



**RISKY SEXUAL BEHAVIUR AND ASSOCIATED FACTORS AMONG
HIGHSCHOOL ADOLECENTS IN ARBAMINICH TOWN, SOUTHERN
ETHIOPIA 2014**

BY

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Jimma, Ethiopia

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ABSTRACT

Back ground

The two most serious consequences of unprotected sexual activity, pregnancy and STIs, come at a great cost to adolescents, their families, and society. Adolescents engaged in risky sexual behaviors that may expose them to risk of contracting sexual transmitted diseases factors have been identified that affect one or more sexual behaviors (the initiation of sex, frequency of sex, number of sexual partners, use of condoms, and use of other contraceptives and the main factors for unprotected sex or risky sexual behavior may be result of peer pressure, curiosity, or lack of knowledge, occur in a broader context.. However, little has been explored about the magnitude of sexual behavior and associated factors in the context of high school students.

Objectives: To estimate the prevalence of sexual behavior among adolescents and identify its associated factors among high school students in Arbaminch town, Southern, Ethiopia.

Methods and materials: Institution based cross sectional study was conducted in Arbaminch town. From March 15 to 30 1, 2014, on a sample of 494 of high school adolescents 13-19 years of age. The calculate sample was allocated proportionally to each grades. Then study participants were selected from all section by simple random sampling method. A pretested and structured self-administered questionnaire was used. Data was entered in to EPI_data version 3.1 and exported to SPSS for windows version 20.0 for analysis.

Result: The overall risky sexual behavior of participants was found to be 26.8 % (35.6% for males and 19.1% for females). The mean age of sexual initiation was (15.7 ±1.6) years for both sex. Media factor, pornographies, adolescent- friend sexual discussions, peer pressure, substance use and self-efficacy were associated with sexual behavior of adolescents.

Conclusions and recommendation: the prevalence of risky sexual behavior such as having multiple sexual partner, sexual practice without condom and sex under influence of substance use was high. Age, substance use, place of residence, friend-adolescent communication, peer pressure, substance use, the sexual status of peer and the exposure to pornography movies are associated with risky sexual behavior. In order to protect high school adolescents from risky sexual behaviors, schools should focus on promoting peer educators and way of peer discussion especially during early adolescent's age group.

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ACRONYMS

AIDS.....	Human immune deficiency syndrome
CDC.....	Communicable disease control
CI.....	Confidence interval

HIV.....	Human immune virus
PCA.....	Principal component analysis
SD.....	Standard deviation
STI.....	Sexually transmitted infection
UN.....	United nation
US.....	United state
WHO.....	World health organization

CHAPTER ONE

1. INTRODUCTION

1.1. Background

Adolescence is a stage in which human beings faced once throughout their life. According to the World Health Organization (WHO), “adolescents” cover the age of 10 to 19years(1). Adolescent is a stage for threshold for many developments: biological, physical, psychological, social, etc. And these accompanied by positive or negative behaviors depending on the environment that the child brought up (2).

During adolescence, the body undergoes significant developmental changes, most notably puberty, the bodily changes of sexual maturation, and the formation of sexual identity. It has been also described as a stage of transition from childhood to adulthood, where a lot of physiological as well as anatomical changes take place (3).

The emerging sexuality that accompanies adolescence poses fundamental challenges. These include adjusting to the altered appearance and functioning at time of adolescents is faced difficult situation. These include adjusting to the altered appearance and functioning of a sexually maturing body, learning to deal with sexual desires, confronting sexual attitudes and values, experimenting with sexual behaviors, and integrating these feelings, attitudes, and experiences into a developing sense of self. The challenge is accentuated by the unfamiliar excitement of sexual arousal, the attention connected to being sexually attractive, and the new level of physical intimacy and psychological vulnerability created by sexual encounters(4).

Sexual feelings can add a vital dimension to the lives of adolescents. These dimensions have many positive and negative elements. One of the negative behaviors is exposure of adolescent is engaging in risky sexual behavior (5). According to CDC risky sexual behavior is commonly defined as behavior that increases one’s risk of contracting sexually transmitted infections and experiencing unintended pregnancies. These include having sex at an early age, having multiple sexual partners, having sex while under the influence of alcohol or drugs, and unprotected sexual behaviors (6).

Hence, adolescents begin to indulge in risky sexual behavior, often with adverse consequences for the individual as well as the family and the community (7). The intensity of involvement in sexual risk behavior ranges from no sexual relationship to unprotected risky sexual behavior with multiple partners and prostitution (2).

1.2. Statement of the problem

According to UNICEF 2011 report among total number of world population there were 1.2 billion adolescents aged 10–19, forming 18% of world population. which means adolescents make up of one-fifth of total population(8). The worlds about 85% of adolescents are living in developing countries. In Sub-Saharan Africa adolescents constitute 20-30 % of the population. Several countries in Sub-Saharan Africa have large and increasing adolescent population that exceeds those from other parts of the world. The estimated total population of the 42 African countries that lie south Saharan is 767 million. Approximately, 20 % of this population are adolescents aged 10-19 years (9).

Adolescents who were engaged in risky sexual behavior at younger ages are at higher risk for outcomes that can compromise their health. These outcomes have serious public health consequences. Moreover behavior, which starts in adolescence frequently, leads to health problems. The two most serious consequences of unprotected sexual activity, pregnancy and STIs, come at a great cost to adolescents, their families, and society (2).

Despite of the growing attention to prevention and health education, recent data indicate that the rates of unintended pregnancy and sexually transmitted infections (STI) remain higher in most developed and developing nations. Adolescent sexual risk behavior as a whole is still a major cause for concern (10).

In 2012, there were 35.3 million [32.2 million–38.8 million] people living with HIV. Although new HIV infections among adolescents `decreased by 50% or more in 26 countries between 2001 and 2012(11) and the number of people dying from AIDS-related causes in sub-Saharan Africa declined by 32% from 2005 to 2011, the region still accounted for 70% of all the people dying from AIDS in 2011 (12).

Most of the world's births adolescents aged 15-19 years account for 11% of all births worldwide. They account for 23% of the overall burden of disease due to pregnancy and childbirth (13,14). Ninety-nine percent is occurs in developing countries, and nine in ten of these births occur within marriage or a union. About 19 % of young women in developing countries become pregnant before age 18. Girls under 15 account for 2 million of the 7.3 million births that occur to adolescent girls under 18 every year in developing countries and more than 50% occurs in sub-Saharan Africa. Three point two million unsafe abortions among

adolescents occur each year. About 70,000 adolescents in developing countries die annually of causes related to pregnancy and childbirth, complications of pregnancy and childbirth are the leading cause of mortality among women between the ages of 15 and 19 (15). In many countries, the proportion of births (among women of all ages) that occur in adolescents has increased, because of the reduction of fertility in older women (16).

In Ethiopia about a third of population are adolescents. Seventy percent of Ethiopian women were married by age 18. Twenty seven percent of Ethiopian women have had risky sexual behavior by age 15. Twenty four point six percent of men have had risky sexual behavior by age 18. Modern contraceptive use among married women between the ages of 15 to 19 was 3.9% median age at first birth for the Ethiopian women is 19 years. Twelve point eight percent of women aged 15-19 are mothers or pregnant with their first child(17).

Even if the risk behavior among adolescent are very worst at the same time adolescents are the greatest hope for turning the tide against STIs, AIDS and early pregnancy Worldwide(18). Gender inequality, sexual coercion, early marriage, high levels of teenage pregnancy, unsafe abortion and sexually transmitted infections (STIs), including HIV, and AIDS, are among the sexual and reproductive health problem faced by many young Ethiopians (19).

Adolescence is a time of opportunities and risks. Sexual behavior is a crucial factor for the adolescents. Adolescent sexual decision making is subject to a complex web of influences. Therefore, looking for the rationale behind why adolescents are involve in risky sexual behavior have tremendous importance to forward possible solutions that safeguard their exposure(19).

CHAPTER TWO

2. LITERATURE REVIEW

2.1 Prevalence of sexual behavior among adolescents

Dramatic rise in adolescent sexual activity over recent decades and high rates of risky sexual behavior, including sex with multiple partners and inconsistent condom use, have placed adolescents at increased the risk of HIV and other sexually transmitted diseases (20). The intensity of involvement in sexual behavior ranges from no sexual relationship to unprotected risky sexual behavior with multiple partners and prostitution (21).

In US Nearly half (47%) of all high school students report ever having had risky sexual behavior, and 26% of female teens and 29% of male teens had more than one sexual partner in their lives. 15% of high school students having had four or more sexual partners in 2011 (22).

According to the Sub-Saharan African Demographic and Health Surveys (2005–2010) adolescents who started sex under age of 15 were 21%, 20%, 26% , 34% and 13% for Nigeria, Senegal, Uganda, Kenya and Ethiopia (23). And according to African journal of reproductive health 2007 report among women aged 15-19, 29%, 37%, 45% and 48% are for Ghana, Malawi, Burkina Faso and Uganda have had risky sexual behavior, among adolescent men aged 15-19 this proportion was 34%,15%, 60% and 49% were in Burkina Faso, Ghana, Malawi and Uganda (24).

Among those who had sex in the past year, the proportion of 15 to 19 years old who reported more than one sexual partner during that time ranged from 4% (Ethiopia2005) to 32% (Cote d'Ivoire 2005) among males and from 0.4% (Ethiopia 2005, Niger 2006) to 12% (Liberia2007) among females. Significantly higher proportion of males than females reported multiple partners in the past year (25).

In Ethiopia, adolescents account about one third of the total populations and 70 % of Ethiopian women were married by age 18. Women aged 15-19 are mothers or pregnant with their first child (17). The study conducted in Agaro, high school students show that the average age of sexual debut is 16.7 years and 44% had multiple sexual partners (26). In Gambela 34.7 % of school adolescents was practiced risky sexual behavior in their life time and the mean age at first risky sexual behavior were 15.7 years (27).

Whether adolescents are sexually active or not, their decisions are influenced by range of individual and social factors like parents, peers, media, access to education, services and host of other factors. Some risk taking behaviors lead to serious lifelong consequence show adolescents make to decisions about relationships, abstaining or participating in sex, and protecting themselves and others from sexually transmitted diseases and pregnancy (28).

2.2. Factors influencing sexual behavior of adolescents

More than 500 factors have been identified that affect one or more sexual behaviors (the initiation of sex, frequency of sex, number of sexual partners, use of condoms, and use of other contraceptives) or consequences of those behaviors (pregnancy, childbearing or STD) and the main factors for unprotected sex or sexual behavior among adolescents may be result of peer pressure, curiosity, or lack of knowledge (29).

Socio demographic factor of participants

Age at first sex is the indicator to determine the average age at which young people become sexually active. It can also provide some insight into when most young people are exposed to risks like pregnancy and sexually transmitted infections. Adolescents rarely use protection when having sex for the first time and younger adolescents face a greater risk than older adolescents of acquiring sexually transmitted infections, including HIV(25).

The study conduct that representative of the developing world, excluding China, indicate that around 11 % of females and 6 % of males aged 15–19 claim to have had sex before the age of 15 years (8).

In most of Sub-Saharan Africa including Ethiopia, 10 % of women were married by age 15, which leads to increasing the risk for physical, sexual, psychological and economic abuse (30). The study conducted in North Eastern Nigeria revealed that the mean age at first risky sexual behavior were found to be 16.5 years (31). In Ethiopia according to EDHS 2011, 29% of adolescents first had risky sexual behavior before age 15, 62% before age 18 and the median age for risky sexual behavior is 16.6 years (32). Studies conducted in Ethiopia revealed that within adolescent age group, as age increases, the risk of exposure to pregnancy and childbearing also increases, because of higher probability of getting sexual relation and marriage. More older age group of adolescents are (41%) were married than younger

adolescents (16%) indicating that as the age increased the probability of getting risky sexual behavior increased (33).

In Burkinafaso, Ghana, Malawi, Uganda, females 22.8%, 17.4%, 18.0%, 23.7% and for male 24.8%, 10%, 37.1%, and 30.4% respectively adolescents had had sex in the range was wider for males, from 10% in Ghana to 37% in Malawi. In Malawi and Uganda, significantly higher proportion of males than of females reported having had sex in this period. In contrast, in Ghana, females were more likely than males to report sexual activity (34). The study conducted in Cape Town, South Africa showed that there is the difference as compared between female and male adolescents the males are relatively higher than female 46% of African females have had sex by age 16, compared to 65% of African males (35). Study conducted in Ethiopia also showed that male respondents were more than two times to ever had risky sexual behavior to female respondents (OR= 2.65; 95%CI: 1.57, 4.45)(36).

Living arrangement refers to the physical composition of the family, whether it is two parent household, single parent families, or takes other forms. Among Ugandan females, those who lived with both parents were less likely than those who lived with none to have had sex in the last year (34),(37).

The study conducted in Dessie town showed that, 51% of the surveyed youths with almost equal proportion between rural and urban, 49.8% and 51.3%, have ever had sex (38) .

Studies have shown that personal income had marginally significant association with sexual activities. This is may be due to lack of skills to wisely use the pocket money. Young men are generally expected to bear the expenses incurred during dating, courtship or outing with young women if they have money. The study conducted in Eastern Ethiopia showed, the amount of pocket money per month increased, the premarital sexual debut also increased. Particularly as the association was significant for especially for male gender may be because more pocket money may predispose to commercial sex(39).

Behavioral factors of adolescents

Use of drugs and alcohol may possibly encourage unintended sexual activity. Often when adolescents are intoxicated, they forget to use protection (40). The study conducted in Enugu state of Southeastern Nigerian 2012, revealed that approximately 33.4% adolescents took alcohol out of which 47.1% were sexually active (41). The studies conducted in Ethiopia revealed that, the risk sexual behavior with those using alcohol daily having a threefold increased odds compared to those not using and on other similar study using alcohol were seven times higher than who are not besides using Khat was also strongly associated with risky sexual behaviors (42,43).

