarette use was significantly related to engaging in premarital sex for males only (AOR = 2.4; 95% CI = 1.4-4.0) while adolescent alcohol was significantly related to engaging in premarital sex for females only (AOR = 2.0; 95% CI = 1.4- 4.0), in which, adolescent alcohol use also appeared to be a significant predictor of premarital sex for males and females (45).

A descriptive cross-sectional study from South Africa indicated that students who had multiple sexual partners had a median of 2 (range, 2–4) sexual partners, were 7 times more likely to consume alcohol compared to those who did not have multiple partners (OR = 6.9, $p = 0.004$) and they had 3.5 times more chances of taking drugs compared to students with one steady partner (OR = 3.5, $p = 0.038$) that increases their chance of executing premarital sexual activities (35).

2.2.12. Religion

Ethiopia is the land of many religions; those adolescents who follow their religion frequently and abide by some of its principles are not practice premarital sexual activities as other adolescents.

However, study from cape Verde found a positive association between Catholic religion and male sexual initiation, which may mean that Catholics are the ones that most value pleasure, and love as a gender meaning, according to a study of opinions and attitudes on sexuality in Brazil(46). Study conducted on Nigerian adolescents also indicates that females who attached more importance to the value of religion were significantly less likely to start sex during adolescence (HR = 0.59, 95% CI = 0.37–0.94) while those that had more positive gender-related disposition, were found to have a slightly but statistically significantly increased risk of sexual initiation (HR = 1.13, 95% CI = 1.04–1.23), Compare to Christian women, Muslim women were more likely to have started sex intercourse at an earlier age (62% versus 38%, p = .001). (13). Study at university of Botswana shows that, for both males and females, respondents that were not religious were more likely to be sexually active than those that were religious. Individual commitment to religious beliefs and practices seemed to help to maintain control on sexual intercourse for both boys and girls (47).

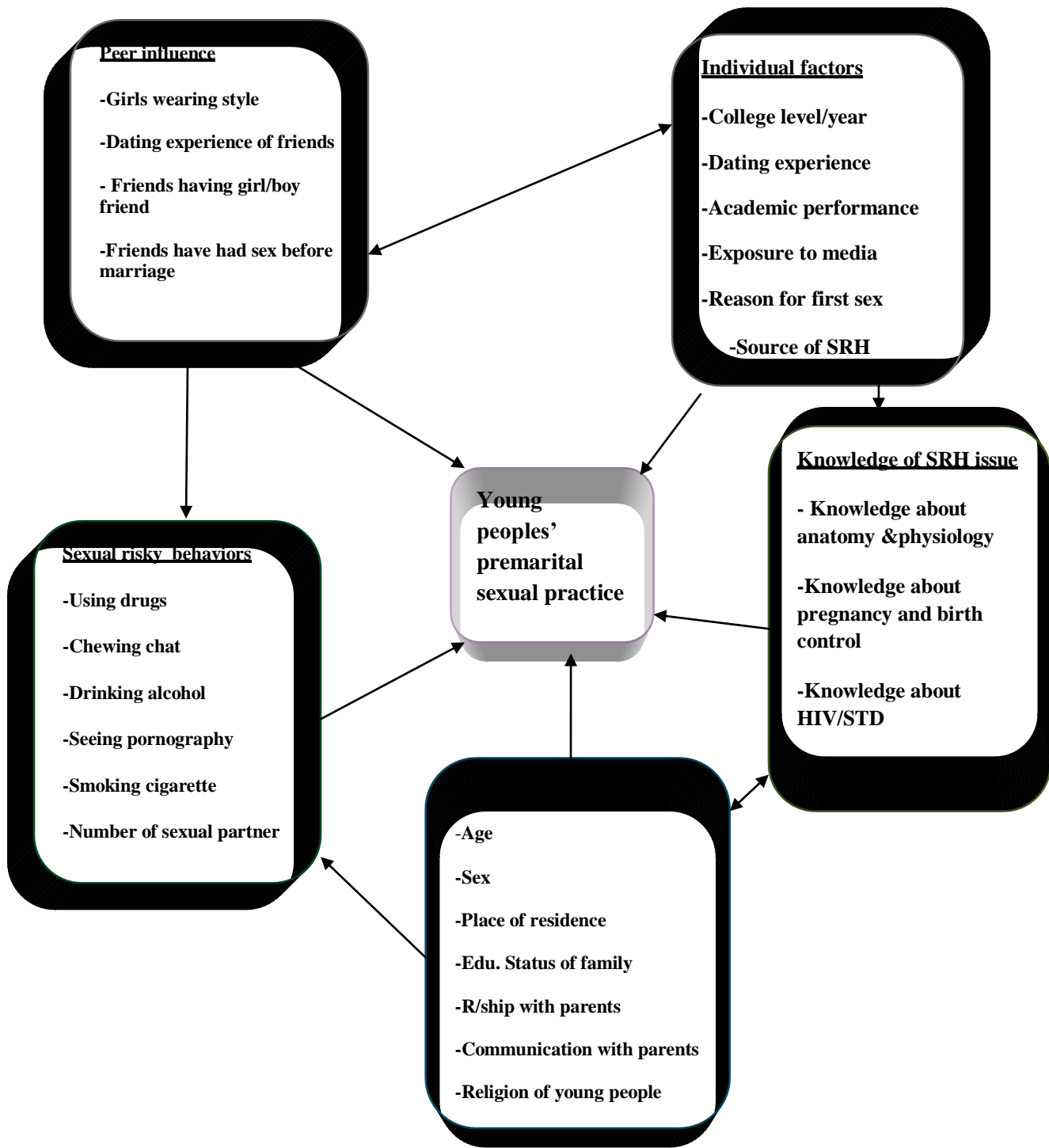


Figure 1. Conceptual frameworks for young peoples' premarital sexual practice developed from literature review

CHAPTER THREE

OBJECTIVES

3.1 General Objective: to assess the prevalence of pre-marital sexual practices and associated factors among young people of Jimma TTC students.

3.2 Specific Objectives

1. To determine the prevalence of pre-marital sexual practices among JTT College students.
2. To identify factors contributing to pre-marital sexual practices among JTT College students.

CHAPTER FOUR

4. METHODS AND MATERIALS

4.1 Study area and period

The study was conducted in TTC of Jimma town, south west Ethiopia, Oromia regional state from February 28-March 05, 2013. Jimma town is the capital city of Jimma zone which is located at 355 Kms to the south west of Addis Ababa. The area lies between a latitude of 7°41'N and longitude of 36°50'E and has an elevation of 1704 meters above sea level, with a total population of 159,009 of whom 80,897 were males and 78,112 were females(CSA,2007).In this town there are six private and one government colleges. JTTC is one of the governmental College in Jimma town which is about 2.5 km to the northeast of Jimma City Centre. It is one of several regional Teachers' Training Colleges in Ethiopia established specifically to produce qualified teachers for primary schools (grades 1-8). In accordance with the 1994 National Education and Training Policy, JTTC was upgraded from a Teachers' Training Institute (TTI) as it had been for 28 years (1961-1988 E.C.) and, to a college and launched its first two-year Training Programme (Diploma Program) in July 1988 E.C. during the summer semester.

JTTC furthermore introduced the new education system for the region in 1996 E.C. The college offers an attractive intellectual environment with a number of training programs which require various years to complete. It comprises 11 streams:- Afan Oromo, English, Biology, Chemistry, Physics, Mathematics, Geography, History, Civics, Sport and Adult and Non-Formal Education, all of which offer diploma level training. The regular day programme takes three years to complete; the evening extension program takes four years and the summer extension programs take four years before students are eligible to graduate. In this year it has a total of 2,292 students, in which 1046 of them are males and 1246 of them are females from all 11 streams.

4.2 Study Design

An institution based cross sectional study (both quantitative and qualitative) design was used.

4.3 Source population

The source population were all students who attend in Jimma TTC in 2013 academic year.

4.4 Study population

The study population included sampled regular students who attend in Jimma TTC in 2013 academic years.

4.5 .Eligibility criteria

4.5.1 Inclusion criteria

All regular students of 2013 academic years

4.5.2 Exclusion criteria

Those students whom were not able to provide their own information (both with mental and hearing impairment)

4.6 Sample size and sampling procedures

4.6.1 Sample size for quantitative data

The single population formula was used, and since there is no such study for college students in the country, 50% of (PMSP) the proportion of expected prevalence of premarital sexual practice was used. Desired precision of 5%, at 95% confidence level and 10% none -response rate was considered.

$$n = \frac{(Z_{\alpha/2})^2 p (1-p)}{d^2} =$$

Where, n= desirable sample size, nf= final sample size, p= 50% (Proportion of PMSP), d=0.05 (Assumed Standard error/ the desired precision of the estimate), $z_{\alpha/2} = 1.96$ (95% confidence interval).

$$\begin{aligned} n &= \frac{[1.96]^2 * 0.50(1-0.50)}{(0.05)^2} \\ &= \frac{0.9604}{0.0025} = 384 \end{aligned}$$

Since N (total number of students in JTTC) is <10,000 by using population correction formula $nf = n / (1 + n/N) = 384 / (1 + 384/2292) = 328 + 33$ (10% non-response rate) = 361

4.6.2 Sample size for qualitative data

Thirty study participants were conveniently selected from all students not included in quantitative sampling based on their years of college, age and gender. The number of participants selected was determined by the saturation of required information and continued till saturation of information reached.

4.6.3 Sampling procedure for quantitative data

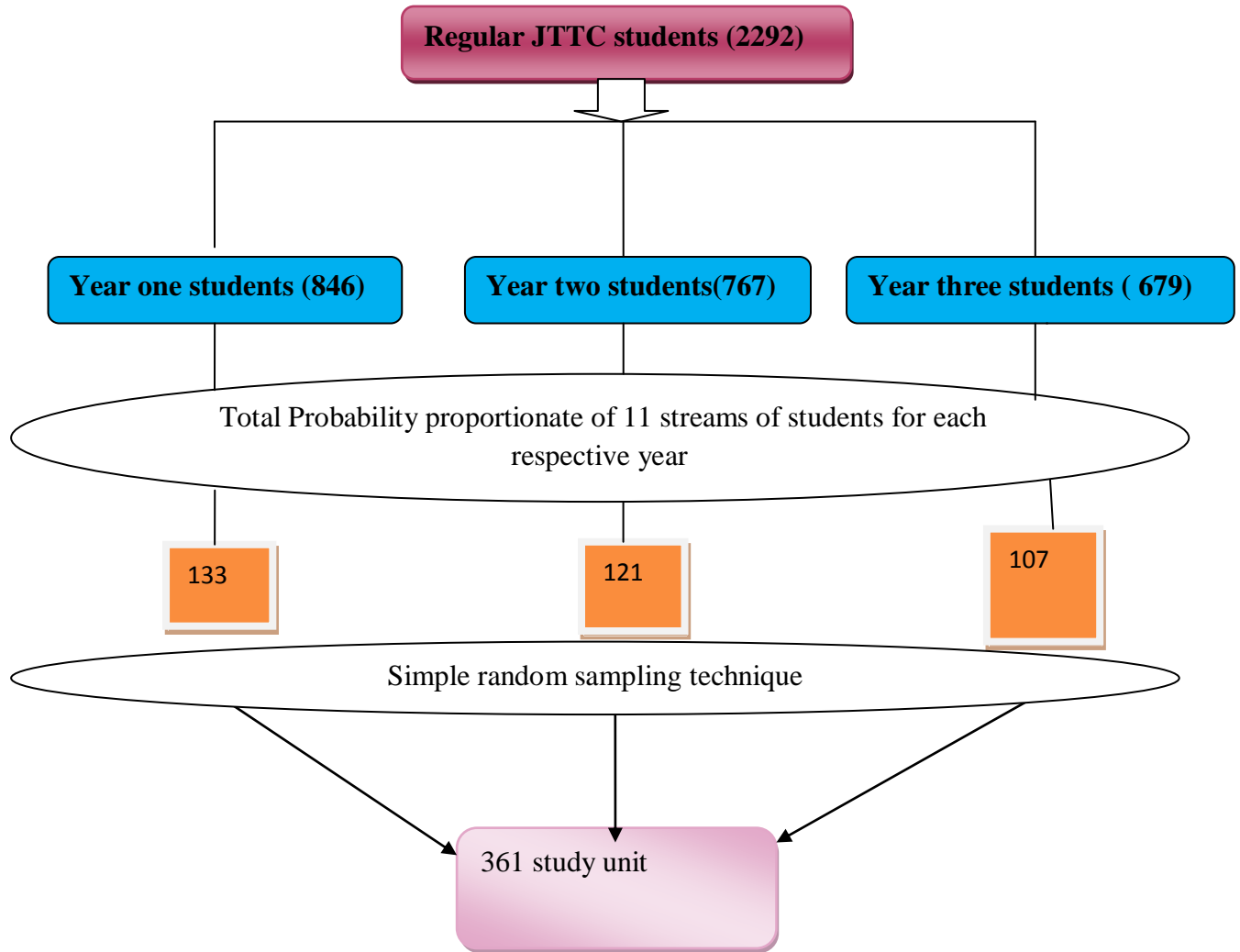
There are 11 streams of study at JTTC, Using the sum of the total number of students of the 11streams(N) and the calculated sample size n ,probability proportionate to sample size was allocated for each year one to year three students across each 11streams. Then finally the study unit was selected by simple random sampling technique by using computer generated random numbers based on the class registration name lists of students(ID.Nos).