The study conducted in Enugu, Nigeria revealed that in related to the impact of religion was shown by considering respondents' opinion on religion, a large majority 71.6 % indicated that religion was very essential but yet 20.3% of them were sexually experienced. Among the 11.6% respondents who considered religion unnecessary practice 86.7% of them were sexually active (41). Regarding religious visit, students who didn't visit religious institution were 6.39 times more likely to be at risk than students who visited religious institution [OR, 95%CI, 6.39(3.1–13.38)](43). On other similar study conducted in Northeast Ethiopia, who were higher levels of religiosity is associated with fewer sexual partners and religiousness looks like to be a protective factor against high number of sexual partners among females. Individual level factors had significant association with risky sexual behavior (44). In low self esteem and perceived low self efficacy to use condom were significantly associated with risky sexual behavior. Programs that are known to increase the self esteem of young people and condom use skill training need to be integrated in school curriculum to promote healthy sexual life for school adolescents(45).

In most of society there is negative attitude towards premarital pregnancy, but because of the existence of premarital sex, premarital contraceptive use should be an important concern for those sexually active school adolescents. Health information on adolescents, by contrast, is not widely available in many developing countries apart from indicators on sexual and reproductive health collected by major international health surveys, particularly in the context of HIV and AIDS (8).

Lack of knowledge about sex and family planning and the lack of skills to put that knowledge into practice put adolescents at risk for pregnancy in developing regions have comprehensive and correct knowledge of HIV/AIDS. Improved knowledge about sex and family planning will not only prevent early and unwanted pregnancies but also HIV infection (16).

Among African countries contraceptive use in both married and un married adolescents have the lowest rates, ranging from 3% to 49% (16). In 2012 sub-Saharan Africa rates of modern contraceptive use are less than 10 % in West Africa among 15 to 19 year old married women, contraceptive use in Sierra Leone, Niger, Nigeria and Benin ranges from 1 % to 3 % but this number varies. In some countries of Eastern and Southern Africa have higher rates of contraceptive use Rwanda at 31 %, Zimbabwe at 35 %, Namibia at 39 % and Swaziland at 43 % more than half of all married adolescents are not using any contraception and these countries (30).

Parental socio economic factor

Parental educational level influence parental attitude towards premarital sex. The more education a parent has the more likely that a parent is to be involved in their child's activity and develop lines of communication due to norms and values associated with education. Mothers education, in particular predicts timing of first risky sexual behavior and contraceptive use among adolescents whose mother and father had no education were more sexually experienced than more educated families. Study conducted in Gambela revealed that the highest level of sexual activity (49.8 %) was depicted from among adolescents whose mother were illiterate however, low level of sexual activity (2.2 %) was found among adolescents whose mothers were having college/ university certificate (27).

Risky sexual behaviors among teenagers are more likely to occur in poor families and those with single parents. The lack of resources, might force girls to become involved in sexual activities in an effort to get materials and food (46,47). As studies indicated that the deferent social class the prevalence of risk sexual behaviors also different in social and cultural factors unemployment, homelessness, etc lead to an increase in the window of risk and vulnerability. Social context also plays a role in the development of risk behaviors (46). The study conducted in secondary schools in Mombasa a coastal Kenyan town reported that having engaged in risky sexual behavior were 3.7% from high socio economic status, 3.2 from middle, 2.3 from skilled

(23). Another study in Cape Town it was found that economy affects adolescents' risky sexual activity such as condom utilization. Lower economic status at the mean community level poverty rate of 0.25, this is an 11% point reduction in the probability of condom use at last sex. Females are 0.03 percentage points more likely to report multiple partners if they live in a household experiencing an economic suffering (46,47).

Social factors

Encouraging positive child/parent connectedness, communication and monitoring is based on the assumption that such relationships between parents and children can lead to positive attitudes to life and lower levels of risk taking behavior, especially in sexual and reproductive health. A number of studies in Ghana and other sub-Saharan African countries have shown that parent-child communication about sex related matters is relatively uncommon, and is fraught with discomfort, especially communication with fathers. Evidence from Ghana on the relationship between family communication about sex and the sexual behavior of adolescents is mixed (44, 45). Intact families also appear to account for discrepancies in the effects of family structure on adolescents' frequency of intercourse, number of sexual partners, contraceptive use, STI, and pregnancy and childbirth outcomes. In fact, the strong relationship between family structure and adolescent sexual debut explains most of the relationship between family structure and other sexual outcomes. Manning, Longmore, and Giordano found that among teens who were sexually active in the previous year, family structure was a strong predictor of whether or not the teens engaged in casual sex or sex within a romantic relationship (2).

The study conducted in Eastern Wellega shows that family communication is low and a large proportion of both males (73.4%) and females (80.2%) reported to start risky sexual behavior between the ages of 15–19 years while parent communication starts late. (59.8%) males and (59.6%) females reported to start discussions between the ages of 15–18 years even after adolescent started risky sexual behavior the reason is starting with negative attitude related with rumor or suspicion (37).

Sexual behavior is one of the many areas in which adolescents are influenced by their best friends and peers. Teens are more likely to have sex if their best friends and peers engage in risk for sexual behavior. Similarly, they are more likely to have sex if they believe their friends

have more positive attitudes toward childbearing, have permissive values about sex, or are actually having sex (48). Association between adolescent who have close friends those already had opposite sex and being sexually active, an association that exists for both males and females. This is perhaps to be expected as reporting close friends of the opposite sex may also broadly capture social life that increases the opportunities for intimate relationships with the opposite sex (49). Study conducted in different parts of Ethiopia showed that most importantly students who perceived their peers are involved in sexual relationships were more likely to engage in risky sex behavior compared to those who did not had (44,45).

The study conducted in secondary schools in Mombasa a coastal Kenyan Town revealed that 30% reported having been encouraged by peers to engage in romantic relationships against 68.2% who disagreed. Those who reported having been encouraged by friends to attend parties with were 31.3% while those who reported having been encouraged to have friends of the opposite sex by peers were 39.9% (23).

Mass media are another important dimension of young peoples' lives that may take on special significance during adolescence. Mass media are an important context for adolescents' sexual socialization, and media influences should be considered in research and interventions with early adolescents to reduce sexual activity. Adolescents who are exposed to more sexual content in the media, and who perceive greater support from the media for teen sexual behavior, report greater intentions to engage in risky sexual behavior and more sexual activity. Media influences showed a consistent and significant association with early adolescents' sexual intentions and behaviors (50). Study conducted in Jimma revealed that among adolescents who watched pornography movies 34.9% of them had sex (36). And similar study conducted in Dessie showed that viewing pornographic materials it was more than 2.9 times higher for those who view pornographic materials at earlier age (less than 18 years) OR [95%CI]=2.86 [1.47, 5.56] (38), and also on other studies among adolescents found that those exposed to pornographic materials through a variety of media (including Internet pornography and traditional media) were subsequently more likely to report permissive sexual attitudes (e.g. acceptance of casual or premarital sex) and to have oral or vaginal sex than youth with less exposure(51).

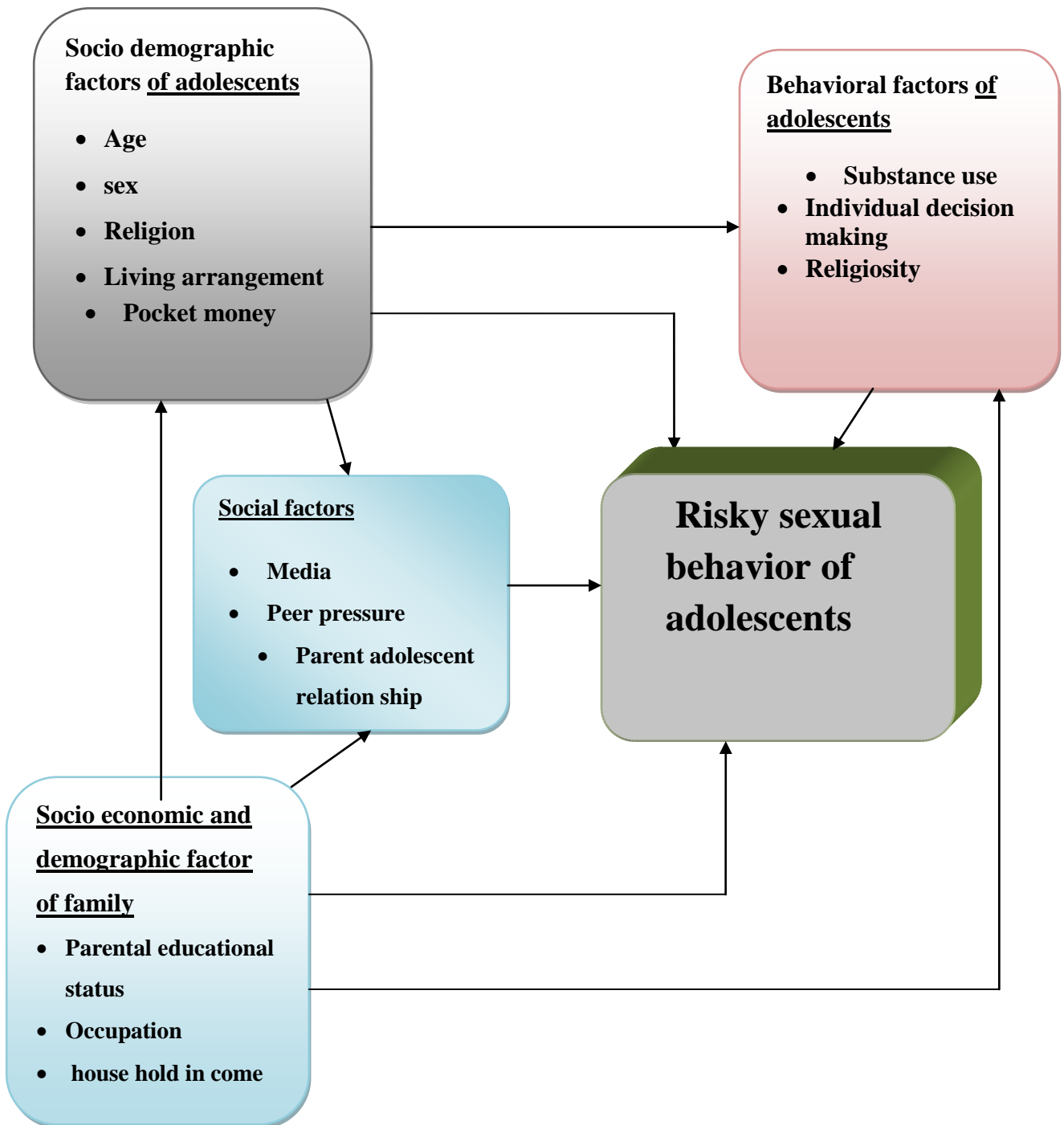


Figure 1: Conceptual frame work of factors associated with risky sexual behavior

2.2. SIGNIFICANCE OF THE STUDY

Gender inequality, sexual coercion, early marriage, high levels of teenage pregnancy, unsafe abortion and sexually transmitted infections (STIs), including HIV/ AIDS, are among the sexual and reproductive health problem faced by many Ethiopian adolescents. Risky sexual behaviors of the adolescents are possibly the main cause for these problems. However, little has been studied on the factors that lead to risky sexual behaviors. Even though the problem is high in the context of Ethiopia in general and in the study area in particular, there is a limited study which is conducted on risky sexual behavior of adolescents on high school students. Accordingly, this study was undertaken to identify factors that promote sexual behavior of high school Adolescents in the study area. Therefore, the finding of this study will have its own contribution for those who want to know the demographic, socio-economic and behavioral factors that shape and influence adolescent's sexual behavior in the study area.

Hence, the finding of the study suggest intervention program by the concerned bodies (parents, schools, religious leaders, those working on adolescents, etc) this research may also serve as a reference for other researchers to study such problems in depth in the study area besides filling the literature gap.

Besides, the results of this study will also help health authorities and other concerned bodies to design and modify strategies on relevant sexual practices prevention and control measures to ensure healthy growing among adolescent in the study area.

CHAPTER THREE

3. OBJECTIVES OF THE STUDY

3.1 General objective

To estimate the prevalence of risky sexual behavior, and to identify its associated factors among high school students, in Arbaminch town, SNPPR.

3.2 Specific objectives

1. To estimate the prevalence of risky sexual behavior among adolescent students.
2. To identify socio-demographic and economic factors, associated with the sexual behavior of adolescents in Arbaminch town.
3. To determine behavioral factors associated with the sexual behavior of adolescents in Arbaminch town.

CHAPTER FOUR

4. METHODS AND MATERIAL

4.1. Study area and period

The study was conducted in Arba Minch from March 15 to 30, 2014. Arba Minch is the capital city of GammuGoffa zone. It is located 505kms far to the south of Addis Ababa. The town is one of the low lands in the SNNPR having a hot climate with average temperature of 29⁰c and annual mean rain fall of 900mm. It is surrounded by mountainous high lands from its whole South-West-North directions and in its opposite South-East-North direction the surface is filled with water bodies (Lake Abaya and Chamo) and the rest with jungle of natural forest including the forty springs of Arbaminch River. The town has two subdivisions; Secha and Sikela, each 5kms. According to 1999 E.C. census, 74,843 populations are living in Arbaminch town.

According to the profile of data collected from the town's Educational Office. The town has one General hospital two health centers, the educational institutions found in the town are: fourteen (14) 1st cycle and 2nd cycle primary schools which are consisting of students from grade 1 to 4 and grades 5 to 8 respectively. There are also 7 high schools, 2 preparatory school, 1 TVET School, 1 TTC, 1 Health science College and a University with in the town. The high schools; which are selected as the targets for the study, are consisting of three public&three private schools and these all are displayed by their school names and number of students on table-1.

4.2. Study design

Institution based cross-sectional study was conducted.

4.3. Population

4.3.1. Source population

The source population was all high school adolescents in Arbaminch town.

4.3.2. Study population

Study population was all selected adolescents from high school students.

4.4. Illegibility criteria

4.3.3 Inclusion criteria

All high school adolescent students, between age 13 and 19 years and who are volunteers to participate in this study.

4.3.4 Exclusion criteria

Adolescent students who are not present or available during the time of data collection and who are married.

4.5. Sample size determination and sampling procedure

4.4.1 Sample size determination

To determine the sample size, the following standard single population proportion formula is used

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

Prevalence (p): is the prevalence of un safe sexual practice, 26.9% (Gurmesa T. 2012) was taken.

Confidence level (C.I) = 95%, which means α set at 0.05 and $Z_{\frac{\alpha}{2}} = 1.96$ (value of Z at α 0.05 or critical value for normal distribution at 95% C.I.).

Desired precision (d) = 4%

Then the numbers of adolescents that are included in the study were 473.

Since the source population is less than 10,000, the final corrected sample size were

$$n_f = \frac{n}{1 + \frac{n}{N}} \longrightarrow n_f = \frac{473}{1 + \frac{473}{8798}}$$

$n_f = 449 + 45$ (non-response rate, 10% of the calculated sample size) = **494**

4.4.2 Sampling procedure

There are six high schools and two preparatory schools in ArbaMinch town. All high schools and preparatory schools were included in the sampling procedure. The calculated sample size was allocated to all schools proportionally according to their population (students of grade 9, 10, 11 and 12) size. Then sample was allocated to each section proportionally. The list of the students was used as sampling frame then study participants was selected from each section by simple random sampling technique.

Table 1: Sampling procedure in Arbaminch town, SNNPR, March 2014

S. no	Name of school	grade	Total	Sample students
1	Arbaminch secondary school	9 th	764	43
		10 th	761	43
2	Arbaminch preparatory school	11 th	1060	60
		12 th	825	46
3	Chamo secondary school	9 th	791	44
		10 th	710	40
4	Chamo preparatory school	11 th	401	23
		12 th	282	16
5	Rohobot/kalehiwet	9 th	109	6
		10 th	114	6
6	Hibretleimat secondary school	9 th	109	6
		10 th	114	6
7	Community secondary school	9 th	112	6
		10 th	100	6
8	Abaya secondary school	9 th	1250	70
		10 th	1296	73
Total			8798	494

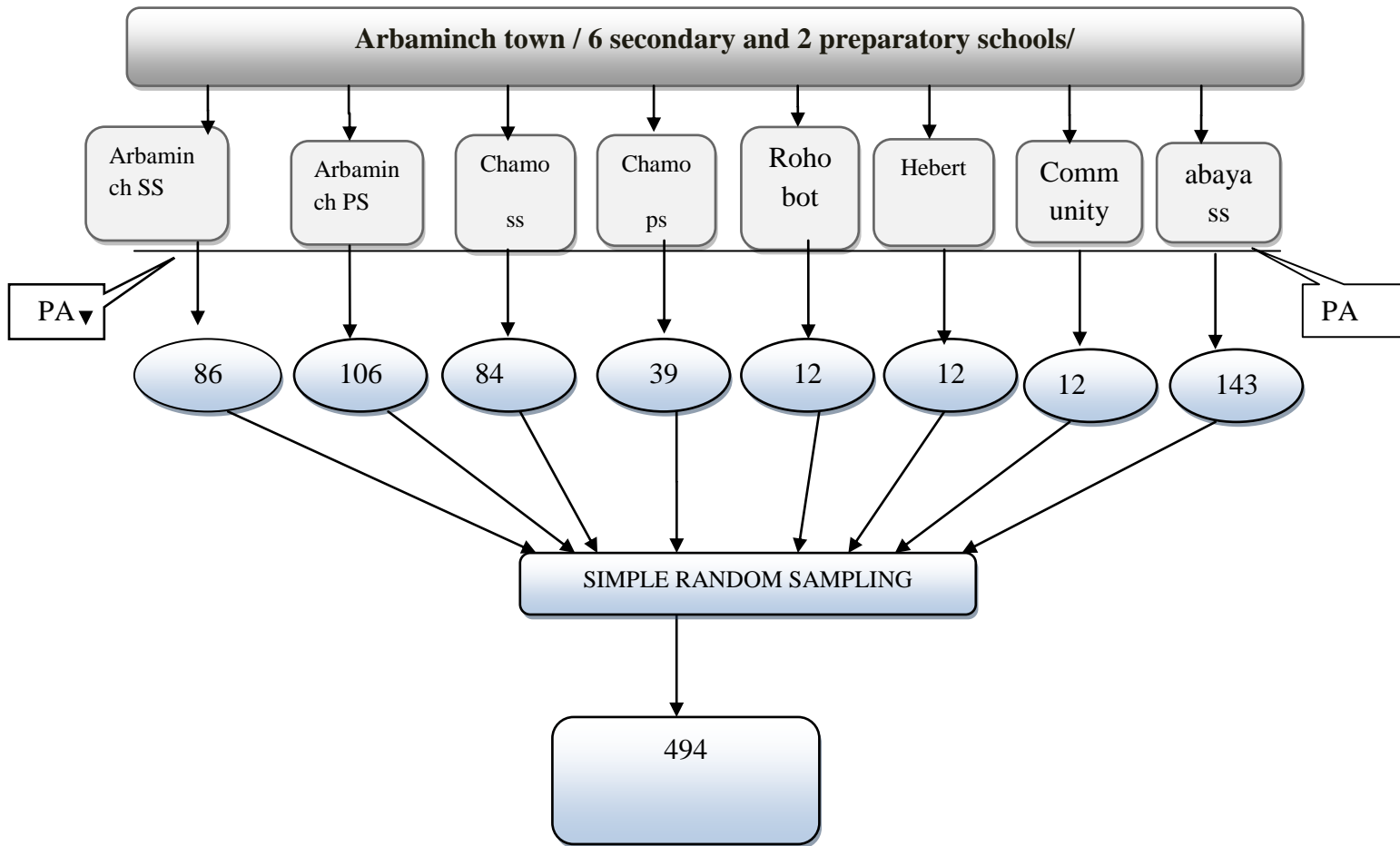


Figure 2: Schematic representation of sampling procedure

4.5. Variables of the study

4.5.1 Dependent variable

- Risky sexual behaviors

4.5.2 Independent variables

Characters of the adolescents

- + Age
- + Sex
- + Religion
- + Religiosity
- + Substance use
- + Knowledge about contraceptive
- + Age at first sex
- + Pocket money

Socio-demographic and economic factors of the family

- + Educational status of the mother
- + Educational status of the father
- + Occupation of mother
- + Occupation of father
- + Economic status
- + Ethnicity
- + Religion

Social factors

- + Peer pressure
- + Media
- + Parent adolescent relations

4.6. Data collection method and procedure

Data collection technique was facilitator guided self administered structured questionnaire adapted from sexual and reproductive health questionnaires. Six data collectors recruited for data collection and facilitation purpose. The questionnaire was first prepared in English and then translated to Amharic language for data collection purpose then it was back translated to English to check its consistency. Information sessions was organized in each school, then the selected study subjects attend the information session on the aims of the study, modalities of participation and consent. Statements apparently based on misconceptions were corrected. Data collectors were attended all sessions as research assistants; they answered questions and offer confidential advice on request. School staffs were excluded from the classroom during the sessions.

4.7. Data processing and analysis

Data was entered in to computer using EPI_data version 3.1 and exported to SPSS version 20.0 statistical software for further analysis, and cleaned for inconsistencies and missing values. Any error was identified and corrected. Descriptive statics like mean, SD, Frequencies, and percentage was used to saw the distribution of the variables. Bivariate and multivariate logistic regression was used to see association between independent and dependent variables with 95% confidence interval (CI 95%).

All variables which have significant association ($P < 0.25$ at 95% confidence interval) with the dependent variable in bivariate analysis were entered in to multivariable logistic regression model to control the effect of confounding and identify independent factors. P-value less than 0.05 were considered to be statistically significant.

4.8. Data quality management

The principal investigator and supervisors was making supervision on the data collection process. To check the accuracy and validity of the questionnaire, Pre testing of the questionnaire were done on Five percent (5%) of the actual sample size in other similar school prior to the actual study period. The questionnaires were checked for completeness and consistency, therefore necessary adjustment was made accordingly.

4.9. Ethical consideration

Ethical clearance was obtained from Jimma university ethical review committee. Formal letter was submitted to Gammu goffa zone educational office and subsequently to high schools of the Arbaminch town, where the study takes place, oral and written permissions from the schools and the respective study subjects was taken. The study was explained to the subjects and their consent to participate in the study was assured before completing the questionnaire.

4.10. Operational and term definitions

1. **Consistent condom use:** using condom during each and every sexual intercourse.
2. **Early sexual behavior** - is risky sexual behavior which is made for both males and females before the age of 18.
3. **Living arrangement:** - living arrangement refers to the physical composition of the family, whether it is a two parent household, single parent family, or takes other forms.
4. **Predisposing factor:** any condition related to involving in sexual intercourse.
5. **Religiosity:** relating to believing in a religion and according to this study the relation or closeness and the frequency of visiting religious service places.
6. **Risky sexual behavior:** a person who is in at least involved one or more from the listed once is considered to be risky sexual behavior (more than one sexual partner and/or performing risky sexual behavior without condom, and/or early initiating of sexual behavior and/or performing sex under influence of substance).
7. **Sexual behavior** - refer to all those activities and behaviors that produce sexual excitation. However, in this study sexual behavior is limited to the investigation of issues related to risky sexual behavior, number of life time sexual partners, constant condom utilization, sex under influence of substance, and the age at which sexual activity is commenced.
8. **Sexual intercourse-** refers to only heterosexual vaginal penetration.
9. **Unsafe/unprotected sex:** sexual behavior between male and female, without use of either, male or female condom during risky sexual behavior.
10. **Sexually experienced** - refer to ever having risky sexual behavior.

11. **Substance use:** Use of at least any one of the following substances: alcohol, Khat cigarette, shisha, hashish or drug that are assumed to affect level of thinking and increase risk of involving in risky sexual behavior.
12. **Wealth Index-** is a composite measure of the cumulative living standard of a household. The wealth index is calculated using easy-to-collect data on a household's ownership of selected assets, such as television and radio, household commodities. Generated with a statistical procedure known as principal components analysis (PCA), the wealth index places individual households on a continuous scale of relative wealth. Each household asset for which information is collected is assigned a weight or factor score generated through PCA. The resulting asset scores are standardized in relation to a standard normal distribution with mean of zero and a standard deviation of one. These standardized scores are then used to create the break points that define wealth index as poor, middle and rich.

4.11. Plan for data dissemination and utilization of findings

The findings will be presented to Jimma University scientific community and will be submitted to the College of Public health and Medical sciences department of epidemiology. The findings will also be communicated to the local health planners and other relevant stakeholders in Gammogoffa zone and Arbaminch town educational office to enable them take recommendations in to consideration during their planning process. Presentation and publication to scientific forum and journals will be considered.

CHAPTER FIVE

5. RESULTS

5.1. Socio, demographic and economic characteristics of participants

From the total of 494 selected adolescents, (13 to 19) years, 473 adolescents were participated with the overall response rate of 95.7%.

From the study participants (46.9%) were males and (53.1%) were females, 77% of them were found in the age group 13-16 years. Most of (47.1%) participants were in grade 10th. Regarding the participant's religion, majority (51%) reported as Orthodox, followed by 38.7% Protestant and 6.1% Muslims. Most of respondents (84.6%) were living in urban area besides 59% of study participants are currently living with their biological parents, and 3.4% with their brother and/or sister.

The majority (49.8%) of participants attends religious services, of which 34.7 % attained regularly, 9.1 % attend at least once in a month and 2.7% never attend any religious services. About 26% of respondents reported that they had no monthly income and 31.1 % of the study participants earn less than 50 birr per month. The major sources of pocket money for 84.1% of adolescents were parents followed by self sponsored income (9.3%) (table 2).

Table 2: The distribution of back ground characteristics of participants in Arbaminch town, SNNPR, March, 2014

Participant Characteristics	Total= 473	Percent (%)	
Sex	Male	222	46.9
	Female	251	53.1
Age incomplete year	13-16	364	77
	17-19	109	23
Educational label	9	80	16.9
	10	223	47.1
	11	103	21.8
	12	67	14.2
Religion	Orthodox	241	51.0
	Protestant	183	38.7
	Islam	29	6.1
	Catholic	10	2.1
	Others	10	2.1
Ethnicity	Gammo	345	72.9
	Amhara	65	13.7
	Wolayita	31	6.6
	Goffa	21	4.4
	Gurage	4	0.8
	Others	7	1.5
Place of resident	Urban	367	77.6
	Rural	73	15.4
	Both biological parents	279	59.0
Living arrangement	Alone in rental house	63	13.3
	Single parent	62	13.1
	Relatives	40	8.5
	Brother/sister	16	3.4
	Boy/girl friend	13	2.7

Table 2 continued...

Participant Characteristics		Total =473	(%)
Religiosity	Daily	164	34.7
	Once weak	236	49.9
	Once a month	43	9.1
	Once a year	17	3.6
	Never	13	2.7
Amount of pocket money	Nothing	123	26.1
	<50 birr	147	31.1
	50to100	104	22.0
	101to200	36	7.6
	201to300	24	5.1
	Above 300	38	8.1
Source of pocket money	Parents	398	84.1
	Sponsors	23	4.9
	Friends	8	1.7
	Own business	44	9.3

5.2. Background characteristic of participants' parents

Regarding to participants' parents educational status, 19.9% were illiterate and 40.4% of mothers were completed from grade 1-8 and 2.3% were completed higher level of education (MA, PhDs). In addition to this, 12.7% of fathers were illiterate, 27.3% were completed from grade 1-8 and 4.2 % were completed higher level of education (MA, PhDs).

Besides, parental income of participants were found to be, 16.9% of maternal monthly income is less than 500 birr and 39.1 % of participants do not know monthly income of their mothers while 10.4% fathers monthly income were less than 500 birr and 29.6 % of participant doesn't know monthly income of their father and in relation to this For 157 (33.2%) of participants were found in lowest tercile of wealth index (table 3).