Table 1.shows all steps of proportion allocation across each streams and years of students with total proportionate allocation for each years.

11 streams	Streams	Year 1 students	proportionate	Year 2 students	proportionate	Year 3 students	proportionate
	A. Oromo	50	8	40	6	48	8
	English	47	7	38	6	39	6
	Mathis	164	26	149	24	142	23
	Physics	108	17	97	15	87	14
	Biology	169	27	94	15	90	14
	Chemistry	111	17	90	14	91	14
	Civics	50	8	40	6	47	7
	Geography	50	8	45	7	40	6
	History	48	7	39	6	----	-----
	Sport	49	8	42	7	47	7
	ANFE	-----	----	93	15	48	8
	Total	846	133	767	121	679	107

4.6.4 Schematic presentation of sampling procedure

Probability proportion to sample size allocation for each year of students



4.6.5. Sampling procedure for qualitative data

Convenience sampling technique was applied.

4.7. Measurement and variables

4.7.1. Dependent variable

- ❖ Premarital sexual practice

4.7.2. Independent variables

Socio-demographic factors

- Age
- Sex
- Place of residence
- Edu. Status of family
- Economic status of parents
- R/nship with parents
- Communication with parents
- Religion of young people

Individual factors

- College level/year
- Dating experience
- Academic performance
- Exposure to media
- Reason for first sex
- Source of SRH

Peer influence

- Girls wearing style
- Sexual behavior of friends
- Dating experience of friends
- Friends having girl/boy friend
- Friends have had sex before marriage

Sexual risky behaviors

- Using drugs
- Chewing chat
- Drinking alcohol
- Seeing pornography
- Smoking cigarette
- Number of sexual partner

Knowledge of SRH issue

- Knowledge about anatomy and physiology
- Knowledge about pregnancy and birth control methods
- Knowledge about HIV/STD and prevention
- Knowledge about sexual violence

4.7.3. Operational definitions & definitions of terms

Economic status of parents-students response for their family's monthly income.

Educational level of parents- Illiterate, Read and write, Primary school, Secondary school, 12+

Number of sexual partner- (including the number of girl/boyfriend): One, two, three, above four

Knowledge on sexual and reproductive health issues (based on 12 sets of questions which include knowledge about anatomy and physiology, pregnancy and birth control, STD/HIV and their prevention, sexual violence, the scores from a total of 12 questions combined to assess the level of knowledge based on correct answer. It then categorized into three levels as **poor** (less than 5), **medium** (5-8) and **good** (9-12).

Life time premarital sex-premarital sexual practices of young people's before and after they joined the college.

Parent-child communication on sexual and reproductive health issues- (this will comprise parent-child discussion about puberty, love/friendship, HIV/AIDS and pregnancy prevention): no, yes a little, yes a lot

Premarital sexual practice- Sexual relation between male and females before marriage that may or may not lead to marriage.

Relationship with parents- (students' perception of their relationship with parents): very good (frequent communication), good (some communication), bad (no communication)

Religious service attendance: frequency of respondents to go church or mosque: once a day, once a week, once a month, once a year, never

Sexually active young people-young peoples who engaged in premarital sexual practice one year before this study

Sexual risky behaviors-Any activity that may expose young peoples to premarital sex, such as, have multiple sexual partner, attending pornography, substance use and alcohol drinking.

Substance- Any non-medical drugs used by study subjects such as khat, or cigarette and alike

Young people-adolescents aged 15-30 years.

4.8. Data collection instrument & procedures for quantitative data

Structured questionnaires were adapted after reviewing relevant literatures and similar studies and were self-administered to the respondents(27,49).

The tools grouped and arranged by the principal investigator according to each particular objectives. The instrument comprises in part I: socio-demographics characteristics such as age, sex, marital status, ethnic group ,religion and frequency of attendance, place of residence, educational level, occupation and economic status of parents, relation with parents , with whom currently living and possession of pocket money of the respondents consisting of 18 items, Part II: knowledge about sexual and reproductive health issue questions (including knowledge about anatomy and physiology with 3 items, knowledge about pregnancy and birth control with 3 items, knowledge about STI/HIV with 3 items and knowledge about sexual violence with 3 items). With total of 12 items with each the response format of ‘yes’ or ‘no’ measurements. The scores from a total of 12 questions were combined to assess the level of knowledge based on correct answer. The final score comprised a scale of 0 to 12. It was then categorized into three levels as poor (less than 5), medium (5-8) and good (9-12).

Part III .Sexual history with 21 items toward recommended responses with both some nominal and scale measurements & part IV: Questions about some risk behaviors of adolescents with 5 items. After intensive revision of the instruments (tools) was made the final version of the English language, was translated in to Afan- Oromo version & back to English by individuals who had good command of two languages, English & Afan Oromo.

4.8.1 Data collection procedures for qualitative data

An in-depth interview was conducted using a pre-prepared interview guide. The Participants whom were not included in quantitative sample were chosen by convenience method. Male BSc nurse interviewed the males while the female BSc nurse interviewed the females. Moreover, one assistant moderator was assigned for each interviewer for note-taking activities during each interview.

4.9. Data collectors.

Two data collectors & supervisors who had a qualification of diploma and who knew Afan-Oromo language were recruited. Similarly additional two interviewers male and female with the qualification of BSc were recruited for in-depth-interview. Training was given for both data collectors and supervisors by the principal investigator one day after pretest. The Training was including discussion on the objectives of the study and on the contents of the questionnaire one by one, as well as on the method of the study and on the issues of the confidentiality of the responses.

The trainees were given the responsibility to handle the whole situation /process/ of the data collection and to check and correct questions to be raised by the respondents.

4.10. Pretest

Pre-test of questionnaire was done on eighteen (5% of sample size) of the Jimma TVET college students preceding the actual data collection period. Following the pretesting, interviewers, data collectors and principal investigator met to discuss experiences, issues, and resolve questionnaire problems. Pre test data was also checked for consistency, outliers, and missing values. Upon completion of the pre-testing, one day follow-up training was conducted with a focus on resolving issues, allowing interviewers to share experiences, and finalizing the questionnaire.

4.11. Data quality assurance

The questionnaire was reviewed by ethical committee and comments were incorporated for content validity. During data collection pre-tested questionnaire was used and trained supervisors supervised the data collectors on daily basis for completeness and consistency of the filled questionnaires. The data was checked for completeness and any incomplete or misfiled questions were sent back for correction.

In qualitative study, the written responses of interview were translated from Afan Oromo to English in order to keep consistency of the original meaning.

4.12. Data analysis procedure

The collected data was edited, coded, categorized, verified as well as entered into a computer and analyzed using SPSS window version 16.0. The statistical analysis was conducted in two steps namely: Bivariate and multivariate analysis. Frequency distribution, percentages, means, and cross tabulations between the dependent and independent variables used to describe and summarize the basic socio-demographic characteristics of the respondents. Bivariate analysis was done for all independent and dependent variables one by one using binary logistic regression to see their association. The variables which show significant association on bivariate analysis with p-value of <0.05 was used for multivariate logistic regression. Strength of the relationships (adjusted odds ratio) between specific independent variables and dependent variable was determined by a multivariate logistic regression analysis (to control any confounders) with 95% confidence intervals. Statistical significance declared at $P < 0.05$.

Finally, the result was presented in tables and figures. The qualitative data was analyzed by sorting and coding the responses under some selected thematic frameworks based on the interview guides and summarized manually and presented in narratives & triangulated with the quantitative data descriptively.

4.13. Ethical consideration

Ethical clearance was obtained from Jimma University College of public health and medical science Ethical Review Committee. Prior to data collection, an official letter was written to JTTC, and then the head or director of the college was communicated through formal letter in addition to personal communication made with the principal investigator.

All study participants were given information on the study in order to obtain their verbal consent before administering questionnaires and were assured that all data was confidential and was only analyzed as aggregates. They were also informed that they have full right to discontinue or refuse to participate in the study. Those students whom were volunteer to participate in the study were sign the informed consent form before participation. Answers to any questions were made completely confidential.

4.14. Result dissemination plan

The study was conducted for the partial fulfillment for the requirement of degree of Masters in Maternity nursing in Jimma University department of nursing and midwifery and therefore, the result of the study will be communicated for the concerned bodies as well as submitted to the Jimma University College of public health and medical sciences, department of nursing and midwifery. It will also be submitted for an advisor & JTTC. If got considerations, further efforts will be made to publish it on national or international peer reviewed journals of health to be used by other researchers.

CHAPTER FIVE: - RESULT

5.1. Socio-demographic characteristics of young people

A total of 361 Jimma teacher training college students participated in the study with the response rate of 99.17%, but 3(0.83%) of the responses were excluded from the analysis because of their incomplete responses, while 358 students completed the questionnaires. Among the total of 358 respondents, 243(67.9%) and 115 (32.1%) were from natural and social science streams respectively.

From the total of 358 respondents 192(53.6%) and 166 (46.4%) were males and females respectively. Majority of the respondents 208(58.1%) and 132(36.9%) were in the age ranges from 20-24 and 15-19 respectively.

One hundred thirty two (36.9%) of the respondents were first year, 121(33.8%) were second year while, 105(29.3%) were third year students. Two hundred Forty two (67.6%), 115(32.1%) and 1(0.3%) students rate their academic performance as medium, high achiever and low achiever respectively.

The majority of the respondents, 346(96.6%) were Oromo, followed by 10(2.8%) Amhara, and 2(0.6%) Gurage. By religion, 169(47.2%), 89(24.9%), 88(24.6%), 10(2.8%) and 2(0.6%) were Orthodox, Protestant, Muslim, Wakefata and Catholic respectively.

Most of the respondents, 204(57%) and 136(38%) have been attend religious services once per day and once per week respectively. Three hundred fifty three (98.6%) of the respondents were living in the rented house while 229(64%) and 96(26.8%) were living currently with the same sex friend and alone respectively. The rests were living with their Fiancé, Spouse, Relatives and Father and Mother. Half of the respondents had pocket money while the rests had not. (Table 1)

**Table 1. Socio-demographic characteristics of the study population. Jimma teacher training college, Jimma town, April, 2013
n=358**

Variables	Frequency	Percentage
Stream		
Natural	243	67.9
Social	115	32.1
Sex		
Male	192	53.6
Female	166	46.4
Age		
15-19	132	36.9
20-24	208	58.1
25-29	17	4.7
≥30	1	0.3
Year of college		
First year	132	36.9
Second year	121	33.8
Third year	105	29.3
Academic performance		
High achiever	115	32.1
Medium	242	67.6
Low achiever	1	0.3
Ethnicity		
Oromo	346	96.6
Amara	10	2.8
Gurage	2	0.6
Religion		
Protestant	89	24.9
Orthodox	169	47.2
Muslim	88	24.6
Catholic	2	0.6
Wakefata	10	2.8
Frequency of religious service attendance		
Once per day	204	57
Once per week	136	38
Once per month	6	1.7
Once per year	3	0.8
Never attend	9	2.5
Living arrangement/place of residence		
In student hostel	3	0.8
Relatives home	1	0.3
In rented house	353	98.6
In church	1	0.3
Currently living with		
Father and mother	3	0.8
Relatives	6	1.7
Fiancé	17	4.7
Spouse	7	2
Same friend	229	64
Alone	96	26.8
Pocket money		
Yes	179	50
No	179	50

One hundred twenty four (34.6%) and 210(58.7%) of respondents were from the illiterate family i.e. father and mother respectively. The majority of the students' parents(fathers and mothers) were farmers,289(80.7%) and 278(77.7%) respectively.(see table 2).Most of the respondents' family monthly income 103(28.8%) was from 50-500.When the respondents classified based on their parents' economic status, as perceived by the respondents, the majority,233(65.1%) of them were from medium income families while 84(23.5%),22(6.1%) and 19(5.3%) were from rich, poor and very rich families, respectively.

Majority of the respondents 306(85.5%) were classified based on the relationship they had with their families as perceived by them as very good. (See table 2).