Table 3: The distribution of background characteristics of parents of participants in Arbaminch town, SNNPR, March 2014

Parent characteristics	Total =473	(%)	
Level of mother education	Illiterate	94	19.9
	Primary	191	40.4
	Secondary	83	17.5
	Vocational or college level	94	19.9
	Higher level(MA ,PhDs)	11	12.3
Level of father education	Illiterate	60	12.7
	Grade 1-8	129	27.3
	Grade 9-12	119	25.2
	Vocational or college level	145	30.7
	Higher level (MA, PhDs)	20	24.2
Mother monthly income	<500 birr	81	17.1
	501-1000 birr	79	16.7
	1001-2000 birr	59	12.5
	>1500birr	69	14.6
	Unknown	185	39.1

Table 3 continued...

Characteristics of participants		Total =473	(%)
Father monthly income	<500 birr	49	10.4
	501-1000 birr	56	11.8
	1001-1500 birr	76	16.1
	>1500 birr	152	32.1
	Unknown	140	29.6
Wealth index	Poor	157	33.2
	Middle	159	33.6
	Rich	157	33.2
Employment status of mother	Government employee	113	23.9
	Private employee	40	8.5
	Merchant	157	33.2
	Farmer	87	18.4
	Daily labour	13	2.7
	House hold	63	13.3
Employment status of father	Government employee	193	40.8
	Private employee	54	11.4
	Merchant	55	11.6
	Farmer	129	27.3
	Daily labour	19	4.0
	House hold	23	4.9

5.3. Parent adolescent communication about sexual related issues

The relation between participants and their parents were assessed in terms of their communication, 82.5% of participants had communication with their mother among them 72.1 % had discussed on sexual issue, 64% had communication with their father among them 36.6% had discussed on sexual issue. The reasons for not discussed with their parents were (38.2 %,) afraid of talking with parents, (27.7%) prefer to talk with someone else, (15.2%) had no any interest to talk on sexual issue and (12.5%) discussing with such topic may irritate their parents 27.7%.(table 4)

Table 4: Parent adolescent communication about sexual related of participants in Arbaminch town, SNNPR, March 2014

Characteristics of participants		Total=473	(%)
Communication with mother	Yes	390	82.5
	No	83	17.5
Communication with father	Yes	303	64.1
	No	170	35.9
Sexual discussion with mother	Yes	341	72.1
	No	132	27.9
Sexual discussion with father	Yes	173	36.6
	No	300	63.4
Discussion with friend on sexual issue	Yes	370	78.2
	No	103	21.8
Reason for not discuss on sexual issue	Afraid to talk	131	38.2
	Easier with others	95	27.7
	No need to talk	52	15.2
	They are aggressive	43	12.5
	Others	22	6.4

5.3. Sexual behavior of participants

The result of the survey indicated that 129 (27.2%) of the study participants had intimate friends who committed risky sexual behavior. Among respondents those who can overcome pressure by their partners doing sex without condom, the answer of the respondents were, 147 (31.1%) answered they can disagree, 248 (52.4%) can't disagree, 70 (16.5%) they do not know whether they can refuse or cannot refuse, 68.1% of the participants were used any type of substance (like chat, cigarette and alcoholic drinks). Among those who used substances their frequency were as follows 37% are used chat, 40.5% are used cigarette, 35.6% are used alcohol regularly, 38.9% chat, 48.6% cigarette, 55.8% alcohol drinks rarely.(table 5)

Table 5: Behavioral factors; by Sexual Experian's of participants in Arbaminch town, SNNPR, March 2014.

Characteristics of participants	categories	total	(%)
Intimate friend if had sexual Experian's	Yes	129	27.2
	No	193	40.8
	Unknown	151	31.9
Substance Use(chat, cigarette, alcoholic drinks)	Yes	322	68.1
	No	151	31.9
Type of sub chat	Yes	49	32.5
	No	102	67.5
Type of sub cigarette	Yes	30	19.9
	No	121	80.1
Type of sub alcohol	Yes	100	66.2
	No	51	33.8
Type of sub others	Yes	9	6.1
	No	139	93.9
Condom Use Self-efficacy	Yes	147	31.1
	No	248	52.4
	Do not know	78	16.5

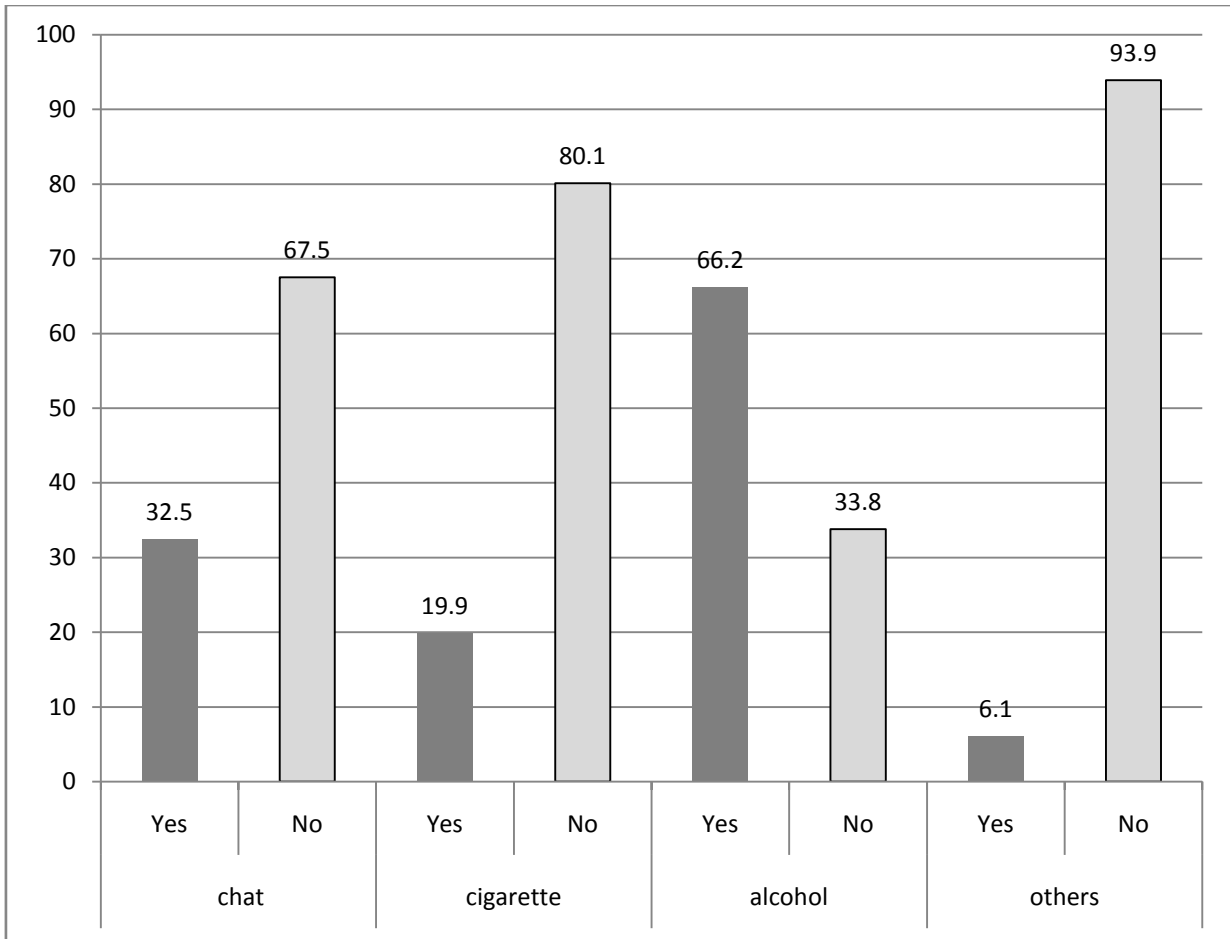


Figure 3: Types of substance use by adolescents in Arba Minch town high schools March

5.4. Sexual behavior of participants

Due to the sensitivity and privacy of the issue under investigation, questions were designed and asked with a great caution so as to get the desired information. However, participants were not on the position to express their sexual status due to an indefinitely great number of factors like cultural taboo. Having this problem, the following results were obtained.

One hundred twenty seven (26.8%) had already started sex, (62.2% of males and 37.8% of females). Among them 60 % participants committed their first sex with their girl or boy friend, more than 8% (66.7% males and 33.3% females) with prostitutes and 18.9% committed casual sex. The survey result further revealed that 78 % of the participants committed their first sex willingly, 7.9% forced, 9.4 % by persuasion and 4.7 % are others. Forty point one percent had more than one sexual partner, 28 % of females and 25.3% of males sexually experienced study participants ever made or have been pregnant.

Among 73.2 % of study participants not yet started risky sexual behavior. The major reason for not yet started risky sexual behavior was student's intentions to start sex after marriage 50.1% followed by religious case (18.2 %), 10.2 % are afraid of HIV, and 5.5 % are fear of pregnancy. (Table 6)

Table 6: Sexual behavior of participants: in Arbaminch town, SNNPR, March 2014.

Participant characteristics	Categories	Total=427	Total N (%)
Ever had risky sexual behaviour	Yes	127	26.8
	No	344	73.2
Age at first sex	11-12 years	5	3.9
	13-15 years	53	41.7
	16-18years	67	52.8
	>18 years	2	1.6
With whom commit first sex	Boy/girl friend	77	60.6
	Prostitute	11	8.7
	Causal	24	18.9
	Others	15	11.8
Circumstances to commit first sex	Willingly	99	78
	Forced	10	7.9
	Persuaded	12	9.4
	Others	6	4.8
Ever have been pregnant	Yes	14	28
	No	36	72
Have you ever made girl pregnant	Yes	19	25.3
	No	56	74.7
Number of sexual partner in the last 3 months	No	54	43.2
	1	52	41.6
	> 2	19	15.2
Number of life time partner	1	75	59.1
	2	26	20.5
	>3	26	20.5
Reason for not start risky sexual behavior	Fear of HIV/AIDS	36	10.2
	Fear of pregnancy	22	6.1
	Fear of parents	20	5.5
	Religious case	60	18.2
	Wants to wait until marriage	181	50.1
	Others	36	9.9

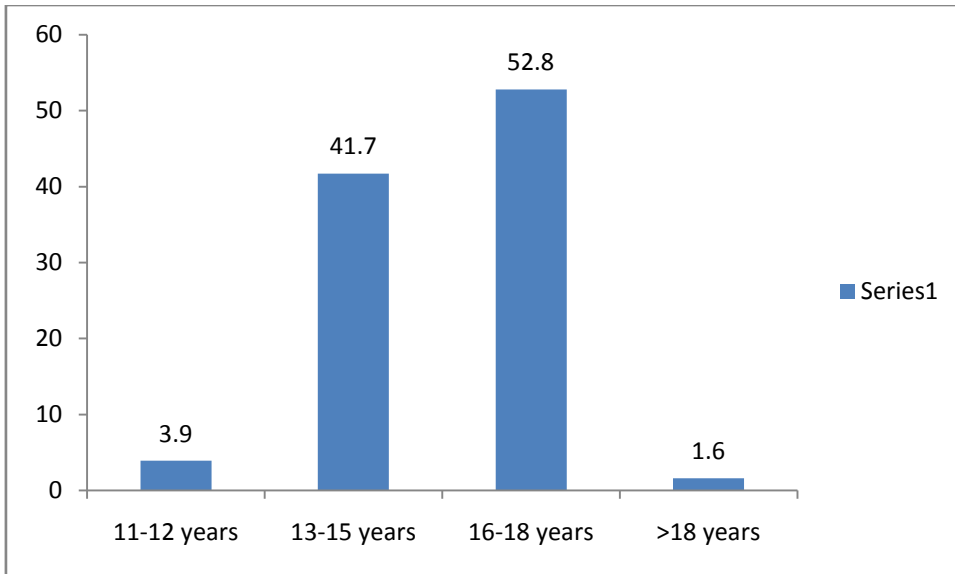


Figure 4: Age at first sex in adolescents of Arba Minch town high school students March 2014.

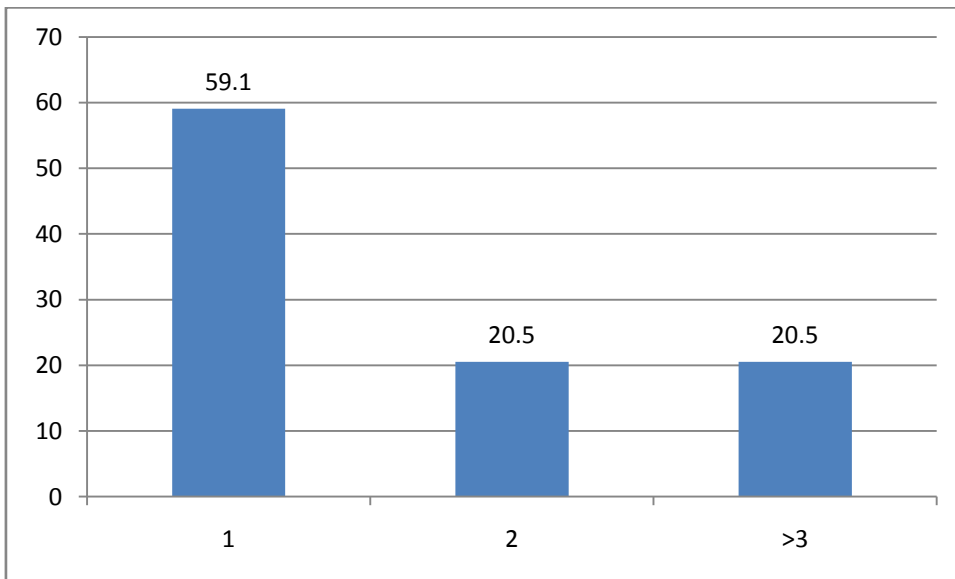


Figure 5: Number of lifetime sexual partner of adolescent students in Arba Minch high schools March 2014.

5.5. Condom use contraceptives knowledge and use behavior of high school adolescents

From total of respondents 390 (82.5%) were ever heard of contraceptive methods. Furthermore, 359 (76.5%) of participants know from where contraceptives are found. In connection to this, majority of participants 180 (44.1%) reported that, contraceptives could be found from government health sector followed by government hospitals 141 (34.6%), pharmacy 127(31%) respectively. The main sources of information to know the contraceptive methods were media 250 (56.4%) and 229 (51.8%) from school, 110(24.8%) family source, 88 (19.9%) friend source the least sources 17(3.8%) were different types of health sectors family guidance association and clinics.