**Table 2. Description of parents of the study population:-Family education, occupation, monthly income, economic status &relationships with family, Jimma teacher training college, Jimma town, 2013
n=358**

Variables	Frequency	percentage
Fathers' educational status		
Illiterate	124	34.6
Read and write	99	27.7
Primary school	63	17.6
High school	34	9.5
12+	38	10.6
Mothers' educational status		
Illiterate	210	58.7
Read and write	83	23.2
Primary school	43	12
High school	11	3.1
12+	11	3.1
Fathers' occupation		
Daily laborer	2	0.6
Farmer	289	80.7
Civil servant	37	10.3
Employed in private sector	5	1.4
Has private business	21	5.9
Other(preacher&student)	4	1.1
Mothers' occupation		
Daily laborer	6	1.7
Farmer	278	77.7
Civil servant	11	3.1
Employed in private sector	5	1.4
Has private business	51	14.2
Other(merchant)	7	2

Approximate family monthly income		
50-500	103	28.8
550-1000	97	27.1
1250-2000	70	19.6
2050-6000	58	16.2
≥ 10,000	30	8.4
Perceived family economic status		
Very rich	19	5.3
Rich	84	23.5
Medium	233	65.1
Poor	22	6.1
Perceived relationship with family		
Very good	306	85.5
Good	38	10.6
Fair	11	3.1
Bad	3	0.8

5.2. Premarital sexual history of young people

From the total respondents, 226(63.1%) had sexual partners and 158(44.1) reported of ever having sexual intercourse. One hundred forty two (39.7%) of the study population had practiced premarital sexual intercourse, of whom 90(63.4%) were males and 52(36.6%) were females.

The mean age at first sexual intercourse was 17.75 for males and 17.98 for females. From all those who had first premarital sex, 30(23%) of males and 18(13.8%) of females had their first sexual intercourse before the age of 18 years.

When the relationship of the young people to their first sexual partners was examined, the majority of the partners were Friends 76(33.6%) and Acquaintance 74(32.7%) followed by Fiancé, 60(26.6%). (Table 3)

From the total respondents who had sexual partners 167(73.9%) have current boy/girl friends and 159(70.4%) had a dating experience with their friends. From those respondents who had ever sexual intercourse, 119(75.3%) had one sexual partner in the past, 14(8.9%) had three sexual partners and the rest, 13(8.2%) and 12(7.6%) had above four and two sexual partners respectively.

From 158 respondents who had ever sex, 103(65.2%) had practiced premarital sex in the past 12 months, from whom 63(61.2%) were males and 40(38.8%) were females.

From these respondents, 89(86.4%) had only one sexual partner and 9(8.8%) had two sexual partners, while 3(2.9%) and 2(1.9%) had three and above four sexual partners respectively in the past 12 months.(Table 3)

Table .3 Premarital sexual histories among Jimma teacher training college students, Jimma town, April, 2013. n=358

Variables	Frequency	Percentage
Have sexual partner		
yes	226	63.1
No	132	36.9
Ever had sex		
Yes	158	44.1
No	200	55.9
pre-marital sexual intercourse		
Yes	142	39.7
No	216	60.3
Relationship with first partner		
Acquaintance	74	32.7
Friends	76	33.6
Fiancé	60	26.6
Spouse	9	4
Relatives	4	1.8
Other (commercial sex worker)	3	1.3
Have current boy/girl friend		
Yes	167	73.9
No	59	26.1
Number of sexual partners so far		
One	119	75.3
Two	12	7.6
Three	14	8.9
Four and above	13	8.2
Dating experience with friend		
Yes	159	70.4
No	67	29.6
Have premarital sex in the past 12 months		
Yes	103	65.2
No	55	34.8
Number of sexual partners in the past 12 months		
One	89	86.4
Two	9	8.8
Three	3	2.9
Four & above	2	1.9

The interviewees mentioned that premarital sexual practice is commonly seen both in the area from where they come as well as here in JTTC. Almost most of them said that, premarital sexual practice is practiced these days at highest level around the college, and this activity has a grave consequence on lives of young peoples, such as STI, un wanted pregnancy, ignorance from the family and community and also on the economy of the country, while some interviewees stated that the practice was seen at some what level. One second year male student interviewee said that, *“premarital sexual practice was made all the times in my area, for instance, before marriage many males do sex with women who had husbands.”* Additionally one third year female interviewee said that *”young males perceive premarital sex as good things and practice, young females also see themselves as a foolish being remain virgin and practice sex pre-marriage.”*

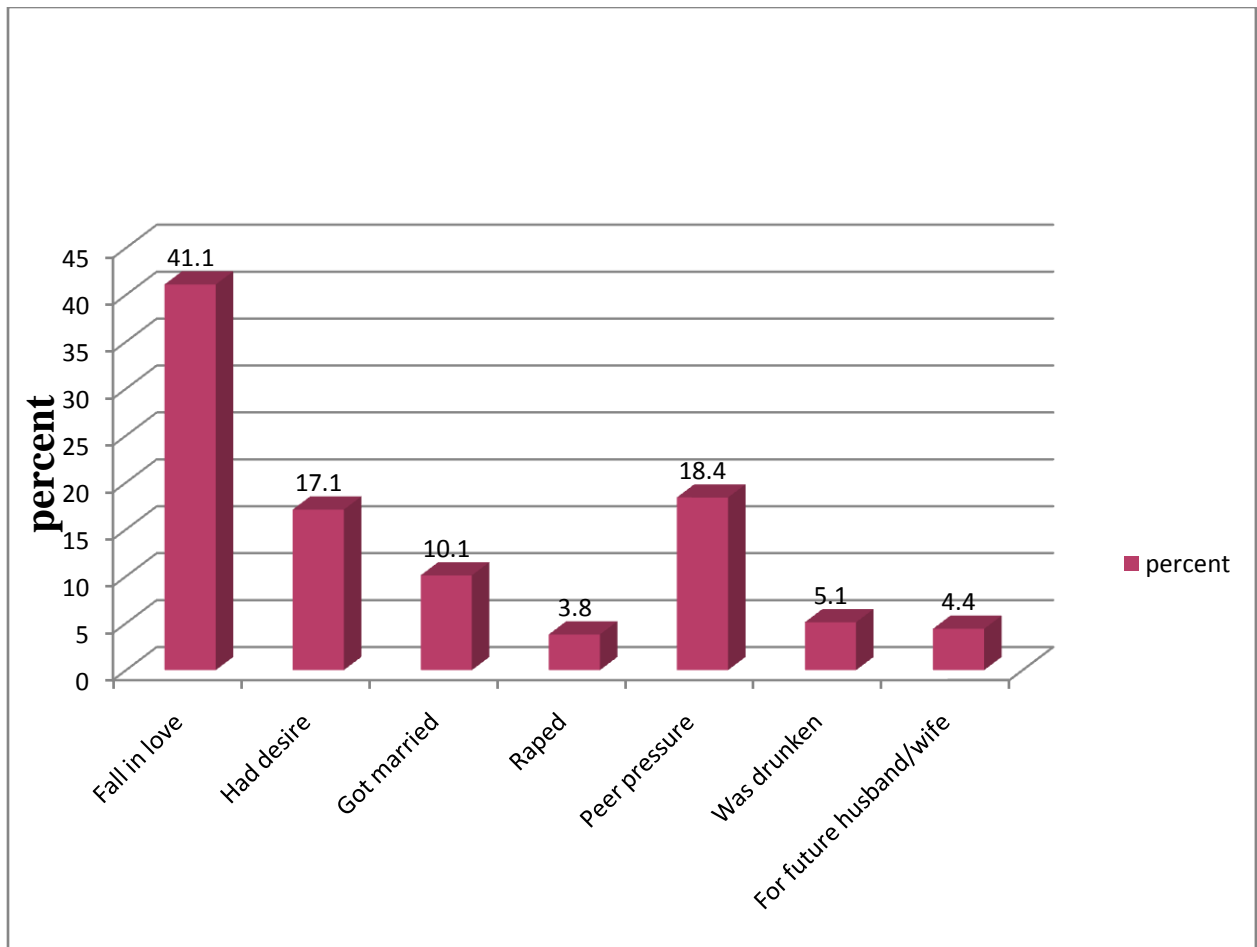


Figure 1. Reasons for having first sexual intercourse among JTTC students, Jimma town, April, 2013.

From all respondents 245(68.4%) of them reported that their friends had girl/boy friend, from whom 172(70.2%) of their friends had a dating experience with their friends .Also from two hundred forty five respondents 91 (37.1%) of them reported that some of their friends practiced premarital sex, while 31(12.7%), 28(11.4%) and 95(38.8%) stated that most of, all of and none of their friends respectively practiced premarital sex.

From 192(53.6%) of total male respondents, 154(80.2%) of them underlined that girls wearing style influenced their sexual desire towards premarital sexual practice. (Table 4)

Table 4. Peer influences on premarital sexual practices of JTTC students, Jimma town, April, 2013.

Variables	Frequency	Percentage
Friends have girl/boy friend		
Yes	245	68.4
No	113	31.6
Friends have dating experience		
Yes	172	70.2
No	73	29.8
Number of friends having premarital sex		
All of them	28	11.4
Most of them	31	12.7
Some of them	91	37.1
None of them	95	38.8
Girls wearing style influence your sexual desire		
Yes	154	80.2
No	38	19.8

Regarding the respondents communication with their families, about puberty, love, HIV/AIDS and pregnancy prevention, 234(65.4%), 133(37.1%), 62(17.3%) and 58(16.2%) were communicate a lot with their families about HIV/AIDS and pregnancy prevention, puberty and love respectively, while the majority of respondents 210(58.7%), 198(55.3%) and 162(37.1%) were never communicate at all with their families about love, puberty and pregnancy prevention respectively.(table 5).

Table 5. Communication with their families about puberty, love, HIV/AIDS and pregnancy prevention among JTTC students, Jimma town, April ,2013.

Variables	Frequency	Percentage
Puberty		
never	198	55.3
Yes a little	98	27.4
Yes a lot	62	17.3
Love		
never	210	58.7
Yes a little	90	25.1
Yes a lot	58	16.2
HIV/AIDS prevention		
never	76	21.2
Yes a little	48	13.4
Yes a lot	234	65.4
PREGNANCY prevention		
never	162	45.3
Yes a little	63	17.6
Yes a lot	133	37.1

Most of respondents 186(52%) got their source of SRH information from their teacher, while 160(44.7%) got from book and radio and the rest 91(25.4%), 37(10.3%), 34(9.5%), 32(8.9%) and 29(8.1%) got SRH information from TV, Brother, Sister and mother, Father and relative respectively. (Figure 2).

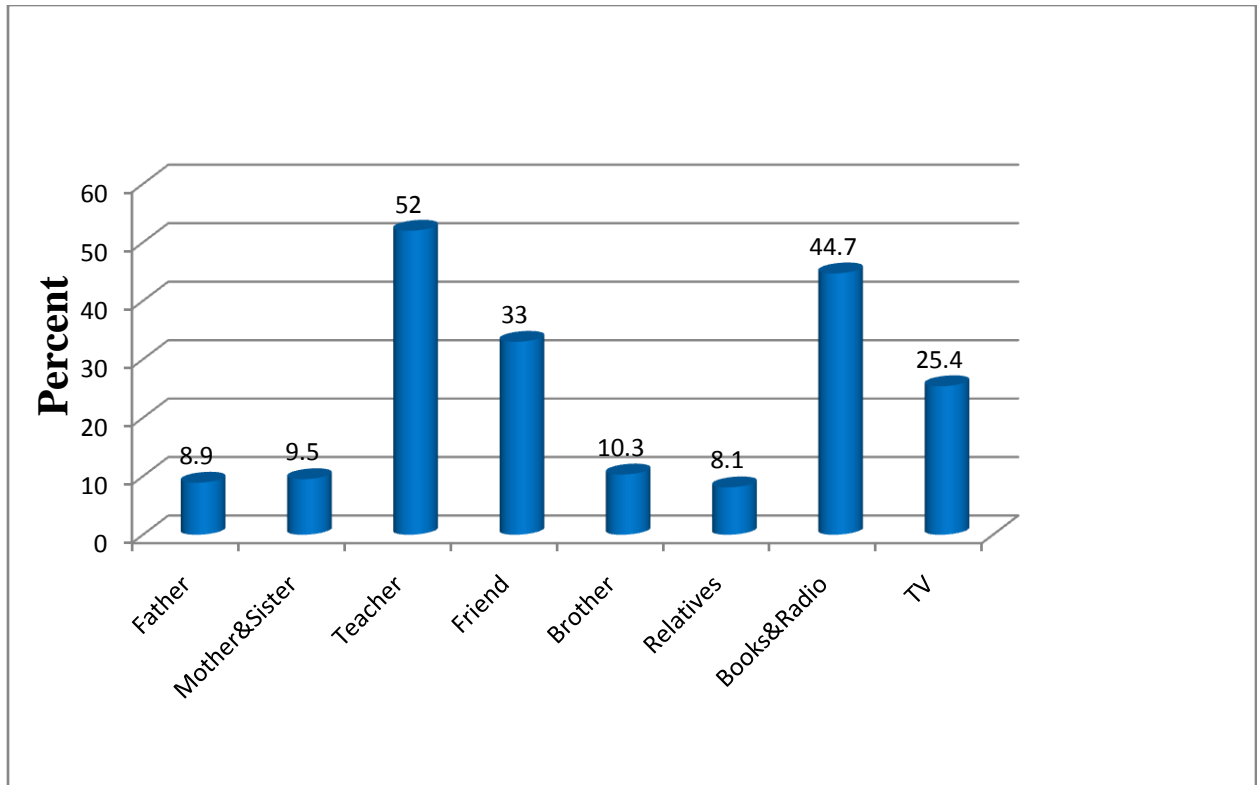
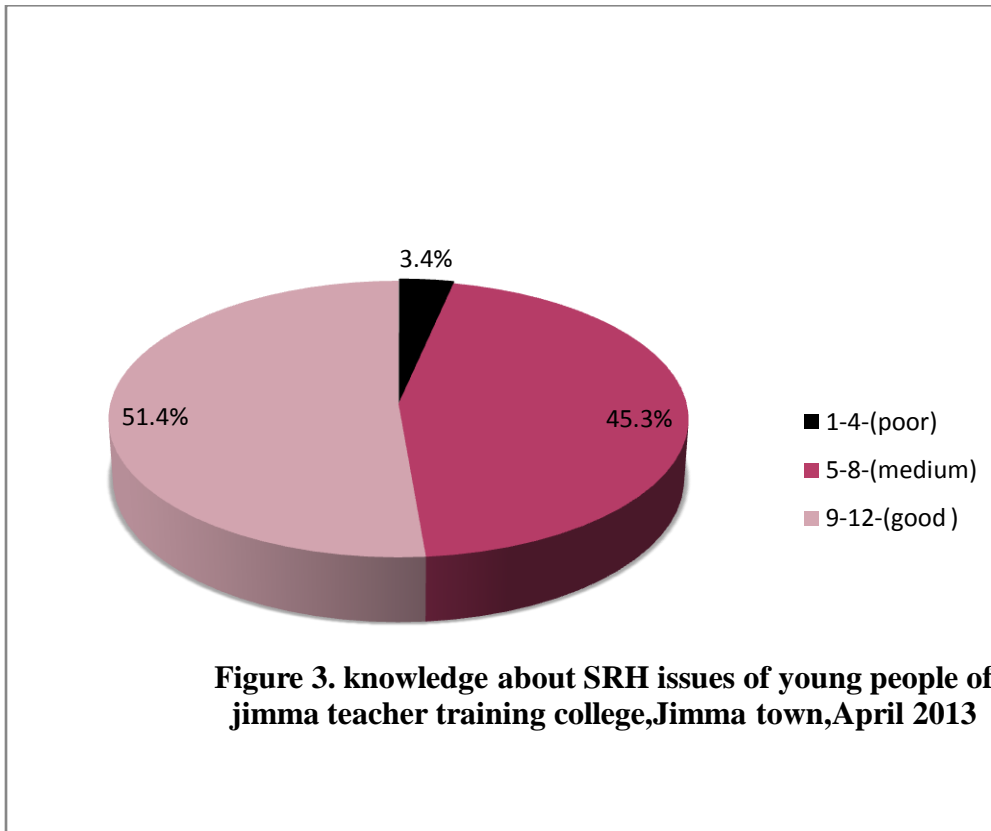


Figure 2. Source of SRH information of JTTC students, Jimma town, April, 2013

Health professionals, different books, different medias (radio, TV), dramas, health center, health education, community, experience of life, friend, Hospital, teacher, family, school, anti-HIV/AIDS clubs, leaflets, Internet, adult persons and Extension health professionals were all the source of sexual and reproductive health information mentioned by each interviewees.

5.3. Knowledge about sexuality and reproductive health issues of young people.

One hundred eighty four (51.4%) of the respondents have a good knowledge about SRH issues, while 162(45.3%) and 12(3.4%) have a medium and poor knowledge of SRH issues respectively.(see fig 1.below)



Defined by different interviewees as “,reproductive organs of males and females that have protection, if reproductive organs not damaged by different pressures ,if general health exist it exist, if reproductive organs are free from any infirmity and continues for marriage, something achieved by living one by one, health of all reproductive organs, free from unwanted pregnancy, using family planning, function of ovary and test at their times, free from damage of reproductive organs, if reproductive organs keep their health and function what expected from them at the expected time, executing sexual intercourse voluntarily, reproducing offspring at enough age ,marriage of spouses at balanced age, if males and females protected themselves from premarital sex, having legalized sex at enough age, abstinence, being honesty and using condom, if no problem faced during birth. ”All are definitions given from all interviewees for reproductive health.

5.4 .Risky behaviors of young people

One hundred twenty nine (36%) of the respondents reported seeing of pornography, from whom 55(15.4%), 48(13.4%), 23(6.4%) and 3(0.8) were see it once a month, once a year, once a week and every day respectively. Forty five (12.6%) of respondents, drank alcoholic beverages once/twice a week while 1(0.3%) of them drank daily.

Twenty nine (8.1%) of the respondents chewed chat once or twice a week while 12 (3.4%) of them chewed daily. Six (3.13%) of male respondents reported that they had sexual intercourse with commercial sex workers. Five (1.4%) of respondents used drugs like hashish sometimes. (See table 6).

The interviewees mentioned that young people are practicing the following risky behaviors:- learning different addictions(drinking alcohol, chewing chat, smoking cigarette, using depressant drugs),sex in early age, early marriage, lacking inappropriate impression for girls, sex with widowed and other persons’ women, multiple sexual intercourse for many times, rape(sexual harassment), always giving place and attention for sexual intercourse, perceiving women’s reproductive organ as incomplete, improper kissing, multiple sexual partners and sexual intercourse with all, lacking respect for humanity, seeing sex films and modernity are all young people’s risk behaviors summarized from the point of view of all interviewees.

Table .6 Some risky behaviors of young people among Jimma teacher training college students, Jimma town, April, 2013,n=358

Variables	Frequency	percentage
Sexual intercourse with commercial sex workers		
Yes	6	3.13
No	186	96.87
Drink alcoholic beverages		
Never	307	85.8
Once or twice a week	45	12.6
Drink daily	1	0.3
No response	5	1.4
Chew chats		
Never	314	87.7
Once or twice a week	29	8.1
chew daily	12	3.4
No response	3	0.8
Use drugs like hashish		
Never	352	98.3
Sometimes	5	1.4
No response	1	0.3
See pornography		
Yes	129	36
No	229	64
Frequency of seeing pornography		
Every day	3	0.8
Once a week	23	6.4
Once a month	55	15.4
Once a year	48	13.4
No response	229	64

5.5. Factors associated with premarital sexual practices

Multivariate logistic regression was used to identify the associated factors for young people's premarital sexual practice. Coefficients were expressed as crude and adjusted odd ratios relative to the referent category and a number of factors were emerged to be significant for young people premarital sexual practice (table 7).

Among the socio-demographic variables, sex of respondents and variables from young people's sexual history such as, friend had girl/boy friend, knowledge about sexual and reproductive health issue, influence of girls wearing style were associated with premarital sexual practice only at COR at $p < 0.05$ while other variables like year of college, mother's occupation and having permanent pocket money , friend had a dating experience, communication with family about puberty, love and pregnancy, source of SRH information (books) and seeing pornography were

all significantly associated with premarital sexual practice at both crude and adjusted odd ratios at $p < 0.05$.

Those first year students were less likely practice premarital sexual intercourse than third year students, both in crude (COR=0.51, 95% CI [0.3, 0.86]) and after controlling other factors (AOR=0.37, 95% CI [0.17, 0.78]).

Respondents whose mothers having private business were less likely to report premarital sexual practice than those with merchant mothers (COR=0.15, 95% CI [0.03, 0.087] and AOR=0.1, 95% CI [0.01, 0.94]), respectively. Respondents who had pocket money were more likely to have premarital sexual practice than those who had not (COR=1.58, 95% CI [1.04, 2.4] and AOR=2.2, 95% CI [1.14, 4.05]), respectively.

Those young people respondents whose their friends had a dating experience were more likely to report premarital sexual practice than those whom their friends had no dating experience (COR=13.6, 95% CI [7.5, 24.63] and AOR=16.46, 95% CI [6.87, 39.44]), respectively.

Those male respondents who reported that girls wearing style influence their sexual desire, were 2 times more likely to practice premarital sex than those who did not report the influence of girls wearing style on their sexual desire (COR= 1.9, 95% CI [1.2, 2.99]).

Respondents who communicate a lot with their families about puberty and pregnancy prevention were more likely to report premarital sexual practice than those who never communicate about these issues with their families (COR=4.43, 95% CI [2.4, 8.2] and AOR=10.5, 95% CI [3.38, 32.78], COR= 2.3, 95% CI [1.43, 3.8] and AOR=2.34, 95% CI [1.12, 4.89]). respectively.

However, respondents who communicate a lot about love with their families were less likely to report premarital sexual practice than those who never communicate it with their families (AOR=0.29, 95% CI [0.1, 0.85]).

Those respondents who got SRH information from books, were less likely to report premarital sexual practice than those who got from Internet and TV (COR= 0.56, 95% CI [0.31, 0.8] and AOR=0.48, 95% CI [0.23, 0.98]). Respondents who saw pornography were more likely to report premarital sexual practice than those who didn't see it (COR=3.71, 95% CI [2.35, 5.83] and AOR=5.7, 95% CI [2.82, 11.43]), respectively.

Most of the interviewees said that young people start sexual intercourse at an age of 15 others said at 18 and above and some of them said at age of 12.

Age of the young people was mentioned as one of the factors contributing to sexual debut. Saying that it is a natural phenomenon for young adolescents that once they reach at the age of puberty they are forced by both internal and external factors to have sexual intercourse. One first year female interviewee forwarded her idea that *“many of young peoples in my area started sexual practice at an age of 16 years which has many problems on their SRH, so it has better if they start after 18 years with marriage.”*

The other listed factors from interviewees were **individual** (lack of appropriate education , knowledge and perception on sexuality, being caught by different addiction, being out of work and carelessness, heavily drinking of different alcoholic beverages, chewing chats ,seeing of different porn films and eating of nuts), **social**(peer pressure, low role of family in rearing and following their Childs, closeness between males and females, separation from the family,) **biological**,(having of high sexual desire and inability of controlling it and for fulfilling their urgent sexual desire, inability to pass over young ages) **cultural**(community culture),**environmental**(living site, disturbance from environmental situations), **technological**, and **economic factors** were stressed as major factors contributing for young people premarital sexual practice.

One second year male interviewee described concerning peer pressure that”, *if young people have a bad friend with different un necessary activities including premarital sexual practice and live with him/her ,he/she will become like his /her friend and engage in activities of him/her.”* Additionally, one first year female student said that, *“factors contribute for young people premarital sexual practice ,might be related with education concerning sex, for instance, students during their study of biology course ,when sexual issue was raised for discussion they might be filled with different sexual desire and then after practice premarital sex”* .

Other factors were, economic status of female student, technology, girls wearing style and beauty. One second year male interviewee said that, *due to now day’s technological advancement, girls were follow other developed countries wearing style, and wear short skirts, thin dresses which shows parts of their sexual body which highly motivate young males to engage in practicing premarital sex. Concerning the economic status of the female student’s family, if her families were poor and unable to support her, she will easily be cheated with money by young males who offered her for support which eventually leads them for premarital sex”* .

Most of the interviewees said that young people start sexual intercourse at an age of 15 others said at 18 and above and some of them said at age of 12.

Age of the young people was mentioned as one of the factors contributing to sexual debut. Saying that it is a natural phenomenon for young adolescents that once they reach at the age of puberty they are forced by both internal and external factors to have sexual intercourse. One first year female interviewee forwarded her idea that *“many of young peoples in my area started sexual practice at an age of 16 years which has many problems on their SRH, so it has better if they start after 18 years with marriage.”* The other listed factors from interviewees were **individual** (lack of appropriate education , knowledge and perception on sexuality, being caught by different addiction, being out of work and carelessness, heavily drinking of different alcoholic beverages, chewing chats ,seeing of different porn films and eating of nuts), **social**(peer pressure, low role of family in rearing and following their Childs, closeness between males and females, separation from the family,) **biological**,(having of high sexual desire and inability of controlling it and for fulfilling their urgent sexual desire, inability to pass over young ages) **cultural**(community culture),**environmental**(living site, disturbance from environmental situations), **technological**, and **economic factors** were stressed as major factors contributing for young people premarital sexual practice.

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Concerning the economic status of the female student's family, if her families were poor and unable to support her, she will easily be cheated with money by young males who offered her for support which eventually leads them for premarital sex". Finally all interviewees forwarded their opinions, to tackle such young people's premarital sexual practices and risky sexual behaviors and associated factors, each of their suggestions summarized as follows.

1. Giving health education and training for young people concerning to SRH issues, risky behaviors, consequences of premarital sexual practices before they reach at those activities and advising them to form marriage and live one to one when they reached for marriage.
2. All existing organizations should plan for giving education, advice and support transparently for all these productive age group youths concerning their SRH and unnecessary behaviors.
3. Teaching, giving responsibility and education in-depth to the community and religious leaders concerning the effect of premarital practices and young people's risky behavior has on economy of the country and health of them, avoiding those cultures and traditional practices that influence young people's premarital sexual practices and educating youths not to engage in such activities.
4. Strengthening families follow up, made behavior change in the community and making young peoples to be entered into job.