One of the mechanisms of protecting from any kind of STDS including HIV/AIDS and unintended pregnancy is using consistent condom while doing sex. Condom, which is ubiquitous and easy to use, has greater importance in protecting sexually active adolescents from risk sexual behavior. Regarding to respondent of condom utilization 57 (44.9%) of sexually experienced participants used condom in their first sex, 38 (29.9%) of sexually experienced participants used condom consistently. For those who were not using condom consistently the major reasons were: lack of money 36 (40 %) followed by lack of information 25(27.8) and the list cause were fear of side effect (2.2%), and 1(1.1%) were others (multiple responses were possible). (table 8)

Table 7: Condom use contraceptives knowledge and use, behavior of high school adolescents, in Arba Minch SNNPR, March 2014.

Participant Characteristics	Categories	Reported Frequency	
		Total=494	%
Ever heard of contraceptive methods	Yes	390	82.5
	No	83	17.5
Ever know contraceptives found	Yes	359	76.5
	No	83	17.5
Places known where to found contraceptive (with multiple response)	Public sector	180	44.1
	Government hospitals	141	34.6
	Pharmacy	127	31
	Private sector	100	24.5
	Shop	78	19.1
	Others	31	7.6
Sources of information(multiple response)	Mass media	250	56.4
	Schools	229	51.7
	Parents	110	24.8
	Boy/girl friend	88	19.9
	Relatives	53	11.9
	Others	17	3.8
Use condom at first sex	Yes	57	44.9
	No	70	55.1
Use condom constantly	Yes	38	29.9
	No	89	70.1
Reasons for not using condom consistently (multiple response)	Lack of money	36	40.0
	Lack of information(knowledge)	25	27.8
	Cultural taboo	11	12.2
	Believing sex partner	9	10
	Religious case	7	7.8
	Fear of side effect	2	2.2
	Others	1	1.1

5.6. Knowledge about HIV/AIDS and other STIS

Knowledge about sexually transmitted diseases has greater importance to protect adolescents from risk sexual behavior. About 413(87.3%) of participants know about HIV/AIDS. The means selected by participants to protect themselves from HIV/AIDS were; 60.5% of participants abstain from sex, more than 42.4% stayed faithful to their sexual partner, 40.6% use condom and regarding to STIs, 226 (48%) of participants know STIs other than HIV/AIDS. The most known STIs were: syphilis (65.4%), gonorrhoea (59.2%). In connection to this 8.5% of the sexually experienced participants contracted by STIs 57.5% from regular sexual partner, 25.5% from prostitutes, and 15% due to casual sex. (Multiple responses were possible). (Table 9)

Table 8: Knowledge about HIV/AIDS and other STIs in Arba Minch SNNPR, March 2014

Characteristics of participants	Categories	Total =473	(%)
knowledge about HIV/AIDS	Yes	413	87.3
	No	60	12.7
Kind of care taken by participants to be free from HIV/AIDS	Abstain from sex	274	60.5
	Faithful to partner	192	42.4
	Use condom	184	40.6
	Avoid blood transformation	126	27.8
	Avoid casual sex	165	36.4
	Avoid using common hose hold utensils	127	28
	Others	34	7.5
Know ledge about STIs	Yes	226	48
	No	245	52
Ever contracted by STIs	Yes	40	8.5
	No	433	91.5
From whom did you get STI	Sexual partner/partners	23	57.5
	Prostitutes	11	27.5
	Others	5	15.0
Type of STIs participants know	Syphilis	138	65.4
	Gonorrhoea	126	59.2
	Cancroids	74	35.1
	Granule Inguinal	63	30

5.7. Factors associated with risky sexual behavior

In order to identify variables for multivariate analysis, bivariate analysis was performed, and from the variable which were entered to multivariate analysis age, place of residence, substance use, peer pressure influence, sexual discussion with intimate friends and resistance on using condom (self efficacy) were found to have statistically significant association with sexual behavior of adolescents.

The result of this study showed that the prevalence of sexual behavior was decreasing as age increases. Those who are found in age group 13 to 16 are 2 times more likely to engage in risky sexual behavior than age group of 17 to 19 [AOR = 2.35; CI(95%)= 1.09, 5.06]. As to the place of residence, participants those who live in urban area were about 4.4 times more likely to engaged in risky sexual behavior than those was lived in rural area [AOR=4.48; CI =2.35, 8.55]. In addition, sexual discussion with intimate friends was very important factor that showed a statistically significant association with risky sexual behavior. Those who never discuss about sexual relation with intimate friends were about 2.6 times more likely to engage in risky sexual behavior than those who do not discuss [AOR= 2.69; CI (95%) =1.22, 5.93]. Similarly those whose friends were started risky sexual behavior were 2.8 times more likely to engage in risky sexual behavior [AOR=2.797; CI (95%)=1.50, 5.21] and those who do not know their intimate friends sexual status were also 3.3 times more likely to engage in risky sexual behavior [AOR=3.33 CI (95%) =1.649, 6.734]. Regarding substance use like cigarette and alcohol regardless of their frequency there were significant association between substance use and sexual behavior. Those who used substance like cigarette and alcohol drinks were 3.5 times more likely to engaged in risky sexual behavior than those who don't use [AOR=3.52; CI (95%) = 2.58,6.02].

Concerning media influence in relating to pornography movies the participant whether attend these movies or not. The result shows strong association and it is statically significant in multivariate analysis. Those who attained pornography movies were found to be 3 times more likely to engage in risky sexual behavior than who never attend these types of movies [AOR= 3.06; CI(95%)=1.71, 5.47].

Finally the individual decision making were assessed among the participants and those who can't refuse sex without condom were 2 times more likely to engaged in risky sexual behavior

than those who can refuse [AOR 2.01; CI (95%) =1.07, 3.76] and the participants who do not know their status whether they can or cannot refuse sex without condom was found to be 3.2 times more likely to engage in risky sexual behavior [AOR =3.296 CI (95%) = (1.21, 8.95)].

Table 9: Factors associated with risky sexual behavior among adolescents in Arba Minch town, SNNPR.

Risk factors	Categories	Risky sexual behavior of participants		COR	AOR
		Yes (%)	No (%)		
Sex	Male	79(16.7)	143(30.2)	2.33(1.53,3.55)*	0.98(0.54,1.76)
	Female	48(10.1)	203(42.9)	1	1
Age category	13-16	110(23.3)	254(53.7)	2.33(1.33,4.12)*	2.35(1.09,5.06)*
	17-19	17(3.6)	92(13.5)	1	1
Place of residents	Urban	70(14.8)	297(62.8)	4.936(3.11,7.84)*	4.48(2.35,8.55)*
	Rural	57(12.1)	49 (10.4)	1	1
Mothers income	< 500	26(5.5)	54(11.4)	1	1
	500-1000	23(4.9)	56(11.9)	1.17 (0.59,2.3)	1.58(0.59,4.24)
	1001-1500	17(3.6)	42(8.9)	1.19(0.57,2.47)	1.42(0.49,4.13)
	>1500	16(3.4)	53(11.20)	1.59(0.77,3.31)	1.51(0.51,4.44)
	Others	45(9.5)	140(29.7)	1.49(0.84,2.66)	1.94(0.79,4.69)
Father income	<500	13(2.7)	36(7.6)	1	1
	500-1000	23(4.9)	33(7.0)	0.52(0.23,1.19)*	0.79(0.25,2.59)
	1001-1500	17(3.6)	59(12.5)	1.25(0.55,2.88)	1.13(0.34,3.69)
	>1500	38(8.0)	114(24.1)	1.08(0.52,2.25)	0.66(0.22,2.02)
	Others	36(7.6)	104(22)	1.04(0.49,2.18)	1.03(0.36,2.97)

Table 10 continued ...

Risk factors	Categories	Risky sexual behavior		COR	AOR
		Yes (%)	No (%)		
Sexual decisions with friend	Yes	116(24.5)	254(53.7.)	1	1
	No	11(2.3)	92 (19.5)	3.82(1.97,7.41)*	2.689(1.22,5.926)*
Intimate friend sexual had already started sex	No	73(15.4)	56(11.8)	1	1
	Yes	33(7.0)	160(33.8)	6.32(3.79,10.54)	2.797(1.5,5.213)*
	I do no	21(4.4)	130(27.5)	8.07(4.53,14.38)	3.33(1.649,6.734)*
Substance use	Yes	78(16.5)	72(15.1)	4.419(2.832,6.897)	3.52(2.58,6.015)*
	No	49(10.4)	274(57.9)	1	1
Pornography films	Yes	76(16.1)	79(16.7)	5.04(3.26,7.78)*	3.056(1.709,5.465)*
	No	51(10.8)	267(56.4)	1	1
Resistance of pressure	I can	59(12.7)	87(18.4)	1	1
	I can't	57(12.3)	190(40.2)	2.26(1.45,3.512)*	2.01(1.07,3.755)*
	I do no	11(1.9)	69(14.6)	5.29(2.45,11.40)*	3.296(1.21,8.95)*

CHAPTER SIX

6. DISCUSSION

The overall risky sexual behavior of participants were found to be 26.8 %, (35.6% for male and 19.1% for female), the result of this study was very closer to similar study conducted in Jimma at which 26.9% of respondents ever had risky sexual behavior (32.5% of males and 12.7% of Females). And the mean age at first risky sexual behavior was 17.7 ± 2.7 years (36), this similarity may be due both studies are conducted in urban setting. Besides the result of this study were very similar with the national EDHS 2011.

Socio demographic characteristics of participants

The mean age for risky sexual behavior in this study was 15.7 ± 1.6 year and the median age was 16 year. This result is almost similar with the finding of EDHS 2011 and the median age for risky sexual behavior is 16.6 which is similar with study conducted in Eastern Nigeria (31). In the present study, initiation of risky sexual behavior was higher among 13 to 16 age groups than 17 to 19 age groups. This result was inconsistent with studies conducted in southern part of Ethiopia and Sub Saharan Africa (24). The study conducted in Ethiopia revealed that within adolescent age group, as age increases, the prevalence of risky sexual behavior also increases (33). This discrepancy might be attributed by the difference in the study area, thus the current study area is one of the tourist reaching site in the country. This may lead modernization of the adolescents in their early age, but with minimal reproductive health information.

The result of this study also showed that those who lived in urban area were more likely to engage in risky sexual behavior than those who live in rural part, which is inconsistent with EDHS 2011. This difference might be due to in the current study those adolescent students who are from rural areas were not active in communication, social environment and interaction with the urban environment, this attributed to the lower prevalence of risky sexual behavior among them. On the other hand study conducted in the North eastern part of Ethiopia revealed that, equal proportion of sexual behavior between rural and urban adolescents (38). This might be due to high prevalence of harmful traditional practices like early marriage in the Northern part of Ethiopia.

Even though sex of participant's gender difference was not statically significant in this study, the proportion of risky sexual behavior was high in male. This result is in line with other

studies conduct in some parts of sub Saharan Africa and Ethiopia (34–36). Pocket money was also failed to have significant association with adolescent’s sexual behavior. This could be explained as for most of the adolescents’ amount of pocket money is below 100 birr per month this amount of money may not be enough to lead them to risky sexual behavior.

Communication and behavioral factors

Sexual behavior is one of the many areas in which adolescent are influenced by their best friends and peers. The study of this result showed that those adolescents whose intimate friends had started risky sexual behavior were more likely to engage in risky sexual behavior which is supported by others study findings that were conducted in secondary schools of Ethiopia(42), Mombasa and Ghana (23,49). This can be explained as the more encouragement of peers towards these behaviors leads to more curious and eager to know about sex. And similarly adolescents might consider themselves as moody and more modernized when they have sexual activity and thought that they will be recognized and acknowledged among their friends. Moreover, sexual discussion with intimate friends was shown associated with sexual behavior in the current study. Thus, those adolescents who discussed on sexual related issue were less likely to engage in risky sexual behavior. This might be due to expression of feelings and different ideas may create awareness on the reproductive issues among the participants (41, 42).

In this study those who watched pornography movies are more likely to engage in risky sexual behavior than those never watched. This result was consistent with many studies conducted in Jimma (51). It expected that watching pornographic movies will initiate, encourage and aggravate the need for risky sexual behavior among adolescents.

According to the finding of this study, the prevalence of risk sexual behavior is higher among those who use substances like alcohol and others which is consistent with similar study conducted in Nekemte, Jimma and Enugu State of Southeastern Nigeria (36,52). This may be due to that the effect of substance is the same regardless of study area.

In this study pocket money and living arrangement was not statically significant this result is consistent with study conducted others study conducted East Wollega (39), this may be due to the a money adolescent get may not satisfactory to use for other extra purpose beyond basic need and on living arrangements of most parents even if both parents are alive most of them were not educated and economically efficient to satisfied their children needs.

Religiosity this study also inconsistent with other studies (43,44) , this may be in the study area there is more attention given for other like friends, peers and places like entertainment rather than attending religious services.

Socio demographic characteristics of parents

Unlike other studies conducted in sub Saharan Africa (23,45,46), economy of parents was not significantly associated with sexual behaviors this may be due to the fact that the data on income of parents was collected from the response of students. Thus students may not know the exact income of parents so that the data may not show the real situation.

Similarly, educational level had no association with sexual behavior which is inconsistent with other literatures(27). This difference may be attributed to that, since the study is conducted in urban setting the educational status of parents is expected to be in similar levels for all students. This explanation could also be the same for living arrangement.

Employment of both parents do not show significant association with risky sexual behavior (27). This may be related to the fact that the sexual behavior of adolescents may not be affected by employment of parents since most of the students live with their parents their behavior may not show a difference in parental employment status.

Strength of the study

The study has been done on a representative sample from all school with eligible adolescents; since it was institution based study it has resulted valuable and generalized finding per objectives of the study. The topic has operational and public health important. In this study probability sampling technique was used beside during data collection time all staff member were excluded during data collection time

In order not to interrupt their education time, data collection was conducted in different sessions (morning and afternoon).

Limitation

The study topic by itself assesses personal and sensitive issues related to sexuality which might have caused underreporting of some behaviors. Thus, the finding of this study should be interpreted with this limitation.

CHAPTER SEVEN

7. CONCLUSION AND RECOMMENDATION

7.1. Conclusion

The main objective of this study was to assess the prevalence of risky sexual behavior among high school adolescents and its associated factors in Arbaminch town, SNNPR.

Though, the prevalence of risky sexual behavior comparable with the national figure and other related literatures, still it is a major public health problem in study area. As seen from the results the prevalence of risk sexual behavior such as having multiple sexual partner, sexual practice without condom and sex under influence of substance use was high.

Many factors operating at the individual, parental and societal levels were found to be relating to sexual behavior of adolescents. Age, substance use, place of residence, friend-adolescent communication, peer pressure, substance use, the sexual status of peer and the exposure to pornography movies are associated with sexual behavior of adolescents.

Socio demographic factors like economic factor of parents, parent adolescent relationship, amount of pocket money, sources of pocket money, living arrangement and sex was not directly associated on sexual behaviors of adolescents.

7.2. Recommendation

For Education Office and High School and.

- Schools should focus on promoting peer educators and way of peer discussion especially during early adolescent's age group.
- Education office should prepare and implement curriculum of sexual education as one subject starting from lower primary school.

City Administration and other Stakeholders

- Stake holders should prepare and strengthen mechanism to control illegal films centers, and the place of drug/substance using places and formulating and implementing law.
- Should work in collaboration with health sectors, families for creating educated, self confident and healthy generation who take responsibility for them self and for their country with in all young and older adolescents and who are protected from bad habits among all citizen.
- Health education on the potential risk outcome of substance use, to given by the different organized body, government and other concerned organizations.

REFERENCES

1. WHO/UNFPA/UNICEF. Programming for adolescent health and development. WHO. 1999;
2. Factors Promoting Risky Sexual Behavior of High School Adolescents in Dessie Town, Amhara Regional State. Addis Ababa University; 2008.
3. Schwarz SW. Adolescent Reproductive and Sexual Health Facts for Policymakers. promoting the sexual reproductive health,WHO. 2010.
4. Crockett LJ, Raffaelli M, Moilanen KL, Raff M. Adolescent Sexuality : Behavior and Meaning Adolescent Sexuality : Behavior and Meaning. 2003;371–92.
5. Kirby D, Short L, Collins J, Rugg D, Kolbe L, Howard M, et al. School-Based Programs to Reduce Sexual Risk Behaviors : A Review of Effectiveness. 1994;109(3).
6. CDC. Youth Risk Behavior Surveillance-United States,. 2010;59(SS-5).
7. Mwinga AM. Factors Contributing to unsafe sex among teenagers in the secondary school of Botswana. University of south Africa; 2012.
8. UN, Unicef. Adolescence An Age of Opportunity. 2011.
9. PRB. World’s Youth Data Sheet. Washington, D.C. 2008;
10. Frankel AS. Predictors of Adolescent Sexual Intentions and Behavior : Attitudes , Parenting , and Neighborhood Risk. Florida international University; 2012.
11. UNAIDS. global and regional statistics. 2013;9–11.
12. UNAIDS Report on the global AIDS epidemic. 2012.
13. WHO. Adolescent pregnancy: a culturally complex issue. 2013;87(6):405–84.
14. WHO. Maternal, newborn, child and adolescent health. 2013.
15. Encyclopedia. Live births by age of mother and sex of child, general and age-specific fertility rates. 2010.
16. WHO. preventing early pregnancy and poor reproductive outcomes among adolescents in developing countries. WHO Geneva. 2011;(March):16–9.
17. Family health. Heal Dev. 2006;
18. Amare M. Institute of population study. 2008;(July):11.

19. MOH. Adolescent and Youth Reproductive Health of Ethiopia. 2008.
20. CDC. Surveillance Report. 2000;12(2).
21. Sieving RE, Oliphant JA, Blum RW. Adolescent Sexual Behavior, America. *Acad Pediatr*. 2013;23(12).
22. Kaiser Family. Sexual Health of Adolescents and Young Adults in the United States. 2013;(650):10–1.
23. Family , Peer and Protective factors related to sex behavior among urban adolescents in secondary schools in Mombasa. 2013;1(5):1–16.
24. Bankole A, Ahmed FH, Neema S, Ouedraogo C, Konyani S. Knowledge of correct condom use and consistency of use among adolescents in four countries in Sub-Saharan Africa *Connaissance*. 2007;11(3).
25. Doyle AM, Mavedzenge SN, Plummer ML, Ross DA. The sexual behavior of adolescents in sub-Saharan Africa : patterns and trends from national surveys. 2012;17(7):796–807.
26. Girma B, Assefa D, Tushunie K. Determinants of condom use among Agaro High School students using behavioral models. *Heal Dev*. 2004;18(1):25–30.
27. Abateneh E. Parental Characteristics and Adolescents Sexual Behaviors In Gambella Town, Gambella. 2011;
28. NASW. Parents, Peers, and Pressures: Identifying the Influences on Responsible Sexual Decision-Making. 2013;2(2).
29. Aserat A. Assessment of sexual risk behaviors of in-school youth: effect of living arrangement of students; West Gojam zone, Amhara regional state, Ethiopia. 2009.
30. UNFPA and Population Reference Bureau. Adolescents and young people in Sub Saharan Africa Opportunities and Challenges. 2012;
31. Ajuwon AJ, Olaleye A, Faromoku B, Ladipo O. Sexual behavior and experience of sexual coercion among secondary school students in three states in North Eastern Nigeria. 2008;10:1–10.
32. Agency CS. Ethiopia Demographic and Health Survey. ICF International Calverton, Maryland, USA. 2012.
33. Alemayehu T, Haider J, Habte D. Determinants of adolescent fertility in Ethiopia. *Ethiop J Heal Dev*. 2010;24(1).

34. Ann Biddlecom KA-A and AB. Role of Parents in Adolescent Sexual Activity And Contraceptive Use in Four African Countries. 2009;35(2).
35. Manuscript A. Household and community income, economic shocks and risky sexual behavior of young adults: 2008;21(Suppl):1–12.
36. Tura G, Alemseged F, Dejene S. Risky sexual behavior and predisposing factors among students. 2012;22(3):170–80.
37. Parent-young people communication about sexual and reproductive health in E/Wollega zone, West Ethiopia. RH. 2012;9(13).
38. Mazengia F, Worku A. Age at sexual initiation and factors associated with it among youths in North East Ethiopia. HDev. 2009;23(2).
39. Oljira L, Berhane Y, Worku A. Pre-marital sexual debut and its associated factors among in-school adolescents. 2012;12(375).
40. UNICEF U. pregnancy challenges in southern Africa in the era of HIV Evidence supporting issues. 2010;
41. Nwokocha ARC, Ibe BC, Anglais AE. Social Factors Predisposing Nigerian Adolescents in Enugu to STI. 2012;2:186–92.
42. Kebede D, Alem A, Mitike G, Enquselassie F, Berhane F, Abebe Y, et al. out-of-school youth in Ethiopia. 2005;54:1–8.
43. Abebe M, Tsion A, Netsanet F. Living with parents and risky sexual behaviors among preparatory school students in Jimma zone, South west Ethiopia. Afr Health Sci. 2013 Jun;13(2):498–506.
44. Zelalem Alamrew, Melkamu Bedimo MA. Risky Sexual Practices and Associated Factors for HIV/AIDS Infection among Private College Students in Bahir Dar City. Hindawipublishing Corp. 2013;
45. Cherie A, Berhane Y. Peer Pressure Is the Prime Driver of Risky Sexual Behaviors among School Adolescents in Addis Ababa , Ethiopia. World J AIDS. 2012;2(3):159–64.
46. Kumi-kyereme A, Biddlecom KAA, Tanle A. Influence of social connectedness , communication and monitoring on adolescent sexual activity in Ghana. Africa Reprod Heal. 2007;11(3):133–47.
47. Sieverding JA, Adler N, Witt S EJ. The influence of parental monitoring on adolescent sexual initiation. 2005;159(8):724–9.

48. Kirby D, Ph D, Lepore G. Sexual Risk and Protective Factors. 2007.
49. Kumi-Kyereme A, Awusabo-Asare K, Biddlecom A, Tanle A. Influence of social connectedness, communication and monitoring on adolescent sexual activity in Ghana. *Afr J Reprod Health*. 2007 Dec;11(3):133–49.
50. Engle KLL, Ph D, Brown JD, Kenneavy K. The mass media are an important context for adolescents ' sexual behavior. *Adolesc Heal*. 2006;38:186–92.
51. Paper W, Collins RL, Martino SC, Shaw R. Influence of New Media on Adolescent Sexual Health : Evidence and Opportunities. 2005.
52. Assefa Seme DW. premarital sexual practice among School Adolescent. *Ethiop J Heal Dev*. Nekemet,East Wollega; 2008;22(2):167–73.

ANNEXES

Annexe1: Survey Instruments

COLLEGE OF PUBLIC HEALTH AND MEDICAL SCIENCES

DEPARTMENT OF EPIDEMIOLOGY

Informed Consent agreement

Dear student,

This study is proposed to assess risky sexual behaviors and factors related to it among high school adolescents here in Arbaminch town, and you are chosen to participate in this study.

The study will involve various intimate and private life questions. In order to effectively attain the objective we are asking your help. Here is a questionnaire for you to complete and there is no need to put your name on the questionnaire. Your answers are completely confidential. It is your full right to refuse to answer any or all of the questions. However, your honest answers to these questions will help us in better understanding of what people think, say and do about certain child sexual behaviors, so; we request your truthful and keen participation.

Would you willing to participate?

_____ Yes, I want to participate in the study.

_____ No, I don't participate in the study.

(Thank you very much!)

Annex 2: Questionnaire

Questionnaire code _____

School type in accordance with ownership: public Private

Part1: Demographic and Socio-economic Characteristics of Participants			
No.	Questions Coding	Category	Skip
101	Sex	1) Male 2) Female	
102	How old are you		
103	What is your grade level?	1) grad9 2) grad10 3) grad 11 4) grad 12	
104	Are your parents alive	1) Yes 2) One of them alive a. father b) mother 3) Both of them not alive 4) Divorced	
105	Usual residence (kebele)	1. Urban 2. Rural	
106	With whom are you living now?	1) Both biological parents 2) One parent 3) Alone /rental house 4) Relatives 5) Boy/girl friend 6) Other, Specify----	
107	What is your religion	1) Orthodox 2) Muslim 3) protestant 4) catholic 5) others-----	
108	How many times do you visit religious service	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	What is your ethnicity	1) Gammo 2) Wolayeta 3) Konso 4) Goffa 5) Amhara 6) others specify-----	
110	What is your source of pocket money?	1) Parents 2) Sponsors 3) Friends 4) Others, specify-----	
111	How much amount of pocket money do you get per month?	1) I haven't 2) Below birr 50 2) 50-100 birr 3) 101-200 birr 4) 201-300 birr 5) Above 301 birr	

Part 2 family socio demography			
No.	Questions Coding	Category	Skip
201	What is the highest level of education your mother Obtained?	1) Illiterate 2) 1-8 3) 9-12 4) Some vocational school or colleague level 5) Other, specify-----	
202	What is your mother employment	1) Government 2) employee 3) merchant 4) farmer 5) day labourer 6) other ,specify_____	
203	What is the highest level of education your father Obtained?	1) Illiterate 2) Read and write 3) 1-8 4) 9-12 5) Some vocational school or colleague level 6) Other, specify-----	
204	What is your father employment	1) Government 2) employee 3) merchant 4) farmer 5) day labourer 6) other ,specify_____	
205	How much is your father monthlyIncome? (In birr)	1) <500 2) 500-1000 3) 1500 -2000 4) 2000-2500 5) >2500 6) I don't know	
206	How much is your mother monthlyIncome? (In birr)	1) <500 2) 500-1000 3) 1500 -2000 4) 2000-2500 5) >2500 6) I don't know	
207	How easy did you find it to talk with your mother about anything that is important for you?	1) Very easy 2) Easy 3) Difficult 4) Very difficult 5) Others specify.....	
208	How often did you discuss sex	1) Often	

	related issues with your mother or female guardian?	<ul style="list-style-type: none"> 2) Occasionally 3) Never 4) Others, specify 	
209	How easy did you find it to talk with your Father about Anything that is important for you?	<ul style="list-style-type: none"> 1) Very easy 2) Easy 3) Difficult 4) Very difficult 5) Others specify..... 	
210	How often did you discuss sex related issues with your Father or male guardian?	<ul style="list-style-type: none"> 1) Every time when discussion is necessary 2) Occasionally 3) Never 4) Others, specify----- 	
212	What was the reason for not discussing Sexual issues with your parents? (More than one possible answer)	<ul style="list-style-type: none"> 1) I am afraid to talk with them about these issue 2) I prefer to talk with someone else 3) I am not interested in discussing these issues 4) This topic irritate them 5) Other, specify----- 	

Information on household characteristics				
	Does this household currently have any of the following items?	1.yes	amount	0.No
	Private house?			
	Rent house?			
	Shared house?			
	Functioning radio			
	Functioning television			
	Functioning tape recorder/CD player?			
	Kerosene stove?			
	Gas stove?			
	Electric stove?			
	Electric mitad			
	Mobile phone?			
	Fixed phone line?			
	Sofa?			
	Bed?			
	Bicycle?			
	Motor cycle?			
	Car/ truck?			
	Spring mattress?			
	Foam mattress?			
	Grass mattress?			
	Chair?			
	Table?			
	Refrigerator?			