Table 7. Factors associated with premarital sexual practices at bi and multivariate logistic regression analysis for JTTC students, Jimma town, April, 2013

No	Variables	Premarital sex		COR(95% CI)	AOR(95%CI)	
		Yes	No			
1	Sex	Male	98(51%)	94(49%)	1.84(1.21,2.8)*	1.49(0.51,4.29)
		Female	60(36.1%)	106(63.9%)	1	1
2	Year of college	1 st year	44(33.3%)	88(66.7%)	0.51(0.3,0.86)*	0.37(0.17,0.78)**
		2 nd year	62(51.2%)	59(48.8%)	1.07(0.64,1.81)	0.66(0.3,1.47)
		3 rd year	52(49.5%)	53(50.5%)	1	1
3	Mother occupation	Daily laborer	3(50%)	3(50%)	0.4(0.04,3.95)	1.96(0.09,42.1)
		Farmer	127(45.7%)	151(54.3%)	0.34(0.06,1.76)	0.36(0.05,2.79)
		Civil servant	5(45.5%)	6(54.5%)	0.33(0.04,2.52)	0.58(0.04,8.8)
		Employed in private sector	4(80%)	1(20%)	1.6(0.104,24.7)	2.55(0.09,73.68)

		Has private business merchant	14(27.5%)	37(72.5%)	0.15(0.03,0.087)*	0.1(0.01,0.94)**
4	Having pocket money	Yes	89(49.7%)	90(50.3)	1.58(1.04,2.4)*	2.2(1.14,4.05)**
		No	69(38.5%)	110(61.5%)	1	1
5	Knowledge of SRH issues	Poor	6(50%)	6(50%)	0.92(0.28,2.95)	3.51(0.53,23.18)
		Medium	56(34.6%)	106(65.4%)	0.48(0.31,0.75)*	0.55(0.28,1.06)
		Good	96(52.2%)	88(47.8%)	1	1
6	Friends had girl/boy friend	Yes	139(56.7%)	106(43.3%)	6.5(3.73,11.29)*	1.2(0.46,3.10)
		No	19(16.8%)	94(83.2%)	1	1
7	Friends had dating experience	Yes	126(73.3%)	46(26.7%)	13.6(7.5,24.63)*	16.46(6.87,39.44)**
		No	13(17.8%)	60(82.2%)	1	1
8	Girls wearing style	Yes	80(51.9%)	74(48.1%)	1.9(1.2,2.99)*	0.82(0.28,2.35)
		No	18(47.4%)	20(52.6%)	1	1
9	Commun.about puberty with parent	Never	67(33.8%)	131(66.2%)	1	1
		Yes a little	48(49%)	50(51%)	1.88(1.15,3.08)*	1.97(0.93,4.2)
		Yes a lot	43(69.4%)	19(30.6%)	4.43(2.4,8.2)*	10.5(3.38,32.78)**
10	Commun.about love with parent	Never	83(39.5%)	127(60.5%)	1	1
		Yes a little	43(47.8%)	47(52.2%)	1.4(0.85,2.3)	0.45(0.2,1.001)
		Yes a lot	32(55.2%)	26(44.8%)	1.88(1.05,3.39)*	0.29(0.1,0.85)**
11	Commun.about pregnancy preven. with parent	Never	55(34%)	107(66%)	1	1
		Yes a little	31(49.2%)	32(50.8%)	1.89(1.04,3.41)*	1.36(0.58,3.2)
		Yes a lot	72(54.1%)	61(45.9%)	2.3(1.43,3.8)*	2.34(1.12,4.89)**
12	Source of SRH	Mother	8(23.5%)	26(76.5%)	0.59(0.18,1.95)	1.57(0.29,8.55)
		Sister	8(23.5%)	26(76.5%)	0.71(0.16,3.16)	0.59(0.05,7.4)
		Brother	10(27%)	27(73%)	1.74(0.43,6.95)	0.48(0.04,5.81)
		Relative	6(20.7%)	23(79.3%)	0.6(0.13,2.67)	1.1(0.12,9.99)
		Books	53(33.1%)	107(66.9%)	0.56(0.31,0.8)*	0.48(0.23,0.98)**
		Internet	30(33%)	61(67%)	1	1
13	Seeing pornography	Yes	83(64.3%)	46(35.7%)	3.71(2.35,5.83)*	5.7(2.82,11.43)**
		No	75(32.8)	154(67.2%)	1	1

NB.*/**=significant at $p < 0.05$

**=Adjusted to year of college, mother occupation, having pocket money, friends dating experience, communication with family about puberty love and pregnancy, source of SRH and seeing pornography.

CHAPTER SIX-DISCUSSION

6.1 Discussion

Premarital sex is a penetrative vaginal or anal sexual intercourse performed between couples before formal marriage. Some people who advocate virginity and abstinence argue that those people engaged in such sexual practice may have sex with many sexual partners and may have high number of life time sexual partners. As a result, they may be liable to acquire STIs including HIV. Besides, females, particularly adolescent girls may end up with unwanted pregnancies, abortions, teenage deliveries, and various complications of these including death. Moreover, the girls may drop out from school to rear their children and in most cases they become economically dependent upon their parents (14).

The World Health Organization defines “adolescents” as people age 10-19; “youth” as those age 15-24; and “young people” as those ages 10-24. The premarital sexual activity and reproductive health of young people in developing countries have attracted considerable attention over the last 15 years, in which youth constitute a large proportion of the populations and are disproportionately affected by HIV/AIDS and other negative reproductive health outcomes (1, 24).

This study was done on a randomly selected Jimma teacher training college students and assessed the prevalence of premarital sexual practices and associated factors to it. From the total respondents, 226(63.1%) had sexual partners and 158 reported of ever having sexual intercourse. The overall prevalence of premarital sexual practice among the study population was 142(39.7%) of whom 90(63.4%) and 52(36.6%) were males and females respectively. This finding was higher when compared to other similar study findings. For instance in Nekemte town, the prevalence of premarital sexual practice was 21%, 70.3% for males and 29.7% for females (27). In Ambo, the prevalence was 19.4%, 59.5% and 40.5% for males and females respectively (49). In Gondar, it was 46.2% and 16.2% for males and females respectively. This finding is higher when compared to other similar studies done in Harar which reveals that 24.8%, of which 28.8% were males and 14.7% were females (11). In Addis Ababa it was 39.8% and 5.6% for males and females respectively which is also lower than this finding (14).

The current finding is also higher than the national findings among school youth 31.3% and 19% in Oromia and nationally respectively (17). This is due to the reason that all those studies done previously in some parts of Ethiopia were on high school adolescents, whom were living with their families, in spite of the present study done for college students whom are living separately from their families close follow up ,that makes their premarital sexual practice to be rise.

However, in sub-Saharan Africa, the figures were higher than the current findings which were 50%,63% and 82% in Guinea, Tunisia and Nigeria respectively (43). But, it is found to be higher than the findings from Taiwan,16% of which , 20% for males and 13% for females and Brazil which was 64% for males and 13% for females (45,23).In this two areas students might got different supports and follow ups from their families and appropriate education about their sexuality than this college students. Generally, this shows that premarital sexual practice among young people in the study area was higher than other study findings. This might be due to the fact that ,these college students are out of their families close supervision, lack appropriate knowledge about their SRH issues, close to university and have high chance of exposure to peer pressure for practicing premarital sex. Moreover, from in depth interview, one second year male student said that *“premarital sexual practice was practiced all the times, for instance, before marriage many young males made sex with women who had husband.”* Additionally, one 3rd year female interviewee said that *“young males perceive premarital sex as good things and practice it many times; young females also see themselves as a foolish being remain virgin and practice sex pre-marriage.”*

In this study , the mean age at first sexual intercourse was 17.75 years and 17.98 years for males and females respectively. A similar study conducted in Addis Ababa showed that the mean age at first sex was 16.45years for males and 15.3 years for females (14).Also similar other studies in Nekemte, Dessie and Harari town showed that adolescents had premarital sexual intercourse at the mean age of (16.2,15.2),(17.22,16.47) and 15.5 and 16 years for males and females respectively.(27,11).Similar other study in cape Verde showed that, the mean age at sexual initiation for males and females was ,respectively 14 years and 15 years(46).

Therefore, the mean age of the young people at first premarital sex in the current finding was found to be relatively higher than the findings of the most other studies. This may be due to the fact that, most of these students were from country side, at where they start their education in late age and now separately lived from their families in college environment at these ages. The idea of some interviewees from in-depth-interview also supports this, in which they said that “*young people start sexual intercourse at an age of 18 and above*”.

In this study, from those all who had first premarital sex, 30(23%) of males and 18(13.8%) of females had their first sexual intercourse before the age of 18years. Similarly, in rural Kenya , most of adolescents start sexual practices between the age of 15-19 years(23). This is one of the risky sexual behaviors of young people exposing them to different health and related problems in their early age.

This study finding also identified some risky behaviors of young people, in which 129(36%) of the respondents reported the habit of seeing pornography, 46(12.8%) drank alcoholic beverages, 41(1.5%) chewed chat, 6(3.13%) had sex with commercial sex workers and 1.4% used drugs like hashish. Similar, different studies done, in east Gojjam zone and Dessie town reported that, 2.4% and 8.7% of adolescents initiated their first sex with commercial sex workers and 39% and 65% had unplanned and unprotected sex respectively.(26).

From those respondents who had ever sexual intercourse, 119(75.3%) had one sexual partner in the past, 14(8.9%) had 3 and 13(8.2%) and 12(7.6%) had four and above and two sexual partners in the past respectively. This is higher when compared with similar study conducted in Ambo, which was 68(43.2%) of respondents had one sexual partner, but lower for those who had more than one, which was 46(56.8%)(49). A cross sectional study from South Africa indicated that, students who had multiple sexual partners had a median of 2(range 2-4) sexual partners (35).

Generally, this indicated that most of young people of JTTC have one sexual partner which may be due to the presence of high number of girl students in the college and current situation in which most of students struggle to have a friend of their own.

According to their level/years of college, 36.9%, 33% and 29.3% of them were 1st, 2nd and 3rd years respectively. Level of students showed statistically significant difference in their reporting of premarital sexual practice, that is first year students were 74% less likely in reporting premarital sexual practice (AOR=0.26, 95%CI, 0.09, 0.75).

This might be due to the reason that, in their first year college, most of the students gave emphasis for their education because of the newness of the environment of the college and fellow students, studying styles and formed tensions etc.

The study result of the respondents indicated that, the main reasons claimed by the young people for starting the first sexual intercourse were, fall in love, 65(41.1%). Peer pressure, 29(18.4%), had desire, 27(17.1%), got married, 16(10.1%), were drunken, 8(5.1%) and raped 6(3.8%). Some of these factors are similar with factors in studies done in Ambo high school students and in Nekemte town, Oromia regional state (49, 34).

A cross sectional study from Nekemte town also indicated that, peer pressure contributes for 17.2% of premarital sexual initiation of the adolescents (27). Interaction with peers often exposes young people to norms and values that are more likely to facilitate their premarital sexual behavior. The young may be more likely to perceive peer attitudes as desirable and behave according to their values. Similar study on sexual experience of rural Thailand, Philippines and Taiwanese adolescents found that the peers' pressure has motivated them to have premarital sexual practice with a variety of risky health behaviors.(44,45).

Moreover, the opinions of all interviewees from the qualitative finding showed that, individual social, biological, cultural, Environmental, technological, and economic factors were coordinately affect the sexual life of the young people in the study area.

One second year male student interviewee from in-depth interview described concerning peer pressure that, *“if young people have a bad friend with different unnecessary activities including premarital sex and live with him/her, he/she will become like his /her friend and engage in activities of him/her.”* Additionally, one first year female student said that, *“factors contribute for young people premarital sexual practice , might be related with education taught for students concerning sex, for instance, students during their study of biology subject , when sexual issue was raised for discussion, they might be filled with different sexual desires and then after practice premarital sex.”*

Thus, while young people require the appropriate sexual and reproductive health education to prepare them for a better and healthier future, the content of the sexual and reproductive health education program need to be given/provided to them carefully.

In this study, some socio-demographic variables such as sex of respondents, mother’s occupation and having pocket money of the respondents, as well as knowledge about sexual and reproductive health issue and variables from young people sexual history, such as friend had girl/boy friend, friend had a dating experience, influence of girls wearing style, communication with family about puberty, love and pregnancy, source of sexual and reproductive health information(books) were analyzed for possible association with premarital sexual practice.

Those first year young people students were less likely to report premarital sexual practice than third year students, (COR=0.51, 95%CI [0.3, 0.86] and AOR=0.37, 95%CI [0.17, 0.78]). This may indicate that, most of young people do not focus on their education as the level increases, may be due to different new encounters.

Respondents whose mothers had private business were less likely to report premarital sexual practice than those whom their mothers were merchant (COR=0.15, 95%CI [0.03, 0.087] and AOR=0.1, 95%CI [0.01, 0.94]). This might be due to the reason that, respondents whose mothers had private business have got chance for discussion about love and other SRH issues with their mother. Other similar study in east Gojjam zone also showed that participants who didn’t found it easy to discuss about important matters with their mother were more likely to initiate sex earlier (AOR=2.48, 95%CI [1.48, 4.17]) (26).

Respondents who had pocket money were more likely to report premarital sexual practice than those who had not (COR=1.58, 95%CI [1.04, 2.4] and AOR=2.2, 95%CI [1.14, 4.05]). This may indicate that young people who have pocket money can have a better exposure to different medias that initiate sex, have high chance of dating with their friends and drinking different alcoholic beverages and buy different addictives as well as porn films and practicing sex. Similar studies in Nekemte town showed that adolescents who had pocket money were 1.78 times more likely to engage in premarital sexual practice (34).

Those respondents whose friends had a dating experience were more likely to report premarital sexual practice than those whose friends had no dating experience (COR=13.9, 95%CI [7.5, 24.63] and AOR=16.46, 95%CI [6.87, 39.44]).

This highlights the role of peer influence on young people's sexual behaviors, as they behave like their friends. Some studies conducted in Uganda have found a high correlation between the individual's own behavior and the perceived behavior of the best friend of the same sex both for males and females (29).

Those male respondents who reported that girls wearing style influence their sexual desire, were 2 times more likely to practice premarital sex than those who didn't report its influence (COR=1.9, 95%CI [1.2, 2.99]). Idea of one second year male student from in-depth interview also supports this finding by saying that, *“due to now days technological advancement, girls were follow other developed countries wearing style, and wear short skirts, thin dresses which shows/exposes parts of their sexual body which highly motivate young males to engage in practicing premarital sex.”*

Respondents who communicate a lot with their families about puberty and pregnancy prevention were more likely to report premarital sexual practice than those who never communicate about this issues with their families (COR=4.43, 95%CI [2.4, 8.2] and AOR=10.5, 95%CI [3.38, 32.78], COR=2.3, 95%CI [1.43, 3.8] and AOR=2.34, 95%CI [1.12, 4.89]), respectively. However, respondents who communicate a lot about love with their families were less likely to report premarital sexual practice than those who never communicate it with their families (AOR=0.29, 95%CI [0.1, 0.85]). Other study conducted in Uganda indicated that young people's communication with their parents on SRH issue had a significant association with their premarital sexual practice, as those adolescents with poor communication with their parents on

SRH issues were three times more likely to initiate premarital sex than those whose communication was good(29).

But, this study indicates that young people communicate about SRH issue with their families but not about love that leads them into premarital sexual practice, which may be due to limited knowledge of their adult parents about sexuality of their young people on one hand, and cultural taboo to talk with them about love, on the other hand.

Respondents who got SRH information from books, were less likely to report premarital sexual practice than those who got from Television and other Medias (COR=0.56, 95%CI [0.31, 0.8] and AOR=0.48, 95%CI [[0.23, 0.98]). This indicates the influence of media on young people premarital sex. Similar study in Indonesia indicated that adolescents whose major source of information about SRH issue was media were more likely to initiate premarital sex (41).

Because with no family guidance, distorted and non systematic information dissemination through mass media may have had negative impact, on young people's sexuality towards practicing of premarital sex.

Respondents who saw pornography were more likely to report premarital sexual practice than those who didn't see it (COR=3.71, 95%CI [2.35, 5.83] and AOR=5.7, 95% CI [2.82, 11.43]). This is due to the fact that, such unnecessary forbidden sex movies/videos, greatly influence young people to imitate the action they observed practically in the practices of premarital sex.

6.2 Strength of the study

- ❖ This study had tried to assess the prevalence of premarital sexual practices and associated factors among Jimma teacher training college students.
- ❖ Appropriate sampling technique was employed and high response rate was achieved.
- ❖ The data collection tools were anonymously structured , privacy and confidentiality of the respondents was maintained during data collection.
- ❖ A combined data collection tools (quantitative and qualitative) were used to collect more information and for the triangulation of the study findings.

6.3 Limitation of the study

- Since this study concerned with very sensitive and personal self-reported information, the possibility of reporting errors and bias cannot be ruled out.

Chapter seven –Conclusion and recommendations

7.1 Conclusions

Understanding of the premarital sexual practices and associated factors must be the fundamental element of interventions that are working in the areas of unwanted pregnancy, unsafe abortion, maternal death, STI and HIV/AIDS. This study has revealed that a substantial proportion of the young people had engaged in premarital sexual practices, 142 (39.7%) of whom 90(63.4%) were males and 52(36.6%) were females, which is found to be higher than most of the studies done previously. Young people were found to start premarital sexual practice at their earlier age (15-19) with mean age of 17.75 for males and 17.98 for females. 103(65.2%) of respondents had practiced premarital sex in the past 12 months, from whom 63(61.2%) were males and 40(38.8%) were females The most mentioned reasons for young people to start their first sexual intercourse were:-Fall in love, peer pressure, personal desire, alcohol drinks and being raped. From this study, one can also conclude that young people were practicing risky behaviors such as seeing pornography, drinking alcoholic beverages, chewed chat, use drugs like Hashish and sexual intercourse with commercial sex workers in the study area. The study also revealed that, most of the respondents made communication with their families concerning HIV/AIDS and pregnancy prevention but not so much about love and puberty. Variables like level/year of college, mother's occupation and having permanent pocket money , friend had a dating experience, communication with family about puberty, love and pregnancy, source of SRH information (books) and seeing pornography were all significantly associated with premarital sexual practice at both crude and adjusted odd ratios at $p < 0.05$.

7.2 Recommendations

Based on the study findings, the following recommendations were forwarded

1. Jimma Teacher Training College must establish and strengthen at the college level youth centers and programs concerned with SRH of young people, means of resistant to peer pressure and other risky behaviors regarding premarital sexual practice.
2. The local community and families of the young people must be taught of the importance of discussing about sex, love and related issues in-depth and transparently with their children so as to increase their awareness regarding premarital sexual practices.
3. Consistent provision of sorted and filtered information about young people reproductive health in general and premarital sexual practices and associated factors in particular should be provided to the college young people by the concerned governmental and non- governmental agencies.
4. Being with each respective religious leaders, health professionals and college teachers must give continuous education and advice for young people not to practice sex pre marriage and teach females as much as possible to adjust their wearing styles to that allowed in accordance to their respective religious principles.
5. Further investigation is recommended on the association of young people's knowledge about SRH issues and premarital sexual practices.

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Information sheet

Jimma University College of public health and medical science department of nursing and midwifery .

Study on premarital sexual practices and associated factors among students of JTTC,in Jimma town

Greeting:

Hello, My name is_____. I am here today to collect data on premarital sexual practices and associated factors. The study is being conducted by Mr. Bekana Fekecha from Jimma University, department of nursing and midwifery, post graduate program. The objective of this study is to assess premarital sexual practices and associated factors here in JTTC of Jimma town. The purpose of this study is to generate important information about College adolescents' sexual activities, associated factors and to propose future college health program interventions .I requests you to take part in this study and to respond genuinely.

Your cooperation and willingness is greatly helpful in identifying problems related to sexual and reproductive health of young peoples. The study will be conducted through self administered questionnaires and interviews and you are being asked for a little of your time to help us in this study. Your name will not be written in this form and will never be used in connection with any information you provide for us. There is no possible risk associated with participating in this study except the time spent for responding to the questionnaire. All information given by you will be kept strictly confidential. Your participation is voluntary and you are not obligated to answer any question you do not wish to answer. If you feel discomfort with the question, it is your right to drop it any time you want. If you have questions regarding this study or would like to be informed of the results after its completion, please feel free to contact the principal investigator. Address of the principal investigator:

Name:- Bekana Fekecha Hurissa

Cell phone: 0910716731, E-mail: bekf@rocketmail.com

Please, we kindly request your kind and good will to Participate in the survey. So, please take a few minutes to answer the questions. Would you like to participate? Yes (___) No (___). Mark "√" in the appropriate Space

If yes, go to the next page. If no, remain on your seat.

60

Thank you very much!

Consent form

I have been informed that the purpose of this study is to assess premarital sexual practices and associated factors among students of JTTC. I have understood that participation in this study is entirely voluntarily. I have been told that my answers to the questions will not be given to anyone else and no reports of this study ever identify me in any way. I have also been informed that my participation or non-participation or my refusal to answer questions will have no effect on me. I understood that participation in this study does not involve risks.

I understood that **Bekana Fekecha Hurissa** is the contact person if I have questions about the study or about my rights as a study participant. In signing this document, I am giving my consent to participate in the study titled “**Premarital sexual practices and associated factors** among students of JTTC,in Jimma town”.

Respondent’s signature _____

Interviewer/data collector’s name _____Signature_____

Supervisor’s name _____Signature _____

Annex I.English version questionnaire

IDENTIFICATION. Time at the beginning of the Questionnaire _____ Time of
Completing the Questionnaire _____

01. Questionnaire identification number /__/ __/

02. District: Jimma town

03. Zone: south west

04. Stream _____ year _____

Section 1 - Socio-demographic characteristics			
No	Questionnaire	Coding and Categories	Skip to
101	Sex	1. Male 2. Female	
102	Your age	_____ Years 99. Don't know	
103	Marital status	1. Unmarried 2. Married 3. Divorced 4. Widowed 5. Separated	
104	Level of study	1. 1 st year 2. 2 nd year 3. 3 rd year	
105	How you rate your academic performance?	1. High achiever 2. Medium 3. Low level student	
106	Your ethnic group	1. Oromo 2. Amhara 3. Gurage 4. Others	

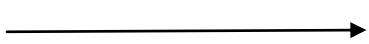
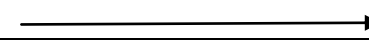
107	Your religion	<ol style="list-style-type: none"> 1. Protestant 2. Orthodox 3. Muslim 5. Catholic 6. Others 	
108	How often do you attend religious service?	<ol style="list-style-type: none"> 1. Every day 2. At least once in a week 3. At least once in a month 4. At least once in a year 5. Never 	
109	Where do you live now?	<ol style="list-style-type: none"> 1. Home 2. Student's hostel 3. Relative's home 4. In rented house 5. Others (specify) 	
110	With whom are you living now?	<ol style="list-style-type: none"> 1. Father and mother 2. Mother only 3. Father only 4. Relatives 5. Fiance 6. Spouse 7. Friends 8. Alone 9. Others (Specify) _____ 	
111	Your father's education level	<ol style="list-style-type: none"> 1. Illiterate 2. Read and write 3. Primary school (1-8) 4. High school(9-12) 	

		5.12+	
112	Your mother's education level	<ol style="list-style-type: none"> 1. Illiterate 2. Read and write 3. Primary school(1-8) 4. High school(9-12) 5. 12+ 	
113	Your father's occupation	<ol style="list-style-type: none"> 1. Daily laborer 2. Farmer 3. Civil servant 4. Employed in private sector 5. Has private business 6. Others (specify)_____ 	
114	Your Mother's occupation	<ol style="list-style-type: none"> 1. Daily laborer 2. Farmer 3. Civil servant 4. Employed in private sector 5. Has private business 6. Others (specify)_____ 	
115	Your family monthly income	In Birr_____	
116	How do you perceive your family living status (in relation to your neighbor)	<ol style="list-style-type: none"> 1. Very rich 2. Rich 3. Medium/Well to do 4. Poor 	



117	Do you have permanent pocket money?	1. Yes 2. No	
118	How do you describe your relationship with your families?	1. Very good 2. Good 3. Fair 4. Bad	



Section 2- Knowledge about sexuality and RH issues			
201	During puberty, it is normal for boys to have wet dreams, to produce sperm & to experience emotional changes.	1. yes 2. No	
202	In women, reproductive cells are stored in the ovary.	1. yes 2. No	
203	In males, reproductive cells are made in the testes.	1. yes 2. No	
204	During the menstrual period, girls have a normal, monthly release of blood from the uterus.	1. yes 2. No	
205	It is possible for a woman to become pregnant the first time she has sex.	1. yes 2. No	
206	People choosing a birth control method ,Should choose whatever method their friends are using.	1. yes 2. No	
207	Douching a few minutes after sex is likely to prevent pregnancy.	1. yes 2. No	
208	It is harmful for a women to have sex when she is pregnant	1. yes 2. No	

209	One can avoid getting STDs by abstinence, avoiding casual sexual intercourse, having only one sexual partner and using condom.	1.yes 2.No	
210	All STDs have signs and symptoms.	1.yes 2.No	
211	Sexual abuse always involves sexual touching.	1.yes 2.No	
212	Both boys and girls can be sexually abused	1.yes 2.No	

Section 3-Sexual history			
No	Questionnaire	Categories & responses	Skip to
301	Have you ever had a sexual partner?	1.yes 2.No 	319
302	Have you ever had sexual intercourse?	1.yes 2.No 	319
303	If yes, at what age did you first had sexual intercourse?	1. Age in years _____ 99. Do not know	
304	Why did you decide to have sexual intercourse the first time you had sex?	1. Fall in love 2. Had desire 3. Got married 4. Raped 5. To get money/gifts 6. Peer pressure 7. Was drunken 8. Others (specify)_____	
305	What was the outcome of your first sexual intercourse?	1. Pregnancy and abortion 2.pregnancy and live birth 3.STI 4.nothing	
306	How old was your partner at that time?	1. Age in years _____ 99. Don't know	