Part3: Sexual behavior			
No	Question	Category coding	Skip
301	Have you ever had risky sexual behavior?	1) Yes 2) No	If2---to311
302	How old were you when you had risky sexual behavior for the first time?	(Age in completed year)? -----	
303	With who have you had risky sexual behavior for the first time?	1) Boy/girl friend 2) commercial sex worker 3) Casual 4) Other, specify-----	
304	On what circumstance your first risky sexual behavior was conducted?	1) Willingly 2) Forced 3) Persuaded 4) Other, specify-----	
305	During your life, with how many people have you had risky sexual behavior?	1) Only one 2) Two 3) Three 4) Four and More	
306	During the past 3 months, with how many people did you have risky sexual behavior?	1) I have had risky sexual behavior, but not during the past 3 months 2) 1 person 3) 2 people 4) 3 people 5) 4 or more person	
307	Have you had sex in past one year	1 yes 2 No	
308	What was the reason to have multiple sexual partner	1) Sexual desire 2) Peer pressure 3) curiosity 4) to get income of money 5) others specify	
309	Have you ever been pregnant?	(girls only) 1) Yes 2)No	

310	Have you ever impregnated?	(boys only) 1)Yes 2)No	
311	What was the outcome of pregnancy?	1) Currently pregnant 2) Abortion 3) Live birth 4) Others specify.....	
312	What was your main reason for that you never Had risky sexual behavior?	1) Fear of HIV/AIDS and other STIs 2) Fear of pregnancy 3) Fear of parents 4) Religious reason 5) Wants to wait until marriage 6) Other, specify-----	

Part 4: Contraceptive use and knowledge			
No	Question	Category code	Skip
401	Have you ever heard of contraceptive Methods?	1) Yes 2) No	
402	What was the source of your information about contraceptive methods?(more than one possible answers)	Use 'X' sign 1) School ----- 2) Mass media ----- 3) Parents ----- 4) Boy/girl friend ----- 5) Relatives ----- 6) Other, specify -----	
403	Which modern contraceptive method do you know? (more than one possible answers)	Use 'X' sign 1) Condom ----- 2) Pill ----- 3) IUD ----- 4) Inject able ----- 5) Sterilization ----- 6) Other, specify-----	
404.	Do you know where you get contraceptive?	1) Yes 2) No	
405	From where you get the	Use 'X' sign	

	contraceptive/s method you want? (more than one possible answers)	1) Shop ----- 2) Pharmacies ----- 3) Private health sector ----- 4) Public health sector ----- 5) Government hospital/health centre ----- 6) Other, specify-----	
406	Have you ever used any Contraceptive method?(for female only)	1) Yes 2) No	
407	Have you ever used any Contraceptive method?(for female only)	1) Yes 2) No	
408	If yes, what method/s you use? (more than one possible answers)	Use 'X' sign 1) Safe period ----- 2) Withdrawal ----- 3) Condom ----- 4) Pill ----- 5) Inject able ----- 6) Other, specify-----	
409	Did you use condom in your first Sex?	1) Yes 2) No 3) Do not remember	
410	Do you use condom every time you had sex?	1) Yes 2) No 3) Do not remember	
411	What was your reason for not Using condom consistently? (more than one possible answers)	Use 'X' sign 1) Lack of information----- 2)lack of money 3) Cultural taboo ----- 4) Religious case ----- 5) Fear of side effect ----- 6) Other, specify -----	

Part 5: Knowledge about HIV/ AIDS			
No	Questions	Coding Category	Skip
501	What do you understand by 'safe sex'? (More than one possible answers)	Use 'X' sign 1) Abstain from sex ----- 2) Using condom ----- 3) Avoiding multiple sexual partner 4) Avoiding sex with people who have multiple partner 5) Asking partner to be tested ---- 6) Other, specify-----	
502	Do you know about HIV/ AIDS	1) Yes 2) No 3) No response	
503	What kind of care are you taking so as not to be infected /contracted with HIV/AIDS? (More than one possible answers)	Use 'X' sign 1) Abstinence ----- 2) Stay faithful to partner ---- 3) Use of condom ----- during risky sexual behavior 4) Avoid blood transfusion----- 5) Avoid casual sex ----- 6) Avoid common utensils 7) Other, specify-----	
504	Do you know STDs other than AIDS?	1) Yes 2) No 3) No response	
505	If yes, please specify those STDs that you know?	-----	
506	Have you ever had contracted by any STDs?	1) Yes 2) No 3) Do not remember	
507	If yes, from where do you believe that you get it?	1) sexual partner 2) commercial sex worker 3) Other, specify----- 4) Do not remember	
508	Have you ever been tested for HIV, the virus that causes AIDS?	1) Yes 2) No 3) Not sure	
509	What was your HIV test result	1) Positive 2) negative 3) I don't remember 4) it is secret	

Eee

Part 6: associated factors			
No	Question	Code category	Skip
601	How often did you discuss sex related issues with friends?	1) Often 2) Occasionally when needed 3) Never 4) Others specify.....	
602	Have your intimate friend already Started risky sexual behavior?	1) Yes 2) No 3) I Don't know	
603	Have you ever tested any type of substance (like Chat, Cigarette, tella, tej, areki, beer etc...)	1) Yes 2) No	
604	Which type of substance do you use? (more than one possible answers)	Use 'X' sign 1) Chat ----- 2) Cigarette ----- 3) Alcoholic drinks (areki, beer, tej, tella, etc)----- 4) Other, specify-----	
605	How frequent are you taking substances?(for each substances you use choose the amount from given interval)	1) Regularly 2) Once or more in a week 3) Once or more in a month 4) Some times a) Chat ----- b) Cigarette ----- c) Alcoholic drinks (areki, beer, tej, tella, etc)- d) Other, specify-----	
606	Have you ever committed risky sexual behavior under the influence of the substance you used?	1) Yes 2) No	
607	Do you attend Video, movies or other entertainment Programs?	1) Yes 2) No	
608	Have you ever watch pornography movies	1) Yes 2) No	
609	Can you be able to refuse sex if your partner does not want to use condom?	1) Definitely could not 2) Probably could not 3) Probably could 4) Definitely could 5) Do not know	

THANK YOU FOR YOUR CONSIDERATION!

ጅምዩኒቨርሲቲ

የህብረተሰብጤናእናሕክምናሳይንስኮሌጅ

የኢፐዲዮሎጂትምህርትክፍል

የስምምነትፎርም

ውድ ተማሪ

ይህ ጥናት ጥንቃቄ የጎደለው(ልቅ) የግብረ ስጋ ግንኙነት እና መንስኤዎቹ ላይ ያተኩራል። ጥናቱ ያንተ/ቺን የግል ህይወት የሚመለከቱ ጥያቄዎችን ያካተተ ሲሆን፡ የጥናቱን ዋነኛ አላማ ከአስፈላጊው ግብ ለማድረስ ያንተ/ቺ ተሳትፎ እጅግ አስፈላጊ በመሆኑ ያንተን/ቺን ትብብር እጠይቃለሁ። እንደትሞላ/ይ የሚሰጥህ/ሽ ጥያቄ ላይ ማንነትህ/ሽን የሚገልጽ መረጃ አይኖርም በተጨማሪም የምትሰጠው/ጪው መልስ ሚስጥራዊ ነው አላማውም ለሳይንሳዊ ጥናት ብቻ ነው።ጥያቄዎችን በከፊል ወይም በሙሉ ያለመመለስ መብት አለህ/ሽ።በመሆኑም በታማኝነትና በቅንነት የምትሰጠው/ጪው ምላሾች ስለሚጠናዉ ጉዳይ ጠቃሚ የሆኑ መረጃዎችን ስለሚሰጥ አስፈላጊውን ትብብር እንድታደርግልን/ረልን ስል በትህትና እጠይቃለሁ።

1-----አዎበጥናቱ ላይ መሳተፍ እፈልጋለሁ።

2-----አይበጥናቱ ላይ መሳተፍ አልፈልግም።

የአማርኛ ቃለመጠይቅ

የመጠይቁ ቁጥር _____

ትምህርት ቤቱ ስም.....

የመንግስት ት/ቤት

የግል ት/ቤት

ክፍል አንድ: የቤተሰብ ማህበራዊና ኢኮኖሚያዊ ሁኔታዎች			
ተ.ቁ	መጠይቅ	መልስ	ይለፍ
101	ጾታ	1) ወንድ 2) ሴት	
102	እድሜ	-----	
103	ትምህርት ደረጃ	1) 9ኛ ክፍል 2) 10ኛ ክፍል 3) 11ኛ ክፍል 4) 12ኛ ክፍል	
104	በወላጆችህ በህይወት አሉ	1) አዎ 2) ከሁለት አንዱ በህይወት አሉ ሀ. እናት ለ. አባት 3) ሁለቱም በህይወት የሉም 4) ተፋተዋል	
105	ቀበሌ (ቋሚ መኖሪያ ስፍራ)	1. ከተማ 2. ገጠር	
106	ከማን ጋር ነው የምትኖረው/ሪው	1) ከእናትና ከአባቱ ጋር 2) ከሁለት (ከእናት-ቴዎድሮስ ከአባቱ) አንዳቸው ጋር 3) ብቻዬን/ተከራይቼ 4) ከዘመዶቼ ጋር 5) ከወንድ/ከሴት ጓደኛዬ ጋር 6) ሌላ ካለ ግለፅ/ኛ.....	
107	ሀይማኖት	1) ኦርቶዶክስ 2) ሙስሊም 3) ፕሮቴስታንት 4) ካቶሊክ 5) ሌላ	
108	የሀይማኖትህ/ሽ ቦታ ምን ያህል ጊዜ ትሄዳለህ/ሽ	1) በየዕለቱ 2) ቢያንስ በሳምንት አንዴ 3) ቢያንስ በወር አንዴ 4) ቢያንስ በአመት አንዴ 5) በፍጹም ሄጄ አላውቅም	

109	ብሄር	<ol style="list-style-type: none"> 1) ጋሞ 2) ወለይታ 3) ኮንሶ 4) ጎፋ 5) አማራ 6) ሌላ ይጠቀስ----- 	
110	የኪስ ገንዘብ የምታገኘው/ኛው ክፍት ነው	<ol style="list-style-type: none"> 1) ከቤተሰቦቹ 2) ከድጋፍ ሰጪ አካላት 3) ከጓደኞቹ 4) ሌላ ይጠቀስ----- 	
111	በወር ውስጥ ምን ያህል የኪስ ገንዘብ ታገኛለህ/ሽ	<ol style="list-style-type: none"> 1) ምንም አላገኝም 2) ከ 50 ብር በታች 3) 50-100 ብር 4) 101-200 ብር 5) 201-300 ብር 6) ከ300ብር በላይ 	

ክፍልሁለት: የቤተሰብ ማህበራዊና ኢኮኖሚያዊ ሁኔታዎች:			
ተ.ቁ	መጠይቅ	መልስ	ይለፍ
201	የእናት የትምህርት ደረጃ	<ol style="list-style-type: none"> 1) ያልተማረች/ፊደል ያልቆጠረች/ 2) ከ1-8 ክፍል 3) ከ9-12ኛ ክፍል 4) ኮሌጅ እና ከዚያ በላይ 5) ሌላ ግለጽ/ጪ 	
202	የእናት የስራ አይነት	<ol style="list-style-type: none"> 1) የመንግስት ድርጅት ተቀጣሪ 2) መንግስታዊ ያልሆነ ድርጅት ተቀጣሪ 3) ነጋዴ 4) ግብርና/እርሻ 5) የቀን ሰራተኛ 6) ሌላ ግለጽ/ጪ 	
203	የአባት የትምህርት ደረጃ	<ol style="list-style-type: none"> 1) ያልተማረ 2) ከ1-8 ክፍል 3) ከ9-12ኛ ክፍል 4) ኮሌጅ እና ከዚያ በላይ 5) ሌላ ግለጽ/ጪ 	

204	የአባት የሥራ አይነት	<ol style="list-style-type: none"> 1) የመንግስት ድርጅት-ተቀጣሪ 2) መንግስታዊ ያልሆነ ድርጅት-ተቀጣሪ 3) ነጋዴ 4) ግብርና/እርሻ 5) የቀን ሰራተኛ 6) ሌላ ግለጽ/ጭ 	
205	የእናት-ወርሃዊ ገቢ	<ol style="list-style-type: none"> 1) ከ500 ብር በታች 2) ከ500-100 ብር 3) ከ1001-1500 ብር 4) ከ1500 ብር በላይ 5) አይታወቅም 	
206	የአባት ወርሃዊ ገቢ	<ol style="list-style-type: none"> 1) ከ500 ብር በታች 2) ከ500-100 ብር 3) ከ1001-1500 ብር 4) ከ1500 ብር በላይ 5) አይታወቅም 	
207	ስለሚያስፈልግህ/ሽ ማንኛውም ጉዳይ ከ እናት-ሽ ጋር መወያየት ምን ያህል ይቀልጃል/ሻል	<ol style="list-style-type: none"> 1) በጣም ቀላል 2) ቀላል 3) ከባድ 4) በጣም ከባድ 5) ሌላ ግለጽ/ጭ 	
208	ምን ያህል ግዜ ስለጸታዊ ነክ ጉዳይ ከእናት-ህ/ሽ ወይም ከሴት አሳዳጊህ/ሽ ጋር ተነጋግራችሁ ታውቃላችሁ	<ol style="list-style-type: none"> 1) አስፈላጊ በሆነ ጊዜ ሁሉ 2) አንዳንድ ግዜ 3) በጭራሽ አናወራም 4) ሌላ ግለጽ/ጭ----- 	
209	ስለሚያስፈልግህ/ሽ ማንኛውም ጉዳይ ከአባት-ህ/ሽ ጋር መወያየት ምን ያህል ይቀልጃል/ሻል	<ol style="list-style-type: none"> 1) በጣም ቀላል 2) ቀላል 3) ከባድ 4) በጣም ከባድ 5) ሌላ ግለጽ/ጭ----- 	
210	ምን ያህል ግዜ ስለጸታዊ ነክ ጉዳይ ከእናት-ህ/ሽ ወይም ከሴት አሳዳጊህ/ሽ ጋር ተነጋግራችሁ ታውቃላችሁ	<ol style="list-style-type: none"> 1) አስፈላጊ በሆነ ጊዜ ሁሉ 2) አንዳንድ ግዜ 3) በጭራሽ አናወራም 4) ሌላ ግለጽ/ጭ----- 	
211	ስለጸታዊ ነክ ጉዳይ ከአባት-ህ/ሽ ወይም ከወንድ አሳዳጊህ/ሽ ጋር ተነጋግራችሁ ታውቃላችሁ	<ol style="list-style-type: none"> 1) አዎ 2) አይ 	