307	What was the relation of you to your first partner?	<ul style="list-style-type: none"> 1 .An acquaintance 2. A friend 3. Fiance 4. Spouse 5. A relative 6. Others (specify) _____ 	
308	Do you currently have sexual partner?	<ul style="list-style-type: none"> 1.yes 2.No 	310
309	If Yes, Why you decided to engage in sex with your current partner?	<ul style="list-style-type: none"> 1. Fall in love 2. Had desire 3. Got married 4. Raped 5. To get money/gifts 6. Peer pressure 7. Was drunken 8. Others (specify)_____ 99. No response 	
310	How many sexual partners have you had so far?	<ul style="list-style-type: none"> 1. One 2. Two 3. Three 4. Four or More 	
311	Is your friends had a boy or girlfriend?	<ul style="list-style-type: none"> 1.yes 2.No 	314
312	If yes, Is your friends had a dating experience?	<ul style="list-style-type: none"> 1.yes 2.No 	

313	How many of your friends have has sex?	1.All of them 2. Most of them 3. Some of them 4. None	skip
314	(For males) is that wearing styles of female girls have influence on your sexual drive?	1.yes 2.No	
315	Have you had sexual intercourse in the past 12 months?	1.yes 2.No 	319
316	If yes, how many people in the total have you ever had sexual intercourse with during the last 12 months?	1. One person 2. Two persons 3. Three persons 4. Four persons 5 . Five and above	
317	Did you use any contraceptive methods the last time you had sex?	1. Yes 2. No 	319
318	If yes, Which Method did you use?	1. Condom 2. Pills 3. IUD/loop 4. Norplant. 5. Diaphragm 6. Rhythms 7. Others (specify)_____	
319	Have you ever talked about following things with your parent adults in your family?		
	Puberty	1. No 2. Yes-a little 3. Yes-a lot	
	Love	1. No 2. Yes-a little 3. Yes-a lot	

	HIV/AIDS prevention	1. No 2. Yes-a little 3. Yes-a lot	
	Pregnancy prevention	1. No 2. Yes-a little 3. Yes-a lot	
320	Where do you usually get information on sexuality (for example puberty, HIV/STDs, prevention methods, sexual abuse, love, sexual behaviors etc.)?	1. Father 2. Mother 3. Teacher 4. Friends 5. Sisters 6. Brothers 7. Other relatives 8. Books/journals 9. Radio 10. TV 11. Newspaper 12. Class lessons 13. Health workers/doctors 14. Others (specify)	
321	(For Male) Have you ever had sexual intercourse with commercial sex workers?	1. Yes 2. No 	401
322	(For Males) Have you ever used condom when making sexual intercourse with Commercial sex workers?	1. Yes 2. No 	324
323	(For Males) if yes, how often did you use condoms?	1. Always 2. Sometimes 3. Most of the time	
324	(For males), If you haven't used condom at all or haven't used constantly, what was the reason? (Multiple answers possible)	1. Condoms not available 2. Condoms are expensive 3. Ashamed to ask my partners 4. I didn't like them 5. I wanted to get pregnant 6. I ashamed to buy condom 7. I trust my partner 8. I don't know how to use 9. It bursts 10. I was drunk	

		11. It decreases satisfaction 12. My religion prohibits	
Section 4. Some risk behaviors of Adolescents			
401	Do you drink alcoholic beverages? like (Tela, Teji, Areke or Beer)	1. Never 2 Once or twice a week 3. Drink daily 4. No response-----	
402	Do you smoke cigarettes?	1. Never 2. Once or twice a week 3. Smoke daily 4. No response-----	
403	Do you chew chat?	1. Never try 2. Once or twice a week 3. Chew daily 4. Others (specify) ----- 5. No response	
404	Have ever used drugs such as hashish?	1. Never 2. Sometimes 3. Usually 4. All the time 5. No response	
405	Have you ever attend sex videos or pornography?	1. Yes 2.No	

Semi-structured in-depth interview guide for qualitative data collection.

1. How do you describe the premarital sexual practice in your area?
2. At what age most of the adolescents of your area start practicing premarital sex?
3. What are the factors contributing for practicing premarital sex?
4. What are the consequences of premarital sexual practices in your area?
5. What are the risky sexual behaviors of adolescents of your area?
6. What is reproductive health?
7. From where you get information about it?
8. What you forward for reducing adolescents sexual risky behaviors and premarital sexual practices?

Name of the data collector -----sign -----date -----

Name of the supervisor ----- sign -----date -----

Addaan baafata I.Waraqaa Odeeffannoo

Universitii Jimmaa Faakaaltii Fayyaa Hawaasaa fi saayinsii medisiiniitti muummee narsiingii fi midwaayifarii, gaaffilee barattootaa koolejjii leenjii barsiisota Jimmaa,shawaa kibba Lixaan guutamu

Jaalatamtoota barattootaa!

Akkam jirtu? Maqaan koo obboo **Baqqanaa Fakkechaa Hurrissaa** barataa digirii lammataa Univarsitii jimmaati.

Mata dureen qorannoo kiyaa Wal-qunnamtii naf –saalaa fuudhaa fi heerumaan dura raawwatamuu fi wantoota sababa ta’aniif kan jedhudha.

Tajaajila fayyaa qaama hormaataa dargaggootaa fooyyessuuf rakkoolee fayyaa dhimma wal-qunnamtii naf-saalaa fuudhaa fi heerumaan dura raawwatamuu fi wantoota sababa ta’aniif gad-fageenyaa qoratani hubachuun barbaachidha. Kaayyoon qorannoo kanaas, wantoota dhimma kanaaf sababa ta’an addaan baasuudhaan, bu’aa qorannichaa irratti hundaa’udhaan ,barattoota koollejjitiif sagantaa fayyummaa naf-saalaa fi hormaataa jedhu hundeessuufi. Sababa kanaaf qoratnoon amala qunnamtii naf-saalaa fuudhaa fi heerumaan dura raawwatamu fi, amaloota kanaaf dhimmoota sababa ta’anii fi kanneen biroo qorachuuf qoratnoon kun qophaa’eera. Isinis qoratnoo kanaaf carraadhaan filatamtanii jirtu. Gaaffileen qoratnoo kanaa dhimmolee dhuunfaa kan ilaallatan waan ta’aniif qoratnoo kana keessatti hirmaachuun fedhii irratti kan hundaa’e ta’a. Kanaafis hirmaachuu fi dhiisuu irratti mirgi keessan kabajamaa dha. Kanaaf hirmaachuun fedhii keessan miti yoo ta’e, waraqaa gaaffichaa gadgaragalchuudhaan minjaala fuula dura keessan jiru irra kaa’aatii hanga warri kaan xumuranitti bakkuma jirtan turaa. Haata’u malee galmaan ga’umsa kaayyoo qoratnoo kanaa fi fooyya’insa tajaajila fayyaa dargaggootaaf jecha hirmaannaa keessan kabajaan isin gaafatna. Kanaafuu kabajamoo barattootaa, obsaan gaaffileedhiyaatan guuttanii xumuruun, odeeffannoo sirrii ta’e akka laattan ,maqaa waaqayyootinan isin gaafadha. Deebiin keessan hundi iccitiitti kan qabamu ta’uu isaa ni mirkaneessina. Kanaafis maqaa keessan waraqaa gaaffii kana irraati barreessuun isin hin barbaachisu. Qorannoo kana keessatti hirmaachuu keessaniifis ,rakkinni isinirra gahu waa tokkollee hin jiru. Qurannoo kana irratti gaaffii yoo qabaatan, akkasumas bu’aa qoranichaa erga xumurameen booda baruu yoo barbaaddan ,biliisaan, gaggeessaa qurannoo kanaa gaafadhaa!

Odeeffannoo gaggeessaa qorannichaa:

Maqaa:-obboo Baqqaanaa Fakkeechaa Hurrissaa

Bilbila:-0910716731,limeeyila:bekf@rocketmail.com

Kanaaf qoratnoo kana keessatti hirmaachuun fedhii keessanii?

Eeyyee (___) Miti (___) mallattoo “√” galchuudhaan mirkaneessa. Erga kana dubbifanii booda gaaffilee qophaa'an deebisuuf gara fuula itti aanutti darbaa.

Galatoomaa!

Addaan baafata II.Waraqaa walii galtee

Kaayyoon qoratnoo kanaa, mata duree wal-qunnamtii naf-saalaa fuudhaa fi heerumaan dura raawwatamuu fi wantoota sababa ta'aniif jedhuratti, qoratnaa adeemsisuun, bu'aa qorannichaa irratti hundaa'udhaan, wantoota gocha kanaaf sababa ta'an irratti, sagantaa fayyummaa saalaafi wal-hormaataa jedhu sadarkaa koollejjii hundeessudhaan, fayyummaa saalaa fi wal-hormaataa dargaggootaa fooyyessuu fi ilaalcha isaanii cimsuuf akka ta'e hubadheen jira. Qorannoo kana irratti hirmaachunis, fedhiidhaan akka ta'e natti himameera. Deebiin ani gaaffilee qurannoo kanaaf laadhus, nama kamittuu dabarfamee akka hin kennamnee fi iccitiidhaan akka dhimmicha barbaadameef qofa oolu, akkasumas karaa kamiinuu eenyummaa koo adda baasuun akka hin danda'amne hubadheen jira. Dabalataaniis, qorannicha keessatti hirmaachuu fi hirmaachuu dhiisuun koo, dhiibbaa fi hubaatii kamiyyuu narraa akka hin geenye beekkeen jira. Oobboo **Baqqaanaa Fakkeechaa Hurrissaa** gaaffiin qabuu fi qorannicha keessatti hirmaachuudhaaf waa'ee mirga kiyyaaf itti gaafatamodha. Kanaafuu, Waraqaa kana irratti mallatteessudhaan, mata duree qoratnoo armaan olitti heerame irratti hirmaachuu kootiif, walii galtee kana nanmirkaneessa.

Mallattoo /barattootaa/ gaafatamaa _____

Annex II (Oromic version). Addaan baafata III.Gaaffilee Afaan Oromoo

Stiriimii -----waggaa -----

Kutaa 1. Gaaffilee haala dhuunfaa ilaallatan			
<i>Lak.</i>	<i>Gaaffilee</i>	<i>Deebii fi koodii</i>	<i>Gara ce'i</i>
101	Saala kee	1. Dhiira 2. Dhalaa	
102	Umurii kee (waggaadhaan)	1. Waggaa _____ 2. Hin beeku	
103	Haala gaa'elaa	1. Kan hin heerumne /fuune. 2. Kan heerumte / fuudhe 3 . Kan hiikte /hike 4. Garbiroo (Ibsi/-----	
104	Sadarkaa barumsaa kee	1. Koollejji waggaa 1ffaa 2.Koollejji waggaa 2ffaa 3. Koolleejji waggaa 3ffaa	
105	Jabina bara baruumsaa keetiin gosa barataa(ttuu) kamitti ramadamta?	1.Ol'aanaa(cimaa) 2.Giddu-galeessa 3.Gad-aanaa(Dadhabaa)	
106	Qomoo kee	1. Oromoo 2. Amaaraa 3.Guraagee 4. Garbiroo (Ibsi)-----	
107	Amantiin kee gosa kamii?	1. Prootestaantii 2. Ortodoksii 3. Musliima 4. Kaatoolikii 5. Garbiroo (Ibsii) -----	

108	Iddoo tajaajila dhaabbata amantaa(Bataskaana) hagam deemta?	<ol style="list-style-type: none"> 1. Guyyaa guyyaan 2.Torbanitti yeroo tokko 3.Ji'atti yeroo tokko 4.Waggaatti yeroo tokko 5.Gonkumaa hin deemu 	
109	Yeroo ammaa eessa jiraatta?	<ol style="list-style-type: none"> 1.Mana maatii 2.Doormii barattootaa keessa 3.Mana firaa 4 .Mana kiraa keessa 5.Garbiroo(ibsi)----- 	
110	Yeroo ammaa eenyu waliin jiraatta?	<ol style="list-style-type: none"> 1. Abba fi harmee koo waliin 2. Harmee koo waliin 3. Abba koo waliin 4. Fira waliin 5. Kaadhimaa koo waliin 6. Abbaa /hadhamanaa waliin 7. Hiriyyaa koo waliin 8. Qofaa koo 9. Garbiroo (ibsi) ----- 	
111	Sadarkaan baruumsaa abbiyyee kee hangamii ?	<ol style="list-style-type: none"> 1. Kan hin baranne 2. Barreessuu fi dubbisuu 3. Sadarkaa tokkoffaa(1-8) 4.Sadarkaa lamaffaa (9-12) 5. Kutaa 12 ol 	
112	Sadarkaan baruumsaa harmee kee hangamii?	<ol style="list-style-type: none"> 1. Kan hin baranne 2. Barreessuu fi dubbisuu 3. Sadarkaa tokkoffaa(1-8) 4.Sadarkaa lamaffaa (9-12) 5. Kutaa 12 ol 	

113	Hojiin abbiyyee kee maali ?	<ol style="list-style-type: none"> 1. Hojjetaa guyyaa 2. Qotee bulaa 3. Hojjetaa Mootummaa 4. Hojii dhuunfaatti qacaramanii hojjetu 5. Hojii dhuunfaa qabu 6. Garbiroo(ibsi) ----- 	
114	Hojiin Harmee kee maali ?	<ol style="list-style-type: none"> 1. Hojjetaa guyyaa 2. Qotee bulaa 3. Hojjetaa Mootummaa 4. Hojii dhuunfaatti qacaramanii hojjetu 5. Hojii dhuunfaa qabu 6. Garbiroo(ibsi) ----- 	
115	Tilmaamaan galiin maatii keetii ji'aan meeqa?	Qarshiidhaan_____ (lakkoofsaan barreessi)	
116	Sadarkaa jireenya maatii kee sadarkaa kamitti tilmaamta?	<ol style="list-style-type: none"> 1. Baay'ee sooressa 2. Sooressa 3. Giddu galeessa 4. Hiyyeessa 	
117	Kan shaayiif ramadame qarshii boorsaa ji'aan (dhuunfaa) qabdaa?	<ol style="list-style-type: none"> 1. Eeyyee 2. Lakkii 	
118	Hariiroo maatii kee waliin qabdu akkamitti ibsita?	<ol style="list-style-type: none"> 1. Baay'ee gaarii 2. Gaarii 3. Bayeessa 4. Badaa 	

Kutaa 2.Gaaffilee beekumsa saalaa fi fayyummaa qaama hormaataa ilaallatan

201	Yeroo ga'uumsaa (dargaggummaa) dhiiraaf, abjuudhaan dhangala'aa nafa saalaa keessaa bahu arguun, sanyii qaama kormaa(spermii) qopheessuu fi jijjiirrama sammuu fi illaalchaa agarsiisuun sirrii dhaa?	1.Eeyyee 2.Lakkii	
202	Dubartoota keessatti hanqaaquun wal-hormaataa Oovaarii keessatti kuufama.	1.Eeyyee 2.Lakkii	
203	Dhiira keessatti sanyiin kormaa Cidhaan keessatti hojjatama	1.Eeyyee 2.Lakkii	
204	Yeroo marsaa lagu dubarri, lagu sirrii ta'e kan ji'a ji'aan gadaamessarraf bahu qabu.	1.Eeyyee 2.Lakkii	
205	Dubartiin tokko wal-qunnamtii saalaa yeroo duraatiif raawwatteen ulfaa'uu ni dandeessi.	1.Eeyyee 2.Lakkii	
206	Namootni mala ittisa dhalaa filatan, mala hiriyyaan isaanii itti fayyadaman kamiyyuu filachuu qabu.	1.Eeyyee 2.Lakkii	
207	Daqiiqaa muraasa wal-qunnamtii saalaan booda qaama saalaa dhiqachuun ulfa ittisa.	1.Eeyyee 2.Lakkii	
208	Wal-qunnamtii saalaa yeroo ulfaa raawwachuun, dubartiif hubaatii qaba.	1.Eeyyee 2.Lakkii	

209	Dhukkuboota qaama saalaan daddarban :-of murteessuun, wal-qunnamtii tasaarraa of eeguun, hiriyyaa wal-qunnamtii saalaa tokko qofa qabaachuunii fi Kondomii fayyadamuun ittisuun ni danda'ama.	1.Eeyyee 2.Lakkii	
210	Dhukkuboonni wal-qunnamtii saalaan daddarban martuu mallattoo qabu.	1.Eeyyee 2.Lakkii	
211	Cunqursi/hubaatiin/miidhaan saalaa, yeroo hunda wal-qunnamtii saalaan waltuquu of keessaa qaba.	1.Eeyyee 2.Lakkii	
212	Dhiirri fi dubartiin lachuu saalaan ni cunqurfamu/hubamu.	1.Eeyyee 2.Lakkii	

Kutaa 3. seenaa qunnamtii naf-saala

<i>Lak</i>	<i>Gaaffilee</i>	<i>Deebii fi koodii</i>	<i>Gara ce'i</i>
301	Hiriyyaa jaalalaa qabdaa?	1.Eeyyee 2.Lakkii →	320
302	Qunnamtii naf-saalaa raawwattee beektaa?	1.Eeyyee 2.Lakkii →	320
303	Eeyyee,yoo jette,yeroo jalqabaaf qunnamtii naf-salaa yeroo raawwattetti umuriin kee meeqa ture?	1. Wagгаа _____ 99. Hin beeku	
304	Sababa wal-qunnamtii saalaa yeroo duraa raawwatteen maaltu siqunname?	1.Ulfaa fi ulfa ofirraa baasuu 2.Ulfaa fi daa'ima 3.Dhukkuboota qaama saalaan daddarban 4 Humtuu	

305	Hiriyyaan kee ati qunnamtii naf-saalaa waliin raawwatte yeroo san umuriin isaa/ishee meeqa ture?	1. Waggaa _____ 99 . Hin beeku	Gara ce'i
306	Walitti dhiyeenyi ati jaalallee kee kan jalqabaa waliin qabdu maal ture?	1. Hiriyyaa mana barnootaa 2. Hiriyyaa jaalalaa 3. Kaadhimaa 4. Haadha/abbaa manaa 5. Fira 6. Garbiroo(ibsii)-----	
307	Yeroo jalqabaaf qunnamtii naf-saalaa raawwachuuf kan si kakaase maal ture?	1. Jaalalli na qabee 2. Fedhii qabaadhee 3. Heerumee/fuudhee 4. Gudeedamee 5. Qarshii/kennaa fudhachuuf 6. Dhiibbaa hiriyyaa 7. Dhugaatii dhugee 8. Garbiroo (ibsii)-----	
308	Yeroo ammaa hiriyyaa jaalalaa qabdaa?	1.Eeyyee 2.Lakkii →	310
309	Eeyyee, yoo jette, hiriyyaa jaalalaa qabaachuuf maalif barbaaddee?	1. Jaalalli na qabee 2. Fedhii qabaadhee 3. Heerumee/fuudhee 4. Gudeedamee 5. Qarshii/kennaa fudhachuuf 6. Dhiibbaa hiriyyaa 7. Dhugaatii dhugee 9. Garbiroo (ibsii)_____ 99. Callisa	

310	Hanga ammaatti hiriyyaa jaalalaa qunnamtii naf-saalaa waliin raawwatte meeqa qabda?	1. Tokko 2. Lama 3. Sadii 4. Afurii fi isaa ol	Gara ce'i
311	Hiriyyaa kee/tee waliin wal-beellamtuu?	1.Eeyyee 2.Lakkii	
312	Hiriyyoonni kee jaalallee dhiiraa/durbaa qabuu?	1.Eeyyee 2.Lakkii →	315
313	Yoo,eeyyee ta'e,hiriyyoonni kee /tee barannoo/amala wal-beellamuu qabuu?	1.Eeyyee 2.Lakkii	
314	Hiriyyoota kee/tee meeqatu wal-qunnamtii saalaa raawwate?	1.Hundaa saanii 2.Hanga tokkoon isaanii 3.Muraasa isaanii 4.Gonkumtuyyuu(omaayyuu)	
315	(Dhiiraaf),haalli uffannaa shamarranii wal-qunnamtii saalaaf akka kakaatu dhiibbaa sirratii uumaa?	1.Eeyyee 2.Lakkii	
316	Ji'oota 12'n darban keessa qunnamtii naf-saalaa raawwatteettaa?	1.Eeyyee 2.Lakkii →	320
317	Eeyyee yoo jette, ji'oota 12'n darban keessatti namoota meeqa wajjiin qunnamtii naf-saalaa raawwattee jirta?	1. Nama – tokko 2. Namoota – lama 3. Namoota – sadii 4.Namoota afur 5.Namoota 5 fi isaa ol	
318	Yeroo qunnamtii naf - saalaa raawwate (ji'oota 12 darban keessa) mala qusannoo maatiitti gargaaramteettaa?	1.Eeyyee 2.Lakkii →	320

319	Eeyyee yoo jette mala isa kam gargaaramte?	<ol style="list-style-type: none"> 1. Kondomii 2. Piilsii 3. Luuppii 4. Noor pilaantii 5. Diyaafraamii 6. Kalandarii 7. Garbiroo (ibsi)----- 	
320	Waa'ee wantoota armaan gadii maatii kee waliin dubbattee(haasoftee)beektaa?		
	Gaa'ila	<ol style="list-style-type: none"> 1.Lakkii 2.Eeyyee xiqqoo xiqqoo 3.Eeyyee sirriitti 	
	Jaalalaa	<ol style="list-style-type: none"> 1.Lakkii 2.Eeyyee xiqqoo xiqqoo 3.Eeyyee sirriitti 	
	Ittisa HIV/AIDS	<ol style="list-style-type: none"> 1.Lakkii 2.Eeyyee xiqqoo xiqqoo 3.Eeyyee sirriitti 	
	Ittisa ulfaa	<ol style="list-style-type: none"> 1.Lakkii 2.Eeyyee xiqqoo xiqqoo 3.Eeyyee sirriitti 	
321	Oodeeffannoo waa'ee fayyummaa saalaa (ga'uumsaa, ittisa HIV/AIDS, jaalalaa fi k.k.f) eessaa argatta?	<ol style="list-style-type: none"> 1.Abbaa 2.Haadha 3.Barsiisaa 4.Hiriyyaa 5.Obboleettii 6. Obboleessa 7.Fira 8.kitaabolee 9.Raadiyoo 10.Tv 	

Lak.	Gaaffilee	Deebii fi koodii	Gara ce'i
322	(Dhiiraaf) dubartoota mana bunaa wajjin qunnamtii naf-saalaa raawwattee beektaa?	1.Eeyyee 2.Lakkii →	401
323	(Dhiiraaf) deebiin kee eeyyee yoo ta'e, kondomiitti gargaaramteetaa?	1.Eeyyee 2.Lakkii →	325
324	Deebiin kee yoo eeyyee ta'e, kondomiitti haagam itti gargaaramte?	1. Yeroo hundaa 2. Yeroo tokko tokko 3. Yeroo baay'ee	
325	(Warra dhiiraaf) yoo itti hin fayyadamne ta'e maaliif itti hin fayyadamne?	1. Kondomin waan hin jirreef 2. Kondomiin mi'aawaa waan ta'eef 3. Jaalallee koo gaafachuu waaniin leeya'eef 4. Kondomii waaniin hin jaalanneef 5. Ulfaa'uu waaniin barbaadeef 6. Kondomi bitachuu waaniin leeya'eef 7. Jaalallee koo waaniin amanuuf 8. Itti fayyadama isaa waaniin hin beekneef 9. Waan tarsi'uuf 10. Fedhii ofii waan hir'isuuf 11. Amantiin koo waan na dhorkuuf 12. Dhugaatii dhugee waaniin tureef 13. Gorbiroo (ibsi)-----	

Kutaa 4.Gaaffilee Amaloota dargaggootaa hubaatii qaban ilaallatu			
401	Dhugaatii alkoolii ni dhugdaa?(farsoo,booka,biiraa ykn araqee)	1. Lakki 2. Torbanitti guyya 1ykn 2 3. Yeroo hunda 4 . Callisa	
402	Sigaaraa ni xuuxxaa?	1. Lakki 2. Torbanitti guyya 1ykn 2 3. Yeroo hunda 4 . Callisa	
403	" Caatii" ni qamaataa?	1. Lakki 2. Torbanitti guyya 1ykn 2 3. Yeroo hunda 4 . Callisa	
404	Qoricha kan akka hashiishiifaa ni fayyadamtaa?	1. Lakki 2.yero tokko tokko 3.yeroo hunda 4.callisa	
405	Fiilmii wal-qunnamtii saalaa agarsiisu ilaaltee beektaa?	1.Eeyyee 2.Lakkii	
406	Eeyyee,yoo jette hagam ilaaltaa?	1.Guyyaa guyyaan 2.Torbanitti yeroo tokko 3.Ji'atti yeroo tokko 4.Waggaatti yeroo tokko	

Gaaffilee banaa mariidhaaf tajaajilan

1. Wal-qunnamtii saalaa fuudhaafi heerumaan dura naannoo keetti raawwatamu akkamiin ibsita?
2. Dargaggootni naannoo keetii umurii meeqatti gocha akkanaa raawwachuu eegalu?
3. Wantootni gocha akkanaatiif sababa ta'an maal faadha?
4. Naannoo keetti gochoota akkanaatti aanee maalfaatu uumama?
5. Naannoo keetti wantootni amala saalaa gadhee ta'an maalfaadha?
6. Fayyummaan wal-hormaataa maali?
7. Odeeffannoo fayyummaa wal-hormaataa eessaa argatta?
8. Amala saalaa gadhee dargaggootaa fi wal-qunnamtii fuudhaafi heerumaan dura raawwatan dhabamsiisuudhaaf ykn xiqqeessudhaaf maaltu yoo godhame wayya jetta?

Maqaa daataa guuraa _____ sign _____ date

Maqaa to'ataa _____ sign _____ date