212	ስለ ጸታዊ ጉዳይ ከቤተሰቦችህ/ሽ ጋር ያልተወያየችሁበት ምክንያት (ከአንድ በላይ መልስ መስጠት ይቻላል)	የX ምልክት ተጠቀም/ሚ 1) ስለዚህ ጉዳይ ከቤተሰቦቼ ጋር መወያየት ስለምፈራ---- 2) ከሌላ ሰው ጋር ማውራት ይኻልላኛል----- 3) ስለዚህ ጉዳይ ማውራት አልፈልግም----- 4) ስለዚህ ጉዳይ ማውራት ያስቆጣቸዋል----- 5) ሌላ ምክንያት አብራሩ-----	
-----	--	--	--

ቤቱ ከታች የተጠቀሱትን ቁሳቁሶች ያካትታል	1. አዎ	ብዛት	0. የለም
የግል ቤት			
ኪራይ ቤት			
የጋራ ቤት			
የሚሰራ ሬዲዮን			
የሚሰራ ቴሌቭዥን			
የሚሰራ ቴፕ ሪከርደር/ሲዲ ማጫወቻ			
የክሰል ማንደጃ			
የጋዝ ማንደጃ			
የኤሌክትሪክ ማንደጃ			
ተንቀሳቃሽ ስልክ			
መደበኛ ስልክ			
ሶፋ			
አልጋ			

ሳይክል			
ሞተር ሳይክል			
የቤት መኪና/የጭነት			
ስፕሪንግ ፍራሽ			
የስፖርት ፍራሽ			
የሳር ፍራሽ			
ወንበር			
ጠረጴዛ			
ፍሪጅ			
ሞተር ሳይክል			

ክፍል ሶስት ስለስነ-ፆታ			
ተ.ቁ	መጠይቅ	መልስ	ይለፍ
301	የግብረሰጋ ግንኙነት ፈጸመህ/ሽ ታውቃለህ/ያለሽ	1) አዎ 2) አይ	2----- ወደ311
302	የግብረሰጋ ግንኙነት ለመጀመሪያ ጊዜ ስትፈጽም/ሚ እድሜክ/ሽ ስንት ነበር	-----	
303	የግብረሰጋ ግንኙነት ለመጀመሪያ ጊዜ ከማን ጋር ፈፀምክ/ሽ	1) ከፍቅረኛዬ ጋር 2) ከቡና ቤት ሰራተኛ ጋር 3) በአጋጣሚ ካገኛሁት ሰው ጋር 4) ሌላ ይግለፅ/ጭ-----	
304	የግብረሰጋ ግንኙነቱን የፈጸምክበት/ሽበት ሁኔታ	1) በፍቃዳኝነት 2) ተገድጄ 3) አሳምነውኝ/ተታልዬ/ 4) ሌላ ይግለፅ/ጭ-----	
305	ከምን ያህል ሰዎች ጋር የግብረሰጋ ግንኙነት አድርገህል/ሻል	1) ከአንድ ሰው 2) ከሁለት ሰው 3) ከሶስት እና ከዛ በላይ	
306	ባላፈው 3 ወር ውስጥ ከምን ያህል ሰዎች ጋር ጸታዊ ግንኙነት አድርገህል/ሻል	1) ግንኙነት አድርጌ አውቃለው ግን በዚህ 3 ወር ጊዜ ውስጥ አልፈጸምኩም 2) ከአንድ ሰው 3) ከሁለት ሰው 4) ከሶስት እና ከዛ በላይ	

307	ብዙ ንደኛ እንዲኖርህ/ሽ ያደረገው ምክንያቱ ምንድነው	1) ግንኙነት የማድረግ ፍላጎት ስላለኝ 2) የንደኞቼ ተፅዕኖ 3) ለማወቅ ካለኝ ጉጉት 4) ገንዘብ ለማግኘት 5) ሌላ ግለፅ/ጭ-----	
308	አርግዘሽ ታውቂያለሽ	ለሴት ተማሪ ብቻ 1) አዎ 2) አይ	
309	አስረግዘህ ታውቃለህ	ለወንድ ተማሪ ብቻ 1) አዎ 2) አይ	
310	የእርግዝናው ውጤት ምን ነበር	1) አሁንም እርግዝናው አለ 2) እንዲወርድ ተደረገ 3) በህይወት ተወለደ 4) ሌላ ግለፅ/ጭ-----	
311	ያታዊ ግንኙነት ያልፈጸምክበት/ሽበት ምክንያቱ ምንድነው	1) ኤች.አይ.ቪ/ኤድስ እና አባላዘር በሽታዎችን በመፍራት 2) እርግዝናን በመፍራት 3) ቤተሰቦቼን በመፍራት 4) በህይወጥነት ምክንያት 5) ከጋብቻ በፊት ማድረግ ስለማልፈልግ 6) ሌላ ግለጽ/ጪ-----	

የእርግዝና መከላከያ ዘዴዎች ግንዛቤ እና አጠቃቀም			
ተ.ቁ	መጠይቅ	መልስ	ይለፍ
401	ስለ እርግዝና መከላከያ ዘዴዎች ሰምተክ/ሽ ታውቃለህ/ያለሽ	1) አዎ 2) አይ	2---- ወደ406
402	ስለ እርግዝና መከላከያ ዘዴዎች መረጃውን ከየት ነው ያገኘሽ/ሀው (ከአንድ በላይ መልስ ይቻላል)	የX ምልክት ተመቀም/ሚ 1) ት/ት ቤት----- 2) መገናኛ ጣቢያዎች--- 3) ከቤተሰብ-----	
ተ.ቁ	መጠይቅ	መልስ	ይለፍ
		4) ከወንድ/ከሴት ጓደኛዬ- 5) ከዘመዶቼ----- 6) ሌላ ግለጽ/ጪ	
403	ከዘመናዊ የእርግዝና መከላከያ ዘዴዎች ውስጥ የቱን ታውቃለህ/ያለሽ	የX ምልክት ተመቀም/ሚ 1) ኮንዶም 2) ኪኒን 3) በማህፀን ውስጥ የሚገባውን 4) በመርፌ የሚሰጠውን 5) ቋሚ የእርግዝና መከላከያ 6) ሌላ ግለጽ/ጪ	
404	የእርግዝና መከላከያ ዘዴዎች ከየት እንደሚገኝ ታወቂያለህ/ሽ	1) አዎ 2) አይ	
405	የምትፈልገውን የእርግዝና መከላከያ ከየት ነው የምታገኘው/ኒው	1) ከሱቅ 2) ከፋርማሲ 3) ከግል ጤና ተቋም 4) ከመንግስት ጤና ተቋም 5) ከመንግስት ሆስፒታል 6) ሌላ ግለጽ/ጪ	
406	የእርግዝና መከላከያ ተጠቅመህ/ሽ ታውቃለህ/ሽ	1) አዎ 2) አይ	2--- ወደ408
407	የእርግዝና መከላከያ ተጠቅመህ/ሽ ካወቅህ/ሽ የትኛውን መንገድ	1) ካላንደር ቀን /ቆጠራ-ስልት 2) የወንዱን ዘር ማፍሰስ 3) ኪኒን 4) በመርፌ የሚሰጠውን 5) ሌላ ግለጽ/ጪ	
408	የመጀመሪያ ግንኙነት ስታደርግ/ጊ ኮንዶም ተጠቅመህ/ሻል	1) አዎ 2) አይ	2--- ወደ410
409	ግንኙነት ስታደርግ/ጊ ኮንዶም ሁልጊዜ ትጠቀማለህ/ያለሽ	1) አዎ 2) አይ 3) አላስታውስም	
410	ኮንዶም ሁልጊዜ የማትጠቀምበት/ሚበት ምክንያት	1) ከመረጃ እጥረት 2) ገንዘብ እጥረት 3) የባህል ተፅዕኖ 4) ሀይማኖት 5) ተጓዳኝ ችግሮችን በመፍራት 6) ሌላ ግለጽ/ጪ	

501	ስለ ልቅያልሆነ የግብረሰጋ ግንኙነት ምን ያውቃል (ከአንድ በላይ መልስ መስጠት ይቻላል)	የ 'X' ምልክት ይጠቀሙ 1) መታቀብ----- 2) ኮንዶም መጠቀም----- 3) ከአንድ በላይ የጾታ ጓደኝነትን ማስወገድ/መወሰን/----- 4) ከአንድ በላይ የጾታ ጓደኛ ካላቸው ሰዎች ጋር ግብረሰጋ ግንኙነት አለመፈጸም----- 5) የጾታ ጓደኛን እንዲመረመር በማድረግ---	
502	ስለ ኤች.አይቪ/ኤድስ ታውቂያለህ/ሽ	1) አዎ 2) አይ	2---504
503	በኤች.አይቪ/ኤድስ እንዳትያዝ/ገር ምን አይነት ጥንቃቄ ትወስዳለህ/ያለሽ (ከአንድ በላይ መልስ መስጠት ይቻላል)	የX ምልክት ተጠቀም/ሚ 1) በመታቀብ----- 2) ለጓደኛዬ በመታመን----- 3) ግንኙነት ሳደርግ ኮንዶም በመጠቀም--- 4) ከደም ልገሳ እና ንክኪ በመጠበቅ---- 5) ካልታሰቡ እና ከድንገተኛ ግብረሰጋ ግንኙነት እራስን በመጠበቅ----- 6) የጋራ መጠቀሚያዎችን ማስቀረት---- 7) ሌላ ግለጽ/ጫ	
504	ከ ኤች.አይቪ/ኤድስ ሌላ ስለ አባላዘር በሽታዎች ሰምተክ/ሽ ታውቃለህ/ያለሽ	1) አዎ 2) አይ	2--- 506
505	መልስክ/ሽ አዎን ከሆነ ስማቸውን ጥቀስ/ሽ		
506	በአባላዘር በሽታዎች ተይዘህ/ሽ ታውቃለህ/ሽ	1) አዎ 2) አይ	2--- 508
507	መልሱህ/ሽ አዎ ከሆነ ከየት ያዘኝ ብለህ/ሽ ታስባለህ/ያለሽ	1) ከጾታዊ(ሴት/ወንድ) ጓደኛዬ 2) ከቡና ቤት ሰራተኛ 3) ሌላ ግለጽ/ጫ	
508	የ ኤች.አይቪ/ኤድስ ምርመራ አድርገህ/ሽ ታውቃለህ/ቂያለሽ	1) አዎ 2) አይ 3) እርግጠኛ አይደለሁም	2---601
509	የምርመራው ወጤት ምን ነበር	1) አለ 2) የለም	

ተ.ቁ	መጠይቅ	መልስ	ይለፍ
601	ከጓደኞችህ/ሽ ጋር ስለግብረሰጋ ግንኙነት እና ተያያዥ ጉዳዮች ጋር ምን ያህል ጊዜ ትወያያላችሁ	1) በየለዕቱ 2) አልፎ አልፎ ማውራት ሲያስፈለግ 3)ሌላ ግለጽ/ጩ	
602	በጣም የቅርብ ጓደኛህ/ሽ የግብረሰጋ ግንኙነት ፈፅሞ/ማ ያውቃል/ሉ	1) አዎ 2) አይ 3) አላውቅም	
603	እንደ ጫት ሲጋራ አልኮል ጠላ አረቄ ቢራ ወ.ዘ.ተ የመሳሰሉትን ነገሮች ተመቅመህ/ሽ ታውቃለህ/ቂያለሽ	1) አዎ 2) አይ	2----607
604	የትኛዉን አይነት ቁስ(እፅ) ነው የምትጠቀመው/ሚው	የX ምልክት አድርግ/ጊ 1) ጫት ----- 2) ሲጋራ ----- 3) አልኮል (አረቄቢራ ጠጅ ጠላ) ----- 4) ሌላ ግለጽ/ጩ-----	
605	ቁሱን(እፁን) ምን ያህል ጊዜ ነው የምትጠቀመው/ሚው(ለምትጠቀመው/ሚውን እጽ ብዛቱን ከተጠቀሰው ውስጥ ምርጫ ውስጥ ምረጥ/ጩ.)	1) በየለዕቱ 2) በሳምንት አንዴ እና ከዛ ባላይ 3) በወር አንዴ እና ከዛ ባላይ 4) አልፎ አልፎ 5) ምላሽ የለም ሀ) ጫት ----- ለ)ሲጋራ ----- ሐ)አልኮል (አረቄቢራ ጠጅ ጠላ) ----- መ)ሌላ -----	
606	በተጠቅመከው/ሽውቁሶችን(እዎችን) ተፅኖ ምክንያት ግብረሰጋ ግንኙነት ፈፅመሽ ታውቂያለሽ	1) አዎ 2) አይ	
607	የቪዲዮ ፊልሞችንና ሌሎች የመዝናኛ ዝግጅቶችን ትከታተላለህ/ሽ	1) አዎ 2) አይ	
608	ወሲብ ቀስቀሽ ፊልም አይተህ/ሽ ታውቃለህ/ለሽ	1) አዎ 2) አይ	
609	ጓደገኛህ ኮንዶም መጠቀም ባይፈልግ/ባትፈልግ መቃወም ትችላለህ/ያለሽ	1) በፍጹም አልችልም 2) የምችል አይመስለኝም 3) የምችል ይመስለኛል 4) እችላለው 5) አላውቅም	



ASSURANCE OF PRINCIPAL INVESTIGATOR

The undersigned agrees to accept responsibility for the scientific ethical and technical conduct of the research project and for provision of required progress reports as per terms and conditions of the Faculty of Public Health in effect at the time of grant is forwarded as the result of this application.

Name of the student: _____

Date. _____ Signature _____

APPROVAL OF THE FIRST ADVISOR

Name of the first advisor: _____

Date. _____ Signature _____

APPROVAL OF THE SECOND ADVISOR

Name of the second advisor: _____

Date. _____ Signature _____